



January 2023

HEALTH FACTSHEET



Photo: Vaccination of children and minors in TRC Usivak

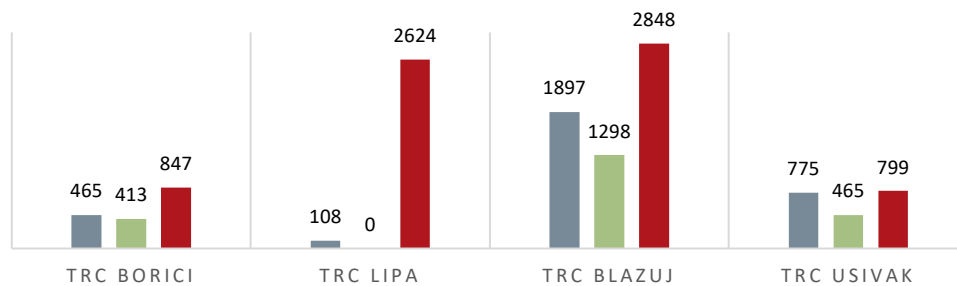


1. KEY HIGHLIGHTS & MONTHLY TRENDS

- ❖ DRC has ensured **3.245 medical examinations** and **2.176 medical interventions** in January 2023. Alongside this, there were **7.118 PoCs medically attended directly by DRC staff** inside TRCs in Bosnia & Herzegovina. Moreover, out of these, DRC facilitated **1.236 pediatric examinations & interventions** within two pediatric units in TRCs Usivak and Borici.
- ❖ DRC has facilitated **20 referrals towards PHCs** and **39 referrals towards SHCs** for specialized healthcare and diagnostics. Moreover, **3 PoCs were hospitalized** in healthcare facilities.
- ❖ As a part of DRCs COVID-19 response, **PHC medical teams performed 2.150 medical screenings** in four reception centers. Furthermore, **3 PoC were tested for COVID-19 using PCR tests**, which came back negative.

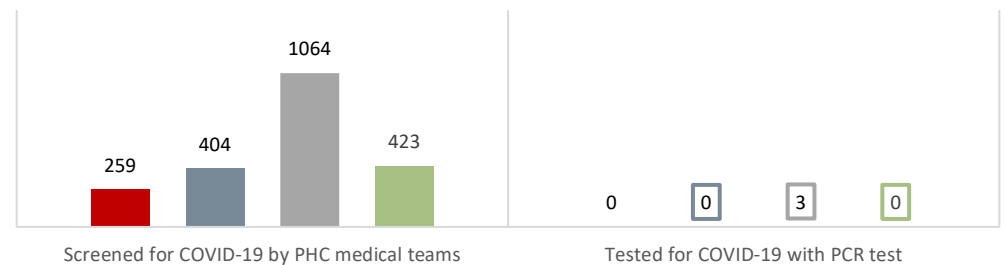
DRCs HEALTH RESPONSE INSIDE TEMPORARY RECEPTION CENTERS

■ Medical Examinations ■ Medical Interventions ■ Medically Attended

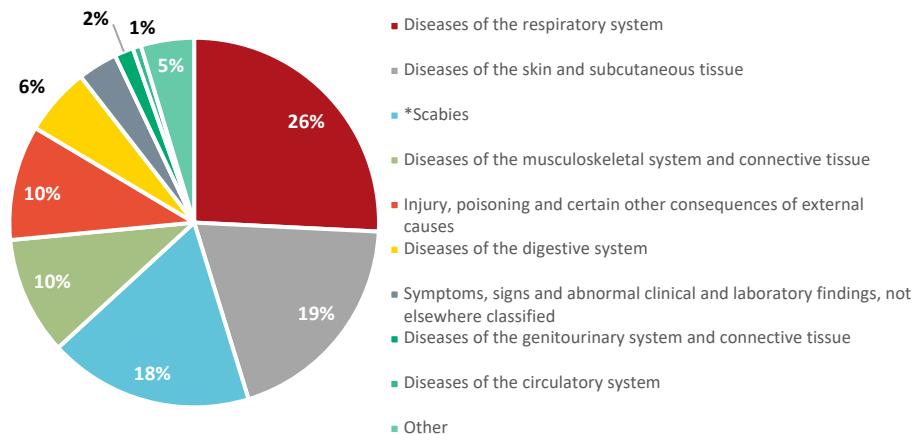


DRCs COVID-19 RESPONSE INSIDE TEMPORARY RECEPTION CENTERS

■ TRC Borici ■ TRC Lipa ■ TRC Blazuj ■ TRC Usivak



CLASSIFICATION OF MOST FREQUENT DISEASES AND HEALTH RELATED PROBLEMS



OBSERVATION

- Number of medical examinations have decreased in 31% compared to December 2022, which corresponds to lower number of PoCs residing inside the centers. There is a subsequent incidence decrease among all morbidities, following the expected seasonal trend and in line with still high movement of this population.
- Majority of morbidities have the similar incidence, compared to December data. However, there has been unexpected increase in injuries and trauma of up to 45%. This could correspond to difficult weather conditions, slippery ground and exposure to extreme cold and open fire. Moreover, three have been a slight increase in movement of the population, spending more time in informal settlements where access to medical aid is limited.
- When it comes to referrals for specialized health care and diagnostics, namely PHC referrals were for laboratory services and specialist examinations. Moreover, SHC referrals were for specialist examination, namely orthopedic and general surgeons attending accidental and intentional injuries.
- Hospitalizations were mainly due to trauma needing immediate surgery and intensive care.

2. HEALTH RESPONSE

- ❖ To stress the importance of DRC's Health Response inside and outside of TRCs, DRC has developed a tool to track incoming inquiries and referrals to enhance DRCs' service provision and the quality of the response, enabling informed programme adjustments. Most of the referrals and inquiries were received inside of TRCs (97%).
- ❖ DRC has successfully addressed 6.435 incoming health related inquires/referrals received from other organizations in January 2023.

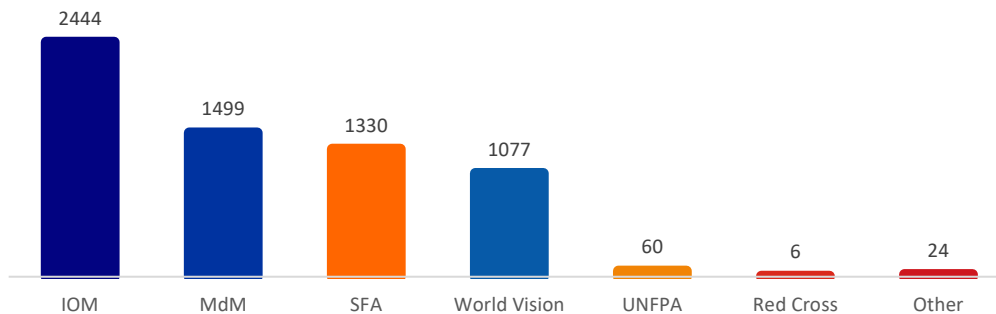
INCOMING INQUIRIES AND REFERRALS

6.435
Incoming healthcare referrals

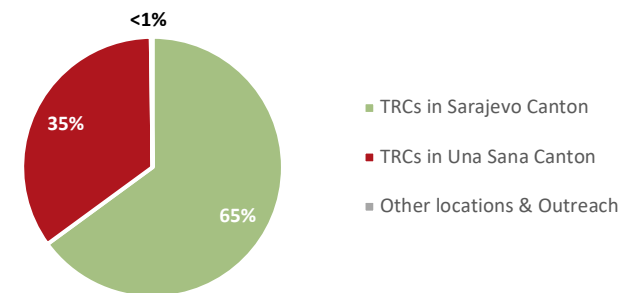
25
Health related expertise provided

51
Pediatric health expertise provided

HEALTH INQUIRIES/REFERRALS RECEIVED FROM:



INCOMING HEALTH INQUIRIES AND REFERRALS: TRCs & OUTREACH



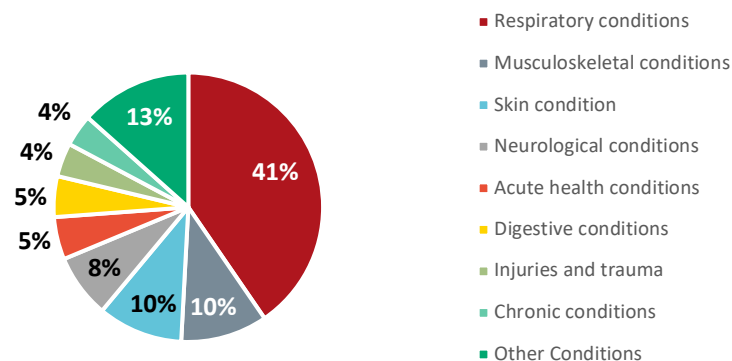
DRC ASSISTANCES & REFERRALS IN OUT-OF-SITE

470
Basic medical assistance provided

51
Different locations

79
Referrals for further support

HEALTH CONCERNES IN OUT-OF-SITE LOCATIONS



OBSERVATION

- Number of medical assistances in out-of-site locations have increased on 132% compared to December 2022, which corresponds to increased number of new arrivals and PoCs spending more and more time in informal settlements.
- There has been significant increase of incidence in reported respiratory conditions of up to 135%, as well as skin conditions of up to 182%, compared to December 2022. This corresponds to seasonal trend and reported flu outbreak.
- Number of locations have increased as well, from 16 in December to 51 in January, corresponding to higher number of PoCs in informal settlements.

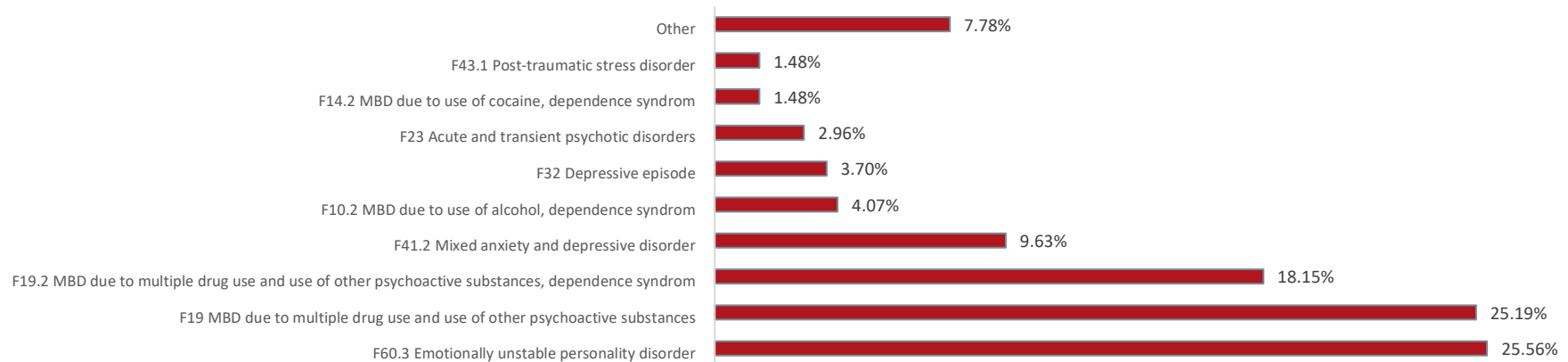


3. MENTAL HEALTH & PSYCHOSOCIAL SUPPORT

Médecins du Monde - MDM

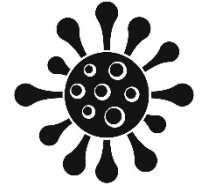
- ❖ During January, MDM, assisted **272 new direct beneficiaries** residing in TRCs in Una- Sana Canton and Canton Sarajevo. A total of **199 individual psychological counselling sessions** were conducted. In addition, **388 participations to group (empowerment and psychoeducational) sessions**.
- ❖ In January, during the individual psychological counselling sessions, main concerns reported by PoCs was psychoactive substance abuse as a mechanism to cope with high levels of stress, feeling nervous, restless, or tense, apathy, low mood, fear, sadness, symptoms of depression.
- ❖ MDM Psychiatrist provided regular and follow up psychiatric consultations to PoCs residing in all four TRCs. Total of **100 psychiatric care consultations** were conducted for 75 individuals.
- ❖ Cold weather and snow marked this January, with several days being way below 0°C. In order to stay warm and active, many PoCs joint the group empowerment and psychoeducational sessions, especially in single male TRCs. Sessions covered the topic of Mental Health Awareness, Harm Reduction, Emotional Awareness, Stress management, Prevention of substance use and Positive Masculinity. Beneficiaries show great interest in groups, actively participate in the discussion, and often request an individual session after the group. Many of them state that this is the first opportunity to talk to a psychologist and that in their countries of origin, visiting a psychologist is still stigmatized, so this experience help them to cope with usual stressors on their journey.

MOST FREQUENT PSYCHIATRIC DIAGNOSIS



Red Cross

- ❖ Red Cross Teams, supported by DRC through ECHO funding, have been operational in out-of-site locations (Tuzla, Goražde, Velika Kladuša and in Sarajevo Canton). Red Cross teams **assisted a total of 460 PoCs** (311 adult men, 12 adult women, 6 girls and 131 boys). Red Cross teams provided **214 Psychological First Aid (PFA) consultations**. Moreover, **715 First Aid assistances** (for PoCs with muscle pain and cramps, blisters, cold, wounds, etc.) were provided, with **53 medical consultations** performed by medical doctors.



4. THEMATIC FOCUS – MEASLES

- ❖ Measles* is one of the world's most contagious diseases caused by a virus in the paramyxovirus family. It is spread by coughing and sneezing, close personal contact or direct contact with infected nasal or throat secretions. The virus infects the respiratory tract, then spreads throughout the body. Measles is a human disease and is not known to occur in animals. The first sign of measles is usually a high fever, which begins about 10 to 12 days after exposure to the virus. A runny nose, a cough, red and watery eyes, and small white spots inside the cheeks can develop in the initial stage. After several days, a rash erupts, usually on the face and upper neck, then it spreads, eventually reaching the hands and feet. On average, the rash occurs 14 days after exposure to the virus. The virus remains active and contagious in the air or on infected surfaces for up to 2 hours. It can be transmitted by an infected person from 4 days prior to the onset of the rash to 4 days after the rash erupts.
 - ❖ Most measles-related deaths are caused by complications associated with the disease. Serious complications are more common in children under the age of 5, or adults over the age of 30. The most serious complications include blindness, encephalitis (an infection that causes brain swelling), severe diarrhea and related dehydration, ear infections, or severe respiratory infections. Severe measles is more likely among poorly nourished young children, especially those with insufficient vitamin A, or whose immune systems have been weakened by HIV/AIDS or other diseases. No specific antiviral treatment exists for measles virus. Severe complications from measles can be reduced through supportive care (good nutrition and hydration).
 - ❖ Measles outbreaks can result in epidemics that cause many deaths, especially among young, malnourished children. In countries where measles has been largely eliminated, cases imported from other countries remain an important source of infection. Routine measles vaccination for children, combined with mass immunization campaigns in countries with high case and death rates, are key public health strategies to reduce global measles deaths. The measles vaccine has been in use for nearly 60 years. It is safe, effective and inexpensive. Before the introduction of measles vaccine in 1963 and mass vaccination, major epidemics occurred approximately every 2–3 years causing an estimated 2.6 million deaths each year.
 - ❖ More than 140 000 people died from measles in 2018 – mostly children under the age of 5 years, despite the availability of a safe and effective vaccine. Even though a safe and cost-effective vaccine is available, in 2018, there were more than 140 000 measles deaths globally, mostly among children under the age of five. During 2000- 2018, measles vaccination prevented an estimated 23.2 million deaths making measles vaccine one of the best buys in public health.
- *Source: WHO fact-sheets on Measles*
- ❖ During January several cases of Measles were reported in neighboring Serbia, where immunization coverage on this disease is below 75%, similar as in BiH. When it comes to Measles, WHO recommends immunization coverage above 95% to avoid outbreak and epidemic. Taking into account that children living in collective accommodations are more vulnerable to Measles, DRC further strengthened the entry screening procedures for children arriving to TRCs, with emphasis on previous immunization. Moreover, DRC established regular vaccination against vaccine preventable diseases, in TRC Usivak on biweekly and in TRC Borici on a monthly basis, all in coordination with Public Health Institutes and Primary Healthcare Centers. During 2022, through these activities 167 children were vaccinated with 248 doses of vaccines, while just in January 2023, 41 children were vaccinated with 102 doses of vaccines. High interest for the vaccination came as a result of continuous individual and group health promotion and educational sessions, facilitated by DRC medical professionals on vaccine preventable diseases and importance of immunization.

Health Care Services are an integral part of the Danish Refugee Council's humanitarian assistance to migrants, refugees and asylum-seekers in BiH. DRC teams ensure timely access to primary and secondary health care, basic medical and nursing care, medical escorting and health promotion and education. Additionally, in cooperation with relevant public health institutions, DRC ensures sanitary-epidemiological monitoring and infection-prevention and control measures, including the measures for preventing the spread of COVID-19 infection (medical screenings, testing, isolation, vaccination and PPE distribution). The response complements the DRC health and protection program implemented in all reception facilities and in out-of-site locations in Bosnia and Herzegovina.

CONTACT

Hector Carpintero, Country Director

hector.carpintero@drc.ngo

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