



New arrivals walk from the border to Balukhali Rohingya Refugee Settlement in Cox's Bazar. © IOM 2018/Olivia Headon

IOM'S HEALTH RESPONSE TO DISPLACEMENT

Displacement is a global issue that affects populations significantly. In response to conflict, natural disasters, and public health disease outbreaks, populations often migrate to seek refuge. In many instances, internally displaced persons (IDPs) make up the majority of these migrants. The IOM Framework for Addressing Internal Displacement, introduced in 2017, set guidelines for assisting displaced populations efficiently and humanely. The aim is to address root causes of displacement and strengthen the resilience of individuals, communities and States. The Migration Health Division (MHD), in accordance with the document works to support the health of IDPs through effective needs-based humanitarian assistance.

With migration being a determinant of health, IOM works to specifically aid the health of displaced populations. Hazardous traveling conditions, overcrowding, and limited access to proper hygiene & sanitation can increase a migrant's vulnerability to disease, particularly communicable diseases. Yet, displacement can also exacerbate the burden of non-communicable diseases (NCDs). During displacement, the limited access to healthcare throughout travel can delay diagnosis or deplete medications. Governments and health actors are increasingly recognizing the need for a comprehensive multi-sector approach to migration and health. In 2018, the Global Compact on Refugees & Global Compact on Safe, Orderly, and Regular Migration were passed which include segments on healthcare for displaced groups. With this mandate, IOM is pioneering all-inclusive practices that will ensure the health needs of displaced individuals so quality of health does not suffer.

DISPLACEMENT NUMBERS



40 million displaced persons globally



25 million displaced persons annually



IOM staff conduct hygiene promotion at an IDP camp in Borno, Nigeria. © IOM 2016/Muse Mohammed

BANGLADESH - ROHINGYA CRISIS

In August 2017, violence against Rohingya communities in Rakhine State, Myanmar, forced 687,000 people, mostly women and children, to flee their homes and seek safety in Cox's Bazar, Bangladesh. Conditions within the camps have been of much concern. Overcrowding, poor hygiene & sanitation and low levels of immunization and immunity have compromised health outcomes. In response, IOM rapidly scaled up its health presence and provided free-of-charge health services, including 24/7 care, to Rohingya and host communities in Cox's Bazar.



280,974 medical consultations provided



25,262 pregnant women received antenatal care



28,548 outreach sessions conducted by community health volunteers, reaching 235,626 beneficiaries

NIGERIA

In the north-east of Nigeria, conflict between the Nigerian Armed Forces and the extremist group Boko Haram has led to a humanitarian crisis, displacing millions of individuals. Violence has exacerbated food insecurity, and mass movement has greatly diminished access to health resources. Kidnappings have left much of the population vulnerable and fearful. IOM has established a multitiered psychosocial programme and has been operating in MHPSS centers and through multidisciplinary psychosocial mobile teams. These teams are mainly based in camps but have also worked with victims of kidnapping by Boko Haram after release.



123 team members recruited and trained



150,000 beneficiaries reached with MHPSS services—sport, cultural, educational and livelihood activities; conflict mediation activities; SGBV prevention and support; peer support groups and basic counselling, referral and follow up of people with severe mental disorders

SOMALIA

The continued drought in Somalia led to more than one million internally displaced persons in 2017, compounding the 1.1 million previously displaced due to conflict and environmental shocks. The severe lack of food and water has heightened tension among individuals which often results in violence. The health of the population deteriorated in 2017 due to severe food insecurity and one of the worst acute watery diarrhea (AWD)/cholera outbreaks the country has ever recorded. IOM provided services to aid IDPs through health education and primary health care.



555,433 PHC consultations provided through Rapid Response Teams and Static Clinics



435,520 individuals reached with health education



A baby taken care of at IOM Health Care Clinic in Somalia. © IOM 2017/Muse Mohammed

For more information on the above activities please contact the Migration Health Division (MHD) at mhddpt@iom.int

