



Psychosocial Needs Assessment in Displacement and Emergency Situations

IOM Middle East Assessment Tools



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Editorial Team

Editors: Guglielmo Schininá, Rocco Nuri

Graphics and cover photo: Rocco Nuri

Tools Conception

Research Tools: Guglielmo Schininá

Research Rationale: Guglielmo Schininá and Natale Losi

Advice: Cosette Maiky, Elena Bartoloni, Hiba Chehab, Mounaf Al Jadiri, Myrna Gannagé, Nidal Odeh, Patrizia Giffoni, Rosalind Kirkuki

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

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**PSYCHOSOCIAL NEEDS ASSESSMENT
IN DISPLACEMENT
AND EMERGENCY SITUATIONS**

IOM MIDDLE EAST ASSESSMENT TOOLS

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INTRODUCTION

Presentation of 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 humanitarian actors, they are designed to achieve three main goals: 1) assessing people's mental health and psychosocial well-being, 2) investigating the provision of services set up for the affected population and 3) accordingly planning interventions aimed at addressing their needs.

On the one hand, IOM Psychosocial Assessment is a methodological framework to enable humanitarian actors to reach and serve an emergency-affected population. On the other one, it suggests the conduct the field worker shall maintain when dealing with affected individuals.

Rapid Appraisal Procedure Approach

The IOM Middle East Assessment Tools are part of a methodology 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, ethnical 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*. As Losi wrote “RAP are a flexible constellation of means for investigation” (Losi, 1999). As such, 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 would make 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 a) to map both the general services and the specific mental health and psychosocial provisions for the affected population, b) to investigate the main psychosocial needs to be addressed and c) to identify 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.

- *The qualitative questionnaire for households* aims at ascertaining household members' living conditions, psychological status, economic situations, 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.

Based on a conversational-like fashion rather than fixed questions, this tool gives a qualitative overview, and methodological flexibility. It 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 period of coping to emergency displacement. This tool helps the assessor to identify in which phase the interviewee stands along the four social indicators, and, accordingly, make recommendations on possible interventions.
- *The distress indicators list*, which aims 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 set of tools is applicable along different stages of the emergency-recovery continuum. This is in line with the assumption that the psychological and social impacts of emergencies may continue to undermine the mental health and psychosocial well-being of the affected population also after the end of the emergency itself. Indeed, there might be social and/or psychological factors due to the emergency or even pre-existing, which continue to impact on the affected population also in an early-recovery situation. For example, grief and depression due to the loss of a family member during a harsh displacement are likely to continue after the emergency displacement is over.

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

All these instruments of research are well known and welcomed by the relevant Mental Health and Psychosocial sub-clusters/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 sub-cluster/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 Middle-East Assessment Tools not only promotes ownership when planning and implementing any intervention, but also helps to identify resources that affected individuals have.

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, the collection of existing relevant literature serves two important objectives:

- 1) To create a roster of professionals.
- 2) To fill in the table of provisions for the affected population and the table of psychosocial-related training for humanitarian workers (see page 19).

**INFORMATION RELATED TO THE
QUESTIONNAIRES FOR INTERNATIONAL
NATIONAL AND LOCAL STAKEHOLDERS**

Profile of the 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.
- Excellent 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 humanitarian work or related fields.

Questionnaires' objectives

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

- 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, resulting in a corroboration of information about the affected population.
- Retrieve and categorize per sector the services, both available and planned, provided to the affected population, by using the table below:

Table of available and planned services for the affected population

Sector	Agency	Current provision	Planned provision
Education			
Recreational activities			
Psychosocial assistance			
Medical 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:

Table of trainings

Sector	Agency	Description	no. of trainees
Psychosocial response and Education			
Psychosocial response and Primary Health Care			
Psychosocial response and Specialized Mental Health			
Psychosocial response and Humanitarian Work			
Psychosocial response and Vulnerable Categories (specify)			

Profile of the Interviewee

The questionnaires for international, national and local stakeholders are to be addressed to all those 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, 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.

The interviewees are not only called upon to provide relevant information on the issue, but also to identify two or more fieldworkers to be in charge of conducting the interviews with the sample of the affected population (pending a partnership agreement between IOM and the concerning agency).

Questionnaire for International and National Stakeholders

QUESTIONNAIRE FOR INTERNATIONAL AND NATIONAL STAKEHOLDERS (ORGANIZATIONS, INSTITUTIONS, NGOS)	
Date	
Interviewee	
Organization	
Role/Position within the Organization	
BACKGROUND	
<p>Mental health and psychosocial needs: documents and papers</p> <p>1) Can you provide me with any <i>information</i> you have on existing mental health and psychosocial needs of the displaced community in the country, including documents and papers?</p> <p>Mental health and psychosocial needs: provisions</p> <p>2) Can you provide me with any <i>information</i> you have on existing mental health and psychosocial provisions for the displaced community in the country, including further contacts?</p> <p>Projects devoted to psychosocial activities</p> <p>3) Can you provide me with any <i>information</i> about the project your organization is running in the domain of psychosocial activities, including project documents and reports?</p> <p>Projects including psychosocial response (also other organization's ones)</p> <p>4) Can you provide me with any <i>information</i> regarding projects your organization or other organizations targeting the displaced community in the country, with particular regard to psychosocial response?</p> <p>Number of beneficiaries</p> <p>5) Can you give me an estimate of the number of your beneficiaries within the displaced community?</p>	
NEEDS ASSESSMENT	
<p>Psychosocial issues to be addressed</p> <p>6) What do you think are the main and most urgent psychosocial issues to be addressed for the displaced community?</p> <p>Psychosocial support system to be built</p> <p>7) From a long-term perspective, what do you think are the main structural psychosocial support systems to be established?</p> <p>Longstanding and new needs</p> <p>8) Which of these needs are longstanding and which are the result of the new social, political and security situations?</p> <p>9) What are the subjects-areas to be addressed?</p> <p>Special needs</p> <p>10) Are there any special psychosocial needs concerning the displaced community?</p> <p>11) Can you list them please?</p>	

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 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

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 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 social and 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).

Guidelines for the Implementation of Interviews with Displaced Families

GENERAL INSTRUCTIONS FOR THE COMPLETION OF THE FORM ¹	
Definition of Family	For the purposes of this survey, a “family” is defined as <i>a group of persons related by blood or marriage who are living in the same dwelling</i> . 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	<p>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 <i>*not*</i> be asked directly.</p> <p>The order of the questions can be modified by the interviewer to fit the discussion.</p>
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	
<ol style="list-style-type: none"> 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 traveling 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 	

¹ These instructions are borrowed and re-adapted from “*IDP Intentions Survey Guidance*, UNHCR-IOM-UNOPS-MoDM-KRG Joint Project Iraq 2006”.

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.

Qualitative Questionnaire for Households

IDENTIFICATION		PLACE OF ORIGIN			
Place (name of town or village)		Governorate			
Neighborhood (only for bigger town)		District			
Interviewer		Sub District			
Household number from the list		Place (town / village)			
Organization		Neighborhood / site			
Interview status	<input type="checkbox"/> Interview completed <input type="checkbox"/> Partly completed <input type="checkbox"/> No contact <input type="checkbox"/> Refusal	Date:			
		Time start:			
		Time finish			
Interviewee's Current Status	<input type="checkbox"/> Displaced <input type="checkbox"/> Refugee registered with UNHCR <input type="checkbox"/> In transit				
Governorate	District	Place (village/town)	Month	Year	Reason

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 counseling, 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? Is it violent?
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 *ethnic 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 the 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, 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.

Distress Indicators List

The list of distress indicators includes 16 symptoms. 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, the interviewer will mark it . The aim of the exercise is 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 is present within the same household, a further, deeper analysis is required.

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

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Contact us:

IOM Headquarters Geneva

Address: 17, Route de Morillons, 1211 Geneva
- Switzerland
Phone: +41 22 717 91 11

IOM Psychosocial and Cultural Integration Unit - Rome

Address: Via Palestro 1, 00185 Rome - Italy
Phone: +39 06 87420967
website: www.psychosocial.iom.int

IOM Lebanon

Address: Gefinor Centre, Block B, Hamra,
Beirut - Lebanon
Phone: +961 1 752 118



International Organization for Migration