



AMAR  
*rebuilding lives*



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## Khanke IDP Camp - Holistic Needs Provision

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*~Third Quarterly Report,  
July - September 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> July 2017 to 30<sup>th</sup> September 2017.

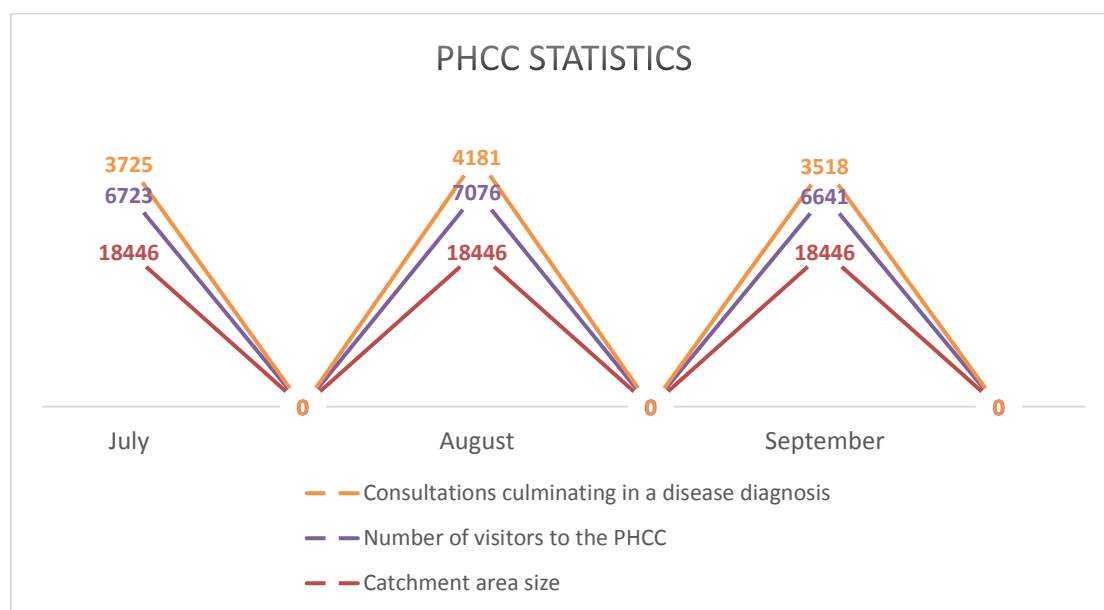
Dana Gas' funding has meant the critically uninterrupted delivery of the following services:

- 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 third 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 the same as 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 6813 visitors per month to the health centre this quarter, a total of 24,437 services this quarter.



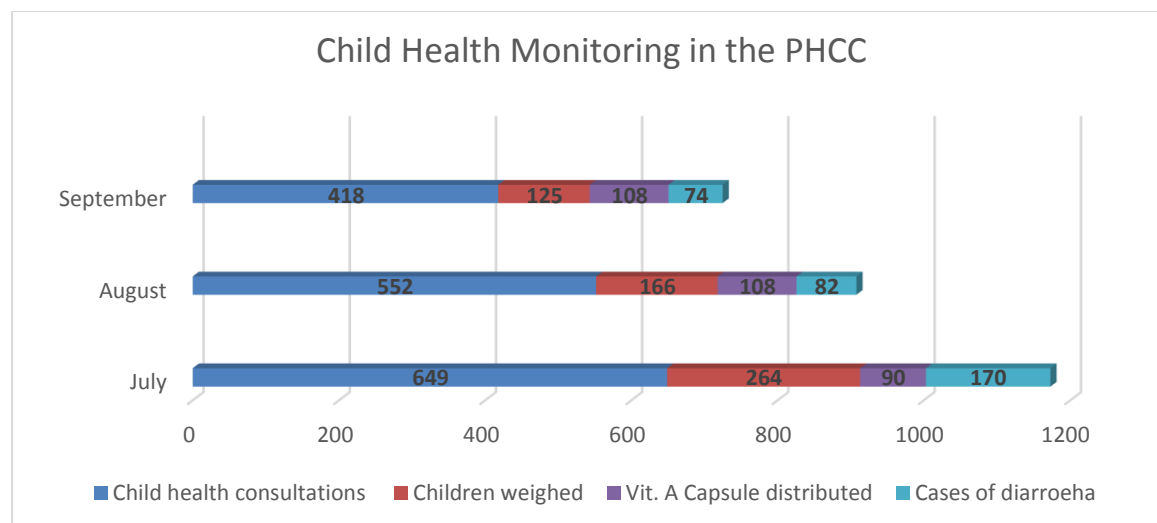
All activities at the health centre continue to run smoothly, and numbers are steady across the three months. Although visitor numbers are lower this quarter, this does not represent a

reduction in need, but rather could reflect the reduction in new arrivals to Khanke camp as seen in the steady population numbers. Even though there has been no suggestion of newly displaced people moving into the camp, instability in the region could have an effect on population and need in the coming months/year.

## 2.1 Services

In total this quarter, Dana Gas has helped to fund delivery of 1087 vaccinations (18% of these were pregnant women and 76% were children). On average, 25 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.

1619 dentist consultations were carried out, significantly more than last quarter, working out at an average of 330 per month, and 2034 child health consultations were delivered. Out of these, 13 were referred for treatment at specialist health services outside of AMAR's jurisdiction which is a part of the previous figure for referrals. There are fewer diarrhoea cases this quarter which could be in part due to the cooler weather but also due to the health education delivered by the Health Education in Schools program and Women Health Volunteers. Below you will see the child health monitoring statistics for Q3:



Training sessions for new mothers continued to be held weekly for an average of 61 mothers per month in Q3. 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 247 pregnant women attending consultations at the PHCC in September and out of these, 31 high-risk pregnancies were identified in the same month. This is thankfully much fewer than last quarter by more than 3 times and accounts for only 12.5% of current pregnancies.



*A doctor checks a patient's blood pressure, July 2017*



*Young women wait outside the doctor's office to be called in, July 2017*



*A child receives a check-up by a doctor, August 2017*



*A family wait for their medicines at the pharmacy, August 2017*





*A dentist and her assistant check a patient's teeth, September 2017*

## **2.2 Family Planning**

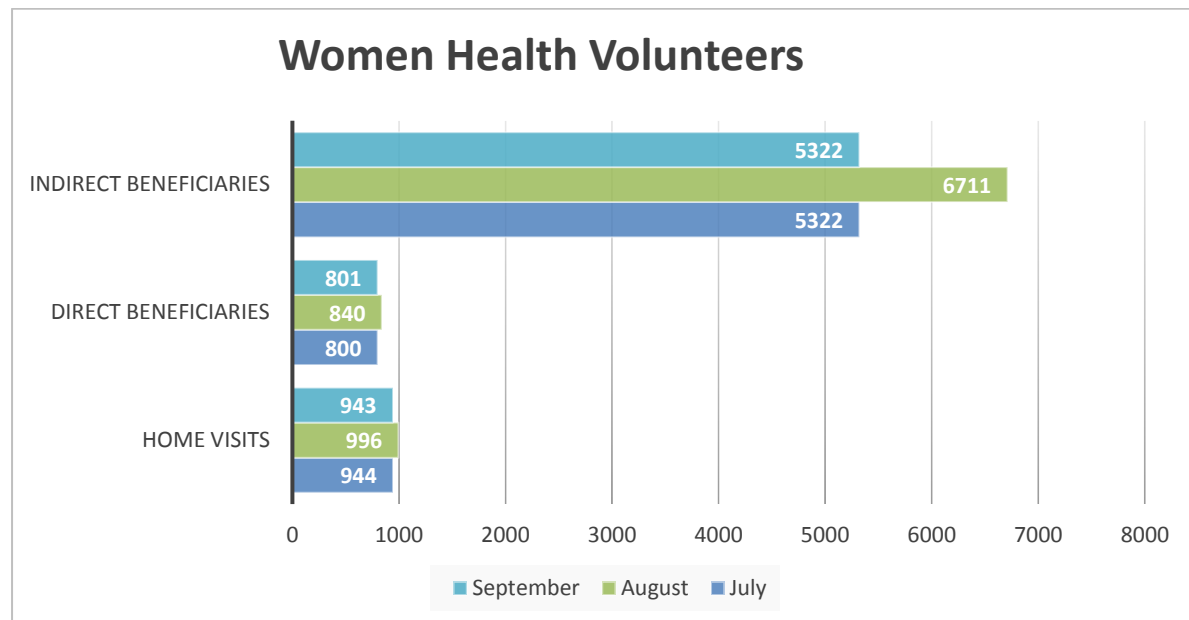
Family Planning is considered an unacceptable precaution for women across Iraq, and in the context of displaced communities living in camps this can be an increased risk for the health of the women and girls living in cramped conditions with no WASH facilities and high levels of insecurity who might 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 368 advice sessions in the third quarter of 2017 and although that is a very small proportion of all women in the camp at 4%, it continues to be a significant success in communities where it is largely avoided. As of September 2017 54 women are regularly taking the contraceptive pill which is a slight increase again this quarter and 26 women are now using injected contraceptives which is also an increase, reflecting the increasing positive impact the family planning service has on the community in Khanke. 157 packs of condoms were distributed in Q3.

## **3. Women Health Volunteers**

2883 home visits were conducted in Q3 by 21 Women Health Volunteers. These reached approximately 17,355 IDPs indirectly through family members on top of the 2441 directly reached family members. This means that health messages once again reached the entire population of the camp as of September 2017. This is ensured that health messages are

continually improving the health of the camp. 10 lectures were held for the volunteers during the quarter and 1 campaign was 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 Q3, 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 bleeding during pregnancy, anxiety, social phobias, migraines, artificial feeding, breast cancer and depression. The WHVs also carried out a clean-up campaign designed to mobilise the community in cleaning the site from waste.



*A WHV takes notes on her meeting with a mother and her children, July 2017*



*A WHV gives a lecture to a female head of household on migraines, August 2017*





*The WHVs receive a lecture on artificial feeding and the importance of breastfeeding, September 2017*

The clean-up campaign was carried out on 6<sup>th</sup> July, with 24 attendees, in coordination with the camp administration. WHVs provided families in the camp with health instructions about the importance of hygiene and distributed waste bags. Below are some photos of the camp's residents getting involved in the July clean-up:



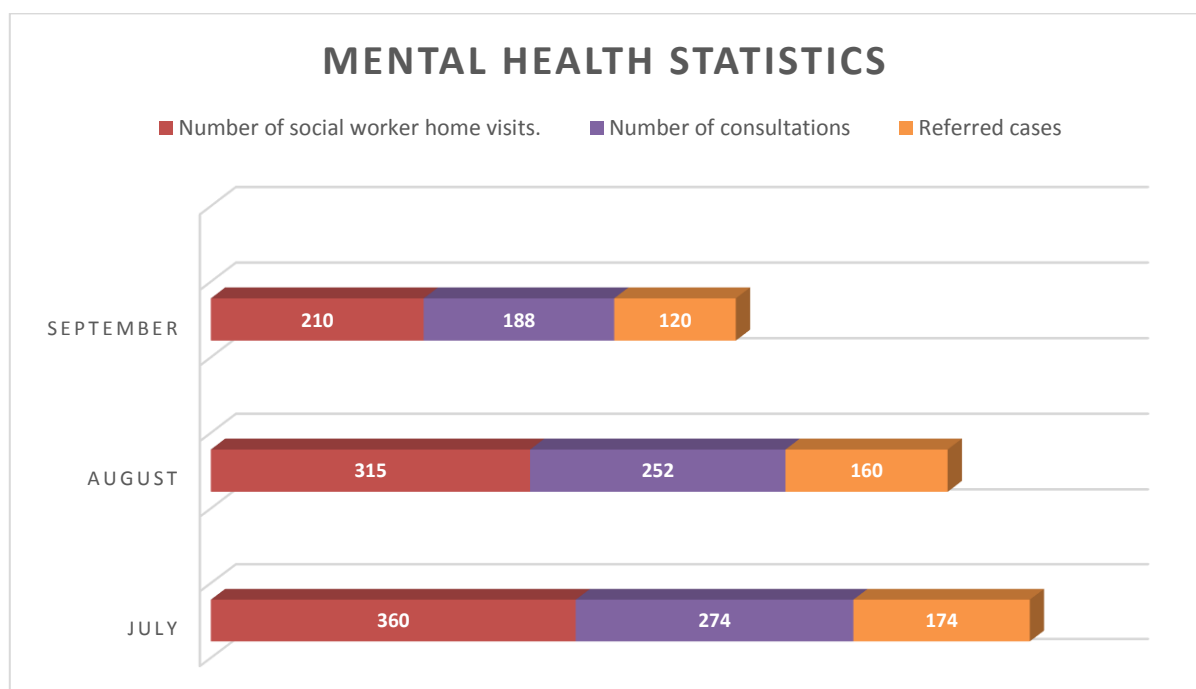
Volunteers clear waste from public spaces in the camp during the clean-up campaign, July 2017

### 3.2 Comments and challenges

Challenges and comments from the WHVs are similar this quarter and unfortunately water contamination is still a problem in the camp. However, the WHVs continue to educate the population on how to purify the water available to them. This will continue to 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 family.

### 4. Mental Health outreach

The WHVs continued to deliver mental health outreach visits in the community, carrying out 885 this quarter and referring 438 individuals to the psychologists at the PHCC. This is a slight increase in outreach visits. Although PHCC referrals reduced slightly, across the quarter 16 serious cases were referred to secondary or hospital services for specialist care. Although this is also a reduction, it does not show a lessening of need as this is still a large number and does not reflect all of the unidentified individuals who could be suffering in the camp. The Social Workers dedicate their outreach visits to helping these individuals find the care they need. 714 consultations in total were delivered by the psychologists in the PHCC.





*A social worker visits a family at their home to discuss their mental health, July 2017*



*A young girl visits the psychologist at the PHCC, September 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. In August, due to holidays, visits were conducted door to door so that no health education activities were missed. 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 4 visits to three schools, including the kindergarten, were made this quarter. However, the health professionals also visited 44 families during August as schools were closed and therefore were able to examine 186 children this way. In July 130 children were reached and in September, 82 were reached. The fluctuation in numbers can be affected by how many children are in the chosen classes each month as well as attendance, so this cannot easily be controlled. As well as ensuring they receive regular health education this also means that their families indirectly benefit from activities. Topics covered this quarter were seasonal diseases, acute diarrhoea, cholera and dental health.



*A class on dental hygiene is delivered by a doctor to young children at school, September 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. In August as many as 91 men and women attended these sessions. In July there were 78 and in September there were 54. The vast majority of attendees were women. 14 such education sessions took place in Q3 as well as 18 trainings for medical staff from the PHCC.

In addition to these, international volunteer doctors have been visiting camps in the Kurdish region in order to share their knowledge and experience with residents. Khanke was lucky to receive Ricky, a Swedish doctor who delivered a lecture at the training centre on Preventing Respiratory diseases.

## **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.

There was a sharp increase in students at the training centre during September as many did not realise that a new cohort had already started. These new students received additional support from the tutors to help them catch up with the hours that they missed.

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

The Centre currently provides 10 sewing machines with which a 3-month course is taught. In July, 60 women attended the course in three groups, with each group taking 2 classes per week. The women finished their course in July and so received a certificate of achievement. In August the new cohort attracted 57 women and in September one more joined making it 58. Repairs to some of the faulty sewing machines were carried out this quarter and as usual, clothes sewn during the course were distributed to the poorest families in the camp.



*Women learn to sew in the sewing class, July 2017*

## **6.2 IT training**

Theoretical and practical IT training sessions were delivered to 3 mixed gender groups in the third quarter. As with the sewing class, a three-month course finished in July and this cohort comprised of 70 participants, 42 male and 28 female. This matches what was reported in A for this cohort. From August onwards there has been a further increase to 78 participants, 31 female and 47 male, demonstrating the gradual increase in popularity of the centre and the continued need for useful courses like this. It should also be noted that the class attracts a significant proportion of women (40% this cohort), which must be encouraged. The current group will complete their course in October.



*Young men and women attend one of the IT courses, August 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. In Q3 classes jumped from 62 attendees to 90 in August, staying at 90 throughout September. This is most likely due to the beginning of the new school year.

It has proved very difficult to gather data on individual students' progress during this class, however, students are given a short test at the end of the course and an example of this is below. All students receive a certificate at the end of the course.

#### Example Test

1. Write a sentence in present simple tense.
2. John is playing volleyball. What is the tense of the sentence?
3. Write an example about auxiliary verb (are).
4. In one of the following words, letter (B) is not pronounced. Write it (bad, rub, bomb)
5. Write a paragraph in not more the (120) words about yourself.



*Students attend their English language classes in preparation for the new school year, August 2017*

#### **6.4 Music classes**

In July, 38 students were attending music courses at the training centre where they learnt how to read music, play a variety of instruments and learnt how to play harmony. In July female attendees increased to 9, though this is still extremely low. However, in August and September the new cohort brought 19 female students, making the total number of attendees 48. This is an impressive improvement and demonstrates the efforts of the team in making these classes more female-friendly. It is an increase from 24% to 40% women and hopefully it will continue to rise.





*A young girl sings in her music class while the others play, August 2017*

## **7. Extra Activities taking place in the camp in Q3**

There is a severe shortage of medicines across Iraq and this has made all of AMAR's health projects challenging. In September, however, the World Health Organisation agreed to supply five of our health centres in the North with much-needed medicine. The Dana Gas funded PHCC is one of these centres and doctors will submit the list of medicine needed on a monthly basis. This will have an invaluable effect on the running of the clinic.

In July AMAR distributed 35 footballs to children and young people in the camp which met with an excited reception. It is crucial that displaced people have something to occupy them as a lack of livelihood opportunities and education leaves people simply waiting to return home.

## **8. 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.

## **9. 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 September 2017
- The PHCC delivered 24,437 services in total
- 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 August due to the students being on holidays
- 16 mental health patients were referred to secondary or hospital facilities
- WHVs made 2,883 home visits in Q3
- Training activities continued successfully and numbers of women in music classes have increased significantly

### **Annex A**

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

**Woman Health Volunteer Shireen Khalil** visited one of the families and met with Mrs. Maysaa who is a mother of a 3-month old girl. After explaining to her about the dangers of artificial feeding, Mrs. Maysaa mentioned that since she became employed at one of the ministries she feeds her daughter formula milk to give her the time to work. Shireen advised her to go back to breastfeeding, especially in the first months of the baby's life, as it is crucial to the future health of the child.

**Woman Health Volunteer Delphine Hassan** visited Mrs Mariam of Khanke Camp. After she had finished her lecture on Abdominal Pain, Mrs Mariam told her that sometimes she suffers from severe abdominal pain which prevents her from carrying out her daily activities. Mrs. Mariam added that she eats a lot of fatty foods and consumes large quantities of soft drinks. Ms Hassan told her that she needs to stop these harmful habits as they could cause her various diseases and advised her to eat vegetables and fruits because they are beneficial for the body.

**Woman Health Volunteer Wafaa Elias** visited Um Mohammad at her home aiming to provide her with some information about migraines. Um Mohammad is a mother of 5 and her eldest daughter, who is 20 years old, suffers badly from migraines. Um Mohammad said that her daughter takes some medicines to ease the pain (Panadol and paracetamol) but the volunteer advised her that it was best to visit the healthcare center in order to run some precautionary tests and to receive an appropriate treatment plan. The family thanked the volunteer for her advice and concern.