

Mental Health and Psychosocial Needs Assessment Report

AL-JAD'AA - 1 CAMP

August 2021



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

IOM Iraq deeply appreciates the key informant's time and perspectives.

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LIST OF ABBREVIATIONS

Cash for Work	CfW
Female Headed Households	FHHs
Government of Iraq	GoI
Internally Displaced Population	IDP
International Organization of Migration	IOM
Islamic State of Iraq and the Levant	ISIL
Mental Health and PsychoSocial Support	MHPSS
Ministry of Migration and Displaced	MoMD
United Nations	UN
Key Informant Interviews	KII

BACKGROUND

1.1 CONTEXT

An estimated 31,000 Iraqi nationals reside in Al Hol Camp in northeast Syria. The population is diverse and includes Iraqis who travelled to Syria prior to 2014; those who fled when ISIL took over their area of origin; those who crossed the border during the military campaign to dislodge ISIL from Iraqi territory; and others who arrived after remaining strongholds in Syria were recaptured.

An intentions survey conducted in March and April 2021 indicates that almost 80% of the Iraqi population in Al Hol Camp may wish to return to Iraq. Periodic, voluntary returns were previously facilitated by the Government of Iraq (GoI), but these returns were put on hold in 2018/19 due to evolving dynamics in northeastern Syria. In early 2021, the GoI informed the UN of its intention to resume voluntary returns, and its subsequent decision to initially repatriate some 500 families, with Jad'ah 1 camp in Ninewa serving as a transition point, where the families would be hosted prior to their eventual return to areas of origin or integration elsewhere in Iraq.

On 25 May, 94 Iraqi households (382 individuals) arrived from Al-Hol camp in northeast Syria to Jad'ah 1 Camp, south of Mosul. Of the arrivals, about 64 per cent are children, under the age of 18 (120 girls and 122 boys); some 34 per cent are adults between the ages of 18 and 60 (89 women and 39 men), and

three per cent are elderly, above the age of 60 (9 women and 2 men). As of July, according to an IOM assessment, the majority of households (85%) wished to permanently depart the camp; as of September however, returnees remained subject to restrictions on their movement, with authorization to exit the camp only granted in urgent medical cases, and remained unclear when their onward return to areas of origin or resettlement in a third will be authorized.

It is clear that many if not most Iraqi households returning from Al-Hol Camp to Iraq have experienced and/or been exposed to extreme violence and trauma prior to their displacement, while on the move and crossing the border to seek safety, and/or in Al-Hol Camp, where both humanitarian and security conditions remain challenging. Compounding these experiences, displacement has brought a range of psychological and social stressors, and undermined traditional coping capacities. As returnees, this group now face an extreme level of uncertainty about their futures, having received little to no information on when and under what circumstances they will be able to return to areas of origin and reunite with their families and communities (or settle in a third location if preferred). In addition, while many have no association at all with ISIL, they are heavily stigmatized due to their period of displacement in Al-Hol.

1.2 MENTAL HEALTH AND PSYCHOSOCIAL CONTEXT

Emergencies and humanitarian crises create significant psychological and social stressors that are experienced at the individual, family, community, and societal levels (IASC, 2007). Mental Health and Psychosocial Support (MHPSS) actors are expected to conduct assessments and mappings to evaluate the

needs, challenges, and priorities of the target population. These assessments also strive to include the population's individual and collective strengths, resources, and coping capacities (IOM, 2019a).

1.3 ASSESSMENT OBJECTIVES

The main objectives of this assessment were to:

1. Inform MHPSS actors of key mental health and psychosocial needs in Al- Jad'aa-1 camp; and
2. Support the development of relevant MHPSS programming to address the needs of returnees both in the camp and upon their return to areas of origin or settlement in a third location.

METHODOLOGY

2.1 TARGET POPULATION AND SAMPLE SELECTION

Currently, Jad'ah 1 Camp hosts 94 Iraqi households (382 individuals), of whom 64 per cent are children, under the age of 18 (120 girls and 122 boys); 34 per cent are adults between the ages of 18 and 60 (89 women and 39 men); and three per cent are elderly, above the age of 60 (9 women and 2 men). The majority of households are from Anbar (34), followed by Salah Al-Din (31) and Ninewa (24) governates.

For the purposes of this assessment, data collection was undertaken over 14 days between June and July 2021. The sample represented IDPs from all areas of origin.

2.2 ASSESSMENT TOOL

The “Psychosocial Needs Assessment in Emergency Displacement, Early Recovery, and Return” was adapted to be used with the target population at Al-Jad'aa 1 camp. The questions were modified with input from other actors providing MHPSS services in Al-Jad'aa 1 camp.

2.3 DATA COLLECTION

Five IOM MHPSS staff conducted the assessment on site. All staff were experienced in the field of mental health and psychosocial support, and had been involved in previous MHPSS needs assessments. Informed consent of the participants was obtained after staff provided information on the purpose of the assessment, how the data would be used, data anonymization, and confidentiality.

RESULTS

3.1. DEMOGRAPHIC DATA OF SURVEY RESPONDENTS

Age and sex

Data was collected from 94 adult respondents in Al-Jad'aa camp. The number of female respondents was 46 (49%) and the number of male respondents was 48 (51%).

Reported governorate and area of origin of the interviewed sample:

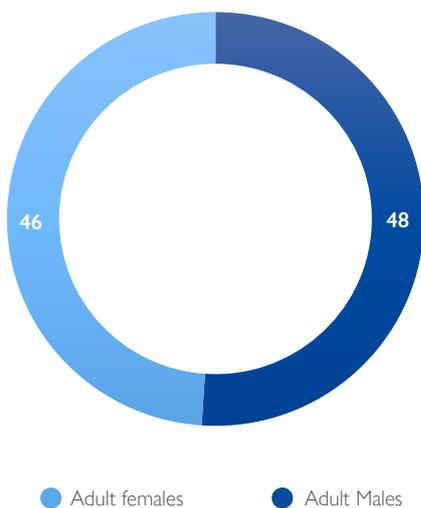
- Anbar (Al-Rutba, Al-Qaim, Ramadi, Haditha, Ra'ua, and Hasiba): 33
- Salah Al-Din (Tikrit, Shirqat, Balad, Samarra, Baiji, and Duloiya): 33

- Ninewa (Mosul, Telafar, Al-Baaj, Salamiyah, Qayarah, and Makhmoor): 25
- Kirkuk (Hawija): 2
- Diyala (Baquba): 1

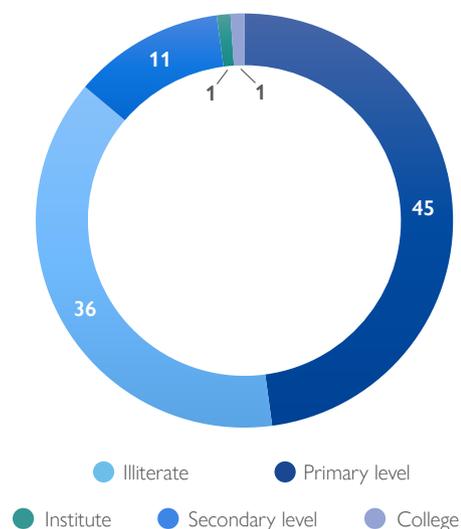
Education

Among those interviewed, only two per cent possessed further education. There was also one institute graduate and one college graduate. Almost half of the respondents were primary school graduates (47%; n=45), while 11 per cent (n= 11) were secondary school graduates and 38 per cent (n=36) were illiterate.

Gender Distribution

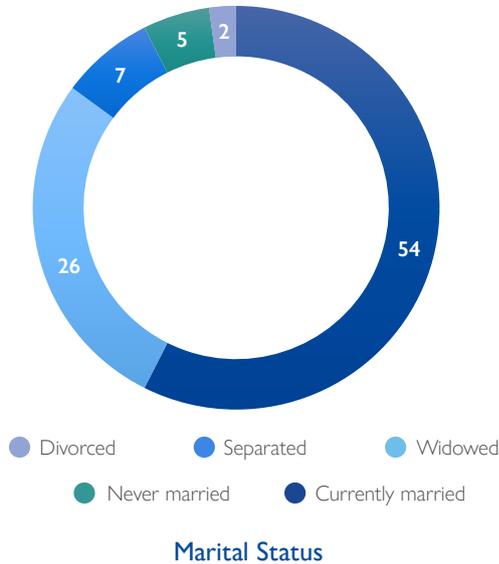


Level of Education



Marital status

More than half of the respondents were currently married (57%; n= 54) and 27.6 per cent (n=26) were widowed respondents. The remaining individuals were either separated (7%; n=7), divorced (2%; n=2) or never married (5%; n=5).



Work status before displacement

With regards to the respondents' work status prior to the displacement, 93.5 per cent (n=43) of the female respondents (n=46) were homemakers and 6.5 per cent (n=3) were self-employed through owning a business. As for the males (n=48), 33 per cent (n=16) had paid jobs, 29 per cent (n=14) were self-employed, 14.5 per cent (n=7) did not have a job, 14.5 per cent (n=7) were involved in farming work, and the remaining 8 per cent (n= 4) were still students.

3.2 LIVING CONDITIONS DURING DISPLACEMENT

Life at Al-Hol camp or other locations of displacement

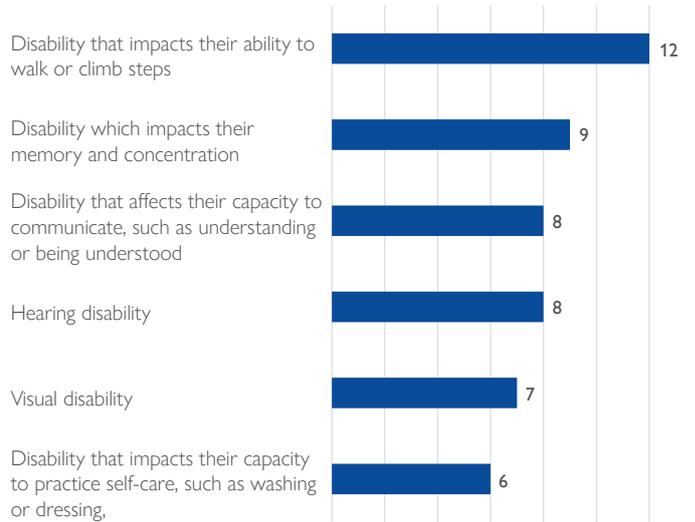
Al-Hol Camp was the first area of displacement for the majority of the respondents (93%; n=88). The remaining 7 per cent (n=6) were either first displaced to other camps (n=3), to unfinished buildings (n=2) and the remaining one individual was displaced to Shirqat before leaving to Syria.

Security and humanitarian conditions in Al-Hol Camp have long been difficult. Despite the efforts of camp management to address inter-communal tensions through the reorganization of the camp in June 2019, security conditions have continued to deteriorate; between 1 and 16 January 2021 alone, the UN received reports of the murders of 12 Syrian and Iraqi camp residents, including one female Iraqi refugee. Another person was critically injured in a violent attack. Returnees to Iraq report feeling afraid to leave their tents due the presence and reach of extremist and/or critical elements in the camp.

No. of years	4	5	6	7	8	13	
No. of respondents	33	33	18	5	5	1	Total= 94
Percentage	35	35	19.1	5.3	5.3	1	

Distribution of disability status of households

In this section, the Washington Group Short Set of Questions on Disability (WGSSQs) was used to ensure accurate identification of people with disabilities. WGSSQs cover six domains of function, including walking, seeing, hearing, cognition, self-care, and communication. According to the Guidelines on WGSSQs, "everyone with at least one domain that is coded as 'a lot of difficulty' or 'cannot do it at all'" is included in the disabled population.



Disability of Household

"A young lady with three children who has a hearing disability and a disability to communicate was interviewed with the help of her sister-in-law who facilitated the assessment through interpreting sign language."

One of the interviewers

On the humanitarian side, although humanitarian actors in Al-Hol have generally managed to ensure that emergency thresholds (e.g. malnutrition and mortality) are not breached, there are some critical gaps. Ensuring adequate conditions in the protection and health sectors, in particular, has remained a major challenge. Many of those displaced in Al-Hol, including a large proportion of Iraqi households, are now in situations of protracted displacement, posing additional risks to their wellbeing.

In terms of general living arrangements, all of the respondents to this assessment reported living in tents in Al-Hol. Out of these individuals, 8 families (8.5%) shared their tents with individuals outside their nuclear families. Additionally, 19 per cent of the families (n=18) reported being separated in different locations.

Economic conditions of the household during displacement

Unsurprisingly, all of the respondents stated that their economic conditions have worsened during their period of displacement. Reasons included loss of employment (e.g. loss of public sector employment, etc.), and stealing or destruction of economic assets (including houses, cars, agricultural machines and land, livestock, etc.). This has reportedly led to difficulties in fulfilling their basic needs, and a dependence on humanitarian aid. Indeed, many of the families who have returned to Al-Jad'aa Camp depend solely on humanitarian assistance to meet their basic needs; as they are unable to afford to supplement assistance provided by purchasing items at the local shop in the camp, any gaps or shortfall in the response are sharply felt. Some returnees are reportedly purchasing items from the local shop on credit, a negative coping mechanism which gives rise to protection concerns.

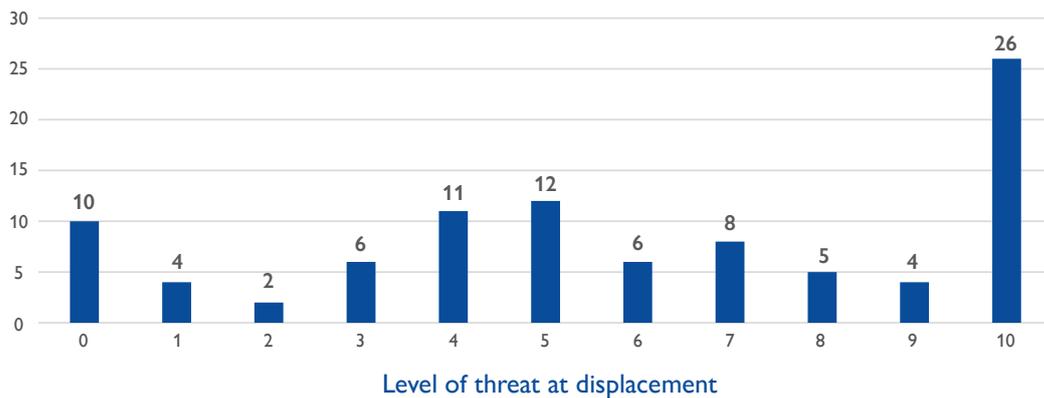
Female headed households who were interviewed (43%; n=41) were considered the worst affected due to the difficulties encountered while searching for paid jobs. Many FHHs have reported being unable or afraid to seek work outside the home in the restrictive context of Al-Hol Camp.

“We suffered from not having money to cover our daily expenses and I used to work as a housekeeper in the camp (Al-Hol) for a minimal wage.”

Key Informant Interview (KII) adult female

The level of threat families faced in displacement:

To measure the level of threat respondents faced in displacement, they were asked to rate their feeling of threat on a Likert scale from 0 to 10 with 0 signifying not at all and 10 meaning very likely. The majority of respondents (n=26) rated their experience as a 10.



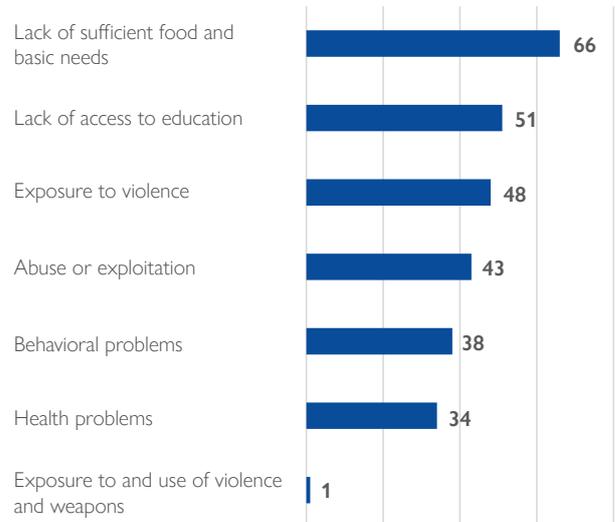
Restrictions on the freedom of movement in the area of displacement:

Seventy-eight per cent (n=74) of respondents stated that they could not leave Al-Hol Camp due to restrictions on their movement, as well as fears of being killed or kidnapped, fuelled by reports of incidents of murder, child kidnapping, organ theft, and other forms of violence. They also reported facing discrimination and bullying while residing in Al-Hol.

Perception of children’s safety in the area of displacement:

Of the 94 families interviewed, 70 of them (74.4 per cent) had children. Within this population, almost 63 per cent (n=59) did not feel that their children were safe while they were displaced, citing fears that they would be killed or kidnapped; no sense of safety (especially in the case of FHHs); difficult conditions while on the move and crossing borders on foot; and other threats associated with their displacement (e.g. lack of sufficient access to food and water, exposure, etc.). Some respondents stated that they witnessed families losing their children to thirst while on the move. Others stated that, while in Al-Hol, they were threatened that they would not be allowed to take their children with them upon their return to Iraq.

Perception of challenges faced by children growing up in the areas of displacement



Challenges faced by children in the area of displacement

Common stressors of IDPs in Al-Jad'aa-1 Camp:

IOM asked respondents about the challenges that they have faced since returning to Iraq, and while being at Al-Jad'aa-1 Camp. Common issues included the following:

- Insufficient access to food and other basic items. This includes a lack of access to ice and refrigeration to store medicines and food. As mentioned above, due to their protracted displacement and the depletion of their own savings and resources, many returnees are entirely reliant on humanitarian aid, and cannot afford to purchase items to supplement the assistance provided. Some are reportedly buying items from the local shop in Al-Jad'aa-1 Camp on credit.
- Limited or absence of livelihood opportunities. As above, many families have exhausted their savings and resources, and are eager to resume income-generating activities. Some organizations have commenced cash for work activities in the camp, but demand continues to exceed available opportunities.
- Family-related stressors including family separation (occurring, in some cases, in the context of returns from Al-Hol), not knowing the whereabouts of missing family members, and not being able to have family visit them in Al-Jad'aa camp.
- The absence of telephones and televisions which has exacerbated feelings being cut off from the outside world
- Barriers to children's enrolment in formal education and its potential impact on the future of their children was a common source of anxiety among parents.

3.3 PSYCHOLOGICAL AND PSYCHOSOCIAL NEEDS

In order to ensure that questions were clear to KII respondents, they were asked about the traditional words used to describe psychosocial distress, stressors and other technical terms included in the survey. Based on the answers received, discussions about psychological and psychosocial needs used the same terminology, preventing possible misunderstandings due to cultural differences or the use of technical terms around mental health conditions and biases around speaking of them. Almost nine out of ten (89 per cent) respondents stated that they believe that emotional distress is widespread in the camp.

Restrictions on leaving and lack of clarity around when it will be possible to leave the camp, along with inadequate entertainment within the camp were also mentioned as stressors.

While certain aspects of their situation since return to Iraq and while residing in Al-Jad'aa-1 Camp may have compounded MHPSS problems among returnees however, it is worth noting that many respondents stated that Al-Jad'aa-1 is a significant improvement over Al-Hol, and that they are relieved to be back in Iraq.

“Even though we are relieved because we are back, we are confused about our future.”

KII male respondents

Priority needs in Al-Jad'aaah 1 Camp:

When asked about priority needs in Al-Jad'aa-1 Camp, respondents highlighted basic needs such as food, water, cooking fuel, ice boxes, and medication, as well as livelihood opportunities among others. In addition, many of them highlighted their desire to return to their areas of origin and have family members visit them inside the camp. Other common responses included the provision of psychosocial support, entertainment and recreational activities, and vocational training.

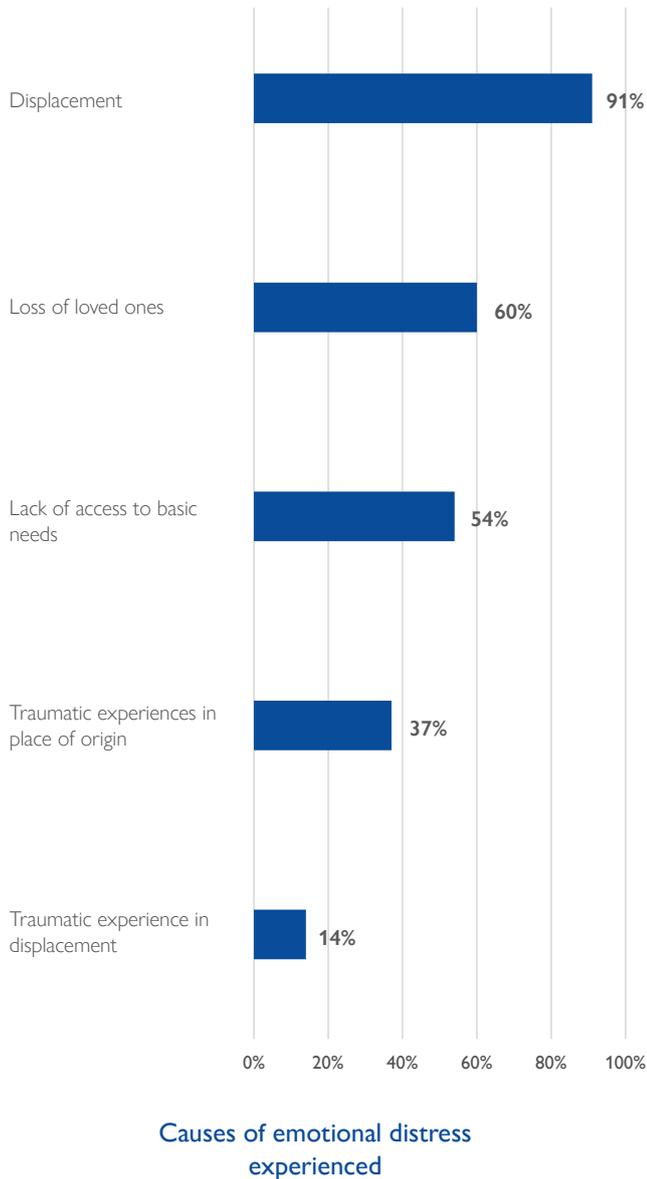
Level of emotional distress experienced by the respondents

When asked to rate how strongly they feel such emotional distress on a scale from 0 to 10, approximately 80 per cent of the respondents reported having emotional distress in the range of moderate to very high (from 5 to 10), as shown in the table below.

Level of emotional distress												
Scale	0 (not at all)	1	2	3	4	5	6	7	8	9	10 (very much likely)	
No.	7	1	0	2	8	14	12	14	6	7	23	Grand total= 94
Percentage	7.4	1	0	2	8.5	15	12.5	15	6.5	7.5	24.5	

Causes of emotional distress experienced by camp residents:

Displacement was identified as the leading cause of emotional distress by the majority of respondents (n=86; 91%), followed by the loss of loved ones (n=56; 60%) through death, kidnapping or separation. More than half of the respondents reported inability to meet their basic needs and direct experience of traumatic events in their places of origin and/or during displacement were also major causes of stress (54%; n=51 and 51%; n= 49 respectively).



Other causes of distress included feelings of boredom, over-thinking, fear of being stigmatized, and their worries of not being accepted by host communities upon onward return to areas of origin.

Regarding the impact of emotional distress on mental health, sadness (80%; n=75), anxiety (57%, n=54), grief (52%; n=49), and sleep problems (45%; n=43) were highly prominent among respondents. Other impacts reported included aggressive behaviour (26%; n=25), family or relationship problems (23%; n=22), feelings of guilt, and persistent nightmares (19%; n=18).

All respondents were asked how their experiences have impacted men, women, adolescents, children, and older people. Common responses included inability to perform daily tasks due to loss of energy and loss of interest in self-care and social activities, indicating marked functional impairment.

Respondents noted that lack of access to income-generating opportunities and associated inability to meet the basic needs and ensure security of their families is among factors impacting men, and leaves some of them unable to complete tasks and feeling anxious, nervous, and tense most of the time. Difficulties managing household chores and taking care of children in a camp environment, along with the struggle to meet the basic needs of their families, were among the factors reported to be impacting women.

“There is a massive impact as we could not practice the social activities we used to do before displacement.”

One of the respondents

Difficulties faced by adolescents included barriers to accessing or pursuing education, fear of the future, lack of enjoyment in recreational activities, difficulty coping with the new environment, and movement restrictions. Some adolescents reported dreading the weekend, when humanitarian partners in the camp draw down educational and recreational activities. For children also, barriers to access to education, including lack of civil documentation and financial constraints, were reported as challenging. Some are reportedly expected to work to support their families, giving rise to protection concerns. Some respondents are concerned about their future, especially regarding their ability to cope with the outside world after leaving the camp.

Causes of distress among older persons included healthcare needs, lack of self-care, inability to meet their basic needs, social isolation, and the absence of activities tailored to their needs in the camp.

3.4 MHPSS CAPACITIES AND RESOURCES

Coping strategies

Respondents were asked to identify the coping strategies used by men, women, adolescents, children, and older people. The following table lists the main coping strategies used by each of these groups.

Group of concern	Coping strategy
Men	<ul style="list-style-type: none"> • Trying to find work opportunities in the camp (approaching organizations which may be able to provide opportunities) • Praying • Seeking support from family • Distracting themselves with taking care of their family's needs • Meeting with others to find solutions to their problems inside the camp • Leaving things to time and having hope • Sleeping
Women	<ul style="list-style-type: none"> • Spending time looking after children and doing household chores • Seeking support from family, relatives, and the surrounding community • Praying • Staying hopeful • Talking to other women • Trying to think of solutions to the problems they are facing • Learning new skills • Prioritizing use of household resources
Adolescents	<ul style="list-style-type: none"> • Spending time with other family members • Playing and spending time with friends • Thinking of the future and possible opportunities
Children	<ul style="list-style-type: none"> • Playing with other children • Getting support from their parents
Older people	<ul style="list-style-type: none"> • Getting support from family and friends • Praying

3.5 COMMUNITY SOURCES OF SUPPORT

Family relationships

Most of the respondents (89%; n=84) reported having good family relationships and that they felt supported by their families. Support received was mainly through phone calls, and included the provision of advice on different matters, showing tolerance in times of stress or following the occasional bouts of anger that occur, addressing basic needs as much as possible, helping out with daily household chores, motivating and encouraging each other, and having someone listen so they could vent about their stressors.

Those who did not feel supported explained that their families had nothing with which to support them: they are currently not allowed to visit them in the camp, meaning that returnees are living alone without anyone to support them. Some respondents flagged that they did not have good relationships with their families.

It is worth mentioning that 89 per cent (n=84) of respondents remained in contact with their families or neighbors in their area of origin during their time in displacement.

Community members

Around 70 per cent (n= 65) of respondents did not feel supported by community members. When asked why, they stated that everyone in the camp is concerned with their own families and are facing similar challenges, and that they do not know each other well and scarcely communicate with each other. Those who do feel supported receive moral and financial support from their neighbors and other relatives in the camp provide. Perceived feelings of mutual respect, cooperation, and peaceful coexistence were also mentioned.

Groups of the community perceived to suffer the most from the displacement

Respondents identified both widows and women (65%; n=62 each) as the groups who suffered most from displacement. This was followed by older people (58%; n=55), persons with disabilities (53%, n=50), children (49%; n=46) and men (26%; n=25).

A reported 52 per cent of the respondents (n=49) stated that these groups are supported by the community mainly through moral and emotional support. Financial support, although minimal, was also mentioned.

The lack of support to these vulnerable groups was justified by the preoccupation of community members with their own problems and the limited resources available to offer help to others beyond their immediate family.

Respondents' thoughts on issues that need to be addressed in the community:

Apart from the material needs, respondents were asked on their opinion about the main issues that need to be addressed in the community. These included:

- Facilitating family visits to the camp and 'go and see' visits to areas of origin;
- Providing assistance to access civil documentation;
- Providing livelihood opportunities for both women and men'
- Facilitating safe returns to their areas of origin and supporting peaceful re-integration into society;
- Educating children and adolescents on respecting diversity and other values which underpin peaceful coexistence;

- Providing education to children and adolescents who dropped out of or who have never attended school;
- Setting up recreational activities and encouraging sports for both adults and youth (adolescents and children);
- Providing services tailored to older persons in the camp;
- Providing better healthcare services;
- Providing skills-building courses to women, such as sewing.
- Offering psychological support to those in need.

Perception of the community's psychological or psychosocial needs

When asked, respondents almost unanimously agreed (97.8%; n=92) that there are mental health and psychological needs in the camp. To help explore their perceptions of the community's psychological needs further, IOM asked if they thought there were people who are in need of psychological or psychosocial support.

Ninety-five per cent (n=90) thought that those in need of psychological or psychosocial support will access services if made available in the camp. When asked why, respondents explained that psychological support needs are understood as substantial due to the losses and traumatic events that the families in the camp have experienced. In addition, respondents noted that it is understood that returnees, including, in particular, children and adolescents, may require support to improve self-care and coping strategies to enhance individual resilience.

Only a small number of respondents (4%; n=4) stated that psychological support is not as important as addressing the community's material and physical needs.

Priority action points recommended by respondents to improve wellbeing in the camp (ranked in order of relevance to respondents)

- Fulfilling basic needs
- Providing financial support
- Providing livelihood opportunities
- Allowing family visits to the camp
- Setting up educational activities to children and adolescents
- Facilitating return to residence of origin
- Providing assistance to access civil documentation
- Providing toys and safe spaces for children
- Supporting women (especially female-headed households) to start their own micro-businesses or learn vocational skills
- Organizing social activities that bring people together
- Organizing skills-based training courses (ex: sewing) and literacy courses
- Providing psychosocial and psychological support
- Setting up libraries for youth
- Providing individual psychological support
- Conducting awareness raising activities

Psychosocial impact of displacement	
Children	Adolescents
<ul style="list-style-type: none"> • Being fearful and anxious • Aggressive behaviour • Experiencing sleep problems, such as having nightmares • Feeling lonely especially those who were unaccompanied at Al-Hol • Dropping out of school which affected their wellbeing • Stressors related to lacking identity documentation 	<ul style="list-style-type: none"> • Feelings of sadness • Fear and anxiety • Behavioural problems such as violent behaviour • Hopelessness • Feelings of uncertainty about the future • Taking on responsibilities at an early age

“Children have become aggressive with each other because of the violence they have witnessed.”

KII respondent

Communicating with children and adolescents

Ninety-five per cent of respondents who had children felt that they were able to communicate with their children and adolescents about their problems. This included discussing their concerns and fears with them, allowing them to express themselves through crying, and understanding that they are trying to communicate through their behaviour.

Some of those who responded negatively explained that their children had difficulties expressing their feelings, or that they were too young to understand the situation, so they cannot express much of what they feel.

Main concerns regarding the host community perceptions towards the returns of families to Al-Jad’aa camp

One of the top concerns of respondents was whether communities in their areas of origin have negative pre-conceptions about returnees due to their displacement in Al-Hol, and if they would be accepting or welcoming of their return.

Perceived feeling of security:

Feeling of security inside the camp												
Scale	0 (not safe at all)	1	2	3	4	5	6	7	8	9	10 (extremely safe)	
No.	1	3	1	1	0	1	2	3	7	12	64	Total= 94
Percentage	1%	3.2%	1%	1%	0%	1%	2.1%	3.2%	7.4%	12.8%	68%	

Feeling of security while interacting with host population around the camp												
Scale	0 (not safe at all)	1	2	3	4	5	6	7	8	9	10 (extremely safe)	
No.	3	4	4	4	11	14	14	10	12	7	11	Total= 94
Percentage	3.2%	4.3%	4.3%	4.3%	11.7%	14.9%	14.9%	10.6%	12.8%	7.4%	11.7%	

Feeling of safety in anticipation of interacting with host population in area of origin												
Scale	0 (not safe at all)	1	2	3	4	5	6	7	8	9	10 (extremely safe)	
No.	3	4	4	5	7	22	10	10	8	7	14	Total= 94
Percentage	3.2%	4.3%	4.3%	5.3%	7.4%	23.4%	10.6%	10.6%	8.5%	7.4%	14.9%	

3.6 RETURNEES' ASPIRATIONS AND LONG TERM PLAN FOR RE-ESTABLISHING LIFE IN IRAQ

To encourage respondents to focus on their future plans, they were asked about the aspirations they have for themselves and for their families, along with any long-term plans they have for re-establishing their lives in Iraq. Their responses as shown in the following table.

Self and family aspirations Long-term plans for re-establishing life in Iraq

Self and family aspirations	Long-term plans for re-establishing life in Iraq
<ul style="list-style-type: none"> • Leaving the camp and returning to their hometowns • Returning to work • Reuniting with their families • Establishing a more stable and safe life • Rebuilding their houses • Being reunited with their spouses • Sending children back to school • Investing in learning vocational skills, such as sewing 	<ul style="list-style-type: none"> • Returning to live in their areas of origin • Establishing stable livelihoods through: <ul style="list-style-type: none"> - Reopening or rebuilding closed businesses - Working on opening small private businesses - Returning to their previous jobs • Encouraging their children to pursue their academic lives • Pursuing a stable job opportunity • Achieving reconciliation with the host community

Challenges to be considered in achieving the above

When respondents were asked about possible challenges that could keep them from achieving their aspirations and long-term plans, the following were mentioned:

- Financial challenges;
- Lack of community acceptance;
- Security conditions and blocked returns;
- Uncertainty about when they will be allowed to depart the camp and return to areas of origin;
- Lack of access to civil documentation.

| *“I cannot plan as I do not know when I will be leaving the camp.”*

One of the respondents



KEY FINDINGS AND RECOMMENDATIONS

The purpose of this assessment was to inform the strategic approaches and concrete MHPSS interventions, and to promote longer-term and durable solutions for the IDPs at Al-Jad'aa-1 camp. As the findings indicate different needs in certain areas, the recommendations are also provided accordingly.

The recommendations listed in the first section apply to the entire programme, regardless of the area of work:

- Ensure the availability and inclusivity of MHPSS services for different vulnerable groups, including women, people with disabilities, children, and older people;
- Ensure that all interventions are implemented with the necessary arrangements for people with disabilities. Accessibility

should also be taken into account, such as through use of voice records or brochures in braille for individuals with visual impairments;

- Consider factors that impact accessibility of services to different groups, such as lack of safe spaces, social norms and values that impede girls' and women's access, etc.
- Consider provision of initial outreach and trust building activities to any future arrivals by MHPSS services providers to enhance the acceptability of the activities from the camp residents' side and address any concerns they may have from their preconceived ideas about the camp

Key findings	Recommendations
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Psychological and Psychosocial needs

<ul style="list-style-type: none"> • Emotional distress is reported to be widespread in the community (89% of the respondents reported having emotional distress from moderate to very high stress levels). • Displacement and the traumatic events that have occurred both prior to and during displacement; loss of and separation from loved ones; insufficient access to basic services; and uncertainty regarding the future and among the common causes of emotional distress. 	<ul style="list-style-type: none"> • Provide both specialized and focused non-specialized MHPSS services ranging from as well as psychological first aid for new arrivals. • Address highly reported mental health challenges, such as intense sadness, anxiety, and grief through both individual and group counselling. • Develop and disseminate MHPSS-related information, education, and communication materials on stress responses following distressing events, as well as on positive coping mechanisms. • Advocate with the GoI to give the green light to commence family visits to the camp using the Visitors Centre that IOM has set up in collaboration with MoMD, and to explore the feasibility of "go and see" visits to areas of origin. • Advocate with the GoI to address the current uncertainty among returnees and provide them with a clear timeline on when and under what conditions return to areas of origin will be allowed. Advocate with the GoI to ensure that alternatives to return to areas of origin, such as settlement in a third location, are made available to families who are unable or afraid to return.
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<ul style="list-style-type: none"> • Insufficient access to food and basic items and lack of access to income generating opportunities are among the most prominent sources of daily distress among returnees 	<ul style="list-style-type: none"> • Scale up cash for work (CfW) programming in the camp to enable families to earn a basic income, helping them to supplement the food and basic needs assistance already being delivered in the camp through self-purchase. CfW will also help to reestablish a sense of purpose and dignity among returnees. • Establish links between MHPSS and Livelihoods programming to provide community members the access to livelihood and become economically self-reliant.
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Key findings	Recommendations
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MHPSS Capacities and Resources

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| <ul style="list-style-type: none"> • Social and interpersonal support received through personal relationships, especially from supportive family members, were identified as the main resources of the respondents. • However, relationships with other community members, including neighbors, appear to be limited, as everyone is dealing with their own troubles and/or have limited capacity to help others | <ul style="list-style-type: none"> • Establish/increase spaces to create peaceful and inclusive atmosphere for community members to gather and engage in activities together. |
| <ul style="list-style-type: none"> • There were attributions to functional coping mechanisms, such as using problem-solving skills. • However, there were not many references to other inner strengths, such as having self-esteem and self-efficacy which support people in face of adversity. | <ul style="list-style-type: none"> • Organize workshops and group activities to support and enhance problem-solving skills of the respondents. • Organize awareness-raising activities for strengthening functional and coping skills and enhancing inner strengths such as self-esteem and self-efficacy. • Peer support groups that are sensitive to age and gender may set up a forum for adults and adolescents to share experiences and positive coping strategies. This will also add to the sense of cohesion of the community. |

MHPSS Considerations Regarding Reintegration in Areas of Origin

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| <ul style="list-style-type: none"> • Respondents have repeatedly stated the need to return to their hometowns as a major priority that needs to be addressed for better emotional wellbeing and functioning. • However, some returnees also cited fears of being stigmatized and discriminated against by communities in areas of origin. | <ul style="list-style-type: none"> • Collaborate with and mobilize local leaders (community and religious) to promote a promote community acceptance and outreach to returnees • Advocate with the GoI to engage in strategic communications to help destigmatize returnees and promote community acceptance, and to avoid potentially stigmatizing terminology. • Train and provide ongoing supervision to MHPSS personnel involved in the reintegration process regarding the population's needs and perceptions (whether IDPs or the host community) |
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REFERENCES

- **IASC, 2007.** Inter-Agency Standing Committee (IASC), 2007, IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. IASC, Geneva.
- **IOM, 2019a.** International Organization of Migration, 2019a, Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement. IOM, Geneva.



IOM IRAQ

iraq.iom.int

iomiraq@iom.int

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



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