UNHCR The UN Refugee Agency | EMERGENCY HANDBOOK

Health in camps and settlements

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Key points

- Public health programs and services must be established to prevent and manage disease outbreaks and malnutrition in coordination with local authorities and partners
- Services available must include preventive health activities, surveillance and curative care with a focus on the primary level and a referral system for emergencies
- Access to national health services should be prioritized as much as possible
- Ensure intersectoral collaboration and coordination as nutrition and food security, WASH, shelter and protection are closely linked to health outcomes

1. Overview

Ensuring access to health services is one component of an overall public health response to emergencies. The overall aim of any public health intervention is to prevent and reduce excess mortality and morbidity.

In the first phases of an emergency, the public health response focuses on identifying and addressing life-saving needs. The best outcome is to provide refugees with full access to essential health services and wherever possible to ensure access to functioning national services. To achieve this, it is crucial to collaborate closely with the ministries and local authorities responsible for public health and seek integration in national systems from the onset of an emergency where possible and ensuring minimum standards are met.

Public Health interventions in camp and settlements aim to meet the basic health needs of refugees. Health services are closely linked to nutrition and food security, WASH, shelter and protection services to prevent disease outbreaks and reduce and mitigate public health risks.

2. Relevance for emergency operations

- The main causes of death and diseases in emergency situations are vaccine-preventable and communicable diseases. Vulnerable groups including pregnant and lactating women and children under-five years of age, are at most risk.
- Large-scale population movements may overburden a host area's capacity to cope.
- Reproductive health problems (in particular obstetric complications) are more likely during emergencies.
- Emergency situations amplify the risk of exposure to gender-based violence, especially for women and children.
- Displacement may be associated with armed conflict, resulting in casualties, injuries and affecting mental health.

3. Main guidance

a. Emergency Phase

Public health Interventions save lives and address immediate survival needs.
Public health programmes should always be available to refugees living in camp settings and settlements.

UNHCR should encourage the authorities to grant refugees access to national services, where these are available and adequate. Where they are not, UNHCR should collaborate with the local Ministry of Health and other relevant partners in the area to establish new services or improve those that exist, for the benefit of both refugee and host populations.

Health conditions and health risks are associated and depend on many factors, including food security, shelter, WASH and availability of non-food items. Public health interventions are, therefore, multi-sectoral in character. Programmes must be coordinated and linked.

The efficient implementation of public health measures hinges on effective health sector coordination, technical support, and management. Technical expertise is required to provide the necessary oversight.

Given that UNHCR has an overall accountability for the refugee response, UNHCR should deploy public health staff as soon as possible to support the assessment, develop a public health and nutrition strategy and support the operational response and health coordination.

Public health interventions must always be:

- Evidence-based. Activities should be planned and implemented, based on the findings of the initial assessment.
- Needs-based. Interventions should be scaled and resources should be allocated to meet the needs of the population.
- Technically sound. Services should be based on current scientific evidence and operational guidance and implemented by skilled staff.
- Impact oriented. UNHCR promotes the primary health care approach, which ensures that

essential health services address the health needs of the entire population.
- Priority-based. Emergency public health interventions and services should be prioritized to achieve maximum impact across the population. Interventions to address immediate health risks, such as disease outbreaks and malnutrition, must be prioritized.
- Integrated. Avoid setting up costly parallel services. Assist the national health system to extend its services to refugees.

Key steps

- Conduct an initial health needs assessment, including 3W (Who? What? Where?). Refer to handbook entry on Health Needs Assessment.
- Determine and map the presence of existing health facilities near camps and settlements and whether these can be used and what support may be required. It is always preferable to use and support national facilities from the outset.
- If integration in existing facilities is not possible, specific PHC facilities will need to be set up in the camp/ settlement with partners.
- Develop a priority action plan and 3W matrix with local authorities and partners that focuses on the following programme components:

a) Measles, polio vaccination, and vitamin A supplementation.

b) Screening for acute malnutrition and provision of nutrition support (in contexts where malnutrition is a problem).

c) Communicable disease control, notably:

1. Prevention (including immunization, distribution of mosquito nets).
2. Surveillance.
3. Outbreak preparedness and response planning.
4. Outbreak control.
5. Monitoring of disease outbreaks.

d) Primary health care services:

1. Screening/triage.
2. Curative health care (out-patient care and limited in patient care, depending on contexts).
3. Immunization (EPI).
4. Non-communicable disease care.
5. Mental health and psychosocial support.
6. Reproductive health (RH) and HIV. (See entry on SRH and HIV for detail).
7. Nutrition screening and care. (See Nutrition entries)

Where RH services are not yet available	Where the MISP or RH/HIV components already exist
Implement the minimum initial service package (MISP).	Expand to comprehensive RH services.

◦ 24/7 emergency obstetric and neonatal care. ◦ Prevention of gender-based violence (GBV) and clinical management of rape (CMR). ◦ High impact STI/HIV prevention and continuation of ART / EMTCT. ◦ Access to contraceptives ◦ Post-abortion care	All of the MISP, plus: ◦ Antenatal care ◦ Postnatal care ◦ Fistula detection and management ◦ Adolescent sexual and reproductive health services (SRH) ◦ Comprehensive GBV response ◦ Comprehensive HIV services
Timeframe: 0-6 months.	Timeframe: > 6 months.

e) Establish a referral network and mechanisms for life-saving and obstetric referrals, based on country specific standard operating procedures.

f) Establish a community health workforce and priority community-based health prevention activities.

g) Where no health information system has been established, implement UNHCR's integrated refugee health information system (iRHIS) as soon as possible.

h) Where required, identify and select NGO partners to implement these priority actions. Partners should be available, have operational capacity, and possess the required technical expertise and skills.

- Use UNHCR's procurement and supply system to obtain medicines and medical supplies, in line with the Public Health Administrative Instruction, 2023 and Medicines and Medical supplies guidance, 2023. In high risk settings, maintaining a buffer stock pre emergency is a good practice.
- Refugees with specific needs, who require assistance to access or use health services should be prioritized and supported.
- Ensure refugees have access to information and know where services are available and are able to voice their opinions.
- Apply an Age-Gender-Diversity perspective in programming.
- Ensure links to national programmes (e.g. to treat HIV, TB, malaria, etc.) and inclusion of refugees in these.
- Ensure linkages with partners across sectors, including health, nutrition, WASH and protection.

Post emergency phase

In the post emergency phase, services can be expanded e.g., for reproductive health expand from the MISP to more comprehensive reproductive health services.

Health in camps and settlements checklist

- Conduct an initial needs assessment including mapping available health facilities and services.
- Set up additional services in coordination with authorities and partners if existing national services cannot be supported to meet refugees' and host communities' needs. Engage suitable NGO partners if needed.
- Develop an action plan, with short and long term goals, to meet health needs with immediate focus on immunization, nutrition screening and care.
- Set up a surveillance system and outbreak preparedness and response plan.
- Provide primary care services.
- Ensure that the reproductive health MISP (Minimum Initial Service Package) is in place including referrals for emergency obstetric and neontal care.
- Set up referrals for emergency and life-saving conditions based on an SOP.
- Set up a community health worker system with prioritized actions.
- Ensure access to essential medicines.
- Ensure communication with refugees on available services.

- Establish links with national programmes (EPI, HIV/TB, malaria).
- Ensure linkages across sectors: nutrition, WASH, shelter, protection.
- Coordinate with local authorities and partners.
- Monitor health access and trends.

4. Standards

- UNHCR has a comprehensive public health strategy (currently 2021-2025) that applies to emergency and non-emergency operations in both camp and out-of-camp settings.
- UNHCR and its partners follow national standards wherever available and applicable.
- The following SPHERE standards (Sphere handbook 2018) are applicable as minimum international standards:

Health systems standard 1.1: Health service delivery

People have access to integrated quality healthcare that is safe, effective and patient-centred.

Health systems standard 1.2: Healthcare workforce

People have access to healthcare workers with adequate skills at all levels of healthcare.

Health systems standard 1.3: Essential medicines and medical devices

People have access to essential medicines and medical devices that are safe, effective and of assured quality.

Health systems standard 1.4: Health financing

People have access to free priority healthcare for the duration of the crisis.

Health systems standard 1.5: Health information management

Healthcare is guided by evidence through the collection, analysis and use of relevant public health data.

Communicable diseases standard 2.1.1: Prevention

People have access to healthcare and information to prevent communicable diseases.

Communicable diseases standard 2.1.2: Surveillance, outbreak detection and early response

Surveillance and reporting systems provide early outbreak detection and early response.

Communicable diseases standard 2.1.3: Diagnosis and case management

People have access to effective diagnosis and treatment for infectious diseases that contribute most significantly to morbidity and mortality.

Communicable diseases standard 2.1.4: Outbreak preparedness and response

Outbreaks are adequately prepared for and controlled in a timely and effective manner.

Child health standard 2.2.1: Childhood vaccine-preventable disease

Children aged six months to 15 years have immunity against disease and access to routine Expanded Programme on Immunization (EPI) services during crises.

Child health standard 2.2.2: Management of newborn and childhood illness

Children have access to priority healthcare that addresses the major causes of newborn and childhood morbidity and mortality.

Sexual and reproductive health standard 2.3.1: Reproductive, Maternal and newborn healthcare

People have access to healthcare and family planning that prevents excessive maternal and newborn morbidity and mortality.

Sexual and reproductive health standard 2.3.2: Sexual violence and clinical management of rape

People have access to healthcare that is safe and responds to the needs of survivors of sexual violence.

Sexual and reproductive health standard 2.3.3: HIV

People have access to healthcare that prevents transmission and reduces morbidity and mortality due to HIV.

Injury and trauma care standard 2.4: Injury and trauma care

People have access to safe and effective trauma care during crises to prevent avoidable mortality, morbidity, suffering and disability.

Mental health standard 2.5: Mental health care

People of all ages have access to healthcare that addresses mental health conditions and associated impaired functioning.

Non-communicable diseases standard 2.6: Care of non-communicable diseases

People have access to preventive programmes, diagnostics and essential therapies for acute complications and long term management of non-communicable diseases.

Palliative care standard 2.7: Palliative care

People have access to palliative and end-of-life care that relieves pain and suffering, maximises the comfort, dignity and quality of life of patients, and provides support for family members.

Annexes

UNHCR/AI/2023/03 AI on Public Health Programming

Guidelines for referral health care in UNHCR country operations, 2022

UNHCR Essential Medicines and Medical Supplies Guidance, 2023

UNHCR, Epidemic Preparedness and Response in Refugee Camp Settings, 2011

UNHCR, Operational Guidance - Mental Health and Psychosocial Support Programming for Refugee Operations, 2013

5. Links

Health needs assessment Sexual and Reproductive Health Care Standards Nutrition in camps Medical referral care Mortality surveillance threshold Primary health care staffing standards Primary health care coverage standards Vaccination coverage standard Primary health care utilization threshold

6. Main contacts

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