Brookings-Bern Project on Internal Displacement

Improving health and mortality data for IDPs

by Robert Lidstone

Accurately measuring mortality rates and other indicators of health is an important means for targeting assistance for IDPs and evaluating the impact of humanitarian responses. Yet data on health and mortality among IDPs are often non-existent, inaccurate and incomplete. Few data have broad geographical coverage across a region in conflict, often being collected in single or scattered locations. Many countries with a high number of IDPs have no IDP-specific health and mortality data published at all. Data are not amenable to comparison due to methodological differences in research design, data collection and analysis.

The relatively few epidemiological studies among IDPs consistently document rates of mortality, morbidity and deprivation well above emergency thresholds. For instance, a Médecins Sans Frontières survey of IDP camps in Katanga in the Democratic Republic of Congo estimated a crude mortality rate of 4.3 deaths per 10,000 persons per day, quadruple the rate of 1.0 used by UNHCR to designate an emergency situation. A 2005 study conducted among IDPs in eastern Burma by Backpack Health Worker Team indicated a strong link between forced displacement and high rates of malaria and landmine injury. It also estimated a rate of childhood malnutrition among IDPs that was 3.1 times higher than the national rate, reflecting a serious lack of food security among displaced people after being separated from their land and resources. WHO and MSF surveys in Darfur confirm diarrhoea to be the single greatest cause of death. A WHO survey of IDPs in northern Uganda revealed the incidence of malaria to be on the rise; insecticide-treated bednet coverage – a crucial means of protection against the disease – was only 28% among children under five.

Forced migration is known to impact on health in several fundamental ways. It disrupts pre-existing social networks and access to material resources and sources of income and employment. Overcrowding, poor sanitation, inadequate provision for basic needs, ongoing insecurity and exposure to unfamiliar environments also increase the potential for death, injury and disease. For IDPs these effects on health may be compounded by their inaccessibility to outside assistance and protection and the inability or unwillingness of their own governments to provide for their health and safety.

Based on a review of existing studies of mortality and other population health indicators among IDPs, the Brookings-Bern Project on Internal Displacement has identified the following recommendations for improving data collection and understanding of the health needs of IDPs:

- adopt a standard operational definition of an IDP following the Guiding Principles on Internal Displacement[1] to be used in collecting data on health and mortality
- broaden the geographical scope of mortality and health data by developing assessments for under-investigated countries with significant population of IDPs and collecting data representative of all areas within a country affected by displacement (insofar as security conditions permit)
- collect data on the age and gender composition of the study population
- design a standard and consistent research methodology enabling data to be compared
- examine how the vulnerability of IDP populations changes over time and through different phases of forced migration by establishing sufficient recall periods (the time interval included in surveys)
- contextualise data on IDPs by establishing appropriate benchmarks: most existing surveys refer to thresholds used to define an 'emergency' situation as a means of indicating the severity of a crisis but further research should consider additional benchmarks, such as national data collected before the onset of crisis and data collected on non-displaced and refugee populations
- survey populations on violent causes of death and non-fatal threats to physical security including injury by landmines and other accidents, in order to highlight security and protection issues
- collect separate data on sexual and gender-based violence
- survey households on non-violent causes of death such as malaria, fever, cholera, diarrhoea, meningitis, measles, respiratory infection, AIDS and acute malnutrition
- measure malnutrition indicators to gain insight into food security and potential contributing factors towards higher mortality rates for a population.

Identifying the unique determinants of mortality, morbidity and malnutrition among IDPs in multiple geographical contexts will provide the essential knowledge to more effectively shape humanitarian responses.

Robert Lidstone was attached to the Brookings Bern Project as a UN Association in Canada Junior Professional Consultant. This is a summary of a report online at www.brookings.edu/fp/projects/idp/200705_health.htm

1. www.brook.edu/fp/projects/idp/gp_page.htm