

Profiles and needs of caregivers and children on the move in Tunisia

Tunisia hosts more than 6,000 refugees and asylum seekers¹ and an estimated 59,000 foreign residents.² This snapshot focuses on the caregivers among this population,³ and sheds light on the profiles of refugee and migrant caregivers⁴ in Tunisia; the parental or other relationships and care arrangements with the children under their care; their level of access to, and needs for, assistance and services related to the children under their care; as well as their perception of the protection risks faced by children on the move. This snapshot is produced as part of a research partnership with the United Nations High Commissioner for Refugees (UNHCR) focusing on children and youth on the move along the Central Mediterranean Route.

Key findings

- Almost half (48%) of the interviewed refugee and migrant caregivers were travelling and/or living with one child only.
- 92% of respondents reported being the sole caregiver.
- 32% were travelling with at least one child who was not their son/daughter.
- Informal caretaker arrangements (caregivers who were not parents, grandparents, stepparents or legal guardians) were often temporary, until the legal guardians of the children took them back (14/28) or until the caregivers reached their destination (9).
- 63% of caregivers indicated that children under their care were not accessing any form of education or early childcare services.

1 UNHCR, 2022. [UNHCR Tunisia Data Portal](#)

2 This figure comes from the 2021 "National Survey on International Migration" conducted by the Tunisian National Statistics Institute (INS) and the National Observatory on Migration (ONM) and is likely an under-estimation given that unauthorized migrants are largely a hidden population. Foreign residents are defined as "all who either have been in Tunisia for 6 or more months or who intend to stay for a duration of at least 6 months, regardless of their regular/irregular status".

3 Among 3,772 4Mi respondents interviewed in Tunisia between February 2021 and September 2022, 16% were travelling or living with children under their care.

4 A caregiver is someone who provides daily care, protection and supervision of a child. This does not necessarily imply legal responsibility or a biological relationship.

- Caregivers most often identified healthcare (79%) and psychosocial support (69%) as current needs for their children.
- Girls and boys are perceived to be at risk of forced work, detention and harassment/insults in Tunisia.

Data and profiles

This snapshot draws on 100 quantitative 4Mi surveys conducted with adult refugees and migrants in Tunisia between July and October 2022, who were travelling or living with children under their care at the time of the interview. The majority of respondents (also referred to as caregivers) were interviewed in Sfax (76%), while some were in Médenine (18%) and others in Zarzis (Médenine) (3%) or other locations (3%). As per 4Mi's targeting strategy, all respondents had arrived in Tunisia less than two years prior to interview. Specifically, 21% had been in Tunisia for less than 6 months, 20% had been in Tunisia between 6 months and one year and 59% between one and two years.

59% of respondents were men and 41% were women. The majority (77%) were aged between 25 and 34; only 3 respondents were aged under 25 and 20% were aged 35 or older. Respondents' top countries of nationality included Sudan (47%), Guinea (13%), Eritrea (9%), Cameroon (8%) and Libya (4%), which is aligned with the top refugee groups in Tunisia, coming from North and Sub-Saharan Africa, registered by UNHCR.⁵

94% (n=94) of respondents cited that they had not reached the end of their journey. Preferred destinations included Canada (23), France (21), the United Kingdom (8), the United States of America (7), Belgium (7), Switzerland (6) and other destinations (24). Just over a quarter of respondents (27%) reported that they would have chosen another destination if they were not travelling with children.

5 UNHCR, 2022. [UNHCR Tunisia Data Portal](#).

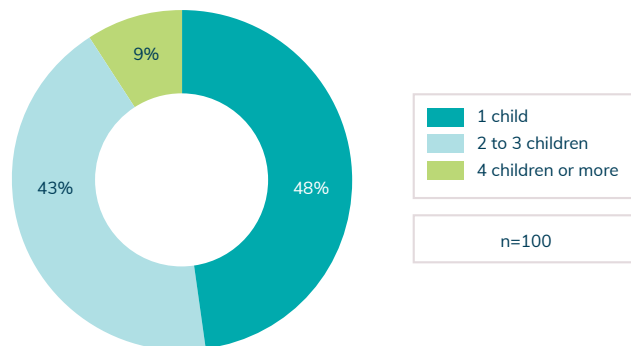
Close to all respondents were sole caregivers

92% of respondents were sole caregivers, which suggests an increased vulnerability for the caregiver and their children along the route. Most (80%) had a source of income at the time of interview. Among those with a source of income, the majority had more than one source of income: most were receiving money from family/relatives (64/80) or working (60), while others were begging (3) or received support from organizations and civil society (4).

Half of caregivers were travelling/living with one child under their care

Almost half (48%) of interviewed caregivers were travelling/living with one child. 43% were travelling/living with two to three children, and 9% with 4 or more children (Figure 1). It was more common for men to have one child under their care (32/59) than it was for women (16/41). Accordingly, a higher proportion of women (25/41) had two or more children under their care, compared to men (27/59).

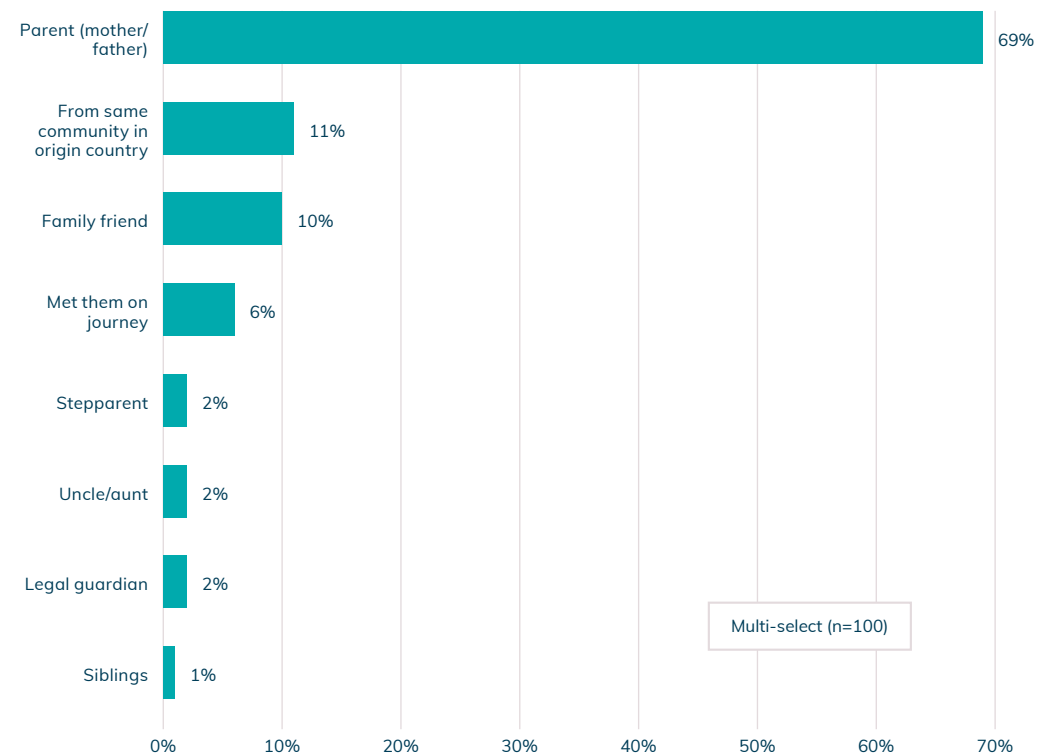
Figure 1. How many children are currently under your care?



One-third of respondents were travelling with at least one child that was not their son/daughter

Out of the 48 caregivers who were travelling/living with one child, 27 reported being their parents.⁶ Overall, caregivers were the parents of at least one child with whom they were travelling/living in 69% of the cases. 32% of respondents had other relationships with at least one of the children under their care, describing themselves as from the same community (11%), family friends (10%), someone they had met on the journey (6%), uncles/aunts (2%), stepparents (2%), legal guardians (2%) or siblings (1%). The kinds of relationships reported were similar for men and women.

Figure 2. What is your relationship with these children?



⁶ Relationships were self-reported by respondents and the research team did not ask respondents to qualify whether any self-identified family ties were biological.

Some care arrangements develop along the route and are temporary in nature

43% of interviewed caregivers had started their journey with the children under their care, while others reported the child/children were born during the journey (37%), took responsibility for the children at some point during the journey (20%) or after arrival in Tunisia (11%). Among respondents who reported children were born during the journey (n=37), close to all were sole caregivers (35/37).

Among the 28 caregivers who were not parents, stepparents, grandparents or legal guardians, half indicated that the current care arrangement was intended to last until their legal guardians take them back (14/28), or until the caregivers reached their destination (9). For others, the current care arrangement was intended for the duration of the journey (2), for as long as they were in the current city/country (1) or did not know (2).

More than half of children were not accessing education due to finance, knowledge and service constraints

37% of caregivers reported that children under their care were attending some sort of education or early childcare service in the location of interview in Tunisia, most often an informal service. Among these (n=37), respondents indicated their children were attending informal primary/secondary school⁷ (21), informal daycare (12), formal primary/secondary school (3), formal daycare (2), vocational training (2) and Koranic school (1). Among Eritrean respondents (1/9), access to education or childcare services was less often reported.

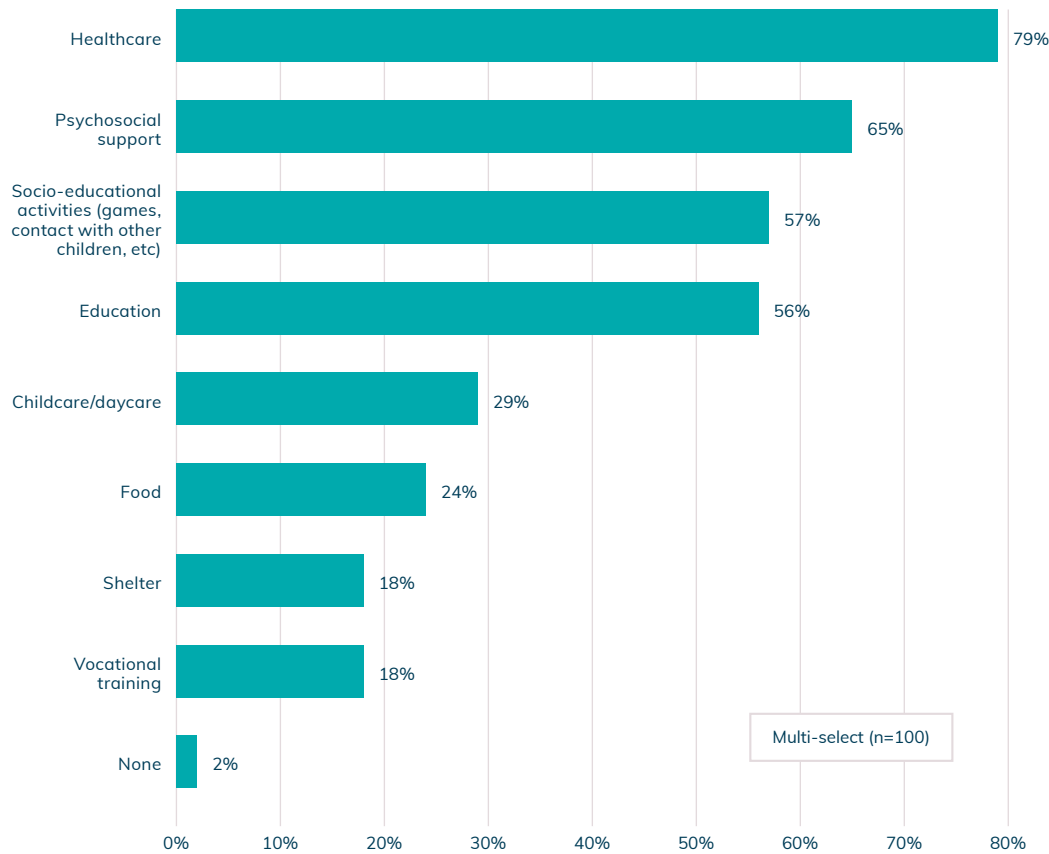
Respondents who reported not accessing education or early childcare services explained this was due to too short a stay in Tunisia (46/63), lack of financial resources (33/63), lack of knowledge/information about the services available (31/63) as well as lack of appropriate services (31/63). Some respondents reported their children were too young to attend (5), did not have the right to attend (3) or did not want to use these services (2). Most Eritreans (7/9) claimed their lack of access was due to a lack of financial resources, and both Eritrean and Ethiopia respondents reported that Arabic and French language barriers are reasons why refugees and migrants turn to informal schools or lack access to education altogether.

Most common needs for children are healthcare and psychological support

79% of caregivers said their children need health services and 65% psychological support. Caregivers also frequently mentioned socio-educational activities (57%), education (56%), childcare (29%) and food (24%). Keeping in mind the small samples, Sudanese and Eritrean respondents identified a wide array of needs. While Sudanese reported the need for psychological support (40/47), healthcare (38), education (37) and socio-educational activities (37), Eritreans identified healthcare (8/9), socio-educational activities (8/9) and education (6/9) as the greatest needs for children. Among Guineans, healthcare (11/13) was the most reported need.

⁷ Informal schooling refers to education provided by households (via homeschooling), communities or associations, which is not recognized by the government.

Figure 3. What type of assistance or service do the children in your care need the most?

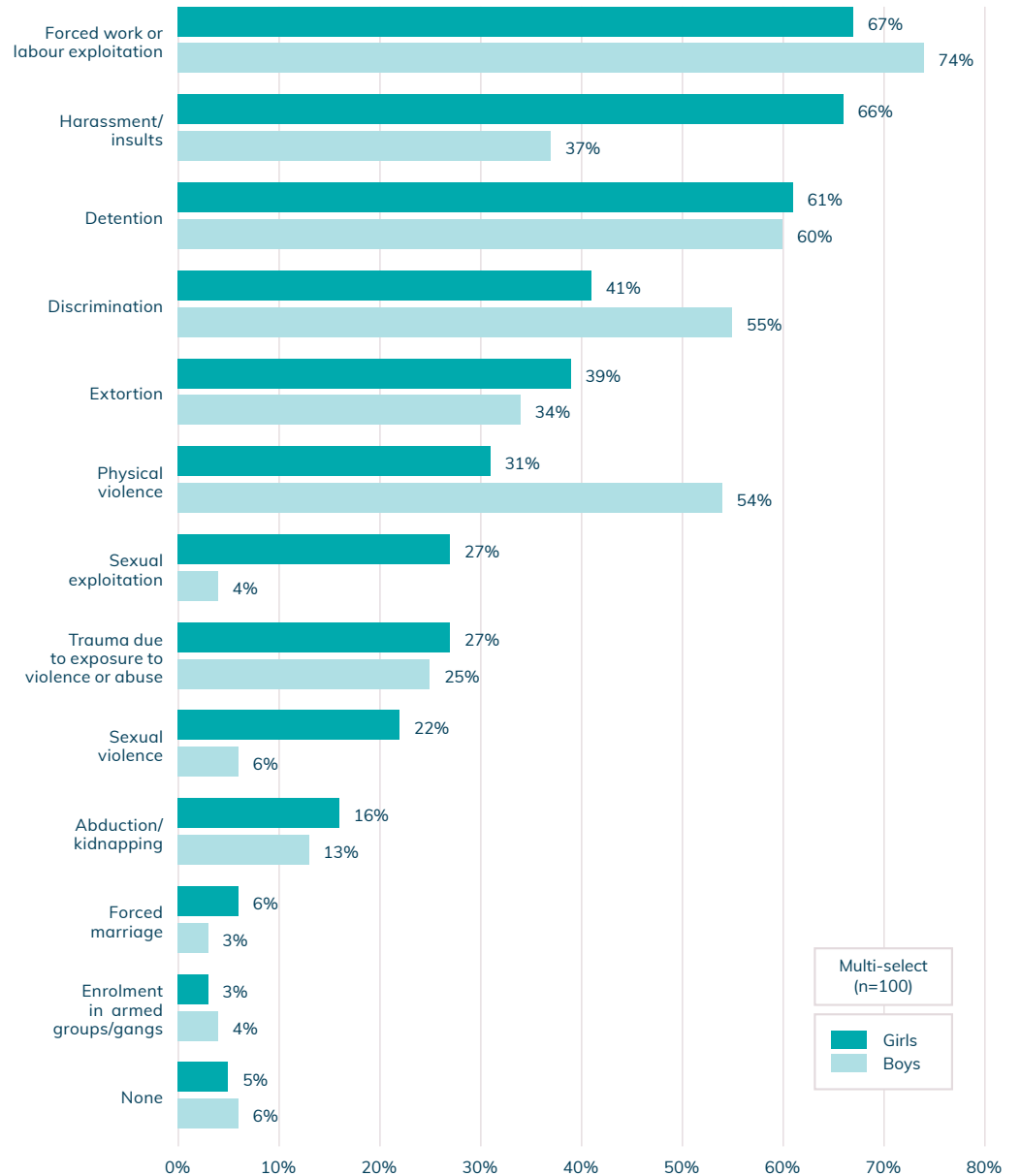


Boys and girls perceived to be at risk of forced work, detention and harassment/insults in Tunisia

The most common risks that caregivers identified for girls in Tunisia were forced work (67%), harassment/insults (66%), detention (61%), discrimination (41%), extortion (39%), physical violence (31%) and sexual exploitation (27%). Caregivers perceived boys to be most at risk of forced work (74%), detention (60%), discrimination (55%), physical violence (54%), and harassment/insults (37%). Sudanese respondents more frequently cited sexual violence as a risk for girls (32/47) than did respondents of other nationalities.

Concerning boys, similar risks were reported across nationalities. The only respondents reporting no risks for girls (5/18) and boys (6/18) were in Médenine.

Figure 4. What risks do girl/boy refugees and migrants face in your current location?





4Mi data collection

[4Mi](#) is the Mixed Migration Centre's flagship primary data collection system, an innovative approach that helps fill knowledge gaps, and inform policy and response regarding the nature of mixed migratory movements and the protection risks for refugees and migrants on the move. 4Mi field enumerators are currently collecting data through direct interviews with refugees and migrants in East and Southern Africa, North Africa, West Africa, Europe, Asia and Latin America and the Caribbean.

Note that the sampling approach means that the findings derived from the surveyed sample provide rich insights, but the figures cannot be used to make inferences about the total population. See more 4Mi analysis and details on methodology at: www.mixedmigration.org/4mi