

Joint Help for Kurdistan

An umbrella organisation for small groups for making a bigger impact together

Nemam Ghafouri

Report second half-year, 2015



Second report from year 2015.

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Info Joint Help for Kurdistan

Organisation number: 802496-3202

URL: <http://www.jointhelpkurdistan.org>

<https://www.facebook.com/JointHelpKurdistan>

Email: info@jointhelpkurdistan.org, jointhelpkurdistan@gmail.com

Telephone: Kurdistan, +9647508535459, Sweden, +46731919960

Funds can be donated:

PayPal: jointhelpkurdistan@gmail.com

Sweden:

Bankgiro: 357-9208

Swish: 0731919960,
Swedbank, Clearingnr 8327-9, Account.nu 944493612-5

Norway:

Nordea BankAccount.nu 60420645719

UK:

BANK OF SCOTLAND, Po box 17235 Edinburgh EH 11 1YH
Sore code 80 47 83
Account no 01001781
D/31481593-8

Kurdistan/Iraq:

VakifBank

Account Name: Swedish SH- Charity

Account Number: 202/21839/2/2516/0 USD

Account Branch: Vakifbank Erbil Branch-Erbil-Iraq

Swift BIC: TVBATR2AXXX

USD Account with Institution: TR540001500158048012801435-TVBAIQBRXXX

EUR Account with Institution: TR200001500158048013041637-TVBAIQBRXXX

Outside of Sweden to Swedish account:

Bank Address: SEB, Box 1233, 751 42 Uppsala, Sweden

IBAN: SE8650000000053681078343

BIC Code: ESSESESS

Joint Help for Kurdistan's Evolution

Joint Help for Kurdistan is a non-governmental, non-political, and non-religious, non-profitable umbrella organization working in cooperation with other humanitarian aid focused organizations, government agencies, as well as qualified individuals, committed to providing assistance to at risk Kurds and other threatened minorities living in Iraq's Northern Region of Kurdistan. The organization's primary mission is to support and protect the most vulnerable individuals suffering as a result of a humanitarian crisis and to safeguard their well-being and rights.

Joint Help for Kurdistan was founded by a group of compassionate and concerned Swedish- Kurdish doctors associated with the Swedish Specialist Hospital in Erbil, in response to the August 2014 Shingal Massacre in Kurdistan. During this resulting on-going ISIS ignited humanitarian crisis that is affecting hundreds of thousands of Yazidi's and other minorities, their continues to be a need to better provide and coordinate medical treatment in conjunction with other services essential for the survival of the victims. A group of "take action" doctors living in Kurdistan could not ignore the human catastrophe that was unfolding before them in the fall of 2014, so they informally assembled a team of volunteers and set forth on an extraordinarily dangerous mission to help the growing number of sick, injured, and traumatized men, women, and children impacted by the Shingal Massacre. From this grassroots effort to save lives Joint Help for Kurdistan was established. The organization was registered in June 2015.



The Swedish Specialist Hospital, located in Kurdistan's capital city, Erbil, continues to work via Joint Help for Kurdistan, and collaboration with Swedish Kurdish Medical association, Help Kurdistan Charity foundation in Sweden, and others to meet the colossal medical needs of the people victimized by ISIS. Their primary role is to serve as an international coordination point for collecting and distributing medical supplies, as well as managing human resources such as volunteers coming from Europe, logistics, and transportation of lifesaving aid to the Internally Displaced People (IDP) and Refugees living in relocation camps scattered throughout Kurdistan. Given Joint Help for Kurdistan's limited financial resources at its early stage of development, being able to provide free health care primarily for the IDPs, has been made possible in great part by the generosity and compassion of the Swedish Specialist Hospital staff and their affiliates. Donations from other resources have also been critical in helping Joint Help for Kurdistan stay on track as it works steadfastly to achieve its arduous mission.



The results of the organization's successful collaborations and the donations they have received is most evident near the city of Duhok where the greatest concentration of displaced Yazidi are struggling to survive. A medical clinic and pharmacy has been established at the Bajet Kandala 2 Camp, where Joint Help for Kurdistan doctors and medical assistants provide daily treatment and rehabilitation for the camps 6500 plus residents, receiving 170-200 patients daily mostly children. Joint Help for Kurdistan has progressively evolved to become one of the leading NGOs that has been consistently providing free services and hands-on care in Northern Iraq

shortly after the ISIS conflict erupted. The organization's field team is comprised of dedicated physicians and medical and non-medical staff from within Kurdistan, as well as from other countries.

Joint Help for Kurdistan continues to make cooperation with other organizations serving the IDPs and Refugees a top priority. Two of their international partners are the Kurdish Medical Association in Sweden and the Kurdish Physician Association in Germany, whose commitment to the work of Joint Help for Kurdistan has resulted in improving the quality of life for a growing number of IDPs and Refugees. The organization is also working closely with the Kurdistan Regional Government. In Duhok specifically, a successful working relationship has been formed with the Ministry of Health, the Directory of Health, as well as the Governor and his staff, all of which are responsible for managing the disastrous situation in this part of Kurdistan that is affecting millions of IDPs and Refugees. The momentous tasks assigned to the government are being done during an increasingly politically turbulent and challenging time throughout Iraq.



Our Approach

We work with a systematic approach striving for team spirit. In being a part of this team we are all an essential component committed to give the help and support needed.

Providing health care services for a vulnerable population with high percentage of young adults and children, and striking psychological distress and trauma in the aftermath of mass displacement of Ezidi people from Shingal area.

People with chronic diseases are at increased risk of complications or early death due to lack of available medications and health services. People who recently been released from ISIS with tremendous physical and psychological trauma are facing inhuman situation in already crowded conditions with poor water and sanitation, and no efficient rehabilitation program.

Providing quality of primary health care services for IDPs in Bajed Kandala II camp, with access to lifesaving health services and referral for critically ill patients and providing emergency obstetric care in addition to maternal and child care.

Referral system has been established, not only to local health facilities but also to some private hospital contributing as a charity base for demanding and complicating cases in need of secondary and tertiary care.

Increased community awareness and practice of health and nutrition promoting behaviours linked to the main preventable illnesses including outbreak prevention, health promotion program such as awareness about smoking, hazardous situation with for example fire, boiling water etc and risks of injury specially when it comes to small children

As the IDPs in collective centres and camps do not have support from family and friends, they need support to access services that they may not normally have access to. Information on where to access services is really important and knowing which hospitals and clinics are able to offer the services they need. Many people do not feel free to attend a clinic in the new location, or do not have the means of transport to travel to a health centre.



Introduction

The humanitarian situation in the kurdis region of Iraq continues to deteriorate as increasing numbers of IDPS and also refugees are seeking protection and shelter in KRG. With recent territorial gains by ISIS and the consequent rise in IDPs and refugees, health services in KRG and in Dohuk province in particular are struggling to cope with the pressure.

Among the IDPs those with chronic diseases have increased risk of complications or early death due to lack of available medications and health services. Those who have been released or freed from ISIS with tremendous physical and psychological trauma are facing an inhuman situation living in already crowded camps with poor water and sanitation, and no efficient rehabilitation program.



Our camp Bajed Kandala II was initially build as a temporary camp and later it became a permanent camp.

The camp in general has been very vulnerable to natural disasters in the region. We have had problem with stormy rain and flood which affected many tents. What we went through October and November 2014, unfortunately happened all over again in October and November 2015



2014

2015



2015

“We believe in ordinary acts of bravery, in the courage that drives one person to stand up for another.” — Veronica Roth, Divergent



Apart from our daily work in the clinic at Bajed Kandala II we often take care of special cases in other camps. We usually are contacted by themselves or relatives or by local NGOs who have heard about our efforts to provide help. Also we have mobile team who visit Sharfedin.

Our work in the last 6 months in 2015

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The clinic

We have expanded the clinic from one to nine caravans. This has enabled us to work as a fully functioning primary health care center. During the last 6 months of 2015 about 150-170 patients have visited the clinic per day. During December there were days when 360 patients visited our clinic mostly due to respiratory problems but even small injuries and burning accidents.



The people in Bajed Kandala II Camp are living in an harsh environment in a remote location with poor infrastructure and low access to essential services.



Table 1: Number of patients and diagnoses from 1t/July- to-31/ December- 2015

Disorder	nu	Disorder	nu	Disorder	nu	Disorder	nu
Upper respiratory disease include flu,pharyngitis,laryngitis,sinusitis,rhinitis	5361	Psychological disease	429	Ovarian cyst 37	37	Cellulitis 120	120
Lower respiratory tract disease especially bronchitis,bronchiolitis,pneumonia	1063	Appendicitis	7	Asthma	62	Scleritis	100
Tonsillitis(acute and chronic)	1612	Fistula	7	Ischemic heart disease	53	Epistaxis	52
Gastroenteritis including diarrhoea and vomiting	3150	Anemia	137	Diabetes mellitus	449	Thyrotoxicosis	5
Urinary tract infection and renal stone	3510	Menopausal and mood disorder	122	Hypertension	528	Epilepsy	10
Peptic ulcer and duodenal ulcer	112	Breast disease	122	Dermatological disease	1177	Abortion	11
Gastritis	526	Endometriosis	16	Rheumatoid arthritis/ Arthrose	612	Umbilical hernia	30
Irritable bowel syndrom	643	Uterine fibroid	10	Fracture of bone	66	Migraine	224
Gingivitis	430	Vaginitis and vulvovaginitis	735	Ganglion of fore arm and scalp	22	Varicose vein	15
Dental disease	478	Cervicitis	231	Conjunctivitis	320	Typhoid and paratyphoid	147
Haemorrhoids	172	Menorrhagia	332	Eye allergic	145	Burn	70
Otitis(external,middle, internal)	420	Dysmenorrhea	949	Keratitis	131	Intestinal worm	75
Ear wax 92	92	Amenorrhea	281	Blepharitis	100	Small injury	282





Medical supply:

Due to rules and regulations from ministry of health we have not been able to bring medicine from Sweden. We buy our medicine from a drug wholesaler in Zakho and sometimes we get some supply from DOH/Zakho. Medicine shortage had been a constant major challenge especially during the last six months of 2015 due to lack of funding. We were very much dependent on our generous donors to get the necessary medicines for our patients seeking care at the clinic at Bajed Kandala II camp.



Many Thanks to Dr Firiad Hiwazi from UK, Mr Yunose wholesaler in Zakho, and Lars Gabriellsson from Sweden.



Special thanks to Jim and Karyn from LDS charity, and Mr Rostem wholesaler from Erbil

Systematic approach and Planing

We work with a systematic approach striving for team spirit. In being a part of this team we are all an essential component committed to give the help and support needed.

People with chronic diseases are at increased risk of complications or early death due to lack of available medications and health services. People who recently been released from ISIS with tremendous physical and psychological trauma are facing inhuman situation in already crowded conditions with poor water and sanitation, and no efficient rehabilitation program.



During the summer the temperature in the region surpassed 122 degrees Fahrenheit. Heat exhaustion and heatstroke were two potentially serious and life threatening conditions that could strike the population and especially the IDPs living in poor conditions were at greater risk.

In Bajed Kandala II camp we prepared ourselves with whatever resources we had to handle the situation. Our staff in the health centre rearranged the daily schedule, organised themselves into different small teams, collected 90 volunteers and gave informed them about the situation and how to handle the heat. The volunteers then went out to the camp and informed the rest. People were warned not to go out between 11am to 5pm, and in coordination with camp manager the water distribution was rescheduled from day time to evening so people would not be exposed to sun and heat.



There was one case of serious heat exhaustion. A 10 year old girl who was taken care by staff and was cooled down and rehydrated accordingly. We used the cooling system in our bakery building for her and other cases which were not as serious.

Our dedicated team member working in a systematic way and planing for possible outbreak of different diseases and or tackling with problems in a professional way with great outcomes.

Towards the autumn there was an outbreak of cholera in areas near our camp. We took measures and participated in prevention campaign together with other NGOs to prevent outbreak in our camp. We also held seminars to several NGOs regarding prevention. We have not had any cases of cholera in the camp.

Seminars hold by our team members.



Taking any opportunity for teaching and giving advices to our children



Our doctors continued to organise seminars with different topics for other NGOs in both Bajed Kandala 1&2 to increase awareness about some health related topics relevant at the time concerned.

This way we try to increase community awareness and practice of health and nutrition promoting behaviours linked to the main preventable illnesses including outbreak prevention, health promotion program such as awareness about smoking, hazardous situation with for example fire, boiling water etc and risks of injury specially when it comes to small children, teenage marriage, how to use prescribed medication in a proper way, danger with overuse of antibiotics and non-compliance .



Dr Ahmad giving lecture to members from other NGO at the camp.

Teenage marriages

We try our best to have a holistic view and give our support where and whenever its needed. One important observation that has been made is that teenage marriage is common. Early teen marriage together with dropping out of high school have historically been associated with a variety of negative outcomes, including higher poverty rates throughout life. The negative outcomes have the potential to affect not only the individuals getting married but also the children in that marriage and the rest of society. Children of teenage mothers have lower birth weights, have a higher rate of infant homicide, are often the victims of child abuse and neglect. Women who marry young are 31 percentage points more likely to live in poverty when they are older. Similarly, women who drop out of school are 11 percentage points more likely to be in families below the poverty line. We have arranged separate seminars to raise awareness concerning teenage marriage and the importance of education both for the elderly and for the young people in the camp. By being present in the camp continuously we have gained trust from the people so that they can turn to us after the seminars with or whenever needed to discuss these matters also separately.

Legal restrictions that prevent early marriage and mandate high school completion have the potential to greatly reduce the chances of future poverty for a woman and her family. The implication is that legal restrictions on teenagers' choices can reduce external costs imposed on society, and it is possible they also prevent some teens from making decisions they will later regret.



“Global evidence shows that girls who delay marriage and childbearing reach a higher level of education which helps them to become more productive members of society, and contribute better to breaking the intergenerational cycle of poverty through investing in their own children”



Need For Referral

Providing quality of primary health care services for IDPs in Bajed Kandala 2 camp, with access to lifesaving health services and referral for critically ill patients. Referral system has been established, not only to local health facilities but also to private hospitals contributing as a charity base for demanding and complicating cases in need of secondary and tertiary care.



Sending IDPs to Swedish Specialist Hospital for free treatments.



A 19 years old Yzidi girl living in Bajed Kandala II camp complained about increasing back pain and numbness in her legs specially right leg for 3 years. Her symptoms had worsened and she could not walk due to weakness in her right leg and severe back pain. Losing mobility specially in her situation, living in tents with 50 degree summer heat was devastating situation for this young girl. We arranged for her to undergo a MRI examination and the results showed that she had a massive spinal tumour in the lower back pressing on nerves. We then started to



work on finding suitable surgeons and collecting funding for her urgently needed surgery, postoperative care and rehabilitation. The operation was done successfully in Erbil before the weakness in her legs became permanent. She recovered well and is now pain free.



Special thanks to Dr Reza Senior and his team who saved her life!



Our Supporting Activities

What the Yezidis have experienced since ISIS launched their campaign of destruction and killing in August 2014, violates what are considered reasonable war time practices. This targeted ethnic group has been traumatized collectively, and the prediction that the genocide of men, women, and children will get worse before it gets better is appalling – not to mention criminal. Our team witnesses daily the anguish that dominates the lives of the people living in the refugee and IDP camps scattered throughout Iraq's Northern region of Kurdistan. ISIS has come close to annihilating the Yezidis, and they're determined not to give up. But so is our team! For this reason, we stay focused on helping the Yezidis regain some of what they have lost, and eventually make it possible for them to return to living happy and productive lives.

When interacting with the Yezidis we have been using a holistic approach in supporting the deeply traumatized Internally Displace People (IDPs). One way we do this is to separate the people into groups and offer a variety of different beneficial programs and activities, suited to their age, gender, and needs.



The pain of collective trauma can influence cultural norms and drive mass action. A society is affected, and a society heals together.

The traumatic events witnessed by the Yazidi and the collective trauma they have been experiencing will have deep impacts for generations to come.

Rehabilitation of survivors becomes extremely difficult when an entire population experiences such severe traumas as war, genocide, massacre, torture, and on-going sexual abuse.

The concept of "cultural bereavement" is important to understand. Previous research on refugees has provided insight into the psychological consequences of the failure to enact cultural rituals during and after a collective traumatic event.

Treatment is rarely effective when an entire community is traumatized. The effects of Trauma remain chronic and they will reproduce themselves as long as social causes are not addressed and perpetrators continue to enjoy impunity. The entire society may suffer from an everlasting culture of pain.



Bajed Kandala II

According to Judith Herman, trauma does not only affect the intra-psychic world, but also a person's relationships. Victims of extreme violence often have difficulties relating to others because violence harms the internalized culturally constituted webs of trust, based on social norms, world-views, and moral conventions. *2

Another approach is Janoff-Bulman's theory of the "assumptive worlds". Trauma seriously challenges the fundamental assumptions of one's daily life. The assumptive world – what we consider to be certain - must be reconstructed. According to Janoff-Bulman there are three basic assumptions that are tied to people's estimates of their own vulnerabilities:

- (1) The world is benevolent;
- (2) the world is meaningful and comprehensible; and
- (3) the person sees oneself as competent, decent, and worthy. These basic assumptions are shattered due to traumatic experiences. *2

These approaches provide some starting points for a more precise concept of collective trauma. First, as individual trauma damages the inner structure of a person, collective trauma damages the structures of a community. Collective trauma ruptures social ties, undermines communality, and destroys previous sources of support.



Bajed Kandala II

Our team continues to observe the people residing in Badjet Kandala Camp. Watching them struggle to live as refugees has allowed us to identify different phases they experience.

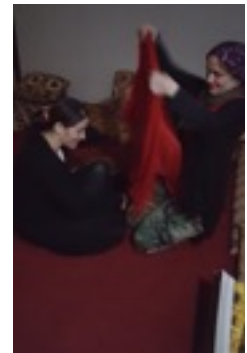
When a young girls or women are rescued and liberated from ISIS, they are initially welcomed back with great happiness and relief by their family and friends. However, in time they become isolated and lonely. More times than not, If they are married, their husband will not even touch them or talk to them. In some cases, they will not even eat the food their wife has prepared. Neighbors, and the entire community both inside and outside of the camp, will point out the young girls and women that have been rescued from ISIS, and spread vicious rumours about them. Young children held in captivity for months by ISIS, experienced brainwashing in an attempt to get them to convert to Islam. Other children taunt them and refer to them as “Daesh boys”. The smallest of these victims are frequently bullied, especially when they show their index finger the way they have been taught by ISIS when they had to say “Tashahud” when they pray.



Bajed Kandala II

The reactions of the victims of organized rape, as far as they can be documented, are comparable to what has been seen elsewhere. Aid workers in Bosnia reported the following attitudes: reluctance to speak out, suicide or death desire, revenge, and engagement in the armed struggle. They are reluctant to speak about their own rape, although they are willing to relate sexual assaults on other women. They might have difficulties in how to articulate what they have been through. The silence of raped women is of course a general phenomenon and should be understood, first of all as a survival strategy. The same wall of silence was documented among war victims who were raped after the end of World War II. The worst experience are not told, because to express them would destroy once more an identity fragilized by the context.

A year after being rescued from horrors she had to face when living in captivity as sexslave by ISIS, she is still as devastated as the day she was captured by barbaric ISIS men. There are still 18 members from her family who are missing after being taken away by ISIS. Only one had made a phone call from Mosul. Nobody knew what happened to the rest of them. Where they still alive, still being tortured or have they been killed? Recently her mother was found in a mass grave, since then her nightmares become even worse. In an attempt to feel closer to her mother, and feel what she was feeling while being buried alive, she stopped wearing colours, in winter time she is going out without warm clothes, no socks, no jackets.



Living in a condition where stigma and injustice have surrounded her and she does not find any escape but making herself to suffer. It is important to know “to listen”, to be aware of “timing” when she wants and or is able to talk, and when she is ready it is important “to take the whole life story”, not just the most traumatic aspects of her memory.



Domestic violence is another serious issue. This behaviour is a reflection of an individuals anger, helplessness, a sense of defeat, and flashbacks caused by what they have seen and gone through as a result of ISIS. On the top of being traumatised themselves, in the absence of adults in family, young boys have to take huge responsibility for their families. This is an enormous responsibility for someone so young and their behaviour reflects the turmoil they are experiencing. They are angry, smoke excessively, and they don't go to school most of the time even though many of them are unable to read and write. There is much to do, and hardly any job and or other activities for them.



Anxiety, depression, insomnia, and mood instability are very common among the people living in the camp. Somatization and seeking for somatic problem, when the problems are something else is nothing unique for our population. During 2015 we had almost 50,000 visitors to our clinic, seeking medical attention. The population of the camp is 6,500 – plus or minus 500. In addition, we made daily visits to the tents of people who were not able to make it to the clinic to get help.



One of the visitors was a woman who had been back with her family for six months, after escaping from ISIS. During this time she had not been looked at or touched by her husband once, even though they were living in the same tent. She visited the clinic very often, each time complaining about different symptoms such as headaches, stomach pain, a small wound, and back pain. These were however just the physical problems. This continued until the day she was ready to talk about the real problem that troubled her the most, but even then she begged not to tell anybody from her family. She said she just wanted to talk about it and she is ok with her home situation. Addressing the mental abuse she is experiencing needs to be dealt with too, but she is not willing.



Communities begin to heal when the people within them develop secure connections with family, friends and loved ones and address the loss and trauma symptoms.

Healing is aided by the normalization of trauma reactions people are experiencing. Being able to understand that fear, sadness, anxiety, and anger are normal responses to abnormal situations is a key step towards healing. No one responds in the same way to a traumatic event, and reactions can be complex.

These examples provide a small reflection of the realities that people living in our camp are experiencing. Our team has to carefully approach the problems, and at the same time take a small step towards a collective rehabilitation to lighten the burden of this huge collective trauma and continuing genocide.

Although many of the people in the camp are in need of individual psychosocial support and our team does as much as our resources allow, at the same time we know they value the sense of togetherness we provide. We continue to arrange positive activities whenever possible. Bringing people together to do constructive activities offers a sense of normalization in the lives of the people in the camp, while also serving as collective rehabilitation.



She is supporting a family of 8, who's father has been mentally ill for years and incapable of working.

Children

Children are the most vulnerable group within the camps. The atrocities they've witnessed have caused profound physical and emotional injuries that will be difficult – if not impossible - to heal. What now dominates their young minds almost every waking hour and even when they try to sleep to escape their troubling thoughts, will more than likely remain with them until they die. If the adults are struggling to come to terms with the horrific acts inflicted upon them by ISIS, how can children be expected to make sense of human behaviour at its absolute worse? Parents have the ability to talk amongst themselves in hopes of making sense of what has happened to them and their families, but the children – how can they possibly find the answers to explain what they have seen up close – right in front of their horrified faces? How do you explain to a five years old why the scary men dressed in black kill, torture, and rape innocent people?



Children Playing “water game” to win a bottle of water

The youngest victims of ISIS' reign of terror, struggle to adequately express themselves. Ill equipped in their ability to communicate after being exposed to such extreme brutality, many of them remain deathly silent. Yet inside they are screaming for answers that will ease their relentless pain. There are thousands and thousands of children living in Camp Bajet Kandala 1 and 2 whose childhood memories will forever be dominated by fear and hatred. These children are the living casualties of genocide, their numbers even greater than the bodies being unearthed and counted in mass graves throughout Northern Iraq. The sad and anxious eyes that stare back at our team members, tell the bitter truth. These children are damaged and adults are uncertain how to fix them. The failure of society, politicians, and religious groups leave these most innocent victims to confront violence, danger, and fear without any substantial support. In order to grow up to be productive and confident adults, children need to be loved and protected, they need to learn and discover, they need to laugh and play. These are almost non-existent in the children we have come to know.



Each day we have to face heartbreaking looks and faces with deep prints of war. Our children's faces getting aged so fast and worn out, that is hard to miss.

An entire generation of Yezidi children are being adversely impacted by the atrocities of war and it's not just their emotions that are under attack. Since August 2014, our team has been documenting what we have seen during our interactions with the persecuted Yezidis. The photographs blatantly show the negative physical progressions that come as a result of being exposed to extreme trauma. When we look at the photos from a year ago, it's especially heartbreaking to see how the children have changed on the outside. There is no denying that the deep imprints of war are causing them to develop unnaturally. All you have to do is look at their faces and you no longer see a child. Instead, they appear much older than they are because of the deep penetrating sadness that influences every aspect of their lives. Continuously living under extremely stressful conditions has a devastating impact. These children have been beat down and whether they will ever be able to overcome the adversities they have experienced at such young ages, time will tell. Sadly, they have an enormous uphill battle ahead of them.



She was worried about her sick mother who had not been able to cook for them for two days.

Gole's Story

Gole's mother died when she was only two. Her father remarried soon after because he could not take care of his six children by himself. Life went on and another girl was born into the family. She is now six. When ISIS attacked Shingal on August 3, 2014, Gole's father sent his family to a safe location while he remained behind to defend the holy place of Sharfadin in Mount Shingal. Our team met him there in December 2014, when the place was still under daily attacks by ISIS. Although his health was not good, no amount of urging could convince Gole's father to board the helicopter that would take him to safety so he could get the medical care he needed. This brave man was martyred for the land he so loved during a fierce attack by ISIS only days before the area was finally liberated.



Gole december 2014

Gole and her family now live in the camp. They are one of the many families without a father, which makes their lives even more difficult. It's been especially hard for Gole because of a discrepancy between her birth certificate and her ID. Gole is only 9, but her ID shows she is 14, making her too old to attend school. Every day she follows her younger half-sister to the camp's school and she remains standing outside the gate longing to be inside learning. All efforts on the part of adults to correct the problem have failed, which is puzzling and worrisome for a child. All you have to do is look at Gole's face to see the toil it is taking.



Gole December 2015 in front of the school gate at the camp waiting for her little sister to finish her classes and go home together.

She's been robbed of something as essential as being able to attend school. Physically she is aging at a harmful speed you cannot ignore and it's unfair.

Our staff could no longer stand back and do nothing for Gore so we took action. Daily, we take turns spending at least an hour with Gore teaching her both the Arabic and Latin alphabet. Hopefully our efforts will have a long lasting impact on Gore and help to relieve some of the injustice she has experienced at such a young age. These pictures, taken in a span of a year, help to tell Gore's story.



Gole is just one of the thousands of children whose life will forever be impacted by war.



Godchild and Orphan Program

Our team started the Godchild and Orphan Program to support the most vulnerable families and children living in the camps. It is the generous support from Kurdish medical Association in Sweden, Red Son Norway and some individual donors from Sweden that allow us to have positive impacts on the lives of those we are helping.

The first people to benefit from the program were Nasrin, a 27 year old mother with seven children. When we met them, they were living at a school in Duhok. The three older children are disabled and in order for Nasrin to control and keep them safe, we were shocked to see she had them in chains. They were initially moved to tents in Sharya camp. Later, in cooperation with the Duhok Governorate the family was moved in October 2014, to caravans in the Rawanga Camp. Since then our team visits them on a regular basis to provide clothes, food, medicine, and financial support. To help relieve the burdens that overwhelm Nasrin, the three disabled children.



Azize is always chained!



Asia always smiles!



Morad is always hungry.



The three orphan kids, Hamdia, Holia and Honar, are taken care of by their grandparents.

This two families were the initial families that we started the program with and now we have expanded the program, by the end of 2015 to total 7 families, and will be increased to 12 family in January 2016 and we hope that we will get more people to support this program .



Supporting Education and Social Activity Programs

Education is critical for mental development, which is why our team has made it a priority to provide schooling for the children in the camp. In addition to teaching the basics, we offer other social activities that provide a variety of benefits. "Bananas Going to School One Day a Week", is one such activity. Besides distributing pens and paper to the students, once a week each child gets a banana, which helps with their calorie and vitamin deficiencies. The 200 calories and supplemental vitamins and minerals found in a banana is benefiting thousands of children. It is truly astonishing to see how excited the children get when they are handed their banana.





Sending Banana to school:

Children suffering from calorie and vitamin deficits. Therefore, we decided to give thousands of children in school one banana per week which provides about 200 calories and a supplement of vitamins and minerals. This is much appreciated by the children, teachers and parents





Non- Medical Volunteers

Non- medical volunteers allow us to offer even more activities. Here are some of the people who spent time with us and brought joy into the lives of the camp's residents, specially children.

Grete Ulvesli is a hardworking and ambitious woman from Norway, who dedicates her time to people who needed physiotherapy and mobilization assistance. There are number of physically disabled people including children who are in need of exercise and physical training, whom we give some support and supply wheelchair, and educate the family about how to use it, be aware of complications such as risk for urinary tract infection, wound, and so on. In addition she has provided teaching sessions, creative opportunities through painting, plus overseeing physical activities like football for children.





Lars Gabrielson is a dedicated teacher from Sweden. She offers English classes to the students twice a day. In the evening she provides our clinic staff the opportunity to learn English too.





Terri Crisp is a passionate and warm-hearted woman who came all the way from the United States, and brought an abundance of happiness and joy with her. Students she had connected with back at home had painted pictures before she left for Kurdistan, which Terri then displayed in the clinic where we could all enjoy them. On the back of each laminated painting was a photograph of the young artists from California. The children were especially excited to see these faces from far away. This simple idea has been a positive way in which to connect people over a vast distance, at a time when many of the camp's residents feel the outside world has forgotten about them.





Ammar Painter is a well-known Yezidi artist, who for the last year, has been painting scenes from the atrocities ISIS has inflicted on his people. His remarkable talent sheds a different kind of light on this dark time in history. When he and Terri Crisp visited the camp together, they brought with them face paint and brushes. For nearly three hours, one face after another had brightly colored paint applied to it. A crescendo of children's laughter filled the clinic and it was a most welcome sound to our team's ears.





Members of **Røde Sol Norge/ Red Sun Norway**, a Norwegian NGO, have visited the camp twice. Each time they offered a variety of meaningful and joyful social activities for the children, such as drawing, playing football, and teaching basic hygiene workshops. These activities promote feelings of togetherness, learning, and provide simple fun.

Thanks to Røde Sol Norge, they arranged a week long workshop for the children, which taught them how to make bracelets. These bracelets were then sold in Norway and the money went to the children who had made them.











Events

Trip to Shingal

More than a year of ongoing killing of Kurdish people in general, and Yezidi people in particular, has left countless wounded and traumatized souls who desperately need professional support and help. August 3, 2014, marked the onset of the seventy-fourth time that catastrophic genocide has taken the lives of Yezidi. Tragically, as this report is being written, there are still thousands of Yezidi men, women, and children living until the control of ISIS.

On August 3, 2015, our team from the Bajed Kandala Camp wanted to honor the victims of ISIS - those who had lost their lives, those who had survived, and those held in captivity. We decorated white t-shirts with the help of excited children who painted and tie-dyed fabric. Early the next morning, we lit candles in memory of all the young girls who are still being kept by ISIS as sex-slaves. Afterwards, our team together with young boys and girls from our camp boarded buses headed to the holy Sharfedin Temple in the Shingal mountain.

It was not an easy trip for those returning to the Shingal area for the first time since they had fled ISIS. Initially, we passed in front of the ruins of burned building and destroyed homes, with tears flowing down their cheeks. It was shock at what we were witnessing that kept us silent. Some of the people were able to eventually point out things like a small piece of a wall - all that remained of what was once their home. Slowly more stories were shared, people recalling that dark day in August 2014, when they had fled their homes and their community, leaving the lives they had known behind. Others narrated how they were captured by ISIS and how loved one had been tragically killed. It was an excruciatingly difficult journey for all of us. However, Sharfedin took everyone under its strong wings. While in the temple, prayers were said, the knots were made, and in this tranquil place, slowly without noticing, everyone settled into a strong sense of belonging. Progress was made, even though it was painful, which is an encouraging step towards people surviving difficult times.











On the way back to the camp we could truly feel some positive changes had happened to those on the bus. On those beautiful faces appeared startling smiles, a testament to the inner spiritual relief that had fallen on them. Amazingly, in the midst of unbelievable destruction and painful memories, we found the power to be strong again, reenergizing us to be able to maintain hope for a better future!



Part of our team stayed in the camp and participated in a ceremony that was held by the camp managers in coordination with all the NGOs present in the camp and the people in Bajed Kandala 1 and 2.



Distribution of White Dresses

A white dress is the traditional symbolic attire worn by elderly Yezidi women. Some of the women that escaped ISIS captivity, tell how their treasured dresses were torn up by ISIS and they were left half naked with nothing to wear for days and in some cases weeks. Others tell of entire Yezidi families being taken to a large hall, many of the woman half naked. The humiliation was unbearable for those elderly women who's white dresses were thorn apart in front of the eyes of their people and were left naked. Efforts by others to provide clothing to cover the women were prevented by ISIS men.

“If we could write our own fate, we would have designed our journey to be without obstacles”, said an old lady when she took the dress and look at the camp. The suffering that has been imposed on our elderly there are no words to describe. The stories of the glorious past before the rise of ISIS, tells of tremendous pain and sorrow that they had been facing for the last one and half years since August 3, 2014 and the rise of barbaric ISIS, is beyond measures. Although it is important that they are given medication to help remedy illness, we believe in the power of respect, happiness and love for wellbeing.





Trip to Lalesh

One of the most difficult times for people living in the camps are when they remember the wonderful celebrations during peaceful times when their homes were filled with laughter and happiness. These days are especially difficult for Yezidi children and youngsters. They miss home every day, but even more so during Eid. They just want to return to Shingal where they can be happy again.

On October 9, 2015, when The Yezidi week of “Jamaie” celebration was half over, our team arranged to take 50 young girls from our camp, among them many who had returned from captivity and sex slavery by ISIS, on a bus trip to the Yezidi holy place Lalesh to light a candle for the girls still held in captivity by ISIS as sex slaves. We stayed there two days, and what some of our girls went through and their transformation is not in the scope of this report. The trip was not only highly appreciated by those who came along but by the entire resident in Bajed Kandala II.









Koliche Day

Giving a sense of what people would normally be doing if not living as refugees in a camp, benefits their well-being. Our team is pleased we have been able to bring some degree of normalcy into the lives of the camp's residents to break up the monotonous routine they endure daily. Nothing pleases our team more than to bring joy to the people we are there to help through their struggles.

One of the ways we have been able to do this is through the bakery we built in the camp. Families show up at the bakery with their own "Koliche" baking sheet. You can smell in the air the lovely aroma of freshly baked Koliche, which spreads comforting joy among everyone. You can see the excitement in the children especially who are eagerly anticipating returning to their tents with baked Koliche.

We are glad that our unique bakery project has been able to make an everyday task different in a positive way for the people of Bajed Kandala 2 camp.





Bringing Visitors to Bajet Kandala Camps

The Kurdistan Government, in cooperation with churches, community agencies, and NGOs, continue to do what they can to help the hundreds of thousands of displaced Kurdish people fleeing ISIS, which includes Yazidis, Kakeis, Shabaks, Muslims, Assyrian Christians, Turkmens, and Arabs. Understandably, the escalating needs caused by this crisis that began in August 2014, have overwhelmed local and international resources as the crisis only worsens. The decreasing focus on the plight of the refugees and IDPs still living in Kurdistan, rarely makes the international news any more, which further hinders efforts to provide basic survival resources – food, shelter, clothing, and medical care. This lack of interest has caused a drastic reduction in donations needed to provide humanitarian assistance.

Our team continues to do what we can to spread the word – to keep the plight of the refugees and IDPs barely able to survive in the camps scattered throughout Kurdistan at the forefront of people’s awareness. We encourage organizations, individuals, and the media to visit our clinic in the Bajet Kandala camp to see for themselves how these people are suffering physically and emotionally day in and day out. It is our hope that what is seen and felt during visits to the camp will inspire people to return to where they came from and share their experience so that others will do what they can to keep these people – who are so undeserving of the hell they are living in – alive.





Many thanks For all Supports and donation!

Kurdish Medical Association in Sweden

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*Again, thank you all for supporting
our kids.
You are a part of their lives too!*



Nurse Shilan from Swedish Specialist Hospital and orphan Hamdia, Holja and Honar.