Well-Being for Refugees Through Accompaniment:

A New Framework for Prioritizing Refugee Voices

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1. Introduction

Throughout 2017, one person was forcibly displaced every two seconds (Edwards 1). This resulted in 68.5 million people being forcibly displaced worldwide by the end of 2017, the highest number ever recorded within one year (Edwards 1). The length of time people are displaced has increased as well. The United Nations High Commissioner for Refugees (UNHCR) states that "the average [duration] of major refugee situations … increased from nine years in 1993 to 17 years at the end of 2003" (Milner 151). As it stands, the aid system often creates dependency by minimizing the resiliency, autonomy and self-recovery of displaced people which negatively impacts the health and development for all people involved. Currently, the aid system is geared more towards reactive, rather than proactive, remedies for humanitarian situations. Although immediate aid is a vital part of the international humanitarian effort, there is minimal focus on the empowerment of displaced people and preserving or promoting their autonomy (Betts and Collier 219). In order to create autonomy, people need opportunity for health improvement and livelihood development. Through the model of accompaniment, popularized by Paul Farmer, the humanitarian field and those forcibly displaced can build a better partnership with the aim to promote health as "a resource that allows people to realize their aspirations, satisfy their needs and to cope with the environment in order to live a long, productive, and fruitful life" ("Well-being Concepts" 1). By highlighting this model of accompaniment, the humanitarian community can shift their perspectives of forced migrants in a way that will empower displaced communities by promoting resiliency, self-recovery, and autonomy in a way that leads to holistic well-being. First, I will explain the history of displacement and the current policies and ideologies around displacement. Then, I will highlight the main causes of forced displacement. By drawing on fieldwork research in Zambia, a more nuanced discussion can

begin to critique the current policies, responses, and road blocks present in responding to forced displacement. I will identify three main gaps that inhibit sustainable response and development. After discussing the current gaps, I will shift the perspective to one of holistic well-being. Through this lens, the model of accompaniment can be used as the framework in which to build humanitarian and development responses to address the gaps identified in a way that ultimately leads to holistic well-being for all who are impacted by forced displacement.

With nursing as my background, I wanted to study the effectiveness of refugee health response. However, during my time in Zambia researching the current refugee system, I recognized that the health needs of this community included more than physical healing. In addition, they needed support to transition from loss to flourishing. In writing this paper, I am not creating any new ideas. Many of the gaps that I identified through fieldwork and research are not just now coming to light. These gaps have existed for some time. The potential solutions I offer have existed for some time as well. Nevertheless, I believe that promoting a partnership that empowers forced migrants will provide a new framework around which to foster these communities' holistic well-being. This reframing will allow us to see:

What is frequently described as 'refugee crisis' is more a crisis in response. The current frameworks and mechanisms are outdated and not equipped to manage the complexities of the mass movements around the globe at this scale. The support system is … often ignoring the broad range of needs of people who are forcibly displaced as well as the needs of their receiving communities. (Mendonça and Tayyar 1)

2. History of Displacement

Before exploring this framework, the history of displacement must be discussed. Throughout history, displacement has been a reaction to violence, natural disasters, and

economic downfall; however, no internationally accepted response existed until World War II. After WWI, the creation of public and international institutions significantly changed the way forced displacement was addressed. During previous occurrences of displacement, response was often handled by local communities and private organizations, such as religious groups. By the end of World War II (WWII), over 40 million people had been displaced (Chalabi 3), and Communism was greatly feared. In response, the international world created intergovernmental committees and organizations to protect those fleeing from Communist countries (Betts and Collier 38). The leading organization creating these policies and responses for those experiencing displacement was the UNHCR, which was and still is under the umbrella of the United Nations (UN). Ultimately, the mass displacement of multiple countries during World War II became the foundation for intergovernmental policies and international laws to protect and care for refugees even to this day (Elie 27).

Towards the end of WWII, international human rights laws were established ("History of the United Nations" 1). In 1948, the Universal Declaration of Human Rights was created and signed, "which established certain core rights such as 'a standard of living adequate for … health and well-being …, including food, clothing, housing and medical care, and necessary social services" ("A Better World Is Possible!" 590). As of 1949, the Geneva conventions produced international laws for "humanitarian conduct during armed conflict, including the treatment of civilians" (Chalabi 3). After the UNHCR's founding, a convention for the Status of Refugees in 1951 created the "cornerstone of international law on refugees" including the definition of a refugee (Chalabi 3). At the time of its conception, the definition of refugees and the following response was limited to "people displaced 'owing to the events in Europe'" and the time frame of

3 years (Betts and Collier 37). However, the UNHCR did not end in 1953 or stay limited to Europe; instead, it expanded both in scale and function.

3. UNHCR History

As the scope of the UNHCR has grown, the terms and policies that were developed during a post WWII era continue to influence international categorizations, responses, and expectations. The initial creation of the UNHCR established legal terms that continue to define categories of forced displacement today; however, the sheer number of those who have been forcibly displaced deems the modern-day refugee crisis as one of the biggest human struggles since World War II. In addition to the increase in number, internationally acceptable interventions for refugees changed from integration to enclosed camps in the 1980s (Betts and Collier 41). This has dramatically affected aid delivery and the host state's response and attitude towards refugee presence.

3.1 UNHCR Terminology

The 68.5 million people forcibly displaced in 2017 are categorized by certain legal terms including refugees, internally displaced persons, and stateless people ("Facts and Figures" 1). According to the UNHCR, 25.4 million refugees were recorded in 2017 ("Figures at a Glance" 1). Identification as a refugee acknowledges that an individual "has been forced to flee his or her country because of persecution, war, or violence" ("What is a Refugee?" 1). Prior to receiving refugee status, all persons seeking international protection are referred to as asylum seekers. If their claims fall under the definition provided above, they might be given refugee status by the UNHCR ("What's the Difference" 1). The initial focus of the UNHCR was refugees, but this work expanded to include internally displaced persons (IDPs) during the 1970s (Loescher 216), which includes those who have had to move within their own borders in order to escape

persecution. At the end of 2017, 40 million people were recognized to be internally displaced ("Internal Displacement" 1). The UNHCR's role continued to expand to include protection and aid for a third category which currently captures the 10 million stateless people "who have been denied a nationality and access to basic rights such as education, healthcare, employment and freedom of movement" ("Figures at a Glance" 2).

3.2 UNHCR Policy Shifts

As the UNHCR has continued to be a leader in the response to forced migrants, there have been specific shifts in the role and policies that have influenced the current care for those displaced. During the 1960s, the UNHCR extended to assist with displacement from decolonization in Africa. In this role, they were no longer limited to just offering advice but expanded to provide material assistance (Loescher 216). The 1970s created a global role for the UNHCR, and by the 1980s, there was a significant shift from providing legal protection within a host community towards a refugee camp model that is still considered the standard of practice (Loescher 216).

As the UNHCR's responsibilities have expanded, their ability to care for those forcibly displaced is subject to both nation states and donor convictions. Gil Loescher points out that "in the international refugee regime, states remain the predominant actors" (217). The UNHCR thus works to monitor and support "states' compliance with the norms and rules" (Loescher 216). Around the world, 148 nation states have agreed to the rules and protection of refugees as stated in the 1951 Convention and the 1967 Protocol ("State Parties…" 1). By agreeing to these documents, countries are expected to provide protection and rights to refugees within their country, but not all countries hosting refugees have signed these documents. Therefore, the UNHCR cannot enforce the rights for protection and health in all circumstances. Not only do

local states impact the work of the UNHCR, but also donor states have a strong influence due to their financial capacities. About three-quarters of the UNHCR's budget comes from ten industrial nations (Loescher 221). None of this funding is guaranteed but instead promised year to year, and in fact, it can be dependent on the UNHCR agreeing on how and where to spend the money (Loescher 221).

3.3 UNHCR Durable Solutions

Finally, throughout the history of the UNHCR, they have promoted three durable solutions: repatriation, integration, and resettlement. During a general assembly in 1950, the UNCHR composed a mandate "to seek 'permanent solutions for the problems of refugees'" (Long 476). Since the 1990s, repatriation has become the "'ideal solution' for many policy makers" (Hammond 501). Repatriation is the intentional return of refugees to their homeland. This can occur months, years, or decades after displacement across a border. The initial years of the UNHCR saw repatriation as an unlikely solution for those fleeing Communism (Hammond 500; Betts and Collier 38). Both displaced people and the international community also feared that forcing a refugee to return to their country of origin would likely cause harm. Therefore, in 1954, the international principle of non-refoulement was created to protect refugees from being involuntarily returned to persecution ("Refoulement" 1). Unfortunately, a number of countries who host refugees did not sign the 1951 Convention meaning they cannot be held accountable for rejecting care for these vulnerable communities ("Refoulement" 1).

Local integration has been referred to as the 'forgotten solution' "whereby refugees become full members of their host community in their first county of asylum" (Hovil 488). According to Article 34 of the 1951 UN Convention, "the contracting states shall as far as possible facilitate the assimilation and naturalization of refugees. They shall in particular make

every effort to expedite naturalization proceedings" (Hovil 488). Unfortunately, many refugees do not receive citizenship within their first country of asylum. Governments often inhibit the ability of refugees to receive citizenship and legal ways of interacting with the host community (Hovil 488). As a result, refugees may move voluntarily into host communities without international aid or protection putting them at risk for exploitation.

The third solution recognized by the UNHCR is that of resettlement. Resettlement "involves the organized movement of pre-selected refugees to a destination country in which their settlement is expected to be permanent" (Selm 512). Currently, 37 countries worldwide offer resettlement, with a majority of these countries being from the Global North ("Information on UNHCR Resettlement" 2). However, less than 1 percent of refugees are resettled into third-party countries (Betts and Collier 49).

The UNHCR is largely responsible for the definition and responses to forced displacement; however, as recognized above, the UNHCR's ability to follow through on their promise for permanent solutions to displacement is severely limited. Therefore, the number of people displaced worldwide continues to increase alongside the length of displacement periods. Forced migrants are often stuck in limbo for years as they wonder if the UNHCR and the world has forgotten them.

4. Fragility's Effect on Displacement

Most forced displacement occurs from violence within fragile states: "a fragile state is a poor country marked by weak state capacity and legitimacy" (Betts and Collier 18). In other words, fragility exists when a state lacks the capability to provide rights and security to their citizens often accompanied by a lack of citizen trust in those governing (Betts and Collier 18). According to the book *Refuge*, "fragility is the single most salient cause of displacement around

the world today" (Betts and Collier 18). When states are incapable of caring for their citizens

through situations like natural disasters and conflict, border crossings become more likely (Betts

and Collier 18). By building legitimacy, which is the acceptance of citizens to comply with the

rules of a nation state, a government can sustain its society from collapse (Betts and Collier 18)

and create a stable space for their citizens to grow and flourish. The causes of fragility are

complex, and it is not my wish to oversimplify them. Instead, I hope to shed light on how the

West's push for the institution of "democratic values", the spread of technology, and

globalization have specifically increased fragility in our common era.

4.1 Technology

Technology contributes to fragility through domestic and international arenas.

Domestically, the creation of technology contributes to a lack of trust between citizens and

leaders through tools such as phone tapping and tear gas (Betts and Collier 22). Syria provides an

extreme example of how technology provides tools for citizen harm through bombs and potential

use of sarin gas by President Bashar Al Assad. In regard to social media, technology can

encourage movements of unrest as well as give access to new ideas and communities (Betts and

Collier 22). Currently, in the West we are seeing a use of social media in dividing communities

across racial and political lines and promoting scapegoating of the other. Social media provides a

platform where extreme ideas can be popularized and given credibility without facts or expert

contributions, which can make it difficult for governments to protect its citizens. On March 15,

2019, a shooting occurred at two New Zealand mosques killing 50 people and injuring 50 others

(Williams, et al. 1). The shooting was live streamed on Facebook for 17 minutes and then

redistributed through multiple online platforms (Gold 1). Minutes after the video was posted

police informed Facebook and requested the video be removed, yet even 12 hours later the video

could be easily found with a quick search (Feiner 2). Videos like this are thought to promote

radicalization of citizens and therefore threaten safety and security domestically (Lopez 6).

Technology can contribute to fragility on a domestic arena by breaking down trust between

citizens and leaders or by promoting ideas that make it difficult to protect citizens from each

other.

Although technology has been used in a negative capacity domestically, technology is a

neutral tool that can also be used to promote positive change. It is undisputed that technology

allows countries to develop products that are in citizens' best interests. If the goal of the state is

to provide for the rights of its citizens, technology can assist governments in accomplishing this

objective. Hospitals are full of tools that allow people to heal. Even social media can be

beneficial in empowering citizens to demand changes when governments do not fulfill their

promise for the provision of rights. Social media and mobile phones contributed to the spread of

the Arab Spring by promoting pro-democracy messaging and connecting youth across the

country (Betts and Collier 22). Overall, technology can be used domestically to either empower

both people and movements or to harm citizens.

Technology also has an impact on international relations and the government's role in

protecting its citizens. The creation of nuclear weapons and intelligent missiles has changed the

ability for governments to ward off attacks. Currently, a mutual assurance of destruction

provides some sense of security; however, these forms of technology have "undermined one of

the primary reasons for the existence of the state - its capacity to repel attack by others, its

responsibility for ... 'the defence of the realm'" (Strange 236). For legitimacy to exist, citizens

need to believe their government can protect them from international harm. For some countries,

technology has not been the main contributing factor to fragility; however, when a country's

neighbor is caught in internal conflict this can impact the stability of that nation.

4.2 "Democratic Values"

The international push to institute "democratic" values has contributed to fragility in

recent years. The West has boasted that the spread of "democracy" increases legitimacy;

however, as seen with Iraq and Libya, when true democracy is sidetracked in an effort for

countries to hold elections, often influenced by outside countries and corrupt politics, there is an

increased risk for fragility. In these cases, citizens who felt alienated by the electoral process

continue to view their government as illegitimate, and it becomes harder to stop these groups

from being violent (Betts and Collier 20-21). For the West, the spread of democracy is

inextricably tied to the spread of neoliberalism, which emphasizes specific values of market and

commodity over values of culture and people. Western influencers often tell other countries "'Do

what we tell you to do, and you will prosper.' The arrogance is offensive, but the objection is

more than just to style. The position is highly undemocratic" (Stiglitz 220). The establishment of

undemocratic institutions continues as we challenge countries to host empty elections with

leaders backed by Western powers. When historically non-democratic countries host elections,

there is often a celebration around the world because "freedom" has expanded. Though elections

are important, the main idea behind democracy is not simply elections but in fact the presence of

checks and balances (Betts and Collier 20). With an election that does not move towards a true

sharing of power and inclusion of the multiple groups of people contained within borders,

legitimacy is lost (Betts and Collier 21). Iraq and Libya provide examples of empty elections that

lead to further decline of a nation state. Since the 2003 US-led invasion, Iraq has hosted four

parliamentary elections (Ibrahim 1). These elections led to a change in leadership from Sunni to

Shia that led to further violence and an atmosphere for terrorism (Betts and Collier 21). In the previous section, we discussed how technology contributed to the spread of the Arab Spring. Unfortunately, overthrowing these authoritarian leaders opened the door to internal violence. Libya, which had been involved in the Arab Spring, became a country of "rival violent factions" after the overthrow of Colonel Gaddafi and the establishment of an elected government (Betts and Collier 21). Although the empowerment of citizens to demand a government that will care for their rights is a positive change that many encourage, the Arab Spring resulted in increased fragility for some of the countries involved. "Democratic" elections cannot alone promote democracy and development. The influence of neoliberalism and Western priorities must be unattached in order for there to be an equal sharing of power within nation states.

4.3 Globalization

The policies promoted by globalization have increased fragility and displacement. Globalization does not have one definition. According to Reverend Daniel Groody, globalization "is about the increasingly interconnected character of the political, economic, and social life of the peoples of this planet" (14). However, this connection is not experienced equally among all people. While both World War I and II momentarily disrupted globalization, this post-war world has brought about the implementation of three new movements - the neoliberal model of capitalism, a technological revolution, and international economic institutions (Myers 100). This expression of globalization widened economic inequalities thereby increasing poverty and decreasing trust between citizens and governments (Dodgson, et al. 297). Ultimately, the story of globalization to date is one of international institutions adopting tenets of neoliberal economics that have contributed to the fragility of nation states rather than their stability.

Many countries in the Global South are in need of financial assistance. When they accept loans from the International Monetary Fund (IMF), they are then asked to comply with certain conditions that inhibit investment in public goods. The Global North created Structural Adjustment Programs (SAPs) in the late 1970s as an opportunity to impose new economic ideas on the Global South (Willis 56). Although the IMF boasts that the policy requirements tied to SAPs will encourage economic growth, it is a well-documented phenomenon that these countries not only did not develop economically but in fact regressed in their ability to provide public goods and services such as roads, healthcare, and education (Clawson 167). In the 1990s, the public perception of SAPs was so negative that the IMF reshaped and renamed these policies Poverty Reductions Strategies (Willis 58). When citizens are unable to receive public goods from the government, it de-legitimizes the government and can lead to instability (Clawson 179). When public goods are cut, the gaps can create breeding grounds for terrorism. The funding for Pakistan's public education system suffered while they took loans from the IMF. The Taliban then stepped up and created religious schools that offered free education as well as room and board (Clawson 179). As the only option for education, these schools became the perfect place for training and recruiting new disciples (Clawson 179). Ultimately, neoliberal economics increases the fragility of nation states by discouraging their ability to provide for the rights of their citizens leading to civil unrest. While fragility increases the likelihood for situations of forced displacement, it is rarely addressed or proactively prevented. Therefore, by recognizing the role that fragility plays, humanitarian organizations can support forced migrants and host countries by addressing some of these causative factors.

5. Comprehensive Refugee Response Framework

      Now, that we understand the history of forced migration and the causative factors, we must look at the current policies in place. As forced displacement has expanded, the UNHCR has altered policies and created new frameworks to respond to the lessons learned throughout time. In 2016, the Comprehensive Refugee Response Framework (CRRF) was developed to inspire a culture shift towards collaborative responses to large movements of refugees: "its objective is to ease pressure on the host countries involved, to enhance refugee self-reliance, to expand access to third-country solutions and to support conditions in countries of origin for return in safety and dignity" (Thomas 69). Ultimately, the aim is to change the cultures and mind-sets of those helping forced migrants "to enable refugees to be more self-sufficient, while better supporting the communities that host them" (Thomas 69). Initially, this sounds encouraging that the UNHCR and its collaborators are adapting as needs evolve; however, this is not the first policy aimed at improving collaborative efforts or aid effectiveness (Thomas 69). In fact, this is not the first policy shift that has encouraged "whole of society" approaches and partnerships with development actors (Thomas 69). In order for the CRRF to be successful, it must acknowledge the current gaps and truly promote the voices of those it plans to help.

6. Zambia's Response and Current Gaps

      In order to properly apply the changes promoted by the CRRF, aid and development workers must recognize the current gaps in caring for the displaced. Drawing from my experience in Mantapala Refugee Settlement in Northern Zambia, I will discuss the impact of the CRRF changes on Zambia's refugee response as well as the gaps noted through personal interviews, focus groups, and research.

At the end of 2017, Congolese people began fleeing from the Eastern Province and Kasat Region into neighboring African countries including Zambia due to rebel violence. This resulted in at least 4.5 million people internally displaced and more than 740,000 Congolese refugees in other African countries by the beginning of 2018 ("Refugee Response Plan: January 2018-December 2018" 6). Zambia is not new to hosting Congolese refugees: "The situation in the Democratic Republic of the Congo (DRC) is one of the world's most complex, challenging and forgotten crises" ("Refugee Response Plan: January 2018-December 2018" 6). Prior to the new influx, Zambia was already caring for 23,250 Congolese refugees from previous crises. This number increased to 38,000 by the end of December 2017 and was predicted to reach 76,000 by December 2018 ("Refugee Response Plan: January 2018-December 2018" 7, 42). In fact, many of these incoming refugees had fled to Zambia previously, lived in Zambia for 10 years, and then returned to the DRC in 2010.

As the first country in its region to gain independence from colonialism, Zambia has a long history of hosting refugees. After their independence, they began caring for many other Africans, and "currently, there are over 70,000 persons of concern including refugees, asylum seekers and others of various nationalities" ("Refugee Response Plan: January – December 2018" 43). The perception of Zambia has been that of open and hospitable to others. This idea was verbalized many times during my interviews with Zambians and Westerners through phrases such as "Zambians are welcoming, peaceful, 'business goes on' kind of people" (Zimba) and "Zambia is the 'Big Brother' protecting those who are fleeing" (Hoffman). According to Zambian members of the organization Caritas Mansa, "local communities see it as normal to accept Congolese refugees to Luapula Province." The Luapula Province is the region in Northern

Zambia where the Mantapala Settlement is located, and this region is familiar with Congolese

refuges from the previous crisis over a decade ago.

Even though Zambia is known for its hospitality and was even a signatory of the 1951

UN Convention, they have also limited the movement and rights of refugees within their country.

Until recently, their refugee response was governed by the 1971 Refugee Control Act, which

prioritized control of refugees and the encampment model (Maple 3). This focus on control of

refugees reinforced the reservations that Zambia had to the right for freedom of movement

promoted by the 1951 Convention ("Regional Refugee Response Plan: January 2019 –

December 2019" 29). During my interviews, many refugees complained about the difficulty in

acquiring papers to leave the settlement and participate in other local communities.

However, Zambia has recently begun to endorse refugee self-reliance and resiliency as

promoted by the current president, Edgar Lungu, and the commissioner for refugees, Abdon

Mawere (Maple 6). Under this leadership, Angolan and Rwandan refugees were given residency

permits ("Locally Integrate Former Refugees" 4). President Lungu also made a public statement

about increasing the movement of refugees and provided more urban residence cards (Maple 4).

In addition, Zambia volunteered to be one of 15 countries responsible for the initial

implementation of the CRRF (CRRF Global Digital Portal 1). Since that commitment, many

government ministries have become proactive stakeholders in the most recent Congolese refugee

response.

Zambia's commitment to the CRRF has led to the development of Mantapala Refugee

Settlement, where I performed my fieldwork research in July 2018. Upon arriving in Zambia, I

had the honor of meeting with Abdon Maware to understand the current refugee response.

During the month of July, there was an estimated 43,000 refugees from the DRC in Zambia. Of

that number, 10,300 were established in the brand-new settlement Mantapala (Maware).

Commissioner Maware explained that in earlier refugee responses, villagers would be asked to

relocate in order to create space for a refugee camp. The local community would feel resentful of

having to move and not receiving international assistance. Although refugees have grave needs,

Zambia has been experiencing a decrease in income over the last three decades, with "64 per

cent of the total population … below the poverty line, rising to 80 per cent in rural areas"

("Regional Refugee Response Plan: January 2019 – December 2019" 29). Most refugee camps

end up in rural areas of a country. The local population, which is often subject to poverty and

lack of development, now have to accommodate a new community that is supported at least in

part by international funding. It is not surprising that resentment is a significant problem in these

situations. However, with the creation of Mantapala, the local community was not asked to

relocate but instead to absorb the new refugee population. In a village located about 40

kilometers outside of Nchelenge, the nearest town, space was cleared in a forest for the refugees

to become neighbors with the villagers. The goal of this method is to develop the refugee

community alongside the local community. The CRRF encourages long-term development of

refugee response. For Zambia, this has included the creation of infrastructure, such as schools

and clinics. Within the CRRF, a whole society response is also encouraged. This resulted in a

partnership of the government ministries with humanitarian aid organizations. According to

Miriam Nyau, from the Ministry of Agriculture and Chair of the Livelihood Committee, the

government's role in this current response is to harmonize the projects that different aid

organizations bring to the table by promoting collaboration and creating long-term structures.

With this current model, Zambia appears to be making strides to generate changes in refugee

response that can improve overall development for all people involved.

Although the integrated settlement is a unique and potentially transformative response, there are still several gaps that were identified through interviews and online research. Through my interviews it became apparent that refugees and local host communities are not prioritized as stakeholders in the aid process. Because they were not prioritized, other gaps such as poor data collection and lack of collaboration further inhibited meeting the needs of those being supported. By discussing all three, I hope to shed light on how the voices of those most impacted should guide our potential solutions.

The most pertinent gap identified, and the one this paper aims to address, was the lack of involvement of refugees and the local host communities during the aid process which created disempowerment and distrust. Although needs assessments are standard practice, the structure of humanitarian aid treats organizations as the primary stakeholders instead of the beneficiary population. It is imperative for people who are in a position of forced displacement to be participants in the aid process: "communities remain the most important element in understanding how disaster risk and vulnerability are created and how it can be reduced because they are the ones most affected" (Van Niekerk, et al. 1). Although this integrated community in Zambia appreciated the influx of assistance, they often felt as though they were not given opportunities to be self-reliant and participate in their own response. According to Delphine Kabembo, a 29-year-old Congolese refugee, many in the community felt frustrated over not utilizing their skills in this new settlement. They felt disempowered to acquiesce to the authority of the UNHCR without their own skills and knowledge being utilized. The disempowerment continued through a feeling of forced silence. Partnered with Chanda as an interpreter, I initially walked around Mantapala observing health responses, but what refugees wanted to discuss the most were their current needs. As Chanda and I reflected on this, we would then end every

interview asking questions about what was going well and what was not going well. Most refugees were exuberant about answering these questions. Even if an interview began with one individual communicating, the questions around feedback resulted with multiple voices expressing their desires, thoughts, and needs. Once the interview was complete, each individual or group expressed gratitude at being able to voice their concerns to me. They wanted more interactions with organizations than what was currently occurring. This lack of interaction developed a distrust of the organizations. During my last interview day, Chanda and I began a focus group interview with a few women at the market. As they answered questions on their experience in Mantapala a heated discussion began as the women expressed anger over the way donations were being spent. They felt as though their needs were not being heard or met through these donations.

This lack of involvement and voice can be perfectly summed up in the idea that the local Zambians and Congolese refugees viewed themselves as the largest population of "stakeholders." This was well expressed by one local Zambian who said, "other organizations just discuss issues with people of authority but it ends there. They should come down to the grassroots and talk to us. Because we are the biggest stakeholder. This is why there are gaps" (Chibwe). By not being heard, locals and refugees felt disempowered which created apathy, anger, frustration, and worry and, ultimately, broke down trust between those being aided and the humanitarian workers. (See Appendix for a full list of gaps identified.)

With poor data collection and inconsistent evaluations, highlighting refugee voices and needs becomes challenging. Presently, the number of forced migrants is collected from governments and agencies that utilize different techniques and definitions that change according to political climates (Alfred 2). For instance, between the years 2014 and 2016, South Africa

reported significantly different numbers each year for asylum seekers, with "463,900 asylum seekers in 2014, 1.1 million in 2015 and then just 218,300 last year. But the number of people had not fluctuated that wildly. What did change was how asylum seekers are counted" (Alfred 3). Because data collection techniques and guiding principles can change dramatically, it becomes difficult to access necessary information, such as vulnerable people groups, and share those across organizations and ministries. If the voices of refugees are not accurately collected in the data, then how can organizations meet their needs and support them? Consequently, "practical and effective means of data collection are needed to inform life-saving actions in humanitarian emergencies" (Pyone, et al. 648). During a UNHCR interagency meeting in Zambia, the numbers of vulnerable people groups were provided. Because these numbers were collected by varying agencies, there was some hesitancy about the accuracy of these numbers, and some of the numbers overlapped resulting in an incorrect understanding of the needs of the community. In order to resolve these discrepancies, agencies need to agree on certain data collection questions and methods and then organize that information into a central location. The potential exists to create an application or system that codifies and shares data allowing more informed decision-making for all settings (Pyone et al. 656).

The lack of uniformity and transparency in data collection makes it difficult to fully evaluate the success of programs and refugee and local community feedback. During my initial interview with Commissioner Maware, inadequate data collection and evaluation was identified as a limitation affecting the Office for Refugees' ability to understand, assess, and meet the needs of the Settlement. The Office writes the checks for the needs within the camp; however, those needs are not easily communicated. When money is requested, there is minimal tracking on how it was spent and the impact it had. According to Randall Musenyesa, the local Refugee

Officer, there is minimal evaluation of projects; therefore, the efficacy of a project is unknown to both the UN as well as the host government.

Poor data collection is due in part to a lack of collaboration, which can lead to a potential misuse of general resources. As stated above, each organization operates its own data collection and evaluation, using different terminology, tools, and questions. These differences can make it challenging to communicate assessments, needs, and projects to other organizations as well as the community resulting in the inability to provide or the duplication of services (Kopinak 1). In an interview with Nachilanga Chisha and Patricia Sampule, Zambian nurses in the Mantapala clinic, they cited a lack of collaboration and communication as the reason for running out of medical resources. Medical resources come from humanitarian aid organizations; yet, there is no way to regularly update these organizations on current resources and needs. Refugees also frequently spoke of receiving food on an irregular basis. They had been told that food would be arriving at the beginning of every month, but according to the refugees this was not the case (Mushipi and Patrick). For a majority in this community, these distribution times were the only source for food so the inconsistency can be deadly. This lack of collaboration can not only harm refugees but also can waste finances. According to authors Tan, et al., an increase in UNCHR spending has a positive impact on mortality; however, international funds are fickle in the current political climate requiring a "cost-effective use of limited resources" (1), which demands an intentional communication and partnership between all actors involved.

Given the current geopolitical and environmental climates, situations of displacement will continue to rise in both the number of people and length of time. While not all needs can be fully addressed, these gaps are not impossible to resolve, and the prioritization of refugee voices will allow the humanitarian system to evaluate and fine-tune their interventions as necessary. As

the voices of those most impacted begin to inform aid work, a common goal needs to be identified. With my history of nursing both in the Global North and Global South, I believe that the goal of any humanitarian or development intervention should be holistic well-being for all involved. Because displacement is growing each year, we need a better systemic approach that builds a foundation of trust and improves the overall well-being of those displaced. Therefore, before we discuss how to promote the voices of forced migrants and local communities, I will elaborate on the definition and application of holistic well-being.

7. The Perspective of Health

Multiple pathways exist to address displacement and improve a nation state's legitimacy; however, a health perspective allows for the identification of specific vulnerabilities as well as the promotion of holistic well-being for all actors involved. According to the World Health Organization, "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" ("Frequently Asked Questions" 1). In the healthcare field, we often focus on symptom treatment and pharmaceutical interventions; however, health is more complex and true treatment and prevention must include a broader perspective. First, we must understand health as a state of holistic well-being. Then, by taking a health perspective, we can identify risks and vulnerabilities for refugees and their host communities; and finally, we can begin to imagine a future where a diversity of interventions, such as livelihoods and education, are led by the desire to promote holistic well-being for those experiencing forced displacement.

7.1 Health as Well-Being

As defined above, health is not simply disease management; instead, it is the ability to develop and achieve well-being. There is not a specific definition accepted for well-being; instead, it is subjective to people, communities, and their perceptions of a full existence.

Congruently, the Center for Disease Control (CDC) defines well-being as "a positive outcome that is meaningful for people and for many sectors of society, because it tells us that people perceive that their lives are going well" ("Well-being Concepts" 1). Health is ultimately a tool and perspective that allows people and communities to develop a life that they perceive as flourishing. Well-being therefore necessitates that all aspects of life are experiencing wellness. This idea can be practically dissected into eight categories: physical, emotional, intellectual, financial, occupational, social, spiritual, and environmental ("The Eight Dimensions of Wellness" 1). These categories create a more inclusive idea of total well-being as more than the physical symptoms of the body.

This concept of well-being is also supported by the 2030 Sustainable Development Goals. These goals created by the UN give the international community a similar vision and direction for how to transform the world for global good. Goal 3's priority is to "ensure health and promote well-being for all at all ages" ("Sustainable Development Goal 3"). By understanding the pursuit of well-being as "a human instinct and right," humanitarian aid and development workers must realize that the "minimal standards of living" are "the aspiration of few, if any, societies" (Collins 46-47); however, the minimal standards of living are the goal of most humanitarian interventions. In order to develop communities of forced displacement, we must reject simple notions of health and, instead, recognize well-being as complex, integrated categories that involve physical, mental, and emotional health as well as stability and resources for both individuals and communities.

7.2 Impact on Well-Being

By discussing some of the categories of wellness, we can see the impact of forced displacement on individuals, communities, and host countries. A holistic perspective of well-

being must guide all observations in order to provide a full picture "of the lived experience of refugee populations" (Ager 442). This perspective must be defined by the refugees themselves and their perceptions of well-being.

Although a holistic idea of health includes more than simply physical illness, the impact of displacement on physical illness is not minor. Those experiencing forced displacement "face distinctive vulnerabilities to poor health" (Tulloch, et al 1). As with any disaster, the epidemics that occur following are the "greatest cause of mortality and morbidity in developing areas" (Collins 124). This is no different for refugees. In fact, epidemics are often worse in refugee contexts. Displacement increases the risk of a health-related death ("Refugee Health" 1). Displacement into refugee camps increases the number of people living in close proximity, which thereby expands the risk of disease transmission, and often decreases the cleanliness of a community's environment ("Refugee Health" 2).

Not only is refugee health impacted by displacement, but also the local community supporting displaced people are at an increased risk of disease acquisition. As people move about more frequently, health risks know no borders: "Globalization has introduced or intensified transborder [sic] health risks…. Such risks may include emerging and reemerging infectious disease [and] various noncommunicable diseases" (Dodgson et al 297). The movement of forced migration into other developing or middle-income countries may also stress the host community's health systems.

While forced displacement has clear physical impacts on health, emotional effects can be just as ubiquitous and damaging. In the context of forced displacement, many have experienced persecution, physical or emotional abuse, and fear over lack of safety and resources. These experiences hinder a person's ability to engage with self, others, and life, and it can impact

physical health. Eventually, "displacement reduces resilience, increases vulnerability, and serves ultimately to exacerbate the impact of shocks" (Pinto, et al. 851). Forced migrants' emotional and mental health can be further impacted by a lack of understanding over the process for aid and refugee status as well as the powerlessness and unfairness in this process with no end in sight (Turner 72). Feelings of desperateness can be exacerbated by the loss of autonomy and participation, which was apparent in many of the interviews I conducted in Mantapala. Chanda and I sat down with Noah, a 29-year-old Congolese husband and father as he expressed his hopelessness by saying, "we cannot make our own informed decisions. We have to rely on the UNHCR, and in so many ways our hands are tied" (Mushipi). Several young men and women I interviewed complained that their skills and past experiences were not only not utilized but in fact actively suppressed in the refugee context (Kabembo and Mutit). While emotional or mental health wanes, many experience a "threatened self-identity" that must be reaffirmed, making displaced persons vulnerable to terrorist groups that offer strong identity and purpose providing both emotional and physical security (Kinnvall 742).

As with any disaster, including displacement, there exists a "severe disruption to human survival and security that overwhelms people's capacity to cope" (Collins 4). The disruption of holistic well-being for forced migrants occurs in all eight dimensions of wellness mentioned earlier. Factors that exacerbate refugee health vulnerabilities include "loss of social networks and assets, poor language skills, [lack of] knowledge and information in the new environment, decreased food security, and inadequate shelter, sanitation and access to safe water" (Tulloch, et al 5). As previously stated, a holistic view of health does not look only at disease processes but also at the overarching narrative that influences the health of an individual:

We should therefore view the health of displaced populations not principally in terms of the specific health risks associated with their migration experience (although these may be considerable), but more in terms of the health vulnerabilities associated with weak protection, provision, and systems access resulting from their status as forced migrants. (Ager 434)

7.3 Well-being and Livelihoods

Holistic well-being can be further understood through exploring livelihoods. Livelihoods is the compilation of resources, assets, and capabilities that can sustain and improve quality of life (Pasteur 29). This includes more than material assets "such as land, livestock, or money – they include human capital such as health, education, skills and experience and social capital" (Jacobsen 100). As I discovered in Zambia, the needs identified by the community included food security, financial security, freedom of movement, and investment in their own future. All of these needs are aspects of livelihoods that impact perceived well-being for these communities.

Holistic well-being and livelihoods are intertwined and codependent requiring both topics to be addressed in order to lead forced migrants into lives of flourishing. Fleeing violence and persecution strips people of the assets that promote well-being and provide livelihoods. As refugees arrive in new locations, they try to "re-establish their livelihoods in a policy context that is often weighted against them" (Jacobsen 99). Furthermore, placement in refugee and IDP camps continue to put holistic well-being at risk and discourage meaningful investment in livelihoods leading to a poverty trap (Devictor 73). Ultimately, "the denial of the right to work has had catastrophic consequences for many refugees, leading to long-term erosion of skills, talents, and aspirations, and often exacerbating a sense of alienation and hopelessness" (Betts

and Collier 156). These consequences and the inability to recover can be further understood through the theory of structural violence.

8.   Structural Violence

Development practitioners cannot fully promote holistic well-being without having a firm grasp on structural violence. Violence occurs on "a continuum, including not only direct political violence but also structural, symbolic, and everyday violence" (Holmes 89). The persecution that causes displacement is a form of targeted physical and political violence (Holmes 89). However, as forced migrants seek refuge, either in a new community or across a border, they continue to experience violence through the systems and structures in place.

Structural, symbolic, and everyday violence are all forms of indirect violence. Indirect violence can be formal, such as laws or rules, or informal, "through cultural beliefs, behaviors and attitudes," and it specifically targets particular groups of people, such as the poor, women, and refugees (Schneider, et al. 69). Indirect violence is apparent through unequal power within society and an inequality in opportunities (Moe-Lobeda 73). Structural violence is thus seen through "social inequalities and hierarchies, often along social categories of class, race, gender, sexuality" (Holmes 89). If these hierarchies contribute to structural violence, then their acceptance can transform into symbolic violence, where the dominated internalize the legitimacy of the hierarchy and provide "unwitting consent'" (Holmes 89). This internalization can have a significant impact on individual and cultural identity contributing to attitudes of dependency (McLean 8). Finally, both structural violence and symbolic violence express themselves through everyday violence and the micro-aggressions that become normalized and institutional (Holmes 90). When the perspective of refugee is viewed through the lens of indirect violence, then a critical perspective can be developed.

As refugees struggle to rebuild livelihoods and pursue well-being, they face structural violence from host governments, local populations, the international community, and humanitarian aid. Initially, refugees experience a loss of livelihood assets when fleeing their country; this loss is compounded by the lack of access to employment and education in host countries, which continues to contribute to disempowerment since refugees are "constrained in their ability to act and to challenge rules and power structures" (Jacobsen 101). Refugees are "denied permission to work, lack the appropriate credentials, or are faced with discrimination at the workplace" (Jacobsen 100). These experiences reflect the idea that refugees are seen as a problem. They are unwanted guests that hold the potential to upset the host population and government through their cultural differences, potential for violence, and needs for health, food, and resources. As discussed previously, "[host] governments refuse to allow refugees to become self-reliant, while nevertheless allowing state and civil society actors to exploit them economically" (Jacobsen 105). According to the UNHCR, the goal is to seek "permanent solutions for the problems of refugees" (Long 476). Nevertheless, nation states primarily support repatriation as the ideal answer to this refugee "problem" prioritizing personal interests in retaining a "'national order of things' rather than a concern with refugees' welfare .... Local integration is not so much the 'forgotten solution' as the forbidden solution" (Long 476).

Host populations, consciously or unconsciously, contribute to indirect violence as well. Although many host countries may be structural deficient, meaning they lack resources and finances for their own citizens, the deficiency within that country may not harm all people equally (Schneider, et al. 70). In other words, the host community is not limited by legal structures on their ability to receive protection, freedom of movement, and care from their government. However, access to these basics rights does not imply a lack of structural violence

against some of the host population within their own context: "those who perpetuate one form of structural violence may themselves be victims of another form that precludes their taking opposing actions without the support of a broader community" (Moe-Lobeda 74). Potentially, a local community may want to support refugees; nonetheless, by taking a stand in that direction, they could elicit violence against themselves as well.

Not only do host governments participate in structural violence against refugees, but so does the international community. This international community includes donor states as well as resettlement states. A majority of these states originate from the Global North. Although they maintain the highest finance and resource capabilities, there has been an ever-increasing fear of globalization and the movement of migrants. Both the US and the United Kingdom have been creating political movements to put up legal and physical barriers to asylum seekers. Alexander Betts pinpoints this movement by acknowledging that "toxic narratives around migration often have an electoral payoff" ("Fear Versus Reality" 9:37). Migration has become a scapegoat issue ("Fear Versus Reality") to combat globalization and legally refuse to provide protection and permanent solutions for forced migrants.

An ironic form of structural violence against refugees can be tied to humanitarian aid. Humanitarian actors boast of accountability to those they seek to help, yet the current refugee system functions off a visibility and encampment model (Bakewell 135) meaning that aid organizations' existence and funding is somewhat dependent on refugees being reliant upon them (McLean 8). As explained earlier, the UNHCR is subject to the needs of local states as well as international donor states. This can influence their capability of helping refugees as they find themselves trying to please political power that already acknowledges its desires to return refugees to their countries of origin and minimize legal integration. The existence of refugee

camps, although proven to have a negative impact on well-being, allows both local states as well as aid organizations an opportunity to request continued funding for a system that limits refugees' ability to develop livelihoods and autonomy (Bakewell 135).

Structural violence is often supported by cultural violence. Cultural violence includes "those aspects of culture … that can be used to justify or legitimize direct or structural violence…. Cultural violence makes direct and structural violence look, even feel, right – or at least not wrong" (Moe-Lobeda 75). Cultural violence is apparent in the current sensationalism of migrant terror in the US. Examples of cultural violence such as "restricting access to income, shelter or even human contact can destroy people's lives without being clearly recognized or acknowledged as doing harm" (Schneider, et al. 69). Ultimately, acts of dehumanization can be legally supported through cultural violence (Schneider, et al. 69). Therefore, to move forward towards holistic well-being and livelihood development, cultural violence must be recognized, and structural violence dismantled.

9. Accompaniment Model

To move beyond structural violence, humanitarian actors must evoke moral vision and creative solutions that "benefit host states and refugees, while enabling safe havens to remain politically viable" (Betts & Collier 10). The accompaniment model can be utilized to inspire this moral vision as we create innovative resolutions. Accompaniment has been promoted and defined by Paul Farmer, founder of Partners in Health: "'Accompaniment' is an elastic term…. To accompany someone is to go somewhere with him or her, to break bread together, to be present on a journey with a beginning and an end" (Weigel xxv). This model is not just a theoretical framework but an invocation to act, to show solidarity (Bernabei 2). By promoting a long-term relationship where all parties come to the table to give and receive, accompaniment

confronts aid by abandoning the "short-term, one-way encounter" that promotes a power dynamic labeling those displaced as simply beneficiaries and not active participants in their own response (Weigel xxv, Hampson, et al. 7). With accompaniment, the goal is no longer to simply deliver services but, in fact, to listen, respond, and walk alongside those you aim to help (Hampson, et al. 7). Because this responsive and fluid model has a contrasting agenda to aid, the accompaniment model has not been actively pursued as a framework for refugee response. Accompaniment focuses on "radical availability" and long-term projects that do not provide the impact that many investors hope for (Weigel xxvii), yet this perspective can be an antidote for the commodification of refugees (Hampson, et al. 7). Instead of hording power dynamics, "empowering refugees is to give them back self-worth and hope for the future. Involving refugees in the plans made for their lives is not only sensible but a psychological and moral necessity" (Hampson, et al. 7). The accompaniment model is a framework, although not formulaic in its design, that can cast a new moral vision in the way forced migrants are supported.

9.1 Terminology

By allowing the accompaniment model to shape our moral vision, the terminology used to describe forced migrants needs to be revisited. Words do more than reflect our thought patterns they inform our narratives and perceptions (Kelley and Kelley 198): "In the act of naming, subjects are born. In the act of reiterating the name, power dynamics, inequalities, and structural violence are reinforced" (Ho 1). Beneficiary, the most common word used to refer to those who receive humanitarian aid, perpetuates the narrative that forced migrants only possess needs (Mendoça and Tayyar 2). These needs are then met by the benefactor. Both terms hold the root *bene* meaning "good." By using the term beneficiary, refugees, asylum seekers, and IDPs

are painted as burdens who need the "good" aid offered (Mendoça and Tayyar 2; Ho 2).

Although there is still debate about the ideal word choice, the local community and refugees I

interviewed in Zambia wanted to be seen as primary stakeholders in their own response. The

word stakeholder was familiar to everyone and applied frequently in discussing different aid

organizations and government entities. As a common term, stakeholders connotes a sense of

ownership with a willingness to invest time and resources for the development and positive

results of a project (Minieri, et al. 4). Both the refugees and local Zambians I spoke with felt as

though they had the largest investment in the decisions being made. In other words, they have the

most at stake pending the outcomes of projects. Because of this, it was understood by these

communities that their opinion and involvement was the most vital of all the opinions; therefore,

they were the primary stakeholders.

9.2 Perspectives

  As terminology changes, perspectives begin to shift to recognize forced migrants as

active participants in their own stories and responses. Our current model focuses on deficit-based

funding and storytelling (Mendonça and Tayyar 6). Aspects of loss are part of the narrative that

forced migrants convey, but this is not their whole story. Loss and need are not who they are as

people nor is this all they have to offer to themselves or to others. By solely focusing on deficits,

we strip "the dignity of the people who we want to serve and assist" (Mendonça and Tayyar 6).

A deficit-based perspective lacks a holistic view and, therefore, reduces the creative capacity to

recognize all opportunities. Instead, we should apply "an asset-based framework," which

appreciates and builds upon the internal and communal resources each forced migrant has

(Mendonça and Tayyar 2).

  During my time in Zambia, an asset-based approach to livelihoods might have

encouraged different projects than the ones being implemented. The CRRF response in Zambia concentrated on livelihood development for the refugees. Most of the livelihood projects focused on agricultural ventures; however, there was concern about the success of these projects because Congolese people are "business-minded people." This phrase came up several times in interviews with Zambians. Often, it was utilized in a negative light to describe their desires to trade rather than produce (Caritas Czech). An asset-based focus would create projects in order to utilize the Congolese talents for trade to bolster the economic stability of the refugee community; while a deficit-based focus, which only sees the needs the refugees have, will not consider the strengths and natural desires a culture brings to the table. Shifting towards assets allows us to then focus on potential solutions to improve the well-being of forced migrants and the local host community. (See Appendix).

10. Solutions

By shifting our moral vision to an idea of accompaniment, we can modify the language and perspectives utilized while identifying assets and bringing dignity back into the story and response. Although residents of Mantapala appreciated the influx of assistance, they often felt like they were not prioritized as the primary stakeholders in the planning and implementation of aid. The themes of dependency and limited autonomy created anger, frustration, and worry while breaking down trust between those being aided and the humanitarian workers. Although accomplishing wellness in all aspects of life may seem unrealistic, it is imperative that total well-being be the goal of humanitarian aid and development in order to diminish short-term, inefficient, and sometimes unhealthy responses. In other words, by aiming for holistic well-being, the hope is to diminish any harm and open the doors for flourishing. By accompanying forced migrants, we can focus on building trust and legitimacy; acknowledging those most

affected as primary stakeholders; and promoting resiliency, self-recovery, and autonomy.

10.1 Building Trust and Legitimacy

Accompaniment cannot occur without trust between both parties. For a partnership to develop between refugees and aid organizations, we must realize that "cooperation, openness, and teamwork" are the foundations (Bernabei 2), and "trust is the cornerstone of every transformative relationship" (Mendonça and Tayyar 5). Once this groundwork is laid, then inspiring legitimacy is possible for both nation states as well as aid organizations. Legitimacy is only possible when the people supported by governments or aid organizations recognize and submit to the leadership. As described previously, the Congolese refugees struggled to trust the aid organizations. They did not understand the process of aid donations or the development models being applied through the CRRF. This lack of understanding created frustration because they felt as though their immediate needs were going unmet.

Throughout interviews in Mantapala, two main issues seemed to hinder trust: timely food distribution and volunteer payments. According to the refugees, food was supposed to be distributed at the beginning of every month, yet this did not always happen regularly. For these refugees, who had only been in Mantapala for six months, this food distribution was vital to family survival. Irregular volunteer payments were also an issue identified by both refugees and local Zambians. For volunteering with aid organizations, everyone was promised a monthly stipend; however, this stipend had not been paid regularly and, in some cases, had not been provided for three months. As I sat in a tent surrounded by twenty-year-old Congolese volunteers with Chanda at my side, I was told that this irregular payment created frustration. Delphine, one of these volunteers, described the impact of not being paid by saying "the energy to continue to work disappears." Both of these inconsistencies generated resentment and broke down trust.

During my last day in Mantapala, a conversation with four women in the market made this distrust apparent. As with most refugee situations, those who have been forcibly displaced are resourceful. The people in Mantapala were no different. In between two sections of the settlement was a main road that had shops and vegetable stands lining both sides. Inspired by this resiliency, I approached some women sitting on the ground selling produce. I began with the same questions I had been asking all week. Chanda interpreted, and I hoped to understand what made these women so strong. As I asked about their vision for Mantapala, one of the women became more agitated. She began speaking loudly, pointing at me, which quickly drew a small crowd. This woman began detailing the distrust she felt towards the aid organizations and even some of the local Zambians. As she shared these feelings, many in the crowd around us shook their heads in agreement or interjected with occasional statements. With Chanda and I in the middle of this crowd with no space to even turn around, a man shouted from the back that he had seen me all week interviewing refugees and that no change had occurred yet. Even my presence reinforced this lack of trust of another foreigner walking around the settlement but not prioritizing the issues that were at the heart of these people. Chanda taking the reins of the conversation softened the crowd by telling them that change takes time. He explained that we came as listeners to hear these stories to share with those who have the authority. With this shift, the animated female speaker shared with us a story of distrust. Earlier in the Spring of 2018, a large donation had been given by Pope Francis to Caritas, a catholic organization. According to Caritas, the money was directed toward livelihood programs, but the Congolese community did not know that. All they knew is that their basic needs for food and clothing were still being unmet. When the refugee community heard about this donation, they had discussed the desire to protest, but one aid worker was able to calm the storm before any real dissent occurred. This

experience revealed how difficult it can be to work towards a common goal when a lack of trust exists.

Although there is currently skepticism noted through these interviews, there are some interventions that are creating trust. Because Zambia is focusing on more sustainable development, they are building permanent schools and health clinics. Most of the people I interviewed were grateful for these specific projects. According to Patrick, a Congolese worker with Oxfam who had also been a refugee ten years prior, "facilities here are nice. In Congo, there is no free education and free healthcare. We are grateful for help, but this is not enough when there are gaps in our basic necessities." Although the work being done in Mantapala is beneficial, without a focus on trust through acts of cooperation, openness, and teamwork, legitimacy with aid organizations can be lost.

10.2 Primary Stakeholder

Not only do we need to prioritize trust, but the humanitarian system and the nation states need to recognize that those displaced, both refugee and local, are the primary stakeholders in the work being done. As examined previously, beneficiary is the word used by aid organizations to describe refugees. A shift from beneficiary to stakeholder is a significant shift in ownership. As the people receiving aid, residents of Mantapala already cared about the impact on their community; however, even my interpreter, Chanda, pointed out that many of the projects had insignificant impact because they were imposed on refugees. There was no method of feedback for refugees to evaluate these projects or seek involvement. Overwhelmingly, the people I interviewed felt like they were not active participants in the gaps identified, in the programs created, or in the implementation of aid money. This lack of involvement was brought up during the UNHCR Interagency Meeting for Mantapala. Pierrine Aylara, the UNHCR Country Director,

verbalized the gap between refugees and aid organizations by saying "we cannot sit here and plan for the refugees without them…. As projects move to development, they become more nuanced, and much of that work is done with the community." The humanitarian leaders realized the need to incorporate refugees in the planning stages; however, they are already starting at a deficit due to the distrust growing.

How then do we shift our perspective of refugee from beneficiary to primary stakeholder? Dwight Conquergood who worked as a consultant with Hmong refugees stated, "I hoped to break the pattern of importing knowledge of 'experts' and distributing it to the refugees, who were expected to be grateful consumers" (Conquergood 182). His method of celebrating cultural stories and practices engaged the community in a way that allowed them to feel heard, involved, and open. His work treated Hmong refugees as stakeholders by communicating to them in a context and situation they would appreciate. As an ethnographer, he became familiar with their cultural assets and stories in order to educate them on critical health concerns within their camp:

> I wanted no part of the puppet theatre approach used by some expatriates as simply another means to get refugees to do what bureaucrats think [is] best for them. Instead, I hoped that performance could be used as a method for developing critical awareness as an essential part of the process of improving the health situation in the camp.
>
> (Conquergood 181)

The forced migrants and the local community in Mantapala were ready and interested in being included in planning and implementation. However, the only way to accurately assess this is to engage refugees more clearly: "We need to ensure that the communities we are striving to serve are involved in imagining and implementing the support system we collectively envision"

(Mendonça and Tayyar 3). Therefore, like an ethnographer, a more detailed needs assessment would allow organizations to identify the assets and cultural traditions that this group of refugees bring to their new community. Then communal leadership can be created in a culturally appropriate manner to help with future conversations between the community and the aid organizations. An example of applying this cultural nuance in Mantapala might include the way community leaders are decided. According to the Congolese that I spoke to, they wanted open elections, no secret ballots, to promote leaders in their community because of the history of corrupt elections in the DRC. Although this is one example, there can be many creative solutions for refugee engagement when those most impacted are viewed and uplifted to be primary stakeholders. Ideally, the humanitarian system, host government, and refugee would humbly "enter into a productive and mutually invigorating dialogue, with neither side dominating or winning it, but both replenishing one another" (Conquergood 202). As the humanitarian and development establishments turn to accompaniment rather than simply aid work, recognizing forced migrants as primary stakeholders requires humility and openness for everyone involved.

10.3 Resiliency

Once trust is built and refugees are viewed as primary stakeholders, then we must turn to creating well-being that is sustainable. In order to accompany forced migrants in a way that leads to sustainable well-being, resiliency must be nurtured (de Weijer 12). Resiliency is a word that is utilized by a variety of fields and thus has a variety of interpretations (de Weijer 6). However, the most common understanding of resiliency refers to an individual or community's faculty to "bounce back" or with a more positive perspective to "bounce forward" (Pinto, et al. 850). This capacity to "bounce forward" is dictated by a community's ability to manage risks and adapt to change (Pasteur 3).

Resiliency is especially important to develop in contexts of displacement. Although refugee communities are provided aid, there are many limitations of movement and activity as well as participation within host countries. Additionally, these limitations may last for several years or decades while forced migrants live in protracted situations. With little opportunity for development, cultivating resiliency can promote sustainable well-being even amidst instability.

For resiliency to be a tool for "bouncing forward", it must be founded on the idea of reasonable hope. Reasonable hope is the act of dreaming and desiring what is potentially in one's grasp. Because persons of displacement experience so much instability, all solutions must be realistic in their time frame and capabilities. Although we should have aspirations, neurologic studies reveal that people develop neural pathways associated with their greatest focus (Turner 72). When refugees focus on "one big hope," such as resettlement, which is usually less than one percent of refugees, they are less likely to make the most of their daily lives:

> From a neurologic perspective, the result of the constant focus on a distant hope is the reinforcement of neural pathways associated with that hope and the decay of neural pathways not associated with it. Thus afflicted, people find it difficult to maintain meaningful activities and healthy mental processes for daily life. (Turner 73)

Therefore, part of resiliency in the context of displacement is identification of obtainable goals (Turner 73). To develop reasonable hope, five main characteristics must be present. Reasonable hope must be a relational, daily practice, open to uncertainty, pursuant of realistic goals, and "accommodates doubt, contradictions and despair" (Turner 74). By achieving these attainable goals, displaced persons can receive satisfaction and motivation for continued efforts and growth. Ultimately, reasonable hope is necessary to building healthy neural pathways for living in the present and developing resiliency for this uncertain future.

10.3.1 Health and Education

To grow resiliency amongst displaced communities with realistic goals, there are three specific and interrelated categories that can be developed: health and education, livelihoods, and human security. Health promotion and response are priorities to nurturing resiliency. If large numbers of displaced communities experience health problems or mortality, this can greatly increase poverty and reduce the ability to cope with any future disasters.

By improving health, you can also promote the capacity to learn and participate. While in Zambia, many of the refugees and local community members wanted to acquire knowledge and develop skills, such as building infrastructure and learning about healthcare, that would allow them to cultivate their own community. To provide this education, aid and development organizations can partner together and work alongside the community to enhance skills already present or teach new ones (Van Niekerk, et al. 4). By recognizing the current skills of a community, a resiliency-based response can build upon that foundation to empower a community to create structures and resources that allow them to cope in light of future disasters. Health and education promotion is key to building resilient communities. Working to develop these categories will help program designers to place value in community members' knowledge and promote access to quality contemporary education. This, in turn, will empower displaced communities to be self-reliant ("Understanding Community Resilience" 7).

10.3.2 Livelihoods

For these communities to have any hope of well-being, they need sustainable livelihoods. A livelihood can be preserved when a community "can cope with and recover from stresses and shocks and maintain or enhance its capabilities and assets both now and in the future, while not undermining the natural resource base" (Collins 77). How do we equip refugees with livelihoods

that can be sustainable and led to well-being? Livelihoods can be broken into five categories: social, natural, human, financial, and physical. These categories can be addressed by "strengthening community organization and voice"; "supporting access to and management of natural resources"; "promoting access to skills and technologies"; "improving access to markets and employment"; and "ensuring secure living conditions" (Pasteur 30). Livelihoods allow families and communities to provide for themselves now while preparing assets for future stressors.

10.3.3 Human Security

Because sustainable well-being entails wellness of all aspects of life, each aspect is deeply linked. Health improves education, education improves health, health improves livelihoods, livelihoods improve health, education improves livelihoods, and livelihoods improve education. However, none of these aspects would be possible without human security. Communities who have been forcibly displaced have already experience insecurity. Refugees and asylum seekers flee persecution and cross borders seeking safety, and under international law and the UNHCR's founding statutes, they have a right to refuge (Betts and Collier 7). Although physical safety is important, "human security can no longer be understood in purely military terms. Rather, it must encompass economic development, social justice, environmental protection, democratization, disarmament, and respect for human rights and the rule of law" (Collins 98). Therefore, human security is necessary for sustainable development and without it communities can have an increased risk for disasters (Collins 102). In order to promote sustainable well-being and resiliency, security must be provided in a holistic manner addressing all perceptions of insecurity (Collins 99).

10.3.4 The Way Forward for Resiliency

Although displacement initially increases vulnerability, by focusing on well-being, there is an opportunity to nurture communities to "bounce forward" toward a societal health that may have never existed. The most common definition of resiliency is to return to a similar state as previous to a disaster. However, for many of those displaced, conflict and persecution have long been a part of their stories. In order to appreciate disaster vulnerability, it must be viewed "in light of ... 'the historical dynamics of global capitalism and colonialism'" (Enarson, et al. 132). In other words, when the humanitarian system is helping to rebuild the lives of those displaced, are they simply being returned to a foundation and structure that contributed to their vulnerability in the first place? As resiliency becomes a priority in the development of displaced people, it is important to first examine what foundation resiliency is being built on, and to second involve those who have lived and adapted to these risks (Enarson, et al. 140). Further research should occur to develop an "understanding of the tenuous relation between crisis and change: which type of crises and disasters open a window for structural change (and what must be done to exploit that opportunity)" (Boin, et al. 35). Displacement can provide an impetus for positive societal changes, but when unrealized, displacement "can also result in ongoing inaction and unrelenting long-term debility" (Adams, et al. 3). By critically examining the history and initiating factors for displacement, inviting those who have adapted to disasters, and researching what encourages healthy change, solutions can be created to cultivate a stronger foundational resiliency.

By encouraging the perspective of sustainable well-being, forced migrants can build a foundation to cope with current and future crises. This improvement should begin by applying resiliency concepts to the development of health and education, livelihoods, and human security.

Each context should be critically examined to reduce harm and encouraged by a vision of springing communities forward to new development opportunities. Resiliency is key to promoting sustainable well-being, and to quote Frauke de Weijer:

> The concept of resilience is like a Trojan horse: it brings with it a different way of thinking about change. It regards transition out of fragility as a more evolutionary process of social and institutional change. It produces a mindset that places a stronger onus on creating conditions for positive change, rather than the interventionist and highly controlling strategies more traditionally employed in the development world. This way of thinking also focuses on the positive rather than on the negative, as it recognises the importance of existing sources of resilience. It also creates space for a more holistic and multidisciplinary mode of thinking about change, including a recognition of the interactions between sectors. It creates a demand for new ways of measuring progress, more iterative approaches and the right blend of planning and improvisation. (iii)

10.4 Self-Recovery

The ideas of giving voice and practical hope to displaced persons must also be associated with the promotion of self-recovery. Self-recovery is the ability to cope using personal resources with minimal external interventions (Flinn, et al. 14). Forced migrants are willing and likely to self-recover when assistance is not available: "Communities are never passive, and the initiation of reconstruction and recovery is an inevitable process" (Flinn, et al. 13). During disasters, 80-90% of people impacted self-recover (Flinn, et al. 12). Similarly, those experiencing forced displacement are resilient and willing to work for themselves to recover. Unfortunately, when people cope on their own, they are often at risk of repeating or engaging in vulnerabilities that can lead to "economic loss, injury or death" (Flinn, et al. 12). We currently see this in refugees

entering illegal markets and moving into cities without protection or assistance. However, the desire and capability of self-recovery is an asset that must be acknowledged and utilized to promote dignity (Devictor 74). During my time in Zambia, the refugees wanted to be self-sufficient. They wanted to leave the settlement to sell their produce and goods. They wanted to use their skills to create businesses. Self-recovery can also be beneficial for host countries and aid organization because it is efficient and saves money.

What does self-recovery look like in the context of displacement? It can be as simple as cultural perseverance, "even when a cultural group is oppressed or exiled from its place of origin, human ingenuity prevails, finding ways to preserve old traditions and apply them in new settings" (Sunstein and Chiseri-Strater 312). This allows them to affirm their cultural identity and boost mental health. While in Mantapala, I met a woman who used to make bread for her family and to sell in the market. Once arriving in Mantapala, the woman's husband made her a brick oven so that she would continue this practice and make money for their family. This initiative was also seen in the women selling vegetables in the market or owning shops.

Even host governments need to be supported in self-recovery from the influx of refugees. The aid system often disempowers local governments and communities from responding to the needs of a people group (Mukherjee 3): "Without government or grassroots participation a true human rights approach is subjugated to an agenda driven only by acute humanitarian needs, rather than rights" (Mukherjee 5). Host governments are key players in the protection and development of refugees, yet many countries host the majority of refugees are middle to low income countries. A large influx of people can burden any public system, especially a poorly functioning one. Nation states look to the UNHCR to fund, organize, and support influxes of refugees; however, a self-recovery action under the accompaniment model would empower civil

society response and governments' capabilities to deliver rights (Mukherjee 3).

10.5 Need for Autonomy

With forced displacement, a major loss that needs to be addressed is that of autonomy. Autonomy is a common bioethics term referring to the "capacity to act intentionally, with understanding, and without controlling influences that would mitigate against a free and voluntary act" (McCormick 2). Although forced migrants are subject to the laws of the country offering refuge, opportunities to practice autonomy should be provided. In the context of displacement, autonomy is most supported by financial and educational independence (Betts and Collier 10). Therefore, the idea of livelihood development allows a person to practice autonomy by having the knowledge and freedom to make choices for himself and/ or his family. This form of development can include technical education, such as the requests made by the Mantapala community. They wanted to learn healthcare, infrastructure, and technology. These forms of education give them the tools to make development decisions for their community, such as where and how to construct schools and clinics. In addition, providing sustainable jobs allows these communities to support their families. Autonomy was a focus of the original refugee response under the 1951 Convention with a focus on the "right to work and freedom of movement" (Betts and Collier 156). Currently, these two ideas are quite restricted in most displacement contexts. Nevertheless, this investment in "economic autonomy and political self-governance, especially when these allow people to work effectively across kinship groups, may help incubate the cooperative behaviors needed to rebuild governance back home" (Betts and Collier 233). Therefore, even if refugees do not integrate into the host country permanently, an investment in autonomy can be beneficial for all phases and everyone involved.

11. The Challenges

In the previous sections, I have purposed some solutions on how to accompany refugees in order to promote holistic well-being; however, these solutions may incite concerns from both humanitarian organizations and host governments. To employ these solutions well, we must address the potential critiques. First, we will discuss the potential for harm but promoting development-focused interventions. Second, we will consider the fear that host governments and local communities might have in regard to more integration and autonomy for refugees.

11.1 Potential Harm

When applying theories of development to humanitarian aid, a debate exists around the idea of neutrality. Médecins Sans Frontières (MSF) has expressed concern that by focusing on resiliency an organization cannot maintain neutrality, which is a major tenet in the humanitarian code of conduct (Labbé 1). As quoted by Labbé, "development is about choices a society makes on how to create and share out resources – so it's always inherently political" (1). According to this debate, "resilience is inherently incompatible with humanitarian aid … since 'building the resilience of systems is also building the legitimacy of the groups that control systems'" (Labbé 2). The conclusion of this debate warned organizations that if their primary objectives are resiliency, self-recovery, and autonomy in a conflict setting then this focus could negatively impact the ability to provide assistance for certain vulnerable people (Labbé 3). On the other hand, this debate did suggest that development could be a secondary objective "as long as it does not jeopardize its primary objective of saving lives" (Labbé 3).

This debate brings up an important issue that can be addressed through the goal of holistic well-being. In my opinion, the aim of all interventions should be well-being. However, how that is done is contextually and organizationally specific. If resiliency, self-recovery, and

autonomy hinders life-saving work, then these development theories at that time are not the priority interventions. However, as the debate concluded, the need for sustainable development should always be assessed, and it is important to recognize that all aid is political. However, by repeating the phrase "do no harm," even interventions towards resiliency, self-recovery, and autonomy need to be critically examined to maintain holistic well-being for all and diminishment of harm.

11.2 Potential Benefits

While we examine more sustainable care for forced migrants through the accompaniment model, we must address the potential fear that many nation states and local community members have in regard to the influx of refugees and their impact on culture, safety, and resources. As stated previously, refugees are often framed through the lens of need and burden. This lens can create a perspective of fear for those responsible to meet these needs. However, when we recognize the assets refugees bring to the table, positive possibilities exist for all involved (Mendonça and Tayyar 6). Forced migrants have survived terrible experiences, yet they come to a new country with practical skills, new perspectives, and a strong desire to establish safety and well-being for their communities. Although they have lost so much on the journey, these assets can be valuable (Mendonça and Tayyar 2). Through the accompaniment model forced migrants can be given safety and opportunity for development not previously available to them. As discussed prior, accompanying refugees requires a recognition of their stake in the aid response and investment in the resiliency, self-recovery, and autonomy of an individual and community.

Not only should the accompaniment model guide refugee response, but also it should be applied to the local communities hosting refugees. Forced migrants bring more than their skills, experience, and resiliency to the table; their presence also invites a development perspective and

aid into often underdeveloped regions. Most refugees are hosted in regions that lack

development, education, and job opportunities. Therefore, poverty reduction becomes a priority

for both refugees and their hosts (Devictor 73): "An influx of new residents can force inequities

and gaps in services into the spotlight" (Mendonça and Tayyar 6). Some of the recommendations

of the CRRF focus on reducing resentment between refugees and local community members. In

Zambia, this was done by providing volunteer stipends for local community members as well as

refugees. In fact, local Zambians made double the Congolese monthly stipend when

volunteering. In the Mantapala, the locals also benefitted from the presence of a health clinic and

local schools. According to Abdon Maware, the Zambian Commissioner for Refugees, the goal

was to develop Mantapala for the purpose of supporting the local community even if refugees

returned home.

Finally, by supporting the host government responsible for meeting the needs and

satisfying the rights of refugees, growth exists for the whole country as well. Although

addressing displacement is complicated, shifting our language and perspectives to accompanying

displaced persons and host communities as partners can provide a framework for the change

needed in the refugee system. Partners In Health (PIH) provides a practical example of

accompaniment with their work in Haiti. After the earthquake in Haiti, they provided direct

support to the government ministries. That support continued with planning assistance, grant-

writing and system creation for public health management and reporting. Finally, PIH helped

develop medical services within the pre-existing healthcare framework (Mukherjee 4). This

application of the model reinforced local structures with the humanitarian aid being provided.

The humanitarian establishment did not need to usurp the power of the government to provide

for both its citizens as well as those in need of refuge. In fact, they were able to provide

immediate, life-saving aid through their support of the government:

> Humanitarian relief must deal with the immediate needs of a suffering population, yet
>
> that can be done effectively by empowering and accompanying government to respond to
>
> the needs of its people and by engaging grassroots groups and individuals to participate
>
> actively in relief and reconstruction of their communities. (Mukherjee 5)

This collaboration between government and humanitarian aid organizations was apparent in Zambia with involvement of government ministries in coordinating responses.

The host country can also economically benefit from the presence of refugees. Globalization offers an opportunity for companies to provide jobs and education to refugees while supporting host governments with new markets (Betts and Collier 176). Jordan is trialing such an idea, currently titled the "Jordan Compact." Jordan was given two billion US dollars in assistance and investment for providing "200,000 work permits to Syrians" (Betts and Collier 174). Both refugees and local Jordanians were to be employed alongside each other. The European Union then agreed to provide trade privileges for products coming from these refugee employed zones in Jordan (Betts and Collier 175). Clearly, providing livelihoods for refugees can become an economic benefit to the host government and can empower refugees to be autonomous in their refuge context.

By recognizing the critiques of using development theories in a forced migrant context, we can properly assess how to best accompany all actors involved. An aid organization's priority is to do no harm. If applying development theories during a conflict setting reduces access to vulnerable people groups, then those actions cannot be the priority; however, we must honestly recognize that any action is political. Nevertheless, by accompany refugees, local communities, and host governments, a situation of displacement can provide opportunities for development

otherwise not available. This should inspire us to think creatively alongside those most impacted to provide holistic well-being for all.

12. Conclusion

As displacement continues to grow in record-shattering numbers, it is important to address the causes of displacement and combat the structures and attitudes that hinder the world from responding. By reshaping our understanding of impact through the lens of holistic health and well-being, it then becomes possible to create a new moral vision through which we can care for these vulnerable populations. During my time in Zambia, the local Zambians and Congolese refugees began to imagine a new future for themselves and their community. They dreamed of developing their village community into a city that attracted other Zambians. They envisioned a city with electricity and connectivity where public structures exist such as a permanent hospital, supermarket, police station, mortuary, and reliable road. As the Congolese moved in among the local community, these new neighbors desired a peaceful life where they could grow together in education, financial stability, and integration representing this peace to the African continent and the rest of the world. These dreams are beautiful and have potential. By accompanying Mantapala and the government supporting them, this dream can become a reality that will create opportunities for all involved resulting in a sustainable, holistic well-being and the community they desire.

Appendix

Report from Visit at Mantapala Refugee Settlement Site, July 2018

1. Trip Objectives

To understand and assess the refugee's and local community's experience through the lens of holistic health. Holistic health takes into account not just disease prevention but structures and opportunities for flourishing for individuals and communities.

2. Background

Mantapala is an integrated refugee settlement that began in February 2018. As one of only a few integrated settlements worldwide, Mantapala is an important site for both development and evaluation since local communities and refugee communities live together. In July of 2018, after a week of interviewing refugees, local community members, and stakeholders, qualitative data has been gathered on what is going well and what challenges currently exist. This report hopes to clearly lay out the perspectives of those interviewed to uplift their voices and concerns.

This analysis began with a meeting and permission from the High Commissioner for Refugees in Lusaka, Zambia. The interviews were performed by myself, a graduate student from the United States of America at Northwest University in Kirkland, Washington and was sponsored by Caritas Zambia. With an eight-year nursing background both in the US and international, initial questions revolved around health access and promotion; however, in speaking with refugees, health was not their priority concern at the time. It was simply one of many concerns that included food access, livelihood, and freedom of movement. Interviews were performed with the help of a Zambian interpreter. Most interviews occurred in Bemba and English. Occasionally, refugees would interpret for each other if someone did not speak Bemba.

3. Findings from Analysis

3.1 What Is Going Well

1. There are food distributions servicing about 13,575 people.

2. The clinic is set-up and seeing patients daily.

3. The birth facility is used regularly, and women are transferred when necessary to St Paul's Mission Hospital in Nchelenge with the use of the ambulance in Nchelenge.

4. Many refugees have been educated on hygiene, water purification, cholera prevention, malaria prevention, and proper use of latrines.

5. Two schools are being built and another health clinic is planned for Section 7.

6. The current phase of the camp was labeled the "settling phase." According to Pierrine Aylara, UN Country Director, the theme of work being done by stakeholders is "stabilization to ensure sustainability."

3.2 Organizations Involved in Health and Livelihoods

1. Zambia Ministry of Health

2. UNICEF – in running and employing those at the clinic

3. Red Cross Zambia – hygiene and WASH sensitization

4. Oxfam – hygiene

5. Plan international - enhancing education

6. Save the Children – enhancing education, caring for vulnerable children

7. World Vision - enhancing water and sanitation

8. AAH – hygiene

9. Government - health education, water and sanitation

10. World Food Programme - food aid

11. FAO - agriculture

12. Norwegian Church Aid - water sanitation

3.3 Gaps

Because holistic health entails more than just clinical response, the gaps explained to the researcher were more varied than anticipated. They have been organized into multiple categories below.

3.3.1 Health

1. Malaria is the largest medical concern voiced by refugees. According to one of the nurses I spoke with, they see over 50 cases of Malaria daily, although I am not sure how accurate this number is.

2. Other illnesses that were identified included: diarrhea, upper respiratory tract infection, Schistosoma, fever, and headache. Most of these diseases can be connected to public health and environmental support.

2. According to the healthcare providers, home deliveries have been a problem since the inception of Mantapala. Congolese culture values female family members and elders to assist in birth. Through some public health incentive campaigns and sensitization, many women are beginning to utilize the birthing facility, but how can the remaining women be supported? How can cultural values be integrated with a more controlled birthing environment?

3. No bathroom or water at the birthing facility.

4. No physician or clinical officer are located at the clinic in Mantapala. Some of the nurses have less than a year of experience.

5. Only 1 ambulance associated with the hospital in Nchelenge, but it is very timely. However, as Mantapala grows one ambulance may not be enough to support both Mantapala and Nchelenge.

6. Limited medical resources available at clinic. Easily run out of supplies and pharmaceuticals. When out of supplies can take up to 2 weeks to get new supplies.

7. There is some difficulty with communication between the clinic and the stakeholders who are providing health response through supplies and resources.

8. There is a widespread complaint among refugees that they are given medicine that does not work or that there is no medicine available at the clinic. According to Zambian staff at the clinic, Congolese refugees like to self-prescribe and are often unhappy with the medication choices they receive. This is an issue of engagement, communication, and education.

9. Outside of CHWs, who have minimal medical training, there are no mobile medical services or inner-settlement transportation for when patients cannot come to the clinic.

10. Refugees have stated they would like to engage also with Congolese medical professionals. There are no Congolese medical professionals identified in the clinic setting.

11. As rainy season comes, there is concern for improvement of the clinic to more permanent structures.

3.3.1   Engagement

1. By asking about the benefits, challenges, and visions that both refugees and local community members have for Mantapala, there was feedback that this format was new to many and well appreciated.

2. Both refugees and local community members expressed concerns over their situation such as wages, trainings, and community involvement with stakeholders.

3. In interviews, many expressed ideas of dependency by waiting for assistance from stakeholders instead of encouraging selves and others to problem solve when possible.

4. A need was identified at the interagency meeting "to mobilize refugees to fend for themselves." Although this idea is aimed the right direction, refugee interviews revealed a strong sense of dependency. It is important to note that some livelihood programs are just beginning and hope to produce sustainable agriculture and income for refugees and local communities.

3.3.3   Hygiene & WASH

1. By observing hygiene sensitization with some volunteers, it became apparent that soap was difficult to come by.

2. There seems to be minimal financial capability by individual households to create more permanent latrine structures that will withstand the upcoming rainy season. According to volunteers and refugees, a VIP toilet would cost a family 1,000 kwacha.

3.3.4   Nutrition

1. Although every household expressed gratefulness at receiving food rations, every single interview stated that those rations were not exactly every month as promised.

At times families attempted to stretch their food by skipping meals or eating smaller meals than desired.

2. Most refugees want a more varied diet than beans and maize meal. Although these food rations provide calories and protein, most households diets are severely lacking in macronutrients and micronutrients.

3.3.5 Gender Based Violence (GBV)

1. Some Zambian stakeholders identified a high incidence of GBV among the Congolese.

3.3.6 Livelihood

1. In order for further development and independence for refugees and local community members, cell tower connection is a necessity.

2. There is no income currently for refugees who did not flee with financial resources or who are not volunteering or involved in a livelihoods project.

3. For those who are currently volunteering with stakeholders, how will they be transitioned at the end of the year?

4. For those volunteering, they have been promised either 50 kwacha/ day for Zambians and 25 kwacha/ day for Congolese; however, many say they are not getting paid on time or regularly. They were promised financial compensation monthly. Some say they only make 300 kwacha/ month to 700 kwacha/ month. Without payment "we have no energy to continue and the desire to work disappears."

5. Many refugees view these volunteer opportunities as jobs. This is creating a disconnect between their them and the organizations.

6. Congolese are frustrated that they get paid less than Zambians.

7. Both groups are frustrated that there is no differentiation between education and training or shift differential for their incomes.

8. Many refugees expressed a need for clothes, shoes, and more options for bedding, especially for the elderly.

3.3.7   Emergency Preparedness

1. Is there an emergency plan for natural disasters, especially with rainy season approaching?

2. Is there a plan to quickly integrate any new refugees from the DRC?

3.3.8   Transportation

1. More bicycles have been requested to help with the distance within Mantapala.

2. The access road from Nchelenge to Mantapala is useable but still challenging. It is important to improve access for stakeholders as well as community members. With rainy season coming, this problem will most likely only get worse.

3.3.9   Freedom

1. Passes to leave Mantapala are not given regularly, and it takes a long time to get passes.

2. Refugees have expressed, "we can't make our own informed decisions and have to rely on UNHCR. In so many ways our hands are tied."

3. Refugees express a desire to develop and apply their personal skills. They feel as though there is no opportunity to do this currently.

3.3.10 Data Collection

1. Data collection is inconsistent and there are overlaps of categories.

2. There is minimal evaluation of interventions.

3.4 Opportunities

In the gaps identified, this researcher acknowledges that a fulfillment of each gap is the ideal and most likely not possible. However, by understanding these gaps, stakeholders can be encouraged to develop trust and collaboration with the refugees as well as the local community. Interventions can also be planned to meet as many needs as possible. Through these interviews, many positive aspects were identified that would assist in meetings the needs identified above.

3.4.1   Congolese Culture

1.   Through interviews, the Congolese expressed strengths that would be helpful in closing some of the gaps identified.

3.4.2   Hygiene

1.   Many local Zambians identified that the Congolese were already motivated to keep their surroundings clean and utilize latrines once provided. Many refugees wanted to wash hands as directed and use bins for rubbish. Even prior to sensitization, many Congolese are circumcised and utilize condoms.

2.   Openness to sensitization.

3.   After sensitization, many refugees are willing to go to the clinic. They recognize the rules placed on Mantapala. Many families also openly brought their children to be vaccinated during Child Health Week.

3.4.3   Desire to Work Together

1.   In many interviews, refugees stated that if their concerns were heard and met, they were interested in staying Zambia and promoting peace alongside the Zambian people.

3.4.4   Business-minded

1. When asking Zambians to describe Congolese people, the first statement given was "business minded." Unfortunately, many saw this in a negative light. This can be a strength of the Congolese refugees and should be critically examined to lead towards sustainable interventions.

2. Although Mantapala is only six months old, there were many shops already set up in "market" areas. When speaking with shop owners, most started their shops in Kenani Transit Center with capital brought from Congo. This shows resilience and fortitude to create businesses even under stress.

3. Some refugees started creative businesses. One family made a brick oven and sell bread.

4. Many refugees want to sell fabric, food, and even soap.

3.4.5   Congolese Skills

1. Refugees verbalized some skills when asked that include bread making, soap making, Cassava farming, musical education, computer skills, and construction.

3.4.6   Local Zambian Strengths

1. The local Zambian community has many strengths that can be vital to the success of Mantapala. These include the hospitality and welcoming attitude of the community, the propensity for peace, and the strong agricultural abilities.

3.4.7   Organizations

1. During the interagency meeting, it was mentioned that stakeholders should meet with community leaders before giving out bed nets so that they are used properly. This approach can improve engagement between refugees and stakeholders.

2. It is important to note that both local Zambians and Congolese refugees view themselves as the largest population of "stakeholders." This was well expressed by one local Zambian who said, "Other organizations just discuss issues with people of authority but it ends there. They should come down to the grassroots and talk to us. Because we are the biggest stakeholder. This is why there are gaps."

3. Ms. Pierrine Aylara identified this at the interagency meeting by saying "we cannot sit here and plan for refugees without them."

3.4.8   New Peaceful Life in Zambia

1. Both refugees and local community members expressed a desire to come together to improve their situation and education.

2. The cluster approach so far has been well received by everyone involved. The Congolese were grateful for free healthcare and education. The local Zambians are grateful for closer, more permanent structures that improve development of their community.

4. Immediate Problems Needing Interventions

1. Food and nutrition security in both camp sites.

2. Income paid on a regular basis

5. Way Forward

5.1 Engagement

1. Skills assessment of locals and refugees

   a. If this was not already done, it is a helpful way to identify what skills are already available to organizations and the community. It can also help clarify gaps in education and areas for more training.

b. By performing skills assessments in the early stages, further education and training can be better evaluated.

2. Discourage dependency

    a. Currently, many refugees simply wait for stakeholders and the government to meet their needs. Although some have shown initiative in owning shops and selling different items, there needs to be even more encouragement to grow in independence for development of the settlement. Several refugees have spoken of the lack of autonomy they experience in the camp. It might be helpful to clarify and simplify ways for refugees to access to legal ways to engage in movement and their community and communication for their concerns.

    b. Refugees often asked for leaders in their community to be voted via open air elections to be spokespeople for the refugees among stakeholders and local Zambians.

3. Trust-building

    a. Building trust with both refugees and local Zambians is vital to the success of Mantapala.

    b. Two main issues seemed to hinder this trust. Refugees felt as though food was not distributed same time every month. There was not enough time to clarify this complaint; however, it should be further evaluated.

    c. The other issue involved timely volunteer payment. Both refugees and local Zambians stated they were not always paid every month.

4. Education – further categories of education that were requested:

a. The community health workers want to continue to improve their public health education and disease understanding.

b. Lack of nutrition is a problem for refugees. With livelihoods development of land, there is opportunity for nutrition education, which can improve disease prevention as well.

c. With the vision for Mantapala discussed below, many refugees and local Zambians requested skills education so they can be participants in the development of Mantapala.

d. Many refugees stated that they did not have adequate access to soap. Soap-making is easy and can provide education, jobs, and hygiene.

5.2 Vision for Mantapala

1. A group of local Zambians expressed a beautiful vision for Mantapala. They want increasing development that encourages people to come to Mantapala not flee it. "We want Mantapala to be even better than Mansa." They envision a supermarket, police station, mortuary, reliable road, a permanent hospital, electricity, and connectivity.

2. Congolese desire a peaceful life where they can grow in education, financial stability, and integration with Zambians.

3. By fanning this flame, providing education, and encouraging active independence, these two groups can create the sustainable community they desire.

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