

SOCIAL WORK WITH REFUGEE CHILDREN AND YOUTH IN CAMP SITUATIONS

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Featured on front cover is the Centennial Medal that has been struck to commemorate the 100th anniversary of the American Psychological Association. The Greek goddess Psyche represents the personification of the soul, the essential and imperishable quality of the human being. This Centennial Psyche is modeled after the engraved classical Greek gems illustrated in Furstwangler, *Die antiken Gemme*, Berlin, 1900. At times, Psyche has also been depicted as a winged figure above dying warriors. The reverse side of the medal shows the official APA Centennial logo, designed by the APA Task Force on Centennial Celebrations for use only during this historic period.

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Social Work with Refugee Children and Youth in Camp Situations

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The circumstances of refugees are often extremely complex and difficult, requiring an effective social work response in meeting some of the urgent needs presented. Social work practice is capable of assisting refugees through use of casework, groupwork and community work, where the aim is to enhance the capabilities of individuals, groups and organizations in dealing with the difficult circumstances that confront them. Due to overwhelming pressures and serious disruptions to their normal ways of living, refugees often find themselves forced into a dependent submissive status. To counter this tendency social workers should avoid imposing professional solutions on refugees and respect their right to self-determination, limited as this might be. This respect should also extend to encouraging and reinforcing traditional social supports within the refugees' own families and communities -- in particular the informal support networks and structures that exist in any given community. A proactive stance where social workers build on refugees' own strengths, and support the relationships already existing in the camp will assist refugees to cope more effectively than if they were to depend on outside assistance alone.

Children and youth are particularly vulnerable groups within refugee communities. In consultation with refugees, programs to address the developmental needs of children should be formulated, appropriately designed according to the age of the children concerned and their levels of emotional, intellectual, physical and social development. For example, social workers need to be

involved in assisting with the provision of pre-school facilities, partly to provide some space for parents to engage in income-generating activities or skill training, but even more significantly to provide appropriate stimulation and growth opportunities to the children. Primary school programs and other extracurricular activities need to be arranged for children of school-going age, and with older children, provision of some skill training and preparation for adult work employment should take place.

Some children will need special care and attention, particularly if they have been subject to traumatic and painful experiences in the past. Their behavior might manifest in terms of delinquent or unsocial acts, and they will need reassurance and concern rather than censure or punishment.

Although it is important to design appropriate programs to assist children and youth in camp situations, it is also useful to remember that the refugee community is a system with its own sources of strength and self-help. Social workers should undertake some kind of social survey to "map out" existing social networks. Once identified, social workers may be able to reinforce and strengthen these. This is far more useful than imposing a structure from outside.

SOCIAL WORK WITH REFUGEE CHILDREN AND YOUTH IN CAMP SITUATIONS

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1. The Background to the Refugee Situation in Zimbabwe

1.1. Historical background

The present relationship between Mozambique and Zimbabwe has its roots in the struggle for liberation, which took place from the mid-1960s until 1980. When Mozambique gained its own independence in 1975, it granted the Zimbabwean forces, organized under the Zimbabwe African Nationalist Liberation Army (ZANLA), bases to operate from within Mozambique.

By the end of 1979, Mozambique had provided a base for ZANLA operations and hosted at least 150,000 refugees. In retaliation Rhodesian troops regularly crossed the border in "hot pursuit" and on these occasions would attack both ZANLA bases and refugee facilities. In addition the Rhodesian security forces created the Mozambique National Resistance (MNR), also termed RENAMO, with disaffected Mozambicans directed by Portuguese anti-insurgency personnel, with the intention of both destabilizing the newly independent Mozambique in general, and in targeting Mozambique-based ZANLA personnel, bases and communication networks in particular.

Following Zimbabwean independence, RENAMO was sponsored by South Africa to continue its policy of destabilization in the region. By 1982 the strength of RENAMO was estimated at about 5,000 and 12,000 by 1983 (Legum, 1985:18). Under a mutual defence Agreement with Mozambique, Zimbabwe committed troops to assist Mozambican forces to counter RENAMO in November 1982. Toward the end of 1988, there were an estimated 10,000 Zimbabwean troops in Mozambique (Evans,

1988:227). The war has continued since then, although after negotiations, Zimbabwean forces reduced their involvement to the "Beira Corridor" and other transport routes to the sea. Following recent talks, a ceasefire has been agreed in a joint declaration signed in Rome on August 7, 1992 by President Joaquim Chissano and RENAMO leader Afonso Dhlakama. This ceasefire is supposed to be implemented by October 1, 1992.

1.2. The level of violence

The brutal and devastating war in Mozambique has caused more than one million deaths and maimings, nearly one and a half million forced to seek refuge in the neighboring states of Zimbabwe, Zambia, Malawi, Tanzania, Swaziland and South Africa, while over two million Mozambicans have been displaced in their own country. As a result of the war, Mozambique has suffered economic losses well over US\$20 billion in the past 15 years and had its infrastructure reduced to ruins (Herald, 30/7/92). The share of its national budget that goes to recurrent defence costs is some 35%, one of the highest in the world (UNICEF, 1989:20). The relative poverty and serious economic and social consequences of this conflict are reflected in the 1992 World Development Report statistics (see Appendix 1). In Mozambique, in addition to attacking economic infrastructure and government services (eg agricultural projects, health, education, and food relief convoys), RENAMO deliberately target civilians, often using mass terror as their instrument. It appears that their intention is to create widespread chaos and a breakdown in commerce and civil administration, and to ensure that large areas of the country remain ungovernable.

The calculated brutality of RENAMO has been recorded by a 1988 US State Department mission (the Gersony Report), which interviewed some 200 Mozambican refugees in depth about their experiences of conflict. Interviews were conducted in 42 different locations in five countries. An extract from this report states that:

"...the level of violence reported to be conducted by RENAMO (MNR) against the civilian population of rural Mozambique is extraordinarily high...it is conservatively estimated that 100,000 civilians may have been murdered by RENAMO (during the years 1986 and 1987 alone)...refugees report systematic forced portering, beatings, rape, looting, burning of villages, abductions and mutilations" (Gersony, 1988).

UNICEF (1989:11) indicates that by 1988, the number of Mozambican and Angolan (where a similar conflict has raged) children under the age of five whose lives were lost as a consequence of war and destabilization totalled more people than were killed by atomic bombs in Hiroshima and Nagasaki. The UNICEF Report indicates that between 1980 and 1988, war-related deaths among infants and children under five totalled 490,000 in Mozambique alone. According to UNICEF, infant and child mortality rates in Mozambique and Angola range from 325 to 375 per thousand (UNICEF, 1989:25).

RENAMO have also crossed the border into Eastern Zimbabwe on numerous occasions and have attacked local villages, killing and mutilating residents in the process. A report given to Oxfam (Smith, 1990:65) by an elderly man living in an area of Zimbabwe near to the border with Mozambique illustrates this situation. On one day in 1988 RENAMO guerrillas entered his village, murdering his wife, his two daughters and his granddaughter. The child was strapped to his wife's back when

RENAMO came. They threw the baby into the cooking fire, where she was burnt to death. Her grandmother had to watch her die, before they killed her too. He said:

"It is something which I cannot forget - the brutality and ~~the~~ callousness. It is one thing when you hear about MNR atrocities far away in the next district. But when it happens to you in your own home and to your own wife and children, then it is something different".

As pointed out by Boothby et al (1992:3), many children have become the victim and the tools of war:

"Boys as young as six have served as soldiers, children of ~~the~~ ages have been the targets of systematic, country-wide abductions, and large numbers of young people have been killed or have been subject to torture, rape, and forced labour". Some of the children kidnapped by RENAMO were forced to act as porters, carrying heavy loads of supplies to bases within Mozambique, while others would take part in actual combat".

In Mozambique, RENAMO have a deliberate policy of kidnapping boys and youth and training them to commit acts of violence. As Kanji (1990:107) points out, boys are beaten, starved and threatened with death if they do not cooperate. There have been reports of boys forced to attack their own villages and even their own families, with the aim of making them outcasts and forcing them to identify with RENAMO. In addition girls have been raped and used for transporting equipment.

1.3 The scale of the refugee problem

Out of the world's population of about 17 million refugees, Africa has the highest number at 5,9 million. Zimbabwe has about 115,000 refugees in five camps situated near the eastern border area with Mozambique. At the present time, between 2,500 and 3,000 Mozambican refugees arrive in Zimbabwe each month. The newest refugee camp in Zimbabwe, Chambuta, in Chiredzi, has recently experienced a large influx from 4,000 in January 1992 to the present 16,500 (Herald, 19/6/92).

Other Mozambican refugees in Zimbabwe are sheltered at Mazowe River Bridge Camp and Nyamatikiti Camp in Mashonaland Central Province. They number 28,000 and 3,000 respectively. The remainder are in Manicaland Province, at Nyangombe Refugee Camp near Nyanga with 17,000 inmates and the biggest camp, Tongogara, near Chipinge, with 42,000. These figures may fluctuate daily as some leave to seek repatriation, while others arrive, but generally all have reached their maximum capacity, given constraints of available water and land, with the exception of Chambuta which is rapidly filling up. The United Nations High Commissioner for Refugees (UNHCR) are to initiate a water project for Nyamatikiti Camp to enable it to accommodate a further 17,000 refugees to reach its capacity of 20,000.

This paper focuses on two of the five refugee camps in Zimbabwe - Nyangombe and Tongogara camps.

2. The Refugee Camps in Zimbabwe

2.1. Encampment as a strategy

The three durable solutions as advocated by the UNHCR - local integration, voluntary repatriation and resettlement in a third country appear to have had little relevance in the case of Mozambicans living in Zimbabwe. Local integration was unacceptable to the Zimbabwean Government due primarily to security fears concerning the possibility of RENAMO infiltrating the country, the high demand for employment opportunities by Zimbabwe nationals, and the shortage of land and accommodation. The strategy of encampment was chosen in order to contain the large numbers of refugees crossing the border and to retain

their visibility for donor assistance. However voluntary repatriation is likely to become a serious possibility in the near future, assuming that the recently concluded ceasefire and peace accord is successful.

As research conducted by the School of Social Work (1990) indicates, there is some bitterness towards encampment. The researchers interviewed a total of 900 camp residents from four rural refugee camps. In this study, 75,8% of the respondents reported having self-settled among the local population before they became official refugees and 61% indicated that they had been brought to the camp involuntarily. As noted in the report (1990:11):

"There was obvious bitterness among those who claimed that they were taken away from places where they had settled and acquired property such as houses, goats, sheep and in some instances even cattle which they had to sell, leave with neighbors or even just abandon when the rounding up exercise was at its height".

Yet the strategy of encampment means that refugees are maintained in large numbers where Government, donor and voluntary organizations are able to provide some measure of relief.

2.2. Description of Tongogara and Nyangombe Camps

2.2.1. Tongogara Camp

The camp was formerly an agricultural experimental station under the Rhodesian Government in the 1960s. It was then converted into a military base for the then Rhodesian National Army during the peak of the *Chimurenga* war. In 1980, towards the elections, the camp was used as an assembly point for the freedom fighters during the ceasefire period. The camp then remained vacant until 1984 (mid-February) when it was established as a refugee camp by the Government of Zimbabwe in conjunction with UNHCR to cater for the displaced Mozambicans. It is located near the Save River in

Manicaland, adjacent to the Middle Save large scale commercial farming area of Chipinge District. Although the camp was originally planned to hold 10,000 refugees, the steady influx of refugees forced its expansion and the population has since risen to 41,537 (Feb 1992 figures). The camp area is 800 hectares and is divided into 14 villages, popularly known as "bases".

2.2.2. Nyangombe Camp

Nyangombe Camp was also established in 1984, originally with a population of about 430 refugees. Today the present population is about 17,263 (Feb 1992 figures), which is above its maximum holding capacity. There are no more sites for new homes, so new arrivals are transferred to Chambuta Refugee Camp in Chiredzi, a recently opened camp. The Camp is situated about 247 kilometers from Harare, in the north-eastern district of Manicaland Province.

3. Administration of Refugee Programs

3.1 Government organizations

The refugee program is run by the Ministry of Public Service, Labour and Social Welfare through sponsorship from UNHCR. The Department of Social Welfare within this Ministry is tasked with the administration of the program. Coordination of all camp operations is carried out by this Department with the help of other Ministries and several NGOs. Hierarchically the administrative structure comprises the following

(Tongogara Camp):

- Commissioner for Refugees (1) *
- Provincial Social Welfare Officer (Manicaland) (1)
- Camp Administrator (1)
- Deputy Camp Administrator (1)
- Social Welfare Officer (1)
- Senior Clerk (1)
- Junior Clerks (eleven)
- Drivers (5)

General hands (eleven)

* () refers to the numbers of staff in each post.

The major function of the Department is that of providing material assistance to the camp residents who, because of the war, lost almost all of their possessions before and during the exodus into Zimbabwe. To facilitate the distribution of such material needs, the agency's personnel is composed mainly of clerks who constitute about 60% of the administrative staff. Items that are distributed to the camp residents are food, clothing, blankets and soap.

The Department acts as the legal guardian (*in loco parentis*) to the unaccompanied children who are in the camp. The agency also deals directly with the physically disabled who are accorded special treatment in the form of, for example, securing wheelchairs for those who cannot walk, and also the issuing of rations separately from the whole group, so as to avoid the problem of queuing. Those in need of rehabilitation services are referred to a locally-based NGO, HelpAge, which employs a Rehabilitation Technician.

The Department also refers refugees in need of special medical care to the local towns of Chiredzi, Chipinge, Mutare and Nyanga. Travel documents are issued to those who want to

visit outside the camps. In addition the Department, together with NGOs, oversees the provision of education up to Grade 5 to children in the camps. The Department is marginally involved in family casework, through counselling sessions. However not many cases are brought to the camp offices as most are handled by the base/village

judiciary committee and the police. The Department of Social Work undertakes these responsibilities with limited manpower and resources. As noted by a social work student on fieldwork placement:

"In the camp situation we see that the people's lives have been completely altered by the war and hunger. The Department is doing its level best to see to it that these people's needs are provided for. In the camp, projects are implemented which enable the camp inmates to be self-sufficient and this is proving quite helpful. On the other hand, though social work is proving to be quite essential, in village communities very few people know about it and are not utilizing the services of a social worker. In the camp they do have their leadership structures which look into their problems. When they realize that the problem can be solved at the office, they approach the office for assistance, although these are the more westernized of the refugees". (Diploma student, Nyangombe, 1992)

Other Ministries which offer a service to the camp residents include:

- * Ministry of Health and Child Welfare - Operates clinic facilities at the camps. For example at Tongogara the clinic has about 35 beds with floor sleeping space for another 100. On occasions the clinic has a resident doctor, 1 State Registered Nurse, 11 State Certified Nurses and 7 Nurse Aids. A major part of the clinic's role is preventive health education.

- * Ministry of Home Affairs - Responsibilities include maintaining law and order within the camps. There is usually a police camp situated within each camp. It is also actively involved in the screening of the arriving refugees to prevent "undesired elements" from infiltrating the camps.

- * Ministry of Lands, Agriculture and Water Development - Responsible for providing clean water for consumption and other purposes to the camp residents.

3.2. Non-governmental organizations (NGOs)

There are a variety of NGOs operating in the camps and providing services to the camp residents. Some of the more prominent include the following:

* Association of Women's Clubs

An indigenous organisation that is engaged in developmental social work in the form of skills training. This includes the sewing of clothes, knitting, soap and vaseline-making and gardening, as well as adult literacy training. They are also involved in the organisation and running of pre-schools.

* Christian Care

An indigenous NGO primarily concerned with helping refugees to establish cooperatives in the form of grocery kiosks, rabbitry, gardening and poultry projects.

* Lutheran World Federation

An international NGO responsible for agricultural activities in the camp. It trains and awards certificates to the refugees after undergoing basic theoretical and practical training in growing vegetables, cotton, wheat, sorghum and maize. It also trains the refugees in the rearing of animals like rabbits, goats and poultry. Trainees get certificates and are encouraged to form cooperatives.

* Catholic Development Commission (CADEC)

An indigenous NGO that runs a community service programme aimed at feeding malnourished children and mothers. The clients served are referred by the clinics for supplementary feeding, with training for mothers in growing vegetables, practical nutrition, family life education and family planning.

* HelpAge

This international NGO is responsible for the welfare of the elderly in the camp. It provides the aged with nutritious supplementary foodstuffs (eg eggs, peanut butter). The organisation engages the elderly in activities such as sandal-making, fence-making, poultry and basketry.

* Redd Barna

An international NGO that provides poles to the camp residents to construct huts for themselves. Also responsible for sanitation in the camp through the construction of ventilated improved latrines (blair toilets). Redd Barna plays a role in the welfare of single mothers, orphans and unaccompanied children in the camp through provision of food, basic toiletry and clothing. There is also a scheme to train refugees as "social supporters" to help with identification, tracing of relatives and counselling. The organisation trains refugees in building skills and awards them certificates and tool kits with basic building equipment. It has also assisted through the provision of educational facilities such as classroom blocks, pre-schools as well as school stationery.

* SCF (UK)

An international NGO that is responsible for health care in the camps. It provides material assistance to the clinics, and is involved in training programmes on nutrition and child care.

* SCF (USA)

An international NGO involved in skills training for both men and

women in the camp. Skills include carpentry, building and metalwork. Following training refugees are provided with tool kits to assist their employment prospects in the future. The NGO is also involved in pre-school and primary education, the training of teachers and adult literacy programs.

* Plan International

An international NGO that raises funds for the camp through taking photographs of children and others in need of care and sending these to potential donors. The organisation is also embarking on skills training in the form of rearing animals such as pigs.

* Red Cross

An international NGO that receives new arrivals at the camps. It also does tracing work through sending Red Cross messages back home to relatives in Mozambique through Camp Tracing facilitators. Clothing and food is provided for new arrivals, who are then screened before becoming the responsibility of the Department of Social Welfare for integration in the camps.

* World Vision International

An international NGO that supplies food for supplementary feeding for children aged 0-5 years, as well as lactating and expecting mothers. Its programme staff work with trained refugees on the feeding programme, health education and growth monitoring schemes.

The scope of NGO operations in the camps is very wide, as can be seen from the above list, and certainly the assistance offered to the refugee community is essential with such a large

population requiring services. However this provision is not without criticism. For instance a study by Makanya and Mupedziswa (1988) is critical of some of the programmes/projects run by the NGOs, indicating that many of the activities in the camps in which NGOs are engaged are seen by refugees as more social than economic or educational (1988:22). They also gained the impression that the refugees had few channels available to them to determine projects were best for themselves and that many projects tended to be paternalistic, with limited applicability or usefulness.

However, the same study also notes that 65% of refugees interviewed generally gave a positive response towards the type of care received in the camps (1988:24). The refugees interviewed also stated that they wished to get employment and earn a living, but equally expressed a strong wish to return to Mozambique (139 out of 180 refugee households in two refugee camps):

"An overwhelming majority (139 out of 180) of those interviewed had a definite preference to go back to their ~~ne~~ country in spite of the vastly superior chances offered by the Zimbabwean economy" (1988:5).

3.3. Refugee leadership

The refugees have their own organisation and leadership structure. The camps are divided into sections or "bases", each

which has its own organisational structure. The structure at Tongogara Camp is used as example:

Refugee Leadership/Committees
 Community Leaders
 Community Security Committee
 Community Health Committee
 Base Leaders
 Base Security Committee
 Base Health Committee

Base Judiciary Committee
Block Leaders

At the top of the hierarchy is the Government appointed Camp Administrator. Below are community leaders who are directly answerable to the Administrator and are intended to provide a channel for efficient and effective communication between the Administrator and the community. Below these are the Community Security Committee and the Community Health Committee. These two committees convey information to the community leaders. Below the two committees are the base leaders who are responsible for the day-to-day running of their respective bases, which, in Tongogara, are twelve in all. Below the base leaders are the base security committee, the base health committee and the base judiciary committees which are found in each base and are responsible for dealing with cases at the traditional level. In this context a base is viewed as a small community within a larger whole. There is a high degree of inter-dependence and interaction between one base and another. Each base comprises of several 'blocks', which consist of a number of families. Block leaders are those most in touch with the refugees at grassroots level. They are actively involved in the distribution of food,

and maintenance of a register. Their duties consist of reporting and sending the sick in their blocks to the clinic, reporting on new arrivals to the Police or base leaders, and registration of births and deaths in the blocks.

The camp administration, NGOs and other 'official' groups provide services and relate to the refugees through this leadership structure. Those refugees in positions of authority serve the community on a voluntary basis and are elected by the people themselves. As a representative indigenous organization of the

community it is important that social workers and others work closely and directly with these structures. There are some concerns, however, that these committees may not fully represent women in the camps and have a dominant male membership (School of Social Work, 1990:17).

4. Social work as a helping strategy

4.1. Psycho-social goals

The International Federation of Social Workers has developed a policy on refugees which indicates that special attention should be given to the effects on, and the needs of, those refugees who are caught up in long-term, indefinite 'holding' situations. A multi-dimensional approach to policy and programs is necessary, with an emphasis on the psycho-social needs of refugees. The policy document stresses that psycho-social goals are more likely to be achieved by programs which reflect:

- * culturally relevant responses
- * sensitivity to the effects of the interaction between the refugees' cultural orientation and that of the host country
- * involvement of the refugees in programme and task planning
- * involvement of refugees in programme and task accomplishment
- * awareness that all activity takes place in the context of separation and loss (which may have been compounded by the experience of violence) (IFSW, 1987:7).

4.2. School of Social Work

In recognition of the many urgent needs faced by refugees, the School of Social Work in Harare has incorporated modules concerning refugees in part of the social work curriculum, and has encouraged

field placements for students in refugee situations. The Camp Administrators are in the main the products of the School and some Faculty members have engaged in research work in the refugee camps. In addition the School has hosted workshops for both Government and NGO personnel involved in working with refugees.

The School is also involved through Faculty members in the area of human rights, through the International Federation of Social Workers Human Rights Commission, with issues relating to poverty and structural adjustment, the informal sector, the needs of children and elderly, and the problem of AIDS, amongst others. There is a full time Director of Research responsible for identifying and investigating areas of social concern, in consultation and collaboration with other Faculty members.

4.3. Methods of Social Work

Social work with refugees requires a knowledge of the various "methods" of social work. Broadly these can be described as casework, groupwork and community work. Casework involves the social worker assisting individuals and families, often employing casework or family therapy to deal with identified problems. Groupwork is used in situations where the social worker is working with groups, either in a therapeutic or action-based effort, to achieve mutually agreed goals. Community work is an activity which involves the social worker working

alongside community groups in a collective effort to deal with community or social problems. However, as social workers are trained in a generic way and learn skills of working with all three methods, there is usually stress in their training on learning and

applying the "integrated approach".

The integrated approach in social work developed out of a systems perspective. The development of systems theories and models in recent years is aimed at explaining the holistic meaning of various phenomena - a conception of wholeness, organisation and dynamic interaction. Most of the sciences (physical, biological and social) have moved from a molecular, linear and mechanistic view to this systems orientation. For example, gestalt psychology emphasizes the importance of viewing the personality in its family and social context in an holistic way. Essentially systems theory reminds us that we cannot view things in isolation: we must be aware of the situation or context as well. The integrated approach defines social work practice as focusing on the linkages and interactions between people and resource systems:

"Social work is concerned with the interaction between people and their social environment which affects the ability of people to accomplish their life tasks, alleviate distress and realize their aspirations and values". (Pincus and Minahan, 1973:9)

In the refugee setting, social work may be of assistance in dealing with a variety of issues and concerns which are likely to require such an integrated response. On the one hand by enhancing positives, or reframing, by taking the stigma away from people to enable them to see that the problem is external to themselves, that they are not to blame, that

difficulties can be tackled and successes achieved. On the other hand to facilitate group or community action to achieve desirable goals.

Social workers need to be actively involved, working alongside refugees and assisting them when needed, but avoiding

imposing "professional" solutions on them. At all times social workers need to use their skills of observation and empathetic listening to understand and appreciate the situations of refugees.

In the African situation, social workers have an even greater need for information and knowledge, as the sources of local literature on specific individual and social problems is very limited and in many cases non-existent. In the context of working with refugees or displaced people, social workers may be unfamiliar with the culture and language of the refugees and perhaps lack experience of the psycho-social consequences of displacement. Consequently it is important that social workers record their experiences and share these with each other. This is illustrated by the comments of a social work student:

"Also the fact that they have been in a traumatic situation means that some are not ready to divulge information. They need to get to know the social worker better first and can be quite rude at times. No one can blame them because of what they have gone through. They are a closely-knit

society and quite prepared to help each other. They are quite happy to have their own leadership structures which deal with their problems at village base level" (Diploma student, Nyangombe, 1992).

Social workers need to facilitate such linkages and self-help strategies wherever possible, and gaining the trust and acceptance of the refugees is likely to facilitate work in this direction. Social workers are employed in a variety of agencies in the camps. Their responsibilities are broad and include some of the following:

- * Developing an awareness of social, economic and cultural conditions faced by refugees
- * Administration of programmes and services (Government and NGOs)
- * Involvement with group and community projects
- * Counselling individuals and families
- * Liaison with various organizations/groups serving refugees
- * Family documentation and tracing
- * Encouraging cultural expression and traditional practices

- * Pre-schools
- * Training and skill development
- * Assisting with income-generating projects

4.4. Social work with children and youth

Social workers are faced with a variety of problems and situations when working with refugee children and their families. There are the physical and nutritional needs of the children to consider, the need for a caring family environment and supportive, concerned parenting. There is also the need for education and opportunities for skill development with older children. There are peer group influences and friendship groups which influence children and are important in their psychological development. Many of these situations occur spontaneously as they tend to do in any community situation. Most of these come under the general description of "psycho-social" factors which are increasingly seen as important and

relevant and needing consideration by those working alongside the refugees. While social workers may be involved in initiating various projects or schemes, they need to familiarize themselves with the existing social arrangements and relationships in the camps if they wish to provide assistance to children and youth in that context. They also need to be aware of some of the traumatic experiences faced by the children and how these may have affected them. The ability to identify those with special psychological needs and to mobilize community support (in situations where it is not forthcoming) to assist those suffering in this way is vital. Social workers should also link up with other professionals (eg psychologists and health workers) who may be working in the camps to develop strategies to extend support and care.

The importance of social support and solidarity within the refugee camps cannot be over-emphasized. The consequence for children of isolation and abandonment will inevitably result in trauma, while the care and concern offered by both family and community are crucial to their psychological health. Ager (1992) refers to this as the "protective factors" that protect, or at least mitigate, some of the psychological consequences of refugee circumstances. These protective factors relate to close family ties and social supports which may insulate children from some of the more severe effects of trauma. He notes:

"It is vital, though, to consider refugees' own resources for two reasons: First people do indeed 'bring things with them' in terms of their abilities to cope with difficulties and to support one another. Plans that are made in ignorance of such patterns will rarely be fully successful. Second, with shortage of resources nearly always a key issue, it makes little sense to turn one's back on the considerable resources that may be locked from within a refugee community itself" (Ager, 1992:7).

This sense of respecting resources within the refugees can be illustrated by the programme organized by HelpAge. The elderly as custodians of their own culture are encouraged by the agency to participate in cultural groups so that they can transmit these cultural aspects to the younger generation. The involvement of young children in cultural groups such as *Muchongoyo*, *Mukapa* and *Tonga* is one means by which culture is transmitted. By promoting the culture of the Mozambicans,

HelpAge helps to cultivate a sense of identity among them, curbing the propensity towards normlessness and anomie and reducing isolation and boredom.

4.5. Easing the plight of women

Any assistance to children and youth in the camps is very much dependent on their family situation, and in particular the

situation faced by mothers and the other women in the camp. Women spend most of their day fetching and carrying water, gathering firewood, preparing food, searching for relish, washing and mending clothes, nursing the sick, etc. These tasks also include building of toilets, organizing pre-schools, attending to the camp garden and any other tasks assigned by the camp committees.

The situation faced by women means that they have less time and energy to devote to caring for the children. The observations of a Diploma student at Tongogara Camp indicate some of these problems:

"My observations were that women perform most of the burdensome duties and the situation has been made worse in the camp as they had to go for long distances to get firewood and had to queue for long hours for water. This

again can be said to have a direct influence on the increase of malnutrition among children as women neglect their children whilst concentrating on their day-to-day household chores. When collecting rations it is women again seen carrying fifty kilogram bags of mealie meal - this is detrimental to their health as they are likely to develop chest pains. Women are also seen working at nearby estates so as to get money to buy such necessities as clothes. The money is then shared with the husbands who are mostly found at the camp beerhall. Most of the women I interviewed (about 93%) insisted that they found the collection of firewood rather taxing and time consuming" (Fieldwork Report, SSW, 1991).

The integrated approach to social problems underlines that we cannot treat population groups, such as children and youth, in isolation, but need to examine the situation in a holistic way. If assisting children means attempting to improve the circumstances of women, then various innovative approaches need to be found to do this. One example of such an approach is a recent initiative of several NGOs to improve access to fuelwood for cooking purposes.

The situation regarding available firewood and the

resulting deforestation around the camps has reached crisis proportions. Not only do women from the camps have to travel excessively long distances to fetch fuelwood, but the competition for this scarce resource creates a situation of conflict between the camp residents and the local communities. This problem has been recognized for some time, but recently the environmental consequences (soil erosion, siltation of nearby rivers, reduced rainfall, etc) have led a group of NGOs to collaborate in trying to tackle the problem. As reported in Refugees Magazine (UNHCR, 1992), the Fuelwood Crisis Consortium has formulated a two-year program to tackle the critical situation that has arisen. It aims to reduce the very severe shortages of firewood around the camps and at the same time to

alleviate the extreme physical burden experienced by women refugees in the collection of that firewood.

The Consortium is tackling the problem in several ways: Firstly by the introduction of fuel-efficient portable stoves which can cut the consumption of firewood for cooking by as much as 60%. Secondly through encouraging re-forestation in and around the camps, to help in repairing the damage that has been done over the years and to cater for future needs. The approach of this Consortium is to involve the refugees and the local communities as much as possible. For example various stoves were tested in the camps for ease of use and utility, and research is being carried out to determine the most useful indigenous varieties of trees. The results will be shared with the refugees and local communities before decisions are taken as to which species to grow.

5. Children and youth in the Camps

There are quite high levels of children in the camps. For example at Tongogara, the demographic profile of children under five years represented 20,2%, while the proportion of women of child-bearing age constituted 39,2% of the population in December 1990 (see age and sex composition of Tongogara in Table 1):

Table 1

Age and sex composition of the population of Tongogara December 1990 (extract from the population register of the camp)

Age Group	Male	Female	Total	% of pop	
0 to 11 months	645	734	1379	3.3%	
1 to 4 years	3539	3545	7084	16.9%	
5 to 15 years	7432	6654	14086	33.5%	16
to 35 years	6023	5915	11938	28.4%	
36 to 45 years	1701	2079	3780	9%	
46 to 59 years	1073	1128	2201	5.2%	
60 years and above	664	877	1541	3.7%	
Total	21077	20932	42009	100%	

5.1. Needs of very young children in the camps

The UNHCR Guidelines on Refugee Children (1988) indicate that programmes need to be developed to address the mental health and developmental needs of children, adapted to the culture and situation of the refugee group. These programmes and corresponding activities will vary according to the age of the children and their levels of emotional, intellectual, social and physical development.

The physical care of vulnerable children is provided through the supplementary feeding programmes for the camps, run by World Vision International and the Catholic Development Commission (CADEC) aim at satisfying the energy and protein requirements of their target groups - that is the under-fives, pregnant women, lactating mothers, the elderly and disabled. A recent record of enrolment at Nyangombe Camp show that these schemes cater for 2206

under-fives, 188 pregnant women, 863 breast-feeding mothers and 46 elderly (source: Diploma student, Nyangombe, 1992).

In Tongogara there are supplementary feeding points in each base, introduced because family food rations were insufficient, resulting in undernutrition and malnutrition amongst children. The infant mortality rate at Tongogara is 101.5 per 1000 live births, which is higher than the national rate of 79 per 1000. The common causes of death in children under one year are diarrhoea (25.2%), ARI (20.9%) and measles (8.6%). Early neonatal deaths due to birth asphyxia and low birth weight has contributed to 22.3% of the infant deaths (source: Plan International, 1991:9).

Some of the recommendations for improvements in the supplementary feeding schemes, made by social work students who have worked in both Nyangombe and Tongogara include the following:

- (1) Base supplementary feeding points should be issued with soap regularly so that the pots and plates that they use can be properly cleaned.
- (2) The Ministry of Health should take a more active role in supervising centres.
- (3) There should be provision for shelters at the feeding points to minimize contamination of the food by wind/dust/insects.
- (4) The meal should be more nourishing, containing for example milk, peanut-butter, and not just mainly carbohydrates.
- (5) Workers should be more concerned with mothers who regularly miss bringing their children to the points as this can have serious consequences for children.

In addition to physical care, the importance of adequate emotional support in the crucial formative years are vital, particularly in a situation where young children may have been subjected to extreme stress in the flight from Mozambique. Issues concerned with the quality of parenting and adult care, particularly with regard to the 'orphaned' or 'unaccompanied' children are important, as is the training of care staff working in camp facilities and institutions which look after children.

Stimulation in the early years and other psycho-social needs are relevant for social workers to consider - for example the development of play equipment, easily made from available local materials.

5.2. Older Children in the Camps

The UNHCR Guidelines (1988) indicate the following activities for children aged between 5 and 10 years: community adults organizing such activities as games, dance, music, drawing, painting, story telling and singing with small groups of children. These can be incorporated with primary school programmes or carried out as extracurricular activities.

Again, the reassurance and group support provided through such activities is very important in a situation where children have strong needs for stability and loving care.

An example is an indigenous NGO, the Association of Womens Clubs (AWC), that is assisting children at a pre-school level. The AWC run nine pre-school centres at Nyangombe Camp, catering for children under the age of six. There are 839 children at these centers on an 8-12 pm daily program. There are also 30 minute sessions of educational games, songs and free play. They engage in painting, drawing modelling and paper cutting. There

are 36 "minders" - Mozambican women who look after the children and 4 Zimbabwean trainers who train them. These trainers attend refresher courses three times a year to update their skills. Though the work of the AWC is useful, there are shortages of toys, water, toilets, pots and plates.

After the age of six many children will start to attend the primary schools within the camps. While enrolment in schools within the camps is necessary for all children, girls may be disadvantaged due to cultural factors. A School of Social Work study (SSW, 1990:19) study notes that the enrolment in schools is unequal in favour of male children, especially at the higher levels, with the dropout rate for girls increasing with age. The study speculates that one of the reasons for the high dropout rate is the very low age of marriage (as low as 12-13 years). Pregnancies among schoolgirls were said to be very prevalent. While exact figures could not be obtained, there was a strong conviction that the dropout rate was due to pregnancies.

With the lack of facilities for adequate secondary schooling, the influence of their past experiences and the lack of viable economic opportunities, older children and youth might feel there is little on offer for them in the camps, and opt out for the "bright lights" of the city.

5.3. Youth (adolescents) in the camps

The UNHCR Guidelines (1988) indicate that with the adolescent age group of 11 - 17 years, age-appropriate group activities, with particular emphasis on peer education and peer leadership, sports, group discussions and community projects are important. Support in

making the transition to adulthood, such as help with finding employment, is important for adolescents.

While camp life may offer some level of security, however inadequate, it can also be very monotonous. There is little to do for young people. In the camps the only entertainment seems to be beer drinking and traditional dances.

The young camp inmates who do not drink have nothing to do on weekends. A hall in the camp would be quite appropriate and could be used for films and also indoor games like table tennis, chess, darts, etc.

Adolescence is a period of intense psychological and social change. One of the main issues central to adolescence is the growing independence and sense of identity of the child, but within a relationship with parents or extended family where there is a gradual re-negotiation and relaxation of parental authority. In the situation of the camp there may be fewer traditional adult role models and fewer opportunities for adolescents to experience a sense of their own growing competence. This can have negative consequences, both in terms of role formation and identity development and is likely to predispose the juvenile to become involved in antisocial acts or delinquency, or perhaps leading to depression or anger.

High rates of STDs, HIV/AIDS infection and unwanted pregnancies are a problem within the camps. Social workers and other helping professions need to provide, in addition to other schemes, a community-based health education program aimed at youth [Note - one recent study in Tongogara Camp revealed that although

87% of men had heard about condoms, only 21% had ever used one; the figure for women was 51% and 6% respectively (Plan International, 1991:18)].

However the picture is not all bleak. There is a creative and dynamic essence to adolescence which needs to be tapped. Social workers need to think creatively of ways to use

youth in the camps to benefit the community. For example, one idea, conceived by an NGO active in the camps, has been to use youth to document and record the oral history of the camp residents, providing them with a purpose and useful role.

5.4. The Effect of War and Displacement on Children

The UNHCR Guidelines (1988) examines the situation faced by children who are forced to stay for extended periods in camps.

In these situations refugee children are restricted in their freedom of movement, dependant on welfare support and living in poor situations with little to do. In situations where traditional family supports have broken down, particularly where there are 'orphaned' or 'unaccompanied' children, there may be little incentive to remain within the confines of the camp, or if there is no choice, children may become depressed, anxious or violent.

In the Zimbabwe situation, unaccompanied refugee children have gravitated from the camps to the cities, where they live as street children, finding parking bays and guarding cars for a living. Male youth are also vulnerable to exploitation for cheap labour or fringe/criminal activities in the cities. Many of these might have been prepared to stay in the camps if there were economically productive alternatives for them. Occasionally the Police and Department of Social Welfare conduct a round-up of children and

some are returned to the camps. With older children it is important that they are offered new activities or skills training, not only to relieve boredom, but to provide them with some hope for future employment.

As Arroyo & Eth (1985) points out, war obviously can adversely affect children psychologically and disrupt their normal development, and the more personally and catastrophically they are victimized, the greater the risk of developing seriously disabling psychiatric symptoms. Adverse conditions are likely to have an even greater effect on children when there is an absence of close family, relatives or community bonds, which can protect children psychologically to some extent. Dodge & Raundalen (1987) have suggested, the loss of close relatives and other "significant persons" has been found to be particularly traumatic, especially for younger children. Kanji (1990:103) suggests that the approach to assisting children will be affected by the importance attached to the role of the family and community in alleviating the effects of traumatic experiences in children.

Strong family ties are very important and provide a sense of stability and safety. The family is a repository of social history, the source of knowledge, understanding and a primary source of socialization for children. Strengthening the family is the key to helping children in the camps and the existing structures and relationships should be identified and built upon. As noted in a recent Refugees Workshop focusing on displaced children and their families:

"Strong family units provide the basis of a stable society. It is within the family that socialization and the first

healing, emotional and material support begins...These structures and relationships should be identified and built upon. We must listen more and actively involve families and communities at all levels of programme development".

"What are the strengths of children/families and communities and how can we build on these?" (Refugees Workshop, 1991:4).

The UNHCR Guidelines (1988) point out that where camps are unavoidable, measures that enable families and communities to live as normally as possible will benefit children:

"Models of previous community life may be replicated through the economic activity of adults, home gardening, workshops for training and production, cultural and religious expression, and traditional recreational activities (UNHCR, 1988:34).

Social workers, in recognition of these needs, have attempted to address some of these issues in their work with refugees and displaced people.

6. Summary

Social work with children and youth in camp situations should focus on their particular needs within the context of the camp as a whole community, or more accurately, an amalgam of different communities. Social workers, working through Government or NGOs, have a multifaceted role to play in working with the various groups and organizations in the camps. In this context, social workers should develop an awareness of cultural issues, local values and the roles and relationships within the camps. In taking into account the special physical and psycho-social needs of the children and youth they are working with, they should work closely with the families and refugee community structures. Perhaps the most important skill of social workers is the ability to work with and through individuals, families and communities rather than imposing their own, or their employing agencies' own solutions on the refugees.

Appendix 1
World Development Report Statistics

	MOZ	ZIM	USA
Average Annual Growth of pop (%) (1980-90)	2.6	3.4	0.9
Population (1990)	16m	10m	250m
Age Structure of pop (1990) 0-14 years	44.1	45.5	21.6
Age Structure of pop (1990) 15-64 years	52.7	54.1	66.1
Crude birth rate per thousand (1990)	46	37	17
Infant mortality rate (per 1000 live births) (1990)	137	48	9
Daily calorie supply (per capita) (1989)	1680	2299	3671
Education (Primary % of age group) (1989)	64	80	100
Education (Secondary % of age group) (1989)	5	47	100
Life expectancy at birth (1990)	47	61	76
Adult illiteracy (%) (1990)	67	33	<5
Annual rate of inflation (%) 1980-90	36.6	10.8	3.7

(Note: Within 5% of 100%, the figures show 100%)

Figures taken from World Bank (1992) World Development Report 1992
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