REFUGEE YOUTH IN LUSAKA:
A COMPREHENSIVE EVALUATION OF HEALTH AND WELLBEING

UNHCR
The UN Refugee Agency

HARVARD FXB
CENTER FOR HEALTH AND HUMAN RIGHTS

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EXECUTIVE SUMMARY

Adolescent refugees around the world, facing years of protracted displacement, are increasingly moving to cities in search of safety and opportunity. The present study was undertaken as UNHCR's first systematic effort to understand the impact of its protection work with urban adolescent refugees. This report focuses on youth living in Lusaka, Zambia, and has two research goals. First, it defines and describes the protection system for adolescent refugees in Lusaka, and the role of UNHCR within that system. Second, it assesses the effects of the existing protection system on the health and wellbeing of young refugees by examining a range of indicators in the areas of education, livelihoods, psychosocial and physical health, home life, safety and violence, and knowledge and use of available programs.

Four data collection methods were used to address these two goals: a literature review; focus groups with refugee adolescents; key informant interviews with stakeholders in the protection system; and a quantitative survey with 693 adolescent refugees between the ages of 15 and 19. This target was reached using a combination of simple random sampling among refugees in Lusaka that hold urban residency permits (URPs), who were listed in a Government database, and Respondent Driven Sampling (RDS) among refugees living in Lusaka without permits. RDS is an adapted chain-referral method, intended to draw a statistically representative sample from hidden, highly socially connected populations of unknown size. It has not been used previously in Zambia or with adolescent refugees. The assumptions for RDS were shown not to hold for this population, which is highly segmented into small groups and thus not sufficiently networked across the entire population of interest. Instead, Harvard FXB developed a statistical model that partially accounts for bias in the chain-referral data. This method would be applicable to other urban refugee populations.

Zambia hosts an estimated 57,209 refugees and other people of concern, principally originating from Angola, Somalia, the Democratic Republic of Congo, Rwanda and Burundi. The country has an official encampment policy that restricts most of these refugees to settlements, limits the number allowed in urban areas, and criminalizes those who move to the city without required permissions. Zambian law limits refugees' rights to elementary education and wage-earning work. While positive steps have been taken towards local integration of Angolan and Rwandan refugees, the overwhelming majority of refugees in Zambia have no hope of naturalization. Despite this evident reality, in this Lusaka sample of adolescent refugees only 5.5 percent of surveyed refugees with URPs and 9.9 percent without URPs reported that they intended to return to their country of origin.

Stringent financial and skill requirements for URP eligibility are designed to ensure that adult refugees in Lusaka are self-reliant, requiring little government assistance. However, refugee adolescents in Lusaka are permitted to attend government or community schools and take advantage of government health posts and hospitals, contingent upon their affording the fees and, if they do not have legal residency, risking discovery by law enforcement. The Commissioner for Refugees handles asylum applications in Lusaka, and the Ministry of Social Welfare is mandated to provide for the basic needs of poor refugees, including food, clothing and shelter. Yet in our sample study only 6.3 percent of refugee youth with urban permits, as well as 3.9 percent of those without, reported ever receiving help from this entity.

The Zambian Government unofficially designates the responsibility (and cost) for the identification and support of particularly vulnerable refugee youth to UNHCR. It does this through one local implementing partner, the nonprofit Action Africa Help. UNHCR also seeks to assist adolescent refugees directly through education scholarships and food assistance to particularly vulnerable youth with URPs. UNHCR does not program for refugee youth in Lusaka without urban residency permits. Results show this absence of support leaves these youth particularly vulnerable and much less likely to ask for help if they have a problem.

This study demonstrates that the protection system in Lusaka has limited reach and visibility. Of adolescent refugees without URPs, 62.1 percent stated that they had never received any help from UNHCR, its implementing partners, civil society or relevant government ministries. This finding was true for only one fifth of those with permits. Over half of youth without URPs, and one third of youth with URPs, did not know any of the functions of UNHCR. In this context, other entities play a key role in protection of urban refugee youth, principally other nonprofits and local churches.

UNHCR seeks to assist refugee youth in Lusaka through advocacy efforts with Government and other international NGOs in addition to AAH. It has made progress increasing high-level collaboration to address issues such as the detention of juvenile refugees. However, study results show similar progress is not reflected on the ground, where coordination among key stakeholders is sorely lacking. Cases of highly vulnerable children are handled on an ad hoc basis and there are no regular fora for information sharing around the needs of this vulnerable population.

Results show that the average length of stay in Zambia for refugees aged between 15 and 19 years with URPs is 14.7 years, and 14 years for those without URPs. Nevertheless, refugee youth remain outsiders in Lusaka. Study results show that discrimination and stigma against refugee youth by peers, employers, landlords, teachers and members of the public have wide-ranging impact on their ability to achieve in school, to gain opportunities for decent work and skill development, to access health services, and to maintain a sense of self-esteem and self-worth. As one refugee summarized: "We do not only want to be recognized as refugees but as human beings as well. We are always discriminated against and denied our rights each and every day."

This study found significant differences in the attendance rate during the last year for school age youth depending on legal status in the city: 80 percent of youth with URPs and 56 without URPs were attending school. Several factors were identified as limiting access, including: the cost of an education permit, transport, food and uniforms; poor quality of schooling, particularly in community schools; and language barriers. Even once successfully enrolled, many refugee youth face discrimination and verbal and physical violence in school: 43.6 percent of refugee youth with URPs and 39.9 percent without URPs reported being hit or beaten as punishment by a teacher during the last year. Results also pointed to large unmet need for vocational training, non-formal education and tertiary education.

All refugee youth living in Lusaka have highly restricted access to work that is legally allowed. They start on the lowest rung in a job market characterized by high unemployment and

informality. Regardless of urban residency status, only one fifth of youth reported that they had done any work during the last year to help the family. Of those with URPs that were working, only 3.4 percent stated that their work was formally registered by an employer. This unregulated work exposes youth refugees to high-risk environments: approximately one fifth reported suffering injuries and health implications in the workplace, or exposure to hazardous conditions.

The above challenges have serious implications for the psychosocial health of adolescent refugees in Lusaka; needs that are not currently addressed by the government or UNHCR health services. Survey results show that 93.9 percent of youth without URPs and 68.7 percent of those with URPs exhibited depressive symptoms. Drug abuse and food scarcity were also raised as pervasive health issues for this demographic.

Even accounting for under-reporting in the questionnaire due to shame, results show sexual violence is a common problem for urban refugee youth and particularly for girls: 14.3 percent of girls without URPs and 19.8 percent of those with URPs reported suffering an incident of sexual violence during the last year. While a few of these took advantage of legal assistance or other services, the vast majority of those who reported, received no services at all.

Access to adequate housing is a problem for many urban refugees, who generally live in poor and marginal areas of Lusaka in overcrowded settings: an average of 14.1 people live in homes with URPs and 6.2 in those without. Physical and verbal abuse in the home is also common. Of youth without URPs, 23.3 percent reported suffering frequent physical abuse during the previous year, as compared to 12.9 percent with legal residency. Safe housing is a particular challenge for unaccompanied children and street children, who remain largely invisible to protection stakeholders in Lusaka. Many of these street children end up in detention, an important issue identified by several key informants. There is an acute shortage of alternatives to detention for immigration-related cases, meaning that many youth without URPs end up in the prison system, often not separated from adults, alongside the general convicted prison population.

The findings of this study call for increased attention to and support for the needs of urban adolescent refugee youth in Lusaka. The current restrictive legal and policy framework, combined with pervasive discrimination in the public and private spheres, compound to violate their rights and stifle their long-term contributions to Zambian society.

Nearly two thirds of the world's 21.3 million refugees live in cities. More than half of those are children.[1] Young people forcibly displaced from their homes are increasingly seeking safety and opportunity in urban areas. However, the global system of humanitarian response to refugees was built around the encampment model: simplifying service delivery to people in consolidated, and supposedly temporary, camps. This growing shift to urban settings requires a fundamental rethinking of strategies for action and a corresponding change in the emphasis of researchers.

Until 2009, UNHCR's official approach to urban refugees was one of minimal engagement, "based on the presumptions of state responsibility for protection and assistance, and refugee self-reliance."[2] That year, however, the organization released the "Policy on Refugee Protection and Solutions in Urban Areas," which extends its mandated responsibilities towards refugees regardless of their location.[3] Broadly, the policy commits UNHCR to activities encompassing the promotion of legal status, ensuring basic access to food and shelter, and prohibitions on refoulement. The policy offers the "broad contours and underlying principles" for UNHCR's more substantive engagement in urban areas, and encourages the progressive development of national legal and policy frameworks to integrate refugees in these environments.[4] It does not provide operational guidelines or clear metrics for evaluation of its work in these expanded arenas.

In 2012, UNHCR also rolled out a new strategy for child protection.[5] A Framework for the Protection of Children articulates UNHCR's commitment to protect and advocate against all forms of discrimination against refugee children; to prevent and respond to abuse, violence, and exploitation against refugee children; to ensure access to services; and to ensure durable solutions in the child's best interests. It does not address the specific needs of children and adolescents that live in urban areas. UNHCR has since 2014 been investing in a suite of research and assessment projects to develop a toolkit for child protection programming in urban contexts. The toolkit will be published in 2018.

These policy developments have been accompanied by a surge in interest from scholars and practitioners in urban refugee issues. However, there is still very little known about what constitutes "good" urban refugee policy, in particular for children and adolescents. At present, "only a handful of cities attract serious attention from academic and human rights researchers—notably Nairobi, Johannesburg, and Cairo."[6] It is highly challenging to characterize social realities in rapidly transforming urban centers, even without the numerous added challenges of locating and interviewing refugees. Many urban refugees live dispersed in marginal and deprived areas.

1 UNHCR, "Global Trends: Forced Displacement in 2015" (Geneva: UNHCR, June 2016), http://www.unhcr.org/576408cd7.pdf.

2 UNHCR, "UNHCR Comprehensive Policy on Urban Refugees" (Geneva: UNHCR, March 25, 1997), 2.

3 UNHCR, "UNHCR Policy on Refugee Protection and Solutions in Urban Areas" (Geneva: UNHCR, September 2009).

4 Ibid., 3.

5 UNHCR, A Framework for the Protection of Children (Geneva: UNHCR, 2012).

6 Tim Morris and S. Ben Ali, "UNHCR Reviews Its Urban Policy: An Air of Complacency?," Urban Refugees website, 2013, http://urban-refugees.org/debate/unhcr-reviews-urban-policy-air-complacency/.

Those with irregular status may wish to remain undiscovered. Language differences, time constraints due to long or irregular working hours and lack of trust due to marginalization, racism, and stigma also present challenges. Quantitative studies of refugees have also been limited by the lack of a meaningful sampling frame. Because there is scarce data on the size or location of refugee populations in urban areas, it is difficult to study a representative sample.[7]

The present study was undertaken as UNHCR's first systematic effort to understand the impact of its protection work with urban adolescent refugees. In December 2013, Columbia University, UNHCR, the Child Protection in Conflict Learning Network, and the Association of Volunteers in International Service-Rwanda collaborated on a pilot child protection study in Kiziba Camp, Rwanda.[8] A subsequent Uganda camp-based study built on the findings from the pilot study in Rwanda. UNHCR engaged Harvard's FXB Center for Health and Human Rights to replicate this Uganda study, with appropriate adjustments, in urban refugee settings. Research was undertaken with urban adolescent refugee populations in Lusaka, Zambia, as well as in Quito and Lago Agrio in Ecuador. This report focuses on the results from Lusaka, and it represents the first stage of the research project. A second round of data collection will build on the results of this report.

This research project aims to specifically contribute to understanding the needs and experiences of older refugee adolescents. UNICEF uses the World Health Organization's definition of adolescents as persons between the ages of 10 and 19, and further defines older adolescents those aged 15-19 years.[9] UNHCR has only recently developed strategies or guidance notes specific to youth 18 or above, and to collect age-disaggregated data on this population.[10] Investment in this demographic may have the potential to result in exponential gains for host societies.[11]

Specifically, this study aims to:

(1) Define and describe the protection system for older adolescent refugees living in Lusaka, Zambia, and the role of UNHCR within that system;

(2) Assess the effects of the existing protection system on the health and wellbeing of older adolescent refugees by examining a range of indicators, including: school attendance and experiences in school; safety and experiences of physical, emotional and sexual violence; work conditions and labor exploitation; experiences of discrimination; mental and physical health; and knowledge and use of available programs and services.

7 Marcin J. Sasin and David Mckenzie, Migration, Remittances, Poverty, and Human Capital: Conceptual and Empirical Challenges (Washington, DC: World Bank, 2007), http://elibrary.worldbank.org/doi/pdf/10.1596/1813-9450-4272.

8 Meyer S, Muhorakeye L, Stark L. Measuring Impact through a Child Protection Index - Report of Pilot Study, Kiziba Camp, Rwanda. UNHCR and CPC Learning Network; 2013. Available from: http://www.cpcnetwork.org/wp-content/uploads/2015/01/Rwanda-pilot-study-FINAL-1.pdf

9 UNICEF, ed., Adolescence: An Age of Opportunity, The State of the World's Children 2011 (New York, NY: UNICEF, 2011), 6.

10 UNHCR and Women's Refugee Commission, "We Believe in Youth: Global Refugee Youth Consultations Final Report," September 2016, https://reliefweb.int/sites/reliefweb.int/files/resources/2200-WRC-Youth-Report-LR.pdf; UNHCR, "UNHCR's Engagement with Displaced Youth: A Global Review" (Geneva: UNHCR, 2013), 10.

11 George C Patton et al., "Our Future: A Lancet Commission on Adolescent Health and Wellbeing," The Lancet 387, no. 10036 (June 2016): 2423–78.

This research project also advances understanding of methodologies that can be used for the collection of rigorous data on hard-to-reach refugee populations in urban environments. Traditional impact assessment methodologies are often not applicable in humanitarian or displacement contexts, especially in urban, non-camp settings. This gap leaves state actors without robust evidence on needs and experiences, as well as on the impact of those interventions that aim to prevent and respond to these concerns. This study employs a combination of random sampling and Respondent Driven Sampling in order to address this gap. The challenges experienced and lessons learned in the implementation of this innovative methodology will contribute to UNHCR's future efforts to gather a comprehensive evidence base concerning at-risk displaced youth in urban contexts.

BACKGROUND

URBAN REFUGEE YOUTH

Concerns of the domestic host country and the diversity of refugee communities in urban environments make service provision and refugee advocacy a complex task. Target "communities" are not static, varying widely in structure and size; some are highly consolidated and networked, others disperse and internally heterogeneous. This reality can lead to challenges with representation, participation, community outreach, and prioritization of services.

Likewise, there is no single experience of refugee youth living in urban environments. Existing accounts suggest, however, that many are particularly vulnerable to exclusion, social discrimination, violence, and abuse.[12] Refugee youth often compete with the poorest locals for the worst jobs and housing, and they contend with explicit and de facto barriers to education, health, and other services. Many lack documentation and official status; many lack a caregiver or guardian. UNHCR has written that this population is "seldom consulted and frequently overlooked ... [their] talents, energy, and potential ... remain largely untapped."[13]

The growing urbanization of refugee populations has been accompanied by a surge in interest from scholars and practitioners in this issue. The resulting literature has consistently emphasized the central importance of increased collaboration between humanitarian and development actors. In urban areas, many services to refugees rely less on aid agencies like UNHCR and more on line ministries, municipal authorities, the private sector, and national civil society actors.[14] Effectively engaging these actors "demands a shift in both approach and language."[15] It requires creative engagement with local authorities to prioritize non-voting populations—for

12 See, for example, Sara Pavanello et al., "Survival in the City: Youth, Displacement and Violence in Urban Settings," Humanitarian Policy Group (HPG) Policy Brief 44 March 2012; Koichi Koizumi and Gerhard Hoffstaedter, eds., (Abingdon, UK: Routledge, 2015). Urban Refugees : Challenges in Protection, Services and Policy

13 UNHCR and Women's Refugee Commission, "We Believe in Youth," Global Refugee Youth Consultations Final Report (Geneva: September 2016), 4.

14 Shelly Culbertson, Olga Oliker, Ben Baruch, and Ilana Blumm, Rethinking Coordination of Services to Refugees in Urban Areas : Managing the Crisis in Jordan and Lebanon (Santa Monica, CA: Rand Corporation for US State Department, 2016).

15 Loren B. Landau et al., Becoming Urban Humanitarians Engaging Local Government to Protect Displaced People (Washington, DC: Urban Institute, August 2016), v.

example, by identifying the skills and contributions of urban refugees; it also requires strategies that align protection concerns with local political economic factors.

Another debate centers on the tension between the need to address refugees' heightened vulnerability and the need to avoid parallel programs of services and assistance.[16] Specialized services aimed exclusively at refugees can be financially unsustainable and, in some contexts, politically counterproductive. They can unintentionally highlight the presence of refugees living in cities illegally or help to legitimize both popular and legislative backlash by fostering a sense of unfairness.[17] Recent work has also examined the importance of identity documents and status. These designations can undoubtedly reduce exploitation and harassment and remain a pillar of UNHCR's protection work. However, some observers suggest that forced migrants are often marginalized irrespective of status,[18] which underscores the importance of refugees' skill sets and assets in coping with their circumstances--better-educated and high skilled refugees are less vulnerable. Some research suggests that urban refugees are, in many contexts, not that different from disadvantaged host populations with regard to their assets, skill sets, and vulnerabilities.[19]

REFUGEES IN ZAMBIA

Zambia has a long history of accepting asylum seekers fleeing political and civil strife, starting with welcoming Polish refugees during the Holocaust. During the thirty years after independence in 1964, the country received several hundred thousand refugees, including liberation fighters from many of the African countries fighting against colonialism and apartheid.[20] More recently, Zambia has taken positive steps to offer permanent local integration to select Angolan and Rwandan refugees. However, significant challenges remain for Zambia's refugee population, the majority of which live in two designated settlements. The thousands of registered and unregistered refugees living in the capital city, Lusaka, form a vulnerable and generally understudied group.

UNHCR statistics from December 2016 show that Zambia hosts a total of about 57,209 refugees, former refugees, and other people of concern. These originate from Angola (19,800); Somalia (3,064) and the Great Lakes region in Central Africa, including the Democratic Republic of Congo (23,250); Rwanda (6,236); and Burundi (4,434).[21] Of this total population an estimated

16 António Guterres, "Protection Challenges for Persons of Concern in Urban Settings" Forced Migration Review 34 (2010): 8–9.

17 "In South Africa—once considered the site for model urban refugee assistance—such direct assistance has proved both financially unsustainable and politically counter-productive as it has drawn negative attention to refugees from an equally deprived and under-serviced host population. Similarly, the kind of expensive direct assistance provided to Iraqi refugees in Jordan and elsewhere has proved problematic and is now recognized as a model that cannot be widely replicated."; E. Lyytinen and J. Kullenberg, "Urban Refugee Research: An Analytical Report" (New York: International Rescue Committee, 2013).

18 Loren B. Landau, "Urban Refugees and IDPs," in The Oxford Handbook of Refugee and Forced Migration Studies (Oxford: OUP, 2014), 143.

19 Loren B. Landau and Marguerite Duponchel, "Laws, Policies, or Social Position? Capabilities and the Determinants of Effective Protection in Four African Cities," Journal of Refugee Studies 24, no. 1 (2011): 1–22.

20 UNHCR, "Submission by the UNHCR for the Office of the High Commissioner for Human Rights' Compilation Report Universal Periodic Review: Zambia," April 2012, http://www.refworld.org/docid/4f9660982.html.

21 Mushiba Nyamazana, Grayson Koyi, Patricia Funjika, and Edward Chibwili, "Zambia Refugees Economies: Livelihoods and Challenges" (Study for UNHCR Zambia by the Institute of Economic and Social

11,180 refugees were formally registered in Zambia's urban areas. An unknown number reside in cities without the required permissions and the UN has estimated this population at 10,000.[22]

Zambia is a signatory to the 1951 Convention on the Status of Refugees and its 1967 Protocol. However, the country has made several reservations to these instruments that limit refugees' rights to freedom of movement, elementary education, and wage-earning work. These reservations are codified in Zambia's refugee legislation, the Refugees (Control) Act, 1970, which also limits refugees' ability to own property or gain Zambian citizenship. Zambia has an official encampment policy that restricts most refugees to settlements and limits the number in urban areas. Refugees are allowed to live in urban areas only if they are granted medical, study, or work permits by the relevant authorities. If refugees are found in an urban area by immigration authorities without permission, they are subject to detention and prosecution.

UNHCR has operated in Zambia since 1967, augmenting the government's limited economic and institutional resources.[23] To ensure control over camps and settlements by the state, a Refugee Officer from the Ministry of Home Affairs holds authority over refugee-related actions by all Zambian government officials as well as NGO staff and refugees. The interests of the government and those of UNHCR have not always aligned, principally as international agency pushes for increased access to local integration opportunities.[24] UNHCR helped the Zambian Government to draft the urban residency requirements in 1999. It does not directly or indirectly encourage refugees to stay in urban areas without appropriate permits.

Refugees arriving in Zambia's capital city, Lusaka, a city of roughly 2.9 million, encounter a government struggling to deal with growing urbanization and on a weak resource base manage increasing demands on land, housing, services, and infrastructure.[25] According to the African Economic Outlook 2016, Zambia currently faces "its worst economic crisis in more than ten years, falling copper prices, pressure on the government's operating and investment budget, and electricity-supply shortages affecting the real economy."[26] Of the country's total population, 64 percent live below the poverty line and 42 percent are considered to live in situations of extreme poverty. In 2015, urban growth continued at an estimated rate of 42 percent as people moved to towns in search of opportunities.[27]

As in many parts of the world, xenophobia is an increasing problem in Zambia. In April 2016, riots broke out in Lusaka after unsubstantiated rumors spread that Rwandan refugees were

Research, University of Zambia with the Refugee Studies Centre, University of Oxford, February 2017), http://www.unhcr.org/58b9646b4.pdf.

22 Magdalena Sepúlveda Carmona, UN Special Rapporteur on extreme poverty and human rights, "Report to UN Human Rights Council: Follow-up to Her Mission Reports Concerning Ecuador, Zambia, Bangladesh, Viet Nam and Ireland" (A/HRC/20/25, April 5, 2012), para. 58, https://documents-dds-ny.un.org/doc/UNDOC/GEN/G12/126/99/PDF/G1212699.pdf?OpenElement

23 Rebecca Suzanne Frischkorn, "We Just Aren't Free: Urban Refugees and Integration in Lusaka, Zambia" (PhD dissertation, American University, 2013), 91.

24 Ibid., 92.

25 Rebecca Suzanne Frischkorn, We Just Aren't Free: Urban Refugees and Integration in Lusaka, Zambia (American University, 2013), 16.

26 African Development Bank, OECD, and UNDP, "African Economic Outlook 2016," 2016, 325.

27 Ibid.

behind recent ritual killings in the city.[28] Two Rwandans were burned to death in two days of violence and more than 60 Rwandan-owned businesses were looted. It is not new for refugees in Lusaka to be the targets of scapegoating. Research shows that associations between refugees, criminality, and resource shortages have been particularly evident in state-owned and popular media since the implementation of the urban residency policy in the 1990s.[29]

Several studies have documented the challenges that face the urban refugee population in Zambia, in particular those arising from the restrictions on freedom of movement and rights to work. In 2010, the UN Independent Expert on human rights and extreme poverty (later the UN Special Rapporteur) reported that "because of the impediments to legal work, many [refugees] resort to informal markets where they are exposed to exploitative working conditions. At the same time, social discrimination makes it difficult for refugees and asylum-seekers to access health facilities and the educational system. All these factors make them tremendously vulnerable to extreme poverty."[30]

A more recent evaluation of refugee economies conducted by the University of Zambia and the University of Oxford documented several livelihood challenges facing urban refugees, including right to work regulations; discrimination, harassment, and security attacks; regulations on freedom of movement; lack of capital; and expensive rent.[31] The report notes that the encampment policy "adversely affects young refugees who are keen to advance their human capital credentials through tertiary and vocational training that is often located in urban areas."[32]

In March 2017, UNHCR submitted a report on the country's progress to the Office of the High Commissioner for Human Rights for the Universal Periodic Review.[33] The report underscored deficiencies in legal and procedural safeguards for asylum-seekers and refugees, challenges in refugees' access to education, difficulties in birth registration and increasing statelessness, detention of asylum seekers, and barriers to work.[34] Others have documented urban refugees' vulnerability to violence and exploitation. According to the UN Special Rapporteur on violence against women, "Violence against women, including defilement, rape, early marriages, and survival sex, continues to be a major problem affecting women asylum seekers and refugees, both those in settlements and those residing in urban areas."[35] Zambia is a transit and destination country for trafficking. According to UNICEF, "migrant children [in Zambia] are

28 "Zambia Xenophobic Riots: Two Burned Alive in Lusaka - BBC News," accessed June 13, 2017, http://www.bbc.com/news/world-africa-36092917

29 Frischkorn, We Just Aren't Free, 2013, 109; David A McDonald and Sean Jacobs, "(Re)writing Xenophobia: Understanding Press Coverage of Cross-Border Migration in Southern Africa," Journal of Contemporary African Studies 23, no. 3 (2005): 320.

30 Magdalena Sepúlveda Carmona, UN Independent Expert on the question of human rights and extreme poverty, "Report to UN Human Rights Council on Mission to Zambia" (A/HRC/14/31Add.1, May 11, 2010), para. 36, http://www2.ohchr.org/english/bodies/hrcouncil/docs/14session/A.HRC.14.31.Add1.pdf.

31 Nyamazana, et al., "Zambia Refugees Economies."

32 Nyamazana et al., "Zambia Refugees Economies," 11.

33 UNHCR, UNHCR Submission on Zambia: UPR 28th Session, March 2017, http://www.refworld.org/docid/5a12ae242.html

34 Ibid.

35 Rashida Manjoo, UN Special Rapporteur on Violence against women, its causes and consequences, "Report to UN Human Rights Council on her mission to Zambia," (A/HRC/17/26/Add.4, May 2, 2011), para. 29.

especially vulnerable to trafficking, especially if they (and caregivers) are uninformed about regulations pertaining to asylum seeking and migration."

Today, the complexity of population movement to, through, and from Zambia is becoming increasingly more evident.[36] These migrations include refugees, asylum seekers, economic migrants, victims of trafficking, and unaccompanied and separated children.

METHODOLOGY

OVERVIEW

This study employed a mixed-methods methodology to address two central research goals. First, define and describe the protection system for refugee youth in Lusaka, Zambia. In urban environments, this system is neither clear nor integrated. It is comprised of multiple stakeholders from the UNHCR and government, the private sector, civil society, and community groups. This evaluation describes the laws, policies, and procedures in place to protect and assist refugee youth in Lusaka. It traces the role of UNHCR within this picture, and the partnerships that UNHCR maintains with other key stakeholders. This report describes the services available to refugee youth and the utilization of those services.

The second central research aim is to assess the outputs and outcomes of the existing protection system on the health and wellbeing of refugee youth. This study involved a wide-ranging assessment of refugee youths' experiences and needs in the public and private realms. Going beyond a simple humanitarian assessment of basic needs, this project seeks to understand how well the existing protection system enables refugee youth in Lusaka to progressively achieve levels of welfare and security in line with local standards and their own heterogeneous objectives.[37] Four data collection methods were used to answer these two research questions:

1. QUANTITATIVE SURVEY

The survey was administered with 693 adolescent refugees between 15 and 19 years old. This target was reached using a combination of simple random sampling (SRS) amongst individuals that are registered as refugees and hold valid urban residency permits (URPs), and Respondent Driven Sampling (RDS) among registered refugees living in Lusaka without URPs.[38] At the request of UNHCR, the questionnaire employed in this study was the same one developed during the Rwanda and Uganda camp studies, with minor necessary adjustments for context. This forty-minute survey assessed adolescent health and wellbeing, covering the following areas:

- Demographic characteristics;
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- School attendance and experiences in school;

36 EU Delegation to Zambia and the International Organization for Migration, "Protecting Migrant Children from Trafficking and Exploitation in Zambia," EU website, September 25, 2015, https://europa.eu/eyd2015/en european-union/stories/protecting-migrant-children-trafficking-and-exploitation-zambia-benson-story.

37 Amartya Sen, Inequality Reexamined, paperback ed. (Cambridge, MA: Harvard University Press, 1995), 5.

38 UNHCR requested that asylum-seekers that have not yet begun the refugee status determination process, as well as other persons of concern not registered as refugees (e.g. Angolans), be excluded from the study.

- Safety and experiences of violence – physical, emotional and sexual – in the home, at school, and in the city;
- Decent work and labor exploitation;
- Experiences of discrimination;
- Mental and physical health;
- Knowledge and use of available programs and services.

Sample size for the survey was calculated based on total population estimates of 4,400 refugees with URP and approximately 10,000 refugees without URP in Lusaka. Of these, approximately 10% are in our target age range of 15 – 19. To gain a representative sample of the 440 adolescents on UNHCR's system, with an alpha of 0.05 and a confidence interval of +/- 5%, a minimum sample size of 205 was required, to yield a power of at least 80%. For the approximately 1,000 adolescent refugees living without URP in the target age range, a minimum of 278 participants was required to achieve the same alpha and power. In the six week data collection period, the team interviewed 319 refugees with URP and 374 refugees without URP in order to increase the power of results.

2. FOCUS GROUP DISCUSSIONS

Nine focus group discussions (FDGs) were carried out with groups of six-to-eight youth refugees living in Lusaka, recruited by the nonprofit Action Africa Help through their existing networks. Participants were selected to reflect, as far as possible, the diversity of the refugee population: gender, nationality, length of stay in Zambia, and registration status. Focus groups lasted between twenty minutes and one hour, and centered on youth's personal experiences of life as a refugee in Lusaka: risks, concerns, unmet needs, as well as knowledge and use of services, and barriers to access.

3. KEY INFORMANT INTERVIEWS

Nine in-depth qualitative interviews were carried out with key informants who worked within the protection system for urban refugee youth. These individuals were purposively sampled from UNHCR, nonprofits, other service providers, and government in order to provide differing perspectives on the experiences and needs of youth refugees in Lusaka, as well as the nature of the protection system and priorities for its improvement.

4. DESK REVIEW OF LITERATURE

A comprehensive literature review was conducted of existing academic scholarship and policy reports, and grey literature that discuss urban refugee issues generally and the Zambian refugee context specifically.

STUDY IMPLEMENTATION & ETHICS PROCEDURES

Data collection took place during a six week period from December 5, 2016 through January 20, 2017. Logistics of study implementation were coordinated by the nonprofit Action Africa Help, a UNHCR partner in Lusaka, with supervision by Harvard FXB. One project coordinator and six researchers who had not previously worked for AAH were contracted to conduct the survey and focus groups in order to avert any risk of conflict of interest. This risk was also reduced because individual performance of AAH was also not evaluated by the study. Research team members were Zambians experienced in research and working with vulnerable populations. Key informant interviews were carried out by Harvard FXB staff.

A week-long training in ethical procedures and study protocols was conducted by Harvard FXB at the start of the study. The study protocol was reviewed and approved by Harvard University's Longwood Medical Area Institutional Review Board as well as the University of Zambia Biomedical Research Ethics Committee. At the request of the committees, unaccompanied children were excluded from the study sample for both groups. Informed consent was obtained as appropriate in English, Nyanja, Swahili, or Somali from all participants in the quantitative survey and focus groups, and also from the caregivers of those participants aged 15-17 years. Participation was entirely anonymous. Refugees were identified only by a referral code in the survey and in research team records. Interview sites were chosen after consultation with youth refugees about places they felt safe and were easily accessible, and included AAH outreach centers, Makeni Transit Center and UNHCR compound.

The quantitative survey was administered on electronic tablets by interviewers through the mobile app, Qualtrics Offline. Once finished, surveys were uploaded automatically to a server and erased from the tablet. This enabled real-time monitoring of data integrity. The survey section pertaining to sexual and physical violence was self-administered by respondents in private, without the interviewer present. Study interviewers informed participants of the self-report section at the start of the interview, and emphasized that all self-administered responses would be anonymous, and the research team could not go back to review them. Interviewers were trained by AAH counselors to identify signs of significant distress and appropriate responses, as well as systems for referring participants to other available services (e.g. legal aid, psychosocial support, and health services). Interviewers offered each participant a list of these referrals.

Registered refugees were selected at random for participation by UNHCR from a list in the ProGres database, maintained by the Zambian Government, of all refugees in Lusaka who currently hold, or previously held, an urban residency permit.

Refugees without URP were reached for participation through Respondent Driven Sampling (RDS), a modified chain-referral technique. Recruitment was initiated with group of twelve committed and socially-connected "seeds" (eligible respondents) selected by AAH outreach workers in Lusaka, reflecting the diversity of the refugee demographic along key outcome variables (gender, age and national origin). Each seed received three recruitment coupons to recruit his/her peers; peers were instructed to call the study team for screening and additional information, before arranging a time and place to take the survey. This system enabled fully anonymous participation. Coupons contained: the study title, location and opening hours of interview sites, a contact phone number, a coupon ID linking the recruiter and the recruit, and information on participation incentives. Eligible recruits who finished the survey were given three coupons to recruit peers, continuing until the target sample size was reached. Eleven additional seeds were added later during data collection after peer referral experienced delays.

RDS relies on a double incentive structure. Survey respondents received one incentive for participating in the survey, set at 50,000 Kwacha (~5 USD), and additional incentives, set 20,000 Kwacha (~2 USD), for each eligible participant that they successfully recruited into the study, with a maximum of three participants per seed. Incentives served as remuneration for

travel costs and appreciation for the time and effort of participation and for facilitating inclusion of people with economic barriers to participation.[39] Appropriate, non-coercive amounts were determined in consultation with AAH and UNHCR, reflecting roughly an hour's wage. Altruistic motives for participation and recruiting peers were emphasized.

Focus group discussion (FGD) participants were identified by researchers through AAH's service networks, and conducted by the local study team. Six to eight refugees per FGD were chosen to reflect different population subgroups: girls, boys, men and women, and different nationalities. Some participants also chose to take the quantitative survey. Informed consent was obtained from all participants (and caregivers of children), and participants received an incentive of 50,000 Kwacha.

RESPONDENT DRIVEN SAMPLING

This project sought to use Respondent Driven Sampling (RDS) methodology to gather a statistically representative sample of the refugees living in Lusaka without URPs. RDS is similar to snowball sampling, but it uses analytical adjustments based on social network sizes, recruitment homophily, and differential recruitment to weight individuals so that those who are under-represented in the sample have more weight and those who are over-represented in the sample have less weight.[40] RDS has been used worldwide since the 1990s for research on traditionally "hidden" and highly networked populations, such as sex workers, men who have sex with men and persons who inject drugs. Over the past few years, RDS has increasingly been used to sample migrant populations.[41] These instances include sub-Saharan francophone and anglophone African migrants in Rabat, Morocco;[42] Ukrainian, Russian, and Belarusian migrant workers in Poland;[43] and Southeast Asian and Latino immigrants in the United States.[44] Some of these studies included refugees as a sub-population of migrants. However, RDS has not previously been successfully applied specifically to the study of refugees living in urban environments, to the adolescent age group, or to the Zambian context.

In order to draw generalizable results from a chain-referral sample, RDS methodology presupposes several assumptions regarding the underlying statistical theory and respondent behavior. Briefly, these assumptions are: 1) respondents know one another and recruitment ties are reciprocal, 2) there is cross-over between subgroups and networks are dense enough to sustain a chain referral process, 3) sampling occurs with replacement (or, practically, the

39 Guri Tyldum and Lisa Johnston, eds., Applying Respondent Driven Sampling to Migrant Populations: Lessons from the Field (Houndmills, Basingstoke, Hampshire ; New York, NY: Palgrave Macmillan, 2014), 51.

40 Douglas Heckathorn, "Respondent-Driven Sampling: A New Approach to the Study of Hidden Populations," Social Problems 44, no. 2 (1997): 174.

41 Tyldum and Johnston, Applying Respondent Driven Sampling to Migrant Populations: Lessons from the Field.

42 L. G. Johnston, "HIV Integrated Behavioral and Biological Surveillance Surveys-Morocco 2013: Sub-Saharan Migrants in An Irregular Administrative Situation in Morocco" (Rabat: UNAIDS, 2013).

43 J. Napierala and A. Gorny, "Assessment of Effectiveness of RDS Sampling Method in Migration Studies," Paper presented during THEMIS project conference, Examining Migration Dynamics: Networks and Beyond. University of Oxford, September 24–26, 2013.

44 Jane Montealegre et al., "Effectiveness of Respondent Driven Sampling to Recruit Undocumented Central American Immigrant Women in Houston, Texas for an HIV Behavioral Survey," AIDS and Behavior 17, no. 2 (2013): 719–727, doi:10.1007/s10461-012-0306-y.

sample is small relative to the population); 4) respondents are recruited at random from peer networks; 5) respondents accurately report their personal network size; 6) each respondent recruits a single peer; 7) a Markov chain model of recruitment is appropriate and, at equilibrium (convergence to population proportions), results in a sample independent of the seeds.[45] Important to removing dependence on seeds is that "homophily" be kept to a minimum (the principle of homophily is that contact between similar people occurs at a higher rate than between dissimilar people) and few or no "bottlenecks" (the absence of personal links between different sub-groups within the target population).

RESPONDENT DRIVEN SAMPLING DIAGNOSTICS

The analysis program RDS-Analyst (RDS-A) was used to assess whether RDS assumptions were met for the sample of refugees without urban residency permits: 374 total participants, produced by 23 seeds and a maximum of six recruitment waves. This revealed that several key RDS assumptions were not met.

First, the recruitment homophily was assessed for key variables in the analysis and was determined to be unacceptably high (>1.3) for several characteristics: family size and the years that each participant lived in Zambia. In other words, more members in the sample were affiliated by these characteristics than would be expected in a random sample. We also observed bottleneck effects by age and years lived in Zambia; indicating that participants did not recruit across their sub-groups. There was not sufficient cross-group recruitment and instead, individuals formed sub-groups based on these attributes. The data offered multiple focused views of separate subpopulations, rather than a representative view of a single, networked population.

Second, the assumption of accuracy of reporting one's network size was not met. There were a large number of missing values in our data set for network size (degree), which we concluded were not missing completely at random, a finding which could also influence the sample weights, particularly because missingness was associated with variables with demonstrated high homophily and/or bottleneck effects. As a result, we could not justify the use of RDS weights in our final analysis and instead devised an alternative analytic approach, described below.

ANALYSIS METHODS

For the sample of refugees with URP collected through simple random sampling, the software R was used to generate prevalence estimates and population means, as well as run linear regressions on certain outcomes by gender, age group, nation of birth, and length of stay in Zambia.

For the sample of refugees without URP, it was deemed inappropriate to use the RDS weights, as many of the assumptions were not met and could lead to biased population estimates. Peer-

45 Abby Rudolph, Crystal Fuller, and Carl Latkin, "The Importance of Measuring and Accounting for Potential Biases in Respondent-Driven Samples," AIDS and Behavior 17, no. 6 (2013): 2244–2252, doi:10.1007/s10461-013-0451-y; Krista J. Gile, Lisa G. Johnston, and Matthew J. Salganik, "Diagnostics for Respondent-Driven Sampling," 20120927, http://arxiv.org/abs/1209.6254; Tyldum and Johnston, Applying Respondent Driven Sampling to Migrant Populations: Lessons from the Field.

referral strategies lead to higher between-cluster variance and lower within-cluster variance than expected from a simple random sample. This is because individuals will be more similar to those who share the same seed than they will be to others in a separate RDS chain, and within each RDS chain, individuals will also be more similar to their recruiter and their recruits than they will be to others in the sample. Standard RDS adjustments do not account for this lack of independence, which can in some cases create large design effects, reducing the precision of the resulting estimates.[46]

Therefore, in both cities we sought to account for this lack of independence through a statistical model that estimates sample prevalence using generalized estimating equations (GEE), which produce population-averaged estimates, with robust sandwich variance estimators to account for misspecification of the correlation structure.[47] The biases introduced by high homophily and bottleneck effects observed in our sample may be partially accounted for by the modeling approach used and the GEE approach provides more realistic estimates of sampling variance.

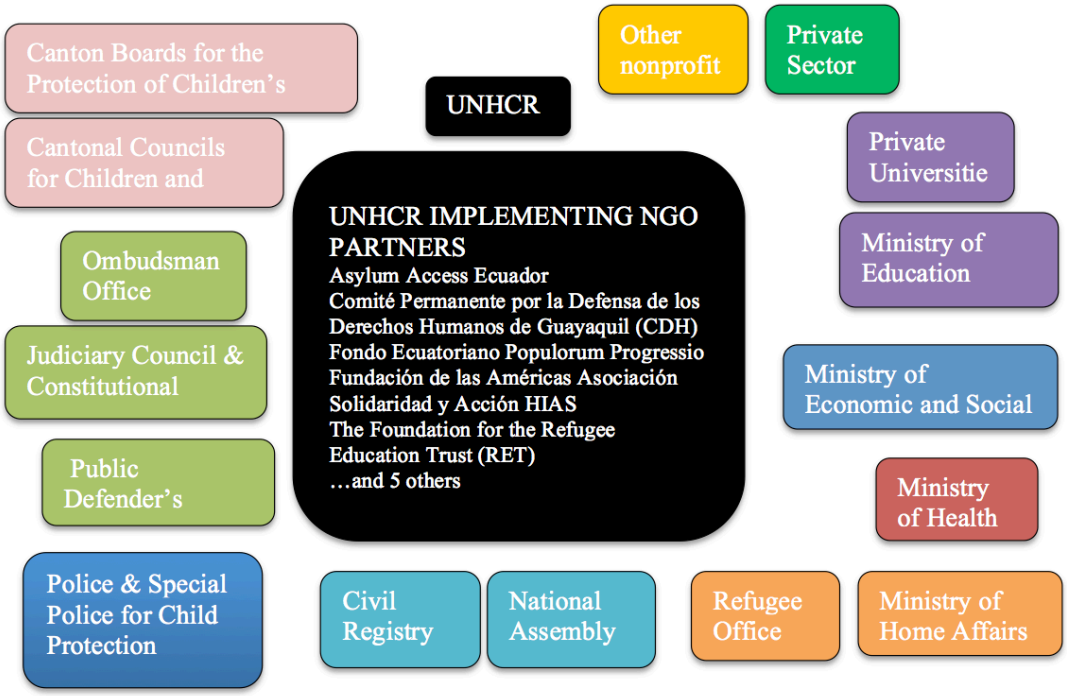
The coefficients in the GEE marginal model represent expected differences within a population.[48] Estimates by gender and age group were derived by adding each covariate into the GEE model. In the GEE models for the no-URP sample, we clustered on "seed" (the initial recruiter in the chain) in order to account for the network-based sampling strategy. Since common recruiter was completely nested within "seed", this lower level of clustering was also accounted for by the GEE sandwich estimators.[49] For all prevalence estimates for both samples (with and without URP), 95% confidence intervals were also computed. Comparisons of prevalence estimates between RDS and SRS subgroups were conducted by comparing the 95% confidence intervals; if the confidence intervals overlapped, the differences were not statistically significant and if the confidence intervals did not overlap, the differences were statistically significant for a 2-sided test with alpha=0.05.

46 Salganik MJ. Variance estimation, design effects, and sample size calculations for respondent-driven sampling. Journal of Urban Health. 2006 Nov 1;83(1):98. Johnston LG, Chen YH, Silva-Santisteban A, Raymond HF. An empirical examination of respondent driven sampling design effects among HIV risk groups from studies conducted around the world. AIDS and Behavior. 2013 Jul 1;17(6):2202-10.

47 For a similar approach, see: Rudolph AE, Gaines TL, Lozada R, Vera A, Brouwer KC. Evaluating outcome-correlated recruitment and geographic recruitment bias in a respondent-driven sample of people who inject drugs in Tijuana, Mexico. *AIDS and Behavior*. 2014 Dec 1; 18(12):2325-37.

48 In the empty (intercept-only) model, the intercept represents the population prevalence. In the multivariable model, the beta coefficients provide the corresponding measure of effect (i.e., difference in means or odds ratio, etc.)

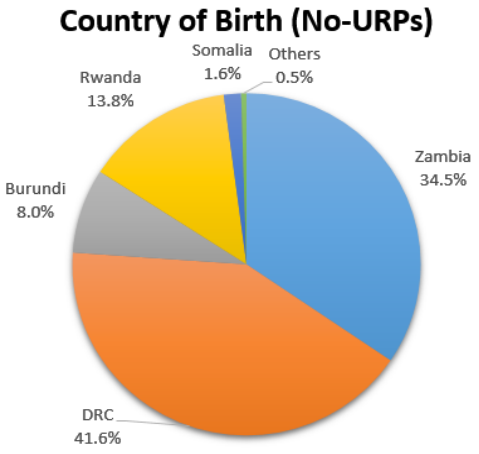
49 Rebecca A. Betensky, James A. Talcott, and Jane C. Weeks, "Binary Data with Two, Non-Nested Sources of Clustering: An Analysis of Physician Recommendations for Early Prostate Cancer Treatment," Biostatistics 1, no. 2 (2000): 219–230; Diana L. Miglioretti and Patrick J. Heagerty, "Marginal Modeling of Nonnested Multilevel Data Using Standard software.(Author Abstract)," American Journal of Epidemiology 165, no. 4 (2007): 453–63.

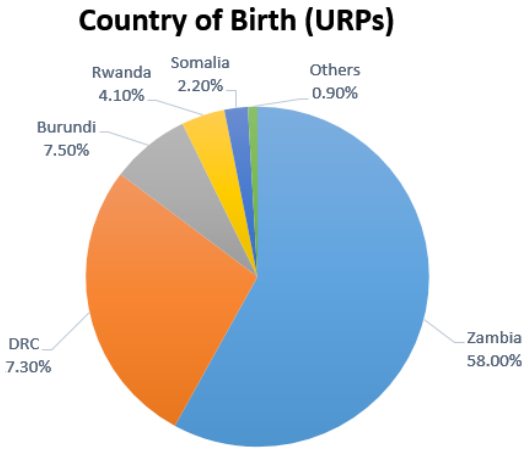


STUDY FINDINGS

DEMOGRAPHIC SUMMARY

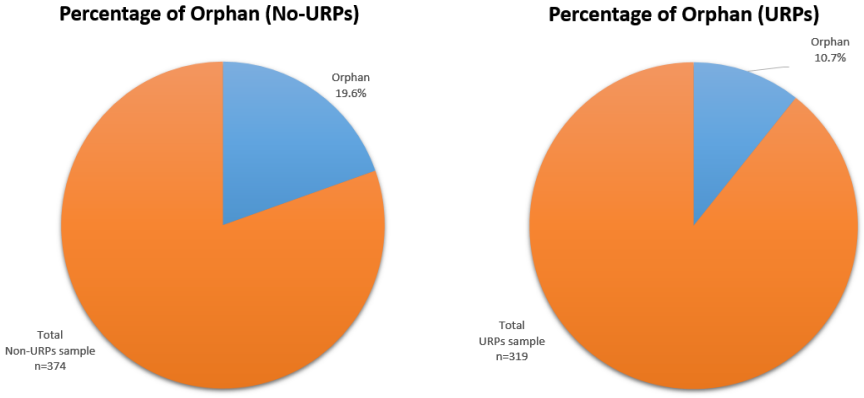
Zambia hosts a number of protracted refugee populations. The average length of stay in Zambia for refugees aged between 15 and 19 years with urban residency permits (URPs) is 14.7 years, and 14 years for those without URPs. Of the refugees with URPs, 58 percent were born and grew up in Zambia. This percentage is significantly higher than the corresponding proportion among those living in the city without URPs, 34.5 percent of which were born in Zambia. The average age of the refugees in the dataset was 17.2 for those with URPs and 17.3 for those without.





Of the refugees living in Lusaka with URP, 94.4 percent are single and only 5.6 percent in relationships. These figures are at 90 percent and 5.8 percent for those without URPs. No youth in the sample reported as being married, despite the fact that several key informants mentioned early marriage as an issue for this population. A UNICEF officer explained: "Many of them in order to be assured of survival and residence find themselves married off before they are 18." This may indicate that married girls are underrepresented in the peer-referral sample as they are less socially connected or willing to leave the house.

An alarming proportion of this demographic have only one or no parents living. These losses are statistically more likely among refugee youth living in Lusaka without official permission: 30.8 percent reported that their mother was either not living or they did not know if she was living; 46.4 percent gave the same answer with regards to fathers; and 19.6 percent are orphans. For refugee youth with URPs, these figures were 19.4 percent (no mother); 30.7 percent (no father); and 10.7 percent (orphan). This study excluded unaccompanied minors as a condition of Ethics Committee approval, so orphans were either 18-19 years old, or separated minors living with a grandparent, aunt/uncle, step parent, cousin or other relative. Separated minors made up 5 percent of the population with URPs and 7.6 percent of those without URPs.



Very few youth reported that they had their own refugee ID card. This was statistically less likely for refugees without residency status in Lusaka: 11 percent of refugees with URPs and 0.6 percent of refugees without URPs. Not all of these youth lack an ID: many will be included on their family's refugee card.

Of the sampled refugees registered in the UNHCR/Government proGres database as living in Lusaka, 15.8 percent reported that they didn't know if they or their family had an urban residency permit and 5.4 percent reported that they did not have a URP, suggesting their permits had expired after more than three years. Of the refugees reached through respondent driven sampling, 97.2 percent reported that they did not have a URP and 2.2 that they did not know.[50]

50 Although screening questions were established to exclude any youth refugees with a URP from the respondent driven sample, 0.6 percent reported that they or their family did have a URP. These were not excluded.

LEGAL OVERVIEW

Zambia is a State party to the 1951 Convention relating to the Status of Refugees and its 1967 Protocol. It has entered reservations with regard to the right to employment (Art. 17.2), education (Art. 22.1), freedom of movement (Art. 26) and travel documents (Art. 28). Zambia also is party to the 1969 OAU Convention Governing the Specific Aspects of Refugee Problems in Africa and most refugees arriving in Zambia are recognized under its Article 1.2 on a prima facie basis. The country is party to the 1954 Convention relating to the Status of Stateless Persons, but not to the 1961 Convention on the Reduction of Statelessness.

Zambia's national legislation incorporates the above reservations. The principal piece of legislation that regulates issues relevant to refugees and asylum seekers is the Refugee (Control) Act of 1970 ("Refugee Act"). This act does not provide specific protection for refugee children. Section 12 outlines an encampment policy that requires refugees to reside in one of the designated settlements, unless they qualify for a permit to reside in urban areas. Section 16 of the Refugee Act allows an authorized officer to arrest a refugee without a warrant if they are "reasonably suspected" of attempting to commit, or committing an offense against the Refugee Act.' Upon conviction, a refugee may be imprisoned for no more than three months.

The Immigration and Deportation Act of 2010 ("Immigration Act") also makes the presence in Zambia of a "prohibited immigrant," unlawful. Its Second Schedule defines this to include "any person...who is of the apparent age of sixteen years or more" and enters without proper travel documents, persons who fail to report to an immigration officer upon entering, and persons whose authorization to remain in Zambia has been revoked or has expired.

In 2002, a proposed Refugee Bill foundered in the face of opposition from Parliamentarians on account of provisions included for the naturalization and assimilation of refugees.[51] Today, the Zambian Cabinet has approved the introduction of a "Bill in Parliament to Repeal and Replace the Refugees Act." In its current form, this new bill does not address restrictions on refugees' freedom of movement and right to work.

STATUS-DETERMINATION PROCEDURES

Asylum-seekers must present themselves to relevant authorities within seven days after arriving in Zambia. For applications made in urban areas, the Commissioner for Refugees (COR) under the Ministry of Home Affairs oversees refugee status determination. In border areas, provincial and district joint operations committees are responsible for new applicants. Under Zambian law, asylum seekers can access services from UNHCR implementing partners during the application process, many applicants in Lusaka stay at the Makeni transit center. However, they have no right to appeal rejections to an independent authority. All decisions are presented to the applicant in writing in English without translation. If a person's refugee status is approved, he or she is sent to either the Mayukwayukwa or Meheba settlements in the Western and North-

51 UNHCR, "UNHCR Global Appeal 2004: Zambia," December 31, 2003, http://www.unhcr.org/3fc7548f0.pdf.

Western areas of the country, respectively. Key informants reported that, in practice, reception and status determination are highly variable.

URBAN RESIDENCY

Permits for urban residency are granted by the Sub-Committee on Urban Residency, which is chaired by the Commissioner for Refugees and includes officials from, among others, the Immigration Department and Ministry of Labor and Social Services. To get a permit, which is valid for one-to-three years, refugees must meet one of five criteria:

(1) Have a permit for employment, self-employment, or study issued by the Department of Immigration. An education permit requires 100 USD and an acceptance letter. A permit for self-employment requires proof of at least 15,000 USD in assets. An employment permit requires 500 USD and a job offer letter; the Immigration Department in conjunction with the Department of Labor can only grant permits for those jobs where there are no Zambians of similar qualifications and competencies to fill the vacancies—typically medical professionals and those in scientific fields.

(2) Require medical care not accessible in the settlements.

(3) Show an established family connection with a refugee already in an urban area.

(4) Face a specific security problem.

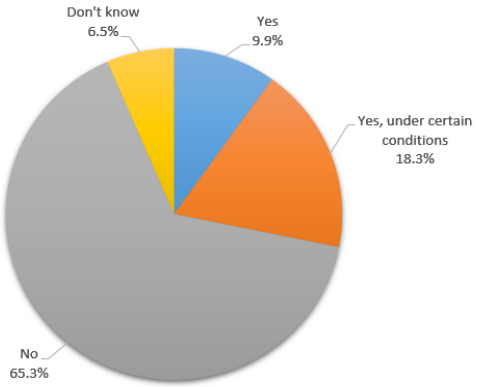
(5) Be awaiting resettlement to a third country.

Applying for this urban residency permit, even with a supporting letter from COR, is lengthy, complex, and expensive. Several refugees reported that bribes were requested of their families during the application procedure. Eligibility criteria directly favor the most educated refugees and those with financial resources. These refugees whose permission to remain is based on medical need, family connection, security concerns, or resettlement are not authorized to work or study, leaving them unable to support themselves and their family, and forcing them into the informal work market.

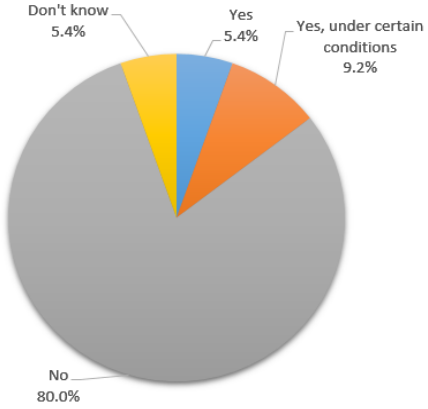
Those refugees living in Lusaka illegally, without a URP, are not included on government or UNHCR databases. They are at risk of detention and they are not able to access services from UNHCR or its implementing partner AAH. As one UNHCR officer noted, "We fundamentally have a flaw in how we program: we only program for those that have legal urban residency. We encourage all those without permits to go back and get legal residency." Those interviewed overwhelmingly expressed the belief that this policy excludes the most vulnerable from the protection system. Focus groups with unregistered youth revealed unanimous desire for an urban residency permit. As one Somali refugee youth commented: "To have a permit, that's when you can be free and no one can arrest or harass you."

DURABLE SOLUTIONS

Intend to return to country of origin (No-URPs)



Intend to return to country of origin (URPs)



Desire for voluntary repatriation among refugee youth in Lusaka is, generally speaking, low. Those who have URPs were significantly more likely to say that they did not wish to return to their country of origin, than those without legal permission to be in the city.

Refugees in Zambia can marry citizens but they cannot generally become citizens themselves. The country's Constitution requires that an individual is in the country for 10 years as an "ordinary resident" before applying for citizenship, but refugees cannot be "ordinary residents" under the law. The current draft of the Constitutional Amendment Bill explicitly bans refugees from naturalization.[52] In 2016, UNHCR submitted 923 refugees living in the camps for resettlement.

Refugee status for Angolan refugees in Zambia was removed in 2012 and in mid-2013 for Rwandans. The government and UNHCR subsequently pledged in a 2014 Strategic Framework to locally integrate 10,000 Angolans and 4,000 Rwandans. In the short term, this pledge entails issuance to qualifying individuals with Zambian residence permits (and citizenship documents for some, mainly children with one Zambian parent).In the longer term, it entails issuance of citizenship for holders of special residence permits after ten years.[53] Former Rwandan and Angolan refugees living in Lusaka who do not qualify for this program are not able to access services from UNHCR or its implementing partners. This program does not affect Congolese, Burundians, and other refugee groups, for whom access to naturalization procedures remains limited.

The legal age of majority in Zambia is 18. Children born to refugees in Zambia assume the nationality of their parents. Birth certificates are technically issued to refugees by the Commissioner for Refugees. However, key informants reported no policies or procedures to ensure registration of children born to refugees living in Lusaka. Additionally, a valid refugee identity document is required for application for a birth certificate: refugees residing without

52 UN Human Rights Council, "Report of the Special Rapporteur on Extreme Poverty and Human Rights, Magdalena Sepúlveda Carmona, on Follow-up to Her Mission Reports Concerning Ecuador, Zambia, Bangladesh, Viet Nam and Ireland," para. C.5.

53 Nyamazana, et al., "Zambia Refugees Economies," 14; UNHCR and Government of Zambia, Ministry of Home Affairs, "Strategic Framework for the Local Integration of Former Refugees in Zambia," January 2014.

legal status in urban areas do not have access. The UN Committee on the Rights of the Child has previously expressed "concern that groups of children, such as ... refugee children, may be excluded" from birth registration in Zambia, where the rate of birth registration nationally is just 14 percent.[54] Of youth refugees with URPs, 58% were born in Zambia as compared to only 34.5% of surveyed youth without URPs. Many are likely to lack birth certificates, and are therefore effectively stateless, i.e. legal citizens that lack the documents necessary to assert their legitimate claim to state services.[55]

INSTITUTIONAL FRAMEWORK, SERVICES & PROGRAMS

The following is a list of the principal stakeholders charged with the protection and welfare of youth refugees living in Lusaka.

Zambian Government

1. The Office of the Commissioner for Refugees (COR). This office, located under the Ministry of Home Affairs (MHA), holds primary responsibility for the administration of refugee affairs in Zambia. The Office receives and determines asylum-applications submitted directly to the Office in Lusaka. It registers asylum-seekers and refugees in the proGres database (UNHCR's standard refugee registration system) and maintains statistics.

2. Ministry of Community Development and Social Welfare (MCDSW). UNHCR has a formal partnership with MCDSW in the settlements, but not in Lusaka. The Ministry officially holds guardianship responsibility for all unaccompanied and separated children (UASC) in Zambia, and must appoint a guardian to accompany all UASC until a durable solution is identified. MCDSW is also mandated to provide for the basic needs of poor refugees, including food, clothing and shelter. Key informants stated that lack of funds is a serious limiting factor for these services.

3. Department of Immigration. Oversees asylum-seeking procedures and refugee status, and collaborates with UNHCR to share information regarding the number of applicants and individual cases of highly vulnerable refugees.

4. Ministry of Health (MOH). The MOH provides supplies to camp health facilities but not to the clinic at the Makeni transit center. Collaborates with UNHCR to ensure refugees' access at government health centers to primary healthcare. Employs refugees in urban areas with specialist skills.

5. Ministry of Education (MOE). Government schools run by MOE enroll refugees in Lusaka.

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54 UN Committee on the Rights of the Child, "Concluding Observations on the Combined Second to Fourth Periodic Reports of Zambia, CRC/C/ZMB/CO/2-4," March 14, 2016, para. 31; "UNICEF Eastern and Southern Africa - Child Protection - Birth Registration," accessed June 22, 2017, https://www.unicef.org/esaro/5480_birth_registration.html.

55 Jacqueline Bhabha et al., "Children on the Move: An Urgent Human Rights and Child Protection Priority" (Boston: Harvard FXB Center for Health and Human Rights, 2016), 17.

6. Ministry of Labor and Social Security (MLSS). Mandated to eradicate the worst forms of child labor, utilize skills of migrant workers and curb discrimination in the labor market.

INTERNATIONAL ORGANIZATIONS

7. United Nations High Commissioner for Refugees (UNHCR). The organization's main responsibility is to monitor the implementation of the 1951 Convention and promote durable solutions for refugees. UNHCR provides the following services:

    • Financial & logistical support to government and implementing partners. Works with the local NGO, Action Africa Help, that provides basic services to refugees (see below). Provides advice and training for government officials on refugee status determination processes as part of the National Eligibility Committee, on other durable solutions and on protection standards.

    • Advocacy and awareness. Advises the government on policy formulation, for example, reviewing the draft bill to replace the Refugee Act and policies for livelihoods and camp residency. Conducts lobbying activities to ensure refugee rights are respected--for example, that there is no refoulement, and that alternatives to detention are provided.

    • Resettlement. Determines which refugees will be submitted for resettlement to a third country. There are plans underway to transfer this responsibility to the Government's Department of Resettlement.

    • Food assistance. Provides vulnerable refugees and new arrivals with cash assistance, which recently replaced a monthly food distribution system. Key informants stressed that the amount provided, although in line with the Government Social Cash Transfer program and aims to increase purchasing potential, is insufficient to secure a minimum standard of living.[56]

    • Education assistance. Assists vulnerable students in Lusaka with payment of education materials and other related costs for primary education (which is free of charge but bears various related costs) and with limited scholarships for secondary and tertiary education (through the DFI program).

8. International Migration Organization (IOM). The IOM collaborates with the government and UNHCR to facilitate voluntary repatriation of Angolan refugees and resettlement of refugees approved by UNHCR to third countries.

9. United Nations Children's Fund (UNICEF) UNICEF works in collaboration with the Zambian Government to realize all children's rights, including those of refugee children. UNICEF recently supported the MCDSW to develop and roll out an information campaign on safe migration, human trafficking and asylum processes.

56 See also Hilal Ever, UN Special Rapporteur on the Right to Food,Preliminary Observations on Her Mission to Zambia 3-12 May 2017," End of Mission Statement, May 12, 2017, http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=21605&LangID=E.

NONPROFIT ORGANIZATIONS

10. Action Africa Help (AAH). AAH is a UNHCR implementing partner and runs the Makeni Transit Center in Lusaka, a resource and coordination hub for refugees with urban residency permits, and asylum-seekers in the status determination process. Makeni includes temporary housing for women and children at risk and for those refugees awaiting resettlement or transfer to the camps or repatriation to their country of origin. Makeni serves as the site for AAH's specialized services for urban refugees, which include a healthcare center, reproductive health services, psychosocial counselling, livelihood workshops and skill training, legal advice and case support for highly vulnerable children and families. AAH also runs four outreach centers throughout the city, usually a room in a church or community center, where staff provides case management services to refugees.

11. Fountain of Hope. This nonprofit manages a drop-in center for children living or working on the street, both refugee and Zambian citizens, with a capacity of approximately 35 beds. It offers counseling, mentoring, daily meals, and runs a community school for non-formal education.

12. Young Women Christian Association (YWCA). This nonprofit manages an outreach center, not specific to refugees, that provides mentoring services and sports activities.

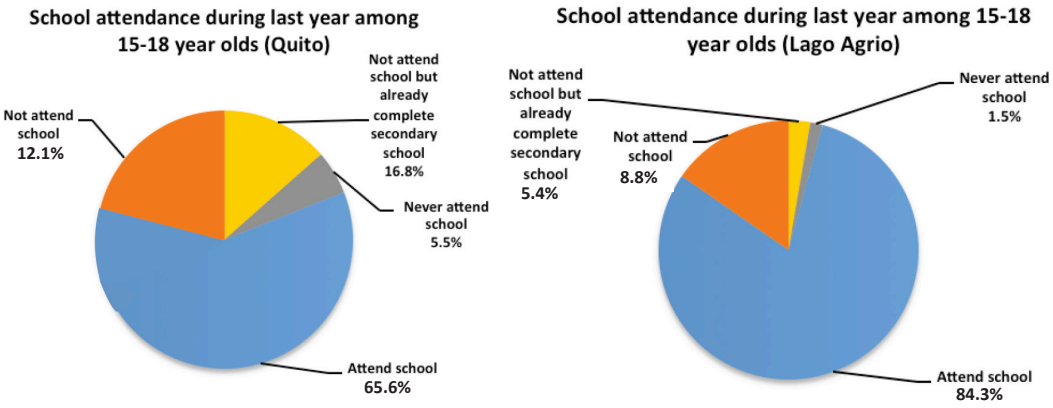
13. Barefeet. Local NGO that works with vulnerable and street children. It uses theatre and other artistic mediums to discuss social issues and runs awareness campaigns on refugee rights.

OTHER

14. Churches. Several key informants and focus group participants indicated that, absent a robust protection framework in Lusaka, churches play a crucial role in providing support networks and information to urban refugee youth in need of help. Some churches are entirely run by refugees with primarily refugee attendance, while others have mixed congregations. Several churches sponsor community schools that refugee youth attend. UNHCR has no formalized engagement strategy for churches.

15. Law Enforcement. Police coordinate with government immigration officials to detain and in some cases deport those refugees that live in Lusaka without required legal permission. The Zambia Police Service Child Protection Unit works with MLSS to identify and remove vulnerable children from the streets.

Other organizations mentioned in the survey by refugee youth as providing services that are beneficial but not directly targeting refugees include the United Nations Population Fund (programs to address gender-based violence), the Paralegal Alliance Network (access to justice services), Save the Children (child protection interventions), and Grassroots Soccer (sports programs). Several key informants noted that in recent years the number of nonprofits directly providing services to urban youth refugees that UNHCR supports has dropped dramatically. Refugee youth in focus groups noted this: "In the past few years, we had some organizations helping us, but of late, there are none. No services. Even UNHCR has seemed to let us go. We are completely alone. Even hence if we complain to UNHCR, we do not get help."



Refugees living without URPs can access only some of the aforementioned services. They can access education (in government or community schools) and healthcare, if they can afford to pay the fees. They can access services from nonprofits not acting as UNHCR implementing partners, from churches, and from some international organizations, though in 2007, UNHCR reportedly instructed the Zambian Red Cross to serve only those with urban residency cards.[57] Uptake on these services, however, always carries the risk that their undocumented status will be revealed and they will be detained, returned to the camps, or deported.

OPERATIONAL REALITIES

Results pointed to several challenges that prevent the protection system for youth refugees in Lusaka from effectively identifying and servicing all vulnerable individuals in this demographic:

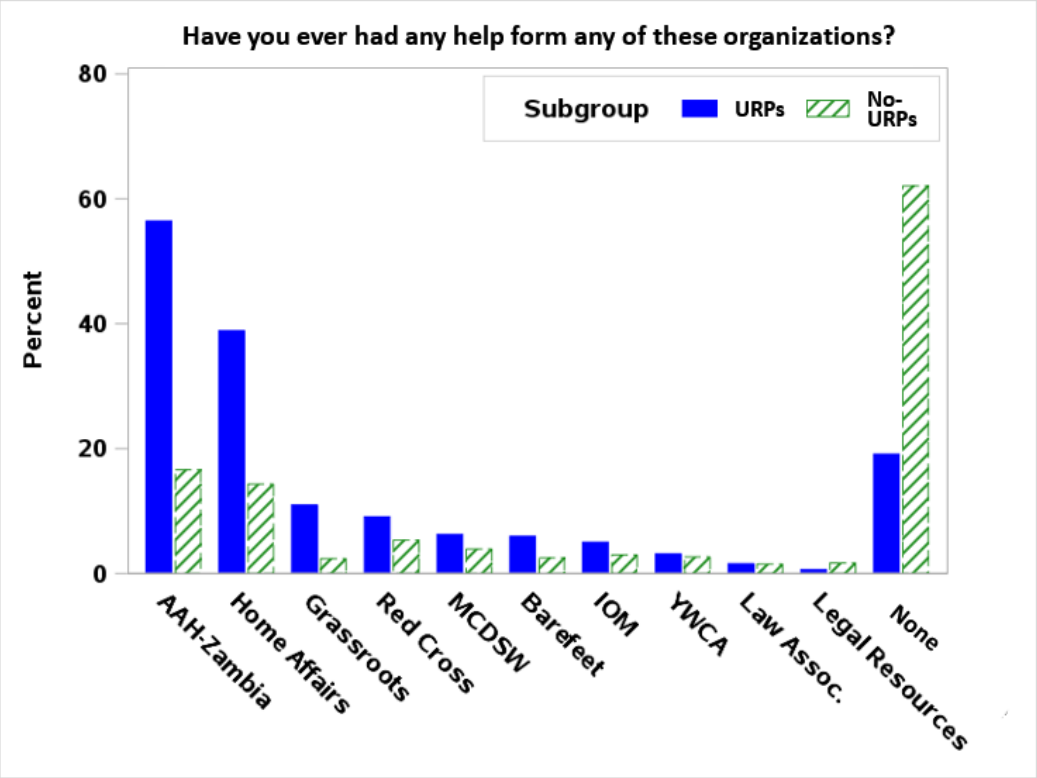
Low visibility. Knowledge of services available to urban refugees remains low, and several key informants indicated that outreach efforts are lacking. One UNHCR staff member noted that "AAH identifies vulnerable households [but] the outreach program needs to be improved in term of catchment areas and agreement on clear standard vulnerability criteria." Language was identified as a key barrier to refugee youth accessing available services, as outreach efforts are largely conducted in English, Nyanja or Bemba, not in other commonly spoken languages such as Swahili, Somali, or Kinyarwanda.

Survey results show low awareness among refugees regarding the role UNHCR, particularly for youth without URPs, 57.3 percent of whom did not know any of its functions, as compared to 35.4 of youth with permits. The most commonly cited function for UNHCR among youth without URPs was resettlement (14.6 percent), whereas among youth legally in the city this was the protection of children from violence (29.2 percent) -- an option that only 7.5 percent of youth without URPs chose. Focus groups participants spoke about the lack of action they perceived UNHCR to take on their behalf: "And I hear they provide protection, which we do not see. And they provide social services which are very minimal. Some receive those services and others do not receive them."

57 Rebecca Frischkorn, "Political Economy of Control: Urban Refugees and the Regulation of Space in Lusaka, Zambia," Economic Anthropology 2, no. 1 (2015): 205–23.

When asked if they had ever heard about the different organizations involved in refugee service provision in Lusaka, a significantly greater proportion of adolescents with URPs responded positively than those without URPs, for all entities except MCDSW. Of those living without permits, 36.2 percent had never heard of any of the organizations, compared to 12.2 percent of youth living with a URP.

Low access. Uptake on available services is low for all adolescent refugees in Lusaka. In the group without URPs, 62.1 percent stated that they had never received any help from UNHCR's implementing partners, civil society or relevant government ministries.[58] A significantly smaller proportion of refugees with URPs, almost one fifth (19.1 percent), also said they had received no services. Information on uptake from specific organizations is included below:



Lack of feedback mechanisms. Of those refugee youth with URPs, only 32 percent knew of a place where they could go if they had a complaint with the services received as a refugee. Owning a URP makes a significant difference here: only 11.3 percent of those living undocumented in the city knew of a place to complain. Importantly, those refugees that are aware of at least one of the functions of UNHCR were significantly more likely to know a place where they can go if they have a complaint (40.8 percent of refugees with URP and 16.7 percent without URPs), when compared to refugees who did not know any of UNHCR's functions (16.5 percent of refugees with URP and 8.7 percent without URPs). For refugees living with permits in Lusaka, adolescents aged 18-19 were significantly more likely to know a place to complain (40.8 percent)

58 This list included the Ministry of Home Affairs, Action Africa Help, Ministry of Community Development and Social Welfare, IOM, Legal resources Foundation, Zambia Red Cross, YWCA, Grassroots Soccer, Barefeet, and the Law Association of Zambia.

than children aged 15-17 (23 percent). However, age made no significant difference to the knowledge of those without URPs, and gender made no difference for either group.

Coordination. Key informants interviewed for this study indicated that day-to-day cooperation among protection actors around issues affecting urban refugee youth remains sorely lacking. A UNHCR representative noted that the organization does not have a formalized cooperation agreement MCDSW in Lusaka, though "they are an entry point, or should be, for refugees." According to one nonprofit worker: "Each body is working in isolation or independently. It is only when there is a crisis, like a child has died, that they find ways to work together." UNHCR convenes a periodic working group on child refugee welfare involving government and IOM, though this focuses largely on settlement-specific issues. As one UNICEF staff member stated: "Refugees are part of the overall national protection system. That includes the refugee children, but perhaps they become hidden, because there is no strategic focus to make sure we take care of them." There are no articulated protocols that designate responsibility for the protection of vulnerable refugee youth in Lusaka, such as disabled youth, street children, or LGBT youth.

Inter-stakeholder cooperation has occurred around the issue of alternatives to detention. Jointly with DOI, MCDSW, police, COR, IOM and civil society, UNHCR in June 2014 developed Policy Guidelines for Protection Assistance to Vulnerable Migrants. These guidelines designate referral of refugees to COR for further action, and rejected asylum seekers to the Immigration Department. They not directly address the challenges specific to urban refugees raised by restrictions on their freedom of movement.

Knowledge and Data. The Government of Zambia maintains statistics through proGres on refugees in Lusaka who currently hold or have previously held an urban residency permit. UNHCR has read-only access to this database, which key informants indicated is incomplete. No information is systematically collected or shared on the protection needs of unregistered refugees or cases of vulnerable individuals in this demographic. There are no established channels for information-sharing on individual cases of vulnerable refugee youth.

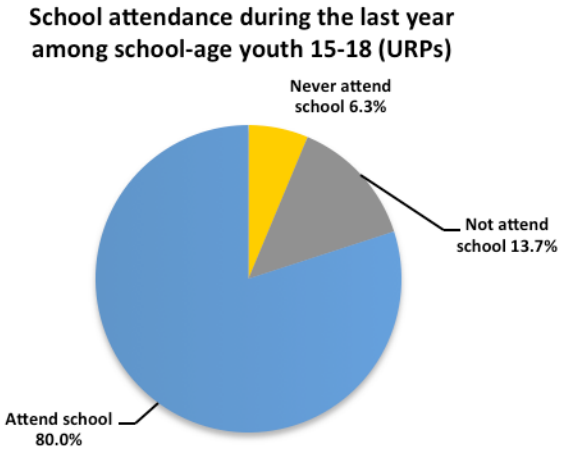
Financing. The UNCHR currently operates in Zambia with 32 percent of the funds requested to fulfill its mandate. Existing funds are largely targeted towards settlements. One representative stated that, "Our funds are so limited that we aren't able to run the urban program. So we're doing a bit of patch work." Another commented that, "For the refugee population to see a reason to come to us, we need a carrot, and we don't have the means to offer a carrot, whatever we or our partners can offer is not enough to compensate." Lack of funds was frequently cited by implementing partner organizations in Lusaka as an operational challenge. Funds are also an issue for government, in particular the MCDSW in its mission to fulfill basic needs for vulnerable children.

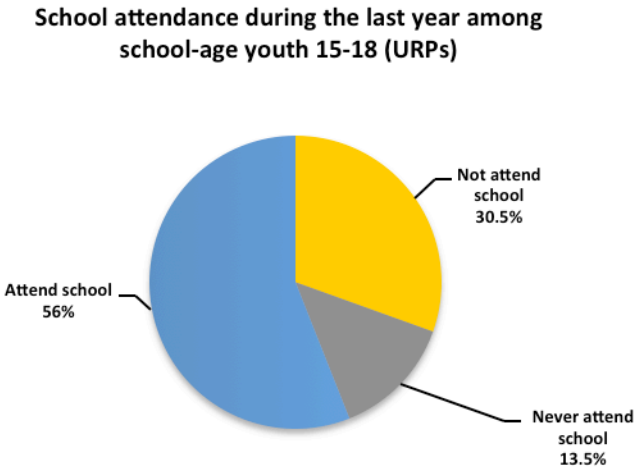
EDUCATION

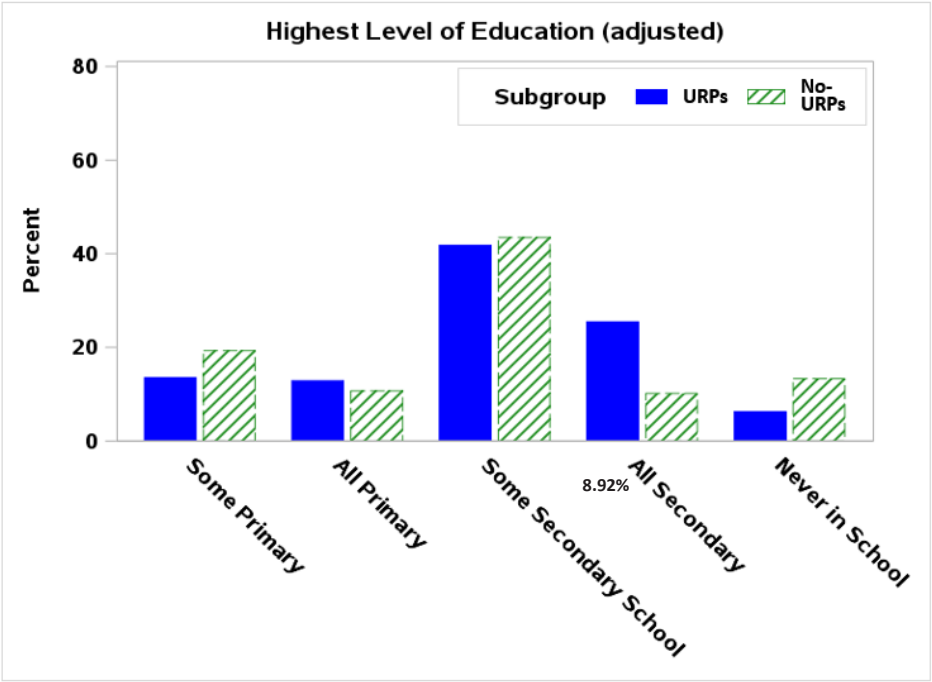
Zambia's Education Act 2011 asserts a person's right to basic and high school education. It commits the Government to make general and vocational education progressively available and accessible to "all persons." Primary school is from grades 1-7, has an official entry age of seven, and is theoretically provided free of charge. Lower secondary school is from grades 8 – 9 (ages 14-15), and upper secondary from grades 10 – 12 (ages 16-18). In Lusaka, education is offered in government schools and community schools (non-profit institutions formally recognized by the government). In 2016, UNHCR provided financial assistance to 437 registered refugee students to help access primary and secondary education in government and community schools, as well as 34 students who received a bursary for tertiary education under the DAFI program.

This study found significant differences in the attendance rate during the last year for school age youth (15-18 years) depending on legal status in the city. Of those with urban residency permits, 80 percent were in school during the last year, and of those without URPs, only 56 percent were in school. Although secondary school technically ends at 18, several 19 year olds were still in education. The school attendance rates during the last year for the whole sample were 70.8 percent (URPs) and 51.3 percent (no-URPs). There were no significant differences between these two groups in terms of the highest level of education attainment overall. Those refugee youth that had never attended school were significantly more likely to have recently arrived in Zambia.

Over half of the refugee youth said that they had completed or were completing secondary school (see below).







Only one refugee from the entire sample, a registered female, was enrolled in university. Nevertheless, interest in or demand for further education remains high among this population: 71.6 percent of refugees with URP and 59.6 percent of refugees with no URP answered that they intended to complete tertiary education.

BARRIERS TO ACCESS

Several factors were identified that limited access to school for refugee youth in Lusaka:

Cost. An education permit for study in Lusaka costs $100. In focus groups, refugees reported that additional costs of project fees, transport, food and school uniforms were prohibitive to school attendance. Support from UNHCR for select, highly vulnerable refugees is insufficient to mitigate these factors. According to one focus group participant: "UNHCR helped our family with school fees but the help is not enough. They sent us about K1000 or K2000 out of the K4000 that was required for all the school going children in our family. It was so difficult for us to manage." These economic and social barriers are compounded regarding access to tertiary education. Typically, only Zambians are eligible for government financial support for higher education. As these focus group participants explained:

> *Sometimes you just feel useless, like there is no point in going to school, because even if you get good marks, you aren't going to get bursar to go to university.*

> *We do not know if most of us will be able to go to school next year because the fees have been difficult to find and we have not cleared our previous balances. In addition, our mothers either do not work or are ill and bed ridden. Please help our mothers find work.*

Quality of schools. Refugee youth drop out of school or do not enroll at all in part because they do not believe the education they will receive will help to them move ahead in life. Key informants reported that community schools (which one key informant estimated more than 30 percent of urban refugee youth attend) do not meet national standards for quality of education due to a lack of trained teachers, overcrowding, lack of learning materials and equipment, and poor infrastructure. Several of those interviewed called for increased investment in teachers: "They sometimes have teachers who are not properly qualified to teach ... Sometimes the teacher doesn't show up for work. The services are quite compromised."

Delay in age. Refugees who missed years of schooling during their migration journey reported difficulty in reintegrating into the Zambian education system at the appropriate stage: "Some of us never completed our education ... We still have the desire to learn but we don't know where to start." "Some of us did not start schooling from here, we started from our home countries and stopped at some point because we had to flee the war. We don't know what we should do."

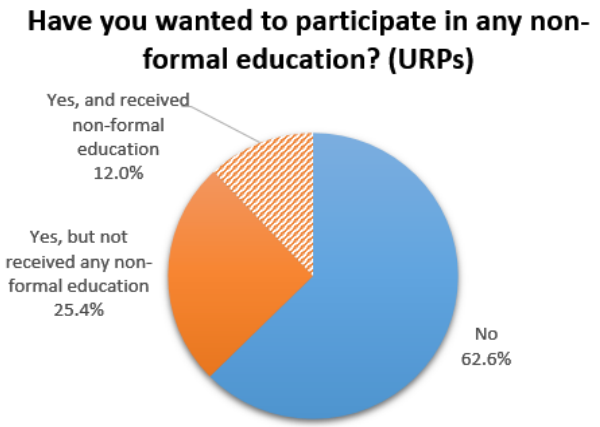
Language barriers. English is the de facto language of instruction in secondary and tertiary schools, though many community schools in Lusaka also use local languages. Without formal policies for language integration and learning, refugees that do not already speak these languages face significant difficulties in the classroom. As one representative of the IOM commented, "the number one [need not being met] is access to education. It's very difficult to put them in school because of the language barrier, it often means that migrant adolescents simply miss out."

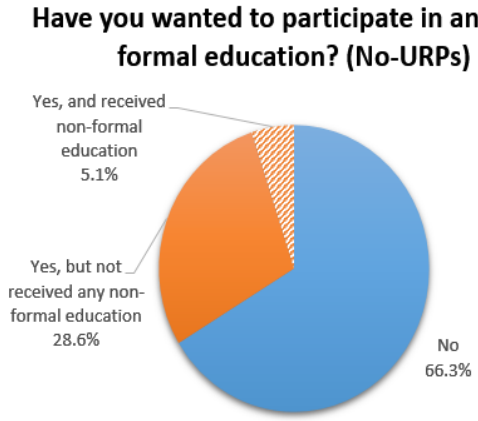
Accessibility. Youth refugees that are unaccompanied and are placed in government-sponsored shelters, who are not allowed freedom of movement, do not consistently have access to education. The IOM representative commented that: "Education in the shelters, this is something that wasn't put into consideration, because the shelters are supposed to be temporary, only for a few weeks or a month, but most stay for two or three months. Not all shelters have access to education facilities, only some."

Discrimination. Several key informants suggested that selection processes for limited places in government schools and for scholarship programs are impacted by anti-refugee bias. One UNICEF officer described the case of a Rwandan refugee child approved for an education scholarship: "Somehow that scholarship did not work out, though it seemed everything was pointing in that direction until the last minute. He was a very bright boy. In the end they gave it to a Zambian. He felt it was because he was from Rwanda."

NON-FORMAL EDUCATION AND SKILL TRAINING

Both refugees with and without URPs expressed interest in non-formal educational opportunities, and vocational skills training. Regardless of legal status in Lusaka, adolescent refugees show an unmet need for vocational skills training. While 38.6 percent of refugees with URPs and 42.7 percent of refugees without URPs said that they had wanted to participate in vocational skills training, only 11.9 and 12.8 percent, respectively, of these individuals were actually able to participate in training during the past year.





Several refugees stated in focus groups said that their education poorly prepared them to be competitive in the job market, a finding that underscores the need for skill training: "You'd find that among us youths, we have a number of skills but are unable to grow them because we are not given the platform to do so...My appeal is that they should look into the matter seriously and see how they can empower refugee youths."

STIGMA, SAFETY & VIOLENCE IN SCHOOL

Study results demonstrate that even once they have successfully enrolled, many refugee youth face discrimination and verbal and physical violence in school. These experiences were not significantly different in the data for refugee youth with URP and those without, or for girls and boys. There are no official policies to combat discrimination in school in Zambia.

While some FGD participants commented that school provides them with a safe haven – "we find comfort mostly when we go to school" – for many this was not the case. Of older refugees age 18-19 with urban permits, 49.6 percent reported that they felt discriminated against or ostracized at school during the last year, much higher than the 33.8 percent of those aged 15-17. Of those without urban permits, 39.7 percent felt discriminated against in school, without a significant difference by age. For all groups, nationality and refugee status were overwhelmingly cited as the grounds for this discrimination. For refugees with URPs and those without, the top reason given for this discrimination was nationality (80.0 percent and 84.3 percent) and then refugee status (28.0 percent and 26.0 percent). Both groups reported that this discrimination was largely by other students.

Several FGD participants reported changing their names at school to sound more "Zambian" and avoid name-calling and harassment from others. One adolescent commented: "I face discrimination at school. It's alright when I am with friends and they do not know that I am a foreigner. But once they do, I'll be in trouble."

Corporal punishment is prohibited in public and private schools in the Zambian Education Act 2011.[59] Nevertheless, 43.6 percent of refugee youth with URPs and 39.9 percent without URPs reported that that they had been hit or beaten as punishment by a teacher during the last year. Of youth with URPs, 35.4 percent and 34.8 percent of youth with no URPs reported that, during the last year, they had been verbally abused at school, threatened or injured with a weapon, or screamed at loudly and aggressively. In 34.2 percent and 44.3 percent of these cases, respectively, the verbal abuse was from a teacher.

In addition, 25.8 percent of refugees with URP and 17.5 percent of those without reported having been hit, pushed, kicked, or shoved on school property during the past term. Of those reporting this physical abuse, 43 percent of both groups said it was by a teacher. Of the refugee youth in school, 13.9 percent of those with URP and 13.2 percent without URP missed 6 or more days of school over the last term because they felt that they would be unsafe at school or on the way to school. Violence in school was not an issue that key informants identified as a priority for protection actors in Lusaka.

59 Article 28 states: "(1) A teacher, employee or other person at an educational institution shall not impose or administer corporal punishment or degrading or inhuman treatment on a learner or cause corporal punishment or degrading or inhuman treatment to be imposed or administered on a learner. (2) A teacher, employee or other person who contravenes subsection (1) commits an offence and is liable, upon conviction, to a fine not exceeding one hundred thousand penalty units or to imprisonment for a period not exceeding one year, or to both."

LIVELIHOODS

Youth refugees living in Lusaka, either on a permit or without, have highly restricted access to work that is legally allowed. Nevertheless, key informants stressed that self-sufficiency is absolutely essential to survival in Lusaka. According to a UNHCR representative: "Self-sufficiency is very important. Adolescents who choose to be in Lusaka need to be cognizant of the need to be self-sustaining as much as possible."

Type of work	Prevalence of those working during the last week	Average number of hours worked during the last week
For outside employer	URP: 28.8 % No-URP: 35.9 %	3.8 hours for youth ages 15-17 and 10.9 hours for youth ages 18-19. No significant difference by gender. 5.1 hours for youth ages 15-17 and 13.1 hours for youth ages 18-19. No significant difference by gender.
In a family business or selling goods on the street or in the market	URP: 21.4 % No-URP: 19 %	14.16 hours for girls and 7.75 hours for boy. No significant difference by age. 17.3 hours. No significant difference across age or gender.
Domestic work	URP: 91.9 % No-URP: 86.6 %	14.16 hours (girls) and 7.75 hours (boys). No significant difference by age. 19.2 hours (girls) and 11.9 hours (boys) No significant difference by age.

Data show that the vast majority of those working are in the informal market. Only 0.7 percent of working refugees without URPs and 3.4 of those with URPs stated that their employer had formally registered their work. This is only slightly higher than the national rate, as an estimated 83.4 percent of the overall labor force in Zambia work in the informal sector.[60]

Notably, whether or not an adolescent was attending school during the last year had no significant impact on rates of work, either self-employment, work with an outside employer, or domestic work. This indicates that many adolescent refugees combine part time work and school.

60 Central Statistical Office, "Zambia - Labour Force Survey 2012" (Lusaka: Government of Zambia, December 2, 2016).

BARRIERS TO WORK

Interestingly, data showed no significant differences in work prevalence between youth with URPs and those without URPs, either for self-employment, work for outside employers, or domestic work. Right to work regulations affect both groups. No youth living in Lusaka without a URP can legally work. Those permitted urban residency for reasons unrelated to employment, such as education, access to healthcare or resettlement, are not permitted to work. Adolescent refugees who are on their parents' URPs are not allowed to work. It is highly unusual for an adolescent 19 years old or under to be granted legal work permission independently, as this would require proof of at least 15,000 USD in assets for self-employment, or proof that no Zambians have similar qualifications, 500 USD and a job offer letter. According to one FGD participant:

> It pains us. Many refugee children completed their secondary education a long time ago but they are getting old without having done anything in terms of employment. Any talk of employment implies work permits, and these are very hard to acquire.

Refugee youth in focus groups also reported that corruption and discrimination represent barriers to their gaining jobs:

> When you complete your high school education, even if you were to acquire a residency permit, you still would not get a job. This is because corruption is rampant here. They get bribes from people. Nowadays those that get jobs are those that know people in positions of power. For us, once one of them know that you are a refugee, they blacklist you and it is hard for you to get even just a small job to help feed the family. So we just stay at home and play when school is closed.

> We do not get employment because of the label 'refugees'. So when we look for employment, we are not hired because we are Congolese. Because even the locals themselves have a hard time finding jobs. Where does that leave us as refugees?

> When you try to start a business, there is usually segregation around that same area. Sometimes political party cadres will come and throw away your merchandise. Other times it is the local council that does the same.

The third barrier to work is pervasive youth unemployment and underemployment in Lusaka. According to the 2012 Labor Force Survey, 63.0 percent of those aged 15 to 19 in urban areas are unemployed.[61] However, the issues detailed above mean that this problem is particularly prevalent among young refugees. Of refugees with URPs, 77.3 percent stated over the entire past year they had not done any work to help their families, as well as 78.4 percent of refugees without URPs. These results varied significantly by age only for the group without urban residency permits: 81.9 percent of 15-17 year olds did not bring in money, compared to 73.8 percent of 18-19 year olds.

61 Lubinda Haabazoka et al., "A Study of the Challenges of Youth Unemployment in Zambia," International Journal of Commerce and Management Research 2, no. 6 (June 2016): 42; Tapera Muzira, Mwansa Charity Njelesani, and Jack Jones Zulu, "The Condition of Young People: UN Zambia Signature Issues Series" (Zambia: United Nations Zambia, June 2013).

Despite these barriers to work, it is notable that over half (50.9 percent) of refugees without URPs felt there were adequate work opportunities outside the household in Zambia, significantly greater than the 31.8 percent of refugees with URPs. For both groups, these results were not significantly different for children in and those 18 and over.

EXPLOITATIVE WORK

Given the illegal and unregulated nature of work that many urban refugee youth engage in, exposure to exploitation in the workplace is common. The following issues were identified:

- Hazardous working conditions. The Zambian Government has established laws and regulations that establish the minimum age for hazardous work at 18. However, 12.5 percent of working refugees with URPs reported that during the last year they were exposed to hazardous conditions at work[62] and 18.4 percent reported suffering injuries or health complications at work.[63] These rates were not significantly different for working refugees with no URP: 17.4 percent for hazardous conditions and 17.2 percent for injuries/health complications.

- Low wages. A coordinator at the nonprofit Barefeet stated that, "It is hard [for youth refugees] to work. And when they do, they don't get the same salary. Refugees may get half from the same job as what a Zambian is paid... they are second class citizens." In an illustrative comment on this subject from FGDs, one refugee youth stated that employers "will ask you to work from morning up to 17 hours and they pay you 20 Kwacha [~0.004 USD]...it's their country, you just let them be...they can have you arrested."

- Transactional sex. Significantly more girls reported being asked for transactional sex: 10.2 percent of those with URPs and 14.1 percent of those without URPs, compared to 4.1 percent of boys (for both groups).[64] However, there was no significant difference across gender for those who participated in transactional sex: 1.9 percent of those with URPs and 3.1 percent of those without.

- Other "worst forms" of child labor. Key informants from the IOM and UNICEF reported concerns at the growing number of recent cases of labor exploitation they had seen among children on the move: "Those juveniles in Lusaka that are not identified, for example, some are brought here to work for forced labor, to work as domestic labor or servitude, they are exposed to a lot of exploitation and torture. This is something we have found out recently that there is a lot of."

62 Defined as exposure at work during the last year to dust, fumes; fire, gas, flames; loud noise or vibration; extreme heat or cold; dangerous tools; work underground; work at heights; work in water; dark or confined workplace; insufficient ventilation; chemicals; or explosives.

63 Defined as any superficial injuries or open wounds; dislocations, sprains; fracture; burns, scalds, or acid burns; breathing problems; skin problems; fever; or extreme fatigue suffered because of work during the last year.

64 "Transactional sex" is defined as having intercourse with someone in the hopes of receiving money, gifts, food, services or shelter.

Urban refugees in Lusaka technically have access to national health care services on the same terms as the Zambian citizens, regardless of registration status.[65] Services are organized at three broad levels: tertiary level, comprising tertiary teaching hospitals; secondary level, comprising provincial/general hospitals and district hospitals; and the primary level, consisting of health centers and health posts. The government abolished user fees in primary health care facilities.[66] There is no national social health insurance in Zambia so services beyond this level, though subsidized, often remain unaffordable for many refugees in situations of economic hardship and/or without employment opportunities. There is a health post at the Makeni Transit Center, formerly run by UNHCR but recently transferred to the authority of the Zambian Government, where the majority of refugees receive primary health care services and referrals to hospitals. Neither UNHCR nor government currently collect data on the health of urban refugees.

HEALTHCARE ACCESS & QUALITY

A sizeable number of surveyed youth refugees reported that they did not know where to go in the event of a health problem: 14 percent of those with URPs and 17.6 percent of those without. For those who know where to go, access to healthcare is still an issue. Although registration status is in theory irrelevant to access, several key informants and focus group participants reported that refugees without an urban residency permit face challenges. One nonprofit worker noted that because UNHCR does not program health care for unregistered refugees, a refugee that arrives at Makeni healthcare center without an UPR, "has to pay, or go back to the camp."

Youth refugees also preemptively avoid going to health centers out of fear. According to a UNICEF representative: "Many of them feel that if they go to the health center, they will be discovered, so they are discouraged from accessing the health system, and may end up self-prescribing, or find other kinds of treatment. By law, they shouldn't have to pay, but if they go and don't have their [documentation], they end up having to pay. I think it is supposed to be free, so maybe this is where discrimination comes in." Refugee youth reported that differential treatment is an issue when accessing government healthcare services: "When my sister went to give birth at UTH [University Teaching Hospital in Lusaka], because of her surname, she was told she might be arrested."

Lack of resources was noted as a significant barrier to health services delivery. One nonprofit representative said of the health post at the Makeni Transit center: "The drugs are not there ... lack of finances tends to compromise health services. Most of their staff are voluntary – they are supposed to be paid, but there are not being paid." Other research confirms the Ministry of Health supplies health posts with a very limited kit of drugs, and that "critical shortage of health staff [mean] it is quite common to find a community health worker, a volunteer or even a watchman dispensing health services."

65 See Jane Phiri and John E. Ataguba, "Inequalities in Public Health Care Delivery in Zambia," International Journal for Equity in Health 13 (2014): 24.

66 Felix Masiye, Oliver Kaonga, and Joses M. Kirigia, "Does User Fee Removal Policy Provide Financial Protection from Catastrophic Health Care Payments? Evidence from Zambia," PLOS ONE 11, no. 1 (January 21, 2016).

PSYCHOSOCIAL HEALTH

Survey results point to concerning and unaddressed levels of mental illness among urban refugee youth. Of the refugee youth without URPs, 93.9 percent exhibited results on the Mood and Feelings Scale that indicate depression.[67] This is significantly higher than the rate among refugee youth with URPs, which was 68.7 percent. Within the latter group, older adolescents aged 18-19 were significantly more likely than children to have a score on the MFQ that indicates that they are suffering from depression (46.7 percent vs 60.4 percent). No significant differences for girls and boys were observed in reported results.

Another scale, the Multidimensional Scale of Perceived Social Support (MSPSS) was used to assess perceptions of social support adequacy among refugee youth from family, friends and a significant other.[68] There were no significant differences observed for social support among youth with different legal status in the city. Roughly half of refugee youth were categorized as having "low support" (50.6 percent of those with URPs and 56.4 percent of those with no URPs) and half as having "moderate support." None experienced high social support.

The Children's Hope Score was also used to assess youth hopefulness. This measure captures both the pathway and agency thinking components of hope.[69] No significant differences were observed for youth hopefulness by legal status in the city. The majority of refugee youth evinced low levels of hope: 51 percent with URPs and 62.4 percent with no URPs. Only 6.7 percent of those with URPs and 4.6 percent of those without URPs evinced high levels of hope.

OTHER HEALTH NEEDS

This study identified several unmet needs for the physical and psychosocial health of youth refugees.

- Drug abuse. A representative of UNHCR implementing partner Fountain of Hope, which serves primarily homeless youth in Lusaka, stated that "The main challenge that we have right now is the drug Bostic. Right now it has not been classified as a drug, so everyone can sell that substance without fear of being arrested ... refugees tell us they sniff it in the night to keep warm."

- Sexually transmitted infections/diseases (STI). Nonprofit workers indicated that many young refugees come to Makeni with STIs in need of treatment, and that this is perhaps

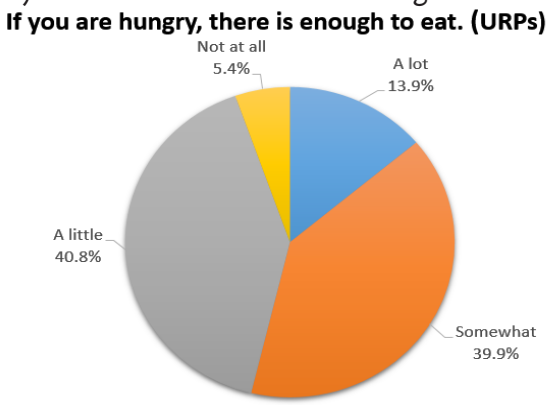
67 The Mood and Feelings Questionnaire is a validated scale that assesses depressive symptoms in children and young adults. There is no single cut point that is best for use in all circumstances. However, a total score of 12 or higher may signify that a child is suffering from depression.

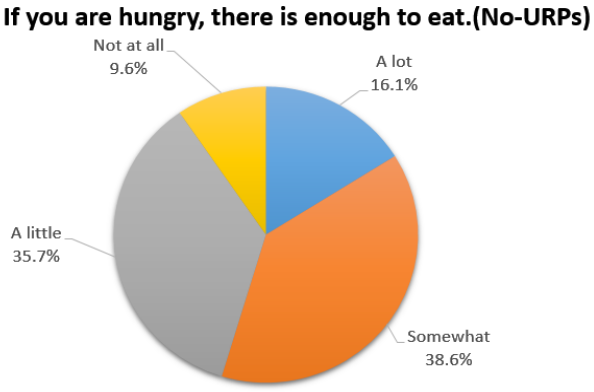
68 Any mean total scale score ranging from 1 to 2.9 could be considered low support; a score of 3 to 5 could be considered moderate support; a score from 5.1 to 7 could be considered high support. See Gregory D. Zimet et al., "The Multidimensional Scale of Perceived Social Support," Journal of Personality Assessment 52, no. 1 (1988): 30–41; Janie Canty - Mitchell and Gregory D. Zimet, "Psychometric Properties of the Multidimensional Scale of Perceived Social Support in Urban Adolescents," American Journal of Community Psychology 28, no. 3 (2000): 391–400.

69 For the CHS Total Score, a score greater than 4.67 is considered to be high, while a score less than 3.0 is considered low. See Leonard Bickman et al., eds., "Children's Hope Scale (CHS)," in *Peabody Treatment Progress Battery* (Nashville: Vanderbilt University, 2007), https://peabody.vanderbilt.edu/docs/pdf/ptpb/\PTPB_Chapter6.pdf.

due to the lack of education around reproductive and sexual health.

Access to food. Hunger was a widely discussed issue in focus groups with refugee youth: "We are not protected a hundred percent and we are starving. We do not have food." "Not a lot of us live well. It's like a lot of us are starving." This is confirmed by survey data, which show that the youth often do not have enough to eat.





SEXUAL VIOLENCE

According to one UNHCR representative, the organization doesn't receive "many reports of sexual violence in the form of rape, but sexual and gender based violence is certainly there." The data show that sexual violence is a problem for this vulnerable demographic, though stigma around this subject is likely to have caused under-reporting of true prevalence.

Of the youth refugees without URPs, 13.1 percent reported having suffered some form of sexual abuse during the past year, i.e. forced, pressured or persuaded to have sexual intercourse against their will or touched against their will in a sexual way. This is not significantly different from the 10 percent of refugees with URPs that reported suffering sexual violence. There were, however, significantly higher rates of sexual violence reported by females in the study: 14.3 percent of those without URPs (compared to 6.4 percent of males) and 19.8 percent of those with URPs (compared to 6.3 percent of males). Of those (both genders) who reported any incident of sexual abuse during the past year, the average frequency was 3.4 times for refugees with URPs and 5 times for refugees without URPs. The questionnaire did not ask about where this abuse took place.

While a few people took advantage of legal assistance or other services, the vast majority of those who reported suffering any incident of sexual violence received no services at all (see appendix for further details). These low rates of uptake on services following sexual violence are concerning, especially considering that 63.6 percent of refugees with URPs and 61 percent of those without stated that they did know of a place that they could go if they experienced violence of abuse.

Urban refugee youth without URPs live in households with significantly fewer people – 6.2 on average – compared to refugees that have URPs – 14.1 persons on average.

Of the urban refugee youth with URPs, 12.2 percent are exposed to frequent verbal abuse in the home, a figure not significantly different from that of youth without URPs (15 percent).[70] However, there is a significant difference in the level of physical violence at home that these two groups suffer: 12.9 of youth with URPs as compared to 23.3 percent of youth without URPs reported suffering frequent physical abuse during the previous year.[71] In this respect, children without URPs aged 15-17 are significantly more vulnerable than their older counterparts – 27.6 percent of those aged 15-17 compared to 17.4 percent of those aged 18-19. No significant differences were observed between girls and boys for reported abuse in the home.

Access to adequate housing is a problem for many urban refugees, who generally live in poor and marginal areas of Lusaka. Several focus group participants mentioned that finding a home was complicated by discrimination in the application process: "When you are looking for a house, they charge you more because you are foreigner. So you have to hide it from them and be timid."

Locating safe housing is a particular challenge for unaccompanied minors: if discovered they are usually returned to the camps. According to one UNHCR representative, "We do not have shelters for children. We have engaged the government and the police on this and they that the children will be protected." Formally, the Ministry of Community Development and Social Welfare has guardianship authority for all unaccompanied minors in Zambia. In practice, however, procedures for linking unaccompanied children with caregivers are highly informal. One nonprofit representative commented that: "We do work together with UNHCR to sort of go through the process of linking people that have interest in looking after those unaccompanied minors ... perhaps an uncle or an aunt, some relative that can step in." Other unaccompanied minors are brought into refugee families and are invisible to UNHCR, particularly those staying with a family that does not have urban refugee status. Others live on the street, which leaves them vulnerable to exploitation and to detention by law enforcement.

70 "Verbal abuse" defined as whether anyone in your family or living in your home has ... screamed at you very loudly and aggressively many times; and/or cursed you or said mean things many times; and/or said that they wished you were dead/ had never been born many times or sometimes; and/or threatened to leave you forever or abandon you many times or sometimes; and/or threatened to hurt or kill you many times or sometimes; and/or threatened you with a knife or a gun many times or sometimes.

71 "Physical abuse" defined as whether anyone in your family or living in your home pushed, grabbed, or kicked you many times; and/or hit, beat or spanked you with a hand many times; and/or beat or spanked you with a belt, paddle, a stick or other object many times or sometimes; and/or pulled your hair, pinched you, or twisted your ear many times or sometimes.

COMMUNITY RELATIONS

Key informants stated that many youth refugees are well integrated into their communities in Lusaka, especially those who have lived for over a decade in the capital. Nevertheless, study data indicate that many refugee youth regularly experience discrimination and stigma, significantly impacting their experience of public space. According to a representative of Barefeet, "They suffer verbal abuse, physical abuse. Because according to the law, they are second class citizens, and when you view someone as being lesser than you, so you feel you can do anything to them."

Survey results also showed no significant difference in the level of verbal or physical abuse experienced in public space by urban refugee youth with and without URPs: 32 percent and 26.5 percent, respectively. Verbal and physical abuse was defined as being hit, pushed, kicked or shoved; threatened or injured with a weapon such as a gun, knife, or club; or yelled at very loudly or aggressively in a public area of the city during the last 12 months. This considerable level of reported abuse may be related to the report that 84.7 percent of those with URPs and 72.7 of those without feel unsafe in public places.

Youth in focus groups identified name-calling and harassment, subjects not included in the survey, as pervasive problems. As one refugee explained, "Whenever I go out and I find that people are talking about refugees, I go back in the house and lock myself up. I think I am used to it no. I have even made a decision to not have any friends or join any groups... I am scared to be mocked." Another stated that, "For you to feel safe, you make a decision to not have any friends to discriminate against you. But the disadvantage of not having friends is that you miss out on learning lessons about life." When asked "Are there places in this city that you can go to hang out with your friends?" there was no significant difference in the responses of youth with different legal status in the city: 52.9 percent with URPs and 57.4 percent without URPs said that there was a place they could go. For those with URPs, boys (54.2 percent) were significantly more likely than girls (38.6 percent) to have places to go to socialize.

Several youth cited the example of the xenophobic riots that took place in April 2016 as a particularly bad example of a more persistent problem. One shared that his house was stoned: "We refugees do not live the same way as the locals, our lifestyles are very different. Like for instance, the time there were a lot of killings around the country, the locals accused us of being the perpetrators of those cruelties. We do not live well. We are insulted, we are shouted at."

CRIMINAL JUSTICE SYSTEM

Unregistered refugee youth live in Lusaka illegally, and it is the responsibility of immigration and law enforcement officials in Lusaka to arrest them. However, survey results suggest that this legal structure has little impact on young refugee's trust in the police: 73.3 percent of refugee without URP and 71.6 percent of youth with URP said "yes" to the question, "If you have a problem, would the police help you?"

However, focus group participants reported that their lack of status means that they afraid to go to get help: "One thing that scares me [is that] even when someone has wronged you, you are scared of reporting them to the police because they threaten you that they will have you deported." Several key informants confirmed that underreporting is a problem for youth without URPs. One UNHCR representative noted that, "If they get in trouble, like they are the victim of violence, or they get robbed, they of course have access to our office, to make a report to the police, and that kind of thing, but if they are living with that lack of confidence because they don't have the right backing, they are afraid to get help."

Several key informants also named the shortage of alternatives to detention for immigration-related cases as an issue for refugee youth, meaning many end up in the prison system. Refugees and asylum-seekers in pre-trial detention are not separated from the general convicted prison population, and juveniles are often not separated from adults. Access to legal aid is severely limited for detained refugees and asylum-seekers and their detention is not subject to judicial review by an independent tribunal. According to a UNICEF representative, "For some [children] that have been stranded...or were intercepted by authorities, they are of course in prisons, because we do not have shelters for children. Illegal migrants are thrown in prison, and they do not have easy access to aid to get out of prison. So we find that many of them languish there."

While UNHCR protection officers and implementing partners conduct regular prison visits, there is no systematic means of reporting and monitoring the detention of refugees and asylum-seekers. In 2015, UNHCR documented 147 persons of concern, including 24 asylum-seekers and 18 children, as being detained for immigration-related purposes nationally. Key informants indicated that there has been a reduction in the number of children detained since the adoption and implementation by immigration authorities of the Protection Assistance to Vulnerable Migrants in 2014. However, as an IOM official put it, "As much as we have tried to improve, there are still not enough alternatives to detention."

A representative of Fountain of Hope stated that many refugee children end up on the street, though the questionnaire did not assess for this. Street children are particularly vulnerable to detention: "The Child Protection Unit have assignments that they do in the night. All they do is to arrest all the children that are on the street, and put them in cells. They will stay there for about a week, no one claims them, no one knows they are there, and they are released and go back on the street."

Adolescent refugees that choose to live in Lusaka face a number of challenges to their health and wellbeing. These youth have lived on average 14 years in Zambia, so they share a number of these challenges with the urban poor. However, urban refugee adolescents also face legal and structural barriers to local integration and to the full enjoyment of their basic rights to work, education, health, personal safety and freedom of movement. They face widespread social discrimination on account of their status as refugees. This study shows that these factors compound to make many refugee youth in Lusaka especially vulnerable to violence, abuse and exploitation, and reduce their ability to progressively achieve levels of welfare in line with local standards and their own goals. The study demonstrates that the protection system established to assist this population is poorly coordinated, under-resourced and has limited reach and visibility.

THE PROTECTION SYSTEM FOR YOUTH REFUGEES IN LUSAKA

The Zambian Government has a broadly generous approach to hosting refugees within its borders, the majority of whom live in designated settlements. The State's stance towards refugees in cities, however, is highly restrictive: motivated by understandable economic, political and security concerns. The legal and policy framework for refugees living in Lusaka is designed such that those who qualify for residency are presumed to be self-sufficient (present on time-bound work or education permits that carry large price tags) or otherwise passing through (present for third country resettlement or medical needs). Meanwhile, the Government explicitly criminalizes those living in the city without the necessary authorization, excluding them from key programs and protections and ignoring their protection needs.

All refugee adolescents in Lusaka are permitted to attend government or community secondary schools and take advantage of government health posts and hospitals. This is contingent upon their being able to afford the associated fees, just the same as the general population, and on their running the risk of detection by law enforcement if they do not have urban residency permits. These factors present significant barriers for some youth: only 80 percent of school-age refugees with URPs and 56 percent of those with no URPs were attending school during the last year; and 14 percent of refugee youth with URPs and 17.6 percent of those without did not know where to go in the event of a health problem. These public services are often under-resourced and poorly functioning. Nevertheless, this basic government safety net is significant for youth refugees.

The State provides little beyond these services to identify and support particularly vulnerable refugees in Lusaka. The MCDSW is mandated to provide for the basic needs of poor refugees, including food, clothing and shelter, yet only 6.27 percent of youth refugees with urban permits and 3.9 percent of those without reported ever receiving help from this entity. The Zambian Government unofficially designates the responsibility (and cost) for the identification and support of particularly vulnerable refugee youth to the UNHCR. Nevertheless, key informants shared the view that the Government is the most important player in the protection system for urban refugee youth.

Long term, the Zambian Government considers voluntary repatriation as the principal solution to the country's refugee population. While there have been recent positive steps towards local integration of Angolan and Rwandan refugees, the overwhelming majority of refugees in Zambia have no hope of naturalization. The State also does not have policies to ensure that children of refugees without urban residency permits get birth certificates and are not left effectively stateless. In sum, they are relegated to a permanent second class status with limited rights and opportunities within the city. Nevertheless, youth refugees in Lusaka do not see themselves as temporary guests in Zambia. Of refugees with URPs, 58 percent were born in Zambia. Only 5.5 percent of refugees with urban permits and 9.9 percent of those without stated categorically that they intended to return to their country of origin.

In refugee settlements, the UNHCR exercises a high level of control over the environment in which it provides the services and programs. In cities, however, the organization operates within a legal and operational context determined by the government. According to the 2009 Urban Policy, "when refugees take up residence in an urban area, whether or not this is approved by the authorities," UNHCR's primary objective is to "preserve and expand the amount of protection space available to them and to the humanitarian organizations" that support them.[72] Nevertheless, in Lusaka, UNHCR develops programs only for those refugees with URPs and for asylum-seekers during the refugee status determination process. A policy that excludes at the outset a large percentage of the most vulnerable youth would seem wise to re-visit: One of the UNHCR key informants observed this paradox as a "fundamental flaw" in its programming.

UNHCR first seeks to assist refugee youth in Lusaka through advocacy efforts with government bodies and other international NGOs, raising awareness of key issues for this demographic and improving cross-stakeholder coordination. UNHCR enjoys a largely constructive dialogue with both national and municipal authorities. They have made progress on this front on the issue of detention of children, resulting in the 2014 Policy Guidelines for Protection Assistance to Vulnerable Migrants. However, key informants expressed that this macro-level progress is not reflected on the ground, where coordination among key stakeholders on issues affecting individual refugee youth is almost entirely lacking. An example of this is the protocols for unaccompanied refugee children. As the previously mentioned Guidelines note, MCDSW has guardianship authority for all unaccompanied children in Zambia. In practice, however, procedures for linking unaccompanied children with caregivers are highly informal and vary case-by-case. UNHCR does not have a formal partnership agreement with MCDSW in Lusaka. Due to limitations imposed by the Harvard and Zambian IRBs, as noted earlier, the current study did not look at the situation of minors under age 15.

Second, UNHCR seeks to assist adolescent refugees directly through education scholarships and food assistance to particularly vulnerable youth with URPs, and indirectly through its implementing partner, AAH. The significant difference observed in school attendance between those eligible for UNHCR assistance and those not eligible suggests that these supports, while generally insufficient, are vital to resource-strapped refugees. AAH is responsible for identifying vulnerable refugees (with URPs) and providing them with specialized services, as well as offering

72 UNHCR, "UNHCR Policy on Refugee Protection and Solutions in Urban Areas" (Geneva: UNHCR, September 2009), para. 19, emphasis added.

more general livelihoods, health and education programs, as well as assistance with RSD procedures. Nevertheless, study results that show urban refugee youth within the UNHCR's purview (those with URPs) do not fare significantly better than refugees who do not qualify (those without URPs) across some important metrics. These include: rates of participation in non-formal education or skill training; exposure to discrimination, physical and verbal abuse in school; food scarcity; or rates of employment outside the home.

The absence of observable effects in the survey results of UNHCR's interventions is in part attributable to the serious financial constraints that the Office operates under: it has received only 32 percent of the requested funds to fulfill its mandate. Although UNHCR formally supported several implementing partners in Lusaka, its impact is now limited to the interventions by AAH. These accommodations have resulted in major limits on outreach and visibility for UNHCR. Of those refugees without urban permits, 62.1 percent stated that they had never received any help from UNHCR's implementing partners, civil society or relevant government ministries, and this was true for 19.1 percent of those with URPs. Study results suggest that increased outreach would make a significant difference to vulnerable youth: those refugees that knew some of UNHCR's functions were significantly more likely know where to go if they had a problem.

This study demonstrated that other local nonprofits such as Grassroots Soccer and Barefeet, and local churches such as St Ignatius, play a vital role in supporting refugee youth. These organizations represent an underutilized resource to gain information on and access to this hidden population. The existing protection system in Lusaka has several structural and operational challenges. Limited reach, low visibility, insufficient resources and poor coordination mean that many youth refugees fall through the gaps.

OUTCOMES FOR THE YOUTH REFUGEE POPULATION

Study results show that there is wide variation in the lived experiences of adolescent refugees in Lusaka. Factors including documentation status, age, gender, country of origin, language, and class all influence, to varying degrees, how vulnerable these youth are to harm as well as the extent to which they benefit from the existing protection system.

Possession of an urban residency permit proves in our study to be an important predictor for knowledge of and uptake on available services among youth refugees, as well as for select health and wellbeing outcomes. Some of the reasons for this finding are straightforward. First, official UNHCR policy is to exclude those without URPs from its programming in Lusaka. Data indicate that exceptions are made to this policy--of those without URPS, 16.6 percent reported that they had benefited from the programs provided by UNHCR's implementing partner, AAH. However, most youth without urban permits are highly isolated from services: nearly two thirds have never received assistance from any of the protection system stakeholders. Youth refugees in Lusaka without permits are significantly less likely to know what the role of the UNHCR is or to have ever heard of any organizations that could provide them with services. These programs are an important means for refugee youth to build peer support networks, gain skills and get specialized care if they suffer violence, abuse or exploitation.

Second, Zambian law criminalizes unauthorized refugees' presence in the city, exposing them to risk of detention and deportation. Focus groups indicate that the fear generated by these risks is linked to decreased psychosocial wellbeing among youth refugees: over 93.9 percent of surveyed youth without URPs showed depressive symptoms, as compared to 68.7 percent of youth with legal status in the city.

Third, the stringent financial requirements for the URP mean that those who qualify already have a greater level of economic security. Most of the refugees in the age group studied were attached to families and those with URPs presumably came from families who were allowed to stay in Lusaka because they had desired skills. Data suggest that refugee youth without legal status in the city come from more vulnerable and poorer families. For example, significantly more of those without URPs live in one parent household or are orphans. Refugee youth without urban permits spend significantly more time each week helping with household chores and caring for children or the elderly, presumably supporting parents or other adults who also do not have legal work permission. The education attendance rate among school-age children is also lower for this group, indicating that dropouts may be connected to family economic needs. Finally, the prevalence of physical violence in the home amongst this population is also significantly higher: almost a quarter reported being the victim of frequent physical abuse. The questionnaire did not seek information relating to socioeconomic status of the family, an important omission.

Study results also showed differences in outcomes by age. Children under 18 are in some ways more vulnerable than their older adolescent counterparts aged 18-19. For example, they are significantly less likely to know where to go if they have a complaint with the services they receive. However, the older adolescents in the study were significantly more likely than children to work longer hours or be involved in hazardous labor. Older adolescents with URPs were also significantly more likely than children to suffer from food scarcity and depression. This suggests that older adolescents take on more responsibility, make risker decisions to survive, and their psychosocial and physical health suffers.

There were a few differences observed in the dataset according to gender, principally in the area of livelihoods. Males with URPs worked to bring in money for their families at significantly higher rates than females, though among youth without legal residency this same difference was not observed. Males without URPs were also more likely report being exposed to hazardous conditions at work. Notably, while females reported that they had been solicited for transactional sex at much higher rates (up to 14 percent), this gender differential was not present in the rates reported of transactional sex actually conducted (3.1 percent among those without URPs).
Female refugees in Lusaka are also more vulnerable to sexual abuse than males. In this survey, 19.8 percent of girls without URPs and 14.3 percent of girls with URPs reported suffering an incident of sexual abuse during the past year. Victims suffered on average 3.4 (with URP) or 5 instances (no-URP). While these figures are important as they stand, we believe the true prevalence of sexual violence among the urban youth population in Lusaka to be significantly higher than that reported in this survey, as stigma and shame around this issue cause underreporting in quantitative surveys. This questionnaire also did not explore the location or perpetrators of this abuse.

Despite these important variations in the experiences of youth refugees living in Lusaka, there are several overarching challenges that the population faces. Most frequently discussed by refugee youth in focus groups was the issue of discrimination and stigma based on refugee status: "We do not only want to be recognized as refugees but as human beings as well. We are always discriminated against and denied our rights each and every day." FGD participants stated that their appearance, names, and accents mark them as outsiders. Differential treatment by peers, potential employers and landlords, teachers and members of the public has wide-ranging impact on the ability of children to achieve in school, gain opportunities for decent work and skill development, access health services, and maintain a sense of self-esteem and self-worth. Key informants expressed the view that xenophobic attitudes towards refugees are condoned by a legal system that largely bars these individuals from naturalization and limits their rights to freedom of movement, education and work.

The quantitative results did not match up to the overwhelming focus on discrimination and stigma in focus groups. Of refugees with URPs, 54 percent said they had not been discriminated against at school during the last year, as well as 60.3 percent of those without URPs. Other research suggests that quantitative survey questions on discrimination can incompletely represent complex social realities and lead to underreporting.[73] These questions do not account for shame around "naming" experiences of discrimination, or impediments to reporting that arise from cultural norms or previous experiences of trauma. Refugee youth in this study generally came across as relatively stoic in the face of the challenges they face. Admitting in an impersonal questionnaire to fear, humiliation, and rage at the discrimination and abuse they routinely encounter routinely would probably not, in their constrained context, appear useful.

With regards education, adolescent refugees in this study detailed several barriers that they face to access. Some of these are non-specific to the refugee population, such as the costs of attendance and of incidentals, as well as the poor quality of teachers and subjects that do not prepare refugees for the job market, particularly in community schools. However, learning of refugee school-age children is especially stymied by a lack of language learning programs and of accelerated non-formal education programs to help those who have missed years of education to mainstream back into schools. Anti-refugee bias in the selection procedures for government schools was also discussed in key informant groups as a relevant factor.

While school is a safe haven for some refugees, a large proportion reported verbal and physical abuse from both students and teachers. Of the respondents in school, 48.7 percent with URPs and 44.9 percent without URPs reported suffering physical violence during the last year. Teachers were the perpetrators in 42 percent of cases. This underscores the need for initiatives that raise awareness of and enforce existing prohibitions on corporal punishment in school. Despite these challenges, there remains high demand for education amongst youth refugees: 71.6 percent of those with and 59.6 percent of those without URPs stated that they wanted to go to university.

73 See, for example, Jacqueline Bhabha et al., "Reclaiming Adolescence: A Roma Youth Perspective," Harvard Educational Review 87, no. 2 (2017): 186–224, doi:10.17763/1943-5045-87.2.186.

Youth refugees in Lusaka enter a job market characterized by high employment and informality, but start from the lowest rung. FGD participants stated that their education poorly prepares them with necessary skills to compete for jobs and that anti-refugee discrimination makes the job search all but impossible. The financial and skill requirements for legal work authorization bar all but a few from work in the formal job market. Of those refugees with urban permits working for an outside employer, 3.4 percent stated that their work was formally registered. As a result, unemployment is a pressing problem for this demographic: only 22.7 percent of refugees with URPs and 21.6 percent of those without URPs reported that they had done any work during the last year to help the family. Of those that are in work during the past year, a good proportion suffered injuries and health implications (18.4 percent with URP and 17.2 percent without URPs) and many were exposed to hazardous conditions (12.5 percent with URP and 17.4 percent without URPs). Strategies to better capitalize on refugee youth's skills and potential should be integrated into broader efforts to address unemployment in Lusaka.

With regards health, the adolescent refugee population has significant psychosocial needs that are not met by the government or UNHCR health services. Survey results show that 93.9 percent of youth without URPs and 68.7 percent of those with URPs exhibited depressive symptoms. A connected health issue raised by key informants, though not explored in the quantitative questionnaire, was drug abuse: youth that are underemployed or coping with trauma, those living on the street, often turn to the drug Bostic. It is not clear whether physical health concerns were a relatively low priority among this young population, because the questionnaire did not seek detailed information on vaccination status or prevalence of illness or disease. Food scarcity, however, emerges as a major issue. The topic was raised by several FGD participants. And on the questionnaire, when asked if they had enough to eat when they are hungry, 46.2 percent of youth with URPs and 45.3 percent without said this phrase described them "not at all" or "a little." A more detailed set of questions related to food intake history, meals missed, and food basket contents might have elicited more insight on this issue.

Finally, urban refugee youth face several challenges in the home. Households are typically densely populated, especially for youth with URPs living with an average of 14.1 people, compared to 6.1 in households with no URPs. Despite these crowded settings, roughly half of refugee youth were categorized as having low support on a scale measuring social support adequacy. Verbal and physical abuse are common in these homes: of youth with URPs, 12.9 percent reported suffering frequent physical abuse at home during the previous year, as compared to 23.3 percent of youth without URPs. These rates are likely underreported. Given these harsh realities, key informants indicated that many refugee youth choose to leave home and live on the streets.

Despite the many challenges that youth refugees face in Lusaka, these individuals are highly motivated to continue their studies, gain skills and build a future in Zambia. This study suggests that much more should be done to help youth refugees build self-sufficiency, though peer-support networks, access to further education and skills that will help them compete in the job market and further education. These efforts should include strategies to coordinate diverse local-level actors to raise awareness about where refugee youth can safely go in the case of emergency to receive specialized services.

CONCLUDING NOTES ON METHODS

The questionnaire used during this project was requested by UNHCR and originally designed for a camp-based study in Uganda. This instrument did not fully target the issues relevant to urban refugee youth in Zambia. There are several issues that remain to be understood about this population. A topic not addressed at all is the prevalence and conditions of detention of refugee youth, in particular those without URPs, and the relationships between this population and law enforcement officials. The findings on a relatively benign view of the police are interesting and probing those views might be revealing. At the moment we know too little to assume muted or fear-constrained reporting or consider possible positive and encouraging aspects of these interactions with uniformed adults. Also needed, as noted, is information on relative socio-economic status of the families; details on the kinds of work that these adolescents currently engage in and the reasons for this work; and options where they might gain skills to become more competitive in the job market. As noted above, more needs to be learned about adequacy of food and health care and health status. Although we now as a result of this study understand much more about educational attendance and attainment among youth refugees, information on the type of schools they attend and their quality would help the UNHCR to program improved education interventions.

This study set out to obtain a statistically representative sample of the hidden population of youth refugees living without URPs in Lusaka by using Respondent Driven Sampling, an approach never before used in Zambia or with adolescent refugees. During a formative research trip to understand whether this methodology was appropriate, key informants assessed that youth refugees in Lusaka were not homogenous – forming subgroups based on length of stay, nationality and geography – but that sufficient social connections between these subgroups existed to proceed with RDS. Analysis following data collection showed that this was not the case. The homophily observed in the dataset made RDS inappropriate in this context. This late recognition further underscores the considerable challenges in studying this hidden population and need for caution in demanding statistical clarity from complex social realities. While striving for more innovative and rigorous quantitative methods, researchers and policymakers must also value the qualitative data gathered from refugees themselves and those who work every day to serve them. In this regard, the FGDs provided vivid insights and the key informant interviews proved invaluable in providing context and seasoned views from senior staff and officials.

	Refugees with Urban Residency Permits (n=319)				Refugees without Urban Residency Permits (n=374)				
	Overall		Disaggregated		Overall		Disaggregated		
	%	(95% CI)		(p-value)	%	(95% CI)		(p-value)	
Demographics									
Age (years)	17.2	(17.0, 17,4)			17.3	(17.0, 17.5)			
Age (groups)									
15-17	47.6%	(42.1, 53.1)				(41.7, 59.3)			
	52.4%	(46.9, 57.9)				(40.8, 58.4)			
Gender									
	46.1%	(40.6, 51.6)				(41.0, 56.1)			
	53.9%	(48.4, 59.4)				(43.9, 59.0)			
Birth Country			Avg. Age	Avg. Years in Zambia			Avg. Age	Avg. Years in Zambia	
	58.0%	(52.7, 63.7)	17.0			(27.4, 42.4)	17.1	16.9	**
	27.3%	(22.0, 33.0)	17.4	16.8		(33.8, 49.8)	17.2	11.9	**
	7.5%	(2.2, 13.2)	17.2	11.7		(5.2, 14.5)	17.5	13.1	
	4.1%	(0.0, 9.8)	17.9	8.3		(9.5, 23.6)	17.4	13.4	
	2.2%	(0.0, 7.9)	18.3	13.2		(0.6, 4.0)	16.9	13.5	
	0.9%	(0.0, 6.6)	18.0	14.2		(0.1, 2.0)	17.5	10.0	
				15.5					
Length of residence in Zambia (years)	14.7	(14.2, 15.2)	by gender	p-value 0.98	14.0	(13.1, 14.9)	by gender	p-value 0.32	
Length of residence in Lusaka (years)	10.8	(10.2, 11.4)	by gender	p-value 0.93	8.4	(10.0, 11.7)	by gender	p-value 0.91	
Current marital status			by gender	p-value 0.92			by gender	p-value 0.21	
	94.4%	(91.8, 96.9)				(82.8, 94.3)			
	5.6%	(3.1, 8.2)				(2.4, 13.3)			
	0.0%					(1.0,5.2)			
	0.0%					(0.2, 3.2)			
Single parent	n=0				n=5		Female n=5 Male n=0		
Biological Mother living	80.6%	(76.5, 85.0)				(62.9, 76.6)			
	18.8%	(14.7, 23.2)				(21.4, 34.6)			
	0.6%	(0.0, 5.0)				(0.9, 5.4)			
Biological Father living	69.3%	(64.3, 74.5)				(45.4, 61.6)			**
	26.6%	(21.6, 31.8)				(34.7, 51.2)			
	4.1%	(0.0, 9.2)				(1.9, 6.5)			

74 All results with p-value <0.05 are considered significant and are marked with **

Orphan Who is directly responsible for your care?	10.7% (n=34) n=6 n=17 n=4 n=1 n=0 n=1 n=1 n=0 n=6	(7.3,14.1)	by age by gender	p-value 0.30 0.70	(14.8, 25.4)	by age by gender	p-value 0.42 0.26	**
Separated minor Who is directly responsible for your care?	5.0% (n=16) n=3 n=7 n=0 n=1 n=1 n=1 n=0 n=1 n=4 n=0	(2.6,7.4)	by gender	p-value 0.80	(4.8, 11.8)	by gender	p-value 0.81	
Disability	1.6%	(0.2, 3.0)	by age by gender	p-value 0.20 0.98	1.7%	(0.6, 4.6)	by age by gender	p-value 0.80 0.80	
	Refugees with Urban Residency Permits (n=319)				Refugees without Urban Residency Permits (n=374)			
	Overall		Disaggregated		Overall		Disaggregated	
	%	(95% CI)		(p-value)	%	(95% CI)		(p-value)
Refugee Status								
Have own individual refugee card	11.0% 85.2% 3.8% n=2	(7.6, 14.9) (81.7, 89.0) (0.3, 7.7)	For those with their own refugee ID card Age 15-17 n=11 Age 18-19 n=24			(0.2, 2.0) (94.7, 98.6) (1.1, 4.5)		
Have individual or family urban residency permit	78.9% 5.4% 15.8% n=2	(74.8, 83.4) (1.3, 9.9) (11.7, 20.3)				(9.3, 6.1) (80.3, 94.4) (4.8, 17.2)		** **
Intend to return to country of origin	5.4% 9.2% 80.0% 5.4% n=5	(1.6, 9.8) (5.4, 13.6) (76.1, 84.3) (1.6, 9.8)				(5.9, 16.2) (12.8, 25.7) (56.9, 76.9) (3.9, 12.2)		

	Refugees with Urban Residency Permits (n=319)			Refugees without Urban Residency Permits (n=374)		
	Overall		Disaggregated	Overall	Disaggregated	
	%	(95% CI)		%	(95% CI)	(p-value)
Protection System in Lusaka						
What do you think is the role of the UNHCR? Raise	8.2% 24.5% 6.9% 6.3% 29.2% 4.4% 23.2% 14.7% 35.4% n=3	(5.2 11.2) (19.8, 29.2) (4.1, 9.7) (3.6, 9.0) (24.2, 34.2) (2.2, 6.7) (18.6, 27.8) (10.8, 18.6) (30.2, 40.6)		(2.1, 7.7) (6.4, 16.0) (2.2, 6.2) (1.1, 4.1) (4.0, 13.7) (1.2, 6.2) (8.5, 24.1) (4.6, 11.5) (47.2, 66.9)		 ** ** **
Have you ever heard about the following	67.7% 70.8% 25.1% 26.3% 47.0% 6.9% 21.9% 21.9% 17.2% 24.5% 12.2%	(62.6, 72.8) (65.8, 75.8) (20.3, 29.9) (21.5, 31.1) (41.5, 52.5) (4.1, 9.7) (17.4, 26.4) (17.4, 26.4) (13.1, 21.3) (19.8, 29.2) (8.6, 15.8)		(19.6,39.2) (18.7, 41.2) (10.5, 22.2) (8.1, 19.0) (20.0, 32.1) (1.6, 4.7) (10.4, 16.3) (8.7, 17.2) (5.4, 16.6) (8.9, 18.0) (25.3, 48.7)		** ** ** ** ** ** ** **
Have you ever had any help from any of these	38.9% 56.4% 6.27% 5.0% 9.1% 0.7% 3.1% 11.0% 6.0% 1.6% 19.1%	(33.6, 44.2) (51.0, 61.8) (3.6, 8.9) (2.6, 7.4) (5.9, 12.3) (0.0, 1.6) (1.2, 5.0) (7.6, 14.4) (3.4, 8.6) (0.2, 3.0) (14.8, 23.4)		(8.2, 24.0) (8.4, 30.0) (1.9, 7.8) (1.2, 6.9) (3.1 9.1) (0.5, 5.4) (1.3, 5.4) (1.3, 4.4) (1.1, 5.5) (0.5, 4.2) (48.2, 74.2)		** ** ** **
If you have a complaint with the services you receive as a refugee are you aware of a place where you can go?	32.0% 68.0% n=19	(26.7, 37.3) (62.7, 73.3)	Those who know where to go by age: Age 15-17 23.0% Age 18-19 40.8% p-value <0.001** Knowledge among those who also have knowledge of UNHCR's function: 40.8% Among those who don't have knowledge of UNHCR: 16.5% p value <0.001**	(8.4, 15.2) (84.8, 91.6)	Those who know where to go by age: Age 15-17 11.3% Age 18-19 11.5% p-value 0.97 Knowledge among those who also have knowledge of UNHCR's function: 16.7% Among those who don't have knowledge of UNHCR: 8.7 % p value 0.009**	 ** **

Of those answered "Yes" above:	(n=96)							
				p-value				p-value
			by age	0.32			by age	0.25
Have you ever made a complaint?	11.5%	(5.1, 17.9)	by gender	0.09		(5.4, 27.7)	by gender	0.34
	88.5%	(82.1, 94.9)				(72.3, 94.6)		
	n=0							
Of those answered "Yes" above:	(n=11)				(n=5)			
Did you receive feedback after making your complaint?	n=5				n=3			
	n=6				n=2			

	Refugees with Urban Residency Permits (n=319)				Refugees without Urban Residency Permits (n=374)				
	Overall		Disaggregated		Overall		Disaggregated		
	%	(95% CI)			%	(95% CI)		(p-value)	
Education									
Have you ever attended school?	93.7% 6.3%	(90.0, 96.4) (3.6, 9.0)	by age by gender by years in Zambia Attend Never attend	p-value 0.16 0.21	86.5% 13.5%	(80.1, 91.1) (8.9, 19.9)	by age by gender by years in Zambia Attend Never attend	p-value 0.29 0.81 <0.001** Avg. Years in Zambia 14.3 11.8	
School Attendance during last year among school age children (15-18)	80.0%	(65.3, 85.0)			56.0%	(48.9, 62.9)			**
School Attendance during last year among all kids (15-19)	70.8%	(65.8, 75.8)			51.3%	(43.1, 59.5)			**
What is the highest level of school you have completed?	6.3% 12.8% 25.4% 13.5% 41.7% 0.3%	(0.6, 12.0) (7.2, 18.5) (19.7, 31.1) (7.7, 19.2) (36.1, 47.4) (0.0, 0.6)			13.5% 10.9% 10.3% 19.4% 44.2% 0.3%	(8.9, 19.9) (7.4, 15.4) (6.8, 15.4) (11.8, 15.4) (37.0, 51.6) (0.0, 1.8)			**
Will you complete tertiary education / university?	71.6% 4.0% 24.4% n=0	(66.6, 76.7) (0.0, 9.1) (19.4, 29.5)			59.6% 9.9% 20.6% n=6	(49.7, 68.7) (0.5, 18.0) (24.3, 37.9)			
Have you wanted to participate in any non-formal education in the city, for example, after-school activities?	37.4% 62.6% n=17	(31.9, 42.9) (57.1, 68.1)	by age by gender	p-value 0.70 0.30	33.7% 66.3% n=37	(24.4, 44.3) (55.7, 75.6)	by age by gender	p-value 0.95 0.82	
Of those answered "Yes" above:	(n=113)				(n=91)				
Have you participated in any non-formal education?	32.1% 67.9% n=1	(23.5, 40.7) (59.3, 76.5)	by age by gender	p-value 0.34 0.32	15.0% 85.0% n=2	(8.0, 26.4) (73.6, 92.0)	by age by gender	p-value 0.10 0.19	**

Have you wanted to participate in any vocation skills training?	38.6% 61.4% n=11	(33.2, 44.0)	by age by gender	p-value 0.31 0.30	42.7% 57.3% n=35	(32.4, 53.7)	by age by gender	p-value 0.46 0.63
Of those answered "Yes" above:	(n=119)							
Have you participated in any vocations skills training in the past year?	11.9% 88.1% n=1	(6.1, 17.7)	by age by gender	p-value 0.06 0.91		(7.4, 21.4)	by age by gender	p-value 0.68 0.26

	Refugees with Urban Residency Permits (n=319)				Refugees without Urban Residency Permits (n=374)				
	Overall		Disaggregated		Overall		Disaggregated		
	%	(95% CI)			%	(95% CI)		(p-value)	
Safety in School									
Feel unsafe in school[1]	50.0%	(43.5, 56.5)	by age by gender	p-value 0.30 0.40	49.8%	(41.7, 58.0)	by age by gender	p-value 0.35 0.08	
During the past term, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? o	66.2% 8.3% 6.9% 4.6% 13.9% N=10	(60.7, 72.7) (2.8, 14.8) (1.4, 13.4) (0.0, 11.1) (8.3, 20.4)			67.2% 9.0% 7.9% 2.7% 13.2 N=2	(60.9, 73.6) (2.7, 15.4) (1.6, 14.3) (0.0, 9.0) (6.9, 19.6)			
Victim of physical abuse in school[2]	48.7%	(37.2, 50.6)	by age by gender	p-value 0.10 0.50	44.9%	(35.6, 54.6)	by age by gender	p-value 0.88 0.50	
During the past 12 months, has a teacher ever punished you by hitting or beating you?	43.6% 56.4% n=8	(37.2, 50.6) (50.0, 63.5)	by age by gender	p-value 0.20 0.99	39.9% 60.1% n=2	(31.0, 49.4) (50.6, 69.0)	by age by gender	p-value 0.66 0.88	
During the past term, were you hit, pushed, kicked or shoved on school property?	25.8% 74.2% n=9 42.9%	(20.3, 31.8) (66.7, 80.2) (29.9, 55.9)	by age by gender	p-value 0.03** 0.20	17.5% 82.5% n=2 42.7%	(11.3, 26.2) (73.8, 88.7) (28.4, 58.4)	by age by gender	p-value 0.92 0.44	
Victim of verbal abuse in school[3]	35.4%	(29.2, 41.6)	by age by gender	p-value 0.10 0.99	34.8%	(25.3, 45.6)	by age by gender	p-value 0.001** 0.70	
During the past 12 months, have you been screamed or yelled at very loudly or aggressively at school?	35.9% 64.1% n=9 (n=78) 34.2%	(29.5, 42.3) (57.7, 70.5) (23.7, 44.7)	by age by gender	p-value 0.40 0.52	33.9% 66.1% n=2 (n=63) 44.3%	(25.3, 33.9) (56.2, 74.7) (29.9, 59.6)	by age by gender	p-value 0.18 0.64	

During the past 12 months, have you felt	45.9% 54.1% n=8	(39.3, 52.5) (47.5, 60.7)	by age by gender	p-value 0.07 0.11	39.7% 60.3%	(30.0, 51.3) (48.7, 70.0)	by age by gender Age 15-17 18-19	p-value <0.001** 0.74 33.8% 49.6%	
Of those felt	n=100 86.0% 10.0% 4.0% n=1	 (81.8, 93.7) (4.0, 15.9) (0.0, 10.9)			n=69 80.7% 9.4% 9.9% n=2	 (63.8, 90.8) (3.9, 20.9) (5.3, 15.3)			
Of those felt	n=100 80.0% 28.0% 2.0% 2.0% 1.0% n=3	 (72.2, 87.8) (19.2, 36.8) (0.0, 4.7) (0.0, 4.7) 0.0, 3.0)			n=69 84.3% 26.0% 1.5% 2.9% 4.2% n=2	 (71.2, 92.1) (15.8, 39.8) (0.2, 9.1) (0.8, 10.0) (1.4, 11.6)			
Do you know where to go if you have a problem at school?	57.1% 42.9% n=23	(50.3, 63.9) (36.1, 49.7)	by age by gender	p-value	61.4% 38.6% n=18	(47.8, 73.4) (26.6, 52.2)	by age by gender	p-value 0.68 0.86	

	Refugees with Urban Residency Permits (n=319)				Refugees without Urban Residency Permits (n=374)				
	Overall		Disaggregated		Overall		Disaggregated		
	%	(95% CI)			%	(95% CI)		(p-value)	
Livelihoods									
During the past week, did you do any kind of work for someone who is not a member of your household?	28.8% 71.2% n=10	(23.8, 33.8) (66.2, 76.2)	by age by gender	p-value 0.20 0.20	35.9% 64.1% n=28	(29.6, 42.7) (57.3, 70.4)	by age by gender	p-value 0.86 0.37	
Of those had worked for someone outside household:	(n=89)								
Did your employer formally register your work?	3.4% 78.7% 16.9% n=1	(0.0, 8.0) (75.4, 84.0) (13.0, 21.6)				(0.1, 5.0) (71.6, 92.6) (6.8, 28.0)			
Of those had worked for someone outside household:	7.38	(5.0, 9.7)	by age by gender	p-value	9.99	(5.9, 14.1)	by age by gender	p-value <.001** 0.95	
In the past week, about how many hours did you do this work for someone who is not a member of the household?			Age 15-17 18-19 p-value				Age 15-17 18-19 p-value	 5.1 13.1 <.001**	
Are there adequate work opportunities for you outside of the household in Zambia?	31.8% 68.2% n=20	(26.5, 37.1) (62.9, 73.5)	by age by gender	p-value 0.71 0.23	50.9% 49.1% n=40	(44.6, 57.2) (42.8, 55.4)	by age by gender	p-value 0.02** 0.93	**
Of those answered "No" above:	n=204				n=164		Age 15-17 18-19 p-value	% Yes 54.8% 44.8% 0.02	
Why not?	27.9% 16.2% 33.3% 38.2% n=5 12.7% n=15	(21.7, 34.1) (11.1, 21.3) (26.9, 39.8) (31.5, 44.9) (8.1, 17.3)			12.6% 36.3% 23.4% 47.9% n=1 13.4% n=4	(6.0, 24.6) (25.8, 55.4) (17.3, 30.9) (37.1, 58.9) (8.1, 21.4)			**

During the past week, did you do any paid or unpaid work in a family business or selling goods on the street or in the market?	21.4% 78.6%	(16.8, 26.0) (74.0, 83.2)		by age by gender	p-value 0.32 0.11		19.0% 81.0% n=31	(14.0, 25.2) (75.8, 86.0)		by age by gender	p-value 0.20 0.09	
Of those had worked in family business or selling goods: During the past week, about how many hours did you do this work?	(n=16) 10.7	(1.8, 19.6)		by age by gender	p-value 0.2 0.3		(n=65) 17.3	(12.6, 22.0)		by age by gender	p-value 0.62 0.54	
During the past week, did you help with household chores such as shopping, cleaning, washing clothes, cooking, or caring for children, old or sick people?	91.9% 8.1% n=10	(88.9, 94.9) (5.1, 11.1)		by age by gender	p-value 0.61 0.62		86.6% 13.4% n=29	(81.3, 90.6) (9.4, 18.7)		by age by gender	p-value 0.3 0.2	
Of those had helped with household chores: During the past week, about how many hours did you do this work?	n=269 10.7	(9.1, 12.3)		by age by gender Gender Female Male	p-value 0.11		n=292 16.1	(13.1, 19.0)		by age by gender Gender Female Male	p-value 0.24 <.001** 19.2 11.9	**
In the past year, have you worked or done any business that brought in money to help your family?	22.7% 77.3% n=10	(18.0, 27.4) (72.6, 82.0)		by age by gender Gender Female Male	p-value 0.21 0.04** % Yes 17.1% 27.2%		21.6% 78.4% n=35	(16.9, 27.1) (72.9, 83.1)		by age by gender Age 15-17 18-19	p-value 0.03** 0.43 % Yes 18.1% 26.2%	

Did you have any of the following in the past 12 months because of your work? Superficial injuries or open wounds; Dislocations, sprains; Fracture; Burns, scalds, or acid burns; Breathing problems; Skin problems; Fever; Extreme fatigue; Other	18.4% 81.6% n=19	(13.9, 22.9) (77.1, 86.1)	by age by gender	p-value 0.74 0.81	17.2% 75.8% n=37	(14.6, 37.4) (62.6, 85.4)	by age by gender	p-value 0.08 0.28	
Are you exposed to any of the following risks at work? Dust, fumes; fire, gas, flames; loud noise or vibration; extreme heat or cold; dangerous tools; work	12.5% 87.5% n=13	(8.7, 16.3) (83.6, 91.4)	by age by gender	p-value 0.20 0.99	17.4% 82.6% n=26	(9.0, 30.8) (69.2, 91.0)	by age by gender % of exposed to risk Female : Male :	p-value 0.14 0.02** 10.8% 22.1%	
In the past year, someone has offered money, gifts, food, services, or shelter to have sex	6.9%	(4.1, 9.7)	by age by gender Gender Female Male p-value	p-value 0.44 0.05 10.2% 4.1% 0.05	9.6%	(6.7, 13.8)	by age by gender Gender Female Male p-value	p-value 0.89 0.003 14.1% 4.1% 0.003	
In the past year, have had sexual intercourse with someone in hopes of receiving money, gifts, food, services or shelter	1.9%	(0.4, 3.4)	by age by gender	p-value 0.70 0.11	3.1%	(1.9, 5.3)	by age by gender	p-value 0.60 0.15	

	Refugees with Urban Residency Permits (n=319)				Refugees without Urban Residency Permits (n=374)				
	Overall		Disaggregated		Overall		Disaggregated		
	%	(95% CI)			%	(95% CI)		(p-value)	
Health									
Do you know where to go if you have a health problem?	86.0% 14.0% n=12	(82.1, 89.9) (10.1, 17.9)	by age by gender	p-value 0.17 0.66	82.4% 17.6% n=29	(73.3, 88.8) (11.2, 26.7)	by age by gender	p-value 0.62 0.27	
If you are hungry, there is enough to eat. Does this describe you? A lot	13.9% 39.9% 40.8% 5.4% n=3	(8.2, 20.0) (34.2, 45.9) (35.1, 46.8) (0.0, 11.4)	% of those answer a lot or somewhat Age 15-17 46.7% Age 18-19 60.4% (p value) 0.02		16.1% 38.6% 35.7% 9.6% n=22	(9.7, 25.6) (30.7, 47.3) (27.7, 44.8) (5.2, 17.1)	% of those answer a lot or somewhat Age 15-17 54.1% Age 18-19 57.0% (p value) 0.11		
Evidence of depression[4]	68.7%	(63.6, 73.8)	by age by gender Age 15-17 18-19	p value 0.03 0.88 62.5% 74.3%	93.9%	(76.5, 98.6)	by age by gender	p-value 0.80 0.42	**
Evidence of high levels of hope[5]	6.7%	(4.0, 9.4)			4.6%	(2.7, 7.8)			
Evidence of low levels of hope[6]	51.0%	(45.4, 56.6)	by age by gender	p-value 0.72 0.14	62.4%	(51.6, 72.0)	by age by gender	p-value 0.73 0.33	
Subjectively Assessed Social Support[7]	50.6% 49.4% 0%	(45.0, 56.2) (43.8, 55.0)	by age by gender	p-value 0.26 0.72	56.4% 43.6% 0%	(32.8, 55.0) (45.0, 67.2)	by age by gender	p-value 0.91 0.56	

	Refugees with Urban Residency Permits (n=319)				Refugees without Urban Residency Permits (n=374)				
	Overall		Disaggregated		Overall		Disaggregated		
	%	(95% CI)			%	(95% CI)		(p-value)	
Housing and Home Life									
Household size	14.1	(13.6, 14.6)			6.2	(5.7, 6.7)			**
Do you know where to go if you have a problem at home?	41.6% 58.4% n=16	(36.1, 47.1) (52.9, 63.9)	by age by gender	p-value 0.31 0.88	28.9% 71.1% n=48	(19.4, 40.6) (59.4, 80.6)	by age by gender	p-value 0.06 0.25	
Living in a home where frequent abuse occurs (not directed at respondent)[8]	7.5%	(4.6, 10.4)	by age by gender	p-value 0.21 0.78	7.9%	(5.2, 11.9)	by age by gender	p-value 0.15 0.32	
Victim of frequent verbal abuse in the home[9]	12.2%	(8.6, 15.8)	by age by gender	p-value 0.99 0.61	15.0%	(10.4, 21.3)	by age by gender	p-value 0.01** 0.12	
Victim of physical abuse in the home[10]	12.9%	(9.2, 16.6)	by age by gender by size of household Age 15-17 18-19	p-value 0.05** 0.12 0.81 17.1% 9.0%	23.2%	(17.2, 30.6)	by age by gender by size of household Age 15-17 18-19	p-value 0.006** 0.35 0.62 27.6% 17.4%	**

	Refugees with Urban Residency Permits (n=319)				Refugees without Urban Residency Permits (n=374)				
	Overall		Disaggregated		Overall		Disaggregated		
	%	(95% CI)			%	(95% CI)		(p-value)	
Sexual Violence									
Have suffered ANY incident of sexual abuse in the last year[11]	10.0%	(6.7, 13.3)	by age by gender Gender Female Male	p-value 0.22 0.03** 14.3% 6.4%	13.1%	(9.1, 18.4)	by age by gender Gender Female Male	p-value 0.31 0.008** 19.8% 6.3%	
In the past year, was there a time when you were physically forced to have sexual intercourse against your will?	5.5% 94.5% n=8	(2.97, 8.03) (92.0, 97.0)			8.4% 91.6% n=28	(6.4, 11.0) (89.0, 93.6)			
Of those answered "Yes" above: What services did you receive because of this most recent incident?	(n=17) n=1 n=1 n=1 n=1 n=0 n=6 n=7				(n=29) n=4 n=1 n=2 n=2 n=0 n=16 n=3				
In the past year, was there a time when you were persuaded or pressured to have sexual intercourse against your will?	4.8% 95.2% n=8	(2.42, 7.18) (92.8, 97.6)			6.2% 93.8% n=28	(3.5, 10.7) (89.3, 96.5)			
Of those answered "Yes" above: What services did you receive because of this most recent incident?	(n=15) n=0 n=0 n=0 n=1 n=1 n=7 n=5				(n=23) n=0 n=2 n=1 n=1 n=0 n=15 n=3				

In the past year, was there a time when you were touched against your will in a sexual way, including oral sex	4.5% 95.5% n=8	(2.2, 6.8) (93.2, 97.8)				6.8% 93.2% n=32	(3.7, 6.8) (87.7, 96.3)		
Of those answered "Yes" above:	(n=14)					(n=23)			
What services did they receive because of this most recent incident?	n=1 n=0 n=0 n=4 n=0 n=0 n=7 n=3					n=2 n=1 n=2 n=1 n=6 n=3 n=12 n=3			
Of those that suffered ANY KIND of sexual abuse, how many times in the past year?	3.4	(2.1, 4.8)	by age by gender	p-value 0.32 0.80		5.0	(4.4, 5.6)	by age by gender	p-value 0.005 0.07
Do you know of a place to go to if you have experienced violence or abuse?	63.7% 36.3% n=13	(58.3, 69.1) (30.9, 41.7)	by age by gender	p-value 0.02 0.44		61.0% 39.0% n=27	(48.7, 72.0) (28.0, 51.3)	by age by gender	p-value 0.12 0.89

	Refugees with Urban Residency Permits (n=319)				Refugees without Urban Residency Permits (n=374)				
	Overall		Disaggregated		Overall		Disaggregated		
	%	(95% CI)			%	(95% CI)			
Experiences of Public Space									
If you have a problem, would the police help you?	71.6% 10.8% 17.6% n=58	(65.3, 78.3) (4.6, 17.5) (11.4, 24.3)			73.3% 11.0% 15.7% n=3	(64.9, 80.4) (6.4, 18.2) (10.8, 22.6)			
Feel unsafe in public spaces[12]	72.7%	(67.8, 77.6)	by age by gender	p-value 0.99 0.9	84.7%	(70.6, 92.7)	by age by gender Age 15-17 18-19	p-value <.001** 0.23 94.7% 82.2%	
Victim of physical/ verbal abuse in public space[13]	32.0%	(26.9, 37.1)	by age by gender	p-value 0.06 0.91	26.5%	(18.3, 36.7)	by age by gender	p-value 0.09 0.57	
Have you ever wanted to take part in a structured recreation activity in the city?	59.5% 40.5% n=13	(54.0, 65.0) (35.0, 46.0)	by age by gender	p-value 0.18 0.61	49.0% 51.0% n=34	(39.0, 59.1) (40.9, 61.0)	by age by gender	p-value 0.05** 0.13	
Of those answered "Yes" above: Have you ever participated in structured recreation activities in the city?	(n=182) 59.3% 40.7% n=0	(55.2, 66.4) (33.6, 47.8)				(38.9, 60.1) (39.9, 61.1)			
Are there places in this city that you can go to hang out with your friends?	52.9% 47.1% n=11	(47.3, 58.5) (41.5, 52.7)	by age by gender Female 38.6% Male 54.2% Age 15-17 38.9% Age 18-19 54.7%	p-value 0.005 0.006	57.4% 42.6% n=35	(47.9, 66.3) (33.7, 52.1)	by age by gender	p-value 0.80 0.57	
Have you wanted to participate in a club or committee specifically for children or adolescents?	42.9% 57.1% n=11	(37.4, 48.4) (51.6, 62.6)	by age by gender	p-value 0.94 0.17	38.3% 61.7% n=33	(28.9, 48.6) (51.4, 71.1)	by age by gender	p-value 0.24 0.38	

Of those answered "Yes" above: Have you participated in a club or committee specifically for children or adolescents in the past year?	(n=132) 36.4% 63.6% n=0	(28.2, 44.6) (55.4, 71.8)		(n=113) 29.0% 71.0% n=4	(19.7, 40.5) (59.5, 80.3)	

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(Footnotes)

1 Feel unsafe in school is a derived composite variable. An individual respondent is classified as feeling unsafe in school if they answered "Yes" to question 4.1b ("In the past week, have you felt unsafe at school?") AND/OR they answered 4 or more days to question 3.24 ("During the past term, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?") AND/OR they answered "Some of the time" or "None of the time" to question 1.18 ("How much of the time do you feel safe at school?").

2 Victim of physical abuse in school is a derived composite variable. An individual respondent is classified as a victim of verbal abuse in school if they answered "Yes" to EITHER question 3.25 ("During the past term, were you been hit, pushed, kicked or shoved on school property?") AND/OR question 3.28 ("During the past 12 months, has a teacher ever punished you by hitting or beating you?").

3 Victim of verbal abuse in school is a derived composite variable. An individual respondent is classified as a victim of verbal abuse in school if they answered "Yes" to EITHER question 3.26 ("During the past 12 months, has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?") AND/OR question 3.27 ("During the past 12 months, have you been screamed or yelled at very loudly or aggressively at school?").

4 Evidence of depression is defined as scoring higher than 12 on the Mood and Feelings Scale, which is in total 13 questions (2.39-2.51), scaled from "Not true", "Sometimes True" to "True" for each question. A total score of 12 or higher may signify that a child is suffering from depression.

5 Higher level of hope is defined as CHS Total Score greater than 19. The CHS Total Score is a 6 item questionnaires (2.6-2.11) and scaled from "None of the time", "Some of the time", "Most of the time" to "All of time" for each questions, ranging from 6 to 24.

6 Lower level of hope is defined as CHS Total Score less than 14.

7 Derived from the Multidimensional Scale of Perceived Social Support, which is a 12 items sum score divided by 12. Scale score ranging from 1 to 2.9 could be considered low support; a score of 3 to 5 could be considered moderate support; a score from 5.1 to 7 could be considered high support.

8 Living in a home where frequent abuse occurs is a derived composite variable. An individual respondent is classified as living with frequent abuse in home if in the past year, have seen adults in home shouting and yelling at each other in a way that frightened you many times (3.2a); AND/OR hit, kick, slap, punch or hurt each other physically in other way many times (3.3a); AND/OR use knives guns sticks, rocks or other things to hurt or scare someone else inside the home many times (3.4a).

9 Victim of frequent verbal abuse is a derived composite variable. An individual respondent is classified as victim of verbal abuse in home if anyone in your family or living in your home screamed at you very loudly and aggressively many times(3.5a); AND/OR cursed you or said mean things many times(3.6a); AND/OR said that they wished you were dead/ had never been born many times or sometimes(3.7a); AND/OR threatened to leave you forever or abandon you many times or sometimes(3.8a); AND/OR threatened to hurt or kill you many times or sometimes(3.9a); AND/OR threatened you with a knife or a gun many times or sometimes(3.15a).

10 Victim of frequent physical abuse is a derived composite variable. An individual respondent is classified as victim of physical abuse in home if anyone in your family or living in your home pushed, grabbed, or kicked you many times (3.10a); AND/OR hit, beat or spanked you with a hand many times (3.11a); AND/OR beat or spanked you with a belt, paddle, a stick or other object many times or sometimes (3.12a); AND/OR pulled your hair, pinched you, or twisted your ear many times or sometimes (3.13a).

11 Suffered sexual abuse in last year is a derived composite variable. An individual respondent is classified has suffered sexual abuse if in the past year there was a time when you were physically forced to have sexual intercourse against your will (3.16); AND/OR persuaded or pressured to have sexual intercourse against your will (3.17); AND/OR touched against your will in a sexual way, including oral sex (3.12a).

12 Feel unsafe in public is a derived composite variable. An individual respondent is classified as feeling unsafe in public if they answered 4 or more days to question 3.29 ("During the past 30 days, how many days did you avoid certain areas in the city as you felt you would be unsafe?"); AND/OR they felt unsafe at the market, or other public spaces in the city (4.1c); AND/OR on the way to school (4.1d); AND/OR on the way to market or other public spaces (4.1d); AND/OR on the way to work (4.1g).

13 Victim of physical/ verbal abuse in public spaces is a derived composite variable. An individual respondent is classified as victim of physical/ verbal abuse in public spaces if during the past 12 months, they have been hit pushed kicked or shoved (3.30); AND/OR have been threatened or injured with a weapon such as a gun, knife, or club by someone (3.31); AND/OR have been screamed or yelled at very loudly or aggressively (3.32) in a public area of the city, apart from at school.