



Refugees in Turkey: Comprehensive Vulnerability Monitoring Exercise (Round 1)



**World Food
Programme**

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1. Introduction

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Turkey is home to the largest refugee population in the world, hosting over 3.4 million¹. Most of them are Syrian – by September 2017 the number of Syrians had reached 3,181,537² – while the remaining 330,000 are from Afghanistan and Iraq and a smaller proportion from Iran and Somalia³.

Just 231,252 are based in the 26 Government of Turkey camps⁴. The remainder – about 90% of the refugee population – live in urban and peri-urban areas with limited access to basic services. The majority of them (70%) are women and children. Struggling to make ends meet, many are forced to go into debt, reduce the number of meals they take or withdraw their children from school.

All asylum seekers in Turkey are under International Protection, including Syrians who are under Temporary Protection (a subset of International Protection). No one is granted official refugee status. However, for clarity in the report, the term refugee covers all asylum seekers under any form of International Protection.

Cash for the most vulnerable

The European Commission is providing assistance to refugees via its largest humanitarian programme ever, the “EU Facility for Refugees in Turkey.” This allocates €3 billion to address the needs of refugees and host communities in 2016 and 2017.

One aspect of this is the Emergency Social Safety Net (ESSN), a debit card based multi-purpose cash transfer scheme that launched in December 2016. The scheme aims to support 1.3 million of the most vulnerable refugees to meet their basic needs.

Each eligible household receives a debit card to use in shops or ATMs. It is topped up monthly with 120 Turkish Liras (USD 44) for each household member. They also receive quarterly top-ups.

The recipients decide for themselves how to spend the money according to their specific needs and priorities. Cash also supports the local economies where it is spent. Beneficiaries should be able to reduce their use of negative coping strategies such as sending children to work instead of school; reduce household debt and regain financial control and independence. By September 2017 the ESSN had reached over one million beneficiaries.

Any registered family living in Turkey under international protection can apply. The ESSN relies on demographic criteria as proxy measures of household welfare, aiming to select the poorest households⁵.

ESSN organisations

- Directorate General of Migration Management (DGMM)
- Directorate General of Population and Citizenship (DGPC)
- Disaster & Emergency Management Presidency (AFAD)
- European Civil Protection and Humanitarian Aid Operations (ECHO)
- Ministry of Family and Social Policies (MoFSP)
- Turkish Red Crescent (TRC/Kizilay)
- World Food Programme (WFP)

¹ http://ec.europa.eu/echo/files/aid/countries/factsheets/turkey_syrian_crisis_en.pdf

² <http://data.unhcr.org/syrianrefugees/country.php?id=224>

³ UNHCR October 2017 factsheet <http://data.unhcr.org/syrianrefugees/country.php?id=224>

⁴ <http://data.unhcr.org/syrianrefugees/settlement.php?id=59&country=224®ion=38>

⁵ For more details on the ESSN please refer to <https://www.essn-card.com/>



Framework and Objectives of the CVME

Within the ESSN, WFP is responsible for monitoring and accountability. Within WFP Turkey, the VAM/M&E unit is responsible for providing the evidence required to plan and adjust programmatic interventions. All VAM/M&E analysis is provided as feedback to the Programme Unit, allowing for design of specific and appropriate actions in conjunction with other ESSN stakeholders.

The Comprehensive Vulnerability Monitoring Exercise (CVME) fits into the scope of WFP's responsibilities in the ESSN, and is complementary to the other VAM/M&E initiatives. The ESSN Pre-Assistance Baseline and Post-Distribution Monitoring surveys are conducted by phone from the TRC Call Centre; the phone modality means the questionnaire is restricted to only essential outcome indicators. The CVME is designed to complement the

PAB/PDM surveys in two key ways: the first is providing more detailed information from a variety of sectors; the second is collecting information from non-applicants, which allows insight into barriers to applications.

This CVME aims to provide an in-depth understanding of the determinants of refugee vulnerability in Turkey. It includes data on the status of respondents' health, education, income, expenditure, debt, living conditions and food security in order to build a picture of refugee socioeconomic vulnerability across Turkey. It also serves to better understand ESSN performance in key areas, and identify unmet needs. By highlighting the barriers to ESSN applications, this report should help partners improve the ESSN programme design and delivery in year two, to ensure the programme can reach the poorest refugees. This report presents the first of four rounds of the CVME planned during the ESSN; two in 2017 and two in 2018.

neighbourhood data (essential for the sampling frame) was not available for non-beneficiaries, monitoring assistants used snowball sampling to identify and interview eight ineligible applicant households and four non-applicant households in each neighbourhood. Unfortunately the lack of neighbourhood level data means the results are not representative of the refugee population beyond the sample.

Explanation of comparisons made in the report

The report refers to three categories of 'eligibility status'. Beneficiaries are successful applicants to the ESSN, and therefore are receiving cash transfers. The other two categories are those who have not applied (non-applicants) and those who have applied but been rejected (ineligible). Collectively the two latter groups are referred to as non-beneficiaries. To align with the Pre-Assistance Baseline (PAB) survey, which is split into five regions for geographic comparisons, the CVME data has been disaggregated accordingly⁷.

⁷ For more details on regions refer to World Bank/ World Food Programme, ESSN Pre-Assistance Baseline Report 2017, forthcoming

METHODOLOGY

Data collection

Trained field monitoring assistants from WFP and TRC conducted 600 face-to-face surveys between May and August 2017 (pausing for the month of June for Ramadan), collecting the data on tablets using Open Data Kit⁶.

Status	Households Number	Individuals Number
Non-applicant	120	574
Ineligible applicant	240	1239
Beneficiary	240	1742
Total	600	3555

Sampling

Using the ESSN beneficiary lists, 30 clusters (neighbourhoods) were selected, probability proportional to size. Within each cluster, 20 households were interviewed. Eight of the 20 households were selected randomly from the list of ESSN beneficiaries. Since

⁶ While the tool was designed in February, and enumerator trainings held in March, delays were incurred as WFP hoped to resolve the sampling constraints (lack of neighbourhood data for non-applicants). By end April it was apparent that the data problem could not be resolved in a timely manner, therefore the data collection started in May without resolving the issue.

However, all regional analysis must be considered as indicative only as the CVME sampling does not allow for geographic disaggregation with statistical validity.

Comparison with DGMM

While the CVME is not representative of the refugee population, the composition of the CVME sample in terms of age and gender is very similar to DGMM data. While this does not indicate that all results can be extrapolated to the refugee population, it provides validity to the sample and suggests that general patterns in the CVME dataset are likely similar in the DGMM population.

Two key differences are noted: the CVME sample has a larger proportion of children under five, and a smaller proportion of adult men. This is likely because the ESSN criteria prioritise households with more children and fewer able bodied adults.

Limitations

There is no sampling frame available for non-applicants, so the CVME results are indicative rather than representative of this population. There is a potential for bias in the sample because it only includes

Figure 1 Demographic comparison of CVME and DGMM samples: male

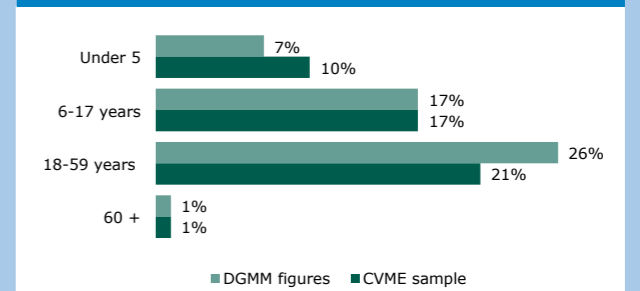
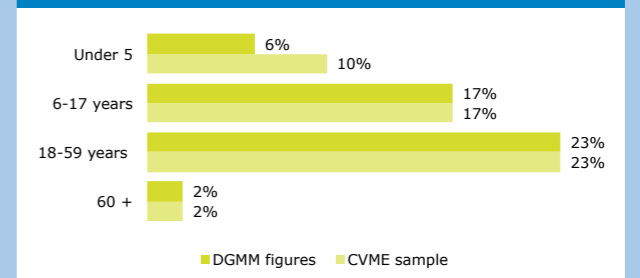
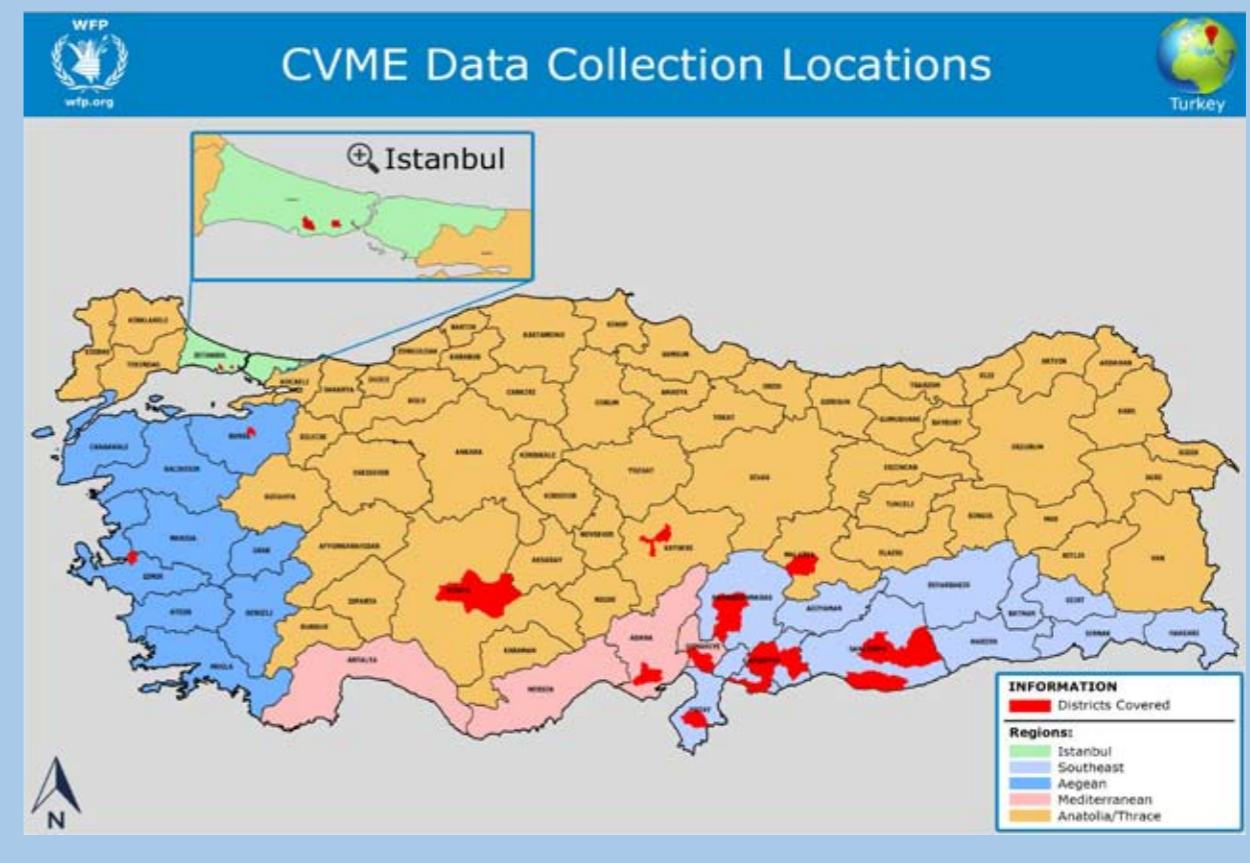


Figure 2 Demographic comparison of CVME and DGMM samples: female



those who applied for the ESSN before May: these relatively early applicants may be better educated, better able to understand ESSN application requirements and/or the Turkish social welfare system. As the bulk of data was collected during the summer time, schools were closed so some questions related to school attendance were skipped.



2. Profile of survey respondents

Beneficiary households are larger and have more children. Non-applicants are more likely to be illiterate than ESSN applicants.

While the survey respondents are mainly women (59.5%) – likely because men were working when interviews were conducted – most households are headed by men (78%). Unsurprisingly the overwhelming majority are Syrian (582) with a small number of Iraqi (11) and even fewer Somali, Turkish and Afghan household heads. Just over half (53%) come from rural areas in their countries of origin, and 47% from urban areas.

Beneficiary households are considerably larger, with more than seven members,

Figure 3 Household composition by eligibility and age groups

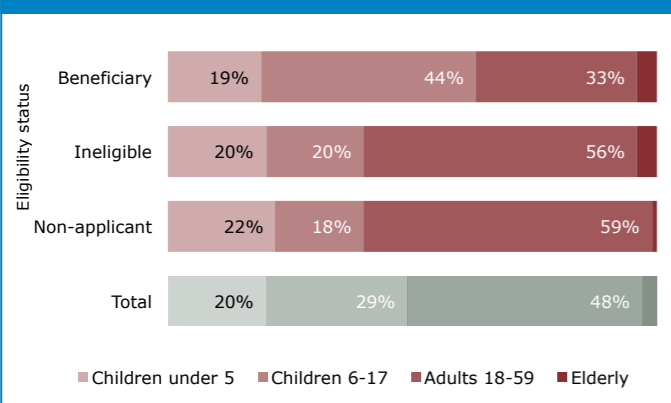
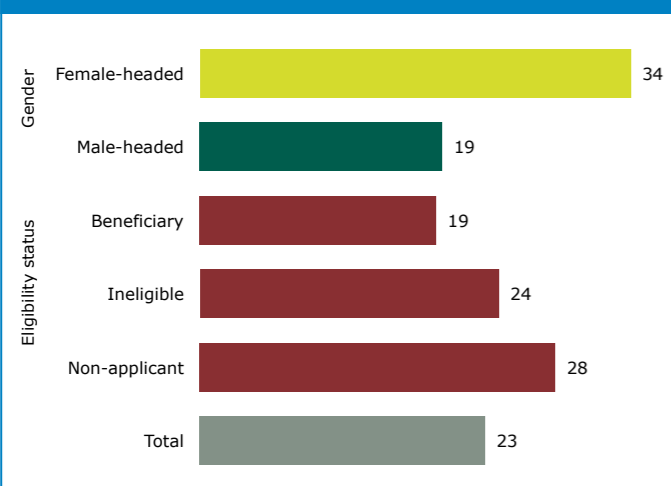


Figure 4 Percentage of households with illiterate head



compared with around five for non-applicants and ineligible candidates. This is because the demographic criteria for ESSN eligibility prioritise households with more children. Non-applicant household heads tend to be slightly younger (37) than beneficiaries (40).

There is another distinct difference in the demographic composition of households by eligibility status. In non-applicant and ineligible households more than 55% of members are adults (aged 18-59 years) and around 20% children (aged 6-17 years). Conversely, in beneficiary households more than 40% are children and 33% adults (Figure 3).

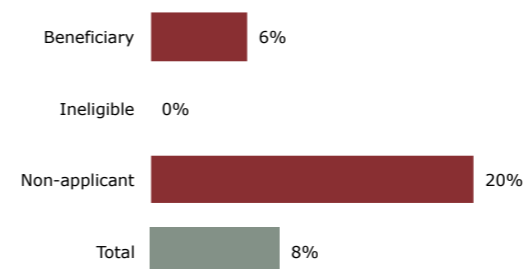
Almost two in three (62%) heads of households have not been educated beyond primary school. This includes 23% who are illiterate, rising to 34% of women heading a household. Non-applicants are more likely to be illiterate than beneficiaries or those deemed ineligible (Figure 4). Illiteracy may form a barrier to application if household heads are less educated, and less able to navigate the Turkish social assistance systems, and complete the required ESSN application form.

Four out of five households arrived in Turkey all together, rather than splitting and arriving separately. More than half of them arrived between three and six years ago (52%). Non-applicants were more likely to have arrived at different times (34%) and more recently (20% arrived within the last six months versus 0% of ineligible and 6% of beneficiary households). Fewer than one in three non-applicants arrived between three and six years ago (Figure 5).

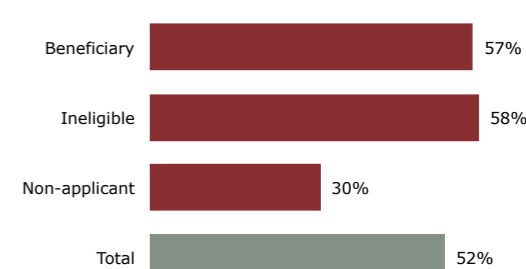
Registering with DGMM is a pre-requisite for ESSN application. Just over half of non-applicants had registered with DGMM. The remainder are either pending (i.e. had submitted applications which had not yet been cleared) (33%) or had not yet started the process (13%).

Figure 5 Arrival time by eligibility status

'When did your family arrive in Turkey?'
Last arrival in past 6 months



'When did your family arrive in Turkey?'
Three-six years ago



Almost two in three (62%) heads of households had not been educated beyond primary school.

When non-applicants were asked about reasons for not applying, the vast majority (61%) cited being unable to register with DGMM or having family members with different DGMM family ID numbers. An additional 9% of respondents cited not being registered with the population department (DGPC) as their reason for not applying, which means that ESSN application pre-requisites were the primary barrier for 70% of those who had not applied. Another 10% of households explained that they had not applied because they were told by others that they were ineligible, or they believed themselves to be ineligible. Only 5% did not know about the ESSN, and 8% did not understand how to apply (Figure 6).

Interestingly only a fifth plan to move on from Turkey if the conflict continues in their home country. Those living in Istanbul and the Mediterranean are most likely to plan to move and those in the Aegean and Southeast the least likely. The 20% of households that indicate they are planning to move on from Turkey were asked where they plan to go. Overall, one third plan to go to Europe, one third home (to Syria, in the vast majority of this sample), and one third to Canada or the USA. Respondents in Istanbul favour Europe (70%) – though note that this is still out of 20% of the total respondents.

Figure 6 Reasons given by non-applicants for not applying for the ESSN (percentage of households out of 120)

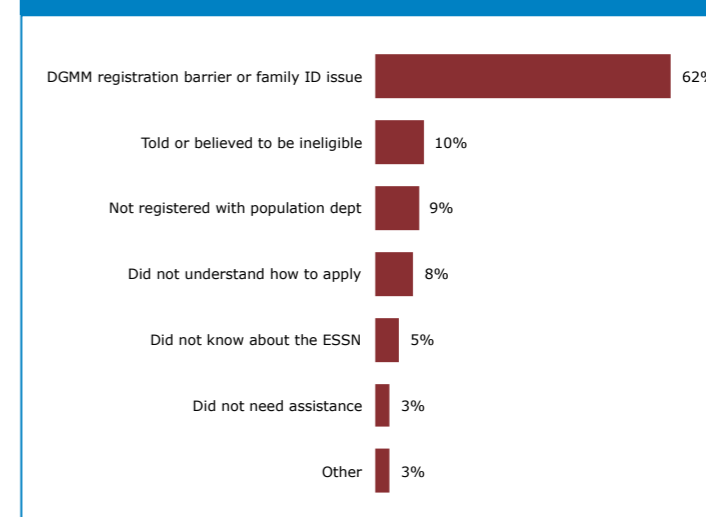
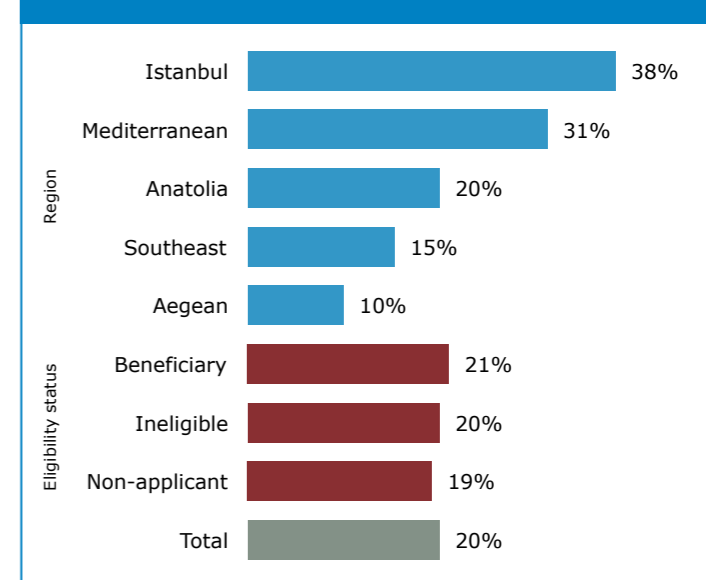


Figure 7 Does your household plan to move on from Turkey? Percentage of households that answered 'yes' to this question, by eligibility status and region



3. Vulnerability of refugees

3.1 Living conditions

Most refugees live in poor quality apartments – but conditions are better for beneficiaries than non-applicants.

Housing quality is a subjective state determined by WFP/TRC field monitoring assistants, based on the structure of the building, its cleanliness and facilities. Most apartments visited during the survey are considered poor quality (56%) and a smaller proportion (38%) are deemed to be good quality homes.

Conditions are far better in Istanbul and the Aegean and worse in the Mediterranean

and Southeast. This is likely because, when considering building structures and available facilities, the overall quality of housing is better in these metropolitan areas, and not because refugees are faring significantly better here. Housing conditions are clearly better for beneficiaries than non-beneficiaries: nearly half (47%) of beneficiaries have ‘good quality’ apartments compared with 32% of non-applicants (Figure 8).

While their housing conditions may be better, in general beneficiaries are living in more crowded conditions. Crowding averages 3.05 per room for beneficiaries vs. 2.2 for non-beneficiaries (ie ineligible and non-applicant households), which is not surprising given that beneficiary households tend to be bigger⁸.

Overall 13% of the households have to share a toilet with non-family members, rising to 17% among non-applicants and 19% in the Southeast. Female-headed households are most likely to share toilets with other families, indicating their greater level of vulnerability. Households have few possessions – on average just 8.5 out of a total of 20 assets listed in the questionnaire. They are most likely to have the bare essentials of modern life – mattresses, blankets, mobile phones and TVs and highly unlikely to own a car, motorbike, computer, dishwasher or microwave.

Beneficiaries are more likely to have assets that give them access to information than non-beneficiaries and non-applicants – a TV, mobile phone, satellite dish and the Internet. This perhaps underscores findings from the communications for development sector that when people have access to information they are more likely to have the knowledge and confidence to take action to help themselves⁹.

⁸ Inadequate shelter and overcrowding are major factors in the transmission of diseases with epidemic potential such as acute respiratory infections, meningitis, typhus, cholera, scabies, etc. Outbreaks of disease are more frequent and more severe when the population density is high. The crowding index is a commonly used indicator of socioeconomic status.

⁹ <http://downloads.bbc.co.uk/mediaaction/pdf/practicebriefings/inspiring-participation.pdf>

This also highlights the issue of access to information as important for a successful ESSN application – and presents more relevant information for ESSN stakeholders in designing a programmatic response to the various barriers to access.

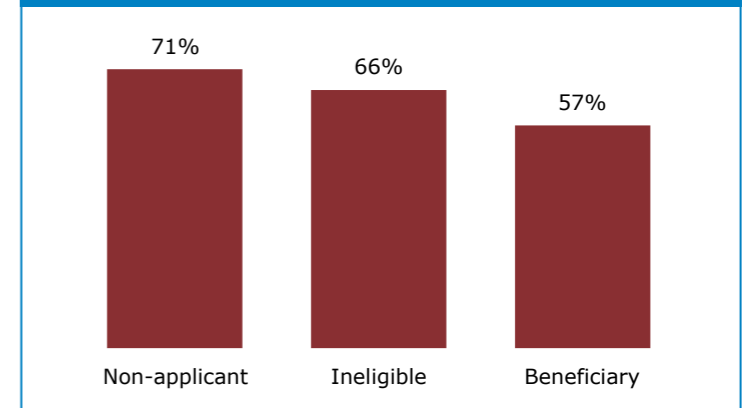
3.2 Household income, expenditure and debt

Most households rely on unskilled/unreliable income sources. Nearly two in three households had to borrow money in the last three months, mainly to buy food and pay the rent. Non-applicants and ineligible applicants are considerably more likely to borrow money than beneficiaries.

Households were asked to name their primary and secondary sources of income. While skilled labour and commerce were categorized as ‘skilled/reliable’ income sources, casual labour, credit, gifts and assistance were categorised as ‘unskilled/unreliable’. The majority (75%) of households have unreliable sources of income – though there is great variation across regions, as people move to Istanbul/Aegean specifically for work (Figure 9).

Beneficiaries are slightly more reliant on unreliable/unskilled income sources (75%) than non-applicants and the ineligible. Female household heads are highly unlikely to have skilled work, again underscoring their greater vulnerability.

Figure 11 Percentage of households that had borrowed money in the past three months



The respondent households are not dependent on many income sources – on average 1.4. Beneficiary households tend to have more income sources than non-applicants (1.7 vs. 1). They were also asked how many people in the household had worked in the past 30 days. More than 20% of non-applicants had no working household member in the past month compared with a 16.5% average. Having no working household member is particularly high among households headed by women at 31% compared with 18.3% for men. This finding further highlights the vulnerability of non-applicants and female-headed households.

Looking at how respondents spend their income, we see the lion’s share of total expenditure goes on food (46.5%), rent (22%) and household bills (10.5%) leaving just 19% to divide up between health, education, hygiene, water, debt, communications and transport (Figure 10). The rent expenditure share is even higher in Istanbul (24% of total expenditure) and the Southeast, but lower in Anatolia (17%). In focus group discussions led by WFP/TRC, participants in the Southeast mentioned that landlords had been rapidly increasing rent over the past few years.

Almost two in three households had to borrow money in the last three months, overwhelmingly to cover the costs of food (46%) and rent (31%) and mainly from family in Turkey (80%) rather than from Turks or formal moneylenders. Non-applicants and ineligible applicants are considerably more likely to borrow money than beneficiaries (Figure 11).

Figure 8 Percentage of households living in a ‘good quality’ apartment by region and eligibility status

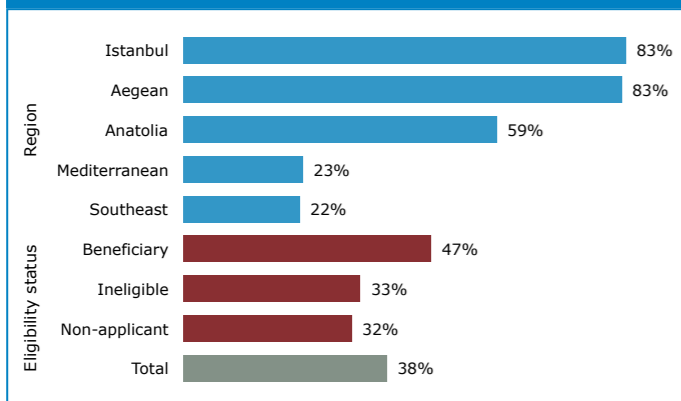


Figure 9 Percentage of households primarily reliant on casual labour, credit, gifts and assistance for income

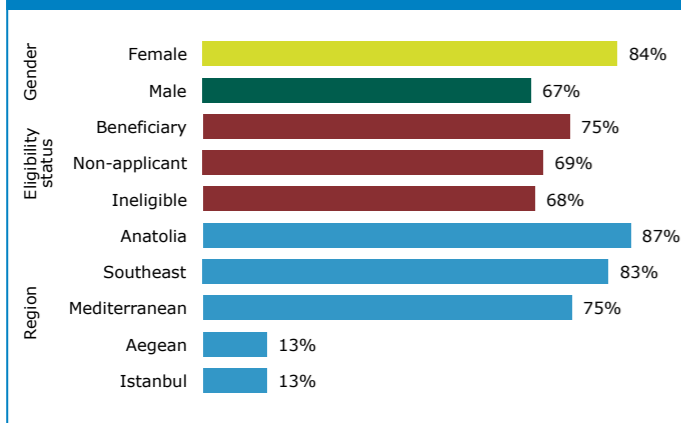
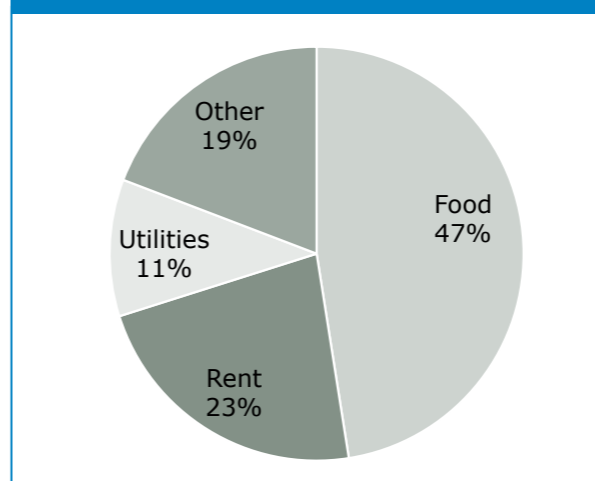


Figure 10 Household expenditure patterns



Interestingly the baseline survey – carried out before any assistance was given – showed that roughly an equal portion of beneficiaries and non-beneficiaries had borrowed money in the past three months. These findings indicate that the assistance may have had a positive impact on lowering household debt.

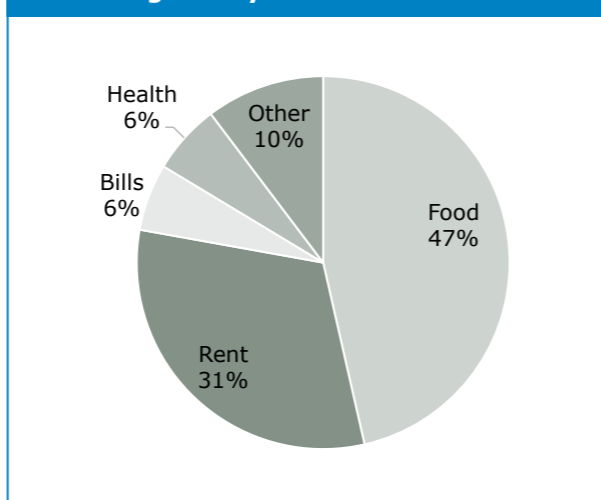
3.3 Coping strategies

When faced with lack of income and mounting bills, people are forced to make difficult choices to make ends meet. The strategies they employ can further undermine their economic resilience and can be difficult to reverse.

To construct a livelihoods-based coping strategies module households were asked: “During the past 30 days, did anyone in your household have to do one of the following things because there was not enough money to meet your basic needs?”

Each strategy is categorized as ‘stress’, ‘crisis’ or ‘emergency’ depending on its level of severity, and the impact on future household productive capacity. For each country, the module is adapted to suit the local context. WFP/TRC held Focus Group Discussions to validate the categorisation of each strategy

Figure 12 Main reasons given for borrowing money



within the Turkey context. Spending savings, buying food on credit and borrowing money are categorized as stress; selling productive assets, reducing non-food expenses, withdrawing children from school, sending them to work and marrying off under 16s are considered crisis; and a household member moving elsewhere, engaging in risky or illegal behaviour, begging or returning to their home country are considered emergency.

Overall 76% used at least one coping strategy in the previous 30 days. Almost three in four respondents (72%) employed ‘stress’ strategies and a third used ‘crisis’ strategies – in particular withdrawing their children

from school. And a significant portion (11%) employed emergency strategies.

Non-applicants were much more likely to use emergency coping strategies than beneficiaries and ineligible applicants (19% versus 7.5%). Female-headed households were more likely to use all coping strategies with the exception of spending savings (figure 14). And households in Istanbul were more likely to sell household assets, spend savings, send children to work, withdraw their children from school and reduce non-food expenditure than those living elsewhere.

All households were asked how many of their school age children were absent from school long-term i.e. for over a year. Overall, 30% of households had withdrawn at least one child from school for more than a year. Of these, 13% had all of their school age children absent from school for over a year.

The percentage is much higher in Istanbul and the Aegean, which is corroborated by the coping strategy analysis, which shows a higher proportion of children working in these areas. A lower proportion of beneficiary households have a child out of school by comparison with ineligible applicants and non-applicants. Again, the data is very concerning for the non-applicant households, with the highest proportion of children not attending school.

Figure 14 Use of livelihoods-based coping strategies by gender of household head

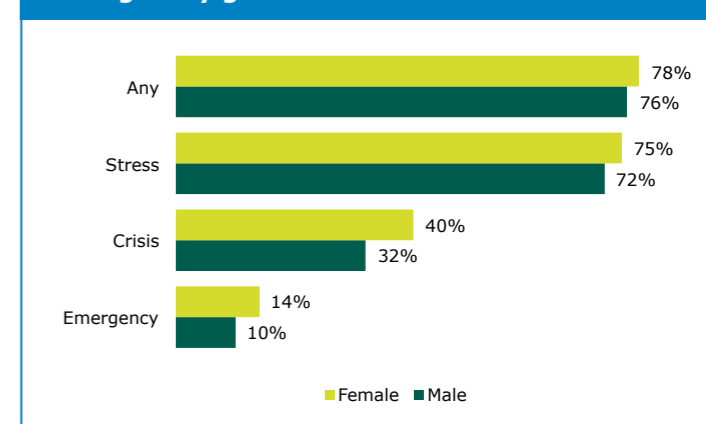
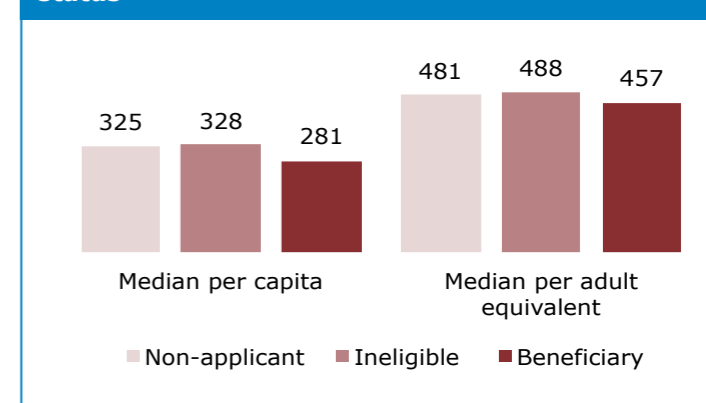


Figure 15 Expenditure in Turkish Lira by eligibility status



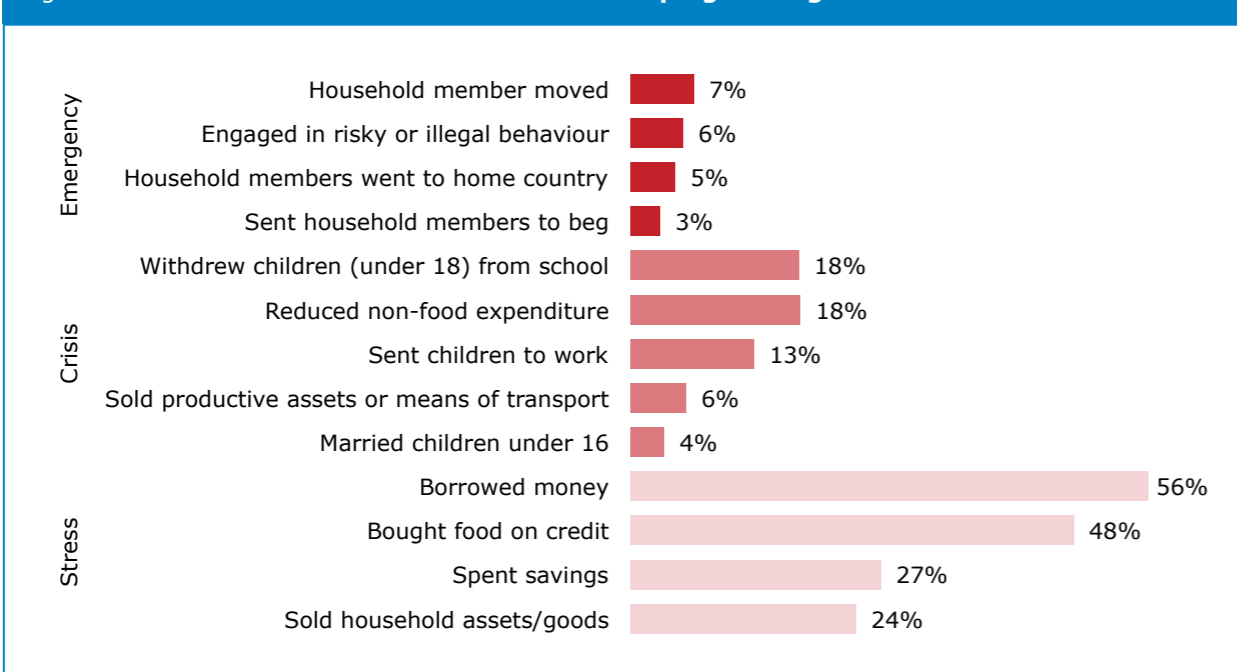
larger households). Therefore the data is also examined by adult equivalent, to account for the economies of scale from which large families benefit¹⁰. Figure 15 above indicates that even using an equivalence scale, ineligible applicant and non-applicant expenditure is 6-7% higher than beneficiary expenditure.

This finding of lower expenditure by beneficiaries is particularly striking, as it is assumed that beneficiaries were receiving 100 Turkish Lira (TL)¹¹ per household member during the time of data collection, which should have resulted in higher expenditure. Assuming that beneficiaries spent all of the cash assistance, their pre-assistance expenditure would have been just 180 TL per capita (i.e. 281 TL minus 100 TL). In order to classify households as poor or non-poor, the value of a Minimum Expenditure Basket

¹⁰ For more on equivalence scales, refer to: <http://www.oecd.org/eco/growth/OECD-Note-EquivalenceScales.pdf>

¹¹ 100 TL transfer value is assumed, rather than the current transfer value of 120 TL as the transfer amount increased at the end of June, and many households were surveyed in May.

Figure 13 Household use of livelihoods-based coping strategies



3.4 Poverty

On average more than half of surveyed households are considered poor, both by the Minimum Expenditure Basket threshold and Multi-Dimensional Poverty Index (MPI) – rising to over 60% of beneficiary households.

Per capita expenditure and Minimum Expenditure Basket

Looking at the median per capita expenditure, it is significantly lower for beneficiaries than ineligible applicants and non-applicants. This may be due to the fact that per capita methodology gives larger households lower per person values (and beneficiaries have

Figure 16 Poverty incidence using Minimum Expenditure Basket threshold

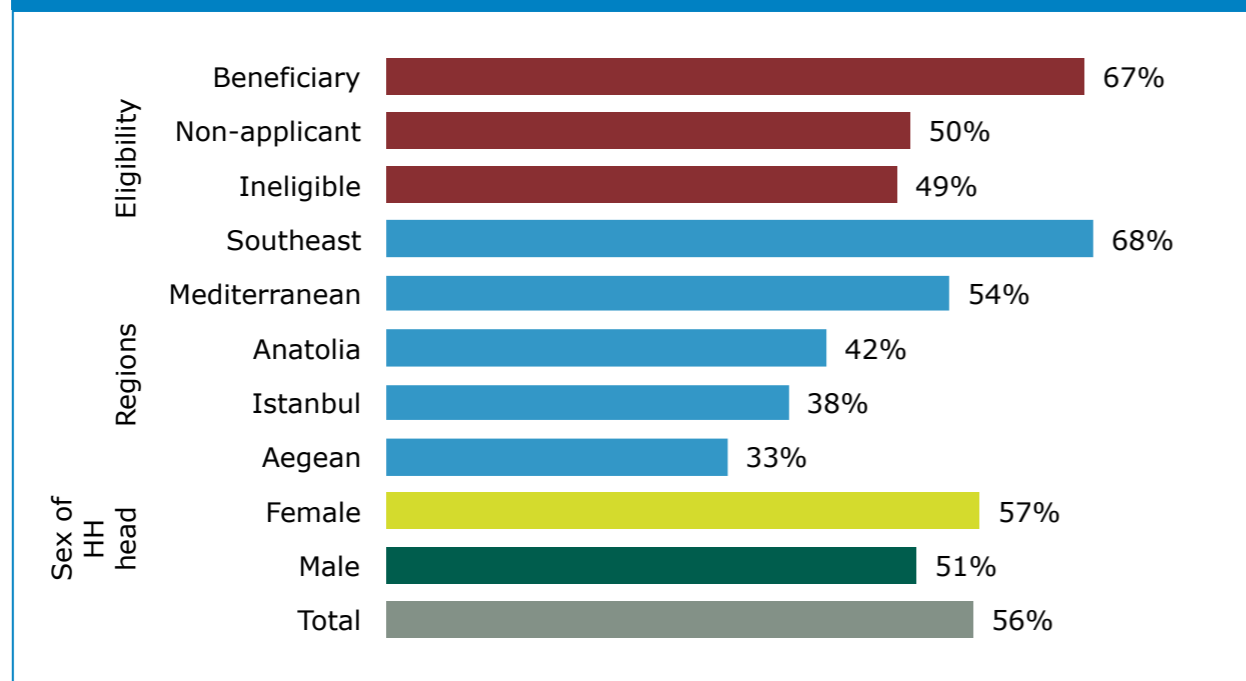
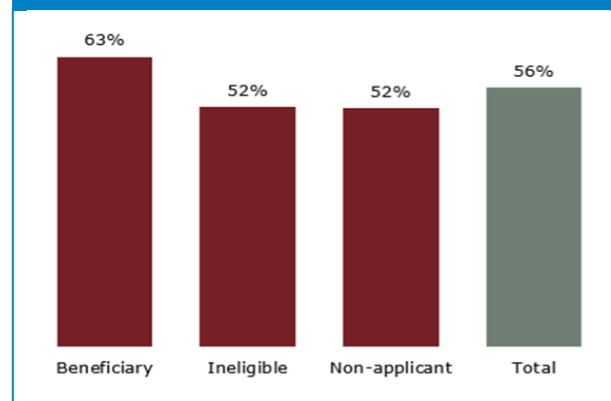


Figure 17 Multidimensional poverty headcount by household eligibility status



(MEB) was used as a threshold. The MEB represents the minimum monthly cost of the goods and services required for refugees to live a dignified life outside the camps¹².

More than half (57%) of all surveyed households are below the MEB threshold of 324 TL per capita¹³ and therefore classified as poor. When disaggregated by applicant status, 50% of non-applicants, 49% of ineligible applicants, and 67% of beneficiaries

¹² For more details on MEB concepts and methodology, refer to the MEB/SMEB Calculation for Syrians living in Turkey, Sep 2016. www.data.unhcr.org/syrianrefugees/download.php?id=13436

¹³ Relying on data from the Turkish Statistical Institute, an average MEB in Turkey cost 1,945 TL for a household with six members, or 324 TL per person per month in Quarter 2 2017. Refer to the ESSN Market Bulletin Q2 2017 for more details.

are poor. Using the modelling of pre-assistance expenditure, 88% of beneficiaries pre-assistance would have fallen below this threshold. There is only a very small difference when comparing poverty incidence between male (56%) and female (58%) headed households (Figure 16).

As previously noted, the CVME sampling does not allow for geographic disaggregation with statistical validity, therefore all regional analysis must be considered as indicative only. When comparing across the five regions, the Southeast has the highest proportion of poor households, at 68%. Istanbul and the Aegean have the lowest at 38% and 33% respectively.

Multidimensional poverty index

Given the basic needs focus of the ESSN, measures of poverty relying on consumption expenditure alone are narrow in focus. Therefore, in addition to economic poverty, the Alkire Foster method is used to construct a multi-dimensional poverty index (MPI). The MPI is calculated using five weighted deprivations faced by a household—education, health, food security, living conditions and income. The data shows that 56% are considered poor by the MPI. As with the economic poverty indicator the incidence is higher among beneficiaries (63%) than non-applicants (52%) and ineligible applicants

(52%) (Figure 17). Analysis of the individual dimensions of the MPI reveals that the sample population experiences most deprivation in education, living conditions and income and least in food security and health.

The incidence of multi-dimensional poverty ranges from 50% in the Aegean region, to 73% in the Anatolia region. Refer to Annex 3 for more details on the MPI.*

3.5 Health status

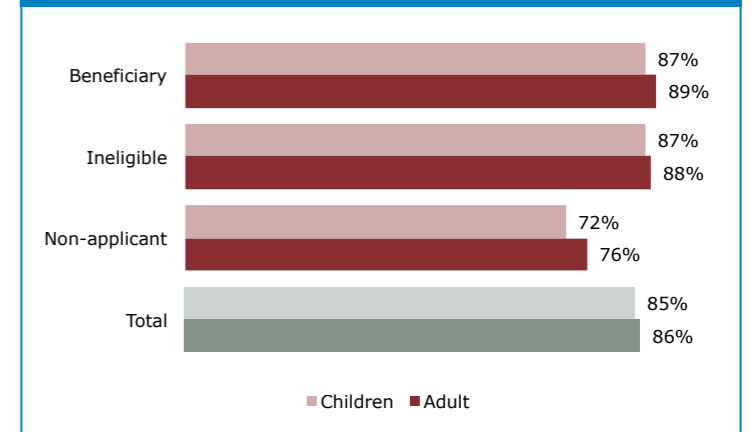
Refugees are highly likely to seek free healthcare for adults and children at government hospitals.

Almost a quarter (23%) of children were reportedly sick in the past 30 days – although it was slightly lower for beneficiary households (20%).

A fifth of adults were ill in the last month. One in five households reported having one household member with a chronic illness or other serious disease and 16.5% a household member pregnant or lactating.

While 5% of respondent households have a disabled member with a Ministry of Health disability report stating he or she is disabled, a further 8.2% reported having a disabled member without a report. This finding

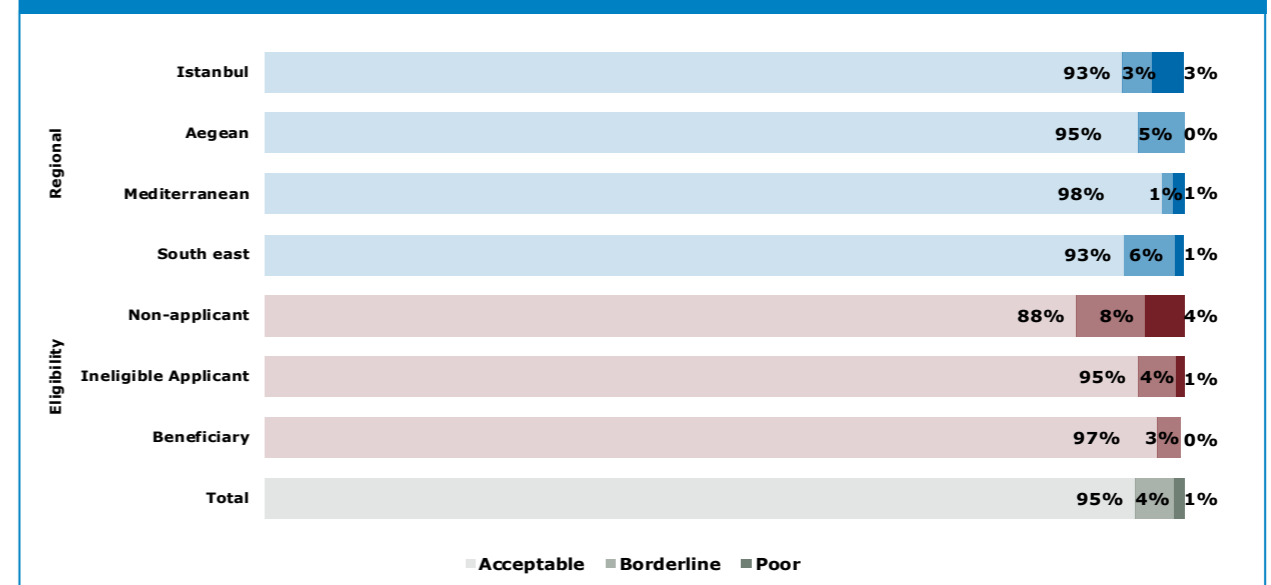
Figure 18 Percentage of children and adults seeking treatment for illness



indicates that some households may not be accessing the ESSN because they have failed to obtain a disability report certifying that they were ‘40% disabled’ (criteria for ESSN eligibility).

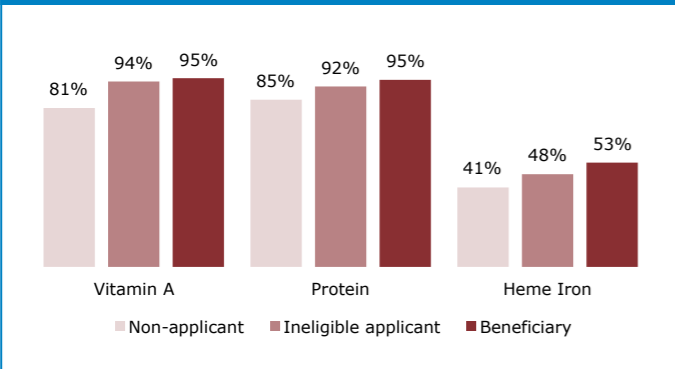
Households are highly likely to seek treatment both for ill children and adults (Figure 18). But non-applicants are less likely to seek treatment than beneficiaries and ineligible households. This may be linked to the higher proportion of non-applicants who are not registered with DGMM, and therefore ineligible for government-provided healthcare. Again, this data highlights the vulnerability of the non-applicant households. Most of those seeking treatment (80%) went to a government hospital to access free healthcare.

Figure 19 Percentage of households with poor, borderline and acceptable food consumption by region and eligibility status



*A previous version of the CVME report incorrectly included lower FCS figures, then included into the MPI. These updated FCS & MPI figures are accurate, and follow standard WFP FCS methodology.

Figure 20 Daily consumption of nutrient-rich foods in past seven days by household eligibility status



3.6 Food security

95% of all surveyed households have acceptable food consumption. Non-applicant households are more likely to face food insecurity (12%).

The FCS is a composite calculation that combines dietary diversity (the number of food groups consumed by a household over a seven-day period), food frequency (the number of days a particular food group is consumed), and the relative nutritional importance of different food groups. It is intended to describe short-term food security at the time of data collection. Food consumption scores are divided into poor, borderline and acceptable food consumption groups. In this report poor and borderline food consumption score is used as a proxy indicator for food insecurity.

Overall 95% have acceptable food consumption leaving only 5% with unacceptable food consumption (rising to 7% in the Southeast).

As Figure 19 shows beneficiaries are more likely to be food secure (97%), showing an improvement since the baseline survey when 76% were food secure (though the most accurate comparison against the baseline will come from the post-distribution monitoring).

The CVME collected some data on nutrient-rich food items in an effort to understand whether this population has any “hidden hunger” or possibility of micronutrient deficiencies. Overall the results look quite good and are consistently best for beneficiaries, when examining across the eligibility groups.

The vast majority consume a diverse diet containing protein and vitamin-A, an essential nutrient for eyesight, growth and development and maintenance of epithelial cellular integrity, immune function and reproduction (Figure 20). In addition to daily consumption of cereals most consume dairy, meat, fish, eggs and vegetables on about five days week. Non applicants consume these food groups slightly less regularly at 4-5 times a week.

The body absorbs the most iron from heme sources (such as red meats, organ meat and fish) rather than non-heme. So consumption of these foods lowers the risk of iron deficiency anaemia, which can slow growth during adolescence, increase fatigue, and increase the

risk of haemorrhage and bacterial infection during childbirth. Less than half consume these more expensive food groups daily - but, encouragingly, only 5% of respondents never consume heme iron rich foods.

Respondents were asked to indicate on how many days in the last week their household had to employ food-based coping strategies, such as relying on less preferred or borrowed food, reducing the number or size of meals, and/or cutting what adults ate in order for small children to eat (Figure 21). Such coping mechanisms can undermine food security

status or increase vulnerability to future food insecurity. Overall 61% had used at least one consumption coping strategy in the past seven days. Beneficiaries were consistently less likely to compromise their eating habits than non applicants and the ineligible: 52% versus 66%.

The most commonly used consumption coping strategy was relying on less preferred or less expensive food. The least used was borrowing food, or relying on help from friends or relatives; these may be strategies that become quickly exhausted among a refugee community.

4. Conclusion

How vulnerable are the refugees?

Most (75%) rely on unskilled/unreliable sources of income, which is mainly spent on food, rent and utilities, leaving just 19% for all the other essentials – health, education, hygiene, transport, water, communications and debt repayments. Almost two in three refugee households had to borrow money in the last three months to cover the cost of their two major expenditures, food and rent.

After borrowing money, buying food on credit and spending savings, refugees often resort to selling their assets, withdrawing their children from school and/or sending them to work in an attempt to make ends meet. A significant portion (11%) employ ‘emergency’ coping strategies such as sending a household member to live elsewhere for lack of money to support them.

More than half (57%) of all surveyed households are below the Minimum Expenditure Basket threshold of 324 TL per capita a month and therefore classified as poor. Calculating poverty using a multi-dimensional poverty index (MPI) of five weighted deprivations faced by a household

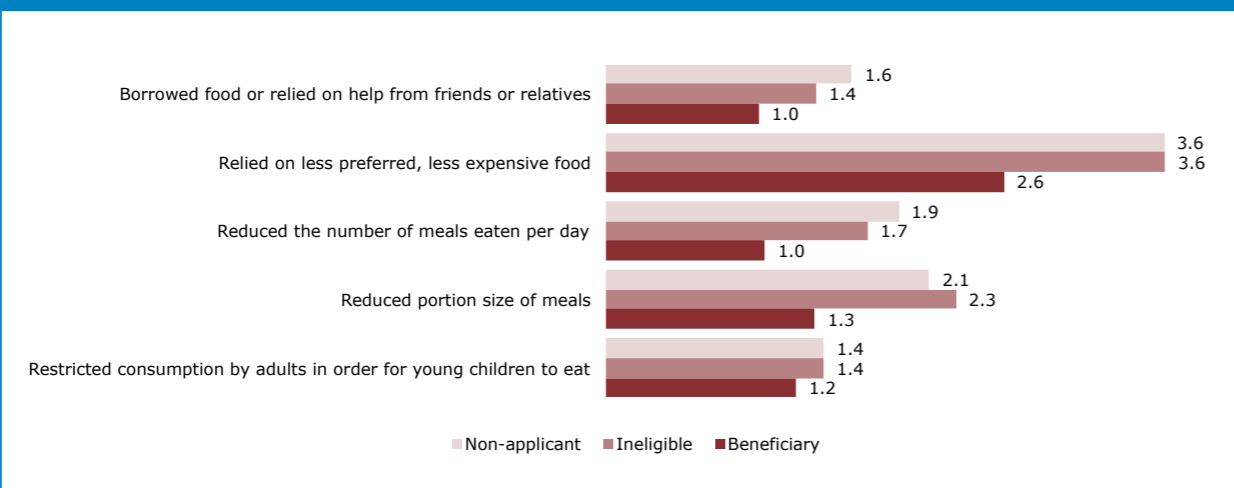
– education, health, food security, living conditions and income – shows that almost 56% are poor.

Analysis of the individual dimensions of the MPI reveals that the sample population experiences most deprivation in education, living conditions and income and least in food security and health.

Indeed the analysis shows a less concerning situation regarding diets and treatment for ill health. Overall 5% are food insecure (rising to 7% in the Southeast) and the vast majority consume a diverse diet containing protein and vitamin-A. Around one in four children and one in five adults were ill in the previous month. They are highly likely to seek free healthcare treatment in a government hospital.

Households headed by women are significantly more vulnerable by most indicators including living conditions, reliability of income and use of coping strategies but, interestingly, there is only a very small difference when comparing poverty incidence (ie the percentage falling below the Minimum Expenditure Basket threshold) between male and female-headed households.

Figure 21 Number of days in previous week households employed consumption coping strategies



What is stopping refugees from applying to the ESSN?

This report highlighted some of the barriers to ESSN application. Almost half of non-applicants have not managed to register with DGMM. This is the main reason given for not applying. Some respondents say this is because they have family members with different DGMM ID numbers. This issue may be due to recent arrivals in Turkey; (around a fifth of non-applicant households had one member arrive within the last six months).

It is also notable that non-applicants are less educated with 28% of household heads illiterate. This likely impairs their ability to understand the ESSN pre-requisites and application process, and fill out the mandatory forms.

Non applicants are less likely to have assets that give them access to information than beneficiaries – a TV, mobile phone, satellite dish and the Internet, which may hinder them from obtaining what they need to know.

How do the eligibility groups compare?

By all poverty measures used in this analysis beneficiaries are poorer than the other two groups, even after receiving the ESSN. They spend less per capita even when using an adult equivalence scale to account for the fact that they have more children. While more than half (57%) of all surveyed households are classified as poor by the Minimum Expenditure Basket threshold (set at 324 TL per person a month), this rises to 67% for beneficiaries.

Calculating poverty using a multi-dimensional poverty index (MPI) 63% of beneficiaries are poor compared with 57% of non-applicants and 54% of ineligible applicants. This poverty analysis indicates that the targeting systems have been relatively successful in selecting the poorer households.

But, as we have seen, ineligible and non-applicants are also extremely poor, with the bulk using damaging coping strategies and half below the poverty line.

However, the survey findings show that in many ways the beneficiaries are less vulnerable than non-beneficiaries. For instance, beneficiaries are much less likely to use emergency coping strategies, to have children out of school and to borrow money than non-applicants. And they are more likely to have 'good quality' apartments.

Beneficiaries do not compromise their eating habits by eating less preferred, cheaper food, for example, as often as non-applicants and the ineligible. Around a fifth of beneficiaries are food insecure (19%) compared with 29% of non-applicants.

This assessment cannot demonstrate that beneficiary outcomes have improved as a direct result of the assistance; future rounds of the CVME will provide better evidence of this. The analysis does, however, clearly illustrate that while the targeting systems may have selected the poorer applicants, the non-applicants are worse off by several key indicators. The ESSN stakeholders and partners must make a concerted effort to help these people negotiate the barriers to application.

CVME ANNEXES

Annex 1: Number of surveys by city and region

Region	City	Beneficiaries	Ineligible applicants	Non-applicants	No. of surveys
Istanbul	Istanbul	24	24	12	60
Aegean	Bursa	8	8	4	20
	Izmir	8	8	4	20
Mediterranean	Osmaniye	16	16	8	40
	Adana	16	16	8	40
Southeast	Hatay	24	24	12	60
	Gaziantep	24	24	12	60
	Kahramanmaras	8	8	4	20
	Kilis	16	16	8	40
	Sanliurfa	56	56	28	140
Anatolia	Ankara	8	8	4	20
	Konya	24	24	12	60
	Kayseri	8	8	4	20
Total		240	240	120	600

Annex 2: Asset ownership (percentage of households)

	f. What is your HH's status in the ESSN?			Regions					Sex of head of household	
	Non-applicant	Ineligible	Beneficiary	Istanbul	Aegean	Mediterranean	Southeast	Anatolia	Male	Female
Mattresses	93	93	96	87	88	98	97	90	95	91
Beds	51	58	55	63	55	56	59	36	55	56
Blankets	83	86	88	97	58	96	87	79	87	82
Fridge	84	93	93	95	98	93	89	91	92	86
Phone	93	92	94	97	80	95	92	97	93	93
Internet	23	28	31	70	35	20	17	43	29	24
Washing machine	63	76	78	90	95	75	65	85	75	71
Oven	30	36	37	63	43	34	21	62	36	31
Microwave	0	0	0	0	0	0	0	1	0	0
Dishwasher	02	2	1	3	0	3	1	2	1	1
Stove	43	52	53	50	68	41	43	73	48	58
Central heating	7	8	10	38	10	3	2	17	9	8
Air conditioner	5	4	2	2	3	6	3	3	3	5
Television	76	90	92	72	80	94	91	87	38	87
DVD player	1	0	2	2	0	0	1	2	1	1
Computer	3	0	4	5	0	1	2	4	2	3
Satellite dish	54	65	71	63	38	85	63	71	65	68
Motorcycle	3	6	5	0	5	20	2	5	5	3
Car/van	1	2	2	2	0	4	1	2	2	2

CVME ANNEXES

Annex 3: Multidimensional poverty: dimensions and indicators

Dimension	Dimension weight	Indicator	Indicator weight
Education	3	Head of household with no formal education	1
		Not all school age children (6-17) attending school (absence over 1 year)	2
Health	3	More than half of household reported sick in past month	1
		Any household member not treated when sick	2
Food security	4	Household with unacceptable (poor or borderline) food consumption	2
		Household with reduced Coping Strategies Index above 23 (using each strategy 3 days per week)	2
Living conditions	4	Crowding index above 2	1
		No kitchen	1
		No indoor toilet	1
		No beds	1
Income generation	2	No skilled or reliable source of work (classified as any work other than skilled labour or commerce)	1
		No household member worked in past 30 days	1

Variables included in each dimension were selected according to Alkire Foster guidance: to be accurate and parsimonious. Variables were also selected considering the correlation between them; those with high correlation were excluded, to avoid double counting. Weights were selected also considering correlation between variables (Nardo et al, 2005), and normative considerations based on discussions with the refugee population. Dimension weights were driven by the Minimum Expenditure Basket – rent and food are the largest proportions of the MEB. Refer to Decancq & Lugo for more guidance and details on variable weights within an MPI. Nardo, M., et al. (2005), "Handbook on Constructing Composite Indicators: Methodology and User Guide", OECD Statistics Working Papers, No. 2005/03, OECD Publishing, Paris. <http://dx.doi.org/10.1787/533411815016>
Decancq, Koen and Lugo, Maria Ana, Weights in Multidimensional Indices of Well-Being: An Overview (March 2010). Available at SSRN: <https://ssrn.com/abstract=1571124>

CVME ANNEXES

Annex 4: Multidimensional poverty: deprivation prevalence per indicator

Indicator	Deprivation prevalence
Head of household with no formal education	62%
Not all school age children (6-17) attending school (absence over 1 year)	31%
More than half of household reported sick in past month	10%
Any household member not treated when sick	12%
Households with unacceptable (poor or borderline) food consumption	5%
Households with reduced Coping Strategies Index above 23 (using each strategy 3 days per week)	21%
Crowding index above 2	53%
No kitchen	5%
No indoor toilet	13%
No beds	45%
No skilled or reliable source of work (classified as any work other than skilled labour or commerce)	71%
No household member worked in past 30 days	17%



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