



EXECUTIVE SUMMARY

In total, 64 people were interviewed in Kazher camp over a two-day period to assess mental health and psychosocial (MHPS) wellbeing and potential thematic areas of intervention. Males formed 56% of the interviewees and female 44%.

KEY FIGURES



OF RESPONDENTS STATE STRONG LEVELS OF DISTRESS



OF RESPONDENTS REPORT THEY NOW FEEL SAFE



OF RESPONDENTS STATE MHPSS SERVICES IS AN IMPORTANT NEED



OF RESPONDENTS REPORTED THEIR CHILD TO BE MORE EMOTIONAL SINCE DISPLACEMENT

MHPS FINDINGS

Overall, levels of suffering were reportedly high with 66% of respondents stating that out of a scale of 1 to 10 (with 10, the highest level of suffering), they were between 6 and 10, indicating high levels of distress, 43% said they were at 10 which show a very high level of suffering. Understandably the two main causes of such suffering were said to be having lived under ISIS control for more than 2 years with all its consequences and impacts (92% of the responses) and the general effects of displacement (76,5%) .

Despite the unsettling aspects of displacement, 78% of respondents reported they now feel safe since having relocated to Khazer camp.



Unfortunately, coping levels are reportedly low within the camp, with 52% of participants stating they had no proactive coping strategies to deal emotionally with the current crisis, just saying that they had no choice and had to adapt to the situation. Participants were asked to reflect on whether they believed a MHPSS service would be appropriate within Khazer camp, 92% of respondents stated that they believe MHPSS services in Khazer 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. Alarmingly, 72% of such households reported they had observed their child becoming more emotionally labile since displacement occurred. Furthermore, 53% of caregivers reported concerns about how they will feed their child under 2-years.

71% of women with an under 2 child reported that they were no longer breastfeeding their child and instead were feeding their child with solid food, formula, and milk in bottle or sometimes with cow milk. Due to the difficulties in accessing formula in Khazer camp, it is understandable that feeding would be perceived as a major concern.

METHODOLOGY

The assessment team was composed of two male and two female staff. Two of them were psychosocial workers and two were qualified psychologists. Data was collected over a period of two days (03th and 07th of November 2016) with 64 people interviewed in total. The assessment team split and progressed in 4 directions in the camp in order to valorise a random methodology. 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. During the time of the assessment there were over 1200 tents occupied. 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.

DEMOGRAPHICS

- 64 people were interviewed
- 28 (44%) females and 36 (66%) males
- Ages ranged from 19 to 70 years old
- The mean age of respondents was 37,7 years
- 4% stated they were from a female headed household
- 26,5% 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 19 years to 40 years.
- 27% 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; scared, unsafe, fear (40%), worried/stressed (19%) and depressed (17%). The use of very hard words were used: *"dying, screaming, strangulated, hysteria, tragedy, darkness"*
- 91% of the participants express to feel like that, and 97% express that this feeling is widespread in their community.
- 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 53% 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 having lived under ISIS control with persistent fears for their safety (92%) (Bombing, fear of being killed, witness people executed, oppression, fear for children, fear of punishment and kidnapping, stay locked in this house without being able to communicate with other families...) and due to the general effects of displacement, namely having limited food and money, having a part of the family still in Mosul, unknown future (76,5%).
- Participants were asked how the living conditions on Mosul have impacted upon their daily

life. The majority of respondents, 87,5% stated that their financial situation has suffered the most, related to the loss of their job and the lack of food and hunger many of them experienced (31%). 19% reported the main impact has been psychological, stating that they feel *“scared and tired”*.

- When asked how the displacement is impacting respondents now, the vast majority (78%) stated that displacement has improved their situation because they now feel safe *“No bombing, we can sleep at night”* and free *“we can smoke outside”*. Still 44% 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, lack of blanket, electricity or baby milk). 5% express that the current situation is very bad.

- Participants were asked who they believed were the most vulnerable, and suffering the most in the community. The majority of respondents (25%) stated all of us *“In a different way but we are all suffering from the same situation”*, and 23% said children were most vulnerable. 16% stated people with chronic disease, 11% elderly, then 8% identified pregnant women and disabled as the most vulnerable.

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. 28% 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 (52%) stated they *“just have to cope”* with no ability to mention any proactive, helpful strategies, They had no choice and had to adapt to ISIS rules. 11% expressed unhealthy coping strategies like *“sitting alone, smoking a lot or sleeping all the time”* what can make us think about depressive symptoms.

- Familial support is very strong, with 81% saying they are supported by their family and the community (19% express that NGOs and Barzani Charity Foundation is supporting them). The remaining 19 % either said being alone and not supported at all or that everybody is in the same situation and busy with his own business.

- Respondents were asked if they believed there are people in the camp who would need psychological or psychosocial support. 92% 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, 81% said they believed people would as they said *“people are in need”* of this type of support and *“suffering psychologically”*. But 19 % said that because of the culture and because it’s a shame people won’t attend MHPSS Services. Few expressed that it could depend of the family rules.

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. 72% of respondents stated that they had noticed changes in their child's behaviour. When asked what the main changes they noticed were, 92% stated they observed their children being more emotional than usual (crying all the time), 25% observed sleeping and eating disorders and 14% reported that their children were behaving poorly since the displacement. 28% expressed not having observed any change in their children.
- The survey assessed whether respondents were finding it difficult to care for their children currently. In the current circumstances, 80% of caregivers said it was difficult to care for their children. With the main challenge reported to be education (76% of them), and feeding the children (68%) while 45% of them expressed a difficulty in giving attention and playing.
- Respondents were asked what their usual response is when their child is crying, the majority, 72%, stated that they normally would breastfeed or feed the child, 50% would ask for someone help (family members), 42% would try to find the problem and address it, while 11% said that they would punish or beat the child.
- Regarding the amount of time they spent with their children, 42% said they spent one to two hours a day with their child. 30% of respondents said they spent "no time" with their children, the reasons given were that they were "busy or not in the mood/ I don't how can I spend time with my children/ we don't have time because we feel uncomfortable", and 14% said they spent all the time.
- 22% of respondents reported experiencing violence in their family, with most of these stating it is often children and women who experience the violence as beating is widely used as a form of discipline. Women said that their husbands bite their wife because they cannot afford the need of the families and/or because they feel anxious or depressed.

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

- 70% of respondents said they didn't attend/ access pre- or post-natal support during or after their pregnancy, giving reasons like "that's not in our culture, we didn't get any health care for 2 years" Few women still delivered at the hospital.
- Of those that had a child less than 2 years 71% were no longer breastfeeding, with the majority of caregivers feeding their children on BMS and use of bottle of milk.
- 88% expressed not having receive any kind of support during their pregnancy "there is no different being pregnant or not".

CONTACT: emergencyco@iq.missions-acf.org