

Assessment of the Health Status of Internally Displaced Persons (IDPs) in Camps and Sectors in Ameriyat Al-Samoud District in Al-Anbar Governorate

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ABSTRACT

The displacement of individuals due to armed conflicts and natural calamities has emerged as a significant global concern, giving rise to complex challenges, particularly in relation to the domains of health and overall welfare. The objective of this study is to evaluate the overall health condition of internally displaced individuals (IDPs) residing in the Ameriyat Al-Samoud District, located in the Al-Anbar Governorate. Utilising a mixed-methods methodology, this study employs surveys, interviews, and physical examinations as data collection tools in order to comprehensively comprehend the health challenges encountered by internally displaced persons (IDPs). Quantitative surveys are utilised to gather data pertaining to health indicators, healthcare access, and sociodemographic characteristics. On the other hand, qualitative interviews are employed to delve into the experiences, perspectives, and challenges encountered by internally displaced persons (IDPs). The primary objective of this research is to elucidate noteworthy discoveries pertaining to the health challenges encountered by internally displaced persons (IDPs), thereby enhancing comprehension of their distinct healthcare requirements. The results will additionally offer valuable perspectives on the psychosocial determinants impacting the well-being of internally displaced persons (IDPs). The overarching objective is to provide suggestions for effectively tackling identified health concerns and enhancing healthcare provisions for internally displaced persons (IDPs). By taking into consideration the unique requirements and obstacles faced by policymakers, healthcare providers, and stakeholders, it is possible to formulate focused interventions and policies that will effectively improve the general health and well-being of internally displaced persons (IDPs) residing in the Ameriyat Al-Samoud District.

Keywords: PTSD, GBV, SPSS, NCDs

INTRODUCTION

A group of IDPs in the Ameriyat Al-Samoud District of the Al-Anbar Governorate suffers unique health issues, making an examination of their health status essential. The purpose of this study is to provide more information about the health of these IDPs so that public health policies and programs can be better adapted to meet their needs. Our research intends to improve healthcare for at-risk persons in the region by filling a knowledge gap about the health dynamics of this relocated group.[1] The study seeks to achieve a comprehensive understanding of the health challenges encountered by internally displaced persons (IDPs), their access to healthcare services, and their overall well-being by utilising a mixed-methods approach that integrates quantitative surveys and qualitative interviews. This methodology facilitates a comprehensive examination of the intricate variables influencing the well-being of this susceptible demographic¹.

The strong collaboration among various stakeholders engaged in this study is a pivotal asset of the research undertaking. The study's success and impact are maximized through the collaboration of governmental and non-governmental organizations, regional healthcare providers, and civic leaders, who collectively work together. The utilization of a collaborative approach facilitates the development of a comprehensive viewpoint and allows for the consolidation of knowledge and resources required to tackle the complex health challenges faced by internally displaced persons (IDPs) in the Ameriyat Al-Samoud District².

Quantitative surveys are of utmost importance in capturing valuable data pertaining to sociodemographic characteristics, health metrics, disease prevalence, and healthcare accessibility within the population of internally displaced persons (IDPs)³. The surveys serve as a quantitative tool for evaluating the general health condition of internally displaced

persons (IDPs) within the district and detecting any discrepancies or deficiencies in healthcare services. Moreover, qualitative interviews provide a more profound comprehension of the individual experiences, viewpoints, and psychosocial welfare of internally displaced persons (IDPs), facilitating a more intricate comprehension of their health difficulties and the determinants that impact their ability to obtain healthcare services⁴.

The incorporation of both descriptive statistics and thematic analysis in the process of data analysis contributes to the overall comprehensiveness of the study. Descriptive statistics offer a quantitative assessment of the health status and healthcare accessibility of internally displaced persons (IDPs), providing a comprehensive depiction of the current circumstances⁵. In contrast, the utilization of thematic analysis enables the discernment of recurrent themes and patterns within the qualitative data, thereby facilitating a more profound comprehension of the intricate challenges and experiences encountered by internally displaced persons (IDPs) in the district⁶.

The comprehensive publication of the study's findings serves to enhance the existing body of knowledge regarding the health status of internally displaced persons (IDPs), with a specific focus on the Ameriyat Al-Samoud District. The findings derived from this study will not solely provide advantages to the academic and research community but will also serve as valuable information for policymakers and healthcare professionals. By gaining a deeper comprehension of the distinct healthcare demands of internally displaced persons (IDPs), policymakers can formulate focused initiatives and policies that effectively cater to the particular requirements of this demographic. This, in turn, can result in enhanced healthcare services and ultimately lead to improved healthcare outcomes⁷.

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In summary, this research study represents a crucial undertaking in tackling the health challenges faced by internally displaced persons (IDPs) in the Ameriyat Al-Samoud District, with a specific focus on fulfilling their fundamental population requirements. The study employs a combination of quantitative and qualitative methods, collaborative endeavors, and the application of descriptive statistics and thematic analysis to offer a thorough comprehension of the health difficulties encountered by internally displaced persons (IDPs) in the district. The results of this study make a valuable addition to the current body of knowledge, providing insights for future investigations and offering guidance for the formulation of successful strategies and interventions aimed at enhancing the health and well-being of internally displaced persons (IDPs) in Ameriyat Al-Samoud and comparable settings⁸.

METHODOLOGY

Study Design: Aims to assess the health conditions and healthcare accessibility of internally displaced persons (IDPs) in the Ameriyat Al-Samoud District by integrating quantitative and qualitative data collection methods. The survey will collect quantitative data on sociodemographic attributes, such as age, gender, educational attainment, and household composition, and evaluate health-related metrics like disease prevalence, nutritional status, and healthcare access. Qualitative interviews will be conducted to gain a comprehensive understanding of the health challenges faced by IDPs and their encounters with healthcare provision. The study will provide valuable insights for policymakers, healthcare professionals, and organizations working with IDPs, enabling targeted interventions and policies to address their unique health challenges and barriers to healthcare. The findings will enhance the current knowledge repository on the health of IDPs and facilitate the formulation of focused interventions and policies that cater to their unique needs.

Study Area & Sampling Techniques: The Ameriyat Al-Samoud District in Al-Anbar Governorate is crucial for the study due to extensive population displacement caused by conflicts and violence. This region offers provisional accommodations and facilities to internally displaced persons (IDPs), with numerous sectors and camps established to cater to their urgent needs. The research was conducted at multiple healthcare facilities, including the Ameriyat Al-Samoud hospital, to obtain a comprehensive dataset on the health conditions of IDPs. This study aimed to acquire insights into the healthcare experiences and conditions of IDPs in the Ameriyat Al-Samoud District, enabling a more in-depth analysis of healthcare obstacles and prospects. The localized strategy allowed for a more contextualized relevance of the findings, amplifying the potential influence of the study's recommendations in enhancing healthcare services and tackling the health challenges faced by IDPs in the district.

The study used a multistage sampling methodology to select participants from the Ameriyat Al-Samoud District, aiming to accurately represent the internally displaced persons (IDP) population. The sample size was approximately 500 individuals, chosen through random selection and systematic procedures. The study aimed to examine the diverse living conditions and access to amenities among the IDPs, ensuring equal opportunity for participation and mitigating potential biases. The meticulous approach and multistage sampling methodology allowed for significant findings on health conditions and healthcare accessibility among the IDPs, ensuring accurate representation of the larger population.

Data Collection & Data Analysis: The study collects data on sociodemographic traits, health metrics, disease prevalence, healthcare-seeking patterns, and access barriers to healthcare using a questioner

method. A small group of internally displaced persons (IDPs) will be interviewed to examine medical patient records at general Ameriyat hospitals in summer. Trained researchers and medical professionals will ensure data quality, while adhering to ethical issues like informed consent and privacy protection.

This study will use statistical software like SPSS to analyze quantitative data on health indicators, disease prevalence, and healthcare access among internally displaced persons (IDPs) in the Ameriyat Al-Samoud District. Inferential statistics, specifically chi-square tests, will be used to analyze associations and disparities among variables. Qualitative data from interviews will be analyzed using a thematic analysis approach, categorizing codes into overarching themes and sub-themes. This comprehensive understanding of health challenges among IDPs will be achieved through descriptive statistics and inferential tests. The study's robustness and credibility will be enhanced by the use of both quantitative and qualitative methodologies.

RESULTS

Socio-demographic Characteristics of IDPs: Age, gender, educational attainment, employment, and household composition of IDPs in Ameriyat Al-Samoud District will all be included in the results. This data will shed light on the diversity and composition of the IDP community (Figure 1).

Here is a table that summarizes the various criteria and their respective percentages based on the information provided:

Table 1: Demographic information

No	query	response	percentage
1	The number of children in the family	3 - 4 years	49
2	The parents are alive	Father and Mother	84.8
3	Monthly income	weak	97.6
5	Father's educational attainment	Reads and writes	33.8
6	Mother's educational attainment	Primary	29.6
7	Father's job	not working	57.8
8	mother's work	don't work	100
9	The number of children of primary school age	The first primary	14.8
10	The number of children of middle school age	The first is average	46.2
11	The number of children of secondary school age	nothing	53
12	Children go to school regularly	They don't go	50.2
13	Receipt of financial aid by the head of the family	not receiving	79
14	Receipt of the head of the family for in-kind assistance	not receiving	87.6

The data shows that 49% of households have children aged 3-4, with 84.8% living with parents, 97.6% having meager incomes, and 33.8% of fathers being educated (Table 1).

Health Indicators and Prevalence of Diseases: The different health indicators included in this section include mortality rates, the prevalence of communicable and non-communicable diseases, nutritional status, and indicators for maternal and child health. The findings will highlight the particular health issues that IDPs in the Ameriyat Al-Samoud District are facing.

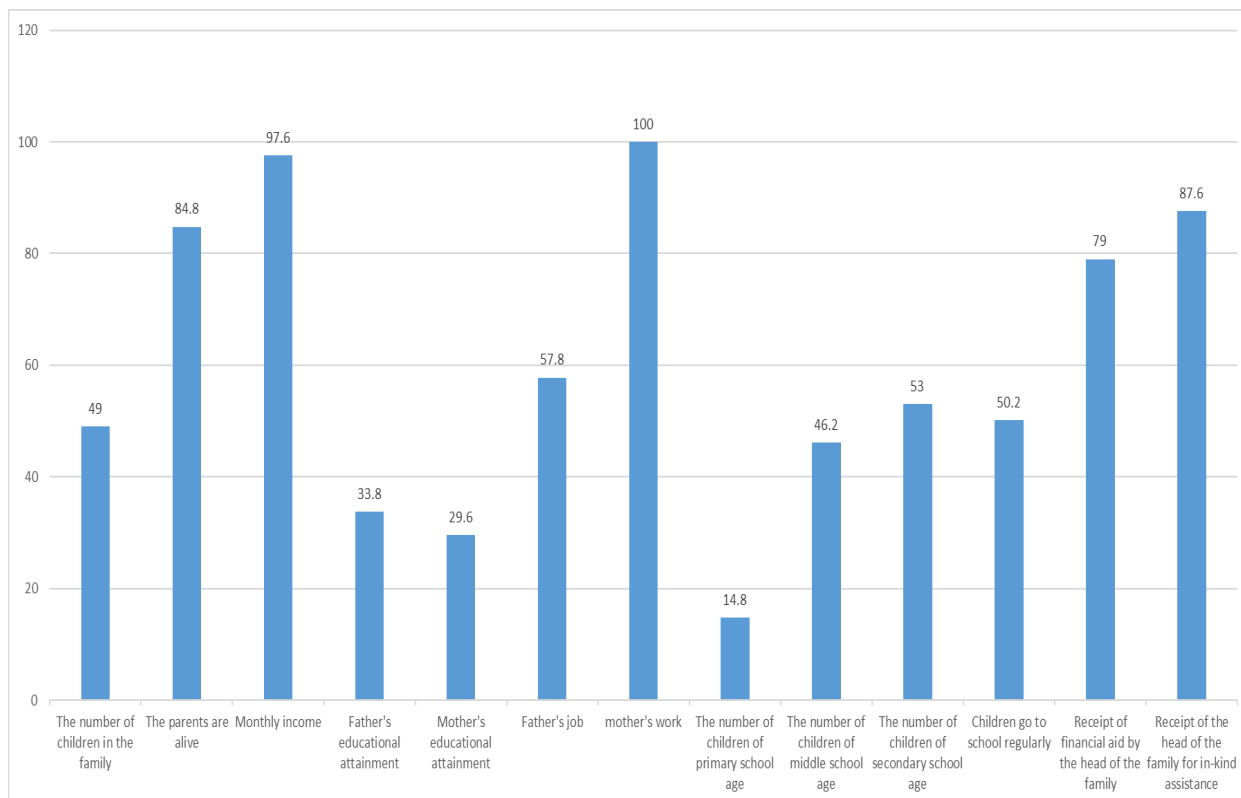


Figure 1: Demographic Characteristics

Here is a table 2 that summarizes the various health problems and their respective percentages based on the information provided:

Table 2 : Health Conditions and Healthcare Practices among IDPs in Ameriyat Al-Samoud District

no	query	response	percentage
1	Chronic health problem	YES	98.6
2	frequent diarrhea	YES	66
3	Malnutrition diseases	YES	97.4
4	Genetic diseases	YES	63.8
5	Birth defects	YES	94
6	Children with autism	YES	50
7	Hyperactivity of children	YES	91.4
8	Coverage of immunization schedule	yes	23
9	Ensure that the child is properly dressed with shoes	yes	11
10	The presence of elderly members in the family	YES	65
11	Providing medical advice when needed	YES	96
12	Essential hypertension	YES	88
13	diabetic	YES	59
14	Cardiovascular disease	YES	23

This table provides information on various health-related aspects. Here's a paraphrased explanation of the information in the table 2.1:

Chronic health problems are prevalent in 98.6% of patients, with frequent diarrhea, nutritional deficiencies, genetic disorders, birth malformations, autism, hyperactivity, and poor vaccine coverage. Access to medical advice is high, but healthcare is limited, with 88% of cases having essential hypertension, 59% having diabetes, and 23% having cardiovascular disease.

Table 2.1: Prevalence of Health Conditions and Issues among IDPs in Ameriyat Al-Samoud District

no	query	response	percentage
1	Kidney disease	yes	84.6
2	Obesity	yes	94.6
3	allergy	yes	83
4	asthma	yes	95.2
5	Blood diseases	yes	91.8
6	Other diseases	yes	83
7	The problems of the elderly, poor sense of hearing	yes	80.2
8	Elderly problems Weak sense of sight	yes	59.8
9	Elderly problems Weak sense of speech	yes	95.4
10	Lack of control: urination	yes	48
11	Uncontrollable: defecation	yes	36
12	Uncontrollable: constipation	yes	62
13	Poor appetite	yes	70
14	Lack of fluids and food	yes	80

This table provides information on various health conditions and issues. Here's a brief summary of the information in the table:

The study reveals a high prevalence of kidney disease, obesity, allergies, asthma, blood disorders, and other medical issues in the elderly population. Additionally, a significant number of cases show impaired hearing, weak vision, speech, urinary incontinence, fecal incontinence, constipation, poor appetite, and insufficient hydration and nutrition.

Access to Healthcare Services: The findings will look at how easily accessible and how often IDPs use healthcare services. This will include details about the accessibility of healthcare facilities, travel

times to healthcare facilities, patient behavior, and the rates at which various healthcare services are used.

Here is a table 3 summarizes the various criteria and their related percentages based on the information provided.

Table 3 : Health Conditions, Services, and Incidents among IDPs in Ameriyat Al-Samoud District

no	query	response	percentage
1	Exposure to falls and fractures	YES	80
2	Herniated discs	YES	52
3	Osteoporosis	YES	50
4	Practice the habit of smoking	YES	80
5	Evaluation of health center services (yes/positive - no/negative).	YES	70
6	The person is referred to the hospital	YES	58.6
7	Free medication for chronic conditions	YES	20
8	The presence of psychological and mental illnesses among family members	YES	60
9	The family receives medical support and family support in managing the psychological condition	YES	85
10	Provide health services or care centers for people with autism	YES	75
11	Road accidents	yes	51
12	head injuries	yes	30
13	Oncology	yes	24
14	Herniated disc	yes	49

The data shows a high prevalence of falls, fractures, herniated discs, osteoporosis, smoking, evaluation of health center services, availability of free medication for chronic and acute conditions, family members' higher likelihood of psychological and mental diseases, support for those with autism, road accidents, head injuries, oncology cases, and herniated discs.

Barriers to Healthcare Access: The difficulties that IDPs encounter in gaining access to healthcare services will be noted and discussed in this section. Financial limitations, linguistic difficulties, ignorance of the issue, cultural considerations, and the scarcity of healthcare facilities are a few examples of obstacles. Understanding these obstacles can help you better understand the reasons why IDPs are unable to receive the healthcare they need.

Here is a table 4 that summarizes the various criteria and their related percentages based on the information provided.

Table 4 : Health Conditions and Availability of Essential Services among IDPs in Ameriyat Al-Samoud District

no	query	response	percentage
1	varicose veins	YES	38
2	Congenital anomalies of the toes	YES	66
3	Goiter	YES	33
4	Prostatitis	YES	63.8
5	tonsillectomy	YES	41
6	Acute renal failure	YES	5
7	fracture injuries	YES	61
8	Cardiovascular disease	yes	23
9	Potable water	yes	11
10	Availability of water for domestic services	YES	65

11	Availability of sanitation services	YES	36
12	Availability of sterilization and disinfection materials (soap + Dettol)	YES	88
13	Availability of hot water for showering	YES	59
14	Provide heating supplies in winter	YES	65

The data shows the presence of varicose veins, congenital toe anomalies, goiter, prostatitis and prostatitis, tonsillectomy, acute renal failure, fracture injuries, cardiovascular disease, water for drinking, domestic water accessibility, sanitation services, material availability for sterilization and disinfection, hot water availability for showering, and heating supplies in winter.

Mental Health and Psychosocial Well-being of IDP: The findings will be focused on the psychological and mental health of IDPs in Ameriyat Al-Samoud District. The frequency of mental health illnesses, the degree of psychological discomfort, and the accessibility and use of mental health support services will all be included in this.

Here is a table 5 that summarizes the various criteria and their related percentages based on the information provided.

Table 5 : Availability of Essential Supplies and Facilities in IDP Camps in Ameriyat Al-Samoud District

no	query	response	percentage
1	Provide cooling supplies in the summer	yes	55
2	Availability of safety supplies inside the camp	yes	35
3	Food preserving supplies (refrigerator) are available inside the camp	yes	100
4	Provides food preparation supplies such as (cooker + gas bottles + utensils)	yes	80
5	The capacity of the place to contain family members while avoiding crowding	yes	65
6	Lack of ventilation inside the camp (presence of windows)	yes	80
7	Environmental protection efficiency in case of (extreme rain - freezing cold - storms)	yes	30
8	Transferring guests to alternative places in case the tent collapses	yes	70
9	Availability of heating means such as heater (oil - gas - electric)	yes	80
10	Provide sheets and blankets	yes	100
11	fuel availability	yes	55
12	Provides stipends with the family	yes	38
13	blanket available	yes	90
14	Bed spread available	yes	90

Provide cooling supplies in the summer: This column displays a "yes" response and a percentage of 55, indicating the provision of cooling supplies in the summer.

The camp's safety supplies, food preservation equipment, cooking equipment, and ability to accommodate family members are all available. However, there is a lack of ventilation and effectiveness of environmental protection measures. The camp also provides blankets and sheets, fuel accessibility, and family stipends. The camp's location is suitable for accommodating family members without becoming crowded. The camp's efficiency in addressing these issues is also assessed.

Living conditions and support services: Living conditions and support services refer to the overall environment, amenities, and assistance available to individuals or families in meeting their daily needs and improving their well-being. This includes factors such as housing conditions, access to basic necessities, healthcare services, social support networks, and other resources that contribute to a comfortable and sustainable living situation.

Here is a table 6 that summarizes the various criteria and their related percentages based on the information provided.

Table 6 : Availability of Facilities, Support, and Aid in IDP Camps in Ameriyat Al-Samoud District

no	query	response	percentage
1	Carpet floor coverings	yes	80
2	The presence of windows with protective netting from insects and flies	yes	45
3	Control of stray animals such as (dogs - cats - rats)	yes	65
4	Providing for the needs of people with special needs	yes	40
5	hemiplegia	yes	39
6	quadriplegia	yes	30
7	Wheelchair availability	yes	100
8	Availability of a person in the family who provides health care in terms of food, clothing and drink	yes	100
9	Provides rehabilitation and medical treatment services	yes	70
10	Distribution of aid periodically	yes	100
11	material	yes	100
12	food basket	yes	100
13	Family registration for the social welfare network	yes	70.6
14	Lids available	yes	90

The text shows the availability of carpet floor coverings, fly and bug netting protection, and control over stray animals. It also shows the provision of services for people with special needs, hemiplegia, and quadriplegia. The availability of wheelchairs, food, clothing, and liquids for health is also mentioned. The frequency of aid distribution, availability of materials, food baskets, and registration with the social welfare network are also mentioned.

DISCUSSION

Internally Displaced Persons (IDPs) are highly susceptible to communicable diseases as a result of the frequently congested living conditions, restricted availability of clean water and sanitation facilities, and disrupted healthcare systems prevalent in displacement environments. The incidence of communicable diseases is notably increased among internally displaced persons (IDPs), and there are several specific diseases that are of particular concern⁹.

The heightened occurrence of diarrheal diseases among internally displaced persons (IDPs) can be attributed to insufficient availability of clean water, inadequate sanitation facilities, and limited adherence to hygiene practices in displacement settings¹⁰. The transmission of pathogens, such as bacteria, viruses, and parasites, is facilitated by the presence of contaminated water sources and inadequate sanitation facilities. This, in turn, gives rise to various diarrheal illnesses, including cholera and dysentery.

Respiratory infections are more prevalent among internally displaced persons (IDPs) due to factors such as overcrowded living conditions, insufficient ventilation, and limited availability of healthcare services. Diseases such as tuberculosis, influenza, pneumonia, and other acute respiratory infections exhibit a high propensity for transmission within densely populated settings, thereby exacerbating the prevalence of respiratory ailments among internally displaced persons (IDPs)^{11,12}.

The phenomenon of displacement frequently results in an elevated susceptibility to vector-borne diseases, including but not limited to malaria, dengue fever, and Zika virus¹³. The incidence and spread of these diseases among internally displaced persons (IDPs) are exacerbated by the disruption of healthcare services and the limited availability of preventive measures, such as insecticide-treated bed nets and vector control interventions.

Displaced populations may encounter difficulties in obtaining regular immunization services, thereby rendering them vulnerable to diseases that can be prevented through vaccination. Internally displaced persons (IDPs), particularly children, may encounter challenges in accessing vaccinations in a timely manner, thereby heightening their susceptibility to diseases such as measles, polio, and hepatitis¹⁴.

Non-communicable diseases (NCDs) impose a substantial health burden within the population of internally displaced persons (IDPs). Displacement frequently results in heightened susceptibility to non-communicable diseases (NCDs) as a consequence of various factors, encompassing restricted healthcare accessibility, disturbances in the distribution of medications, psychological strain, and alterations in lifestyle and dietary behaviors^{15,16}. The primary non-communicable diseases (NCDs) that are of significant concern among internally displaced persons (IDPs) encompass.

Cardiovascular Diseases: Individuals with Intellectual and Developmental Disabilities (IDPs) may be at a heightened susceptibility to experiencing cardiovascular diseases, encompassing conditions such as hypertension, heart disease, and stroke²¹⁻²⁵. The experience of being displaced, facing restricted healthcare access for routine check-ups and medication, and undergoing alterations in lifestyle and dietary patterns collectively contribute to the onset and worsening of cardiovascular ailments¹⁷.

Diabetes: Displaced populations exhibit an increased susceptibility to diabetes as a result of restricted availability of healthcare services, interruptions in the provision of medication, and difficulties in upholding a nutritious diet and lifestyle²⁶⁻³⁰. The management of diabetes presents unique challenges in displacement settings characterized by limited resources and inadequate support for effective self-care¹⁸.

Mental Health Disorders: The psychological strain and trauma linked to displacement can contribute to the emergence or exacerbation of mental health disorders, including depression, anxiety, and post-traumatic stress disorder (PTSD). The presence of these disorders frequently coincides with noncommunicable diseases (NCDs) and necessitates the implementation of integrated healthcare strategies^{19,20}.

One of the significant obstacles faced by internally displaced persons (IDPs) is the limited availability of cancer screening, diagnosis, and treatment services³¹⁻³⁵. The inadequate provision of specialized cancer care in displacement settings and the consequent disruption of healthcare systems contribute to delayed or suboptimal cancer management, thereby exacerbating health disparities and yielding unfavorable health outcomes for internally displaced persons (IDPs) with cancer³⁵⁻⁴¹.

CONCLUSION

Applied study was carried out in Ameriyat Al-Samoud District in Al-Anbar Governorate's for assessment of health status of person living in camps.the study reveals the following results:

1. deficit in required furniture's, cooling and heating system and Maintain ventilation, which meet family needs.
2. Increasing act and chronic health problems and the study of community.
3. Identification of nature, health problems among family members, adult, elderly children.
4. Lack of child immunization schedule coverage, diarrhea I malnutrition, genetic disease, and birth defect.

According to the mentioned result, the research recommended that provided the environments with required physical supplies in the environment, create a cozy and secure, living place, in addition to increase health services and medicate on and ventilation and in-kind assistance.

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Competing Interest: None

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