

JULY 2025



TÜRKİYE

MULTI-SECTORAL NEEDS ASSESSMENT

“INVISIBLE LIVES, VISIBLE NEEDS”: HATAY & İZMİR

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HIGHLIGHTS

- **OVERCROWDED SHELTER CONDITIONS** POSE RISKS OF COMMUNICABLE DISEASES, SECURITY-RELATED INCIDENTS, AND SEXUAL AND/OR GENDER-BASED VIOLENCE.
- **BARRIERS BLOCK ACCESS TO HEALTHCARE:** LONG DISTANCES, LACK OF TRANSPORT, LANGUAGE, AND REGISTRATION ISSUES PREVENT TIMELY CARE IN BOTH PROVINCES.
- **PSYCHOLOGICAL DISTRESS IS RISING:** ANXIETY, DEPRESSION, AND SUBSTANCE USE ARE INCREASINGLY REPORTED.
- **FOOD INSECURITY IS WIDESPREAD.**
- **ECONOMIC CONSTRAINTS LIMIT HYGIENE AND WATER ACCESS.**
- **OUT-OF-SCHOOL CHILDREN REMAIN A CRITICAL CONCERN:** MANY SYRIAN CHILDREN FACE TRANSPORT, FINANCIAL, AND ADAPTATION BARRIERS TO SCHOOLING.
- **PROTECTION INTERVENTIONS ARE URGENTLY NEEDED:** BARRIERS TO ESSENTIAL SERVICES AND RISKS OF SEXUAL OR GENDER-BASED VIOLENCE REQUIRE IMMEDIATE ACTION.

MAIN NEEDS



Safe water,
hygiene, and
sanitation



Shelter and
living
conditions



Access to
healthcare services



Access to education



Mental Health Support
and Protection

CONTEXT AND PURPOSE OF THE REPORT

Throughout June and July 2025, Dünya Doktorları (DDD)/Médecins du Monde (MdM) Türkiye conducted a *Multisectoral Needs Assessment* (MSNA) in two provinces of Türkiye: **Hatay**, which was severely affected by the February 2023 earthquakes, and **İzmir**, a key destination for refugee and migrant seasonal agricultural workers (SAWs).

The assessment aimed to better understand the humanitarian needs of vulnerable populations, particularly undocumented migrants and refugees, in both urban and rural settings. The findings are intended to inform ongoing and future humanitarian response and programming by DDD/MdM Türkiye and other humanitarian actors in Türkiye.

DATA COLLECTION METHODOLOGY AND DEMOGRAPHICS OF THE SAMPLE

The assessment relied on structured interviews with community members through a survey questionnaire, supported by qualitative approaches where necessary. The data collection tool assessed communities' ability to meet their basic needs and access essential services, aiming to generate a comprehensive picture of multi-sectoral humanitarian needs and service gaps.

A total of 331 community members were interviewed (232 in Hatay and 99 in İzmir). The assessment focused on **earthquake-affected communities in Hatay**, including both host and Syrian populations, and on **Syrian SAWs in the Torbalı district of İzmir**.

Efforts were made to ensure gender balance: **36% of respondents** were male (118) and **64%** female (213). Age distribution was as follows: 18–34 (34%), 35–49 (38%), 50–65 (21%), and 65+ (6%).

The MSNA team also conducted key informant interviews (KIIs) with governmental and non-governmental stakeholders, including the District Public Health Directorate, National Education Directorate, and the District Governorate of Torbalı.

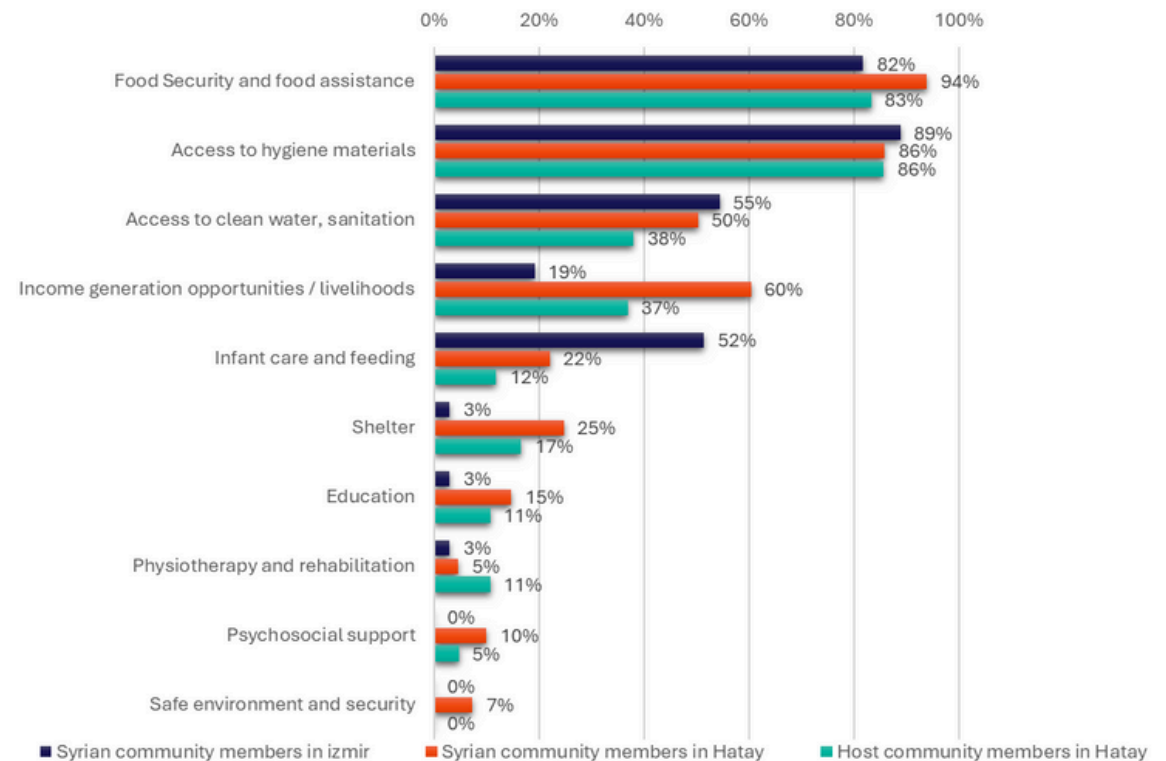


FINDINGS

The most pressing humanitarian needs

The assessment aimed to voice the communities with respect to their most pressing humanitarian needs, which was asked by without probing the choices and with a limit of three responses. The need for **food assistance** and **hygiene materials** are reported by a staggering rate of both communities in both provinces, which indicates the **decreasing purchasing power** is seemingly the main concern of the communities, noting that the shelter related needs are the 6th most reported concern. Considering **the living conditions of SAWs** in the informal settlements, being tent and unfinished building structures, and the earthquake (EQ) affected communities in temporary accommodation centers, the high-level need of hygiene materials would be expected (see *Figure-1* for details).

FIGURE - 1
THE MOST PRESSING HUMANITARIAN NEEDS BY TYPE OF COMMUNITY AND LOCATION





1. Shelter and Living Conditions

In İzmir, many seasonal agricultural workers (SAWs) live in **tents or informal settlements, while only 10% of the respondents reported staying at a rental apartment.** In Hatay, the sample consists of both those living in temporary accommodation centers (container cities) and those living in a private apartment, being rented or owned, who mostly live in farther villages.

Overcrowding, shared use of latrines pose risk of infection to communicable diseases, risk of gender-based violence, thus insecure environment is reported by the respondents. Moreover, it is also reported that host community members remain in substandard or earthquake-damaged housing and staying with relatives, neighbors is reported by **17% of the host community members.**



2. Health and Access to Services

Considering that the Migrant Health Centers (MHCs) serve to foreigners with or without legal documentation, **almost all Syrians in İzmir and 61% of Syrians in Hatay reported receiving health care services from the MHCs.** Public hospitals are also reported by Syrians but with a lesser rate, which should be due to the legal documentation related and transportation related barriers.

The key informant interview (KII) conducted with the Hatay Public Health Directorate indicates that there is only one Migrant Health Center in the city, which is in the Temporary Accommodation Center, named '*Hilalkent*', and is overwhelmed with the high population.

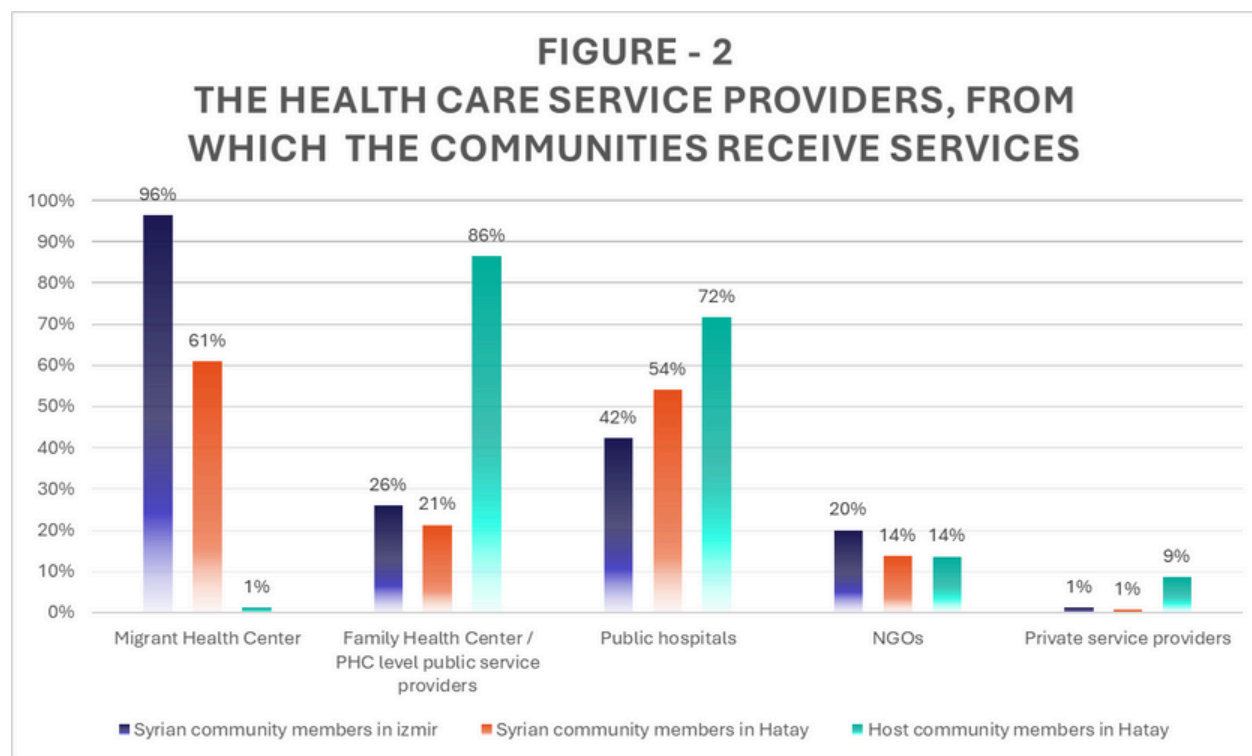


Moreover, as reported within the KII, **there are no non-state actors providing healthcare services, which leaves the SAWs living in Hatay deprived of the services.** The mobile health care services being provided by the directorate is reported to be insufficient. Regarding the availability of services targeting SAWs in Torbalı district of İzmir, it is reported that, currently, one mobile health team with one SRH team are conducting follow-up field visits for pregnant women.

However, service provision remains limited due to insufficient staff, equipment, and transportation resources. There is a critical need for Arabic speaking field personnel with relevant experience.

Primary health care (PHC) level service providers and public hospitals are reported by the host community members in Hatay.

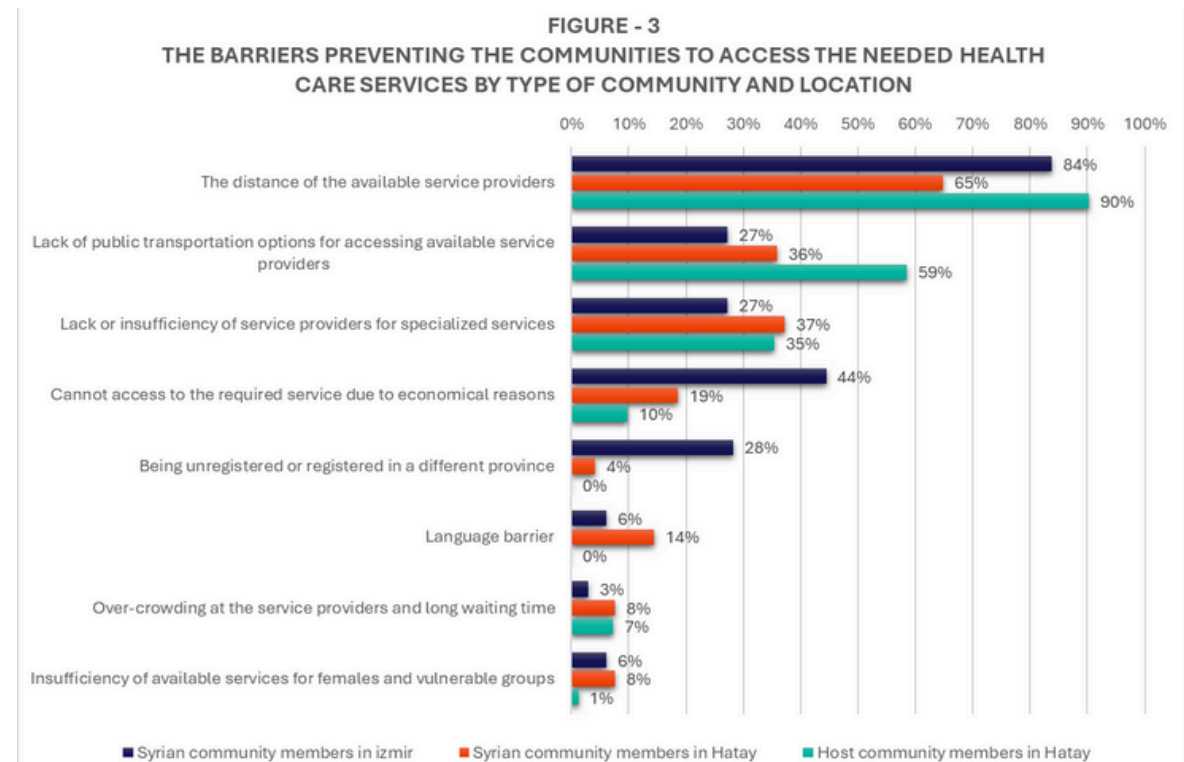
The share of those reported receiving services from private clinics is very limited among both communities, which would indicate that the communities are in a situation where they are obliged to resort receiving services with high cost (please see *Figure - 2* below for details).



Key barriers preventing both host and Syrian community members accessing healthcare is **long distances to the health care service providers, lack of public transport and service overcrowding**. Language barriers and lack of legal documentation are further reported by the Syrian community members in both provinces. **Lack of economic means** is also reported, which is linked with **the cost of transportation** to access to the available service providers (see *Figure - 3* on the next page for details).

The type of healthcare services that the communities reported having not being able to access are **the treatment of chronic diseases** (84% among host communities, 76% Syrians in Hatay and 71% Syrians in İzmir).

Psychological counselling is reported by 21% of Syrians in Hatay, which indicates the severity of the deteriorating mental health despite the prevalent stigma about the MHPSS that is prevalent among Syrians. Lastly, **19% of the respondents reported that they are not able to have doctor appointment with the public health care service providers** (29% among host communities in Hatay, 16% among Syrians in Hatay and 15% among Syrians in İzmir).



3. Sexual and Reproductive Health (SRH)

The MSNA enquired whether there are challenges in accessing sexual and reproductive health (SRH) services, as gynecological consultations, antenatal and postnatal care. **Syrians in Hatay (53%) and İzmir (32%) confirmed having faced difficulties in accessing these services.**

The access to women-specific hygiene materials is partially present or absent for almost half of all women from both communities and surveyed in both provinces.

4. Mental Health and Psychosocial Support (MHPSS)

79% of Syrian respondents in Hatay and 40% in İzmir reported increased psychological distress in the community. Common symptoms include **anxiety, depression, and behavioral changes.** The focus group discussions (FGDs) indicate **a rise in substance use and substance use disorders** within the community, particularly **as a coping mechanism for post-earthquake stress and trauma.**

5. Food Security and Nutrition

As mentioned, decreasing ability of the communities to meet their food related needs is reported as the most pressing humanitarian need, despite the existing barriers preventing their access to other types of basic services. A separate question enquired if the communities can provide sufficient food for themselves and their family members. Almost no respondent confirmed that they can do so.

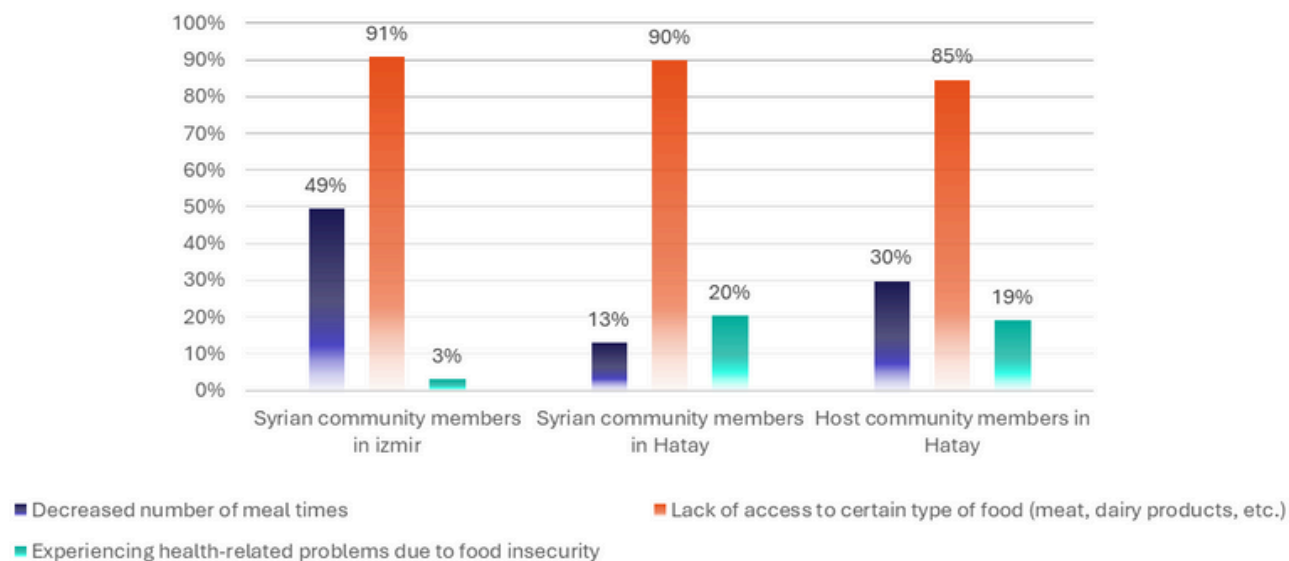
Decreasing number of daily meals, decreased access to certain types of food, such as meat and most concerningly 15% of the respondents reported having health-related problems due to the insufficiency of food consumption, which demonstrates the severity of the problem although it is a perceived consequence.

The low rate of health-related problems reported by SAWs in İzmir would require further research that either the sample in Hatay might be more vulnerable or there is a difference in the perception of Syrians in two locations (see *Figure - 4* for details).

High demand exists for supplementary and/or special food for pregnant/lactating women, children under five, and chronic disease patients among both communities in both locations. As reported by district level governorship of Torbalı within KII, Social Assistance and Solidarity Foundation (SYDV) distributes in-kind assistance, such as food parcels and clothing, primarily to registered Syrian families residing in Torbalı district of İzmir with official addresses.

The foundation plays a role in supporting vulnerable individuals but does not focus specifically on SAWs. It is reported that Turkish Red Crescent occasionally supports SAWs with food parcels, unlike previously as their projects have ended.

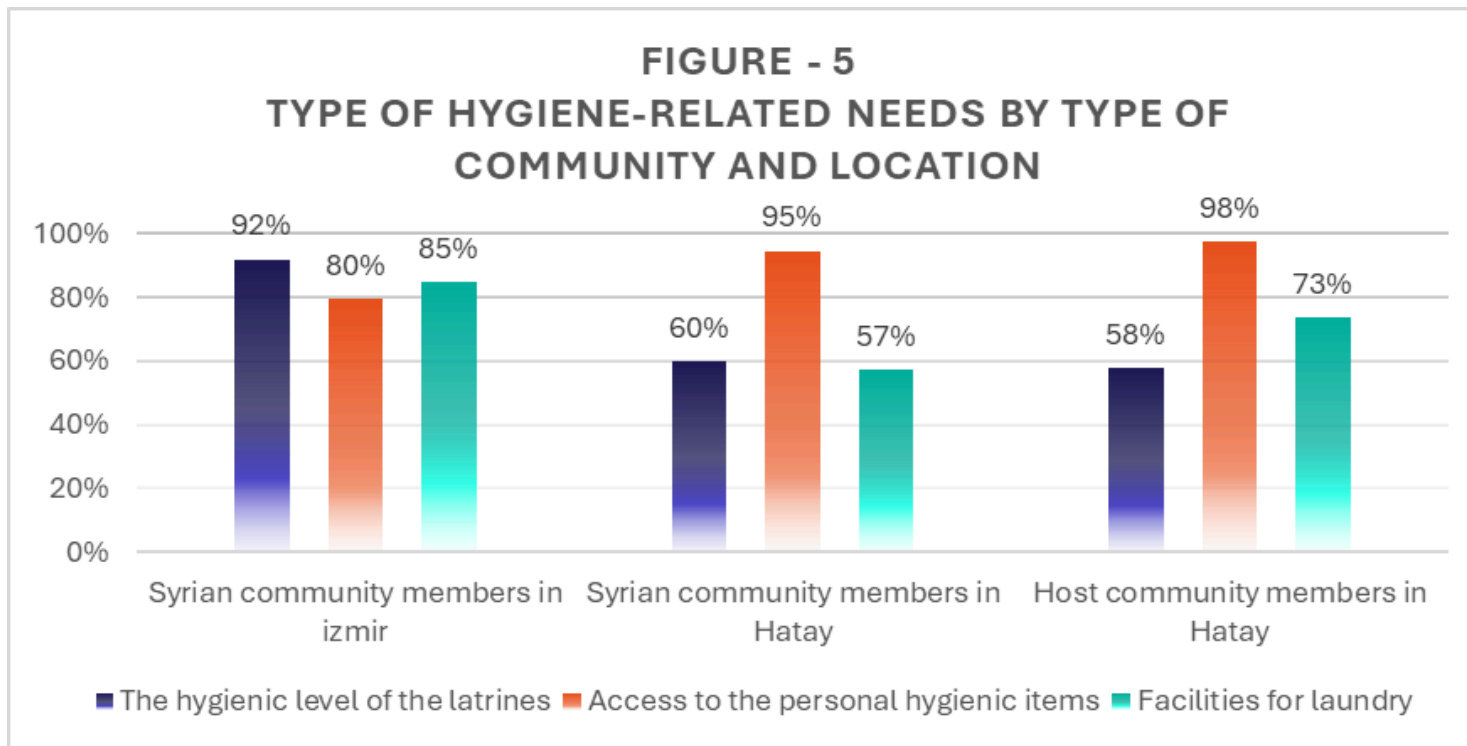
FIGURE - 4
CONSEQUENCES OF DECREASED FOOD CONSUME, BY TYPE OF COMMUNITY AND LOCATION





6. Water, Hygiene, and Sanitation (WASH)

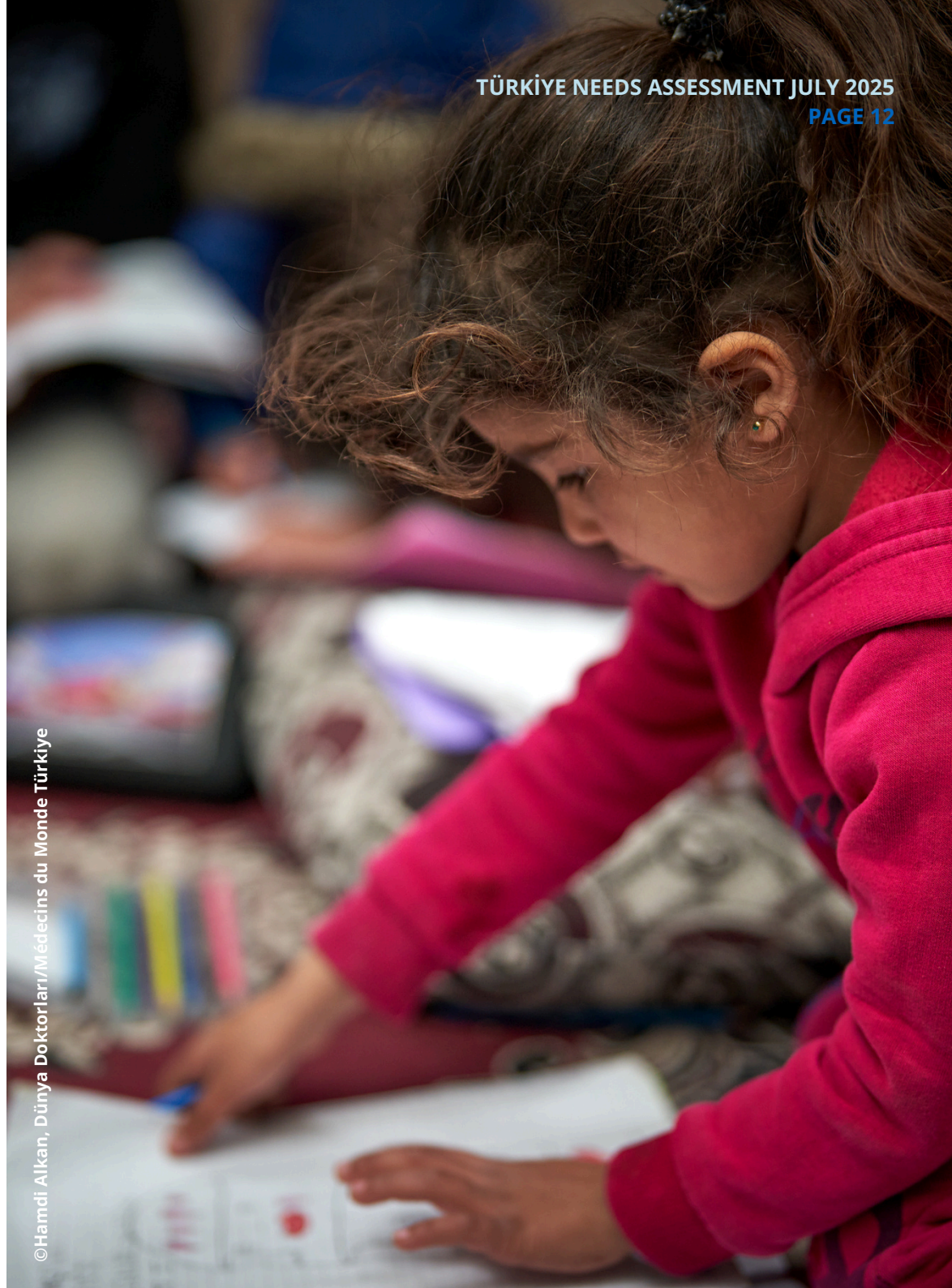
In parallel with the decreasing purchasing power of the communities and considering that drinking water is not cost-free, the rate of those who reported that they can completely access the clean drinking water is very limited (overall, 14%). Access to clean latrines is also limited, which would be expected considering that the SAWs in İzmir reside around the agricultural fields at the tent-like informal settlements and both communities in Hatay share the latrines in the temporary accommodation centers. According to KII conducted with Hatay public health directorate, use of unclean water for bathing and daily hygiene is common poses great public health related risks. Similarly, lack of economic means impose communities to decrease their spending on hygiene related items, which is revealed within the MSNA and the *Figure - 5* below.



7. Education

Access to education services is reported to be limited, as well. School attendance among Syrian children of SAWs in İzmir **is critically low (8%)**. According to the KII conducted with District level Directorate of National Education in Torbalı, many SAWs families have stopped enrolling their children **due to fear of deportation or legal consequences and are reluctant to send their children to school, fearing exposure to legal attention**. The rate of out-of-school children in Hatay is recorded as **40%** among the Syrian and **22%** among the host communities.

Noting that the SAWs culturally raise their children to support the livelihoods of their families, still the barriers preventing communities to access education services include **transportation, financial difficulties**, that are reported by both communities and adaptation challenges by only Syrians in Hatay.



8. Protection

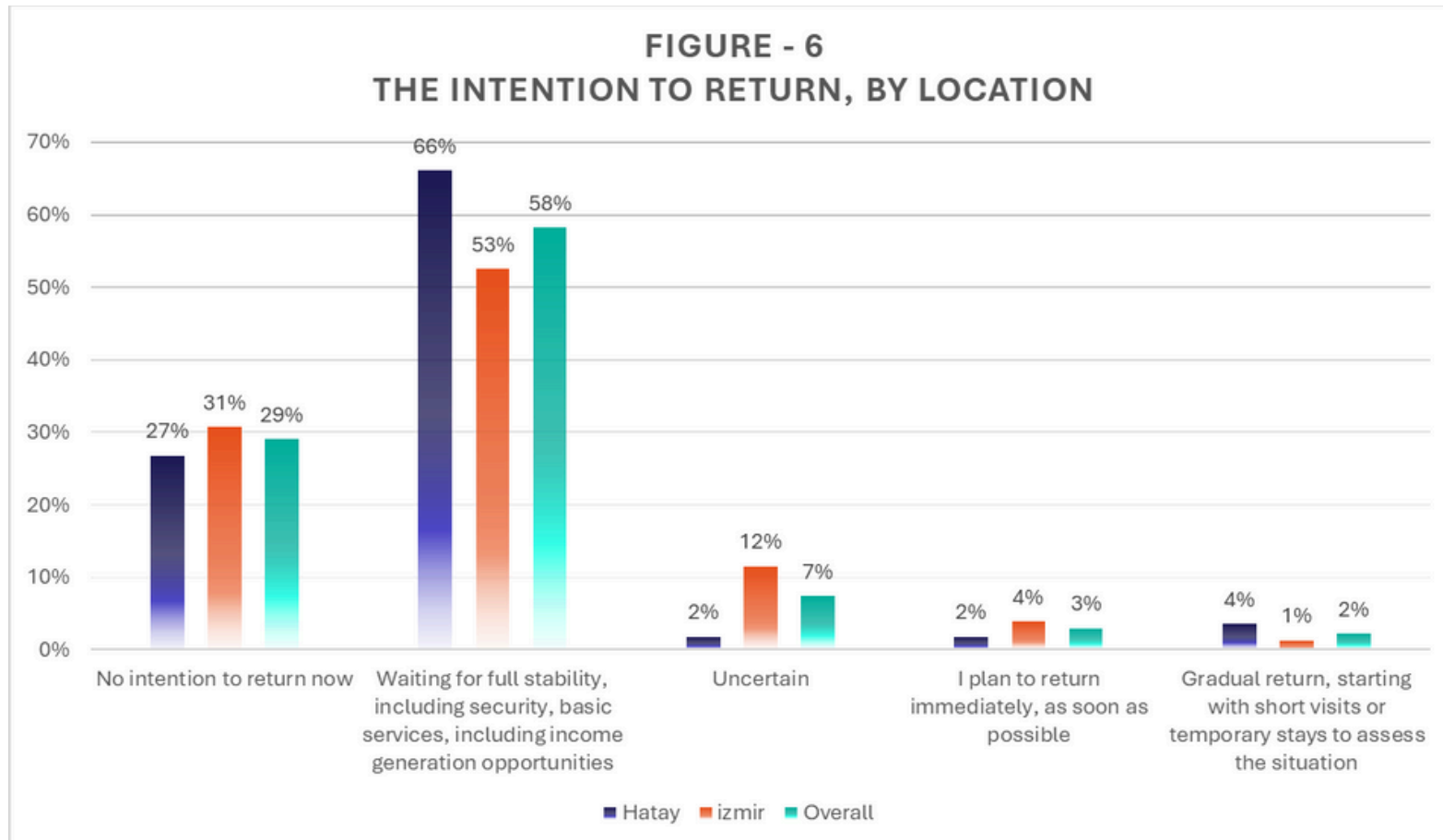
As mentioned in the related sections above, both migrant and host community members report **hindered or no access to essential services**. Thus, there is **a need for multidisciplinary protection interventions, such as case management support with legal aid and accompaniment**, to address the barriers hindering communities' ability to access essential services, as much as the legal environment permits. As indicated by the caseload of DDD/MdM Türkiye in Hatay and İzmir provinces, a significant portion of the migrant population in the mentioned provinces and throughout the country are **either unregistered or registered in a different province but not the residential one**, which hinder their ability to access public services and results in further vulnerabilities.

The MSNA probed whether the community members have safety and security related concerns, 65% of the respondents confirmed having such concerns which increases to 83% among host communities in Hatay, decreases to 63% among Syrians in Hatay and to 52% among SAWs. **Exposure to violence, abuse, and neglect is prevalent in both host and migrant communities**, highlighting an urgent need for protection services and legal support mechanisms.

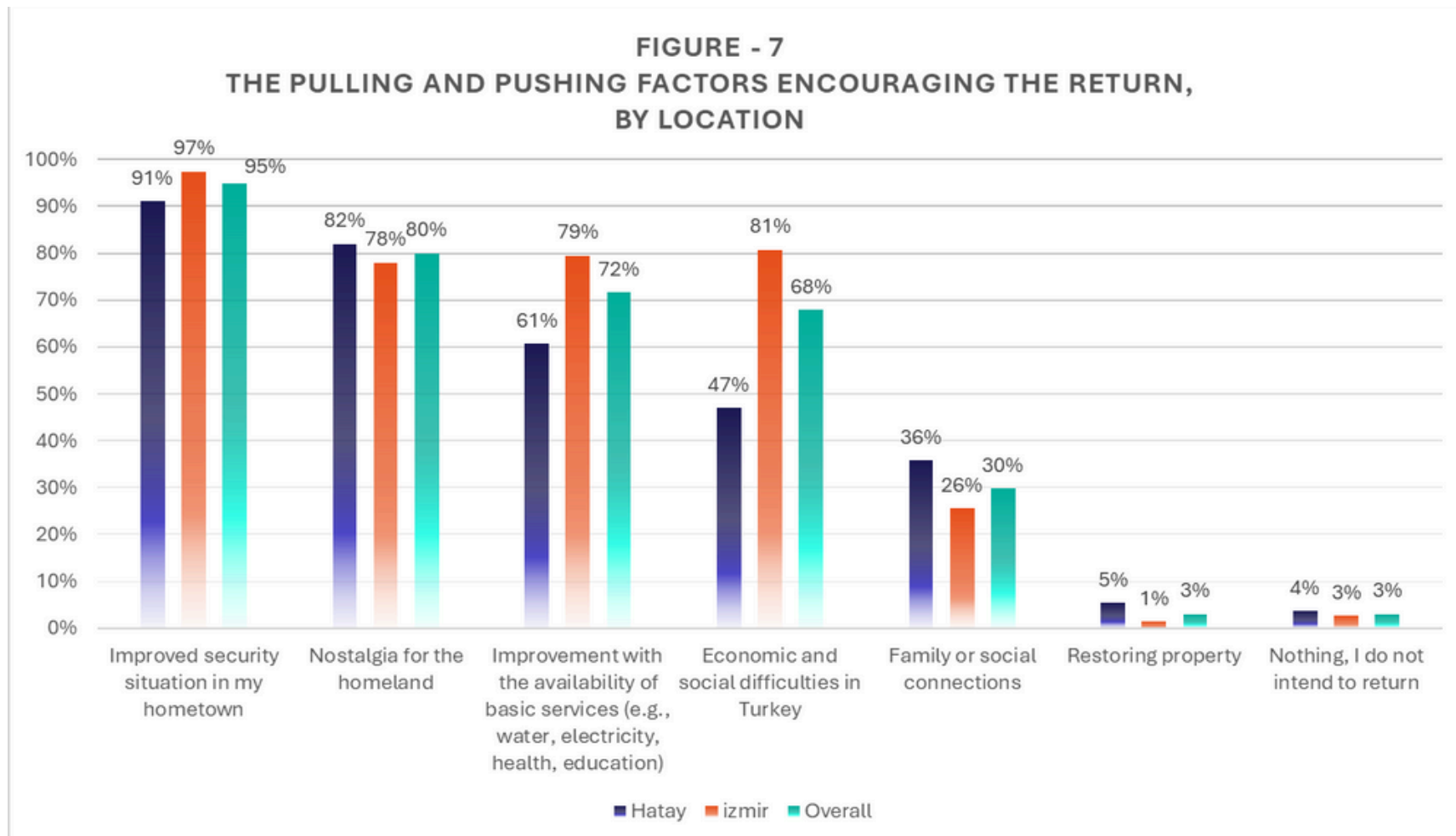


9. Intentions of Syrian communities to return to their homeland

The decision-making process for Syrians considering a return to their hometowns **remains being cautious and dependent on multifaceted issues**. The available data indicates that the communities tend to wait for further stability of their homeland with respect to the availability of essential services, including income generation opportunities. The difference between the two provinces would arguably be about the differences in the hometowns of the Syrian respondents that those work as SAWs are largely from the northeast of Syria (see *Figure - 6* below for details).



The improvements in the security related conditions of the hometowns of the respondents, strong sense of nostalgia for the hometowns and the improvements in the availability of the essential services form the main pulling factors encouraging the return. On the other hand, economic difficulties and integration related social problems in Türkiye is the pushing factor that encourage the return. **The difference between the Syrians in two locations** should be related to the level of vulnerabilities and living conditions. (please see *Figure - 7* for details).







RECOMMENDATIONS

TO DONORS & HUMANITARIAN PARTNERS:

- **Support mobile and static healthcare services** with a focus on PHC, SRH, chronic disease care, and MHPSS.
- **Scale up food assistance and nutritional programs** for vulnerable families.
- **Expand hygiene kit distributions** and **improve water access** in informal settlements.
- **Increase psychosocial support services**, including community-based MHPSS.
- **Invest in child-friendly spaces** and **remedial education support** for displaced and migrant children.

TO LOCAL AUTHORITIES AND INSTITUTIONS:

- **Strengthen coordination with NGOs** to improve service reach and reduce gaps.
- **Facilitate legal and administrative pathways for undocumented migrants** to access health and protection services.
- **Improve infrastructure for WASH and shelter** in both urban and rural areas.





ABOUT DÜNYA DOKTORLARI

Dünya Doktorları (DDD) is a Türkiye-based civil society organization that facilitates universal access to healthcare services for communities affected by armed conflict, violence, natural disasters, disease, famine, poverty and social exclusion.

DDD implements humanitarian projects in Türkiye's Hatay and İzmir, focusing on primary health care, mental health and psychosocial support services, and protection to respond to the needs of displaced populations and strives to meet the health needs of vulnerable people around the world.

As the 16th member of the Médecins du Monde (Doctors of the World) International Network, DDD responds to humanitarian crises in the regions where it operates from the heart of the crisis, building the necessary health infrastructure to provide long-term and sustainable health care to affected populations.

DDD began its work in Syria in 2018, providing primary healthcare, sexual and reproductive health, mental health and psychosocial support, and social protection services to internally displaced people affected by the war that erupted in 2011.

Since then, during the 14 years of conflict in Syria, DDD has carried out numerous medical and humanitarian activities to provide access to health care and humanitarian assistance to the war-torn population. The complexity of the war, as a result of multiple actors fighting in the region, limited access to resources, direct attacks on medical personnel and health facilities, and great needs, has led to a humanitarian response that has been conducted under equally complex and challenging conditions.

DDD continues to provide humanitarian assistance directly or through partnerships with eight health centers in Aleppo and three in Idlib to ensure access to healthcare for people affected by the war in Syria.

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The findings presented in this report reflect the perspectives and experiences of the interviewed community members. While the results provide valuable indicative information about the assessed communities, they are not representative of all Syrian populations. These findings should be used as a basis for further exploration and to guide tailored interventions.

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