VULNERABILITY & NEEDS ASSESSMENT SURVEY

June 2020

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OBJECTIVES

- Making the vulnerability assessment of beneficiaries registered to the center, but have not gone through one before
- And by doing so preparing for new term of project by determining possible protection need areas
- Understanding marriage and motherhood ages and observing any differences with regard to generation
- Determining most prevalent diseases and disabilities to prepare for protection activities
- Determining prevalence of child laborers and children at risk of not attending school
METHODOLOGY & SAMPLE

METHODOLOGY

- Phone Survey is the used methodology.
- It is preferred due to the Covid-19 concerns at the time.
- Each call lasted about 10 minutes.
- A semi-structured question form with open-ended questions is used.
- Study was carried out in June 2020 over a course of three weeks.

SAMPLE

- Consisted of 515 women and 6 men registered at the center and,
- Who have not gone through vulnerability assessment before.
PARTICIPANT DEMOGRAPHICS

Syrians constitute 47% of participants, while host community members constitute 39%.

25-49 year olds constitute the largest portion of participants: 67%.
Average # of people in household is significantly higher for Syrian community. This suggests that even though they may seem to have access to basic services, they may be severely handicapped in receiving a sufficient access.

This may be even more important in the current Covid-19 conditions with its detrimental effect on hygiene as well as the increased risk of infection through contact with more people even in the home environment.

Thus, we may make it a priority to target crowded household member when addressing the issue of self-protection and hygiene in a pandemic point of view.
«Man of the house», be it father or husband is the main provider among all communities.

Syrian females seem to engage significantly less than other in income generation.

A more alarming finding is the underage children being the main provider for the household for refugee communities, Syrian (3%) and Others (4%).

These numbers show us that our efforts to diminish child labor and encourage women’s participation in labor market and income generation are pertinent. It also justifies the new term’s focus on vocational courses and employment.
MARRIAGE

Majority of our respondents were Married (65%).

Average, youngest and oldest ages for marriage does not show significant differences among nationalities.

However, youngest age for marriage being 13 is alarming for sure.
In a more detailed look, we find that 40% of Syrians marry before the age of 18 with a significantly higher ratio than Others and Turkish. A feeble consolation may be that 33% of this is between the ages 15-17, rather than the alarming 14 and lower.

These findings suggest a continuing and increased emphasis on efforts to address the forced/early marriage issue. Our experience tells us to be careful in tackling this issue due to a couple reasons:

- Marriage culture of Syrian community which considers marriage after 15 years of age normal.
- Psychology of war refugees; human survival instinct triggers more focus on «procreation/new life» as faced with death.
- Uncertainty of their conditions prevents them from envisioning a future, especially an independent future and renders marriage a more valid and solid plan to care for oneself.
CHILD STATISTICS

School attendance risk seems to be low with respect to earlier, however it is still higher for the refugee communities. What is more significant is that being a child laborer is only stated by refugee families as the reason for not going to school.

<table>
<thead>
<tr>
<th></th>
<th>OVERALL</th>
<th>SYRIAN</th>
<th>OTHERS</th>
<th>TURKISH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum # of Children in Household</td>
<td>12</td>
<td>12</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>Average # of Children in Household</td>
<td>3,1</td>
<td>3,7</td>
<td>3,6</td>
<td>2,7</td>
</tr>
<tr>
<td># of Families with School Age Children</td>
<td>340</td>
<td>156</td>
<td>52</td>
<td>132</td>
</tr>
<tr>
<td># of Families with School Age Children not Attending School</td>
<td>20</td>
<td>9</td>
<td>7</td>
<td>4</td>
</tr>
</tbody>
</table>

In the coming terms we should continue to be alert to these situations. However, instead of big events with many participants, we may focus more on one-on-one follow-ups and psychosocial support in terms of protection activities.

<table>
<thead>
<tr>
<th>Reasons for Not Attending School</th>
<th>OVERALL</th>
<th>SYRIAN</th>
<th>OTHERS</th>
<th>TURKISH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refused - Registration, document problems, late application etc.</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Child laborer</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Dropped out - Distant location, unwillingness, problems at school</td>
<td>7</td>
<td>3</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Special education needs</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>No reason given</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>
Elders in the household, as expected, mainly consist of mothers and fathers of the parents. Again as expected, caregivers to the elders are mainly the «woma(e)n of the house».

This finding indicates the heavy role women carry in the household. It also confirms our feedback from beneficiaries as the center being an outlet, a sanctuary for them from the responsibilities of family life.

In line with this finding, we may consider some social cohesion activities to help them relate with each other regarding this burden on them.

However, we should note that what these activities might be, or if they could be applicable is yet to be assessed and advised by our psychologists and social worker.
Disabilities may not appear in high numbers, but their impact on the disabled and the family are not measured by statistics. Physical, visual and mental disabilities seem to take the lead in our sample.

Thus, in the coming term, we should consider providing targeted psychosocial support and seminars for these disabled people and their families. We may also consider giving seminars to others focusing on how to interact with the disabled and how to make their lives more «normal».
HEALTH CONDITIONS

OVERALL - # of occurrences

- Major organ problems (liver, kidneys): 4
- Physically limiting injuries (back injury, war injuries etc.): 4
- Psychological conditions (depression, panic attack etc.): 5
- Not Specified: 6
- Hernia: 6
- Rheumatism: 7
- Cancer (breast, lung, etc.): 11
- Asthma: 21
- Hypertension: 26
- Coronary diseases: 28
- Diabetes: 39

135 participants reported a serious health condition in the household. Diabetes, coronary diseases and hypertension take the lead among the reported conditions. Asthma was an unexpected condition to occur with such high prevalence.

These findings suggest that in the coming term, we should consider focus on the four most commonly reported diseases when offering health related seminars.
HEALTH CONDITIONS

Most Prevalent Conditions – Percentage of Prevalence within the Nationality group

- Diabetes: TURKISH 3%, OTHERS 4%, SYRIAN 7%
- Coronary diseases: TURKISH 2%, OTHERS 3%, SYRIAN 6%
- Hypertension: TURKISH 1%, OTHERS 1%, SYRIAN 4%
- Asthma: TURKISH 7%, OTHERS 4%, SYRIAN 3%
- Cancer (breast, lung, etc.): TURKISH 2%, OTHERS 3%, SYRIAN 1%
- Rheumatism: TURKISH 1%, OTHERS 4%, SYRIAN 2%

Diabetes, Hypertension and Asthma are significantly higher among the host (Turkish) community.

Diabetes and Coronary diseases are higher among the Syrian community with respect to other diseases.

These findings suggest that we should consider focusing our health protection and training efforts in the coming term more on these three disease groups in terms of risk factors, treatment and lifestyle needs.
**VULNERABILITIES REPORTED**

<table>
<thead>
<tr>
<th>Vulnerability</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women at risk</td>
<td>1</td>
</tr>
<tr>
<td>Victim of SGBV</td>
<td>23</td>
</tr>
<tr>
<td>Survivor of torture</td>
<td>1</td>
</tr>
<tr>
<td>Single women</td>
<td>10</td>
</tr>
<tr>
<td>Single (step) parent or caregiver</td>
<td>44</td>
</tr>
<tr>
<td>Serious medical condition (physical, mental, …)</td>
<td>76</td>
</tr>
<tr>
<td>Older person caregiver</td>
<td>55</td>
</tr>
<tr>
<td>No access to basic services</td>
<td>1</td>
</tr>
<tr>
<td>Forced early marriage</td>
<td>74</td>
</tr>
<tr>
<td>Disabled person</td>
<td>20</td>
</tr>
<tr>
<td>Child with special education needs</td>
<td>3</td>
</tr>
<tr>
<td>Child labourer</td>
<td>6</td>
</tr>
<tr>
<td>Child headed household</td>
<td>3</td>
</tr>
<tr>
<td>Child at risk not attending school</td>
<td>20</td>
</tr>
</tbody>
</table>

«Serious medical condition» and «Forced/early marriage» are the two most reported vulnerabilities. They are followed by «Older person caregiver» and «Single (step) parent or caregiver».

These findings show us that the protection activities of the previous period achieved to address some of the most prevalent vulnerabilities and suggest a continuing effort in these areas.
«Forced/early marriage» is significantly higher among Syrian participants. – For us a further justification of seminars and training given for the last 18 months.

«Single (step) parent or caregiver» is higher among Syrian and Turkish participants in the respective order. – For us a confirmation of our legal support records which show a high rate of consultation on divorce issues.
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