A Critical Ethics of Care Perspective on Refugee Income Generation:

Towards Sustainable Policy and Practice in Zimbabwe's Tongogara Camp

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Abstract

This article critiques Zimbabwe's refugee policy and practice context, with a focus on the ideological underpinnings of aided income generation activities in Zimbabwe's Tongogara refugee camp. We apply the lenses of Joan Tronto's political, or democratic ethics of care, and Fiona Robinson's critical ethics of care, to conduct an ideology critique of the aid agencies' expressed goal of refugees' economic 'self-reliance'. We demonstrate that their underlying assumptions about 'dependency' and 'autonomy', in conjunction with Zimbabwe's policy of refugee encampment, are at the heart of the income generation activities' lack of sustainability. We argue further that all caring relationships are characterised by unequal power relations, and that this needs to be acknowledged in order to enable a shared commitment to equal participation, in a partnership towards agreed-upon development goals. Moreover, the ideologies of autonomy and self-reliance must be replaced with a policy commitment to fostering interdependence as the ontological condition under which income generating activities can evolve into sustainable livelihoods. We recommend that the critical ethics of care and the radical-democratic practices for which it calls, provide an apt framework within which to reconsider the policies governing refugee support and practices, so as to foster a caring context for human wellbeing.

Keywords

Introduction

In the wake of geopolitical instabilities across the globe and, consequently, mass displacement of millions of people, the treatment of refugees by host nations has become a critical development concern both for refugees themselves and for their host societies (Office of the United Nations High Commissioner for Human Rights, 2019:1). Yet in the Zimbabwean context, care for refugees is constrained by a lack of freedom of movement, of association, and of equal access (with citizens) to means of income (Mhlanga and Zengeya, 2016:25). In turn, this limits the ability of refugees to make a meaningful contribution to the socio-economic development of their host society. The majority of refugees currently hosted in Zimbabwe are based in the Tongogara refugee camp, founded in 1984, where efforts have been made to address poverty and improve the quality of life for camp-based refugees through income generation activities facilitated and assisted by both government and non-government organisations (NGOs). Although these activities do make a financial contribution to refugee livelihoods, the United Nations High Commissioner of Refugees (UNHCR) and the World Food Programme (WFP) have noted that they are mostly survivalist and lack sustainability (UNHCR and WFP, 2014). These disappointing outcomes may well serve as cases in point for Duncan Green's (2012:24) claim that 'poverty is a symptom of deeply-rooted inequities and unequal power relationships, institutionalised through policies and practices at the levels of state, society, and household'.

Against this background, this article seeks to critique Zimbabwe's refugee policy and practice context, with a focus on the ideological underpinnings of the income generation activities undertaken in Zimbabwe's Tongogara camp. Our rationale is that while income generation is integral to developmental social work and social development (Midgley, 2010), the ways in which it is conceptualised in this literature may be limited by certain 'blind spots' regarding roles, responsibilities, resources and contextual conditions required for the attainment of social and economic inclusion and sustainable outcomes. As such, this article will pursue two interconnected questions. We ask, firstly: what if aid and services meant to facilitate the success of income generation among refugees are provided within an ideological framework, which in fact compromise these interventions' potential as a solution to sustainable livelihoods for refugees? Secondly, what if, given the context of encampment, separation, and isolation of the

intended beneficiaries and, thus, irrespective of their scale and size, these income generating programmes have actually no chance of success? In other words, an ideology critique may be needed to render interventions towards income generation more sustainable and apt to contribute to the wellbeing of camp-based refugees in a manner that we believe Green (2012) had in mind that such a critique might help to illuminate any such 'institutional practices' and 'discourses' as 'embody assumptions, which directly or indirectly legitimise … [and] sustain unequal power relations' (Fairclough 2013:27) in the context of aided income generation activities at Tongogara. Joan Orme's (2002:802) observes that during 'the last decade' of the preceding century, 'various constructions of care have influenced policy developments associated with community care'. Within the wider group of ethics of care perspectives and approaches, we propose that the *critical, political and democratic ethics of care* are well-suited to framing and informing our critique, and an important goal of this article is to articulate why we think that this tradition has a valuable contribution to make towards reconsidering some of the well-established and taken-for-granted discourses, practices and underlying assumptions within the field of developmental social work and social development.

We begin with a critical review (Grant & Booth, 2009) of scholarly articles and publicly available legislative, policy and programme documents on refugee affairs in Zimbabwe, focusing on the living conditions and income generation activities at Tongogara. Thereafter, in Section II, we present some of the key aspects of the critical, or political and democratic, ethics of care perspective, as explicated by Fiona Robinson (Robinson 2010, 2011, 2018) and Joan Tronto (Tronto 1993, 2010, 2011, 2013; Minh, Nguyen, Zavoretti & Tronto, 2017), respectively. While noting that in terms of emphasis and argument, differences between the two exist, we also recognise that both Tronto's and Robinson's works are rooted within a critical theory tradition and display a radical democratic orientation, which this tradition embeds. This, we consider important in critiquing a policy and practice context that is characterised by such power disparities as is the case between the camp-based refugees and powerful NGO, intergovernmental, and government actors at Tongogara. In this article, we use the term, critical ethics of care, to denote both. Drawing on both Robinson's and Tronto's works, we then proceed, in Section III, to critique the conceptual reliance of the income generation activities at Tongogara

upon notions of autonomy and economic self-sufficiency. This is followed, in Section IV, by a discussion of how a sustainable realisation of refugee income generation might be more achievable, which is informed by Tronto's (1993, 2010, 2013) ethical qualities of care. In the conclusion we consider how the current ideological underpinnings of income generation undermine its ability to foster sustainable livelihoods and make some recommendations as to how, from a critical ethics of care perspective, this could begin to be addressed.

Refugee Affairs in Zimbabwe

Zimbabwe is a signatory to the 1951 United Nations Convention Relating to the Status of Refugees, as well as its 1967 Protocol and ratified the then-Organisation of African Unity's Convention Governing the Specific Aspects of Refugee Problems in Africa (OAU, 1969). In alignment with these, Zimbabwe's refugee affairs are governed by the 1983 Refugees Act Chapter 4:03, with Zimbabwe's refugee protection regime being guided by 'the principle of shared responsibility' (Mhlanga and Zengenya, 2016:23). This entails division of responsibility among the government, and various interstate and non-government organisations. The Zimbabwean government, however, offers minimal material support, meeting its refugee protection obligations under an enforced encampment policy. Accordingly, no person admitted in Zimbabwe as a refugee shall leave an area designated for refugee residence unless authorised to do so in writing by an officer in charge of that centre. Hence, the majority of Zimbabwean-based refugees are confined to the Tongogara camp.

The Tongogara refugee camp was established to host Mozambican refugees but from 1998 onwards, armed conflicts in east and central Africa resulted in further refugee influxes into the camp (International Committee of the Red Cross [ICRC] 2010:1). As of 2018, the camp had a total population of over nine thousand refugees (Mashaya, 2018:1). The current legislative framework notwithstanding, there have been claims of refugee integration, with Zimbabwe's Parliamentary Portfolio Committee on Public Service, Labour and Social Welfare (2018:4), claiming that:

> Zimbabwe has shifted from the encampment policy to the graduation approach where refugees have to be self-sustainable. Under this policy and provisions of the Refugees Act, refugees

domiciled in Zimbabwe enjoy the right to engage in economic activities, freedoms of religion and movement.

Though this statement portrays a situation of free association and access, research currently undertaken by Author 1 (2019) suggests that while refugees can now indeed undertake economic activities, their movement remains restricted as the relevant legislation has not been changed and hence, fulltime and consistent access to the outside world in the form of markets, financial services and interpersonal relations of various kinds remain tightly constrained. In other words, refugees are expected to become self-reliant at the same time as their social, cultural and economic activities remain very much camp-based.

The Bureau of Population Services and Migration (2011) reports that most of the refugees in Tongogara have lived there for years waiting for resettlement. However, due to Zimbabwe's enforced encampment policy and because the chances of third country resettlement are very slim, for many, this has resulted in years of waiting – often in vain. Mhlanga and Zengeya (2016:25) describe refugee life in Zimbabwe's camp as, '... one of uncertainty, boredom, and fear', observing that these problems are compounded by the fact that at Tongogara, cohesive community ties, social support and other relational resources are largely absent. Moreover, the authors note that persons with disabilities, the elderly, single women, and terminally ill refugees all have to negotiate additional challenges that are unique to their respective circumstances. Yet, one problem shared by all is impoverishment, leading to food insecurity and inadequate shelter, which then compound and exacerbate any particular afflictions suffered on account of ability, age, gender discrimination and health (Mhlanga and Zengeya 2016).

Mhlanga and Zengaya (2016) rightfully bemoan that, there is a dearth of contemporary research on the lived experiences of Zimbabwean-based refugees. However, sufficient literature is available to provide an overview, if in rough sketches, on refugees' access to welfare, housing, health and education at Tongogara - all aspects of camp life in relation to which the Zimbabwean government plays a predominant role. Thus, the UNHCR (2015) found that approximately 7300 refugees - 70% of the camp population - depended on food aid, with the food aid basket being 1928 calories per person per day, i.e. below the global standard of 2100. As of 2017, the UNHCR budget in Zimbabwe had a 2.5 million dollar deficit (clubofmozambique, 2017), seriously

constraining the provision of such essentials as food at the camp. A further concern is the state of housing at the Tongogara camp in that, while the Zimbabwean government has provided land, it has been appealing to donors for assistance with building material, with limited success. Consequently, houses have been built with self-made mud bricks, which are of such poor quality that in early 2017, nearly 300 refugee homes were destroyed by heavy rains and storms (clubofmozambique, 2017).

With regards to health services, the UNHCR (2016a) notes that in the preceding year, the clinic at the Tongogara refugee camp had attended to some 2700 people at the same time as, due to the collapse of Zimbabwe's national healthcare system, the cost for secondary and tertiary medical care had increased. Against this background, it is probably unsurprising that the NGO Terre Des Hommes, which provides health and education support at the camp, has expressed difficulties in coping with increased demands for health services (clubofmozambique, 2017). In terms of education, the UNHCR (2016a) reports that in 2015, 1600 children were enrolled for primary education at the government-run Tongogara primary school, while the teacher in charge laments the lack of teachers, classrooms and stationery (clubofMozambique, 2017). Pupils who excelled academically used to be sent, by the UNHCR, to complete their secondary education at boarding schools outside the camp (Ghelli 2016). However, with the budget not growing in line with continuous new arrivals in the camp, anecdotal evidence is that since 2016, the UNHCR has only been able to pay boarding school fees for pupils at a senior level of study.

In the light of the UNHCR's (2011) assessment that the overall context in Zimbabwe remains complex, none of these challenges seem particularly surprising. The current economic and political environment in Zimbabwe has certainly hampered the implementation of all developmental programmes in the country but, while relevant, its exploration would exceed the scope of this article. In the meantime, UNHCR-led interventions at Tongogara have focused on aiding livelihood and income generation projects. In this regard, Macheka (2016:1) notes that, 'The refugee agency is ... committed to expanding and diversifying income generating projects to increase the *resilience* of those living in the camp' (italics added), with current activities including piggery, poultry, horticultural and agricultural projects. Other, complimentary programmes

include vocational skills training in computers, sewing, carpentry and brick moulding. One of the largest on-going livelihood programmes at Tongogara is undertaken with the aid of the World Food Program (WFP), the UNHCR and Goal International. This program has seen the provision of some 480 refugee households with farming inputs to grow various crops on plots of irrigated land provided by the Zimbabwean government totalling 25 hectares (Macheka, 2016). There are also some unassisted entrepreneurial initiatives including shoe repairs, bicycle repairs and hair dressing, among others. It is in spite of all these efforts that, as discussed above, poverty in the camp remains widespread and pervasive.

The UNHCR has conducted and published a number of assessments of basic survival issues and schemes to enhance food security, health, safety and livelihoods at Tongogara (UNHCR, 2009, 2011, 2014, 2015), but research interrogating the sustainability and success of these aided income generation activities in relation to ideological underpinnings is yet to be conducted. This is the concern of the following two sections.

A Critical Ethics of Care Perspective for Refugee Protection and Support

Fisher and Tronto's (1990:40) landmark definition of care as 'a species activity that includes everything that we do to maintain, continue and repair our "world", so that we can live in it as well as possible …' remains relevant to date, including the context under discussion in this article. Elaborating an aspect that is important for our purposes here, Tronto (2013) adds that although care manifests as an action of reaching out and expressing support to others, it is also a disposition for all actors in a democratic society. As such, a state's provision of support for its vulnerable members is an act of care, while a government's conviction that it is its democratic responsibility to do so is a disposition of care (Tronto, 2013). In the context of camp-based refugee protection and care, democracy becomes a key value, as one of '…the most essential feature[s] of a camp is the authoritarian character of their administration…' (Oyelade 2006:228), and their residents' 'perspectives' tend to be systematically 'marginalised' (Hugman, Pittaway and Bartolomei (2011:6). Tronto (2013:169) regards democratic life as the 'ongoing practices and institutions in which all citizens are engaged', to which we add Nancy Fraser's (2009:16) 'radical-

democratic' view that to be just, a polity, organisation, or institution must ensure parity of participation, adding that, 'all those who are subjected to a given governance structure have moral standing…in relation to it' (Fraser 2009:65).

Held (2006) describes care as a form of labour but also as an ideal that guides normative judgements and action. Moreover, Fiona Robinson (2010:132) notes that caring manifests at different levels of human interaction 'from nuclear and extended families to local, national and transnational communities', while Koggel and Orme (2010:111) observe that the 'ethics of care perspective has extended its relevance to current issues such as war, poverty and the global economic crisis and other forums of inequalities.' Thus, the concept of care extends from human beings' everyday efforts to meet one another's needs, to the maintenance of communities and institutions in a manner that enables the meeting of human needs. Irrespective of the particular realm of human connection and interaction within which care is located, it always denotes a cluster of both practices and values.

In support of the versatility of care and its increasing application to public spheres, Kolb (2008:803) states, 'the litany of organisational practices that might prove to be natural extensions of the moral impulse to care seems limitless'. Robinson (2018:322) also notes that there is substantial literature on global care practices from the perspective of migration and social policy. Accordingly, Rabben (cited in Nipperess 2017:105) suggests with specific reference to refugee protection and support that, 'giving asylum or sanctuary can be seen as one of the basic manifestations of altruistic behaviour and human morality.' In other words, to care about and to care for strangers seems to be the very basis of sanctuary. The refugee community, just like any community, experiences care dynamics both at the locally specific, thick level such as the day-to-day interaction among refugees and frontline staff in refugee camps and on a broader, thinner and more abstract scale including refugee legislation, government and NGO policy on various aspects of refugee wellbeing. Either way, hosting refugees and committing to ensure their welfare should reveal themselves as both actions and dispositions of care and should be directed towards sustaining 'not just bare life but *all* social life' (Robinson, 2010:132; italics added).

While advocating care as a comprehensive means towards meeting human needs at all these levels, a critical ethics of care asserts that the needs of persons, groups and communities evolve

over time as societies expand their sense of what should be cared for; as demands placed upon care institutions change; and as the particular persons, groups communities and institution of care themselves change. Hence, needs assessment is an intrinsic part of care (Tronto, 2013). A continuous and radically democratic approach to recognising, ascertaining and interpreting needs is particularly relevant in care work with camp-based refugees. This is because the particular vulnerability of refugees is exacerbated by the power differentials noted above, with the effect of 'reinforcing the dependency status' of this group at large (Hugman, Pittaway and Bartolomei 2011:6). In other words, enabling the receivers of care to articulate their needs in their own terms cannot but enhance practices of care in this field.

Although a wide range of traditions and leanings exist among care ethics, all of them disrupt traditional conceptions of what it means to be in either temporary or long-term positions of vulnerability. Gilligan (2013:43) contends that 'we live in a world increasingly alert to the reality of interdependence and the cost of isolation'. Likewise, Tronto (2013:26) contends that, 'to pronounce those previously marked by dependence with a new "independence" distorts reality [in that] it glosses over everyone's condition of interdependency'. For these reasons, Kaya (cited in Minh, Nguyen, Zavoretti & Tronto, 2017:201) concludes that, 'key words such as self-government and self-help render care and wellbeing as internal affairs of communities, deeming those that are supposedly lacking in these qualities as dependent and inferior.' This argument in particular discredits host governments' tendency to deliberately minimise their care obligations to refugees within their borders.

Commenting on governments' general unwillingness to assume, within their territories, equal responsibility for both citizens and non-citizens, Nipperess (2017:105) notes that despite the number of asylum seekers reaching crisis level at a global scale, governments still respond with punitive measures rendering the 'whole context of asylum seeking and reception uncaring.' The danger is that at the very point at which they are likely to experience heightened forms of vulnerability and, consequently, an increased need for particular forms of care, refugees may be faced instead with an expectation to become 'self-reliant' and to sustain such 'self-reliance' in the face of inadequate support and in the absence of an enabling context, while more powerful stakeholders, such as governments and NGOs, absolve themselves of material responsibility.

To the extent, however, to which policies and interventions are based upon a false notion of self-reliance, they risk being unsustainable. Instead, they should be characterised by a propensity to reach out to people and groups facing particular kinds of vulnerability in a continuous and sustained engagement of support, so as to create multidirectional relations of care.

The question arising at this point is how this might be achieved in practical terms. Tronto's (1993, 2013) formulation of care as a practice and orientation comprising five interconnected phases might be instructive. She suggests that care must be seen as a goal-directed practice, which to achieve its ends requires that particular needs for care are recognized; that someone takes the responsibility to ensure that these needs are met in particular ways; that there is direct engagement with the recipients of care, including the physical work required to provide the care; that care recipients respond to indicate the extent to which their needs have actually been met; and that over time, such patterns of care develop that will allow mutual trust and solidarity to develop (Tronto 1993; 2013). Applying this within the context of refugee protection and support, a critical ethics of care requires, thus, that care must not be seen as a unidirectional humanitarian practice in which states, institutions or persons offer assistance to currently vulnerable groups or people (Robinson, 2010). Rather, it means an integrated practice that shifts the focus of attention to the needs, understandings and possibilities of target groups or people as both givers and receivers of care. This is the focus of the next section where we consider how the critical ethics of care's reconceptualisation of vulnerability, its consequent suspicion of such notions as autonomy, independence and self-determination, and its proposition of relationality and interdependence in their place, can inform a critique of the ideological framework underlying the current income generation policies and practices in Zimbabwe's Tongogara camp. It will be on the basis of this ideology critique that we can then proceed, in Section IV, to exploring the relevance of Tronto's ethical qualities of care for social development practice, focusing on income generation projects with camp-based refugees as an important case in point.

Critiquing the Ideological Framework of Income Generation at Tongogara

In Zimbabwe, income generation for refugees falls within broader government efforts to enhance income generation for the marginalised. From both the perspectives of sustainable development

and the critical ethics of care, income generation is entangled with other aspects of social reproduction, such as education, health and nutrition, all of which interact to affect human wellbeing. Thus, Tronto (2013:14) argues that economic activity must not be seen as abstract but in association with health insurance, employment, caring for the elderly and children and other everyday activities which sustain human wellbeing. Asadi, Akbari, Fami, Iravani, Rostami and Sadati (2008:203) also argue that an equitable distribution of income is associated with 'lower crime rates, better health, improved longevity, better educational attainment...'. Thus, poverty has implications for people's access to services such as health and education (Morrisson, 2002:5), whereas a lack of access contributes to poverty. In spite of this co-imbrication of economic development and social reproduction, in this section we continue to focus on aided income generation for sustainable livelihoods. This is because it represents a key concern in developmental social work and social development and, with its orientation towards economic independence as a development objective, makes for an appropriate focal point for a critique from the perspective of a critical ethics of care.

Hall and Mupedziswa (1995:38) contend that in the wake of Zimbabwe's independence in 1980, the government had done all it could to reduce the effects of poverty by encouraging individuals and groups to create income generating projects with the profit ploughed back into communities for further socio-economic development. Sonnert and Gerald (2010:62) state that assisted income generation activities are meant to harness the 'entrepreneurial potential' of refugees in order to help the 'increasing tide of refugees' to become 'self-supporting' by obtaining 'marketable skills' and 'family-supporting incomes' by starting 'sustainable small businesses'. This is part of a perspective on refugee support, which calls for a 'finely pointed aid', apt to respond to the 'creative energy of commercial enterprise' that is realised as people are forced to struggle for survival under new conditions and through new relationships (Watlers, 2008:331). Yet, available research suggests that aided income generation activities, implemented according to this framework to alleviate poverty among specific groups, have not resulted in significant progress in terms of their stated intentions and anticipated results (UNHCR,2016b:6). Niesing (2016:42) notes that this is due to, among other things, poor communication both among beneficiaries and between beneficiaries and donor agencies, gender inequalities and class

differences among participants, conflicting stakeholder motives, nepotism, and difficulties in accessing necessary assets. Departing from the methodological and technical focus of these more implementation-oriented critiques, this section is concerned with exploring the apparent lack of success at the level where ideas are conceived (Green, 2012; Fairclough 2013).

At the time of writing, assistance for camp-based income generation activities at Tongogara was provided on the assumption that refugees are overly dependent on hand-outs and can best achieve 'self-reliance' through donor initiated and directed income generation activities (GOAL, 2015:4; The Jesuit Refugee Service, 2018:17). The particular conception of dependence that guides these interventions is apparent at Tongogara Livelihoods Strategy Plan, which states that, 'provision of 100% assistance over a number of years created dependency which may be difficult to reverse' (UNHCR, 2016b:45). This approach to public and donor-funded support highlights two conceptual problems.

Firstly, framing circumstantial dependency on aid as a propensity to keep receiving it justifies the NGOs' assumption of leadership, resulting in the latter's' disproportionate influence over the nature and procedure of income generation in the camp. Tronto (2013:149) argues that, '...in having needs, dependants are often framed as less than equal'. This, however, risks undermining the recipients' ability to become what they might in fact desire to be, that is, 'planners, initiators and executors' (Kadozo 2009:5) of their own development. As discussed in Section II, most refugees at Tongogara do lack material resources. Yet, research currently conducted by AUTHOR 1 (2019) suggests that they have many other forms of untapped resources, such as knowledge, ingenuity, and a wealth of experience and ideas which, within an enabling environment, can lead to fruition. In the context of what Oyelade (2006:228) describes as the overall 'authoritarian character' of camp administrations and what Kadozo (2009) calls the vertical arrangements in camp-based income generation interventions, it would appear that such non-material resources and capabilities are easily overlooked and disregarded, even when the intention is to unlock refugees' 'entrepreneurial potential'. Not only would this be problematic from a social development perspective, which conceives the income generation process as requiring both substantial support and meaningful partnerships between all stakeholders involved (Lombard & Du Preez, 2004: 232). It is problematic also from the point of view of a critical ethics of care,

which, starting as it does from 'an ontology of relationality and interdependence', would be sceptical of any response to vulnerability that reifies 'particular individuals, groups or states' as either ''victims' or 'guardians'' (Robinson 2010:132).

The second conceptual problem at the centre of the refugee income generation activities conducted at Tongogara pertains to the 'guardians'' expectation that their interventions should result in the 'victims'' 'self-reliance'. Like other care ethicists, Robinson (2010:138) questions the kinds of definition and valuation of dependence as undesirable and independence as a virtue that are implicit in the formulation of 'self-reliance' as a development objective. In their place, she proposes an emancipatory social vision of interdependence. Similarly, Robinson (2010) disputes the apparent desirability of autonomy that is embedded in the term 'self-reliance', arguing that no individual and no social grouping ever enjoy full autonomy, but merely that the vulnerabilities and dependencies of some remain unacknowledged and hidden, while those of others become pathologised (see also Tronto, 2013; Section II above). Following Tronto and Robinsons therefore, we suggest that an ideology, which considers the issue of refugee support as one where refugees are plotted on a continuum ranging from dependent to autonomous, and where interventions are designed to move them along from one end of the continuum to the other, are bound to create a false dichotomy and therefore risks leading the discussion away from, rather than towards, sustainable solutions.

For example, while it is apparent that current income generating projects at Tongogara are aimed at increasing 'autonomy' from the aid upon which refugees are seen to 'depend', the camp's separation by law from the markets, banking and financial services, fellow producers, traders and customers upon which all economic success depends, raises not just moral concerns but also questions around how practical such a goal really is. The problem with the notion of autonomy and its binary opposite, dependence, is that both erroneously attribute misfortune and such vulnerabilities associated with income insecurity and poverty, to individual inadequacy, instead of regarding them in the context of human relationality and interdependence. This is because it risks feeding into xenophobic attitudes that frame refugees as problematic *per se* and thus deserving to be secluded in camps, rather than fellow beings with whom host communities can relate positively and integrate fruitfully (see Kaya, cited in Minh, Nguyen, Zavoretti & Tronto,

2017; Section II above). Less likely is that it will sustainably address the income insecurity and poverty that are so prevalent at Tongogara. Thus, it is somewhat unsurprising that the Jesuit Refugee Service (2018:17) notes that the restricted movement of refugees and their obligation to reside at Tongogara 'hinders beneficiaries of JRS's various skills training programmes from marketing their products outside the camp, limiting their ability to become economically self-sufficient'. A telling illustration is the 'refrigeration group', one of its income generating projects at Tongogara, which, the NGO notes, is 'over-reliant on the refugees in the camp as consumers of their services, and this is affecting sales' (Jesuit Refugee Service, 2018:5). Similarly, GOAL (2015:13) reports that, '...utilisation of the default local camp market is either a result of the lack of surplus production for both crop and livestock enterprises or due to lack of transportation services to external markets.'

The point is that from the perspective of a critical ethics of care, self-reliance and autonomy do not exist; and dependency is a relationship, rather than a property of any particular individual or group. So the question to ask is whether, for what reasons, and for whom, some kinds of interdependence appear more desirable than others. Thus, if the desire among humanitarian agencies is for refugees' dependency on their aid to cease or at least be reduced, then it would be reasonable to start addressing this by facilitating, in its place, greater integration between the inhabitants of the Tongogara refugee camp and the communities among which it is located, as this would create possibilities for mutually beneficial forms of interdependence between them. This might well find the support of the refugees themselves and contribute to good neighbourly relations between the different communities living in the area.

The lack of progress in integrating refugees and allowing better access to resources is often a result of resistance by host governments (UNHCR 2016b). Considered against this background, such resistance might well portray a view in which refugees are regarded as a cost, rather than a group of people who receive and give care. Encampment, as a separatist policy, severs the human connections, which are requisites for sustainable income generation. Conversely, the implication of a critical ethics of care perspective, which regards human interconnections to be an intrinsic feature of all life-sustaining activity, is that care and development are intertwined. The following

section expands on this idea, proposing a conceptualisation of refugee support, which is more consistent with a critical - democractic - ethics of care.

Care for Sustainable Income Generation

If, from the relational perspective of a critical ethics of care, both the idea of dependence and the goal of self-reliance are problematic, and if income generating activities are seen instead as dependant on a web of relations between producers, intended consumers, fellow business persons and others, then they are likely to become more sustainable when planned and implemented within a framework that promotes broader human connectivity. In light of this, we draw, in the following, on Joan Tronto's ethical qualities of care to support our thinking about how a sustainable realisation of refugee income generation might be more achievable. These qualities of care include attentiveness, responsibility, competence, and responsiveness (Tronto, 1993). To be able to apply these qualities to the question of income generation for sustainable livelihoods at the Tongogara camp, we refer, in the following, to refugees as receivers, to aid agencies as providers of care, to receiving aid as receiving care, and to the facilitation of aided income generation projects as caring practices. In using the language of 'receivers and providers of care', our intention is not to reify either, nor to deny the possibility - discussed in Section II - that in different contexts, refugees will be providers of care, while the staff of the aid agencies will also be receivers of care. Instead, it is to acknowledge, firstly, that when members of one group serve as representatives of powerful stakeholders and gatekeepers to resources, which members of the other group need to access in order to be well and survive, power differentials do exist. Secondly, it is to acknowledge that the language introduced by writers on the critical ethics of care provides us with an opportunity to re-conceptualise these power differentials and the hierarchical relationships to which they give rise, with a view to advancing participatory parity between the roleplayers involved.

Tronto (2010:161) notes that institutional care is at risk of 'paternalism, in which caregivers assume that they know better than care receivers'. This risk is even more pronounced in a situation of encampment, a situation that has been described as 'total institutions' (Oyelade 2006:228). Due to the power dynamics inherent in institutions, care receivers' perspectives and

opinions are easily overlooked (Tronto, 1993). Part of this dynamic is that care receivers' vulnerabilities - for example, on account of income insecurity and poverty - are often taken as signifiers of a lacking expertise in relation to the very matters that constitute the vulnerability in the first place. This interpretation then provides a rationale for care receivers' exclusion from decision making (see Tronto, 2010), strengthening in turn caregivers' positions from which they can impose their interpretation of the care receivers' needs (see also Fraser, 1989). The outcome may well be a vicious cycle of increasing domination and subordination between providers and receivers of care, bearing risks of exploitation, mistrust and hostility (see Held 2006). This is why responsiveness - which Tronto (2013:35) defines as the establishment and safeguarding of open communication to allow, encourage and facilitate care receivers' ability to voice their opinions about the care being given - is such a crucial ethical quality.

Responsiveness requires and entails attentiveness to the possibilities of abuse that arise from vulnerability (Tronto, 1993), together with the willingness to remedy and address its root causes whenever it occurs. Thus, Tronto (2010:120) argues that institutions of care 'need to have formal practices to review and evaluate' if they meet their 'caring obligations.' As argued in Section III, social development by means of income generation requires equal partnerships among stakeholders in that equalising stakeholder influence and rendering power relations more transparent and open to contestation are requisites for sustainability. In the context of the Tongogara camp, this means for refugees and donor agencies to relate within more lateral administrative structures, with neither group assuming exclusive leadership over on-going projects. Indeed, equal partnerships and interdependence may well be *the* key juncture at which the critical ethics of care intersects with the sustainable development framework.

Feeling the obligation to respond to a predicament and assuming responsibility is what Noddings (1984) calls the 'ethical ideal'. In Section III, we discussed how the drive to 'autonomise' refugees gives rise to concerns about the conception, targeting and implementation of current income generation support initiatives at Tongogara. Both literary and anecdotal evidence have shown that the Zimbabwean government and its partners minimize material support in order to avert responsibility for a group of people who have been forcibly disconnected from their surrounding communities and subsequently labelled 'dependent'. We therefore propose Tronto's ethical

qualities of 'responsibility' and 'competence' as means to reorienting Zimbabwe's separatist refugee hosting legislation and policy. According to Tronto (1993), responsibility entails that once needs and strengths are identified, someone or some group has to take on the task of meeting those needs, arguing that, in the social development context, the linking of care receivers' strengths to available opportunities.

It is important to note at this point that 'responsibility' as it is used in the ethics of care perspective is a matter of morality. For instance, a government may have no legal obligation to respond to particular needs, but still it can be concluded that it has moral responsibility to do so. Indeed, while there are international and regional refugee welfare conventions, the specific regulations governing refugee support in individual countries are essentially left to their discretion. In other words, individual states have the legal right to determine the level and extent of responsibility they assume towards refugees within their borders. Yet, although governments may not be legally bound to grant certain freedoms (such as free movement) to refugees, Tronto's ethical quality of 'responsibility' looks beyond legislation and makes a moral appeal to governments and policy makers to consider whether their actions or policies (or lack of) may in fact have aggravated the suffering of the population sect in question (Tronto, 1993).

Despite the Zimbabwean government repeatedly affirming its commitment to refugee wellbeing, it has fallen short of the actual action required to enable and enhance sustainable income generation among refugees. Action in this instance entails allowing freedom of movement, facilitating - rather than preventing - connection between members of different communities, and enhancing access to human, natural and financial resources. Despite lobbying by various NGOs, the government has not yet taken substantial steps in any of these respects. In the face of government reluctance, we propose Tronto's ethical quality of competence. Tronto (1993:133) states that 'competence' refers to the actual work for which one has accepted responsibility. Competence is central because accepting the responsibility to provide care but then doing so in a manner that is inadequate, ultimately leaves the need for care unmet (Tronto, 1993:2013). Similarly, van Hoof (cited in Hugman 2004:71), argues that, 'an ethics of care can only be achieved through action'. Yet, Tronto (1993:134) observes that, 'in large bureaucracies, a type of care with no concern about the outcome or end result seems pervasive', noting that it is common in

bureaucratic organisations to have caregivers commit (on paper) to specific goals only to provide support that is inadequate to produce the intended outcome. The aided income generation activities at Tongogara serve as a case in point.

In other words, 'competence' as an action-oriented ethical quality should translate into genuine political will to reconsider and effect what may be necessary reforms in refugee support: if both government and NGOs were to rethink their understandings of autonomy, dependency and the elusive goal of refugee 'self-reliance', the sustainability of income generation at Tongogara might be well-enhanced.

Conclusions and recommendations

In this article we critiqued Zimbabwe's refugee policy and practice context, with a focus on the ideological underpinnings of the income generation activities undertaken in the Tongogara refugee camp. We found that within current forms of aid, notions of autonomy and self-reliance serve to justify and sustain unequal power relations between refugees as receivers and aid agencies as providers of care. We demonstrated how this serves, firstly, to cement refugees' status and negative label as 'dependent' on aid while, secondly, drawing attention away from how the context of encampment prevents these interventions from having any chance of success. Against this, we posited the need to critically interrogate what kinds of interdependence are desirable and in the interest of democratic, caring relationships. As all caring relationships are characterised by unequal power relations, we argued that these need to be acknowledged openly, in conjunction with a shared commitment to equal participation, in a partnership towards agreed-upon goals. Through the qualities of attentiveness, responsibility, competence, and responsiveness, the critical - democratic - ethics of care provides an apt framework within which income generating activities can then evolve into sustainable livelihoods. The latter must extend beyond meeting the most basic needs to ensure the restoration of human relationships, previously severed by displacement. It should, furthermore, utilise the strengths and capabilities that refugees have brought to, honed and further acquired while living in the camp.

Dependency is a relationship and unless there is substantial integration between the refugees at Tongogara and their surrounding communities, in accordance with the notion of interdependence, income generation at Tongogara will remain at, or below, subsistence level. Thus, for the Tongogara camp to foster a caring context for human wellbeing, policies which govern refugee support and practices by which it is dispensed should be reconsidered. We acknowledge that in the current Zimbabwean socio-economic and political context, it would be reckless to abolish the encampment of refugees while the aid currently provided is necessary to ensure even basic survival. However, within the framework of a critical ethics of care and the radical-democratic practices for which it calls, it should be possible to facilitate the progressive relaxing of restrictions and eventual dissolution of the camp, with a view to refugees' socio-economic integration. Initial, concrete steps towards this end should include, at the very least, allowing refugees increasing access to markets, financial services, and networking opportunities.

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