Refugee Participation in Camp Health Services

Summary of published report

In nutritional emergencies, where selective feeding programmes may be established by international humanitarian agencies, there has been very little study of beneficiary participation. A recent study on participation in health services in refugee camps may contribute valuable lessons for the emergency nutrition sector.

A study reported in Public Health examined refugee participation in health services in Tanzanian refugee camps. Participation was understood as a process whereby Health Information Team (HIT) members, as agents of the refugee community, actively pursue identification of health needs, make decisions and assume responsibility to meet these needs, in order to strengthen the capacity of the refugee community to improve their health. This type of approach contrasts with the more usual 'top down' approach used in humanitarian emergencies by relief agencies, in which community participation is seen as people performing tasks defined by professionals.

The study was performed at Lugufu camp in Tanzania where a HIT of Congolese refugees actively participated in health services. The Congolese HIT, which was established in 1997 in the camp, works under the supervision of health staff of the Tanzanian Red Cross Society. Structured questionnaires were used for this cross-sectional observational study, covering three types of respondents, i.e. systematically selected refugee community members, all HIT members and all Tanzanian health staff in charge of preventive health. Additional information
was also collected through focus group discussions.

MCH clinic in the camp

The study found that refugees used their own health initiatives, which resulted in a growth of self-confidence. There was evidence of benefits, especially in promoting health education (learning how to prevent illness and how to treat mild diarrhoea). However, refugee community members who did not know any HIT members had less positive health seeking behaviours than those who knew one or more HIT members, thus showing a need for further dissemination of HIT services.

The overall success of the programme can be attributed to a number of factors;

1. An increase in health related staff who reached out to the wider refugee community - 92% of refugees knew at least one HIT member.
2. The professional background of the HIT members in their home countries (nurses, health educators and teachers) was instrumental in gaining refugee confidence and convincing them to take their advice.
3. The HIT members communicated effectively with the refugees. Over three quarters of the refugees replied that the HIT listened to their health needs well, and that they felt relieved after talking to HIT members.
4. HIT members had the advantage of sharing the same cultural background as their refugee peer community.


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