Perceived needs and daily stressors in an urban refugee setting: *Humanitarian Emergency Settings Perceived Needs Scale* survey of Syrian refugees in Kilis, Turkey

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The largest number of Syrian refugees in the world are currently hosted in Turkey, with the great majority of them residing in urban settings. This paper presents the findings of The Humanitarian Emergency Settings Perceived Needs (HESPER) Scale survey conducted with the population of urban Syrian refugees in the town of Kilis in south-central Turkey in 2013. The high level and variety of perceived needs and daily stressors shows the magnitude and hardship in the urban Syrian refugee community in Kilis. Issues such as: income/livelihood; clothes, shoes, bedding or blankets; the way aid is provided; being displaced from home; a place to live in; distress; education for your children; and physical health were considered as priorities by most of the HESPER survey participants. A subsequent in-depth participatory assessment in the town of Kilis in February 2014 was useful for better understanding of the expressed needs of the urban Syrian refugee population, designing mental health and psychosocial support interventions and providing recommendations to humanitarian actors.

Keywords: Humanitarian Emergency Settings Perceived Needs Scale survey, Turkey, urban Syrian refugees

Key implications for practice

- The HESPER Scale is a quick, scientifically robust measure of people's perceived needs, including social, psychological and physical problems
- Information from HESPER survey and participatory assessment are useful in making recommendations to humanitarian actors
- Administering the HESPER Scale multiple times monitors how humanitarian response in the field is perceived by recipients

Introduction

In 2008, Miller and colleagues argued that, in situations of conflict and displacement, daily stressors are important influences on the mental health of affected people (Miller, Omidian, Rasmussen, Yaqubi, & Daudzai, 2008). In 2010, Miller and Rasmussen proposed a model in which daily stressors partially mediate the relationship of war exposure to mental health and stated that the cumulative effect of the lower level stressors of everyday life is more strongly predictive of psychological distress than exposure to major life events (Miller & Rasmussen, 2010). In 2014, they proposed a transactional version of their model from 2010 in which they suggested that measurement of type, number and frequency of war related, potentially traumatic events, and the nature and intensity of daily stressors should be emphasised and then examined as to how these patterns relate to mental health (Miller & Rasmussen, 2014).

The importance of daily stressors has also been confirmed in other studies. Doocy et al. (2011) demonstrated that difficulties in adjusting to the forced displacement experienced by Iraqi refugees in Jordan and Syria were often linked to unmet basic needs and the lack of livelihood opportunities. Jordans, Semrau, Thornicroft, & van Ommeren (2012) found unmet perceived needs, or daily stressors, mediated the association between past traumatic exposure and distress among Iraqi refugees in Jordan, and less strongly among Bhutanese refugees in Nepal. Ayazi, Swartz, Eide, Lien, & Hauff (2015) found that high levels of perceived needs significantly predicted psychological distress and lower levels of functioning among the war affected population in South Sudan.

Concurrent with this standpoint, is the importance of undertaking a rapid and contextually grounded needs assessment before developing humanitarian interventions, and first address those daily stressors that are particularly salient and can be affected through targeted interventions (Miller & Rasmussen, 2010). Stronger emphasis on needs assessments as a structural element of practice is recommended (Tol et al., 2011). If aid is to do the most good, for the most people, it must be targeted (Redmond, 2005).

The *Humanitarian Emergency Settings Perceived Needs* (HESPER) *Scale* aims to provide an objective, quick, scientifically robust way to measure people's perceived needs and includes a wide range of social, psychological and physical problem areas (World Health Organization & King's College London, 2011). It has been developed with the objective of providing the humanitarian field with a valid and reliable assessment scale to rapidly assess perceived needs of populations in humanitarian settings in low and middle income countries (Semrau et al., 2012). It has been created through a process of generating items through a literature review, reducing the number of items on the basis of a survey with humanitarian experts and by pilot and field testing the scale. The present study, reported herein, draws on data from a HESPER survey and subsequent in-depth participatory assessment with survey participants. Therefore, this article provides information on the practical use of results of a HESPER survey for mental health and psychosocial support (MHPSS) programming, as well as making recommendations for humanitarian actors. As such, the study focused on perceived needs of urban refugees, that is, refugees who have fled their home countries and are now living in an urban area of a new country. According to the UNHCR (2012), most refugees live in urban settings and this has not been yet given sufficient consideration in either research or policy.

Methods

Sample

The HESPER survey was conducted with a convenience sample of 381 urban Syrian refugees (see Table 1) in the town of Kilis, between September and December 2013. The size of the sample was based on the estimated number of 40,000 urban Syrian refugees in the town of Kilis at that time and calculated at the confidence level of 95% and confidence interval of 5. All participants in the study were over 18 years old (the oldest participant was 84 years old). Twenty-four participants in the study were under 19 years and 21 participants were over the age of 60. Participation rate was 100% for women and 95% for men.

Measures

The HESPER Scale was used as a tool for the survey. In-depth participatory assessment consisted of in-depth interviews with team members of two nongovernmental organisations (NGOs); Malteser International (MI) and the Turkish International Blue Crescent (IBC), as well as focus groups with Syrian refugees who participated in HESPER survey.

Table 1: Demographic characteristics of HESPER survey participants (N = 381)

Sex			
Men			232 (60.9%)
Women			149 (39.1%)
Age (years): mean (SD)			34, 7 (12.1)
10–19			24 (6.3%)
20–29			132 (34.6%)
30–39			98 (25.7%)
40–49			69 (18.1%)
50–59			37 (9.7%)
60+			21 (5.5%)
Marital status	Men	Women	Total
Married	112 (29.4%)	115 (30.2%)	227 (59.6%)
Unmarried	91 (23.9%)	45 (11.8%)	136 (35.7%)
Divorced	6 (1.6%)	12 (3.1%)	18 (4.7%)
Average number of children			4
Level of education	Men	Women	Total
Illiterate (no formal education)	10 (2.6%)	9 (2.4%)	19 (5%)
Primary school	89 (23.4%)	62 (16.3%)	151 (39.6%)
Secondary school	48 (12.6%)	51 (13.4%)	99 (26%)
University degree	53 (13.9%)	59 (15.5%)	112 (29.4%)
Employment status	Men	Women	Total
Employed	109 (28.6%)	59 (15.5%)	168 (44.1%)
Unemployed	100 (26.2%)	113 (29.6%)	213 (55.9%)
Religion			
Muslim			381 (100%)
Average time displaced			15 months

Figures are displayed as number of participants (% in brackets), or averages (means)

Procedures

The combined MI and IBC MHPSS team used the HESPER Scale to ask participants about 26 different types of problems (problem areas). Two bilingual Syrian translators completed the translation of HESPER Scale from English into Arabic, using the iterative back translation method. Two psychologists, one social worker and four community workers conducted interviews in the Arabic language after receiving one day training on the use of HESPER Scale by MI MHPSS Technical Advisor. Interviews took place in different locations in the town of Kilis (see Table 2). All interviewers possessed good interpersonal skills and had received a two-day training in basic interviewing and the application of relevant ethical principles, e.g. confidentiality and informed consent. They all had an education of a minimum of 12 years, i.e. high school diploma or equivalent.

In February 2014, the MI MHPSS Technical Advisor conducted in-depth interviews in the English language with all members of MI/IBC MHPSS team, who conducted the HESPER survey and with three MI/IBC health staff. They were

Table 2: Places in the town of Kilis where the HESPER survey was conducted (N = 381)

	Male	Female	Total
Syrian clinic	15	16	31
Syrian schools			
Secondary school Sodes	4	2	6
Primary school Akram Chatin	5	5	10
Primary school Kradash	7	3	10
Primary school Asdar	4	6	10
Primary school Mandares	1	13	14
Unofficial refugee camp (Akram Chatin park)	7	3	10
Other places (markets, streets, Syrian homes dining places)	170	120	290
Total			381

selected for interviews because of their good knowledge of the urban Syrian refugee community in Kilis and English, and their frequent professional contacts with Syrian refugees. Four focus groups (FG) (two men's and two women's groups), facilitated by two male facilitators for men's groups and two female facilitators for women's groups, were conducted with a purposive sample of urban Syrian refugees. Country of origin, urban refugee status in Turkey, previous participation in a HESPER survey and gender mix were specific criteria for selection of FG participants. Group size for focus group discussion (FGD) varied with a minimum of six to a maximum of 10 people in each group. Women's ages ranged from 20 to 50 years, and men's from 22 to 55 years. Both in-depth interviews and FG were held in MI/IBC field hospital and IBC community centre in Kilis and focused on problems rated during HESPER survey as first priority or serious problem by more than 10% of participants. FGD were stopped after informal redundancy or saturation has been achieved; the point at which no new information nor themes emerged from the data.

Data analysis

Percentage (P) of priority ratings for individual HESPER items was calculated according to the following formula: P = number of respondents who rated a HESPER item as one of their three most serious problems/number of respondents interviewed x 100. Percentage of priority ratings for serious problems was calculated by dividing the number of respondents who rated the HESPER item as a serious problem (or alternatively as not a serious problem) with the number of respondents interviewed x 100. The data on HESPER areas rated as serious problems were normally distributed and the average (mean) total number of serious problems and standard deviation were calculated. Statistical difference between the average number of HESPER areas rated as serious problems by male and female participants was calculated using *t*-test[1]. Responses to questions during in-depth interviews were recorded by hand-writing in note books and during FGD by writing responses on a flip-chart. Data from in-depth interviews and FGD were analysed for content by coding and common issues and ideas were identified. Participants' responses fell into following categories: basic

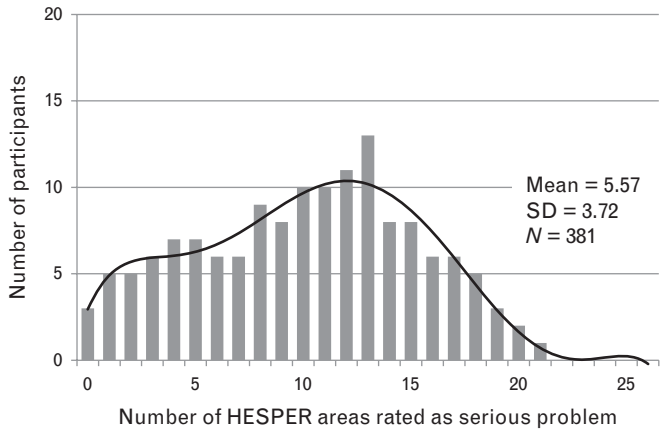

Figure 1: Number of serious problem ratings by number of participants.

needs, material, social and health problems and education.

Results

On average, HESPER survey participants rated 5.6 of problem areas as serious problems; the lowest number was 0 and the highest was 21. Figure 1. shows an overview of the number of areas rated as serious problems by participants.

'Income or livelihood' was rated by almost three-quarters of surveyed participants as one of their three priorities (74%), more than any other problem area. Other areas which were named by more than 10% of participants as one of their three priorities included: *'clothes, shoes, bedding or blankets'* (24.9%), *'the way aid is provided'* (24.7%), *'being displaced from home'* (24.1%), *'place to live in'* (21.8%), *'distress'* (20.5%), *'education for your children'* (16.8%) and *'physical health'* (10.2%) (see Table 3.).

Figure 2 shows the proportion with which HESPER Scale's problem areas were given priority rating by participants, i.e. were rated as one of participants' three most serious problems.

All problem areas that were previously ranked by more than 10% survey participants as one of their three priorities were mentioned as serious problems, except that ranking of problems was different (see Table 4). *'Separation from family members'* (55%), *'moving between places'* (50%), *'drinking water'* (25%), *'food'* (23%) and *'health care'* (15%) were added to the list of serious problems by more than 10% of participants.

On average, male participants rated 4.2 HESPER problem areas as serious problems (the lowest number was 0 and the highest was 14) and female participants rated seven (the lowest number was 3 and the highest was 21) as serious problems. This difference was statistically significant ($p < 0.0001$). *'Being displaced from home'*, *'distress'* and *'education for children'* were areas where women experienced more serious problems than men.

Material problems

Almost all interviewees and the majority of FG participants explained that *'income and livelihood'* was the most serious problem because many Syrian refugees lost their possessions during the war and they have spent most of their savings in Turkey. Most interviewees and FG participants explained that *'clothes, shoes, bedding and blankets'* were serious problems for Syrian refugees in unofficial refugee camps in Kilis, and those who rented places without proper heating. The majority

Table 3: Number of participants (% in brackets) who rated each of the HESPER Scale's problem areas as one of their three most serious problems (N = 381)

HESPER item	Total priority ratings	Priority rating 1	Priority rating 2	Priority rating 3
1. Income or livelihood	282 (74%)	206 (54%)	54 (14. 2%)	22 (5.8%)
2. Clothes, shoes, bedding or blankets	95 (24. 9%)	17 (4. 5%)	46 (12%)	32 (8.4%)
3. The way aid is provided	94 (24.7%)	5 (1.3%)	36 (9.5%)	53 (13.9%)
4. Being displaced from home	92 (24.1%)	24 (6.3%)	32 (8.4%)	36 (9.4%)
5. Place to live in	83 (21. 8%)	26 (6. 8%)	32 (8.4%)	25 (6. 6%)
6. Distress	78 (20.5%)	23 (6%)	33 (8.7%)	22 (5.8%)
7. Education for your children	64 (16.8%)	18 (4.7%)	18 (4.7%)	28 (7.4%)
8. Physical health	39 (10. 2%)	12 (13.1%)	15 (13. 9%)	12 (3.1%)
9. Drinking water	38 (10%)	10 (2.6%)	17 (4.5%)	11 (2.9%)
10. Separation from family members	38 (10%)	6 (1.6%)	22 (5.8%)	10 (2.6%)
11. Moving between places	37 (9.7%)	6 (1. 6%)	8 (2.1%)	23 (6%)
12. Food	36 (9.4%)	7 (1.8%)	16 (4.2%)	13 (3.4%)
13. Health care	30 (7.8%)	8 (2.1%)	10 (2.6%)	12 (3.1%)
14. Too much free time	25 (6.5%)	7 (1.8%)	3 (0.8%)	15 (3.9%)
15. Law and justice in your community	19 (5%)	5 (1.3%)	2 (0.5%)	12 (3.2%)
16. Respect	14 (3.7%)	1 (0.3%)	6 (1. 6%)	7 (1.8%)
17. Safety	13 (3.4%)	1 (0.3%)	4 (1%)	8 (2.1%)
18. Care for people in your community who are alone	10 (2.6%)	1 (0.3%)	4 (1%)	5 (1.3%)
19. Keeping clean	10 (2.6%)		5 (1.3%)	5 (1.3%)
20. Care for family members	9 (2.4%)	6 (1.6%)		3 (0.8%)
21. Support from others	9 (2.4%)	1 (0.3%)	4 (1%)	4 (1%)
22. Information	8 (2.1%)		4 (1%)	4 (1%)
23. Mental illness in your community	6 (1.6%)	2 (0.5%)	1 (0.3%)	3 (0.8%)
24. Safety or protection from violence for women in your community	4 (1%)		2 (0.5%)	2 (0.5%)
25. Alcohol or drug use	2 (0.5%)		1 (0.3%)	1 (0.3%)
26. Toilets	2 (0.5%)			2 (0.5%)

Items are ranked and listed in descending order of total priority ratings.

of interviewees and FG participants mentioned that '*place to live in*' was a serious problem because it was so difficult to find a good accommodation in Kilis, a small town overpopulated with Syrian refugees and where rents were high.

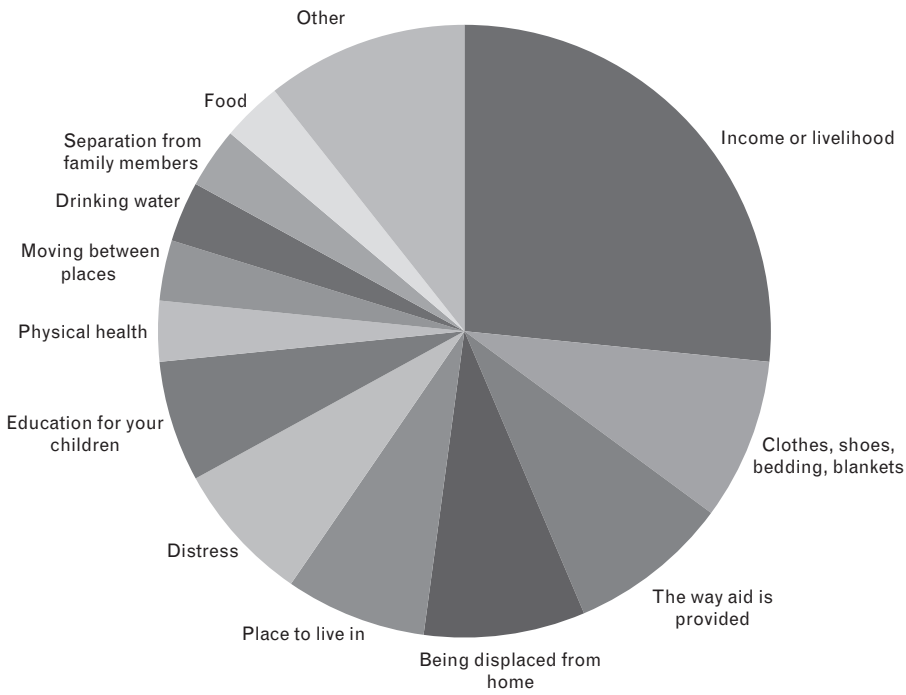

Figure 2: Proportion tthat he each of the HESPER Scale's problem areas was rated as one of participants' three most serious problems. 12 HESPER problem areas which received the highest ranking are presented separately, the remaining problem areas are presented under 'Other'.

Health problems

Many interviewees and FG participants thought that *'physical health'* was a problem because of the inability of Syrian refugees to acquire or pay for medication. This was especially a problem for Syrian refugees who suffered from chronic health issues. All interviewees of the health team thought that *'healthcare'* was not ranked as one of the priorities due to the good availability of basic health care in Kilis. However, there was a problem in terms of hospitals, Syrians patients were often discharged quickly and sometimes not treated respectfully. Most of the interview and FG participants agreed that Syrian refugees suffered from distress mostly due to a lack of income to pay for various services.

Education

According to the majority of interview and FG participants, *'education for your children'* was considered as a serious problem mostly by Syrian refugee women, who were concerned about the quality of education for their children.

Social problems

A significant number of interview and FG participants mentioned that '*the way aid is provided*' was a serious problem due to lack of timely information concerning humanitarian aid distribution, and inequality and (even) corruption during distribution of nonfood items (NFIs). The majority of interview and FG participants agreed that *'being displaced from home'*, *'separation from family*

members' and *'moving between places'* were serious problems because refugees had left some of their family members in Syria and they lacked the financial resources to travel to Syria to visit them. *'Being displaced from home'* and *'being separated from family members'* were also mentioned as important sources of distress.

Basic needs

Most of interview and FG participants said that *'drinking water'* was another serious problem for Syrian refugees in unofficial refugee camps in Kilis, as they could not afford to buy bottled water. Some FG participants explained that *'food'* was not a high priority, except for poorest Syrian refugees, because Syrians knew how to prepare food at low cost or they could afford to eat in cheaper dining places in Kilis.

Discussion

The current study stresses the importance of addressing daily stressors in humanitarian emergencies. It is the first HESPER study to examine the perceived needs of urban Syrian refugees in Turkey. Use of the HESPER Scale as a tool for survey provided a systematic organisation and assessment of daily stressors faced by urban Syrian refugees. No substantial errors nor biases were identified by the research team. The sample size was large, interviewers were well trained and they did not report that participants had an inclination to overestimate or underestimate their needs.

The study focused on perceived needs of urban refugees who represent most of the refugee population in the world today (UNHCR, 2012). For example, most of Iraqi refugees and internally displaced Syrians settled mainly in urban settings in Syria (Quosh, Eloul & Ajlani, 2013), and the great majority of Syrian refugees in Turkey are urban refugees (UNHCR & UNDP, 2015).

The high level and variety of perceived needs expressed by HESPER survey participants shows the magnitude of hardship in the urban Syrian refugee community in Kilis. Comparatively, the survey conducted by NGOs International Medical Corps (IMC) and Turkish Association for Solidarity with Asylum Seekers and Migrants (ASAM) in the city of Gaziantep in southern Turkey (IMC/ASAM, 2015) and the survey conducted by the Turkish Disaster and Emergency Management Authority (AFAD) in 10 locations in Turkey (AFAD, 2013) found employment opportunities, financial and other aid, accommodation and difficulty in finding medications as priorities for urban Syrian refugee population.

Direct comparison of the level of needs among different contexts is difficult due to variation in context and the socio-economic conditions. Still, financial and accommodation problems and problems in terms of access to healthcare and education ranked high among urban Iraqi refugees in Jordan (Pickartz-Salem, 2009), the war affected population of Kabul in Afghanistan (Miller et al., 2008), and the urban displaced population in Syria (Quosh, et al., 2013). The contextual stressors related to food, shelter, health and poverty were identified in studies conducted in IDP /refugee camp settings (Horn, 2009; Reiffers et al., 2013).

Limitations

The HESPER Scale was used as a standalone instrument for the initial assessment of perceived needs, compared to other studies where associations between perceived needs and mental health outcomes were measured (Jordans et al., 2012; Ayazi et al., 2015). The recruitment of HESPER survey participants was based on convenience sampling to design MHPSS interventions and make recommendations to humanitarian actors in Kilis as quickly as possible. True random sampling was not really possible with a hidden population of urban Syrian refugees. Other studies also refer to the difficulties in accessing communities in an urban displacement setting

Table 4: Percentage of participants who rated each of the HESPER Scale's problem areas as serious problem, not a serious problem or did not answer (i.e. not known, not applicable, or answer declined) (N = 381)

HESPER item	Serious problem	Not a serious problem	No answer
1. Income or livelihood	287 (75.3%)	94 (24.7%)	0
2. Place to live in	274 (71.9%)	96 (25.2%)	11 (2.9%)
3. Distress	266 (69.8%)	96 (25.2%)	19 (5%)
4. Being displaced from home	209 (54.9%)	161 (42.2%)	11 (2.9%)
5. Separation from family members	209 (54.9%)	172 (45.1%)	0
6. Moving between places	190 (49.9%)	180 (47.2%)	11 (2.9%)
7. Education for your children	172 (45.1%)	133 (34.9%)	76 (20%)
8. The way aid is provided	171 (45%)	152 (40%)	58 (15%)
9. Physical health	114 (29. 9%)	228 (59.8%)	39 (10.3%)
10. Clothes, shoes, bedding or blankets	114 (29.9%)	267 (70.1%)	0
11. Drinking water	95 (25%)	286 (75%)	0
12. Food	87 (22.8%)	294 (77.2%)	0
13. Health care	57 (15%)	316 (82.9%)	8 (2.1%)
14. Too much free time	38 (10%)	323 (84.8%)	20 (5.2%)
15. Law and justice in your community	26 (7%)	323 (84.8%)	32 (8.2%)
16. Respect	20 (5.2%)	361 (94.8%)	0
17. Safety	15 (3.9%)	343 (90%)	23 (6.1%)
18. Toilets	11 (2.9%)	370 (97.1%)	0%
19. Care for people in your community who are alone	11 (2.9%)	362 (95%)	8 (2.1%)
20. Keeping clean	10 (2.6%)	362 (95%)	9 (2.4%)
21. Care for family members	9 (2.4%)	363 (95.2%)	9 (2.4%)
22. Support from others	9 (2.4%)	363 (95.2%)	9 (2.4%)
23. Information	8 (2.1%)	355 (93%)	18 (4.9%)
24. Mental illness in your community	6 (1.6%)	343 (90%)	32 (8.4%)
25. Safety or protection from violence for women in your community	3 (0.8%)	362 (95%)	16 (4.2%)
26. Alcohol or drug use	1 (0.3%)	370 (97.1%)	10 (2.6%)

Areas are ranked and listed in descending order of serious problem ratings.

(Quosh et al., 2013). Still, the HESPER Scale can be used in convenience samples very early on in emergencies, and can be used in representative samples at later stages of an emergency, thereby creating the possibility of tracking people's perceived needs over time (World Health Organization & King's College London, 2011). The possibility of measurement error should be acknowledged as the HESPER Scale was used in a new setting without a local study verifying its psychometric sampling properties. However, as the HESPER Scale has good psychometric

properties, this goes some way to reducing measurement error.

Practical use of the HESPER survey for MHPSS programming

The results of the HESPER survey and subsequent in-depth participatory assessment were used to inform MHPSS interventions and to make recommendations to other humanitarian actors in Kilis on other supportive interventions. MHPSS interventions included various vocational activities, such as cooking, electric repairs, journal and media design, graphic design, beauty courses, etc. in order to address the problem of *'income/livelihood'*. Psychological interventions, such as psychological first aid and family support addressed problem of *'distress'*. Organising social and community events, lectures, gatherings, workshops, outings, sport activities, etc. strengthened the social networks of Syrian refugees and addressed the problem of *'being displaced from home'*. Support of formal and informal education of Syrian children addressed the problem of *'education for your children'*. Integration of MHPSS interventions with provision of health services addressed *'physical health'* and distribution of non-food items, such as *'clothes, shoes, bedding or blankets'* addressed this problem.

Advocacy by Turkish authorities for the issuance of temporary work permits for Syrian refugees and the regulation of rents in Kilis was recommended to other humanitarian actors. Cash assistance for most vulnerable Syrian families and advocacy for reunification of family members were recommended as well. The other recommendations included: development of criteria for distribution of humanitarian aid, advocacy for timely information on humanitarian aid distribution, establishment of a transparent and centralised information system with information on when and where humanitarian aid is available, and advocacy for respectful treatment of Syrian refugees in local health facilities.

Improvement of wellbeing and resilience, which were selected as the mental health outcome indicators for MHPSS interventions, showed after one year an average improvement of 15.5 and 17%[2], respectively. These results may indicate that HESPER survey provided valid information on the problems of urban Syrian refugees and those different components of MHPSS interventions were appropriately selected to address them.

Conclusion

In spite of its limitations, the HESPER survey identified a broad spectrum of perceived needs of urban Syrian refugee population in Kilis. Together with the consequent in-depth participatory assessment, results of the survey were comprehensive, informative and helpful in designing a MHPSS intervention and making recommendations to other humanitarian actors in Kilis. By administering the HESPER Scale at multiple times, the scale may also be used to track perceived needs of refugees in the future and monitor the degree to which the humanitarian response is perceived by the affected people to be meeting their needs. Having in mind the spill over of the Syrian refugee crisis into Europe, the HESPER Scale assessment should be also encouraged in transient camps along refugee migrant routes and in urban settings with asylum seekers.

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[1] The *t*-test is a statistical test which assesses whether the means of two groups are statistically different from each other.

[2] Detailed description and evaluation of MHPSS intervention can be retrieved from http://www.academicjournals.org/journal/INGOJ/article-abstract/727C48058926.

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