

IOM IRAQ

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT PROGRAMME: ACTIVITIES OVERVIEW

JULY 2019 – SEPTEMBER 2020



TABLE OF CONTENTS

1) Introduction: IOM Iraq Mental Health and Psychosocial Support (MHPSS) programme	4
2) Mental Health and Psychosocial Support Key Achievements	6
3) Geographical Locations of IOM MHPSS Activities	8
4) Different Layers of MHPSS Interventions	10
Specialized services	10
Focused non-specialized services	11
Community and family support	12
Awareness, Advocacy and Supporting Access to Basic Services	17
5) The Impact of COVID-19 on MHPSS Services	18
COVID-19 Pandemic Impact on Services Delivery	18
Internal Guidelines for Remote MHPSS Working Modalities	18
6) IOM Capacity Building and Training Activities	20
The Working Committee on MHPSS Capacity Building and Human Resources Management	20
Capacity Building Activities for IOM Staff and Partners	21
7) Individual Success Stories	22
8) MHPSS as a Key Pillar of Community Stabilisation	24
A) IOM Iraq Suicide Prevention Strategy and Activities	24
B) MHPSS and Livelihood Support Integration	26

The International Organization for Migration (IOM) is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental organization, IOM acts with its partners in the international community to: assist in meeting the operational challenges of migration; advance understanding of migration issues; encourage social and economic development through migration; and uphold the human dignity and well-being of migrants.

The opinions expressed in the report are those of the authors and do not necessarily reflect the views of the International Organization for Migration (IOM). The information contained in this report is for general information purposes only. Names and boundaries do not imply official endorsement or acceptance by the International Organization for Migration (IOM).

IOM Iraq endeavours to keep this information as accurate as possible but makes no claim – expressed or implied – on the completeness, accuracy and suitability of the information provided through this report.

For more information about IOM Iraq MHPSS programme, please contact Hatem Marzouk: hmarzouk@iom.int

International Organization for Migration
Address: UNAMI Compound (Diwan 2), International Zone, Baghdad / Iraq
Email: iomiraq@iom.int
Website: iraq.iom.int

Report design and layout by Connard Co – www.connard.co

© 2020 International Organization for Migration (IOM)

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise without the prior written permission of the publisher.

1) INTRODUCTION: IOM IRAQ MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS) PROGRAMME

Iraq has witnessed multiple waves of conflict and violence that has greatly affected millions of Iraqis for a prolonged period of time. For many individuals, this has led to a multitude of stressors and challenges that are often difficult to cope with.

Experiencing a disruption of social networks, lack of community support, distressful personal events, human rights violations, discrimination, harsh living conditions during displacement, loss of property, and uncertainty about the future are common stressors that have a negative impact among people affected by conflict.

The IOM Mental Health and Psychosocial Support (MHPSS) programme aims to improve the psychological and social wellbeing and strengthen the overall resilience of individuals affected by conflict. Implemented through different levels of the Inter-Agency Standing Committee's (IASC) pyramid of intervention, IOM implements a range of MHPSS activities that supports internally displaced persons (IDPs), returnees, and host communities to regain a sense of safety and human security, increase self and community efficacy, encourage the creation or reactivation of social networks, and develop tools for affected communities to deal with the past and regain hope in the future. Under a larger community stabilization objective, the MHPSS programme is implemented in close collaboration with other social cohesion and protection activities.

IOM began supporting psychosocial activities in Iraq in 2010, with MHPSS programming implemented from 2014 onwards. Aiming to address the beginning MHPSS needs in Iraq originating from the ISIL occupation and subsequent forced displacement, to the Kurdish Referendum which saw a rise in returns throughout the state and subsequent stabilization, and as of recently, the capacity building of MHPSS for local figures in different fields. Due to the protracted needs of Iraq, IOM's MHPSS programme has also worked on integrating its activities into other programming such as livelihoods to ensure a cohesive, sustainable approach.

Throughout 2019 and 2020, IOM's MHPSS programme was active in eleven governorates across the country. All IOM services were tailored to the needs of the recipients depending on their phase of displacement and their location, in or out of camps, and in areas of return. To ensure optimal reach, MHPSS services was offered both in community centres and through mobile teams, including outreach visits in both modalities.

All IOM MHPSS services were carried out in a manner consistent with the 'do no harm' principle outlined in the Sphere project, WHO's definition of mental health, and the IASC Guidelines on Mental Health and Psychosocial Support Services in Emergency Settings. Beneficiaries receive comprehensive services adapted to their needs, including:

- ▲ Specialized services
- ▲ Focused non-specialized services
- ▲ Community and family support
- ▲ Social considerations in basic services

Girls, boys, women, men, youth, persons with disabilities, survivors of sexual violence and torture, elderly, orphans and other groups received age and cultural appropriate support through a variety of services. In each site, groups and individuals with vulnerabilities were identified to create an individualized plan for them.

In order to provide sustainable solutions and increase the impact of interventions, IOM aims to promote awareness on mental health throughout Iraq, aiming to reduce the stigma associated with it among the population and engaging civil society in MHPSS activities. To further support sustainability, capacity building for IOM workers, staff members of the Iraqi Government, INGOs and civil society organizations (CSOs) is a key pillar of the programme.

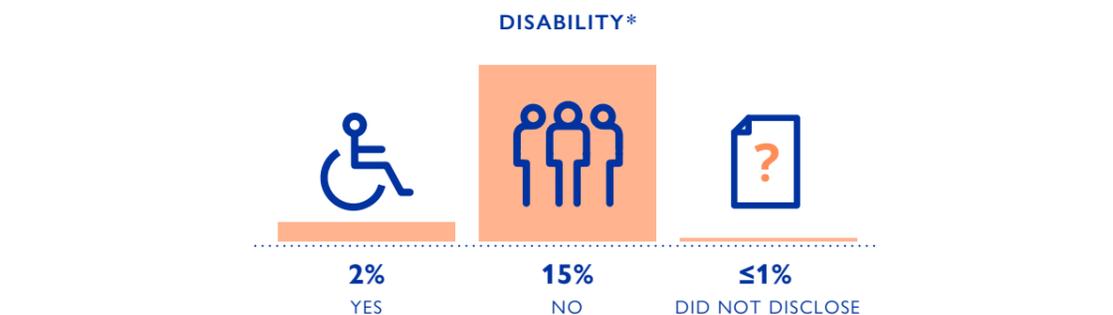
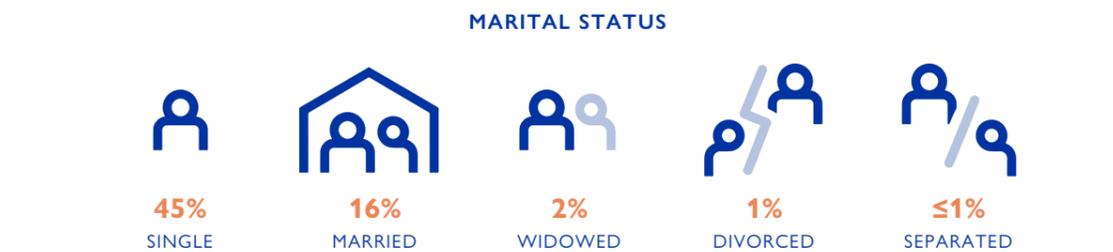
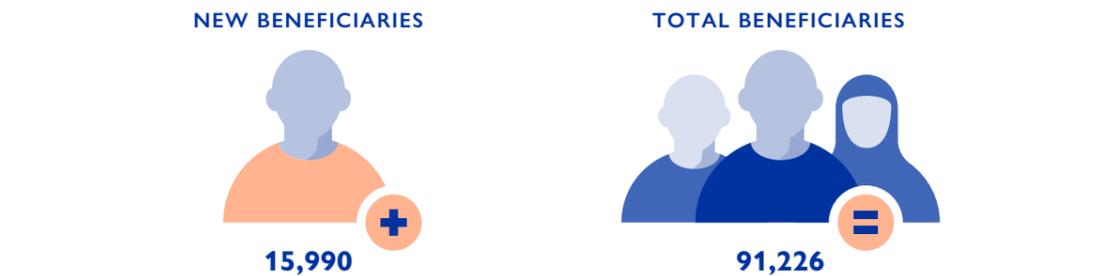


2) MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT KEY ACHIEVEMENTS

IOM MHPSS activities reached 15,990 new beneficiaries and provided 91,226 services between July 2019 and September 2020. IOM implemented 72,330 of these directly and 18,896 through its implementing partners, which are local civil society organisations (CSOs).



- ▲ Active in eleven governorates: targeting both in camp and out of camp locations.
- ▲ Two new teams hired: to identify the needs of returnees in Shirqat district, Salah Al Din governorate and Al-Qaim and Fallujah districts in Anbar governorate.
- ▲ New MHPSS centres in Khanke (Dahuk governorate) and Hassan Sham U3 IDP camp (Ninewa governorate).
- ▲ Country-wide needs assessments on MHPSS and livelihood integration and MHPSS needs of people with perceived affiliation to ISIL.
- ▲ Chairing the national MHPSS Working Group's capacity building and human resources (HR) management committee.
- ▲ Development of new internal guidelines on remote MHPSS service provision to cope with the changes created by the COVID-19 pandemic.
- ▲ In addition to the services provided to beneficiaries, **1,877 services** were provided as a capacity building or training activity to IOM staff, local and international NGO staff and other government and humanitarian partners.



* In the second quarter of 2020, IOM MHPSS team started collecting disability status data consistently.

3) GEOGRAPHICAL LOCATIONS OF IOM MHPSS ACTIVITIES

Between July 2019 and September 2020, IOM’s MHPSS programme was active in eleven governorates in the following locations:

Dahuk governorate

- Qadia camp
- Dawoodia camp
- Kabarto 1 camp
- Sharya town
- Shekhan camp
- Bajid Kandala camp
- Khanke community
- Dahuk city

Ninewa governorate

- Hassan Sham U3 camp for IDPs
- Mosul city
- Qayyarah and Haj Ali camp until their closure in 2019
- Hamdaniyah (Qaraqosh)
- Tel Afar and Ayadhiyah
- Sinjar
- Sinoni
- Zummar

Baghdad governorate

- Karrada
- Al-Sho'laa
- Zayona camp
- Al Sha'ab

Kirkuk governorate

- Wahed Huzeiran
- Kirkuk center
- Qadissiya
- Shorja
- Tassin
- Rahimawa
- Al-Askary
- Hay al Jamia

Diyala governorate

- Khanaqin
- Jalawlaa
- Alsaadia
- Ba'quba

Erbil governorate

- Sariblind community (until the end of 2019)

Najaf governorate

- Radawiya
- Haidariya
- Missan
- Askari

Kerbala governorate

- Al-Safiya 1 camp
- MOMD Kerbala Camp
- Al Sharwea Al-Wady

Al Qadissiyah governorate

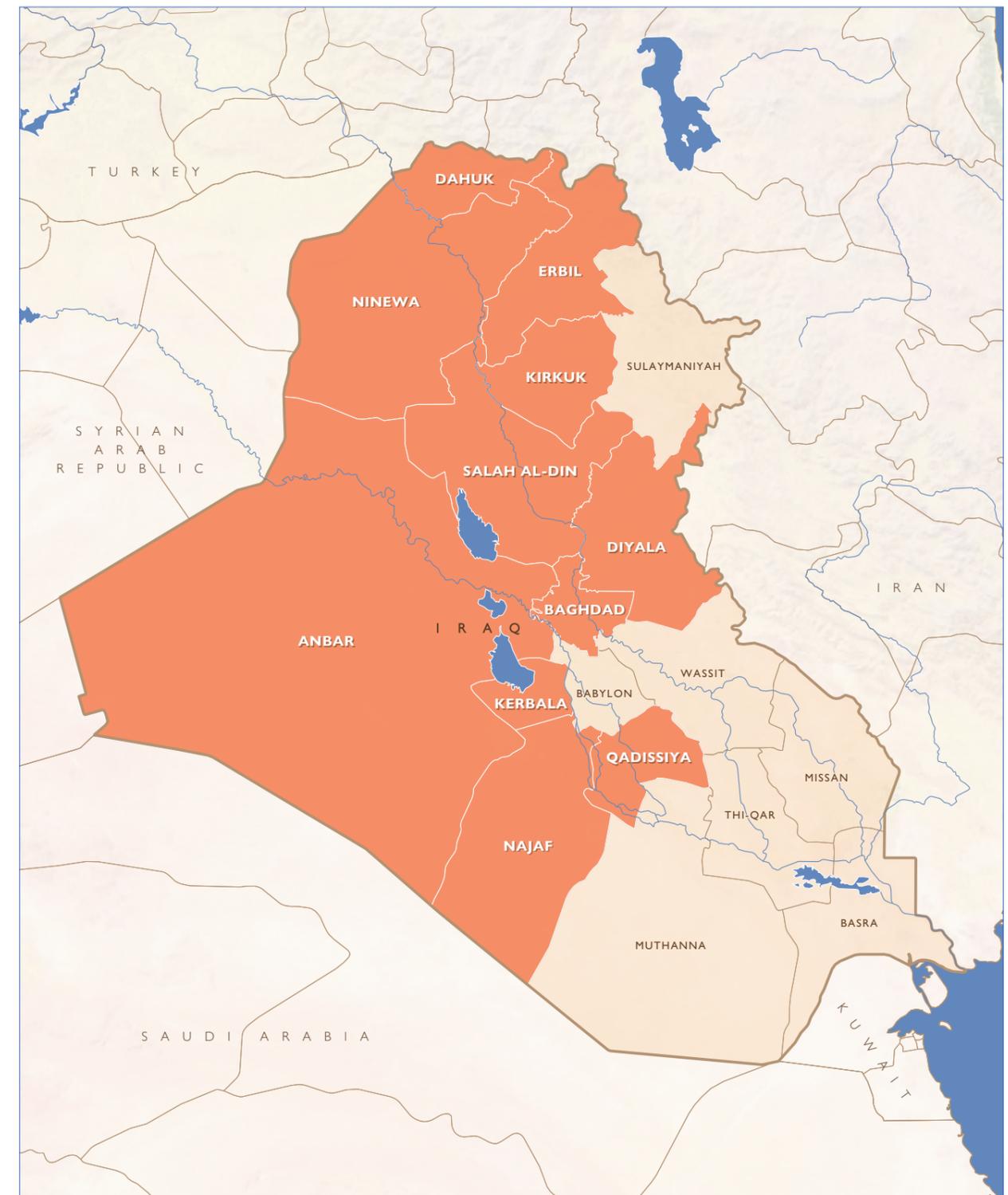
- Al Diwaniyah

Salah Al Din governorate (conducting preliminary needs assessment)

- Shirqat district : Al-Eitha and Ganaous villages

Anbar governorate (conducting preliminary needs assessment)

- Alqaim
- Fallujah



4) DIFFERENT LAYERS OF MHPSS INTERVENTIONS

SPECIALIZED SERVICES

Psychiatric consultations and clinical psychological counselling are provided to people with pre-existing and/or emerging forms of severe stress, behavioural and relational problems or moderate to severe mental disorders. Five psychiatrists and a clinical psychologist offered these services on a regular basis, and referrals to other mental health specialist when IOM services were not available.

- 3,720 specialized consultations.
- 169 referrals to other specialized services.

IOM specialized service providers dealt with a wide range of mental health disorders. They intervened rapidly in urgent cases, when people were identified at risk of hurting themselves or others.

All cases receiving these services were regularly followed up by case workers, who used psychometric tools such as:

the Self-Reporting Questionnaire (SRQ20),¹ Patient Health Questionnaire (PHQ9),² and Strengths and Difficulties Questionnaire (SDQ) to measure the individual's progress³. Family psychoeducation was also offered to households with people affected by mental health disorders, in order to increase their knowledge and facilitate support within existing social networks.

TESTIMONIAL FROM A SERVICE RECIPIENT'S CAREGIVER

“ My sister was completely desperate and tried to harm herself before, I am happy she now sees positive things in life to live from when she began going to IOM's community MHPSS centre.



Community awareness raising session. Photo credits: Yad Abdulqader, IOM Iraq

1 Harding TW, Arango MV, Baltazar J et al. 1980. Mental disorders in primary health care: a study of the frequency and diagnosis in four developing countries. *Psychological Medicine* 10: 231-42.

2 Kroenke, K. & Spitzer, R.L. (2002). The PHQ-9: A new depression and diagnostic severity measure. *Psychiatric Annals*, 32, 509-521

3 Goodman R (1997) The Strengths and Difficulties Questionnaire: a research note. *Journal of Child Psychology and Psychiatry* 38:581-586

FOCUSED NON-SPECIALIZED SERVICES

IOM MHPSS teams identified cases in need of focused non-specialized support through community centres, outreach activities and referrals from other units. A team of trained social workers and psychologists implemented these activities on a daily basis to promote resilience and positive coping mechanisms.

- 4,309 individual counselling and group support sessions.
- 6,016 emotional supportive sessions and PFA services.

Individual and group counselling is primarily used at a later stage of a participant's development, following the case management system, that follows each individual and identifies which service is most suitable in their case. For individual counselling, the main issues observed and supported were family-related problems, depression, anxiety, bed wetting, domestic violence, phobias, isolation nightmares, brain fog, stress and aggressiveness.

Group counselling and group support was offered to families or groups of individuals sharing the same challenges. Frequently discussed topics include grief, aggressiveness, difficulties expressing feelings, fear, anxiety, stress, lack of trust and adaptation to the life in displacement. Relaxation sessions were also frequently organized for groups of people.

Psychological First Aid (PFA) was offered to recently displaced families in distress. This intervention helps to reduce stress symptoms and assist in a healthy recovery following a highly

distressful event. This evidence-informed approach helps offer safety and comfort, emotional stabilization, information, practical assistance, in connection with social support and linked to services. All IOM MHPSS staff are PFA-trained, along with IOM staff working in other units with frequent contact with IDPs.

One of the tools used by IOM's MHPSS team is Problem Management Plus (PM+). This evidence-based programme was developed to facilitate individual psychological help for adults impaired by distress in communities exposed to adversity. This intervention follows a problem-solving approach and can help people with depression, anxiety, and stress, and improve aspects of their overall mental health and psychosocial well-being.

In 2019, one IOM's key interventions was to assist returnees by supporting preparations before their departure from their IDP camps to their arrival in their areas of origin. With this purpose in mind, support groups were organized in the camps to discuss topics such as self-esteem, self-care, communications, self-motivation and healthy thinking. 500 self-care boxes for returnees were prepared to be distributed; containing journals, stationary, games, crafts kits and give brochures on relevant MHPSS topics, which encouraged returnees to continue with IOM activities initiated in the camp that helped them improve their well-being.



COMMUNITY AND FAMILY SUPPORT

Most people of concern are able to maintain their mental health and psychosocial well-being if they receive assistance in accessing the available community and family support. In Iraq, as conflict and displacement caused a major disruption of social networks, IOM's MHPSS team helped to strengthen or re-establish them. Communal celebrations, communication on positive coping strategies, informal educational activities, livelihood activities, and recreational activities, aimed at improving the welfare of people of concern, building trust and strengthening a community's overall social cohesion.

- 7,336 guided group discussion services.
- 8,377 social/cultural/religious activities
- 15,002 recreational sports and arts activities.
- 3,332 life Skills development activities.



Community activities in Kirkuk.
Photo credits: Anjam Rasool, IOM Iraq

Guided group discussions

People of concern sharing similar interests or challenges gather to discuss topics related to their psychosocial well-being and learn strategies to promote growth and address difficulties. IOM facilitators helped beneficiaries see different perspectives, recognize and question their assumptions, improve their listening and conversational skills, and engage as agents in their own development.

A wide range of topics were discussed every month; for instance, anger management, stress management, anxiety, self-care, positive thinking, parenting, the importance of youth in society, communication within the family, peer pressure, addictions, traditions, time management, leadership, women's rights, healthy relationships, motivation, peace building, coping mechanisms, problem solving and planning the future.

Suicide was one of the most relevant topics, focusing on its causes and consequences. These discussions were part of a holistic plan to prevent suicide among people affected by conflict in Iraq.

FEEDBACK FROM PARTICIPANTS

“ I have been involved in group activities with members from another community that lives in our same area. I feel now that I know more about them, I trust them more and it makes me feel safer in my city.

“ I had a child with a challenging behaviour. I used to get angry and was not sure how can I deal with this problem. Attending the mental health support parenting groups made me realize I am not alone in this and I benefited a lot from the other mothers who had a similar experience, as well as from the facilitator.

Informal education and vocational training

In some IOM community centres, the communities expressed a need to have local libraries and further support to pursue their hobby of reading. IOM responded by making these services available and by organizing book clubs and literature forums which attracted a diverse group of beneficiaries.



These spaces helped to increase children, youth and adult's motivation to read and learn in a welcoming environment. In some sites, library rooms were used additionally as a space to provide school support to children.

Leadership training for women and youth

Though this training, women and youth were empowered to be active members of their community, speak up to affirm their rights, and start their own initiatives.



Psychosocial support awareness raising campaigns training for volunteers

Young volunteers were trained in MHPSS and the facilitation of MHPSS awareness raising campaigns. The trainings allowed them to conduct sessions in their communities, increasing the outreach capacity of the IOM teams.

Training of peer support outreach volunteers

In some IOM locations, peer support outreach workers expressed strong interest in learning how to provide psychosocial support to their communities. IOM MHPSS teams organized basic skills training such as active listening, empathy, non-judgemental support and communication skills to enable these volunteers to fulfil their interest without doing further harm to their communities.

Vocational training

As a part of engaging the community and building active social networks of support, IOM organized regular knitting, hairdressing, accessories making, calligraphy, and maintenance of mobile phones and electric devices courses on a regular basis. Vocational trainings offer a space for people to connect with others, learn new skills, and develop their confidence and self-efficacy. As one of the most demanded IOM activities, IOM's MHPSS team uses these activities to further engage participants in other activities and identify individual cases in need of additional support. Notably, some participants started their own business or became employed after completing the course, increasing their ability to support themselves and their families. The end of vocational trainings was usually celebrated with an event to bring the community together and showcase what the beneficiaries had learned. More recently, IOM Iraq conducted a needs assessment on MHPSS and livelihoods integration in order to find synergies and cross links between the two domains.

FEEDBACK FROM PARTICIPANTS

“ I always wanted to become a barber when I was younger. For me, going to the barbershop with my dad was a sign that I am now a grown man. After I lost my dad as well as other family members and became alone in the camp, the vocational course helped me gain hope that I can achieve at least part of my dreams.



Music activities

Music activities are used by IOM to reduce stress, regulate mood, enhance concentration and learning, achieve self-awareness, connect with others and express emotions. Adults and children from different communities participate in courses to use traditional musical instruments and perform in public to their communities.

FEEDBACK FROM PARTICIPANTS

“ The IOM centre is the place where me and my band feel at home. We appreciate them allowing us to use the centre for rehearsals as there is no similar place to support young musicians in the community.



Language courses

Literacy, English, Turkmen, Kurdish and Arabic classes are offered for children and adults. These courses support the integration in new areas of displacement and schools, enhance cultural knowledge and understanding, and help small children who grew up in occupied areas learn their mother language.

Other courses provided by IOM include computer classes, teaching methods, self-regulation, parenting sessions, general knowledge, self-awareness, self-care, adolescent's development, life-skills and PFA.

Recreational activities, and arts and crafts

Recreational activities provided by IOM can include but are not limited to: poetry, storytelling, interactive theatre, dancing, board games, crafts, glass painting, embroidery, knitting, wood carving, baking, beading, pottery, painting and drawing. These activities are used to create safe spaces for the community to come together, improve an individual's self-esteem and communication skills, and promote awareness on mental health, psychosocial support and overall social cohesion. These kind of activities are especially useful for children, as it supports the development of their cognitive skills, enhance psychomotricity, and provides them an opportunity to express their feelings without words. Additionally, these types of activities are also used to support people with disabilities.

FEEDBACK FROM PARTICIPANTS

“ Theatre is very important to me. Through theatre, we can express social issues that concern society. We wanted to create a play that would reflect the psychosocial impact of domestic violence and look for ways to address and reduce this phenomenon.



Sports for peace

Sports for peace help participants learn more about teamwork, problem solving, dedication and leadership, while additionally addressing improving their self-esteem and reducing stress and pressure. Sports provide an opportunity for multiple community groups to participate together and, ultimately, improve acceptance and trust amongst themselves. These activities also provide an opportunity for

IOM to, raise awareness on different topics and encourage healthy decision-making for the participants. IOM specifically encourages women to try new sports and participate in competitions. Finally, IOM also provides dedicated spaces for organized sports activities that are occasionally open to local community members to organize their own event.



Religious and cultural events

Celebrating and commemorating special events is an important part of the daily life in Iraq. IOM Iraq supports local communities organize and celebrate special events to ensure years long traditions, that bring joy and connection, are maintained. Other international days commemorating a cause, or an event are also used by IOM to raise awareness and open community-level discussions on a wide array of topics. With the COVID-19 lockdown and restrictions, face-to-face events were always done on a smaller scale and in full observation of WHO and IOM guidelines, including physical distancing and other protective measures.

INTERNATIONAL YOUTH DAY – AUGUST 2020

In Kirkuk, IOM Iraq in collaboration with the Directorate of Youth and Sport organized a celebration on International Youth Day. The day included theatre, music and other activities, and was attended by a multitude of IOM beneficiaries from the Kirkuk area.

SMALL BODIES, BIG HEART CULTURAL DAY

In January 2020, IOM Iraq together with local NGOs in Dahuk organized a cultural event to celebrate different talents of

people with short stature. This included art activities and a photo exhibition that showed the plight of people from Sinjar after ISIL attacks.

RAMADAN AND EID – APRIL AND MAY 2020

In some IOM Iraq community centres where Ramadan is celebrated, smaller groups of women and girls came together to celebrate and bake sweets for both special occasions. Amidst the heightened lockdown and movement restrictions, it was a small opportunity of recreation for the beneficiaries to enjoy a special time of the year.

FEEDBACK FROM PARTICIPANTS

“ We can't afford to buy the sweets for our children in this time of the year. I am glad we can still access the centre, even in smaller numbers to continue baking the sweets.

AWARENESS, ADVOCACY AND SUPPORTING ACCESS TO BASIC SERVICES

IOM Iraq's MHPSS team supports beneficiaries' access to basic services through awareness raising, advocacy, referrals and coordination with other international and local organizations, and governmental authorities. This is quite pertinent to all activities due to the challenging living conditions experienced in areas of displacement, and returnee and host communities where IOM operates. By IOM facilitating access to basic services and awareness raising, there is less pressure on the other levels of intervention.

In coordination with local communities, camp management and other international and local organizations, IOM identifies the needs of the target population, involves the local community in the development of services and informs them about updated service availability. Additionally,, IOM coordinates to refer beneficiaries to appropriate service providers and advocates for their needs when services are available. IOM's MHPSS team coordinates referral to other internal units and programmes such as livelihoods, protection, legal assistance and health whenever appropriate.

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 keep a healthy routine under lockdown and how to cope with the stress of continuous media reporting, the spread of rumors, and inaccurate medical advice on COVID-19.

In anticipation of starting activities in Salah Al Din and Anbar governorates, IOM's MHPSS team coordinated with the local Directorate of Health, youth groups, and other relevant stakeholders to begin a rapid comprehensive MHPSS needs assessment in the areas of intervention in Shirqat (Salah Al Din), Al Qaim (Anbar) and Fallujah (Anbar).

- 26,764 awareness raising services.
- 798 coordination meetings held.
- 615 referrals to basic services and other service providers.



Photo credits: Rafal Abdulateef, IOM Iraq

5) THE IMPACT OF COVID-19 ON MHPSS SERVICES

COVID-19 PANDEMIC IMPACT ON SERVICES DELIVERY

The COVID-19 pandemic has not only impacted the well-being of individuals on psychological and social levels, but also had profound effect on MHPSS services and their delivery to beneficiaries.

Precautionary measure such as physical distancing and limitation of movement presented an additional challenge to the delivery of MHPSS services in rather underprivileged and underserved areas.

Psychological reactions to pandemics vary from normal stress reactions that include fear, anger, sadness and frustration to anxiety, depression and trauma related symptoms. Worry is not confined to an individual's sense of safety but also to family members and loved one which further complicates the situation.

In these times, people may have growing concerns on adequate access to services, maintaining their jobs and livelihoods, worries for the future and the concerns related to the nature of the diseases itself; the modes of transmission of infection, absence of a vaccine, physical distancing and related stigma. The imposed restriction on curfew hours in many parts of the country may have led to increased family tensions on many levels supported by the fact that increased rates of domestic violence have been reported in different parts of the world.

Taking the above into account and with MHPSS being a key priority in crisis situations and especially important among vulnerable groups as those internally displaced, the IOM MHPSS activities have been adapted to comply with local governments' instructions and public health best practices.



INTERNAL GUIDELINES FOR REMOTE MHPSS WORKING MODALITIES

The shift from direct interactions with beneficiaries to a remote communication has necessitated the development of guidelines to staff of providing different levels of MHPSS services to ensure efficient service delivery and mitigating the risk of lack of services.

The main objective of the guidelines was to improve the capacity of MHPSS staff through helping them recognize the availability and utility of remote modalities, highlighting the main skills and steps required for successful delivery of services and identifying some challenges that could be faced while working remotely and addressing them efficiently.

The document guides staff step by step in a simplified way to support users 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, working online with groups and many more

skills. A special part on assisting staff on reducing barriers to individuals with physical disabilities while working with them remotely is also present.



6) IOM CAPACITY BUILDING AND TRAINING ACTIVITIES

THE WORKING COMMITTEE ON MHPSS CAPACITY BUILDING AND HUMAN RESOURCES MANAGEMENT

In July 2019, the National Technical MHPSS Working Group formulated working committees to support the working group from a different angle. As IOM has an active leading role in capacity building, it was chosen as the chair of the working committee on MHPSS capacity building and human resources management.

As a part of its commitment to the working group (TWG) members, IOM trained 96 trainers on suicide awareness raising sessions, prevention and response. Trainees were staff from local NGOs (47%), international NGOs (28%), and governmental organizations (25%). In addition, a package of awareness raising materials on common misconceptions about suicide, preventing suicide in schools, and preventing suicide in healthcare facilities was developed and made available to all members of the TWG.

Furthermore, IOM recognized the need expressed by the TWG regarding the lack of information on PM+. Problem Management Plus (PM+) is a psychological intervention launched by the World Health Organization (WHO) in 2016 as an expansion to its mhGAP programme to include scalable psychological interventions. In Iraq, where individuals trained in MHPSS continues to be insufficient in meeting the mounting mental health and psychosocial stressors, several organisations started offering PM+ in the country⁴. In order to better inform the MHPSS technical working group in Iraq about the current status of PM+ implementation, IOM conducted a rapid mapping assessment to identify the organisations' capacity to provide PM+, the geographical distribution of the PM+ services availability and the perceived level of appropriateness of the intervention from the providers' side.

As the COVID-19 pandemic created a number of limitations on MHPSS programming, IOM supported the TWG by providing a training of trainers (TOT) on remote PFA (rPFA). Roughly 30 trainees from IOM and 25 trainees from other organizations in Iraq were trained to train others on providing a much-needed intervention amidst such stressful conditions exacerbated by the pandemic. IOM also contributed by translating the rPFA manual into Bahdini Kurdish to maximize the number of people who could benefit from it.

Moreover, IOM Iraq MHPSS team members worked together to produce a set of internal guidelines for remote MHPSS service provision and case management. The guidelines were made available in Arabic, English and Kurdish. There were also requests from other IOM missions to utilize the guidelines for their own context.

IOM worked with other members of the committee and representatives from the Ministry of Health to develop a set of standardized guidelines on recruiting staff who will provide MHPSS services. In compliance with the 'do no harm' principle, the committee agreed that there should be a minimum standard of educational competence and experience endorsed by the government to ensure that only qualified professionals are selected for jobs in the MHPSS field. The guidelines are still in development, with an expected completion by the end of 2020 to ensure as many partners and stakeholders are consulted in the process.



⁴ World Health Organization. (2018) Problem Management Plus (PM+): Individual psychological help for adults impaired by distress in communities exposed to adversity. (Generic field-trial version 1.1). Geneva: WHO.

CAPACITY BUILDING ACTIVITIES FOR IOM STAFF AND PARTNERS

In addition to the commitment to the national technical MHPSS WG, IOM provided regular training to IOM national staff, community focal points and other local government, NGO and CSO staff to ensure sustainable learning and the growth of local capacity.

Some examples of such trainings include:

- A TOT for 24 IOM staff on suicide prevention and response in Ninewa, Dahuk, and Baghdad. The trainings were conducted in English, Arabic and Kurdish depending on the audience's preference and abilities from January to March 2020.
- Further online TOTs continued remotely from April and June 2020, with training provided to an additional 30 staff.
- Trainings were provided to 15 new staff on IOM's MHPSS case management tools.
- A training was provided to ten IOM specialized service providers for trauma focused cognitive behavioural strategies in counselling in June 2020.

- A series of three two-week online trainings was given to 18 IOM psychologists and social workers on children and adolescent counselling and developmental challenges between April to June 2020.

- In January 2020, a training on parenting skills and supporting caregivers of children with developmental delays was implemented in Kirkuk.

- IOM provided an introduction training on implementing MHPSS activities as a part of the capacity building package to new CSOs in Khanaqin, Diyala in June 2020.

In total, the number of capacity building activities by IOM:

- Training, coaching and/or supervision activities to IOM, NGOs and CSOs staff: 2,427
- Trainings and capacity building activities to government institutions: 495



7) INDIVIDUAL SUCCESS STORIES

Finding Hope Again



A 22-year-old woman born with paraplegia experienced bullying and hostility for many years. This had significant adverse effects on her mental health leading to low mood, loss of interest in life and overall social withdrawal. Following initial contact, IOM's MHPSS team enrolled the woman in support groups and after two months of attending, she found hope in life again. The expansion of her social network boosted her confidence and motivation, with her family very pleased with the progress she has made. During the World Youth Day celebration, she spoke about her personal experience and how she managed to become social again. Later, she was motivated to take part in IOM activities as a facilitator, working on empowering youth and leading activities such as book groups and peacebuilding sessions.



Arts and Crafts

A 13-year-old girl who was kidnapped and tortured by armed groups showed behavioural changes after being rescued. She suffered from symptoms suggestive of severe trauma and exhibited aggression, hostility towards her mother for not being able to protect her, anxiety symptoms and troubles sleeping at night. She received MHPSS support by IOM's social worker in the community centre in her town. As time went by, she better dealt with fear through relaxation techniques. Even though she still feels sad, she has more coping skills and benefited greatly from arts and crafts activities, such as knitting, that introduced her to other girls of her age. In an attempt to improve her relationship with her mother, they were encouraged to join a course together on baking sweets.

Self Care



A 39-year-old woman with four children who lost her husband and had suicidal ideations. She was diagnosed with clinical depression that was augmented with hopelessness, anxiety and social withdrawal. A multidisciplinary team of a social worker, a psychologist, and a psychiatrist collaborated to provide specialized MHPSS support for her. As a part of the support being offered to her, she was encouraged to join community activities at the IOM centre in the camp she lives in, where she took part in baking courses and attended group sessions on self-care and stress management. Three months later, she showed marked improvement and her ability to cope with life stressors drastically improved. Having been a teacher prior to the war, she volunteered to tutor children in the camp. She now supports IOM as a community volunteer and shows a great deal of dedication.



Better Connections

While the COVID-19 pandemic has imposed difficulties in reaching out to beneficiaries, it did not prevent staff from providing psychosocial support to beneficiaries in dire need. One of them, a 26-year-old female, had serious suicidal intentions that were aggravated by multiple family problems. She experienced anxiety, a loss of interest in life, low moods and generally struggling to continue her life. With the help of a faith leader, the family reached out to the IOM, after which a social worker reached out through home visits to offer psychosocial support. After multiple individual and family sessions, she started to improve gradually. Her relationship with her family improved, developed better social connections with her neighbours, and started taking care of herself.

A 19-year-old male living in an IDP camp faced great trouble and stigma because of the community's perception of his affiliation and history. He felt inhibited by what he described as the community's lack of support and active discrimination against him. He went through periods of social withdrawal and isolation. IOM's MHPSS outreach staff linked this man to the community centre located in this IDP camp. He started participating in group activities, particularly sports. Later, he started volunteering to organize activities for boys in the camp in collaboration with IOM staff. He continues to receive individual counselling to deal with self-image issues and improve his coping mechanisms. He wants to have a successful career as a teacher in the future.



Overcoming Stigma

8) MHPSS AS A KEY PILLAR OF COMMUNITY STABILISATION

IOM's MHPSS programme works closely with the social cohesion programme in order to ensure a synergy between both. From a sociological point of view, there is a clear link between social cohesion activities conducted to strengthen social fabric to the second level of the IASC pyramid of intervention that focuses on community and family supports. In addition to the previously mentioned activities on that level, there are two key thematic areas that IOM Iraq is strongly supporting:

A) IOM IRAQ SUICIDE PREVENTION STRATEGY AND ACTIVITIES

Very little is known regarding the epidemiology of suicides in Iraq, given the lack of a national surveillance system. In 2015, the government of Iraq initiated a study in 13 (out of 18) governorates in Iraq to better understand mortality associated with suicide. The rate of suicide per 100 000 persons was found to be 1.09 (1.21 for males, 0.97 for females) in 2015 and 1.31 (1.54 for males and 1.07 for females) in 2016, with the majority (67.9%) under 30 years old.⁵ Suicide prevention has become an increasingly important component of IOM Iraq's MHPSS programming being closely associated with social cohesion and community stabilization. In recent years, there is an increased interest in the topic of suicide prevention with government entities increasing their investment in trainings, standard operating procedures on suicide prevention and response, and greater community engagement on the issue.

In July 2019, IOM supported the government of Iraq and the Ministry of Health in organizing a discussion forum with all relevant mental health stakeholders to discuss the national working plan and strategy on suicide. The MoH presented findings about suicide and the challenges they face in keeping track of accurate figures in different governorates due to the lack of an accurate case surveillance system. The workshop was followed by the creation of the national working committee on suicide under the national technical MHPSS working group.

In September 2019, IOM collaborated with a newly formed local NGO, Azhee, to organize a national conference on suicide prevention. The conference provided a forum to discuss actions to combat the stigma surrounding suicide; improve support systems for families who have lost loved

ones; promote openness about mental health care; and improve policy and advocacy. Participants represented ten different Iraqi governorates and included people living in IDP camps as well as urban settings.

In October 2019, IOM Iraq was invited to present its experience in working on suicide prevention in the country in an exchange on suicide prevention in Berlin, Germany. The exchange was organized by GIZ and included expert participants with experience on suicide in several countries in the region.⁶

IOM prioritized supporting the training and awareness raising components of the national suicide prevention working plan. In addition to the training mentioned in the capacity building and training chapter, IOM arranged a series of awareness raising sessions about suicide in a number of locations throughout Iraq. In January 2020, two sessions were organized in Hassan Sham U3 camp for IDPs in Ninewa and was followed by IOM developing a standard operating procedure for suicide incidents in the camp.

In February 2020, additional sessions were arranged in Sharya town, Shekhan camp and Qadia camp in Dahuk. It was a chance for IOM staff and its implementing partners who participated in the trainings to practice their skills and knowledge about suicide with direct on-the-job supervision from IOM senior staff. Further sessions were organized on a smaller scale in Kirkuk, Diyala, and Salah Al Din following COVID-19 restrictive measures easing. IOM continues to organize capacity building activities online to overcome the barriers imposed by access restriction and inability to organize events with many attendees in person.

5 Abbas MJ, Alhemriy N, Razaq, et.al.2017

6 The full name of GIZ is Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH.

Awareness raising materials

In different assessments and consultations about suicide, IOM identified that the lack of awareness and information is a key element in the stigma around suicide. IOM's MHPSS team developed an awareness raising package that addressed different audiences such as healthcare workers, people working in schools, families who lost someone to suicide, and a

general leaflet outlining common misconceptions surrounding suicide. The leaflets are available in English, Arabic, Sorani and Bahdini Kurdish. The electronic version was circulated with all members of the MHPSS TWG and IOM has donated hundreds of copies to the Ministry of Health in Baghdad and Erbil in addition to other NGOs that requested printed copies.



IOM suicide prevention and awareness raising leaflets. Photo credits: Anjam Rasool, IOM Iraq

B) MHPSS AND LIVELIHOOD SUPPORT INTEGRATION

MHPSS and livelihood support integration

Integrated MHPSS and livelihood support programmes consider both the physical and emotional needs of persons affected by humanitarian crises, providing a more inclusive approach to response programming and holistically considers the physical, material and emotional needs of an affected population. Interventions that combine psychosocial and livelihood support improve economic and psychosocial well-being at the same time. The evidence for this can be found in various interventions that have integrated livelihoods and psychosocial support (e.g. [in Gaza](#)).⁷

Existing research validates the need to integrate MHPSS and livelihood support efforts, which is especially important for persons who have faced “high levels of distress” as noted by Schinina et al. (212).⁸ Kumar and Willman’s evaluation of integrated programmes found that such interventions

enhance well-being “in ways that neither intervention could have achieved on its own” (46).⁹

In July 2020, IOM Iraq conducted a desk review on the integration of MHPSS and livelihood support, contributing to the working hypothesis outlined by Kumar and Willman, which holds that “combining psychosocial support with economic empowerment can improve both psychosocial and economic well-being” (Kumar and Willman 33). While livelihood programmes are common interventions, few such programmes combine livelihood support with MHPSS in emergency or development settings. This is because most livelihood programming is not yet “designed with mental health or psychosocial well-being impacts in mind, and/or are not evaluated on these dimensions” (Kumar and Willman 33).



Suicide Prevention Conference – World suicide prevention day September 2019. Photo credits: Anjam Rasool, IOM Iraq

7 Schafer, Alison, Masoud, Hajar and Sammour, Rania. “Mediation of daily stressors on mental health within a conflict context: a qualitative study in Gaza.” *Intervention*, vol. 12, no. 2, 2014, pp. 171-186.

8 Schinina, Guglielmo, Babcock, Elisabeth, Nadelman, Rachel, Sonam Walsh, James, Willhoite, Ann, and Willman, Alys. “The integration of livelihood support and mental health and psychosocial wellbeing for populations who have been subject to severe stressors” *Intervention*, vol. 14, no 3, 2016, pp. 211-222.

9 Kumar, Samhita and Willman, Alys. “Healing invisible wounds and rebuilding livelihoods: Emerging lessons for combining livelihood and psychosocial support in fragile and conflict-affected settings.” *Journal of Public Health Policy*, vol. 37, 2016, pp. 32-50.

The relevance of integrated MHPSS and livelihood support programming in Iraq

In Iraq, MHPSS and livelihood needs continue to be vast. Many people lost their livelihoods during the most recent ISIL-insurgency, and there have been substantial challenges to re-establishing a functioning labour market which further complicate this issue. The lack of job opportunities has consistently been mentioned as one of the most significant challenges for people, causing anxiety and distress, thus impacting IDPs, returnees, and host communities’ mental health and well-being. The COVID-19 pandemic is likely amplifying the population’s livelihoods and MHPSS needs.

In 2018, the World Bank Group found that MHPSS programming should be integrated into the cross-sectoral efforts of all humanitarian and development responses, including livelihood programming (6).¹⁰ Hence, a growing evidence base holds that integrating MHPSS with other humanitarian programming has made responses to crises more effective.

Given the immense need for livelihood support and the heightened mental health and psychosocial challenges among the Iraqi population, the integration of MHPSS and livelihood support is relevant and appropriate, as it will empower persons affected to engage in livelihood activities. At the same time, integrated programming will strengthen a person’s emotional well-being and resilience, allowing him or her to creatively engage in livelihood activities.

Can MHPSS and livelihood support integration enhance the prevention of violent extremism?

Integrated programming is thought to be especially relevant for persons with a perceived affiliation, who are among those most vulnerable to being drawn into future waves of violent extremism. It is especially difficult for these individuals to acquire work opportunities due to stigma and marginalization as they continue to be ostracised. In addition, their ability to seek out livelihood opportunities can be limited, leading to further psychosocial challenges. Through integrated MHPSS activities, persons with a perceived affiliation can be empowered to participate in livelihoods, supported through an integrated approach that addresses their physical, material and emotional needs.

10 World Bank Group (2018). “Mental Health and Psychosocial Support in Fragile, Conflict, and Violence (FCV) Situations Five key questions to be answered,” World Bank Group, FCV Health Knowledge Notes, 2018.

IOM Iraq’s current work on MHPSS and livelihoods Integration

In August 2020, IOM undertook a needs assessment in select locations to assess the need and feasibility for integrated MHPSS and livelihood support programming. Through the assessment, IOM gained a robust understanding of the kind of support needed, particularly for persons with a perceived affiliation. Given their vulnerability and to help enhance other programmatic activities working on the prevention of violent extremism, IOM hopes to support persons with perceived affiliation in their pursuit of livelihood opportunities, while strengthening their emotional well-being, through integrated programming.

The assessment included locations of displacement in IDP camps (e.g. Hassan Sham U3 camp, Ninewa governorate) and informal settlements (e.g. Wahed Huzeiran area in Kirkuk district, Kirkuk governorate) and also locations in areas of secondary displacement and return (e.g. Mosul city and Shirqat district in Salah Al Din governorate).

The needs assessment aimed to learn more about the MHPSS and livelihoods needs of the affected community, what livelihoods the population is already used to, and what MHPSS currently available in the communities. This in-depth assessment helped evaluate how MHPSS and livelihood support programming can be integrated effectively and inform the subsequent development of integrated activities. Another objective of this assessment is to better understand the psychosocial barriers facing families with perceived affiliation who are denied livelihood opportunities and their sequelae on their wellbeing.

This assessment will inform the development of integrated MHPSS and livelihood support activities for IDPs, returnees and host communities, with a specific focus on the needs of persons with a perceived affiliation. A theory of change is expected to occur when implementing integrated MHPSS and livelihood support programming. Activities will be designed in ways to be replicated in a contextualized manner in similar settings. The theory of change holds that integrated programming improves the resilience of the affected population and allows for the consideration of all needs of participants, including the physical, material and emotional needs (Schafer et al. 184).

IOM IRAQ

 iraq.iom.int
 iomiraq@iom.int

UNAMI Compound (Diwan 2),
International Zone,
Baghdad / Iraq

   
@IOMIraq



© 2020 International Organization for Migration (IOM)

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise without the prior written permission of the publisher.