UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
EVALUATION AND POLICY ANALYSIS UNIT

Refugee health in Zambia:

Joint UNHCR-WHO evaluation of health and health programmes in refugee camps in Zambia

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This evaluation report is one of a series of three health evaluations conducted in late 2003 among refugee populations. The purpose of these evaluations is not only to improve health service delivery to those populations, but also to act as pilot evaluations for a broader "Inter-agency Health Services Evaluation in Humanitarian Crises" initiative. This initiative was launched by a group of non-governmental organizations, UN agencies, and academic institutions, and was stimulated by the lack of coherent, routine evaluations of the health of affected populations in crises. It has received funds from the US Bureau for Population, Refugees, and Migration. The experience of these evaluations will inform the development of a standardized health evaluation framework for use in responding to humanitarian crises.

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Summary of Findings and Recommendations

1. Introduction

1. It is recognized that multiple United Nations agencies, in addition to UNHCR, contribute to the health, maintenance and protection of refugees. Support and programmes do not always operate as effectively and efficiently as they should given overlapping mandates, vertical programming, multiple sources of donor funding, and limited interagency communication. With the encouragement and support of the donor community, UNHCR and WHO have sought to develop and institutionalize a joint assessment and planning model similar to the UNHCR and WFP Joint Assessment Missions (JAM).

2. The Joint UNHCR-WHO Evaluation of Health and Health Programmes in Refugee Camps in Zambia is of one of a series of three pilot health evaluations conducted in late 2003 amongst refugee populations. The purpose of these evaluations is not only to improve health service delivery to those populations, but also to act as pilot evaluations for the Interagency Health Evaluation in Humanitarian Crises Initiative (IHE-HCI). The Initiative, launched by WHO and UNHCR in 2003, in response to the lack of coherent, routine evaluations of the health of affected populations in crises, is made up of NGOs (Action Against Hunger, Epicentre, ICRC, IFRC, IRC, Merlin, MSF, Oxfam and Save the Children), UN agencies (UNHCR, UNICEF, UNFPA, WFP, and WHO), and academic institutions (Columbia University and London School of Tropical Medicine and Hygiene). The experience of these evaluations will inform the development of a standardized health evaluation framework for use in responding to humanitarian crises. The IHE-HCI has received funds from the US Bureau for Population, Refugees, and Migration.

3. In March 2004 the report was first made available in pre-publication form to serve as a basis for discussion during an Interagency Health Services Evaluation Workshop hosted by UNHCR. In July 2004, a Project Coordinator was appointed to manage the IHE- HCI activities, including following up on the outcomes of the three Pilot Evaluations. Further details on the actions undertaken as a result of this evaluation can be found in Annex H.

2. Methodology

4. External consultants with expertise in health, nutrition and reproductive health (RH) were selected by UNHCR and a Health Economist was selected by WHO to participate in the mission. After an initial briefing in Geneva, the team was assembled and briefed in Lusaka by UNHCR, other UN agencies and the Ministry of Health. Background reports were assembled and reviewed, implementing and operational partners (IPs and OPs) were interviewed and the initial terms of reference (TOR) narrowed to best fit perceived field needs and assessment constraints. From this, a work plan for field visits was developed (Annexes A and B).

5. Four of the six refugee camps were chosen for evaluation; the Angolan refugee camps of Mayukwayukwa and Nangweshi in the West and the Congolese refugee camps of Kala and Mwange in the North. Together, these four camps include 94,000 of the 149,000 (63%) refugees in Zambia. There was insufficient time to extend the

assessment to include the government run health Programmes in the Angolan camp of Meheba located in the Northwestern Province.

6. On arrival in each area briefings were held with UNHCR field staff, implementing partners (IPs), and where possible, the District Administration and a representative of the District Medical Board. Due to time constraints, camp visits were limited to one day and included the review of health facilities and programmes, meetings with camp leadership and focus groups. The respective sectoral reports contain details on the programme and facility assessment methodology. In addition, the referral hospitals for the camps were visited and discussions were held with either the senior medical doctor or senior nurse present. At the end of each assessment, findings and recommendations were reviewed with the UNHCR field officer responsible for each camp.

7. Upon returning to Lusaka, the team's findings were presented to the UNHCR Representative, other UN agencies, IPs and the Ministry of Health (MoH). A list of discussion points served as the base for the development of concrete interagency action plans (Appendix C).

3. Findings

8. Major findings and recommendations with regard to health, RH, and nutrition are summarized below by category. Please refer to the respective sectoral reports for additional information. The findings and recommendations regarding the relationship/integration of health services provided by UNHCR supported IPs and the Zambian Ministry of Health, will supplement this report in the form of a WHO document.

9. Each finding and recommendation listed is important. With the limited human and material resources, it is essential that critical structures and programmes be put in place before attention is directed to additional activities. It is crucial that good data on mortality, morbidity and nutrition be made available in order to point out the programme weaknesses and failures. There must be sufficient funding and good health leadership at the camp level. The general food rations, water and sanitation must be adequate, and the health infrastructure, including equipment, supplies, personnel, and medications be of a reliable quality, so that health IPs are able to recognize and address problems early. Additionally, referrals must be made in a timely manner, to a competent facility and there must be a good general understanding of HIV/AIDS and a regular and sufficient supply of condoms. It is only after these things are accomplished that we can focus on improving the additional necessary services.

3.1 Health and RH

10. *Mortality Data:* Mortality data provided by IPs was found to be incomplete or unreliable in all camps visited. Subjectively we believe rates were below levels considered 'acceptable' by international criteria. Many of those who died were children, whose deaths were attributed to preventable and treatable infectious diseases (malaria, diarrhea, and pneumonia). In 2003, maternal deaths also occurred in most camps. IPs did not formally investigate deaths and death certificates were