The Integration of Refugee and Local Health Systems

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and URC-CHS
Summary

• Protracted refugee situations are common, often with inherent sustainability issues

• Local integration can be complicated but increasingly viewed as the most feasible durable solution in protracted situations

• Quality Design planning methodology can be useful to streamline systems integration
Background

• Protracted refugee situations are common

• Refugee program sustainability issues arise

• Local integration options – what is it? Why now? How to do it?

• West Nile Quality Design Project
  – Who, where, when, why, how
West Nile Characteristics

- Arua, Moyo, Adjumani
- Nebbi, Yumbe
- Approximately 120,000 Sudanese refugees
- Security concerns
- Geographically remote
- Very resource-poor
- Below national average health indicators

Map: UN/OCHA, Nairobi
Integration of Services

How to achieve? What models?

• Handover Model
  – **Focus on:** Physical/administrative tasks
  
  – **Assumptions:** Existence of financial and management capacities, political support, minimal differences between systems
  
  – **Issues Arising:** Confusion over leadership in change process; political/legal concerns; projectization of refugee health; refugee concerns over the quality of care
Integration of Services

• **Quality Design Model**
  - **Focus on**: Health Systems approach; data collection about user needs; systematic link between feedback and planning
  
  - **Assumptions**: Integration of services is a change process, often complex; time/effort must be invested in consensus building; planning takes time
  
  - **Issues Arising**: Distinctions between national and local levels; refugee participation
Quality Design Approach

1. Promote the will and vision to begin the process
   - Consensus among change leaders
   - Support for change at higher management levels
   - Effective communication of change concepts to wider stakeholder group
Quality Design Approach

2. Understand and document the current situation

- Parallel systems may result in each party’s incomplete understanding of the other’s systems
- Incomplete understanding can slow down integration process
Quality Design Approach

3. Build consensus among stakeholders on priorities

- Identify select sub-systems, e.g. immunization based on agreed upon priorities

- Start with less contentious areas; move to more difficult issues with experience
Systems/Sub-system

PRIMARY HEALTH CARE SYSTEM

Disease Control
RH/FP
Immunization
Nutrition
School Health

Essential Clinical Care
Health Education
ICMI
Quality Design Approach

4. Establish Quality Design Team to follow up on priorities

- Team approach is a cornerstone of Quality Design
- Stakeholder representation
- Decision-making capacities

Adjumani District Integrated Health Coordinating Committee

DDHS  ACAO  LC V

UNHCR  Refugee NGO
Quality Design Approach

5. Provide Quality Design Team with tools and training

- Viewing health services as systems
- Research and identification of user needs and expectations
- Problem identification and mapping of user needs
Quality Design Approach

The Systems Approach to Integration of Services: Immunization

**Inputs**
- Vaccines
- Cold Chain Equipment
- Human Resources
- Logistics

**Processes**
- Cold Chain Maintenance
- Distribution to Health Units
- Community Mobilization

**Output**
- Immunization
  - At least 85% of all children <5 years are immunized against the six preventable diseases

Immunization

At least 85% of all children <5 years are immunized against the six preventable diseases.
Quality Design Approach

6. Gather data on selected priorities and health resources

- Quality is defined by those interacting with the health system: managers, providers, and users

- Results are used to address problem areas through the new system
Quality Design Approach

Data Collection: Immunization

**Inputs**
- Vaccines
- Cold Chain Equipment
- Human Resources
- Logistics

**Process**

**Managers**
- Do you experience vaccine shortages (at the district stores)?
- Are vaccine supplies received from national stores on schedule?
- What are the problems you face with vaccine supplies?

**Providers**
- Do you experience vaccine shortages at the health units?
- Are vaccine supplies received from district stores on schedule?
- What are the problems you face with vaccine supplies?

**Users**
- Have you experienced problems when you have taken your child for immunization?
- Have you ever been informed that vaccines are unavailable for your children?
Quality Design Approach

7. Provide feedback to stakeholders and solicit responses

- Feedback to larger stakeholder group is especially important in potentially contentious processes such as local integration
- Quality Design Team may need higher level support to implement changes
Quality Design Approach

8. Analyze feedback, determine common and divergent processes

- Break down the system and match data results to points in the system
- Identify user concerns and problem areas
- Pinpoint common and divergent processes for resolution: Action Points
VACCINES
- Vaccines sourced from MOH, no cost to DDHS or refugee NGO
- Vaccine requisition through DDHS
- No noted issues in vaccine quality
- Recordkeeping inputs are sufficient
- Occasional vaccine shortages at health units
- District central vaccine store too small
- Vaccine fridges supplied by MOH
- Problems noted in the quantity/quality of vaccine fridges
- vaccinators not always available
- Need to work more with community leaders (both national and refugee communities)

COLD CHAIN EQUIPMENT

HUMAN RESOURCES

LOGISTICS

COMMON AREAS

DIVERGENT AREAS
- Separate gas and cylinder supplies
- Separate cold chain equipment maintenance
- Refugee NGO requires new vaccine carriers
- Refugee NGO pays vaccinators outreach allowances before assignment; district pays weeks after assignment
- District health providers from periphery collect vaccines from district store; Refugee NGO often makes vaccine deliveries
Quality Design Approach

9. Establish work plans to bring divergent processes together
   • Previous steps make this a straightforward task
   • Joint identification of Action Points, responsible party, indicators, funds needed if any, funding source
<table>
<thead>
<tr>
<th>System Area</th>
<th>Action Point</th>
<th>Who to Do Action</th>
<th>Indicators</th>
<th>Budget</th>
<th>Funding Source</th>
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<tbody>
<tr>
<td><strong>Input: Human Resources</strong></td>
<td>Recruitment of substantive District Health Visitor (responsible for central vaccine requisition, etc.)</td>
<td>District Health Service Commission</td>
<td>DHV ensures vaccine supply needs are filled at both district and refugee health units, verified by orders and stock records</td>
<td>Position is included in district health budget</td>
<td>Adjumani District/MOH</td>
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<td><strong>Input: Cold Chain Equipment</strong></td>
<td>Conduct detailed inventory of immunization equipment and replacement as necessary</td>
<td>District and refugee health management staff</td>
<td>Inventory completed All equipment replaced as necessary</td>
<td>No cost for inventory exercise; Equipment costs to be determined through inventory</td>
<td>Replacement costs are covered through the national immunization program</td>
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<td><strong>Process: Cold Chain Maintenance</strong></td>
<td>District cold chain assistants to include refugee health units in their maintenance reviews</td>
<td>District Health Services</td>
<td>Number of preventive maintenance visits per quarter Percentage of functional fridges in units</td>
<td>No additional costs noted</td>
<td>District Health Services (regular budget)</td>
</tr>
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Quality Design Approach

10. Implement and monitor work plans to integrate processes

- Action plan components must be streamlined into each party’s activities
- Support from upper management should be straightforward due to early steps, and ongoing feedback
- Monitoring should occur jointly
Conclusions

• Protracted refugee situations are common
• Systems integration is a complex process
• Quality design is a relevant approach
  – Creation of a common vision (consensus)
  – Use of a systems approach (inputs, processes, and outputs/outcomes)
  – Data collection for planning
  – Action Points for implementation
Acknowledgements

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References


Maps
Slide No. 4: Africa for Visitors
Slide No. 11: OCHA Regional Support, Nairobi
Background

- Protracted refugee situations are common
  - 1980 – 1999 at least 22 major refugee populations (>100,000) for more than 8 years\(^1\)
  - Over 3,000,000 African refugees live in protracted situations\(^2\)

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<td>Somalia</td>
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<td>Southern Sudan</td>
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UNHCR working definition of protracted refugee situation is one where,

“...over time, there have been considerable changes in refugees’ needs, which neither UNHCR nor the host country has been able to address in a meaningful manner, thus leaving refugees in a state of material dependency and often without adequate access to basic rights (e.g. employment, freedom of movement and education) even after many years spent in the host country”
West Nile Quality Design Project

• Partnerships  URC/JHU; JHU/SC (UK)
• Sept. 1999 - Sept. 2001
• Arua, Moyo, and Adjumani Districts
• Self-Reliance Strategy
• Integration of district and refugee health services
• Use of Quality Design as a planning methodology
Integration of Services

► Establishment of leadership in the change process

► Creation of a common vision (consensus) among stakeholders

► Use of a systems approach (inputs, processes, and outputs/outcomes)

► Collection of health care manager, provider, and user feedback on services
Local Integration

Self-reliance Strategy objectives:

• To empower refugees and nationals in the area to the extent that they will be able to support themselves.

► To establish mechanisms which will ensure integration of services for the refugees with those for the nationals.
Handover Approach

Arua/Imvepi:

• Refugee health services “projectized” into district health services; issues in staff structure and salaries, services, resources

• Post handover review shows users perceive a decline in quality of services

"Is the health unit usually open when you come for services?"

Percentage of Respondents Answering "Yes"

Before | Now
--- | ---
Imvepi Users | All Respondents
0% | 100%
Summary

• Quality Design focuses on:
  – Systems integration as a change process
  – Understanding the environment
  – Stakeholder consensus-building
  – Using a systems approach
  – Data collection about user needs
  – Linking needs to integrated systems designs