

ESSN Task Force, Gaziantep Minutes

Objective	To provide an update on the ESSN program to date and outline progress and challenges regarding the operation of the ESSN call centre, the issuance of disability health reports, and the enrolment of refugees living in informal housing.
Time & Date	23 March, 3.00 - 4:30 pm
Location	UN House, GZT

1. General update on ESSN

- Following a tour de table, the ESSN Task Force Co-Chairs, World Food Programme (WFP) and Turkish Red Crescent (TRC) provided an update on ESSN to date, noting that, by the end of March approx. 408,000 people will be eligible for assistance (further statistics are available in the attached PPT) The current eligibility rate is approx. 35 per cent. WFP again noted that the initial criteria had been designed to capture most refugees in the lowest two quintiles, but that it was recognized that review will be needed because of the exclusion error in the targeting criteria. It was further noted that:
 - The latest round of card distribution commenced on 21 March, using a staggered approach to avoid congestion at bank branches. It was noted that distribution of cards and transfers of funds would be taking place at the beginning and end of each month, respectively. Plans are in place to distribute a total 24,623 cards in March;
 - Household interviews with both eligible and ineligible refugees will be carried out to inform the pre-assistance baseline report, which will be out around June/July;
 - Sensitization activities are well-underway, with the Facebook page (<https://www.facebook.com/Kizilaykart.SUY/>) now up and running. Web page is being designed. Partners were encouraged to visit and 'like' the FB page, in order to promote reach. Applicants are also receiving information and updates via SMS.
- Latest good practices were identified, as follows:
 - TRC has recruited 116 Arabic-Turkish interpreters for SASF offices to help bridge language barriers.
 - Four new TRC service centres are being established to improve access and help reduce congestion in relevant localities.
- Partners requested further information on the status of ESSN at the district level, including the number of applications made (both at the individual and HH levels) and number of cards issued (we will continue to update as this information is received).
- In response to partner queries regarding ESSN roll-out in different districts, the co-chairs clarified that ESSN is not 'phased' and was launched country-wide on 28 November, 2016; while in the initial stages some SASFs were not receiving applications, services should now be available across all districts. In response to queries regarding backlog at SAFS and service centres, WFP and TRC confirmed that there is some backlog, but the average waiting period for an appointment to submit the ESSN application does not exceed one month.
- In response to apparent rumours, there is no plan to reduce the value of transfer. The co-chairs reminded agencies phasing out e- voucher programmes to encourage their beneficiaries to apply for ESSN.

Action Points:

- WFP to continue to update district level data on the number of applications (incl. both individual and household figures) and distribution of cards when available at the ESSN TF meetings.

For the full presentation on the ESSN programme to date, please see attached.

2. Update on ESSN call centre

- TRC briefed partners on the ESSN call centre, incl. challenges and good practices to date. It was noted that:
 - The call centre (#168) is now open from 8am to 6pm Monday-Friday, as well as half-days on Saturday.
 - There is one call centre country-wide, which presently has 20 operators;

- Six main categories of calls are received: (i) card distribution, activation, and PIN issues, for which callers can now be connected without charge to the Halk Bank helpline; (ii) information requests; (iii) feedback and complaints; (iv) referrals; (v) issues other than ESSN (e.g. enquiries about organization's winter programme); and other (e.g. obtaining a new ID). TRC shared a screenshot illustrating the call centre interface (see the presentation attached);
- 65,000 calls have been received since the end of November, primarily concerning card issues (41,000). 27,000 calls were from females, and 37,000 calls were from men – the call centre employs both female and male operators;
- The average waiting time on the call centre line is 3 minutes, 8 seconds;
- Complaints to date have concerned responses at SASF offices, the large crowds at PDMM branches, and the long waits on obtaining '99' IDs;
- Some queries were received regarding the call centres referral capacities. It was noted that two different types of referrals are undertaken: internal, whereby a specific query may be elevated to the call centre manager and, in turn, the MoFSP (e.g. a call regarding a person with a disability not being able to access the service centre); and external. It was noted that TRC is cross-checking ESSN beneficiaries against other programmes, and removing them from certain other types of assistance where eligible.

For the full presentation on the ESSN call centre, please see attached.

3. Presentation on challenges to obtaining Disability Health Reports

- Based on an online survey carried out among INGO, NGO, and UN staff (with 43 responses), Handicap International (HI) delivered a presentation on challenges on obtaining Disability Health Reports. It was noted that, from the beneficiary perspective, common challenges to obtaining the report include one or a combination of:
 - Lack of information;
 - Language barriers;
 - Lack or cost of transportation, esp. for those with physical constraints on movement; and
 - Charging of fees.
 From the organizational (UN, NGO, INGO) perspective, challenges included:
 - The lack of interpreters in hospitals, and the difficult terminology;
 - The lack of knowledge of the protocol among hospital staff;
 - The lack of willingness to apply the protocol among hospitals staff (e.g. due to limited capacity);
 Other identified barriers included:
 - The lack of resources in hospitals (e.g. lack of specialists);
 - That obtaining the reports is a long-term process – as some applicants need to spend the entire day at the hospital, it becomes difficult to support them throughout the process or at scale;
 - The complexity of the process and diversity of implementation;
 - The delays in obtaining '99' IDs;
 - The large influxes following the introduction of ESSN – this led some hospitals to stop providing the reports.
- Refugees facing the most difficulty applying included the elderly, those living in remote areas, children, and women. Often difficulties in applying resulted from the interaction of one or more of these factors (e.g. an elderly person living in a remote area).
- UN, INGO, and NGO support to the application process included information, accompaniment, interpretation, provision of transportation (or cash reimbursement), and mediation between the application and the hospital. Some respondents reported on positive and negative experiences – most to the hospital manager / supervisor, one to the MoH Communication Hotline, and one to UNHCR.
- Primary recommendations to facilitate the process included:
 - Standardizing and harmonizing procedures for DHR issuance, including the preparation of a detailed guidance note with the protocol attached;
 - Encouraging the provision of referrals; those without referrals tend to be charged;
 - Providing training and guidance to frontline/field staff to enable them to pre-screen those who may be eligible for a DHR.
 - Providing (MoH) training on medical terminology to interpreters/translators and identifying dedicated interpreters per case / facility;
 - Using ambulances to transport applicants with serious disabilities to health facilities;
 - Raising awareness among hospital staff to promote positive, non-discriminatory attitudes.

- Further information on cases of discrimination were requested – it was noted that different approaches would need to be taken whether clinical or support/administration staff were acting in a discriminatory manner. It was further noted that issues of discrimination could be reported to the ESSN call centre, but that the call centre would not have the capacity to dispatch an interpreter, although it may be possible to refer them to support available through TRC community centres.

For the full presentation on challenges to obtaining DHRs, please see attached.

4. **Challenges to enrolment in ESSN among refugees living in informal housing**

- WFP delivered a presentation on its mapping of challenges to enrolment in ESSN among refugees living in informal housing. It was noted that registration on the Population Directorate’s MERNIS database is a prerequisite to enrolment in ESSN, but refugees living in informal housing, such as tents, caves, unfinished buildings, containers, etc. face challenges in doing so. These refugees are often among the most vulnerable.
- It was noted that a meeting with the MERNIS took place in Ankara to agree upon a way forward; in line with Turkish legislation, it was concluded that these cases should be assigned an address by local authorities.
- The proposed process should entail: identification, referral (to the District or Provincial Governor’s Office, SASFs, PDMM, mukhtars, municipalities, etc.), the designation of address and communication back to beneficiary, enabling that beneficiaries registration with the Population Directorate.
- Two good practices were identified: one concerning 20-25 refugees living in Sanliurfa cave houses, whereby the mukhtar took the decision to assign them an address after their landlords and neighbors approached him requesting support; and a second concerning refugees living in a tented village in Nevsehir who were assigned an address after their referral by SASF field staff and WFP onward advocacy with PDMM.
- With regard to cases of refugees living in informal housing, the co-chairs circulated a list of settlements, asking partners to provide information on additional cases and determine whether their organizations can offer assistance to people living in these locations as discussions regarding their enrolment in ESSN continue;
- Challenges to date include pressure on Population Directors due to the renewal of Turkish IDs (ongoing) and updating of addresses ahead of the April referendum. It was also noted that some local authorities are reluctant to assign addresses to informal settlements due to concerns about creating pull factors (and possible desire to relocate those in informal settlements to camps), and that registration of seasonal workers remains difficult.
- Referrals to shelter and protection actors with a view to improving conditions in informal settlements was discussed. It was also agreed to consider and build upon findings to date through the upcoming IOM shelter report.

Action Points:

- WFP to approach IOM to ensure due linkages between the discussions on informal shelter and ESSN through the Shelter Task Force, including looking at possible ways to input in the upcoming shelter questionnaire.
- WFP to send out a template and guiding questions for partners to report cases on informal housing

For the full presentation on informal housing and ESSN, please see attached.

5. **AOB**

- Next Meeting: 26 April

List of Participants

	NAME	ORGANIZATION	TITLE
1.	Obada Kahil	Welthungerhilfe	Project Officer
2.	Dina Morad	WFP	Program Officer (Coordination)
3.	Bulent Ozturk	TRC	Deputy Program Coordinator
4.	Yannick Brand	UNICEF	Head of Sub-Office
5.	Jennifer Baldad	HI	Inclusion Technical Coordinator

6.	Siobhan Simojoki	WFP	Programme Officer (Coordination)
7.	Yuki Onoji	PARCIC	Country Director
8.	Mohammed Bakkar	Khayr	Project Coordinator
9.	M. Ali	IOM	PM
10.	A. Hanan Muhamed	Concern	Programme Officer
11.	Serkan Denis	STL	PM
12.	Hazal Kartal	ECHO	PA
13.	Tineka Levy	WVI	Education Advisor
14.	Patrick Sooma	WVI	Protection Officer
15.	Michelle Bonsigniro	WFP	Protection Officer
16.	Maria Alvarez	WFP	AAP Officer
17.	Dahlia Aranci	WFP	Snr. Protection Advisor
18.	Azhar Al-Azzawi	WFP	Head of Area Office
19.	Homaira Sikandary	WFP	Programme Policy Officer
20.	Salah Hamwi	CARE	Project Manager
21.	Ali Keye	NRC	Project Coordinator
22.	Terra Mackinnon	UNHCR	IA Protection Coordinator
23.	Lina Kurdi	IMPR	Protection Assistant
24.	Mehmet Yilman	UNFPA	Field Associate
25.	A. Ugur Gonel	DRC	Liaison Officer
26.	T. Afak	ASAM	MSC Manager