EPIDEMIOLOGY OF HEALTH PROBLEMS AMONG INTERNALLY DISPLACED PERSONS (IDPS)' CAMPS

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ABSTRACT

Internally displaced persons (IDPs) are people who have been forced to flee or to leave their homes in order to avoid the effects of armed conflict, violence, violations of human rights, natural or human-made disasters. To highlights the internal displacement waves, and IDPs situation in Diyala Province, and to describe some of the key health issues for displaced populations, and to assess other effects associated with internal displacement. Retrospective study conducted for the period 1st Sep 2015 to 1st March 2016, in Diyala Province. Review of records and registries of IDPS from Diyala Directorate of Health (DoH), Public health department, emergency committee and follow-up of internally displaced persons. Direct Interviews with officers responsible for IDPs in Diyala DoH was also conducted.

Diyala faced three main waves of internal displacement, the first one was before 2006, the second wave was after 2006, while the third wave which is the greater one followed Al-mousel occupation at 10th June 2014. During the last wave Diyala province has been affected dramatically since the beginning of that crisis which lead to displacement of 190,000 persons from Al-Udhiem, Jalula, Saadia sub-districts, and many villages of Al-moqdadia and Al-mansoria Districts. IDPs following the last crisis distributed into three main camps were number of IDPs (22,000) representing 11.6% of all IDPs. The remains of IDPs were distributed through urban and rural areas of the province. Rapid increase in the number of internally displaced persons have influenced a negative impact on the preventive and curative health services, in addition to increasing needs for medical materials, equipment, supplies and available human resources due to the fact that the IDPs are Living critical and risky situation. Diyala province affected dramatically from violence, conflict and internal displacement, which lead to a lot of challenges related to public health, and represented by spread of Communicable Diseases.

Key words: Internally displaced persons (IDPs), Health problems, Diyala.

INTRODUCTION

Internally displaced persons (IDPs) are people or groups of people who have been forced to flee or to leave their homes or place of habitual residence in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters (Depoortere *et al.*, 2004). IDPs have not crossed an internationally recognized State border. They stay under the protection of their government, even if that government is the reason for their displacement (Thomas and Thomas, 2004) . As a result, these people are among the most vulnerable in the world3. By the end of 2014, a record-breaking 38 million people had become displaced within their own country as a result of violence (Toole and Waldman 1990) . A massive 11 million of them were newly reported during 2014, equal to 30,000 people a day (Toole and Waldman, 1993). UNHCR cared for around 26 million of the world's IDP population in 2014 (UNHCR, 2014b). The majority of the increase in new displacement during that year was the result of protracted crises in Democratic Republic of the Congo, Iraq, Nigeria, South Sudan and Syria. In total, these five countries accounted for 60 per cent of new displacement worldwide (UNHCR, 2014b). War and civil strife have been largely responsible for this epidemic of mass migration that has affected almost every region of the world, including Europe. Violence in Darfur, Sudan, has rendered more than one million people internally displaced (Emergency and IDPs Followup Committee in Diyala, 2015).

In Iraq up to 2.1 million people were displaced and unable to achieve durable solutions. This includes up to 1.1 million people displaced since the sectarian violence of 2006, and at least one million IDPs displaced from previous waves of displacement. The actual process of moving and displacement can lead to health related difficulties, or risk of abuse of their basic rights particularly for vulnerable groups such as children, women and the elderly. The risks associated with displacement due to lack of basic survival necessities required to sustain 'good' basic health such as food, shelter, safe water, sanitation and lack of access to emergency health care in times of need (Thomas and Thomas, 2004;United Nations Human Rights Office of the High Commissionaire, 2017). Many populations will have pre-existing vulnerable groups due to poverty, poor housing, violence, ethnicity, religion; those are more susceptible to the effects of conflict or an otherwise adverse event and therefore more likely to become displaced internally or internationally (Depoortere *et al.*, 2004 ; UNHCR, 2014a). Displaced persons suffer significantly higher rates of mortality than the general population. They also remain at high risk of physical attack, sexual assault and

abduction, and frequently are deprived of adequate shelter, food and health services (United Nations Secretary General Kofi Annan 2000;Roberts *et al.*, 2009) . This paper highlights the internal displacement situation and waves in Diyala Province, and to describe some of the key health issues for displaced populations, and to investigate other effect of internal displacement.

SUBJECTS AND METHODS

Retrospective study conducted for the period 1st Sep 2015 to 1st March 2016, in Diyala Province. Review of records and registries of IDPS from Diyala DoH, Public health department, emergency committee and follow-up of internally displaced persons, registries and statistics of IDPs camps in Baquba and Khanakin districts. Interviews with officers responsible for IDPs in Diyala DoH. Diyala is an Iraqi Province, located (60) Km northeast to Baghdad the Capital of Iraq. Bordered to the east by Iran, Sulymania and Kirkuk Provinces to the North, Salahdin Governorate to the West, Baghdad and Wasit Governorates to the South and Southwest. Population 1,600,000, area 18000 Km^2. Diyala included (7) Districts, Baquba, Al-kalis, Al-moqdadia, Beladruze, Al-mansoria and Khanakin. Baquba is the center, most densely populated represented 33% of total Province' population. There are (10) hospitals, (7) Primary health districts, (53) main Primary health care centers, (42) health centers and one border health center in Al-muntharia. All these health facilities presented medical, health and preventive services in this governorate.

RESULTS

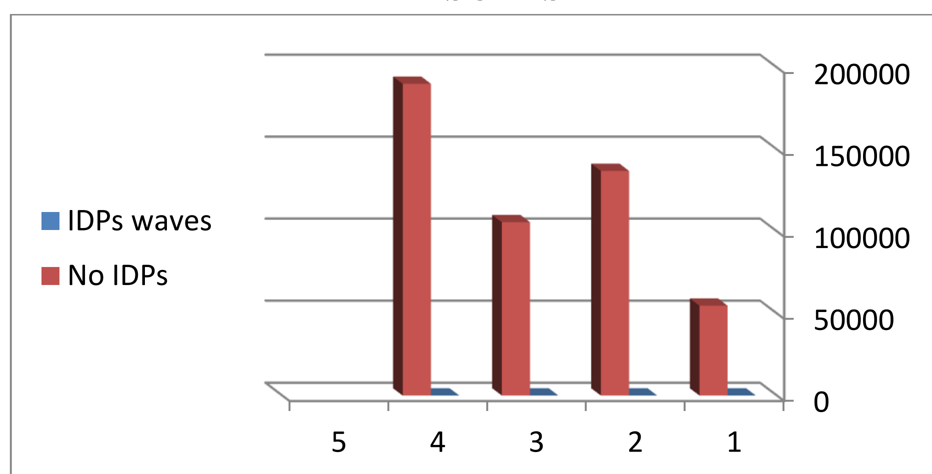

Figure 1. Internal displacement waves in Diyala from the period 2006 to 2014

Reference: Diyala Governorate Profile/February 2010; & registries of Emergency and follow-up Committee of internally displaced persons.

1-Number of IDPs before 2006.

2-Number of IDPs after 2006, by Iraqi Ministry of Displacement and Migration.

3-Number of IDPs after 2006, assessed by International Organization for Migration. (IOM) not the total number of IDPs in the governorate. Phase II Monitoring/December 2005.

4- Number of IDPs after 10th June/2014.

Table 1. Distribution of IDPs camps in Diyala after June 2014

Camps	No of IDPs	% of IDPs from total Diyala pop.
Baquba' camp (Muasker saad)	2500	11.4
Khanakin camps (Alyawa and Al-wind camps)	19500	88.6
Total IDPs in the camps	22000	11.6 * 1.5**
Total IDPs in & out the amps	190000	12.7***

*% of IDPs from all IDPs (in the camps and out of the camps).

**% of IDPs in the camps from the total population of the Province.

***% of IDPs in & out the camps from total population of the Province.

Table 2. Socio-demographic characteristic of IDPs in the camps

Socio- demographic characteristics of IDPs	% from total IDPs in the camps
Gender Males Females	 49.0 50.5
< 5 children	17.7
>60 years	3.7
People with Special needs	1.6
Patients with chronic diseases	4.8
IDPs move to other governorates	10.0

Table 3. Distribution of diseases and health problems among IDPs in Khanakin' camps during last three months of 2014

Disease	Number of cases for all ages % of Total	Number of cases <5 years % of Total
Respiratory system diseases	8078 (38.70)	3087 (38.30)
Disease of GIT	5144 (24.60)	2407 (46.80)
Diseases of UTI	2973 (14.20)	188 (6.30)
Skin diseases (scabies)	1352 (6.50)	373 (27.60)
Cutaneous leishmaniasis	113 (0.40)	22 (19.50)
Anemia	396 (1.90)	49 (12.00)
Burns	138 (0.60)	32 (23.20)
Other *	2531(12.1)	41(6%)
Total	20877 (100)	6374 (30.50)

*Eye, Orthopedics dis., Dental problems, minor surgical conditions, Fever and other.

Table 4. Distribution of diseases among IDPs (inside and outside camps) according to age/ 2015

Diseases	< 5 years Male No (%)	Females No (%)	>5 years Male No (%)	Females No (%)	Total No (%)
Upper RTI	63 (42.6)	74 (51.7)	97 (45.1)	70 (34.3)	304 (42.9)
Lower RTI	16 (10.8)	9 (6.3)	21 (9.8)	21(10.3)	67 (9.4)
Diarrheal diseases	16 (10.8)	14 (9.8)	20 (9.3)	23(11.3)	73 (10.3)
Skin diseases	6 (4.1)	7 (4.9)	7 (3.3)	7 (3.4)	27 (3.8)
Cutaneus leishmaniasis	36 (24.3)	39 (27.2)	69 (32.0)	83(40.7)	227 (32.0)
Visceral leishmaniasis	11 (7.4)	0 (0.0)	0 (0.0)	0 (0.0)	11 (1.5)
Total	148 (100)	143 (100)	215 (100)	204 (100)	709 (100)

DISCUSSION

The humanitarian communities are increasingly aware of the crisis of internal displacement which affects over 24 million people worldwide, while responsibility for the protection of IDPs rests with national government and local authorities. It is important for the international community to see how best it can contribute to protect IDPs (Internal Displacement Monitoring Centre 2016). Iraq has witnessed over the past years, especially after the bombing of religious shrines in Samarra during February 2006, and the subsequent armed acts, and terrorism, in many provinces which led to waves of internal displacement (UNHCR, 2014b).

Diyala province witnessed three main waves of internal displacement, (Figure 1). The first one was before February/2006, number of IDPs were 54699 persons. The second wave was after February 2006, at that time about 136891 persons were internally displaced. The third and highest wave was after Muosel occupation in 10th of June/2014. Diyala has been affected dramatically since the beginning of that crisis. Violence, conflict and internal displacement included many districts, sub-districts and villages such as Al-Udhiem, Jalula, Saadia. Large number Al-moqdadia' and Al-mansoria' villages. That was led to the displacement of about 190,000 persons across the province or leave it to other provinces in search for security (Table 1 and 2). Displacement movement has made many IDPs homeless, or they live in places lacks to the basic components and services for living, while some of them exist in buildings' skeletons, tents or caravan in best conditions. In such places IDPs faced worst influences of environment, climate, in-security, and loss of human needs and basic services.

Displacement may occur within an individual's own country (internal displacement), or lead to flight across national borders to neighboring or other

countries (as asylum seekers). The process of displacement will inevitably lead to an added health and social burden on the receiving region or country (Roberts *et al.* , 2009). The existence of significant challenges in providing food aid to IDPs due to their large number and their presence in separated places. A variety of events and factors can make individuals and populations susceptible to health risks. Scarcity of water or in- availability of safe water, problem of sanitation and hygiene, which itself is considered a real challenge to the strength of infra-structure and municipality services in the province (Depoortere *et al.* , 2004; UNHCR, 2014b).

Rapid increase in the number of internally displaced persons have influenced a negative impact on the preventive and curative health services, in addition to increasing needs for medical materials, equipment, supplies and available human resources due to the fact that the IDPs are Living critical and risky situation. Displacement and migration play an important role in the spread and transmission of acute cases of some communicable diseases from one geographical area to another, as well as the changing pattern of infectious disease in the communities. This concern becomes significant when these crises are accompanied by large population movements of internally displaced persons and refugees (due to the presence of the carrier of the disease and the lack of or low routine vaccinations. Also, the population displacement associated with the spread of some diseases, like respiratory diseases, diarrheal diseases, scabies, visceral and cutaneous leishmaniasis (Table 3 and 4). Human activity plays an important role in bringing about a continuous change of the balance between vector, reservoir, agent and host. The movement of internal displacement and migration contribute to the variables of such balance (Amowitz *et al.*, 2002 ; Gushulak and MacPherson, 2006 ; Betancourt and Williams, 2008 ; Spiegel *et al.*, 2010 ; Siriwardhana and Stewart, 2013 ; Akinsulure-Smith, 2014 ; Shin *et al.*, 2016). Despite the harsh circumstances facing IDPs in Diyala and their exposure to health and environmental Living situation favorable for the spread of many diseases and epidemics, but the spread of infectious diseases was in proportions is possible to be controlled, through the rabid response of Diyala Directorate of Health and its Director General, all relevant departments, medical and health staff and appropriate health and emergency plans for IDPs to present preventive and curative health care (UNHCR, 2014b).

The crisis of displacement also showed significant burdens on the availability of services in the host community in general, particularly on health services. Quantification of the health care needs of these groups is therefore required so

that sometimes scarce resources can best be targeted to meet the challenging needs of these diverse groups (Depoortere *et al.* , 2004 ; Gushulak and MacPherson, 2006).

The education is a priority for the resident population and for IDPs; also it is an essential component for the treatment of psychological trauma. Failure to resolve the challenges of education increases the risk and the effects of social and behavioral tensions and increased distractions. On the other hand poverty and un-employment of in the new destination or even their areas of origin increase the suffering of IDPs and added a negative impact on that society (Depoortere *et al.*, 2004). Changes in population densities following displacement will influence the original community, which has been deteriorating in regard to needed service, environmental and municipal infrastructure as a result of armed violence (Akinsulure-Smith, 2014 ; Shin *et al.*, 2016). Measles, malaria, diarrhoea and acute respiratory infections all contribute to an excess Crude mortality rate (CMR) amongst displaced populations, especially in under-developed countries. For example a study of 25,000 Kurds in refugee camps in north-western Iran had a CMR nine times higher than the CMR of Iraq (Siriwardhana and Stewart, 2013). The question as to the demands displaced populations place on health care resources and health care providers in their destination countries or regions remains the subject of great debate.

People adversely affected by the displacement process and those with existing conditions will be the most vulnerable to health difficulties immediately upon arrival in their destination place (Babille *et al.*, 1994). Initial needs that require addressing for the entire displaced population will relate to basic housing, food, water and sanitation (Akinsulure-Smith, 2012).However, for many displaced people, movement merely means a shift from one poor and vulnerable situation into similar further vulnerable circumstances.

Recommendations

This study was done with some limitation due to difficulties in reaching all data regarding IDPs from practical and authority's point of view. In spite of that, it had provided an epidemiological evidence for internal displacement. There must be a consistent, clear and well thought out plans for IDPs to deal with how to address the displacement crisis and minimize the negative effects over time. The priorities for them are, providing protection and security, and to deal with what can be generated by this crisis to society as a whole. Securing the provision of safe water and food by increasing coordination between the relevant authorities on the ground. Water supply, sanitation with emphasis on personal hygiene.

Careful monitoring of the impact of the crisis on the local economy. Strengthen municipal services and environmental services. Promote education for the affected categories of IDPs. Implement and coordinate assistance of international agencies to displaced populations are urgently needed. IDPs crisis requires that researchers, policymakers, and clinicians comprehend the magnitude of the psychological consequences of forced displacement and the factors that moderate them.

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انتشار المشاكل الصحية بين الأشخاص النازحين داخليا في المخيمات

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المستخلص

الأشخاص المشردون داخلياً هم أشخاص أجبروا على الفرار أو مغادرة منازلهم لتجنب آثار النزاع المسلح أو العنف أو انتهاكات حقوق الإنسان أو الكوارث الطبيعية أو الكوارث من صنع الإنسان. اجريت

هذه الدراسة بهدف تسليط الضوء على موجات النزوح الداخلي، ووضع النازحين في محافظة ديالى، ووصف بعض القضايا الصحية الرئيسة للسكان النازحين، وتقييم الآثار الأخرى المرتبطة بالتشرد الداخلي. نفذت هذه الدراسة الاسترجاعية في محافظة ديالى للفترة من الاول من سبتمبر 2015 لغاية الاول من مارس 2016. استندت الدراسة على مراجعة سجلات IDPS من دائرة صحة ديالى (DoH)، قسم الصحة العامة، ولجنة الطوارئ ومتابعة النازحين داخلياً في دائرة الصحة، وأجريت المقابلات المباشرة مع المسؤولين عن الأشخاص النازحين داخليا في ديالى. اظهرت النتائج ان محافظة ديالى واجهت ثلاث موجات رئيسة من النزوح الداخلي، الأولى كانت قبل عام 2006، وكانت الموجة الثانية بعد عام 2006، في حين جاءت الموجة الثالثة وهي الأكبر بعد احتلال الموصل في 10 يونيو 2014. خلال الموجة الأخيرة من النزوح تأثرت المحافظة بشكل كبير منذ بداية تلك الأزمة التي أدت إلى نزوح (190,000) شخص من منطقة واسعة من المحافظة بشكل رئيس من أحياء العظيم، وجلولاء، والسعدية، والعديد من قرى المقدادية والمنصورية. كان النازحون في أعقاب الأزمة الأخيرة الموزعين في ثلاثة مخيمات رئيسية وعددهم (22,000) وهم يمثلون 11.6% من النازحين. تم توزيع النازحين من خلال المناطق الحضرية والريفية بالمقاطعة. وقد أثرت الزيادة السريعة في عدد الأشخاص المشردين داخلياً تأثيراً سلبياً في الخدمات الصحية الوقائية والعلاجية، فضلاً عن زيادة الاحتياجات للمواد الطبية والمعدات واللوازم والموارد البشرية المتاحة، ويعيش النازحون في حالة حرجة و خطيرة. استنتجت الدراسة بان محافظة ديالى تاثرت بشكل كبير من العنف والصراع والنزوح الداخلي، مما أدى إلى الكثير من التحديات المتعلقة بالصحة العامة، وممثلة في انتشار الأمراض السارية.

الكلمات المفتاحية: الاشخاص النازحين داخليا، المشاكل الصحية، ديالى.