Ensuring Access to Health Care

Operational Guidance on Refugee Protection and Solutions in Urban Areas

UNHCR
The UN Refugee Agency

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OVERVIEW

The Public Health and HIV (PHHIV) section produced this operational guidance for public health programming in urban settings for refugees and asylum seekers (henceforth referred to as refugees) to provide practical guidance that can be adapted according to differing contexts. It draws on best practices and illustrative examples from cities and towns where the UN Refugee Agency (UNHCR) is currently working with urban refugees. The public health role of UNHCR is more complex and less well defined in non-camp settings. There are multiple health service providers in cities including state, private and local and international non-governmental organisations (NGOs). *UNHCR's aim in urban settings is for refugees to access quality health services at a level similar to that of nationals. UNHCR's major role in urban settings is to advocate for and facilitate quality health services to be available to and accessed by refugees.* While working with government and city authorities, UNHCR engages with a wide range of actors promoting shared responsibility, and advocates for an appropriate resource base to enable the needs of refugees to be met.

The *UNHCR policy on refugee protection and solutions in urban areas* elaborates a three-pronged approach - *advocacy, support, and monitoring & evaluation.* UNHCR *advocates* on behalf of refugees to ensure that authorities make public services including health services available at similar or lower costs to that of nationals. UNHCR *supports* and *facilitates* integration into and strengthening of the national public health system. This may include direct funding or indirect support via partners. UNHCR *assesses*, *monitors,* and *evaluates* the health, nutritional, educational and economic status of refugees, ensuring needs are met in line with accepted standards and that quality services are available and accessible.

The health status of refugees will not be improved by health services alone; the underlying determinants of health must also be addressed by improving livelihoods and income, food security and nutrition, housing, education and access to water and sanitation services. UNHCR staff also engages in multi-sector, multi-agency mechanisms that address the underlying causes of vulnerability and ill health of the urban poor including refugees. Specific safety nets may need to be supported by UNHCR to support refugees most in need and to improve their economic potential.

For this document *public health* refers to preventive and curative health and nutrition services. Limited reference in this document is made to food security, water, sanitation and hygiene promotion. Public health principles, standards and indicators previously developed in UNHCR's Public Health Guidance and Principles are adapted to provide clear guidance for UNHCR staff responsible for programme support and monitoring in urban situations. The focus of this operational guidance is on refugees and asylum seekers, but in some contexts it may apply to stateless persons, internally displaced persons and returnee settings. This guidance is relevant to both low and middle income countries with a UNHCR presence. It is designed primarily for the urban context but is applicable to all settings including non-camp rural settings.

OBJECTIVE

To provide guidance for UNHCR country programmes to advocate for and facilitate access to (and when necessary provide and/or support) quality public health services for refugees equivalent to those available to the national population.

KEY PRINCIPLES UNDERLYING UNHCR'S URBAN PUBLIC HEALTH OPERATIONAL GUIDANCE

These principles are derived from *UNHCR's policy on refugee protection and solutions in urban areas* and from PHHIV Section's *Guiding Principles and Strategic Plans* and *Principles and Guidance for Referral Health Care for Refugees* that have been adapted to the urban context.

1. **Access.** Ensure that refugees access services in similar ways and at similar or lower costs to that of nationals.

2. **Integration.** Advocate that public health services for refugees are made sustainable by being integrated within the national public system whenever feasible. UNHCR may draw on partners to temporarily provide services complimentary to government services where there are significant gaps in service provision or when services are of insufficient quality.

3. **Equity.** Establish special assistance arrangements for vulnerable refugees and individuals with specific needs so that they can access services equitably.

4. **Prioritisation.** Ensure refugees access essential primary health care (PHC) services and emergency care; these take precedence over referral to more specialised medical care.

5. **Rationalisation.** Support the rationalisation of health services by identifying and supporting a select number of quality health service providers and facilities.

6. **Partnerships.** Partner with a wide range of actors, especially governments, other UN agencies, international agencies, civil society, non-governmental organisations (NGOs), academic institutions and the private sector to ensure the availability of quality public health services for refugees.

7. **Participation.** Promote the capabilities of refugees who participate in meeting health challenges in their communities to allow these principles to be fully realised.

8. **Communication.** Establish effective communication mechanisms to improve access to priority primary health care (PHC) services and to improve health status of refugees.

9. **Evidence-based decision-making.** Promote the establishment and utilisation of information systems to improve health policies and to increase the prioritisation and impact of programmes.

Cameroon / Health Center. Mbororo patients are waiting for the doctor. Refugees and local populations share the same infrastructure: cameroonese health system. UNHCR is providing medicines to health center to cover refugee needs. /UNHCR / F. Noy / October 2009.

OPERATIONAL GUIDANCE

1. ACCESS

Ensure that refugees access services in similar ways and at similar or lower costs to that of nationals.

There are many barriers to accessing health services including economic, geographic, cultural, linguistic and administrative. Health services in cities may not be accessible to refugees because they are too expensive, too far away (or the cost of transport to get there is prohibitive), because they are insensitive to the cultural sensitivities of people from different ethnic groups, or there are no translation services available.

Practical steps to increase access

1.1 Promoting an effective legal environment

Analyse the relevant laws and directives in each country, and work out the practical implementation of these laws in terms of health service access and provision.

- The legal environment concerning refugees is different in each country. Governments may or may not have acceded to international conventions such as the 1951 Convention relating to the status of refugees and the 1966 International Covenant on Economic, Social and Cultural Rights.
- Governments may have passed their own Refugee Act or other legislation or directives that describe the rights of refugee to access services.
- Drawing on this legislation, UNHCR staff must remind governments of their obligations towards refugees living within their territory to attain the highest standard of physical and mental health.
- If it is insufficient, UNHCR together with its partners must advocate for changes and improvements.
- UNHCR advocates that refugees have appropriate status documentation/identify cards that will facilitate their access to health services.
- Improving access to the government's public health system is essential. Refugees should have full access to immunisations, antenatal care and other maternal and child

health services, tuberculosis (TB) and HIV prevention, care, support and treatment services including access to antiretroviral therapy.

- UNHCR advocates for the removal of any discriminatory directives or practices that impede access to health. This includes the removal of any mandatory HIV testing and the avoidance of any compulsory measures to reveal an individual's HIV status outside of confidential medical settings.

1.2 Improving economic access

Advocate and negotiate together with partners (such as the World Health Organisation and others) and the Ministry of Health (MoH) for refugees to receive health services at all levels of the public health system at similar or lower costs to nationals.

- UNHCR aims to support affordable prevention activities and health services for refugees particularly via the public sector.

- The Agency advocates that priority primary and emergency health services should be available to refugees at similar or lower costs, or where free health services are available at no costs, as nationals in the public sector; particularly for young children and women seeking reproductive health services including family planning.

- For maximising the reduction in the spread of infectious diseases, UNHCR advocates that communicable disease control programmes should be as accessible to refugees as for nationals, particularly for diarrhoeal diseases, malaria, TB, HIV, sexually transmitted infections and during disease epidemics.

1.3 Different financing options

Examine and decide upon the various financing options needed to support refugees who have to pay user fees for primary and emergency services, and for specialised care.

- UNHCR may directly or via a partner support government services in areas where large numbers of refugees live with staff, infrastructure, drugs and supplies.

- Assistance may be selective, in which vulnerable and target groups may have their services paid for or are assisted with cash or improved livelihoods.

- Use different financing mechanisms including cash assistance (which may be delivered via automated teller machines, vouchers, or mobile phone transfers), government or not-for-profit insurance schemes, or other innovative financing schemes that may be available to nationals.

- A careful cost-analysis is needed to compare direct payment for services with health insurance payments, and to ensure that the insurance schemes are not exclusive of people with existing illnesses or for people under or over certain ages.
- The full costs that refugees pay for health services should be analysed including costs of transport, consultations, investigations and medications including long term prescriptions for chronic diseases. A partner agency may be asked to carry out a cost-analysis of options for secondary and tertiary (specialised) care.
- UNHCR also aims to make existing government services affordable to refugees by improving the livelihoods and income of refugees.

1.4 Ensuring health services are accessible to diverse needs

Identify important issues of diversity among urban refugees and work with partners to develop communication, advocacy and support mechanisms to ensure equity of access to health services. National health programmes should be age, gender and diversity sensitive to avoid exclusion of women, children, the elderly, minority refugee groups and those in urban areas with disabilities.

- Integration processes should not detract from meeting the unique needs of refugees, and national public health services may need to be *modified* to be able to respond to diversity. This includes meeting the needs of people of different languages and different cultures that may not be so familiar with accessing an unfamiliar health system. For example, reproductive health services may need to be adapted, special mental health needs may require flexibility in service delivery, and protection for refugees from the particular vulnerabilities of physical and sexual violence may need to specifically adapted and implemented by service providers.

2. INTEGRATION

Advocate that public health services for refugees are made sustainable by being integrated within the national public system whenever feasible. UNHCR may draw on partners to temporarily provide services complimentary to government services where there are significant gaps in service provision or when services are of insufficient quality.

UNHCR advocates for refugees to be treated in a similar manner to nationals in the public health system, and to be included in national strategic planning and donor proposals. Services become more sustainable if capacity can be enhanced for the care of refugees

through the national health system with sustainable financing, and the involvement of the skills and knowledge of both refugees and nationals. Durable solutions remain the long term solutions for refugees.

Practical steps to improve integration

2.1 Using partners for effective integration

Modifying the traditional role of health partners in camp settings involves changing from running parallel health clinics to facilitating refugee access to government public health services in urban settings.

- This may involve effective communication strategies, creating an effective referral system, advocating for better access, supporting capacity in government facilities, monitoring how refugees access services.
- If adequate government services do not exist in certain sectors (e.g. reproductive health, HIV, mental health), partners may provide these complimentary services while capacitating the government to eventually provide such services in the future.

2.2 Integrating into government services

Advocate with partners for the needs of refugees to be included in national strategic health plans and donor proposals.

- UNHCR advocates that refugees access two levels of services: 1) primary health and emergency services, and 2) specialised care.
- With PHC services, there may be several vertical programmes for nationals that have attracted external donor and UN agency support and refugees should be able to access these programmes for free. These may include the expanded programme of immunisation, the integrated management of childhood illnesses, communicable disease preparedness and response programmes, chronic disease programmes and programmes for HIV, TB and malaria.
- Public health screening services such as those for breast, cervical and prostate cancer should be provided at a similar cost to those of nationals (preferably free of charge).
- Advocate with government, bilateral donors, UN Theme groups on HIV and existing mechanisms (e.g. Country Coordinating Mechanisms of the Global Fund) to include refugees into country strategies, proposals and programmes.

2.3 Alleviating the burden on government services

If UNHCR has sufficient funding, discuss and decide with government/MoH how UNHCR can provide funds or supplies for increasing staffing, provision of training, buying equipment, medicines or medical supplies, and/or improving infrastructure for primary health facilities (e.g. rehabilitating a health centre or adding a consultation room in areas where there are a high density of refugees).

- While encouraging integration, UNHCR recognises the increased burden this may create on public services, particularly when there are large concentrations of refugees in certain urban areas.

2.4 Enhancing emergency response

Ensure contingency plans are available for potential large scale refugee influxes into urban areas.

- UNHCR together with the government is responsible for coordinating the emergency response for all refugee situations.
- Although this guidance is primarily designed for non-emergency refugee urban settings, it may also be applicable in acute and immediate post-conflict or natural disaster settings where a large urban refugee influx occurs. For these scenarios, there are many emergency protocols that can be used but many have not been sufficiently adapted to the urban context. In these situations, UNHCR and its partners should advocate for free access to PHC and emergency services and inclusion of refugees into countries' emergency planning.
- Any emergency public health planning should be linked to relevant longer term national public health interventions.

3. EQUITY

Establish special assistance arrangements for vulnerable refugees and individuals with specific needs so that they can access services equitably.

UNHCR seeks to ensure all refugees can access quality health services while prioritising assistance to those most in need. UNHCR seeks to bring consistency and fairness in its health programming. Standards of health services should be similar for refugees as nationals. Internationally, UNHCR seeks to bring similarities in services among different refugee populations. However, with widely varying country budgets, the emphasis must be on at least achieving minimum standards of health services for all UNHCR country health programmes.

Practical steps to make services equitable

3.1 Identification of vulnerable individuals and persons with specific needs

Establish and communicate a transparent system to identify vulnerable refugees. The vulnerable refugees and families will generally be identified from interviews and/or home visits conducted by UNHCR community services staff and partners.

- A mechanism may be established at government health centres by partner agencies to identify individuals and families who have very high health care needs and costs and who are unable to pay fees or where other circumstances that make them particularly vulnerable.
- Transparent and measurable criteria will be developed to identify vulnerable persons and those with disabilities. However, there will also be flexibility to select special cases.
- An effective implementing partner will have a community outreach programme that includes refugees (in some cases the partner may be a refugee organisation run by refugees), to identify particularly vulnerable people and families who require support and close follow up. Where refugees are scattered across a city, some financial and logistical support may be needed for transport to enable those with special needs to access quality services.

3.2 Special assistance arrangements

Make available special assistance arrangements according to needs.

- Where possible, special assistance arrangements for an *urban case load* will be managed by a partner agency.

- Support to people registered on this list can be through a variety of mechanisms including subsidised care costs, advocacy to access to social welfare systems that are available to nationals (including free health services for people with chronic diseases and disabilities where such government programmes exist), and cash transfers or vouchers to enable access to health services.
- UNHCR staff working in protection, community services, health, education, livelihoods and other sectors should streamline their work so that whenever possible, the same partner is providing special assistance arrangements with a unified urban case load list.
- Payment of medications for chronic diseases can be a significant obstacle for many refugees. Special arrangements may include making these medications and follow-up available at reduced or no cost.

3.3 Supporting livelihoods and education

3.3.1 Promote livelihood options and improved access to labour markets by:

- Provision of livelihood opportunities is a priority sustainable mechanism for reducing poverty and improving economic access to health services. It includes identifying livelihood opportunities for those with disabilities or for those who are mainly home-bound looking after themselves or sick relatives.
- *UNHCR's operational guidance for urban livelihoods* outlines these livelihood options.

3.3.2 Promote access to education by:

- Increasing educational opportunities also form part of a long term strategy to increase livelihoods and improve health status. In particular, UNHCR advocates that refugee children access school health and school feeding programmes that are available to national children.
- *UNHCR's operational guidance for urban education* outlines these livelihood options.

4. PRIORITISATION

Ensure refugees access essential primary health care services and emergency care; these take precedence over referral to more specialised medical care.

Priority services include promotion, prevention, care, support and treatment components. They are delivered in the community as well as by home-based, out-patient and in-patient care. Mobile clinic services are usually not cost-effective and are often better replaced by fixed services including specialist visits to fixed clinic sites. Special arrangements may be needed for ensuring health care of refugees in, for example, detention centres. Some refugees will choose not to use the public health system and may use their own resources in seeking private medical services. Each country programme will need to set limits on the extent of services that UNHCR can support, especially for specialised care. The relatively more sophisticated health services that may be available to refugees in cities brings many more costing and equity dilemmas that inevitably require that realistic limits be set, particularly for costly specialist services. UNHCR promotes the use of quality, cost effective, evidence-based public health services for all refugees.

Practical steps to prioritise services

4.1 Clearly define the package of primary and emergency health services

Define the priority primary and emergency health services package that should be available for refugees in line with developing norms in international health, clearly write Standard Operating Procedures (SOPs), and then transparently disseminate and communicate them.

Priority primary and emergency health services package at a minimum should include:

- **Emergency medical, surgical and trauma care** at least in the first 48 hours that includes safe blood supply and universal precautions.
    - These type of services can be costly and clear rules need to be established including which hospitals can be used, notification of appropriate partners, intensive care unit admission lengths, and penalties such as non reimbursement for non-emergency cases.

- **Services for infants and young children** including nutrition, immunisation, communicable disease control, clinical consultation, referral of sick children, and the Integrated Management of Childhood Illness, Accelerated Child Survival or equivalent programmes.

- The National Expanded Programme on Immunisation should be freely available and accessible to all refugees. Accelerated routine immunisation campaigns may be needed specifically to target refugees who did not receive a full course of immunisation.
- A monitoring system is essential to verify that refugees have at least as good immunisation rates as nationals, and preferably are meeting the international standards. If the rates are low for refugees and nationals, UNHCR may need to advocate for and support MoH and interagency campaigns in areas with high refugee numbers.

- **Reproductive health** including family planning, sexual health services (including sexually transmitted infections and sexual and gender-based violence, and ante-natal, delivery (including comprehensive emergency obstetrical and neonatal services), neonatal and post-natal services.
  - Other important reproductive health programmes include promoting reproductive and sexual health rights, and schemes aiming to reduce harmful practices and the number of teenage pregnancies.
  - Reproductive health programming includes effective communication and outreach strategies, and availability of full services in a confidential setting.

- **Communicable disease control** with epidemic/outbreak preparedness and response including prevention and treatment of diarrhoeal and respiratory diseases.
  - UNHCR advocates that refugees should have full access to all government services for communicable diseases, and especially for the three diseases that often run as vertical programmes (i.e. malaria, HIV and TB).
  - *Malaria services* - prevention, treatment, and vector control programmes that include rapid diagnostic tests and microscopy, artemesin-combination therapy, intermittent preventive treatment in pregnancy, appropriate treatment of severe malaria, indoor residual spraying and long-lasting insecticidal nets.
  - *TB services* - prevention, treatment and response including rapid diagnosis, case detection, multi-drug therapy and targeted programmes for people infected with multi-resistant strains.
  - *HIV services* - prevention, universal precautions, HIV counselling and testing (and protection from mandatory testing), prevention of mother-to-child transmission, antiretroviral therapy, post-exposure prophylaxis programmes. Early detection

and prevention with culturally appropriate HIV information-education-communication materials that are translated into the language of refugees. These services need to be targeted for the most vulnerable groups.

- Advocate for improvements in water and sanitation to reduce the risk of the transmission of diseases from non-potable water and poor sanitation.

- **Non-communicable disease services** including consultations, investigations and treatment with prescription of generic drugs for common illnesses.
  - Regular follow-up and on-going treatment for people with chronic diseases including epilepsy, diabetes, hypertension, asthma, chronic obstructive pulmonary disease and heart disease.
  - First line mental health interventions for mental, neurological and substance use disorders including referral for psychosocial support.

- **Nutrition** including nutrition screening, nutrition rehabilitation via in or out-patient therapeutic programmes, nutrition promotion, micronutrient supplementation programmes, and support to food security. These include including infant and young child feeding programmes and the promotion of exclusive breast feeding.

- **Health and hygiene promotion** including prevention programmes for communicable and chronic diseases, nutrition and hygiene messages with distribution of materials in appropriate languages and the literacy level.

4.2 Define which specialist services should be prioritised

Priority will be given to promoting availability of quality specialist consultations that link into the care given in primary services. This would include occasional reviews for refugees with chronic disease or mental illness who can receive continuation of care from PHC services. A general practice model is promoted where possible in which the majority of consultations for specialities such as obstetrics and gynaecology, paediatrics and mental health are handled within PHC services with occasional referral for more complex problems.

- UNHCR has developed 10 guiding principles of referral in the policy document entitled *UNHCR's principles and guidance for referral health care for refugees and other persons of concern*.
  - Referral is primarily a medical decision, based on prognosis, cost and availability of specialist services that takes place through a secure and transparent process.

  - PHC is still the first level of services and the entry point for all medical referral.
  - Priority will be given to strengthening referral mechanisms over medical resettlement.
  - Some cases under consideration for medical resettlement may be suitably cared for in the host country under these referral mechanisms instead of being resettled to a third country. This can be facilitated if the same referral care committee, established to assess cases based on prognosis and costs, considers referral and possible medical resettlement cases.

- With limited resources for specialised care, UNHCR adopts a country-specific approach on referrals for more expensive procedures that is handled by the referral care committee.

- SOPs must be developed to clearly outline the procedures, and clear communication to the refugee communities on the entitlements and the coverage of the package (see 6.1).

4.3 Mapping and prioritising of existing services

Arrange for a partner to map location and type of health services and service providers (government, not-for-profit and private) in areas where refugees are residing.

- These will then be prioritised according to the level and type of service as well as location where the majority of refugees reside (use geo-referenced maps).
- Gaps in service provision will be highlighted and mechanisms identified to fill these gaps (e.g. if certain health centres are sub-standard, certain hospitals do not have specific specialties).

4.4 Establishing agreements with prioritised services providers

Make clear agreements with appropriate health service facilities (including pharmacies and laboratories) and providers via signed memoranda of understanding or letters of agreements or contracts.

- Clearly state the roles and responsibilities of the partner agency, the service provider, the MoH and UNHCR.
- Include target indicators that help to monitor the impact of the services being provided to refugees (with potential benefit also to nationals).

- Negotiate reduced prices and include in agreements/memoranda of understanding with the hospitals

5. RATIONALISATION

Support the rationalisation of health services by identifying and supporting a select number of quality health service providers and facilities.

Practical steps to rationalise services

5.1 Rationalising primary health care (PHC) services and emergency care

Decide upon a limited number of quality health and ancillary centres/hospitals and providers according to where refugees reside and availability of services for primary and emergency services. Develop and disseminate clear SOPs for primary and emergency care.

In urban settings, refugees will access services from a mixture of public, private and not-for-profit providers. The role of UNHCR staff is to *rationalise* this diversity by identifying and promoting a few quality health centres. Where possible these are government facilities that may need additional support from UNHCR directly or via a partner.

- The choice of facility to support will depend upon criteria such as the numbers of refugees already accessing it, the geographical location (near large concentrations of refugees to reduce travel time and travel costs), the capacity of the centre (some assessed capacity to provide quality services), and the quality and cost of the services provided.
- Where refugees are scattered across a city, some support may be needed for transport to enable them to access a few quality services, or an implementing partner may need to monitor several health facilities to ensure refugees are accessing quality services. UNHCR may at times initiate the establishment of a new health centre in an area with a high number of refugees that would also benefit nationals. However, this would be implemented in a way that is integrated from the outset (in partnership with the MoH and partner agencies) within an established system.
- Negotiate with authorities/facilities to ensure the lowest price for services (whether at health centres, referral hospitals, pharmacies or laboratories).
- A rational prescription practice is encouraged in health centres using generic drugs and evidence-based treatment protocols, the use of appropriate technologies, clear

indications for investigations, and the rationalisation of payments.

- UNHCR should promote efficiency and effectiveness of services (for example with improved patient flow and minimising client waiting times).
- UNHCR advocates that refugees can benefit from special initiatives that have been set up for nationals (often by charities). These may include for example surgical camps for cataract removals, vesico-vaginal fistulas or the correction of hare lips.

5.2 Rationalising referrals to specialised care.

Decide upon a limited number of quality health and ancillary centres/hospitals and providers according to where refugees reside and availability of services for specialised care. Develop and disseminate clear SOPs for specialised care).

- The referral system should be streamlined to encourage refugees to frequent a limited number of identified government hospitals or specialist services.
- UNHCR will establish clear contractual agreements with a limited number of key facilities where quality of services can be supported and monitored by either UNHCR directly or a partner.
- A partner and/or PHC centres will need to keep registers of refugees with chronic disease to ensure that they are seen regularly in a referral physician clinic.
- Access to specialist care is assessed and rationalised for cost-effective monitoring and investigations that avoid the need for very expensive or inappropriate investigations or prolonged hospitalisation.
- Similarly, the use of the most cost-effective and quality surgical services for elective operations will be promoted.

6. PARTNERSHIPS

Partner with a wide range of actors, especially governments, other UN agencies, international agencies, civil society, non-governmental organisations, academic institutions and the private sector to ensure the availability of quality public health services for refugees.

Practical steps to strengthen partnerships

6.1 Coordinating health services for refugees

Liaise closely and lead coordination efforts with the MoH and partner agencies so that services for refugees are integrated into those of nationals. Encourage other partners also advocate for the needs of refugees.

UNHCR will also be involved in wider coordination mechanisms to advocate that urban refugees are provided for within the government public health system and to promote improved services that tackle underlying determinants of health such as water and sanitation systems, food security and nutrition programmes, affordable housing and livelihood opportunities.

- The MoH and other ministries in each country are ultimately responsible for providing quality health services for refugees in urban areas and any coordination mechanisms should promote their leadership.
    - UNHCR should participate in meetings organised by, for example, the MoH or municipal authorities in which the needs of the urban poor *including refugees* are discussed.
    - UNHCR together with the government authorities may also lead the coordination of meetings to specifically address issues relating to urban refugees.
- UNHCR advocates that refugees can be considered for the same social welfare schemes as vulnerable nationals. UNHCR also closely coordinates with other UN agencies so that any urban health initiatives for nationals benefit refugees in the same way.
- UNHCR public health staff will work closely with UNHCR staff working in livelihoods, education, community services, protection and other sectors.

6.2 The role of partner agencies

6.2.1 UNHCR will coordinate closely other international agencies that may be supporting MoH services that should also be available to refugees.

- UNHCR links into opportunities provided by national coordination and UN Development Assistance Framework coordination mechanisms.
- The UN Children's Fund (UNICEF) may support water and sanitation improvements in urban areas where refugees are living, or may support national immunisation programmes including vaccination campaigns that refugees should be able to access.
- UNICEF may also support nutrition screening and out-patient supplemental and therapeutic care for malnourished children.
- WHO may support health systems strengthening, the national communicable disease control programme, and a national health information system (HIS).
- The UN Population Fund (UNFPA) may build capacity for improved comprehensive reproductive services.
- The World Bank, The Global Fund to Fight TB, AIDS and Malaria and other international donors may be supporting health systems and programmes.

6.2.2 Engage the services of a partner for managing access to urban health services.

- The role of the partner includes the following:
  - Develop and implement communication strategies to promote home-based healthy practices and health-seeking behaviour amongst refugee groups and to improve coordination among stakeholders.
  - Help refugees to access services (e.g. through advocacy, financial support, transport, language services, coordination of referrals, accompanying refugees).
  - Improve quality of services available to refugees by supporting government health facilities with financial inputs, drugs, equipment or training. These inputs are governed by a contractual relationship with the facility and/or MoH, specifying the expectations and obligations of all contracting partners.

- Provide complimentary services to refugees that may not be available until such a time that the state is able to provide them (e.g. mental health services including psychosocial counselling, and services for refugees with physical or learning disabilities).
- At times partners may need to run parallel primary health services for refugees. But the move towards integration should always be promoted and where possible parallel services avoided.
- Monitor the quality of service provision (where possible using the government's HIS or UNHCR's HIS tool adapted for the urban context, and by in-depth assessments of health facilities. Partners should aggregate data on referrals via a referral information system.

7. PARTICIPATION

Promote the capabilities of refugees who participate in meeting health challenges in their communities to allow these principles to be fully realised.

Refugees participate in decisions about how they access and utilise health services. UNHCR should advocate that the voice of refugees can be expressed with authorities. This voice is strengthened via organisations set-up specifically for groups of refugees that promote the expression of their rights and responsibilities. UNHCR should also advocate for refugees to participate in health facility management committees. Furthermore, the agency should advocate for refugees to be employed as health 'facilitators' accompanying patients on referral visits and for the credentials of refugees to be recognised and for their right to employment (e.g. as doctors, nurses, pharmacists, lab technicians). UNHCR's urban health programme must liaise with refugee representative groups and encourage the voluntary contribution of refugees in health promotion and in identifying and supporting the most vulnerable.

Practical steps to increasing participation of refugees

7.1 Promoting roles for refugees in health services

Advocate and facilitate refugees to be involved in health services in various functions.

- The productive and creative potential of refugees needs also to be promoted to improve the livelihoods of refugees (and capacity to improve their health status).

- Voluntary roles are created in which refugees facilitate healthy choices for refugees in communities, or participate on health facility management committees or other local consultative mechanisms such as district development committees so that they are involved in decision-making processes.
- Ancillary roles for refugee health professionals can be negotiated until such a time as they become authorised to practice in the country.
- UNHCR advocates for progressive legislation permitting refugees to work, and that refugee professionals can be facilitated into employment in the health and other sectors.

7.2 Promoting representative groups

Advocate and facilitate refugee groups.

- Refugees often create their own representative groups. These can be supported by partners to enhance the effectiveness of these groups to analyse causes of illness, to promote public health messages, to support vulnerable refugees or to promote the voice of refugees with authorities.

8. COMMUNICATION

Establish effective communication mechanisms to improve access to priority primary health care services and to improve health status of refugees.

Communication strategies and tools will be required to ensure that refugees and key service providers are aware of rights and obligations, as well as the opportunities and services that are available to them. Refugees can become essential health promoters amongst their own communities.

Practical steps to establish effective communication in urban public health

8.1 Creating a communication strategy

Develop a communication strategy and plan then implement it with partners.

- Multi-direction communication: open lines of communication are established via meetings (e.g. community centres, health centres during registration process), text messaging, phone calls, internet communication and other media among refugees, UNHCR, partners, health facility representatives, and MoH representatives.

- National health authorities need to be informed about any specific health needs of a specific refugee community.
- Health promotion messages using innovative methodologies are developed to ensure refugees are empowered through appropriate knowledge about prevalent causes of ill health and about health seeking behaviour.
- Information on public health services: Partners ensure refugees are informed about how they can access the public health service network and methods of payment.
- Information on referral to secondary and tertiary care and entitlements of refugees are clearly communicated with the community.
- Communication for disease surveillance: Refugee 'volunteers' may help to identify new disease cases and help affected persons to access services; health facilities are informed of how and whom to notify when epidemic diseases are discovered.
- Communication as empowerment: Partners work to ensure refugees are informed of their rights and responsibilities regarding their health status, the availability of public health services, and the role they can play in addressing the causes of ill health. This should include refugees with a health background working as "health facilitators" within the system. Health promotion at health and community centres as well as outreach in communities and homes should be encouraged.

8.2 Using refugees as translators and health workers in health facilities

Promote use of refugees as translators and health professionals in health facilities.

- UNHCR can promote the role of refugees to provide translation in government health centres, thus improving access and utilisation.
- The agency should advocate for refugee health professionals to be able to work in the public health systems, improving the linguistic and cultural awareness capacity of government workers and services, providing income and professional satisfaction to refugee health workers, and improving health service provision for refugees.

8.3 Using refugees as community outreach workers.

Promote use of refugees as community outreach volunteers.

- Refugees should have opportunities to serve as community outreach volunteers to promote better home-based care, encourage health seeking behaviour, identify vulnerable individuals and households, and help other refugees overcome

administrative and bureaucratic barriers in the health system.

- This also allows refugees to be better informed, to advocate for better health service planning, and for improved understanding of underlying causes of illness.

8.4 Using innovative technologies

Employ contemporary communication technologies to increase communication speed and coverage.

- Continue to use standard communication media such as printed leaflets, videos and radio messages, but also use more contemporary communications such as SMS (short message service) and twitter, websites and web-based translation facilities.
- Contemporary communications also offer income-generating opportunities for refugees.
- Partner agencies may create websites showing prioritised health facilities for refugees, or with key health promotion messages.
- Messaging may be used to inform refugees of changes in opening times, of immunisation campaigns, availability of new services, medication reminders, etc…
- Refugees may inform partners of new suspected cases of epidemic potential or other important illnesses.
- Reminders can be sent to refugees with chronic disease of appointments or for special opportunities.
- Partners should pilot new ideas as to how to maximise the potential of new technologies, and refugees will be encouraged to participate in these entrepreneurial developments.

9. EVIDENCE-BASED DECISION-MAKING

Promote the establishment and utilisation of information systems to improve health policies and to increase the prioritisation and impact of programmes.

UNHCR promotes quality public health services via the adoption of national and international guidance, and where relevant UNHCR's SOPs. UNHCR with partners monitor the quality of services accessed by refugees using simple and practical HIS tools. Health service standards are raised and programmes are prioritised by improving the quality of

public health data recorded by HIS, population-based surveys, and by employing more innovative methods adapted to the urban context. Since refugees are mobile and may use a number of different services (e.g. government, private, NGO), it is more difficult to measure rates in urban than camp contexts. Furthermore, access to services is a major challenge in these settings. Thus, both *facility-based* and *community-based* surveillance and survey methods need to be employed. Health facility-based tools allow for documentation of proportional morbidity (e.g. 3% of all cases seen in clinic in month X were due to hypertension), and utilisation of services, medications and investigations that could improve health facility performance. Population-based surveys allow for measurement of disease and death incidence and prevalence rates as well as health expenditure and access that are representative of the refugee population; they are usually expensive and resource intensive. Other more innovative methods, such as prospective surveillance, discussed below, may also be used.

Practical steps for evidence-based decision making

9.1 Improving health service quality by standard setting

Promote the use of national and international guidance and standards, and UNHCR's guidance that are adapted to the context.

- UNHCR and partner staff should advocate for these standards of health services to be also relevant to the health of refugees, and set desired deliverables/outcomes through contractual arrangements with partners via action plans, supervision and monitoring and evaluation timetables. This will require access to government facilities and the ability to work closely with government authorities.

9.2 Assessing health facilities

Assess, monitor and evaluate health services through regular health visits and the amelioration of existing HIS.

- UNHCR and its partners seek to assess, monitor and evaluate the quality and outcomes of health care services accessed by refugees through regular and systematic visits. Strong and constructive relationships with health authorities are essential for appropriate access to be provided. A structured monitoring sheet with the provision of clear time-bound recommendations that are agreed upon by responsible authorities is needed.
    - Where complimentary services are provided by implementing partners, monitoring and evaluation of facilities as to whether minimum quality standards

are being met and previous recommendations have been implemented should be regularly undertaken.

- Assessments of health facilities can be carried out using *UNHCR's Public Health Facility Toolkit*.

- Government, NGO and other organisations providing health services generally have their own HIS, and it is neither appropriate nor feasible for UNHCR to advocate for one standardised HIS in such situations.
  - However, suggestions as to how the HIS can be improved and take into account certain diseases that may not be included in the existing system but may be prevalent among the refugees (e.g. gender-based violence, mental health, malaria, and schistosomiasis) should be provided.
  - Disaggregration of data by national and refugee populations should be undertaken if authorities agree and if it is concluded that disaggregation will not increase stigma and discrimination against refugees. Facilitation can be provided by provision of a refugee with sufficient skills to be based at a clinic to help with registration which would also help with orientation of refugees).
  - If disaggregation is refused but still considered appropriate, UNHCR should advocate for some key sentinel sites for disaggregation (health centres located in refugee dense areas); although not representative, the data will provide an idea of usage and types of diseases.
  - A monthly standardised health reporting form exists that should be adapted for local context should be used when possible, especially if NGOs are involved in providing services. Such a standardised form will allow for different HIS to exist but allows for comparisons of key aggregated information.
  - An implementing partner may work with health professionals in facilities frequented by refugees to improve the quality of data collection and to improve reporting via the government HIS. A modified version of UNHCR's HIS for urban settings may be needed as a temporary measure until a quality national HIS is available. This ensures that comparable minimum quality data is available.
  - Worrying trends in health facility data may need to be investigated together with local authorities.
  - Any reported maternal deaths should be investigated using UNHCR Maternal Death Review Report. Other deaths may also be investigated via verbal autopsies as per the context.

9.3 Assessing the health status of refugee population

Assess, monitor and evaluate access and cost of health services and identification of vulnerabilities through various methodologies to improve and prioritise service provision.

- Home visits, focus groups and key informant interviews are important methods to learn about individual problems and perceptions of communities while not being representative of the population; this include age-gender-diversity mainstreaming assessments.

- *UNHCR's Heightened Risk Identification Tool*, and available UNHCR data may also be used by UNHCR staff to determine the level of risk that a family or individual is exposed to, particularly to physical and sexual violence and other human rights abuses. It provides an indication of what physical and legal protection refugee individuals or families may require. However, it provides only limited information on health and disability-related needs.

- A prospective surveillance system could be implemented with a probabilistic sample taken from registered refugees (either random or systematic) that would be representative of the registered refugee population. If a significant number of refugees are not yet nor do not wish to be registered, then this sample would be biased towards registered refugees. Refugees would be provided with cards that would include specific health seeking and utilisation behaviour and costs for each family member. The family could receive an incentive to do this and the cards could be collected after a 1-3 month period depending upon the sample size and the variables one wishes to measure. The process could then be repeated 6-12 months later, depending upon the need.

- Population-based surveys are expensive and resource-intensive but provide important information in a representative manner. Sampling can be difficult in urban settings and thus expertise is needed to do it credibly. An accurate idea of the refugees' geographical location is vital, and Geographic Information System (GIS) mapping of refugees has been carried out using information fed into UNHCR's proGres tool in many countries. Specific sectors may need to be surveyed to learn more about context-specific situations (e.g. nutrition, sexual and gender-based violence). Some population-based surveys may be carried out by academic centres of excellence and may be multi-agency.

- UNHCR should advocate for refugees to be included in country population assessments organised by the MoH often with UN agency collaboration that look at a population's health status (e.g. National Demographic and Health Surveys, Multiple Indicator Cluster Surveys, and HIV prevalence surveys). However, these surveys are infrequently carried out and in most circumstances data will not be disaggregated for refugees.

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ABBREVIATIONS

AIDS	Acquired Immuno-Defiency Syndrome
GIS	Geographic Information System
HIV	Human Immunodefiency Virus
HIS	Health Information System
MoH	Ministry of Health
NGO	Non Governmental Organisation
PHC	Primary Health Care
PHHIV	Public Health and HIV section
SMS	Short Message Service
SOP	Standard Operating Procedure
TB	Tuberculosis
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

UNHCR
The UN Refugee Agency