

**Exploring the Psychosocial Needs of Refugees in Ethiopia:
*The case of Berahle Refugee Camp***

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**To
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**A Thesis Submitted to the School Of Social Work
In Partial Fulfillment of the Requirements**

**For
The Degree of Master of Arts in Social Work**

Indra Gandhi Open University (IGNOU)

**Addis Ababa, Ethiopia
October 2016**

DECLARATION

This research project report is my original work and has not been submitted for an award of a degree in any university.

Signed_____Date_____

Senait Melaku Reda

This research project report has been submitted for an examination with my approval as Thesis Advisor.

Signed_____Date_____

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ACKNOWLEDGMENT

First and for most I would like to thank my adviser Habtamu Mekonen(Dr.) for his continued and unrestricted support, despite the challenges I brought to him in relation to time bound. Also, I would like to thank my elder brother without whom this paper could never been finalized. Moreover I would also like to appreciate the support I have received from the refugee volunteer social workers whom were committed and devoted from the very beginning of the thesis to an end.

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LIST OF ACRONYMS

AHA-African Humanitarian Action

APDA-Afar Pastoralist Development Association

ARRA-Administration for Refugee and Returnee affairs

CBOs-Community Based Organizations

ETB-Ethiopian Birr

FDC-Food Distribution Committee

FGC-Female Genital Circumcision

GOAL-GOAL Ethiopia

ICRC-International Committee of the Red Cross

IRC-International Rescue Committee

NFIs-Non-food Items

NGO-Non-governmental

PCDP-Pastoral Community Development Program

SGBV-Sex and Gender Based Violence

TVET-Technical and Vocational Education and Training

UNHCR-United Nations Higher Commissioner for Refugees

UNWFP-United Nations World Food Program

ABSTRACT

Aimed at exploring and understanding the psychosocial needs of the refugees in Ethiopia, focused on the Eritrean-Afari refugees in Berahle refugee camp, the study managed to answer three of its research questions using a qualitative approach, framed against an exploratory research method is deployed. The data solicited for this study was qualitative in nature, which deployed qualitative approaches and research tools, namely, Focus Group Discussion with refugee, Semi-Structured Interview with service providers and Researcher's observation as well as review of secondary documents. Using Interpretative Phenomenological Analysis (IPA) method of thematic identification approach for its coding procedures of the discussion and interview results, this study has identified and consolidated seven important unmet psychosocial needs of the refugees, which are still pervasive gaps between the actual needs of the refugees and the service rendered by the service provider agencies. These are Emotional needs (**for respect, security, social interaction and participation**); Identity needs (**for sense of belongingness and cultural recognition**); Legal needs (**for access to rights and autonomy**).

I. INTRODUCTION

1.1. Background: The Context

The second half of the 20th century has witnessed a world-wide refugee problem, unparalleled in size, scope and consequences in human history. By the end of 2014, global forced displacement has reached an unprecedented level of 59.5 million individuals which are forcibly displaced as a result of persecution, conflict, generalized violence or human right violations, of which 19.5 million are persons recognized as refugees (UNHCR, 2015: 2-3). The 1951 UN Convention Relating to the Status of Refugees defines a *refugee* as: “any person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his/her nationality and is unable, or owing to such fear, is unwilling to avail himself/herself of the protection of that country” (UNHCR, 2015: 48).

Essentially, refugees are human casualties that stream from the world’s trouble spots and they are driven from their homelands by major crises such as war, religious and political persecution, brutal regimes, ethnic cleansing, military uprisings and anarchy. Consequently, long-term physical and psychological sequelae resulting from this exposure remain to be common features of the refugee experiences. Put differently, refugee experiences result in a number of mental health problems including anxiety, fear, paranoia and suspicion, grief, despair, hopelessness, withdrawal, somatization, substance abuse and alcoholism, post-traumatic stress disorders, anger, and hostility.

All the same, life within refugee camps is associated with its own set of problems including a sense of loss, uncertainty, distrust, skepticism, helplessness, vulnerability, powerlessness, over-dependency, violence, crime, and social disintegration. These psychological and emotional dimensions of the refugee experiences, whether engendered by the life changes, torture, or the hardship and deprivation of relocation are no less a part of the refugee challenge that we face. The provision of bread or rice, protection against the elements, and a modicum of personal safety and security, cannot erase or alter the tragic memories that are part of the refugee's sense of being and identity.

It is against the foregoing that mental health and wellbeing of refugees has been started to be given a new priority in emergency and rehabilitative efforts. Importantly so, psychosocial programs in refugee camps in dealing with the promotion of psychosocial wellbeing of refugees has been widely practiced and researched upon since the early 1990s. However, the focus of such practices has only been on the post-traumatic stress disorder (PTSD), which has been excessively medical and usually de-contextualized model of intervention to displaced persons affected by such causes as drought, political turmoil, and civil wars. However, when relevant variables are not well understood, the dominant tendency to rely on psychiatric constructs developed in culturally distinct contexts may obscure indigenous conceptions and variations in the expression of psychological and community distress and in the broader socio-cultural understanding of trauma (Bracken et al. 1995; Breslau 2004). After all, 'the process of becoming a refugee is not in essence a psychological phenomenon, but rather results from socio-political circumstances that may have psychological implications' (Schweitzer and Steel, 2008: 8). In a way, and as in Papadopoulos (2007) points to the individual, family, community, social, and cultural implications

of the process which are necessarily lost in an individual approach. Such events may well result in what is termed as societal trauma.

In the event, such psychosocial projects which constituted not only physical but also psychological and social problems that provide a strong basis for the need of traumatic stress intervention, stood out to become as typically consistent with humanitarian and social work orientation. The impetus in the importance of psychosocial intervention programs rests in a shared recognition of the consequent effects of the horrific experiences of refugees, marked out as the outcomes of a list of bio-psycho-social complexities both at the individual and community level interactions. Thus, humanitarian programs aimed at adequately addressing the psychosocial needs have become prevalent as a linchpin of refugee service packages at all levels of emergency and disaster incidents.

Ethiopia first signed the Refugee Status Convention (1951) and the Protocol Amendment of the Convention (1967) in November 1969, and it has a long history of receiving people who are displaced on account of drought, conflicts, political turmoil and civil wars in neighboring countries. A report on global trends of forced displacement documented by UNHCR (2015) ranks Ethiopia fifth among the ten leading countries hosting the largest number of refugees in the world. As of December 2014, the total number of camp population reported by United Nations High Commissioner for Refugees, UNHCR, designated as ‘people of concern’, stood at more than 659,524 refugees and asylum seekers. Constituting the third largest share, Eritrean refugees are one of the refugee groups.

Notably, the influx of Eritrean refugees into Ethiopia has markedly begun in the wake of the Ethio-Eritrean border conflict in May 1998. In the sequel, more than 85,000 (i.e., 18 percent) Eritrean refugees, constituting mainly of five ethnicities (Tigrigna, Kunama, Afar, Bilen and Saho), have crossed borders seeking protection and safety in Ethiopia. The number of new arrivals is estimated to reach 800 – 1,000 refugees per month. As it turns out now, there are about five refugee camps where Eritrean refugees are located. Berahle Refugee Camp is one of these camps, hosting a total of 6,300 refugees, predominantly of Eritrean Afar ethnic groups. (UNHCR, 2014)

Located in the North East of Afar Regional State, bordering Eritrea in the north and Djibouti in the north east, Berahle refugee camp is established in September 2006 to accommodate the overwhelming inflow of the Eritrean refugees, mainly of Afar, though they have been hosted by the local communities long before then. Invariably, the refugees have gone through all or most of the experiences as persecution, deprivation, dislocation, isolation, loss and disruption along the course.

As such, and as in most responses to such unpredicted refugee influx, mainly characterized by chaos, physical and acute medical aid needs, the kind of support and assistance being rendered by the partners currently involved in refugee assistance and protection (i.e., UNHCR, ARRA and WFP with the participation of implementing partners and donor representatives) to the refugee population in all the camps tends to be aimed at ensuring that material and physical help services are made available. In a way, within the immediacy of the need for providing support for the refugees during and after emergencies for starvation, life threatening diseases and safety

concerns appear to essentially be the preoccupations of all the partners currently operating in the refugee camp.

On the other hand, and within the context of complex emergencies whereby the need for psychosocial support dimension of the humanitarian interventions programs is equally critical at every stage of the emergency setting, the provision of psychosocial services tend to be, most often than not, relegated, at best, to a lesser important position in the list of the needs and challenges worth addressing. None other than allusions to the need for addressing psychological and emotional dimensions of the refugees are made at all levels of the emergency, humanitarian relief and rehabilitative efforts.

To my understanding physical needs were given much attention and little is done specifically to the psychosocial needs of refugees living at Berhale refugee camp. Hence, this study will focus on exploring the psychosocial needs and will propose implications to psychosocial intervention for social work practices.

1.2.Statement of the Problem

In almost every refugee incidence worldwide, many of the refugees arrive in the host countries with particular physical and mental health conditions demanding well-structured treatment needs. According to Hill et al, (2009), one in six refugees has a physical health problem and two-thirds experience anxiety and depression, basically pertaining mental and psychosocial disorders. Exposure to violence or disaster, loss of, or separation from family members and friends, deterioration in living conditions and lack of access to services can all have immediate, as well as long-term impact on the balance, development and fulfillment of the social and emotional

wellbeing of refugee children, families and communities.(ARC, 2009). Such disorders have necessitated the integration of mental health and psychosocial supports into the interventions related to sections for community services, protection and health as practical tools in emergencies and ongoing operations (Schilperroored, et al, 2008).

The Eritrean refugees in Berhale refugee camps, having endured devastating effects of pre-migration traumatic events and post-migration experiences due to persecution, killings, violations of rights, war and forced conscription into armies, have been exposed to varying degree of anxiety and depression. Apparently, there have been rigorous humanitarian assistance service delivery efforts well underway. Hallmarked by emergency preparedness and response mechanisms, the programs tend to have focused on the provision of such basic needs as safe water, food, shelter and health services as well as education, protection and safety services.

However, there are mushrooming concerns about the provision of health facilities in general and mental health services in particular in the shortlist of critical needs by the refugees. Foremost concerns about addressing the needs of mental health and wellbeing dimensions of the refugees related with psychosocial support have been surfacing to have received mundane attentions in this regard.

An assessment conducted by the Joint Assessment Mission, Ethiopia-JAM (2010) organized by World Food Program, WFP, UNHCR, and Administration for Refugee and Returnee Affairs, ARRA, focused on the Eritrean refugees camps in the north (including three of the refugees in Afar) and the Somali refugee camps in the south and east of the country attests the graveness of

the issue related with mental health service provision status. According to the report, “[p]erhaps the most critical and important need that is not fully met that needs to be addressed is mental health, including *psychosocial support* and medication as many refugees suffer from trauma and depression. This is an area that requires more attention and can be addressed through medical and non-medical means.” (JAM-Ethiopia, 2010: 8).

What’s more, a study on the operational progress of the Inter Agency Standing Committee, *IASC guidelines of Mental Health and Psychosocial Support in Emergency Settings* in Ethiopian context, since their integration into all the activities in October 2007, reports “...an almost complete lack of formal system for psychosocial support” .(Schilperoord, et al, 2008: 307). Further, “... poor capacity and experience within the government, UN agencies and non-governmental organizations (NGOs) on the guidelines...the difficult to identify - at the country level - a person who is familiar or trained in the guidelines.” .(Schilperoord, et al, 2008: 307), have all been attendant challenges in the implementation of IASC in the camps.

From the foregoing, it can be safely argued that hardly any structured and contextualized psychosocial support program directed towards addressing the psychological and social disorder manifests of the refugees has thus far been implemented in any of the emergency and rehabilitative interventions by the humanitarian partners and agencies involved in the refugee camps. Even more so, severe shortchange of awareness on the package of psychosocial refugee services on both parts of the process (service-providers and receivers) alike, tends to have taken a serious bout of the situation from the outset.

The upshot is that, psychosocial needs - those needed for emotional well-being, though they are as fundamental as the basic needs, are highly overlooked at best. At this juncture, it remains imperative to begin with need assessment projects that explore the psychosocial needs of the refugees towards integrating and streamlining psychosocial programs into refugee services.

Based on the aforementioned ideas, this study forwarded the following research questions:

1. What are the psychosocial service needs of the refugees in Berhale refugee camp?
2. How do the refugees in Berahle refugee camp perceive and deal effectively with the unmet psychosocial needs?
3. What is the role of service providers in catering the psychosocial needs of the refugees in Berhale refugee camp?

1.3.Objective of The Study

The objective of the study is to explore and understand the psychosocial needs of the refugees in Ethiopia, focused on the refugees in Berahle refugee camp.

1.3.1. The specific Objectives

This research seeks to:

- a. Investigate the psychosocial needs of the refugees,
- b. Identify the coping mechanisms of the unmet psychosocial service needs of the refugees, and,
- c. Distinguish the roles of service providers in meeting the psychosocial needs of the refugees in Berhale refugee camp.

1.3.2. Scope of the Study

The study is delimited to explore the psychosocial needs of the refugee camps in Ethiopia, focused on uncovering the psychosocial needs of the Eritrean-Afari refugees in Berahle camp. It particularly circumnavigates those needs that may affect the emotional wellbeing of a person pertaining to the psychosocial aspect of the refugees. Drawing on the approach of by Tay and Diener (2011) and Johnston (2011: 3-4), those needs are subsumed in: emotional (need for affection, respect, stability, security, social interaction and participation), identity(sense of belongingness, self-esteem, culture) and legal(equality, access to rights, autonomy) needs of the refugees.

1.4. Significance of the Study

Once again, the current practice of the humanitarian assistance interventions in the refugee camps of the country tend to have overlooked to the indispensability of streamlining the psychosocial support service delivering projects into their programs beyond allusions. Hardly any structured psychosocial intervention. Nor does a well-researched and need assessment of a sort specifically targeted at identifying the psychosocial needs of the refugees exist so far. This study will hence be a useful start in terms of steer clearing the prevailing awareness problem about the urgency of the need to promote a structured and comprehensive researched intervention. Important still, the findings will inform the subsequent assessment and intervention efforts to improve the psychosocial needs for the refugees. All the same, the data gathered can also be used in a broader study focusing on other refugee camps of the country.

1.5. Limitation of the Study

This research was conducted in the context of a couple of constraining factors that would bear a limitation on the study. The methodology, techniques and tools of analyses against which this study is framed, i.e., qualitative, exploratory approach, inherently uses small samples and text-based nature of qualitative data. This, according to the literature, puts generalization of its results suspicious at best. However, the purpose of this study, which was founded on a well-defined research problem and well formulated research question, would by no means vitiate the validity of its object of interest as well as significance.

What's more, and once again, this research was conducted on the Eritrean-Afari refugees in Berahle refugee camp. This is so because such resource constraint as financial and time budget has forced the researcher to limit its ability to reach a larger sample from all the camps across the country. Hence, the sample may not constitute a representative sample. Yet again, the purpose, but not the technique, would be of utmost important in gauging its significance.

1.6. Assumptions of the Study

The underlying assumption of the study is that selected representatives of the target population have adequate understanding of the psychosocial needs of the refugees and that these respondents would be available for interview and would be truthful.

1.7. Structure of the Study

In the interest of maintaining logical flow of the content of this research project, which in fact is entirely guided by its purpose, the research project is organized along the following thematic chapters.

Chapter one sets the introduction part, against which the thematic issues of the research are framed. Basically, defining the problem statement, the research question, objective and scope, as well as research significance are presented.

Chapter two presents the literature review. It went through existing body of theoretical and empirical literature by dwelling on exploratory and investigative studies about psychosocial wellbeing of refugees, intervention approaches, and implementation designs in addressing the psychosocial service needs of refugees.

Chapter three provides an overview the situation of the Eritrean-Afari refugees in Berahle refugee camp in the context of the refugee population hosted in Ethiopia. It briefly narrates the demographic, cultural and socio-economic features of Berahle refugee camp in view of the psychosocial service delivery status in relation to the receivers, providers, modalities, and roles of actors there in.

Chapter four, structured under two sections, presents an exhaustive description of methodological issues. Section one is relegated to the discussion of the research design, methods, target population, sample selection procedure, techniques and tools of data collection as well as data analysis methods, ethical considerations, and data analysis method. Section two accommodates analysis, interpretation and discussion of results and findings.

Chapter five presents the conclusive remarks, focusing on the summarized discussion of the findings, the limitations within which the study is conducted, the significance of the study for further research across all refugee camps, as well as its implication to the humanitarian service delivery approaches towards meeting the psychosocial needs of the refugees.

II. LITERATURE REVIEW

2.1. Theoretical Context: An Overview

The empiric basis for understanding the psychosocial wellbeing hinges on the analytics of displaced persons, whereby a refugee is defined as “any person who, owing to well- founded fear of persecution by reason of race, religion, nationality, membership, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence...is unable or, owing to such fear, is unwilling to return to it . . . UN Convention 1951 Art. 1[2]. (UNHCR, 1951: 23)

Drawing on the foregoing, suffering and traumatic stress due to a host of horrific experiences, deprivation, dislocation and disruption, “...mental health and psychosocial wellbeing are [found out] key concerns in displaced populations”, in emergency, conflict and post conflict settings. (Thomas et al, 2011:1) In essence, the basis for the source of concern on the need to deal with problems of psychosocial aspects lies in the manifest patterns of the psychological and social dimensions of the consequent behaviors developed in the course of refugee experiences, basically referred to as psychosocial problems. This, admittedly, establishes the thematic argument that “[h]umanitarian...programs...are by definition concerned to promote psychosocial

wellbeing” (Strang and Ager, 2003: 3) of displaced persons. In a way, ensuring “access to humanitarian assistance and safety and security for the population is the cornerstone of psychosocial support during humanitarian emergencies”, for it is critically “...important in order to maintain a continuum of family and community based care and support during and after humanitarian crises and to prevent immediate or long term mental health disorders”. (ARC, 2009: 9).

2.1.1. Psychosocial Defined

The earliest systematic description of psychosocial theory was made by Erik Erikson. Referred to as psychosocial development, it is defined as conscious (or subconscious) pattern of psychological development of human beings within the context of social environment (Erikson, 1950). However, Erikson’s theory was criticized for a host of limitations. Developed in an aspect of a person’s cognitive development perspective, it describes psychosocial as referring to the language articulation and expression factors, and behavioral issues as well as related learning activities. In as much as Erikson’s theory focuses on the development aspect, progressive conceptual refinements of the arguments by such prominent researchers as Markstrom, et al (1997) came up with a more general and holistic psychosocial theory that encompasses the overall emotional wellbeing of individuals. This holistic theory puts psychosocial as the identity of self we acquire from our everyday interactions and environment.

The modern and holistic perspective of psychosocial theory hence puts the term psychosocial as an ex-post concept, used to basically stress the interconnectedness between the psychological and wider social dimensions of human experiences. As in Jong (2011: 29-30), the conceptual construct of psychosocial projects distinguish two components of the term, namely, the *psycho-*

component and *socio*-component. While the former provides support that facilitates the reconnection of the affected individual to his or her environment, community and culture, by providing the support services at the individual level, the latter aims to re-integrate the individual or groups of affected individuals by creating an environment that facilitates the re-integration. Inherently, thus, the package needs to start from an early introduction of structured and contextualized diagnostic intervention approaches aimed at identifying the real psychosocial problems, along with the needs therein

Psychosocial problem refers to “either psychological problems arising from a disturbed social situation (e.g. depression resulting from social isolation) or social problems stemming from mental disorder (e.g. violent conduct resulting from emotional hyper-arousal)”. (Scholte et al, 2004:182). The primary object of interest hence stays to reduce the psychological and social consequences of traumatic events. Towards this, and indispensably so, the need to strike a balance between the *psycho*- and *socio*- aspects of the project which, in turn, is highly dependent on cultural and environmental circumstances, the phase of emergency as well as other context driven variables, remains part and parcel of psychosocial projects.

Essentially thus, the definitions and refinements have all found a point of confluence that hinges on a holistic approach to the psychosocial needs of a person. According to the reflections by Pupavac(2004) and Miller and Rasco(2004), the shift has progressively been from providing basic needs to “seeing” the person receiving the humanitarian assistance. The idea is that psychosocial programs are meant to serve the purpose of strengthening both the internal and external resources of a person, and not to install new resources. Hence, when evaluating a person’s wellbeing, the emphasis remains to go beyond meeting the basic survival needs, i.e., it

needs to encapsulate such factors as security, happiness and family that necessitates upholding the fundamental principle that environment is critical in a person's wellbeing.

Putting the establishments in Markstrom et al (1997), Tay and Diener(2011) and Johnston(2011) in perspective, this research conceives psychosocial defined as a person's overall wellbeing. This includes all aspects of a person's life which affects their wellbeing including emotional, psychological, social, and legal or environment dimensions.

Clearly then, such a conception of psychosocial will provide the basis for developing well-tailored, cohesive plan of action. And, proper implementation of humanitarian intervention would be able to meet psychosocial needs of the refugees thereby enabling them to live normal and productive lives even in out-of-camp settings.

2.1.2. Approaches to PsychosocialProjects

In view of the current developments in the direction of health policies and programs, "...the most fundamental principle of public health is to focus on wellness rather than illness. This credo is nowhere more appropriate than when working with refugees."(Blanch, 2009: 1).

A brief look into the evolvement of theoretical reflections and praxis of psychosocial projects in emergency, conflict and post-conflict settings traces its significance since the 1990's. As in Davidson et al (2010) and Lacroix and Sabbah(2011), and due to the increasing prevalence rate of observed PTSD cases in refugees, the need to develop a comprehensive package that addresses the psychosocial problems, entailing depression, anxiety and psychological dysfunctions surrounding PTSD was suggested. In a further note, they argue for encompassing better knowledge of the cultural and linguistic sensitivity of a range of suitable assessment tools,

along with culturally appropriate norms for those instruments which may provide more accurate information of prevalence rates of PTSD in refugees as equally vital.

Subsequent studies made a stride, shifting away from Western based psychological approach towards a holistic perspective of culturally accepted practices of psychosocial projects. The fundamental principle of the holistic approach to the psychological needs of a person is that social, spiritual and moral health consequences of mass violence that affects individual and group coping processes is influenced by culture, hampering people's ability to redefine core values and social attitudes. An understanding of the culture remains to be of fundamental importance in planning psychosocial programs. (ARC, 2009; Jong, 2011; Lacroix and Sabbah, 2011).

Further, and in the context of humanitarian assistance programs, Jong(2011: 11-13) distinguishes that the distinction between *disease* and *illness*(implicit in the trans-cultural psychiatric approach to mental disorder)is translated into a distinction between mental health and psychosocial health. In such a contention, mental disorders, such as disease, can be measured in objectively verifiable indicators (thereby attributed a diagnostic label through Western clinical symptomology) for which treatments hence seek to restore mental health through conventional Western psychological approaches. This is in sharp contrast of the conception of illness, defined as "...a culturally specific expression of distress. It is the lived experience of the client and the client's interpretation of his or her health...within the social, political, economic, spiritual and moral worldview of *the client* ". (Jong, 2011: 12). The corollary is that, psychosocial disorders are often culture-bound expressions of mental, physical, social, moral or spiritual states of

suffering. Ultimately then, psychosocial treatment aims to reconnect a client to his or her environment, community and culture.

In a way, the psychosocial overture of service delivery model recognized the need to strengthen resilience and local capacities, considering the brunt as active agent of the process rather than vulnerable. In this regard, it tends to be clear that psychosocial interventions arise from an initial premise of building upon a child's natural resilience and family and community support mechanisms, examine possible risk and protective factors and attempt to provide additional experiences that will promote coping and positive development, despite the adversities experienced. As it turns out, and as a resilience-building approach to psychosocial wellbeing and protection, it was developed in an attempt to advance a more sustainable and holistic approach to working with children affected by conflict, HIV and AIDS, natural disasters and other very difficult and dangerous situations.(ARC, 2009: 11-12; Boothby et al, 2007; Horn, 2009).

In consonant with the developments in psychosocial interventions in refugee settings briefed shortly, trends in execution by practitioners and researchers of psychosocial intervention projects tend to have embraced a holistic and sustainable approach that commences with need assessment projects using explorative and participatory research approaches.

2.2.Empirical Studies

In the spirit of the arguments developed so far, multiple studies in psychosocial programs in various refugee settings have been conducted. Of the relatively relevant ones, Al Obadi and Attalah(2009) has undertaken an explorative assessment of the psychosocial status of Iraqi refugees in Egypt using a qualitative method. More than 56% have experienced multiple

traumatic situations before immigration and the refugees themselves report major impacts on their health, mental health and socioeconomic demands. Besides, the study reported that the inadequacy of mental health services such as medical, psychiatric and psychological treatment services exacerbated their lives in the camps.

A study conducted by Tyszka (2011) aimed at the need to create the psychosocial needs of refugees from Burma, in relation to the requisite services and their delivery. The report emphasizes the significance of cultural competence, in association with identifying the services and service delivery, the use of an interpreter, and identifying mental health conditions in recently resettled refugees from Burma.

All the same, Doren's (2011) investigation on the psychosocial problems of refugees aimed at understanding and addressing the needs, utilizes information obtained in personal interviews of psychologists, social workers, and experts, supplemented by a review of the existing literature in the field. The findings conclude that existing methods for psychological diagnosis and psychotherapy often fail to meet the needs of refugees. Further, programs designed to aid the more social problems, such as consistent language or cultural-immersion courses, are scarce.

A deeper and more detailed study by Johnston (2011) on exploring the psychosocial needs of cross-border unaccompanied minors in Johannesburg refugee camps attests the indispensability of a structured, contextualized and exhaustive assessment in order to understand the specific needs of refugees prior to the installation of psychosocial service delivery intervention projects in refugee camps. The study was conducted using a qualitative research approach, aimed at uncovering the psychosocial needs of cross-border UAMs with the deployment of participatory action research and a visual methodology. The data was elicited via two participatory workshops,

followed by a series of group discussions and semi-structured interviews with service providers from various organizations, both non-governmental and governmental. The research identifies the following psychosocial needs: family, a care-giver, documentation, fitting-in with their South African peers, security, schooling, better life quality (economic and social advancement), counseling, and playing. It also reports that though the basic needs seem to be met (i.e., food, housing, and clothing), psychosocial needs - those needed for emotional well-being - are highly overlooked since service providers do not see them as much fundamental as basic needs are.

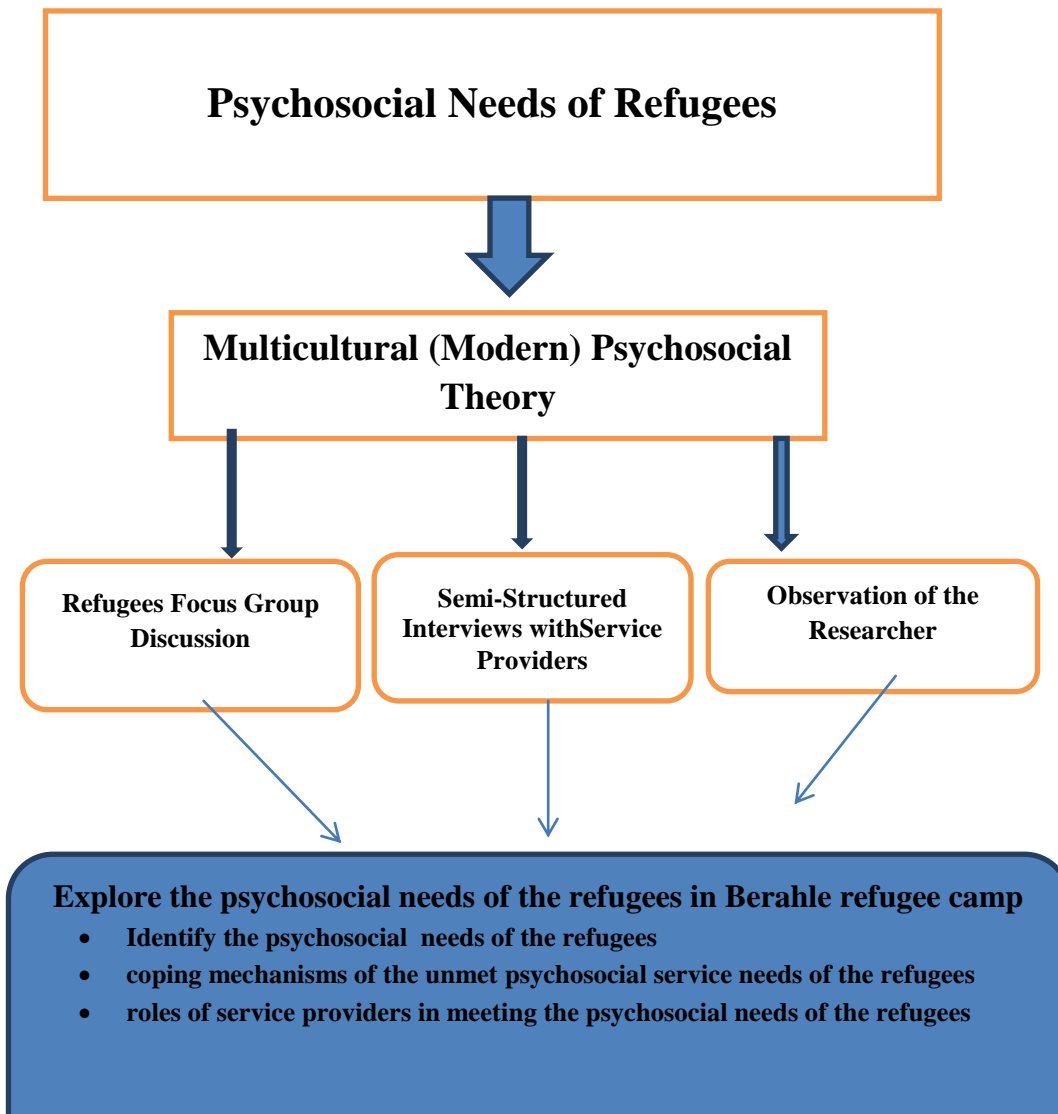
In the case of the refugees in Ethiopia, except the study by Schilperoord et al. (2008) which was conducted on evaluating the operational progress and implementing challenges of the *IASC guidelines of Mental Health and Psychosocial Support* since their integration into all the activities in 2007, and few institutional reports, no study of a kind has so far been documented. In view of the situation, the aforementioned report revealed an almost complete lack of formal system for psychosocial support. Even worse, the poor capacity and experience within the government, UN agencies and nongovernmental organizations (NGOs), is in direct contrast that belies the case reports on refugees in Shimelba, i.e., incidents of a lot of anxiety among these young men, whose family members are restricted from free movement, or facing high fines, and/or imprisoned because of the disappearance of either their children and/or close relatives. This all are indications of absence of awareness of the implications of psychosocial intervention projects altogether. Clearly thus, the need for a structured behavioral study that leads up to better understanding and uncovering of psychosocial service required by the refugees, catered for the specific needs of the mental health and psychosocial support service, MHPSS, package is readily vindicated.

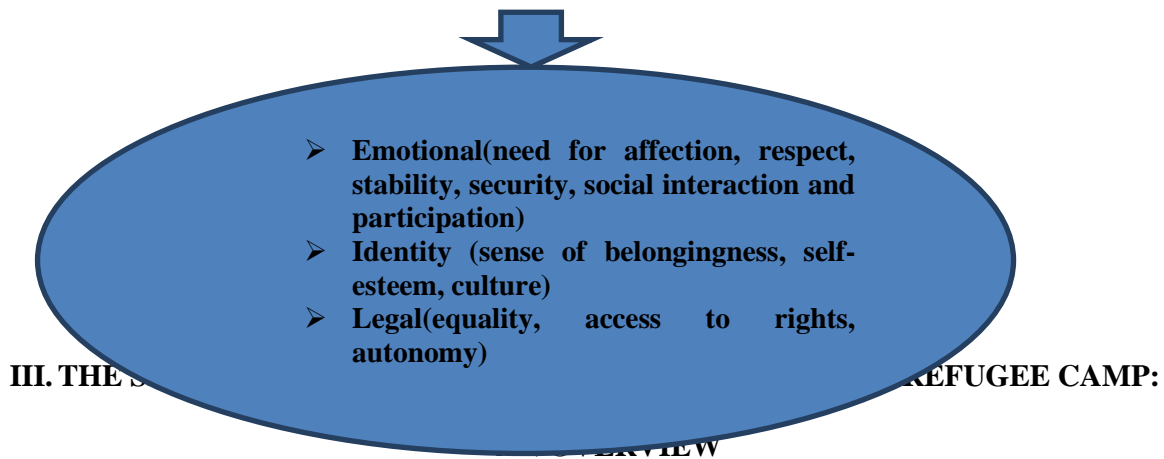
2.3. Conceptual Framework

At the broader level of conception, the conceptual framework of the present research draws on a couple of concepts: one, it draws on the article about the need theory by Tay and Diener (2011) which examined the association between the fulfillment of needs and subjective well-being (SWB), including life evaluation, positive feelings, and negative feelings. Even more so, the conceptual construct heavily builds on the fundamental principles of ‘modern’ approach to psychosocial theory that emphasizes the need for deploying a holistic, multicultural psychosocial theory in addressing the psychosocial needs of refugees.

Importantly, this conceptual framework is developed in the spirit of multicultural psychosocial approach that embraces such basic conceptual parameters as culture, religion, conceptualization of family (traditional and non-traditional family structures) as well as key environmental changes (Wessells and Monteiro, 2004a; Summerfield, 2001).

Framed against the foregoing ‘modern’ psychosocial theoretical conception, it explores the psychosocial needs of the refugees in Berhale refugee camp using three basic participatory methods, namely: focus group discussion (FGD) of selected refugees; semi-structured interviews with service providers; and researcher’s observation. The diagrammatic flow of the conceptual framework is presented as follows.





3.1.The Context

The encampment of Eritrean refugees in Ethiopia was initiated by the aftermath of the Eritrean border conflict sparked in May 1998 and ended up in war that lasted two years. In the event, the war spurred the fleeing of tens of thousands of Eritreans seeking safety and protection in neighbouring countries. Ethiopia¹ is one of these countries that have hosted a large number of Eritrean refugees. A compendious presentation of the information collated from secondary sources, discussions with elders of the host and the refugee communities as well as staffs on the main reasons for Eritrean refugees in general, and Eritrean-Afars in particular, for leaving their country include;

- Fleeing forced harsh compulsory conscription into the national service that targeted educated youth,
- Protracted economic stagnation and the introduction of food and non-food rationing,

¹ This is on account of its 'open-door-policy' towards receiving refugees and its membership status as a signatory to all United Nation (UN) and Organization of African Union (OAU) refugee conventions and protocols, as well as its National Refugee Legislation developed on the basis of the principles of these conventions and protocols to guide its operation in relation to refugees and its partners (ARRA, 2011).

- Restrictions of movement,
- Religious and ethnic persecution, ethnic evacuating and cleansing , and
- The desire to join family members who already crossed the border in to Ethiopia.

A country-of-origin (coc)based statistical report by UNHCR indicates that a total 147,190 Eritrean refugees have camped in Ethiopia as of August 31, 2015. The refugees constitute mainly of five ethnicities (Tigrigna, Kunama, Afar, Bilen and Saho). The figure comprises 20.21 percent of the 728,070 refugee and asylum seekers that entered the country, including those from Somalia (53 percent), South Sudan (20 percent), Sudan (7 percent), and other nationalities (1 percent). The majority of those refugees have been living in camps expecting a durable solution through repatriation, integration and resettlements².

The first camp to accommodate Eritrean refugees in mid-2000 was started with small number of people from Kunama ethnic group, originally established around a place called Waalanhibi in Tigray region north of Ethiopia, and relocated to Shimelba in June 2004 (ARRA, 2011). As it turns out now, there is an increased influx of Eritrean refugees at an estimated number of 800-1000 monthly new arrivals, crossing into Ethiopia through 16 entry points from which they are collected and brought to a reception station for screening and registration. Before leaving the reception centre, every refugee is issued with basic assistance items, including sleeping mats, blankets, jerry cans, water buckets, soap and mosquito nets. The refugees are thus provided with tents and food rations once they get to any one of the respective camps they get eventually sheltered in.

² As such, Ethiopia has no provisions

Currently there are four camps in Tigray region and two others in the Afar region in north-eastern Ethiopia where Eritrean refugees are sheltered. Berahle Refugee Camp is one.

3.2. Berahle Refugee Camp: A Profile

Berahle refugee camp, located in the North East of Afar Regional State, and 120 km South East of Mekelle (the capital city of Tigray region), bordering Eritrea 65 km in the north and Djibouti in the north east, was established in September 2006 to accommodate the overwhelming inflow of the Eritrean refugees, mainly of Eritrean Afars. Eritrean Afars are minority ethnic group mostly populating red sea shorelines near the Ethiopian border. According to elders of the host and refugee community the majority of these Afars come from Tio district of Eritrea. They have historically been crossing the border at times of economic or political strife and have been hosted by the local communities long before then, for which they were not of worth attention at the scale of government and concerned international agencies. All the more so, the Afari refugees had been reluctant for years to move in to the camp, preferring to be hosted in the local community to the effect of getting better tribal support. This is for three main reasons: *One*, since they are of same ethnicity, they could integrate simply in to the local community so that they maintain the life-style they are used to, i.e., nomadic, cattle-herding lifestyles, than to struggle to adapt to a life of refugee camp: *Two*, lack of transportation, inadequate infrastructure and health care in refugee camp: *Three*, the fact that the camp is found in a remote corner of the town which makes refugees think as if they are marginalized.

Following the Ethio-Eritrean war, hence the realization of a particularly large influx of Eritrean-Afars into Ethiopia, however, brought about the consideration of the need for the establishment of refugee camps to accommodate the delivery of an assistance and protection of this huge number of refugees. The camp is found in one of the most militarized areas near the border of Eritrea whereby the possible resurfacing of conflict in the area remains a threat

What's more, the fact that environmental vulnerability of the area has been felt since long, the concentration of large numbers of refugees has a worsening effect, resulting in negative spill-over impact on the environment in the areas surrounding the camps, with its manifest regular conflicts as refugees compete with the local population for very scarce natural resources.

IV. RESEARCH DESIGN AND METHODOLOGY

4.1. Methodological Issues

Documented researches have shown that refugees often experience a range of psychosocial problems. In view of such a contention, the focus of attention has been, more often than not, directed on identifying and assessing the psychosocial problems of the refugee cases. Yet again, research about the potential avenues for ameliorating these problems and their consequences by venturing on case-specific explorations of the respective needs is lacking. For all that psychosocial programs have eventually gained dominance at all levels of humanitarian assistance settings, many have been implemented without building on previous knowledge and experience. Such a state of affair in the implementation of the projects has been reflected in a distinct variability in the quality of the interventions, with only few moves in systematically evaluating the effectiveness of their designated outcomes. In effect, a list of factors has been at

play. Markedly, such factors as lack of resources of the implementing agencies, partners and staffs that involved time, finance and accessibility of scientific publications in the field as well as absence of awareness and skills to understand relevant guideline and document, practice experiences have had a bearing all along.

As a matter of practical necessity of the effectiveness of the psychosocial programs, there seems a growth in the body of literature geared towards assessing the psychosocial needs of refugee cases since recently. (Hom, 2009; Doren, 2011).

The disposition of this methodological framework is hence largely dictated by the inherent nature of the subject matter, which, thematically speaking is all about addressing subjective dimensions of human affairs in the domain of refugee ordeals, i.e., exploring the psychosocial needs of Eritrean refugees in the Berahle refugee camp, which essentially are culture-bound expressions of the individual refugees' experience of suffering.

4.1.1. Research Design

In view of the object of interest of this study, i.e., uncovering the psychosocial needs of the refugees in Berahle camp, a qualitative approach, framed against an exploratory research method is deployed. Importantly, this method is participatory in nature. Methodologically speaking, the term participation refers to people, groups or individuals that give information to a researcher in a manner that they find conducive, which enhances the amount of information given. As in Saha (2010), participatory action research (PAR), or simply participatory research, is defined as “motivation, discussion, decision-making, implementation, organize people to participate for certain common objectives and sharing the benefits”(p.2) in order to obtain more

reliable and viable data about the actual circumstances of the subjects. The underlying argument for deploying such participatory research methods is that participation in research is an empowerment tool for the participant and mutually beneficial for the researcher. In other words, “participation is all about ‘empowering’ the people to play an active role in the development process”(Saha, 2010:247).

Notably, participatory research provides a strong basis for understanding hence enabling policy makers and academics to study marginalized and vulnerable groups as in the case of refugees highly prone to psychosocial and mental health problems, which would not easily render themselves to traditional, positivist research methods. In such instances, participation is mutually beneficial, or it is meant to be mutually beneficial to the vulnerable as well as the policy makers, researchers and/or academics (Ingleby, 2005; Young and Barrett, 2001).

In view of the foregoing framework, and drawing on the studies by Tyszka(2011), Johnston(2011), and Doren, (2011), the data solicited for this study is qualitative in nature, which deployed qualitative approaches and research tools. The most compelling argument to conduct a qualitative approach for this study was that qualitative data encompasses an individual’s perceptions and thoughts when studying refugees (Clacherty, 2003; Miller and Rasco, 2004). Similarly, Strauss and Corbin (1990) also point out that qualitative research incorporates factors that are difficult to convey when dealing with quantitative methods, particularly such factors as emotional distress and/or background of the subjects. Equally important, the basic purpose of exploratory research remains consistent with studies that are prompted by lack of well researched and documented body of prior knowledge as in the case at hand, which is intertwined with the need for a clear and precise statement of the recognized

problem” (Al Obadi and Atallah, 2009). With these in mind, the process of developing the tools is handled as in the ensuing discussion.

4.1.2. Development of Tools

An initial discussion and interview topic guide was generated by the researcher and was informed by other tools for assessing psychosocial needs of refugees (Harris & Maxwell, 2000; Weiss, 1997, Barton & Mutiti 1998). The topic guide was aimed to seek respondents’ views in the following areas: the psychosocial needs of the refugees; the indigenous coping strategies and mechanisms of unmet psychosocial need by the refugees; and the role of the service providers and recommendations about meeting the psychosocial needs of the target population (Annex).

To this effect, and in so far as, once again, this is a qualitative research and its method is participatory, it has employed three major data gathering instruments, namely, Focus Group Discussion (FGD), semi-structured Interview and researcher observation methods of data collection, configured along the major categories of the target respondents.

Focus group interview –

According to Escalada and Heong (2006), focus group discussion (FGD) is a data collection method used in exploratory research to make a rapid assessment in which a purposively selected set of participants are gathered to discuss issues and concerns based on a list of key themes drawn up by the researcher. Focus groups are small groups of six to ten participants plus one “moderator” brought together to discuss an issue or issues of interest to the researcher.

Against the foregoing, this research project used FGD whereby a discussion guide with a list of questions were developed and applied in collecting data from the refugee discussions to uncover

their feelings and emotions, particularly related with investigating their psychosocial needs aimed at and focused on soliciting data on the psychosocial needs of the refugees as well as coping mechanisms of the unmet needs.

Semi-structured Interview-

In order to identify the roles of service in meeting the psychosocial needs of the refugees by gathering qualitative data from the service providers, social workers and community leaders, an open-ended-semi-structured interview was conducted. The goal is to investigate the guiding questions of the research with each participant by asking questions of them in a sideway manner-one that would encourage the interviewee to speak freely about their perspectives on the relevant topic (Annelisa, 2014).

Researcher Observation-

All along, and owing to the active involvement and personal experience of the researcher in the day-to-day life of the refugees, the staffs of the service provider partners and agencies, as well as the overall pattern of the mental health and psychosocial service delivery projects, my observation was used as an equally important technique of the data collection approaches aforementioned.

Noteworthy is that, as an active staff of the International Committee of the Red Cross (ICRC), working in the capacity of field officer, I have generally been close to refugees, in specifically so to Eritrean refugee in Afar and Tigray regions of Ethiopia for more than ten (10) years now, which bestowed me with developing an intimate refugee friends of both genders from all the ethnicities. Also, ICRC have been actively involved in outside-of-refugee-camp tasksof

providing humanitarian assistances, including such needs as repatriation of refugees to their country, assisting host communities, exchange red cross messages between refugees and their families wherever they are, which are exclusively handled by the ICRC. And, I have been directly involved in facilitating most of these tasks, as a result of which I have had the opportunity to have direct contact with refugee camp service provider agencies.

The resultant of my long established and active involvement in and with refugees has therefore endowed me with enriched firsthand experiences of refugee psychosocial situations, emotions, their environment as well as the way they cope up with host communities along with the positive and negative impacts of the refugee camps in those areas. Further, I had both formal and informal incidents to participate in discussions with the stakeholders related to the services provided in Eritrean refugee camps in Ethiopia during which I have managed to even reflect on possible ways for improvements of the services.

It is against such accrued benefits of my observation of the daily experiences of life in the refugee camp for quite a while now that justified my active involvement at every step of my research project, thereby serving as the prime instrument of data gathering tool as well as tool of analysis all along.

Review of Documents and Websites-

In addition to the above instruments, analysis and review of available literature, documents and websites was used in order to gather secondary data refugees in general, and review of program documents and articles on Eritrean refugee population, particularly Berahlerefugees. These

documents hence provided the researcher with statistical data and basic background information on the overall situation of the refugees and humanitarian assistance programs of various organizations. UNHCR's latest data was used for profiling of the refugees. Websites of the UNHCR and documents from ARRA were extensively used with providing less time-consuming access to information

4.1.3. Target Population

This study targeted the refugee population in Berahle refugee camp, which involves the Eritrean-Afar refugees, service provider agencies, professional and community social workers, and community leaders.

The Eritrean-Afar people in the camp are comprised of five tribes, namely, Adarmo, Dahinena, Damkoita, Markul, and Yanal. According to UNHCR Ethiopia-FACTSHEET (2015) report on the total refugees and asylum seeker population by campsite, the total number of the refugees at Berhale refugee camp as of August 31, 2015 has reached 9,011, which is about 6.1 percent of the total Eritrean refugees.

With these figures in mind, a couple of points as rationales for selecting Berahle refugee camp are worth mentioning the while. First and foremost important is the intra-ethnic diversity of its tribal composition within the apparent homogeneity of a unit ethnic group-Afar. This provides an additional opportunity to enrich the exploratory navigation in view of the inter- and intra-ethnic cultural uniqueness parameters therewith. Secondly, given that the researcher is a staff of ICRC currently involved in the refugee camp in the capacity of field officer, the accrued benefits of selecting the study area in terms of resources that bear immediate implications to the

study (financial, time, information acquisition, and first hand observation of the daily experiences of life in the refugee camp) are immense. Against the foregoing justification of selecting the target refugee population, the development process of the procedure and administering of the tools aforementioned throughout this research program is presented briefly in the following section.

4.1.4. The Procedure and administration of the tools

Following the winding up of my preparatory activities in terms of getting harnessed with the necessary resources, including the recruitment and formation of 3 paid professionals as members of data collecting team (DCT) for my field work for quite some time, my four month fieldwork (which run between August 05, 2015 – November 15, 2015) started with meeting ARRA representative in Berhale who is responsible for Berhale refugee camp, to whom I showed my school identification card and modules of project works and explained to all about my research project. And, he expressed his strong interest as well as his readiness to provide me with all the required support to my research. As a result I appeared at the monthly intelligence meeting of all agencies and organizations working in the camp. I used the opportunity to explain the research in detail (which most already know it informally and I get their consent) that they all understand and accept my invitation.

After subsequent discussions and revisions of the instruments (FGD and SSI), an official information sheet along with consent form was sent to target groups with the mediation and coordination of ARRA. Eventually, six (6) agencies and representatives, two of which were international ones, endorsed to take part in the research work. Having received the information sheet and relevant docs from ARRA, representatives of all agencies in turn arranged my contact

with their respective social worker, refugee central committee, and community based organization (CBO), leaders and refugee volunteer social workers (RVSW) whereby I was able to set schedules with respective agencies and refugee communities to deliberate on my research work and verify their questions.

After ensuring a mutual understanding on the intent of my project is attained and a consensus on the volition to fully cooperate for the successful completion of the project is reached with all target groups, a place for all FGD and SSI is fixed to be inside the refugee camp. This is so because: first, such number of sampled refugee is not allowed outside the camp. Second, it enabled me to use the RVSW as facilitators of my project, which are easily accessible and available anytime for they are members of the refugee community. Third, the fact that there were people who were willing to share their emotions and feeling with their people while others are not, owing to differences in their ethnic and nationality background³, it would make the participants feel at ease and secure. Fourth, it reduces unnecessary logistics.

Noteworthy is that UNHCR, recognizing the importance and implication of my research work, was fully supportive for successful completion of it, and even made a promise to provide reward for participants of the FGD at the end of all sessions. While ARRA undertook the necessary transportation and venues all along, refreshment expenses during FGD was covered from researcher pocket.

Last but not least, the target population at large is comprised of Amharic, Tigrigna, Afari, and English language speaking constituents. Putting this into consideration, the DCT which was a composition of 3 paid professionals and 7 RVSW members was recruited and screened to handle

³The paid professionals of data collecting team were Ethiopian nationals.

such barriers throughout the research work, including such tasks as preparing the necessary documents, moderating sessions, collecting data as well as translating field notes all along.

4.1.5. Participant selection techniques

Focus Group Discussion participants

The Berahle refugee camp is basically reserved to host the Eritrean-Afari people. Though the population is of the same ethnic lineage, it is a composition of five tribal groups, namely, *Adarmo, Dahinena, Damkoita, Markul, and Yanal*. With this in mind, the process of selecting participants is basically facilitated by the RVSWS who already have experiences in gathering information of refugees individually or in groups, disseminate important information back to refugees, well accepted and respected in the refugee community, and are of the same gender and ethnicity as the participants.

RVSWS are able to select appropriate participants to the FGD in consultation with ARRA, service provider agencies, CBOs and refugee communities in the camp. Accordingly, purposive sampling technique, based on good knowledge and judgment of RVSWS was deployed to form the FGs and conduct the FGD.

In effect, a total of 32 participants over four(4) FGs, i.e., two age-wise categories (youth and adults) and two gender-based FGs (women and men) across the five tribes, each FGD constituting eight(8) individuals were selected. Demographic and cultural elements are the basic factors at play for making an age –and gender- based FGs formation and composition. Looking at the demographics, the youth and adults comprise about 90 percent of the refugee population, while children and elders make up only 7 percent, which are insignificant in terms of

invalidating the objective of the research project, whilst at the same time having a cost minimizing effect. Regarding the gender based FGs formation, it is based on the generally accepted understanding that people talk openly and less argumentatively when in groups of relatively similar people. This is particularly true when the subject being discussed is sensitive. Even more so, Afari tradition and culture forbids men and women to sit and chat together in groups in public.

Now that all the necessary arrangements to come up with the required data are all in order, a total of twenty (20) FGD sessions each lasting 60 minutes over four (4) of the FGs, was conducted. In order to delve more into the subject matter by making participants project their feelings and emotions in an even more unstructured environment, a series of informal group discussions in the refugee living shelters, units and blocks and as well as within family members were conducted.

At the end of each sessions and workshops, the RVSWS handed over their field notes regarding the responses and reaction of participants in written form which include their personal observation of participants' non-verbal gestures and expressions. And, the three (3) paid staff translated the written responses and findings of focus group discussions into English for analysis.

Semi-Structured Interviews

Once again, the SSI was basically aimed at garnering information on the role of the service providers in meeting the psychosocial needs of the refugees. In a way, the selection of participants was made from the relevant personnel of the service providing agencies involved in the camp. Given that almost all the agencies working in the camp both on temporary and

permanent basis expressed their interests to participate in this research, those agencies that have direct relevance with the delivery of the psychosocial services are selected. Such an approach was also dictated by resource constraint.

Accordingly, only six (6)⁴ different service provider agencies have been selected, from each of which three (3) participants, i.e., one social worker, one head and one program coordinator, were selected. Thus, a total of eighteen (18) individuals participated in the semi-structured interviews, whereby open ended questions were set with an objective of allowing participants bring forth relevant information on the subject matter and new questions/issues projected by the participants were answered, entertained and incorporated.

4.1.6. Ethical Consideration

Clearly, this study touches on certain issues that would be considered by the participants as sensitive and private. In the interest of ethical necessity, individual participants were hence assured that whatever information they provide for the purposes of this research would be treated with the greatest respect, privacy and utmost secrecy. In this accord, the participants' consent was first sought, the subjects provided with the right information about the purpose of the study as well as the benefits to them and their community was briefed as an introductory part both verbally and in written form. In accordance with the ethics approval granted for this research, all participants were asked to read the information sheet concerning this study and hence complete a consent form if they were willing to take part in the study.

⁴ African Humanitarian Action (AHA), Administration for Refugee and Returnee Affairs (ARRA), Goal Ethiopia, International Rescue Committee (IRC), Target Human Right Organization and United Nations Higher Commissioner for Refugees Ethiopia (UNHCR)

4.1.7. Data Analysis Method

Given that qualitative data are largely textual, they don't render themselves to statistical procedures of analysis. In this vein, a qualitative analysis, using thematic identification method of coding procedures of the discussion and interview results using an Interpretative Phenomenological Analysis (IPA) method was disposed of for use for this study.

IPA is informed by three key positions: phenomenology, hermeneutics, and idiography (Smith, Flowers, & Larkin, 2013). Phenomenology describes the "what" and "how" of individuals' experienced phenomena, develops descriptions of the essences of experiences, but does not explain or analyze descriptions (Creswell, 2013). Hermeneutics is a theory of interpretation concerning textual meaning, as in the techniques used in speaking and writing that divulge the intentions and context of the speaker/writer (Smith et al., 2013). Finally, idiography relates to details and thorough analysis of small cases, which differs from mainstream psychological studies that are nomothetic in nature (Smith et al., 2013). Importantly, research questions in IPA projects are usually framed broadly and openly. There is no attempt to test a predetermined hypothesis of the researcher; rather, the aim is to explore, flexibly and in detail, an area of concern.

Against the foregoing, participants were invited to read the transcripts of the interview notes to check for representation as a form of validation, however no feedback was received. An initial template was generated by the researcher. The data was independently coded by the researcher and DCT using the initial template and crosschecked to enhance reliability. Inconsistencies were discussed and the template was revised. A final thematic analysis of the data was then formulated.

The following section provides findings and discussion on details of the results of the basic research elements including, presentation, analysis and interpretation of the data. Here is how.

4.2. Results and Discussion

Once again, this section is relegated for the presentation, analysis and interpretative discussion of the data collected from secondary sources including those published and unpublished documents by ARRA, PCDP, UNHCR Refugee Statistical reports and country fact sheets, focus group participants, responses from participants of 6 service-provider agencies and informal discussions results with community leaders. The task of analyzing and interpretation of the data is handled systematically in view of answering the basic guiding questions of this research already established at the outset. Noteworthy is that the quantitative data consulted from secondary sources is meant to complement the qualitative information collected from primary sources.

Against the foregoing, the following section presents a brief description of demographics of participant/respondent groups.

4.2.1. Results: Demographics of Respondents

The following tables present the summarized presentation of the descriptive statistics which were run using SPSS to get frequency tables from the quantitative data on basic demographics of the respondents that participated in four of the focus group discussions and SSI with the service provider agencies currently active in the refugee camp.

Table 1. FGD Respondents' Distribution in Age, Educational Background and Marital Status

Respondent	Age			Educational Background				Marital Status			
	Group	Frequency	%	Frequency	Literate (%)	Frequency	Illiterate (%)	Frequency	Single (%)	Frequency	Married (%)
Girls	9-12	2	25	5	62.5	3	37.5	6	75	2	25
	13-16	5	62.5								
	17-18	1	12.5								
Boys	9-12	1	12.5	7	87.5	1	12.5	5	62.5	3	37.5
	13-16	6	75								
	17-18	1	12.5								
Women	9-12	2	25	1	12.5	7	87.5	none	0	8	100
	13-16	5	62.5								
	17-18	1	12.5								
Men	9-12	3	37.5	2	25	6	75	none	0	8	100
	13-16	4	50								
	17-18	1	12.5								

According to Table 1, a look at the age-wise distribution of the youth respondents (ages from 9-18) from both genders reveals that boys with the age category of 13-16 tend to have dominated at 75 percent followed by girls of the same age category at 62.5 percent and at 25 percent of the total girls from 9-12 years of age category among themselves. Regarding the educational background and marital status of the youth respondents, while 87.5 percent of boys and 62.5 percent of girls are literate, only 25 percent of girls and 37.5 percent of boys are reported to be married.

On a similar note, the statistical information on age distribution of adult respondent groups (ages 19-45) of both genders shows women with age brackets of 28-37 and 19-27 assume 62.5 percent and 25 percent respectively while men with age brackets of 28-37 and 19-27 constitute 50 percent and 37.5 percent respectively among themselves. With 87.5 percent of women

respondents and 75 percent men, the educational background of both adult groups shows that majority of them are illiterate.

Table 2 below also provides composition of participant organization and individual participant’s capacity in respective organization is presented. Out of the 18 participants, only three are from a government institution, namely ARRA while the remaining represents non-governmental organizations. A look at gender wise frequency of the participants also reveals that there were only 16.7 % female participants in the SSI.

Table 2. Semi Structured Interview Participant Composition of Service Providers

No.	Organization	Who participated	Number of Participants	Gov/Non	Gender
1	AHA	<ul style="list-style-type: none"> • Head of the base • Head of operations department • Social worker 	3	Non - governmental	1 female; 2 male
2	ARRA	“	“	Governmental	3 male
3	GOAL	“	“	Non - governmental	3 male
4	IRC	“	“	Non - governmental	3 male
5	Target Human Right	“	“	Non - governmental	2 female; 1 male
6	UNHCR	“	“	Non - governmental	3 male

Noteworthy of the results of the information we had with regard to the response rate of our participants to the list of discussion questions is that it was very high at 94.525 percent and 100 percent rate in both the Focus Group and SSI participants.

4.2.2. Findings: Focus Group Discussion

Corroborated with the discreet review of the literature on those needs that affect the emotional well being refugees, coding and of major themes that bear psychosocial needs of refugees that emerged from the information solicited during the focus group discussions, as well as analysis of the data was made. The main thrust was to construct the categories that constitute and were identified as operational definitions of the psychosocial themes which are the underlying variables of this analysis, namely, emotional, identity and legal needs of the refugees. The analysis and findings of the three themes and sub-themes aimed at pinpointing and uncovering the psychosocial needs of the refugees are outlined as follows.

4.2.2.1. The Journey

The psychosocial and mental health problems identified by the respondents were the outcomes of a complex experiences starting from those ones that have been faced over the course of escaping the terrible conditions of their home country. In this vein, respondents were asked to discuss and explain the experiences their journeys orally and/or via drawing. All the respondents across four of the FGs preferred to express experiences orally in which they started with narration of the time elapsed till their final landing in reception center of the host country, which ranged from a

minimum of 8 hours to two weeks of footslogging. For majority of the youth FG, the journey and escape was arranged by their parents and relatives. However, significant number of adult FG respondents mentioned that it was not only the footslogging and at times the mishaps that they considered as much difficult. Worse was unbearable feeling of fear of exposure and report to the government by members of the community about the course of planning and preparation of escape that ranged from six months to two years which was reportedly identified as the worst ordeal. Extract one and two are typical of the comments that the respondents made.

Extract 1.

“From preparation to crossing the border and getting into the reception center(Adokuwa police station), it took me six months...and I was suspecting everyone that they might know my plan of escaping and report to government officials...this was terrible.”

Extract 2.

“I and my husband planned and prepared for almost a year to get people who know the border area for not mistaking it with the highly militarized frontier due to which many people get caught and suffered and killed by Eritrean border soldiers...”

Having had a good deal of deliberations with all the FGs on the experiences during the course of their escape, the discussion moved on to floating the reasons for the dislocation. In this regard, respondents declared were asked to explain the reasons for their escape. While few youth respondents from both the girls and boys FGs mentioned that they wanted to join their elder sisters and brothers in Ethiopia, majority of them reported the reason for fleeing to be that of avoiding unlimited national service. Two comments under extract three are taken from 17 year old girl and 16 year old boy as a typical demonstrations of the youth respondents.

Extract 3.

“fear of national service which these days is of no limit...four of my sisters and brothers are already lost...in this national service that we never heard of them ever sincethat mom is sick of it.”

“to avoid the compulsory national service which was originally...for 18 months...and extended indefinitely after 2002 Ethio-Eritrea conflict”

There were also responses related with economic insecurity and ethnic discrimination factors declared by respondents.

Extract 4

“ nohope..no income generating engagement...no land”;

“ the discrimination and political and economic insecurity with my community.”

In addition to the above shared factors, the comments of women and men adult FGs on the reasons for their escape provide with joining member(s) of a family, fear of loss and/or actual loss-of-sibling and/or spouse related triggering factor. This is particularly pronounced by 7 of the 8 members of the women FG. Typical of these deliberations is presented in Extract five below.

Extract 5.

“My beloved and only daughter is reaching the age...for the national service which I will never see her for indefinite time... may be never again. Therefore I and my daughter escaped...the national service”

“all three of my sons have already left their country and are in Ethiopia as refugees...therefore I wanted to join my children”

“I just followed my elder and only son whom after my husband’s death was supporting the family who was imprisoned several times...warned not to participate in any social gatherings even religious rituals”

“ after the disappearance my husband who was key elder of my community five years ago, I never slept well...expecting my husband to come back home one day...”

On top of these drivers which are shared by 2 of the respondents, comments from adult men FGs tend to relate their reason of escape with religious and ethnic as well as cultural persecution, suppression, imprisonment and discrimination. Here are a couple of extracts that represent their comments.

Extract 6.

“ I am an elder and a clan leader of my community...I have been imprisoned several times for exercising the clan system...I was warned for life if I put myself in any of the clan practices...and decided to escape”

“the political, social and economic insecurity and discrimination of my community which leaves no room for hope of Afari people while the current Tigriyan governor exists”

Discussion Analysis

Overall, refugees’ predisposition to mental conditions and disorders largely results from exposure to environmental crises, both natural and manmade, such as war, state-sponsored violence, political oppression, and natural disasters, as well as the loss of family members, forced migration, and resettlement (Chang, 2015). It thus tends to be evident that such pre-migration factors as ongoing political and religious persecution and the unlimited time for national service, coupled with the incessant fear due to dislocation ordeal of respondents’ during the course of escape have induced vulnerability to psychosocial distress and mental

health problems, creating unmet psychosocial needs upon arrival of host country. This can be traced to the importance of its implication on the main themes highlighted as *need for affection and security needs* (emotional) and sense of *belongingness and self respect* factored out in terms of loss of loved ones and aspects of earlier home life (identity needs).

4.2.2.2. Psychosocial Difficulties of Refugees

Respondents were triggered with the next discussion topic and asked about the challenges and problems they have faced up on their arrival and beginning a refugee life, with a particular direction of emphasis on the psychosocial difficulties of the refugees' camp life. They highlighted a host of challenges ranging from those related with insufficiency of the basic needs such as the amount of monthly ration and inadequacy of the tents, and absence of the components of traditional staple foods to problems that are more closely related to the social world such as difficulties linguistic and cultural barriers specially with the service providers, as well as an elongated state of uncertainty of wondering whether or not they will be granted refugee status. These difficulties have been shared by almost every member of the FGs reflected in their edginess when asked narrate about the situation they live in as in most of the youth respondents comment gave extract seven taken from 17 year old girl during the discussion.

Extract 7.

“My expectation and what actually is totally different which causes distrust and unease on me”

Similarly, another respondent from the same FGs forwarded extract eight about their general state of living.

Extract 8.

“...we were first most welcome by the Ethiopian Afari community that we never faced any problem. However, in the refugee camp there are plenty of problems which challenge your life ...the main problem in the refugee camp is the inconsideration of Afari way of life, tradition and culture”

Typical of a similar highlight from a boy respondent also gives a comment as in extract nine.

Extract 9.

“...we expected to be engaged in any income generating activity –either supported by our clan or any other body- and lead peaceful out-of camp-life.....there is no hope or talking about our future except providing us with daily bread”

As in the comments from adult respondent FG, Extracts from both categories are presented as follows.

Extract 10.

“ ...the living tent is not enough for a big family. The fact that we are not able to support our family to get additional food and other basic items than just waiting the monthly insufficient ration...and many of the service providers are of another religion, language and culture that we do not feel comfortable to share our problems and get solution”(women respondents)

Extract 11.

“..we are not even able to run our clan system and guide refugees based on that since all refugees here are Eritrean-Afari....we do not know how protected we are because we have big tension that if our government does something bad to Ethiopia something terrible will happen”(men respondents)

Accounts of respondents on difficulties related with getting refugee status also indicated that tediousness of the registration and interview process to get the status has contributed to a distress and alluded to significant psychological disorder due the sense of being a prisoner. This was particularly evident in comments provided by extract twelve from adult FG of men members.

Extract 12.

“...I waited in the reception centre/police station for six months and was suffering from living in the police station as a prisoner with no verdicts...was terrified of getting the status...since I was member of an EPLF, I had to conduct many interviews and security related issues”

Even after the respondents have managed to get the refugee status, they reported that life afterwards is beset by a new wave of problems with the new status of ‘refugee’. Notable extracts from comments during the discussion tend to reflect on this.

Extract 13.

“ I feel like I am imprisoned and unhappy...I become aggressive with myself and with others”

“ ...I feel like I do not belong to anyone and feel loneliness”

“...For me refugee means a prisoner...you do what you are told to do...”I do not feel comfortable”

Moving on to the question on the overall perception respondents about the services rendered by service providers, all respondents were unequivocal about the inadequacy and inefficiency all services ranging from the basic needs(food and shelter) to health services of

all sorts, including mental health facilities. This was corroborated with the responses obtained from the SSI discussions with service provider member groups

Extract 14.

“Not all refugee needs are adequately addressed...there is insufficiency of ... assistance.”(Interview 6)

Having had learned and developed a vivid picture of camp life of the refugee during several of the discussion sessions with focus group members and the reports thereof, I started to wonder on how they manage to deal with such a state of affairs and initiated a discussion point on their coping mechanisms. Respondents identified a range of factors that contributed to positive coping. These included personal and social factors, accessing community resources and indigenous coping strategies. Notable description by respondents particularly from youth FGs about means of coping involved such activities as studying hard, engaging in different sport activities and making errands to do some retailing. Extract fifteen below illustrates reported means by respondents.

Extract 15.

“I try to focus on my school and forget what is missed here....I study hard to support myself and my community instead of folding my arms and complain”

“I keep myself busy with making mats and make some money to support myself “

Most of members of the adult FGs however have referred to engagements in several clan discussions on solving their problems including prayers as typical coping means of their

situations. Respondents also expressed the frustrations of their attempts to communicate their problems with the social providers.

Equally concerning departure from the positive coping factors embraced by respondents as helpful coping means was also the cases whereby a couple of members from a youth boy and adult men FGs reflected to have started chewing 'chat' (local stimulant) as a means of coping their problems. Extract sixteen demonstrates their comment.

Extract 16.

"...I chew 'chat' and try not to think the problems..."

"Spend the time chewing chat, hiding myself than struggling to get used to refugee life"

Other effective means of coping were accessing education, learning the local language and finding out about the local facilities and culture. No reference however was made to accessing health services for support with psychosocial problems.

Discussion Analysis

Notably, and as a result of their structure, the conditions of camps, in and of themselves, often promote new obstacles to psychosocial wellbeing of the refugees, as their freedom is greatly compromised in such living situations. As it turns out, the process of getting a refugee status, adjusting to life into a refugee camp and host community context and loss were felt to contribute to psychological distress upon arrival. For some, a camp may provide a safe haven in which to live and may be the first step in escaping terrible conditions in their

home country, therefore escaping a traumatic, psychologically damaging experience (Adams, et al. 2004). Yet, others describe living situations in their camps as confining, putting restrictions on their lives and habits. Because many camps work specifically to integrate refugees into society by distancing them from their old culture and ways of life, these camps actively reinforce powerlessness and dependency of refugees through conditions relating to “possessions, status, space, time, mobility, and regulations” (Mortland, 1987, p. 375).

All the same, the data from the focus group discussion clearly demonstrates that the situation of Eritrean-Afari refugees over the cycle of reception, processing for refugee status and overall living condition in a camp context are attended by plethora of social and practical problems. Of particular relevance to the object of interest which is psychosocial challenges faced by the refugees, a recurrence of important themes have been highlighted and taken up during the discussion.

Drawing on the relevant themes and subthemes, gaps of psychosocial needs of the Eritrean-Afari refugees in Berahle Refugee Camp related with the major stages the cycle, i.e., refugee status procession and camp life are identified. The most common problems associated with the process for refugee status were the uncertainty of the outcome and the duration that people had to wait. This resulted in a psychosocial distress reflected by lot of anxiety, worry and preoccupation with the case, stressing the impact of the insecurities relating to whether one has a permit of refugee status at all on psychosocial wellbeing, making it clear that this association between living situation and legal status is important to

note whereby the associated legal status serving as a significant predictor of the psychosocial problem faced by the respondents.

In as much as resettlement into third countries provides unparalleled hope and opportunity to many, hardships and significant losses during pre- and post-migration has also put refugees at increased risk for psychosocial disorders. In this regard, such important recurring thematic instances commented by respondents about their new life as a refugee involve: *“ I feel like I am imprisoned and unhappy...I become aggressive with myself and with others” “ ...I feel like I do not belong to anyone and feel loneliness” “...For me refugee means a prisoner...you do what you are told to do...” “I do not feel comfortable”*.

Overall, the analysis of the discussion with four of the focus groups has resulted in consolidating seven psychosocial needs subsumed under three of the major analysis variables of this study: Emotional needs (**for respect, security, social interaction and participation**); Identity needs (**for sense of belongingness and cultural recognition**); Legal needs (**for access to rights and autonomy**).

4.2.3.

4.2.4. Findings: Semi-Structured Interview

By way of corroborating and substantiating our analysis of exploring the psychosocial needs of the refugees in Berahle refugee camp, data from the service providers was compiled via semi-structured interviews and group discussions. Service providers were asked ten questions, but

encouraged to deliberate on any relevant issues and/or additional information they think is valuable to the main theme of our study, namely the role of service providers in meeting psychosocial needs of the refugees.

SSI Discussion Analysis

The reports from the interview basically indicate that all of the service providers are focused on providing their respective mandated services, majority of which are tailored towards the provision of three major service needs: services for security and protection; service for ontological needs; and service for durable solution (resettlement). Importantly, all respondents commented the inadequacy and/or absence of requisite services to refugees. No mention and/or allusion to structured psychosocial service provision was reported by any one of the respondents.

When asked to reflect on the challenges they faced in delivering their respective mandated service, they reported trust and acceptance by the Afari refugees as main challenges. Also, lack of donor agencies particularly oriented towards delivering psychosocial needs was mentioned as a challenging factor.

To wrap up, this chapter has managed to identify the main psychosocial needs of the Eritrean-Afari refugees in Berahle Refugee Camp, thereby presenting seven needs that are still pervasive as unmet gaps between the actual needs of the refugees and the services providers.

V. CONCLUSIVE REMARKS

In almost every refugee incidence worldwide, many of the refugees arrive in the host countries with particular physical and mental health conditions demanding well-structured treatment needs. One in six refugees has a physical health problem and two-thirds experience anxiety and depression, basically pertaining mental and psychosocial disorders. Exposure to violence or disaster, loss of, or separation from family members and friends, deterioration in living conditions and lack of access to services can all have immediate, as well as long-term impact on the balance, development and fulfillment of the social and emotional wellbeing of refugee children, families and communities. Such disorders have necessitated the integration of mental health and psychosocial supports into the interventions related to sections for community services, protection and health as practical tools in emergencies and ongoing operations. The Eritrean refugees in Berhale refugee camps, having endured devastating effects of pre-migration traumatic events and post-migration experiences due to persecution, killings, violations of rights, war and forced conscription into armies, have been exposed to varying degree of anxiety and depression. Apparently, there have been rigorous humanitarian assistance service delivery efforts well underway. Hallmarked by emergency preparedness and response mechanisms, the programs tend to have focused on the provision of such basic needs as safe water, food, shelter and health services as well as education, protection and safety services.

However, there are mushrooming concerns about the provision of health facilities in general and mental health services in particular in the shortlist of critical needs by the refugees. Foremost concerns about addressing the needs of mental health and wellbeing dimensions of the refugees

related with psychosocial support have been surfacing to have received mundane attentions that are not fully met in this regard.

Aimed at exploring and understanding the psychosocial needs of the refugees in Ethiopia, focused on the Eritrean-Afari refugees in Berahle refugee camp, the study managed to answer three of its research questions using a qualitative approach, framed against an exploratory research method is deployed. The data solicited for this study was qualitative in nature, which deployed qualitative approaches and research tools, namely, Focus Group Discussion with refugee, Semi-Structured Interview with service providers and Researcher's observation as well as review of secondary documents.

Using Interpretative Phenomenological Analysis (IPA) method of thematic identification approach for its coding procedures of the discussion and interview results, this study has identified and consolidated seven important unmet psychosocial needs of the refugees, which are still pervasive gaps between the actual needs of the refugees and the service rendered by the service provider agencies. These are Emotional needs (**for respect, security, social interaction and participation**); Identity needs (**for sense of belongingness and cultural recognition**); Legal needs (**for access to rights and autonomy**).

As such, hardly any structured psychosocial intervention is currently available. Nor does a well-researched and need assessment of a sort specifically targeted at identifying the psychosocial needs of the refugees exist so far. This study will hence be a useful start in terms of steer clearing

the prevailing awareness problem about the urgency of the need to promote a structured and comprehensive researched intervention. Important still, the findings will inform the subsequent assessment and intervention efforts to improve the psychosocial needs for the refugees. All the same, the data gathered can also be used in a broader study focusing on other refugee camps of the country.

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ANNEXES

ANNEX ONE

Consent Form Participants of Focus Group Discussion

Title of Study: Exploring the Psychosocial Needs of Eritrean Refugees in Ethiopia-The Case of Berhale Refugee Camp
Researcher: SenaitMelaku
Phone Number: +251 922 111941/+251 962 574451
Email Address: tommered@gmail.com
Purpose: Prepared for Partial fulfillment of Masters Thesis in Social Work at Indra Gandhi Open University (IGNOU)

Introduction

Hello,

My name is SenaitMelaku. I am conducting a research project for my Masters Thesis at IGNOU. The object of interest of my study is to explore the psychosocial needs of Eritrean refugees in Ethiopia, with an emphasis on identifying their psychosocial needs and how these needs are being met by the refugees in Berhale Refugee Camp.

Your participation is completely voluntary and you are under no obligation to take part in this research. You are free not to participate in any of the discussion sessions that you do not like partially or totally and you may withdraw from this project any moment you like to. It will not affect you in any way. The information that will be collected is solely for this research use. I will write your information as it is, partially or none. However, no personal details of whatsoever sort that may make your identity disclosed will be included. There is no right or wrong answers; I am just interested in your ideas and views. `

NOTE:

Please read-for those who could not- the following to the participants of the focus group discussion for their knowledge and consent to take part in the study.

Why am I inviting you?

Based on your involvements of/in this refugee camp and the fact that you are the direct concern of this research project, I would like to invite you to take part in my study. Your participation will help me understand and learn more about how you Eritrean refugees in Ethiopia and in particular Afar-Eritrean refugees in Berhale refugee camp meet your *emotional identity* and *legal* needs? Are you meeting these needs with positive or negative actions? Moreover, I will hear more about threats and challenges of your long-way journey of crossing the border as well as your expectations as a refugee in-relation to your current living condition.

What does your participation mean?

The research will be used to promote psychosocial wellbeing of refugees in refugee camps. Hence your participation in collecting information about your experiences in meeting your needs and how you deal with your unmet needs is invaluable in this regard.

How is the participation to be conducted?

We will have a group of ten (8) people and all your age and gender except for the children which both genders will be in same discussion sessions. The venue for all discussions will be in your camp and will be facilitated by the refugee volunteer social workers available in the refugee camp. Sessions are scheduled to start on 6th June 2014 at 9 am. We will have a total of about 6 to 10 discussion sessions which may or may not necessarily be held consecutively. We will spend 3 to 4 hours a day having group activities such as; games, role-plays and group discussions. There will be cookies, soft drink, tea, coffee, chocolate biscuits and at the end of the participation. Only for the participants of the children focus group discussion will receive a student bag and stationaries as a reward.

What is your say now in participating in this research?

1. I understand contents of this consent sheet and agree to participate in this research project.
2. I understand contents of this consent sheet and disagree to participate in this research project

Information Sheet FOCUS GROUP DISCUSSION GUIDE- Refugees

- ✓ Why did you leave your country?
- ✓ Did you have families or relatives back in your home? If there are did you have any means of communication with them?
- ✓ How did you cross the border? Did you have something to share with us related to this?
- ✓ How was your living condition lately in your country before you cross the border?
- ✓ Are you happy with the life you are living here in the refugee camp?
- ✓ What services are being provided with? What services are missing?
- ✓ What are the challenges you are facing in this refugee camp? Are there specific problems that happened to you in this refugee camp? If you have, who did you talk to? Did you already solve it? If solved how did you solve it with whom did you do it?
- ✓ Do you feel safe in here? What are the dangers that you experience? What is the source of the danger? Do you feel that your physical safety and security are at risk? Are you aware of any incidents that have threatened refugees?
- ✓ If you face a protection or security problem, where do you go? Who do you call?
- ✓ What are the reasons for some refugee children not to go to school?

- ✓ What types of health problems are most widespread in the community?
- ✓ If you have a health problem, where do you go?
- ✓ Are you aware of the possibility for all refugees registered with UNHCR to access public health care centers and governmental hospitals free of charge(if any)?
- ✓ What are the main sources of income for refugees?
- ✓ What are the main jobs that refugees have access to?
- ✓ Do your children work?
- ✓ Do refugees in general have relations with the host community?
- ✓ How is, in your opinion, the awareness of the local community regarding Eritrean refugees?
- ✓ Are there social/recreational spaces where the refugee and host community meets?
- ✓ How is the coordination in intra ethnic and inter-ethnic groups?
- ✓ How are these different ethnic groups in this refugee camp treated? Are they all the same or not?

ANNEX TWO
Consent Form
Participants of Semi-structured Interviews

Title of Study: Exploring the Psychosocial Needs of Eritrean Refugees in Ethiopia-The Case Of Berhale Refugee Camp

Researcher: SenaitMelaku

Phone Number: +251 922 111941

Email Address: tommered@gmail.com

Purpose: Partial fulfillment of Masters Thesis in Social Work at Indra Gandhi Open University (IGNOU)

Introduction

Hello,

My name is Senait Melaku. I am conducting a research project for my Masters Thesis at IGNOU. The object of interest of my study is to explore the psychosocial needs of Eritrean refugees in Ethiopia, with an emphasis on identifying their psychosocial needs and how these needs are being met by the refugees in Berhale Refugee Camp.

Your participation is completely voluntary and you are under no obligation to take part in this research. You are free not to participate in any of the discussion sessions that you do not like partially or totally and you may withdraw from this project any moment you like to. It will not affect you in any way. The information that will be collected is solely for this research use. I will write your information as it is, partially or none. However, no personal details of whatsoever sort

that may make your identity disclosed will be included. There is no right or wrong answers; I am just interested in your ideas and views.

NOTE:

Please read the following carefully ask questions if any before starting our dialog for your knowledge and consent to take part in the study.

Why am I inviting you?

As you, the service providers, are the main life providers of the camp, I would like to invite you to take part in my study, your participation of which will help me understand and learn more about how your services outfit to the needs of refugees. Specifically, I would manage to solicit your views on how your service facilities are contributing in terms of dealing with the social and emotional needs of the refugees thereby fostering their overall well-being. In other words, are your services merely meeting just their physical well-being, i.e., serving their ontological demands (survival/existence) needs? Or you pay attention to their psychosocial demands too?

What does your participation mean?

The research will be used to promote psychosocial wellbeing of refugees in refugee camps. Hence your participation in collecting information about your experiences in meeting your needs and how you deal with your unmet needs is invaluable in this regard.

How is the interview to be conducted?

We could meet upon agreed place and time, our discussion will not take too long of your time and we could reschedule our interview if not convenient for you any moment you feel so. Questions here are just to trigger the discussion. As you may observe, all are open-ended to be elaborated by our conversations. So you are most welcome to add information you think relevant to my study.

What is your say now in participating in this research?

3. I read and understand contents of this information and consent form and agree to participate in this research project.
4. I read and understand contents of this information and consent form and disagree to participate in this research project

Information Sheet
SEMI-STRUCTURED INTERVIEW QUESTIONS – Service Providers

1. What are the services provided by your agency/organization for the refugees?
2. Do you have professionals with a background related to the care and treatment of refugees in refugee camps?
3. What are the main classifications of refugee needs by your agency/organization?
4. What are the needs of refugees that you are targeting?
5. Do you think the services available in this refugee camp are meeting the all-inclusive needs of refugees?
6. What are the main challenges that your agency/organization facing delivering the services in this refugee camp?
7. Are there attempts yet to resolve then challenges from concerned bodies
8. How did you evaluate the appropriateness and effectiveness of your intervention?
9. If you could, how would you change the services that you are already providing to the refugees?
10. What programs or opportunities would you like to have to improve the wellbeing of the refugees?