

# MULTI-SECTORAL NEEDS ASSESSMENT

OF SYRIAN REFUGEES IN TURKEY

FEBRUARY 2019





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## ACRONYMS

<b>DDD</b>	Dunya Doktorlari Dernegi
<b>FGD</b>	Focus-Group Discussion
<b>FSL</b>	Food Security and Livelihoods
<b>GBV</b>	Gender Based Violence
<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>NFI</b>	Non-Food Items
<b>PTR</b>	Physiotherapy and Rehabilitation
<b>WASH</b>	Water, Sanitation and Hygiene
<b>UOSSM</b>	Union of Medical Care and Relief Organizations

## DISCLAIMER

“This document covers humanitarian aid activities implemented with the financial assistance of the European Union. The views expressed herein should not be taken, in any way, to reflect the official opinion of the European Union, and the European Commission is not responsible for any use that may be made of the information it contains.”



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# SUMMARY

The assessment aimed at understanding Syrian refugees' main needs and priorities as well as challenges faced by refugee households in terms of food security and livelihoods, shelter and NFI, health, protection and education. It relied on both qualitative and quantitative data. In total, 853 respondents were surveyed and 93 participants across nine focus-group discussions were interviewed.



*Most of Syrian refugees live in poverty and many rely on external support for survival. Legal and socio economic constraints impede their ability to find work opportunities, and often confine them to low-wage jobs in the informal sector which severely affects their ability to provide for their basic needs and adversely impacts their food security.*



*Living conditions for refugees are dire and, discrimination, high rent and lack of civil documentation were ranked as the main barriers to finding adequate and safe housing. Depleted financial resources and obstacles in accessing a regular income also impact households' ability to purchase essential non-food items such as bedding units, clothes or kitchen sets.*



*With 1 in 5 refugee household lacking access to clean drinking water and 1 in 3 unable to access essential hygiene items, poor WASH conditions have a harmful impact on refugees' health. WASH conditions tend to be worst in rural settings where more than half of the refugees face constraints in accessing WASH facilities and hygiene items.*



*The Syrian conflict has had a critical impact on refugees' physical and mental health leaving those interviewed with significant physiotherapy and psychosocial needs. Yet, one 1 in 3 lacks access to primary healthcare services. Main obstacles include lack of civil documentation, absence of accessible and affordable services as well as language barriers.*



*Protection issues, and in particular challenges surrounding the obtention of civil documentation were a recurrent theme amongst assessed refugees. Difficulties in acquiring kimlik cards (national identity card) and work permits have had serious effects on refugees' ability to find work opportunities and, subsequently on their living conditions. Children, specifically, are highly vulnerable to protection risks with respondents reporting high prevalence of child labour in their community.*



*Around 17% of refugee households with school-age children are unable to send their children to school, mostly due to civil documentation issues, language barriers or poverty compelling children and youth to contribute to their household's income.*

# CONTEXT

Since the conflict started in 2011, an estimated 5.5 million people have fled Syria and sought refuge in neighbouring countries<sup>1</sup>. Today, about 3.6 million Syrians – out of which half are children, live in Turkey; and while most wish to return to Syria at some point, forecasts do not expect large return waves in the near future<sup>2</sup>.

Over 90% of the Syrian refugee population lives amongst host communities, mainly in Istanbul city and in Sanliurfa, Hatay, Gaziantep, Mersin and Izmir provinces<sup>3</sup>. While both international organisations and the Turkish government offer multi-sectoral assistance to refugees across the country, multiple studies have shown that refugees face difficulties accessing humanitarian support and public services<sup>4</sup>.

Living conditions are dire for most Syrian refugees who remain highly vulnerable and often live under the poverty line<sup>5</sup>. Access to adequate housing, education services and employment opportunities have been repeatedly reported by refugee households as key priorities<sup>6</sup>. Yet, legal challenges, such as lengthy process to obtain work permits, risk of exploitation and discrimination, difficulties to get professional certifications recognised, as well as language barriers, impede refugees' ability to secure a regular income, resulting in high unemployment rates amongst the Syrian population, particularly women<sup>7</sup>.

Lack of job opportunities – as a result, deeply affects refugees' ability to secure their food needs as well as to obtain suitable housing. It is common for refugee families to live in sub-standard accommodations with poor water, sanitation and hygiene (WASH) conditions, especially in metropolis such as Istanbul<sup>8</sup>. In terms of food security, studies have reported consistent poor dietary diversity amongst the refugee population and 24% of under 5 children suffer from chronic under-nutrition<sup>9</sup>.

Up to 400,000 Syrian children are estimated to be out of school due to language barriers and socio-economic constraints. Challenges in accessing livelihood opportunities and meeting their basic needs have forced many households to resort to harmful coping strategies such as child labour and early marriage, furthering children's vulnerability to protection risks such as isolation, discrimination and exploitation<sup>10</sup>. In terms of healthcare, the Turkish government has taken major steps attempting to address refugees' healthcare needs.

Those registered under the Temporary Protection status can access a range of public services, including education and health services free of charge. A number of Migrant Health Centres, managed by local authorities, have also been created throughout the country to specifically respond to refugees' health needs and offer primary and secondary health services, translators and access to social services<sup>11</sup>.

In practice, though, large gaps remain. The Syrian conflict brought over 3.6 million of unplanned health services users which has put a huge strain on current infrastructures<sup>12</sup>. Despite great effort by the Turkish government to accommodate for their health needs, many refugees face numerous challenges accessing healthcare services, including high cost (for transportation or medicines, for instance) and language barriers. A large number of refugees also lack registration, further deterring access to essential health services.

Yet, health needs are considerable amongst the Syrian refugee population who suffers from the lasting effects of the conflict. Trauma of the war compounded by the subsequent displacement(s) and poor living conditions have increased Syrian refugees' vulnerability to health risks. Many suffer from chronic diseases, physical injuries and/or impairments as well as from mental health and psychosocial issues.

Maternal and child healthcare needs, in particular, are extremely high. Children represent about half of the refugees, and an estimated 25% of the Syrian population are women of reproductive age<sup>13</sup>. Restricted access to affordable healthcare for these specific groups raises significant issues not only for refugees' health (e.g. higher risk of maternal and new-born morbidity and mortality) but also in terms of public health (e.g. risk of spread of communicable diseases as less children are immunized).

This assessment was conducted in early 2019 with the aim to inform Dunya Doktorlari Dernegi (DDD) on Syrian refugees' most pressing needs. Cutting across the health, food security and livelihoods (FSL), education and protection sectors, findings will support the development of DDD's future programmes and activities. This multi-sectoral assessment report will also be shared with relevant external stakeholders and coordination mechanism to inform and support future interventions.

<sup>1</sup> FAO, 2018.

<sup>2</sup> UNICEF (a), 2018.; FAO, 2018.; 3RP, 2018; UNHCR, 2018.

<sup>3</sup> FAO, 2018.; ECHO, 2018.; IOM, 2018.

<sup>4</sup> FAO, 2018.; Ground Truth Solutions, 2017.; ODI, 2017.

<sup>5</sup> FAO, 2018.; UNICEF (a), 2018.; UNICEF (b), 2018.

<sup>6</sup> Ground Truth Solutions, 2017.

<sup>7</sup> FAO, 2018.; UNICEF (a), 2018.; ODI, 2017.

<sup>8</sup> Ground Truth Solutions, 2017.

<sup>9</sup> FAO, 2018.

<sup>10</sup> UNICEF (a), 2018.; FAO, 2018.; 3RP, 2018.

<sup>11</sup> MiReKoc, 2018.

<sup>12</sup> IFRC, 2019.

<sup>13</sup> 3RP- Turkey, 2019.





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DDD is providing primary health care services to seasonal workers in Torbalı.

Photo credit; Jean-Damien Yvet



# ASSESSMENT METHODOLOGY

The assessment aimed at understanding Syrian refugees' main needs and priorities as well as challenges faced by refugee households in terms of food security and livelihoods, shelter and NFI, health, protection and education.

## Data Source and Tools

The assessment relies on primary data collected through quantitative surveys and qualitative focus-group discussions (FGDs). Secondary data sources, such as external reports were also used for triangulation.

The quantitative survey was adapted from the 'Multi-Cluster/Sector Initial Rapid Assessment' developed by IASC. Questions pertained to multiple sectors, namely: i) food security and livelihoods (FSL), ii) health including physiotherapy, mental health and psychosocial support (MHPSS) and nutrition, iii) shelter, iv) non-food items (NFI), v) water, sanitation and hygiene (WASH), vi) protection and vii) education. It is of note that some questions (i.e. those on food security, access to emergency health services and registration status) were only asked to specific vulnerable groups, namely seasonal workers in rural areas living in unofficial camps areas or unfinished buildings in Manisa and Torbalı districts.

## Locations and Sample Size

The assessment was conducted using a convenience sampling method amongst refugee populations<sup>14</sup> living in:

- *Urban areas: including Izmir Center, Istanbul (Sultangazi and Bağcılar districts), Hatay (Reyhanlı) and Gaziantep.*
- *Rural areas: Izmir (Torbalı district) and Manisa.*

Data collection team targeted randomly chosen patients from various demographics seeking treatment at the MHPSS and physiotherapy and rehabilitation (PTR) centres run by DDD and its partner, UOSSM.

In total, 853 surveys and nine (9) FGDs were conducted across locations.

Sample Size per Location

City	Neighbourhood	Setting	# of Surveys
Istanbul	Sultangazi	Urban	212
	Bağcılar	Urban	125
Izmir	Center	Urban	88
	Torbalı	Rural	83
Manisa	Manisa	Rural	84
Gaziantep	Gaziantep	Urban	78
Hatay	Reyhanlı (PTR Center)	Urban	97
	Reyhanlı (MHPSS Center)	Urban	86
<b>Total</b>			<b>853</b>



<sup>14</sup> Mostly Syrian refugees.



# DATA COLLECTION AND ANALYSIS

The assessment was conducted over a 12-day period between the 24th of January and 8th of February 2019. Surveys were collected face-to-face by a team of male and female enumerators composed of a case management assistant, social worker, translator, health promoter, physiotherapist, psychologist, psychosocial support counsellor and receptionist. Data was collected on phones and tablets via Comm care, an offline mobile software. Surveys were conducted in Arabic and lasted between 15 to 20 minutes. Each respondent was asked to sign a consent form. Data was cleaned on a daily basis

and analysed on Excel.

FGDs were conducted by teams of two enumerators, one in charge of facilitating the discussion and another responsible for note-taking. FGDs with women were conducted with a female data collection team, at the exception of the FGD conducted with female refugees in Manisa where the facilitator was a male staff. Data was collected on paper in Arabic and subsequently translated into English for analysis.

## LIMITATIONS

Several limitations were identified during the assessment and in the dataset:

- *Coding issues meant that not all questions were answered by all respondents. Data was analysed against the number of respondents for each question.*

- *Some questions and answer options were not analysed as it is believed that they may have been misunderstood by respondents. This mostly concerns questions around challenges in accessing services.*

Group activities for children at Bağcılar MHPSS Center



Photo Credit: DDD

# DEMOGRAPHICS

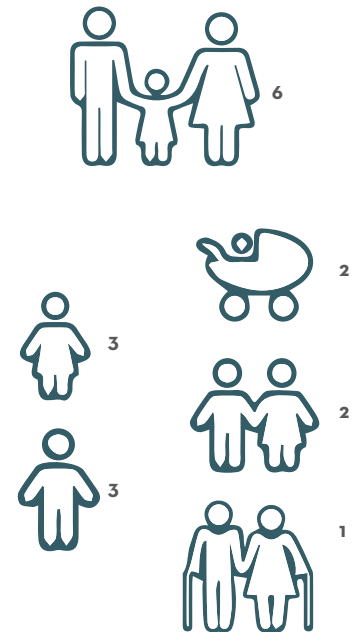
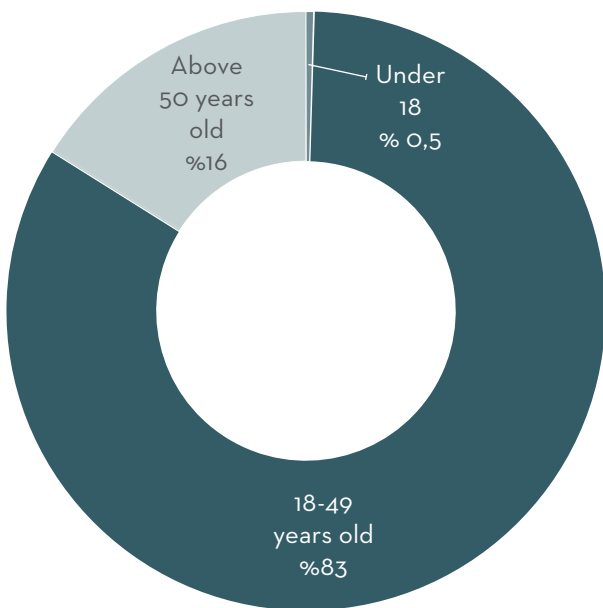
A total of 853 respondents were surveyed across six centres in five provinces (Istanbul, Izmir, Hatay, Manisa, Gaziantep) and 93 took part in FGDs. In urban areas, such as Izmir centre, Istanbul, Hatay, Gaziantep, respondents were interviewed while visiting MHPSS or PTR centres, while those in rural areas in Torbalı and Manisa, were interviewed at their home. Surveys were conducted with an equal mix of men (48%) and women (52%). 46 women (49%) and 47 men (51%) took part in FGDs. The majority of surveyed respondents were married (82%), and only few were single (11%) or widowed (7%). The average age of surveyed respondents is 37, ranging from 16 to 88 years old. Respondents in Manisa tend to have been younger, with an average age of 23.

The average household size is 6 members, composed of three male and three female members, including two children under 5, 2 children between 6-17 years old and one member above 50 years old.

Refugee households tend to be slightly bigger in Istanbul (6.4 members compared to an average of 5.3 members in other locations), with one more elderly member, and to be predominantly male (average of 4 male members). Households in Izmir and Manisa tend to have one less child under 5 compared to other locations, while those in Manisa have also one more child aged 5-17.

On average, surveyed refugee households have been in Turkey for 4 years, with length of exile ranging from 6 months to 8 years. Due to their unstable situation (i.e. most are seasonal workers), a significant proportion of refugees in Torbalı (35%) and Manisa (44%) have been residing in these locations for less than a year.

Survey Respondents' Age



Household Composition





# FOOD SECURITY AND LIVELIHOODS

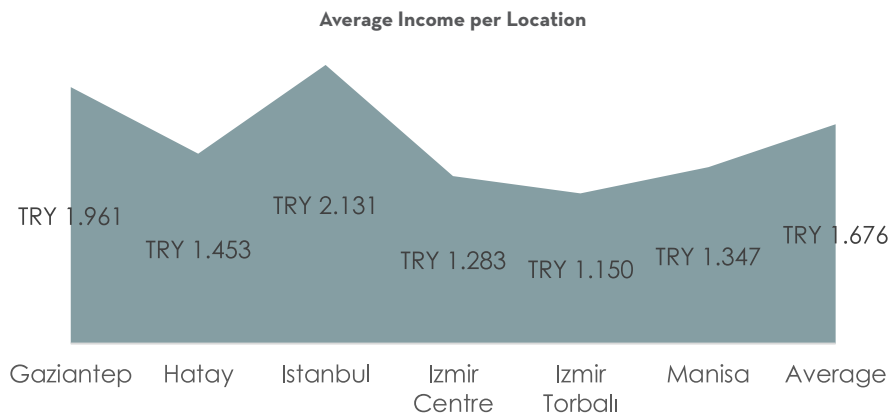
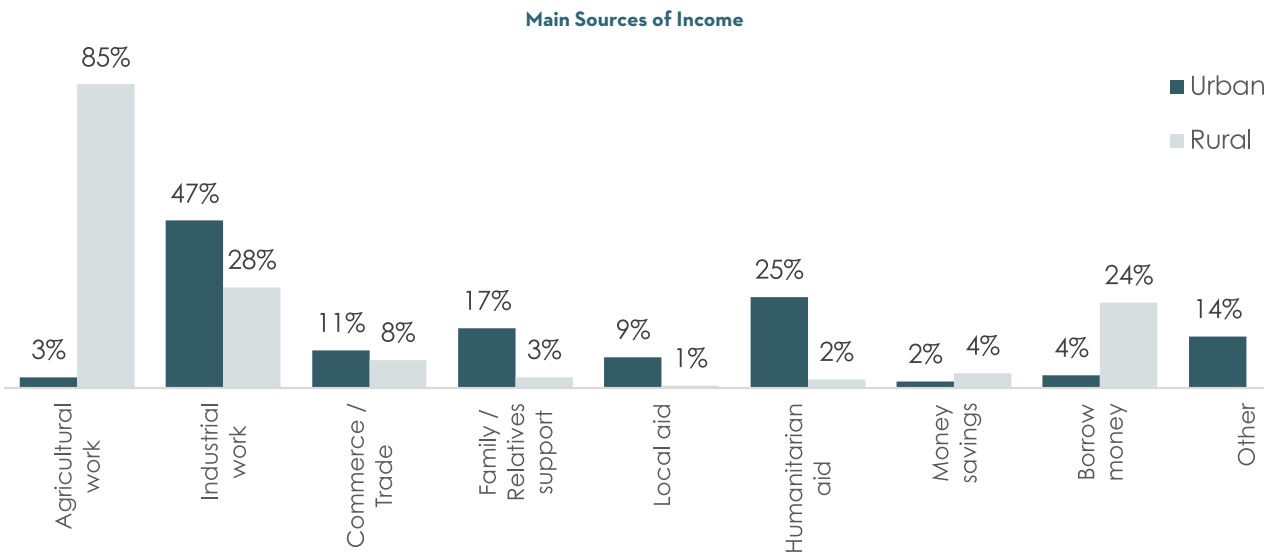
Most of Syrian refugees live in poverty and many rely on external support for survival. Legal and socio-economic constraints impede their ability to find work opportunities, and often confine them to low-wage jobs in the informal sector which severely affects their ability to provide for their basic needs and adversely impacts their food security.

The majority of refugee households depends on informal jobs in the industrial and agricultural sectors. Type of employment opportunities vary according to locations and specialisation. In this regard, those in urban areas such as Istanbul tend to work mainly in the industrial and trade sectors while those in rural settings such as Torbalı and Manisa mostly found seasonal jobs in agriculture.

A significant proportion of refugee households (approximately 42%) remain highly vulnerable and dependent on external support, whether from their local community, social networks or humanitarian

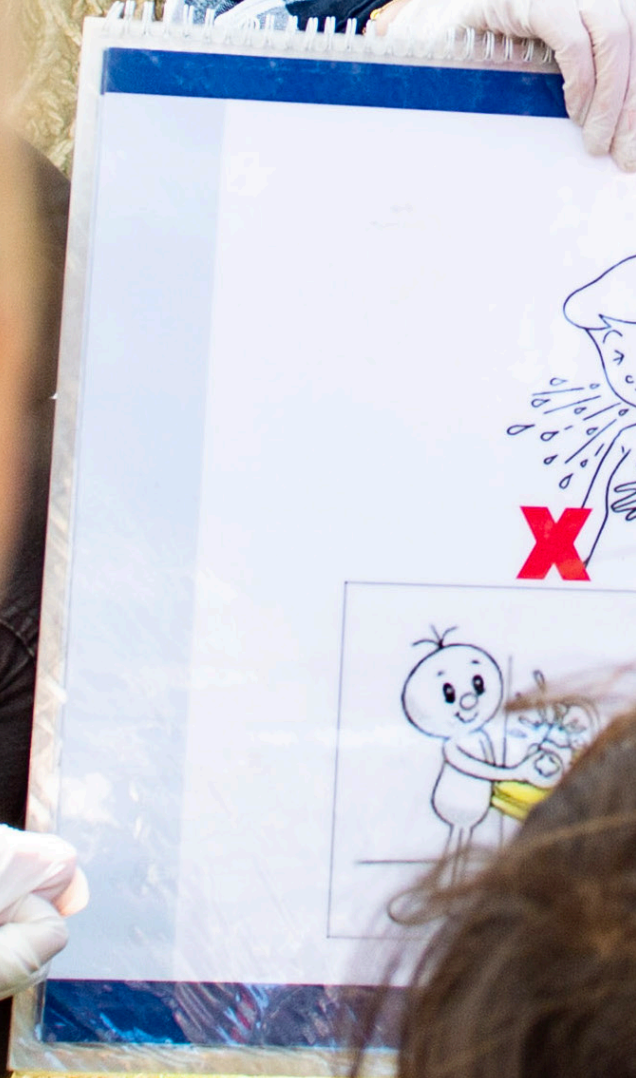
support. Those in Manisa and Torbalı tend to rely less on humanitarian or local assistance, which may be explained by the limited number of NGO and public services available in rural areas.

Most households live in poverty and earn an average 1,676 TRY (277 EUR<sup>15</sup>) per month, or 279 TRY (46 EUR) per capita. Incomes in rural areas tend to be 32% lower than in urban locations (average of 1,242 TRY and 1,830 TRY respectively), which may be explained by the type of employment (i.e. seasonal and informal) available.



<sup>15</sup> <https://www.oanda.com/currency/converter/> - 24th Feb.2019









"In my family, we are 9 but only one is qualified to work. The total income is not enough for our basic living needs. That is why some families are forced to send female members or children to work."

**Male FGD participant - Istanbul, January 2019**





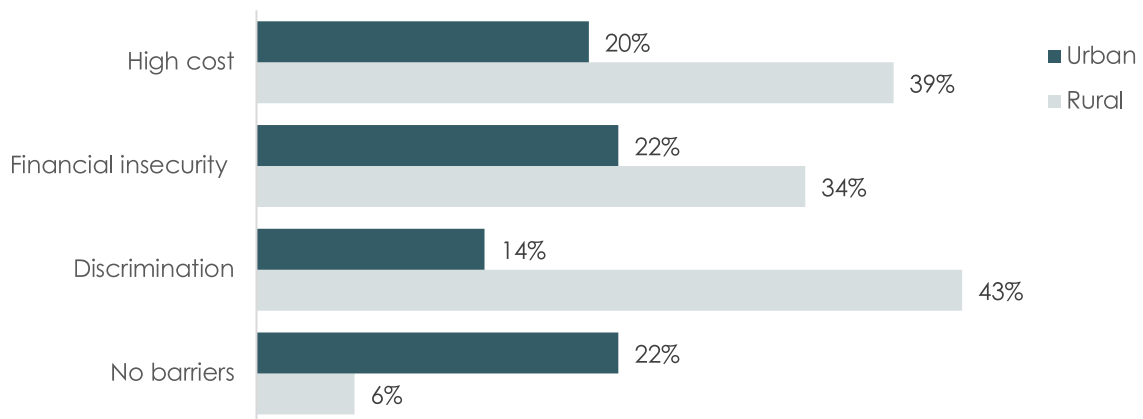
Torbali unofficial camp settings



Refugees face multiple challenges in accessing livelihood opportunities namely; language barriers, lack of recognition of their certification, skills and experience and obstacles such as obtaining work permits<sup>16</sup> as well as discrimination and exploitation leaving them vulnerable

to short-term, low-wage jobs in the informal sector. Perception of these barriers are higher amongst refugees living in rural areas who tend to face more challenges in accessing livelihood opportunities such as discrimination, financial as well as less diverse work opportunities.

**Main Barriers in Accessing Livelihoods**



Difficulties in accessing work opportunities and lack of regular income have a severe impact on refugee households' ability to meet their basic needs, such as food. Corroborating with previous reports on refugees' food security level<sup>17</sup>, assessment findings show that only 46% of refugees in Torbalı and Manisa reported having enough food<sup>18</sup>. Food security level tend to vary from one location to another, with those in Torbalı more likely to be food insecure (62%) than those in Manisa (48%).

Only 3% of those interviewed in Torbalı and Manisa<sup>20</sup> were aware of any food support services, mentioning the ESSN card provided by Kizilay (Turkish Red Crescent), clearly demonstrating a lack of awareness regarding the ESSN programme amongst refugee populations.

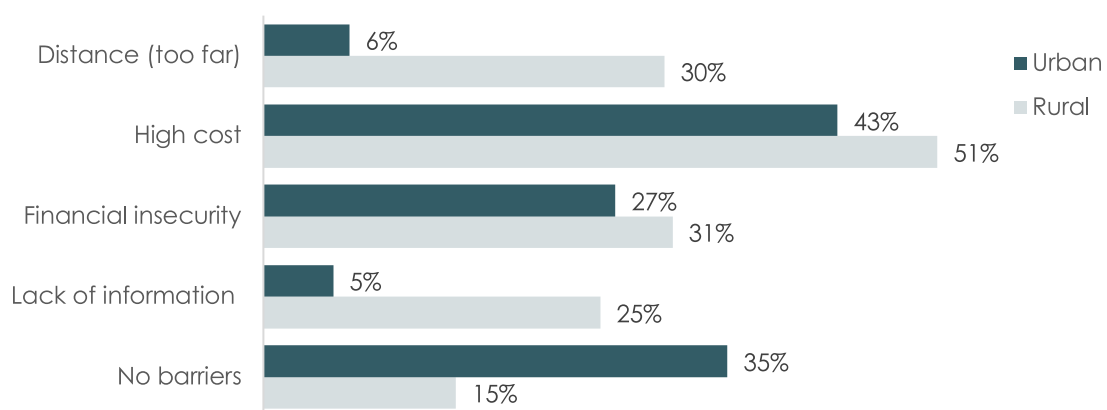
Refugees in both assessed locations, reported having access to local markets and bakeries (61%), and most rely on roadside vendors (73%) and shops (22%), while 5% borrow food. Reliance on markets, combined to low and irregular income, increases refugees' vulnerability to food prices inflation<sup>19</sup>, with high food prices reported as a key barriers to food security.

Barriers to accessing food tend to be similar for urban and rural refugees, although those in Torbalı and Manisa reported farther distance to reach markets and shops as well as lower awareness of food support services than those living in urban areas.



**46%**  
of refugees in rural areas have enough food

**Main Barriers in Accessing Food**



<sup>16</sup> ODI, 2017.

<sup>17</sup> FAO, 2018.

<sup>18</sup> Food security questions were only asked to respondents in Manisa and Torbalı (n=148).

<sup>19</sup> FAO, 2018.

<sup>20</sup> Only 5 respondents were aware of such support, all located in Torbalı while none in Manisa had any knowledge on food assistance.

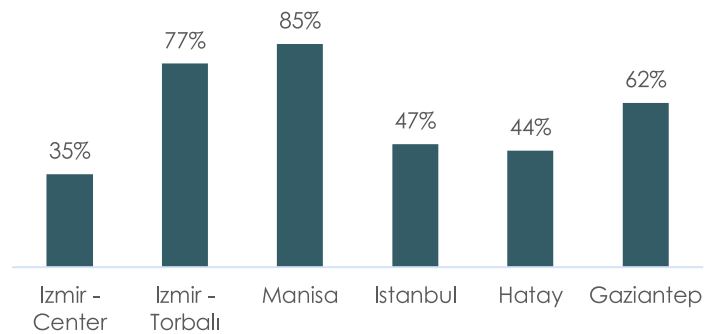
# SHELTER AND NFI

Living conditions for refugees are dire and, discrimination, high rent and lack of civil documentation were ranked as the main barriers to finding adequate and safe housing. Depleted financial resources and obstacles in accessing a regular income also impact households' ability to purchase essential non-food items such as bedding units, clothes or kitchen sets.

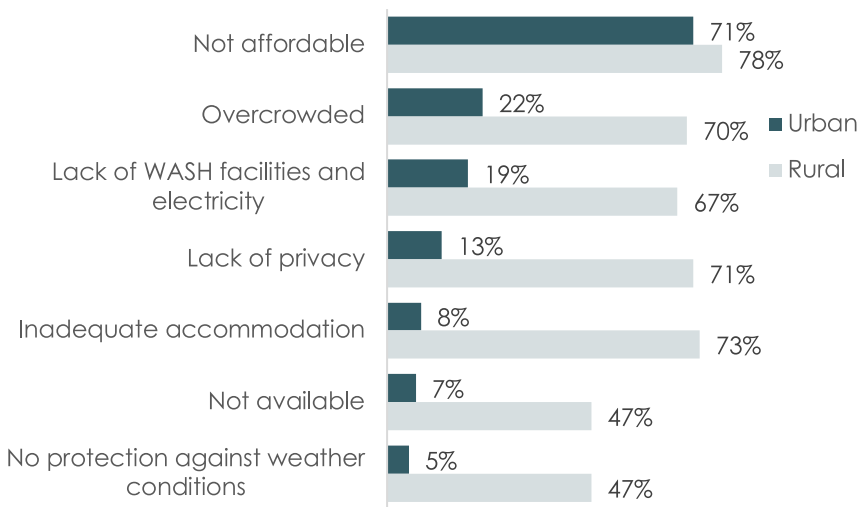
## Shelter

Over half (53%) of surveyed Syrian refugees reported having problems with their housing. Those in rural areas such as Manisa and Torbalı are more likely to live in inadequate accommodation (as reported by 86% of refugees) than those in urban locations (46%). This may be explained by the higher financial instability of residing in these two locations (i.e. mostly seasonal workers). It is of note that a high proportion of refugees in Gaziantep (62%) reported facing shelter issues due to housing being unaffordable.

Refugees with Housing Issues per Location



Shelter Inadequacy Issues



Most dwellings present multiple inadequacy issues such as being overcrowded and hosting more than one household, overall poor living conditions (e.g. mould, lack of heating system, etc.), absence of water and electricity, lack of privacy or protection from weather conditions, in addition to being unaffordable.

“We have to move out from time to time, because of the high rent.”

“Some landlords refuse to rent to us because we are Syrians.”

**Female FGD participants - Istanbul, February 2019**

Torbalı unofficial camp settings



Photo Credit: Jean-Damien Yvet



Access to adequate and safe accommodation has been repeatedly ranked as one of refugees' main priorities. Yet, they often face multiple barriers - such as discrimination, lack of documentation, financial instability and expensive rents, affecting their ability to find appropriate housing. Refugees residing in urban areas such as Izmir (centre), Hatay, Istanbul and Gaziantep reported high rents - and their financial insecurity, as the main constraint in finding suitable housing, while those in rural areas cited a multitude of challenges impeding access to housing, ranging from financial instability, high rent, distance, as well as discrimination. These constrain many refugee households in rural areas to live in informal camps in sub-standard shelter, often in tents or under tarpaulins with limited WASH facilities.

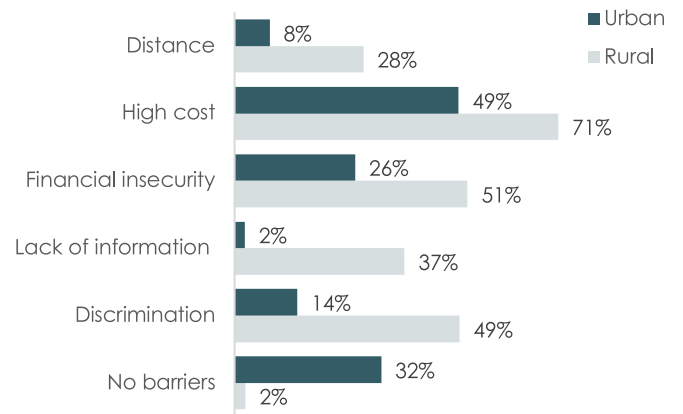
### Non-Food Items

**Non-food items needs remain substantial amongst Syrian refugees, especially for those living in rural areas. Needs range across sectors, from bedding units (blankets, mattresses), clothing, kitchen kits and heating systems (fuel and heaters/stoves).**

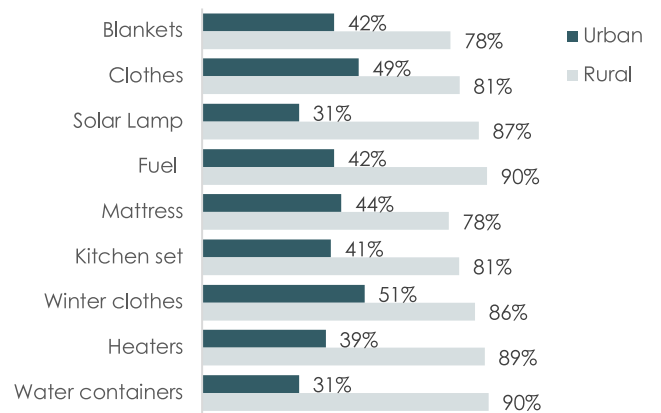
Households' depleted resources and inability to access and afford such items due to their high cost, lack of humanitarian support and distance to local markets were the most cited challenges in terms of accessing NFI. Yet, findings show geographical variations and while poverty cut across locations, refugees in rural areas also tend to face higher physical constraints such as distance to markets selling NFI and/or NFI not being available in their local markets.

Recent inflation in the Turkish economy also had a severe impact on refugee households' ability to afford and access basic items as explained by an FGD participant: "[One of the main problems we face is the] expensive costs of life main needs such as milk, diapers and medicines. Everything got more expensive, while our income remained the same" (Mixed FGD - Izmir, February 2019).

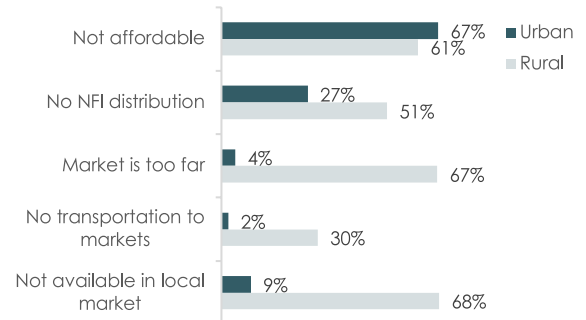
**Main Barriers in Accessing Shelter**



**Percentage of Households with Difficulties Accessing Non-Food Items**



**Main Barriers in Accessing NFI**



# WASH

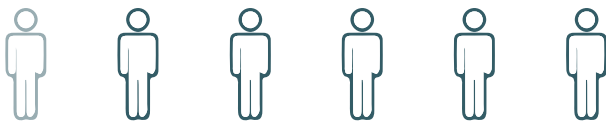
With 1 in 5 refugee household lacking access to clean drinking water and 1 in 3 unable to access essential hygiene items, poor WASH conditions have a harmful impact on refugees' health. WASH conditions tend to be worst in rural settings where more than half of the refugees face constraints in accessing WASH facilities and hygiene items.

Water, sanitation and hygiene conditions are poor amongst the Syrian refugee population<sup>21</sup> and **one in five households (20%) does not have access to clean drinking water**. Access to clean drinking water greatly varies according to locations, and those living in rural areas tend to have less access to clean drinking water (47% do not have access) compared to those in urban settings (13%). This may be explained by their living conditions and dwelling types, which mostly consist of unfinished buildings and tents in informal camps.

Most households – across locations, rely on tap water as their main source (56%), followed by water bottles (24%) and deep wells (11%). Water tends to be readily available

to households (i.e. in-house or in same neighbourhood), although 4% reported travelling more than 10 minutes to collect water.

**One in three households (32%) does not have access to essential hygiene items**, thus increasing risks to infections and health problems particularly amongst women and children. Those in urban settings tend to have better access to hygiene items (76%) than those living in rural areas (35%).



1 in 5 do not have access to CLEAN DRINKING WATER



1 in 3 do not have access to HYGIENE ITEMS



### Urban

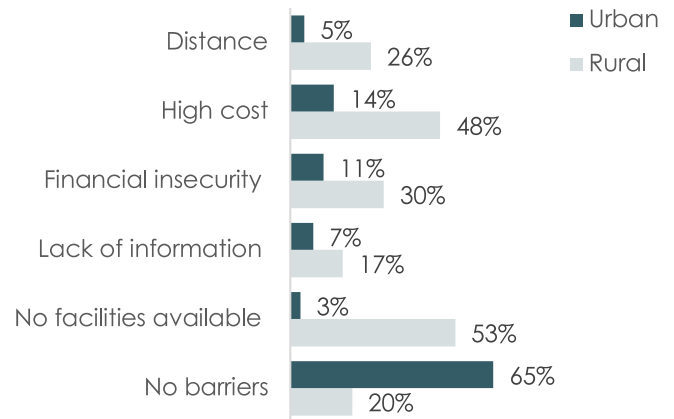
13% do not have access to clean drinking water  
24% do not have access to hygiene items



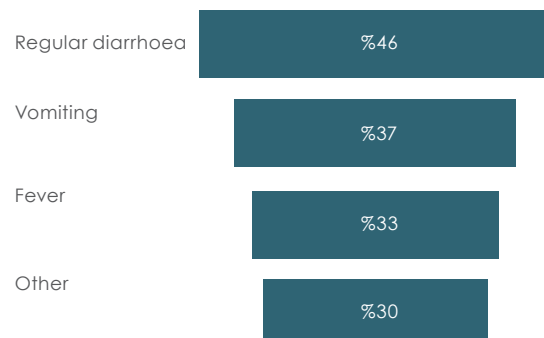
### Rural

47% do not have access to clean drinking water  
65% do not have access to hygiene items

### Main Barriers in Accessing WASH Facilities



### Most Common Water-borne Diseases



<sup>21</sup> Ground Truth Solutions, 2017.



Cost, financial instability, and inexistence of facilities were the most reported barriers to having suitable and safe WASH conditions. A higher proportion of refugees in urban settings reported facing minimal barriers to accessing adequate WASH facilities (65%) compared to those in rural areas who tend to face higher cost and financial constraints, lack of information and farther distance to WASH facilities.

Poor WASH conditions, and in particular challenges in accessing clean and safe drinking water, has an harmful impact on refugee households' health with 27% reporting having fallen sick after drinking water. Figures tend to be higher in Torbali (59%), Manisa (39%) and Hatay (32%). Water-borne diseases reported by households range from diarrhoea, vomiting, and fever, to other illnesses such as UTI, kidney issue and stomach-ache.

Refugee households also complained of poor sanitation conditions at the community level. Issues range from the presence of garbage in streets (especially in Gaziantep and Istanbul), presence of rodents and pests (Torbali), flooding (Manisa, Torbali, Izmir Centre, Gaziantep and Hatay), open sewage (Hatay and Manisa) and open defecation (mostly in Izmir Centre).

“We need [sanitary] pads. We have to cut old clothes to use them as pads.”  
**Female FGD participant**  
**Izmir, February 2019**

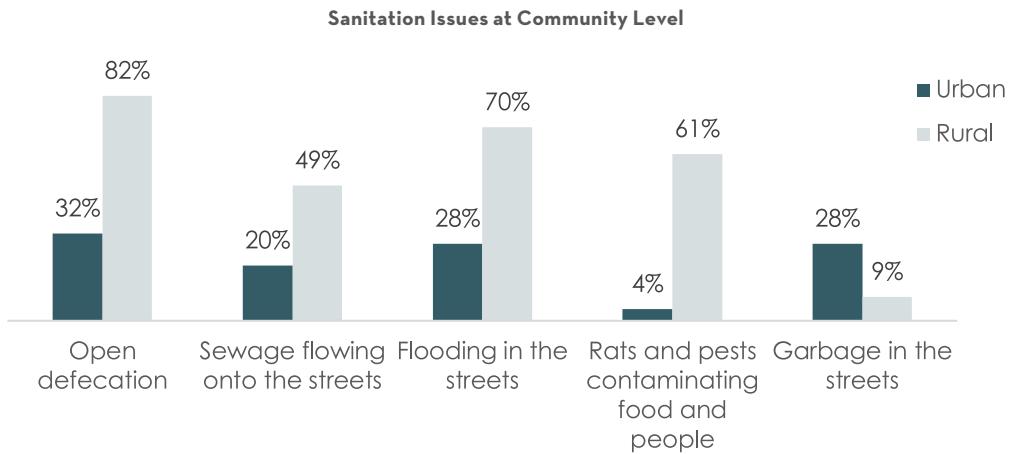


Photo credit: Jean-Damien Yvet

# HEALTH

The Syrian conflict has had a critical impact on refugees' physical and mental health leaving those interviewed with significant physiotherapy and psychosocial needs. Yet, 1 in 3 lacks access to primary healthcare services. Main obstacles include lack of civil documentation, absence of accessible and affordable services as well as language barriers.

## General Health

About 1 in 3 Syrian refugee household (30%) interviewed reported they cannot access healthcare services, despite a significant proportion having at least one household member with special needs (24%) or suffering from chronic illnesses (40%) such as diabetes or hypertension<sup>22</sup>. In addition, 18% of the surveyed households have at least one pregnant woman, out of which around 1 in 4 (23%) does not have access to any healthcare services during their pregnancy and 19% only have partial access to healthcare. Pregnant women in rural areas are less likely to access maternal healthcare (48% have no or partial access) compared to those in urban areas (39%).



About 1 in 3 reported they cannot access healthcare services



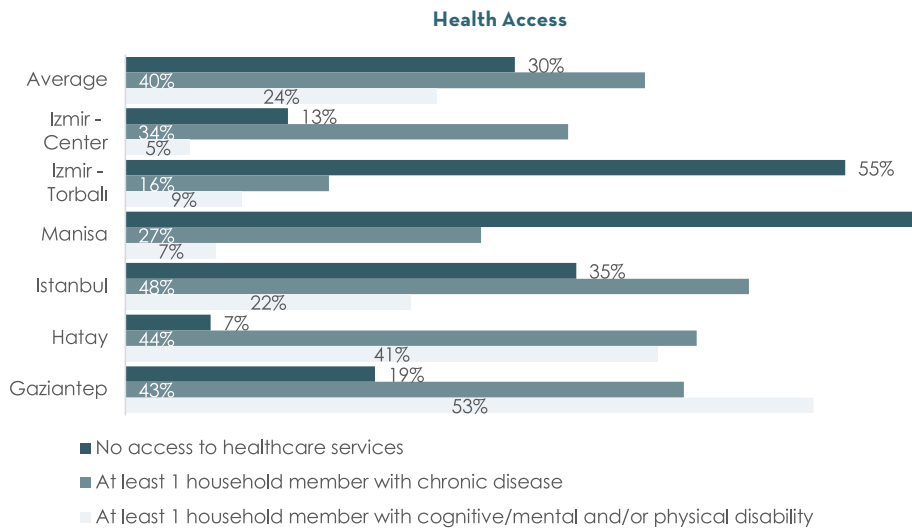
Urban

23% do not have access to health services



Rural

58% do not have access to health services



## Special Needs

% of households with at least one household member who has:

- Physical disability (16%)
- Cognitive/mental disability (5%)
- Both physical and cognitive/mental disability (2%)

“We are a ‘little nomad community’. Our identity cards are registered in another city that is why we have troubles accessing healthcare services. We can only enter the emergency services, and most of the time we do not receive a durable treatment.”

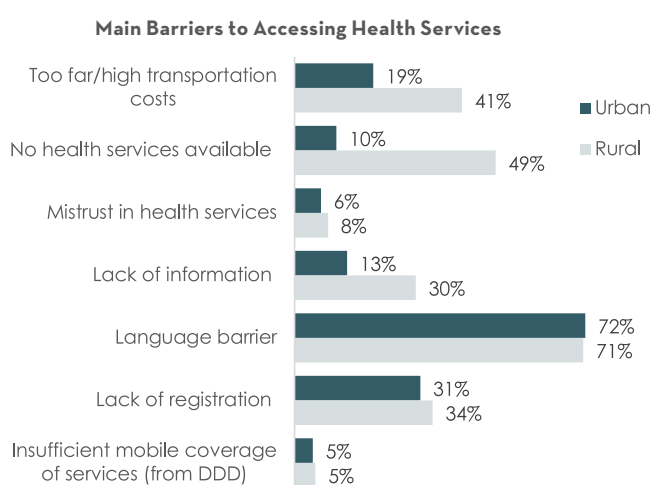
**Female FGD participant - Izmir, February 2019**

<sup>22</sup> Although these numbers should be read with caution, as surveys targeted patients in health facilities including in two PTR centres. Percentage of refugee households with members suffering from chronic illnesses or with special needs may therefore be lower amongst the general Syrian refugee population.



Barriers to healthcare services are manifold and include:

- Language barriers (as reported by 71% of respondents across locations), due to the lack of Arabic translators in public health facilities.
- Legal status issues (32%), such as being registered in another city or not registered at all,
- Distance to the nearest health facilities and transport costs (28%),
- Lack of services coverage (30%), either due to insufficient mobile services or inexistent facilities, especially in rural areas, and,
- Lack of information on services available (19%).



“A lot of people [in our community] need healthcare services but are registered in other cities or not registered at all. One of our friends has cancer and he needs ID documentation to receive treatment and support to buy medicines.”

**Male FGD participant - Torbalı, January 2019**

“One of my neighbours has a daughter who suffers from total disability. The mother has applied to many support centres to receive assistance for her daughter but the only support she has received was a two-month salary from the Red Crescent. The mother has tried to renew the medical report to resume financial support from the Red Crescent.”

**Female FGD participant - Istanbul, February 2019**

These barriers particularly negatively impact women and children, who as a result, are at a higher risk of health complications. Women, for instance, have reported difficulties accessing reproductive health services such as gynaecologists and female FGD participants mentioned pressure from their husbands regarding family planning issues and lack of access to birth control methods. Some asked for family planning awareness sessions on this topic.

Costs were also stated by both surveyed households and FGD participants as an important impediment to accessing healthcare services and durable treatment. While Syrian refugees under the Temporary Protection status are granted free health services, in practice, many refugees do not benefit from such legal provision. Displacement is common amongst the Syrian refugee population and many households are registered in provinces and/or cities different from the ones they currently reside in, preventing them to, not only, access free healthcare services and medicines but also to register with institutions providing health support.

“We can’t communicate with doctors and can’t understand what we are suffering from. I stopped going to the hospital, as I can’t understand anything.”

**Female FGD participant - Izmir, February 2019**

## Health Situation amongst Syrian Refugees in Torbalı and Manisa

Syrian refugees in Manisa and Torbalı tend to have less access to healthcare than those in other assessed locations, with **61% and 55%** - respectively, reporting **having no access to healthcare**. Yet, 46% have also stated falling sick in the last three months. Out of them, only 69% received healthcare assistance, mostly from emergency services (70%) followed by DDD mobile units (17%) and migrant health centres (13%).

**Only 57% of the surveyed refugees knew healthcare services they could access in case of emergency.** Most have to rent a car (53%) to access daily health services, due to the distance of health facilities from their residence, a costing expense for refugees who often can only find low-wage jobs. Other respondents reported accessing health services via mobile units, such as DDD’s (15%) or from other organisations (27%).

Emergency services were mentioned as the main services (70%) that refugees sought support from during their last medical emergency, followed by migrant health centres (24%) and DDD units (6%). This may be explained by the fact that emergency services are (usually) free and cannot turn down any medical emergency, even if patients do not have any civil documentation or kimlik card, a common situation amongst the refugee population in Manisa and Torbalı\*.

\* Although conversations with staff and refugees revealed that public health services sometimes request payment and/or turn down refugees who are not registered.

## Physiotherapy

About a quarter (24%) of surveyed refugee households have at least one member with physical and/or functional impairment(s). Findings show variations across locations, with a higher proportion of households in Hatay (41%) and Gaziantep (53%) having members with physical or functional impairments, although this may be explained by the fact that surveys in these two locations were conducted with respondents receiving physiotherapy and rehabilitation care in centres.



1 in 4 household has at least 1 member with  
PHYSICAL IMPAIRMENTS



Physical impairments prevent 3 in 4 people with disability to perform  
normal daily activities

Refugees tend to suffer from multiple impairments with the most common being arthritis and arthrosis (18%), fracture (16%), peripheral nerve injury (16%), spinal cord injury (16%) and other issues (28%). Among the 9 households with at least one amputated individual, less than half (44%) own a prosthesis.

Most of these impairments are due to the war (as reported by 31% of respondents) or were exacerbated by the war either through untreated chronic diseases that transformed into long-term disabilities (15%) or through existing disabilities that worsen due to the lack of access to healthcare services (12%). The remaining relate to injuries not war-related (20%), congenital deformities (18%) or prior disability.

### MOST NEEDED ASSISTIVE MOBILITY DEVICES:

- ➔ Wheelchair (57%)
- ➔ Orthotic devices (15%)
- ➔ Crutches (12%)
- ➔ Artificial limb (10%)
- ➔ Walking frame (10%)

Physical or functional impairments have a severe impact on the lives of these household members, with the large majority (76%) being unable to perform daily activities such as dressing, feeding or cleaning themselves. Finally, 71% of those with physical/functional impairments are not using any assistive mobility devices despite up to 33% needing one.

“Health services in general are present, but some services such as intensive care and surgeries are difficult to obtain as a lot of documentation is requested.

[In my community, there is] a young man who was exposed to bombs in Syria and was hospitalized urgently. He was treated and received a kimlik card (national ID) from Hatay. His muscles, hearing and sight were damaged, and he received an urgent treatment in Hatay state hospital. He was given a metal rod for his leg. He was then transferred to Istanbul to complete the treatment for his hearing and sight.

After many attempts and due to a relapse in his leg, he went back to the hospital to change the metal rod urgently, but the hospital refused to do so, and he was asked to go to the same hospital where he got this rod from. But he cannot travel because of his poor situation.

[He] is not able to function and perform his daily activities. Whenever he tries to move, he suffers from physical pain and he needs someone to help him move and perform basic activities. He has tried many times to get a wheelchair, but he couldn't, and he is not able to afford one.”



## Nutrition

Most of the households with young children under 2 years old face difficulties feeding them mostly due to the high cost of baby food.

Out of the 18% of households with babies under 5 months, 60% reported having issues feeding their babies mostly because of insufficient (92%) or absent (13%) breastfeed, illness of the mother (4%) and/or due to the high cost of powder milk (3%).

Out of the 35% of households with children aged 6-23 months 52% reported having issues feeding their children mostly due to unsuitable food (52%), insufficient quantity (56%), low quality (41%) or lack of dietary diversity (35%).

Findings show variations across locations, with refugees in rural areas facing more difficulties in feeding their young children than those in urban areas, mainly due to physical and financial constraints.



8 in 10 households in **rural areas** (83%) struggle to feed **children aged 0-5 months** compared to 5 in 10 households (48%) for **urban areas**

9 in 10 households (88%) in **rural areas** struggle to feed children aged **6-23 months** compared to 4 in 10 households (41%) for **urban areas**

Main Barriers in Feeding Children Under 2

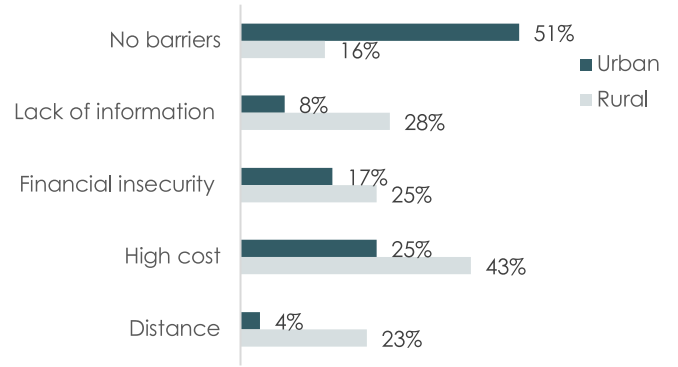


Photo credit; Jean-Damien Yvet



Photo credit; Jean-Damien Yvet



# MHPSS

Needs in terms of mental health and psychosocial support (MHPSS) was a recurrent theme amongst FGD participants, men and women alike, and **55% of the surveyed households have at least one member who regularly feel distressed, upset, sad, worried, scarred or angry.** The conflict and subsequent displacement as well as difficult living conditions in Turkey, discrimination and isolation have all taken their toll on refugees' mental wellbeing, with a particularly adverse impact on women, elderly and children<sup>23</sup>.

Children in particular bear the brunt of their refugee status. Several FGD participants have reported unaccompanied children, orphans as well as children that - while living with family and relatives, are often left alone due to their parents and caregivers seeking work outside their homes. Several parents also mentioned their anxiety over letting their children play outside in the street due to fear of bullying and violence: "We cannot

send our children to play in the street like we used to do in Syria. We are strangers here in the end and we do not speak the language. Mothers are afraid of other children bullying their children in the street." (Female FGD participant - Izmir, February 2019). Yet, studies have shown that lack of interpersonal relationships negatively impact on children's ability to establish a routine and sense normality, which are essential for their mental wellbeing<sup>24</sup>.

Adults and caregivers also require mental health and psychosocial support, and many FGD participants reported isolation, inability to provide adequate care to their children, as well as feelings of sadness at the individual and family level, lack of motivation, or verbal violence against children. Many mentioned the need of MHPSS for both adults and children, and FGD facilitators noted the positive impact such discussions seemed to have on participants' wellbeing after the sessions<sup>25</sup>.

<sup>23</sup> UNICEF (a), 2018; 3RP, 2018.

<sup>24</sup> WarChild, 2018.

<sup>25</sup> A few FGD facilitators noted that participants seemed 'happier' after the FGD sessions and some participants thanked them for the opportunity to talk.

PSIKOLOG

الاخصائي النفسي

"We need psychological support. Most of the people in this area are not living with their family members, for various reasons. Psychological support should also be directed towards children as they are not receiving enough care from their parents who leave them and go to work and [children] are not able to go to school."

Male FGD participant - Manisa, February 2019



# PROTECTION

Protection issues, and in particular challenges surrounding the obtention of civil documentation were a recurrent theme amongst assessed refugees. Difficulties in acquiring kimlik cards (national identity card) and work permits have had serious effects on refugees' ability to find work opportunities and, subsequently on their living conditions. Children, specifically, are highly vulnerable to protection risks with respondents reporting high prevalence of child labour in their community.

## Overall Protection Issues

The majority of refugees (71%) reported feeling safe in their community, although findings vary across locations showing lower safety perception amongst refugees in Torbali, Manisa and Gaziantep. Overall, those in urban areas tend to feel safer in their locations (as reported by 75% of respondents) than those in rural areas (55%)<sup>26</sup>. General mistrust and fear, past trauma and overall feelings of insecurity at homes and in community spaces, as well as mistrust in security forces and authorities were the main reasons for refugees' feelings. While qualitative data corroborate with these findings, FGD participants also painted a mixed picture regarding their perceptions on safety and security. Some declared not facing any integration issues in Turkey and wished for the Turkish population to better comprehend their situation. Yet several others also reported harassment from authorities or from host communities, discrimination and violence against them due to their refugee status. Violence against refugee children and youth, in particular, was mentioned in several FGDs: "Some children were beaten up and sometimes they are discriminated by their Turkish friends. My son was beaten up by a Turkish youth without any reason, on the way back to school. [...] Women avoid coming together with their neighbours to avoid problems. I have experienced such problems in the past." (Female FGD participants - Istanbul, February 2019).

## Gender Based Violence

A few questions were asked to surveyed respondents and FGD participants regarding violence at home and in their community, and specifically on gender-based violence (GBV) in the community. Only a minority of respondents reported incidents of family violence (5%)<sup>27</sup>, such as violence against children or gender-based violence (77% of those who reported intra-family violence). Regarding violence in the community (not in the households), a higher proportion (11%) of respondents reported incidence of sexual or/and physical violence. These values were higher in Torbali (20%), Hatay (30%) and Gaziantep (14%). Some female FGD participants mentioned examples of violence within their homes, most notably regarding men threatening them to divorce them

or related to their reproductive rights. It is of note that a rather significant proportion of refugees (19%) are not aware of any GBV services available in their community.

Main barriers in Accessing Community Services (Child Protection and GBV Services)



"We don't have any social problems such as violence. Turks are treating us well in this area."

**Male FGD participant - Manisa, February 2019**

"Sometimes we face harassment from our Turk neighbours, and they call the police on us."

**Male FGD participant - Torbali, January 2019**

"We have seen so many divorces because of stress. Because of the inability to have marriage certificates in Syria and the lack of law, divorce has become easier."

**Female FGD participant - Istanbul, February 2019**

"We would like our Turkish brothers [to understand] that not all Syrians are bad, and if one makes a mistake it does not mean that all Syrians are bad."

**Male FGD participant - Izmir, February 2019**

"Sometimes we are facing harassment from people who are living in this area or from the police in the street who keep asking us our ID and paper every day."

**Male FGD participants - Izmir, February 2019**

<sup>26</sup> In urban areas, 75% reported feeling safe, 17% 'partly' safe and 8% not safe. In rural areas, 55% reported feeling safe, 41% 'partly' safe and 4% not safe.

<sup>27</sup> Under reporting of violence is expected. Indeed, through the delivery of our services, DDD estimate a higher incidents of intra-family violence.

## Child Protection

One in seven surveyed households (14%) hosts at least one orphan, unaccompanied or separated child and many respondents reported instances of child-headed households in their community.

**Child labour is rife, with 59% of households across locations reporting child labour in their community.** Children tend to be involved in informal, exploitative and, in some cases, degrading jobs such as begging (38%), heavy or risky physical work (55%) and non-physical work in small business (44%). Worryingly, about 1% (n=7) mentioned some children in their community being involved in sexual exploitation (n=2) and criminal activities (n=5).

## Legal Status

Lack of kimlik card (national ID) and work permit were a recurrent theme amongst FGD participants. Lack of information on how to access these civil documentation and overall difficulties in obtaining them have had severe and lasting impact as they condition refugee households' ability to access public services and crucial legal documentation such as birth certificates and assistance.

This also limits refugees' ability to seek work opportunities and adequate housing, while further increasing the risk of exploitation and limiting their capacity to seek external support in case of litigation with their employer or landlord. Lack of recognition of kimlik cards outside the province of registration presents a significant impediment to refugees too, as they tend to move multiple times across the country to join friends and relatives or in order to find better living conditions and work opportunities. As a result, many refugees remain without legal registration due to the costly, bureaucratic and time-consuming process.



About 1 in 3 reported they cannot access healthcare services



### Urban

57% of respondents reported **child labour** in their community



### Rural

68% of respondents reported **child labour** in their community

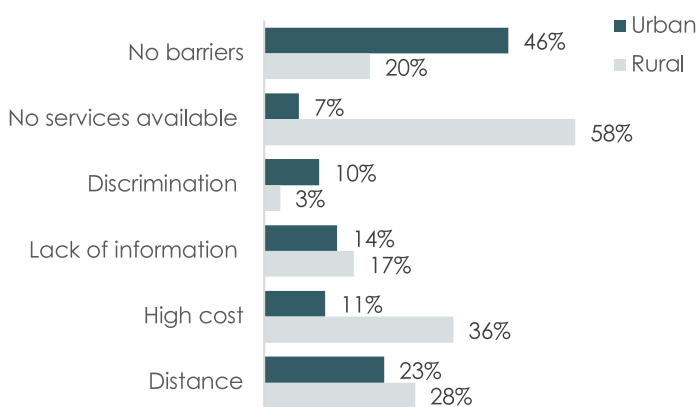
"We don't have much information on how to register or about Turkish law in general. [...] We face big problems to register, whether for first time registration or transferring from another city. We need to provide our rental contract and bring the house owner with us, so that we can get a pre-registration request paper. That process alone, cost between 1,000 to 2,000 TRY. (NB. Approx.166 to 331 EUR)."

Male FGD participants - Torbalı, January 2019

"There is no support. I am a divorced woman and have applied to many centres to receive support, but they asked for divorce documents. I can't afford the procedure. I have two young children, but I can't receive any support from [humanitarian and public] organisations."

Female FGD participant - İstanbul, February 2019

### Main Barriers in Accessing Civil Documentation



### Registration Status in Rural Areas





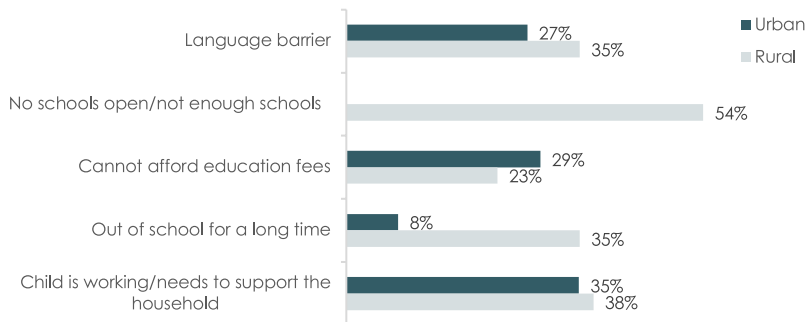
# EDUCATION

Up to half (49%) of refugee households in rural areas are unable to send their children to school, compared to those in urban areas (11%), mostly due to civil documentation issues, language barriers or poverty compelling children and youth to contribute to their household's income.

Out of the households with school-age children<sup>28</sup>, the majority (83%) are able to send them to schools but findings show geographical variations with a higher percentage of households in rural areas (49%) facing barriers sending their children to school than those in urban areas (11%). Main challenges pertain to language barriers, education cost and child labour. Lack of schools available in rural areas were also cited by 54% of households. Lack of registration was cited by FGD participants who explained that children without Temporary Protection ID are unable to access public services, including schools. Psychosocial

problems can also have a negative impact on children's attendance as mentioned by male FGD participants in Izmir (February 2019). Trauma, risk of bullying and daily stress often have severe and lasting impacts on children's mental health and wellbeing<sup>29</sup>. Integrating PSS into education programmes can therefore have a sustained positive effect on children's psychosocial wellbeing by providing them with a safe space to learn and helping them build positive relationships with other children and adults (i.e. teachers).

Reasons for Not Sending Children to School



“We have to pay a nominal fee to the Turkish government to send our children to school, but this is considered an expensive cost for Syrians.”

**Male FGD participant -  
Istanbul, January 2019**



Photo credit: Jean-Damien Yvet

<sup>28</sup> Out of 853 respondents, only 582 reported having children of school-age in their household. Figures in this section, thus, have been calculated out of 582 households.

<sup>29</sup> Soye. E. 2018

# CONCLUSION AND RECOMMENDATIONS

Challenges in obtaining civil documentation including work permits have an overarching impact on refugees' life. Lack of legal documentation prevent many in finding employment leaving them prone to exploitation and confining them to unstable and low-wage jobs in the informal sector. Poverty is rampant amongst the Syrian refugee population and is further reinforced by the challenges in finding livelihood opportunities. This, in turn, affects refugees' food security, including their ability to afford food for young children. It impacts their ability to access and afford adequate housing, and as a result, many live in unsuitable and overcrowded accommodation, often with poor WASH conditions, putting their health at risk.

Key public services, such as healthcare tend to be out of reach due to cost, distance or lack of civil documentations, yet needs are enormous, particularly in terms of primary and secondary healthcare as well as mental health and psychosocial support. Protection issues were also a recurrent theme amongst refugees, who often mentioned discrimination, exploitation and lack of civil documentation as a key barriers in improving their current situation. Children, in particular, face higher protection risks with a large number of refugee households reporting child labour in the community.

While challenges faced by refugees are similar across locations, findings have confirmed that the situation of those in rural areas tend to be worse off particularly in terms of living conditions, physical and financial access to essential needs, and have higher risk of exploitation and health issues.

## Urban Areas

- Mostly work in the industrial sector and access humanitarian support.
- Cost is the main barrier to accessing food, shelter and NFI.
- 46% live in inadequate housing.
- 13% do not have access to clean drinking water and 24% to hygiene items.
- 23% lacks access to healthcare services mostly due to language barriers and registration issues.
- About half of the households struggle to feed their young children.
- 75% feel safe in their community.
- Child labour is reported by 57% of respondents.

## Rural Areas

- Mostly work in agriculture, industrial sector or borrow money from their social network.
- 46% have access to enough food to cover their needs. Costs and distance to shops and markets are the main challenges.
- 86% live in inadequate housing.
- Cost, inadequate shelter, poor WASH conditions and lack of privacy are the main challenges in terms of shelter.
- Physical and financial access impede access to NFI.
- 47% do not have access to clean drinking water and 65% to hygiene items.
- 58% lacks access to healthcare mostly due to lack of services available and language barriers and registration issues.
- About 9 in 10 households struggle to feed their young children.
- 55% feel safe in their community.
- Child labour is reported by 68% of respondents.





## Livelihoods



- Provision of vocational training based on market demands, with – whenever relevant, a specific focus and targeting on women (e.g. widows).
- Provision of language training to ease integration on the job market.
- Support refugees in getting certificates recognised by Turkish authorities, including facilitating practical training for Syrian doctors.
- Livelihoods programs and capacity building are needed, including to support community initiatives that use the skills of people with low formal education. Turkish language training remains a highly relevant support to enable integration and access to income.
- Coordinated interagency efforts to provide support and access to basic needs and rights for people living in informal settlements.

## Food Security



- Awareness-raising on ESN support.
- Provide an integrated approach with livelihood activities allowing refugee households to support their food needs.

## Shelter, NFI and WASH



- Advocacy to local authorities on the critical WASH situation of refugees, especially in rural areas.
- Provision of basic shelter kits, especially for those in rural areas and cash and/or in-kind support along with advocacy targeting landlords (e.g. signature of MoU agreeing on terms and conditions, including length of stay and fixed rent) in urban areas. Integration of activities with livelihood activities in case of in-kind, with the recruitment of local labour/contractors from the Syrian refugee population or amongst most vulnerable host households.



- Advocacy at local /municipality level to improve sanitation facilities in urban areas, such as water networks and sewage systems in neighbourhoods hosting Syrian refugees as well as vulnerable host households.
- Distribution of hygiene items especially for women, whether through cash and/or in-kind modality.
- Strengthen hygiene promotion and adequate hygiene practices, especially in rural areas.

## Health



- Provision of MHPSS activities for children and adults and enhance the participations of men in MHPSS intervention.
- Strengthen Initiatives to support integration of Syrian children into schools, including parents, teachers, education professionals and children.  
  
Increase the number of interpreters providing support in accessing healthcare services as well as during medical consultations and encourage the recruitment of interpreters in health facilities.
- Advocacy to Turkish authorities to facilitate access to healthcare services for unregistered refugees (e.g. those registered in another province).
- Advocacy and awareness raising to medical staff on issues faced by refugees (such as language barriers and registration issues) and advocacy to local authorities to hire additional female medical staff, especially in maternal and new-born services.
- Improve quality of services provided in rural areas and increase awareness on services available to communities.
- Provide transportation support/incentives to facilitate access to primary and secondary healthcare services and PT centres, especially in rural areas.
- Sensitisation sessions on sexual reproductive health and breastfeeding issues.
- Increase awareness on MHPSS services and on what is mental health to reduce stigma and enable access

## Protection



- Conduct sensitisation campaign on GBV and services available to communities.
- Awareness raising on the risk of child labour and implementation of integrated support program with education, livelihoods and MHPSS activities, targeting child headed households as well as those resorting to child labour.
- Support refugees in the registration process and access to civil documentation through case management services.
- Strengthen community integration and social cohesion by encouraging the establishment of community (refugee, women, etc.) committees and build the capacity of its members in identifying and raising main issues faced by refugees as well as accompanying them in accessing social services.
- Awareness sessions remain relevant and it is recommended that this is introduced in activities for refugees: Information on services available, MHPSS awareness, GBV services and family planning were specific areas highlighted during this study.
- National and International actors should conduct an in-depth analysis on the impact of geographical restriction on refugees' registration and alternatives to the current arrangement.
- Effective protection mainstreaming in services that respond to refugees to ensure a comprehensive response to the multi-problematic nature of cases.
- Ensuring that men and boys can access support services, and receive relevant info to their protection, and the protection of women and children. In particular, engaging men, as key decision makers in the family, in the prevention of GBV and violence against children.

## Education



- Awareness raising on the importance of sending children, including girls' access to education.
- Support refugees in the registration process, especially for unregistered children, to facilitate access to education services.
- Provision of transport/incentives for children in rural areas to access school.
- Organise educational activities with children and parents/caregivers aimed at improving integration and social cohesion and raising awareness on parenting skills.
- Enhance Interagency Child Protection system



Photo credit: Jean-Damien Yvet



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**Sultangazi MHPSS Center provides a diverse set of activities and materials for refugees**

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ALSO  
CARES FOR  
INJUSTICE