

Health Referrals, Facilitated Hospital Discharge and Assisted Returns for Crisis Affected Populations

In the aftermath of natural disasters, conflict, or other crisis situations, health facilities often become rapidly overstretched and face a demand for urgent treatment that far exceeds capacity. This overload is further exacerbated by the disruption of effective health referral systems, which help those in need of more advanced care reach secondary or tertiary health facilities. These referral systems may be already weak in the pre-crisis phase, with low compliance to protocols, inadequate communications with receiving facilities and lack of transport options. Those able to reach hospitals frequently have no resources nor means to leave once stable, either to step down rehabilitative care, transitional settlements or back home, placing further strain on already overcrowded hospitals.

IOM aims to reduce mortality, morbidity, and disability among internally displaced persons (IDPs), refugees, returnees, stranded migrants and third country nationals (TCNs) during and immediately following an emergency situation. Guided by IOM's Migration Crisis Operational Framework, the World Health Assembly Resolution on Health of Migrants (WHA61.17, 2008) and as an active partner of the Global Health Cluster and national health clusters, IOM facilitates the implementation of health referral systems or strengthening systems already in place in coordination with national health authorities, World Health Organization and health cluster partners. Improved health referral mechanisms will help those in need of urgent lifesaving care receive it quickly while also helping to reduce the burden placed on secondary and tertiary health care centers during times of crisis.

These actions ensure that humanitarian health responses address urgent health needs within existing health systems and fills in a health service gap that is frequently observed during the emergency phase. IOM activities outlined in this document refer strictly to patients who are medically stable for transport and do not require life support during transport. As Camp Coordination Camp Management Cluster co-lead in natural disasters and with proven transportation and logistics experience for over 60 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, hygiene kits, non-food items to facilitate their reintegration to their chosen communities of return.

Scope of Activities

1. Strengthen and/or establish health referral systems to secondary and tertiary health care facilities.
2. Facilitate hospital discharge and continuity of care following completion of treatment.
3. Provide transportation assistance to access health facilities and return safely to their home or settlement.



Health Referral Systems

In close coordination with local health authorities and health cluster partners, IOM helps to **re-establish or strengthen health referral pathways, communications and transportation** to and from primary, secondary, and tertiary health care facilities.

Care is taken to ensure that no parallel or duplicated services are provided. The protocols established are carefully crafted based on the needs and context of the crisis situation.

Philippines, 2012



Assisted Transportation



Transportation poses a significant barrier to appropriate diagnosis and treatment for many crisis affected populations. IOM improves access to health care by **providing safe transport and travel health assistance** to and from health facilities. Assistance is provided by communicating and coordinating the details of patient transfer from primary to secondary or tertiary health facilities. IOM assists one family member in accompanying and staying with the patient in during transport and while on treatment.

Sri Lanka, 2009

Facilitated Hospital Discharge

Secondary and tertiary health facilities quickly become overcrowded due to dramatically increased demand, but also due to the fact that many patients have no means of leaving or have no home to return to. Once patients have completed treatment or no longer in need of advanced health services, IOM links them with families, community based health partners for **follow-up health care services** and **ensure safe discharge back to the community**. Shelter, family and hygiene kits and non-food items are provided as needed.

Indonesia, 2006



Framework of Action

IOM supports existing health referral systems so that patients are able to access appropriate health care. Bridging communications between referring and receiving health facilities as well as providing reliable and timely transport between the facilities are key components of the action. In addition to transporting patients to the health facility, assistance in their safe return home after treatment is provided. Activities aim to build the capacities of public health care providers, NGO partners and communities so that efficient health referral mechanisms can remain in place once IOM's services are phased out. Continuous monitoring and evaluation ensure that accountability standards are being met and that all activities are culturally, gender, and language appropriate given the context within which they are implemented.



Children and Accompanying Family Members

When children are involved, either as patients or dependents of patients, every effort is made to preserve the family unit. Children participating under this IOM program must be accompanied by a parent or legal guardian, who must give informed and written consent for transportation and care of their child. Cases of separated or unaccompanied children are coordinated through government or UNICEF child protection mechanisms.

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 coordinates with protection and SGBV experts, and maintains a directory of service providers that provide specialty assistance for victims so that appropriate referral pathways to these facilities and psychosocial support to the victims and families are as efficient as possible.

Medical Documentation

IOM ensures proper documentation of patients before and during the process with data protection and medical confidentiality in mind. If available, existing health referral forms will be used. Documentation of patients for referral are forwarded to receiving health facilities. Medical discharge forms are shared with step-down health facilities after completion of treatment to ensure continuity of care with patient's consent.

Psychosocial Support Services

Patients in need of psychosocial support or those with diagnosed with new or pre-existing mental disorders and are in stable condition may be referred for outpatient follow-up. In the case of a patient that is acutely psychotic or a danger to themselves or others, transfer to the nearest appropriate care facility is arranged.

Exit Strategy

With advance coordination and preparations, the hand-over of health referral project to the Ministry of Health, local health authorities and/or health NGO partners can contribute to more structured, transparent, and efficient channeling of humanitarian assistance in this domain beyond the lifespan of a project.

Country Experiences

Philippines, 2012

In response to Typhoon Bopha (Pablo) that struck in late 2011, IOM operated mobile clinics to address the immediate health needs of those affected. A referral system was implemented to ensure that patients in need of advance health care were provided appropriately in secondary or tertiary hospitals.



A total of 4,713 patients were referred to functioning hospitals or barangay health stations. IOM health professionals provided monitoring and follow-up services to ensure proper treatment and continuity of care.



Sri Lanka, 2012

Aimed at strengthening a conflict-damaged healthcare system, IOM assisted in increasing access to healthcare services for returnee populations. IOM helped establish a 24-hour emergency referral system in addition to provision of 9 ambulances, 8 double cabs, and



3 vans. In 2012, over 968 patients were provided with emergency, life saving transfer to a tertiary care facility. Vans and double cabs helped over 9,965 patients reach health facilities.



Ethiopia, 2011

When the worst drought in decades struck the Horn of Africa in 2011, many Somalian refugees fled to Ethiopia. IOM supported local health authorities in immediately providing emergency travel health assistance and pre-departure health checks.



A health referral system was set up so that those in need of urgent medical attention were attended to. Over 650 refugees have been referred to advanced health care facilities and medical specialists.



Haiti, 2010

Following the January 2010 earthquake in Haiti, IOM together with health authorities and partners established and operated a coordinated referral and assisted hospital discharge service. IOM facilitated health care, referrals, continuity of health care and



access to safe settlements in their preferred locations of return after completion of treatment in hospitals. Over 2,430 patients and family escorts were assisted to and from 29 hospitals in addition to transport services for amputees to and from a prosthetic/orthotic workshop.



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