

FOR A HEALTHY FUTURE



FIRST 1000 DAYS



POLICY PAPER
RESILIENCE of YOUNG
SYRIAN MOTHERS and GIRLS
(The First 1000 Days for A Healthy
Future Training Workshop)

Prepared By: Zeynep M. Sanduvac
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NIRENGI



Prepared By: Zeynep M. Sanduvac

Design: Idil Turkmen

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nirengidernegi.org



Australian Embassy
Turkey



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A CHILD'S EARLIEST YEARS PRESENT A UNIQUE WINDOW OF OPPORTUNITY TO ADDRESS INEQUALITY, BREAK THE CYCLE OF POVERTY AND IMPROVE A WIDE RANGE OF OUTCOMES LATER IN LIFE

1. INTRODUCTION

The framework by which to support young mothers in the first 1000 days in order to create a platform for a healthy future in early childhood development. For young mothers and young children, life as a refugee presents particularly precarious living situations, and there is a severe need to address these issues. Unfortunately, most countries, including Turkey, specifically in regards to refugee settings fall short in their delivery of essential services for young children and their families, mothers and care givers. Investing in young children is one of the best investments that host countries can make (for refugees).

A child's earliest years present a unique window of opportunity to address inequality, break the cycle of poverty and improve a wide range of outcomes later in life. To fully benefit from future opportunities in life and become productive members of society, by the end of early childhood, young children must be healthy and well-nourished, in an adequate WASH environment, securely attached to caregivers, able to interact positively with families, teachers, and peers, able to communicate in their native language



A simulation on increasing pre-school enrolment in 73 countries found benefits in terms of higher future wages of

\$6.4 - \$17.6
per dollar invested

\$11 to \$34
billion

LONG TERM BENEFITS

and ready to learn throughout primary school¹. Supporting young mothers and/or child caregivers is a vital part of creating a quality and integrated system of childhood educational development.

There is an emerging consensus that investments in ECD should be a priority and could also have very high returns². There is some supporting evidence for this from different resources. One of them is from UNICEF: a simulation on increasing pre-school enrolment in 73 countries found benefits in terms of higher future wages of \$6.4-\$17.6 per dollar invested. The simulation indicated potential long-term benefits which range from \$11 to \$34 billion³. Additional investigations from the Harvard University have found that high quality early childhood programs can yield a \$4 – \$9 dollar return per \$1 invested⁴.

Why are countries falling short in their investments in ECD? One factor is that countries usually operate under strict budgetary constraints. But experience also suggests that another factor is related to the fact that ECD is highly complex and multi-sectoral. There is still lack of awareness of the benefits of ECD and how countries can design successful policies and scalable programs in this area. Various policy diagnostic tools and techniques could be proposed as well for such specialist issues⁵.

The issue of supporting young mothers/ caregivers and the concept of early childhood development for a healthy future utilising a holistic approach needs to both quantitative and qualitative surveys and contributions from various fields, for example, multisector collaborative interventions such as nutrition, health, water-sanitation, education and protection.

¹ <http://www.educationinnovations.org/sites/default/files/Investing%20in%20Early%20Childhood%20Development.pdf>
Naudeau, S, Kataoka, N. A. Valerio, M. J. Neuman, L. K. Elder. 2011. Investing in Young Children: An Early Childhood Development Guide for Policy Dialogue and Project Preparation. Washington, DC: The World Bank.

² https://olc.worldbank.org/sites/default/files/Stepping%20up%20Early%20Childhood%20Development_ENG_0_0.pdf

³ https://www.unicef.org/earlychildhood/index_69851.html

⁴ <https://developingchild.harvard.edu/science/related-activities/>

**Supporting
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and integrated system of
childhood educational
development.**



2. BACKGROUND

A considerable proportion of the Syrian population has migrated to Turkey and to many other countries, especially neighbouring countries such as Iraq, Lebanon, Jordan and Egypt because of the ongoing civil wars and conflicts that have taken place since 2011.

Turkey is a host country to the world's largest community of Syrians who have been displaced by the ongoing conflict in their country. 8 % Syrians who have migrated to Turkey are hosted in the camps, which have been established on the border line provinces, while 92 % are spread amongst many other provinces, especially Istanbul, Gaziantep, Hatay and Şanlıurfa. Istanbul tops the list of the provinces in Turkey hosting the highest number (501,929) of refugees, followed by the south-eastern province of Şanlıurfa with 439,826.

As conditions continue to deteriorate in Syria, the conflict has almost entered its seventh year with more and more refugees crossing into Turkey. According to UNHCR, the biometrically registered Syrian population is 3,320,814 by 16 November 2017⁶, almost double that of March 2015. Moreover, the large unregistered refugee population may mean that the actual figure is even larger. The Syrian population in Turkey is also overwhelmingly young, with 2.22 million being aged 30 and under⁷. Some 13.6 % (451,650) are between the ages of 0-4 (7.1% male; 6.6% female).

In the case of Syrian refugees there are many issues to be addressed and examined with a cross-sectoral approach. The supporting of pregnant Syrian refugees and young mothers (care givers) with infants under 1 year of age, are considered in this paper.

The Nirengi Association⁸, conducted First 1000 days for a Healthy Future Project/ Training Workshop⁹ aiming to strengthen support for young Syrian mothers and future-mothers living in Istanbul with the support of Australian Embassy Ankara.

The First 1000 Days for a Healthy Future, Early Childhood Education holistic training material adopted the World Bank Group¹⁰, Stepping up Early Childhood Development concept – an international approach based on five key sectors. These sectors are nutrition, health, water sanitation, education and protection. Additionally, psychosocial support to young mothers (including mother and infant attachment dynamics) and post-partum depression subjects were included in the curricula.

The flow of the training workshop is as following:

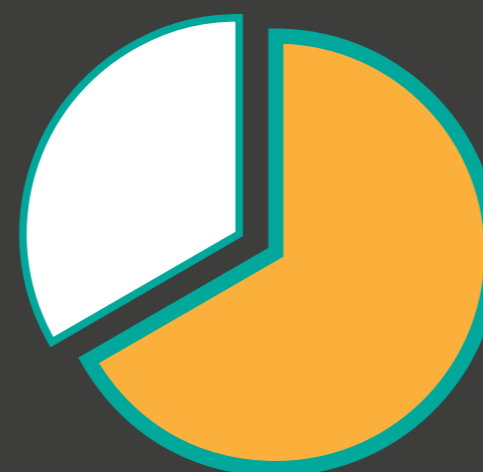
- The First 1000 Days for a Healthy Future, The Early Childhood Education holistic training is delivered to the participants (young mothers) with an interactive approach.
- The participants identified, documented and reflected sectoral problems; nutrition, health, water-sanitation, education and protection in practice (in daily life), which they had personally faced.
- Suggestions and/or required actions were raised (documented) by each sectoral group regarding problems identified from the perspective of Syrian refugee young mothers.

All of the participants' reflections and outcomes of the workshop, along with the findings were consolidated in this paper. An attempt has been made to understand and analyse the issue of supporting young mothers in terms of early childhood development.

Syrian population living in Turkey



3.320,814
people



66.2%
2.200.000 under
30 years old



0-4
years old

451.650

⁶ <http://data.unhcr.org/syrianrefugees/country.php?id=224>

⁷ <https://www.dha.com.tr/english/syrians-make-up-almost-4-percent-of-turkeys-population/haber-1543247>

⁸ <http://www.nirengidernegi.org>

⁹ <http://www.nirengidernegi.org/en/early-childhood-development-2/>

¹⁰ https://olc.worldbank.org/sites/default/files/Stepping%20up%20Early%20Childhood%20Development_ENG_0_0.pdf

3. SAMPLE and METHODOLOGY

The study samples consist of the First 1000 Days for a Healthy Future training attendees (29 Syrian refugee women living in Istanbul) alongside working with women and child-related Syrian NGOs (15 different NGOs), which operate in the Fatih and Bayrampaşa sub-districts. Each Syrian refugee participant confirmed that they had had direct contact with at least 20-25 either Syrian pregnant or young mothers in the field. Therefore, this is a descriptive-qualitative work and reflects the views of approximately 750 pregnant and/or young mothers living in the Fatih and Bayrampasa sub-districts in Istanbul.



4. FINDINGS

All of the participants reflections and outcomes were consolidated into 6 main sub-titles below. Respectively, being a refugee mother in general; early childhood development - an international approach based on five key sectors; nutrition, health, water-sanitation, education and protection.

A. BEING A REFUGEE MOTHER IN GENERAL

The transition to motherhood is one of the greatest developmental events in a woman's life.

This transitional period requires that the woman acquire new roles and responsibilities. It is clear that motherhood is not an easy task. When this is combined with difficulties resulting from migration, motherhood becomes a double burden. Language barriers, financial difficulties and the lack of a support network in a foreign country make the task of 'good' motherhood difficult to achieve¹¹. This is especially true for migrants trying to adapt to a new role in the postpartum period, and the possibility of encountering psychosocial problems increases¹².

The participants stated similar experiences during the training workshop. Most of them mentioned that they were faced with many challenges as a refugee young mother, far from their family and their country, trying to start a new life. One mentioned that 'we are struggling alone with the loneliness of separation from our family and culture'. Other one added that 'I cannot communicate with the host community; I cannot get any peer support regarding my new motherhood'. One also confirmed the social isolation of young mother(s) saying 'I am alone with my new-born baby; I wish to be with my mother and grandmother'.

Most participants mentioned that even though they had already been working for a NGO and/or they

“
We are struggling alone with the loneliness of separation from our family and culture.
”

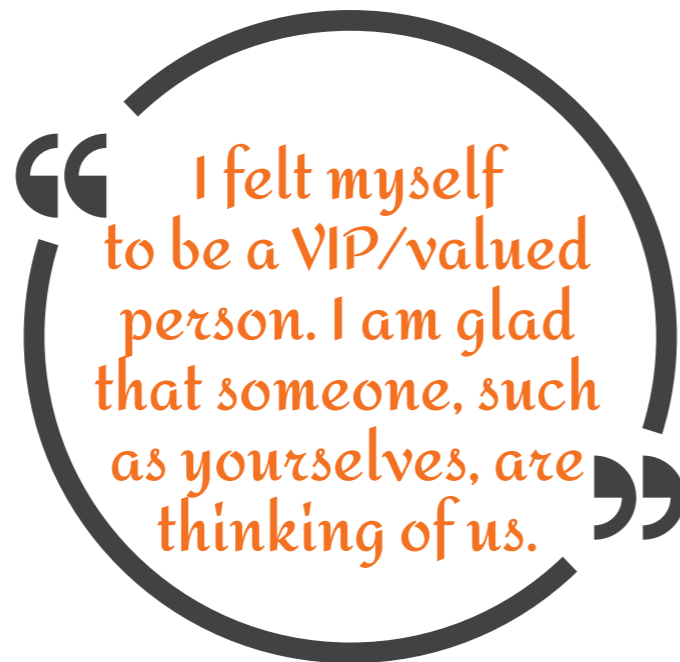
¹¹<http://www.europaforum.or.at/site/HomepageMetropolis2003/en/WS9.2Liamputtong.pdf>
Liamputtong, P. 2003. Discourses of Good Motherhood Among Southeast Asian Immigrant Women in Australia.

¹² Greig F.2003. Babies, bonds and boundaries: a study of maternity among Vietnamese-Australian women in Melbourne. (Master thesis). Melbourne, University of Melbourne.

had a network for communicating with others, they still felt good about themselves for attending this particular workshop which is directly related both their, and their peers' situations and problems.

One participant expressed that 'I felt myself to be a VIP/ valued person. I am glad that someone, such as yourselves, are thinking of us'.

** This showed that mainly due to both the language barrier and lack of support network, refugee women/mothers have to stay at home and depend on themselves. They desperately need a peer-mutual support system in order to adapt to this new role during the postpartum period.*



A LACK OF AWARENESS ABOUT INFANT NUTRITION AND THE EXCLUSIVITY OF BREASTFEEDING

I gave my one and half month baby formula milk. Ten days later my baby refused my breastmilk. I have just learned that it was a 'mistake'.

B. NUTRITION

The First 1000 Days for a Healthy Future- The Early Childhood Development training pre-post test showed that most Syrian refugee young mothers workshop participants were in need of reliable and actual(updated) information regarding pre-and post-natal care and infant nutrition. For instance, it was observed that one-third of participants previously knew about the two most important vitamins the WHO recommends for intake during pregnancy. There were no correct answers regarding the definition of non-appropriateness of giving a new born baby additional food by bottle.

It was also observed that there was a lack of awareness about infant nutrition and the exclusivity of breast-feeding amongst the participants. For instance, a young mother said that I was not sure my breastmilk was enough, I gave my one and half month baby formula milk. Ten days later my baby refused my breastmilk. I have just learned that it was a 'mistake'.

Additionally, the main challenges raised by the participants regarding pre/post-natal care and infant nutrition in light of training, and their own

experiences on getting nutrition services from the host community are outlined below:

- The mothers and infants may not obtain adequate, timely food and may adopt unsafe coping mechanisms, such as eating inappropriate or contaminated food.
- If infants and mothers who have difficulty breastfeeding are not assisted, those infants are at greater risk of serious malnutrition and death.
- Malpractices included, "giving water and herbs," or that "breastmilk alone is insufficient for infants," and "traditional approaches are preferred."
- Lack of awareness about the importance and/ or impact of malnutrition.
- Lack of financial resources to obtain proper nutritional provisions alongside counselling.
- Lack of information to obtain nutritional assistance from different resources within the community.

C. HEALTH

The First 1000 Days for a Healthy Future- The Early Childhood Development training pre-post test showed that most of the Syrian refugee young mother workshop participants needed reliable and actual(updated) information regarding pre-and post-natal care and infant health issues. For instance, it was observed that just a few participants (11%) had an idea (and less practiced these data) regarding the number of health checks recommended by the WHO during pregnancy as well as the specific timing of this first health check (14%).

Additionally, the main challenges raised by the participants in regards to pre/post-natal care and infant health in light of training, and their own experiences on getting health services from the host community are outlined below:

- Although the health service is free for refugees in Turkey, - due to lack of information, the mothers and infants may not obtain timely

health services and thus adopt unsafe coping mechanisms, such as utilising 'traditional' approaches. - due to language barrier, there is a reluctance to apply the health facilities regarding pre/post-natal care and infant health.

- Lack of information and awareness regarding if infants and mothers who have difficulty accessing health facilities are not assisted, those mothers and infants may be at greater risk of death.
- Lack of trust in Turkish medical staff (doctors, nurses, etc.) and local authorities, especially in regards to services such as childhood vaccinations
- Lack of information and awareness regarding the importance of regular health checks in the pre/post-natal care period and for the infants themselves.
- Lack of information in regards to having a Temporary Protection Identification Certificate is essential for refugees accessing a free health service.

DUE TO LANGUAGE BARRIER, THERE IS A RELUCTANCE TO APPLY THE HEALTH FACILITIES REGARDING PRE/POST-NATAL CARE AND INFANT HEALTH

D. WASH

The First 1000 Days for a Healthy Future- The Early Childhood Development training pre-post test showed that most of the Syrian refugee young mother workshop participants needed reliable and actual(updated) information regarding WASH facilities in pre-and post-natal and infant care. For instance, it was seen that just a few participants (14%) had any idea about the importance of a pregnant woman and/ or baby care giver washing their hands at certain times.

Additionally, the main challenges raised by the participants regarding the pre/post-natal care and infant health in the light of training (and their own experiences) on WASH service are outlined below:

- There is lack of awareness of the importance of WASH facilities in the pre/post-natal care period and also regarding infant care.
- That water consumption is expensive in Istanbul for refugees.
- Access to safe water is available Istanbul province wide, however due to inadequate sanitation and handwashing practices diarrhea cases are reported in both the refugee and host community.
- Some refugees have a lack of WASH facilities in due to their poor living environments, although there is not a specific problem with access to safe water in Istanbul.

E. PROTECTION

The First 1000 Days for a Healthy Future- The Early Childhood Development training pre-post test showed that almost all of Syrian refugee young mother workshop participants needed reliable and actual (updated) information regarding protection facilities. There is a huge information gap regarding the processing of birth registration of new-born babies. For instance, there were no correct answers regarding the way in which to obtain a 'Foreign Identity Number' starting with 99, and also, almost no correct answers regarding a. the institution that registers the birth of a new-born Syrian baby and b. the required documents for registering the birth of a new- born Syrian baby. On the other

hand, interestingly, it was seen that one-third of participant had a previous idea about the call centre number to dial in cases of family violence and / or child abuse.

Additionally, the main challenges raised by the participants regarding the pre/post-natal care and infant health in light of training (and their own experiences) on protection are outlined below:

- There is lack of awareness on how to access to justice-based advice/facilities, since most of refugees do not know own entitlements and rights.
- There is a reluctance to contact the police- especially from female refugees, regarding GBV (gender based violence) and child abuse.
- There is lack of awareness on the importance of having a 'Foreign Identity Number'.
- There is a lack of awareness and information on the importance of the birth registration of new-born babies.
- Lack of information in regards to having a Temporary Protection Identification Certificate is essential for refugees accessing a free health service.

**THERE IS A
HUGE INFORMATION
GAP REGARDING THE
PROCESSING OF BIRTH
REGISTRATION
OF NEW-BORN
BABIES**

**THERE IS A RELUCTANCE
TO CONTACT THE POLICE
ESPECIALLY FROM
FEMALE REFUGEES,
REGARDING GBV
(GENDER BASED VIOLENCE)
AND CHILD ABUSE.**

5. CONCLUSION

During the workshop, and especially through the analysis of various field examples within the refugee context regarding the situation of Syrian refugee young girls/ mothers and their new-born babies, the following key findings were reached by the advisor:

Re: The perspective of young Syrian refugee mothers

- Language barrier: Syrian refugee young mothers who participated in our study and their peers (fellows) were found to be both lacking in Turkish language and a support network.
- The need for a support network: The women greatly need a peer-mutual support system in order to get proper pre/post-natal care and infant health/care and also to be able to adapt to their new role during the postpartum period.
- The importance of ECD: There is lack of information and awareness regarding the importance of early childhood development, including pre/post-natal care for a healthy future.
- Access to basic community services: There is lack of awareness on how to access basic community services and resources since most of refugees are unaware of their entitlements and rights.
- Finally, they are very confident to express themselves in a 'safe environment'. However, they are reluctant to contact public services, due to lack of self-confidence (for the above reasons) although they are very well aware on their own needs and the relevant solutions.

Re: The perspective of related stakeholders (public authorities, NGOs, academia, private sector)

- Holistic manner: Although the operating sectors of health, nutrition, WASH, protection, education in the First 1000 Days for A Healthy Future- Early Childhood Development are presented in holistic manner, commonly, it is challenging

for all related stakeholders. On the other hand, due to a lack of holistic and integrated Early Childhood Development services that cater for refugee women and girls, young mothers and infants are being negatively impacted by this.



KEY FINDINGS

6. RECOMMENDATION

Based on the situation of both Syrian refugee young girls/ mothers and their new- born babies in our country, and especially through the analysis of various reflections and field examples within this refugee context, following recommendations were outlined:

CONTEXTUALISATION WORK: Since every context is different, The First 1000 Days for A Healthy Future- Early Childhood Development (ECD) curricula must be fully adapted to and tailored to the context of Syrian refugees in Turkey, thus making them concrete and actionable.

The below points are recommended for a productive contextualisation process:

- It is highly recommended that the contextualisation process is conducted soon. Due to the importance of matter, the ECD services cannot wait any longer. Timely, responsive, quality and accessible ECD services are vital for the pregnant mothers and infants.
- There is a high-quality staff capacity and readiness level at Nirengi Dernegi and their partner Syrian organisations for accelerating this contextualisation process with close cooperation of ECD related public authorities and other stakeholders, including UNICEF and UNHCR.
- Contextualisation is needed in order to conduct a multi-stakeholder process and discuss the contextualisation within Nutrition, Health, WASH, Protection, and Education working groups in terms of a Syrian refugee response. The multi-sectoral process is essential to build support, receive input from a range of key actors and institutions, and finally provide participation within a contextualisation workshops.

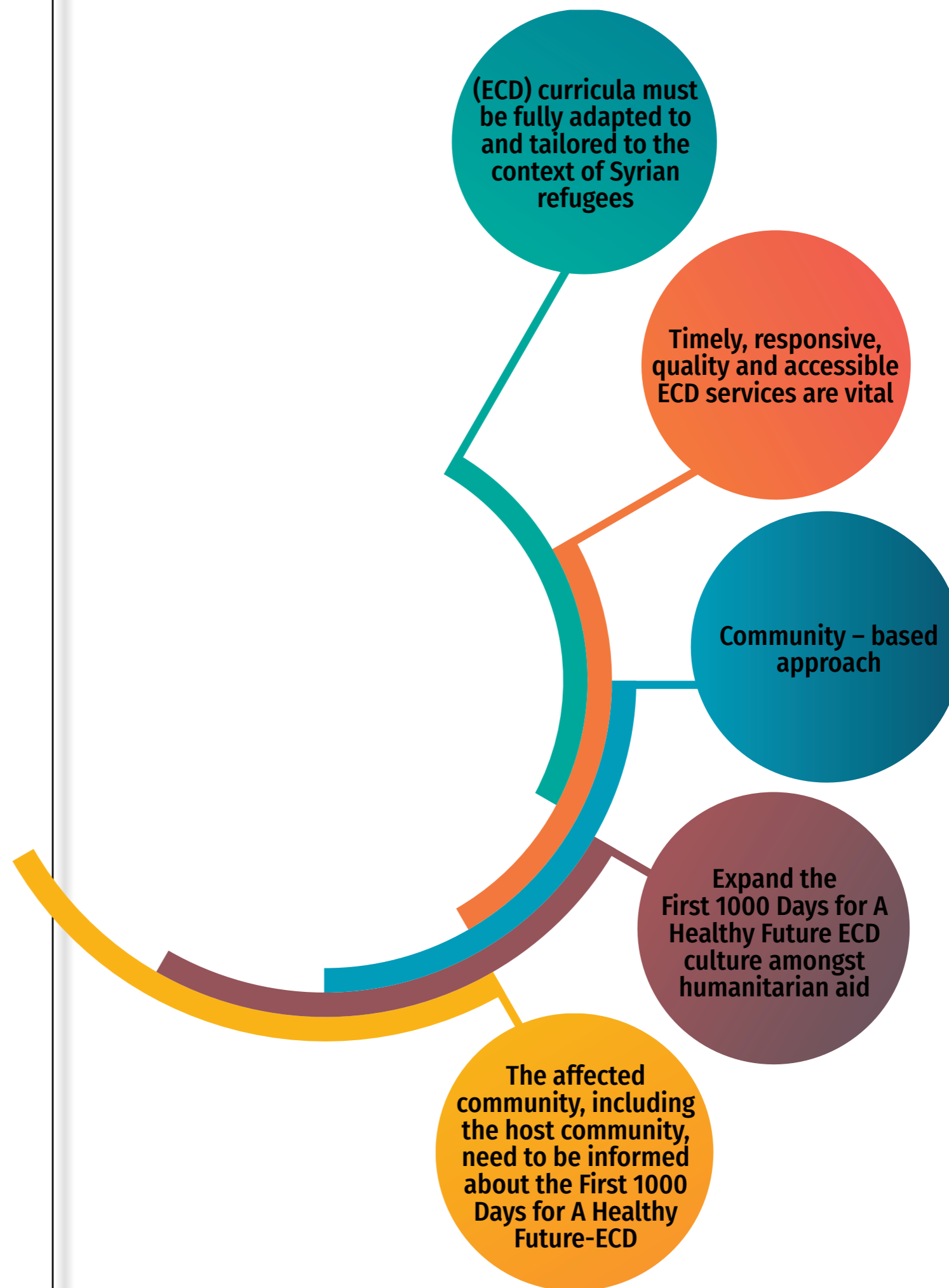
COMMUNITY – BASED APPROACH: First 1000 Days for A Healthy Future - ECD sectors; health, nutrition, WASH, protection and education in Syrian refugee settings in Turkey need to rely more on community-based approaches (i.e. community-based disaster management models) and to invest in human resources and expertise available within the affected community.

- Syrian refugee girls, women and mothers should be encouraged and supported in order to access pre/post-natal care alongside the infant health/care related sectors; health, nutrition, WASH, protection, education, safely and in confidence.

EXPAND THE FIRST 1000 DAYS FOR A HEALTHY FUTURE ECD CULTURE AMONGST HUMANITARIAN AIDWORKERS IN TURKEY: Advocate and provide First 1000 Days for A Healthy Future training workshops and follow up with mentoring (peer-support) services amongst participant organisations and their partners, as well as international aid workers in Turkey.

THE FIRST 1000 DAYS FOR A HEALTHY FUTURE ECD AND AFFECTED POPULATIONS: Members of the affected community, including the host community, need to be informed about the First 1000 Days for A Healthy Future-ECD. Thus, they will have a strong understanding of multi sectoral-content (and specifically of relevant organisational commitments).

This will allow them to actively participate in programs relating to their survival, as well as hold government and humanitarian organisations accountable for the provision of appropriate assistance.



FINAL WORD:

We hope that this report will contribute to such future discussions so that the First 1000 Days for A Healthy Future-ECD can continue to play an important role in humanitarian responses throughout Turkey.



www.nirengidernegi.org
info@nirengidernegi.org