

# CRISIS ▶ RESPONSE



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## EXTREME WEATHER 2017 HURRICANE SEASON

**Interview with Jesper Holmer Lund of INSARAG; Geopolitics & Climate; Resilience in Qatar; Security & Conflict; Immersive Counter-terror Training; Reintegrating Violent Extremists; Business Continuity; Communities & Policing; Risk Communication; Leadership; Humanitarian Action; Junior Health Volunteers in Refugee Camps**

# Child refugees helping

**Zaid Jalood**, Community Health Officer with the International Medical Corps, reports on a project that has trained young displaced people in Iraq as community health workers to help prevent the health issues that can be endemic in refugee camps

**T**welve-year-old Hussain remembers the day Islamic State fighters invaded with clarity. “That night was very terrible,” Hussain says. “We saw about 100 dead bodies when we left our district.”

Like thousands of other Yazidis, an ethno-religious minority group primarily living in northern Iraq, Hussain fled with his family and sought refuge on a nearby mountain range. Stranded and surrounded by Islamic State fighters on all sides, they survived for weeks with no shelter and little food or water.

“Our condition was very tough,” says Hussain. “We suffered from thirst and hunger. We could not go down off the mountain to the river to fetch water because the Islamic State was there and could kill us.”

Today, Hussain and his family live in a displacement camp called Kabarto that is home to more than 30,000 Yazidis on the outskirts of Dohuk, a city in the Kurdish region of Iraq. They are among the more than 3.3 million people in Iraq who have been forced from their homes by conflict. In addition to internally displaced Iraqis, the country hosts nearly a quarter of a million Syrian refugees.

## Fertile ground for health conditions

I, too, was forced to flee my home when the Islamic State – or ISIL – swept across Iraq in 2014, claiming huge swathes of territory, including Iraq’s second largest city of Mosul, where I lived with my family and practised medicine. Like Hussain, I moved to the relative safety of Dohuk, where I joined International Medical Corps’ community health team in 2015.

Our focus is to promote household wellbeing by sharing information with families about health issues that are common in displacement settings.

The often overcrowded camp conditions, coupled with poor sanitation and hygiene conditions, can create fertile ground for simple health issues, like lice and scabies, to potentially life-threatening disease outbreaks, like cholera.

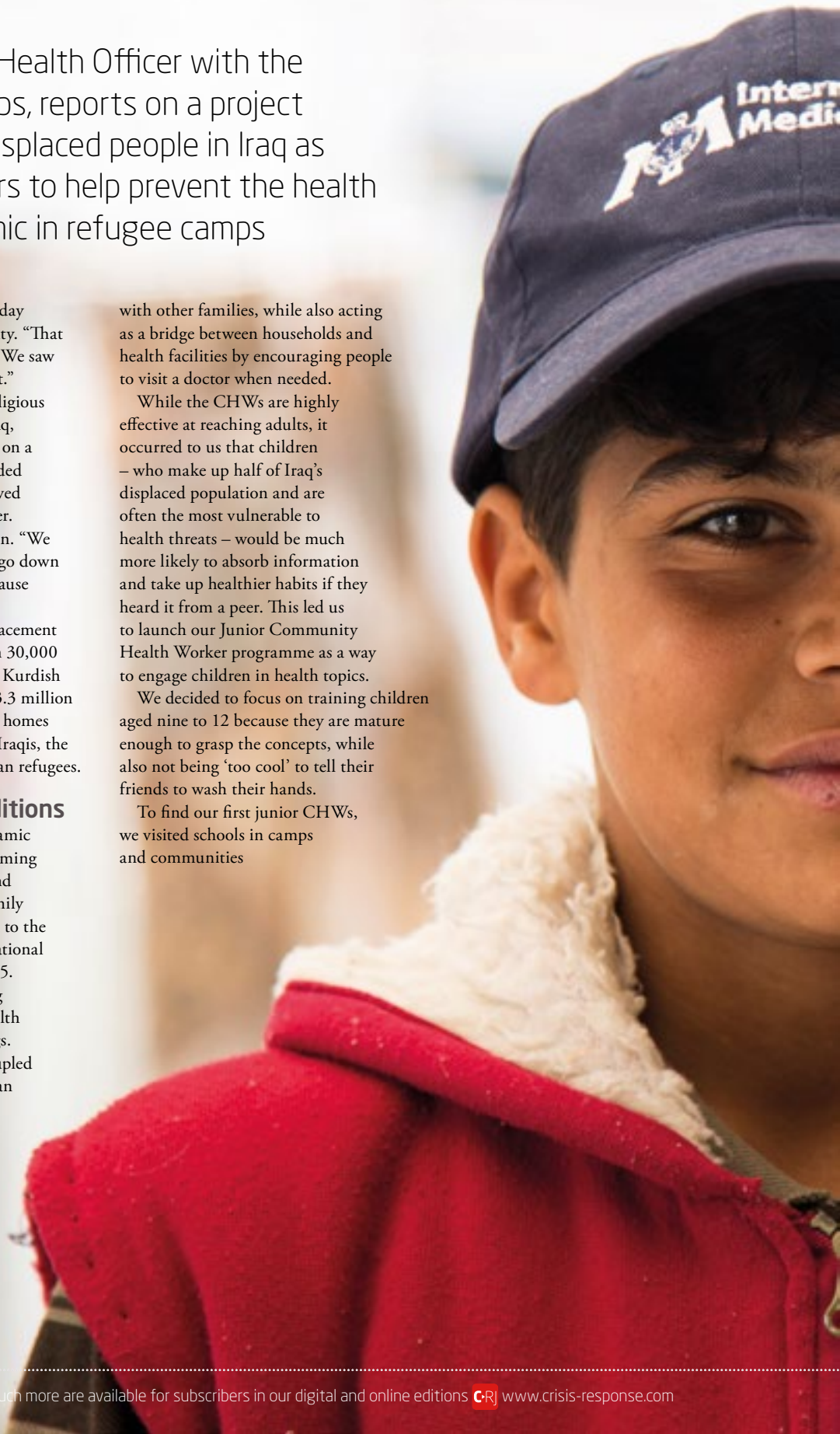
At the heart of this programme are volunteers called community health workers, or CHWs for short, who live in the camps and communities where we work. We equip them with information on how to prevent, identify, and refer common health problems. They then go door-to-door, sharing this information

with other families, while also acting as a bridge between households and health facilities by encouraging people to visit a doctor when needed.

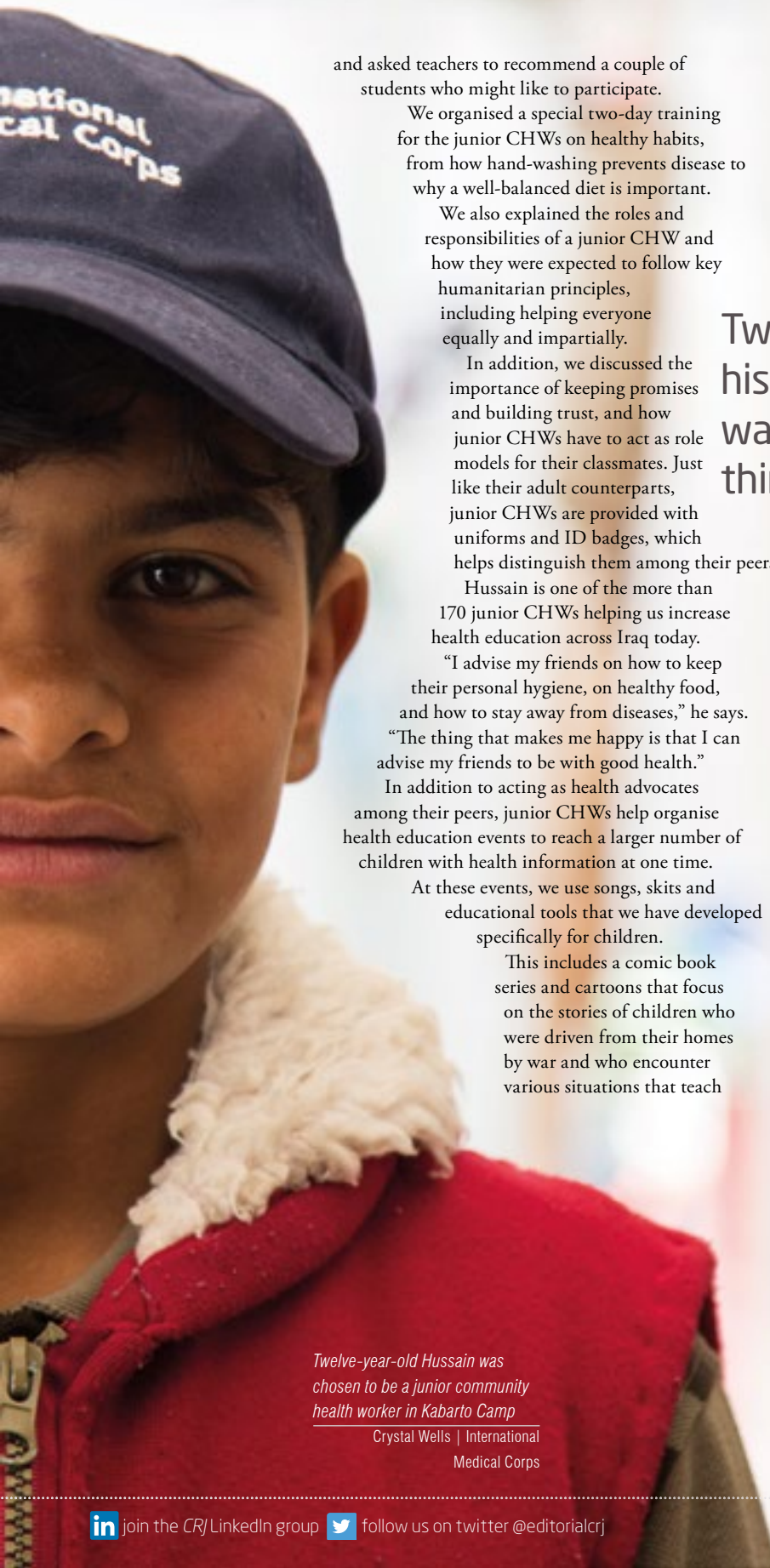
While the CHWs are highly effective at reaching adults, it occurred to us that children – who make up half of Iraq’s displaced population and are often the most vulnerable to health threats – would be much more likely to absorb information and take up healthier habits if they heard it from a peer. This led us to launch our Junior Community Health Worker programme as a way to engage children in health topics.

We decided to focus on training children aged nine to 12 because they are mature enough to grasp the concepts, while also not being ‘too cool’ to tell their friends to wash their hands.

To find our first junior CHWs, we visited schools in camps and communities



# others to stay healthy



and asked teachers to recommend a couple of students who might like to participate.

We organised a special two-day training for the junior CHWs on healthy habits, from how hand-washing prevents disease to why a well-balanced diet is important.

We also explained the roles and responsibilities of a junior CHW and how they were expected to follow key humanitarian principles, including helping everyone equally and impartially.

In addition, we discussed the importance of keeping promises and building trust, and how junior CHWs have to act as role models for their classmates. Just like their adult counterparts, junior CHWs are provided with uniforms and ID badges, which helps distinguish them among their peers.

Hussain is one of the more than 170 junior CHWs helping us increase health education across Iraq today.

“I advise my friends on how to keep their personal hygiene, on healthy food, and how to stay away from diseases,” he says. “The thing that makes me happy is that I can advise my friends to be with good health.”

In addition to acting as health advocates among their peers, junior CHWs help organise health education events to reach a larger number of children with health information at one time.

At these events, we use songs, skits and educational tools that we have developed specifically for children.

This includes a comic book series and cartoons that focus on the stories of children who were driven from their homes by war and who encounter various situations that teach

important messages about disease prevention, safety in camps, and how to promote wellbeing.

For particularly common health problems, like lice and scabies, we organise week-long campaigns. Our CHWs go from tent to tent to identify and refer any suspected cases to our primary health care clinics for further care. They also educate families about the specific health issue, including prevention, symptoms, and treatment. The junior CHWs help the CHWs in the campaigns by spreading these

Twelve-year-old Blend says his friends are: “So excited and want to be just like me. They think of me as a big thing.”

health messages in their schools and with their friends.

Now in my third year supporting this programme, I have personally witnessed time and time again how our junior CHWs influence behaviour change among children in a way that adults do not. Once given the knowledge, these young people take on the role of junior CHW with energy and enthusiasm, coming up with their own creative ways to share information with their friends.

They really do become role models for other children, which then allows them to influence behaviour and drive the incremental changes among their friends that will ultimately help them stay healthy.

Blend, a 12-year-old junior CHW and Syrian refugee living in Darashakran refugee camp, reminds his friends about why it is important to wash their hands with soap and water and not to throw garbage on the ground. “I love to teach others how to prevent disease,” he said. “Any time (my friends) see me with the International Medical Corps team, they ask me about what I learnt.”

When asked what it was like to be a junior CHW, Blend answered that his friends are: “So excited and want to be just like me. They think of me as a big thing.”



## Author



DR ZAID SULAIMAN JALOOD is International Medical Corps' Community Health Officer based in Dohuk, Iraq, responsible for training and managing teams of community health workers, who share health information with Iraqi and Syrian families in an effort to promote wellbeing and prevent disease. Prior to joining International Medical Corps in 2015, Dr Jalood worked as a doctor in Mosul, Iraq's second largest city, until it was invaded by the Islamic State in 2014. He is originally from Mosul and a graduate of Mosul Medical College

■ [www.internationalmedicalcorps.org](http://www.internationalmedicalcorps.org)

Twelve-year-old Hussain was chosen to be a junior community health worker in Kabarto Camp

Crystal Wells | International Medical Corps