



EXPERIENCES FROM THE FIELD

SEEKING REFUGE IN ONE'S OWN COUNTRY: MOZAMBIQUE

Insecurity phenomena set in in Cabo Delgado, Mozambique, in October 2017 and rose dramatically in 2020; the U.N. estimates that 744,949 people have had to flee their homes to seek refuge elsewhere. Officially known as “internally displaced persons”, these are Mozambicans forced to migrate within their own country. CUAMM works to provide them with health care, supporting a hosting model that is integrated into local communities.

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NEXUS: AN INTEGRATED APPROACH TO EMERGENCIES

Both in and outside the world of development cooperation, “emergency” is a word that can no longer be linked to exceptional events alone. Ever more frequently, in fact, we hear emergencies being described as “deep-rooted”, “protracted” or “chronic” in settings where, in order to be effective, humanitarian emergency responses must go hand in hand with peace and development work. This is known in technical terms as “the humanitarian-development-peace nexus”, i.e., an integrated approach between various humanitarian sectors that seeks to respond to crises holistically rather than vertically, with full engagement of the setting through constant dialogue and exchange among authorities, populations and humanitarian actors, in order to devise solutions that address the diverse factors driving/fueling an emergency¹.

In fact, against the backdrop of the climate crisis and attendant environmental disasters (cyclones, famines, etc.), entrenched civil wars and endemic infectious diseases that re-emerge cyclically, many low-middle income countries (LMICs) are having to respond to constant emergencies even as they try to maintain routine activities. Governments, local populations and humanitarian actors have been adapting to the situation by proposing emergency initiatives still aimed at strengthening existing systems, shunning unsustainable vertical structures in favor of more spontaneous forms of response based on the needs of the population, needs to which the latter respond on their own, as well, thereby enhancing community hosting dynamics.

INTERNALLY DISPLACED PERSONS IN MOZAMBIQUE

Cabo Delgado, in northeastern Mozambique, has been back in the headlines since 2017 both because of the vast gas reserves identified in the northern districts that have led large foreign multinationals to invest in the country and because starting in October of that year, the area became the site of armed attacks against civilians and government targets. In early 2020 the attacks began to escalate both in number and brutality, with throat-slittings, kidnappings, the burning-down of homes and all sorts of other violent acts. To date, there have been 1,081 attacks and 3,578

fatalities, 1,575 of which among civilians alone², generating, according to United Nations estimates, 744,949 internally displaced persons (IDPs)³ in a province with just over 2 million inhabitants. The southern districts of the Cabo Delgado Province are the primary destination of those seeking refuge, but they are also fleeing to the Niassa, Nampula, Sofala and Zambezia Provinces. To date, the reasons for the conflict have never been made explicit by the non-state armed groups (NSAGs) carrying out the attacks.

Against this difficult backdrop, we at Doctors with Africa CUAMM, which has been active in Cabo Delgado since 2014, have continued to implement our normal health care activities, adapting them to ensure that IDPs, as well as the indigenous population, have access to basic health services. We have also expanded our efforts in order to respond to numerous other emergencies that have come along, including COVID-19 and cholera outbreaks, working above all, thanks to the support of UNICEF, with community actors – health activists and community health workers (CHWs) who are often IDPs themselves – on awareness-raising activities.

Conscious of the enormous burden weighing on an already fragile health system such as Mozambique's, CUAMM also decided to institute temporary advanced medical posts (TAMPs), first aid centers that we have set up in partnership with Mozambican health authorities inside mobile tents in the most densely populated IDP reception sites, which are more than 10km from the nearest government health facility. This support helps the government provide IDPs and surrounding host communities with basic health services in isolated areas of the Province without impacting negatively on its current service provision capacity.

INTEGRATED ASSISTANCE FOR PSYCHOSOCIAL WELL-BEING

Finally, in partnership with UNHCR, CUAMM is also committed to providing psychosocial aid to victims of gender-based violence and to IDPs with special psychosocial support needs due to the post-traumatic stress experienced following attacks. Our approach is a holistic one that envisions the health system from various perspectives aimed at improving the well-being of both the

IDPs and the host communities that frequently welcome them into their homes and, more generally speaking, into their communities. At the center are the IDPs, who often become directly involved in the provision of health services as CHWs or activists or, in some cases, as doctors and nurses at TAMPs or government health facilities. Indeed, those who have had to flee are *people* who formerly held a range of jobs and are now forced to start their lives anew in completely new settings.

THE HOST COMMUNITY MODEL

Working closely with the authorities and population in the Cabo Delgado Province, the humanitarian actors present in the area have seen how most of the IDPs looking for safe haven are taken in by the so-called host communities, i.e., the local population – families, institutions, governments and so forth⁴.

This makes it possible to develop forms of intervention better suited to the context, eschewing the setting-up of enormous accommodation camps to instead support IDP-hosting by local families. It is noteworthy that IDPs fleeing from attacks in the northern districts are often hosted by relatives, family members or friends in the southern districts or in other provinces where they have sought shelter.

This spontaneous solidarity is something the humanitarian world should espouse and support, since a household normally consisting of six members clearly needs outside help to ensure that the six additional people they have chosen to host in their home have the bare minimum with which to nourish themselves and live in a decent environment.

The humanitarian sector is beginning to adopt such forms of integrated reception, where international organizations are merely the means by which such an approach can be made viable, while the community is absolutely key.

NOTES

¹ Inter-Agency Standing Committee and UN Working Group on Transitions, Workshop, 20-21 October 2016
² ACLED, 22-28 novembre 2021 (<https://www.cabolidgado.com/reports/cabolidgado-weekly-22-28-november-2021>)

³ IOM, DTM Round 13 Report, settembre 2021

⁴ UNHCR, UNHCR-NGO Toolkit for Practical Cooperation on Resettlement. Community Outreach - Outreach to Host Communities: Definitions and FAQs, June 2011.