Ensuring Continuity of Health Services for Internally Displaced Populations in Meconta district, Nampula Province, Mozambique

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Background

The northern region of Mozambique has experienced armed conflicts over the last five years, resulting in almost one million internally displaced people (IDP). By November 2022, Nampula Province received 8% (73,699/946,508) of these IDP, 20,299 (28%) residing in Meconta district (16,456 with host families and 3,773 at the IDP settlement camp). Women, children and highly vulnerable populations, account for 75% of these IDP. A rapid and comprehensive response is needed to meet their basic needs .

Materials & Methods

ICAP at Columbia University, in collaboration with Nampula provincial health leadership, implemented mobile brigades (MB) for IDP at the Meconta IDP camp in 11 months (Oct 2021 to Sept 2023), integrating HIV prevention and care and treatment into general health services (antenatal care, family planning, outpatient consultation, tuberculosis and gender based-violence (GBV) screening and treatment). The MB team included a clinical officer, maternal child health nurse, lay counselor, mentor mother, peer educator and immunization officer, and provided comprehensive services for one week/month at the IDP camp.

To generate demand for services and increase access to IDP residing outside of the camp, ICAP worked with community actors, leaders and radios to map host family locations and work at those locations to promote demand creation, disseminating dates and times of MB presence at the camp

Lessons Learned

Between October 2021 and September 2022, 1,306 IDP, received health services through MB in Meconta, 48% (628/1306) were tested for HIV, with 65 (10%) testing positive, 84 individuals initiated antiretroviral treatment (including patients referred from community testing) and 38 initiated pre-exposure prophylaxis. Among the 1,306 IDP reached, 339 (26%) were children < 15 years old, of those 18 (1.4%) were tested for HIV and 2 (11%) were tested positive and linked to treatment. During this period, 138 women received antenatal care, all were tested for HIV, 1.4% (2/138) tested positive and all initiated treatment. In addition, two individuals screened positive for GBV and received post-GBV services and support.

Conclusions

Adaptation of health service models is essential to meet the needs of IDP, with allocation of comprehensive health services and involvement of community actors to engage and retain clients for IDP in camp for health care services. However, further efforts are needed identify more cases of GBV, and identification of children within the displaced population for testing and linkage to care. In addition, there is a need to expand this model to IDP residing among other host communities.

Steps Forward

ICAP will strengthen collaborations with INGD (national entity responsible for disaster risk reduction and management in Mozambique) to map additional IDP to continue to offer services for these vulnerable populations according to the population need. In addition, ICAP aims to expand community service models through the establishment of two Drop in Centers to access another sub-population that is heavily affected by HIV, namely key populations, given their vulnerability, and the stigma and discrimination they face.

Fig. 1 Nampula Province, Mozambique

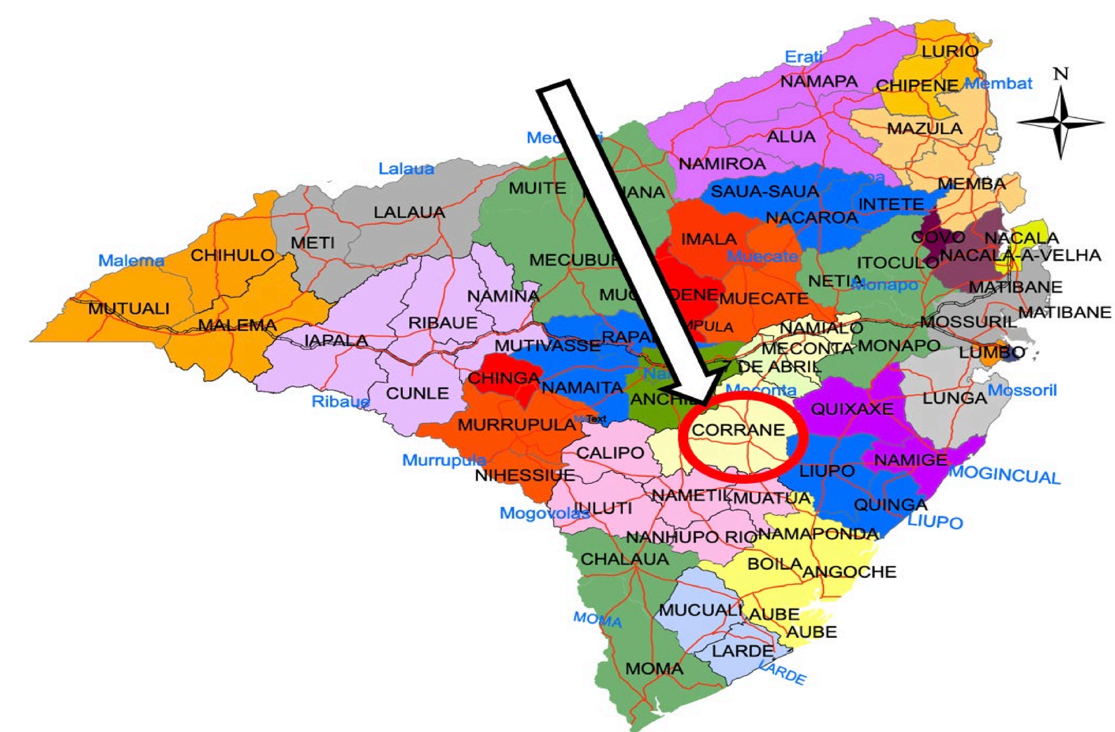
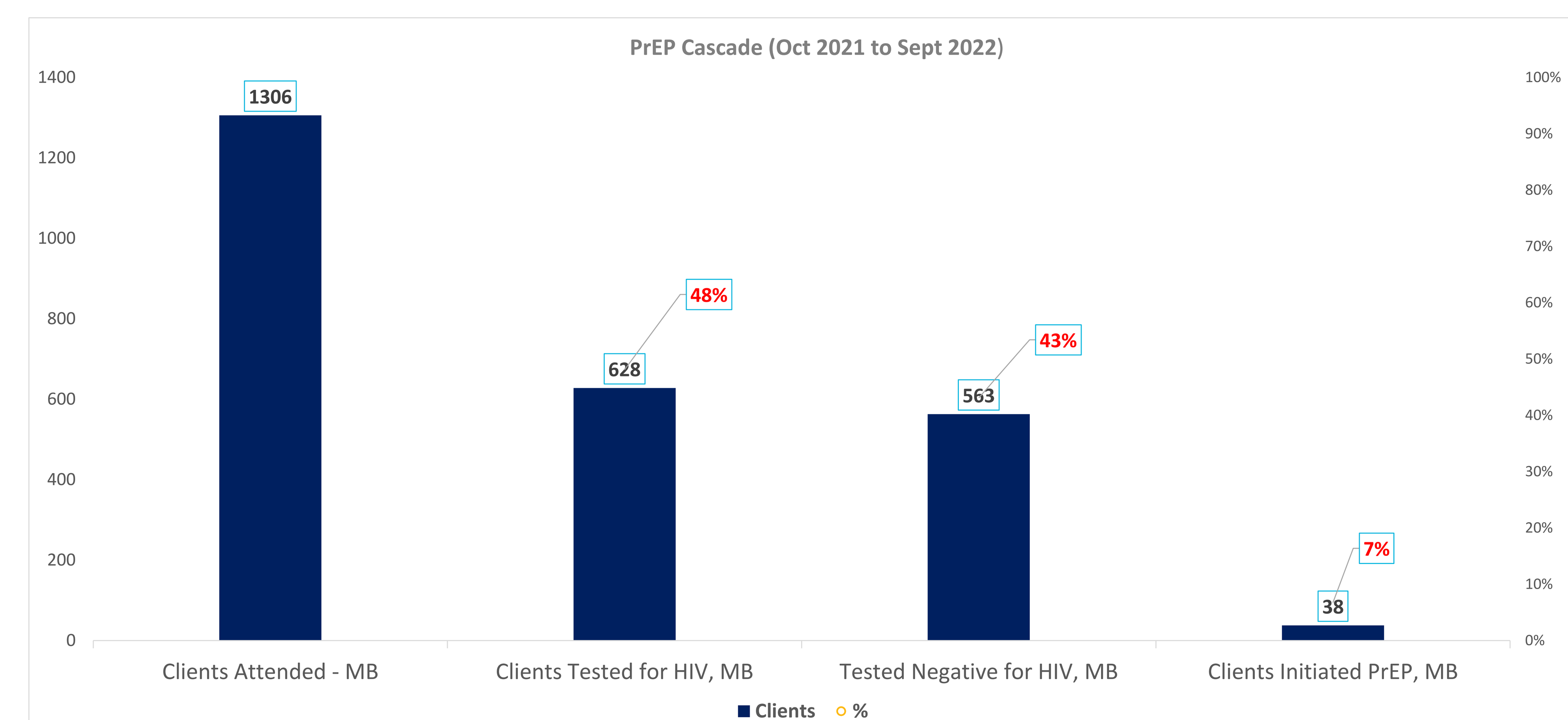
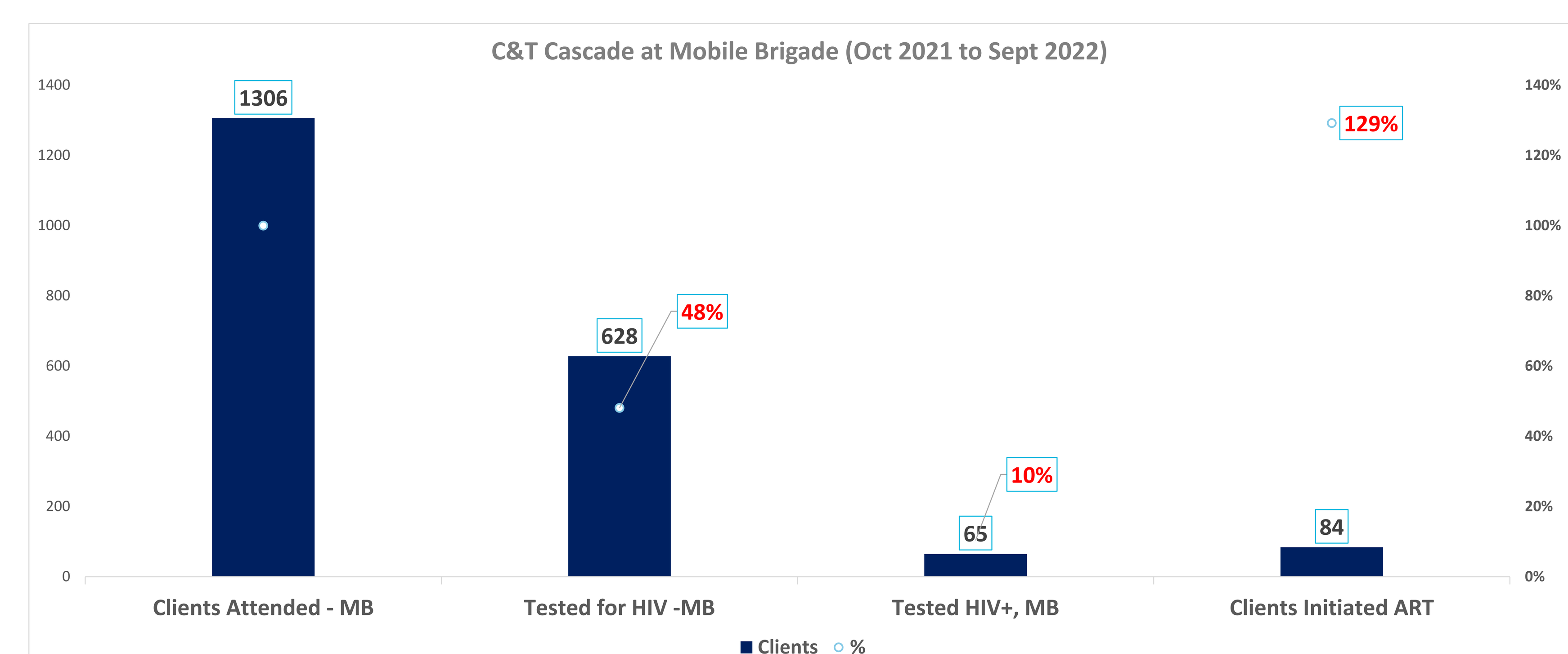


Fig.2- Mobile Clinic-ICAP

Fig.3- Mobile Clinic-ICAP





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