Psychosocial Needs Assessment in Emergency Displacement, Early Recovery, and Return

IOM tools

IOM International Organization for Migration

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For more information regarding the tools presented in this volume and their use, contact mhd@iom.int or gschinina@iom.int

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INTRODUCTION

Mental health and psychosocial issues in conflict driven displacement

Psychosocial suffering is characteristic of most individual and collective experiences of displacement and war. Usually displacement, especially war-related displacement, is accompanied by several main stress factors. These include economic constraints, security issues, breakdown of social and primary economic structures and a consequent devaluation or modification of social roles, violence, persecution and discrimination, loss of loved ones, direct exposure to violent acts. Moreover, unstable and precarious life conditions in the host location, including vague legal status, difficult access to services together with the loss of one's own social environment and system of cultural meaning, contribute to create a very uncertain future.

Often these elements bring about a series of feelings, including grief, loss, and guiltiness towards the people who did not flee or other members of the family, a sense of inferiority in relation to the resident population, isolation, depression, anger, angst and insecurity-instability. In certain cases, they can cause depression and withdrawal.

The normal reactions caused by psychosocial stress factors are not of pathological or biological nature. Often they are the evidence of the ability of people to judge their predicaments. However, populations should be facilitated in finding their own ways to respond to the new situation, by means of a psychosocial approach and multidisciplinary programmes, in order to prevent the endemic stagnation of suffering and psychosocial uneasiness, which may create in turn unhealthy individuals, families and communities in the long-run.

Psychosocial approach

In summary, a psychosocial approach is one that refers to an interrelation between psychological and social factors, between the mind and society. A psychosocial approach, therefore, tends to respond to people's interconnected social and psychological needs, addressing them in an integrated manner. This is always a necessity, but becomes an indispensable condition in all such situations where it is impossible to separate the social, psychological-emotional, ad anthropological consequences of the events (like when one's house and neighbourhood is destroyed). Moreover, in emergency displacement situation, it is also often impossible to separate the "individual" from the "collective", given the communal profile of the experience, and the communal reason behind the attacks individuals are subject to.

Working on the interconnectedness between the internal and the external, between mind and society, the psychosocial approach progressively focus on the reconstruction of individual, group, and community identities and roles. This is particularly important in situations where individual, groups and community roles are questioned, annihilated, and are frequently in need of adaptations, like in emergency displacement, return, and recovery.

For many years, as Vanessa Pupavac (2006) stated, "there (was) much confusion over the meaning of psychosocial among aid agencies and the concept was under-theorized in academia". Nevertheless, "trauma counselling, or what is known as psychosocial intervention, has become an integral part of humanitarian response in wars and disasters". According to Pupavac, the psychosocial model exported by aid agencies resulted in a poorly organic variety of programmes informed by the same logic, which can be summarized as "psychological understanding of social problems". Further, the medical discourse, and the use of a single diagnosis as Post Traumatic Stress Disorder (PTSD) to address the various social and psychological occurrences of emergency-related displacement, resulted in cultural insensitivity, misevaluation of the needs and problems, and "medicalization" of communities.

Trauma at large

Trauma means wound. As such illustrates the possible consequence of an event, not the event itself. Indeed possibly traumatizing events can have traumatic outcomes or not, according to the level of resilience of each individual to that specific event, therefore trauma in emergency displacement can't be generalized. As Derek Summerfield (2003) states "features of post traumatic stress disorder are often epiphenomenal and not what survivors are attending to or consider important: Most of them remain active and effective in the face of continuing hardship and threat".

Moreover, in the situations of displacement we are describing, trauma can't be certainly attributed to a single event, since emergency displacement is characterized by a process of possibly traumatizing factors, that invest the reason for leaving, the travel itself, the challenges of temporary shelter, the adaptation to the new situation, and also the return, since emergencies bring to a reorganization of the urbanistic, social, cultural, economic, anthropological structures of the origin community. It is therefore difficult to detect if the suffering of people is the pathological perpetuation of reactions to events of the past, or is in fact the normal consequence to traumatic experiences of the present, and this questions the very construct of the PTSD syndrome. Moreover, it would be a mistake to consider the impact of the series of possibly traumatizing events have on the individual, disregarding the familial, societal, and communitarian levels of the experience, and disregarding the capacity of reaction of those specific individuals, groups and communities. This complexity is well illustrated by Renos Papadopoulos' trauma grid.

Trauma Grid - Outline of consequences and implications

	Wound	Resilience	AAD (Adversity Activated Development)
Individual	▪ PTSD ▪ Ordinary-Human Suffer. ▪ Default Psychological Consequences		
Family			
Group			
Community			
Society			

While it is true that a possibly traumatizing series of events can harm the individual (in the form of PTSD, ordinary human suffering or default (normal) psychological reactions, it can also activate his-her resilience and even promote a positive adversity response. Usually the three responses are, to varying extents, present in all individual experiences of trauma. Additionally, the traumatic event could provoke the same three responses (wound-resilience- AAD) on the familial, societal and community levels. Therefore, while addressing the psychosocial needs of the entire community, we should not forget the severely wounded individuals, and while addressing the needs of the severely wounded, the needs of the entire community should not be forgotten, if interventions are to be effective. In fact, the four domains psychological, social, individual, collective could not be "compartmentized" or fenced off one from the other. The assessment tools here presented build on this consideration.

Inter Agency Standing Committee Guidelines on Mental Health and Psychosocial Assistance in Emergency Settings

In terms of policies, the scene has changed drastically from the times Pupavac was referring to. In February 2007, the relevant Inter Agency Standing Committee (IASC) working group issued new "Guidelines on Mental Health and Psychosocial Support in Emergency Settings" (IASC, 2007). The Guidelines were formulated by a technical advice, specifically tailored for the Middle East (ME), and issued in August 2006.

The technical advice particularly states that while the war brings about a series of distressing factors, only a small percentage of the population is affected by distress so severe that it would affect and limit the basic functioning of individuals. Thus, the advice discourages the "medicalization" of communities and advocates the promotion of a safe and supportive environment, through the access to health, education, water and sanitation, shelter and livelihood, and the preservation of family unity and the avoidance of displacement.

In particular, according to the advice, the key programming principles should focus on human rights, participation, resilience, normalization of daily life, a community-based approach, capacity building and integrated-multidisciplinary support, and on the rule of the DO NO HARM, such as avoidance of culturally inappropriate tools, or inappropriate exploration of distressing events.

Additionally, the advice stresses the necessity of two coincidental actions:

1. Social and protective activities for the entire population, including: an access to services and to humanitarian assistance, which is conscious of the psychosocial implications; support to the communities in re-establishing community activities and rituals, including grieving rituals; psychosocial training for community members; information, promotion of recreational, sporting, artistic and cultural activities, group discussions and support groups; reduction of the exposure of children to the representation of violence; life skills and vocational trainings; psychosocial care for humanitarian workers; avoidance of widespread and short-term trauma counselling.

2. Psychological care for people in acute distress and people with pre-existing mental disorders, including: psychological first aid; psychotropic help in exceptional cases only and always in combination with non medical forms of support; avoidance of programming focusing on a single diagnosis (e.g. PTSD) and support to programming that considers the wider range of urgent neuro-psychiatric needs.

Finally, the document advises to avoid the terms 'trauma' and 'therapy', and to use terms such as 'distress', 'stress' and " structured activities" instead.

The Guidelines further elaborated the concept mainstreaming it among all sectors of the humanitarian interventions. While the Guidelines refer to general principles, "do not" rules, and recommendations, it is still not clear if all the signatory agencies will be able to mainstream them internally, and to avoid malpractices in the field. This is indeed the challenge that faces psychosocial aid workers, acting in emergency today and in the near future.

The tools presented in this handbook are aiming at mainstreaming the Guidelines' approach in IOM programming, already in the needs assessment phase.

Introduction to the tools

The tools presented in this volume have been developed and used over the past few years in order to identify and respond to people's psychosocial needs in the midst of an emergency and in early recovery settings, mainly targeting displaced and returnee populations.

As tools for IOM operations, they are designed to achieve four main goals: 1) assessing people's psychosocial well-being in a family setting in a participatory way 2) mapping the provision of pre-existing and emergency tailored services and capacities to respond to the needs of the affected population; 3) identify most urgent areas of intervention and 4) accordingly planning interventions aimed at addressing the needs that are not covered by existing services, in the thematic areas where the intervention is most needed.

The assessment is a methodological framework that entails the IOM emergency teams to understand the psychosocial complexities people are facing, and use this understanding to have a psychosocial approach in the design of general IOM support interventions, and, if needed tailor specific psychosocial programmes.

Rapid Appraisal Procedure Approach

The IOM Tools build on a methodological approach called Rapid Appraisal Procedure (RAP), which includes:

- Review and analysis of relevant literature and existing information from multiple resources, including publications, academic studies, published IO reports, articles on reviews, newspapers, and TV news.
- Interviews with key informants, including international, national and local stakeholders and professionals.
- Individual and family interviews with the displaced population. Interviews are to be conducted by NGO and IO staff or volunteers in contact with the affected population.
- Focus groups to be held keeping a balance between confessional, ethinical and economic differences of the affected population.
- Field observations. The field observations are based on a list of distress indicators and a scheme of psychosocial observations, to which the interviewer will make reference to while assessing the affected population.

The RAP approach proved to be not only advantageous when logistical and capacity constraints are an issue, but also meets the following conditions:

- *Consistency* with assessments carried out by IOM, such as those concerning: The Psychosocial Status of IDP Communities in Iraq in 2005-2006; Psychosocial Needs of Displaced and Returnees Communities in Lebanon Following the War Events in 2006; Psychosocial Needs of Iraqis Displaced in Jordan and Lebanon in 2008; and the Assessment of Displaced Communities in Kenya in 2008.
- *Flexibility*. The RAP approach guarantees a wide degree of flexibility, within a scientific context.
- *Relevance*. The RAP approach is holistic and includes evaluation of existing initiatives in the field. In addition, it gives importance to local knowledge including the beneficiaries' evaluation of the situation. It is likely to avoid pre-judgments of the situation under analysis, excluding prejudices.

- *Participatory process*. The RAP approach allows the interviewer to contribute in the process of reviewing and adapting the tools, according to their understanding of the specificities of the local community.

- *Rapidity*. The RAP approach allows the conduct of a scientific-based assessment in a limited period, and a qualitative rather than quantitative analysis of results. This last element is crucial, given the combination of large numbers of displaced, and a limited budget, which often makes a large scale quantitative survey impossible.

Tools

The set of tools consists of:

- Two different questionnaires to be addressed to those stakeholders who are in contact with the population in need:

    1. *The questionnaire for international and national stakeholders* which aims at) mapping both the general services and the specific mental health and psychosocial provisions for the affected population, b) investigating the main psychosocial needs to be addressed and c) identifying suitable responses to those needs.

    2. *The questionnaire for local stakeholders and key-actors within the displaced community*, which intends to collect the same kind of information as the previous tool but directly from the affected population, and additionally the community's understanding and declination of psychosocial concepts, as well as coping strategies.

- *The qualitative questionnaire for households* aims at ascertaining household members' living conditions, psychological status, social status, bonds with the country of origin, and social skills. A special focus is on children, as they are one of the most vulnerable groups during emergency. The tool is organized in open ended questions, conversational, and therefore gives a qualitative overview. It additionally helps in deriving the household's psychosocial situation from sensitive key words and concepts.

- *The scheme for psychosocial well-being of families* correlates four social indicators (Housing, Employment, Scholarization and Social Life) with the three different phases characterizing the emotional experience of displacement. This tool helps the assessor to identify in which phase the interviewee family stands along the four social indicators, and, accordingly, prioritize areas of intervention.

- *The distress indicators list*, which aims not to identify individual pathologies but to evaluate the recurrence of certain issues in a family and a community, consistently with the nonmedical aim of the assessment.

This set of tools is applicable along different stages of the emergency-recovery continuum.

Previous applications

This set of tools proved to be very flexible and adaptable to different contexts. IOM staff together with its local partners employed in 2005 to assess the psychosocial condition of IDPs communities in Iraq; in 2006 to respond to the displacement of Lebanese population due to the July war and in the late 2007 to research the psychosocial needs of Iraqis displaced in Jordan and Lebanon. At the beginning of 2008, a simplified version of the tools was used in Kenya to assess the psychosocial well-being of the Kenyan communities affected by displacement.

Relation with the Cluster

The assessment was welcomed by the relevant Mental Health and Psychosocial technical working group.

Moreover, the tools are part of a method of work, which is inclusive and interactive of both the different actors working on the field, and the beneficiaries' communities. In all above-mentioned cases, the tools were shared with the Mental Health and Psychosocial working group members, and the assessments were conducted with the contribution of all actors involved. In particular, the Assessment on Psychosocial Needs of Iraqis Displaced in Jordan and Lebanon saw the active collaboration of UNICEF, UNHCR, and 11 local and international NGOs in a full cluster initiative.

In line with the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, this set of tools relies on the assumption that affected groups have assets or resources that support mental health and psychosocial well-being. Moreover, it focuses on the wider range of psychosocial occurrences and not only on the medical ones. Indeed, the affected population is directly involved in the whole assessment process from the identification of their needs to the definition of a possible intervention. The participatory approach as utilized by the IOM Assessment Tools not only promotes ownership when planning and implementing any intervention, but also helps to identify resources that affected individuals have.

Limits

While some indicators of the used measures can be broken down quantitatively, the assessment is qualitative in nature. As such, the observation components may rely on interpretation of the observers rather than on fixed indicators. While the problem and possible ways to reduce resulting biases will be addressed in the description of the respective tools, it is generally understood that the complexity of psychosocial issues in emergency is resulting from the interaction of so many factors, whose significant correlation is impossible to be statistically determined, and may change by the day given the volatile environment. Therefore qualitative analysis tend to represent the situation better than correlational studies.

The tools do not aim at academic consistency, but are tailored to suit the operational aim, emergency timing, and limited quantitative and qualitative capacity of IOM assessments teams in emergency. As such they are not the best tools in general, but proved to be the best possible ones in order to grasp the complexity of the situation in the given time and operational capacity. However, they have been also validated in Interagency initiatives, as well as University projects.

ANALYSIS OF LITERATURE

Review of relevant literature

All relevant literature existing on the subject should be taken into account, as secondary data may prove useful for the purpose of the assessment. Literature which is related to psychosocial and emergency, touches a variety of research fields i.e. Psychosocial and Displacement, Psychosocial and War-Torn Settings, Psychosocial and Governance. Relevant literature does not necessarily mean academic publications, but refers to a broader range of sources, which include:

- University theses.
- Reports of psychosocial projects.
- Governmental strategies.
- International position papers.
- Independent assessment in psychosocial or related fields.
- Articles from magazines and newspapers.
- TV news.

Other than providing information about the affected population, and the understanding of psychosocial issues among both the origin and the host communities, the collection of existing relevant literature serves three important objectives:

1. To create a roster of professionals (authors of relevant papers).
2. To fill in the table of provisions for the affected population and the table of psychosocial-related training for humanitarian workers (see page 27).
3. To create a lexicon.

INFORMATION RELATED TO THE QUESTIONNAIRES FOR INTERNATIONAL NATIONAL AND LOCAL STAKEHOLDERS

Profile of interviewer

Filling in the questionnaire for international, national and local stakeholders requires the interviewer, preferably a member of IOM staff, to be equipped with certain personal qualities, skills, experience and qualifications:

Personal qualities

- Commitment to humanitarian work.
- Ability to remain calm under pressure.
- Ability to manage stress.

Skills

- Excellent communication and interpersonal skills.
- Written and spoken English.
- Analysis and problem solving.
- Understanding of psychosocial issues.

Experience

- Experience of working successfully within a team and alone.
- Experience of living and/or working in difficult circumstances, ideally in a developing or conflict-affected Country.

Qualifications

- Masters degree in psychology, social work, humanitarian work or related fields, and internal IOM trainings in Mental Health and Psychosocial Response.

Questionnaires' objectives

The questionnaires for international, national and local stakeholders are designed to meet the following goals:

- Assessing the mental health and psychosocial understanding among the displaced and host population through the respective stakeholders' views.
- Assessing the mental health and psychosocial needs of the displaced population through the stakeholders' understanding.
- Mapping the existing mental health and psychosocial services offered to the affected population.
- Collecting relevant and consistent data and information to plan future interventions, which aim at addressing the affected population's needs.

Questionnaires' expected results

The questionnaires for international, national and local stakeholders are drawn to enable the researcher to achieve the following results:

- Collect additional literature on the subject.
- Retrieve and categorize per sector the services, both available and planned, provided to the affected population, by using the tables below:

Table of available and planned services for the affected population

Sector	Agency	Current Provision	Planned Provision	Location	Pre-Existing (state if currently active or to be reactivated)	New
Informal education						
Recreational activities						
Psychological assistance, counselling						
Mental health services						
In-kind assistance						
Legal aid						

- Retrieve and categorize per sector the trainings, both implemented and to be run, in the psychosocial domain, by using the following table:

Sector	Agency	Description	Number of trainees
Psychosocial response in education			
Primary health care			
Psychosocial response in humanitarian work			
Psychosocial response and vulnerable categories (specify)			
Specialized mental health			

- Retrieve and categorize per sector the official academic trainings.

Subject	Level (MSC, MA, BA)	University	Relevant teachings
Psychology			
Social work			
Psychiatry			
Community animation			
Mental health nursing			
Applied theatre/social theatre			
Education			

- Create a lexicon, of how the psychosocial concepts are declined in both the displaced and host communities.

Word	Displaced community	Host community
Psycho		
Psychosocial		
Emotional		
Grief		
Loss		
Depression-sadness		
Uneasiness		
Mental disorder		
Psychiatry		
Death		
Confusion		
Disorientation		
Poverty		
Others		

Profile of the interviewees

The questionnaires for international, national and local stakeholders are to be addressed to actors, who are in touch with the displaced population, either directly or indirectly, including International Organization (IO) managers, Non-Governmental Organization (NGO) managers, activists, Ministry personnel (MoH, MoSA, MoE), University professors, medical doctors, psychiatrists, psychologists, psychoanalysts, community doctors, social workers, community and religious leaders, and local authorities. All those figures can provide the interviewer with valuable and differing information regarding the mental health and psychosocial needs of the displaced population as well as with the different social role/profession-based understanding of psychosocial issues.

Interviewees are selected both through official relationships with humanitarian agencies dealing with the displaced population and via informal networks activated through a snowball approach.

At least 30 interviews should be conducted.

QUESTIONNAIRE FOR INTERNATIONAL AND NATIONAL STAKEHOLDERS (ORGANIZATIONS, INSTITUTIONS, NGOS)	
Date	
Interviewee	
Organization	
Role/Position	
within the	
Organization	

BACKGROUND

Mental health and psychosocial needs: documents and papers

1. Can you provide me with any information you have on existing mental health and psychosocial needs of the displaced community in the country, including documents and papers?

Mental health and psychosocial needs: provisions

2. Can you provide me with any information you have on existing mental health and psychosocial provisions for the displaced community in the country, including further contacts?

Projects devoted to psychosocial activities

3. Can you provide me with any information about the project your organization is running in the domain of psychosocial activities, including project documents and reports?

Projects including psychosocial response (also other organization's ones)

4. Can you provide me with any information regarding projects your organization or other organizations targeting the displaced community in the country, with particular regard to psychosocial response?

Number of beneficiaries

5. Can you give me an estimate of the number of your beneficiaries within the displaced community?

NEEDS ASSESSMENT

Psychosocial issues to be addressed

6. What do you think are the main and most urgent psychosocial issues to be addressed for the displaced community?

Psychosocial support system to be built

7. From a long-term perspective, what do you think are the main structural psychosocial support systems to be established?

Longstanding and new needs

8. Which of these needs are longstanding and which are the result of the new social, political and security situations?
9. What are the subjects-areas to be addressed?

Special needs

10. Are there any special psychosocial needs concerning the displaced community?
11. Can you list them please?

NEEDS RESPONSE
How to address psychosocial needs 12. Do you or your organization have any idea, plan or strategy for addressing psychosocial needs of the displaced community in the country? **Resources** 13. What resources would be needed to address those needs? **IOM's role** 14. What could be IOM's technical role in supporting these projects/strategies? 15. Would you be interested in collaborating with IOM regarding psychosocial issues in the future? If yes, with which role/function? **Cooperation with IOM and shared info** 16. If IOM was to conduct a study on the psychosocial needs of the displaced community, would you be interested in collaborating with the understanding that IOM will share relevant documents and findings with your organization?

QUESTIONNAIRE FOR LOCAL STAKEHOLDERS AND KEY-ACTORS WITHIN THE DISPLACED COMMUNITY	
Date	
Interviewee	
Age	
Sex	
Organization/Institution	
Role/Position within the Organization/Community	

BACKGROUND

1. What is your understanding of the definition of psychosocial?
2. What do you think it means for the people living in your area and your beneficiaries?
3. How is the term psychosocial received within your community or by your beneficiaries?
4. Can you provide me with any document or paper about existing mental health and psychosocial needs in your area, with particular regards to the displaced community?
5. Is it possible for your beneficiaries to keep on with traditional rites, weddings and ceremonies, and mourning processes?
6. Can you provide me with any information you have on existing mental health and psychosocial provisions in the area in which you work? Can you refer me to anyone who has such information? This can include non medical healing.
7. Can you provide me with any information about the projects your organization is running in the psychosocial domain?

NEEDS ASSESSMENT

8. What do you think are the most urgent psychosocial needs to be addressed for the displaced community in the near future?
9. Can you list them?
10. What do you think are the main structural psychosocial support systems to be built within a long-term perspective?
11. What do you think are the concrete actions that could be taken to improve the overall psychosocial well-being of the displaced community, and the host communities?
12. How is the displaced community perceived by the local one?

NEEDS RESPONSE

13. Do you have any idea, plan or strategy on addressing psychosocial needs of the displaced community?
14. What resources (technical, expertise, financial, logistical, premises, etc.) would be needed to address them?
15. What could be IOM's role in supporting these projects/strategies (financial, technical, training, and other)?
16. Would you be interested in collaborating with IOM regarding psychosocial issues in the future?
17. If yes, with which role/function (trainee, trainer, technical partner, implementing partner)?

INFORMATION RELATED TO THE QUALITATIVE QUESTIONNAIRE FOR HOUSEHOLDS

Profile of the interviewer

The qualitative assessment for households should be conducted by IOM staff previously trained. If this is not possible and budget allows, an IOM staff previously trained can be accompanied by a local mental health professional (optimally a psychology counsellor).

If partnerships exist and allow to conduct a larger research, or the assessment is conducted with the MHPSS technical working group, the agencies collaborating with IOM in the assessment should identify interviewers for the fieldwork according to the criteria suggested below:

- Interviewer does not necessarily have to be a member of the displaced community, but he/she must be working with them. This is an essential condition, as the interviewer will conduct the assessment only with members of the displaced community who already know and trust him/her.
- Interviewer's psychological background will be an asset, but not a fundamental condition.
- Interviewer should be involved in assistance to the displaced community, but not in provision of material help.
- Interviewers should preferably be both men and women, working in pairs whenever possible.

Sample selection

The selection of the sample to be assessed entails close coordination between IOM and the fieldworkers provided by the partner agencies which collaborate in the assessment.

Each fieldworker should present a profile of families to be interviewed, bearing in mind that the bond of trust between the interviewer and interviewee is crucial for the assessment.

IOM experts are responsible for screening the profile of households provided and selecting the sample according to the criteria below:

- Ethnicity.
- Cultural/religious background.
- Type of housing.
- Main income of the family.
- Marital status of the household.

It must be borne in mind that:

- Interviewees who directly receive humanitarian help from the the interviewer are to be excluded from the construction of the sample.

- Other characteristics may be taken into account for the purpose of sampling, according to the context (i.e. geographical distribution of the displaced population).

- When relevant literature or anecdotal evidence suggest the existence of special trends or situations that are considered relevant to the study, the sample may be modified in order to include more of these specific cases (i.e. the case of female-headed households).

GENERAL INSTRUCTIONS FOR THE COMPLETION OF THE FORM[1]	
Definition of family	For the purposes of this survey, a "family" is defined as *a group of persons related by blood or marriage who are living in the same dwelling*. A family may be living with persons unrelated to them by blood or marriage who are also IDPs or refugees. This assessment should mainly focus on the primary family group in each dwelling, in addition to any relevant information about other unrelated individuals who are living in the same dwelling.
Primary respondent	The primary respondent to these questions may be someone other than the head of the family, but he/she must be another competent adult aged 18 or above who is in a position to take decisions for the family and answer questions. If the interviewer did not find adults at the time of the visit, he/she should ask for another appointment and quit gently.
Treatment of data and aim of data collection	It is essential that interviewers tell families that the survey itself will be carried out **anonymously**. None of the results collected will identify individuals or families in any way. Because of this, participants should be encouraged to speak freely and honestly about their experiences, problems and needs without fear of retribution or consequences in the future. Furthermore, **it will not be used to provide this family with direct and targeted assistance**. Instead, it is being conducted to get background information on the general situation of the persons in need of assistance.
Interviewer's approach before sensitive questions	The survey form has been designed to visually remind the interviewer which questions to ask directly and which not to ask directly. Questions shaded in grey should *not* be asked directly. The order of the questions can be modified by the interviewer to fit the discussion.
Interviewer's approach before interviewee's refusal	The interviewee always has the right to refuse answering to any question, and to stop the interview whenever he feels the need to. The interviewer should respect this, thank him and quit gently. The interviewer should nevertheless record this refusal and the causes eventually presented as a justification for it.

LANGUAGE, DRESS AND CONDUCT OF THE INTERVIEWER
1. Interviewers should ensure that the way they present themselves is consistent with the image they are trying to project. In all aspects, and considering the sensitiveness of issues covered by the interview, interviewers should adhere to an image of humbleness, openness and simplicity: the type of car they arrive in, the clothing they wear, and the equipment they use should be respectful of the conditions and customs of the people the assessment is aimed towards. 2. Interviewers should never use representatives of authorities or local police or military forces for protection when travelling to IDP or refugee communities.

3. Interviewers should be careful never to alienate the families they are interviewing with the language they use. Particular attention should be given to interviewer's body language as well. In addition, the interviewer should not take English documents or speak a foreign language during the interview. The family could become suspicious about it.
4. The interviewer should remain completely neutral/ unbiased when conducting the surveys. The interviewer should never suggest responses or offer his/her opinion (He/she may instead give hints about the most commonly observed issues in the community).
5. The interviewer should consider using a conversational fashion to carry out the interview with the family, based on main talking points rather than asking direct questions.
6. It is best that interviewers go in teams so that one can ask the questions and conduct the conversation while the other can take quick notes of interviewees' responses. Pairs of interviewers composed by a man and a woman are a possible asset for a gender-balanced observation.

INTERACTION WITH FAMILIES

7. When beginning the interview, interviewers should introduce themselves to all the family members, and explain the aim of the interview to them. If the family members choose to give their names to the interviewer, the interviewer promoting the celebration of the child's day and the grandmother and grand father anniversary celebrations should try to remember them as a sign of respect. However, he/she should not make any motion that looks like he/she is recording them or writing them down. Families may be fearful that information being recorded and will be used against them - interviewers should be sensitive to such concerns.
8. If families ask to see the copies of the survey itself, interviewers should show them freely.
9. In specific cultural contexts, the respondent will mainly be the (male) head of the household. Pay particular attention to the answers or words given by other family members.
10. Interviewers should pay attention to the words used by the interviewees, especially with regard to the description of feelings and psychological/psychosocial state. Equally important to be considered is non-verbal communication: the body language of/among the family members, as well as the quality of interaction among the family members.

INTERACTION WITH WOMEN

11. Whenever it will be possible, particular effort should be made in order for the female interviewer to ask some questions to the women in the family apart from the men.

INTERACTION WITH CHILDREN

12. Children's interviews should be considered according to age categories. The child should trust the interviewer through preliminary talks first.
13. It is advised to avoid talking about emotions and feelings with younger children (below 10), and use instead anecdotal ways to get the information. He/she may describe the feeling through mime or in very simple words and use symbolic representation (quantifying on one hand, for example). This may give a relevant subjective estimation of any feeling given by the child.

[1] These instructions are borrowed and re-adapted from "*IDP Intentions Survey Guidance*, UNHCR-IOMUNOPS-MoDM-KRG Joint Project Iraq 2006".

Qualitative questionnaire for households

<table>
<tr><th colspan="3">IDENTIFICATION</th><th colspan="3">PLACE OF ORIGIN</th></tr>
<tr><td>Place (name of town or village)</td><td colspan="2"></td><td>Governorate</td><td colspan="2"></td></tr>
<tr><td>Neighbourhood (only for bigger town)</td><td colspan="2"></td><td>District</td><td colspan="2"></td></tr>
<tr><td>Interviewer</td><td colspan="2"></td><td>Sub District</td><td colspan="2"></td></tr>
<tr><td>Household number from the list</td><td colspan="2"></td><td>Place (town/ village)</td><td colspan="2"></td></tr>
<tr><td>Organization</td><td colspan="2"></td><td>Neighbourhood /site</td><td colspan="2"></td></tr>
<tr><td rowspan="3">Interview status</td><td rowspan="3" colspan="2"></td><td colspan="3">Date:</td></tr>
<tr><td colspan="3">Time start:</td></tr>
<tr><td colspan="3">Time finish:</td></tr>
<tr><td>Interviewee’s current status</td><td colspan="5"></td></tr>
<tr><td>Governorate</td><td>District</td><td>Place (village/ town)</td><td>Month</td><td>Year</td><td>Reason</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td></tr>
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</table>

LIVING CONDITIONS

1. What kind of housing do you have?
2. What is your status of residence?
3. Are you sharing your housing with others?
4. Does the family face a threat of eviction at any moment?
5. Does the family have any restriction on the freedom of movement in your current residence?
6. How much do you pay for the rent per month?
7. How many rooms there are in the dwelling?
8. How many of these are bedrooms?
9. Do you think children have a safe place to play?

HOUSEHOLD LIST

10. Name, father’s name and family name
11. What is the respondent’s relationship with the head of the house?
12. The date of arrival to the current place of habitation
13. Age and gender
14. What is your current social status?
15. Which educational level have you accomplished?

16. What is your employment status now? Is it regular or occasional?
17. Is your job legal or 'under-the-table'?
18. Do you work more or less than 15 days per month?
19. Is it a settled job or not? Are you looking for an extra-job or another alternative?
20. How many members of your family work?
21. What is your monthly income?
22. What kind of job did you have in your country/town/village (before displacement)?

PSYCHOSOCIAL CONDITIONS

23. Is there a word you traditionally use to define a period of temporary distress or uneasiness?
24. Is this feeling widespread in your community? *The interviewer will try to bring the conversation on family and personal issues. The interviewer can refer to his own experience.*
25. Do you have a temporary feeling of this kind?
26. Can you give me an estimation of this pain from 0 to 10?
27. What are the causes of uneasiness? *In case the answer takes too much time, the interviewer might suggest migration, the security and political situation in the country.*

BONDS WITH THE NATIVE COUNTRY

28. Are you able to keep your own cultural beliefs, customs, and lifestyle in your current place?
29. If no, does it apply on your entire community?
30. Is it possible for you to keep respecting traditional rites such as marriages and funerals?
31. If not, what are the constraints?
32. Does it apply on your entire community?
33. Do you keep any ties with your original community in country/town/village and with your extended family?
34. Do you look everyday for news and information from your home country/town/village? (Define sources).
35. Do you bring up issues and memories on your home country with your children?

ECONOMIC SITUATION

36. How have the economic conditions of your family change following the displacement?
37. How have your social life and recreational activities change following the displacement)?
38. Do the children have any additional special needs?

SOCIAL SKILLS

39. Did the emergency displacement and/or the security situation change the roles in your family?
40. How can you describe your relationship with your neighbors?
41. Did you manage to make friends in this country/town/village? (Are they friends that you had before i.e. they fled with you; are they from your own community already living here; are they from the hosting community)?
42. What are the plans of your family? (Integration into the host community; go back to home country/town/village; fly to a third country; confused; no decision).
43. Do all your children currently go to school? If not, why?
44. Do they get along well with their peers?
45. Are you satisfied with their school performance?
46. Do they have any extra-curricular activities?

AVAILABLE SERVICES
47. Can you provide me with information on the existing services to respond to your personal or family uneasiness? (This can include medical services, legal counselling, traditional healing and informal community help). 48. Are there more informal ways of coping with the situation? If yes, explain. 49. Whom do you usually refer to when you have a feeling of uneasiness? 50. Do you have access to available health and social services?
NEEDS ASSESSMENT
51. Apart from material needs, what do you think are the main issues provoking personal concerns that need to be urgently addressed within your community? Concerns refer mostly to psychosocial issues. 52. Can you prioritize these needs by order of importance? 53. Do any of these issues provoke suffering to you and your family as well? How? (Conversational fashion). 54. In your opinion, how are the displaced perceived by the local population? 55. Do you think your children are getting the same opportunities for education as other children in this village/town/country? 56. Can you state three wishes that are most precious for you?
RESPONSE
57. In your opinion, which are the actions that could be taken in order to improve the overall well-being of your community? Which one can respond best to you and your family personal suffering? 58. What are the concrete actions that could be taken to improve the socio-cultural integration (or the relation between the displaced and the host communities) of your community? 59. What can you do to help with designing the activities? Can you suggest anything you will personally find useful?
FOCUS ON CHILDREN
60. The number of children in the household. 61. Full name (name, name of the father, family name). 62. Gender and age 63. How do you feel about your new home? 64. Who takes care of you at home? 65. Do you go to school? Do you enjoy it? 66. Do you have friends at school? If not, why? 67. With whom do you usually play? 68. What is your favourite game? 69. Do you have any recreational activities in your local community? What kind of activities? 70. Who is the person you like most to spend your time with? 71. How often do you see him/her and spend time with him/her? 72. How often do you feel sad during the day? (from 0 to 5) 73. What do you usually do when you feel sad? 74. How often do you feel happy during the day? (from 0 to 5) 75. Can you give me 3 words that best describe your village/town/country? 76. Do you miss any of your friends in particular? Where is he/she now? 77. Can you state three wishes that are most precious for you?

* It must be noted that questions concerning *ethnical affiliation, religious orientation* and issues which may be sensitive for the interviewee are not be directly asked by the interviewer but acknowledged through observation.

OBSERVATIONS

Profile of observer

The observer - who is called upon using the two tools presented in this chapter - is the same interviewer who is appointed to conduct the interview with the household. Whilst the interview is taking place, the observer will identify the state of interviewee's psychosocial well-being and the occurrence of distress indicators through a mere observation of the physical and emotional environment in which the interviewee is living.

The observer is requested to note his/her observations when the interview is over and, preferably, in a different location.

Scheme for psychosocial well-being of families

According to Hertz (1986), the period of coping to emergency displacement can be divided into three consecutive stages:

1. IMPACT: euphoria-relax and self realization-euphoria-relax-euphoria relax.
2. REBOUND: delusion-discontent, anger, withdrawal, depression.
3. COPING: feeling of belonging.

The impact level is experienced on the moment of arrival to a new environment. It is characterized by elation, relief and feeling of fulfillment. This level passes relatively quickly and is followed by a rebound reaction, after having encountered the reality of the new environment. It manifests itself by expression of disappointment, which is often followed by angry and aggressive behaviour or depression and/or a dystimic mood. It can be considered the psychological and societal equivalent of the physiological 'fight or flight' reaction. In this sub-stage, the clinical manifestations can either be an expression of acting out anger, or complete withdrawal and avoidance of involvement with the new environment. The coping level comprises of the process of learning and mastery. Communication will be enhanced by developing communication modes which are compatible with the new environment or even by learning the language. This stage is also characterized by the development of a social network which can serve as support system, and by an increasing awareness of what utilities and services the new environment might offer. Strengthening emotional ties through the adjustment of children and relatives enhances the development of the feeling of trust and increases the sense of security.

In order to evaluate the psychosocial status of families, IOM developed the following table, which correlates with the three above-mentioned phases: Impact, Rebound and Coping with four social indicators: housing, employment, scholarization and social life.

Coping phases correlated with four social indicators

Indicators / Phases	Housing	Employment	Scholarization	Social Life
IMPACT	Temporary	Various or none, frequent changes	Irregular, varying results	Up and down Discovery and closeness
REBOUND	Maybe long-term, but precarious furniture,bad house keeping	Unsatisfactory, no long term perspective	Withdrawal or bad results	Closeness
COPING	Affectionate to their house	Trying to find a fixed and satisfactory one Got regular jobs	Regular	Stable Open to new neighbours Religious and ritual life restarts

This scheme allows for room for manoeuvre in terms of both needs identification and type of psychosocial response. Indeed, due to the way it is designed, the scheme allows the assessor:

- To investigate the psychosocial well-being of the family according to a thematic area (Housing, Employment, Scholarization and Social Life).
- To identify the phase where the family stands, generally and with respect to each social indicator.
- To make recommendations of psychosocial interventions which are appropriate to the position hold by the family along the continuum impact-coping with respect to each social indicator.

It must be noted that the scheme below is not meant to be used as a prompt psychosocial needs assessment tool. On the contrary, its employment becomes feasible when the four social indicators (House, Employment, Scholarization and Social Life) have taken place and, therefore, can be assessed. It is therefore not advisable to use it in the midst of an emergency, but rather in the early recovery phase.

The scheme relies heavily on the interpretation of the assessor. In this respect, if time allows, fixed indicators for each of the measure can be established, possibly in coordination with the IOM Central Unit for Mental Health, Psychosocial Response, and Cultural/Medical Integration.

Distress indicators list

The list of distress indicators includes 16 items. The assessors are requested not to make specific questions regarding the health status of interviewees. Whenever during the interview the interviewees would mention a distress indicator present in the list, either self reporting it, or attributing it to another member of the family, the interviewer will mark it.

The aim of the exercise is indeed not to identify individual pathologies, but to evaluate the recurrence of certain issues in a community, consistently with the non-medical aim of the assessment.
This exercise can be applied with both individuals and families as a whole.

When a high number of distress indicators (more than 5) is present within the same household or in the same individual, either self reported or attributed by other members of the family, the individual/family may be referred to a mental health professional.

To not extent the interviewer should assess symptoms but just note spontaneous self-reports.

LIST OF DISTRESS INDICATORS
▪ Sleeping problems ▪ Weight problems ▪ Tiredness ▪ Aggressiveness ▪ Violence ▪ Learning problems ▪ Anxiety ▪ Death ideas ▪ Nightmares ▪ Appetite problems ▪ Somatic complaints ▪ Anger ▪ Hyperactivity ▪ Thumb sucking ▪ Fears ▪ Panic attacks

How to enter the data of observations

For statistical elaboration, use SPSS 13 and enter the data as follows:

Psychosocial indicators:
Factors: status of the families over the 4 dimensions (socialization, schooling, housing, employment) in 3 measures (impact, rebound, coping).

Additional factors: special vulnerabilities categories of families (ethnic groups, female vs male headed households, etc.)

Additional Factor: neighborhood.

Distress indicators:
Factors: all symptoms for each family in 2 nominal measures 1= yes; 2= no.

Additional Factors: special vulnerability of the family as above

Additional Factor: neighborhood

Data Processing
Derivate descriptive statistics, and compare means per vulnerable category, and neighborhood

As a result the assessor should be able to know

a. The prevalence of different distress indicators in general and per neighborhood, to look at where intervention is most needed.

b. If families are generally in the impact, rebound or coping phase, and how this happen per neighbourhood-category of family, to look at where intervention is most needed.

c. To identify if, in certain neighborhoods-categories more families are in rebound phase in relation to certain sectors of social life among schooling, housing, socialization, employment than others, to prioritize thematic areas of intervention per geographic area.

This should give an indication on which thematic areas to address in each region. Results can be confronted with the qualitative interviews for validation and possible explanation-responses identified by the beneficiaries, and finally with the mapping to look at a) which available services in that specific sector to mobilize b) which capacity to create in case services-trainings are not available.

Results can be additionally validated by correlation analysis. For this please refer to the Central Unit for Mental Health, Psychosocial Response, and Cultural/Medical Integration.

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