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“How can you recover with these resources?”: Care delivery to Syrian refugees amidst Turkey’s 2023 earthquakes

A research report presented in partial fulfilment of the requirements of the degree of Master in International Development Massey University, New Zealand

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ABSTRACT

Turkey hosts over 3.6 million Syrian refugees most of whom live near the Syrian border in the South-East of Turkey (Şahin-Mencütek et al., 2023, p.2). When two major earthquakes (7.8 and 7.5 magnitude) struck South-East Turkey and Syria on February 6, 2023, refugee populations were among those immediately impacted. This study considered the different factors that impacted NGO involvement in refugee care following the 2023 earthquakes - specifically, how NGOs approached aid delivery for refugees, why they took the approaches they did, and to understand the successes and challenges faced by NGOs in the process of aid delivery. These questions are situated amidst the concepts of refugees' rights to care, rights-based approaches and needs-based care as a potential lens for aid delivery.

This study employs a qualitative methodology, supported by semi-structured interviews, a thematic document analysis and reflective journaling as the chosen research methods. Key findings indicate that two significant challenges for NGOs were securing sufficient and ongoing funding, and the delivery of care to refugee women. The funding challenges encountered by NGOs significantly limited the scope of aid efforts and forced NGO-led recovery programs to end prematurely despite ongoing needs. Challenges in delivering aid to refugee women were found to be multi-faceted, stemming from cultural and religious norms, as well as the socio-political positionality of Syrian refugees at the time. However, this study found that NGOs experienced the greatest success when a targeted, needs-specific approach was taken, suggesting that the utilisation of needs-based models of care within a development/relief context may strengthen refugee care and champion refugees' rights to care in disaster context.

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Abbreviations

DGMM: Directorate General for Migration Management (Turkey)

ESSN: Emergency Social Safety Net

EU: European Union

GBV: Gender-Based Violence

HESPER: Humanitarian Emergency Settings Perceived Needs Scale

INGO: International non-governmental organisation

IFRC: International Federation of Red Cross and Red Crescent Society

LFIP: Law on Foreigners and International Protection (Turkey)

LGBTQ+: Lesbian, Gay, Bisexual, Transgender, Queer +

MdM: Médecins du Monde (Doctors of the World)

NGO: Non-governmental organisation

RBAs: Rights-Based Approaches

RNA: Rapid Needs Assessment

SDGs: Sustainable Development Goals

SRH: Sexual and Reproductive Healthcare

STD: Sexually Transmitted Disease

TPR: Temporary Protection Regulation

TRC: Turkish Red Crescent

TRY: Turkish New Lira

UN: United Nations

UDHR: Universal Declaration of Human Rights

UNDP: United Nations Development Programme

UNESCO: United Nations Educational, Scientific and Cultural Organization

UNFPA: United Nations Population Fund

UNHCR: United Nations High Commissioner for Refugees

UNICEF: United Nations International Children’s Emergency Fund

UNNM: United Nations Network on Migration

USD: United States Dollar

Turkish Vocabulary

Mülteci: Refugee

Misafir: Guest

Sığınmacı: Asylum Seeker

AKP: Adalet ve Kalkınma Partisi (Justice and Development Party, Turkey)

Diyanet: Directorate of Religious Affairs (Turkey)

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Introduction

1.1 Introduction to the topic

When Syria's civil war began in 2011, Syrian refugees began crossing the Syria-Turkey border on foot. As fellow Muslims with similar cultural norms, Syrian refugees were initially welcomed with warmth by Turks, under notions of "kinship" and "brotherhood" (Şahin-Mencütek et al., 2023 p.14). Upon their arrival, the Turkish government designated regions where Syrian refugees could live, and granted them limited rights and freedoms under Turkey's "Temporary Protection Policy" (Şahin-Mencütek et al., 2023). Today, Turkey is host to the largest population of refugees in the world, and recent years have seen a sharp increase in anti-Syrian sentiment amongst Turks, who, under the strain of a swiftly-spiralling economy, have pointed the finger at Syrians as the cause of their struggles (Safak-Ayazoglu et al., 2021) Following COVID-19, refugees were increasingly portrayed in the media as being threats to state borders, Turkey's national identity and Turkey's way of life, and instances of verbal and physical abuses against Syrians and Arabs began to rise rapidly (Ozduzen et al., 2021).

It was in this tension-filled, strained, and uncertain environment, at 4 a.m., February 6, 2023, that a 7.8 magnitude earthquake struck Turkey's south-eastern region, followed by a 7.5 magnitude quake mere hours later. The quakes toppled hundreds of thousands of buildings in the region, leaving over 53,000 people dead, and countless more injured in the horrific event that the World Health Organisation deemed, "the worst natural disaster in a century" (Aljazeera, 2025; Deutsche Welle, 2023). The region the earthquakes hit accommodated approximately 49% of Turkey's 3.6 million-strong Syrian refugee population living in both formal and informal settlements (see Figure 1.1) (Sevinin 2023, p.342; Şahin-Mencütek et al., 2023, p.2).

Figure 1.1: Map of earthquakes and aftershocks felts across Turkey and Syria

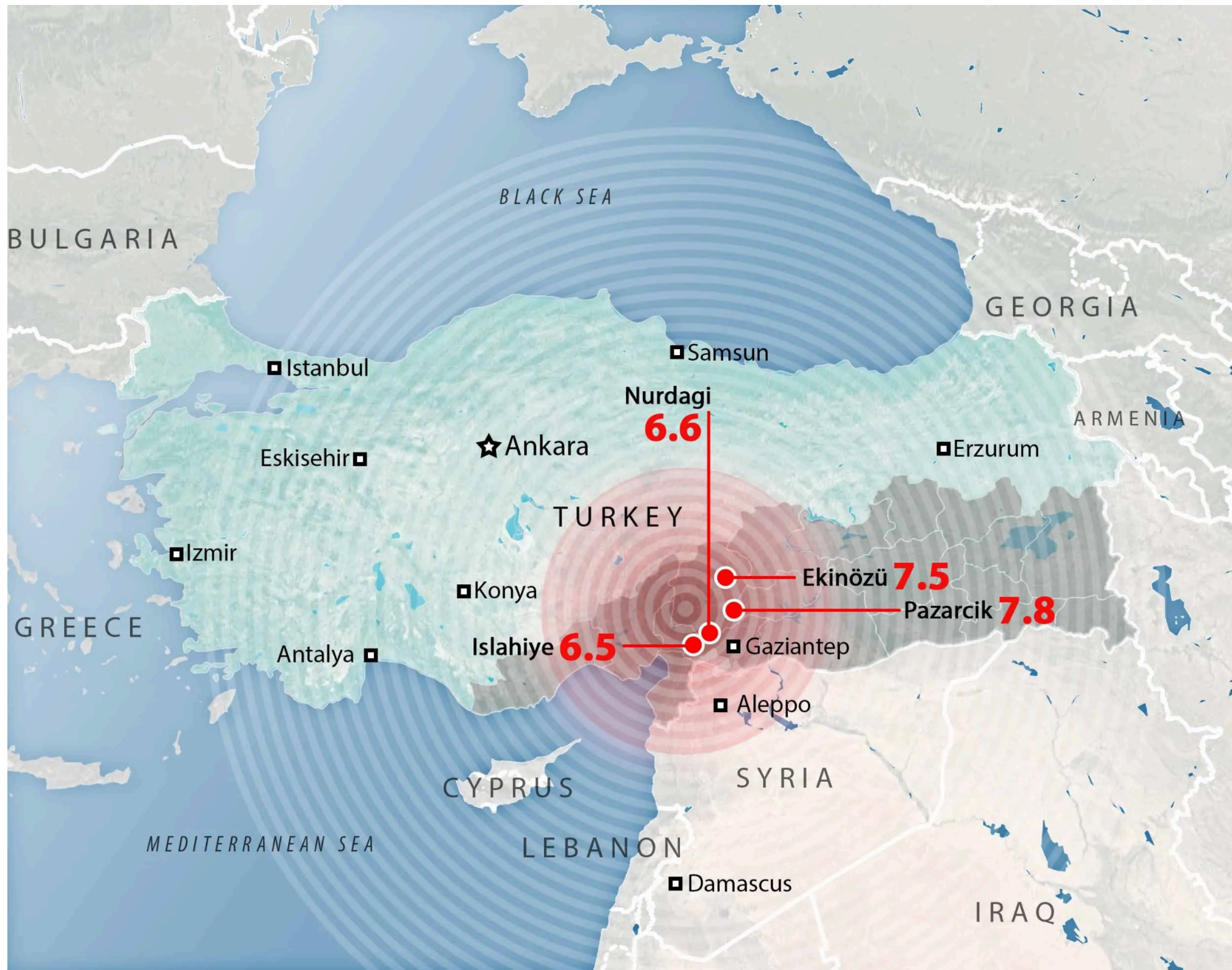

Figure 1.1 shows the earthquake-affected region, the 7.8 and 7.5 magnitude earthquakes centred in Pazarcik and Ekinozu, and the largest aftershocks at 6.6 and 6.5 magnitude centred in Nurdagi and Islahiye (Krasteva, 2023).

NGOs tasked with delivering disaster aid were tasked with providing care to the entire affected population, including the significant demographic of the Syrian refugee population hosted by Turkey. This study sought to understand how NGOs pursued aid delivery for refugees amidst Turkey's earthquake response efforts, considering the rights of refugees to care and the complex challenges that NGOs can face in efforts to uphold those rights. This study will explore the rights of refugees to care as stated in international agreements, the role of rights-based approaches in supporting development practitioners to uphold those rights, and how NGOs went

about delivering care to Syrian refugees that was in line with their rights to care and considerate of their socio-political environment in Turkey, prior to the earthquakes.

1.2 Research Aim, Questions and Objectives

The **aim** of this study is to understand the delivery of care to refugees in Turkey by NGOs following the 2023 Turkey-Syria earthquakes.

Research Question One

What comprised the proposed aid response and aid delivered by NGOs to refugees affected by the earthquakes?

Objective 1.1 To understand the NGOs' key priorities in their disaster response.

Objective 1.2 To understand how approaches to refugee care may have changed over the course of delivery.

Research Question Two

What were the key successes and challenges that NGOs experienced when delivering care to Syrian refugees?

Objective 2.1. To study the steps NGOs took to deliver care to refugees following the earthquakes.

Objective 2.2. To analyse what NGOs have regarded as successful and/or challenging in their delivery of care to refugees.

Objective 2.3 To explore how needs-based care, as a rights-based approach, may support the successful delivery of aid to refugees.

1.3 Research Approach

Over the past twenty years, the development field has gradually moved from viewing development and aid as something that is done 'for' an individual or community, toward the view that development and aid are practical outworkings of human rights (Broberg & Sano, 2018). This shift describes the essence of Rights-Based Approaches (RBAs), which emerged, in

large part, from the realisation that the allocation of human rights on the international stage has not automatically resulted in their actuation (Billie Larsen, 2023). As such, RBAs offer one method by which development practitioners can bridge the gap between rights aims and reality. Chapter 2 will unpack RBAs in greater depth, as these provide the framework for this study. The concept of needs-based care emerged as a potential RBA for care of refugees. Needs-based care mandates consideration by practitioners of the intersecting factors that can contribute to an individual's needs, as opposed to prescribing care as based on a cursory understanding of an individual's need (Broberg & Sano, 2018). This holistic approach has been shown to achieve positive outcomes for individuals, so this study sought to understand the applicability of needs-based care as an RBA to the care of refugees in disaster contexts (Rogvi et al., 2021).

Refugee-government and refugee-NGO relationships emerged as a key element of this research early on in the project, and the situation of Syrian refugees in Turkey is complex in nature. A qualitative methodology, with its support of a "holistic understanding of complex realities" (Mayoux, 2006 p. 4), has offered room for the nuance required to engage with the varying perspectives and - as this study will show - power dynamics present in the context of the study. The fieldwork component consisted of four semi-structured interviews with representatives from NGOs involved in Turkey's disaster response efforts and a thematic document analysis of four NGOs reports on their involvement in post-earthquake recovery efforts to understand how the organisations have delivered care to refugees. Semi-structured interviews were one chosen method, because these encouraged participants to share their own perspectives and experiences, thus opening up to allow for deep findings. The thematic document analysis allowed greater insight into care received by refugees following the 2023 earthquakes by considering how the needs of refugees may have been perceived and communicated by NGOs and what care was proposed and then delivered (or not) by NGOs. A third method was reflective journaling that served to consciously process my learnings while I was living in Turkey for 6 weeks, supporting a self-aware approach to the research.

1.4 Positionality and Rationale

I acknowledge my standpoint as a Paakehaa[1] New Zealand European woman with no personal experiences of forced migration or natural disasters, nor of working directly in these fields. However, I do have personal experience living in the affected region for over eight years before the earthquakes. I was born in Istanbul, then moved to the South-East of Turkey, growing up immersed in the local culture, language, and worldview until age 13 (with five years also spent in New Zealand).

One of the cities affected by Turkey's 2023 earthquakes was Gaziantep [see Figure 1.1], where I lived during the Arab Spring and the beginning of Syria's civil war, whereby we witnessed the mass migration of Syrian refugees across the Turkey-Syria border. My family and I saw the grief and resilience of Syrians fleeing their home, journeyed with our Turkish neighbours as they navigated the rapidly changing demographic of their home city and witnessed both beautiful examples of support between Turks and Syrians and some incidents of anti-refugee sentiment from local Turks.

Syrian refugees in Turkey have experienced significant hardship and loss prior to the devastating earthquakes in 2023, placing them in a position of extended vulnerability in the wake of the disaster. My research is motivated by a desire to understand the nuance of development work in disaster and conflict spaces, and by the memory of people that my family and I have walked with for years. This study has attempted to contribute to stable, resilient, and flourishing communities of refugees and host populations, even amidst disastrous events.

1.5 Report Structure

Chapter One has briefly outlined the research focus and approach, my positionality and motivation/rationale. **Chapter Two** reviews the conceptual literature regarding refugees' international rights and needs-based care. **Chapter Three** reviews the literature regarding Turkey's socio-political context and refugee policy. **Chapter Four** outlines the study's methodological approach, research methods and ethics considerations. **Chapter Five** will contain an analysis of research findings. **Chapter Six** will discuss the findings and conclude the research project.

[1] Please note that I live in Kirikiriroa/Hamilton, so I have chosen to adopt the Waikato-Tainui, double vowel spelling alignment with local iwi.

Chapter 2: The Rights of Refugees in the International Arena and Needs-Based Care

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2.1 Introduction

When emergency aid is necessary, questions of 'what', 'how', 'how much' and 'to whom' can help form the framework of NGO disaster responses. The answers to these questions are central in determining how funding will be allocated and how aid is delivered. The question of 'to whom' aid is delivered is of central importance within this research project. This chapter reviews the literature on the theoretical context on aid delivery to refugees, clarifying how the vulnerability of refugees can intersect with their rights in disaster contexts. This will involve firstly, an exploration of human rights in the context of refugees; secondly, a discussion of rights-based approaches (RBAs) to aid delivery for refugees, and thirdly, unpacking the relevance of "needs-based care" in disaster aid delivery.

2.2: Exploration of International Agreements Regarding Refugees

There are various debates in academia regarding the rights of refugees. Hathaway (2005), Kälin (1994) and Goodwin-Gill (2001) see international human rights law as elevated over the 1949 Geneva Convention. Contrastingly, Chetail (2014) and Çali et al. (2021) argue that the 1948 Universal Declaration of Human Rights (UDHR) is the ultimate authority for refugee rights. The 1951 Refugee Convention and its successor, the 1967 Protocol Regarding the Status of Refugees, served to provide an international qualifying standard for refugee status. This section will explore the differences between the 1951 Convention and the 1967 Protocol as supplementary to the UDHR in order to better understand the application of human rights for refugees.

Human rights were not acknowledged on a global scale prior to the formation of the United Nations (UN) (Cenker, 2020). However, the UN established the universality of human rights as one of its fundamental principles, that all people are "born free and equal in dignity and rights" (UN, 1945, Article 1). The UDHR was adopted in 1948, and today all 192 UN member

states are signatories to the declaration. Because the UDHR is a declaration, not a treaty, it is non-binding and consequently lacks the standing of international law, but clarifies the ‘fundamental freedoms’ and ‘human rights’, referred to in the binding UN Charter (McKay & Taket, 2020). The UDHR is central to discussions of refugees rights, as it serves as the foundation for other rights declarations and agreements that have followed.

There are three UDHR articles of distinct relevance for discussions concerning refugee rights. Firstly, Article 14 (1) of the UDHR states, “Everyone has the right to seek and to enjoy in other countries asylum from persecution” (UDHR, 1948). Secondly, Article 2 states,

> *Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, or other status.* (United Nations, 1948, Art. 2).

In reference to these two Articles, Guild et al. (2017) highlight that human rights are afforded to *all* humans, regardless of whether or not they are documented residents of the country they reside within. As McKay and Taket (2020) put it, “the most important right of all is everyone’s right to human rights” (p. 9). How those rights are addressed will inevitably differ in various cultural, political and religious contexts, but their universality is unchanging (McKay & Taket, 2020). For Syrian refugees amidst Turkey’s earthquake response efforts, this means that their rights were internationally recognised as being indisputable, regardless of their ‘legal’ status in Turkey.

Finally, the UDHR states that all people should be free from torture and inhumane or degrading treatment, and that all people have the right to education, equality before the law and to protection from refoulement to another country where they may suffer irreparable harm (Çalı et al., 2021). These rights are to be honoured by all signatory states. However, the non-binding status of the UDHR leaves room for states to interpret these rights in a subjective manner.

Refugee populations grew rapidly globally after World War II. The lack of comprehensive international policy regarding states responsibilities at the time resulted in an increasingly complex situation of displaced people without targeted systems of care in place (McKay & Taket, 2020). Under pressure to provide a formal response to the issue, the UN established the United Nations High Commissioner for Refugees (UNHCR) in 1951 as the

primary UN agency responsible for refugees. The Convention Relating to the Status of Refugees was also held in 1951. The Convention articulates four requirements for the allocation of refugee status, as well as a binding agreement for its signatory states regarding the rights of refugees within their borders, and state responsibility toward them. The requirements for someone to claim refugee status are as stated that…

> *"(1) they must have a well-founded fear of persecution; (2) the persecution feared must be based on one of five reasons (race, religion, nationality, membership of a particular social group, or political opinion); (3) they must be outside their country of nationality, or, if they are stateless, they must be outside their country of habitual residence; and (4) they must be unable to return or, owing to their fear, unwilling to avail themselves of the protection of that country."* (Weissbrodt, 2008 p. 153)

Alongside these requirements, the Convention articulates that refugees are to be free from discrimination according to race, religion or country of origin, that they should have the same rights to employment, welfare and protection as nationals, and that in the case of rationing, refugees should receive the same treatment of nationals (Refugee Convention, 1951). Article 23 of the Convention is of particular importance in the context of this research, as it states: "The Contracting States shall accord to refugees lawfully staying in their territory the same treatment with respect to public relief and assistance as is accorded to their nationals" (Refugee Convention, 1951 p. 24).

The Convention was formed specifically for the post-WWII refugee context, resulting in two limitations that made it increasingly unworkable as refugee populations continued to grow. Firstly, signatory states to the Convention are only bound to extend its principles toward refugees who have fled the European region (a geographic limitation), and secondly, refugees have to have fled due to events occurring prior to 1951 (a temporal limitation) (Weissbrodt, 2009). The 1967 Protocol Relating to the Status of Refugees expands on the 1951 Refugee Convention, and offers signatory states the option to commit to upholding rights of refugees, regardless of whether or not refugees meet the geographical and temporal limitations in the Convention. If a signatory state to the Protocol opts to uphold the 1951 Convention sans-limitations, they commit to honouring the responsibilities outlined toward anyone who claims and fits the categorical refugee definition - regardless of the region or date that they have fled. Today, there are 145 state

parties to the 1951 Convention and 146 state parties to the 1967 Protocol. Turkey is a signatory to both the Convention and the Protocol but still adopts the Convention's geographical limitation, so is not committed to extending refugees rights to refugees who have fled from regions other than Europe.

The UDHR, the 1951 Convention and the 1967 Protocol all address refugee rights, but have different levels of international standing. The UDHR declaration is non-binding, and does not have legal standing in international law. The 1951 Convention and its 1967 Protocol, however, are binding, enforceable agreements between states. Despite this, there is no international court empowered to enforce signatory states' responsibilities toward refugees (McKay & Taket, 2020). Consequently, some argue that the UNHCR is limited to acting as a 'supervisor' and opts to use education and advice to persuade states to uphold their commitments, which largely has very little impact on state practices (McKay & Taket, 2020, p.107).

2.3: Rights-Based Approaches and their role in Aid Delivery

This section unpacks the relationship between Rights-based approaches (RBAs) and aid delivery. It aims to explore how shifting the perspective from aid recipients as beneficiaries and aid donors as providers toward aid recipients as persons with rights and donors as rights-upholders can better realise the rights of refugees. I will establish RBAs as an application of human rights, then I will outline the application of RBAs in development work, and will conclude by explaining how RBAs can support refugees in disasters.

2.3.1 Rights-Based Approaches as Application of Human Rights

International human rights discourses can be lofty and without practical application (Billie Larsen 2023). Similarly, McGann (2020) highlights the uncomfortable truth that despite every member of the EU having been signatories to the UN Charter's aims for over sixty years, the vast majority of least-developed countries at the time of signing are still among the most impoverished and conflict-stricken regions on earth (p.96). Buckley and Dukelow (2020) question the universality of the UN's existing international human rights agreements, arguing

that they primarily serve Western governance systems, and liberal democracies and Judeo-Christian societal values. Deacon (2007), however, argues that international labour laws derived from the UDHR only support the interests of, "self-interested and hypocritical northern governments" (p.12). For example, UNESCO - a UN body with constitutional commitment to the highest standards of human rights - showed that international human rights declarations are not an insurance of the upholding of rights for vulnerable people groups when it proceeded in establishing Kaeng Krachan in Thailand as a World Heritage site despite ongoing forcible evictions, disappearances and home burnings of Kaeng Krachan's Indigenous people (Billie Larsen, 2023). Likewise, the existence of rights to care for Syrian refugees under the UDHR, the Refugee Convention and its Protocol should not be expected to automatically result in the actuation of those rights in earthquake response efforts.

RBAs emerged in humanitarian discourse in the late-1990s in reaction to the disastrous failure of humanitarian responses to the Rwandan Genocide, as academics and practitioners sought to improve the image and practice of the humanitarian field (Borchgrevink, 2022). Proponents of RBAs argue that realising humanitarian aims and upholding international human rights requires wider social and economic development. Buckley and Dukelow (2020) view RBAs as pursuant to community empowerment, advocacy, and development that supports human rights even in varying circumstances. Berthold (2015) advocates that RBAs reframe the needs of individuals or groups as 'rights' or 'entitlements', a shift that can empower agency by elevating the voice, strengths and resilience of aid recipients. This shift from needs to rights manifests in healthcare as a means to act in partnership with patients, as it counters any potential imposition of practitioner's values or decision-making power upon a patient, preferring the voice of the patient to inform their healthcare, on the basis of their right to adequate healthcare under the UDHR (Brydon, 2011). The following section explores RBAs as useful in development work.

2.3.2 The Use of Rights-Based Approaches in Development

Development practice and humanitarian aid have not always been viewed as derivations of human rights (Christoplos & McGinn, 2016; Buckley & Dukelow, 2020). In fact, RBAs are arguably more prevalent in social work and healthcare literature (see Shikako et al. 2024; Mahomed et al. 2020; Gabel, 2024; McKay & Taket, 2020; Berthold, 2015). However, RBAs

have become normal and more frequently used in the humanitarian aid and development sectors in the past two decades (Borchgrevink, 2022). Today, RBAs to development are considered “accepted practice” (Oestreich, 2020 p.1). Christoplos and McGinn (2016) hold that RBAs make explicit the political nature of and power relations in aid and development, and demand that practitioners empower the people they engage with. By engaging in empowering interaction, RBAs advocates can increase the accountability and pressure on duty-bearers to uphold human rights to care, whether they are health practitioners, NGOs, governments or otherwise (Christoplos & McGinn, 2016). Three key components of RBAs that are particularly pertinent to aid delivery and development work are: care on the basis of rights, cultural humility and intersectionality.

The growing prominence of RBAs has meant that, where development programmes were traditionally driven by the interests of the Global North (Berthold, 2015), practitioners have begun to view their work as a participatory and democratic process that achieves the development goals of the people they work with (Kruger & Karim, 2022; Christoplos & Mcginn, 2016; Broberg & Sano, 2018). Berthold (2015) contrasts RBAs with historical assumptions within development that practitioners possess an intellectual, cultural, political or religious understanding somehow superior to that of the local population. Borchgrevink (2022) argues that when NGOs use RBAs to empower aid recipients, they will see a notable increase in recipients’ knowledge of their rights and willingness to claim these rights from a government, but also an overall growth in the government’s willingness and ability to meet the requirements of those rights standards. Similarly, Christoplos and McGinn (2016) have analysed the application of RBAs within climate change adaptation work in Cambodia and found that RBAs to climate change adaptation best empowered the engagement of climate-change affected populations and achieved effective climate change policy. However, they found that the government was highly resistant to apply RBAs to climate-change adaptation, as it required them to accept responsibility for long-standing “maladaptive and non-inclusive” development policies (Christoplos & McGinn, 2016). In their study of RBAs, Christoplos and McGinn (2016) found that the dependence of NGOs on the local government for permissions meant that NGOs typically opted to “survive rather than create alternatives”, and were significantly limited in their ability to play a role in social change (p.457).

Merry (2006) argues that the actualisation of human rights in development spaces depends on the successful translation of rights into local contexts. By negotiating between global understandings of rights, local values and practices, and their own personal worldviews, development practitioners may either support or undermine the successful translation of human rights (Merry, 2006 and Cloward, 2016). Borchgrevink (2022) offers RBAs as a means to achieve this translation of rights by countering perceptions of development practitioners as offering superior knowledge and skills. Cultural humility and cultural relevance have become more central as RBAs have become more prolific in aid and development work (Borchgrevink, 2022). Borchgrevink (2022) in his study on the application of RBAs in communities in Pakistan observed that NGOs encountered no resistance from local communities when advocating Pakistanis water rights. However, when the same NGOs tried to engage with local issues of gender-based violence, they encountered a challenge in their efforts to use rights-based language. Borchgrevink (2022) explains that this was caused by a dissonance between practitioners' and local population's understandings of human rights. The assumption that rights discourse would always translate seamlessly across cultural differences resulted in miscommunications and resistance from the local population (Brochgrevink, 2022). When development practitioners in Pakistan began embedding RBAs into their practice and policy implicitly, they mobilised the population to claim their rights in this way rather than through the facilitation of human rights discourse. As one interview participant explained: "RBA means nothing in itself; it needs to be anchored in our national law" (Borchgrevink, 2022, p. 437). Evidently, by utilising RBAs, practitioners may be better equipped to provide care that pursues the rights of local populations in ways that resonate with varying worldviews and contexts. Put simply, the use of RBAs by practitioners is key to pursuing development outcomes that are successful in the eyes of the local population.

Finally, the notion of intersectionality plays a significant role in RBAs within the development sector. Intersectionality in development refers to the idea that a person does not occupy just one position in their society's socio-cultural-political framework, but rather can occupy several positions or roles at any time and that all of these can contribute to their sense of self and experience of the world (Crenshaw, 1991; Hill Collins, 2019; Hernandez & McDowell,

2010). These positionalities can intersect across religion, gender, age, race, ethnicity, social class, spiritual beliefs, sexual orientation or other factors to form an individual's identity and positionality (Berthold, 2015). McKay and Taket (2020) argue that when intersectionality is considered as a component of RBAs in the context of development or aid, practitioners are encouraged to view the realities experienced and needs perceived by aid recipients within their everyday context and to engage with these accordingly (McKay & Taket, 2020). Kapilashrami and Hankivsky (2018) also argue that by demonstrating that an understanding of aid recipients' intersectional positionality pushes practitioners to explore the power and influence of government, local leadership structures, familial relationships, and community toward individuals. In this way, the rights and entitlements of aid recipients or communities are considered holistically with regard to power relations and potential discriminatory influences that can impact the recipients' ability to claim and realise their rights.

2.3.3 Rights-Based Approaches in the Context of Refugees

The UN Network on Migration (UNNM) utilised RBAs when it called on state authorities to "make every effort" to recognise the rights of refugees to non-discrimination when it appeared that refugees were increasingly becoming scapegoats for the spread of COVID-19 (UNNM, 2020, n.p.). The UNNM listed migrants as integral partners in COVID-19 responses, citing the need for migrant rights (regardless of migration status) to be realised. The UNNM also called for a special awareness of the intersectionality of refugee positionality that often results in notable disparities in health outcomes. Refugees are often prone to vulnerability to racist verbal and physical attacks and unstable living situations (UNNM, 2020). Lorenzo (2020) and the Migration Network Hub (2023) linked the use of RBAs in refugee care at the COVID-19 pandemic's peak with positive health outcomes, as it became apparent that protecting the rights of refugees to healthcare and adequate housing played a key role in preventing the spread of the coronavirus and in "building back better" (Migration Network Hub, 2023 n.p.).

RBAs in development and aid work may offer refugees the ability to claim their rights as participating partners in their own care, while also fostering refugees' capacity to successfully adjust to difficult situations. The following section explores how needs-based care, as a successful approach to healthcare, can be employed within RBAs to the care of refugees.

2.4: "Needs-based Care" as a Rights-Based Approach

Much of the literature on needs-based care is linked to healthcare and social work, used to describe the importance of care being specifically catered to individuals. This section will seek to demonstrate how healthcare models of needs-based care can be applied in disaster response efforts to enable group and individual-specific aid provisions when there are diverse populations affected by the same disaster. The initial reports of Turkey's earthquakes showed overwhelming need for medical care for the affected population, making successful healthcare approaches that intersect with RBAs centrally relevant to this study (Holmes et al., 2023; ReliefWeb*,* n.d.).

Within the mental health sector, Barbato et al. (2024) discuss the value of forming needs-based clusters to provide, "an integrated evaluation of clinical severity, treatment needs, social context and relation with services" (p.495), and healthcare practitioners have observed notably positive outcomes for patients when they address the socio-political needs of patients beyond their immediate healthcare issues (Rogvi et al., 2021). The holistic perspective of a needs-based care model connects with RBAs and the concept of intersectionality. Consequently, employing needs-based care in aid delivery may empower refugees to participate in finding solutions to their needs and claiming their rights to care (Broberg & Sano, 2018). Turkey's 2023 earthquakes has affected large populations of refugees whose contexts prior to the disaster were fundamentally distinct to that of the affected host population. By partnering with refugees to understand their socio-political, cultural and religious backgrounds and how these may contribute to their care in the wake of a disaster, NGOs may be better equipped to uphold refugees' rights to care. The following subsections will explore how needs-based care, as understood within the healthcare sector, can be applied within development work for vulnerable groups - in this case, for refugees.

2.4.1 References to Needs-Based Care in NGO Principles

Needs-based care as an approach to relief aid or development practice describes care that is proportionate to perceived needs and is considerate of the intersectionality of aid recipient positionalities (Bradley, 2023; Redmond, 2005; Hakimifar et al., 2022). This approach to

development and aid delivery by NGOs is often referred to within the fundamental principles of neutrality and impartiality. This subsection will unpack needs-based approaches to care, as described by the International Federation of Red Cross and Red Crescent Society (IFRC) and UNICEF's within their guiding principles.

Impartiality and Neutrality are two of the IFRC's five fundamental principles of needs based care. Impartiality is enacted as the prioritisation of "no discrimination as to nationality, race, religious beliefs, class or political opinions," and of giving priority to those most urgent cases of distress (IFRC, 2013 p. 27). The IFRC's approach to neutrality is to "not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature" (2013, p. 27). Two of the IFRC's (2013) founding principles directly linked with needs-based care are: "1. We, the National Societies and the International Federation, consider that all persons affected by disasters are entitled to receive assistance, consistent with their needs and priorities", and "3. We commit to protect people affected by disasters, particularly those made vulnerable by any form of discrimination" (p.4). IFRC (2013) Rule 5.3, also holds that: "All assistance should seek to minimise any potentially harmful social and economic impacts of assistance ("do no harm"), as well as take account of international environmental standards" (p. 13).

The United Nations International Children's Emergency Fund (UNICEF) is dedicated to supporting the development and care of all children worldwide. As one expression of this, UNICEF has a branch focused on humanitarian action in emergencies, as a "central" component of its mandate and the realisation of children's rights (UNICEF in emergencies, 2023). UNICEF also has impartiality and neutrality as two fundamental principles. These principles mandate that UNICEF workers and volunteers deliver needs-based aid services regardless of " nationality, ethnicity, race, sex, language, disability, religious belief, class, sexual orientation, gender identity, political or other opinions" (Global Standards and Principles, 2023). UNICEF also refrains from engaging in any controversies of political, racial, religious or ideological natures and refuses to take sides in disputes (Global Standards and Principles, 2023). In this way, UNICEF acknowledges the rights of migrants and refugees according to the UDHR, committing to impartial and neutral delivery of aid to all children everywhere.

2.4.2: Rapid Needs Assessments as part of Needs-Based Care

Needs-based care tends to fall under broader principles of humanitarianism as a means of delivering aid in a neutral and impartial manner and tends to be employed implicitly in the form of rapid needs assessments (RNAs). This section will explore the importance of rapid needs assessments in ensuring that NGO responses to a disaster meet the complex needs of individuals. RNAs assess sample populations to learn the varying levels and areas of need and vulnerability that need targeted care. Samples are limited because of the often-limited resources and access following disasters (ACAPS 2011b). RNAs elevate intersectionality as relevant to care by requiring information about the social structures present prior to the disaster being assessed, acknowledging that the wider socio-political context of a disaster-affected area can have a significant impact on a community and its individuals' ability to 'bounce back' (Amini Hosseini et al., 2013). For example, Amini Hosseini et al., (2013) explain that women are often disproportionately vulnerable compared to men in post-disaster contexts, and these gendered issues are usually prevalent well before a disaster. RNAs are required to include social impacts assessments that consider the varying positionalities of groups and individuals in a community that may impact their mental, physical, social or spiritual well-being in order to advise practitioners regarding how best to provide care in line with the rights of recipients (Rogvi et al., 2021; Amini Hosseini et al., 2013). One key RNA tool available to NGOs is the Humanitarian Emergency Settings Perceived Needs Scale (referred to as HESPER) provided by the World Health Organisation (WHO, 2011). HESPER supports the use of RBAs by encouraging the participation of local populations in RNAs to ensure culturally sensitive and socio-politically aware provision of aid (WHO, 2011). In this way, HESPER is able to act as an RNA tool that provides both qualitative and quantitative data to practitioners, a significant development considering previous RNAs had been limited to assessing one or the other (WHO, 2011).

When RNAs are conducted improperly, a mismatch between demand and supply of resources and care may result (Hairapetian et al. 1990; Lillibridge et al. 1993). Hakimifar et al. (2022) acknowledge that RNAs are an area of relief that needs ongoing development, as practitioners in the field often lack sufficient leadership in the conduction of RNAs and can consequently prefer more basic forms of assessment that do not formulate comprehensive results.

RNAs need to be quick and comprehensive, but the often inadequate resources of relief practitioners and their agencies can lengthen the process of RNAs, resulting in inaccurate data as a context may change in response to a disaster (Redmond, 2005). Urbano et al. (2021) observed that RNAs for the Philippines' frequently devastating typhoons were limited due to a lack of digitised surveying and data equipment. When they developed a web-based design for RNAs, Urbano et al. (2021) saw a significant improvement in aid practitioners' abilities to provide targeted relief to affected populations. For Syrian refugees in the earthquake's aftermath, non-comprehensive RNAs could result in a lack of access to care and a consequential breach of their rights as refugees.

RNAs have the ability to act as RBAs to care by requiring the involvement of local populations and an assessment of socio-political contexts prior to disasters, thus providing room for consideration of intersecting positionalities of affected populations that might lead to increased vulnerability.

2.6 Conclusion

This chapter has explored how the rights of refugees and the responsibilities of states to refugees under the UDHR, the 1951 Refugee Convention and the 1967 Protocol Relating to the Status of Refugees can be discussed within a context of aid delivery. Although there is debate regarding the cultural subjectivity of the UDHR (Buckley & Dukelow, 2020; Le, 2016; Reichert, 2006; O'Sullivan, 1998 and Gabel, 2024), the Declaration alongside the 1951 Convention and 1967 Protocol serve to provide the foundation for refugee rights internationally. Billie Larsen's (2023) study indicates that the existence of rights for refugees to the same standard of relief aid as local populations does not mean that these rights will have been upheld for Syrian refugees following Turkey's 2023 earthquakes.

This chapter has shown three key elements of RBAs in the development space: care on a rights basis, cultural sensitivity and intersectionality. These RBA components enable development and aid practitioners to empower the people they engage with to realise their rights to care. Needs-based care approaches can be an outworking of RBAs for NGOs, and when RNAs are

successfully employed in the context of disaster relief, affected populations can participate in a disaster relief approach. This chapter has shown that disaster-affected populations must be actively involved in informing disaster relief plans that are culturally sensitive, specific and proportionate to their needs, in order to achieve lasting positive outcomes. The available literature regarding the access of refugee women to SRH indicates that they are distinctly vulnerable to rights abuses due to both cultural and religious norms, and the practicalities of living in temporary accommodation centres or refugee camps. A needs-based approach that considers these factors, then, may equip aid practitioners to be targeted in their care of refugee women and their unique vulnerabilities in the aftermath of disasters.

Chapter 3: Turkey's Socio-Political Climate and Refugee Landscape Prior to Earthquakes

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3.1: Introduction

Linking with the previous Chapter 2 which has offered a conceptual framework for the interaction between rights discourses and refugees' positionality in the international sphere as is relevant to this study, this Chapter 3 provides a contextual understanding of the environment in which the earthquakes took place, and how this environment may have impacted NGOs efforts to deliver care following the earthquakes. Turkey's socio-political context has shaped the experiences of Syrian refugees following the 2023 earthquakes, as it informed their living situations, financial stability and freedoms (or lack) of movement prior to the earthquake and amidst the recovery efforts. Section 3.2 briefly addresses the demography of Turkey's refugee population and outlines Turkey's refugee policies, Section 3.3 describes the rise of President Erdogan's hegemony in Turkey's political system. Section 3.4 shows how recent years have seen a distinct rise in discrimination against Syrians and Arabs, and Section 3.5 addresses the vulnerability of refugee women specifically.

3.2: Exploration of the Refugee Landscape and Turkish Policy

Turkey has an estimated population of 86 million people (Worldometer, 2024), and is situated between the Middle East and Europe, bordering Bulgaria, Greece, Georgia, Armenia, Azerbaijan, Iran, Iraq and Syria. As such, its in-between position has lent itself to becoming a key actor in response to 2015's so-called "refugee crisis" (Şahin-Mencütek et al., 2023, p.2). Since 2014, over 3.5 million Syrians alone had crossed the border into Turkey to escape conflict (Şahin-Mencütek et al., 2023, p.2). Turkey currently hosts the world's largest population of refugees and has complex policies to account for them. This section describes Turkey's refugee demography, the government's refugee policy trajectory since 2011, and Turkey's refugee policies today as they relate to the 1951 Refugee Convention and its 1967 Protocol.

Syrians comprise the overwhelming majority of refugees in Turkey, though Turkey is also host to people from Iran, Iraq, Afghanistan and Bulgaria (UNHCR Turkey Fact Sheet, 2023). The majority of the literature available on Turkey's refugees focuses on the Syrian population and this will be reflected in this literature review. Many Syrians arrived in Turkey on foot via land crossings, resulting in half of the country's Syrian population being settled in six border provinces, and approximately half a million Syrians living in Istanbul alone (Çavlin, 2020, p.1). Near 49% of Syrian refugees live along the Turkey-Syria border, dispersed through cities, towns, and refugee camps (Sevinin 2023, p.342). Turkey's TPR restricts Syrian migrants to living in the cities they are assigned to upon arrival, resulting in relatively set geographical population demographics in order for the Turkish government to be able to track the number of refugees in towns, cities or regions (Şahin-Mencütek et al., 2023). Of the Syrian population in Turkey, 14% are under the age of five, and 47% are under 18 (Çavlin, 2020, p. 1).

When Syrian refugees began crossing into Turkey, they were received under Turkish norms of hospitality and kinship (Şahin-Mencütek et al., 2023). These norms tied into key cultural-religious values among Turks, like 'Muslim brotherhood', 'Turkish hospitality', 'guesthood' (Şahin-Mencütek et al., 2023 p.14). However, hospitality is inherently temporal in nature, implying and communicating the impermanent state of Syrian refugees' welcome in Turkey. These values, initially employed by the Turkish government to encourage Turks to care for refugees, simultaneously underscored the limitations of this welcome, also implicitly substituting any discussion of human rights and humanitarian responsibilities for notions of charity and generosity (Şahin-Mencütek et al., 2023).

In 2013, Turkey passed its first law regarding migration and international protection (the Law on Foreigners and International Protection, or LFIP) and formed the Directorate General for Migration Management (DGMM) to manage the implementation of this law (Fine, 2018). Turkey was in discussions regarding their accession to the European Union (EU) at the time, as the EU saw Turkey's position as a transit country from refugees into Europe as having potential to regulate the flow of asylum-seekers into the region (Fine, 2018). The Turkish government rejected the EU's request for them to allow all asylum-seekers in Turkey to be granted refugee status. However, in 2016 they settled on an agreement for all Syrian refugees who reached

European shores to be sent back to Turkey. In exchange, the EU agreed to resume talks regarding Turkey's accession to the EU, and offered €6.6 billion for Turkey's care of refugees amongst other financial and diplomatic incentives (Spicer, 2019). The combination of this agreement and Turkey's border-sharing with Syria has led to it being host to approximately 3.6 million Syrian refugees today, over 4% of the country's population of 87.6 million (Worldometer, 2024).

Turkey has ratified both the 1951 Refugee Convention and its Protocol, but in both cases has retained the optional geographical limitations available, so only commits to recognising refugees that fled to Turkey because of events in Europe. Consequently, Turkey has no commitment to recognising Syrian asylum seekers as Convention refugees. Syrians in Turkey are subject to whatever migration policies the government chooses to implement. The LFIP and DGMM, established in 2013, outline the rights and responsibilities of asylum-seekers in Turkey. The LFIP contains the Temporary Protection Regulation (TPR) that reads as follows:

> *"Temporary protection may be provided for foreigners who have been forced to leave their country, cannot return to the country that they have left, and have arrived at or crossed the borders of Turkey in a mass influx situation seeking immediate and temporary protection."* (Ministry Interior of Turkey, 2014, n.p.).

The TPR allows for asylum-seekers in Turkey to ensure their basic needs are taken care of, despite not being recognised as refugees and being unable to apply for citizenship. The TPR is core to Turkey's reception and regulation of Syrian refugees, and complements the government's encouragement of hospitality and kinship on the part of the Turkish people. Syrians who achieve formal refugee status are classed "mülteci", meaning refugee, while 'informal' Syrian refugees are classed "sığınmacı" or "misafir", meaning guest or asylum seeker (Bozdağ, 2020 p. 713).

Turkey only formally recognises 8% of Syrians in Turkey as refugees (mülteci) who are permitted to live in formal refugee camps or are granted the benefits of that status accordingly (Bozdağ, 2020 p. 713). Meanwhile, there are approximately 2.8 million Syrians in Turkey as 'guests' (misafir) under the TPR, who are expected to live and remain in government-designated provinces (Bozdağ, 2020 p. 713). The TPR allows Syrian refugees (sığınmacı or misafir) to have

some access to health care services, welfare and education. However, rate of non-school attendance of primary and secondary school aged refugees was found to 50% in 2021 (Hadid, 2021 p. 169), while most working age refugees work informally and consequently face persistent economic vulnerability due to the hurdles that accompany the process of obtaining a TPR work permit (Şahin-Mencütek, 2023, p. 127). Without work and education, the struggle for rights recognition in Turkey increases.

Şahin-Mencütek et. al. 2023 describe the lack of certainty for refugees in Turkey regarding their future as a state of perpetual liminality or "being between" (p. 127). tThis strategic temporality is reinforced both in policy and in discourse, keeping refugees in a continually uncertain position. Özkan et al. (2021) explain that the integration process for refugees into a host society is multidimensional, involving a complex to-and-fro of mutual perceptions of threat, injustice, and prejudices that can spur on a sense of 'otherness', keeping Syrians on the outside and sometimes resulting in their wanting to stay unintegrated. Given that the TPR has been extended as a 'gift' (Özkan et al., 2021), not a right, the regulation can impose passivity and lack of agency upon Syrians that impedes their integration into Turkish society.

Unable to effectively integrate and unprotected by tangible government policy, Syrian refugees welcomed as 'misafir' (guests) have been increasingly marginalised in Turkish society. Analysis of Turkish social media found that Syrian refugees are strongly associated with Turkey's weakened economy, frequently scapegoated as the cause of increased cost of living and growing crime rates (Bozdağ, 2020). Anti-Syrian and anti-refugee sentiments have steadily grown in Turkey while the country has faced exponential inflation, and news outlets have reported increasing rates of verbal and physical abuse against Syrian refugees as well as the scapegoating of Syrians in cases of theft and sexual assault over the past 2-3 years (see Al-Shamahi, 2023; Gebeily et. al, 2023; Dadouch, 2019; Michaelson et. al, 2023).

3.3: Overview of Turkey's Religious-Political Climate

Understanding Turkey's relationship between the State and Islam, and an exploration of President Erdogan's power since 2003 is vital in order to have a comprehensive grasp of Turkey's political climate. The following section will unpack Turkey's religious-political

climate, as President Erdoğan has maintained power for over two decades and consolidated significant unilateral control over the Turkish government by leveraging the intersection of politics and religion. Turkey's refugee policies have formed in this climate, often irrespective of the perspectives of the Turkish population, and with significant impact on the experiences of Syrian refugees following the 2023 earthquakes.

When Mustafa Kemal Ataturk established the Republic of Turkey in 1923, one of his most radical decisions was to remove Islam from the constitution as the state religion (Christofis, 2019). Where previously under the Ottoman Empire state and religion were intrinsically linked, Ataturk secularised the Turkish constitution and implemented extensive reforms in efforts to actuate this new Turkish reality. The Directorate of Religious Affairs (Diyanet) was formed to "perform functions affecting the beliefs, worship and ethics of Islam, enlighten the public about their religion, and administer the sacred worshiping places" (Gözaydın 2009, 108).

The notion of Turkey as a secular state was the norm for decades. However, the past 20 years have seen a shift in the relationship between the Turkish state and Islam. Erdogan's party, the Adalet ve Kalkınma Partisi (translating to the Justice and Development Party, henceforth AKP), initially entered government as a liberal-conservative party, but now holds a starkly different reputation as being "authoritarian conservative and deeply populist and pragmatically nationalist" (Christofis, 2019 p. 11). Erdogan was first elected as Prime Minister in 2003 with the AKP. He campaigned with promises of democracy, prosperity and stability - notions that easily won the votes of Turks shaken by recent military interventions, breakdown of democracy, infringement on human rights and increasing terror attacks (Tol, 2022). The tactical use of non-religious language and self-portrayal by Erdogan and his government also won the favour of numerous Western political elites (Gehring, 2019; Sen, 2019). Yet under Erdogan, the budget, personnel and authority of the Diyanet (Directorate of Religious Affairs) has expanded at a rate previously unseen, most evident in the doubling of the Diyanet's staff from 74,144 in 2003 to over 140,708 personnel in 2013 (Şen, 2019, p. 44). The Diyanet's reach has extended into every region, city and village of Turkey, even extending beyond Turkey's borders into Asia and the Americas (Şen, 2019). At the end of 2017, the Diyanet was active in over 100 countries through the work of religious coordinators, councilors, attachés (Şen, 2019).

Alongside the Diyanet's burgeoning influence in Turkey, Erdogan pursued a populist political approach, aligning himself with the 'Black Turks' - a term for those outside of Turkey's elite, bureaucrats, the businessmen and the military (Tol, 2022). Arat-Koç (2023) explains that 'Black Turks' became central in AKP's ideology, as they have taken the term (coined in reference to lower-class or religiously pious Turks) and "Islamised" (p. 5) it. Erdogan and the AKP then asserted that Sunni (conservative) Muslims are the 'true' Turks - tying the identities of devout Muslims to marginalisation, and allowing himself to justify reigning in the military's autonomy and power (Arat-Koç, 2023). In 2004, Erdogan passed eight constitutional amendments that curbed military power by allowing citizens to influence the country's defence budget and diminishing the military's ability to try citizens for their criticism of the defence force (Cizre, 2008). These tactical moves allowed Erdogan greater freedom to increase his government's support of the Diyanet without fear of repercussions from the secularist, Kemalist military.

Erdogan became Turkey's first elected president in 2014 despite the military's assertions that Erdogan had a "secret Islamist agenda" (BBC, 2007). The military attempted a coup in 2016, to which Erdogan responded by enacting an indefinite state of martial law, then passing a referendum in 2017 to abolish the office of Prime Minister and allow the President executive powers. Over the next year, the President and his officials fired over 150,000 public service employees and detained over 50,000 people including journalists, academics, lawyers, police officers and politicians, naming them to be enemies of the state and participants of the coup (Kirby, 2023). Erdogan conclusively won the 2018 election and entered his second term of presidency. In 2023, he narrowly won the presidency for the third time. 2024 marks Erdogan and the AKP's 21st year in power in Turkey. This time period has been marked by a gradual, tactical pursuit of hegemony and movement toward Islamism in the state. The 'purge' that followed the 2016 coup is ongoing. The decrease in Turkish support of Erdogan and the AKP, as evident in the 2023 election, motivates Erdogan to respond with a "hard hand" (Gehring, 2019 p. 150) against any potential opposition to their power.

Erdogan's gradually-attained hegemony enabled him to formulate Turkey's TPR and navigate Turkey's agreement with the EU with little contention from the Turkish population. These policies and agreements definitively shaped Turkey's involvement with the Syrian crisis by binding Turkey to hosting Syrians for an indefinite period of time, regardless of the climate between Turks and Syrians. This reality continues today in the form of increased tensions between Turkish and Syrian communities and has informed the experiences of Syrian refugees after the earthquakes in a deep way.

3.4: A Perceived Rise in Discrimination against Refugees

As demonstrated above, despite an initially hospitable welcome toward Syrian refugees, the reality of life in Turkey under the TPR has not always proven welcoming. When someone perceives themselves to be the subject of discrimination, this tends to bear negative impacts on the individual's mental health, often leading to higher rates of depression, anxiety and low self-esteem (Çelebi et. al 2017). Victims of discrimination have also had higher rates of cardiovascular diseases and poor health outcomes (Luo et al., 2011; Pascoe & Richman, 2009). In 2017, over 90% of Syrians living in Turkey under the TPR (Temporary Protection Regulation) were living outside of refugee camps and consequently in extremely difficult conditions (Çelebi et. al, 2017 p.835). The mass dispersion of Syrians throughout Turkey also makes effective quantification and delivery of support services to the population very difficult (Çelebi et. al, 2017). This section will explore the rise in perceived discrimination against refugees in Turkey in the media and community.

At its emergence, the internet was lauded for its ability to release the flow of information to the public, but since then it has arguably simultaneously freed its users from social responsibilities and conventions (Chun, 2008). As available information is increasingly informed by the public and no longer limited to those who can achieve publishing rights or those who can read, the information that is dispersed online has become increasingly detached from its authors (Chun, 2008). Because the internet is saturated with information and provides countless avenues for individuals to publish their opinions without any identifying information, there is less accountability regarding the information that is spread - its reliability, accuracy or objectivity. This increased freedom of speech and ownership of information comes hand-in-hand with

freedom to voice hateful and divisive views, and continually lends itself to the interests of anti-immigrant, anti-refugee ideology (Ozduzen et al., 2020). Research in 2020 on Turkish social media found that Syrian refugees are strongly associated with Turkey's weakened economy, frequently scapegoated as the cause of increasing costs of living and growing crime rates (Bozdağ, 2020). In a 2020 study by Ozduzen et al., the authors found that of 106,000 tweets made in Turkey over a year, over 89% were found to "directly favour" Turks as a race over Syrians and Arabs (p. 3356). In the same study, an analysis of tweets made on mundane events revealed 85% of tweets expressed overtly negative or derogatory views of Syrians (Ozduzen et al., 2020, p. 3357). Hashtags commonly used to help circulate the tweets included, "#ülkemdesuriyeliistemiyorum (#IDon'tWantSyriansInMyCountry), #SuriyelilerDefolsun (#GetOutSyrians), #SuriyelilerdenBıktıkUlan (#WeAreFuckingFedUpWithSyrians), #SuriyelilerDefoluyor (#SyriansAreGettingOut), [and] #Suriyeliler (#Syrians)" (Ozduzen et al., 2020, p. 3354). Turkish social media has also been used to incite violence against Syrians. One example of this was a campaign offering bounty rewards for "maimed or killed Syrians" which surfaced hundreds of videos of Syrian and Afghan refugees being abused and harassed (Boggs, 2023, accessed 30/04/2024).

For many Syrians, simply speaking Arabic in Turkey is associated with discrimination from the local Turkish population (Safak-Ayvazoglu et al., 2021). Safak-Ayvazoglu et al. (2021) explain discrimination toward Syrians in Turkey is often manifested in comments in the streets, acts of violence or simply pointing and staring at Syrians in public. Discrimination commonly links back to beliefs that Syrians are receiving "unfair humanitarian assistance", are "abusing Turkey's resources", and that Syrians have abandoned Syria needlessly (Safak-Ayazoglu et al., 2021 p.105). Many news outlets reporting incidents of discrimination connect this discrimination with the increasing pressure of economic collapse in Turkey, compounded by the role of media in this space (see Gebeily, 2023., Al-Shamahi, 2023., and Akgundogu, 2023 for example).

In 2022, a 22-year-old Syrian man was murdered outside his home in Istanbul (Osterlund, 2022), and in August 2021, 76 Altindag residents in Ankara were arrested by Turkish authorities for vandalising and looting Syrian-owned businesses and homes (Akgundogdu, 2023). In the first four months of 2023, the Syrian Observatory for Human Rights recorded 11

deaths and 20 injuries along the Turkey/Syria border at the hands of Turkish border guards (Human Rights Watch, 2023). On March 11, 2023 in a particularly brutal case, Turkish soldiers captured eight Syrians who had attempted to cross into Turkey. The soldiers beat and tortured the group severely, pouring diesel over the men, beating them with batons and guns, stomping on their hands and genitals (Human Rights Watch, 2023). A boy and one man were killed in the incident (Human Rights Watch, 2023). Turkish media reports say that three soldiers were placed in pretrial detention following the incident, and another three were released pending investigation (Human Rights Watch, 2023).

The deportation of Syrian refugees became a key campaign promise for both Erdogan and his opposition, Kemal Kilicdaroglu in the 2023 elections. Erdogan promised to repatriate one million Syrian refugees contingent on his winning the elections. Although he is yet to come through on this promise, his campaign strategy compounded the fears of Syrians that they may be deported to areas in Syria still under Assad's control (Karakas et al., 2023). Prior to the elections it was already evident that Syrian refugees under the TPR were hesitant to leave their homes for fear of detention or forcible deportation (Michaelson & Bower, 2023).

Turkish-Syrian relations have deteriorated so much that in many cases, Syrians do not feel safe to report instances of violence or harassment to the police (Kingsley, 2016; Leghtas, 2019; Frakes, 2020). Following the 2023 earthquakes, some Syrians made homeless by the disaster reported being removed from temporary shelters and even government-allocated accommodations (Stockholm Centre for Freedom, 2023). Other Syrians requesting tent shelter were told that the tents being sent to their region were for Turks, not for foreigners (Stockholm Centre for Freedom, 2023). For some, the abuse they faced when seeking help from rescue sites caused them to stop asking for assistance (Mellersh, 2023). Many Syrians also felt the lack of help they received in attempts to rescue their community from rubble was because they were Syrian (Holzl, 2023). Holzl (2023) noted that many Syrians feared to ask for help in Arabic, lest using Arabic would cause their cries for help to be ignored (Holzl, 2023).

The gradual, but distinct rise in discrimination against Syrian refugees is apparent in the portrayal of their demographic in media, the use of social media to incite harassment and abuse toward Syrians and the abuse of asylum seekers at the Turkey-Syria border. The deterioration of

Turkish-Syrian relations in the lead up to the 2023 earthquakes elevated the vulnerability of Syrian refugees in the context of the disaster.

3.5 Reproductive freedoms and the vulnerabilities of refugee women

The literature available concerning refugee women and girls worldwide indicates that refugee women and girls would be a vulnerable subset of the Syrian refugee population, and that this vulnerability would likely be compounded by the effects of the 2023 earthquakes. The Women's Refugee Commission (2019, Introduction section) describes women's sexual and reproductive healthcare (SRH) as both a "right and essential need", and explains that poor SRH is a leading cause of death, disease and disability amongst female refugees. The UN's fifth Sustainable Development Goal (SDG) is the achievement of gender equality and empowerment of all women and girls by 2030 (United Nations, 2023). Target 5.6 of SDG 5 is for universal access to SRH and the upholding of women's reproductive rights worldwide (United Nations, 2023). Both Jannat et al. (2023) and Gordon and Mamluk (2024) demonstrate that a lack of SRH and reproductive education for refugee women results in higher rates of sexually transmitted diseases as contraceptives are either misused or unavailable for refugees. Jannat et al. (2023) shows Rohingya refugee women in Bangladesh refugee camps face limited access to clean sanitation facilities, menstrual products, SRH education and reproductive healthcare.

Issues surrounding sexual consent are pervasive for refugee women, attributed to conservative religious perspectives regarding SRH and gender roles. Gordon and Mamluk's (2024) study on SRH attitudes among Syrian refugees in Lebanon shows that a woman's honour is synonymous with her perceived sexual purity (virginity). Participants shared that the loss of an unmarried woman's virginity constitutes a loss of honour and brings shame on her family, the lack of consent in cases of rape are irrelevant, even though rape was a frequent occurrence for participants' communities (Gordon and Mamluk, 2024). Öntaş et al.'s (2024) study concerning Syrian refugees in Turkey reveals that child marriages and adolescent pregnancies are "pressing issues", primarily linked to poverty and a lack of education (p. 526). Gordon and Mamluk (2024) conversely found that child marriages were driven by the desire for girls and young women to marry before they risk losing their honour (virginity) or becoming 'too old' to be desirable for men (p. 7).

Regarding contraception, Cense et al.'s (2024) study shows that many settled refugees in the Netherlands still hold to traditional gender roles in marriage, so access to contraception and SRH may be unavailable to or avoided by refugee women because of beliefs that contraceptive choices lie with the husband. In Jannat et al.'s (2023) study, Rohingya refugee women did not feel they had a voice regarding contraception, because "it is their duty to please their husband and follow the instructions given by their husband" (p.860). In some cases, lack of access to contraception is compounded by a lack of SRH education. Refugees interviewed in Gordon and Mamluk's (2024) study explained that historically, women were "forbidden" from knowing anything about sex, "till the night of their wedding when they actually experience it" (p. 10). Meanwhile, Rohingya women also experience frequent pregnancies because of the misuse or absence of contraceptives, further hampering positive health outcomes (Jannat et al., 2023).

In Cense et al.'s (2024) study involving settled refugee communities in the Netherlands, effective engagement with SRH issues required addressing the wider cultural, political and religious environment and worldviews of refugee women. The challenges refugees face in resettling into a new country, gaining access to education, grappling with local norms that often conflict with their own and securing housing and employment, all contribute to the experienced reproductive agency of refugee women (Cense et al., 2024). In their words, "These challenges may require strategies that differ from [local population] notions of individualistic reproductive choices." (Cense et al., 2024 p. 1). The above studies and their findings suggest that varying religious, cultural and financial factors in refugees' environments collectively impact the SRF and wider wellbeing of refugee women. The positionality and SRH vulnerabilities experienced by Syrian refugee women would likely be compounded in the context of Turkey's 2023 earthquake recovery efforts, which suggests that needs-based care and its consideration of intersectionality could support successful care of Syrian refugees. .

3.6 Conclusion

Turkey's positioning between south-eastern Europe and the Northern Middle East led to it becoming a key transit country for refugees on their journey into Europe. However, the EU-Turkey Deal resulted in a closed border for refugees between Turkey and Europe, and

Turkey subsequently became the 'temporary' host of approximately 3.6 million Syrian refugees as the Syrian civil war deteriorated, with no definite timeline as to how long the refugee population would stay within Turkey's borders (Şahin-Mencütek et al., 2023, p.2). The EU-Turkey Deal and Turkey's TPR theoretically enabled Syrian refugees to live safely in Turkey within the guidelines these policies set. Yet, recent years have seen a marked increase in anti-Arab and anti-refugee sentiment, bolstered by the campaign promises of political competitors in the 2023 elections to deport and repatriate Syrians. Amidst this, the February earthquakes hit Turkey's south-eastern region, and these policies, agreements and the growing tensions between Turks and refugees informed the experiences of approximately 1.7 million refugees located in the affected area, complicating the work of NGOs as they sought to provide emergency care to the estimated 15.8 million people living in the earthquake zone (UNFPA Turkiye, 2023 p.2).

Chapter 4: Methodology and Methods

4.1 Introduction

This chapter unpacks the chosen methodology and methods for this study. There were bound to be subjectivities that would emerge in the study as well as the consideration of Turkey's wider political, social and cultural context, so the methodology needed to be able to support this well. This chapter will explain why a qualitative methodology was chosen, and the reasoning behind semi-structured interviews, thematic document analysis and reflective journaling as my research methods.

4.2 Qualitative Methodology

Methodologies operate as a lens of interpretation in research (Mills & Birks, 2014). They are a framework to inform the research methods, clarify potential assumptions and outline the broader worldview of the study. Methodology considers the reasons why certain research methods (i.e. discourse analysis or structured interviews) are useful for answering a certain question and why other methods may be excluded from the research process (Kothari, 2004). A qualitative methodology was employed for this study.

A qualitative methodology makes room for the "holistic understanding of complex realities" (Mayoux, 2006 p.4). In this project, where there are overlapping experiences, subjective perspectives and numerous different actors, a holistic approach was vital to producing useful results. In other words, a holistic and complex approach was needed for exploring a complex issue marked by variegated perspectives. Qualitative research acknowledges that differing perspectives are often equally valid (Bairagi & Munot, 2019). This lens encouraged me to avoid viewing NGOs' approaches to aid delivery as 'effective' or 'ineffective', and instead to remain curious and open minded, exploring the validity of different approaches.

Mills and Birks (2014) explain that knowledge is filtered through our minds, impacted by our biases, ideologies or assumptions, our backgrounds and individual perspectives. My study

involves different actors - NGOs working with refugees, Turks in a context influenced by the Turkish government, and Syrian refugees - with differing interests or foci. I chose to explore NGO aid delivery through the lens of refugee care, and qualitative methodology encouraged research that would hold the interests and perspectives of different actors in tandem with one another. Some of this study's fieldwork took place while I was living in Turkey with Turkish friends. This personal connection meant that a methodology that seeks to reflect on personal bias was vital to the integrity of the results of the project. Further, this study needed a methodology that supports deeper understanding of the wider context of the topic, which in this case is the complexity of Turkey's positioning as a state, the country's government and their refugee policy trajectory.

4.3 Research Design and Access to Participants

The fieldwork for this study was carried out as I was going to be in Turkey between May and June 2024. The chosen research methods were semi-structured interviews, a thematic document analysis and reflective journaling. The plan for the semi-structured interviews was to approach four to six NGO representatives in Turkey regarding their organisations' involvement in refugee care following the 2023 earthquakes. These interviews would be 45-60 minutes, following a semi-structured list of questions designed to help answer my research questions. Participants were selected through purposive sampling. One of my friends is a local diplomat in Turkey who helped initiate first contact with potential informants so that I could discuss the project and request their participation in interviews.

While in Ankara (see Figure 1.1) I approached these potential participants informally and in-person and we had cursory conversations regarding their work with refugees in Turkey. For those that expressed interest in participating in interviews, I requested WhatsApp contact details and then sent consent forms and information sheets through for their use. Of those approached, four individuals consented to be interviewed for this project. I had planned for interviews to be held in-person but it was difficult to find times that worked for everyone while I was still in-country. Consequently, three interviews took place on Zoom, and one took place in email question-answer form at the participant's request.

In total I interviewed participants from four different organisations (see Table 4.1). The identities and associated organisations of participants in this study are confidential, but their organisational roles are outlined below to provide context for the data analysis later in this project.

Table 4.1: Overview of participants and their organisations

Interview Participant	Gender	Organisational Role
1	Male	Deputy Resident Representative of International NGO
2	Female	Programme Coordinator for International NGO
3	Female	Project Coordinator for NGO
4	Female	Project Implementation for Turkish NGO

4.4 Research Methods

Methods chosen for this study were: semi-structured interviews, a thematic document analysis, and reflective journalling. As will be detailed next, interviews lent themselves toward enabling participants to share their stories and perspectives on their own terms, making room for their personal experiences and bringing the subjectivity of the information gathered into the open.

4.4.1: Semi-structured interviews

Semi-structured interviews were the primary research method, consisting of one-hour interviews with four NGO workers. The interviews aimed to engage participants in a conversation about their organisations' involvement with refugee care following the 2023 earthquakes. Participants were selected via purposeful and snowball sampling.

Purposeful sampling describes the sampling method whereby a researcher selects specific participants based on specific characteristics, experiential knowledge relevant to research matter,

ability to offer diverse perspectives, or their positionality (Rubin & Rubin, 2012; Salmons, 2015). Participants were selected because of their experiential knowledge and line of work. Originally, the study aimed for five to six participants, with half being Turkish NGO representatives and the other half being international NGO representatives, but time limitations and difficulty accessing Turkish NGO representatives, because of political complications in Turkey, resulted in talking to three international NGO participants and one Turkish NGO participant.

Interview questions were designed with the study's research objectives in mind. All questions in the semi-structured interviews were open-ended to allow freedom for the direction of the interview to change if necessary and for interviewees to be able to share their perspectives and insights as they would so choose. The semi-structured interview format also allowed room to adapt the questions as the conversation developed, providing greater insight into the interviewees' worldviews and experiences (Merriam & Tisdell, 2016). In this way I was able to honour the participants' interests and personal experiences by simply listening as they discussed the topics they were clearly passionate about, rather than redirecting the conversation any time it seemed to go off-track. In an unplanned moment, one interviewee ended up sharing their personal experience of the earthquake as they had been living in the affected area at the time. However, their experience of the earthquake and its aftermath was hugely significant for the wider context of their interview and what was shared within it. It was important for the interview to be semi-structured so that there was freedom to have tangential conversations that were valuable for the interviewee and could allow for broader understanding.

4.4.2 Thematic Document Analysis

A thematic analysis can be used to identify and analyse themes in conversation and television news, reporting, social media and formally written documents (Grant, 2018). It is a qualitative research method that does not assume neutrality or transparency in written language but rather seeks to explore how a text communicates information and perspectives (Rapley, 2018). In this way it is not only the words or information present in a text, but those that may be absent that are

relevant to a document analysis. Tone, pace, font, graphics and structure are just some of the factors that can contribute to how and what language communicates to a reader (Jones, 2024).

This study involves a thematic analysis of three NGO aid reports of proposed aid delivery, displayed in the table below.

Table 4.2: Reports in Document Analysis

NGO associated with the report	In-text citation
Turkish Red Crescent (TRC)	(Turkish Red Crescent, 2023)
Turkish Red Crescent (TRC)	(Turkish Red Crescent, 2024)
UNFPA Turkiye	(UNFPA Turkiye, 2023)
UNFPA Turkiye	(UNFPA Turkiye, 2024)
Médecins du Monde	(Médecins du Monde, 2023)
Médecins du Monde	(Médecins du Monde, 2024)

The document analysis focuses on two key topics: the themes and language used regarding refugee populations in Turkey and the presence or absence of proposed refugee-specific post-earthquake care. The analysis involved firstly, sifting through the documents for the keywords: “refugee” and “asylum-seeker”. The context in which these words were used was considered and it was explored what these words communicate. Secondly, the reports were analysed to see how the needs of refugee populations have featured in the care being proposed by NGOs. This thematic analysis (presented in Chapter 5) provides greater insight into the experiences of care received by refugees following the 2023 earthquakes by considering how the needs of refugees may have been perceived and communicated by NGOs and what care was proposed and then delivered (or not) by NGOs in light of this.

4.4.3. Reflective Journalling

As such, a qualitative researcher must be intentional in continually examining their worldview and perspectives for how these may impact on their research (Mayoux, 2006). In this study, reflective journalling was a helpful tool for this intentional self-reflection. For the fieldwork component of this project and for a few weeks prior, I lived with a family in Istanbul with whom I was neighbours last time I lived in Turkey.

This accommodation situation was special for personal reasons but also provided some unexpected insight into some local Turkish perspectives on the Syrian refugee population. I found that many conversations I had with Turks in day-to-day encounters would somehow end up with scattered references to Arabs or Syrians, and the tone of these comments was often negative. In an effort to process the conversations in an informal context, I decided to write three reflective journal entries. The first entry was written two weeks after arriving in Turkey, the second was written three weeks after that, and the last was written after having carried out the fieldwork for this project. In the journal entries, I consciously reflected on the conversations I had with Turks that were directly impacted by Turkey's refugee policies and the 2023 earthquakes. This journaling process helped to clarify how my thoughts were forming and contributing to my approach to the research project.

4.5 Ethics

This study has followed Massey University's ethical procedures and was evaluated to be low risk. Issues of confidentiality and access to participants were discussed with A/Prof Rochelle Stewart-Withers and my supervisor Dr Maria Borovnik. The interviewees approached for this project were mostly in the not-for-profit sector and dependent on Turkish government-approval to carry out their work. This meant that keeping identities and organisations confidential is of high importance, and has involved using pseudonyms for participants and safely storing voice recordings and transcripts.

Participants were provided with an information sheet that disclosed the intent of the study and content of the research to ensure they could allow (or decline) informed consent. At the beginning of each interview, participants were given the opportunity to discuss the information

sheet and consent form as well as their choice of pseudonym. The information sheet also explained their rights, such as to withdraw from the study if they wished to. In order to protect the confidentiality of these participants' identities and organisations, I was careful to store all voice recordings and written transcripts on a personal, password-protected hard drive. None of the participants knew who else had been interviewed. In the planning stage of the interviews, I was careful to make sure that the timing and location of any informal and formal interviews were on the terms of the participants.

4.6 Reflections and Limitations

As mentioned earlier, I consulted a friend who worked as a diplomat in Turkey and who was helpful in providing the contact details of several NGO representatives and diplomats that were open to being approached for an interview. This approach to accessing participants had to be carefully navigated to ensure that potential participants were at no point pressured or coerced into participation, so this diplomat only provided the first point of contact, and all further communications were handled by myself (Seidman, 2019). The benefits of this gatekeeper relationship far outweighed its potential limitations, as I was intentional in asking my friend to refrain from sharing any information regarding my research and solely to recommend people who may be helpful and open to being interviewed. Consequently, I was personally able to lead all the conversations regarding my research topic, ensuring that participants were given numerous reminders of their rights and freedoms to refuse participation at any point. Several individuals I approached refused to participate, and I see this as an encouragement that those who participated truly did so out of their desire to be involved.

Another limitation I experienced was the need to hold interviews on Zoom rather than face to face. Although I was initially hesitant to proceed with online interviews, the interviews yielded some really interesting results, and I was encouraged by the ease with which the conversations flowed. One of the interviews was particularly free-flowing and provided excellent insights into each individual participant and their organisation's involvement with refugee care following the earthquakes. As a result, I am confident that results were not impeded through the use of Zoom. I feel that the quality of the conversations is of value for this study.

4.7 Conclusion

I selected a qualitative methodology for this study because it supports a holistic and multifaceted approach to research (Mayoux, 2006 p.4). Through the employment of this methodology, semi-structured interviews, document analysis and reflective journaling, I have been able to take such a holistic approach to the subject matter. Semi-structured interviews were the primary research method. This method was flexible and has given room for interviewees to organically share their worldviews if they chose to, often leading to unexpected insights and providing room for me to ask questions that I may not have thought of otherwise.

A document analysis provided a broader understanding of NGO approaches to disaster aid delivery, and reflective journaling enabled the critical self-awareness that qualitative research calls for on the part of a researcher. Although I had to adjust my research plan several times over the course of this study (as is not unusual for a study of this kind), the results yielded through the methodology and methods chosen were usefully applied in my exploration of how NGOs delivered care to refugees following the 2023 Turkiye-Syria earthquakes.

Chapter 5: Research Findings and Outcomes

5.1 Introduction

A key component of this research project was a series of semi-structured interviews with representatives from NGOs in Turkey. These interviews sought the insights of individuals involved in the post-earthquake recovery efforts, to learn the methods and perspectives from which they and their NGOs sought to deliver aid, particularly as related to the local refugee population. Alongside these interviews, I carried out a thematic document analysis, intended toto explore the use or absence of the terms 'refugee' and 'asylum-seeker' by NGOs in these reports, also to look at the proposed care from NGOs immediately after the earthquake alongside their reports one year after to see what had or had not been carried out. This chapter is laid out in three key sections. The first section presents the results of a document analysis that explores the approaches of six NGOs toward the post-earthquake care of refugee populations in the south-east of Turkey. The second section consists of an exploration of participant perspectives on the challenges NGOs faced in delivering aid to refugees and the wider affected population in 2023 and 2024. This section will explore specifically the lack of funding available to NGOs, and their challenges faced in delivering aid to refugee women. The final section of the chapter discusses interview findings regarding the participants' carrying successes in their NGOs aid delivery, covering issues of LGBTQ+ care, some successes in the care of refugee women and the benefit of strong NGO-refugee population relationships prior to the disaster. The chapter closes with reflections on the findings of this fieldwork.

5.2 Thematic Document Analysis: Trajectories of Refugee Care

This document analysis explores six NGO reports on the Turkey-Syria earthquakes - two reports each, from three NGOs involved in recovery efforts. The first report (of each of these NGOs) was published within the first two months following the earthquakes, and their second reports came out between six months to one year following the earthquakes. The intent of this document analysis was to highlight whether or how these NGOs spoke about refugees' needs after the

earthquake, while also seeking to understand the proposed care of refugees by these NGOs in the early stages of response in comparison to the reports given within one year. Amidst this, as mentioned in Chapter 4, I analysed the prominence of the refugees in NGO considerations of aid delivery. The chosen NGOs for this document analysis were Turkish Red Crescent (2023, 2024), United Nations Population Fund (UNFPA) Turkiye (2023, 2024), and Médecins du Monde (2023, 2024).

The Turkish Red Crescent (TRC or Kizilay) is a humanitarian NGO that provides various services comprising disaster management, immigration and refugee services, education and youth services, first aid training, medical research, social services and international services (Kizilay n.d.). Their first document I analysed was "Situation report III: Earthquake in Türkiye", written on March 7th 2023, one month and one day following the earthquakes (Turkish Red Crescent, 2023). This report was written while still in the acute stage of response, and in its 19 pages of updates regarding the NGO's involvement in recovery efforts, there was no mention of targeted support for refugees, and no use of the words "refugee" or "asylum-seeker" at all. There were references to tented accommodation, but the implication was that these were government-run, formal tent villages for affected citizens. The discussion of 'vulnerable groups' involved references to women, children, elderly and disabled individuals (Kizilay, n.d.). This absence of any mentioning of refugees in the entire report was concerning and indicates an initial low priority approach from the TRC toward the affected refugee population.

The TRC's 'Situation Report VI: Final' was written one year after the February 6 earthquakes in 2023, this was the second report I have involved in this thematic document analysis (Turkish Red Crescent, 2024). In this report there was one key initiative that had been successfully implemented for refugees. This initiative, funded by the European Union, was the Emergency Social Safety Net (ESSN), a program of cash assistance specifically catered to migrant/refugee individuals and families for "alleviating financial burdens and ensuring essential resources… providing vital assistance and inclusive aid" (Turkish Red Crescent, 2024 p.9). Within the scope of what was available through the ESSN program, refugee earthquake survivors were also provided two additional payments of 1,350 TRY[2] each in April 2023 and May 2023

[2] TRY, or Turkish New Lira, the abbreviation for Turkey's currency.

(Turkish Red Crescent, 2024). This report also explained Kizilay's 'Collective Kindness Project', which provided "unconditional cash support" to earthquake victims in the form of two 3,000 TRY payments per household in two months of 2023 and a third payment of 8,600 TRY to "specific beneficiary groups" meant to ensure "equitable access" toward support (Turkish Red Crescent, 2024 p.10). In this report, the TRC (2024) writes: "Measures were taken to prevent duplication and target the most vulnerable groups through beneficiary analyses" (p.10). However, I could not find any specific explanation of these measures taken. In order to gain greater clarity on this, I searched within the Kizilay's Collective Kindness Project final report, and found that only 2% of the Project recipients were non-citizens (Collective Kindness Project, 2024 p.5). Given that many refugees in the earthquake affected region would not have had Turkish citizenship but rather be recognised under Turkey's TPR, this suggests that only 2% of the "thousands" of households benefiting from the TRC's Collective Kindness Project may have been refugee households (Collective Kindness Project, 2024).

The second NGO whose reports I involved in this thematic document analysis was the United Nations Population Fund (UNFPA) Turkiye. UNFPA Turkiye provides medical and protection services for women, young girls and young people with a particular focus on SRH services. UNFPA Turkiye's first comprehensive report of the 2023 earthquakes was released on March 20, 2023 (under two months post-earthquakes). Within the first introduction paragraph of the report, which describes the location and magnitude of the earthquakes in Turkey, the report notes that of the 15.8 million inhabitants located in the region, 1.7 million were refugees (UNFPA Turkiye, 2023, p.2). Later in the report, the NGO discusses concerns of access to life-saving aid, naming refugees as a population that experiences distinct hardships due to discrimination and gender-based violence. The report continues to describe the higher rate risks than other populations that refugees face, including "safety and security issues, difficulties in relocation from the earthquake-affected areas, accessing shelter and WASH facilities, and legal protection issues especially in terms of accessing post-GBV services." (UNFPA Turkiye, 2023, p. 4). The report notes that engagement with these refugee populations will be vital to identifying their unique needs, providing suitable services and avoiding preventable injuries, illnesses and deaths. The report also names unaccompanied older people, persons with disabilities, people with mental health issues, people with serious health conditions, and illiterate people, as being

among the most vulnerable groups facing challenges with accessing information. In comparison, refugee and migrant populations lack information in their native languages (UNFPA Turkiye, 2023 p.5).

The UNFPA Turkiye's (2024) report one year following the earthquakes is far more concise (consisting only four pages, instead of ten pages in the 2023 report). However, this report names rising tensions between "different communities" in the makeshift shelters and container cities, as an increasing risk and an issue that is causing social tensions. It also mentions the gender-based violence sub-sector of UNFPA Turkiye which was successful in preparing and equipping young girls and women for winter in both formal and informal settlements, implying that this was carried out in refugee tent communities as well.

Lastly, I analysed two reports from Médecins du Monde (MdM), the first from February 14-15, 2023, and the second written one year on from the earthquakes on February 6, 2024. MdM, or Doctors of the World, are an international organisation that provide emergency and long-term medical care to vulnerable people. MdM's (2023) initial report "Emergency situation report for Türkiye-Syria earthquakes (Report No. 1)" calls for increased support for affected refugees and the host community (Turks) from their Izmir office. The report describes an urgent need for basic needs including baby formula, hygiene kits, clothing, rent assistance and basic medicines and creams. Later in the report, the NGO again notes the increased need for support from their Izmir office for the earthquake victims who have relocated to Izmir. They estimate that 350 individuals have relocated, but find it "unclear" how many refugees have relocated thus far, and that the movement of refugees is extremely restricted due to temporary protection policies conditional on refugees staying in their assigned cities (Médecins du Monde, 2023). The report also notes that refugees are expected to be among the most vulnerable populations affected by the earthquake as they have been equally affected but do not have the same freedom as the host community (Turks) does to relocate.

MdM's 2024 report on the earthquakes continued to speak extensively to the situation of refugees, often in comparison to that of the host community (Médecins du Monde, 2024). Early in the report, MdM states that the need for decent shelter continues to overwhelm the capacity of

NGOs to provide it, and that Syrian refugees have the most pressing need as much of their population live in informal tent villages with very limited access to basic services (Médecins du Monde, 2024). These informal settlements are hard to reach and need mobile healthcare units.

It is encouraging to see in the 2024 report, that MdM has referenced the Izmir office and its support of relocated refugees as a positive point of progress for their organisation. This indicates that efforts to support earthquake-affected refugees were and are ongoing by this office. The report notes that many of these refugees work as undocumented agricultural workers, and thus, are at risk of deportation or detention. MdM works with these refugees and provides care, as the report relays, they even often live far away from any formal settlement to avoid local authorities (Médecins du Monde, 2024). The lack of sufficient healthcare for refugees is also named as an ongoing challenge for MdM, given that numerous healthcare workers died in the earthquakes and clinics were levelled in the initial aftershocks. Despite this, the report states that MdM psychologists and counsellors have been able to provide vital post-traumatic counselling to men, women and children affected by the earthquakes, even those in hard-to-reach areas.

Of these six NGO reports on their earthquake response efforts, the Médecins du Monde's reports indicate the most consistent trajectory of refugee-care and consideration in proposed care. In comparison, the Turkish Red Crescent had a noticeable lack of any reference to earthquake-affected refugees in their first report, and their final report discussed the success of ESSN assistance for refugees that was entirely funded by the EU, with no further reference to refugees. The third organisation's UNFPA Turkiye's initial earthquake response report in 2023 was comprehensive and consistent in their discussion of the needs of affected refugees, but the one-year-on report was too short to have any extensive reporting on the care provided to refugees. The findings from these reports provide a helpful preliminary understanding of NGOs responses to the earthquakes. The semi-structured interviews provided an opportunity to understand how NGO responses were directed, challenged and experienced success. The following sections concern the perspectives of NGO representatives who, as project implementers, coordinators and local NGO representatives were closely involved in decision making and carrying out of care.

5.3 Challenges to NGO Aid Delivery

The semi-structured interviews revealed several shared challenges for NGOs in the care of refugees. This section will elaborate on the participants' understanding of these challenges - what may have caused them, and the perceived impact on NGOs' earthquake responses. Section 5.3.1 will show participants' shared experiences of funding limitations, and Section 5.3.2 will follow with a description of the varying challenges NGOs face in delivery care to refugee women specifically.

5.3.1 Funding Limitations

One of the key challenges that interviewees have described was NGOs' access to funds and the freedom to allocate them where they were needed. Although not all NGOs are donor-dependent, those NGOs that were affiliated with this study needed donor support. During the interviews, it became clear that this donor dependency can come with limitations and delays as the processes required to get access to funds are often complicated by donor interests or temporal limitations. One NGO worker estimated the infrastructural earthquake damage and loss to be at least $100 billion US dollars (USD) in value (excluding recovery and rebuild costs), while the funds allocated by donors were six billion USD. All the participants in this study described the disparity between funds needed and funds provided for aid as substantial, and it appears that the ongoing need for funds will not be matched by donors going forward.

The temporality of fund allocation from donors emerged as a significant hindrance to the effective delivery of aid for participants. Participants were frustrated with the timeframes attached to donor funds, expressing that the timeframe needed for NGOs to be effective in delivering care to affected populations far exceeded the funding timeframes given to achieve those outcomes. The NGO represented by Participant 2 is involved with providing SRH for women and girls living in vulnerable contexts. One of the ways her NGO was involved in earthquake recovery efforts was through running mobile health clinics, tasked to move between earthquake-affected regions that lack proper healthcare infrastructure, delivering care to women and children in temporary accommodation (i.e. tents, refugee camps, container "homes"). The mobile healthcare units began operating around May 2023 to carry out primary healthcare checks

and deliver “dignity kits”[3] to women and girls. These units have also carried out gender-based violence checks and provided vaccinations. According to Participant 2, the need for these mobile healthcare units is ongoing, but the operating funds were almost completely cut in August 2024. Consequently, the majority of earthquake-affected individuals who were dependent on these units for medical care have to go without this support, despite their ongoing needs.

Participant 3, a project implementer whose NGO delivers care for children in vulnerable contexts expressed frustration with the timelines attached to funding, saying that limiting funds to a 12-month period is simply “not efficient”, that full or even substantial recovery following a disaster “takes years”. She explained that the social support programs provided by her NGO require a minimum of six months to begin effectively helping patients regain lasting mental and emotional stability. The proper management of a patient’s case with her NGO takes a full year. So, only allocating funds for these programs for one year results in individuals being left “in the middle” of their recovery. She speculated that those who provide funding for disaster response assume that after one year, everything goes back to normal, when in reality the affected individuals and their communities are still heavily rebuilding their lives several years on.

When asked why he thought his NGO had encountered such difficulty in accessing funding, a deputy resident NGO representative (Participant 1) pointed to Turkey’s positionality in the global context as an upper-middle income country. He explained that Turkey is generally perceived by other nations as being relatively stable whilst surrounded by “crisis countries”, so donors in intergovernmental coalitions or as philanthropists were hesitant to provide any substantial financial support, believing Turkey’s economy would absorb a large portion of the costs of recovery, rebuilding and aid. Participant 1 also argued that the donating parties severely underestimated the magnitude of the 2023 earthquakes and that this misunderstanding translated into financial support that was only sufficient for an estimated 5% of the damage costs, explaining:

[3] Dignity kits as described by Participants 2 and 3 are kits offered to women and girls in crisis contexts that may lack access to essential menstrual products. These kits contain a variety of items intended to support women and girls as they menstruate, typically: disposable pads, underwear, and some self-care items like soap, toothpaste, a toothbrush etc. Often, kits will include a flashlight for the sometimes >200m trips that women and young girls have to take to get to toilet facilities in refugee camps, as this trek can put them at risk of sexual assault.

> *The bill [to build back] would be higher than 200 billion. How can you recover with these resources? It's impossible. [...] The needs are infinite because people don't understand this is [a] one-in-2000 years earthquake. It affected 14 million people. It affected the territorial size of Portugal, Serbia, Bulgaria, 110 square thousand square kilometers. [...] So it would take years to assess only the damage and loss, let alone the needs for building back. And it would take not just this hundred billion, which was the initial assessment of damage and loss, but that number multiplied by two, three, four, five* (Participant 1).

The participant's understanding of the scale of the damage and recovery costs showed that his NGO and others were extremely under-resourced. As a result, his NGO did not have the capacity to look into demographic-specific needs (i.e. the needs of elderly, refugees, children, different ethnic groups) but had to estimate and deliver its recovery effort based on broadstroke RNA data alone, the cost of pursuing any comprehensive needs-data was simply too high.

Another participant expressed frustration that, in many cases of donations, the funds were allocated by the donor for specific causes or demographics (i.e. Christians, children and cultural sub-demographics). From her perspective, these conditions impeded her NGO's ability to direct the funds where they were most needed. As an example, she mentioned that there had been issues with financial assistance offered by the Turkish government to renters being extorted by their landlords. When the Turkish government gave financial compensations to Turks and refugees whose rental accommodations were damaged from the earthquakes, Participant 3 and her team witnessed multiple cases of landlords coercing refugees into giving this compensation to them, claiming that refugees were already beneficiaries and should not be receiving any more financial support. The landlords were pushing for refugee tenants to give the financial compensation to the landlords by convincing tenants that their understanding of the situation and their rights was wrong, and they had misunderstood the situation due to their limited Turkish language (despite Participant 3's assertion that the financial supplement was more substantial for Turks than for refugees). Another way landlords forced their tenants was claiming the compensation was meant to be used to fund repairs, which they would then not carry out. This

Participant 3 observed the government's financial support was going to citizens, not to refugees. In her words, "there is no government to support them."

All participants in this study spoke of their limited capacity to carry out care for anyone affected by the earthquakes, let alone to provide targeted care to refugees in Turkey. The levels of care provided by these NGOs were directly impacted by the money available to them. For Participant 1, the lack of funding available to his NGO was due to perceptions of Turkey being an upper-middle income developed nation and expectations that the Turkish government would be able to fund the damage recovery and rebuilding costs. All participants were in agreement that there was an enormous discrepancy between the perceived funding needs by donors and the actual costs of recovery and rebuilding. As a result, aid delivery by NGOs was negatively impacted and the timeframe of their recovery projects was significantly shorter than participants believe was realistic, leaving the affected population still struggling, with a dramatic decrease in the support available to them despite very little change in their situations.

5.3.2: Meeting the Needs of Refugee Women

Throughout the four interviews, refugee women and their unique vulnerability were a repeated focal point for participants. Participants discussed issues of increased rates of gender-based violence and child marriage or other types of forced marriage, limited language, and the lack of access to female hygiene products and healthcare.

All participants noted the distinct vulnerability of women in the aftermath of the earthquakes, a key reason for this was the increased risk of gender-based violence in the close confines of temporary accommodation and the stress that the earthquakes placed on the affected population. The organisation that Participant 2 was involved in is particularly focused on women's health and wellbeing, so she was able to share extensively on these issues for refugee women. As the earthquakes razed so many apartments to the ground, families have been forced into very small spaces - some of these are container homes (temporary shelters made from shipping containers), others are basic tent shelters. Participant 2 explained that for many women, living in temporary shelters has led to higher vulnerability at home as abusive partners who would normally have been at work through the day or out in the evenings, were now,

post-disaster, stuck in small confines with their children and wives. She described how almost all men were grieving the deaths of friends and family while being thrust into a living environment that was unfamiliar to them. Normally men were not consistently with their wives and children all day and night. Stress levels between partners were heightened and the rates of gender-based violence increased.

Another NGO worker noted the difference between the living conditions that Turks were provided with and those that refugees were being seen to be living in, Participant 3 explained:

> *[Turks] have their own bathrooms within those containers. Refugees' camps were tents all through winter. In Gaziantep, the government started delivering Chinese-made containers for refugees, which are not of good quality. They are one room, and there's no water connection there, no private bathroom or shower room, they have a collective bathroom and showers out in the camp. All of these containers are just one room for the whole family. They don't have appropriate drinking water there, so the camp management were delivering to each container five litres of drinking water per day, sometimes less. Sometimes it takes them two weeks to deliver the drinking water to them. The privacy, hygiene, the very bad situation of the structure of the* [refugee] *camp is too bad, so that's why it's causing outbreaks of hygiene and health conditions* (Participant 3).

This Participant 3 also explained that cramped and unsanitary conditions were leading to increases in gender-based violence, sexual abuse and mental health issues, such as anxiety and post-traumatic stress disorder, specifically manifesting in children.

A programme coordinator (Participant 2) told of her NGO working closely with the police on issues of gender-based violence prior to the earthquake, and shared that many police-to-refugee-community relationships were already in-place when they witnessed an increase in gender-based violence amidst refugee families. However, she observed that the refugee community does not seem to trust the police enough to report gender-based violence and mentioned that there was a massive decrease of gender-based violence reporting in 2024.

When I asked her what she thought the cause this unwillingness to report incidences of violence was, she explained that the hesitation from refugee women seem to be afraid that a) police will not do anything about reported incidences of gender-based violence, and b) if police would take action, the victims of violence would be left without any form of income.

The lack of income for refugee women as a contributor to their vulnerability emerged as a point of concern for other participants as well. Two other participants shared that the patriarchal norms deeply embedded in these refugee communities led to wives and daughters being dependent on their husbands, sons or fathers for income, limiting their freedom as a result. The interviews spoke to the impact of the earthquakes on refugee women in two ways. Firstly, the dependence of many refugee women on the patriarch of their home for income (and thus, livelihood) diminished the desire to report cases of gender-based violence for fear of destitute poverty. This dependency could compound the risk of abuse in the high-stress context of temporary accommodation following the earthquakes. Secondly, many women lost their sole form of income because of the deaths of family members in the earthquakes. Naturally, this situation increased the vulnerability of refugee women as they consequently were pushed to look for alternative forms of income. Participant 2 explained that some NGO workers observed the need for income and familial stability following the earthquakes contributing to the rise of child and forced marriages, where young women are being pushed to marry despite a lack of consent on their part.

Two female NGO workers participating in this study shared their understanding of the refugees' perspectives toward marriage as strongly "traditional", functioning as mutually beneficial contracts between families, rather than freely made decisions by young men and women. Both participants (2 and 3) shared they had witnessed marriages between young girls and older men taking place out of financial desperation on the part of families not able to support their children financially. Attempts to discourage these child marriages by NGOs, and by the local police, were met with disagreement from the local refugee populations. Refugees they had talked to argued that these marriages were acceptable in their country, despite their illegality in Turkey. Sharing about some of the issues of child marriage and gender-based violence, Participant 1 explained that many refugees lost their residency paperwork in the

earthquakes, causing significant stress for those who needed any form of protection or support from publicly available sources. In his opinion, child marriages increased when refugee families faced increasing poverty, in attempts to consolidate communal ties and decrease the financial strain of having multiple, financially dependent children in the home. He explained that for many women the fear of deportation would have been greater than the risk of violence occurring in their homes, and this would have been another factor motivating vulnerable refugee women not to seek help.

The delivery of refugee women's SRH was raised by all participants as an issue of concern and was acknowledged as a challenge that preceded the earthquakes but was exacerbated in the aftermath. Concerns for women's SRH, for their freedom to make reproductive decisions and move safely in their communities were attributed by all participants to the limited Turkish language ability most refugees had and that the women tended to have a more insular life because of cultural restrictions. The women were staying predominantly in their own homes or opting to build community solely with other refugees with the same first language and shared values. Language limitations resulted from the insularity of many of these women's lives and was also limiting sexual health education available to refugees, as materials were inaccessible for many of them.

The earthquakes also caused immense structural damage to the local healthcare system, leading to the loss of almost all hospitals in the region and to road blockages in and out of the affected regions. These challenges served as exacerbating factors for poor health outcomes for refugee women. Participant 2 recalled how some heavily pregnant women went into labour induced by the stressful effects of the earthquakes. These women were unable to reach any formal medical centre and could not receive the level of medical care they should have because there were medical professionals available immediately following the quakes. Two female NGO employees that I talked to attested that their organisations were able to gain access to translators in some cases for home visits or clinical visits once roads had opened. However, the lack of funding made translating services extremely difficult to provide on a regular basis. Further, the public health services offered after the earthquakes had an even lower presence of translators,

and when there were publicly funded healthcare operations for people in the region, refugees were repeatedly the last to receive the care offered and often missed out entirely.

Participants explained that this exclusion of the refugee women and girls from publicly accessible healthcare was further exacerbated by widely shared stigma amongst refugees regarding SRH. Participant 4 in this study was a project implementer for an NGO that carries out reproductive education and support for youth in the South-East of Turkey. Her NGO supported young women and those who identify within the LGBTQ+ community (both Turks and refugees). She shared that, in many cases, young women had little-to-no reproductive education especially if they were unmarried. Even some married women had little knowledge of common reproductive health problems, forms of contraception or the risks of sexually transmitted diseases. Participant 4 also explained that youth who identify as LGBTQ+ were still facing significant stigma from their community and that there was a lack of SRH education for them as a result. She attributed these gaps to culturally-ingrained norms regarding sexuality and religious viewpoints that teach highly conservative practices and consider non-heteronormative sexuality or sex outside of marriage to be ‘haram’ or forbidden. Following the earthquakes, her organisation continued their work amongst youth and women in the affected region, and she shared that access to SRH amongst refugee populations continued to be markedly less than it was for local Turkish populations. When I asked her to share an example, she recalled one of her workshops with young women where they discussed menstruation and intercourse, and the young women did not know the basic process of sexual intercourse in any sense. There was no understanding of ‘consent’ either, and she recalled many young women and LGBTQ+ youth being unaware of the contraceptive options available to them.

I had not expected the issue of SRH for refugees to come up so significantly. The challenges that NGOs evidently faced while delivering care to refugee women in particular speak to the importance of needs-specific approaches. The linguistic and cultural differences that refugee women and LGBTQ+ youth experienced in comparison to the Turkish population has impacted their ability to receive care from NGOs. Concerns regarding women’s health and wellbeing were shared by all four participants, with all four interviews yielding the conclusive perspective that refugee women generally had less access to adequate healthcare, reproductive

education and menstrual products. This was a challenge faced by NGOs in the area as needs were extremely high for all affected people, but refugee women and girls had and continue to have distinct vulnerabilities due to cultural and religious norms, the provisional nature of their welcome in Turkey and the geographic reality of the distance between refugees in tented communities and the main townships or cities where NGO support was available.

5.4: Successes experienced by NGOs

Participants also shared some of the successes they witnessed of their NGOs' aid delivery. This section will first discuss the pre-existing positive relationships between their NGOs and local refugee populations that have enabled refugees to exercise agency and resilience. Interviews revealed that in many cases, affected refugees exhibited a greater level of resilience than perhaps was expected, this will be explored in greater depth in this section. Following this, subsection 5.4.2 will explore successes in NGOs' approaches to aid delivery to women and girls, and then subsection 5.4.3 will outline a sexual health education and awareness programme that had positive impacts for young women and LGBTQ+ youth. Finally, subsection 5.4.4 will recall the success of an alternative mode of funding and aid provision a Participant recalled in response to difficulty accessing funds.

5.4.1: *Resilience after trauma*

During the interviews, I asked participants their perception of refugees' resilience following the earthquakes, and whether they could share any instances where refugees were exercising agency in the disaster response. Participant 2 shared that the resilience of refugees was extremely high, but that resilience can be difficult to quantify or measure, especially in disaster contexts. She proceeded to explain that the relationships that existed between NGO workers in the community and local refugees prior to the earthquake enabled refugees to exercise higher levels of agency in accessing aid and relief than were perhaps expected. At the same time, because her NGO had worked hard to be actively involved in refugee-care prior to the earthquakes, they were well-prepared to provide over 3,000 dignity kits to affected refugee girls and women immediately following the earthquakes. Participant 2's NGO was familiar with the challenges that refugees in Turkey were facing prior to the earthquakes, and her NGO was able to mobilise

their teams into action swiftly following the disaster. This minimised delays in aid delivery and helped to offer care that was targeted to all affected peoples, not just local populations.

Refugees who received educational, financial and/or medical support from NGOs prior to the earthquakes were also familiar with the support channels available to them when the disaster occurred. This allowed many affected individuals and families to find, request and gain access to the care they needed even in the chaos immediately following the earthquakes. Because of this, many of the refugee population were able to begin seeking and receiving help from local and international NGOs in the area sooner than the Turkish population. Participant 3 also attested that many refugees accessed help through NGO support channels sooner than local Turks did. In her perspective, the resilience of refugee populations was immediately evident to those involved in the disaster response, although the trauma inflicted by the earthquakes was undoubtedly devastating. When I asked her if she could expand further on the resilience she had observed, Participant 3 explained that the trauma that many refugees carry from their experiences, although horrible, enabled them to 'bounce back' somewhat more quickly than the Turkish locals who had never experienced this level of trauma. Participant 3 shared that refugees' prior traumatic experiences with trauma were a bolster for them, a sense of ability to keep going because they had already endured extremely difficult circumstances. Yet, this experience with disaster had its pitfalls, especially for refugee children - she explained that, because many refugee children had had their most formative experiences take place in unstable and violent environments, the trauma of the earthquakes could simply build upon trauma that refugee children already carried. However, in her opinion, with proper psychological care, these children could be supported to work through their trauma.

5.4.2: Women-focused initiatives

Two participants in this study shared the success of their female-focused initiatives in the disaster response. Participant 1's NGO's primary provision of care for women (both Turkish and refugees) was through cash assistance for small woman-owned enterprises. This initiative served to a) contribute to fostering a regrowth of the local economy and b) provide women with a higher level of financial autonomy. This initiative took place around six months following the February earthquakes and reached 257 small women-owned businesses in the earthquake affected regions,

funded by the Swedish government. Women-owned businesses with up to ten employees were eligible for this funding. Over 22,000 women applied for a second round of funding and an estimated 4,500 of the applicants were awarded grants from $1,300 USD to $7,400 USD by the end of 2023. Participant 1 recalled this initiative as a vital component of the region's recovery and of empowering women to re-open their businesses and pursue financial independence again. He shared:

> *[The initiative] is about the ability of a person to generate income and to sustain life. Otherwise, that person will move somewhere else or will become dependent on social and some other protection, which means their life will be passivised. We also see vicious cycles of dependence on government resources, and so on. So, women lose their ability to generate income, to seek employment, to be proactive, to activate the labour market, to have a healthy view on life. That was why we supported small entrepreneurship* (Participant 1).

This financial independence enabled women to conduct their lives outside of their homes and have a level of independence from their husbands or fathers. It also allowed the women benefitting from this initiative to exercise some independence from Turkish government resources - a valuable outcome given the observations by participants that refugees have had trouble accessing the resources offered to them by the government in the wake of the disaster. The financial independence that this approach offered women was valuable in countering some of the risks of gender-based violence and the increased tendency toward child or forced marriages that participants observed occurring at a higher rate within refugee communities.

Participant 2 named her NGO's mobile women's healthcare clinics as one of their most significant successes in reaching refugee communities. She explained that informally settled refugees were at higher risk of lacking medical care following the earthquakes, a statement corroborated by two other participants who described remote refugee accommodations as "dire" and "much less liveable". Her NGOs mobile clinics were held by medical professionals operating from small vans that would travel into and between the tent and container cities formed for affected populations after the earthquakes, making home visits and even managing to reach the tented refugee accommodations located remotely from the main settlements. As mentioned

earlier, these clinics provided "dignity kits", that had reproductive health products and menstruation care, to women and girls, carried out general healthcare checks, held pregnancy appointments, checked for instances or indications of gender-based violence and provided sexual and medical healthcare education. Participant 2 shared that by mobilising healthcare, her NGO was able to reach tens of thousands of women that would otherwise have completely lacked healthcare, especially the refugee populations located in tented accommodations. This was a strong example of how NGOs were able to provide targeted care to refugees when their distinct needs and positionality were taken into account.

5.4.3: Addressing reproductive education needs and the wellbeing of queer youth

Participant 4 worked as a project implementer for a Turkish NGO focused on providing holistic support and education to youth with a particular focus on LBGTQ+ identifying youth in the South-East of Turkey. This NGO was in operation prior to the earthquakes but had to stop their work as the earthquakes were too severe. When her NGO was able to re-activate their support systems, she and her team travelled through the affected region, reaching out to vulnerable LGBTQ+ identifying youth to provide solidarity, education and general support services. She shared that her NGO was aware of the impact of "conservative views" in these communities, where young women can lack an awareness of basic sex education, consent, and contraception, saying:

> *[Refugee youth] don't even talk about sex; it is so taboo. And then girls get married young, and they don't know anything. They don't know anything, and [then] they are shocked* (Participant 4).

The NGO that Participant 4 was related to was able to educate thousands of youths on safe sex practices and provide some contraceptives options through cooperating organisations, a preventative measure that should diminish the rates of sexually transmitted diseases. In cooperation with other NGOs, SRH workshops were carried out for youth in the affected region. These workshops took place in Turkish or Arabic to reach the greatest number of youth possible. Their organisation was also able to provide support for LGBTQ+ youth by connecting them with other youth on similar journeys with their sexuality, both through in-person and via social media

connections. Participant 4 attested to witnessing high levels of homophobia and sexual stigma in refugee communities, with some of the youth she worked with risking abuse or disownership from their families for "coming out" as queer. By providing this educational and social service to affected youth in the region, her NGO potentially was the only avenue of support and sexual education for young women and LGBTQ+ identifying youth in these communities.

5.4.4: Support from transnational communities

Participant 3's NGO experienced a severe lack of funding from donors and faced issues with the conditions attached to the use of the funds that were available to them. As an alternative, she shared that many of her friends and family in Turkey and overseas opted to send donations directly to herself and many of her coworkers. This approach aimed to circumvent the delays and complications of donating to organisations. She explained:

> *Sometimes [people who want to donate] don't know what channels they are donating to, and they think: "the donation may take time to reach the people"; they are looking to support them so… if we had any family or people we knew that needed immediate support, we would text each other: "Guys we need this amount for this case and we are looking for item 1, 2, 3, 4, 5". So, they immediately just transfer the money or support in this regard* (Participant 3).

By operating both within and outside of her organisation's donation channels, Participant 3 enabled the swift movement of funds straight to the people they knew needed provisions. Some examples of the things they purchased included dignity kits, canned food, and blankets to counter the minus-zero temperatures. This approach can pose some interesting questions regarding the tension between the need for checks and balances in the management of funds, and the cost that these measures that were intended to ensure fiscal responsibility could inflict on vulnerable people in need of immediate care. Participant 3 shared that the formal donation channels through NGOs could be useful for ensuring that funds are used in a transparent and effective way, but that this delay was resulting in people in urgently vulnerable positions not receiving the care they needed. Her approach to aid delivery allowed the affected population to access care more swiftly,

while also providing an inlet for monetary support from transnational communities that may not have otherwise been accessed.

5.5 Conclusion

NGO participants yielded insightful information regarding the ways that different NGOs implemented their earthquake response efforts, the limitations faced by these organisations and the successes they witnessed. Results have shown that for some NGOs, the special consideration of refugees as a vulnerable population was simply not possible because of funding constraints. All participants named the massive disparity between funding needs and funds provided as a key challenge to their earthquake responses, compounded by timeframe limits on the funding they received regardless of ongoing needs. Some participants claimed they were able to provide targeted care for refugee women, young girls and LGBTQ+ identifying young people even amidst these financial constraints. These findings connected closely with the findings in the document analysis, which showed that needs of refugees were not a consistent priority either for all NGOs, or across the time period that aid projects took place.

The care of refugee women was and continues to be especially pressing given the higher risk of gender-based violence, limited language speaking capacities and the reality that these women were often geographically and socially isolated. Some of the successes named by interview participants included the provision of cash assistance to numerous female-owned enterprises, the operation of mobile health clinics to increase the medical assistance available to refugee women in remote, informal settlements, the delivery of SRH services to young women and LGBTQ+ identifying youth and the aforementioned ability of a participant and her coworkers to exercise their overseas connections amidst the disaster relief efforts to provide quick and efficient care to the affected populations.

The care of refugees was significantly hampered by funding issues and the geographical distance between most informal refugee settlements and the services that would otherwise be available to them. The results presented in this chapter show that the impact of the earthquake on refugees was unequal in comparison to the wider Turkish population. Despite the

acknowledgement by NGOs that the needs of refugees are distinct, the care provided was insufficient. These needs are still ongoing, and at the same time there is a rapid decrease in funding for earthquake recovery efforts.

Chapter 6: Refugees' needs and rights in disasters and the role of NGOs

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6.1: Introduction

When the 2023 earthquakes hit Turkey's south-eastern region, both local and refugee populations were immediately impacted by the devastation. Refugees, with their already difficult situation of being displaced, have experienced unique vulnerabilities in the context of natural disasters, which has impacted their ability to access aid and care. This research project has employed a rights lens to explore how refugees were cared for by NGOs in the earthquakes' aftermath. Earlier, in Chapter 2, I explained the multi-faceted landscape of refugees' rights in the global context and the implications of these rights for NGO disaster responses. I also explored the capacity for rights-based approaches (RBAs) to aid refugees and the potential for needs-based care to act as a RBA to care for refugees. This exploration of how RBAs were applied by NGOs has involved carrying out a thematic document analysis of six NGO reports (two each from three NGOs six to twelve months after these disasters) on their engagement with disaster response efforts initially following the earthquakes. I also conducted semi-structured interviews with four NGO representatives.

Turkey's earthquakes in 2023 resulted in the re-displacement of refugees along the Turkey-Syria border. Many of these refugees were still living in temporary accommodation centres when the earthquakes occurred. Amidst the disaster response, this vulnerability was compounded and posed a risk to the rights to care for refugees. The literature demonstrated that the refugees' rights to care are the same as those of the national citizens of a country (Çalı et. al., 2021; Guild et. al., 2017; Mckay & Taket, 2020; Refugee Convention, 1951), specifically, that signatory states of the Refugee Convention must afford refugees the same rights as nationals in respect to any relief offered (Refugee Convention, 1951). In Turkey's context, the actuation of these refugee rights (whether addressed by NGO or government actors) is complicated because of Turkey's Temporary Protection Regulations in place, and because Turkey only formally

recognises refugees as those fleeing from events in Europe (see Bozdağ, 2020; Hadid, 2021; Şahin-Mencütek, 2023).

With this in mind, I wanted to explore the applicability of RBAs to refugee care after the earthquakes. Chapters 2 and 3 established that refugees' rights under the Turkish government were likely to be threatened because of the nature of post-disaster aid delivery: RBAs provide a lens for NGOs to deliver care to refugees on the basis of refugees' rights to care, including needs based care, prioritising the interests of refugees by delivering care on their terms rather than viewing refugee aid through a solely philanthropic lens (Borchgrevink, 2022; Buckley & Dukelow, 2020; Berthold, 2015; Brydon, 2011). Applying needs-based care as part of RBAs applied during these disasters can provide a framework of care that requires practitioners to take recipients' socio-political environments into consideration in their efforts (Amini Hosseini et al., 2013). Broberg and Sano (2018) explain that employing the healthcare sector's needs-based approach to care within a disaster relief context empowers aid recipients to participate in finding solutions to their needs, and disaster relief practitioners can aid patients in recognising and claiming their right to adequate care. The findings from interviews and the thematic document analysis, alongside the work of these authors above, suggest that needs-based care and RBAs to aid delivery could support the successful delivery of aid to refugees, that is both in line with their rights and conducive to refugees exercising their agency in the context of care.

The goal of this chapter is to explore these issues, responding to Research Questions 1 and 2 as outlined in Chapter 1. The first section will primarily discuss the findings of the thematic document analysis and the literature regarding the rights of refugees to care, and how these rights can be neglected in aid and development spaces. The following section will discuss the successes and challenges the NGOs experienced in their aid delivery, drawing on the findings and relating these to the literature on RBAs and needs-based care. These sections will address Research Questions 1 and 2 together, considering how a) the reports from NGOs regarding their involvement with the earthquake response indicate the different elements of their aid provision, and potential challenges NGOs may have faced, and b) how NGO representatives in this study perceived the challenges and successes they encountered in aid delivery to refugees.

6.2: The Changing Course of NGO Care Delivery for Refugees

The first question of this study asked what comprised the proposed aid response and aid delivered by NGOs to refugees affected by the earthquakes. The document analysis had a particular focus on the potentially changing course of NGOs aid delivery to refugees, as it reflected what NGO proposals had prioritised over time in their earthquake response efforts. This section will address primarily the findings from the document analysis as they relate with the literature on refugees' rights to care and the position of refugees in Turkey under the TPR.

The 1951 Refugee Convention states that, "Contracting States shall accord to refugees lawfully staying in their territory the same treatment with respect to public relief and assistance as is accorded to their nationals" (Refugee Convention, 1951 p. 24). However, in Turkey's case, Syrian refugees are considered temporary guests, so they fall under the Turkish Temporary Protection Regulation (TPR), which is more limited in the freedoms and guarantees it offers (Şahin-Mencütek et al., 2023). This TPR does not result in equitable outcomes for refugees in Turkey, but has contributed to their low school attendance, vulnerable informal work conditions, and pervasive economic insecurity (Bozdağ, 2020; Şahin-Mencütek et al., 2023; Özkan et al., 2021). Given that the Turkish government does not recognise the vast majority of Syrians living locally as "refugees", the Turkish government was not technically required to accord Syrians the same access to public relief and assistance that was accorded to Turkish nationals. As such, the primary responsibility for providing post-disaster care to refugees fell to NGOs.

The UDHR and 1951 Refugee Convention (as shown in Chapter 2) clearly outline the rights of refugees to disaster care. However, the realisation of these rights in Turkey's disaster context where the funding for refugee care is displaced from the Turkish government to NGOs was fraught with challenges. UNFPA Turkiye's initial report was explicit in its refugee-targeted care, naming gender-based violence, safety and security issues and access to sanitation as significant challenges to refugee communities in the aftermath of the quakes, yet in their report 12 months later, there is no explicit mention of refugees, their needs, or any targeted care (UNFPA Turkiye, 2023 p. 4; UNFPA Turkiye, 2024). The initial acknowledgement of the unique challenges faced by refugees during the earthquake indicated a commitment from UNFPA to

providing needs-specific care to refugees, but the absence of refugee considerations from the later report indicates a shift in this position. The Turkish Red Crescent's initial report contained no mention of refugees or asylum-seekers, but their final report in 2024 named the Emergency Social Safety Net (ESSN) program of cash assistance for migrants and refugees - funded by the European Union - as a key success (see Chapter 5, Turkish Red Crescent, 2023; Turkish Red Crescent, 2024). Their locally funded Collective Kindness Project, however, allocated 98% of its funds to Turkish citizens, leaving 2% for non-citizens, likely to be refugees considered 'temporary guests' (Turkish Red Crescent, 2024 p.5). Médecins du Monde (Doctors of the World) had decidedly the most consistent consideration of refugees in their reports, continually referring to refugee-specific statistics of needs to shelter, food, sanitation and healthcare (Médecins du Monde, 2023; Médecins du Monde, 2024). Médecins du Monde's explicit concern for refugees in their 12-month report indicates an ongoing commitment to the rights of refugees to care amidst the disaster response.

The NGOs addressed in the thematic document analysis showed changes in targeted refugee care over the course of aid delivery, indicating a shifting level of regard for refugees and their rights to care in the disaster response. This could be attributed to a number of things, but when the results of the document analysis are paired alongside those of the semi-structured interviews, it appears that the capacity of NGOs to carry out needs assessments and provide needs-based care for refugees was impaired early on in the disaster response by difficulties in sourcing and having continued access to the necessary funds. Billie Larsen (2023) has argued that the lack of access to funds throughout projects is a reality in many development spaces - that the allocation of rights to a social group does not necessarily mean that their rights will be upheld, because there are numerous actors and contributing factors that can impact the realisation of rights in a given context. This dissonance between allocated and realised rights is where RBAs are intended to help champion peoples to exercise agency in claiming their rights, because where needs-specific aid is viewed as a service and not a right, more vulnerable aid recipients can be left behind (Borchgrevink, 2022; Buckley & Dukelow, 2020). RBAs help to position the voices, socio-political positionality and needs of aid recipients as they perceive them at the front of aid practitioners' approach to aid delivery (Brydon, 2011). Yet, this study would suggest that regardless of refugees' rights and many NGOs' efforts otherwise, NGOs were unable to

consistently employ RBAs to provide needs-specific care to Syrian refugees, because the funding available to them was insufficient to support such an approach.

6.3: NGO Challenges and Successes in Aid Delivery

This section seeks to address Research Question 2: "What were the key successes and challenges that NGOs encountered when delivering care to Syrian refugees?" Findings from the interviews and thematic document analysis will be explored in light of the literature presented in Chapters 2 and 3. The challenges that NGOs have encountered in their aid delivery were one of the most significant findings in this project, so the discussion chapter will begin with a focus on these challenges and how they relate to the relevant literature.

In the interviews, participants shared the difficulty their NGOs encountered in efforts to access funding, and the challenges with delivering aid to refugee women. The thematic document analysis has supported interview results. For example, as Médecins du Monde noted the challenges of reaching remote refugee communities in both the initial and final reports on the disaster response, while the second set of documents by the UNFPA have shown the importance of providing refugee-specific care due to their distinct vulnerability (Médecins du Monde, 2023; Médecins du Monde, 2024; UNFPA, 2023). The upcoming two subsections will explore the challenges NGOs have faced, considering Turkey's socio-political context, rights-based approaches and needs-based care and the last subsection will then discuss the successes that NGO participants shared regarding their aid delivery to refugees.

6.3.1: The significance of women's rights for refugee women in Turkey's disaster response

The experiences of Syrian women in Turkey following the 2023 earthquakes are a significant indicator of how rights to care are upheld for refugees in a disaster context. Women are considered in the Sustainable Development Goals (SDGs) under SDG 5, to "achieve gender equality and empower all women and girls". The universal access of all women and girls to sexual and reproductive healthcare and the end of all discrimination against women are noted as

key indicators of this SDG (see Chapter 2). Included are women and girls living in temporary or informal settlements. Unfortunately, in the aftermath of Turkey's 2023 earthquakes the effective provision of adequate and equitable reproductive healthcare to the affected refugee population was fraught with difficulty, as attested to by the NGO participants. This study has also found that gender-based violence and forced child marriages have increased amongst refugee populations, as detailed below.

Brydon (2011) and McKay and Taket (2020)'s work suggested that by employing RBAs in disaster relief for refugees, refugees can inform the care they receive more directly on the basis of their rights to care under international agreements like the UDHR and the 1951 Refugee Convention Protocol (Refugee Convention, 1951). Berthold (2015) explained that RBAs in disaster relief encourage recipients to advocate for themselves, and practitioners to provide care that takes account of the social and political contexts of those receiving aid. More specifically, Bradley (2023) and Hakimifar et al. (2022) have offered needs-based approaches as an avenue for care that is targeted at perceived needs and considerate of the intersectionality of aid recipient positionality, or how an individual's religion, gender, age or race may have a collective impact on their needs and experiences. Although a needs-based approach is most prominent in literature pertaining to the healthcare sector (as seen in Barbato et al., 2024 and Rogvi et al., 2021), it bears significance in Turkey's post-disaster context given that many female refugees were limited in their access to adequate reproductive healthcare.

In the interviews, the NGO representatives all noted the high rate of gender-based violence, child marriages, rape and sexual assault, and the lack of reproductive healthcare education amongst refugee women and girls. This phenomenon is not limited to Syrian women in Turkey, rather, the vulnerability of refugee women is evident in numerous different contexts and countries. For example, Jannat et al. (2023) illustrate how Rohingyan refugee women in Bangladesh are distinctly more vulnerable than the general Bangladeshi population to sexual assault and gender-based violence, and how they are more likely to be exposed to sexually transmitted diseases. Cense et al.'s (2025) work further suggests that the "cultural and religious beliefs regarding family size and gender roles" amongst local refugees have a significant impact on the reproductive education and agency of refugee women (p.11.), even though some refugee

women have been shown to break away from these norms to pursue careers and personal goals independent to their communities. In discussing the temporary accommodation centres and tented communities many refugees lived in following Turkey's earthquakes, Participant 2 attested that the close confines of these accommodations placed strain on families. This NGO worker linked this stress to the higher rates of gender-based violence she witnessed against refugee women. Several participants explained that these vulnerabilities were further exacerbated by a lack of trust in Turkish authorities, fears of deportation, and the financial consequences that women feared they would face if their husband (often their sole source of income) were taken away. For many refugee women, their husbands were the only working member of the family, so to report an instance of abuse was to risk losing their own and potentially their entire family's livelihood. Jannat et al. (2023), Öntaş et al. (2024), Cense et al. (2025) and Gordon and Mamluk (2024)'s work supports this observation, as they explain that refugees who are from more traditional or conservative communities tend to operate according to patriarchal norms, where a husband as the authority is financial provider at home. This study demonstrates that a negative impact of these cultural and religious norms on refugee women in Turkey resulted in a hesitancy for women to claim their rights against discrimination - the fear of losing all access to income or facing deportation was too great.

This study also found that for many Syrian women, cultural and religious norms dictate that young women in their community should be virgins until they are married, but that this norm has also been a contributor to unsafe reproductive practices (and consequently, higher rates of STDs, unsafe births, rape, and child marriages). Participants shared that one approach from Syrian refugees was to withhold any reproductive education to young unmarried women, hoping that ignorance would prevent extramarital sexual activity. This phenomenon has been observed in other refugee communities with culturally traditional norms (Jannat et. al., 2023; Öntaş et al., 2025). In fact, the interview participants attributed the higher rates of sexual assault, sexually-transmitted diseases and unwanted pregnancies for refugee women to the conservative religious views of many Syrian refugees in the affected region regarding sex, reproductive education and gender roles. Jannat et. al. (2023) and Cense et. al. (2025) explain that the persistence of traditional Islamic norms amongst refugee communities manifests in cultural expectations for wives to bear numerous children and satisfy their husbands' sexual desires,

while young girls are considered to be prospective wives who should be kept pure. These norms, as attested to by the authors above, and the tendencies amongst refugee communities to prefer ignorance over reproductive education for their young women, have contributed to the higher rates of STDs among Syrian women and girls as they lacked awareness of issues of consent and safe sexual practices. Jannat et al. (2023)'s study on the wellbeing of Rohingya refugee women in Bangladesh and Cense et al. (2025)'s study on reproductive rights and agency of refugee women in the Netherlands both show that that the relationship between conservative attitudes regarding reproductive education and gender roles and higher rates of STDs, rape and child marriage is not isolated to Syrian refugees in Turkey, but a wider issue for refugee women worldwide.

Interview participants have observed child marriages arranged in the interests of familial financial security, the continuation of cultural traditions, and the desire to keep close connection with their people. The desire from Syrian refugees to consolidate communal ties and attain financial stability is understandable considering the increasingly insecure status of Syrian refugees in Turkey under the government's Temporary Protection Regulation and the rise in discrimination against Syrians and other Arab immigrant populations. Ozduzen et al. (2020)'s social media analysis found that refugees were being increasingly portrayed on social media platforms (Twitter, Facebook) as a threat to the Turkish national identity and as responsible for the nation's weakening border security. In the same study, an analysis of tweets made on the topic of mundane events revealed that 85% of tweets expressed overtly negative or derogatory views of Syrians (Ozduzen et. al, 2020, p. 3357). Boggs (2023) reported on a campaign offering bounty rewards for "maimed or killed Syrians" which surfaced hundreds of videos of Syrian and Afghan refugees being abused and harassed. This demonstrates that Syrians were experiencing marginalisation and abuse not solely in the media, but increasingly so in their daily lives. The reality of the marginalisation, danger and socio-political insecurity faced by Syrian refugees prior to the earthquakes manifested in a greater dependence on their communal ties, culminating in the unwillingness for women to risk losing the stability that a family unit provides, even when their husbands or fathers were abusive or controlling.

The challenges that NGOs have faced when delivering care to Syrian women in Turkey's refugee community were not isolated to the 2023 earthquakes but could be attributed to a range of complex factors that, when unable to be comprehensively addressed, impacted the successful delivery of aid to refugee women in accordance with their needs. Regarding Syrian women in the earthquake-affected region, NGO participants attested that the cultural and religious norms present amongst their communities had a significant impact on the realisation of their rights to reproductive healthcare and against gender-based discrimination. The needs of refugee women following the 2023 earthquakes were notably distinct from those of the local Turkish population, requiring a specific, targeted approach that accounts for how their cultural-religious norms and unique vulnerabilities may impact their access to care. Considering this, needs-based care and rights-based approaches to disaster response can serve vital tools in upholding the rights of refugees to care, as they serve to, a) place the voices and perspectives of affected refugees in the centre of NGO approaches, and then, b) amplify refugees' input on the basis that they have actual rights to receive aid that addresses their unique needs. Berthold (2015) suggests that this use of RBAs will also increase the agency of refugees in their own care.

6.3.2: The restrictions of funding on the upholding of refugees' rights to care

Gaining access to sufficient funding was a significant challenge for NGOs in their efforts to deliver needs-specific care to refugees. Each participant named the temporal limitations, and specifically the underestimation of funds needed by donors as factors that limited their ability to prepare and provide a comprehensive approach to refugee care. They also commented on the delays connected to receiving funds caused by bureaucratic processes as significant hurdles to the success of their NGOs' care of refugees. Ozduzen et al. (2020), Boggs (2023) and Safak-Ayvazoglu et al. (2021) all demonstrated Turkey's significant economic downturn and attest to the negative impact of this on Syrian refugees, who were increasingly scapegoated for the economic climate. Despite Turkey's clear economic fragility, however, it can be perceived by other nations to be a developed country (see Participant 1's comments on Turkey's position in the international sphere). NGO participants argued that the result of this mis-perception of Turkey as 'developed' and 'upper-middle income' had a negative impact on international donorship, minimising the funds given to international agencies to deliver care. This section will also

explore how the temporal limitations attached to funding from donors restricted participants' NGOs from being able to carry out disaster care for refugees.

When asked how their respective NGOs considered refugees in their RNAs, one participant responded they simply did not have the necessary funds to have a targeted approach, as all the funds available had to be directed toward emergency efforts. Redmond (2005) has shown that the limited funds and resources available to aid practitioners can negatively impact how comprehensively and accurately they can conduct RNAs. In my study, NGO participants who were able to consider refugee needs in their proposals noted that a targeted approach was only possible once the first two to three months of emergency response had been carried out. This is concerning, considering Safak-Ayvazoglu et al. (2021), who described the growth in overt anti-Syrian sentiment amongst Turks pre-earthquakes. Şahin-Mencütek et al. (2023) explained that Turkey's TPR results in lower education outcomes, higher rates of informal employment and an overall greater sense of instability for Syrians in Turkey (2023). Syrians were evidently experiencing significant, targeted difficulties prior to the earthquakes, but this study shows that NGOs were not equipped to provide proportionate, targeted care to Syrians in the earthquakes' aftermath - this both supports Redmond's (2005) assertion that insufficient funds negatively impact the successful conduction of RNAs, and suggests that as a result, the rights of Syrians to care were not comprehensively addressed.

Another Participant bemoaned the end of funding for their mobile healthcare units in 2024, explaining that significant populations of women in hard-to-reach temporary accommodation centres who will now go without life-saving reproductive healthcare, despite their ongoing basic needs. Öntaş et al. (2024) and Jannat et al. (2023) showed that the absence of funding to provide targeted care for refugees (women in particular) has a direct impact on NGOs' abilities to meet the needs of refugee women. As Finnegan and McCrea (2019) have demonstrated, funding acts as "a key mechanism through which relationships of power are created and mediated across social space… *constitutive* [of development]" (p.5). Funding for development work is increasingly offered with conditions attached that serve the broader political or financial interests of donors. Gmyrek (2021) and Finnegan and McCrea (2019) hold that although the potential for donors to receive their own benefits from development work has

motivated a growth in donorship, NGOs can still lack the funds necessary to provide care. This phenomenon was evident in NGOs efforts to provide needs-based care to refugees in Turkey, with Participants noting that available funds did not automatically result in care being delivered to those with greatest need, but were often allocated to specific people groups (i.e. children, women, Christians, Turks) or focus areas (i.e. businesses, building recovery efforts, rebuilding). In this disaster relief context, the funding challenges encountered by NGOs were not limited to the volume of funds available but extended to the boundaries attached to much of the funding they received, resulting in a direct impact on refugees' rights to needs-specific care.

These distinct challenges faced by Syrians prior to the earthquakes, alongside observations from NGO representatives that large refugee populations were located at substantial distances away from formal cities, indicate that the greater vulnerability of Syrians did not result in proportionate measures to ensure they received targeted emergency care. Participant's 3 observation of post-earthquake accommodation supplements for tenants being pocketed by Syrian refugees' landlords supports the view that the vulnerabilities faced by Syrian refugees have required, but unfortunately lacked, a targeted response. Kapilashrami and Hankivsky (2018) hold that the power structures, such as those present within the landlord-tenant relationship, were impacting aid recipients, and that these must be addressed by aid practitioners if aid recipients are to successfully exercise agency in claiming the care they are entitled to. Participant 3 noted, "[refugees] have no government to care for them". Another participant continually referred back to patriarchal power dynamics as a key barrier for refugee women in claiming their rights. In this context, Rogvi et al. (2021) hold that healthcare practitioners experience more positive outcomes for patients when they address the socio-political needs of patients. These findings suggest that needs-based approaches during the earthquake response efforts could have supported aid practitioners to better address power dynamics like that of the landlord-tenant relationship or the impacts of the TPR on Syrians, and potentially achieve more positive outcomes for refugees as a result. Syrian refugees faced a cross-section of vulnerability, where they had no support from the Syrian government and were afforded limited privileges and assurances from the Turkish government. There was no formal governing body with a vested interest in their wellbeing as a people. The interviews in this study revealed some of the impacts of this disadvantage for Syrians, but also showed how NGOs involved in response efforts had the ability to act in the

specific interests of Syrian refugees, and, in doing so, to espouse their rights to care under the UDHR and the 1951 Refugee Convention despite their lack of formal refugee status in Turkey.

It is important to acknowledge that the challenging access to funding was not limited to the amount of funds available, but also the time frames attached to funding, and in some cases, conditional provision of funding for specific purposes denoted by the donors. Participant 3 shared that for many of her NGOs initiatives the funding was insufficient due to the time frame it was offered within. Six to twelve months of funding was only sufficient in the beginning of the psychological support that her NGO sought to provide - for many of the refugees in their care, the end of funding meant the end of psychological care, despite refugees still being “in the middle” of their recovery. She also explained that, early on in the response efforts, her NGO received funding from donors that was allocated to specific provisions or social groups, and that this limited her NGOs ability to direct the funds on the basis of need.

Regarding the care of refugee women, Jannat et al.’s (2023) work shows that, as issues of gender equality, education and the provision of basic necessities to refugee women are addressed, aid practitioners are better able to provide life-saving reproductive healthcare to refugee women that is in line with their rights under the UDHR. Even though NGO participants have acknowledged that this targeted care was vital, and they even expressed awareness of the need to address the power imbalances that refugees experienced, they were unable to implement needs-specific care in the early stages of response because of the funding limitations they encountered. Despite the assertion from participants that refugees face unique vulnerabilities requiring targeted approaches to care, and Rogvi et al. (2021) and Broberg and Sano (2018) showing that these targeted approaches are vital to positive outcomes for aid recipients, it seems that in the context of Turkey’s disaster response it was simply impossible to achieve this needs-based care with the funds available to NGOs. The result has been the premature end of many initiatives that provide the care refugees are entitled to under the UDHR, the 1951 Refugee Convention, and the 1967 Protocol.

6.3.3: Unexpected successes and unorthodox approaches

The challenges explored above demonstrate the importance of needs-based and needs-specific care, but also illustrate the significant hurdles that NGOs have faced in delivering this care to refugees following the 2023 earthquakes. There were some good examples of successes in delivering aid explained by interview participants that further support RBAs and needs-based care as helpful tools in upholding the rights of refugees.

Firstly, refugees have demonstrated agency in seeking help from NGOs where possible, which enabled NGOs to partner with them as they expressed their needs. This was made possible by strong NGO-refugee relationships prior to the earthquakes, and is a testament to the role NGOs play in upholding refugee rights in contexts where they may be particularly vulnerable (in Turkey's case, under the TPR). Secondly, one NGO representative saw encouraging outcomes from a women-specific funding program directed toward small-business owners. This approach is an example of needs-based care, as the participant outlined how their NGO's awareness of patriarchal tendencies in Syrian refugee communities and the impact of this on many Syrian refugee women motivated their NGOs initiative. This initiative was hugely successful in providing independent income for numerous refugee women, as well as providing jobs for other refugees through the businesses funded. By considering the causal factors of the women's vulnerability to gender-based violence and how exacerbated it could be in the cramped, post-earthquake living conditions, this NGO was able to provide care that championed women's abilities to support themselves independently and support their communities by providing potential jobs. The success of this NGOs small-business initiative is a prime example of how NGOs took the socio-political needs of refugee women into account, rather than solely addressing their immediate physical or shelter needs, and the result was the empowerment of affected refugee women.

Another notably successful approach by NGOs was the activation of a number of mobile health clinics purposed to travel to hard-to-reach areas and provide reproductive healthcare. Participant 2 shared that these clinics were a response to the decimation of many of the local health clinics previously nearby informal and tented refugee communities. As was demonstrated by Gordon and Mamluk (2024) and Ontas et al. (2024), many refugee women face challenges in these environments. The NGO Participant 2 worked for began taking reproductive healthcare to

refugee women, rather than expecting them to come to the NGO base. This recognition of the physical isolation of refugee communities from the resources that could provide vital healthcare is another excellent example of how needs-based care was addressed, as NGOs in this study consequently provided a safe space for women to disclose instances of gender-based violence, and where women could access dignity kits for menstrual care and gain SRH education (attested to by Participants 2, 3 and 4).

Broberg and Sano (2018), Hakimifar et al. (2022) and Rogvi et al. (2021) have shown that positive outcomes for aid recipients are conclusively supported by needs-based and rights-based approaches which demand the consideration of needs beyond the immediately apparent physical or mental injuries of aid recipients. These approaches to refugee care amidst the earthquake response efforts were successful, as my study also has shown, because they were holistic. They were taking the cultural, religious, economic and socio-political needs of refugees into account, and providing care accordingly. The impact of these approaches was most evident amongst Syrian women, who were the most vulnerable to abuse and the least likely to exercise their rights to care, as was demonstrated earlier.

6.4 Conclusions

The aim of this study was to understand the delivery of care to refugees in Turkey by NGOs following the 2023 Turkey-Syria earthquakes. The results show, firstly, that due to funding challenges and the multi-layered challenges faced by refugee women, NGOs were unable in many cases to uphold the rights of refugees amidst the 2023 earthquake response efforts. As a consequence, many otherwise-successful initiatives from NGOs ended prematurely or were unable to be implemented despite significant and ongoing needs amongst affected-refugee populations, directly resulting from the earthquakes.

Secondly, the successes demonstrated by NGOs in post-disaster refugee care suggest that the most-successful initiatives were those that encompassed and responded to the socio-cultural and socio-political environments that refugees faced, their worldviews and distinct vulnerabilities. The worldviews and socio-political positionality of the Syrian refugees in this

study were not distinct from their experience of the 2023 earthquakes, but informed them in a foundational and distinctive way. As a result, Syrian refugees needed a targeted approach to care from NGOs in order to be able to exercise their agency in their own care and achieve positive outcomes. As NGOs engaged with these realities, their practitioners were enabled to more successfully partner with refugees and provide care that was specific to the challenges they face, thus engaging in a more bottom-up approach to empower affected refugees to claim their rights and articulate their needs as *they* perceive them.

This study indicated, thirdly, that refugees, the risks they face and their need for targeted care, were inconsistently addressed in NGO reports. Borchgrevink (2022) and Billie Larsen (2023) show that the absence of targeted care for vulnerable or marginalised groups is not unusual. The rights of refugees in disasters are as indelible as those of non-displaced peoples, but the complexities of rights surrounding refugees' existence within their displacements shows a situation of unique vulnerability when disasters occur. The insufficient funding and resources experienced by the NGOs in this study on Turkey's 2023 earthquakes had a clear impact on Syrian refugees, compounding their vulnerability as an already-displaced people and sidelining their rights to care amidst a devastating disaster. Needs-specific approaches offered this study's NGO representatives the means to offer targeted care that yielded positive results for refugees, and empowered refugees to exercise their agency in seeking out and informing the care they have the right to receive. This study has shown that NGOs, as indispensable agents in disaster response efforts globally, can have a greater ability to uphold the rights of refugees to care by employing RBAs in their disaster responses contexts.

The rights of Turkey's Syrian refugees to care are ongoing, despite some NGOs' capacities to provide needs-specific care decreasing with the end of funding. It is evident that further study regarding the use of RBAs to refugee care in disasters is vital to NGOs efforts to uphold rights to care for all people, especially uniquely vulnerable and displaced people groups.

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