

# Healing through sharing: an outreach project with Iraqi refugee volunteers in Syria

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*In 2003, civil conflict and war broke out in Iraq, leading to the displacement of millions across the region. This report describes a project initiated by UNHCR, the UN Refugee Agency, in 2007 that sought to draw on the skills and experiences of Iraqi refugee women, in Syria, in order to assist in identifying and supporting the most vulnerable refugees in the population. Among the 180 Iraqi outreach refugee volunteers were teachers, doctors, psychologists, artists and others. These women assisted more than 6000 refugees every month, with remarkable outcomes for the community, the aid operation, and their own wellbeing.*

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## Introduction

### *Background and context*

Before 2003, human rights abuses were reported to be an integral component of the Saddam Hussein regime. Thousands of Iraqis were reported to have been tortured, disappeared, killed, forcibly recruited, shot, wounded or taken hostage (Amowitz, 2003). After 2003, the war led to mass displacement of the Iraqi population to neighbouring countries. The Syrian authorities estimated that more than a million refugees had entered the country within a short time. Some arrived traumatised and/or suffering fresh injuries. The refugees were warmly

received by the Syrians, both the population and government, and were referred to as 'guests' and 'brothers'.

Most of the Iraqi refugees came from urban backgrounds, were educated and used to a relatively high standard of living. While some were wealthy and came to Syria with money and assets, others came with nothing and were totally dependent on charity and humanitarian assistance. Sectarian and political divisions that had pre-existed in Iraq now, however, influenced both the refugees' behaviour and the security situation in Syria. The repression of Hussein regime had another long-lasting impact, which severely impacted the very fabric of Iraqi society; destroying social networks, creating fear and instilling a lack of trust in each other, even among immediate family members. As a result, Iraqi refugees frequently considered any unfamiliar person a potential spy. This may have been the primary trigger behind a number of security incidents and mysterious killings, which occurred within the refugee community in Syria in 2006 and 2007. This prompted most refugees to limit their interaction to a small trusted circle of relatives and friends. This security situation also, in turn, imposed a state of isolation and idleness on most male refugees due to lack of valid documents, including residence and work permits. All of these factors contributed to making working with the Iraqi refugee

community a very complex situation that required critical thinking and unconventional programming.

#### *Situation of refugee women*

Due to the emergency situation and the related displacement, many Iraqi refugee women suddenly became both single parents and primary caregivers for minor children, many of whom were traumatised. Additionally, in both Iraqi and Syrian cultures, women are highly dependent on their husbands. Many refugee women were not used to managing life on their own. Wives with missing husbands were in a particularly difficult situation. Often, they would expend money and energy searching for their husband, and in doing so, had thereby become vulnerable to exploitation and abuse. Widows who had lost their husbands before or during the war, especially young mothers with small children, were also considered at high risk of exploitation and abuse and merited special attention and support. The social norms in the Middle East impose many restrictions on women, which adds to the risks. For instance, women who behave independently are often stigmatised by the community and may face additional social barriers. Some find getting married a challenge, as men prefer women that are more obedient in behaviour. Widows and separated women face additional social pressure from the society as their movements and behaviour are closely monitored. Male relatives, even if they are not immediate relatives (brother, father), will assume authority over females, even when the woman is an highly educated professional. Such cultural restrictions place a significant, challenge on women, in addition to economic conditions. Many women quickly fell into a state of isolation and depression, and some attempted suicide. In such cases, the

humanitarian aid workers had no capacity for proper assessment or support.

#### *The impetus behind the initiative*

At the peak of the crisis, thousands of Iraqis crossed the Syrian/Iraqi border every day, approaching the United Nations High Commissioner for Refugees (UNHCR) offices for assistance. Some had fresh injuries that required urgent treatment, others were homeless or in frenzy due to the loss of their properties and beloved family members. As the crowds grew in front of the UNHCR office, old people were too weak to stand for hours in the long queues before reaching the few available aid workers. Initially, the assumption was that those that had been displaced would return home within a relatively short period, after a quick international military operation. However, the military operation did not prove to be quick, the refugees remained in Syria, and their numbers continued to grow.

In response, Syria opened its public services to the refugees; regardless of the considerable strain this put on local resources. In consideration of the generosity shown by the Syrian state, UNHCR directed its support to key public services for health and education, instead of engaging in individual assistance. The magnitude of this humanitarian crisis, combined with the political and financial constraints in Syria, the limited resources available for UNHCR and other international organisations, as well as the increasing number of heart-breaking cases, all combined to motivate the author to explore new methods.

#### **The outreach project**

One valuable resource that could be immediately utilised was the refugee community itself. Refugees are often eager to assist in finding solutions to their own

problems. Additionally, they have an innate knowledge of the situation in their home country, and what their communities had gone through, both before and during the war. UNHCR already had a number of policy directives encouraging greater community participation. Translating such directives into action, however, was often hard due to the challenging realities on the ground.

In September of 2007, UNHCR Syria began a project with the intention of placing refugees at the centre of the planning, design, implementation and monitoring. It was a simple approach: *go out and speak to refugees, in the places where they are, and try to understand their situation better*. The modalities and structure of the project unfolded over a period of time, according to emerging needs and surrounding circumstances. The design was further influenced by the nature of the population profile, size and sensitivity to the political environment in Syria.

Women were particularly targeted, in order to assess and address their protection needs. The paradox of the situation is that despite the social restrictions women face, they are also best placed to reach out to the broader refugee community. They can assist in identifying vulnerable children, the elderly, people with urgent medical needs, etc. Women would be more likely to be trusted when approaching various groups offering assistance, especially conducting home visits, which is almost impossible for men within this context.

#### *Identification of female volunteers*

Two UNHCR staff members from the community services and protection unit organised focus group sessions, in selected neighbourhoods with a high level of refugee populations, in Damascus. Eight to twelve women were invited to participate by one of

the women that had been targeted and agreed to host the meeting in her house. The aim was to hold free and open discussions within their own environment, to better understand living conditions, as well as to examine protection risks, existing resources and prioritise needs. Another aim was to identify a woman to act as a liaison person from that particular neighbourhood, as individual access to UNHCR had become very difficult, due to the huge number of refugees.

The staff members explained what UNHCR was able to offer, informed the group about UNHCR limitations, and guided the discussions in order to explore what the refugee communities might be able to do themselves to improve response to needs. Gradually, the discussions came to the value of community involvement and how the women themselves might be able to work with UNHCR. Through these discussions, ideas emerged and plans were developed.

The project initially recruited outreach refugee volunteers (ORV) from the Iraqi communities, because Iraqis were the majority (90%) of the refugee population at that time. However, later volunteers from other nationalities, such as Somalis, Afghans and Sudanese, were also included in the project. Several criteria formed the profile used for the selection of refugee volunteers, listed in Box 1.

As refugees were scattered over all of greater Damascus, it was an additional challenge to know where they were residing. The volunteers helped in initial mapping of locations of high concentrations of refugees. Eventually, 38 neighbourhoods in Damascus and the surrounding rural areas were included, with more than 50 refugee families per area. Large areas had more than one volunteer to ensure coverage. As volunteers would be dealing with some of the most

**Box 1: Profile for selection of ORV**

- Good communication skills; openness, honesty and a good reputation
- Willingness to serve others with humility and dedication, and without expectation of compensation
- Outgoing, with good social networks among the refugee community
- Approachable; open to working with various segments of the refugee community, without discrimination
- Previous work experience; preference was given to those who were engaged in related work, e.g. with children, the elderly, people with disabilities, and or in education or health
  - Available and ready to act whenever needed, day or night

vulnerable segments of the population, a code of conduct was established with contributions from the volunteers themselves, and compliance was closely monitored (Box 2). All volunteers signed a written agreement, containing the code of conduct,

**Box 2: Code of conduct for ORV**

I agree to:

- Treat all refugees equally, regardless of their religious, ethnic or social background;
- Respect confidentiality, clients' information may not be shared without consent;
- Treat refugees with due respect and dignity; and
- Not to receive any remuneration or accept compensation from refugees in exchange for the services provided to them.

before they started work. Furthermore, they were reminded regularly of the principles.

*Activities and contributions of the ORV*

The volunteers were involved in a large range of activities. Through time and experience greater clarity on what should be done, or avoided, was gradually established. Initially, there was some hesitation on how to manage refugees' expectations after assessment by the volunteers, but it soon became clear that ORV were not only able to identify problems, but could also contribute significantly to informing the community about what UNHCR could offer and help them find solutions beyond those offered by UNHCR. Initial orientation sessions were conducted for all new recruits. These were followed by additional training sessions organised by UNHCR and relevant non-governmental organisations (NGOs), on various matters, including: sexual and gender based violence; self-reliance; first aid; breast cancer; HIV/AIDS; psychosocial issues; and communication skills, among others.

Included in the main activities of the ORV were:

1. *Identification of extremely vulnerable refugees*

This was a major challenge and key priority for UNHCR. At the time, there was very little information about the population profile, areas of residence, living conditions, and priority needs. As no material assistance was available, refugees had little incentive to keep regular contact with the office; only the desperate came regularly. Quantitative data was later made available through the UNHCR registration process. In this case, the office relied heavily on qualitative information provided by the ORV as volunteers carried out initial

individual case assessment at community level and referred the most vulnerable people for UNHCR's attention. The people assisted had various types of vulnerabilities (Table 1).

2. *Serve as an information channel*

The volunteers provided information to the refugees about services available to them, including information on location of the UNHCR office, schools, clinics, the registration centre and process, food distribution system, services provided by NGOs and charity organisations, etc. Refugees valued this information, which increased the volunteers' credibility and rapport within the community. Many important messages to the community were passed through the volunteers. Heads of various UNHCR sections and NGO partners were invited to brief the volunteers on their activities and changes in their projects. In turn, the ORV gathered information and provided verbal and written feedback, in response to queries from the refugee community. In this way, the information stream flowed in both directions. This communication flow eased the tension and addressed rumours that had created stress within the community, such as unfounded fears of deportation. Weekly meetings were held, which also led to regular

adjustment of assistance, in order to better address emerging issues.

3. *Assist the refugees to access services*

Many refugees were not able to independently access services provided by the UNHCR or the public sectors. This included directing or accompanying the elderly, or disabled people to service delivery points, establishing contact with service providers, and sharing their contact information with refugees.

4. *Provide temporary accommodation for new arrivals*

After becoming engaged, volunteers started to offer space in their own houses. It was interesting to observe the mind shift and trust that was built in the community as a result. This would have been impossible to accomplish before this project.

5. *Regular home visits and provision of home care*

This included assisting those with chronic health problems and disabilities to access food, medicine, clothing and other domestic needs. Considering the lack of refugee access to national social institutions, there were no alternative options for people suffering from cancer, paralysis, mental disorder, etc. Those clients became emotionally attached to their caregivers who visited them, two to three times a day, to deliver or prepare food, help them bathe, clean their room or administer medication.

6. *Facilitate access to ad-hoc material assistance*

This was not envisaged at the beginning of the project. However, some volunteers started soliciting donations from those in a position to give, especially for needs not covered by UNHCR. They started knocking on doors of individuals and small charity organisations. Volunteers were cautioned and requested that, wherever possible, the donors should

**Table 1. People assisted by the ORV**

<i>'Women at risk'</i>	30%
Medical conditions	28%
Elderly	10%
People living with disabilities	20%
Protection related issues	6%
Survivors of torture	6%
Total	100%

(Statistics April 2011).

provide assistance directly to the beneficiary, to avoid any allegations that might arise. The volunteers then decided to handle this issue in groups of at least two. In the end, they even went further, and voluntarily started sharing their own food and clothes with poor refugees.

7. *Response to emergencies*

A senior local staff member was assigned as an outreach focal point, and would mobilise necessary response to emergency situations. These included traffic accidents, medical emergencies, or safety/protection related problems. As the volunteers lived within the community, they received first-hand information and could respond immediately, during the day or night. Women would go in groups or call on fellow male volunteers for nighttime lifesaving response.

## **Communication and coordination**

The project was based on strong, direct and regular communication with the volunteers, individually or in groups, day and night. This was implemented through various methods, discussed below.

### *Weekly meetings*

The outreach volunteers were required to attend a weekly meeting, of around two hours, during which time training, coaching and opportunities for sharing information and ideas among the volunteers were provided. In these meetings, the volunteers would discuss the type of problems being handled and when to refer, using specific cases without sighting personal details. Over time, there was an accumulation of case management scenarios to draw from. Interestingly, the whole team contributed ideas for solutions of case scenarios, with UNHCR's role to endorse or provide

guidance on how the issue may be handled, which could touch on a wide variety of issues, including security, social, medical or educational matters.

The weekly meetings were held on fixed schedule in order to enhance coordination, discuss arising problems, provide and receive updated information. Those meetings were instrumental for communication and capacity building, and ensuring close monitoring of the work of ORVs. Within a context like in Syria, it is very important to ensure that the activities of the volunteers are in not conflict with local regulations, in order to maintain the acceptance of the project by the authorities.

### *Telephone communication*

As UNHCR was situated in the capital city of Damascus, all volunteers had direct contact through their own mobile phones, enabling them to contact specific staff members to seek advice and/or mobilise support as needed. Text messages were also used to send urgent information when necessary. The volunteers' cell phone numbers were widely shared so refugees could call at any time. Access to hotline services was also established by UNHCR. To contribute to the cost involved, volunteers received a monthly allowance to cover communication and transportation costs. This was criticised by some, but it was extremely helpful to the volunteers, who were predominately widows, divorced or single women, and therefore socially and economically constrained.

### *Community networking*

The community outreach volunteers played a crucial role in enhancing the relationship between UNHCR and the refugee community, which mitigated any threats of riots and demonstrations, which would have only

served to increase tensions in an already complex situation within Syria.

#### *Facebook*

Recently, some volunteers established their own Facebook page, where they exchange views, photos or shared news about their contributions. This also served as a self-motivation process, while they broadened the network.

#### *Information flow and management*

A system, consisting of simple reporting forms, was established to ensure that data on individual cases was properly captured, analysed and documented. By 2008, ORVs were able to collectively reach and assist an average of 6000 cases monthly. The reports included the number of people reached, description of cases, type of services provided by the volunteers (i.e. counselling, home visits, care, cash or material assistance) and cases referred to UNHCR. Feedback and support to those referred was provided by UNHCR directly, while the volunteer involved was kept informed. This was done to maintain confidentiality and avoid hampering delivery of services or monopolisation of resources.

### **Challenges and precautions**

Due to the nature of the conflict in Iraq, and the political context in Syria, several precautions were taken to ensure success and continuity. An identity card with the volunteer's photograph and UNHCR logo was issued to each volunteer. This was done to facilitate access to the community, UNHCR and other service providers. Initially, interaction with journalists and media was strictly prevented in order to avoid circulation of volunteers' names or photos, as this may have created problems for them. For some refugees, UNHCR was

just another face of the USA, which was considered by some Iraqis as responsible for their suffering and displacement. As a result, volunteers associated with UNHCR were seen by some as being in allegiance with 'the enemy'. Some, in fact, feared that their relatives in Iraq could be targeted, and there were some reports of refugee's receiving threatening letters. Yet, they were still keen to continue their engagement in the project. Over time, the hostility by some in the community disappeared when volunteers demonstrated care and support. A number of media interviews, articles and documentary films were later released.

#### *Impact on volunteers*

The work of ORVs was demanding. They were handling complex cases, sharing devastation, sorrow and the pain of others; however, this helped them to cope with their own situations. From one of the Iraqi volunteers:

*'I feel much better now, I can't think of what happened in the times that I [first] arrived here and try not to think about it anymore. Before, I always thought about my own situation and what had happened to me, and all the incidents, but now I think about the cases. Especially at night, I am thinking about the cases and not my own situation. It takes away the pain. This work helps me a lot.'* (Female ORV, born in 1972)

Volunteers managed to maintain a good balance between their family duties and voluntary work. Assisted by their families and fellow volunteers, they were able to overcome most obstacles. Although they were rewarded by the impact they had in peoples' lives, inspiration and close links with the project leadership kept them highly motivated. The direct, positive feedback

provided encouraged them to do more. Even when their success and positive contributions were undermined, the volunteers remained determined. Many volunteers were very skilful in managing the rising anger of refugees who were frustrated about their situation.

Building on volunteers' ideas and acknowledging their contributions was vital for stimulating their innovations, and they continued to generate new ideas. Additionally, the recognition of success and achievements was very important for their own recuperation. Interestingly, newly employed volunteers would initially complain about their own situation, but once they got involved, they rarely brought it up again. This may suggest that, in supporting others, they found ways of coping with their own issues. Volunteers learnt from each other about how to approach challenging situations, including dealing with the authorities, correcting perceptions of the UNHCR, or taking security precautions. The non-political and humanitarian character of this work was systematically emphasised. After a while, this became a non-issue, and volunteers established a relation of mutual respect with the security forces.

#### *Participation of men*

Due to the aforementioned social and political reasons, the involvement of Iraqi men as outreach volunteers was initially avoided. Culturally, people are less hesitant or suspicious dealing with women. Once the project was established, engagement of men became a necessity, particularly in assisting single vulnerable males. Although male volunteers made up less than 5% of the total number of volunteers, they played an essential role in supporting female volunteers, and complementing their work.

#### *Advocacy*

The ORVs became important spokespeople for their community. They met with several high level visiting delegations, including government ministers, ambassadors and members of parliament. They impressed visitors by their knowledge of their community, their communication skills and their courage. They genuinely shared the refugees' plight and were able to show the human face of the situation by giving examples of what they had encountered. The open dialogue between the refugees as beneficiaries and the donors helped to legitimately justify needs, and may have contributed significantly to sustaining good funding and support.

#### *Support groups*

By 2010, the volunteers had made major progress, and new initiatives were introduced to further enhance the follow-up and quality of their services. The volunteer team formed eight thematic support groups, covering health, education, the elderly, disabilities, children at risk, sexual and gender based violence, psychosocial and mental health and self-reliance. Each group consisted of volunteers with specific interests and expertise on the subject covered. Doctors took charge of health issues; teachers focused on education, psychologists were engaged in psychosocial services, etc.

These groups were assisted by social workers from the UNHCR community services unit. For instance, the refugee doctors worked closely with the UNHCR medical expert, and contributed significantly in health screening, counselling, follow-up and monitoring referral of cases. These professional doctors would have been idle staying home, very frustrated, while their fellow refugees were in dire need of their services. The quality of services dramatically

improved, and the pressure on UNHCR and its staff members gradually decreased as these specialist groups got underway.

A considerable number of volunteers, who eventually resettled in countries like the USA, Canada, Australia and EU countries, have tried to establish similar programmes and have expressed the wish to establish a wider network with all the former volunteers, in order to maintain the same spirit and to continue to instil the much needed moral support.

## Conclusions

Refugees have a lot to offer. They can efficiently assist other disadvantaged people, if they are given the recognition, space and respect they deserve. Taking refugees as a serious partner for UNHCR officials diminished the gap between the refugees and the UN agencies, and encouraged volunteers to contribute to finding solutions for their own community concerns.

Building trust between UNHCR and the refugees was vital. Patience, consistency in the approach and having a clear message to refugees can turn their suspicion and resentment into a positive attitude and meaningful collaboration. Managing refugees' expectations and addressing concerns from both donors and host countries can be facilitated through empowering the refugees to strive for their own rights.

Often, the humanitarian response to emergencies still focuses on material assistance and so-called 'lifesaving' interventions, while psychological (dis) stress is often ignored. The most effective way of addressing

psychological stress in humanitarian settings is to actively engage people in determining what their needs are, and make them part of its design and implementation. It helps people to engage better with their surroundings and would eventually facilitate their rehabilitation and recovery. One on one dialogue and feedback is instrumental in getting the best out of the people you deal with, regardless of how difficult their situations may be. Refugees' participation in the issues that affect their lives is not only a human right requirement, or simply an empowerment tool, but it proved to be crucial for social and mental wellbeing.

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