

DOCTORS OF THE WORLD (EXPERIENCES WITH MIGRANTS)

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.

Since the conflict started in 2011, an estimated 5.5 million people have fled Syria and sought refuge in neighbouring countries¹. 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 future². Over 90% of the Syrian refugee population lives amongst host communities, mainly in Istanbul city and in Sanliurfa, Hatay, Gaziantep, Mersin and Izmir provinces³. 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 services⁴. Living conditions are dire for most Syrian refugees who remain highly vulnerable and often live under the poverty line⁵. Access to adequate housing, education services and employment opportunities have been repeatedly reported by refugee households as key priorities⁶. 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 women⁷. 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 Istanbul⁸ . 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-nutrition⁹ . 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 exploitation¹⁰ .

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 services¹¹ . 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 infrastructures¹². 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 age¹³. 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 Dünya Doktorları Derneği (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 multisectoral assessment report will also be shared with relevant external stakeholders and coordination mechanism to inform and support future interventions.

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.

Mobile units



- Health screenings (hygiene related Scabies/lice + TB with relevant protocol and safety) - questionnaire
- Vaccinations
- Health promotion
- ANC/PNC/FP – questionnaire + High risk pregnancy FU
- Growth monitoring
- Rapid Health assessments + Hygiene kits distribution
- PFA / group activities
- Referral to public facilities



PSS Activities

- Successful psycho-education sessions in the schools, teachers sensitizations
- Good acceptance by female and children
- Group support component and individual sessions linked, to be increased in the future
- Social center in Istanbul infrastructure and rehabilitation
- Reach male beneficiaries over 18
- Increase the mapping of other services in the area
- Psychiatric hospital connection, to be developed in the future



FAO, 2018.

2 UNICEF (a), 2018.; FAO, 2018.; 3RP, 2018; UNHCR, 2018.

3 FAO, 2018.; ECHO, 2018.; IOM, 2018.

4 FAO, 2018.; Ground Truth Solutions, 2017.; ODI, 2017.

5 FAO, 2018.; UNICEF (a), 2018.; UNICEF (b), 2018.

6 Ground Truth Solutions, 2017.

7 FAO, 2018.; UNICEF (a), 2018.; ODI, 2017.

8 Ground Truth Solutions, 2017.

9 FAO, 2018.

10 UNICEF (a), 2018.; FAO, 2018.; 3RP, 2018

11 MiReKoc, 2018. 12 IFRC, 2019. 13 3RP- Turkey, 2019