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SSN

THE SOCIAL SAFETY NET *Programme*



Inter-Sectoral Vulnerability Study (IVS)

3rd Edition

2026



KIZILAYKART
Cash Based Assistance
Programmes



Inter-Sectoral Vulnerability Study (IVS)

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2026

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LIST OF ABBREVIATIONS

CCTE	Conditional Cash Transfer for Education
C-ESSN	Complementary Emergency Social Safety Net
DGPCA	Directorate General of Population and Citizenship Affairs
ECRE	European Council on Refugees and Exiles
ESSN	Emergency Social Safety Net
FCS	Food Consumption Score
FGD	Focus Group Discussion
GDP	Gross Domestic Product
GHI	General Health Insurance
HH	Household
HRP	Humanitarian Residence Permit
IDI	In-Depth Interview
IP	International Protection
IVS	Intersectoral Vulnerability Study
LCSI	Livelihood Coping Strategy Index
MEB	Minimum Expenditure Basket
MoFSS	Ministry of Family and Social Services
MHPSS	Mental Health and Psychosocial Support
MoNE	Ministry of National Education
ODK	Open Data Kit
OECD	Organisation for Economic Co-operation and Development
PDM	Post-Distribution Monitoring
PMM	The Presidency of Migration Management
rCSI	Reduced Coping Strategy Index
SAT	Structured Analytical Technique
SuTP	Syrians under Temporary Protection
TP	Temporary Protection
TRC	Türk Kızılay (Turkish Red Crescent)
TRY	Turkish Lira
TurkStat	Turkish Statistical Institute
UN WFP	World Health Organization
WASH	Water, Sanitation and Hygiene

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EXECUTIVE SUMMARY

The Social Safety Net (SSN) Programme stands as a pioneering humanitarian initiative funded by the European Union, specifically designed to support the most vulnerable households under temporary or international protection in Türkiye. Consisting of two main pillars, the Emergency Social Safety Net (ESSN) and the Complementary Emergency Social Safety Net (C-ESSN), the Programme represents the largest cash-based intervention globally. Its primary objective is to provide dignified assistance through monthly unconditional cash transfers, enabling refugee households to meet their basic needs and mitigate the risks associated with poverty.

The 3rd Inter-Sectoral Vulnerability Study (IVS) provides an in-depth, evidence-based analysis by comparing the multi-dimensional vulnerabilities of ESSN, C-ESSN, and non-recipient households, the report identifies critical sectoral gaps and informs strategic decision-making for future humanitarian programming. The findings indicate that the surveyed refugee households continue to experience considerable economic vulnerability, with 70 per cent of households reporting difficulties in meeting their daily essential needs. Economic conditions have affected the purchasing power of the Minimum Expenditure Basket (MEB), with only 30 per cent¹ of the households able to comfortably meet their basic requirements. While the SSN Programme remains a crucial safeguard against poverty, the findings point toward a growing socio-economic vulnerability, underscoring the importance of complementing cash assistance with integrated, multi-sectoral approaches that promote the self-sufficiency of refugee households in Türkiye.



¹ Calculations might slightly differ between household and individual costs due to the rounding of decimals.

Analysis Component I: Socio-Economic Structure of the Population



The socio-economic profile of the surveyed households reveals a predominant Syrian majority, followed by Iraqi, Afghan, and Iranian nationals. Household composition varies significantly by assistance type; ESSN households tend to be larger, with an average of four children, compared to three in C-ESSN households and two in non-recipient households. Although 66 per cent of the respondents were female, the majority of households remain male-headed. The average age of the heads of households was 39 in ESSN, 43 in C-ESSN and 43 in non-recipient households.

The educational profiles indicate a concentration of primary and lower-secondary education levels across the interviewed sample. Over 57 per cent of adults in the recipient households lack a formal diploma or recognized vocational certification, which serves as a primary barrier to accessing the formal labour market. While Turkish language proficiency among adults stands at 78 per cent, the significantly higher rate among children (95 per cent) underscores the positive impact of school enrolment on social integration and the potential contribute for long-term inclusion.

ESSN and non-recipient households exhibit similar levels of workforce participation, with the 92 per cent reporting at least one employed household member. In contrast, workforce participation remains considerably lower among C-ESSN households (77 per cent). Additionally, female labour force participation remains critically low, recorded at just 10 per cent for Syrian women, largely due to childcare responsibilities, language barriers, and a lack of vocational skills. Household income levels are typically close to minimum wage, but the lack of stable job opportunities is cited as the most frequently reported barrier to achieving economic self-reliance.

Analysis Component II: Living Standards

Living standards remain under considerable pressure, with three-quarters of total household expenditure devoted to food, rent, and utility costs. As a result, households have limited capacity to invest in other areas that contribute to long-term wellbeing, including education, health, and livelihood development. Seasonal increases in heating and energy costs further intensify financial pressures, particularly during the winter months.

Housing conditions remains a significant concern among surveyed households. Almost all households (99 per cent) are tenants, while 48 per cent report living in inadequate housing conditions. In addition, 7.3 per cent of households share their accommodation with other families, increasing the risk of overcrowding and associated protection concerns. Although access to basic services remains nearly universal, with majority of households reporting (ranging from 96 to 99 per cent), access to cooking fuel, hygiene and water, the quality and suitability of housing continue to be major concerns.

Financial resilience remains critically low among surveyed households. 94 per cent report having no savings, indicating a very limited capacity to absorb economic shocks. At the same time, 66 per cent of households are indebted, with borrowing primarily used to cover essential expenditures such as food and rent. The widespread reliance on debt suggests that many households are struggling to meet their basic needs and remain vulnerable to a cycle of recurring financial hardship.

Analysis Component III: Coping Mechanisms Applied by the Population

To bridge the gap between their income and the cost of living, households are frequently forced to adopt reduced coping strategies. The most common mechanisms include consuming cheaper and less-preferred food items, reducing the number of meals per day, and limiting portion sizes. While these strategies may provide short-term relief, they lead to a significant decline in nutritional quality and increase the risk of long-term health complications, particularly among children and the elderly.

In terms of livelihood coping strategies, with households rely on borrowing money (57 per cent) or buying food on credit from local shops (48 per cent). In extreme cases, households have been observed selling productive assets or withdrawing children from school, which may adversely affect their future earning potential. These strategies are most prevalent among non-recipients or those whose assistance has been insufficient to keep pace with the rising cost of the MEB.

The most concerning indicator of economic distress is the prevalence of child labour, with 6.3 per cent of households resort to emergency strategy of sending children to work, which corresponds to 3 per cent of the total working households. Financial pressure often forces families to overlook protection risks and send children to work in the informal sector to supplement household income.

Analysis Component IV: Physical and Mental Well-Being

Regarding physical health, 20.2 per cent of households have at least one-member suffering from a physical or mental disability. The C-ESSN group is particularly vulnerable, with 43.7 per cent of households containing an individual with a chronic illness with medical report. Disability and chronic health issues act as major inhibitors to labour market participation, often resulting in prolonged needs for social assistance while increasing out-of-pocket medical expenditures.

While access to health services is high at 97 per cent, structural barriers still impede the quality of care received. For the small percentage unable to access services, the primary obstacles are the costs associated with medication and transportation, as well as the language barrier when communicating with healthcare providers. These factors can disrupt the continuity of care for those with chronic conditions, leading to preventable health crises and further economic strain.

Mental health concerns remain prevalent across population groups; with particularly boys (32 per cent), girls (29 per cent), and women (28 per cent) exhibiting mental health problems. The findings suggest that while cash assistance addresses material needs, it alone may not sufficiently address psychosocial needs, highlighting the importance of comprehensive Mental Health and Psychosocial Support (MHPSS) services for individuals experiencing by psychological distress.

Analysis Component V: Severity Analysis and Multidimensional Vulnerability

To better understand the severity of humanitarian conditions, the IVS Severity Index brings together key indicators on living standards, coping mechanisms, and overall well-being. Comprised of nine core indicators, the index categorizes households into severity levels to ensure that humanitarian resources are directed to those who need it the most. The analysis confirms that vulnerability is not merely a function of income but is deeply influenced by household structure, dependency ratios, and external shocks.

The approach of this study builds on an intersectoral perspective which intertwines with issues such as emergency, crises and, most of all, vulnerability, which can be defined as “the characteristics and circumstances of a community, system or asset that make it susceptible to the damaging effects of a hazard”². Adopting an intersectoral perspective means to move beyond looking at power relations through one-dimensional categorizations, which lead to the establishment of homogenous groups, since social construction of identities, are not homogenous³. As such, an intersectoral perspective captures differences in outcomes of these interactions in terms of three pillar of vulnerability⁴, through the acknowledgment of different spheres of influence, perceptions, and actions across environmental, social, and economic dimensions.

According to the severity classification, vulnerable group is consisted of stress, moderate and severe categories. Within the context of the current study, 89.8 per cent of households are considered as vulnerable, with 68.9, 20.7, and 0.2 per cent of households belong to stress, moderate and severe categories, respectively. In addition, ESSN group, characterized by larger families and higher dependency ratios, generally exhibit higher levels of multi-dimensional vulnerability compared to C-ESSN households.

2 United Nations International Strategy for Disaster Reduction. (2009). UNISDR terminology on disaster risk reduction. <https://www.undrr.org/publication/2009-unisdr-terminology-disaster-risk-reduction>

3 Fletcher, A. J. (2017). More than women and men: A framework for gender and intersectionality research on environmental crisis and conflict. In C. Fröhlich & G. Gioli (Eds.), *Water security across the gender divide* (pp. 35–58). Springer. https://doi.org/10.1007/978-3-319-64046-4_3

4 Davis, K. (2008). Intersectionality as buzzword: A sociology of science perspective on what makes a feminist theory successful. *Feminist Theory*, 9(1), 67–85. <https://doi.org/10.1177/1464700108086364>

INTRODUCTION

About the Social Safety Net Programme (SSN)

The SSN Programme is a cash-based assistance initiative supporting the most vulnerable households in Türkiye under Temporary Protection (TP), International Protection (IP), or with Humanitarian Residence Permit (HRP). Launched on 17 July 2023, the SSN Programme is funded by the European Union and implemented by the Ministry of Family and Social Services (MoFSS) in cooperation with TRC and supported by the Presidency of Migration Management (PMM) and Directorate General of Population and Citizenship Affairs (DGPC). The SSN Programme brings together two major humanitarian assistance projects implemented in Türkiye: The ESSN, launched in 2016, and the Complementary Emergency Social Safety Net (C-ESSN), launched in 2021. Together, they form the SSN Programme, the world's largest cash-based humanitarian assistance programme, designed to support the basic needs of vulnerable households with dignity.

Programme eligibility is determined through demographic criteria which was designed based on household vulnerability assessments. The key distinction between the ESSN and C-ESSN Projects lies in these targeting criteria, ensuring that assistance is directed where it is most needed. While the ESSN supports the households based on "dependency ratios", the C-ESSN targets individuals who are among "the most vulnerable" and "unable to be referred into livelihood opportunities". Eligible households receive monthly cash assistance via KIZILAYKART, a debit card. Recipients can withdraw their assistance from ATMs and/or use it for shopping needs through POS devices.



IVS Objectives

The IVS is an integral part of the SSN Programme to support vulnerable refugees in Türkiye. The IVS provides annual insights into the inter-sectoral needs of ESSN recipients, C-ESSN recipients and non-recipient refugees residing across various geographical regions of Türkiye. By addressing below mentioned objectives, the IVS contributes to the future orientations of the SSN Programme by providing evidence-based, targeted, strategic discussions on trends, responsive to the dynamic needs of refugees across Türkiye. The specific objectives are;

- Identifying sector-specific priority areas and severity of humanitarian conditions among refugee households in Türkiye
- Improving the efficiency and accountability of the programme to the recipient groups
- Analyzing needs and vulnerabilities of communities across geographic and demographic subgroups

Research Design and Methodology

This section outlines the key activities, tools, and procedures implemented to design, collect, prepare, analyze, and report the SSN IVS 3 data and findings.

Design and Planning

The 3rd IVS study of the SSN Programme was designed to be conducted face-to-face. Drawing from previous lessons learned, the survey was crafted with careful attention to operational contexts and emerging field needs, ensuring the preservation of its original research purpose. The question set was carefully prepared in Turkish, English, and Arabic to facilitate broad accessibility. An open-ended section was added at the end of the survey to allow respondents to report on issues not addressed in the questionnaire and analysis framework.

Following the questionnaire preparation, a three-day workshop was organized for the field staff to thoroughly review the questions and to share valuable insights on how the questions should be asked in real-world conditions. Based on their feedback, necessary updates were made to ensure clarity and relevance. Once the question set was finalized, the data collection process began, ensuring that the survey was both methodologically strong and practically applicable.



The SSN - IVS 3 analytical framework includes:

- Analysis framework including the main dimensions and sub-dimensions of the measured humanitarian conditions (Figure 1)
- Analysis and data collection plan, including a selection of structured analytical techniques to mitigate the impact of cognitive biases on the quality of conclusions
- Technical note on the calculation of the severity of humanitarian conditions
- Reporting template

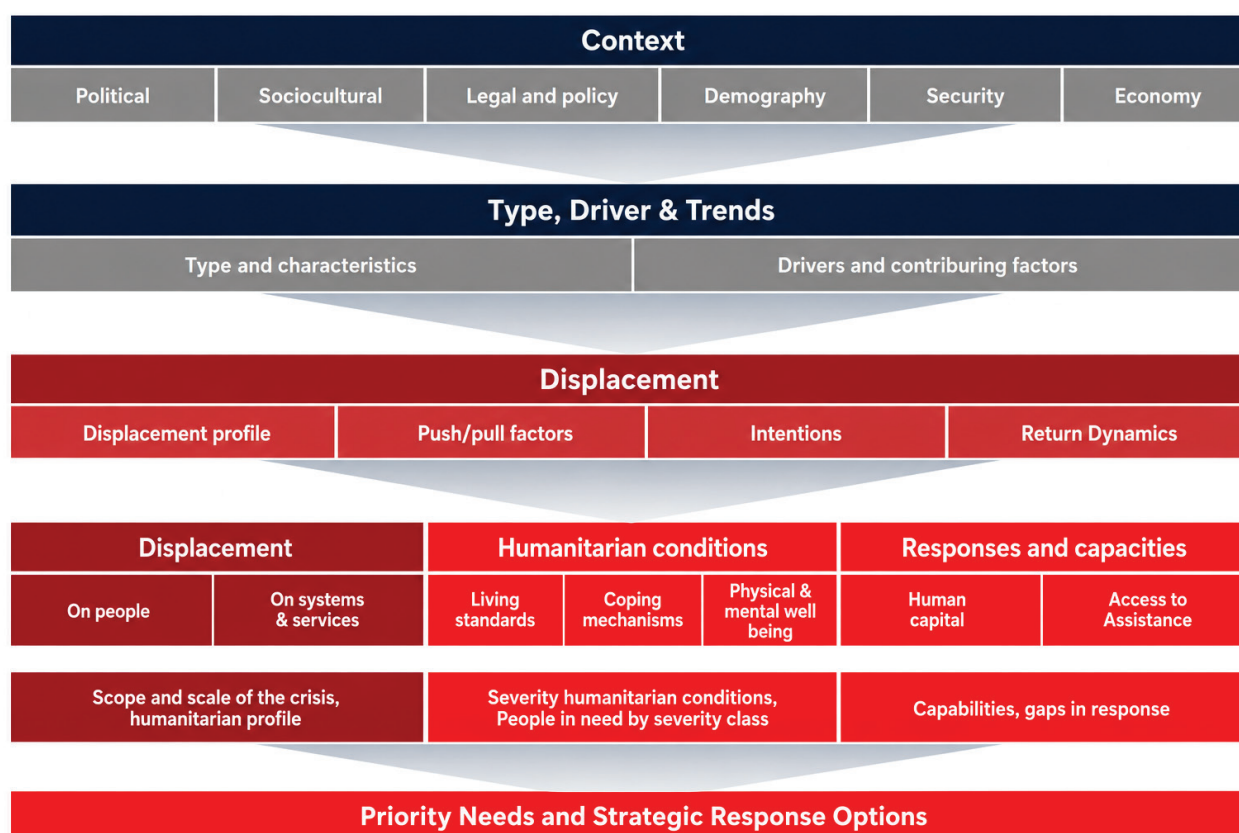


Figure 1 IVS Analysis Framework

IVS Data Collection

The data collection took place between January and June 2026. Trained field staff, fluent in Farsi, Arabic and Turkish, conducted face-to-face interviews with households. To ensure that the sample was representative of all applicants (ESSN and C-ESSN), the list of respondents was drawn from the then-current payment list and the list of non-recipient households. In terms of geographic distribution, Türkiye was divided into five regions, with stratified random sampling applied in each region to ensure representation at both the regional and group levels. This approach aimed for a 90 per cent confidence level and a ± 5 per cent margin of error, covering the three groups: ESSN, C-ESSN recipient, and non-recipient households.

Preparation and Exploration

A total of 36 records were removed from the SSN IVS 3 dataset due to inconsistencies, missing values in critical fields and errors. The final usable sample consists of 4,102 households. The data underwent a systematic cleaning process as part of the data preparation phase. This process encompassed verifying the renaming of variables, computing indicators, and conducting outlier analysis to ensure, identify and address any anomalies or deviations that could potentially skew the results.

Data preparation included comprehensive data quality checks, such as constructing the severity index, determining weights, checking binary variables, cross-validating results, duplicate records, applying coding techniques, formatting numeric and character variables. Explanatory graphs were created for each variable of the questionnaire and correlations were conducted to identify the main associated variables.

The analyses were conducted focusing on differences between geographical regions, recipient groups (ESSN, C-ESSN and non-recipient) and vulnerability classes. The initial analyses revealed only minor differences between geographic regions; however, potential geographic differences were taken into consideration rather than being entirely disregarded in the subsequent analyses.

Secondary Data Analysis

In addition to primary data collection, secondary data analysis and desk review were conducted to enhance the study's depth and contextual relevance. This involved reviewing existing reports, statistical data, and analytical studies produced by a wide range of different organizations related to refugee populations, socio-economic conditions, and humanitarian interventions. By integrating external sources, the study ensured a more comprehensive understanding of emerging trends, historical patterns, and the broader socio-economic landscape.

This assessment represents one of the very few, regularly implemented, vulnerability-focused analytical frameworks specifically developed and monitored for refugee populations in Türkiye. The triangulation of primary and secondary data further strengthens the reliability of findings and facilitates evidence-based recommendations for policy and programmatic interventions.

Data Protection and Study Ethics

Robust data protection measures were implemented to ensure respondents' privacy, data security and adherence to work ethics. Anonymity was ensured by recording only unique household identifiers in the Open Data Kit (ODK). Each household was assigned a male and a female interviewer during the face-to-face data collection process. If any protection risks were identified during data collection, field staff referred cases to the relevant case management teams in compliance with established referral protocols.

Enumerators underwent an intensive IVS training workshop covering survey objectives, questionnaire content, humanitarian principles, referral mechanisms, safety and security protocols, and data protection considerations. The training highlighted TRC's commitment to the fundamental humanitarian principle of 'do no harm', equipping enumerators and team leaders to minimize potential harm during the study.

Surveys were conducted exclusively with adults (individuals aged 18 and above), with efforts to ensure children were not present during the interviews. In cases where this was unavoidable, enumerators were instructed to prioritize sensitivity toward children. Measures to address safeguarding during the assessment included in the targeted training and systematic follow-up with households via phone. Respondents were explicitly informed that their participation would not impact the level of and status of assistance they receive.

Limitations and Mitigation Strategies

The IVS data were collected over a six-months period in a dynamic and evolving context characterized by seasonality, price increases, and changing economic policies. These factors influenced household income, expenditure, well-being and living standards. Summarizing the results over the entire data collection period has resulted in critical trends, such as seasonality, contextual developments, inflation and exchange rate, being less visible in the aggregate analysis. Where applicable, secondary data and findings from previous studies, including PDMs and FGDs, have been utilized to emphasize key differences and highlight significant findings.

The sampling strategy followed a two-stage approach: First, provinces with the highest concentration of refugees were selected. Within these provinces, households were then randomly selected using GIS-based sampling methods. In each selected province were randomly selected. As the first stage focused on provinces with high refugee concentrations, the findings should be interpreted within the context of these provinces. The design ensured that the provinces selected for the survey did not contain more than 70 per cent of the total number of refugees in the region. The number of cities with a small sample was increased based on the central limit theorem. Regional differences could be assessed in this respect.

Displacement Profile

Demographics

IVS Sample Characteristics

• **Sample:** Household interviews were conducted across five regions, encompassing 4,102 households and 23,877 individuals. Of the surveyed households, 1,396 were ESSN recipients, 1,327 were C-ESSN recipients, and 1,379 were non-recipients.

• **Gender and Age:** 66 per cent of the respondents were female, while 34 per cent were male. The average age was 42 for females and 41 for males. Thus, the proportion of elderly people (aged 65 and above) was 8 per cent in ESSN, 21 per cent in C-ESSN and 11 per cent in non-recipient households. Although the majority of the surveyed individuals were female, heads of households were mostly male. The average age of the heads of households was 39 in ESSN, 43 in C-ESSN and 43 in non-recipient households.

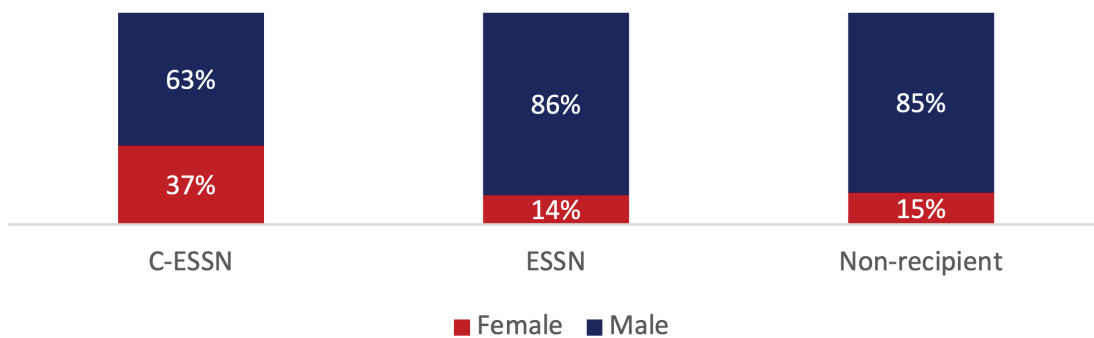


Figure 2 Household Gender Distribution According to Recipient Status

• **Nationality:** Among survey participants, Syrians represented nearly all respondents (97 per cent). Other nationalities were less common, comprising Iraqis (2 per cent), Afghans (1 per cent).

• **Marital Status:** The vast majority of surveyed heads of households were married (82 per cent). Widowed respondents constituted the second largest group (8 per cent), followed by those who were separated (4 per cent). Smaller proportions of respondents were divorced (4 per cent) or single (2 per cent).

In terms of household composition, 53 per cent of surveyed respondents were heads of households, while 39 per cent were spouses of household heads. The remaining respondents consisted of parents (4 per cent), children (2 per cent), and siblings (1 per cent) of household heads. Across all recipient categories, married individuals represented the predominant group among household heads (67 per cent for C-ESSN recipients, 91 per cent for ESSN recipients, and 87 per cent for the non-recipient group).

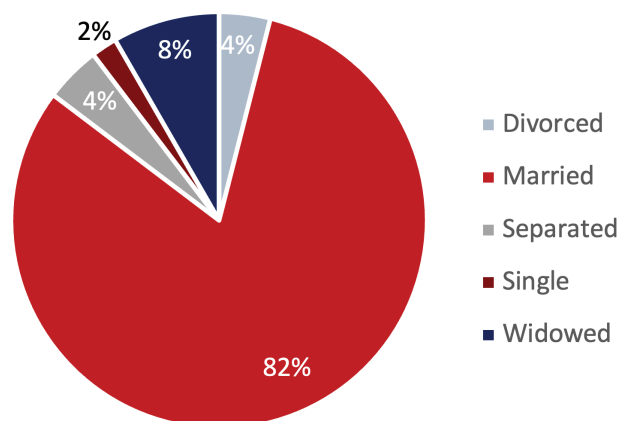


Figure 3 Heads of Households' Marital Status

- **Family Size:** Compared to C-ESSN and non-recipient households, ESSN households had slightly larger family sizes. On average, households included 3.4 children in the ESSN group, 3 in the C-ESSN group, and 2.5 in the non-recipient group.

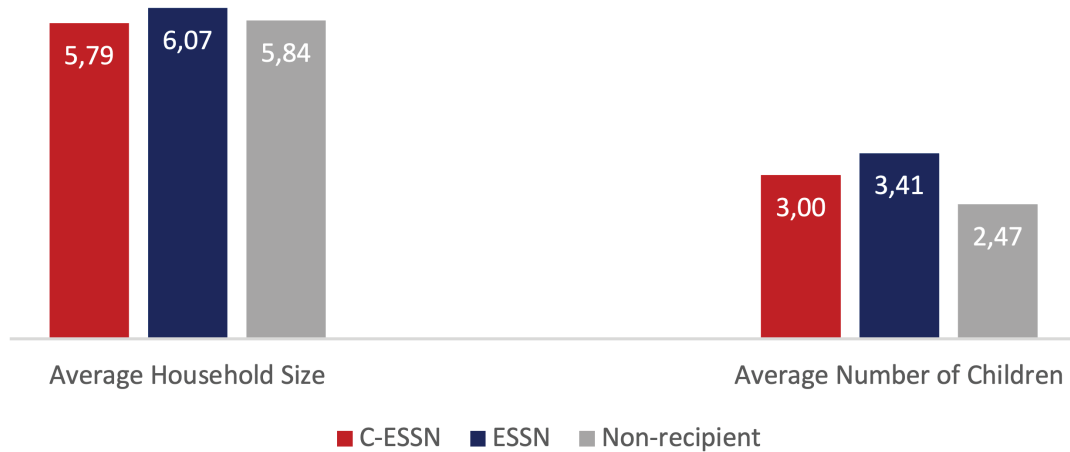


Figure 4 Average Household Size and Number of Children According to Recipient Status

• **People with Specific Needs:** Approximately two-thirds of the surveyed population were identified as chronically ill, with 44 per cent reporting chronic illness without a medical report, and 20 per cent reporting chronic illness with a medical report. Across recipient groups, chronic illness without a medical report was reported by 47 per cent of C-ESSN households, 39 per cent of ESSN households, and 47 per cent of non-recipient households. In contrast, chronic illness with a medical report was substantially higher among C-ESSN households (44 per cent) compared to ESSN (7 per cent) and non-recipient households (10 per cent).

Pregnant or lactating adult women accounted for 18 per cent of the overall sample, with relatively similar proportions across groups (14 per cent in C-ESSN, 21 per cent in ESSN, and 19 per cent in non-recipient households), while no cases of pregnant or lactating adolescents were reported. Elderly individuals requiring care represented 2 per cent of the total sample. In addition, separated minors constituted 1.17 per cent of respondents, whereas unaccompanied minors were not identified in any of the surveyed groups.



• **Education Level:** Among those surveyed, 1.5 per cent were illiterate and 2.2 per cent were literate despite having no formal schooling. The largest share of participants had completed middle school (40.4 per cent), followed by primary school (26 per cent) and high school (18 per cent). Literacy rates were highest among the non-recipient households and lowest among the C-ESSN households. Roughly one quarter to one third of respondents in each group had an education level higher than middle school (28 per cent among C-ESSN, 26 per cent among ESSN, and 35 per cent among non-recipients).⁵ It has also been noted that about 54 per cent of households receive CCTE assistance overall.

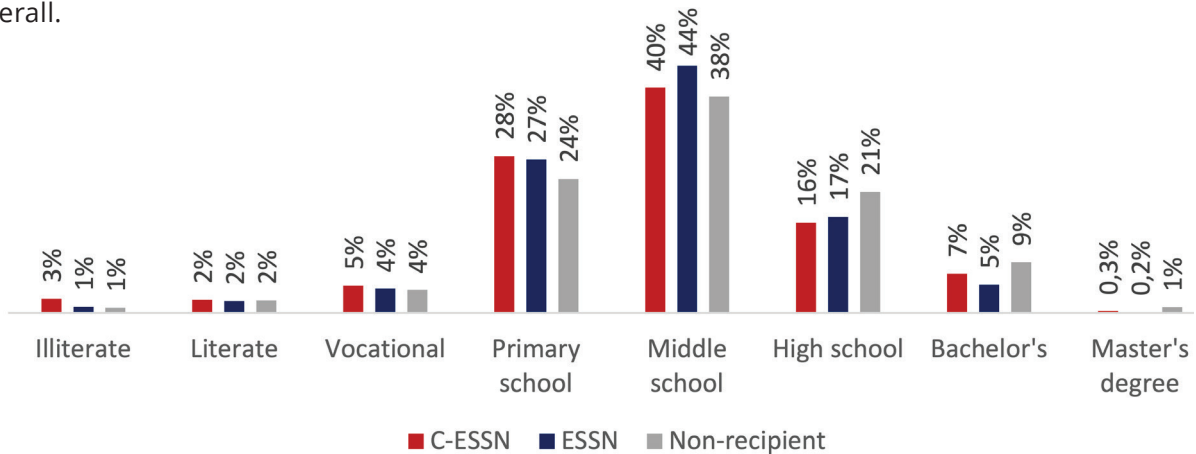


Figure 5 Education Levels of Respondents Across Recipient Status

• **Level of Turkish:** Turkish language skills were analysed separately for adults and children aged 7-17. Children showed stronger overall proficiency, with 47 per cent reporting advanced Turkish, 33 per cent medium and 15 per cent basic, while only 5 per cent stated that they do not speak any Turkish and 1 per cent reported not being able to speak due to speaking disability.

In contrast, among adults, 25 per cent reported advanced Turkish, 23 per cent medium and 30 per cent basic, whereas 21 per cent stated that they do not speak any Turkish and 1 per cent reported not being able to speak due to speaking disability. Overall, children were more likely than adults to reach medium or advanced levels, which may be linked to children's school attendance and greater exposure to Turkish in educational settings.

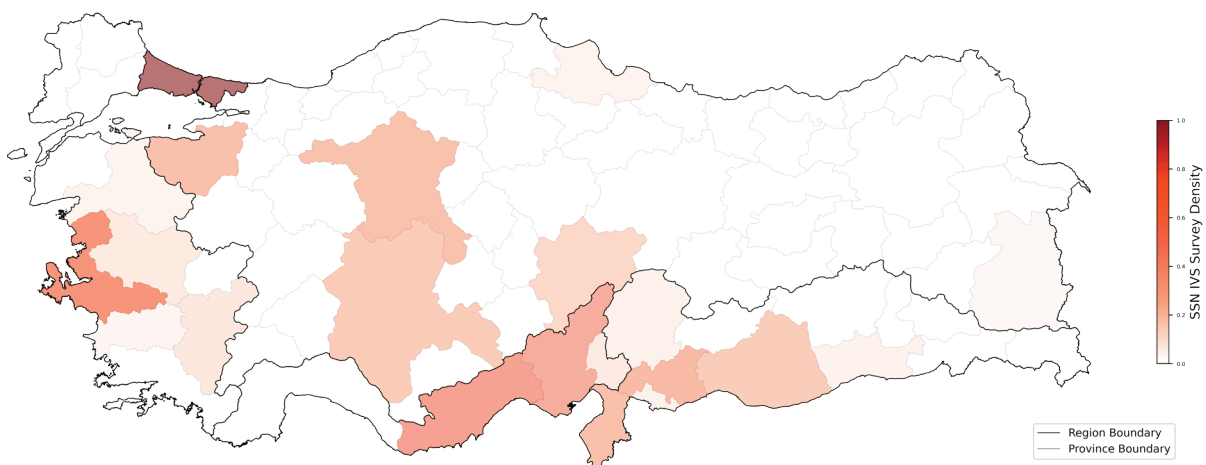


Figure 6 Map of Türkiye

⁵ A Kruskal-Wallis test was conducted to analyze whether literacy levels differed significantly across recipient status groups $\chi^2(2) = 42.42, p < .001$. Post-hoc pairwise comparisons using Dunn's test indicated that the non-recipient group had a significantly higher educational profile than both the C-ESSN and ESSN groups ($p < .001$). No statistically significant difference in literacy levels was found between the C-ESSN and ESSN groups.

Refugee Movements

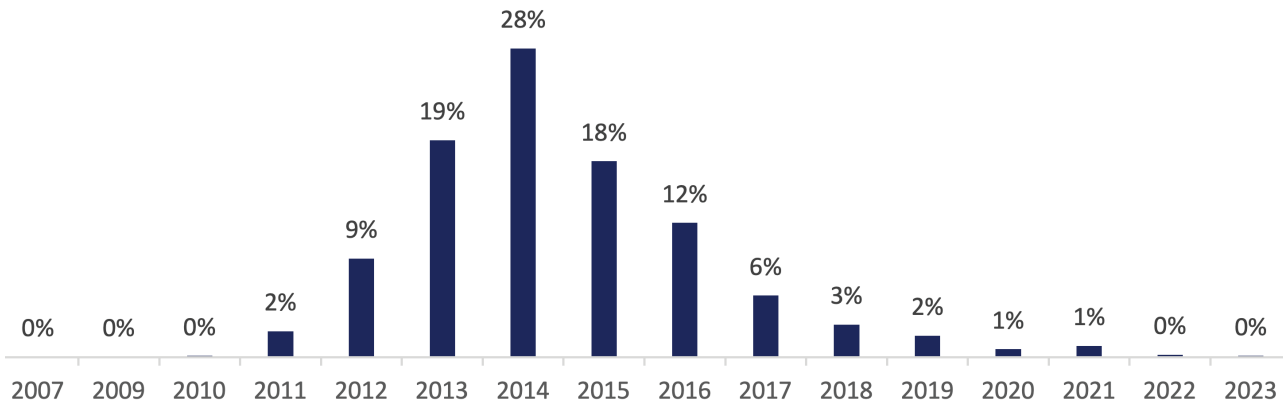


Figure 7 Dates of Arrival in Türkiye

The timing of arrivals reflects the broader displacement dynamics associated with the Syrian conflict. Households were primarily pushed to flee by escalating violence, insecurity, and the destruction of homes, livelihoods, and essential services in Syria. Türkiye emerged as a principal destination due to its geographic proximity, initially open-border approach, TP opportunity, and the availability of humanitarian assistance, as well as existing family and community networks that facilitated settlement. These combined push and pull factors contributed to the large-scale influx observed between 2013 and 2016, corresponding to the peak period of forced displacement from Syria.

The findings indicate that most of the interviewed households have been living in Türkiye for an extended period, with 76 per cent having resided in the country for more than ten years. Although arrivals began as early as 2007, the majority of households arrived between 2013 and 2016, coinciding with the peak years of displacement from Syria. Arrival rates reached their highest level in 2014 (28 per cent), followed by 2015 (18 per cent). Since 2016, the proportion of new arrivals has steadily declined, falling to 1 per cent or less by 2020. The most recent reported arrival occurred in 2023.

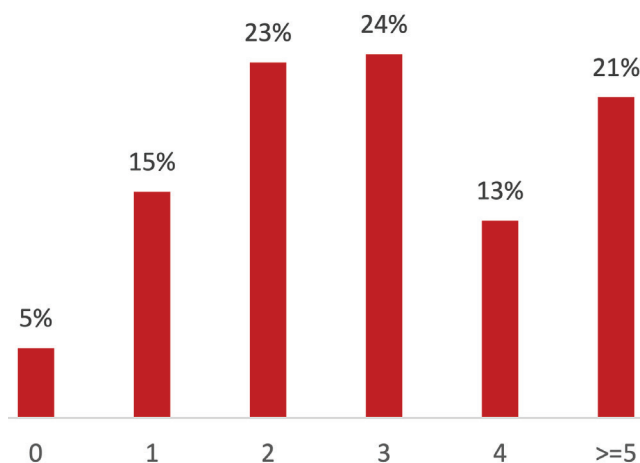


Figure 8 Percentage of Households per Number of Relocations in Türkiye

On the other hand, almost all surveyed households have changed their place of residence multiple times since arriving in Türkiye. Only 5 per cent of households reported never having moved since arriving in Türkiye, while 95 per cent had relocated at least once. The most common pattern was moving three times (24 per cent), although more than one-fifth of households (21 per cent) reported relocating more than five times.

The primary drivers of relocation were the search for better housing conditions and eviction by landlords. Non-recipient households were more likely to move in pursuit of improved housing conditions (36 per cent), likely reflecting their comparatively better socioeconomic circumstances relative to ESSN and C-ESSN recipient households. By contrast, landlord-initiated evictions were reported most frequently among C-ESSN households (34 per cent), suggesting that greater economic vulnerability may increase the risk of housing insecurity. Difficulties in meeting rental costs, alongside broader pressures in the rental market, were commonly cited as contributing factors.



“We had to cut back on our other basic needs in order to be able to pay the rent.”



Male, 52, Gaziantep

Regional differences were also observed. Landlord-initiated evictions were most prevalent in the Southeastern region, followed by the Mediterranean region. In contrast, households in İstanbul, Anatolia and the Aegean regions were more likely to report relocating in search of better housing conditions. The search for more affordable accommodation emerged as the third most common reason for relocation. This was particularly evident in the Aegean region, where 27 per cent of households reported moving to reduce housing costs. Compared to the previous IVS, the proportion of households relocating for this reason increased by 11 per cent, highlighting growing economic pressures in the region. Other reported reasons for moving included access to better services and opportunities, proximity to social networks, employment-related considerations, and the desire for a less stressful living environment.

	Aegean	Anatolia	İstanbul	Mediterranean	Southeast
Better Chances	4%	4%	5%	2%	1%
Better House	34%	35%	45%	30%	27%
Better Service	2%	1%	1%	1%	1%
Cheaper	27%	18%	16%	18%	18%
Eviction by the Landlord	31%	20%	25%	39%	41%
Less Tension	5%	4%	2%	2%	2%
Natural Disasters	1%	4%	2%	2%	6%
Other	5%	21%	13%	9%	8%
Recruited	1%	1%	1%	1%	0%
Social Network	3%	1%	3%	1%	1%

Figure 9 Reasons for Moving House Across Regions

Context Economy

Türkiye's macroeconomic environment continued to be shaped by a gradual disinflation trend throughout 2025 and into 2026. Annual consumer price inflation declined from around 35.5 per cent in June 2025 to 32.11 per cent in June 2026.⁶ Despite this moderation, inflation in expenditure categories most relevant to refugee households remained elevated. As of June 2026, annual inflation reached 45.14 per cent for shelter, while food and non-alcoholic beverages inflation stood at 35.45 per cent, placing continued pressure on household budgets.⁷ The national net minimum wage was increased by 27 per cent, from TRY 22,104.67 in 2025 to TRY 28,075.50 as of 1 January 2026.⁸ However, cumulative inflation and rising living costs continued to affect the real purchasing power of households, particularly among refugees engaged in low-wage and informal employment.. Structural barriers to formal labour market participation, including challenges related to work permit procedures, language barriers, and limited recognition of qualifications, continued to affect refugees' access to stable income opportunities.

⁶ Turkish Statistical Institute. (2026). Consumer Price Index, June 2026. <https://veriportali.tuik.gov.tr/en/press/58289>

⁷ Ibid.

⁸ Asgari Ücret Tespit Komisyonu. (2026). 2025/1 sayılı Asgari Ücret Tespit Komisyonu Kararı. Resmî Gazete (No. 33119). <https://www.resmigazete.gov.tr/eskiler/2025/12/20251226-6.pdf>



Housing costs continued to represent one of the largest expenditure items, placing considerable financial burden on surveyed households. Accumulated rent increases from previous years continued to affect affordability during the data collection period, while rising prices for essential goods and services further constrained household purchasing power. These pressures are reflected in the Minimum Expenditure Basket (MEB), which reached TRY 49,547 in June 2026. At the same time, ESSN cash assistance covered 10.13 per cent of the basic needs basket (MEB), illustrating the difference between the transfer value and estimated minimum household expenditure requirements.⁹ Taken together, persistent inflation in essential expenditure categories, rising housing costs, constrained purchasing power, and limited income opportunities continued to shape the economic vulnerability of refugee households in Türkiye and provide important context for interpreting the findings of this study.

Programmatic Changes

Revision of ESSN Eligibility Criteria

Under the SSN Programme, the eligibility criteria of the ESSN were revised in December 2025, resulting in the exclusion of a considerable number of households that had previously qualified for assistance. Information regarding the revised eligibility criteria and programme status was primarily communicated through SMS notifications. The revision resulted in changes to programme eligibility for many previously assisted households, which may have increased financial pressure and affected their ability to meet basic needs, including food, rent, utilities, healthcare, and education-related expenses.¹⁰ Further details on the experiences and responses of affected households are presented in the subsequent sections of this report.

⁹ MEB is calculated monthly by Türk Kızılay Kızılaykart M&E Team.

¹⁰ Türk Kızılay. (2026). Changing conditions, shifting priorities: Household experiences following ESSN programme exclusion: The Social Safety Net Programme (2nd in-depth interview report). Unpublished manuscript.

Legal and Policy Developments

Changes in General Health Insurance Coverage for SuTPs

As of 1 January 2026, General Health Insurance (GHI) coverage for Syrians under TP was suspended, making access to healthcare services subject to contribution fees or full payment in certain cases.¹¹ Depending on their eligibility status and individual circumstances, households may face increased healthcare-related expenditures. This change represents an important shift in the healthcare access environment and may place additional pressure on vulnerable households, particularly those with persons with disabilities or members living with chronic health conditions who require regular access to healthcare services, treatment, and medication.

Voluntary Return and Migration Policy

The socio-political developments in Syria following 8 December 2024 has fundamentally altered the landscape of refugee protection and voluntary return. As voluntary return gained momentum across the region, considerations around conditions under which return can be considered safe, voluntary and sustainable have moved to the centre of regional and international policy discussions. Since December 2024, an estimated 1,645,180 Syrian refugees worldwide have returned to their areas of origin, according to UNHCR border monitoring data as of May 2026.¹² From Türkiye specifically, a total of 667,565 Syrians have voluntarily returned since that date, bringing the cumulative figure since 2016 to 1,407,568 according to the Presidency of Migration Management.¹³ As of the same period, the number of Syrians under temporary protection in Türkiye currently stands at 2,263,642.¹⁴ Despite the scale of these movements, return has been neither uniform nor unconditional. The Syrian transitional government has made visible commitments to reconstruction and regional reintegration, and longstanding US sanctions were formally repealed in December 2025, opening new channels for economic engagement. The World Bank estimates Syria's reconstruction needs at approximately 216 billion USD, a figure that represents nearly ten times Syria's projected 2024 GDP, signalling the scale of investment required to create conditions conducive to large-scale, sustainable return.¹⁵

11 UNHCR. (2026). Access to health services. <https://help.unhcr.org/turkiye/information-for-syrians/access-to-health-services/>

12 United Nations High Commissioner for Refugees. (2026). Comprehensive overview of refugee returnees [Border monitoring and population movement data]. <https://data.unhcr.org/en/documents/download/122462>

13 İçişleri Bakanlığı. (2026, May 4). Suriyelilerin gönüllü, güvenli, onurlu ve düzenli geri dönüş sayılarına ilişkin bazı basın yayın organlarında yer alan iddialara dair açıklama. <https://www.icisleri.gov.tr/suriyelilerin-gonullu-guvenli-onurlu-ve-duzenli-geri-donus-sayilarina-iliskin-bazi-basin-yayin-organlarinda-yer-alan-iddialara-dair-aciklama>

14 Republic of Türkiye Ministry of Interior Presidency of Migration Management. (2026). Temporary protection. <https://en.goc.gov.tr/temporary-protection>

15 World Bank. (2025). Syria's post-conflict reconstruction costs estimated at \$216 billion [Press release]. <https://www.worldbank.org/en/news/press-release/2025/10/21/syria-s-post-conflict-reconstruction-costs-estimated-at-216-billion>



Additionally, UNHCR's updated protection assessment, published in May 2026, confirms that conditions for safe and sustainable return remain unmet across much of the country, citing the absence of legal certainty, security sector fragmentation, and the continued role of armed factions in civilian life.¹⁶ Landmine contamination remains extensive across former conflict zones, posing direct physical risks to returnees. Syria has also been designated one of the world's foremost hunger hotspots for 2026 by the UN World Food Programme (WFP), reflecting lasting damage to agriculture and persistent food insecurity.¹⁷ Meanwhile, the 2025 Syria humanitarian appeal remained only 30 per cent funded, constraining the basic service environment that returning populations would encounter.¹⁸

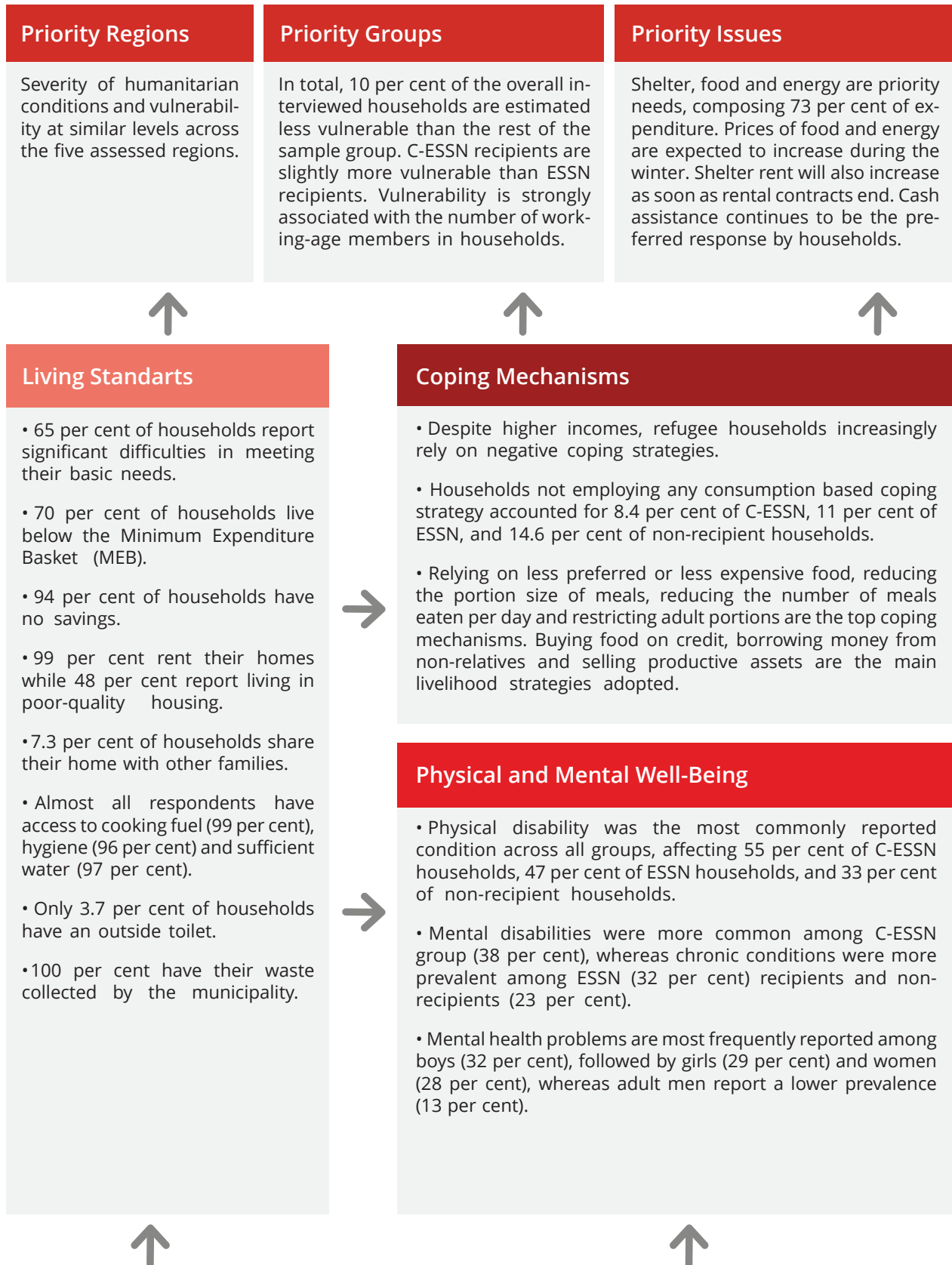
Looking ahead, no significant changes to Türkiye's TP framework have been formally announced. While policy discussions increasingly emphasize voluntary, safe, dignified, and orderly return as a preferred durable solution, existing protection arrangements and return procedures remain in place. Current trends suggest that the existing migration policy framework is likely to remain broadly unchanged, with future policy developments expected to be shaped largely by evolving conditions in Syria and patterns of voluntary return.

16 United Nations High Commissioner for Refugees. (2026). International protection considerations with regard to people fleeing the Syrian Arab Republic. <https://www.refworld.org/policy/countrypos/unhcr/2026/151486>

17 World Food Programme. (2026). Hunger hotspots: FAO-WFP early warnings on acute food insecurity, 2026. <https://www.wfp.org/publications/hunger-hotspots-fao-wfp-early-warnings-acute-food-insecurity>

18 United Nations High Commissioner for Refugees. (2026). International protection considerations with regard to people fleeing the Syrian Arab Republic. <https://www.refworld.org/policy/countrypos/unhcr/2026/151486>

IVS 3 Intersectoral Problem Tree



Impact on People

- 86.8 per cent of households have at least one member who is working. In addition, 82 per cent of the working individuals work informally. 6.3 per cent of the working individuals are children. In relation to livelihood activities, low wages and difficult working conditions were reported.
- C-ESSN households report a median labour income of TRY 22,000, ESSN households TRY 25,000, and non-recipient households TRY 30,000. For all groups, the main source of income is paid work, followed by cash assistance.
- 66 per cent of households have debts; C-ESSN households have a median debt of TRY 12,000, ESSN households have TRY 16,000, and non-recipient households have TRY 20,000.
- C-ESSN households report the lowest expenditure at TRY 34,743, followed by ESSN households at TRY 37,000, while non-recipient households report the highest expenditure at TRY 42,957.

Impact on Services

- Changes to GHI coverage introduced in January 2026 have increased out-of-pocket healthcare expenditures and have created additional barriers to healthcare access for some Syrians under TP.
- Food expenditures stand at TRY 12,857 for C-ESSN, TRY 15,000 for ESSN, and TRY 17,142 for non-recipient households.
- Annual housing costs increased by 45.14 per cent as of June 2026.
- Transportation costs increased by 31.15 per cent annually (TurkStat).
- Communication prices increased by 25.57 per cent annually (TurkStat).
- In June 2026, the MEB reached TRY 49,547 for ESSN households and TRY 44,500 for C-ESSN households.



Politics

- After peaking during the early stages of the return process, voluntary return movements have decreased and currently remain relatively stable.
- A total of 667,565 Syrians has voluntarily returned since December 8th 2024.
- The number of Syrians under TP in Türkiye currently stands at 2,263,642.

Economics

- In the first quarter of 2026, GDP increased by 2.5 per cent compared to the same quarter of the previous year.¹⁹
- Annual inflation was recorded as 32.11 per cent by June.²⁰
- Rate of unemployment rose to 8.2 per cent on a year-on-year basis.²¹
- High living costs and weakening labour market conditions continue to intensify economic picture on vulnerable refugee households.

Socio-Cultural

- 95 per cent of the children were able to speak Turkish compared to 78 per cent of adults.
- 6 per cent of refugee households have members who have experienced physical or verbal assault in the last three months.

¹⁹ Central Bank of the Republic of Türkiye (2026). Electronic Data Delivery System (EVDS). Accessed June 26, 2026. <https://evds3.tcmb.gov.tr>

²⁰ Ibid.

²¹ Ibid.

KEY FINDINGS

Education

Across all regions, educational attainment is concentrated at the middle school and primary levels. Middle school completion ranges from 33 per cent in the Southeast to 44 per cent in the Aegean, while primary school ranges from 22 per cent in the Mediterranean to 34 per cent in the Southeast. High school graduates account for around 15–20 per cent in all regions, and those with a bachelor's degree remain below 10 per cent (5–8 per cent). Vocational education is also limited, varying between 2 and 6 per cent across regions. Illiteracy is relatively low overall, ranging from 1 per cent in İstanbul and the Mediterranean to 3 per cent in the Aegean and Anatolia, but is still present in every region, alongside a small group (1–3 per cent) who are literate but have not completed primary school.

Additionally, across recipient status groups, educational attainment is concentrated at the middle and primary school levels. C-ESSN and ESSN households have the highest share of middle school graduates (40 per cent and 44 per cent, respectively), while non-recipient households have a slightly lower rate at 38 per cent. Primary school completion is also common in all three groups, ranging from 24 per cent among non-recipients to 28 per cent among C-ESSN households. High school graduation remains comparatively low, between 16 per cent for C-ESSN, 17 per cent for ESSN and 21 per cent for non-recipients, and the share of adults with a Bachelor's degree is small, varying from 5 per cent (ESSN) to 9 per cent (non-recipients), with virtually no Master's degrees reported. Illiteracy and literacy without completing primary school are present but low (around 1–2 per cent in each group), and vocational education accounts for only 4–5 per cent, suggesting that advanced schooling and specialized skills are limited among both recipient and non-recipient households.

The highest education level attained within households does not vary with socioeconomic indicators such as income, expenditure, and debt levels, and demographic characteristics. However, it shows a statistically significant association with the severity index and the school attendance rate of children within the household.²²

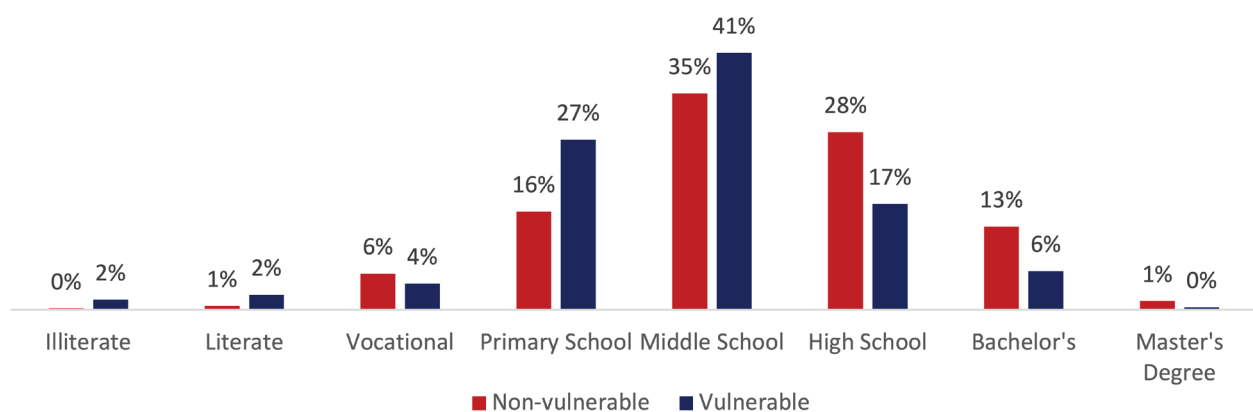


Figure 10 Education Levels Across Vulnerability

²² An ordinal logistic regression was estimated with the highest education level in the household as the dependent variable (N = 1,599). The severity index is a significant negative predictor ($\beta = -2.23$, $p < 0.001$), indicating that higher severity is associated with lower educational attainment. Conversely, the school attendance rate of children is a significant positive predictor ($\beta = 0.73$, $p < 0.001$), suggesting that households with higher child school attendance tend to have higher education levels. Both coefficients are statistically significant at the 0.1% level, confirming that educational attainment is associated with household vulnerability and schooling behavior, rather than with income, expenditure, or demographic characteristics.

Across all groups, the majority of households reported that no adults hold officially recognized or valid diplomas (61 per cent among ESSN recipients, 57 per cent for C-ESSN, and 54 per cent for non-recipients). This pattern highlights a significant barrier faced by refugee households: either their educational or professional qualifications from their home countries are not formally recognized, or they lack proper documentation altogether. As a result, even individuals with higher education might struggle to secure jobs that match their skills and experience.

The proportion of households with at least one recognized diploma is 43 per cent for C-ESSN, 39 per cent for ESSN, and 46 per cent for non-recipients. These findings emphasize the importance of not only improving access to basic education but also simplifying the recognition process for foreign diplomas. In addition, there is a clear need for targeted professional certification programs that are recognized within the local context.

Concerning adults who have participated in an education or training activity, the content of these trainings is heavily concentrated in ESSN-related education and Turkish language courses. ESSN-related education accounts for around 70 per cent of trainings among C-ESSN households, 72 per cent among ESSN recipients, and 69 per cent among non-recipient households, indicating that the bulk of adult training is directly linked to ESSN Project requirements and information. Turkish language courses also represent a substantial share, with participation rates of 21 per cent for C-ESSN, 18 per cent for ESSN, and 21 per cent for non-recipients, potentially reflecting a strong emphasis on basic integration needs through language acquisition.

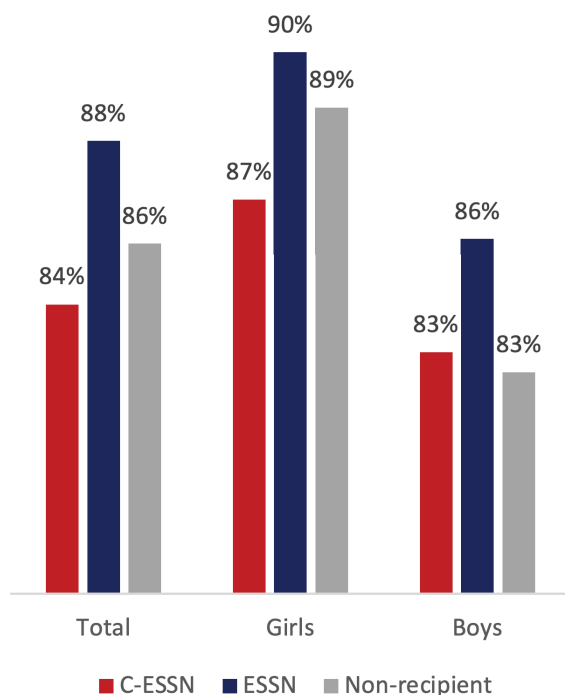


Figure 11 Rate of Households Where All Children Attend School by Recipient Status

School attendance among school-aged children remains relatively high across all recipient groups, with more than four out of five households reporting that all children attend school. Nevertheless, some variation is observed by recipient status. ESSN households report the highest proportion of households where all children attend school (88 per cent), followed by non-recipient households (86 per cent) and C-ESSN households (84 per cent). Similar patterns are observed by gender, with ESSN households recording the highest attendance rates for both girls and boys, while girls consistently demonstrate slightly higher attendance than boys across all recipient groups. These findings suggest that, although school attendance remains high overall, boys may face slightly greater barriers to continuous education than girls.

By contrast, participation in vocational training remains relatively low, at 5 per cent for C-ESSN households, 4 per cent for ESSN recipients, and 5 per cent among non-recipients, suggesting that opportunities to develop specialized or job-oriented skills are limited. Other types of training, such as English language courses (0.4–0.9 per cent), Quran courses (around 4–5 per cent), and miscellaneous other trainings (0.4–0.6 per cent), represent only a small fraction of overall participation. Taken together, the data indicate that current adult training efforts are primarily oriented toward programme-specific education and foundational integration, while access to diversified, vocational, or advanced skills training that could significantly improve refugees' livelihood prospects remains comparatively constrained.

Additionally, participation in recent adult training programs is generally high, ranging from 77 per cent to 84 per cent, which C-ESSN recipients show the lowest engagement at 77 per cent. Critically, the vast majority of the training programs are either directly related to ESSN Project or focused on Turkish language. This underscores that current training efforts are heavily concentrated on program compliance and fundamental integration needs, while access to vocational or specialized skills training that could enhance livelihood opportunities appears to be limited.

Complementary Education Support and Educational Outcomes

Complementing the SSN Programme, the CCTE Programme serves as a key social protection mechanism to promote children's access to education and regular school attendance. Overall, 54 per cent of interviewed households reported receiving CCTE assistance. Survey findings indicate that SSN beneficiary households are more likely to benefit from the CCTE Programme, with 72 per cent of ESSN households and 64 per cent of C-ESSN households receiving CCTE assistance, compared to 26 per cent of non-recipient households.²³

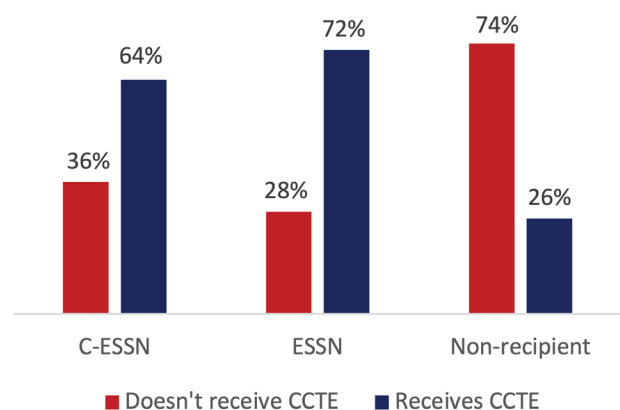


Figure 12 Rate of Receiving CCTE Assistance by Recipient Status

Among the 46 per cent of households that do not currently receive CCTE assistance, 53 per cent reported not meeting the eligibility criteria, 5 per cent lacked information about the Programme, 4 per cent cited irregular school attendance, and less than 1 per cent reported that the assistance amount was too low. In addition, 10 per cent reported other reasons, including the absence of school-aged children in the household, children not attending school, pending or unsuccessful applications, and administrative barriers related to registration and documentation. Furthermore, 15 per cent of households indicated that they had received CCTE assistance in the past but no longer do so, while 10 per cent have never enrolled in the Programme. Regional analysis shows that the proportion of CCTE recipients is highest in the Southeast (59 per cent), followed by the Mediterranean (55 per cent), Aegean (52 per cent), Istanbul (51 per cent), and Anatolia (48 per cent).

Regardless of recipient status or region, households most commonly reported using the assistance to purchase school supplies (74 per cent). Other reported uses included providing pocket money to children (29 per cent), purchasing food (10 per cent), buying clothing (6 per cent), and covering transportation expenses (3 per cent).

²³ For further information please visit: <https://platform.kizilaykart.org/en/sey.html>

Among households receiving CCTE assistance, only 18 per cent stated that the assistance fully covers their children's educational expenses. Nearly all households who reported that the assistance was insufficient attributed this to the low amount provided, while 43 per cent additionally highlighted the high cost of education-related expenses. Regardless of recipient status and region; 74 per cent use the assistance for buying school supplies, 29 per cent give out to their children as pocket money, 10 per cent buy food, 6 per cent buy clothing and 3 per cent use it for transportation. Among the households who receive CCTE assistance, 18 per cent stated that the amount covers educational expenses of their children. For the reasons, almost all stated that the assistance amount is insufficient, while 43 per cent also mentioned educational expenses being high.

Additionally, school attendance was considerably higher among CCTE recipient households (90 per cent) than among non-recipient households (73 per cent), suggesting a positive association between participation in the CCTE Programme and children's regular school attendance. While this finding may indicate that cash assistance helps reduce financial barriers to education and supports continued enrolment, the observed difference cannot be attributed solely to CCTE assistance, as household characteristics, socioeconomic conditions, and other contextual factors may also influence school attendance outcomes.

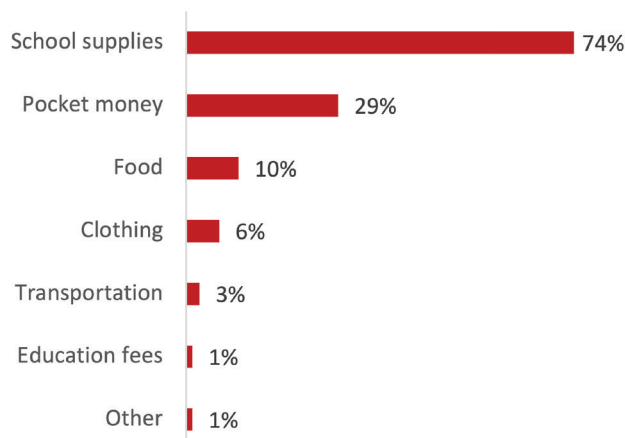


Figure 13 Breakdown of CCTE Usage

Moreover, the extent to which the CCTE Programme supports children's participation in education was examined by assessing households' views on school enrolment, re-enrolment, and regular attendance. Thirty-one per cent of households reported that the CCTE Programme contribute to their children's regular school attendance. The most cited reasons include; facilitating follow-up and reminders related to attendance encouraging regular attendance, and helping to cover school-related expenses, respectively. On the other hand, 16 per cent of households reported that the CCTE Programme facilitated their children's school enrolment by helping to cover education-related expenses and encouraging regular school attendance. Regarding school re-enrolment, 11 per cent of households stated that the assistance contributed to their children's return to school, primarily by easing the financial burden associated with education. Households also noted that the programme encouraged and motivated both children and their families to resume and maintain school attendance. Among the three groups (school enrolment, re-enrolment, and regular attendance), CCTE recipient households reported the highest perceived contribution of the programme to educational outcomes among the most vulnerable households.

Complementing these findings, a large majority of CCTE recipient households (84 per cent) provided feedback on their ideas for CCTE Programme improvement. The primary recommendation was to increase the cash transfer amount, reflecting the gap between current assistance levels and actual education costs. In addition, households emphasized the need for more frequent payment schedules are critical for the Programme's effectiveness in supporting children's education.

Livelihoods

Income and Labour Force Participation Rates

Labour force participation patterns remain broadly consistent with those observed in the previous IVS. Overall, 86.8 per cent of households have at least one working member. ESSN and non-recipient households continue to exhibit similar levels of workforce participation, with the vast majority (92 per cent) reporting at least one employed household member. In contrast, workforce participation remains considerably lower among C-ESSN households (77 per cent). This difference appears to be associated with variations in household composition across recipient groups. While ESSN and non-recipient households are predominantly composed of working-age adults who are more likely to participate in the labour market, C-ESSN households include a higher proportion of elderly persons, individuals with disabilities, and other vulnerable household members who are more likely to face barriers to labour market participation and income-generating opportunities.

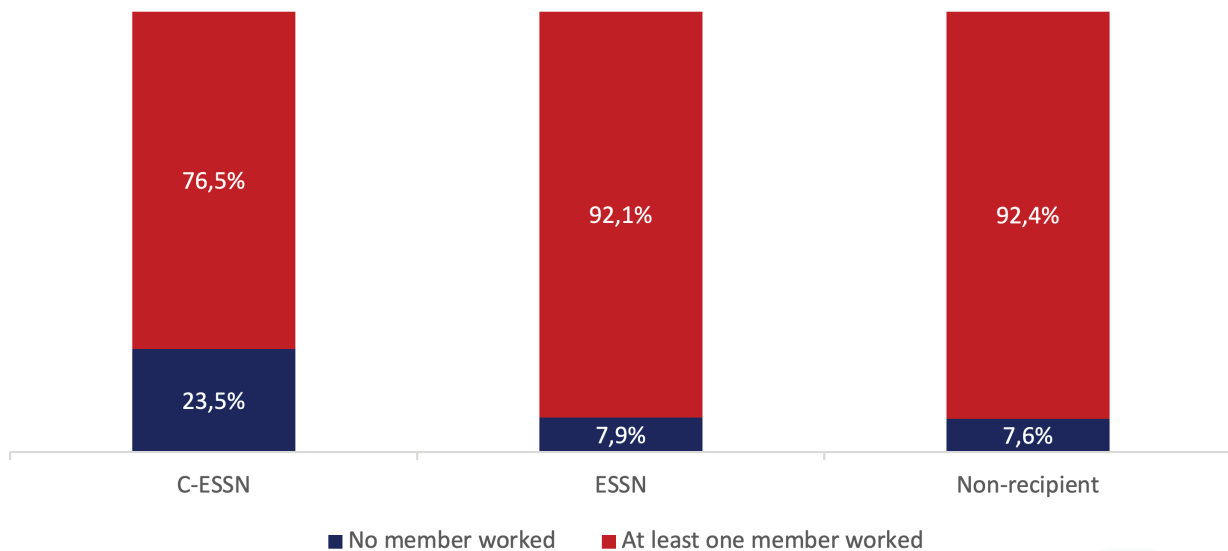


Figure 14 Rate of Working Members by Recipient Status

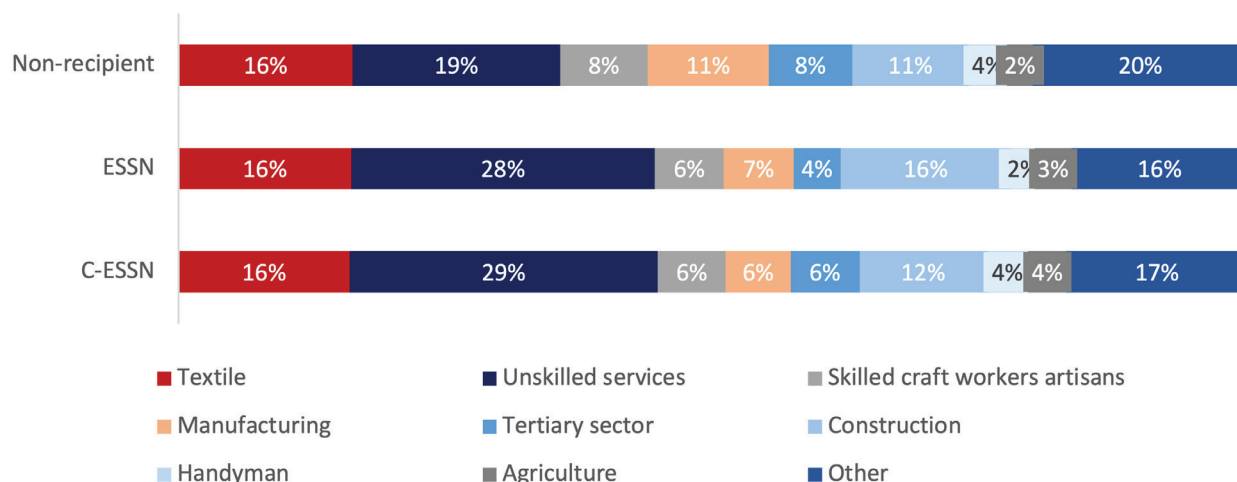


Figure 15 Shares of Occupation Information by Recipient Status

Employment patterns reveal a concentration of workers in unskilled service activities and other sectors across all household groups. This distribution is largely similar among C-ESSN and ESSN households, where unskilled services represent the largest employment category, accounting for 29 per cent and 28 per cent of workers, respectively. By contrast, non-recipient households demonstrate a more diversified employment profile, with higher representation in skilled craft and artisan occupations, manufacturing, tertiary sector activities, and agriculture. Combined, these sectors account for 41 per cent of employment among non-recipient households, compared to 32 per cent among ESSN households and 28 per cent among C-ESSN households. From a broader perspective, recipient households appear to be more concentrated in lower-skilled occupations, whereas non-recipient households are more likely to engage in a wider range of economic activities, suggesting comparatively greater access to diversified livelihood opportunities.

Employment data reveals significant gender inequalities among working individuals. According to the latest available TURKSTAT data, the employment rate in Türkiye stood at 48.1 per cent. The employment rate was considerably higher among males (65.4 per cent) than females (31.2 per cent), highlighting a persistent gender gap in labour market participation.²⁴ The gender disparity is even more pronounced among Syrian households surveyed in the IVS 3 study, with males accounting for 89.4 per cent of labour force participants compared to just 10.6 per cent among females. The primary challenges faced by women are significant barriers to employment, childcare responsibilities, lack of Turkish proficiency and inadequate professional qualifications.²⁵ However, female participation in income-generating activities is more common among C-ESSN households (17.4 per cent) than among ESSN (7.0 per cent) and non-recipient households (7.3 per cent). This is linked to the heightened vulnerability of C-ESSN households, where greater economic pressures necessitate the involvement of additional household members in earning an income, as well as high percentage of single parent female head of households.

²⁴ Turkish Statistical Institute (2026). Labour Force Statistics, April 2026. <https://veriportali.tuik.gov.tr/press/57984>

²⁵ Türk Kızılay. (2024). Focus group discussion report: SSN programme-Exploring labour market participation of female ESSN recipients. https://platform.kizilaykart.org/tr/Doc/rapor/2nd_Round_of_FGD_Report_3.pdf



A comparison across vulnerability groups reveals notable differences in the gender composition of the labour force. Women account for 36 per cent of labour force participants in the severe vulnerability group, compared to only 9 per cent among households classified as having normal vulnerability levels. This pattern reflects the heightened economic pressures faced by highly vulnerable households, where women are more likely to engage in income-generating activities to support household livelihoods. The findings suggest that female economic participation among vulnerable households is driven not only by labour market opportunities but also by the need to cope with severe financial constraints and limited household resources.

Assessing the social security rates based on vulnerability, access to social security remains limited across both vulnerable and non-vulnerable households, although notable differences persist between the two groups. Social security coverage reaches 35 per cent among non-vulnerable households, compared to only 14 per cent among vulnerable households. Conversely, 85 per cent of working individuals in vulnerable households and 63 per cent in non-vulnerable households report having no social security coverage. While these figures indicate a modest improvement in coverage compared to the previous assessment, a large proportion of workers across both groups continue to lack access to employment-related social protection. The findings suggest that limited social security coverage remains a widespread challenge, particularly among vulnerable households. Examining social security status alongside the Severity Index further highlights the association between reduced access to social protection mechanisms and higher levels of household vulnerability.

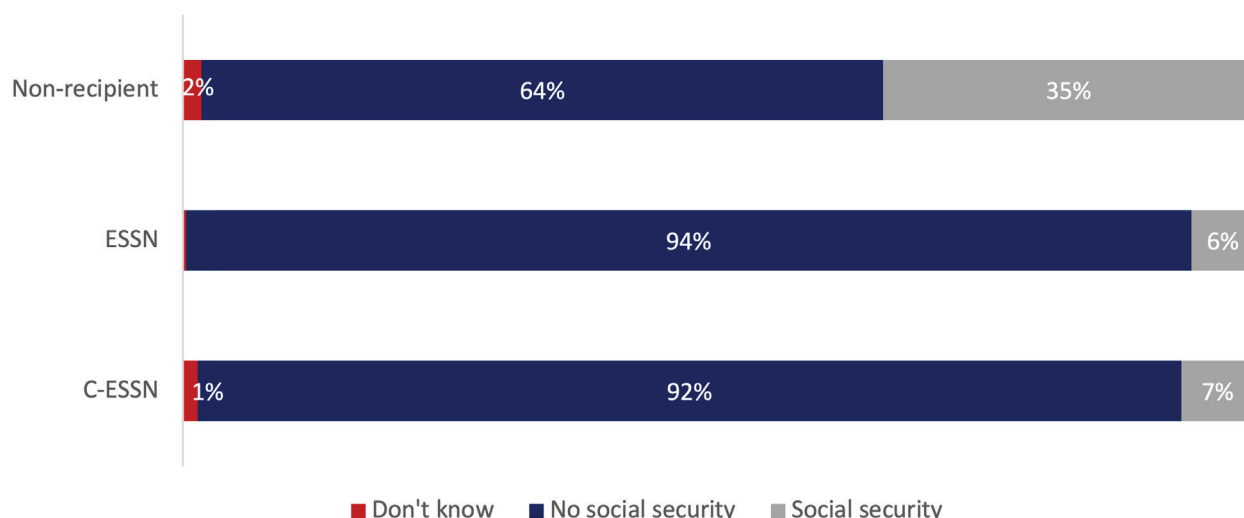


Figure 16 Working Individuals Social Security Status by Recipient Status

Although the overall social security coverage rate among working individuals is 18 per cent, it varies considerably across household groups. Non-recipient households report the highest level of social security coverage, with 35 per cent of working individuals benefiting from social security, compared to only 7 per cent among C-ESSN households and 6 per cent among ESSN households. This difference is closely associated with the employment profiles of the respective groups. Among C-ESSN and ESSN households, daily labour represents the most common form of employment, accounting for 52.6 per cent and 50.9 per cent of workers, respectively. In contrast, non-recipient households are more likely to be engaged in salaried employment (58.1 per cent), as well as employer and self-employed positions. The higher prevalence of these employment categories among non-recipient households may contribute to their comparatively greater access to social security coverage. Nevertheless, despite performing relatively better than recipient households, nearly two-thirds of working individuals in non-recipient households remain without social security coverage, pointing to broader challenges in accessing employment-related social protection across all groups.

Findings from the IDI study indicates that, the suspension of GHI and the exclusion of some households from the SSN Programme have led some recipients to seek formal employment opportunities and apply for work permits. While securing registered employment remains challenging, participants reported an increased focus on formal labour market participation as a strategy to improve their economic situation, maintain access to services, and strengthen their ability to sustain their lives in Türkiye.²⁶

²⁶ Türk Kızılay. (2026). Changing conditions, shifting priorities: Household experiences following ESSN programme exclusion: The Social Safety Net Programme (2nd in-depth interview report). Unpublished manuscript.



“I find work only five days a month on average and unfortunately, the income I earn during this period is not enough to support my family.”



Male, 33, Kilis

Income Level

Households draw on various income sources, including; labour income, foreign remittances, sales of goods, pensions, savings, debt, and cash assistance.

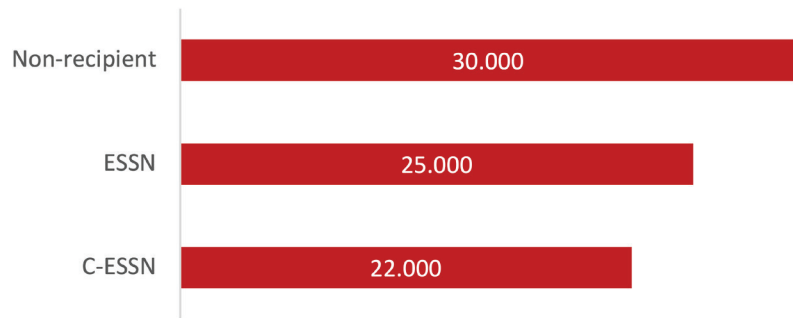


Figure 17 Median Labour Income by Recipient Status

When comparing median incomes across sources, labour income emerges as the largest component.²⁷ C-ESSN households report a median labour income of TRY 22,000, ESSN households TRY 25,000, and non-recipient households TRY 30,000.²⁸ As noted earlier, the key factor behind the relatively lower income levels of C-ESSN households is their much lower rate of participation in the labour market.

Cash assistance constitutes a key component of C-ESSN and ESSN households' income, representing their second-largest source of earnings. By contrast, the other income streams are negligible, indicating that these households generally lack meaningful alternative sources of income. However, it is noteworthy that borrowing and savings are also registered under income sources.

Across all regions, labour income forms the backbone of household finances, while the contribution of cash assistance only shows marginal regional variance.²⁹

²⁷ Labour income is the primary income source across all regions. Friedman tests show significant differences among income categories each strata ($p < 0.05$), and one-sided Wilcoxon signed-rank tests confirm Labour income significantly exceeds each alternative income source in every region ($p < 0.01$).

²⁸ A design-based median test for recipient status indicated significant differences in households' labour income across groups ($\chi^2 = 141.93$, $p < 0.001$), confirming that labour income was not uniformly distributed among recipient groups. Kruskal-Wallis test corroborated this finding ($H = 210.21$, $p < 0.001$). Pairwise comparisons with Bonferroni correction revealed that C-ESSN households reported a median labour income of TRY 22,000, ESSN households TRY 25,000, and non-recipient households TRY 30,000, with all group differences statistically significant (C-ESSN < ESSN: $d = -0.15$, $p < 0.001$; C-ESSN < Non-recipient: $d = -0.51$, $p < 0.001$; ESSN < Non-recipient: $d = -0.38$, $p < 0.001$).

²⁹ Labour income varies significantly across regions ($H = 209.70$, $p < .001$), led by İstanbul and the Southeast, representing a TRY 9,000 gap with a large effect size. Conversely, cash assistance shows only marginal regional variation ($H = 9.60$, $p = .048$), with values tightly clustered between TRY 3,000 and TRY 5,000 and no pairwise differences surviving Bonferroni correction. This confirms that regional economic conditions structurally shape labour income, whereas cash assistance is distributed uniformly.

For non-recipient households, İstanbul records the highest median labour income at TRY 35,000, followed by TRY 30,000 in the Aegean and Anatolia, TRY 29,000 in the Mediterranean, and TRY 28,000 in the Southeast.

Among ESSN households, median labour income ranges from TRY 30,000 in İstanbul to TRY 28,000 in the Aegean and Anatolia, TRY 25,000 in the Mediterranean, and TRY 20,000 in the Southeast, supplemented by cash assistance of around TRY 3,000 all regions except for Anatolia, where medium cash assistance amount is TRY 2,500.

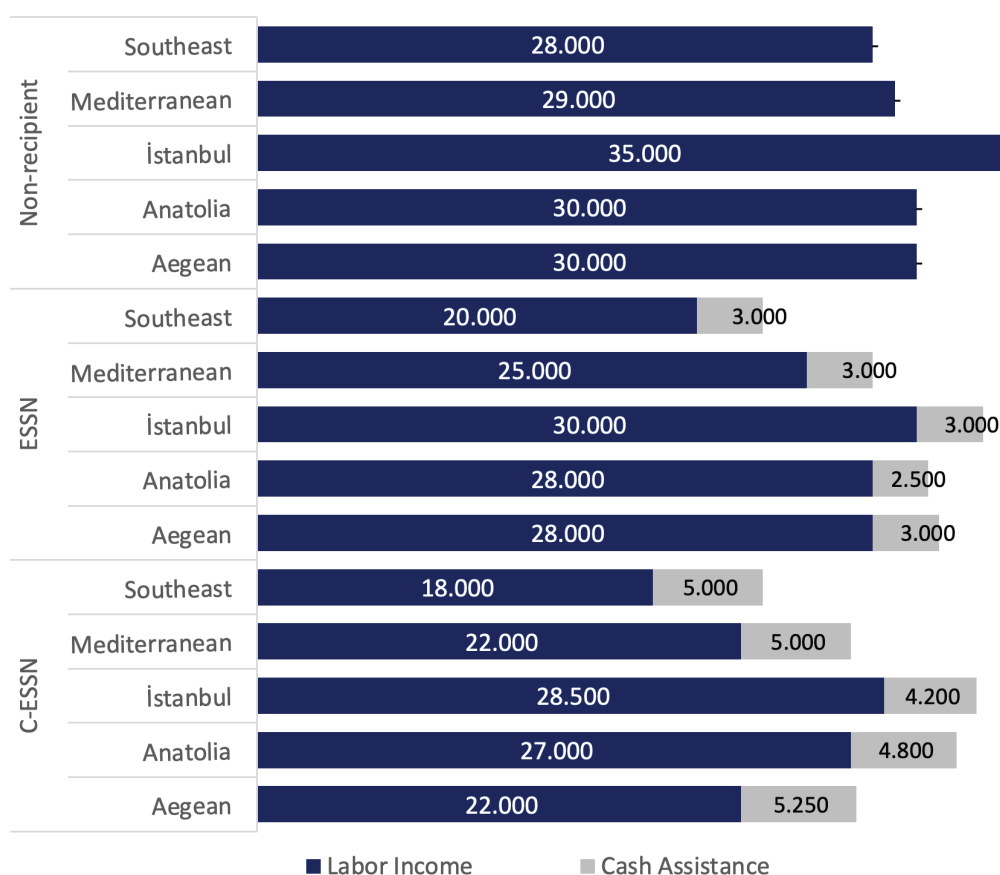


Figure 18 Median Labour Income and Cash Assistance by Recipient Status and Region

For C-ESSN households, labour incomes are substantially lower, particularly in the Southeast (TRY 18,000), Mediterranean (TRY 22,000) and Aegean (TRY 22,000), but these gaps are partly offset by comparatively higher cash assistance, ranging from TRY 4,200 in İstanbul to TRY 5,000 in the Mediterranean and Southeast, TRY 5,250 in the Aegean, and TRY 4,800 in Anatolia.

The results above are parallel with the annual average equivalent disposable income per household member in Türkiye, where the lowest income was recorded in the Southeast and Eastern Anatolian Regions.³⁰ Remittances from foreign countries, sales of goods, and income from other formal/informal sources are consistently reported to be negligible, emphasizing the strong reliance on labour income and cash assistance of households across all five regions.

30 TURKSTAT. (2025). Income Distribution Statistics, 2025. <https://veriportali.tuik.gov.tr/press/53993>

Barriers in Accessing Work

Barriers to employment point to a key constraint for households: a shortage of adequate job opportunities, identified as the main obstacle by 26 per cent of the respondents. In addition, substantial wage gaps exist between Syrian refugees and Turkish citizens, with refugees frequently paid considerably less for comparable work, deepening their economic precarity.³¹ Syrian refugees are predominantly employed in labour-intensive sectors such as construction, textiles, and agriculture, where they are exposed to exploitation and unsafe working conditions.³² Although the work permit system represents progress, its design and implementation still limit the meaningful inclusion of refugees in the formal labour market. As a result, many Syrian refugees continue to work informally, constrained by administrative barriers and limited incentives for employers to regularise their employment.³³

	C-ESSN	ESSN	Non-recipient
Not Enough Work Offer Work	19%	28%	26%
Health	16%	14%	14%
Discrimination	10%	9%	9%
Need to Care	9%	2%	2%
Need More Skills	7%	10%	7%
No Barriers	7%	10%	14%
Not Enough Working Age Members Working	7%	2%	2%
Work Permit	6%	8%	8%
Fund	5%	7%	7%
Other	5%	3%	4%
Not Enough Turkish	4%	3%	3%
Tradition	1%	0%	1%
Not Enough Information on How to Information	1%	3%	2%
Not Enough Information of How to Look Information	1%	1%	1%
Our Skills Diploma Are Not Diploma	0%	0%	1%

Figure 19 Barriers to Employment Opportunities across Recipient Groups

Across all groups, the most commonly reported barrier to employment is the lack of available job opportunities: 19 per cent of C-ESSN respondents, 28 per cent of ESSN respondents, and 26 per cent of non-recipient respondents state that there are not enough jobs on offer. Health problems are the second most frequently cited constraint for C-ESSN (16 per cent) and ESSN (14 per cent) households and are equally important among non-recipients (14 per cent), underscoring the role of poor health in limiting labour-market participation. Discrimination and care responsibilities also feature prominently for C-ESSN households, reported by 10 per cent and 9 per cent of respondents respectively, while skills gaps (7-10 per cent), work-permit issues (6-8 per cent), and funding constraints (5-7 per cent) emerge as additional challenges across groups.

31 Elgin, C., & Elveren, A. Y. (2024). Wage-productivity gap and discrimination against Syrian refugees: Evidence from Turkey. *The Economic and Labour Relations Review*, 35(2), 243–255. <https://doi.org/10.1017/elr.2024.15>

32 Ersin, İ., & Tanrıku, F. (2023). Informal employment areas for Syrian asylum seekers in Türkiye: A fuzzy TOPSIS analysis. *Sosyoekonomi*, 31(2), 191–210.

33 Şanlier, İ. (2025). Navigating the shadows: Syrians under temporary protection, employment, and hyper-precariety in Türkiye. In S. Carrera Nunez, E. Karageorgiou, G. Ovacik, & N. F. Tan (Eds.), *Global asylum governance and the European Union's role* (pp. 149–164). Springer. https://doi.org/10.1007/978-3-031-74866-0_9

In line with wider evidence, individuals whose ability to work is constrained by disability or chronic illness tend to have much lower labour-force participation rates, and their chances of being employed fall further as the severity of their condition increases.³⁴ This suggests that employment interventions for the most vulnerable should not be limited to job-placement services but must also incorporate accessible health care, rehabilitation, and support with care responsibilities. By contrast, for people facing fewer health- or care-related constraints, programmes should concentrate on strengthening skills, improving job-matching mechanisms, and expanding the supply of decent work to tackle the underlying shortage of employment opportunities.

Burden of Debt

Debt is closely associated with socio-economic vulnerability, especially for low-income households, those with unstable earnings, tenants, people with limited education, women, young people, and large families.³⁵

The analysis indicates that around three in five households are indebted. When broken down by recipient status, 70 per cent of C-ESSN households, 67 per cent of ESSN households, and 61 per cent of non-recipient households report having debt.³⁶ Examining the debt levels³⁷, it was identified that C-ESSN households have a median debt of TRY 12,000, ESSN households have TRY 16,000, and non-recipient households have TRY 20,000.

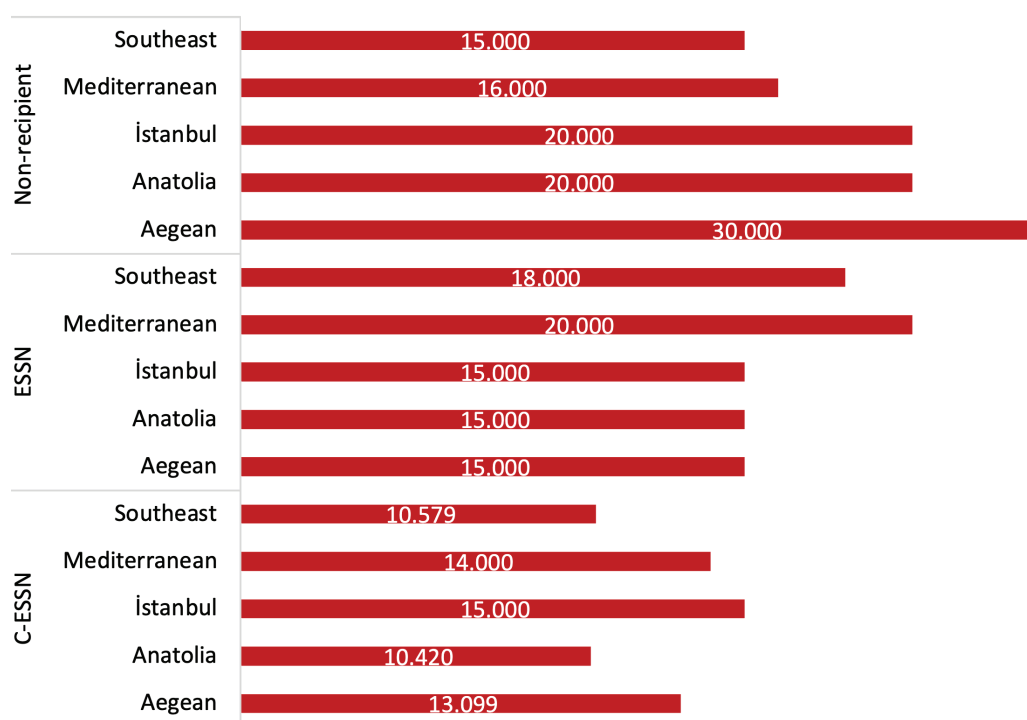


Figure 20 Regional Debt Amounts by Recipient Status

34 Öncel, B. D., & Karaoğlu, D. (2016). Disability and labor force participation: Evidence from Turkish males. ERC Working Papers in Economics, 16(08), 1–17. <https://erc.metu.edu.tr/en/system/files/menu/series16/1608.pdf>

35 Alpar, I., & Başak, A (2022). Current Assessment of Household Indebtedness in Turkey and the Potential Consequences of Household Indebtedness, Erciyes Akademi, 36(1), 80–107. <https://doi.org/10.48070/erciyesakademi.1116082>

36 Debt levels differed significantly by recipient status (Mood's median test: $\chi^2 = 25.88$, $p < .001$; Kruskal-Wallis: $H = 36.85$, $p < .001$). All pairwise differences were significant (Bonferroni-adjusted), with ineligible households carrying the highest median debt.

37 Design-based median test for Recipient status indicated significant differences in households' debt amount across groups (Chisq =24.31, $p = 5.44e-6$), showing that the debt level was not uniformly distributed among groups.

The regional analysis shows that Southeast households have the highest indebtedness across all groups: 74 per cent of C-ESSN, 70.7 per cent of ESSN and 66.6 per cent of non-recipient households report having debts. In contrast, the region with the lowest debt share differs by assistance status. Among C-ESSN and ESSN households, the lowest indebtedness is observed in the Aegean region, where 59.4 per cent and 62.8 per cent of households are in debt, respectively. In İstanbul, the lowest indebtedness was among the non-recipient households with 54 per cent, which is followed by 64 per cent and 69.6 per cent by ESSN and C-ESSN, respectively. According to severity index, only 6.4 per cent of the least vulnerable households are in debt, compared to 93.6 per cent of the most vulnerable, indicating a strong association between higher vulnerability levels and household indebtedness.



Regionally, median debt levels differ by both region and assistance status. Among C-ESSN households, debts range from TRY 10,420 in Anatolia to TRY 15,000 in İstanbul. For ESSN households, the highest median debt is observed in the Mediterranean region at TRY 20,000, followed by Southeast region with TRY 18,000, while other regions record TRY 15,000. For non-recipient households, the Aegean region shows the highest median debt at TRY 30,000, followed by TRY 20,000 in Anatolia and İstanbul, and TRY 16,000 and TRY 15,000 in the Mediterranean and Southeast regions respectively.

Households across all three groups show similar patterns in terms of whom they owe money to. For C-ESSN households the largest share of debt is to local shops (54 per cent), followed by relatives (49 per cent) and friends (45 per cent). In contrast, ESSN households are primarily indebted to relatives (55 per cent), with local shops as the second most common source (54 per cent) and friends third (42 per cent), whereas non-recipient households owe most to relatives (50 per cent), followed by friends (46 per cent) and then local shops (46 per cent). In addition, while the majority of households hold debts in Turkish Lira (88 per cent for C-ESSN, 86 per cent for ESSN, 83 per cent for non-recipients), some also have debts in US Dollars (15 per cent for non-recipient, 13 per cent for ESSN, and 11 per cent C-ESSN) and Euros (1 per cent for C-ESSN and 2 per cent for ESSN and non-recipients).

Savings

Across all groups, almost all households report having no savings. C-ESSN households have the highest share without savings at 95 per cent, followed closely by non-recipients at 94 per cent and ESSN households at 92 per cent, underlining that the absence of any financial buffer is widespread regardless of assistance status. This exceptionally low savings rates indicate limited financial resilience across all household groups. The absence of savings suggests that most households have limited capacity to accumulate financial reserves after meeting essential expenditures.

Expenditure

Household expenditure plays an important role in understanding the socio-economic situation of households, alongside income and debt indicators. When expenditure levels³⁸ are examined, C-ESSN households report the lowest expenditure at TRY 34,743, followed by ESSN households at TRY 37,000, while non-recipient households report the highest expenditure at TRY 42,957. It is important to note that C-ESSN households also report lower income levels compared to the other groups. However, direct comparisons of total household expenditure should be interpreted with caution due to differences in household size and composition.

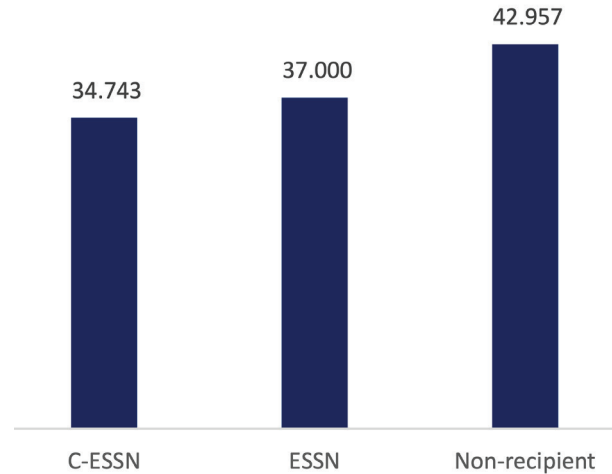


Figure 21 Total Expenditure by Recipient Status

When per capita expenditure is considered, C-ESSN households spend TRY 6,345, ESSN households TRY 6,457, and non-recipient households substantially more at TRY 7,665. Both total household expenditure and per capita expenditure indicate that non-recipient households spend considerably more than recipient households. A similar pattern is observed for income levels. In this regard, non-recipient households appear to be in a relatively better position in terms of both financial capacity and their ability to cover necessary expenditures through labour income.

Deepening the analysis by examining household spending according to vulnerability levels, the spending level of the most vulnerable group remained at TRY 4,228 per capita and TRY 27,316 in total. In contrast, the least vulnerable households have per capita expenditures of TRY 10,060 and total expenditures of TRY 49,110. This reveals both the fact that larger households are more vulnerable and that expenditure has a clear association with vulnerability.

Household expenditure also varies considerably across regions. Regions with higher income levels generally report higher expenditure levels, reflecting differences in employment opportunities, wages, and living costs. In particular, İstanbul records the highest expenditure levels among all regions, while the Southeast reports the lowest. These differences may also be influenced by variations in the cost of living, as well as the types of goods and services consumed by households. Regional analysis shows that household income levels are considerably higher in İstanbul compared to other regions, which is reflected in expenditure patterns. In İstanbul, total household expenditure reaches TRY 42,417 among C-ESSN households, TRY 45,583 among ESSN households, and TRY 50,398 among non-recipient households. By contrast, expenditure levels in the Southeast are substantially lower, at TRY 31,217 for C-ESSN households, TRY 32,877 for ESSN households, and TRY 36,593 for non-recipient households.

³⁸ Design-based median test for Recipient status indicated significant differences in households' expenditure amount across groups (Chisq = 107.28, $p = 2.2e-16$), showing that the expenditure level was not uniformly distributed among groups.



A closer examination of expenditure patterns shows that food and housing-related costs constitute the largest share of household spending across all groups. As essential needs, these expenditure categories account for the majority of household budgets, indicating that households primarily allocate their resources to meeting basic living requirements. Food and housing expenses (including rent, electricity and natural gas) represent 75 per cent of total expenditure among C-ESSN households, compared to 72 per cent among both ESSN and non-recipient households. The remaining expenditure is allocated to other categories, including hygiene items, clothing, communication, transportation and education-related expenses.

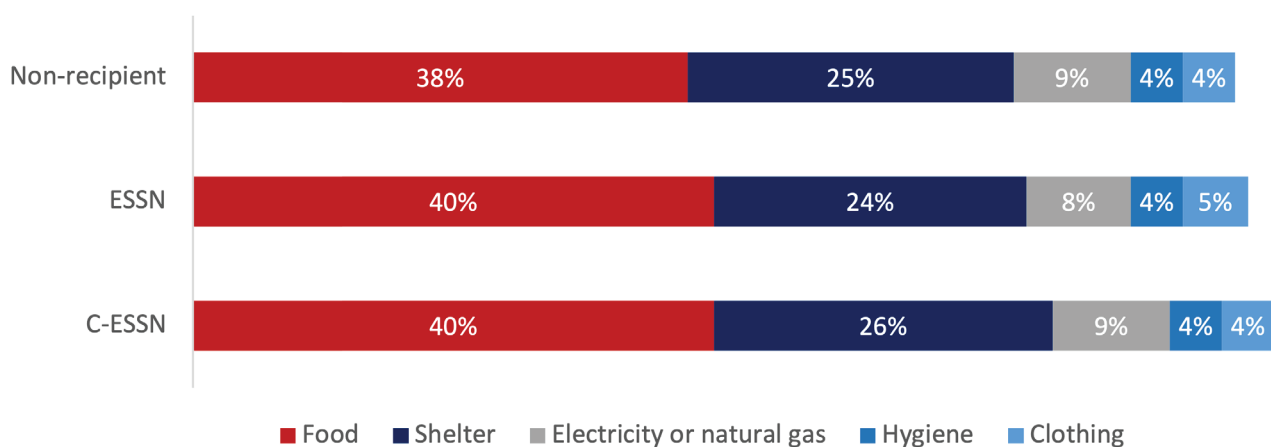


Figure 22 Share of Top 5 Expenditure Items by Recipient Status

Humanitarian Conditions

Living Standards

Ability to Meet Basic Needs

Basic needs, in line with the Sphere standards, are understood as people's right to access essential services that sustain life and dignity, including health care, nutrition, water, sanitation and hygiene (WASH), food security, shelter and settlement, and key household items, with additional support for individuals with specific vulnerabilities. The basic needs approach also incorporates longer-term well-being and welfare/financial resilience by integrating protection, sustainable livelihoods, and pathways to durable solutions, focus on rights, quality, and accountability in humanitarian response. Drawing on established evidence and practice, it recognizes the growing role of cash and voucher assistance as an appropriate and effective modality to help crisis-affected people meet their priority needs across sectors in diverse contexts.^{39,40}

In this study, households' ability to pay rent was assessed before examining their capacity to meet other essential needs. The distribution of rent payment patterns is broadly similar across C-ESSN, ESSN, and non-recipient households. Most households report being able to keep up with rent: 80 per cent of C-ESSN, 81 per cent of ESSN, and 85 per cent of non-recipient households state that their rent is fully paid every month, while an additional 10 per cent of C-ESSN, 13 per cent of ESSN, and 9 per cent of non-recipient households report that their rent is paid in advance. In contrast, late rent payments are reported by 8 per cent of C-ESSN, 5 per cent of ESSN, and 4 per cent of non-recipient households, and a small minority (2 per cent of C-ESSN, 1 per cent of ESSN, and 1 per cent of non-recipient households) report not paying for their accommodation.

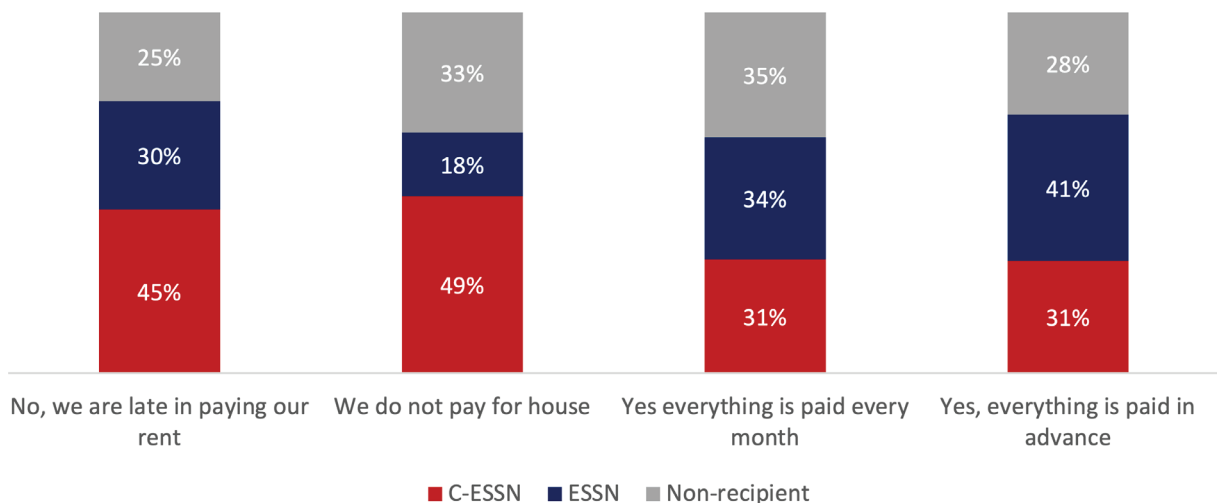


Figure 23 Ability to Pay Rent by Recipient Status

39 UNHCR. (2017). Basic Needs Approach in the Refugee Response. United Nations High Commissioner for Refugees.

40 Sphere Association. The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response, fourth edition, Geneva, Switzerland, 2018. www.spherestandards.org/handbook

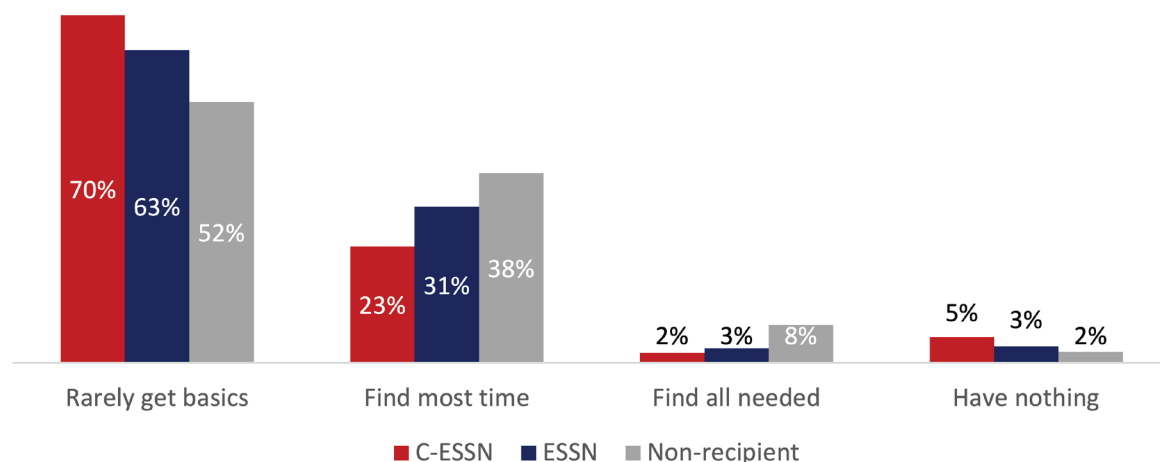


Figure 24 Ability to Meet Basic Needs Status by Recipient Status

As households allocate most of their resources to food and shelter, they have limited financial capacity to meet other essential needs, including education, healthcare, transportation, communication, and other well-being-related expenditures.⁴¹

The pattern is further confirmed by the finding that only a small share of households is consistently able to meet all of their basic needs: 2 per cent of C-ESSN households, 3 per cent of ESSN households, and 8 per cent of non-recipient households. At the same time, 23 per cent of C-ESSN households, 31 per cent of ESSN households, and 38 per cent of non-recipient households report being able to meet their needs most of the time, while the remaining majority rarely manage to do so. Taken together, these results suggest that, although non-recipient households are slightly more likely to meet all or most of their needs, both C-ESSN and ESSN recipients still face substantial challenges in consistently covering their essential needs.

Across regions, the data show that large majorities of households struggle to meet their basic needs, although the intensity of deprivation varies by both region and recipient status. Among C-ESSN households, the Southeast, İstanbul and the Aegean recorded the highest share of households reporting that they had nothing, at 6 per cent, while only 1–2 per cent reported being able to meet all of their basic needs. Across all C-ESSN regions, approximately 69–70 per cent of households reported that they could only rarely meet their basic needs, with the highest proportions observed in the Southeast, Mediterranean and Aegean (70 per cent), followed closely by İstanbul and Anatolia (69 per cent). Among ESSN households, conditions were somewhat better but remained critical. Around two-thirds of households across all regions (62–63 per cent) reported that they could only rarely meet their basic needs, whereas only 1–4 per cent reported being able to meet all of their basic needs. Non-recipient households fared relatively better but continued to face substantial challenges, with the proportion reporting that they could only rarely meet their basic needs ranging from 49 per cent in Anatolia and 50 per cent in the Mediterranean to 54 per cent in İstanbul and 55 per cent in both the Southeast and the Aegean. The share of households reporting that they had nothing remained comparatively low across non-recipient households, varying between 0 and 4 per cent.

Taken together, these patterns highlight pronounced regional disparities in households' capacity to meet basic needs and may help inform programme design and complementary support by reflecting differing expenditure, income, and debt profiles across regions.

⁴¹ Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370–396. <https://doi.org/10.1037/h0054346>

Minimum Expenditure Basket (MEB)

The MEB⁴² represents the minimum cost of goods and services required for a household to maintain a basic standard of living and serves as a proxy indicator for poverty. Since IVS 2, the proportion of households living below the MEB has increased substantially, rising from 36 per cent to 70 per cent, an increase of 34 percentage points. Across all recipient categories, the majority of households now fall below the MEB. The incidence is highest among C-ESSN households, where 85 per cent fall below the threshold, followed by ESSN households (65 per cent) and non-recipient households (61 per cent). While C-ESSN households continue to exhibit the highest levels of economic vulnerability, the largest increase since IVS 2 has been observed among ESSN and non-recipient households, suggesting that rising living costs have increasingly affected a broader segment of the population. Nevertheless, the consistently higher proportion of C-ESSN households below the MEB indicates that this group remains the most economically vulnerable among all categories.

At the regional level, households in İstanbul across all three recipient categories report higher expenditure levels and a greater likelihood of remaining above the MEB threshold compared to households in other regions. However, these findings should be interpreted with caution, as significant regional differences in the cost of living exist. As discussed in the expenditure section, İstanbul is considerably more expensive than other regions. Since the MEB is calculated at the national level and does not account for regional price variations, households in higher-cost regions such as İstanbul may appear to be relatively better off, even though they face substantially higher living expenses.

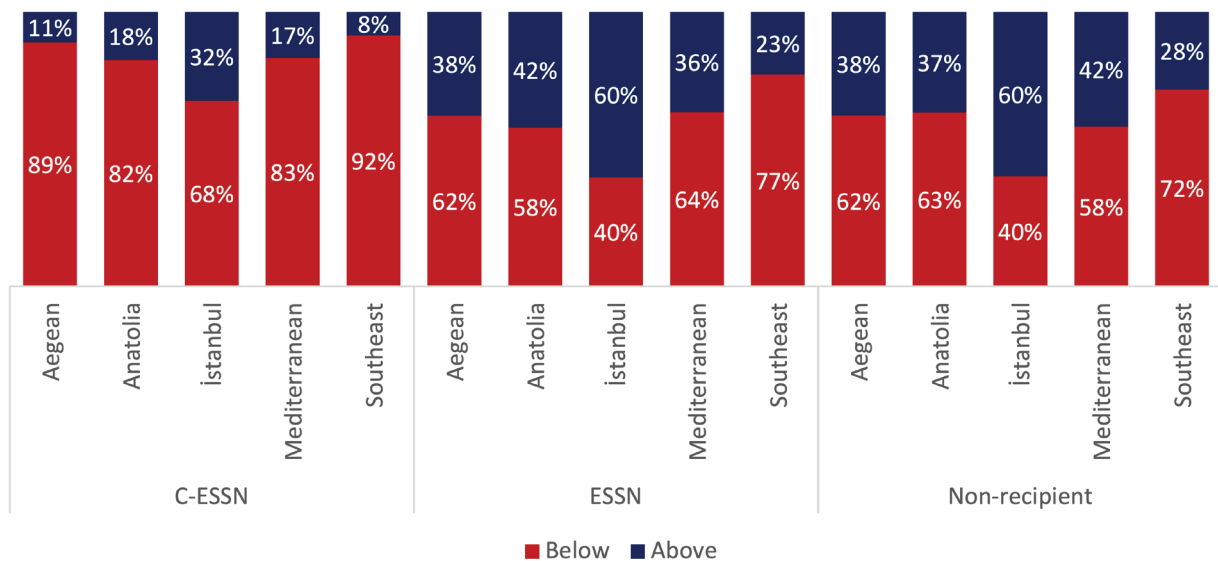


Figure 25 MEB Status by Recipient Status and Region

42 For further information on the methodology and dataset related to this study, please view the MEB Technical Report at: https://platform.kizilaykart.org/tr/Doc/rapor/MEB_Technical_Paper_Report_8.pdf.

Relative poverty levels⁴³ were assessed using per capita household expenditure, enabling comparisons across households within the sample. To explore the factors associated with relative poverty, a range of household characteristics were analysed, including income levels, region of residence, household size and composition, educational attainment, food consumption indicators, and receipt of social assistance. The analysis suggests that households with higher incomes, higher levels of education, stronger food consumption outcomes, expenditure levels above the MEB, and residence in Istanbul or the Mediterranean region generally demonstrate better socio-economic conditions. In contrast, larger households and households receiving cash assistance through programmes such as SSN and CCTE were more frequently represented among those experiencing higher levels of relative poverty, consistent with the vulnerability-based targeting approach of these programmes.

Housing

Housing conditions remain challenging for a significant proportion of households. More than half of both C-ESSN (51 per cent) and ESSN (53 per cent) households were found to be living in poor-quality housing, whereas a majority of non-recipient households (55 per cent) resided in good-quality housing. Renting remains the dominant housing arrangement across all groups. Property ownership was extremely limited, with only 1.5 per cent of non-recipient households owning their homes, compared to 0.1 per cent of ESSN households and 0.2 per cent of C-ESSN households.

Housing-sharing arrangements continue to be a common coping strategy in response to rising living costs. Overall, 7.3 per cent of households reported sharing accommodation with another household, and among these, 97 per cent were living with relatives. By recipient status, the prevalence of shared housing was highest among C-ESSN households (9 per cent), followed by non-recipient households (8 per cent) and ESSN households (5 per cent). This pattern is consistent with findings from the previous IVS, suggesting that households continue to rely on shared living arrangements to manage increasing financial pressures. Consequently, 77 per cent of households sharing accommodation also reported sharing household expenses, primarily rent, utilities, and food costs.



⁴³ Relative poverty was estimated by applying a quadratic normalization to per capita household expenditures. A generalized linear regression model was then used to assess its association with selected household characteristics, including income, debt, region, recipient status, disability presence, MEB status, education level, school attendance, housing-sharing status, ESSN and CCTE assistance, household size, and FCS. Weighted adjustments were applied to account for heteroskedasticity and multicollinearity.

Reported access to basic shelter facilities was high across all household groups. Only 2.7 per cent of households stated lacking a kitchen facility within their dwelling, and 4 per cent has toilet facility outside. Nearly all households had sufficient access to cooking fuel, with electricity being the most commonly used source (47 per cent), followed by natural gas (38 per cent) and propane cylinders (30 per cent). Electricity was also the primary source of lighting for almost all households.

Access to water, sanitation, and hygiene services remained largely satisfactory. Municipal waste collection services were available to almost all households. Regarding drinking water sources, tap water was the most commonly used source (48 per cent), followed by filtered water (39 per cent), while only 20 per cent of households relied on bottled water. The vast majority of households reported adequate access to water (97 per cent) and hygiene items (96 per cent), indicating that basic WASH needs are generally being met despite broader economic challenges.

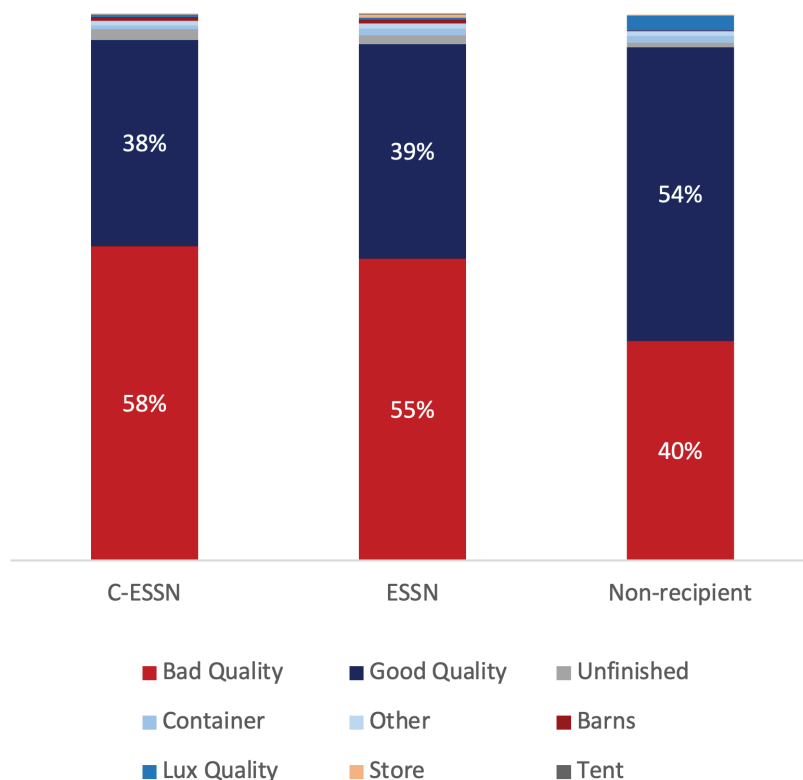


Figure 26 Housing Condition Status by Recipient Status



“Especially during the winter months, we could no longer afford coal for heating and had to reduce spending on other household expenses as well.”



Male, 54, Kilis



“We reduced the number of meals we ate and relied more on cheaper food products. My children also began working.”



Male, 52, Gaziantep

Coping Mechanisms

The Coping Strategy Index functions as a sub-index of the comprehensive SSN IVS 3 Severity Index and is designed to categorize the severity of vulnerability among refugee households in Türkiye. The rCSI and the LCSi are used in combinations to assess household resilience in managing limited reach to essential goods and services.

rCSI

The rCSI⁴⁴ is a consumption based-coping indicator, with higher rCSI values reflecting increased household vulnerability. When analysed together with LCSi and FCS, it provides a comprehensive picture of household food security, capturing food consumption stress, dietary diversity and livelihood vulnerability. Eighty-nine per cent of overall surveyed households resort to reduced coping strategies, while categorically this proportion accounts to 92 per cent of C-ESSN, 89 per cent of ESSN, and 85 per cent of non-recipient households.

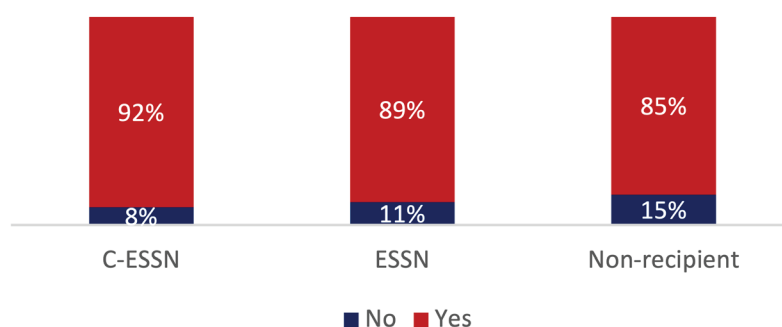


Figure 27 Use of rCSI Strategies Based by Recipient Status

Reviewing household scores,⁴⁵ C-ESSN households have the highest rCSI value at 12.9, followed by ESSN households at 11.35 and non-recipient households at 10.29. rCSI indicator provides slightly different results from socio-economic indicators, indicating that non-recipient households are much less vulnerable than recipient households.

Analysing the components of rCSI, an 84 per cent of households in all three groups (88 per cent of C-ESSN, 85 per cent of ESSN, and 81 per cent of non-recipient households) consume less preferred, cheaper foods to sustain their lives. However, the most striking component is reducing adults' food intake to feed children, which is the second most common strategy used by 27 per cent of all households (31 per cent of C-ESSN, 26 per cent of ESSN, and 24 per cent of non-recipient households).

⁴⁴ rCSI assesses short-term food insecurity by asking how often households have to apply for negative coping strategies, such as relying on less preferred foods or reducing portion sizes.

⁴⁵ rCSI differs significantly across recipient status, accounting for the survey design (design-based Kruskal-Wallis test, $\chi^2 = 121.09$, $p < 2.2e-16$).

Overall, these findings suggest that recipient households, particularly C-ESSN households, experience greater food-related pressure and are therefore might be likely to rely on food-based coping strategies than ESSN and non-recipient households.

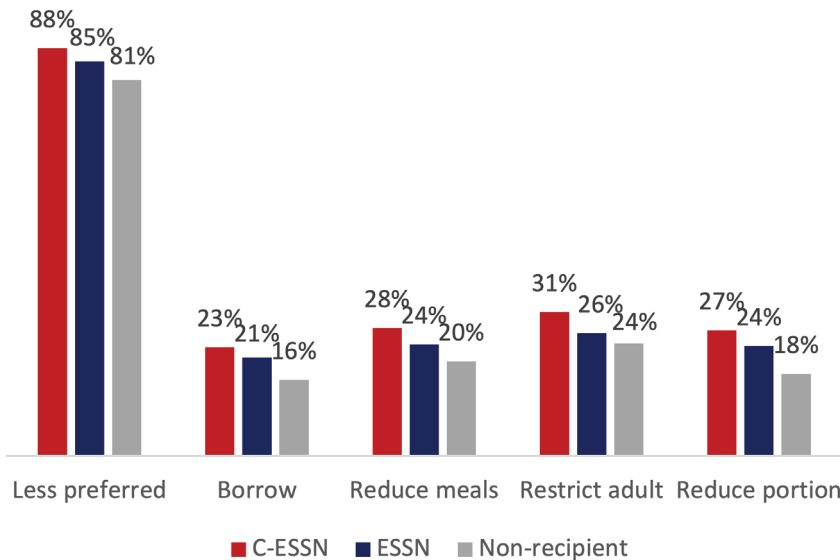


Figure 28 rCSI Components by Recipient Status

According to the vulnerability status of households, the average rCSI of the least vulnerable households is 4.41. This value shows a dramatic increase with the vulnerability level, reaching 37.45. Only 71 per cent of the least vulnerable households use at least one food-based coping strategy, while all of the most vulnerable households (100 per cent) have resorted to at least one of the rCSI components. Furthermore, among households using all rCSI components, 2 in 10 of the most vulnerable households used all five strategies throughout the week, whereas almost no households (0.4 per cent) in the least vulnerable group exhibited this pattern.

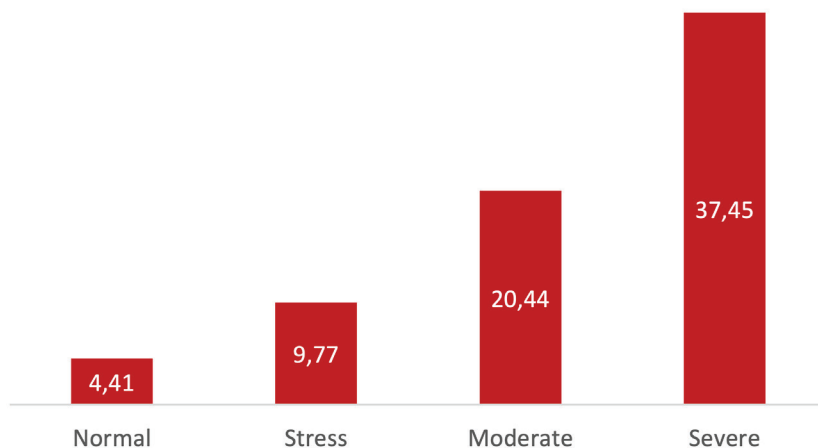


Figure 29 rCSI Score by Severity Group



“Rent and utility bills place a heavy burden on us, and we constantly rely on borrowing money to get by. I am looking for work but have been unable to find any. We cannot afford coal for heating, and we have to cut back on food as well. We have had to make sacrifices in every aspect of our lives.”



Male, 30, Gaziantep

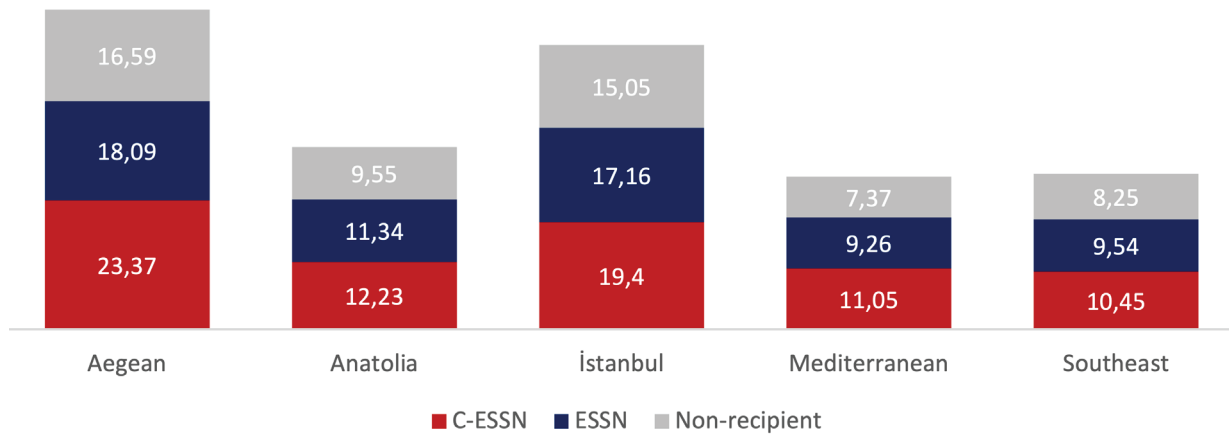


Figure 30 rCSI Scores by Recipient Status and Region

Looking into rCSI scores based on vulnerability, the findings point to a marked increase in food consumption-related stress across all household groups compared to the previous assessment, indicating a growing reliance on consumption-based coping strategies.

While their rCSI scores have converged to similar levels, vulnerable C-ESSN households stand out with higher scores, highlighting a much greater degree of food consumption stress. Such that C-ESSN households experienced highest rCSI scores with 13.15, followed by non-recipient and ESSN households with 11.94 and 11.77, respectively.

Regionally⁴⁶, consistent with the findings of the previous IVS, C-ESSN households in the Aegean region appear to be the most vulnerable with an rCSI score of 23.37. On the contrary, non-recipient households in the Mediterranean region have the lowest rCSI score of 7.37. The İstanbul region, which stands out in socio-economic indicators such as expenditure and income, ranks second after the Aegean region according to the rCSI indicator. This situation reinforces the previous arguments and shows that the diversity of the cost of living across regions.

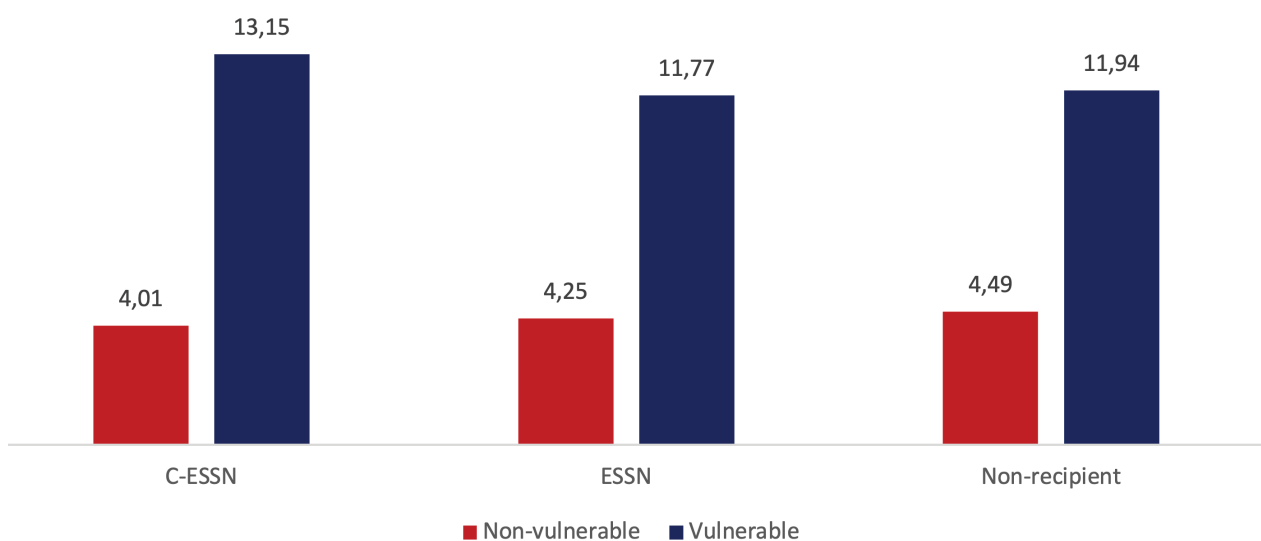


Figure 31 rCSI Scores by Recipient Status and Vulnerability

⁴⁶ rCSI differs significantly across region, accounting for the survey design (design-based Kruskal-Wallis test, Chisq = 281.22, p < 0.001).

Livelihood Coping Strategies Index (LCSI)

The Livelihood Coping Strategy Index (LCSI)⁴⁷ is an inverse indicator that assesses households' resilience in the face of economic hardship, with higher scores indicating greater vulnerability. The overall LCSI score was found to 3.4 across all recipient status.⁴⁸ C-ESSN households have the highest LCSI score at 3.28, followed by ESSN households at 3.03 and non-recipient households at 2.81. Since, the LCSI comprises three components, namely stress, crisis, and emergency; this situation indicates that recipient households are generally at the stress level.

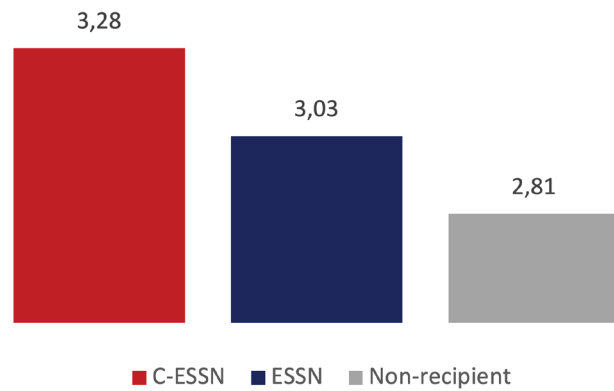


Figure 32 LCSI Scores by Recipient Status

The most frequently used strategies in all recipient groups are borrowing money (58.7 per cent for C-ESSN and ESSN, and 54 per cent for non-recipient) and buying food on credit (51.4 per cent for C-ESSN, 51.8 per cent for ESSN, and 41.2 per cent for non-recipient), followed by the strategy of reducing in education and health expenditures (50 per cent for C-ESSN, 48.5 per cent for ESSN, and 43.6 per cent for non-recipient) in the crisis category. The reason for this might be related to the suspension of health insurances for SuTPs, as many households now refrain from going to the hospital when they are sick or cannot buy medications due to high prices.⁴⁹ Nevertheless, although the majority of the households are at the stress level, 6.3 per cent of households resort to emergency strategy of sending children to work. Child labour was observed highest in C-ESSN households at 9 per cent, as opposed to 5 per cent in ESSN and non-recipient households. This supports the secondary findings suggesting that in conditions of poverty and economic insecurity, families are compelled to prioritize immediate survival over education, leading to children's engagement in labour.⁵⁰

47 LCSI evaluates the more severe, often irreversible, actions households take to cope with significant economic hardship, such as selling assets or withdrawing children from school.

48 LCSI differs significantly across recipient status groups, accounting for the survey design (design-based Kruskal-Wallis test, $\chi^2 = 31.88$, $p < 2.2 \times 10^{-7}$). Weighted mean LCSI scores are highest for C-ESSN households, followed by ESSN and Non-recipient. Pairwise comparisons reveal that non-recipient households have significantly lower LCSI than both ESSN ($\Delta = 0.22$, $p < .001$) and C-ESSN ($\Delta = 0.46$, $p < .001$) households, while the difference between ESSN and C-ESSN is not statistically significant ($\Delta = 0.25$, $p = .752$).

49 Türk Kızılay. (2026, May). Changing Conditions, Shifting Priorities Household Experiences Following ESSN Programme Exclusion: The Social Safety Net Programme, 2nd In-Dept Interview Report. Unpublished manuscript.

50 Aykaç, M., & Murat, G. (2019). Sürdürülebilir Kalkınma 2030 Gündemi bağlamında çocuk işçiliğinin önlenmesinde sosyal koruma tabanları. Uluslararası Yönetim İktisat ve İşletme Dergisi, CEEİK 2018 Özel Sayısı, 93-118.

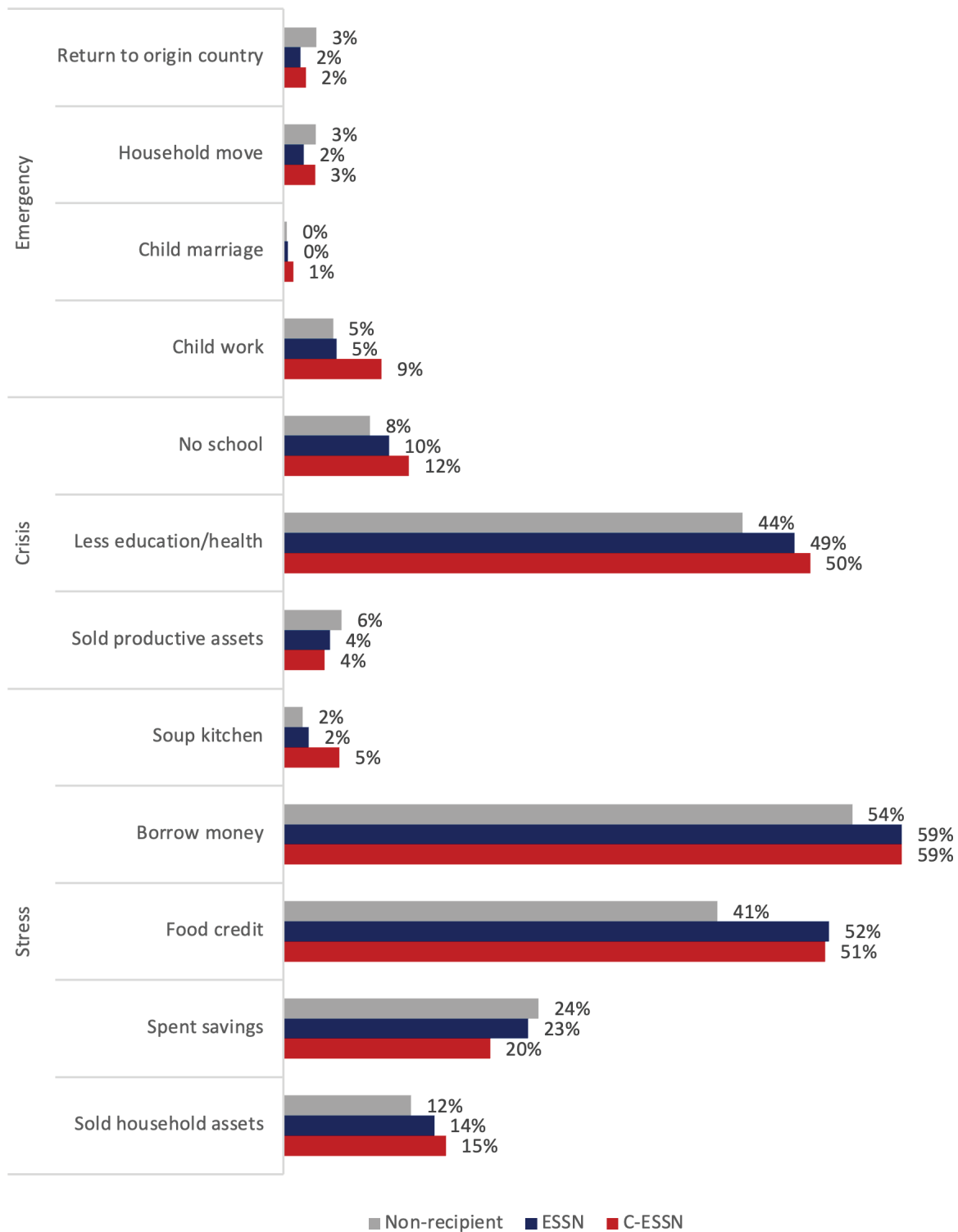


Figure 33 LCSl components by recipient status

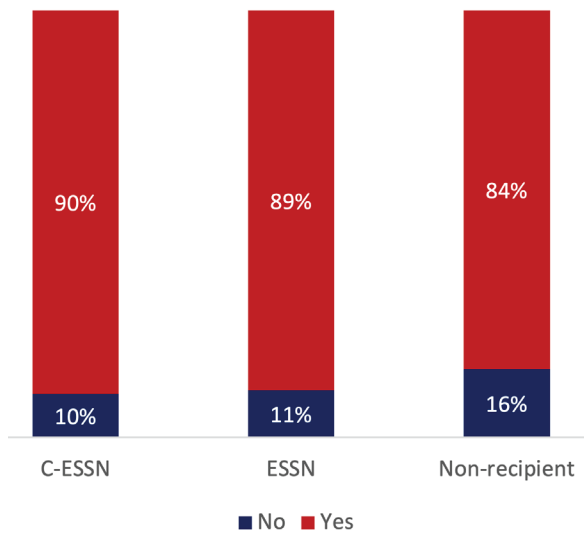


Figure 34 Use of Livelihood-based Coping Strategies by Recipient Status

Comparing households' engagement in livelihood-based coping strategies by recipient status reveals notable differences across groups. The vast majority of households receiving assistance did resort to livelihood-based coping mechanisms, accounting for 90 per cent of C-ESSN households and 89 per cent of ESSN households, compared to 84 per cent of non-recipient households.

Regionally⁵¹, the highest LCSI score for C-ESSN households is 3.5 points, while for ESSN households it is 3.2 and for non-recipient households it is 3.1, highest in Southeast region for all groups. Hence, households in the Southeast region in particular are in worse shape than other regions in terms of livelihood sources, but this difference is not at very high levels.

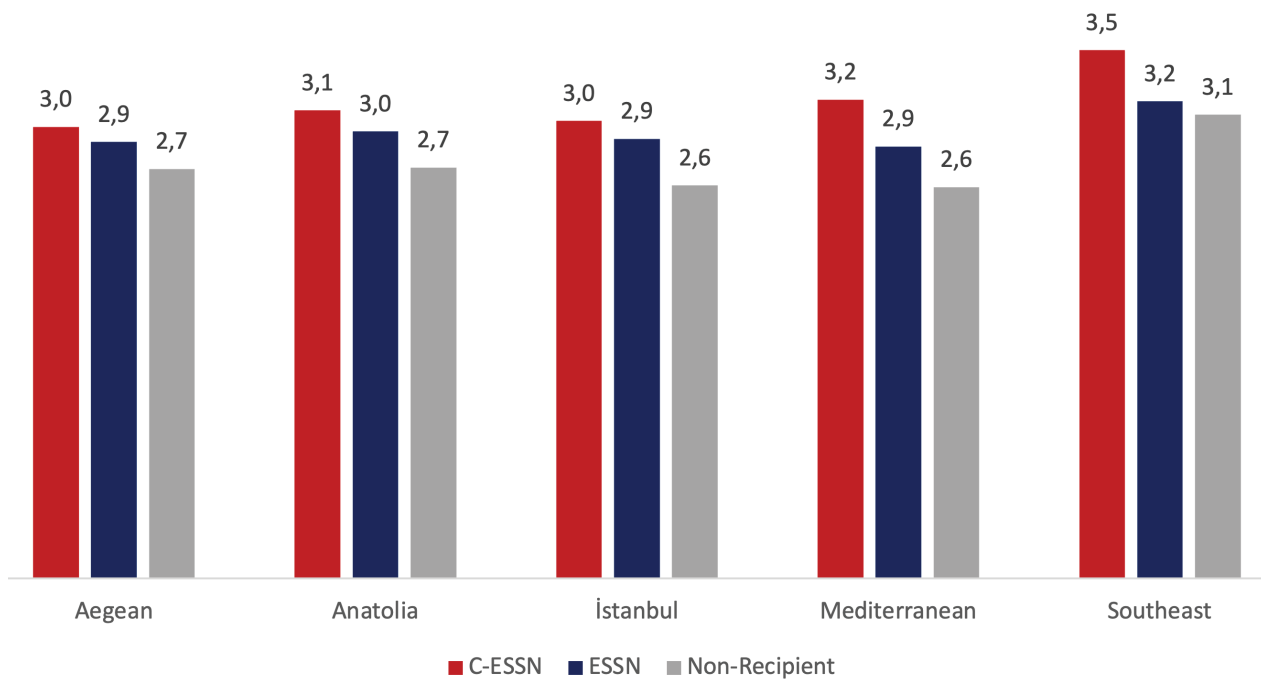


Figure 35 LCSI Scores by Recipient Status and Region

51 LCSI differs significantly across region, accounting for the survey design (design-based Kruskal-Wallis test, Chisq =29.23, p < 07.315e-6).

Assessing LCSi scores by vulnerability status reveals a substantial gap between vulnerable and non-vulnerable households across all recipient groups. Vulnerable C-ESSN households record the highest average LCSi score at 13.77, compared to just 1.49 among their non-vulnerable counterparts. A similar pattern is observed among ESSN households, where vulnerable households score 7.43 against 1.31 for non-vulnerable households, while vulnerable non-recipient households register a score of 7.91 compared to 1.49 among non-vulnerable households. These findings indicate that vulnerable households are considerably more likely to resort to livelihood-based coping strategies, reflecting heightened economic pressure and limited capacity to meet basic needs through regular income sources. While vulnerable ESSN and non-recipient households exhibit relatively similar levels of livelihood stress, vulnerable C-ESSN households remain distinctly worse off, with an LCSi score nearly twice as high as the other groups. This suggests that the most vulnerable households continue to face severe livelihood constraints and are more likely to adopt coping mechanisms that may undermine their long-term resilience and economic stability.

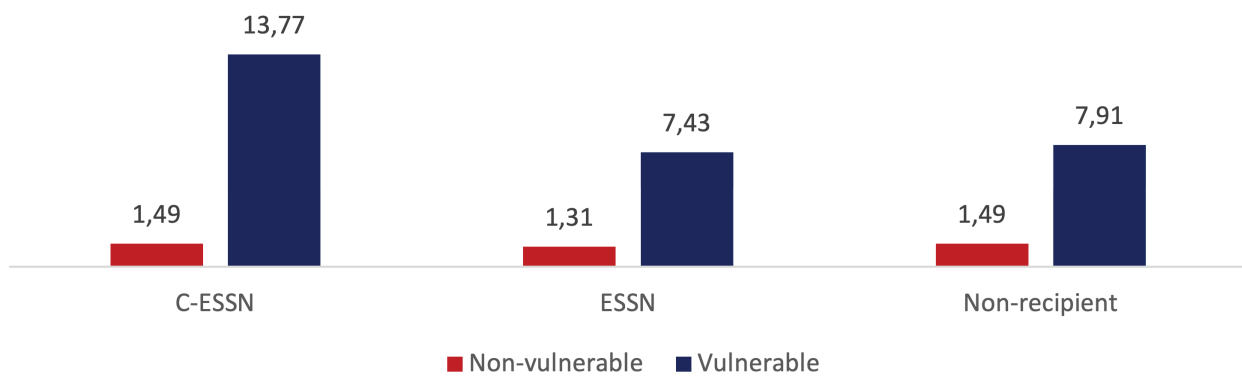


Figure 36 LCSi Scores by Recipient Status and Vulnerability

Food Consumption Score (FCS)

Based on households' reported food consumption over the seven days preceding the survey, analysis indicates that the vast majority of households maintain acceptable levels of food consumption. Specifically, 94.5 per cent of the C-ESSN group, 94.6 per cent of the ESSN group, and 94.7 per cent of non-recipient households have scores above the acceptable threshold. Average FCS scores were also similar across groups, standing at 71.93 among C-ESSN households, 72.74 among ESSN households, and 73.65 among non-recipient households, suggesting broadly comparable food consumption patterns regardless of recipient status.

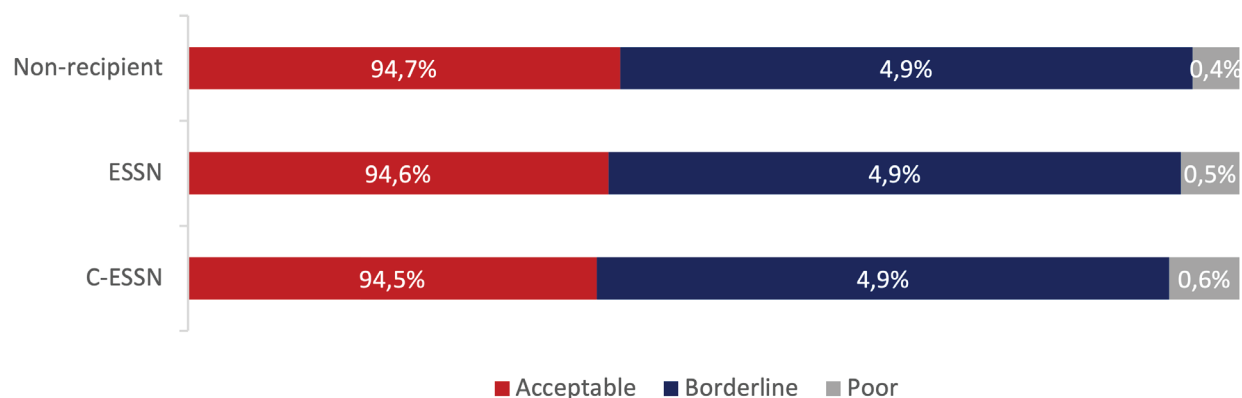


Figure 37 FCS Categories by Recipient Status

However, these high percentages do not necessarily reflect a balanced or nutrient-dense diet; rather, they are primarily driven by the regular consumption of energy-dense staples such as cereals, pulses, oils, and sugar. Consumption patterns further show that cereals and oils were consumed by nearly all households, while vegetables, dairy products, and eggs were consumed by approximately 95 per cent of households. In contrast, the consumption of nutrient-rich animal-source foods remained limited, with only around 20 per cent of households consuming red meat and 3 per cent consuming fish during the reference period. The particularly low level of fish consumption may reflect established dietary habits and food preferences among Syrian households in Türkiye, where fish is generally not a staple component of traditional consumption patterns.⁵²

Although the majority of households across all subgroups remain above the acceptable threshold, lower percentages observed among vulnerable households indicate a more precarious food security status and suggest that these groups remain increasingly susceptible to external shocks.

Physical and Mental Well-Being

Physical and Mental Disability

A detailed review of physical and mental health difficulties across different age groups and between women and men shows clear and nuanced patterns in how these conditions appear. Recognizing these differences is essential for designing well-targeted and effective health and social support interventions.

Across recipient groups, physical disability is the most common problem, affecting 55 per cent of C-ESSN beneficiaries, 47 per cent of ESSN recipients, and 33 per cent of non-recipients. Mental disabilities are the second most prevalent issue among C-ESSN beneficiaries (38 per cent), while chronic conditions are the second most common among ESSN recipients (32 per cent), and age-related disabilities are the second most common among non-recipients (18 per cent).

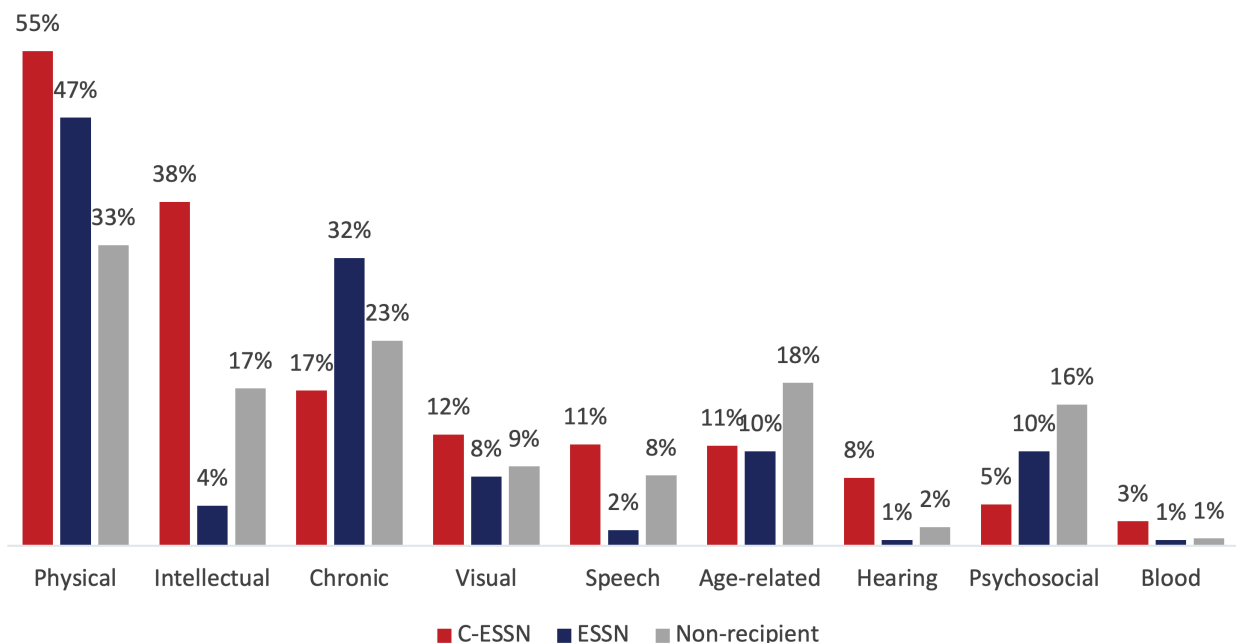


Figure 38 Physical and Mental Disability Types by Recipient Status

52 Yılmaz-Hava, Z., Zanjier, N., & Rottmann, S. B. (2024). Culinary sustainability as a resilience practice for Syrian refugees amidst urban precarity in Istanbul. *Food, Culture & Society*. <https://doi.org/10.1080/15528014.2024.2429905>



“When my children get sick, I hesitate to take them to the hospital because of the high costs.”



Male, 33, Kilis

Physical and Mental Health

The analysis confirms that physical health difficulties remain more common than mental health issues across all demographic groups. Among elderly women and men, physical impairments are overwhelmingly dominant, accounting for 97 per cent and 98 per cent of reported problems respectively, with mental health complaints remaining relatively rare. In contrast, mental health difficulties constitute a much larger share of problems among younger groups, particularly boys (32 per cent), girls (29 per cent), and women (28 per cent), although even in these categories physical conditions still predominate. Men of working age report lower levels of mental health issues (13 per cent) relative to women and children, again alongside a high burden of physical problems (87 per cent).

Overall, these patterns show that disability and ill-health are not homogeneous experiences but are shaped by the interaction of age and gender, reinforcing the need for disaggregated, group-specific interventions that address both mental and physical health needs.

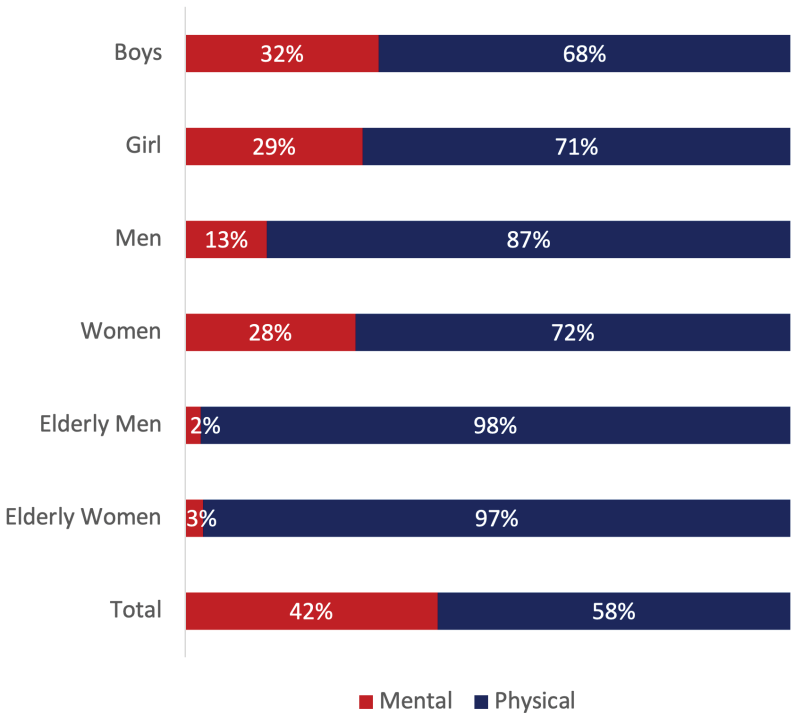


Figure 39 Shares of Physical and Mental Problems by Age and Gender Groups



The presence of individuals with chronic health problems in households significantly increases their vulnerability.⁵³ According to the severity index, while there are no non-vulnerable households which have members with chronic health problems, 29.3 per cent of these households are moderately vulnerable. Conversely, households without individuals with chronic health problems mostly remain at the normal and stress levels. However, while there is a significant difference in the LCSi indicators of households, it is noteworthy that households which have members with chronic illnesses have much higher rCSI scores (12.22 and 10.65). This shows that households experience similar difficulties in their livelihoods, but households without chronic illnesses are in a much better position in terms of food. Households also exhibit a similar situation in terms of MEB status, with 25,7 per cent of households which have members with chronic illnesses remaining above the MEB threshold, compared to 34,9 per cent of other households.

⁵³ The presence of household members with chronic health conditions is significantly associated with higher vulnerability across all indicators. Households with chronically ill members are more concentrated in the moderate severity category (28.5%) compared to those without (11.3%), while households without chronic illness are predominantly in the stress category (73.9%) ($\chi^2(3) = 225.39$, $p < .001$). Both rCSI ($M = 13.90$ vs. 12.21 ; $t = -4.20$, $p < .001$) and LCSi ($M = 3.11$ vs. 2.78 ; $t = -4.94$, $p < .001$) scores are significantly higher for households with chronically ill members. Regarding MEB status, households with chronically ill members are less likely to exceed the MEB threshold (27.9%) compared to those without (38.7%; $\chi^2(1) = 53.18$, $p < .001$), confirming that chronic illness is a significant driver of economic vulnerability.

This quantitative picture is mirrored in the lived experiences of refugees and migrants, many of whom report significant emotional distress, including anxiety, low mood, and hopelessness, as well as sleep disturbance, fatigue, irritability, anger, and somatic complaints. For most, these reactions lessen over time as they adapt to new environments, yet a substantial proportion develop mental health disorders such as depression, anxiety, and post-traumatic stress disorder (PTSD). Pooled estimates from recent reviews suggest that around one-third of refugees and asylum seekers are affected by PTSD or depressive disorders, underscoring the scale of this public health challenge.⁵⁴ Prevalence varies across demographic subgroups and is shaped by exposure to pre-migration trauma, circumstances during flight, and post-migration living conditions, including poverty, social exclusion, and barriers to services.⁵⁵ Although many refugees show considerable resilience and coping capacity, supported by family, community, and cultural resources, those facing cumulative adversities or heightened vulnerability are more likely to experience persistent psychological distress and mental health conditions. Under such conditions, ongoing social and psychological stressors can intensify distress, promote maladaptive coping strategies, and increase the risk of onset or exacerbation of common and severe mental disorders.⁵⁶

Vulnerability and Disability

Disability can heighten refugees' vulnerability across many areas of life, limiting their opportunities for employment, education, and access to appropriate healthcare, and often exposing them to multiple forms of exclusion and discrimination. These barriers not only undermine socioeconomic participation but can also influence self-esteem and be related to feelings of marginalisation and social isolation, thereby contributing to additional psychological and social difficulties.^{57,58} Thus, the presence of chronic illness within a household is a significant indicator of heightened vulnerability, which is deeply intertwined with disability and the severity of household vulnerability.



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- 54 Blackmore, R., Boyle, J. A., Fazel, M., Ranasinha, S., Gray, K. M., Fitzgerald, G., Misso, M., & Gibson-Helm, M. (2020). The prevalence of mental illness in refugees and asylum seekers: A systematic review and meta-analysis. *PLoS medicine*, 17(9), e1003337. <https://doi.org/10.1371/journal.pmed.1003337>
- 55 Hynie, M. (2018). The social determinants of refugee mental health in the post-migration context: A critical review. *Canadian Journal of Psychiatry*, 63(5), 297–303. <https://doi.org/10.1177/0706743717746666>
- 56 UNHCR (2013). Operational Guidance Mental Health & Psychosocial Support Programming for Refugee Operations. <http://www.unhcr.org/525f94479.html>
- 57 UNHCR. (2023). Inclusion of persons with disabilities in RRP. <https://share.google/62Ug550SgQtAjK7L>
- 58 Rfat, M., Zeng, Y., Yang, Y., Adhikari, K., & Zhu, Y. (2023). A Scoping Review of Needs and Barriers to Achieving A Livable Life among Refugees with Disabilities: Implications for Future Research, Practice, and Policy. *Journal of Evidence-Based Social Work*, 20(3), 373–403. <https://doi.org/10.1080/26408066.2022.2162357>

The comparison of household groups shows that the most vulnerable C-ESSN households have a markedly higher prevalence of chronic illness than other groups. Among C-ESSN households, 43.7 per cent have at least one member who is chronically ill with a medical report, compared with only 6.8 per cent of ESSN households and 10.1 per cent of non-recipient households. This pattern underlines that C-ESSN assistance is strongly concentrated among households with substantial chronic health needs, whereas ESSN and non-recipient households are far less likely to include a member with a documented chronic illness.

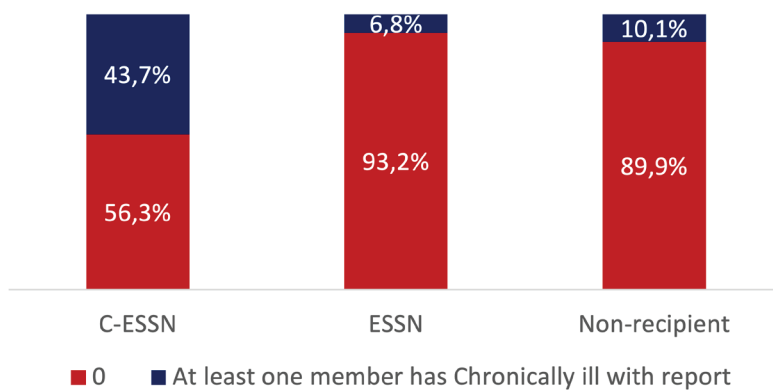


Figure 40 Rate of Chronic Illness with Medical Report by Recipient Status

Furthermore, the presence of chronic illness also correlates strongly with reported stress levels. Among the Severe group, 70 per cent have at least one member who is chronically ill with a medical report, compared to 51 per cent in Moderate group, and 13 per cent in Stress group. The low prevalence of chronic illness in both the ESSN and non-recipient households, combined with the high rate in the C-ESSN households, reinforces the classification of the C-ESSN households as having the most acute needs and facing complex overlapping vulnerabilities related to health and overall well-being.

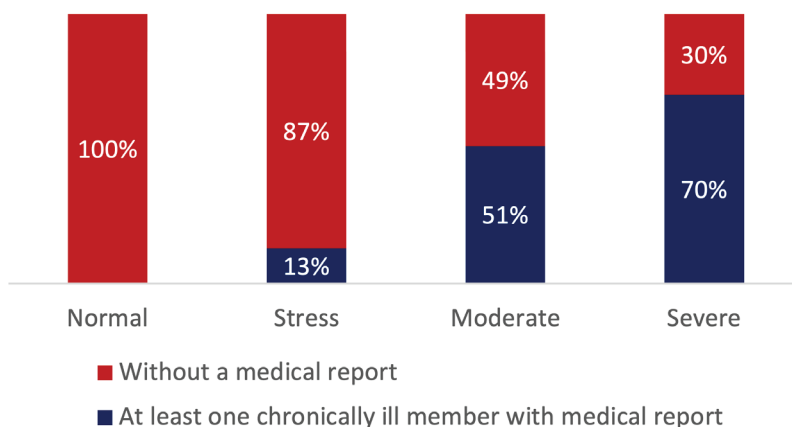


Figure 41 Rate of Chronic Illness with or Without Medical Report by Severity Status



“The medical costs have become so overwhelming that we can no longer take my daughter, who suffers from kidney disease, to the hospital.”



Female, 24, Istanbul



“I only found out that my health insurance was suspended when I was about to give birth, it came as a surprise to us. Since I no longer had insurance, I had to pay TRY 31,000 for the delivery at a public hospital.”



Female, 27, Gaziantep

Pregnant Women

Fourteen per cent of C-ESSN households, 21 per cent of ESSN households and 19 per cent of non-recipient households have at least one pregnant woman within the household. In addition, although the proportion is low, 0.3 per cent of the households interviewed have a pregnant woman under the age of 18, which accounts to approximately 9 households.

As the number of pregnant women in a household increases, labour income, expenditure and debt also rise; however, per capita expenditure declines.⁵⁹ This indicates that such households with pregnant women tend to have larger family sizes and rely more on borrowing to meet basic needs. The average household size was 7,29 in household with at least 1 pregnant woman. This pattern may also be linked to a higher dependency ratio within these households, as pregnant women might temporarily reduce their participation in income-generating activities, while the presence of more children may further increase the number of dependents relative to working members.

Separated Children and Families

According to the data, separated children (children who are separated from their families but live with their relatives) are present in around 1.17 per cent of C-ESSN, ESSN, and non-recipient households, with 31 separated children among 3,987 children in C-ESSN households, 32 among 4,760 children in ESSN households, and 15 among 3,408 children in non-recipient households. In total, five households have unaccompanied children who are not related to the household (1 C-ESSN, 3 ESSN, and 1 non-recipient household). These vulnerabilities significantly increase their likelihood of dropping out of school and engaging in child labour. In addition, they are at greater risk of child marriage, sexual abuse and violence, economic exploitation, and exposure to domestic violence. Tensions between host and refugee communities, ongoing family separation, fear and anxiety-driven stress within households might further exacerbate their psychological well-being.⁶⁰

⁵⁹ As the number of pregnant adults in a household increases, labour income, total income, and total expenditure all rise significantly (Jonckheere-Terpstra, $p < .001$ for each). However, household size increases even more steeply ($Z = 14.92$, $p < .001$), meaning per-capita expenditure declines. Debt also trends upward ($Z = 2.46$, $p = .007$), though the effect is weaker and driven primarily by the difference between zero- and one-pregnant-adult households ($p = .035$).

⁶⁰ UNICEF. (2026). Refugee, migrant and other vulnerable children in need of protection. Retrieved June 30, 2026, from <https://www.unicef.org/turkiye/en/refugee-migrant-and-other-vulnerable-children-need-protection>

Elderly

Elderly refugees in Türkiye face a heightened risk of health problems linked to poverty, social isolation, language barriers, and limited access to healthcare services both within the country and across borders.⁶¹ According to the survey data, although not in large numbers, there are households with elderly individuals (65+) who are unable to care for themselves, and who therefore require support. The proportion of such individuals is 12 per cent among C-ESSN, 13 per cent among ESSN, and 13 per cent among non-recipient group, indicating that care and support needs among older persons are present across all recipient status.

Verbal and Physical Assaults

The analysis of protection risks related to verbal and physical assault across C-ESSN recipients, ESSN recipients, and non-recipient households shows broadly similar levels of reported exposure. In all three groups, 97 per cent of households report that a member has experienced verbal assault, indicating that verbal aggression is a widespread concern regardless of assistance status. Reported exposure to physical assault is also substantial, affecting 16 per cent of C-ESSN and non-recipient households and 19 per cent of ESSN households. Moreover, 19 per cent of C-ESSN households and 21 per cent of ESSN and non-recipient households report experiencing both verbal and physical assault, suggesting that multiple forms of violence often co-occur and that protection risks are pervasive across all household categories.

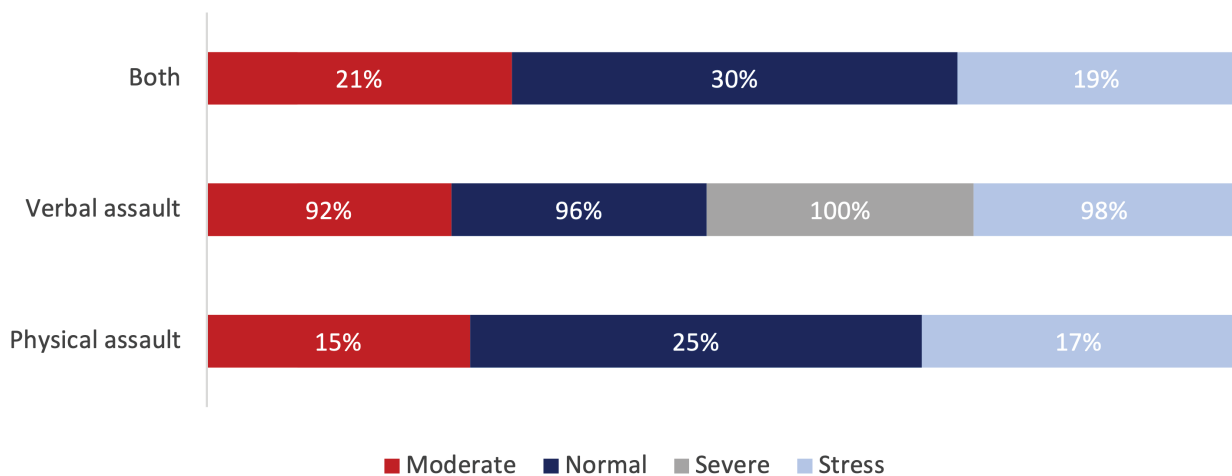


Figure 42 Physical and Verbal Assault Status by Severity Group

The risk profile intensifies when examining physical assault. Again, the C-ESSN recipients report the highest frequency of severe exposure, with 0.73 per cent reporting physical assault once a week or more. This rate is higher than that reported by non-recipients (0.22 per cent) and then ESSN recipients (0.21 per cent). In terms of overall exposure, 6.87 per cent of C-ESSN households report experiencing or witnessing physical assault at least once in the last three months, compared to 6.72 per cent for ESSN recipients and 6.26 per cent for non-recipients.

61 Snoubar, Y., Turan, Z., Abusafia, B., & Tarsuslu, B. (2025). Being an older refugee in Türkiye: predictors of mental health and quality of life. *Aging & Mental Health*, 29(9), 1651–1658. <https://doi.org/10.1080/13607863.2025.2452936>

When disaggregated by region, reported exposure to physical assault over the last three months remains generally low but shows some variation in frequency. In all regions, the vast majority of households report no incidents, ranging from 87 per cent in Anatolia to 97 per cent in the Mediterranean and Southeast. Less frequent incidents (once every month) are most common in Anatolia and İstanbul, where 8 per cent of households report such exposure, compared to 6 per cent in the Aegean and 2 per cent in the Mediterranean and Southeast. More regular exposure (once every two weeks) affects a smaller share of households, at 1–2 per cent across regions, while very frequent incidents (twice a week or more) are reported only in Anatolia at 1 per cent and remain at 0 per cent in all other regions, suggesting a slight concentration of recurrent physical protection risks in that area.

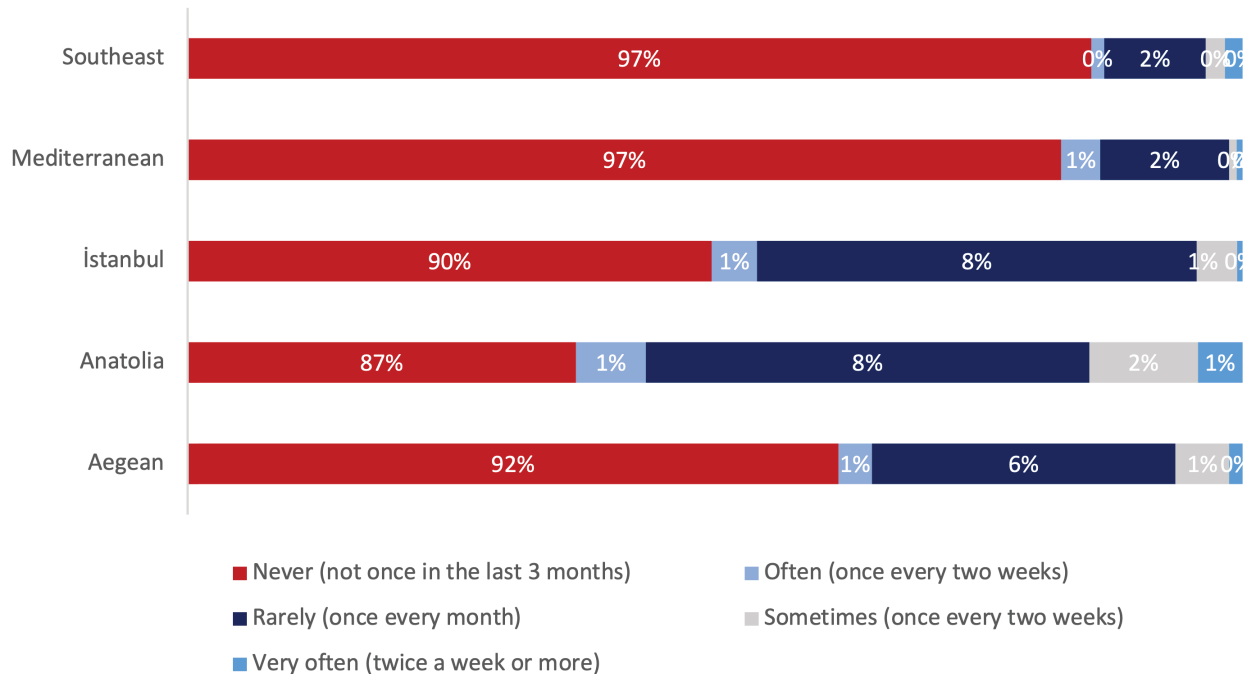


Figure 43 Frequency of Assault by Region

Priority Needs and Strategic Response

Households reported a range of priority needs, although clear patterns emerged across regions. Across all regions, shelter emerged as the most pressing need, identified as the first-priority need by 83 per cent of households. The importance of shelter was particularly pronounced in Istanbul (91 per cent), followed by the Aegean (85 per cent) and Mediterranean (82 per cent) regions. Other needs were reported at considerably lower levels, with bills and food accounting for 7 per cent and 5 per cent of first-priority responses, respectively. The findings highlight that housing-related challenges remain the dominant concern for households regardless of their geographic location.

When examining second-priority needs, bills became the most prominent concern across all regions, reported by 71 per cent of households. This pattern suggests that once immediate housing-related pressures are considered, households increasingly focus on meeting recurring expenses associated with utilities and other essential services. Food was the second most frequently reported need (14 per cent), particularly among households in the Mediterranean and Southeast regions, while shelter accounted for 9 per cent of second-priority responses.

		Aegean	Anatolia	Istanbul	Mediterranean	Southeast
First Priority Needs	Shelter	85%	81%	91%	82%	75%
	Bills	5%	9%	2%	8%	9%
	Food	5%	6%	2%	4%	7%
Second Priority Needs	Bills	77%	75%	76%	65%	64%
	Food	7%	9%	11%	14%	14%
	Shelter	11%	11%	5%	9%	11%
Third Priority Needs	Food	69%	73%	67%	52%	53%
	Bills	15%	11%	12%	15%	16%
	Education	6%	4%	6%	6%	5%

Figure 44 Priority Needs by Region

Food emerged as the predominant third-priority need, reported by 63 per cent of households overall, with particularly high proportions observed in the Aegean and Anatolia regions. Bills remained relevant, although at a lower level (14 per cent), while education appeared consistently across regions as a lower-ranked concern (5 per cent). Taken together, the findings reveal a consistent pattern of needs among households, with shelter prioritized first, followed by bills and food. This pattern reflects households' efforts to secure adequate housing before addressing ongoing financial obligations and broader consumption needs.

To further examine variations in reported priority needs, a statistical analysis was conducted across multiple need categories. Less frequently reported needs were grouped to ensure robust analysis and interpretation. The results indicate that household-level economic characteristics have limited influence on the type of priority need reported. Instead, regional differences appear to be more strongly associated with variations in priority needs, suggesting that local contexts and regional conditions play a greater role in shaping household priorities than individual economic characteristics alone.

Assistance Other Than the SSN Programme Support

Regarding preferred assistance types, cash assistance remained the most preferred form of support across all vulnerability groups, with 78 per cent of households identifying it as their primary assistance preference. Cash was consistently prioritized regardless of vulnerability level, ranging from 69 per cent among households with normal vulnerability to 81 per cent among moderately vulnerable households. Services emerged as the second most preferred assistance type (17 per cent), while in-kind assistance accounted for only 5 per cent of first preferences. As secondary and tertiary preferences, however, households increasingly prioritized services and in-kind assistance, indicating that while cash remains the most immediate need, households also require complementary forms of support to address a wider range of challenges. Households classified as severely vulnerable and experiencing stress were more likely to prioritize services as a secondary assistance type (46 per cent and 39 per cent, respectively), suggesting a greater need for support beyond financial assistance alone.

		Moderate	Normal	Severe	Stress	Total
First Assistance Type	Cash	81%	69%	80%	79%	78%
	In-kind	6%	4%	3%	5%	5%
	Services	13%	26%	16%	16%	17%
Second Assistance Type	In-kind	43%	38%	41%	44%	43%
	Services	41%	38%	46%	39%	39%
	Cash	16%	24%	13%	17%	18%
Third Assistance Type	Services	45%	36%	38%	45%	44%
	In-kind	49%	56%	59%	50%	51%
	Cash	6%	8%	3%	5%	5%

Figure 45 Preferred Assistance Types by Severity Group

The proportion of households identifying cash assistance as their primary preference was 78 per cent, while the preference for services stand at 17 per cent. Furthermore, services were found to be prominent as a secondary assistance preference, with 39 per cent. While a direct relationship cannot be established, the higher reported preference for services may partly reflect increasing concerns regarding access to healthcare and other essential services following the suspension of GHI coverage for SuTPs as of January 2026.⁶² This policy change may increase households' need for healthcare-related support and services, particularly among households with persons with disabilities, chronic illnesses, or other ongoing medical needs. Overall, the findings suggest that although cash assistance remains the cornerstone of household support, demand for service-based assistance is increasing alongside financial assistance.

62 UNHCR. (2026) Access to Health Services. Retrieved June 30, 2026, from <https://help.unhcr.org/turkiye/information-for-syrians/access-to-health-services/>

Return Dynamics

Voluntary Return

According to the survey findings, 88 per cent of households expressed no intention to return to Syria, while only 6 per cent reported plans to do so. For those considering return, buses, private vehicles, and rental cars were identified as the three most preferred modes of transportation. Only a very small proportion of households indicated plans to return by plane or using their own vehicles. Among households considering return, the most commonly reported timeframe was within one year (27 per cent), followed by more than one year (20 per cent). Future intentions varied across recipient groups. C-ESSN households reported the highest level of uncertainty regarding their future plans (19 per cent), while ESSN households were more likely to indicate plans to remain in Türkiye for three to six months (33 per cent combined). Non-recipient households demonstrated stronger long-term stay intentions, with over one-third (34 per cent) planning to remain in Türkiye for at least one year. Overall, immediate return intentions remained limited, while medium and long-term stay intentions continued to prevail across all groups. The decline in return intentions and the uncertainty surrounding future plans suggest that decisions regarding return or continued stay remain fluid. These decisions are likely influenced by evolving conditions in both Syria and Türkiye, including security considerations, economic circumstances, and access to services.



“We have no intention of returning voluntarily. We believe the time is not right yet.”



Female, 30, İstanbul



“

“We are not considering returning. My father recently passed away, and I travelled to Syria to attend his burial. We saw the situation there with our own eyes, and conditions are very poor. The country is trying to rebuild, but there are serious problems with employment opportunities, housing, and basic services such as electricity and water. Yes, we face difficult conditions here as well, but at least we do not have concerns about security and other essential matters.”



Female, 46, Gaziantep

Among households intending to return, cash assistance was the most preferred form of support (95 per cent), followed by services (32 per cent), in-kind assistance (18 per cent), and vouchers (9 per cent). Shelter-related support emerged as the highest priority need (83 per cent), followed by transportation (43 per cent), health services (37 per cent), food assistance (33 per cent), education support (21 per cent), psychological support (14 per cent), and other assistance (8 per cent). Other assistance types include livelihoods, cash and infrastructure support. Additionally, 46 per cent of households mentioned that they know of a voluntary return assistance given by another organization.

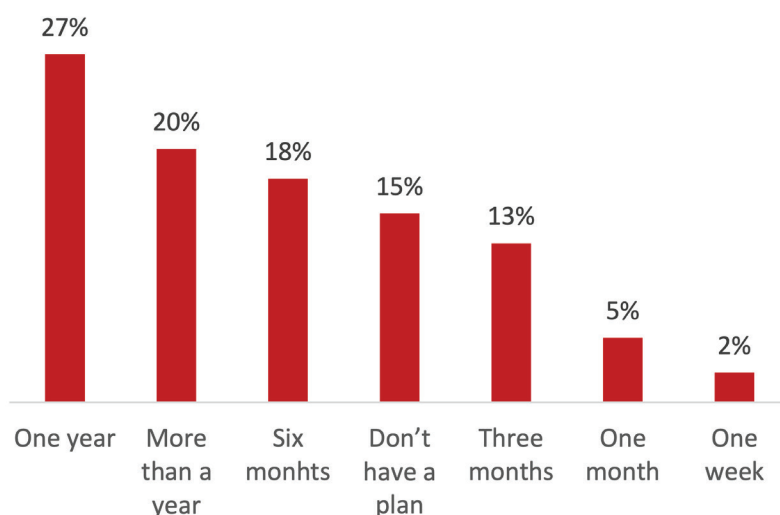


Figure 46 Expected Time of Returning to Syria

Findings from an IDI study conducted by TRC in corporation with MoFSS indicate that voluntary return decisions are not primarily driven by the loss of assistance or health insurance. Instead, safety and security, housing conditions, access to basic services, and livelihood opportunities in Syria remain the key factors shaping households' intentions. These findings suggest that households' intentions are shaped by their assessment of living conditions (access to services, livelihood opportunities, housing conditions, and perceived safety etc.) and future prospects in both Türkiye and Syria, rather than by a single factor alone.⁶³

63 Türk Kızılay. (2026). Changing Conditions, Shifting Priorities Household Experiences Following ESSN Programme Exclusion: The Social Safety Net Programme, 2nd In-Dept Interview Report. Unpublished manuscript.

CONCLUSION

The 3rd IVS confirms that refugee households in Türkiye continue to experience high and multidimensional vulnerability. Most households have difficulty meeting their basic needs, live below the MEB, lack savings, and depend heavily on low-paid, often informal work and cash assistance to survive. Rising costs for food, housing and utilities, combined with policy changes such as the suspension of GHI coverage for SuTPs have reduced households' real purchasing power and further constrained access to essential services.

Across analysis components, vulnerability is shaped by the interaction of socio-economic structure, living standards, coping strategies and well-being rather than by income alone. Larger households with high dependency ratios, the presence of chronic illness or disability, and limited formal education are consistently more likely to fall into stress or moderate severity categories. C-ESSN households are particularly exposed, combining lower labour incomes, higher prevalence of disability and chronic illness, and weaker labour market attachment, while non-recipient households, though relatively better off, increasingly rely on borrowing and negative coping strategies as living costs outpace earnings.

Living conditions remain fragile. Nearly all households rent, about half of ESSN and C-ESSN households live in poor-quality housing, and overcrowding and repeated economically driven relocations are common, especially in high-pressure rental markets. While access to basic WASH infrastructure is generally adequate, expenditures are heavily concentrated on shelter, food and energy, leaving limited room for investment in education, health or livelihood development. This expenditure pattern, together with widespread indebtedness and the near-absence of savings, leaves households with minimal resilience to shocks and magnifies the impact of seasonal or policy changes.

Coping mechanisms reflect this constrained environment. The majority of households resort to food-related negative strategies such as consuming less preferred foods, reducing meal frequency and cutting adult portions to protect children's intake, while livelihood-related coping includes borrowing, buying food on credit, selling productive assets and, in a minority of cases, resorting to child labour. The convergence of rCSI and LCSI scores across groups, with consistently higher values among C-ESSN households, underscores both the breadth and depth of these stressors.

Physical and mental health challenges both drive and reflect vulnerability. A large share of households includes members with disabilities or chronic illnesses, which constrain labour market participation, increase out-of-pocket health spending and are statistically associated with higher severity, higher coping scores and a lower likelihood of remaining above the MEB threshold. Mental health problems are reported most frequently among children and women, while younger age groups overall face a complex mix of psychological distress and socio-economic strain, in a context where specialised MHPSS and disability-inclusive services remain limited relative to need. The suspension of GHI coverage for SuTPs risks further widening health gaps, particularly for households that already face structural barriers in accessing quality care.

Despite these challenges, the IVS findings highlight important assets and preferences that can inform future responses. Turkish language proficiency is high among children and comparatively strong among adults, especially in non-recipient households, offering a basis for longer-term inclusion if matched with accessible education, skills and employment pathways. Cash assistance clearly remains the cornerstone of household survival strategies and is overwhelmingly preferred as first-line support. Finally, immediate return intentions remain limited among the vast majority of households, highlighting the importance of considering evolving needs, vulnerabilities, household preferences, and policy developments in future humanitarian programming.

Recommendations

In light of the findings presented in this report, the following recommendations may help inform future programming and support efforts aimed at addressing the evolving needs of vulnerable households.

1. Sustaining Cash Assistance to Meet Basic Needs

- **Maintaining Cash Assistance for Vulnerable Households:** The findings underscore the continued importance of cash assistance in enabling vulnerable households to meet their basic needs. Sustaining cash assistance in the coming years, alongside regular reviews of programme design, may help mitigate the effects of potential economic pressures and support household well-being and welfare.
- **Adjusting Support in Line with Rising Costs of Living:** Establish regular review mechanisms to update transfer values in accordance with inflation trends and shifts in the MEB, ensuring that assistance preserves its real value and continues to enable households to meet essential needs.
- **Providing Flexible Top-Ups During High-Need Periods:** Consider introducing additional short-term support during predictable seasonal peaks and unforeseen shocks, particularly those related to heating, utilities, healthcare, and other essential expenses, in order to ease financial pressure and reduce reliance on borrowing.

2. Strengthening Economic Resilience

- **Improving Access to Sustainable Livelihoods:** Support initiatives that reduce structural barriers to formal employment, including expanded access to work permits and improved recognition of academic and professional credentials, thereby enabling beneficiaries to secure more stable income sources.
- **Expanding Skills Development and Employability Programmes:** Invest in labour-market-oriented vocational training that builds relevant competencies while offering complementary services such as language instruction, childcare support, and job placement assistance, with a particular focus on women and young people.

3. Addressing Key Sectoral Vulnerabilities

- **Complementary Health Support:** Assess the feasibility of providing additional health-related assistance, including subsidies, vouchers, or referral mechanisms for consultations, medications, diagnostic services, and assistive devices, which often impose a substantial financial burden on vulnerable households.
- **Reducing Education-Related Financial Barriers:** Implement targeted interventions to offset indirect schooling costs, such as transportation, learning materials, and other education-related expenses that may limit attendance and increase dropout risks among vulnerable children.
- **Supporting Household Well-Being:** Explore complementary interventions that strengthen household well-being, including access to MHPSS services and other social support mechanisms for households experiencing prolonged economic and psychosocial stress.

4. Strengthening Social Protection and Evidence-Based Programming

- **Using Vulnerability Data to Inform Programmes:** Utilize IVS findings to enhance targeting approaches, guide operational decisions, and support resource mobilization efforts aimed at sustaining assistance for the most vulnerable households.
- **Strengthening Monitoring and Evidence Generation:** Maintain regular monitoring of household vulnerability, expenditure patterns, coping strategies, and well-being outcomes to identify emerging needs and inform timely programme adaptations.
- **Enhancing Linkages with Social Protection Systems:** Promote stronger coordination between humanitarian assistance and national social protection frameworks to improve the sustainability, reach, and long-term effectiveness of support for vulnerable populations.

BIBLIOGRAPHY

Alpar, I. B. (2022). A current assessment of household indebtedness in Turkey and the potential consequences of household indebtedness. *Erciyes Akademi*, 36(1), 80–107. <https://doi.org/10.48070/erciyesakademi.1116082>

Asgari Ücret Tespit Komisyonu. (2025). 2025/1 sayılı Asgari Ücret Tespit Komisyonu Kararı. *Resmî Gazete* (No. 33119). <https://www.resmigazete.gov.tr/eskiler/2025/12/20251226-6.pdf>

Aykaç, M., & Murat, G. (2019). Sürdürülebilir Kalkınma 2030 Gündemi bağlamında çocuk işçiliğinin önlenmesinde sosyal koruma tabanları. *Uluslararası Yönetim İktisat ve İşletme Dergisi*, CEEİK 2018 Özel Sayısı, 93–118.

Blackmore, R., Boyle, J. A., Fazel, M., Ranasinha, S., Gray, K. M., Fitzgerald, G., Misso, M., & Gibson-Helm, M. (2020). The prevalence of mental illness in refugees and asylum seekers: A systematic review and meta-analysis. *PLOS Medicine*, 17(9), e1003337. <https://doi.org/10.1371/journal.pmed.1003337>

Central Bank of the Republic of Türkiye. (2026). Electronic Data Delivery System (EVDS). Retrieved June 26, 2026, from <https://evds3.tcmb.gov.tr>

Davis, K. (2008). Intersectionality as buzzword: A sociology of science perspective on what makes a feminist theory successful. *Feminist Theory*, 9(1), 67–85. <https://doi.org/10.1177/1464700108086364>

Elgin, C., & Elveren, A. Y. (2024). Wage-productivity gap and discrimination against Syrian refugees: Evidence from Turkey. *The Economic and Labour Relations Review*, 35(2), 243–255. <https://doi.org/10.1017/elr.2024.15>

Ersin, İ., & Tanrikulu, F. (2023). Informal employment areas for Syrian asylum seekers in Türkiye: A fuzzy TOPSIS analysis. *Sosyoekonomi*, 31(2), 191–210.

Fletcher, A. J. (2017). More than women and men: A framework for gender and intersectionality research on environmental crisis and conflict. In C. Fröhlich & G. Gioli (Eds.), *Water security across the gender divide* (pp. 35–58). Springer. https://doi.org/10.1007/978-3-319-64046-4_3

Hynie, M. (2018). The social determinants of refugee mental health in the post-migration context: A critical review. *Canadian Journal of Psychiatry*, 63(5), 297–303. <https://doi.org/10.1177/0706743717746666>

İçişleri Bakanlığı. (2026). Suriyelilerin gönüllü, güvenli, onurlu ve düzenli geri dönüş sayılarına ilişkin bazı basın yayın organlarında yer alan iddialara dair açıklama. <https://www.icisleri.gov.tr/suriyelilerin-gonullu-guvenli-onurlu-ve-duzenli-geri-donus-sayilarina-iliskin-bazi-basin-yayin-organlarinda-yan-olan-iddialara-dair-aciklama>

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370–396. <https://doi.org/10.1037/h0054346>

Öncel, B. D., & Karaoğlu, D. (2016). Disability and labor force participation: Evidence from Turkish males (ERC Working Papers in Economics No. 16/08). Economic Research Center, Middle East Technical University. <https://erc.metu.edu.tr/en/system/files/menu/series16/1608.pdf>

Presidency of Migration Management. (2026). Temporary protection. Republic of Türkiye Ministry of Interior. Retrieved June 11, 2026, from <https://en.goc.gov.tr/temporary-protection>

Rfat, M., Zeng, Y., Yang, Y., Adhikari, K., & Zhu, Y. (2023). A scoping review of needs and barriers to achieving a livable life among refugees with disabilities: Implications for future research, practice, and policy. *Journal of Evidence-Based Social Work*, 20(3), 373–403. <https://doi.org/10.1080/26408066.2022.2162357>

Şanlıer, İ. (2025). Navigating the shadows: Syrians under temporary protection, employment, and hyper-precarity in Türkiye. In S. Carrera Nunez, E. Karageorgiou, G. Ovacik, & N. F. Tan (Eds.), *Global asylum governance and the European Union's role* (pp. 149–164). Springer. https://doi.org/10.1007/978-3-031-74866-0_9

Snoubar, Y., Turan, Z., Abusafia, B., & Tarsuslu, B. (2025). Being an older refugee in Türkiye: Predictors of mental health and quality of life. *Aging & Mental Health*, 29(9), 1651–1658. <https://doi.org/10.1080/13607863.2025.2452936>

Sphere Association. (2018). *The Sphere handbook: Humanitarian charter and minimum standards in humanitarian response* (4th ed.). <https://www.spherestandards.org/handbook>

Türk Kızılay. (2024). Focus group discussion report: SSN programme—Exploring labour market participation of female ESSN recipients (2nd ed.). https://platform.kizilaykart.org/tr/Doc/rapor/2nd_Round_of_FGD_Report_3.pdf

Türk Kızılay. (2026). Changing conditions, shifting priorities: Household experiences following ESSN programme exclusion: The Social Safety Net Programme (2nd in-depth interview report). Unpublished manuscript.

Turkish Statistical Institute. (2025). Income distribution statistics, 2025. <https://veriportali.tuik.gov.tr/press/53993>

Turkish Statistical Institute. (2026). Consumer price index, June 2026. <https://veriportali.tuik.gov.tr/en/press/58296>

Turkish Statistical Institute. (2026). Labour force statistics, April 2026. <https://veriportali.tuik.gov.tr/tr/press/57984>

UNHCR. (2013). Operational guidance: Mental health and psychosocial support programming for refugee operations. <http://www.unhcr.org/525f94479.html>

UNHCR. (2017). Basic needs approach in the refugee response. United Nations High Commissioner for Refugees.

UNHCR. (2023). Inclusion of persons with disabilities in RRP. <https://share.google/62Ug550SgQttAjK7L>

UNHCR. (2026, May). International protection considerations with regard to people fleeing the Syrian Arab Republic. <https://www.refworld.org/policy/countrys/unhcr/2026/151486>

UNHCR. (2026). Comprehensive overview of refugee returnees [Border monitoring and population movement data]. <https://data.unhcr.org/en/documents/download/122462>

UNHCR. (2026). Access to health services. Retrieved June 30, 2026, from <https://help.unhcr.org/turkiye/information-for-syrians/access-to-health-services/>

UNICEF. (2026). Refugee, migrant and other vulnerable children in need of protection. Retrieved June 30, 2026, from <https://www.unicef.org/turkiye/en/refugee-migrant-and-other-vulnerable-children-need-protection>

United Nations International Strategy for Disaster Reduction. (2009). UNISDR terminology on disaster risk reduction. <https://www.undrr.org/publication/2009-unisdr-terminology-disaster-risk-reduction>

World Bank. (2025). Syria's post-conflict reconstruction costs estimated at \$216 billion [Press release]. <https://www.worldbank.org/en/news/press-release/2025/10/21/syria-s-post-conflict-reconstruction-costs-estimated-at-216-billion>

World Food Programme. (2026). Hunger hotspots: FAO-WFP early warnings on acute food insecurity, 2026. <https://www.wfp.org/publications/hunger-hotspots-fao-wfp-early-warnings-acute-food-insecurity>

Yilmaz-Hava, Z., Zanger, N., & Rottmann, S. B. (2024). Culinary sustainability as a resilience practice for Syrian refugees amidst urban precarity in Istanbul. *Food, Culture & Society*. Advance online publication. <https://doi.org/10.1080/15528014.2024.2429905>



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