The challenges of the internally displaced persons in the face of disasters: the role of the health care workers

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Abstract

Introduction/Methodology: disasters unleash untold hardships to people and these bring untold challenges to victims often internally or externally displaced. The purpose of this paper is to briefly review literature on the challenges of the IDPs vulnerable groups in the face of disasters and the role of health care workers in disaster was highlighted.

Results: Several empirical studies described some of these challenges which include: injuries, mal nutrition, exacerbation of communicable disease and chronic illness, and predisposition to mental disorder, injuries loss of lives and property.

Conclusion: It was concluded that health care workers should render the necessary care, support and education to the IDPs before, during and in the aftermath of disasters through education on tolerance, peaceful resolution of conflict and misunderstanding leading to displacement.

Keywords: internally displaced person, disasters, health care workers, conflict resolution, injuries.

Introduction

The global Report on Internally Displaced Persons (IDPs) (2017) estimated that there were 31.1 million new internal displacements by conflict, violence and disasters in 2016[1]. This is the equivalent of one person forced to flee every second worldwide. In Nigeria, there were approximately 1, 955 000 million IDPs and is ranked among the top on the list of countries with the greatest number of IDPs.[2] Up till recent there has been growing attention to the issue of internally displaced persons (IDPs) from the 1980s onwards. Terror-related injuries have become a major threat for many populations all over the world. These increased in terror-related activities, increasingly places great demand on health care workers to treat victims of mass casualty incidents, which require the broadening of

their existing skills, knowledge and competencies of various mechanism of injuries.[3]

Disasters predisposed IDPs to communicable diseases such as infections due to contaminated food and water, respiratory infections, vector and insect-borne diseases, and infections due to wounds and injuries. With appropriate health care workers intervention, high morbidity and mortality resulting from communicable diseases can be avoided to a great deal.[4] There is no better way to reduce disaster risks than to reduce intentional violence, self-inflicted injuries and war related deaths. The interventions should include changing cultural norms, reducing access to guns and deadly pesticides.[5]

According to Osotimehin (2015) there are 100 million people in need of humanitarian assistance around the world today, about 26 million are women and adolescent girls in their childbearing years and that sexual and reproductive health services critical to the health and survival of women and adolescents are scarcest at the time they are needed most. It further says that three fifths of maternal deaths today occur in countries considered fragile because of conflict or disaster and that pregnancy and childbirth kill 507 women every day in these settings.[6] Others identified signs of mental stress among children, youth and mature age people were the same namely feeling down, depression, constant crying, anxiety and hopelessness while in the elderly, it accounted for loss of appetite, overthinking and sleeplessness. The article attempted to define some key concepts related to the IDPs and reviewed the role of the health care workers in the mitigation response to humanitarian crisis.[7]

Definition of key terms

The Internally Displaced Persons (IDPs)

The internally displaced persons are persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights, or natural or human-made disasters and who have not crossed an internationally recognized State border.[8]

Disasters:

The term disaster owes its origin to the French word “Desastre” which is a combination of two words ‘des’ meaning bad and ‘aster’ meaning star. Thus the term refers to ‘Bad’ or ‘Evil’ star. It is the serious disruption of a society that involves a big number of victims. Such an incident, affects hospitals of all sizes and geographic locations. Disasters occur daily throughout the world,

posing severe public health threats and resulting in tremendous impact in terms of deaths, injuries, infrastructure and facility damage and destruction, suffering, and loss of livelihoods.'[9]

Health Care Workers (HCWs):

These are categories of clinical and non-clinical staff employed to work within and outside the hospitals to take care of the sick, injured and people with other forms of health related ailments. These clinical staffs include doctors, nurses and midwives, pharmacists and pharmacy technicians, laboratory scientists and technicians, physiotherapists, dieticians, community health extension Workers, x–ray technicians. The non-clinical staffs include health attendants, biomedical technicians, and administrative staffs.[10]

The Roles of the Health Care Workers (HCWs)

The key roles of health care workers with respect to disasters are one or all of the following: assessment, diagnosis, and treatment of the victims (including the IDPs) so as to diminish the adverse health effects the disaster places on them. These roles are usually carried out through the intertwined efforts/activities of multidisciplinary stakeholders. Such roles can occur at any of the three phases of a disaster which are pre-, intra- and post-disaster's period.

Before a disaster

According to disaster and medical experts before the onset of disaster which is the first phase of disaster management, health care activities should include policy making to clarify and assess needs and to determine the most important risk factors for the occurrence of (communicable) diseases.[11] These significant risk factors includes population movement and displacement, overpopulation, economic and environmental devastation, poverty, lack of sanitary water, poor waste management, lack of shelter, and malnutrition as a consequence of food shortages, and poor access to health care. These cause dramatic increase in the rates of communicable diseases after disaster. For instance, a study on Ukrainian IDPs revealed the difficulties IDP mothers and their young children experiences. The study also identified a pattern of psychological distress among the maternal and child health of this conflict-displaced populations. The study further revealed vulnerabilities inherent to the country, such as a weak healthcare system prone to bribes, other important consequences such as a rupture of vaccine stocks, and halted or delayed vaccinations in children.[11] All these vulnerabilities seem similar to the Nigerian situation.

Similarly, in another study on the accessibility and availability of health care services for

IDPs in northern Uganda, it was found that there was inadequacy of health care workers as 4 in 10 were often available in the health facilities.[12] The reasons adduced for the staff absenteeism reported include attending workshops, working in their gardens and fatigue due to overwork from few health care staff available in the health facility.[12] This huge staff absenteeism especially of the senior trained staff members lead to the abdication of their responsibilities to junior nursing assistants.

However, in a Nigeria study on the Bakassi IDPs returnees from republic of Cameroun to Cross-River State in Nigeria.[13] The study found out that the IDPs faces tremendous challenges that impede their overall well-being. The study observed displaced women exposed to several risks from rape, harassments, kidnapping and forceful conscription with attendant psychological trauma and impediments to their well-being. The study suggested that the government should ensure that good-quality pregnancy and childbirth care (i.e. safe motherhood) is consistently available and accessible to the women.[13]

In summary, the HCWs should encourage the formation of disaster preparedness and response committees at the residential and community level. They should also collaborate with stakeholders to design effective training programme for the members of the community on first aid and triage since a large number of victims will overwhelm existing resources of personnel, equipment, and supplies. Finally the HCWs must sensitize the community on the importance of tolerance, coexistence and the resolution of differences and conflicts based compromise in the community to prevent degeneration into confrontation and war.

During a disaster

The HCWs plan at this stage is to intervene by assisting acutely ill individuals during and after a disaster through medical helps that relieved ongoing symptoms in the immediate aftermath of a disaster and post disaster. Next is to carry out the identification of disaster impacts and health needs of the victims through the following approach: a) approach the scene with caution and upwind; b) carry out scene assessment; c) establish incident command (each responding agency); carry out primary triage, decontamination, secondary triage, medical care, and transport; and consider specialist advice/resource requirements. At time there will be need for immunization campaigns for measles and vitamin A supplementation in regions with poor coverage levels before the onset of disaster.

After a disaster (post-disaster)

The post-disaster initiatives are taken with the purpose of achieving early recovery and rehabilitation of affected communities. The most common illnesses causing death among children during this stage were asphyxia, diarrhoea diseases and measles and for women it is mostly due to pregnancy related problems.[14] Injuries following flood disaster are often complicated by greater delays in presenting for care and do also encountered limited access of skilled HCWs to the affected areas. The surgical needs for injuries are crucial both for urgent and non-urgent conditions because they are necessary to save life and prevent future disability. These also include tetanus and other relevant prophylaxis/vaccination. [15]

In addition, psychologically traumatized IDPs should be identified and appropriate psychological intervention given to prevent exacerbation of their symptoms into major mental disorder(s). Also children and youth vulnerable to drug abuse and sexually transmitted infections should be identified and counselled. In addition their coping mechanisms must be enhanced to help them resolve crisis. Those with serious mental health challenges must be referred to experts.

Conclusion

The role of the health care workers in disaster management transcends the need for just disaster education. It definitely required the HCWs to strive toward changing theirs and others attitudes, beliefs and behaviours to that of disaster preparedness. This will be more successful by involving the host community in the period of peace through sensitization and on the practice of tolerance and adoption of amicable resolution of differences and misunderstandings.

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Conflict of interest: Nil