



UiT The Arctic University of Norway

Faculty of Humanities, Social Science, and Education

Exploring helpers' perspectives about Mental Health and Psychological Support (MHPSS) offered to refugees in Mozambique

Tila Galantini de Souza

Master's thesis in Peace and Conflict Transformation SVF-3901

October 2023



ACKNOWLEDGEMENTS

This thesis represents more than a combination of fieldwork and writing. It played an important role in the way I was oriented toward humanitarian settings and how it continues being part of my life.

It was not easy to conclude this process, in fact it was very challenging, mainly because I had to face the worse year of my life while writing this material. That is why the process was slower than expected, I had to take a break for a few months and find the strength to keep going.

All of this was for her, and it will always be! Mom, hope you are proud and happy for our achievement.

I have to thank Ricardo, without his support it would have been impossible to achieve this. Thank you for believing in me!

I am also thankful to have had a supervisor who was very patient and supportive throughout the process. Thank you Ragnhild for your kindness!

ABSTRACT

Civil wars have the potential to produced devastating impacts, including increasing the number of people seeking asylum abroad.

Forcibly displaced people usually carry vulnerabilities and are at greater risk of developing common and severe mental health disorders, due to stress and traumatic situations experienced prior to their flight or even after arriving at the host country, all of that combined with poor living conditions found in refugee camps (UNHCR, 2023; Bunn et al., 2022).

Mozambique currently hosts more than 28,500 asylum seekers and refugees (UNHCR, 2022) from 18 different nationalities. Around 9,000 live in the Mozambican refugee camp (Maratane), the main place in the country that offers support to those arriving seeking for help.

The purpose of this research is to explore and analyze the psychosocial support offered to the asylum seekers and refugees in Mozambique, based on the perspective of the humanitarian workers. This dissertation explores what is currently been provided by the host country in terms of psychological, social and legal support.

Keywords: MHPSS, psychosocial support, refugee, resilience, Maratane.

TABLE OF CONTENTS

- ACKNOWLEDGEMENTS** 2
- ABSTRACT**..... 3
- LIST OF FIGURES**..... 6
- INTRODUCTION**..... 7
- 1. HISTORICAL AND CONTEXTUAL BACKGROUND** 10
 - 1.1 Violent extremism in northern Mozambique 11
 - 1.2 Asylum seekers and Refugees in Mozambique..... 12
 - 1.3 Support Centres 14
 - 1.4 Conventions, Decrees and Laws 15
- 2. APPLICATION FOR REFUGEE STATUS IN MOZAMBIQUE** 17
 - 2.1 Getting the refugee status 19
 - 2.2 Institutions working with refugees in Mozambique..... 20
 - 2.2.1 Instituto Nacional de Apoio aos Refugiados (INAR) 20
 - 2.2.2 United Nations High Commissioner for Refugees (UNHCR) 20
- 3. LITERATURE REVIEW** 21
- 4. CONCEPTUAL FRAMEWORK** 25
 - 4.1 Social support 25
 - 4.2 Mental health and mental health psychosocial support (MHPSS)..... 26
 - 4.3 Everyday stressors versus traumatic experiences 28
 - 4.4 Resilience 29
- 5. METHODOLOGY** 33
 - 5.1 Research design 33
 - 5.2 Sampling..... 33
 - 5.3 Study Population 34
 - 5.3.1 Participants..... 35
 - 5.4 Data Collection Methods 37
 - 5.4.1 Interviews..... 37
 - 5.4.1.1 Interviewing Process 37
 - 5.4.2 Field Observation 38
 - 5.4.3 Documents 39

5.5 Study Area	39
5.6 Data analysis method	40
5.7 Ethical considerations	41
5.7.1 Bureaucratic processes.....	43
5.7.1.1 Local supervisor	43
5.7.1.2 Limitations and challenges.....	44
5.8 Considerations	46
6. ANALYSIS.....	47
6.1 Professional and Personal level.....	48
6.1.1 Services offered	49
6.1.1.1 On Arrival.....	49
6.1.1.2 Inside Maratane	51
6.1.1.2.1 Health support	52
6.1.1.2.2 Psychosocial support.....	54
6.1.1.2.3 Law support	57
6.1.1.2.3.1 CERMIRDE.....	57
6.1.1.3 After Departure	58
6.1.2 Work related challenges	58
6.1.2.1 Food assistance	59
6.1.2.2 Human resources	62
6.1.2.3 Training/Preparation for work.....	65
6.1.2.4 Working Conditions.....	65
6.1.2.5 Assistance offered by UNHCR.....	66
6.2 Discussion	67
CONCLUSION	69
REFERENCES	71
APPENDIX.....	Error! Bookmark not defined.

LIST OF FIGURES

Figure 1 - Source: Portal do Governo de Mozambique (2022): Mozambique flag 11

Figure 2: Administrative center of Maratane..... 13

Figure 3: House at Maratane..... 14

Figure 4 - Source: CEMIRDE as cited in Sande 2019 - Provisional Identification Document..... 18

Figure 5 - Source: INAR as cited in Sande 2019 - Refugee Identification card..... 18

Figure 6 - Source: Galappatti, A. [2022/12/07] The World Humanitarian Summit Needs Mental Health & Psychosocial Support (MHPSS). Medium. 27

Figure 7: Table of participants..... 36

Image 8: Process of selecting the themes 48

Figure 9 - Source: Audet et al (2010): Map of Mozambique 50
and surrounding countries..... 50

Figure 10: UNHCR tend at the health center 53

Figure 11: Social Action office 55

Figure 12: Sewing machine from the occupational therapy activity in Maratane 56

Figure 13: Scalabrini’s worker preparing the formula to deliver to mothers who had malnourished children..... 58

Figure 14: WFP food distribution schema..... 60

INTRODUCTION

A civil war has a potential to produced devastating impacts, such as destruction of infrastructure, deaths, political and economic instability for instance, are well known. However, its aftereffects reach beyond the national boundaries and deserve as much attention as the conflict itself. The movement of people fleeing from conflict zones seeking asylum in neighboring countries is a major issue. According to the World Health Organization (2022), among the 281 million international migrants worldwide, 84 million are forcibly displaced, of these, a total 48 million are internally displaced, 26.6 million are refugees and 4.4 million are asylum seekers.

Forcibly displaced people usually carry with them vulnerabilities and are at greater risk of developing common and severe mental health disorders, due to stress and trauma experienced prior to their flight or even after arriving in the host country, especially when facing challenging and poor living conditions (UNHCR, 2023; Bunn et al., 2022). As a vulnerable group, refugees may have different and urgent physical and mental needs, which must be addressed by the host country. The reception process, including the support offered once they arrive, has an enormous impact on the refugees' psychosocial well-being.

The Republic of Mozambique is surrounded by countries that have been facing civil wars and genocides for the past decades, and even if not directly involved in the conflicts, Mozambique has suffered from the impacts of those wars. Burundian civil war, Rwandan genocide, Republic Democratic of Congo civil wars, among others, increased the flux of migrants that cross the border into Mozambique significantly. The country currently hosts more than 28,500 asylum seekers and refugees (UNHCR, 2022), from eighteen different nationalities, most of them from Burundi and Democratic Republic of Congo. Among them, about

nine thousand reside inside the Mozambican refugee camp (Maratane), and the remaining ones live in urban areas within the country.

Considering the vulnerabilities and needs of the refugees once arriving in the host country, and in order to build their resilience, Mental Health and Psychosocial Support (MHPSS) since their arrival should be considered essential, considering MHPSS any type of local or outside assistance with the intention of protect or promote psychosocial well-being as well as prevent or treat mental illness (IASC, 2007).

The purpose of this research is to explore and analyze the psychosocial support offered to the asylum seekers and refugees in Mozambique, based on the perspective of the humanitarian workers. This dissertation will explore what is currently been provided by the host country in terms of psychological, social and legal support. The research questions are:

- 1. What is Mozambique, as a receiving country, offering to the refugees and asylum seekers, when considering psychosocial support (including psychological, social and legal support)?*
- 2. What are the challenges faced by the professionals who work offering such support to these groups?*
- 3. What do professionals identify as an ideal support? And what is lacking to achieve it?*

The research will be using a qualitative approach, which is more conducive to exploratory analysis. The collected material that will be analyzed, will be based in extracted words from discourses (interviews). Along with a qualitative, inductive and deductive thematic analysis, that was chosen to structure this research, as there are not many studies related with our subject of study. Thus, the aim was to

identify, analyze and report themes and categories found within the data (Braun and Clarke as cited in Vaismoradi et al., 2013).

Furthermore, regarding the theoretical framework, one theory or concept would not be sufficient to cover all aspects of this study, therefore for this research we decided to use as its conceptual ground the following terms: Social Support, Mental Health, Mental Health and Psychosocial Support (MHPSS), Daily Stressors versus Traumatic Experiences, and Resilience. Hence, the perceived relationship between the support offered and positive outcomes reported by helpers in the asylum seekers and refugees' lives will be associated with the core concepts presented in this research.

In addition, the reader can expect a bit of historical background of Mozambique, to understand some basic information about the country, as official language for example, and how it can affect the work of humanitarian workers and the adaptation of refugees within the country. Along with information on how the actual scenario of refugee camp was built. As well as the current situation in Mozambique, regarding the assistance provided to refugees and asylum seekers in by different actors, in different moments: on their arrival, once they are inside, and after leaving the refugee camp.

Due to several limitations (such as lack of time, funding, the lengthy bureaucratic process, etc.), this research will not be able to explore in depth the consequences of the support offered to these groups, as it was clear from the outset that this was not the main aim of this research. Instead, it will look at the provision of support, and somehow its impact on the professional and personal lives of aid workers. However, we cannot deny the influence, either positive or negative, that support might have on the lives of asylum seekers and refugees, which led this research to the idea of resilience as a positive outcome for those who receive adequate support.

1. HISTORICAL AND CONTEXTUAL BACKGROUND

The Republic of Mozambique is a country in south-eastern Africa facing the Indian Ocean with 2,470 kilometers of coastline. It borders Tanzania, Malawi, Zambia, Zimbabwe, Swaziland (Kingdom of Eswatini) and South Africa.

The country is divided into provinces, which have political-administrative function within Mozambique, they are: Cabo Delgado, Nissan, Nampula, Zambézia, Tete, Manica, Sofala, Inhambane, Gaza, Maputo and Maputo City (capital). The official language is Portuguese and the currency is the metical. The country is regularly affected by natural disasters such as cyclones, floods, earthquakes and droughts, which cause considerable damage and contribute to increasing poverty in the country (Nevins, 2021).

Mozambique was colonized by the Portuguese in the 16th century and gained its independence in 1975. After the period of independence, the country began a catastrophic civil war that lasted for sixteen years and displaced millions of Mozambicans, among them, 1.7 million managed to flee Mozambique (Antoniak, 2012).

An interesting aspect of Mozambique is its flag, as it contains an Avtomat Kalashnikov (AK-47) on the left side. According to Mozambique Media Online (2012), the rifle represents the armed struggle and the defense of the country. Since 2005, there have been attempts to renew the flag by removing the AK-47, but without success.



Figure 1 - Source: Portal do Governo de Mozambique (2022): Mozambique flag

1.1 Violent extremism in northern Mozambique

Since 2017, violent extremism has been reported in Cabo Delgado (province in the north of Mozambique), with the first attack registered in October 2017 by Ansar al-Sunnah, also known as Al-Shabaab. The group's militants are mainly young Muslim Mwani (the majority ethnic group from Cabo Delgado), aged between 18 and 35. The militant group refuses to recognize the Mozambican government as the legitimate authority in Cabo Delgado province. The extremist group Ansar al-Sunnah follows the ideas of international jihadism, which include the rejection of state authority, formal education and healthcare, and the establishment of an Islamic state under Sharia law (Mangena and Pherudi, 2019).

Hundreds of thousands of Mozambicans have been internally displaced since the attacks began, with more than 744,000 people internally displaced due to the conflict in Cabo Delgado, according to UNHCR (2022).

1.2 Asylum seekers and Refugees in Mozambique

Mozambique currently hosts more than 28,500 asylum seekers and refugees (UNHCR, 2022) of 18 different nationalities, most of them from Burundi and the Democratic Republic of Congo. Of these, about 9,000 live in the Mozambican refugee camp (Maratane) and the remaining in urban areas of the country¹.

Mozambique has only one refugee camp in the entire country. Since 2003, the Maratane Centre has been the only center offering asylum and assistance to refugees arriving in Mozambique and seeking help.

The center is located in at the province of Nampula, 25 km from the city of Nampula and 2000 km from the capital, Maputo. The distance between the camp and the main city is due to some United Nation High Commissioner for Refugees (UNHCR) and Organization of African Unity (OAU) requirements, which recommend that refugee camps must be built a certain distance from the country's borders in order to minimize risks and maintain the security of the host country (Consolo, 2015).

Such risks could be, for example, the invasion of the camp by people from neighboring countries or, conversely, the flight of refugees or asylum seekers from the host country's camp to the neighboring country.

¹ Appendix A: Table with the number of refugees and asylum seekers in Mozambique in 2021



Figure 2: Administrative center of Maratane

The Maratane Centre is divided into two main areas: the agricultural area (approximately 300 hectares) and the infrastructure area (197 hectares). In the infrastructure area there are dwellings, a health center (hospital), a primary school, churches, a mosque, small grocery shops, an administration center, the UNHCR office, a social action center and a police station.

In order to facilitate the organization and distribution of the housing, Maratane was divided into 5 zones: Zone A-Angoche, Zone B-Sun City, Zone C-Beira, Zone D-Maputo and Zone of Transit.

Each house is identified by a code written on the outside wall, which represents the zone, the block and the place to which it belongs. For example, the house in the photo below has two different codes (one in red and the other in blue), the red code is an old code that no longer represents this house, it has been replaced by the blue code. Using the blue code as an example: "ZCB6P26", it is possible to identify that this house belongs to zone C, block 6 and its number (location

number) is 26. In this way, each resident of the center can be located based on the house in which they were registered when they arrived at the center.



Figure 3: House at Maratane

Before the creation of Maratane, the reception of refugees and asylum seekers arriving in Mozambique was different. It was only after 8 years of its independence that Mozambique rectified the first international instrument for protection of refugees coming from civil wars, religious and ethnic persecution. Since then, the country has received refugees who had fled for different reasons.

1.3 Support Centres

According with Consolo (2015), the first refugee shelter in Mozambique was established in 1986. It was located at the capital, Maputo, and was called the "*Centro de Espada de Xipamanine*". In this center, refugees received basic support, such as food, hygiene products and clothing. It was the first time that all refugees

were placed in one spot to receive assistance. Later, in 2002, the Mozambican government decided to move the refugee center to Nampula for security reasons. That happened because Maputo is very close to the border with South Africa, so many refugees trying to reach South Africa used Mozambique as a transit point. Therefore, in 2003, Maratane center was created.

The Maratane is managed by INAR, the *Instituto Nacional de Apoio aos Refugiados* (National Institute for Assistance to Refugees). It has several partnerships with different ministries and institutions, such as the Ministry of Health, Social Action, Ministry of Education, the *Instituto Nacional de Emprego e Formação Profissional* (National Institute of Employment and Professional Training), the *Direção Distrital de Agricultura* (District Directorate of Agriculture), the UNHCR, the World Food Programme (WFP) and the Scalabriniane Institute.

According to INAR (2021) and Boletim da República de Mozambique (2003), the Institute (INAR) was established by Decree no. 51/2003 of 24 December. Its roles include providing assistance and support refugees; promoting security and stability in the country; creating and managing accommodation centers; and distributing food and personal items.

INAR is divided into three departments: Protection and Social Services, Operations and Projects, and Administration and Finance. There are INAR offices in Maputo, Nampula, Cabo Delgado and Tete.

1.4 Conventions, Decrees and Laws

In general, there are some conventions and articles created to protect and ensure human rights of refugees, such as the 1951 Geneva Convention for example. In the context of Mozambique, the international instruments for the protection of refugees (specifically those who fled from civil wars, ethnic and religious persecution) were only ratified in 1983 (Issufo, 2010; Consolo, 2015; Sande, 2019),

which contributes to transform Mozambique in an open and generous country towards the reception of refugees. Thus, the important conventions and decrees are: Organization of African Unity (OAU) Refugee Convention (addressing the specific aspects of refugee problems in Africa); Refugee Law No. 21/91 of 31 December 1991 (establishing the procedure for granting refugee status in Mozambique); Decree 51/2003 of 24 December (establishing the National Institute for Refugee Assistance (INAR); Decree no. 33/2007 of 10 August (approving the regulation on the procedure for granting refugee status in Mozambique).

2. APPLICATION FOR REFUGEE STATUS IN MOZAMBIQUE

As part of the process, the INAR receives applications for refugee status and then submits them to the Ministry of the Interior, together with a CCR report on each applicant. During the process, while awaiting approval of refugee status, all individuals must remain in the refugee centers. The process can take ninety days, and in some special cases it can take up to thirty more days. Once the process is completed, the INAR is responsible for communicating the results of the process to the applicants, whether approved or rejected.

In order to apply for asylum, a person must submit the following elements: identification card, statement of their current living situation, journey description from their country of origin to the Republic of Mozambique, and elements that prove their statements and support the asylum application.

Thereafter, asylum seekers receive a temporary identity document, valid for two years, and the situation will be re-evaluated every six months. The temporary document is also extended to the applicant's family members. If refugee status is granted, the refugee receives a travel document and an identity card to prove their refugee status.

If the application for refugee status is rejected, the applicant may appeal to the Administrative Court to have the application reconsidered, in accordance with paragraph 2 of Article of Law No. 21/91 of 31 December. Anyone whose application is rejected may remain in the country for a period of three months before leaving Mozambique (Boletim da República de Moçambique, 2008: 33-34).


REPÚBLICA DE MOÇAMBIQUE
MINISTÉRIO DOS NEGÓCIOS ESTRANGEIROS E COOPERAÇÃO
INSTITUTO NACIONAL DE APOIO AOS REFUGIADOS - INAR
 Delegação de Nampula

Nome do chefe de família : _____
 Nº. do registo: _____
 Data de nascimento: _____
 País do origem: _____
 Data de chegada em Moçambique: _____



DOCUMENTO PROVISÓRIO DE IDENTIFICAÇÃO

Para efeitos de identificação, declara-se que _____ é Requerente de Asilo na República de Moçambique e reside no distrito de _____

Este documento é emitido pelo Estado Moçambicano, em consonância com a Lei 21/91 de 31 de Dezembro e o Decreto 33/2007, de 10 de Agosto e destina-se a identificação do requerente de asilo, que aguarda pela decisão do seu pedido de Estatuto do Refugiado

Figure 4 - Source: CEMIRDE as cited in Sande 2019 - Provisional Identification Document


República de Moçambique

Ministério dos Negócios Estrangeiros e Cooperação

Nº Registo/ Registration Number: _____
 Nome/ Name: _____
 Data de Nascimento/ Date of Birth: _____
 Nome do Pai/ Father's name: _____
 Nome da Mãe/ Mother's name: _____
 Nacionalidade/ Nationality: _____
 Sexo/ Sex: **F**
 Estado Civil/ Marital Status: _____
 Província/ Province: **Maputo**



Cartão de Identificação de Refugiado

Este documento é emitido pelo Governo da República de Moçambique, de acordo com a Lei de Refugiados nº 21/91 de 31 de Dezembro, em consonância com a Convenção de Genebra de 1951, relativa ao Estatuto de Refugiados e a Convenção de 1969, da Organização da Unidade Africana, para garantir a aplicação de todas as formalidades em relação à Protecção dos Requerentes de Asilo e Refugiados.

Assinatura e Carimbo da Entidade

O Director Nacional



Data de Emissão: **22/02/2017** Válido até: **22/02/2022**



Figure 5 - Source: INAR as cited in Sande 2019 - Refugee

2.1 Getting the refugee status

All asylum seekers and refugees are allowed to settle outside of Maratane, but once they leave the camp, they no longer receive any material support from the government. Therefore, they must have sufficient resources to survive on their own. The only support provided to those living outside of Maratane is the legal assistance, which is offered by INAR.

Once they arrive in the country and want to formally apply for asylum, they are sent to the Maratane to start the process. Before arriving at the camp, they must go to the police station where they are checked (it is searched for drugs, fire guns, etc.), this procedure is designed to guarantee the safety of those already in the camp. Once released, they are sent to the Maratane camp, where they receive a non-food kit of household items and are oriented to their accommodation.

After arriving in Maratane, they begin the process of obtaining their refugee status, which can take years in Mozambique. This process involves the collaboration of three institutions: the INAR, the *Comissão Consultiva para os Refugiados* (Consultative Commission for Refugees) and the *Ministério do Interior* (Ministry of Internal Affairs).

There are three stages to this process: first, the interview is conducted monthly in Nampula by two lawyers and an interpreter. Secondly, the process starts to be analyzed, and thirdly, the status is granted or refused. Theoretically, the deadline to receive the final answer from the Ministry of Internal Affairs is 90 days, but it can be extended for more than 30 days, however, some processes can take years to be completed.

According to Sande (2019), between the years 2013 and 2018, no decision was made on the refugee status, totaling 12,525 cases of unresolved requests. This, combined with the precariousness of basic services, it may lead to countless problems including, as already mentioned, violence, malnutrition and poverty.

2.2 Institutions working with refugees in Mozambique

2.2.1 Instituto Nacional de Apoio aos Refugiados (INAR)

INAR, as a government body, is the main actor managing refugee's support in Mozambique. Its responsibilities include reception, shelter, registration and support coordination (Antoniak, 2012). INAR is the implemented partner of UNHCR and WFP in Maratane, it is responsible for ensuring that basic services are provided to asylum seekers and refugees within the center.

2.2.2 United Nations High Commissioner for Refugees (UNHCR)

The main role of the UNHCR in Maratane center is to ensure that the INAR has funds to implement programs that benefit asylum seekers and refugees. In addition, UNHCR might guarantee protection and asylum to the new refugees who arrive in Mozambique.

Crisp and Kiragu (2010), describe the difficulties that the UNHCR faces in order to be effective in providing a great assistance in Mozambique due to the recent phenomenon of Mozambique becoming a corridor or transit country to South Africa, which attracts refugees from everywhere. Many refugees who arrive in Mozambique do not therefore plan to stay, but to simply rest and continue on their journey to South Africa, which may make it difficult to plan support strategies for these refugees and asylum seekers.

The UNHCR's presence in Mozambique today is consistently small compared to other countries. The smaller number of refugees and asylum seekers in the Maratane camp means that the funds allocated for the UNHCR's support work and projects are also relatively small (Baily 2016; Crisp and Kiragu, 2010).

3. LITERATURE REVIEW

There is a significant amount of material related to the historical aspect of refugees in Africa, more specifically in Mozambique, but there is a lack of research and material regarding MHPSS to asylum seekers and refugees in Mozambique. Thus, it was selected a number of studies taking into consideration MHPSS interventions worldwide.

Mental health deserves as much attention as any other aspect of a person's life, it is estimated that 1 billion people in the world lives with a mental health disease, representing 7.4% of global burden of disease in the world (Cuijpers et al., 2022; Purgato et al., 2020).

Unfortunately, it does not receive enough budget, investment or even attention from public and private services. Statistics indicate that one in eight people worldwide lives with a mental health condition (WHO, 2022). Refugees and Internally Displaced People (IDP) are particularly vulnerable to develop both common and severe mental health disorders due to the exposure to traumatic situations throughout their lives, before, during and after displacement, as well as lack of services and everyday hardships. Depression, anxiety, and Post-Traumatic Stress Disorder (PTSD) are mental health disorders more prevalent among adults and children refugees in humanitarian contexts. Studies showed that even though 22% of refugees and asylum seekers suffer from common mental health disease, only a small percentage of these population access mental health support (Karyotaki et al., 2023; Charlson et al., 2019; WHO as cited in Purgato et al., 2020). Global south countries are increasingly hosting more refugees. More and more people seeking refuge decide to go to closer countries, even neighboring ones, instead of heading all the way north. It is estimated that 80% of all refugees worldwide are hosted by their neighboring countries (UNHCR as cited in Cohen and Yaeger, 2021).

Low and middle-income countries often struggle to offer local populations basic services, and when an external group arrives seeking help, the situation becomes even more difficult. There is a gap between the available resources and the actual need. Normally, those countries are not economically prepared to deal with such emergency, more than 70% of their resources are allocated to traditional psychiatric treatments, hospitals and psychotropic medicines (WHO, 2022; Purgato et al., 2020; Cuijpers et al., 2022).

In an emergency response, especially in refugee camps, in addition to basic support such as access to healthcare, housing, water, clothing and food, mental health support is also a concern. It is known that mental health and psychological support (MHPSS) in humanitarian settings go beyond the psychological and medical treatments, it includes interventions at different levels, looking through a range of factors, such as community strengthening, security, livelihood support, access to basic health services, non-specialized support, and so on (Charlson et al., 2019; IASC, 2007).

There are many factors that contribute to the development of mental disorders, such as experiencing atrocities in the country of origin or even living conditions within a refugee camp. Living in a refugee camp can bring many challenges and difficulties, as having interpersonal conflicts, accentuated by having to share a small place, in addition to the lack of community or/and family relationship.

Studies show that some of the challenges faced by refugees in humanitarian settings, such as poor living conditions, lack of supporting network and basic needs addressed, may aggravate the impact of traumatic stressors among refugees (Cohen and Yaeger, 2021).

Family relationships have a unique and essential impact on refugees 'coping mechanism. People who are far from their culture, having to deal with a different language, food and environment, experiencing all of it with their family and/or

friends, may have fewer difficulties compared to those who need to adapt to the new context alone (Bunn et al., 2022).

Some authors discuss challenges encountered in providing mental health support in humanitarian contexts, particularly in low-middle income countries. From the perspective of support providers, the cultural differences, linguistic differences, lack of clinical supervision (in mental health care) and lack of qualified (specialized) workers are examples of what may negatively affect the quality of the support offered (Islam and Mozumder, 2021).

According with Islam and Mozumder (2021), providing mental health support in an emergency context is already challenge, when is added the language barrier it becomes even worse, thus hiring local people, even if it means to reduce the professional quality of support, may be an alternative.

When considering the insufficiency or even the lack of specialized mental health workers, sustainable solutions have been implemented. For instance, using local human resources, as in the task-shifting strategy, which consists of involving community members in mental health interventions, training local actors to provide mental health support, offering to lay health workers tools and strategies to work in those settings (Purgato et al., 2020; Bunn et al., 2022; Tol et al., 2020; Islam and Mozumder, 2021). The quality of the service may not be the same as if a specialized psychologist offered the support, however considering the availability of human resources in this context, studies show evidence that this strategy has being effective in the reduction of stress and mental disorders among refugees (Purgato et al., 2020; Bunn et al., 2022). Along with increasing the acceptability of mental health support from the refugees, and creating a sustainable intervention, utilizing and training local actors.

Although studies have indicated the benefits of using local providers to implement MHPSS in emergency settings (Islam and Mozumder, 2021), without adequate

supervision and training, this may not be sustainable and the effectiveness can be reduced in a long-term period (Cohen and Yaeger, 2021).

Another challenge is the lack of clinical supervision, as providing mental health support requires a lot of effort and mental energy, having supervision could reduce the stress and release the mental burden of the constant care. As having a one-to-one supervision may be unrealistic, other alternatives can be adopted, such as peer, online and group supervision (Bunn et al., 2022).

An important aspect when considering the humanitarian workers, is their wellbeing. As mentioned previously, working in emergency context can be very stressful, and may trigger some negative symptoms or even mental illnesses, as for example anxiety, depression and PTSD (MacCann & Morrissette as cited in Islam & Mozumder, 2021). When support in the field focuses on offering mental health assistance to refugees, disregarding the mental health needs of aid providers, it may cause some considered problems, such as reduction of the quality of service provided by the team, along with burnout and severe mental disease (Islam & Mozumder, 2021). Therefore, to be able to offer MHPSS to refugees, providers also need to be assisted, considering how stressful and challenging the humanitarian context is.

4. CONCEPTUAL FRAMEWORK

Rather than proving any theory, this research will use various concepts and theories to frame and provide a solid basis for answering the research questions. This chapter begins with the definition and theorization of some core concepts, which will help to understand the relationship between the support provided and positive outcomes in the lives of asylum seekers and refugees.

4.1 Social support

Wills and Fegan (2001:209) broadly define social support as "resources and interactions provided by others that may be useful in helping a person cope with a problem". This can be used as the main definition of social support for this research, however social support can be defined and studied from different perspectives, so for this research we decided to narrow this concept and use Wills and Fegan's (2001) functional concept of social support. They explore two ways of measuring social support, a structural and a functional one. The first refers to the social connections a person has, it is related to the quantity of connections. Although structural social support is an important aspect to study, especially in relation to mortality and disease studies, this research will not focus on the structural approach of social support. Our focus will be on the functional aspect of social support by Wills and Fegan (2001), which explores the importance of the quality of resources available rather than their quantity.

In addition, Wills and Fegan (2001:210) organize the types of support into four categories: Emotional, Instrumental, Informational and Companionship. Emotional support refers to whether there are people with whom you can share your feelings, talk to without feeling judged or rejected, and create a sense of acceptance. Instrumental support is basically whether there are people around who can provide financial support. Informational support, which refers to

whether there are people who can provide useful information and help with guidance, showing different ways of dealing with a situation. And companionship support, i.e., whether there are people available to accompany you to leisure activities such as cinemas, theatres, restaurants, etc.

In this sense, the availability and the support offered, whether emotional, instrumental, informational or companionate, will be helpful if they are used to respond to a specific need. For example, if there is an urgent need for financial support, companionship support will not be very effective in this case. However, studies have shown that emotional support is the most effective support for adjustment and health, regardless of the individual's need (Will and Fegan, 2001). Taking this into account, this research will use the definition of functional support as the main way to see this phenomenon, considering all four aspects (emotional, instrumental, informational and companionship), although the last one will not receive as much attention as the others.

4.2 Mental health and mental health psychosocial support (MHPSS)

Mental health is often misunderstood and defined as simply the absence of a mental disorder or psychopathology, but the concept of mental health goes beyond this.

The World Health Organization (2018) provides a complete definition where mental health is seen as "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community [...], where multiple social, psychological and biological factors determine the level of mental health of a person at any point in time".

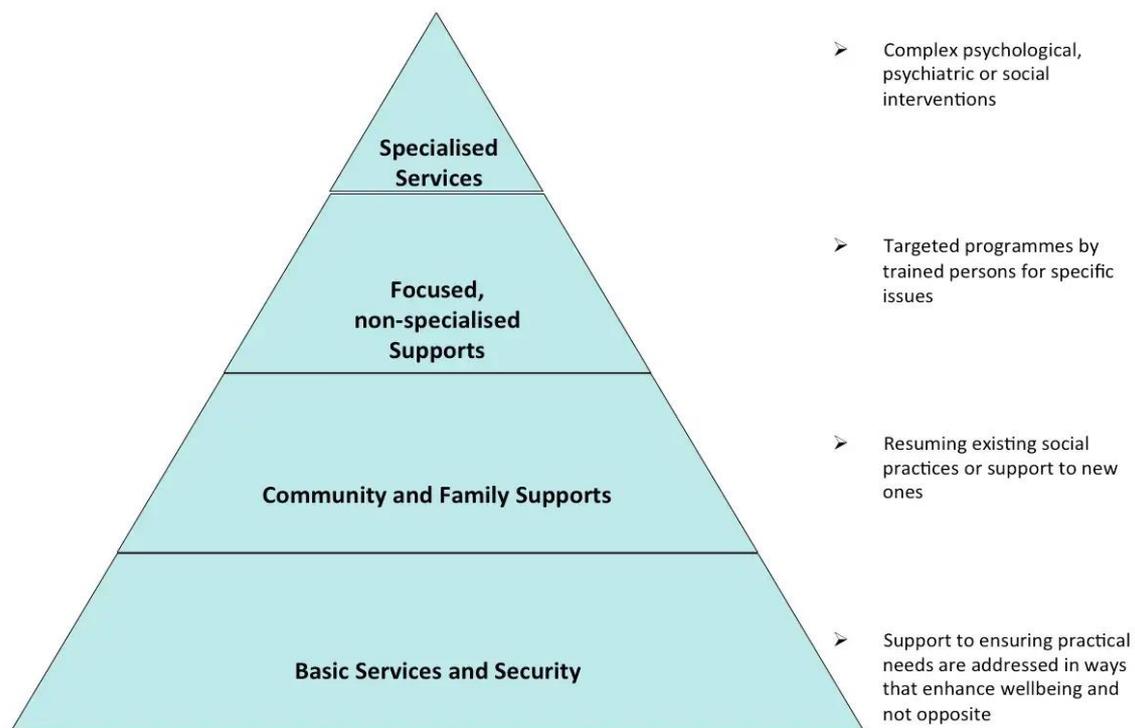


Figure 6 - Source: Galappatti, A. [2022/12/07] The World Humanitarian Summit Needs Mental Health & Psychosocial Support (MHPSS). Medium.

Along with mental health, the Mental Health Psychosocial Support (MHPSS) will be used in this research as a conceptual framework to provide a clear understanding of the perspective from which we will analyze the phenomena, in other words, the conceptual bases that we will use when considering the support provided by professionals in Mozambique.

MHPSS is defined by the Inter-Agency Standing Committee - IASC (2007:16) as "any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorder". In addition, different levels and

categories of interventions are considered in relation to the MHPSS, which can be divided into a pyramid of support, with basic services and safety at the base; community and family support at the second level; targeted non-specialized support at the third level; and specialized services at the top of the pyramid (IASC, 2007).

Looking at all levels of support, it is clear that the promotion of well-being (based on the MHPSS approach) goes beyond specialist support (e.g. support provided by psychiatrists or psychologists) and includes the promotion of legal and social support. This can make a significant contribution to protecting individuals from harm and helping them to develop coping mechanisms.

4.3 Everyday stressors versus traumatic experiences

Stress is a normal human reaction that happens to everyone, it happens all the time in an individual's life, and it can be triggered by different sources. Although a 'normal' or better said, a small amount of it can be considered healthy, when taking into account a specific group, such as asylum seekers and refugees, daily stressors may have another proportionality when compared to individuals with a normal life.

A person who has fled his or her own country and had to seek help and asylum in another place, sometimes without his or her family and even physically and/or psychologically injured, will face daily stressors in a different way than someone who has not had to go through these conditions. Poverty, social isolation, overcrowding (sometimes even lack of basic resources such as water, food and shelter) can be considered as significant daily stressors in their lives. Due to their chronicity, i.e., their constant presence in people's lives, these stressors can damage their coping mechanisms and increase their vulnerability to developing physical and mental illness (Miller and Rasmussen, 2010). Moreover, some studies

have shown that the daily stressors may be more or equally harmful as a traumatic event (Ponnamperuma and Nicolson, 2018), if the traumatic event is considered as the one experienced by the asylum seekers and refugees when fleeing their own country.

It is clear how powerful the daily stressors can be in the lives of asylum seekers and refugees, and therefore the appropriate provision of psychosocial support can have a significant positive impact on their lives. Cohen and Wills, as cited in Ponnamperuma and Nicolson (2018: 488), argue that social support can mitigate the effects of stress and even help to reduce the likelihood of developing mental illness.

Considering the direct negative effects that everyday stressors can have on a vulnerable person, it is important to explore the possibility to reduce them, to generate more psychosocial support and to reduce the amount of unnecessary stress in their everyday life, contributing to the development of a resilience response and a coping mechanism.

4.4 Resilience

Resilience is a core concept in this research, not because it is the main subject of study, but as a highly likely consequence of the process of promoting care. In other words, the reason for including the term 'resilience' in this study, is because of its importance as an outcome of a process of providing social, psychological and legal support to asylum seekers and refugees.

The conceptualization of 'resilience' is an important step to be taken in this research, due to the multiplicity and extensive possibilities of the term. In order to ultimately understand this phenomenon, the term needs to be narrowed down and defined, taking into account which process is being considered. There are multiple paths to resilience, sometimes even unknown and unexpected ones

(Bonanno, 2008), and it involves different ways of defining and perceiving this process.

Many scholars have defined and studied resilience in its own uniqueness and from different perspectives. For example, from developmental psychology, which understands resilience "as the process of capacity for or outcome of successful adaptation despite challenging or threatening circumstances", or from biological and psychiatric perspective, which perceives it as "a dynamic process influenced by neural and psychological self-organization, as well as transactions between the ecological context and the developing organism", or even from genetic perspective, which studies resilience as "the degree to which the person at genetic risk for maladaptation and psychopathology is not affected" (Windle, 2011 : 154,155). In fact, there are multiple ways to define resilience, and it will vary accordantly with the context and specific challenge a person is experiencing (Southwick et al., 2014). The determinants of resilience that are relevant for a person fighting a war in Ukraine might be different from those that are relevant for a woman who just lost her child.

Along with these scholars, it is possible to find even more ways of studying and perceiving resilience as a process. This research does not aim to contradict any of them, on the contrary, since resilience is a complex and multiple process, it is understood that it can be developed through different and multiple forms in a person's life, as well as it differs from one person to another, depending on the environmental context, challenges faced by them, available resources and so on. Studies have showed that resilience is related with the many coping mechanisms that is developed and applied based on challenges that a person is facing (Southwick et al., 2014).

This means that the genetic perspective does not contradict developmental psychology for example, but rather complements it. Therefore, it can be decided

from which perspective the situation will be analyzed and from which determinant, if biological, cultural, psychological, etc.

Although resilience is measured for different determinants, such as social, psychological, biological and cultural aspects that together influences the way a person responds a stressful situation (Southwick et al., 2014). In this research, considering the importance to choose one path of resilience studies, it was decided to focus on the ecological perspective of it.

The ecological perspective of resilience emphasizes the importance of the environment in the development of resilience, it explores the influence that the environment has on everyone. Social ecological perspective of resilience focuses more on the influence of the social and physical environment as a place of resources for personal growth, where a person response when experiencing a stressful situation will be determined by their interaction with many aspects, such as other persons, available resources, communities, and many other cultural and social factors (Ungar, 2011; Southwick et al., 2014).

It is important to stress that the ecological perspective on resilience does not deny the existence of the individual factor in the resilience process, i.e. the role of each person (individually) in developing a resilient response. The existence of one position does not exclude the other. Their emphasis is on different aspects, in the individual position the focus is on the person in themselves and their personal mental capacity to develop resilience, and in the ecological position the influence of the environment is the main aspect in the development of resilience in an individual's life. Ungar (2008: 225) defines resilience as "in the context of exposure to significant adversity, whether psychological, environmental, or both, resilience is both the capacity of individuals to navigate their way to health-sustaining resources, including opportunities to experience feelings of well-being, and a condition of the individual's family, community, and culture to provide these

health resources and experiences in culturally meaningful ways". Where the concept of wellbeing goes beyond the absence of disease.

In this perspective, an individual's resilience is influenced by what is happening in their environment, whether it is peaceful or in conflict, and what resources are available to help them cope with the stressful environment. Panter-Brick argues that resources on social, economic, cultural and political environment influence the individual level of resilience, thus in order to instigate the development of coping mechanism, we should invest in social level of resilience, because it might optimize the achievement of good results (Southwick et.al., 2014).

Furthermore, families, governments and communities play an important role in this process, as they have the power to make these resources available in "culturally meaningful ways" that affect and help those who need them (Ungar 2011: 17). Therefore, an individual may be able to develop a resilience response in the face of a stressful and disturbing situation on their own, but if their network (the community and institutions that surround them) does not provide resources to help them in this process, the outcome may not be sufficient for them to develop a social and psychological wellbeing response. Yehuda (Southwick et.al., 2014) suggests that, in order to assist those who do not have a good biological determinant of resilience, the environment might work to provide what is needed to produce coping mechanisms and then to contribute to an individual to move forward.

5. METHODOLOGY

This chapter explains the design, approach and methods used in this research.

5.1 Research design

The research will focus on using a qualitative approach, which is more conducive to exploratory analysis, where the main collected data will be discourses (interviews). Based on an ontological position (constructivist). This research is based on the idea that interactions between persons create social phenomena, which includes the interaction from researcher, with field and the collected data (Bryman, 2012).

This is a cross-sectional design research that will use both deductive and inductive approaches, since some concepts were selected and used prior to the data collection, to guide to some extent, the first steps of this research. Although the concepts used as a basis for this research were very important, they were not sufficient to conceptually encompass the entire thesis. Thus, the inductive approach appears at the end of the process, helping to analyse the findings.

5.2 Sampling

Gerring, as cited in Powner (2014: 99), states that "research designs invariably face a choice between knowing more about less or less about more". In this way, exploring professionals' perspectives on psychosocial support will allow us to study a small piece of the phenomenon itself.

A snowball sampling method was used in this research, which is a multi-stage technique that starts with interviewing one person (the first link), and spreads through the link to other persons (Neuman, 2007). In this method, each person is directly or indirectly connected to the next person, and this connection makes the process faster and even more trustworthy, because of the connections, the

participants somehow feel that the researcher is part of the network and not a complete outsider.

With that in mind, information was gathered to identify which institutions (private or public) work with refugees and asylum seekers in Mozambique. From there, an NGO was contacted, and after being interviewed, they were asked to recommend another person to be interviewed as well, and so on. Seventeen interviews were conducted during the course of the research, combined with informal conversations with other humanitarian workers within Maratane camp.

5.3 Study Population

Seventeen interviews were conducted during the course of the research, combined with informal conversations with other humanitarian workers within Maratane camp. Among the participants, it was found professionals from social, psychological, health and legal assistance, five from INAR - *Instituto Nacional de Apoio aos Refugiados*, four from ARM - *Associação dos Refugiados em Mozambique* (Association of Refugees from Mozambique), one from INAS - *Instituto Nacional de Ação Social* (National Institute of Social Action), three from the Ministry of Health, two from the Ministry of Education and two from UNHCR. The governmental institutions are INAR, INAS, Ministry of Health, Ministry of Education and Ministry of Social Action, while the NGOs are UNHCR (international organization) and ARM (national organization).

For each participant it was asked their age and for how long they had been working with refugees. The age of the participants ranged from 21 to 56 years. And the time spent working with refugees and asylum seekers ranged from one year to 18 years in the field. More than age, the amount of time of each person had spent working with refugees made a significant difference in the interviews in terms of the confidence and ownership.

It was noted that those who had been working for more than five years presented more confidence in their speaking, not only about their own roles, but the whole system of support for refugees and asylum seekers in Mozambique.

5.3.1 Participants

The table below lists all the participants in the interviews. For the purposes of this research, their real names have been replaced with pseudonyms to conceal their true identities and ensure their anonymity, as previously agreed with each of them in the consent form.

Institution	Pseudonym	Age	Time working with refugees/asylum seekers
ARM	Alex	35	10 years
ARM	Chloe	21	1 year
ARM	Luna	23	* some years
ARM	Rosa	25	1 year
Ministry of Health	Alice	26	5 years
Ministry of Health	Ben	36	2 years
Ministry of Health	Ray	56	1 year
INAR	Daniel	46	18 years
INAR	Thomas	45	1 year
INAR	Bianca	31	7 years
INAR	Mary	40	16 years
INAR	Carlos	42	17 years
INAS	Eva	46	13 years
Ministry of Education	Marcos	42	17 years
Ministry of Education	Paulo	39	7 years
UNHCR	Eduardo	54	* many years
UNHCR	Jonas	38	11 years

Figure 7: Table of participants

5.4 Data Collection Methods

5.4.1 Interviews

Semi-structured interviews were chosen as the main method to answer the core questions of this research, due to the freedom that this type of interview offers, gathering then information beyond the expected from the interview guidance.

For the conduct of the interview, an interview guide was prepared in Portuguese², where the researcher used the list of questions as a guide, ensuring that the participant answers the main questions, offering a flexibility to change the order or include other questions according to the situation.

An important aspect of the semi-structured interview was the final question, where the researcher asked if there was anything the participants would like to say that was not asked. This strategy created a space to explore further what they felt was important to be known.

Bryman (2012) clarifies the concept of semi-structured interview when he introduces the idea that this method of data collection allows the researcher to vary the order of the questions, and to ask further questions after listening to the participant's answers.

5.4.1.1 Interviewing Process

In relation to what De Guevara and Poopuu (2021) argue about the political aspect embedded in the history of interviews, when linking the interview in research and the use of the signed consent form with police interrogations, it was important for the process of inviting people to participate, and the interview itself, both had to be very carefully prepared and well conducted. Given the potential discomfort that an interview may cause in the participants, a small and general written, combined

² Appendix B: Interview guide in Portuguese

with an oral presentation, was prepared to explain the research, the purpose of the study, who was conducting it, who were the participants, what their participation meant, and the ethical aspects of privacy.

The interviews were planned and conducted according to the following steps:

All participants were interviewed between July of 2021 and February of 2022. Due to pandemic restrictions, some participants were interviewed through zoom meetings and phone calls. However, most of them were interviewed face-to-face in Maputo and Nampula.

The interview materials were recorded with the consent of the participants and stored in a password-protected device to which only the researcher had access.

Both face-to-face and online interviews were conducted in a private and quiet environment where the participants and the researcher were able to talk freely and comfortably. However, within Maratane refugee camp an INAR staff member (who was assigned to accompany the researcher throughout the interviewing process)³ participated as an observer in the interviews. Although we had a third person present in some interviews, all participants had agreed to the presence of the INAR worker and it seems that it did not have a major impact on the content of the interviews, as none of the participants felt threatened or embarrassed by the presence of the INAR worker.

5.4.2 Field Observation

As part of the data collection, this research aimed to use the method of observation as a supplementary material. In order to extend the available data and to use more than verbal statements, observation provided a more detailed

³ Appendix C: authorization letter to carry out the research within Maratane

and resourceful material. The observation method was used during and between interviews while visiting the refugee camp.

Due to the difficult access and unsafe environment, the visit had to be planned and carried out in partnership with a professional from INAR. As mentioned previously, a local worker accompanied the researcher throughout the visit, during the interviews and the visit to Maratane.

5.4.3 Documents

Combining the oral and visual material, this research collects relevant documents that provided a better overview of the current situation. For the study, some of these documents were offered by the participants, while others were searched online, through official websites such as the UN, UNHCR, and INAR.

Documents were selected according to their content and if they related to some of the key concepts and issues for this research, such as psychosocial support.

5.5 Study Area

Originally this research was planned to be a comparative study between Norway and Mozambique, however it was decided to focus in only one country. Considering the bureaucratic systems, the availability of financial sources, the time required for fieldwork and analysis of material, it was decided to focus in one country only.

As the fieldwork process started in Mozambique before Norway, mainly due to some practical reasons, it was decided to focus the research in Mozambique.

Mozambique was chosen for several reasons, firstly because it is the researcher's second home, thus, during the pandemic, the research field options were very limited, and Mozambique was the easiest and best option among them.

Secondly, the official language of Mozambique is Portuguese, as well as the mother tongue of the researcher, which greatly facilitates contact and connection with the local population and allows the researcher to have direct contact with them rather than using services of an interpreter.

5.6 Data analysis method

A qualitative, inductive and deductive thematic analysis was chosen to structure this research, as there are not many studies related to our study topic (the psychosocial support provided to asylum seekers and refugees in Mozambique, and the professional and personal challenges and ideals identified by humanitarian workers in emergency). Therefore, the aim was to identify, analyze and report on the themes and categories found in the data (Braun and Clarke as cited in Vaismoradi et al., 2013).

Following the standard of Braun and Clarke (as cited in Vaismoradi et al., 2013) and Flick (2014) in relation to the thematic analysis process, six main steps were taken to ensure meaningful and accurate analysis. The analysis of the collected data began familiarizing with the data, transcribing the interviews, reading them and separating notes from other sources, such as observations and notes from informal conversations.

As a second step, initial codes were generated within the whole data, from each interview/note many codes were identified and it was impossible to analyze all of them. Therefore, as a next step, the data segments were labelled and separated into categories (thematically), which were collated into potential themes.

The review of the selected themes was considered the fourth step, where the themes were analyzed to see if they were relevant to the data, and a thematic map was created to illustrate and give a better view of the process of theme generation, from the initial codes generated to the final themes selected. Once they were

deemed suitable and well matched to the overall data, clear definitions and names were generated for them.

As a final step, a report was produced with the aim of analyzing the data collected and making a link between the research questions, the literature and the data.

Using thematic analysis, the focus was to identify the themes and words associated with the main concepts explored in this research, such as psychosocial support, resilience, aid, help, refugees, asylum seekers, challenges, etc. By combining and comparing their discourse, the idea was to find similarities and differences within and between them.

5.7 Ethical considerations

This section will explore some concepts and considerations to highlight the ethical position of the researcher when conducting research.

Firstly, we will consider the principle of “do no harm” as introduced by Wessells (2009) in emergency settings.

For Wessells (2009), an important aspect to consider is “aid as a weapon”. Although I am not directly offering aid, conducting research in a developing country may be seen as a kind of aid from an outsider. For example, the research might promote international links (between universities and organizations) and may stimulate funding and academic cooperation. For this reason, the research intentions and objectives need to be well established and clear from by the researcher to avoid misunderstandings, even if, as an unexpected outcome, collaboration, funding or other assistance is offered at the end.

Another important principle to be considered in relation to the ethical position of the researcher is the consent form. Wessells (2009: 846) argues that “informed consent is a cornerstone principle of ethical practice”. With this in mind, although there were some difficulties in obtaining some written consents (e.g., lack of a

printer or computer), none of the interviews were conducted without the participant's consent (in the absence of written consent, verbal consent was given prior to all interviews)⁴. In addition, each participant was asked for permission to be recorded before the interviews began; most agreed, but some preferred not to be recorded, and that was respected.

Furthermore, participation in this research was voluntary and it was clear from the outset that if a participant decided to withdraw their consent, they could do so at any time without giving a reason and without receiving any negative consequence. All information about the participants was kept anonymous and all personal data collected was used only for the purpose of this research. The personal data was handled confidentially and in accordance with the data protection legislation (the General Data Protection Regulation and the Personal Data Act) of Norway and Mozambique⁵.

Only the researcher and supervisor, Ragnhild Dybdahl, in connection with UiT the Arctic University of Norway, have access to the personal data. The real names have been replaced by pseudonyms, and the list of names, pseudonyms, contact details and other personal information is stored in a password device.

None of the participants will be identifiable in research publications. The only personal information collected were gender, age, occupation, type of work the participant does, where they work, how long they have been working in the field, and their names and signatures.

As mentioned previously, in order to carry out this research it was necessary to apply for ethical approval from two ethics committees, one in Norway and other in Mozambique. The purpose of ethics committee approval is to protect both the researcher and the participants/local institutions. Firstly, to protect the researcher

⁴ Appendix D: Consent form

⁵ Appendix E: Authorization letter from the Ethics Committee of Mozambique

in the sense that she would not damage her own reputation, and secondly, to protect the participants and institutions from any ethically unacceptable behavior from the researcher that might occur during the research (Bryman, 2012 : 135).

5.7.1 Bureaucratic processes

Maputo is the capital of Mozambique, the city where the researcher was based, and city where the INAR's headquarters are located. As result, the entire bureaucratic process, such as gaining access to the Maratane refugee camp and obtaining national permission to conduct research in Mozambique, took place in Maputo. The remaining interviews were conducted in Nampula, the city where Maratane refugee camp is located.

Furthermore, before starting the interview, each participant received the consent form by email, which gave them all the information about the research and their role in it. Due to some limitations, some participants were not able to print out and sign the consent form, however they gave verbal consent before being interviewed.

5.7.1.1 Local supervisor

From the beginning of the project, the researcher was advised to contact a local supervisor in Mozambique to help with the entire bureaucratic process of conducting research abroad. This was in addition to the Mozambican Ethics Committee, which required a national researcher to be part of the research team. The process of finding contacts and connections in Mozambique therefore began while the researcher was still in Norway, with a UiT professor who knew a contact at the university in Mozambique. From there, many other connections were made,

leading to a partnership with a public university in Mozambique, the *Universidade Eduardo Mondlane*⁶.

The head of the Educational Psychology programme at the *Universidade Eduardo Mondlane*, professor Augusto Guambe, agreed to support the research and offered a letter of support⁷ (as this was a requirement from Mozambican's Ethics Committee to conduct a research in Mozambique), along with a suggested of which university professor would be the local supervisor.

Professor Adérito Jorge Nandja Pipan then began his work as a local supervisor, helping to recruit potential candidates for interviews and assisting in the process of collecting and submitting the necessary documents to the Ethics Committee for approval.

5.7.1.2 Limitations and challenges

Arriving in Mozambique was not a problem, however, I faced many challenges during the fieldwork.

Firstly, the initial time I had to stay in Mozambique to do the fieldwork was very short (June and July 2021). In this short time, I had to go through the process of getting ethics committee approval, which involved the local university connection, finding a local supervisor, sending letters of inquiry to the Ministry of Health, and finding institutions and people to interview.

Mozambique is a very slow and bureaucratic country when it comes to requesting official documents. It took four months to get a support letter from the Ministry of Health and two months to get a support letter from the local university. Not to mention the countless emails, phone calls and personal visits to get the required

⁶ Appendix F: Supporting letter from UiT, The Arctic University of Norway

⁷ Appendix G: Supporting letter from Universidade Eduardo Mondlane

letters from those places. So, the planned two months of fieldwork (June and July of 2021) were just the start of the process in Mozambique.

Mozambique's ethics committee was very restrictive about how the project had to be structured and what letters were needed to get their approval. The main problem was the lack of communication and information from the Ethics Committee, because every time a requested document was obtained and sent to them, another document was missing and requested, and so on. So, if they had defined all the documents they needed from the beginning, the whole process could have been quicker than it was.

Also, I was not in Mozambique during the whole process, so I had to rely on my local supervisor to solve the problems, which made the process even slower. It was only in January 2022, when I managed to travel back to Mozambique, that all the documents were sent to the ethics committee for analysis and approval. For this reason, I believe that my biggest challenge in this research was dealing with the bureaucratic system in Mozambique to get my research approved by the local ethics committee.

Due to the COVID-19 pandemic, I was unable to travel to the refugee camp in July 2021 to conduct the interviews as planned. My base, for security and financial reasons, was in the capital (Maputo), which is about 2000km from Maratane (the refugee camp). Most of the professionals working with refugees and asylum seekers were based in Maratane, so most of the contacts and interviews were conducted through emails, phone calls and Zoom meetings. Not to mention the poor phone and internet reception in the refugee camp area, which made some interviews longer than expected.

In addition, the United Nations (UNHCR in particular) were a very challenging and difficult organization to get involved in the research. It was only in February 2022, when I was finally able to gain access to the refugee camp and stay there for two

weeks with the support of the INAR that I was able to interview two UNHCR staff members (but still with some difficulty in getting their permission for the interviews).

5.8 Considerations

As a social researcher, I find it impossible to draw a simple line between myself and the object of my research. The research as a whole process, including the background concepts that guided it, the fieldwork and the researcher's background, has a complex and blurred line that separates one from the other, and sometimes it can be mixed and overlapped. However, every effort has been made to be as neutral as possible in relation to all the aspects mentioned above. According to Max Weber (as cited in Flick, 2014: 109), "the practice of social inquiry could not simply be about the collection of social facts, but "idea of ideas." Thus, what we collect as data from the field cannot be determined as absolute truth or an accurate representation of reality, but as a representation of what reality is for those who answer the questions. In this way, this research does not elucidate what is offered as psychosocial support to refugees and asylum seekers, but what is offered as support from the perspective of the psychosocial professionals and their perspective of challenges (professional and personal) and ideals.

6. ANALYSIS

The analysis is based on the humanitarian workers' point of view on either, their professional and personal experience in the field, both based on the challenges, difficulties, rewards and ideals.

At professional level the analysis was divided into three categories, according with different periods.

First, the support offered on the arrival of Mozambique and consequently in the reception at Maratane center. Second, all support offered while they are living inside Maratane. And finally, the support offered once they leave Maratane center. Considering health, psychosocial and law assistance.

As mentioned in the methodology chapter (Chapter 4), a thematic analysis was used to analyze the collected data, which means that initial codes were generated from the transcription material of interviews and then separated in groups and narrowed into themes. The selected themes were food assistance, human resources, assistance by UNHCR, working condition and training/preparation for work.

Below there is a diagram of how the themes were organized:

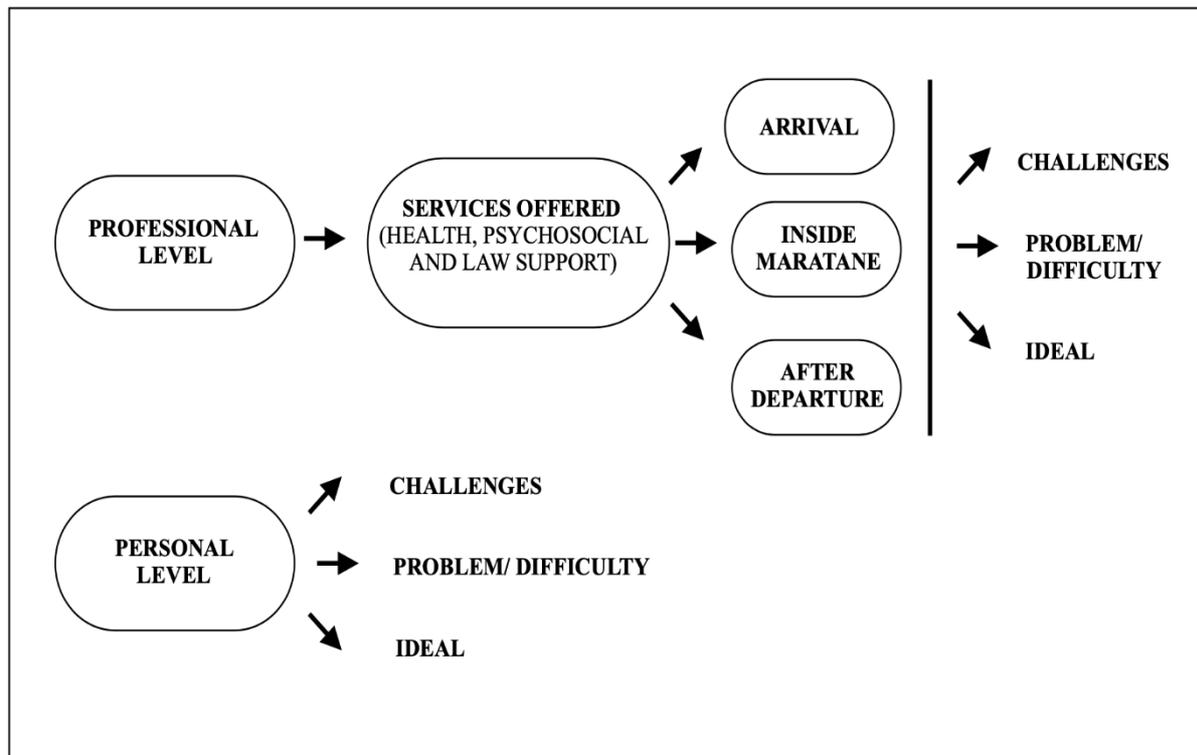


Image 8: Process of selecting the themes

6.1 Professional and Personal level

The interviews were mainly divided into professional and personal point of views, regarding aspects such as the support offered to asylum seekers and refugees in Mozambique.

At professional level, it was identified that as much experience they have in the humanitarian aid, working with refugees, more confidence and ownership they had while talking about the current services and problems faced. When considering the personal level, much of it was associated with working conditions and how the absence of specialized services might affect them both personally and at work.

Therefore, answering the first question of this research "*What is Mozambique, as a receiving country, offering to the refugees and asylum seekers, when considering psychosocial support (including psychological, social and legal support)?*" the services offered to asylum seekers and refugees in Mozambique are the following ones:

6.1.1 Services offered

As the focus of this research is to explore which services is offered, to better understand the process we decided to divide in three moments, when arriving, while staying within the refugee camp, and after leaving the camp, as the assistance offered may vary accordantly with their status and location.

6.1.1.1 On Arrival

Due to Mozambique be surrounded for six countries, the flow of people happens from different areas and to control it is not an easy role.

When thinking about refugees, the direction of the flow happens more through the borders from the Northern countries. Many refugees use Mozambique as a corridor to reach South Africa. However, not all of them arrive in Mozambique with the intention of leaving the country, some are in fact seeking asylum in there. Others, intending to continue to South Africa, arrive in Mozambique but due to problems with their health or due to financial reasons, they decide to stay in Mozambique.



Figure 9 - Source: Audet et al (2010): Map of Mozambique and surrounding countries

Therefore, to better control the influx of asylum seekers and avoid potential risks to the State, Mozambique created a mechanism to be able to receive them, to verify their intention and send them to the settlement prepared to offer the support needed.

Once people, who are seeking asylum, arrive in Mozambique, they may go straight to the police station, or they might be sent there by an officer who receive them at the border. While they are there (at the police station), a team from INAR does a triage, if arriving from Monday to Friday, however if arriving during the weekend they must wait at the police station until a work day to be interviewed. After been verified by the INAR, they are sent to Maratane center, and relocated to a transit area, where they stay between thirty to sixty days. In the transit area they receive food for the first thirty days, and are included in the list to receive non-food goods, such as pan, plastic (to cover their future houses) and hygiene kits.

The transit area is mainly created to organize and control the distribution of people within Maratane, so that during the time they are waiting there, the staff

have the opportunity to find a suitable house to relocate them, either as a regrouping with an existing family member or friend, or in a new house.

A second triage occurs when they are interviewed by an INAR officer to be registered, in this interview they are asked about their reasons to leave their original country and what happened back there. Normally the family representative (usually the husband/father), is the one who is interviewed. From that interview the staff analyses the vulnerability level of each family, and it will be important when defining the amount of food that will be distributed to the family while they stay within Maratane, and it also guides the worker on which special assistance they may have to offer.

Box 1: Program officer, INAR's worker

"There is an officer that receives the asylum seeker, that does a triage in the police station, brings them to Maratane, conducts an interview, fills the form, registers the person and the causes that make them to flee and seek asylum in Mozambique. And in that moment the asylum seeker may say 'I suffered a violence or my husband died and I fled because of that', thus immediately we have to fill in the form that person needs to be referred to social services or even receive a health assistance." (Interview 9)

6.1.1.2 Inside Maratane

Once settled and completed the interview to obtain refugee status, they have two options while waiting the response, staying or leaving Maratane. It is flexible because Mozambique has an open access policy, which means they can travel within Mozambique and stay where they want while waiting for their status.

However, almost all support offered to refugees in Mozambique is centered within Maratane. They are allowed to live outside the refugee camp, but will not receive food and material assistance, nor housing. The only support they have if living outside of Maratane is the law assistance, thus, the majority of them decide to stay in Maratane to receive all support provided there.

6.1.1.2.1 Health support

There is a health center in Maratane, where is offered services to residents of the camp and local population who lives around Maratane.

Box 2: Doctor, Ministry of Health's worker

"We have the emergency service, which is the first aid bank, where we attend to all kinds of illnesses. We have the pediatric ward, we have the general practice ward, we have the center for the treatment of diarrheic diseases, which is the CTD. We have the isolation center for patients with tuberculosis, we have services to care for HIV positive patients, we have nutrition [...]

We do home visits, because we have activists who go into the community to promote raise awareness sessions. To aware and motivate the population to join the hospital and the services offered by the health unit. We have a pharmacy inside Maratane.

Are medications offered free of charge to those who need them or do they have to pay for them? Yes, yes, they are offered free of charge, mainly to refugees."

(Interview 8)

The population living in Maratane can have health assistance directly at the health center or being referred by a worker who has identified (through home visits or

from another services) the medical need. Together with the Ministry of Health, UNHCR works at the health center and finances it, expanding the maternity ward, building blood baking, and buying equipment.

For instance, while I was doing the field work, the UNHCR was running an activity to help people who were suffering from malnutrition. Together with a nutritionist and local activists, the UNHCR team was assessing the level of malnutrition of some people and offering an extra food kit.

In general, the government of Mozambique through the Ministry of Health, offer the work force (the specialists) and the UNHCR fund their activities and offer technical support to cover some areas.

The health center of Maratane offers ordinary medical assistance. In case a patient needs a treatment that is not available there, they are transferred to another center within or outside the country (depending on the severity of it).



Figure 10: UNHCR tent at the health center

6.1.1.2.2 Psychosocial support

The Ministry of Health is the institution responsible to delivery psychosocial care in Maratane, through two different departments, Mental Health and Social Action. The Social Action sector in Maratane is divided into four groups: people with disabilities, widowers and people with chronic diseases; Gender Based Violence; Child Protection; Occupational therapy.

Unfortunately, that the Social Action department does not communicate very well with the Mental Health department in Maratane, and for this reason there are no referral pathways from one sector to another.

According to a Social Action employee, a child who suffered sexual violence is sent to the health center, then the case is sent to the police station (in Maratane). Furthermore, the case is referred to the Child Protection group for further actions. Even in the case of sexual violence, as in this example, the patient is not referred to the mental health department.



Figure 11: Social Action office

Occupational therapy is another activity led by the Social Action sector. They normally select some refugees before the project starts (usually in the beginning of the year), who will benefit from the activity.

Sewing is the activity that is currently happening as occupational therapy. In addition, the Social Action promote home visits, awareness sessions, and help the refugees with funerals.

The psychological support is offered at health center, by a social psychologist and a psychiatrist. They work with activists who usually do home visit, and through those visits they identify cases who present a need of assistance. From that, they contact the family and referral they to receive mental health care.



Figure 12: Sewing machine from the occupational therapy activity in Maratane

A significant demand on mental health aid is with HIV positive patients, where the workers help them to understand and deal with the disease, as well as offering awareness raising sessions to families and communities, in order to remove tabus and stigmas. Along with treatment of psychotic patients and children who suffer with epilepsy.

6.1.1.2.3 Law support

In general, from the time that a person arrives in Mozambique seeking asylum, until the moment they leave the country, the INAR is the organization responsible to offer law support. For some specific cases, INAR counts with the support of local organizations such as CERMIRDE.

6.1.1.2.3.1 CERMIRDE

Comissão Episcopal para Migrantes, Refugiados e Deslocados (Episcopal Commission for Migrants, Refugees and Displaced Persons), is a Mozambican commission that was created in the 90's, in order to respond to the flux of people who tried to return to their places after the end of Mozambican civil war and were seeking help.

According to Scalabrinianas (2022), the CEMIRDE also offers spiritual, pastoral, legal and material support to displaced people, migrants and refugees in Mozambique, since it is a religious commission. In addition to an assistance and follow-up to victims of human trafficking, CEMIRDE offers support to Mozambican emigrants working in mines in South Africa, along with humanitarian aid to displaced people in different resettlements in the northern provinces.

In Maratane, CERMIRDE counts with a partnership of Scalabrini Organization, which offers recreational activities with the aim of promoting better involvement of children in schools, as well as providing nutritional assistance to malnourished children.



Figure 13: Scalabrini's worker preparing the formula to deliver to mothers who had malnourished children

6.1.1.3 *After Departure*

Some asylum seekers decide to leave Maratane and find another place in Mozambique to stay while waiting for their refugee status. Once they decide for that, almost all aid offered to them is ceased, remaining only the legal support. In that case, if they need any support, they must request that from INAR.

6.1.2 Work related challenges

Therefore, answering the second research question *“What are the challenges faced by the professionals who work offering such support to these groups?”*, and the third question *“What do professionals identify as an ideal support? And what is lacking to achieve it?”*, through the selected themes: food assistance, human resources, assistance by UNHCR, working conditions, and training/preparation for

work, we will discuss the most relevant (accordantly with the worker's perspective) challenges, difficulties, problems and ideals of working with refugees and asylum seekers in Mozambique.

6.1.2.1 Food assistance

Overall, the food assistance offered to refugees is mainly provided by the World Food Program - WFP. Depending on the available resources, non-governmental organizations such as ARM, and Scalabrini Organisation offer, among other things, a food supplementation, distributing for example extra corn flour, rice, milk formula and dried fish, accordantly with the level of vulnerability of the families and with the available resources.

Regularly, WFP distributes 10kg of corn flour to a family of eight to ten members. But when corn flour is not available, they replace it for rice, in addition to beans/legumes and cooking oil. Family less vulnerable and with a small number of members receive only fifty percent of the amount of that, half portion of corn flour/rice and beans/legumes and a bottle of cooking oil.

A very concerned problem by Maratane's humanitarian workers, related to the food assistance is the insufficient amount of food distributed. It is very difficult to feed an entire family for a month with only 10kg of corn flour, according with them. Moreover, a restrict diet of corn flour, rice and beans (sometimes other legume) lacks so many nutrients and vitamins that potentially might escalate further problems, such as malnutrition for example.

Some refugees have other ways of bringing a bigger variety of food to their homes, such as buying chicken, vegetables and fruits, but not every refugee have resources to buy food. Thus, they end up depending on the institution to survive, even if that means only eating corn flour every day.



Figure 14: WFP food distribution schema

In addition to the problem associated with the quantity, the food supplementation distribution is a problem, due to many factors. First, because the amount of it is defined accordantly with the vulnerability criteria of each refugee. Therefore, just a small part of refugees receive the supplementation aid. The criteria to decide who will receive and who will not receive it is measured by the level of malnutrition and if they have a chronic disease. Indeed, people in such situation need immediate extra support, however what is said by some workers is that many others also need this extra support and they do not receive it. Thus, the workers feel very limited in their interventions, feeling frustrated, because they receive complaints by the refugees all the time, and in fact a lot of them are desperate for

help and really need it, but due to the lack food just a small group of selected persons receive it.

Box 3: Social worker, INAS

“Our activity is very limited. So, if it was possible to cover every group, young, elderly, children, that would be much better. [...] increase the budget to distribute food to all those in need.”(Interview 7)

Besides the problem with the amount of food and the distribution criteria of food supplementation, other aspects related to food distribution stress the workers and consequently stress the refugees. For instance, the WFP sometimes instead of corn flour (when it is out of stock) distribute corn, and grinding the corn is costly and majority of the refugees do not have the money to grind it, so they must figure it out a way of doing it or exchange the corn for another thing.

Moreover, another issue is the lack of cooking pan, they receive cooking oil and corn flour/rise/corn but they do not have a place where they could cook it. Thus, the WFP, INAR, UNHCR or other actor who is taking care of food distribution should understand the real conditions of the refugees and how they could improve and potentialize the assistance regarding food problems. It is not about deliver food and then the problem is solved, but how the food is being delivered, and under which condition as well.

Box 4: Sociologist and Project Manager, ARM’s worker

“They must offer food assistance according to the real needs of refugees, based on what they face in their daily lives.”(Interview 1)

Luna, a nurse that works in Maratane brought an important issue triggered by the lack of an adequate food assistance, she argued that malnourished children do poorly in school. In addition, Alice a doctor, who also works in Maratane argued about another problem caused by the inadequate food distribution, the child mortality. She argues that the food is distributed accordantly with the amount of family members, thus as many children a person has more food they will receive. Therefore, women tend to have more children in order to receive more food, however they have children one after other, not respecting the time requested between pregnancies, thus they wean the babies very quickly causing malnutrition to them, since they do not have any milk formula to replace the breastfeeding. In this manner, Luna and Alice brought two different consequences from the same problem, regarding the negative consequences of the malnutrition. Children are particularly more vulnerable because they depend on the others to have their basic needs assisted, along with the large nutritional requirements they need to grow and develop healthy (Shrestha et al., 2022; Picot et al., 2012). Furthermore, it is possible to identify how important is the environment that surrounds a child, because beyond the psychosocial aspects of an individual's resilience respond, the availability of the resources that a child have or not, will be extremely important when considering their physical development and their coping mechanism (Ungar, 2008). Therefore, providing adequate food assistance, with satisfactory quality and quantity, will have a huge positive impact on a child's life.

6.1.2.2 Human resources

Beyond the importance of the material and food assistance in a refugee camp, the quantity and quality of workforce is essential to promote an adequate and sufficient support to those who live in a camp.

According to World Health Organization (2006), adequate human resources are important to bridge the gap between what is planned and what is delivered in terms in emergency settings.

Seven out of seventeen participants complained about the scarcity of human resource in their own and other sectors. In education, for example, Chloe (psychologist) suggested a literacy center and a professional training center for refugees. For her, it would be important for the refugees to have an opportunity to study and build their own careers. However, to achieve it, Maratane would need workers to teach and train them. In addition, for Alice (doctor) the language is a huge challenge when working with refugees, in her practices is essential the understanding of the refugees needs and complains to be able to diagnose and treat them. Thus, in many cases, when working, she needs an interpreter to assist her, in this way the relation patient-doctor loses its privacy, and for this reason some patients start to avoid going to the clinic (mainly HIV positive patients) afraid that their issues would come out in public, and they might suffer prejudice and discrimination from their peers. In absence of interpreter, another patient who is at the health center waiting to be assisted, is asked to help the doctor with the translation. Therefore, some patients decide not get treatment because they do not want to be exposed.

This problem crossed many sectors, such as health, education, and field management, solving it might help workers and refugees in different ways. In health, for instance, with someone teaching Swahili for the workers (Alice's suggestion) refugees might be better understood and better assisted.

Furthermore, Marcos (the school director) brought two issues in regards to the secondary school, the first one related to the lack of teachers. That school is new comparing with the primary one, and the investment by both UNHCR and the government is still very low, thus there is not enough money to hire sufficient

teachers. Another issue is the lack of budget to hire guards to protect the school, what caused an incident last year, where laptops and computers were stolen. Moreover, another workforce or area of expertise that is lacking in Maratane, according to the workers interviewed, are the psychological support to refugees. Eduardo (public health worker) discussed the lack of psychological support and how he had to request more assistance to Maratane, due to the increasing number of persons in psychological suffering.

Box 5: UNHCR's public health worker

"There is a lot of psychological need here in Maratane, and even more need of Mental Health services here in Maratane.

Is there any psychosocial support from UNHCR here in Maratane?

Not from UNHCR, but this hospital has social psychologist and have one psychiatrist."

Jonas (field officer), another UNHCR employee, also brought up the problem of the lack of psychological support for refugees. For him, considering that Maratane only have one social psychologist that works at the hospital, the demand of psychological support goes beyond what Maratane can offer. Thus, workers from areas other than psychology end up providing counselling and offering emotional and psychological support to refugees. As Jonas, Bianca (protection officer) complained about the scarcity of psychological support in Maratane. According to her, in some interviews with refugees, they used to bring issues and suffering that she, as a protection officer, does not have capacity and knowledge to address it. And yet, there is no other professional that she can refer, besides the social psychologist, who does not offer counselling services.

6.1.2.3 Training/Preparation for work

Working in emergencies settings may be very challenging and stressful. Working with vulnerable population, with refugees for instance, might demand more attention and specialized knowledge, because they had just experienced a traumatic situation and found themselves in a very vulnerable position, they may be in psychological suffering, malnourished, injured, and a simple registered interview may become intense and mentally challenge activity, for both refugee and interviewer.

Bianca (registrar), spoke about the difficulty of listening to refugees without a previous preparation for that. Therefore, she suggested a psychological preparation for the entire staff, on how to receive such vulnerable population, and how they minimally could offer an emotional support for them, considering there are no clinical psychologists or counsellors to offer support to them.

Daniel (protection officer), mentioned the importance to have well trained works, including those who work at the border or at the police station, receiving the asylum seekers and conducting the first interview. Tomas (cooperation and project department) and Jonas (field officer) agreed with Daniel's statement, regarding the lack of a capacity building, specifically to work with refugees.

6.1.2.4 Working Conditions

Another important issue highlighted by some workers were the precarious working condition. In terms of structure, Maratane lacks working rooms. For instance, the psychiatrist and the psychologist have to share the same room at the health center, hence when one of them has a patient the other has to leave the room to give them privacy.

The protection officer also complained about her work environment, that lacks an adequate and private space to interview the refugees.

Regarding mental health support to employees, besides the psychological preparatory training, suggested for some of them, a follow up by mental health professionals would help avoiding psychological suffering, stress and even levels of burnout among the humanitarian workers. In such context, some stresses are unavoidable, as unstable environment, emotional burden from refugees, distance from family, and work pressure for example. However, other stresses might be prevented and reduced by actions from an individual, a manager/supervisor or even the organization (Antares Foundation, 2012).

Disregarding the unavoidable stresses and considering only the ones that have the potential to be prevented or reduced, in Maratane accordantly with some participants, some psychological hazards in their working environment could be avoided. First, work overload mainly highlighted by Jonas (field officer), when considering that Maratane does not have sufficient people working there, thus he and others have to overwork and cover activities beyond their own, increasing their workload and consequently, the stress. His complaint is directed to both organizations: UNHCR and INAR, that should increase the financial support and hire more humanitarian actors.

Overall, from the participants' perspectives, there are many situations, simple and other more complex that if changed would prevent significant stress and improve their working conditions.

6.1.2.5 Assistance offered by UNHCR

The United Nations High Commissioner for Refugees (UNHCR) gained a special space here because almost every participant complained somehow about them. As INAR's main partner, UNHCR is responsible to fund the majority of the interventions in Mozambique, in regard to refugees' and internally displaced people's assistance. In Maratane, INAR is the government organization

responsible to manage all the interventions and projects while UNHCR gives financial support to implement them, together with World Food Program (WFP), representing the UNHCR-WFP joint hub in Mozambique, aiming to provide technical and strategic support, joining efforts to offer a more satisfactory intervention.

However, even when it is not the UNHCR responsibility, as food assistance for example (because it is WFP's), all the blame and complain about the problems in Maratane is seen as the UNHCR's fault, at least by the humanitarian workers of Maratane (those from INAR and ONGs). Indeed, UNCHR is more present and more active at the refugee camp, while WFP only is seen when distributing food, what happens periodically (once a month or once every three months, depending on how they organize the food distribution). Thus, all the attention and complains are focused on the UNHCR intervention, which is fair at some points, not about the managing of food support, but regarding the precariousness of other services.

6.2 Discussion

How could one expect resilient refugees from an environment without resources, once resilience is directly associated with tools and conditions that a person can access to develop coping mechanism (Ungar, 2011; Southwick et al., 2014). Indeed, according with some researches (WHO, 2022; Purgato et al., 2020; Cuijpers et al., 2022), low and middle- income countries do not have sufficient resources and infrastructure to address all demands when considering emergency context. Mozambique is part of that reality, the government counts with international and national organizations helping the country receive and offer support to refugees. Even though Mozambique, as a host country, may not have conditions to guarantee that every need presented by refugees are met, a minimum response should be made. Considering the lack of resources and specialized workers, some

authors (Bunn et al., 2022; Purgato et al., 2020; Tol et al., 2020; Islma and Mozumder, 2021) bring suggestions in how a low-income country may address the refugees' needs without considerable financial resources, such as using local actors as workers, task-shifting strategy, peers and online supervision.

If there are no food, basic material, human resources, psychological and social support, those individuals will get stuck in their own suffering, becoming ill physically and mentally. Maratane exemplifies the theory that, even though 22% of refugees experienced a mental disease, just few of them access mental health services (Karyotaki et al., 2023; Charlson et al., 2019; WHO as cited in Purgato et al., 2020).

The lack of support creates a cascade of problems, where first of all, when the individuals do not receive the support needed, and they are exposed to daily stresses (as it inevitably happens inside a refugee camp) they will respond to that stress differently as if they were not struggling to have their basic needs addressed (Cohen and Yarger, 2021; Ponnampereuma and Nicolson, 2018; Miller and Rasmussen, 2010).

There are different forms to measure resilience, analyzing the environment that surrounds a person is one of them. In that way, as many resources available, less effect the daily stress will have in refugees' lives. Those resources go from basic to specialized services (IASC, 2007), as for instance, presence of an interpreter, teachers, supplementary food, as well as social support from their peers (Wills and Fegan, 2011; Ungar 2011). Overall, a person working in refugee camp or with humanitarian assistance, face many problems, either with the lack of resources (material or human) or environmental stress. However, what makes the difference is how the team can identify those problems and challenges and address them, before they evolve and become more complex and harmful. A simple intervention has the potential to improve significantly the life and work of many people.

CONCLUSION

As the Republic of Mozambique borders many countries, the flux of people seeking asylum comes from different areas, and control it and organize the arrival of those people become not a simple task. In addition, the country usually encounters different emergencies, such as cyclones, floods, earthquakes, drought and currently an armed conflict, which makes the country less resourceful and in more need of outside aid.

Regarding the psychosocial support to refugees, it was identified that the majority of the assistance is offered to those who live within Maratane. In addition, the assistance, provided by the government and non-government institutions, covers part of the essentials needed of the refugees. The food support (ordinary and supplementary food) is very precarious and does not supply all the refugees' needs, which produce many problems. Along with housing, medical assistance, security and support to address legal issues.

Considering that Mozambique is a very poor country and has very few resources, the challenges faced by the humanitarian workers are many. Such as the lack of trainings and preparation to work with refugees, insufficient food aid, and lack of human resources in almost every sector, which influences the development of coping mechanisms and resilience responses from refugees.

Therefore, it is not possible to expect resilient refugees without offering to them mechanism to develop it.

In general, it was identified that many challenges and problems that workers, and consequently the refugees, face is due to a lack or even a mismanagement of resources. Indeed, in Maratane there are poor working and living conditions, however many stresses and problems can be solved or even prevented with more financial investment, such as hiring more workers, to cover different sectors for example, which was even mentioned for the participants as ideal support.

Including having better work conditions, such as psychological services available for both workers and refugees.

In overview, although organizations that work in Maratane offer substantial support, basic and essential care are lacking. Therefore, a lot of improvement must be done, however to achieve the ideal support accordantly with the participants, some minor interventions would solve huge problems, reducing significantly stress-related disorders and psychological suffering of refugees in Maratane.

REFERENCES

- Adebayo, A. A. (2015). The legal regime for the protection of asylum seekers and refugees: An overview of the Geneva Convention 1951. *Nnamdi Azikiwe University Journal of International Law and Jurisprudence*, 6, 83-91.
- Antares Foundation. (2012). *Managing stress in humanitarian workers: guidelines for good practice*.
- Antoniak, D. (2012). Mozambique: a refugee sending country turned host. *Rights in Exile*, 29(1).
- Audet, C. et al (2010). *Sociocultural and Epidemiological aspects of HIV/AIDS in Mozambique*. BMC international health and human rights.
- Bailey, S. (2016). Why not cash? The case for cash transfers for refugees in Mozambique.
- Boletim da República de Moçambique. (1991). Moçambique Assembleia da República: Lei no. 21/91 de 31 de Dezembro. I Série, 21. Suplemento, No. 52.
- Boletim da República de Moçambique. (2003). Publicação Oficial da República de Moçambique. Lei no. 51/2003 de 24 de Dezembro: Cria o Instituto Nacional de Apoio aos Refugiados. I Série, No. 52.
- Boletim da República de Moçambique. (2008). Decreto no. 33/2007 de 10 de Agosto. Edição Eletrônica, Pandora Box. I Série, No. 32.
- Bonanno, G. A. (2008). Loss, Trauma, and Human Resilience: Have we underestimated the human capacity to thrive after extremely aversive events?. *American Psychological Association*, 5(1), 101-113.

Bunn, M., Zolman, N., Smith, C. P., Khanna, D., Hanneke, R., Betancourt, T. S., & Weine, S. (2022). Family-based mental health interventions for refugees across the migration continuum: a systematic review. *SSM-Mental Health*, 100153.

Bryman, A. (2012). Social Research Methods: Oxford university press.

Bunn, M., Zolman, N., Smith, C. P., Khanna, D., Hanneke, R., Betancourt, T. S., & Weine, S. (2022). Family-based mental health interventions for refugees across the migration continuum: A systematic review. *SSM-Mental Health*, 100153.

Câmara de comércio Portugal Moçambique. (2022/01/31) *Guia do Turismo*. [https://ccpm.pt/pt/actualidade/guia-do-turismo-34/guia-do-turismo-40#prettyphoto\[Imagens\]/1/](https://ccpm.pt/pt/actualidade/guia-do-turismo-34/guia-do-turismo-40#prettyphoto[Imagens]/1/)

Charlson, F., van Ommeren, M., Flaxman, A., Cornett, J., Whiteford, H., & Saxena, S. (2019). New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. *The Lancet*, 394(10194), 240-248.

Consolo, M. J. D. S. (2015). *O acolhimento de refugiados em Moçambique* (Doctoral dissertation, Universidade Eduardo Mondlane).

Cohen, F., & Yaeger, L. (2021). Task-shifting for refugee mental health and psychosocial support: a scoping review of services in humanitarian settings through the lens of RE-AIM. *Implementation Research and Practice*, 2, 2633489521998790.

Crisp, J., & Kiragu, E. (2010). Refugee protection and international migration: A review of UNHCR's role in Malawi, Mozambique and South Africa. *Geneva: UNHCR*.

Daniel, E., Mambo, F., & Oliveira Cunha, J. (2023). Integrating forcibly displaced populations into urban labour markets: lessons from Mozambique. *International Growth Centre Blog*.

De Guevara, B. B., & Poopuu, B. (2021). *Preparing for Fieldwork Interviews*. In *The Companion to Peace and Conflict Fieldwork* (pp. 65-83). Palgrave Macmillan, Cham.

De, P., & Chattopadhyay, N. (2019). Effects of malnutrition on child development: Evidence from a backward district of India. *Clinical Epidemiology and Global Health*, 7(3), 439-445.

Flick, U. (Ed.). (2014). *The SAGE Handbook of Qualitative Data Analysis*. Sage.

Galappatti, A. [2022/12/07] *The World Humanitarian Summit Needs Mental Health & Psychosocial Support (MHPSS)*. Medium. <https://medium.com/@agalappatti/the-world-humanitarian-summit-needs-mental-health-psychosocial-support-mhpss-d1d1f9a4a96b>

Hooberman, J., Rosenfeld, B., Rasmussen, A., & Keller, A. (2010). Resilience in trauma-exposed refugees: The moderating effect of coping style on resilience variables. *American Journal of Orthopsychiatry*, 80(4), 557-563.

Hutchinson, M., & Dorsett, P. (2012). What does the literature say about resilience in refugee people? Implications for practice. *Journal of Social Inclusion*, 3(2), 55-78.

Inter-Agency Standing Committee. (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings: Geneva. *Switzerland: Office for the Coordination of Humanitarian Affairs*.

Islam, S., & Mozumder, M. K. (2021). Challenges to providing quality mental health services for forcibly displaced populations: The case of Rohingya refugees in Bangladesh. *Asian American Journal of Psychology, 12*(3), 234.

Issufo, S. (2010). O regime jurídico-laboral do refugiado em Moçambique: profissões assalariadas. Sal & Caldeira advogados, LTDA.

Karyotaki, E., Sijbrandij, M., Purgato, M., Acarturk, C., Lakin, D., Bailey, D., ... & Barbui, C. (2023). Self-Help Plus for refugees and asylum seekers: an individual participant data meta-analysis. *BMJ Ment Health, 26*(1).

Lange, K. W. (2021). Task sharing in psychotherapy as a viable global mental health approach in resource-poor countries and also in high-resource settings. *Global Health Journal, 5*(3), 120-127.

Leka, S., Cox, T., & Zwetsloot, G. (2008). The European framework for psychosocial risk management. *Nottingham: I-WHO publications*.

Mangena, B., & Pherudi, M. (2019). Disentangling Violent Extremism in Cabo Delgado Province, Northern Mozambique: Challenges and Prospects. *Extremisms in Africa, 348-365*.

Miambo, A. A. (2017). A problemática dos refugiados e as modalidades de acesso ao direito de asilo em Moçambique (1975-2017) (Doctoral dissertation, Université Sorbonne Paris Cité).

Miller, K. E., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: bridging the divide between trauma-focused and psychosocial frameworks. *Social science & medicine, 70*(1), 7-16.

Moçambique Media Online, MMO. (2022, march 21). Bandeira de Moçambique: Significado das Cores, Símbolos e Curiosidades. <https://www.mmo.co.mz/bandeira-de-mocambique-o-significado/>

Muanamoha, R. C., & Raimundo, I. M. (2018). Cartografia da migração interna em Moçambique entre 1997 e 2007. *REMHU: Revista Interdisciplinar da Mobilidade Humana*, 26, 31-59.

Neuman, W. L. (2007). *Basics of social research: Qualitative and Quantitative Approaches*. Pearson.

Nevins, D. (2021). *Cultures of the World: Mozambique*. Cavendish Square Publishing, LLC.

Picot, J., Hartwell, D., Harris, P., Mendes, D., Clegg, A. J., & Takeda, A. (2012). The effectiveness of interventions to treat severe acute malnutrition in young children: a systematic review. *Health Technology Assessment (Winchester, England)*, 16(19), 1.

Ponnamperuma, T., & Nicolson, N. A. (2018). The relative impact of traumatic experiences and daily stressors on mental health outcomes in Sri Lankan adolescents. *Journal of Traumatic Stress*, 31(4), 487-498.

Portal do Governo de Moçambique. (2022, March 21). A Bandeira Nacional. portaldogoverno.gov.mz

Powner, L. C. (2014). *Empirical research and writing: A political science student's practical guide*. SAGE.

Purgato, M., Uphoff, E., Singh, R., Pachya, A. T., Abdulmalik, J., & van Ginneken, N. (2020). Promotion, prevention and treatment interventions for mental health in

low-and middle-income countries through a task-shifting approach. *Epidemiology and psychiatric sciences*, 29, e150.

Sande, V. M. (2019). Assistência humanitária: mapeando as ações de Moçambique na proteção sócio-jurídica dos refugiados (Doctoral dissertation, Universidade Eduardo Mondlane).

Scalabrinianas (12/24/2022) Comissão Episcopal para Migrantes, Refugiados e Deslocados (CEMIRDE) <https://scalabrinianas.org.br/cemirde/>

Singh, M. M., Amiri, M., & Sabbarwal, S. (2019). Role of job stress on job satisfaction. *International Journal of Management Studies*, 6(4), 57-60.

Shrestha, M. L., Perry, K. E., Thapa, B., Adhikari, R. P., & Weissman, A. (2022). Malnutrition matters: Association of stunting and underweight with early childhood development indicators in Nepal. *Maternal & Child Nutrition*, 18(2), e13321.

Southwick, S. M., Bonanno, G. A., Masten, A. S., Panter-Brick, C., & Yehuda, R. (2014). Resilience definitions, theory, and challenges: interdisciplinary perspectives. *European journal of psychotraumatology*, 5(1), 25338.

Tol, W. A., Leku, M. R., Lakin, D. P., Carswell, K., Augustinavicius, J., Adaku, A., ... & van Ommeren, M. (2020). Guided self-help to reduce psychological distress in South Sudanese female refugees in Uganda: a cluster randomised trial. *The Lancet Global Health*, 8(2), e254-e263.

Ungar, M. (2008). Resilience across cultures. *The British Journal of Social Work*, 38(2), 218-235.

Ungar M. (2011). The social ecology of resilience: A handbook of theory and practice. Springer Science & Business Media.13-31.

Ungar, M., & Theron, L. (2020). Resilience and mental health: How multisystemic processes contribute to positive outcomes. *The Lancet Psychiatry*, 7(5), 441-448.

UNHCR. (2006). OAU Convention: Governing the Specific Aspects of Refugee Problems in Africa.

UNHCR. (2010). Convention and Protocol Relating to the Status of Refugees.

UNHCR/WFP (2023). UNHCR-WFP joint Hub. <https://wfp-unhcr-hub.org>

UNHCR - The UN Refugee Agency (2023). Mental Health and Psychosocial Support. <https://www.unhcr.org/mental-health-and-psychosocial-support>

United Nations High Commissioner for Refugees - UNHCR (2022, March 23). Mozambique.

<https://www.unhcr.org/afr/mozambique.html?query=cabo%20delgado>

Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing & health sciences*, 15(3), 398-405.

Wessells, M. G. (2009). Do no harm: toward contextually appropriate psychosocial support in international emergencies. *American psychologist*, 64(8), 842-854.

Wills, T. A., Fegan, M. F., Baum, A. (2001). Social Networks and Social Support. Handbook of health psychology. *Lawrence Erlbaum Associates*. 209-234.

Windle, G. (2011). What is resilience? A review and concept analysis. *Reviews in clinical gerontology*, 21(2), 152-169.

World Health Organization. (2018) Mental health: strengthening our response.

World Health Organization. (2022). World mental health report: transforming mental health for all.

World Health Organization. (2006). Working together for health: the World health report 2006: policy briefs. *World Health Organization*.

World Health Organization. (2022). Refugee and migrant health. Key facts. <https://www.who.int/news-room/fact-sheets/detail/refugee-and-migrant-health>

(2021). O INAR: Historial e suas Actividades, Assistência aos Requerentes de Asilo e Refugiados, Requerentes de Asilo Rejeitados e Apátridas [Unpublished manuscript]. INAR - Instituto Nacional de Apoio aos Refugiados.

----, Lei n 21/91, de 31 de Dezembro de 1991, Estabelece o processo de atribuição do estatuto de refugiado.



Appendix A

Tabela 5: Refugiados e requerentes de asilo registados em Moçambique, Dezembro de 2021

cc	MARA TANE	C. DELEGA DO	INHAM BANE	NIASS A	MANI CA	SOFALA	NAMP ULA	TETE	ZAM BEZI A	MAP UTO	MAP UTO CIDA DE	GAZA	TOTAL
ANGOLA	2	-	-	-	1	-	-	-	-	-	-	-	3
BURUNDI	2,686	91	9	70	95	57	1,170	383	190	2,038	2,013	30	8,838
CONGO(BRA)	32	1	1	-	1	-	8	-	-	2	7	-	52
CONGO(RDC)	5,924	67	29	148	119	163	804	192	180	1,484	1,258	44	10,418
COSTA DE M	9	24	5	3	22	5	91	6	13	30	279	6	493
CAMAROES	-	-	-	-	-	-	2	-	-	-	1	-	3
ERITREIA	1	-	-	-	-	-	-	-	-	-	25	-	26
ETIOPIA	12	-	-	-	-	-	6	2	-	1	5	-	26
GUINE CO	-	-	-	-	-	-	5	-	-	-	-	-	5
MAURITANIA	-	-	-	-	-	-	-	-	-	1	-	-	1
RUANDA	322	11	4	8	27	5	244	294	17	1,589	1,408	17	3,946
REP.CENT. A	-	2	-	-	1	1	1	-	-	2	3	-	10
SUDAO	6	3	2	-	-	2	2	-	-	7	5	-	27
KENYA	-	-	-	-	-	-	-	-	-	1	-	-	1
SERRA LEOA	-	-	-	-	-	-	-	-	-	1	1	-	2
SOMALIA	95	315	61	193	529	295	1,214	46	419	166	738	55	4,126
SUDAO/SUL	-	-	-	-	-	-	1	-	-	-	2	-	3
UGANDA	20	-	-	-	-	-	6	-	-	8	4	2	40
Turkey										25	11	-	36
TOTAL	9,109	514	111	434	795	528	3,554	923	819	5,355	5,760	154	28,056

Guia das entrevistas

Explorando as perspectivas dos profissionais psicossociais sobre a assistência em saúde mental, social e jurídica oferecida aos refugiados e requerentes de asilo em Moçambique.

- Que tipo de trabalho você exerce?
- Há quanto tempo que você trabalha com refugiados e/ou requerentes de asilo?
- O que você entende por apoio psicossocial?
- Quais são os serviços em saúde mental e apoio psicossocial actualmente oferecidos aos refugiados e requerentes de asilo?
- O que você acredita que os refugiados e requerentes de asilo precisam em termos de apoio psicossocial?
- Considera que diferentes grupos de refugiados e requerentes de asilo recebem/precisam de diferentes tipos de assistência? Se sim, explique.
- Qual assistência você acredita que seria a ideal em termos psicossociais? E porque ela não é oferecida actualmente?
- Quais são os maiores desafios, pessoais e profissionais em oferecer apoio psicossocial aos refugiados e requerentes de asilo?
- Existe alguma coisa que queira falar que não foi perguntado?



REPÚBLICA DE MOÇAMBIQUE
MINISTÉRIO DO INTERIOR
INSTITUTO NACIONAL DE APOIO AOS REFUGIADOS- IP

Exmo. Senhor dr.João Roque Victor Amado
Delegado Provincial do INAR

CC: Sra Tila Galantini de Sousa

Nampula

N..Ref.79 / GDG/ INAR / 950 / 2022

de 27 de Fevereiro de 2022

Assunto: **Realização de uma Pesquisa no Centro de Maratane**

Em resposta ao requerimento, datado a 02 de Fevereiro de 2022, referente ao pedido acima referenciado, venho por este meio remeter em anexo o Despacho do Exmo.Senhor Director Geral do INAR, exarado a 07.02.2022, que abaixo transcrevemos integralmente:

“visto

1. **Autorizo a Pesquisa em Maratane**
2. **Designo a Sra.Laurinda Baulene para acompanhar a pesquisadora e garantir protecção da Informação sensível e prestar me Relatório**

07.02.2022

Cremildo Abreu”

Com os melhores cumprimentos.

A Secretária do Director Geral,


Paula Virgínea Harris
(Técnica Superior em Administ.Pública N1



Você tem interesse em participar do projeto de pesquisa

“Explorando as perspectivas dos profissionais psicossociais sobre a assistência em saúde mental, social e jurídica oferecida aos refugiados e requerentes de asilo em Moçambique.”

Este é um formulário de consentimento sobre a participação em um projeto de pesquisa onde o objetivo principal é explorar a ideia dos profissionais psicossociais na promoção de saúde mental, assistência social e jurídica aos refugiados. Neste formulário de consentimento iremos dar-lhes informações sobre o propósito do projeto e o que envolverá a sua participação.

Objetivo da pesquisa

Os refugiados geralmente carregam consigo algumas vulnerabilidades que o país de acolhimento acaba precisando lidar ao recebê-los, e a recepção dos refugiados e o apoio oferecido a eles pelo país de acolhimento têm um enorme impacto no bem-estar dos refugiados. Dessa forma, que tipo de apoio psicossocial tem sido prestado pelo país de acolhimento e o que se julga necessário ser oferecido aos refugiados por esses profissionais?

Essa pesquisa pretende explorar, na perspectiva dos profissionais psicossociais, o que é atualmente oferecido pelo país de acolhimento aos refugiados em termos de apoio psicossocial, e que tipo de apoio deveria ser idealmente oferecido. Algumas das perguntas a serem respondidas para esta dissertação de mestrado são: O que atualmente é oferecido aos refugiados pelo país de acolhimento em termos de assistência psicossocial? Como os trabalhadores acessam esse suporte? O que os trabalhadores psicossociais descrevem como o suporte ideal que os refugiados precisam e qual a percepção deles em relação ao suporte que atualmente é oferecido?

Relevância da Pesquisa

De acordo com o ACNUR (2021), atualmente o número de refugiados e de requerentes de asilo em Moçambique ultrapassa os 27.000. Considerando também que os países em desenvolvimento acolhem 86 por cento dos refugiados do mundo.

O que sabemos sobre a assistência psicossocial aos refugiados e requerentes de asilo em Moçambique? Quais tem sido os desafios na oferta de apoio a esses grupos? Será que todos os profissionais psicossociais idealizam o mesmo tipo de assistência para esses grupos? Há algo que podemos

aprender com os cuidados prestados por Moçambique aos refugiados e requerentes de asilo? Alguma crítica a esses modelo de cuidado? Existe algo que poderia ser melhorado, e se sim, o que é necessário para isso?

Acredito que minha pesquisa contribuirá para entendermos um pouco sobre a assistência em saúde mental, social e jurídica oferecido aos refugiados e aos requerentes de asilo.

Obviamente não conseguiremos abordar e explorar tudo o que se tem feito e oferecido a esses grupos, porém se poderá ter uma ideia ampla e atual dessa assistência.

De nenhuma forma o profissional que presta assistência psicossocial a um refugiado ou a um requerente de asilo, não está intervindo com a missão de curar, transformar esse individual numa pessoa completamente saudável mentalmente, com todos os seus problemas resolvidos, em todos os âmbitos de sua vida, até porque as intervenções psicossociais não possuem esse foco. Porém, uma vez identificando o que está disponível para ser oferecido como assistência a esses grupos, e o que poderia idealmente ser oferecido, poderemos oferecer uma melhora nesse serviço e conseqüentemente melhorar o bem-estar mental e social dos refugiados e dos requerentes de asilo.

Tipo de pesquisa

Essa é uma pesquisa qualitativa, destinada a uma dissertação de mestrado, cujo foco está em ouvir e explorar os diferentes pontos de vista dos profissionais de saúde mental, social e jurídica, sobre o apoio oferecido aos refugiados e requerentes de asilo, como também analisar documentos do governo e de outras organizações.

Quem é o responsável pelo projeto de pesquisa?

A UiT, a Universidade Ártica da Noruega (*UiT the Arctic University of Norway*), é a instituição responsável pelo projeto de pesquisa.

Por que você está sendo convidado a participar?

Serão contatados alguns profissionais psicossociais. A seleção dos participantes se dará por meio de uma amostragem de bola de neve, onde cada participante será solicitado a indicar outro profissional da área para a entrevista. Serão entrevistados cerca de 10 profissionais que prestam apoio psicossocial aos refugiados.

O que envolve sua participação na pesquisa?

Se você optou por participar da pesquisa, isso envolverá uma entrevista presencial, por vídeo ou áudio chamada, com duração de aproximadamente 45 minutos. A pesquisa inclui perguntas sobre o apoio psicossocial oferecido à população refugiada. A entrevista será gravada.

Durante a entrevista serão feitas perguntas relacionados com o seu trabalho realizado no âmbito da saúde mental e do apoio psicossocial. Perguntas como: O que você faz? Há quanto tempo trabalha com refugiados? Quais são os apoios oferecidos aos refugiados e requerentes de asilo? Na sua opinião o que deveria ser oferecido? Quais são os maiores desafios nessa oferta de apoio a esses grupos?

A participação é voluntária

A participação na pesquisa é voluntária. Se você optou por participar, você pode retirar seu consentimento a qualquer momento, sem fornecer um motivo. Todas as informações sobre você serão então tornadas anônimas. Não haverá consequências negativas para você caso opte por não participar ou se em algum momento decida interromper sua participação.

Benefícios

Ao participar da entrevista você estará contribuindo para o estudo do apoio psicossocial em Moçambique. A maioria da população dos refugiados e requerentes de asilo procuram abrigo em países em desenvolvimento, e existem poucos estudos sobre as intervenções psicossociais, na perspectiva dos profissionais da saúde. Dessa forma, participando dessa entrevista, você contribuirá para que as vozes e as perspectivas desses profissionais psicossociais sejam ouvidas. Conheceremos os desafios por eles vividos e as propostas de cada um para uma melhora nesse serviço.

Custos da Participação

Sua participação nessa pesquisa é livre de qualquer custo e de qualquer contribuição financeira.

Sua privacidade: como iremos armazenar e usar seus dados pessoais

Usaremos seus dados pessoais apenas para os fins especificados nesta carta de informações. Processaremos seus dados pessoais de forma confidencial e de acordo com a legislação de proteção de dados (o Regulamento Geral de Proteção de Dados e Lei de Dados Pessoais).

- Eu, Tila Galantini e Ragnhild Dybdahl, em conexão com a Universidade Ártica da Noruega (*UiT the Arctic University of Norway*), teremos acesso aos dados pessoais.

- Substituirei seu nome e detalhes de contato por um código. A lista de nomes, detalhes de contato e respectivos códigos serão armazenados separadamente do resto dos outros dados coletados.

Nenhum dos participantes será reconhecido nas publicações. As únicas informações pessoais que serão recolhidas serão: gênero, idade, ocupação, tipo de trabalho que a pessoa desempenha e há quanto tempo trabalha nesta área.

O que acontecerá com seus dados pessoais no final do projeto de pesquisa?

O projeto está previsto para terminar em dezembro de 2022. No final do projeto, todos os dados pessoais, incluindo as gravações digitais, serão apagados.

Seus direitos

Contanto que você possa ser identificado nos dados coletados, você tem o direito de:

- acessar os dados pessoais que estão sendo processados sobre você
- solicitar que seus dados pessoais sejam excluídos
- solicitar que seus dados pessoais incorretos sejam corrigidos / retificados
- receber uma cópia de seus dados pessoais (portabilidade de dados), e
- enviar uma reclamação ao Oficial de Proteção de Dados (*Data Protection Officer*) ou à Autoridade Norueguesa de Proteção de Dados (*The Norwegian Data Protection Authority*) sobre o processamento de seus dados pessoais

O que nos dá o direito de processar seus dados pessoais?

Processaremos seus dados pessoais com base em seu consentimento.

Com base em um acordo com a Universidade Ártica da Noruega (*UiT the Arctic University of Norway*), NSD - O Centro Norueguês para Dados de Pesquisa AS (*The Norwegian Centre for Research Data AS*) avaliou que o processamento de dados pessoais neste projeto está de acordo com a legislação de proteção de dados.

Como também o Comitê Nacional de Bioética da Saúde de Moçambique está de acordo com os termos apresentados por essa pesquisa e aprovou a realização da mesma. Pelo endereço: Ministério da Saúde C. Postal 264, Av. Eduardo Mondlane/Salvador Allende, Maputo, Moçambique. Telefone +258 430814/427131(4).

Partilha e Resultados

O resultado dessa pesquisa será apresentado como uma tese de dissertação de mestrado pela Universidade Ártica da Noruega e possivelmente publicado como artigos científicos no futuro.

Onde posso encontrar mais informações?

- Se você tiver dúvidas sobre a pesquisa ou quiser exercer seus direitos, entre em contato com: UiT a Universidade Ártica da Noruega (*UiT the Arctic University of Norway*) via Tila Galantini de Souza. Como também pelo email tso156@uit.no, e pelo telefone +258 870206102

Supervisora: Ragnhild Dybdahl, ragndy@oslomet.no, (+47) 41470508

- Nossa administração de proteção de dados: UiT- Universidade Ártica da Noruega (*UiT the Arctic University of Norway*)

- NSD - Centro Norueguês para Dados de Pesquisa AS (*The Norwegian Centre for Research Data AS*), por e-mail: personverntjenester@nsd.no ou por telefone: (+47) 55 58 21 17.

Esta pesquisa recebe financiamento da Universidade Ártica da Noruega (*UiT the Arctic University of Norway*).

Atenciosamente,



Pesquisadora

(Tila Galantini, mestranda na Universidade Ártica da Noruega)

Supervisora da pesquisa

(Ragnhild Dybdahl, Professora Associada de Psicologia da Universidade de Oslo)

Formulário de Consentimento

Recebi e entendi as informações sobre a pesquisa “Explorando as perspectivas dos profissionais psicossociais sobre a assistência em saúde mental, social e jurídica, oferecida aos refugiados e requerentes de asilo em Moçambique”, e tive a oportunidade de fazer perguntas. Dou consentimento:

Para participar de uma entrevista

Dou consentimento para que os meus dados pessoais sejam processados até à data final da pesquisa, aproximadamente dezembro de 2022.

Assinatura do participante, data e hora

Nome (maiúsculas) do participante

Assinatura da pessoa que realizou a explicação do consentimento, data e hora

Nome (maiúsculas) pessoa que realizou a explicação do consentimento



Comité Institucional de Bioética em Saúde da
Faculdade de Medicina/Hospital Central de
Maputo



(CIBS FM&HCM)

*Dra. Jacinta Silveira Langa, Presidente do Comité Institucional de Bioética em Saúde da Faculdade de
Medicina/Hospital Central de Maputo (CIBS FM&HCM)*

CERTIFICA

Que este Comité avaliou a proposta do (s) Investigador (es) Principal (is):

Nome (s): Tita Galantini de Souza

Protocolo de investigação: Versão 02, de 04 de Março de 2022

Consentimentos informados: Versão 02, de 01 de Julho de 2021

Guião de entrevista: Sem versão, sem data

Do estudo:

***TÍTULO: “Explorando as perspectivas dos profissionais psicossociais sobre a assistência em
saúde mental, social e jurídica oferecida aos refugiados e requerentes de asilo em
Moçambique”***

E faz constar que:

*1º Após revisão do protocolo pelos membros do comité durante a reunião do dia 10 de Fevereiro de
2022 e que será incluída na acta 01/2022, o CIBS FM&HCM, emite este informe notando que não há
nenhuma inconveniência de ordem ética que impeça o início do estudo.*

*2º Que a revisão realizou-se de acordo com o Regulamento do Comité Institucional da FM&HCM –
emenda 2 de 28 de Julho de 2014.*

*3º Que o protocolo está registado com o número **CIBS FM&HCM/111/2021**.*

4º Que a composição actual do CIBS FM&HCM está disponível na secretária do Comité.

5º Não foi declarado nenhum conflito de interesse pelos membros do CIBS FM&HCM.

*6º O CIBS FM&HCM faz notar que a aprovação ética não substitui a aprovação científica nem a
autorização administrativa.*

*7º A aprovação terá validade de 1 ano, até 22 de Março de 2023. Um mês antes dessa data o
Investigador deve enviar um pedido de renovação se necessitar.*

*8º Recomenda aos investigadores que mantenha o CIBS informado do decurso do estudo no mínimo
uma vez ao ano.*

9º Solicitamos aos investigadores que enviem no final de estudo um relatório dos resultados obtidos

E emite

RESULTADO: APROVADO

Jacinta Silveira Langa

Assinado em Maputo, aos 23 de Março de 2022



Sr. Director
Faculty of Education
Universidade Eduardo Mondlane
Mozambique

Dear Sr. Director,

This letter serves to confirm that Tila Galantini de Souza (born: 29/07/1991) is a student at the Master's Degree Programme in Peace and Conflict Transformation (MPCT) at the Centre for Peace Studies, UiT Arctic University of Norway (batch 2020-2022).

Ms. Galantini de Souza will be conducting work on the topic of "Exploring helpers' perspectives about Mental Health Psychosocial Support (MHPSS) offered to refugees in two contexts: Norway and Mozambique".

She will conduct her project fieldwork in Mozambique from June through September 2021. She will complete the final master's exam in June 2022.

The master's degree programme in Peace and Conflict Transformation (MPCT) is a two-year (120 Study Points/ECTS), English-taught programme. It offers in-depth knowledge and understanding of the manifold issues underlying the evolving field of peace studies. It seeks to provide interdisciplinary insights into the nature and causes of conflicts, and analytical skills for handling conflicts by peaceful means.

It prepares students for challenging careers in public and private institutions, diplomacy, humanitarian and development organisations, advocacy, and policy agencies, and professions such as journalism, teaching and research.

The MPCT programme actively recruits students from Nordic and non-Nordic countries to create an environment for cross-cultural teaching and learning experiences.

We would hereby like to request that Universidade Eduardo Mondlane provides Ms. Galantini de Souza local support related to documentation needed for her application to the Ministry of Health's Bioethics Committee for research in Mozambique.

Sincerely,


A/Prof. Mohammad Salehin
Academic Coordinator
UiT The Arctic University of Norway

–
Mohammad.salehin@uit.no
776 46812

Faculdade de Educação

Ao

COMITÉ NACIONAL DE BIOÉTICA EM SAÚDE

Maputo

N/Ref: 706/FACED/2021

Maputo, 09 de Julho de 2021

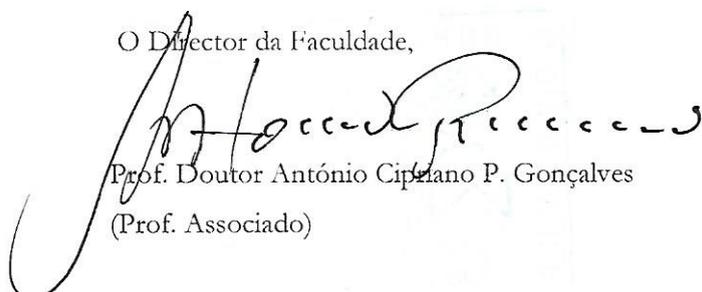
Assunto: DECLARAÇÃO

Para os devidos efeitos, declara-se que a Sr^a Galantini de Souza é estudante do curso do Curso de Mestrado em Psicologia Clínica na UiT Arctic University of Norway, e pretende desenvolver o estudo intitulado “Exploring helpers perspectives about Mental Health Psychosocial support (MHPSS) offered in two contexts: Norway and Mozambique” cujo projecto carece da apreciação e aprovação do CNBS.

A Faculdade de Educação oferece a cobertura à na sequência do pedido endereçado pela instituição de origem.

Pelo que, solicita a apreciação e aprovação ética para a implementação do trabalho de campo em Moçambique.

O Director da Faculdade,



Prof. Doutor António Cipriano P. Gonçalves
(Prof. Associado)