NEEDS ASSESSMENT REPORT: MENTAL HEALTH AND PSYCHOSOCIAL CONDITIONS IN ANBAR
Republic of Iraq, Al-Anbar Governorate, Fallujah and Al-Qaim Districts, October 2020
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ABBREVIATIONS

IDP Internally Displaced Persons
FGD Focus Group Discussion
KII Key Informant Interview
MHPSS Mental Health and Psychosocial Support
NGO Non-governmental Organization
WGSSQs Washington Group Short Set of Questions on Disability
Iraqis living in Anbar Governorate experienced a myriad of atrocities during the occupation of Islamic State of Iraq and the Levant (ISIL). Although the ISIL has fallen, both returnees and others continue to suffer from consequences of the conflict, including mental and psychosocial symptoms.

This Mental Health and Psychosocial Support (MHPSS) assessment outlined causes of these stressors and necessary steps to improve their mental health and psychosocial well-being. The report also details coping strategies of returnees and current gaps in MHPSS services, particularly in the Al-Qaim and Fallujah districts of Anbar Governorate.

Both qualitative and quantitative methods were used for this assessment. The findings are based on 121 activities, reaching 197 respondents through Key Informant Interviews (KII)s that also included surveys and Focus Group Discussions (FGDs). Out of the nearly 200 respondents, 55 were youth aged 14-17 years (33 girls and 32 boys) and 131 were older than 18 years (67 women; 64 men).

Overall, this assessment found that 83 per cent of respondent in Al-Qaim and 90 per cent of respondent in Fallujah reported having emotional distress in the range of moderate to very high (from 5 to 10).

Leading causes of emotional distress differ between the two locations. While displacement, traumatic experiences in the area of origin, and loss of loved ones were the most commonly stated causes of emotional distress in Al-Qaim, displacement, COVID-19 pandemic, living situations/conditions, and lack of job opportunities were the most frequently reported causes of emotional distress in Fallujah.

In terms of resilience building factors, the majority of the KII respondents felt supported by their families in both districts (95% in Al-Qaim and 85% in Fallujah), but more than half of the respondents reported that they do not feel supported by other community members and neighbors (59,53% in Al-Qaim and 57% in Fallujah).

The assessment reveals several notable findings. In Al-Qaim, the most urgent needs were provision of psychosocial support services, including awareness raising sessions; awareness raising activities regarding harassment against women and girls; recreational activities, such as building parks and kindergartens; opening educational and vocational courses and other courses to build computer and literacy skills; and improved access to basic services, such as food, electricity, medicine, and education. The most urgent needs for respondents in Fallujah were addressing mental health conditions, such as depression, anxiety, suicide, addiction, and drug abuse; addressing other psychosocial related issues such as marital conflicts, daily stress, and addiction to technology; restoring hope and establishment of peacebuilding in the community; addressing issues of injustice, inequality, and corruption in the community; and addressing protection-related problems, including gender-based violence (especially domestic violence and child marriage), child neglect, and child labor. The need to enhance the provision of services to persons with special needs was also highlighted.

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1. BACKGROUND

1.1 CONTEXT

More than 6 million people were affected by the displacement crisis in Iraq caused by the Islamic State of Iraq and the Levant (ISIL). While about 480,000 individuals left Anbar Governorate between January and May 2014, others remained in the areas under ISIL control either by choice or force. A second wave of displacement occurred in 2016 in the face of the military campaigns to expel ISIL. As of June 2020, over 1.5 million people have returned to Anbar with Ramadi, Fallujah, and Heet being the three main districts of return.

Fallujah

Fallujah district is located in the east of Anbar Province, approximately about 69 km from Baghdad. According to local authorities, Fallujah’s population is roughly 277,000 people. Fallujah is a relatively urban district with a tribal population consisting of several different Sunni Arab tribes. The security situation in the district is still unstable, and the city is under the control of Iraqi Security Forces (ISF). The majority of people in Fallujah were displaced during ISIL occupation, but have returned back since the area was retaken from ISIL.

Al-Qaim

Al-Qaim is a tribal and rural district is located in the far west of Anbar Province, with population more than 74,000 people. The security situation in the district is still unstable, and there are several access restrictions. During the ISIL attack and occupation, 85 per cent of Al-Qaim’s population were displaced to Kilo 18, Amiryat Al Fallujah and Bzebes camps. After the area was retaken from ISIL, XXX individuals returned to their place of origin. Perhaps in part due to its relative distance, Al-Qaim has long suffered scarcity of services, and insecurity and access restrictions have hindered the recovery effort in the area. It is around 290 km from Ramadi and about 400 km from Baghdad.

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. 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.

In 2004, the National Mental Health Council of Iraq was established with the aim of implementing plans, policies, and legislation addressing the country’s main mental health issues. Developing community MH services, downsizing institutional psychiatric hospitals, developing acute care units in general hospitals, and integrating mental health care into primary health care (PHC) were included among the priorities of the Council. As a result of the progress made with this integration, a special section for PHC was established in the MOH/Baghdad and a primary mental care unit was established in every general directorate of health in all governorates. The Mental Health Policy of Republic of Iraq developed in 2014 was partially implemented. It included an ongoing initiative for the integration of mental health into primary health care and related training and capacity-building for medical staff. There is no specific budget allocation for mental health services.

1.3 ASSESSMENT OBJECTIVES

The main objectives of this assessment were to:

1. Identify mental health and psychosocial problems and needs of returnees in Fallujah and Al-Qaim districts of Anbar Governorate;
2. Explore the community perceptions and understanding of mental health and psychosocial needs and existing resources in target areas;
3. Explore perceptions about the availability, accessibility, and need for MHPSS services.

The data collected will assist IOM Iraq in responding to mental health and psychosocial needs in Falluja and Al-Qaim, as part of broader community stabilization efforts in these locations.

2. METHODOLOGY

2.1 TARGET POPULATION AND SAMPLE SELECTION

The population of interest for this assessment consisted of returnee, IDP, and host community adults and young people aged 14-17 years old in the districts of Fallujah and Al-Qaim. The population of Fallujah is around 277,000 people, while the population of Al-Qaim is 74,000 people. The overall population of Anbar Governorate is 1,771,656. The assessment was implemented through FGDs and KIs across the aforementioned districts.

A stratified sampling strategy was employed to address the assessment questions as it could be reasonably expected that the measurement of interest would vary between the different subgroups. This strategy also ensured representation of all subgroups, namely people of different ages and gender.

The data collection was undertaken over eight days in October 2020. The IOM Psychosocial Needs Assessment in Emergency Displacement, Early Recovery, and Return questionnaires were adapted to create tools for FGDs and KIs targeting stakeholders, returnee adult men, women, and young people in the community. In total, 121 data-gathering activities took place, including 13 FGDs and 108 KIs.
2.2 INFORMATION SOURCES

2.2.1 Focus Group Discussions

The 13 FGDs conducted included 89 individuals. The FGD with stakeholders in Al-Qaim was conducted with the attendance of local authorities, including the Mayor, the Manager of the Government’s Youth and Sports Centre, the Deputy Manager of the primary health care centre (PHCC), the deputy manager of the hospital, a representative from the Social Welfare Directorate, and an assistant police director.

Table 1. Focus Group Discussion participation breakdown

<table>
<thead>
<tr>
<th>FGD Type</th>
<th>Number of FGDs Conducted in Fallujah</th>
<th>Number of FGDs Conducted in Al-Qaim</th>
<th>Total Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>FGD with adult men</td>
<td>2</td>
<td>2</td>
<td>22</td>
</tr>
<tr>
<td>FGD with adult women</td>
<td>2</td>
<td>2</td>
<td>26</td>
</tr>
<tr>
<td>FGD with boys (aged 14-17 years)</td>
<td>1</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td>FGD with girls (aged 14-17 years)</td>
<td>1</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>FGD with stakeholders</td>
<td>0</td>
<td>1</td>
<td>6</td>
</tr>
</tbody>
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Note: The map is for illustration purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration (IOM).
3. RESULTS

3.1 DEMOGRAPHIC DATA OF SURVEY RESPONDENTS

The quantitative assessment is based on survey data collected from 103 respondents in two districts of Anbar governorate, namely Fallujah and Al-Qaim. The number of female respondents (n=52) was almost equal to males (n=51) (Fig. 1), with most respondents (81%) being adults (Fig. 2). Data collected from surveys with 103 individuals provided information on 806 individuals of which 3 per cent were older men aged 60 years and above (n=24), 3.84 per cent were older women aged 60 years and above (n=31), 26 per cent were adult men aged 18-59 years (n=210), 29 per cent were adult women aged 18-59 years (n=230), 22 per cent were boys and male adolescents under 18 years old (n=181), and 16 per cent were girls and female adolescents less than 18 years old (n=130).

Figure 1. Distribution of sexes of respondents

![Distribution of sexes of respondents](image1)

Figure 2. Distribution of ages of respondents

![Distribution of ages of respondents](image2)

In terms of residential status of KII respondents, in Al-Qaim, some 98 per cent were returnees (n=51) and 2 per cent were IDPs (n=1) (Fig. 3). In Fallujah, 92 per cent of participants were returnees (n=55) and the remaining 8 per cent have never been displaced (n=6) (Fig. 4).
The distribution of marital status of adult respondents in Fallujah was relatively more diverse than in Al-Qaim. Most of the respondents were currently married in Al-Qaim (85%, n=29), and the remainder were never married (15%, n=5) (Fig. 7). While most of adults were either never married (51%, n=25) or currently married (35%, n=17), 8 per cent were widowed (n=4) and 6 per cent were divorced (n=3) in Fallujah (Fig. 8). Among the respondents in these two districts, there was only one married respondent aged 14-17 years. She was a female respondent from Fallujah.

When comparing the work status of interview participants from Al-Qaim and Fallujah before the crisis and now, the most distinctive, observed change is the decrease in the number of self-employed respondents, decreasing from 21 per cent (n=10) to zero in Al-Qaim and from 16 per cent (n=10) to 8 per cent (n=5) in Fallujah (Fig. 9 and 10). A Kil respondent in Al-Qaim who used to be self-employed before the crisis described how the economic conditions of his family changed following the crisis as “for the worse, we lost a lot of our possessions and were displaced” (KII, male, Al-Qaim).

While female heads of households accounted for 7 per cent of respondents (n=3) in Al-Qaim, 20 per cent of the households (n=12) were female-headed in Fallujah.

Household data of survey respondents

In this section, the Washington Group Short Set of Questions on Disability (WGSSQs) was used to ensure accurate identification of people with disabilities. WGSSQs included six domains of function including walking, seeing, hearing, cognition, self-care, and communication. Most respondents do not have people with disabilities (in the mentioned domains of function) in their households. 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.

In Al-Qaim, around 17 per cent of households (n=7) have at least one member with a visual disability, 5 per cent (n=2) have at least one member with a hearing disability, 14 per cent (n=6) have at least one member with a disability that impacts their ability to walk or climb steps, 10 per cent (n=4) have at least one member with a disability which impacts their memory and concentration, 14 per cent (n=6) have at least one member with a disability that impacts their capacity to practice self-care, such as washing or dressing, and 7 per cent (n=3) have at least one member with a disability that affects their capacity to communicate, such as understanding or being understood. Two persons in Al-Qaim and two persons in Fallujah with a type of disability that impacts their ability to walk or climb steps were included in the KIIs.

In Fallujah, 8 per cent of households (n=5) have at least one member with a visual disability, 2 per cent (n=1) have at least one member with a hearing disability, 25 per cent (n=15) have at least one member with a disability that impacts their ability to walk or climb steps, 8 per cent (n=5) have at least one member with a disability that impacts their memory and concentration, 16 per cent (n=10) have at least one member with a disability that impacts their capacity to practice self-care such as washing or dressing, and 8 per cent (n=5) have at least a member with a disability that affects their capacity to communicate, such as understanding or being understood.
3.2 LIVING CONDITION OF THE RETURNEES

Almost half of the respondents in Al-Qaim (45%; n=19) reported living in their own houses, whereas more respondents (64%, n=39) did so in Fallujah (Fig.13). Living with others, such as other family members, followed as the second most reported housing type in Al-Qaim (38%, n=16) while rented house followed as the second most reported housing type in Fallujah (21%, n=13).

Respondents were asked whether their families faced a threat of eviction at any moment and how strongly they felt such a threat, if any. Most respondents in Al-Qaim (88%, n=37) reported no threat of eviction. Relatively more respondents in Fallujah (20%, n=12) reported having some level of concern about the threat of eviction. A strong correlation between the housing types and perceived threat of eviction among the respondents in both districts was observed. All respondents who stated a level of concern about the threat of eviction reported being concerned about their children’s safety whereas 26 per cent in Fallujah (n=6) reported such concern about their children’s safety (Fig.15).

Respondents who have children (n=50) were asked how safe they feel about their children and the areas they play around in. This question was asked to understand their perceived safety of children. Approximately 19 per cent of respondents with children in Al-Qaim (n=5) reported being concerned about their children’s safety whereas 26 per cent in Fallujah (n=6) reported such concern about their children’s safety (Fig.15).

When asked about experiences of discrimination, 14 per cent of the respondents in Al-Qaim (n=6) and 7 per cent in Fallujah (n=4) reported experiencing discrimination (Fig. 16). Respondents who have reportedly been discriminated in Al-Qaim explained that they have been discriminated against because of their ethnicity, sect, disability, and problems within the family. In Fallujah, reasons for discrimination included financial status, power/social status, and clan related issues. Sadness, injustice, anger, helplessness, desire for revenge, and discomfort were mentioned as the feelings that stem from experiences of discrimination. Respondents were also asked whether everyone living around them are treated the same way, and 33 per cent in Al-Qaim (n=14) and 7 per cent in Fallujah (n=4) stated that they are not. Youth, women, and economically disadvantaged persons in Fallujah and women, men, PhDs, families with missing persons, families who are economically disadvantaged, older people, and families of armed groups in Al-Qaim were indicated as the most vulnerable groups by those who reported inequalities.

Displacement (93%; n=39), traumatic experiences that occurred in their area of origin (76%; n=32), and loss of loved ones (40%; n=17) were the most stated causes of emotional distress in Al-Qaim (Fig. 19). A service provider in Al-Qaim emphasized the issue of missing men/husbands in Al-Rumana sub-district as having a great impact on the mental health and psychosocial wellbeing of women/diifers in the community (KII, stakeholder, Al-Qaim).

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3.3 PSYCHOLOGICAL AND PSYCHOSOCIAL NEEDS

KII respondents were also asked about the traditional words used to define emotional distress and uneasiness and whether this feeling is widespread in the community. Based on the answers received, discussions around psychological and psychosocial needs used the same terminology, preventing possible cultural misunderstandings around mental health conditions and biases around speaking of them. A reported 86 per cent of respondents in Al-Qaim and 97 per cent of respondents in Fallujah believe that the emotional distress is widespread in the community. The levels of emotional distress were prominent among both male and female respondents. When asked how strongly they feel such an emotional distress themselves from a scale of 0 to 10, 83 per cent of the respondents in Al-Qaim (n=35) and 90 per cent of the respondents in Fallujah (n=55) reported having emotional distress in the range of moderate to very high (from 5 to 10). Male respondents in Al-Qaim reported higher levels of distress than male respondents. The opposite phenomenon was observed in Fallujah.

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KII respondents in Fallujah appeared to be more affected by the recent developments and issues related to COVID-19. Similar to Al-Qaim, more than half of the population in Fallujah reported displacement as a cause of emotional distress (57%, n=35). However, other causes which were given included COVID-19 (44%; n=27), living situations/conditions (38%; n=23), and lack of job opportunities (26%; n=13). These answers varied considerably from participants from Al Qaim (Fig. 19 and 20).

Figure 20. Causes of emotional distress in Fallujah

- Displacement: 57%
- COVID-19: 44%
- Living situation/conditions: 38%
- Lack of job opportunities: 26%
- Financial situation: 15%
- Curfew and lockdowns: 12%
- Traumatic experiences: 10%
- Loss of loved ones: 8%
- Fear of losing loved ones: 2%
- Family problems: 2%

Figure 21 and 22 illustrate the mental health impact caused by emotional distress of KII survey respondents. Anxiety (81% in Al-Qaim; 85.24% in Fallujah), sadness (78.57% in Al-Qaim; 79% in Fallujah), sleep problems (67% in Al-Qaim; 80% in Fallujah), and family issues (relationship problems) (52% in Al-Qaim; 67% in Fallujah) were highly prominent among the respondents in both districts. Other symptoms reported included excessive thinking (2%, n=1), fear (5%, n=2), and feelings of isolation (2%, n=1) in Al-Qaim, and feelings of tension (2%, n=1) and feeling of isolation (2%, n=1) in Fallujah.
The loss of a sense of safety appeared to be among the most prominent impacts of the crisis among the community members.

**FEEDBACK FROM PARTICIPANTS**

“I lost the feeling of safety and need to regain my life and strength.”

— KII, female adult, Fallujah

The FGD conducted with stakeholders in Al-Qaim summarized the impact of the crisis for the community.

**FEEDBACK FROM PARTICIPANTS**

“The crisis significantly affected the district’s state. Poverty increased because many [people] lost their jobs and businesses after the occupation of ISIL. The economic situation is very bad. Moreover, the infrastructure has been damaged by ISIL, which left the city with poor infrastructure. Many have been killed by ISIL, leaving many widows, orphans and missing persons. For now, there are more than 3,500 missing persons because of ISIL. You can see that people have panic as a reaction to the events that occurred, people are suffering from mental breakdowns, living with constant anxiety, and many have become hopeless…. many are still grieving.”

— FGD with stakeholders, Al-Qaim

Kill respondents were asked how men, women, adolescents, children, and older people are impacted by the crisis and what kind of tasks are difficult for them. As emphasized by almost all Kill respondents, men face difficulties finding work due to lack of opportunities. Due to these difficult circumstances, men are unable to complete tasks, such as providing the needs and safety of their families, which make them feel anxious, nervous, and remain tense most of the time. The responses were similar in Al-Qaim and Fallujah except that the nervousness and tension among men and the psychological effects of curfews were reportedly more common in Fallujah than in Al-Qaim.

**FEEDBACK FROM PARTICIPANTS**

“I am unable to play, work, or take care of myself, because I have special needs.”

— KII, male adolescent, Fallujah

Children reportedly have problems with concentration at school, are neglected and play in unsafe areas due to lack of safe spaces, especially in Al-Qaim district. The ones who lost their fathers might also be expected to work to support their families. As a result of not being able to reintegrate, they may lose their temper, become more aggressive and agitative, and have no outlet for their energy. Most children are affected by COVID-19 restrictions, in being unable to go to school and socialize. A teenager respondent with a disability that impacted his ability to walk or climb steps emphasized his feeling of helplessness stemming from his disability.

**FEEDBACK FROM PARTICIPANTS**

“I can’t move easily because of my disability, so I do household things quickly, or even take care of my children.”

— KII, female, Al-Qaim

**3.4 MHPSS CAPACITIES AND RESOURCES**

**3.4.1 Coping strategies**

Kill respondents were asked to identify the coping strategies used by men, women, adolescents, children, and older people. Table 3 lists the main coping strategies used by these groups.

<table>
<thead>
<tr>
<th>GROUP OF CONCERN</th>
<th>DISTRICT</th>
<th>COPING STRATEGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kill (KII)</td>
<td>Al-Qaim</td>
<td>• Meeting with friends and relatives</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Trying to find job opportunities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Being preoccupied with gardening or maintenance of the house</td>
</tr>
<tr>
<td>Kill (KII)</td>
<td>Fallujah</td>
<td>• Going for a walk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Smoking</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Communicating with friends and relatives</td>
</tr>
<tr>
<td>Older people</td>
<td></td>
<td>• Trying to forget about the problems through socializing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Leaving things to time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Watching TV</td>
</tr>
<tr>
<td>Older people</td>
<td></td>
<td>• Sitting alone</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Watching TV</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Spending time on social media</td>
</tr>
</tbody>
</table>

**Table 3. Coping Strategies of Groups of Concern**
### Community sources of support

Most of the KII respondents reported having either good (69% in Al Qaim; 50% in Fallujah) or very good relationships (26% in Al Qaim; 45% in Fallujah) (Figure 22) with their families. In both districts, 95% of respondents in Al Qaim and 85% in Fallujah felt supported by them (Fig. 23).

Adolescents also reported being supported financially and materially and encouraged to continue studying. Those who did not feel supported explained this by saying that their families had nothing with which to support them, that there was no one to support them, or that they did not have good relationships with their families.

Participants in both districts mainly emphasized the psychological support they receive from their family members during difficult circumstances. They reported to get help make decisions and solve their various problems.

#### Feedback from Participants

“I am supported by them especially in tough days and harsh conditions where they try to lift my spirits and support me psychologically.”

— KII, female adult, Fallujah
More than half of the KIL respondents reported not feeling supported by other community members and neighbors both in Al-Qaim (60%; n=25) and in Fallujah (57%; n=35) (Figure 24). When asked about the reason for this situation, 88% of the respondents who do not feel supported in Al-Qaim (n=22) explained it as a consequence of the problems all community members share.

**FEEDBACK FROM PARTICIPANTS**

“Because every person is interested in his problems and circumstances.”
– KII, male adult, Al-Qaim

Those who feel supported receive such support from their friends, neighbors and other relatives through moral and financial support.

**FEEDBACK FROM PARTICIPANTS**

“I am supported by my friends morally as they encourage me to face pressures, find work and increase my income.”
– KII, male adult, Fallujah

Respondents in both districts identified widows (83%, n=35 in Al-Qaim; 64%; n=39 in Fallujah) and older people (74% n=31 in Al-Qaim; 66%; n=40 in Fallujah) as the groups that suffer most from displacement. Other answers included families with missing persons in Al-Qaim (5%; n=2) and teenagers in Fallujah (8%; n=5). A reported 49 per cent of KII respondents in Al-Qaim (n=20) and 66 per cent of KII respondents in Fallujah (n=46) stated that these groups are not supported by the community. The reasons given were the high level of need and limited services available in Fallujah. In Al-Qaim, the lack of support to the vulnerable groups was justified by these the preoccupation of community members with their own problems.

**Table 4. Mapping of existing services in Al-Qaim**

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>MHPSS LEVEL OF CARE</th>
<th>MHPSS LEVEL OF CARE</th>
<th>MHPSS LEVEL OF CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al-Obaid</td>
<td>PUI</td>
<td>PUI</td>
<td>PUI</td>
</tr>
<tr>
<td>General Hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Al-Qaim</td>
<td>NRC, UIMS</td>
<td></td>
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</tbody>
</table>

**Table 5. Mapping of existing services in Fallujah**

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>MHPSS LEVEL OF CARE</th>
<th>MHPSS LEVEL OF CARE</th>
<th>MHPSS LEVEL OF CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al-Habbaniyah (Camp)</td>
<td>PUI</td>
<td>PUI</td>
<td>PUI</td>
</tr>
<tr>
<td>Fallujah: Al-Moalmin neighborhood</td>
<td>IOM</td>
<td>IOM</td>
<td></td>
</tr>
<tr>
<td>Saqlawiyah</td>
<td>UIMS</td>
<td>PUI</td>
<td>PUI</td>
</tr>
<tr>
<td>Ramadi</td>
<td>IRC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fallujah</td>
<td>War-child</td>
<td>War-child</td>
<td>War-child</td>
</tr>
<tr>
<td>Fallujah</td>
<td>DARY</td>
<td>DARY</td>
<td>DARY</td>
</tr>
<tr>
<td>Ramadi</td>
<td>Cordaid</td>
<td>Cordaid</td>
<td>Cordaid</td>
</tr>
</tbody>
</table>

**Challenges faced providing MHPSS services**

Lack of qualified psychologists and psychiatrists to provide essential support remains as one of the most important problems in mental health care provision in both districts. In general, health services were reported to require the support of additional medical staff and specialists, and staff in PHCCs were reported to lack sufficient capacity to deliver MHPSS services.

A FGD with the stakeholders led by the Mayor of Al-Qaim and a KII and INGO staff revealed that there are gaps in terms of infrastructure and supplies. For example, there is no venue for children and adolescents to conduct recreational activities including sports. There is also no electronic database linked to the provision of health services, and certain medical devices were lacking.
3.6 REQUESTS TO IMPROVE THE LEVEL OF MHSS

All of the KII responders in both districts (n=42 in Al-Qaim; n=61 in Fallujah) confirmed that there are people in the community who need psychological or psychosocial support. A reported 86 per cent of the respondents in Al-Qaim (n=36) and 89 per cent of the respondents in Fallujah (n=54) think that people in the community would access psychological or psychosocial support if it was available. In explaining this, they highlighted that such support is needed to alleviate distress and psychological pressures, and that a safe place where people can speak freely is needed.

As supported by the data in other sections of the assessment, responders in Fallujah reported much higher distress stemming from the COVID-19 pandemic, which affected most of them financially. In Al-Qaim, 2 per cent of the respondents (n=5) stated that such support would help reduce psychological pressures between the families and forget about the past. Most of those who did not think that people would go seek psychological support even if it is provided (n=4 in Al-Qaim; n=7 in Fallujah) referred to the stigma around receiving psychosocial support in the community. The issues that need to be addressed in the community in Al-Qaim included:

- Provision of psychosocial support services including awareness raising sessions;
- Roll out of measures to raise awareness on harassment against women and girls;
- Provision of support to recreational activities through building of parks and kindergartens, organization of educational and vocational courses, such as courses to build computer and literacy skills;
- Roll out of measures to improve access to basic services, such as food, electricity, medicine, and education.

Adolescent participants of FGDs in Al-Qaim agreed that they have special/different needs compared to adults, including places for recreational activities such as sports and other entertainment activities. They also expressed their expectations on parental support and a positive family atmosphere.

Asking the respondents in Al-Qaim which actions they think could be taken to improve wellbeing in the community showed a demand for various MHSS activities (Figure 27).

In Fallujah, 27 per cent of the respondents (n=22) stated that their children do not have any extracurricular activities including sports and child marriage issues to be addressed.

Similar to the answers provided in Al-Qaim, KII respondents in Fallujah provided diverse answers to the question asking for their opinion on the most important actions to be taken to improve wellbeing in the community (Fig. 28). The prominent differences in this respondent group were the higher demand of financial aid and awareness raising on psychological and psychosocial issues.

In line with the request for recreational activities and places for children and youth, 96 per cent of respondents who reported having children in Al-Qaim (n=26) and 88 per cent of respondents who reported having children in Fallujah (n=22) stated that their children do not have any extracurricular activities after school.

Lastly, the KII responders were asked about their aspirations for themselves and their families. The answers of adult female respondents in both districts focused on having stability and safety for their families, improving their living conditions, and being free from health problems including mental health conditions. Adult male responders expressed their aspirations around having stable jobs and salaries, owning their own houses, having stability and safety for their families.

FEEDBACK FROM PARTICIPANTS

People need places of entertainment and safe places to talk about their feelings without fear. – KII, male adult, Fallujah

Because they live in a state of introversion and isolation, and fear makes them tired and anxious. – KII, female adult, Fallujah

The most important aspiration is stability in work and providing what my family needs, and I look forward to my children being able to live in a stable society. – KII, male adult, Al-Qaim

My ambitions are to get treatment, an electric wheelchair, and a monthly salary for my family. – KII, female adult, Fallujah

Figure 27. Services requested in Al-Qaim

Recreational places / courses 38%
Women safe places 31%
Vocational courses 29%
Kindergarten / Child safe spaces 21%
Literacy courses 19%
PSS & Counselling 14%
Livelihood programmes 10%
Improving basic services 7%
Health services 5%

Figure 28. Services requested in Fallujah

Recreational places / courses 59%
PSS & Counselling 52%
Financial aid 49%
Awareness raising on PSS 41%
Livelihood programmes 36%
Services for people with special needs 7%
Women safe places 7%
Kindergarten / Child safe spaces 3%

Respondents in Fallujah provided more detailed needs to be addressed in the community:

- Addressing mental health conditions, such as depression, anxiety, suicide, addiction, and drug abuse;
- Addressing other psychosocial related issues such as marital conflicts, daily stress, addiction to technology;
- Restoring hope and establishment of peacebuilding in the community;
- Addressing issues of injustice, inequality, and corruption in the community;
- Addressing protection related problems, including gender-based violence (esp. domestic violence and child marriage), child neglect, child labor and exploitation, and gaps in services for persons with special needs.

While the data from the FGDs with male adults in Fallujah focuses on the domestic conflicts leading to divorce, emotional abuse and domestic violence against women and children as the most urgent psychosocial needs to be addressed in the near future.

Female adults focused more on issues regarding equality among people, justice, and psychosocial distress that caused violence in the region.

Both male and female adolescents in Fallujah reported psychosocial conditions such as grief, anger, anxiety, sadness with male adolescents emphasizing the domestic violence and child marriage issues to be addressed.

Adolescent participants of FGDs in Fallujah also agreed that they have special/different needs compared to adults. These needs include activities and workshops for personal development and self-confidence, places for recreational activities including courses.

Addressing mental health conditions, such as depression, anxiety, suicide, addiction, and drug abuse;
- Addressing other psychosocial related issues such as domestic violence between families and forget about the past.
- Providing places for recreational activities such as sports and other entertainment activities.
- Providing parental support and a positive family atmosphere.

Adolescent participants of FGDs in Al-Qaim agreed that they have special/different needs compared to adults, including places for recreational activities such as sports and other entertainment activities. They also expressed their expectations on parental support and a positive family atmosphere.

Asking the respondents in Al-Qaim which actions they think could be taken to improve wellbeing in the community showed a demand for various MHSS activities (Figure 27).
3.7 ISSUES TO BE CONSIDERED PROVIDING MHPSS SERVICES

In order to ensure that the MHPSS services provided are sensitive to cultural issues, do no harm to the community members and community members’ participation to the design of the activities is enhanced, FGD participants were asked about the essential concerns, beliefs, and cultural issues that aid providers should be aware of when providing MHPSS for the community. Table 4 illustrates that there were significant differences among male and female respondents’ answers, although there was no difference observed between the districts.

Table 6. Issues to be considered providing MHPSS services

<table>
<thead>
<tr>
<th>GROUP OF CONCERN</th>
<th>ISSUES TO BE CONSIDERED PROVIDING MHPSS SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male respondents in Al-Qaim and Fallujah</td>
<td>• Respecting the culture and the traditions&lt;br&gt;• Security measures to be considered&lt;br&gt;• Avoiding false promises&lt;br&gt;• Ensuring the confidentiality of the services&lt;br&gt;• Taking individual differences into account</td>
</tr>
<tr>
<td>Female respondents in Al-Qaim and Fallujah</td>
<td>• Ensuring mutual respect&lt;br&gt;• Avoiding to openly talk about some sensitive topics such as politics and affiliations, tribalism&lt;br&gt;• Avoiding discrimination between the members of the society&lt;br&gt;• Avoiding interference in personal matters&lt;br&gt;• Arranging the time and place of services in line with women’s availability and needs&lt;br&gt;• Avoiding mixing men and women&lt;br&gt;• Avoiding false promises&lt;br&gt;• Ensuring the confidentiality of the services</td>
</tr>
</tbody>
</table>

4. KEY FINDINGS AND RECOMMENDATIONS

The broader purpose of this assessment was to inform the strategic approaches and concrete MHPSS interventions and to promote longer-term and sustainable solutions for Al-Qaim and Fallujah districts of Anbar governorate. As the findings indicate different needs in certain areas, recommendations are provided accordingly.

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

Ensure the inclusivity of MHPSS services for different vulnerable groups, including men and women, older people and people with disabilities:

- Ensure that all interventions are implemented with the necessary arrangements for people with disabilities, and that accessibility is taken into account, such as through use of voice records or brochures in braille for individuals with visual impairments;

- Ensure that all interventions are sensitive to gender, gender norms and discrimination. Be mindful of stress factors impacting girls and boys, such as pressure on girls to marry or pressure on boys to find a job and sustain their families. Include gender analysis in programme design and implementation; and

- Consider factors that impact accessibility of services to different groups, such as lack of safe spaces/childcare unit, timing of activities, social norms and values that impede girls’ and women’s access, working schedules of men/women, accessibility of the venues, and the need for transportation, etc.
### Psychological and Psychosocial Needs

#### Key Findings

- Emotional distress is reported to be widespread in the community. An overwhelming number of respondents (83.33% in Al-Qaim and 90.16% in Fallujah) reported having emotional distress from moderate to very high stress levels.

- Displacement, loss of loved ones, and traumatic events are among the most stated causes of the emotional distress. While respondents in Al-Qaim emphasized the need for awareness raising activities on MHPSS related issues, respondents in Fallujah pointed out the need to address depression, anxiety, suicide, addiction and drug abuse.

- Community members, especially adolescents, are in need of communal spaces where they could do recreational activities, receive courses or trainings related to their hobbies and do sports.

- The need for creating job opportunities through livelihood programmes including but not limited to supporting agriculture sector was addressed by the interviewed stakeholders as well.

- Particularly reported in Al-Qaim, families with missing persons' women with missing husbands have various MHPSS conditions including depressive and anxiety symptoms.

- Partly supported by the electronic infrastructure, community members at times of anxiety and feeling of isolation. This down with practical exercises which could be practiced by the community members to access livelihood and become economically self-reliant.

- Mental health and psychosocial support for families of missing persons in Sri Lanka: A retrospective cohort study.

#### Recommendations

- Provide both specialized and focused non-specialized MHPSS services ranging from psychological first aid to psychiatric treatment.

- Address highly reported mental health disorders such as depression, anxiety, addiction, and drug abuse and problems such as suicide through individual counselling and support group sessions.

- Use psychoeducation and awareness raising activities to address other psychosocial issues such as marital conflicts, daily stress, addiction to technology. Couple/family counselling could also be provided in order to address marital conflicts.

- Raise awareness about mental health and psychosocial issues and availability of care to increase the likelihood of community members seeking assistance once the MHPSS programme is established in both districts.

- Target and include community leaders and local authorities in the process of services establishment as well to increase the accessibility to people and to make the efforts sustainable.

- Develop and disseminate MHPSS-related information, education, and communication materials on stress responses following distressing events, as well as on positive coping mechanisms.

- Ensure the availability of specialized services including psychological, psychotherapeutic or psychiatric treatment for people with severe mental disorders.

- Establish/increase facilities and services for recreational activities such as arts, music and sports, and conduct them on a regular basis at a higher frequency. Ensure the sustainability of the facilities and services promoting functional skills and increasing confidence and provide closer ties between the facilities/NGOs.

- Provide psychoeducation on possible psychosocial effects of lockdowns with practical exercises which could be practiced by the community members at times of anxiety and felling of isolation. This could be supported with recreational activities to break the cycle of isolation and feel more connected with other people.

- Prepare back-up logistics plans including the electronic infrastructure for such activities to be conducted online in case of future lockdowns/curfews.

- Advocate for the provision of basic services that are safe, accessible and that protect dignity of the community members through documenting the services' impact on the mental health and psychosocial well-being of the populations; influence humanitarian actors to deliver these services in a safe and socially appropriate way.

- Implement integrated programming that includes support to community members to access livelihood and become economically self-reliant. Establish links between MHPSS and Livelihoods programming.

- Pursue partnerships and collaboration through establishment of referral pathways with government entities and other organizations to address the basic and livelihood needs of the community members.

- Advocate for an active search of the missing persons’ fate and whereabouts keeping in mind that this clarification process is often lengthy and complex.

- Help families cope with not knowing the fate and whereabouts of their missing relatives, reduce distress, break their social isolation and resume more functional lives, rather than “fixing” their psychological problems and/or making them forget and move on.

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KEY FINDINGS

Protection Related Needs

- The protection risks prevalent in the districts are multifaceted. They stem from complex factors linked to unemployment and lack of services in the districts. These risks are experienced on different levels by community members.

- Advocates for the provision of basic services that are safe, accessible, and that protect dignity of the community members through documenting the services’ impact on the mental health and psychosocial well-being of the populations. Influence humanitarian actors to deliver these services in a safe and socially appropriate way.

- Protection related problems include gender-based violence including domestic violence and child marriage, neglect of children, child labor, exploitation, and services for persons with special needs, with GBV-related problems being more reported in Fallujah.

- Ensure the MHPSS and protection services are integrated – neither should take place without consideration for the other. Effective referral pathways should be established to address other needs of the protection cases.

- Address the MHPSS needs of the community members with protection concerns, such as through provision of psychosocial support to gender-based violence survivors.

- In coordination with protection services/actors, target caregivers in transforming social and gender based norms that enable child labor and child marriage. Organize/support mobilizing community-based volunteers and campaigns focusing on the mental and physical harm of child marriage and child labor on children.

- There was a high demand for women and girls’ safe spaces where women and girls could go to, take courses/trainings, socialize, and leave their children safely in the childcare unit of the centre as requested in both districts, in Al-Qaim at a higher rate.

- Identify possible models of conducting recreational activities and informal learning sessions for women and girls only venues, either by arranging the time schedule or allocating a separate space for women and girls.

RECOMMENDATIONS

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KEY FINDINGS

MHPSS Capacities and Resources

- Social and interpersonal support received through personal relationships, especially from supportive family members were identified as resources of the respondents.

- However, community relations among the members including the neighbors appear to be limited as explained by the respondents because everyone dealing with their own daily troubles and/or not caring about each other.

- Although, there were attributions to functional coping mechanisms such as doing physical activities including going for a walk and visiting friends, there was not much of reference to inner strengths, such as having self-esteem and self-efficacy which support people in face of adversities.

- Establish/increase spaces to create peaceful and inclusive atmosphere for community members to gather and engage in activities together. Different responsibilities may be distributed among people such as gardening or organizing events; working together may increase their relationships and therefore their sense of community.

- Although Iraq developed a mental health policy in 2014 integrating MH services within the PHC services, the system does not appear to function effectively in both districts, but especially in Al-Qaim. This is due to excessive amount of needs and lack of capacity in various areas.

- Advocate for a better implementation of the mental health policy in place and support the local authorities to tailor the services according to the specific context.

- Place trained staff in PHCs as a part of the integrative approach to MHPSS services in line with the MH policy of the country. Assessments on the capacity development gaps and needs should be assessed and their capacity development plans should be built accordingly, combining practical and theoretical approaches and exercises that enhance learning. Trainings on MHPSS interventions should include regular and systematic supervision, on-site coaching, and field practice.

- There is shortage of the provision of mental health and psychosocial support services because there are very few actors/organizations providing these services. Those few services are mostly provided through mobile clinics, outreach services, and referrals.

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MHPSS Service Providers

- Design holistic and complementary MHPSS programmes that are more accessible and diverse ensuring the coordination with other service providers in order to avoid the overlap.

- Provide capacity-building/enhancement activities to MHPSS service providers. Trainings on MHPSS interventions should include regular and systematic supervision, on-site coaching and field practice.

- Establish coordination mechanisms such as MHPSS working groups in Anbar and involve the relevant authorities (e.g. Directorate of Health-Anbar) to take leadership to ensure sustainability of the coordination.

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ANNEX 1: FOCUS GROUP DISCUSSION PROTOCOL FOR ADULTS

FOCUS GROUP DISCUSSION WITH ADULTS

Date:
Location:
Gender group (choose): Male ☐ Female ☐

Number of FGD participants and their ages:

"Thank you for coming today. You have been asked to participate in a focus group conducted by International Organization for Migration (IOM). IOM is a humanitarian organization helping communities meet basic needs and rights. My name is _____, and this is _____ We will be facilitating our discussion today. The goal of the focus group is to better understand the psychosocial needs of people living here. You can choose whether or not to participate in the focus group and stop at any time. We cannot promise to give you support in exchange for this interview/discussion. We are only here to ask questions and learn from your experiences. There are no right or wrong answers to the focus group questions. We want to hear many different viewpoints and would like to hear from everyone. We hope you can be honest even when your responses may not be in agreement with the rest of the group. In respect for each other, we ask that only one individual speak at a time in the group and that responses made by all participants be kept confidential. Do you understand this information and agree to participate fully under these conditions?"

Key Agenda Items

1. Population Background: “Firstly, we would like to learn about the population in this area and I will start with some general questions.”
   1.1 Can you provide us a general picture about the population in Fallujah/Al-Qaim?
   1.2 What is the effect of the crisis on the population?
   1.3 Do the families have any restriction on the freedom of movement in their current residence?
   1.4 Are there people with special needs in the community?
   1.5 Are these people supported by the community? And how?

2. MHPSS Needs and Capacities: “Now we would like to ask some questions related to the mental health and psychosocial wellbeing of the community living here. We know that emergencies and humanitarian crisis create wide range of problems experienced at individual, family, and community level. These problems affect the way we think and feel about ourselves and others, the way we function and behave and the way we relate to others in the community. As a result of these crisis, we might feel distress and suffering at different levels depending on our personality, the severity of the experience, and the support we receive from others."
   2.1 What do you think are the most urgent psychosocial needs to be addressed for the community in the near future?
   2.2 What do people do (individually and as a community) to deal with these psychological needs/problems? Does doing that help with the problem?
   2.3 How do these problems affect your family and your relationship with your children?
   2.4 How have children and adolescents impacted by the crisis?
   2.5 What do community members usually do to reduce the upset/distress of children and youth? What kind of things do children do to deal with such problems? Does doing that help with the problem?
   2.6 What are the (environmental, familial, and individual) factors facilitating and complicating the adaptation and social cohesion of children and the families?
   2.7 What community-based resources (human, material, financial) and local services are available to provide support to vulnerable children and adults?

3. Needs response: “As we have discussed about the psychosocial needs and the capacities of the community, we also would like to discuss how we can address these needs. We are aware that there might be needs in various areas of your lives, however, we would request you to stick to the psychosocial needs we have just discussed about.”
   3.1 What do you think are the concrete actions that could be taken to improve the overall psychosocial well-being of the community? What kind of activities would you suggest being conducted for individuals and communities?
   3.2 Would you and other people in the community go for psychological and psychosocial support if it is provided?
   3.3 What are the essential concerns, beliefs, and cultural issues that aid providers should be aware of when providing mental health and psychosocial support for the community? What actions should be avoided?

"My questions have finished but if there is anything you would like to add or ask, please feel free to do that. Thank you very much for your participation and contribution to this assessment."
ANNEX 2: FOCUS GROUP DISCUSSION PROTOCOL FOR YOUTH

FOCUS GROUP DISCUSSION WITH YOUTH (AGED 14-17)

Date:
Location:
Gender group (choose): Male □ Female □
Number of FGD participants and their ages:

“Thank you for coming today. You have been asked to participate in a focus group conducted by International Organization for Migration (IOM). IOM is a humanitarian organization helping communities meet basic needs and rights. My name is _____, and this is ______. We will be facilitating our discussion today. The goal of the focus group is to better understand the psychosocial needs of people living here. You can choose whether or not to participate in the focus group and stop at any time. We cannot promise to give you support in exchange for this interview/discussion. We are only here to ask questions and learn from your experiences. There are no right or wrong answers to the focus group questions. We want to hear many different viewpoints and would like to hear from everyone. We hope you can be honest even when your responses may not be in agreement with the rest of the group. In respect for each other, we ask that only one individual speak at a time in the group and that responses made by all participants be kept confidential. Do you understand this information and agree to participate fully under these conditions?”

Key Agenda Items

1. Population Background: “Firstly, we would like to learn about the population in this area and I will start with some general questions.”
   1.1 Can you provide us a general picture about the population in Fallujah/Al-Qaim?
   1.2 What is the effect of the crisis on the population?
   1.3 What kinds of problems do youth have because of the crisis? What are the main needs?

2. MHPSS Needs and Capacities: “Now we would like to ask some questions related to the mental health and psychosocial wellbeing of the community living here. We know that emergencies and humanitarian crisis create a wide range of problems experienced at individual, family, and community level. These problems affect the way we think and feel about ourselves and others, the way we function and behave and the way we relate to others in the community. As a result of these crises, we might feel distress and suffering at different levels depending on our personality, the severity of the experience, and the support we receive from others.”
   2.1 What do you think are the most urgent psychosocial needs to be addressed for the community in the near future?
   2.2 Do youth have special/different needs compared to adults? If yes, what are they?
   2.3 What do you do to deal with these psychological needs/problems? [Prompt: Things you do by yourself, things you can do with your families or things you do with your community?] Does doing that help with the problem?
   2.4 What are the [environmental, familial, and individual] factors facilitating and complicating the adaptation and social cohesion of youth and adults?
   2.5 What community-based resources (human, material, financial) and local services are available to provide support to youth in need? To whom do you turn for help and support?

3. Needs response: “As we have discussed about the psychosocial needs and the capacities of the community, we also would like to discuss how we can address these needs. We are aware that there might be needs in various areas of your lives, however, we would request you to stick to the psychosocial needs we have just discussed about.”
   3.1 What do you think are the concrete actions that could be taken to improve the overall psychosocial wellbeing of the community?
   3.2 What kind of activities would you suggest being conducted for youth, adults and communities in general?
   3.3 What kind of activities do you think would help improve your relationship and dialogue with your parents and other family members?
   3.4 Would you and other people in the community go for psychological and psychosocial support if it is provided?
   3.5 What are the essential concerns, beliefs, and cultural issues that aid providers should be aware of when providing mental health and psychosocial support for the community? What actions should be avoided?

“My questions have finished but if there is anything you would like to add or ask, please feel free to do that. Thank you very much for your participation and contribution to this assessment.”
FOCUS GROUP DISCUSSION WITH STAKEHOLDERS

Date:
Location:
Number of FGD participants:
Stakeholders details (Name of the organization, his/her position, contact details):

“Thank you for coming today. You have been asked to participate in a focus group conducted by International Organization for Migration (IOM). IOM is a humanitarian organization helping communities meet basic needs and rights. My name is ______, and this is ______. We will be facilitating our discussion today. The goal of the focus group is to better understand the psychosocial needs of people living here. You can choose whether or not to participate in the focus group and stop at any time. We cannot promise to give you support in exchange for this interview/discussion. We are only here to ask questions and learn from your experiences. There are no right or wrong answers to the focus group questions. We want to hear many different viewpoints and would like to hear from everyone. We hope you can be honest even when your responses may not be in agreement with the rest of the group. In respect for each other, we ask that only one individual speak at a time in the group and that responses made by all participants be kept confidential. Do you understand this information and agree to participate fully under these conditions?”

Key Agenda Items

1. Background: “Firstly, we would like to learn about the population in this area and I will start with some general questions.”
   1.1 Can you provide us a general picture about the population in Fallujah/Al-Qaim?
   1.2 What is the effect of the crisis on the population? What are the main needs?
   1.3 Are there people with special needs in the community?
   1.4 Are these people supported by the community? If yes, how?
   1.5 Are there any existing mental health and psychosocial provisions for the displaced community in the area? If yes, could you elaborate on that? (Prompt: What kind of services are available? Who is providing these services? Are they accessible for all genders, ages and groups?)

2. MHPSS Needs and Capacities: “Now we would like to ask some questions related to the mental health and psychosocial wellbeing of the community living here. We know that emergencies and humanitarian crisis create wide range of problems experienced at individual, family, and community level. These problems affect the way we think and feel about ourselves and others, the way we function and behave, and the way we relate to others in the community. As a result of these crisis, we might feel distress and suffering at different levels depending on our personality, the severity of the experience, and the support we receive from others.”
   2.1 What do you think are the most urgent psychosocial needs to be addressed for the community in the near future?
   2.2 What are the [environmental, familial, and individual] factors facilitating and complicating the adaptation and social cohesion of children and the families?
   2.3 What community-based resources (human, material, financial) and local services are available to provide support to vulnerable children and adults?
   2.4 From a long-term perspective, what do you think are the main structural psychosocial support systems to be established?
   2.5 Which of these needs are longstanding and which are the result of the new social, political and security situations?
   2.6 Is there any structure that helps you coordinate among the local government authorities, such as DOH, DOLSA) and other organizations? If yes, could you please elaborate on that?

3. Needs response: “As we have discussed about the psychosocial needs and the capacities of the community, we also would like to discuss how we can address these needs. We are aware that there might be needs in various areas of their lives, however, we would request you to stick to the psychosocial needs we have just discussed about.”
   3.1 What resources would be needed to address those needs?
   3.2 What could be IOM’s technical role in supporting these projects/strategies?
   3.3 What do you think are the concrete actions that could be taken to improve the overall psychosocial well-being of the community? What kind of activities would you suggest being conducted for individuals and communities?
   3.4 What are the essential concerns, beliefs, and cultural issues that aid providers should be aware of when providing mental health and psychosocial support for the community? What actions should be avoided?

“My questions have finished but if there is anything you would like to add or ask, please feel free to do that. Thank you very much for your participation and contribution to this assessment.”
ANNEX 4. KEY INFORMANT INTERVIEW SURVEY

Anbar Emergency Response – MHPSS Need Assessment
MHPSS Assessment Questionnaire

INTRODUCTION AND CONSENT SCRIPT

“My name is ………. and I work with IOM. IOM has been working in Iraq for 10 years, providing mental health and psychosocial support, medical services and non-food assistance. Currently, we are talking to people who have live in Anbar. Our aim is to know what kind of problems people in this community have at this moment, and what kind of psychosocial support they might need to improve their wellbeing. We cannot promise to give you support in exchange for this interview/discussion. We are only here to ask questions and learn from your experiences. You do not need to participate, so you are free to take part or not. If you do choose to be interviewed, I can assure you that your information will remain anonymous so no-one will know what you have told us. We cannot give you anything for taking part, but we would greatly value your time and responses.”

Do you have any questions?
☐ Yes ☐ No

Would you like to be interviewed?
☐ Yes ☐ No

POINTS FOR CONSIDERATION

• If people are unclear about the term “mental health and psychosocial” please clarify this relates to emotional well-being of individuals, families and communities.
• Encourage and reassure when necessary. Take care of the needs. Do not force.
• Remember that severely affected people may have been exposed to trauma or loss.

IOM IRAQ
### 1. Socio-Demographic Information Returnees

#### How have the economic conditions of your family changed following the crisis?

No

#### Is this a female-headed household?

Yes  No

#### How many persons per household in the following categories?

- Older people (60+)
- Men (18 – 59)
- Women (18 – 59)
- Children and youth younger than 18 years (boy)
- Children and youth younger than 18 years (girl)

#### Is there a pregnant woman or an infant (under 2 years) in the HH?

Yes  No

Age of the child:

The next questions ask about difficulties you or anyone in your HH may have doing certain activities because of a health problem:

1. **Do you or anyone in your HH have difficulty seeing, even if wearing glasses?**
   - No – no difficulty
   - Yes – some difficulty
   - Yes – a lot of difficulty
   - Cannot do at all

2. **Do you or anyone in your HH have difficulty hearing, even if using a hearing aid?**
   - No – no difficulty
   - Yes – some difficulty
   - Yes – a lot of difficulty
   - Cannot do at all

3. **Do you or anyone in your HH have difficulty walking or climbing steps?**
   - No – no difficulty
   - Yes – some difficulty
   - Yes – a lot of difficulty
   - Cannot do at all

4. **Do you or anyone in your HH have difficulty remembering or concentrating?**
   - No – no difficulty
   - Yes – some difficulty
   - Yes – a lot of difficulty
   - Cannot do at all

5. **Do you or anyone in your HH have difficulty (with self-care such as) washing all over or dressing?**
   - No – no difficulty
   - Yes – some difficulty
   - Yes – a lot of difficulty
   - Cannot do at all

6. **Using your usual (customary) language, do you or anyone in your HH have difficulty communicating, for example understanding or being understood by others?**
   - No – no difficulty
   - Yes – some difficulty
   - Yes – a lot of difficulty
   - Cannot do at all

Have you been displaced in the past?

Yes  No

Was that your first experience of displacement?

Camp

Unfinished building

Other

Where were you displaced to?

How long have you been displaced?

The date of arrival to the current place of habitation
### ASSESSMENT OF PSYCHOLOGICAL AND PSYCHOSOCIAL NEEDS

#### 3.1 Which words you traditionally use to define a period of temporary distress or uneasiness?

- Yes
- No

#### 3.2 Is this feeling widespread in the community? (Prompt: Do many people feel like that in this community?)

The interviewer will try to bring the conversation towards family and personal issues.
The interviewer can refer to his own experience.

- Yes
- No

#### 3.3 How strongly do you feel like this from 0 to 10 (use suffering scale)?

(0 = not at all, 5 = somewhat feel like this, 10 = feel like this very much)

#### 3.4 What are the causes of (use the word the person identified in question 1.1), in this community?

In case the answer takes too much time, the interviewer might suggest displacement, the security, family matters, or living conditions as possible examples. However, the interviewer shall not read the options aloud to the interviewee.

- Displacement
- Traumatic experiences in my place of origin
- Traumatic experiences during displacement
- Lack of access to basic services in the camp
- Loss of loved ones (death, kidnapping, separation)
- Other

#### 3.5 What is the impact of these causes (mentioned above)?

In case the answer takes too much time, the interviewer might suggest sadness and family issues as possible examples. However, the interviewer shall not read the options aloud to the interviewee.

- Aggressiveness
- Sadness
- Sleep problems
- Anxiety
- Family issues (relationship problems)
- Feelings of guilt
- Persistent nightmares
- Grief
- Other

#### 3.6 Daily functioning: How do these psychological problems may make it difficult for a person to perform their usual tasks? For example, things they do for themselves, their family or in their community.

What kind of tasks is difficult for men/women/adolescents/children/older people? And what about you?

**Men:**

-無

**Women:**

-無

**Adolescents:**

-無

**Children:**

-無

**Older people:**

-無

**What about you:**

-無

### LIVING CONDITION OF THE RETURNEE

#### 2.1 What kind of housing do you have?

- Own house
- Live with others (exp. Family house)
- Tent
- Unfinished house
- Rented
- Other (specify)

#### 2.2 Are you sharing your housing with people other than your nuclear family members?

- Yes
- No

#### 2.3 Does the family face a threat of eviction at any moment? Is this a real threat or a feeling?

How strong is this feeling from 0 to 10!

- Displacement
- Traumatic experiences in my place of origin
- Traumatic experiences during displacement
- Lack of access to basic services in the camp
- Loss of loved ones (death, kidnapping, separation)
- Other

#### 2.4 Does the family have any restriction on the freedom of movement in your current residence?

- Yes
- No

#### 2.5 Do you think your children are safe? If not, what are the reasons to think in that way?

(Not applicable for interviewees who do not have children)

- Yes
- No (specify)

#### 2.6 Have you ever experienced being discriminated after your return?

If yes, what were discriminated about? And how did you feel?

- Yes (How did you feel?)
- No

#### 2.7 Is everyone who lives here treated in the same way? If not, who are the most vulnerable groups? And why?

- Yes (who are the most vulnerable groups, and why?)
- No

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**NEEDS ASSESSMENT REPORT: MENTAL HEALTH AND PSYCHOSOCIAL CONDITIONS IN ANBAR**

**IOM IRAQ**

44
### 3. ASSESSMENT OF PSYCHOLOGICAL AND PSYCHOSOCIAL NEEDS

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.14 Do you think there are people in the community who need psychological or psychosocial support?</td>
<td>Yes</td>
</tr>
<tr>
<td>3.15 Do you think people in the community will go for psychological and psychosocial support if it is provided?</td>
<td>Yes (why?)</td>
</tr>
<tr>
<td>3.16 What are the most important actions that could be taken to improve well-being in the community?</td>
<td>1.</td>
</tr>
<tr>
<td>3.17 How have children and adolescents been affected by the crisis?</td>
<td>Encourage them to think about changes in behaviour, emotions etc.</td>
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<td>3.18 Do all your school-aged children go to school? If not, why?</td>
<td>Not applicable for interviewees who do not have children</td>
</tr>
<tr>
<td>3.19 Do they have any extra activities after school? If yes, what are these activities?</td>
<td>Not applicable for interviewees who do not have children</td>
</tr>
<tr>
<td>3.20 What are your aspirations for yourself and your family?</td>
<td></td>
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<tr>
<td>3.21 Interviewer’s observations/notes:</td>
<td>The interviewer is expected to write a short comment on his/her observation on interviewee’s cognition, behaviour, the way he/she looks and speaks, etc.</td>
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</table>

#### 3.7 Coping: what kind of things do men/women/adolescents/children do to deal with such problems? Does doing that help them? What about you?

<table>
<thead>
<tr>
<th>Gender</th>
<th>Activity</th>
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<tbody>
<tr>
<td>Men</td>
<td></td>
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<tr>
<td>Women</td>
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<tr>
<td>Adolescents</td>
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<td>Children</td>
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<td>Older people</td>
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<td>What about you:</td>
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#### 3.8 What are other psychological problems in the community? What about you?

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#### 3.9 How would you describe your relationship with your family? Are you supported by your family?

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<tr>
<td>Yes (how?)</td>
<td>No (why not?)</td>
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#### 3.10 Do you feel supported by other community members and neighbors?

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<tr>
<td>Yes (who &amp; how?)</td>
<td>No (why not?)</td>
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#### 3.11 Which groups of people in this community are suffering the most from the crisis in the past/the current situation?

<table>
<thead>
<tr>
<th>Groups</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Women</td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td></td>
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<tr>
<td>Children</td>
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<td>Older people</td>
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<tr>
<td>People with disabilities</td>
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<td>Widow</td>
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<td>Other</td>
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#### 3.12 Are these people (identified above) supported by the community?

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<tr>
<td>Yes (how?)</td>
<td>No (why not?)</td>
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#### 3.13 Apart from material needs, what are the main issues that need to be addressed in the community? Try to elicit discussion about psychosocial needs.

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