CASE STUDY: Oriental, Morocco

Integrated local health systems support survivors of violence

From the Global Programme on Making Migration Work for Sustainable Development (M4SD)

KEY WORDS: healthcare, holistic well-being, mental health, gender, psychosocial services, integrated local governance, survivors of violence, undocumented migrants

MEET THERESE

Therese[1] is a mother of four from North Kivu in the Democratic Republic of the Congo (DRC). After her husband was killed in a community dispute in her hometown, Therese no longer felt safe with her neighbours. On her journey, she witnessed and experienced violence, and relied on smugglers to bring her and her children across borders. After arriving in the city of Oujda in the Oriental region of Morocco, she became pregnant with her fourth child. Without papers and only able to speak Swahili, Therese is dealing with mental and physical trauma and has several small children to care for, including her premature newborn. She can't find any work and is not sure where to turn to.

THE SOLUTION?

The civil society organization (CSO) Maroc Solidarité Medico-Sociales (MS2) assists members of the Oriental community, including migrants regardless of migratory status, women and survivors of violence, to access local public health services. Migrants and women are disproportionately affected by violence including Sexual and Gender-Based Violence (SGBV). In support of local authorities, MS2 plays an essential role in facilitating access to health care and strengthening its delivery. MS2 has been one of the UN Migration Agency's (IOM) main implementing partners in the Oriental region since 2014.

In creating safe, open spaces and building a strong network of local service providers, MS2 helps detect community members in need and has created stronger trust between the community, health providers and CSOs. By letting the individuals decide what services they need, MS2 seeks to empower people to make their own choices about their bodies, minds and well-being.

> *"We can visibly see the improvement in the visitors each time we meet with them."*
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> **Hanane and Sara, MS2 counsellors**

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[1] Name and identifying factors have been anonymized to protect the identity of the individuals mentioned.

HOW IS IT DONE?[2]

17 PARTNERSHIPS FOR THE GOALS

TARGET 17·17 — ENCOURAGE EFFECTIVE PARTNERSHIPS

This is a whole-of-community approach, with partnerships between **public hospitals and health-care centers** (the care unit for survivors of violence at the El Farabi Hospital in Oujda and the Derrakl Hospital in Berkane, pharmacies), the **local government** (Oriental Regional Directorate of Health and Social Protection, Regional Council, government authorities in Oujda and Berkane), the **national government** (Directorate of Migration Affairs of the Ministry of Foreign Affairs, African Cooperation and Moroccan Expatriates, Ministry of Health), **civil society** (MS2), **local legal and administrative services** (the care unit for survivors of violence at the court of first instance in Oujda and Berkane, Center for Social Protection of the Entraide Nationale, police, social workers, etc.) and the support of the UN Migration Agency, IOM, and UN Development Agency, UNDP and referrals to its refugee agency (UNHCR).

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

TARGET 16·3 — PROMOTE THE RULE OF LAW AND ENSURE EQUAL ACCESS TO JUSTICE

The counsellor ensures the survivor, their families and children can **access legal action and the court system** to report a crime, if the survivor wishes. Clients are also supported to access other legal support; for example, 289 undocumented migrants who may qualify for refugee status have been referred to UNHCR.

11 SUSTAINABLE CITIES AND COMMUNITIES

TARGET 11·1 — SAFE AND AFFORDABLE HOUSING

The counsellor refers or personally accompanies people to receive services through a **whole-of-community referral system for holistic well-being.** Recognizing that well-being requires addressing the needs and environment of the whole person, and leaving no one behind - body, mind and family, as well as their wider community – the referral system seeks to address other underlying factors, such as poverty or homelessness, through growing partnerships with local government institutions, international organizations, churches and others. People are more able to fulfill their basic needs such as housing, affordable and nutritious food, baby supplies, livelihoods and income, community-building and recreation and medical treatment (74 people were referred to pharmacies).

3 GOOD HEALTH AND WELL-BEING

TARGET 3·4 — REDUCE MORTALITY FROM NON-COMMUNICABLE DISEASES AND PROMOTE MENTAL HEALTH

In the last few years, 663 women, children and individuals in vulnerable situations (249 men, 414 women; 354 migrants, 309 community members) have access psychosocial services and medical assistance through two psychosocial counselling units (Cellules d'Ecoutes) set up in the Al-Andalous Health Center in Oujda and the Al-Moukamawa Health Center in the city of Berkane. The counsellor assesses each person's needs and provides continuous support for months. When accessing hospitals or health services, patients are referred to the counselling units, and people who come directly to the unit are referred to other services based on their needs.

TARGET 3·8 — ACHIEVE UNIVERSAL HEALTH COVERAGE

Many migrants are overcoming violent and traumatic experiences, including SGBV. MS2's initiatives support the implementation of **policies that ensure access to health services for all, including migrants regardless of their status** – showcasing how policies can be put into practice for universal health coverage.

4 QUALITY EDUCATION

TARGET 4·3 — EQUAL ACCESS TO AFFORDABLE TECHNICAL, VOCATIONAL AND HIGHER EDUCATION

Some people benefit from other programmes like "Assistance and protection of unaccompanied and separated children in Morocco" (ENAS), implemented by IOM implemented and MS2, which sent adolescent girls on **professional training courses** in IT or baking and Moroccan Arabic dialect (*darija*) courses, supporting holistic well-being.

5 GENDER EQUALITY

TARGET 5·2 — END ALL VIOLENCE AGAINST AND EXPLOITATION OF WOMEN AND GIRLS

350 clients are women – the majority of those accessing the counselling units. The aim is to establish a safe space to receive and provide health care to survivors of all kinds of violence (such as generalized violence or SGBV) regardless of gender, including those in vulnerable situations.

10 REDUCED INEQUALITIES

TARGET 10·2 — PROMOTE UNIVERSAL SOCIAL, ECONOMIC AND POLITICAL INCLUSION

MS2 aims towards "psychoeducation" which ultimately aims to **empower each person** to use the health-care system autonomously, to know how to advocate for themselves and where to go in the future.

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[2] Because activities between projects have sought good synergies to maximize the use of funding and to create whole-of-community engagement, not all the activities here were exclusively funded by the M4SD Programme.

SUCCESS FACTORS

TIP 1: **Institutionalize the referral system.**
An Oriental Region referral tool was developed to formalize and institutionalize this network, listing all the relevant actors and service providers[3] in the region to facilitate the referral of cases. MS2 developed this tool in collaboration with public authorities,[4] local service providers, civil society local service providers and civil society in the region. The tool is a road map or people seeking services and partners involved in service provision. Building capacities of those delivering care and providing them with the language and methods for a psychosocial, "victim and survival" centred approach is essential to facilitate the continuation and expansion of the service.

TIP 2: **Empower survivors to lead their communities towards health.** MS2 relies on community members as field agents ("agents de terrain") to facilitate contact between services (health-care centres, the justice system, psychologists and social workers, etc.) and survivors. This prevents language barriers and facilitates trust especially when cases of gender-based violence are very sensitive. Field agents conduct house visits, identify vulnerable community members, map migrants' needs, share crucial information and refer patients to counselling units and other providers.

TIP 3: **Establish policies that ensure migrants' access to health care.**
Support for migrants' mental and physical well-being is made possible through inclusive policy environments. Morocco's National Health and Immigration Strategic Plan mandates that all migrants (documented or undocumented) have the right to access free or low-cost essential health care. This national framework, as well as regional policies like the Oriental Regional Health Strategy, provide the legal foundations for community well-being. Inclusive and constructive policies make it possible, and indeed necessary, for services like MS2 to exist.

TIP 4: **Reach everyone with cultural- and gender-sensitive professionals.** Initially intended exclusively for the migrant population, the service was extended to the entire community due to interest and demand. MS2 now provides support to migrants, Moroccans and people of all genders, and reaches those most at risk of being left behind such as irregular migrants and men who may experience stigma. Counsellors and social workers are trained to assist survivors of SGBV and people of various cultural backgrounds and circumstances and speak multiple languages. To provide support for illiterate people, cartoons and images are used.

TIP 5: **Ensure all service providers protect and centralize the patients' information and needs.**
Generally, the first organization that receives a patient is responsible for writing down, updating and protecting their information. Every patient is provided with a file where they document their own needs and provide any feedback about the services. Every patient must agree that information can be shared to other organizations to ensure continuity of care. Data protection is the responsibility of all parties involved, and depends on local regulations.

TIP 7: **Make healing fun and community driven.** MS2 creates group activities, gathering those going through similar experiences together for joint healing. People paint to express their experiences, feelings and dreams which is especially useful for people who speak other languages or are illiterate. They sing and dance to facilitate movement and mind-to-body connection for deeper healing. Recognizing that healing often requires addressing and engaging wider community and family networks, services like this one are more sustainable if they include children and families for deeper social harmony. Psychosocial support can go beyond psychology and medicine and can activate community and creative bonds.
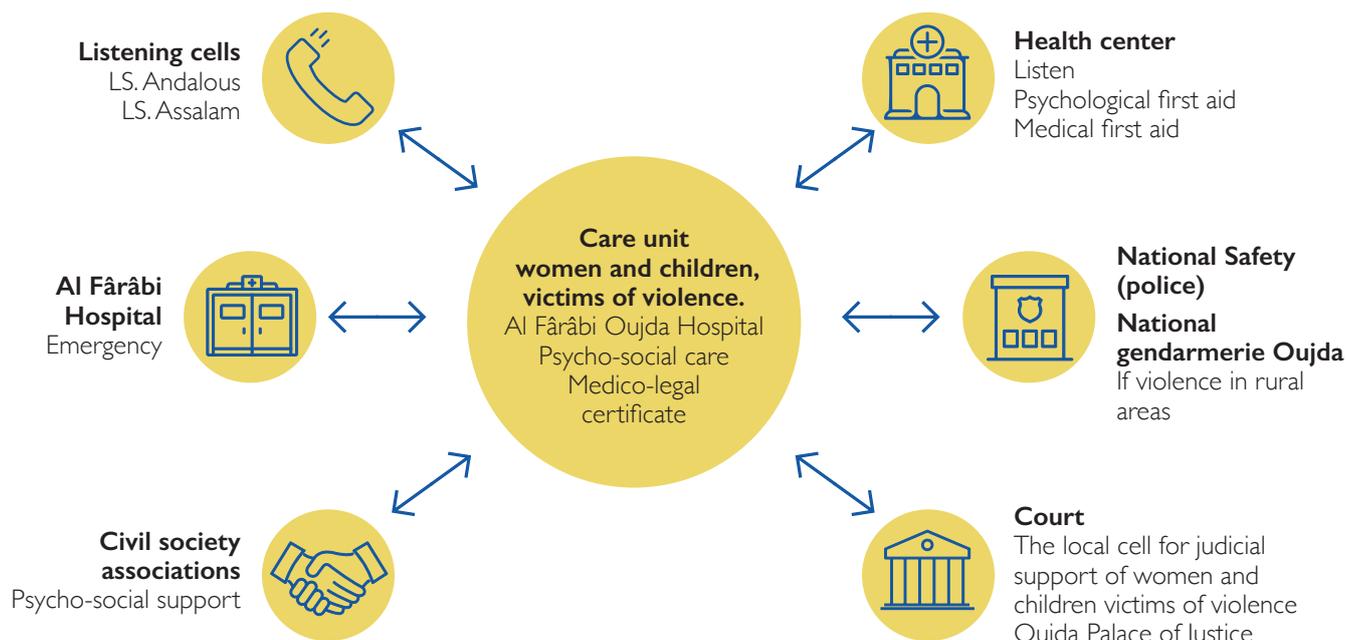
TIP 6: **Provide a safe and confidential space within the health-care system.** Through the support of the M4SD Programme, the counselling units were built within existing local health centres, ensuring that the service is embedded within the health system. Psychosocial support is one kind of health problem rather than a separate concern, avoiding stigmatization and shame and facilitating access. Proximity enables clients to be referred to other nearby services, e.g. pharmacies. Yet, it is also important that counselling units are housed within a wider centre but in a separate building to provide privacy, "anonymity" and one-on-one support.

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[3] Services are provided by psychologists, social workers, field agents, national security and police.
[4] Regional Health Directorate, provincial delegations, public authorities, local associations
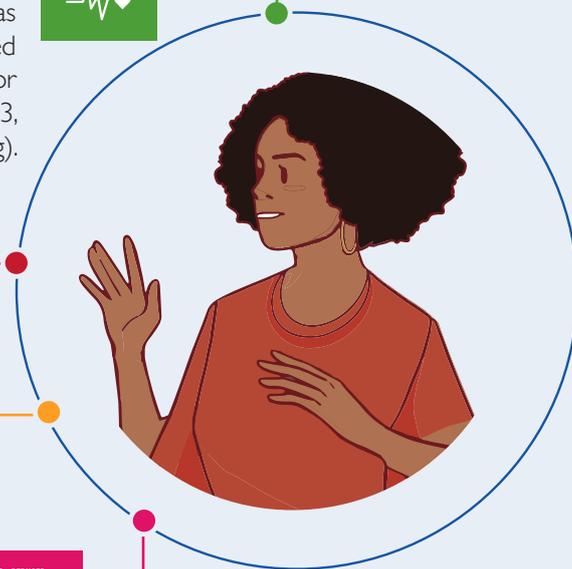
Oriental healthcare referral system

Listening cells
LS. Andalous
LS. Assalam

Health center
Listen
Psychological first aid
Medical first aid

Al Fârâbi Hospital
Emergency

Care unit women and children, victims of violence.
Al Fârâbi Oujda Hospital
Psycho-social care
Medico-legal certificate

National Safety (police)
National gendarmerie Oujda
If violence in rural areas

Civil society associations
Psycho-social support

Court
The local cell for judicial support of women and children victims of violence
Oujda Palace of Justice

These activities have made life better for Therese and her neighbours in Oriental

Therese went to her local health centre because she was experiencing physical pain throughout her body. The counsellor understood that her ailments were likely due to her circumstances and trauma. Therese was accompanied to her doctors' appointments, and MS2's support ensured interpretation so that she could speak to her doctors, advocate for herself and her newborn baby and access low-cost medicines (SDG 3, good health and well-being).

Therese is trying to find opportunities to send her other children to French or Arabic classes (SDG 4, quality education).

Through the referral system, Therese now has access to medicine, food and shelter. Her baby, born prematurely, is now a healthy weight (SDG 11, sustainable cities and communities).

Healing is a long journey, and Therese has taken steps, but she will need continual psychosocial support from MS2 and local organizations, as well as help for her children go to school and to find a job for herself, so that she and her family can access a pathway out of poverty (SDG 10, reduced inequalities).

3 GOOD HEALTH AND WELL-BEING

4 QUALITY EDUCATION

11 SUSTAINABLE CITIES AND COMMUNITIES

10 REDUCED INEQUALITIES

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Agency for Development and Cooperation SDC