

COUNTRY EXPERIENCES

Sri Lanka

In 2009 and 2010 IOM worked in close cooperation with Sri Lankan health authorities, international and national humanitarian counterparts and displaced communities to implement a health referral system during the final stages of the conflict between Sri Lankan Government Forces and the Liberation Tigers of Tamil Eelam that resulted in thousands of IDPs in dire need of support. The collaborative effort achieved the following outcomes:

- Assisted in the transport of 14,728 emergency case transfers;
- Maintained a fleet of 16 ambulances for patient transfers covering four districts;
- Operated 217 ambulance missions to escort returnee convoys



Haiti

Since the January 2010 earthquake that struck 25 km from the capital Port-au-Prince and other outlying areas, IOM has established and continues to operate a coordinated referral and assisted discharge service in collaboration with the Haitian Ministry of Health, WHO, and Health Cluster partners. This service aims to improve access to medical care for up to 1,000 earthquake-affected patients by establishing, equipping, and staffing two IOM-operated health and logistics hubs in high need areas of Port-au-Prince. These two hubs are

Indonesia

In collaboration with various hospitals that accommodated injured victims in the aftermath of the natural disasters in Indonesia from 2005 to 2009, and with funding from various donors, IOM implemented the health referral and assisted returns projects

- 2005, Banda Aceh: Emergency Mobile Teams and Assisted Transfers to Hospitals and Return to Communities
- 2005, Nias Island: Local Assisted Medical Returns of Injured Populations back to Nias Island
- 2006, Yogyakarta and Central Java: Health Referrals and Assisted Returns for Earthquake affected Patients and their Families;
- 2009 Padang, West Sumatra: Assisted Medical Returns of Discharged Patients, Out patient Follow ups, and their Family Members



Myanmar

Following the Cyclone Nargis that devastated hundreds of thousands of lives in May 2008, IOM provided referral services to secondary and tertiary health care centers for 378 critically injured patients in the Ayerawaddy Delta Region, including disabled people, the elderly, persons at risk of communicable disease, and persons with special medical needs. As part of this operation, IOM established and maintained telephone hotline services for mobile clinics and health centers, boat transportation assistance in the affected Delta areas and provided support for medical and food needs of patients and one family escort and/or a medical escort if necessary.



HEALTH REFERRALS, FACILITATED HOSPITAL DISCHARGE, AND ASSISTED RETURNS

IOM HEALTH REFERRALS, FACILITATED HOSPITAL DISCHARGE, AND ASSISTED RETURNS FOR CRISIS AFFECTED POPULATIONS

In the aftermath of devastating natural disasters and other crisis situations, health facilities are rapidly overstretched and confronted with a demand to provide urgent medical and surgical treatment that far exceeds capacity. This overload is aggravated by the disruption of effective referral systems that are able to meet basic health care needs for those who are critically wounded and in need of specialized management. There is lack of adherence to existing referral mechanisms and inadequate transport facilities, which may already be weak in the pre-crisis phase. Those who do make it to treatment facilities often have no means or resources to leave health facilities once stable, either to step down rehabilitative care, emergency/transitional settlements or back home, which further contributes to hospital congestion and delays the reintegration of individuals who have sustained injury or illness.

The majority of the affected populations can access health services at primary health centers, temporary health posts, or mobile medical services. There are however certain hard-to-reach communities and patients with several severe and life-threatening conditions that may require urgent, or more sophisticated diagnostic processing only available in secondary and/or tertiary facilities. Once the treatment is completed these patients and family members will require assistance to return home, as many remain physically vulnerable, in order to avoid congestion of hospitals.

The 61st World Health Assembly Resolution on the Health of Migrants' (WHA 61.17 adopted in May 2008) calls to "promote equitable access to health promotion, disease prevention and care for migrants", which includes internal migrants and internally displaced persons, and to "devise mechanisms for improving the health of all populations, including migrants, in particular through identifying and filling gaps in health service delivery". The Migration Health Department's Crisis Affected Populations Unit at Geneva and in-country offices are regularly engaged with Global and national Health Cluster mechanisms as well as with Ministry of Health counterparts to ensure that crucial life saving interventions are in place in order to reduce excess mortality and morbidity.

IOM's *Health Referrals, Facilitated Hospital Discharge, and Assisted Returns* ensures that humanitarian health action in emergencies addresses urgent health needs within existing health system mechanisms and fills in a health service gap that is frequently observed during emergency phase health responses. IOM activities outlined in this document refer strictly to patients who are medically stable for transport and not requiring life support therapies. As the Camp Coordination and Camp Management Cluster lead in natural disasters and with proven transportation and logistics experience for over 50 years, IOM has the capacity to facilitate access to improved health care services, provide safe transportation and travel health assistance, and further link affected families with transitional shelter, health and personal hygiene kits to facilitate their reintegration to their chosen communities.



INDONESIA : IOM assists in a patient hospital referral, Nias, March 2005



HAITI : April 2010



INDONESIA : March 2005

SCOPE OF ACTIVITIES

- Provide operational relief for functional primary health care facilities and hospitals through :
 - Improved access to proper diagnostic procedures, medicines or essential drugs for patients with special medical and/or treatment needs (for acute and chronic medical conditions) through directed placement of patients via close communication with public health facilities and Health Cluster partners operating health care services.
 - Safe transport and travel health assistance to preferred areas of return for patients with a particular emphasis on the most vulnerable including children, pregnant or post-partum women, newborns, the elderly, and the critically injured.
 - Strengthened capacity for health care providers on sustainable health referral system mechanisms.
- Improve access to step-down health care services via an expansion of the training and responsibilities of community health workers, in keeping with the established priorities of the local authorities.
- Enhance provision of transitional shelter/tents and non-food items to patients and families rendered newly homeless by the crisis event.

International Organization for Migration, IOM

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IOM International Organization for Migration
OIM Organisation Internationale pour les Migrations
OIM Organización Internacional para las Migraciones

HEALTH REFERRALS, FACILITATED HOSPITAL DISCHARGE, AND ASSISTED RETURNS

REFERRAL and TRAVEL ASSISTANCE CRITERIA†

- Selection criteria are solely medical. Patients can qualify for the program irrespective of ethnicity, religion, sex, nationality, etc.;
- The receiving hospital has been informed and has agreed to accept the patient, and a discharge summary authored by a physician or allied professional caring for the patient as well as formal hospital approval for discharge have been procured;
- Treatment will preserve life and function. It is expected that the provision of the required medical treatment will result in significant improvement of quality of life;
- Required treatment for the medical condition of the patient is not available in the immediate area;
- The injury or condition requiring secondary or tertiary referral must be of a severity to justify medical transport;
- One family member can accompany and stay with the patient for the extent of their treatment;
- All children/minors must be accompanied by 1 parent, family member, or legal guardian;
- Patient and family are expected to return to the location of origin upon completion of the medical treatment;
- The patient is stable to transport and his/her condition does not represent an additional risk for the accompanying persons or medical escorts.



INDONESIA, Nias Island, 2005



MYANMAR, Cyclone Nargis response, 2008

FRAMEWORK OF ACTION

- Support existing health referral systems without duplication of services so that health service providers and hospitals so patients are able to access appropriate health care
- Bridge communication between initiating and receiving health facilities and provide a reliable and timely transport to the health facility and to return home after treatment is completed.
- Provide enhanced capacity building for community health care providers and other government partners in sustainable health referral mechanisms.
- Adhere to accountability standards through continual monitoring and evaluation including incorporating beneficiary accountability mechanisms.
- Ensure that activities are culturally appropriate given the context within which they are implemented.

PLANNING

- Conduct consultative meetings with key stakeholders;
- Perform systematic review of the existing situation followed by detailed joint planning with relevant partners;
- Initiate site-preparation activities, including establishing links to existing health facilities;
- Augment existing health personnel with staff who will coordinate the movements of patients;
- Develop training sessions on protocols for all staff members;
- Build or adapt communications systems to meet operational requirements for secure readily accessible voice communication;

IMPLEMENTATION

- Ensure that the referral and transfer is a voluntary decision by the patient through the use of informed consent forms;
- Evaluate patients for fitness to travel and need for medical escorts;
- Support food and medical needs of patients and one family escort;
- Organize movements using available means of transport mechanisms;
- Provide the medical escorts during travel consisting of doctors and/or nurses as needed;
- Provide emergency shelter kits and basic non food items, basic hygiene and home first aid kits as well as kits for newly delivered mothers and newborns.
- Coordinate and enhance collaboration with health agency partners to ensure that follow-up care and rehabilitation is provided.



HAITI
Amputee is relocated to her camp after discharge, May 2010

RESOURCES

Human resources

Project Manager
Medical Field Coordinator
Nurses, doctors, midwives, and community health workers
Logisticians, technology and communication specialists
Hotline operator
Community health or case workers
Drivers
On-call medical escorts
Interpreters
Administrative and Financial Coordinator

Material resources

Adapted, preexisting health referral forms for both admission and discharge
Basic medical equipment
Transportation: fitted cars, boats, mini-buses, or ambulances when available
Communication: mobile phone, radio and/or internet, as appropriate
Fuel
Power generators, as needed
Hygiene kits
Non-food items

MONITORING, EVALUATION and REPORTING

- Baseline demographic information of the beneficiary population gathered from existing sources, and maintenance of an up-to-date directory of service providers;
- Maintenance of a patient tracking database disaggregated by age, gender, and vulnerability factor;
- Regular review of health statistics and submission to MOH and Health Cluster as appropriate;
- Revision of planned versus actual activities and financial aspects of the project through physical checks, spot checks, field visits, which is communicated through regular meetings with project stakeholders including donors;
- Regular post-assistance evaluation of beneficiaries supported through the program to improve service quality and accountability;
- Final evaluation to ensure sustainability after duration of the project;

OTHER SERVICES

Children and Accompanying Family Member(s)

When children are involved, either as patients or dependents of patients, special attention must be paid to the need to preserve the family unit as much as possible. Children under this program will require an informed and written consent from the family members, and must be always accompanied by 1 parent or legal guardian. Cases of separated or unaccompanied minors will be coordinated with government or UNICEF child protection mechanisms.

Medical Documentation

IOM will ensure proper documentation of patients before selection. Documentation of approved patients will be forwarded to the receiving hospital and discharge forms will be forwarded to the step-down health facility after the completion of treatment in order to ensure continuity of care.

Psychosocial Services

Patients with diagnosed mental disorders may be either referred for outpatient follow-up for stable conditions, or if acutely psychotic or a danger to themselves or others may be transferred to an inpatient psychiatric facility.

Sexual and Gender-based Violence

Patients who are victims of sexual or gender-based violence need prompt referral and their protection concerns must be addressed. IOM will maintain a directory of service providers that provide specialty assistance for victims of sexual and gender-based violence.

Exit Strategy

The hand-over of health referral systems to the Ministry of Health or local authorities can contribute to more structured, transparent, and efficient channelling of international aid in this domain beyond the lifespan of a project.