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HST.939 Designing and Sustaining Technology Innovation for Global Health Practice
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Refugee Absorption and Sustainability

Background

The Global Rescue Committee, Inc. (GRC) has been serving refugees in the western part of Country A since 1993. GRC Country A's camp management program is responsible for meeting the basic needs of more than 55,000 Bogo (Country B) refugees in two Sakulu district (Country A) camps. As the main health services provider in the two Sakulu District refugee camps, GRC Country A Offices operate hospitals, health outposts and community health programs to provide a complete spectrum of curative, reproductive, and preventative health care. GRC also addresses the health and nutrition needs of newly arriving refugees at five reception centers along the Country A/ Bogo (Country B) border, coordinates medical referrals from all refugee camps, and provides medical support to refugees repatriating to Bogo.

Activities implemented in collaboration with the Sakulu District Council include construction of a new district laboratory, rehabilitation of a rural health center, installation of communications equipment to coordinate emergency transport from five rural dispensaries, and promotion of antenatal care seeking behavior through district-wide awareness campaigns and outreach activities.

Challenge

The services provided within the GRC camps have been known to far outweigh the quality of health care and education programs delivered in the host and home countries of refugee's being served. On average annual expenditures are 500 USD per refugee, almost twice as much as the estimated country of origin and host countries per capita GNP. Thus in recent years host country nationals have tried and been successful as passing for refugee's in order to receive daily rations as well as access to health services. Additionally, even though hostilities within Bogo have dissipated and the prospect of longer term peace has returned, many refugees are refusing to leave. Much of this refusal to relocate by refugees is directly related to the uncertainty of what awaits them upon their return as well as the desire to continue to receive the high quality of service provided by GRC. Lastly, many of the local magistrates in Country A have opening asked the organization to provide health services to local residents. They have claimed that this is required due to the direct brain drain of local doctors and nurses leaving the public sector to join GRC for better wages and benefits. In the December 2006 country directors annual review meeting, the central office located in New York City has informed the country director that they would like to close down and fully integrate refugee's back to their native country of origin in 2 years time (January 2009.)

Thought questions

- What key stakeholders need to be involved in the relocation and integration plan?
- List out at least 3 key priorities that the country manager should address to facilitate within a) the host and b) refugee home countries.
- What educational and/or vocational training programs might GRC consider organizing to support absorptive capacity programs? (HINT: Tailor suggested programs by stakeholder.)