Social Work and Health Intervention in the Karabakh Region of Armenia during the War in 2019

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Original Article

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Abstract:

War conflict between two of three Caucasian Republics, in and to Upper Karabakh as a part interest of at least two countries, acquired during the civil war years ago, has led to substantial numbers of refugees and migrants from Karabakh to Armenia. The spectrum of acute humanitarian help is analyzed.

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Introduction

A Social Center assisting refugees from eastern Karabakh to the capital city of Stepanakert started within the first week of the war conflict in 2019 and led to a substantial shortage of housing, medication and food. War conflict between two of three Caucasian Republics, in and to Upper Karabakh as a part an interest of at least two countries, acquired during the civil war years ago, has led to substantial numbers of refugees and migrants from Karabakh to Armenia. The spectrum of acute humanitarian help is analyzed.

Methods

List of items is reported imported or purchased in Armenia within first trimester of war to a Social Center of St. Elizabeth University and Mirek and Marketa Foundatioin in Pardubice Czech Republic, with personal assistance of two social workers on site, augmented with vehicle/ambulance and local staff.

Results

Item imported in the first period are in table l, and may be used for similar intervention as early approach

Table I

Ist Priority

- 1. Housing/purchasing hotels for 1-3 days, priority families with small children
- 2. basic food and water

2nd Priority

- 1. Transport to refugee migrant UNHCR camps
- 2. Medications for acute diseases onsite
- 3. Prevention of diarrhoeal diseases
- 4. Management of wounds and armed conflict related diseases

3rd Priority

- 1. Anti covid therapy-medication, oxygen devices, pneumonia antimnicrobials
- 2. Transport out of country to Armenia
- Setting up a Social Center in Armenia, supplied from Czech Republic and Slovakia and other EU

Conclusions

Acute humanitarian help in day 1 to 7 is mandatory to maintain acceptable nourishment, medication and housing until large NGOs will issue a wake up call and start to help the refugees and migrants and build refugee camps and centers. Small NGOs, are essential for the early warning system, and acute early help with major social work and health intervention, including: prevention of waterborne outbreaks; malnutrition, deadly in diabetic patients; homelessness related pneumonia; to avoid camping related diseases especially in winter to vulnerable groups such as children; chronically sick with cancer, diabetes, TBC; homelessnes due to war conflict until concerted qualified and organized international health due to armed forces (peace keeping troops) UNHCR and Unicef can be organized and sent to the area.

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