Critical Primary Health Care Interventions

Introduction

This document provides a set of key primary health care interventions at the onset of an emergency which are recommended for implementation as a minimum standard in the first weeks while planning for upscaling to comprehensive primary health care services. The interventions are context specific and will need to be tailored to the local context, they should be coordinated and agreed with the Ministry of Health. Implementation approaches will vary between camp and non-camp settings, priority should be given to strengthen local health services to cater to the needs of the expanded population, including both refugees and host communities. Where the capacity of the local health system will remain overstretched even with support, coordinate with MoH and partners to provide complementary parallel services in support of the national health system. Services should be upscaled to comprehensive primary health care as soon as the situation allows.

Ensure that the needs of refugees with specific vulnerabilities are included in the planning and service provision from the onset of an emergency, applying an age, gender and diversity perspective.

Interventions

* Ensure screening, linkage and referral (at entry points/first point of contact):
  + Identification of those with severe medical conditions and referral to nearby public hospitals with emphasis on critical surgeries, emergency obstetric and neonatal care.
  + Nutrition screening: screening of children under 5 and pregnant and lactating women for acute malnutrition and linkage to services
  + Identifying and linking patients in need of continuous medication, for chronic noncommunicable diseases, HIV or TB treatment, to health services.
  + Where feasible, ensure personnel trained to provide psychological first aid (PFA) to support people in distress and connect them to services
* Service delivery (Primarily at settlement level):
  + Ensure vaccination of all children against measles (6 months-15 years) and polio (0-15 years), and provision of Vitamin A supplements and deworming at border point/ transit centre according to eligibility criteria. Establish routine immunization as soon as the situation allows.
  + Curative primary health care
    - Treatment of acute illnesses in line with local epidemiology
    - Continuation of NCD treatment, initiate screening/ treatment for new patients as soon as the situation allows
    - Establish small inpatient capacity as situation requires
  + Access to essential sexual and reproductive health (SRH) services in line with the Minimum Initial Service Package (MISP) for SRH
    - 24/7 emergency obstetric and neonatal care
    - Prevention and response to gender-based violence (GBV) including clinical management of rape (CMR)
    - High impact STI/HIV prevention, STI treatment and continuation of ART/ EMTCT.
    - Access to contraceptives/ family planning
    - Post-abortion care
  + MHPSS
    - Ensure partners are trained to provide psychological first aid (PFA) to support people in distress and connect them to services
    - Continue medication for people with pre-existing mental, neurological and substance use conditions
  + Nutrition
    - Treatment of severe acute malnutrition and management of moderate acute malnutrition
  + Food security: Provision of high energy biscuits, hot meals and drinking water
  + WASH: close collaboration with WASH sector to ensure minimum standards are met.
  + Establish links with national programmes (EPI, HIV/TB, malaria) to ensure continuum of care.
  + Set up 24/7 referrals for emergency and life-saving conditions based on an SOP
  + Ensure [Community Health Workers](https://www.unhcr.org/sites/default/files/legacy-pdf/63ef7c2f4.pdf) are engaged from the onset of an emergency to inform refugees about available services as well as health, nutrition and hygiene promotion. Coordinate with other sectors (e.g WASH) for harmonized workforce or harmonized messaging
  + Communicable disease control
    - Set up epidemiological surveillance to identify diseases with a potential for outbreaks
    - Ensure CHWs are trained in community-based surveillance
    - Coordinate with supply and other units (e.g field unit) for the distribution of long-lasting insecticide treated nets

List of additional key reference documents

* [Guidelines for mortality surveillance](https://www.unhcr.org/sites/default/files/2023-06/guidelines-for-mortality-surveillance.pdf)
* HIS: [Standards and Indicators Guide](https://medref.unhcr.org/ressources/footer/Standards_and_Indicators_Guide_2019.pdf) [Case Definitions](https://medref.unhcr.org/ressources/footer/Case_Definitions_2019.pdf)
* [Early warning alert and response (EWAR) in emergencies: an operational guide](https://www.who.int/publications/i/item/9789240063587)
* The MISP (Minimum Initial Service Package) is part of the larger Inter-Agency Field Manual for reproductive health in Humanitarian settings and directly available at <https://iawgfieldmanual.com/>
* MISP calculator <https://iawg.net/resources/misp-calculator>