



Children at evacuation centre after Typhoon Haiyan, Philippines

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Migrant Health & Psychosocial Support in Crises

Forced migration and population movements following natural disasters, conflicts, climate change and other crisis events often result in heightened health risks among internally displaced populations (IDPs), migrants, Third Country Nationals (TCNs), refugees who often already lack critical assets to begin with. Pre-existing health status, lack of immunity to new diseases, overcrowding, poor water supply and sanitation, lack of food, shelter, emotional stress, disruption of social networks, lack of or non-functional services all contribute to potential disease outbreaks or epidemics, high morbidity and mortality among crisis affected populations.

Migration is a social determinant of ill-health. Some conditions such as risky travel, marginalization, anti-migrant sentiments, exploitative living/working conditions, limited access to health/social services, language barriers among others define the physical, mental and psychosocial vulnerability of migrants. Such vulnerability has potential repercussions on both individuals and host communities and is often exacerbated during and after crisis events.

Guided by the 61st World Health Assembly **Resolution on the Health of Migrants (WHA61.17)** and its **Migration Crisis Operational Framework (MCOF)**, IOM works within existing health systems, global and national health cluster mechanisms to meet health needs of affected populations.

IOM goals are fully aligned with the **World Health Organization (WHO)** in reducing exclusion and disparity, organizing services based on affected people's needs, integrating health into other sectors, and increasing support from other stakeholders.

Migration and displacement generally require major adaptations as people cross interpersonal, socio-economic, cultural and geographic boundaries, imply a re-definition of individual, familial, group and collective roles and value systems, and may represent an upheaval and a source of stress for the individual, the family and both the origin and the host communities. Migration can therefore create specific **psychosocial vulnerabilities** that, if combined with other risk factors, can affect the mental health of migrants. This is magnified in forced migration and displacement due to conflict and disasters.

IOM, in accordance with its **2003 "Position Paper on Psychosocial and Mental Well-being of Migrants"**, the **Inter Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings" (2007)** and **MCOF** provides a series of services for migrants caught in crises.

IOM is the cluster lead for camp management and camp coordination (CCCM) in natural disasters.



Migration Crisis Operational Framework (MCOF)



Health Support and Psychosocial Support are two sectors of assistance within IOM's MCOF that have separate programmes & also cut across other sectors before, during and after crisis phases and throughout the migration cycle.

Migrant Health Prevention & Care Package in Crises Situations throughout the Migration Cycle

Pre-Departure Phase

- Individual health & continuity of care
- Health referrals
- Health Promotion
- Public & environmental health
- Pre-departure fitness to travel & medical escorts
- Psychosocial support

Travel and Transit Phase

- Individual health care & continuity of care
- Health referrals
- Health Promotion
- Hygiene, environmental health in transit sites
- Psychosocial support
- Training for health & immigration staff

Upon Return Phase

- Facilitated health referrals
- Continuity of care for chronic conditions
- Psychosocial assistance to reintegration

Before - During - After Crises

Basic principles for a public health approach on health of migrants & host communities

(WHA61.17 Resolution on Health of Migrants, 2008 ; WHO-IOM Health of Migrants - The Way Forward, 2010)

- **Avoid disparities** in health status and access to health services between migrants and host populations.
- Ensure migrants' health rights. This entails limiting discrimination or stigmatization, and **removing impediments to migrants' access** to available preventative and curative interventions.
- Put in place life-saving interventions to **reduce excess mortality and morbidity** among migrant populations. This is of particular relevance in situations of forced migration resulting from disasters or conflict.
- **Minimize the negative impact of the migration process** on migrants' health outcomes. Migrants exposed to hazards, stressors because of displacement, insertion into new environs, return to home communities.

Health Support

Primary Health Care Services for Migrants, IDPs, Returnees & Communities

IOM provides access to life-saving health care for hard-to-reach, vulnerable affected communities through mobile clinics, surge capacity support, medicines, medical supplies & equipment and support disease outbreak & surveillance activities.



Health Referrals & Medical Evacuations

IOM enhances existing health referral mechanisms in coordination with local health authorities for immediate life-saving care, reduce burden on local secondary/tertiary facilities; and facilitate medical evacuations abroad if treatment is not available locally.

Public & Environmental Health in CCCM (Health / WASH cluster link)

As CCCM cluster lead in natural disasters, IOM considers public and environmental health in the design and implementation of its responses focusing on disease outbreak prevention, early warning, surveillance; & promote proper WASH related practices.



Transitional/Temporary Health Facilities & Health Rehabilitation

IOM collaborates with local health authorities to establish temporary, transitional health clinics, repair damaged health facilities; and build capacities of health staff to meet health needs of affected populations that often exceeds existing capacities.

Travel Health Assistance for Crisis Affected Populations

IOM ensures people travel in safe & dignified manner, provides pre-departure fitness-to-travel health checks, post-arrival continuity of care, assesses public health risks associated with travel, facilitates referrals & medical escorts if needed.



Health Assistance for Demobilized Soldiers and Families

Within IOM's strategy for Disarmament, Demobilization & Reintegration (DDR) programme for former combatants, health promotion, treatment and care aim to reduce morbidity, mortality & disability among demobilized soldiers and families.



Pandemic Preparedness and Response

IOM works with local health authorities to include migrants, mobile/cross border populations in national pandemic preparedness response, prevention and contingency planning and action plans.



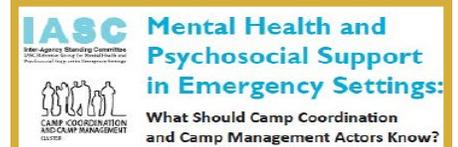
Psychosocial Support



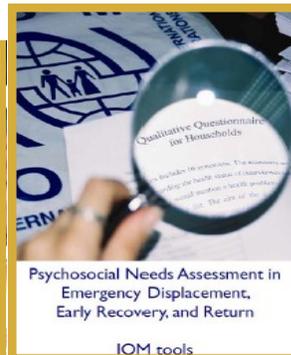
Providing psychosocial assistance and programmes to migrants and displaced persons in educational, cultural, community, religious and primary health care settings may reduce psychosocial vulnerabilities, whose stagnation may otherwise result in social pathologies, community risks and individual mental disorders. In addition, victims of trafficking, separated and unaccompanied children, stranded migrants,

tortured asylum seekers, demobilizing ex-combatants, refugees and populations fleeing armed conflicts, insecurity, natural disasters required specific psychosocial support and mental health care. These include among others :

- ◇ psychosocial needs assessments;
- ◇ promotion of access to services & to humanitarian assistance which is conscious of psychosocial implications of the experience of the displaced;
- ◇ trainings and inductions for general IOM and CCCM humanitarian staff;
- ◇ psychosocial trainings for community leaders and members;
- ◇ promotion of beneficiaries' access to transparent and accessible information on how to access basic services;
- ◇ support to communities in re-establishing community activities and rituals including grieving rituals;
- ◇ organization of community mobilization activities (e.g. recreational, sports, artistic and cultural events, group discussions, support groups and forum theaters on identified problems;
- ◇ Psychological First Aid (PFA);
- ◇ psychological care for people in acute distress; with pre-existing mental disorders through referrals whenever possible, or direct provision of essential services.



IOM post crisis/early recovery phase MHPSS projects may include setting up recreational & counselling centres for families; establishment of specialization or executive professional masters programs, conflict management trainings and community stabilization & cultural activities in origin, transit and destination countries following people's



More information can be obtained from the IOM Migration Health Division (MHD)

17 Route des Morillons, CH-1211, Geneva 19, Switzerland. Tel: +41 22 717 92 51

Email: mhddpt@iom.int , Web: www.iom.int

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