The Importance of the Toolkit - page 5 on toolkit:

Why is it important to have a toolkit for refugee women?

There were two main sources of evidence:

- Semi-structured interviews with 28 refugee women conducted in 2024-2025 in Türkiye. Refugee women in maternal health status (antenatal or postnatal) told their experiences of healthcare services in Türkiye, key challenges accessing and receiving quality maternal care, and positive experiences of health services and professionals. Interviews of refugee women took place in family health centres, migrant health centres, hospital maternity, breastfeeding and maternity intensive care units, and health NGOs. The majority of refugee women were of Syrian origin, and a few were of Turkic origin, most of whom had the legal status of Temporary Protection (the few had residence after Temporary Protection status). The majority of women were of average or poor economic status and lived in neighbourhoods with a high refugee population.
- Semi-structured interviews with 40 professionals in the health sector such as nurses, midwives, GPs, social workers, and health managers (34); migrant management institutions (5); and academia (1). These interviews took place in health institutions, hospitals, family health centres, migrant health centres, NGO headquarters, and online platforms. The majority of the health professionals were of Turkish origin, and 8 health professionals were of non-Turkish background including Syrian refugees on Temporary Protection.
- Participant observations in 2 family health centres, 2 migrant health centres, and 1 hospital's breastfeeding unit, maternity unit and maternity intensive care unit. The observations were overt style and included informal interviews with the individuals on the sites. Informal meetings with health professionals took place in informal settings such as breakfast, lunch and staff meetings which informed the observational data further.
- The stakeholders' Workshops were held in Ankara (2024) and Istanbul (2025) with the participation of stakeholders such as senior officials from state institutions, fieldworkers and practitioners from NGOs (i.e. AID, Refugee Association) and IGOs (i.e. UNHCR), academics in health sciences, public health, law, sociology and social policy from higher education, Turkish National Health Services (NHS), midwives and doctors working in state hospitals and migrant health centres.