RAPID ASSESSMENT REPORT ON SOCIOECONOMIC AND CULTURAL VULNERABILITIES IN RESETTLEMENT AREAS:

MEHEBA AND MAYUKWAYUKWA

Republic of Zambia

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ACRONYMS

FGD	focus group discussion
GBV	gender-based violence
ICT	information and communication technology
IOM	International Organization for Migration
JICA	Japan International Cooperation Agency
KII	key informant interview
MCDSS	Ministry of Community Development and Social Services (Zambia)
NGO	non-governmental organization
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations (Office of the) High Commissioner for Refugees

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EXECUTIVE SUMMARY

The local integration process does not end with the offering of land to former refugees but is just one of the first steps towards building a cohesive community. Social cohesion is critical to the quality of life of both the local community and former refugees. The Government of the Republic of Zambia takes a lead role in facilitating the process of integrating former refugees into Zambian host communities. In building cohesive communities, attention goes to improving people's quality of life and maximizing the potential, despite their different ethnic, cultural and religious backgrounds, to live and work together in an atmosphere of mutual respect and understanding.

This assessment was undertaken by IOM, with support from the United Nations Development Programme (UNDP) and funding from the United Nations Trust Fund for Human Security.

The study was conducted in the Mayukwayukwa and Meheba resettlement areas in Zambia's Western Province and North-Western Province, respectively, and sought to investigate aspects of child marriage, gender-based violence (GBV), abuse and exploitation. The study broadly investigated the topics of inclusion (economic and social), belonging, social relationships, civic participation, legitimacy of the community leadership, peace and security, and alcohol and drug abuse.

A mixed approach was taken in collecting data. Quantitative data was collected through semi-structured interviews. To compliment this quantitative data, qualitative data was collected through focus group discussions (FGDs) and key informant interviews (KIIs). The data was analysed using the Statistical Package for the Social Sciences (SPSS) (version 23) and Microsoft Excel.

Key findings

A total of 389 individuals – 180 males (46.3%) and 209 females (53.7%) – were interviewed. Agriculture is the major economic activity for many respondents from both resettlement areas; 88 per cent fall in the <ZMW 500 monthly income bracket, nearly all of which is spent on food.

Only 11 per cent could afford three meals per day in their families or households, while majority (61%) could afford only two meals per day. Due to economic challenges, 64 per cent report having reduced their meal portion sizes, while 58 per cent have reduced the number of their meals as coping measures. Whereas markets are available for doing business, there are limited support services such as loans and banking. Some respondents (76%) report having no access to loans or banking or mobile money transfer services.

One third of the respondents (32%) report walking distances of 3–5 km and 30 per cent report walking more than 5 km to reach the nearest health facility. There are 175 respondents (45%) who say they have household members who are supposed to be attending school but are unable to, due chiefly to two reasons, namely, financial challenges (66%) and long distances to schools (18%). In terms of accessing available services, some respondents report having been denied a service due to their disability (45%), age (29%) or sex (19%).

Belonging or affiliation with a social group (e.g. youth group, cooperative or church) in the community is often encouraged to enhance social cohesion, as it strengthens a sense of identity against a backdrop of diversity. Important as these groups are, 46 per cent of respondents indicate that they do not belong to any.

Child marriage is a culturally packaged notion that violates individual rights and has long-term developmental and health consequences for affected individuals. The likelihood of marriage below the age of 18 is higher among females than males. The lowest age at marriage is 10 years among females and 15 years among males. The lowest age at marriage observed for any nationality is 10 years, that is, among Angolan former refugees. The lowest age at marriage is 10 years among those who have never attended school and 14 years among those who have not completed primary education. Among respondents who were underaged at the time they were married, 29 per cent of them had both parents' approval.

The perceived ideal marrying age range for males is 15–50 years. On the other hand, the perceived ideal marrying age range for females is 14–35 years. On average, males are expected to be married by the age of 26, while females are expected to be married by the age of 22. Only 31 per cent of respondents are of the view that parents have the right to decide when their girl child gets married. Child marriage in the resettlement areas is reported to be driven by three main factors, namely, poverty (73%), economic gain (68%) and the child's fear of being disowned by his or her family (52%).

The most common forms of gender-based violence (GBV) experienced in the resettlement areas are physical, sexual (e.g. rape and sexual touching) and emotional (abusive language). A large majority (69%) of respondents from the local integration areas note that GBV is commonplace. Around 21 per cent report having experienced GBV, of which the five most common forms experienced are physical attacks, abusive language, touching of sexual body parts, rape and "defilement" (child rape).

Most instances or cases of GBV were experienced within family circles and intimate relationships, with perpetrators commonly found to be family members or spouses or domestic partners. It is noteworthy that most of those who have experienced GBV (35%) did not do anything about it. Notably, 49 per cent of these GBV cases are found to have been discussed and resolved within the family. In addition, parents support child marriage to a certain extent, which is a factor in the non-reporting of GBV cases.

The three services most accessed by/for GBV survivors are police, education and health care. Most of the time, these respondents learned about GBV from community members.

Other sources of information include United Nations agencies, NGO and programme or project staff, the police, and health clinics – to varying extents. While television and radio are powerful tools for receiving information, these are the least commonly used. This could be due to limited access to these media in the local integration areas. Whereas the themes of most of the GBV-related messages received by respondents have been prevention and awareness, not much has been reported about protection measures for GBV survivors.

Even though there is a low reported percentage of alcohol abuse (11%) and drug abuse (6%) among respondents, these figures nevertheless give an indication of these forms of vulnerabilities. Furthermore, 16 per cent report having experienced labour exploitation, while 4 per cent report having experienced sexual exploitation.

Executive summary

Recommendations

Based on the findings discussed herein, the study makes the following recommendations:

(a) Provide economic opportunities and enable and improve access to loans, banking facilities and services, to minimize financial and economic exclusion of people in the local integration areas.

(b) Provide more health facilities in the local integration areas to bring health-care services closer to where people live.

(c) Poverty and deteriorating economic and living conditions are intertwined drivers of child marriage. Hence, there is a need to link advocacy, awareness and education activities with economic empowerment initiatives to arrest child marriage.

(d) Sensitize communities in the resettlement areas about forms of GBV aside from the obvious and known ones, such as physical abuse, rape, abusive language, defilement and sexual touching. Sensitization messages should include forms of GBV such as family desertion, humiliation, forced prostitution and mental torture, among others, the knowledge level of which is found to be low.

(e) Raise awareness among people in the local integration areas, with emphasis on reporting GBV cases to the relevant authorities or programme or project partners, and strongly discourage the practices of withdrawing GBV cases and resolving them within the family.

(f) Provide an early childhood education system that is inclusive and responsive to linguistic and cultural diversity but should ultimately aim to contribute to social cohesion.

(g) Promote access to finance and financial inclusion for people in the resettlement areas. This can be done by exploring partnerships with multilateral financial institutions and banks to expand their services in the local integration areas.

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1. BACKGROUND OF THE STUDY

The Government of the Republic of Zambia is committed to improving the lives and rights of former refugees living in Zambia by facilitating and supporting local integration of eligible Angolan and Rwandan former refugees, promoting self-reliance, enhancing favourable measures for former refugees to access work and engage in income-generating activities, and promoting social cohesion and peaceful coexistence between the former refugees and host communities, as well as strengthening protection systems for both.

In 2014, Zambia pledged to locally integrate 19,000 Angolan former refugees and about 4,000 Rwandan former refugees through a three-year Local Integration Programme (2014–2016) supported by the United Nations High Commissioner for Refugees (UNHCR). When this programme of support ended, local integration programme coordination and leadership within the United Nations was transferred from the UNHCR to the United Nations Development Programme (UNDP), which currently coordinates the United Nations aspects of programming under what is now known as the Sustainable Resettlement Programme. Former refugees, as well as members of the local communities, are being resettled to designated areas just outside the refugee camps in Mayukwayukwa and Meheba into what are referred to as "resettlement areas" or "local integration areas".

The Sustainable Resettlement Programme is structured around three pillars of support, namely: economic empowerment, social infrastructure and social cohesion.

An assessment conducted by the Japan International Cooperation Agency (JICA) in 2018 showed that the implementation of priority activities under the pillar of social cohesion was delayed. This was due largely to funding constraints, even as funds were available for the other pillars, with little (if anything at all) for the social cohesion pillar. Components of the social cohesion pillar include aspects of programming on advocacy and information-sharing on the Sustainable Resettlement Programme, as well as prevention of gender-based violence (GBV), human trafficking and other forms of exploitation and abuse, and strengthening of the dialogue between various social groups to promote unity and peaceful coexistence, among others. Based on the findings of the JICA 2018 assessment, a decision was taken to prioritize acceleration of social cohesion activities in recognition of this pillar's cross-cutting nature, because of which their underperformance was affecting the two other pillars. IOM was invited to co-chair the social cohesion pillar with the Department of Resettlement, and resource mobilization efforts were ramped up. IOM has since been providing technical support to the department.

Key interventions for the social cohesion pillar include training and sensitization through civic education, including on GBV and violence against children and the political rights of the local people, the establishment of anti-GBV task forces, and the creation of women's, children's and youth platforms to promote their active participation in addressing their rights and mount support against child marriage. Activities promoting community cohesion include: (a) the establishment of age- and gender-specific groups that challenge negative community norms; (b) the creation of communal spaces that promote cohesion and interaction; (c) the promotion of access to community events such as local sports leagues, joint cultural events, national holiday celebrations and commemorations; and (d) the promotion of the inclusion of women and youth in leadership and management roles. The project, Implementation of Social Cohesion Activities in Mayukwayukwa and Meheba Local Integration Sites, supported the conduct of a rapid assessment on reintegration, child marriage and other forms of violence, as well as the development of a communications strategy to educate on individual rights and responsibilities, as well as aspects of violence, abuse and exploitation. The communications strategy will inform subsequent phases of interventions under the social cohesion pillar.

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The assessment sought to investigate the following issues: child marriage, GBV, abuse and exploitation. It also broadly explored the following themes: inclusion (economic and social), belonging, social relationships, civic participation, legitimacy of the community leadership, peace and security, and alcohol and drug abuse.

1. Background of the study

2. METHODOLOGY

2.1. Target population and location

The assessment was conducted in two resettlement areas, namely, Meheba and Mayukwayukwa. The primary target population of the assessment were young people 18 to 25 years of age. Older age groups (25–34, 35–44 and 45+ years) were involved in the study, with focus on age at first marriage.

2.2. Sampling and sample size

The total population of the Meheba resettlement area was estimated at 2,496, based on 416 registered households. On the other hand, the total population of the Mayukwayukwa resettlement area was estimated at 3,836, based on 548 registered households.

According to the Zambia 2010 Census of Population and Housing, the average household size is 5.6 in North-Western Province and 5.0 in Western Province (CSO, 2012).

The sample size formula is as follows:

$$n = \frac{c2Np(1-p)}{(A2N)+(c2p[1-p])}$$

where:

n is the sample size required.
N is the whole population in question.
p is the average proportion of records expected to meet the criteria.
$(1 - p)$ is the average proportion of records not expected to meet the criteria.
A is the margin of error (5%).
C is the confidence interval (95%).

Based on the estimated population of each of the sites, separate samples were drawn. For Meheba, using a population of 2,496, with a 5 per cent margin of error, 95 per cent confidence interval and a weight of 81.5 per cent, the study team arrived at a sample size of 200. The same sample size formula was applied for Mayukwayukwa, but with a weight of 81.4 per cent, to arrive at a sample size of 200.

The study took a total sample of 440 participants from the two resettlement areas (Table 1). This included 400 respondents for the semi-structured questionnaire (200 from each resettlement area), 20 participants for the focus group discussions (FGDs) (10 participants from each resettlement area) and 20 participants for the key informant interviews (KIIs). The individual respondents were drawn from general community members while taking into consideration the different nationalities (Angolan and Rwandan former refugees and Zambians).

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Table 1. Sample distribution of the two research sites by age, sex and nationality

Research site	Age group	General community (questionnaire)						Key informant interviews		Focus group discussions		Total					
		Angolan (former refugees)		Rwandan (former refugees)		Zambian											
		Male (n)	Female (n)	Male (n)	Female (n)	Male (n)	Female (n)	Male (n)	Female (n)	Male (n)	Female (n)	Male (n)	Male (%)*	Female (n)	Female (%)*	Total (n)	Total (%)
Mayukwayukwa	≤24 years	10	10	4	4	5	5	0	0	1	1	20	4.5	20	4.5	40	9.1
	25–34 years	15	15	4	4	7	7	0	0	1	1	27	6.1	27	6.1	54	12.3
	35–44 years	12	12	4	4	5	5	2	2	1	2	24	5.5	25	5.7	49	11.1
	45+ years	13	13	8	8	13	13	3	3	1	2	38	8.6	39	8.9	77	17.5
	Subtotal	50	50	20	20	30	30	5	5	4	6	109	24.8	111	25.2	220	50.0
Meheba	≤24 years	10	10	4	4	5	5	0	0	1	1	20	4.5	20	4.5	40	9.1
	25–34 years	15	15	4	4	7	7	0	0	1	1	27	6.1	27	6.1	54	12.3
	35–44 years	12	12	4	4	5	5	2	2	1	2	24	5.5	25	5.7	49	11.1
	45+ years	13	13	8	8	13	13	3	3	1	2	38	8.6	39	8.9	77	17.5
	Subtotal	50	50	20	20	30	30	5	5	4	6	109	24.8	111	25.2	220	50.0
	Sample total	100	100	40	40	60	60	10	10	8	12	218	49.5	222	50.5	440	100.0

Note: *Percentage of the total (N=440).

2. Methodology

2.2.1. Approach to sample selection

Each resettlement area was divided into four zones and a sample of 50 people was taken from each zone, to make up a total of 200 respondents for each resettlement area. Table 2 shows how the sample of 50 respondents was broken down by age and sex. The 50 respondents from each zone were split into 25 males and 25 females to ensure a balance of the sexes.

Table 2. Respondent distribution by age and sex

Age group	Male (*n*)	Female (*n*)
≤24 years	5	5
25–34 years	7	7
35–44 years	6	6
45+ years	7	7
Total	**25**	**25**

Households were selected based on their spatial distribution in the zones. In densely populated zones, data collectors interviewed every other household; in sparsely populated zones, where houses were more scattered and some were unoccupied, there was no need to skip households.

For the KIIs, nine participants were taken from each of the two resettlement areas. These included key stakeholders who had already been operating in these areas, namely, officers from UNDP seconded to the Department of Resettlement and the Department of Social Welfare under the Ministry of Community Development and Social Services (MCDSS), health service providers, and the police. Others included teachers, religious leaders and community leaders. The target population was identified in consultation with camp coordinators. It must be noted that the sampling technique was meant to ensure the generalizability of results to the larger population. The selection of individual participants considered age, sex, nationality and language spoken.

To triangulate the quantitative data collected from the individual questionnaires, one FGD was conducted in each of the two sites. The FGD participants included at least 10 zone-level community leaders who served as representatives of the zones (with all zones represented).

2.3. Data collection methods

This study collected both quantitative and qualitative data using the following methods:
  (a) Desk review
       Secondary data was collected by reviewing literature on related studies.
  (b) Questionnaire interviews
       Quantitative data was collected using a semi-structured interviewer-administered questionnaire.
  (c) Key informant interviews
       To compliment the literature review and quantitative data from the questionnaire responses, qualitative data was collected from representatives of key stakeholders identified in the two sites through KIIs.
  (d) Focus group discussions
       FGDs were conducted with 10 zone-level community leaders from each settlement.

2.4. Data analysis

Quantitative data was analysed using the Statistical Package for the Social Sciences (SPSS) version 23 to produce relevant statistics. The qualitative data from the interviews was examined through content analysis, which involved analysing the text to summarize responses by theme.

2.5. Recruitment and orientation of data collectors

Due to language barriers, there was a need to recruit data collectors, who were identified through the assistance and recommendations of the scheme coordinators. The minimum qualifications to be a data collector were: (a) a secondary school certificate or college degree and (b) familiarity with the local languages and various cultures in the sites. A one-day orientation training programme was conducted to familiarize data collectors with the data collection tools and field methodology.

2.6. Ethical considerations

All study participants were asked for their verbal informed consent before proceeding with the survey or interview. Data collectors were instructed and guided on ethical data collection, including ensuring respect for participants by protecting them and their families' privacy. The respondents' views were kept in utmost confidentiality by ensuring that no information gathered was shared or discussed elsewhere. Considerations were made for respondents who were not comfortable being interviewed by a person of the opposite sex.

3. FINDINGS

This section presents the findings of the study. Of the total target of 440 respondents, 427 responded to the study. This represents an overall response rate of 97 per cent. Table 3 shows the respondent distribution by respondent category.

Table 3. Distribution of target number of respondents, actual number and response rate by category

Respondent category	Target number	Actual number	Response rate (%)
Questionnaire interviews	400	389	97.3
Key informant interviews	20	18	90.0
Focus group discussions	20	20	100.0
Total	**440**	**427**	**97.0**

3.1. Sociodemographic profile

There were 389 respondents to the semi-structured questionnaire, of whom 180 (46.3%) were male and 209 (53.7%) were female. The respondent distribution by nationality is as follows: 260 Angolans (former refugees), 111 Zambians, 14 Rwandans (former refugees) and 1 Congolese national. The respondent distribution by resettlement area is 194 from Mayukwayukwa (49.9% of the sample) and 195 from Meheba (50.1%). A significant proportion of the respondents (27.5%) have never attended school. Table 4 shows the respondent distribution by certain socioeconomic characteristics.

Table 4. Sociodemographic characteristics of the study population

Sociodemographic characteristic		Mayukwayukwa		Meheba		Total	
		n	%*	*n*	%*	*n*	%
Age group	≤24	32	8.2	27	6.9	59	15.2
	25–34	63	16.2	67	17.2	130	33.4
	35–44	43	11.1	39	10.0	82	21.1
	45+	56	14.4	62	15.9	118	30.3
Sex	Male	88	22.6	92	23.7	180	46.3
	Female	106	27.2	103	26.5	209	53.7
Nationality	Angolan	145	37.3	115	29.6	260	66.8
	Rwandan	1	0.3	13	3.3	14	3.6
	Zambian	47	12.1	64	16.5	111	28.5
	Others	1	0.3	3	0.8	4	1.0
Marital status	Single/Never married	52	13.4	15	3.9	67	17.2
	Married	111	28.5	129	33.2	240	61.7
	Divorced	14	3.6	16	4.1	30	7.7
	Separated	5	1.3	17	4.4	22	5.7

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Sociodemographic characteristic		Mayukwayukwa		Meheba		Total	
		n	%*	*n*	%*	*n*	%
Marital status	Widowed	12	3.1	17	4.4	29	7.5
	Cohabiting	0	0.0	1	0.3	1	0.3
Religion	Christian	193	49.6	193	49.6	386	99.2
	Muslim	0	0.0	0	0.0	0	0.0
	Hindu	0	0.0	0	0.0	0	0.0
	Buddhist	0	0.0	0	0.0	0	0.0
	Traditional (folk) beliefs	0	0.0	2	0.5	2	0.5
	Others	1	0.3	0	0.0	1	0.3
Highest level of education completed	Tertiary	7	1.8	6	1.5	13	3.3
	Tertiary, not completed	0	0.0	0	0.0	0	0.0
	Secondary	24	6.2	8	2.1	32	8.2
	Secondary, not completed	23	5.9	17	4.4	40	10.3
	Primary	43	11.1	6	1.5	49	12.6
	Primary, not completed	48	12.3	100	25.7	148	38.0
	Never attended school	49	12.6	58	14.9	107	27.5
Total		**194**	**49.9**	**195**	**50.1**	**389**	**100.0**

Note: *Percentage of the total (*N*=389).

3.2. Social cohesion

This section presents results pertaining to the various dimensions of social cohesion, including the following: social and economic inclusion, sense of belonging, social relationships, civic participation, legitimacy of the community leadership, and peace and security.

3.2.1. Inclusion (economic and social)

Main economic activities

The main economic activity among respondents from both resettlement areas is reported to be agriculture, by 96.9 per cent of respondents (individually for the two resettlement areas and overall), with no significant difference between the resettlement areas. The second main economic activity is business, reported by 4.4 per cent of respondents. (Table 5)

Table 5. Main economic activities, by resettlement area

Main economic activity	Mayukwayukwa		Meheba		Total	
	n	%*	n	%*	n	%
Formal employment	1	0.3	2	0.5	3	0.8
Informal employment	3	0.8	3	0.8	6	1.6
Business	7	1.8	10	2.6	17	4.4
Agriculture	187	48.7	185	48.2	372	96.9
Total	**193**	**50.3**	**191**	**49.7**	**384**	**100.0**

Note: *Percentage of the total (*N*=384). Respondents were allowed to choose more than one answer. As such, values in the "*n*" and "%" columns do not necessarily tally with the values in the "Total" row.

Average monthly income levels

Table 6 presents the respondents' percentage income distribution by resettlement area. Most respondents (88.1% of the total sample) in both resettlement areas have average monthly income levels of less than ZMW 500. This is followed by respondents who have average monthly income levels of ZMW 500–1,000 (9.8%).

Table 6. Average monthly income levels, by resettlement area

Average monthly income level	Mayukwayukwa		Meheba		Total	
	n	%*	n	%*	n	%
<ZMW 500	172	45.5	161	42.6	333	88.1
ZMW 500–1,000	9	2.4	28	7.4	37	9.8
ZMW 1,000–5,000	2	0.5	6	1.6	8	2.1
>ZMW 5,000	0	0.0	0	0.0	0	0.0
Total	**183**	**48.4**	**195**	**51.6**	**378**	**100.0**

Note: *Percentage of the total (*N*=378).

Monthly food expenditure

Table 7 shows how much the respondents spend monthly on food by resettlement area. Food expenditure largely follows income level, and most respondents who belong to the lowest income bracket spend nearly all their income on food. This implies that they are left with little or nothing to spend on other basic needs, such as education and health.

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Table 7. Monthly food expenditure, by resettlement area

Monthly food expenditure	Mayukwayukwa		Meheba		Total	
	n	%*	*n*	%*	*n*	%
<ZMW 500	183	49.6	158	42.8	341	92.4
ZMW 500–1,000	8	2.2	20	5.4	28	7.6
ZMW1,000–5,000	0	0.0	0	0.0	0	0.0
>ZMW 5,000	0	0.0	0	0.0	0	0.0
Total	**191**	**51.8**	**178**	**48.2**	**369**	**100.0**

Note: *Percentage of the total (*N*=369).

Access to financial services

Table 8 shows access to financial services in both resettlement areas. Most respondents in the two areas (76.2% of the total sample) report having no access to either loans, banking services or mobile money transfer services. Access to banking services is reported by only 15.4 per cent of respondents, while access to loans is reported by only 14.9 per cent.

Table 8: Access to financial services, by resettlement area

Financial service	Mayukwayukwa		Meheba		Total	
	n	%*	*n*	%*	*n*	%
Loans	44	11.5	13	3.4	57	14.9
Banking services	50	13.1	9	2.4	59	15.4
Mobile money transfer	17	4.5	25	6.5	42	11.0
None (no accessible service)	137	35.9	154	40.3	291	76.2
Total	**191**	**50.0**	**191**	**50.0**	**382**	**100.0**

Note: *Percentage of the total (*N*=382). Respondents were allowed to choose more than one answer. As such, values in the "*n*" and "%" columns do not necessarily tally with the values in the "Total" row.

Major employment opportunities available

Table 9 presents the major employment opportunities available to skilled and unskilled workers in the two resettlement areas. The top three major employment opportunities are farming, piecework and charcoal-burning.

3. Findings

Table 9. Major employment opportunities available

Employment opportunity	n	%
Farming	249	64.0
Piecework (production)	28	7.2
Charcoal-burning	19	4.9
Farming and business	15	3.9
Bricklaying	12	3.1
Carpentry	10	2.6
Business	9	2.3
Tailoring	9	2.3
Teaching	8	2.1
Others	2	0.5
Not stated	28	7.2
Total	**389**	**100.0**

Some 85 per cent of all respondents (44.6% from Meheba and 40.4% from Mayukwayukwa) report having accessible employment opportunities within the resettlement areas. The remaining 15 per cent report that there are also accessible employment opportunities outside the resettlement areas.

Figure 1. Accessibility of employment opportunities within or outside the resettlement areas
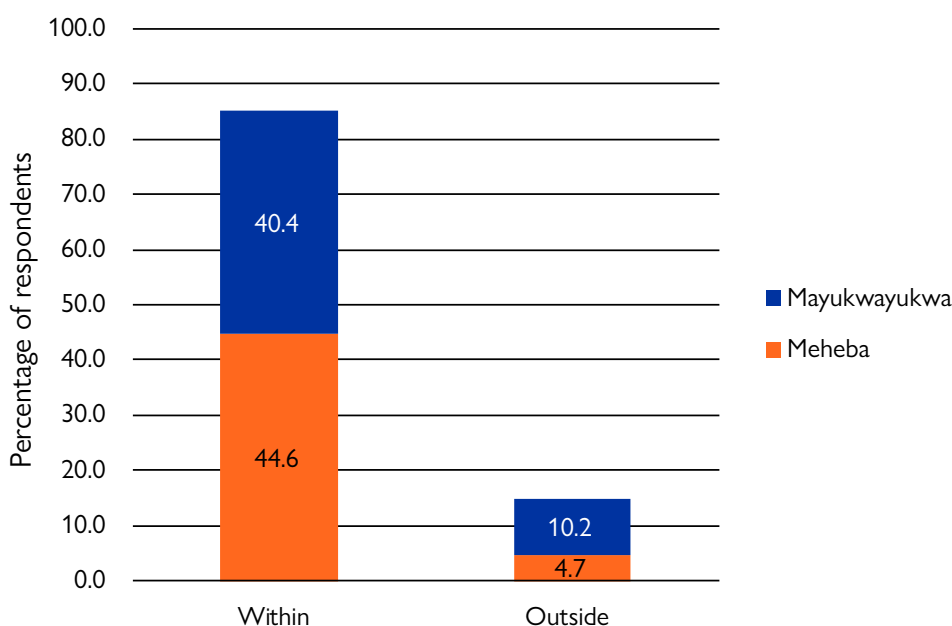
Note: Percentages are rounded to one decimal place and may not total exactly 100 per cent.

Facilities and services to support businesses

Asked about the availability of facilities, services and resources that support businesses, a large majority (85%) report markets, while 33.9 per cent report skilled labour. The lower percentages that report loan services (23.6%) and banking services (23.2%) could be indicative of their limited availability in the resettlement areas.

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Meheba and Mayukwayukwa

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Table 10. Availability of facilities and services to support businesses, by resettlement area

Facility or service	Mayukwayukwa		Meheba		Total	
	n	%*	n	%*	n	%
Markets	134	57.5	64	27.5	198	85.0
Skilled labour	48	20.6	31	13.3	79	33.9
Loans	44	18.9	11	4.7	55	23.6
Banking services	51	21.9	3	1.3	54	23.2
Total	**144**	**61.8**	**89**	**38.2**	**233**	**100.0**

Note: *Percentage of the total (*N*=233). Respondents were allowed to choose more than one answer. As such, values in the "*n*" and "%" columns do not necessarily tally with the values in the "Total" row.

Daily meal frequency

Most respondents indicate that their families are able to afford two meals a day. More respondents from Mayukwayukwa (21.1% of all respondents) report having only one meal per day compared to Meheba (7% of all respondents). The reverse is observed in the percentages of those who report having three meals a day, with 8 per cent for Meheba compared to 3.4 per cent for Mayukwayukwa. There is a statistically significant difference in the frequency of meals per day between the two local integration areas (chi-square test statistic (χ^2) is 41.58, with an associated $p<.001$).

Figure 2. Frequency of daily meals, by resettlement area
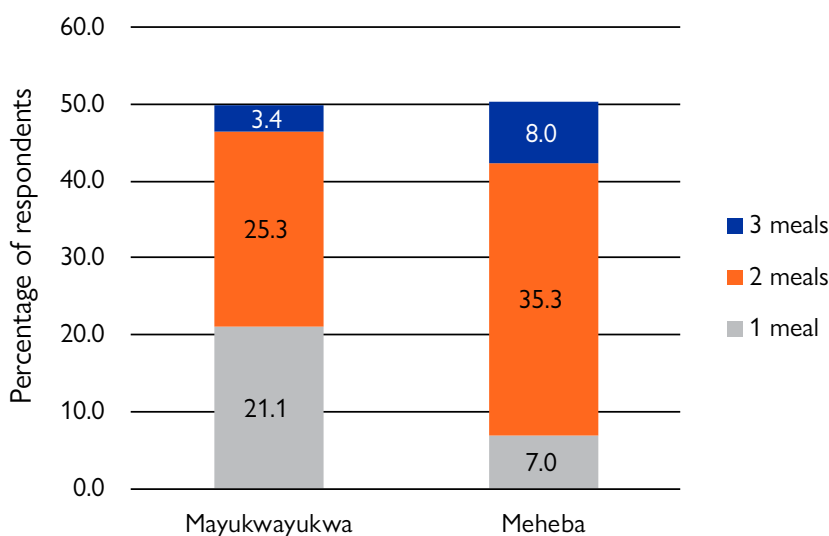
Note: Percentages are rounded to one decimal place and may not total exactly 100 per cent.

Reduction of daily meal frequency and portion sizes as coping strategies

A total of 58 per cent of respondents report having reduced the number of their daily meals in the last six months due to economic challenges, while 63.7 per cent have reduced their meal portion sizes as a means of coping with those economic challenges (Table 11).

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Table 11. Reduction in daily meal frequency and portion sizes as coping strategies in the last six months

Coping strategy	Mayukwayukwa		Meheba		Total	
	n	%*	n	%*	n	%
Reduced daily meal frequency in the last six months (*N*=352)	81	23.0	123	34.9	204	58.0
Reduced meal portion sizes in the last six months (*N*=331)	92	27.8	119	36.0	211	63.7

Note: *Percentage of the total (*N*=352 and *N*=331).

Average monthly income level by daily meal frequency

Table 12 shows the relationship between average monthly income level and frequency of daily meals by resettlement area. Overall, most respondents who report that their households have less than three meals per day fall in the <ZMW 500 income bracket; specifically, 52.8 per cent in this income bracket have two meals per day, while 27.1 per cent have only one meal per day. The percentage of respondents in the <ZMW 500 income bracket whose households have two daily meals is higher in Meheba than in Mayukwayukwa (30.2% compared to 22.5%). On the other hand, the percentage of respondents whose households have only one meal per day is higher in Mayukwayukwa than Meheba (20.2% compared to 6.9%).

A chi-square test of independence is used to examine the relationship between average income level and number of daily meals. Considering the overall sample, the relationship between average income level and number of meals per day is found to be statistically significant: χ^2 = 31.4, (d.f.=4; *N*=337; *p*<.001). The results show that respondents who report having an average monthly income level below ZMW 500 are likely to have less than three meals per day. While this relationship is found to be statistically significant for Meheba (*p*<.001), it is insignificant for Mayukwayukwa (*p*=.076).

Table 12. Average monthly income level and frequency of daily meals, by resettlement area

Resettlement area	Average monthly income level	Frequency of daily meals							
		1 meal		2 meals		3 meals		Total	
		n	%*	n	%*	n	%*	n	%
Mayukwayukwa	<ZMW 500	76	20.2	85	22.5	10	2.7	171	45.4
	ZMW 500–1,000	2	0.5	6	1.6	1	0.3	9	2.4
	ZMW 1,000–5,000	0	0.0	1	0.3	1	0.3	2	0.5
	>ZMW 5,000	0	0.0	0	0.0	0	0.0	0	0.0
Meheba	<ZMW 500	26	6.9	114	30.2	21	5.6	161	42.7
	ZMW 500–1,000	1	0.3	21	5.6	6	1.6	28	7.4
	ZMW 1,000–5,000	0	0.0	2	0.5	4	1.1	6	1.6
	>ZMW 5,000	0	0.0	0	0.0	0	0.0	0	0.0
Total	<ZMW 500	102	27.1	199	52.8	31	8.2	332	88.1
	ZMW 500–1,000	3	0.8	27	7.2	7	1.9	37	9.8
	ZMW 1,000–5,000	0	0.0	3	.8	5	1.3	8	2.1
	>ZMW 5,000	0	0.0	0	0.0	0	0.0	0	0.0

Resettlement area		χ^2 value	d.f.	Asymptotic significance (2-sided) (p value)
Mayukwayukwa	Pearson chi-square	8.476	4	.076
	Likelihood ratio	6.041	4	.196
	Linear-by-linear association	5.566	1	.018
Meheba	Pearson chi-square	15.935	4	.003
	Likelihood ratio	13.574	4	.009
	Linear-by-linear association	11.345	1	.001
Total	Pearson chi-square	31.434	4	.000
	Likelihood ratio	26.017	4	.000
	Linear-by-linear association	22.876	1	.000

Note: *Percentage of the total (N=377).

Drinking water

Table 13 presents the distribution of households by source of drinking water and resettlement area. Boreholes and tube wells are the most common source of drinking water overall (77.9% of the total sample). Only 19.7 per cent of respondents report the location of their water source as being within their own yard or plot, with the majority (80%) reporting it to be elsewhere (statistics not shown in the table). The mean time it takes to collect drinking water (round trip) is 33 minutes, with most respondents spending 30 minutes to do so (Table 14).

Table 13. Main sources of drinking water, by resettlement area

Drinking water source	Mayukwayukwa		Meheba		Total	
	n	%*	n	%*	n	%
Borehole/tube well	190	49.4	110	28.6	300	77.9
Dug well	1	0.3	34	8.8	35	9.1
Spring	0	0.0	25	6.5	25	6.5
Other	0	0.0	23	6.0	23	6.0
Piped water	1	0.3	1	0.3	2	0.5
Total	**192**	**49.9**	**193**	**50.1**	**385**	**100.0**

Note: *Percentage of the total (N=385).

Table 14. Average time spent to collect water

Measure	Time (s)
Mean	33.08
Median	30.00
Mode	30
Minimum	1
Maximum	180

Distance to the nearest health facility

Long distances to the nearest health facility are a potential barrier to the utilization of health services and may contribute to poor health outcomes. Long distances, especially with limited available transport options, restrict access to life-saving health interventions. About 30.4 per cent of respondents report to be living more than 5 km; 32.5 per cent, 3–5 km; 20.4 per cent, 1–2 km; and 16.8 per cent less than 1 km from the nearest health facility.

Table 15. Distance to the nearest health facility

Distance	n	%	Valid %
<1 km	65	16.7	16.8
1–2 km	79	20.3	20.4
3–5 km	126	32.4	32.5
>5 km	118	30.3	30.4
Not stated	1	0.3	-
Total	**389**	**100.0**	**-**

Education

Reasons for a household member to not be attending school

Respondents are asked whether any member of their household is supposed to be attending school but is not. Some 45 per cent of the total respondents indicate having such a household member. Table 16 presents the reasons provided by the respondents for these household members' non-attendance, the most common being financial challenges (66%), followed by long distances to school (17.7%), pregnancy (8.8%) and marriage (4.1%).

Table 16. Reasons for a household member not attending school, by resettlement area

Reason	Mayukwayukwa		Meheba		Total	
	n	%*	n	%*	n	%
Financial	77	39.7	51	26.3	128	66.0
Long distance to school	1	0.5	33	17.0	34	17.5
Pregnancy	9	4.6	8	4.1	17	8.8
Marriage	4	2.1	4	2.1	8	4.1
Refusal to attend school	1	0.5	1	0.5	2	1.0
Illness	1	0.5	1	0.5	2	1.0
No pre-schools available	1	0.5	0	0.0	1	0.5
Loss of parents	0	0.0	1	0.5	1	0.5
Disability due to illness	0	0.0	1	0.5	1	0.5
Total	**94**	**48.5**	**100**	**51.5**	**194**	**100.0**

Note: *Percentage of the total (*N*=194).

Inability to perform regular duties due to ill health

Individual respondents are asked whether they have been unable to perform their regular duties in the last two weeks due to ill health. Of the overall sample, 74.4 per cent report having been unable to do so.

Table 17. Inability to perform regular duties due to ill health

Inability to perform regular duties	n	%	Valid %	Cumulative %
Yes (unable)	285	73.3	74.4	100.0
No (able)	98	25.2	25.6	25.6
Total responses	383	98.5	100.0	-
No response	6	1.5	-	-
Total	**389**	**100.0**	**-**	**-**

3.2.2. Sense of belonging: identity, values and recognition

An element of social cohesion is sense of belonging, which fosters connectedness among members of society or the community. This sense of belonging emerges not only from shared values, but also appreciation, recognition and acceptance of one another's diverse identities and values in a social structure. The questionnaire asks respondents about their individual sense of identity and the community's recognition and respect for their different values.

Table 18 shows that 89.4 per cent of all respondents (48.8% from Mayukwayukwa and 40.6% from Meheba) agree that they feel a sense of shared norms and values in the community. A broad majority (92%) of all respondents concur that they feel a sense of acceptance and belonging to the community. Similarly, most of the respondents (91.2%) report that they feel their culture or way of life is accepted in the community.

Table 18. Sense of belonging, by resettlement area

Statement	Agree or disagree?	Mayukwayukwa		Meheba		Total	
		n	%*	n	%*	n	%
The respondent feels a sense of shared norms and values with people in the community.	Agree	189	48.8	157	40.6	346	89.4
	Disagree	3	0.8	28	7.2	31	8.0
	Neutral	1	0.3	9	2.3	10	2.6
	Total	**193**	**49.9**	**194**	**50.1**	**387**	**100.0**
The respondent feels a sense of acceptance and belonging in the community.	Agree	187	48.4	168	43.5	355	92.0
	Disagree	5	1.3	18	4.7	23	6.0
	Neutral	1	0.3	7	1.8	8	2.1
	Total	**193**	**50.0**	**193**	**50.0**	**386**	**100.0**
The respondent feels that his/her culture or way of life is accepted in the community.	Agree	187	48.6	164	42.6	351	91.2
	Disagree	5	1.3	21	5.5	26	6.8
	Neutral	1	0.3	7	1.8	8	2.1
	Total	**193**	**50.1**	**192**	**49.9**	**385**	**100.0**

Note: *Percentage of the total (*N*=387, *N*=386 and *N*=385). Respondents were allowed to choose more than one answer. As such, values in the "*n*" and "%" columns do not necessarily tally with the values in the "Total" rows.

Sense of belonging is critical for social cohesion, as it shapes how attached to or detached from the community a person feels. With the large majority of respondents reporting that that they feel a sense of connection to their community, as already mentioned, majority (92.3%) similarly report that they choose to stay in the resettlement area, and very few choose to return to the refugee camp (4.9%) or move to another location (2.8%) (Table 19).

Table 19. Living arrangement plans, by resettlement area

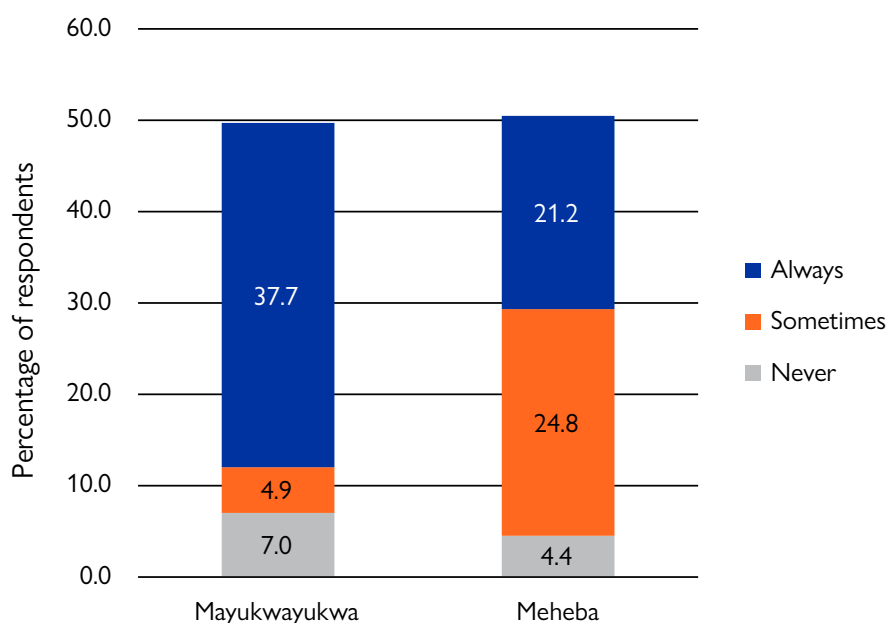| Plan	Mayukwayukwa		Meheba		Total	
	n	*%**	*n*	*%**	*n*	*%*
Stay in the resettlement area	185	47.6	174	44.7	359	92.3
Return to the refugee camp	7	1.8	12	3.1	19	4.9
Move to another location	2	0.5	9	2.3	11	2.8
Others	0	0.0	0	0.0	0	0.0
Total	**194**	**49.9**	**195**	**50.1**	**389**	**100.0**

*Note: *Percentage of the total (N=389).*

3.2.3. Social relationships: networks, trust and diversity

Building community cohesion is about building better relationships among people of different backgrounds, including those from new and settled communities. An important area of community cohesion work is assisting individuals and groups in finding consensual strategies or common ground on which they can work together. One of the important factors of building social cohesion is establishing and enhancing social networks among people of diverse sociocultural backgrounds.

Figure 3 shows how often respondents interact and talk with people, other than their own families, who are of other cultures, ages or religions. The results show that on a typical day of the week, people in the resettlement areas, to a large extent, find time to do so. A higher percentage of respondents from the Mayukwayukwa resettlement area (37.7% of all respondents) report that they have always interacted and talked with people of other cultures, ages or religions, compared to their counterparts in the Meheba resettlement area (21.2% of all respondents). On the contrary, there is a much lower percentage of respondents who have never talked with people of cultures, ages or religions different from their own (7% for Mayukwayukwa and 4.4% for Meheba).

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Figure 3. How often respondents talk to people of other cultures, ages or religions

The top three activities which bring men and women together in both the Mayukwayukwa and Meheba resettlements are found to be community meetings, wedding ceremonies and GBV focus group discussions. Among activities that bring together the old and the young, the most highlighted are community meetings, initiation ceremonies (rites of passage) and funeral gatherings. The three most cited events that bring all nationalities together are community meetings, funerals and World Refugee Day celebrations. Other events that pull together people of different religions include religious programmes, funerals and community meetings.

Affiliation with a group enhances social relationships, self-identity and diversity. Some 45.8 per cent of all respondents (25% from Meheba and 20.8% from Mayukwayukwa) are not associated with any group within the community. The second largest category of social groups are religious. The smallest category comprises those who report to have membership in youth groups.

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Figure 4. Membership in social groups in the resettlement areas

Group	Mayukwayukwa	Meheba
Youth group	4.2	0.8
Association (general)	0.5	4.7
Farmers' group	2.6	7.0
Village banking group	6.8	3.4
Cooperative	4.9	9.6
Religious group	20.6	10.2
None	20.8	25.0

Percentage of respondents
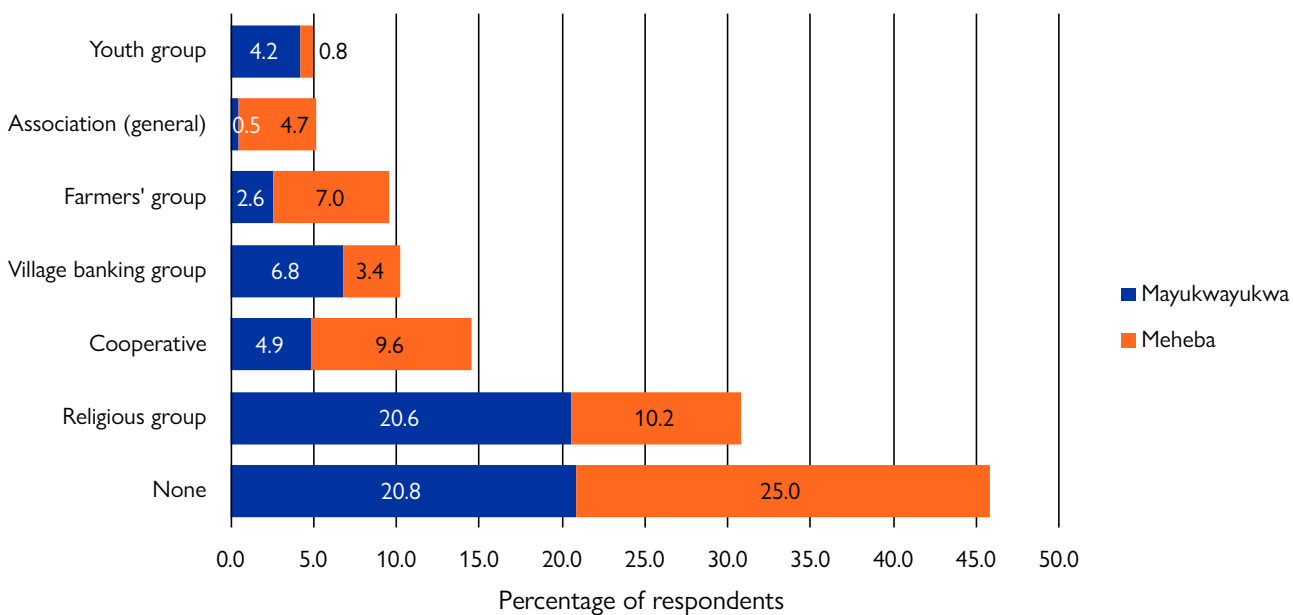
Note: Respondents were allowed to choose more than one answer.

Social cohesion considers the basic needs of the population in the local integration areas, including health care, to ensure a healthy and cohesive community. When asked about equality in access to health care among nationalities, majority of respondents (78.9%, with 46.2% from Meheba and 32.9% from Mayukwayukwa) concur that people of all nationalities, indeed, have equal access. Less than 20 per cent of all respondents are of the opposite view (Figure 5).

Figure 5. Perception of whether people of all nationalities have equal access to health care

	Mayukwayukwa	Meheba
Disagree	12.3	7.2
Neutral	0.8	0.6
Agree	32.9	46.2
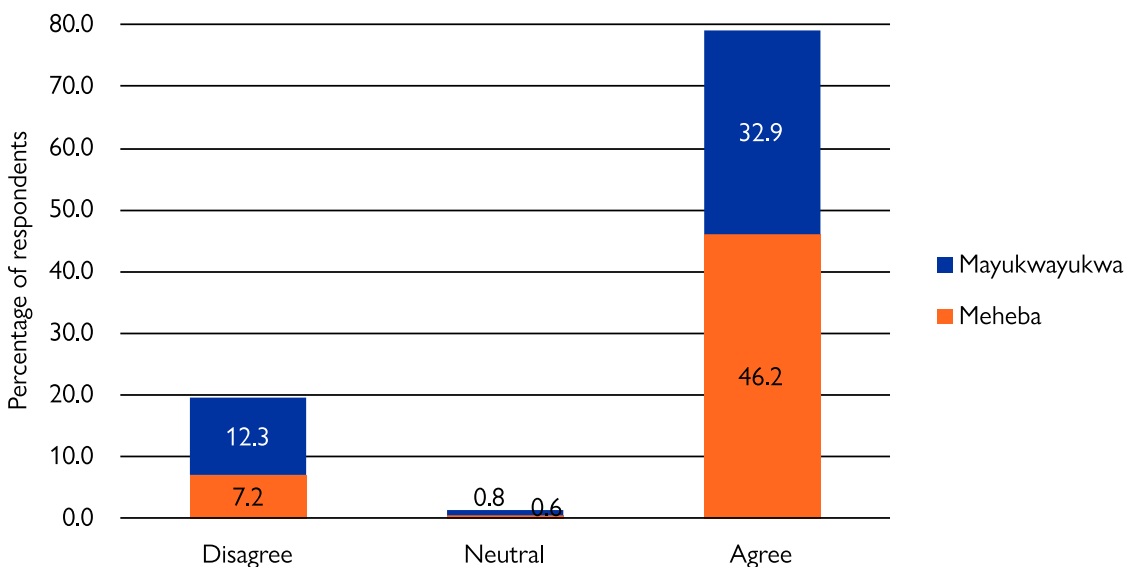
According to Table 20, a number of respondents have had instances when they wanted to access an available service or good but were denied such based on varying grounds. Of great concern is that majority (44.8%) have been denied access to a service or good based on disability, followed by those who were denied access based on age (29.3%). Other prominent grounds include nationality, and some cite as the reason for denial being that the service or good they wanted to access was meant only for refugees, as opposed to residents of the local integration areas.

Table 20. Experience of denial of access to available services or goods, by resettlement area

Grounds for denial of good or service	Mayukwayukwa		Meheba		Total	
	n	%	*n*	%	*n*	%
Age	14	12.1	20	17.2	34	29.3
Sex	7	6.0	15	12.9	22	19.0
Religion	12	10.3	2	1.7	14	12.1
Disability	50	43.1	2	1.7	52	44.8
Total	**83**	**71.6**	**33**	**28.4**	**116**	**100.0**

3.2.4. Civic participation

Civic participation empowers and enables people to be part of the decision-making process and enhances mutual exchange and dialogue between them and the authorities. Therefore, civic participation (including electoral participation) is one of the benchmarking dimensions of social cohesion.

Overall, 82.6 per cent of respondents (41.5% from Mayukwayukwa and 41.1% from Meheba) report having participated in elections, including at the community level. Notably, 83.4 per cent of respondents (48.6% from Meheba and 34.8% from Mayukwayukwa) report having voted in community elections.

Figure 6. Electoral participation, by resettlement area
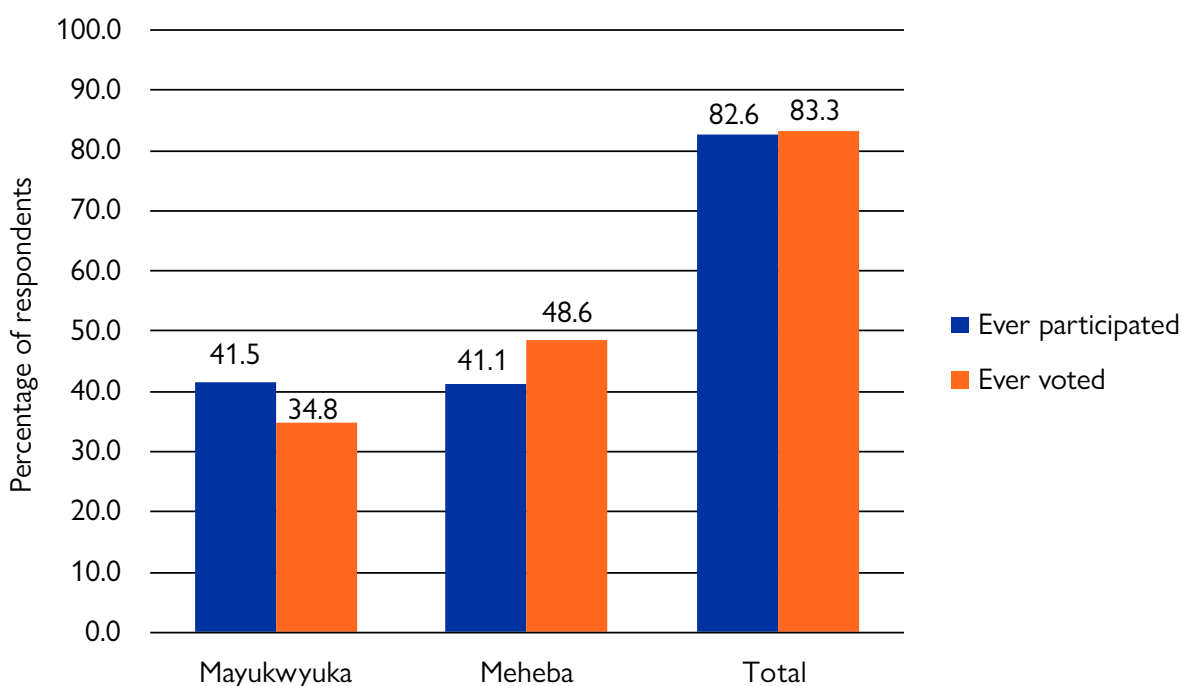
3. Findings

Table 21 shows the extent of respondents' civic participation and involvement in local community elections. While 39.8 per cent of all respondents feel that they could have put their names forward during the last elections, only 29.2 per cent did so. A large majority (84.2%) report having suggested a candidate for election in the last elections, among whom 70.2 per cent felt confident that their suggested candidate would be adopted by others. In terms of criteria for whom to vote, most respondents (about 87.7%)[1] indicate that they would choose the candidate with the best qualities to hold office.

Table 21. Involvement in local community elections, by resettlement area

Form of participation	Mayukwayukwa		Meheba		Total	
	n	%*	n	%*	n	%
Put their name forward during the last elections	20	11.7	30	17.5	50	29.2
Confident that they could have put their name forward during the last elections	46	26.9	22	12.9	68	39.8
Suggested a candidate of their choice during the last elections	95	55.6	49	28.7	144	84.2
Confident that their suggested candidate during the last elections would be adopted by others	71	41.5	49	28.7	120	70.2
Total	**110**	**64.3**	**61**	**35.7**	**171**	**100.0**

Note: *Percentage of the total (*N*=171) Respondents were allowed to choose more than one answer. As such, values in the "*n*" and "%" columns do not necessarily tally with the values in the "Total" row.

One of the dimensions of social cohesion is inclusion by acknowledging categories of vulnerable people who are at risk of it. Among such groups are women, whose roles and participation in society need to be supported to enhance their societal position and empower them to take up leadership roles.

Table 22 shows indications of women's participation in community leadership, particularly in Mayukwayukwa, where 13.4 per cent of female respondents (compared to 8.4% of male respondents) report having held a leadership position in the community. The proportion of women who have done volunteer work is higher compared to their male counterparts in both resettlement areas. To be specific, 24.6 per cent of female and 16.8 per cent of male respondents from Mayukwayukwa, and 28.5 per cent of female and 26.8 per cent of male respondents from Meheba report having performed volunteer work.

Table 22. Participation in volunteer work and leadership roles, by sex and resettlement area

Participation	Mayukwayukwa				Meheba				Total	
	Male		Female		Male		Female			
	n	%*	n	%*	n	%*	n	%*	n	%
Has ever been involved in volunteer work	30	16.8	44	24.6	48	26.8	51	28.5	173	96.6
Has ever held a leadership position	15	8.4	24	13.4	21	11.7	12	6.7	72	40.2
Total	**31**	**17.3**	**47**	**26.3**	**50**	**27.9**	**51**	**28.5**	**179**	**100.0**

Note: *Percentage of the total (*N*=179).

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[1] This figure is not part of the tabulation in Table 21.

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3.2.5. Legitimacy of the community leadership (representation)

Trust in the community leadership is fundamental to social cohesion, as such leadership has great impact on the assurance of stability and peace and gives the general population a sense of representation over their affairs. While respondents' views of legitimacy are varied, there is a strong perception among those interviewed that their leaders would make decisions in the best interests of the community. The study gives an strong indication of the community's confidence in the local leadership, as 89.9 per cent of all respondents (47.3% from Mayukwayukwa and 42.6% from Meheba) agree that community leaders will make decisions in their best interests (Table 23).

Table 23. Confidence in community leaders, by resettlement area

Confidence in community leaders	Mayukwayukwa		Meheba		Total	
	n	%*	*n*	%*	*n*	%
Agree (confident)	182	47.3	164	42.6	346	89.9
Disagree (not confident)	9	2.3	18	4.7	27	7.0
Neutral	2	0.5	10	2.6	12	3.1
Total	193	50.1	192	49.9	385	100.0

Note: *Percentage of the total (*N*=385).

Trust in institutions instills confidence in people that their interests will be protected and enables them to access and utilize available services. Table 24 presents the utilization of services in the resettlement areas with varying degrees of responses. Most respondents agree that they are able to utilize police, health-care, education, religious, legal-aid and psychosocial assistance services. In Mayukwayukwa, the three most utilized services reported by the respondents are psychosocial (40.8%), religious (36.6%) and health-care (35.9%). On the other hand, in Meheba, the three most used services are reported to be police (46.9%), religious (46%) and health-care (42.7%). In Mayukwayukwa, legal-aid services are the least used (35.1%), while the least used services in Meheba are psychosocial (22.5%).

Table 24. Ability to utilize services in the resettlement areas

Settlement area	Service	Agree (able)		Disagree (unable)		Neutral	
		n	%	*n*	%	*n*	%
Mayukwayukwa	Psychosocial	149	40.8	23	6.3	3	0.8
	Religious	133	36.6	37	10.2	3	0.8
	Health	132	35.9	44	12.0	1	0.3
	Education	132	35.9	41	11.1	4	1.1
	Police	132	35.8	44	11.9	1	0.3
	Legal	127	35.1	27	7.5	17	4.7
Meheba	Police	173	46.9	12	3.3	7	1.9
	Religious	167	46.0	18	5.0	5	1.4
	Health	157	42.7	27	7.3	7	1.9
	Education	146	39.7	41	11.1	4	1.1
	Legal	118	32.6	49	13.5	24	6.6
	Psychosocial	82	22.5	94	25.8	14	3.8

Note: Respondents were allowed to choose more than one answer. As such, values in the "*n*" and "%" columns do not necessarily tally with the values in the "Total" row.

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3.2.6. Peace and security (safety from violence and crime)

In promoting an inclusive community, members require spaces that are free from violence, security threats and crime. Most respondents (90.5%) indicate that they feel safe in the resettlement areas. Among these respondents, 50.1 per cent are from Meheba and 40.4 per cent are from Mayukwayukwa (Figure 7). Despite this, some respondents (27.3%, with 10.6% from Mayukwayukwa and 16.7% from Meheba) report having experienced security threats or violence (Table 25).

Figure 7. Perceived safety in the community, by resettlement area
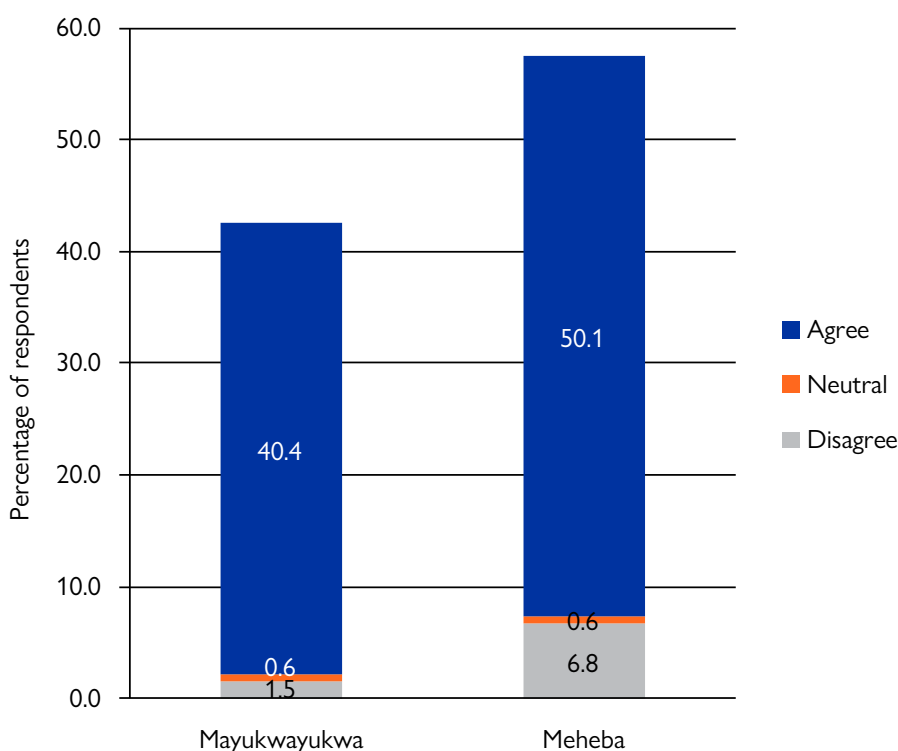
Table 25. Individual experience of security threats or violence, by resettlement area

Experience of threat or violence	Mayukwayukwa		Meheba		Total	
	n	*%**	*n*	*%**	*n*	*%*
Yes	35	10.6	55	16.7	90	27.3
No	101	30.6	139	42.1	240	72.7
Total	**136**	**41.2**	**194**	**58.8**	**330**	**100.0**

Note: *Percentage of the total (*N*=330).

3.3. Child marriage

Child marriage pertains to any legal or customary union involving a boy or girl below the age of 18 (UNFPA, 2017b). It has devastating consequences for both boys and girls, but usually disproportionately affects girls in terms of educational prospects, overall health, but also, in particular, fertility, maternal morbidity and mortality, intimate partner violence and exposure to sexually transmitted infections, and socioeconomic prospects. The survey includes questions on respondents' knowledge, attitudes and practices, and individual experiences and perceptions of child marriage, including those pertaining to drivers of child marriage in their communities.

3.3.1. Child marriage by sex and resettlement area

In the current study, 35 respondents (12% of the total) report getting married below 18 years of age. Among these respondents, the individual average age at marriage is 15 years.

Table 26 shows that females account for 88.6 per cent of those who were married before the age of 18 years. The proportion of reported child marriages among females is higher in Meheba (71.4%) than in Mayukwayukwa (17.1%).

Table 26. Sex distribution of respondents married before 18 years of age, by resettlement area

Sex	Mayukwayukwa		Meheba		Total	
	n	%*	*n*	%*	*n*	%
Male	0	0.0	4	11.4	4	11.4
Female	6	17.1	25	71.4	31	88.6
Total	**6**	**17.1**	**29**	**82.9**	**35**	**100.0**

Note: *Percentage of the total (*N*=35).

Table 27 shows the average (mean, median and mode), minimum and maximum ages of respondents who married before 18 years of age, as well as the average, minimum and maximum ages of their partners. The minimum age at marriage is observed to be lower among females (10 years) than males (15 years). The results show how 15- to 16-year-old boys married partners 12–20 years old, while 10- to 17-year-old girls were getting married to older partners 15 to 50 years of age.

The lowest age at marriage reported in Meheba is 10 years and in Mayukwayukwa is 14 years. The lowest age at marriage by nationality is 10 years among Angolans (former refugees), 15 years among Zambians and 17 years among Rwandans (former refugees). In terms of highest level of education completed, the lowest age at marriage (10 years, as previously noted) is reported among those who have never attended school.

3. Findings

Table 27. Respondents' and partners' ages at marriage (for respondents who married before age 18)

	Respondent's age at marriage					Spouse's age at marriage				
	Mean	Mode	Median	Minimum	Maximum	Mean	Mode	Median	Minimum	Maximum
Sex										
Male	15	15	15	15	16	15	12	14	12	20
Female	16	16	16	10	17	25	20	23	15	50
Resettlement area										
Mayukwayukwa	16	16	16	14	17	26	29	27	20	30
Meheba	15	15	16	10	17	23	20	20	12	50
Nationality										
Angolan	15	15	16	10	17	23	20	21	13	50
Rwandan	17	17	17	17	17	34	34	34	34	34
Zambian	16	16	16	15	17	23	20	22	12	32
Highest education level completed										
Secondary, not completed	16	15	16	15	17	25	19	25	19	30
Primary	17	16	17	16	17	26	29	27	22	29
Primary, not completed	16	16	16	14	17	23	20	23	12	34
Never attended school	15	15	15	10	17	22	20	20	14	50

3.3.2 Decision to marry

As Maharjan et al. (2012) notes, the right to decide whom and when to marry remains with the person getting married. However, many other actors often have a role to play in this important decision.

Respondents are asked who made the decision for them to get married. Table 28 presents the decision makers of the respondents' marriage. For most respondents (60%), the decision to get married was made by them. The second largest proportion are those whose decision to marry was made by both parents (28.6%), among whom there are more females (25.7%) than males (2.9%).

Table 28. Marriage decision makers (for respondents who married before age 18)

Who decided that the respondent should get married	Male		Female		Total	
	n	%*	n	%*	n	%
The respondent himself/herself	3	8.6	18	51.4	21	60.0
Both parents (father and mother)	1	2.9	9	25.7	10	28.6
Father alone	0	0.0	1	2.9	1	2.9
Mother alone	0	0.0	1	2.9	1	2.9
The whole family	0	0.0	1	2.9	1	2.9
A person from outside the family	0	0.0	0	0.0	0	0.0
Other(s)	0	0.0	1	2.9	1	2.9
Total	**4**	**11.4**	**31**	**88.6**	**35**	**100.0**

Note: *Percentage of the total (*N*=35).

It is also notable that parents play a role in deciding whom their children should marry. Table 29 shows that 67.6 per cent of all respondents report deciding for themselves whom to marry, with 23.5 per cent reporting that the decision was made by both parents (father and mother). More females (20.6%) than males (2.9%) report that the choice of whom they should marry was made by both parents. Most respondents who married at 15 to 17 years of age decided for themselves whom to marry.

Table 29. Decision makers on whom to marry (for respondents who married before age 18)

Who decided whom the respondent should marry	Male		Female		Total	
	n	%*	n	%*	n	%
Respondent	2	5.9	21	61.8	23	67.6
Both parents (father and mother)	1	2.9	7	20.6	8	23.5
Father alone	0	0.0	1	2.9	1	2.9
Mother alone	0	0.0	0	0.0	0	0.0
The whole family	0	0.0	1	2.9	1	2.9
Partner	0	0.0	0	0.0	0	0.0
In-laws	0	0.0	0	0.0	0	0.0
Person outside the family	0	0.0	0	0.0	0	0.0
Other(s)	0	0.0	1	2.9	1	2.9
Total	**3**	**8.8**	**31**	**91.2**	**34**	**100.0**

Note: *Percentage of the total (*N*=34).

Table 30. Decision makers on whom respondents should marry, by age at marriage (for respondents who married before age 18)

Age at marriage	Frequency and percentage	Father alone	Father and mother	Respondent	Whole family	Others	Total
10	*n*	0	1	0	0	0	1
	%	0.0	2.9	0.0	0.0	0.0	2.9
11	*n*	0	1	0	0	0	1
	%	0.0	2.9	0.0	0.0	0.0	2.9
14	*n*	0	0	1	0	0	1
	%	0.0	0.0	2.9	0.0	0.0	2.9
15	*n*	1	3	6	0	1	11
	%	2.9	8.8	17.6	0.0	2.9	32.4
16	*n*	0	2	9	0	0	11
	%	0.0	5.9	26.5	0.0	0.0	32.4
17	*n*	0	1	7	1	0	9
	%	0.0	2.9	20.6	2.9	0.0	26.5
Total	***n***	**1**	**8**	**23**	**1**	**1**	**34**
	%	**2.9**	**23.5**	**67.6**	**2.9**	**2.9**	**100.0**

3.3.3. Perceived appropriate marrying age

Societal perceptions shape individual attitudes and behaviours towards marriage. Information about what the community perceives to be the appropriate marrying age is critical for interventions in the targeted areas.

The individual respondent questionnaire includes a question that investigates general perceptions of the age at which males and females are supposed to be married. The perceived appropriate marrying age for males ranges from 15 to 50 years. Males are expected to be married, on average, by the age of 26. On the other hand, the perceived appropriate marrying age for females ranges from 14 to 35 years. Females are expected to be married by the age of 22 on average.

Table 31. Perceived appropriate marrying ages for males and females by resettlement area

Resettlement area	Male				Female			
	Mean	Mode	Minimum	Maximum	Mean	Mode	Minimum	Maximum
Mayukwayukwa	27	25	18	45	22	20	15	35
Meheba	25	25	15	50	21	20	14	35
Total	**26**	**25**	**15**	**50**	**22**	**20**	**14**	**35**

Table 32 shows various perceptions relating to child marriage. Only 7 per cent of respondents agree with the statement that a girl is ready for marriage once she reaches puberty, with 92.2 per cent disagreeing with it. Similarly, the statement that a boy is ready for marriage once he reaches puberty is disputed by most of the respondents (92.5%), with only 6.4 per cent agreeing with it.

The statement that one can arrange a marriage for a child to resolve the family's financial challenges is disagreed with by 96.7 per cent of respondents. Majority (77.8%) of respondents, on the other hand, agree that child marriage is a form of sexual violence.

Over 90 per cent of respondents concur that child marriage denies children of educational opportunities. Regarding the statement that parents have a right to decide when their girl child gets married, 62.9 per cent disagree while 30.8 per cent agree. A very large majority (92.8%) of respondents are opposed to forcing girls into marriage.

Table 32. Perceptions relating to child marriage

Perception	Agree		Disagree		Neutral	
	n	%	n	%	n	%
Girls are ready for marriage at puberty.	27	7.0	357	92.2	3	0.8
Boys are ready for marriage at puberty.	25	6.4	360	92.5	4	1.0
Parents can arrange a marriage to solve the family's financial challenges.	10	2.6	376	96.7	3	0.8
Child marriage is a form of sexual violence.	302	77.8	78	20.1	8	2.1
Child marriage denies children of education opportunities.	355	91.5	30	7.7	3	0.8
Parents have the right to decide when their girl child should get married.	118	30.8	241	62.9	24	6.3
Girls should be forced to marry.	19	4.9	359	92.8	9	2.3

3.3.4. Drivers of child marriage

Respondents are asked about what they perceive to be drivers of child marriage in their communities. In both Meheba and Mayukwayukwa, the top three reported drivers of child marriage are poverty, economic gain and the child's fear of being disowned by family. In addition, in Meheba, pressure from parents and religion feature prominently as drivers of child marriage and may bear paying attention to.

Table 33. Perceived drivers of child marriage, by resettlement area

Driver	Mayukwayukwa						Meheba					
	Agree		Disagree		Neutral		Agree		Disagree		Neutral	
	n	%*	n	%*	n	%*	n	%*	n	%*	n	%*
Pressure from parents	43	13.0	60	18.1	38	11.4	101	30.4	70	21.1	20	6.0
Religion	7	2.1	130	39.3	4	1.2	52	15.7	125	37.8	13	3.9
Poverty	125	34.0	43	11.7	8	2.2	144	39.1	44	12.0	4	1.1
Economic gain	117	32.2	48	13.2	8	2.2	129	35.5	41	11.3	20	5.5
Fear of being disowned by family	56	17.0	59	17.9	23	7.0	115	35.0	51	15.5	25	7.6

Note: *Percentage of the total (*N*=307). Respondents were allowed to choose more than one answer. As such, values in the "*n*" and "%" columns do not necessarily tally with the values in the "Total" row.

3.4. GENDER-BASED VIOLENCE

This section presents study results on GBV, abuse and exploitation. GBV is defined as any act that results or is likely to result in, physical, sexual or psychological harm or suffering among women, including threats of such acts and coercion or arbitrary deprivations of liberty, whether occurring in public or in private life (United Nations, 1993; United Nations, 1996). Over time, this definition has been broadened to include socioeconomic violence. GBV takes place in all societies and cultures.

Table 34 presents findings on respondents' knowledge of different forms of GBV, namely, sexual, physical, economic and psychological and emotional abuse, disaggregated by resettlement area. The most common form of GBV that respondents have knowledge of is physical abuse, specifically, physical attacks on a person, accounting for 84.7 per cent of the sample. Rape is the second most commonly known form of GBV; other forms reported include emotional abuse (insulting and/or abusive language) (50.5%), defilement (child rape) (47.9%), touching of sexual body parts (38.4%) and property-grabbing (32.2%).

Table 34. Knowledge of gender-based violence, by resettlement area

Knowledge of GBV	Mayukwayukwa		Meheba		Total	
	n	%*	*n*	%*	*n*	%
Sexual abuse						
Touching of sexual body parts	76	24.8	42	13.7	118	38.4
Touching in a sexual manner (fondling, kissing, grabbing, etc.) against a person's will	48	15.6	39	12.7	87	28.3
Rape (forced sexual intercourse)	88	28.7	79	25.7	167	54.4
Defilement (sexual intercourse with a minor)	75	24.4	72	23.5	147	47.9
Forced prostitution	11	3.6	32	10.4	43	14.0
Harassment of a person, including unwanted sexual advances	12	3.9	43	14.0	55	17.9
Sexual contact by a person aware of having HIV/AIDS or another STI without disclosure to the other person	4	1.3	19	6.2	23	7.5
Physical abuse						
Physical attack on a person (hitting, slapping, kicking, pulling of hair, burning, choking, etc.)	143	46.6	117	38.1	260	84.7
Economic abuse						
Property-grabbing	72	23.5	27	8.8	99	32.2
Failing to share income earned with the family	28	9.1	22	7.2	50	16.3
Family desertion	11	3.6	8	2.6	19	6.2
Preventing a spouse or partner from engaging in employment or generating her own income	29	9.4	24	7.8	53	17.3
Psychological and emotional abuse						
Insulting and/or abusive language	113	36.8	42	13.7	155	50.5
Constant criticism and/or humiliation	9	2.9	12	3.9	21	6.8
Mental torture (silent treatment, forced isolation, etc.)	44	14.3	31	10.1	75	24.4
Total	**165**	**53.7**	**142**	**46.3**	**307**	**100.0**

Note: *Percentage of the total (*N*=307). Respondents were allowed to choose more than one answer. As such, values in the "*n*" and "%" columns do not necessarily tally with the values in the "Total" row.

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3.4.1. Gender-based violence in the community

Respondents are asked whether GBV is common in their respective communities. Table 35 shows that 68.8 per cent of respondents report GBV to be common. Distribution by resettlement area is 34.9 per cent in Mayukwayukwa and 33.9 per cent in Meheba. Respondents are also asked specifically about the occurrence or frequency of GBV in their communities, their individual experiences of GBV and general attitudes towards GBV in the communities.

Table 36 shows that 42.1 per cent of respondents report that GBV occurs a few times a month in their communities. They are followed by those who indicate that GBV never occurs (21.9%), then by those who report that GBV occurs a few times a year (19.7%), those who indicate that it happens once or twice a week (10.1%) and, lastly, by those who report that it occurs almost every day (5.3%).

Table 35. Perceived commonness of gender-based violence, by resettlement area

Perception of GBV as being common	Mayukwayukwa		Meheba		Total	
	n	%*	*n*	%*	*n*	%
Yes (common)	132	34.9	128	33.9	260	68.8
No (uncommon)	57	15.1	58	15.3	115	30.4
Does not know	2	0.5	1	0.3	3	0.8
Total	**191**	**50.5**	**187**	**49.5**	**378**	**100.0**

Note: *Percentage of the total (*N*=378).

Table 36. Perceived occurrence of gender-based violence, by resettlement area

Perceived occurrence of GBV	Mayukwayukwa		Meheba		Total	
	n	%*	*n*	%*	*n*	%
Almost every day	5	1.3	15	4.0	20	5.3
Once or twice a week	18	4.8	20	5.3	38	10.1
A few times a month	97	25.9	61	16.3	158	42.1
A few times a year	23	6.1	51	13.6	74	19.7
Never	46	12.3	36	9.6	82	21.9
Does not know	1	0.3	2	0.5	3	0.8
Total	**190**	**50.7%**	**185**	**49.3%**	**375**	**100.0%**

Note: *Percentage of the total (*N*=375).

3.4.2. Personal experience of gender-based violence

Respondents are asked about their personal experiences of GBV. Results show that 20.8 per cent of the total respondents have experienced GBV. More females than males have experienced GBV: the 20.8 per cent is broken down into 11.1 per cent females and 9.8 per cent males. (Table 37)

Table 37. Personal experience of gender-based violence, by sex and resettlement area

Sex	Personal experience of GBV	Mayukwayukwa		Meheba		Total	
		n	%*	*n*	%*	*n*	%
Male	Yes	20	5.3	17	4.5	37	9.8
	No	67	17.7	73	19.3	140	36.9
	Total	**87**	**23.0**	**90**	**23.7**	**177**	**46.7**
Female	Yes	23	6.1	19	5.0	42	11.1
	No	82	21.6	78	20.6	160	42.2
	Total	**105**	**27.7**	**97**	**25.6**	**202**	**53.3**
Total	Yes	43	11.3	36	9.5	79	20.8
	No	149	39.3	151	39.8	300	79.2
	Total	**192**	**50.7**	**187**	**49.3**	**379**	**100.0**

Note: *Percentage of the total (*N*=379).

3.4.3. Forms of gender-based violence that respondents have experienced

Among respondents from both resettlement areas who have experienced GBV, the most common forms reported are physical attacks (6.6%) and insulting and/or abusive language (69.6%). This is followed by touching of sexual body parts (32.9%), others were rape (27.8%), defilement (24.1%) and property-grabbing (19%). (Table 38)

Table 38. Forms of gender-based violence that respondents have experienced, by resettlement area

	Mayukwayukwa		Meheba		Total	
	n	%*	*n*	%*	*n*	%
Sexual abuse						
Touching of a person's sexual body parts	23	29.1	3	3.8	26	32.9
Touching in a sexual manner (fondling, kissing, grabbing, etc.) against a person's will	4	5.1	0	0.0	4	5.1
Rape (forced sexual intercourse)	21	26.6	1	1.3	22	27.8
Defilement (sexual intercourse with a minor)	18	22.8	1	1.3	19	24.1
Forced prostitution	4	5.1	2	2.5	6	7.6
Harassment of a person, including unwanted sexual advances	2	2.5	1	1.3	3	3.8
Sexual contact by a person aware of having HIV/AIDS or another STI without disclosure to the other person	1	1.3	0	0.0	1	1.3
Physical abuse						
Physical attack on a person (hitting, slapping, kicking, pulling of hair, burning, choking, etc.)	33	41.8	22	27.8	55	69.6

		Mayukwayukwa		Meheba		Total	
		n	%*	*n*	%*	*n*	%
Economic abuse							
Property-grabbing		13	16.5	2	2.5	15	19.0
Failing to share income earned with family		2	2.5	6	7.6	8	10.1
Family desertion		1	1.3	2	2.5	3	3.8
Preventing a spouse/partner from engaging in employment or generating own income		1	1.3	1	1.3	2	2.5
Psychological and emotional abuse							
Insulting and/or abusive language		37	46.8	18	22.8	55	69.6
Constant criticism and/or humiliation		1	1.3	2	2.5	3	3.8
Mental torture (silent treatment, forced isolation, etc.)		2	2.5	3	3.8	5	6.3
Total		**43**	**54.4**	**36**	**45.6**	**79**	**100.0**

Note: *Percentage of the total (*N*=79). Respondents were allowed to choose more than one answer. As such, values in the "*n*" and "%" columns do not necessarily tally with the values in the "Total" row.

Respondents who have experienced GBV are asked who committed the act. Table 39 shows that the highest percentage of perpetrators of GBV are other family members (36.7%), followed by the spouse (25.3%) and partner (10.1%). This gives an indication that most GBV cases are experienced within family circles and intimate relationships.

Table 39. Perpetrators of gender-based violence committed against victim respondents, by resettlement area

Identity of perpetrator	Mayukwayukwa		Meheba		Total	
	n	%*	*n*	%*	*n*	%
Spouse	2	2.5	18	22.8	20	25.3
Partner	6	7.6	2	2.5	8	10.1
Other family member	19	24.1	10	12.7	29	36.7
Stranger	5	6.3	1	1.3	6	7.6
Co-worker	0	0.0	0	0.0	0	0.0
Peer	2	2.5	0	0.0	2	2.5
Other	4	5.1	0	0.0	4	5.1
Prefer not to say	5	6.3	1	1.3	6	7.6
No response	2	2.5	2	2.5	4	5.1
Total	**45**	**57.0**	**34**	**43.0**	**79**	**100.0**

Note: *Percentage of the total (*N*=79). Respondents were allowed to choose more than one answer. As such, values in the "*n*" and "%"columns do not necessarily tally with the values in the "Total" row.

3. Findings

Respondents who have experienced GBV are asked what actions they have taken after the incident. Table 40 shows that most of the respondents (35.4%) indicate that nothing was done about it; 27.8 per cent indicate that they reported the incident to the community leader; and 22.8 per cent indicate that they reported the case to the police. These give an indication that most of the GBV cases in these communities largely go unreported.

Table 40. Action taken by victim respondents after experiencing gender-based violence

Action taken	Mayukwayukwa		Meheba		Total	
	n	%*	*n*	%*	*n*	%
Nothing	9	11.4	19	24.1	28	35.4
Reported to community leaders	16	20.3	6	7.6	22	27.8
Reported to the police	14	17.7	4	5.1	18	22.8
Other	4	5.1	2	2.5	6	7.6
Not stated	3	3.8	2	2.5	5	6.3
Reported to religious leaders	0	0.0	0	0.0	0	0.0
Total	**46**	**58.2**	**33**	**41.8**	**79**	**100.0**

Note: *Percentage of the total (*N*=79). Respondents were allowed to choose more than one answer. As such, values in the "*n*" and "%" columns do not necessarily tally with the values in the "Total" row.

Table 41 shows the perceived trend of GBV in the resettlement areas. Majority (61.3%) of respondents' report that GBV is declining. Of great concern, however, is that 17.1 per cent report that GBV is increasing.
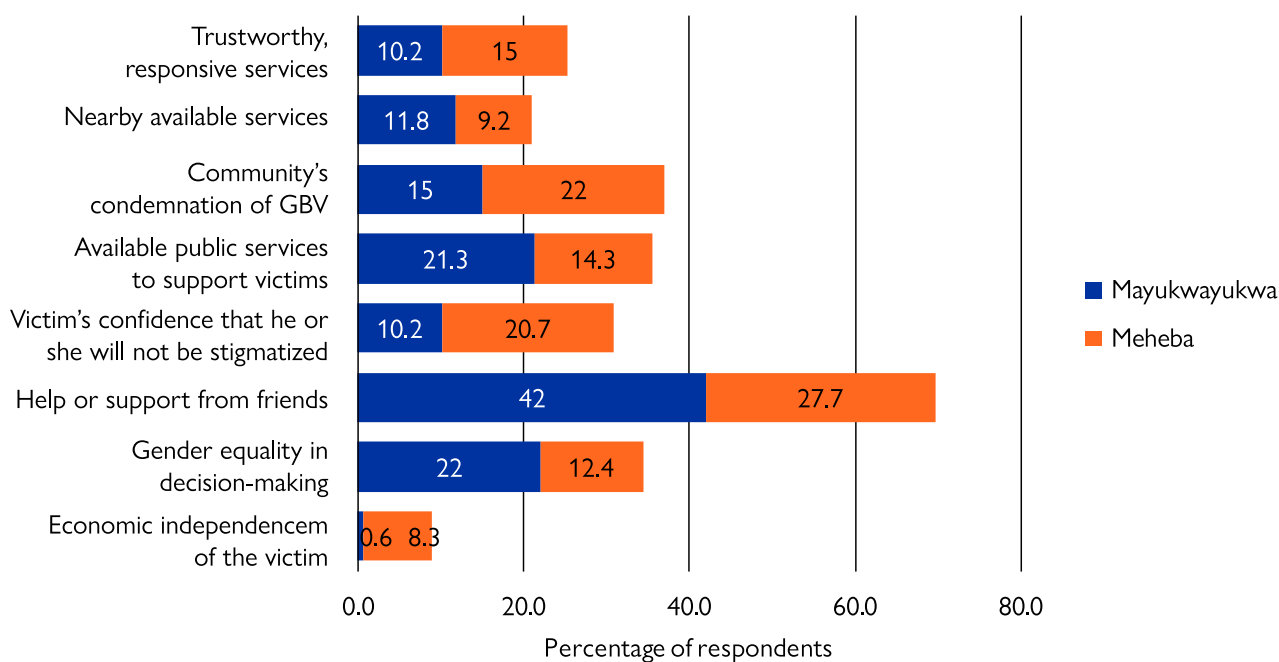
Table 41. Perceived trend in gender-based violence, by resettlement area

Perceived trend in GBV	Mayukwayukwa		Meheba		Total	
	n	%*	*n*	%*	*n*	%
Increasing	31	8.3	33	8.8	64	17.1
Declining	110	29.3	120	32.0	230	61.3
Staying the same	17	4.5	16	4.3	33	8.8
Does not know	31	8.3	17	4.5	48	12.8
Total	**189**	**50.4**	**186**	**49.6**	**375**	**100.0**

Note: *Percentage of the total (*N*=375).

In the fight against GBV, priority must be placed on taking collective action and speaking with one voice to prevent GBV from happening, addressing its core drivers, recognizing vulnerabilities and providing support to victims and survivors. Figure 8 shows that 69.7 per cent of all respondents report that help from friends enables GBV victims to take action. Further, respondents indicate that knowing that the community does not condone GBV, as well as the availability of robust public health services to support victims who report, would increase their confidence in reporting incidents. Surprisingly, economic independence of the victim or survivor is the least factor influencing the decision to report GBV.
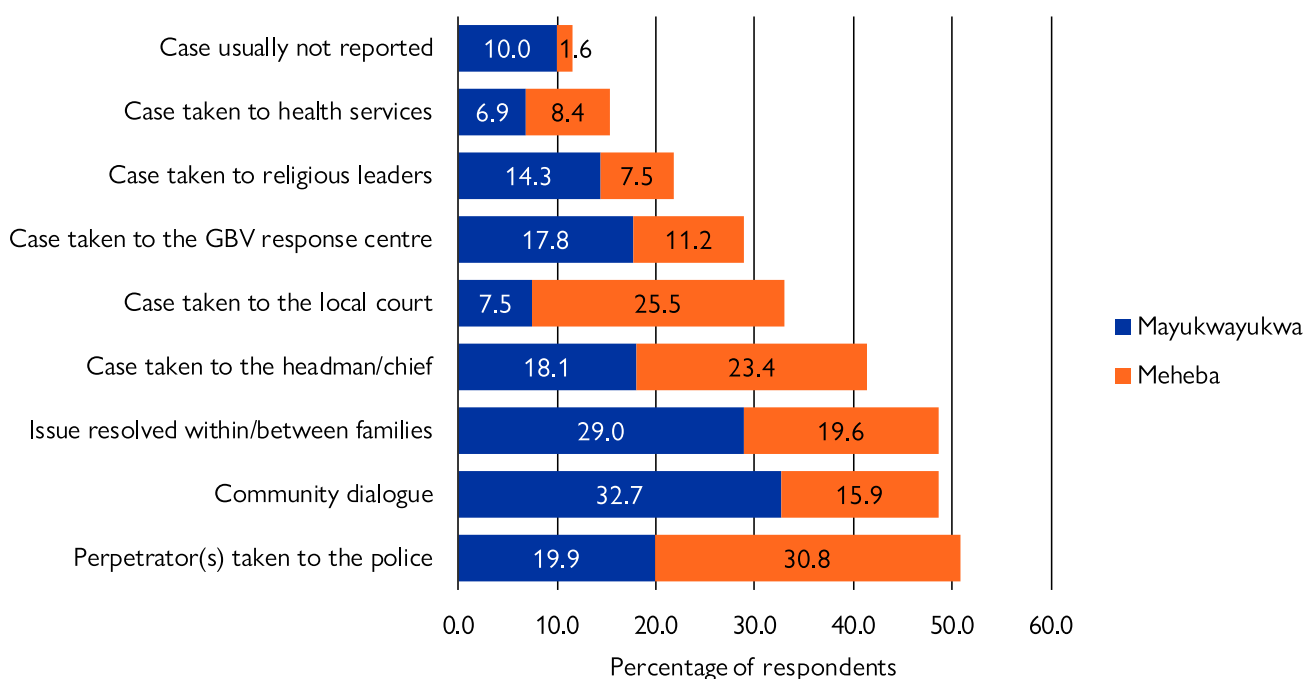
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Figure 8. Factors that enable GBV survivors to take action, by resettlement area

Factor	Mayukwayukwa	Meheba
Trustworthy, responsive services	10.2	15
Nearby available services	11.8	9.2
Community's condemnation of GBV	15	22
Available public services to support victims	21.3	14.3
Victim's confidence that he or she will not be stigmatized	10.2	20.7
Help or support from friends	42	27.7
Gender equality in decision-making	22	12.4
Economic independencem of the victim	0.6	8.3

Percentage of respondents

Note: Respondents were allowed to choose more than one answer.

In terms of the community's response to GBV, 50.8 per cent of all respondents indicate that perpetrators are taken to the police. In other instances, the response takes the form of community dialogue (48.6%), while some GBV cases are discussed within or between involved families (48.6%). It is worth noting that 11.5 per cent of respondents indicate that some GBV cases are not reported (Figure 9). However, this picture is at variance with the real situation as reported by those who have actually experienced GBV (Table 39), where the majority did not take any action or resolved the issue through community leadership structures.

Figure 9. Community response to gender-based violence, by resettlement area

Response	Mayukwayukwa	Meheba
Case usually not reported	10.0	1.6
Case taken to health services	6.9	8.4
Case taken to religious leaders	14.3	7.5
Case taken to the GBV response centre	17.8	11.2
Case taken to the local court	7.5	25.5
Case taken to the headman/chief	18.1	23.4
Issue resolved within/between families	29.0	19.6
Community dialogue	32.7	15.9
Perpetrator(s) taken to the police	19.9	30.8

Percentage of respondents

Note: Respondents were allowed to choose more than one answer.

3. Findings

3.4.4. Attitudes towards gender-based violence

Most of the respondents disapprove (89.2%) of the view or attitude that it is acceptable for a husband to beat his wife in some situations.

Most respondents are opposed to the attitude that a woman or man should tolerate violence for the sake of the family or livelihood (71.2%). Similarly, respondents disapprove of the view that either men or women who use violence on their spouses should be shamed publicly (53.9%). They largely disapprove also of the view that a woman who assaults or beats a man should not be arrested by the police (63%). About 61 per cent of all respondents do not support violence between a wife and her husband.

Notably, about 79 per cent of respondents support the view that men and boys have a responsibility to prevent GBV against women and girls (Table 42).

Table 42. Attitudes relating to gender-based violence, by resettlement area

Attitude relating to gender-based violence	Agree		Disagree		Neutral		Total	
	n	%	n	%	n	%	n	%
It is acceptable for a husband to beat his wife in certain situations.	42	10.8	346	89.2	0	0.0	388	100.0
A woman or man should tolerate violence for the sake of the family or their livelihood.	110	28.5	275	71.2	1	0.3	386	100.0
Men and women who use violence should be publicly shamed.	179	46.1	209	53.9	0	0.0	388	100.0
A woman who assaults or beats her husband should not be arrested by the police.	142	37.0	242	63.0	0	0.0	384	100.0
Violence (physical or sexual) between wife and husband should not be reported to the police.	152	39.2	236	60.8	0	0.0	388	100.0
Men and boys have a responsibility to prevent GBV against women and girls.	305	78.6	82	21.1	1	0.3	388	100.0

Figure 10 shows that the top three most visited institutions by GBV survivors overall are the police (64% of all respondents: 34.9% from Mayukwayukwa and 29.1% from Meheba), community leaders (63.4%, with 38.4% from Mayukwayukwa and 25% from Meheba) and support groups (26.7%, with 25% from Mayukwayukwa and 1.7% from Meheba).

Figure 10. Where those who experienced GBV looked for help

	Mayukwayukwa	Meheba
Hotline	0.0	
Peer group	2.3	0.6
Place of worship	0.0	3.5
Court	1.2	9.3
Survivor support centre	9.9	2.9
Hospital	20.9	1.2
Relatives	13.4	12.8
Support group	25.0	1.7
Community leader	38.4	25.0
Police	34.9	29.1
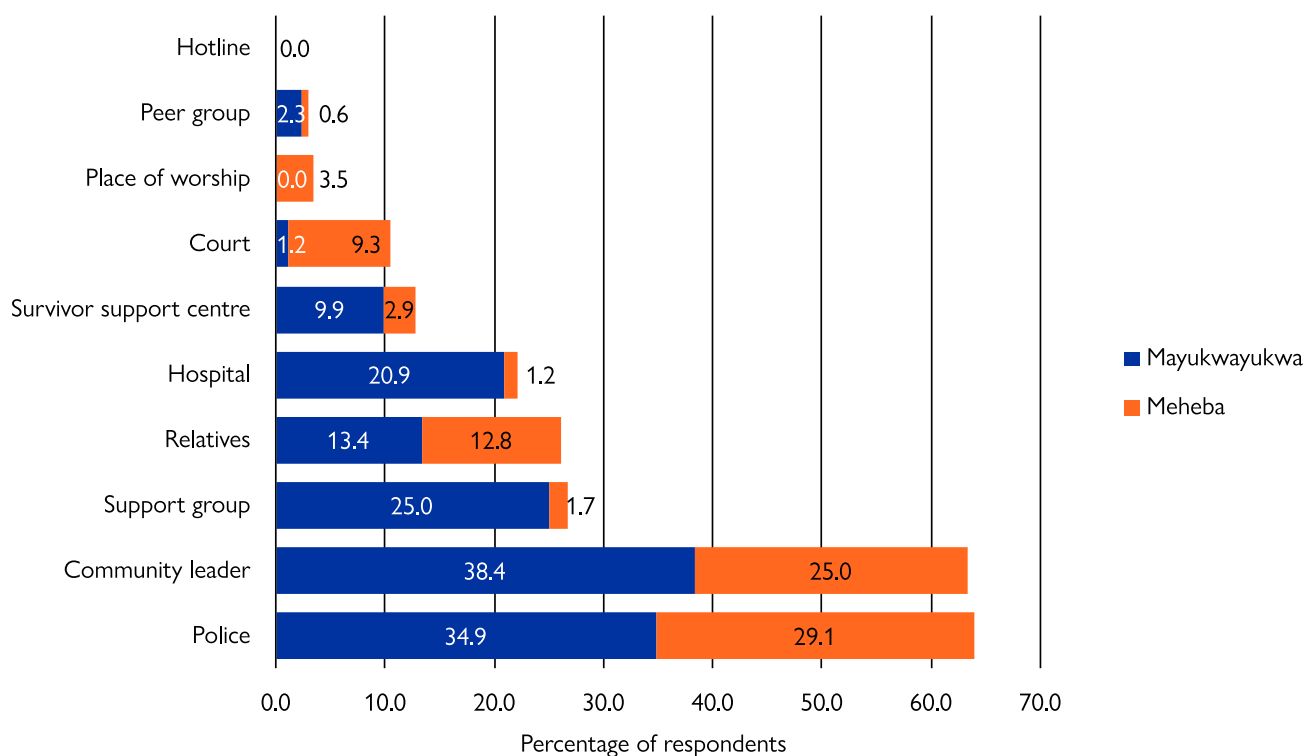
Note: Respondents were allowed to choose more than one answer.

Table 43 shows the services in descending order that are accessible to GBV survivors in the resettlement areas. These include the police (88.3%), education (38.9%) and health centres as the three services accessed most by GBV survivors.

Table 43. Services accessible to GBV survivors, by resettlement area

Accessible services	Mayukwayukwa		Meheba		Total	
	n	%*	*n*	%*	*n*	%
Police	136	41.0	157	47.3	293	88.3
Education	102	30.7	27	8.1	129	38.9
Health centre	52	15.7	51	15.4	103	31.0
Legal aid	38	11.4	63	19.0	101	30.4
Psychosocial assistance	69	20.8	11	3.3	80	24.1
Total	**168**	**50.6**	**164**	**49.4**	**332**	**100.0**

Note: *Percentage of the total (*N*=332). Respondents were allowed to choose more than one answer. As such, values in the "*n*" and "%" columns do not necessarily tally with the values in the "Total" row.

Access to information is an important factor in the fight against GBV. Raising awareness about the issues surrounding GBV becomes critical. According to Table 44, 58.2 per cent of the total respondents who have received information about GBV did so from community members, 47 per cent from United Nations agencies, and 42.8 per cent from NGO and programme or project staff. There is least access to information via radio (15.7%) and television (5%). Among those who have received GBV information, majority (58.3%) indicate that the information received was about prevention and awareness (Table 45). About 79 per cent report that the information received was helpful, while 21 per cent could not articulate what the theme of the message was.

Table 44. Sources of information on gender-based violence, by resettlement area

Information source	Mayukwayukwa		Meheba		Total	
	n	%*	*n*	%*	*n*	%
Community member	72	24.1	102	34.1	174	58.2
United Nations agencies	73	24.4	70	23.4	143	47.8
NGO and project staff	77	25.8	51	17.1	128	42.8
Police	48	16.1	9	3.0	57	19.1
Clinic	33	11.0	16	5.4	49	16.4
Radio	31	10.4	16	5.4	47	15.7
Television	4	1.3	11	3.7	15	5.0
Total	**128**	**42.8**	**171**	**57.2**	**299**	**100.0**

Note: *Percentage of the total (N=299). Respondents were allowed to choose more than one answer. As such, values in the "n" and "%" columns do not necessarily tally with the values in the "Total" row.

Table 45. Main theme of the received message, by resettlement area

Main theme	Mayukwayukwa		Meheba		Total	
	n	%*	*n*	%*	*n*	%
Prevention and awareness	74	20.1	141	38.2	215	58.3
Conscious generation against GBV	89	24.1	20	5.4	109	29.5
Where to report GBV cases	23	6.2	19	5.1	42	11.4
Shelter and safe houses for GBV survivors	1	0.3	2	0.5	3	0.8
Total	**187**	**50.7**	**182**	**49.3**	**369**	**100.0**

Note: *Percentage of the total (N=369).

3.5. ALCOHOL AND DRUG ABUSE

Alcohol and drug abuse are often associated with accidents, crime, domestic violence, illness, lost opportunities and reduced productivity. Table 46 shows the distribution of respondents' experience with alcohol and/or drug abuse by resettlement area. Overall, 10.7 per cent report to have failed to do what was normally expected of them because of drinking (5.7% from Meheba and 5.1% from Mayukwayukwa). Around 6 per cent report to have gotten so "high" or sick from taking drugs that they failed to go to work or school or care for children. About 6 per cent (4.9% from Meheba and 1.3% from Mayukwayukwa) report to have kept away from school or work or caring for children as a result of being so high or sick from taking drugs. About 4.6 per cent of respondents report that they have spent less time at work or school or with friends so that they could use drugs.

Table 46. Alcohol and drug abuse, by sex and resettlement area

Alcohol and/or drug abuse		Mayukwayukwa		Meheba		Total	
		n	%	n	%	n	%
Failed to do what was normally expected of them because of drinking	Yes	17	5.1	19	5.7	36	10.7
	No	128	38.1	120	35.7	248	73.8
	Not stated	0	0.0	52	15.5	52	15.5
Got so high or sick from drugs that it kept them from going to work/school or caring for children	Yes	4	1.3	15	4.9	19	6.2
	No	113	36.9	79	25.8	192	62.7
	Not stated	1	0.3	94	30.7	95	31.0
Spent less time at work/school/with friends to use drugs	Yes	3	1.0	11	3.6	14	4.6
	No	115	37.6	83	27.1	198	64.7
	Not stated	0	0.0	94	30.7	94	30.7

Table 47 shows the distribution of exploitation – both labour and sexual exploitation – by resettlement area. The percentages give some indication of the exploitation that occurs in the resettlement areas.

Table 47. Exploitation (labour and sexual), by sex and resettlement area

Exploitation		Mayukwayukwa				Meheba				Total					
		Male		Female		Male		Female		Male		Female		Total	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%
Ever worked or provided a service and never received equal pay for work or service rendered	No	47	14.6	70	21.8	66	20.6	84	26.2	113	35.2	154	48.0	267	83.2
	Yes	16	5.0	12	3.7	18	5.6	8	2.5	34	10.6	20	6.2	54	16.8
Had to engage in sexual activity in order to get a service or good	No	62	19.3	81	25.2	80	24.8	87	27.0	142	44.1	168	52.2	310	96.3
	Yes	1	0.3	1	0.3	4	1.2	6	1.9	5	1.6	7	2.2	12	3.7

The findings show that among the respondents who answered the questions on exploitation, 16.8 per cent report having worked or provided a service and never received equal pay. On the other hand, 3.7 per cent report having to engage in sexual activity in order to obtain a service.

3. Findings

4. DISCUSSION OF FINDINGS

This study aims to assess the vulnerabilities in resettlement areas, with a focus on integration, child marriage, gender-based violence, abuse and exploitation. The discussion focuses on the following themes: inclusion (economic and social), sense of belonging, social relationships, civic participation; legitimacy of community leadership, peace and security, GBV, and alcohol and drug abuse.

Communities in humanitarian settings often experience vulnerabilities due to various factors, including socioeconomic dependence on others, and to difficulties in realizing their fundamental rights, vulnerability to violence, abuse and exploitation. They often face exclusion, isolation and lack of productive resources or means of survival (FAO, 2020).

4.1. Inclusion (economic and social)

In the present study, agriculture is found to be the main economic activity in the resettlement areas.

Agriculture, food systems and the sustainable use of natural resources are key to securing the livelihood of the poor. While agriculture plays a big role in their income and food security, the rural extreme poor also need to diversify their sources to include non-agricultural activities. This is to reduce overreliance on agriculture, which makes the rural extreme poor highly vulnerable because of climatic shocks and extreme weather events (FAO, 2019). When land is available and accessible, agriculture can be a means to earn an income and provide livelihood. (UNHCR, 2006).

As part of durable solutions for former refugees, the Government of the Republic of Zambia, through the Department of Resettlement, gave land to Angolan former refugees. Access to land is one important factor for self-reliance among these former refugees. In both the Mayukwayukwa and Meheba resettlement areas, land is available around refugees' homes for farming and rearing animals such as chickens and goats. Some have larger plots away from their homes which they farm (United States Department of State, 2014). The Government has dedicated parts of the refugee settlements to new resettlement schemes, whereby eligible former refugees and a number of Zambians can access land property to settle on. Each eligible household receives a plot of a minimum of 5 hectares and a maximum of 10 hectares, as per the Department of Resettlement guidelines for resettlement schemes (World Bank, 2016).

Livelihood opportunities are activities that individuals engage in, with the main purpose of sustaining a living (Kapur, 2019). When individuals have access to economic opportunities (jobs, business, financial resources and assets), they will be able to adequately meet their daily basic needs and attain an optimal present and future standard of living. Focus should be on improving local capacity, broadening choices and scope of livelihood options beyond agriculture, and making alternative economic and livelihood opportunities available in the resettlement areas.

A livelihood encompasses any reliable manner through which people access food, shelter, health care, education, safe water and sanitation, security and protection (UNDP, 2013). The results indicate that most of the people in the resettlement areas are in the low-income bracket (i.e. below ZMW 500 monthly); for people in this bracket, nearly all income is spent on food, with little or nothing left to afford other social amenities. Thus, they are vulnerable to any shocks that may occur, as they have no savings to fall back on in times of crises.

Income and wealth, to some extent, directly support better health because wealthier people can afford resources that protect and improve health. People with low incomes tend to have more restricted access to medical care, are more likely to be uninsured or underinsured, and face greater financial barriers to affording specialized medical services due to the cost of medicines and other health-care needs (Woolf et al., 2015).

In terms of access to economic opportunities, the 76 per cent of respondents that have no access to either loans or banking services or mobile money transfers may be an indication of the inadequacy or unavailability of such facilities and services in the local integration areas. Another possible reason for this could be the type of documentation that former refugees possess, which may hinder their access to loans and banking services (i.e. legal documentation in the local integration areas is the temporary residence permit). Whereas manpower and markets are found to be available, other facilities, services and resources that might support businesses to thrive are not; this could hinder the growth of small businesses, in particular. Studies show that there is a need to ensure that synergies are established between business support and other services (Blackburn et al., 2008). Micro-businesses employ locals and are an economic engine that causes cash to move through the community's economy. Successful local businesses allow owners to remain in place and generate opportunities for in-migration and more opportunities for other entrepreneurs (Muske et al., 2007).

Health

Access to health care is one of the relevant human capital assets for livelihood which must be of priority in any community setting (UNDP, 2013). According to the World Health Organization, the enjoyment of the highest attainable standards of health, without distinction of race, religion, political belief, or economic and social condition, is one of the fundamental rights of every human being (WHO, 1946). The present study finds that the majority of respondents have walked distances of 3 to 5 km (or even more) to reach the nearest health facility. Long distances to the nearest health facility are cited as one of the barriers impeding accessibility and utilization of health services (Sanogo et al., 2019). Access to health care is also dependent on availability of income to meet the direct and indirect costs related to such care. The study findings point to fewer persons within the local integration area having disposable income to meet their health needs.

> **Good Practice**
> *"The Ministry of Health just started implementing the "adolescent youth-friendly corners" on Fridays, where reproductive health issues such as male circumcision, family planning, for example, the use of condoms, and STIs are discussed."*
>
> Key informant interview (health worker), Meheba

Education

The findings show that the top three reasons for not attending school among respondents who are supposed to be in school are finances, long distances and pregnancy. Communities are knowledgeable about the importance and rights of children to education and that this right is applicable to all regardless of status, gender or age. However, due to some challenges, including finances, long distances and child marriage, most children are unable to attend school. Families already having little income to meet their basic daily needs are not likely to prioritize education for their children. The absence of secondary schools in the local integration areas also militates against the continued schooling of children once they complete primary school, as most parents are forced to send their children to boarding schools or send them to stay elsewhere to access school. Those who are unable to afford this are forced to discontinue their children's education. The lack of education facilities in the local integration area was cited by key informants as one of the major factors hindering people from taking up their plots within the local integration area, as many had school-going children.

4.2. Belonging (identity, values and recognition)

A sense of belonging broadly includes aspects of identity, shared norms and values, and feelings of acceptance and belonging in society (UNDP, 2017). Over 90 per cent of people interviewed report that they would choose to continue staying in the resettlement area. They report a general sense of shared norms, values, acceptance and belonging among the people in the community.

Integration is a long and personal journey involving self-examination, acceptance in a new community and a sense of belonging. It requires a level of pride in one's identity and a willingness to adopt aspects of the culture of the host community. Integration also includes a commitment to participate fully in the receiving society and to expect responsible reciprocity from host communities. Receiving communities which demonstrate acceptance and embrace newcomers by respecting their cultures and valuing their contributions, will empower newcomers to integrate with ease and confidence (UNHCR, 2002).

4.3. Social relationships (networks, values and recognition)

Findings reveal that people in the local integration areas largely talk to and engage with people of other cultures. However, distance between neighbours and people from different blocks could also be a reason for less human interaction. However, a significant proportion of the people interviewed are found to be not affiliated with any social grouping in the community. Community meetings, funerals and initiation ceremonies are the most cited activities or events which bring people together in the resettlement areas. These present opportunities to continue to strengthen social relationships within the community, as well as to disseminate information on various aspects of interest to them.

> *"We have school-going children, but they do not attend school because of lack of money and the long distance to school … there are no pre-schools in the area. We are afraid for the future of our children."*
>
> Focus group discussion (community resident), Mayukwayukwa

People who are poor and socially excluded are more susceptible to the challenges of resettlement and are less able to restore their living standards and livelihoods than the average population living with adequate livelihoods and assets. This social vulnerability may affect certain groups of the population such as people living with disabilities and ethnic minorities, among others (EBRD, 2017).

4.4. Civic participation

Participation is broadly looked at in three dimensions, namely, electoral participation, rate of participation in voluntary associations and charitable giving. Electoral participation is the percentage of eligible voters participating in elections (voter turnout); participation in voluntary associations is the percentage of people who are members of a voluntary association; and charitable participation is the percentage of the population making a charitable gift (UNDP, 2017). Findings show quite good participation in elections, including at the community level. Former refugees demonstrated agency to manage and participate in decision-making on issues relating to their community life by taking responsibility for the election of their representatives in public office. Participation in voluntary work is more common among females than males. There is also evidence of settlers forming groups within the community, for example, saving groups.

Civic engagement captures the extent to which people participate voluntarily in civic society by joining community organizations, unions, political parties or religious organizations, and by engaging in civic life. Civic engagement relates to social capital, participation and the agency that motivates individuals to be part of collective action (World Bank, 2012).

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4.5. Legitimacy

Legitimacy is one of main dimensions in the social cohesion measurement framework as it refers to trust in institutions and feelings of representation (UNDP, 2017). The legitimacy of political, social, economic and cultural institutions, as established by the Constitution, rule of law or tradition, frequently dictates the degree of political, social and economic participation by individuals in society (Jeannotte, 2008). In the current study, respondents largely affirm legitimacy of institutions, as they attest to having utilized police, health care, education, religion, legal aid and psychosocial services. However, only health-care, religious and education services are available in the resettlement areas currently.

People's trust in the Government and their confidence in institutions may increase if they believe that opportunities are available to them either now or in the future. For example, jobs opportunities can influence social cohesion through their effects on social identity, networks and fairness (World Bank, 2012).

4.6. Peace and security

This study shows that 90 per cent of the people interviewed generally felt safe in the resettlement areas. However, 27 per cent report having experienced some social threats or violence. Considering the former refugees' population, there can be nothing more tormenting than living in an environment that reminds them of conflict. Safety and security are a critical consideration for people to take up local integration and thereafter choose to continue to the stay in the scheme and hence needs reinforcing for success of the whole sustainable resettlement model.

Therefore, peace and assure security is at the centere of building a sustainable and cohesive community. Social cohesion is not only good for improving the quality of the societies in which people live, but it is also likely to help avoid violent conflict (UNDP, 2017).

4.7. Child marriage

The United Nations Convention on the Rights of the Child (CRC) in Article 1 defines a child as every human being below the age of 18 years unless the age of the majority is attained earlier (United Nations, 1989). The Protocol on the Rights of Women in Africa to the African Charter on Human and Peoples' Rights (the Maputo Protocol) provides that: (a) no marriage shall take place without the free and full consent of both parties; and (b) the minimum age of marriage for women shall be 18 years (African Union, 2003).

In Zambian law, the Marriage Act provides that the minimum age of the parties to the intended marriage should be not less than 21 years old or that if he or she is under that age, the written consent of the father, or if he be dead or of unsound mind or absent from Zambia, of the mother, or if both be dead or of unsound mind or absent from Zambia, of the guardian of such party, shall be produced and shall be annexed to the affidavit (Zambia, Ministry of Legal Affairs, 2014).

"We are educating children not to get married early but to continue their education.

The only challenge we have is that we do not have enough entertainment [activities], so the girls they are forced to mingle with men and that's how they get pregnant because they have nothing to do. There is no entertainment and they just move around with boys they interact, and you know the result."

Key informant interview (educator), Meheba

Expectedly, the present study found that child marriage was more common among females than males. Being female and having no education were strong predictors of child marriage. This is an indication of how lack of education would lead to increased vulnerability to child marriage. These findings, complemented by other evidence, reveal that child marriage affects more girls than boys and that girls with less education are more susceptible to child marriage than their counterparts with higher education levels (UNFPA, 2017a).

The findings show that 6 in 10 individuals in child marriage made a such decision on their own, while for about a third this decision was made by parents. Studies have shown that adolescents may decide to marry each other without any adult or outside influence (UNFPA, 2017a) for various pragmatic reasons driven by some underlying factors which drive child marriage (UNFPA, 2017b)

In this study, a significant proportion of respondents reported that the ideal age for marriage for both males and females was 15 years and 14 years, respectively, thereby demonstrating that people are accepting of child marriage. If communities are accepting and tolerant of child marriage, it is unlikely that they will take a stand against it.

A study by Caritas Zambia and Save the Children in Western Province found that most children got married at ages ranging from 12 to 18 years (Caritas Zambia and Save the Children, 2018).

On the other hand, most of the respondents were aware of the negative effects of child marriage in that it denies the child of children educational opportunities and that child marriage is a form of sexual violence. However, there was a sizeable proportion of respondents who felt that parents had the right to decide when their girl child should get married. The perception confirms what was earlier revealed that parents had a relatively bigger role in deciding marriage for their children. Any efforts to address child marriage thus need to focus on addressing the common societal perception that it is acceptable for children to marry, as well as targeting parents to not condone such practices.

Child marriage in the resettlement areas was found to be necessitated by three major drivers, namely, high poverty levels, economic gain and the fear of being disowned by the family.

These findings are consistent with several studies in other settings that revealed that intergenerational marriages[2] may be necessitated by various factors including poverty, where marrying off the child serves as a means for the girl to escape poverty and be provided for, and the girl's family may also benefit through the payment a "bride price" (*lobola*). Teenage pregnancy leads to marriage as a way of avoiding family shame (UNFPA, 2017a).

> *"Some parents say that no one can control them on what to do because the children are "theirs". Due to prevailing economic hardships, they resort to giving away their daughters in early marriage."*
>
> Focus group discussion (community resident), Mayukwayukwa

> **Good Practice**
> *"We had a case of a Grade 9 pupil who was forced into marriage by the parents. The pupil was always sad, and she was very much against it, but she couldn't change the decision made by the parents.*
>
> *When the school administration (Lyamunale Primary) got hold of the information, the school decided to call the parents and explained to them about the consequences of marrying off a young girl. The school took full responsibility of buying the school uniforms and paying for her school fees.*
>
> *As we speak, the child is in Grade 11 (at the time of data collection)."*
>
> Focus group discussion (community resident), Mayukwayukwa

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[2] A marriage where an adolescent girl is married to an older man (in some instances an adult twice her age).

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In general, child marriage in Zambia is attributed to various factors, including poverty, adolescent pregnancy which situates a formalized relationship, and lack of access to education. Child marriage is also as result of vulnerability (among orphans and stepchildren), and so they perceive marriage as an option to escape harsh treatment by parents or intolerable living conditions in the family home (UNFPA, 2017b).

4.8. Gender-based violence

It was demonstrated in this research that most respondents were relatively knowledgeable on the forms of GBV, including physical attack, rape, abusive language, defilement and touching someone's sexual body parts. GBV is reported as a common problem in the resettlement areas, occurring with varying frequency and intensity. The limited reporting of GBV occurrence could be behind the perception that GBV is declining in the communities.

GBV was reportedly higher among females than males. In a humanitarian situation, there are groups of individuals more vulnerable to sexual violence than other members of the population. These are generally females who are less able to protect themselves from harm, more dependent on others for survival, less powerful, and less visible. Groups of individuals that are often more vulnerable to sexual violence include, but are not limited to, single females, female-headed households, separated/unaccompanied children, orphans, the disabled and/or elderly females (IASC, 2005). Women and girls still shoulder the brunt of GBV in the private and public spheres; hence, there is continued need for both advocacy and programming for prevention and response through a gender lens.

The forms of GBV experienced followed the pattern of knowledge levels on the same. The most common form of GBV reported to have been experienced included physical attacks, rape, abusive language, defilement and touching of sexual body parts. Most GBV cases are experienced within family circles and in domestic relationships as common perpetrators were found to be another family member, spouse or partner. Intimate partner violence is increasingly being recognized as a silent and global epidemic (Khan et al., 2000).

These findings tally with the Zambia Demographic and Health Survey where the most reported perpetrators among ever married women are current husbands/partners (65%). Among never-married women who have experienced physical violence since age 15, the most reported perpetrators are mothers/stepmothers (27%), fathers/stepfathers (19%), sisters/brothers (18%), other relatives and other people (14%), and teachers (12%) (Zambia Statistics Agency, MOH and ICF, 2019).

It is of concern that most respondents who has experienced GBV did not do anything about it. This finding was not unique to this study; another study in Zambia attested to this (Fiona et al., 2015) and the Zambia Demographic and Health Survey also presents similar findings (Zambia Statistics Agency, MOH and ICF, 2019). Measures to encourage GBV reporting need to be continually strengthened and barriers to reporting should systematically be rolled back, including service provider and attitudinal barriers.

Generally, the respondents demonstrated a negative attitude towards wife-beating, and towards a woman or man tolerating violence for the sake of the family or livelihood. There is a positive attitude towards men and boys having the responsibility to prevent GBV against women and girls.

Recently, men are becoming ever more visible as integral partners in tackling sexual and gender-based violence (SGBV), holding themselves, peers and power holders accountable for maintaining harmful gender norms that perpetuate violence (Institute of Development Studies, 2016). Men must be engaged to become change agents in the communities where they live and work, promoting peace and security, mitigating conflicts, protecting the rights of women and girls, and sensitizing their peers (UNFPA, 2013).

Most people in the resettlement areas obtain information about GBV through community members. To some extent information is also obtained from United Nations agencies, NGO and project staff, police and clinics. Broadcast media, namely television and radios, were the least used sources of information on GBV. Considering the setting of the local integration areas, there is limited access to mass media such as radio and television. The most common channels of communication are community meetings. Community structures are thus critical in sharing information on GBV and challenging harmful traditional practices and norms, as well as challenging myths and misconceptions. There is a need to ensure the community informants have adequate and accurate information to share with their peers.

Exploitation

The findings in this research showed some indication of existence of labour and sexual exploitation in the resettlement areas.

According to the United Nations Secretary-General's 2017 report, there are different kinds of sexual exploitation and abuse against adults such as rape, sexual assault, other forms of sexual violence, transactional sex, solicitation of transactional sex, exploitative relationships and trafficking for sexual exploitation and abuse. The different kinds of sexual exploitation and abuse against children listed are child rape, sexual assault, solicitation of child prostitution and trafficking for sexual exploitation and abuse, among other forms of sexual violence against children (United Nations, 2017).

Due to the need to search for means of livelihood in addition to weak economic status of former refugees, the unscrupulous intermediaries tend to take advantage and exploit their vulnerability. Initiatives to improve safe labour migration and decrease the risk of exploitation should focus on helping prospective migrants gain better information prior to accepting jobs and migrating for work (Buller et al., 2015). The United Nations has zero tolerance for any and all forms of exploitation of vulnerable communities and, as such, there is a need to strengthen measures to prevent and respond to such incidents when they occur. The limited economic prospects of many people within the resettlement areas increases their vulnerability to both labour and sexual exploitation.

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5. CONCLUSION AND RECOMMENDATIONS

5.1. Conclusion

This study was conducted to assess vulnerabilities and context of social and economic inclusion, social relationships, civic participation, legitimacy, peace and security, GBV, and abuse.

Limited or lack of access to economic or livelihood opportunities, such as jobs, business, financial facilities and services, put the people in the resettlement areas at risk of social and economic exclusion. Most of those in lower income brackets spend most of their earnings on food and they may be left with little or nothing to spend on other needs. There is a general sense of belonging among the people in the resettlement areas and interactions mostly happen in community meetings and other social gatherings. However, more can be done in terms of affiliating with social groups such as youth or women's forums. General civic participation is encouraging, and women's participation is also noticeably high. The people express trust in accessing services from public institutions. However, police, legal and psychosocial services are only available in the refugee settlements and not in the local integration areas.

Attitudes can be shaped by perceptions and can influence decisions and practices regarding child marriage. As child marriage is an infringement of human rights and takes away the educational opportunities of children, this practice should be discouraged. Although not high, there is a worrying trend of acceptance of child marriage, with expectations for children, especially girls, to get married before the age of 18 being commonly held. The drivers of child marriage, which include poverty, need to be tackled through a multisectoral and multi-pillar approach.

GBV was found to be existing in the area. The most common forms of GBV experienced were physical attacks, rape, abusive language, defilement and touching of sexual body parts. GBV was found to be mainly taking place within the family unit and in intimate partner contexts. Further, reporting of incidents of GBV remains suboptimal for various reasons, including access to services and fear of stigmatization or negative community attitudes. Communities tended to rely on their own peers for information on GBV and thus there is need to explore how these can be strengthened both to advocate against GBV, as well as to promote reporting of cases when they occur.

5.2. Recommendations

Considering the findings of this study, the following are recommended:

Inclusion (economic and social)
There is a need to provide economic and livelihood opportunities, and to enable and improve access to loans, banking facilities and services to minimize financial and economic exclusion among the people in the resettlement areas. An option is to provide the settlers with titles or deeds for their land, so that they have access to loans from financial institutions.

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There is a need to lobby for empowerment funds for the people in these communities. This should be coupled with training on adaptability to help former refugees to come to terms with their situation, adapt and move on to be equal, productive members of society, rather than being overly dependent on aid.

Some of the common economic activities, such as piecework and charcoal-burning, are not sustainable. Small-scale farming is practiced in the area; people only grow for consumption. Hence, the need to extend support to farmers in the form of life skills training, providing farming inputs and promoting crop diversification to include crops that are resilient to climate change. There is also a need to provide people with soft loans to start and/or boost their businesses. As this is being done, consideration should be extended to female-headed households and vulnerable women in general.

There is a need to promote access to finance and financial inclusion for the people in the resettlement areas through facilities such as small and medium-sized enterprises. This can be done by exploring partnerships with multilateral financial institutions and banks to expand their services in the local integration areas.

There is also a need to bring to the local integration areas infrastructure, including health, recreational facilities, nearer to the people which will keep children and young people busy so they will avoid drug and alcohol abuse. More support is needed in all sectors including water and road infrastructures.

There is a need for more health facilities in the resettlement areas, in order to bring health-care services in closer proximity to where the people stay. This will avert covering long distances, which is one of the hindrances to universal health coverage. Also, the current youth friendly corners provided need to be strengthened to cater to the reproductive health needs of adolescents. The strengthening of sex education for children to increase awareness on the negative effects of early marriage is paramount.

Since poverty and the deteriorating economic and living conditions are intertwined profound drivers of child marriage, there is a need to link advocacy, awareness and education activities to economic empowerment initiatives. This is to enhance community engagement on the importance of child education in the prevention of child marriage; on the other hand, capacity-building and income generation opportunities will ease the uptake and acceptance of awareness messages. Increased economic opportunities will allow the economic empowerment of parents who can then take care of their children's needs rather than resorting to child marriage. Another tool that can enhance the importance of child education could be the use of role models for children, that is, accomplished men and women who are staff members of different institutions within and outside the community can encourage children to concentrate on school and further their education.

The local integration areas should be provided with early childhood education. The design of the early childhood education system should be inclusive and responsive to the existing linguistic and cultural diversity, but should ultimately aim to contribute to social cohesion. To further encourage social cohesion among the children in the different blocks, there is a need to encourage exchange visits for activities such as ball games. There is also a need for upgrades in some already existing school infrastructure. More importantly, there is a need to lobby for at least one or two secondary schools in the area. Further, to address negative attitudes towards school, there is a need to promote and support sensitization programmes aimed at educating the people about positive values, norms and mindset change towards the importance of school. Financial support must be lobbied for tertiary education among the most vulnerable people in the resettlement areas. There is also a need to increase advocacy and awareness-raising on behavioural change and discourage harmful cultural practices which make children susceptible to early marriage.

There is a need to sensitize the communities in the resettlement areas about other forms of GBV aside from the obvious known forms, such as physical attacks, rape, abusive language, defilement and touching of sexual body parts. The sensitization messages should include those forms of GBV such as family desertion, humiliation, forced prostitution and mental torture, among others, where the knowledge level was found to low. As most causes of GBV have a cultural aspect; therefore, more needs to be done to change the attitudes and norms with the use of community sensitization.

There is a need to raise awareness among the people in the resettlement areas, with emphasis on reporting GBV cases to the relevant authorities or partners and strongly discouraging the practice of withdrawing the GBV cases and/or resolving them among families. These practices negatively impact on the fight against GBV. Sensitization is cardinal, and there is a need to inform people on the standard operating procedures for dealing with GBV cases to build trust of survivors and the community at large in the system. There is a need to encourage the members of the community to work hand in hand with the police in reporting GBV cases, as well as preventing other crimes through community alerts. Through the Ministry of Education and key stakeholders, there is a need to build the capacity of teachers regarding GBV so that they can give correct information to learners as they implement the curriculum.

The Department of Social Welfare is not present in the resettlement areas, as the structure ends at the district level. However, some functions of the Department of Social Welfare are performed by the Ministry of Community Development Assistants in Meheba and those cases they cannot handle are referred to the district. Hence, there is a need to have designated social welfare officers in the resettlement areas considering the role they play.

There is a need to have a mobile magistrate court to avoid cases of GBV being dropped due to the failure of witnesses to turn up due to lack of transport money.

Lastly, there is a need to strengthen linkages between the three pillars of the sustainable resettlement programme (economic empowerment, social infrastructure and social cohesion) to ensure that the communities are economically empowered and capacitated to minimize vulnerability to exploitative behaviours.

Rapid Assessment Report on Socioeconomic and Cultural Vulnerabilities in Resettlement Areas: Meheba and Mayukwayukwa

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ANNEXES

Annex I. Institutions or sectors that participated in the key informant interviews

1. Ministry of General Education (MoGE)

2. Ministry of Health (MoH)

3. Zambia Police Service

4. Office of the Commissioner for Refugees (COR)

5. Caritas Zambia

6. Brave Heart

7. Ministry of Community Development and Social Services (MCDSS)

8. Department of Resettlement (DOR)

9. United Nations Development Programme (UNDP)

10. Zonal/Block leaders

11. Religious leaders

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Annex II. Individual respondent questionnaire

IOM
UN MIGRATION

Questionnaire No. _____

Resettlement Area _____

Date _____

Data Collector No. _____

INDIVIDUAL RESPONDENT QUESTIONNAIRE

Rapid Assessment of Vulnerabilities in the Meheba and Mayukwayukwa Resettlement Areas

Dear Respondent,

We are carrying out a Rapid Assessment of Vulnerabilities in the Meheba and Mayukwayukwa Resettlement Areas. The assessment broadly covers five topics: child marriage, gender-based violence, human rights and social cohesion.

Be assured that all the information you provide will be treated strictly with utmost confidentiality. This questionnaire will be assigned a unique identification number, which means that none of the answers you will give will be linked to your name.

PLEASE NOTE THAT…

- Your participation in this study is entirely voluntary and involves no cost.
- You can refuse to participate or stop at any time without giving any reason for doing so.
- Some of the questions are very personal.
- Please remember that you are free to skip any question you do not want to answer and that you are free to stop answering questions at any time.
- There are no right or wrong answers; we want to know about you and your opinions and experiences.
- You are not in competition with anybody.

REMEMBER THAT…

The information collected from this study may be useful in informing the design of programmes meant to improve the welfare of individuals and this community collectively. Therefore, you are encouraged to be as open and truthful as possible in completing this questionnaire.

Respondent consent obtained: | YES | | NO |

DO NOT WRITE ANY PERSONAL IDENTIFICATION DETAILS OF THE RESPONDENT ON THIS QUESTIONNAIRE.

SECTION A: SOCIODEMOGRAPHICS

Read to the respondent: *I would like to ask a few questions about you.*

No.	Question	Response	Code (for data entry)
A01	Are you the head of your household?	1) Yes 2) No (If NO, skip to A03.)	
A02	What is your relationship to the head of the household?	1) Spouse 2) Parent/guardian 3) Child 4) Employee (if domestic worker) 5) Other (specify) _____	
A03	Sex of respondent	1) Male 2) Female	
A04	What is your age (in complete years)?		
A05	What is your nationality?		
A06	How long have you lived in this community?		
A07	What is your marital status?	1) Single/never married 2) Married 3) Divorced 4) Separated 5) Widowed 6) Cohabiting	
A08	What is your religion?	1) Christian 2) Muslim 3) Hindu 4) Buddhist 5) Traditional belief(s) 6) Other (specify) _____	
A09	Are you currently attending school?	1) Yes 2) No	
A10	What is the highest level of education that you have completed?	1) Tertiary 2) Tertiary, not completed 3) Secondary 4) Secondary, not completed 5) Primary 6) Primary, not completed 7) Never attended school (If 1, 3 or 5, skip to B01; else, proceed to A11.)	
A11	What was the reason for dropping out of or not attending school?	1) Marriage 2) Economic reasons 3) Peer pressure 4) Loss of parents 5) Other (specify) _____	

SECTION B: SOCIAL COHESION

Read to the respondent: *Now I will ask you questions relating to your sense of belonging, participation, inclusion and recognition in this community.*

No.	Question	Response			Code (for data entry)
		Inclusion (economic and social)			
B01	What is your major economic activity? (Tick the answer.)	1) Formal employment 2) Informal employment 3) Business 4) Agriculture 5) Other (specify) _____			
B02	What is your average monthly income level? (Tick the answer.)	1) Less than ZMW 500 2) Between ZMW 500 and ZMW 1,000 3) Between ZMW 1,000 and ZMW 5,000 4) Above ZMW 5,000			
B03	How much of your average monthly income is spent on food?	Amount _____			
B04	I have access to… (Tick all that are applicable.)		1 = Yes	2 = No	
		1) Loans			
		2) Banking			
		3) Mobile money transfer			
		4) None of the above			
B05	What major employment opportunities are available to skilled/unskilled people in this community?				
B06	Are these opportunities accessible from within or from outside the community?	1) Within the community 2) Outside the community			
B07	If you want to do business, what facilities are available in this community? (Tick all that are applicable)		1 = Yes	2 = No	
		a) Market			
		b) Loans			
		c) Skilled labour			
		d) Banking services			
B08	How many meals a day does your family have?	1) 1 meal 2) 2 meals 3) 3 meals			
B09	In the last six months, has your family reduced the number of your meals or your meal portion size due to economic challenges?	a) Number of meals 1 = Yes 2 = No b) Meal portion size 1 = Yes 2 = No			

No.	Question	Response			Code (for data entry)
B10	What is the main source of drinking water for members of your household? (Tick one that is applicable.)	1) Piped water			
		2) Tube well or borehole			
		3) Dug well			
		4) Protected well			
		5) Unprotected well			
		6) Water from spring			
		7) Rainwater			
		8) Surface water (river, dam, lake, pond, stream, canal or irrigation channel)			
		9) Other (specify) _____			
B11	Where is that water source located?	1) In own yard/plot 2) Elsewhere			
B12	How long does it take to get there, get water and come back? (Record the answer in minutes or hours.)	Minutes _____ Hours _____			
B13	How far is the nearest health facility in your community?	1) Less than 1 km 2) 1–2 km 3) 3–5 km 4) More than 5 km			
B14	Is there any member of your household who is supposed to be in school but is not?	1) Yes 2) No (Skip to B16.)			
B15	If YES, what are the reasons? (Tick all that apply.)		1 = Yes	2 = No	
		Pregnancy			
		Marriage			
		Financial challenges			
		Other (specify) _____			
B16	In the last two weeks, have you been unable to perform your regular duties due to ill health?	1) Yes 2) No			

No.	Question	Response	Code (for data entry)
Belonging (identity, values and recognition)			
B17	If you had a choice, would you go back to the refugee settlement or continue living in this community?	1) Return to the refugee settlement 2) Continue staying here 3) Move to another location 4) Other (specify) _____	
B18	I feel a sense of shared norms and values with the people in this community.	1) Disagree 2) Neutral 3) Agree	
B19	I feel a sense of acceptance and belonging in this community.	1) Disagree 2) Neutral 3) Agree	
B20	I feel that my culture or way of life is accepted in this community.	1) Disagree 2) Neutral 3) Agree	
Social relationships (networks, trust and diversity)			
B21	On a typical day during the week, whether at work or otherwise, how often do you talk to people of cultural/age/religious groups other than your own? (Excluding your family members)	1) Always 2) Sometimes 3) Never	
B22	What is the one activity in your community that brings people together? (Write the name of the activities for each.)	a) Men and women _____ b) Old and young _____ c) All/different nationalities _____ d) All/different religions _____	
B23	Are you a member of any social group? (Tick all that apply.)	1) Religious group 2) Cooperative 3) Association 4) Village banking group 5) Farmers' group 6) Youth group 7) None	
B24	I am confident that my leaders will make decisions in the best interest of the community.	1) Disagree 2) Neutral 3) Agree	
B25	In this community, people of all nationalities have equal access to health care.	1) Disagree 2) Neutral 3) Agree	
B26	Can you think back to a time when you wanted to access an available service or good and you were not able to because of certain restrictions based on who you are? What were the reasons? (Tick all that apply.)	1) Age 2) Sex 3) Religion 4) Disability 5) Other (specify) _____	

No.	Question	Response			Code (for data entry)
Civic participation					
B27	Have you ever participated or voted in an election at any level (including the community level) in this country?		1 = Yes	2 = No	
		a) Participated			
		b) Voted			
B28	During the last election of community leaders, did you put your name forward for election?	1) Yes 2) No			
B29	During the last election of community leaders, did you feel confident that you could have put your name forward for election?	1) Yes 2) No			
B30	During the last election of community leaders, did you suggest a candidate of your choice for election?	1) Yes 2) No			
B31	During the last election of community leaders, did you feel confident that the candidate of your choice would be adopted by others?	1) Yes 2) No			
B32	During elections of community leaders, what criteria do you use to decide on who to vote for?	1) Candidate with the best qualities 2) Candidate who is of the same sex as me 3) Candidate who is of the same age profile as me 4) Candidate from my own ethnic group 5) Other (specify) _____			
B33	Have you ever been involved in any volunteer work in this community?	1) Yes 2) No			
B34	Do you hold or have you ever held any leadership position in your community?	1) Yes (specify position) _____ 2) No			
B35	If you were given a leadership position in your community, what is the one thing you would change or do?				
Legitimacy (representation)					
B36	I can utilize the following services in my community:	1 = Disagree	2 = Neutral	3 = Agree	
	a) Police				
	b) Health care				
	c) Education				
	d) Religious services				
	e) Legal aid				
	f) Psychosocial assistance				
	g) Other (specify)				

No.	Question	Response	Code (for data entry)
	Peace and security (safety from violence and crime)		
B37	I feel safe in this community.	1) Disagree 2) Neutral 3) Agree	
B38	Have you ever experienced social threats or violence in this community?	1) Yes 2) No	

SECTION C: CHILD MARRIAGE

No.	Question	Response	Code (for data entry)
	Individual experience of child marriage Read to the respondent: *We are now going to talk about your and the community's experience of child marriage.*		
C01	Think back to the time when you got married. At what age did you get married? (Confirm if married, divorced, separated or widowed in reference to A07; else, skip to C05.)		
C02	How old was your spouse when you got married?		
C03	Who decided that you should get married?	1) Father alone 2) Mother alone 3) Both father and mother 4) Myself 5) The whole family 6) A person from outside the family 7) Other (specify) _____	
C04	Who decided whom you should marry?	1) Father alone 2) Mother alone 3) Both father and mother 4) Myself 5) The whole family 6) Partner 7) In-laws 8) A person from outside the family 9) Other (specify) _____	
	Perceptions of child marriage		
C05	In your opinion, at what age should one get married? (Indicate ages in years for both male and female.)	1) Male _____ 2) Female _____	
C06	A girl is ready for marriage once she reaches puberty.	1) Disagree 2) Neutral 3) Agree	

No.	Question	Response				Code (for data entry)
C07	A boy is ready for marriage once he reaches puberty.	1) Disagree 2) Neutral 3) Agree				
C08	When I have a financial problem, I can arrange a marriage for my child to resolve it.	1) Disagree 2) Neutral 3) Agree				
C09	Child marriage is a form of sexual violence.	1) Disagree 2) Neutral 3) Agree				
C10	Child marriage denies the child their educational opportunities.	1) Disagree 2) Neutral 3) Agree				
C11	Parents have a right to decide when their girl child gets married.	1) Disagree 2) Neutral 3) Agree				
C12	Girls should be forced or compelled into marriage.	1) Disagree 2) Neutral 3) Agree				
Knowledge, attitudes and practices regarding child marriage						
C13	For respondents under 25 years of age, during the time you were in school, do you know of any of your classmates (boy or girl) who dropped out to get married? (Confirm if under 25 years with reference to age given in A04; else, skip to C15.)			1 = Yes	2 = No	
		a) Boys				
		b) Girls				
C14	For under 25 years of age, think of your four closest friends. How many of you, including yourself, were married by (a) their 17th birthday (b) 18th birthday and (c) 21st birthday? (Emphasize that the respondent should include themselves in the count.)	a) 17th birthday _____ b) 18th birthday _____ c) 21st birthday _____				
Drivers of child marriage						
C15	In this community, the following are the drivers of child marriage:	1 = Disagree		2 = Neutral	3 = Agree	
	a) Pressure from parents					
	b) Religion					
	c) Poverty					
	d) Economic gain					
	e) Fear of being disowned by family					

SECTION D: GENDER-BASED VIOLENCE (GBV), ABUSE AND EXPLOITATION

Read to the respondent: *In this section I am about to ask you some questions in relation to GBV, abuse and exploitation. Some questions may be personal or remind you of some bad experiences in the past. You are free to pause to allow yourself to stabilize your emotions.*

No.	Question	Response				Code (for data entry)
		Gender-based violence				
D01	What is gender-based violence (GBV)? (Do NOT read the options out loud to the respondent. Let him/her suggest. Take note of the responses provided and tick the appropriate answer.)	Sexual abuse	1 = Yes	2 = No	3 = Do not know/Unsure	
		a) Touching the sexual body parts of someone else				
		b) Touching another person in a sexual manner (e.g. fondling, kissing, grabbing, etc.) against their will				
		c) Rape (forced sexual intercourse)				
		d) Defilement (sexual intercourse with a minor)				
		e) Forced prostitution				
		f) Harassment of a person that includes unwanted sexual advances				
		g) Sexual contact by a person aware of having HIV/AIDS or another STI without prior disclosure to the other person				
		Physical abuse	1 = Yes	2 = No	3 = Do not know/Unsure	
		a) Physical attack on a person involving hitting, slapping, kicking, pulling of hair, burning, choking, etc.				
		Economic abuse	1 = Yes	2 = No	3 = Do not know/Unsure	
		a) Property grabbing				
		b) Failing to share income earned with family				
		c) Family desertion				
		d) Preventing a spouse or partner from seeking employment or generating income				

No.	Question	Response				Code (for data entry)
D01	What is GBV? (Do NOT read the options out loud to the respondent. Let him/her suggest. Take note of the responses provided and tick the appropriate answer.)	Psychological and emotional abuse	1 = Yes	2 = No	3 = Do not know/Unsure	
		a) Use of insulting and/or abusive language				
		b) Constant criticism and/or humiliation				
		c) Mental torture, especially through silent treatment or forced isolation				
D02	Is GBV common in this area/community?	1 = Yes 2 = No				
D03	How often do you think GBV occurs in your community?	1) Almost every day 2) A few times a year 3) Once or twice a week 4) A few times a month 5) Never				
D04	Have you yourself experienced GBV?	1 = Yes 2 = No (If NO, skip to D08.)				
D05	What type(s) of GBV have you experienced in the past six months? (Tick one or more as appropriate.)	Sexual abuse	1 = Yes	2 = No	3 = Do not know/Unsure	
		a) Touching the sexual parts of someone's body				
		b) Touching in a sexual manner (e.g. fondling, kissing, grabbing, etc.) against the will of a person				
		c) Rape (forced sexual intercourse)				
		d) Defilement (sexual intercourse with a minor)				
		e) Forced prostitution				
		f) Harassment of a person that includes unwanted sexual advances				
		g) Sexual contact by a person aware of having HIV/AIDS or another STI without prior disclosure to the other person				
		Physical abuse	1 = Yes	2 = No	3 = Do not know/Unsure	
		a) Physical attack on a person involving hitting, slapping, kicking, pulling of hair, burning, choking, etc.				

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Meheba and Mayukwayukwa

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No.	Question	Response				Code (for data entry)
D05	What type(s) of GBV have you experienced in the past six months? (Tick one or more as appropriate.)	Economic abuse	1 = Yes	2 = No	3 = Do not know/Unsure	
		a) Property grabbing				
		b) Failure to share income with the family				
		c) Family desertion				
		d) Preventing a spouse or partner from seeking employment or generating income				
		Psychological and emotional abuse	1 = Yes	2 = No	3 = Do not know/Unsure	
		a) Use of insulting and/or abusive language				
		b) Constant criticism and/or humiliation				
		c) Mental torture, especially from silent treatment or forced isolation				
D06	Who committed this act against you?	1) Spouse 2) Partner 3) Other family members 4) Peers 5) Co-workers 6) Stranger 7) Prefer not to say 8) Other _____				
D07	When this happened, what did you do about it?	1) Nothing 2) Reported to the police 3) Reported to the community leaders 4) Reported to the religious leaders 5) Other (specify)_____				
D08	Would you say GBV in this community is increasing, declining, or staying the same?	1) Increasing 2) Declining 3) Staying the same 4) Do not know				
D09	What would you say are the top three factors that enable GBV survivors to take action? Choose ONLY three. (Do not prompt, we are seeking perceptions.)	1) Economic independence from the perpetrator 2) Equality in decision-making in the household 3) Help from friends 4) Assurance that they will not be stigmatized 5) Public services to support survivors 6) Community disagrees with GBV 7) Proximity/accessibility of relevant services 8) Trust in the ability of services to respond 9) Other (specify) _____				

No.	Question	Response	Code (for data entry)
D10	What are the main community responses when GBV occurs? (Tick all that apply.)	1) The perpetrator is taken to the police. 2) The case is usually not reported. 3) The community holds a dialogue. 4) The case is taken to the headman/chief. 5) The case is taken to the local court. 6) The matter is discussed within the families. 7) The case is taken to a religious leader. 8) The case is taken to health services. 9) The case is taken to the GBV response centre. 10) Other (specify) _____	
	Attitudes towards GBV		
D11	It is acceptable for a husband to beat his wife in some situations.	1) Disagree 2) Neutral 3) Agree	
D12	Neither a man nor woman deserves to be beaten by his/her partner, no matter his/her actions.	1) Disagree 2) Neutral 3) Agree	
D13	A woman or man should tolerate violence for the sake of the family or livelihood.	1) Disagree 2) Neutral 3) Agree	
D14	Men and women who use violence should be publicly shamed.	1) Disagree 2) Neutral 3) Agree	
D15	A woman who assaults or beats her husband or domestic partner should not be arrested by the police.	1) Disagree 2) Neutral 3) Agree	
D16	Violence (physical or sexual) that takes place between a wife and a husband must not be reported to the police.	1) Disagree 2) Neutral 3) Agree	
D17	Men and boys have a responsibility to prevent GBV against women and girls.	1) Disagree 2) Neutral 3) Agree	
D18	Think back to a time when you or someone you know experienced GBV. Did you or did they report the case?	1) Yes 2) No (If NO, skip to D20.) 3) Do not know	

No.	Question	Response	Code (for data entry)
D19	If YES, where did you or they turn to look for help?	1) Police 2) Relatives 3) Hospital 4) Place of worship 5) Hotline 6) Survivor service centre 7) Community leaders 8) Peer group 9) Support group 10) Court 11) Other (specify) _____	
D20	In your community, which services are accessible to GBV survivors? (Do NOT read the options out loud. Let the respondent answer and then tick those that apply.)	1) Police 2) Health centre 3) Education 4) Legal aid 5) Psychosocial assistance 6) Other (specify) _____	
D21	Where do people in your community get information about GBV from?	1) TV 2) Radio 3) Clinic 4) Police 5) Community member 6) NGO and project staff 7) United Nations agencies 8) Other (specify) _____	
D22	Think back to the last time you received information on GBV. What was the main theme of the message?	1) Prevention and awareness 2) Where to report GBV cases 3) Shelters and safe houses for GBV survivors 4) Other (specify) _____	
D23	Was the information helpful?	1) Yes 2) No 3) Do not know	

No.	Question	Response			Code (for data entry)
**Substance abuse and exploitation** Read to the respondent: *I would like to ask you about your use of alcohol or illicit substances. About how many times in the past year have you consumed alcohol (including beer, wine, hard liquor and other drinks containing alcohol) or illicit substances?*
D24	In the last six months, have you failed to do what was normally expected of you because of drinking?	1) Yes 2) No			
D25	Think about your drug use in the past year. Can you tell me a little bit about your drug use? During this time…		1 = Yes	2 = No	
		a) …did you get so high or sick from drugs that it kept you from doing work, going to school, or caring for your children?			
		b) …did you spend less time at work or school, or with friends so that you could use drugs?			
D26	In the last six months, have you ever worked or provided a service and never got paid for the equal amount of work or service provided?	1) Yes 2) No			
D27	In the last six months did you feel that you had to engage in sexual activity in order to get a service or good?	1) Yes 2) No			

Interview ends.

Thank you.

Annex III. Key informant interview guide

KEY INFORMANT INTERVIEW GUIDE
Rapid Assessment of Vulnerabilities in Resettlement Areas:
Meheba and Mayukwayukwa

IDI identification no.		District	
Location/Settlement		Community	
Time started		Time ended	
Date of interview			
Informant characteristics:	Male	Female	
	Role in the community		
	Organization		
	Profession		
Interviewer			

Respondent consent obtained: ☐ YES   ☐ NO

Dear Respondent,
We are conducting a Rapid Assessment of Vulnerabilities in the Meheba and Mayukwayukwa Resettlement Areas commissioned by the International Organization for Migration (IOM). This study aims to assess vulnerabilities in terms of integration, child marriage and other forms of violence within the local integration areas to inform the development of a communication strategy on individual rights and responsibilities, as well as aspects of violence, abuse and exploitation.

Be assured that all the information you provide will be treated strictly with utmost confidentiality. This questionnaire will be assigned a unique identification number, which means that none of the answers you give will be linked to your name.

PLEASE NOTE THAT…

- Your participation in this study is entirely voluntary and involves no cost.

- You can refuse to participate or stop at any time without giving any reason for doing so.

- Some of the questions are very personal.

- Please remember that you are free to skip any question you do not want to answer, and that you are free to stop answering questions at any time.

- There are no right or wrong answers; we want to know about you, your opinions and experiences.

- You are not in competition with anybody.

REMEMBER THAT…

The information collected from this study may be useful to inform the design of programmes meant to improve the welfare of individuals and this community collectively. Therefore, you are encouraged to be as open and truthful as possible in completing this questionnaire.

DO NOT WRITE ANY PERSONAL IDENTIFICATION DETAILS OF THE RESPONDENT ON THIS INTERVIEW GUIDE.

BASIC INFORMATION ABOUT THE ORGANIZATION/INSTITUTION

1. What do your organization's or institution's specific mandates have to do with addressing vulnerabilities, such as social cohesion or community stabilization, child marriage, gender-based violence (GBV), as well as promoting human rights? (State them and elaborate).

2. What programmes does your organization have related to child marriage? Whom do you target?

SOCIAL COHESION

3. Have there been any observable conflicts between or among difference groups or nationalities as a result of living side by side?

4. What are some of the initiatives that your organization/institution undertakes to promote social integration in this community?

5. Can you highlight at least three achievements of your organization/institution towards strengthening social integration in this community?

6. Mention at least three challenges in relation to social integration in this community.

7. What attitudes and behaviours need to be changed in the community in order to further enhance diversity?

8. To what extent do community members know and exercise their basic human rights? (Probe: rights to health, education, justice, shelter, and water and sanitation).

9. What are the most significant differences between living in the refugee settlement and living in the resettlement areas that you or other people in the community have experienced? Are there any positive/negative aspects related to life in your current locality? Please expound on these.

10. Who participates in decision-making in this community on matters that affect it (i.e. not household decision-making)? Do you have any mechanisms to ensure the participation of women, youth, and people with disabilities and of various nationalities, among others, in decision-making in the community? Are there any barriers to their effective participation in decision-making? If so, what barriers are these? How can you improve the participation of all these groups in community decision-making?

11. How do you select/elect leaders in your community? What criteria do you use to decide whom to nominate or elect? How representative are your community structures? Do you have mechanisms to ensure the representation of various groups, such as women and youth, among others, in positions of leadership? Are there any barriers to their effective participation in leadership? What barriers are those? How can you improve the participation of these groups in leadership?

12. What are some of the rights of former refugees in this community? Are these rights any different from those of Zambians?

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CHILD MARRIAGE

General views
13. What is your understanding of child marriage?

14. Is it a problem in your community?

15. How does this problem present itself?

16. What is the role of your organization/institution in ending child marriage?

Extent and contributing factors
17. [Question for all key informants] How often do you or your organization/institution or community deals with child marriage cases? How many cases per week/month do you deal with?

18. [Question for teachers] How many children in your school dropped out because of child marriage or teenage pregnancy in a calendar year?

19. [Question for health workers] What are some of the common health issues reported as a result of child marriage? (Probe: fistula cases, pregnancy-related complications, etc.)

20. What type of support do you offer to victims/survivors of child marriage?

21. Based on your experience working with this community, what are the main drivers of child marriage in this community? (Probe: poverty, low levels of education, cultural beliefs, etc.)

22. In your work, which groups are more vulnerable or at greater risk of child marriage in this community?

Interventions to address child marriage
23. What is currently being done to address child marriage in this community?

24. What are some of the challenges that you or your organization/institution or community faces in responding to child marriage? How do you think these challenges could be addressed?

25. What are some of the challenges that you or your organization/institution or community face in preventing child marriage? How do you think these challenges could be addressed?

26. Which critical players would be needed to address child marriage? (Probe: roles of government, NGOs, policymakers, girls, parents, the community, etc.)

GENDER-BASED VIOLENCE, ABUSE AND EXPLOITATION

General views
27. What is your understanding of GBV?

28. Does GBV occur in this community?

29. In this community, what are the common forms of GBV? (Probe the following)

   a)   Rape and/or attempted rape
   b)   Sexual abuse
   c)   Sexual exploitation
   d)   Forced early marriage
   e)   Domestic violence
   f)   Female genital mutilation

30. What is the role of your organization/institution in ending GBV? (Probe: roles of the community, traditional leaders, religious leaders, education and development actors. Note: Ask about individual roles.)

Extent and contributing factors

31. [Question for all informants] How often do you or your organization/institution or community deal with GBV cases? How many cases per week/month do you deal with?

32. What type of support do you offer to GBV victims?

33. Based on your experience working with this community, what are the main drivers of GBV? (Probe: poverty, low levels of education, certain cultural beliefs and values, alcoholism, exposure to negative media/poor role models, substance abuse, etc.)

34. In your work, which groups are more vulnerable or at greater risk of GBV in this community?

Interventions to address GBV

35. What is being done currently to address GBV in this community?

36. What are some of the challenges that you or your organization/institution or community face in responding to GBV? How do you think these challenges could be addressed?

37. What are some of the challenges that you or your organization/institution or community face in preventing GBV? How do you think these challenges could be addressed?

38. Which critical players would be needed to address GBV? (Probe: roles of government, NGOs, policymakers, girls, parents, the community, etc.)

39. Considering human trafficking as a form of exploitation, are you aware of or have heard of cases of human trafficking in this community?

40. What approach does this community take to helping victims of human trafficking?

41. What is being done to prevent human trafficking in this community?

Closing: *Those are all of our questions for now. Do you have anything that you would like to add or do you have any questions for us?*

THANK YOU FOR YOUR COOPERATION.

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Annex IV. Focus group discussion guide

FOCUS GROUP DISCUSSION GUIDE
Rapid Assessment of Vulnerabilities in Resettlement Areas:
Meheba and Mayukwayukwa

We are conducting a Rapid Assessment of Vulnerabilities in the Meheba and Mayukwayukwa Resettlement Areas commissioned by the International Organization for Migration (IOM). This study aims to assess vulnerabilities in terms of integration, child marriage and other forms of violence within the local integration areas to inform the development of a communication strategy on individual rights and responsibilities, as well as aspects of violence, abuse and exploitation.

We kindly ask for your time to share your knowledge, attitudes and practices on the above issues and related themes in this community. This discussion is confidential, and we encourage you to be free and as objective as possible, as your views in this discussion will not be linked individually back to you but instead will be taken as a collective view. The focus is to learn more about community perceptions and commonly held views and attitudes that have a bearing on the stated subjects.

We would like to record our discussion so that we can capture all of your key points.

BEFORE WE START…

- It is okay to record the discussion?

- Can we include your statements in the report? We will not mention your name or your organization/institution's name; we will collectively refer to "this group" rather than to its individual participants.

- Can we include your name in the list of participants in the focus group discussion?

GROUND RULES

- The most important rule is that only one person speaks at a time. There may be a temptation to jump in when someone else is talking, but please wait until they have finished.

- There are no right or wrong answers.

- You do not have to speak in any particular order.

- When you do have something to say, please speak up. There are many of you in the group and it is important that I hear everyone's views.

- You do not have to agree with the views of other people in the group.

- Does anyone have any questions? (Answers).

REMEMBER THAT…

The information collected from this study may be useful in informing the design of programmes meant to improve the welfare of individuals and this community collectively.

Project geographical location (District/Province) _____
Name of FGD facilitator _____
Name of note-taker _____
Number of participants _____   Females _____   Males _____
Age range _____
Date of focus group discussion _____ (DD/MM/YYYY)
Start time   _____
End time   _____
Total time taken_____

Social cohesion
I would like you to take a couple of minutes to think about your observations, experiences and your own practices pertaining to how people relate in this community.

1. What are the most significant differences between living in the refugee settlements and living in the resettlement areas that you or other people in the community have experienced? Are there any positive/negative aspects related to life in your current locality? Kindly expound on these.

2. Since you moved to this community, how have relations been between the different social groups, nationalities or tribes? Have there been any observable conflicts between or among different groups or nationalities as a result of living side by side in this community?

3. What are some of the initiatives currently in place that aim to unite and bring people together in this community? If there are none, what measures or strategies can be put in place to promote social integration in this community?

4. What have been some of the achievements in bringing together people of different social groups? (Probe: Are there any challenges.)

5. What attitudes and behaviours need to change to further enhance diversity in this community?

6. What are some of the rights and entitlements of former refugees in this community? Are these rights any different from those of Zambians? What has embedded the full enjoyment of these rights?

7. What are some of the marginalized groups of people in this community? (Probe: Which age groups are marginalized? What about girls and women? What is being done to give the marginalized a voice?)

8. To what extent do community members know and exercise their basic human rights? (Probe: rights to health, education, justice, shelter, and water and sanitation).

9. Who participates in decision-making in this community for matters that affect it (i.e. not household decision-making)? Do you have any mechanisms to ensure participation of women, youth, and people with disabilities and of various nationalities, among others, in decision-making in the community? Are there any barriers to their effective participation? If so, what barriers are these? How can you improve the participation of all these groups in community decision-making?

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10. How do you select/elect leaders in your community? What criteria do you use to decide whom to nominate or elect? How representative are your community structures? Do you have mechanisms to ensure the representation of various groups, such as women and youth, among others, in positions of leadership? Are there any barriers to their effective participation in leadership? If so, what barriers are these? How can you improve these groups' participation in leadership?

Drivers, consequences and solutions for child marriage

11. What is the phenomenon of child marriage? Is child marriage a common problem in this community? (Probe: If YES, how long has it been a problem? Who is most vulnerable (i.e. disaggregate by age, sex, education and nationality)? Has the situation changed over time? Why and how? If so, what are the main causes or drivers of child marriage in your community?)

12. What are the main community responses, if any, to child marriage? Where do victims of child marriage seek help or support in your community? What challenges do you face in dealing with child marriage in your community? What interventions would you propose in dealing with child marriage in your community? Who are the main players who need to be engaged to deal with child marriage? (Probe: roles of the Government, NGOs, policymakers, girls, parents, community, etc.)

Gender-based violence, abuse and exploitation

13. What do you understand by gender-based violence (GBV)? Is it a problem in your community? What are the common forms of GBV experienced in your community? (Probe into these topics: rape and/or attempted rape, sexual abuse, sexual exploitation, forced early marriage, domestic violence, female genital mutilation and human trafficking. Ask also: How prevalent are these forms of GBV in your community? What are the main drivers of GBV in your community? In your opinion, who are the perpetrators of GBV? (Probe into the possibility of family members, etc.))

14. Do people report GBV cases? (Probe: If so, how many cases are reported per week/month on average?) Where. If not, what are the major reasons behind not reporting the cases? Where do victims of GBV seek help or support?

15. In this community, which groups are more vulnerable or at greater risk of GBV? What are the risk factors for GBV? (Probe disaggregated by age, sex, education, nationality, etc.)

16. Are you aware of any community-based support networks that address GBV? If there are any, how do these networks address GBV?

17. What interventions would you propose to address GBV in this community?

18. Which critical players need to address GBV? (Probe: roles of the Government, NGOs, policymakers, girls, parents, the community, etc.)

19. In this community, are you aware of or have heard of cases of human trafficking?

20. What approach does this community take to helping victims of human trafficking?

21. What is being done to prevent human trafficking in this community?

Closing. *Those are all of our questions for now. Do you have anything that you would like to add or do you have any questions for us?*

THANK YOU FOR YOUR COOPERATION.

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