INTER-AGENCY PROTECTION SECTOR RAPID NEEDS ASSESSMENT ANALYSIS

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Rationale and Objectives

Within the protection sector, partners identify a significant gap in systematic and structured information collection around needs of various refugee groups at the inter-agency level. Sector partners facilitate their own needs identification processes through different modalities, including participatory assessments and focus group discussions, ad hoc needs assessments and observations through individual case response. However, outcomes and findings of the structured assessments are not systematically compiled and analysed between partners. Considering the limited alignment between these processes, it is challenging to capture a comprehensive understanding around refugees' protection related needs.

In consideration of the above, protection partners agreed that the ongoing COVID-19 situation presents an opportunity for the sector to develop a common, harmonized, inter-agency rapid needs assessment tool. While the tool is predominantly related to protection, in order to capture a holistic understanding around needs, questions related to other sectors and thematic areas are also incorporated. It is noted that while the tool developed is specific to the COVID-19 situation, UNHCR Inter-Agency Coordination (IA) and Information Management (IM) Units are simultaneously working on contextualizing the tool to become a general protection needs assessment tool for future reference and use. As the assessment will be conducted by the Protection Working Group on a quarterly basis, this will ultimately serve to improve the current information collection and analysis capacity of the sector and promote evidence-based programming.

The development of a common, protection specific rapid needs assessment tool is expected to serve the below objectives:

- Develop a better understanding of the protection and humanitarian situation in Turkey;
- Establish a mechanism to systematically identify refugee needs in relation to thematic areas on protection, basic needs, livelihoods and education;
- Systematize and standardize data collection and analysis processes to better inform evidence-based programming and the larger refugee response (including via the 3RP);
- Inform and develop protection programming initiatives to address identified protection needs and gaps.
- Inform advocacy efforts on the local and central level with various stakeholders, including UN agencies, I/NGOs and public institutions;

Process

Development of a Joint Tool

The joint tool was developed based on existing COVID-19 needs and impact assessment tools of partners, UNHCR's rapid needs assessment tool as well as other tools currently being developed by IA/IM. To this end, IA/IM initially conducted a mapping of existing assessment tools, compared common questions and identified priority questions on a need-to-know basis. The tool was finalized after consultations, initially with a core group of protection partners[1], followed by the larger sector as well as coordinators of other sectors.

Methodology

Initially, partners interested in undertaking phone interviews were identified. Accordingly, 12 partners[2] operating in various geographical locations agreed to take part in the first round of the assessment exercise.

Sampling

Considering the multi stakeholder nature of the assessment, simple random sampling method (i.e. probability sampling) was applied for respondents of Syrian and other nationalities separately. While there are general limitations in accessing information related to the larger refugee population (especially individuals of nationalities other than Syrian), the available datasets were representative and therefore the sampling bias was minimized. The sample size was defined following discussions on the size of available datasets and active partner caseloads for individuals of nationalities other than Syrian. Sample size for Syrians was identified based on official DGMM registration statistics for Syrians under Temporary Protection (with due weight per geographical distribution). Children (i.e. below 18) were not included as respondents in this exercise. Lastly, a few partners, including some UN agencies with no direct implementation wanted to take place in the exercise however did not have their own caseloads, as many of these organizations implement through partners. These partners were therefore encouraged to engage in bilateral

[1] ASAM, CARE Turkey, Concern Worldwide, Danish Refugee Council, IOM, Turkish Red Crescent, UN Women, UNFPA, UNHCR, UNICEF and WATAN.
[2] ASAM, Concern Worldwide, HRDF, International Blue Crescent, IOM Partners (Adana Migrant Center, Ensar Community Center, Keçioren Migrant Center, Şanlıurfa Migrant Center),MSYDD, SEVKAR, Turkish Red Crescent, UNFPA Partner (Eskişehir University, Sağlıkta Genç Yaklaşımlar Derneği), UNHCR Field Office Izmir, WALD, Welthungerhilfe.

discussions on sharing caseload with their own partners or other organizations, through data sharing protocols.

Geographical Distribution

Four zones were created in alignment with existing coordination hubs (Marmara, Southeast, Aegean and Central Anatolia & Other) to ensure information collected is representative of refugees residing across different locations in Turkey and results are comparable. For Syrians, the number of calls per zone is proportionate to the refugee population living per zone. For the other population groups, based on partner caseloads, the number of calls per zone were proportioned to the number of refugees living in each zone from each population group.

Data Collection and Analysis

The tool was uploaded on Kobo. Subsequently, partners were requested to assign focal points to be trained on the tool as well as on ensuring the quality of data. Due to time limitations, partners were requested to mobilize internal capacity towards training enumerators and focal points on the tool and process. Simultaneously, IM developed a data analysis matrix linked to a PowerBI dashboard, allowing for partners to review progress and results of interviews throughout the entire process.

The assessment findings were analysed through age, gender and diversity (AGD) markers via the following disaggregation's: sex of respondent, sex of head of household, population group and geographical location. If the analysis per thematic issue does not include the AGD analysis, it should be recognized that there are either no or minor differences between groups.

Respondent Profiles and Demographic Information

- **1,020 individuals provided informed consent** to participate in the exercise, representing a total of 5,549 persons (at the household level).
- Nationality breakdown of individuals participating in the exercise is as follows: Syria (774), Iraq (118), Afghanistan (72), Iran (38), and Other Nationalities[3] (18).
- **98% are registered with DGMM**. The other 2% either have not approached DGMM for registration or could not register with DGMM due to various reasons.
- In terms of gender breakdown, for Syrian and other nationalities there was an approximate 50:50 ratio of female to male. For Iraqis, 53% were male, whereas for Afghans, a larger proportion at 64% were male respondents. While gender non-binary/non-conforming was included as an option in the questionnaire, no respondent self-identified as such.
- 79% of the individuals mentioned that the head of their household is male and **only 21% mentioned that they have a female head of household**.
- Age and gender breakdowns of households are as follows:

Gender/ Age	0-5	6-17	18-65	65+	Total
Female	511	938	1,333	63	**2,845**
Male	463	969	1,231	41	**2,704**
Total	974	1,907	2,564	104	**5,549**

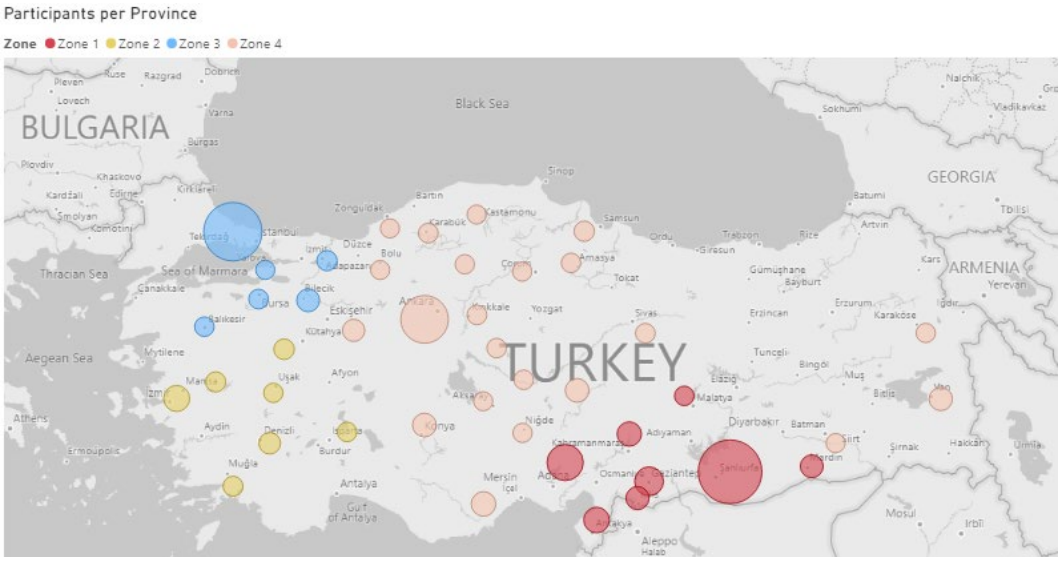
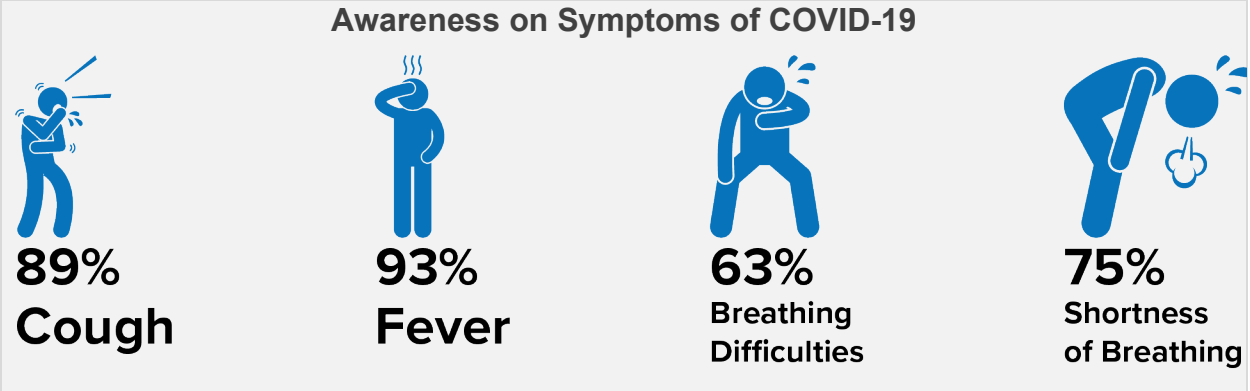


Figure 1 - The colors represents the zones and the size of the circle shows the number of individuals per each location.

[3] Breakdown of other nationalities is as follows: Nigeria, Palestine, Cameroon, Zimbabwe, Burundi, Egypt, Eritrea, Ethiopia, Libya, Niger, Sierra Leone and Yemen.

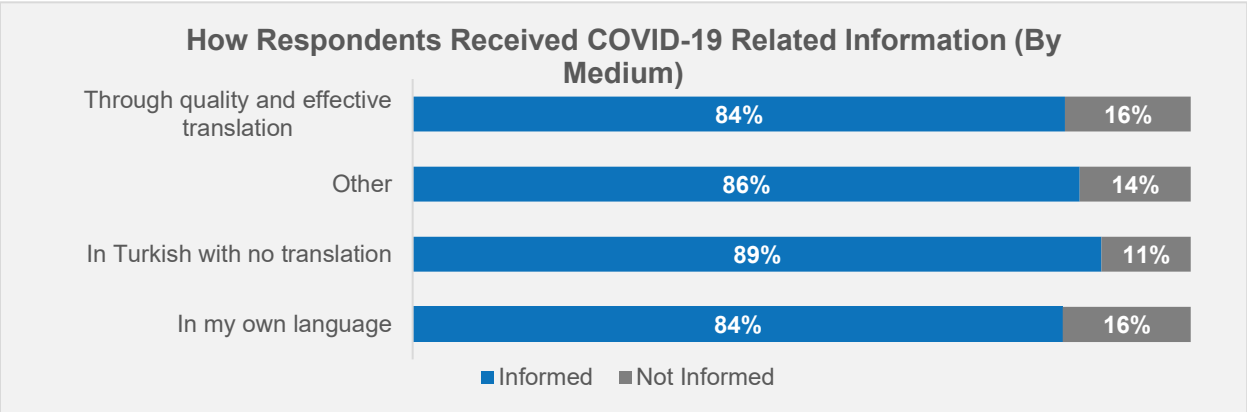
COVID-19 Awareness and Access to information

Overall, the levels of awareness on COVID-19 and access to relevant information was found to be significantly high. **80% of respondents feel they have enough information about COVID-19**, whereas an additional 16% feel partially aware. No major differences across locations, population groups or sexes were identified in this regard.



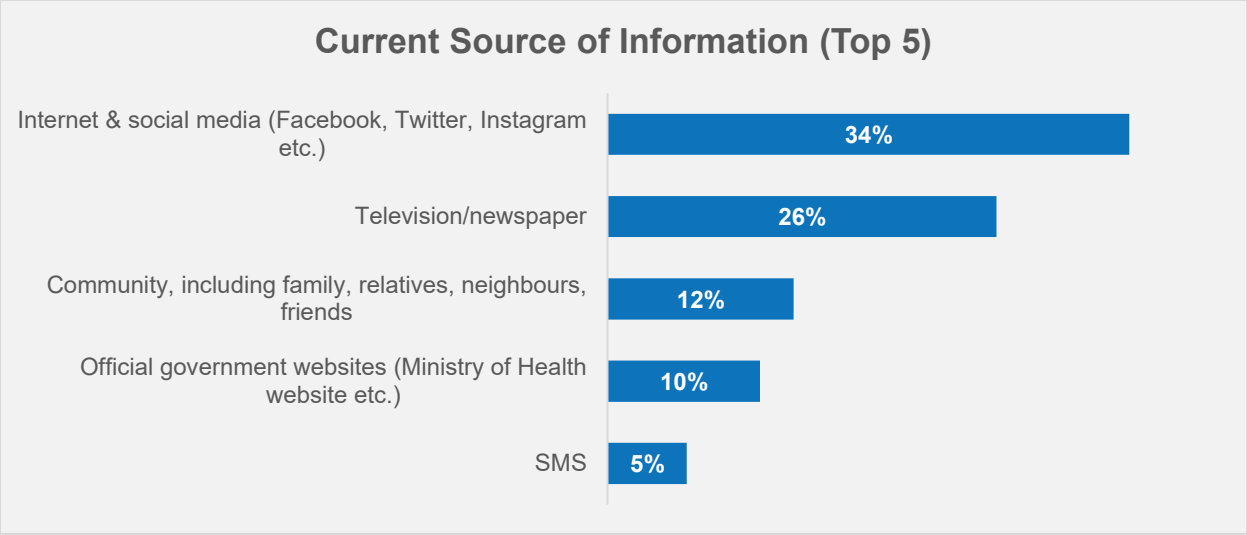
Awareness on COVID-19 is further complemented by the **high levels of awareness on the general situation, symptoms, measures announced by the Government and where to seek support if infected**. As an example, while 17% stated that they did not feel they had enough information on symptoms, 75% were aware of at least one of the main COVID-19 symptoms.

Communication and information related assessments carried out prior to the pandemic seem to indicate that refugees generally not feel sufficiently informed about their rights and responsibilities. In contrast, the results of the inter-agency assessment indicate high levels of both perceived and actual levels of COVID-19 awareness. The change in perception of awareness may be caused by several factors. Firstly, considering the global nature and scale of the pandemic, **the number of sources and range of modalities/channels to access information has increased** throughout this period. This would also explain the relative alignment between individuals' current



sources of information, compared to their preferred ones. Secondly, the results suggest that **utilization of standard and common messaging by a variety of stakeholders on such issues has a strong impact** on awareness and the perception thereof, for communities. Thirdly, the results show that 70% of all respondents received information related to COVID-19 either in their own language or through quality and effective translation.

The principal sources of information for all respondents throughout this period were internet and social media; TV and newspaper; official websites of public institutions; and through their communities. Interestingly, NGOs and other civil society organizations, as well as UN agencies were not identified as one of the main current or preferred sources of information, at least for the COVID-19 pandemic.



Access to Services

34%

of the respondents **could not access services** due to COVID-19 pandemic

Overall, the assessment indicates satisfactory levels of access to essential services. **66% of respondents, across population groups and geographical areas, stated they did not face barriers in accessing services** since March 2020. However, there were differences between population groups and locations. To specify, 57% of Afghans and 50% of Iranians stated they were unable to access essential services in the Central Anatolia & Other and the Aegean region respectively. For Afghans the hardest to reach services in the mentioned location were health services, data updates with PDMM and education; whereas for Iranians, it was PTT and banks. The assessment also indicated differences between sexes. **37% of female respondents stated they had experienced difficulties in accessing services compared to 32% of male respondents**.

Nonetheless, it is recognized that COVID-19 had negative impact on services and operational capacity of service providers. In turn, this did affect individuals' ability to access certain services. Of those unable to access services, the challenges mentioned in relation to reduced operational capacity of service providers included lockdown and curfews; service providers working on rotation and reduced human resources capacity; crowded services; and prioritization of specific groups for service delivery.

Access to Health Services

25%

of the respondents were unable to access **health services** due to COVID-19 pandemic

Assessment results indicate that health services and health service providers were the **hardest to reach throughout this period.** Afghan and Iranian respondents reported the most difficulties in accessing, with 44% and 56% respectively stating they faced barriers when trying to access health care.

Despite the need for health services, 29% of respondents stated that they have not accessed these services. The most common reason for this is due to a fear of leaving the house during the pandemic.

Since March 2020, 49% of respondents attempted to access health services. Of those who did attempt, 75% were able to access services. For the 25% who were unable to access, the most

common obstacles reported were de-prioritization of non-COVID related services (25%) and inactivation of health insurance (20%). To underline, 58% of Afghans stated they were unable to access due to inactivation of insurance. Across nationalities, 55% of health insurance related obstacles was encountered in the Aegean.

Overall, female respondents' level of access to sexual and reproductive health (SRH), and/or gynaecological and obstetric services were satisfactory. **Overall, 38% of all female respondents stated they had difficulties in accessing SRH services**, while around 50% of both Iraqi women and those of other nationalities responded that they did not access SRH services, either because they were unable or did not attempt to access these.

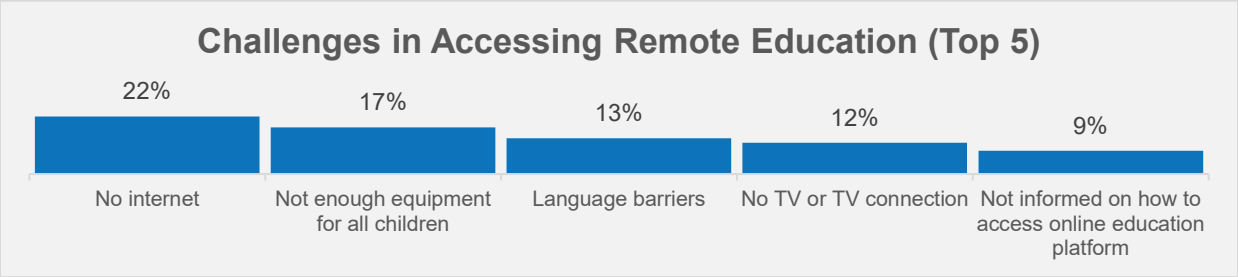
Access to Education

The assessment aimed to identify the impact of the pandemic in terms of children's continued access to education. In this regard, respondents were asked whether their children (all, some or none) were school-going before the pandemic, and whether these school-going children were able to access the remote learning programme launched by the Ministry of National Education. Accordingly, of the families with children, 51% stated all of their children were registered and school-going, whereas 36% stated none of their children participated in education prior to the pandemic. The remaining families stated that at least one of their children participated in education. The highest levels of enrolment of 'all children' were Iraqis at 56%. 28% of Afghan and 35% of Syrian families stated none of their school-aged children were enrolled in schools prior to COVID-19.

Most children — from families who stated all of their children were school-going prior to COVID-19 — were able to continue via remote learning opportunities. Overall, 79% of respondents with children stated that their children were able to continue education via remote learning. The levels of continued education are highest amongst Iraqi households. On the other hand, the findings indicate that 21% of respondents whose children were school-going prior to the pandemic did not continue education via remote learning. The highest percentage of discontinued education is amongst Afghan (29%) and Syrian (19%) households respectively.

The assessment did not indicate major differences between the sex of children facing difficulties. Of those who faced difficulties in accessing remote learning, 51% are girls and 49% are boys. For both girls and boys, **barriers to access include no internet (22%), not enough equipment (17%), language barriers (13%) and no TV or no TV connection (12%)**. Particularly in the

Southeast and Central Anatolia & Other regions, not having enough equipment is ranked as the most predominant barrier to accessing remote education. Furthermore, not having enough information on how to access online information was prevalent especially for Afghan and Iranian families.



It is noted that the findings of this inter-agency assessment related to continued access to education are different to other assessments carried out by partners (from both protection and other sectors). Through a variety of other assessments and surveys, large portions of the refugee population reported that access to remote education services is limited for them, in large part due to the same factors listed above. Comparatively, the inter-agency assessment findings show that most school-going children were able to continue education via remote learning. The divergence in findings may have been caused by the timing of the assessments. As the challenges in accessing remote education for refugee communities were identified through assessments carried out during the early stages of the pandemic, improvements may have been achieved until the time the inter-agency assessment was carried out.

The assessment also seems to indicate **some correlation between continued access to education and the socio-economic situation of the household**. Of the families who state that they can cover their monthly expenses and basic needs, the overall rate of continued remote education is 78%. Comparatively, only 63% of children of those who stated that they are not able to cover their monthly expenses and basic needs were able to continue their education. Through work and income related questions, **3% of families also flagged that their children were working**. It is unclear whether these children continue education or not.

Work, Income and Assistance

Work

59%

of the respondents **were working informally** before the pandemic

Similar to the approach on access to education, the process aimed to compare pre-COVID work and income conditions to the situation thereafter. Accordingly, results indicate that **prior to the pandemic, most respondents across all nationalities worked informally (59%) and 10% worked formally.** While Syrians ranked highest in terms of working formally at 12%, there were no Afghan or Iranian respondents working with permits. Afghans and Iranians also ranked highest in working informally, at 69% and 68% respectively. Most common sectors of employment across all population groups were service, construction and textile.

In terms of working informally, the findings do not indicate major differences between sexes. Overall, 61% of men compared to 57% of women work informally. From a nationality perspective, the rate of informal employment was found to be highest amongst Iranian women at 75%.

In addition to those working formally and informally, 31% of respondents expressed that they were not working. For these respondents, the most common barriers in accessing employment were identified as not being able to find jobs (29%) and long-term health conditions, injuries and/or disabilities that prevent working (26%). Only 3% of respondents mentioned that they were retired and 3% that they continued to study.

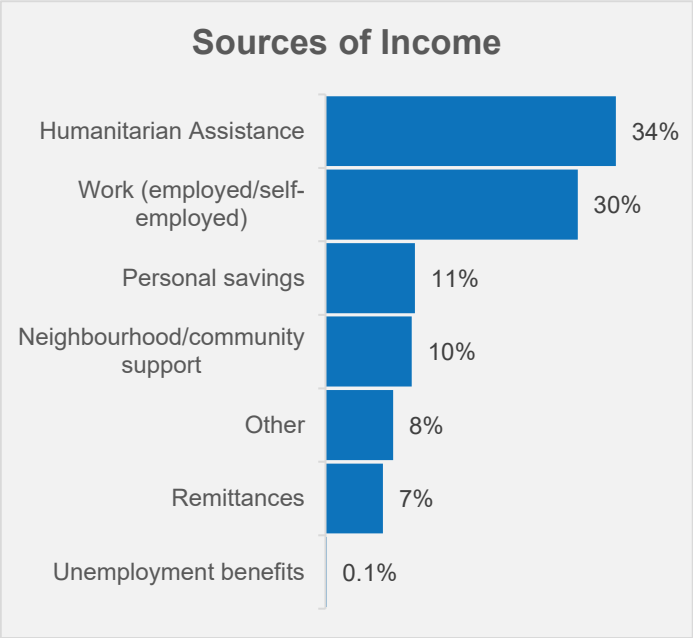
A key highlight of the assessment is the negative change in working status and conditions due to COVID-19. **A significant majority (84%), across all nationalities, responded that their working status and conditions have changed (negatively) due to the pandemic**, with the most affected population group as Iranians (96%) and the Aegean (95%) as the most affected region. When compared to the pre-COVID working situation, it is observed that the informal employment sectors have been most highly affected by COVID-19. These findings are also validated by other assessments. From the employee perspective, reasons for change in working status and conditions for those working informally include closure of workplaces (29%), loss of jobs/dismissal by employer (14%) and being sent on unpaid leave (10%). Changes caused specifically by COVID-19 include fear of transmission (14%) and having to stop working due to

measures taken by the Government (23%). Lastly, changes were also caused by personal situations such as health concerns (3%) and caregiving duties/household chores (2%).

In contrast with the findings around change in working status and conditions, the assessment indicates that the vast majority of respondents (86%) are positive about future job prospects, whereas only 14% are not hopeful they will be able to regain employment in the near future.

Income and Assistance

With such a large economic impact, **humanitarian assistance remains the main source of income for respondents, representing 34% of their reported income**. For Afghans, the proportion goes up to 40%. Humanitarian assistance as the main source of income is followed by income through employment (30%) and personal savings (11%). Other sources of income include community support, such as remittances, albeit minimal. In addition to humanitarian assistance and income through employment, across nationalities, Iraqis are noted to rely on neighbourhood and community support more so than other groups, whereas similarly, Syrians rely on their personal savings.



Overall, **52% of respondents stated that they receive assistance through public institutions, local authorities, I/NGOs and UN agencies**. Amongst those receiving assistance, the top three types of assistance are all via cash modality, including ESSN, CCTE and other cash assistance schemes.

50%

of the respondents **are not satisfied** with the assistance they receive

The Ministry of National Education, UNICEF and the Turkish Red Crescent (through ESSN and CCTE), municipalities, NGOs and Social Assistance and Solidarity Foundations (for non-ESSN assistance) are identified as the main sources of assistance. The largest source of income, reported nationally, is ESSN and CCTE. In terms of the next largest source of assistance, differences between geographical locations were identified. In the

Southeast, the second main source is NGOs, it is municipalities in the Aegean, Social Assistance and Solidarity Foundations in Marmara and UNHCR for Central Anatolia & Other region.

Minimal differences were identified in terms of access to assistance by female versus male heads of households. Accordingly, 55% of female head of households receive assistance compared to 52% of male head of households. After ESSN and CCTE, female heads of households receive the most assistance through UNHCR cash programmes.

Differences in distribution of assistance per geographical location were also identified. Assistance is mostly provided in the Aegean where 68% confirmed receiving support, followed by Southeast (54%), Central Anatolia & Other (49%) and Marmara (48%).

Access to Basic Needs and Hygiene Items

Access to Basic Needs

Survey findings indicate that **88% of respondents are not fully able cover their monthly expenses and basic household needs.** Only 12% expressed being able to cover their needs in full through existing sources of income. The most socio-economically vulnerable populations groups are Afghans and Iraqis, with 98% and 93% respectively stating they were either not or only partially able to cover their basic needs.

From a gender perspective, differences in socio-economic vulnerability were identified. Accordingly, **53% of female headed households, compared to 43% of male headed households, are unable to cover their monthly expenses.** It is also noted that the expenditure of male headed households is 15% higher compared to female headed households.

Notable differences between geographical areas were also identified in terms of respondents' ability to cover monthly expenses. While in the Central Anatolia & Other region, 16% are fully and 49% are partially able to cover their expenses; only 9% are fully and 35% are partially able to cover expenses in the Marmara region.

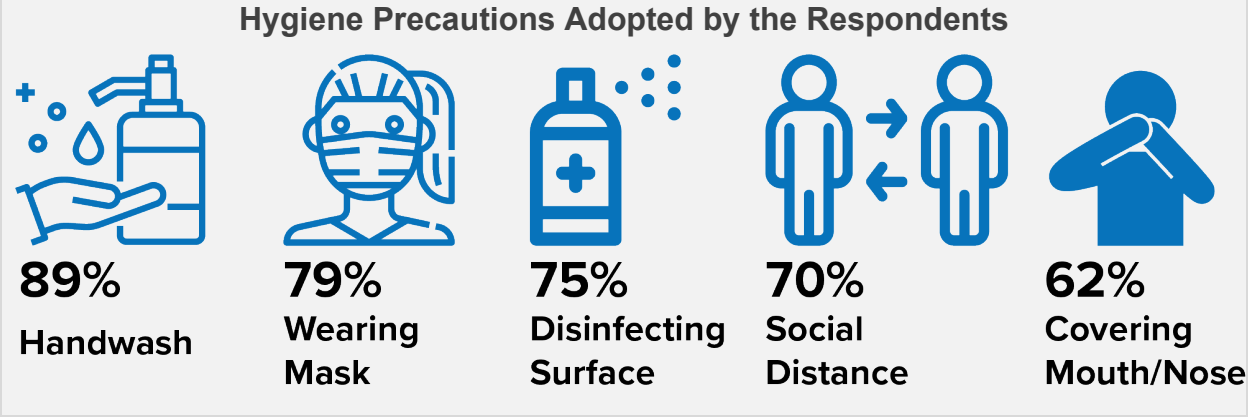
Findings of ability to cover monthly expenses were correlated with access to assistance schemes. Accordingly, it is interesting to note that **out of the 88% of respondents who stated that they were not fully able to cover their monthly expenses, approximately half are not receiving any assistance**.

While only 20% of respondents provided feedback to this particular question, the most widely adopted coping mechanisms include to borrow money / remittances to purchase essential items (28%), reduce essential food expenditure (22%) and spend household savings (18%) as ways to address the inability to cover monthly expenses and basic needs.

Access to Hygiene Items

Overall, **54% of respondents are unable to access COVID-19 related hygiene items** that they require. This is especially the case for Afghan (65%) and Iranian (62%) respondents. In comparison with 52% of male head of households, 62% of female head of households face difficulties in purchasing hygiene items. The most problematic location in terms of access to hygiene items is the Aegean (64%) and least problematic is Marmara (50%).

Of those who stated they were not able to afford and/or access hygiene items, 84% cannot access hand sanitizers, 77% cannot access alcohol-based products and 50% cannot access masks. It is interesting that respondents stated masks to be the third hardest to reach hygiene item, in consideration of the free mask scheme launched by the Government. When inquired about the reasons of not purchasing these items, respondents state they were unable to access masks due to high costs (85%), unavailability of items in shops (9%), and unsatisfactory quality of items (4%). To specify, access to masks is least problematic in Central Anatolia & Other region (35% being unable to), and most problematic in the Southeast (58%).



Protection and Community Concerns

Respondents were asked whether any problems had occurred in their household or within the larger community during the COVID-19 situation. The list of protection and community concerns shared with respondents were as follows: increased stress, conflict among household members, domestic violence, homelessness, xenophobia, conflict / tension with local community members, crime, other, and no conflicts.

Overall, 63% of the respondents reported some protection or community concerns during the COVID-19 pandemic. **The most frequently mentioned protection concerns include observations of increased stress within their communities (38%) and conflict amongst household members (13%). Only 2% reported conflict with local communities.**

The majority of respondents in the Aegean (61%) and a significant proportion in the Southeast (39%) did not observe any protection problems. The areas with the highest percentage of reported protection problems were Marmara (71%) and Central Anatolia & Other (62%). In terms of increased stress within the household, Southeast ranked higher than the overall average, at 39% followed by Marmara (27%). The lowest reported area of increased stress was Aegean with 7%.

47%

of the respondents are concerned that the problems observed due to COVID-19 will **affect relationships and communication** in the household

The assessment also indicated differences per nationality. 53% of Iraqis and 40% of Syrians stated that they did not observe any problems during this period, compared to only 12% of Afghans and 4% amongst Iranians. Within the Afghan community, almost 60% observed increased stress, 10% observed xenophobia and 8% observed increase in homelessness. Amongst Iranian communities, increased stress, conflict amongst household members and xenophobia is observed to have increased above the general average.

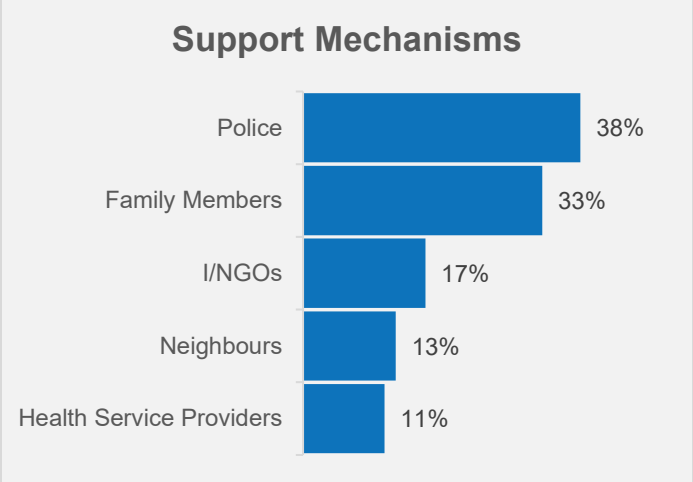
A significant proportion of respondents, 43% informed that they have been experiencing increased stress within their own household, whereas 14% informed they were partially experiencing increased stress within the household. Comparatively, 58% of those who indicated they experienced increased stress stated these will affect relationships and communication within the household. Contradictory to the increased levels of stress, 20% of respondents do not want or need information and support on how to cope with stress, followed

by those who prefer social media (11%), phone calls (9%) and online PSS sessions as channels / modalities to share information on coping strategies.

Globally, there is recognition that confinement at home that was brought about by the pandemic is likely to increase exposure or risk of violence and abuse. However, **assessment findings show that only 3% of all respondents stated that they were observing increases in domestic violence (of which 60% are female respondents)**. The increase is felt highest in the Southeast and within Syrian communities, as 78% of those who observe increase in domestic violence are Syrians. Domestic violence has not been mentioned at all by Iraqi respondents. 89% of those who observe increase in domestic violence believe that this will affect the relationship and communication in their communities and/or households. It should also be noted that for the questions related to safety, respondents were asked to select a number corresponding to their level of risk (i.e. 1 – feel safe at all times and 5 – fear for well-being). This enabled the collection of information around protection concerns in a safe manner, without jeopardizing the respondents' safety.

Complementary to the 3% that observe increase in domestic violence, it is noted that **78% of overall respondents feel safe at home at all times, whereas 16% feel safe most of the time**. Those who stated that they do not feel safe at home or fear for their well-being are below 2% in total. However, due to limitations of conducting interviews over the phone and in consideration of the do no harm principle, safety was used to replace SGBV terminology. However, due to limitations of conducting interviews over the phone and in consideration of the do no harm principle, enumerators did not seek to identify incidents therefore safety related questions may have been interpreted as safety from COVID-19 only.

In terms of support mechanism, 38% seek support from the police when they encounter a protection problem. As a first-choice option, 42% of male respondents state they seek support from the police, compared to 35% of female respondents who would seek support through family members. This is also the case for female heads of households. On the other hand, only 10% of all respondents stated they



would seek support through UN agencies and NGOs when faced with a problem. For the latter, some substantial differences were found between the nationalities. Over 45% of Iranian and Afghan nationals would rely on UN agencies, whereas 32% rely on NGOs. Only 4% of Syrians stated to seek support from UN agencies. Interestingly, 10% stated that they would not seek support from anyone when they encounter a problem.

Conclusions

Overall, many of the findings of the IA assessment are in alignment with the outcomes of other assessments conducted by humanitarian actors in Turkey during the COVID-19 period.

In general, most respondents have received high levels of information and developed an awareness around COVID-19 and measures taken by the Government, both at perceived and actual levels.

Despite the negative impact of COVID-19 on the operational capacity of service providers, many refugees (66%) were able to access essential services during this period. It is identified that a significant group did not attempt to access particularly health services due to fear of COVID-19 transmission.

Divergence in findings around access to remote education was identified between the inter-agency assessment and other assessments, where the inter-agency assessment observed higher levels of continued access compared to others.

The impact of the pandemic was most clearly felt in the livelihoods of individuals, where most respondents (84%) reported that their job status and conditions deteriorated throughout this period. Against this, it is noted that many refugees continue to depend on humanitarian assistance. However, many of the households unable to meet their needs do not receive any assistance.

Findings indicate that the majority of the respondents did experience deteriorated protection situations and are concerned that this will affect their relationships and communication within their households. Due to the limitations and purpose of the survey, the enumerators did not identify and/or probe into individual protection concerns.

Way Forward

The assessment is not meant to be a one-off exercise, rather, a continuous one that will aim to inform programming and response within the protection sector and beyond. Considering the high levels of motivation within the sector and the positive environment created by the facilitation of a joint assessment, the exercise will be carried out on a quarterly basis. The continuity of subsequent rounds will also allow for the sector to compare findings and analyse trends.

Based on lessons learnt and consultations with sector partners which conducted phone interviews for the joint assessment, certain elements will require revision. These include the following:

- The questionnaire will be revised, especially around translation of protection terminology; length of questionnaire and interviews; clarification for certain questions;
- Enumerators will be provided written guidance and receive training by UNHCR Inter-Agency and Information Management units;
- The questionnaire will be translated into additional languages;
- In line with contextual changes, the questionnaire will also be revised to not only focus on needs and impact of COVID-19, but also general and sensitive protection issues.