





# Armenia refugee response

Situation report No. 6, 27 November 2023

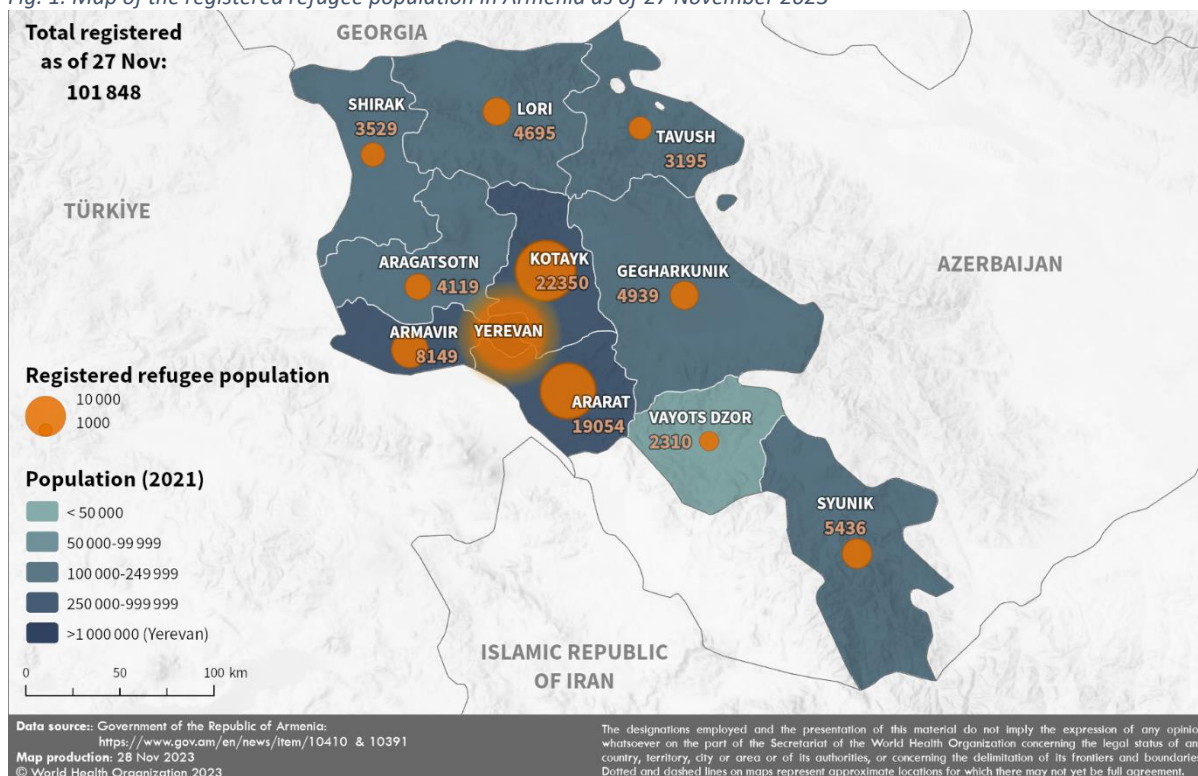
 <p><b>196 000</b> DIRECTLY AFFECTED</p>	 <p><b>101 848</b> DISPLACED</p>	 <p><b>57 200</b> REGISTERED FOR PRIMARY HEALTH CARE</p>	 <p><b>29%</b> CHILDREN AND ADOLESCENTS</p>
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## Situation update

In October 2023, 101 848 people were reported to have crossed into Armenia, and this number has not changed as of 27 November. The [total number of people affected](#), including refugees and the local population, is 196 000. It is [reported](#) that 48% of the refugees are males and 52% are females.

- The largest vulnerable groups are children (29%), older people (12%) and persons with disabilities (2%).
- UNFPA has [reported](#) that there are 2070 women currently pregnant and an estimated 1380 will give birth in the next six months. According to the Humanitarian Centre of the Government of Armenia, as of 14 November, 150 children were born.

Fig. 1. Map of the registered refugee population in Armenia as of 27 November 2023



## Health needs and priorities

Initial [assessments](#) by the United Nations High Commissioner for Refugees (UNHCR) indicate that 41 907 refugees are in need of medication and medical assistance.

The results of an [inter-agency community-level rapid risk assessment](#) revealed concerns regarding the lack of medicines to manage chronic diseases, assistive devices for persons with disabilities, medical equipment in health-care facilities, and mental health and rehabilitation services.

According to the [latest national data](#), the region hosting the largest number of refugees is Kotayk with 22 350 people, followed by Ararat.

According to the Humanitarian Centre of the Government of Armenia, as of 14 November, the Ministry of Health (MoH) has recorded the following information.

- The remaining number of patients transferred to health facilities in Yerevan is 92. Most of these patients remain burn patients hospitalized following the fuel depot explosion on 25 September. Of these, 11 are severe cases and three are critical, and 19 patients continue to receive treatment abroad. As of 27 November, 35 patients are still receiving treatment at the National Burn Center.
- The process of refugee registration to primary health-care services in Armenia is slowing down. During the period from 3 to 14 November 4200 refugees registered at polyclinics and outpatient clinics, bringing the total registrations to [57 200](#).

In the period from 13 November to 27 November, 212 COVID-19 cases and one death have been reported. In the period from 13 November to 19 November, six measles cases have been reported.

[According](#) to the Deputy Minister of Health, of the approximately 2200 refugee health-care workers, more than 590 have been registered, of whom [100](#) have begun to work at health-care centres. Based on the health system workforce needs, there are currently 273 senior medical worker and 59 mid-level medical worker vacancies in Armenia.

Eligibility for all routine services is granted upon registration. Refugees with documented vaccination records will be entered in the ArMed health information system. Those without documented evidence of vaccination history will be vaccinated according to the national catch-up immunization schedule used for children who have missed doses. Vaccine administration has begun across primary health-care centres where refugees have been registered. The Karabakh region has historically had very high immunization coverage, but many refugees lack documentation and will be considered unvaccinated by Armenia by policy.

Initial priorities for the health response are outlined in the [Public Health Situation Analysis \(PHSA\)](#).

### Leadership

- On 2 October 2023, WHO designated the refugee situation a **Grade 2 emergency** and activated emergency procedures.
- Periodic operational reviews are carried out to allow for performance evaluation, course adjustments, and adequate resource allocation.
- WHO proposes measures to ensure adequate preparation and response to the health needs of refugees during the winter season and to facilitate sectoral planning as part of the inter-agency winterization efforts, in line with the response goals set by the MoH.
- On 15–16 November, the acting Regional Emergency Director visited Armenia to review operations and response activities, and to observe ongoing work in a refugee shelter and National Burn Center.

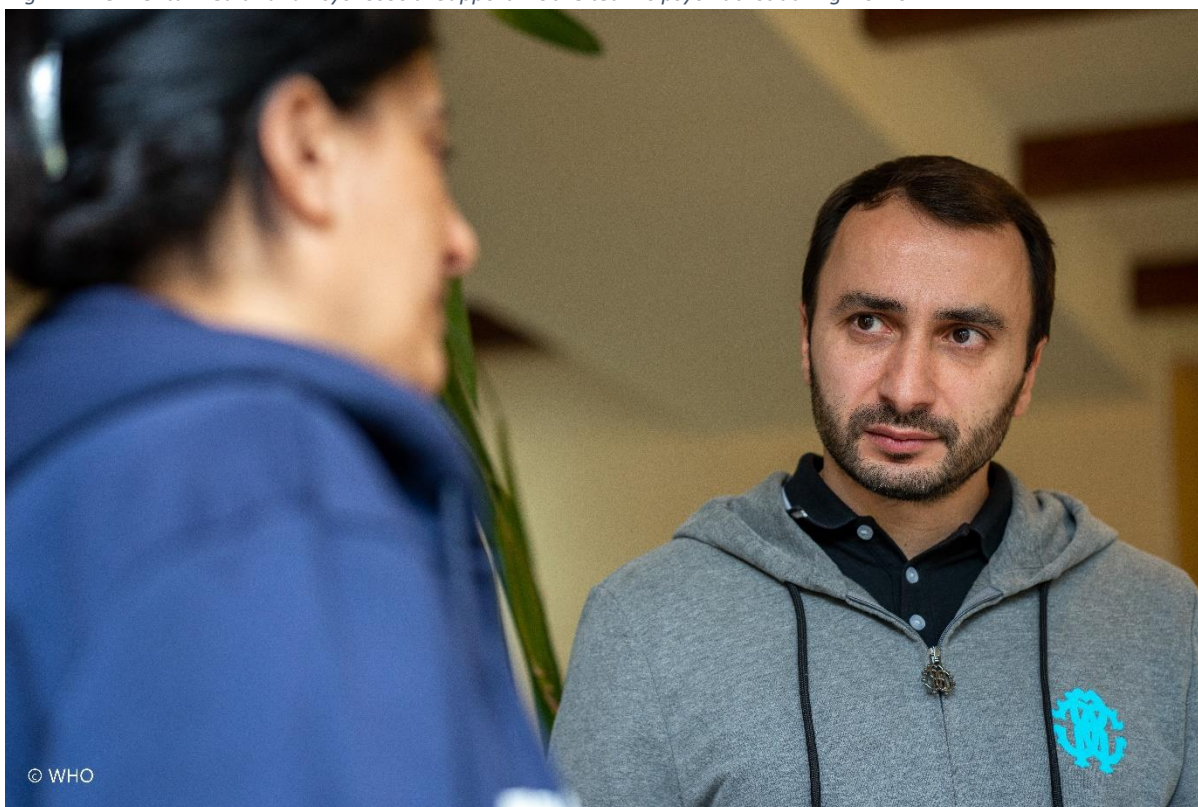
### Partnerships and emergency medical teams (EMTs)

- Under the leadership of the MoH, WHO and the International Organization for Migration are co-chairing the health sector response to ensure that emergency response activities are coordinated amongst health partners.
- On 15 and 22 November, the WHO Country Office in Armenia co-led the fifth and sixth Health Coordination meetings virtually.
  - As part of the health sector coordination, WHO is collecting 5W data to map activities being carried out by all health sector partners. During the meeting a map was presented to all health sector partners. The map is being regularly updated and will be used for response planning activities.
  - During the meeting WHO shared a winterization concept note.
- An EMT Coordination Cell (EMTCC) was established by WHO under the leadership of the MoH of Armenia to support the ongoing medical support for burn survivors. As of 28 October, the EMTCC has been deactivated with a total of four EMTs that had been deployed. All EMTs have now left the country. The EMTs carried out nearly 600 surgical procedures, dressing changes, and supported early physical rehabilitation.

### Health information

- WHO continues to carry out event-based surveillance monitoring from open sources.
- WHO supporting the rollout of quantitative indicators for the reporting of health sector partners under the Refugee Response Plan.

Fig. 2. The Mental Health and Psychosocial Support mobile team's psychiatrist during his work



### **Health operations**

- Between 2 November and 27 November, WHO deployed 29 surge staff to Armenia, including WHO leadership deployments, as part of WHO's support for the emergency response.
- WHO continues mental health and psychosocial support (MHPSS) activities for refugee and host populations with the support of implementing partners.
  - WHO established a MHPSS mobile team – a multidisciplinary team that includes a social worker, a child and adult psychiatrist, and psychologists. The Acting Regional Emergency Director visited a refugee shelter in the Kotayk province and observed the work of the mobile team.
  - WHO built the capacity of the existing MHPSS hotline.
- As part of the MoH's healthy lifestyle campaign for youth, WHO conducted trainings and disseminated information leaflets on mental health to children and adolescents in the Ararat, Armavir, Aragatsotn and Kotayk provinces.
- WHO conducted a basic psychosocial skills and self-care training for 80 nurses from the Ararat and Gegharkunik provinces.
- On 30 November, as part of activities conducted during the World Antimicrobial Awareness Week, WHO in collaboration with the MoH, organized a two-day workshop for refugee health-care workers and pharmacists. Participants received continuing professional development credits. During the workshop participants were also introduced to the OpenWHO online learning platform.
- In the week of 13 November, WHO supported the International Committee of the Red Cross and the Armenian International Emergency and Disaster Medicine Training Center to conduct basic life support and pre-hospital trauma life support trainings with 24 health-care workers from the

Yeghegnadzor and Zaritap communities of the Vayots Dzor province. The trainings will be continued to include communities of the Syunik province.

- A scale-up of the response to the ongoing measles outbreak in the country is under way. A nationwide catch-up immunization effort will be conducted from 17 October to 17 December to vaccinate children who have fallen behind schedule and to fill immunity gaps in the domestic population.

Fig. 3. RCCE-IM training conducted with health-care workers in the Vayots Dzor province on 18 November



### **Risk communication, community engagement and infodemic management (RCCE-IM)**

- RCCE-IM has been finalized and endorsed by the MoH. The plan aims to support refugees in navigating Armenia's health system based on perceptions and needs through the engagement of community actors, and to sustain social cohesion.
- WHO participates in United Nations communication group meetings to synchronize communication efforts and facilitate sectoral planning and coordinated actions.
- WHO co-developed a package of RCCE-IM materials with the MoH. The package includes a set of materials on mental health, access to health care, health-care system navigation, ways to stay healthy in fall/winter and respond to the spread of influenza, COVID-19 and other respiratory viruses. In addition, WHO launched a social media campaign to promote these RCCE-IM messages and materials. The following materials were developed:

- seven factsheets on [stress](#), [dementia](#), [suicide](#), [postnatal depression](#), [mental health disorders](#), and [mental health myths and facts](#);
  - one [information brochure](#) and one [poster](#) on the spread of influenza and acute respiratory infections;
  - one information brochure and one poster on access to health care and on health-care system navigation for refugees; and
  - one [Frequently Asked Questions \(FAQ\)](#) page on the provision of medical care for refugees – posted on the MoH website.
- WHO promoted and engaged with communities on the Healthy Lifestyle campaign implemented by the MoH in the Ararat, Armavir and Kotayk provinces. A specially designated area was used to present all of the above-mentioned RCCE-IM materials to refugees. About 3500 materials were further distributed to the local municipalities and regional administrations.
  - WHO organized a workshop on RCCE-IM for public health students of the state medical universities.
  - WHO conducted an RCCE-IM workshop for primary health-care physicians from the Vayots Dzor province. About 35 doctors and nurses were present at the workshop. The workshops were followed by a Q&A session, and about 1200 materials were distributed.
  - A social media campaign on mental health continues. The campaign includes up to 17 social media posts with a call to action on the most pressing mental health issues, including self-care, stress, depression, dementia, mental health myths and realities, importance of mental health, and information on where to seek help.
  - WHO, in collaboration with the MoH, created an animation on access to health care for refugees. A campaign will be launched to promote the animation.
  - WHO developed a social media campaign to promote the FAQ page on the provision of medical care for refugees.

### **Emergency communications**

- WHO published Armenia refugee response situation report No. 5 on the [WHO/Europe website](#) and social media channels.
- Several external communication products were featured on the WHO newsroom and social media channels, including:
  - a photo-story titled [Testimonies from frontline workers and community members caring for vulnerable refugees in Armenia](#); and
  - a photo-gallery of the frontline workers and community members caring for vulnerable refugees in Armenia published on the WHO/Europe [Facebook](#), [X/Twitter](#), [LinkedIn](#), [Instagram](#) channels.

### **Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH)**

- Rapid risk assessment was conducted to generate evidence-based information for planning, advocacy, implementation, and tracking progress in PSEAH mainstreaming in the refugee response.
- Twenty-five MHPSS workers providing services through the hotline, burn hospital and MHPSS mobile team were trained on PSEAH principles, roles and responsibilities.

### **Supplies and logistics**

- WHO had prepositioned trauma supplies for over 200 patients at the end of August 2023.
- On 6 and 7 October, WHO delivered 10 burn modules from TESK kits to support advanced care needs for 500 burn patients, in addition to five noncommunicable disease modules comprising medicines and insulin that will cover three months of treatment for up to 50 000 people.
- Since mid-September, WHO has dispatched 1672 kilograms of supplies valued at over US\$ 71 300.

### **Resource mobilization**

- The WHO Regional Office for Europe has established an Emergency Donor Appeal for Armenia for a total of US\$ 2.9 million for the next six months.
- UN Armenia has requested US\$ 97 million as part of the [Armenia Refugee Response Plan](#) to provide urgent humanitarian aid and protection to refugees and those generously hosting them in Armenia, in support of the government-led response.
  - The health sector has expressed the need for over US\$ 10.5 million for the health sector interventions to be conducted under the overall coordination of the MoH.
  - WHO received funding from the Central Emergency Response Fund to implement priority health activities as outlined in the Refugee Response Plan. It focuses on mental health, health workforce capacity building, immunization, and procurement of medication supply and equipment.

## **Next steps**

- Extend the existing MHPSS programme to affected refugee and host populations.
- Enhance surveillance and response for disease outbreaks (such as measles in Armenia).
- Expand risk communication and community engagement activities.
- Increase immunization activities for measles, polio and COVID-19.