



AMAR

rebuilding lives



دانة غاز
DANAGAS

Khanke IDP Camp - Holistic Needs Provision

*-First Quarterly Report,
March 2017-*

The AMAR International Charitable Foundation
Westminster Tower
3 Albert Embankment
London
SE1 7SP
Tel: +44 (0) 207 799 2217
Fax: +44 (0) 207 222 4665
london@amarfoundation.org

1. Introduction

This report from the AMAR Foundation to Dana Gas details activities undertaken as part of the Khanke Holistic Needs provision project. This report covers the period 1st January 2017 to 31st March 2017.

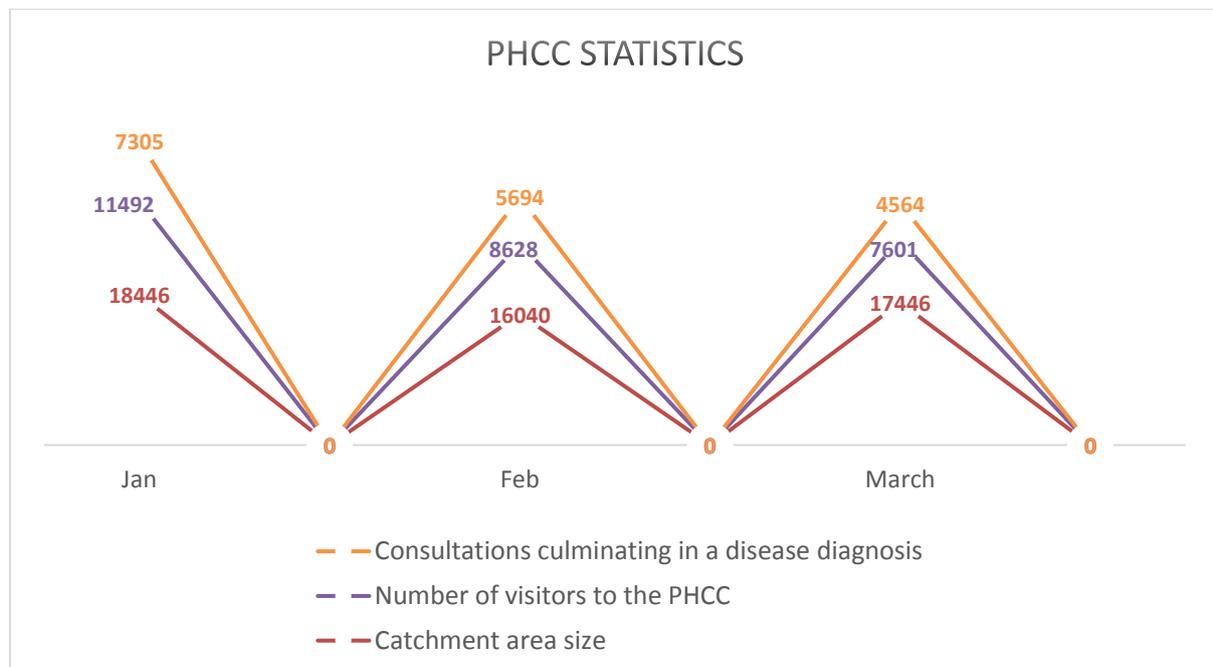
Dana Gas' funding has meant the critically uninterrupted delivery of the following services:

- Providing health services through the Primary Health Care Centre;
- Facilitating the Women Health Volunteers (WHV) programme;
- Delivering community mental health outreach activities;
- Providing health services to children in schools;
- Organising health lectures and awareness campaigns;
- Delivering vocational skills training for adults

Details of the individual activities, challenges, successes, stories and images from the first quarter of 2017 follow:

2. Primary Health Care Centre (PHCC) services

AMAR's PHCC in Khanke camp provides services for 17,446 people at the last count and to meet the needs of this population it employs 53 staff including 6 doctors, 1 dentist, 2 pharmacy assistants, 2 laboratory staff, 4 nurses and 39 non-medical staff. Last month staff dealt with 7601 visitors to the health centre.

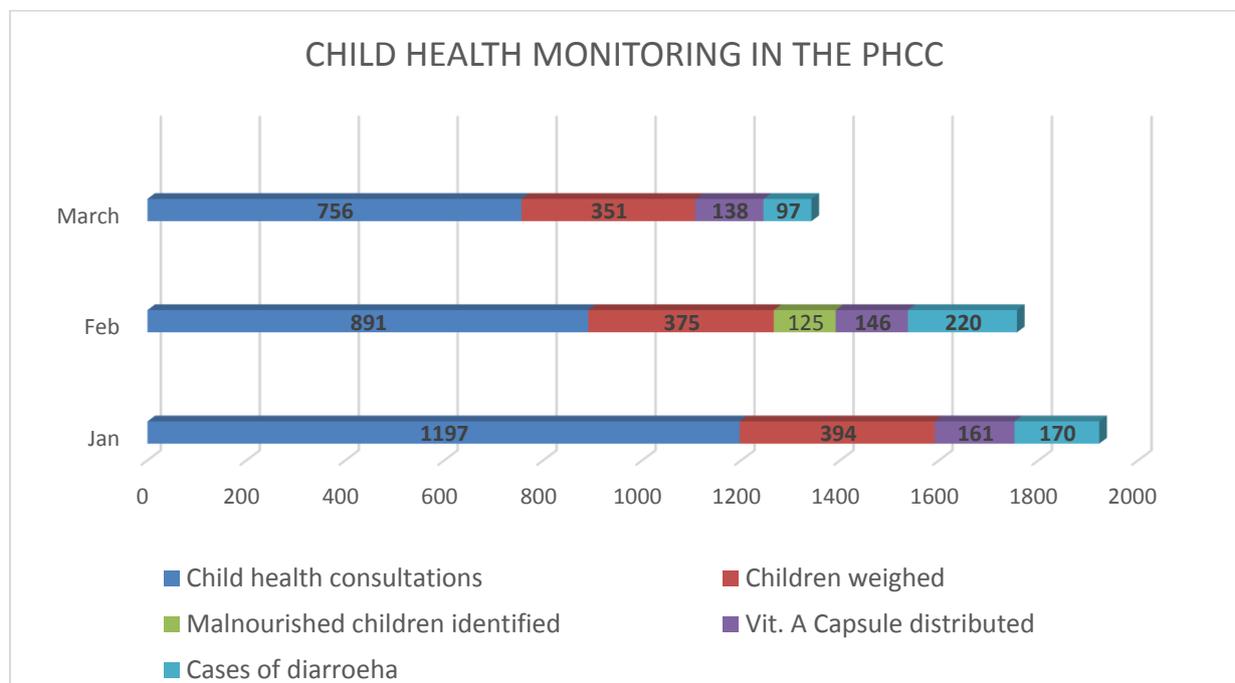


All activities at the health centre continue to run smoothly, treating a steady number of patients as seen above. The camp population reduced in February but increased again in March, whereas the number of visitors to the PHCC reduced slightly between February and March. Unless there is a large influx of IDPs, which is not expected as things stand for the next quarter, numbers should not change drastically.

2.1 Services

In total this quarter, Dana Gas has helped to fund 918 vaccinations (27% of these were pregnant women and 79% were children). On average, 33 individuals are referred per month to other health services not covered by the PHCC, meaning that they receive appropriate care outside of the camp when necessary.

636 dentist consultations were carried out, working out at an average of 212 per month, and 2844 child health consultations were delivered. Out of these, 20 were referred for treatment at specialist health services outside of AMAR’s jurisdiction. This is a very low number considering conditions in the camp and the level of disease and injury suffered by IDPs before and during the journey that eventually brings them to Khanke, and demonstrates the extent to which health needs are being met by the PHCC. Below you will see the child health monitoring statistics for Q1:



Training sessions for new mothers are held weekly for an average of 54 mothers per month in the camp. These sessions cover such topics as how to sterilize bottles, where to go

for referrals, the importance of vaccinating children, how to recognize sickness, how to prevent and treat common things and where to go for more information. There are currently 245 identified pregnant women in the camp who are attending the PHCC. There will be unidentified pregnancies in the camp which will have either been hidden intentionally or because they have not yet been acknowledged by the mothers themselves. Both of these groups of women and their children are at risk and through health education delivered through the Women Health Volunteer program it is hoped they will seek medical advice before it's too late.

There are currently 129 high-risk pregnancies identified in the camp. Multivitamins, Folic acid and Ferofolic have all been distributed throughout the quarter to all women who need them.



An IDP visits the dentist resident in the PHCC for a check-up, March 2017



A laboratory assistant looks at samples from patients who visited the PHCC, March 2017



A child receives a life-saving vaccine from one of the nurses in the PHCC, March 2017

2.2 Family Planning

Family Planning is considered an unacceptable precaution for women across Iraq, and in the context of displaced communities living in camps this can be an increased risk for the health of the women and girls living in cramped conditions with no WASH facilities and high levels of insecurity who might fall pregnant. It can also be dangerous for the baby to be born in these conditions, especially in families where there are already multiple children. A lack of resources and services can increase these risks further.

The family planning clinic in the PHCC delivered 115 advice sessions in the first quarter of 2017 and although that is a very small proportion of all women in the camp at 1.5%, it is still a significant success in communities where it is largely avoided. An average of 48 women regularly received the contraceptive pill this quarter and 17 women used injected contraceptives from February onwards. This should be contrasted with January when no women were using this. 193 packs of condoms were distributed in Q1.

3. Women Health Volunteers

2951 home visits were conducted in Q1 by 21 Women Health Volunteers. These reached approximately 17,000 IDPs indirectly through family members that were themselves direct beneficiaries. This means that health messages indirectly reached almost the entire population of the camp as of March 2017. Five awareness campaigns and lectures were held in March out of 12 in total throughout Q1.

3.1 Activities

Each week 21 Women Health Volunteers (WHVs) carried out home visits in the camp to deliver important health messages. During Q1, WHVs achieved the following objectives: raised awareness among families of the diseases mentioned below; urged families to use the treatments prescribed by the doctors and urged them to visit the PHCC when they showed signs of disease or illness. WHVs themselves are trained to spot certain symptoms and therefore advised families to make an appointment at the PHCC when necessary. The WHVs also carried out targeted awareness campaigns detailing the symptoms, treatments and prevention mechanisms for cholera, tuberculosis, scabies, autism, ovarian cysts, breast cancer and social phobias. They also delivered a campaign on the importance of vaccines. Volunteers are trained on these topics at the beginning of each month and deliver these messages to the communities during weekly home visits.



A Women Health Volunteer delivers information about cholera to a young family, March 2017



WHVs learn about social phobias so that they can educate the community on how to spot symptoms and the appropriate treatment, March 2017

Two Cleanliness Campaigns were organized in Q1 to deal with the problem of littering and rubbish in the camp. These took place on the 27th February and 28th January. Volunteers raised awareness of the hazards of leaving waste around the camp and the diseases that arise from unclean environments. They distributed rubbish bags to families so that they could clear rubbish when they saw it and so they did not need to dispose of it in public areas. Below are some photos of the camp's residents getting involved in the clear up, highlighting the success of the campaigns.



The community gets involved in the WHV-led cleaning campaign in February 2017

3.2 Comments and challenges

The WHV supervisor noted the following challenges and comments during the quarter which have all been followed up or dealt with where possible:

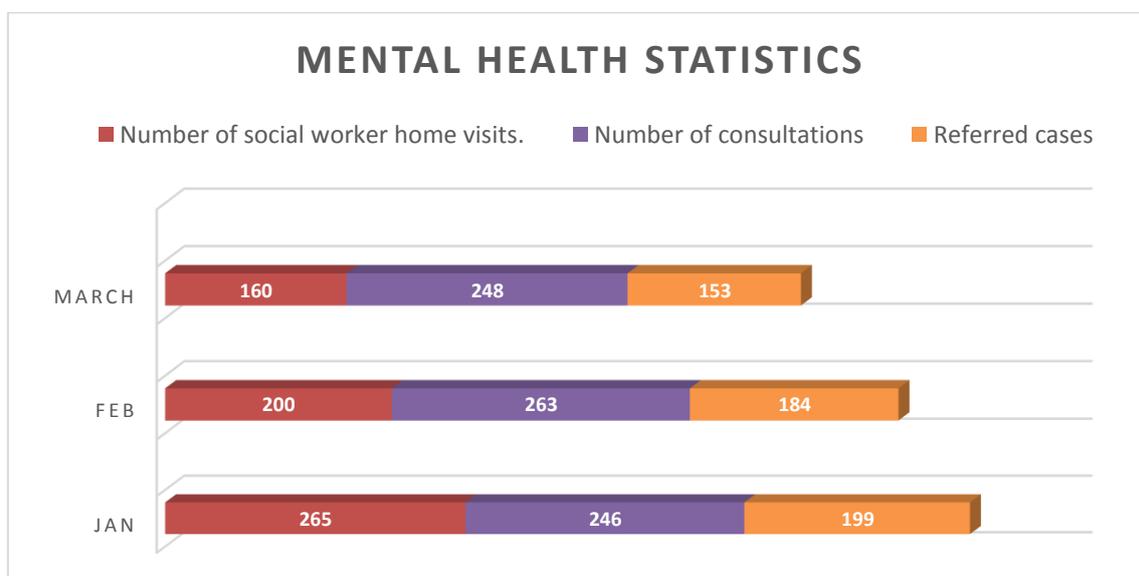
- 3.1.1 Most families spoken to by the WHVs do follow advice and instruction given with regards to disease prevention, visiting the PHCC and taking prescribed medicines. Before families are reached, however, and sometimes after receiving information from the WHVs, individuals are still taking harmful or ineffective medicines on non-medical advice. This is due to a lack of health education among IDPs which is being addressed in this project.
- 3.1.2 Some potable water is contaminated in the camp and this is not being addressed by any other organisation. A solution must be found and AMAR has noted it with regards to finding relevant

funding. A lack of cleaning products has also been flagged by the team working in the camp and this also falls under the need for WASH facilities in Khanke camp.

- 3.1.3 Littering and waste management is a problem in the camp, causing disease to spread and creating a dangerous environment for children. This is being directly addressed through the Cleanliness Campaigns that happen monthly or bi-monthly.
- 3.1.4 Residents in the camp do not welcome the WHV visits at first when they arrive, partly because they are suspicious of the programme’s objectives. Women who have fled conflict have often suffered some form of sexual abuse and cases of domestic abuse increase sharply during times of conflict. This means that fear of speaking with the volunteers, as well as suspicion of the health messages themselves, which often contradict their traditional medicinal beliefs, are the main drivers of this. AMAR is combatting these obstacles through targeted education in schools as well as mental health outreach, lectures and campaigns in communities leading to families becoming more open to the home visits after a few months.

4. Mental Health outreach

The WHVs also deliver mental health outreach visits in the community, carrying out 625 this quarter and referring 525 individuals to the psychologists at the PHCC. 2% of all referrals were to hospital or some form of secondary care due to the severity of their condition. 757 consultations in total were delivered by the psychologists in the PHCC.



Across the quarter the reasons given for seeking mental health support were loss of family members, distribution of dread, anxiety and cases of extortion.



A WHV carries out mental health outreach work, visiting a lady while she works at home in the camp, March 2017



A WHV speaks to a child during a mental health outreach visit, March 2017

5. Health Education

5.1 School Health Unit

Each month a small group of health professionals visit schools in the area to carry out health check-ups for the children and to deliver lessons on various aspects of disease and hygiene. 9 schools were visited this quarter and in total 910 children were examined by doctors or nurses.

Lectures were delivered by WHVs twice in March, once at Khank 1 School and once at Shvan Medya School. At Khank 1 WHVs taught the children about mumps; its symptoms, the dangers and ways to prevent it spreading. 160 children attended this lecture which was delivered on 16th March.

On 27th March WHVs delivered a class on “washing your hands” at Shvan Medya School. This reached 180 children.



A class on hygiene and ‘washing your hands’ is delivered to children by a nurse, March 2017



A class on hygiene and 'washing your hands' is delivered to children by a nurse, March 2017

5.2 Community Education

Each month lectures and training on certain diseases and current health risks in the camp are delivered to medical staff to increase their medical knowledge and prevent outbreaks of new diseases in the camp, and to the communities themselves to raise awareness and increase knowledge of diseases that could spread in the camp. 7 such education sessions took place in Q1.

6. Vocational Skills Training

With Dana Gas' funds AMAR has been able to continue the full running of the vocational training centre in Khanke camp. The centre not only serves as a hub of learning and a way for IDPs to regain their livelihoods by learning a new skill, but also as a social space. AMAR's extensive experience running training centres has shown that they are often as valuable in this respect as they are for learning. Social interaction can relieve trauma, anxiety and stress and provide IDPs with something to look forward to each week.

6.1 Sewing and Design training

The Centre currently provides 10 sewing machines with which a 3-month course is taught. In February and March, 65 women attended the course in three groups, with each group taking 2 classes per week. Whereas 58 women attended in January and completed their three-month

course. At the end of the course, students received a certificate of completion and clothes sewn during the course are distributed to the poorest families in the camp.



Women learn how to sew and design dresses and other garments in the training centre, February 2017

6.2 IT training

Theoretical and practical IT training sessions were delivered to 3 mixed gender groups in the first quarter. In total 61 individuals attended this 3-month course which provides 10 laptops so that students can practice what they learn.



Girls learn practical Information Technology from their teacher in the vocational training centre, February 2017



IT trainees watch a video on computer theory in the vocational training centre, March 2017

6.3 English Language

English language classes are delivered to Secondary and High School aged pupils and act as extra classes for those who need more help with English language at school. The number slightly fluctuates each month but on average 63 students attend the 3-month course in mixed gender classes. It has been noted in Q1 that the English skills of the students have significantly improved throughout the course. Monitoring visits have shown that interactions with the trainer in English have become easier for students and more accurate over the quarter.



Secondary and High School students act out role play in the English class at the training centre, February 2017

6.4 Music classes

Music class participants ranged between 55 and 68 participants in Q1. Over the 3-month course students are taught to play a range of traditional and modern instruments, to read music, and to play pieces in time with each other. A challenge with this activity is that not many women attend the classes. This issue is currently being discussed by the field team and a solution will be found so that women feel more comfortable attending.



Boys perform what they have learnt to their teacher at the music class, March 2017



3 young musicians pose with their instrument during the music class, March 2017



Students at the music class practice singing along to the piano, March 2017

7. Monitoring and Reporting

AMAR staff monitor all activities regularly, sitting in on classes, medical procedures and attending campaigns. These visits occur monthly at a minimum but often they happen weekly, ensuring each activity is on target and forwarding any issues that need to be solved to the London office.

A WHV supervisor is hired to monitor, review and direct the WHVs in their training and home visits. WHVs themselves submit weekly reports to the supervisor who compiles these and passes them to AMAR staff for further review. Monthly reports on all activities are compiled by the Project Manager for each activity and sent to the London office for review.

8. Conclusion

In conclusion, all activities are continuing to run as planned. Points of note are below:

- The catchment area size stands at 17,446 at the end of March 2017
- The PHCC delivered 27,721 services in total
- Littering and waste management remains a problem in the camp
- Contaminated drinking water is of concern
- 525 mental health patients were referred to the PHCC

- 910 children received medical examinations in schools
- All training activities continued successfully but women do not often attend music training which needs to be addressed