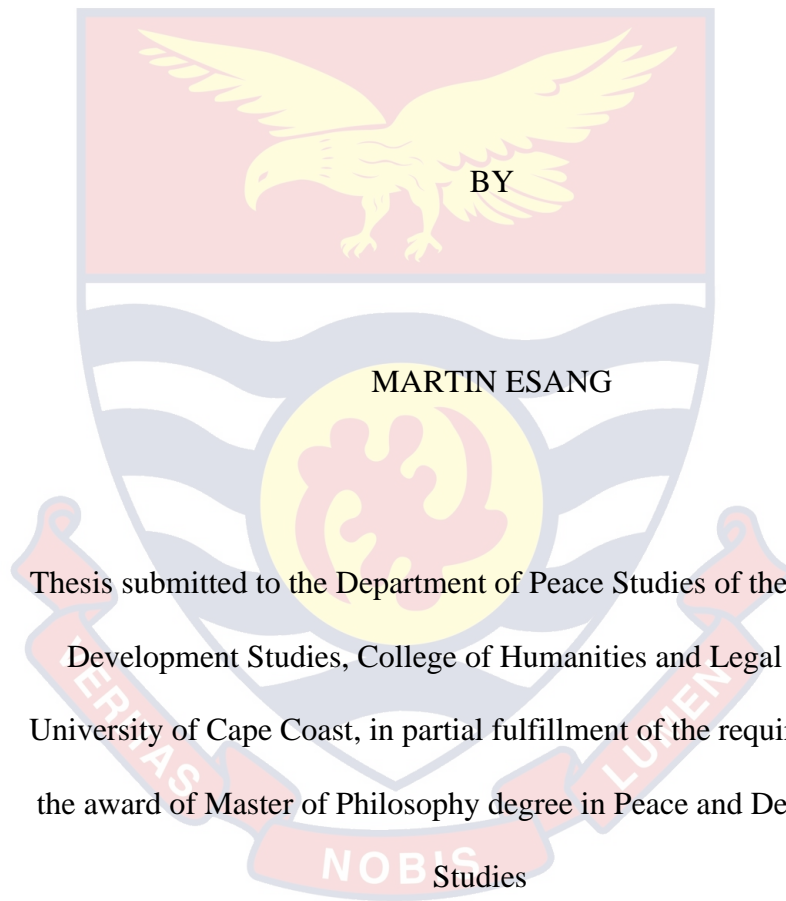UNIVERSITY OF CAPE COAST

POST CONFLICT PSYCHOSOCIAL EFFECTS ON CHILDREN IN THE

EGYEIKROM REFUGEE CAMP

BY

MARTIN ESANG

Thesis submitted to the Department of Peace Studies of the School for

Development Studies, College of Humanities and Legal Studies,

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the award of Master of Philosophy degree in Peace and Development

Studies

JULY 2018

DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature……………………… Date

……………………….

Name: Martin Esang

Supervisors' Declaration

We hereby declare that the preparation and presentation of this thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

Principal Supervisor's Signature………………..

Date……………………...…

Name: Dr. Angela Akorsu

Co-supervisor's Signature………………………

Date…………………………...

Name: Dr. Frederick Koomson

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ABSTRACT

This study was carried out to examine the post-conflict effects on children in the Egyeikrom refugee camp in the Central Region of Ghana. The study employed qualitative approaches in getting the relevant data to satisfy the purpose and objectives of the study. Respondents for the study were selected purposively. In-depth interviews were also conducted to elicit qualitative data. Computer software programme, Nvivo (version 7), was employed in the analysis of data. The study revealed that children in the camp suffered from psychological problems such as hallucination, lack of concentration and sleep disorders. In addition, it was found that children were vulnerable to malnutrition due to low calorie intake resulting from the poor status of their parents and more significantly the withdrawal of food ration to the camp since 2015. With respect to education, language barrier, inadequate number of qualified teachers and the use of the Ghanaian curriculum were identified as challenges affecting the education of the children in the camp. On the social aspect, it was found that the children reported of discrimination and the fear of losing their identity as Ivorians. In addition, it was found that children adopted different coping strategies to survive. Interventions by United Nations High Commission for Refugees (UNHCR) and its partners were ineffective in dealing with the children's problems. The study recommended among other things that a language support system should be set up for children, that the UNHCR should take immediate steps to restore the supply of ration to the children and other vulnerable refugees and lastly a guidance and counselling centre should be established and manned by competent counsellors and professional psychologist to offer counselling and psychotherapeutic services to the children.

KEY WORDS

Egyeikrom Refugee Camp

Post-conflict effects
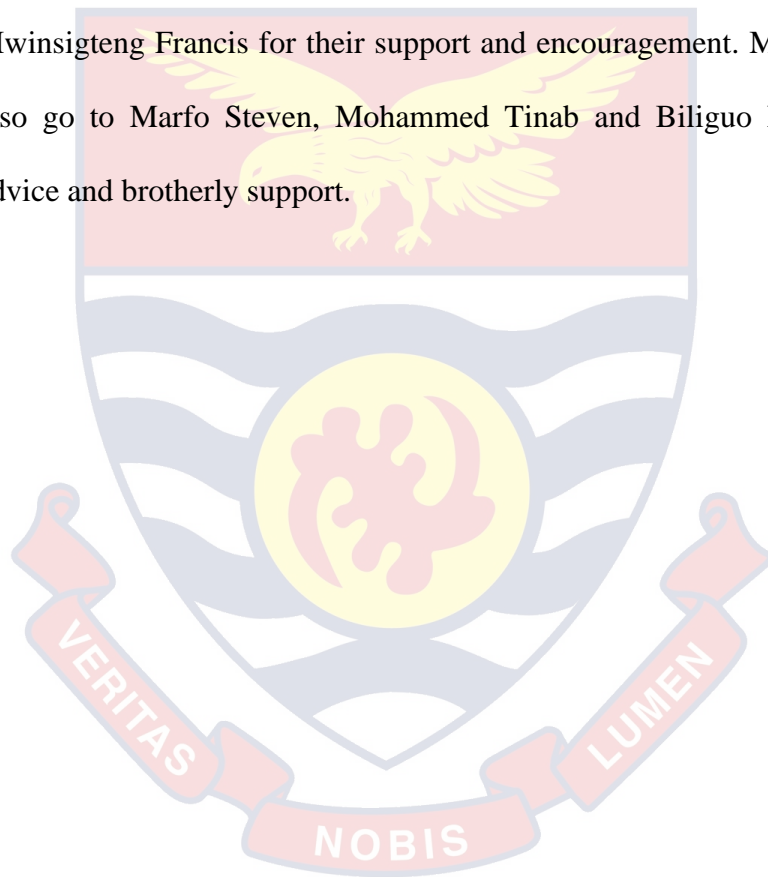
Refugee

Coping strategies

Domestic interventions

International interventions

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My heartfelt gratitude goes to Bdr. Gen. Abass Seidu, Bdr. Gen. Saansiri, Maj. Aseidu Hilda, Agbaglo Ebenezer, Mwinlaaru Isaac and Maj. Mwinsigteng Francis for their support and encouragement. My sincere thanks also go to Marfo Steven, Mohammed Tinab and Biliguo Francis for their advice and brotherly support.

DEDICATION

To my wife, Georgina Dery, my two sons, McCoy and McCarthy and to the

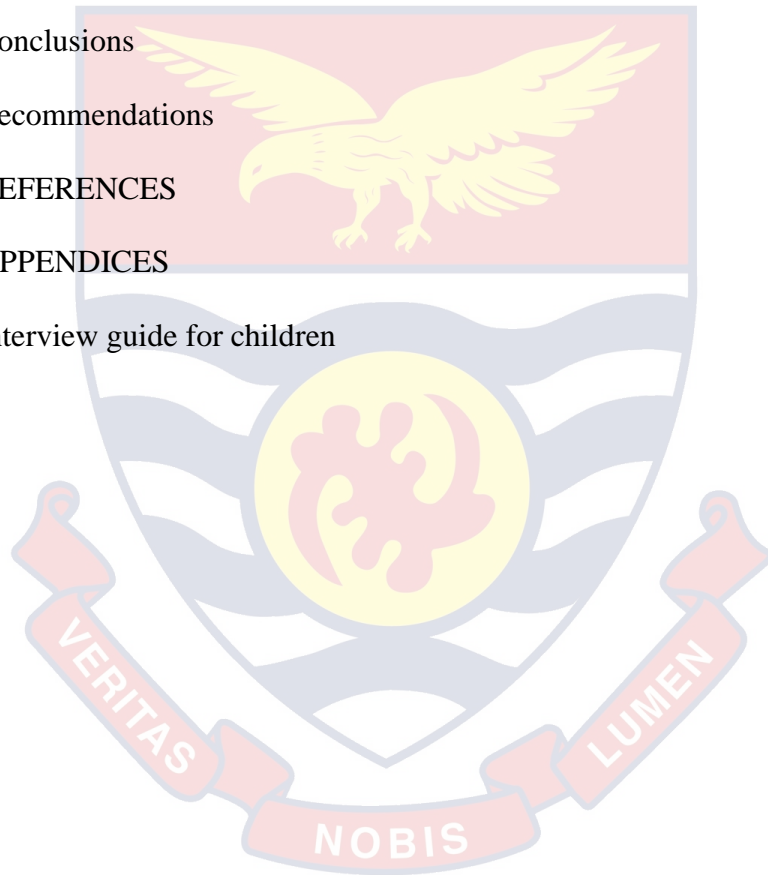millions of refugees around the world

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LIST OF ABBREVIATION

ADAPT   :   Adaption and Development after Trauma and Persecution

ADRA   :   Adventist Relief Agency

CCG   :   Christian Council of Ghana

CRC   :   Convention on the Rights of the Child

CSO   :   Civil Society Organizations

ECOWAS   :   Economic Community if West African States

GES   :   Ghana Education Service

GHS   :   Ghana Health Service

GRB   :   Ghana Refugee Board

KEEFA   :   Komenda-Edina-Eguafo Abirem

IDPs   :   Internally Displaced Persons

JHS   :   Junior High School

NADMO   :   National Disaster Management organization

OAU   :   Organization of African Unity

PTST   :   Post-Traumatic Stress Disorders

UN   :   United Nations

UNESCO   :   United Nations Educational, Scientific and Cultural Organization

UNHCR   :   United Nations High Commission for Refugees

UNICEF   :   United Nations Children Fund

CHAPTER ONE

INTRODUCTION

Background to the Study

Violent conflicts the world over, especially after the end of the cold-war, have caused a lot of destruction not only to human lives, but also to state and individual properties. Countries such as Cambodia, El Salvador, Haiti, Bosnia and East Timor have experienced decades of deadly conflicts that have resulted in the destruction of lives and property, refugee (that is, anybody who has gained a legal right to stay in a different country due to conflict) inflows and insecurity. Anyanwu (2002) has observed that the world has witnessed several wars and conflicts that led to unnecessary destruction of lives and property, crumbling of weak states, local and international insecurity and a vicious cycle of underdevelopment, instability and aggression. These include the two world wars (1914 – 1918 and 1939 – 1945), the Korean War (1950 – 1953), Vietnam war (1959 -75), Iran – Iraq war (1980 – 88), the Gulf war (1991), the Kosovo conflict (1998 – 1999) and the Middle East conflicts.

During the last decade of the 20th century, some parts of Africa witnessed the negative effects of armed conflicts on development, security and democratic consolidation. According to Ibok and Nhara (1995) and Reyes (2007), Africa has been a recurrent victim of deadly conflicts which have left a deep scar in its collective memory. Such countries as Angola, Mozambique, Liberia, Sierra Leone, Rwanda, Sudan, the Democratic Republic of Congo and La Cote d'Ivoire have been victims of conflicts, conflicts which caused the loss of millions of lives, the displacement of people and the influx of refugees in neighboring countries. Annan (as cited in Ayitey, 1999) has observed that,

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since 1970, the vast majority of wars fought in Africa have been intra-state wars. In 1996 alone, 14 African countries were afflicted by armed conflict resulting in more than eight million refugees, returnees and displaced persons.

Human beings, when faced with life threatening situations such as wars, flee their homes and seek protection within and outside the borders of their countries, and this has led to the emergence of the issue of refugees (Sesay, 2002). Indeed, the refugee problem has been a worldwide phenomenon, and the increasing number of refugees around the world (resulting from conflicts, violence, persecutions and human rights abuses) has been a major challenge facing the world in the 21st century (Nmoma, 1997). Over the years, the African continent has witnessed high numbers in refugee movements with its resultant effects. As Crisp (2000) noted, Africa contributes to around 28 per cent (3.2 million) of the world's 11 million refugees.

According to Essuman-Johnson (2011), West Africa constitutes one major region with significant records of conflicts and human displacements. These conflicts, in some cases, overflowed into neighbouring states, recording millions in refugee flows. Civil war which occurred in Sierra Leone (1991-2002), for example, has been marked as one of the most brutal wars in post-colonial West Africa. This war recorded over half a million refugees, most of whom sought refuge in Liberia and Mali. In Cote D'Ivoire, political crisis, which started in 2002, rendered the country unstable for years, culminating in post-election crisis in 2010. The situation in the country, according to the UNHCR (2012), led to over 93,738 civilians seeking shelter in Ghana, Togo and Liberia.

In his Opening Statement to the 61st UNHCR's Executive Committee meeting on 4th October, 2010, UNHCR chief, Antónío Guterres, acknowledged concern over the increase in the number of protracted refugee situations confronting UNHCR (UNHCR, n.d). In addition to the human suffering such situations represent, sometimes, for decades, the increasing number of protracted refugee situations poses a significant challenge to host countries and the international refugee regime with regards to security implications and resource limitations. Despite the efforts of host governments and the international humanitarian community, statistics show that the number of protracted refugee situations increased from 22 in 1999 to 30 in 2008, with refugees living in limbo for an average of 17 years (Jacobsen, 2001).

The changes in violent armed conflict over the last two decades have affected children (1-18 years) in diverse ways. Children are often viewed as means for the achievement of several goals and thus become prime targets. More so, the specific experience of children in armed conflict is linked to their status in societies. Even though the entire community suffers the consequences of armed conflict and terrorism, children are particularly affected most because of their status in society. As vulnerables, they lack equal opportunities enjoyed by other categories of people in society. Where cultures of violence and discrimination against children exist prior to conflict, they are often exacerbated during conflict. This is because children do not participate in the decision-making processes of a society and then are unlikely to become involved in decisions about the conflict or the peace process that follows.

Armed conflicts and their effects (or negative impacts) on human capital formation have been in the focus of empirical research since the mid-

2000s. This includes education (Shemyakina, 2011; Swee, 2009), displacement (Deininger, Ibanez, & Querubin, 2004), labour force participation (Nidhiya & van der Meulen Yana, 2010) and the two main predictors of health later in life (low birth weight and height early in life) (Akresh, Lucchetti & Thirumurthy, 2010; Akresh &Verwimp, 2006; Bundervoet, Verwimp & Akresh, 2009). Previous research mostly explored the negative effects of civil wars and wars on health.

Post conflict (defined as a conflict situation in which open warfare has ended [Doyle & Sambanis, 2006]) literature has distinguished between different types of displacement including forced migration, asylum seeking and refugees. Asylum seekers and forced migrants are, to a large extent, young economically active household members. These have always been traditionally the most likely members in society to migrate. In conflict settings, the effect is compounded by the fact that they are also the most probable targets for violence and forced recruitment into armies or rebel groups (Czaika & Kis-Katos, 2007). Other displaced groups such as the elderly, women and children are overrepresented amongst refugees from conflict areas.

Despite the many international aid for displaced refugees around the world, the story of refugee children in camps is a sad one. In this vein, Sedghi (as cited in Nilson & Nilson, 2014) observed that international resources often are insufficient or too slow to arrive, leaving millions of refugees, especially children, fighting for their lives. He explained that this situation results in child refugees becoming vulnerable, as malnourished children are highly susceptible to diseases. Also, children may suffer from Post-Traumatic Stress

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Disorders (PTSD) or other mental health issues without receiving adequate health care or therapy

Children at refugee camps face many issues regarding their health and cognitive development. The most common reported causes of death among refugee children in camps have been diarrhea, measles, acute respiratory infections, malaria, and other infectious diseases (Toole & Waldman, 1988). This is because the causal parasites of diarrhea are strongly associated with crowding, sources of drinking water, and poor sewage networks. Similarly, Czaika and Kis-Katos (2007) have observed that refugee children suffer setbacks in their cognitive development, including their literacy, numeracy and critical thinking which are delayed. This is because refugee camps are often built in remote areas, resulting in most qualified teachers refusing to accept postings to schools there. In addition, differences in the curriculum and the language of instruction make it difficult for refugee children leaving in camps to have a successful education.

Another serious problem that children in refugee camps face is the breakdown in family relations and poor socialization. For example, families often become broken, leading children to be cared for by only one parent or without either parent (Harrell-Bond, 2000). Sometimes, the oldest child must act as head of the family and take care of younger siblings, leaving their childhood behind to take on adult responsibilities at a very young age. Even when both parents are present, children may not get role models to guide their development as a result of the abnormal camp conditions.

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Following from the above, observations at the Egyeikrom refugee camp reveal that, like many other camps, the camp has under five child population of 206 and over five child population of about 294. The UNHCR (2016) reported that since 2014, food rationing to the refugees in the camp had stopped with possible risk of malnutrition increasing among the child refugee population. Moreover, the temporary shelter exposes the children to adverse weather conditions that could possibly predispose them to diseases such as malaria and common cold. In addition, a pre-data collection visit to the camp indicated that the Ghanaian school curriculum is used to teach the Ivorian child refugees. This appears to be compounded by the use of English and Fante as medium of instruction. With the current state of affairs, it is important to conduct a research into the post conflict effects on children in the Egyeikrom refugee camp.

Statement of the Problem

The world is caught in a pandemonium of crisis that have led to rapid loss of life, and those that are fortunate to escape such catastrophes are usually left with the alternative of being internally displaced if they are residing in their own home country or considered as refugees if they cross into a foreign country and avail themselves to the UNHCR. This is the case with the Ivorian refugees presently in Ghana. The hardest hit of the refugee crisis are often children. In the Egyeikrom refugee camp, like many other camps around the world, children are faced with a lot of challenges. The Egyeikrom refugee camp has only one small health post that serves the health needs of the camp members. Also, these children tend to suffer from a disruption in their education often leading to mass drop outs and failure. Moreover, the security

and the social fabric that provide support for these children are completely compromised in the light of their new status as refugee children.

Without addressing these issues, large numbers of the children will be forced to endure preventable suffering and violence, thereby compromising their future. However, as observed by Minear (2002), the provision of support is fraught with challenges such as lack of access to affected children, shortage of funding and a fragmented humanitarian system. There are many children and youths living within refugee and displaced camps today that are being denied parental support and therefore their upbringing is marked by lack of censorship and hardships, with little or no educational opportunities. These children are victims of wars and catastrophes and are searching for stability. In some cases, most of these children serve other people as slaves just to win their daily needs. Prostitution is seen as a survival factor for most of the female children since they are left with no available means to sustain themselves. For refugee children, if proper care and attention is denied them, they would become part of the already thousands of street children masquerading in capitals of developing countries around the world (UNESCO, 1999).

A lot of studies on refugees have been carried out in Ghana with some focusing on impacts of refugees (Adade, 2014), environment and refugee integration (Agblorti, 2016), impacts of refugees on host communities (Boamah-Gyau, 2008; Awuku, 1995), response to refugee situation (Essuman-Johnson, 1992) and refugee livelihood (Addo, 2008). Despite the increasing number of studies on refugees in Ghana, the issue of post conflict effects on children in refugee camps has received very little academic attention and has

not, therefore, been accompanied by a systematic research agenda. As a result, there is a crucial lack of body of knowledge about the psycho-social problems that child refugees face, the abuses that they experience and the domestic and international interventions put in place to deal with these post conflict effects. It is in line with this gap that the thrust of this study is defined.

Objectives of the Study

The general objective of the study was to examine the post conflict effects children in the Egyeikrom refugee camp face. Specifically, the study sought to:

1. examine the challenges that refugee children face in formal education in the Egyeikrom refugee camp.

2. identify the most common health problems that refugee children experience in the Egyeikrom refugee camp.

3. examine refugee children's social relations and socialization in the Egyeikrom refugee camp.

4. outline the coping strategies the refugee children adopt in the camp for survival.

5. appraise domestic and international interventions put in place to deal with post-conflict effects on refugee children in the Egyeikrom refugee camp.

6. make policy recommendations to improve the welfare of refugee children in the camp.

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Research Questions

The research was guided by the following research questions:

1. What are the challenges that refugee children face in formal education in the Egyeikrom refugee camp?

2. What are the most common health problems that refugee children experience in the Egyeikrom refugee camp?

3. How does living in the Egyeikrom refugee camp affect the social relations and socialization of refugee children?

4. What coping strategies do refugee children adopt in the Egyeikrom refugee camp in order to survive?

5. What domestic and international interventions exist to deal with post conflicts effects on refugee children in the Egyeikrom refugee camp?

Scope of the Study

The study focused on post conflict effects on children in the Egyeikrom Refugee Camp. The research primarily centered on the psycho-social problems that refugee children experience in the Egyeikrom refugee camp, coping strategies of refugee children and the domestic and international interventions put in place to deal with post-conflict effects on refugee children. Geographically, the study covered only the Egyeikrom refugee camp and the community as a whole. However, specific references were made to particular areas where data were collected.

Significance of the Study

The significance of the study is at three levels: the national, organisational, and academic. At the national level, the findings of the study

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will help policy makers in putting in measures that will effectively deal with the issue of refugeeism, especially post-conflict effects on children. This is because the findings of this study will provide policy makers with firsthand information on the subject. At the second tier (refugee camp management and local communities), the findings of the study will guide these stakeholders in the appropriate area of collaboration and coordination in their quest to coming out with workable activities towards improving children's welfare in the refugee camp. Finally, the findings of the study will contribute to bridging the gap in the body of knowledge as far as post-conflict effects on children is concerned. It will also help guide future research in the area of post-conflict effects on children.

Delimitations

The study examined post-conflict effects on children in the Egyeikrom refugee camp. It interrogated and explained issues affecting the education, health, social relations and socialization of the children. It also looked at the coping strategies that these children adopt to survive in the camp as well as the domestic and international interventions that have been put in place to deal with the challenges facing the children. Geographically, the study was limited to the Egyeikrom refugee camp while other camps in the country were excluded. Refugee children and their mothers or caregivers constituted the sample. The discussion of the data was basically discursive and interpretative with some responses quoted verbatim.

Limitations of the Study

The study encountered a number of limitations. First, language barrier made the data collection phase of the study quite tedious. However, the

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researcher employed the services of an interpreter to facilitate the interviews. Secondly, the reluctance of management of the camp to release information to the researcher was a big challenge, even though clearance was sought from the Ghana Refugee Board. This means that vital information that could have been obtained from management to serve as a contrast to the views of the refugees was lost. To address this weakness, a junior management staff was interviewed. Nonetheless, the depth and quality of the responses from the junior staff could not be said to be sufficient and therefore impacted on the data collected. Thirdly, the study adopted non-probability sampling techniques and was also limited to the Egyeikrom refugee camp. Therefore, findings of the study cannot be generalized to children living in other refugee camps in Ghana.

Organisation of the Study

The study is in five chapters, with each chapter containing sub-headings and themes. Chapter One introduces the study; it focuses on the background to the study, problem statement, research objectives, research questions, significance of the study, scope of study and organisation of the study. Chapter Two evaluates both theoretical and empirical literature on the topic and presents a conceptual framework to guide the study. Chapter Three is on the research methodology. It described the study area, research design, data and sources, target population, sampling technique and sample size, instruments, data collection, ethical issues, challenges encountered, data processing and analysis. Chapter Four presents the findings or results as well as the discussion. Finally, Chapter Five presents the summary, conclusions and recommendations of the study.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Introduction

The thrust of this chapter is the review of literature related to the topic under discussion. In this chapter, I first discuss theoretical underpinnings and the conceptual base of the study. Additionally, the chapter focuses on the evaluation of existing literature on children in conflict situation, post conflict effects on children, coping strategies and interventions by domestic and international actors. The chapter also discusses the conceptual framework of the study. In social science research, conducting literature review is important for a number of reasons (Ridley, 2012). First, literature review puts each work in the context of its contribution to understanding the research problem. Secondly, it identifies gaps that one's research seeks to fill. Thirdly, it helps to locate one's research within the context of existing literature.

Conceptual Base of the Study

In this section, I discuss two important concepts in the literature of post conflict effect on refugees. These concepts are *refugee* and *post conflict situation*.

Definition of refugee

Under the 1951 United Nations (UN) Convention Relating to the Status of Refugees, Article 1, and 1967 Protocol to the Convention, a refugee is any person who escapes from his own country and crosses into a foreign country because of fears of persecution, racial problems, and political affiliation or because of membership in a particular social group (UNHCR, 2000). The Organization of African Unity (OAU) extended the definition in

1969 owing to constant increment of refugees on the African Continent taking into consideration the limitations of the 1951 convention which did not take into aspect all areas creating the flow of refugees. According to 1969 OAU Refugee Convention, Article I, the term refugee refers to all persons victimized as a result of occupation, external aggression or an event that greatly undermines the climate of peace in part or the whole country of origin and is forced to leave his habitual place of residence in his home country to a foreign country (OAU, 1969).

At the end of 2005, the total number of refugees around the world was estimated to be 8.4 million persons, which marks a significant decrease of more than one million refugees since the beginning of 2005, when 9.5 million refugees were recorded (UNHCR, 2006). People in distress see the process of refugee status as a way out of nightmare and a process where they can plan, gather the broken pieces and start a new life. Shacknove (1985) claimed that refugee status is a privileged position for many people on the brink of disaster.

Post conflict situation

Another recurring theme in the literature on post conflict effects on children is that of post-conflict situation. According to Doyle and Sambanis (2006), post conflict situation is a situation in which open warfare has come to an end. Such situations remain tense for years or decades and can easily relapse into large-scale violence. In post-conflict areas, there is an absence of war, but not essentially the existence of real peace. According to Brahimi (2007), the end of fighting does propose an opportunity to work towards lasting peace, but that requires the establishment of sustainable institutions capable of ensuring long-term security. Prolonged conflict can lead to terrible

human loss and physical devastation. It can also lead to the breakdown of the systems as countries recovering from war remain susceptible to the recurrence of conflict. Historical evidence suggests that there will be a recurrence in one quarter to one half of these countries (Anderson, 1999).

According to Stewart, Brown and Cobham (2007), post-conflict recovery activities are conflict-sensitive and should not aggravate the risk of return to violence. He opined that they should actively evaluate the distributional impacts of programmes and policies including impacts on horizontal inequalities to ensure that tensions are not inadvertently aggravated and institutions that make a stable society work, and that these are the very systems that need to be revived. Stewart *et al.* (2001) observed that post conflict countries differ from each other in important respects including the level of income, the damaged done by war, the nature of the peace and the resource base. Policies need to take these differences into account.

Theories

The theory that underpins this study is Adaptation and Development after Persecution and Trauma (ADAPT) model. ADAPT could be relied upon as a guide for research and practice in relation to children affected by armed conflicts in view of its primary attention to adaptive and maladaptive responses to trauma resulting from armed conflict. Adaptive response in this context comprises the role of social supports and caregivers such as provision of refugee camps as protective factors and resources for children's adaptation after armed conflict and familial losses, while maladaptive responses to losses after armed conflicts include depression, post-traumatic stress disorder (PTSD) and anxiety as the major effects of threats to attachment systems of a

child. ADAPT provides a basis for a general theory in the field of refugee children affected by armed conflict.

According to Silove (2005), ADAPT is built on the premise that stability at the individual psychic and social levels interact and reflect each other through supports from important psychosocial pillars represented in institutions, practices, and culture. Its main focus, according to Yohani (2015), is on how individuals and society adjust to new information and experiences as a way of observing fundamental characteristic of living things – adaptation. Though the model was initially presented with adults, Silove, Steel and Watters (2000) indicates that its broad perspective on psychotrauma has potential to inform psychosocial practice with children affected by mass violence such as armed conflict. The ADAPT model postulates that stable societies are grounded on five core psychosocial pillars that are fundamentally disrupted by mass conflict. These core pillars are (1) safety/security; (2) bonds/networks; (3) justice; (4) roles and identities; and (5) existential meaning. The theory argues that a repair of these pillars is essential for psychosocial and communal mental health of refugee children.

The first pillar of the theory basically deals with issues regarding security and safety of population affected by war. Under this pillar, populations are said to be exposed to repeated or prolonged threat, thereby living in states of pervasive insecurity with a varying capacity to exert control over the situation (Silove, 2013). There is evidence from a range of societies exposed to conflict that prevailing conditions of terror increase the rates of posttraumatic stress reactions (Steel et al., 2009). The theory, therefore, concludes with respect to this pillar, that the protection of vulnerable groups,

such as women who have suffered rape and/or are at risk of domestic violence, unaccompanied minors, returned child soldiers and members of religious groups, not only has an immediate social function but also assists in offsetting the risk of chronic PTSD reaction.

The second pillar deals with bonds and networks. According to Silove (1999), communities exposed to mass violence and displacement invariably suffer extensive losses, both material and personal. According to Silove (2013), restoring the integrity of interpersonal bonds and wider social supports is vital to promoting recovery from a wide range of emotional disorders following exposure to conflict. Attending to the repair of Pillar 2 (interpersonal bonds), therefore, should be a major focus of relief efforts, specific activities including programmes to re-unite families and pre-existing networks, and to reintegrate disrupted communities whenever possible.

The third pillar discussed in this model is that of justice. Insufficient attention has been given in the past to the sense of injustice as a psychological (as opposed to a human rights or legal) construct (Silove, 2013). Anger is the normative emotional response to injustice, a reaction that in many instances is justified and adaptive and therefore, should not be labelled as deviant (Rees et al., 2013). In some survivors, however, a pattern of explosive anger can evolve, with attacks being triggered by minor events (Hinton, Hsia, Um, & Otto, 2003;). The social consequences of this pattern can be severe, with anger induced acts of aggression becoming ill-directed, resulting in adverse impacts on the person, the family and the community at large (Rees et al., 2013). On a wider social level, post conflict societies face the daunting challenge of

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restoring a durable sense of justice among communities exposed to prolonged periods of deprivation and human rights violations (Silove, 2013).

The fourth pillar discussed in this model is that of roles and identities. The pillar alludes that mass violence and displacement invariably impact on established roles within the family and the society, disruptions that demand active accommodation and adaptation (Silove, 2013). The threat to these roles within the family and society, in turn, intersects with broader issues of identity, particularly in relation to culture, ethnicity, and nationality. Unstable conditions can persist for long periods for survivor of mass conflict, interfering with the person's capacity to re-establish a coherent and durable sense of identity, and/or to find consistently meaningful roles. These challenges are evident when refugees are sequestrated in settings of prolonged statelessness, concerned in refugee camps or detention centres, or are compelled to live as asylum seekers in societies that are hostile to their presence (Silove, 2002).

The fifth pillar duels on the existential meaning of children who have experienced violent conflict and subsequent displacement. According to Silove (2013), all individuals require a coherent narrative, whether implicit or explicit, in order to make sense of their lives. Silove argues that conflict and displacement represent a major disruption to the sense of continuity of life, compelling survivors to re-appraise and at times to revise fundamentally their worldviews and system of beliefs. For instance, communities from traditional backgrounds grounded on a single, dominant system of beliefs often find themselves resettled in pluralistic societies, in which a multiplicity of faiths co-exist. There are challenges in reconciling past customs with those

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encountered in the new society. Understanding the existential challenges confronted by persons exposed to conflict and persecution is, therefore, vital to forgoing a comprehensive approach to psychosocial recovery, mental health and resettlement (Kinzie, 1989).

Children in Conflict Situation

Refugee children and youths are hard hit when the surrounding in which they live is affected by conflict, insurrections, catastrophes or disasters in a crisis situation. It is estimated in 2007 that nine (9) million of the world's refugees are children (UNHCR, 2007). They lack knowledge in knowing the direct causes of conflicts but yet, were partakers in the sufferings and turmoil resulting from conflicts. They are considered as "the most exploitive segment" (Retamal & Devadoss, 1998:87) of a population in conflict-related situations. These children do not contribute to reasons giving rise to conflicts neither are they involve in the planning process. However, they partake actively by living in displaced and refugee camps, and to some extent, they are actively involved in combat. During the Mozambican war, Renamo guerrillas caused about 200,000 children to be separated from their parents and children as young as 8 years old were forced into militias and proved their bravery by killing other people (Ager, 1999). Children are exposed to a new and painful life when a conflict engulfs the surrounding they live in. They are left in an indecisive state about their whereabouts and even as they escape along with their parents or fleeing people to a land of refuge, they do not have the slightest idea of what the future holds for them.

Refugee literature recounts that children constitute a particular vulnerable group in times of war by virtue of their dependence on adult care

(OHCHR, 2001). They are only told about problems leading to their departure and they may not actually understand the impact of such departure. Children are very much exposed to danger in times of disaster, and because of such vulnerability and marginalization of children, a good portion of world's refugee population comprises children (Ferris, 1993). Of the over 22 million persons of concern to the UNHCR, about 10 million are children and under the age of 18 (Druke, 2001). Death toll during upheavals has been quite devastating for children. These upheavals in the form of war, earthquakes, insurrection, or volcanoes frustrate the lives of some of the many people living on the earth's surface.

However, one end result is the mass movement of people in their quest for survival. Innocent children and mothers pay a greater toll of this frustration and as a result become victimized by the chores making up the process. In the introductory word of Awotona, in her book *Reconstruction after Disaster*, she opines that:

> Every year most parts of the world are inflicted with one type of disaster or another. Indeed, images of horror and destruction, dislocation and starvation, as well as those of dying children and grieving women have become common in the newspaper and on television screens (Awotona, 1997, p. xviii).

It is reported that during the 1994 Rwandan war, thousands of children were killed in just three months. The number of children that were physically and psychologically affected during the crisis was also countless (Cantwell,

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1997). However, due to limitation and knowledge in managing catastrophes, people in developing countries are mostly victimized as compared to people in developed countries. Unparalleled strength in the political and economic wellbeing of the people as well as the high poverty rate existing amongst the people cannot allow these countries to provide adequately for those who are victimized by catastrophes.

Post conflict effects on children's health, education and socialization

It has been documented that African adolescent and adult refugees suffer from mental health problems (Abu-Ras & Abu-Bader, 2008; Huemer, Karnik, Voelkl-Kernstock, Granditsch, Plattner, Friedrich, & Steiner 2011; Kia-Keating & Ellis, 2007). War induced trauma, displacement, immigration, and chronic poverty are a few factors that place refugee children at heightened risk for psychological problems. Refugee children may witness family members or other people being physically assaulted, sexually assaulted, or killed. Furthermore, in war torn countries, children may see gruesome injuries or deaths due to bombings. For example, in one Swedish study examining 55 Chilean newly immigrated children, of the children whose parents had been tortured or persecuted, 75 per cent had sleep disturbances, 69 per cent anxiety, 42 per cent depression and concentration failures, and 39 per cent aggressiveness (McCloskey & Southwick, 1996).

In addition to negative mental health consequences from living in camps, refugee children also suffer from malnutrition (Toole & Waldman, 1993). Food rations provided to families in refugee camps tend to be too small to meet a healthy caloric intake, leading children to become malnourished and more susceptible to disease. Malnutrition makes essential

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contribution to excess mortality rates, both directly (that is, people dying of malnutrition) and indirectly via a synergy with diseases (Severin, 1999). The combination of malnutrition and infection causes most of the preventable deaths in complex emergencies, especially in young children. Malnourished people have compromised immunity and are not only more likely to contract communicable diseases, but also suffer from more frequent, severe, and prolonged episodes of these diseases (Connolly & Lang, 2014).

The main causes of mortality among refugees are diarrhoeal disease including, cholera, dysentery, acute respiratory infection, measles, and malaria, with HIV/AIDS and tuberculosis becoming increasingly important (Connolly & Lang, 2014). Intestinal parasites linked to diarrhoeal diseases are strongly associated with crowding, sources of drinking water, and poor sewage networks. These poor conditions are experience by Palestinian refugees in Nuseirat camp of Gaza Strip who live in overcrowded conditions with sewage and wastewater flowing in open channels along roads and through agricultural land, posing serious environment health hazards (Toole & Waldman, 1988).

Studies have consistently showed that most refugee children, including those in camps, have significant interruptions in their educations (McBrien, 2005). Girls, in particular, are likely to have few educational opportunities as they are often assigned a greater number of caretaking and household responsibilities which limit their ability to attend school (Ager, 1999). Dyregrove (2004) suggests that children who have experienced loss and trauma tend to show more absenteeism from school, increased likelihood of premature 'drop out' as well as deterioration in academic performance.

Also, as explained by Ehntholt and Yule (2006), when refugee students arrive with their families to their host country, they are safe from the danger and violence that forced them to escape their country origin. However, due to the traumatic experiences in their home country or in refugee camp and the challenges in their host country, when refugee students resettle in their host country, they are frequently subjected to multiply traumatic events and severe losses, as well as ongoing stressors that present emotional challenges. This leads to many problems including anger management issues, low self-esteem, and lack of concentration in school, factors that are all associated with academic underachievement (Ayoub, & Khallaf, 2014).

According to the Dryden-Peterson (2015), refugee education is low and uneven globally. As a result, each of those resettled refuge children who have been able to access education in their country of first asylum are likely to have skills and knowledge far below the expectation and level for their age. According to United Nations Educational, Scientific and Cultural Organization (UNESCO) (2011), refugee enrollment rates fell substantially below 2009 global average of 90 per cent in primary school and 67 per cent in secondary school. For example, while almost 80 per cent of refugee children attend primary school in Uganda only 46 per cent attend school in Kenya. What is worse is that enrollment rates in secondary levels are drastically lower with a high of 57 per cent in Rwanda to as low as 1.4 per cent in Malaysia.

Research has also shown that teachers of refugees are mostly unqualified and inexperienced. Pajibo (1999), for instance, in his analysis of education at Buduburam settlement, mentioned that there was the lack of trained and qualified teachers in the school system and that even for those

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relatively few that qualified, remuneration was poor. Pajibo's analysis at the time revealed that 80 per cent of teachers at the camp were untrained. Like Pajibo, Commonwealth Secretariat (2013) found that in Kenya, South Africa and Uganda, teachers of refugees were generally under qualified and lacked experience. This situation goes contrary to the goal of UNHCR refugee education policy. Most substantial teacher training and professional qualification are priority under current UNHCR refugee education policy, with goal that more children will learn better in primary school (Dryden-Peterson, 2015).

Refugee children also enter a new school and educational system, in which they may face low social and academic status due to language barriers and differences in the curriculum (German, 2004). Some scholars have argued that refugee children lack English language proficiency on arrival and therefore require rapid language acquisition as part of the settling process (Coelho, 1998; Rutter, & Stanton, 2001). For Hopkins and Hill (2010), language acquisition is fundamental to both academic attainment and social inclusion at school and child refugee themselves recognize this.

Resettlement of children comes with a series of multiple losses: one's former country, neighborhood, family and relationships, culture, religious and other traditions, language and possessions (Derluyn & Broekaert, 2007; Bromley, 1988). Often families become broken, leading children to be cared for by only one parent or without either parent. As a result, sometimes the oldest child must act as head of the family and take care of younger siblings. Even when both parents are present, children may lose role models to guide their development as a result of the abnormal camp conditions (Harrell-Bond,

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2000). Unaccompanied refugee children additionally must adjust to new caregivers or foster families, and new roles in relation to those caregivers, some of which roles may be different from those to which they have accustomed in their own culture or during their periods of caring for themselves (Derluyn & Broekaert, 2007).

Studies have found that refugee children experience a range of emotions during the resettlement process, including grief, survivor guilt, anger, fear and uncertainty (Bixler, 2005). Unaccompanied refugee children are also likely to experience loneliness, anxiety about fitting in with peers and caregivers, shame about being different or in foster care, worry or guilt about those left behind or lost, and intense pressure to succeed as surviving recipients of opportunities that others did not have, and in order to provide support to remaining family members in place of their parents (Derluyn & Broekaert, 2007). Studies of unaccompanied refugee children resettled in Finland, the U.S., and Australia have found that the most common concern identified by the youth was worry regarding the wellbeing of family members left behind (Schweitzer, Melville, Steel & Lacherez, 2006).

In sum, refugee children experience all the same challenges of adapting to a new culture and educational system as other immigrants, with additional disadvantages stemming from the persecution and traumatic experiences that preceded their resettlement, family losses through death, forced separation, or lack of information regarding the fate of their loved ones which tend to serve as distraction to meaningful learning (McBrien, 2005).

Coping strategies by refugees

Coping has to do with approaches, skills and abilities that allow people to face and manage life's difficulties to prevent and minimise stress related illness. Cockerhan and Ritchey (1997) describe coping as a process by which individuals appraise and respond to social and environmental sources of stress in an effort to reduce the difficulties induced by those stressors so as to reduce or prevent stress related illness. Faced with a challenge, individuals use personal or external coping resources as the key factors that help lessen the adverse effects of stress in overcoming difficulties. Africa's refugees resort to a variety of coping strategies in order to make ends meet and to come to terms with the difficult conditions in which they find themselves. As the following paragraphs indicate, such strategies often have adverse consequences, both for the refugees and for their local hosts.

Social support is widely accepted as a protective factor against the development of psychopathology following traumatic or stressful events (Almqvist, & Broberg, 1999). Social support was found to be one of the main sources of resilience in African refugees that positively impacted adjustment outcomes. For refugee youth, this form of support was provided through various agents, from the immediate and extended family members or guardians, older siblings, friends or peers, as well as through refugee communities (Weine *et al*., 2014). For example, friends or peers in schools or communities were available to play together or share and listen to each other's problems. Parents provided "emotional, material and educational support, monitoring and supervision, culture connection, and access to faith communities" (Weine *et al*., 2014, pp. 8-9).

Religion has been identified as a resilience factor among people in culturally diverse population (Khawaja, Moisuc, & Ramirez, 2014; Steffen & Merrill, 2011) and among refugee youth (Sleijpen, Boeije, Kleber, & Mooren, 2016). Research has also shown that African refugee women attributed spirituality with their ability to cope with being away from family members and even making it to a resettlement (Clarke & Borders, 2014). It is important to note that various African refugee groups may define and attach meaning to these aspects in different ways, but at the core of coping and dealing with several risks is the understanding that there is a higher power, God, Allah or other forms of spirituality that provide comfort, engagement, and hope beyond current circumstances. Through religion and spirituality, some refugees seem to derive purpose, meaning, and a hope for the future.

Another coping strategy used by refugees is resilience. Generally, resilience is regarded as a person's ability to "bounce back" or adapt successfully after negative life experiences, lifespan transitions or difficult circumstances. Although refugees are often noted as exemplars of resilience, Hollifield (2005) stated that the resilience of refugees is poorly researched. Agaibi and Wilson (2005) reported that positive personal attitudes, skills and interaction with others were common manifestations promoting resilience as a response to acute or prolonged forms of stress and its long-term positive adaptation. Cone (2007) investigated Russian immigrants and refugee resilience attitudes in the U.S.A. He identified flexibility, political or religious convictions, taking risks, complying with the resettlement requirements, maintaining their cultural roots through community events, hope and strong

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determination to succeed as powerful personal characteristics contributing to individuals' resilience.

Sadly, one of the most frequent means for refugees to survive in a protracted situation is by means of exploitative sexual relationships, either by commercial prostitution or through forms of concubinage in which a woman or girl receives goods and gifts from a regular sexual partner (Crisp, 2002). As Dick (2002) points out in her case study of Ghana, sexual exploitation is often self-reinforcing. Refugee women are particularly susceptible to dependency on relationships with men as a way to sustain themselves financially and to access luxury items that they value. As a result, teenage pregnancy is common at the camp, giving many young women the added burden of providing for a child, thus perpetuating the need to be dependent on a boyfriend.

Another way for Africa's long-term refugees to make ends meet is to work for minimal rewards, whether for members of the local population, for more prosperous refugees, or for aid organizations (Crisp, 2002). In some situations, refugee girls may be sent to work as domestic labourers in other households, a situation that evidently increases the risk that they will be subjected to sexual exploitation and abuse. While little data is available on the income earned by refugees, it is evident that a large-scale refugee presence in a situation where there are few income-earning opportunities has the effect of driving down wages. According to Kaiser (2001), in Guinea, refugees were employed at 1,500 francs a day in 1990, but it has now dropped to 500 francs a day, while the purchasing power of the currency has declined significantly during the same.

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Finding themselves in a situation where have no or very limited access to land, some refugees try to engage in agriculture by encroaching on land which they have no right to use (Vriese, 2006). Incidents of refugees expanding beyond the boundaries of settlements are becoming a serious problem. More generally, there is evidence to suggest that refugees may resort to unsustainable farming practices in an attempt to make ends meet (Crisp, 2002). Owen (2001) observes that refugees normally tend to take a short-term perspective to meeting their food security needs, and not consider the longer-term implications of their practices for the wellbeing of the land. According to Ketel, such practices include non-selective tree-felling and indiscriminate land clearance, as well as shifting cultivation without a sustainable rotation strategy (Ketel, 2002).

In addition evidence shows that under worsening conditions, there are some negative coping strategies that refugees resort to when all others are exhausted. These include theft, banditry, and violent conflict with neighbours in order to access food (Philips, 2002). Such refugees steal crops, cattle and other asserts (whether from other refugees, the local population or from humanitarian agencies), sell vital asserts (including grain stocks or domestic items such as clothes and blankets), illegally collect natural resources that can sold or bartered, use income-generating loans for the purpose of everyday consumption, engage in substance abuse, and forage for whatever foodstuffs can be collected in the wild - including some which may prove to be poisonous (Crisp, 2002). While such strategies may represent short-term solutions to inadequacies of international assistance, they expose refugees to even greater risk and hardship (Davey, 2002).

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There is evidence to suggest that refugees are becoming increasingly reliant upon remittances sent to them by family members who have succeeded in moving to another part of the world. Liberian refugees in Cote d'Ivoire and Ghana, for example, receive remittances through Western Union (Crisp, 2002). According to Dick (2002), with limited and dwindling assistance from UNHCR, remittances have proved crucial in enabling refugees to survive in Ghana. Many refugees have invested remittance money in small businesses, thus fuelling the camp economy. Similarly, Horst and Van Hear (2002) suggest that even though the proportion of refugees who receive remittances may be only 10 to 15 per cent, of the populations, others benefit indirectly.

Remedy to the problem of refugee

Although a comprehensive durable solution framework was only put in place after World War II following the enactment of the 1951 Refugee Convention, the need to find solutions to the displaced had always dominated the activities of the international community (Agblorti, 2011). Citing UHNCR, Agblorti maintains that over 40 million people were displaced after World War II and this led to the formation of United Nations Relief and Rehabilitation Administration in 1943, which was replaced by the international Refugee Organisation in 1947. Based on the mandate of the 1951 Refugee Convention, a framework was developed to find a durable solution to the worldwide refugee problem: voluntary repatriation, local integration and third country resettlement (Crisp, 2004).

Resettlement

According to Chimni (2000), resettlement in third countries, local integration in the country of asylum and voluntary repatriation to the country of origin have been identified as durable solutions to refugee problems. Like Chimni, UNHCR (2003) mentioned voluntary repatriation to country of origin, local integration into the country of first asylum and resettlement in a third country as the three possible durable solutions to refugee problems. These solutions are considered durable as they promise an end to refugees' suffering and their need for international protection and dependence on humanitarian assistance (Addo, 2013).

Voluntary repatriation has been identified as the most used and desirable solution to the refugee problem (Crisp, 2004). According to Stein (1997), voluntary repatriation is a situation whereby the refugee goes home voluntarily and there is a restoration of the bond between citizenship and fatherland. Generally, voluntary repatriation involves the wilful return of refugees to their country of origin in safety and dignity (UNHCR, 2004). Refugees may agree to return to their country of origin once the condition that that caused them to leave exists no more.

UNHCR proposed an integrated approach known as Repatriation, Reintegration, Rehabilitation and Reconstruction (4Rs) for post conflict situations in countries of origin (as cited in Addo, 2013). The approach, aimed at allocating many resources to create a conducive environment in the countries of origin in order to prevent the recurrence of mass outflows and facilitate sustainable repatriation, was purposed to bring together humanitarian and development actors. The 4Rs programme attempted to draw linkages

between all four processes so as to promote the durable solutions for refugees, ensure poverty reduction and help create good local governance.

Voluntary repatriation is either spontaneous (where refugees organise their own return) or is organised UNHCR in full cooperation with the host government and the country of origin with the support of relevant Non-governmental Organisations (NGOs) (Agblorti, 2016). Spontaneous voluntary repatriation is often used to test the waters to know if eventual long-term return is the best decision. For example, in the Buduburam refugee camp, Liberian refugees who organised their own return came back to Ghana after realising that economic conditions in Liberia could not make their permanent return an informed choice (Dick, 2002). According to Agblorti, voluntary repatriation involves reintegration of refugees in the country of origin by providing them with basic facilities to help them begin a new life.

Repatriation of refugees to their home country could be of a problem if they (refugees or displaced persons) feel insecure about the way of life back home, especially where the refugee problem has become protracted. In such situations, voluntary repatriation becomes unattractive (Agblorti, 2011). Dick (2002), for instance, reported that many of the estimated 42,000 Librarian refugees in Ghana refused repatriation to Liberia because they felt that Liberia was unsafe for them and that it was difficult for them to raise funds to start a new life in Liberia since they were already enroute to a different kind of life in Ghana.

According to Hansen, Mutabaraka, & Ubricao (2008), despite being considered the most desirable solution, voluntary repatriation has been the

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solution UNHR, individual states, and the international community have least controlled.

For most refugees, returning to their countries of origin will be the only possible durable solution while for UNHCR, repatriation must be voluntary and take place in conditions of safety and dignity (Addo, 2013). The voluntary repatriation process require UNHCR to work with other institutions with a view to ensuring that the necessary conditions particularly with regard to politics, security, humanitarian and development are put in place. These efforts usually include peace education and skills development projects in refugee camps, which enable refugees to contribute toward the consolidation of peace upon their return home (UNHCR, 2003).

Local integration

The second durable solution to refugee problem is local integration. According to UNHCR (2007, p. 1), integration is:

> […] a dynamic and multifaceted two-way process which requires efforts by all parties concerned, including a preparedness on the part of refugees to adapt to the host society without having to forego their own cultural identity, and a corresponding readiness on the part of host communities and public institutions to welcome refugees and meet the needs of a diverse population.

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Citing Valtonen, Agblorti (2011) viewed local integration as the ability of refugees to participate fully in social, economic, cultural and political activities of the host country without necessarily having to relinquish their own ethno-cultural identity and culture. In local integration, refugees are granted permanent asylum, membership and residency status by the host government (Jacobsen, 2001).

Crisp (2004) classified local integration into three interrelated aspects. Local integration was first explained as a legal process, whereby the host state gives refugees some rights such as the right to seek employment, engage in income generating activities, own and sell properties, enjoy freedom of movement and have access to public services such as education. The second aspect of local integration defined it as an economic process which enables refugees to become self-reliant and attain sustainable livelihoods. Finally, local integration was classified as a socio-cultural process which allows refugees to interact with indigenes in the host country without any form of discrimination. This, in turn, contributes to the socio-cultural lives of both the refugees and the host community members (Meyer, 2008).

.   In agreement with Meyer (2008), Banki (2004) considered local integration in relation to the three interrelated processes: legal process, economic process, and a social process. Banki maintained that local integration allows refugees the freedom to participate in the economic and communal activities of the host community. When integrated, refugees are not restricted in their movements and they can own land or appear to have official access to it. Additionally, refugees participate in the local economy and utilize local services such as health facilities. Also, refugees become self-sufficient at

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the state of local integration. Kobia and Cranfield (2009), however, stressed legal status as a crucial element of local integration.

According to Kuhlman, local integration should involve a process where refugees are allowed to participate in the host economy in ways that correspond to their skills and cultural values (as cited in Addo, 2013). This will enable the refugees to attain a good standard of living, while psychologically adapting to their new situation. Baribonekeza (2006) agreed with Kuhlman and added that refugees should be given a legal status that would allow them to live permanently in the host country. Baribonekeza further argued that refugees should have the freedom to participate in the social, economic and cultural aspects of the host country.

According to Stein (1986), local integration can be likened to temporary settlement which is often not clearly defined because both involve a host permitting refugees to participate on an equal footing in its social and economic life. Hansen *et al*. (2008) believed that local integration should involve three interrelated parts: legal considerations, economic progress, and socio-cultural adaptation. With this, the host country would have to make legal agreements which include giving refugees basic rights and status that are closer to citizens, such as access to public services, right of entry into the labour market, and the capacity to acquire and sell possessions.

Landau (2006) and Laipson and Pandya (2010) classified local integration of refugees into three main components. The first component they identified was the legal component. According to them, the legal component entails rights of movement, property ownership, public services, permanent residence and employment. The second component identified was the

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economic component. The economic component covers the process of enabling refugees to maintain and earn a livelihood. Finally, they touched on the social and cultural components which include allowing refugees to interact with the host community without any fear of discrimination against their status.

According to Crisp (2004), the process of local integration becomes a durable solution only at the point where a refugee becomes a naturalized citizen of his or her asylum country, and consequently is no longer in need of international protection. Local integration of refugees into a host country only becomes viable when the country of asylum offers refugees the possibility to remain permanently in the communities within the host country by granting them permanent residency or naturalization (Addo, 2013). In the past, governments have been reluctant to offer local integration, hoping that refugee situations would be temporary. However, UNHCR and governments particularly in Western and Southern African countries are deliberating on the reliability of local integration as an achievable durable solution especially for refugees in protracted situations (UNHCR, 2003).

Resettlement of refugees in a third country

Third country resettlement is considered by refugee stakeholders as a durable solution based on the principle of 'burden sharing' (Crisp, 2004). It involves identifying refugees who, by the nature of their displacement, could not benefit from voluntary repatriation and local integration as ideal solutions. Such refugees are allowed to resettle in a willing third country on a permanent residence basis (Agblorti, 2011). The countries of resettlement provide a resettled refugee access to civil, political, economic, social and cultural rights

similar to those enjoyed by nationals. Such refugees are also given the opportunity to become naturalized citizens of the resettlement country (UNHCR, 2012).

UNHCR regards resettlement in third countries as an essential mechanism to protect refugees, especially the most vulnerable ones (Addo, 2013). Therefore, it is the onus of UNHCR to determine the criteria for making decisions about whether refugees need resettlement as a solution on an individual or group basis. However, governmental institutions work in line with UNHCR to finally decide how many refugees and which individuals to accept for resettlement. Very few refugees are able to resettle in other countries, which usually is between one and two percent of the global refugee population. The major countries that accept refugees for resettlement such as Australia, Canada and the United States have the largest refugee resettlement programmes, although several European countries also have important programmes (UNHCR, 2003).

According to Hansen et al. (2008), UNHCR gives priority to individuals with a high protection need such as women and highly vulnerable families. They argued that resettlement is generally recommended for populations that are victims of protracted situations, and when neither repatriation nor local integration seems possible. Agreeing with Hansen *et al*., Sandvick (2010) asserted that there are categories of people for whom resettlement is the appropriate solution. According to Sandvick, refugees are resettled when they meet certain physical and legal conditions. These include when a refugee is under threat of arrest or imprisonment, when their physical safety or human rights in the country of refuge are threatened, when a refugee

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is a survivor of violence or torture, has medical needs, is a woman at risk, needs family reunification, is a child or adolescent, an aged refugee or a refugee without any prospect of local integration.

Conceptual Framework

The conceptual framework for this study is based on Silove's (1999) framework which is an integrative psychosocial framework for connecting the multiple issues, stressors, and resources facing war-affected individuals. Based on the literature reviewed, some additional variables were added to the framework to suit the objectives of the present study (See Figure 1 below).
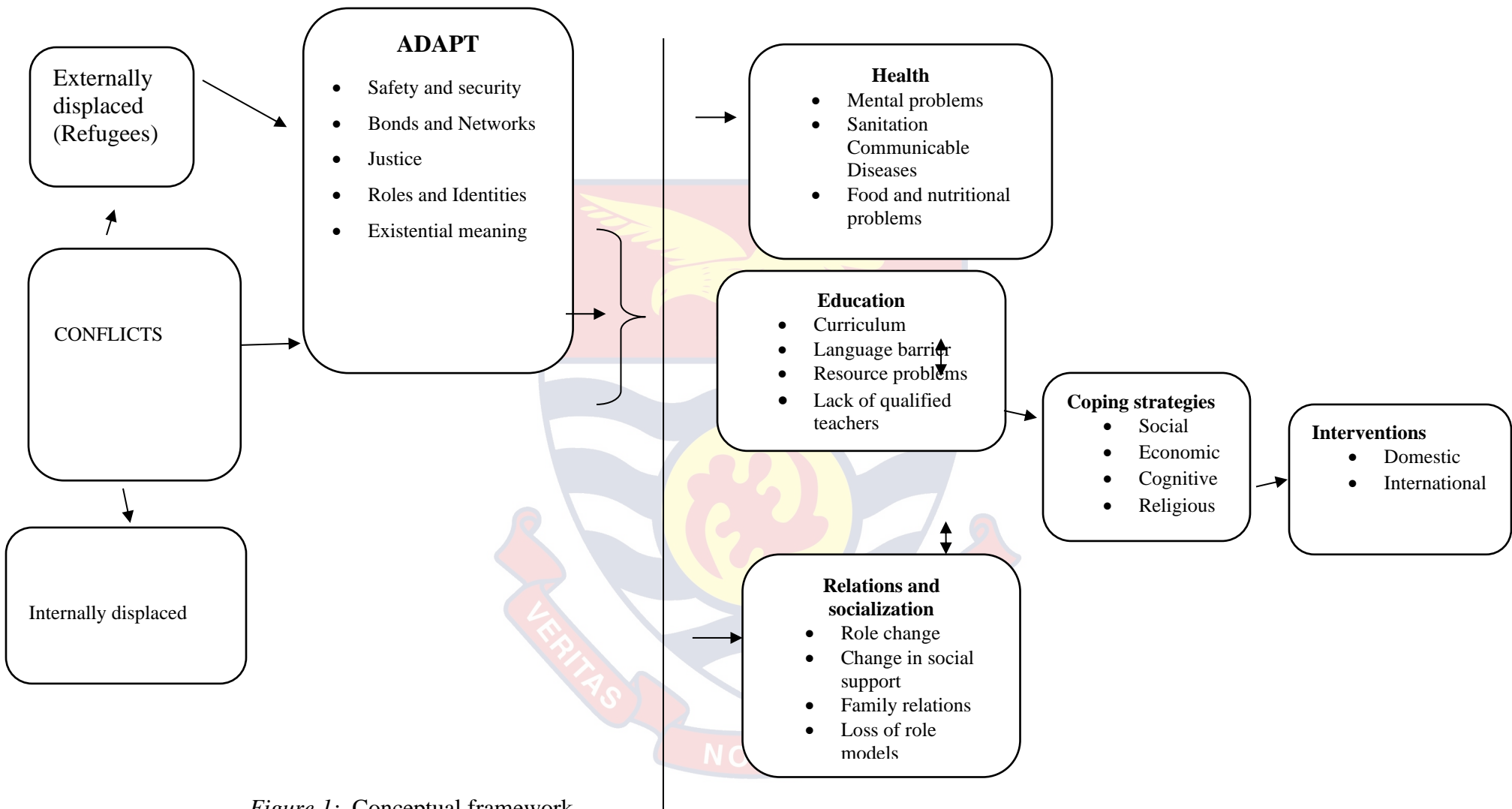
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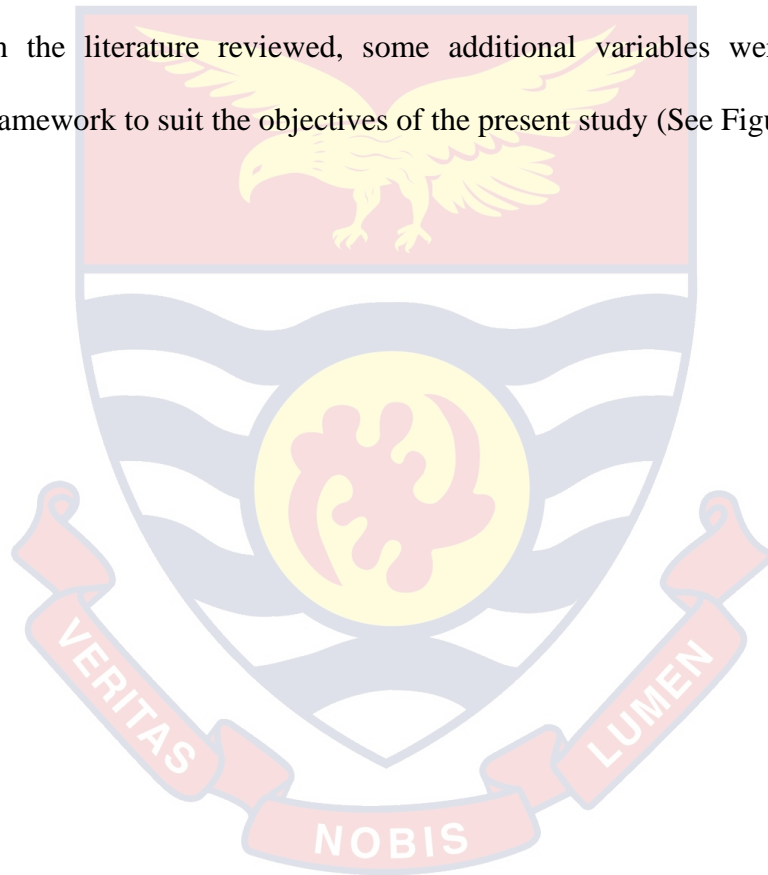
Figure 1: Conceptual framework

Source: Author's construct

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Silove (1999) proposed five universal adaptive systems believed to subsume the functions of safety, bonds and attachment, identity and roles, justice, and existential meaning in all societies. (For a detailed discussion on Silove's adaptive systems, see the theoretical framework on page 15.) Under normal circumstances, these systems promote personal and social homeostasis between individuals and their community. As such, these systems evolve dynamically as different stressors face individuals and their community, creating differing needs and warranting different responses (Yohani, 2015). However, when conflicts occur, extreme trauma (which may result from conflicts) fundamentally challenges one or more of these major adaptive systems, displaying people both internally and externally.

The externally displayed children become refugees in camps in their host nations. The consequence of this is that their health, education, relation and socialization get affected. Regarding health, children get affected by mental problems, preventable diseases, malnourishment, dehydration, diarrhoea and sometimes even death. Also, due to language and curriculum differences, lack of qualified teachers, as well as teaching and learning materials, the education of the children gets affected. In addition, the children's social relations and socialization is affected. Risk factors in the social lives of refugee children have been identified as separation from family, the death or detention of family members or ongoing risks to their well-being (Webb, 2004), inconsistent caregiving (Fazel & Stein, 2002; Rutter, & Stanton, 2001), loss of roles or social status (Fong, 2004; Silove, 1999), bullying, racism, and discrimination (Bates, Baird, Johnson, Lee,

Luster, & Rehagen, 2005), social isolation (Kramer, 2005), and language barriers (Hickey, 2005).

Underlying Silove's (1999) model is the belief that human reactions to trauma are driven by an evolutionary need for survival and psychosocial development that mobilize "the inherent capacities of individuals and groups to repair their own institutions, given favourable support and judicious external assistance" (Silove, 2000, p. 341). Reemphasizing individual and community contributions to the adaptation process following trauma underscores the capacity communities have to actively adapt following adverse situations. Thus, to survive this situation, children at refugee camps adopt some coping strategies. Generally, the coping strategies may be social, economic, cognitive or religious. Also, refugee children also access some interventions which may be domestic or international.
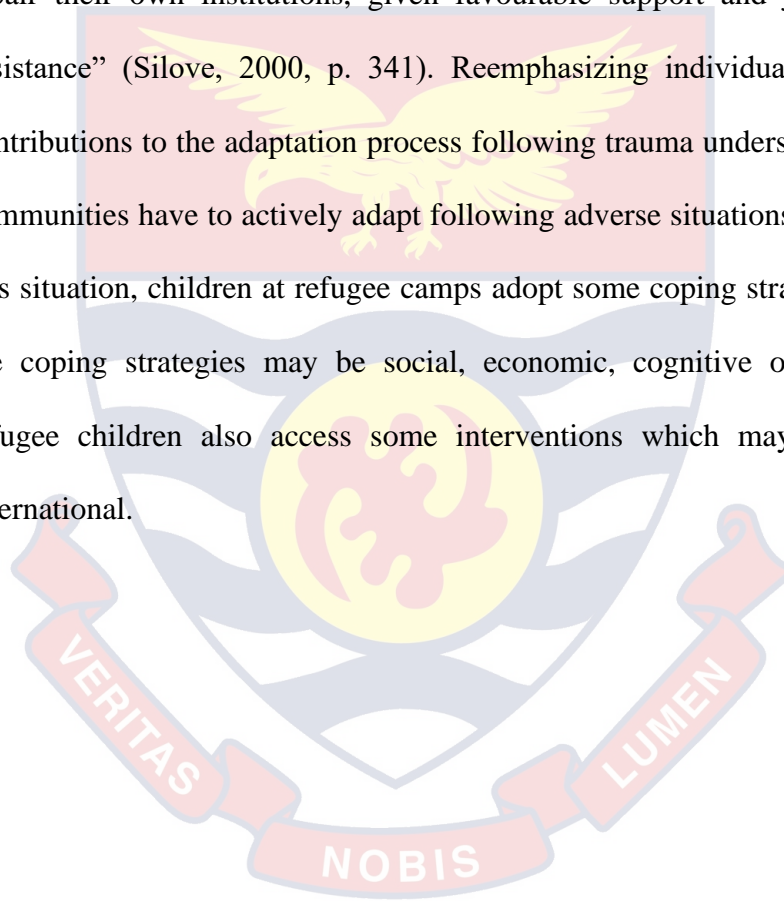
CHAPTER THREE

METHODOLOGY

Introduction

In this chapter, the methods and approaches employed to collect empirical data and the rationale behind the usage of these approaches are explained. Issues considered under this chapter are the research design, study area and the study population. In addition, this chapter also discusses the sampling procedures employed, the sampling size for the study, data sources, data collection methods and instruments, as well as data processing and analysis.

Research Design

A qualitative research strategy was adopted for this study because of the nature of the research topic. The researcher was interested in individuals' perception of social reality (Creswell, 2014; Denscombe, 2008) with regards to the post-conflict effects on children in the Egyeikrom Refugee Camp. Denscombe (2008) argues that qualitative research methods require the use of narratives/words in collecting and analyzing information from the respondents. It is important to note that qualitative methodology presents significant challenges to investigators who choose to go that way, particularly in trying to understand human behavior and/or actions. Qualitative methods have become quite common in the pursuit of knowledge in social sciences.

However, Bryman and Cramer (2004) cautions that, although there has been a proliferation of writings on qualitative research since the 1970s, stipulating what it is and what it is not as a distinct research strategy is by no means

straightforward. Creswell (2014) opined that qualitative research involves closer attention to the interpretive nature of inquiry, and situating the study within the political, social, and cultural context of the researchers, the participants, and the readers of the study. Creswell further observed that the qualitative researcher obtains data in the natural setting of the phenomenon in question. The qualitative strategy is very effective because it relates to cases that are mostly of a social phenomenon, like in this case, the refugee children situation in the Egyeikrom refugee camp.

Specifically, a descriptive case study design was used in the study. The rationale for the choice of a descriptive case design was that the researcher wanted to focus on a single case (Creswell, 2014), that is, the Egyeikrom refugee camp. Denscombe (2008) argued that case studies are employed in situations where the investigator is not interested in generating research findings for generalization but rather go beyond the general patterns that occur within a particular group/situation. This enables researchers have deeper understanding of patterns. A case study was preferred because the researcher was interested in obtaining data from a handful of children, management and parents/care givers in the camp. Grbich (1999) posits that case studies when designed well can provide powerful stories to illustrate specific social realities and they are the most appropriate means of designing and managing a study focus.

Profile of the Camp and its Administrative Structure

The study was conducted in Egyeikrom Refugee Camp in the Komenda-Edina-Eguafo Abirem (KEEA) Municipality of the Central Region of Ghana. The

Egyeikrom Refugee Camp was opened by the Government of Ghana and the UNHCR on July 20, 2011 to serve as one of the camps hosting Ivorian Refugees in Ghana. It has a population of 1592 comprising 919 males and 673 females and about 500 children. It is perceived to be one of the most homogeneous refugee camps in Ghana. The camp, which occupies an area of about 53 acres, has a combination of emergency tents and semi-permanent shelters (SPS).

As with all refugee camps in Ghana, the Egyeikrom Refugee Camp is managed by the Government of Ghana through the National Disaster Management Organization (NADMO) and supported by the Ghana Refugee Board. Currently, the camp is divided into four administrative units known as Welfare Committees. The key obligation of these committees is to pursue the wellbeing of the refugees. The optional agencies currently at the camp are the Catholic Relief Services, The National Disaster Management Organization, and the Ghana Refugee Board. The Country Office of the UNHCR only functions as a collaborative agency assisting the national agencies responsible for refugees. The camp has a resident camp manager who is responsible for the running of the day to day affairs of the camp on behalf of the Ghana Refugee Board.

An important characteristic of this camp is the fact that most of the Ivorian refugees draw their livelihood resources from the Egyeikrom local community while some Ivorian refugees have married the indigenous people and even own property like land in the rural community. Egyeikrom is a rural community in the Central Region and it is situated in the Komenda Edina Eguafo Abirem Constituency (KEEA) of the Central Region (Figure 2). The local

community people are mainly into farming, growing oil palm, pineapple and acacia.
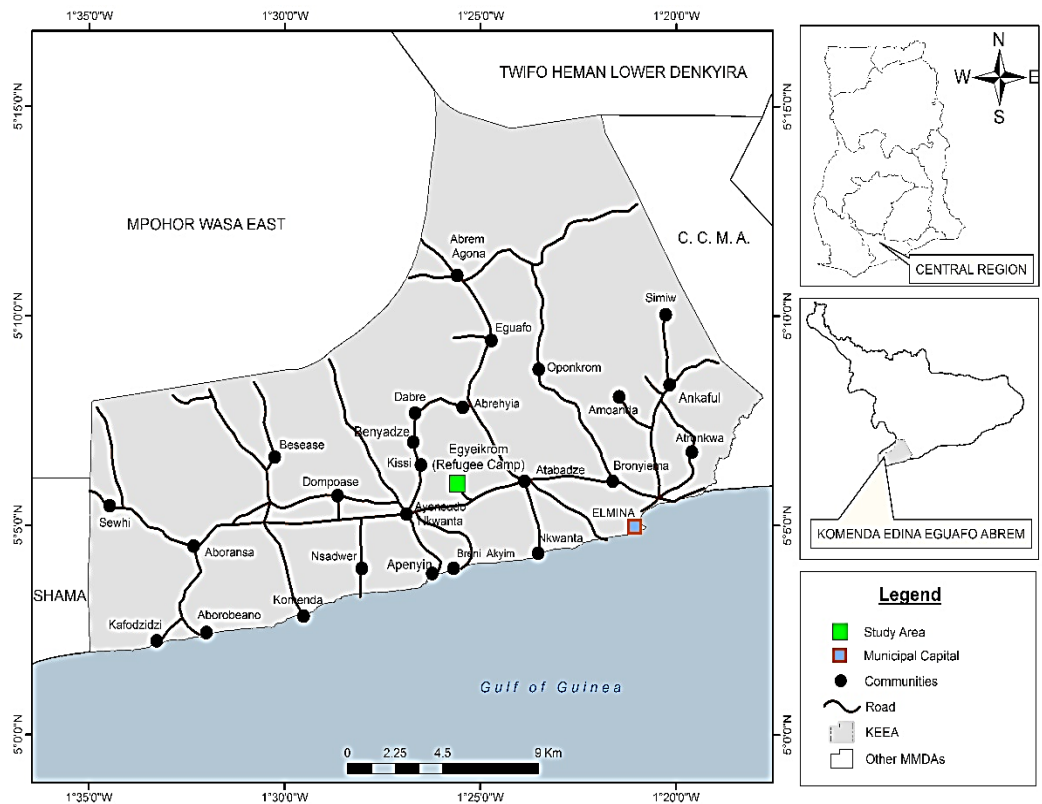
Figure 2: A map of Komenda-Edina-Eguafo Abirem (KEEA) Municipality, showing the Egyeikrom Refugee Camp

Source: The GIS Unit, Department of Geography and Regional Planning, University of Cape Coast (2017)

Egyeikrom was purposefully chosen because of its proximity and the direct interaction between the camp and the host community. Most importantly, this study area was chosen because it provides a unique setting for the interrogation of post conflict effects on children in refugee camps.

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Study Population

The study population included the directors and programme officers of the Egyeikrom Refugee Camp, Civil Society Organizations (CSOs) and the children and parents or caregivers in the camp. The Ghana Refugee Board members and the UNHRC in Ghana were also part of the study. In all, the camp had a population of about two thousand, one hundred and twelve (2,112) people (UNHCR, 2016).

Sample, Sampling Procedures and Sample Size

The research employed non-probability sampling technique in selecting the respondents. This implies that the selection of the respondents was not based on random methods. The respondents for the study were selected purposively. These include the directors and programme officers of the Egyeikrom Refugee Camp, CSOs and the children and parents or caregivers in the camp. In purposive sampling, the units of the sample are selected not by a random procedure, but they are intentionally picked for study because of their characteristics or because they satisfy certain qualities which are not randomly distributed in the universe, but they are typical or they exhibit most of the characteristics of interest to the study (Kumekpor, 2002).

The choice of the purposive sampling technique was guided by two major considerations. First is the fact that there is foreknowledge about the refugee children and the organisations, in the first instance, and also the involvement of the institutions in refugee activities. They are best positioned to provide the required information necessary for achieving the stated objectives of the study.

The adoption of this technique was also based on the fact that the study seeks to describe a phenomenon (the post-conflict effects conflict on children). Kumar (2011) notes that the primary consideration in purposive sampling is the judgement of the researcher as to who can provide the best information to achieve the objectives of the study and if the interest of the researcher is to construct a historical reality, describe a phenomenon or develop something about which only little is known.

Using the purposive sampling technique, children, mothers/female caregivers and management staff were selected as the respondents for the study. The children were selected purposively because the research is focused on the post-conflict effects on children in refugee camps. Secondly the purposive method was used because the researcher wanted to pick children who are between the ages of 10 and 17 because they are matured intellectually to respond to the issues. Also, Hambrick, O'Connor and Vernberg (2016) noted that trauma research can be conducted with children aged 10 and older. For the mothers and caregivers, they were purposively chosen because mothers normally take care of the children and are therefore in better position to understand the challenges that the children experience in the camp. In all, the sample size comprised 33 individuals, considered an appropriate sample size for such a qualitative research as they can adequately provide answers to the research questions (Marshall, 1996). A breakdown of the sample size is shown in Table 1 below.

Table 1*: Sample Size of the Study*

Sample unit	Number
Children	18
Mothers	8
Care givers	2
Management staff	1
Supporting staff	4
Total	33

Sources of Data

Data for the research were gathered mainly from primary and secondary sources. The data came from the management of the camp, the refugee children and their care givers, CSOs and the Ghana Refugee Board management. This Camp and the Ghana Refugee Board also provided secondary information on their activities. The secondary information was gathered through desktop review of existing documents of the organisations sampled for the study. These documents included progress reports of refugee management activities implemented, annual reports, monitoring and evaluation reports of refugee initiatives of the GRB, the UNHRC and CSOs.

Data Collection Methods

For the purpose of this study, the main methods for primary data gathering were in-depth interviews and observation. This involved a one-on-one discussion on the topic/issues. The choice of in-depth interviews as a data collection method

is because of its effectiveness in securing detailed information about post-conflict effects on children. It also created the room for probing so as to obtain adequate information from the respondents since they are assumed to have some knowledge and experience in the subject area.

In the process of conducting the interview, note taking was done so as to capture information that was provided by the respondents. However, due to the limitation of note taking (mainly the inability to capture every information provided by the respondents), tape recording was also used. This was done with the consent of the respondent. According to Walliman (2015), audio recording during interviews is necessary so as to retain a full, un-interrupted record of what has been said and also to check against researcher's bias.

The study also employed observation method to gather relevant data such as the nature of accommodation, the physical environment, drainage, school structures, health facilities and security post. Patton (2002) asserts that observational data has the ability to describe the activities that is unfolding at the research setting, the people that are participating in those activities and what they are saying as compared to what they are saying during an interview. In a way, it informs the researcher of some things that are taking place in the lives of the people under study which cannot be easily said by them. Observation plays a very important role in serving as checks on what people are saying or what is written down in documents.

The qualitative data gathered in an interview from what people say or that which is written down by them in documents could have limitations in terms of

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validity. Therefore, in order to understand these limitations, the researcher must incorporate observation as a phenomenon of interest (Patton, 2002). During the data collection process in the camp, the researcher took on the role of a participant observer. This was done to allow the researcher partake in the social world chosen for the study.

Marshall and Rossman (1989) stated that "immersion in the setting allows the researcher to hear, see and begin to experience reality as the participants do" (P.79). Therefore, Gold (as cited in Bryman, 2004) states that by being a participant observer, the researcher's status is known by members of the social setting.

Data Collection Instruments

The study used in-depth interview and observation guides to collect the data. Three separate interview guides were designed and administered to the children, their mothers or caregivers and management of the camp. The interview guide for the children was divided into five sections. The first section dealt with the background characteristics of the children. The second section covered psychological effects of post-conflict on children. The total number of items in this section was seven. The third section covered the educational and health effects of conflict on children and had a total of 21 questions while section four dealt with questions relating to relations and socialization of refugee children living in refugee camp. The final section dealt with coping strategies adopted by children to survive in the camp. The interview guide for the mothers/caregivers had 18 questions related to children's health and education, while the interview

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guide for management staff of the camp dealt with questions relating to the establishment of the camp and its management. In all, the interview guide for the management of the camp covered 16 questions. The observation guide covered the nature of environment, more specifically on areas such as housing, toilet facilities, security, school environment, quality and quantity of food served. It also covered child-caretakers relationship, children appearance and health as well as community- child refugee relationship.

Data Collection Procedures

Data collection was done at the Egyeikrom refugee camp in the Komenda-Edina-Eguafo-Abirim district of the Central Region. Data were collected from 25th May, 2017 to June 7th, 2017. This was done after I was granted permission by Ghana Refugee Board. At the camp, the people were invited to a public place through an announcement through a public address system. A pre-interview seminar was held with the parents or caregivers to explain to them the purpose of the research. Afterwards, the children were also invited and briefed about the purpose of the research. I then selected my sample from among those who were willing to participate in the study. The interviews commenced at 9am every day and ended at 3pm. An interview session lasted for an average of 25 minutes. Aside from the interview, observation was also done as part of the data collection. Observations were done by physical assessment of the general area, taking into consideration the health post, the security post, the general sanitation with regard to the drainage system, exit and entry points into the camp, toilet facilities, food

served and accommodation structures. During the observation exercise, pictures were taken of sights that attracted attention.

The services of an interpreter and an assistant researcher were sought. The two assistants were selected based on a number of reasons including language proficiency (French and English), their knowledge of the variables under investigation as well as their knowledge of the camp in which data were collected. They were taken through data collection seminar aimed at acquainting them with the objectives of the study, the type of instrument to be used and the type of information sought. This was done as a measure of ensuring reliable data collection as the process had the potential in minimising the possible field challenges. However, a few challenges were encountered in the field. These included the reluctance of management to release official data and the request for handouts by the respondents.

Data Processing and Analysis

Computer software programme Nvivo (version 7) was employed in the analysis of data. Nvivo (version 7) is a computer application programme designed for analysing qualitative data. The qualitative nature of this study coupled with the researcher's background in the application of this programme called for the choice of this technique in analysing the data. The information that was recorded using the audiotape recorder was then transcribed. The transcription was supplemented by additional data, specifically notes that were taken during the interview. However, the transcripts were edited on several occasions to ensure consistency in responses, notes taken and completeness of interview so as to help

improve the quality of the data. Kumar (2011) explains that, "editing consists of scrutinising the completed research instrument to identify and minimise as far as possible errors, misclassifications and gaps in the information obtained from the respondent" (p. 200).

After the data were transcribed and edited, the transcripts were then imported into the project that was developed using the Nvivo software and were organised into a folder and labelled interviews which served as the source for the running of the analysis. The transcripts imported were then read through several times and emerging themes and patterns relating to the research questions and objectives were identified and developed into free nodes where related themes and patterns were brought together.

With the required nodes created, the transcripts imported were then coded to gather materials relating to the various nodes. Walliman (2015) states that, codes are labels or tags used to allocate units of meaning to collected data. And in qualitative research coding is the process whereby data are broken down into component parts, which are given names (Bryman & Bell, 2007). The codes developed were then queried to explore patterns for discussion and analysis. Narratives or verbatim quotations supporting the themes/nodes were identified and used under each of the central themes/nodes and sub-themes/nodes.

Ethical Considerations

Refugee camps are well known for their emphasis on confidentiality of information and protection of official documents and data. It was imperative to

protect information gathered from respondents and the study organisation in the course of the research. The researcher first sought for an introductory letter from the department to Ghana Refugee Board as well as ethical clearance from the university. The researcher further ensured that responses given by participants could not be traced back to the respondents in the analysis. Respondents' names were not included in the interview guide and this ensured anonymity. Respondents were obliged to provide informed consent, which requires that respondents will be competent and will have full understanding of the study, voluntariness in participation and the freedom to decline or withdraw at any time during the research process (Terre Blanche, Durrheim & Painter, 2006).

Chapter Summary

This chapter discussed the methods that were employed in the study. Qualitative research strategies were used where the descriptive case study research design was employed. The profile of the study area was presented including a discussion on the population, the sampling procedures which included the convenience and purposive techniques as well as the sampling units. The chapter further presented the data collection procedures and instruments. The main instruments for the data collection were the interview and observation guides. The data collection spanned a period of two weeks from 25th May to 7th June, 2017. The chapter concluded with a recapture of the challenges encountered in the field. Some of these challenges included language barrier and the reluctance of management of the camp to release information to the researcher even though clearance was sought from the Ghana Refugee Board.

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

This chapter presents the analysis and discussion of data on post-conflict effects on children in the Egyeikrom refugee camp in the Central Region of Ghana. Specifically, it focuses on issues such as the socio-demographic characteristics of respondents, the health, educational and social effects that children in the camp experience. It also looks at the coping strategies of these children as well as the domestic and international interventions put in place to deal with these challenges. The discussion is done based on the research questions and objectives stated.
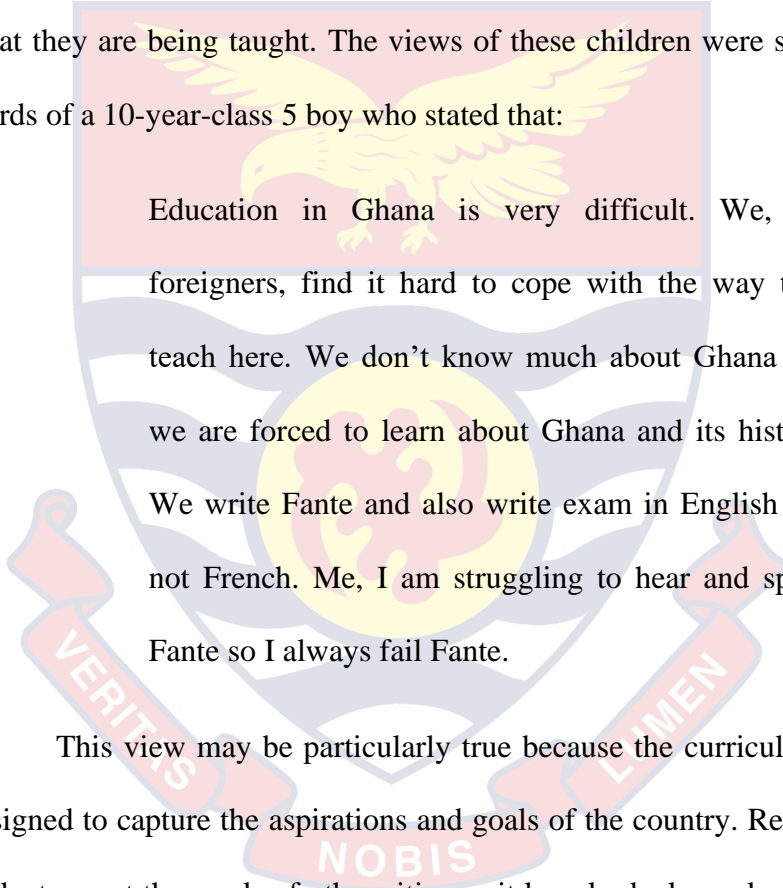
Post-conflict Effects on the Education of Child Refugees in the Egyeikrom Refugee Camp

The first objective of the study was to explore the educational challenges that the refugee children in the Egyeikrom refugee camp faced.

In order to assess the educational challenges that children in the camp face, questions were posed to the children. The questions covered the children's school experiences such as nature of curriculum, language, teacher - student relationship, nature of classroom, general school environment and mode of assessment.

An analysis of the children's views on the use of the Ghanaian curriculum revealed that the children did not find its use suitable for learning. They explained that learning something that is new and alien to their culture affected their

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understanding of issues. Some of the children stated, for example, that learning subjects such as social studies, Ghanaian language (Fante), and Religious and Moral Education (R.M.E) denies them the opportunity to learn and understand their culture and history. Even worse, in the view of the children was the fact that teachers drew examples from the Ghanaian context to explain things to them in class, and because of that, they found it difficult relating their own experiences to what they are being taught. The views of these children were summarized in the words of a 10-year-class 5 boy who stated that:

> Education in Ghana is very difficult. We, the foreigners, find it hard to cope with the way they teach here. We don't know much about Ghana and we are forced to learn about Ghana and its history. We write Fante and also write exam in English and not French. Me, I am struggling to hear and speak Fante so I always fail Fante.

This view may be particularly true because the curriculum is specifically designed to capture the aspirations and goals of the country. Regardless of how it seeks to meet the needs of other citizens, it largely duels on developing a national character and set of skills needed for national development, bearing in mind the culture and history of the country. Therefore, for these refugee children to be forced to learn using the Ghanaian school curriculum meant that they would lose their culture and identity as Ivorians. In this regard, the views of the children clearly demonstrated that they opposed the use of the Ghanaian curriculum since

they believed its use had negative implications for their education and identity as a people.

The views of the children were amplified when a 46-year-old mother explained that:

> We are happy to be here but the kind of education our children are receiving may not be good for them when they grow up. The educational system in Ghana does not teach them anything about the Ivorian culture. They will not even know our history and our values. I think if they are to continue schooling here they will definitely lose their Ivorian identity and that is my fear.

Generally, as observed from the views of the respondents, it is indicative that the refugee children at the Egyeikrom refugee camp are having a hard time understanding subjects that are alien to them and lacked relevance to their lived experiences, especially when related to Ghana history and geography with which they are not familiar. This finding agrees with Bush and Saltarelli (2000) who found that the instructional content to which refugee children are exposed to in countries or settlement can be at best difficult to relate to, and at worst highly politicized and discriminatory.

The use of different language to teach the pupils can have significant effect on children's learning and performance. As a result, the study sought to

find out the opinions of the refugee children about the medium of instruction used in teaching and learning. The children generally agreed that the use of English interspersed with Fante to teach them was undermining their learning efforts. They stated that they were not familiar with these languages and found it difficult understanding things that were taught in class. Some of the children in the JHS level revealed that, unlike their Ghanaian counterparts who easily understood concepts explained in English or Fante, they, on the other hand, had to take a long time to understand and sometimes do not get to understand those concepts at all. This, according to them, increased their chances of failure and also their poor performance. Regarding this issue, an 11-year-old primary four male child said that:

> I find it difficult learning because I don't understand
> English and Fante. Because of this I don't normally
> perform well in class.

Another child also said that:

> I am always lost in class when the teachers speak
> especially Fante. It is like in a different world. I always
> look stupid in class. I keep asking questions all the
> time. Some of the teachers get angry and insult me that
> my head is fish head. I don't know what that means but
> I know he is insulting. I feel bad and I don't enjoy
> going to school anymore (15 years JHS One female
> student)

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Another respondent, a 41-year-old widow who seem to side with the views of the children, had this to say:

> Our children are finding it difficult to cope with the type of education in Ghana. They cannot read and speak English and Fante well. When they bring home their homework, we the parents cannot help them because we don't understand.

The views of the respondents clearly underscored the importance of language in the teaching and learning process. Language is the vessel through which ideas are transmitted and meaning created and shared. It is a symbol of identification that seeks to bind people together. Therefore, the refugee children's understanding of the language of instruction is paramount for meaningful learning to take place. This raises issues of how refugee children are integrated into the Ghanaian educational stream without careful consideration given to the issue of language disparity and its impact on the children's educational outcomes. Simply allowing refugee pupils to enter the national school system may not ensure quality educational opportunities. In addition to space and capacity challenges, existing policies are often not comprehensive or flexible enough to meet the learning needs of the child refugees in the Egyeikrom refugee camp.

The discussion above indicated that these refugee children are held back because of limited language skills in the official language of instruction and also the use of the local language, Fante. This finding confirms the findings of existing studies on language as a barrier to refugee children education. For instance, some

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scholars have argued that refugee children lack English language proficiency on arrival and therefore require rapid language acquisition as part of the settling process (Coelho, 1998). Also, Hopkins and Hill (2010) stressed that language acquisition is fundamental to both academic attainment and social inclusion at school and child refugee themselves recognize this. This finding also confirms German's (2004) view that refugee children sometimes enter school and educational systems where they face low academic status due to language barrier and differences in curriculum.

The study also sought to know the support parents are giving to their children in their education. On this issue, mothers and caregivers were interviewed. The views of the mothers and caregivers revealed that although refugees hold high hopes and expectations for the children in the camp, they were unable to provide their children with academic support for a number of reasons. Some of the mothers or caregivers interviewed explained that they were dealing with their own challenges with settlement and integration and were therefore overwhelmed with the obstacles and problems they face, making them unable to provide their children with adequate support in their school work.

Refugee adults, especially mothers and caregivers, consider the welfare of the children under them as paramount and therefore stress themselves out to meet the needs of these children. However, due to the peculiar conditions of non-existent jobs and the cut in food ration in the camp, many of them dedicate much of their time looking for menial jobs to do in order to provide the basic needs of the family. In doing so, they do not get adequate time to help the children in their

homework or monitor their progress in school. This was what a 49 year old care giver said in relation to this question:

> Things are difficult in the camp. We find it extremely hard meeting our basic needs so I have to do three or four menial jobs a day to be able to get money to take care of the children. Sometimes I have to travel to nearby communities to work for money. Because of this I hardly get time for the children education. Nonetheless I occasionally ask them about their school and sometimes too inspect their books. But I wish I could do more to help them in their education.

The opinion of the caregiver above showed that caregivers or mothers generally believe that the education of the children under them is important and that it requires that they enhance their efforts at helping the children in their education. As the narrative above sums up, the mothers or caregivers lack support system, and this leaves them with no option but to sacrifice the children's education in order to meet more pressing basic needs like food and medicine. This raises the issue of the provision of the basic needs of the children and refugees in general by the UNHCR as important.

The second reason mothers or caregivers gave for being unable to provide assistance to their children's education was that they possessed limited or no comprehension of the English language and had received little or no education at

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all. Due to these factors, they do not possess the language skills and experience to engage effectively in their children's academic programme. Proficiency in the English language as well as the educational level of caregivers and mothers was, therefore, found to be important variables that could affect the education of the refugee children in the camp.

The availability of educational resources, quality of teachers and level of supervision, and their impact on the education of refugee children in the Egyeikrom refugee camp were also explored. On the availability of educational resources to support teaching and learning, a cursory observation of the school facilities indicated that the school had a well-equipped computer laboratory but rather too small to serve the needs of all the students. In addition, only one ICT teacher is appointed to teach at all the levels. This made it practically impossible for him to have adequate time to teach both practical and theoretical aspects of ICT lesson.

In addition, the study sought to find out if the school had the required number and quality of staff as well as the level of supervision needed to ensure effective teaching and learning. On this issue, questions were posed to the management staff of the camp. The study revealed that, many of the teachers available lack the rightful qualifications; the compromise was to easily select the few good teachers and high school graduates to execute the task of teaching. This, of course, was not the right choice but a choice of compromise for the sake of providing education for children living at the refugee camp. According to interviews and observations, most of the qualified teachers had left to different

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schools of their choice, rendering the educational system at the camp to its present status. This finding agrees with Pajibo's (1999) findings that allude to the lack of trained and qualified teachers in the school system as well as poor remuneration.

The study found that out of a total of 16 teachers, seven were trained teachers, one was a national service person while eight were untrained volunteers. This means only 43.75 percent of the teaching staff were trained while 56.25 percent of the teachers were untrained and therefore not qualified to teach. This clearly falls short of the UNHCR requirement that 80 percent of the teachers should be trained. This situation has the potential to affect the quality of teaching and learning because the untrained teachers may not have pedagogical skills required to ensure the smooth impart of knowledge and skills. This finding confirms the conclusion arrived at by the Commonwealth Secretariat (2013) that some studies of teachers of refugees in developing countries (Kenya, South Africa, South Sudan, and Uganda) found that teachers generally lacked experience.

On the quality of supervision, one of the teachers interviewed stated that it was poor. He explained that hardly do supervisors from the KEEA Education Office come to the school to supervise, monitor or audit the school. His view was corroborated by the children who said that authorities from the education hardly come to the school to listen to their concerns and address them. One of the children even remarked that:
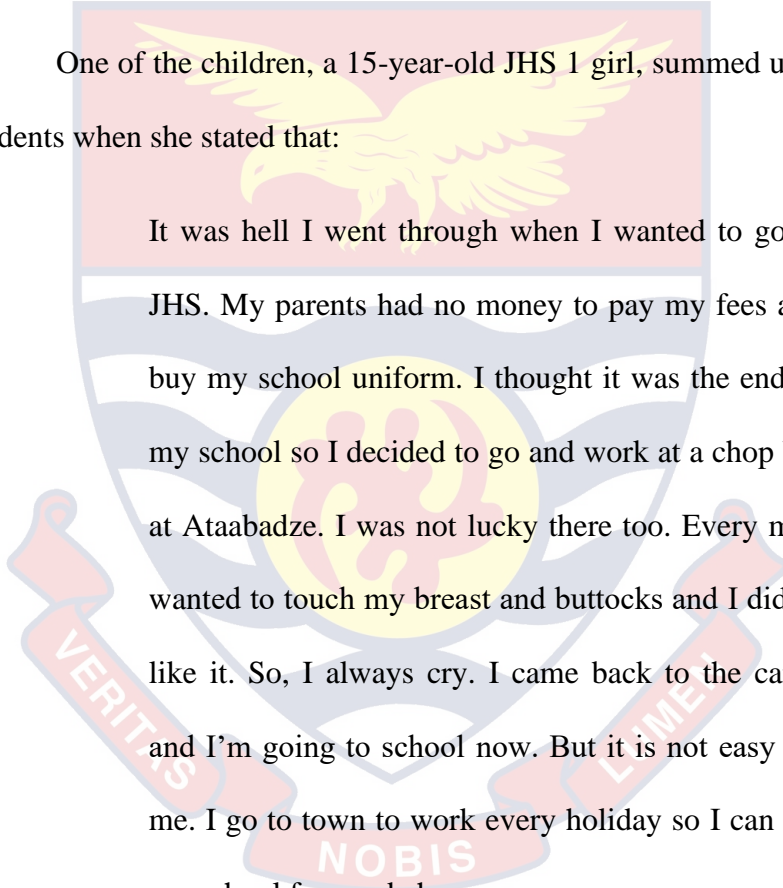
> Our football field is taken over by some adults so we
>
> don't have our practical P.E lessons. Some of our
>
> teachers don't come to school but nobody cares.

Furthermore, the issue of school dropout and truancy was encountered in the field. There was a difference in the dropout rate and level of truancy across the sexes. It was found out that the dropout rate among the males was 40 percent compared to that of only 5 percent among the females. Similarly, more males were found to be truant than females. The study found that some of the children interviewed who do not attend school regularly in the camp do so because they needed to make money for the family or help in the house. This burden of work generally fell upon the sons of the family, especially families which had undergone physical tragedy to come to Ghana. This finding contradicts Ager's (1999) findings that girls are likely to have few educational opportunities as they are often assigned a greater number of caretaking and household responsibilities which limit their ability to attend school.

Another challenge that was found to affect the education of the children was the transition from primary school to Junior High School (JHS). It was observed that the camp did not have a JHS. This meant that the children had to trek to the Egyeikrom town which is outside the camp boundaries to attend JHS. Apart from the fact that schooling outside was not financed by the camp and that parents of these students had to pay their fees and provide them with school uniforms, bags, books, sandals and other school materials, some of the children interviewed mentioned that they were discriminated against by their Ghanaian

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mates. According to some of them, since their parents found it difficult funding their education, it was very hard to attend JHS successfully. Moreover, some of the children stated that they had to sell around after school (or miss school some days to sell) in order to raise funds to support their education. It was observed that this situation was aggravated by the difficulty in securing scholarship for the youth in the camp.

One of the children, a 15-year-old JHS 1 girl, summed up the views of the students when she stated that:

It was hell I went through when I wanted to go to JHS. My parents had no money to pay my fees and buy my school uniform. I thought it was the end of my school so I decided to go and work at a chop bar at Ataabadze. I was not lucky there too. Every man wanted to touch my breast and buttocks and I didn't like it. So, I always cry. I came back to the camp and I'm going to school now. But it is not easy for me. I go to town to work every holiday so I can get my school fees and chop money.

Another 16-year-old JHS 3 boy who narrated his story while almost in tears stated that:

I came here alone. I don't have any relative here. I only have friends. Going to school is something I

cherish very much but things are not going on well. Unlike the primary school, the JHS is different. I have to buy the textbooks, exercise books, pay my own school fees. On top of this, I have to buy my clothes and feed myself. At times, I feel like life is not fair to me. My dream of becoming an engineer is almost becoming impossible because I sometimes think of stopping schooling. What is even worse is that everybody here seems not [to] care because they all need some help.

The narratives of these two refugee children indicated clearly that the issue of educational transition from primary school to JHS is very problematic in the camp and it underscores the lack of planning by authorities to put in appropriate measures to address it. This situation, therefore, is responsible for the higher number of dropout rate among the children in the camp at that level. This observation agrees with Harrell-Bond's (2000) finding that there were cases in Sudanese camps where children had little opportunity of acquiring JHS education.

In summary, the study found out that the education of the children in the camp was negatively affected by the use of the Ghanaian school curriculum, the use of English and Fante as medium of instruction and the poor quality and low number of teachers posted to the school.   Also, issues concerning poor supervision were found to   affect the education of the children in the Egyeikrom refugee camp. Furthermore, it was observed that the dropout rate and truancy

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among the children affect the performance and education of the children in the camp. Lastly, the transition from the primary school to the JHS was a challenge to children in the camp mainly due to the absence of a JHS in the camp, difficulty in paying school fees and also the perceived discrimination against the refugee children by their school mates from the host community.

Health Effects of Refugee Children in the Egyeikrom Refugee Camp

Health is very important for the survival and proper functioning of the individual. Refugee children living in camps face a number of health problems due to the peculiar challenges existing in those camps. Living away from home and the memory of the war and loss of loved ones has a huge toll on the mental health of refugee children. Camps are also overcrowded and epidemics such as measles, dysentery, meningitis and cholera have been found to be major killers of children in these camps. A major consequence of life in a refugee camp is the almost inevitable exposure to a sub-nutritional diet normally resulting from inadequate supply of ration. This objective seeks to analyze the health challenges that children in the Egyeikrom refugee camp are facing.
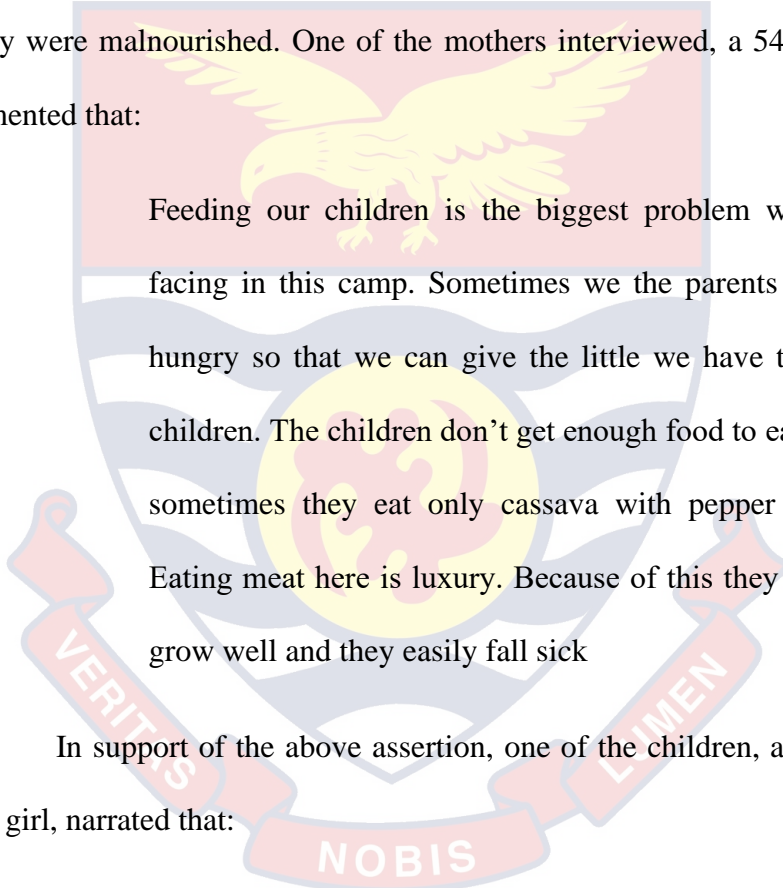
The first part of this objective was to find out whether children in the camp experienced mental health problems or psychological problems. In order to achieve this, the children were asked a number of questions concerning sleep problems, depression, hallucinations, lack of concentration and nightmares. The data revealed that the children experienced nightmares, sleep problems and concentration problems (especially when in class). According to them, they normally think about what to eat, the war they witnessed at home, the death of a

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loved one and, at times, their future. The fourth pillar of the ADAPT theory which deals with the existential meaning of children explains the psychological condition that the children found themselves.

The data also revealed that some of the children did hallucinate. According to them, sometimes they see either a father or mother (who died through the conflict) waving at them or calling them. Others also revealed that they sometimes feel tired even when they have not done anything. This finding confirms and strengthens the validity of previous studies on psychological problems faced by refugee children (German, 2004). Another important study that this finding falls in line with is McCloskey and Southwick's (1996) study which concluded that there were cases of sleep disturbances, depression, concentration failures and aggressiveness among Chilean newly immigrated children whose parents had been tortured or persecuted.

Another aspect of child health that the study interrogated was food and malnutrition. On this issue, the children interviewed were asked questions relating to the number of times they eat in a day and the quality of the food they eat. The study found out that malnutrition was a major problem in the camp. The children stated that getting food to eat was a major problem facing them in the camp. According to them, food ration to the inhabitants of the camp stopped since 2015 and this assertion was corroborated by the management of the camp though no reason was offered for that. The main reason for their current condition, as explained by the mothers and caregivers interviewed, was poverty. They stated that the refugees don't work and many of them do not have people overseas who

will send them remittances. It was observed that even those who were working were engaged in menial jobs that could barely yield any substantial money to meet the food requirements of their households. Also, since refugees, by law, are not also allowed to work, it is virtually impossible for them to get money to buy food to feed the family. It was thus observed that majority of children appeared lean, hungry and looked younger than their ages, a situation that indicated that they were malnourished. One of the mothers interviewed, a 54 year old woman, lamented that:

> Feeding our children is the biggest problem we are facing in this camp. Sometimes we the parents sleep hungry so that we can give the little we have to our children. The children don't get enough food to eat and sometimes they eat only cassava with pepper only. Eating meat here is luxury. Because of this they don't grow well and they easily fall sick

In support of the above assertion, one of the children, a 13 year old class six girl, narrated that:

> We are suffering in this camp to get food to eat. Sometimes me and my sister have to go to town to work so that we can get money to buy food items for cooking. But some of our friends are doing many things to survive here. They work in the night. Our mother is sick so we have to work at the chop bar to

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feed her and our younger brother. Nobody is willing to

help us here. We have complained during camp

meetings about this food issue since 2014 but no result.

The experience of these respondents indicates that the issue of food is a major

problem in most refugee camps and this makes children more vulnerable to

diseases resulting from malnutrition. This situation reveals how children are

suffering in refugee camps because of food shortages. This condition is as a result

of the failure of the management to plan for the food needs of refugees. It is also

an indication of the international community's failure to resource camps

adequately across the globe and this highlights the urgent need for greater

international support to provide adequate food rations for child refugees. This

finding supports Waldman and Toole's (1993) view that food rations provided to

families in refugee camps tend to be too small to meet a healthy caloric intake,

leading children to become malnourished and more susceptible to disease.

The study also revealed that child refugees at the Egyeikrom camp faced a

lot of sanitation and housing problems. It was found that sleeping places inside

the refugee camp consisted mostly of a two room mud houses built by the

refugees themselves which are of low quality with some of the refugees living in

emergency plastic sheets tents (See figure 3 below).

Figure 3: Emergency plastic tents for refugees

The instability of the houses cannot be linked to weak construction skills of the refugees. Instead, the physical condition of the camp area appears to be a major obstacle for building such houses. The houses are located in a valley and hill-like area and the designated area does not allow decent space between individual houses. The other housing structures are erected tents provided by the UNHCR. Due to their weak structure, the houses are prone to various natural hazards: the porous roofs, walls and floors cannot completely protect the inhabitants from the occasional harsh weather such as the oppressive heat during January to April or during heavy and constant rainfalls of the rainy season. In this regard, a nine-year-old boy explained that:

> The rooms are too small for us to sleep in
> comfortably. We are four and we all sleep together
> in one room. During the hot season, we find it

difficult sleeping in the room because of extreme

heat. Sometimes we get rashes on our bodies.

As the extract above explains, the rooms are relatively small and this does not allow the refugee children to have comfortable sleep. This sometimes makes the children sick.

What aggravated the plight of the refugee children was that, regardless of the number of members in a family, only two mats and two blankets were distributed to each family to serve as bed and cover cloth respectively. Regarding this, a 12-year-old class five girl also stated that:

We are six in the room and we sleep on a mat. Anytime

it is raining, the roof leaks and we have to keep wake

so that we can clear the water out of the room before

going back to sleep. The floor is often too cold and we

easily get common cold.

This quotation shows that due to the small nature of the rooms, overcrowding was a common phenomenon. This issue is worsened by the fact that, some of the children slept on the bare floor and occasionally had to stay awake whenever it rained due to leaking roofs. This situation could easily give rise to the outbreak of meningitis, communicable diseases and pneumonia among the child population.

One related area that the study explored was the sanitation condition in the camp and how that affected child refugee health. A general observation of the

sanitary condition of the camp revealed that most of the inhabitants had not taken their sanitation seriously (See Figures 4 and 5 below).

Figure 4: Plastic materials littered around individual homes

Though the compounds in the camp appeared clean, individual homes expressed a different picture. The immediate surroundings of the inhabitants were littered with plastic material while the small drains were filled with dirty stagnant water with the potential to breed and spread mosquitoes.
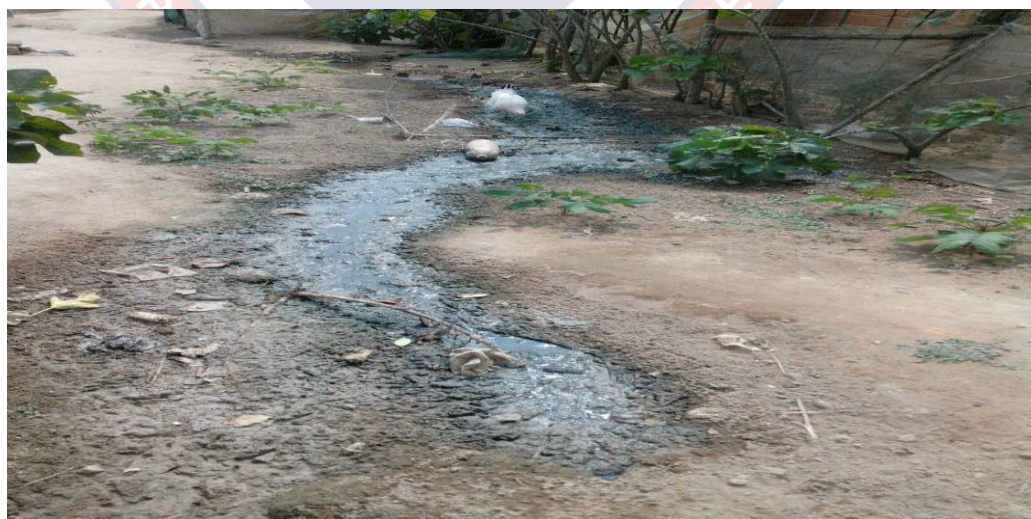

Figure 5: Drain filled with stagnant water

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This invited a lot of flies hovering around the house. One of the respondents, a 23 year old mother of two explained that:

> We want to keep our houses clean. But the rooms are two small for us to keep all our belongings so we have to keep them outside as you can see. There is no place to keep these dirty clothes so we have to leave them here like that. We don't also get soap and detergent to wash our things regularly so we have to wash once in every two or three weeks depending on when we are able to buy them. The drains you see are not concrete so the water cannot run out. This makes the water stay there until they dry out. Even sometimes the water smells. It can be at times very discomforting. But we are waiting for help from the authorities.
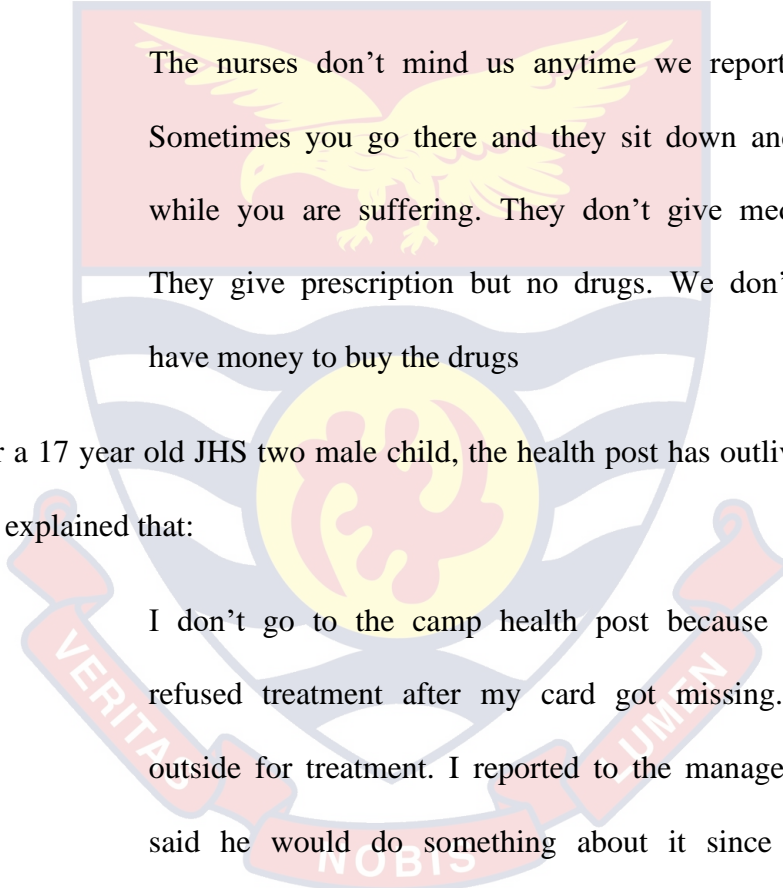
The quotation above points to the fact that, though the refugees expected and wished to keep their environment clean, they were unable to do so because of the lack of the needed support from the authorities to do so. At the same time, the situation reveals how the process of refugee resettlement, especially in camps, does not factor into the resettlement scheme the sanitation needs of the refugees. It is also an indication that the primary goal of the resettlement process is safety from the war but not an attempt at rehabilitation and restoration. This finding is in line with Waldman and Toole's (n.d.) observation that Palestinian refugees in

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Nuseirat camp of Gaza Strip live in overcrowded conditions with sewage and wastewater flowing in open channels along roads and through agricultural land, posing serious environmental health hazards.

Access to health care services by the children was another area the study explored. The availability and affordability of healthcare services are important determinants of the health status of individuals and for that matter the health of the refugee children in Egyeikrom refugee camp. In order to assess the children's access to healthcare services, the study posed a number of questions including the quality of healthcare services they received and their satisfaction or otherwise of those services. The study also asked questions on the adequacy level of the health facilities in the health centre and how that affected child refugee health.

On the question of quality of healthcare services, the study revealed that the quality of service rendered by the health post was poor. Regarding this issue, the children contended that the nurses were largely unfriendly, with some yelling abusive comments at them whilst medical assistants hardly diagnose them before prescribing drugs for them. According to them, it was common knowledge among the refugee population that any time one was sick and reported to the health post, the person was given the same prescription regardless of the medical condition one was suffering from. Some stated that paracetamol was the only drug that was often given to patients anytime they reported sick to the health post. They added that, for sicknesses that were even more serious, only prescriptions were issued to patients to purchase at drug stores, which, according to them, are often expensive and not affordable. This situation, they explained, resulted in many of them

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resorting to self-medication and alternative medicine (herbal treatment). The consequences of this is obvious as the medical conditions of these patients can be worsened and in some cases result in death or permanent damage while others may become addicted to drug abuse. Also, some may be taken advantage of by unscrupulous quark doctors or herbalist. In line with the views of children, a 13 year old girl stated that:

> The nurses don't mind us anytime we report sick. Sometimes you go there and they sit down and chat while you are suffering. They don't give medicine. They give prescription but no drugs. We don't also have money to buy the drugs

For a 17 year old JHS two male child, the health post has outlived its usefulness. He explained that:

> I don't go to the camp health post because I was refused treatment after my card got missing. I go outside for treatment. I reported to the manager who said he would do something about it since 2014. Nothing has been done about it yet.

His view was, however, not any way different from a JHS one girl who indicated that:

> The nurses insult me anytime I go to the health post to seek treatment. They complain I'm always sick and I

worry them a lot. I can sit there for two to three hours

and no one will attend to me. They are not treating us

well at all.

Generally, the quotations above reveal the negative attitude of the health practitioners working in the health center at the camp towards the refugee children. Because of this bad treatment given to the children at the camp, some prefer to go to other health centres outside the camp for treatment.

Furthermore, the time that patients take to access healthcare services at the camp was considered another important variable that the study analyzed. This is because the time one uses to access healthcare has implications for recovery or deterioration of the condition. On this issue, questions were posed to the children and mothers regarding the time they take to access medical care at the health post. It was revealed that the children had to spend between two to three hours at the health post before being attended to. Some attributed this situation to the behaviour of the nurses while others attributed it to the fact that there were only a few medical assistants at the health post. The mothers, in particular, expressed their frustrations about the situation. They said that there were times you would bring a seriously ill child to the post and you would have to join a long queue and wait for a long time before being attended to. According to some of them, it is frustrating to watch helplessly as your child wails uncontrollably because of pain and you cannot see the doctor urgently. Their views are captured in the words of a 56-year-old mother:

> Going to the health centre is something I don't like.
>
> Anytime I come here I have to forgo all my daily
>
> activities because I normally spend all the time there.
>
> It is even worse when you come with a child that is
>
> very sick. They don't have emergency services for us.
>
> If your child is dying, he/she would die before you see
>
> the doctor. We need help.

This quotation shows that the respondents are not satisfied with the time they spent to access healthcare services in the camp. It also reveals that the treatment they receive while accessing healthcare services at the camp was bad and they wished for improved services.

Post Conflict Effects on Social Life and Socialization

The social life and the kind of socialization that children receive are very important for their future participation as functional beings to their society. A human being is who she/he is largely by the kind of socialization that one goes through. It is, therefore, important for children to live in homes and communities that will ensure their proper upbringing. The study, therefore, explored how the social life and socialization of the children are affected by their present status as refugee children in the Egyeikrom refugee camp.

The first aspect of this objective was to look at how mothers view their current status as refugees and how that impacted the lives of their children in the camp. From the interviews, it became clear that many of the mothers wanted their children to maintain their cultural values, family traditions and mother tongue.

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They stated that for you to be who you are and have the respect of others, you must have an identity and that you are proud of. It was, therefore, imperative for them to teach their children their way of life as Ivoirians. However, the mothers expressed worry about the fact that their children were gradually losing their identities as Ivorians because the school system and the general interactions and interrelationship with members of the community is gradually getting the children assimilated into the mainstream culture of Ghana. Some of them stated that their children can hardly communicate with them in their local language now, something they feared will lead to a loss of identity. It was also discovered that mothers, due to conditions in the camp, had very little time to interact with their children and to teach them about their culture and cultural values. The mothers were preoccupied with how to meet the daily needs of their households to the neglect of the upbringing of the children. A 37-year-old mother stated that:

> My children are now Ghanaians. They don't know how to speak my language. They don't like our local food anymore. I don't blame them because they are in a strange land. It is sad.

Another 56 years old woman also said that:

> We may just lose our children as long as we stay in this camp. In school, they don't teach them anything about Ivory Coast. They are living in Ghana and everything they hear about is Ghana. Some of them don't want to even hear anything about our country

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> because of what they witnessed. My son sometimes
> switch of the radio in anger when they hear the
> names of some of our leaders mentioned during news
> programmes

It is clear from the above quotations that parents fear that their children will lose their identity once they remained in the camp. This falls in line with Oikonomidoy's (2007) findings that the worldviews and cultural ways of being for individuals are often threatened when they come into contact with the dominant culture in their host country.

The second part of this objective explored the perceived marginalization that refugee children are likely to suffer from the host community. The children sampled were, therefore, interviewed on this issue. They emphasized that initially local people were supportive. They praised the people of Egyeikrom for welcoming them and making them feel at home. A 17 year old boy stated that: "They are kind with us. In general, their treatment is good". Some of them, however, reported that they were from well to do homes back in Ivory Coast but with their current refugee status, they have to beg for food. This has reduced their dignity and resulted in low self-esteem. They have lost respect that they used to command from their peers back in Ivory Coast so much that people, especially their colleague children from the host community, use intemperate language on them. One of them recounted how he was verbally abused by a boy and his mother when he got into a scuffle with him:

We were playing football and he tackled me badly. So,
I protested that it was a foul and that he should be
given a card. Then he started shouting at me to close
my smelling mouth. I didn't mind him but he
continued insulting me. I told him I don't like that but
he would not stop. He asked me if this is our place. I
became angry and insulted him back. The mother
heard us and came there. She started insulting me. She
told me to go back to my hometown and fight there
because they don't fight here. She continued to say that
we are dirty people. We are hungry and we like
fighting. Then I start crying to the house to tell my
mother. She told me I should not cry and she gave me
fish to eat. But the thing still worry me every day.

The quote above indicates how the refugee children felt marginalized and
mistreated by being in a foreign country. For many of the children, this created a
barrier against their interaction and engagement with children of the host
community.

Also, the study found that the refugee children had difficulty relating with
the children from the host community due to language barrier. Since language is a
social glue that binds people, language barrier represents a major setback to
refugee integration into the host community. The children said that they could not
mix up with the children from the host community because they do not

understand the language. An eleven-year-old old girl summarized the views of these children when she stated that:

> I don't have a friend from the children from the community. I don't understand their language and they don't understand ours too. When I meet, them talking of playing I don't want to join them because I will be alone.

The extract above clearly shows how the refugee children found it difficult to relate with people from the host community because of language barrier. This, according to them, prevented them from engaging in social activities such as playing football and attending festivals. It was also observed that the children found it difficult transacting exchange business with the community. For those who sell or purchase provisions on behalf of their parents, they said that they often had to use signs and symbols to communicate. This situation made the process frustrating for many of them and thus they became unwilling to engage in selling.

For others, however, they are adapting very well in the local community. Some of the children interviewed said that they found it easy relating with members from the host community. Though, some said, they did not understand the local dialect, it did not prevent them from relating well with the members of the local community. Others reported that they made conscious effort to learn the local language and that had made it easier for them to transact business and interact with members of the local community.

Coping Strategies Children Adopt to Survive in the Egyeikrom Refugee Camp

The children in the Egyeikrom refugee camp face a lot of challenges. These challenges affect the quality of their health, education and social life. However, like their parent and caregivers, these children adopt a number of coping mechanisms to survive. These coping mechanisms include social, economic, religious and psychological strategies.

One of the coping strategies adopted by the refugee children in the Egyeikrom refugee camp is to work for others. It was realized that the children between 16 to 18 years who are boys risk their way to the nearby communities and even to Accra to engage in building and construction works and other menial jobs as labourers to get money to fend for themselves and their families. This, some say, is not easy as they are sometimes not paid and threatened by owners of the jobs. It was also realized that some of the children helped members of the host community to work in their farms and homes. This is what a 16 year old boy said:

> We were two when we went to Accra to do construction work. After the work, the contractor refused to pay us and when we complained he took us to the police station and the police also threatened us to stop complaining because we are not from this place.
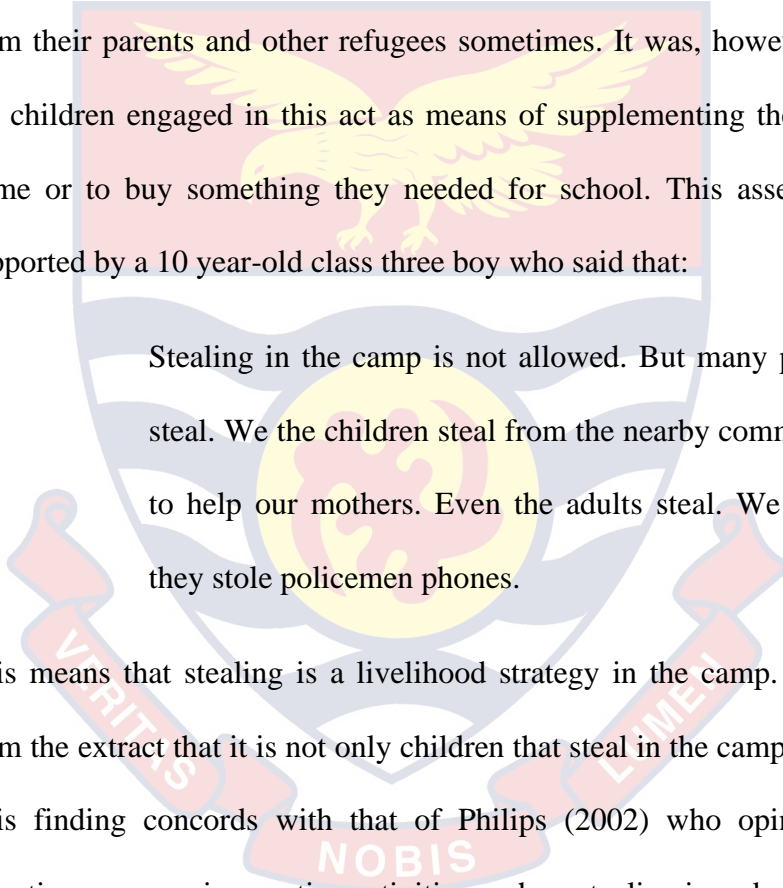
The extract above explains how the children who opt to work for others are normally treated. From what the child said, we get to know that the children who

work for others are not even allowed to complain even when they are not paid. What can also be inferred from what the police man said is that the refugees are mistreated probably because they are foreigners. This finding is in agreement with previous findings (Crisp, 2002; Philips, 2002). Crisp, for instance, found that in order to make ends meet, refugees work for minimal rewards, whether for members of the local population, for more prosperous refugees, or for aid organizations. Philips (2002) also found that as refugees become embedded in host communities, they seek employment, not without difficulties though.

As part of coping with the situation, other children help their parents and caregivers to engage in petty trading. Some children help their parents to sell fire wood, fish, gari and other food stuffs. Others help their parents on the farm where the produce is sold to support the family. Girls who also fall within the ages of 14 to 18 travel to the nearby communities and Accra to help in various chop bars and work as head potters to enable them get food to eat and also get money to come and support their families. When asked about how he copes with living in the camp, a 13 years old class 6 male child said that, "I am only with my mother who is having a small cassava farm. I always help her on the farm because they don't supply us with food again." This quotation indicates how some children coped with the refugee situation when food supply to the camp stopped. As the boy mentioned, he had to help his mother on the farm so as to survive. This finding agrees with previous findings (Addo, 2008; Crisp, 2002). This finding, for instance, reaffirm the view of Crisp (2002) that finding themselves in a situation

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with no or very limited access to land, some refugees try to engage in agriculture by encroaching on land which they have no right to use.

Pilfering was found to be one of the common coping strategies adopted by the refugee children to survive. They often stole agricultural products such as cassava, tomatoes, pepper, plantain, orange and pineapple from the farms and gardens of members of the host community. The children also admitted to stealing from their parents and other refugees sometimes. It was, however, observed that the children engaged in this act as means of supplementing the food they eat at home or to buy something they needed for school. This assertion was further supported by a 10 year-old class three boy who said that:

> Stealing in the camp is not allowed. But many people
> steal. We the children steal from the nearby community
> to help our mothers. Even the adults steal. We heard
> they stole policemen phones.

This means that stealing is a livelihood strategy in the camp. It is also explicit from the extract that it is not only children that steal in the camp; adults also steal. This finding concords with that of Philips (2002) who opined that refugees sometimes engage in negative activities such as stealing in order to survive.

Another coping strategy used by female children in the Egyeikrom refugee camp was prostitution. The few caretakers and mothers that were interviewed attested that they were conscious of the fact that the young girls leave the camp sometimes to engage in prostitution. Some return with pregnancies and so give birth at tender ages and cannot take care of their children, thereby compounding

the already existing difficulties they are facing in the camp. Young women involved in such activities engage in them in order to be able to gain access to the additional material benefits which they understand to be what makes life worth living. Gifts of food or clothing may be made, but the woman is unlikely to receive any support in the event that she becomes pregnant. This finding is in tandem with previous findings (Crisp, 2000; Dick, 2002). Dick, for instance, points out in her case study of Ghana that refugee women are particularly susceptible to dependency on relationships with men as a way to sustain themselves financially and to access luxury items that they value and this normally results in teenage pregnancy.

Religion was identified as one of the most common coping strategies that were used by the children. According to the children interviewed, during times of difficulty, they would pray either to have the strength to continue or for the situation to improve. One participant, a 16 year old JHS 2 girl, stated that:

> I am a Christian and I believe God would not abandon me. Though my father is dead I still know God will help me and my mother. Things would be better for us and I know God will do it. I am always grateful to him that I am alive. I saw many people dying and I did not die so I know God loves me.

From the quotation above, we get to know that the belief that God could change their situation seems to bring the refugees hope. As they hold on to the belief in God, they became hopeful that their situation would get better. It could be seen

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that this strong belief in God resulted from the experiences they had during the

conflict. This is because in this quotation the child explains God's love for him

based on the fact that God saved his life while others were killed. This finding

agrees with findings of previous studies (Gladden, 2013; Khawaja, White,

Schweitzer, & Greenslade, 2008).

Another coping strategy the children used was a cognitive process of

reframing the situation. The children interviewed reported two major methods of

reframing their personal evaluation of difficulties to allow successful adaptation.

The first of these was a belief in their inner strength. Regarding this, the children

stated that they could cope with difficulties because they were strong and could

face any challenge. The second type of reframing was the normalization of

traumatic experiences and resignation to whatever the future held. These children

reported that they became accustomed to living with their difficulties and adopted

the attitude that everyone was in the same situation and there was nothing that

could be done about it. For example, one respondent, a 12 year old primary six

boy, stated:

> There's nothing you can do about it. I thought it was
>
> not real but now I know it is really happening. I am
>
> suffering here with my mother and two elder
>
> brothers. But we have to take it like that because we
>
> have nowhere now to go.

This quotation reflects how some of the children became hopeless in the situation

and thought that the only thing they could do is endure it. They thought they have

the strength to endure it. This finding is in agreement with that of Cone's (2007) study among Russian refugee in the U.S.A.

The last coping strategy, also of a psychological nature, consisted of articulating wishes and aspirations for the future. Refugee children in the present study described two major wishes that they had living in the camp in Ghana. The first was to be able to continue the activities of everyday life, such as their education. Children expressing this wish largely saw the recommencement of such activities as a way to improve their future. The second wish was improved quality of life. This finding confirms Gladden's (2013) finding that some refugees expressed wishes in continuing their education as a way of coping with the situation.

Domestic and International Interventions in Dealing with Child Refugee Problems

Domestic and international interventions are crucial in dealing with post conflict effects on children in refugee camps. This study, therefore, assessed the contributions of both domestic and international bodies in helping refugee children overcome the many challenges that they face. The study identified a number of domestic and international bodies that were helping to deal with the challenges that refugees and for that matter child refugees were facing in refugee camps. Some of the domestic organizations included the Christian Council of Ghana (CCG), Ghana Education Service (GES), Ghana Health Service (GHS), National Catholic Secretariat, and Adventist Relief Agency (ADRA). The respondents expressed divergent views on the contributions of these organisations

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to their welfare. While some said these organisations were proactive in delivering their mandate, others thought otherwise.

However, it was clear from the interviews conducted that the refugees were disappointed in some of these organisations because, according to them, their needs were not being met by them. A point of reference for many of these refugees (mostly the mothers and caregivers interviewed) was the Ghana Health Service which they believed was not living up to expectations. This was amplified when they were asked about the quality of service they received from the health post in the camp. The respondents were unanimous in their response. They collectively intimated that the services provided by the health post were bad and something needed to change to ensure better services.

Also, issues of the lack of non-food items such as coal pots, blankets, utensils and mats, the general ill treatment they received from nurses, long hospital waiting time and the lack of prescribed medicine were mentioned as reasons for which they thought the service was not meeting their needs. However, management of the post sought to justify these lapses by stating that the health post received very little support from the parent service organization and the UNHCR as the main body and for that matter was doing its best. Since the health profile of the camp could not be accessed, it was difficult making conclusions that the post was under performing.

The study also found out that ADRA was one of organisations helping the refugees to deal with their challenges. According to the mothers or caregivers interviewed, ADRA had established a poultry farm and a potato farm as sources

of livelihood for them. It was observed that over 99 per cent of the refugee households are food-insecure according to a UNHCR Nutrition Survey assessment in July 2016 as compared to 15 per cent of the host population households. In the assessment, it is detailed that more female headed households are food-insecure in comparison to male headed households. Lacking the capacity and basic means to support their own food needs and/or generate income to meet their food needs, it is important these families be aided with food items. ADRA in partnership with the refugee population in the camp train some of the refugees who are organized to groups on crop farming and poultry rearing.

Furthermore, in order to assist these children and those who are most vulnerable to regain normal life and build the best foundation for a better future, the study found out that the Christian Council of Ghana had devised programmes beneficial to refugee children with limited access to learning, especially those at the JHS level, by offering them scholarship scheme. The provision of such scholarship scheme to refugee children in the camp was a major step towards improving JHS level education which, according to experts, is enough to develop one's skills and competencies for work. However, though the children interviewed acknowledged the presence of such scheme, they expressed their disappointed at the package being offered. According to them, the scheme did not cover a lot of things that they needed for JHS level education and the rest of the cost had to be borne by their parents who are not working. This situation indicated that the relevant stakeholders in the education of the refugee children did not have a complete appreciation of the needs of these children or lack the capacity to meet

the full cost of funding the refugee children's education. Efforts are, therefore, required to develop the needed synergy among the major stakeholders to fashion feasible mechanisms of funding the refugee children education.

The United Nations International Children Emergency Fund (UNICEF) in collaboration with Relief Foundation (a UNICEF supported local NGO) was also found to engage the services of volunteers in the teaching of basic subjects in the camp. Relief Foundation ensured the participation of the volunteers in a UNHCR educational training programme in order to bring education to refugee children in accelerated curriculum and take psychosocial care and protection of children. However, the study found out that age appropriate activities for children and young teens was cancelled due to discontinuation of child friendly space programme following withdrawal of Relief Foundation. It was also revealed that volunteers abandoned the programme due to lack of funding to pay salaries of these volunteers. The cancellation of the child friendly activities represented a major setback to the education of the refugee children, especially those at the lower level. This meant that the gains that have been made in improving access to child level education and training were at risk of being reversed.

Summary of Key Findings

The study found that the use of English language and Fante as instructional languages impacted negatively on the performance and learning abilities of the refugee children in the Egyeikrom refugee camp. Apart from taking extra time to learn these languages, it was also difficult for the refugee children to easily understand what was being taught because of lack of

proficiency in English and Fante. Also, since parents of refugee children did not also understand the language of instruction coupled with the daily stress they encounter due to integration challenges, they offered very little or no support at all to children more especially guiding them to complete home assignments and offering home teaching services to them.

Furthermore, the level of supervision by the KEEA education office and the quality of teachers in the school was found to be low thus affecting the education of the refugee students. Some of the teachers in the camp were found to be non-professional. This situation pointed to the fact that most of the teachers in the camp schools are under qualified and lacked the professional competence and experience to impart knowledge meaningfully to the refugee children.

In addition, the study found that the children experienced at least one or more form of psychological problems. Psychological problems experienced by the children include nightmares, sleep problems and hallucination. Some children also reported that they could not concentrate during lessons in class. The study identified that malnutrition was an emerging possibility among the child population in the refugee camp. This situation was mainly due to the withdrawal of the food rationing programme in 2015 coupled with the lack of decent job opportunities for parents of the refugee children to engage in and earn regular income to provide for their nutritional requirement. The consequences of this were that some children failed to go to school as they searched for food to eat and that these children were not taking up to the internationally accepted calorie intake levels which exposed them to the vulnerability of malnutrition.

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Besides, the poor attitude of health workers in the camp, the poor disposal of solid waste has implications for the outbreak of epidemic such as cholera, the lack of prescribed medications and the long waiting hours experienced at the health post were found to impact negatively on the health of the refugee children. The situation at the health post was an indication that the health ministry and the other collaborative agencies were not doing enough to provide affordable and quality health care services to the refugee children in the camp, a situation that mothers of the refugee children bemoaned.

On the coping strategies adopted by the refugee children to survive, the study found that the children adopted various strategies which ranged from economic, social, through religious, to psychological, some of which were negative and others being positive. Some of the positive coping strategies include petty trading, working for others, believing in God, making wishes, and hope while the negative ones included pilfering, prostitution and forced marriages

Lastly, the study found out that some interventions have been put in place to deal with the challenges that refugee children in the camp faced. Some of these interventions were the recruitment of volunteers to handle the child spaced specific activities and the establishment of an education scheme for the refugee children in the camp. These interventions were found not to have achieved their desired results since, for example, the child spaced specific project has been cancelled due to non-payment of volunteers leading to the reversal of gains made so far.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

The aim of this chapter is to present the summary, conclusions and recommendations obtained from the study. Whereas the summary presents a brief overview of the research problem, objective, methodology and findings, the conclusions capture the overall outcomes regarding the findings of the study. The recommendation part of the study also presents specific remedies to be implemented by specific bodies. The chapter also presents the limitations and direction for future research.

Summary of the Study

The overall focus of the research was to interrogate and explain the post-conflict effects on children in the Egyeikrom refugee camp in the Central Region of Ghana.

In achieving the objectives of the study, the research employed a qualitative research approach. Purposive sampling was used to select eighteen children, eight mothers, four caregivers, three supporting staff and one management staff as respondents for the study. In addition to primary data which were collected through face-to-face interviews during the field work, a number of secondary sources were also utilized. The analysis of the data was done with the aid of Nvivo (version 7) software.

The study discovered that children in the camp faced a number of challenges. In terms of education, language barrier, the use of Ghanaian

curriculum, inadequate number of trained teachers, the non-improvement of the scholarship scheme that hampered transition from primary school to JHS, withdrawal of volunteer teaching services and the absence of child friendly spaced programmes were identified as issues affecting the education of the refugee children in the camp.

On the issue of health, the study found out that poor attitude of nurses at the health post, lack of prescribed medications, lack of food ration, poor housing facilities and the inability of the camp management to effectively dispose solid waste were challenges that took a toll on the health of the children. Socially, the study found out that children felt marginalized by community members while both children and mothers interviewed felt they were losing their culture and identity as Ivorians.

The study also analyzed the coping strategies of the children including the domestic and international interventions that were put in place to deal with the challenges the children faced in the camp. The study recommended among other things that there should be the development of a language support system specifically for refugee students, restoration of food ration to the refugees in the camp to curb the issue of malnutrition and extreme hunger and the establishment of guidance and counselling centre to offer counselling and psychotherapeutic services to the children.

Conclusions

It is concluded that the adoption of the Ghanaian curriculum for the refugee children constituted impediments to the educational success of the refugee children. Also, the use of English and Fante as mediums of instruction was a major problem to the refugee children. In addition, the cancellation of the child spaced specific activities mainly due to the nonpayment of volunteers as well as the lack of an improved scholarship scheme for JHS level education of refugee children. More so, many mothers/caregivers could not provide educational assistance to their children because of their limited comprehension of the English Language. It is also concluded that the school at the Egyeikrom refugee camp, which is poorly supervised from the KEEA education office, lacked qualified teachers who have the pedagogical skills required to ensure smooth impart of knowledge and skills.

Regarding the post conflict effects on the health of refugee children in Egyikrom refugee camp, the study made a number of conclusions. The study concludes that the issue of food is a major challenge facing the refugee children at the Egyeikrom refugee camp. It is also concluded that the children at Egyikrom refugee camp faced a lot of sanitation and housing problems and this impacted negatively on their health. The study also concluded that the quality of healthcare at the Egyeikrom refugee camp was poor.

On the social effects of the post conflict situation on children, it is concluded that the children were gradually losing their identities as Ivorians because of the school system and the general interactions and interrelationship

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with members of the host community. It is also concluded that the refugee children suffer marginalization and discrimination from members of the host community.

The study also concluded that to survive in the Egyikrom refugee camp, refugee children adopted a number of coping strategies. In the first place, the children worked for other people in order to get money to support themselves. Also, others engaged themselves in trading activities. Pilfering and prostitution were also found to be one of the coping strategies adopted by the refugee children to survive. It was also concluded that other children resorted to religion and some psychological strategies to cope with the post conflict effects.

The study also concluded that there were a number of domestic and international bodies that were helping to deal with the challenges that refugees and for that matter child refugees were facing in refugee camps. Some of the organizations included the Christian Council of Ghana (CCG), Ghana Education Service (GES), Ghana Health Service (GHS), National Catholic Secretariat, Adventist Relief Agency (ADRA) and UNICEF.

Recommendations

Based on the findings of the study, the following recommendations are made:

Education

1. Ghana Education Service (GES) should develop a language support system specifically for refugee students so that language of instruction is not a barrier to learning.

2. GES should modify the curriculum to suit the Ivorian system to make learning easier for the refugee children in the camp.

3. GES should post more trained and bilingual teachers the camp schools.

4. GES should motivate volunteers by given them access to study leave with pay and improved allowances.

5. Christian Council of Ghana should improve and expand the scholarship scheme for JHS and secondary school refugee children to cover the tertiary level.

6. Child friendly spaced programmes should be reinstituted by the Relief Foundation or by any other agency recommended by the UNHCR

Health and housing

1. Ministry of Health should institute a quality control system in the camp so as to monitor and evaluate the performance of staff.

2. Ministry of Health should take urgent steps to stock the camp health post with the needed medications and tools required to ensure effective health care delivery.

3. UNHCR must take immediate steps to restore the supply of ration to the refugees in the camp to curb the issue of malnutrition and extreme hunger.

4. UNHCR in partnership with its collaborative agencies should take steps to provide decent and spacious accommodation facilities to the refugees in the camp.

5. UNHCR in partnership with its collaborative agencies should develop efficient and cost effective mechanism for disposing off solid waste generated in the camp.

Social life

1. Ghana Refugee should organize a community sensitization programme for members of the host community to educate them on the need to respect and accept the refugees as their neighbours in need. This will lead to the development of mutual trust and understanding between the refugees and the members of the host community.

2. GES should establish guidance and counselling centre manned by competent counsellors and professional psychologist to offer counselling and psychotherapeutic services to the children. The result will be an initiation of a healing process for those who have suffered so much psychological trauma and are left in despair.

3. The UNHCR in collaboration with its partners should organize entrepreneurial skills training programmes for the children to enable them become employable when they leave school.

4. Ministry of Tourism, Culture and Creative Arts should institute a cultural symposium and festival day for the refugees to enable them to keep alive their culture.

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APPENDICES

Interview guide for children

This instrument is designed to collect data on the topic: Post conflict effects on children in the Egyeikrom refugee camp. Kindly respond to these questions as candidly as possible. This exercise is purely for academic purposes aimed at the partial fulfillment of the award of the master of philosophy degree in Peace and Development Studies.

Thank you.

Section A: Biodata

Age.……

Sex.……..

Level of education.……………

Section B: Psychological effects

1. Do you finding it difficult paying attention in class during lesson delivery?

2. Do you see things that you think are not real?

3. Do you feel depressed?

4. Do you react angrily towards people when they wrong you?

5. Do you worry about anything?

6. Do you experience sleep problems?

7. Do you have bad dreams when you are sleeping?

Section C: Education and Health Effects

1. Tell me about your school experiences since you've been in the camp

a. nature of curriculum

b. language

c. teacher – student relationship

d. nature of classroom

e. general school environment

F. mode of assessment

2. Have you been taught peace education?

3. Have you had any guidance and counselling since you arrived here?

4. How do/did you get along with people at school?

5. What activities do you like to do in your free time?

6. Do you have access to healthcare?

7. How would you describe the type of healthcare that you receive any time you go to the hospital?

8. Are the health facilities here user friendly?

9. Do you get all the medications recommended by the doctors?

10. How long do you spend anytime you visit the hospital?

11. How would you describe the attitude of the workers in the hospital?

12. Would you prefer another health facility to this one?

13. How accessible is health information to you?

14. Do you have access to shelter?

15. What do you sleep on?

a.   Bed

b.   Mattress

c.   Straw

d.   Cloth

e.   Bare floor

16. How many of you sleep in a room?

17. Does your room leak anytime it rains?

18. How do you cope when it rains?

19. How many times do you eat in a day?

20. How would you describe the quality and quantity of food that you are fed with?

21. Is there anything you think they can do to improve the quality of food you eat?

Social Effects

22. What was it like when you first came to this camp?

23. Are you comfortable living in this environment?

24. What are some of the major things you've experienced since you've been here?

25. How have you coped since you arrived here?

26. How would you describe your relationship with?

a.   Peers

b.   Care givers

c.   Community members

27. Do you have any contact with any family members elsewhere?

28. How has it been making friends since you've been in the camp?

29. How do you feel living away from your own home?

30. Are you a religious or spiritual person?

31. What parts of your culture are most important to you?

32. What are the best things that have happened to you or that you've accomplished?

33. What have been the hardest things to deal with since you arrived?

34. What has helped you the most in your life since you've been in the camp?

35. What do you expect your future to be like?

36. What advice would you give a refugee child who was arriving in the camp today?

Coping Strategies

37. What do you do to overcome the challenges you face in this camp?

Note: Let respondent mention as many as possible.

Observation guide

1.   Nature of environment

    a.   Housing

    b.   Toilet facilities

    c.   Security

    d.   Schools

2.   food served

3.   child- care takers relationship

4.   children appearance and health

5.   security

6.   community- child refugee relationship