

IOM ARMENIA SITUATION UPDATE #6

18 OCTOBER 2023



\$ 9.6 M

IOM'S FUNDING REQUIREMENT

OUT OF \$ 97 M TOTAL REQUIREMENT OF THE
ARMENIA REFUGEE RESPONSE PLAN

40,660

PEOPLE TARGETED BY IOM

OUT OF 101,000 TOTAL PIN TARGETED BY THE
ARMENIA REFUGEE RESPONSE PLAN

SEE

[IOM'S RESPONSE OVERVIEW](#)

[REFUGEE RESPONSE PLAN](#)

An ordinary day at a collective shelter for refugees in a disused hospital in Gyumri. © IOM 2023

SITUATION OVERVIEW

Since the start of the displacement crisis following the latest escalation of the conflict on 20 September 2023, 100,670 refugees have arrived in Armenia. The Migration and Citizenship Service has registered most of them, with IOM providing support in the analysis of their data to target the response of the humanitarian community.

Currently the refugees are predominantly in Yerevan and Syunik region; however, it is expected that secondary movement within Armenia will increase. Refugees will continue to have the opportunity to register with municipalities, which is key for them to access social services.

Shelter remains one of the most immediate needs of the refugees, particularly in view of the approaching winter. The government has arranged accommodation in collective shelters, which consist of privately owned buildings as well as a number of government-owned facilities. The majority of refugees, however, stay within the host community, in most cases in privately rented housing or with relatives or friends.

Access to health care and mental health and psychosocial support services is another urgent need that continues to be highlighted in IOM's interactions with refugees and responding actors, considering that many people are exhausted and traumatized, and have pre-existing chronic conditions.

IOM's initial response activities in Armenia are supported by a global funding arrangement with the German Federal Foreign Office.





IOM mobile clinic deployed and providing primary health care in Lich, Gegharkunik marz. © IOM 2023

IOM RESPONSE

IOM’s response in the first month of the crisis is focused on contributing to refugees’ access to health and shelter, while already taking the first steps in the planning for longer-term support and recovery—particularly focusing on support to the government’s efforts to integrate refugees.

IOM is providing Primary Health Care assistance and Mental Health and Psychosocial Support (MHPSS) through the deployment of two mobile health clinics with multi-disciplinary health teams. They are deployed to locations where they are most needed, predominantly where there is a large concentration of people and lack of easy access to hospitals and health centres. The teams include a general physician, pediatrician, sonographer and laboratory technician. The health teams engage specialists’ from different areas such as neurology, cardiology, infectious diseases, and others, based on the needs highlighted by the communities. As of 17 October, IOM has provided primary health care services to more than 1,000 people in 20 communities across five regions. About ten per cent of the patients, seen by IOM’s mobile

clinics, had chronic conditions and are in need of ongoing monitoring and treatment.

People have urgent health needs, but just as importantly MHPSS is an acute need that will continue to require support for a long time to come. Practitioners continue to report the pressing need for more MHPSS services across the affected population given months of uncertainty, the military escalation and loss of their homes. This is also indicated by feedback from psychologists working with IOM’s mobile teams who have provided over 100 individual counselling sessions thus far.

In parallel, IOM has also started its shelter response, centered around the upgrade of collective shelters to ensure that conditions are appropriate for refugees to stay over the course of the winter. Over the course of a number of site visits, and in discussion with refugees hosted in government-organized shelters as well as authorities, IOM has been able to identify concrete needs which it will be able to address in concert with the Shelter sector partners and the government.

VOICES FROM THE FIELD

IOM interviewed Angela Nazaretyan, one of the psychologists who has been deploying with the IOM mobile teams since 2 October. At the time of writing, she and her colleagues have already seen more than 100 people.

Thank you for taking the time to answer our questions. You have been deployed with the mobile clinic to different locations to provide services to the refugees. Tell us a bit about your work in general, how a usual daily deployment works, how many people come to you, and your overall observations.

Angela Nazaretyan: Of course, psychological work in emergency situations differs from the classical examples known to us, both in terms of location and working conditions, as well as in working methods and approaches. Although there are many widespread stereotypes related to seeking psychological support, it should be noted that those who visited counseling eventually understood the importance of the work and referred their relatives to a psychologist on their own initiative. During the day, the number of visitors can vary between 5-10, among who are children, middle-aged and elderly people.

Please share with us, from your experience, what are the biggest challenges people face now, what kind of issues they usually share with you and look for your help with. What are some of the most important ways in which MHPSS services can help the refugees?

Angela Nazaretyan: As a result of displacement and war operations, one of the most frequently observed problems among the people from Karabakh is loss and grief, high anxiety, and fear. Individuals who had problems before these actions now report that the situation has worsened. Given the severity of the situation, psychological work uses techniques that maximally contribute to the activation of the person's internal resources and recognition of the problem. At the initial stage, the individual approach and the work done to activate the person's resources and identify the problems are important, but later group psychotherapy can also be effective. As for the children, the whole counseling process and work should be carried out with play methods as well as art-therapeutic means that motivate the child and help to explore

the issues more deeply.

How important is MHPSS and what role do you think it will play in the mid-term future, as people are trying to resettle their lives in Armenia now? What modalities would you recommend?

Angela Nazaretyan: Psychological support is always important and especially in emergency situations. A person's mental and psychological health very often determines their physical (somatic) condition. Considering the consequences of war, it should be stated that psychological support is paramount for these people.

Turning to integration, it is worth noting that as long as feelings of loss and grief, as well as emotional instability, are present, full inclusion is difficult to imagine without professional support. In the conditions of rational evaluation of the situation and overcoming of psychological problems, integration will be carried out more quickly.



Angela during a counselling session with a refugee © IOM 2023