Guidance for Public Health Interventions for Repatriation

UNHCR
The UN Refugee Agency

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Cover Photo: Iran / The Afghan kid has no idea where the repatriation bus from Bardsir Settlement is taking them to. During July to September 2009, UNHCR Kerman Office facilitated voluntary repatriation of 1583 Afghan Refugees from Bardsir Refugee Settlement to Sari Pul area in Afghanistan. 9 UNHCR convoys assisted the repatriation. / UNHCR / B. Moharrek

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ABBREVIATIONS

AIDS	Acquired Immuno-Defiency Syndrome
ART	Anti Retroviral Therapy
HIV	Human Immunodeficiency Virus
MoH	Ministry of Health
NGO	Non Governmental Organisation
PMTCT	Prevention of Mother to Child Transmission
TB	Tuberculosis
UNHCR	United Nations High Commissioner for Refugees

Pakistan / Voluntary repatriation to Afghanistan / UNHCR staff taking details of an unregistered Afghan family at UNHCR VRC in Hayatabad Peshawar / UNHCR / B. Baloch / April 2007

INTRODUCTION

Repatriation is a major activity in UNHCR operations. It aims at facilitating the return of refugees to their homes safely and with dignity. It is the responsibility of the United Nations High Commissioner for Refugees (UNHCR) and its health partners to:

1. Ensure that the health and nutrition status of returnees is not undermined in the process of repatriation.
2. Promote access to public health services in the areas of return, acknowledging that the quality of services in the areas of return may be lower.
3. Ensure that basic health and nutrition needs of the returnees are reflected in the three phases of the repatriation operation: pre-repatriation, movement, and re-integration.

Iran / vol rep to Afghanistan / returning Afghan refugees at the transit center in the border town of Dogharon recive a health check before continuing on to the final leg of the trip home. September 1, 2004. UNHCR / Z. Soleimani

PRE-REPATRIATION PHASE

Appropriate activities during this phase will greatly influence the future returnees' reintegration by enhancing their capacity upon return. Cross-border public health coordination mechanisms are essential to:

- Enable coordination among the health partners facilitating origin and integration of the refugees in their countries.
- Facilitate access and integration of returnees in the national public health systems.

Public health assessments in the country of origin are essential. The following areas should be assessed:

a) Organization of the health care system in the country of origin.

b) National health policies (such as immunization requirements, tuberculosis (TB) treatment, access to antiretroviral therapy (ART), treatment for other chronic diseases).

c) Health financing (free versus cost recovery system, health insurance schemes).

d) Diseases patterns.

e) Type and extent of available public health services (public health facilities, nutritional services and reproductive health and specific HIV services) in the areas of return.

f) The type and extent of referral care for patients with chronic diseases and other severe medical conditions.

g) Identification of health partners, such as government facilities and non-governmental organizations (NGOs) to provide follow up care to returnees in the medical and social categories.

PRE-DEPARTURE MEDICAL SCREENING

At the time of registration for return, it is recommended that all refugees undergo a health and nutritional screening.

THE PRE DEPARTURE MEDICAL SCREENING

- **Identification of persons with specific medical needs (medical category)**
  - Chronically ill persons with diseases that require continuation of long term treatments such as TB, AIDS, diabetics, mental illness, cardio-vascular conditions.
  - Persons with disabilities.
  - Persons with special medical needs.
  - Pregnant women.

- **Identification of extremely vulnerable individuals (social category)**
  Identification of extremely vulnerable individuals is undertaken at the time of registration to plan the level of assistance required during the movement and reintegration phases of the repatriation. They include the following categories:
  - Single parent families.
  - Single minor (children of less than 18 years of age).
  - Single disabled persons without adequate support.

- **Check immunization and health status of children and pregnant women**
  - Ensure that all immunization cards for children and women of reproductive age are checked and that vaccination status is updated at this time.
  - Check mid-upper arm circumference (MUAC) and refer children to relevant nutritional support and public health programmes.

The persons that fall into the following categories are ADVISED to postpone return:

- TB patients in the intensive phase (1st two months) of treatment. Beyond this phase, they should be given a minimum of 3 month treatment to take with them and all referral information for the continuation of treatment.
- People on ART during the first 3 months of treatment. Beyond this phase they should be given a minimum of 3 month treatment to take with them and referral information, and as well as counselling to ensure continuity and compliance.
- People on ART where ART is not available in the areas of return.
- Repatriation of pregnant women from 28 – 40 weeks should be delayed up to 6 weeks after delivery.
- Women who are enrolled in the prevention of mother to child transmission programmes (PMTCT) should not return if availability and quality of PMTCT services can not be guaranteed in areas of return.
- Malnourished children in therapeutic feeding programmes should repatriate only 2 weeks after they have been discharged. Family and care takers should be given all referral information for the continuation of nutrition services if needed in areas of return.
- Children with severe palm pallor or confirmed severe anaemia (Haemoglobin <7g/dl).
- Febrile persons (> 38° C) or persons with severe infection.
- Patients with notifiable disease (follow country protocols).

Note: The final decision for return is with the person and his/her family.

SPECIAL CONSIDERATIONS

- Patients with chronic diseases who are in need of specific health services (e.g. cardiac conditions, ART or TB treatment) should be advised to travel only when a health facility in the area of return with a capacity of assisting them is located or other arrangements are made to ensure continuation of treatment.
- Referral letters should be issued for persons in the medical and social category by the respective health partner prior to departure indicating the location of the facility where the refugee patient should be referred to.
- Use this pre-departure period to prepare the medical files and the confidential medical referral documents for the treating physician in the country of origin.

PRE-DEPARTURE COMMUNITY HEALTH ACTIVITIES

During this period the community health workers should conduct health awareness activities about the areas of return; where there are different disease patterns, discuss these, explain how the health system functions and how to access to health facilities, including access to specialized services such as those for HIV, mental illness and chronic diseases.

Democratic Republic of the Congo (DRC) / Repatriation to Burundi / A Burundian infant gets vacinated by a member of the International Medical Corps (IMC) at the Kivimvira transit centre in Uvira a day before she gets repatriated to Burundi. / UNHCR / M. Hofer/ December 2010

KEY HEALTH ACTIVITIES AT REPATRIATION

One day before departure, it is important that a brief medical check-up is done of all persons that fall into the medical and social categories.

PRE-REPATRIATION PHASE - ONE DAY BEFORE DEPARTURE

Last minute health screening

- Ensure that a health team is available to identify and register persons that need additional support or are not fit for travel on the day of departure.
- Ensure a case by case review of all persons in medical and social categories by a panel of 2 – 3 clinical staff. This team will need to consist of *clinical staff and a trained midwife* to assess for any associated risks while travelling.
- The process of repatriation should be suspended in case of an epidemic disease outbreak in either host country or the country of origin.
- Persons identified as survivors of recent physical or sexual assault should receive medical treatment, counselling and referred to the UNHCR Protection Officer/ Community Service Officer for further assistance as required.

Counselling and provision of medical assistance

- Provide all persons with chronic diseases a minimum of three months supply of medicine including ART and TB treatment. Appropriate counselling on how to properly store and take the medicines needs to occur.
- Provide women of reproductive age who are using family planning methods with a three months supply.
- Provide information on health and social support services in areas of return.

- Ensure confidential medical files and referral documents are provided to the returnees for them to give to their health provider in the area of return.

Immunization

- Do a last minute check of the immunization cards for all children (< 5 years) and women of reproductive age (15 – 49 years) to ensure that their immunization status is up to date.
- Ensure that everyone is vaccinated in line with immunization requirements of the country of origin (e.g. yellow fever).
- Ensure that any missing vaccinations are provided before departure and vaccination cards are issued.

Community sensitization

- At departure, health education is provided to refugees through health information teams/community health workers and peer educators focusing particularly on prevention of communicable diseases, personal hygiene, water/sanitation, HIV and AIDS and food and nutrition.

Documentation of the status on the health card and repatriation form

- At departure points, the health team records on the health card and repatriation medical screening that the person falls into the medical category to ensure proper medical handover and follow-up by health partners in the country of origin.

REPATRIATION PHASE – DAY OF DEPARTURE

Health services in the departure centres

- At the departure centre there should be a health post that provides basic first aid support. Staffing of the health post is to be adjusted according to the anticipated workload. However, as a minimum, a clinical officer and nurse/midwife should always be available.

Medical escort for the convoys

- Medical escort by an ambulance to the border areas should be provided for each repatriation convoy. The staffing of the escort team should include: one ambulance driver (in case of road convoys), one clinical officer and one nurse-midwife equipped with first aid and delivery kits.
- In case of sudden deterioration of a departing refugee's health during the return, a decision may be taken to either transfer him/her to a nearby health facility in the country of asylum or in the country of origin.

Assistance to persons in the medical category

- All persons in these categories should be transported in a separate vehicle from other returnees.
- Arrange an ambulance for the transportation of persons with special medical needs. If indicated, a qualified nurse should accompany these patients.
- The list with persons identified on medical grounds or social status is to be handed over to the designated health partner in the country of origin.
- Never mention the medical diagnosis or HIV status on this list.
- Medical files should be shared in a confidential manner among health professionals only from sending and receiving countries, after consent from the patient.

Reporting system

- After each convoy, the repatriation medical team should make a comprehensive report on any events during the accomplished repatriation. This information is to be shared with the UNHCR Repatriation and Public Health Officer.

ARRIVAL IN COUNTRY OF ORIGIN

Establish systems for follow-up of persons in social and medical categories

- Ensure that arrangements are made for persons with special medical conditions, such as transport to their final destination.
- Establish a focal point either an NGO or a dedicated MOH focal point, where persons with social and medical conditions can go for immediate advice.
- Establish linkages with the health services in the area of return.

Provide health information packages to all returnees

- Provide all returnees with a health information package containing the following information:
  - Leaflet on where to access public health services.
  - Map special services such as TB clinics, HIV clinics, mother and child health clinics, reproductive health services, and provide contact persons.
  - Long lasting insecticide treated nets in malaria prone areas (1 mosquito net for every 2 persons).
  - HIV and reproductive health awareness materials (prevention materials, condoms and information on access to services).

This package should ideally be provided in country of origin; only where this is not feasible should it be provided during the medical screening on the day before departure in country of asylum.

Ensure access to health care and follow up monitoring in areas of return

- Link up with national public health programmes, such as TB control programmes and HIV clinics to ensure continuity of treatment.
- Follow-up persons in medical category to ensure their access to public health services including continuation of treatment.

- Provide reintegration support in the public health sector where required; this can be temporary cash support, but also rehabilitation of health structures (see UNHCR reintegration handbook, 2012).
- Work with governments to support returnees with certificates/diploma/ as well as relevant documentation of working experiences in areas of public health to improve work opportunities in areas of return.

IN SITUATIONS OF SUDDEN MASS REPATRIATION

Establish emergency health posts along the way

- One to three emergency health posts should be established on the way to the exit points with the last health post located at the border. Each health post should have 2–5 beds for observation of the seriously ill while waiting for referral, if possible.
- If security permits, the health posts should operate 24 hours to provide basic emergency medical services.
- Mobile medical teams should be formed to shuttle between the areas of asylum and the border to assist and refer medical cases as necessary.
- Assist persons in the medical and social categories and ensure that they are given special attention.
- Provide targeted health information so that chronically ill persons and women of reproductive age report to the health posts for medical check-ups and to receive their 3 months medicines and family planning methods.

SUMMARY CHECKLIST

COUNTRY OF ASYLUM	COUNTRY OF ORIGIN
▪ Identify persons that fall into social and medical categories. ▪ Ensure appropriate immunization coverage. ▪ Provide health education on pattern of diseases in country of origin. ▪ Provide information on the health system in country of origin. ▪ Establish mechanism to share confidential medical information before, during and after repatriation. ▪ Do pre-departure screening. ▪ Ensure that refugees have their medical records, that they are up to date, and: – Delay travel for certain medical conditions/needs. – Identify and organize referral notes and assistance as required for persons identified in social and medical categories. ▪ Organize mobile escort teams to provide emergency medical care during repatriation convoys. ▪ Organize first aid kits and ensure proper sanitary conditions in way stations. ▪ Organize at least 3 month treatment for persons with chronic diseases and 3 months for women using family planning methods. ▪ Review if the repatriation should be temporary put on hold, if there are epidemic disease outbreaks in the areas where the refugees are residing in the country of asylum.	▪ Map health system including specifics services for TB, HIV, and reproductive health. ▪ Identify disease pattern and differences from country of asylum. ▪ Identify key stake-holders and partners. ▪ Organize medical structure at reception centres to provide first aid and refer more serious conditions. ▪ Provide all returnees with long lasting insecticide treated nets in malaria prone areas, HIV awareness materials (e.g. prevention materials, condoms and information on access to services) as part of basic return package. ▪ Reintegration and access to public health and HIV services. ▪ Review if the repatriation should be temporary put on hold, if there are epidemic disease outbreaks in the areas where refugees are returning.

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