

Forced Displacement and Public Health in Armenia: From Crisis Response to Community Wellbeing

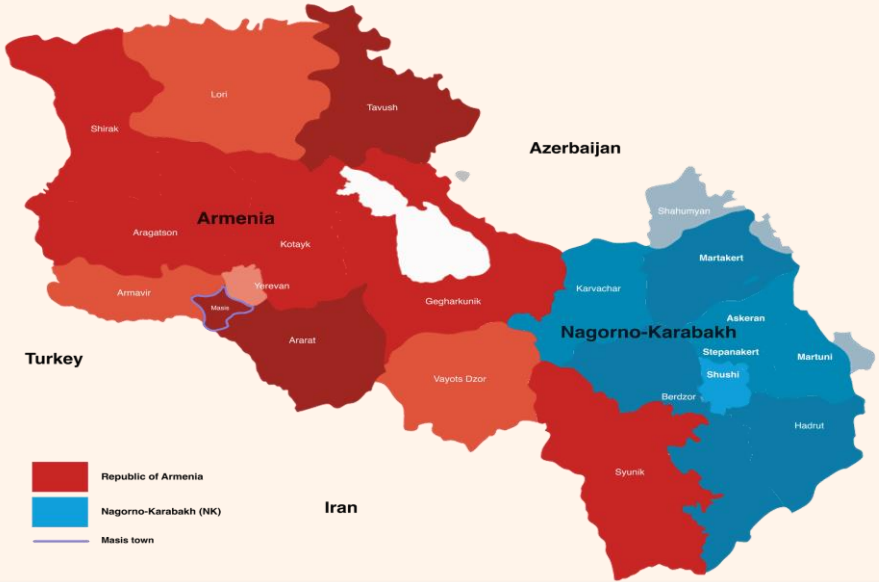
The Community Wellbeing Project | a practical example of a community-based response to forced displacement

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Armenia at a Glance



Regional context: Armenia and Nagorno-Karabakh (Artsakh)

~3 million

Population

29,743 km²

Surface area

Yerevan

Capital

South Caucasus

Landlocked; borders Georgia, Azerbaijan, Iran and Türkiye

September 2023: 100,000+ people arrived in Armenia in less than one week — over 3.4% of the country's population.

From Conflict to Mass Displacement

Sep 2020

44-day war

Major escalation of the Nagorno-Karabakh conflict, with casualties, displacement and major territorial changes.

Dec 2022

Lachin Corridor blockade

Increasing isolation and disruption of access to food, medicines and other essential supplies.

Sep 2023

Renewed military escalation

Hostilities on 19 September were followed by the rapid departure of the Armenian population.

Late Sep 2023

100,000+ displaced

More than 100,000 people arrived in Armenia in less than one week.

A protracted crisis became a large-scale humanitarian and public health emergency for Armenia within days.

September 2023: The Scale of Displacement

~100,000

refugees arrived in Armenia in just one week

A sudden influx equivalent to roughly 1 in 30 people living in Armenia.

40,000+

arrivals on 27 September alone

30,000

children among the new arrivals

Across Armenia

refugees settled throughout the country

Non-camp setting

response shifted rapidly into host communities

The scale and speed of arrival placed immediate pressure on national services and host communities.

Armenia's Response to the Crisis

A government-led, whole-of-society response — from emergency reception to longer-term inclusion

01 Reception + registration

Registration centres, immediate assistance and transport

02 Housing + social support

Emergency accommodation and support for basic needs

03 Health

Continuity of care, medicines, trauma care, vaccination and MHPSS

04 Education

Rapid inclusion of displaced children in the education system

05 Livelihoods + longer-term support

Employment, self-reliance and durable housing solutions

06 Coordination + community

Government, municipalities, UN, NGOs, civil society and host communities

The response had to address acute humanitarian needs while rapidly shifting toward longer-term health, wellbeing and inclusion.

Beyond the Immediate Crisis

The emergency phase addressed immediate needs.
Displacement created longer-term challenges.

Housing insecurity

Stable and affordable housing became a central challenge as families moved from emergency accommodation toward longer-term settlement.

Livelihoods + economic security

Loss of employment, income and assets created pressure to rebuild economic independence in unfamiliar communities.

Health + mental health

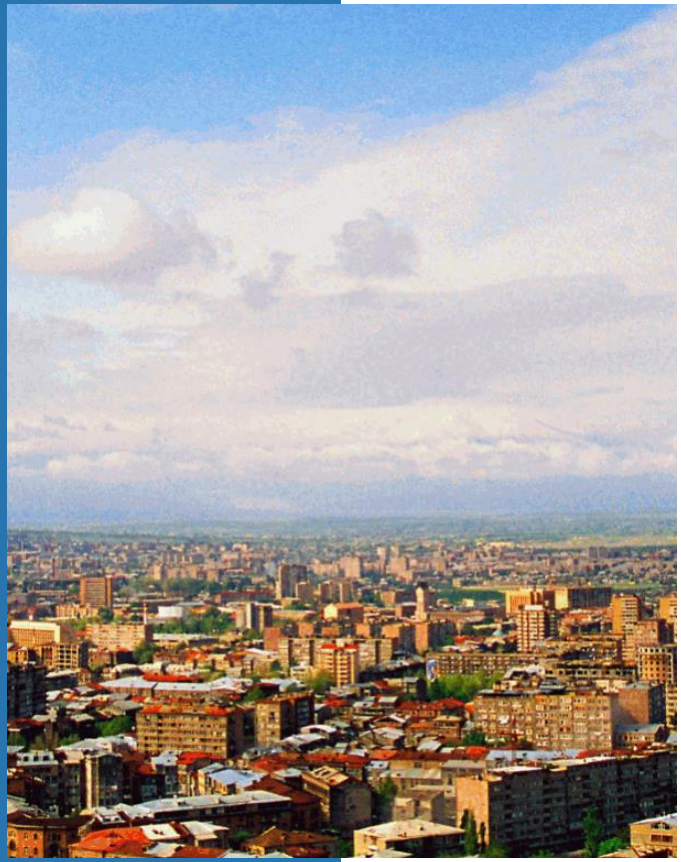
Continuity of care had to be maintained alongside trauma, grief, psychological distress and longer-term mental health needs.

Belonging + social cohesion

Displacement disrupted social networks, identity and community ties, making integration and connection important for recovery.

How do we move from emergency response toward long-term health, wellbeing, resilience and community integration?

Transitioning from humanitarian assistance to durable, community-based support



Background + Collaboration

Collaboration with UCLA Fielding School of Public Health

The partnership began with a large-scale case investigation and contact tracing program during Covid-19 and expanded into public health initiatives in Armenia and Artsakh.

This prior collaboration created the relationships, field experience, and trust needed to quickly pivot after the 2023 displacement.

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Nagorno Karabakh (Artsakh) Demographic + Health Survey

Designed and implemented a large-scale demographic and health survey during a ceasefire period after the 44-day war, in collaboration with the Artsakh Ministry of Health and the local community.

Within months of the survey's completion, Artsakh faced a total blockade, full-scale military attack, and the forced displacement of its entire population.





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About the Project

The Community Wellbeing Project (CWP) is an innovative initiative to support the overall health, wellbeing and resilience of the displaced population from Nagorno-Karabakh (Artsakh) currently residing in the Republic of Armenia.

The project’s holistic approach leverages community assets and builds collective efficacy to help individuals and communities rebuild and actively shape their future.

The Community Wellbeing Project

The aim of a wellbeing framework is to create social, health, economic and environmental conditions that improve both individual and collective quality of life and give people and societies a sense of meaning and purpose.



Challenges + Needs



Housing Insecurity



Employment + Economic Hardship



Social + Psychological Impact



Social Cohesion + Integration



Objectives

01 Build community capacity to foster social-cohesion and self-reliance

02 Strengthen access and linkages to social and health resources and services

03 Promote education and develop skills within the community

Key Program Components



Community Wellbeing Workers



Community Conversations



Training + Workshops



Livelihood Training



Health + Social Services and Events

Community Wellbeing Workers

- Creating a new workforce cadre for the country
- Defining the role of a Community Wellbeing Worker (CWW)
    - Building community capacity
    - Strengthening access and linkages
    - Promoting education and skills development
    - Conducting outreach and building engagement











Community Conversations

A safe and supporting space to come together, share stories and experiences, and empower one another

A space to:

- (Re) Build community
- Enhance social connectedness
- Engage in collective healing + action

Meaning-making processes



Training + Workshops

Designed to equip participants with practical skills, professional knowledge, and opportunities for self-reliance and integration

- Community Wellbeing: Strategies and Frameworks for Engagement
- First Aid and Basic Life support
- Legal Counselling
- Continuous Nursing Education









Livelihood Training

Supporting professional development and self-reliance through livelihood development

- Hairdressing training in collaboration with Schwarzkopf Professional
- Entrepreneurial literacy training program





Health and Social Services and Events

Health and social awareness campaigns aimed to foster community engagement, social cohesion, and preventive healthcare awareness

- Community events and home visits, implemented through local CWWs via direct meetings and discussions
- Social-cultural education, facilitating collaboration and information-sharing
- Health promotion







Generating Evidence Alongside the Response

Population health survey among forcibly displaced households in Masis, Ararat region

2025 SURVEY

420 households

746 individuals

78% response rate

Measures included demographics, socioeconomic conditions, health-care access, social support, traumatic events, depression, PTSD, resilience and health-related quality of life.

68%

Screened positive for probable PTSD (PCL-5 ≥31)

61%

Screened positive for depressive symptoms (CES-D cutoff 13)

Interconnected needs

PTSD symptoms were correlated with depression and poorer health-related quality of life.

Why this mattered for the response

The findings reinforced the need to look beyond immediate humanitarian assistance and address mental health, social conditions, access to services and community resilience together.

The Big Wins

- Collaboration!
- Coordinated intersectoral action
- Political will
- Joint vision + accountability
- Sustainable investments





Community Wellbeing Project: Lessons from Practice

An Art +
A Science

Trust +
Respect

Accessibility +
Contextualization

Solidarity, Authenticity +
Humility

What Armenia’s Experience Can Contribute to Migration + Public Health

1	**Plan for the transition**	Emergency response and longer-term integration overlap; systems need to address both from the beginning.
2	**Work through communities**	Trusted local actors can connect displaced people with health, social and community resources.
3	**Treat wellbeing as multidimensional**	Health, mental health, housing, livelihoods, belonging and social cohesion are deeply interconnected.
4	**Generate evidence while responding**	Population-level data can reveal needs that are less visible during the acute emergency phase.
5	**Build with, not only for, displaced communities**	Participation, agency and community ownership strengthen relevance, trust and sustainability.

From crisis response → recovery → resilience → community wellbeing

Thank You

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Poppy Project Portfolio

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