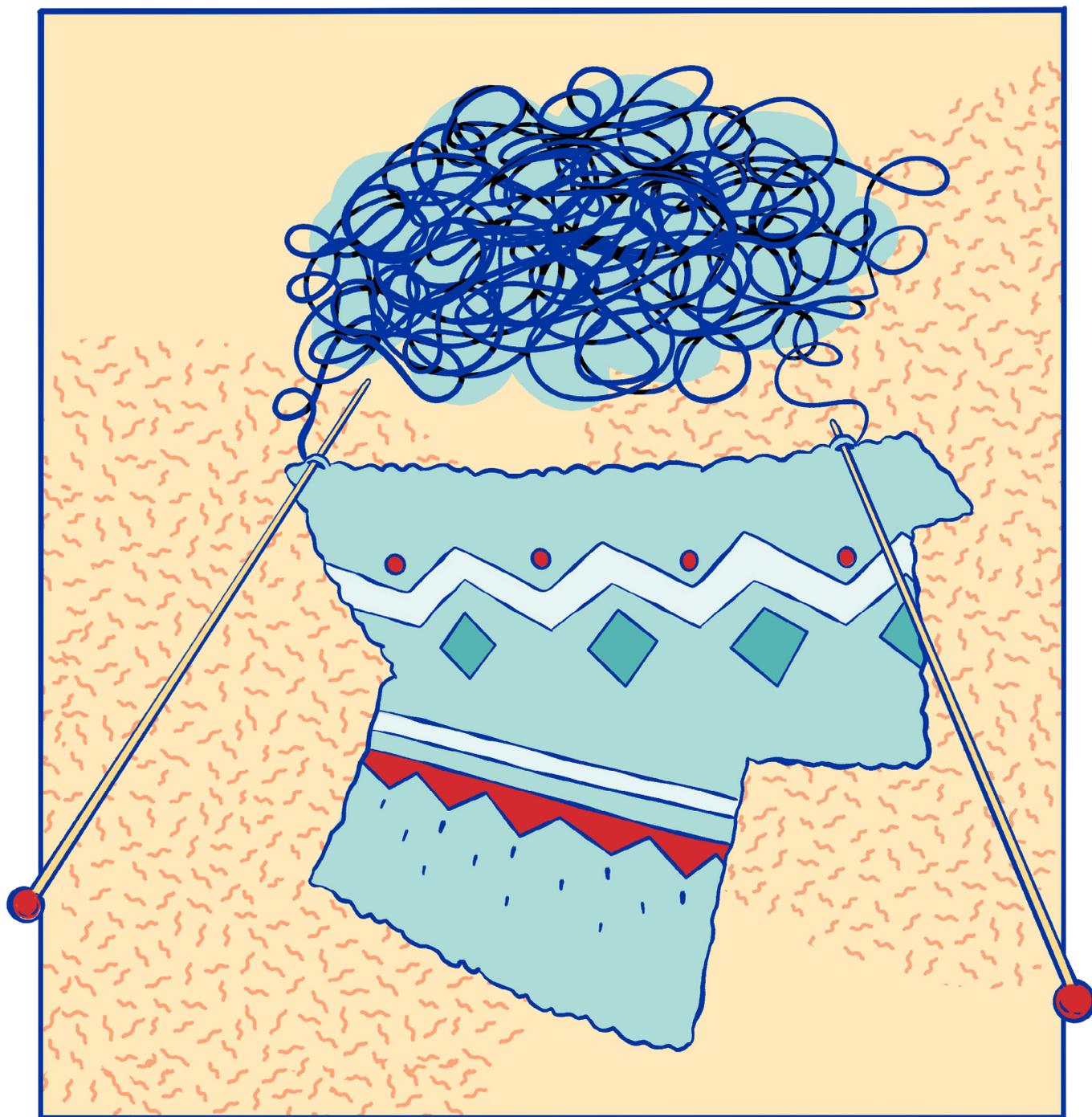


IOM IRAQ

# NEEDS ASSESSMENT: INTEGRATING MHPSS AND LIVELIHOOD SUPPORT IN IRAQ

Dohuk, Kirkuk, Ninewa and Salah Al-Din



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## INTRODUCTION AND BACKGROUND

The experiences that persons living in conflict-affected countries endure, including severe hardship and violence, “adversely affect the mind, body, and spirit, and diminish the capacity of individuals and communities to take full advantage of economic empowerment opportunities.”

Recognizing this, some humanitarian and development actors have “begun to combine psychosocial support with livelihood support” in conflict-affected countries, which have shown a “promising indication that this combination can enhance project outcomes.”<sup>1</sup> Generally speaking, however, few livelihood programmes combine livelihood support with MHPSS in emergency or development settings to date. Presently, most livelihood projects are not “designed with mental health or psychosocial well-being impacts in mind, and/or are not evaluated on these dimensions.”<sup>2</sup>

The needs assessment presented here was conducted with the intention to guide the merging of MHPSS and livelihood support more consistently, especially in protracted contexts. MHPSS and livelihood integration professionals note that for livelihoods to be truly sustainable, such projects cannot be disconnected from MHPSS. Combining the two is a significant opportunity to strengthen human development and improve self-efficacy, while ensuring that programme participants can take full advantage of the offered livelihood opportunity.

Programmes that combine psychosocial and livelihood support enhance well-being “in ways that neither intervention could have achieved on its own,” and to ensure successful economic activities, psychosocial improvements are required.<sup>3</sup> Research shows that integrating psychosocial approaches into livelihood programmes can significantly increase the impact of such programming.<sup>4</sup> This more significant effect is possible because adapting and integrating an MHPSS approach ensures that livelihood interventions “are grounded in the reality of the affected communities’ experiences and are implemented in ways which enable people to regain a level of control and dignity,”<sup>5</sup> while being able to positively manage daily stressors and build resilience.

### OBJECTIVE

The MHPSS and livelihood support integration needs assessment was conducted in August 2020 to evaluate what kind of integrated MHPSS and livelihood support initiatives are most desirable and relevant in select locations. The assessment took place in Dohuk (Qadiya and Sumel camps), Kirkuk (Wahed Huzeiran neighbourhood), Ninewa (Tel Afar City, Ay-Ayadiyah, Mosul City), Hassan Sham camps (U3) and Salah Al-Din (Shirqat district). In addition, the assessment intended to gain direct insight into the community’s perceptions of integrated programming, to understand whether or not there is interest in such programming. The assessment findings led to the subsequent design of integrated MHPSS and livelihood activities. These activities are relevant to the Iraqi context, are scalable and add value to the already present response programming.

### THEORY OF CHANGE

A theory of change (ToC) is expected when implementing integrated MHPSS and livelihood support programming. The ToC holds that integrated programming improves the resilience of the affected population and allows for considering all needs of participants, including the physical, material and emotional needs.<sup>6</sup> Integrated support services strive to ensure mental health support and livelihood opportunities for affected persons in Iraq, especially those lacking fundamental access to livelihoods and MHPSS. The ToC holds that integrated programming will improve their resilience and well-being, enabling them to successfully engage in their livelihood projects and maintain them. **Through integrated programming, participants can realize their capabilities, manage the “normal stresses of life,” contribute to their community while also supporting families with a stable income, purpose and healthy emotional well-being.**

1 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, p. 32.

2 Ibid, 33.

3 Ibid, 46.

4 e.g. ACF International, 2014 Horn, Rebecca, Waade Maria, and Kalisky Marina. “Not doing more, but doing differently: integrating a community based psychosocial approach into other sectors.” *Intervention*, vol. 14, no. 3, 2016, pp. 245-256. P. 246.

5 Horn et al. 246.

6 Schafer et al. 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. p. 184.

## METHODOLOGY

For the assessment, a semi-structured questionnaire was designed and uploaded to the Kobo toolbox platform for mobile data collection. The interviews and discussions were conducted by staff of the IOM MHPSS team (28% by phone, 72% face to face).

The data collection took place from 9 - 25 August 2020. All interviewees participated voluntarily and gave their consent. IOM staff translated all data into English, and the evaluation was a combination of qualitative and quantitative data analysis.



## SAMPLE

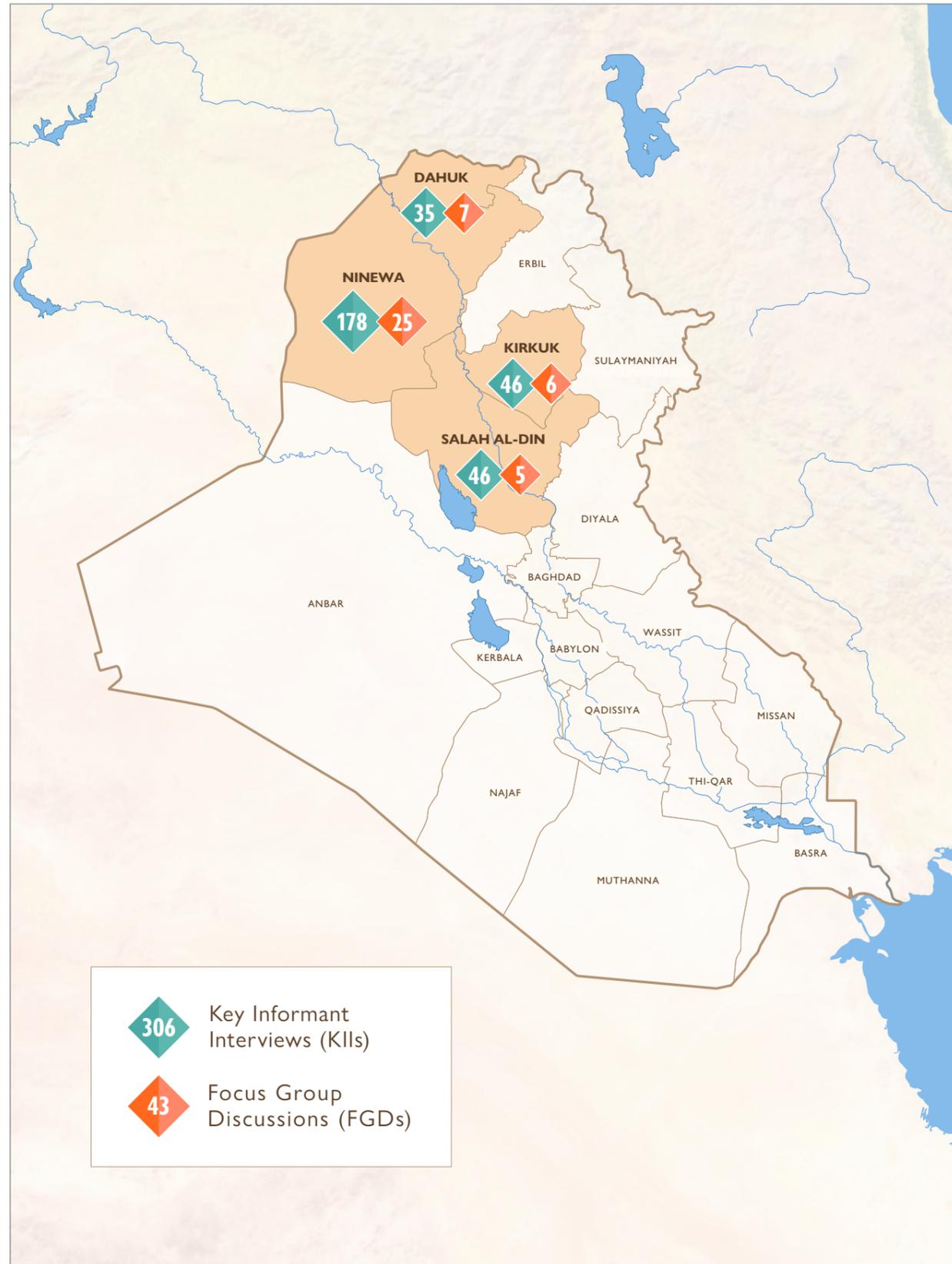
The sample population consisted of 306 Key Informant Interviews (KIIs) and 43 Focus Group Discussions (FGDs), conducted with adult women and men and youth girls and boys in Kirkuk (Kirkuk City – Wahed Huzeiran), Salah Al-Din (Shirqat district), Ninewa (Mosul City, Hassan Sham Camp U3, Al-Ayadiyah, Tel Afar City) and Dahuk (Qadiya and Sumel Camp).

Table 1: Sample Size & Locations

| LOCATION         | INTERVIEWS | GENDER AND AGE |        |            |              |   |
|------------------|------------|----------------|--------|------------|--------------|---|
|                  |            | Male           | Female | Youth Male | Youth Female |   |
| Salah Al-Din     | KIIs       | 46             | 15     | 14         | 8            | 7 |
|                  | FGDs       | 5              | 1      | 2          | 2            | 0 |
| Dahuk            | KIIs       | 35             | 11     | 9          | 8            | 8 |
|                  | FGDs       | 7              | 2      | 3          | 1            | 1 |
| Kirkuk City      | KIIs       | 46             | 15     | 14         | 9            | 7 |
|                  | FGDs       | 6              | 2      | 1          | 1            | 1 |
| Hassan Sham Camp | KIIs       | 48             | 15     | 16         | 9            | 8 |
|                  | FGDs       | 6              | 2      | 1          | 2            | 1 |
| Tel Afar City    | KIIs       | 42             | 14     | 18         | 10           | 0 |
|                  | FGDs       | 6              | 2      | 2          | 1            | 1 |
| Al-Ayadiyah      | KIIs       | 48             | 18     | 18         | 12           | 0 |
|                  | FGDs       | 7              | 4      | 1          | 2            | 0 |
| Mosul City       | KIIs       | 40             | 11     | 15         | 8            | 6 |
|                  | FGDs       | 6              | 2      | 2          | 1            | 1 |

|            |                                    |
|------------|------------------------------------|
| Total KIIs | 306 (F=34%, M=32%, YG=12%, YB=21%) |
| Total FGDs | 43 (F=12, M=15, YG=5, YB=10)       |

Map 1: Sample Size & Locations



## DISABILITY

The key informant interviews asked a set of questions related to disability. The results were as noted in Table 2 below.

Table 2: Disability

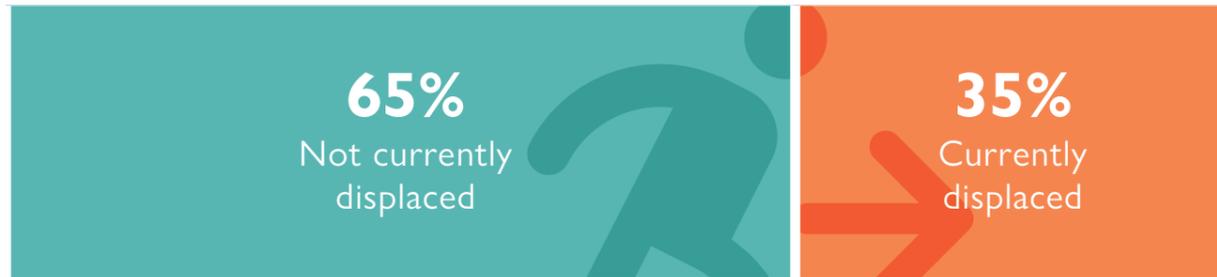
| QUESTIONS   | NO, NO DIFFICULTY | YES, SOME DIFFICULTY | YES, A LOT OF DIFFICULTY | CANNOT DO IT AT ALL |
|---|-------------------|----------------------|--------------------------|---------------------|
| Do you or anyone in your HH have difficulty seeing, even if wearing glasses?                              | 67%               | 20%                  | 11%                      | 1%                  |
| Do you or anyone in your HH have difficulty hearing, even if using a hearing aid?                         | 81%               | 11%                  | 6%                       | 3%                  |
| Do you or anyone in your HH have difficulty walking or climbing steps?                                    | 70%               | 13%                  | 14%                      | 4%                  |
| Do you or anyone in your HH have difficulty remembering or concentrating?                                 | 80%               | 9%                   | 8%                       | 3%                  |
| Do you or anyone in your HH have difficulty (with self-care such as) washing all over or dressing?        | 80%               | 10%                  | 7%                       | 3%                  |
| Do you or anyone in your HH have difficulty communicating, for example understanding or being understood? | 86%               | 4%                   | 6%                       | 4%                  |

The focus group discussions did not ask the questions above on disability. However, the enumerators noted that one or more disabilities impacted twenty-seven people who attended the meetings. Common disabilities were: body impairment, vision impairment, hearing disability, speech disability and paralysis.

## DEMOGRAPHICS SNAPSHOT

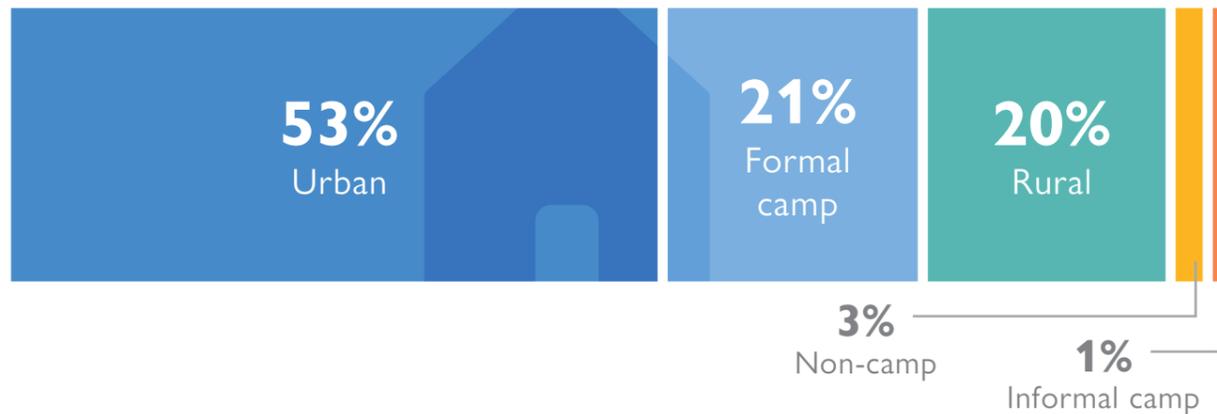
### DISPLACEMENT

Out of the 306 people surveyed via the KIIs, thirty-five percent (35%) are currently displaced, while sixty-five percent (65%) are not currently displaced. Fifty percent (50%) of interviewees were displaced in the past.



### HOUSING

Most of the surveyed people live in urban settings (53%), others live in formal camp settings (21%), rural settings (20%) and a small number reside in non-camp (3%) and informal camp settings (1%).



### FEMALE HEADED HOUSEHOLDS

Twenty-nine percent (29%) of surveyed people said that they are part of a female-headed household, while seventy-one percent (71%) are not part of a female-headed household.



## KEY FINDINGS

The surveyed respondents were asked a set of questions related to MHPSS and livelihood support services and needs, as well as the integration between the two types of programming.

### KEY INFORMANT INTERVIEWS (KIIs)

- Ninety-eight percent (98%) reported that they would be interested in programming that combines mental health support and livelihood supports.
- Ninety-eight percent (98%) also found it a good idea to combine the two services.
- Ninety-three percent (93%) indicated that they would participate in a livelihood opportunity and MHPSS activities at the same time.
- The most relevant MHPSS supports for people to feel prepared for livelihood projects reportedly are life skills and other soft skills training combined with vocational and business development training and individual psychosocial support and peer-to-peer support.
- The most relevant livelihood supports for people with MHPSS needs reportedly are grants to start or re-start a business, individual livelihood support and vocational and business development training.
- Livelihood and psychosocial support were noted to be most needed to improve the well-being in assessed communities making a case for integrated activities.

### FOCUS GROUP DISCUSSIONS (FGDs)

- 42 out of the 43 FGDs reported that they would be interested in a programme that combines mental health and psychosocial support with livelihood support.
  - 42 out of 43 FGDs also reported that it would be a good idea to combine these two types of programming.
  - 32 out of 43 FGDs noted that their mental health well-being impacts their ability to pursue and perform work.
- More details are provided in the below sections. The various segments have been organized according to the objectives of the assessment.

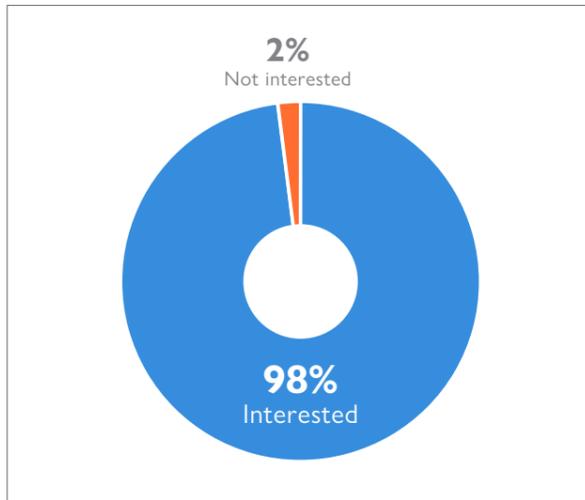


## 1. THE CONCEPT OF INTEGRATING MHPSS AND LIVELIHOOD SUPPORT

### Is it feasible to integrate the two?

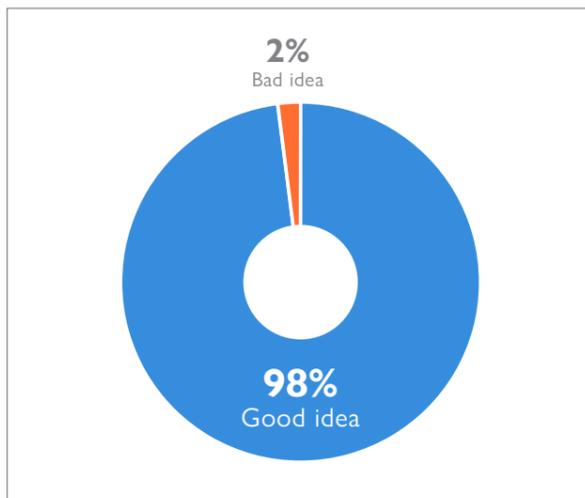
To comprehend how integrated MHPSS and livelihood support is understood in the assessed communities, and the feasibility of such programming in the Iraqi context was a main objective of this assessment. The results demonstrate that 98% of key informant respondents are interested in programming that combines both.

Are you interested in programming that combines both?



In addition, ninety-eight percent (98%) of respondents think that it is good to combine MHPSS and livelihood support. One respondent not in favor of the integration noted that this was because of her disability, hence any integrated efforts must ensure accessibility for persons with disabilities.

Do you think combining both is a good idea?



Like the above outcomes from the KIIs, 42 out of the 43 FGDs reported that they would be interested in a programme that combines mental health and psychosocial support with livelihood support. The same number of FGDs also noted that it would be a good idea to combine these activities. A male returnee FGD in Salah Al-Din pointed out that men are specifically in need of “more skills to deal with psychosocial pressures and receive encouragement to continue their work.”

**There is interest in integrated programming because...**

- Psychosocial well-being and livelihoods are linked. *– IDP youth boys, Hassan Sham*
- Psychological support is essential to deliver good work. *– IDP boys, Hassan Sham*
- A person who suffers from psychological problems may not be able to work without feeling psychological comfort. If we combine the two, the individual will feel and work more comfortably without pressure or anxiety. *– Men from the host community, Dahuk*
- De-stressing is important to be productive, and part of being stable is getting a job. *– Youth boys (host community, IDP, refugee), Kirkuk*
- It can reduce tensions and pressures. *– Male returnees, Mosul*
- It increases our confidence and ability to work. *– Female returnees, Mosul*

One-hundred percent (100%) of KII respondents and ninety-nine percent (99%) of FGD discussants reported that they think combining (1) support with finding work with (2) help on how to manage stress and regain hope will be beneficial.

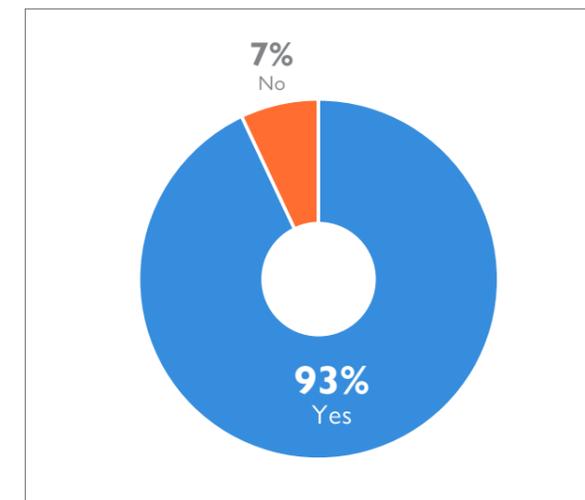
A man in Dahuk noted that he could not move forward with his work if he is not well psychologically and does not believe in his career. A returnee from Dahuk indicated that when people receive mental health support, they can build

self-confidence and succeed in their work. A returned widow in Salah Al-Din stated that the combination “will contribute to a sense of safety, and this will give the person the drive to develop.” Finally, a displaced male youth living in a female-headed household in Kirkuk noted that combining psychosocial support with livelihood support is good, especially “because most people have mental problems due to the lack of jobs or life difficulties.” A man in Hassan Sham said that integrated programming could help him “restore confidence in himself and his abilities.” Generally, respondents noted that they need more encouragement to engage in work, which can be provided through integrated MHPSS.

While most respondents support the integration of MHPSS and livelihood support, some interviewees pointed out that while such integration is positive, it might not always be necessary for everyone. This, for example, was highlighted by women KIIs in Kirkuk City. One woman said that the need for integrated programming “depends on the person and his/her level of mental health intervention.” Any integrated programming should take this viewpoint into account.

When asked whether the key informant respondents would participate in a livelihood opportunity and MHPSS activities simultaneously, ninety-three percent (93%) indicated that they would, seven percent (7%) said no.

Are you willing to access a livelihood opportunity and support for your emotional well-being at the same time?



Among the seven percent (7%) who said no, some women noted that they could not take up work due to local culture, norms and traditions and child care. One youth boy in Kirkuk also stated that he does not need MHPSS if he has access to livelihoods. Others reported that their disability keeps them from accessing such programming. To ensure that vulnerable

populations, such as female-headed households or people with disabilities, can access integrated programming, awareness sessions with the community can be beneficial, primarily to facilitate access to integrated programming.

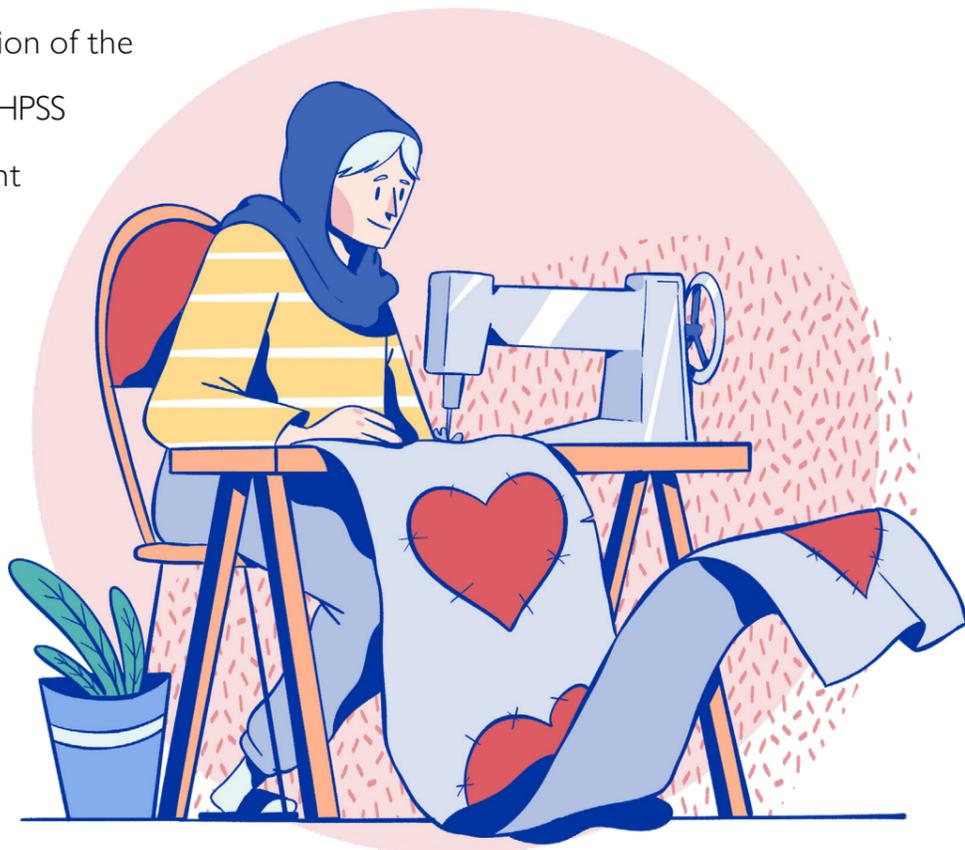
Out of the ninety-three percent (93%) who responded yes, one displaced woman in Kirkuk noted that it is essential to provide both supports at the same time to enable people to feel mentally well and be able to engage in work normally. Another woman said that this is important “because having a job without being emotionally stable will have a negative impact on myself and the work I do.” One woman in Hassan Sham, part of a female-headed household, stated that “work alone is not enough; there needs to be help with managing stress.” A male returnee in Salah Al-Din pointed out that “both is needed to improve the living and psychosocial situation.”

In line with the KII results, out of the 43 FGDs conducted, 40 reported that they are willing to engage in a livelihood opportunity that also provides emotional support.

**WHAT RESPONDENTS SAID**

- People are in a difficult situation, and the psychological state will not improve by working alone. *– Female IDP key informant, Hassan Sham*
- It will improve my mental health and encourage me to work much better. *– Youth boy key informant, Kirkuk City*
- To get rid of psychological pressure. *– FGD with returnee boys, Salah Al-Din*
- We are sometimes too afraid to do something new, and with emotional support, we feel more comfortable to do it. *– FGD with IDP women, Hassan Sham*
- To encourage a positive start into a livelihoods project and to ensure that the work will be sustainable. *– FGD with returnee boys, Salah al-Din boys*
- Both livelihoods and emotional support are needed to maintain good mental health. *– FGD with youth girls, Kirkuk (2 IDPs, 4 HCs, and one returnee)*

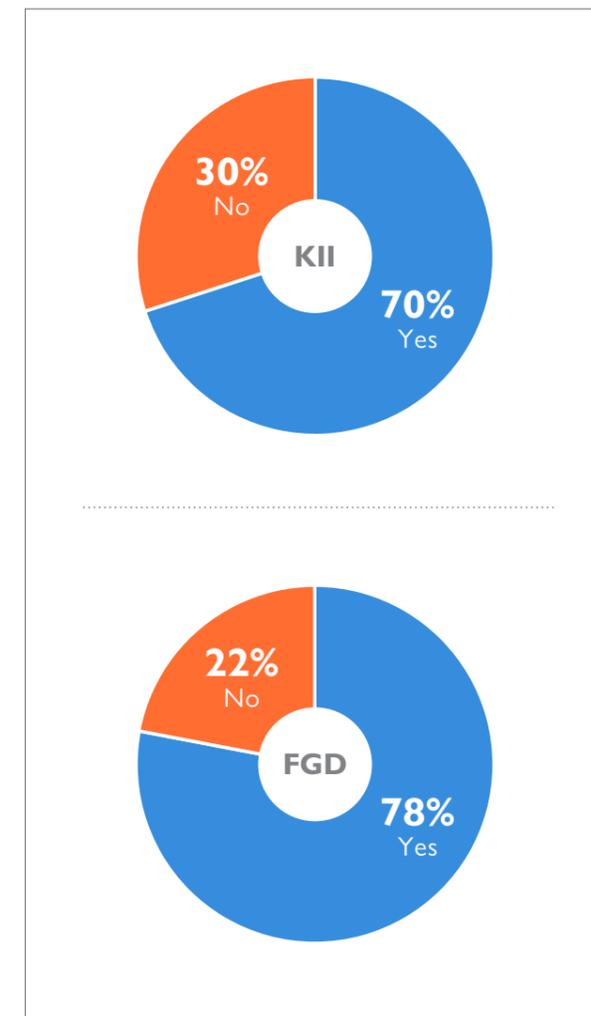
**Considering these findings,** the concept of integrating MHPSS with livelihood support seems understood. Still, the focus of assessment respondents often shifted to the need for livelihood support, and how such support can increase emotional well-being. There is general optimism regarding integrated MHPSS and livelihood support, which seems feasible to most surveyed persons, especially as many understand that their work capability improves with more robust emotional health. However, this enthusiasm can be linked to the livelihood component itself, which remains one of the essential needs within the local communities. To better understand how community members, conceptualize MHPSS, future assessments should explore providing a standardized description and explanation of the meaning of MHPSS to assessment participants.



## 2. MENTAL HEALTH WELL-BEING AND PURSUING A WORK OPPORTUNITY

Another objective of the assessment was to determine whether community members feel that their emotional well-being affects their ability to pursue and perform work. The assessment findings show that seventy percent (70%) of key informants said that their mental health well-being affects their ability to pursue and perform work (M=49%, F=51%). Thirty percent (30%) said no. These results speak for integrated programming, aiming to increase participants' emotional well-being while providing a livelihood opportunity to engage in and pursue productively. Often only offering technical skills training for a livelihood project is not enough. Social, life and other soft skills training are equally crucial for a livelihood programme's success, particularly to build and strengthen a participant's self-efficacy. Integrating elements of MHPSS can achieve this.

Does your mental health well-being affect your ability to pursue and perform work?



“ Among the seventy percent (70%) of respondents who answered that their emotional well-being affects their ability to pursue and perform work, some said:

- When I feel stressed and sad, I am not able to concentrate. – Female, Kirkuk City
- Negative emotional well-being means that I am not doing my business properly and sometimes leave or postpone it, also because I do not want to communicate with others. – Female returnee, Salah Al Din
- If my psychological state is not good, I cannot do my duties properly. – Male returnee, Mosul
- If I am not feeling well, my work quality will not be good, and I will feel unconfident to do my tasks, and it also affects my communication skills. – Male returnee, Dahuk
- Poor mental health means that he is “unable to focus and be active and creative in his work”. – Male IDP, Dahuk
- By improving their mental health, people will be able to work better. – FGD with returnee youth boys in Al-Ayadiyah, Ninewa

Other key informants mentioned feelings of anxiety, sadness, stress, being worried and difficulty interacting with others. Some also noted a lack of desire to work or carrying out work activities properly.

FGD results reflect those of the KIIs. Among the 43 FGDs conducted, 32 reported that their mental health well-being affects their work abilities. Four FGDs (M=2, F=1, B=1) mentioned that it affects their daily functions. Two highlighted that sadness affects their ability to work (B=1, F=1), as well as feelings of tiredness (M=1, F=1). One FGD noted that adverse mental health leads to an inability to work (B=1), fear (F=1), anxiety and loss of concentration (M=1, B1), being worried (B=1) and sad (B=1, F=1). These results show that people recognize that positive emotional well-being can help them pursue sustainable livelihoods, which is why integrated MHPSS and livelihood support is relevant, especially in contexts where mental health challenges prevail.

### 3. MOST RELEVANT INTEGRATED MHPSS AND LIVELIHOOD ACTIVITIES

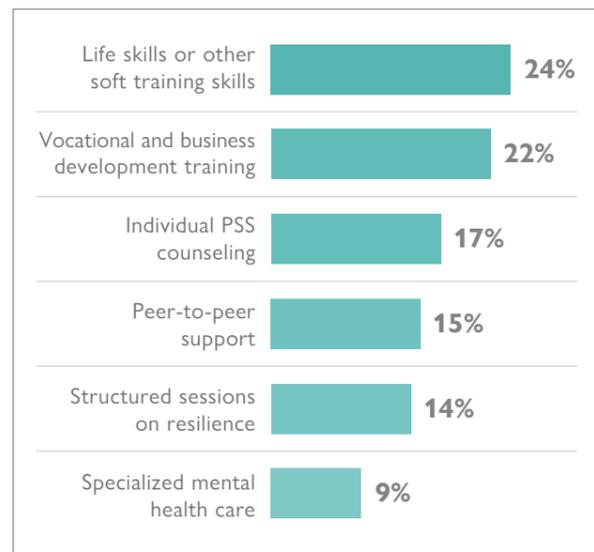
#### What support programming is most needed?

The third objective of this assessment was to examine which integrated activities resonate most with community members. To explore this, the assessment inquired about the most relevant MHPSS activities for people who are about to start a livelihood project, self-employed people, those who are unemployed, those with MHPSS disorders and female-headed households. See the results below.

#### A. RELEVANT MHPSS ACTIVITIES TO PREPARE PEOPLE FOR A LIVELIHOODS PROJECT

Survey respondents noted that to be best prepared for a livelihood project; people need life skills or other soft skills training (24%), combined with integrated vocational and business development training (22%) and individual psychosocial support (17%) to address emotional well-being concerns. Peer-support groups (15%), structured sessions focused on resilience (14%) and specialized mental health care (9%) were mentioned less frequently, as can be seen in the graph below.

KIIs: What kind of mental health and psychosocial support do you think people need to feel prepared for a livelihoods project?



Among male respondents, integrated vocational and business development training (24%), life and other soft skills training (22%) and individual psychosocial support (18%) were most relevant. For female respondents, life and other soft skills training (25%) and integrated vocational and business development training (23%) ranked specifically high.

In addition, for female respondents, structured sessions on resilience (17%) and peer-to-peer support groups (15%) were also relevant.

Among the FGDs, the results were similar. However, the need for peer-to-peer support groups (19 FGDs out of 43) was more prevalent as can be seen below.

FGDs: What kind of mental health and psychosocial support do you think people need to feel prepared for a livelihoods project?



#### RECOMMENDATION

Based on the results, to prepare for a livelihood project, the most relevant MHPSS activities integrated with livelihood support are life skills and other soft skills training, integrated vocational and business development training, individual psychosocial support and peer-to-peer support groups. Structured sessions focused on resilience can also be considered, especially for youth, female-headed households, people with disabilities, and camp settings. In addition, one-on-one livelihood reflection sessions with participants are recommended. Such sessions can ensure proper reflection on past and future livelihood experiences and empower informed decision-making by the participant, especially surrounding the programme's livelihood aspect.

#### B. RELEVANT MHPSS ACTIVITIES TO EMPOWER PEOPLE FACING STRESS AND ANXIETY TO WORK OR START A BUSINESS

KII respondents noted that people who suffer from stress and anxiety could best be empowered to take up work through individual psychosocial counseling (22%), life or soft skills training (18%) and integrated vocational and business development training (18%). Across the assessed locations, the FGD results resembled those of the KIIs. In addition to the already noted activities, youth KIIs and 24 out of 43 FGDs highlighted the need for specialized mental health care. The need for awareness sessions and peer-support groups was also stated but came up less frequently.

KII respondents' opinion on supports needed to encourage people with severe emotional issues to take up work/start a business



Resembling the general results, women respondents found individual psychosocial counseling most essential (27%), followed by vocational and business support training (17%) and life skills and other soft skills training (16%). Women respondents highlighted peer-support groups (14%) and specialized mental health care (14%) to a lesser extent, and structured resilience sessions were also not as prevalent (11%). For men, integrated vocational and business management training was most relevant (21%), followed by life and other soft skills training (19%) and individual psychosocial support (19%). Similar to the women, some men were interested in structured sessions focused on resilience (15%) and peer-to-peer support groups (14%).

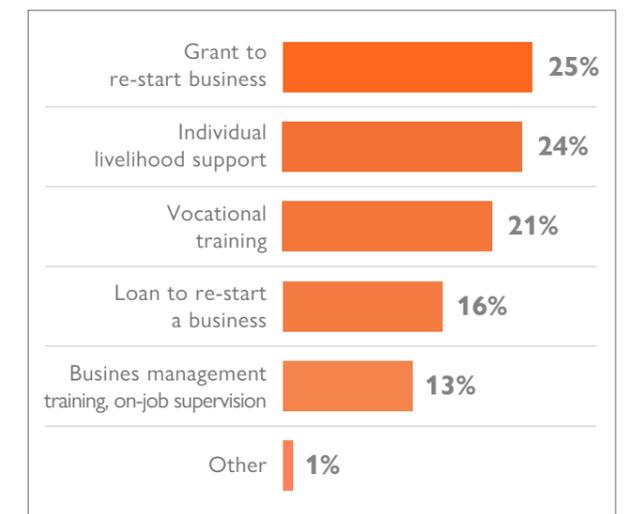
#### RECOMMENDATION

To address the livelihood and MHPSS needs of people who suffer from MHPSS disorders, a combination of individual and community support seems appropriate. KII results highlight that individual MHPSS counseling, perhaps focused on resilience-strengthening, would be suitable, as well as integrated vocational and business development training. Life skills other soft skills training should also be considered for anyone engaging in a livelihood support programme, as it is critical to not only focus on technical skills training. Peer-to-peer support groups can also be highly effective, as they promote a sense of belonging among participants and provide an often-appreciated and needed system of support.

#### C. RELEVANT LIVELIHOOD OPPORTUNITIES FOR PEOPLE WHO REQUIRE INCREASED MHPSS

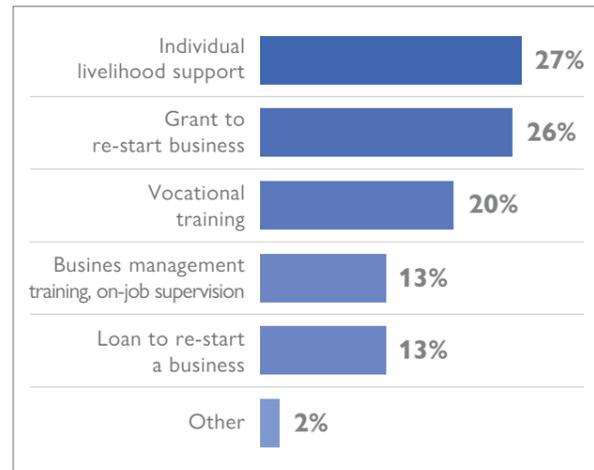
Overall, interview results show that people in need of increased emotional support benefit most from livelihood opportunities such as grants to start a business or re-start a business (25%), individual livelihood support projects (24%) and vocational training (21%). The provision of grants and individual livelihood support can empower people with mental health disorders to take up a livelihood project while being supported through integrated MHPSS, such as individual psychosocial counseling and life skills or other soft skills training, combined with integrated vocational and business development training. Among the FGDs, comparable results were consistent once again. Out of 42 FGDs, 32 noted the need for grants to re-start a business, individual livelihood support (29) and vocational training (26).

What kind of work opportunities are most important for people who require emotional support?



Among female respondents, individual livelihood support (27%) was most prevalent, followed by the provision of a grant (24%) and vocational training (20%). Male respondents resemble the general findings, selecting grants to re-start a business (25%), individual livelihood support (22%) and vocational training as the most important livelihood opportunities for those who require emotional support.

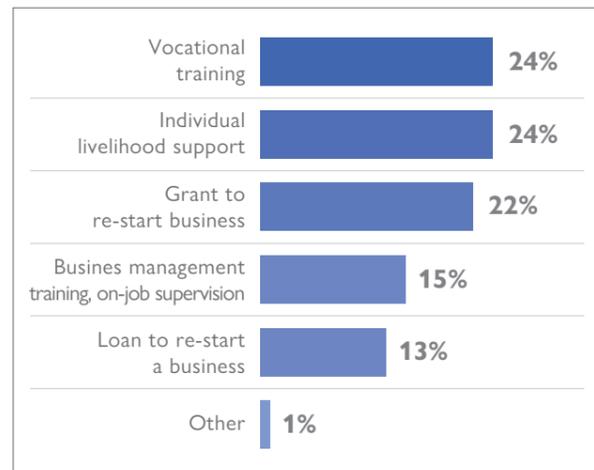
Female respondents: Most relevant livelihood opportunities for people with MHPSS needs



**IN CAMPS**

For people living in formal camp settings,<sup>7</sup> vocational training (24%) and individual livelihood support (24%) was most relevant, followed by the provision of grants (22%).

Formal camp setting



7 Formal camp settings: Hassan Sham 72%, Dahuk 26%, Al-Ayadiyah 2%.

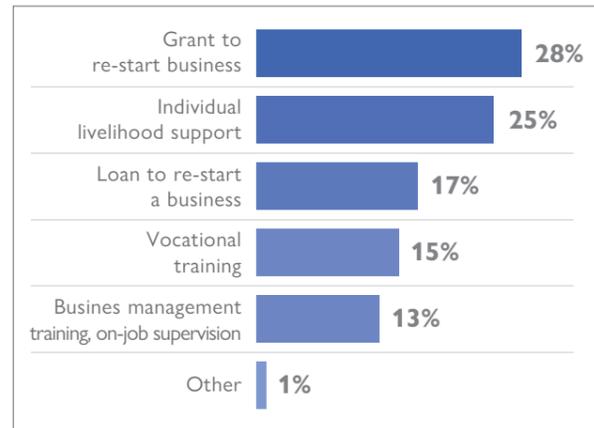
8 Urban settings: Kirkuk 28%, Tel Afar City 25%, Al-Ayadiyah 21%, Mosul City 19%, Dahuk 7%.

9 Rural settings: Salah Al-Din 68%, Al-Ayadiya 19%, Dahuk 10%, Tel Afar City 3%.

**IN URBAN SETTINGS**

People living in urban settings<sup>8</sup> noted the provision of grants as most relevant (28%), followed by individual livelihood support (25%) and the provision of loans (17%). Vocational training (15%) and business management/on-the-job supervision (13%) seemed less relevant, which can be due to the prevalence in already existing technical skills among people living in urban areas.

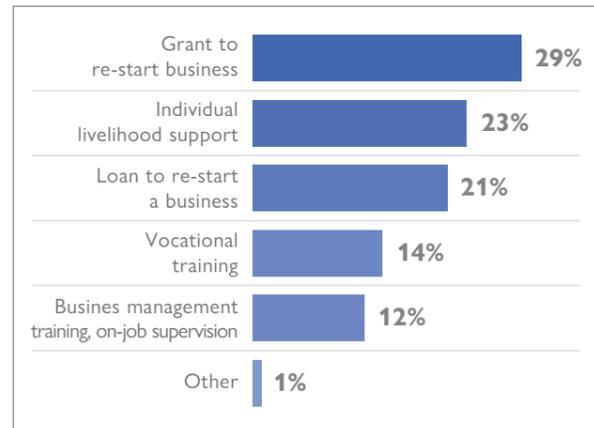
Urban setting



**IN RURAL SETTINGS**

Respondents living in rural settings<sup>9</sup> noted vocational training as most relevant (29%), followed by grants to re-start a business (23%) and individual livelihood support (21%). The interest in or need for loans (14%) or business management training and on-the-job supervision (12%) was less prevalent among these respondents.

Rural setting



**RECOMMENDATION**

Considering the results of 3.b and 3.c, appropriate and relevant integrated programming should emphasize individual livelihood support (including providing grants), vocational training, individual psychosocial support as well as integrated life skills training. According to the findings for 3.b, peer-to-peer support groups can also be integrated, especially at a later stage of the activity or programme.

An interesting finding is that most respondents noted that the provision of a grant would be most relevant. However, providing grants can cause various MHPSS stressors as participants immediately start running a business. Hence, if the integrated programme provides grants as the primary livelihood intervention, the project should comprehensively integrate MHPSS support to prevent or alleviate stressors that can arise and support participants in managing stressors positively.

Significantly, for women, individual livelihood support seemed to be more relevant than the provision of grants, which should be considered and further explored.

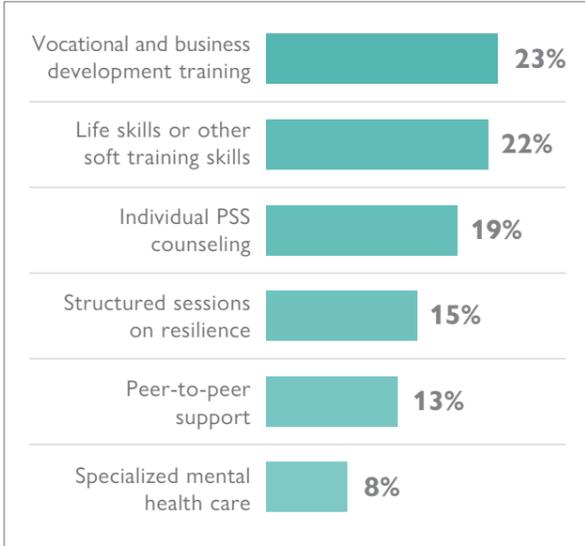
Regarding what livelihood interventions to focus on, integrated programmes that target formal camp or rural settings should consider providing vocational training, individual livelihood support, or the provision of grants. Programming designed for urban environments can benefit from focusing on providing grants, individual livelihood support, or even the provision of loans, considering the importance of the above stated MHPSS integration.

In any case, the program design team must evaluate local labor market assessments before developing a livelihood activity, and consultations with participants should shape the eventual and final livelihood support provided.

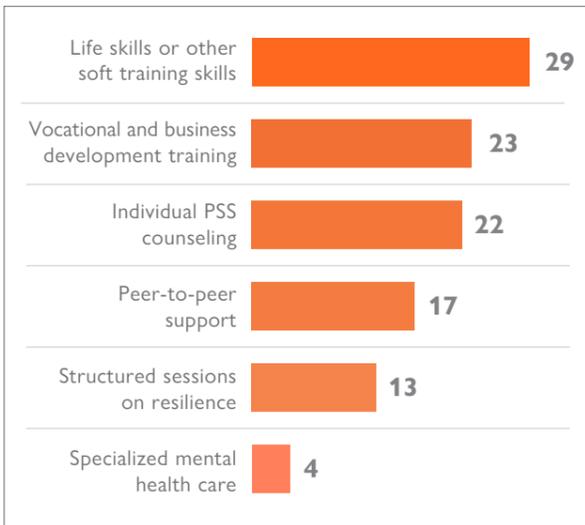


**D. RELEVANT MHPSS FOR BUSINESS OWNERS OR PERSONS WHO ARE SELF-EMPLOYED**

KIIs: MHPSS for business owners or those self-employed



FGDs: MHPSS for business owners or those self-employed



Both the KIIs and FGDs asked one question about what kind of MHPSS would be most important for a person who owns a business or is self-employed. Twenty-three percent (23%) of those surveyed noted that vocational and business development training would be most appropriate for people who run a business and are self-employed. Twenty-two percent (22%) selected life skills or other soft skills training, followed by structured resilience sessions (15%). FGD respondents had similar views, as highlighted below.

**RECOMMENDATION**

Business owners and those who are self-employed, as well as people who develop or run start-up businesses, can be supported through integrated MHPSS and livelihood support programming focused on vocational and business development training, life skills and other soft skills training and individual psychosocial support. To promote the sustainability of projects and community support, structured sessions focused on resilience and peer-support groups should also be part of the programming.

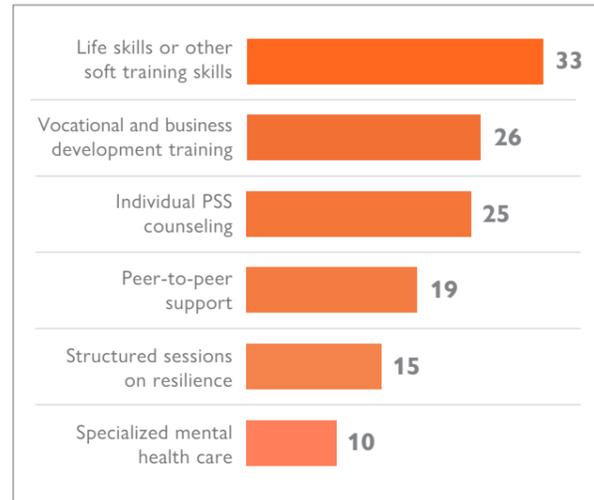
**E. RELEVANT MHPSS ACTIVITIES FOR PEOPLE WHO ARE UNEMPLOYED**

The assessment also asked about the kind of MHPSS activities that can best support people who do not have a job. KII respondents noted that integrated vocational and business development training would be most appropriate (22%), followed by life skills and other soft skills training (20%) and individual psychosocial support (19%). The FGDs rendered similar results. Yet, the delivery of life skills training (33) was selected more frequently than vocational training (26) and psychosocial support (25).

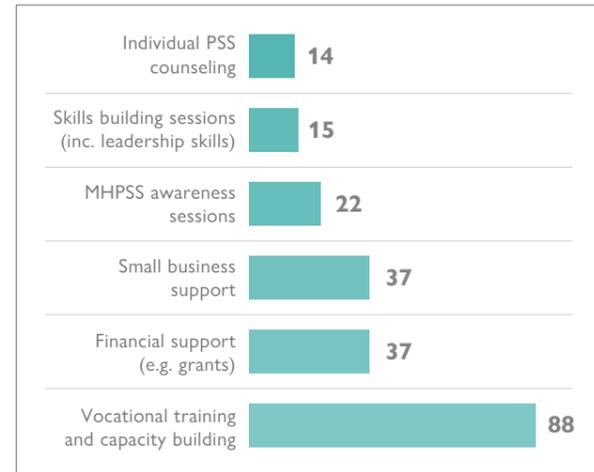
KIIs: MHPSS for business owners or those unemployed



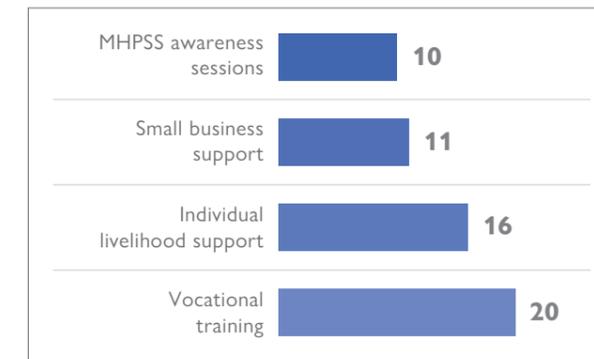
FGDs: MHPSS for business owners or those unemployed



KIIs: Relevant MHPSS and Livelihood support for FHHs



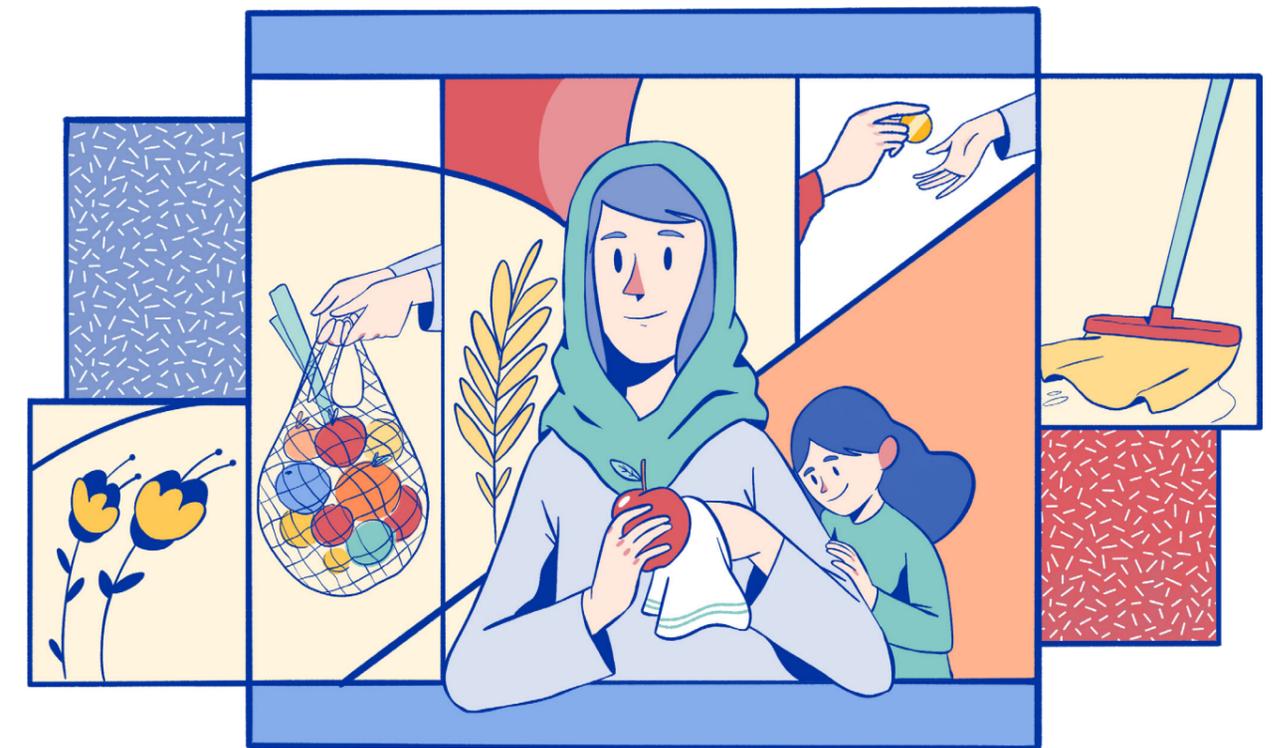
FHH Respondents: Relevant MHPSS and Livelihood support for FHHs



**RECOMMENDATION**

There seems to be a general need to create job opportunities for female-headed households, supported by small business support, financial support (e.g., grant/loan) and vocational training. When developing integrated programming for female-headed households, such programming should consider the provision of individual psychosocial support and life and other soft skills training. Based on the assessment results, MHPSS activities should focus on the themes of encouragement, empowerment, confidence-building, resilience and self-esteem. Furthermore, livelihood training should include sessions on leadership and business management. Providing an initial MHPSS awareness session is recommended to encourage the women to participate in the programming, if appropriate.

This question was open-ended in this assessment, illustrating how participants often focused on the livelihood part of the intervention, given the significant need for livelihood opportunities. However, to build sustainable livelihood projects, livelihood support cannot be disconnected from MHPSS. Integrated MHPSS activities are needed, as other IOM integration efforts have shown (e.g., in Colombia, Bangladesh, Nigeria).<sup>10</sup>



<sup>10</sup> Consultation with Olga Rebolledo, MHPSS Programme Manager for IOM Nigeria. Previously managed MHPSS programming in IOM Bangladesh and IOM Colombia, integrating MHPSS and livelihood support at numerous occasions.

**RECOMMENDATION**

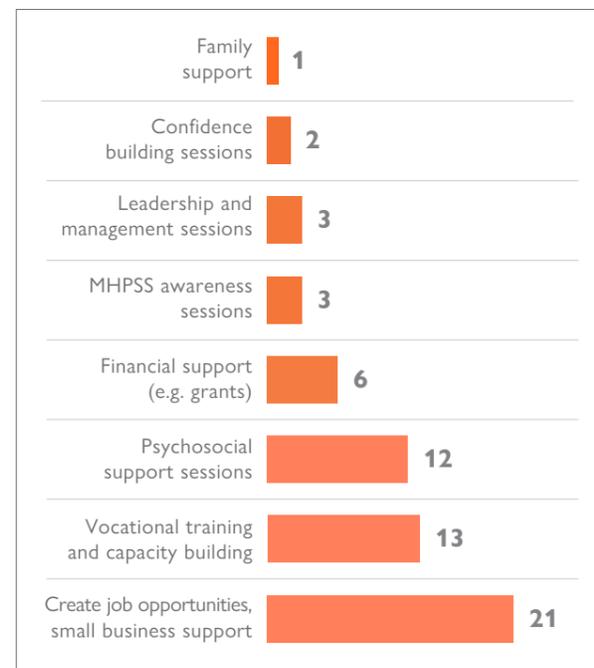
Integrated programming targeting people without jobs can focus on activities such as life skills and other soft skills training, vocational and business development training and individual and psychosocial counseling and support. Structured sessions focused on resilience are also relevant and peer-to-peer support groups would be a positive addition at a later stage. In addition, livelihood reflection sessions should be part of the programming, delivered at the start of the programme.

**F. RELEVANT MHPSS AND LIVELIHOOD SUPPORT FOR FEMALE-HEADED HOUSEHOLDS (FHHS)**

For female-headed households, the most relevant MHPSS and livelihood supports, as noted by key informants across the assessed locations, are vocational training (88), small business support (37), financial support (37), MHPSS awareness sessions (22), skills-building sessions (15) and individual psychosocial counseling (14).

Nearly half of all FGDs noted the need for creating more job opportunities and small business support as most important. 13 FGDs out of 43 FGDs also emphasized the need for vocational training and capacity building, while 13 FGDs affirmed psychosocial support sessions. Other supports were also mentioned, as noted below.

FGDs: Relevant MHPSS and Livelihood support for FHHs



The most frequently mentioned business ideas among the FGDs were: sewing, cooking (selling foods, meals), baking (e.g., selling pastries or sweets), hairdressing, or running a clothing store.

Among the eighty-six key informants living a female-headed household, twenty noted the importance of vocational training, sixteen mentioned individual psychosocial counseling, while eleven referenced small business support. Ten highlighted the importance of awareness sessions. Female respondents also remarked the need for sessions focused on encouragement, empowerment, resilience and self-esteem.

#### 4. INTEGRATING MHPSS ACTIVITIES INTO LIVELIHOOD INTERVENTIONS

The assessment asked the FGDs participants to select various MHPSS activities that they consider most appropriate to be integrated with four types of livelihood interventions. This was done to learn more about which MHPSS activities could be best integrated with specific livelihood interventions.

Across the different livelihood interventions, integrated life skills or other soft skills training, individual psychosocial support and peer-support groups seemed most relevant. For a list of the overall finding, see Table 3.

Table 3. Relevant MHPSS activities to be integrated with specific livelihood interventions

| TYPE OF LIVELIHOOD  | MHPSS ACTIVITY                                  |
|---|---|
| Individual livelihood support (to help start a new business based on skills and experience), vocational training, job placement, skills training, on the job training, start-up or business expansion packages. | Life skills or other soft skills training (31)  |
|   | Individual psychosocial counseling (17)         |
|   | Peer-to-peer support groups (16)                |
|   | Structured sessions on resilience (15)          |
|   | Specialized mental health care (10)             |
| Financial support for small and medium-sized businesses to help them grow.  | Life skills or other soft skills training (35)  |
|   | Individual psychosocial counseling (13)         |
|   | Peer-to-peer support groups (13)                |
|   | Structured sessions on resilience (13)          |
|   | Specialized mental health care (5)              |
| Provision of grants or materials provided to support group business.  | Life skills or other soft skills training (31)  |
|   | Peer-to-peer support groups (15)                |
|   | Individual psychosocial counseling (11)         |
|   | Structured sessions on resilience (9)           |
|   | Specialized mental health care (5)              |
|   | Specialized mental health care (5)              |
| Job referrals to available livelihood opportunities   | Life skills and other soft skills training (32) |
|   | Peer-to-peer support groups (14)                |
|   | Individual psychosocial support (11)            |
|   | Structured sessions focused on resilience (8)   |
|   | Specialized mental health care (8)              |
|   | Specialized mental health care (8)              |

#### RECOMMENDATION

The most relevant activities for integrated MHPSS and livelihood support are the actual livelihood activity (e.g., individual livelihood support, financial support, vocational training) combined with life skills and other soft skills training, individual psychosocial support counseling, peer-to-peer support groups, and to a lesser extent structured session focused on resilience. Soft skills training or counseling sessions can also integrate concepts of resilience. In addition, and as previously mentioned, participants would likely benefit from a one-on-one structured livelihood reflection session. Such sessions help the participant outline their livelihood goals and promote critical thinking, reflection and decision-making.

#### 5. IMPROVING EMOTIONAL WELL-BEING

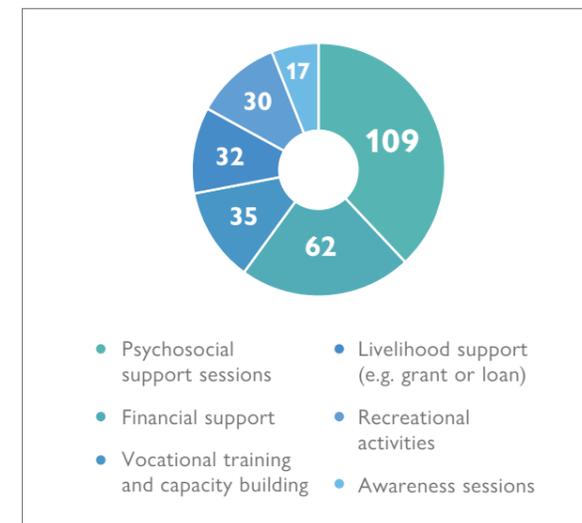
##### What are continuing MHPSS needs?

As a final step, the assessment surveyed participants regarding the type of supports most essential to improve mental health and emotional well-being in the assessed communities. This part of the evaluation also took a look at continuing MHPSS needs and the availability and accessibility of MHPSS services.

##### A. NEEDED SUPPORTS TO IMPROVE EMOTIONAL WELL-BEING

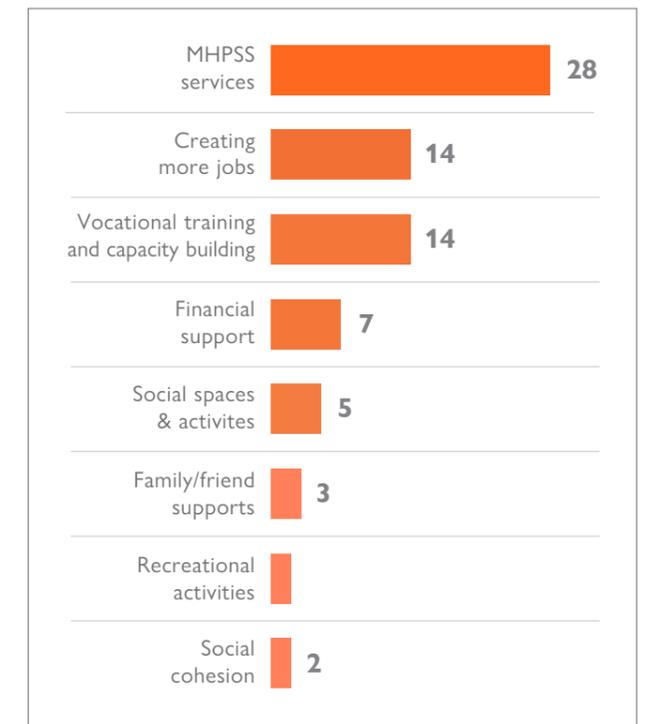
When asked about what supports are most needed to improve emotional well-being in the assessed communities, respondents tended to speak about supports related to their livelihood needs. While the most common answer among key informants was psychosocial support (109), this was followed by the need for livelihood support (62) and financial support (35), as well as recreational activities (32) and vocational training and capacity building (30). Some also emphasized a demand for MHPSS awareness sessions and general social cohesion; see below.

KIIs: Supports needed to improve emotional well-being in assessed communities



The FGD results were similar. 28 out of 43 FGDs conducted noted the need for MHPSS support. Some listed specific MHPSS interventions, such as individual and group sessions. Also, 5 out of the 28 FGDs specifically stated the need for MHPSS awareness sessions. In addition to MHPSS, 14 FGDs noted that creating more job opportunities and providing vocational training will improve the community's emotional well-being.

FGDs: Supports needed to improve emotional well-being in assessed communities



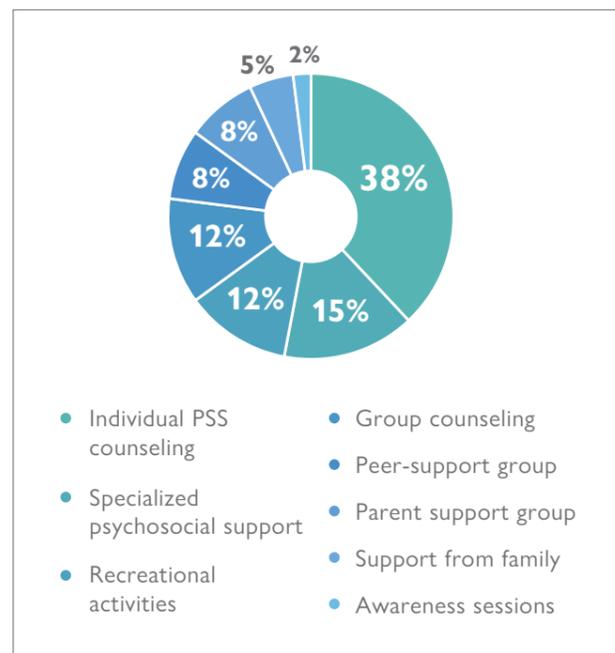
The findings illustrate that the emotional well-being of a person or community in Iraq is commonly linked to livelihoods' accessibility. This likely is because the lack of livelihoods continues to put a significant strain on the affected population's mental health and emotional well-being. The results highlight the relevance and pertinence of integrated MHPSS and livelihood support in Iraq, where there is a significant need for both.

**B. ACCESSIBLE AND AVAILABLE MHPSS**

Regarding current MHPSS services that are available or have been accessible to the community, thirty-eight percent (38%) of KII respondents noted that individual psychosocial support has been available and accessible. Fifteen percent (15%) pointed out that group counseling has been available, while twelve percent (12%) said that they receive emotional support from their families. Other supports that have been available are specialized psychosocial support, peer support, awareness sessions, recreational activities and parent support groups.

Among the FGDs, 11 out of 43 noted that individual psychosocial support is accessible. 5 out of 43 FGDs stated that group sessions or vocational training are available, while family supports, recreational activities and specialized mental health care were mentioned less. The below graphs illustrate both the KII and FGD findings.

KIIs: Available MHPSS



FGDs: Available MHPSS



Local MHPSS sub-working groups can be consulted to obtain a more comprehensive picture of available services and referral pathways in the various locations. Significantly, having integrated MHPSS and livelihood support programmes in place will help organizations reach more people in need of MHPSS while addressing their livelihood needs at the same time.

**SNAPSHOT #1: RELEVANT LIVELIHOODS**

**LIVELIHOOD INTERESTS**

The needs assessment aimed at getting a better understanding of the main livelihood interests among the participants. Results show that, for example, among the 13 female FGDs conducted, 8 were interested in sewing, 4 in hairdressing and cooking.

Female FGDs: Job interests



Out of 15 male FGDs, 3 mentioned an interest in agriculture, running small shops, barbershops, and engaging in a livelihoods project that involved sports, such as running a gym, working at a gym, being a trainer. Other relevant types of jobs that men were interested in or carried out in the past were selling foods, working as a carpenter, taxi driver, or in animal husbandry (e.g., taking care of livestock).

Generally, a successful livelihood project must meet local market demands and participant interest. To address possible discrepancies related to this, individual livelihood reflection sessions can help match participant interest with market demand. Every livelihood intervention must safeguard the participant's agency and ownership over the livelihood they pursue. Upholding this agency can set the participants up for success, improve the livelihood outcome and have a community-wide MHPSS impact.

**CHALLENGES TO ACCESSING LIVELIHOODS**

Key informants noted a lack of financial support (22), a disability or health condition (12), a general lack of job opportunities (5) and the need for further training (7) as barriers to accessing livelihoods. Among the FGDs, those unable to carry out their work or lack access to livelihoods noted the inaccessibility camp management approval to work or leave the camp for work (Hassan Sham M=2), a lack of financial support (M=2/F=2), a lack in experience (F=1) as well as a lack of tools (M=1).

**CHALLENGES ACCESSING LIVELIHOODS DURING DISPLACEMENT**

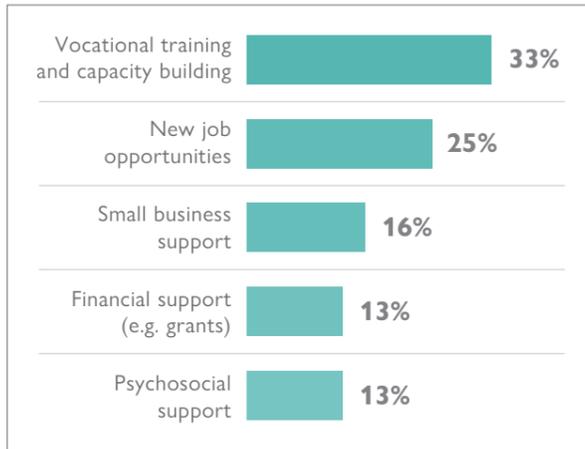
FGDs that included female IDPs mentioned the lack of financial resources, having too many other responsibilities (e.g., child care), low wages and a lack of job opportunities as main challenges to accessing livelihood opportunities during displacement. Male FGDs noted low wages, a lack of acceptance among the host community, language barriers and a lack of experience as the main challenges. Two out of five male FGDs also noted the lack of job opportunities as the main obstacle to livelihoods.

**HOW TO IMPROVE ACCESS TO JOB OPPORTUNITIES**

KII results show that vocational training and capacity building (33%), as well as more and new job opportunities (25%) and small business support (16%) would be most critical to increase access to livelihood opportunities in the assessed communities.

The FGD findings also show a high need for more job opportunities, vocational training and financial support/small business support. 16 out of the 40 FGDs who answered this question mentioned the need for increased job opportunities (F=6, M=5, G=2, B=3). 16 out of 40 FGDs also noted the need for vocational training (F=6, M=6, G=1, B=3). Financial support was mentioned by 11 FGDs (F=4, M=4, G=1, B=1, youth=1) and small business support was highlighted by 11 FGDs (B=3, Youth=1, F=3, M=3, G=1). 2 male and 2 female FGDs also noted the need of psychosocial support and awareness.

KIIs: Actions to improve access to livelihood opportunities

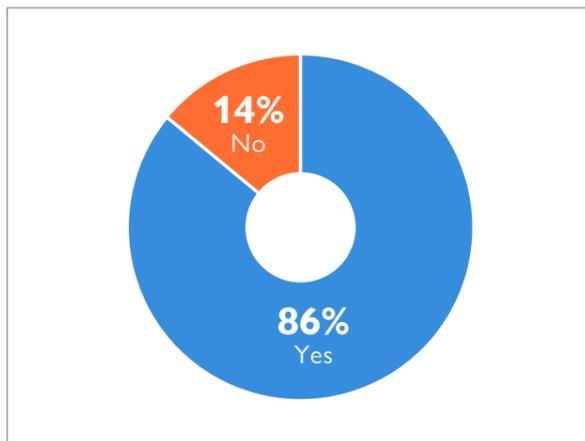


The results of the key informant interviews highlighted that eighty-five percent (85%) of respondents would like a livelihood opportunity that can be pursued from home. This is due to security reasons as well as local customs, low costs, and the ability for women, in particular, to be able to engage in child care. Both men and women nearly equally responded yes to this question. 86% of the women said yes, while 85% of the men also indicated that they would like to engage in a livelihood opportunity from home. The most common types of small at-home businesses mentioned in the KIIs revolved around sewing, handcrafting, agriculture, livestock and trade.

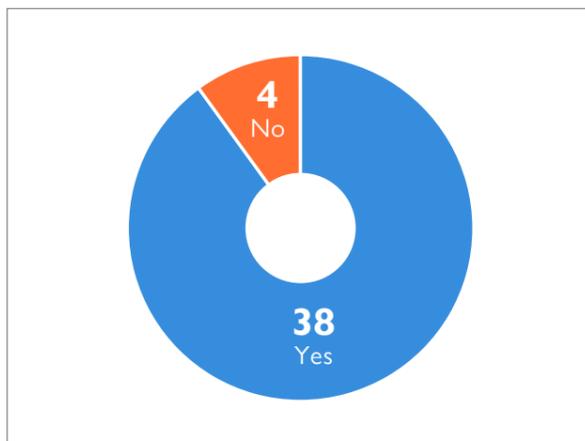
Eighty-seven percent (87%) of respondents living in a **female-headed household** reported that they would like to engage a livelihood opportunity from home (F=51%, M=49%).

LIVELIHOODS FROM HOME

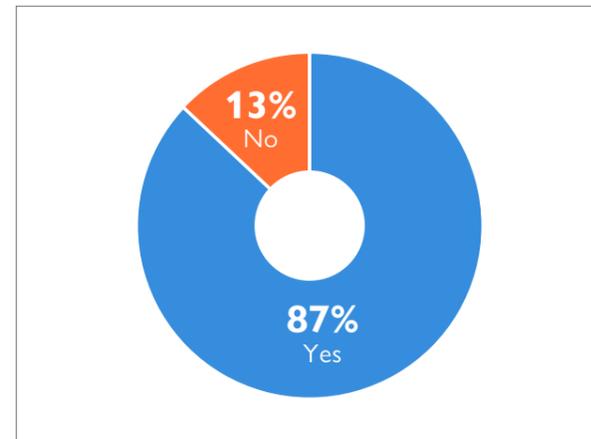
KIIs: Do you prefer a livelihood opportunity that you can engage in from home?



FGDs: Do you prefer a livelihood opportunity that you can engage in from home?



KIIs: Female-headed households



Out of the 43 FGDs, 38 reported that they would prefer a livelihood opportunity to pursue from home. FGDs participants noted preparing and selling foods (18), sewing (17), running an electronics repair service (6) and hairdressing/barber (5) as relevant at-home livelihood activities. 4 out of 16 male FGDs suggested sewing. 5 out of 16 male FGDs noted electronics repair services or the running of an at-home electronics shop. Among the 12 female FGDs, 7 reported preparing and selling foods (incl. baked goods, making sweets) as preferred at-home livelihoods. 5 out of 12 female FGDs highlighted interest in sewing, 2 highlighted knitting, 1 hairdressing and 1 agriculture work.

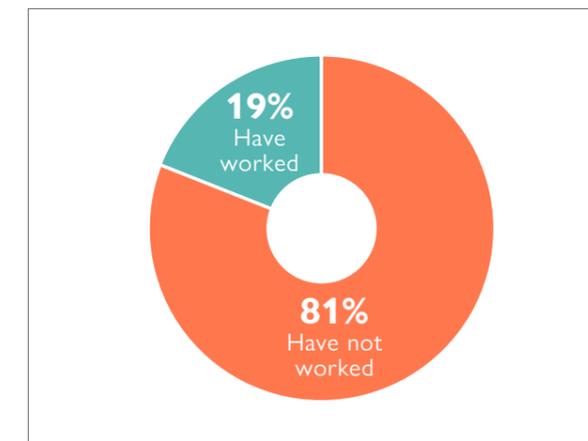
Integrated MHPSS and livelihood support activities should consider the preference of people to engage in livelihoods from home. Small business support or other individual livelihood support can be provided in a way to ensure that participants can carry out their work from home. Simultaneously, integrated remote or in-person MHPSS activities can be provided, depending on the local context.

SNAPSHOT #2 YOUTH AND WORK

The assessment asked the youth participants (15-18 years old, whether they currently work or have previously engaged in work) to better understand the relationship between youth and work.

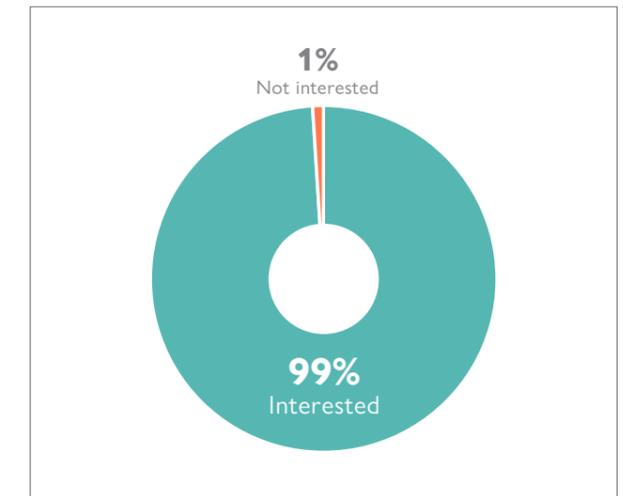
The KII results show that few youths have previously or currently work. Among the KII youth, only nineteen percent (M=19%) had jobs before. Yet, nearly half of the youth who participated in the FGDs have worked or currently work. Out of the 15 youth FGDs, 7 reported having worked, including youth in Salah al-Din, Kirkuk and Dahuk.

Youth & Work



Among the assessed KII youth who currently or previously worked, 26% are young men from Kirkuk, having worked as a barber, baker, photographer, or having held various other daily jobs. In Hassan Sham camp, some youth have worked, mainly buying and selling food in the camp. Among the youth FGDs, one group in Salah Al-Din reported having worked in simple handworks; another noted to have worked in blacksmithing, electricity and agriculture. A youth FGD in Kirkuk indicated that they have engaged in some daily work, while one FGD in Dahuk reported having worked in farming. Most youths said that they either work before or after school or during the school holidays. Four youth KIIs reported that they had left school to work.

Youth: Interest in integrated MHPSS and Livelihood support programming



Among the KIIs, most youth participants favored integrated programming, with 99% of youth girls and 100% youth boys indicating that they would be interested in participating in livelihood support activities and MHPSS activities at the same time. However, some youth noted not yet having had access to MHPSS or livelihood opportunities due to their age. It is recommended for future assessments that people between 15 and 24 years old are considered youth. This will allow for a more extensive evaluation of young people's needs. In addition, any future assessments would benefit from learning more about the youth's experiences in the workplace.

## RECOMMENDATIONS FOR INTEGRATED MHPSS AND LIVELIHOOD SUPPORT IN IRAQ

1. To ensure sustainability and positive livelihood outcomes, elements of MHPSS should accompany livelihood interventions which improve participants' self-efficacy.
2. Combined livelihood and MHPSS programming can entail a variety of or all following activities:
  - a. Livelihood reflection sessions
  - b. Life and other soft skills training
  - c. Individual psychosocial support
  - d. Peer-support groups (e.g., youth groups, women groups)
  - e. Structured sessions on resilience
  - f. MHPSS awareness sessions (also to encourage vulnerable community members to participate in integrated programming)

The listed MHPSS activities support participants in taking full advantage of livelihood opportunities, enabling them to successfully and sustainably carry out and maintain their livelihoods. The activities simultaneously improve the participant's emotional well-being, strengthening their life, social and other soft skills required to carry out a sustainable livelihood opportunity. Furthermore, activities such as peer-support groups will provide vital support networks to participants, also strengthening collaboration within communities and overall resilience.

**Based on the participants' local context and situation, the above-integrated activities can and should be adjusted to fit participants' needs.**

3. The participant is the primary decision-maker and a participatory approach should be employed during project development and implementation. Programme staff must prioritize communication with participants and directly engage them in livelihood decision-making. All participants must be empowered to make their own decision about which livelihood they want to pursue. Staff can support in making sure that the livelihood interest matches local labor market demand.

4. Any successful integrated MHPSS and livelihood programming is based on MHPSS and livelihood support staff's collaboration and partnership. Useful approaches for staff knowledge and the general partnership is to conduct livelihood training for MHPSS staff and vice versa. MHPSS and livelihood support teams must work together throughout programme development and implementation. There should be consistent interaction between the teams, also in the form of meetings to coordinate and reflect on project development, implementation, monitoring and evaluation.

## RECOMMENDATION FOR FUTURE ASSESSMENTS

- Use the revised version of the needs assessment data collection tool developed for the in this report outlined initial assessment.
- Integrate a variety of labor market assessment questions into the assessment, in collaboration with the livelihoods team (especially if no other recent local labor market assessment is available). With livelihoods being extremely localized, it is important to work with up-to-date and local labor market assessments when developing integrated programming.
- Consult a representative group of employers to understand how MHPSS problems impact workplace performance and how employers can support employees.
- Conduct additional MHPSS and livelihood support integration needs assessments in Southern Iraq to compare community perceptions and develop relevant integrated programming for Iraq's southern governorates. MHPSS and livelihood needs are widespread across Iraq, making integrated programming in the south viable and essential.

## SUMMARY AND CONCLUSION

The objective of integrating MHPSS and livelihood support is to enhance psychological well-being and readiness to ensure that participants receive the support they need to take full advantage of livelihood opportunities.

The objective is to develop and link livelihood activities and psychosocial support interventions that enhance the self- and community efficacy. The integration of MHPSS and livelihood support programming is relatively new in Iraq, but its combination makes sense, given the high demand for livelihood support and continuous MHPSS needs. Research and the experience of other IOM programmes show that livelihoods can rarely become sustainable if not integrated with MHPSS, as skills such as life and social skills are equally important as technical skills.

Assessment findings highlight that community perceptions around integrated MHPSS and livelihood support are promising in Iraq. A majority of respondents in assessed locations indicated an interest in integrated programming, noting the adverse effects low emotional well-being can have on a person's ability to pursue or perform work.

The most relevant integrated MHPSS and livelihood support activities across the assessed locations include individual livelihood support (e.g., small business support), and the provision of grants to start or re-start a business, vocational and business development training, combined with life and other soft skills training, individual psychosocial counseling and peer-support groups. Livelihood reflection sessions and structured sessions on resilience are also relevant. Based

on these findings, such activities can be considered when planning integrated MHPSS and livelihood support projects. Finally, far-reaching referral pathways should be available to refer participants both up and down the MHPSS intervention pyramid to accommodate needs.



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