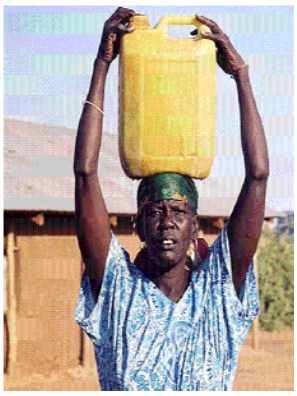
IOM Environmental Health Activities in Post-Crisis Settings

Introduction

Environmental health risks can potentially expose communities, patients, healthcare workers, waste handlers, and humanitarian actors to infection, toxic effects, and injuries. It is crucial to integrate public health aspects of environmental health care, water and sanitation, solid and liquid water management into crisis response activities from the initial planning and implementation stages. Deficient access to clean water, sanitation facilities and exposure to water-borne diseases or vector-borne diseases cause a wide variety of illnesses including acute watery diarrheal diseases, cholera, malaria, intestinal parasitic infection and scabies, among others.

IOM's Environmental Health Approach

Recognizing the significant, deteriorating impact that the environment can have on health during a crisis, IOM as the Camp Coordinator and Camp Management Cluster Lead in natural disasters takes environmental health issues into consideration in the design and implementation of its emergency response. In collaboration with governmental and humanitarian cluster partners, IOM seeks to restore the local delivery and equitable access to safe drinking water, adequate sanitation and hygienic conditions as quickly as possible in a sustainable manner as well as monitor and address other environmental health risks.



To achieve this, IOM uses the following guiding principles in its approach to environmental health:

Prevention - Projects and programmes have integrated components to prevent environmental health problems for crisis-affected populations.

Flexibility - Projects and programmes are adapted to specific target populations, cultures and situations.

Assessment - Integrated needs assessments are carried out, where possible, before designing support programmes.

Community based - Programmes are always community-based where possible and are designed to strengthen existing networks and ensure sustainability.

Cholera and Environmental Health

Cholera is usually transmitted through contaminated water or food causing diarrhoea and vomiting which might lead to rapid dehydration with life threatening consequences if left untreated.

Because crisis and emergency situations often leave water and sewage treatment inadequate, this may trigger the spread of cholera contaminated water.

In addition to health interventions IOM also works to improve hygienic and sanitary conditions in order to prevent further cholera transmission. Together with the government, UN and civil society, IOM constructs boreholes and deep well rehabilitation as well as providing water storage to ensure clean water supply. Construction of emergency latrines, permanent household latrines and rehabilitation of sanitation facilities are other examples of activities to prevent cholera transmission. Moreover, IOM conducts large-scale awareness raising campaigns on health promotion to train outbreak affected community members on prevention and treatment of cholera.

International Organization for Migration (IOM)
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IOM Environmental Health Activities

The following activities make up IOM's environmental health response in most emergency situations.

- Needs assessment of environmental health.
- Mapping of existing water, sanitation and hygiene services and coordination of interdisciplinary services amongst partners.
- Ensuring environmental health considerations are mainstreamed when providing all forms of humanitarian assistance.
- Training general humanitarian workers in environmental health approaches.
- Providing health education to camp residents/communities for fostering prevention and improved hygiene and treatment behaviour, in collaboration with community leaders.
- Promoting beneficiaries access to transparent and accessible information on how to prevent and access basic services.
- Reproducing and disseminating IEC materials on proper hygiene practises and disease prevention.
- Support government logistics for delivering supplies (fuel, transport, communication).
- Camp-based monitoring of environmental health/WASH situations in prioritised settings.
- Clearing and digging of drainage to allow water flow away from WASH facilities and shelters to reduce camp flood risks.
- Clearing of access roads for water and sludge truck entry to hard-to-reach areas.
- Distribution of gravel for sites filtering and drainage, mud and standing water reduction and raising of ground surrounding latrines, showers and distributions points.

Case Studies

HAITI 2010

The devastating earthquake in Haiti disrupted the already weak water and sanitation systems and placed additional stress on the health service sector by increasing the risk of water-borne diseases among the over 1.6 million displaced persons.

To support the IOM-led CCCM Cluster the IOM health staff monitored environmental health conditions within displacement sites, provided health advice, health promotion and support within established transitional shelter settlements to ensure effective management of environmental health care including water, sanitation and waste.

ZIMBABWE 2008

In 2008 Zimbabwe experienced a severe cholera outbreak as a result of the breakdown in national service systems including water & sanitation infrastructure, and health care delivery earlier in the year. IOM worked with government and NGO partners to reduce morbidity and mortality from waterborne diseases by supporting the rehabilitation of protected water sources and community level sanitation infrastructures; as well as through the promotion of safe hygiene practices through community-based trained volunteers. IOM's interventions were focused in areas highly affected by population mobility and displacement.

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