

## Psychosocial Needs and Coping Strategies of the Displaced Community of Tokwe-Mukosi

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### Abstract

*This qualitative study investigated the psycho-social challenges and basic physical needs of individuals displaced by the Tokwe- Mukosi dam disaster. Fourteen participants, evenly split between genders, were purposively sampled from Nuanetsi in Mwenezi and the Chingwizi transit camp. Using a qualitative exploratory descriptive design, the researcher employed semi-structured interviews to gather data on pre-evacuation, evacuation, and post-evacuation experiences. Thematic analysis was utilised to identify key themes from the transcribed interviews. Findings revealed that the displaced individuals faced significant challenges, including loss of economic resources, water, and housing, leading to feelings of vulnerability, marital issues, and fear. Coping strategies utilised by the community of Tokwe-Mukosi included the social support, coping as a family, acceptance of fate, optimism and alcohol use in trying to adapt to the situation. The paper highlights the urgent need for psychological support and government involvement in disaster preparedness plans to aid recovery and resilience among the affected populations.*

**Keywords:** Tokwe-Mukosi, displacement, psycho-social needs , coping strategies, disaster

### Introduction

In recent years, the number of forcibly displaced populations has risen dramatically. Global forced displacement, which includes refugees, internally displaced persons (IDPs), and asylum seekers, reached 65.5 million in 2016 (UNHCR, 2016). This figure increased to 70.8 million in 2018 (UNHCR, 2018) and continued to grow, reaching 79.5 million displaced individuals worldwide in 2019 (UNHCR, 2019). The Tokwe-Mukosi dam disaster in early 2014 serves as a stark reminder of the significant impact that natural disasters could have on communities. Heavy rains and subsequent mudslides resulted in the evacuation of approximately 2500 families, disrupting their lives and causing substantial material and emotional losses. The United Nations Children Fund (2014) reported that about 26% of affected households were relocated, yet many remained in temporary shelters, facing dire conditions. This study sought

to explore how these individuals experienced their displacement and the psychological effects that ensued. The research was guided by the following objectives:

- i) To establish the reasons for displacement of the Tokwe-Mukosi residents
- ii) To explore and identify the key psychosocial needs of the displaced individuals from Tokwe-Mukosi
- iii) To examine coping strategies employed by the displaced community in response to their circumstances,
- iv) To explore emotional impacts of displacement on individuals

## **Literature review**

### **Reasons behind displacement of people**

The psychosocial needs and coping strategies of displaced communities are profoundly shaped by the socio-economic and political challenges they face. Events such as the Tokwe-Mukosi Dam disaster lead to significant social distress, adversely affecting both livelihoods and mental well-being. Notably, the Tokwe-Mukosi displacements starkly highlighted Zimbabwe's deficiencies in disaster preparedness, suggesting that the country has been increasingly vulnerable to displacements in recent years. Hove (2016) argues that the flood victims of Tokwe-Mukosi effectively became victims of the state due to the Zimbabwean government's failure to provide adequate support following the disaster. However, this perspective is disputed by the International Peace Institute (as cited in Chendume (2016)), which avers that "no country is immune from the forces of nature". Nonetheless, the Zimbabwean government's response to the needs of those displaced by the Tokwe-Mukosi floods has been widely perceived as inadequate (Human Rights Watch, 2015; OCHA, 2014).

Forcibly displaced individuals encounter trauma stemming from war, natural disasters, and human rights abuses, in addition to issues such as family separation, food insecurity, inadequate shelter, and health risks (Sahin et al., 2021). Historical examples in Zimbabwe, such as the construction of Lake Kariba and the Osborne Dam, further underscore the enduring impacts of forced relocation. Approximately 57,000 Tonga people were displaced with minimal compensation, disrupting their traditional lifestyles (Terminski, 2013).

Various classifications have been employed in studies, including internal displacements (Mooney, 2005), climate-induced displacements (Cohen & Bradley, 2010), dam-induced displacements (Terminski, 2013), development-induced displacement (Smith, 2001), and

mining-induced displacement (Downing, 2003). Nonetheless, these classifications are generally linked to the underlying causes of displacement. The Tokwe-Mukosi displacements can be categorised as disaster-induced displacements. Rusvingo (2014) identifies the Tokwe-Mukosi displacements as disaster-induced, particularly following the Zimbabwean government's declaration of the floods as a national disaster in February 2014.

The Osborne Dam project, for instance, relocated about 700 families to remote areas without offering future benefits (Chiri, 2011; Nhodo et al., 2020). Similarly, the Gwayi-Shangani Dam project displaced communities without providing any direct advantages (Chiri, 2011). While existing literature addresses specific displacement cases, there remains a notable gap in comprehensive studies that examine the cumulative socio-economic effects of various dam projects in Zimbabwe. Furthermore, qualitative accounts of the experiences of displaced individuals are often lacking, thereby limiting our understanding of their challenges.

### **Psychosocial needs**

Displaced individuals frequently endure heightened stress and trauma, which could result in post-traumatic stress disorder (PTSD). Sandhya (2024) emphasises the urgent need for mental health interventions to address these challenges. The emotional consequences often include anxiety and depression, highlighting the importance of comprehensive mental health care.

Social support systems are vital for fostering resilience, as they provide essential emotional and practical assistance (Nhodo & Ojong, 2023). In the absence of these supports, displaced persons may experience isolation and distress. Jayakody et al. (2022) observe that inadequate access to basic necessities such as housing, food, and healthcare further exacerbates insecurity and marginalisation. The lack of suitable relocation sites has led to human rights violations, intensifying feelings of insecurity and loss (Chendume & Tarisayi, 2023).

Moreover, there is a significant deficiency in adequate mental health services, with many individuals unable to obtain the necessary support (Bader et al., 2009). The focus on physical needs often overshadows mental health, resulting in unmet psychosocial requirements (Kaiser et al., 2020). Conversely, while the emphasis on mental health is crucial, some argue that immediate physical needs, such as shelter and food, should take precedence in humanitarian responses, as these are foundational for any subsequent psychosocial support to be effective.

### **Coping strategies**

Despite facing considerable challenges, displaced individuals exhibit impressive resilience through various coping strategies. Nhodo and Ojong (2023) emphasise the emergence of new local institutions that promote community support and resilience. The community engages in

collective efforts to address their needs, fostering a sense of solidarity and shared purpose (Nhodo & Ojong, 2023). Conversely, while local coping strategies are vital, the overarching lack of state support and inadequate housing solutions can hinder long-term recovery and resilience, perpetuating cycles of vulnerability and marginalisation (Jayakody et al., 2022). These institutions assist individuals in collectively addressing their challenges and strengthening social ties. Due to resource scarcity, many displaced people adapt their livelihoods by moving from traditional income sources to alternative survival methods like market gardening (Chendume & Tarisayi, 2023). Participation in community activities and maintaining social connections help alleviate the psychological effects of displacement, as noted by Salihu et al. (2024). However, there is a noticeable lack of empirical research assessing the long-term effectiveness of these coping strategies and how cultural factors shape them in diverse displaced communities.

### **Emotional impacts of displacement**

The emotional consequences of displacement are significant and complex, often leading to PTSD, anxiety, and depression. Bodvarsdottir and Ellikit (2004) noted that survivors of the Iceland earthquakes experienced high rates of PTSD, highlighting the lasting psychological effects of such disasters. Similarly, Sandhya (2024) opined that displaced individuals experience heightened levels of stress and trauma, often leading to post-traumatic stress disorder (PTSD). The construction of the dam led to the disintegration of family ties and cultural values, further intensifying feelings of loss and grief among the displaced (Mutangi & Mutari, 2014). The reliance on local institutions for support highlighted the emotional strain and the need for community resilience in the face of marginalisation (Nhodo & Ojong, 2023).

Conversely, while the emotional impacts of displacement are predominantly negative, some individuals may find new opportunities for community building and resilience through collective action and support networks, which can foster a sense of agency amidst adversity. This review focuses on the psychosocial needs of displaced individuals, their coping strategies, and the emotional ramifications of displacement. However, existing studies often overlook the differences in emotional impacts across demographics like age, gender, and socio-economic status. Moreover, longitudinal research tracking the emotional health of displaced individuals over time could yield important insights into the enduring effects of displacement.

## **Theoretical framework of disaster literature**

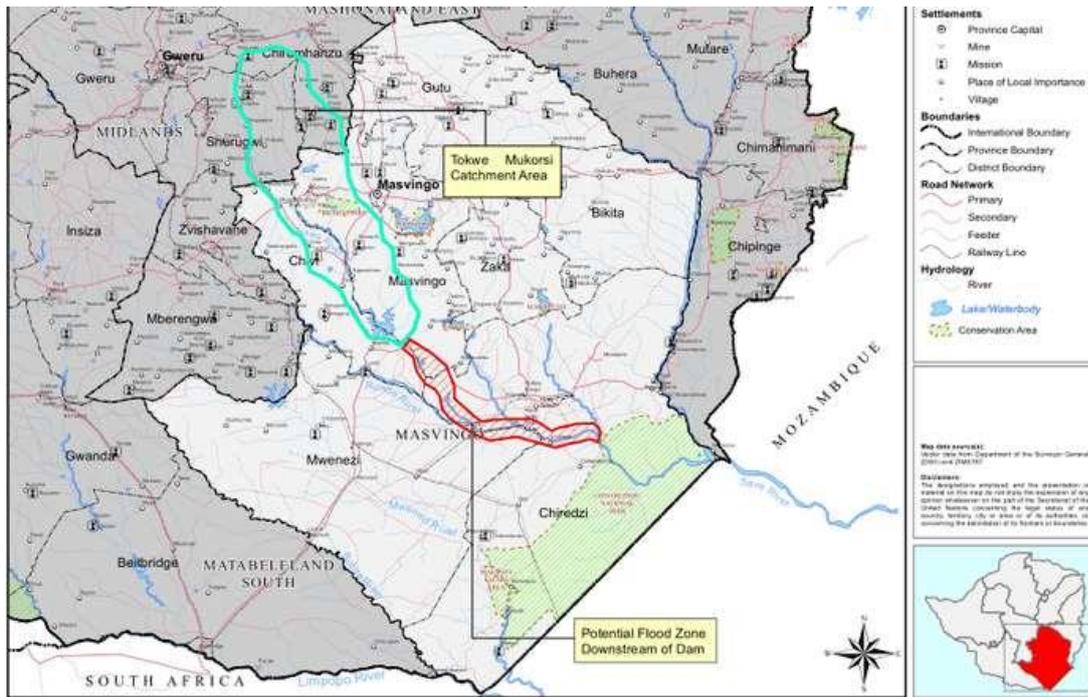
Farberow (1978) identified four emotional phases individuals experience after a disaster: heroic, honeymoon, disillusionment, and reconstruction. Understanding these phases could guide effective mental health interventions and community support strategies in the aftermath of a disaster. These phases are also crucial for understanding family reactions and coping strategies in the Tokwe-Mukosi community.

In the heroic phase, community members were engaged in altruistic efforts to save lives and property, fostering strong communal bonds. The honeymoon phase, lasting from one week to six months, saw the community unite in hope and shared experiences, enhancing resilience. However, the disillusionment phase, lasting up to two years, brought disappointment as promised aid faltered, potentially weakening communal ties. Finally, the reconstruction phase encouraged individuals to take responsibility for rebuilding their lives, promoting renewed unity and emotional support.

By linking Farberow's emotional phases to the experiences of the Tokwe-Mukosi community, we can better understand their psychosocial needs and coping strategies. Each phase provides valuable insights into the emotional landscape of displaced individuals, highlighting the importance of community support, mental health interventions, and realistic expectations in the aftermath of a disaster.

## **Methodology**

The study employed an exploratory descriptive research design to investigate the challenges and coping strategies of displaced individuals from Tokwe-Mukosi. This design was chosen for its flexibility in examining various aspects of the participants' experiences. A purposive sampling method was used, involving fourteen participants aged 25 to 90, who were primarily from professional backgrounds such as farming, teaching, trading, building, and fishing. The participants were evenly split between males and females. Semi-structured interviews were conducted, with the interview instrument initially developed in English and translated into Shona. The interview guide covered pre-evacuation, evacuation, and post-evacuation experiences. Ethical clearance was obtained, and participants provided informed consent, ensuring confidentiality and clarity regarding data handling. Thematic analysis was employed to identify and group the data into meaningful themes and subthemes. Figure 1 shows the map of Tokwe-Mukosi.



**Figure 1: The map of Tokwe-Mukosi**

Source: UN Office for the Coordination of Humanitarian Affairs (2014)

## Findings

### *Reasons for displacement of Tokwe-Mukosi*

The displacement of the Tokwe-Mukosi community exemplifies how natural disasters and human actions could dramatically disrupt lives. Severe flooding from heavy rains devastated their homes and uprooted many residents, exposing their vulnerability to environmental changes. Additionally, government decisions regarding forced evacuations intensified the crisis. Many individuals shared their painful experiences, highlighting the combined effects of natural calamities and man-made policies on their situation.

### **Natural disasters as a primary cause of displacement**

#### *Flooding*

A 38-year-old female participant shared:

“I woke up, my house now full of water and it looked like a swimming pool. I thought it was a dream but it was real. The floods had been caused by the heavy rains.”

#### *Nature's power*

A 50-year-old male teacher recounted:

“We were left shocked, but we could do nothing; it was a disaster at level 12. We were not anticipating such catastrophic results, but we can’t stop nature.”

### **Government role and accountability**

#### ***Man-made displacement***

A 56-year-old widow recounted:

“In March 2014, I saw people rushing with their belongings. Our community had earlier refused to leave, but the government sent troops, and we were forced out of the village.”

She further reflected on the abruptness of the relocation:

“We did not know that one day we would be displaced because of that peg made by the government”.

### **Psychosocial needs of the displaced individuals from Tokwe-Mukosi**

#### **Loss of economic resources**

Participants reported significant losses in livelihoods, including property, crops, and financial stability. This economic strain heightened feelings of vulnerability and anxiety about the future. Participants described severe food and housing insecurity following the floods. A 39-year-old woman from Zunga village shared her despair:

“The floods came and destroyed all what I considered basic... I was left insecure, crying... What were they going to eat?”

She highlighted her distress over losing everything except the lives of her children.

#### **Health insecurity**

The lack of adequate health facilities left residents vulnerable to diseases, particularly cholera. A 78-year-old headman reported that, “*A lot of people died of cholera at Chingwizi especially children.*” He noted the inadequacies of local clinics, stating, “*Most of the clinics just give injections... there are no proper toilets.*”

#### **Water and housing insecurity**

Many participants lost access to clean water and adequate housing, leading to further health risks and instability in their living conditions. A 25-year-old woman lamented:

“When we lived at Tokwe-Mukosi, we could easily fetch water... Now it is different; the place is not habitable, water that is available is salty.”

A father of four described the struggles at the camp:

“A lot of trucks filled with water from UNICEF came... After many hours of waiting, you could only get 5 litres... Sometimes we sacrifice having a bath because there is no water.”

### **Financial insecurity and marital problems**

Many participants reported financial instability due to the loss of property and livelihoods. A former fisherman lamented the loss of his source of income after being displaced from the dam. Farmers who once thrived on agriculture found themselves without land. A 57-year-old farmer expressed despair, saying:

“I’m left with nothing that marks my humanity. Promised compensation has not materialised. My cattle have died or were lost during evacuation, and we urgently need financial assistance to rebuild our lives.”

At Nuanetsi Ranch, a 35-year-old woman observed an increase in marital issues, saying:

“We have seen many marriages breaking down here due to infidelity. One neighbour was caught sleeping with a young girl, and it’s clear this place fosters immorality.”

A 28-year-old builder added that poverty led to frequent arguments with his wife, especially over food, stating:

“Life is hard; if we were given plots of land, it might ease family tensions. Without help, many couples will divorce, often staying together only for the children.”

### **Destruction of property and resources**

One widow continued:

“Those who were building the dam began to let the water out, which caused us to be relocated because our houses, cattle kraals, and our farming plots had been washed away.”

### ***Educational Disruption***

The headmaster expressed his concerns:

“I was now anxious about being transferred to a school I imagined with new people. Were they going to understand me?”

### **Coping strategies**

The victims of Tokwe-Mukosi employed various coping strategies, including social support, resilience, acceptance of fate, family unity, alcohol use, and optimism. These strategies were essential for adapting to the challenges they faced during the impact, evacuation, and post-evacuation phases.

### ***Social support***

Many participants highlighted that social support was the most crucial strategy for adapting to the challenges of displacement. This support came in various forms, including tangible resources like food, clothing, tents, transportation, and drinking water. Intangible support included emotional comfort and uplifting messages from churches. Out of 14 individuals interviewed, eight favoured social support.

A 70-year-old widow noted how social support was vital:

“Transport provided by NGOs and the Red Cross helped us move from flooded areas to relief camps. I am grateful to fellow Zimbabweans who united to offer food aid and tents for shelter against bad weather during the rainy season. The churches also provided emotional comfort that instilled hope in us.”

A 34-year-old male trader reflected:

“I lost my house, cattle, and customers. For three months, I felt dead inside. However, the Roman Catholic Church came to our aid with food, water, and emotional support. Their prayers transformed my mindset, helping me and my family recover gradually. A group of musicians also sang songs that inspired us; I can now laugh with my family and neighbours.”

A female participant addressed a sensitive issue:

“We are thankful to the group from Bulawayo called the Makosi Extra for bringing us sanitary pads. Life was tough; some had resorted to using tree leaves.”

### **Resilience**

The study found that participants demonstrated resilience, largely due to their personalities and socialisation, with religion playing a significant role in teaching them to endure tough situations. A 40-year-old former farmer stated:

“If you don’t work hard here in Chingwizi, poverty will worsen. My father taught me to be strong, and I must ‘sweat blood’ to provide for my family. The Tokwe=Mukosi floods challenged us to be strong. As a Christian, I believe we must be resilient in difficult times.”

A 34-year-old single mother echoed this sentiment:

“As a single woman, I must be strong. Sometimes, I have to act like a man. When we received food rations, some tried to take them from us, but I stood my ground. I learned to be tough during my time as a trader in Tokwe=Mukosi.”

### *Coping as a family*

The research highlighted that individuals with extended families coped better during difficult times. Families offered both emotional support and practical aid like food, shelter, and transportation. One female respondent shared:

“With my mother-in-law and my husband’s younger brother, we helped each other transport food, belongings, and livestock when the disaster struck. Being part of a family reduces panic compared to facing the situation alone. Here in Chingwizi, we are united and share our experiences, providing comfort to one another.”

### *Alcohol use*

In challenging times, some respondents turned to alcohol as a coping mechanism. They argued that drinking provided an escape from their problems. A 70-year-old man remarked:

“Don’t judge people for drinking beer; it’s a way to cope. We are fortunate to have a businessman selling beer for just two dollars. When we drink together, it lifts our spirits and helps us comfort one another.”

### *Accepting fate*

Five participants expressed that they felt powerless against the floods and had no choice but to accept government evacuation orders. An elderly woman with poor eyesight stated:

“They left us here to suffer in Chingwizi. What can we do? Nothing! Can we force them to help us if they refuse? We will survive with what we have, and if we die, that’s the end.”

Two women mentioned their desperation:

“We had to use tree leaves as sanitary pads because we couldn’t afford cotton wool.”

### *Optimism*

When asked about their future, many participants expressed hope. A male trader stated:

“If God allows me to live, I know all this will pass, and I will have my own place again. I lost my house and belongings, but I will work hard to acquire something better.”

These coping strategies reflect the resilience and adaptability of the Tokwe Mukosi community in the face of adversity.

## **Emotional impacts of displacement on individuals**

### *Trauma and loss*

The teacher described how the floods left a painful mark on him:

“I was pained to see my four-roomed house left submerged in water.”

This aligns with Bodvarsdottir and Ellikit's (2004) findings that survivors of natural disasters, such as the Iceland earthquakes, often suffer high rates of PTSD, indicating a deep-seated psychological toll that extends beyond the initial event.

### ***Shock and disbelief***

Another participant, reflecting on the aftermath, stated:

“Imagine being forced to flee from your original place to another place you don’t know because of a natural disaster. I thought that was the end of me.”

### ***Bereavement***

The displacement experienced by the community not only led to food shortages, but also resulted in the loss of lives, particularly among the young. A 58-year-old widow, who was a farmer and had two children, tragically lost her youngest child, a 5-year-old, due to a snake bite. She expressed that her daughter was her only source of comfort, and seeing her picture brings her to tears. Nevertheless, as a Christian, she finds solace in surrendering her troubles to God.

A 28-year-old builder recounted the loss of his uncle, who died as a result of violence at Chingwizi. He stated:

“I lost my uncle, my only relative. He was injured during a stampede at Tokwe-Mukosi when a large group protested against the camp officials. Despite my help in getting him to the hospital, he did not survive. I still feel bitter about his painful death; it lingers in my memory.”

Another respondent, a 56-year-old man, shared a heart-breaking experience:

“The flood came and washed away the graves of our loved ones. Whenever I look at this lake, I think of my father, mother, and wife. I will never be able to visit their graves again.”

### ***Anticipation and uncertainty***

#### ***Fear of the future***

Participants shared their worries about future displacements:

“We were given a warning to seek transfer letters all of us. I was scared of what was to come.”

## **Discussion**

### **Reasons for displacement**

The Tokwe-Mukosi Dam disaster illustrates how natural disasters act as primary catalysts for displacement. Participants described the sudden and devastating effects of flooding, with one

woman recalling, “When I woke up, my house was now full of water”. This echoes Sahin et al. (2021) who reflect on the immediate destruction and subsequent human psychological turmoil after a disaster,

A 50-year-old teacher noted the overwhelming nature of the disaster, aligning with Hove’s (2016) assertion of inadequate disaster preparedness in Zimbabwe. The role of the Zimbabwean government is crucial, as illustrated by a 56-year-old widow who recounted being forcibly displaced: “the government sent troops, and we were forced out of the village.” This highlights the inadequacies and coercive nature of governmental responses, consistent with findings from Human Rights Watch (2015). The disconnect between government actions and the realities faced by displaced individuals underscores systemic failures in disaster management. Furthermore, the historical context of displacements, such as those caused by Lake Kariba, emphasises the long-term impacts and the challenges of rebuilding lives without adequate support.

### **Psychosocial needs of displaced individuals**

The psychosocial needs of individuals displaced by the Tokwe-Mukosi disaster reveal profound vulnerabilities, particularly concerning economic, health, and housing insecurities. Participants reported significant losses in livelihoods, which heightened feelings of anxiety and instability. A 39-year-old woman articulated her despair over food insecurity and the loss of basic resources, reflecting findings by Jayakody et al. (2022) that inadequate access to necessities exacerbates marginalisation and distress. Health insecurity, highlighted by a 78-year-old headman’s account of cholera outbreaks, underscores the critical need for adequate healthcare facilities, aligning with Sandhya’s (2024) emphasis on mental health interventions. The lack of clean water and adequate housing further compounds health risks, as demonstrated by a 25-year-old woman’s lament about the uninhabitable conditions post-displacement.

Financial instability has also led to an increase in marital problems, with participants indicating that poverty fosters tension and infidelity, mirroring insights from Nhodo and Ojong (2023) on the importance of social support systems for resilience. The destruction of property, as noted by a widow, illustrates the lasting impacts of forced relocations, while educational disruptions create additional anxiety for families, as shared by the headmaster. Overall, these findings align with literature indicating that the absence of social supports and mental health services can exacerbate the trauma experienced by displaced individuals (Bader et al., 2009; Kaiser et al.,

2020). The need for a balanced approach that prioritises immediate physical needs while integrating mental health support is crucial for effective humanitarian responses.

### **Coping strategies**

The coping strategies employed by the Tokwe-Mukosi victims reflect their resilience and adaptability in the face of adversity. Participants identified social support as crucial, with many relying on tangible resources and emotional comfort from churches and community groups, echoing Nhodo and Ojong (2023) on the importance of local institutions in fostering solidarity. Resilience, shaped by personal and religious beliefs, was evident in statements from individuals determined to endure hardships, aligning with the literature on coping mechanisms in crisis situations. However, while local strategies are vital, the overarching lack of state support can hinder long-term recovery, perpetuating cycles of vulnerability (Jayakody et al., 2022). The reliance on alcohol for coping, as noted by some participants, highlights the psychological toll of displacement. Acceptance of fate emerged as a common sentiment, illustrating a sense of powerlessness that can undermine resilience. Optimism about the future, despite current challenges, reflects a hopeful outlook, consistent with findings by Salihu et al. (2024) that maintaining social connections is crucial for psychological well-being. Yet, there remains a gap in empirical research evaluating the long-term effectiveness of these coping strategies across diverse displaced communities.

### **Emotion impact of displacement**

The emotional impacts of displacement on individuals from Tokwe-Mukosi are profound and multifaceted, encompassing trauma, loss, shock, and uncertainty. Participants' accounts reveal deep psychological scars, aligning with Bodvarsdottir and Ellikit (2004), who noted high rates of PTSD among natural disaster survivors. The loss experienced by individuals, such as the widow mourning her child, exemplifies the bereavement and grief that intensify feelings of helplessness. Fear of the future further compounds these emotional struggles, echoing Sandhya's (2024) findings on the heightened stress and trauma faced by displaced individuals. The disruption of family ties and cultural values, as noted by Mutangi and Mutari (2014), exacerbates these emotional challenges. Conversely, some participants find opportunities for resilience through community support networks, which can foster agency amid adversity.

Farberow's (1978) theoretical framework therefore highlights the emotional phases experienced post-disaster, illustrating how communal bonds can shift from the heroic and honeymoon phases to disillusionment as aid falters. Understanding these phases is critical for developing effective mental health interventions that address the evolving psychosocial needs

of displaced individuals. Overall, while the emotional consequences of displacement are predominantly negative, community resilience plays a vital role in facilitating recovery and rebuilding lives.

## **Conclusion**

The findings from the Tokwe-Mukosi community reveal a complex interplay of factors contributing to displacement, including severe flooding and forced evacuations. The emotional impacts are profound, with participants experiencing trauma, loss, and uncertainty about the future. Many reported significant economic and health insecurities, exacerbating their vulnerability. Coping strategies such as social support, resilience, and family unity emerged as vital for navigating these challenges. However, issues like financial instability and marital problems also surfaced, indicating the multifaceted nature of their struggles. Overall, these results underscore the urgent need for targeted interventions to address both the immediate and long-term needs of displaced individuals.

## **Recommendations**

**Enhanced psychological support:** Stakeholders ought to establish mental health services within disaster response frameworks to address the psychological needs of displaced individuals.

**Community resilience programmes:** Community support networks ought to promote resource sharing and emotional support among survivors.

**Training for disaster responders:** Disaster response teams must be equipped with training in mental health first aid to better address the emotional needs of affected populations.

**Research and policy development:** The academia must undertake further research into the long-term psychological impacts of displacement to inform policy and improve disaster preparedness strategies.

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