



## **Iraqi Asylum Seekers in Jordan**

### **A Report of the ICMC-USCCB Mission to Assess the Protection Needs of Iraqi Asylum Seekers in Jordan**

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## Executive Summary

This protection assessment mission to Jordan is a joint effort of the International Catholic Migration Commission (ICMC) and the United States Conference of Catholic Bishops, Migration and Refugee Services (USCCB-MRS). The mission was funded by United States Department of State, Bureau of Population, Refugees and Migration (BPRM). The main objectives of the mission were to provide an in-depth evaluation and analysis of the protection needs of vulnerable Iraqi individuals and families residing in Jordan and to make recommendations of the best approaches to address their protection needs.

The ICMC/ USCCB mission found a variety of protection needs among the 450,000 or so Iraqi asylum seekers in Jordan. First among these is the lack of clarity on the status of Iraqi refugees in Jordan, which deprives Iraqis of the opportunity to find legal work or benefit from international protection as a refugee. Fifty percent of men and 86% of women of working age are unemployed. Those who find work on the black market are subject to low wages and exploitation. The lack of an adequate income presents serious limitations for Iraqis in finding affordable housing, health care and education. Comparatively higher incidences of chronic diseases have been found among and there are few funds available to pay for expensive medications and medical procedures. One-fifth of Iraqis are torture survivors and even more have experienced a personal traumatic event. These psychological wounds are not easily healed without the appropriate and highly developed mental health system and without the support of traditional mental health support mechanisms. The build-up of personal stress factors increases psychological distress manifested in the form of anger and frustration, which is then vented within the family, causing increasing occurrences of violence and domestic abuse. Women and children bear the brunt of the repercussions of an untreated husband and father who has lost his provider role and his hope. The urban environment of Amman, in which 75% of Iraqis live, scatters and isolates the community and makes identification, assessment and service delivery difficult, at best.

Although impressed with the quality and scope of services already operating in Jordan, the protection assessment mission found four primary areas in need of development.

- 1. Unaccompanied and separated children** in Jordan need specially designed programs and well- trained staff to identify them, assess their needs and provide them with protection and care. Best interest determinations are needed to identify durable solutions for these children.
- 2. Comprehensive case management** is needed to insure seamless service delivery for the complex and multiple problems that face fragile Iraqi families. Mobile, community center or clinic-based case managers are needed to assist families in accessing all of the needed services and information.
- 3. Community formation** has not occurred for a variety of reasons, yet this is essential to a healthy and fully functioning individual, family and neighborhood. Value-added community centers with case management, mobile outreach teams and media centers can help restore community bonds.
- 4. Psychosocial capacity building and staff support** is needed as there are not enough specialized mental health services. Intensive psychosocial training programs

must be delivered to increase the skill levels of the present psychosocial workers and prevent premature burnout and staff turnover.

## Introduction

Since 2003, 4.2 million Iraqis have been displaced; 2.2 million internally and approximately 2 million externally<sup>1</sup>. Of the total number displaced around the world, 43% have been displaced to Syria and Jordan alone. Initially, Iraqi refugees arrived in Syria and Jordan at a tolerable pace and with modest economic means with which to support themselves, at least temporarily. However, since near the beginning of 2006, this steady stream has quickened to as many as 2'000 refugees arriving at the Syrian border each day<sup>2</sup>. The February 2006 bombing of the al-Askari mosque by Sunni insurgents changed the already unstable atmosphere in Iraq to one of lawlessness and insecurity. The clashes between Sunni and Shi'a insurgents have escalated, increasingly involving violence against civilians<sup>3</sup>. As a result, Iraqis are leaving because of the generalized violence, kidnapping, religious persecution, targeted death threats and economic hardship that have ensued. The situation has worsened to the extent that in December of 2006, the UNHCR pronounced *prima facie* status for Iraqis fleeing central and southern Iraq, giving Iraqis blanket protection and the right to stay without having had an individual status determination. Those Iraqi refugees who have made it over the border into Syria and Jordan, a feat in and of itself, have found their way into relative safety and security. They have found housing for themselves in an atmosphere in which they are no longer under the threat of generalized violence, regardless of religion. However, Iraqis in Syria and Jordan are confronted with a whole host of new challenges. As their numbers have risen and their stay prolonged, Iraqis have become increasingly desperate and poor: economically, physically and psychologically. Simultaneously, the hospitality and resources of Syria and Jordan are wearing thin and tension is mounting.

The mission met with a broad range of civil society groups, NGOs, International Organizations and resource people<sup>4</sup>. The findings outlined in this report are based in part on information gathered by the mission directly from Iraqi refugees and asylum seekers. This information was supplemented and enormously enriched by the reports, information and knowledge shared with us by agencies active in Jordan.

## Protection needs of Iraqis in Jordan

### Overview of protection needs

The Fafó study estimates that there are between 450,000 and 500,000 Iraqi refugees in Jordan, representing approximately 8% of the population of Jordan. An accurate assessment of the numbers of refugees is difficult to obtain due to the fact that they have integrated into the urban population but live a closed life confined to their family, do not mix and are often afraid to make themselves known because of their fear of deportation.

Nevertheless, Fafó found that 68% are Sunni, 17% are Shi'a and 12% are Christian (mostly Chaldean) and 3% others including Sabeen and Nasatra. They are generally concentrated in small pockets throughout the country with 80% concentrated in Amman. In Amman, Iraqis live in the

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<sup>1</sup> Amnesty International: Iraq – Millions in Flight: the Iraqi Refugee Crisis, 24 September 2007

<sup>2</sup> Ibid.

<sup>3</sup> The Brookings Institute – University of Bern: Iraqi Refugees in the Syrian Arab Republic: A Field-Based Snapshot, June 2007

<sup>4</sup> List of people met is given in Annex B

eastern part of the city where rent is cheaper: Jebel Amman, Zarqa, Hashimi. In the North of the country, refugees are mainly located in and around Irbid and in the South of the country, in an around Aqaba.

Jordan is not a signatory of the 1951 UN Refugee Convention but has signed a MOU with UNHCR. According to the MOU, Jordan agrees to admit asylum seekers, including undocumented entrants, and to respect UNHCR's refugee status determination (RSD). The memorandum also adopts the refugee definition contained in the UN Refugee Convention and forbids the *refoulement* of refugees and asylum seekers<sup>5</sup>. UNHCR has registered 50,000 Iraqis as of 25 October 2007 due to prior capacity constraints, and hopes to register 55,000 by the end of December of 2007.

Some of the findings of the Fafo report which have protection implications are the following:<sup>6</sup>

- Majority of Iraqis have arrived as family units
- 77% of the population arriving post 2003
- 65% of those surveyed were not registered with UNHCR
- The Iraqi population has a higher prevalence of chronic diseases than Jordanians
- 20% of families are female headed and often found among the poorer population
- 66% of families have children under 18 years old
- 42% survive on remittances from Iraq, making a large segment of Iraqis in Jordan at risk of becoming vulnerable with the depletion of savings and cessation of transfers
- 20% have a plan to emigrate to a third country
- 95% of those Iraqis who wish to return to Iraq will only do so when the security situation improves

## Generalized protection needs

The protection issues listed below represent a summary of the findings of the organizations and individuals working with Iraqis, including UNHCR. These findings and observations were complemented by interviews with Iraqi refugees.

### Lack of status

As Jordan is not a signatory of the 1951 convention, all Iraqis in Jordan are considered “guests”; this is a status that precludes access to opportunities to find legal work. Local integration is not a foreseeable solution for Iraqis in the long run. Currently, only 22% of the poorest section of the Iraqi community surveyed and 56% of the Iraqi community overall have a valid residency permit<sup>7</sup>. Amongst those not having valid residency papers, many are facing fines associated with this “overstay” which they cannot pay.

Mercy Corps cooperated with the Community Development Center – Sweileh (CDC), to complete a survey finalized in September 2007 of 372 Iraqis in East Amman, 72% of which were male and almost all of them were Christians. They concluded that there is a “tangible and concrete lack of information concerning the rights of asylum seekers in Jordan.” Until the rights

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<sup>5</sup> [http://www.rsdwatch.org/index\\_files/Page917.htm](http://www.rsdwatch.org/index_files/Page917.htm)

<sup>6</sup> Fafo Report Ibid.

<sup>7</sup> Ibid

of Iraqis and the statuses they hold are defined, it is difficult to develop needs-based services for them as services such as education and housing have both direct and indirect linkages to the legal status of asylum seekers. The survey also found much confusion among Iraqis on the criteria for assistance and the potential for resettlement to a third country.

This situation contributes to the already intense psychological pressure on refugees and asylum seekers. Instances of domestic violence, health problems associated with depression and psychosocial trauma signs are reported by the organizations providing support to Iraqis. Many Iraqis, especially men, stay in their houses fearing detention and deportation.

Many Iraqis cannot afford to pay fees for the birth certificates for their children when they are born in a Jordanian hospital.

Mizan is the only legal resource available and they are overwhelmed with the number of cases they have. There are legal solutions both for visa over-stayers and for lack of ability to pay for birth certificates but most Iraqis don't know how to access these services.

### **Lack of employment opportunities**

The lack of employment opportunities for Iraqis has contributed to the deterioration of their economic situation. A study of 100 Iraqi families found that 64 were surviving by selling their assets, others are moving to poorer and poorer sections of the city and still others have resorted to begging in the street<sup>8</sup>. Others still are entering the informal workforce. "Iraqis who are educated can easily get the good jobs in the black market, but they're not well paid, and are exploited by working long hours without being compensated," undercutting the wages of the formal workforce as businesses opt to hire illegal Iraqi workers<sup>9</sup>.

Most of the Iraqis have come into the Jordan with few savings, coming mainly from the selling out of their property in Iraq. Due to their protracted stay in Jordan and the lack of employment, these savings have depleted rapidly, leaving the Iraqis with no means of subsistence.

The FAFO report indicates that the majority of Iraqis wanted to work but had stopped looking for work as they considered it impossible to get a job in Jordan without a work permit. This is particularly true for the respondents in the low wealth group.<sup>10</sup> The lack of status creates an impression among Iraqis that they have little opportunity to find employment and thus provide for their families.

The few employment opportunities the Iraqis find would be as construction workers or domestic servants or a casual labor in restaurants and shops. This is considered as loss of dignity for Iraqis, since most of them are middle class families, who had middle class jobs as teachers and shopkeepers in Iraq.

As at least half of Iraqi men do not leave the house, it is the other members of the family who work to provide for the family. Although no comprehensive survey exists, it is frequently assumed that an increasing number of women, girls and children are resorting to prostitution and child labor to provide for their families. Children are also sent to work because they have missed more than three years of school and are unable to return to the formal education system and a

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<sup>8</sup> Ibid.

<sup>9</sup> IRIN : Iraq-Jordan : Iraqis Cause Black Market for Jobs, 28 March 2007

<sup>10</sup> Fafu study, p. 24-25.

few of the Iraqi families that the mission met included children staying at home who were being pressured by their parents to work.

## **Access to services and community outreach**

Access to services for Iraqis is mostly limited to the assistance programs implemented by the UN, international and national NGOs. It is estimated that current health services (those of NGOs, the UN system, and UN partners including some national NGOs and the Jordanian Red Crescent) reach some 40,000 to 60,000 Iraqi refugees and asylum seekers out of the total asylum seeker population of approximately 450,000 to 500,000.

Outreach to the community is difficult, since refugees are dispersed among the urban population, living confined to their own family. It is thought that large numbers of vulnerable individuals are not reached by the services available. The mission heard from at least two agencies working with needy Iraqis that Iraqis living in Zarqa for example have great difficulty filling their prescriptions because they cannot afford to travel to the Italian Hospital in Amman.

At present, most services are provided out of community/ health care centers, requiring that potential beneficiaries are informed, able and willing to go to the community centre. Mobile outreach teams are beginning to function in the community, trying to identify vulnerable individuals who are unable to come to the community/ health care centers.

Mercy Corps found that 88% of the Iraqis surveyed knew of at least one service provider to whom they could go; the best known service provider among those interviewed was Caritas, as 81% knew of them. CARE was the next most frequently mentioned (11%), followed by the Red Crescent Society (5%) and Tikiyet Um Ali (2%). Sixty-six percent of the Iraqis surveyed were receiving services from at least one provider. Of those receiving services, 73% were receiving medical services, 20% were receiving food, household items and clothing, while only 5% were receiving financial assistance.

The services available are predominantly in Amman with very limited services in the other regions of the country. Plans are currently underway by Caritas, for example, to open service centers in Irbid in the north, in cooperation with Terre des Hommes, and in Karak in the south, in cooperation with the Rosary Sisters.

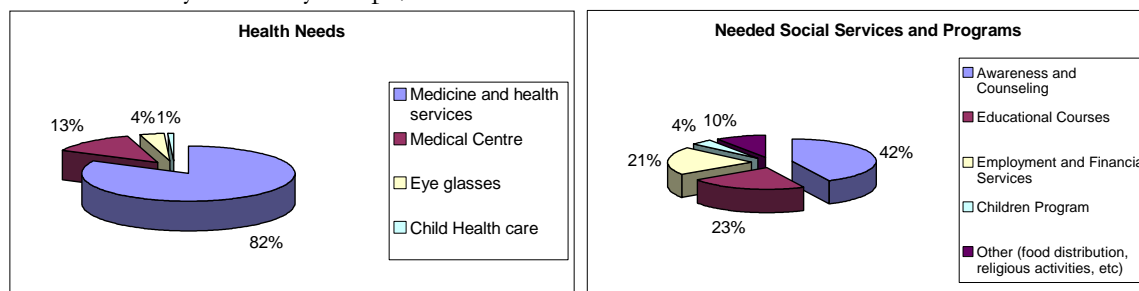
The services provided are concentrated in the health, education and humanitarian assistance sectors. The services that Iraqis report being in most need of are medicine and health services (82%) and a medical center (13%). In the social service sector, they mentioned awareness and counseling (42%), educational courses (23%) and employment /financial services (21%).<sup>11</sup>

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<sup>11</sup> East Amman Survey of Iraqis, CDC-Mercy Corps, September 2007.



Charts courtesy of Mercy Corps/CDC-Sweileh



## Unmet Psychosocial support needs

The Mercy Corps/CDC study found that an overwhelming 77% of Iraqis surveyed mentioned suffering from one or more psychological or emotional problem. Of those who responded in the positive, the most common responses were:

- Anxiety and depression: 42%
- Emotional pressure (stress): 22.4% (due to economic and social conditions)
- Sadness and emotional instability: 20.3%
- Fear and insecurity: 8.7%
- Isolation: 6.6%

They also found a gender difference as females tended to suffer more from anxiety, depression, emotional pressure, sadness, and emotional instability, while males were more prone to complain about fear and insecurity.

There are very few services available to attend to the psychological trauma evident in Iraqi refugees, given the stigma surrounding talking to a mental health professional in Iraqi society. An informal assessment with practitioners by CARE estimated that there are a total of 51 practicing psychiatrists in Jordan; 26 operating in private and special consultation clinics and 25 in the Government sectors. Of those who work privately, 23 are in Amman, 2 in Zarqa and 3 in Irbid. Of those who work in the Government sectors, 5 are in the Ministry of Defense, 3 in Jordan University, 3 in Irbid, 1 in Karak, 7 in medical schools, and 6 in the Ministry of Health.

There are very few clinical psychologists in Jordan, numbering between three and five. Two of these expressed interest in cooperating with assistance programmes, notably in the context of training of case workers.

IOM is one of the Middle East specialists on information and training in the psychosocial domain in Jordan. Their study, *Psychosocial Status of IDP Communities in Iraq*, completed in 2005, contains valuable information applicable to psychosocial work with Iraqis in Jordan. They found that Iraqis present psychosocial uneasiness which includes:

- depression and fears
- withdrawal
- deterioration of relations within the family
- lack of social and recreational opportunities
- deterioration in social functioning

- loss of role identity
- withdrawal from school
- lack of participation
- lack of trust

“These are normal reactions to abnormal historical, political, ethical, security related and social causes... As such they are not of clinical concern, and are not to be considered pathologies or indicators of syndromes. However they represent issues, needs and wounds that require responses, in order to stimulate individual and collective coping capacities, and avoid endemic stagnations which might have mid and long term negative effects on individuals and societies, resulting in individual and social pathologies.”<sup>12</sup>

Even though this study focused on Iraqi IDPs in Iraq, the same psychosocial uneasiness can also be seen among Iraqi asylum seekers in Jordan.

One of the main family problems identified is the increased prevalence of domestic violence. This is thought to be due to the lack of status, lack of employment and therefore the diminished ability to provide for the family, meaning a loss of role identity, especially for the head of household, of whom 80% are male, leading to depression, frustration and anger. This anger is unleashed in families because the community network has been weakened: fewer friends and traditional social connections and networks present in a familiar, functioning, stable community.

In addition, one in five Iraqis has been a victim of torture and 22% report having experienced a personal traumatic event. Of the Iraqi children surveyed in Amman, 43% reported witnessing violence in Iraq and 39% say they lost someone close through violence<sup>13</sup>.

UNICEF stated that the two of the principal challenges in the psychosocial realm is the need to build the capacity of local providers to deliver quality services and the lack of coordination among actual or potential providers of psychosocial services. UNICEF indicates that there are 20 NGOs interested in this area. A regular psychosocial coordination meeting chaired by Save the Children involves broad agency participation, including UNHCR and UNICEF. Topics of discussion include agency activities, including assessments and the IASC guidelines. However, there has been some disagreement on whether to focus on short-term or long-term objectives and to date the meetings have not been very effective in coming to a workable agreement among the providers.

### **Lack of adequate health care**

The Mercy Corps/CDC study found that 62% of Iraqis they interviewed suffered from health problems. The most common problems were high blood pressure and diabetes (33%), arthritis and back problems (15%) and eye problems (12%).

The Fafu study reports that there is a higher percentage of chronic illness among Iraqis (11%) in Jordan than among Jordanians (8%). UNHCR and other agencies including ICMC/Caritas EVI staff, mentioned the surprising frequency of cancer cases that are being reported. The chief of the hematology and oncology department at the King Hussein Cancer Center in Amman reported

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<sup>12</sup> IOM, Psychosocial Status of IDP Communities in Iraq, September 2005

<sup>13</sup> Women’s Commission for Refugee Women & Children : Iraqi Refugee Women and Youth in Jordan : Reproductive Health Findings, September 2007

high rates of lymphoma among the refugees, particularly the young and the elderly.<sup>14</sup> The expense of cancer treatment puts it out of reach of all except the wealthiest Iraqis. As Fafu found, only 10% of children under six and 6% of persons over 65 have health insurance.

UNHCR reports that 15% of Iraqis who have registered with them since January 2007 have 'Specific Needs'. 11.5% of these 'Specific Needs' are due to 'important medical conditions', totaling over 3,300 persons for this reporting period.

In conclusion, the mission has heard both from Iraqis and providers that the medical services are difficult and time consuming to access, inadequate for their needs, and unaffordable.

### **Lack of education for special needs students**

In mid August 2007, the Jordanian government announced that access to public schools would be granted to all Iraqi children, regardless of their parents' status. However, as of November 2007 only 21,000 children had registered for public and private schools according to government sources reported by Save the Children. It was suggested to the mission that the low attendance rate in the public schools is due to the fact that Iraqi families fear the threat of deportation if their illegal status in the country is exposed and/or use child labor to contribute to the income of the family.

The Fafu study shows that 78% of Iraqis of school age are enrolled in school, as compared to 93% of Jordanians of the same age group. Enrollment rates are particularly low among the poor and non-Moslem groups. The government decided to allow the inclusion of Iraqis in non-formal education programs during the course of our mission. This should allow additional Iraqi students to return to school.

Students with special needs are often difficult to enroll in schools for lack of specialized programming. Also, it is common for Iraqi students to have missed three to four years of school due to the war and instability in Iraq. These students are often resistant to and prevented from joining a class of much younger students.

UNHCR, in collaboration with UNICEF, hopes to register 50,000 children by 2008 and are working together to provide education services to Iraqi refugees in Jordan<sup>15</sup>.

### **Specific protection needs**

The following paragraphs describe specific protection needs for different segments of the Iraqi refugee / asylum seeker population.

#### **Unaccompanied and separated children, adolescents and children-at-risk**

Unaccompanied and separated children (UASC) have been under-identified because of a lack of knowledge and attention paid to them. At the beginning of the mission, UNHCR had identified 55 unaccompanied children but by the end, UNHCR had identified 123 UASC and were beginning to standardize operating procedures for carrying out best interest determinations (BIDs), in addition to finding appropriate care arrangements for them. Due to a lack of

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<sup>14</sup> Ibid.

<sup>15</sup> UNHCR: UNHCR's Iraq Operation : Protection and Assistance to the Displaced, September 2007

alternatives, some of the UASCs are living in basements and garages “like stray cats” with minimal supervision. There is a need for awareness-raising amongst service providers so that UASCs are identified in the course of their contact with the refugee community. Once UASCs are identified, they must be referred to UNHCR for assessment and a BID completed in order to find appropriate interim and durable solutions for these children. In cooperation with UNHCR, Questscope is currently the only agency providing specialized services for UASC. An assessment of the existing UASC caseload in December 2007 found 91 of the 123 UAS children living in distressing conditions. The Chaldean church is aware of 10 families who are caring for separated or unaccompanied children.

Adolescents in refugee situations are often an overlooked population, to the point that UNHCR has made this group one of their five global priorities.<sup>16</sup> In fact, the protection mission found only two agencies focusing on the needs of adolescents. Adolescent are being pressured to leave school in order to work to help support their families. As they are often the members of the family who most easily adapt to new situations, they are taking on some of the family management tasks that their parents would ordinarily perform. This places enormous pressure on young adults as they are being asked to take on a household support role before they are mature enough to do so. Having not finished school, they lack the necessary academic and life skills to compete in an illegal job market where the unemployment rate among Jordanians is 30%. Those who are not attending school and cannot find a job struggle with feelings of uselessness and lack ambitions for their future.

Other categories of children-at-risk include those who are disabled, medically fragile and slow learners.

### **Men and boys at risk**

The set of problems faced by many Iraqi men and male youth residing in Jordan relate to their confinement, loss of income, loss of identity and shifted role within the family. All of these contribute to a sense of frustration, low self—esteem, and loss of control. Male youth are perceived as potential instigators of extremism and crime, regardless of their real intentions; schools and the police complain of increasingly difficult behaviors observed in young and idle Iraqi youth. CARE found, as did the protection mission, that young males especially are presenting many physical problems due to stress induced factors.

Men are considered at-risk because they are usually the ones who fear detention or deportation. While the official position of the authorities is that deportations are conducted only for criminal behavior, this fear persists among male Iraqis. We heard no reports of women or children being detained or deported. As men are more fearful of arrest they are thus much less mobile than women. Despite these circumstances, approximately 50% of men manage to find the means to support their families. However, this atmosphere is oppressive and creates fear among men and the resulting stresses affect all members of their families. It was suggested to the mission that there is an increase in domestic violence, sexual harassment, and rape of women, adding to the number of cases of women who were raped and abused prior to and during their flight from Iraq.

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<sup>16</sup> UNHCR, *Measuring Protection by Numbers*, 2005 (released Nov 2006).

## **Women and girls at risk**

Although its extent is unknown, Prostitution and sexual exploitation is present in Jordan. Most prostitution does not occur in public, making it difficult to assess the numbers of Iraqi women concerned. The Women's Commission for Refugee Women and Children reports that "according to an NGO representative, sex workers are identified by word of mouth and taxi drivers openly asked male passengers whether they are interested in such services," delivering customers directly to the woman's home<sup>17</sup>. In addition, The Women's Commission reports that "cultural norms discourage survivors [of rape] from seeking help and awareness of the benefit of medical care after rape is very low. Another deterrent is that doctors in Jordan are required to report to the police women who seek medical care for rape."<sup>18</sup>

Fafo reports that 22% of the Iraqi households are headed by a single woman. Women headed households are typically poorer than male-headed households and the level of stress and other psychosocial factors are more pronounced.

## **Older persons at risk**

The elderly are at particular risk. As the CARE and ICMC assessments have pointed out, there are elderly individuals who are disabled, raising families without support find themselves living in conditions of financial and social poverty.

## **Survivors of violence/torture**

The unpredictable, lethal, and widespread violence that has occurred in Iraq since the beginning of the war has had widespread, residual effects on the Iraqi refugee / asylum seeker community. Almost all Iraqis have known someone who has been killed, wounded or kidnapped in the conflict. In our sample, we found most or all to have experienced serious violence within their family. Despite the significant variance of individual reactions to this violence, depending on a variety of protective factors including resilience, an appropriate response from service providers is required. Although only a small percentage of persons will develop a diagnosis of post traumatic stress disorder (PTSD) and would thus benefit from psychotherapy and psychosocial support, most survivors of violence need a supportive community and family, providing a powerful method of therapy.

CARE also found that many Iraqis are being re-traumatized due to the obstacles and difficulty in finding treatment for severe psychological and medical problems.

## **Care for the disabled**

The CARE assessment found that about 10% of Iraqis have permanent physical disabilities. Mercy Corps is one of the few organizations that directly deals with persons with disabilities. Mizan identified disabled persons as particularly vulnerable because of the lack of services for them. It is difficult for them to access UNHCR because of the physical layout of the building and the long wait for appointments.

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<sup>17</sup> Women's Commission for Refugee Women and Children Ibid.

<sup>18</sup> Ibid.

## Trafficked individuals

In Iraq, trafficking and sexual exploitation have reportedly increased since the beginning of the war. According to a local organization, Organization of Women's Freedom in Iraq (OWFI), 15 percent of Iraqi women widowed by the war are seeking "temporary marriages" or sex work for protection and/or financial support.<sup>19</sup> Four thousand Iraqi women, one-fifth of whom are under 18, have disappeared from their previous locations in Iraq since the 2003 invasion, reports OWFI.<sup>20</sup> Many are believed to have been trafficked.<sup>21</sup> The United States State Department also reports that Iraqi women and girls are believed to have been internally and internationally trafficked for sexual exploitation.<sup>22</sup> <sup>23</sup>

In Jordan it is unclear whether trafficking is present either among refugees or among other population sectors. Among refugees, there is some mention of prostitution but the reports could not be confirmed during our mission and it is unclear whether the possible prostitution is trafficking. In our interviews with local service providers, there was a very low awareness of trafficking in Jordan. Most of those interviewed thought of trafficking only as the type of horror-story with young girls chained to beds in brothels; other aspects of force, fraud or coercion were little known to those interviewed.

## Services available by sector

The following section attempts to summarize the services which are currently in operation for the Iraqis in Jordan. The descriptions are by no means exhaustive or complete as new services are becoming available on a regular basis. Agencies which are known to be compiling mappings of services available to Iraqis in Jordan include UNHCR, ICRC and ICMC.

## Food and non-food items

Overall, the access of the Iraqi refugee community to food seems adequate, although the mission did meet one family that did not have enough food and the Mideast Council of Churches indicated that food security for asylum refugee families was a concern of theirs. ICMC through Caritas is providing heaters, blankets, stoves, mattresses, hearing aids, food and hygiene items. CARE is providing feminine hygiene items, blankets, baby diapers, heaters, clothing and monthly financial assistance for rent and utilities. Jordan Hashemite Charity Organization is providing food and non-food assistance in all Amman suburbs except for Nuzha. World Vision is providing food distribution. The Royal Association for Iraqi Immigrants provides food and non-food assistance funded by donations from wealthy Iraqis in Jordan. The World Food Program is working through its Jordanian partners, (Jordanian Red Crescent, Hashemite Charity, CARE and the Middle-East Council of Churches). The Korean church in Hashmi provides food and in-kind donations from a well-managed center with a caring atmosphere. Terre des Hommes also distributes food and non-food items in Zarqa.

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<sup>19</sup>Sarhan, Afif. "In Baghdad, Sex is Traded for Survival." Al Jazeera. Aug. 13, 2007.

<sup>20</sup>Ibid.

<sup>21</sup>Ibid.

<sup>22</sup>United States State Department. *Trafficking in persons report 2006*. Washington, DC: June 2006.

<sup>23</sup>MADRE. *Promising Democracy, Imposing Theocracy*. March 2007.

## **Employment and livelihoods**

Due to the lack of official status for Iraqis, it is very difficult for international organizations to consider formal income generating or small business programming. However, a growing number of organizations are training Iraqis as mentors and volunteers in community outreach and service provision, occasionally paying them a stipend for their work.

## **Health**

In August of 2007, the government announced that all national health care services would be open to Iraqis, regardless of their status. However, the parameters outlining how these services will be made available to Iraqis are still being discussed between the government and the UN.. Currently, there are five Jordanian Red Crescent basic health care clinics in Jordan that also have psychosocial support services available. Caritas serves 200 patients per day at its medical center in North Hashimi District and 300 patients per day at a clinic serving Hashimi, Zarqa, Jabal Amman and Webdeh. Sufficiently serious cases are referred to the Italian Hospital in downtown Amman. IRD is also providing primary health services with mobile outreach teams and six clinics in Amman. IMC is also present in Jordan and will begin to provide medical services. The UNHCR, in collaboration with the government, WHO and other partners, are working together to provide added health care to Iraqis. Prior to the efforts of the UNHCR and the Ministry of Health announcement, assistance to Iraqis was limited to the assistance provided by the NGOs, the Red Crescent centers where only basic health care is provided, and to the Jordan's public health care system - a system that is overburdened.<sup>24</sup>

## **Housing and financial support services**

UNHCR, CARE and Mercy Corps currently provide cash assistance to those in need in Amman. The Jordanian Alliance Against Hunger provides cash assistance in Zarqa and ICRC in Jordan is considering doing the same for Iraqis living outside of Amman where incomes are lower and where fewer services exist.

CARE is providing housing support for the disabled, emergency assistance payments and support to cover the cost of funerals.

## **Education**

Questscope is the primary provider of non-formal education in Jordan, in cooperation with the Ministry of Education. The Questscope curriculum for non-formal education has been adopted and is to be used for any non-formal education programs. UNICEF, Save the Children, UNHCR and USAID have successfully advocated for open education for Iraqis in Jordan. UNICEF pays school fees for foreigners. Caritas provides informal, non-formal and material support (school uniforms and supplies) for Iraqi students. CARE, IRD and other organizations were providing school kits for children entering school.

Various recreational and skills trainings are provided by – Mercy Corps, CARE, Relief International, Save the Children, Zenid and Terre des Hommes.

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<sup>24</sup> Human Rights Watch : The Silent Treatment – Fleeing Iraq, Surviving in Jordan, November 2006

## Psychosocial services

**CARE** is the primary agency providing psychosocial counseling and rehabilitation activities to Iraqi refugees. They have four counseling centers in East Amman, two of which provide basic psychosocial support (basic needs assessments & follow up sessions) and limited psychological counseling. They see many severe trauma cases but are not specialists who are sufficiently qualified to address these issues, nor is there a well established referral system for cases of severe trauma, due to the limited number of organizations / foundations that provide this in Jordan.

CARE's Community Development Counselor reported that CARE has 10 counselors, only three of whom can provide professional counseling. The others do basic needs assessments, listening & detection. Ninety-five percent of their clients are Iraqis. Of the 6500 families they have seen in 2007, they estimate their outgoing referrals for more intensive psychological therapy at 40-45%. Of these 2600 families, only 150 are receiving services. Most of the referrals they make are to the Noor Al Hussein Foundation, but they also refer to the Jordanian Women's Union and the Family Development Association. Their impression is that some of the families who follow through with the referral do so for two or three sessions in order to receive a psychological report to use in their resettlement case with UNHCR. Once the report is in hand, they discontinue much needed therapy.

CARE works in collaboration with one of the six practicing clinical psychologists in Jordan, who provides therapy for the Iraqi caseload and training for CARE caseworkers and counselors. 36 counselors have been trained. The six clinical psychologists in Jordan have all been trained in the West and tend to use therapy methods without accounting for cultural differences, as some popular Western approaches (cognitive, behavioral) are more directive and less flexible and less likely to be culturally appropriate.

Agencies claim that one of the biggest causes of stress among the Iraqis is not knowing the status of their case with UNHCR. They suggest that a program of information dissemination to Iraqis is urgently needed.

CARE is working with a group of 400 men and women in an attempt to raise awareness and reduce family & gender based violence.

CARE-IRC: has begun a joint project that will provide a mobile counseling team to conduct outreach, home visits and basic counseling. CARE and IRC provide essential focused psychosocial support for men, women, youth and children through a number of education and recreational activities carried out in the communities and focusing on some activities. In addition to this outreach and community approach the project will be working with local organizations and CBOs in East Amman, to enable them to respond to their communities needs (Iraqis & Jordanians) to be able to provide specific services to Iraqi refugees in the future.

The **International Rescue Committee (IRC)** has conducted an extensive assessment of the psychosocial needs of the Iraqi refugee population. They conducted this assessment with 15 Iraqi volunteers from 20-30 years old, who were accepted by the community from whom they were able to elicit valuable information. At the time of the mission, 2500 responses had been entered into their database but the data collected had yet to be analyzed. This assessment will be used as a basis for designing IRC's psychosocial programming.

IRC felt that an assessment of the level of service provision at a community level is needed. With CARE and World Vision, IRC undertook a scoping exercise to evaluate the capacity of response



and the availability of the CBOs able to provide additional psychosocial support at community level.

The **International Federation of the Red Cross (IFRC)** launched an appeal in April 2007 for health assistance to Iraqi refugees, including a provision of psychosocial support. This provision will be available in five primary care clinics; the first is currently running and two more will be opened by December 2007. The addition of two more clinics will have the capacity to provide 40,000 families in Jordan (and 60,000 in Syria) with health services over the next 12 months, including general medicine, dentistry, and essential psychosocial support. In addition, two psychosocial centers – one in Damascus and one in Amman - will be provided with funding and supplies over the next year to help alleviate the impact of war-related trauma through specialized counseling and vocational training.

The **International Office of Migration (IOM)**, in cooperation with UNICEF, will conduct an assessment of the psychosocial needs of Iraqi refugees, to be completed by the end of January 2008. IOM has conducted similar surveys in Lebanon and Iraq using the RAP (Rapid Assessment Procedures) methodology. The survey will consider the psychosocial needs of Iraqis but not their mental health issues. The results of the survey will be shared broadly. The previously mentioned IOM survey of Iraqi IDPs in Iraq yielded valuable information.

**Save the Children US** will conduct a training of trainers for interested agencies working with children and teachers to address the psychosocial needs of children in schools. Save the Children is focusing on youth and young adults ages 14 – 24 in the areas of livelihoods, life management skills, and employability skills. Save's psychosocial activities are integrated in both the formal and non formal education programs in the Ta'leem project. Save's experience shows that providing educational activities, whether formal or non formal, is in itself a way of addressing the psychosocial needs of a community by promoting a return to normalcy, establishing a routine for children and youth, building self-esteem and self-worth, keeping active and productive. There is also a staff from Save Denmark working with the Jordanian government on child and family protection and violence issues.

**UNHCR** has conducted a survey with a beneficiary/ Iraqi refugees cluster groups divided by age and gender to identify the psychosocial and other needs.

The UNHCR Field Unit has begun conducting home visits to vulnerable Iraqis referred to them by CARE. These visits are conducted using an interdisciplinary team (six or seven staff) from Community Service, Protection and Field staff. UNHCR is also partnered with CARE to provide basic counseling and play therapy to vulnerable children. They are also interested in building the psychosocial capacity of small, local NGOs.

**Noor Al Hussein Foundation** has a variety of programming for community development and health. In 2002, they launched the Women's Health and Counseling Center (WHCC) to empower women through comprehensive services including - physical, social, psychological, and legal services. They offer services that target women with gender-based violence and reproductive health issues, and also work with children who have disabilities. They operate a counseling unit staffed by a mental health practitioner and a psychologist.

The **University of Jordan Department of Psychology** is a small department with five faculty members, two of which are clinical psychologists. There are 100 students in the undergraduate program and ten in the graduate program. They would like to expand the training of clinical

psychologists, but funding is needed to do so. They would also like to create a counseling center as a supervised training facility for students, but also need funding to do this.

**World Vision** supports its local partners who run safe havens for children and teenagers in the neighborhoods of Hashemi, Mahatta and Sweileh. These havens allow children to gather together and play, subsequently learning life skills and benefiting from recreational activities. Some psychosocial counseling is also available. Approximately 440 children are involved in these activities.

**International Relief and Development (IRD)** is the largest implementer of relief work in Iraq. Their offices in Amman provide most of the logistical support for Iraq. In Amman, they operate six primary health care clinics. They hope to expand their psychosocial services to all six but have not yet realized this. They plan to hire a local firm to do psychosocial training for their staff in their clinics.

Even though there are many agencies involved at many levels of psychosocial activities, only two, CARE and Noor Al Hussein, have specialized mental health services. Both agencies have limited capacity to treat all those who are in need of these services.

## Summary of main findings

First of all, the findings confirm most of what has already been alluded to in earlier studies and reviews. This includes:

- Poverty and lack of adequate access to basic services plagues the Iraqi asylum seeker population
- The absence of perspectives for durable solutions
- A sense of fear and shame afflicts the asylum seeker community as a whole but has particular impacts on men unable to fulfill their obligations as family caretakers with consequences for the family as a whole
- The lack of status precludes the engagement of Iraqi asylum seekers in forming community support networks caring for their own communities
- The lack of a reliable referral system has not favored comprehensive and holistic responses to the various needs of the asylum seekers family, as programmes tend to be compartmentalized: health, education, NFI, etc.

In addition to the widely recognized gaps mentioned above, the mission identified a certain number of issues not widely discussed in previous studies. These include:

- Issues concerning unaccompanied minors and separated children and other issues affecting children in fragile situations are largely unrecognized, perhaps because programs to date have not been looking for cases of this nature. Such cases of unaccompanied or separated children have recently been identified by UNHCR. Specific responses are required but do not presently exist.
- Lack of comprehensive case management capacities that can, through referrals and additional special measures – in particular for vulnerable categories – ensure access to assistance services and protection in a systematic and holistic fashion and over an extended period of time

- A deep sense of isolation characterized by a lack of spontaneous community formation has been noted by the mission: children do not play together, adolescents do not gather, and many families remain confined to their residences with little or no contact with the outside.
- Outreach needs to be improved in all programmes. The establishment of community centers as locations for counseling and assistance is important, but insufficient without outreach to identify the most needy and vulnerable. Further, there must be an effort to design innovative ways of making psychosocial and mental health counseling available while building local capacity to do so over the longer term.

## Recommendations for operational response

In this section, the four key findings described above are expanded into suggestions for programming. These suggestions for programming are briefly outlined as a first step in developing more comprehensive program proposals. The four key findings also have other related implications. For example, the installation of an outreach and comprehensive case management system will help to locate and serve unaccompanied and separated children; appropriate needs and services can be identified and addressed through community centers; community formation will be possible when individuals and families come out of isolation and inquire about the needs of their neighbors.

### Unaccompanied and Separated Children

Unaccompanied and separated children (UASC) need specialized attention and support from protection agencies. The terms ‘child’ or ‘children’ refer to any person under the age of 18. Particular care must be taken to avoid the assumption that adolescents (13-17 year olds) do not need as much assistance as younger children. However, care must be delivered in ways that are appropriate to their age.

**Unaccompanied children** are those who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

**Separated children** are those separated from both parents, or from their previous legal and customary care-giver, but not necessarily from other adult family members.<sup>25</sup>

As of 15 November 2007, UNHCR had identified 123 Iraqi UASC that have been taken under their protection. UASC require comprehensive case management to ensure their well-being and protection. A Best Interest Determination (BID) process is required for each child. This is a time-intensive process. Care arrangements also need to be found and regularly monitored and psychosocial services are almost always needed to help children deal with the separation from their parents. In Jordan, other than UNHCR, only Questscope and ICRC have any specialized experience in dealing with these children.

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<sup>25</sup> Inter-agency Guiding Principles on UASC, July 2006.

## Conceptual outline of required actions for UASC

### 1. Needs

UASC are among UNHCR and ICMC's top priorities for protection. However, the systems necessary to identify these children (unto age 18) are not in place with the exception of UNHCR registration and internal referrals. INGOs and local NGOs are not informed of the special characteristics of UASC or how to identify them. Many community surveys do not ask the question or look for these children. Children themselves do not self-identify and of those identified, the systems of care are not well thought out. UNHCR has identified 123 UASC children but is struggling to grasp their demographics, needs and family issues. Care arrangements are ad hoc (hotel accommodation) and follow-up or case management capabilities are not adequate. Durable solutions are not identified.

It is anticipated that the UASC will fall into the following categories:

- The child is alone with no adult guidance or support (unaccompanied)
- The child is living in a home with unrelated adults or other children (unaccompanied)
- The child is separated from his/her parents but lives with relatives and needs little assistance (separated)
- The child is separated from his/her parents but with lives relatives and needs many services and durable solution (separated)

### 2. Responses

With UNHCR, develop awareness-raising materials and Standard operating procedure for the identification and referral of UASCs.

Identification of unaccompanied and separated children through awareness raising and training of outreach and social workers of UNHCR and UNHCR Implementing Partners.

Follow-up with in-depth assessment of relationship and well being of child  
Follow up with appropriate measures including, as appropriate:

1. Refer the child to appropriate services for immediate needs and care; follow up as much as needed to ensure that child is adequately cared for
2. If possible, trace parents and other family as needed using ICRC services
3. Arrange family reunification if indicated
4. Identify appropriate durable solution

If further technical assistance is needed to elaborate UASC mechanisms, the UNHCR / ICMC Deployment Scheme may be a suitable mechanism for securing such technical assistance.

## Comprehensive Case Management

The protection mission has noted that many agencies are doing casework as part of their activities. However, this casework is typically specific to a certain service, such as medical care or education, time limited, or a one-time service. The refugee family is thus left with the

responsibility to coordinate their own access to services, often without the knowledge and ability necessary to find and access help. Families presenting specific vulnerabilities may not be able to navigate the complex mix of services or cannot overcome even small barriers to services which may arise, such as transportation. For these families, the services of a case manager who can comprehensively account for the needs of the family and assist the family members with accessing the required care and services would be required.

## Conceptual outline of required actions for comprehensive case management

### 1. Needs

The families most in need of a CCM approach are those with multiple, concurrent problems that are complex and severe. Such families and individuals would include:

- Unaccompanied and separated children (UASC)
- Families with members who have severe mental or physical disabilities
- Families with children who cannot access school because of learning disabilities
- Elderly individuals with multiple psychological or medical issues
- Unaccompanied elderly individuals
- Households with multiple disabilities
- Households with terminally ill members
- Individuals with severe mental health problems
- Female headed households

### 2. Responses

Develop a **comprehensive case management (CCM)** service model with a referral mechanism that allows agencies or UNHCR to refer extremely needy cases to trained case managers. The key elements of a CCM system should include:

- Trained case managers with a manageable caseload
- A communication mechanism and intake procedure for agencies who will refer clients
- A communication mechanism for referring clients to other services with means for feedback on the outcome of the referral.
- A directory of services and resources with means of finding previously unknown services for clients
- A mechanism to examine the effectiveness of the services delivered to evaluate if there is continued on-going need, or a time limit as to how long services will be provided with a plan to triage cases so that most urgent needs are addressed.

## Community formation

War related displacement of Iraqis accompanied by a breakdown of social structures; a devaluation or modification of roles; ethnic, political and religious persecution; loss of family members; and the feeling of being uprooted<sup>26</sup> fractures long-standing social bonds that hold communities together. One of the largest challenges for displaced populations in urban environments is rebuilding their community, especially in a setting that is perceived as unsafe and inhospitable, as do Iraqis in Amman. Most of the families which the protection mission visited had limited social connections outside of their nuclear and extended family. The lack of community formation was striking.

One solution to this situation is to re-establish the social bonds that are the foundation of a healthy community. This is a long-term process of building trust, of forgiveness, of healing. The need to undergo such a process has been recognized by the many service providers who are opening community centers. The type of programming and services delivered from the community centers is of vital importance to the success of rebuilding a sense of community, as is the method of their delivery. The protection mission thus proposes value added community centers as an important tool in the rebuilding of a sense of community.

### Conceptual outline of required actions for value-added community centers

#### 1. Needs

The protection mission noticed that very few social, cultural, religious or sporting activities are occurring in Amman among the Iraqi population. Service providers repeatedly told us that Iraqis are afraid to come out of their homes and only do so for essential activities such as grocery shopping or medical appointments. Iraqi families living in densely populated refugee neighborhoods told us that they know very few other Iraqis living around them. Because of their isolation, Iraqis do not have access to important and relevant information about local resources, their legal status and rights and the condition of their relatives living in Iraq.

#### 2.

#### Responses

Value-added community centers are a concept that would enhance the value of existing community centers. Although these community centers may already have services such as: social and recreational programming for different age and gender groups; space for community celebrations and events; psychosocial programming and support and health screening, the key components of a value-added community center are mobile outreach teams, media centers and comprehensive case management services.

#### 3. Methods

**Mobile outreach teams** are needed to advertise the services of the community center, to build trust between the Iraqis and Jordanians in each locale and to bring services to those who cannot come to the center.

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<sup>26</sup> IOM, Psychosocial Status of IDP Communities in Iraq, September 2005

Specially trained community outreach staff (case managers) would identify both individual and collective needs and steer the development of the community centre's programming to meet those needs. Staff could be recruited from the University of Jordan's School of Social Work with a specialization in Community Empowerment and Organizing. ICMC could take on a training role of outreach staff due to the experiences of the ICMC Fragile Families caseworkers.

**Media centers** are needed for satisfying the information needs of Iraqis. These would be located inside each of the community centers providing printed materials such as books and pamphlets advertising services and government notices. Computers with internet connections providing email capabilities and web browsing would also be provided. Speakers from Mizan or UNHCR could present the latest news on legal services and the rights of asylum seekers in Jordan. A central website could be created by and for Iraqis in Jordan as a clearinghouse of news, information and services. Computer training courses could be run out of these centers as well.

**Comprehensive case management services** (as defined in Section 6.2) could be accessed at these centers through case managers (outreach staff) assigned to each center.

## **Psychosocial capacity building and staff support**

The Iraqi refugees in Jordan have multiple and complex war and displacement related psychological reactions. There has been a breakdown of the traditional health restoring capacity of the community. Most of the general, and especially rural population relied upon traditional healers, such as experts in herbal remedies, Sadi families, the Sheik (or Elderly) and the Quack (or conjurer) for relieving psychological discomfort.<sup>27</sup> Almost all of these traditional healers have remained in Iraq. The aforementioned IOM report concludes that individual psychological suffering is still perceived, especially by rural Iraqi populations, as a spiritual issue. Social services staff are ill-equipped to deal with such complicated psychological scenarios.

### **Concept outline for psychosocial capacity building and staff support**

#### **1. Needs**

Many organizations are providing basic psychosocial services to begin the healing process and to help restore a sense of safety and security. However, for a small but significant number of persons, severe psychological health issues will remain untreated due to the limited clinical mental health treatment skills and the lack of knowledge of traditional healing methods amongst social services staff. This has been confirmed by many of the agencies interviewed by the mission. Iraqis with severe psychological issues need to have proper treatment, whether it is Western style psychotherapy or based on traditional healing techniques. Psychosocial staff need to have

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<sup>27</sup> IOM, Psychosocial Status of IDP Communities in Iraq, September 2005

professional support and the necessary supervisory resources available to do their jobs effectively.

## **2. Responses**

- Compile a directory of traditional healers among the Iraqi and Jordanian communities.
- Nurture a stronger relationship with faith and community leaders and traditional healers
- Promote the value of mental health, early counseling and de-stigmatization of services through mass media campaigns and liaisons with primary and secondary schools.
- Create awareness of the causal effects of poor mental health on physical health by pairing psychosocial services with medical services.
- Identify persons with psychosocial issues during outreach and home visits or at medical clinics and community centers.
- Form an interagency referral network of providers for severe mental health cases and a case consultation group which meets regularly to discuss difficult cases.
- Arrange for regular staff continuing education and enrichment in-services including presentations by other agencies to increase the knowledge of local resources and accuracy of referrals.
- Create an interagency effort for intensive psychosocial training.
- Recruit and train volunteers or mentors to support persons and families with complex needs.

## **3. Methods**

The most effective and culturally appropriate programming is developed from the bottom-up. An interagency task force is needed to convene a meeting of all Iraqis and Jordanians with experience or interest in the psychosocial field to discuss what steps are needed to insure competent psychological support for refugees and asylum seekers in Jordan.

Ideally the psychosocial delivery system would be decentralized in community based organizations with outreach and family-based capabilities. A continuum of interventions would be available from traditional healers, community and family supports, focused non-specialized supports to specialized services.<sup>28</sup>

Social services staff would be the backbone of such a system. Personnel needs to be highly trained and well-supported. IOM has designed an eight-month Executive Professional Masters in Psycho-Social Animation in War Torn Societies sponsored by the University of Lebanon. With their assistance, another Masters to be run through the University of Jordan could be designed involving both the Departments of Psychology and Social Work. Another source of staff training could be brought in from the UNRWA's Relief and Social Services Department. CARE counseling staff may also be

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<sup>28</sup> A more complete description of this continuum can be found in the IASC Guidelines on MHPPS in Emergency Settings, pp. 11-13, 2007.



available to provide periodic supervision for staff of other service providers in identification and referral of persons in need of psychosocial care.

## **Conclusion**

Although the recently released Fafu study produced a reduced estimate of the number of Iraqi refugees and asylum seekers in Jordan, there remain anxious heads of households without work, unsupervised children out of school, single mothers struggling to care for their children, torture survivors afraid to venture outside their doors and cancer patients without treatment. The needs are complex and multiple and easy solutions are hard to grasp.

As the full range of services is currently being put in place, now is the time to stitch them together and fill in the gaps with such measures as comprehensive case management and value-added community centers. This needs to be done to ensure that the most vulnerable will receive some measure of comfort and care. Coordination among the service providers has begun, but it is not a well-oiled machine and a lot of time must be spent to determine who is doing what where and for whom.

The willingness of agencies to collaborate and cooperate is evident from the people we met, who shared with us their work and their plans for improving the quality and quantity of the services provided, to effectively reach more and more people.

The authors hope that this report will contribute to this end.

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## **Annex B - Organizations and people visited and other activities**

### External meetings

1. UNICEF- Jonathan Cunliffe, Emergency Programme Coordinator
2. Caritas- Wael Suleiman, Executive Director; Gaby Daw, EVI Project Officer
3. CARE- Ikram Al-Ish, Community Development Counselor; Tara El Wadi, Youth Program Manager
4. Save the Children- Jason Erb, Deputy Country Director-Emergency Programs; Nour Sha'Sha', Education Officer; Seema Al Zhaled, Program Assistant; Kholoud Abu Zaid, Education Officer
5. Mercy Corps- Marta Colburn, Jordan Country Director; Omar Al-Hmoud, Deputy Country Director; Karen Saba, M.E. Regional Disability Manager, Abeer Baker, Monitoring and Reporting Coordinator, UNHCR Project
6. UNHCR- Anna-Maria Deutschlander, Senior Protection Officer; Megumi Ito, Associate Community Services Officer; Hanin Hamzeh, Community Services Assistant; Joseph Bawalsah, Focal Point for BID, Jane Gilbert, Consultant
7. MSF France- Olivier Maizoue, Head of Mission
8. IFRC- Ahmed Gizo, Head of M.E. Regional Office; Dr. Manhal Al-Annaz, Health Consultant
9. IRD- Nick Stevens, Regional Representative/M.E.; Nedjma Koval, Senior Technical Advisor; Sabah M. Al-Jadooda, SHS Project Coordinator
10. IOM- Mio Sato, Donor Reporting Officer; Guglielmo Schininà, Psychosocial Program Manager
11. Mizan- Eva Abu Halaweh, Executive Director
12. Jordanian Women's Union- Nadia Shamroukh, General Manager; Nabeela Sweis, Iraqi Project; Sarah Killoran, Proposal Writer
13. Children and War Foundation- Tori Snell, Jordan Advisor
14. Al Rashid Psychiatric Hospital Center- Dr. Numan Ali, Iraqi Psychiatrist
15. Noor Hussein Foundation- Dania Hussein, Head of Fundraising and International Relations; Muhammad Al Zoubi, Training Unit; Dr. Manal Tahtamouni, Iraqi Program
16. The Queen Zein Al Sharaf Institute for Development (also known as The Hashemite Fund)- Elham Eter, Center Director
17. Jordan Red Crescent- Dr. Mohammed Al-Hadid, President; Anton Hallak, UNHCR Project Co-ordinator; Laura Smith, International Co-ordinator
18. Jordan River Foundation- Zeina Khouri, Child Safety Program Development Manager
19. Mennonite Central Committee Jordan- Giacomo (Jack) Hijazin, Program Coordinator
20. Questscope- Dr. Curt Rhodes, President; Tania Hussein, International Partnership Relations Director; Jawad Al-Gousous, Program Director Jordan
21. Chaldean Catholic Vicarate- Rev. P. Raymond Moussalli
22. SOS Children's Village Association of Jordan- Mr Hassam, Director; Amr Khalil- Vice Director
23. IRC- Ibrahim Masry (aka Frank Roni), Country Director
24. Italian Hospital- Hanna Saba, Financial Director; Sr. Carmen Herrer; Sr. Agnese Corra
25. Department of Psychology, University of Jordan- Dr. Marwan Al-Zoubi, Work Psychologist; Dr. Ashraf Al-Qudah, Clinical Psychologist

26. American Friends Service Committee- Amal Kunna Khairy, Regional Director M.E. and Europe; Peter Lems, Program Assistant for Iraq; Edward Martin, International Development Consultant
27. ICRC- Kim Gordon-Bates, Deputy Head of Delegation; Raja'a Alawi, Cooperation Officer; Ali Abdallah, Assistant to Protection Coordinator
28. World Vision- Nidal Qsar, Jordan Office manager
29. Harriri Foundation School- Education for Down's Syndrome and Slow Learner children
30. Middle East Council of Churches- Wafa Goussous, Director-Jordan
31. International Institute for Child Rights and Development- Dr. Philip Cook, Executive Director; Martha Nelems, IICRD Associate; Vanessa Currie, Child Protection Manager
32. Al-Malath Foundation for Humanistic Care (Hospice)- Rana Hammad, Director
33. Jordan Association of Psychologists- Prof. Adnan Farah, President
34. Dr. Josi Salem-Pickartz, Consultant Clinical Psychologist
35. Institut Français du Proche-Orient- Oroub El Abed, Researcher

### Group Discussions and Trainings

1. Caritas Caseworkers- Discussion of their EVI work with Iraqis and assessment of needs for training (7 persons)
2. Al Rashid Psychiatric Hospital- Lecture and discussion about psychotherapy practice given to psychiatry students and resident interns (12 persons)
3. ICMC (Fragile Families) and Caritas (EVI) Caseworker Training (16 persons) plus individual psychotherapy referral sessions as a follow-up to the self-assessment (2 persons)
4. Debriefing held at end of mission to report preliminary findings to stakeholders (35 persons)

### Family Visits

- 5 Iraqi families in Zarqa
- 8 Iraqi families in East Amman

## Annex C – Directory of Services for Iraqis in Jordan

Legend:

<i>W</i>	<i>Women at Risk</i>	<i>S</i>	<i>Survivors of violence / Torture</i>
<i>U</i>	<i>Unaccompanied and separated children/ adolescent/at risk children</i>	<i>H</i>	<i>Health needs and disabilities</i>
<i>O</i>	<i>Older persons at risk</i>	<i>L</i>	<i>Legal or physical protection needs</i>

Organization	Description of Services	Type	Contact Details	Target Groups		
National Center for Human Rights	- investigate complaints made by Iraqi refugees & cases of illegal detention whereby Jordanian authorities are reported to violate human rights of foreigners - assistance to Iraqis (and other nationalities) to collect wages (and/or) end of service fees	Governmental Agency	5920396	W U O	S H L	■
Ministry of Social Development	- regulate charities work - provides urgent/ongoing financial assistance - do not consider Iraqis living in Jordan as refugees - services provided through 45 directorates and 55 centers throughout Jordan	Governmental Agency	5931391	W U O	■ S ■ H L	■
Battered Women Shelter (Dar Al-Wifak) <i>Ministry of Social Development</i>	- provide refuge for battered, raped and abused women and any other women with life threatening conditions -under special circumstances, shelter receives Iraqi women for a maximum period of 1 to 2 months.	Governmental Agency	4777805 Family & Women Directorate 5694953	W U O	■ S H L	■
Societal Police <i>Public Security Department</i>	- deals with family disputes, exploitation of children, sexual harassment .. etc. - deals with cases before developing into felony	Governmental Agency	196	W U O	■ S H L	■
Center for Family Abuse	- responsible for investigating sexual abuse, child abuse	Governmental Agency	5815826	W U	■ S ■ H	

<b>Protection</b>				<b>O</b>	<b>■</b>	<b>L</b>	<b>■</b>
<i>Public Security Department</i>							
<b>Jordan Red Crescent Society</b>	- hospital treatment (including major surgeries) - health care and dentistry - vocational training	Non-Governmental Agency	4750815	<b>W</b> <b>U</b> <b>O</b>	<b>■</b>	<b>S</b> <b>H</b> <b>L</b>	<b>■</b> <b>■</b>
<b>Noor Hussein Foundation</b>	- provides services through the Institute for Family Health - provides psycho-social support	Semi-Governmental Agency	5620993 5607460	<b>W</b> <b>U</b> <b>O</b>		<b>S</b> <b>H</b> <b>L</b>	<b>■</b> <b>■</b>
<b>Middle East Council of Churches</b>	- periodic financial assistance - in kind contribution (heaters, winter clothes)	International Agency	5510875	<b>W</b> <b>U</b> <b>O</b>	<b>■</b>	<b>S</b> <b>H</b> <b>L</b>	
<b>Al-Malath Foundation for Humanistic Care</b>	- train families to handle terminal cases - control symptoms, manage pain, death in peace	Local Agency	5685767	<b>W</b> <b>U</b> <b>O</b>		<b>S</b> <b>H</b> <b>L</b>	<b>■</b>
<b>Nazik Harriri Foundation</b>	- provide assistance for the handicapped children - provide training and rehabilitation skills	Local Agency	5411171	<b>W</b> <b>U</b> <b>O</b>		<b>S</b> <b>H</b> <b>L</b>	<b>■</b>
<b>Queen Zein Al-Sharaf Institute for Development</b>	- rehabilitation and vocational training for women	Local Agency	5052431	<b>W</b> <b>U</b> <b>O</b>	<b>■</b> <b>■</b>	<b>S</b> <b>H</b> <b>L</b>	<b>■</b>
<b>Mizan</b>	- legal counseling - human rights awareness	Local Agency	5690691	<b>W</b> <b>U</b> <b>O</b>		<b>S</b> <b>H</b> <b>L</b>	<b>■</b>
<b>Jordan Women's</b>	- counseling, capacity building and awareness programs	Local Agency	5689522	<b>W</b> <b>U</b>	<b>■</b>	<b>S</b> <b>H</b>	<b>■</b>

Union	- shelter for abused women				O		L	
Regional Center for Human Security	- involved in discussions to admit Iraqi students to Jordanian schools - organize training courses to Iraqi judges on issues relating to human rights, family protection .. etc.	Jordanian-Canadian Initiative	5340401		W U O	■	S H L	■
Questscope	- informal Education Program - non-formal Education Program - mentoring Program - unaccompanied children services	British foundation	4654860		W U O	■	S H L	
Mennonite Central Committee	- support the Chaldean Church in Amman (Iraqi Christian Refugees) - program for uprooted Iraqis	Canadian Foundation	4632095		W U O	■	S H L	
Italian Hospital	- treatment and healthcare services	Local Agency	4740920		W U O		S H L	■
Chaldeans Church	- in kind support	Local Agency			W U O	■ ■ ■	S H L	■
Assyrian Church	- in kind support	Local Agency	4744841		W U O		S H L	■
ICMC	- assistance to Caritas - running an assessment on Iraqi refugees in Jordan - EVI project - outreach and identification of undocumented with	International Organization	4624148		W U O	■ ■ ■	S H L	■ ■

UNHCR

Caritas	- clinics and healthcare services - food aid - evi project - education support	Local Agency	4621051	W U O	■ ■ ■	S H L	■ ■ ■
TDH Italy	- distribute food and hygiene kits (including detergents, soap, toothpaste .. etc.).	International Organization	0795648393	W U O		S H L	
International Islamic Relief Commission	- financial assistance and in-kind support - orphanage for abandoned children - financial contribution to major surgeries	Saudi Agency	5523497	W U O	■	S H L	■
Islamic Commission for Medical Relief	- clinic located in Hetein refugee camp providing its services to Palestinians and Iraqis	Local Agency	5693731	W U O		S H L	■
Council for Islamic Organizations and Societies	- one of the main umbrellas for coordinating Islamic relief with 53 member Islamic Centers and more than 36 Islamic societies, most of which provide services to Iraqis	Local Agency	5930122	W U O	■ ■ ■	S H L	■ ■ ■
Family Development Association (FDA)	- empowering Iraqi women - operate a beauty center training Iraqi women and offers short term employment for their trainees.	Local Agency	4900876	W U O	■	S H L	
Al-Afaf Society	- provide assistance for people to be wedded including wedding ceremony, financial assistance and a contribution to house supplies. - provides family awareness campaigns including	Local Agency	5159399	W U O		S H L	



educational seminars to newly wedded.

Alliance Center	- legal counseling for Iraqi refugees & court representation - human security issues, environment, land mines, cluster munitions - Emergency financial assistance to Iraqi families in desperate need.	Local Agency	5345085	W U O	S H L ■
Jordan River Foundation	- empowering society and protecting abused children and women	Local Agency	5932730	W U O	■ S ■ H L ■
House of Peace Shelter (Mother Teresa)	- shelter for of the elderly (minimal fees)	Local Agency	5524218	W U O	■ S ■ H L ■
White Beds nursing home & Shama nursing home	- elderly accommodation (minimal fees)	International Agency	4126924	W U O	■ S ■ H L ■
Hussein Foundation for Physical Disabilities	- education 1 <sup>st</sup> to 5 <sup>th</sup> grade - early intervention - social & physical rehabilitation	Local Agency	5817598	W U O	■ S ■ H L ■
Save the Children	- educational support - assistance to Jordanian schools - informal& non-formal education	International Agency	5657411	W U O	■ S ■ H L
MSF - France	- reconstructive surgery	International Agency	079 7133381	W U O	S H L ■

Mercy Corps	- humanitarian assistance - disabilities - women's issues	International Agency	5448570	W U O	■	S H L	■
Care	- psychological family support, women children and teens - humanitarian assistance	International Agency	5627393	W U O	■ ■ ■	S H L	■ ■
World vision	- humanitarian assistance - medical assistance - informal education	International Agency	5852154	W U O	■ ■	S H L	■
ICRC	- protection of individuals - communications across borders - tracing especially for unaccompanied children	International Agency	4604300	W U O	■	S H L	■
IRD	- medical clinics - community outreach - psychological assistance	International Agency	5510318	W U O	■ ■	S H L	■
IRC	- training and consultation on psychological issues	International Agency	079 888188	W U O		S H L	
UNHCR	- protection - community services - coordination	International Agency	5502030	W U O	■	S H L	■
IFRC	- healthcare funding - through Jordan Red Crescent	International Agency		W U O		S H L	■

IOM	- training for psycho-social providers	International Agency	4621051	W U O	S H L
AFSC	- provide school uniform - involved in discussions to admit Iraqi students to Jordanian schools	International Agency	5656837	W U O	S H L
UNICEF	- provision of educational services, counseling	International Agency		W U O	S H L
<b>Jordan Health Aid</b>	- cooperate with AMERICARES in providing medical services	Local Agency	5358510	W U O	S H L

## Annex D - List of Available Assessments / Reports

November 16, 2007

### 1. ICRC

- 'Who's doing what' matrix compiled by Raja'a Alawi (ICRC Co-operation Officer)
- Economic assessment of Iraqis in Jordan paper evaluating the effectiveness of cash assistance. Also prepared by Raja'a. 10.05.2007
- Will start a broad-based assessment in 2008.

2. **Mercy Corps** – In cooperation with CDC Sweileh, assessed the current living situation of Iraqis in Jordan. September 2007.

3. **IOM** – RAP assessment on psychosocial needs of Iraqis abroad due in January 2008. IOM also wrote *Psychosocial Status of IDP Communities in Iraq* in 2005, which gives an excellent overview of how Iraqis may respond to various psychosocial interventions, including traditional approaches. IOM is also working on a trafficking assessment which is due in March 2008.

4. **IRD** – Completed a needs assessment of problems and priorities of Iraqis in Spring of 2007.

5. **World Vision** – In cooperation with CARE, completed a scoping exercise which concluded that an advocacy campaign was needed and produced materials to accomplish that.

6. **UNICEF** – Health assessment now in progress.

7. **CARE** – Psychosocial support assessment and to determine CBO capacities.

8. **UNHCR** – 2007 survey of protection needs finished and results presented.

9. **IRC** – Screening for economic, health, education and social needs. 2500 response forms collected by Iraqi volunteers. Data has been entered into database but the results are pending.

10. **Jordanian Women's Union** – Survey report from focus groups.

11. **Questscope** – They are planning a research project with the unaccompanied and separated children identified by UNHCR in the form of a week long camp in December. This will be to identify their needs and to help them form connections with one another.

12. **FAFO report** – *Iraqis in Jordan 2007: Their number and characteristic*

13. **Women's Commission for Refugee Women and Children** - *Iraqi Refugee Women and Youth in Jordan: Reproductive Health Findings*, September, 2007.

### Research Projects

14. **CARE Australia** has recently completed a study of the needs of Iraqis in Jordan with the results to be forthcoming shortly. Oroub El Abed is the consultant who carried out the study.

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15. In collaboration with **Save the Children** (Kholoud Abu Zaid, [abuzaid.k@savechildren.org.jo](mailto:abuzaid.k@savechildren.org.jo)), the International Institute of Child Rights and Development, University of Victoria, Centre for Global Studies (Martha Nelems, [m\\_nelems@yahoo.ca](mailto:m_nelems@yahoo.ca)) is just beginning a study of the needs and worldview of Iraqi children in Jordan. They expect to be finished in March 2008.