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PRIMARY HEALTH CARE PROJECT

TECHNICAL BRIEF

USAID/PHCPI Activities Focus on the Health Needs of Internally Displaced Persons in Baghdad and Other Key Regions

"PHCPI /USAID has distributed more than 27,845 copy of health promotional materials to the primary health care clinics (PHCCs) and communities of Smeel District in Duhok, especially IDPs who have been fled from Sinjar City. These materials were produced in Kurdish and Arabic languages."

Photo: USAID / PHCPI

U.S. Agency for International Development
Primary Health Care Project In Iraq
http://phciraq.org/
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Summary

This report describes the USAID-funded Primary Health Care Project in Iraq's (PHCPI's) efforts to improve health services for internally displaced persons (IDPs) in Iraq. PHCPI developed tailored interventions to target displaced persons and increase their use of quality primary health care services and ensure that they are adequately covered by strengthened Primary Health Care Clinics (PHCCs) in the target regions. PHCPI is working to ensure IDPs are adequately accounted for within the project's framework and to safeguard IDPs' health and social support needs, especially for women and children.

Background

The Internal Displacement Monitoring Centre (IDMC) estimates that there are at least 2,300,000 internally displaced Iraqis as of June 2014. Baghdad, by far the most populous governorate in Iraq, is also home to over 70,000 internally displaced persons (IDPs). Beginning in 2003, a large influx of displaced people moved in to the Al-Anbar Governorate. However, nearly a quarter of these IDPs have been pushed out of Al-Anbar and have relocated to Baghdad. (1)

The current deterioration of the security environment in other governorates (e.g. Ninawa and Salah ad-Din) since June 2014 will continue to add additional burdens in the upcoming months. All these events have placed a great strain on the Governorate's public services - education, health care, and infrastructure

At least 500,000 people in Mosul have been displaced, according to the International Organization for Migration (IOM), and 100,000 of these people are being hosted in Kurdistan, while 200,000 people who were unable to pass through border checkpoints remain located in disputed areas near the Kurdish border. An additional 200,000 people have been displaced from the west to the east side of Mosul. Those displaced from Mosul almost doubled Iraq's IDPs in less than 1 week, a very shocking occurrence. Additionally, UNICEF estimates that half of Iraq's IDPs are children.

From its inception, the USAID-funded Primary Health Care Project in Iraq (PHCPI) has been designed to strengthen the Iraqi health sector's capacity to benefit the population as a whole; increasing access to health coverage for key vulnerable populations such as children under five, pregnant women as well as IDPs. As part of these efforts, in 2012 PHCPI surveyed the largest IDP settlements in various regions of Iraq to gain a better understanding of the health-related needs of this population.

Based on the survey results, PHCPI has worked to increase IDPs' knowledge and access to quality reproductive and child health care services with the goal of reducing short- and long-term maternal and child morbidity and mortality (United Nations Millennium Development Goals 4 & 5).

Methodology

In collaboration with the Iraqi Ministry of Health, PHCPI identified target groups within the project's catchment areas focusing on IDP camps, aggregations or informal settlements. As a next step, PHCPI developed a work plan to reach these groups through close collaboration with local health committees, health volunteers and Civil Society Organizations (CSOs) to address specific IDP health and hygiene needs.

Mercy Hands and Muslim Aid – CSOs with past experience working with IDPs – agreed to lead the implementation of the IDP outreach in the field, targeting 4,000 women with the goal of conducting a total of 100 health awareness workshops in Baghdad. Additionally, in Maysan 62 workshops were planned and designed to reach 2,450 women through investment in a health visitor program and related human resources at the DOH. These one-day activities were facilitated by three health volunteers and covered topics and messages related to maternal and child health, personal hygiene and protection from poliomyelitis. In some cases, females from IDP camps were recruited as health volunteers to lead these awareness sessions.

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(1) IOM Iraq Report/ Governorate Profile: Baghdad, April 2014

Photo: USAID / PHCPI

A SUMMARY OF ACTIVITIES

The activities of PHCPI's IDP component will focus on maternal and child health:

- Identification of the most vulnerable IDP families for targeted intervention.
- Identification of local NGOs working in the district of intervention as implementing partners.
- Conducting assessments, including community based mechanisms, jointly with the MOH and MoDM, in order to identify health and social needs of communities with high concentrations of IDPs.
- Standardize vulnerabilities criteria for beneficiaries' selection within PHCPI catchment areas.
- Social mobilization of communities and coordination with IDP community members for selection of community volunteers, ensuring proper coordination and avoiding gaps in areas of displacement. To make interventions effective and successful, participation of the camp population will be solicited, particularly women and girls.
- Hygiene promotion, including hygiene education sessions and the distribution of necessary supplies (hygiene kits).
- Distribution of Information, Education, and Communication (IEC) materials on newborn nutrition, healthy pregnancy, and management of diarrhea.
- Assist on the preparation of a database of beneficiaries.

IDPs Supported by PHCPI in Baghdad Province

Number of IDP Families in PHCPI catchment areas	Number of People in Camps	Number of Children Under 5 in Camps
9,427	53,877	6,857

IDPs Supported by PHCPI in Maysan Province

Number of IDP Families in PHCPI catchment areas	Number of People in Camps	Number of Children Under 5 in Camps
9,651	48,255	N/A

Table 1: IDPs Supported by PHCPI in Baghdad and Maysan

Orientation meetings were conducted for the health volunteers by PHCPI technical advisors to provide relevant health information and appropriate methods for reaching IDPs. For example, Heath Education Handouts were distributed focusing on the topics of antenatal care, vaccinations, child nutrition, diarrhea management, acute respiratory infections and personal hygiene.

Fieldwork

On May 18, 2014, field work to raise "Awareness of Health Requirements of IDPs" was launched in Baghdad. As a first step, health volunteers conducted health awareness workshops in the selected IDP camps. During these activities, one woman was invited from each family within the camps to participate. Around 40 women attended each of these workshops and received IDP orientation handouts developed by PHCPI.

Following each session, health volunteers distributed hygiene kits including wound plaster, bandages, sterilized cotton, sterilizing agent, toothpaste, and toothbrushes, among other health care items to each attendee. These kits were supplied by PHCPI to motivate IDP families to adopt sanitary habits within their daily routines.

Information, Education, and Communication (IEC) materials on Maternal and Child Health were also distributed to participants in some of workshops. As of July 3, 2014, more than 167 outreach activities were performed by PHCPI with nearly 4,500 IDP families receiving hygiene kits and health promotion materials. Additionally, PHCPI is conducting follow-up meetings on a weekly basis with collaborative partners such as NGOs and governorate councils to monitor ongoing activities and provide essential support as required.

Current Outcomes

The most important achievements obtained from activities already conducted are:

- Raised IDP awareness regarding the main health problems and concerns of children under the age of 5 and women's health.
- Encouraged IDP families to adopt basic hygiene within their daily routines.
- Trained educators and health volunteers on the key health issues facing IDPs.
- Strengthened the link between primary health care centers and the community.

Regular communication has been maintained between PHCPI advisors, CSOs and health volunteers to discuss ongoing activities, best practices and operational constraints.

Work continues in the project's catchment areas and, given the deteriorating security environment and the growing number of IDPs, PHCPI is conducting new situational analyses to assess the number of IDPs, location within PHCPI catchment areas and emergency needs, with suggested interventions, in order to respond accordingly.

In Baghdad and Maysan provinces, PHCPI is providing support to 102,132 IDPs located with PHCPI-supported PHCC's catchment areas. In Baghdad, 6,857 are children under the age of 5 (see Table 1).

Conclusion

Health care in Iraq has deteriorated significantly due to the exodus of qualified professionals, a severe shortage of medication and equipment, and damage to medical facilities. Many of the displaced live in substandard conditions and lack basic services, increasing their risk of disease. Although the rate of displacement slowed from 2007-2013, it is now on the rise again with more than one million Iraqis forced from their homes due to conflicts in the first half of 2014.(2)

These mass population displacements have put enormous strains on the already struggling Iraqi public institutions and thus, greater resources need to be directed to address the long-term needs of IDPs.

(2) UN Refugee Agency, June 2014

Duhok Area **6553** km2, total population **1180158**
18 PHCCs (IDPs are registered at all clinics as normal visitors)
Total population in the catchment area of the PHCCs **133040**
Number of IDPs in the province **462270**
No. of IDPs in the catchment area of the PHCCs **230**

Ninawa Area **37323km2**, total population **3438104**
22 PHCCs (IDPs are registered at all clinics as normal visitors)
Total population in the catchment area of the PHCCs **794946**
Number of IDPs in the province **73530**
No. of IDPs in the catchment area of the PHCCs **300**

Kirkuk Area **9679 km2**, total population **1470167**
14 PHCCs (No information of IDPs at all clinics)
Total population in the catchment area of the PHCCs **116176**
Number of IDPs in the province **55000**
No. of IDPs in the catchment area of the PHCCs **No Information**

Salah-Aldin Area **24363km2**, total population **1474882**
17 PHCCs (No information of IDPs at all clinics)
Total population in the catchment area of the PHCCs **205213**
Number of IDPs in the province **51390**
No. of IDPs in the catchment area of the PHCCs **No Information**

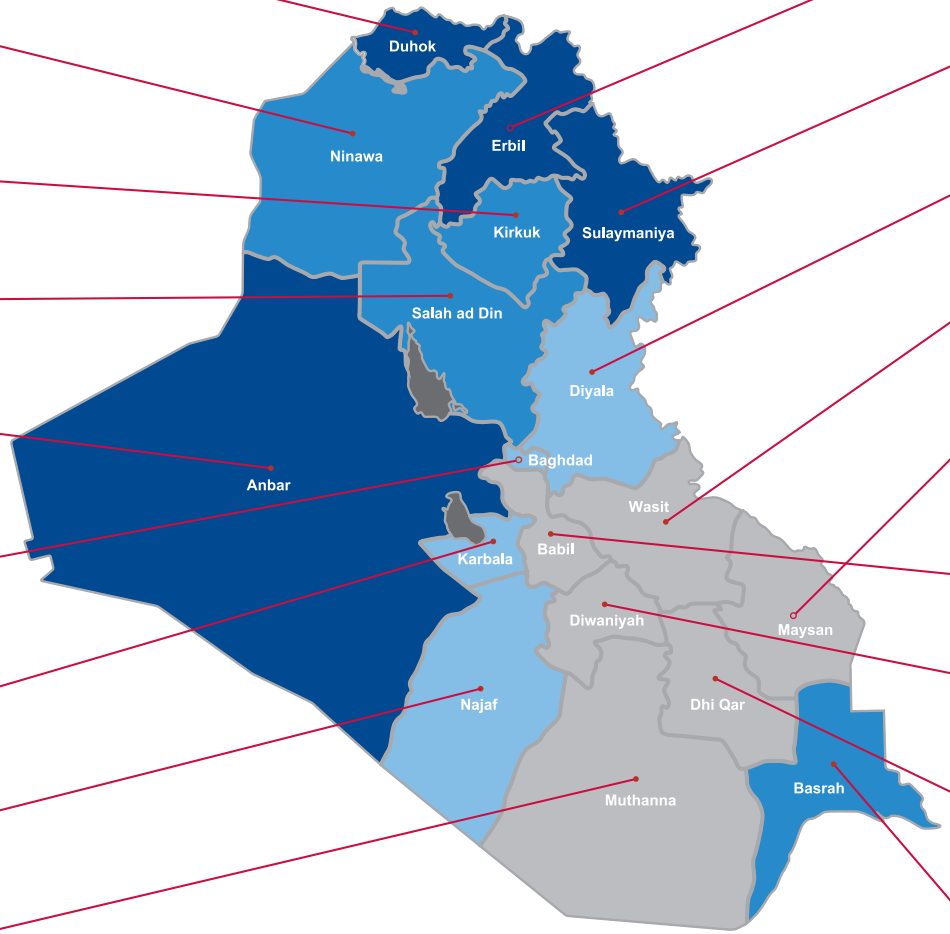
Anbar Area **137808 km2**, total population **1636831**
20 PHCCs (No information of IDPs at all clinics)
Total population in the catchment area of the PHCCs **254100**
Number of IDPs in the province **343290**
No. of IDPs in the catchment area of the PHCCs **No Information**

Baghdad Area **4555 km2**, total population **7457773**
40 PHCCs (4 PHCCs of IDPs)
Total population in the catchment area of the PHCCs **1700150**
Number of IDPs in the province **46200**
No. of IDPs in the catchment area of the PHCCs **823**

Karbala Area 5034 km2, total population **1122400**
23 PHCCs (13 PHCCs of IDPs)
Total population in the catchment area of the PHCCs **536523**
Number of IDPs in the province **37602**
No. of IDPs in the catchment area of the PHCCs= **21000**

Najaf Area **28824 km2**, total population **1354180**.
20 PHCCs (2 PHCCs of IDPs)
Total population in the catchment area of the PHCCs **789617**
Number of IDPs in the province **32238**
No. of IDPs in the catchment area of the PHCCs **40183**

Muthanna Area **51740 km2**, total population **753024**
20 PHCCs (6 PHCCs of IDPs)
Total population in the catchment area of the PHCCs **294361**
Number of IDPs in the province **1240**
No. of IDPs in the catchment area of the PHCCs **850**



Erbil Area **15074** km2, total population **1703243**
19 PHCCs (IDPs are registered at all clinics as normal visitors)
Total population in the catchment area of the PHCCs **565561**
Number of IDPs in the province **117030**.
No. of IDPs in the catchment area of the PHCCs **500**

Sulaymaniya Area **17023 km2**, total population **1944007**
20 PHCCs (IDPs are registered at all clinics as normal visitors)
Total population in the catchment area of the PHCCs **342461**
Number of IDPs in the province **141000**
No. of IDPs in the catchment area of the PHCCs **500**

Diyala Area **17685 km2**, total population **1512737**
17 PHCCs (No information of IDPs at all clinics)
Total population in the catchment area of the PHCCs **325720**
Number of IDPs in the province **49416**
No. of IDPs in the catchment area of the PHCCs **No Information**

Wasit Area **17153 km2**, total population **1271708**.
18 PHCCs (9 PHCCs of IDPs)
Total population in the catchment area of the PHCCs **387465**
Number of IDPs in the province **3504**.
No. of IDPs in the catchment area of the PHCCs= **3775**

Maysan Area **16072 km2**, total population **1023690**.
18 PHCCs (14 PHCCs of IDPs)
Total population in the catchment area of the PHCCs **458758**
Number of IDPs in the province **1870**.
No. of IDPs in the catchment area of the PHCCs **1220**

Babil Area **5119 km2**, total population **1908214**
19 PHCCs (No information of IDPs at all clinics)
Total population in the catchment area of the PHCCs **388793**
Number of IDPs in the province **8430**
No. of IDPs in the catchment area of the PHCCs **No Information**

Diwaniyah Area **8153 km2**, total population **1191106**.
20 PHCCs (18 PHCCs of IDPs)
Total population in the catchment area of the PHCCs **697373**
Number of IDPs in the province **3216**.
No. of IDPs in the catchment area of the PHCCs **3273**

Dhi-Qar Area **12900 km2**, total population **1930635**
20 PHCCs (2 PHCCs of IDPs)
Total population in the catchment area of the PHCCs **753731**
Number of IDPs in the province **1895**
No. of IDPs in the catchment area of the PHCCs **158**

Basrah Area **19070 km2**, total population **2572425**.
15 PHCCs (1 PHCCs of IDPs)
Total population in the catchment area of the PHCCs **491500**
Number of IDPs in the province **72690**.
No. of IDPs in the catchment area of the PHCCs **500**

No. of IDPs in the Province	
	1 to 30000
	30000 to 50000
	50000 to 100000
	100000 to 500000
o	USAID/PHCP Regional Offices