INTER-AGENCY PROTECTION SECTOR NEEDS ASSESSMENT ANALYSIS

SEPTEMBER 2020

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Executive Summary

This Second-Round of the protection sector inter-agency needs assessment was carried out via 17 sector partners in September 2020 with a sample size of 1,055 individuals (representing a total of 6,030 persons at the household level). The majority of respondents participating in the exercise are Syrian, followed by Iraqi, Iranian, Afghan and other nationalities.

This comparative analysis aims to provide an overview of COVID-19 impact on refugee communities over a period of time in relation to various thematic areas, including protection and community level concerns; access to information; access to services (including health and education); work and income; and, access to basic needs. The analysis puts forward various measures to address barriers and challenges identified through the assessment.

The main findings of the assessment are highlighted below:

- The overall level of access to information on rights and services is significantly high, as 76% of respondents stated they have enough access to information. However, non-Arabic speaking respondents have below average levels of access to information, indicating the need for increased outreach and targeting to these groups. Community members are increasingly one of the primary sources of information.
- Refugee communities (particularly Afghans and Iranians) continue to face barriers in accessing services, with 31% reporting to have attempted but been unable to access services. The Second-Round analysis identifies new barriers to access services, the highest ranked being the inability to use online systems to book appointments (13%), affecting predominantly male respondents. However overall, it is noted that 36% of female respondents stated they had difficulties in accessing services, compared to 28% of male respondents.
- Health services and service providers continue to be one of the hardest to reach throughout COVID-19. Of the 79% of respondents who attempted to access health services, 20% reported they were unable to (23% for female respondents). The main barrier in accessing health services is de-activation of general health insurances for International Protection Applicants (13%). It is also reported that one thirds of female respondents were unable to access sexual and reproductive health services throughout COVID-19.

- The level of access to remote education has decreased considerably compared to the First-Round (from 79% to 68%), signalling increasing drop-out rates from education. The main barriers include lack of equipment and digital infrastructure, as well as socio-economic vulnerabilities of households.
- The levels of participation in higher education (8%) and Public Education Center courses (25%) remain low.
- A significant majority (76%), across all nationalities, report that their working status and conditions have changed (negatively) due to the pandemic. An overwhelming 84% of respondents report being unable to cover monthly expenses, with female headed households at comparative disadvantage. Only half of those who report not being able to cover monthly expenses are receiving assistance. The deterioration of socio-economic status may result in direct or indirect protection concerns.
- The main source of income for respondents is employment, representing 42% of their reported income. Humanitarian assistance ranks as the second source of income (30%). While 54% of respondents state they receive assistance through public institutions, local authorities, I/NGOs and UN agencies (of which 87% represents cash assistance), it is also noted that 48% are not satisfied with the assistance they receive.
- Protection and community level concerns are increasing as the pandemic prolongs. Overall, 65% of the respondents reported some protection or community concerns during the COVID-19 pandemic. The highest-ranking protection concerns are related to increased stress and anxiety both at the individual (58%) and community levels (60%). Respondents also report increasing levels of conflict amongst household members (36%) as well as domestic violence within their communities (31%). 37% also mention observations of conflict and tension with local community members.

Rationale and Objectives

During protection consultations, protection sector partners remarked a lack of harmonized inter-agency protection needs assessment tool. The COVID-19 situation presented an opportunity for the protection sector to develop and promote such a common protection needs assessment tool. While the tool is predominantly focused on protection, in order to capture a holistic understanding of the COVID-19 related needs of refugees, questions related to other sectors and thematic areas were also incorporated. The tool was contextualized from existing UNHCR and partner assessment tools. The tool is meant to capture information specific to the COVID-19 situation, however, it can also be contextualized towards a general protection needs assessment tool for future reference and use. Overall, 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;

The *First-Round* of the protection sector inter-agency needs assessment was carried out in June 2020. Through the support of 12 organizations, 1,020 individuals participated in the exercise. Assessment findings were analyzed through age, gender and diversity markers with the following disaggregation's: sex of respondent, sex of head of household, population group and geographical location. Findings were shared through a **report** and per agreement with contributing organizations, the data was made available to protection sector partners through a **PowerBI dashboard**.

This *Second-Round* of the protection sector inter-agency needs assessment was carried out in September 2020. In order to allow comparisons on the needs of refugee communities and the impact of COVID-19, the questionnaire was not changed significantly. Minor updates were introduced to the tool to align with the changing context as well as based on the suggestions of

partners towards improvement of the tool. As in the First-Round, data from the Second-Round is made available through an interactive **PowerBI dashboard**.

Process

Methodology

The main goal of the initiative was to understand the impact of the COVID-19 pandemic on refugee communities vis-à-vis access to services, access to information and coping strategies communities developed in response to the pandemic. With this purpose, the protection sector developed a multi-stake holder comprehensive needs assessment tool. 17 partners[1] – operating in various geographical locations – conducted the interviews over the phone. To avoid double-calling, the sector facilitated strong field level coordination between the participating partners.

Sampling

Considering the multi stakeholder nature of the assessment, a simple random sampling method was applied: probability sampling. While there are limitations in accessing the larger refugee populations, the available datasets are considered representative enough to minimize the sampling bias. The sample size was defined following the discussions on the size of available datasets and geographical distribution. The sample size was determined at a total of 1,136 refugees; 880 Syrians, 104 Iraqi, 77 Iranian, 55 Afghan and 20 from Other Nationalities. The sample was derived from each partners' own caseload.

Geographical Distribution

As the exercise was open to all of protection partners, four zones were created to distinguish and compare the impacts of the pandemic at different coordination hubs. Each partner was asked to call a representative number of individuals in proportion to the total population of refugees living in each zone.

Data Collection and Analysis

The organizations involved with the exercise developed a common comprehensive needs assessment questionnaire. The questionnaire was uploaded to Kobo Toolbox. Focal points

[1] CARE, Concern, Eskişehir University, HRDF, IBC, IOM Adana Community Center, IOM Ensar Community Center, IOM Keçiören Migrant Center, IOM Şanlıurfa Migrant Center, Mavi Kalem, MSYDD, Rahma, Sevkar, SGDD-ASAM, TRC, WALD, UNHCR.

assigned by contributing organizations were trained on how to use the tool. Data was collected between 28 September – 7 October 2020.

Respondent Profiles and Demographic Information

- **1,055 individuals provided informed consent** to participate in the exercise, representing a total of 6,030 persons at the household level.

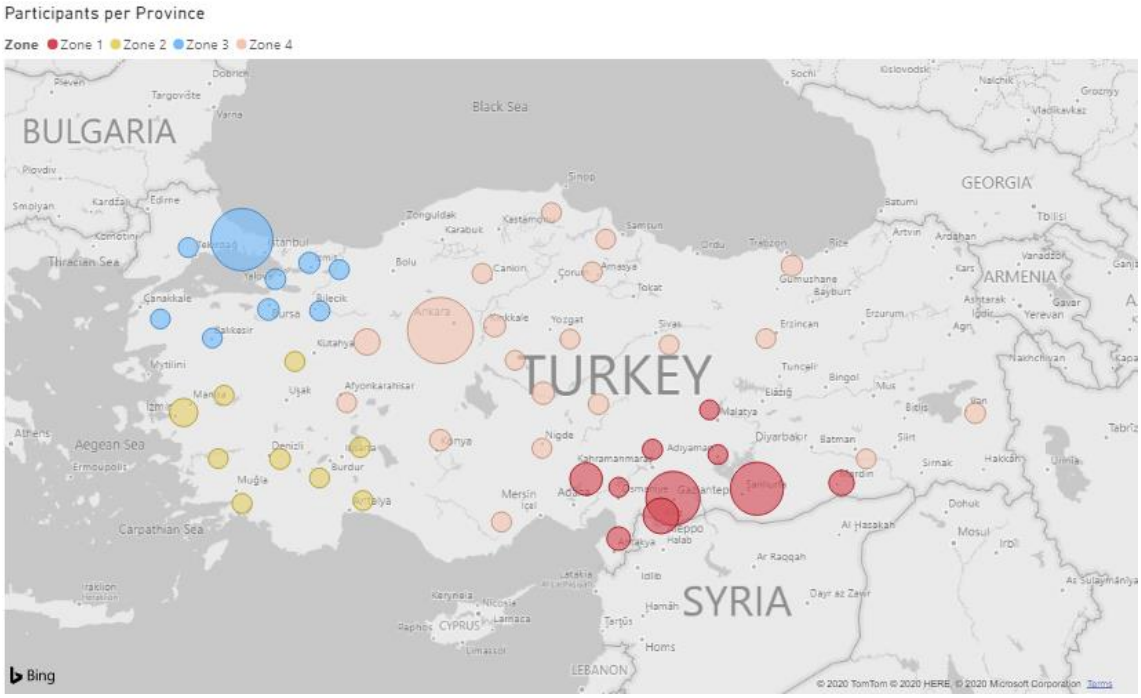


Figure 1 - The colors represents the four zones while the size of the circles represents the density of individuals interviewed per location.

- The number of individuals interviewed were proportionate to the total population of refugees living in each zone. Therefore, there are no major changes between the First- and Second-Rounds in terms of density of calls per geographical zone[2]. The number of interviews per geographical zone is as follows:

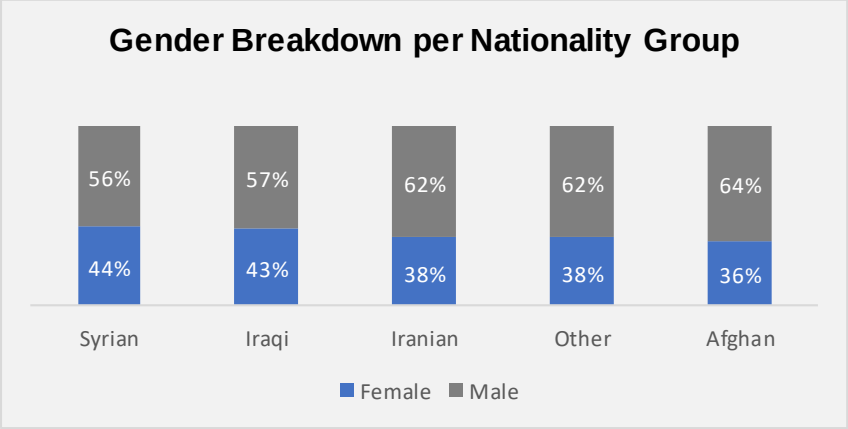
Geographical Zone	Number of Interviews
Southeast (Zone 1)	481
Aegean (Zone 2)	57
Marmara (Zone 3)	218
Central Anatolia & Other (Zone 4)	299

[2] In the First-Round, the number of interviews per zone were as follows: 441 in the Southeast (Zone 1), 63 in the Aegean (Zone 2), 221 in Marmara (Zone 3), and 295 in Central Anatolia & Other (Zone 4).

- During the assessment, due attention was paid to the nationality of participating refugees. The nationality breakdown of individuals participating in the exercise is as follows: Syria (817), Iraq (107), Iran (65), Afghanistan (53), and Other Nationalities[3] (13). Nationality breakdown of individuals per geographical zone is as follows:

Geographical Zone	Syria	Iraq	Iran	Afghanistan	Other
Southeast (Zone 1)	463	7	5	4	2
Aegean (Zone 2)	44	5	4	3	1
Marmara (Zone 3)	189	11	10	6	2
Central Anatolia & Other (Zone 4)	121	89	50	33	6

- **98% of the participating refugees are registered with DGMM**. Of these, 72% represent Syrians under Temporary Protection, 11% International Protection Applicants and 8% International Protection Status Holders. 2% either have not approached DGMM for registration or could not register with DGMM due to various reasons. The remaining 7% did not respond to this question.
- Of the participating refugees, 57% of the respondents are male; 43% female. A total of 7 individuals identified as gender non-binary. In the First-Round, the breakdown was 53% male and 47% female, and no individual had identified as gender non-binary. The gender breakdown of respondents was derived based on caseloads received through contributing partners. Gender breakdown of respondents is triangulated with nationality in the figure below.



- 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**. The ratio of female/male heads of household is the same as in the First-Round.

[3] Breakdown of other nationalities is as follows: Burundi, Cameroon, Ethiopia, Pakistan, Palestine, and Sudan.

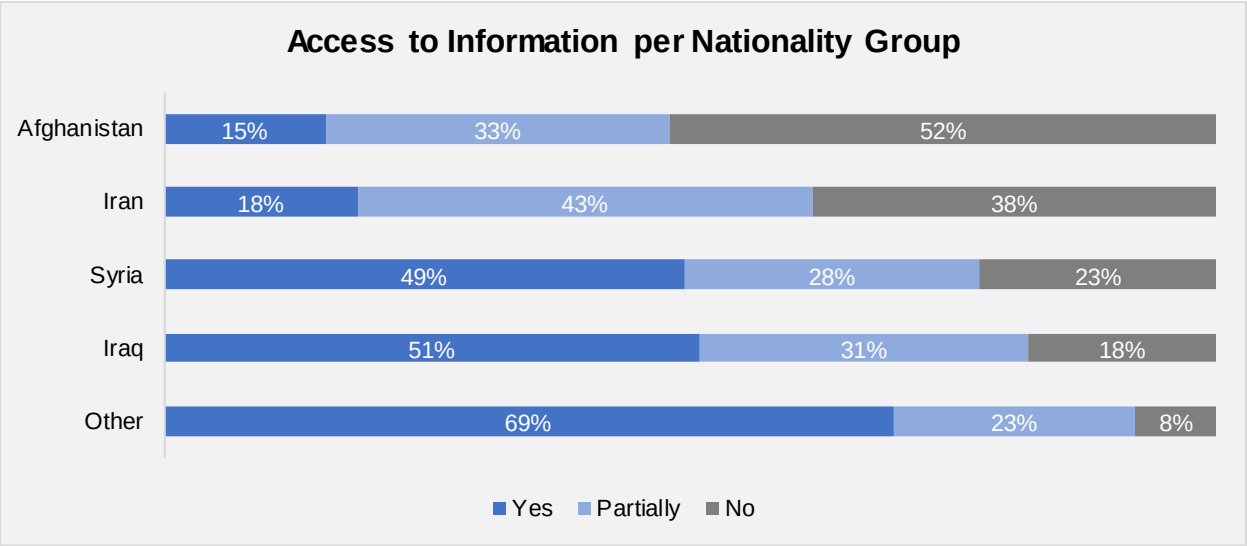
- Age and gender breakdowns of **households** are as follows:

Gender/ Age	0-5	6-17	18-65	65+	Total
Female	505	1,048	1,434	144	**3,131**
Male	441	1,051	1,313	87	**2,892**
Gender Non-Binary	1	1	5	0	**7**
Total	947	2,752	2,100	231	**6,030**

Access to Information on Rights and Services

Overall, **the level of access to information on rights and services is significantly high** and most refugees do not report to face language related barriers in terms of access to information. To specify, 76% respondents stated that they have either enough (46%) or partially enough (30%) access to information (the remaining 24% expressed not having enough information). 82% expressed that they received information in their own language (either directly or through quality translation). Comparatively, 80% of respondents in the First-Round stated they felt they had enough information *about COVID-19*, of which 70% received information in their own languages. The findings in the Second-Round seem to indicate a minor drop in awareness, however, it should be emphasized that the question in the Second-Round was broader and encompassed information around services in general, whereas in the First-Round it was focused on knowledge and information related to COVID-19, including risk mitigation, prevention and response measures.

As in the First-Round, there were no major differences between sex of head household, sex of respondent or geographical location in terms of access to information. However, the assessment did indicate differences between nationalities. A majority of Afghans (52%) and high numbers of Iranians (38%) stated they do not have enough access to information on rights and services. The finding indicates the **need for increased outreach and targeting particularly to non-Arabic speaking individuals with information in their own languages on their rights as well as available assistance and services**.

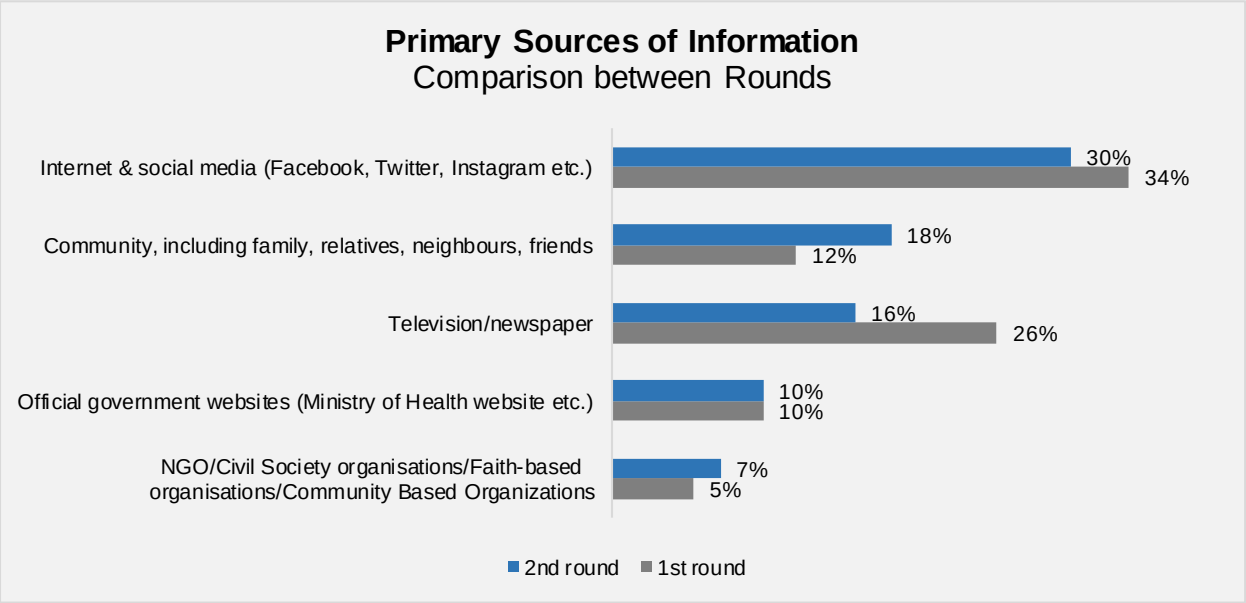


The assessment indicates that the main information needs include information on financial assistance (13%); working in Turkey (11%); resettlement to a third country (10%); social services, including protective, preventive and rehabilitative services (9%); legal assistance (7%); and school, university and vocational studies in Turkey (7%).[4] While the categories of information needs do not change significantly between sex of head household, sex of respondent and zones, it is noted that Afghans also require information on health-related matters including medical assistance, whereas Iraqis additionally mention the need for information on registration and documentation in Turkey. A possible explanation why Afghans specifically require information around health matters may be that they identify hospitals and health services as the hardest to access, and the main barrier to access these services is identified as the inactivation of general health insurances (see below).

Only 3% of respondents identified information on COVID-19 prevention and risk mitigation as a main need, which validates the First-Round findings of high levels of awareness and information on COVID-19 within refugee communities.

[4] According to UNHCR Turkey's Counseling Line Monthly Reports (September-October 2020), the main calls where about resettlement; financial assistance; assistance for persons of concern with specific needs; and, legal assistance which is relatively similar to the findings of the Second-Round Sector RNA.

The principal sources of information for all respondents are internet and social media (30%); community, including family, relatives, neighbours and friends (19%); television and/or newspaper (16%); and, official Government websites (10%). The principal sources of information remained relatively similar between the two rounds, as indicated in the Figure below. However, a slight decrease in use of internet and social media and a significant decrease in TV/newspaper is reported. The assessment indicates **an increase in community members as a source of information, suggesting that communities should be increasingly utilized by partners in disseminating timely and accurate information**. Lastly, the assessment indicated a slight increase in respondents who identified NGOs, civil society organizations, faith-based organizations and community-based organizations as their principal source of information between the two rounds.



Access to Services

Overall, the assessment indicates medium levels of access to essential services. **Of the 87% of respondents who did attempt to access services, 31% reported they could not.** This indicates a minor improvement compared to the First-Round, during which 34% indicated they faced barriers in accessing services. Across all population groups, respondents indicated barriers in reaching the following essential

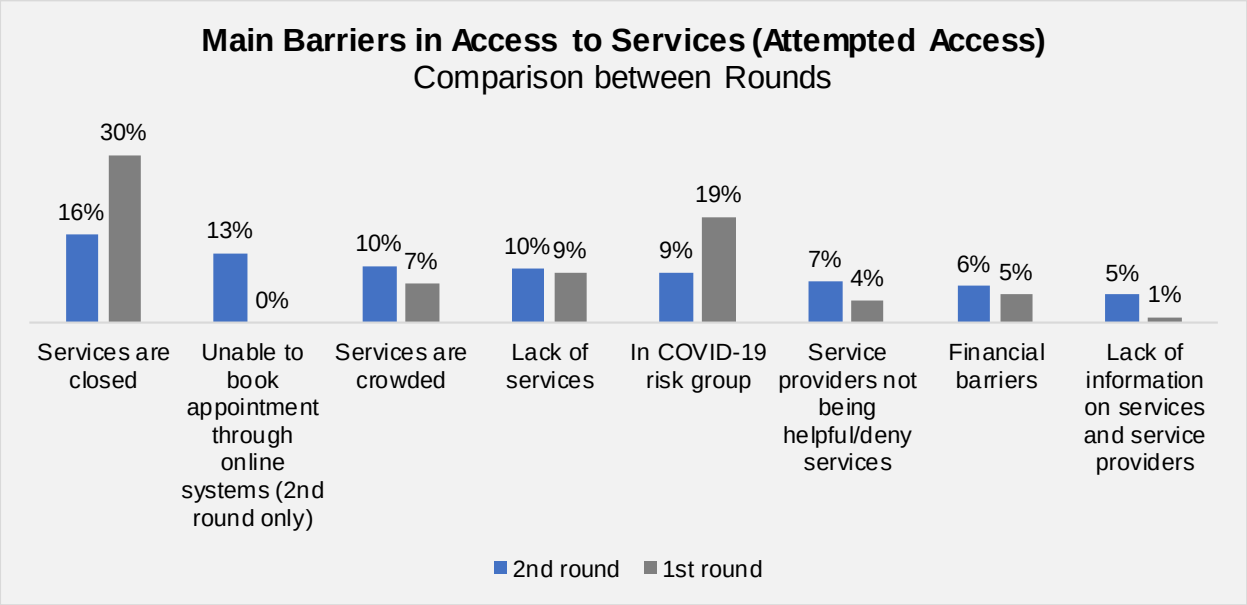
31%

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

services, amongst others: ESSN application (19%), hospitals and health services (15%), ID renewal with PDMM (12%), education (10%) and PDoFLSS services (6%).

The assessment indicates differences between population groups and sexes in relation to levels of access to essential services. **Two of the five population groups have reported below average levels of access to services: 42% of Iranians and 40% of Afghans stated they were unable to access services.** For both nationality groups, the hardest to reach were hospitals and health services, followed by education services for Afghans, and PDoFLSS services (including SSCs and SASFs) for Iranians. These findings are similar to the First-Round that identified Afghans and Iranians as the population groups facing the most barriers in accessing services. In terms of differences between sexes, 36% of female and 33% of gender non-binary respondents stated they had difficulties in accessing services, compared to 28% of male respondents.

COVID-19 continues to have an impact on operations and service delivery modalities of service providers, which is manifested in the shift towards remote service delivery and increased use of digital platforms. This in turn reflects on the ability of individuals to access services. The main barriers in accessing services, including comparisons between the two assessments, are reflected in the Figure below.



Overall, it is noted that the differences between rounds in relation to changes in barriers to accessing services (for respondents who attempted to) reflect the changing context and specifically the changes in service delivery modalities of service providers. Whereas there is, to

a certain extent, normalization in terms of service delivery compared to initial phases of COVID-19, with a significant drop of respondents reporting that they faced barriers due to closed services (from 30% to 16%), new barriers have come up. Respondents identify **the inability to book appointments through online systems as one of the main barriers in accessing services**. To detail, male heads of households face more difficulties in using online systems to book appointments for services (14%) compared to female heads of households (6%). In terms of nationalities, Afghans and Syrians (14% for both) reported to face most difficulties in accessing online systems.

Overall, 13% of respondents did not attempt to access services. The main reasons include not needing to access services (37%), fear of leaving their houses due to COVID-19 (17%), financial barriers (9%), lack of information on services and service providers (6%) and being in a COVID-19 risk group (5%). Additionally, gender non-binary individuals also noted fear related to discrimination based on sexual orientation and gender identity/expression (11%) as a reason for not attempting to access services.

Iranians (14%) and Afghans (8%) noted service providers not being helpful/deny services as a reason for not attempting to access services, based on previous experiences. This indicates a **need for strengthened advocacy and collaboration with service providers to facilitate improved access to services for individuals of nationalities other than Syrian.**

Lastly, compared to First-Round findings, a slight reduction (2%) in fear of leaving the house due to COVID-19 is noted, which may be due to the prolongation and increased normalization of the pandemic situation.

Access to Health Services

Assessment results indicate that **health services and service providers continue to be one of the hardest to reach throughout this period**. Of the 79% of respondents who did attempt to access health services, 20% reported they were unable to (23% for female respondents).

20%

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

Some nationality groups faced more difficulties in accessing health services than others. Specifically, Afghan and Iranian respondents reported the most difficulties,

with 45% and 38% respectively stating they faced barriers when trying to access health care. These findings confirm First-Round findings where Afghans (44%) and Iranians (56%) also reported facing difficulties in reaching health care services, with the situation for Iranians being improved between two rounds.

Across population groups, **the main reasons for not being able to access health services include inactivation of general health insurance (14%), avoiding hospital due to fear of COVID-19 infection (12%), lack of information on services (12%) and limited resources of hospitals due to COVID-19 (11%).**

Differences between sexes and population groups are observed in relation to barriers to accessing health services. In addition to limited resources of hospitals, female respondents also rank denial of treatment by services providers (12%) as a barrier towards access. Inactivation of health insurance remains a key reported barrier for Iranians (58%) and Afghans (48%) in particular. **The latter indicates a need to increase advocacy efforts with DGMM on re-activation of general health insurances, particularly for the most vulnerable, to strengthen their access to critical health services.**

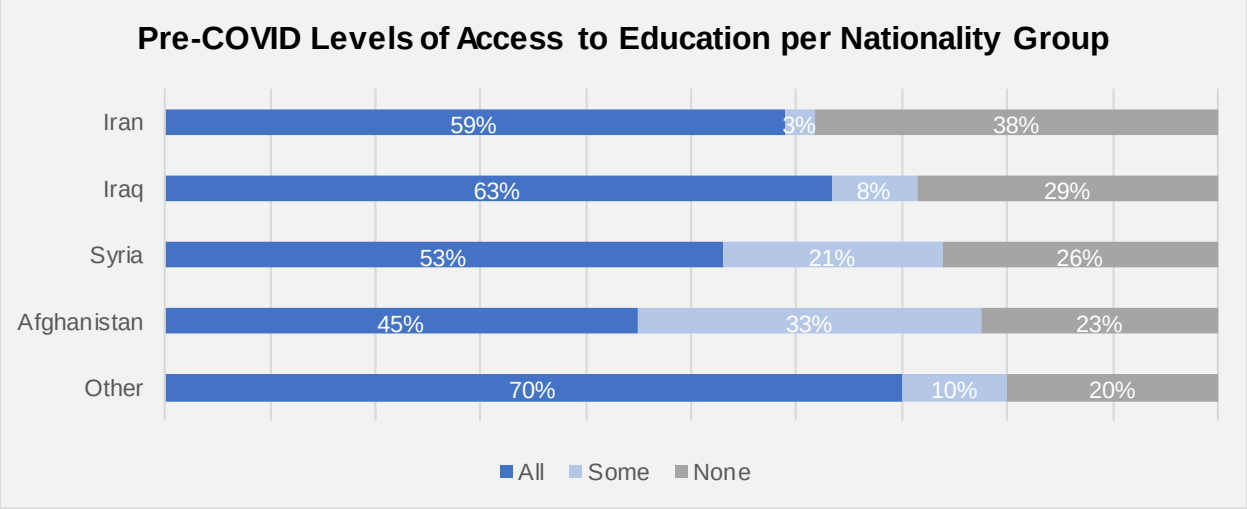
The assessment revealed geographical differences in the main barrier, identified by respondents, in accessing health services: lack of information on services in the Southeast (24%), lack of interpretation support and language barrier in the Aegean (29%), inability to pay contribution fees for treatment/medication in Marmara (14%), and inactivation of health insurance in Central Anatolia and Other locations (42%).

Overall, 36% of female respondents reported they were unable to access sexual and reproductive health and/or gynaecological and obstetric services. This is a slight improvement (2%) compared to First-Round findings. Second-Round findings highlighted that Iranians (42%) and Afghans (40%) rank below average in terms of access to sexual and reproductive health services. Amongst the barriers in accessing health services for female respondents, inability to pay contribution fees for treatment/medication (33%), inactivation of health insurance (22%) and not being registered with PDMM (12%) rank the highest.

Access to Education

The assessment aimed to identify the impact of the pandemic in terms of children's continued access to education. 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 households with children, 54% stated all of their children were registered and school-going, whereas 27% stated none of their children attended school prior to the pandemic. The remaining 19% stated that at least one of their children participated in education prior to COVID-19.

As indicated in the Figure below, the highest levels of enrolment of 'all children' were Iraqis at 63%. On the other hand, 38% of Iranian and 29% of Iraqi households stated none of their school-aged children were enrolled in schools prior to COVID-19.

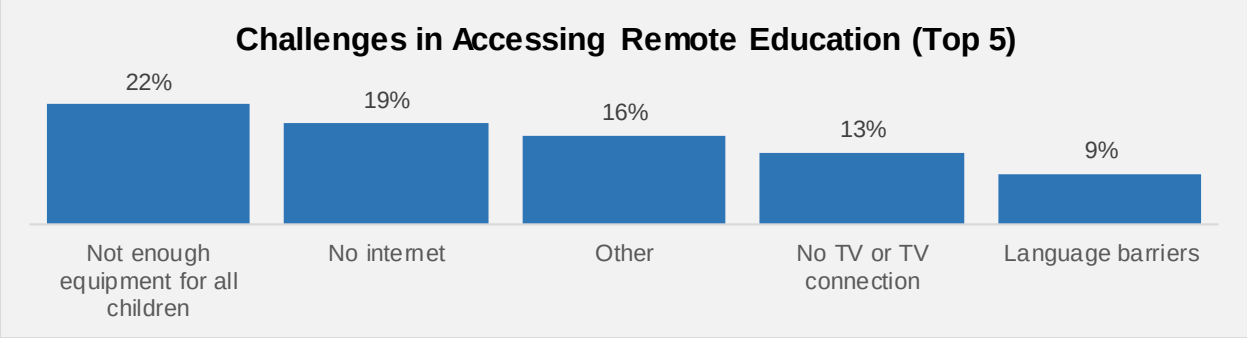


Most children — from households who stated all of their children were school-going prior to COVID-19 — were able to continue via remote learning opportunities. Overall, 68% of respondents with children stated that their children were able to continue education via remote learning. Worryingly, this represents a considerable drop compared to the First-Round where 79% of respondents with children had stated their children continued education during COVID-19. This seems to indicate a worsening situation for children's continued access to remote education.

The levels of continued education are highest amongst 'other' nationalities and Iraqi households, as almost all children were able to access remote learning in both population groups. The highest

percentage of discontinued education, as in the First-Round, is amongst Afghan (29%) and Syrian (17%) households respectively.

The assessment did not show major differences between the sex of children facing difficulties. Of those who faced difficulties in accessing remote learning, 52% are girls and 48% are boys. The main challenges in accessing remote education are indicated in the Figure below. It is noted that language barrier is one of the main difficulties faced by Afghan children (19%). The below figure indicates a **need to support households with equipment and digital infrastructure and particularly Afghan children with language related support, to prevent further drop-outs and challenges in accessing remote education.**



The assessment also seems to indicate **some correlation between continued access to education and the socio-economic situation of the household**. Of the households who stated they can cover their monthly expenses and basic needs, the overall rate of access to continued remote education is 71%. Comparatively, only 62% of children of those households who stated that they are not able to cover their monthly expenses and basic needs were able to continue their education. These findings suggest that measures to address and/or reduce socio-economic vulnerabilities of households are required to ensure refugee children are able to continue attending schools. Through work and income related questions, **2% of households also flagged that their children were working**. It is unclear whether these children continue education or not, and whether they were working prior to COVID-19 as well.

The Second-Round assessment also looked at access to higher education. Findings indicate that **an overwhelming majority of households (92%) do not have any members attending higher education in Turkey**. Only 7% of responding households have members attending Undergraduate level education and less than 1% participate in Master's programmes. The assessment did indicate some differences per nationality. There are no Afghan households with

members attending University or Master's programmes amongst the respondents, whereas the highest levels of participation to University are amongst Iraqi households (9%). Amongst the responders, the lowest participation in Master's programmes is by Syrian households (0.1%), whereas highest participation in Master's programmes is amongst Iraqi households (0.2%). Amongst those interviewed, no households reported to have members participating in PhD programmes.

This Round also looked at access to Public Education Centers (PEC) and available courses. As is the case with participation in higher education, **the majority of adults in households (75%) did not participate in PEC courses prior to the pandemic.** Of the remaining 25% who did attend PEC courses, 18% participated in Turkish language courses, followed by vocational courses (3%) and general hobby courses (3%). From a gender perspective, members of female headed households had less access to courses (20%) compared to members of male headed households (27%).

Participation in Turkish language courses was highest amongst Afghan households and Iranian households (both at 43%). Participation in Turkish language courses was lowest amongst Syrian households (17%).

Lastly, it is noted that **amongst the 25% of households with members who attended courses prior to the pandemic, 76% were not able to continue during COVID-19**.

In relation to the low levels of participation in higher education and Public Education Center courses, in addition to analysing trends on levels of participation over time, there is a need to better understand the barriers to design interventions accordingly.

Work, Income and Assistance

Work

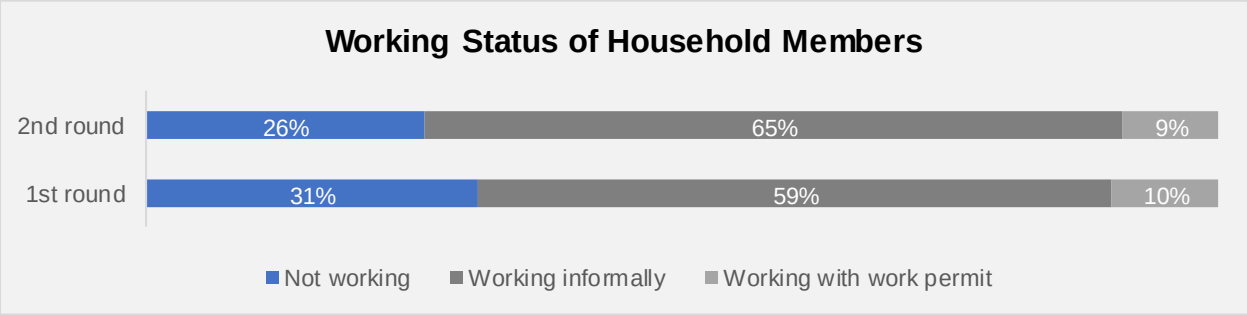
Similar to the approach on access to education, the assessment aimed to compare pre-COVID work and income conditions to the situation thereafter. Results indicate that **prior to the pandemic, most respondents – across all nationalities – worked informally (65%), while 9% worked formally.** Syrians ranked highest in terms of working formally at 11%, whereas there were no Afghan respondents working with permits. Afghans and Iranians ranked highest in working informally, at 81% and 69% respectively. Most common sectors of employment across all population groups were service, construction and textile.

65%

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

In terms of working informally, the findings do not indicate major differences between sexes. Overall, 66% of men compared to 64% of women reported to work informally. Combined with a nationality perspective, it is noted that the rate of informal employment is highest amongst Iranian women at 75%.

26% of respondents expressed that they were not working prior to the pandemic. 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 (27%). Only 4% of respondents mentioned that they continued to study and 3% were retired.

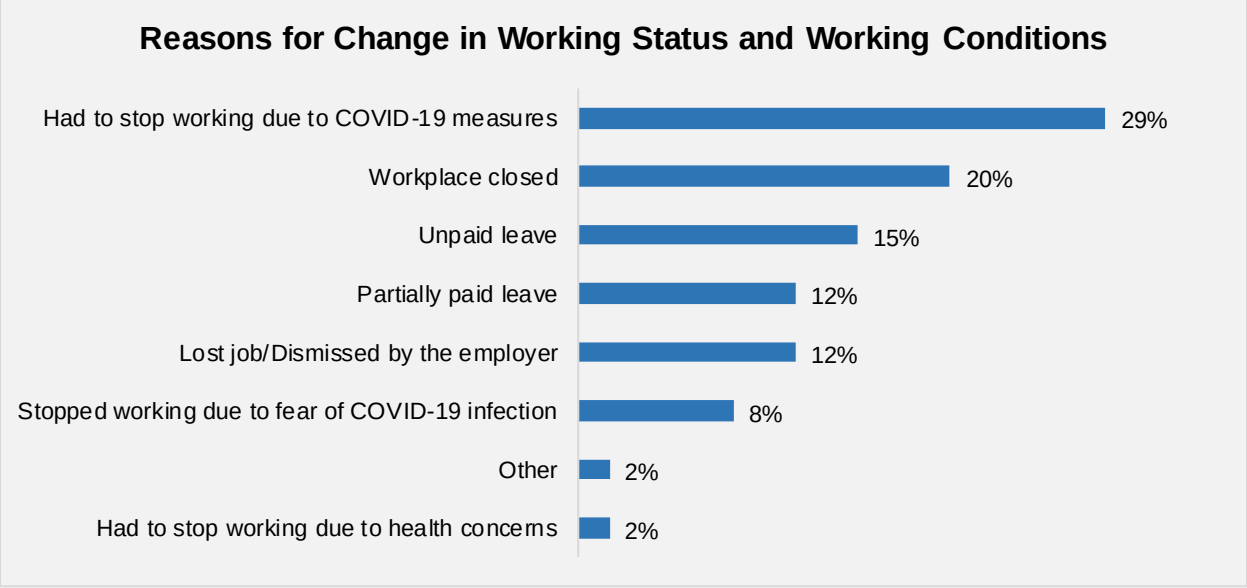


A key highlight of the assessment is the negative change in working status and working conditions due to COVID-19. **A significant majority (76%), across all nationalities, responded that their working status and conditions have changed (negatively) due to the pandemic**. This

indicates a minor improvement compared to the First-Round, where 84% of respondents expressed their working status and conditions had changed negatively. The assessment indicates that Afghans (91%) are the most affected group and Aegean (92%) the most affected region.

The assessment seems to indicate that the informal sector is more affected than the formal sector. Of the respondents, 79% of those who report working informally have experienced negative change in their working status and working conditions, compared to 57% of those working formally. These findings are also validated by other assessments[5].

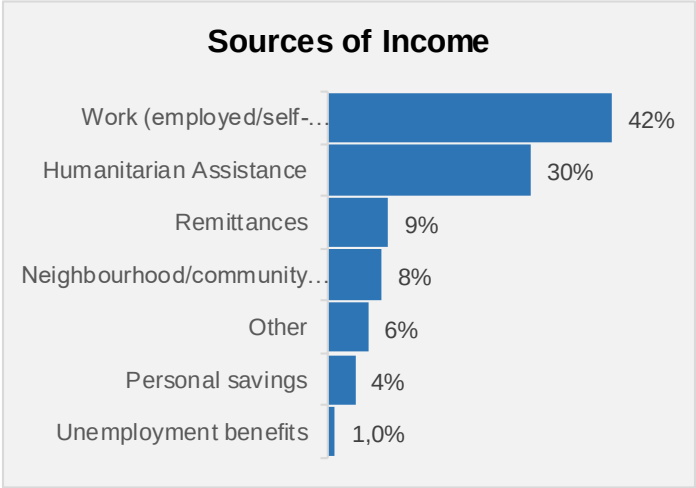
From the employee perspective, the top three reasons that impacted working status and conditions are; COVID-19 measures (29%), closure of workplace (20%) and imposed unpaid leave (15%). Lastly, changes were also caused by personal situations such as fear of COVID-19 infection 8% and health concerns (2%).



In contrast with the findings around change in working status and conditions, the assessment indicates that the vast majority of respondents (88%) are positive about future job prospects, whereas 12% are not hopeful they will be able to regain employment in the near future.

[5] These findings are corroborated with other 3RP Partner Assessments, including IFRC/TRC Assessment Report on Impact of COVID-19 on Refugee Populations Benefitting From the Emergency Social Safety Net (ESSN) Programme (2020).

Income and Assistance



Despite the negative changes in working status, assessment findings indicate that **work (employment/self-employed) is the main source of income for respondents, representing 42% of their reported income.** This proportion is significantly higher for Afghans, as 60% indicate employment as their main source of income. This indicates a major shift from First-Round findings, where humanitarian assistance ranked as the main source of income for respondents across nationalities, at 34%. Income through employment as the main source of income is followed by humanitarian assistance (30%) and remittances (9%). Other sources of income include community support, personal savings and unemployment benefits.

Across nationalities, Iraqis are noted to rely on neighbourhood and community support more so than other groups, whereas similarly, Syrians stated to rely on their personal savings.

Overall, **54% of respondents stated that they receive assistance through public institutions, local authorities, I/NGOs and UN agencies,** of which 87% represents cash assistance and 13% in-kind. This indicates a minor increase compared to First-Round findings, where 52% stated they received assistance. Amongst those receiving assistance, the top three types of assistance are all via cash modality, including ESSN, CCTE and other cash assistance schemes.

48%

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

The Ministry of National Education, UNICEF and the Turkish Red Crescent (through CCTE and ESSN), municipalities, NGOs and Social Assistance and Solidarity Foundations (for non-ESSN assistance) are identified as the main institutions providing assistance. The largest source of assistance reported nationally, is ESSN and CCTE. In terms of the second largest source of assistance, differences between geographical locations were identified. In the Southeast, the second main source is NGOs; UNHCR-DGMM cash assistance in the Aegean; and, Social Assistance and Solidarity Foundations in Marmara and Central Anatolia & Other regions. It is

noted that almost no respondents (0.1%) reported to have received cash assistance through Loyalty Support Groups.

The assessment showed minimal differences in terms of access to assistance by female versus male heads of households. Accordingly, 53% of female heads of households receive assistance compared to 55% of male heads of households. After ESSN and CCTE, female heads of households receive the most assistance through Social Assistance and Solidarity Foundation cash programmes.

The assessment did indicate regional differences in distribution of assistance. Assistance appears to be mostly provided in the Aegean where 65% of the respondents confirmed receiving support, followed by Southeast (60%), Marmara (48%) and Central Anatolia & Other (47%).

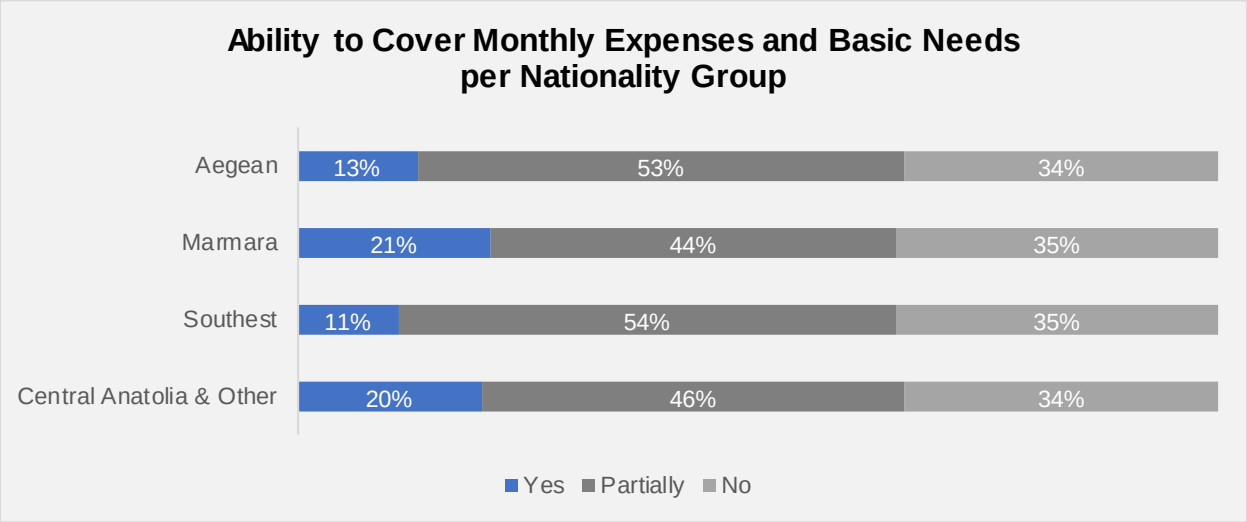
In addition to cash assistance, 13% of respondents receive in-kind assistance. The main forms of in-kind assistance for these respondents include food (50%), accommodation/shelter (17%) and other non-food items including clothing, fuel, blankets etc (13%). Interestingly, no Afghan respondent reported to receive in-kind assistance whereas Iranians only received education and PSS kits.

Access to Basic Needs and Household Expenditures

Assessment findings indicate that **84% of respondents are not fully able cover their monthly expenses and basic household needs.** Only 16% expressed being able to cover their needs in full through existing sources of income. The most socio-economically vulnerable population groups are Afghans and Iranians, with 94% and 90% respectively stating they were either not or only partially able to cover their basic needs. While the majority of Afghans report to be unable to cover their expenses, they are also the population group that receives the most assistance (60% confirmed receipt), indicating to a certain extent that assistance schemes are reaching one of the most socio-economically vulnerable population group. In contrast however, only 33% of Iranians confirmed receiving assistance, which indicates a need to better target socio-economically vulnerable Iranian individuals and households.

The assessment did indicate slight differences in socio-economic vulnerability by gender. **39% of female headed households are unable to cover their monthly expenses, compared to 34% of male headed households.**

As indicated in the figure below, there are notable differences between geographical areas in terms of respondents' ability to cover monthly expenses.

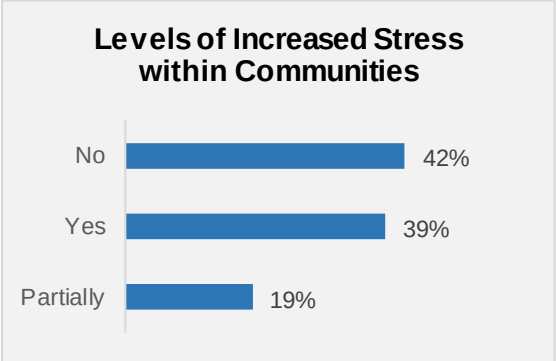


Findings of ability to cover monthly expenses were correlated with access to assistance schemes. Accordingly, it is noted that **out of the 84% of respondents who stated that they were not fully able to cover their monthly expenses, approximately half are not receiving any assistance This also seems to indicate a need to better identify and target socio-economically vulnerable individuals and households**.

The most widely adopted coping mechanisms to meet basic needs and monthly expenses include borrowing money / remittances to purchase essential items (30%), reducing essential food expenditure (25%) and buying food on credit/debt to purchase essential household goods (15%).

Protection and Community Concerns

During the assessment, respondents were asked whether they had observed or heard of any protection concerns within their communities as a result of COVID-19. **Overall, 65% of the respondents reported some protection or community concerns during the COVID-19 pandemic.**



The highest ranked protection concern by respondents is increased levels of stress within communities. A significant proportion of respondents, **60% observe increased stress within their communities, whereas 58% of respondents report they have been experiencing increased stress or anxiety themselves**. Findings related to stress at the community level represent a significant increase compared to First-Round findings where 38% had reported increased stress at the community level. Reasons for this increase may include the prolonged pandemic situation and interlinked lack of predictability regarding the near future, as well as the deteriorated socio-economic situation of households in general.

The assessment indicates that certain nationality groups have been more affected in relation to stress and anxiety. Highest levels of reported increased stress are within Iranian (87%) and Afghan (83%) communities. Similarly, at the individual level, the most affected individuals are Iranian (91%) and Afghan (79%) respondents. This clearly indicates the need to increase targeting and access particularly of these nationality groups to mental health and psychosocial support services, as **increased stress levels may result in additional protection concerns.**

36%
of the respondents observed or heard of increased conflict amongst household members as a result of COVID-19.

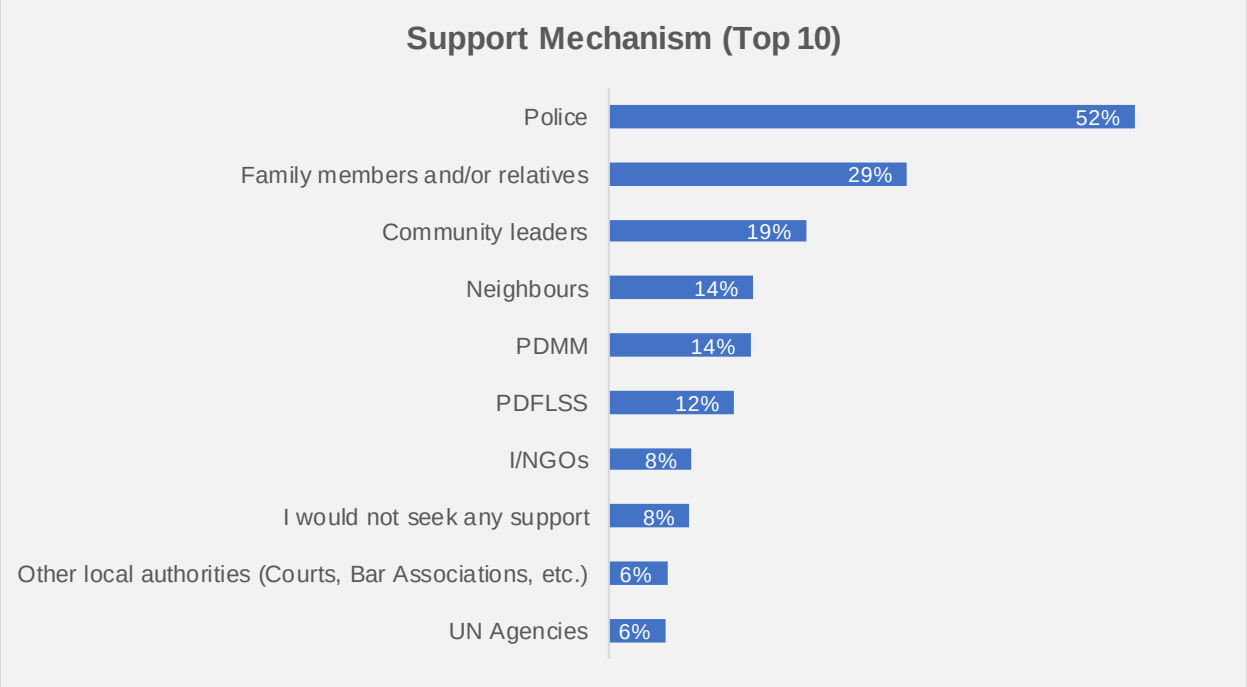
The assessment indicates that conflict amongst household members is increasing significantly as the pandemic situation continues. The number of respondents who indicated conflict within the household increased from 13% in the First-Round to 36% in the Second-Round. While no major differences between sex of heads of households or sex of respondents are identified, there are notable differences between nationality groups. The highest levels of increased conflict amongst household members was reported within Syrian (66%) and Iraqi (64%) communities. Southeast and Marmara rank above average in terms of increased conflict, as 69% and 66%.

There is global recognition that confinement at home due to the pandemic is likely to increase exposure or risk of violence and abuse, which is validated by assessment findings. **31% of respondents mention that domestic violence is increasing within their communities**, particularly within Iranian and Syrian communities where 53% and 30% respectively mentioned domestic violence as an increasing protection and community concern. In the First-Round, only

3% of respondents had mentioned domestic violence as a protection concern. The overall increase in findings related to domestic violence may be due to the different approaches to how this question was posed between the two rounds. To specify, in the First-Round respondents were asked whether they observe increased domestic violence at the household level, compared to the Second-Round where they were asked at the community level, which they may have felt more comfortable in responding to. Nonetheless, it is crucial that **the increase is perceived as interlinked with the socio-economic situation of households as well as increased stress levels and conflict within households**. Hence, if and until measures are taken to address these issues, domestic violence is likely to continue to increase.

Worryingly, social cohesion between communities seems to be eroding. **37% of respondents report observations of conflict and tension with local community members as a result of COVID-19.** This is another significant increase in comparison to First-Round findings where only 2% reported tension with local communities. Levels of tension are observed to be highest amongst Iranian and Iraqi communities.

When faced with a protection or community concern, the majority of respondents seek support from the police (52%), followed by family members and/or relatives (29%) and community leaders (19%). It is noted that Syrian and Iraqi respondents rely more on community-level support compared to other nationality groups, that primarily seek support from public institutions and local authorities. Overall, only 8% seek support from I/NGOs and 6% from UN agencies.



Conclusions

- Most respondents are aware of and have satisfactory levels of access to information on rights and services. However, findings indicate the need for increased outreach and targeting particularly to non-Arabic speaking individuals with information dissemination efforts. Furthermore, as community members are increasingly one of the primary sources of information, communities should be increasingly utilized in disseminating timely and accurate information.
- Individuals continue to face barriers in accessing services, particularly health service providers (mainly due to inactivation of general health insurances). This is despite the high levels of information related to COVID-19, as well as rights and services.
- There is a need for strengthened advocacy and collaboration with service providers to facilitate improved access to services for individuals and groups of nationalities other than Syrian.
- Findings indicate that one of the main barriers to accessing services is the inability to access online systems and book appointments. To this end, activities supporting access to remote and digital services, including through improving digital literacy of certain groups, is required.
- In consideration that the main barrier for individuals of other nationalities to access health services is de-activation of general health insurances, strengthened advocacy with DGMM on the matter is required, particularly for the most vulnerable, to strengthen their access to critical health services.
- As more than one third of female respondents report being unable to access sexual and reproductive health services, there is a need to better identify barriers and plan interventions accordingly.
- The level of access to remote education has decreased considerably compared to the First-Round, signalling increasing drop-out rates from education. This may result in individuals and households resorting to negative coping mechanisms. Households require material support, considering that the main challenges in attendance in school is related to lack of equipment and digital infrastructure. Findings also suggest that measures to

address and/or reduce socio-economic vulnerabilities of households are required to ensure refugee children can continue attending schools.

- An overwhelming majority of respondents do not have any family members participating in higher education in Turkey. There is a need to better understand and address barriers to increase participation levels.
- Levels of access to Public Education Centers (PECs) both prior to and following COVID-19 periods is significantly low. Upon identification of barriers, information dissemination and raising awareness efforts as well as advocacy should include promoting PECs within communities.
- A significant majority of respondents from both rounds have experienced negative changes in their working status. Coupled with the inability to fully cover monthly expenses and basic needs, there is a risk that the deterioration of socio-economic status will result in direct or indirect protection concerns. To this end, socio-economic targeting within cash-based interventions and programmes should be improved to strengthen inclusion of individuals unable to cover their monthly expenses and basic needs.
- Protection and community level concerns are increasing as the pandemic prolongs. Particularly, levels of stress are increasing significantly within communities, as is domestic violence and conflict/tension with local communities.
- There is a clear need to better target individuals of other nationalities, particularly Afghans and Iranians, with a range of protection services and support. These groups are in need of support including (but not limited to) information dissemination and raising awareness, facilitation of access to rights and services, and specialized services such as MHPSS.

Way Forward

- Assessment findings from both rounds were incorporated in the 3RP 2021-22 Protection Sector Chapter to inform the sector's current situation, identified community level needs as well as the sector's strategic response. This will strengthen evidence-based programming and implementation within the sector.
- The Third-Round of the assessment is planned to take place in January 2021. The assessment tool will be reviewed and revised per changes in context, including an assessment of the levels of awareness related to emergency preparedness.

- Based on feedback received through the recently finalized 3RP protection sector consultations with the participation of sector partners, CSOs as well as public institutions and local authorities, the sector will aim to include local authorities, particularly municipalities in the Third-Round. The potential to include host communities in the needs analysis will be discussed for the Third-Round as well.
- This report and the interactive **PowerBI Dashboard** will be circulated widely, including within the Protection and other 3RP sectors and to donors via the Syria Task Force.