



Returnee woman kisses the ground in Tashkent in July 2019 after being repatriated from Al Hol camp in Northeast Syria

Repatriation and Reintegration of Children from Uzbekistan Affected by Armed Conflict in Syria and Iraq

About this Document:

This document is the product of a joint steering committee on repatriation and reintegration of children and women in Uzbekistan. The steering committee is comprised of representatives of the government, non-governmental entities, and UNICEF. The reflections, recommendations and conclusions were derived in close

collaboration with the members, and through a series of key informant interviews with returnees, social workers, and other official individuals involved in the repatriation and reintegration. All names have been changed to protect the identities of returnees and their children.

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<https://president.uz/ru/lists/view/2605>

Background & Context:

The conflicts in Iraq and Syria have presented a humanitarian and child-protection challenge of unparalleled complexity. At the height of its power, the Islamic State in Iraq and the Levant (ISIL), controlled a territory the size of the United Kingdom (comprised of territory in both Syria and Iraq). The group established a self-declared “caliphate” governing those within its area of control, but also activated a transnational recruitment network that led to around 40,000 members from more than 80 countries traveling to Iraq and Syria to join the group—often bringing along family members, including children.¹ Thousands of children were also born within ISIL-held areas, including children born to one or more foreign national parents.

As military efforts to overthrow ISIL advanced in 2018 and 2019, many foreign nationals were apprehended by local authorities and placed in either detention facilities or designated sections of displaced persons camps². This included a large number of foreign children, who were generally brought to Iraq and Syria by a caregiver or born to foreign parents living there.

After several repatriation efforts by countries, there are still more than 9,000 foreign national children in camps and detention facilities (nearly 500 in Iraq and about 8,000 in Northeast Syria). The overwhelming majority of these children (90%) were less than 12 years old and a significant number (30%) were younger than two when they entered the camps.

“When my husband was working as a mechanic in Turkey, men kept coming and telling him: ‘you are not being paid enough here. If you come to Syria, you will be paid three-times as much and you will be given a house and a car.’ So, when my daughter was 10 months old, he came home and told me we would go.”

34-year-old returnee from Syria

In 2019, the Government of Uzbekistan became one of the first nations to carry out a large-scale repatriation of its citizens—mostly women and children. Although there was initially significant public opposition to the idea, the President of Uzbekistan took action to secure their rights and return. In a campaign called “Mehr”, or, “kindness,” the President of Uzbekistan referred to the children as “his own” and made significant resources available to facilitate their return and reintegration. Soon thereafter, 156 women and children returned from Syria, and another 67 children were repatriated from Iraq—where their mothers continue to serve prison sentences.

The political, financial, and logistical resolve required to undertake these repatriations was significant. In Syria, Uzbekistan was faced with a population that lacked documentation, including passports and birth certificates. Without diplomatic representation in Syria, the Government had to make many arrangements remotely. Given the experiences of the women and children, some were left with medical conditions, complex mental health and psychosocial needs, and even acute requirements for surgical intervention. In Iraq, mothers faced criminal charges and had agreed for their children to be repatriated without them.³ Children had been living in over-crowded prisons with poor services hygiene conditions. They were doubly victimized, scared, and often barely knew the relatives who would care for them upon return.

This document shares the experience of these two campaigns, called “Mehr 1” and “Mehr 2,” reviewing both what worked, and what was learned during the process so that other member states pursuing repatriation of their nationals might learn from Uzbekistan’s experience. As Uzbekistan makes plans to return its remaining citizens, some of these reflections may also be used to further strengthen the ongoing reintegration work.

- 1 Barret, Richard. “Beyond the Caliphate: Foreign Fighters and the Threat of Returnees.” The Soufan Center, October, 2017. <https://thesoufancenter.org/wp-content/uploads/2017/11/Beyond-the-Caliphate-Foreign-Fighters-and-the-Threat-of-Returnees-TSC-Report-October-2017-v3.pdf>
- 2 In Northeast Syria, populations departing ISIL controlled territory were screened by security forces, largely along age and gender lines. Women and children were placed in three camps for displaced persons, while adult men and some adolescent boys were placed in detention facilities operated by security forces and inaccessible to humanitarian agencies. For more see: Loveluck, Louisa, “Hundreds streaming out of last ISIS stronghold as extremists face military defeat.” Washington Post, February 14, 2019: https://www.washingtonpost.com/world/hundreds-streaming-out-of-last-isis-stronghold-as-extremists-face-military-defeat/2019/02/13/081d8c92-2f0b-11e9-8781-763619f12cb4_story.html
- 3 In lieu of a suitable detention arrangement that would enable family unity to be maintained in Iraq this was assessed to be in the best interest of children.



Many young children were born in Syria and lacked documentation. Without Government of Uzbekistan efforts to provide them birth certificates, they would have been at risk of statelessness.

Section 1: Cost of Inaction

Like other member states whose citizens traveled to Iraq and Syria, Uzbekistan faced a range of considerations with respect to their prospective return. These included security concerns and questions around the possible criminal responsibility of those who may have participated in hostilities or emigrated in support of the group's cause.⁴

UNICEF acknowledged Uzbekistan's right to protect its security interests but worked with the authorities to balance these considerations with the human rights of children and mothers based on the principles enshrined in the Convention on the Rights of the Child. To this end, UNICEF stressed the vulnerabilities that children faced in Iraq and Syria, advocating for a reintegration approach that restores children's rights and childhood in their communities of origin as quickly as possible.

“To save our children we dug trenches to protect them from bullets. I was very afraid, but I could not show this to my children. I had to be strong and told them they would be okay. That’s how I survived.”

34-year-old returnee

While living within territory controlled by ISIL, and during their subsequent displacement, transfer, and detention-like circumstances, the children have generally experienced an enormous amount of violence. They report witnessing violent crimes—including public executions, beheadings, and violence against women. Most have lived for years under regular and continuous air-bombardment, often moving dozens of times in an attempt to find safety. During this time, access to food and services was scarce. Some children report eating boiled cotton and grass in order to survive. Medical support—even for shrapnel wounds—was non-existent. For those who were lucky enough to escape or be transferred to a camp for displaced people, a new reality emerged: life in a sprawling camp with limited services and minimal support to address their complex physical and psychological needs.

The cost of inaction would be significant, could effectively render children stateless, and would have life-long consequences on their ability to recover from the effects of conflict. The urgency to bring these children home was clear and overwhelming. In recognition of this, the Government of Uzbekistan was one of the first countries to take decisive action to repatriate its citizens despite the operational challenges involved.

⁴ This mostly includes adult women, since children mostly travelled to Syria and Iraq with their families. While there are some exceptions of cases where children seem to have been recruited directly, such individuals are being held in separate detention facilities).



Throughout the journey and upon arrival, the government representatives who accompanied returning families ensured that they had basic food, water, and other necessities.

Section 2: Repatriation and Reintegration Work to Date

The Government of Uzbekistan repatriated its citizens in two separate campaigns. At least one more campaign will be needed to ensure all Uzbek children and their families can return home:

- May 30, 2019
- 156 individuals (48 women and 108 children), were repatriated to Uzbekistan from Al Hol Camp in Northeast Syria

- October 11, 2019
- 64 unaccompanied children (39 boys and 25 girls) were repatriated from Iraq-- accompanied by social workers
- Mothers are serving prison sentences

- expected
- There remains a caseload of Uzbek children and women in Northeast Syria
- government has plans to repatriate
- timeline unclear

Mehr 1



Mehr 2



Mehr 3?



Profile of Returnees from Syria (Mehr 1):

Returnees from the first campaign, Mehr 1, were comprised of 48 family units made up mostly of young women (average age of 31), returning with biological children. Six grandmothers also returned. Mirroring the demographic trends in Al Hol camp, most returnees were young children, with 66 children being between 0-6 years, 32 between 7-14, and 7 children between 14-17. Gender parity was about even with 53% boys and 47% girls. Family sizes varied, with women having between

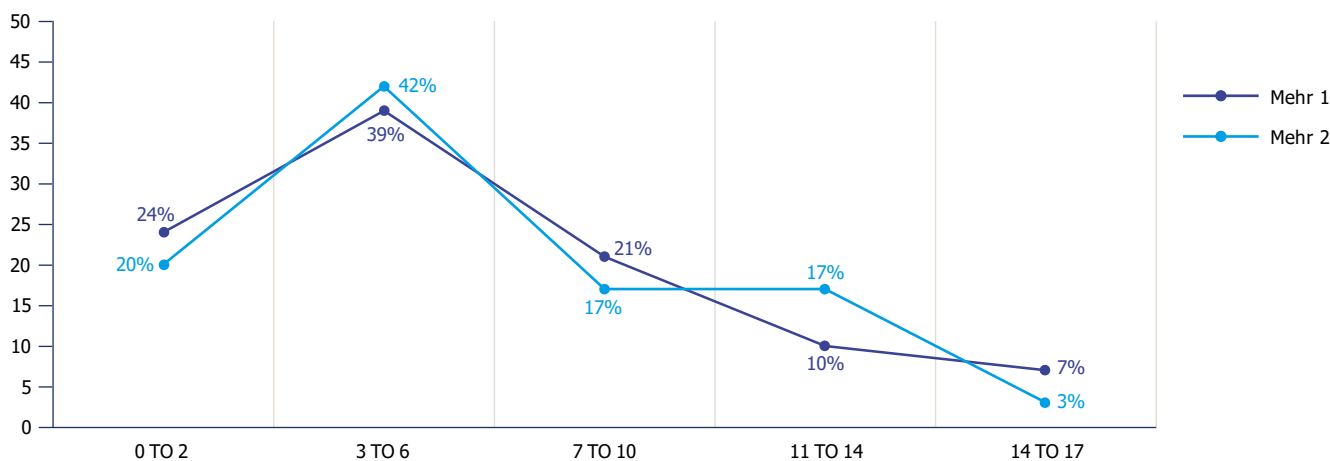
one and five children. In two instances, women had also adopted additional non-biological children who remained in their care during and after repatriation (although one was eventually reunited with his biological mother). Returnees came from different parts of Uzbekistan, with 50% returning to the Ferghana valley, 25% returning to the broader Tashkent region, and the rest representing districts across the country.

Profile of Returnees from Iraq (Mehr 2):

Of the 64 children who were repatriated from Iraq, all were unaccompanied, though many came with siblings and other children with whom they had close kinship ties. Their ages mirrored those of the returnees from Syria,

with 40 children being between 0-6 years, 22 between 7-14 years, and only 2 children between 14-17 years old; 48% were girls and 52% were boys.

Age Distribution of Returning children



Across both populations, professionals identified a range of medical and mental health/psychosocial needs. These ranged from easily treatable skin irritations (reflecting the harsh desert climate in which they had been living), to complex medical needs of children with amputations that required corrective surgery. Separated and unaccompanied children were found to be anxious, often suffered from nightmares, and many showed physical signs of anxiety and distress. While children had remarkable language ability—and often spoke three or four languages, almost all had major gaps in formal education. Some children exhibited tendencies toward violent play or violence toward peers.

“For the first few days after their return, children wouldn’t sleep on the beds that had been provided—instead curling up with siblings on the floor. After a few days, they got used to the space. They began playing on the playground, riding bikes, and also sleeping on beds.”

Pediatrician at sanatorium

Mothers and grandmothers who returned also exhibited signs of psychosocial distress, exposure to violence, and in some cases trauma. All of them had witnessed violence, experienced the loss of spouses, family members, or loved ones, and two women returned to Uzbekistan without children—having experienced their loss. While these women were intentionally not asked about traumatic events during the screening process, it can be extrapolated from the practices of the “Islamic

Repatriation Efforts:

Before beginning repatriations, the Government of Uzbekistan developed and adopted an Inter-Ministerial Action Plan to support returning families and children. This Government’s Action Plan #2157 of 2019, laid the foundation for a stronger approach for the wellbeing of these vulnerable children (the signed Action Plan for Children and Women Returning from Armed Conflict Zones into their Communities can be found in Annex B). The government also made the decision to give amnesty to returning women and children above 14 who might have faced legal charges. This decision was taken in advance of the repatriation and may have been a factor in the decision by some individuals to return. Recognizing children primarily as victims, is consistent with international law and the convention on the rights of the child.

To support repatriations from both Syria and Iraq, the Government of Uzbekistan deployed officials to confirm identities, and secure the release of Uzbek citizens in coordination with local authorities. For children returning from Iraq, UNICEF supported the government with the implementation of a best interest assessment process and enabled continuity of care for children (e.g. by enabling the children’s social workers from Iraq to travel with them to Tashkent). UNICEF also supported the government in family tracing and reunification as well as in identifying interim residential care for these unaccompanied children. 25 psychologists and social workers who would be supporting these children were trained on norms and standards as well as specialized mental health and psychosocial support needs of this population.

“Sobir is fourteen and lost one his legs when his mother detonated a suicide vest in close range. He and his brother have undergone extensive treatment to regain mobility through prosthetics.”

Social Worker discussing support needs of returnee children

State”, that some women were victims of sexual violence, were forced to marry or sold into marriages against their will, and that some may have children who are a product of such unions. While this does not seem to represent the majority of cases, there remains a challenge in fully understanding this aspect of needs due to the common practice of reconstructing personal narratives to reduce social stigma.⁵

After arriving in Tashkent by government-chartered plane, returnees were accommodated in the medical sanatorium of Chirchik district (30 km from Tashkent city). The facility is used as a recuperation facility for government officials and was well-equipped to accommodate the arrival, processing, and medical checks required for returnees. Families were placed together and assigned to areas based on the age of their children, so that they could access activities and resources that corresponded to the children’s ages. A wide range of services were made available to returnees at the facility including:

1. **Sanitation facilities:** using the facility’s spa facilities, returnees were given the opportunity to shower and discard clothing that was no longer needed (most had arrived only with the clothes on their backs).
2. **Provision of clothing:** a range of clothes in different colors and sizes were made available to returnees. Each individual chose five outfits to make up their new wardrobe. Traditional Uzbek hijabs in a range of colors were made available for those who wished to wear them.
3. **Health checks:** returnees underwent medical checkups to ascertain their health status and follow-up needs. The Ministry of Health made both general and specialized doctors available for this purpose (including a pediatrician and obstetrician).
4. **Nutrition support:** nutritionists were available and provided individualized menus based on specific requirements—especially for unaccompanied returning children.
5. **Dedicated Newborn/Infant support:** was provided especially for unaccompanied returnees from Iraq which included infants less than one year old.
6. **Religious Counseling:** an Imam provided gender-segregated sermons and a religious committee was engaged in religious instruction. Representatives from the Center for Spirituality and Enlightenment came to work specifically with women.

⁵ A government research entity has recently conducted a study that indicates such experiences are represented among returnee families. However, the space for identifying and supporting such cases remains challenging.

7. **Education provision and evaluation:** both the Ministry of Preschool Education, as well as the Ministry of Public Education set up learning activities (mobile kindergarten and temporary school) as well as conducting pedagogical evaluations and tutoring.
8. **Judicial Review:** the Ministry of Justice reviewed profiles, conducted interviews, and supported returnees with documentation and an explanation of judicial processes (e.g. process of claiming single parent status, formalizing adoptions, etc.).
9. **Provision of Recreational Opportunities:** the sanatorium facility is a large compound with expansive outdoor spaces, trees, and recreational facilities. In addition, it had been equipped with dedicated recreational equipment including a playground, bicycles, and decorations. Regular activities were held for different age-groups.
10. **Cultural Events:** the Ministry of Culture arranged puppet shows, cultural events (including traditional dance and music events).
11. **Employment Assessment:** The Ministry of Employment and Labor assessed economic profiles and conditions and provided a one-time cash grant to families (calculated based on about \$200 for adults and \$100 per child).
12. **Family visitation:** family members with whom returnees would be living came to the Sanatorium to meet with returnees. In the case of unaccompanied children, these family members stayed at the facility for a number of days before leaving with the child(ren).

Reintegration Approach:

After 2-3 weeks of reviewing the profiles of returnees from Syria, the government decided to reintegrate them, placing them with relatives or guardians in their communities of origin. Importantly, after careful consideration, the government opted for a swift reintegration, rather than isolating or institutionalizing them permanently or for an interim period. This decision has been key to reducing stigma and ensuring the long-term success of their reintegration into Uzbek society.

The Ministry of Public Education, the Uzbekistan Women’s Committee, and UNICEF worked together to identify suitable care arrangements consistent with the children’s best interest. Once the government reviewed and agreed to these placements—including by evaluating relatives in terms of their profile and ability to support returning families or children—the long-term reintegration phase began. Returnees left the sanatorium and transitioned to their long-term accommodation in their communities of origin. Usually, this involved staying with relatives, at least for an interim period. Returnees were also assigned a social worker who conducted an in-depth needs assessment process over the course of 5-7 visits to identify support and reintegration needs. Women maintain close contact with social workers by phone who coordinate their support with community workers as well. For unaccompanied children, social workers maintain close contact with the guardianship and custodial care specialist who is in charge of alternative care and kinship care placements.

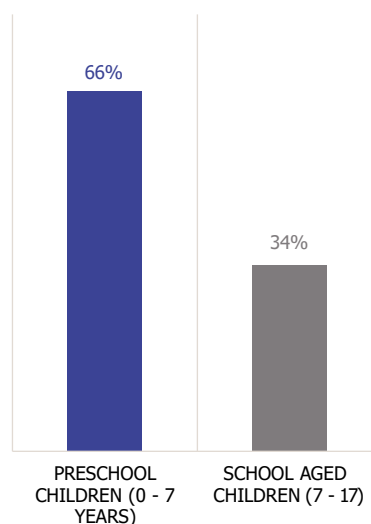
“Akhmad is a 3-year old double amputee. He is living with his aunt and uncle who care for him as if he were their own child. He even calls them ‘mom’ and ‘dad’.”

Social worker

To support separated and unaccompanied returnees, 18 “guardian” families were identified. These are relatives who have been found suitable as guardians and who have the means to support these children. Of the 64 returnees from Iraq, 43 were placed in family-based care arrangements. For an additional 21 children, suitable care arrangements have not yet been found. They remain in institutional care, either to meet specialized medical or mental health needs, or because family-based care arrangements were not able to be identified. In such cases, family care arrangements continue to be actively pursued by social workers of the Republican Center for Social Adaptation of Children and the Women’s Committee with support from UNICEF.

Upon returning to communities, children were enrolled in school (often undergoing additional placement examinations) and provided supplementary tutoring to support them in catching-up to their peers. As much as possible, children were placed in grades with children of the same age, while being provided

Education Needs



supplementary instruction. Where this was not possible, special catch-up classes and arrangements have been implemented to support students in reaching educational benchmarks that will culminate in a diploma.

Two education ministries, the Ministry of Preschool Education and the Ministry of Public Education, have supported education services for returnees. Training was provided to a group of school psychologists on life-skills development. The program has begun to be implemented for adolescents including returnees and is complemented by ongoing efforts to build their capacity to provide mental and psychosocial support. Work specifically targeting school principals and community workers is also planned. A number of efforts (such as the mental health and psychosocial support program) have been identified as priorities for country-wide scale-up, so that all children can benefit from such approaches.

While this population received an outpouring of initial support, UNICEF's far-reaching global experience on

Progress and Outcomes to Date:

It is too soon to attempt to measure reintegration success. The metric for this will be children's adaptation over the course of years rather than months. However, an initial review of reintegration progress six to eight months after the return, gives a lot of grounds for optimism. Overall the focus on community and family-based care has had very positive outcomes, with mothers (some of whom are still adolescents) receiving childcare, economic, and moral support from their families and communities. Children who have been adopted by relatives or placed in family foster care arrangements are gaining confidence and showing strong recovery signs, such as bonding with their caregivers, experiencing fewer nightmares and improving academic benchmarks. There remains no question that reintegration has been more challenging for separated and unaccompanied children, underscoring the recommendation that children remain in their family unit whenever possible. Social workers report that women have shown greater openness over time, and that initial hesitancy, for example to go out in public or open windows, has slowly given way to greater confidence, comfort, and participation in public life.

“We have seen that younger children have had a much easier time adjusting than older children. The younger they are when they return, the better.”

Pediatrician supporting reintegration

Communities have been overall supportive of returning children and women as they seek to live in peace and re-integrate. As would be expected, reintegration has not been without complications. Tensions between families who share small living quarters, stigma of mothers at the

reintegration of children affected by armed conflict shows that reintegration is a long-term process. To that end, a specific case-management initiative was set up to support each returnee, address specialized needs of individual children, and to understand and address underlying causes or effects of violence and promote healing. UNICEF continues to invest in these social workers, to support their case-management and professional development needs, as well as to prevent burnout. In some areas, technical capacity is not available in Uzbekistan, and investments are needed to secure appropriate service provision, as well as build system-wide support structures that benefit the community as a whole.

community level, and resentment from community members about support provided to returnees have all been reported and continue to be addressed. In some cases, initial family placements have not worked out, and children have had to transition to another care arrangement. One of the most common challenges identified by social workers in their assessments, is the need for women to be supported toward economic independence. Successfully entering the labor market and transitioning to self-sufficiency as single mothers remains a challenge given the profile of many returning women.

In discussions with government partners, social workers, and international partners, the following repatriation/reintegration observations have been noted:

Achievements:

- The Government of Uzbekistan has **put children's interest above public opposition to repatriation and reintegration efforts**. It has maintained a community-based approach to reintegration and made every effort to **identify family-based care arrangements** for unaccompanied children.
- **Community and family acceptance of returnees has been exemplary overall** and has been buttressed by the government's posture toward women and children returning—leading with a tone of reconciliation and acceptance.
- **Close collaboration between social workers in Iraq and Uzbekistan streamlined the repatriation process and case-management for unaccompanied returnees**. This included a mission from the UNICEF Iraq partner, Justice Gate, to Tashkent, where they were able to see the Sanatorium and share pictures and perspectives with the mothers in Iraq in advance of their children's transfer to the facility.

- **Children who were born in Iraq and Syria were provided birth-certificates** by the Ministry of Justice of Uzbekistan. This ensures that they are not rendered stateless and will be able to access services throughout their life.
- **Adolescents were placed in family-based care arrangements** and are being provided individualized support as required.
- **Approaches were adopted that would provide a broader benefit to the community.** This is critical so as to prevent identification and stigmatization of children, and to ensure that interventions meant to support them don't inadvertently contribute to tensions at the community level.
- **International cooperation and agreements on child-protection cases are working overall.** For example, a few children were repatriated to Uzbekistan who were actually Russian citizens (born in Russia). Drawing upon the Minsk agreement these children's citizenship and birth certificate documents are being restored while they are in a suitable family care arrangement.
- There has been a remarkable level of **good will and personal investment by medical staff, social workers, and government officials** in support of returnees. Many of them continue to check in on returnees out of a sense of personal investment rather than professional obligation.
- Officials in Uzbekistan have **recognized informal foster-care and adoptive arrangements** that were put in place in Syria, **keeping children with their long-term caregiver** when it is feasible to do so. These care arrangements were often made spontaneously but have been the consistent care environment for children for a number of years including during their repatriation to Uzbekistan. The Government of Uzbekistan has often supported such arrangements, in cases where the adoptive mother was willing to continue caring for children.
- Staff have found **re-directive rather than punitive approaches to dealing with behavioral concerns in young children**—including play that revolves around violent themes. Similarly, older children have been encouraged to join sports and other outlets that provide social and physical outlets and health benefits.
- Selection of a transitional facility that has **outdoor space and allowed returnees to spend time playing in nature** as they adjust to Uzbekistan.
- **Reintegration was understood by all parties to require a long-term commitment** to supporting recovery, but also longer-term impacts of the conflict on children. To that end, a medium-term Governmental Action Plan was signed by all Ministries, outlining how reintegration work can be supported in the years following repatriation.

One boy, Alisher (6 years), told me on his first day at the sanatorium: **'come, let's go fight the kafirs and my father will reward us.'** I told him, **'oh, but there are no kafirs here. Only good people.'** A few weeks later, he had stopped talking that way.

Sanatorium Pediatrician

Challenges:

- Finding ways to **provide targeted support to returnees, while balancing this with the needs of the community**—particularly in contexts where local resources are limited.
- **Coordination and streamlining of support:** the many entities involved in initial support efforts can be further streamlined so returnees have fewer interlocutors and interviews. Social workers could be assigned and involved from the time of arrival to ensure continuity of care.
- Need to continue to **recognize and support social integration as holistic long-term work that goes beyond externalities** such as clothing and social conventions (e.g. wearing hijab, rolling up pants, shaking hands etc.).
- **Sustaining long-term, targeted, behavioral and mental health/psychosocial support for children,** particularly those who demonstrate aggressive social tendencies and other ramifications of their exposure to violence. Also, a need for long-term recovery support for mothers who **exhibit insecurity and signs consistent with recovery from trauma** (e.g. afraid to open windows, and excessively fearful of noises).
- **Long-term consequences of living in prisons** has been noted in unaccompanied children returning from Iraq. All measures should be made to reduce the amount of time children are in such facilities to reduce the adverse impact this has on their wellbeing and development.
- **Identification of suitable care arrangements and support services for children with mental disabilities specialized mental health needs remains difficult in specific cases where children have complex needs.**
- **Creating a community and familial environment that allows greater openness for the purposes of long-term healing:** the narratives of returnees often omit their reasons for traveling to Syria, their participation in activities while they were there, and

the violence they may have been exposed to in the process. Some returnees also have a tendency to identify only as victims. However, such narratives are sometimes constructed for the purpose of social acceptability and, when inaccurate, can interfere with a survivor's ability to recover and heal from the experience.

- **The provision of confidential and voluntary gender-based-violence support remains extremely challenging** in this context. There is both a lack of technical expertise, as well as confidentiality and enabling environment to support strong programming.

Farida was taken to Syria by her mother. At 14 she married her cousin who was also there. He was killed and Farida returned to Uzbekistan as a 17-year-old single mother with a 2-year-old child. She is living with her grandparents and taking supplementary classes to earn a diploma.

- **Economic integration and self-sufficiency will be challenging for single mothers and requires targeted support.** The need for economic self-sufficiency as a single mother is a new reality for almost all returning women. Previous economic dependency, along with male dominated economic structures under ISIL have restricted their professional opportunities and may complicate their efforts to integrate into the Uzbek labor market with limited skills and child-care options.
- **Need to maintain and even scale-up supplementary education support** for children so that they can catch up with their peers. Limited long-term resources could lead to significant gaps over the medium-term.
- **Social workers** have played a critical role in the support mechanism for returnee families. They **require additional training** on accessing and navigating local legal processes, identifying referral mechanisms for specialized needs, as well as measures that support self-care and prevent burnout.
- **Need for additional documentation from Iraq and Syria including death certificates** that would enable women to qualify for "single parent" benefits and would register children as orphans in the social services system.

- While acute medical needs have been addressed, **there may be persistent issues related to more chronic health challenges** such as low immunity and nutritional deficiencies sustained over time.
- Government officials report that **documents coming from Iraq have significant inaccuracies**, including as it pertains to biological links.
- **Targeted and individualized support will continue to be needed for adolescent returnees** whose reintegration may be complicated by their experiences in Syria. Many have taken on adult roles (e.g. by becoming young mothers or caring for younger siblings), and yet have significant learning gaps compared to their peers. Some have disabilities and medical conditions that will require a significant level of adaptation. Many have experienced and internalized violence. Some may have perpetrated acts of violence. Individualized support that draws upon community resources may provide an opportunity to address these challenges.
- **Specific support is needed for women who have taken adoptive or foster care of non-biological children**—this should include accommodation and other forms of financial support to ensure they can continue to care for these children. The initial cash distribution from government should include consideration of non-biological children in cases where the mother will continue caring for these children.

Uzbekistan committed significant social, political, and economic resources to repatriation and reintegration of these families. Sustaining this support over the medium and long-term will be the challenge, particularly given the many demands on local governorate budgets. However, in some cases, it will be necessary to sustain and even scale-up support to these families to ensure children's reintegration progress can be fully realized. This should continue to be done using a community-integrated approach that will also meet the needs of other people in the community with similar or related needs and experiences.



For women with infants, special provisions were made to ensure they had the supplies and nutrition required for the journey and transitional period.

Section 3: Recovery Support for Adolescents

Among the most egregious violations of the “Islamic State” was forcing minors to witness or actively participate in hostilities. While most children traveled to Syria and Iraq with their parents or caregivers, the exploitation and use of children by the “Islamic State” once they arrived is well documented.⁶ Boys and girls who reached adolescence were expected to take on adult roles, including early marriage and childbirth, being subjected to indoctrination⁷, and undergoing military training. These efforts were structured and systematic, making it essentially impossible to circumvent these forced roles.

The most famous aspect of ISIL’s child-recruitment scheme was a program called “Cubs of the Caliphate,” where children between 10-15 years underwent a combination of “sharia” and military training in an ISIL camp. For boys, indoctrination and training reportedly involved teachings on ISIL ideology, as well as specific military skills training so that children could be used among other things as “soldiers, human shields, messengers, spies and guards.”⁸ Girls, “were taught how to cook, clean, and support their husbands so that they can be good wives and mothers.”⁹ Their training

revolved around domestic issues, but included teachings on the specific rules of the “caliphate” including being fully veiled, remaining hidden, and rarely leaving the house. Girls were therefore not prepared to hold professional roles and were encouraged to marry from the age of 9 and “at the latest by 16 or 17”. Because women were not allowed to remain single, some married repeatedly. There are many reports of forced marriage and sexual violence.¹⁰

Many boys who took on combat roles died in fighting. Among those who survived, many have disabilities, including missing limbs and other physical impairments. Some boys were detained by security forces and have been placed in detention facilities with adult men. All of them will have significant recovery needs, ranging from a need for access to specialized medical care, to the need for individualized mental health and psychosocial support as well as possibly targeted, community-based recovery support.

While this group of victims has specific long-term needs, their experiences are not without precedence. UNICEF and others working on the children and armed conflict agenda have worked with children recovering from

6 For more detailed review of literature on the impact of the Islamic State on children see: “The Children of the Islamic State” by Noman Benotman and Nikita Malik. Published by Quilliam.

7 The definition for “indoctrination” is taken from the work of Benotman and Malik: “To teach a specific viewpoint or ideology without allowing anyone to criticize or question it, often in reference to religious ideas.”

8 Benotman and Malik, 41.

9 Benotman and Malik, 37.

10 Benotman and Malik, 45.

extreme situations of violence often taking place in cult-like environments. Approaches that single out this group of children, give them a special status, or rely on a categorization other than that of being a child-victim, can cause further harm. Recovery approaches should address individualized needs, while seeking to restore their childhood or adolescence in a supportive community context.

“Zokir struggles with aggressive behavior toward others—even at times his siblings. He has consistent nightmares and is in a lot of pain because of his injuries and a botched amputation. But he is living with his uncle who has a lot of patience and compassion and is helping him get access to the specialized support he needs.”

Social worker

In Uzbekistan there have been only a small number of adolescent returnees. They have been placed with their siblings in family-based care arrangements that provide the most promising context for their recovery. This includes children who were exposed to violence, some boys who were perpetrators of violence, and girls who were victims of early marriage and sexual violence. Social

workers have supported these families in identifying and meeting specialized medical, behavioral, and mental health/psychosocial needs, finding ways to provide such care while fostering a supportive community environment. However so far these efforts have focused primarily on providing medical or psychosocial support. To complement this, a life-skills curriculum has also been rolled out with the aim of targeting all adolescents in the community including returnees. However, adult caregivers and community members need to be further equipped in their guardianship and mentoring roles. This should include supporting them with the skills to identify and unpack manifestation of adolescents’ exposure, so they can support them in working through the effects of their experiences.

The small number of adolescent returnees to date, suggest that additional numbers may be repatriated in the future, including possibly some who are currently in custody of armed forces in Northeast Syria. Uzbekistan’s strong existing approach should be used as a model for how to identify similar community and family-based care arrangements to support reintegration and recovery for children and adolescents who have been held in detention facilities. These returnees will have specific support needs as they reintegrate into their communities, recover from certain forms of indoctrination, adjust to life and social norms in Uzbekistan, and eventually seek to enter the labor market. These needs can be addressed through the existing approach with targeted supplementary support as required.



Section 4: Lessons Learned and Next Steps

While Uzbekistan has made remarkable progress on repatriating its nationals from both Iraq and Northeast Syria, the work has not yet been completed. There remain a significant number of children and mothers in displaced person camps in Northeast Syria, and the government is committed to bringing them home. To that end, a number of lessons have been learned based on the “Mehr 1” and “Mehr 2” campaigns, that will further strengthen collaboration and service provision for returnees in future repatriations.

Lessons Learned:

1. **Planning for future repatriations with partners in advance will allow preparatory measures to be put in place before arrival.** This will enable a smooth reintegration experience for children as center staff are prepared and have put measures in place to receive children.
2. **Casefiles should be transferred from the country of detention to the country of origin** as early as possible to enable family tracing, review of reception and reintegration capacities, and identification of individualized support in advance of children’s arrival.
3. UNICEF should work on **improving the quality of documentation being prepared by officials** in Iraq and Syria where possible.
4. **Continue and scale-up efforts to keep children’s pasts confidential** which contributes to their ability to smoothly integrate and recover from their experience.
5. **Social workers should be engaged from the very beginning**—even at the transit site—so that they can provide continuity in case-management and serve as the primary interlocutor with returnees.
6. **There are opportunities to further coordinate and simplify support between engaged ministries and entities.** This can improve returnee’s reintegration experience, by reducing the number of visitations, and reducing duplication of interviews. Social workers could be further utilized as an intermediary in this regard.
7. **Develop an approach to support survivors of sexual and gender-based violence** that also protects their identities and confidentiality at the community level.
8. **Invest further in strengthening mental health and psychosocial support and referral mechanisms** at the sub-national level and securing technical expertise in specialized areas related to this caseload.
9. **Continue to invest in social workers as the primary interlocutor with returning families.** Streamline communication through these social workers and ensure they are provided resources and training to connect families to relevant services and opportunities at the local level.
10. **Further develop referral systems for specialized medical, mental health, and psychosocial support needs.** This should be linked with case management and follow-up efforts specifically for children with psychological and recovery needs.

11. Put resources in place to **support families providing foster or adoptive care** to returning children over the medium-term. This may include coaching, moral and community support, as well as provision of material and financial resources.
1. **Continue the current approach to supporting and rehabilitating adolescents** in a family-based setting (avoiding a facilities-based approach) and be prepared to scale-up and expand the provision of community and family support for future returns. UNICEF and partners **should expand its individualized recovery support**, relying on community and family structures.
12. Periodically **review school placements and levels and update supplementary education support** to returning children. Sustaining educational support in the medium-term will be critical to children's reintegration.
13. **The UN including UNICEF should better link its existing programmes in health and education** to the returning families, ensuring they are incorporated into such activities whenever possible.
14. **Targeted support to mothers in the form of job-training, parenting skills, and mental health/ psychosocial support** is critical to their ability to care for their families.
15. As returns scale-up and include adult males who may face criminal charges and detention, the government should review existing options for **following best practices in relation to family contact and visitation**.
16. **UNICEF should share updates on children's progress with mothers in detention** in Iraq so that they are informed about their children's wellbeing.¹¹

Note on the Government of Uzbekistan and UNICEF Collaboration on Repatriation and Reintegration:

While repatriation and reintegration work has been led by the government, UNICEF has worked closely with the authorities throughout the process. This has included close work with social workers, as well as repeated and regular access to returnees themselves (in keeping with child protection principles that would

protect their privacy). This close and regular engagement with professionals leading the reintegration work, as well as with the affected population itself, has informed and shaped the agency's understanding of the approach as outlined in this document.

¹¹ All names in this report have been changed to protect the identity of returnees.

Appendix A:

Through the lens of a returnee: Nozima and her 4 children return from Syria to Tashkent:

In early 2012, twenty-six year old Nozima, her husband, and their two children (6 year old Farkhod and 10 month old Shaira) crossed the Turkish border into Northern Syria, where her husband told her he was going to work as a car mechanic in the area controlled by the Islamic State. Her mother and father-in-law travelled with them. The family had lived in Russia and then Turkey but had been unable to find stable employment.

After crossing the Syrian border and being driven to Raqqa, Nozima and her family were given a nice apartment to live in. Her husband was taken to a training camp, and she remained with their children in Raqqa. During this time, the conflict was centered in Mosul, so Nozima describes her time in Raqqa as fairly peaceful during these early days. Her third child, a daughter, was born in Raqqa and her husband returned to live with them—choosing against a combat role and opting to work as a driver and mechanic instead.

“To save our children we dug trenches to protect them from bullets. I was very afraid, but I could not show this to my children. I had to be strong and told them they would be okay. That’s how I survived.”

Nozima

But before too long, the conflict shifted to Raqqa and the city came under intense air-strikes. As the bombing intensified, the family began to move repeatedly. “We moved to 30 different flats to escape the bombing” Nozima recalls. Eventually, we crossed the river to Mayadin when my youngest daughter was 9 months. Nozima gave birth to a boy there, and soon after the family fled Mayadin for smaller villages in Deir ez Zor. As the geographic territory held by the “Islamic State” shrunk, the family kept moving, eventually arriving in a small settlement, Al-Susah, near Baghuz. “It was cold and there was no food. We had nothing to eat and nothing to wear. We were left alone. To save our children we dug trenches to protect them from bullets. I was very afraid, but I could not show this to my children. I had to be strong and told them they would be okay. That is how I survived,” she recalls.

As the fighting continued, Nozima got word that her husband had been killed by an air-strike. Her father-in-law was killed in crossfire in the final days of the battle for Baghuz. After almost five years in Syria, Nozima and her

four children were alone and afraid, hiding in ditches and tunnels to escape the crossfire as ground-forces closed in on their enclave.

Nozima had almost lost hope but knew she could not give up. She summoned every last bit of courage in order to save her children. “One morning I woke up and I saw the Kurdish militants surrounding us. I was afraid of them. I feared they would take us away and we would be sold as slaves” Nozima explained. But the forces announced civilian evacuation protocols from loudspeakers, telling individuals who wanted to leave that they would be allowed to do so. Rules for the evacuation were broadcast and they were told they would not be harmed. Dozens of busses were waiting to take those who wanted leave. “The decision to leave was voluntary, but we were warned that if we did not go, they would be unable to evacuate us, and the fighting would start again.” Nozima explained. “A lot of women stayed and wanted to die there. But I was one of the first people on the bus.”

“After a two-day drive through the desert, we arrived in Hassakeh. We saw humanitarian agencies. There was a camp. We were starving,” she recalls. Nozima and her children registered and were moved into the foreign annex of the camp—an area reserved for non-Syrian or Iraqi nationals. They were given some food and basic health screening and stayed in that part of the camp for four months.

Soon, Nozima and her fellow Uzbeks were informed that if they wished to return to Uzbekistan, they should make themselves known to the authorities. Six Uzbek officials came to the camp and offered to take those home who wanted to go. Nozima wanted nothing more than to return, and immediately registered herself and her children. Two weeks later, the Uzbek officials returned with travel papers, loaded them on busses and told them they were going home. On May 30, 2019, after a 6-hour bus ride, a cargo-plane transfer to Damascus, and a 4-hour chartered flight to Tashkent, 33 year old Nozima and her four children (aged 11, 5, 4, and 3) were back in Uzbekistan.

“Uzbekistan greeted us warmly, as if we were just born” Nozima described. “Officials accommodated us in the sanatorium and provided us excellent care and support.” They received clothes, health-checks, and a cash grant to allow them to meet basic needs. The family stayed with her sister-in-law for two nights, but the tight quarters made it impossible to stay there longer-term. So, she and her children were moved to a private apartment in a new area. “I made the goal that when I went back to my home

country, I will forget about everything and change my life completely. I experienced so many horrible things I just wanted to change my life” Nozima explained.

“I want my children to study and become a full-fledged member of society. I want them to contribute and become literate professionals. I want to create the ground for them to benefit. I’m starting my life from scratch.”

Nozima

Before traveling to Syria, she had trained as a medical assistant. But returning almost 11 years after her training, Nozima decided to take classes that would restore her diploma. On January 1st, 2020, Nozima graduated again—only six months after returning from Syria. She

has found work and continues to develop her skills with classes in medical massage. Child-care for her three-year old remains a challenge, but her other children are in kindergarten. Her 11-year old has struggled the most with the transition. He has significant education gaps. When they first arrived, he received a month of specialized tutoring, and has now moved to a third-grade level. He received support from a school psychologist and is adjusting better and better to life in Uzbekistan. His grades are excellent, and he is expected to advance quickly and eventually catch-up with his peers.

“All of my children are happy to be back in Uzbekistan” Nozima said, “my daughters had never seen a park or experienced a public holiday. But the most important thing is that we live in peace. We were very depressed from hearing bullets and bombs. We could not sleep at night. But life is returning to normal. I want my children to study and become a full-fledged member of society. I want them to contribute and become literate professionals. I want to create the ground for them to benefit. I’m starting my life from scratch.”

Appendix B:

Government of Uzbekistan Action Plan for Children and Women Returning from Armed Conflict Zones into their Communities

Objective: To reduce the risks in the rehabilitation process and in providing quality assistance to families, repatriated from armed conflict zones. The following activities are planned for implementation in the course of one year to ensure re-integration of women and children into their families and communities.

	Actions by the Government of the Republic of Uzbekistan	Support provided by UNICEF in the reintegration process	Timeframe	Responsible agencies
Provision of comprehensive psycho-social services aimed to enhance social adaptation and rehabilitation of families				
1.	Assign respective state representatives at the republican, regional, district/ city levels to ensure the better coordinated work of agencies with families and children		June 2019	The Cabinet of Ministers of the Republic of Uzbekistan, Women's Committee of Uzbekistan, Family Center, the Council of Ministers of the Republic of Karakalpakstan
2.	Enhance existing Family Support Centers at the district level to provide assistance to families (social workers and psychologists). Approve additional functional duties of employees, distribution of workload (number of cases) to carry out the follow-up with the families. These centers should provide qualified services for the most vulnerable families at the place of their residence.	Support development of legal framework, regulatory documents and training of specialists.	July 2019	Cabinet of Ministers of the Republic of Uzbekistan, Council of Ministers of the Republic of Karakalpakstan, Regional Authorities, Women's Committee of Uzbekistan, Family Center, Republican center for social adaptation of children
3.	Approve the case management tools that have been developed as mandatory for all professionals working with children.	Assist in drafting, translation and replication of case management tools and forms for keeping records when working with families.	July 2019	Cabinet of Ministers of the Republic of Uzbekistan, Women's Committee of Uzbekistan, Family Center, Republican center for social adaptation of children

	Actions by the Government of the Republic of Uzbekistan	Support provided by UNICEF in the reintegration process	Timeframe	Responsible agencies
Provision of comprehensive psycho-social services aimed to enhance social adaptation and rehabilitation of families				
4.	Train the staff of the family support centers on the basic skills of social work with children and families.	Train social service workforce to work with families, taking into account the special characteristics of the target group. Provide training on methods of assessment and working with families, implementation of the family support plans and monitoring.	July – September 2019	Regional Authorities, Women’s Committee of Uzbekistan, Family Center, Republican center for social adaptation of children
5.	Conduct in-depth needs assessment of all families. Based on the assessment carried out by social workers, draw up a plan to assist families, including in getting housing, employment, vocational training, etc.	Train social workers to conduct in-depth family assessments and develop the family support plans.	August – November 2019	Regional Authorities, Women’s Committee of Uzbekistan, Family Center, Republican center for social adaptation of children
6.	Adopt mandatory community-based programmes (in schools, family centers, etc.) and ensure the continued access to these programmes by the families, children and adolescents.	Provide technical assistance in the development of the programmes on parental skills, life skills, organization of support groups for parents and adolescents, etc.	September 2019 – March 2020.	The Women’s Committee of Uzbekistan, the Centre of oil, the Ministry of national education and the Republican center of psycho-diagnostics and career counseling (at the MPE), Republican center for social adaptation of children, SOS Children’s villages of Uzbekistan
7.	Provide one-time financial assistance to families. Since not all adults can immediately earn an income, they may require minimal financial support with which they can provide accommodation to their children, provide basic needs, and access support of different organizations.		June-July 2019	Cabinet of Ministers of the Republic of Uzbekistan, Council of Ministers of the Republic of Karakalpakstan, Women’s Committee of Uzbekistan, Family Center.
8.	Provide short-term placement at the Transit Centre of the Ministry of Interior for unaccompanied children, repatriated from Iraq and ensure assessment of their situation and long-term care plans.	Develop capacity of staff in conducting assessment of the situation of children and development of care plans	July – September 2019	Ministry of Interior, RCSAC

	Actions by the Government of the Republic of Uzbekistan	Support provided by UNICEF in the reintegration process	Timeframe	Responsible agencies
Health and care				
9.	Create special rooms ("social polyclinics") in line with the family polyclinics for counseling adolescents (12-17 years), including anonymous counseling on health issues.			
10.	Carry out initial medical examination; and in cases that require emergency medical care and assistance, provide necessary medical services upon arrival in Uzbekistan.		June – July 2019	The Cabinet of Ministers of the RU, Ministry of Health
11.	Ensure access to health services at the place of residence (the need for these services can be coordinated by a social worker working with the family).	Conduct guidance to patronage nurses and doctors of family polyclinics on the special needs of affected women and children.	After identifying this need during social workers working with the family.	Family Support Services, branches of the Ministry of Health on the ground
Education and early development of children				
12.	Organize extra-curricular classes for children of school age during school holidays to prepare them for the next school year. The purpose is to bring these children at the same level as the school programme.	Provide technical assistance in the development of programmes and training of teachers to deal with children lagging behind (Bridge Programme etc.).	July – August 2019	Ministry of Public Education
13.	Develop an individual education plan for children lagging behind the school curriculum. Employees of the education system shall, when placing a child to the class according to his/her age, assign a school assistant for each child.	Train school teachers to draw up individual educational plans for children of different ages (Bridge Programme etc.).	July – November 2019	Ministry of Public Education
14.	Organize additional care and attention to early development of pre-school and primary school age children.	Provide teachers with play sets for early childhood development to work with children (ECD Kits).	July 2019	Ministry of Pre-School and Ministry of Public Education

	Actions by the Government of the Republic of Uzbekistan	Support provided by UNICEF in the reintegration process	Timeframe	Responsible agencies
Support with the legal issues and documents				
15.	Assist families in obtaining the necessary identity cards and other documents (birth certificates, passports, registration, etc.)		June 2019 and beyond, as the needs of families are identified.	Ministry of Justice and relevant authorities in the residence place (for instance, Trusteeship and Guardianship bodies)
16.	Ensure legal aid support to families in need during justice process (social workers of the family support service and lawyers).		During regular work with families and follow up.	Regional Authorities, Women's Committee, Family Centre, Republican center for social adaptation of children.
Provision of housing and income (including allowances)				
17.	Develop a mechanism for providing temporary financial support to family members who have returned from the conflict zones.	Provide support in development of a model as per international experiences.	September 2019	The Cabinet of Ministers of the RU, Ministry of Finance, Regional Authorities, Ministry of Labor, Women's Committee, Family Centre
18.	Ensure housing for repatriated families/women (to be identified during family assessment, carried out by social workers, see Point 5 of the plan) and provide assistance to families to receive these entitlements.		August – November 2019	The Cabinet of Ministers of the RU, Council of Ministers of Karakalpakstan, Regional authorities, Women's Committee, Family Centre
Monitoring of the quality of psycho-social support services				
19.	Conduct regular monitoring of the well-being of children and the effectiveness of the process of reintegration of families.	Support to draft indicators, methodology for data collection and data analysis.	Every month from June to December 2019, and then every quarter of a year.	The Cabinet of Ministers of the RU, Women's Committee, Family Centre

Signed by all Ministries and approved by Mr. Abdulkhakov,
Deputy Prime Minister of Uzbekistan on 07th June 2019
