



AMAR  
*rebuilding lives*



دانة غاز  
DANAGAS

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## Khanke IDP Camp - Holistic Needs Provision

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*~Second Quarterly Report,  
April - June 2017~*

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## 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 1<sup>st</sup> April 2017 to 30<sup>th</sup> June 2017.

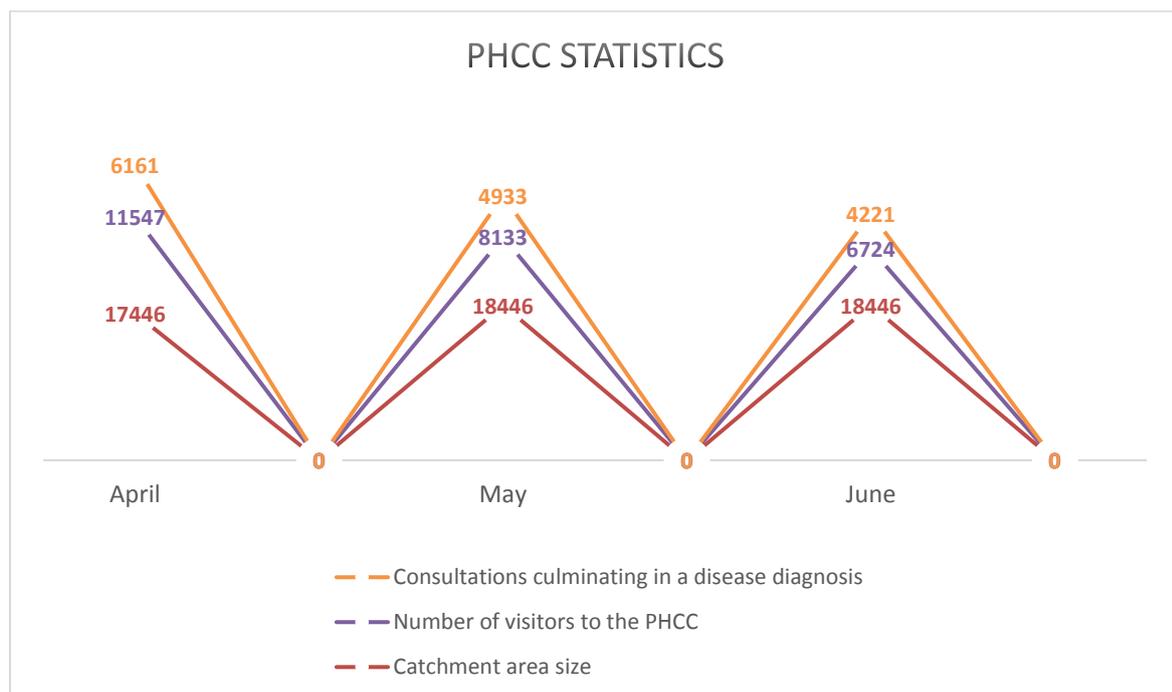
Dana Gas' funding has meant the critically uninterrupted delivery of the following services:

- 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 second quarter of 2017 follow:

## 2. Primary Health Care Centre (PHCC) services

AMAR's PHCC in Khanke camp provides services for 18,446 people at the last count, which is an increase of 1000 people from the last quarter, and to meet the needs of this population it employs 54 staff including 6 doctors, 1 dentist, 2 pharmacy assistants, 2 laboratory staff, 4 nurses and 39 non-medical staff. On average staff have dealt with 8801 visitors per month to the health centre this quarter.

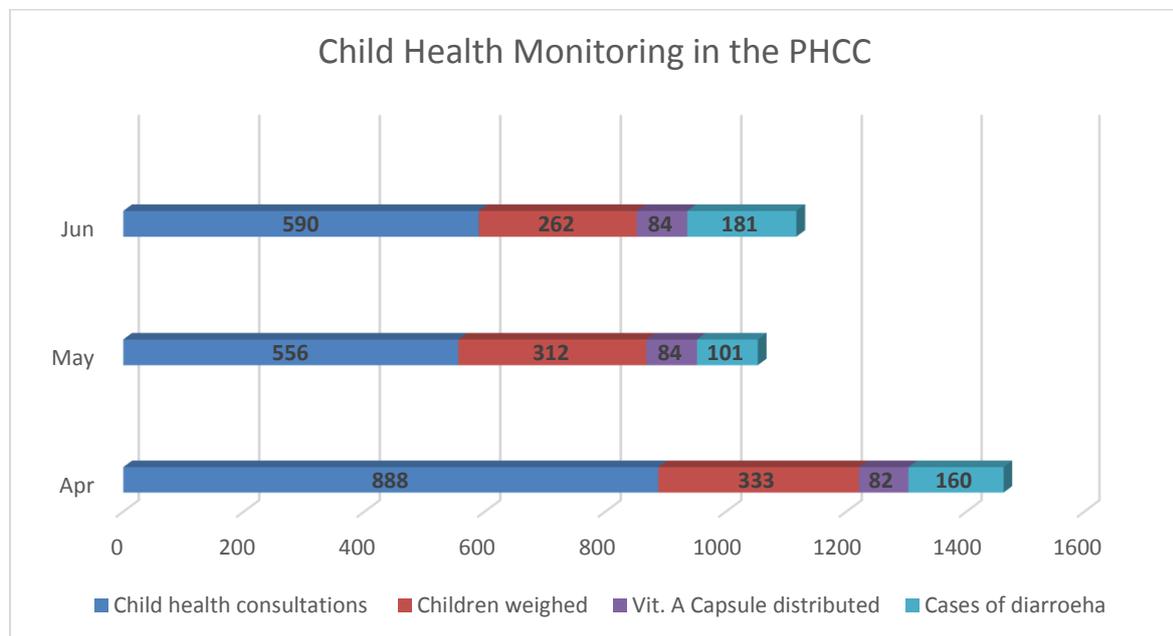


All activities at the health centre continue to run smoothly, though you can see a peak in number of visitors in April and due to Ramadan June was slightly quieter than normal. This is reflected in all statistics. However, the camp population is unlikely to fluctuate much from current figures, unless there is a large influx of IDPs which remains unlikely.

## 2.1 Services

In total this quarter, Dana Gas has helped to fund delivery of 909 vaccinations (26% of these were pregnant women and 71% were children). On average, 31 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. This is a slightly lower average than last quarter due to Ramadan.

522 dentist consultations were carried out, working out at an average of 174 per month, and 2034 child health consultations were delivered. Out of these, 24 were referred for treatment at specialist health services outside of AMAR’s jurisdiction. There are a consistent number of diarrhoea cases found each month, unfortunately due to the many opportunities for bacteria to spread and grow amongst children in the camp. This is in addition to the general lack of clean water and cleaning products available to the IDPs which exacerbates the problem further. Below you will see the child health monitoring statistics for Q2:



Training sessions for new mothers continued to be held weekly for an average of 87 mothers per month in Q2. This is a significant increase in participants for these trainings which will partly be due to the higher number of pregnant women consulting with doctors at the PHCC, but may also be caused by an increase in the popularity of the trainings due to increased trust

between staff and beneficiaries and successful health education among the population. 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 were 304 pregnant women attending consultations at the PHCC in June but numbers could be higher at any one time. Out of these 304 cases, as many as 155 high-risk pregnancies were identified in June, which accounts for as many as half. Unfortunately, this is consistent across months and is likely to be caused by a combination of factors. In Iraq, and particularly among low income families, child marriage is a significant concern. In 2012 24% of children and adolescents were married by the age of 18; 4.6% were married by 15. This points to an extremely high rate of child marriage which is directly linked to problems during pregnancy and at birth and causes significant risk to the underdeveloped mother and baby. In 2012 Iraq had a rate of 11.8% for girls having given birth by age 18<sup>1</sup>, but this is not the only factor in causing high-risk pregnancies in Khanke. Many IDPs will have arrived in the camp in very difficult circumstances, suffering gender-based violence and conflict in their homes and along the way. The mental and physical consequences of this can be very serious and would have a damaging effect on any existing pregnancies.



*An child visits the doctor for an ultrasound scan, April 2017*

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<sup>1</sup> All previous statistics obtained from UNICEF, [https://www.unicef.org/infobycountry/iraq\\_statistics.html](https://www.unicef.org/infobycountry/iraq_statistics.html)



*A child resident in Khanke visits the doctor with an injury to his foot, May 2017*



*The pharmacist prepares a prescription for a patient of the PHCC*

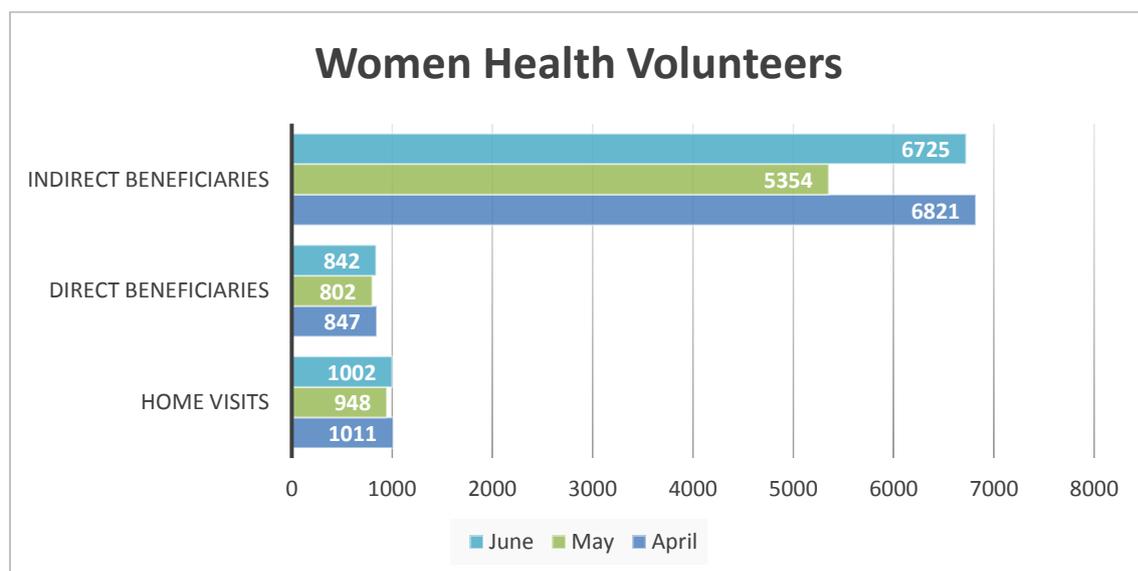
## 2.2 Family Planning

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 330 advice sessions in the second quarter of 2017 and although that is a very small proportion of all women in the camp at 3.5%, it continues to be a significant success in communities where it is largely avoided. As of June 2017 52 women are regularly taking the contraceptive pill which is a slight increase this quarter and 21 women are now using injected contraceptives which is also an increase, reflecting the positive impact the family planning service has on the community in Khanke. 137 packs of condoms were distributed in Q2.

## 3. Women Health Volunteers

2961 home visits were conducted in Q2 by 21 Women Health Volunteers, which matches the capacity of last quarter (Q1). These reached approximately 19,000 IDPs indirectly through family members which reflects a similar increase of 2,000 in camp population. This means that health messages indirectly reached the entire population of the camp as of June 2017. This is an incredible achievement and will have a significant impact on the health of the camp. 11 lectures were held for the volunteers during the quarter and 2 health campaigns were conducted for the community. The WHVs continue to be trained weekly by doctors from the PHCC.



### 3.1 Activities

Each week 21 Women Health Volunteers (WHVs) carried out home visits in the camp to deliver important health messages. During Q2, WHVs continued to urge families to listen and follow their advice and instructions and raised awareness in the camp of the current risk of diseases. They also continued to build trust with the communities as this can be one of the biggest challenges to the WHVs' work, however, this is also one of the greatest strengths of the WHV program as local women from the community are better placed to understand the barriers families face in visiting a medical doctor, either in relation to education, religion or oftentimes trauma. WHVs are trained weekly in a variety of illnesses, both physical and psychological and can therefore advise families to make an appointment at the PHCC when they are at risk. The diseases covered this quarter included tuberculosis, depression, dysmenorrhoea, lice, pneumonia, Obsessive Compulsive Disorder and renal failure. The WHVs also carried out a targeted awareness campaign on water purification; its importance, risks and methods.



*A Women Health Volunteer delivers a lecture on water purification to a family in the camp, April 2017*



*A WHV conducts a home visit to a large family in the camp, June 2017*



*WHVs learn about depression from a doctor at the PHCC, May 2017*

One Cleanliness Campaign was organized in Q2 to deal with the problem of littering and rubbish in the camp. This took place on the 17<sup>th</sup> April and drew 78 participants which is a record number for cleanliness campaigns. Due to Ramadan, no cleanliness campaign was conducted in June but the increase in participants demonstrates the desire of the community to live in a more hygienic environment that will encourage less disease. It may also reflect an increase in understanding of the dangers that littering can bring, particularly to children in the camp. Volunteers once again raised awareness of the hazards of leaving waste around the camp and the diseases that arise from unclean environments and 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 April clear up:



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



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

### **3.2 Comments and challenges**

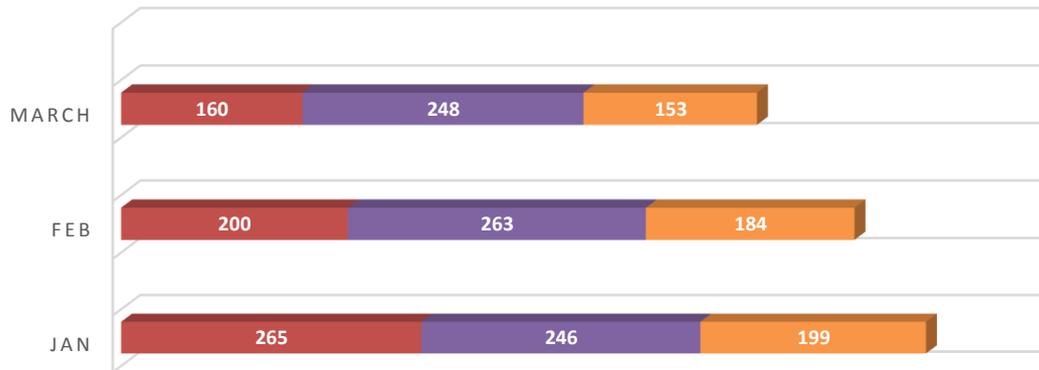
Challenges and comments from the WHVs are similar this quarter and unfortunately due to the crisis in and around Mosul funding is currently being concentrated in Nineveh by the international community. However, in direct response to the problem of contaminated water in the camp the WHVs are educating the population on how to purify the water available to them. This will go some way in preventing water-borne diseases until a solution to contamination is found. With regards to the other issues such as hygiene, the purchasing of over-the-counter medicines and families refusing to follow the advice of the volunteers, progress is constant and education and trust is gradually achieved with each new family.

### **4. Mental Health outreach**

The WHVs continued to deliver mental health outreach visits in the community, carrying out 855 this quarter and referring 442 individuals to the psychologists at the PHCC. This is quite an increase in outreach visits but a reduction in referrals to the PHCC. We should not assume that this represents a drop in severity of cases, however, as in April alone 13 individuals were referred to some form of secondary care or hospital. Across the quarter 22 people were referred in this way which is a 100% increase since Q1. 762 consultations in total were delivered by the psychologists in the PHCC, keeping in line with the continued capacity.

## MENTAL HEALTH STATISTICS

■ Number of social worker home visits. ■ Number of consultations ■ Referred cases



*A WHV carries out mental health outreach work, May 2017*



*A WHV carries out mental health outreach work, April 2017*

## **5. Health Education**

### **5.1 School Health Unit**

This quarter, health professionals continued to 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. The group consists of doctors, nurses and Women Health Volunteers. There are 8 schools in Khanke camp: 4 primary schools, 2 intermediate schools and 2 junior high schools and 5 visits to three schools in total were made this quarter due to changes in the school year. The months of April and May are preparation and examination periods for students and the month of June falls in the summer holiday. This has had a number of effects on activities in Q2. Firstly, in June children were reached in their homes with awareness campaigns rather than being examined in their schools. As well as ensuring they receive regular health education this also means that their families indirectly benefit from activities. In June, 159 children received education on avoiding food from street vendors, personal hygiene and issues arising from the high temperatures from the school health unit. Along with these children, 590 family members were indirectly reached.

The second point to note is that examinations and preparation for these has caused a reduction in numbers compared to Q1. In April and May 338 children were examined and received lectures on scabies, mumps and cholera. This is in addition to the 159 children in June.



A class on mumps is delivered by a nurse to young children at school, April 2017



A class on cholera is delivered to children at school by a doctor and a nurse, May 2017

## **5.2 Community Education**

Each month lectures and trainings on certain diseases and health risks in the camp are delivered to the community, including to WHVs, by doctors from the PHCC to improve understanding of current health concerns and prevent outbreaks of diseases in the camp. The sessions also enable the WHVs to spread what they have learnt even wider among families. In Q2 216 people were reached with these sessions. 12 such education sessions took place in Q2 as well as 18 trainings for medical staff from the PHCC.

## **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. The centre is continuing to run all the subjects provided in the previous quarter, as well as housing the community health education sessions, and the training sessions continue to be valuable places for learning as one of the only spaces for social interaction in the camp.

### **6.1 Sewing and Design training**

The Centre currently provides 10 sewing machines with which a 3-month course is taught. In May and June, 60 women attended the course in three groups, with each group taking 2 classes per week. In April 66 women attended and completed their three-month course, earning them a certificate of achievement. Repairs to some of the faulty sewing machines were carried out this quarter, meaning that more time could be spent on practical training. This will encourage faster learning and therefore more refined skills. As usual, clothes sewn during the course were distributed to the poorest families in the camp.



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

## **6.2 IT training**

Theoretical and practical IT training sessions were delivered to 3 mixed gender groups in the second quarter. As with the sewing class, the three-month course finished in April. This cohort comprised of 57 participants, 33 male and 21 female. During the next cohort, which began in May and will continue to the end of July, there is a significant increase to 70 participants, 28 female and 42 male, confirming the need and usefulness of this topic among residents of Khanke. It should also be noted that the class attracts a significant proportion of women, which must be encouraged.



*Boys learn practical Information Technology from their teacher in the vocational training centre, April 2017*

### **6.3 English Language**

English language classes continued to be 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 60 students attended the 3-month course this quarter. There has been a relatively even split between men and women during Q2 but again this slightly fluctuates each month.

With regards to progress made, qualitative data on improvements in the students' English, demonstrating a higher level of the language being used in interactions with the teacher, is gathered. In addition, students are tested at the end of the three months to identify if they have made the necessary improvements to pass the course. On passing this they will receive a certificate of achievement and on failure are advised to complete the course again. Material and statistics on this will be sent in a separate report.



*Secondary and High School students listen to their teacher in the English class at the training centre, May 2017*

#### **6.4 Music classes**

In April, 58 students were attending music courses at the training centre where they learnt how to read music, play a variety of instruments and learn how to play together. In April only 4 female students attended classes which highlights the ongoing challenge of making classes more female-friendly. However, in May and June numbers went down due to Ramadan and Eid, but female participants grew. In June there were only 37 attendees during the month but out of these 9 were women or girls. This is an increase from 7% to 24% female attendance and hopefully it will continue to rise.



*Young men learn how to play traditional and modern instruments during the music course, May 2017*



*Young men and women sing along with their teacher, April 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 18,446 at the end of June 2017, an increase of 1,000 from March last quarter
- Ramadan affected attendance at some of the activities and number of services delivered
- The PHCC delivered 26,404 services in total, a reduction of 5,589
- Littering and waste management remains a problem in the camp
- Contaminated drinking water is still of concern but measures are being taken by the WHVs to improve knowledge of water purification methods
- The School Health Unit has conducted outreach activities in June due to the students being on holidays
- 22 mental health patients were referred to secondary or hospital facilities
- WHVs made 2,961 home visits in Q2
- Training activities continued successfully and numbers of women in music classes are starting to increase

## **Annex A**

### **Personal Stories – Women Health Volunteers**

**Feryal Dakhil is a Woman Health Volunteer** in the camp. In April she visited one of the families living in the camp and met Um Mariam. The lady mentioned that her three-year-old daughter suffers from autism and refuses to play with the other children. Um Mariam is extremely worried about her child's condition, and feels helpless as she does not know how to support her. Feryal, who had attended a lecture on autism through the WHV program,

explained to her the necessity of her child playing with others in order for her to develop properly and advised her to attend educational seminars so that she may learn more about autism and better support her daughter.

**AMAR Woman Health Volunteer Nisreen Salem** visited the family of Abu Fawzi. After explaining in detail the symptoms, causes and preventions of tuberculosis, Abu Fawzi mentioned that his 13 year old son, Fawzi, is suffering from some of the symptoms mentioned such as night sweats, weight loss and sever chest pain. He told Nisreen that he is particularly concerned because they have not taken Fawzi to see a doctor on account of believing it was a minor infection. The father was strongly advised to visit the healthcare centre with his son as soon as possible in order to conduct the necessary tests since his son might be suffering from tuberculosis. He warned him that it is an incredibly infectious disease and could spread throughout the camp if not treated quickly.

Um Hamam is a mother of young twins and lives in Khanke camp. She has been feeding her children using formula as she was not aware of any of the risks or possible side effects of using this practice. **Haifa Farhan, a Woman Health Volunteer**, visited her in the camp and explained the known risks of formula feeding, causing Um Hamam to reflect on her methods. Haifa explained the particular benefits of breastfeeding and how formula does not provide all that a baby needs during infancy, successfully opening the mother's mind to altering her methods of feeding.

### **Personal Stories – Medical Staff**

**Khalil Abdulkarim Mohammed:** Centre Manager, GP and Escaping Darkness team leader at AMAR's healthcare centre.

“We run regular vaccination campaigns. All our staff visit families to make sure they receive their vaccines.”

While with Dr Khalil, we observed an ECG appointment. A man had presented at the clinic complaining of chest pains. The test found that his heart was perfectly healthy, but when Dr Khalil asked the patient if he had any other symptoms he replied, “I am always very sad. My wife and two sons were taken by Daesh and are still missing.” Dr Khalil immediately referred the patient to staff working for the Escaping Darkness program, looking after the mental health of the camp population, explaining that chest pains can be a common physical symptom of trauma.



“AMAR is a family to me. We help everyone around us like a family, and all the staff supports one another as we are working in difficult circumstances.”

Although there are often multiple aspects to a project it is important that they are all aligned and integrated so that referrals can be made quickly and effectively. This is a great example of the Dana Gas funded health centre and the separate Escaping Darkness project functioning in unison to provide the best service for the residents of Khanke.



**Nurses Karima and Nada:** Both originally from Sinjar and currently living in the Khanke camp, Karima and Nada regularly treat patients for burns – especially in the winter, as a result of faulty heaters – and when we visit they are treating a little girl whose thigh was burnt by boiling water. They also regularly administer vaccinations, stitches, IVs for fluid etc.

“Life is difficult here in the camp, but it’s better than Sinjar. Even before Daesh, we never had healthcare as good as this.”

“For both of us, life is now hard: we live in tents and sleep on the floor on very thin mattresses. We don’t know what our futures will bring now, as here it’s really difficult to imagine beyond today. But thankfully AMAR has provided us with work, and gives us opportunities to train and learn new skills, and this helps us get through the day as we know we are helping others whilst helping ourselves.”

