

19 MONTHS OF COVID-19

IOM IRAQ MHPSS PROGRAMME ACTIVITIES
DURING THE COVID-19 PANDEMIC

March 2020 - September 2021



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Report design and layout by Rawen Saed Studio – rawensaed.com

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ABBREVIATION LIST

CSOs	Civil Society Organizations
CwC	Communication with Community
FP	Focal points
IDP	Internally Displaced Person
IHCHR	Iraqi High Commission for Human Rights
IOM	International Organization for Migration
MH	Mental Health
MHPSS	Mental Health and Psychosocial Support
NGOs	Non-governmental Organizations
PHC	Primary Healthcare Centres
PM+	Problem Management Plus
PFA	Psychological First Aid
PSS	Psychosocial Support
PTSD	Post-Traumatic Stress Disorder
rPFA	Remote Psychological First Aid
SC	Social Cohesion
TOT	Training of Trainers
WHO	World Health Organization

1. INTRODUCTION: IOM IRAQ MHPSS AND COVID-19 RESPONSE (ENHANCING THE NATIONAL COVID-19 RESPONSE CAPACITY IN IRAQ)

1.1. COVID-19 AND IMPACT ON MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

The COVID-19 pandemic has exacerbated many of the existing vulnerabilities faced by migrants and other people on the move. Specifically, it has elevated exposure to disease, mental health challenges, and experiences of discrimination and stigma.¹

Generally speaking, psychological reactions to pandemics vary from normal stress reactions that are usual in such situations which include fear, anger, sadness and frustration to more serious manifestations of anxiety, depression, and trauma-related symptoms. Additionally, worry is not confined to an individual's sense of safety, but rather, extends to family members and loved ones which can further complicate the situation.

The COVID-19 pandemic has also exacerbated pre-existing social and economic challenges by impacting livelihoods and adding extra layers of challenges for vulnerable populations, such as the Internally Displaced Persons (IDPs) and returnees.² During these times, people may have growing concerns regarding adequate access to services, maintaining their jobs and livelihoods, and worries for the future. Other health-related concerns include

the nature of COVID-19, its modes of transmission, access to vaccination, physical distancing, and related stigma. Furthermore, the imposed curfew in many parts of the country may have led to increased tensions in various aspects of family life. This is evidenced by the increased rates of domestic violence that have been reported throughout different parts of the world.³

COVID-19 also had a profound effect on the MHPSS services and its delivery to beneficiaries. Precautionary measures such as physical distancing and limitation of movement presented additional challenges to the delivery of MHPSS services in areas that were underserved or with high risks of infection. Considering the above and that mental health has been identified as an integral component of the COVID-19 response, IOM Iraq adapted MHPSS activities to comply with local governments' instructions and public health best practices and incorporating remote working modalities in service delivery. IOM Iraq also delivered several activities that aimed to address psychosocial sequelae of the pandemic.⁴

1.2. COVID-19 AND MENTAL HEALTH OF FRONTLINE WORKERS

Considering their role in combatting COVID-19, frontline health are a high-risk group. Working long and strenuous hours puts frontline workers under great pressure, particularly on their physical, mental, and social well-being leading to many harmful consequences on their emotional wellbeing. Some of these consequences include, but are not limited to, exhibiting burnout and indulging in unhealthy coping mechanisms through consuming excessive amounts of alcohol, tobacco smoking, or other substances. Elevated and prolonged exposure to stress can also trigger the onset of and/or worsen existing common mental disorders such as depression and anxiety. In the context of COVID-19, this could translate into compromised quality and safety of care, breach of healthcare protocols and guidelines concerned with the COVID-19 crisis, increased risk of infections, and compromised capacity of the health system and emergency response teams.⁵

MHPSS activities will help frontline workers on both personal and professional levels by aiming to identify psychosocial issues and enhance wellbeing (e.g., adopting healthy coping mechanisms), identify and positively deal with stress, and identify mental health conditions that require referral to specialized mental health services, amongst many others. This will allow early detection of mental health issues, such as insomnia, depression, anxiety, and burnout, and reduce their impact on both front line workers and the individuals they provide services to. This could include patients infected with COVID-19, their caregivers, or even the lay population that have concerns and fears regarding the pandemic.

All of the above strongly support the argument that frontline workers require special attention when it comes to their mental health wellbeing. Thus, IOM Iraq has specifically targeted this group in its MHPSS activities as a part of the emergency response to the COVID-19 pandemic.

1. International Organization for Migration (IOM), 2020, IOM's COVID-19 Preparedness and Response: Achievements Reports 2020. IOM, Geneva.

2. Clemente-Suárez, V. J., E. Navarro-Jiménez, M. Jimenez, A. Hormeño-Holgado, M. Martinez-Gonzalez, J. Benitez-Agudelo, N. Perez-Palencia, C. Laborde-Cardenas, J. Tornero-Aguilera, 2021, Impact of COVID-19 Pandemic in Public Mental Health: An Extensive Narrative Review. Sustainability, 13(6), 3221.

3. International Organization for Migration (IOM), 2021, IOM Iraq MHPSS Programme – Activities Overview 2019-2020. IOM, Baghdad.

4. World Health Organization (WHO), 2020a, The impact of COVID-19 on mental, neurological and substance use services: results of a rapid assessment). WHO, Geneva.

5. WHO, 2020b, Frontline workers and COVID-19: coping with stress. WHO, Geneva.

2. IOM LAYERS OF MHPSS INTERVENTIONS

IOM MHPSS activities under the COVID-19 response program provided services to 2,574 individuals.



2.1. SPECIALIZED SERVICES

Psychiatric consultations and clinical psychological counselling were provided to people with pre-existing and/or emerging forms of severe stress, behavioural and relational problems, or moderate to severe mental disorders. IOM specialized service providers dealt with a wide range of mental health (MH) disorders. They

intervened rapidly in urgent cases – instances when an individual was identified as at risk of hurting themselves or others.

Consultations were carried out through direct interactions and remote working modalities.

Specialized Services	Male	Female	Total
Referrals to MH consultations	8	9	17
Specialized MH consultations	202	121	323

2.2. FOCUSED, NON-SPECIALIZED SERVICES

IOM Iraq's MHPSS teams identified 1,219 individuals in need of focused, non-specialized support through community centres, Sehtak Aham hotline referrals, and referrals from other units such as local primary healthcare centres (PHCs). A team of trained social

workers and psychologists implemented these activities through tele-consultations and direct interactions to promote resilience, provide support, psychoeducation, positive coping mechanisms, disseminate COVID-19 related awareness material, etc.

Focused Non-specialized Services	Male	Female	Total
Psychosocial Support Sessions	445	363	628
Support Groups	28	46	74
Individual Counselling	95	181	276
Psychological First Aid (PFA)	40	21	61

Regarding individual counselling, the main issues observed and supported were cases of COVID-19-related stress induced by being infected and isolated, having to become caregivers for family members with COVID-19, and being affected by domestic violence during lockdown. Other main issues included stress that emerged due to instability and loss of livelihoods, family-related problems, symptoms of depression and anxiety, social withdrawal, sleep problems such as insomnia and nightmares, decreased concentration, behavioural challenges exhibited by children, etc.

Group counselling and support activities were offered to families or groups of individuals that shared the same challenges. This was done after informing beneficiaries and getting their consent. Some of the discussed topics included fears and concerns regarding COVID-19 infections, difficulties expressing feelings, anxiety, and effectively dealing with stress. Relaxation techniques classes were frequently organized and social media messaging groups were also established to exchange parenting tips on how to effectively deal with behavioural challenges of children and adolescents.

PM+ DURING COVID-19

One of the common tools used by the IOM's MHPSS team during consultations was Problem Management Plus (PM+). PM+ is an intervention that follows a problem-solving approach and can help people with depression, anxiety, and stress, as well as improve aspects of their problem-solving skills, overall mental health, and psychosocial well-being.

2.3. COMMUNITY AND FAMILY SUPPORT

Most people are able to maintain their mental health and psychosocial well-being if they receive assistance accessing the available community and family support. Bringing individuals together, even remotely, for group discussions and social or cultural activities helped

ease the stressful time they were facing during lockdown. Group discussions focused on positive coping strategies, informal educational activities, relaxation techniques, and recreational activities.

Community and Family Support	Male	Female	Total
	102	285	387
Group Discussions	5	4	9
Social/Cultural/Religious Activities	97	281	378

2.4. AWARENESS, ADVOCACY AND SUPPORTING ACCESS TO BASIC SERVICES

IOM Iraq's MHPSS team supported beneficiaries' access to basic services through awareness raising, advocacy, referrals, and coordination with other international and local organizations, and governmental authorities. This has been pertinent to all activities, especially during the COVID-19 pandemic. With IOM's facilitation of access to basic services and raising awareness, there was less pressure on the other levels of intervention.

In coordination with the Communication with Community (CwC) team of IOM Iraq, the MHPSS team developed leaflets and videos with MHPSS messages related to the COVID-19 pandemic. This included advice on how to maintain healthy routines under lockdown and cope with the stress of continuous

media reporting, as well as recognize and debunk rumours and inaccurate medical advice about COVID-19.

IOM Iraq also provided orientation sessions that informed participants of the types of MHPSS services provided by the MHPSS team, as well as ways of getting in contact with service providers during lockdown.

Additionally, there were also awareness raising sessions delivered to the staff of a number of PHCs targeting topics such as misconceptions about mental health, psychosocial support sessions for caregivers to support their children, symptoms of certain mental health conditions such as depression and anxiety and enhancing self-care and stress management skills.

Awareness and Advocacy	Male	Female	Total
	126	212	338
Awareness Raising	110	196	306
External Coordination Meetings	16	16	32

2.5. CAPACITY-BUILDING ACTIVITIES FOR IOM STAFF AND PARTNER CAPACITY-BUILDING

IOM Iraq provided regular training to its national staff, community focal points, and other local government staff, non-governmental organizations (NGOs), and civil society organizations (CSOs) staff to ensure sustainable learning and the growth of local capacity. Topics of trainings included psychosocial skills training,

remote PFA (more details in page 12 under remote PFA), stigma and misconceptions on mental health, psychological impact of COVID-19, work related stress during the pandemic and disability inclusion.

Partner Capacity Building	Male	Female	Total
	145	145	290
NGO/CSO Training, Coaching and/or Supervision	4	10	14
Training IOM Staff and focal points on psychosocial support	40	22	62
Training Government Institutions	101	113	214

3. GEOGRAPHICAL LOCATIONS OF IOM MHPSS ACTIVITIES DURING THE COVID-19 RESPONSE

During the COVID-19 response, IOM’s MHPSS programme was active in five governorates in the following locations:

- Anbar Governorate
- Baghdad Governorate
- Dahuk Governorate
- Erbil Governorate
- Kirkuk Governorate



“This map is for illustration purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration.”

4. MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT DURING COVID-19 RESPONSE: KEY ACHIEVEMENTS

4.1. DEVELOPMENT OF IOM IRAQ INTERNAL GUIDELINES FOR REMOTE MHPSS WORKING MODALITIES

Given the shift from direct interactions to remote communication with beneficiaries, there was an outstanding need to develop guidelines for staff providing different types of MHPSS services.

The guidelines' main objective was to improve the capacity of MHPSS staff by helping them recognize the availability and utility of remote modalities while also highlighting the main skills and steps required for successful and efficient service delivery. It also aimed to address some challenges associated with remote work.

The document is formatted in a step-by-step manner, thus making it accessible for staff with different levels of experience and skills. It covers an array of topics ranging from preparing the physical and the platform setup, scheduling appointments with beneficiaries, tips on managing confidentiality and privacy issues, working online with groups, and much more. There was also a special section dedicated to reducing barriers for individuals with physical disabilities. Cultural competency and ethical considerations were also highlighted, as well as ensuring the privacy and confidentiality of the setting on both the service provider's and beneficiaries' sides.

Remotely provided services included both individual and group sessions (e.g., awareness raising sessions and learning new skills).

In situations in which using remote modalities for MHPSS services was not readily available, IOM MHPSS staff directly contacted individuals with imminent risk whilst strictly adhering to recommended precautionary measures.

Not only did the limited direct interactions affect beneficiaries receiving psychosocial support, but it also affected IOM staff's

capacity-building activities. Consequently, trainings on different topics (e.g., MHPSS for children and adolescents, gender-based violence, MHPSS services for healthcare staff working during the pandemic) were delivered to staff of different levels through online platforms. This was met with positive feedback by trainees for a number of reasons: reduced transportation time and expenses, the shared material was readily available online, and the convening of staff from different parts of the country helped enhance their network of connections. Having a learning experience formed through sharing cases and stories encountered in different contexts was also mentioned as a benefit.

But, as anticipated, working through online platforms has its own setbacks. These were mostly related to the technical aspect of remote work, such as internet connectivity issues, unexpected hardware malfunction, and occasional electricity cuts. Although such challenges are inconvenient, it also provided staff the opportunity to learn about what to expect and how to troubleshoot similar issues when they deliver remote support themselves.

4.1.1. The Development of the Guidelines: Process and Timeline

Firstly, a thorough desk review of existing literature about remote working modalities in MHPSS settings was conducted, after which the information was compiled and analyzed. Then, a first draft of the guidelines was distributed to a sample of MHPSS staff to ensure the content's adaptability and compatibility with the actual working conditions. Next, a focus group discussion was conducted to discuss the feedback about the content of the guidelines and further recommendations to improve it.

The guidelines were first published in the English and later translated to Arabic and Kurdish.

[LINK TO THE GUIDELINES
IN ALL 3 LANGUAGES](#)



4.2. REMOTE PFA TRAININGS TO PHC FRONTLINE WORKERS

Psychological First Aid (PFA) is the practice of recognizing and responding to people experiencing crisis-related stress. It is a method of helping people in distress feel calm and supported in order to better cope with their challenges. The basis of PFA involves caring for the distressed individual, paying attention to his/her/their reactions, and, if needed, provide practical assistance such as problem solving skills, help in accessing basic needs, or referring them for further assistance. PFA can be provided before, during, or immediately after a crisis event.⁶

IOM Iraq provided PFA trainings to IOM staff and frontline health workers. To achieve a broader impact, several IOM staff received the PFA Training of Trainers (ToT) who then delivered PFA and

remote PFA trainings to frontline workers in PHCs in their local areas. A total number of 256 participants received the PFA training with each training being a 2–3-day training depending on staff knowledge, needs and availability as well as the logistics involved.

“Some beneficiaries were more open to using remote modalities as they felt more comfortable speaking about their problems in a more private setting.”

- MHPSS staff

4.3. SEHTAK AHAM HOTLINE

IOM Iraq supported the Iraqi High Commission for Human Rights (IHCHR) to implement a project on mental health awareness raising and MHPSS response to COVID-19 through a hotline led by a group of CSOs, doctors, and other medical professionals. The hotline’s objective was to address medical concerns related to the COVID-19 pandemic and answer questions about prevention, emergency response, and treatment. IOM’s support enabled the hotline to add a section focused on mental health and psychosocial support, hence facilitating the provision of counselling and referrals.

4.3.1. Services Provided:

MHPSS hotline

Psychologists, medical doctors, and other healthcare professionals trained in providing basic psychosocial support took calls from

people seeking help related to the COVID-19 pandemic. Call operators then made referrals to the appropriate service providers based on the needs of the caller. IOM also provided IHCHR representatives a ToT on remote Psychological First Aid (rPFA).

Awareness raising materials used were in the form of:

- Brief informative videos that deliver psychosocial support messages in a simplified form.
- Online posters and infographics providing concise messages on self-care and strategies to deal effectively with the stress arising from the pandemic.

Below are samples of the materials disseminated through different social media platforms during the project.



6. International Federation of Red Cross and Red Crescent (IFRC), 2020, [Remote Psychological First Aid during the COVID-19 Outbreak Interim Guidance](#). International Federation of Red Cross and Red Crescent Societies, Copenhagen.

4.3.2. Objectives of the Initiative Included:

- Psychosocial support for people who have been affected by COVID-19, whether directly through infection or indirectly due to the pandemic's consequences on their livelihoods and behaviour
- Raising mental health awareness during the ongoing COVID-19 pandemic by focusing on tackling misconceptions and stigma, and achieving a better understanding of the disease, its preventive measures, quarantine, and other relevant issues
- Countering misinformation, rumours, and fake news which spread rapidly throughout prominent media portals

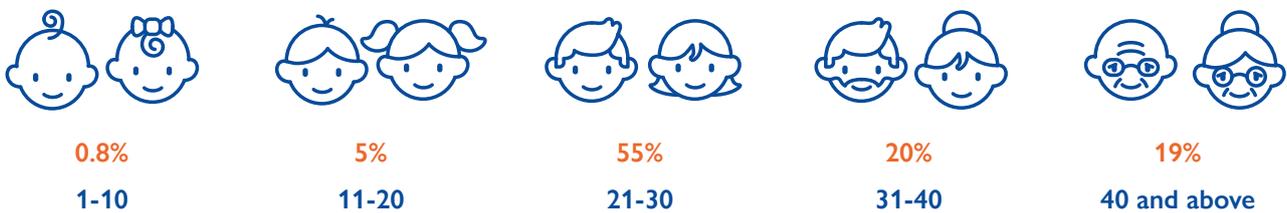
- Addressing the stigma that affects people who have contracted COVID-19, their families, and frontline healthcare professionals working in emergency services

4.3.3. Description of the activities:

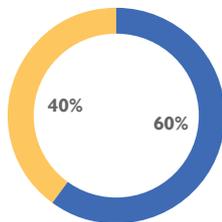
A trained team of social workers, psychologists, and psychiatrists were involved in the campaign and worked together to remotely provide services from September to December 2020. In total, the hotline received requests for psychosocial and psychiatric consultations from 1,465 beneficiaries.

Sixty per cent of the service users were males whereas the rest were females.

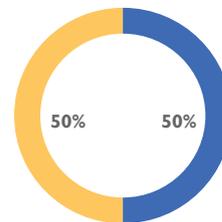
The age distribution of the beneficiaries was as follows:



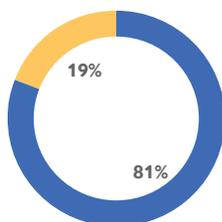
KEY FIGURES:



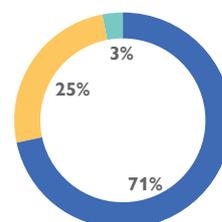
Sixty per cent experienced psychosocial stress after the pandemic, whereas 40 per cent responded otherwise



Fifty per cent of beneficiaries experienced fear of death, while the other fifty per cent responded no



The majority (81%) of beneficiaries did not have any suicidal thoughts, whereas 19 per cent reported experiencing them and were referred to specialized services accordingly.



71 per cent received focused support, 25 per cent received specialized services, and 3 per cent received both

4.4. ASSESSMENT OF NEEDS AND THE IMPACT OF COVID-19 ON PSYCHOLOGICAL AND SOCIAL WELLBEING OF A SELECTED SAMPLE OF BENEFICIARIES

Given that addressing mental health consequences of the pandemic has been outlined as a priority, IOM Iraq decided to conduct a survey in July 2020 to better assess the impact of the COVID-19 on the psychosocial wellbeing of individuals.

A total of 318 people from Dahuk, Sinjar, and Hassan Sham camp were interviewed by MHPSS staff for the needs assessment survey. Survey questions were adapted from IOM’s MHPSS needs assessment tools and was comprised of the following sections: basic socio-demographic information of the sample, COVID-19 check-up, knowledge assessment of COVID-19-related information, impact of COVID-19 on behaviour, psychosocial wellbeing, coping mechanisms, and beneficiaries with a known mental health condition.

Most interviews were conducted by phone and only a few were executed in person. IOM staff made certain that in-person interviews strictly complied with protective measures and local government guidance.

4.4.1 Objectives of the Assessment:

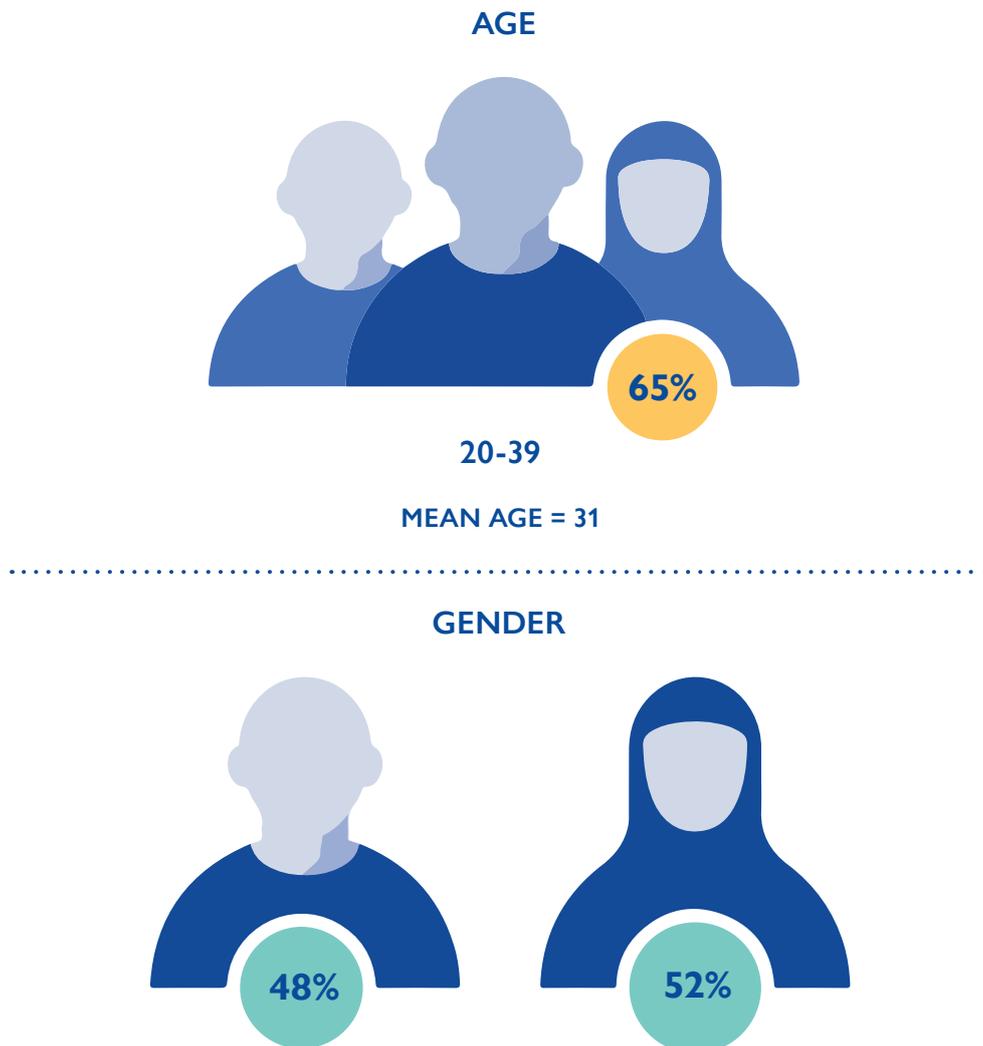
To understand the psychological and social effects of this pandemic, IOM Iraq developed and conducted a survey to meet the following objectives:

- To assess the impact of the pandemic on certain behaviours such as different psychological reactions to COVID-19 related stressors and other mental health related issues.
- To assess the impact of the pandemic on the psychological wellbeing
- To assess the impact of the pandemic on the coping skills and social support systems
- To identify potential difficulties encountered by individuals with pre-existing mental health conditions
- To identify the unmet needs of the population during these times.

4.4.2. Important Figures Extracted from the Assessment:

Regarding the gender distribution of the sample, 52 per cent were females while 48 per cent were males.

Considering the age distribution, 65 per cent of beneficiaries were aged 20-39 and the mean age was 31 years.



COVID-19 related stressors

- For those who self-isolated themselves (34%) or were quarantined (6%), 44 per cent reported feelings of fear; this population also experienced some thoughts related to the social stigma of being infected with COVID-19 and the fear of being excluded if suspected to be COVID positive from their respective communities.
- Almost half (48%) of participants had worries about their personal or family's health for several reasons. This included being infected with COVID-19 and that the disease could worsen pre-existing medical conditions. Additionally, 38 per cent were worried about not receiving proper medical care in camp settings.

Impact of COVID-19 on people who have had pre-existing mental health problems:

- Regarding the interviewed sample, 57 per cent were previously diagnosed with depression, 20 per cent with anxiety, 18 per cent with stress-related disorders, and 6 per cent with Post-Traumatic Stress Disorder (PTSD).
- The type of support received included psychosocial support, counselling sessions, and medical prescriptions. Sixty seven per cent of the sample were identified to have a mental health disorder diagnosis for which they were receiving a medication. It is worth mentioning that 94 per cent of them were adherent to treatment at the time of the assessment.
- To further investigate the impact of the pandemic on those with mental health disorders, participants were asked whether they encountered difficulties in accessing services when they needed it: 22 per cent responded always, 25 per cent reported often, 34 per cent responded sometimes, and 20 per cent said never.

Domestic violence during the COVID-19 pandemic:

Considering that domestic violence has increased worldwide during imposed lockdowns, rates of domestic violence were also assessed. Ten per cent of the sample experienced domestic violence, 6 per cent of which were females and 4 per cent were males. Of those who were victims of domestic violence, 50 per cent were women suffering from violence committed by their husband, and approximately 34 per cent were children suffering from violence committed by family members.

To know more about the dynamics of domestic violence, participants were asked if there were any actions taken to stop it. Sixty per cent (60%) responded negatively. Reasons for not acting were further explored, although some were also implicated in the interviewees' responses. They included settling for an apology, imposed societal norms and traditions, and fear of the perpetrator amongst others.

It is worth noting that 3 of the participants (i.e., 9% of those who experienced family violence) reported that the IOM's MHPSS services played a positive role in providing counselling sessions to address family violence.

DOMESTIC VIOLENCE

10% EXPERIENCED DOMESTIC VIOLENCE



50% WOMEN SUFFERING FROM VIOLENCE COMMITTED BY THEIR HUSBAND

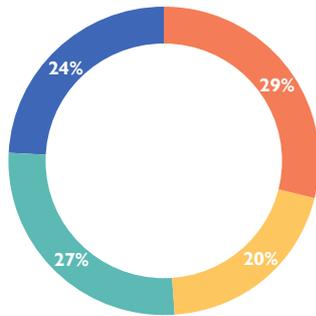
34% CHILDREN SUFFERING FROM VIOLENCE COMMITTED BY FAMILY MEMBERS



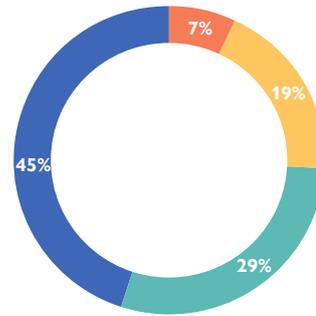
Psychological stress due to COVID-19 situation:

To estimate the extent of participants' experienced psychological stress, the following questions were asked to gauge interviewees' feelings, thoughts, behaviours, and complaints experienced in the past 30 days prior to the assessment date. Below are the major findings:

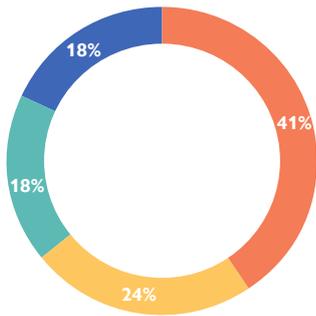
SYMPTOMS OF ANXIETY



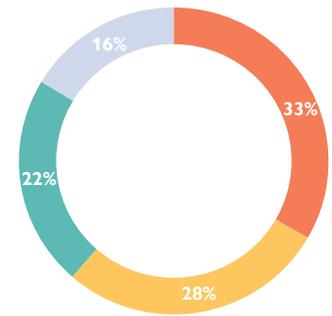
Fear of being sick



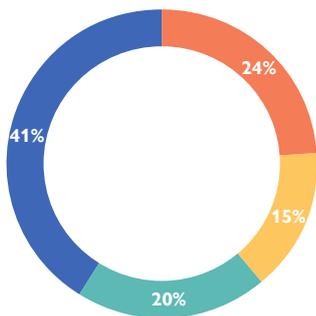
Increased preoccupation with physical symptoms more than usual



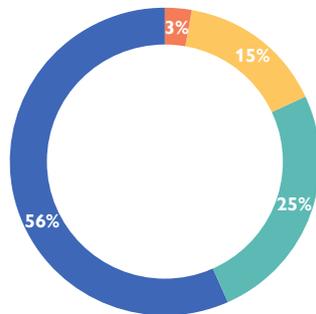
Fear of people who contract COVID-19 and known to be positive



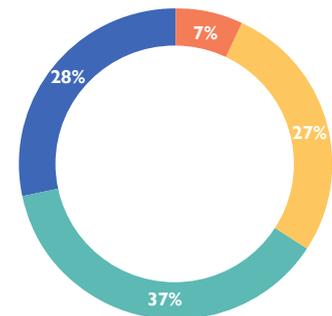
Fear of suffering



Fear of dying



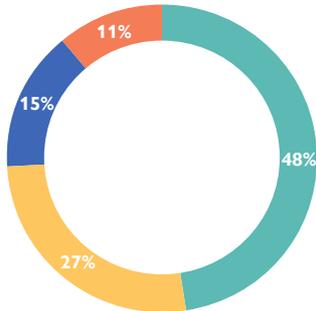
Periods of sudden onset of palpitations, shortness of breath, feeling of impending death, sweating, tremors, without a clear precipitating factor



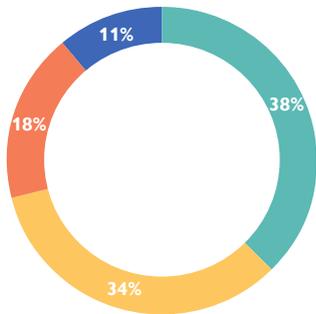
Difficulty controlling worry

Always Often Sometimes Never

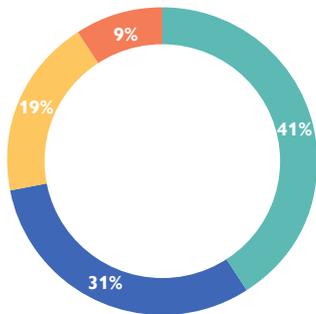
DEPRESSIVE SYMPTOMS



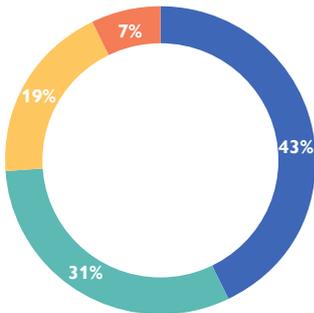
Loss of pleasure in activities



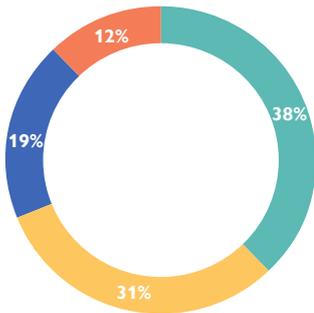
Feeling sad most of the time



Feelings of hopelessness or helplessness



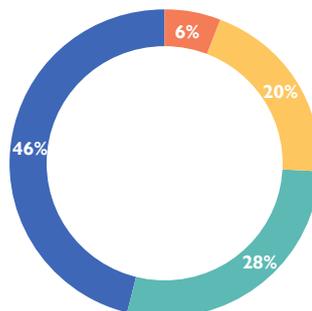
Loss of interest in life



Feeling more irritable than usual

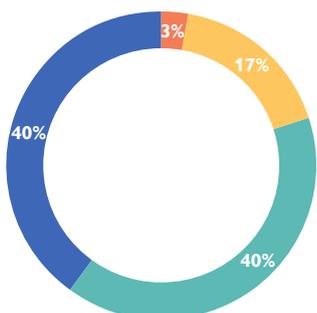
Always Often Sometimes Never

SOMATIC SYMPTOMS

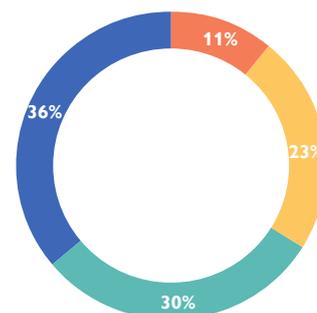


Increase of bodily pains not related to a medical illness

COGNITIVE SYMPTOMS

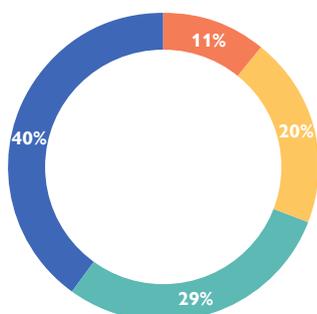


Difficulty concentrating on daily activities

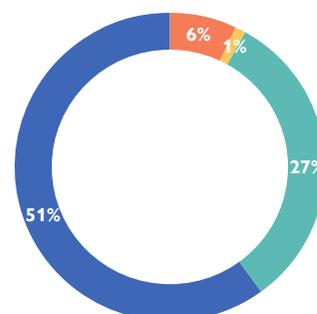


Being forgetful more than usual (e.g., misplacing things, forgetting important dates, etc)

CHANGE IN SLEEP OR APPETITE



Difficulties sleeping



Changes in appetite

Always Often Sometimes Never

ANNEX

A sample of leaflets and posters with MHPSS messages related to the COVID-19 pandemic.

كيف تحموا أنفسكم ومجتمعكم من فيروس كورونا






ابقوا في المنزل واتصلوا هاتفياً بـ ١٢٢ إذا كنتم تعانيون من أعراض فيروس كورونا. راجع أقرب مرفق صحي لك إذا لزم الأمر.

للمزيد من المعلومات يرجى التواصل مع مركز الاتصالات للمنظمة الدولية للهجرة: ٨٠٠١٢٥٥ (مجاني) - ٠٦٦٢١١٢٥٥

البسوا الكمامة دائماً في الأماكن العامة والمزدحمة.

لا تشاركوا الكمامة الشخصية مع الآخرين.

لا تستخدموا الكمامة الطبية مرة أخرى بعد استعمالها وتخلصوا منها بطريقة آمنة. اغسلوا الكمامة القماشية بشكل يومي.



تجنبوا التواصل الجسدي عند تبادل التحيات واستبدلوها بتلويح اليد أو ابتسامة أو إيماءة الرأس أو وضع اليد على القلب.



غط فمك وأنفك بداخل مرفقك أو بمنديل ورقي عند السعال أو العطس. تخلص من المنديل المستخدم على الفور.



اغسلوا يديكم بالماء والصابون أو بمطهر كحولي باستمرار.



تجنبوا لمس العين أو الأنف والفم.



ابتعدوا عن الأماكن المزدحمة وحافظوا على التباعد الجسدي (١-٢ متر).

٢-١ متر ٢-١ متر



كيف نستطيع الاحتفال بعيد النوروز؟

أثناء الحظر و نمي عائلاتنا من فايروس كورونا

- ابق في المنزل، ذلك لن يمنعك من الاحتفال! يمكنك الاحتفال مع عائلتك وأصدقائك في أي مكان عن طريق الرسائل النصية أو الاتصال بهم.
- إنه لمن الصعب عدم زيارة عائلتك أو عدم قبول زيارتهم إلى منزلك، لكن تذكر أن هذا التصرف مؤقت لكنه حاسم لحماية صحتك وصحة أحبائك.
- لا يقتصر الاحتفال على اللمس المباشر! التحية عن طريق الكلمات أو الإيماءة يمكن أن تحل محل المصافحة والعناق.
- التغلب على الفيروس هو مسؤوليتنا المشتركة، لذا لا تنس:
 - اغسل يديك.
 - تجنب لمس الأنف والفم والعيون.
 - واحتفل في منزلك.

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