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The Psycholocial challenges facing Unaccomopanied Refugee Children in Urban Zimbabwe

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The Psychosocial challenges facing Unaccompanied Refugee Children in Urban Zimbabwe

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This report is submitted in partial fulfillment of the requirements for the Masters of Arts in Forced Migration

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DEDICATION

This work is dedicated to my children Vanessa and Valdemar.

I love you now and always

ACKNOWLEDGEMENTS

First and foremost, glory, honour, and praise are unto my lord and saviour Jesus Christ.

I would like to thank my supervisor Dr L.B. Landau, without him this document would not have been produced. Your strictness sometimes made me consider giving up the project but because I knew you only wanted me to produce the best I kept on working even harder.

Mama, when you were diagnosed with cancer I felt like the world was collapsing. I struggled a lot to finish this project as I had to race to and from hospital to be with you but your fighting spirit was a great source of encouragement although you did not live to see this work completed. May your soul rest in peace.

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TABLE OF CONTENTS

Dedication		I
Acknowledgement		III
List of contents		V
Abbreviations		VII
CHAPTER		
1.	**Purpose of the research**	8
2.	**Introduction**	11
2.1	Background	14
2.2	Theoretical Framework	16
3.	**Literature review**	19
3.1	Definition of terms	24
4.	**Research design and methodology**	27
4.1	Qualitative research	28
4.2	Study Population	30
4.3	Sample	32
4.4	Data collection	33
4.5	Meeting with the children	35
4.6	Interviews with service providers	37
4.7	Ethical considerations	38
4.8	Limitations	40

5.	**Findings**	42
5.1.	Fleeing and the traumatic journey	42
5.2.	Arriving in Zimbabwe	46
5.3.	Grating of refugee status	47
5.4.	Perceived needs	50
5.5.	Coping mechanisms	55
5.6.	Service providers	59
6.	**Analysis of findings and discussion**	65
7.	**Recommendations**	71
7.1.	Policy and Government	72
7.2.	Non-Governmental Organizations	75
7.3	Further research	76
	Bibliography	77

Appendix

Information sheet	appendix 1
Spider diagram	appendix 2
Consent form	appendix 4
Interview schedule	appendix 5
List of interviewee's	appendix 6

ABBREVIATIONS

CRC	Convention on the Rights of the Child
DSW	Department of Social Welfare
IMBISA	Inter-Regional Meeting of Bishops of Southern Africa
ICRC	International Committee of the Red Cross
JRS	Jesuit Refugee Service
URC	Unaccompanied Refugee Children
UNHCR	United Nations High Commissioner for Refugees

1. PURPOSE OF THE RESEARCH

The aim of the research is to uncover how unaccompanied refugee children currently under self-settlement in Zimbabwe's urban areas perceive their psychosocial needs. The study will also uncover what formal assistance is available to the children and most importantly what these children do in response to these unmet needs. This study is important because it gives voice to children who are often marginalized and have had assistance imposed on them without taking into account what they see has their pressing needs. Failure to meet physical needs may affect the children psychologically; therefore the essay will also look at the physical needs of unaccompanied refugee children.

The primary findings of the research show that unaccompanied refugee children who have no access to formal assistance typically resort to anti social behavior to enable them to survive in urban areas. This is mainly because of the Government's policy that all refugees who need assistance must stay in Tongogara camp. However, the services provided at the camp are not adequate and as result some children find their way back to urban areas while others disappear from the transit centre even before they are taken to Tongogara camp.

This report begins by explaining of the purpose of the study (chapter 1). This is followed by an introduction and background of the study (chapter 2) and a literature review (chapter 3), looking at past and current debates surrounding the

issue of psychosocial challenges of unaccompanied refugee children. The research design and methodology (chapter 4) covers the main issues from the population under study, how they were identified as well as how the data for the study was gathered and analyzed. Chapter 5 outlines in detail the findings of the study. Analysis of the findings and a discussion will follow in chapter 6 and finally the recommendations (chapter 7).

Although urban refugees are fewer in number compared to the Mozambicans in rural camps, their needs and challenges are broader due to the unstable economic situation in Zimbabwe. Their challenges and coping strategies have not been systematically investigated in this current climate as Zimbabwe undergoes difficult times. Previous research on unaccompanied refugee children in Zimbabwe has focussed on their needs in a stable environment and in camp settings as shown in Muchini (1983).

The Economic Structural Adjustment programme (ESAP), the depreciation of the Zimbabwean dollar, food shortages associated with the land reform programme carried out by the Government in the year 2000 and economic crisis have made it difficult for refugee assistance. The problem has been compounded by the pulling out of donor support and withdrawal of services by the majority of international non-governmental organisations in Zimbabwe.

The image of the country has been badly affected and the lives of the majority of its nationals have deteriorated. Despite these difficulties, Zimbabwe continues to open its doors to refugees and among them are unaccompanied refugee children.

The study takes into account the fact that unaccompanied refugee children flee their homes and find themselves in Zimbabwe as the country undergoes social, political and economic difficulties. The study examines these issues, which will contribute to the literature on the experience of unaccompanied refugee children in transitional societies. As indicated earlier, previous research on unaccompanied refugee children has focussed on their needs and challenges in stable environment and in camp settings as seen by (Muchini 1993).

The fact that the country is undergoing social and economic instability is a major contributing factor to challenges facing unaccompanied refugee children. Although this project is purely for academic purposes, its findings can also be used for advocacy, policy and programme formulation to meet the psychosocial needs of unaccompanied refugee children in Zimbabwe and in other similar situations. Despite the range of services (food, shelter and health assistance) provided which could constitute a “systematic” programme for meeting the needs of unaccompanied refugee children in Zimbabwe, the ongoing crisis may hinder the implementation of innovative refugee assistance programmes.

Alternatively, this crisis can be seen as a “window of opportunity” in the development of creative programmes and services for unaccompanied refugee children in Zimbabwe. It is important to note that most existing programmes have been designed to address the needs of those vulnerable children in a stable environment and in camp settings contrary to the current conditions in Zimbabwe.

As highlighted by Muchini (1993), the community based approach of taking care of unaccompanied refugee children, worked perfectly when the refugees from Mozambique were in Zimbabwe. However, Zimbabweans are struggling to look after themselves what more having to foster an unaccompanied refugee child? Furthermore, previous research e.g. Muchini (1993) on unaccompanied refugee children has focused on either rural or urban based without providing comparative lessons on both rural and urban refugees. It is this fragmentation of plight of unaccompanied refugee children that this study seeks to revisit by doing a comparative study on these children in Zimbabwe.

2. INTRODUCTION

The last two decades of the 20th century have been characterised by persecution, serious human rights abuses, armed conflicts, drought and famine and generalised situations of violence in many parts of the world.

These have forced millions of people to flee their homes and become refugees, most of them in the Third World (Africa and Asia). Others have been internally displaced within their own countries UNHCR (1999).

Recent events in Iraq, Afghanistan, The Democratic Republic of Congo (DRC), Bosnia and Kosovo have also created new refugees while other longstanding intractable conflicts in Sierra Leone and Sudan have resulted in large numbers of people becoming perpetual refugees.

In view of the magnitude of forced migration in Sub-Saharan Africa and its associated social problems, this research contributes to the understanding of plight of unaccompanied refugee children since they form one of the most vulnerable groups in the world. According to UNHCR statistics released in 2000, Africa alone had 1 434 350 unaccompanied refugee children. Zimbabwe had 1030 of which 460 were female and 570 male (UNHCR 2001). The general vulnerability of children is worsened when they do not have accompanying parents or legal guardians to “secure” them. Without the care and support of their parents or other family members, they face various difficulties in making applications for asylum as well as adapting to new environments. Many of these unaccompanied refugee children experienced torture, subsequent trauma, and in some instances witnessed the rape, torture and killings of their parents, siblings, relatives, friends and community members as a result of wars that affect their home countries.

These experiences can contribute to psychosocial problems. As Baron and Greenberg (1990) note, the greater the number of traumatic life events experienced by individuals, the greater the likelihood that their subsequent health and social functioning will suffer in some way.

In addition, some children in armed conflict situations have become casualties and direct targets of the rebels, which recruit them. Among refugee children, the unaccompanied minors are the most vulnerable and are at increased risk of sexual violence, exploitation, abuse and military recruitment (Machel 1996).
Indeed one of the findings of the 1996 United Nations Study “On The Impact of Armed Conflict on Children” found that youngsters separated from their families were one of the categories most at risk” of becoming child soldiers Machel (1996). Given that these children form a high-risk group and their psychosocial functioning limited by various social and economic challenges in hosting countries, this study examines the plight of unaccompanied refugee children in Zimbabwe’s urban areas.

It is clear from the study that unaccompanied refugee children are being disadvantaged by the current Government policy gazetted in the year 2000 that only those children staying in Tongogara camp should be assisted. Since the assistance is not adequate in the camp these children have no option but to leave the camp in search for a better living in Harare.

Others chose not to go to the camp basing on the stories they hear about the living conditions in the Tongogara camp. However, the findings from this study show that life is not easy for the children in Harare, as they do not have the support from Government and Non-Governmental Organisations. Although in one or another case the children do access formal assistance but on a very short time and very minimal. Difficulty of formally organizing themselves to meet these needs has resulted in many children believing that they are left with no choice but to resort to antisocial behavior.

2.1. BACKGROUND

According to Muchini (1993) “the civil war in Mozambican resulted in several hundreds of thousands of people including unaccompanied children, becoming refugees in Zimbabwe. The United Nations High Commissioner for Refugees (UNHCR), The United Nations Children’s Fund (UNICEF) and other NGOs such as Save the Children (UK), Redd-Barna, ICRC and Zimbabwe Red Cross were all involved in programmes for unaccompanied and separated children. For example, Save the Children (UK) together with the ICRC carried out tracing and reunification initiatives in order to reunite unaccompanied children with their parents or relatives”.

With the repatriation of Mozambicans in 1995-96 various United Nations agencies and Non-Governmental Organisations scaled down and a few turned more attention to the urban refugees who were very few in numbers compared to the hundreds of thousands Mozambican refugees who were in camps (Huye 2004, UNHCR Senior Programme Officer).

The late 1990's were characterized by inflows of refugees including unaccompanied and separated children coming to Zimbabwe from other parts of the continent such as Sierra Leone, Sudan, DRC, Rwanda, Burundi, Somalia. The care and protection of these refugees is carried out by the UNHCR in conjunction with the Department of Social Welfare, and a few NGOs who constitute the Partners In Action Group (PARinAC).

These organisations (PARinAC) play different roles in providing services, which are mainly camp based. Such services include: the provision of food, accommodation, and health services and primary and secondary education by the Department of Social Welfare, assisting with voluntary repatriation of refugees, sourcing and distribution of clothing, provision of agricultural inputs and nutritional supplements to children and the bed ridden by the Jesuit Refugee Services (JRS), training and support for sustainable environmental management through projects like perma-culture, tree planting by the Southern Alliance for Indigenous resources (SAFIRE).

Spiritual support through advocacy in churches and awareness campaigns to promote integration of refugees into the local community by the Inter-regional Meeting of Bishops of Southern Africa (IMBISA) and tracing and reunification done by the International Committee of the Red Cross (ICRC).

From the above description Tongogara camp just like in any other camp seems to have better opportunities for unaccompanied refugee children staying there. What remains a mystery is how children staying in Harare survive with minimal formal assistance or without any assistance whatsoever. Therefore this research attempts firstly to find out what unaccompanied refugee children in Zimbabwe perceive their psychosocial needs.

The research will also look at what formal organizations are doing to address these psychosocial needs and most importantly what the children do in response to these unmet needs.

2.2 THEORETICAL FRAMEWORK

Crossing an international border to a place where the stress of being in the middle of a conflict disappears does not mean that the trauma associated with it also disappears (ISCA, 1996). The psychologically traumatic events can manifest in a variety of ways – from withdrawal from society to extremely aggressive behaviours (ibid.).

While many refugee children exhibit great resilience and an incredible ability to overcome adversity they are still vulnerable, especially to neglect, violence and exploitation (Ager, 1999:89).

Machel (2001:84) notes, “When children have supportive families and feel secure in their communities, they have greater capacity to overcome the negative effects of armed conflict”. Children without supportive families and communities, then, have less capacity to overcome the impact of conflict and war. For refugee children, especially those without consistent parental care as Melzak (1995) suggests the most therapeutic process for the child is to become part of the community in which they live with equal social rights. This may be possible in the relative stability of a camp, but is unlikely in urban environments in which children receive no service and must, therefore, rely on themselves.

For unaccompanied refugee children who do not have their families to support them, agencies can assist by allowing them to access social rights (a school, for example) is one way to help promote their well being (Ager, 1999). A sense of security is reinforced for children if they know that their material needs like food, shelter, and clothing will be met. Health development also depends on the nurturing and stimulation children receive as they grow. Health development requires coping with multiple traumas of loss, uprooting and, often, even more damaging experiences (UNHCR, 1999).

But unlike for other children, for unaccompanied refugee children the burden of meeting these needs fall squarely on their shoulders, even if that means finding the institutions that will provide for them. According to International Children's Institute, refugee children face more than physical and cultural dislocation. They also deal with memories of violence and loss, with powerlessness, uncertainty, and often-family instability.

In a study done in a camp setting, Muchini (1993) says that despite the magnitude of stress resulting from psychosocial problems experienced by unaccompanied children from Mozambique, these children also demonstrated a range of coping capacities. The children are quick to move away from situations where they have little control, opting for independence and attempting to exert personal control over their lives. While recognizing the ability of refugee children to attempt influencing their environment, the current difficulties in Zimbabwe present further challenges to the adaptive capabilities and resource mobilisation of unaccompanied refugee children living in the country. Furthermore, unlike those in urban areas unaccompanied refugee children in camps have better access to services provided by the Commissioner for Refugees' office and other Non-Governmental Organisations working with refugees. Hence the need to explore the informal coping mechanisms used by children in self-settlement.

The findings will assist in bring about considerable change in addressing the perceived needs of unaccompanied refugee children.

3. LITERATURE REVIEW

This section highlights the major theoretical conceptions on the psychosocial issues facing unaccompanied refugee children. Through a comparative analysis of the literature available and the findings of this study the aim is to demonstrate the differential psychosocial challenges experienced and the informal coping strategies used by unaccompanied refugee children in an urban setting with those in camps. This comparison was done based on the literature available on unaccompanied refugee children.

According to Muchini (1993) when Zimbabwe only had a rural based system of placing refugees in camps, access to formal assistance was guaranteed and the country was economically and politically stable. However, things have changed now. The country is going through a difficult time and the provision of services to refugees by both the Government and Non-Governmental Organisations is no longer adequate. This has resulted in some refugees leaving the camp hoping to find a better living in the city. Some do not even go to the camp once they hear what life is like in the camp. Furthermore, accessing physical needs such as shelter, food, water and sanitation in the camp is not easy consequently these children prefer to stay in Harare hoping for a better living. This is not always the case and as a result the children will now have psychosocial needs such as care arrangement, counseling and education.

Once in a host country, most unaccompanied refugee children become strangers in a foreign environment and they struggle to navigate through social and political landscape. The psychosocial problems of unaccompanied refugee children are compounded by lack of parents and child-care support at a time when these children are going through important transitions in their lives. The abrupt separation from family and home can leave the refugee children vulnerable, poverty-stricken, and emotionally scared traumatised and confused about their identity and lacking self-esteem (Mupedziswa 1994).

Korstad (1993) gives a clear outline of camp based psychosocial intervention which are camp based in some African countries as well as in Sri Lanka where the UNHCR, in collaboration with UNICEF, support the “children as zones of peace” initiative which is aimed at providing alternatives to child recruitment. In Africa, for example, Korstad (1993) says that in Guinea and Sierra Leone the UNHCR in conjunction with United Nations Emergency Children’s Fund (UNICEF), the ICRC, International Rescue Committee (IRC) and Save The Children Alliance has been involved in collaborative efforts aimed at strengthening the tracing and reunification of separated children. It has also been involved in inter-camp tracing in Tanzania. Other initiatives have also focused on the rehabilitation of former child soldiers.

UNICEF, in partnership with other NGO's in Sierra Leone, is supporting transit centres for the unaccompanied and separated children some of whom include former child soldiers whilst efforts are made to integrate them with their families and communities.

In 1992 during the civil war in Mozambique UNICEF launched the "The Return Of Happiness" programme, which engaged traumatised children through music, art and play. In Sudan, Operation Life Sudan developed a trauma treatment programme for unaccompanied minors from Southern Sudan. In Sierra Leone The Family Homes Movement a local NGO is providing foster care and other forms of alternative care for returning children pending tracing and reunification as well as those children unable to reunite with their families or community.

As indicated above little has been said about the psychosocial interventions available in urban areas. Considering that these are uprooted people they might have special needs that need to be addressed adequately to ensure the children's smooth integration. Eyber (2004) argues that no research has been conducted to ascertain the situation of unaccompanied refugee children in South Africa.

Very little is known about their past experiences, present circumstances they face and the resources they mobilise and draw on to meet the challenges of living in Johannesburg.

This shows that issues of unaccompanied refugee children in urban areas are not being awarded the attention they deserve and ignoring such issues may drive children eventually engage in desperate coping mechanisms such as violence, stealing, withdrawal from the community, to name a few.

Felsman (1993), in his review paper on the psychological well being of refugee children: Research, Practice and Policy Issues, agrees that the paper supports the position that the psychological needs of refugee children, in the context of their families and communities, are intrinsic to health growth and development. He further says that as fundamental needs, they require both clear articulation and a genuine programme response within large relief and emergency efforts that tend to focus too narrowly on the delivery of food, shelter and medicine. In view of this statement, how better can these challenges, needs and coping strategies of unaccompanied refugee children living in hosting countries experiencing limited donor support, financial and economic crises be understood? This study provides opportunities for rethinking the traditional approach to refugee assistance, which concentrates on food, shelter and medical assistance.

Refugee assistance tends to focus on food, shelter and medical provisions at the expense of psychosocial dimensions. Such an approach requires rethinking by understanding what unaccompanied refugee children perceive as their problems. It can be argued “man does not live on bread alone”.

A holistic approach that deals with the complex refugee problem must articulate the realities of unaccompanied refugee children as they experience them. A movie entitled “BEYOND BORDERS” substantially captures the traditional approach in refugee assistance as well as its entrenched stereotypical view of a refugee and refugee problems of often imposing what service providers see as their needs instead of hearing from the refugees what their actual needs are.

Using the study done by Muchini (1993) in Tongogara Camp, it shows that much of the research on refugees has paid scant attention to the challenges of refugees in hosting countries that are in transition or experiencing socio-political and economic difficulties. The general assumption has been that hosting countries are relatively stable socially, politically and economically. However, the crisis in Zimbabwe offers a vantage point from which we could better understand the complexities of refugee assistance in transitional societies. One tends to wonder what the present and the future holds for refugees if Zimbabwean nationals find life difficult in urban areas given the current hardships?

Given this scenario, the study focussed on the informal mechanisms used by unaccompanied refugee children living in Harare and based on the literature available compare with what happens to children in camps. It was relevant to identify what these children perceive as their needs and see how they cope and why they respond the way they do in an urban setting where there is no intervention from agencies working with refugees.

Although reference is made to the experiences of camp-based refugee children, this research did not explicitly compare the challenges of unaccompanied children in Harare with those in a camp in Zimbabwe or elsewhere. Existing academic literature on psychosocial interventions and coping mechanisms in camps as a comparative referent is used. The study exclusively on documenting and, to a lesser extend, explaining the responses of unaccompanied, displaced youth in Harare. Cimade et al (1986) notes that the needs of urban and rural refugees are different most likely due to their different environments, which in turn influence preference of different intervention strategies.

Generally, rural refugees are subjected to state-run camps where organised formal services are made available. Urban refugees are expected to be integrated within the communities where they have to co-exist with locals and compete with them for resources UNHCR (1999:46). Given these differences in service provision, it was imperative to examine the nature of coping strategies employed by unaccompanied refugee children as they navigate these challenges in contemporary Zimbabwe's urban areas.

3.1 DEFINITON OF TERMS

As indicated earlier, the study was centered on what unaccompanied refugee children perceive as their psychosocial needs and what coping strategies they use when these needs are unmet. It is therefore of paramount importance to

define the main concepts in the study to enables us to understand the scope and who is covered in the study.

In accordance with the provisions of the United Nations Convention on the Rights of the Child (1989), refugee children are defined as persons under the age of 18 years old. An unaccompanied refugee child is defined by the United Nations High Commission for Refugees “as a child or adolescent who is separated from both parents and is not being cared for by an adult who by law or custom is responsible to do so”.

Psychosocial well being is used to reflect the intimate relationship between psychological and social factors. Consequently, protecting and promoting the psychosocial well being of refugee children has two main thrusts. First, it involves as preventive measure, enhancing all those factors, which promote the well being of children. Second, it includes providing the special remedial assistance necessary to ensure that children who have been harmed or have special needs are provided assistance to ensure a full recovery (UNHCR 1994).

Psychosocial care is concerned with the psychological and emotional well being of the patient and their family/carers, including issues of self-esteem, insight into, and adaptation to the illness and its consequences, communication, social functioning and relationships, Hospice Council (2000). Psychosocial support means care, which does not use formal psychosocial methods but enhances well

being, confidence and social, this includes: (1) support groups, and the primary functions are likely to be mutual emotional support and sharing of personal experience, (2) Befriending or visiting schemes, these may sometimes combine emotional support and companionship with help or other practical tasks, hospice Council (2000)

Coping strategies refer to the specific efforts, both behavioural and psychological, that people employ to master, tolerate, reduce or minimise stressful events" Ager (1999). For the purposes of discussion in this research, the concept of coping strategies/mechanisms is seen as closely related to the idea of survival and threat. It is a key concept of emergency management, which will look at the capacity to respond and to recover from something stressful (which one has very little control).

The more one is vulnerable, the less one has the capacity to cope and the more one tends to adopt coping mechanisms (UNHCR 1999). UNHCR goes further to say that some of the coping mechanisms include: education, establishment of association with children with similar problems, skills training programmes and youth friendly centres but on the other hand coping mechanisms can be desperate i.e. migration, begging, child labour, violence, even prostitution can be a coping mechanism.

AIDS Caring Trust (Zimbabwe) says that child – headed households represent a new coping mechanism in response to the impact of AIDS on communities. Children in youth headed households, living together as families with little or no adult support and assistance, are particularly vulnerable. Children orphaned by AIDS are not different from unaccompanied children in the sense that they have to shoulder adult responsibilities. Hence cases of child-headed households are not a new phenomenon among unaccompanied refugee children.

4. RESEARCH DESIGN AND METHODOLOGY

A research design is the arrangement of conditions for collection and analysis of data in a manner which aims to combine relevance to the research purpose with economy in procedure" (Sellito, Sahoda, Deutsch & Cook: 1965: 50).

The study's main tasks are to evaluate the needs and see why they are not being met and what the children do to enable them meet these needs. The information will be gathered through discussions with the children and key informants as the study identifies what the children perceive as their needs and what informal coping mechanisms they use to cope with these unmet needs. Secondary data from reports and interviews with the service providers also assist in cross checking the validity of the information given by the children. Last but not least the study also suggests the introduction of appropriate programs to assist these children as well as makes recommendations, which may be useful for policy

change. This approach ensures that the voices of the population under study are heard as they tell us what they perceive as their psychosocial needs. Furthermore, the study will not be only useful when dealing with issue on psychology but other social services such as health, water and sanitation and others.

4.1 Qualitative Research

In order to get a thorough understanding of the situation and to present as complete an analysis as possible, the research is qualitative in nature. This study allows the researcher to probe beyond theoretical literature on the subjects of unaccompanied refugee children, as this kind of study may very well be the only tool by which the truly disadvantaged can be provided with a voice. Therefore participatory rapid appraisal (PRA), a research process, which enables practitioners to uncover an unmet need or an under-served group within a community, was used (Lazenbatt & McMurray: 2003).

Participatory rapid appraisal is a qualitative methodology tool utilised to formulate solutions to identified problems. Its methods are quick, low cost and fall on a continuum between informal and formal methods. It has been developed for collaborating with local people in analysis and planning and has contributed to the development of action plans and participation strategies.

It can be used to find out about the service needs of a local community by including the community in the research, analysis of the issues, and planning for the future, Nelson & Wright 1995 in Lazenbatt & McMurray (2003).

Given that this study focuses on the exploration of the informal coping strategies of unaccompanied refugee children a qualitative research was the most preferable method on collecting data. However, triangulation, which means "gathering and analyzing data from more than one source to gain fuller perspective on the situation a researcher is studying" (Nelson & Wright 1995) in Lazenbatt & McMurray (2003), was also used. Such participatory rapid appraisal methods include: issue matrix, spider diagrams, listening, comparing and trend analysis (Chambers: 2002), hence participatory rapid appraisal provides a "basket of techniques" from which a researcher could choose the most appropriate. For this particular study, a spider diagram was used to get information from the children. A group discussion was held with the children and one by one they identified what they perceived as their psychosocial needs. Each child was then given a sheet with a spider diagram where they wrote what coping mechanisms they use to address these unmet needs (see appendix 2).

One of the intentions of the research is to provide insight to policy makers on how implementation of certain policy impacts on the lives of a specific group of children, it was important to ground the research in real life experiences (Walker, 1985).

The voices of those affected by such policies are presented in the research findings section (chapter 5). Interviews with service providers were also an important method of gathering qualitative information (chapter 6).

4.2 Study Population

The participants consisted of unaccompanied refugee children in Zimbabwe. Only unaccompanied children aged between 12 and 17 years with refugee status are covered in the study. Due to time as well as financial constraints only 10 (six female and four male) children participated

The children were identified through their peers. Officials from the Department of Social Welfare in the Office of the Commissioner for Refugees as well as Non Governmental Organisations working with Refugees in Zimbabwe were asked to assist in identifying the unaccompanied refugee children.

All participants lived in Harare during the time of the research in the areas of Waterfalls (Danai, Rutendo and Tashinga), Mbare (Rudo and Chido), Avondale (Ruva), Parktown (Tanaka) and Avenues (Panashe, Munashe, Tinashe).

Table 1, below shows a breakdown by gender, age and date of arrival in Zimbabwe and the date granted refugee status. No real names are used and this is to ensure the participants' protection as well as to ensure confidentiality.

Table 1

Interviewee	**Gender**	**Age (December 2004)**	**Arrival Date in Zimbabwe**	**Date granted Refugee status**	**Country of Origin**
Rudo	Female	17	June. 1998	Dec. 1998	Rwanda
Chido	Female	17	April. 2001	Aug. 2001	Rwanda
Ruva	Female	15	Dec.1999	May. 2000	DRC
Tanaka	Female	13	Sept. 2000	Dec. 2000	Somalia
Danai	Female	12	Mar. 2004	Aug. 2004	Rwanda
Rutendo	Female	12	Jan. 2004	May. 2004	DRC
Panashe	Male	16	July. 2003	Nov. 2003	DRC
Munashe	Male	17	Oct. 2002	Feb. 2003	DRC
Tinashe	Male	17	Oct. 2002	Mar. 2003	DRC
Tashinga	Male	16	Sept. 2003	Jan. 2004	DRC

It was of paramount importance to interview key informants from different agencies working with refugees to get an insight of what challenges they face as they endeavour to assist unaccompanied refugee children. Interviews with the key informants focused on individuals who have been and are involved directly or indirectly with refugee assistance. The key informants were selected on the basis of their positions in the organisation or knowledge about refugee assistance.

The informants had in some way or another had a contact with the unaccompanied refugee children and knew a great deal about their situations. Because some of the children did not have a guardian, the role of these informants became increasingly important. They have a vested interest in the well being of the participants and a sense of familiarity with them. Without disclosing the content of the discussions with the children, the interviews with the informants also assisted to cross check the validity and reliability of the information provided by the unaccompanied refugee children.

4.3 Sampling

Establishing and maintaining a sense of trust between participants and the researcher is crucial (Mc Spaden, 1998). I first approached participants with whom I had an existing rapport (from the time I worked with the International Catholic Migration Commission, then an implementing partner of the UNHCR in Zimbabwe). The sample consisted of selected key informants and interviewees. Snowballing technique, which can be broadly defined as a method for recruiting new cases through a process of onward referral from known cases was used. Sampling starts with one or more individuals who are known to meet the given criteria. They are interviewed and asked to nominate and facilitate introductions to other people whom they know and who also fulfil the criteria. The nominees are contacted and interviewed, and the process repeated (Hancock 2002).

I am aware that snowball has its disadvantages when it comes to confidentiality as participants may in the end find out whose is taking part in the study. The issue of how confidentiality was handled is addressed later on under ethical considerations. Secondly, while this method can dramatically lower costs, it comes at the expense of introducing bias because the technique itself reduces the likelihood that the sample will represent a good cross section from the population. However, this was the best option as it made sure it only covers those children in similar circumstances.

4.4 Data Collection

Having chosen the population under study I had a round table with the children, a suitable environment was in place to ensure that the children open up and talk freely about their problems and also suggest ways in which they think will ensure that their psychosocial needs are met. Each child filled in out a brief information sheet (appendix 1) identifying him/herself. The discussions are guided by the responses from the children and the issues brought up by them. Using such a multi-method approach ensures credibility the research and provides an extended picture of the research study with its successes and also pitfalls. (Lazenbatt & McMurray: 2004).

An interview schedule (appendix 4) was designed for the key informants. The schedule assists me to find out to what extend have agencies assisted the children to meet what they perceive as their needs.

I was responsible for meeting all transport costs to go and interview the children and officials at a place agreed upon by both parties. I used data from both primary and secondary sources. The data was gathered during attendance at both formal and informal meetings, site visits and scheduled visits to meet staff. The secondary data source included agency documents, annual reports board decision documents, legal and legislative documents, brochures, donor reports and newspaper clipping, etc. Such a variety of data sources added to reability and weight in the conclusions reached.

The strength of the research is that it collects material in a variety of ways. Data, however, was not collected in a vacuum. I acknowledged that the environment, political context, and my personal ideological beliefs might have influenced the research. The respondents were chosen not to be samples from a population, but to provide an opportunity to study a phenomenon as well as gain insights into the complex world of unaccompanied refugee children. Therefore, my interests were more on analytical generalisation than statistical generalisation, and developing an in-depth understanding of the complex challenges in transitional societies influence the informal coping strategies of unaccompanied refugee children in urban areas.

4.5. Meeting with the Children

Meeting with children ensured that their perceived needs are outlined and most importantly they spell out the informal mechanisms to use to address these unmet needs. Therefore I had a cordial meeting with the children, which took place at the Waterfalls Transit Center. The venue was provided free courtesy of the Centre Administrator, Mr. Zengeya. Prior to the meeting and in an effort to create a good rapport respondents were approached on an individual basis and they were provided with information such as purpose of the research and what contributions the findings may have.

I know 80% of the children as I had prior interaction with them from the time I worked at the International Catholic Migration Commission. This meant that for some of the interviewees there was a sense of trust with me and a strong level of comfort. I did not know the remaining 20% of the study population, however they were as much as comfortable during the meeting as they knew all the other participants and had been referred to me by their peers. I also interacted with the new children from the time we met leading to the actual interviews.

I used the spider diagram method (see appendix 2) where by a problem was identified by the children and they as a group will outline all issues relating to the problem and then highlight the mechanisms they use to cope with that particular problem.

The exercise assisted me in finding out what the children perceive as their needs and to assess the current coping mechanisms to address these unmet needs. Although there were some participants who were not comfortable with taking part in-group discussions it was however believed that it was the best method to empower a disadvantaged group to identify their problems and come up with possible solutions. The professional role of a researcher is to enable people to present and analyse their complex and diverse realities, plan, act, monitor and evaluate while people work in groups to record knowledge in maps and diagrams (Chambers: 1998). This approach was the most appropriate in allowing the children to speak for themselves about what they see as their problems as well as uncover the informal mechanisms their use to address these unmet needs. As indicated earlier, often service providers define what refugee's needs are and what form of assistance would address those needs.

The participatory rapid appraisal methods unlike questionnaires are the best for engaging children in a research project. Questionnaires can be long and a boring exercise for the children. On the other hand, their memory span is short as a result they may find it very strenuous and difficult to fill in a questionnaire. It was therefore clear at the end of the interview that the children perceived as their needs access to education to ensure their future, access to counseling to address issues relating to the trauma they have experienced from the time they had to leave their country of origin. The question of who is better in looking after the unaccompanied refugee children was debated a lot during our round table.

The children feel that the care arrangement with guardians is not adequate as they are often exposed to abuse and exploitation, therefore their protection and security is not being adequately addressed.

Each child was also required to sign a consent form (see appendix 3) as a way of proving that they are participating in the study at their free will.

4.6. Interviews with Service Providers

As indicated earlier, by interviewing service providers it will be known what formal services are available to refugees especially those that find themselves in Harare. These interviews also helped in cross checking the information given by the children. Throughout the interviews with different agencies, they all emphasized that the provision of services to those children staying in Harare is limited and emergency geared due to the Government's policy that all refugee who need assistance should be in Tongogara camp to access any type of assistance. Unfortunately the agencies are failing to provide adequate assistance mainly due to lack of resources. In depth interviews were conducted with selected service providers. Please find attached the interview schedule (appendix 4). This included Non Governmental Organisations, working with refugee children and a few Government Departments responsible for refugee children.

An interview schedule was used to shed light on what services government is required to provide to refugee children in need, and what services are currently being provided by the NGO's. In some instances the researcher was directed to a specific person to interview from within a department. This meant that although the person interviewed may not have had a senior job title, she/he did have a great deal of knowledge about the issues. Some interviewees recommended that the researcher speak to other specific people. This was done whenever possible. Representatives from the following organizations were interviewed. In some instances more that one representative was interviewed because in some organizations more that one staff member worked or interacted with unaccompanied refugee children.

For a complete list of those interviewed see appendix 5. Members of the following Government Departments and organizations were interviewed: The Commissioner for Refugees' Office, Department of Social Welfare, UNHCR, IMBISA, JRS and ICRC. Those interviewed were straightforward and provided a base for comparison between what is supposed to be provided according to the legislation and what is actually being provided.

4.7. Ethical Considerations

Ethical issues in research (Holloway and Jefferson, 2000) should ensure that the interests of the participants in the research are safeguarded.

It is more important when interviewing children, a particularly vulnerable group. Working with children can sometimes be problematic considering that they are exposed to vulnerabilities such as, abuse, exploitation, deprivation of basic needs, and respect to informed consent. During all the phases of the research and reporting, ethical concerns and dynamics were considered.

In this research, attention was given to maximizing the voluntary consent of the participants. The children may not understand the purpose of the research as a result they may not exercise their right to participate or not in the research (please refer to appendix 3 for the consent form the children signed). I made an effort to explain to the children that they are free to withdraw their participation at any time. The participants were given a non-technical explanation of the research, its objectives, what the role of the research was and what was expected from them. The children were informed that the research is for academic purposes as part of fulfillment of a degree programme, so as not to raise the expectations of the participants.

Those children staying on their own were approached directly with approval from relevant government authorities or through the organisations that work with them. It is however important to note that some of these children stay on their own and they assume roles and responsibilities of adults and under these circumstances they are answerable to their action. Those staying with guardians clearance was sought from them to involve the children in the research.

The confidentiality and anonymity of the participants was stressed. Participants were informed that they would remain anonymous, as the research would use codes and pseudo names. The use of pseudo names would ensure the participants remain anonymous and protect their confidentiality. Furthermore, the primary data was not shared with the organisations to secure the anonymity of the respondents.

Questions that provoke emotional responses were avoided whenever possible by not probing questions that would potentially affect the children emotionally. Additionally I adhered to the guidelines on working with children as highlighted by the United Nations High Commission for Refugees (Handbook on Guidelines on Protection and Care of Refugee Children 1994).

4.8. Limitations of the Research

This section looks at the limitations of the research and as every research design has strengths and weaknesses I believe that the virtue of the research design depends on the rationale followed in selecting it as an adequate plan to address the research problem.

The language used in the discussions was English. An interpreter was not required although some of the children did not speak English fluently and the researcher does not speak French.

The population consists of refugees from different nationalities mostly from the Franco-phone countries around the Great Lakes Region.

As a result of the networks I developed from the time they worked with refugees there was no difficulty in accessing the respondents. However, the fact that refugees in urban areas are not confined to one place was a bit problematic. I sought assistance from the organisations that work with refugees to help in identifying them. Besides the use of the snowballing technique was very helpful. I encountered few potential problems such as mistrust and overcame them by building credibility among field-level staff. I also reassured their anonymity and involve them in debriefings.

The sample was limited to ten (10) respondents and the number may not be representative of the population under study. Due to time and financial constraints it was not possible to increase the number of subjects. Another limitation of the study was the fact that the research was done in one place, Harare. Situating the study in one place was practical but the reality is that unaccompanied refugee children are all over the country where their experiences may be different. Furthermore, those unaccompanied refugee children who were not part of a network were excluded from the study. These limitations should not undermine the findings of this research. Doing the research in Harare had its practical motivations such as accessibility to refugees as well as the logistics to conduct the research besides Harare is where the majority of refugees stay.

This research was an opportunity for the displaced children who often ignored to uncover what they perceive as their psychosocial needs and to explore what these children do to meet these needs. Furthermore, these findings would be useful when conducting further studies not just on psychology but other areas or/and issues relating to displaced children.

5. RESEARCH FINDINGS

The findings from the group discussion are discussed in detail below. The discussions began with a brief interview on a one to one basis when the children were completing the information sheet (see appendix 1).

Upon completion of the form each child narrated his/her journey from home to Zimbabwe, often a long and traumatic experience. Then the traumatic experiences in Zimbabwe from the time they arrived into the country to their present situation.

5.1. Fleeing and a Traumatic Journey

The focus of the study was the perceived needs of the unaccompanied refugee children and the informal coping mechanisms they use to meet such needs. However, in order to have the interviewees recall their arrival in the country they were asked to narrate their journey to Zimbabwe.

Further, the stress and the trauma of the journey contributed to each interviewee's emotional, physical, and general mental well-being. Not to mention the fact that some of the interviewees had lost both parents, or had even witnessed the death. Others had been exposed to war and fighting and also faced many dangers along the way. The researcher was careful not to probe unnecessarily, and allowed the participants to relay as much, or as little she/he wanted. It was felt that this important part of their story could not be ignored. The knowledge of why she/he fled, and what happened on the way to Zimbabwe are important elements of assessing how each child copes when her/his perceived needs are not met.

Some children left his/her home country because there was a threat to his/her life, because of a parents' involvement in politics or because of a broader political environment. Regardless of the motive for fleeing for safety, the journey to Zimbabwe was a traumatic one. For all of them the ordeal started at home. One child had been "jailed" by the rebels in his home country after his parents were and refused to join the rebels.

…" My father was a member of the **X** political party, so when the rebels came looking for my father he refused to go with them. They then killed him, my mother and my young sister. I was then told to join them. I was given a gun and taught how to use it. I refused to take orders from the commander and I was then sent to "jail".

I was so afraid and I begged one of the guards who were on duty to let me go. He opened the window for me. I jumped and from the window and ran to my relatives' house. They were also scared to keep me at their house so I decided to leave … If I had stayed in my country the rebels could have killed me…" (Munashe, November 2004).

…"My parents stayed in the rural areas and there were no good school there. My uncle took me to Mogadishu. I was staying with him while I was attending school. My uncle had a lot of money and he was a very nice man. He was accused of working against the Government. He was arrested and I managed to escape from home with my cousin. The solders caught us.

One of the solders took my cousin to make her his wife. Again I managed to run away and met my uncle's friend who then brought me here…" Tanaka, November 2004.)

…" The time when we separated (from my family) was very painful. I went to school and there was fighting in our area. So I decided to stay at school. In the evening I went home and found no one. Everyone was running and I was also struggling to leave the place. But the moment I went to uncle's house I found there is no one. Also everyone was running away. I just run also myself. From that time until now I do not know where my family is but Red Cross is helping me to look for them…" Rudo, November 2004.

All these interviewees traveled long distances, passing through many countries. Some used buses, truck, taxi and also footed. A combination of the above was also used. None of them left their countries with the intension of coming to Zimbabwe... “When I left home I did not know where I was going. I only wanted to leave my country because it was a big problem. I suffered too much with no food and clothes” Chido, November 2004

Like many refugee children who were interviewed, by the time they arrived in Zimbabwe they were exhausted mentally, physically and emotionally. After her journey Chido was heart broken.

Tinashe and Tashinga are cousins and they left home after a war erupted in their country. They fled to Zambia but separated from each other and they did not know where the other was…”thanks to God, we met again here in Zimbabwe. Now we are living together and we do not want to separate again…Tashinga in November 2004.

I did not know where to go after I separated from my family. We were footing and soldiers came… each one was running on his direction and found a truck and the driver was very kind. He brought me here. He is a man of God. He bought me food… Ruva in November 2004).

It is clear from the children's stories that none of them left their country of origin voluntarily. Being forced to leave home without their parents, siblings or other relatives and not even knowing where to go is painful and traumatic for these children

5.2. Arrival in Zimbabwe

During the discussions with the children they related that upon arriving in Zimbabwe, most of the interviewees faced enormous difficulties. One of the interviewees was detained at the border for several days. After traveling for so many days I was arrested. Even after I told the officer that I was running away from war I was told to go back to my country. After three days I was told that I am free to go. I was not informed of the asylum seeking procedures nor was told where I could ask for assistance until I met someone who told me about a Social Welfare office. Panashe, November 2004

Danai made her way to Zimbabwe with a woman whom she met in the taxi. The woman advised her to do something so she can have money to look after herself. …She advised me to sell vegetables in the streets…" She lived in the streets and slept in a house inhabited by many strangers, where there was no food and little help from the others…" We used boxes as our bed" says Danai

…"I did not know I could apply for refugee status when I entered Zimbabwe. No body told me but after spending some days in the country I was told about UNHCR. I went to UNHCR and was advised to the Transit Centre in Waterfalls" Rutendo, November 2004

At the initial point of entry, none of the children knew that they are entitled to seek asylum. Only after spending a few days and interacting with other people they became aware of such. At the border post no child seemed to have received information about what to do. May be because some of them would report to the border accompanied by someone or they would have jumped the boarder since they did not have travel documents.

5.3. Granting of Refugee Status

Most of the refugees in Zimbabwe emanate from the Great Lakes Region and invariably cross more than one frontier before arriving and lodging their application for asylum in Zimbabwe as such the issue of irregular movement and the principle of first country of asylum is very important. In consultation with UNHCR Government has accepted that asylum seekers should not be rejected simply because they could request or should have requested for protection in their first country of asylum without first examining the individual reasons why they left that country and more importantly whether it is practical to insist on their return.

In this respect the government has agreed that in the issue of irregular movement it will be guided by Conclusion number 58 of the Executive Committee of the UNHCR's programme as a matter of practice.

It has however become a matter of concern that a number of asylum seekers unaccompanied minors included have been detained for prolonged periods of time often without the knowledge of UNHCR, until just before they are released (UNHCR Harare office, 2004 annual report).

In many countries, refugees first report at a reception centre where they register before being taken to a camp. Zimbabwe is not an exception as new arrivals (asylum seekers) first report to the District Welfare Office, which falls under the Commissioner for refugees' office. Here a file is opened and all documents kept there. They are then housed at the Transit Centre while undergoing the various interviews from the State Security Agents, Immigration and Police. All interviews are carried out at the Waterfalls Transit Centre (Interview with Mr. Zengeya in November 2004).

Upon completion of the interviews the asylum seeker then appears before the Status Determination Committee comprising of the above-mentioned Governments Departments, the Commissioner for Refugees and his officials. UNHCR sits in this committee as an observer.

Unaccompanied refugee children are then picked during this process. Once identified the camp administrator in coordination with the ICRC start the process of tracing and reunification. However, this process will not stop the granting of refugee status to these cases once the committee is satisfied.

Once granted the refugee status the counselor at the Transit centre arranges for guardians to assist looking after them while in the centre until all is set for them to be transferred to Tongogara camp. By then the camp administrator and the counselors take over the arrangements for foster care. Most of the children are sent to children's homes due to failure of fostering care (Mr. Zengeya in November 2004).

It important to note that every child is looked at individually and the granting of refugee status is on individual basis. The average time it takes for an unaccompanied refugee child is four months as shown in Table 1. Almost all the children relied on the help and advise of other refugees they met within the early days of arrival. While in the process of applying for refugee status, Panashe heard from fellow refugees that there are some Non-Organisations such as JRS, IMBISA and World Vision that assist refugees.

5.4. Perceived Needs

This section will discuss what the children perceive as their needs. There are two categories of the needs: physical needs (shelter, health services, food and clothing) and psychosocial needs (education, counseling and care arrangement. Unaccompanied children as minors without families relied on others (individuals and institutions to fulfill their basic needs (from food, shelter…) and upon arrival, with no knowledge or information of how to access assistance, some of the children had no choice but to find their own ways to survive.

Physical Needs

All the children interviewed had some kind of shelter. As always upon arrival they are housed at the Transit Center in Harare and only after they have gone through all the required interviews before being granted refugees status they are sent to Tongogara camp. Some went to Tongogara but soon found their way back to the cities. Problems in refugee camps themselves can add to refugee children's stress. These may be among other things lack of access to resources, gender related sexual exploitation, abuse or exploitation by foster families. However, lack of access to resources and overcrowding were cited as some of the reasons why children do not like to stay in Tongogara camp. The children also see the fact that the camp is in the bush as a problem.

Some of them will have experienced life in an urban area and to start a new live in a rural setting with very few opportunities is a draw back for them.

… “I lived in the capital city in my country so why should I stay in the rural areas now? “I prefer to stay in a children’s home in Harare than to stay in the camp because there are too many people there and there is not enough houses” Tanaka in November 2004.

It is important to note that there is a link between physical and psychosocial needs. As seen in this study, for some if not all the children, lack of physical needs may lead to psychosocial needs hence the need to discuss the two categories of the children’s needs.

Psychosocial Needs

There are different psychosocial needs in Zimbabwe highlighted by the children, which include parental care, trauma, education, protection and security. Each one of these will be discussed in detail in the analysis and discussion chapter.

The need to have someone to talk to was brought out by all the children. Having lost or separated from their loved ones, these children need to have someone close to whom they can discuss their problems. Those that stayed with foster

parents in the camp do not seem to be happy and that is the reason why they left them and chose to go to town.

"… I have a big problem, I think a lot about home and my family. Sometimes I hear noise of people fighting during the night and get very scared" (Tashinga, November 2004).

IMBISA and JRS were cited by most of the children as organizations providing pastoral care and counseling. " … When I am not happy I go to IMBISA to talk to the sister. Sometimes I go with my friends, we talk and read the bible together" Chido, November 2004

It was apparent during the interviews that the children are experiencing some level of trauma and stress. They have experienced immense loss, often of parents and siblings and still live in fear and experience nightmares.

There was not much difference in the pattern of worries. The biggest worry was not attending school followed by the separation from their parents. Generally the children felt that if they had their parents with them they would be at school. According to the constitution in Zimbabwe, every child of school going age must be at school. On the other hand Government says that all refugee children who need assistance to go to school have to go to Tongogara camp.

However, most of these unaccompanied refugee children left the camp in search of better conditions in the city. They cited overcrowding, poor health and sanitation facilities and abuse by fellow refugees as the main reasons why they left the camp

"… Whether I stay in the camp or in town I still suffer. In the camp the big men take my food basket and I sleep on the floor with one blanket. At least in town there are many people who can help me. I can also do business with money (foreign currency)" Tinashe, November 2004.

Most of the children have had to take on adult responsibilities. They are responsible for themselves and their well-being. This is the case, as most of the children do not enjoy life with foster parents.

"… They make me work a lot. When I come back from school I have to cook, wash the plates and clothes. I do not even have time to do my homework. Mama shouts a lot at me and she uses bad language… I prefer to stay with my friends and we take turns to do the work in the house…" Rudo, November 2004.

It was apparent from the interviews that these children had no problems in developing friendships with other children. However, issues relating to xenophobia were brought out although the children did not discuss it in detail.

"… Some Zimbabweans both children and adults tell me to go back to my country. I have been called a thief and people also say I ran away from crimes I committed in my country…" Tinashe, November 2004 and he goes further …I like my country but I can not go back because I will be killed if I do not join the army…"

The children emphasized that they do not feel adequately protected. They have been victims of crime and sometimes accused of committing crimes. They have witnessed horrifying incidents. There is an overwhelming desire of wanting to be in a safe place…" I just need to be somewhere where it is safe" Danai, November 2004.

Rutendo on the other hand said…" I need to go to another country. I can not sleep nicely because I am scared of thieves in this area, because they also like to steal children like me…" Tinashe has been wrongly accused of committing a crime…" I was coming from school and a boy who was walking next to me snatched a woman's handbag. I was beaten and they said I should pay for what "my friend" did. I did not even know this guy… "

The need to have access to education cannot be overemphasized. Education is a long-term investment. A refugee can lose all his positions during flight but wherever he goes he will take with his/her knowledge and qualifications.

"… I want to go to school so I can learn and one day work and look after myself…" said Danai, interview in November 2004.

5.5. Coping Mechanisms

As the study sought to find out what the children perceive as their needs, several coping mechanisms were highlighted by the children. Their problems could be divided into two sections: general problems to do with their well-being and protection, worries about the uncertainty in their future. Below are some of the coping mechanisms highlighted by the children.

General problems	**Worries**
Talking to guardians	Praying
Talking to their peers	Reading
Talking to service providers	Talking to peers
Heading households	Talking to elders
Anti-social behaviour	
Income generating activity	
Accepting the situation	

In general, the children were able to cope with their challenges although in some instances they have to engage in some form of anti-social behaviour.

As Muchini (1983) says in his study on Mozambican refugee children in Tongogara camp in Zimbabwe, their psychosocial needs were met through a community-based approach in which foster care by the local community was encouraged and incentives were provided for fostering these children.

Older unaccompanied children who did not want to be fostered were allowed to stay on their own and closely monitored and supported by social workers. Monitoring visits were done by the social workers to provide ongoing support and counseling.

In his study done on a camp setting Muchini (1993) further says that despite the magnitude of stress resulting from psychosocial problems experienced by unaccompanied children from Mozambique, these children also demonstrated a range of coping capacities. They are quick to move away from situations where they have little control, opting for independence and attempting to exert personal Control over their life. On the other hand these children who were subjected to state-run camp also benefited from the organised formal services made available to them unlike those in the urban areas.

Some children try to engage service providers as they try to come up with ways of coping with their challenges even staying in urban areas.

…" When I have problems I go to the commissioner for refugees. He gave me status so they must help me when I need help…" said Panashe.

He goes further to say that even if they do not assist me because I stay in town they at least help me just by listening to my problem…"

As they experience the same difficulties, they are very supporting of each other, this goes to show that children also discuss with their peers about their problems and how they can overcome them.

Although they are children they also engage in income generating activities and the most common was the "black market". It is illegal to deal in foreign currency but due to the devaluation on the local currency children who received foreign currency from relatives overseas made a lot of money through illegal deals.

…" We get American dollars and pounds from our relatives and if we change the money on the black market we make a lot of money. We even change money for other refugees". Said Munashe and Tinashe who come from the Democratic Republic of Congo and came to Zimbabwe at the same time.

"If I go to Tongogara I will not be able to do my business there" said Tinashe. This goes to show that although they faced persecution, the children to raise money for their upkeep used the foreign currency "business".

The abuse these children go through in the hands of heartless guardians has resulted in some children running away from home. Therefore desperation to survive in town has lead children to engage in anti-social behaviour.

…" I ran away from my guardian house because I was beaten almost every day as a result I had no place to stay and had no money to buy food. I had no choice but to stay in the streets and snatch ladies handbags…" said Tashinga. Asked if he knows he could be arrested for doing that he simply replied, " what can I do? I need money…"

Without intervention, children exposed to violence may end up acting out of violence…" sometimes I fight with people if I want something and they refuse to give me, said Tinashe in an interview in November 2004. This is a clear sign of resorting to desperate measures to get assistance.

Although not very prevalent alcohol and drug use was brought up during the discussions.

"…When I am angry I smoke and sometimes I drink beer. When I do not have money to buy cigarette I smoke glue. I feel better after smoking or drinking" said Munashe in an interview in November 2004.

"…All I do is pray and I also ask for help from the elders from my country. Sometimes they help or they sent me back to Social Welfare" said Ruva.

Ruva seems to accept the situation and taking the “will see” approach.

Child-headed households represent a new coping mechanism in response to the impact of the challenges they face. Some children preferred to stay on their own rather than with foster families.

“…I prefer to stay with other children because my “second” mother was always shouting at me and was not giving me my food basket…” said Chido in an interview in November 2004.

5.6 Service providers

As indicated earlier interviewing service providers was important to ascertain the services they provide as well as cross check the information given by the children. Some Government departments and Non-Governmental organisations provide services to unaccompanied refugee children in Zimbabwe and this section will outline what kind of services those institutions are providing.

Provision of service to refugees in Zimbabwe is done through a tripartite approach in which Government, UNHCR and NGOs work closely together and also share amongst themselves the resource burden of providing assistance to refugees. The principal financier is UNHCR with government playing the administrative role and NGOs as implementers.

The Commissioner for Refugees Office.

This office falls under the department of Social Welfare in the Ministry of Labour, Manpower and Social Welfare. The Commissioner for refugees is the one who grants refugees status. A few government departments constitute the committee that deliberates on whether one should be granted refugee status or not.

According to Retired Major Chitsunge the Commissioner's office is also responsible for documenting the numbers of people applying for asylum in the country and being granted refugee status. When it comes to children those who come with their parents are granted refugee status together as a family. Those that come on their own (the unaccompanied ones) are granted refugee status on their own. If one comes with his/her siblings then they are granted status as unaccompanied minors and it is the eldest child's name that will be written as the head with the siblings listed on the temporary permit. The Department of Social Welfare is responsible for providing accommodation for new arrivals at the transit Centre until one has gone through all interviews before being granted refugee status or if they are rejected. Once this procedure is completed, refugees are moved to Tongogara camp where they are provided with shelter, health care, food, water and sanitation. However, those services are only available to those refugees who stay in Tongogara camp.

Those that chose to go to Harare or other urban cities are not assisted unless if one is authorized to stay in town for valid reasons such as accessing specialized health care or to further their education at tertiary level.

UNHCR

Tapiwa Huye the assistant programme officer said that UHNCR does not provide services “per se” it provides funds to other agencies to provide the services. He explained that UNHCR provides technical assistance to Government especially in the area of policy as well as give guidelines on issues relating to refugees. It also provides funds to Non Governmental Organisations (UNHCR’s partners only) such as World Vision that in turn provide services (such as food, shelter, payment of school fees) for the refugees. UNHCR also has operational partners (JRS, IMBISA, and ICRC. Red Cross – Zimbabwe) who do not receive funding from them but they collaborate in an effort to avoid duplication of services.

Huye also noted that all implementing and operational partners make an effort to make the life of an unaccompanied refugee child as comfortable as possible.
He however, acknowledges that there are limited resources and not all children are catered for adequately. He also acknowledge that there discrepancy between what is available to refugees with what the refugee act says…” In as much as the Refugee Act says that refugees have the same entitlements to services as nationals, this does not necessarily happen”.

One of the obstacles is the lack of coordination among government departments as well as lack of knowledge by those who are supposed to implement the act.

JRS

JRS is an operational partner of UNHCR, which means it does not receive funding from them. According to Joan Mtukwa JRS provides a number of services to refugees, from scholarships for primary, secondary and vocational training, clothing, food and medical referrals. In line with the Government's policy to ensure that all refugees stay in Tongogara camp, JRS does not provide any assistance to refugees including unaccompanied refugee children in urban areas unless request by the Commissioner for Refugee's office to assist in the so called "special cases".

The only ones being assisted are those chosen and brought to Harare by JRS to pursue their studies in town in which case they will be under the responsibility of JRS. Those that come to town on their own and hope to be assisted will not be taken on board said Mtukwa.

Mtukwa also said that they prioritise unaccompanied children when they chose their beneficiaries. This is to ensure that they are not marginalized since they are not accompanied by the parent's or/and relatives who can seek assistance on their behalf.

Since JRS also has limited resources, they are not able to cater for all the unaccompanied children as they also face obstacles such as difficulty in finding foster parents and also not being able to provide follow ups with the few guardians that are there.

Even if it is against Government policy to assist those children that leave the camp and settle in town, JRS will not give a blind eye to the problems. Where it deems necessary it assists unaccompanied refugee children. However, it is important to note that JRS is not assisting just anyone who is in Harare.

Under psychosocial support, JRS said Mtukwa, has endeavoured to place as many children as their budget allowed in school, they also encouraged children to engage in other activities such as cultural and sports, which usually take place at the Transit Centre in Harare. However, some unaccompanied minors find it difficult to commute o the Transit Centre due to financial constraints. JRS has to chip in with bus fare to take them to and from the Transit Centre.

Although some schools had problems in accepting refugees and when they did extra-territorial fees would be charged, this is changing now as JRS is also on a drive to educate the community about the existence of unaccompanied refugee children within the community. This has paid off as some schools now give extra-territorial fee exemptions to unaccompanied refugee children.

Some children have shown signs of trauma and this is an issue that brings great concern as there is little resources and lack of capacity in the schools and the community at large to deal with the matter noted Mtukwa. This is why we find a lot of children loitering in streets and engaging in anti-social behaviour.

ICRC

Ms. Sherina is from the International Committee of the Red Cross and she highlighted that their organisation works towards re-establishing contact between children and their families by tracing family members. If a parent or a relative is located ICRC, facilitates the travel documents and the reunification of the people concerned. Although this is a continuos process they have not been so lucky to reunite unaccompanied minors with their relatives for the past two years.

IMBISA

The Inter- Regional Meeting of the Bishops of Southern Africa is a catholic organisation, which among other things provides spiritual support through advocacy in churches and awareness campaigns to promote integration of refugees into the local community. IMBISA does not discriminate. It operates in Tongogara camp and its doors are open to refugee children who go to their office in Harare to seek spiritual help said Sr. Stella Thakaza. Counseling is also provided to all children to visit their office.

6. ANALYSIS of FINDINGS and DISCUSSION

Having heard what the children perceive as their needs (chapter 5) and what the service providers have on offer, this section will support the argument that due to limited access to social services the needs of unaccompanied refugee children in Zimbabwe urban areas are not being met. They are disadvantaged by the current government policy that only those children staying in Tongogara camp will be provided with services. Those that choose to stay in Harare perceive Government's directive as not giving them an option but to engage in anti social behaviour such as stealing, illegal deals, violence as well as being subjected to exploitation.

The table below summarises the findings from chapter 5 as follows:

Physical Needs

Self Identified Problem by the Children	**Formal Assistance from Institutions**	**Informal Response from the Children**
Due to inadequate accommodation in Tongogara camp, unaccompanied refugee children find themselves going back to the	The government of Zimbabwe provides free accommodation to all refugees. Tongogara camp has been designated as the place to house all refugees	Some children find themselves in the streets and eventually turn to street children, as they have no place to stay.

urban areas in search of better living conditions.	who need shelter.	
Access to food: some children complain about abuse by older refugees in the camp. They are intimidated and at times some unscrupulous refugees in the camp take their food away.	Refugees staying in the camp are provided with food for free	Unaccompanied refugee children in urban areas see the situation they find themselves in as having no option but to resort to anti social behaviour such as stealing violence. This is to make sure they get something to eat, as food is not provided for them in urban area.

Psychosocial Needs

Self Identified Problem by the Children	**Formal Assistance from Institutions**	**Informal Response from the Children**
Education: no access to education in urban areas. Children complain of overcrowding at school in and	Social Welfare pays school fees for children staying in Tongogara camp. JRS is only requested to pay for special	Some children are able to pay for their studies with proceeds from illegal deals in foreign currency, which they get from

surrounding area of Tongogara camp. They also lack basic school materials such as reading books and exercise books	cases recommended by the Commissioner for Refugees' Office.	their relatives overseas.
Parental Care Exposure to abuse by guardians and older refugees	The government uses its statutory powers to place children with guardians or with children's homes. ICRC facilitates family tracing and reunification	Child-headed households are a new form of coping mechanism in urban areas.
Trauma Have experienced loss of their parents and siblings. They live in fear and experience nightmares	Counselling and group therapy are available in Tongogara camp. Such services are a combined effort by the Government, JRS and IMBISA	Although counselling is also provided by JRS and IMBISA in urban areas, children have antisocial behaviour such: smoking, drinking, violence although some turn to the bible or talk to someone from their peers to officials from institutions working with refugees.
Protection and Security	Government believes that children are secured and	Some children have been victims of crime while others

	protected in a camp than in urban areas	have committed crimes. Some children have also expressed their desire to be resettled as do not feel safe and adequately protected in Harare mainly due to xenophobic attitudes.

It is important for service providers to be aware of the traumatic journeys most unaccompanied refugee children endure. The children interviewed arrived with feelings of fear, confusion, uncertainty, and helplessness and hopeless. Although not every story is identical these common emotions were repeated by most of the children.

Some children were subjected to abuse during the traumatic journey and also abused further at the point of entry by being detained. This is not only traumatic but also contributes to their already difficult journey. The immigration and police officers that detain these unaccompanied refugee children did not even provide them with information on what steps to take to seek asylum until some of these children had spend some days in detention.

The service providers do not offer their services at the border posts. They only deal with the children after they have reported to the commissioner for refugees' office.

With the presence of service providers at the border post unaccompanied refugee children would have access to accurate information on what their rights are and what is available to them. From the discussion with the children it is clear that the information they get is through fellow refugees and very little comes form the authorities such as immigration and police officers.

It is of paramount importance for service providers and government departments that work with refugees to advertise themselves at border posts. A child who has just arrived in the country should not be expected to find out what services are available by word of mouth. Since it is known that most refugees coming to Zimbabwe are from the Great Lakes region, information about the service providers should be translated into Swahili or Kinyarwanda as most of the children interviewed did not speak fluent English upon arrival.

One of the reasons why children leave the camp to leave in urban areas is shortage of accommodation in Tongogara camp. They spoke of overcrowding and abuse from fellow refugees since some of them did not have a guardian to look after them. They leave the camp knowing that live in Harare is not easy but they believe that they have more options to explore to ensure they survive than in the camp. Even if it means staying in unsafe areas that are often crime ridden.

What children perceived as their needs and what service providers are giving does not always match.

Service providers assist those that are in Tongogara camp and it is these same children that leave the camp to seek better opportunities in urban areas because they feel that their needs are not being met.

Most children did not speak knowingly about trauma, as they were worried about how to survive in city. But there is no doubt that they all experience some degree of trauma. However they have shown resilience in the way they live in town. Maybe be the way they struggle to survive extremely difficult situations in the city is in a way a therapy in itself.

The mere fact that these children do not receive assistance as agencies comply with the directive from government that all refugees who need assistance must be in the camp, these children have no choice but to explore their own ways of survival, which sometimes might land them on the wrong side of the law. This is clear from some of the coping mechanisms the children are using.

The dire need for counselling cannot be overemphasised. This was seen during the discussions with the children as some of them showed some emotions as we talked about lives and stories.

Having lost contact with their relatives and some actually witnessed the killing of their loved ones this leaves the children with a big sense of loss. Even those that stay with care givers or have been fostered the experience of losing their parents stills haunts them.

Those that lost their loved ones do not wish to go back home while those that separated from their relatives wish to be reunited with them one day.

All children interviewed are aware that ICRC traces and reunites families. However, none of the children interviewed had been successful in tracing their relatives. ICRC confirmed this that besides the fact that efforts had been made to locate the relatives of some of the unaccompanied refugee children they had not been successful for the past two years. Issues of crime with the children being the victims come up during the discussions. They are afraid and wish to be in a place where their safety is not compromised. They spoke of being mugged, beaten, assaulted, harassed and chased. They also witnessed criminal acts as they stay in crime-ridden areas and this reminds them of what made them leave their countries in the first place. Children have also been perpetrators of crime. This is substantiated with their involvement in foreign currency dealings commonly known as “black market”.

7. RECOMMENDATIONS

Specific recommendations resulting from the research are summarised below and they should not be taken lightly. Telling the stories of this group of children was not simply an academic exercise, it is hoped that this research and the implementation of some, if not all the recommendations will impact positively on the lives of unaccompanied refugee children in Zimbabwe.

7.1. Recommendations for Policy and Coordination in Government Departments

There is no doubt that a gap that exists between Zimbabwean laws and the Refugee Act and the reality for unaccompanied refugee children must be narrowed.

Neither the Refugee Act nor the Child Protection Act outline specific requirements for the provision of services to unaccompanied refugee children. This means that the needs of unaccompanied refugee children are not being properly addressed. Explicit, concrete and comprehensive regulations for unaccompanied refugee children must be developed and adopted. Without such regulations indicating the implementation of service provision to unaccompanied refugee children the Zimbabwean Government will continue to fail to fulfill its responsibility to protect and meet the rights of unaccompanied refugee children.

It is the responsibility of the national government to take a leading role in meeting the needs of unaccompanied refugee children. Such needs must be viewed holistically hence the need for an inter-sectoral government committee to be established in order to monitor the implementation of regulations and service provision for unaccompanied refugee children. Each department should have a clear mandate to oversee and monitor whether the needs of these children are

being met. This will also avoid a situation where one department takes sole responsibility of dealing with unaccompanied refugee children‘s issues.

Although there is a committee comprising of Government, NGOs and UNHCR known as PARinAC (Partners in Actions) which aims at coordinating activities and monitor the implementation of policy relating to refugees in general there is no prioritisation in terms of looking at different groups of refugees. This is in light of the fact that women and children constitute the majority of refugees worldwide Training of Government officials (such as immigration officials, social workers, police officers, teachers etc…) who interact with unaccompanied refugee children should be more aggressive. As it is some decision makers and national officers are aware of the plight of unaccompanied refugee children, but the information is not being filtered down to officials who implement the policy.

The voices of unaccompanied minors should be heard and taken into account. This is critical to ensure that their concerns are addressed adequately.

It is extremely important to ensure that the transition process in the lives of unaccompanied refugee children is speeded up. Policies should be put in place to make sure that once the children are in the host country enrol into schools, their safety is guaranteed and that they are able to lead a normal life in the shortest time possible.

Efforts should be made to place all unaccompanied refugee children in boarding schools. It is envisaged that such an arrangement would overcome anxieties that some unaccompanied children looking after their siblings have of leaving them alone when they go to school as day scholars. Those not yet at should be placed in homes or be fostered.

Establishment of associations of unaccompanied refugee children is important. Through regular meetings they can provide each other with psychosocial support. This will also ensure that the children do not resort to anti-social behaviour (activities). On the other hand, Youth centres will also play an important role in that the youth can undergo skills training as extra curriculum activities so that they spend their time doing constructive things.

Due to lack of resources unaccompanied refugee children should be exempted from paying school fees. This should be explicit in the education policy and the school headmasters/headmistresses should be educated about such an exemption.

Refugees and nationals who foster unaccompanied refugee children should be granted the support they well deserve. This should be included in the clear fostering policy. Foster families who can provide the basic needs of these children should be economically empowered through the provision of loans to start income generating projects. Monitoring visits by social workers must take

place on a regular basis as this will assist in identifying and dealing with issues of exploitation brought out by fostered children.

Tracing of relatives of unaccompanied refugee children should be made a priority. Although this is the most desirable solution it has to be done very carefully as it may raise hopes on the children and if the relatives are not found we may be creating more problems for the children.

7.2. For Non Governmental Organisations

Counselling for unaccompanied refugee children should be a must. After the traumatic journey every child will in one way or another show signs of trauma and it is imperative that they receive counselling.

Some may not show signs of trauma therefore all agencies dealing with refugee children should empower their officers in recognising trauma and ways of assisting such children to cope.

There is great need to work in collaboration with the host government and ensure that all unaccompanied refugee children have easy access to basic needs such as food, housing and clothing. However, to ensure that such needs are met there is need for the agencies to engage in a more aggressive fundraising to make sure that such basic needs are not met due to lack of funding.

7.3. Further Research

A comprehensive research involving unaccompanied refugee children, the Government and Non-Governmental Organisations working with unaccompanied refugee children in Zimbabwe should be done.

A research should be done on the allegations of abuse and exploitation of unaccompanied refugee children as these issues have been hinted by the children but have not been thoroughly investigated and documented.

There is also need to pay special attention to unaccompanied refugee girl child who is often marginalized on the basis of gender.

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LIST OF SERVICE PROVIDERS INTERVIEWED

1. **The Commissioner for Refugees' Office (CRO)**

Major Petros Chitsunge
Programme Officer
Interviewed in November 2004

Mr. Mishack Zengeya
Transit Centre Administrator
Interviewed in November 2004

2. **United Nations High Commission For Refugees (UNHCR)**

Mr. Tapiwa Huye
Senior Programme Assistant
Interviewed in November 2004

3. **Jesuit Refugee Services)JRS)**

Mrs. Joana Mtukwa
Country Director
Interviewed in November 2004

4. **International Committee of the Red Cross (ICRC)**

Ms. Sherina
Programme Officer
Interviewed in November 2004

5. **Inter-Regional Meeting of the Bishops of Southern Africa**

Sr. Stela Takaza
Coordinator of Refugee Desk
Interviewed in November 2004

CONSENT FORM

The Psychosocial Challenges Facing Unaccompanied Refugee Children in Urban Zimbabwe.

Thank you very much for taking your time to meet with me to talk about this research. I understand how busy you are and would make the interview process as efficient as possible. I am a graduate student at the University of Witwatersrand in South Africa conducting this research for academic purposes.

While your participation in the study is highly valuable and appreciated, you should feel free to withdraw your participation at any point in the interview.

Your responses to this interview will only be accessible to the researcher and your identity will remain anonymous. Because of concerns about privacy and anonymity, your responses will not be tied to your specific identity or name nor will they be available to staff members at refugee assistance.

If you need time to think about the interview, you may contact me by phone on +263 4 703264, +263 11 86 1015 or +2783 7105092, or e-mail chimedzan@hse.pg.wits.ac.za

Should you have any questions regarding the approval of this study, please contact

Dr. Loren B. Landau
Acting Director and Research Coordinator
Forced Migration Studies programme
University of Witwatersrand
Graduate School for Humanities and Social Sciences
Private Bag X 3
Johannesburg
South Africa

I voluntarily consent to participate in this study.

Date …….. Signature ……..

Researcher: Nely Cristina Chimedza

INFORMATION SHEET

The PsychoSocial Challenges Facing Unaccompanied Refugee Children in Zimbabwe.

Please note that all the information you provide will be kept confidential and will be used for the purposes of this study. The process of filling in the information required below will take approximately 15 minutes.

Interview Number ……..

1. Female Male

2. Age 10 to 12 years

   13 to 16 years

   17 to 18 years

3. Country of origin ……

4. What is your level of education? (Tick where appropriate)

None
Primary
Secondary

5. Do you have any skills?
If yes, what skills do you have? ……

6. When did you come to Zimbabwe?

1990 - 1995
1996 – 2000
2001 - 2004

7. When did you get refugee status?
1990 – 1995
1996 – 2000
2001 – 2004

8. Where are currently staying?

……

9. With whom are staying?

……..

10. Are you related to the person you stay with?……..

11. How many are you in your family? ……

THANK YOU FOR YOUR TIME IN COMPLETING THIS FORM

INTERVIEW SCHEDULE

The PsychoSocial Challenges Facing Unaccompanied Refugee Children In Zimbabwe.

Please note that all the information you provide will be kept confidential and will be used for the purpose of this study. This interview will take approximately 30 minutes.

Interview Number …….

1. What do you see as the children's most pressing needs?

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2. Does your organisation provide any assistance to urban based unaccompanied refugee children to meet these needs?

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3. In your opinion is the assistance adequate?

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4. How is the provision of services to the unaccompanied refugee children monitored?

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……
……Are there any problems encountered in assisting unaccompanied refugee children in urban Zimbabwe?

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5. In your opinion, do you believe that the current economic situation in Zimbabwe has an impact on the assistance given to unaccompanied refugee children?

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6. What interventions would you consider to address the needs of these children?

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7. Any other comments?

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THANK YOU FOR YOU COOPERATION