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INFLUENCE OF INSTITUTIONAL REORGANIZATION ON THE ACCESS TO PRIMARY CARE HEALTH SERVICES IN A TRANSITION PERIOD: A CASE OF IFO CAMP, DADAAB REFUGEE COMPLEX, KENYA

Jaji Ann Reggie[i], **Wanja Tenambergen, Lilian Muiruri**
Department of Health Systems Management,
Kenya Methodist University,
Kenya

Abstract:
The refugee population verification exercise in 2016 indicated the Dadaab Refugee Camp population to be on a declining trend. The declining trend was due to relocations, and voluntary repatriation of the refugees. Health service delivery has transmuted from difficult situations on previous years to serve Dadaab refugee, through soliciting sufficient funds to provide quality essential services like Primary care services for care and protection. With the call for repatriation, it was expected that health service delivery would be affected. Therefore, the study sought to assess the influence of institutional reorganization on the access to primary care services during the transition period in IFO Camp of Dadaab Refugee Complex, Garissa County. The study adopted cross-section descriptive study design that combined both qualitative and quantitative methods of data collection. A total of 384 respondents were included in this study. Random sampling was used to select the respondents. Data collection was face to face using structured questionnaires. In depth interviews were done with camp leaders and institutional managers. Study findings revealed the respondents were aware of the institutional re-organizations that had taken place in the primary care health sector of IFO Camp during the transition period, namely: management process (51.3%), resource re-adjustment (11.7%), structure re-organization (9.9%), and stakeholders' role (5.5%). The chi-square analysis showed that there was positive correlation between structural adjustment ($X2=204$; $P< 0.001$), resource adjustment ($X2 = 67.9$, $P< .001$) and access to primary health care services. Hence it was concluded that there was an association between structural adjustments, resource adjustment, and access to primary health access among the refugees. The study recommends that; i) all stakeholders inside the refugee camp should be involved for effective resource re-adjustments in order to ensure continued access to primary care health services during the transition period and ii) the UNHCR should

[i] Correspondence: email ann81j@gmail.com

ensure that there is effective management during the reorganization period in order to ensure efficiency use of resources for better access to health services during the transition.

Keywords: institutional reorganization, primary care health services, transition period, Dadaab Refugee Camp, Kenya

1. Introduction

Health Service delivery is among the six health systems strengthening pillars, which focus to deliver effective, safe, quality, personal and non-personal health interventions to those that need them, when and where needed with minimum waste of resources World Health Organization (WHO, 2007). The role of the health system becomes particularly relevant through the issue of access to preventive and curative health services, as a component of primary services (Tit Albreht et al., 2006). In 2001, WHO proposed a global goal of achieving universal primary care services in the six domains: comprehensive, coordination, first contract community orientation and person or family-centeredness. The six attributes have proved effective in identifying the breadth of primary care services and monitoring the same services quality.

Primary care is a critical component of the healthcare system across the world, there is a considerable imbalance between primary and specialist care in the United States and many other parts of the world. According to WHO (2012), Africa has not attained unbiased and sustainable access to properly functioning health systems. There have always been geographical disparities, and these have worsened over the last decade.

Refugee camps present even greater barriers to care than most other settings in the developing world. They tend to be remote and poorly accessible by road (David, Mgalula, Price and Taylor, 2016). The limited amount of resources that camps have, combined with growing populations puts great strain on basic resources. The high mobility of the refugee setting, and the constant back and forth presents a unique challenge because it is difficult to provide sustained care over sometime (Rutta E., et al., 2008).

In Kenya, primary care services comprise of level 2 (Dispensary) and level 3 (Health Center) facilities, including those managed by non-state actors. At community level, one community unit serves an average of 5,000 people (Kenya Health Sector Strategic Plan 2014-2018). The Dadaab operation had transmuted from difficult situations to deliver quality services. In one camp for example, a health facility was serving 39,000 people instead of 10,000 persons (OXFAM, 2011). However, with the wave of repatriation, the population reduced with one camp reporting a reduction from 90,025 in 2024 to 83,884 persons (UNHCR, 2016). This indicates that a health facility was serving approximately 9,000 persons which is against the KHSSP benchmark.

The declining population trends as evidenced in population fixing exercise by Government of Kenya (GoK) and UNHCR in August 2016 postulate a situation of suboptimal utilization and waste of scarce resources and this calls for institutional

reorganization. Hence, this study aimed to investigate the influence of institutional reorganization of health services on the access to primary care health services during the transition period in IFO camp in Dadaab Refugee Complex in Kenya. There are no known studies that have been conducted on continuity or parameters of access to primary care health services during a population transition period in a refugee camp. The research was driven by limited information on how health service institutions can reorganize the access to primary care services in a transition period without affecting the quality nor contravening the laid down policies of the hosting country.

The study specific objectives were to establish the influence of structural re-organization, resource re-adjustments, stakeholders' re-organization and management processes on the access to primary care health services during the transition period in IFO Camp of Dadaab Refugee Complex. Thin this study institutional reorganization was defined as institutional structures, resource adjustment, stakeholders' roles, and management processes and the dependent variable was access to primary care health services.

2. Material and Methods

This was a cross-sectional descriptive study design. The study site was IFO camp which had a total population of 103,147 in Dadaab refugee camp (UNHCH, 2016). IFO is one of the two Northern Camps in Dadaab refugee camp located in North Eastern Kenya in Garissa County, 500 kilometers from Nairobi and 90 kilometers from the Kenya-Somalia border. This camp is the largest refugee settlement in the world and spreads over an area of more than 50KM^2. According to UNHCR January 2017 the Dadaab camp had a population of 270,100 individuals. The study sample was 384 respondents who comprised refugees, camp leaders, Sub-County Government representative from the host country, facilities in charges, technical team leaders and the field manager. Data was collected using structured questionnaires with the health in charges from the health office and refugees. The questionnaire was organized in a 5-point likert scale where 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree. In the analysis the data was recoded and collapsed into two scale where 1, 2, 3 were recoded into disagreed and 4 & 5 were recoded into agreed. An in-depth interview guide was used to collect data among key informants who comprised UNHCR technical leader, Sub-County government representative, health coordinator and/or health manager. Data was analyzed using SPSS version 23. Pearson chi-square analysis was done to establish correlation.

3. Results

3.1 Socio-demographic Characteristics of Respondents

The socio-demographic characteristics of the refugee respondents at IFO included sex, age, education level and period of stay at IFO Camp. The results showed that half of the

respondents 179 (53.4%) were female, half 200 (52.1%) were below 50 years old and nearly half 186(48.4%) had no formal education with only 7(1.8%) reporting to have obtained a university degree. Results are shown in Table 1.

Table 1: Socio-demographic Characteristics of Respondents

Characteristics	n	%
Sex		
Male	179	46.6
Female	205	53.4
Age		
<50 years	200	52.1
51-55 years	115	29.9
56-60 years	18	4.7
61-65 years	51	13.3
Highest Education Level		
None	186	48.4
Primary	77	20.1
Secondary	76	19.8
Certificate	15	3.9
Diploma	23	6.0
Undergraduate	7	1.8
Period Worked		
1-5 year	21	5.5
6-10 years	119	31.0
11-15 years	65	16.9
16-20 years	179	46.6

3.2 Access to Primary Care Health Services among the Refugees

Access to primary care health services was the dependent variable where six prompts were answered by the respondents. Data was analyzed was recoded and the 5-point likert scale was collapsed into two scale. The scales 1, 2, and 3 were recoded into disagreed and 4 & 5 were recoded into agreed. The results are summarized in Table 2.

Table 2: Access to Primary Care Services in Percentage (n=384)

Statement	Disagree (%)	Agree (%)
The reorganization of IFO Camp led to changes in resource mobilization which have been effective in the access to primary care services.	16.1	83.9
Due to the reorganization of primary care health services in IFO Camp, the current resources allocated are sufficient for effective service access to primary care services.	24.2	75.8
Reorganization of IFO Camp led to resource readjustment (staff reduction, reduction in supplies) which improved access to primary care services is effective	33.1	66.9
The reorganization of primary care health services required policy support from the government to ensure effective access to primary care services.	33.1	66.9
Implementation of the access to primary care health services during the transition period is inclusive of all stakeholders.	68.3	31.8
Major decisions by stakeholders on health care influenced access to primary care health services during the transition period in IFO Camp.	70.6	29.4

It was also noted that 291 (75.8%) of the respondents agreed that reorganization of primary care services in IFO Camp led to resources allocation sufficient for effective service access to primary care health services, while 93 (24.2%) disagreed that the

reorganization was associated with effective resource allocation and thus consequent access to primary care health services.

3.3 Institutional Re-organization at IFO Camp

The respondents were asked their views about the institutional reorganization of primary care health services in IFO Camp Table 3 shows the findings of the types of health services that were reorganized.

Table 3: Type of Health Services that were Re-organized in IFO Camp (n=218)

Health Services re-organization in IFO Camp	No. of responses	Percentage
Primary care health services	52	23.9
Secondary health services	99	45.4
Education services	34	15.6
Health infrastructural services	30	13.8
Management and administration	3	1.4

Majority 304 (79%) of the respondents were aware that institutional re-organization took place at IFO Camp in the past 12 months prior to this study. The study revealed that there were five main institutional re-organizations that had taken place at IFO Camp in the past 12 months, namely: primary care health services, secondary health services, educational services, health infrastructural services, and management and administration.

3.4 Structural Reorganization of Primary Care Health Services in IFO Camp

The study sought the respondents' views on the structural re-organization of primary care health services during the institutional reorganization of IFO camp. Overall, nearly all the respondents 372 (96.9%) refugees generally agreed that primary care health services in IFO Camp have been consolidated in the last 12 months. Additionally, 356 (92.7%) of respondents said that the structural reorganization had ensured continuity of primary care health services and provision of comprehensive services in the camp. In-depth with the IFO Camp leaders also revealed that there was consolidation of primary care health services in IFO camp during the transition period. One camp leader had the following to say:

> *"…Here, there is a continuous offering of services despite the consolidation of the refugee camp. Service delivery has to continue because the refugees need services for their survival…"* (KII, 001, Male)

3.5 Influence of Resource Re-adjustments on Access to Primary Care Services

Study findings revealed that there was a general agreement by the respondents 322 (83.9%) that reorganization of IFO Camp led to changes in resource mobilization which were effective in access to primary care health services. However, less than half of the

respondents (46.9) agreed that the reorganization of IFO Camp had resulted in optimal utilization of the current resources allocated. Other results are shown in Table 4.

Table 4: Influence of Resource Re-adjustments on Access to Primary Care Services

Statement	Disagree (%)	Agree (%)
There has been a readjustment in the mobilization of resources (Funds, human resource, materials) for the access to primary care services.	33.9	66.2
The reorganization of IFO Camp led to changes in resource mobilization which have been effective in the access to primary care services.	16.1	83.9
Due to the reorganization of primary care services in IFO Camp, the current resources allocated are sufficient for effective service access to primary care services.	24.2	75.8
Due to the reorganization of IFO Camp, the current resource allocated resulted in optimal utilization.	53.1	46.9
Reorganization of IFO Camp led to resource readjustment (staff reduction, reduction in supplies) which improved the access to primary care services is effective.	33.0	66.9

3.6 Stakeholders Involvement on Institutional Reorganization and Access to Primary Care Health Services

The study investigated the influence of the stakeholders on the reorganization and its effect on access to primary care service during a transition period in IFO Camp. Participants were asked to rate statements that measured stakeholders' participation (See results in Table 5).

Table 5: Stakeholders Involvement on Institutional Reorganization

Statement	Disagree %	Agree %
The reorganization of primary care services required policy support from the government to ensure effective access to primary care services.	33.1	66.9
The instituted management process ensured that the reorganization of primary care services is in line with the Kenya Health Policy.	5.4	94.5
The government of Kenya's involvement in the re-organization of primary care services influenced effective service delivery during the transition period.	38.0	62.0
The Donor's involvement in the re-organization of primary care services influenced effective service delivery during the transition period.	37.5	62.4
Community leadership was involved during the reorganization of IFO Camp enhancing access to primary care services during the transition period.	37.2	62.8

The results showed overall (94.5%) of the respondents agreed that the instituted management processes ensured that the reorganization of primary care services was in line with the Kenya Health Policy. Further, a third (66.9%) the respondents agreed that the reorganization of primary care health services required policy support from the government to ensure effective access to primary care health services. These were contradicted by a key informant interviews who thought that government involvement in the reorganization of IFO Camp negatively influenced access to primary care health services. The following are two excerpts from the camp leaders had the following to say:

> *"… the government has been chasing refugees from IFO Camp and this minimizes their commitment in services offered to us..."* (KII, 003, Male)

"…that community leadership tried their best especially through the community leaders' engagement and helping in meeting their community members ..." (KII, 005, Female)

3.7 Influence of Management Processes on Access to Primary care Health Services

Findings on the influence of management processes on access to primary care health services during the institutional reorganization of IFO Camp are presented in Table 6. Most 68.0% of the respondents disagreed that joint analysis by the management before and during the reorganization of IFO Camp ensured effective access to primary care service during the transition period. A third (67.5%) of the respondents also disagreed that the re-organization analysis that was carried out at IFO Camp incorporated measures that provided useful information about effective access to primary care health services.

Table 6: Influence of management processes on access to primary care services

Statement	Disagree %	Agree %
A joint analysis by the management before and during the reorganization ensures effective access to primary care service during the transition period.	68.0	32
The re-organization analysis that was carried out incorporated measures that provide useful information about the effective access to primary care services.	67.5	32.6
Periodic detailed re-organization analysis helped in identifying inefficiencies that arise in the access to primary care services during the transition period and developing strategies for resolving them.	73.7	26.1
Effective re-organizational planning of IFO Camp helped the management to appropriately allocate the available resources for the access to primary care services during the transition period.	70.1	29.9

3.8 Relationship between Structural Adjustment and access of Primary Care Health Services

Relationship between structural reorganization and service delivery in the primary healthcare sector among refugees at IFO Camp was also established. To achieve this, the researcher resorted to a cross-tabulation using chi-square analysis to establish existence of any association. The chi-square analysis showed that there was positive correlation between structural adjustment, resource adjustment and access to primary care health care services X^2=204; P< 0.001 and X^2 = 67.9, P< .001 respectively. Hence it was concluded that there was an association between structural adjustments, resource adjustment, and access to primary health access among the refugees. The chi square tests for stakeholder involvement and management involvement revealed no statistical significance at P>.05. Thus, it was concluded that there was no observed significant association between stakeholder involvement, management involvement, and access to primary care health access among the refugees during the institutional reorganization period.

4. Discussion

The study revealed that there were five main institutional re-organizations that had taken place at IFO Camp in the past 12 months. The findings relate to those by Buong et al (2013) and Haskew et al (2010) who indicated that there was need to invest in structural changes, resource re-distribution and stakeholder involvement in improving community health uptake in Kenya.

Overall, nearly all the respondents 372 (96.9%) refugees generally agreed that primary care health services in IFO Camp have been consolidated in the last 12 months. This concurs with the earlier findings shown in Table 4.2 whereby 344 (89.6%) of the respondents identified primary healthcare as one of the institutional re-organizations that took place at IFO Camp. Similar findings were expressed by Golafshani (2003); Harrison (2009); Gandham et al (2013); and Maneze et al (2015) who opined that resource allocation, stakeholder involvement, and community leadership was necessary for improved access to primary care in the settings of refugees and other compromised populations. The findings also point that disruption at refugee camps are associated with readjustments in delivery of key essential services, including health.

Access to primary care services was greatly influenced by reorganization at Ifo Camp, influencing resource mobilization (83.9% in support). Accessibility is a major characteristic for a well-established system in a health facility, thus services accessibility of primary care services should be enhanced in a manner that challenges such as cost, topography, culture, language barrier among others are minimized (Taylor-Robinson, & Oleribe, 2016). Moreover, WHO (2010) advocates for comprehensiveness as a key characteristic of a well-functioning health system. A study by Santoro et al. (2016) found that refugees had challenges in accessing healthcare and thus readjustments in the allocation of resources, policy-making and stakeholder contributions were associated with improved access to primary care services.

Institutional re-organization at IFO Camp had taken place as supported by 79.0% of the respondents. Among the major re-organizations taking place were primary and secondary health services. The type of re-organization was associated with an extent to which beneficiaries experienced an improvement in their primary health access. In addition, it is recommended by CGI White Paper (2012) that having periodical re-organizations in healthcare facility can improve primary healthcare services, educational services, secondary healthcare services, and management practices. The findings were similar to those by Jiwrajka, Mahmoud and Uppal (2017) who recommended that there was need to make structural changes and make administrative policies to ensure the vulnerable populations (in this case the Rohingya refugees) have better access to the health services.

Structural reorganization of primary care health services in IFO Camp was consolidated in the last twelve months as indicated by 51.8% of the respondents. Reorganization of structures is associated with changes in service delivery as shown from the chi square analysis. The findings relate to those by Buong et al (2013) who indicated

that there was need to invest in structural changes, resource re-distribution and stakeholder involvement in improving community health uptake in Kenya. A study by Haskew et al (2010) also found that the four components of management processes restructuring, stakeholder involvement, resource adjustments and institutional structures were influential in accelerating primacy care delivery in special populations. About 356 (92.7%) of the respondents agreed that structural reorganization ensured continuity of primary care services and ensured provision of comprehensive services. The findings above were similar to those by Harrison (2009) who indicated that there were priorities that the governments needed to make in respect to structural readjustments for the provision of health to refugees. Similar findings were expressed by Golafshani (2003); Gandham et al (2013); and Maneze et al (2015) who opined that resource allocation, stakeholder involvement, and community leadership was necessary for improved access to primary care in the settings of refugees and other compromised populations.

There was a positive significant influence of resources re-adjustment on access to primary care health services as shown from the chi square analysis. Generally, the respondents said that there had been readjustment in the mobilization of resources (funds, human resource, materials) to improve access to primary care health services in IFO camp. In-order to access primary care services, human resources, consumable like medical supplies, finances are key input resources of health services. Unsurprisingly, many people don't seek treatment because they cannot afford them. Limited resources and lack of optimal utilization of the available is being experienced among many developing countries, thus improving healthcare systems to acceptable standards has been a challenge to (WHO, 2012). These findings are in support of Yip et al. (2010) who also found that that resources realignment including an incentive for human resource for health affects primary healthcare delivery.

Stakeholders' involvement on institutional reorganization was not significantly associated with access to primary care health services at Ifo Camp. The current study's findings were contradictory to a study conducted by the Gianluca & Kevin (2009) also found that stakeholder roles and involvement in the access to health services has contributed to an increase in service quality. Besides, other contrasting evidence to this findings (Taylor-Robinson & Oleribe, 2016) has shown how the increase in stakeholder involvement in Trusts' decision-making processes has enhanced not only stakeholder representativeness, but also improved organizational strategic awareness and, ultimately, raised board effectiveness.

Management processes were found not to have a significant influence on access to primary care health services. It was noted that 68.0% of the respondents disagreed that joint analysis before and after reorganization of IFO camp ensured effective access to primary care. In addition, 67.5% of the respondents said that re-organization incorporated measures to provide useful information on access to primary care. In contradictory with this study's findings on management readjustments, a study conducted by Sitansu and Jayarama (2016) on the impact of performance management

indicated that there exists a correlation between performance management and organization effectiveness and that the organization outcome depends on performance management. Tamyako, Vincenta and Marc (2014) confirmed that management including the management strategies have an effect or influence on the outcome.

The findings imply that resource readjustments that happened during the transition period did not adequately involve refugees; thus, their little know-how on resource adjustments that happened during the transition period and the influence on access to primary care services. The findings in this study were similar to those by Braithwaite, Greenfield and Westbrook (2010) and Muhammed, Umeh, Nasir and Suleiman (2013) who indicated that governments needed to understand and solve the barriers related to utilization of primary healthcare among the low-income settings.

5.1 Conclusion

From the four reorganizations factors two structural adjustment, resource adjustment had a positive correlation with access to primary care health care services during the transition period. UNHCR should ensure that the stakeholders' role and involvement during the reorganization process are adhered to, because stakeholders play a major role in ensuring accountability, transparency, and efficiency during the transition period. Effective management during the reorganization period is essential in order to continue with the key functions including planning, organizing, staffing, directing, and controlling the institutional reorganization for continuity of health services delivery.

5.2 Recommendations

Based on the study's findings, the following are the recommendations of this study:

a. All stakeholders inside the refugee camp should be involved for effective resource re-adjustments in order to ensure continued access to primary care health services during the transition period.
b. The UNHCR should ensure that there is effective management during the reorganization period in order to ensure efficiency use of resources for better access to health services during the transition

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