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Executive Summary

This Third-Round of the protection sector inter-agency needs assessment was carried out via 16 sector partners and 10 Municipalities in January 2021 with a sample size of 1,173 individuals (representing a total of 5,862 persons at the household level). The majority of respondents participating in the exercise are Syrian, followed by Afghan, Iraqi, Iranian, and individuals of other nationalities.

This comparative analysis aims to provide an overview of COVID-19 impact on refugee communities over a period of time and the general protection situation across Turkey 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. In this Round, ad hoc inquiry areas were included per request of partners and changes in context, including emergency preparedness and awareness (i.e. natural disasters) and occupational safety and health. The analysis puts forward various measures to address barriers and challenges identified through the assessment.

The main findings of the assessment, including in particular differences between nationality groups, are highlighted below:

- Overall, the levels of information on rights and services remain high, with 75% of respondents indicating to have enough information on rights and services, with 89% indicating to have received information in their own languages. These findings are similar to previous rounds where overall levels of information on COVID-19 (risk mitigation, prevention and response measures) as well as general information on rights and services were deemed satisfactory. Despite the overall high levels of information, as in Round 2, at least half of both Afghans and Iranians indicate they do not feel they have enough access to information on rights and services.

- Access to essential services seem to be deteriorating slightly over time. To specify, of those who attempted to access services, in this Round 43% were unable to access compared to 36% in Round 2. The main barriers to accessing services are related to COVID-19 impact on reduced operational capacity of service providers and changes in service delivery. Female respondents as well as Afghan and Iranian individuals are identified to face more challenges in relation to access to essential services, compared to other groups.
As in previous rounds, health services and service providers remained the most challenging to reach, with inactivation of insurances (for IP applicants) increasing significantly as a barrier to access from 43% in Round 2 to 82% in Round 3, particularly prevalent in the Aegean and Central Anatolia & Other regions. As in Round 2, Afghan and Iranian respondents reported the most difficulties in accessing health services due to inactivation of health insurances. The reasons for this increase may be due to a number of factors including the increased RSD decisions reached through PDMMs country-wide (considering that insurances would be de-activated upon receipt of rejection decisions) and the requirement to prove through documentation special needs and medical conditions that may merit grounds for reactivation.

The levels of continued access to education remained similar to findings in Round 2. To note, almost two-thirds (64%) of the children from households who stated all or at least one of their children were school-going prior to COVID-19 were able to continue via remote learning opportunities. A new barrier to continued education was identified in this Round, namely power cuts due to failure in paying utility bills. This indicates the impact of deteriorating socio-economic status of households on children’s access to education.

The working status of a large majority (76%) has changed negatively, as in previous rounds. The majority of those whose working status was impacted are hopeful about securing employment in the coming periods, however it is noted that the prospects of finding jobs have been decreasing steadily since the First Round.

Of children aged 6-17 (1935) reached at the household level through the exercise, 4% (85 in absolute figures) were identified to be working mostly due to socio-economic factors, including insufficient household level income and because there is no other working member in household. Most children in labor are Syrian boys. In Round 2, 2% of children were identified to be working through indirect questions related to working household members which may therefore not necessarily represent an increase in working children between rounds. However, it should also be noted that some respondents may not have felt comfortable in sharing this information via a phone interview, hence the figures may not be representative of the current situation. These findings can be further validated or otherwise through complementary assessments or focus group discussions with refugees.

Linked to previous rounds, socio-economic indicators are also showing a decrease over time. During this round and compared to previous rounds, it is observed that those who
are not able to cover their monthly expenses at all have increased significantly (from 35% to 46%), whereas those who were able to partially cover their expenses has decreased. Additionally, in Round 3, inability to pay utility bills became one of the most predominant factors leading to school dropouts, corroborating the findings of previous rounds that socio-economic deterioration of households can have direct impact on children, including on their continued access to education. Lastly, one third of the population surveyed remains reliant on humanitarian assistance, with no sources of income or other support to meet their needs.

- Protection and community level concerns remain serious, however unchanged compared to the previous round. The highest ranked protection concern is increased stress at both individual (62%) and community (61%) levels, particularly for Afghans (87%) and Iranians (86%).

- More than half of respondents were identified to have some level of information on what to do during a natural disaster. 61% of respondents indicate they have some information as to where to seek support (mainly municipalities and AFAD).
Rationale and Objectives

The Protection Sector Working Group in Turkey has been undertaking quarterly joint needs assessments since June 2020 as a common, systematic and structured information collection system within the sector. The COVID-19 situation presented an opportunity for the sector to develop a harmonized, inter-agency needs assessment tool that is predominantly related to protection, with questions related to other sectors and thematic areas (education, livelihoods, basic needs, health), mainly from an access point of view. In line with and as underpinned by the evidence-based programming approach of the Global Compact on Refugees, the process aims to develop a better understanding of the protection and humanitarian situation in Turkey, establish a mechanism to systematically identify needs to better inform evidence-based programming and the larger refugee response; as well as to inform advocacy efforts on the local and central levels.

The first round of the protection needs assessment was conducted in June 2020 with the participation of 12 organizations, during which a total of 1,020 individuals were interviewed. The second round of the assessment was carried out in June 2020, providing an updated snapshot of the protection environment in Turkey and comparative analysis by looking at the results from the first and second rounds. Through the support of 18 organizations, 1,039 individuals were interviewed during the second protection needs assessment. Assessment findings were analyzed using age, gender and diversity markers with the following disaggregation: sex of respondent, sex of head of household, population group and geographical location in both rounds. Findings were then shared through comprehensive reports including a comparative analysis between the first and second rounds, and anonymized data was made available via 3RP sectors through a PowerBI dashboard¹.

Findings of the first two rounds of the protection needs assessment have been presented in multiple coordination fora, including but not limited to Protection and other 3RP sector meetings, the inter-sector coordination platform (i.e. Syria Task Force) and the Socio-Economic Task Force under the Development Coordination structure in Turkey. Findings formed the basis of the 2021-2022 3RP Protection Sector narrative which ultimately serves as the response framework for

¹ Link to First Round Comprehensive Report and PowerBI Dashboard; Link to Second Round Comprehensive Report and PowerBI Dashboard.
partners in Turkey. Findings are also incorporated into project proposals of partners and are presented to donors as part of ongoing advocacy efforts.

This Third-Round of the Protection Sector Inter-Agency needs assessment was carried out in January 2021. In order to allow for comparisons on the needs of refugee communities and the impact of COVID-19, the questionnaire was not changed significantly. However, minor updates predominantly in the form of new inquiry areas (i.e. emergency awareness/preparedness; occupational safety and health) 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.

A significant improvement in the multi-stakeholder approach was achieved in this Round. In consultation with protection partners and building on achievements and existing cooperation with local governments, ten municipalities² (including three Metropolitan, namely Istanbul, Gaziantep and Şanlıurfa) were engaged in this Round of the protection needs assessment. The overarching objectives of engaging with municipalities in a multi-stakeholder process includes improvement of municipalities’ technical capacities in assessing needs of the individuals they serve in a structured manner; to strengthen complementarity between stakeholders at the local and national levels; and, to support the leadership role of municipalities in local responses and provincial coordination. These objectives are in line with global standards including the whole of society approach reinforced by the Global Compact on Refugees, the Grand Bargain commitments, the localization agenda, as well as the strategic directions of the 3RP in Turkey.

Process

The plan of action around the development of the tool and larger process for Round 3 is outlined below.

Methodology

The primary goal of the initiative was to understand the evolving impact of the COVID-19 pandemic on refugee communities vis-à-vis access to services, access to information and the coping strategies communities developed in response to the pandemic. With this purpose, a multi-

² The following municipalities participated in the exercise by conducting phone interviews: Adıyaman Municipality, Akçakale Municipality, Gaziantep Metropolitan Municipality, İstanbul Metropolitan Municipality, İzmir Buca Municipality, Mardin Artuklu Municipality, Mardin Kızıltepe Municipality, Mardin Midyat Municipality, Mardin Nusaybin Municipality, Şanlıurfa Metropolitan Municipality.
stakeholder protection needs assessment tool was developed. 16 partners\(^{3}\) and 9 municipalities operating in various geographical locations conducted interviews mostly over the phone (with a few respondents interviewed in a face-to-face setting). As in previous rounds, strong field-level coordination between the participating partners ensures prevention of double-calling.

**Sampling**

Considering the multi stakeholder nature of the assessment, a simple random sampling methodology was applied, namely probability sampling. While there are limitations in accessing the larger refugee population statistics, 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. A target of 1,100 refugees was agreed on, comprising of 750 Syrians, 128 Afghan, 107 Iraqi, 73 Iranian, 42 individuals of other nationalities. The sample was derived from each partners’ own caseload.

An important note to consider when reviewing the analysis is that the sample size was determined at a representative level (based on available population/registration statistics) and remained at parity between rounds (including in relation to the number of individuals contacted per sex/gender group, geographical location and population groups). This allows for accurate comparative analysis of results between rounds. The confidence level determined across population group in the exercise is 95% with a 5% margin of error.

**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**

A common protection needs assessment questionnaire (available in Annex) was developed in collaboration with the agencies involved with the exercise. To make the findings comparable with

\[^{3}\text{Adana Community Center, CARE, Concern, Ensar Community Center, GOAL, HRDF, IBC, IOM, Keçiören Migrant Center, SGDD-ASAM; STL; Şanlıurfa Migrant Center, TRC; UNHCR; WALD; WHH.}\]
already available assessments, a level of alignment with existing questionnaires was incorporated in the design phase. The questions were uploaded to Kobo Toolbox. Focal points assigned by the agencies were trained on how to use the tool.

The data collection period for Round 3 was **27 January – 11 February 2021**.

The anonymized data set for Round 3 is made available through this [PowerBI Dashboard](#).
Respondent Profiles and Demographic Information

- **1,173 individuals provided informed consent** to participate in the exercise, representing a total of 5,862 persons at the household level.

![Map of Turkey with zones and circles indicating interview density](image)

*Figure 1 - The colors represent 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 three Rounds in terms of density of calls per geographical zone\(^4\). The number of interviews per geographical zone in this Round is as follows:

<table>
<thead>
<tr>
<th>Geographical Zone</th>
<th>Number of Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southeast (Zone 1)</td>
<td>514</td>
</tr>
<tr>
<td>Aegean (Zone 2)</td>
<td>75</td>
</tr>
<tr>
<td>Marmara (Zone 3)</td>
<td>241</td>
</tr>
<tr>
<td>Central Anatolia &amp; Other (Zone 4)</td>
<td>343</td>
</tr>
</tbody>
</table>

- 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 (862),

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

In the Second-Round, the number of interviews per zone were as follows: 481 in the Southeast, 57 in Aegean, 218 in Marmara, and 299 in Central Anatolia & Other.
Afghanistan (129), Iraq (77), Iran (70), and Other Nationalities\(^5\) (35). Nationality breakdown of individuals per geographical zone is as follows:

<table>
<thead>
<tr>
<th>Geographical Zone</th>
<th>Syria</th>
<th>Iraq</th>
<th>Iran</th>
<th>Afghanistan</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southeast (Zone 1)</td>
<td>499</td>
<td>6</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Aegean (Zone 2)</td>
<td>41</td>
<td>2</td>
<td>8</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>Marmara (Zone 3)</td>
<td>198</td>
<td>16</td>
<td>10</td>
<td>14</td>
<td>3</td>
</tr>
<tr>
<td>Central Anatolia &amp; Other (Zone 4)</td>
<td>124</td>
<td>53</td>
<td>49</td>
<td>99</td>
<td>18</td>
</tr>
</tbody>
</table>

\(^5\) Breakdown of other nationalities is as follows: Algeria, Angola, Azerbaijan, Bangladesh, Cameroon, Central African Republic, Congo (Democratic Republic), Egypt, Guinea-Bissau, Israel, Morocco, Palestine, Somalia, Sudan, Suriname, Tajikistan, Tunisia, Turkey and Yemen.

- **95% of the participating refugees are registered with DGMM.** Of these, 69% represent Syrians under Temporary Protection, 13% International Protection Applicants, 8% International Protection Status Holders, 2% Humanitarian Residence Permit Holders and 2% declare to have ‘other’ type of status. 2% either have not approached DGMM for registration or could not register with DGMM due to various reasons. Approximately 2% did not share their registration status.

- Of the participating refugees, 54% of the respondents are male; 46% female. Additionally, 4 individuals 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.
80% of the individuals mentioned that the head of their household is male and only 20% mentioned that they have a female head of household. The ratio of female/male heads of household is very similar (1% or less difference) between the three Rounds.

Age and gender breakdowns of households are as follows:

<table>
<thead>
<tr>
<th>Gender/ Age</th>
<th>0-5</th>
<th>6-17</th>
<th>18-65</th>
<th>65+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>564</td>
<td>966</td>
<td>1,406</td>
<td>60</td>
<td>2,996</td>
</tr>
<tr>
<td>Male</td>
<td>497</td>
<td>969</td>
<td>1,344</td>
<td>52</td>
<td>2,862</td>
</tr>
<tr>
<td>Gender Non-Binary</td>
<td>-</td>
<td>-</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>1,061</td>
<td>1,935</td>
<td>2,754</td>
<td>116</td>
<td>5,862</td>
</tr>
</tbody>
</table>

Assessment Findings

Access to Information on Rights and Services

Overall and as in previous Rounds, the level of access to information on rights and services is significantly high with a large majority of refugees being able to access information in their own languages. To specify, in Round 3, 75% of respondents stated that they have either enough (48%) or partially enough (27%) access to information on rights and services (the remaining 25% expressed not having enough information). 89% expressed that they received information in their own language (either directly or through quality translation).

These findings are similar to previous rounds, where levels of information on COVID-19 risk mitigation, prevention measures and response as well as general information on rights and services were deemed satisfactory. To specify, in Round 1 80% mentioned to have enough COVID-19 related information and in Round 2, 74% expressed to have enough information on rights and services.

One of the reasons of the overall high levels of information on rights and services can be explained through the investment made by sector partners throughout the years to ensure refugees have timely and accurate access to information on rights and services in Turkey. To exemplify, since 2017 sector partners reached nearly 2.4 million individuals with information dissemination and awareness-raising efforts on rights, entitlements services and assistance. In 2020 specifically, the sector reached over 700,000 individuals with information dissemination and raising awareness efforts particularly in consideration of the changing environment caused by the pandemic and the
need to ensure refugee awareness on continued access to rights and services. That said, it should also be noted that this assessment is not a dedicated communication with communities assessment which would better allow to compare the “perceived” levels of awareness on rights and services to “actual” levels of awareness. This would evidently require complementary dedicated assessments to validate findings reached on communities’ access to information through this assessment.

As in the first two Rounds, there were no major differences between sex of head household and sex of respondent in terms of access to information. However, differing from the first two rounds, the assessment indicated differences in access between geographical locations. Findings of Round 3 determined two zones to rank significantly below average in terms of those who expressed that they did not have enough information on rights and services. To specify, while on average and across geographical zones 25% stated they did not have enough information, 41% of those in Central Anatolia & Other and 40% in Aegean feel they do not have enough information on rights and services.

The assessment also indicated differences in terms of nationalities’ access to information. As in the Second-Round, the majority of Afghans (62%) and half of Iranian respondents (50%) state to not have access to enough information on rights and services. Not only do these findings maintain the need for increased outreach and targeting to non-Arabic speaking individuals with accessible information (as identified in Round 2), but the percentage of those who state to not have access has also increased significantly since Round 2, from 52% for Afghans and 38% for Iranians. While categories of information needs across populations (including certain differences between population groups) are indicated in the following section, it is noted that both Afghan and Iranian respondents identify resettlement, working in Turkey, work permits and financial assistance as areas where further information is required.
The assessment indicates that the main categories of information needs include working in Turkey (45%); work permits (39%); financial and material assistance (39%); resettlement to a third country (35%) and labour rights (34%).

While there are only slight changes related to the categories of information needs between rounds, it is noted that most of the information refugees require are related to livelihoods and socio-economic issues, which may be related to the deteriorating socio-economic situation of households. It is interesting to note certain differences between sex of head of household. Female headed households identify information related to work permits as their primary information need (slightly above average at 43%). For gender non-binary headed households, procedures related to family reunification in Turkey; and school, university and vocational studies in Turkey are ranked equally important to financial/material assistance (all 33%).

6According to UNHCR Turkey’s Counseling Line Monthly Report, in January, the majority of calls received were related to information needs around resettlement, financial assistance, legal assistance/counseling, and assistance for persons with specific needs. These information needs are mostly aligned with those identified through this survey.
The differences between population groups in terms of categories of information needs are minimal. However, the assessment indicates that in addition to the top information categories across population groups that are listed above, 34% of Afghans would like to access information on living and settling in Turkey; whereas 48% of Iranians, 40% of individuals from ‘other’ nationalities, and 29% of Syrians require information on social services. For Iranians in particular, social services as an information need nearly doubled since Round 2, whereas it decreased for Syrian respondents.

As indicated above, Central Anatolia & other and the Aegean regions are identified through this Round (not in previous rounds) where additional information dissemination efforts are required. In Central Anatolia & Other, the top three categories of information needs include working in turkey, resettlement, work permits whereas in Aegean a slightly different ranking is identified, namely as resettlement, working in turkey, work permits.
On average, **COVID-19 related information is not amongst the top ten categories of information needs**, as only 14% of respondents identify vaccination related information as a need, 11% flag prevention and risk mitigation measures whereas only 5% express information on response as a need. These findings validate those of previous rounds, where the levels of awareness and information on COVID-19 were deemed relatively high. While there are no major differences between sex of respondents in terms of COVID-19 related information needs countrywide, it is noted that information needs on COVID-19 prevention and risk mitigation, as well as COVID-19 vaccination is ranked highest in the Southeast. Additionally, Iranian respondents and those of ‘other’ nationalities rank information needs on COVID-19 vaccination at a higher level compared to other groups, at 21% and 27% respectively. Lastly, while only 7% of female headed households require information on COVID-19 vaccination, this increases to 16% for male headed households.

The primary sources of information for all respondents are internet and social media (29%); television and/or newspaper (18%); and, community, including family, relatives, neighbours and friends (17%). While the sources remained relatively similar between all rounds, a slight drop in public institutions (both via websites and hotlines) as a source of information is observed. NGOs and UNHCR Help Website are not identified to be primary sources of information (6% and 2% consecutively), as in previous rounds. To note, no major shift in age average of respondents were identified between Round 2 and 3, remaining at average around 37.
Access to Services

Compared to previous Rounds, this Round indicates slightly deteriorating levels of access to essential services. 87% of respondents expressed that they attempted to access services, of which 43% reported they were unable to access services. This indicates a seemingly worsening situation as in the previous round, 36% had indicated they faced barriers in accessing services despite attempting to. The analysis indicates a seemingly worsening situation in consideration that compared to Round 2, in Round 3, the percentage of those who attempted to access services remained the same, meaning that in absolute figures there have not been significant changes in the number of individuals in need of access to services, however, the percentage of those amongst these individuals who were unable to access services has increased. It is noted and further detailed in the section below, that the majority of barriers in accessing services remain related to COVID-19 circumstances and restrictions, meaning that some of these barriers may be temporary (and will be improved/mitigated once the pandemic situation is normalized).

However, it will be important to continue monitoring the situation through this assessment and complementary, dedicated assessments on access to services particularly when the pandemic normalizes to see if barriers to access remain existent.
Hospitals and health services (18%), ID renewal procedures with PDMM (9%), education (9%), ESSN applications (8%) and data update procedures with PDMM (7%) are the main services and service providers that respondents faced difficulties in accessing. That said, it is noted that the levels of access to PDMM services (both ID renewal and data update) improved over time, in line with normalization/lifting of restrictions.

When compared to Second-Round findings, the services that were difficult to reach remained relatively similar, however it is noted that access to ESSN applications has improved significantly7 (58% reduction in those that faced barriers) whereas hospitals and health service providers are becoming increasingly difficult to access. The graph on the above page compares services and service providers which respondents faced barriers in accessing over a period of time.

The assessment indicates certain differences between sex of respondents in terms of access to services. Among those who attempted to access services, compared to male respondents (40%), female respondents (47%) face more difficulties in accessing services country-wide. These findings are similar to those from the previous round, where 36% of female respondents compared to 28% of male respondents faced barriers in access to services. The main barriers female respondents express to have faced are very similar to those mentioned by male respondents (overall barriers indicated in the figure below), however financial barriers is identified as a challenge impacting their access more so than male respondents. Additionally, when findings related to female respondents’ access to services is correlated with the levels of access to information, it is noted that for female respondents who indicate they do not have adequate information, the percentage of those unable to access services (despite attempting to) increases to 51% (compared to 47% for all female respondents). This indicates that while information does not seem to be a significant factor for their access to services, there remains a minor difference for those with more information in successfully accessing services. As in previous rounds, the assessment shows some differences between nationalities in terms of access to services, particularly for Afghan and Iranian individuals. To specify, 42% of Afghans and 49% of Iranians were unable to access services despite having attempted to. In the Second-Round, on average 31% of all respondents faced

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7 According to TRC/IFRC updates, ESSN application trends were affected by the pandemic, which was reflected in the decreasing number of new households accessing ESSN especially during the first months of the pandemic. This is assumed to be related to reduced operational capacity of service providers that act as an entry point to ESSN applications. Recovery in number of new households receiving ESSN coincides with increasing normalization and lifting measures.
barriers in accessing services whereas this rate for Afghans was 40% and 42% for Iranians. For both groups, the most challenging to reach services were ranked as hospitals. For Afghans, this was followed by education (10%), NGOs (8%), public education centers (8%), SASFs (8%) and PDoFLSS services (6%). For Iranians, hospitals and health services were followed by registration with PDMM (11%), ESSN (9%), SASF (8%), data updates with PDMM and NGOs (5%). In addition to barriers identified across population groups in relation to access to services, financial barriers seems to be a more prominent barrier for Afghans and Iranians compared to other groups. While services available to refugees (both through sector partners as well as public institutions and local authorities) are known to be free of charge, financial barriers may also include for example transportation related costs which these groups may not be able to cover, hindering their access to services. In addition to financial barriers, for Iranians, registration related challenges seems to be barrier particularly in access to PDMM, ESSN, Public Education Centers, ISKUR and SASFs, amongst other services. To note, Iranian women faced even more difficulties accessing services compared to Iranian men, as 57% report to face difficulties compared to 44% of Iranian men. It is noted that Iranian women face most barriers in accessing services in the Aegean (67%) and Marmara (75%) regions. For Iranian women, hospitals and health services remain the most challenging to reach (39%) followed by registration with PDMM (14%), education (11%) and banks (7%). The main barriers in accessing these services are noted as financial barriers (15%), lack of services (15%), lockdowns/curfews (15%), service providers not being helpful (12%) and lack of registration (9%).

Overall, these findings maintain the need for increased outreach and assistance to Afghan and Iranian nationals (women in particular) to facilitate their unhindered access to rights and services, especially in consideration of financial barriers faced by both groups and registration related challenges particularly for Iranians. Interventions aiming to facilitate access to social protection schemes for both groups, in addition to information dissemination and raising awareness efforts (both on financial assistance mechanisms and access to registration for Iranians) may be required to reduce these barriers in accessing services.

Interestingly, NGOs were identified as services/service providers which respondents faced difficulties in accessing, unlike in previous rounds. The assessment does not collect detailed information on which exact NGO services refugees were unable to access, which may be a new area of inquiry in Round 4. The main barriers in accessing NGOs and relevant services include closure of services (13%), crowded services (13%) and lack of services (11%). In terms of
geographical differences, NGOs were ranked as most difficult to reach in the Southeast and Central Anatolia & Other in particular.

The operational status of NGOs (and changes in their service delivery) was followed throughout the pandemic via the available country-wide Protection coordination platforms. The majority of NGOs went through a period of adaptation in the first few months of the pandemic, predominantly in terms of shifting service delivery modalities towards remote modalities (including via digital platforms), hence may have been (relatively) less accessible at the onset. Despite the shifts, NGOs continue to operate and deliver services to refugees, including through innovative approaches. To ensure that refugees have real time access to information on changes in service delivery, Services Advisor was updated to COVID-19 service delivery context (including whether the NGO continues to deliver services, whether the services continue to be provided remotely, etc.) and sector partners were requested to continuously reflect changes in their organization through the platform.

Accordingly, across the sector, more than 90% of the service providers continued to provide services throughout COVID-19 (compared to pre-COVID periods), and 55% provided remote services, additionally, 35% of the service providers added new services specifically for alleviating the negative impact of COVID-19 situation on refugees. Overall, it is noted that through the efforts of sector partners, in the first quarter of 2021 (covering the period of this assessment), 174,000 individuals were supported to facilitate their access to protection services, compared to 154,000 in the same period of 2020.

As NGOs were identified as difficult to reach in the Southeast and Central Anatolia & Other in particular, it is noted that in these regions 57% of the service providers in Southeast Turkey and 56% of the service providers Central Anatolia & Other provinces provided services remotely. Furthermore, it is noted that of the 56 distinct sector partners continuing to provide services remotely throughout the pandemic, 22 are based in the Central Anatolia & Other regions, whereas 33 are based in the Southeast region, indicating a somewhat satisfactory level of continued NGO presence in these regions compared to overall across the country throughout COVID-19.

Despite regular updates to Services Advisor and the continued availability of NGO services throughout COVID-19, Third Round findings related to the (limited) accessibility of NGO services may be read as a shortcoming in information dissemination to refugees on the matter, and in particular on Services Advisor. Especially in uncertain times such as COVID-
19, the importance for communities of predictability and availability of services, through NGOs and otherwise, has proven to be critical. Hence, it will be important moving forward to ensure increased promotion of Services Advisor and other communication with communities’ tools. That said, it is also recognized that the respondents participating in this exercise are assumed not only to seek support through NGOs operating under the 3RP structure and/or through those with services reflected on Services Advisor. It is difficult to assess their level of access to other NGOs which are not engaged in 3RP coordination mechanisms.

Beyond NGOs, COVID-19 continues to have an impact on operations and service delivery modalities of service providers (including public institutions and local authorities), which is manifested in the continued delivery of services through remote, virtual and digital modalities. The impact of COVID-19 on service delivery is clearly correlated with levels of access to services for communities. As seen from the Figure below, which includes comparisons between Rounds, the majority of barriers in accessing services remain related to COVID-19, with top three barriers including overcrowding in service delivery points, closure of services and lack thereof.

![Main Barriers in Access to Services (Attempted Access) Comparison between Rounds](chart.png)

While the main barriers in accessing services have remained similar since the First Round, certain barriers have become more prevalent while others have reduced in impact over time. In particular, while closure of services (or the perception thereof) was a main barrier in the First Round, it is noted that with increased adaptability of service providers to the COVID-19 situation, not only
through the shift to remote service delivery, but also through the lifting of prioritization of certain groups for services, services have become more available. This may also be why services have become increasingly crowded over time. Moreover, while many service providers have shifted to remote/online service delivery, some service providers such as hospitals, PDMM and SASFs continue to provide services that require physical access, which may also explain the increasing crowdedness in these service delivery points. In relation to inability to book appointments through online systems, which was identified as a new barrier in Round 2, it is noted that this is particularly a barrier for Iraqi respondents (20%) and in the Central Anatolia & Other region (23%).

Overall and as in the previous round, 13% of respondents did not attempt to access services. The main reasons include not needing to access services (62%), fear of leaving their houses due to COVID-19 (15%), financial barriers (6%) and in COVID-19 risk group (2%). To note, the assessment also indicates differences between nationality groups in relation to reasons for not accessing services. In addition to the reasons mentioned above, Afghans mention domestic/care work (4%) and working during operational hours (4%); Iranians mention physical access barriers due to an impairment (14%) and lack of information on services and service providers (7%); and, Iraqis express absence of required civil documentation (9%). These findings validate the need to adopt tailored, AGD sensitive approaches for different population groups, particularly when designing and implementing programmes/services, as the reasons for not attempting to access services extend beyond not having to need them.

Lastly, a slight reduction (2%) in fear of leaving the house due to COVID-19 is noted since the First Round, which may be due to the prolongation and increased normalization of the pandemic situation. Third Round findings also indicate that ‘being in COVID-19 risk group’ as a reason for not attempting to access services has dropped by 3% (from 5% in Round 2).

Access to Health Services

As in previous rounds, findings indicate that health services (non-COVID and non-emergency related) and service providers continue to be one of the most challenging to reach during the COVID-19 pandemic. 81% of respondents attempted to access, of which 23% reported they were unable to access health services. Despite being the hardest to reach service, minor improvements are noted compared to previous Rounds where 26% (Round 2) and 25%
(Round 1) were unable to access health services. Furthermore, women’s access to health services and providers seem to have improved as well, since in Round 2, 30% had noted barriers in accessing services which has reduced to 21% in Round 3.

In terms of context, it is noted that non-COVID and non-emergency related health services were never completely suspended. From time to time, depending on the COVID-19 situation (number of new infections, individuals hospitalized etc.) resources for non-COVID and non-emergency services fluctuated. To specify, when the number of COVID-19 cases increased, more space and resources were allocated to COVID-19 wards, reducing from that of non-COVID related needs.

As in previous rounds, some nationality groups faced more difficulties in accessing health services than others. Specifically, Afghan and Iranian respondents reported the most difficulties, with 51% and 49% respectively stating they faced barriers when trying to access health care. These findings are similar to Round 2 where 50% of both nationality groups reported facing barriers, hence no improvement was achieved in the meantime.

The assessment indicates different barriers for persons who are eligible for/already benefiting from the Temporary Protection Regulation versus International Protection (i.e. including persons pending registration and documentation for both schemes). For Syrian respondents, the main barriers in accessing services is noted as over-crowding in service providers (20%), avoiding hospitals due to fear of COVID-19 infection (16%), limited resources of hospitals due to COVID-19 (16%) and denial of treatment by service providers (16%).

For persons pending registration and documentation, International Protection Applicants and Status Holders, the main barrier in accessing health services is inactivation of health insurances. To note, 82% of these population groups specify that they were unable to access health services, despite attempting to, because of inactivation of health insurances. This represents a major increase from Round 2 findings, where 43% had noted they could not access health services due to inactivation of their insurances.

It is noted that per amendments introduced to the Law on Foreigners and International Protection in December 2019, coverage under the Social Security and General Health Insurance Law applies for a one-year period from the date of registration of applicants. The amendment further stipulates that foreigners whose applications are rejected (at first instance) by the administration shall be removed from general health insurance coverage. Certain exceptions have been introduced
which would allow for re-activation of health insurances, including for persons with special needs\(^8\), individuals who do not have health insurances, and individuals who lack financial means. However, it is difficult to identify whether individuals identified through this Round assessment who face barriers in accessing health services due to inactivation are persons with specific needs, those who do not otherwise have health insurances or do not have the financial means (due to sampling related limitations and the level of detail captured in this Round).

The significant increase in those who face barriers due to inactivation may be explained through the increasing numbers of RSD decisions being reached through PDMM procedures (i.e. first instance rejections being a ground for inactivation). Another reason for this significant increase may be that insurances are automatically inactivated by PDMMs upon completion of 1 year following the date of registration, subsequent to which individuals may be considered towards re-activation only if they fall under the exceptional circumstances and with the expectation that they would approach PDMMs to submit re-activation requests. To note on the latter, persons with special needs or medical conditions are required to obtain health reports, for which they may have faced barriers as they would need active health insurances to be able to obtain the reports, including but not only due to general difficulties in reaching hospitals, especially for non-COVID related medical conditions, due to overcrowding, fear of approaching hospitals due to fear of transmissions and currently limited resources of hospitals.

With these considerations, the need to increase advocacy efforts with DGMM on re-activation of general health insurances for those who fall under the mentioned exceptional circumstances for re-activation and who have serious non-COVID related medical concerns is clearly gaining importance and urgency over time, especially in consideration of the scale of the issue, public health considerations, and its potential impact on communities. While lack of financial means is also identified as an exceptional circumstance that may result in re-activation of health insurances upon assessment by PDMMs, for those whose insurances are not re-activated due to a variety of reasons (such as the inability to prove lack of financial means) targeted cash programmes may also be considered to cover medical expenses. This would require dedicated and assessments by Health sector partners as well as organizations with cash-based programmes whether a dedicated cash programme would address medical needs and expenses in a timely and effective manner. This would also require advocacy with

\(^8\) Persons with special needs are defined in this context as those with disabilities, older persons, pregnant women, single parents with an accompanying child, persons who have been subjected to torture, rape or serious psychological, physical or sexual violence.
donors on the possibility to implement such programmes, if indeed it is assessed that such programmes would meet needs.

Other barriers for persons benefitting from or pending registration under International Protection include unavailability of treatment (5%), limited resources of hospitals due to COVID-19 (3%) and lack of registration with PDMM (3%).

Across all nationality groups, avoiding hospital due to fear of COVID-19 transmission is reducing over time (5% decrease since Round 2) potentially indicating normalization of the situation and reduced fear of communities.

Across all population groups, 44% of female respondents did not attempt to access sexual and reproductive health and/or gynaecological and obstetric services (SRH / G&O). Of the 56% that did attempt to access, 40% were unable to access SRH / G&O services. These overall findings remained similar to Round 2.

The assessment indicates differences in access to SRH / G&O services between nationality groups. In particular, Afghan (71%), Iraqi (70%) and Iranian (73%) respondents rank significantly below average in accessing these services compared to other nationality groups. Afghans and Iranians ranked below average in access in Round 2 as well, but the level of access has decreased significantly, by approximately 35%. In consideration of the clear reduction in access of female respondents, particularly Afghan and Iranians to SRH / G&O services,
there is a need to better understand specific barriers and to increase availability of SRH interventions as well as referrals to SRH services.

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, 55% stated all of their children were registered and school-going, whereas 28% stated none of their children attended school prior to the pandemic. The remaining 17% 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 Iranians at 76%. On the other hand, 37% of Other and 34% of Iraqi households stated none of their school-aged children were enrolled in schools prior to COVID-19.

<table>
<thead>
<tr>
<th>Nationality Group</th>
<th>All</th>
<th>Some</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syria</td>
<td>54%</td>
<td>19%</td>
<td>27%</td>
</tr>
<tr>
<td>Other</td>
<td>47%</td>
<td>17%</td>
<td>37%</td>
</tr>
<tr>
<td>Iraq</td>
<td>62%</td>
<td>3%</td>
<td>34%</td>
</tr>
<tr>
<td>Iran</td>
<td>76%</td>
<td>24%</td>
<td></td>
</tr>
<tr>
<td>Afghanistan</td>
<td>58%</td>
<td>14%</td>
<td>28%</td>
</tr>
</tbody>
</table>

While the difference is minimal, it is noted that across all population groups, within female headed households, the percentage of all children registered in school prior to COVID-19 was higher than male headed households (57% compared to 55%).

Almost two-thirds (64%) of the children from households who stated all or at least one of their children were school-going prior to COVID-19 were able to continue via remote learning opportunities. This is a slight decrease compared to previous rounds’ findings, where in Round 2 68%, and in Round 1 79% of the children were able to continue education. Over time,
it is clear that less children are able to continue via remote education and drop-out rates are increasing.

The levels of continued education are highest amongst Iranian households, as 86% of all children were able to access remote learning. The highest percentage of discontinued education, as in previous rounds is amongst Afghan (19%) and Syrian (14%) households respectively.

As in previous rounds, the assessment did not show major differences between the sex of children facing difficulties. While details on the main barriers in accessing remote education are indicated in the Figure below, it is noted that the two challenges not enough equipment for all children and no internet) remained the same as previous rounds, while power cuts due to failure in paying utility bills (14%) seems to be a new barrier to continuing education that is clearly related to the deteriorating socio-economic statuses of households (due to prolonged impact of COVID-19). For Afghan households in particular, power cuts due to failure in paying utility bills is a comparatively more prominent challenge (23%), whereas not enough equipment (33%) and no internet (22%) rank above average as difficulties in access to remote education for Iraqi households. Lack of privacy (22%) is also identified as a barrier specifically for Iraqi households.

The above conclusion related to the correlation between continued access to education and socio-economic situation of households is also supported by findings on households’ ability to cover monthly expenses and basic needs.

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 65%. Comparatively, only 45% 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. Furthermore, the assessment indicates that households which adopt reduction of non-food expenditure (including health and education related) are less able to send their children to school. 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.

Second Round findings in relation to participation in higher education have been validated in this Round. As in the previous round, the assessment shows that 92% of households do not have any members attending higher education in Turkey, only 7% (80 individuals) participate in Undergraduate level education whereas less than 1% (6 individuals) participate in Master's programmes. While no individuals were identified to be pursuing their PhD in the Second Round, 1 individual was identified in Round 3.

The assessment did indicate some differences between nationality groups and geographical locations in access to higher education. To specify, Afghan (98%) and Syrian (92%) households have the lowest attendance rates to higher education, whereas the highest levels of participation in Undergraduate level education is amongst Iraqi (10%) and Syrian (7%) households. There are no Afghan or Iraqi households with members pursuing a masters, and the highest level of participation in Masters programmes is amongst Iranian households (4%). The only individuals with access to PhD are ‘other’ nationalities.

In terms of geographical differences, the highest levels of participation in higher education is in the Southeast, where a total of 9% of households have members continuing their education, whereas the lowest levels of participation are in Central Anatolia & Other locations, with 7% participating. The highest levels of participation in University is in the Southeast (9%), Masters in the Aegean (1%) and the only households with members pursuing PhD are in Marmara (0.5%).

The majority of households (69%) did not benefit from Public Education Centers (PEC) and available courses prior to the pandemic. As in the previous round, of the 31% who did participate in PEC courses, highest participation is in Turkish language courses (24%), followed by vocational courses (5%) and general hobby courses (2%). In terms of differences between nationalities, it is noted that the highest levels of participation in PEC courses are amongst Iranian (50%) and
Afghan (42%) households, of which the majority of both nationalities participate in Turkish language courses (44% and 37% respectively). The majority of Iraqi (74%) and Syrian (72%) households do not benefit from PEC courses.

While in the previous round it was identified that members of female headed households had less access to PEC courses compared to male headed households, findings from this round show the opposite even if very minimal. Additionally, 37% of female respondents participated in courses compared to 25% of male respondents. Male and female respondents have been equally impacted by COVID-19 in terms of the ability to continue courses during COVID-19, with an average of 74% indicating they were not able to continue.

In relation to the low levels of participation in higher education and PEC 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. It is noted in particular that non-Arabic speaking households have more access, benefit more or are more interested in PEC courses compared to Arabic speaking households. There is a need to understand whether indeed the low levels of participation amongst certain groups is related to the language barrier or not.

Work, Income and Assistance

Work

Similar to the findings of previous rounds, results indicate that prior to the pandemic most respondents, 66%, across all population groups worked informally, with only 8% working with permits. While other nationalities and Syrians are identified to have most access to work permits (11% and 9% consecutively), Afghan nationals rank highest in working informally (77%).

Similar to previous rounds, no major differences between sexes were identified in terms of working informally. Overall, 68% 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 Afghan men at 79%.

The highest rates of informal work are in the Aegean at 73%, notably above the country-wide average (66%). Additionally, highest levels of access to work permit are in Marmara (10%).
Prior to COVID-19, the majority of respondents either worked for a person/company (47%) or they worked occasionally in short term/irregular jobs (46%). In terms of job security, Afghan nationals are most vulnerable to changes in working status and/or access to longer-term, sustainable employment, considering that 63% indicate working occasionally in short term/irregular jobs. Across nationalities, only 5% in total had their own business and/or were a freelancer.

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.

One of the areas of concern highlighted in all three rounds of the assessment is the impact of COVID-19 on the livelihoods status of respondents, particularly reflected by the negative change in working status and conditions. Third round findings indicate that 76% of respondents across all nationalities have experienced a negative change in their working condition and status due to the pandemic. Half of respondents indicate their change in work status is imposed by employers.

While no differences were identified between sex of respondents, the assessment indicates that female headed households have been impacted more by this change, at 84%, compared to 74% of male headed households who reported similar concerns. To note, an overwhelming majority of Afghan (94%) and Iranian (88%) households have been impacted negatively by changes in their livelihoods situation throughout COVID-19. In terms of geographical differences, Aegean has been impacted most as 80% of respondents report their working status has changed.

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9 Negative change in working condition and status due to the pandemic as defined in the assessment questionnaire includes loss of jobs/dismissal by employers, closure of workplace, unpaid leave amongst others.
The assessment clearly indicates that as in previous rounds, the informal sector is more affected than the formal sector. To specify, of the 66% who report working informally, 77% have been impacted negatively. This is compared to the 8% who work with work permits, of which 66% indicate they have experienced negative change in their working status and conditions.

Changes in working conditions are predominantly related to COVID-19 impact to employees and workplaces. To specify, loss of jobs/dismissal by employers (25%), closure of workplace (20%), imposed unpaid leave (11%) are amongst the top reasons of change, from the employee perspective.

Respondents also identified reasons for change in working status that are not related to the employers or workplace. These include stopping working due to fear of COVID-19 infection (22%), health concerns (7%) and household chores and caregiving responsibilities (2%). No major differences are identified between sexes, geographical locations or nationalities in the top ranked reasons for change in employment status.

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 13% are not hopeful they will be able to regain employment in the near future.
In Round 3, questions related to occupational safety and health were incorporated into the questionnaire. Accordingly, when asked whether they had been exposed to an occupational accident 8% confirmed that they had. The assessment indicated that respondents in the Central Anatolia & other region (12%) and the Aegean (10%) had been exposed to an occupational accident more so compared to other regions. Furthermore, it is noted that Iranian (21%), Afghan (19%) and other (12%) nationality groups are at higher risk to exposure to occupational accidents.

In addition to occupational accidents, 9% of respondents indicated that they were experiencing health symptoms related with their line of work. In particular, 12% of the respondents in the Aegean and 11% in the Marmara region indicate they experience work-related health symptoms.

These findings indicate that risk mitigation, prevention (both including and targeting communities) and response (in complementarity with relevant public institutions and local authorities) related to occupational safety and health should particularly target Central Anatolia & other, Aegean and Marmara regions, and Iranian and Afghan communities. This is especially in consideration that these regions and nationality groups are identified to rank amongst the highest in terms of informal labour.

An additional new area of inquiry introduced in Round 3 is related to child labour. The assessment aimed to identify how many children within households are working, the reasons why children are working, which sectors they are employed in, and whether they continue to work. Accordingly, of 1,935 children between ages 6-17 reached indirectly via the assessment, 85 (4%) are identified to be working. To note, through work and income related questions (i.e. not directly), 2% of children were identified to be working in Round 2.

The majority of children identified to be working are boys (87%), mostly of Syrian nationality (78%). Amongst working girls, 80% are also of Syrian nationality.

The primary reasons behind child labour are indicated as household income not being sufficient to cover needs/expenses (41%), no other working member in the household (19%), children wanting to contribute to the household budget (15%), and difficulties faced in school registration and/or continued school attendance (8%). It is clear that the majority of reasons are related to the socio-economic situation of households and the absence of sufficient income to cover household expenses.
The main sectors of employment for children include agriculture and animal husbandry (34%), textile and tailor (31%), garbage/paper collection (14%) and working on streets (9%). 3% also note to be coerced into begging. While the conditions of engagement in agriculture and husbandry related work remain unclear (whether children are able to continue education and enjoy their rights), the results in terms of sectors of employment are alarming as some of the sectors children work in can be considered amongst those that are prioritized through Turkey’s National Programme to Respond to Child Labour (2017-2023). The assessment identified that the majority of these children continue to work, as 41% of respondents stated their children sometimes work, and 36% noted that they continue to work.

Income and Assistance

Despite the negative changes in working status, assessment findings indicate that as in Round 2, work (employment/self-employed) is the main source of income for respondents, representing 39% of their reported income. Employment is particularly a key source of income for Afghan nationals, as 50% indicate employment as their main source of income, albeit for most this is informal employment. The only nationality group for which employment does not represent the top source of income is Iraqis, of which 27% note humanitarian assistance and 21% indicate remittances to be their main source of income (only 16% note work as source of income).

Income through employment as the main source of income is followed by humanitarian assistance (30%) and remittances (9%). Other sources of income include neighbourhood and community support (7%) and unemployment benefits (2%). 5% still rely on their personal savings.
Across nationalities, Iraqis (9%) are noted to also rely on neighbourhood and community support more so than other groups, whereas similarly, 13% of Iranians stated to rely on their personal savings.

Overall, 55% of respondents express that they receive assistance through public institutions, local authorities, I/NGOs and UN agencies. Cash assistance represents much of this assistance at 80%, compared to 20% in-kind. While the total percentage of those receiving assistance remained almost the same as in Round 2 (54%), the type of assistance seems to have changed slightly as in Round 2, 87% of assistance received represented cash and 13% represented in-kind, indicating a decrease in cash assistance and increase in in-kind assistance.

Amongst those receiving assistance, the top three types are all via cash modality, including ESSN (61%), CCTE (12%) and non-ESSN cash received through Social Assistance and Solidarity Foundations (9%). Cash received through UNHCR/DGMM (COVID-19 cash assistance) and I/NGOs (cash for shelter, cash for hygiene) in total represent 14%.

The assessment indicates differences in terms of access to assistance by female versus male heads of households. Accordingly, 61% of female heads of households receive assistance compared to 53% of male heads of households. In Round 2, male heads of households were identified to have slightly more access to assistance (55%) compared to female heads of households (53%). The findings indicate improvements in gender-sensitive targeting of or inclusion within assistance programmes. This is particularly important as female headed households are identified to be comparatively socio-economically disadvantaged, since 87% indicate inability to fully cover monthly expenses and basic needs compared to 84% of male headed households.

The assessment did indicate regional differences in distribution of assistance. Assistance appears to be mostly provided in the Aegean where 63% of the respondents confirmed receiving support, followed by Central Anatolia & Other (59%), Marmara (54%) and Southeast (52%).

In addition to cash assistance, 20% of respondents receive in-kind assistance. The main forms of in-kind assistance for these respondents include food (45%); family hygiene kits, dignity kits,
sanitary items (18%); accommodation/shelter assistance (16%) and other non-food items (12%). These findings are relatively similar to Round 2, however different types of kits is a new type of assistance category. To note, individuals of other nationalities, compared to Syrians, seem to have more limited range of access to in-kind assistance, which may be related to the programming of sector partners and the absence or limitations of programmes targeting individuals of other nationalities.

Overall, approximately half (46%) of those receiving assistance (both cash and in-kind) note to not be satisfied with the assistance received.

Of those who receive assistance, 88% of respondents state that the assistance does not fully meet their needs during the COVID-19 pandemic. To note, there are no Iranians who express the assistance they receive meets their needs, with 78% indicating they are not satisfied with the assistance received.

Access to Basic Needs and Household Expenditures

Assessment findings indicate that 85% 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. While in Round 2 it was identified that 84% were not fully able to cover their monthly expenses, when broken down into whether respondents are not able (at all) to cover their needs and only partially able to, a significant difference between rounds is noted. To specify, while in Round 2 35% indicated they were not able to, and 50% expressed they were partially able to cover their expenses, in Round 3, those that reported not being able to cover expenses increased to 46%, and those partially able to cover decreased to 39%. This indicates that socio-economic vulnerabilities are deepening for those that were already vulnerable prior to COVID-19.

It is noted that apart from Iraqi households (of which 29% are fully able to cover their expenses), all other households face immense difficulties in covering their monthly expenses and needs. Afghan households are identified, as in previous rounds, as the most socio-economically vulnerable group.

While in previous rounds, differences were identified in ability to cover monthly expenses between geographical locations, sexes of heads of households and nationality groups, these differences
are slowly dematerializing. The findings indicate that overall, across all groups, socio-economic vulnerabilities are increasing.

Compared to the pre-COVID period, across all groups an increase of 15% in expenditures is identified. The increase in expenditure is prominent particularly in Syrian and Iranian households, at 15% and above.

When asked which costs and expenditures households are struggling to manage during the pandemic, rent/housing ranked highest at 26% followed by food (25%), utilities (11%) and health and hygiene related items (both 8%).

Findings of ability to cover monthly expenses were correlated with access to assistance schemes. Accordingly, in Round 2, it was identified that approximately half of those who stated they were unable to fully cover their expenses were not receiving any assistance, indicating the need to improve targeting of socio-economically vulnerable households. In Round 3 however, interestingly, results indicate that no major differences across nationalities, geographical locations and sexes, are identified in terms of ability to cover expenses and status of receiving assistance. This means that in time and as the pandemic prolongs, differences between these groups are reducing and across the board vulnerabilities are increasing.

Overall, 78% of all respondents were identified to adopt coping mechanisms against their reduced ability to cover their expenses and needs. The most widely adopted coping mechanisms to meet basic needs and monthly expenses include borrowing money / remittances to purchase essential items (49%), reducing essential food expenditure (45%), reducing non-food
expenditure such as education and health (24%) and buying food on credit/debt to purchase essential household goods (20%). Compared to Round 2, there are notable increases in all categories of adopted coping mechanisms, as indicated in the figure below. This trend indicates that if and until socio-economic vulnerabilities of households are reduced and/or overcome, through inclusion in livelihoods opportunities and improved targeting of assistance, households across nationalities will continue to increasingly resort to coping mechanisms.

In terms of differences between nationalities, the assessment indicates that Afghan households resort to coping mechanisms comparatively more than other nationalities, as 83% adopt coping mechanism of which highest rank is reduced essential food expenditure, at an alarming 57%.

Differences between sexes were also identified in relation to coping mechanisms. To note, 82% of female headed households compared to 77% of male headed households resort to coping mechanisms, mostly through borrowing of money (52%).

The findings in relation to socio-economic situation of refugees in Turkey indicate a need to conduct more detailed assessments by other relevant sectors and expert organizations, including on adoption of coping mechanisms and the impact of adopting such
mechanisms in the medium and longer term, as well as the consequences of deterioration in socio-economic status.

Protection and Community Concerns

Respondents continue to report observations of protection concerns both at the individual and community level throughout the COVID-19 pandemic.

As in Round 2, the highest ranked protection concern by respondents is increased levels of stress within communities. A significant proportion of respondents, 61% observe increased stress within their communities, whereas 62% of respondents report they have been experiencing increased stress or anxiety themselves. While Third Round findings related to levels of increased stress remained similar to Round 2, it is noted that the protection situation has not improved since the previous round (60% reported increased stress within communities and 58% reported to be experiencing increased stress themselves). These findings indicate that the need for increased MHPSS support to individuals and communities remains a priority area for protection and MHPSS service providers.

The assessment indicates that certain nationality groups have been more affected in relation to stress and anxiety. Of particular concern is the stress levels identified within Afghan and Iranian communities, where 87% and 86% report increased stress at the community level. As no improvement for these communities are noted since Round 2, the need to increase targeting and access particularly of these nationality groups (Afghan and Iranian) to mental health and psychosocial support services remains pressing.

An interesting finding of the assessment is the relation between change in working status and the levels of increased stress reported at the individual level. Overall, 61% express they have been
experiencing some level of increased stress. For those whose working status was impacted negatively due to COVID-19, this is 65% whereas for those whose working status has not changed, this is 53%. This is a clear indication that individuals whose working status has changed (including dismissals, loss of income etc.) due to COVID-19 will result in higher levels of stress, which may potentially result in additional protection concerns for these households (which represent a majority, at 84%).

36% of respondents observe increased conflict amongst household members, remaining at the same level identified in Round 2. It is noted, however, that 38% of female respondents compared to 33% of male respondents express increasing conflict within the household. In terms of differences between nationality groups, conflict within households seem to be most prominent in Afghan and other community groups, as 38% and 37% respectively indicate this as a protection concern.

Compared to Round 2 findings, conflict amongst household members for both of these nationality groups decreased, as 55% of Afghan and 54% of other households had mentioned observations of conflict as a protection concern. Additionally, in Round 2, highest levels of increased conflict within households were reported within Syrian (66%) and Iraqi (64%) communities however in Round 3, 35% of Syrian households and 24% of Iraqi households indicated observations of conflict within household, once again indicating a significant decrease since Round 2.

Previous rounds of the assessment validated the global recognition that the pandemic is likely to increase exposure or risk of violence and abuse within households. As in previous rounds, Round 3 findings also indicate that 29% of respondents observe increased domestic violence within their communities since the outset of the pandemic. This is being mentioned particularly within Syrian communities, where 31% indicate domestic violence as an increasing protection and community concern. In the previous round, while 31% across all nationalities had indicated increasing domestic violence as a concern, the situation particularly within Iranian and Syrian communities was quite alarming as 50% and 53% respectively had reported to observe increase in domestic violence. Lastly, in terms of geographical locations, the Southeast ranks above average, where 37% indicate observations of increased domestic violence within their communities, indicating a need to increase availability and access to GBV risk mitigation, prevention, and response services particularly in this region.
A slight improvement in social cohesion between communities is identified. To specify, while in Round 2 37% of respondents reported observations of conflict and tension with local community members as a result of COVID-19, this dropped to 30% in Round 3. While improvements are recorded overall, the highest levels of conflict and tension with local community members are recorded in the Southeast (37%).

More than half of the respondents (56%) expressed that they seek support from the police when faced with a protection or community concern, followed by family members and/or relatives (30%). While the top two support mechanisms remained the same between rounds, Round 3 also identified notable changes in support mechanisms. To specify, in Round 2, 19% had identified community leaders as the third support mechanism and only 8% reported to seek support from I/NGOs. In Round 3, community leaders as a support mechanism dropped to 8% whereas I/NGOs increased to 17%. Other support mechanisms prioritized by communities are in the Figure below.

Support Mechanism (Top 10)

<table>
<thead>
<tr>
<th>Support Mechanism</th>
<th>3rd Round</th>
<th>2nd Round</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police</td>
<td>55%</td>
<td>52%</td>
</tr>
<tr>
<td>Family members and/or relatives</td>
<td>30%</td>
<td>29%</td>
</tr>
<tr>
<td>Neighbours</td>
<td>17%</td>
<td>14%</td>
</tr>
<tr>
<td>I/NGOs</td>
<td>17%</td>
<td>8%</td>
</tr>
<tr>
<td>PDFLSS</td>
<td>13%</td>
<td>12%</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>Community leaders</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>Other local authorities (Courts, Bar Associations, etc.)</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>I would not seek any support</td>
<td>6%</td>
<td>8%</td>
</tr>
<tr>
<td>Health service providers</td>
<td>6%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Certain differences between population groups and their support mechanisms are identified. In particular, 26% of Afghans stated that they do not know where they would seek support when faced with a protection concern; in addition to police, Iranian respondents identify PDMM and UN
agencies (both at 27%) as a support mechanism; whereas Syrian respondents rank PDofLSS as a mechanism more so than other nationality groups. PDofLSS is also ranked as a prominent support mechanism (ranked third, at 20%) particularly in the Southeast.

A new inquiry area added in Round 3 is access to legal aid. Across respondents, 10% indicate the need for legal support and of these, approximately 83% have not received any legal support. Of the 17% that have received support, 9% mention assistance through NGOs, 4% through lawyers, 3% through Bar Associations and other entities. The main legal areas\(^{10}\) where support is needed are identified as other, Temporary Protection ID related matters (12%), psychological violence (11%) and employee rights (9%). For women in particular, divorce (12%) and citizenship are identified as additional areas where legal support is required. In relation to the type of legal support they received, respondents indicated assistance (37%), counsel (21%) and referral (13%) amongst others.

An additional thematic inquiry area of the assessment was awareness on emergency related matters, including risk mitigation, prevention and response, particularly in earthquake situations. Overall, more than half of respondents were identified to have some level of information on what to do during a natural disaster (38% indicate to have full, 27% partial information).

When asked where to seek assistance and which entities provide support in case of an emergency, 61% of respondents indicate they have some information as to where to seek support. While 25% indicate they would approach municipalities for support, 23% also indicate AFAD as a support mechanism during emergencies, both of which indicate good levels of information on the primary bodies responsible for emergency response. Respondents also identify NGOs (16%) and mukhtars (11%) as support mechanisms, through which they would be provided with or referred to available assistance.

The assessment indicated differences between nationality groups in terms of awareness and knowledge on emergency preparedness and response. While across groups 35% of respondents indicate they do not have information on what to do during a natural disaster and where to seek assistance, this increases to 64% for Afghan, 49% for Iranian and 42% for Iraqi households. In addition to municipalities, AFAD and NGOs, Afghan (34%) and Iranian (28%) households also identify PDMM as a support mechanism for emergency response.

\(^{10}\) Options provided for this question, in addition to those mentioned above, include alimony, custody matters, deportation, criminal matters, physical violence, guardianship of a child, landlord disputes and voluntary repatriation.
In terms of geographical differences, the assessment identified that respondents in the Central Anatolia & other region have least information on emergency response.

These findings show that the overall levels of knowledge and awareness on emergency preparedness and response are mediocre and require awareness raising considering the potential consequences and protection outcomes of a natural disaster. This is particularly the case for Afghan, Iranian and Iraqi households, and within the Central Anatolia & other region.
Conclusions

- Refugees’ levels of access to information on rights and services remains high. However, Round 3 findings validate those of previous rounds, namely the continued need for increased outreach and targeting to non-Arabic speaking individuals with accessible information. Differing from Round 2, in this Round, findings indicate the need to focus on Aegean and Central Anatolia & Other region in relation to information dissemination efforts. This may require targeted interventions through sector partners, as well as through support to public institutions and local authorities (i.e. through non-Arabic interpretation support) In line with findings related to the worsening socio-economic situation and impact on refugee communities in different areas, the majority of information needs identified are related to livelihoods and socio-economic issues.

- Access to services seem to be deteriorating slightly over time. Findings indicate, as in previous rounds, that women, Afghan and Iranian individuals face more challenges in accessing services. While barriers faced by other groups are also applicable to Afghans and Iranians (including overcrowding, closure of services and lack thereof), financial barriers are identified as an additional challenge for Afghans, whereas registration related challenges (which may not necessarily only be the absence of registration and relevant documentation, but also not residing in the province of registration) is identified as such for Iranians. These findings indicate need for engagement particularly with Iranian communities to understand specific challenges related to registration, including whether communities face barriers due to absence of registration or because they do not reside in the province of registration. Furthermore, in consideration of the socio-economic vulnerabilities of Afghan households and the indication that financial issues seem to be an additional barrier for their access to services, there is a need to better understand whether these arise due to transport related costs or otherwise. Additional cash programmes or expanding available ones to include Afghan households may be required to this end.

- As NGOs are identified as a service that has been difficult to reach in this period, there is a need to increase awareness of and access to communication with community tools as well as the service mapping platform, Services Advisor, through sector partners, to ensure that individuals have continued access to NGO services, including those being provided remotely or via digital platforms.
Some individuals have not attempted to access services, not because they are not needed, but due to age, gender and diversity related barriers including domestic/care work, physical access barriers due to an impairment as well as working during operational hours of service providers. This indicates the importance of tailoring services and service delivery modalities to the specific needs of different groups. To this end, protection mainstreaming efforts across 3RP sectors and partners will be critical. Collaboration with public institutions and local authorities should also consider support in mainstreaming age, gender and diversity considerations, including through strengthened feedback mechanisms, and throughout all stages of service delivery.

Access to health services, particularly due to inactivation of health insurances has become increasingly difficult for individuals, including for those pending registration and documentation, International Protection Applicants and Status Holders. Considering the increase in scale of the issue and its potential impact on communities, there is a need to undertake joint advocacy with relevant stakeholders (such as UNHCR and WHO) particularly for those who fall under exceptional circumstances towards re-activation, including DGMM and the Ministry of Health. For individuals who do not fall under the criteria set for re-activation, dedicated cash for medical expenses programmes may be a solution (either through new programmes or expanding available cash interventions to include coverage of medical expenses) however this would rely on assessments by expert organizations and the Cash-Based Interventions Working Group on whether cash programmes would indeed address needs.

No major improvement was identified in female respondents’ access sexual and reproductive health, and Gynaecology and Obstetrics Services. The need to better understand barriers and plan interventions accordingly remains important.

A new barrier in accessing remote education services was identified, namely power cuts due to failure in paying utility bills. This indicates a clear correlation between the socio-economic status of households and children’s continued access to education. Households also continue to require material, equipment, and digital infrastructure related support. Overall, 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.
- The majority of respondents do not have any family members participating in higher education in Turkey. Findings in this sense, especially related to Syrians’ participation in higher education is validated through Council of Higher Education (Yüksek Öğretim Kurumu) statistics\(^\text{11}\) which indicate only 1% of Syrians participate in University. 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. To specify, Arabic speaking households were identified to have less access, benefit less or are less interested in PEC courses. There is a need to understand whether this is related to the language barrier or other reasons, subsequent to which information dissemination and raising awareness efforts as well as advocacy should include promoting PECs across all communities, Arabic speaking ones in particular.

- Across relevant thematic inquiry areas, the assessment identifies a worsening situation in socio-economic indicators for households. Overall, across all groups socio-economic vulnerabilities seem to be increasing, as is the inability to cover monthly expenses and basic needs. Households are also increasingly resorting to negative coping mechanisms. These findings overall indicate that unless socio-economic indicators are improved, protection and community level concerns are at risk of increase.

- Protection and community level concerns continue to be reported by respondents. Increased levels of stress at the individual and community levels seems to be the most prevalent form of protection concern, specifically for Afghan and Iranians. These groups are especially 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 (via this Report and the interactive PowerBI Dashboard) will be shared widely within 3RP and other coordination platforms. The report will be translated into Turkish and shared with participating municipalities, as well as other interested

\(^{11}\) Mentioned statistics can be accessed through https://istatistik.yok.gov.tr/.
stakeholders. For future rounds, engagement with municipalities can be strengthened further when contextualizing the findings for a better understanding and stronger analysis.

- Widespread sharing of findings, including through Protection and other 3RP sectors, and via other interested coordination platforms, is intended to strengthen evidence-based programming and implementation, as well as inform advocacy efforts with a variety of stakeholders.

- The Fourth-Round of the assessment will be initiated in May 2021. The assessment tool will be reviewed and revised per changes in context, including an assessment of the levels of access to COVID-19 vaccination, per numerous requests received in this regard.
INTRODUCTION AND CONSENT

Date of assessment
Interviewer’s name
Interviewer’s organisation
Phone/reachability status
Consent

Hello, my name is ______. I am working for ______. I am here to conduct a survey with you to ensure that we, and organizations like us better understand you and your community’s situation. The information you provide will be used to help us learn about your needs and to help improve our collective response and services. I will be asking you questions in relation to access to information and services; livelihoods, income and assistance; as well as community concerns amongst other issues. In case you have specific issues to share about your current circumstances, I will ask you after the survey is finalised and may be able to advise you about what you can do and who might be able to help you.

Participation in this survey is voluntary and you have the right not to answer questions you do not want to. Your participation will not affect your processes with DGMM or other public institutions. It will also not affect the services you are currently benefitting from through organizations, including ours. You will not be receiving any cash or material assistance if you participate in this survey. The survey will approximately take 30-40 minutes to complete.

Your information will be kept confidential and anonymous. We will not be recording your personal information such as your name-surname, ID number, and/or phone number. The answers you provide to the questions will be registered, stored, organized, updated, transferred and processed in accordance with the Turkish law on personal data protection no 6698. You have the following rights pursuant to this Law: right to apply to our organization and to learn whether your data is processed or not, to request information about how your data has been used and processed and whether this information is used for its intended purposes, to know the third parties with whom your information are shared, to request the rectification of the incomplete or inaccurate data if any, to request the destruction of the information you share under the conditions laid out in law, to request notification of the operations carried out to third parties whom your information has been shared with.

For the purposes of this survey, we will share your responses with UNHCR (all the information we share will be anonymized). Your answers will be stored in UNHCR’s server in their headquarters (Geneva), and only authorised UNHCR personnel and personnel from organizations conducting this survey will have access to it. UNHCR will process your responses in accordance with their data protection policy.

I confirm that a XX staff member has explained the response process, the voluntariness of my participation, and how the information I share will be saved and used.

I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

I understand my rights pursuant to Turkish law 6698.

Do you agree to give XX your consent to share the anonymized data and responses you give within the survey to be collected, processed and shared?

Do you agree to give UNHCR your consent to record, store and process the information that will be provided by you during this phone survey?
I understand I have the right to request UNHCR Turkey or the organization conducting this survey to destroy my non-personal data.

No, I don’t want to be a part of this survey

**A. PERSONAL INFORMATION AND DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>1. Age of the respondent</th>
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</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>2. Sex of the respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Male</td>
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<tr>
<td>• Female</td>
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<tr>
<td>• Non-binary</td>
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<table>
<thead>
<tr>
<th>3. Nationality</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>4. Registration status</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Did not approach PDMM for registration</td>
</tr>
<tr>
<td>• Applied to PDMM but could not register</td>
</tr>
<tr>
<td>• International protection applicant</td>
</tr>
<tr>
<td>• International protection status holder</td>
</tr>
<tr>
<td>• Temporary protection beneficiary</td>
</tr>
<tr>
<td>• Humanitarian residence permit holder</td>
</tr>
<tr>
<td>• Other</td>
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</tbody>
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<tr>
<th>5. Province</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>6. Household size and composition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>7. If you are not the head of the household, what is the sex of the head of household?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Male</td>
</tr>
<tr>
<td>• Female</td>
</tr>
<tr>
<td>• Non-binary</td>
</tr>
</tbody>
</table>

**B. ACCESS TO INFORMATION**

<table>
<thead>
<tr>
<th>8. Do you think you have adequate information on rights and services in Turkey?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Yes</td>
</tr>
<tr>
<td>• No</td>
</tr>
<tr>
<td>• Partially</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. If NO or PARTIALLY, what are your main information needs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• COVID-19 prevention and risk mitigation</td>
</tr>
<tr>
<td>• COVID-19 response</td>
</tr>
<tr>
<td>• COVID-19 vaccination</td>
</tr>
<tr>
<td>• Registration and documentation with the Turkish government</td>
</tr>
<tr>
<td>• Social services (including protective, preventative, rehabilitative)</td>
</tr>
<tr>
<td>• School, university and vocational studies in Turkey</td>
</tr>
<tr>
<td>• Working in Turkey</td>
</tr>
<tr>
<td>• Work permits</td>
</tr>
<tr>
<td>• Labour rights</td>
</tr>
<tr>
<td>• Civil matters, including birth registration, marriage and divorce</td>
</tr>
<tr>
<td>• Physical safety and security</td>
</tr>
<tr>
<td>• Financial/Material assistance</td>
</tr>
<tr>
<td>Legal assistance</td>
</tr>
<tr>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Health-related matters, including medical assistance</td>
</tr>
<tr>
<td>Living and settling in Turkey</td>
</tr>
<tr>
<td>Return to country of origin</td>
</tr>
<tr>
<td>Resettlement to a third country</td>
</tr>
<tr>
<td>DGMM / PDMM practical procedures and travel permits</td>
</tr>
<tr>
<td>Procedures related to V87 code</td>
</tr>
<tr>
<td>Procedures related to family reunification in Turkey</td>
</tr>
<tr>
<td>Procedures related to family reunification in 3rd country</td>
</tr>
<tr>
<td>Available feedback and complaints mechanisms</td>
</tr>
<tr>
<td>Emergency Related</td>
</tr>
<tr>
<td>Other – please specify</td>
</tr>
<tr>
<td></td>
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<td></td>
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<td></td>
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</tbody>
</table>
| 11. How was this information provided to you? | • Other  
• In my own language  
• Through quality and effective translation  
• In Turkish with no translation  
• Other |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>C. ACCESS TO SERVICES</td>
<td></td>
</tr>
</tbody>
</table>
12. Are there any services that you could not access due to the COVID-19 pandemic (March onwards)?  
• Yes  
• No  
• Have not attempted to access any service |
| 12.1. What are the essential services and/or service providers which you are not able to access due to the COVID-19 pandemic? | • Registration with PDMM  
• ID renewal with PDMM  
• Data update with PDMM  
• Address update with PDMM  
• ESSN application  
• Hospitals/health services  
• Government Hotlines (184, 183, 157, 155, 156 etc.)  
• e-Devlet  
• PTT  
• Bank  
• Provincial Directorates of Family, Labour and Social Services (including Social Service Centers)  
• Social Assistance and Solidarity Foundations  
• Other MoFLSS institutions (such as women’s shelters)  
• Municipalities  
• Public transportation  
• Civil Registry Offices  
• Police Department  
• Mukhtars  
• UN Agencies  
• NGOs  
• Bar Associations  
• Education  
• Judicial services (courts and public prosecutor’s offices)  
• ISKUR  
• Public education centers  
• District Governorate |
<table>
<thead>
<tr>
<th>12.2. Why are you unable to access these services?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Services are closed</td>
</tr>
<tr>
<td>• Services are crowded</td>
</tr>
<tr>
<td>• Lack of services</td>
</tr>
<tr>
<td>• Service providers are working on rotation/ reduced number of staff causes challenges in service delivery</td>
</tr>
<tr>
<td>• Unable to book appointment through online systems</td>
</tr>
<tr>
<td>• Service providers not being helpful/deny services</td>
</tr>
<tr>
<td>• Lack of information on services and service providers</td>
</tr>
<tr>
<td>• Lack of required civil documentation</td>
</tr>
<tr>
<td>• Lack of registration</td>
</tr>
<tr>
<td>• Lack of transport options / high expenses</td>
</tr>
<tr>
<td>• Physical access barriers due to an impairment</td>
</tr>
<tr>
<td>• Financial barriers</td>
</tr>
<tr>
<td>• Lack of / inadequate translation services</td>
</tr>
<tr>
<td>• Eligibility criteria/prioritisation of specific groups</td>
</tr>
<tr>
<td>• Lockdown/curfews</td>
</tr>
<tr>
<td>• Overloading of e-Devlet system</td>
</tr>
<tr>
<td>• Working during operational hours</td>
</tr>
<tr>
<td>• Domestic/care work</td>
</tr>
<tr>
<td>• In COVID-19 risk group</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12.3. If you have not attempted to access services, what are the reasons?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Did not need to access services</td>
</tr>
<tr>
<td>• Fearful about leaving the house due to COVID-19</td>
</tr>
<tr>
<td>• Fearful about leaving the house due to police controls</td>
</tr>
<tr>
<td>• Unable to leave the house (prohibited from leaving house)</td>
</tr>
<tr>
<td>• Service providers not being helpful/deny services (based on previous experience)</td>
</tr>
<tr>
<td>• Lack of information on services and service providers</td>
</tr>
<tr>
<td>• Lack of required civil documentation</td>
</tr>
<tr>
<td>• Lack of registration</td>
</tr>
</tbody>
</table>
| 13. Are you able to access health services (March onwards)? | • Yes  
• No  
• Have not attempted to access health services |
| 13.1. Why did you approach health services? | • Emergency  
• Regular check-up/follow-up (e.g. due to ongoing treatment, pregnancy follow-up etc.)  
• COVID-19 symptoms  
• To obtain prescription for medication  
• To obtain health report  
• Had an appointment (e.g. with the doctor, for X-ray/cat-scan etc.)  
• Other (specify) |
| 13.2. What is the reason? | • Not registered with PDMM  
• PDMM inactivated my health insurance  
• Cannot pay contribution fees for the treatment/medication  
• Treatment is not available  
• Treatment is denied by service providers  
• Due to travel restrictions, doctor did not refer to a hospital in another province  
• Limited resources of hospitals due to COVID-19  
• Non-COVID related medical concern/treatment de-prioritized  
• Lack of information on services  
• Lack of interpretation support / language barrier |
<table>
<thead>
<tr>
<th>14. Are you able to access Sexual and Reproductive Health (SRH) services and/or gynaecological and obstetric services?</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Yes</td>
</tr>
<tr>
<td>* No</td>
</tr>
<tr>
<td>* Have not attempted to access SRH services</td>
</tr>
</tbody>
</table>

**D. EDUCATION**

15. Were all school-aged children registered in school before COVID-19?
- All
- Some
- None

15.1 Are any children in the household continuing their education through distance learning opportunities?
- All
- Some
- None

15.2 How many children face difficulties in continuing their education through distance learning opportunities?

15.3 What are the reason(s) the children face difficulties in continuing their education through distance learning opportunities?
- No TV or TV connection
- No internet
- Not enough equipment for all children
- Power cut due to failure in paying utility bill
- Children are not interested
- Lack of space/privacy
- Not informed on how to access online education platform
- Language barriers
- Difficulty following-up the courses due to limited academic knowledge/skills
### E. WORK/INCOME & BASIC NEEDS

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Are any household members attending a University in Turkey?</td>
<td>• Yes, for undergraduate degree&lt;br&gt;• Yes, for masters degree&lt;br&gt;• Yes, for PhD&lt;br&gt;• No, no one is attending University</td>
</tr>
<tr>
<td>17. Were any adults in the household attending courses in Public Education Centers prior to the COVID-19 pandemic?</td>
<td>• Yes, Turkish language courses&lt;br&gt;• Yes, vocational courses&lt;br&gt;• Yes, general (hobby) courses&lt;br&gt;• No</td>
</tr>
<tr>
<td>17.1. Are household members able to continue their courses during COVID-19?</td>
<td>• Yes&lt;br&gt;• No</td>
</tr>
<tr>
<td>18. Were you or any household members working/employed before the COVID-19 pandemic?</td>
<td>• Yes, With work permit&lt;br&gt;• Yes, informally&lt;br&gt;• No</td>
</tr>
<tr>
<td>18.1. How many individuals are working? (with age and gender breakdown)?</td>
<td>•</td>
</tr>
<tr>
<td>18.2. How would you best describe the employment status of your household’s members during a typical week before the spread of COVID-19?</td>
<td>• I/they worked for a person/company/household&lt;br&gt;• I/they had my/their own business/freelancer, and I/they employed other people&lt;br&gt;• I/they had my own business/freelancer, but I/they did not employ other people helped (without pay) in a family business&lt;br&gt;• I/they worked occasionally in short term/irregular jobs&lt;br&gt;• Other (Specify)</td>
</tr>
</tbody>
</table>
| 18.3. Did you or your household members’ working status/conditions change due to the COVID-19 pandemic? | • Yes  
• No |
|---|---|
| 18.4. What are the changes | • Lost job/Dismissed by the employer  
• Fully paid leave  
• Workplace closed  
• Partially paid leave  
• Stopped working due to household chores and caregiving responsibilities  
• Unpaid leave  
• Had to stop working due to health concerns  
• Stopped working due to fear of COVID-19 infection  
• Other  
• Had to stop working due to COVID-19 measures  
• Working remotely |
| 18.5. Was this imposed by the employer(s)? | • Yes  
• No |
| 18.6. Do you expect to find work again in the coming months? | • Yes, in 1-3 months  
• Yes, in 3-6 months  
• Yes, but I do not know when  
• No, I don’t expect |
| 18.7. Why were you or other household members not working/employed? | • I/they did not work, and I/they was/were not looking for a job, and I/they was/were not available to work  
• I did not work, but I am looking for a job, and I am available to start working  
• I/they am/are retired  
• I/they did not work because I/they am/are studying full time  
• I/they did not work because I/they have a long-term health condition, injury, disability  
• I/they am/are willing to look for a job but I/they do not have time due to domestic/care work  
• Other |
| 18.8 What were the main reasons the child/children was/were working? | • There were no other working household members |
| 18.9 What area of employment/sector did the child/children work in? | • Agriculture & Husbandry  
• Tourism & Service Industry  
• Construction  
• Domestic / Care Work  
• Working on Streets  
• Begging (Coerced)  
• Car Repair  
• Goods Production (furniture, bricks, shoes, leather goods)  
• Textile & Tailor  
• Garbage / Paper Collector |
| 18.10 Is/are the child/children still working? | • Yes  
• No  
• Sometimes |
| 19. What was your estimated household monthly expenditure in TRY before the COVID-19 outbreak? | • Rent  
• Bills  
• Food  
• Clothes  
• Fuel for Heating  
• Other |
| 20. What is your current source of income? | • Work (employed/self-employed)  
• Remittances  
• Neighbourhood/community support  
• Unemployment benefits  
• Humanitarian Assistance  
• Personal savings  
• Other (specify) |
21. What is your estimated household monthly expenditure during the COVID-19 pandemic in TRY?

- Rent
- Bills
- Food
- Clothes
- Fuel for Heating
- Other

22. Are you able to cover monthly expenses and basic household needs following these cuts (rent, food, bills)?

- Yes
- No
- Partially

22.1. Which of the following costs/expenditures are you struggling to manage during the COVID-19 pandemic?

- Rent/housing
- Utilities
- Hygiene
- Health
- Food
- Internet services
- Communication
- Transportation
- Education
- Remittance/Debt
- PPE (Personal Protective Equipment)
- Other

22.2. How are you coping?

- Spend household savings
- Buy food on credit/Debt to purchase essential household goods
- Borrow money/remittance from relatives, family friend or anyone to purchase essential household goods
- Reduce essential food expenditure
- Reduce essential non-food expenditure, such as education, health
- Sell household goods (jewellery, phone, furniture, electro domestics etc.)
- Sell productive assets or means of transport (sewing machine, car, bicycle, motorbike etc.)
- Accept a high risk, socially degrading or exploitative temporary job
- Home based production of basic items for personal use (such as vegetables, food and poultry)
- Other
<table>
<thead>
<tr>
<th><strong>F. ASSISTANCE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>23. Does your household receive any cash or in-kind assistance (from the UN, NGOs, public institutions including SASF, municipalities, PDoFLSS etc.)?</strong></td>
</tr>
<tr>
<td>• Yes</td>
</tr>
<tr>
<td>• No</td>
</tr>
<tr>
<td><strong>23.1. What is the type of assistance?</strong></td>
</tr>
<tr>
<td>• Cash</td>
</tr>
<tr>
<td>• In-kind assistance</td>
</tr>
<tr>
<td><strong>23.2. If CASH, please select from the options</strong></td>
</tr>
<tr>
<td>• ESSN (IFRC/TRC)</td>
</tr>
<tr>
<td>• CCTE (UNICEF/MONE)</td>
</tr>
<tr>
<td>• Social Assistance and Solidarity Foundations (non-ESSN cash)</td>
</tr>
<tr>
<td>• UNHCR-DGMM (cash)</td>
</tr>
<tr>
<td>• NGOs (cash, cash for shelter, cash for hygiene)</td>
</tr>
<tr>
<td>• Provincial Directorate of Family, Labour and Social Services (including Social Service Centers)</td>
</tr>
<tr>
<td>• Loyalty Support Groups</td>
</tr>
<tr>
<td><strong>23.3. What is the monthly average cash assistance amount your household receive? (in TRY)</strong></td>
</tr>
<tr>
<td>•</td>
</tr>
<tr>
<td><strong>23.4. If IN-KIND assistance, please select from the options</strong></td>
</tr>
<tr>
<td>• Accommodation/shelter assistance</td>
</tr>
<tr>
<td>• Family Hygiene Kits, Dignity Kits, Sanitary Items (menstrual supplies, baby diapers,)</td>
</tr>
<tr>
<td>• Education Kits, PSS Kits</td>
</tr>
<tr>
<td>• Other non-food items (Clothing, fuel, blankets etc.)</td>
</tr>
<tr>
<td>• Food Assistance</td>
</tr>
<tr>
<td>• Loan</td>
</tr>
<tr>
<td>• Supplies for prevention (gloves, masks, sanitiser, etc.)</td>
</tr>
<tr>
<td><strong>23.5. If YES, does this assistance meet your needs during the COVID-19 pandemic?</strong></td>
</tr>
<tr>
<td>• Yes</td>
</tr>
<tr>
<td>• No</td>
</tr>
<tr>
<td>• Partially</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>H. PROTECTION AND COMMUNITY CONCERNS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>24. Have you observed or heard of increased stress within your community as a result of COVID-19?</strong></td>
</tr>
<tr>
<td>• Yes</td>
</tr>
<tr>
<td>• No</td>
</tr>
<tr>
<td><strong>25. Have you observed or heard of increased conflict amongst household members as a result of COVID-19?</strong></td>
</tr>
<tr>
<td>• Yes</td>
</tr>
<tr>
<td>• No</td>
</tr>
<tr>
<td><strong>26. Have you observed or heard of increased domestic violence within your community as a result of COVID-19?</strong></td>
</tr>
<tr>
<td>• Yes</td>
</tr>
<tr>
<td>• No</td>
</tr>
<tr>
<td>Question</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>27. Have you observed or heard of conflict/tension with local community members as a result of COVID-19?</td>
</tr>
<tr>
<td>28. Have you observed or heard of any other issues within your community as a result of COVID-19?</td>
</tr>
<tr>
<td>29. If any of the above mentioned concerns have been observed/heard, to whom do you think your community members would turn for support?</td>
</tr>
<tr>
<td>30. Are you experiencing increased stress or anxiety as a result of COVID-19?</td>
</tr>
<tr>
<td>31. Would you like the case management colleagues in my organization to reach out to you for follow up on your individual circumstances?</td>
</tr>
<tr>
<td>31.1. Please note down the organization specific case number generated for the individual, in case follow up is required and consent is received.</td>
</tr>
<tr>
<td>32. Do you need legal support</td>
</tr>
<tr>
<td>32.1. What are/were the legal areas that you need/needed support?</td>
</tr>
</tbody>
</table>
| **32.2. Are/were you supported by a Turkish lawyer to have legal support?** | • Supported by private lawyer  
• Supported by lawyer appointed by Bar Association  
• Supported by lawyer from an I/NGO  
• Not supported by lawyer  
• Other |
|---|---|
| **33.3. What type of legal support did/do you have from the lawyer?** | • Legal counselling (one-to-one legal information session)  
• Legal assistance (drafting petitions, accompaniment to courts, case follow up)  
• Legal referral (to Bar Association)  
• Legal fee assistance (financial assistance to support in legal services – translation, notary fees, court expenses)  
• Other |

**I. EMERGENCY AWARENESS**

| 34. Do you think you have adequate information on what to do during a natural disaster? | • Yes  
• No  
• Partially |
|---|---|
| 35. Do you know where to seek assistance during / after a natural disaster situation? | • Yes  
• No  
• Partially |
| 36. Where would you seek assistance during / after a natural disaster situation? | • AFAD  
• Municipality  
• Provincial Directorates of Family, Labour and Social Services (including Social Service Centers)  
• Social Assistance and Solidarity Foundations  
• PDMM  
• Mukhtar  
• NGO |

**J. OCCUPATIONAL SAFETY AND HEALTH**
37. Have you ever been exposed to an occupational accident at your workplace?

- Yes
- No

38. Do you have any health symptoms/chronical complaints which could be related with the work you do (so-called occupational disease)?

- Yes
- No

K. OBSERVATIONS OF THE ENUMERATOR

39. Is there any other information or concerns about how COVID-19 is impacting your life that you would like to share with us? This is to be filled by the enumerator, should the interviewed individual make any additional comments. Please refrain from asking open ended questions, asking to hear concerns, needs (etc.) as this may result in a prolonged conversation that would affect the length of each call. Feel free to also note down any observations as the enumerator.

Thanks for participating in this survey