1.5 Main Recommendations

The Context

- Adopt a health policy based on the assumption that the bulk of Afghan refugees will remain in Pakistan.

The Evaluation

- Comprehensive evaluations of costly health programmes need to be carried out periodically or earlier in their lifetimes.
- Comprehensive evaluations should be organized as 'staggered' evaluations.

Assistance Strategy

- Improve the current unsatisfactory performance of PDH, either through discontinuing cooperation with PDH as an implementing partner, or restructuring/downsizing PDH to a 'minimal option', thus improving the status quo.
- Introduce formal performance monitoring mechanisms and periodic evaluations according to the criteria elaborated on and agreed to by the IPs.
- Introduce periodic, formal and transparent tendering processes for contracting services to IPs in connection with the monitoring and evaluation process.
- Move the goalposts in the direction of increased sustainability; new objectives must be formulated at a strategic level, in view of a prolonged, perhaps indefinite, refugee problem.

Health Information System

- A rectification process needs to begin immediately; either through a project evaluation or a tripartite review of the collaborative health information system (HIS) system by the four interested parties in Islamabad (CDC, IRC, UNHCR and IPs).
- The local HIS loop of data collection, compilation and local feedback needs to be strengthened.

Coordination

- Regular structured coordination meetings need to be introduced and conducted.

Norms and Standards

- Each basic health unit (BHU) should have a small reference library of appropriate clinical materials for health workers to use.
- UNHCR should assist an NGO in developing a pocket book for the standard management of common illnesses found in Afghan refugee camps.

Nutrition

- Continue annual nutrition surveys in order to monitor the nutritional status of the refugee population.

- Stop the supplementary feeding programme (SFP) when the present food supply is finished, preferably when the winter is over. However, in the meantime, UNHCR should look at reintroducing the recommended standard ration.
- Address the present high levels of chronic malnutrition in Balochistan with a blended food ration as part of the general ration, particularly in the Chaman new camps.

EPI and Child Health

- Develop basic standard guidelines for EPI procedures and coverage for all IPs, and to create a simple system for collecting relevant data as part of the HIS.

Reproductive Health

- A reproductive health technical support unit should be established to assist IPs in setting up and operating reproductive health programmes.
- There is an urgent need for tested, culturally-sensitive RH community and health worker education programmes, protocols and services. Many good materials have been developed by NGOs that could be used more widely.
- Afghan males have traditionally made all the decisions in RH matters for their families. RH initiatives for Afghan refugees need to emphasise male education and involvement.

Curative Services

- IPs need to have a clinical supervisor who can assist in developing a more efficient patient flow at the BHUs, provide clinical supervision of doctors working in the BHUs, and provide some in-service training from time to time.
- The patient flow process through the BHU should begin with triage or screening of clients for those who are very ill and need priority attention.
- Training on the rational use of drugs is a priority.

Medical supplies

- UNHCR should take drug procurement into its own hands and centralize it in Islamabad.

Training

- Set up a core group, identify the training tools available, and streamline and conduct trainings according to need.

Gender-related issues

- Actively recruit female staff to vacant health posts and address operational difficulties to their working in rural areas.
- Improve the ratio of female-to-male community health workers (CHWs).
- Develop more innovative social programmes, which can be used as a potential outlet for female refugees. At present, BHUs appear to be the main or only place people can meet and socialize.

Protection

- Systematically gather and in a multi-sectoral effort, data on SGBV, in order to learn the magnitude of the problems and to explore potential solutions in co-operation with local partners

Referral

- Commission a local evaluation on the functioning of Chaman Hospital. The findings will be shared with the main stakeholders (including the locally active NGOs) in order to establish a strategy for revitalizing it for as long as the camps exist.

Appropriateness and participation

- Revive the attempt to increase financial participation through user fees (linked to increased participation in decision-making).

Effectiveness

- Measure effectiveness of input, process and output indicators (e.g., number of staff, training provided and patients seen) and make an effort to systematically measure the health outcomes, such as treatment success, behavioural change and knowledge gains.

Connectedness and Integration

- Discuss the current and future impact of budget cuts in a transparent way with IPs and donors, and look at alternative assistance strategies that take a longer timeframe into account.
- Include the MoH in policy considerations and as a partner in the planning process.

Coverage

- Include the urban refugees into UNHCR's health policy framework.

Efficiency

- Strengthen UNHCR's technical/managerial capacity by filling the position in Peshawar with a senior public health professional, preferably an expatriate with a three-year mandate. A focal point for health is also needed in Quetta.
- Improve efficiency in various areas, as suggested in Chapter 6.8 and include efficiency indicators in routine monitoring and evaluation.

1.6 Main Lessons Learned

The Context

- The solution for the refugee problem lies in guaranteeing human rights and the possibility of economic survival in Afghanistan. If UNHCR makes policy decisions without this (but simply assumes the arrival of peace and prosperity in Afghanistan), it could have disastrous consequences for camp refugees.

The Evaluation

- The formative value of a unique comprehensive evaluation late in the lifetime of a programme can be compromised by the – probably long-lasting – argument 'we're winding down.'

Health Policy

- If UNHCR's health policy is resource-, instead of needs-based and conforms to a definition of refugee status imposed by the host country, UNHCR risks missing half the population, including its most vulnerable clients.

Assistance Strategy

- UNHCR will not be able to keep on cutting its budget, while expecting that its health objectives will remain unchanged.
- Local NGOs originating from or rooted in the refugee communities may be given the capacity to provide services in a more sustainable way, through a level of cost-recovery that puts prices still below the private market, but makes a significant contribution to the provision of services.

Health Information System

- A top down approach to HIS, – no matter how sophisticated the software – is unlikely to produce useful results and analysis unless it is supported by data collection that can be validated.
- Analysis of HIS data requires more than expertise in biostatistics and epidemiology.

Nutrition

- When the SFP programme provides dry take-home food, families share the foods. The ration needs to be increased in order to ensure that beneficiaries recover from moderate malnutrition.
- Emergency feeding programmes such as SFP and TFP do not address chronic malnutrition.

Reproductive Health

- To reduce the maternal mortality rate (MMR) and prevent dramatic accelerations in population in the refugee camps, RH education for both men and women should be introduced, and RH services provided at the onset of emergency operations.
- Cultural over-sensitivity has led to some IPs being ineffective (or indeed not doing much at all) in the RH area.

Curative Services

- Expecting any doctor to see more than 100 patients in five hours will lead to superficial clinical assessments, occasional misdiagnosis and a failure to notice the real problems of some seriously ill patients.
- Small user fees can serve to prevent 'social over-usage' of health services in the refugee camps.

Training

- Budget cuts often lead to substantial reduction in training, which is a false economy.

Gender-related issues

- Budgets cuts often result in the termination of social programmes such as adult literacy and skills training. The loss of these programmes has a negative impact on health, especially for women.

Impact

- Distributional effects can significantly tarnish the achievements of an otherwise successful programme. For example, urban refugees have been excluded.

Relevance

- With regard to important changes over time in the refugee situation (urban migration and 'permanence' of the camp situation), a 'process approach' is indicated, rather than a continuation of the initial 'blueprint approach.'

Appropriateness and Participation

- 'Cultural over-sensitivity' with regard to RH-related subjects can lead to missed opportunities (e.g. tackling the issue of RH with young girls and men).

Coherence

- Decreases in service provision are only marginally effective as an incentive for voluntary repatriation.

Efficiency

- 'What is not monitored cannot be evaluated', and therefore the monitoring of efficiency indicators such as unit cost (e.g. per BHU, per consultation) is an important part of the evaluation of IP performance.