

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT NEEDS ASSESSMENT IN WEST NINEWA

(BAAJ, QAIRAWAN, SINJAR AND SINUNI)



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ABBREVIATIONS

CSO – Civil society organization

DTM – Data Tracking Matrix

FGD – Focus group discussion

IDP – Internally displaced person

IOM – International Organization for Migration

ISIL – Islamic State of Iraq and the Levant

KRI – Kurdistan Region of Iraq

MHPSS – Mental health and psychosocial support

PFA – Psychological first aid

PHCC – Primary health-care centre

PMT – Psychosocial Mobile Teams

WHO – World Health Organization

EXECUTIVE SUMMARY AND RECOMMENDATIONS

The MHPSS Needs Assessment that was conducted in December 2023 in West Ninewa, encompassing the districts of Baaj, Qairawan, Sinjar, and Sinuni, provides a comprehensive exploration of the mental health and psychosocial support (MHPSS) needs of internally displaced persons (IDPs), returnees and host communities in this dynamic and conflict-affected region as well as their perceptions of how these needs can be addressed. Therefore, the assessment also focuses on their expectations from the Government and local and international organizations. The assessment recognizes the complex history of displacement in West Ninewa including the genocide of the Yazidi community in Sinjar, necessitating tailored and both short- and long-term interventions. The study's objectives extend beyond mental health, encompassing education, employment, livelihoods, shelter and health care, with a focus on gender, disability, and social and economic challenges. Employing a mixed-method approach, the assessment captures diverse perspectives, emphasizing intersectionality and the need for a multidimensional approach to address the existing multidimensional issues and to improve overall well-being of the affected population. A total of 280 participants (152 male and 128 female) participated in the questionnaire and focus group discussions (FGDs). The participants included caregivers, persons with disabilities, medical staff members of primary health-care centres (PHCCs), mukhtars, women, girls, men, and boys, as well as staff members of civil society organizations (CSOs). Based on the findings, the report presents the following policy recommendations to the government, local and international organizations, and community members.

Key findings:

- Many individuals in the West Ninewa region have experienced repeated displacements, emphasizing the need for targeted and tailored assistance to address the unique challenges associated with multiple disruptions.
- A significant portion of the participants acknowledges persistent life-threatening situations after return, necessitating urgent measures to enhance security and create a safe environment for returnees for improved reintegration outcomes.

- Decision-making on returning home varies, indicating a requirement for improved and tailored support systems to provide information and guidance for those finding it challenging while streamlining processes for those finding it easy.
- Family ties, community support and humanitarian assistance play crucial roles in facilitating safe, dignified, voluntary and humane return and reintegration, underscoring the importance of reinforcing community bonds and collaboration with humanitarian organizations.
- High rates of unemployment, security concerns and difficulties accessing essential services highlight the multifaceted challenges faced by individuals in their current locations, necessitating comprehensive and holistic solutions involving employment programmes and improved service accessibility.
- Challenging life experienced during prolonged displacement, return and reintegration, stigma and discrimination and a lack of recreational spaces contribute to psychosocial challenges, indicating the need for well-established plans for return and reintegration, sustainable social and psychological support, awareness campaigns, inclusivity measures, and the creation of recreational facilities for all age and gender groups.
- Challenges in accessing basic services, especially health care and education in remote areas, indicate the need for improved infrastructure, logistical support and sustained communication mechanisms among stakeholders.
- The high prevalence of psychosocial distress and the recognized need for psychological support highlight the urgency of implementing collaborative and integrated MHPSS programmes involving government and local and international organizations.
- Strong familial support, reported by the majority, emphasizes the resilience of family structures and the potential for interventions focusing on enhancing family communication, understanding, and resources.
- Vulnerable groups, including children, women, widows and persons with disabilities, face specific challenges, necessitating tailored interventions such as gender-specific programmes, economic empowerment for women, and inclusive policies for persons with disabilities.

Recommendations:

- Stakeholders should develop targeted and tailored assistance programmes for individuals with a history of multiple displacements, addressing specific challenges faced during each displacement – including the mental health and psychosocial challenges – and promoting stability to prevent further displacements.
- The Government should strengthen security measures to protect people in return areas, collaborating with local defence mechanisms and authorities and international organizations to mitigate ongoing risks and create a safe environment for returnees as safety concerns are associated with feelings of psychosocial distress.
- Stakeholders should help displaced populations and contribute to the establishment of comprehensive decision-making support systems, providing information and guidance to those finding it difficult to achieve local integration, while streamlining processes for those finding it easy to facilitate sustainable returns and reintegration.
- Stakeholders should enhance existing community support structures through targeted interventions, emphasizing the role of families, peers, groups and specific community support networks and collaboration with humanitarian organizations to promote improved mental health and psychosocial well-being and facilitate successful reintegration.
- Stakeholders should design and diversify employment programmes as means of livelihoods and improve access to all public services, particularly health care and education, collaborating with local and international stakeholders for comprehensive and sustainable solutions.
- Stakeholders should develop awareness campaigns to combat stigma and discrimination, and create recreational spaces, collaborating with community leaders (such as mukhtars), specific groups (including persons with disabilities, children, women, youth groups and elderly groups, etc.) to ensure inclusivity and address multidimensional and deeply rooted psychosocial challenges.
- Local and central government bodies should collaborate and improve infrastructure and logistics in remote and hard-to-reach areas and promote sustained communication and support mechanisms among stakeholders to enhance service accessibility.
- Stakeholders should implement targeted and collaborative mental health programmes, involving support from all actors including Government, local communities as well as local and international actors. This support could encompass logistics and funding for community-based MHPSS and initiatives aimed at addressing stigma and discrimination in communities. Specifically, establishing psychosocial mobile teams (PMTs) is needed to provide MHPSS to vulnerable groups in remote areas. The coordination at governorate, district and subdistrict level is crucial for sustainable service provision.
- Stakeholders should diversity and strengthen family- and community-focused interventions, emphasizing communication, understanding, cohesion and societal links and networks to enhance the resilience and well-being of individuals and families facing psychosocial challenges.
- Stakeholders should develop tailored programmes addressing the unique challenges faced by vulnerable groups, including gender-specific and integrated psychosocial support interventions, economic empowerment for women and inclusive policies for persons with disabilities.
- Stakeholders should design comprehensive training packages tailored for diverse community groups, including youths and women. These training sessions should cover various aspects of community-based MHPSS and include but not limited to psychological first aid (PFA), stress and anger management, awareness raising on psychosocial challenges and support for children's development and emotional well-being, inter alia. Additionally, the training should focus on establishing a referral pathway system or strengthen the existing ones to address stigma and discrimination, and to help reduce the shortage of MHPSS service providers.

1. INTRODUCTION

1.1. BACKGROUND

The MHPSS needs assessment conducted in the West Ninewa region of Iraq, covering the districts of Baaj, Sinjar and subdistricts of Qairawan and Sinuni, serves as a critical exploration into the challenges and requirements of IDPs and returnees within this dynamic and complex geographical context. The region, marked by a history of displacement and conflict, has witnessed the profound impact of geopolitical forces and internal conflicts, resulting in the displacement of communities in various provinces.

In addition to displacement and the Islamic State of Iraq and the Levant's (ISIL) suppression and atrocities towards the Muslim Arab population in Baaj and Qairawan, one of the most devastating episodes in this history of displacement unfolded in Sinjar and some parts of West Ninewa, including Sinuni, where the Yazidi community faced unprecedented persecution and displacement following the brutal ISIL attacks in 2014 (Cetorelli et al., 2017). The ISIL onslaught targeted Yazidis specifically, resulting in mass killings, abductions and forced conversions. Thousands of Yazidi families fled Sinjar and its subdistricts and villages to escape the atrocities, seeking refuge in neighbouring areas and temporary camps. IOM's Data Tracking Matrix (DTM) indicates that between 2014 and 2023, there were over 1 million IDPs in Dohuk, with most being from West Ninewa. DTM data also show that a smaller number of them reached Erbil and Sulaymaniyah governorates. Most displaced Yazidis from this region escaped to Sinjar Mountain first and then sought shelter in these governorates. The displacement of the Yazidi community in Sinjar and its subdistricts adds another layer to the overall narrative of internal displacement in the West Ninewa region, evidencing the urgent need for tailored interventions that address the unique challenges faced by different communities affected by ISIL's atrocities. Understanding the specific experiences of Yazidi displaced populations in Sinjar and Sinuni is integral to creating effective strategies for their reintegration into a post-conflict society.

Conducting a MHPSS needs assessment is imperative in the context of the West Ninewa region due to impacts of displacement and conflict on the well-being of its residents. Previous research found that the complex experiences of internal displacement, particularly in the aftermath of targeted attacks result in severe psychological distress and trauma (Rasheed et al., 2022; Rofo et al., 2023). Understanding the mental health and psychosocial needs of displaced and returnee populations is essential for tailoring

interventions that address the visible and invisible damages left by conflict. This assessment aims to uncover the challenges faced by individuals and communities, recognizing the intersectionality of factors such as gender and disability. By delving into the psychosocial landscape, the assessment seeks to identify not only the immediate mental health and psychosocial needs but also the underlying social and cultural dynamics that influence well-being. This understanding will inform the development of targeted and culturally sensitive MHPSS programmes, fostering resilience and aiding in the long-term recovery of the diverse communities in the West Ninewa region.

1.2. OBJECTIVES OF THE NEEDS ASSESSMENT

This assessment seeks to comprehensively understand the current conditions faced by the displaced and returnee populations in West Ninewa in terms of mental health and psychosocial well-being and other essential aspects including education, employment, livelihoods, health care and safety. By focusing on these specific districts, we aim to capture the unique experiences and needs of the diverse communities residing in the region, providing a nuanced foundation for informed and targeted interventions to address their immediate and long-term requirements.



Key informant interview in Baaj-West Ninewa. © IOM 2024

1.3. SCOPE AND METHODOLOGY

This needs assessment was designed to comprehensively evaluate the needs and challenges faced by IDPs, returnees and host communities in the West Ninewa region of Iraq, specifically focusing on Baaj, Qairawan, Sinjar and Sinuni. The geographical scope was chosen to capture the distinctive experiences of diverse communities affected by internal displacement and phases of return within this region. The assessment aimed to provide a nuanced understanding of the complex interplay of factors influencing the mental health and psychosocial well-being of the vulnerable populations in the region, taking into consideration the unique sociocultural, ethnic and religious identities that contribute to the region's rich diversity.

To ensure a comprehensive and multifaceted analysis, a mixed-method approach was adopted, combining quantitative and qualitative data collection methods. The convenient sampling method was employed to reach a broad cross-section of affected populations including IDPs, returnees and host community members. Efforts were made to include diverse

groups, representing various ethnicities, religious identities, genders, levels of education and individuals with disabilities.

A structured survey was developed, incorporating closed-ended questions to gather quantitative data on key indicators such as demographics, psychosocial well-being, livelihoods, health, education and shelter conditions. The survey was administered to a representative sample of households across the targeted districts, with an emphasis on obtaining a balanced representation of different demographic groups.

In-depth interviews, FGDs and key informant interviews were conducted to capture the lived experiences and perspectives of the displaced populations. This qualitative phase allowed for a deeper exploration of individual stories, community dynamics and specific challenges faced by various groups. Subsequent analysis focused on understanding the intersectionality of unique challenges faced by different gender groups, individuals with disabilities, varying educational backgrounds and diverse ethnic and religious communities.

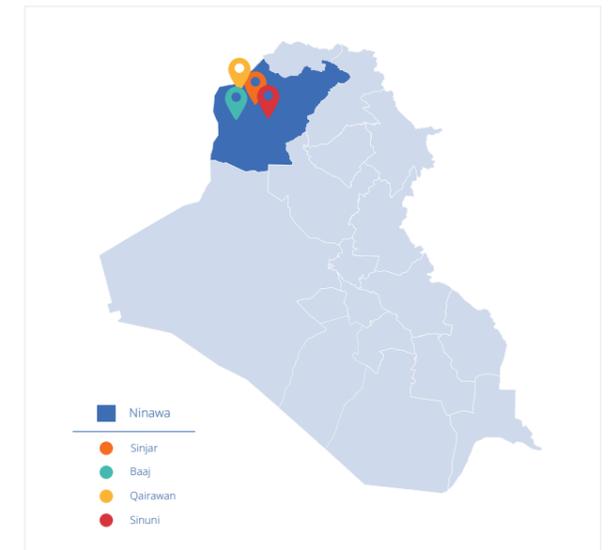


Focus group discussion with men in West Ninewa Key informant interview in Baaj-West Ninewa. © IOM 2024

2. CONTEXT ANALYSIS

2.1. OVERVIEW OF THE INTERNAL DISPLACEMENT SITUATION IN IRAQ

Iraq has been grappling with a prolonged and complex internal displacement crisis, stemming from a combination of political instability, armed conflicts and sectarian tensions. The West Ninewa region has been significantly affected by these multifaceted challenges. Waves of displacement have resulted in the forced relocation of communities, leaving a profound impact on the social structures and relations, public services and economic stability of the region. The rise of armed groups, notably ISIL, further exacerbated the crisis, triggering mass displacements and causing extensive damage to infrastructure. Despite significant efforts by the Government and humanitarian organizations, the aftermath of these conflicts lingers, with displaced populations facing persistent challenges in rebuilding their lives and reintegrating into their communities.



Map 1. West Ninewa (assessment fields)

The internal displacement situation in Iraq is characterized by a complex web of interconnected issues, including limited access to basic social services, strained livelihood opportunities and ongoing threat of violence. Displaced individuals often find themselves in shelters with inadequate amenities, enduring significant psychosocial consequences of displacement and the loss of homes and possessions. In the West Ninewa region, with its diverse ethnic and religious communities, the situation is further compounded, necessitating targeted interventions that address the specific needs of different groups. As efforts continue to stabilize the region and facilitate the return of displaced populations, understanding the dynamics of the internal displacement situation and its implication on IDPs' mental health and psychosocial well-being is key for effective and sustainable humanitarian and stabilisation efforts and sustainable reintegration.

2.2. SOCIOECONOMIC AND POLITICAL FACTORS AFFECTING DISPLACED POPULATIONS

The socioeconomic landscape influencing displaced populations in the West Ninewa region is shaped by a complex interplay of factors. Extensive unemployment and limited access to sustainable livelihoods are among the foremost challenges faced by those displaced (IOM, 2023a).

The disruption caused by conflicts and displacement often sever traditional economic structures, leaving individuals with few income-generating opportunities (Brookings Institution, 2008). The lack of financial stability further compounds the struggles of displaced families, hindering their ability to secure basic necessities that would support their holistic well-being. Additionally, the region's economic recovery is hindered by the destruction of infrastructure, including schools and health-care facilities, perpetuating a cycle of vulnerability among different groups, and hindering prospects for long-term self-sufficiency (World Bank, 2023).

In internal displacement cases, IDPs often remain unnecessarily reliant on unsustainable and unpredictable assistance, exposing them to precarious employment in the informal economy such as labour exploitation and underage recruitment (Cazabat, 2018). Additionally, displaced women, particularly those who are the heads of their households, face heightened vulnerability to economic dependency and exploitation due to traditional child-raising and domestic roles, coupled with limited access to education and restrictions brought about by the predominant cultural norms, while displaced children are at risk of both exploitative labour and recruitment, endangering their physical and mental development and hindering their right to education (OHCHR, 2005).

The political environment in the West Ninewa region also plays a pivotal role in shaping the experiences of displaced populations. Ongoing political instability, governance challenges and the slow pace of recovery efforts contribute to the persistent vulnerability of displaced communities. These challenges include but are not limited to security concerns, fear of revenge and movement restrictions (IOM, 2021a). Moreover, the uneven distribution of resources and the struggle

for control over key territories hinder the equitable provision of essential services to displaced populations (WHO, 2008; Crisis Group, 2009; World Bank, 2017). Addressing the political dimensions of displacement is crucial for developing an environment that not only meets the immediate needs of the displaced populations but also lays the groundwork for sustainable and inclusive solutions that promote stability and resilience in the face of ongoing challenges (Salloum, 2020).



Socio-cultural and recreational activities to de-escalate tensions, promote social cohesion and resilience and reintegration. © IOM 2024

3. DEMOGRAPHIC PROFILE OF THE REGION AND THE PARTICIPANTS

Recent statistics estimate the population of Ninewa Governorate to range between 3.3 million and 3.8 million people (City Population, 2018; Ninewa Governorate, 2023). While various local and international institutions provide population figures for districts and subdistricts, these are often approximations and may not be up to date. Baaj is estimated to have around 10,000 people, Qairawan 27,000, Sinjar 41,000 (325,816 before ISIL), and Sinuni 17,000 (148,000 before ISIL) (IOM DTM, 2022; Reach 2020; 2022). As of August 2023, IOM's Data Tracking Matrix reported 247,507 IDPs out of a total of 1,142,014, and 1,953,714 returnees out of a total of 4,846,062 in Ninewa Governorate.

Using a convenient sampling method,¹ the research team gathered data through a questionnaire from a total of 199

participants (100 males, 99 females) from Baaj, Qairawan, Sinjar and Sinuni. They also conducted FGDs with 81 participants including caregivers, persons with disabilities, medical staff members of primary health-care centres (PHCCs), mukhtars,² women, girls, men and boys, and staff members of civil society organizations (CSOs).

3.1. AGE, GENDER AND MARITAL STATUS

The assessment aimed to include representatives of both genders across the locations. However, due to conservative and patriarchal norms, the team was able to reach a higher number of males than females. The role of these norms will be further discussed in Section 11 (Cross-cutting Themes) that also partly explain the psychosocial challenges women and girls face in their communities.

Location	Gender		Age group	
	Male	Female	Youth (18–24)	Adult (25+)
Baaj	25	25	23	27
Qairawan	25	25	18	32
Sinjar	25	25	13	37
Sinuni	24	25	7	42
Total	99	100	61	138

Location	Gender		Age group	
	Male	Female	Youth (18–24)	Adult (25+)
Baaj	17	4	6	15
Qairawan	15	4	7	12
Sinjar	12	9	5	16
Sinuni	9	11	8	12
Total	53	28	26	55

¹ This method was selected for two main reasons: (a) convenient sampling helps identify trends, patterns or areas of interest before committing to a more extensive and resource-intensive study, (b) this method was sufficient for this assessment as it does not specifically aim generalizability to a larger population.

² Mukhtars are the head of a village or neighbourhood in many countries and regions in the Middle East, including Iraq and Kurdistan Region of Iraq. They lead local governance and support local and international stakeholders in providing better support to displaced and returnee population as well as local community. They were contacted to answer questions pertaining to the most pressing challenges that IDPs and returnees face.

The survey findings reveal a diverse range of marital statuses within the sample (Figure 1). Most respondents (70%, n=140) are married while around a quarter (23%, n=46) identify as single. The data also indicates nine respondents are widowed (4%), three are separated (2%), and one is divorced (0.5%). These findings show the importance of

considering the varied marital statuses within the community, acknowledging the unique needs and circumstances of individuals at different stages of their marital journeys. Understanding this diversity is crucial for designing targeted and inclusive support programmes that accommodate the distinct experiences of individuals within each marital category.

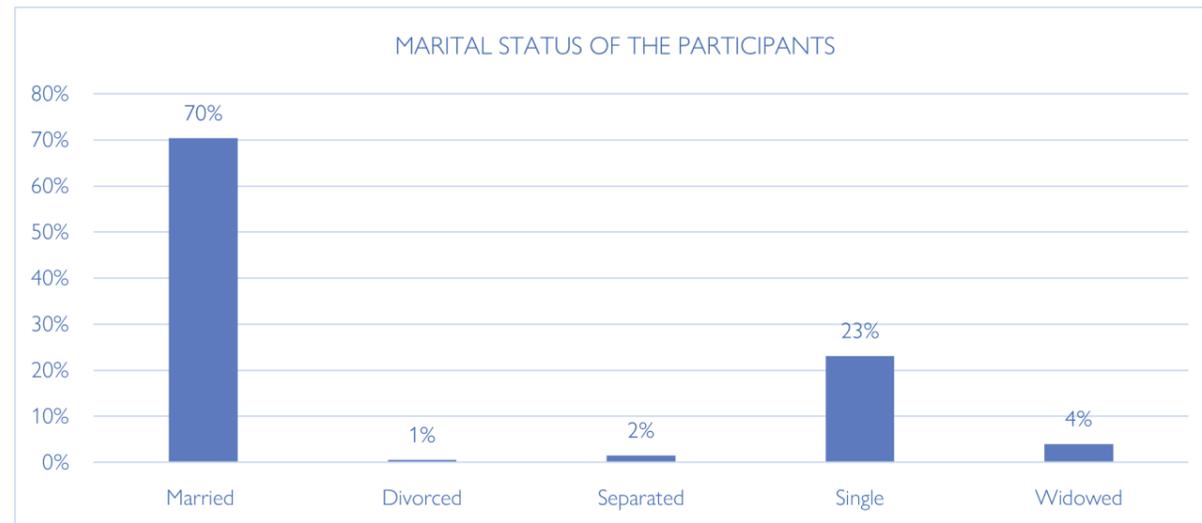


Figure 1

3.2. ETHNIC AND RELIGIOUS DIVERSITY

Among the respondents who participated in the survey, 53 per cent (n=106) identified themselves as Muslim, while 47% (n=93) identified as Yazidi (Figure 2). This distribution is significant given the historical context, where these religious groups have coexisted in the West Ninewa region for centuries (Fazil, 2023). The diversity within the surveyed sample reflects the cultural and religious cohabitation in the region, emphasizing the importance of understanding and addressing the unique needs and perspectives of both Muslim and Yazidi communities in any proposed intervention or support programmes and showing the importance of acknowledging and respecting the coexistence of different communities.

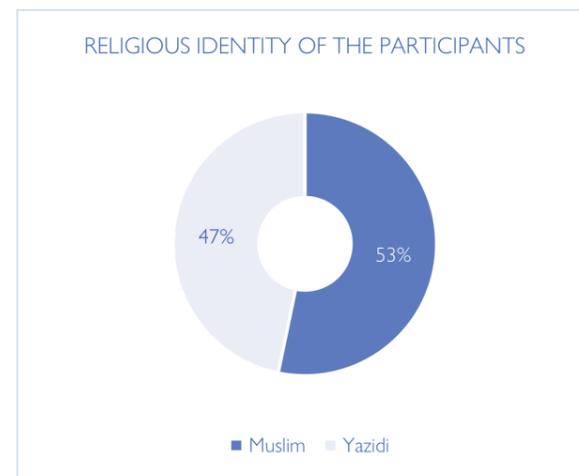


Figure 2

Additionally, of the respondents who participated in the survey, 50 per cent (n=100) self-identified as Arabs, 16 per cent (n=31) as Kurds, and 34 per cent (n=68) as Yazidi (Figure 3). Noteworthy is the fact that, despite the historical linguistic and geographical association of Yazidis with Kurdish-speaking regions in Iraq, Turkey and Syria (Salloum, 2020; Ali et al., 2021), a significant proportion, constituting 34 per cent in this study, chose to identify primarily with their religious affiliation as Yazidi rather than identifying as Kurd. This sheds light on the nuanced nature of identity within the Yazidi community, where religion plays a significant role in self-identification.

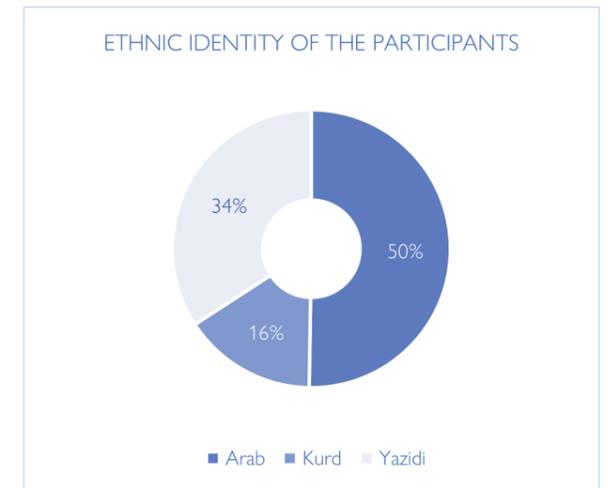


Figure 3

3.3. EDUCATION

As illustrated in Figure 4, a notable portion of the participants (41%, n=81) indicated that they have no formal education background. Meanwhile, 35 per cent (n=71) reported completing primary school, 12 per cent (n=24) indicated finishing secondary school and the remaining 12 per cent (n=23) stated having

attained either a college or institute degree. This educational distribution highlights the diverse educational backgrounds within the sample, emphasizing the need for tailored interventions that consider varying levels of educational attainment when addressing the multifaceted needs of the community.

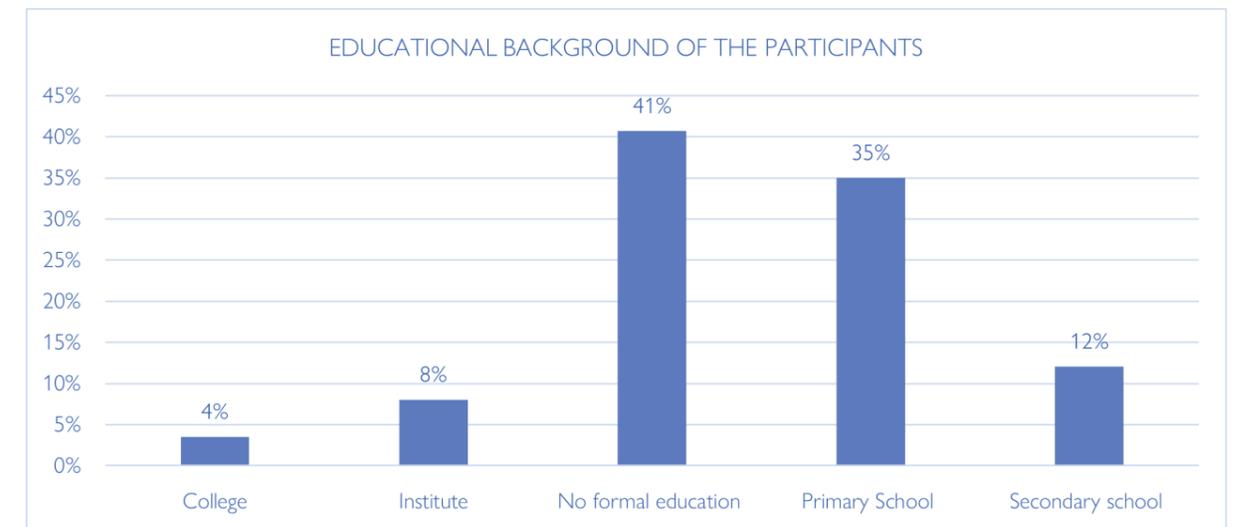


Figure 4

3.4. DISABILITY STATUS

Responses regarding functional difficulties reveal a spectrum of challenges faced by individuals in various aspects of their daily life (Figure 5). A significant number reported difficulty in seeing (48%, n=96), hearing (22%, n=44), walking or climbing steps (48%, n=96), remembering or concentrating (26%, n=52), engaging in self-care activities (16%, n=31), and communicating (such as understanding or being understood despite using own customary language) (17%, n=34). These difficulties, ranging from sensory impairments to limitations

in mobility and cognitive functions, highlight the diverse and comprehensive nature of the obstacles individuals encounter in their daily lives. The struggles associated with these disabilities can lead to feelings of frustration, isolation and a diminished sense of self-worth and dignity if persons with disabilities are not supported equitably (Rasmussen et al., 2015; Chapman et al., 2023). Therefore, understanding and addressing these challenges is key for the development of targeted and mainstreamed support systems and interventions that enhance accessibility, inclusion and overall well-being for those facing such functional difficulties.

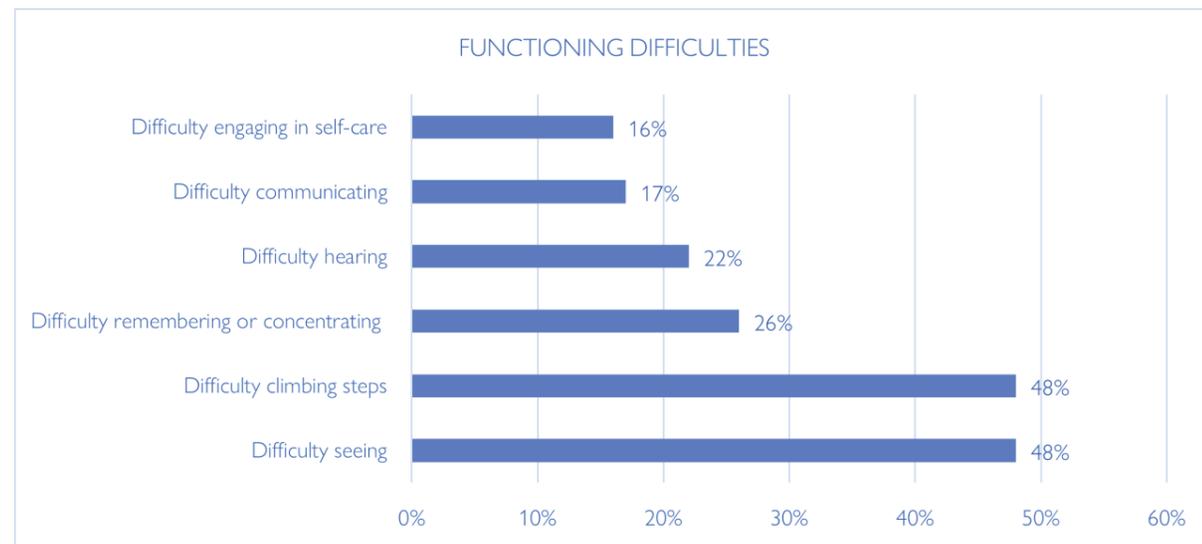


Figure 5

More specifically, there should be a multifaceted approach to mitigate these challenges. Accessible health-care and rehabilitation services can address sensory and mobility difficulties, while educational programmes and workplace accommodations contribute to inclusive environments. Psychosocial support, including counselling and other community-based psychosocial interventions and activities, helps individuals cope with cognitive and communication challenges. Also, fostering an inclusive society through community engagements, awareness campaigns and policy initiatives can reduce stigma, promoting understanding and acceptance for those facing functional difficulties. Therefore, government and local and international humanitarian services, which – as this report shows – are still much

needed in the region, should consider these possible areas of joint and integrated interventions to better support persons with disabilities and their family members who face the above-mentioned challenges (IOM, 2021b).

This report further examines the challenges faced by persons with disabilities and their recommendations in Section 11 (Cross-cutting Themes). This section not only highlights the difficulties they encounter but also outlines their expectations from the local community, government and local and international stakeholders. These expectations are aimed at creating a more inclusive society and informing comprehensive policy formulation for persons with diverse disabilities.

4. EMPLOYMENT STATUS AND SOURCE OF INCOME

The findings reveal a varied distribution of occupational statuses within the surveyed population (Figure 6). A significant proportion (36%, n=74) identify as “keeping house/homemaker,” highlighting the considerable number of individuals contributing to domestic responsibilities, particularly with the majority (n=69) being females within this category. Other occupational categories include individuals engaged in paid work, comprising 22 per cent (n=43) of the respondents, and those who are self-employed, such as owning a business, accounting for 16 per cent (n=31). Students make up a notable 15 per cent (n=29) of the

respondents, while retirees constitute 2 per cent (n=4). Additionally, a total of 6 per cent (n=13) of respondents are unemployed due to health reasons and for other reasons. By comprehensively understanding the employment status and occupational landscape, humanitarian interventions can be tailored to promote inclusivity and meet the specific needs of individuals across various employment categories, fostering community resilience and well-being, particularly of female members of the community as most of them take care of domestic responsibilities, which limit their participation in socioeconomic life.

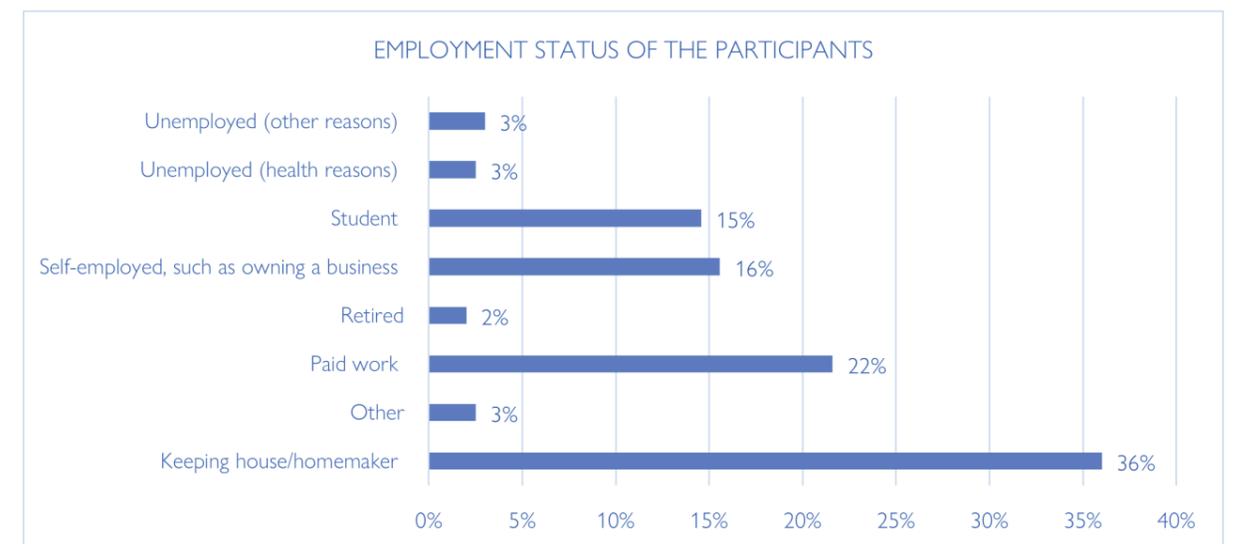


Figure 6

The response indicating that 20 per cent (n=40) of households are headed by females (Figure 7) points out the distinctive challenges faced by women, particularly in the context of conflict and displacement. Female-headed households often emerge as a consequence of the disruptions caused by conflict, where women may find themselves assuming the role of primary caregivers and providers in the absence of male family members. This shift in family dynamics places additional burdens on women, who must navigate the complexities of rebuilding their lives and ensuring the well-being of their families

amid the challenges of displacement. Such households may encounter heightened vulnerabilities, including economic strain and limited support networks. Understanding the prevalence of female-headed households is essential for crafting targeted interventions that address the specific needs and resilience-building efforts required for women, emphasizing the importance of gender-sensitive approaches in humanitarian responses. This data highlights the need for multi-dimensional strategies to empower and support women who bear a disproportionate burden in the aftermath of conflict-induced displacements.

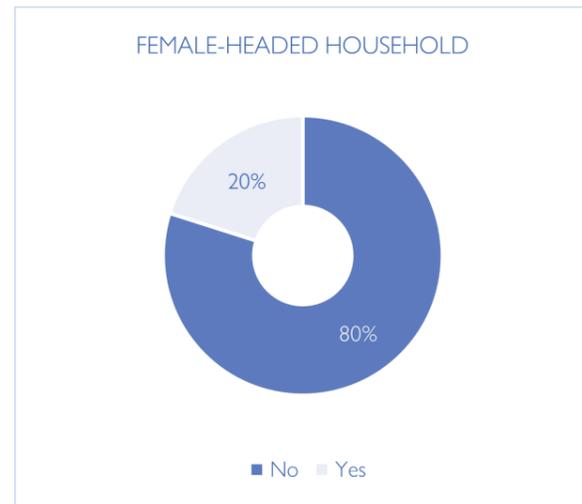


Figure 7

Additionally, given that 62 per cent (n=123) of respondents who were either IDPs or returnees indicated that they do not have a source of income since coming to their current location (Figure 8), shows the profound impact of conflict, displacement and return on livelihood and income resources. Conflict disrupts not only lives but also economic structures, often leading to a loss of employment opportunities and financial stability (Le et al., 2022). The fact that the majority reports a lack of income sources highlights the enduring challenges faced by individuals attempting to rebuild their lives in the aftermath of displacement. The return to a community affected by conflict can be particularly challenging, with disrupted infrastructure and limited economic opportunities further impeding the resumption

of regular livelihoods (Cazabat, 2018). Also, the absence of a stable income source can contribute to increased stress, anxiety and a sense of insecurity, adding an additional layer to the complex psychosocial consequences of conflict and displacement (Shields-Zeeman and Smit, 2022). This data emphasizes the urgent need for comprehensive and targeted interventions to address the economic vulnerabilities of those affected by conflict, with a focus on facilitating sustainable income-generating activities and fostering economic resilience during the complex process of rebuilding lives post-displacement. Addressing economic vulnerabilities is crucial not only for financial stability but also for supporting the broader mental health and well-being of individuals navigating the aftermath of conflict.

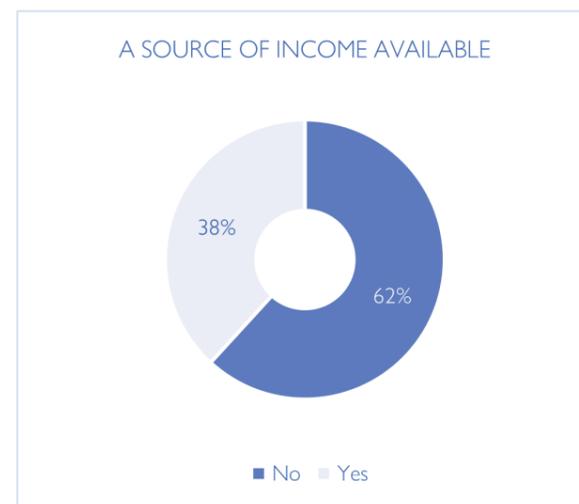


Figure 8



Awareness session with young people in Sinuni on opportunities and life skills development. © IOM 2024

5. CHALLENGES RELATED TO DISPLACEMENT AND RETURN

5.1. COMMUNITY MEMBERS' PERSPECTIVE

The survey predominantly comprised returnees, constituting a substantial 79 per cent (n=158), with the remaining participants being IDPs. The assessment aimed to capture both groups' lived experiences and challenges associated with displacement and/or return. Figure 9 illustrates the varied and often recurring nature of displacement among the surveyed population, reflected in responses to the question "How many times have you been displaced?" A significant portion, 45 per cent (n=89), reported one displacement, while 39 per cent (n=77) indicated experiencing it twice. Furthermore, 11 per cent (n=23) and 5 per cent (n=10) of the respondents had been displaced three or more times respectively. These findings resonate with the

broader understanding that IDPs often face multiple displacements due to prolonged conflicts and socioeconomic hardships (Beytrison and Kalis, 2013). The cumulative impact of these repeated disruptions amplifies the psychosocial burden on individuals, groups and the community, highlighting the urgent need for targeted interventions. Such interventions should address not only the immediate challenges of displacement but also the long-term psychological consequences of return and recurring disruptions. Recognizing the patterns and frequencies of displacement is vital for designing holistic and integrated support systems that promote psychosocial well-being and resilience among IDPs navigating the complexities of protracted conflicts and repeated displacements.

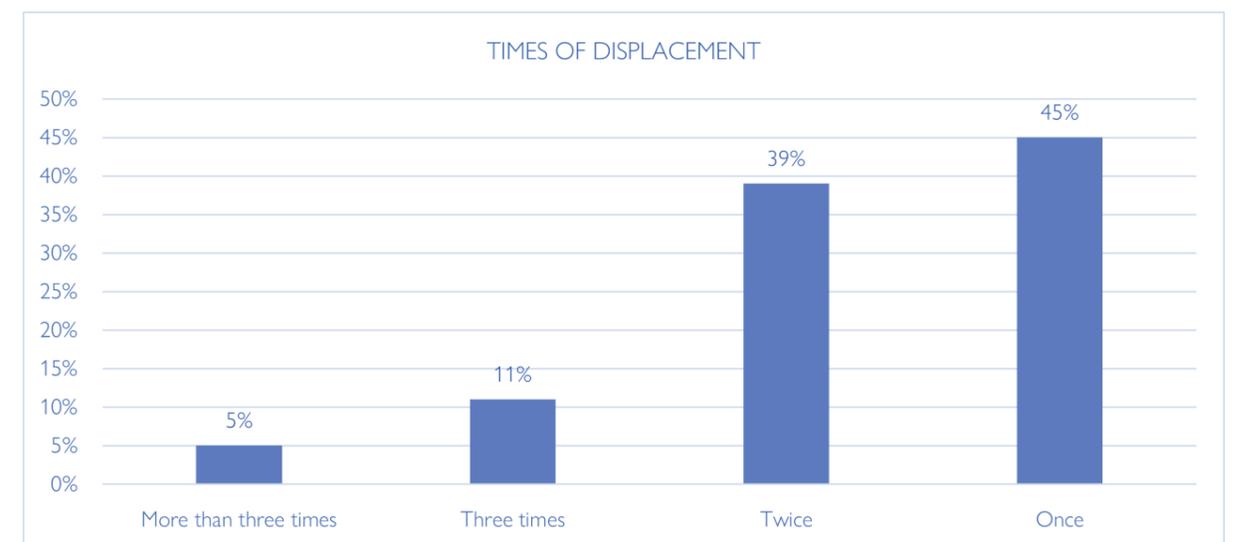


Figure 9

Of the participants who were displaced (n=156, 78%) who answered the question "Did you or your family face a life-threatening situation during or after your return?" reveal a stark reality. A life-threatening situation, in the questionnaire, referred to one where an individual faces serious risks that could cause major injuries or death, such as bombing, kidnapping, fire, etc.; the definition was explained to participants to ensure they understood what the question asks specifically. Thirty-one per cent (n=49) of the participants acknowledged that they or their families experienced life-threatening situations, while 69 per cent (n=107) reported no such occurrences during their displacement (Figure 10). This dichotomy emphasizes the

profound challenges and dangers confronted by a significant portion of the surveyed population during the process of return post-displacement. These life-threatening situations, ranging from bombings to kidnappings, indicate the persistent risks and uncertainties that individuals, families and the community encounter even after the cessation of conflict such as during or after displacement. The high number of affirmative responses signals the critical need for targeted community-based interventions that address the ongoing security concerns faced by returnees, emphasizing the imperative of ensuring a safe and stable environment for those attempting to rebuild their lives in the aftermath of displacement.

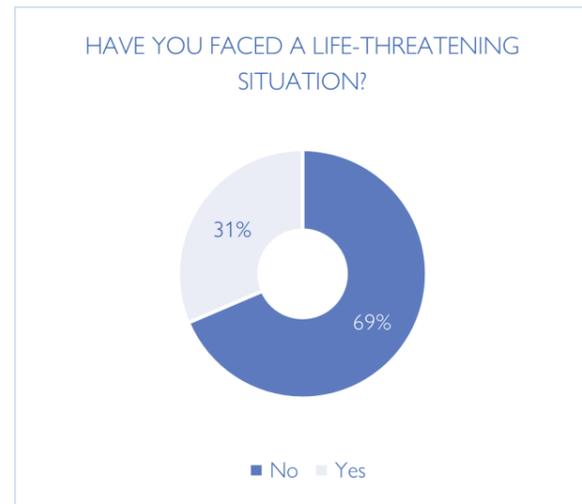


Figure 10



IOM providing MHPSS to community members in West Ninewa. © IOM 2024

Illustrated in Figure 11, the respondents' answers regarding the ease of making the decision to return provide a spectrum of perspectives ranging from 1 (very difficult) to 5 (very easy). A notable portion, constituting 7 per cent (n=11), found the decision to return very difficult, while 26 per cent (n=38) rated it as a 2 on the difficulty scale. Additionally, 25 per cent (n=37) and 20 per cent

(n=29) of respondents rated the decision as a 3 and 4, respectively. On the other end, 22 per cent (n=33) expressed that the decision to return was very easy, scoring it as a 5. These varied responses underscore the complexity of the decision-making process, influenced by a myriad of factors such as security concerns, available resources and emotional ties to the place of origin.

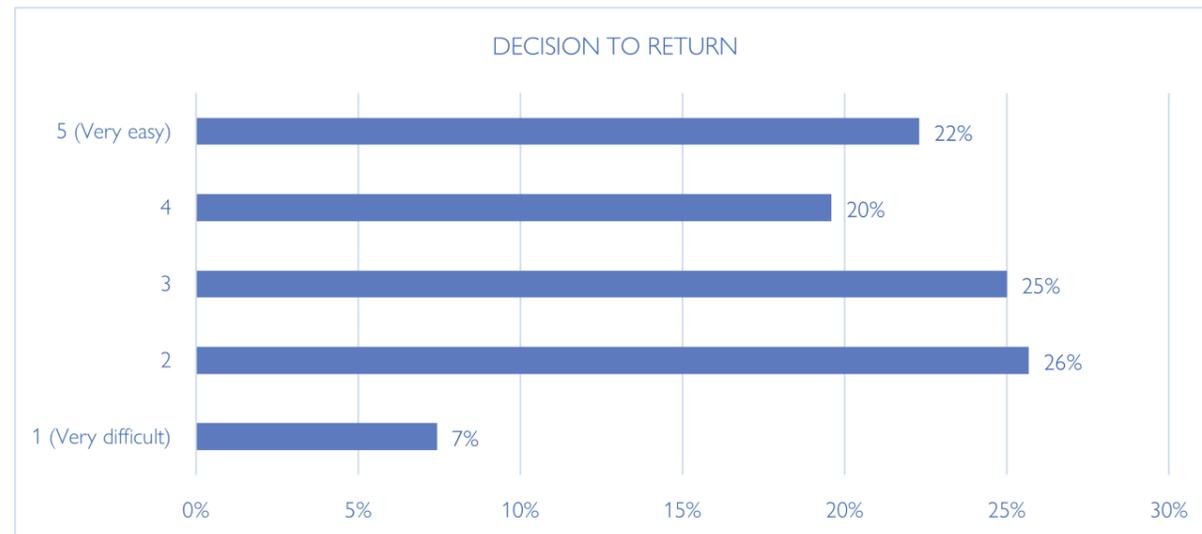


Figure 11

The responses to the question "Can you tell what helped you most with your experience of return?" provide valuable insights into the multifaceted support systems crucial for the sustainable return and reintegration of IDPs (Figure 12). The predominant factors identified include family ties and support (23%, n=88), community support (16%, n=61) and various forms of humanitarian assistance from IOM (13%, n=51), other international organizations (17%, n=65), and local organizations (8%, n=31). Additionally, local government institutions (12%, n=46) and a connection to one's own culture and history (7%, n=27) were highlighted as facilitators of the returning process. Understanding these factors is important for designing effective

and context-specific interventions that foster the psychosocial well-being and successful reintegration of IDPs. The emphasis on family and community shows the importance of social cohesion and community-based structures, while the recognition of humanitarian, local government and cultural support highlights the need for comprehensive strategies that address the diverse needs and aspirations of returnees through integrated and coordinated services. By acknowledging and incorporating these factors into support programmes, policymakers and humanitarian organizations can contribute to creating an enabling environment that facilitates the resilience and successful reintegration of IDPs into their communities.



Figure 12

Quotes from the participants concerning their return:

A Yazidi male returnee who is also a student from Sinuni indicated the decision to return was difficult for the following reasons: "Because most houses were destroyed, and there was very limited education, and health services. Also, many people did not return because of the deteriorating security condition. Even now many people have not returned because of these difficulties. There are very limited basic services such as electricity, water, etc."

The responses to the question "What are the common challenges you face now in your current location?" reveal a spectrum of challenging obstacles experienced by IDPs in their present circumstances (Figure 13). Unemployment emerges as the most prevalent challenge (66%, n=131) highlighting its impact on their lives. Security issues (28%, n=55), challenges in accessing health services (49%, n=95) and difficulties accessing educational institutions (37%, n=74) further compound the complexities of their current situation. The data also demonstrate the importance of social (35%, n=70), governmental (54%, n=106), and humanitarian support (39%, n=78), expressing the lack or limitation of such assistance. Moreover, challenges related to processing displacement or return (21%, n=41), coping with the loss of loved ones (28%, n=56), and the fear of (re)displacement (18%, n=36) reflect the profound psychosocial toll of displacement. Discrimination (4%, n=8) and the limited availability of recreational spaces (38%, n=76) further contribute to the array of psychosocial-related challenges faced by IDPs. Understanding these prevalent challenges is pivotal for crafting targeted community-based interventions that address the multifaceted needs of IDPs, encompassing both socioeconomic and psychosocial dimensions, to facilitate their successful reintegration and resilience in their current locations and upon their return.



Key informant interview in West Ninewa. © IOM 2024

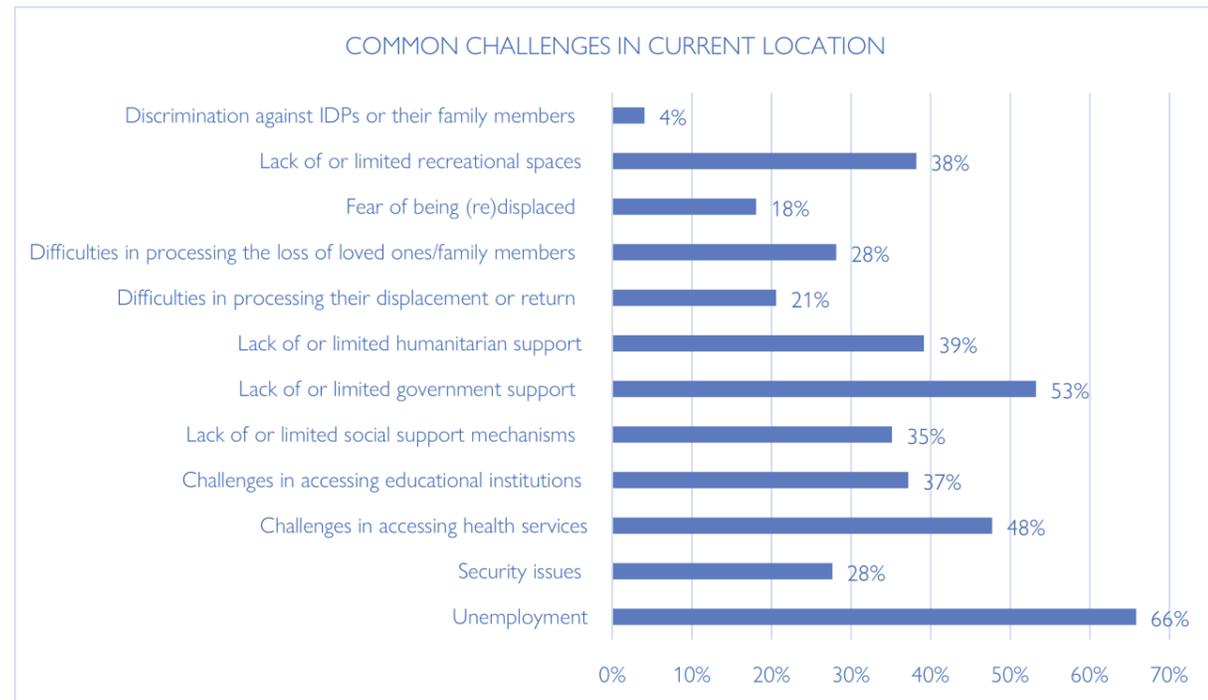


Figure 13

Each reported challenge significantly impacts the return and reintegration of IDPs. High levels of unemployment, in particular, hinder economic stability, making successful reintegration challenging. Security issues pose risks to both physical and mental health and psychosocial well-being, influencing the perceived safety of returning to their communities. Similarly, limited access to health and education services impedes essential aspects of restoring 'normalcy'. The absence of support mechanisms exacerbates psychosocial strain, while fear of displacement hampers the confidence needed for sustainable reintegration. Discrimination further complicates social cohesion, hindering the formation of inclusive communities (Tropp and Morhayim, 2022). Addressing these multifaceted challenges is vital for creating a conducive environment that fosters the resilience and successful reintegration of IDPs into their communities. In the presence of these multifaceted challenges, the priority should be given to increasing the availability of employment opportunities and accessible governmental assistance and services (including health care and education) to local community members, IDPs and returnees as this will have significant implications on their mental health and psychosocial well-being. These priorities can be effectively supported by international humanitarian stakeholders to ensure a smoother transition from displacement to reintegration further supporting durable solutions.

5.2. MUKHTARS' PERSPECTIVE OF CHALLENGES

The mukhtars' responses highlight the significant challenges faced by displaced persons and returnees in accessing basic services, particularly health care and education, due to spatial

distance to hospitals, health-care settings and educational institutions, general transportation limitations, overcrowded schools and the paucity of medical staff to provide health-care services needed in the region, particularly in remote areas. Concerns regarding health care were also reported by the medical staff who attended in the focus group discussions and are presented under Section 9 (Healthcare) in this report.

Regarding challenges in education, mukhtars suggest interventions such as providing transportation support, opening more schools, providing quality meals, literacy courses for the wider community and sports activities at schools and as extracurricular activities to improve mental health and psychosocial well-being of children in displaced and returnee communities as well as in the local community. The responses highlight the urgent need for targeted psychological support sessions and reveal a pervasive lack of support, both locally and internationally, exacerbating the mental health risks faced by these vulnerable groups. The interconnected nature of limited service access, mental health challenges and societal impact emphasizes the necessity for comprehensive strategies to address the complex issues confronted by displaced and returning communities.

Mukhtars play a crucial role in coordinating efforts among stakeholders. When their perceptions of current coordination were explored, the majority expressed a positive view, indicating that the coordination facilitates people's access to services. However, some raised concerns about local non-governmental organizations, noting a lack of MHPSS services and ineffective coordination

among stakeholders, particularly in Sinjar district. To overcome the existing challenges, respondents emphasize the need for sustained communication between civil society organizations, government bodies, international organizations and community members to enhance the coordination and delivery of support services. This involves regular meetings and assessments of members' needs to ensure a targeted and mainstreamed support system. The suggestion of monthly meetings shows the

importance of consistent engagement to meet ongoing and changing requirements. Additionally, participants recommend incorporating awareness sessions on services provided and continuous support mechanisms to address psychosocial challenges and psychological disorders. Periodic visits to families are also proposed as an effective means of direct communication to understand specific needs and provide tailored assistance to families who have been affected by conflicts and displacement.



Focus group discussion with men in Qayrawan. © IOM 2024

6. PSYCHOSOCIAL WELL-BEING

6.1. PERCEPTIONS OF PSYCHOSOCIAL WELL-BEING

In this subsection of the report, the crucial domain of mental health and psychosocial needs is investigated, through an exploration of respondents' perceptions of distress or uneasiness. The main question guiding this inquiry is, "Which words do you traditionally use to define a period of temporary distress or uneasiness?" The aim was to clarify the culturally and contextually specific aspects of mental health experiences, providing valuable insights for the formulation of targeted interventions and support strategies within the assessed population, by analysing the respondents' linguistic expressions in conveying emotional challenges.

The emerging themes in the respondents' answers reflect a spectrum of emotional struggles, capturing sentiments of distress, helplessness and a persistent urge to emotionally escape or distant themselves from current realities. One prevalent theme is the expression of fatigue and boredom, with phrases like "I'm tired," "I'm bored," and "Life is tiring" indicating a sense of exhaustion in their experiences. This fatigue seems to be both physical and emotional, suggesting a deep exhaustion that permeates various aspects of their lives.

Another significant theme is the recurring desire for death or escape, expressed through phrases like "I wish I could die," "Wishing to die," and "I wish I would die." This recurrence points to a pervasive feeling of hopelessness and a strong urge to break free from the challenges they face. The use of words like "defeated," "helpless," and "life is not worth one

person to live it" further emphasizes the struggle and lack of agency felt by the respondents.

The use of religious expressions, such as "Thanks God for everything," which indicates both the good and the bad come from God, adds a layer of cultural and spiritual context to the respondents' coping mechanisms and highlights the intertwining of faith with their emotional states. The themes of displacement, job loss and instability further illustrate the societal factors contributing to their emotional distress. In such cases, the respondents explain the factors that are associated with distress or uneasiness rather than defining what these terms mean to them.

From a relational perspective, these expressions highlight the interconnectedness between mental health, social context and personal experiences. The use of language to convey emotional challenges unveils a complex web of feelings tied to societal expectations, personal hardships and a call for support. The themes of isolation, lack of trust, hopelessness and the desire for escape indicate the need for holistic interventions that address not only individual psychological well-being but also social and contextual factors contributing to psychological distress. Understanding these linguistic expressions can guide the development of support strategies that acknowledge the interplay between mental health and the broader sociocultural environment, fostering a more comprehensive and effective approach to intervention and assistance.

Figure 14. Most frequently used terms to define distress or uneasiness.



The repetition of terms (Figure 14) used by the respondents to define distress or uneasiness highlights the prevalence and intensity of certain emotional states. The use of the word "tired," which recurred the most in the answers, shows a profound and pervasive sense of fatigue experienced by the respondents, reflecting the emotional and physical exhaustion that permeates their lives. Similarly, the frequent mention of "feeling bored" potentially indicates a prevailing monotony and lack of fulfilment in their daily experiences. Other notable repetitive terms describing feeling "upset," "uncomfortable," "anxious," "depressed" and "helpless" further emphasize the range and depth of emotional challenges faced by the participants. The repetition of terms related to experiencing difficult feelings, such as "annoying," "sadness," "suffocation" and the desire to "die" reflects the severity of their psychosocial distress. Whereas words like "silence," "isolation" and "difficulty" point to the isolating and challenging nature of their circumstances. Notably, similar identifications were found in previous needs and impact assessments conducted across Federal Iraq and Kurdistan Region in Iraq (Duman, 2023; IOM, 2022; IOM, 2023b). Overall, the recurrence of these terms provides a snapshot of the emotional landscape and the multifaceted forms of distress experienced by the respondents.

The overwhelming consensus among participants, with 94 per cent acknowledging the widespread prevalence of distress and uneasiness in the community, represents the pervasive impact of a multitude of challenges faced by them. The distress in the community is deeply rooted in the complex interplay of psychosocial, economic, political and security issues. The community, scarred by years of armed conflict and prolonged displacement, struggles with the enduring psychosocial consequences of conflict, including fear, anxiety, trauma and disrupted social support networks. Economic instability, exacerbated by displacement and the destruction of livelihoods, compounds the distress as individuals struggle to secure their basic needs. Politically, the region experiences ongoing uncertainties, contributing to an environment of uneasiness. Security concerns persist, both from past conflicts and potential future threats, adding an additional layer of distress experienced widely in the community. This collective unease serves as a reflection of the intricate challenges faced by the community, necessitating long-term, comprehensive and targeted interventions that address the multiplex dimensions of distress and foster resilience.

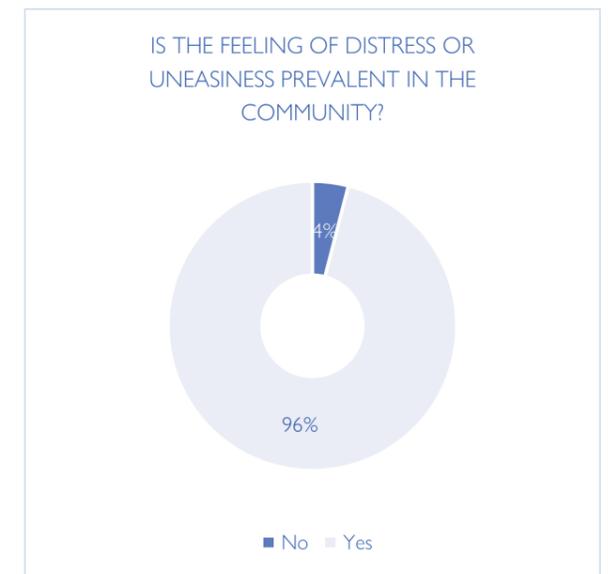


Figure 15

Aligned with the vulnerabilities identified above, another striking majority of respondents, comprising 98 per cent (n=196), acknowledged the presence of individuals in the community in need of psychological or psychosocial support (Figure 15). Moreover, an impressive 96 per cent (n=183) expressed the belief that community members would actively seek such support if made available. This perceived collective awareness illustrates a crucial recognition within the community of the imperative for mental health interventions for improved well-being. The high percentage expressing the community's willingness to seek support indicates a readiness to address psychosocial challenges, highlighting an encouraging potential for effective and well-received MHPSS initiatives tailored to the unique needs emerging from the context of displacement, return and reintegration.

The given responses to the question on the causes of distress or uneasiness in the community illustrates the diverse and interconnected nature of the challenges faced by respondents (Figure 16). Lack of access to basic services (84%, n=168) and displacement (67%, n=133) emerged as predominant factors, highlighting the enduring impact of disrupted public services and forced migration on individuals' well-being. Traumatic experiences both in the place of origin (38%, n=76), during displacement (52%, n=103) further underline the lasting psychosocial effects inflicted by conflict

and displacement. Equally significant are the traumatic experiences post-return (60%, n=120) emphasizing the ongoing challenges associated with sustainable reintegration. The loss of loved ones (57%, n=113) adds a layer to the community's collective distress and uneasiness. Recognizing and responding to this diversity is critical for the design and implementation of psychosocial interventions, highlighting the

need for integrated services and sustained, long-term support from local and international stakeholders. Government institutions, civil society organizations and humanitarian agencies must collaboratively contribute to address these multifaceted challenges comprehensively, fostering a resilient and supportive environment for individuals, families and communities affected by displacement, loss and trauma.

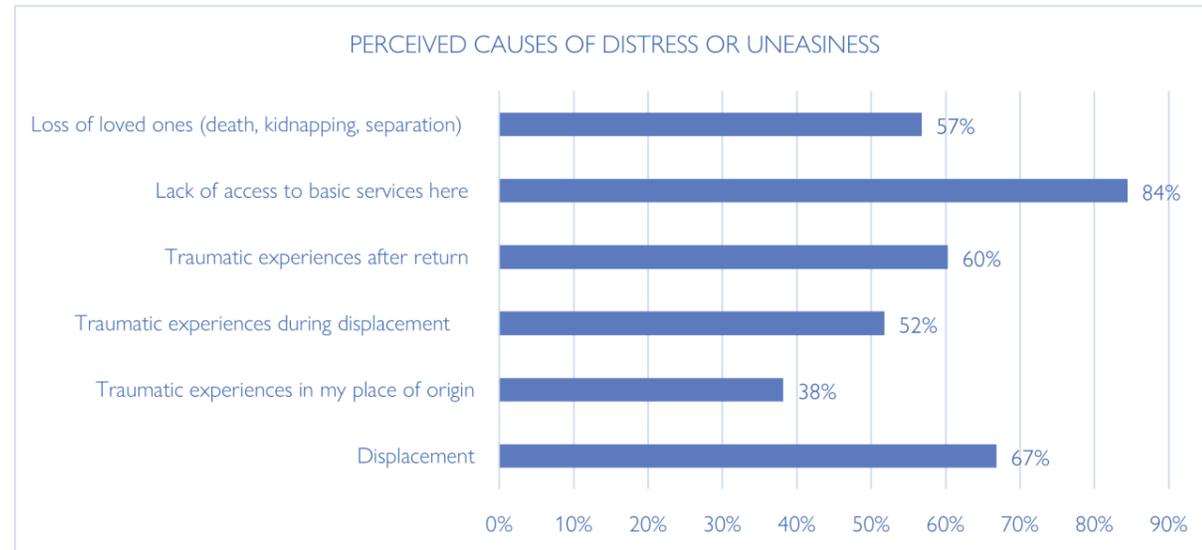


Figure 16

The participants' responses to the question about problems experienced in the last two weeks provide a critical insight

into the pervasive psychological impact of the challenges they have recently been facing (Figure 17).

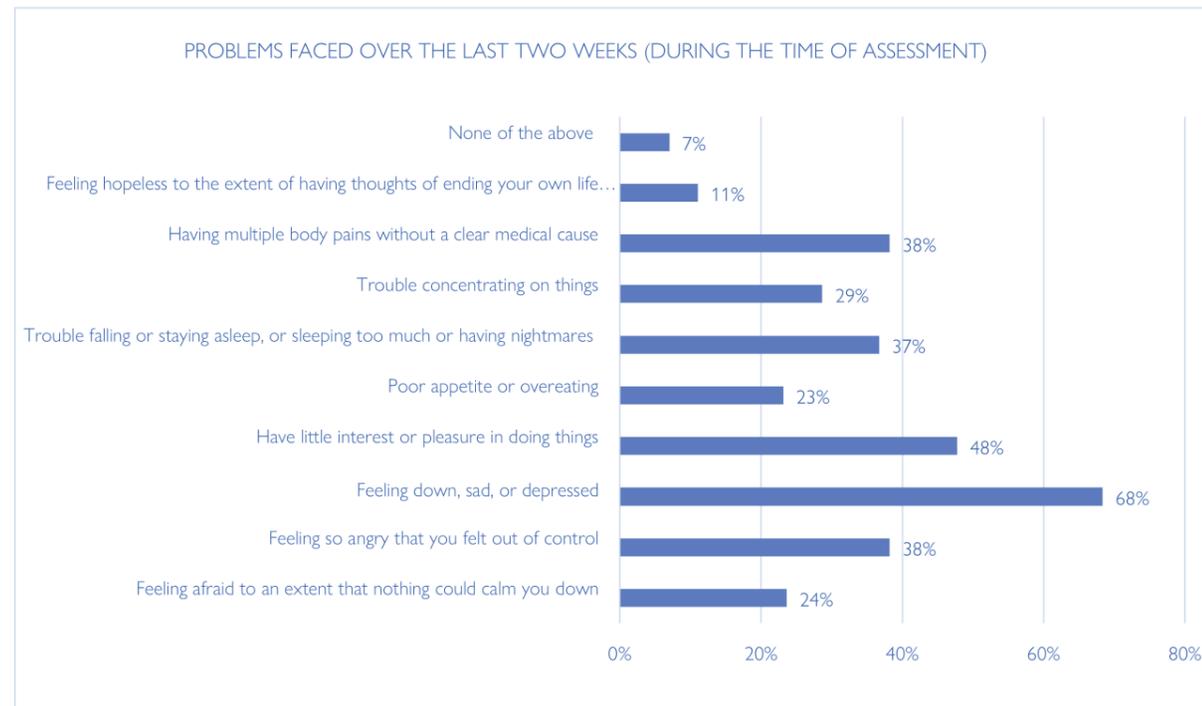


Figure 17

The most prevalent psychological challenge reported by participants during the time of the assessment was feeling down, sad or depressed, with a substantial 68 per cent (n=136) acknowledging this emotional burden. Following closely, 48 per cent (n=95) expressed having little interest or pleasure in doing things, indicative of diminished motivation. The experience of feeling so angry that one felt out of control was reported by 38 per cent (n=76) of respondents, underscoring the intensity of emotional distress within the community. Simultaneously, 38 per cent (n=76) also reported having multiple body or somatic pains without a clear medical cause, reflecting the physical toll of psychological distress. Trouble falling or staying asleep, or experiencing nightmares, affected 37 per cent (n=73) of participants, while 29 per cent (n=57) reported trouble concentrating on things. Feeling afraid to an extent that nothing could calm them down was mentioned by 24 per cent of respondents. Additionally, 23 per cent (n=46) reported poor appetite or overeating as a challenge. Finally, 11 per cent (n=22) of participants revealed feeling hopeless to the extent of having thoughts of ending their own life or hurting themselves in some way, highlighting the urgent need for mental health support within the community. A notable percentage expressing thoughts of self-harm or suicide underscores the severity of the psychosocial consequences, emphasizing the urgent need for specific focused and

specialized MHPSS services, including psychotherapy and psychiatric consultations. These findings collectively illustrate the deep and enduring impact of conflict-related experiences, displacement and challenging returns on the mental health and psychosocial well-being of individuals, necessitating holistic and sustained support systems to address the multifaceted dimensions of their distress. It should be noted that there is also a small percentage of 7 per cent (n=14) reported experiencing none of the above challenges, which is important to observe that the same disturbing factors do not affect all people in similar ways.

Answering the question "What are the top three priority needs of local community members that you feel should be addressed by different actors here?", the respondents identified a range of top-priority needs (Figure 18) within the local community, reflecting the multifaceted challenges faced by its members. Topping the list, the need for employment and job opportunities was reported by 69 (35%) respondents. This finding indicates a collective yearning for economic stability and livelihood within the community. Close behind, the importance of basic infrastructure is evident, with provision of drinking water and electricity being mentioned by 65 (33%) respondents, emphasizing the fundamental role these services play in the daily lives and the overall mental health and psychosocial well-being of the community members.

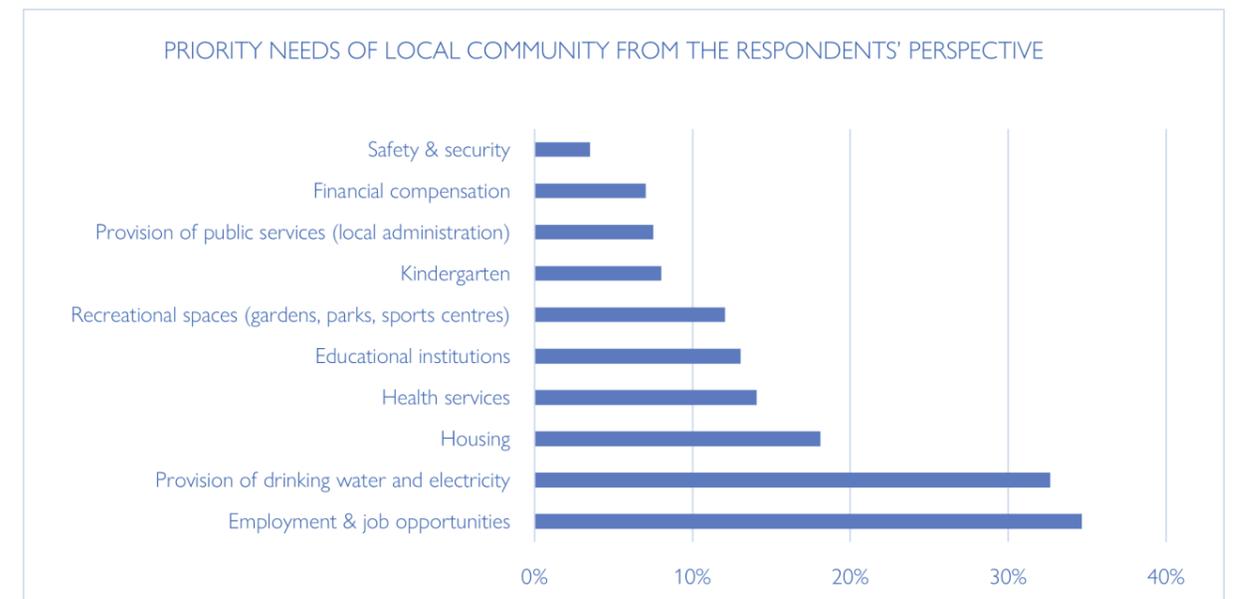


Figure 18

Turning attention to housing, identified as the third most important need by 36 participants (18%), it is apparent that a secure and adequate living environment is a significant focus for the community. Beyond these fundamental needs, the subsequent priorities, including health services, educational institutions, recreational spaces and

kindergarten, collectively paint a comprehensive picture of the community's aspirations. With 28 (14%) respondents reporting the desire for accessible and quality health services, the community's recognition of the integral role health care plays in overall well-being is clearly highlighted. Similarly, 26 (13%) respondents emphasized

the need for educational institutions, which reflects a commitment to fostering knowledge and skills within the community.

Furthermore, the recognition of the importance of recreational spaces (n=24, 12%) and opening of pre-school facilities (such as kindergartens) (n=16, 8%) speaks to a holistic vision for community development as well as the reintegration of different age and gender groups. The multifaceted nature of these priorities suggests that the community seeks not only economic stability but also a well-rounded and improved quality of life for all including supporting communal educational and cultural development. In essence, the findings indicate a detailed understanding of the community's needs, paving the way for tailored specific community-based interventions and initiatives that address their aspirations comprehensively.

From a relational perspective, these identified priorities reflect a collective desire for comprehensive and integrated development, encompassing economic opportunities, housing, and educational, health and public services. The call for MHPSS, as well as the rebuilding of homes and infrastructure, indicates a recognition of the deeper, systemic challenges impacting the well-being of the community. Understanding and addressing these priorities can collectively contribute to the formulation of effective interventions that align with the interconnected needs of the local community and buffers their ability to build back better from adversity and achieve sustainable reintegration.

6.2. SERVICE PROVIDERS' PERSPECTIVES OF MHPSS NEEDS

Staff members of civil society organizations who answered questions in focus group discussions also highlighted important points concerning the psychosocial needs that need to be addressed in the short and long term. The responses from CSO staff members shed light on a multitude of pressing MHPSS needs within the community. One recurring theme is the lack of awareness and understanding of psychological problems among a significant portion of the population. Participants stressed the need for awareness campaigns to destigmatize mental health issues and emphasized the ne-

cessity of establishing specialized centres or psychosocial support units within health facilities. Lack of trust, in relation to negative social perceptions of and stigma around mental health and psychosocial challenges, as well as difficulties in accessing relevant services were noted as a barrier that needs to be addressed by the service providers through, for example, tailored awareness raising programmes. This seems to be contradictory to the participants' reply regarding whether community members would actively seek support for mental health and psychosocial wellbeing if such services were available; however, the service providers' account importantly shows their own experiences and challenges in the field, which needs to be addressed collaboratively.

Financial challenges also emerged as a critical barrier to effective MHPSS service provision. Organizations expressed the need for sustained financial support (such as long-term funds and grants) to continue their work and provide sustainable support to individuals relying on these services. The participants underscored the importance of non-formal education programmes for children, which require more space, logistical support and employee skills development. Additionally, there was a consensus on the importance of providing specialized psychological treatment through well-trained professionals, especially for vulnerable groups like women, children and persons with disabilities. There were also calls for establishing specialized MHPSS centres and the provision of psychotropic medications for individuals with urgent and chronic mental health needs. Overall, these responses underscore the interconnected nature of various challenges and the need for a holistic and collaborative approach to address MHPSS needs effectively.

The responses also drew attention to vulnerable groups, such as women and children with special needs, emphasizing the importance of creating special entertainment centres tailored to their requirements. The call for support centres for children affected by armed conflict highlights the long-term impact of past events on mental health and the need for sustained efforts to facilitate their (re)integration into society. The financial constraints on awareness and education activities were identified as a significant challenge, emphasizing the importance of consistent funding for mental health and psychosocial support initiatives.

6.3. SERVICE PROVIDERS' EXPECTATIONS FROM STAKEHOLDERS

In the assessment, the CSO staff members, some of which provide MHPSS, and mukhtars (heads of local governance in towns) were asked about their expectations from the Government and local and international stakeholders to better support those in need of MHPSS. The responses regarding government support revealed several common themes. First, they emphasized the importance of logistical assistance and security approvals to facilitate the movement of psychosocial mobile teams (PMTs) and ensure the safety of beneficiaries. Second, there was a consistent call for financial support from the Government to establish centres providing MHPSS, pay salaries of hired staff members and provide necessary medications for individuals who need more specialized services. Third, the need for government attention to the mental health field and collaboration with education and health directorates to streamline the provision of psychological and social support services emerged as a key theme.

In terms of local stakeholders, the participants highlighted the critical role of community engagement. They stressed the importance of local organizations acting as bridges between the society and mental health initiatives. This involved encouraging community members to participate in mental health-related activities, spreading awareness, supporting vulnerable groups and fostering coordination among relevant stakeholders such as the community itself, PHCCs and local and international organizations that provide MHPSS services.

Participants expected international stakeholders to closely work with the Government to allocate more funds for MHPSS services and prioritize their provision, particularly in areas where the participants perceived government support to be insufficient. Additionally, they expected international stakeholders to maintain financial support for staffing, medicines and specialized services, such as rehabilitation centres for psychological cases, was highlighted. The call for international bodies

to support local organizations, establish hospitals for psychiatric cases and coordinate with the Government to enhance psychological and social support for various groups emphasized the importance of collaborative efforts between global and local entities.



Capacity building activity for local actors in West Ninewa. © IOM 2024

7. SOCIAL SUPPORT MECHANISMS

Building and enhancing supportive social systems and networks are essential to help individuals overcome the complex challenges of conflict, displacement and return as it fosters resilience and contributes to improved mental health and psychosocial well-being (Siriwardhana and Stewart, 2013). The result (Figure 19) indicating that 89 per cent (n=177) of respondents feel supported by their families is noteworthy to be listed as a strength, especially considering the adverse conditions of conflict, displacement and challenging return. The fact that a substantial majority of respondents still receives familial support is crucial, highlighting the resilience and strength of family bonds even in the face of adversity. It also shows the importance of these relationships as a crucial pillar of support for individuals navigating the complexities of displacement and return. These relationships serve as essential buffers, providing emotional sustenance and a sense of belonging. Recognizing and reinforcing these familial support networks becomes imperative for interventions aimed at promoting the mental health and psychosocial well-being of individuals and communities affected by conflict and displacement, emphasizing the significance of family ties in fostering resilience amidst challenging circumstances. Examples of such support include but are not limited to “family tracing and reunification, assisted mourning and communal healing ceremonies, mass communication on constructive coping methods, supportive parenting programmes, formal and non-formal educational activities, livelihood activities and the activation of social networks, such as through women’s groups and youth clubs” (IASC, 2007, p. 13).

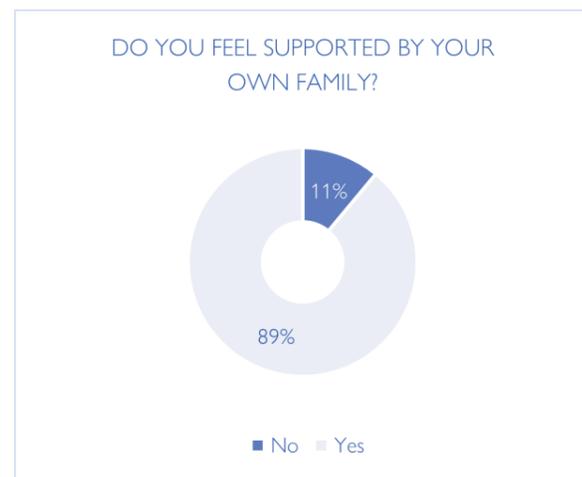


Figure 19

Additionally, recognizing the pivotal role that family support plays in individuals’ well-being, interventions mentioned above can enhance communication, foster understand-

ing and provide resources to families facing psychosocial challenges of displacement and return. Initiatives such as training on caregiving, problem solving, effective communication, life skills, art-based activities and safe spaces for improving parent-child and family relations can equip families with tools to improve their insights of the experienced psychosocial challenges of conflict and displacement and cope with them. Such initiatives can help with promoting empathy and resilience within the family unit. Community-based support networks can be established to create a broader system of assistance, ensuring that individuals have access to both familial and community resources. Initiatives such as neighbour assistance or solidarity circles, community resource sharing centres and mutual aid networks, facilitated by women, youth and elderly groups, can play a key role in collective efforts to address the challenges. By placing a strategic emphasis on preserving and reinforcing these vital social support structures, humanitarian interventions can also contribute considerably to the holistic well-being of those affected by conflict and displacement.

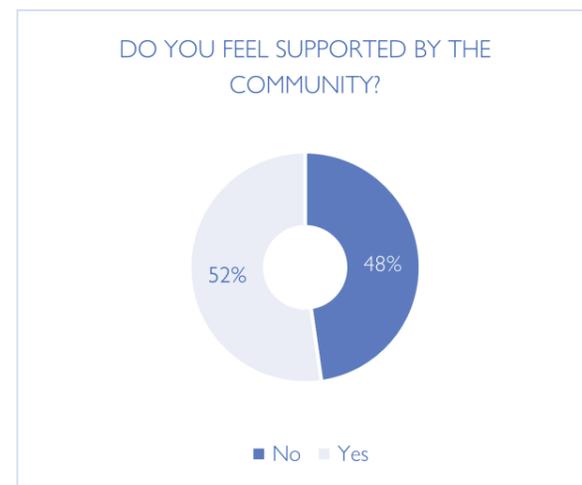


Figure 20

The finding that only 52 per cent (n=104) of participants feel supported by community members (Figure 20) stands in contrast to the higher percentage reporting family support (89%, n=177). This disparity may be attributed to the intricate dynamics shaped by conflict and displacement and their impact on community bonds, contributing to a weakened sense of collective support. To further elaborate, family ties often endure as a consistent source of support, anchored in shared histories and mutual understanding. In contrast, community support can be more complex due to the diverse backgrounds, experiences and perspectives of different groups coexisting within a community. Additionally, individuals may face challenges in connecting with a broader

community (for example, people outside their family) due to factors like social divisions, cultural differences or competition for limited resources in post-conflict environments. Recognizing that psychosocial challenges arising from conflict and displacement, such as feeling depressed, helplessness and socioeconomic hardship may contribute to a sense of isolation from the larger community, interventions aimed at rebuilding community support should prioritize fostering inclusivity, encouraging dialogue and addressing the diverse needs and experiences within the community. Implementing MHPSS activities, as mentioned earlier, in an inclusive manner that accommodates individuals and groups from diverse backgrounds and ethnicities and with cultural sensitivity, can significantly mitigate the negative emotions associated with isolation and the absence of communal support. Notably, individuals and groups such as relatives, neighbours, friends, tribal or clan leaders, colleagues and those recognized as “good [helpful] people” are identified as sources of community support by participants who noted that they feel supported by their community. Among participants who perceive a lack of community support, some attribute this perception to beliefs that “the rest of the community lacks means and opportunities to support others,” “the community is isolated,” “everyone is self-reliant,” “individuals cope with their own problems, pains, and suffering,” or “economic conditions do not permit intra-community support.”

The participants were also asked a question aiming to understand if they or someone they know have been discriminated against in this community, recognizing that discrimination can significantly impact social support structures and psychosocial well-being, particularly in the aftermath of conflict and displacement (Figure 21) where it can erode the foundation of social support mechanisms and have profound implications for psychosocial well-being (IASC, 2007). Twenty-two (11%) participants noted that they or someone they know have experienced discrimination in the community, which reflects a concerning feeling within the social life. Communities relying on strong social networks, as highlighted by the positive family and community support reported by 89 per cent and 52 per cent of participants respectively, play a crucial role in mitigating the negative consequences of conflict and displacement. Discrimination, however, acts as a barrier to the development of such inclusive communities and undermines positive social and intergroup relations, hindering the formation of supportive networks beyond the familial and close social sphere. To promote social cohesion, resilience and well-being in post-conflict settings, interventions must address discriminatory practices and promote inclusive attitudes within communities through interventions that emphasize unity, understanding and cooperation. The responses from the 78 per cent who reported not experiencing discrimination indicate a majority within the community who, either personally or through their social

networks, have not encountered any form of discrimination. This majority suggests the potential for inclusive attitudes and positive social dynamics, emphasizing the importance of fostering and preserving such environments to support psychosocial well-being of people from different ethnic, religious, gender and socioeconomic groups in post-conflict, displacement and return scenarios.

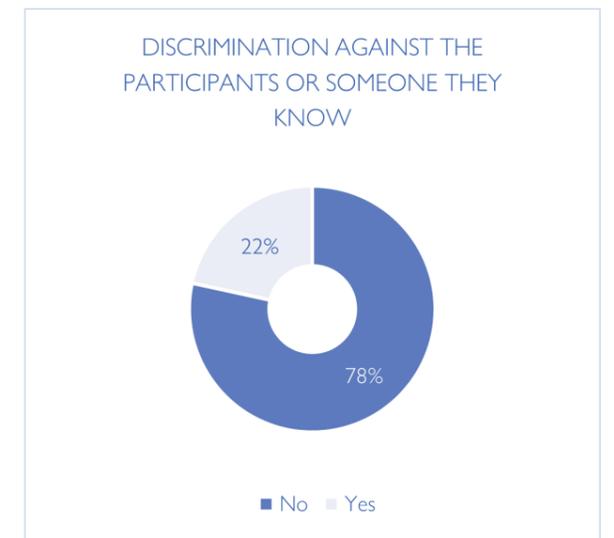


Figure 21

The participants were also asked to indicate which groups suffer the most from the current situation in the post-conflict, displacement and return context (Figure 22). Notably, 80 per cent (n=160) identify women as the most impacted, emphasizing the unique challenges faced by this demographic, possibly stemming from heightened risks of gender-based violence, limited access to resources and additional caregiving responsibilities (also Duva Kaya, 2022). The recognition of widows (71%, n=141) and persons with disabilities (72%, n=143) as particularly vulnerable groups underscores the compounding effects of social marginalization (Rose, 2022). Furthermore, widows are considered particularly vulnerable in the post-conflict context due to the devastating impact of mass killings of men by ISIL, leaving many women without their partner for support, compounding challenges they face in accessing resources, economic opportunities and social support equitably (Kaya and Luchtenberg, 2018; Vilardo and Bittar, 2018). Children (56%, n=112) and the elderly (32%, n=64) are also acknowledged, indicative of concerns for the well-being of the most dependent age groups. Men, though identified as suffering by 44 per cent (n=87), may be perceived as relatively more resilient, possibly influenced by societal expectations around male roles. These perceptions reflect the complex interplay of social, economic and gender dynamics in the aftermath of conflict and displacement, stressing the need for interventions that address the specific needs of diverse vulnerable groups to promote equitable recovery and psychosocial well-being for all.

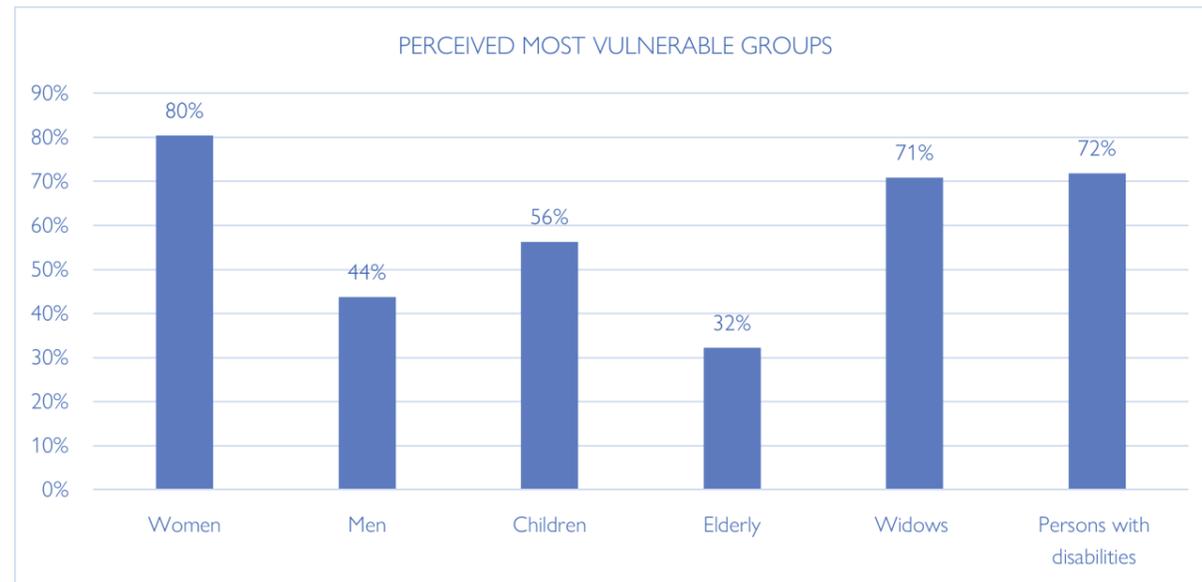


Figure 22

Given the challenges mentioned earlier, on a scale from 1 (not safe at all) to 5 (very safe), participants were asked to specifically indicate how safe they feel in their current setting (Figure 23). Thirty-four per cent (n=67) reported that they feel very safe whereas 3 per cent (n=6) did not feel safe at all. The

middle-ground responses suggest a nuanced understanding of safety, with 25 per cent (n=50) rating their sense of safety 3 and 31 per cent (n=63) rating 4. This variation amongst responses may stem from the varied and individual experiences of conflict, displacement and return among the participants.

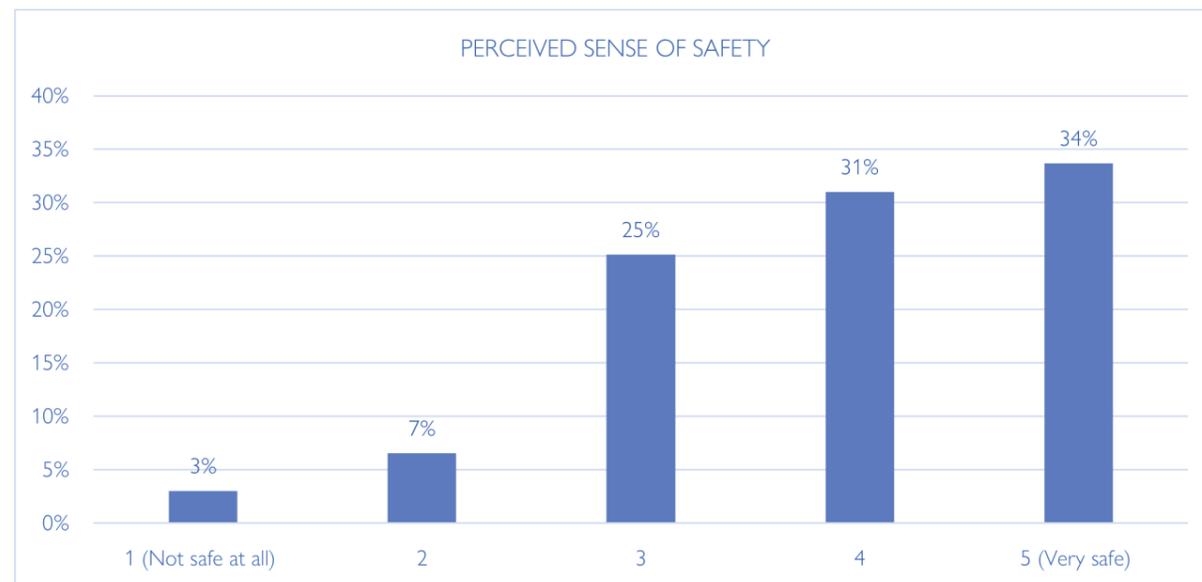


Figure 23

To strengthen and preserve the sense of safety in the post-conflict context, collaboration among government, local and international humanitarian actors is essential. Firstly, investing in and maintaining effective security measures, including the removal of unexploded remnants of war, contributes to a tangible improvement in safety conditions. Additionally, fostering community engagement through regular community dialogue sessions can enhance trust and understanding among diverse community members, promoting a shared commitment

and collective feelings of safety and security. Implementing programmes that address underlying sources of tension and facilitate conflict resolution is crucial for mitigating inter-communal tensions. Providing support for local law enforcement and justice systems can support safety and security and peace and reinforce the rule of law. An important example is the Yazidi Female Survivors' Law legislated in 2021, an initiative led by the Government of Iraq and supported by IOM and other organizations (Coalition for Just Reparations, 2021).

Additionally, initiatives aimed at economic and infrastructure development, coupled with inclusive governance, can address root causes of insecurity and contribute to long-term stability. These initiatives include establishing microfinance initiatives, rebuilding essential facilities such as schools and health-care centres, creating community centres that offer counselling services, offering vocational training and recreational activities, and establishing platforms for dialogue and collaboration between community leaders, government officials and

displaced populations to foster inclusive governance. Collaboration with mental health professionals to provide integrated psychosocial support can also contribute to a sense of safety by addressing the psychological impact of conflict. Overall, a comprehensive and integrated approach that combines security measures, community engagement, economic development and community-based MHPSS is key to strengthening and preserving the sense of safety and belongingness in post-conflict settings.

8. SHELTER AND HOUSING

As seen in Figure 24, IDPs used a variety of shelter types during their displacement. Approximately 51 per cent (n=101) resided in camps, 10 per cent (n=19) sought refuge in unfinished or partly destroyed housing, and 38 per cent (n=75) experienced displacement in both camp and unfinished or partly destroyed housing settings. The remaining participants noted their accommodation in diverse settings, such as their relatives' residences or rented houses and apartments during the displacement period. Additionally, some participants shared experiences of seeking refuge in informal community camps while escaping from ISIL, with some of these ad hoc camps situated in the mountainous areas near Sinjar. The challeng-

es faced during displacement, such as security concerns, limited access to health care and education, and overall disruption to daily life are directly relevant to the type of shelter or accommodation used – regarding the latter, including encountering serious infrastructure problems, overcrowding and limited privacy (Travers, 2021), which all exacerbate psychosocial distress. Moreover, those residing in unfinished or partly destroyed housing face challenges related to structural integrity (Arraf, 2020), leading to health and safety risks. Therefore, participants who had to stay in both types of shelters and in other settings during their displacement have probably navigated a complex blend of challenges.

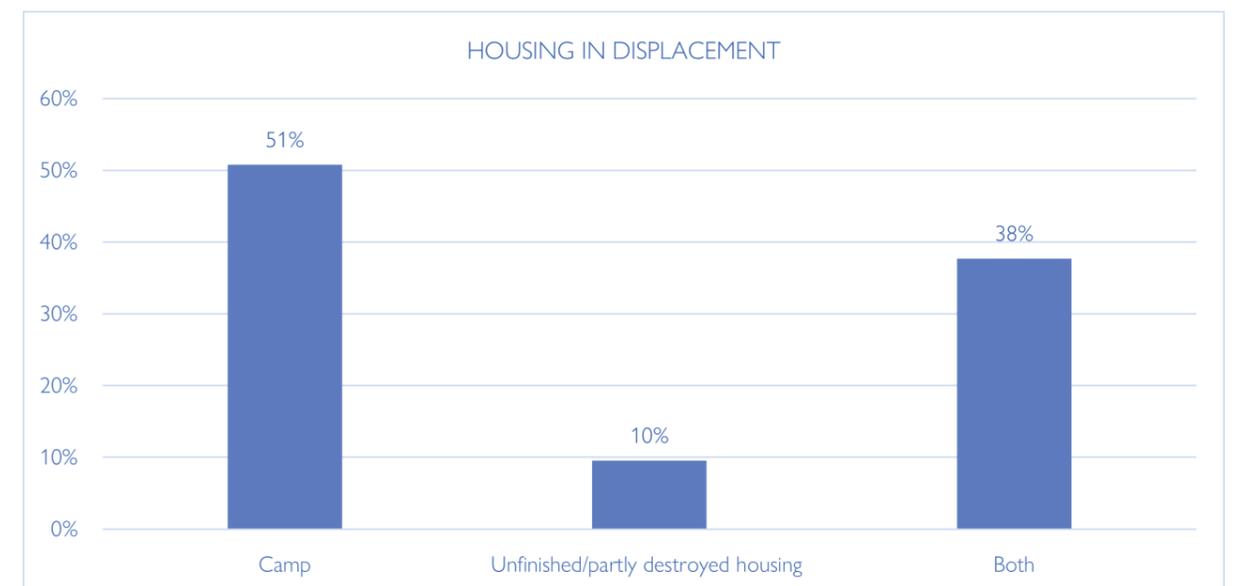


Figure 24

9. HEALTH CARE

9.1. COMMUNITY MEMBERS' PERSPECTIVE

Answering a question on what the most pressing general health needs and challenges that they and their family face are, participants articulated a myriad of pressing such needs, shedding light on the critical gaps in accessing health-care services. Concerns were expressed about the accessibility and affordability of psychological treatments, noting their cost and limited availability. The lack of hospitals in the vicinity, particularly in the outskirts of Baaj and Qairawan and during nighttime emergencies, posed a significant challenge, with the nearest facility being approximately two hours away for some participants. Participants pointed out specific health issues within their families, such as diabetes, high blood pressure, anaemia and gynaecological diseases, requiring continuing medical attention. They further highlighted the absence of specialist doctors and a psychological department, indicating the need for expertise in mental health services. The challenges of accessing a wide range of health services were further emphasized by instances of individuals having other complicated medical conditions such as tonsillitis, irritable bowel syndrome and epilepsy, among others, yet being faced with limited resources and access to medical care. These gaps show the urgent need for a comprehensive and accessible health-care system to address the diverse and critical health needs of the community.

They also expressed a desire for the establishment of psychological and social support centres, emphasizing the recognition of mental health as an integral component of overall health care and well-being. The necessity for staff in health centres to facilitate effective utilization of services and the demand for comprehensive treatments for a wide spectrum of diseases were also emphasized. Additionally, participants noted the importance of having female doctors available for specific treatments, addressing gender-specific health needs.

In conclusion, the responses on health care indicate four main areas to focus on: (a) collaborative efforts are essential to address diverse health needs; (b) the Government is expected to prioritize accessible health facilities and recruit specialized doctors as well as female doctors; (c) humanitarian actors are expected to contribute resources, staff and equipment, focusing on training local health-care professionals, and (d) an integrated approach is crucial to tackle complex health challenges through medical care, mental health support and community involvement.

9.2. MEDICAL STAFF MEMBERS' PERSPECTIVE

Through conducting FGDs with medical staff from PHCCs in the field, this assessment sought to understand their views on challenges concerning mental health, psychosocial well-being, and overall health care. The discussions aimed to identify the needs of existing facilities that provide these services, strategies for meeting those needs, and the expectations they have from the government, local stakeholders and international partners to mobilize different forms of support. Notably, some respondents had experience in providing MHPSS, while the majority lacked such experience.

In the immediate term, health-care professionals at PHCCs highlight pressing MHPSS needs, particularly concerning vulnerable groups like women, children, persons with disabilities and the elderly. The respondents noted that the region witnesses a surge in symptoms such as depression, post-traumatic stress disorder, anxiety related to domestic violence, and a concerning increase in suicide attempts, particularly among women. There is an urgent demand for integrated MHPSS units within relevant institutions, including PHCCs and educational institutions, with designated spaces for confidentiality and privacy, staffed with MHPSS professionals (psychiatrists, psychologists, psychotherapists, social workers etc.) and sustainable access to psychotropic medications for those who need them. These demands were reported for both short- and long-term interventions.

The emphasis is on continuous services, with hopes for governmental or international support to ensure sustained operations, especially seven days a week, to respond to the community's evolving mental health needs. This proposition extends beyond the health-care centres, calling for the incorporation of mental health units in schools and existing community centres, recognizing it as a step in the right direction. The linkage between psychological health and daily life needs, especially for vulnerable populations mentioned earlier, underscores the interconnectedness of mental health and overall well-being.

The FGDs found out that MHPSS services at PHCCs vary in scope and implementation. PHCCs in Baaj and Qairawan offer psychosocial support, primarily in the form of awareness raising, health and psychoeducation sessions for both medical staff and service users, which reflects a commitment to providing information and training within the healthcare

setting. The PHCCs in Qairawan and Sinjar focus on simple awareness initiatives tailored for PHCCs visitors and extends its services to visitors with mental health disorders and psychosocial challenges, offering basic psychological and social support, such as PFA and linking patients with IOM MHPSS team. However, current available support provided in Baaj and Qairawan is limited to referrals to the IOM MHPSS professionals who, in addition to providing community and family services and focused and specialized support, also connect beneficiaries with other service providers both within IOM and of relevant stakeholders where available. At the time of the assessment, MHPSS services were sparsely available at the Sinuni PHCC. However, beginning in December 2023, the IOM MHPSS team extended their services to this location. This diversity in responses indicates the need for a more comprehensive and standardized approach to MHPSS services across all PHCCs in Ninewa Governorate.

9.3. PHCCS EXPECTATIONS

Medical staff at PHCCs were asked to share their opinions concerning how the Government and local and international organizations can support the capacity of the PHCCs in providing more effective and sustainable MHPSS services. The responses from staff members at PHCCs highlighted a shared perception of limited government support, particularly in Baaj, for MHPSS services. However, there is optimism regarding the potential for improvement through collaboration with other government and non-governmental organizations. Suggestions for enhancement include allocating resources for mental health institutions, which entails hiring mental health professionals, particularly psychiatrists, and providing psychotropic medications. Additionally, participants suggest that organizations cooperate to enhance expertise in psychological and social support, such as offering capacity-building opportunities on key MHPSS topics relevant to the stream of work of health-care staff. In summary, a pressing need exists for increased governmental commitment and resource allocation to integrate MHPSS units within PHCCs aimed at effectively addressing the diverse MHPSS needs of the community and in a non-stigmatized manner.

The prevailing sentiment, in the shared expectations from the local organizations, is that current support from local decision makers is perceived as very weak and limited, particularly in Baaj, and primarily focuses on simple coordination in straightforward cases. However, staff members recognize the significant potential for local stakeholders to play a crucial role in supporting the ideas and implementation of psychological and social support services. Recommendations

include fostering coordination with local stakeholders, leveraging influential figures such as religious and community leaders for awareness campaigns, and formally requesting managers, institutions or CSOs to contribute to MHPSS services in primary health centres and in existing community centres. Moreover, there is an emphasis on mitigating stigma associated with receiving specialized mental health services, with a call for such services to be integrated into PHCCs. The responses, therefore, indicate the significance of local organizations and influential figures in advocating for and implementing comprehensive MHPSS within the community, reflecting a broader call for collaborative efforts to address mental health needs effectively.

Lastly, while some support from certain international organizations is acknowledged, it is generally perceived as weak and falls short of the envisioned ambition. IOM is noted as the primary contributor to the provision of and the support of community-based MHPSS services, particularly in Baaj, Qairawan, Sinjar and Sinuni. This sentiment indicates the need for diversified support from other international actors. Additionally, calls are made for the creation of dedicated spaces for continuous group and individual sessions, awareness sessions, training programmes and technical supervision. Moreover, there is an appeal to closely collaborate with the Iraqi Federal and Kurdistan Regional government, with suggestions for the World Health Organization (WHO), IOM and other international entities to advocate consistently for sustained mental health services. Their responses highlight the crucial need for multi-stakeholder collaboration and joint efforts to enhance mental health services at the PHCC level and make them sustainable and accessible for all.



Key informant interview at a PHCC in West Ninewa. © IOM 2024

10. CROSS-CUTTING THEMES

10.1. HEARING WOMEN'S AND GIRLS' VOICES

In the FGDs conducted with women in Baaj, Qairawan, Sinuni and Sinjar, the participants expressed unique psychosocial challenges women face, particularly those who are displaced or returning. Their reflections shed light on the specific stressors and barriers they encounter in their daily lives and how they have been responding to them. The participants of this assessment highlighted several stressors, such as societal norms, lack of job opportunities for women and exposure to insults (derogatory comments) due to existing power dynamics in local societal structures. These challenges contribute to violations of human rights and feelings of helplessness or of being prevented from fulfilling their true potential or exploring their capabilities as active individuals and as an integral component of society.

Quotes from FGDs with female participants:

"Women face a lack of job opportunities, hindering their sense of productivity, reinforcing societal expectations." – 44-year-old from Baaj

"Families are limiting girls' freedom by restricting them from leaving home, working and engaging in social activities reflecting societal constraints on their mobility and opportunities." – 26-year-old from Qairawan

"There are security concerns arising from the absence of safe spaces for young women and the population in general within the area." – 19-year-old from Sinuni

"Many young women experience constraints imposed by their families and society, such as unequal financial treatment compared to young men and other restrictions such as limited job opportunities and exploitation by employers and managers." – 29-year-old from Sinjar

Despite these challenges, young women actively seek and provide support to each other. This involves engaging in conversations with close friends to express their emotions and participating in community initiatives, including skill-building activities organized by various organizations. The participants emphasized the importance of and the need for tailored psychosocial support services, such as continuous and intensive psychological support sessions (for example one-to-one or group counselling sessions and psychotherapy) and training on life skills. They also expressed the need for societal changes and the creation of opportunities for women to contribute actively to community initiatives.

Quotes from FGDs with female participants:

"Women participate in gatherings, such as life skills sessions at organizations, to enjoy their time and alleviate psychological pressures." – 42-year-old from Baaj

"To relieve psychological distress, women engage in women-specific activities and social events." – 26-year-old from Qairawan

"Women build trust and express their feelings by engaging in discussions with their friends." – 22-year-old from Sinuni

"They (women) attend training and look for work opportunities to be able to control and manage their life and get rid of societal pressures." – 27-year-old from Sinjar

The Government's role in supporting young women's psychosocial well-being was seen as crucial. Local stakeholders, including community leaders, were perceived as having a significant impact, provided they show more openness and create additional platforms for women to participate in various activities including social, cultural and sports activities as well as one-to-one counselling sessions. International stakeholders were urged to provide continuous psychological and social support services, and diverse programmes for women and girls that are culturally adaptable and socially acceptable.

Quotes from FGDs with female participants:

"The government can establish psychological support units in all institutions and State departments." – 44-year-old from Baaj

Local organizations can support female students and teachers with provision of psychosocial support services through coordination with schools. – 22-year-old from Sinuni

International organizations can empower women by providing financial resources and logistical support to actively engage in projects and develop ownership. – 23-year-old from Qairawan

The Government should empower women by broadening their roles in society and the Government, providing them with leadership and administrative roles and responsibilities. – 26-year-old from Qairawan

The local organizations can conduct awareness raising activities for the whole community on protecting and respecting women's rights. – 28-year-old from Sinjar

In conclusion, addressing the psychosocial challenges faced by young women requires a comprehensive approach, involving changes in societal attitudes, creating employment opportunities, providing targeted and integrated psychosocial support services, and active involvement of government, local and international stakeholders. Empowering young women to be independent agents and actively contribute to their psychosocial well-being involves creating an inclusive environment that recognizes their abilities to address their specific needs. Additionally, fostering women-to-women support networks can play a pivotal role in enhancing overall well-being by promoting solidarity and shared experiences among young women. Moreover, supporting male members of the community to challenge and transform patriarchal attitudes and behaviours is crucial. By encouraging a shift towards gender inclusivity and understanding, such initiatives contribute to creating a safer and more secure environment for women and girls, where they no longer feel insecure due to societal norms and expectations and contributes to their overall mental health and psychosocial well-being.

10.2. HEARING MEN AND BOYS' VOICES

During FGD with men in Baaj, Qairawan, Sinuni and Sinjar, participants described distinct psychosocial stressors and barriers they face in their daily lives in the displaced, returning and local communities. Their insights provided a look at the specific stressors and barriers that men confront in their daily lives, as well as their coping mechanisms. One prominent stressor identified is the challenge of reintegration, especially in the context of diverse societal changes that occurred during displacement. The returnees face difficulties adapting to the societal changes and sometimes experience internal psychological conflicts as they navigate the return to tribal customs and traditions. This cultural tension has the potential to contribute to a sense of displacement within their own communities.

Quotes from FGDs with male participants:

"Because of displacement and after return to Baaj, the main challenges for men and youth males have been finding job opportunities, inability to access education and recreational spaces" – 22-year-old from Baaj

"There is no psychiatrist in this area. Some community members consider it a shame to have mental health and psychosocial challenges due to social stigma and discrimination associated with it." – 27-year-old from Qairawan

"The inadequate psychological support from authorities, especially when compared to the aftermath of the genocide, forces men in remote areas to seek assistance in distant locations." – 19-year-old from Sinuni

"The main source of distress for young men here is the pressures stemming from political conflicts and the widespread destruction of infrastructure." – 29-year-old from Sinjar

Another significant stressor is the lack of essential services and psychosocial support. The absence of a psychiatrist and a lack of specialized mental health services in the area are noted, and the stigma associated with mental illness poses a barrier to seeking help. The young men express concern about the societal perception of mental health issues, which can lead to shame and reluctance to address psychological distress. Moreover, unemployment and economic challenges are identified as substantial stressors, impacting the mental health and well-being of young men.

The responses highlight a critical need for community awareness and support mechanisms, particularly in addressing the stigma surrounding mental health. The challenges faced by young men show the importance of accessible psychosocial services, job opportunities and a supportive environment to promote their well-being and sustainable and holistic reintegration into the community.

Quotes from FGDs with male participants:

"Organizing activities that encompass skills beneficial to young people, such as conducting football leagues, competitions and community programmes can contribute to their mental health and psychosocial well-being." – 25-year-old from Baaj

"An individual who has undergone certain negative experiences can offer guidance on coping with them to other young people." – 25-year-old from Qairawan

"We are aware of the importance of psychosocial support for us all, and we do our best to support each other. However, we also know that at times, the expertise of specialists is needed to address unique needs." – 19-year-old from Sinuni

"Young people socialize and gather at homes in villages or cafes in town centre to discuss their challenges and support each other." – 30-year-old from Sinjar

As some participants mention, peer-support is seen as a valuable source of improving mental health and psychosocial well-being. Engaging in open conversations with peers not only provides emotional support but also promotes a sense of understanding and shared experiences, contributing to a supportive community where individuals feel heard and acknowledged. The exchange of ideas and coping strategies among peers can further enhance resilience and contribute to a stronger emotional support network for mental health.

The expectations from the Government regarding young men's psychosocial well-being focus mostly on the

establishment of specialized services within health centres. Participants emphasize the need for a dedicated staff, including mental health professionals, to provide necessary support. Additionally, the Government is called upon to create entertainment spaces for young people, offering not only treatment but also opportunities for recreation and leisure. The need for awareness campaigns through media channels and communal events is also stressed in the FGDs. However, a prevailing sentiment among the participants is the limited capacity of local institutions to address their needs.

Quotes from FGDs with male participants:

"The Government can support young people by establishing dedicated hospitals or centres and incorporating specialized psychiatric departments within existing health centres." – 23-year-old from Baaj

"Local organizations can support young people by collaborating with specific organizations and groups or contributing to the establishment of youth recreational centres in the region." – 18-year-old from Sinuni

"International organizations can empower young people by offering training in labour market skills and assisting them in initiating their own projects and startups with initial seed capital." – 20-year-old from Qairawan

"International stakeholders can assist by establishing a branch for international institutes in Sinjar, facilitating accessibility for the youth and enhancing their skills to align with employment opportunities." – 30-year-old from Sinjar

The expectations from local organizations to support young men's psychosocial well-being underscore the importance of active community engagement and a shift in societal attitudes. Participants emphasize the need for local stakeholders to care for young people by supporting sociocultural activities such as weddings and ceremonies, indicating a recognition of the role that social support and community engagement play in psychosocial well-being. There is a consistent call for local organizations to give greater roles to youth in leading society and to support their desire for more inclusive and progressive societal norms.

The expectations from international organizations highlight the diverse ways in which these stakeholders can contribute to supporting the psychosocial well-being of young men. Participants express a need for international organizations to engage in initiatives that promote sports, competitions and games, emphasizing the positive impact of recreational activities on youth well-being. Additionally, there is a call for helping young people to learn about labour market skills, opening projects and startups, reflecting a recognition of the importance of economic empowerment in enhancing psychosocial resilience.

10.3. DISABILITY AND ACCESSIBILITY

In the FGDs conducted with persons with disabilities in Baaj, Qairawan, Sinuni, and Sinjar, respondents expressed specific challenges they face. Participants highlighted several distinct mental health challenges, including anxiety stemming from uncertainty about the future, feelings of isolation leading to depression, increased susceptibility to diseases and societal bullying.

Quotes from FGDs with participants:

"Some persons with disabilities experience anxiety due to uncertainty about their future and fear of not being able to live a healthy life." – 25-year-old male from Baaj

"Persons with disabilities suffer from symptoms of distress and a depressive mood that result in feelings of social isolation and loneliness." – 40-year-old male from Qairawan

"Persons with disabilities are bullied by the community. The community does not accept them or let them participate in public activities." – 19-year-old female from Sinuni

"The government buildings are not accessible. They, for example, do not have rest rooms that persons with disabilities can use. Hospitals are not accessible either." – 27-year-old male from Sinjar

The study found out that the perception of the community towards persons with disabilities is usually negative. Discrimination, negative societal perceptions and physical inaccessibility to services were listed as factors preventing them from accessing the support they need.

Quotes from FGDs with participants:

"There is a negative image drawn about people with special needs in terms of their ineffectiveness in society, their absolute weakness, or their being unfit to work and live normally." – 23-year-old male from Baaj

"Persons with disabilities are discriminated against. There is a lack of concern for their feelings, and a failure to take into account types of disability in designing activities and programmes." – 28-year-old male from Qairawan

"We, as persons with disabilities, do not have an effective communication and coordination with the government offices." – 19-year-old female from Sinuni

"There are no special places that provide care for persons with disabilities regarding their psychosocial well-being." – 26-year-old female from Sinjar

When asked about the community's support for persons with disabilities in terms of their mental health and psychosocial well-being and needs, the participants reported

that such support is either non-existent or weak, falling short of their expectations. This observation, unfortunately, extends to their own families as well.

Quotes from FGDs with participants:

"The support that we receive from the community members is very weak and does not meet our expectations." – 64-year-old female from Baaj

"There is no support for people with disabilities; on the contrary, there is marginalization and societal restrictions imposed on them." – 28-year-old male from Qairawan

"We don't receive support at all from community, and we need their support." – 22-year-old male from Sinuni

"The support we get is not at the required level. It is very little. Support from the family differs, depending on the family's awareness." – 27-year-old female from Sinjar

Additionally, the participants highlighted the role of cultural and community practices and noted that these practices can play a vital role in supporting mental and psychosocial well-being, emphasizing the importance of non-discrimination, integration into society and active participation in community events.

Quotes from FGDs with participants:

"The society and its members must provide assistance to people with special needs, ensuring their integration into society instead of excluding them. This can be achieved by involving them in activities in which they can participate and ensuring their active presence at public events." – 37-year-old male from Baaj

"The society should work towards ensuring non-discrimination based on disability, type or gender of the person with a disability, and guarantee effective equality in the enjoyment of all human rights and basic freedoms." – 28-year-old male from Qairawan

"Our culture should allow us to make our disabilities visible and share our concerns in the community. We should be allowed to participate in well-being activities to achieve something for ourselves and the community." – 32-year-old male from Sinuni

Persons with disabilities utilize various resilience and coping strategies, including engaging in creative skills like drawing and challenging societal perceptions. Some individuals, however, may adopt negative behaviours such as isolating themselves (influenced by community perceptions of persons with disabilities), or resort to unhealthy responses like excessive smoking when facing stress due

to societal attitudes. While these negative reactions should not be classified as effective resilience strategies, it is noteworthy that individuals with disabilities perceive them as such. Despite their belief that these actions help them relax, studies indicate that individuals who engage in such strategies, especially smokers, may experience heightened distress during these activities (Parrott, 2000; 2004; Long, 2003).

Quotes from FGDs with participants:

"I tend to avoid others and social engagements and stay home." – 64-year-old female from Baaj
"I ignore others and tell them 'You are disabled in your minds, and we are disabled in our bodies.'" – 20-year-old male from Qairawan

"Some people with disabilities build resilience through support from their families and overcome their distress by developing hobbies like drawing." – 27-year-old female from Sinuni

"I usually get angry at others and smoke when I am stressed." – 29-year-old male from Sinjar

Participants expressed a perception of weak government support and suggested enhancements, emphasizing the need for job opportunities tailored to their disabilities and financial support for independent projects. Insights from FGDs indicate specific recommendations they made.

Quotes from FGDs with participants:

"The Government can support persons with disabilities by giving them the opportunity to work in a specific field that suits their disability. This could be in administrative jobs such as office works and help them develop their skills in using computers or translation, etc." – 25-year-old male from Baaj

"The Government's support is limited compared to the support provided by humanitarian organizations. The Government should intensify its support." – 20-year-old male from Qairawan

"The Government can build mental health units in the community and governmental centres, and schools to support psychosocial well-being of persons with disabilities." – 22-year-old male from Sinuni

"The Government should open special centres for people with disabilities and support them financially and morally." – 29-year-old male from Sinjar

Participants' answers to what local stakeholders can do to support persons with disabilities indicated a set of demands. Their expressions encourage local stakeholders to involve

persons with disabilities in community activities, consider their opinions in event organization, and help society learn about how persons with disabilities should be included in society and how they can achieve equality and equity.

Quotes from FGDs with participants:

“Local stakeholders should give persons with disabilities a greater role and take their opinion on everything that represents persons with disabilities and everything that is related to them because they are part of this society.” – 25-year-old male from Baaj

“Local organizations should include persons with all types of disabilities in all community-based activities and events.” – 28-year-old male from Qairawan

“They can implement projects for people with disabilities and open centres for those with disabilities.” – 19-year-old female from Sinuni

“The local organizations should care for people with disabilities by allowing them to complete their education and work according to their abilities.” – 26-year-old female from Sinjar

International stakeholders were urged to adapt activities to accommodate for different forms of disabilities, such as physical, hearing and visual disabilities, increase the number of sociocultural and recreational events and skills development sessions for them, and provide the required assistance to each one of them. The participants also highlighted the importance of cooperation between international stakeholders and government institutions to formulate and implement more effective and sustainable policies and programmes for persons with disabilities.

Quotes from FGDs with participants:

“International stakeholders can support persons with disabilities by organizing activities and workshops for skills development so that they can be more self-reliant and independent at work and in self-employment.” – 23-year-old male from Baaj

“The international organizations should increase the number of social and cultural activities for persons with disabilities and design them in a way that will allow the inclusion of all disability types.” – 28-year-old male from Qairawan

“They should open centres and employ experienced staff members who know how to support persons with disabilities and those with special needs, whom can also be part of the team.” – 27-year-old female from Sinuni

“The local organizations should join forces with and advocate for governmental entities to adopt disability inclusive policies to provide care and support for persons with disabilities both materially and psychologically.” – 26-year-old female from Sinjar

In conclusion, addressing mental health and psychosocial well-being for persons with disabilities requires a comprehensive approach that includes tailored interventions, societal awareness and active involvement of governments, local communities and international stakeholders. Emphasizing the unique needs of this group ensures a more inclusive and effective MHPSS framework.



IOM and local actors in West Ninewa supporting vulnerable individuals. © IOM 2024

11. FUTURE ASPIRATIONS

Responses on aspirations for oneself and family reveal a diverse range of hopes and desires, highlighting a longing for a secure and stable environment in conflict-affected regions. A prevalent theme is the desire for financial compensation and home reconstruction, reflecting a collective desire to return to native villages and rebuild lives.

Educational goals emerge significantly, with hopes for completing university studies and ensuring good education for children, illustrating a commitment to personal and familial growth through education. There is a consistent emphasis on health and well-being, both physical and psychological, seen in aspirations for good health, psychological comfort and access to medical services.

Additional responses enrich the narrative, emphasizing a shared desire to return to normalcy, safety and comfort. Economic

stability, job opportunities and financial compensation take prominence, interconnected with the broader goal of living in dignity and supporting oneself and family.

The community’s desire for psychological well-being and contentment is evident in the community’s desire to better respond to psychosocial stressors and rebuild or strengthen their resilience in the face of adversities. Hopes extended to broader societal improvements, including attainment of regional and local security, psychological and social support, and enhanced health services, reflecting a collective vision for the community’s betterment. Overall, these aspirations portray a community with diverse yet interconnected aspirations, ranging from immediate needs to broader goals for a peaceful, secure and prosperous future.



Skill based activities with integrated MHPSS for women in West Ninewa. © IOM 2024

12. CONCLUSION

The MHPSS Needs Assessment conducted in West Ninewa provides a profound insight into the complex challenges faced by IDPs, returnees and host community members in the region. The comprehensive exploration discovers the multifaceted dimensions of displacement, emphasizing the critical need for well-formulated, integrated and sustainable MHPSS – amongst other interventions. The findings highlight recurring displacements, persistent life-threatening situations, varied decision-making processes for return and the pivotal roles of family ties, community support, governmental support and humanitarian assistance. The challenges encompass unemployment, security issues and difficulties accessing essential services, pointing to the urgency of comprehensive and holistic solutions involving employment programmes, improved service accessibility and strengthened security measures. Psychosocial challenges, discrimination and a lack of recreational spaces point out the need for well-established plans for achieving sustainable return and reintegration, improved social and psychological support, tailored awareness raising campaigns, socially inclusive interventions and the creation of recreational facilities, *inter alia*. The findings further point to the role of community structures and programmes in facilitating the overall mental health and well-being, IDPs, returnees and host communities, towards a sustainable reintegration. Additional recommendations focus on targeted and mainstreamed assistance, strengthened security, decision-making support systems, enhanced community support structures, comprehensive employment and service accessibility solutions, awareness campaigns, improved infrastructure and sustained communication mechanisms. Collaboration among stakeholders, involving government, local and international organizations, is perceived crucial for successful implementation and the well-being of vulnerable groups.

The assessment emphasizes the urgency of addressing MHPSS needs, through collaborative and integrated community-based mental health programmes. The resilience of strong familial and peer support structures is a key finding, emphasizing the potential for interventions that enhance family, societal and interpersonal communication, and social networks. Specific and tailored interventions for vulnerable groups, including women, widows and persons with disabilities, are recommended to address specific challenges faced by these groups. The multifaceted nature of the recommendations recognizes the intersectionality of challenges and the need for a comprehensive, holistic, inclusive and collaborative approach. Overall, the report provides a solid foundation for policy makers, government bodies, local and international humanitarian organizations, and community members to work collectively in addressing the identified psychosocial challenges and fostering resilience in the West Ninewa region.



Workshop with key stakeholders on the sustainability of MHPSS services in West Ninewa. © IOM 2024

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