



Inter-Agency
Coordination
Turkey

Ad Hoc National PWG Meeting Minutes

Theme: Protection Sector Analysis on Impact of COVID-19

Time & Location: 27 March 2020 / WebEx

Chaired by: Lara Özügergin – Assistant Inter-Agency Coordination Officer (UNHCR)

Participants: 72

Meeting Agenda:

- I. Service provision through sector partners
- II. Service provision through public institutions
- III. New / additional emerging needs and protection risks
- IV. Potential changes in sector planning
- V. Recommendations

Agenda Item #1: Service Provision through Sector Partners

Due to COVID-19 developments, the majority of sector partners have switched to teleworking and remote service delivery as of mid-March.

- Sector members have suspended activities that require face-to-face interaction with persons of concern, such as outreach, social cohesion events, accompaniment to public service providers and group activities until further notice.
- Most partners continue to engage with communities through different modalities, including phone counseling (legal, rights/services etc.), individual PSS counseling, follow up on active caseload, referral to operational service providers (mostly public institutions), awareness raising and information dissemination through SMS, online platforms and via phone calls. While many organizations do not intake new cases for the time being, majority continue to follow up on individual case support through counseling and referrals to and follow-up with public institutions.
- Partners have increased their communication with communities to ensure accurate and timely information dissemination to communities, especially on COVID-19 prevention and response. Most organizations provide information via phone and Whatsapp, refugee groups on Facebook and other social media platforms, as well as through other online modalities. Some organizations utilize existing community platforms such as advisory committees to consult with refugee and



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local individuals on their needs related to information and support. Partners also express concern that refugees may not have access to internet, smartphones or computers to allow for their engagement in 'online' services, including counseling, psychosocial support, legal counseling etc.

Agenda Item #2: Service Provision through Public Institutions

- Despite regular announcements by Government bodies on continuity of service provision through public institutions (including suspension and continuation of services), there is a clear need to observe whether individuals are able to access services in practice.
- The following information has been captured through consultation with sector members in the field, with regards to operational capacity of public institutions:
 - Registration for IP applicants and Syrians under TP continue on a very exceptional basis, mostly for newborns and persons with urgent medical needs. Decisions to process cases are taken on an individual basis and mostly in relation to the urgency of need. Applications for travel permit documents for individuals under TP and IP will be made online. While some organizations stated they were able to liaise with PDMMs and successfully facilitate registration of persons with urgent needs, other organizations stated that they were not able to reach PDMMs (due to limited capacity and rotation of staff) when in need. Partners observe confusion at the community level regarding continuity of signature duties. While this obligation has been suspended as a COVID-19 measure, refugees receive indications in certain provinces that this duty continues. While certain precautionary measures have been taken (i.e. no signing and fingerprints, only name-checks) it is noted that individuals are requested to line outside of PDMM premises which may present a risk in terms of infection.
 - Many of the district municipalities country-wide have reduced their capacity to only essential services. Field partners inform that through various municipalities, solidarity and support initiatives have been established to reach out to vulnerable and at risk groups, obtain information on their needs and provide necessary assistance. While some municipalities are willing to extend this support to refugees, others continue to prioritize Turkish nationals. Some municipalities also continue to identify persons with specific needs, provide counseling (mostly online or via phone) and refer to various public institutions. Partners continue to advocate with municipalities to ensure refugees are able to access the available support mechanisms, however higher level advocacy in this regard is deemed beneficial.



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- With regards to services provided through MoFLSS, on SSCs, partners state they while the centers are not closed, they only intake emergency cases. Outreach efforts have been suspended for the time being. House visits are not carried out and for urgent cases only, SSC staff conduct exceptional needs assessments at the entrance of persons' homes (without entering inside). Human resources capacity of SSCs have been significantly reduced and staff work on a rotational basis. In İstanbul, NGOs continue to refer individual cases to SSCs through referral forms. In some circumstances, organizations report not being able to contact SSCs for support. Nonetheless, there is a need to better understand the types of cases/profiles SSCs are exceptionally provided services to and whether they receive support or not. Organizations express the need to support SSC staff with information on COVID-19 and procedural changes. For the time being, placement of unaccompanied children in PDoFLSS operated child institutions continue through regular process. However, children are expected to have underwent health scans for COVID-19 purposes, which is a condition for placement. Women's shelters also continue to operate per usual procedures, however prior to admission, as with children, they are expected to provide health reports. Women currently staying in shelters have been informed that their stay may be prolonged due to the developments.
 - In relation to access to legal aid and services, partners mentioned that most Bar Associations have also reduced their capacities, if not suspended entirely. As lawyers have started teleworking, delays may be observed in submission of appeals and follow-up on legal proceedings.
 - Removal centers continue to be operational (with no exceptional / new procedures), however there is a reported decrease in new admissions to centers. Safety, health and hygiene measures are taken across most RCs, but in others due to limited physical capacity this may not be the case. New admissions to RCs are held separately (albeit together) for 14-day quarantine period. Access to legal aid for detainees is a significant challenge as many lawyers appointed through Bar Associations do not want to enter removal centers. All court applications have been suspended until end of April, which results in lack of clarity and implications, especially in terms of deportations. Lastly, organizations with access to detainees note that there is a significant need to ensure detainees access to information on COVID-19, relevant measures taken, and overall changes in service delivery.
- In general, organizations are concerned that reaching solutions for individual cases is prolonged due to limited capacity of public institutions and availability of services.



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Agenda Item #3: New & Additional Emerging Needs and Protection Risks

- Partners have new/additional institutional needs to facilitate effective remote working, which have budgetary and programmatic implications. A few partners are considering to establish mobile/outreach teams, however they need support with protective (health related) materials and vehicles (i.e. to avoid public transportation).
- Despite publicly available information on the working modalities of public institutions, there may be differences or ambiguities in implementation, caused by limited human resources, absorption and outreach capacities. This requires all partners to closely follow-up the implementation on a daily basis and take action accordingly.
- Access to health services is a major concern. Access to hospitals for non-COVID issues is significantly challenging (reduced hospital capacities, inability to accompany and provide interpretation support). Furthermore, per recent changes in the Law on Foreigners and International Protection, many individuals' health insurance are either inactivated or will be in the coming periods, severely limiting their access to health services. Partners emphasize the need to liaise and advocate with both DGMM and MoH at the highest level to address these potential risks.
- Partners conclude that they have started observing deterioration in individual's mental health situation. The stress and anxiety levels of parents and caretakers are visibly increasing, which may result in increased levels of domestic violence. There is an increased risk of SGBV and child protection violations which are exacerbated by the lack of access to services, necessitating innovative approaches to protect and support women and children in the COVID-19 response.
- There are observations of growing fear within refugee communities, due to recent border developments as well as COVID-19. Some individuals do not leave their homes, even if they are in need of assistance. Social tensions at the local level are expected to rise, however currently organizations face significant challenges in facilitating social cohesion interventions and activities.
- Combined with recent developments on the western border, many organizations emphasize increasing needs and lack of targeted programmes. Many of these refugees (and migrants) have quit their jobs (mostly informal), sold all their belongings and do not have access to safe accommodation. Community support mechanisms are observed to have reduced/be disrupted in terms of shared accommodation, due to COVID-19 related concerns. Partners face challenges in providing services to these individuals, due to lack of registration with PDMM and because they do not have the necessary information (including basic biodata and contact information) on these individuals.



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- Only a few organizations target nomadic, semi-nomadic, agricultural and seasonal workers in the protection sector. In general, it is noted that these rural and remote populations have serious need in relation to access to clean water, hygiene and general protection services. The needs of these vulnerable groups are very distinct and require targeted programming, which is currently limited.

Agenda Item #4: Potential Changes in Sector Planning

- There is a dire and urgent need to provide material (especially food assistance, NFIs and hygiene kits) and cash support to refugees. Organizations emphasize the need to advocate with donors and funding agencies for flexibility and additional funds for emergency budgets.
- Communication with communities should be re-prioritized through rapid and low-cost communication channels and tools.
- Community-based activities and interventions that require physical interaction should be de-prioritized.
- Capacity development initiatives (including workshops and trainings) should be de-prioritized.
- Child protection response will shift its focus on information sharing and dissemination, and case management. Consultations will be carried out within sub-sector working group meetings on continuity of child protection services.
- There is a general conclusion that gender equality may deteriorate in the coming period, including through increased exposure to SGBV. Especially due to loss of livelihoods opportunities and increased stress levels, risks of domestic violence are expected to increase. Reporting of these incidents on the other hand is expected to decrease due to limited mobility of survivor, lack of safe spaces to build trust with survivor, as well as limited service availability. Even if reporting is undertaken, response may be delayed and/or be unpredictable. This will require additional programming on prevention, protection and response to SGBV.
- Need to scale up social cohesion interventions in collaboration with public institutions and local authorities, although this is very challenging under current circumstances and will require dedicated discussion.

Agenda Item #5: Recommendations

- Partners are in a position to take measures to ensure the safety and security of their staff and to adjust their capacities in the face of COVID-19. This has budgetary implications alongside the change



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in working modalities:

- Procurement of materials for the safety and security of staff, especially for mobile teams directly contacting with refugees (i.e. protective suits);
 - Basic health safety materials for partner staff;
 - Other equipment for teleworking, such as mobile phones, mobile modems, internet access, teleworking software (i.e. Microsoft Teams, Zoom etc.), IT equipment for databases and servers;
 - Increasing emergency cash assistance and food/NFI budgets with a view to mobilize resources to respond to immediate needs of persons of concern
 - There is a need for structured discussions with donors and funding agencies on possible changes and flexibility around programming, budgets and indicators (especially related to reducing targets for certain activities). There is a strong emphasis on the need for timely response to emerging requests from organizations by donors/funding agencies.
- Partners are able to observe changes in service delivery and impact on the local level, however they emphasize that there is a lack of evidence base on exact needs. Partners are still in the process of understanding needs, and suggest that a rapid needs assessment tool should be produced and shared with partners. The tool should not only be limited to protection as many of the emerging needs are very much related to other sectors. Therefore, they suggest the STF to develop a tool and roll-out through all sectors, in a timely manner.
 - There is a need to streamline and standardize referrals from NGOs to different public institutions through dedicated discussions and advocacy at the highest level. In this regard and beyond, partners emphasize the importance of continuity in coordination between public institutions and partners.
 - Partner staff needs PSS support as well as institutional safety nets and quality assurance in order to maintain their well-being and quality of work.