



**CARE International Rapid Assessment Report:
Kobane Refugee Influx to Turkey**

24 September 2014

EXECUTIVE SUMMARY

On 18 September, it was reported that the Islamic State had conducted its largest offensive in the Kobane/Ain Al-Arab area¹ of Aleppo governorate, resulting in over 130,000 Syrian refugees crossing the border into southern Turkey from 19-22 September.



A family arrives on the Turkish side of the border, at Mertismail on 20 September ©CARE/Chloe Day

CARE International in Turkey, with support from the Syria Needs Analysis Project (SNAP), undertook an initial rapid needs assessment in the town of Suruç, where approximately 50,000 refugees had concentrated according to the local authorities.

The top priorities for urgent assistance are clearly identified and prioritised by those consulted, and these are: to find temporary accommodation; and to ensure that they have access to a sufficient and suitable food supply for all members of the group, especially lactating mothers and infants. The need for non-food items (NFIs), especially adequate clothes and bedding, is also high and can only increase as temperatures fall. Additionally, a number of protection issues warrant concern and further

¹ Kobane is the Kurdish name for this area and Ain Al-Arab the arabic one

assessment. This rapid assessment should be used to build up a greater understanding of the needs of this particular refugee population and should help to frame the ongoing initial response.

BACKGROUND

On 18 September, it was reported that the Islamic State (IS) group had conducted its largest offensive in the YPG (Peoples Protection Units) controlled Kobane/Ain Al-Arab area of Aleppo governorate, with heavy weaponry, artillery and tanks. By the morning of Saturday 20 September, IS had seized 60 villages to the east and west of Kobane, causing people in these villages to flee to the main town and prompting thousands of residents of the town to move towards the Turkish border from the morning of Friday 19 September. Unverified reports were received of 10,000- 15,000 people amassed at the border. The Turkish authorities opened border crossings in the early afternoon on Friday 19 September, at which point 4,000 were known to have passed through immediately. Approximately 10,000 people were reported to have crossed the border to Turkey by the end of 19 September.

A total of nine border crossing points were established and the number of refugees entering Turkey rose rapidly to 60,000 by the afternoon of Saturday 20 September and a reported 138,000 by Monday 22 September, according to the authorities in the area.

The Kobane area is predominantly Kurdish and the vast majority of those fleeing are Kurds. This had been one of the few stable areas in northern Syria and, consequently, large numbers of IDPs had moved there prior to these attacks. Therefore, this refugee influx represented a second displacement for a proportion of those fleeing Kobane.

By the morning of Saturday 20 September, reports were received of large concentrations of refugees in and around the town of Suruç, close to a number of crossing points established around the official border crossing at Mürşitpınar.



METHODOLOGY

Following initial scoping visits to the border crossings around Mürşitpınar and Suruç undertaken on 20 September, CARE International in Turkey, with support from the Syria Needs Analysis Project (SNAP), undertook a rapid multi-sectoral needs assessment in central Suruç on 21 September.

This took the form of 56 household surveys and two semi-structured focus group discussions (FGD) held in a collective centre (a local mosque) in which 200-300 refugees were sheltering. One FGD was held with male refugees (10 people) and one with female refugees (15 people).

FINDINGS

The main findings of this initial assessment are as follows:

Household composition

- Average family size: 7
- 53% female; 47% male (412)
- 27% children 5-18 years (111)
- 14% children under 5 years (56)
- 6% people over 60 years (23)
- 3% considered to be people with disabilities (13)

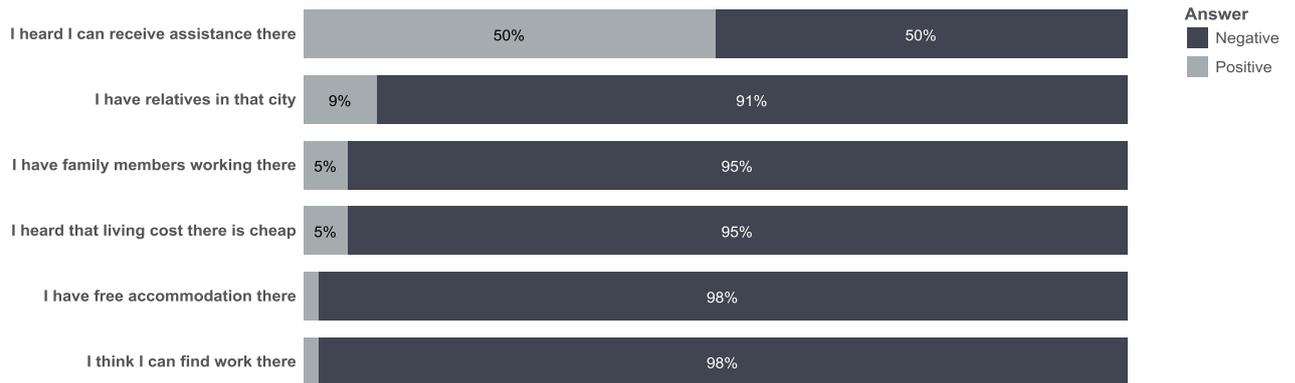
Financial capacity

- 54 out of 56 respondents (96%) considered themselves to have no financial capacity to support their household
- 100% of interviewed households reported having financial capacity to support themselves for less than a month. FGDs indicated less than a week.

Reasons for arrival in Suruç after fleeing

- 50% said they heard that they could receive assistance there
- 9% said they have relatives in the town
- 5% said they have family working there
- 5% said that they had heard that the cost of living is lower there than in other places
- 2% said that they have free accommodation there
- 2% said that they believed they could find work there

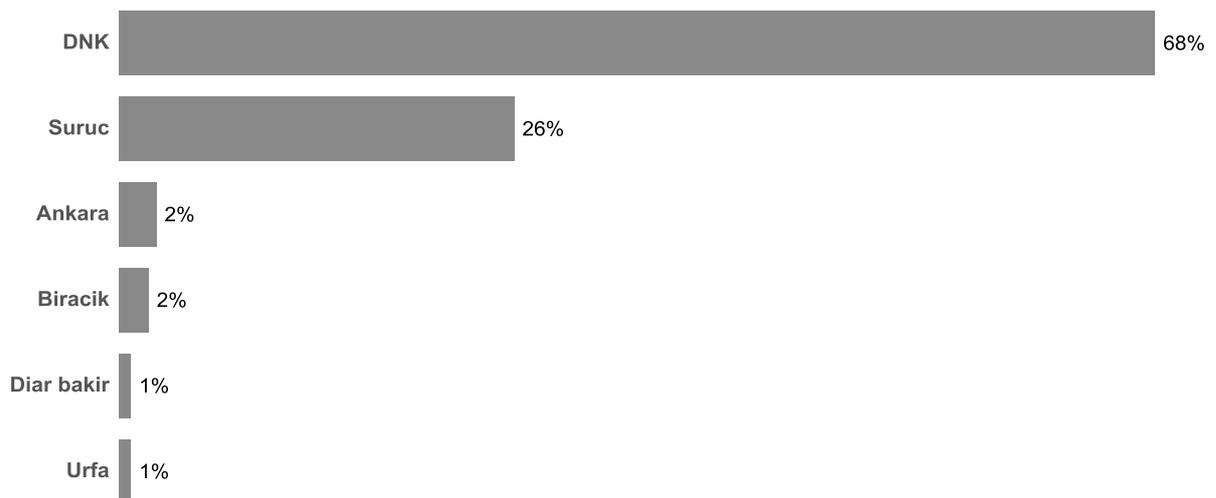
Reasons for arrival in Suruc



Intended final destination

- The majority of interviewed households (68%) stated that they did not know what their final destination would be

Intended final destination



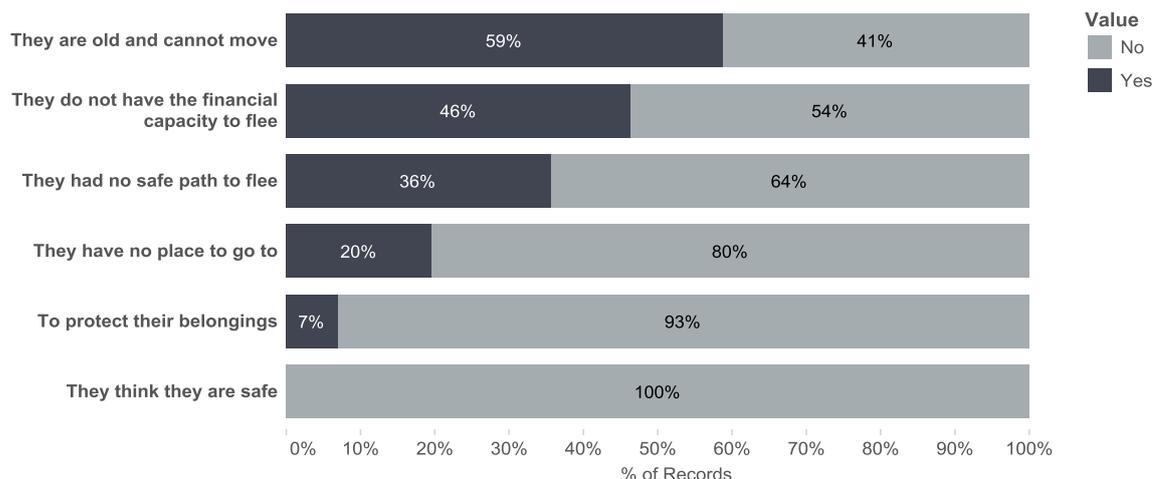
Intention to return

- 91% of interviewed households said that they intend to return home when security conditions improve

Perceived reasons why people stayed behind in the Kobane area

- 59% of interviewed households gave a reason to be that people were too old to flee
- 46% of households believed that people lacked the financial capacity to flee
- 36% stated that people had no safe route by which to flee
- 20% believed that those who remained had no place to go
- 7% felt that people stayed to protect their assets/belongings
- No-one interviewed believed that people remained because they felt safe

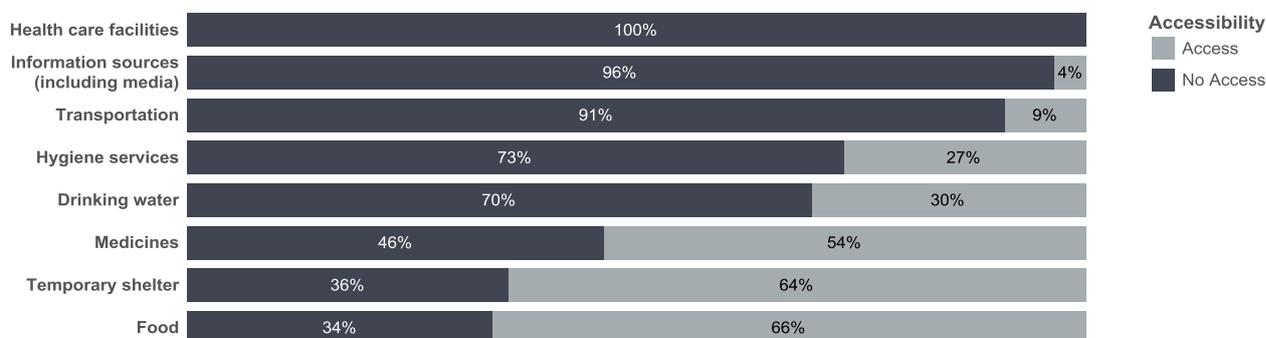
Perceived reasons why people stayed behind



Meeting basic needs

- None of the interviewed households reported having accessed health care
- 46% reported no access to medicines
- 96% reported no access to information
- 91% reported no access to transportation
- 73% reported no access to hygiene services/items
- 70% reported no access to safe drinking water
- 36% reported no access to temporary shelter
- 34% reported no access to food

Access to basic services



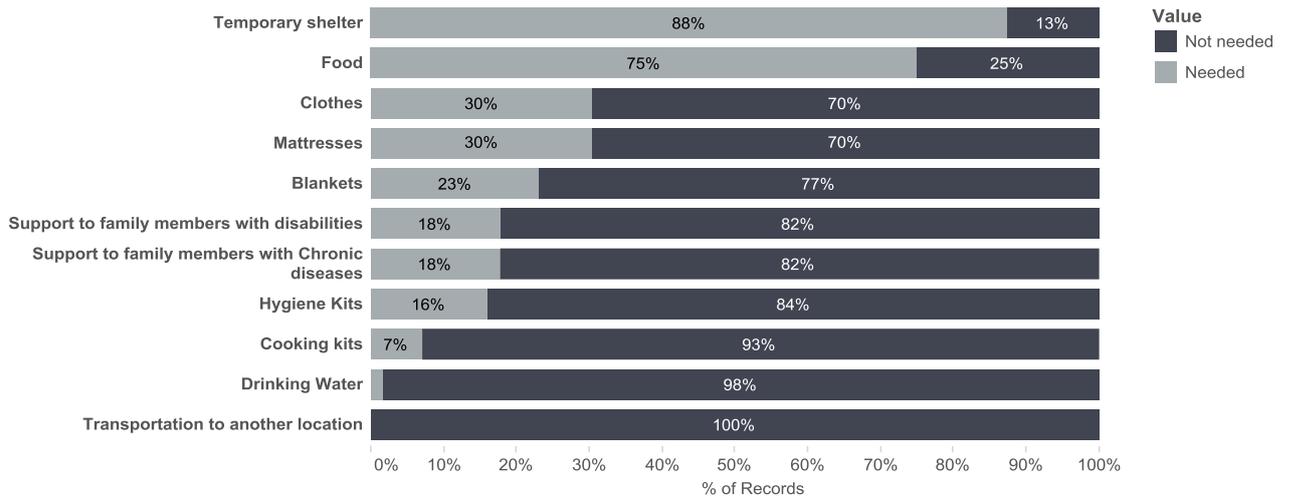
Priority needs

Priority needs, according to those interviewed, were:

- 1) Temporary shelter (88% of interviewed households)
- 2) Food (75%)
- 3) Clothes (30%)
- 4) Mattresses (30%)
- 5) Blankets (23%)
- 6) Support for family members with disabilities or chronic diseases (18%)

Priorities given by FGD participants were: temporary shelter, food, bedding, cash, hygiene items, clothing and cooking sets/facilities

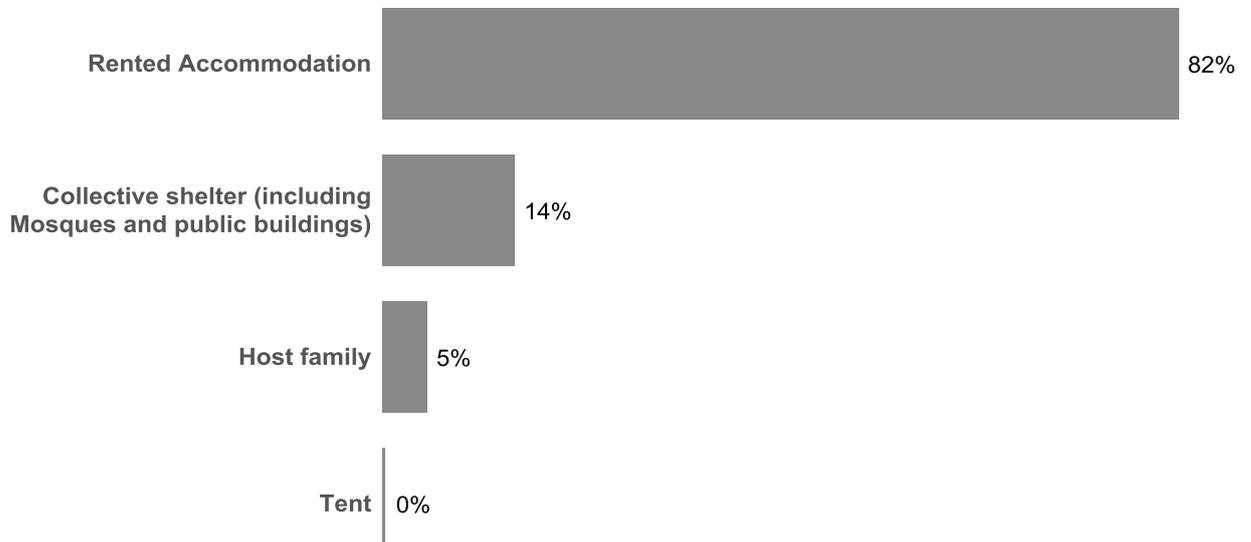
Top three needs as expressed by interviewed households



Plans for seeking accommodation

- 82% of the refugees interviewed reported that they wished to rent accommodation
- 14% of interviewed households were planning to go into collective shelters
- Only 5% were planning to be hosted by residents, however, it should be noted that interviewers did not actively seek out refugees in host households and therefore this group is likely to be under-represented in this survey

Plans for seeking accommodation



Additional findings from focus group discussions

Protection

- FGD participants highlighted vulnerable groups to be: women who had fled without their husbands; unaccompanied minors; those with chronic diseases
- Reports were received of parents sending their children across the border unaccompanied due to fear for their safety, as well as family members being separate
- People expressed a great sense of uncertainty about their future in Turkey and feeling that there is no one to protect them
- Women reported that people felt afraid when they heard loud noises
- Men reported children who were refusing to eat
- Most people reported having some form of ID/documentation, apart from those who had fled extremely suddenly or in the case of children who were born in the last three years

Shelter/NFIs

- Many focus group participants had slept for up to three nights in the open at the border waiting to cross into Turkey
- People had very little in terms of bedding, with only a few blankets and mats being donated ad hoc by local families, which were insufficient to meet needs
- Women reported having prioritised the bedding for use by the children and having pain in the area of their kidneys after having slept on the stone floor the previous night
- The majority of people reported having no clothes other than the set they were wearing
- Participants had no access to hygiene products, including sanitary items; women reported having used baby diapers today in lieu of sanitary napkins that day
- There was no soap in the collective centre
- There were no cooking facilities in the collective centre

Food

- Participants had only accessed food donated on an ad hoc basis by members of the local community (bread and soup that day, in a quantity that did not meet needs)
- Both men and women raised their inability to feed babies as a major concern; women were not able to breastfeed that day after prioritising feeding children over eating themselves
- Food being donated by local people was not suitable for babies, who were being fed biscuits and water

Water and sanitation

- In the case of this particular collective centre, water was available through the taps used for ablution at the mosque; this was the only source of water available for drinking and daily use but refugees believed that the water was not safe to drink
- No water containers were available beyond a small number of plastic bottles (maximum 1.5 litres)
- There were no shower facilities in the collective centre and very little privacy for washing, with no separate areas for men and women
- There were 10 indoor toilets at the collective centre, which are open to the public; there was no separation for men and women, however, the women reported having designated six for use by women and children only

- The toilets were experiencing blockages due to overuse; women described their condition as “horrible”
- The municipality had removed solid waste on the morning of the assessment

Health

- Participants in reported not having received any health assistance as yet
- Women reported diarrhoea (thought by them to be due to change in diet and water source) and throat infections in children; respiratory diseases; and feeling that skin infections are beginning due to an inability to wash properly
- Men were particularly concerned about those with chronic health conditions present, including: diabetes, Parkinson’s, heart conditions and kidney conditions
- Access to insulin was a particular concern highlighted repeatedly by both men and women in this collective centre
- A key reason reported by both men and women for not seeking health care was lack of information on the system, where they should go, how they could get there and what they needed to do in order to obtain access

Provision of assistance

- Focus group participants in the collective centre reported having received assistance on an ad hoc basis from members of the local community only
- This comprised insufficient quantities of food and blankets
- There was no system or selection for this process
- Participants indicated that they felt uncomfortable leaving the centre to seek assistance as they felt this was undignified
- People were not aware of whether or not they will receive any further assistance

SUMMARY

This assessment is illustrative in nature, knowing that it reflects only a tiny fraction of the refugee population, some of whom will have fled with greater means and some of whom are currently hosted with friends and family, but the assessment is likely reflective of the vast majority of refugees who are in Turkey with very limited resources.

The initial focus group discussions, conducted in one collective centre in Suruç town, paint a grim picture of a population that has been suddenly forced to abandon their homes and livelihoods in Syria. There is clearly considerable trauma around the displacement and refugees have very few belongings and very few resources to enable them to meet their basic needs in the coming days. They have received generous support from the local community in terms of both food and NFIs but this is not enough to support such large numbers. Without urgent additional and substantive assistance, the health condition of this group will likely deteriorate very quickly.

The top priorities for urgent assistance are clearly identified and prioritised by those consulted, and these are: to find temporary accommodation; and to ensure that they have access to a sufficient and suitable food supply for all members of the group, especially lactating mothers and infants. The need for NFIs, especially adequate clothes and bedding, is also high and can only increase as temperatures fall. Additionally, a number of protection issues warrant concern and further assessment. This rapid

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