Displaced Syrians in Za'atari Camp: Rapid Mental Health and Psychosocial Support Assessment

Analysis and Interpretations of Findings

August 12th 2012
Amman, Jordan

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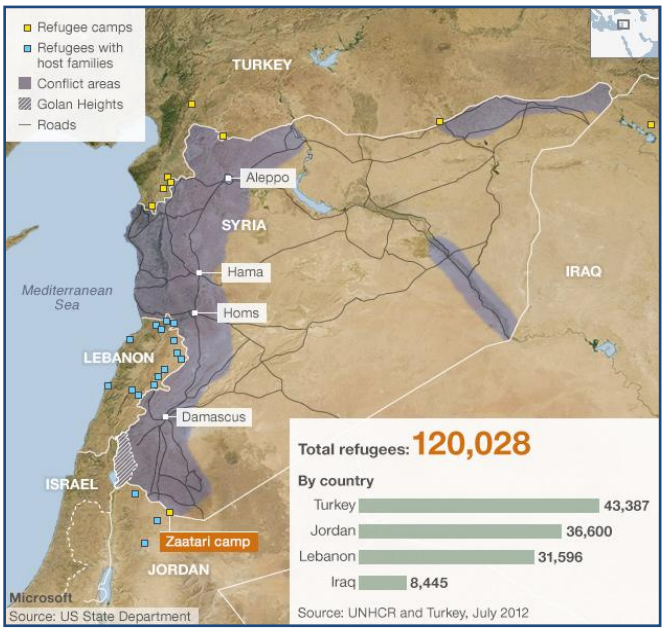
1. Acronyms

CBO	Community based organization
IASC	Interagency Standing Committee
IMC	International Medical Corps
INGO	International non-governmental organization
IFH	Institute of Family Health
JHCO	Jordan Hashemite Charity Organization
JHAS	Jordan Health Aid Society
MHPSS	Mental health and psychosocial support
NFI	Non-food items
NGO	Non-governmental organization
PFA	Psychological First Aid
UNHCR	The Office of the United Nations High Commissioner for Refugees
UNICEF	The United Nations Children's Fund
WHO	World Health Organization

2. Introduction

2.1. Background



Early in 2011, political protests and the government's response created an unstable and insecure environment in Syria. As the unrest intensified, many families felt forced to flee into neighboring countries. As of August 9th 2012, 39,600 displaced Syrians are registered in Jordan, with an additional 2,283 persons awaiting registration[1]. The Government of Jordan has allowed Syrians to remain in the country and has provided them with access to governmental services.

Za'atari Camp

Za'atari refugee camp was opened to absorb the increasing numbers of displaced Syrians in Jordan. The area on which Za'atri camp is located (see map) belongs to the military while the surrounding area is rural and agricultural (date palms and livestock). The site is sandy with frequent wind and dust storms. Syrians have been transferred to Za'atari camp since July 30th 2012 starting with 477 arrivals from Bashabshe transit sites and followed by additional direct arrivals from the border starting July 31st. As of August 12th, 2012, it is estimated that 5,357 Syrians reside in Za'atari. The camp has a planned capacity for 20,000.

2.2. The Relevance of Mental Health and Psychosocial Support in the Response to the Syrian Crisis

Mental health and psychosocial support considerations are important for program and service provision planning in the context of the Syrian crisis. Many Syrians have experienced severely distressing events related to the conflict such as the loss of family members, subjection to or witnessing of violent acts, and conflict-induced physical disabilities. It should be

[1] World Health Organization (2012). Syrian Arab Republic unrest Regional situation report # 1. Date: 9 August 2012

[2] See *http://www.who.int/mental_health/emergencies/9781424334445/en/index.html*

noted that most people exposed to such extreme events are expected to experience psychological distress such as hopelessness, anxiety, or anger. Those are considered normal responses to abnormal events and the majority of people will recover over time using their own ways of coping, which can be fostered by supportive environments. A smaller number of people will develop more enduring mental health problems such as depression or anxiety disorders. Such problems make it difficult for people to take care of daily tasks, to maintain good relationships with others and to take care of their physical health.

Mental health and psychosocial considerations and programming consistent with the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support (MHPSS) in Emergency Settings[2] should be an integral part of the response to conflict and crises. This does not only include specialized mental health services provided by psychologists or psychiatrists but also includes broader considerations such as providing basic services and security in a way that supports rather than undermines participation and well-being, as well as enhancing community and family supports. People with psychological stress or mental health problems can benefit from focused non-specialized supports such as Psychological First Aid and specialized mental health and psychosocial services (see IASC MHPSS guidelines for details).

2.3. Results of the Previous MHPSS Information Gathering Exercise

IMC and Jordan Health Aid Society (JHAS) have previously conducted a MHPSS information gathering exercise (February 2012) which focused on displaced Syrians in Mafraq, Ramtha and Irbid. The exercise involved focus group discussions, key informant interviews and individual interviews. Results showed that displaced Syrians reported various problems related to mental health, especially fear, worry and grief. Many respondents expressed psychological distress (e.g. 45% felt intense fear all or most of the time). The most frequently cited coping methods included prayer, smoking, and socializing with other people. The report recommended training of service provider staff in IASC MHPSS best practice guidelines, Psychological First Aid (PFA) and GBV awareness, community mobilization and advocacy as well as provision of mental health and psychosocial services. However, little is currently known about the mental health and psychosocial needs among displaced Syrians in the newly created Za'atari refugee camp. The current assessment builds on lessons learned and expands on the previous exercise, focusing specifically on the MHPSS needs and resources among displaced Syrians in Za'atari.

About International Medical Corps

For over 25 years, International Medical Corps has demonstrated the ability to deliver major relief and development programs to improve lives and strengthen national capacity through health, education, and social programming. International Medical Corps has responded to complex emergencies and implemented transitional development programs in over 40 countries worldwide. International Medical Corp's has been operational in Jordan since 2007. Currently, IMC programs in Jordan operate in three primary sectors: comprehensive primary health care, mental health, and psychosocial support. International Medical Corps has adopted an approach that mobilizes communities as partners, addresses beneficiaries' critical needs in a sustainable manner, and prioritizes vulnerable persons. For more information, see: www.InternationalMedicalCorps.org

3. Goals

The overall goals of this assessment were:

1) To collect information regarding MHPSS related problems among displaced Syrians
2) To summarize information about the current services and activities offered to displaced Syrians and identify gaps
3) To gain an understanding of the current and potential coping strategies, resources and supports among displaced Syrian families and communities

Based on the results, this assessment offers recommendations for potential areas of MHPSS programming as well as general social considerations relevant to all sectors.

[2] See *http://www.who.int/mental_health/emergencies/9781424334445/en/index.html*

This information will help mental health and psychosocial as well as other aid actors to respond in a way that is informed by the needs and resources among displaced Syrians and consistent with best guidelines and participatory approaches.

4. Methods

4.1. Target population

The population of interest for this assessment consists of displaced Syrians in Za'atari camp, including men, women and male/female youth.

4.2. Information Sources

Desk Top Review

A desktop review of major news sources, UN site reports as well as reports from different implementing agencies has been ongoing. The most up to date data was included in this assessment.

Mapping of services and Information shared as part of coordination mechanisms

IMC has participated in continuing consultations with UNHCR, UNICEF, the Mental Health and Psychosocial (MHPSS) Working Group, other local community based organizations (CBOs). IMC has undertaken a 4W (Who is doing What Where and When) mapping of services in May of 2012, which included services available for Syrians in host population areas. IMC has also maintains an up to date MHPSS Response Plan as part of the MHPSS working group coordination mechanism. This planning report reports includes relevant information from Protection and GBV working groups (e.g. contingency plans). IMC and Save the Children also co-lead an MHPSS coordination meeting in Za'atari camp on August 9th 2009, which was the basis for the most up to date information on current actors and activities in Za'atari.

Interviews

The IMC assessment team conducted interviews at Za'atari camp on August 2nd, 5th, 6th and 7th. Due to the sensitive nature of the camp situation and rapidly changing conditions, true random sampling would have been difficult to achieve. Instead, a combination of convenience sampling (for general interviews) and snowball sampling (for key informant interviews) were used.

Key Informant interviews

- *Syrian camp resident key informants:* Syrian key informants were chosen among the camp population by asking interviewees who else would be knowledgeable about the concerns of Syrians in general. Given how recently the camp had been set up, this process was challenging since most people did not know one another. IMC staff therefore also spent time at the camp entrance where large groups of people continuously gathered under a large tented area. Some outspoken Syrians who were also identified by others as knowledgeable about the situation were interviewed at the tented site.

- *Za'atari camp service providers:* These interviews included one to two staff members from different agencies such as CBOs or INGOs providing services and activities in Za'atari camp. The interview focused on collecting information related to perceived challenges and resources among Syrians (see Appendix). Their names and employing agencies are kept anonymous due to the sensitivity of the current situation.

- Mental health service providers (host community). The interviews included IMC MHPSS staff involved in providing services to Syrians in host communities and focused on common problems and challenges among Syrians. This option was chosen since mental health services had not been established in Za'atari at the time of the assessment.

Camp Resident interviews

IMC staff conducted individual and group interviews in Za'atari camp. The purpose of these semi-structured groups was to learn about the most common concerns and ways of coping among Syrians. IMC had found in the previous (February 2012) information gathering exercise that when the interviewers approached families to participate, most often the male heads of household were selected to respond on behalf of their families even though interviewers gave equal opportunity for men and women to be interviewed. Therefore, this current assessment included group interviews including peer groups of men and women as well as family interviews which included the recording of responses from women.

4.3. Assessment Tools

Two tools (10 and 11) were adapted from the WHO/UNHCR MHPSS Assessment Toolkit[3]. Both tools were modified according to the specific context and based on lessons learned from the previous assessment. Questions were simplified and no mention was made of "mental health" or "psychosocial support" which participants had difficulty understanding during the previous assessment (e.g. the term mental health is often associated with severe disorders only while terms for psychosocial support are not widely used among the general public). Additional questions on perceived control were developed for this assessment through discussion with the IMC Jordan program team. Information was obtained through individual, group and key informant interviews (see APPENDIX for assessment tools used).

4.4. Procedures

The assessment was led by the IMC Global Mental Health and Psychosocial Advisor with support from an information gathering team consisting of three IMC case managers (one male and two females) and with technical and programmatic support from IMC Jordan. After a brief assessment training and role play, the assessment tools were pilot tested over a two day period. Subsequently, changes were made to the tools to improve comprehension. An initial question about perceived control was omitted (and is only reported in a sub-sample), since participants had difficulty understanding the question without extensive use of examples. The question about where camp residents who are distressed seek help was also omitted since it yielded limited information in the new camp environment.

4.5. Data entry and Analysis

The data were entered and analyzed using Microsoft excel software. All qualitative data was theme coded and grouped for analysis.

4.6. Timeline

The assessment took place from August 2nd to August 18th, 2012.

			F	S						F	S							S
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. Selection of assessment team																		
2. Training of assessment team																		
3. Pilot testing of assessment tools and initial data collection																		
4. Revision of assessment tools																		
5. Continued data collection																		
6. Data entry																		
7. Data cleaning and analysis																		
8. Writing of report and recommendations																		

[3] World Health Organization & United Nations High Commissioner for Refugees. *Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Major Humanitarian Settings*. Geneva: WHO, 2012.

5. Results

5.1. Participants

IMC staff conducted 30 individual and 14 group interviews of 3-4 Syrians each in Za'atari camp (69 participants total) as well as 6 Syrian key informant interviews. Interviews with service providers included 11 staff members from 7 different agencies at the camp (representing camp management, food and nutrition, protection and health) as well as 5 IMC MHPSS staff involved in providing services to Syrians in the host community (2 case managers, 1 psychiatrist, 1 psychologist, 1 psychiatric nurse). An effort was made to include equal proportions of male and female participants.

Table 1. Participants interviewed for the assessment

	Male	Female	Total
Syrian Camp Residents	35	34	**69**
Key Informant Syrians	3	3	**6**
Key informant service provider staff	8	8	**16**
Total	46	45	**91**

Due to the sensitivity of the situation, IMC did not collect detailed demographic or identifying information from displaced Syrians. However, UNHCR statistics suggest that the majority of residents in Za'atari is from Dara (85.2%), followed by Homs (12.4%) and Damascus (2.5%) (Based on sample of 243, August 8th UNHCR information portal).

5.2. Problems and Challenges Among Displaced Syrians

The most frequently cited problems among displaced Syrians according to 22 key informants are listed below. Additional quotes from camp residents are added for illustration.

General problems:

Camp general service providers:

- Camp conditions (5 key informants), including heat and dust, poor cleanliness of toilet facilities, difficulties to obtain food and other basic needs
- Worry (3) and fear (2) about family members back in Syria and about properties as well as about the current situation in the camp (e.g. safety for women and children walking long distances)
- Aggressiveness (2) and psychological distress (3) due to the camp conditions
- Respiratory problems (2) due to dust in the camp

> *"I'm about to break down because I'm worried about my wife and children back in Syria, I do not know anything about them"*
>
> -Single male camp resident sitting in front of his tent

Host community mental health service providers and Syrian key informants:

- Shock (related to traumatic events in Syria), worry, financial and housing problems

Male adults:

Camp general service providers:

- Worry (3) about family members back in Syria, properties, an uncertain future, and not knowing about the situation in Syria.
- Boredom (3) due to having no work, no opportunities for activities, and free time with nothing to do
- Camp conditions (5) such as the heat, dust, poor hygiene, and difficulties to get basic needs met
- Aggressiveness (3) in general and towards family and aid workers due to of difficult living conditions
- Psychological distress (2) due to hassles like health issues and other basic needs

Host community mental health service providers and Syrian key informants:

- Worry, psychological distress, anger, boredom, financial problems and problems finding employment

Female adults:

Camp general service providers and Syrian key informants:

- Worry (2) about family in Syria, properties, and inadequate health services for infants and children
- Fear (2) about safety (especially at night) and uncertain future
- Psychological distress (2), and crying (1) due to camp's conditions and having to take care of the family
- Discomfort (2) due to cap conditions and not having privacy and access to needs (e.g. hygiene items, sanitary pads)
- Aggressiveness (2) towards family and aid workers due to of difficult living conditions
- Unspecific or exaggerated health complaints (2), due to camp conditions, some present at health care clinics hoping they could leave the camp.

Host community mental health service providers:

- Fear (for safety among women-headed families), worry (about the future and family in Syria) and depression

> *"I cannot control my outbursts of anger, my husband and I quarrel all the time and he is threatening to divorce me"*
>
> -Pregnant mother with one baby residing in the camp with her husband

Male youth:

Camp general service providers and Syrian key informants:

- Aggressiveness, disturbing others in the camp and fighting (2) because of free time, no opportunity for activities, and difficult camp conditions
- Boredom (2) because of spending all day at the camp with nothing to do
- Distress and complaining (1) about camp conditions

Host community mental health service providers:

- Worry (about disrupted educational opportunities, finances) and shock (from events in Syria)

Female youth:

Camp general service providers and Syrian key informants:

- Not feeling safe in the camp (1)
- Boredom (2) due to having no opportunities for activities and not knowing what to do during the day
- Feeling isolated in tents (1) due to conservative culture

> *"I cannot read any books here or get on the internet and I cannot style my hair and wear clean clothes"*
>
> -Female university student residing in the camp

Host community mental health service providers:

- Worry (about early marriages, disrupted school attendance, not knowing anything about family back home), fear (of the Syrian regime, and about safety in Jordan), guilt because of friends left behind in Syria

It is notable that although this question only asked about general problems (i.e. "What kind of problems do [displaced Syrian adult men, Syrian adult women, Syrian male youth, Syrian female youth] have because of the current situation?), many of the problems cited by key camp informants are related to psychological distress. The most frequently cited problems included concerns about the camp conditions, as well as worry and fear about the situation in Syria but also about safety in the camp. Boredom was a concern named for males and youth, while aggressiveness was cited among adults and male youth.

The previous IMC/JHAS information gathering exercise among Syrians in the host population (Feb 2012) which included a survey among Syrians, found that the most commonly cited and highest ranked concerns were fear, grief and anger, followed by education and work concerns. It appears that concerns among displaced Syrians in the host community and in the camp are similar, with added stressors and problems related to the camp conditions.

5.3. Vulnerable Sub-Groups

The following vulnerable groups were identified by key informants:

- People with chronic mental disorders (identified by MHPSS service providers) who are at risk for relapse due to not being able to access care and being exposed to new environmental stressors
- People with physical disabilities (identified by camp service providers) who may not be able to access services and have compromised mobility in the camp environment
- People with physical health problems (identified by general and MHPSS service providers) who may not be able to access services and who may be affected by the camp environment (e.g. asthma, dust)
- Pregnant women (identified by health service providers and displaced Syrian camp residents) who may not know where to go for delivery and who may be affected by the difficult living conditions
- Women (identified by displaced Syrian camp residents, general, health and MHPSS service providers) who may not feel safe in the camp and may face challenges providing for their children's needs.
- Single headed families (identified by general, health and MHPSS service providers) who may not feel safe in the camp
- Unaccompanied minors or children without their parents (identified by general and MHPSS service provider) who have no caregiver and do not receive needed care and attention.
- Children (identified by general and protection service providers and displaced Syrian camp residents) who may be negatively affected by the weather and camp conditions, may have difficulty understanding of what is happening around them, may still be affected by past traumatic events (e.g. shouting when they see a plane), have no areas to play, may have been exposed to violent events, and are experiencing instability and disruption of home and schooling.
- Youth (identified by MHPSS service provider) who may experience instability in their families' situations and income, disruption of their schooling, as well as having witnessed and/or experienced life threatening events
- Older people (identified by health and MHPSS service providers) who may have experienced extreme stressors such as the killing and detention of loved ones, who may be adversely affected by the camp's harsh conditions, and who may be more vulnerable to becoming ill.

> *"My child has a developmental disability and used to get special education but now she can do nothing, she does not play with other children and sits in the tent all day. I'm worried about her learning"*
>
> -Woman on the road close to health facilities

> *"I'm worried about my mother who is 85, she cannot stand the heat in the tent and we cannot be bailed out. I'm worried about her health"*
>
> -Male camp resident, walking between camp and service providers

5.4. Current Perceived Control

Current perceived control was assessed in a sub sample of respondents (n=20), showing that most felt like they had no (n=12) or very little (n=4) control over the decisions that concerned them. The majority of people cited lack of control over the physical camp environment (e.g. heat, dust) and situation (e.g. not being able to leave), camp services and facilities (e.g. unclean toilets, the quality of food and meal times, no opportunities to prepare own food), religious practices (e.g. not being able to fast and pray during the correct time), and taking care of their physical appearance (e.g. getting a haircut). The few cited things that some people felt they had control over included times to sleep and eat and parenting their children.

5.5. Coping Methods

Respondents were asked what helped them cope with distress in the past while in Syria and whether they are able to use those ways of coping in the current situation.

The Figures below shows the most common coping methods cited among men and women and how many of them report being able to use those methods in the camp. Those who responded not being able to use a specific method of coping in the camp were asked what made it difficult to use this method.

Figure 1. Number of men reporting each coping method (dark blue) and number of men who are able to use this method in the camp (light blue).

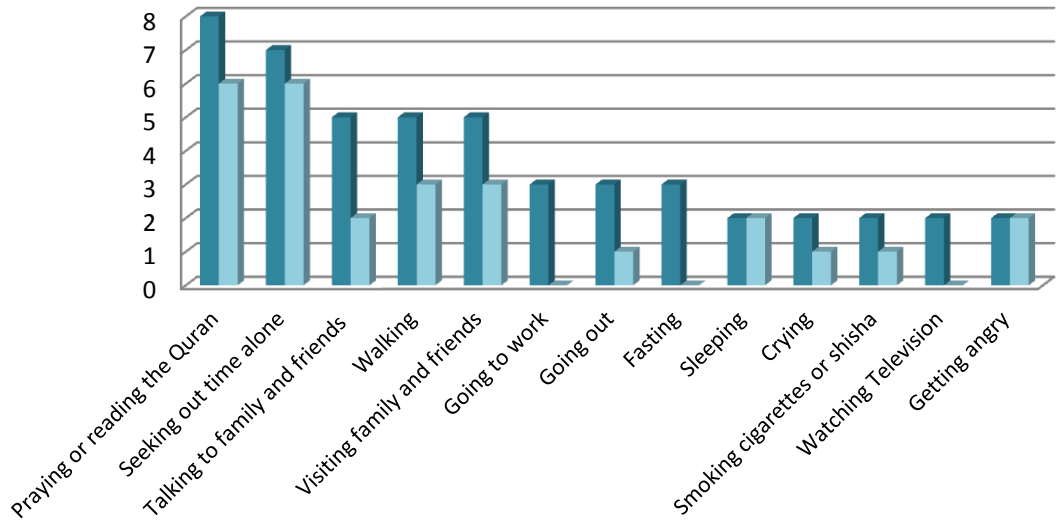
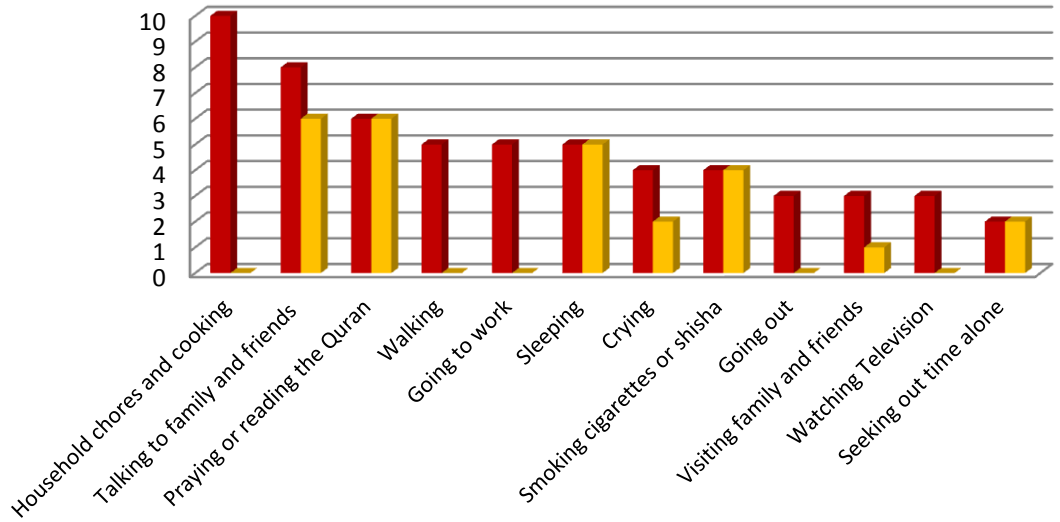


Figure 2. Number of women reporting each coping method (dark red) and number of men who are able to use this method in the camp (orange).



Barriers to Coping

Table 2. Coping methods and perceived barriers among men and women

Coping Method	Total number			Number able to use this in the camp		Perceived Barriers
	Total	Male	Female	Male	Female	
Praying or reading the Quran	**14**	8	6	6	6	There is no call to prayer in the camp which makes it difficult to tell the time. There is no space for washing before prayer and the toilets are not clean.
Talking to people, family, and friends	**13**	5	8	2	6	Family and friends are not at the camp and others may not be trustworthy. Talking to people in the camp who also complain does not help.
Household chores and cooking	**10**	0	10	0	0	Tents are difficult to clean and get dusty again quickly. The food that is distributed is already cooked
Walking	**10**	5	5	3	0	The heat and the dust make the camp unsuitable for walking and there is no place to go to.
Seeking out time alone	**9**	7	2	6	2	There is no private space to be alone
Visiting and spending time with family and friends	**8**	5	3	3	1	Relatives and friends are in Syria or Jordan host community or their whereabouts are unknown. There are no friends or neighbors at the camp. Coffee shops or houses to gather are not available (the tents are too small to meet and people cannot meet at the distribution center)
Going to work	**8**	3	5	0	0	There is no work in the camp Camp residents are occupied with worries about relatives in Syria and their mood is not good
Sleeping	**7**	2	5	2	5	Some residents have trouble sleeping to distress keeping them awake, noises from other residents and lack of safety (e.g. not possible to lock tent)
Going out	**6**	3	3	1	0	There is nowhere to go
Crying	**6**	2	4	1	2	There is no space to cry in private.
Smoking cigarettes or shisha	**6**	2	4	1	4	Cigarettes are expensive or not available.
Watching Television	**5**	2	3	0	0	There are no TVs in the camp (this makes it difficult to keep up to date about the situation in Syria)
Getting angry	**3**	2	1	2	0	
Fasting	**3**	3	0	0	0	The weather is too hot. The situation in the camp is difficult. The mood among camp residents is poor.
Playing with children	**2**	1	1	1	1	The place is not suitable for play, the weather is not suitable for being outside
Playing football	**1**	1	0	0	0	There is no football pitch
Listening to music	**1**	0	1	0	0	There is no music player available

The most commonly identified coping mechanisms among men (in descending order) were praying, seeking out time alone, talking with family and friends, going out, walking, spending time with others and working. Most men were able to engage in these activities to some extent except for talking with family and friends (due to being separated) and working. Findings are similar to the previous IMC/JHAS information gathering exercise, which included mainly men, where the most common coping methods were praying, smoking, and socializing with others.

Among women, the most common methods (in descending order) were household chores, talking to family and friends, praying, walking, going to work, going out, sleeping, crying and smoking. It should be noted that none of the women

reported being able to do chores, walk, go out, or work in the camp. Some of them stated they were able to talk to family and friends and most were able to pray, sleep, cry and smoke.

5.6. Suggestions for Interventions and Activities

Participants were asked "What more could be done to help [men, women, male youth, female youth] who are upset / distressed by aid agencies or displaced Syrians themselves?" For each suggestion, participants were asked about potential (positive and negative) consequences. The Figure below shows the most common suggestions among men and women. Table 3 shows a comprehensive overview of all suggestions and potential consequences.

Figure 3. Most common suggestions among camp residents

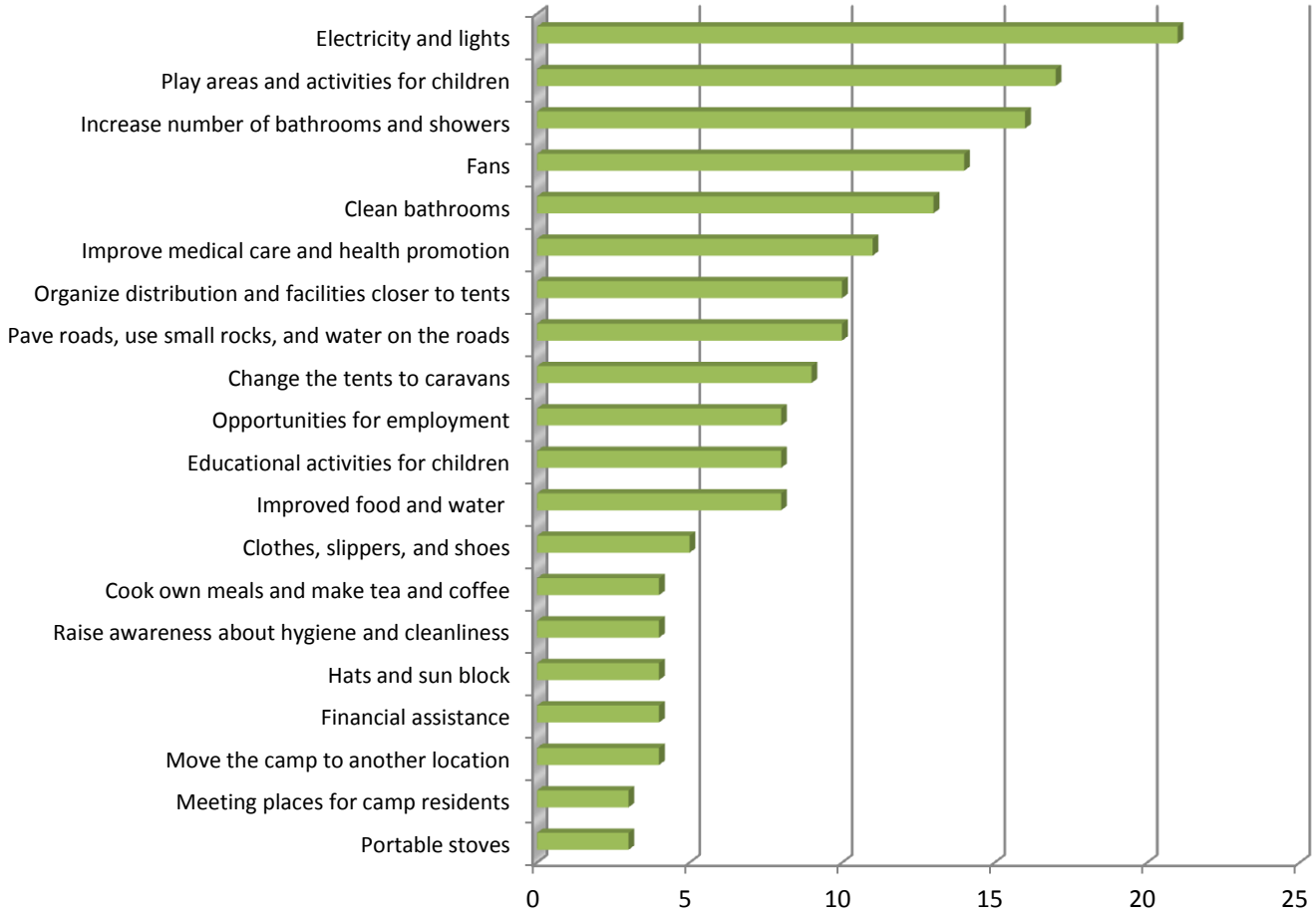


Table 3. Suggestions for potential interventions and activities in the camp from camp residents, key informant camp residents (KICR) and key informant service providers (KISP).

Suggestion	Total	Perceived potential consequences
Camp set up		
Pave roads, use small rocks, and water on the roads	10	Reduction of dust
Change the tents to caravans	9	Reduction of heat and improved privacy
Move the camp to another location	4	Reduction of adverse effects of camp environment (e.g. respiratory problems because of the dust , effects of heat)
Access to services		
Organize distribution and facilities closer to tents (e.g. multiple distribution points)	10 1 KISP	Improved access for certain groups (e.g. women, older men; women often do not access services at the camp entrance alone), people do not have to wait in line for long periods
Provide better access to basic needs	2 1 KISP	Provision of better, more adequate services helps children benefit from activities (e.g. they cannot play and draw when they are hungry or bare foot) [KISP]
Provide transportation	2 1 KISP	To reduce difficulties of walking long distances, and reduce anger among the refugees [KISP]
Improve accessibility of bathrooms	1	Improve access for people with disabilities (e.g. wheelchair users)
Availability of camp services		
Improve medical care and health promotion	11 1 KISP	Improved health and prevention of disease in the camp, health care for those who are injured
Give financial assistance	4	Ability to buy things
Non-Food Item and Food		
Provide electricity and lights (e.g. torches, candles, street lights)	21 3 KICR	Visibility at night which improves orientation and safety (especially for women and children), ability to see one another at night, charging of mobile phones
Provide fans	14 1 KICR	Reduced heat and distress
Provide improved food and water (e.g. salt with food, fruits and vegetables, better tasting food, sugar, coffee and teas, cold water)	8	Improved access to more healthy and better tasting food Reduced effects of heat (cold water)
Provide clothes, slippers, and shoes	5	Camp residents could wear clean and usable (e.g. no holes) clothing
Provide hats and sun block	4	Prevention of sunburn and better ability to walk outside during the day
Provide portable stoves	3	Camp residents would be able to cook and to make coffee, tea and milk
Provide large washing machines	1	Less effort washing clothes
Provide phone credit at low prices	1	
Water, Sanitation and Hygiene		
Clean bathrooms	13 1 KISP	Reduction of risk of illness and improved comfort in using the facilities
Increase number of bathrooms and showers	16	Less waiting time, improved cleanliness
Raise awareness about hygiene and cleanliness	4 1 KISP	Improved cleanliness of bathroom and shower facilities, reduced risk of disease
Activities for children and youth		
Build play areas and organize activities for children and youth (e.g. sports)	17 1 KICR	Access to safe spaces to play, Keeping children occupied and reducing fighting among them. Reduced distress among children and more fun
Organize educational activities for children including those with special needs	8 1 KICR 1 KISP	Giving children opportunities to learn and keeping them from falling behind in school
Provide access to TV	2	Children can spend time watching TV and stop nagging and crying
Purposeful activities for adults		
Provide opportunities for employment and livelihoods	8	Generation of income and being able to spend the day doing something useful

Allow residents to cook their own meals and make tea and coffee	4 1 KISP	Feeling better and feeling more in control, having something to do, helping maintain previous routines (drinking tea and coffee several times a day and chatting)
Provide a mosque / place o pray	1 1 KISP	Camp residents could engage in their religious rituals
Engage camp residents in volunteering and community service	1 1 KISP	Syrians would be able to help each other, male youth could be positively engaged
Provide vocational training	1 1 KISP	Having structured time, assisting each other (e.g. women helping other women with their hair)
Open a supermarket	1	Being able to buy what is needed since camp residents cannot leave the camp
Have a hairdresser in the camp	2	Ability to engage in self-care and feeling clean
Develop a complaints mechanism for camp rsidents	1	Leaders in the camp could receive complaints and represent camp residents
Provide sessions for women by religious educators	1 KICR	Women would be able to learn and socialize
Provide a camp canteen/ restaurant	1 KISP	Camp residents would have more options for food and drink and more control
Social activities		
Set up meeting places for camp residents including places for women	3 2 KISP	Camp residents can talk and drink tea, discuss their problems, and support each other. Women would be less distressed
Orientation and access to information		
Provide a map of tents and who lives in them	1	Visitors can find their friends and family members
Install speakers so as to make announcements	1	Lost children can be located
Provide education on smoking and other bad health habits	1 KISP	Pass the time, feel productive

5.7. Site Observations

The IMC assessment team made several observations while at Za'atari, which included the following:

Camp Orientation

The assessment team noted that rows of tents looked very similar, numbers on tents were not always visible, water points and latrines or CFSs were difficult to identify from a distance Camp residents reported that children get lost and camp residents have difficulties finding their tents and knowing where to find specific tent numbers. Team members were regularly stopped by camp residents who were enquiring about finding specific tent numbers and locating service providers as well as finding our more about available services including health, food and water (e.g. two young boys inquired about where clothes are distributed, a men asked about health services for his elderly mother). Camp residents also had difficulty knowing who to approach for what kind of support. One service provider stated that "anyone with a badge or hat" would be approached for help.

Transportation and Access to Services

The assessment team and driver were continuously approached by camp residents asking them to provide rides to service providers or back to the camp. They included two women with a younger child who was reportedly unwell and looked faint and an older woman carrying heavy items as well as children. All of them had difficulties making the long trip between the tents and service providers given the hot weather and dusty roads.

Communication

Several camp residents stated that they had no phone or phone credit to get in touch with relatives who are outside the camp or still in Syria. Some also do not have access to electricity to charge their phones and ipods and asked service providers at the camp to use power outlets in their offices (some of them refused).

Privacy and Dignity

The IMC team observed that some visitors (e.g. journalists) enter peoples living space take pictures or video footage of camp residents including vulnerable persons such as children without asking without asking them for permission, or asking children to pose and say specific things in front of the camera (e.g. making a victory sign and saying "allahu akbar"). There have also been reports of quarrels between journalists and camp residents (e.g. one resident reportedly punched a journalist who was not respecting his wish to be left alone). Especially women noted the lack of privacy, stating for example that they would not be comfortable using showers alone (their husbands often accompanied them) and not unable to take off their hijab (head cover/veil).

Community participation in setting up and maintaining camp services

The IMC team did not observe participation of camp residents in setting up or maintaining camp services and facilities although several of them stated that they were interested in helping and contributing. One camp resident commented that he would like to help the workers constructing the bathroom facilities. One service provider reported that camp residents had approached civil defense workers, stating that they wanted to help and work. The team also observed camp cleanup conducted by non-residents.

Religious practices

No specific space for praying and washing (separate for males and females) currently exists in the camp. According to team observations and camp residents, no call to prayer currently exists. There is a plan to build a mosque for men in the camp.

> *"I still pray but I don't know if it is the right time. I have no watch and there is no call to prayer"*
>
> -Male camp resident

5.8. <u>Current MHPSS Activities and Service Provision</u>

Za'atari camp is operated by the government of Jordan (JHCO) Jordan Hashemite Charity Organization and supported by UNHCR. The camp provides shelter (UNHCR tents), food (World Food Program), health services including reproductive health (Jordan Health Aid Society, UNFPA, MDM, Moroccan field hospital). Current MHPSS related services and activities include:

Community and Family Supports

- <u>Camp community activities</u> to improve overall camp life, elections in the camp and establishment of camp committees, linking camp residents to services (InterSOS with support from UNHCR/JHCO)
- <u>Child Friendly Spaces</u> (CFS) and provision of recreational services for 0-4, 5-6, 7-12 and adolescents 18 (Save the Children supported by UNICEF)
- <u>Community tracing</u> activities (Save the Children)

Focused non-specialized supports

- <u>General support for women</u>: Three women spaces (IFH supported by UNFPA) which include counseling and awareness, GBV focused activities, psychosocial, reproductive health services, code of conduct training for non-professional staff and establishment of women protection committees.
- <u>Unaccompanied minor activities</u> including protection (Save the Children), group and individual counseling
- <u>Adolescent activities</u> provided weekly, small groups targeting youth with signs of aggression, and behavioral issues (IMC supported by UNICEF)
- <u>Child Protection</u> activities through focal points and camp resident child protection committees
- <u>Informal education</u>, including early childhood development (0-8) targeting mothers with their children (Save the Children supported by UNICEF)

Specialized Mental Health and Social Services

- Mental health service provision through daily mental health teams including a psychiatrist, three case managers, one mental health nurse and one psychologist (IMC supported by UNHCR in partnership with Jordan Health Aid Society).A psychiatrist to provide assessment and medication for chronic mental health conditions is also on staff at the French and Moroccan field hospitals.
- Comprehensive case management and specialized psychosocial services (family and child cases managed by IMC supported by UNICEF and survivors of GBV managed by IFH supported by UNFPA)

Other Services

- Services for persons with disabilities (IFH supported by UNHCR and Handicap International in the interim on a case by case basis).

6. Summary and Recommendations

6.1. Limitations

This assessment has several limitations to be taken into consideration when reviewing the results and recommendations:

- Rapidly changing context: This assessment was conducted within less than a week of the opening of the camp and while camp services were still being established. Every day of the assessment, new changes were made and additional services were being set up. While many residents complained of lack of lights and spaces for children for example, light poles and child friendly spaces were being set up towards the end of the assessment. However, we feel that this assessment still provides a useful snapshot of perceived needs and resources in the camp.
- Time limits. The assessment teams had only five days to perform their work. The long commute to the camp (1-1.5 hrs from Amman each way), shortened Ramadan work hours and hot weather resulted in the team only spending 2-3 hours in the camp each day. This limited the number of participants and amount of information that could be gathered.
- Limitation of Tools. The tools selected for this assessment from the WHO MHPSS checklist were designed to provide specific and focused information with limited time spent with each participant. This prevented assessment teams from carrying out a more in-depth exploration of the target population's needs and resources. However, teams were encouraged to take note of additional observations, and quotes from participants which are included in this report as appropriate.
- Participant Sampling. The sampling methodology used convenience and snowball sampling, rather than random sampling. It is possible that this resulted in under-representation of participants who were not present at their tent sites (e.g. individuals seeking health or other services during the day) or who had withdrawn into their tents (e.g. sleeping during Ramadan, younger females).
- Participant group interviews: During the beginning of the assessment, it became apparent that limiting interviews to one individual was not practical, as this often resulted in only interviewing a male head of household as well as loss of valuable information from others who offered answers to questions. Securing private space for interviews was also not practical due to limited options at the camp site for space and wanting to avoid asking people to leave their tents (e.g. leaving valuables behind, cultural appropriateness of interviewing women only). To address this, group interview forms (up to four participants each) were constructed. This has the limitation that members of the group influenced one another (which would have also been the case with individual interviews conducted in group settings). Furthermore, it was often difficult for interviewers to keep track of how each group member answered different questions (although comprehensive notes were taken after each interview), which likely resulted in some degree of error in reporting.

6.2. Recommendations

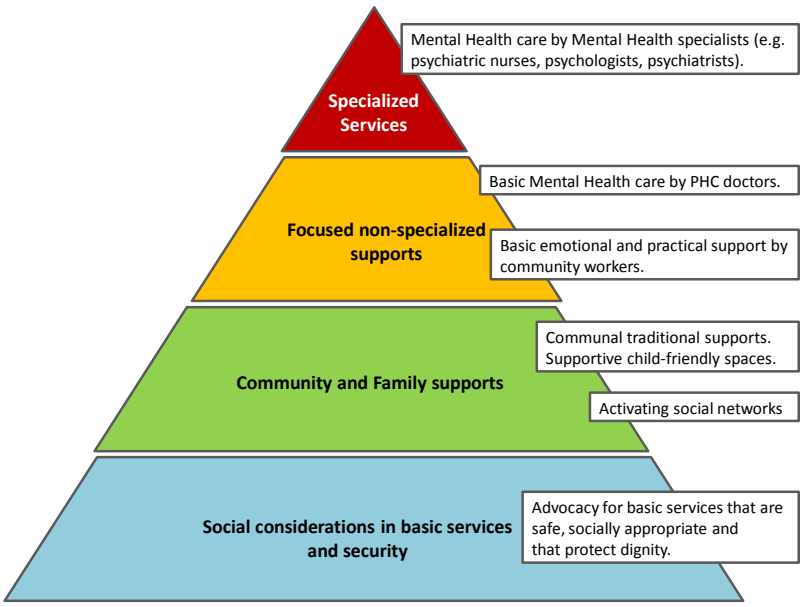
The IASC MHPSS guidelines outline recommended levels of mental health and psychosocial intervention into a pyramid as, ranging from social considerations in service provision to specialized services provided by mental health professionals (see Figure 4). The following recommendations take each level of the pyramid into account and are made within the framework of an MHPSS perspective and in line with IASC guidelines.

6.2.1. General principles and social considerations

The following social considerations are based on:

- Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC. (e.g. Part C. Social considerations in sectoral domains)
- World Health Organization, War Trauma Foundation and World Vision International (2011). Psychological first aid: Guide for field workers. WHO: Geneva.

Figure 4. IASC MHPSS Intervention Pyramid



Improving orientation to the camp and available service providers

- Observations during this assessment found that camp residents have difficulties orienting themselves and finding their tents, facilities and service areas.

Recommendations:

- Use colored flags and/or signs which represent blocks of tents (with numbers), facilities (e.g. specific symbols for male or female bathrooms, water points) and service providers
- Produce and disseminate a map of the camp and listing of service providers and services (e.g. color coding system with visual aids)
- Provide updated calendar/schedule every few days to inform camp residents about current services, activities and plans in the camp
- Provide a brief orientation to new camp residents

Meeting needs related to weather conditions

- A high number of camp residents complained about conditions of the camp including heat and dust. Service providers noted weather related health problems (e.g. dehydration, respiratory problems, eye problems and infections and sunburn). Tents provide only minimal protection and residents suggested better housing and fans as well as sunscreen and hats. Larger community tents and replacement of tents with more permanent structures which provide weather protection is already planned.

Recommendations:

- Provide air conditioned larger community tents and containers were possible
- Provide sunscreen and hats

Facilitating access to facilities and services for vulnerable persons (transport)

- The teams' observations at the site showed that some persons (e.g. older people, people who are sick or feel unwell) have difficulty making the long walk to services at the camp entrance and back to their tents. Furthermore, a large number of interviewed camp residents suggested organizing distribution points and facilities closer to tents and some suggested providing transportation.

Recommendations:

- Provide transportation for vulnerable camp residents (e.g. golf carts, small cars)
- Drive cars/trucks to access points close to tents for distribution (and make announcement to residents, e.g. loud speaker)

Providing access to information about Syria and the world outside the camp

- This assessment showed that many camp residents report worry and fear about the situation in Syria and loved ones. Not having up to date information can worsen distress and uncertainty. Some camp residents suggested TVs and radios for the camp since there is limited access to information.

Recommendation:

- Provide access to information via TVs (e.g. specific tents), radios, and/or internet access stations.

Considering protection concerns

- A high proportion of camp residents, especially women, expressed concerns over safety in the camp, particularly at night when there are no lights and when using shower facilities. Several female camp residents have complained of harassment according to observations. Camp protection currently only exists for the perimeter of the camp with small guard stations planned along the main road. The IMC team noted that some women do not feel comfortable approaching the male guards for help. Women have also been identified as a vulnerable group by others.

Recommendation:

- Conduct camp protection and safety assessment (with specific attention to vulnerable groups).
- Consider engaging female guards in addition to male guards in the camp and ensure that female camp residents are aware of them and can approach then for help if needed
- Engage trusted community volunteers in safeguarding the camp

Meeting basic needs related to the dignity and comfort of camp residents

- Women and key informants reported not having access to hygiene items (e.g. sanitary pads), lacking sufficient and intact clothing (e.g. some people have only one or two items of clothing and/or holes in their clothes) and not being able to get a haircut.

Recommendation:

- Consider providing NFIs that support dignity and comfort of residents, especially women
- Engage camp residents in providing basic services needed for self-care such as hairdressing (e.g. one women resident who was interviewed stated she used to work in a beauty salon and was distressed about not being able to work)

Protecting the dignity and privacy of camp residents

- Observations suggest that camp visitors including journalists do not always respect the privacy of camp residents (e.g. taking pictures) and engage in some behaviors that can cause additional distress for residents (e.g. driving fast) and sometimes come into conflict with camp residents.

Recommendation:

- Produce a 1-2 page handout on conduct in the camp (with input/participation of camp residents) which is endorsed by agencies operating in Za'atari and is given to new visitors and staff.
- Only allow access to media if they have been provided with a face-to-face camp orientation including social considerations.

Providing opportunities for household tasks and food preparation

- Household chores and cooking are the most common preferred coping strategies reported by women but none of them reported being able to engage in those activities. Communal kitchens are planned for the camp and basic utensils, washing buckets and laundry detergent have been provided. IMC teams observed that some residents attempt to make their own fires for cooking. Several participants suggested providing small stoves for making tea or coffee.

Recommendations:

- Provide communal kitchen space and facilitate access for all camp residents (e.g. schedule, specific events)
- Ensure that safe and appropriate cooking supplies and utensils as well as designated spaces are provided that match camp environment and people's needs
- Provide materials and supplies for making tea or coffee which can help restore routines
- Provide opportunities for camp residents to meet their own household related needs (e.g. small supermarket)

Supporting accessibility and cleanliness of latrines and washing facilities

- A large proportion of cap residents reported that washing and toilet facilities are far away for some residents and poorly maintained (dirty), which causing discomfort and health concerns. Construction of permanent washing and latrine facilities is underway but hygiene and cleanliness issues may continue. Several interviewed camp residents suggested cleaning the facilities and hygiene education sessions.

Recommendations:

- Involve camp residents in monitoring and ensuring that sites and facilities are clean and well maintained
- Provide hygiene education sessions involving camp residents (e.g. as participants, facilitators, trainers)

6.2.2. Community and Family Supports

Ensuring means of communication with separated friends and family

- Worry and anxiety about friends and family in Syria was one of the main problems reported by Syrians in the past (February 2012) and the current assessment. Furthermore, one of the most common coping strategies among men and women was to talk with family and friends. However, several of them are reportedly still in Syria or in other locations. Observations during the assessment showed difficulties obtaining phone connections and charging phones among camp residents.

Recommendations:

- Provide access to communication devices and aids (e.g. phones, phone credit, phone stations, internet/skype) and stations to charge phones.

Promoting community participation and support

- Most camp residents reported having no or very little control over the decisions that concern them and over the camp environment. Many of them also report anger about the conditions and express anger towards family and aid workers. A few camp residents have expressed interest in helping with the camp set up and service provision. IMC team site observations suggest that camp residents are currently not involved in setting up or maintaining the camp services and facilities. Furthermore, boredom in the camp and having nothing to do was cited as a problem in the camp among residents and key informants. Especially women have limited access to usual coping strategies (e.g. walking, going out, household tasks). InterSOS is planning to facilitate community mobilization, representation and support (UNHCR supported).

"I could do something, I could work like the people over there, I could help them"

-Single male camp resident, sitting in front of his tent and watching construction of bathroom facilities

Recommendations:

- Facilitate the participation of camp residents in various constructive activities (e.g. camp clean up), activities, and services.
- Actively involve community members in addressing general social considerations (above) to increase sense of control and participation.

Strengthening social support networks

- Among the most commonly cited coping strategies among men and women is to talk and spend time with others, including neighbors, family, and friends. Observations showed that camp residents engage with their families and are also starting to form new social networks among one another. However, residents also report that there is no space to gather as a group (e.g. houses, coffee shops). Communal tents and women's tents are currently planned.

Recommendations:

- Provide spaces for camp residents which are suitable to gather and socialize (e.g. providing coffee and tea, ensuring safety, cleanliness and protection from weather)
- Organize social and recreational activities (e.g. sports events in the evenings, cooking together in groups)

Providing structured activities for youth

- Interviews with camp residents and key informants showed that boredom among camp residents is a key problem. Observations and interviews suggest that some male youth may disturb others in the camp and get into fights while female youth may become isolated in their tents. There is also concern about disruption of educational opportunities among male and female youth. Specific programs engaging children (Save the Children) and youth (Save the Children and IMC) are currently planned for the camp

Recommendations:

- Provide structured activities that promote positive skills building and development (e.g. social and relationship skills, life skills, language skills) as well as contributions to the community (e.g. tasks in the camp)
- Provide access to educational and vocational opportunities for youth
- Engage both male and female youth ensuring participation and cultural appropriateness.

Allowing for religious practices

- Praying is one of the most widely cited coping strategies, especially among men. However, according to observations and reports by camp residents, no facilities for washing and praying exist (although a mosque for men may be planned) and there is no call to prayer.

Recommendations:

- Designate a space for washing and worship (separate for males and females) and engage religious leaders in the camp for calls for prayer (e.g. using a megaphone)

6.2.3. Non-specialized supports

Providing Psychological First Aid (PFA)

- A high percentage of respondents indicated experiencing psychological distress reactions including fear and worry as well as lack of information about available services. Anger and agitation has been reported among camp residents and observations have shown aggressive interactions between camp staff and residents. Health care providers have also observed distress and somatic complaints. IASC MHPSS Guidelines recommend that service providers interacting with the affected populations (e.g., health care workers, relief workers, volunteers) receive training on the provision Psychological First Aid (PFA). PFA is not a specialized intervention but includes the skills needed to respond to people who are distressed in supportive ways, doing no harm, connecting people to needed services and supports and engaging in appropriate self-care.

Recommendations:

- Provide basic PFA training and PFA-related information to camp staff, especially health care providers. Consider an emphasis on PFA elements of identifying and referring people in significant psychological distress or with mental health problems, protecting vulnerable people, responding appropriately to agitated or aggressive camp residents, linking to services, and ensuring self-care.
- Engage camp volunteers in learning and applying PFA principles including helping others in the camp connect to needed services and supports.

6.2.4. Specialized mental health and psychosocial services

Providing access to specialized mental health and comprehensive case management services

- Background information about Syria as well as information gathered from mental health and case management professionals serving displaced Syrians in Jordan suggest that many Syrians have undergone extremely distressing events related to the experience of the conflict. Interviews with Za'atari camp residents show that this distress is often compounded or exacerbated by camp conditions and continued separation from friends and family in Syria. WHO estimates that common mental health problems such as depression can double after a conflict or crisis (from an estimated baseline of10% to up to 20%) while most people are expected to suffer normal stress reactions such as the fear and anxiety reported by many Syrians. People with pre-existing mental health conditions are especially vulnerable and have already been identified by IMC teams in Za'atari camp (e.g. a child with a developmental disorder, an adult man with a psychotic disorder). Camp residents have also reported increased fighting and aggressiveness as well as difficulties and frustration in accessing basic services. Needs for comprehensive services including mental health and protection are likely to increase as the camp expands.

Recommendations:

- Offer specialized mental health and case management services to camp residents
- Ensure appropriate coordination and referral pathways with other camp service providers

6.2.5. Future considerations

It can be anticipated that as the camp grows and becomes more developed, with additional infrastructure and service providing agencies. There are several potential future considerations that can be planned for:

- **Noise**: If electricity becomes available and the camp population increases, it is likely that there will be more noise in the camp. It should be considered to designate areas or times during the day that are to remain without artificial noise (e.g. radios, loud music), so children can nap during the day and people that can sleep at night. This could be included in camp rules and taken up by camp committees that are forming now.
- **Stipends**: Is important to provide work and engagement for those living at Za'atari. Various agencies are planning to engage camp residents in the provision services and activities and planning to pay stipends or incentives. Agencies and organizations should coordinate (under the leadership of camp management) to ensure that allocated stipends remain consistent (e.g. development of camp-specific stipend allocation scales), which can prevent conflict and promote fairness and appropriate distribution of human resources throughout the camp.

6.3. Conclusions

Based on this assessment, it is recommended that governments and donors prioritize and provide funding for mental health and psychosocial programming in Za'atari camp including social considerations in the provision of services in line with IASC guidelines. Several agencies are already providing such services in Jordan and will be able to scale-up their current programming to meet the rapidly emerging needs in Za'atari. Key crosscutting considerations in MHPSS service provision and activities should include:

- **Comprehensive coordinated services**: Covering the entire spectrum of the IASC pyramid and linking services through appropriate up and down referral to ensure comprehensive care. This also requires coordination and communication among service providers and establishment of referral mechanisms. An initial MHPSS coordination group has been set up by IMC (co-chair of general MHPSS IASC coordination group for Jordan) and Safe the Children in Za'atari.
- **Community participation and engagement**: It should also be noted that while several camp residents interviewed for the assessment suggested moving the camp to a different location, many of them also provided useful recommendation for improving the camp environment. This indicates a real desire from the residents to improve their conditions and willingness to take part in making the environment work for them. Ensuring active

participation of the camp population in the design and implementation of various constructive activities should be a cross cutting priority. This has the potential to reduce distress, isolation, perceived lack of control and boredom, which are risk factors for developing mental health problems. Participation would also ensure that services and activities are set up appropriately and meet residents needs.

- **Social Support**: Social support is one of the major factors that can protect people from developing mental health problems. Residents should be able to maintain and re-connect with people they already know and trust (e.g. family, friends) and be supported in establishing additional supportive networks with others in the camp. Special considerations should be made to allow access to safe social opportunities for women.
- **Access to services or vulnerable camp residents**: All residents should be able to access needed services, including those with pre-existing or crisis-induced mental health, psychosocial or protection concerns. Comprehensive case management and mental health services together with additional supports (e.g. PFA, community activities) can help ensure this.

APPENDIX: Assessment Tools

Informed consent

It is important to obtain informed consent before doing any interviews. An example of how to do this is provided here.

Hello, my name is _____ and I work for International Medical Corps. We are planning a project in Za'atari that will help people connect to services and know about what is available. Currently, we are talking to people who live in Za'atari Our aim is to know what kind of problems people in this area have, to decide how we can offer support. We cannot promise to give you support in exchange for this interview. We are here *only* to ask questions and learn from your experiences. You are free to take part or not.

If you do choose to be interviewed, I can assure you that your information will remain anonymous so no-one will know what you have told us. We cannot give you anything for taking part but we would greatly value your time and responses. Do you have any questions?

Would you like to be interviewed? 1. Yes 2. No [please record number of times people say no]

1) Key Informant Interviews

Name of interviewer: Date:

Interview Number: Key informant type (e.g. religious leader etc.):

Gender of participant: O Male O Female Approximate age range: O 12-18 O 18-64 O 65+

1.1 Problems among displaced Syrians

"What kind of problems do _____ [displaced Syrian adult men, Syrian adult women, Syrian male youth, Syrian female youth] have because of the current situation? Please list as many problems that you can think of."

Listen specifically problems such as:

(a) problems related to social relationships (domestic and community violence, child abuse, family separation); and

(b) problems related to:

- feelings (for example feeling sad or fearful);
- thinking (for example worrying); or
- behaviour (for example smoking more).

Cause of Problem: Make sure you understand the specific cause of the problem (e.g. someone may say that they are worrying a lot and the cause of this could be not knowing about the safety of their family in Syria). If the cause is not clear from what the respondent is saying use probes (e.g. "You said that one of the problems is worry, could you say more about the things that make you worry?")

Table Problem Description	Cause of problems
Example: *Worry*	*Because of not knowing if family at home is safe*
General problems	
Problems among male adults	

Problems among female adults	
Problems among male youth	
Problems among female youth	

1.2. <u>Vulnerable Sub-Groups</u>

"Which people in the displaced Syrian community in Jordan are suffering the most from the current crisis and why?. . . Who else? . . . and who else?"

Risk Group	Reason for why this group is at risk
Example: *People with chronic medical conditions*	*Because they cannot always get the medication and care they need*

1.3. <u>Past and current coping with distress (Community leaders only)</u>

In normal circumstances (<u>before</u> the recent conflict), what did community members usually do to reduce the <u>*upset/ distress*</u> of [adult men, adult women, male youth, female youth]?

Ways to cope with distress	Used in past (Syria)?	Are people able to do this currently?	If answer is not "yes": What makes it difficult to do this currently? What would make it easier to do this?
Example: Praying	*X Yes* *O No*	*O Yes* *X Sometimes/it depends* *O No*	*Sometimes it is difficult for me to find space to pray undisturbed. It would be good to have prayer mats and a separate space to wash and to pray*
Adult men			
	O Yes O No	O Yes O Sometimes/it depends O No	
	O Yes O No	O Yes O Sometimes/it depends O No	
Adult women			
	O Yes O No	O Yes O Sometimes/it depends	

		O No	
	O Yes O No	O Yes O Sometimes/it depends O No	
Male youth			
	O Yes O No	O Yes O Sometimes/it depends O No	
	O Yes O No	O Yes O Sometimes/it depends O No	
Female youth			
	O Yes O No	O Yes O Sometimes/it depends O No	
		O Yes O Sometimes/it depends O No	

ASK about other ways of coping that have not been mentioned above.

''What <u>other</u> kind of things not already mentioned do [displaced Syrians] <u>currently</u> people do to deal with distress of [men, women, male youth, female youth]? E.g., things they do by themselves, things they can do with their families or things they do with their communities?''

1.4. "What <u>more could be done</u> to help [men, women, male youth, female youth] who are upset / distressed by:

- **Aid agencies**
- **Displaced Syrians themselves**

For each suggestion ask: "If this was done, what would be potential positive consequences? Any potential negative consequences (if yes, how to avoid?)"

Suggestion of what could be done	Potential positive consequences	Any potential negative consequences (and how to avoid)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

9.		
10.		

2) Interviews with Syrian Camp Residents

Name of interviewer: Date:
Interview Number:

Participant 1: Gender O Male O Female Approximate age range: O 12-18 O 18-64 O 65+
Status: O Single O Married O Divorced O Widowed Ethnic group:
Participant 2: Gender O Male O Female Approximate age range: O 12-18 O 18-64 O 65+
Status: O Single O Married O Divorced O Widowed Ethnic group:
Participant 3: Gender O Male O Female Approximate age range: O 12-18 O 18-64 O 65+
Status: O Single O Married O Divorced O Widowed Ethnic group:

Group composition (check all that apply): O Family O Neighbors/friends O Peer Group
Notes:
[Please indicate participant numbers in the notes below and ensure you get at least 1 answer from each (even if it is "I don't know" for each question]

2.2. Past and current coping with distress

"Are there things that you are currently doing or that you would like to do, to cope with the situation in the refugee camp? " ***Probe: What helped you cope with distress in the past while living in Syria?***

Ways to cope with distress	**Used in past (Syria)?**	**Are people able to do this currently?**	**If answer is not "yes": What makes it difficult to do this currently? What would make it easier to do this?**
Example: Praying	*X Yes* *O No*	*O Yes* *X Sometimes/it depends* *O No*	*Sometimes it is difficult for me to find space to pray undisturbed. It would be good to have prayer mats and a separate space to wash and to pray*
1.	O Yes O No	O Yes O Sometimes/it depends O No	
2.	O Yes O No	O Yes O Sometimes/it depends O No	
3.	O Yes O No	O Yes O Sometimes/it depends O No	
4.	O Yes O No	O Yes O Sometimes/it depends O No	
5.	O Yes O No	O Yes O Sometimes/it depends O No	
6.	O Yes O No	O Yes O Sometimes/it depends O No	

2.3. What <u>more could be done</u> to help of [men, women, male youth, female youth] who are upset / distressed by:

- **Aid agencies**
- **Displaced Syrians themselves**

For each suggestion ask: If this was done, what would be potential positive consequences? Any potential negative consequences (if yes, how to avoid?).

Suggestion of what could be done	Potential positive consequences	Any potential negative consequences (and how to avoid)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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