



EXECUTIVE SUMMARY

In total, 68 people were interviewed in Zelikan camp over a two-day period to assess mental health and psychosocial (MHPS) wellbeing and potential thematic areas of intervention. Females formed 75% of the interviewees as maternal wellbeing was a focus of the assessment.

KEY FINDINGS

70%

of respondents state strong levels of distress

74%

of respondents report having a very high level of suffering

58%

of respondents report they now feel safe

88%

of respondents state MHPSS services is an important need

74%

of respondents reported their child to be more emotional since displacement

MHPS FINDINGS

Overall, levels of suffering were reportedly high with 70% of respondents stating that out of a scale of 1 to 10 (with 10, the highest level of suffering), they were a 10, indicating strong levels of distress. Understandably the two main causes of such suffering were said to be the general effects of displacement and having lived under ISIS control for quite some time. Despite the unsettling aspects of displacement, 58% of respondents reported they now feel safe since having relocated to Zelikan camp. Unfortunately, coping levels are reportedly low within the camp, with 54% of participants stating they had no proactive coping strategies to deal emotionally with the current crisis.



Participants were asked to reflect on whether they believed a MHPSS service would be appropriate within Zelikan camp, 88% of respondents stated that they believe MHPSS services in Zelikan would be an essential service for their community.

CARE PRACTICES FINDINGS

Care practices were also assessed for households with a child under two-years old. Alarming, 74% of such households reported they had observed their child becoming more emotionally labile since displacement occurred. Furthermore, 34% of caregivers reported concerns about how they will feed their child under 2-years.

64% of households reported that they were no longer breastfeeding their child and instead were feeding their child with formula. Due to the difficulties in accessing formula in Zelikan camp, it is understandable that feeding would be perceived as a major concern.

METHODOLOGY

The assessment team was composed of one male and three female staff. All team members were trained in psychosocial work or were qualified psychologists. Data was collected over a period of two days with 68 people interviewed in total. The assessment team began at the entry of the camp and in pairs of two worked their way up towards the end of each row of tents. Potential participants were explained the purpose of the assessment, and how data would be used. Confidentiality of responses was assured, and no identifying information was collected. Participation was entirely voluntary. Assessments were conducted in the respondents' tent to assist with ensuring privacy. Limitations to privacy existed though, as at times it was difficult to ensure no other family members of the beneficiary entered the tent. The assessment form can be found in Appendix 1.

DEMOGRAPHICS

- 68 people were interviewed
- 51 (75%) females and 17 (25%) males
- Ages ranged from 13 to 84 years old
- The mean age of respondents was 39 years
- 34% stated they were from a female headed household
- 49% of households interviewed, had a pregnant woman or a child under 2 years old.
- The age of the mothers (of an under 2-year old child) ranged from 15 years to 30 years.
- 22% identified as living with a person with a disability

REPORTED PSYCHOSOCIAL DISTRESS

- The three most common words used to define respondents current feelings following displacement were; tired (40%), suffering (10%) and fear (10%). Interestingly, 10% of respondent reported feeling good, stating the main reason for their positive mood was because they feel safe now that they have reached Zelikan camp. One respondent tellingly said *"we are free now, free from the constant suffering"*.

- The suffering scale was used to measure levels of distress within the community. The suffering scale is ranked from 1-10 and visually depicts the level of distress an individual experiences. Overall 74% identified as being a score ranging from 8 to 10 (out of 10) on the suffering scale which indicates they report to experience the highest level of distress.

- When asked what the main causes of suffering were, the majority of respondents said their distress was due to the general effects of displacement, namely having limited food and money (47%) and that much of distress is due to having lived under ISIS control with persistent fears for their safety (34%).

- Participants were asked how the living conditions on Mosul have impacted upon their daily life. The majority of respondents, 59% stated that their financial situation and educational opportunities have suffered the most, 22% reported the main impact has been psychological, stating that they feel *"emotional and tired"*.

- When asked how the displacement is impacting respondents now, the vast majority stated that displacement has improved their situation because they now feel safe (58%), 15% of respondents stated that they were finding it difficult to cope with the conditions of the camp (sharing latrines, reported problems with access to food and some complaints on water quality), 12% stated that they feel unstable and cannot plan for their future, and 9% stated they simply “lost everything”, with one participant stating “we lost everything, we had a nice, big, home, it was our life, and now we have nothing but the clothes on our back”. Three percent stated they do not feel safe in the camp, and another 3 percent said they were traumatised by the displacement (as many reported having seen acts of war when fleeing). One respondent stated “we left at 3am and walked for so far, we saw dead bodies and heard explosions, I can’t escape these sounds and sights, they followed me”.
- Participants were asked who they believed were the most vulnerable, and suffering the most in the community. The majority of respondents (23%) stated pregnant women, the disabled and the elderly were among the most vulnerable, and 21% said children were most vulnerable. Women were identified as most vulnerable by 18% of the respondents, and widows (and female-headed households in general) were identified as especially vulnerable by 15%.

RESILIENCE FACTORS / COPING STRATEGIES

- Respondents were asked about their abilities to adapt helpful coping strategies to cope with the current crisis. In general, it was found that coping strategies were very poor. 34% of respondents stated that they were coping by bonding with the community members around them and supporting each other – which demonstrates a healthy coping mechanism. On the other hand, the majority of respondents (38%) stated they “just have to cope” with no ability to mention any proactive, helpful strategies. Sixteen percent of respondents stated clearly that they were not coping and didn’t know how, one respondent clarified, “How do you cope with this? I don’t know how I can forget everything that I have experienced, I feel discarded, like I don’t belong anywhere anymore”. 12% stated that they feel good for now, because they are safe.
- Familial support is very strong, with 94% saying they are supported by their family. The remaining 6% either said they did not have a good relationship with their family, or that they had lost their family during displacement.
- Respondents were asked if they believed there are people in the camp who would need psychological or psychosocial support. 88% of respondents believed that there were some persons within the camp who were in need of MHPSS. When asked if community members would attend MHPSS services offered by NGOs, 78% said they believed people would as they said “people are in need” of this type of support and “suffering psychologically”. One respondent pointedly said, “We need support to forget these things that we have faced, we all need this support, we need help to heal in our hearts and minds”.

CARE PRACTICES

- Questions regarding care practices were only asked for households that had a child under 2 years old.

- Respondents were asked if there were any changes they have noticed in their children (under 2 years) since the displacement. 77% of respondents stated that they had noticed changes in their child's behaviour. When asked what the main changes they noticed were, 74% stated they observed their children being more emotional than usual, and 17% reported that their children were behaving poorly since the displacement. Interestingly, 7% of respondents stated they had noticed positive changes in their children as they appear calmer since displacement. One respondent clarified, *"The children feel safe now, they are calm and easier to manage"*.
- The survey assessed whether respondents were finding it difficult to care for their children currently. In the current circumstances, 70% of caregivers said it was difficult to care for their children. With the main challenge reported to be feeding their child (35%), it is important to note that qualitatively respondents reported that as they were no longer breastfeeding their child, they were relying on breast milk substitutes (BMS), however since the displacement they do not have access to BMS and no service provider is distributing BMS in the camp (some reportedly have capacity to do so, but under strict guidelines – conforming to international standards). Respondents stated that some family and friends outside of the camp were also prevented from bringing in BMS, thus many reported concern for how they will feed children, not yet ready for solid food. Education was also raised as a challenge, with 22% of parents surveyed saying they were concerned their child will not have access to educational opportunities in the camp.
- Respondents were asked what their usual response is when their child is crying, the majority, 40%, stated that they normally would breastfeed or feed the child, 16% would try to find the problem and address it, while 9% said that they would just let the child cry and ignore it.
- Regarding the amount of time they spent with their children, 67% said they spent all day with their child, however it is important to note this may not relate to quality time together. Eighteen percent of respondents said they spent *"no time"* with their child, and 16% said they spent *"a little"* time. It appears for some households it is difficult to spend quality time with children, however the reasons for this are unclear.
- 8% of respondents reported experiencing violence in their family, with most of these stating it is often children who experience the violence as beating is widely used as a form of discipline.

HEALTH CARE OF PREGNANT AND LACTATING WOMEN (PLW) AND FEEDING OF CHILDREN UNDER 2 YEARS

- Only 25% of respondents said they were able to access pre- or post-natal support during or after their pregnancy. 70% said they were provided support during their pregnancy, however all stated the support was provided by their husband and family members, rather than medical personnel.
- Of those that had a child less than 2 years 67% were no longer breastfeeding, with the majority of caregivers (64%) feeding their children on BMS, and only 36% feeding their children, under 2-years, with solid foods.