

**DOCTORS WORLDWIDE HATAY-ŞANLIURFA COMMUNITY CENTERS PSYCHOSOCIAL SUPPORT
PROJECT**

IMPACT ANALYSIS OF THE COVID-19 EPIDEMIC ON REFUGEES ON HATAY-ŞANLIURFA

INTRODUCTION

It is a known fact that people displaced due to war, conflict and humanitarian crises are often neglected in the global epidemic and similar processes, although they always face more risks and difficulties than the general population. In particular, the difficulties in accessing information due to the language barrier and the already existing difficulties in accessing livelihoods have worsened in the outbreak, making financial difficulties inevitable; increased fragility. Additional health risks of crowded living and working; Among the main causes of these vulnerabilities are insufficient access to shelter, food, psychosocial support services and hygiene conditions, disruption of access to basic rights and services, and physical barriers to access to facilities, primarily healthcare units. Specifically, the existence of the cost of access to health services poses a separate problem. Otherization, stigmatization and discrimination against refugees-asylum seekers are another risk. It is anticipated that the phenomenon of abuse (especially physical abuse and forbidden) may increase due to the fact that the children cannot leave the home environment during the pandemic process, the visible and accessible opportunities are lost by attending school, and the limited access to assistance mechanisms. Another content that can support this data is the increase in the phenomenon of gender-based violence during the pandemic process. According to the data of Istanbul Police Department, domestic violence cases reported in March 2020 increased by 38.2 compared to last year.

In line with the foundation purpose and mission of the Association of Doctors Worldwide with its 20 years of experience, the requirement of culture-sensitive information rights that arise in the isolation process in the light of the measures taken within the scope of the Covid-19 pandemic, of International Protection Status and / or applicants, necessity, meeting the basic needs of hygiene, special health need support, protection-oriented precaution studies, protection of child individuals, creating quality time at home with children, not stopping the vaccine system and explaining the Covid-19 process by normalizing; continues to work on awareness of continuity of health needs with conscious protection techniques.

Within the scope of the activities of Doctors Worldwide, we serve with a need-based approach to increase the psychological well-being and functionality of vulnerable migrants in the pandemic process by dealing with the individual, the individual in the family, the individual in the group, the individual in the community and the individual in the society. In this context, activities continued remotely (online) with a focus on strengthening the institutional capacities of state stakeholders, increasing cooperation and coordination at the national and regional level, and enhancing harmonization. Field research carried out; It was conducted to analyze the impact of the COVID-19 epidemic on the refugee population in the region (Şanlıurfa and Hatay focus) in the region served by the Doctors Worldwide Association and to take preventive and protective measures under the new conditions within the scope of COVID-19.

In addition to all official measures and restrictions imposed, voluntary quarantine process has been initiated in Turkey with all calls to the Ministry of Health. Upon the call for not leaving the house unless

it is mandatory, Doctors Worldwide started to carry out its all operations from the homes of the employees with the telecommunication tools as of March 16, 2020. In order to ensure that all consultancy activities are carried out completely, call lines were created for each service unit and regular information calls were made for beneficiaries who did not have access to information about official announcements and measures taken for various reasons. In all processes, services continued using satisfaction surveys, CBRFM return mechanism, consultancy line data and KVKK-based consent forms in the focus of the right to participate. Psychosocial and Private Health Needs Support activities have been continued using telecommunication tools. In order to strengthen beneficiaries' access to information accurately and effectively, information is shared regularly in Turkish, Arabic, Kurdish and English. However, it has been a matter of re-focusing on social cohesion efforts that are not among the urgent priorities identified under the Regional Asylum Seeker and Resistance Plan (3RP).

Awareness about Covid-19 is very important in reducing and terminating the impact of this crisis situation by avoiding any risky actions that may affect people and their environment. The participants, who stated that they accessed current information about Covid-19 mostly from their own language, were found to have a basic level of knowledge about the symptoms and the precautions to be taken, together with some deficiencies. It was observed that most of the participants were not aware of the current announcements about psychosocial support and health services. These disabilities and reservations pose a great risk for refugees with special needs such as pregnancy, chronic illness and disability. Most people have had access to masks and other medical supplies for a certain period of time.

An increase in anxiety, obsession, insight and partial psychopathologies and sleep disorders were observed with isolation in the Covid-19 process, routine relationship with the family, fear and future anxiety for the individual and family elders. However, the process of raising awareness that a moderate level of fear or anxiety can motivate people to deal with health threats, but serious troubles can be debilitating and cause dysfunctional behavior and mental health problems.

Undoubtedly, the factor of trust in conjunctures where the obvious impact of the crisis can be felt is another focus of humanitarian debates. In general, trust, private and generalized institutional trust can be considered as an internal form of social capital needed and produced by all communities. In this process, the importance of awareness and ease of access to protection support mechanisms increased in 3 months. Risk factors for refugees and displaced population under new pandemic precautionary conditions can be listed as follows: Poor access to pre-existing psychological problems, basic protective hygiene materials such as masks and gloves, possible exclusion from preventive and intervention activities, insufficient financial opportunities, insufficient food supply or insufficient nutrition, poor access to news in their mother tongue and limited access to primary health care. These disadvantaged conditions can cause refugees and displaced populations to experience increased anxiety, fear, or other mental health problems. In addition, the risk of clients who had mental health problems before pandemic increased in multiple factor foci. For individuals with special care needs, the new client's purchase restriction of care centers also means an increase in standard special needs.

METHOD

The main purpose of this research is determining how the refugees living in Şanlıurfa-Hatay in the pandemic process are affected by their access to information, primarily health and psychosocial support services and to reveal their social and economic needs.

Data received from the survey questions answered sincerely in the primary sources focus between 29.05.2020 and 01.06.2020 were analyzed by Doctors Worldwide Hatay Şanlıurfa Psychosocial Support Project teams. In accordance with the stated purpose, "Scanning Model" was used in this study.

The screening model is a research approach that aims to describe a situation that exists in the past or present time.

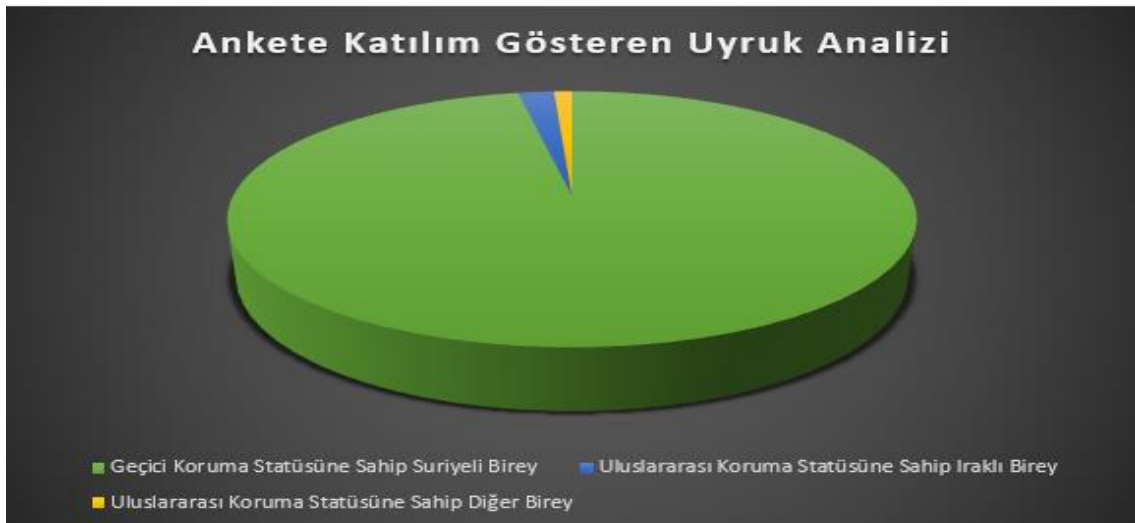
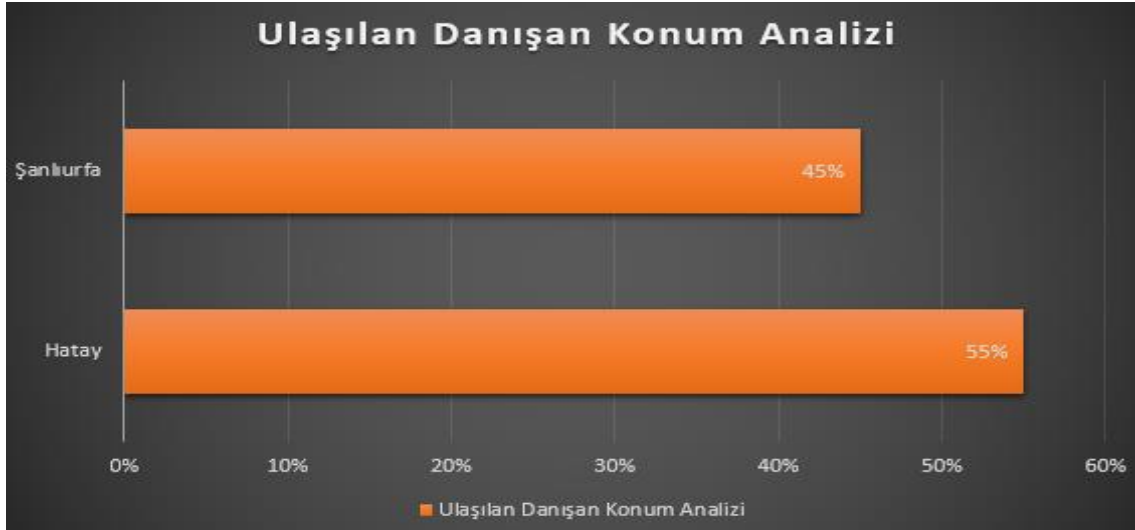
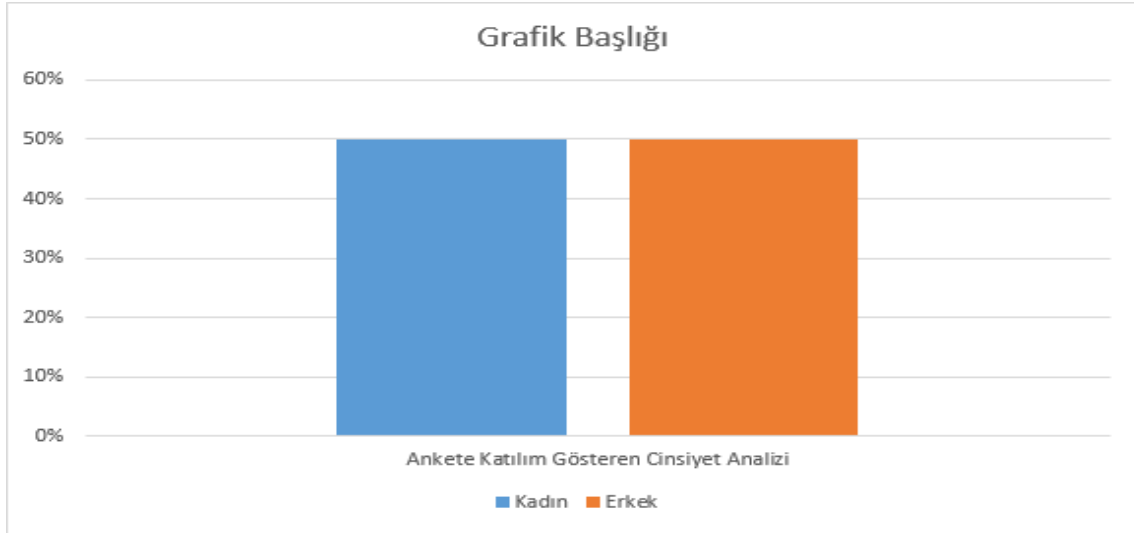
In this survey, which aims to determine the situation in various sectors, "Cluster Sampling Method" and "Systematic Random Sampling Method" have been used in order to determine the needs of people with different sensitivities. The gender balance of random samples is equal. Each sector was included in the sample to form a cluster and samples representing the cluster were selected with the "Simple Random Method" over the sample. In the content, the question patterns are suitable for the SPSS system, low standard deviation, no connection with the connector and clear pandemic process. The universe of the study is Syrians under temporary protection living in the provinces of Şanlıurfa and Hatay, and beneficiaries with international protection status. The study set of the study was the individuals who are over 18 years old (18-49 years of age and 50+) who have received a special health consultancy fund for Doctors Worldwide, psychosocial support services, awareness and protection-oriented awareness counseling and have a Turkish consent form. It has been identified. In addition to the analysis process with 30 clients, field observations and notes, which are secondary sources, are included in the content. Specifically, in Şanlıurfa and Hatay field analysis, the method of making phone calls to the clients who did not receive more than one service in their mother tongue was adopted. In order to create a comfortable and safe environment for the clients, the process information was explained with the priority telephone contact, the importance of the sincere answer was reflected, and then an appointment-based process started by determining a time interval suitable for the client. Telephone calls were made as follows:

- Reading the participant's consent form in the mother tongue and obtaining the verbal consent of the participant
- Explaining the content of the survey and the purpose of the study to the participant
- Explanation of demographic questions and likert scale in the survey
- The effect that it can reflect on the data in the safe environment and the environment in which they feel comfortable has been explained and appointment has been provided at the appropriate time in the focus of the client.
- At the time of appointment, the questionnaire was completed by transmitting the questionnaires in the native language of the participants and marking the immediate answers on the likert buttons.

While establishing the ethical framework of this study, 4 basic principles of the UN Convention on the Rights of the Child (life, development, participation and non-discrimination) and Inter-agency Guidelines Case Management, IASC and the American Psychological Association (APA) interview process are ethical. principles are taken into consideration.

Frequency distributions, mean and standard deviation values, minimum and largest values, median and most common values were calculated for the data. Survey questions were identified as education, protection, health and livelihood sources, activity needs, and developing and changing current life problems. Questions about the Covid-19 information potential were included in all survey area types.

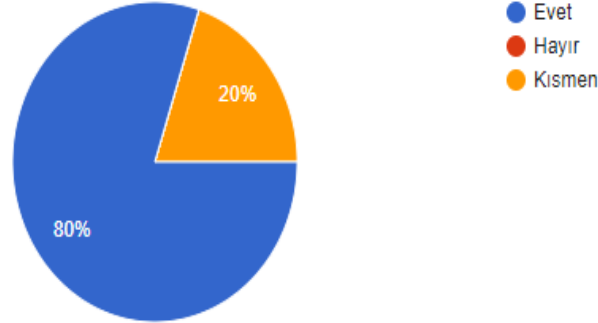
SURVEY FOCUS INDIVIDUAL INTERVIEW



FIRST RESOURCE SURVEY COMMENTARY ANALYSIS

Corona ve Covid-19 ile ilgili bilginizi var mı?

30 yanıt

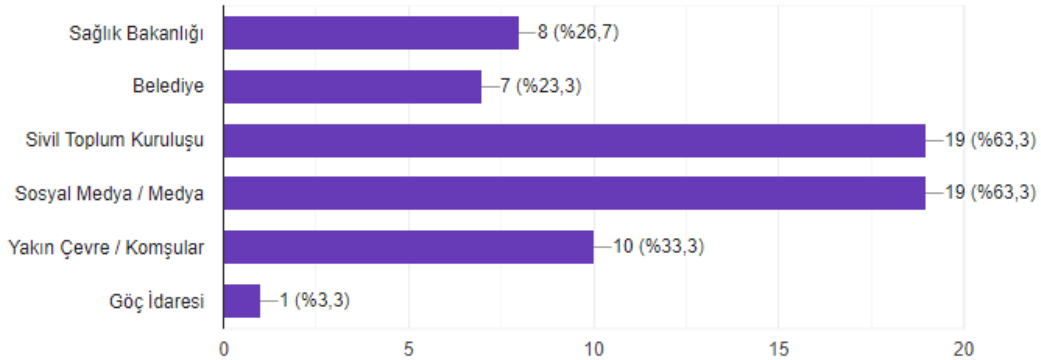


According to the needs analysis, the Covid-19 pandemic process has been stated as "partially and 80% yes, I have information" in the knowledge. However, it was observed that the information processes were inadequate and had information pollution quality.

Primary Source Feedback: "I do not know how to spend time with my child in the home environment, and with which games I will give long-term quality time, since the school process is not possible to play in the neighborhood and the meeting with relatives is restricted. My child started eating nails, anger, stubbornness and there is always a desire for attention." (E.T. 38

Covid-19 ile ilgili nereden bilgi edindiniz?

30 yanıt

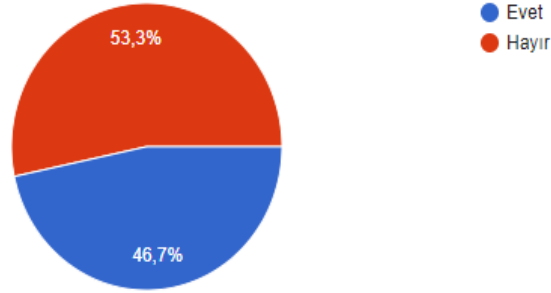


In line with data analysis, especially the density of information obtained through social media reveals the existence of risks. It has been understood that public stakeholders are more actively involved, and language support and the transfer of the precautionary process.

Primary Source Feedback: "I have read that the mortality rate is very high when the Corona Virus is infected on Facebook. Therefore, I hesitate to go to the health center to have my baby vaccinated." (E.C. 23)

Covid-19 virüs salgını sonrası (Mart başı) siz ve aileniz destek almak için hiçbir resmi kuruma başvurduğunuz mu?

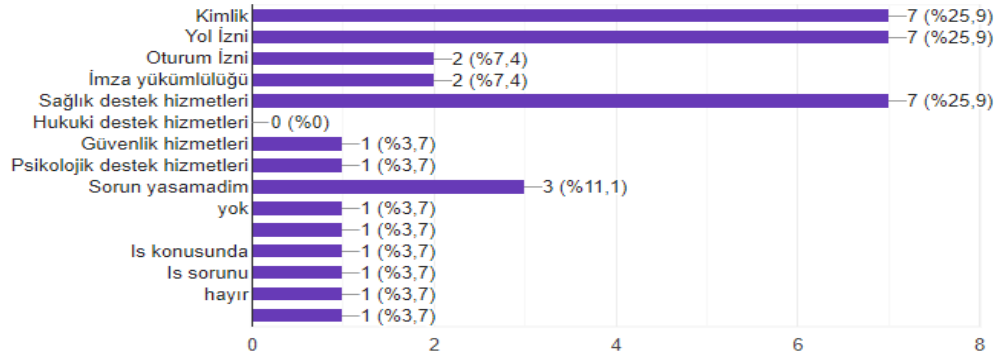
30 yanıt



In line with the data analysis, it was learned that the need for the application process of the needy to the official institutions was due to the inability to explain the systematic of the changing service possibilities of the public institutions during the pandemic process.

Covid-19 virüs salgını ile beraber (Mart başı) aşağıdaki konular ile ilgili hiçbir problem yaşadınız mı?

27 yanıt

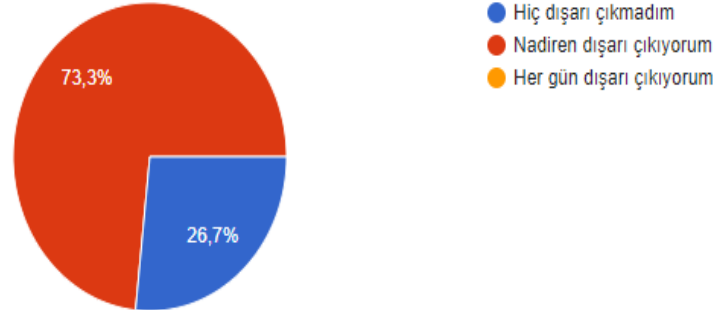


It is observed that there are difficulties especially in legal processes and legal legislation criteria. In the field of healthcare, there are some problems regarding the support from the hospital (report, surgery, examination). The 182 MHRs system has not yet been developed for people with a healthy use of focus.

Primary Source Feedback: "I want my private health needs to be met from NGOs, but a continuous report is requested. However, due to the pandemic, the hospital cannot give report dates. I do not know what to do." (Y.M. 49)

Salgın sürecinde evinizde kalıyor musunuz?

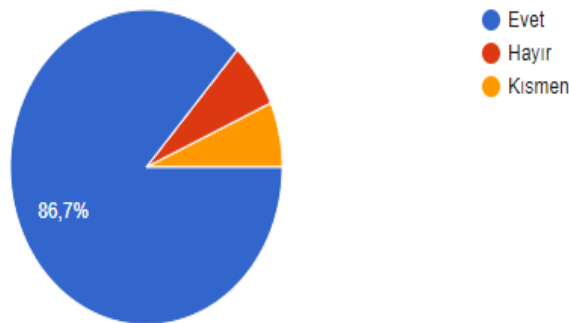
30 yanıt



In the data analysis, the rate of rarely leaving home is 73.3%. Information on leaving the house for work purposes was not addressed. The quality of meeting social needs and disruption of the isolation process in the focus of need can be seen in the table.

Evde kaldığınız süre boyunca kendinizi güvende hissediyor musunuz?

30 yanıt

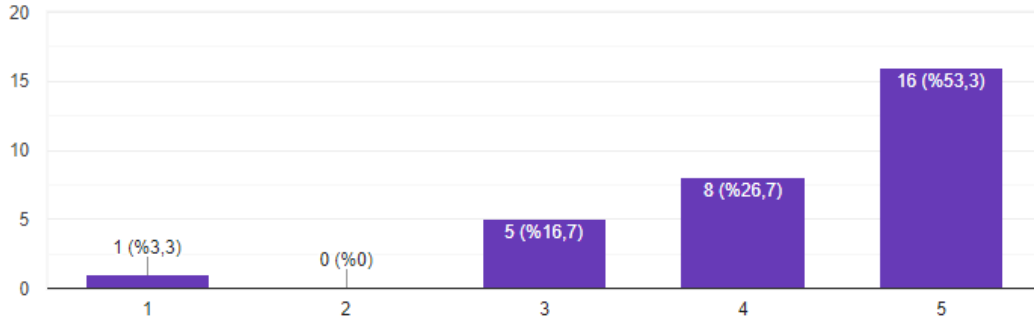


In the data analysis, the proportion of individuals who felt safe and secure was reflected in the indicator as 86.7%. While 8% was described as feeling partially safe, it was stated that 5.3% did not feel safe.

Primary Source Feedback: "My spouse was laid off and angry, not tolerated, so I cannot express myself to prevent pressure at home and my fear is growing." (H.Ş. 29)

Kendinizi güvende hissetme oranınız nedir?

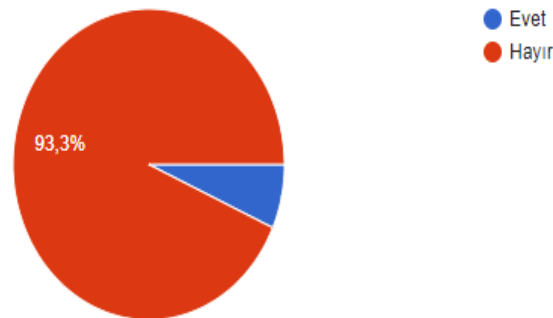
30 yanıt



Primary Source Feedback: I divorced my wife but my ex-wife opposes me to see my children due to the pandemic process. I am afraid because the courts are closed and we are discussing in phone calls.

18 yaş atındaki çocuğunuz/çocuklarınız çalışıyor mu

30 yanıt

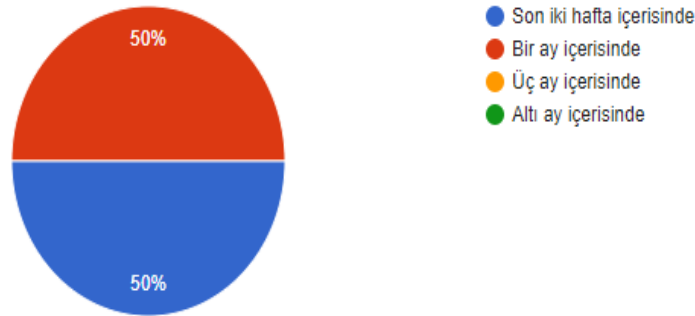


In the data analysis process, it has been stated that child labor sensitivity is 7.7%. It is understood that this rate has increased after declaring that the school attendance process will not be until September, as reflected in the graph below.

Primary Source of Feedback: "My 13-year-old son was bored at home and sent to the barber workshop to learn a profession because he failed at school." (E.K. 43)

Eğer evet ise ne zaman çalışmaya başladı?

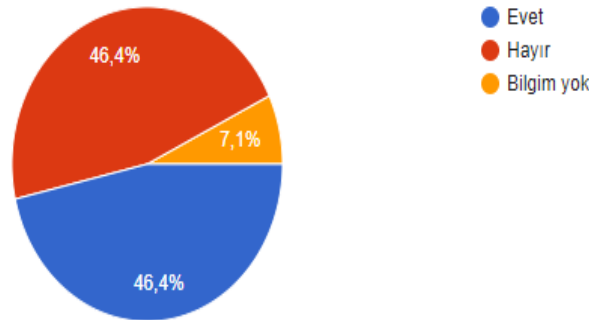
2 yanıt



In the data analysis, it was understood that child labor increased and the risks of children increased during the pandemic process. It was informed that this increase was due to the inability to tolerate at home, to spend time, to regulate life, and to increase material income.

Eğer çocuğunuz var ise EBA sürecinden etkin şekilde faydalanabiliyor mu?

28 yanıt

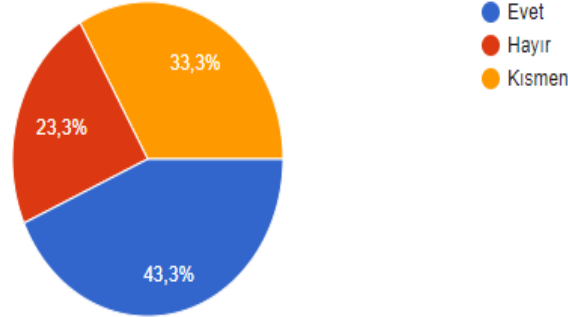


It was stated in the data analysis that 46.4% could not benefit efficiently from the EBA process, 46.5% could benefit, and 7.1% did not know about the EBA process. Especially in the EBA process, it was understood that the quality decreased in the focus of lack of resources, language barrier, lack of separate study rooms and in-house crowded environment.

Primary Source Feedback: "My child received the first two trainings, but later on, because the internet package was over, we could not continue. I called customer service for a package upgrade, but we couldn't get along." (S.K. 33)

Salgın sürecinde stres ile baş edebildiğinizi düşünüyor musunuz?

30 yanıt

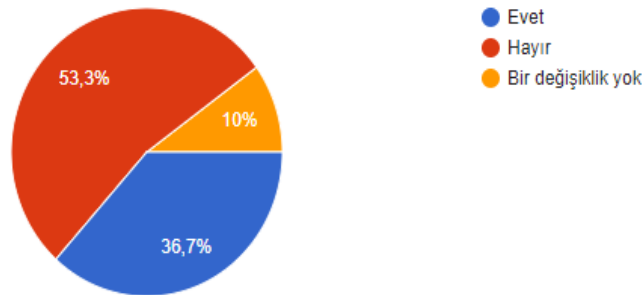


In the data analysis, it was learned that 43.3% of the pandemic process was able to cope with stressor sources, 33.3% experienced intermittent stress symptoms and 23.3% felt stress symptoms very intensely. It has been found that he feels dry mouth, shortness of breath, heart palpitations, muscle-headaches, intolerance, nausea, fear, fatigue, insomnia, hot flashes.

Primary Source Feedback: "Before I go to sleep, I constantly think about what will happen to my family in the future, harm will come, bad news, and then I have trouble sleeping." (R.T. 27)

Sizde ya da ailenizde salgın sürecinde davranış-düşünce-duygu problemleri olduğunu hissettiniz mi?

30 yanıt

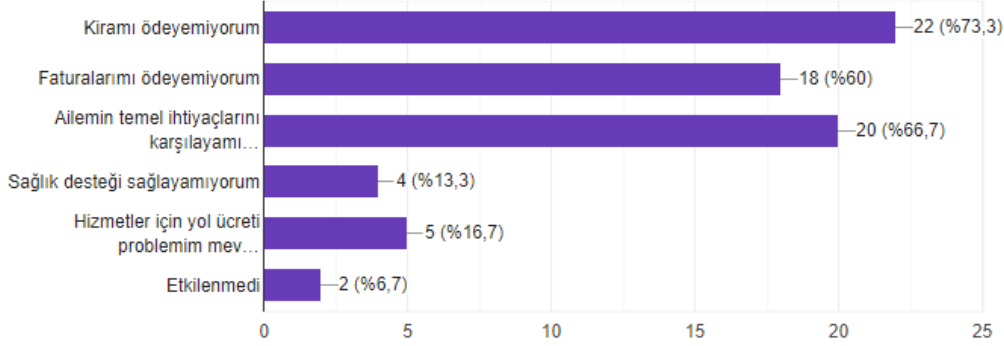


In the data analysis, there is a 36.7% change in A-B-C focus. It was stated that he did not feel 53.3% change and 10% change.

Primary Source Feedback: "My child is always at home facing television. While watching TV for 10 days, he started sucking his fingers, but he never used to." (R.T. 25)

Mart başından itibaren salgın ile beraber ödemeleriniz nasıl etkilend?

30 yanıt

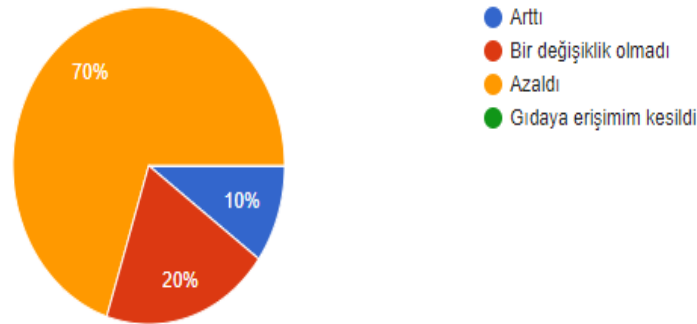


As observed in data analysis, it was learned that there was an increase in socio-economic difficulty during the pandemic process. It was stated that job loss, need increase and disruption of salary payments in workplaces are effective in the process.

Primary Sourced Feedback: "I always have demands from my children at home and have difficulties in meeting them. I cannot cook at home if I constantly get their requests. For this reason, I can give 1 lira of pocket money per day." (J.D. 28)

Mart başından itibaren salgın ile beraber gıdaya erişiminiz nasıl etkilendi?

30 yanıt

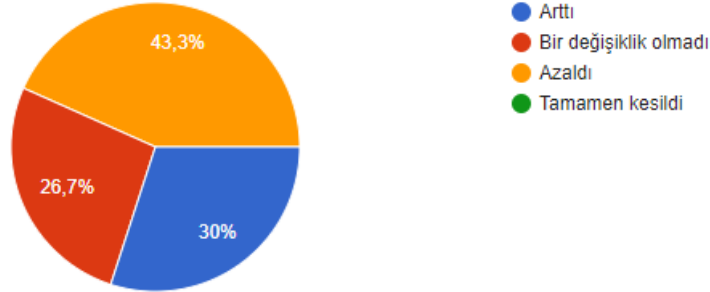


In the data analysis, it was learned that 70% food need access decreased, 20% did not change and 10% food transportation increased. Especially in the telecommunications sector, it was learned that there was an increase in the food transportation of the clients working as bakery masters.

Mart başından itibaren salgın ile beraber kişisel hijyen ve ev hijyeni malzemelerine erişiminiz nasıl etkilendi?

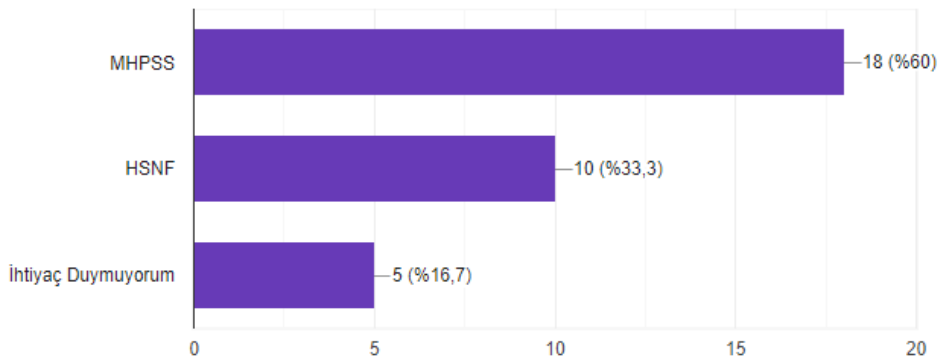


30 yanıt



Salgın sürecinde MHPSS ya da HSNF desteğine ihtiyaç duyuyor musunuz?

30 yanıt



SECONDARY SOURCE COMMENTARY ANALYSIS

The Doctors Worldwide Association field teams also met with Mukhtars and naturally occurring community leaders who took an active role in the region's problems.

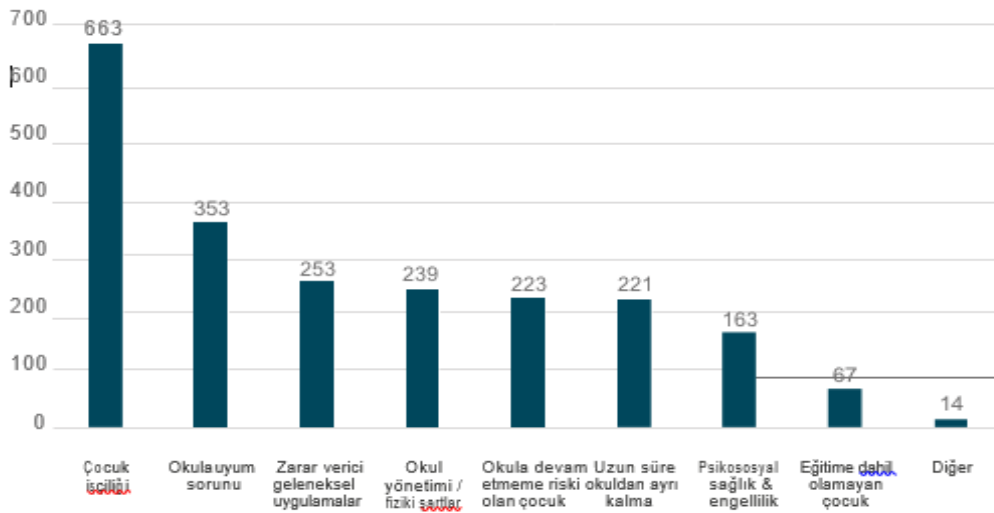
Many workplaces have been temporarily closed after the virus or the number of employees has decreased. This process has negatively affected the working situation of many Syrian and Iraqi people. In the field analysis, it has been understood that asylum-seekers working in the fields of service, construction, textile, workshop and car washing, especially, lost their jobs and the business areas shrank in the focus of young people. For this reason, the labor force of the child labor force in terms of cost, security and rights has been created for the employer, and risk factors and sensitivity have increased. In addition, almost all employees do not have a work permit. At this point, the importance of awareness raising activities for both the employee and the employer is understood.

With the pandemic process, some hospitals could not provide service unless there was an emergency. The control examination and pharmacological treatment process of the clients were interrupted. The reporting periods have been extended and the convenience of drug supply from pharmacies has been extended as of February in individuals who have received psychopharmacological treatment with reports. However, the inability of the clients to access the right to information in the language barrier focus and the process of benefiting from health rights and services remained suspended. In addition,

many people could not access or continue treatment because of curfew and risk of infection in hospitals for clients over 65 - under 20. Unless urgent all surgical processes are delayed and fragility has increased. It was also observed that there were disruptions in the need to receive delegation reports.

43.3% of the interviewed clients stated that they could not access basic hygiene products. At this point, the main reasons expressed by them are: living in rural areas, old age, financial inadequacy, and access to external resources. In addition, it was understood that baby food, diaper and diaper needs are common.

In this process, it was understood that the main reasons for the children not having access to education are child labor, peer bullying, language barrier and lack of resources. This information reveals once again how important awareness-raising activities and PSS activities are for children and their families. In this period, it was analyzed that there was an increase in internet and telephone loyalty and that children concentrated on dangerous games such as Blue Whale and Mariam.



Situation analysis about Access to Education and Continuity of International and Temporary Protected Children in Turkey of The Turkish Red Crescent

In the communication process established with the clients, stress management, positive parenting, mental health problems, behavioral problems in children, chronic illness care, intra-marital communication, child development steps, mourning psychology, back to school, peer bullying, parental attitudes, attachment theory, exam anxiety, protection-oriented rights and services There are requests to establish support sharing groups with the awareness of transportation process contents.

It was understood that some refugees who received ESN support had problems because they could not renew their address information. In the Delegation Report, due to the obligation to express severe disability, disabled care assistance support cannot be obtained and it is understood that there are problems in reaching aid to reduce the effects of SED aid, Silicosis Patient support or SYDV Covid-19 pandemic process. It was observed that support was needed for the use of 184 SABİM and 182 MHRS help lines.

SUGGESTIONS

- Providing the socio-economic support that families need during the Covid-19 process,
- Providing access to information related to socio-economic supports or the same or cash supports provided by public institutions or non-governmental organizations,
- Support in application processes due to language barrier,
- Providing monthly food and other needs through supermarket cards,
- Preventing adults who make a living from their families from losing their jobs in the Covid-19 process, investigating those who lost their jobs and providing social security,
- Increasing home or safe working opportunities,
- Informing children, parents and other caregivers about the distance education process effectively, making the information in different languages,
- 8383, which is MoNE's (the Ministry of National Education) Mobile Information Service, provides regular information to all parents without membership / fee,
- Implementation of the child worker action plan before the Covid-19 process,
- Providing access to TV, tablet, computer, internet or other equipment for access to distance education offered during the Covid-19 era,
- Reducing the internet access cost of households or providing public internet access,
- Encouraging the Constitution Women's Committee transportation,
- Restructuring of media literacy, including
- Introducing the narrative techniques of the Covid-19 process to the parents and creating high quality time-spending contents within the home,
- Facilitating refugee families to apply for health services when they suspect that they show Covid-19 symptoms,
- Supporting childcare of the hospitalized parents,
- In case of other diseases other than Covid-19, access to health is not neglected and families are provided with access to healthcare,
- Making the examination results and prescription writing remote after hospital examination,
- Providing mobile and mobile health services,
- To provide children with access to a variety of materials and activities that will increase their creativity, realize themselves and discover their talents,
- Establishing mechanisms to enable children to share their views and suggestions regarding the Covid-19 process,
- GBV case management and multi-method support for GBV victims, including stronger compliance with livelihood interventions,
- Providing remote social adaptation activity opportunities,

- The generalization of remote psychological support counseling is general recommendations.

DOCTORS WORLDWIDE'S ACTIVITIES IN THE COVID-19 PANDEMIC PROCESS

Remote Private Health Needs Fund

1. Surgery fee not covered by SUT
2. Medical device / hearing aid, prosthesis - orthosis, etc.
3. Drug.
4. Diapers and glasses
5. Inspection fee and hospital process support
6. Accommodation fee for health services
7. Transportation fee for health services

It includes the supports mentioned above.

Remote Individual Psychological Support

Individual Psychological Support is the general name of the techniques aimed at solving the emotional and behavioral problems of individuals and improving and protecting their mental health. During the support, the client is informed about his mental state, thoughts, emotional and personality structure. It helps him learn to take control of life and to tackle the challenges he may face. It helps to gain insight into the difficulties or troubles it experiences, increase motivation to create changes in thoughts and behaviors and find suitable ways for these changes. In the process, the physiological needs, the sense of trust, the need for belonging and love, the need for respect and self-respect from others, and self-fulfillment to achieve personal integrity are acted upon. Psychological first aid, psychopathological treatment process, psychological well-being, function monitoring and psychological counseling support are provided. In this process, we act within 5 principles:

1. No Harm,
2. Not to overlook universal values regarding basic human rights,
3. Paying attention to conscious and informed consent,
4. Not imposing our own personal opinion and point of view,
5. Empowering people with professional interventions,

Remote Awareness Raising- Increasing Awareness

Generally prepared; the content is given to the participant as theoretical and practical information, aiming at gaining knowledge by leaning on different aspects of the content; are one-time sessions with expert psychologists. A psychosocial and protection-based awareness service is provided.

Remote Case Tracking

It is aimed to support and follow up the individual, whose risks after the crisis have increased, until the sensitivity situation passes. Case follow-up activities are carried out in terms of RAM process, delegation report reception, hospital treatment stages, providing the child with special education, objection process to delegation report, directing and monitoring for protection needs. Refugees who have International Protection Identity and Temporary Protection Identification Certificates can benefit from public services in their registered cities. There is a service to direct the necessary specialization areas, support in the hospital, and direct refugees who need spiritual support to appropriate services inside or outside the institution. Counseling on the scope of SUT and other treatments are among the services. It has a facilitating role in refugee children's access to education. Register-based, socio-economic difficulties or any other reason the advice is given to refugees in Turkey blinkered education in schools and helping to remove barriers to access to education rights of refugees. In addition, guidance is also provided to access public-funded economic support to promote the education of refugee children and to promote school attendance. Support is given for consultancy, HEP, registration process determined by the population registration address, and guest student for transition from GEM to public school. It is with the beneficiary in Special Education process and operational problems. Guidance is provided to the necessary places for adult education. Needy refugees living in Turkey are informed about the socio-economic support to access. It is aimed that the people with Temporary Protection ID benefit from public services first. Refugees who do not have an identity or do not meet the criteria for public aid are directed to other civil society resources. As an association, guidance is provided to relevant institutions by informing about in-kind / cash support conditions and preparation of required documents. Hygiene, child and pregnant aid packages are also delivered to sensitive refugees in the Community Center. Consultancy is provided on 4A and 4B work permits.

Remote Promotion and Information Flow

There is a work to prepare and distribute brochures for mental health problems. Behavioral changes to be implemented inside the home are essential. By giving importance to the language barrier, video studies are based on reaching the general audience.

State Stakeholders Contact

1. Violence Prevention and Monitoring Center
2. Alcohol and Substance Treatment Center - Child Adolescent Substance Treatment Center
3. Family Community Centers
4. ALO 191 -Drug Fighting Advice and Support Line,
5. Community Mental Health Center
6. Youth Services Center
7. Family Doctors
8. Home Care Services
9. School Registration
10. First Admissions Unit
11. Women's Shelters
12. Legal Aid Centers – Bar Association
13. Law Enforcement
14. Governorates and District Governorship Units
15. Family Courts
16. Forensic Medicine Institutions
17. Provincial Directorate of Family and Social Policies

18. Municipalities
19. ALO 183- Social Support Line
20. Hospital Polyclinics
21. Guidance and Research Centers
22. Delegation Report Services
23. Ministry of Interior, General Directorate of Migration Management
24. Higher Education Council
25. Turkish and Foreign Language Application and Research Center
26. Foreign Nationals Examined Scholarships (Spark etc.)
27. Accelerated Training program
28. General Directorate of Turkey Business Association
29. Unaccompanied Child Registration
30. Orphanage Dormitories / Children's Dormitory / Love House
31. Child Monitoring Center
32. Child Support Centers
33. Social Service Center
34. Child Protection Centers
35. Youth Center

Other Institutions Contacted

- 157
- 168
- 155
- 183
- 184
- 182
- 4444868
- 4447408
- 08502883838