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**Doctors Worldwide (YYD)
Community Centers for Refugees and Vulnerable Host Communities to provide Psycho-Social
Support and Protection Services**

Need Assessment of Covid-19 Pandemic Impact in İstanbul especially for Afghan Groups

Introduction

There are approximately 3,7 million Syrians under temporary protection in Turkey. Although some Syrians have different legal statuses, it is known that there is a population of more than 4 million, which can be considered under the definition of "refugee" by the international community in Turkey. According to February 2019 data presented for refugees by United Nations High Commissioner for Refugees (UNHCR), a total of 368,400 people, including about 170,000 Afghans, 142,000 Iraqis, 39,000 Iranians, 5,700 Somalian, and 11,700 other nationalities are living in Turkey with international protection requests other than Syrians.¹

According to the Turkish Republic Ministry of the Interior, the majority of 130,496 refugees crossing the sea and land borders into Greece were non-Syrian asylum seekers. When YYD takes into consideration these groups in Turkey with Syrians demanding international protection, the picture of refugee density in Turkey becomes more significant.

After the first Covid-19 case detected in Turkey on 10th of March 2020, with an increase of cases day by day, strict measures have been taken such as movement restrictions, travel bans, isolation, and temporary suspension of public and government services, face masks, hygiene, disinfectant, etc. measures and restrictions on physical distance and prevention measures have been gradually lifted on 1st of June 2020. COVID-19 pandemic measures worsened the financial situation of the host communities and foreigners covering each group, increased the needs of each cash support and livelihoods in Turkey. Especially in the focus group, isolation, inability to reach physiological needs, stress, and anxiety were observed, during the COVID-19 pandemic precautions. The inability to leave the home environment increased violence, oppression, and domestic problems in this period. The perception of domestic trust due to the crowded multiple-family residence has decreased. It has led to an increase in the symptoms of obsessive-compulsive disorder due to depression, anxiety, and unconscious precautionary processes in adult beneficiaries. Behavioral disorders (nail-biting, finger sucking, trichotillomania, anger burst, lying, urinary incontinence, encopresis), childhood depression and fears, anger problems, sleep problems, and night terror symptoms also increased in child beneficiaries.

During the pandemic, the importance of mental health-oriented case management and protection-oriented case management has increased day by day. Many cases in areas such as violence, travel permission, and attendance to education have reached the Community Centers of YYD, intervention,

¹ <https://www.unhcr.org/tr/unhcr-turkiye-istatistikleri>



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and follow-up have been carried out in the 2.5-month period, which is the pandemic prevention period. Emphasis was placed on group dynamic-focused support activities by increasing the support mechanisms, raising the level of knowledge, and ensuring an increase in well-being through group sharing during the 4 weeks period in protection-focused group sessions. Enhancing protection awareness and psycho-social support activities that, blends the support group principles, is a first. The service deficit in this regard is due to a lack of dominance in conservation issues and a lack of activities that emphasize the long-term healing effect of the group. The language barrier, the cultural vulnerability of public stakeholders, and the lack of access to the rights, laws, and enforcement mechanisms of focus groups have increased the importance of the provision of protection services. Efforts have been carried out to obtain information about protection case management and support mechanisms, to obtain consultancy about the protection case management, to accompany the action, to facilitate access to services, to meet certain protection results, and to improve the protection environment.

Physical abuse/violence, sexual abuse, psychological or emotional abuse, neglect, exploitation, psychosocial problems; resources, opportunities or services to the divestment of rights and access to services, the need for advocacy, restriction on freedom of movement in the case of constraint-oriented action has led to process. YYD aims to contribute to the creation of an area where all asylum seekers and immigrants can reach basic rights and services and live-in harmony with the local community. It is essential to increase cooperation and coordination with relevant institutions at national and regional levels and to instill awareness of protection for vulnerable migrants.

People displaced by war, conflict, and humanitarian crises are more affected by global epidemics and similar disasters, and their living conditions are getting more difficult. Difficulties in accessing information, especially due to the language barrier, exacerbated already existing difficulties in accessing livelihoods, made financial difficulties inevitable and increased vulnerability. Additional health risks of living and working in crowds; shelter, food, access to psychosocial support services and hygiene conditions to deficiencies in, the disruption of basic rights and access to services and facilities, including physical barriers to access to healthcare units are the main causes of most of the problems in this period. During the pandemic, it is predicted that the inability of migrant's children to leave the home environment, the loss of visible and accessible opportunities with the school attendance follow-up, and the limitation of access to assistance mechanisms can lead to an increase in cases of abuse (especially physical and sexual abuse). Another content that can support the data is the increase in gender-based violence that occurred during the pandemic when social isolation and the process of seeking help were disrupted. According to the data of the Istanbul Police Department, domestic violence cases reported in March 2020 increased by 38.2% compared to last year.²

With 20 years of experience in line with the purpose and mission of YYD in Turkey living in temporary protection, stateless, the authority issued by Directorate General of Migration Management certified pre-registration and international protection status and/or the owner of the reference persons Covid-19 within the scope of the measures, isolation, based on the needs that arise in the period; YYD focused on meeting the basic needs of hygiene, support for special health need, prevention studies focused on protection, protecting the physical and mental health of children, failure of the vaccine system and raising awareness about Covid-19.

² <https://www.aa.com.tr/tr/turkiye/koronavirus-gunlerinde-asayis-suclari-azaldi-aile-ici-siddet-artti/1793263>



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As part of the activities of YYD, field teams serve with all their strength with a need-based approach to increase the psychological well-being and increase the functionality of vulnerable immigrants during the pandemic period 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, a field study was carried out to understand the impact of the COVID-19 outbreak on asylum seekers and refugees of Afghanistan and to take the necessary measures within the scope of this epidemic.

All voluntary quarantine process was initiated with the call of the Ministry of Health in Turkey. As of March 16, 2020, in a call no to leave home unless it is mandatory, YYD directed its employees to continue the operations from homes using telecommunication tools to the extent that activities do not affect the beneficiaries. Call lines have been established for each service unit to fully maintain all consultancy activities, and regular information calls have been made for beneficiaries who do not have access to official announcements and information about the measures taken for various reasons. Satisfaction surveys, CBFMR (Community-Based Feedback and Response Mechanism), consultancy line data, and consent forms based on KVKK (Personal Data Protection Law in Turkey) with the focus on right to participate continued from the services to all process. Psychosocial and protection activities have been continued using telecommunication tools. Information exchange activities in Turkish, Arabic, Kurdish, and English have been regularly initiated to strengthen beneficiaries' access to information accurately and effectively. There has been a focus on social cohesion, which is not among the urgent priorities identified within the Regional Refugee and Resilience Plan (3RP), in cooperation with public institutions and local authorities.

Awareness of COVID-19 is very important in terms of reducing and ending the impact of this crisis state by avoiding any risky actions that may affect people themselves and their environment. Participants who stated that they mostly had access to up-to-date information about COVID-19 in their language were found to have a basic level of knowledge, with some lack of symptoms and measures to be taken. It has been observed that public institutions and non-governmental organizations are trying to overcome these deficiencies through multilingual communication activities. It was observed that most of the participants were not aware of the current announcements about psychosocial support, protection, and health services. These barriers and reservations pose a great risk for refugees with special needs such as pregnancy, chronic illness, and disability. Most of the people have experienced difficulties in accessing masks and other medical supplies.

It was observed that there was an increase in the effect of a routine relationship with the family, anxiety, and fear for the individual and family elders, obsession and inner vision in partial psychopathologies and sleep disorders with the isolation in the COVID-19 period. However, moderate levels of fear or anxiety can motivate people to cope with health threats, but serious problems can be debilitating and dysfunctional behavior and mental health problems have transformed into the essential nature of the process that may cause problems.

Undoubtedly, inconjuncts where the obvious impact of the crisis can be felt, the confidence factor is another focus of human debate. A sense of trust in general, a special and generalized sense of corporate trust can be considered as an internal form of social capital that is needed and produced by all communities. In this period, the importance of awareness and ease of access to protection support mechanisms increased during the 3-month period. The risk factors for refugees and the displaced population under the new normal pandemic measures can be listed as;

- Pre-existing psychological problems



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- Domestic violence
- The impact of tension with the host community
- Poor access to basic protective hygiene items such as masks and gloves
- Possible exclusion from prevention and intervention activities
- Inadequate financial opportunities, insufficient food supply, or malnutrition
- Poor access to news in their mother tongue
- Limited access to basic health services

These disadvantaged conditions can cause refugees and displaced populations to experience increased anxiety, fear, or other mental health problems. The risk of multiple factors also increased in beneficiaries with pre-pandemic mental health problems. An increase in vulnerability, sensitivity, risks, and threats has been observed in factors on access to rights and services for individuals with special care needs.

Method

The main purpose of this research is; Determining how the focus group of Afghanistan nationals who live in Istanbul during the pandemic period affects their access to basic rights and services such as health, education, access to physiological needs, and psychosocial support services, and revealing the social and economic needs that arise.

In the focus of primary sources, the data obtained by answering the survey questions remotely between 01.12.2020 and 25.12.2020 were analyzed by YYD, the "General Survey Model" was used in this study for the stated purpose. The general survey model focuses on a research approach that aims to describe a situation that exists in the past or present time as it is.

In this survey aimed at due diligence in various sectors, "Cluster Sampling Method" and "Systematic Random Sampling Method" were determined as appropriate methods to specify 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 set, and the samples representing the set were selected using the "Simple Random Method" through the sample. The content is focused on pandemic period question patterns that conform to the SPSS system, have a low standard deviation, have no connection to the conjunctions, and are understandable.

The target population of the study consists of the beneficiaries of international protection, residence document, passport entry, and stateless status of Afghan nationals (Khazar / Pashtu / Uzbek / Turkmen / Tajik) living in Istanbul. The study set was determined as individuals older than 18 years of age (18-49 age range and 50+) who received protection, case management, psychosocial support services, awareness, and protection-oriented awareness counseling and had an informed consent form from YYD in the last 2 months. In addition to the analysis process carried out with 58 counselees, field observations and notes, which are secondary sources of local institutions, natural community leaders, and caseworkers of YYD supported by Afghan citizens, were also included in the content. Specifically, during the field analysis process of Afghan beneficiaries with Istanbul residence, counselees were informed by phone calls and the right to participate was not ignored. The with the, and counselees for consultants to create a comfortable and safe environment, priority phone contact and process information were explained, the importance of the sincere response was reflected, and then, an online



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(non-traditional) need analysis was sent by determining a time interval that is suitable for the counselee. Telephone interviews were conducted as follows;

- The participant consent form was read in the native language and verbal consent of the participant was obtained.
- The content of the survey and the purpose of the study were explained to the participant.
- The demographic questions and Likert scale were introduced in the survey.
- A safe environment and the impact that counselees can reflect on the data in the environment where they feel comfortable were explained and the survey was delivered at an appropriate time in the counselee's focus.
- The needs analysis survey prepared in the focus languages and the survey was completed on the voluntary basis of the counselees.

The 4 basic principles of the United Nations Convention on the Rights of the Child and the Inter-Agency Guiding Principles Case Management, the IASC (Inter-Agency Standing Committee), and the interview process of the American Psychology Association (APA) were taken into consideration while creating the ethical framework of this study.

The frequency distributions, mean and standard deviation values, minimum and maximum values, median and most common values were calculated for the data. The survey questions were determined as education, protection, health and livelihoods, activity needs, developing and changing current life problems. Questions about protection-oriented information demand potential were included in all types of surveys.



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Survey-Focused Individual Analysis

جنسیت شما
Cinsiyetiniz
58 yanıt

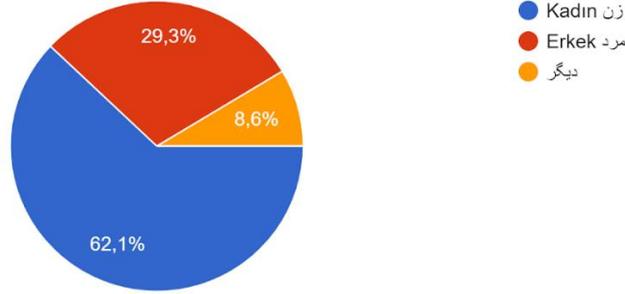


Chart 1: Gender Diffraction

While 36 of the focal beneficiaries who participated were female (62.1%) and 17 were male (29.3%) individuals, 5 (8.6%) chose the option of not to mention. It is indicative of the process of accessing needs-oriented protection support to vulnerable groups.

سن شما
Yaşınız
58 yanıt

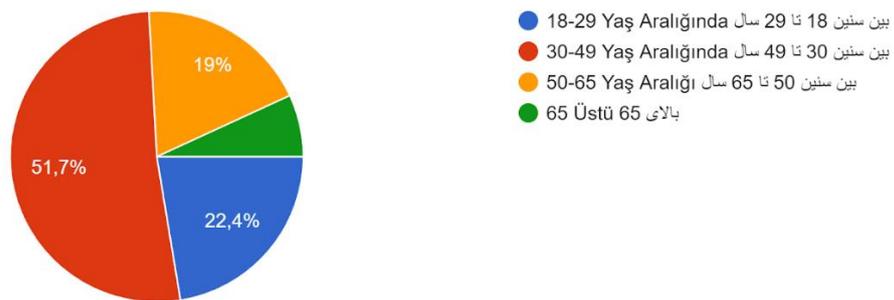


Chart 2: Age Diffraction

4 (6.9%) of the focal beneficiaries who participated were analyzed as over 65 years old. Older individuals are considered to be at risk, as is the urgency of access to rights and services and the scope of individuals.



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وضعیت تاهل شما Medeni Durumunuz

58 yanıt

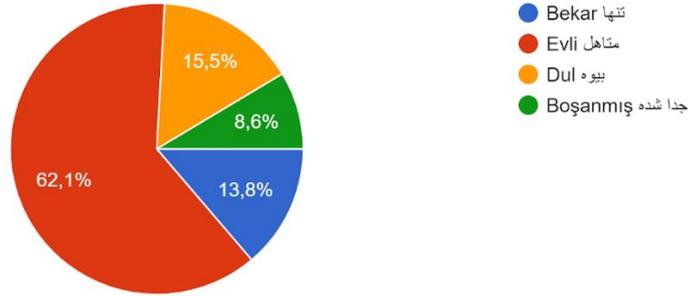


Chart 3: Marital Status Diffraction

9 (15.5%) of the focal beneficiaries who participated were analyzed as widowed individuals and 5 (8.6%) as divorced individuals. The fragility of cultural sensitivity emerges as the necessity of increasing the capacity of the beneficiaries.

تعداد افراد در خانه شما Hanenizdeki Birey Sayısı

58 yanıt

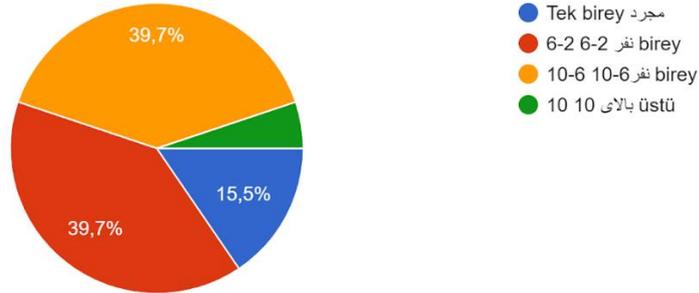


Chart 4: Number of Individuals in the Household

3 (5.9%) of the focal beneficiaries are over 10 individuals in the household. It is also a reason for the lack of access to physiological needs, which is a concrete indicator of the crowded family structure.



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Hanedeki Aile Sayısı تعداد خانواده های موجود در خانه
58 yanıt

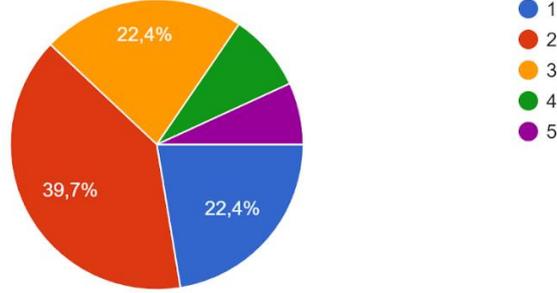


Chart 5: Number of Families in the Household

5 (8.6%) of the focal beneficiaries participating stated the number of families in the household as 4. 4 (6.9%) stated the number of families in the household as 5. The data, which is a concrete indicator of a crowded family structure, is also a reason for the protection deficit.



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Primary Source Focused Survey Interpretation Analysis

آیا در محل اقامت خود به نیازهای آب تمیز و توالت دسترسی دارید؟
تمیز و توالت دسترسی دارید؟

58 yanıt

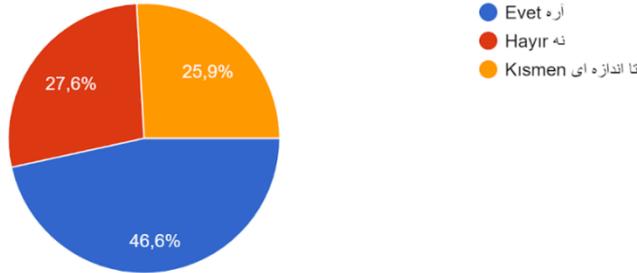


Chart 6: "Do You Have Access to Clean Water and Toilet Needs in the Residence Area?"

16 (27.6%) of the focal beneficiaries who participated stated that they could not reach the need for clean water and toilet, while 15 (25.9%) of them stated that they could partially reach the said basic need. Data appears as the importance of multifaceted support and referral mechanism.

آیا شما مشکل با حقوق به تمرکز بر دسترسی و خدمات با توجه به جنسیت شما؟
Cinsiyetiniz Nedeniyle Hak ve Hizmetlere Ulaşım Odağında Zorluk Yaşıyor musunuz?

57 yanıt

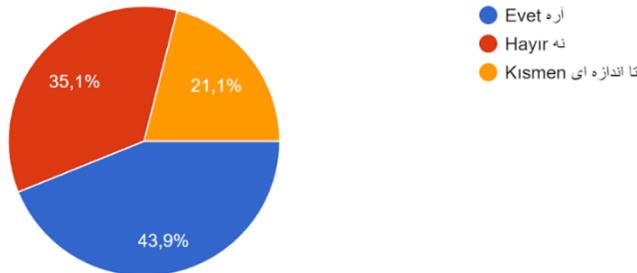


Chart 7: "Do You Have Difficulty with The Focus on Access to Rights and Services Due to Gender?"

25 (43.9%) of the focal beneficiaries were analyzed with no negative impact of gender roles and no sense of confidence; 12 of them (21.1%) were partially responded. There is a need to intervene in the phenomenon of sexual and gender-based violence with public stakeholders, NGOs, and local collaborations.



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Yeterli Gıda Materyaline Ulaşımınız Var mı? آیا به غذای کافی دسترسی دارید؟
58 yanıt

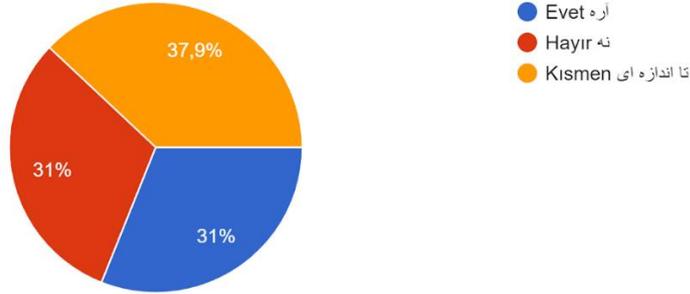


Chart 8: "Do You Have Access to Adequate Food Materials?"

It was analyzed that 18 (31%) of the focal beneficiaries who participated could not meet their basic food needs, and 22 (37.9%) of them had the living standards they partially deserved. The need for sustainable support services and the need to increase the socio-economic support mechanisms for Afghan nationals other than international protection status are seen as continuity.

Yeterli Hijyen Materyaline Ulaşımınız Var mı? آیا به مواد بهداشتی کافی دسترسی دارید؟
58 yanıt

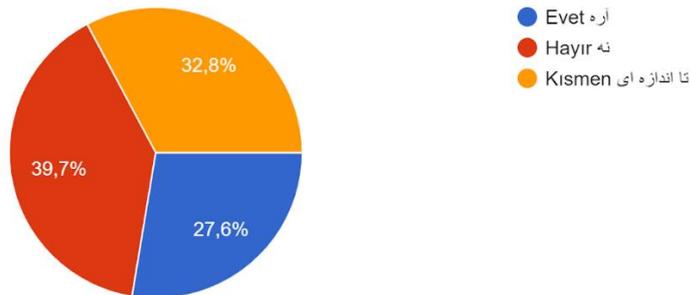


Chart 9: "Do You Have Access to Sufficient Hygiene Materials?"

23 (39.7%) of the focal beneficiaries who participated stated that they could not meet the basic hygiene needs, and 19 (32.8%) could partially meet them. Especially given that COVID-19 is the most intense area of transmission in the domestic environment, it is also seen as an increased nature of risks and threats to public health.



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işbirliği
DEUTSCHE ZUSAMMENARBEIT

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آیا نیاز به گرم شدن هوا در زمستان دسترسی دارید؟ آیا نیاز به گرم شدن هوا در زمستان دسترسی دارید؟
58 yanıt

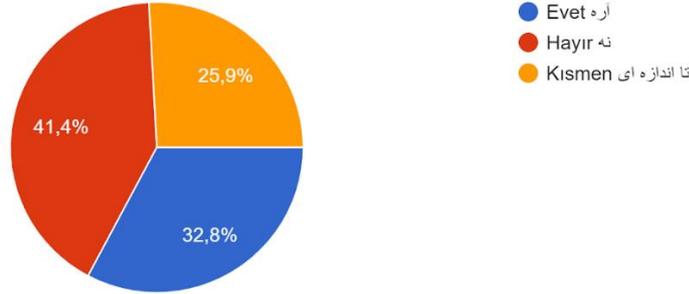


Chart 10: " Do You Have Access to the Need for Warming During Winter?"

24 (41.4%) of the focal beneficiaries who participated stated that they could not meet their basic heating needs, and 15 (25.9%) could partially meet them. the destructive effect of the winter season is felt and the phenomenon of learned helplessness is seen as the loss of function.

در ترکیه چند درجه احساس امنیت می کنید؟
58 yanıt

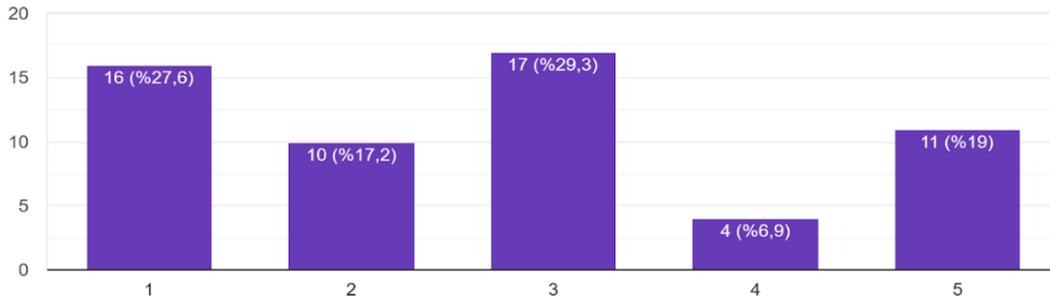


Chart 11: " What is your Degree of Feeling Safe in Turkey?"

16 (27.6%) of the focus beneficiaries who participated stated that they have the lowest sense of trust in Turkey. The indirect decline in well-being created by the insecure environment reflects the impact of family communication, sense of responsibility, attachment and attitudes, and the importance of the process of accessing rights and services by accompanying protection-oriented activities.



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سطح درآمد ماهانه شما Aylık Gelir Seviyeniz
58 yanıt

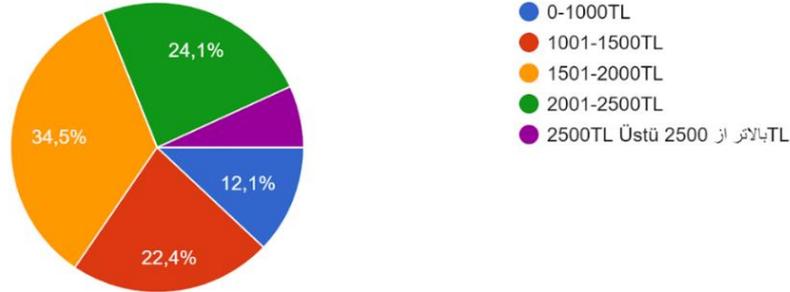


Chart 12: Monthly Income Level

It was analyzed that 40 (89.9%) of the focus beneficiaries who participated were trying to maintain their lives with insufficient resources in Turkey. Only 4 individuals stated that they earned 2.500 TL or more. There is a lack of work permits, livelihoods projects, and access to an effective workforce.

مشکل اصلی شما در ترکیه کدام است؟ Türkiye'de Yaşadığınız Başlıca Sorun Alanı Nedir?
58 yanıt

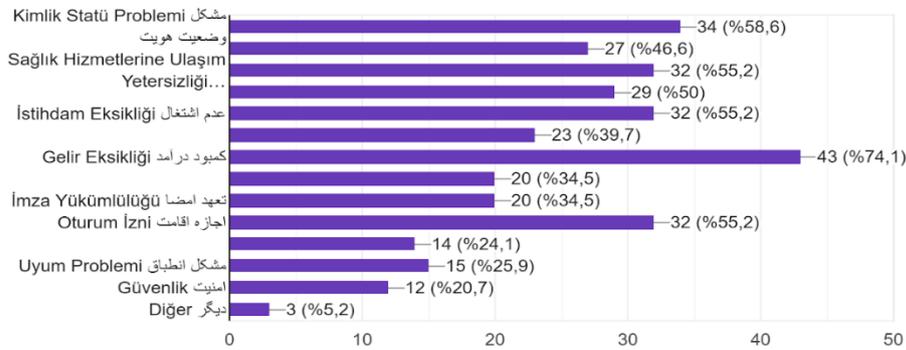


Chart 13: "What is the Main Problem Area You Experience in Turkey?"

34 of the focal beneficiaries participating have identity status problems, 27 language barriers, 32 lack access to health rights and services, 29 lack access to education rights and services, 32 lack employment, 23 culture-sensitive problems of access to legal support services, 43 stated lack of income-generating activities, 20 stated difficulties in accessing psychosocial support services. 20 of them described the main problem areas as the compulsory signature obligation, 32 as risks of the residence permit process, 14 as the negative reflections of peer bullying and school violence, 15 as adaptation problem, and 12 as a security vulnerability.



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در کدام مناطق به پشتیبانی نیاز دارید؟
58 yanıt

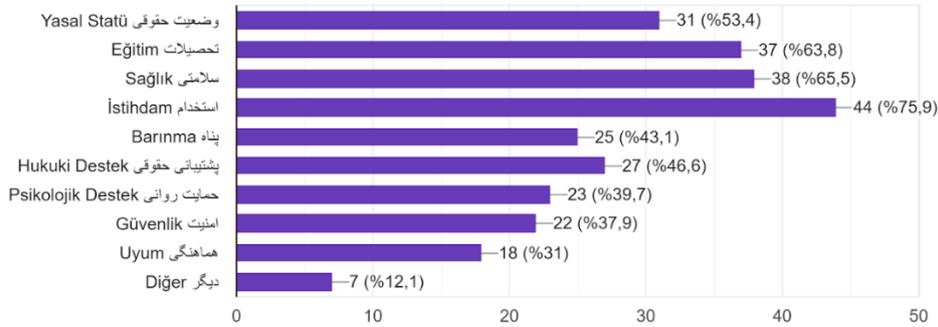


Chart 14: " In Which Areas Do You Need Support?"

The majority of the focal beneficiaries participating stated that they need access to areas of legal status, education, health, employment and legal support. There is a need to revise and improve services and service maps for individual protection activities, case management and meeting special health needs for Persian-speaking counselees.

دریافت می کنید؟ COVID-19 از کجا اطلاعاتی در مورد COVID-19 ile ilgili Nereden Bilgi Almaktasınız?
58 yanıt

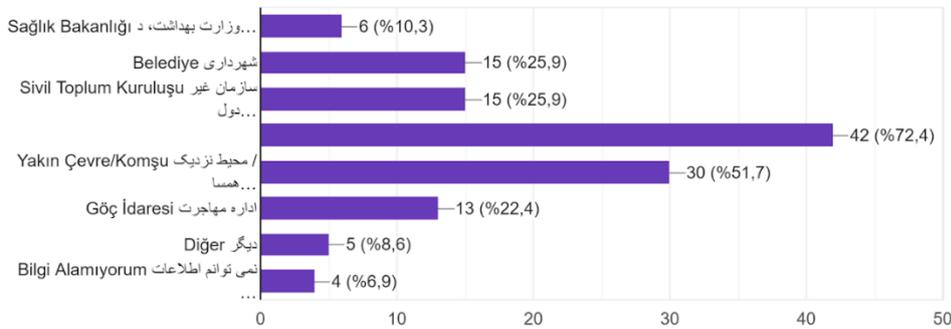


Chart 15: " Where do You Get Information about COVID-19?"

It was analyzed that 42 of the focal beneficiaries who participated received information about the COVID-19 pandemic period and measures from social media, 30 of them from the areas with low reliability and validity in the immediate environment and neighbors. 4 individuals stated that they could not receive any information. It appears that COVID-19 pandemic measures and the right to access accurate information have language barrier-induced access barrier patterns.



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آیا در هنگام شیوع بیماری در خانه احساس امنیت می کنید؟ Pandemi Sürecinde Evinizde Kendinizi Güvende Hissediyor musunuz?

احساس امنیت می کنید؟

58 yanıt

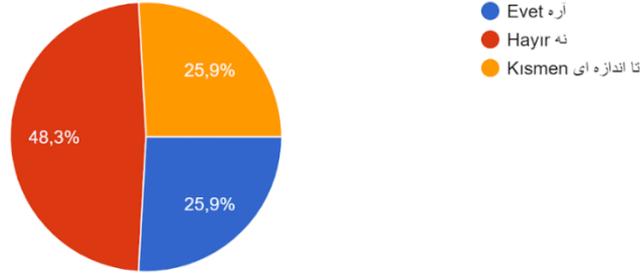


Chart 16: " Do You Feel Safe at Home during the Pandemic Process?"

It was analyzed that 28 (48.3%) of the focal beneficiaries who participated did not feel safe in the house they resided in, and 15 (25.9%) had a partial sense of trust. On-site intervention, the importance of home/household visit services, and the essential nature of promotional activities in the focus language are encountered.

چیبست؟ COVID-19 نگرانی شما در مورد شیوع COVID-19 Pandemi Sürecindeki Endişe Kaynağınız Nedir?

58 yanıt

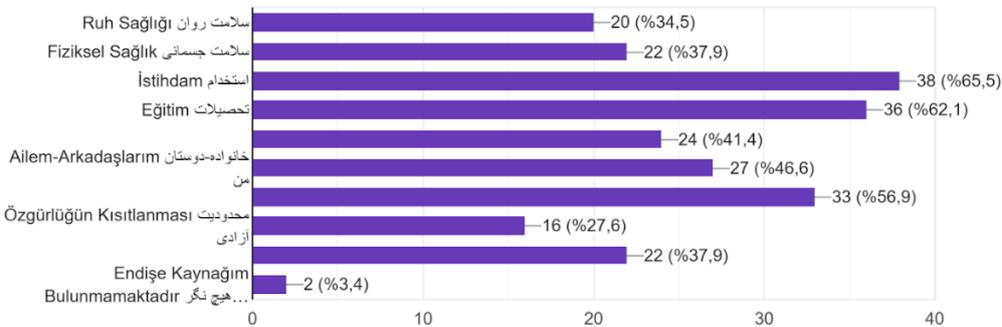


Chart 17: " What is Your Source of Anxiety in the COVID-19 Process?"

20 of the focal beneficiaries participating, focus on mental health, 22 on physical health, 38 on employment opportunities, 36 on access to education, 24 on access to correct information, 27 on family and friends, 33 on access to basic needs. 16 emphasized the harmful effect of restriction on freedom, 22 emphasized that they were concerned about access to health services and affected psychological well-being and function. The necessity of the promotion of media literacy and access to accurate information emerges.



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Menşei Ülkeniz, Göç Yolu ya da Türkiye'de Yaşamış Olduğunuz Zorlayıcı Olayların Olumsuz Duygusal Etkilerini Hissediyor musunuz? حدثه های بدی که در... ترکیه تجربه کردید اثرات احساسی منفی آن را احساس می کنید؟
58 yanıt

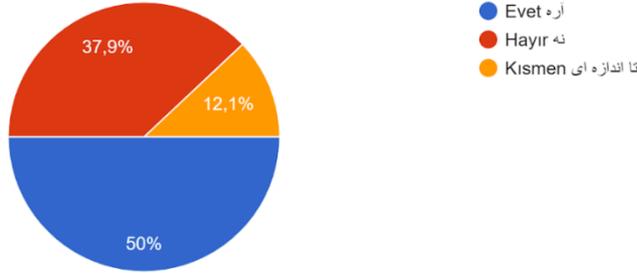


Chart 18: " Do You Feel Negative Emotional Effects of Challenging Events You have been Experienced in Your Country of Origin, Migration Path, or Turkey?"

29 (50%) of the focal beneficiaries participating, stated that they had traumatic patterns, 7 (12.1%) partially met the symptoms of acute trauma and post-traumatic stress. The focus is on psychosocial support activities, improving psychological literacy, access to psycho-pharmacological treatment and reducing the impact of stigmatization.

Stresle Etkin Baş Edebildiğinizi Düşünüyor musunuz? آیا فکر می کنید می توانید به طور موثری با استرس کنار بیایید؟
58 yanıt

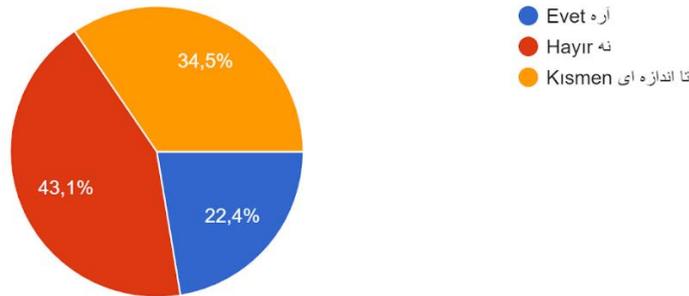


Chart 19: " Do You Think You can Cope with Stress Effectively??"

It was analyzed that 24 (43.1%) of the focal beneficiaries who participated did not have effective fighting techniques and opportunities against stressors, and 20 (34.5%) partially had them. The need for support groups, committees, awareness, well-being, and function-enhancing activities appears to DWW concretely.



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Hanede Okul Çağındaki Çocuk Sayısı تعداد کودکان سن دبستان در هر خانگی
58 yanıt

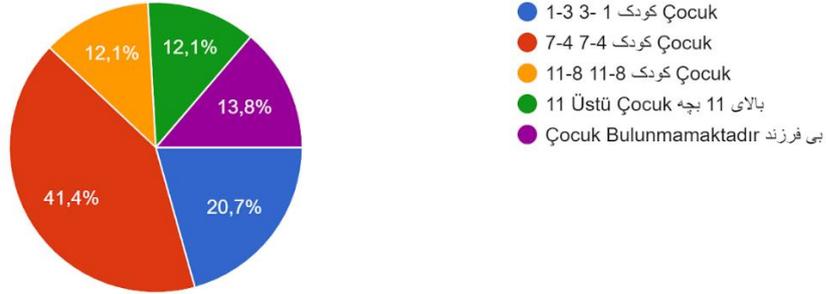


Chart 20: Number of School-Age Children per Household

School-age child data of the focal beneficiaries participating were analyzed. It was considered appropriate to obtain preliminary information for the data of the beneficiaries who do not attend school due to problems such as non-application of the guest student phenomenon and financial difficulties and having status. The density of individuals who are dependent on their parents is an indicator of the essential quality of access to individuals of Afghan nationality.

Eğer Okul Çağında Çocuğunuz Var ise Okula Kaydı Var mı? آیا ثبت نام در مدرسه دارید ، آیا ثبت نام در مدرسه؟
انجام می شود؟
53 yanıt

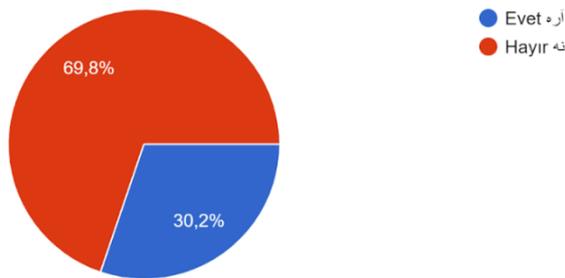


Chart 21: “If You have a School-Age Child, is There a School Enrollment?”

37 (69.8%) of the focal beneficiaries who participated stated that their school-age children could not attend school. child labor prevention, physiological need adequacy neglect and abuse prevention are indicators of increasing inclusiveness. Decreased school attendance due to school violence and peer bullying is an important risk factor.



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اگر کودکی EBA سیستمی را در مدرسه ثبت نام کرده اید، آیا می توانید از سیستم به طور مثر استفاده کنید؟
Eğer Okula Kaydı Olan Çocuğunuz Var ise EBA Sistemini Etkin Kullanabiliyor musunuz? EBA کودکی

51 yanıt

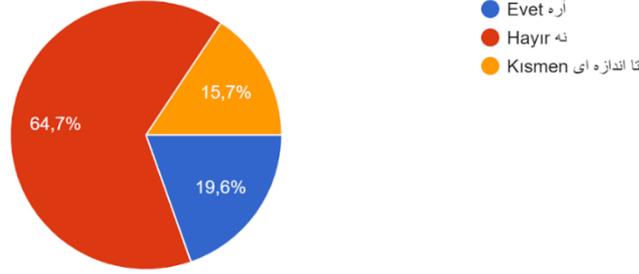


Chart 22: "If You Have a School-Age Child, Can Your Child Use the EBA System Effectively?"

It was analyzed that 33 (64.7%) of the focal beneficiaries who participated were attending school but could not participate in the EBA process, and 8 (15.7%) could not participate effectively. Lack of technological devices and internet quota, the introduction of the process of access to rights and services of EBA Centers, and the lack of continuity of education due to language barrier are factors that increase risks and threats. Decreased accessibility to children during the pandemic period is an indicator of vulnerability.

آیا در خانه شما کودکان کارگیر زیر 18 سال وجود دارد؟
Hanenizde 18 Yaş Altı Çalışan Çocuk Var mı?

52 yanıt

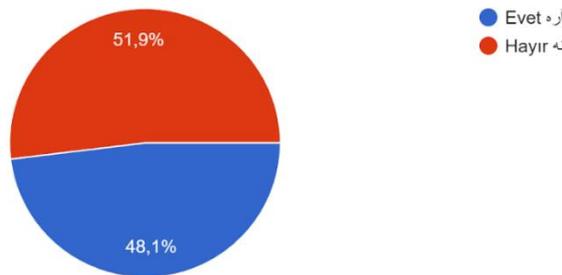


Chart 23: "Is There Working Child under 18 in Your Household?"

25 (51.9%) of the focal beneficiaries who participated stated that they were at risk of child labor. The impact, causes, risks of child labor, and implementation of a comprehensive prevention plan, ensuring the access of adult individuals to the workforce, adopting apprenticeship training, achieving sustainable gains independently, expanding occupational training activities and the importance of innovative support have been reflected.



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اگر فکر می کنید نمی توانید کارهایی را که می خواهید در آینده انجام ندهید، مانع این کار چیست؟

Gelecekte Yapmak İstedığınız Şeyleri Yapamayacağınızı Düşünüyorsanız Buna Engel Nedir?

58 yanıt

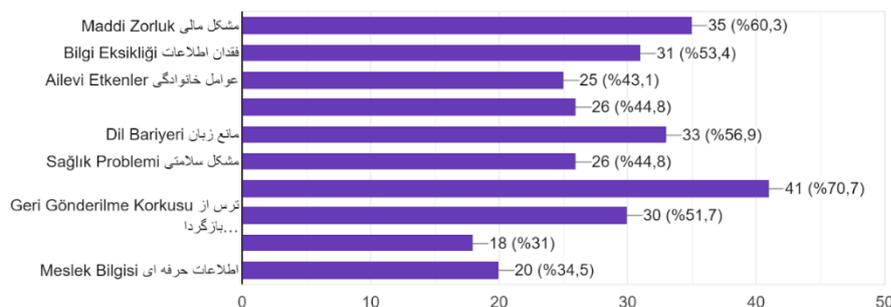


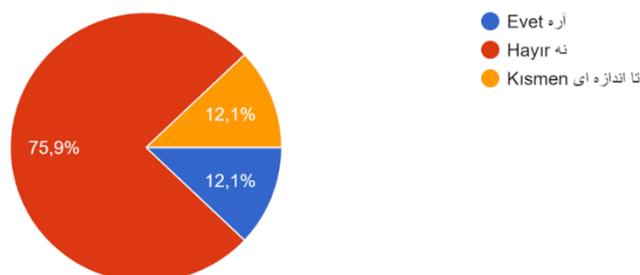
Chart 24: "If You Think You will not be able to do the Things You Want to do in the Future, What is the Barrier to This?"

35 of the focal beneficiaries participating, financial difficulties, 31 lack of information, 25 family factors, 26 gender-based difficulties, 33 language barriers, 26 critical or chronic health problems, 41 identity problems. and status problems, 30 fear of repatriation, 18 lack of education, and 20 the ability to acquire a profession led to a decrease in motivation and hope for the future. The importance of incentives and grants, acquisition of a profession, having status, access to health rights and services, and strengthening gender equality are encountered. The risk of Substance addiction or suicide attempts which increase with a decrease in well-being has indirect effects.

آیا در مورد Koruma, Sağlık, Hukuki, İstihdam Alanlarında Başvuru Merkezleri Hakkında Bilginiz Var mı?

مراکز کاربردی در زمینه های حفاظت ، بهداشت ، حقوقی ، استخدام اطلاعاتی دارید؟

58 yanıt





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Chart 25: “Do You Have Information About Application Centers in The Fields of Protection, Health, Legal, Employment??”

It was analyzed that 44 (75.9%) of the focal beneficiaries who participated did not know about access to information to support mechanisms, 7 (12.1%) had information partially focused only on the immediate environment without language barrier problem. With this indicator, the need for dissemination of support mechanisms with Persian language knowledge and continuity of the communication between institutions are encountered. It has been observed that increasing the capacity of public stakeholders is an essential complementary role.

Secondary Source Oriented Commentary Analysis

Afghan beneficiaries residing in Zeytinburnu (located in Turkey with international protection status, residence certificate, passport entry) have been granted access. Information acquisition was carried out in the focus of Afghanistan Support Institutions (AFTUYAD, Federation of Afghan-Turkish Associations, Turkish Hands Association, Khazars Association) and natural community leaders in the secondary source analysis. The low rate of benefiting from the rights and services of Pashtu-Khazar-Uzbek-Tajik-Turkmen beneficiaries, who are Afghan groups, increases the special standard sensitivity patterns. The service map was regularly updated for groups with Persian language and communication was activated. 86% of Syrian individuals with temporary protection status stated that they can access primary health care services free of charge in the cities where they live, but it has been understood that this rate has decreased to 18% due to language barrier and legal status for Afghan nationals. Significant gaps continue in the provision of services in Health Services, Mental Health, and Psychosocial Support (MHPSS) services. It was observed that the beneficiaries could not benefit from the SED (Social and Economic Support Service) in Istanbul, except in exceptional circumstances.

There is a risk of child abuse, substance use, early marriage, and child labor in Zeytinburnu due to lack of social activity areas, prejudice, stigma, discrimination, and bullying factors and insufficient variety of activities. According to alcohol and substance addiction data, there is a 25.5% increase between 2018 and 2020. From the beginning to the destination, refugees faced difficult conditions such as loss of families and loved ones, violence, abuse, assault, and insecurity of food, shelter, and health. It has experienced emotional trauma, hopelessness, loss of identity, grief, and other mental health concerns during and after the migration. For foreign nationals who have lost their limbs during the war or difficult migration, protection support requires working based on organic loss in the next step. Unhealthy living and working conditions are caused by conditions of migration such as reduced health literacy and social exclusion and discrimination. Other factors are direct consequences of war, such as war-related injuries and mental health problems.

Suggested Actions and Activities

- Access to education and health rights and services should be facilitated to have a status.
- reducing the exposure to transport restrictions due to the lack of staff with a dominance of the focus language and the lack of status in the Migrant Health Center is beneficial.
- It is essential to mitigate the devastating impact of Afghan’s inability to benefit from socio-economic supports.
- The inability of Immigrant Health Centers to perform COVID-19 testing and the difficulty of follow-up creates difficulties in the public health focus and paves the way for the



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implementation of a regulation in which applicant foreigners who are considered to endanger public health can be deported.

- It should be prevented that the vulnerability of Turkish healthcare systems not being able to integrate into the vaccine implementation process.
- Focus group, which is cheap labour the need for intervention to access the workforce and to prevent work accidents is essential.
- Focus language in workplaces increases the threat of accidents at work and lack of information activities based on rights.
- The negative impact of the annual fee for a short-term residence document affects the family.
- The slowness of the transition process to humanitarian residence reduces living standards.
- There is a lack of psychosocial support activities in the focus language.
- There is a need to meet special health needs for limb loss and access to long-term physical therapy and rehabilitation services.
- It was observed that the formal marriage process should be consolidated within the framework of cultural sensitivity and importance should be given to the precautionary work for early marriage. In the official marriage process, awareness of the requested documents is essential. However, access to the health report is also not possible due to status.
- Ensuring that they can benefit from SUT (Health Application Communiqué) will reduce sensitivity to health.
- Living standards should be increased for the intervention plan of gender-based violence created by crowded and multiple-family structures.
- An intervention system should be developed for illegal maternity hospitals.
- Extending the general health insurance for individuals with international protection status, which expires after 1 year, will reduce the vulnerability.
- As a guest student for child labor, it is necessary to expand the acquisition process accelerated educational program.
- The lack of access to the focus group of NGO stakeholders and lack of service in the focus language are field observations.
- Expanding the scope of ESSN (Social Cohesion Assistance), SED (Socio-economic Support), or CCTE (Conditional Education Aid) would be beneficial.

Activities of Doctors Worldwide (YYD) for Afghan Groups with International Protection Status, Residence Permit and Passport during Covid-19 Pandemic

Approximately 30,000 migrants have left the district to try to cross the European borders according to the information received from Zeytinburnu Municipality. It has been observed that many of those who left the district had to return to Istanbul after the COVID-19 epidemic. It has become quite impossible to track their movements and monitor the situation, as the refugee community has flocked to the border. YYD's teams made an effort to visit community leaders and mukhtars to understand the current situation and plan their activities accordingly.

According to the assessment of YYD's team, the main vulnerabilities identified include individuals who do not have temporary or international protection and have residence or passport documents. Therefore, access to the state's social, educational and health care services is quite difficult. On the other hand, it has been found that non-state service providers cannot accept undocumented migrants for their services.



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The COVID-19 outbreak has put an additional burden on the immigrant population. According to the statements of health workers at two Immigrant Health Clinics in Zeytinburnu, Afghan refugees generally need more support for COVID-19 measures and hygiene products than Syrian refugees. Access to reliable information in Persian is also more limited. Given the high Afghan population in the region and the lack of services in Persian, it is clear that the focus group is the unseen side.

The risks and restrictions related to COVID-19 have led to changing the ways of reaching the beneficiaries. Adaptations have been made for remote implementation of activities instead of face-to-face interactions. During this period, individual and group psychosocial support sessions, awareness-raising sessions, counseling information sessions, and referrals to the government or non-state services were carried out through online platforms such as WhatsApp, Skype, and Zoom. The focus was on Awareness of Violence Against Women, Prevention of Child Abuse, Effective Access to EBA (Education Information Network) and Schooling Process, Accelerated Education Program, Media Literacy, Psychology Literacy. Emphasis has been placed on mental health issues, cultural vulnerability, and reduction of non-traditional promotional services in the language of the focus group. In this process, the registration, evaluation, maintenance plan creation, implementation, follow-up and closure processes of all beneficiaries continued to be carried out on a protection basis. The referral mechanism was kept continuously active in the focus of need. In addition to the case management service, the emphasis has been increased on IPA (Individual Protection Assistance), which focuses on reducing, eliminating, or preventing the protection risks of an individual through a simple and time-bound response that is complimentary.

Remote Raising Awareness

Mental health, protection, legal support, health and share information about present services, to provide awareness about positive coping mechanisms, to ensure the participation of the wider community and reduce the stigma of mental health protection, COVID-19 promotion, and community-based awareness-raising activities conducted. Awareness-raising sessions have been held to overcome the social tensions that have escalated the mental health problems of refugees.

Awareness of legal rights and services such as civil law, child custody rights, work permit, residence process will be provided. Efforts have been conducted to raise awareness of the curriculum and improve living standards such as university scholarships, stress reduction techniques, communication and empathy awareness, reading habits, and media literacy.

Remote Psychoeducation Activities

It is aimed to strengthen and raise community awareness through sensitizing activities to service providers who are in direct contact with vulnerable populations, refugee and host communities, and community leaders. Psychological first aid, fundamental rights, child abuse, and cultural sensitivity are the main issues of sensitivity. Psychoeducation sessions for adults aim to empower individuals and encourage them to receive specific psychological support. Psychoeducational studies, enabling coping skills and long-term support systems; It is an information and empowerment program that explores alternative problem-solving systems. Emphasis has been placed on the contribution to mental health literacy while considering the complex social and environmental factors that contribute to mental health and well-being.



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Using Referral Mechanism Effective

Referral mechanism has been used effectively in the areas of shelter, Private Health Support Funds, Livelihoods, Legal Counseling, and Health Counseling. It aims to reduce, eliminate or prevent the protection risks of the individual with a simple, time-dependent intervention with its protection-oriented case management service. It is aimed to take action for cases and keep the inter-agency referral mechanism alive. A system has been established that aims to provide a specific response to the basic protection concerns, risks, and threats related to the health, psychology, and safety of the person. Emphasis has been placed on increasing the strengths and capacities of the individual by emphasizing the right to participate. The service map is regularly updated and it is indirectly aimed to increase the capacity of public stakeholders and NGOs.

Activities Focused on Remote Individual Protection

Individual Protection Assistance (IPA) is a program model aimed at reducing, eliminating, or preventing an individual's protection risks through a simple and time-bound response. This program complements more time-consuming and human resource-intensive traditional case management.

If more than one protection service is required, the situation is 'Case Management', rather than IPA (Individual Protection Aid). If the change predicted to occur with an IPA intervention cannot be achieved within 3 months, it must be evaluated in a case management focus. Meeting claims not covered by IPA on a 'Case Management' basis have been seen as the key to increase the capacity. IPA is based on non-harm, high benefit observance, quality service, non-discrimination, and process management with informed consent.

Remote Structured PSS Sessions

The support group is a specific group of people who share common problems (single parents, disabled caregivers, men's support group, etc.) is a type of intervention 4-6 session provides that an opportunity to share and learn from their experiences. People who need individual counseling will be identified by the impact of the group's support dynamic and transferred to the case management process. YYD's teams have implemented group support sessions through online platforms such as Skype or Zoom when it comes to COVID-19 pandemic measures such as suspension of activities in community centers, lockouts or curfews, travel bans, or movement restrictions. It has implemented a community-based intervention model that encourages open and regular interaction between individuals and groups to support the sharing of participants' experiences and strengthen coping mechanisms; It is structured with curricula and guidelines. It recommends continuing peer support group activities to counselees, caregivers, and community members, providing information on mental health issues and contributing to prevention through enhanced support networks, early detection, and referrals.

Remote Individual Psychological Support

It is the general name of techniques aimed at solving the emotional and behavioral problems of individuals, improving and maintaining their mental health. During support, emphasis was placed on the flow of information about the mood, thoughts, emotions and personality structure of the



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individual. It has helped the individual learn to take control of life and to fight the challenges counselee may face as needed. Gain insight about the difficulties or problems, bring about changes in the thoughts and behavior, increase motivation, and these changes aim to help the beneficiary find appropriate ways. In the process, physiological needs, a sense of trust, the need for belonging and love, respect from others, the need for self-respect, and order of ensuring personal integrity by self-realization are acted upon. Psychological first aid, psychopathological treatment process, psychological well-being and function follow-up, psychological counseling support are provided. In this process, 5 principles are followed:

1. Do no harm,
2. Not to lose sight of the universal values of human rights,
3. Emphasis conscious and informed consent,
4. Do not impose our personal opinion and point of view,
5. Empowering the person with professional interventions,

Remote Case Follow-up

It is aimed to support and monitor the individual whose post-crisis risks increased throughout the process until the vulnerability is over. Case follow-up activities are carried out at the point of RAM (Guidance Research Center) process, committee report acquisition, hospital treatment stages, provision of the child to special education, appeal process to delegation report, referral for protection need, and follow-up. There is an available service to direct refugees in need of necessary specialties, support in the hospital and mental support to appropriate sectors within or outside the institution. Providing consultancy about the scope of SUT (Health Application Communique in Turkey) and other treatments are among the services. It plays a facilitating role in the access of refugee children to education. Refugees who cannot reach education are provided with counseling and assisting refugees to remove barriers to their access to the right to education due to registration-based problems, socio-economic difficulties, or any other reason. Besides, referrals are also being made for access to public-funded economic support to expand the education of refugee children and also encourage school attendance. Consultancy for the transition from GEM (Temporary Education Center) to public school, HEP (Accelerated Education Program), registration process to the school determined by the registered address, and guest student support are provided.

The beneficiary is supported in the special education process and operational problems. Referring is made to the necessary places for adult education. Needy refugees living in Turkey are informed about to access socio-economic support. Hygiene, child and pregnant aid kits are also delivered to vulnerable refugees at the community center. Consultancy on 4A and 4B work permits and university scholarships are provided. motivational work for YÖS (Examination for Foreign Students) and TÖMER (Turkish Teaching Center) process and the referral process to stakeholder's support are continuing.

Remote Promotion and Information Flow

Psycho-social support promotional videos made it important to transfer information about specific psychological issues (such as resilience, depression and anxiety, anger management). Videos, brochures, leaflets are prepared in a multilingual (Turkish, Persian, and Arabic) format that will appeal to both refugees and host communities. It has been made possible to reach more people by sharing

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short informative videos via WhatsApp / Telegram and social media accounts. Mental Health - Protection - COVID-19 promotion covers materials used in mental health and psychosocial support studies. Each of these materials consists of brochures containing information about various psychopathologies. The contents also focus on ways to communicate with the community center. Content promotions were made on Refugee Day, Mental Health Day, 16-Day Protection and Adaptation Activities. Psychological diagnosis contents such as Depression, Dementia, bereavement, Epilepsy, Torture, ADHD, PTSD, Psychosocial Stressors, Schizophrenia, Postpartum Depression, Enuresis, and Behavioral Problems in Children have been prepared in a manner appropriate to the culture and supported by an image. Brochures on breastfeeding, first aid, promotion of mammography, access to health rights and services, and the importance of access to support mechanisms were distributed within the scope of health promotion activities. Brochures about symptoms of the epidemic period, the importance of hygiene and social distance, the continuity of the vaccination process, the effect of epidemic stress and stigma, accurate identification of the virus to children, and the activation of the remote education process were delivered to the beneficiaries.

Especially during the COVID-19 epidemic period, it has been observed that there has been an increase in cases. Gender-Based Violence, Child Abuse, Employment Law, Right to Health, Early Marriage brochures were shared in the focus languages within the scope of Protection promotion activity. For this reason, Gender-Based Violence, Child Abuse, Employment Law, Right to Health, Early Marriage brochures have been shared in the focus languages within the scope of Protection promotion activity, for that reason.

Remote Structured Child Friendly Space Activities

Child-friendly space activities aim to improve children's physical, social and emotional development and well-being by promoting specific skills, teaching children rights, increasing social support, and expressing emotions in a safe environment for children. The play has been actively used in games together with art therapy activities since it is the most effective communication, learning, and expression tool for children. Structured Modules on communication skills, emotion regulation skills, cognitive skills, and social skills were applied to children between the ages of 5-15. The module called "My Body is Mine" aims to raise awareness about protection mechanisms and prevent child abuse. The "Hygiene" module taught children basic hygiene practices and protection from infectious diseases, and the "Peer Bullying" module aimed to develop empathy skills and coping skills in case of bullying.

Any attempt to create child-friendly spaces must be based on internationally accepted guidelines. YYD's teams have progressed with a focus on "A Practical Guide to the Development of Child-Friendly Spaces", "Child Safety", "Structured CFS (Child-Friendly Space) Procedure". All manuals, checklists comply with international organizational principles. The content is compatible with the contents of international institutions such as IASC (Inter-Agency Standing Committee), UNICEF (United Nations Children's Aid Fund), and Save The Children International. "Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Situations" guidance developed by IASC will be used to monitor and evaluate the activities.



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Children in a safe, fun, guided and inclusive atmosphere, materials that appeal to children's age groups are available and (5-7 / 8-10 / 11-13 years old) always come and perform separate free activities suitable for age groups.

In YYD's activity areas, there are activities where beneficiaries can safely leave their children. During the activities, progress is based on gender equality, child safety, team games, and capacity is developed in the following resources.

- Universal Declaration of Human Rights
- Convention on the Rights of the Child
- Children First: National Guide to the Protection and Welfare of Children, Ireland
- Keeping Children Safe: Child Protection Standards

Contacted State Stakeholders and Call Centers

Public Stakeholders	
TÖMER (Turkish Teaching Center)	TÖMER (Turkish Teaching Center) / YUS and scholarships (SPARK, YTB etc.)
AMATEM (Alcohol and Drug Addicts Treatment and Research Center) - ÇEMATEM (Child and Adolescent Substance Addiction Treatment Center)	HEP (Accelerated Education Program) / Public Education Center
ASM (Family Health Centers)	İŞKUR (Turkey Business Association General Directorate)
ÇATOM (Multi-Purpose Community Center)	Unaccompanied Minor Unit
TRSM (Community Mental Health Center)	Orphanage / Nursery / Affectionate House
GSM (Refugee Health Centers)	ÇİM (Child Monitoring Center)
Family Physicians	ÇODEM (Child Support Center)
Home Care Services	SHM (Social Service Centers)
School Enrollment	Child Protection Centers
First Receiving Unit	Youth Centers
Women's Shelters	GİGM (General Directorate of Migration Management – DGMM)
Legal Aid Centers – BAR Associations	YÖK (Council of Higher Education)
Law Enforcement	ASPİM (Provincial Directorate of Family and Social Policies)
Governorate and District Governorate Units	Municipalities



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Family Courts	The Mukhtars
Forensic Medicine Institutions	Hospital Polyclinics
Committee Report Services	RAM (Guidance and Research Centers)

Contacted Call Center Services	Call Number
Foreigners Communication Center (YIMER)	157
Turkish Red Crescent (TRC)	168
Police Department	155
Ministry of Family, Labor and Social Policies	183
Ministry of Health	184
The Central Physician Appointment System (MHRS)	182
United Nations High Commissioner for Refugees (UNCHR)	444 48 68
Danish Refugee Council (DRC)	444 74 08
International Health Services (USHAŞ)	0 850 288 38 38
Public Health Centers	191
Emergency Health Services	112
Business Association General Directorate in Turkey (İŞKUR) and Social Security Institution (SGK)	170
Refugee Rights Association	0 212 292 48 30
Refugees Association	0 850 939 76 59
Association of Assistance Solidarity Support for Refugees and Asylum-Seekers	0 850 455 00 00
Şişli Municipality's Refugee Support Hotline	0 850 888 05 39
Support to Life (Hayata Destek Derneği)	0 850 441 00 43