

**INTER-AGENCY
PROTECTION
SECTOR
NEEDS
ASSESSMENT
ANALYSIS**

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Contents

- Executive Summary..... 3
- Rationale and Objectives..... 6
 - Round 4 of the Inter-Agency Protection Needs Assessment..... 7
- Respondent Profiles and Demographic Information..... 8
- Assessment Findings 11
 - Access to Information on Rights and Services 11
 - Access to Services..... 14
 - Access to Health Services 17
 - Access to COVID-19 Vaccines..... 20
 - Access to Education..... 23
 - Work, Income and Assistance 26
 - Work..... 26
 - Income and Assistance..... 28
 - Access to Basic Needs and Household Expenditures 30
 - Protection and Community Concerns 32
 - Access to Digital Tools and Digital Literacy..... 38
- Conclusions and Key Recommendations 40
- Way Forward..... 43
- Annex 44

Executive Summary

This Fourth Round of the protection sector inter-agency needs assessment was carried out via 29 sector partners (including Community-Based Organizations) and 4 Municipalities in June 2021 with a sample size of 1,266 individuals (representing a total of 6,251 persons at the household level). The majority of respondents participating in the exercise are Syrian, followed by Afghan, Iraqi, Iranian, and individuals of other nationalities.

This comparative analysis aims to provide an annual overview of COVID-19 impact on refugee communities and the general protection situation across Turkey in relation to various thematic areas, including protection and community level concerns; access to information; access to services (including health and education); work and income; and access to basic needs. In this Round, ad hoc inquiry areas were included per changes in context, including on access to COVID-19 vaccines, access to digital tools and digital literacy. The analysis puts forward various measures to address barriers and challenges identified through the assessment.

The main findings from this Round assessment are highlighted below:

- Over half of the population (59%) indicate to feel either informed or very informed when asked about their levels of access to information on rights and services. However, **rural populations, Afghans and Iranians were identified to have more information needs compared to other groups**. While financial/material assistance, resettlement and information related to working in Turkey remained amongst the top ranked information needs by communities, **this Round also identified registration and documentation as well as legal assistance as new information needs of communities**. To note, COVID-19 vaccinations has also increased as an information need across groups. Primary sources of information remain within communities themselves.
- While levels of access to essential services have been fluctuating over the past year, in this round, noteworthy improvements in access were identified. In this Round, of the 91% who attempted to access services 31% were unable to do so. **Mobile populations (44% unable to access); female headed households (36%) and Afghan respondents (34%) were identified to be facing slightly more challenges in access to services compared to other groups**. Difficult to access services remained very similar over the past year (including PDMM services, ESSN&CCTE, and education), with the majority of barriers in accessing these services relating to COVID-19 impact on reduced operational capacity and shift in service provision modalities (i.e. difficulties in accessing services through remote modalities).

- Over the past year, health services and service providers remained amongst the hardest to reach by refugee communities. **The main barriers in access to health services is mostly related to legal status and status of insurances for individuals of other nationalities (including both International Protection applicants and persons pending registration and documentation) whereas for Syrian nationals the main barriers were related to COVID-19 circumstances.** Improvements were recorded in women’s access to sexual and reproductive health (SRH) and gynaecology & obstetric services (G&O), with exception of Afghan women (of whom approximately half were unable to access these services despite attempting to).
- Despite relatively high levels of awareness (74%) on Turkey’s national vaccination plan (with lower awareness reported by rural populations and Afghans) and many expressing they were able to inquire on their eligibility status for vaccinations, **only 36% of respondents were identified to be vaccinated for COVID-19 at the time of data collection. Difficulties faced by those who attempted to access services include inability to navigate websites/systems (especially rural populations, Syrian nationals and individuals residing in Central Anatolia & Other region), lack of valid ID and language barriers (particularly for women).** For those who did not take any action towards being vaccinated, while many did not want to share information as to why this was the case, others expressed they did not have clear information about the process and that they did not want to be vaccinated.
- While 63% of households reported to have school-aged children, approximately half are enrolled in schools (lower for children residing in rural areas). Amongst these children, only 33% report to always have access to EBA online/TV with main difficulties faced indicated as in previous rounds, related to absence of (or not enough) equipment and infrastructure (especially noted by Afghan households), and not having enough information about EBA (particularly a barrier for Afghan and Iraqi children). **The top reasons for being out of school for school-aged children include problems faced during registration (more prominent barrier for Afghan households) and financial barriers (noted particularly by female headed and Iranian households).**
- Similar to previous rounds, the majority of respondents indicated to be working informally prior to the COVID-19 pandemic. **The working status of many (69%) has changed negatively (notably higher for Afghans and Iranians), as was the case over the past year, however with slight improvements recorded since previous Rounds.** The main reasons for changes in working status and conditions remain related to COVID-19.

- 5% of all children identified through the assessment at the household level were identified to be working, as in previous Rounds. Worryingly, **almost a third of children identified to be working are below the age of 12**. Sectors of employment include textile and tailor, agriculture and animal husbandry and working on the streets. Further, **while overall 1% mention coerced begging, for Iraqi households with children this increases to 14%**. The main reasons for child labour are identified to be related to the deteriorated socio-economic status of households.
- Compared to pre-COVID periods, levels of household expenditure increased slightly. Overall, **85% reported they were not fully able to cover monthly expenses and basic needs, with slight improvements in those that are most socio-economically vulnerable** (i.e. those who indicate they are not at all able to cover expenses). To note however, only 8% of Afghans and 10% of Iranians, and 4% of those residing in the Aegean region report they are able to fully meet their needs. A significant proportion of those unable to fully cover their monthly expenses indicate they are struggling to manage food expenses, followed by rent/housing costs and utilities. Linked to this, **98% indicate they adopt a negative coping mechanism. Differing from previous rounds, reduction of essential food expenditure (particularly for rural populations and Afghans) was identified as the top coping strategy for half of the respondents**.
- Protection and community level concerns, including **increased stress at individual and community levels (especially mentioned by Iranians and by respondents in the Southeast and Marmara regions), domestic violence (reported above average by Iranians), conflict amongst household members (mentioned particularly by Iranian and Iraqi communities as well as women) and increased conflict/tension with local community (again, mentioned above average by Iranians) continue to be reported**. A portion of respondents also mention increase in sexual violence and abuse against women and girls, as well as increases in child marriages (higher than average observed in Aegean) within their communities. Over the past year, respondents indicated police as their top support mechanism when faced with a protection concern, followed by support mechanisms within their communities. Overall, unmet needs are identified within refugee communities in relation to legal remedies when faced with a protection concern or procedural/administrative issues.
- Almost half of respondents indicate they face difficulties in accessing remote services due to lack of digital tools (especially mentioned by female headed households and respondents in the Southeast), whereas 59% report they either face difficulties or are not able to at all use digital platforms to access services**.

Rationale and Objectives

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

Findings of the first three rounds of the protection needs assessment have been presented in multiple coordination fora, including but not limited to Protection and other 3RP sector meetings, the inter-sector coordination platform (i.e. Syria Task Force) and the Socio-Economic Task Force under the Development Coordination structure in Turkey. Findings formed the basis of the 2021-2022 3RP Protection Sector narrative which ultimately serves as the response framework for partners in Turkey. In addition to overall observations of partners on the country-wide protection situation, findings from this Round formed the basis of a guidance document including recommendations on the scope and content of programming under the 3RP 2022 appeal for the sector. Findings continue to be incorporated into project proposals of partners and are presented to donors as part of ongoing advocacy efforts.

The first round¹ of the protection needs assessment was conducted in June 2020 with the participation of 12 organizations, during which a total of 1,020 individuals were interviewed. The second round² of the assessment was carried out in September 2020 with the support of 18 organizations, through which 1,039 individuals were interviewed. The third round³ of the protection needs assessment was conducted in January 2021 with the participation of 16 sector partners and 9 municipalities, the latter a pilot approach introduced to advance the multi-stakeholder nature of the assessment and to strengthen complementarity between stakeholders. A total of 1,173 individuals were interviewed during the third round of the exercise. Assessment findings were triangulated between the first three rounds and analysed using age, gender and diversity markers with the following disaggregation's: sex of respondent, sex of head of

¹ Link to First Round [Comprehensive Report](#) and [PowerBI Dashboard](#)

² Link to Second Round [Comprehensive Report](#) and [PowerBI Dashboard](#)

³ Link to Third Round [Comprehensive Report](#) and [PowerBI Dashboard](#)

household, population group and geographical locations. Findings were then shared through comprehensive reports including comparative analysis between the first three rounds, and anonymized data was made available via 3RP sectors through PowerBI dashboards.

Round 4 of the Inter-Agency Protection Needs Assessment

The common protection needs assessment questionnaire developed in collaboration with Protection sector partners in preparation of Round 4 of the exercise was revised to reflect changes in context. Inquiry areas within the questionnaire included demographic information (including details on registration status), access to information; access to essential services, including health (as well as separate section on access to COVID-19 vaccines) and education; work, income and assistance; access to basic needs; community and protection concerns; access to legal aid; and access to digital tools. The questionnaire is made available through [this link](#).

The process around methodology, sampling and geographical distribution was similar to Rounds 1-3 to ensure comparability of findings over a period of time. For further information on the process please refer to Annex I. The data was collected through phone interviews and via Kobo, between **21 June – 2 July 2021**.

The anonymized data set for Round 4 is made available through this [PowerBI Dashboard](#).



Respondent Profiles and Demographic Information

- **1,221 individuals provided informed consent** to participate in the exercise, representing a total of 6,231 persons at the household level.

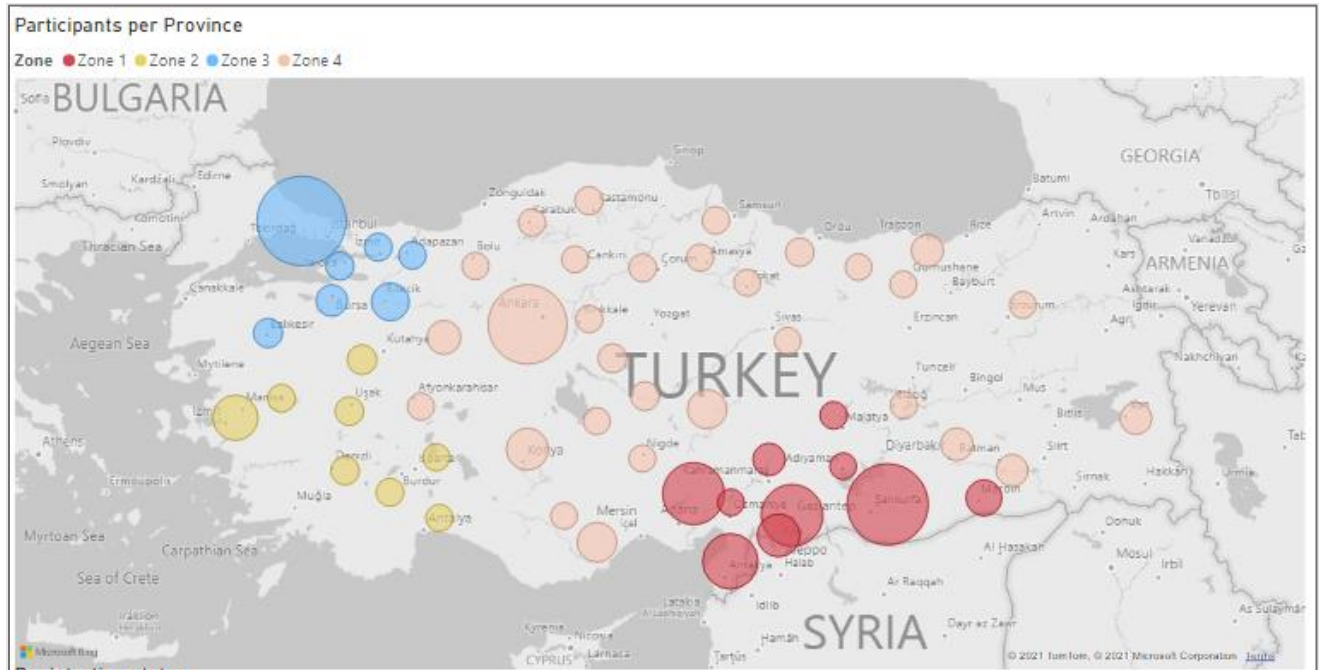


Figure 1 The colors represent the four zones while the size of the circles represents the density of individuals interviewed per location.

- The number of individuals interviewed were proportionate to the total population of refugees living in each zone. Therefore, there are no major changes between the four Rounds in terms of density of calls per geographical zone⁴. The number of interviews per geographical zone in this Round is as follows:

Geographical Zone	Number of Interviews
Southeast (Zone 1)	506
Aegean (Zone 2)	84
Marmara (Zone 3)	234
Central Anatolia & Other (Zone 4)	397

⁴ In the **First-Round**, the number of interviews per zone were as follows: 441 in the Southeast (Zone 1), 63 in the Aegean (Zone 2), 221 in Marmara (Zone 3), and 295 in Central Anatolia & Other (Zone 4).

In the **Second-Round**, the number of interviews per zone were as follows: 481 in the Southeast (Zone 1), 57 in Aegean (Zone 2), 218 in Marmara (Zone 3), and 299 in Central Anatolia & Other (Zone 4).

In the **Third-Round**, the number of interviews per zone were as follows: 514 in the Southeast (Zone 1), 75 in Aegean (Zone 2), 241 in Marmara (Zone 3) and 343 in Central Anatolia & Other (Zone 4).

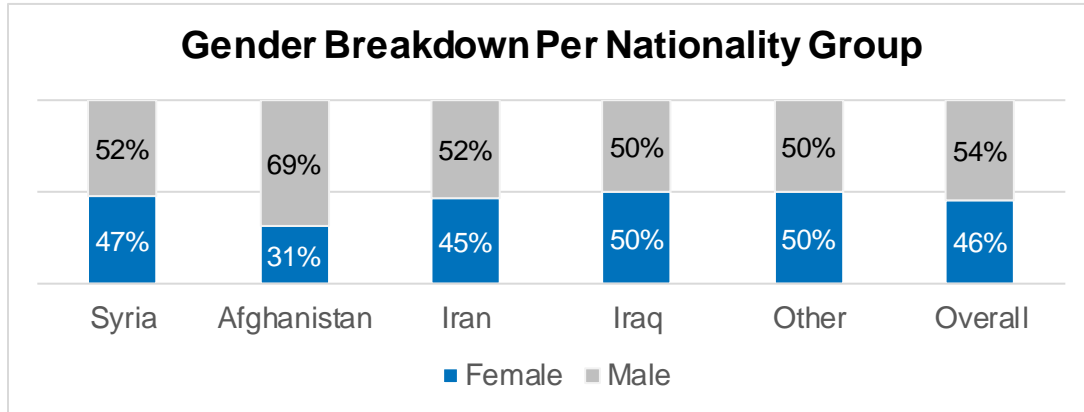
- During the assessment, due attention was paid to the nationality of participating refugees. The nationality breakdown of individuals participating in the exercise is as follows: Syria (810), Afghanistan (153), Iraq (141), Iran (69), and Other Nationalities⁵ (48). Nationality breakdown of individuals per geographical zone is as follows:

Geographical Zone	Syria	Afghanistan	Iraq	Iran	Other
Southeast (Zone 1)	450	14	22	12	8
Aegean (Zone 2)	47	16	10	7	4
Marmara (Zone 3)	158	23	16	21	16
Central Anatolia & Other (Zone 4)	155	100	93	29	20

- 94% of the participating refugees are registered with DGMM.** Of these, 63% are Syrian respondents registered under Temporary Protection (of which 77% are Temporary Protection beneficiaries and 22% hold Temporary Protection Registration Documents). Overall, 26% are registered under International Protection, of which 45% are conditional refugees, 39% are pending their status determination interviews, 13% had their status determination interviews and are pending decision from DGMM, and 2% received rejections and applied to the International Protection Evaluation Committee for appeal procedures.
- In order to present findings on access to services for individuals of other nationalities pending registration and documentation, **in this Round an ‘unregistered populations’ sample predominantly from Central Anatolia & Other regions was included.** Across all regions (with majority in Central Anatolia & Other), an additional 6% of respondents were identified to not be registered with DGMM, of which 4% approached PDMM but could not register, 1% did not approach PDMM and 1% are pending International Protection registration. Among those could not register, reasons indicated by respondents for not being able to do so include being single and absence of dependents (41%), being issued with appointment dates (27%), and city being reportedly closed for registration (16%). To note, 32% of all Afghan respondents (21% for female, 26% for male respondents) indicate they approached PDMM but could not register.
- Across respondents, 54% are male and 43% are female.** Additionally, 6 individuals identified as gender non-binary. The gender breakdown of respondents was derived based on

⁵ Breakdown of other nationalities is as follows: Turkey, Somalia, Egypt, Palestine, Sudan, Azerbaijan, Kazakhstan, Yemen, Cameroon, Congo (Democratic Republic), Gabon, Jordan, Kyrgyzstan, Libya, Nigeria and Turkmenistan

caseloads received through contributing partners. Gender breakdown of respondents is triangulated with nationality in the chart below.



- 78% of the individuals mentioned that the head of their household is male and **only 22% mentioned that they have a female head of household**. The ratio of female/male heads of household is very similar across all Rounds.
- Age and gender breakdowns of **households** are as follows:

Gender/ Age	0-5	6-17	18-65	65+	Total
Female	561	1,037	1,503	59	3,160
Male	537	1,066	1,407	55	3,065
Gender Non-Binary	-	2	4	-	6
Total	1,097	2,105	2,914	114	6,231

- At the time of sampling and data collection, **66% of respondents were recorded in partner databases as persons with specific needs**, whereas 34% were not recorded to have any specific needs.
- 87% of respondents were reported to reside in urban areas, whereas 12% reside in rural areas**. Only less than 1% were identified to be mobile.

Assessment Findings

Access to Information on Rights and Services

In relation to access to information on rights and services, as this is not a dedicated communication with communities, or knowledge, attitudes and practices survey, the assessment does not aim to measure actual levels of awareness and information on rights and services. Rather, the questions are formulated in a manner to assess the respondents' perceptions of their access to information.

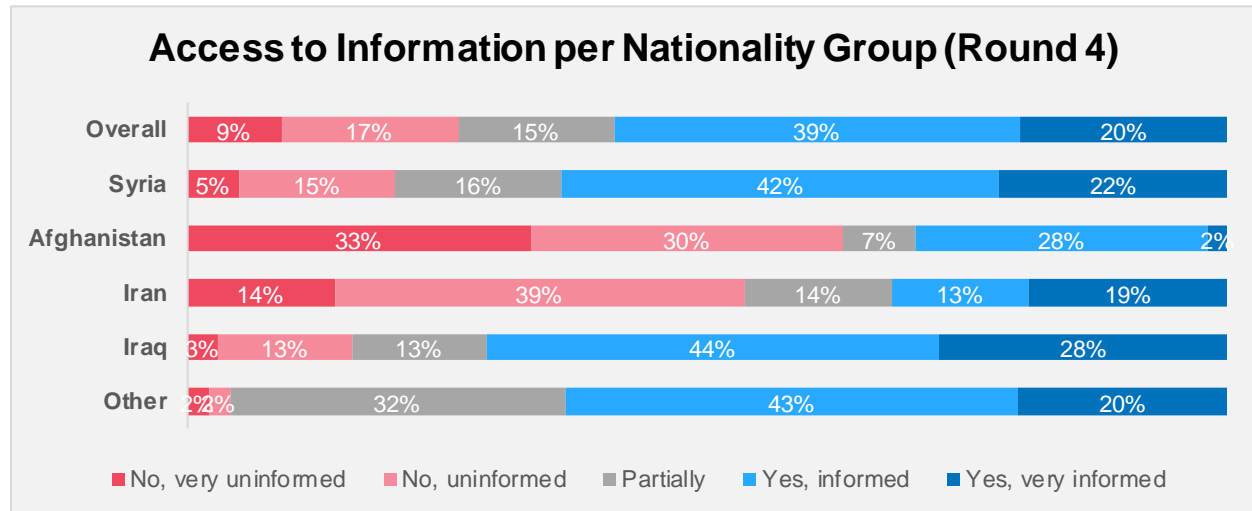
Accordingly, findings indicate that more than half of respondents (59%) feel either very informed or informed when asked about their levels of access to information on rights and services. While the questions and available options related to access to information have been slightly reformulated in this Round, the findings are relatively similar to previous rounds. Accordingly, in this Round, 26% of all respondents indicated they did not feel informed, maintaining similar levels of awareness identified in previous rounds. To note, the overall average of those who felt they did not have enough information in the last three rounds⁶ was 25%.

No major differences between sex groups were identified in this Round in relation to access to information, as was the case in previous Rounds. In Round 3 and this Round, however, differences between geographical locations were identified. To specify, Round 4 findings indicate that **the Aegean region ranks significantly below average in terms of refugees' access to information, as 33% of respondents indicated to not feel informed.**

Differences in levels of access to information between nationality groups were identified since Round 2. Namely, across all Rounds, Afghans and Iranians were identified to have significantly lower levels of perceived awareness and knowledge on rights and services. In this Round, 63% of Afghans and 53% of Iranians indicate that they feel they do not have enough information on available rights and services, well above overall averages. **All reports so far have underlined the need for improved targeting of Afghans and Iranians in information dissemination and raising awareness efforts.**

⁶ First round findings on access to information is not included in this average, considering the scope in Round 1 was limited to awareness on COVID-19 risk mitigation, prevention and response measures whereas in proceeding rounds the scope was expanded to information and awareness on rights and services in general.

Findings from this Round on access to information on rights and services per nationality group are reflected in the chart below.

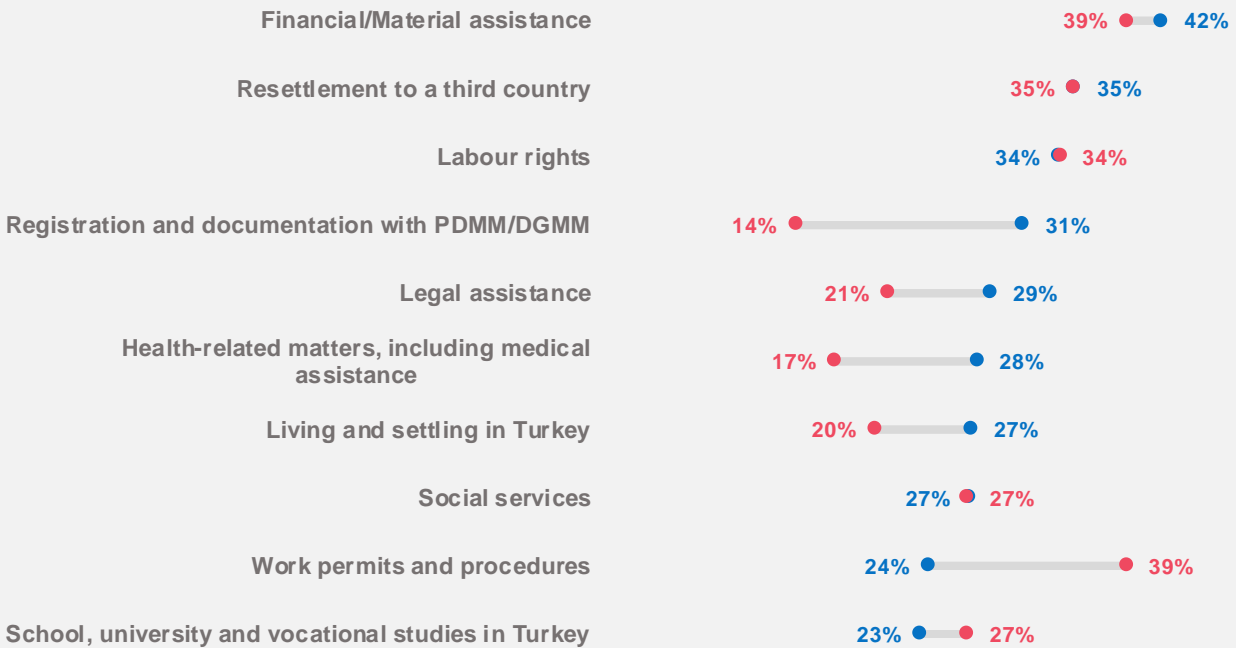


In this Round, differences between rural versus urban populations were also identified in relation to perceived levels of access to information. To specify, 35% of rural populations indicate they do not feel informed compared to 26% of respondents indicating to reside in urban settings. **Findings from this Round also indicate the need to strengthen the inclusion of rural populations in information dissemination and raising awareness efforts.**

Across respondents, while some information categories have remained the same across all Rounds, in this Round some changes were identified. To specify, while across Rounds financial/material assistance, resettlement and labor rights/working in Turkey were some of the top ranked, common categories of information that refugees required more information on, **in this Round, registration and documentation as well as legal assistance were identified as new categories.** Both of these are identified to be amongst the highest ranked categories of information required by Afghan communities, most likely considering that they represent the majority of individuals pending registration and documentation across all population groups. Lastly, while as in previous Rounds information related to COVID-19 is not prioritized as a need by communities, **findings indicate an increase (by 8%) in information needs on COVID-19 vaccines.**



Main Information Needs Comparison between Rounds 3rd Round- 4th Round

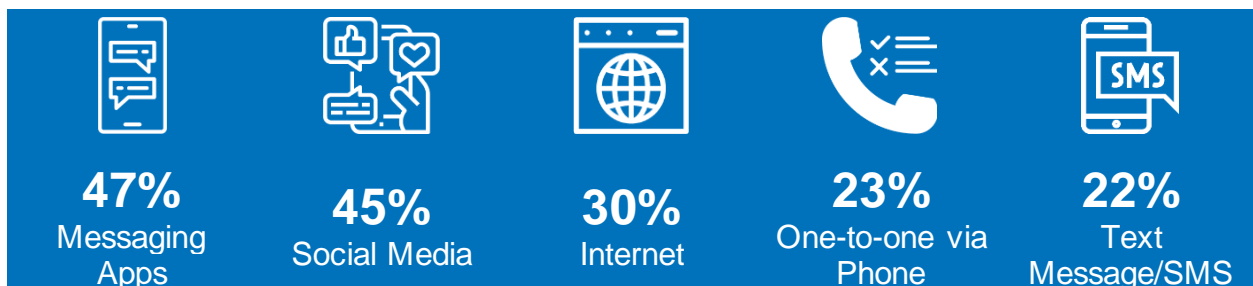


While overall no major differences between sex groups were identified in relation to levels of access to information (26% of male versus 27% of female respondents indicate they feel uninformed), in terms of categories of information, findings seem to indicate that women's information needs are more so aligned with mid to longer-term considerations (including living and settling in Turkey, resettlement) whereas information needs of men are identified to more so relate to shorter-term issues affecting daily life (such as labour rights, registration and documentation). To note, **considering issues related to participation in the workforce and labour rights have not necessarily been prioritized by women (whereas financial and material assistance, and social services were) it would be important to collect further data on the matter, as it would be important analysis for self-reliance and empowerment programming targeting women.**

Certain differences between rural versus urban populations were also identified in relation to information needs. To specify, registration and documentation is ranked higher as a need by rural populations compared to those in urban settings. Further, while legal assistance is amongst the

top five categories identified by urban populations, this is not prioritized by those living in rural settings. Lastly, while information on financial and material assistance is prioritized by both rural and urban populations, the need is notably higher for urban populations (43% compared to 35% for rural populations).

Differing from previous Rounds, questions around primary sources and channels of receiving information were reformulated in this Round, mainly to be able to analyse the sources versus channels of information in a more distinct manner. Accordingly, respondents identified friends, family and neighbours; online groups of refugees; and UN agencies and NGOs as their primary sources of information. **Overall findings across rounds indicate that various community groups remain amongst the highest ranked sources of information.** On the other hand, the most preferred and utilized channels of information were identified as messaging applications, social media and internet.



No major differences were identified between groups in relation to preferred channels to receive information, with exception of population groups. To specify, while overall 43% of respondents indicate preference for formal one-to-one counselling (either by phone or in person), for Afghans this increases to 80% and 64% for Iranians.

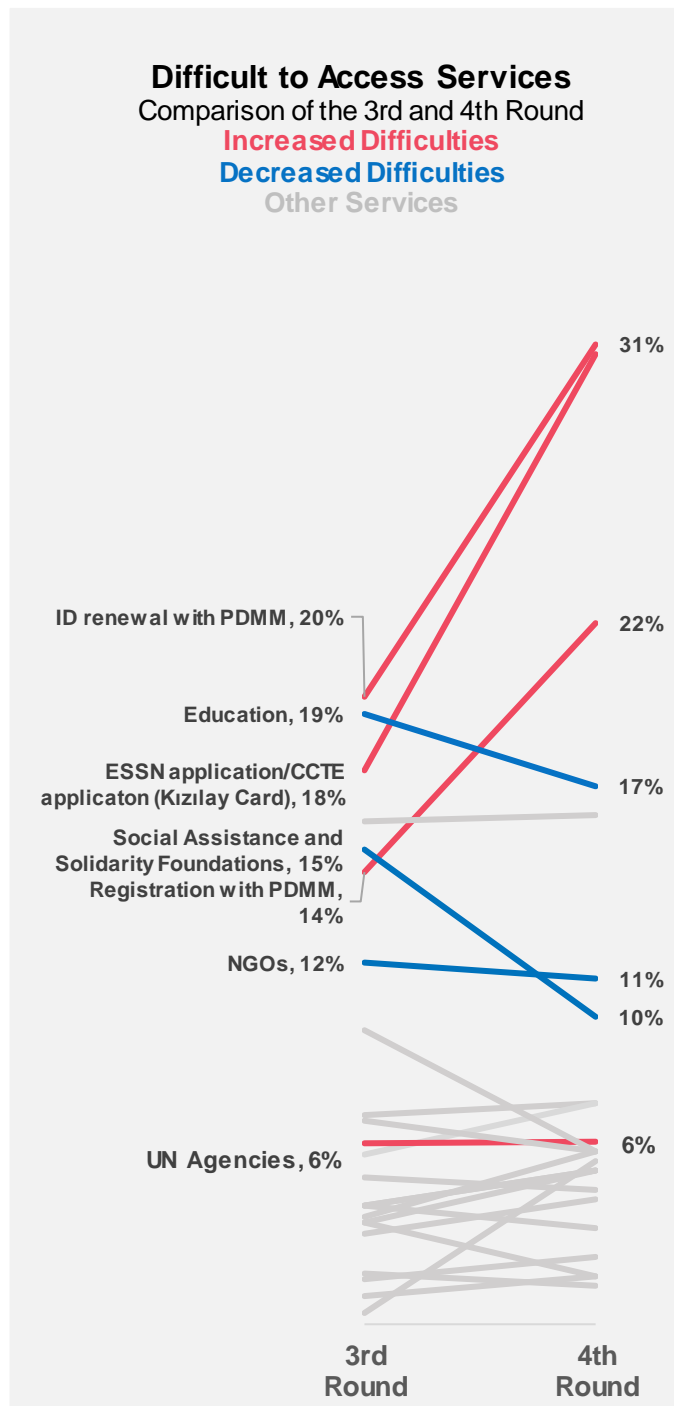
Access to Services

While across Rounds findings in relation to levels of access to services have been fluctuating, **findings from this Round indicate clear improvements across groups in ability to access services.** To specify, while in the previous Round of the 87% who attempted to access services, 43% were unable to, **in Round 4, 92% of respondents indicated they attempted to access services and of these, 31% could not access (36% for female heads of households).** Across Rounds, on average 37% reported inability to access services despite attempting to. The time period in which Round 3 of the assessment (January 2021) was conducted is identified as the most difficult in terms of accessing rights and services across all groups.



In terms of services and service providers that were most difficult to reach during **this Round**, the assessment identified barriers in reaching ESN and CTE applications, ID renewal procedures with PDMM, registration with PDMM and education services. With exception to registration with PDMM, all of the other services were mentioned as hard to reach across all four Rounds of the assessment. In relation to ESN/CCTE⁷, findings indicate that accessibility is of greater concern for female respondents (37%) as opposed to male respondents (26%) as well as for Syrians compared to other population groups.

In this Round, a few differences were identified between rural versus urban populations, in terms of most difficult to reach services. To specify, rural populations indicate address updates with PDMM (16% compared to 6% overall) and registration (31% compared to 22% overall). Considering both services are provided through PDMMs, **there is a need to advocate on behalf of rural populations in relation to strengthening their access to PDMM services, particularly address updates and registration.** Rural populations may be facing difficulties in updating their addresses with PDMM due to the type of accommodation/shelter they reside in (i.e. if it is shared accommodation, not a “formal/registered” type of accommodation etc.).



⁷ Challenges in accessing ESN may be caused by a number of factors. Firstly, the data collection period for this Round falls after the month following full lockdowns, which may have resulted in more difficult access to all services and service providers, including ESN. Secondly, it is possible that respondents indicating ESN access problems were found to be ineligible due to demographic criteria incompatibility. Particularly the first reasoning aligns with the top barrier (to ESN/CCTE applications) identified through the assessment, namely closure of services.

This is particularly important as these processes will cascade in terms of their access to other services, which require up to date address information and registration/documentation.

In addition to those between rural versus urban populations, differences were also identified between population groups. For Afghan respondents, registration ranks as the most difficult to reach service (47% compared to 22% overall), followed by e-Devlet (31% compared to 6% overall), NGOs (29% compared to 11% overall) and judicial services (20% compared to 5%). On the latter, Afghan respondents also indicate need for information on legal assistance, and 30% (compared to 14% overall) indicate need for legal support. Furthermore, social assistance is noted as a difficult to reach service by Iraqi respondents more so than other groups.

In addition to these services, it is noted that NGOs still remain a difficult to reach service (which was identified Round 3 onwards). To note, NGOs are reported to be the hardest to reach service provider in the Aegean region. This is a new finding, as in Round 3, NGOs were reported to be hard to reach in Southeast and Central Anatolia & Other regions. Lastly, and as indicated above, NGOs seem most difficult to reach for Afghans as well as Iraqi (16%) respondents.

With exception of Round 1 (where the majority of services were closed due to strict lockdown measures), **the main barriers in accessing rights and services remained the same over time. To specify, in this Round, the mentioned services could not be reached due to closure of services (35%), overcrowding of services (29%), inability to book online appointments for services (20%) and lack of services (19%).** To note, of those who were unable to reach services due to inability to book online appointments, 53% also indicate difficulties in accessing remote services due to lack of digital tools and 64% report difficulties faced in navigating digital platforms, both which are higher than the overall average.

To note, in addition to barriers that affect all nationality groups (i.e. which are mostly related to COVID-19 and reduced operational capacity of service providers), lack of registration and required civil documentation are identified as additional barriers, particularly for Afghan respondents. Iranians also mention denial of available services more so than other nationality groups.

Two main differences were additionally identified for rural populations, compared to individuals in urban settings. Namely, 44% of respondents (compared to 34% of urban populations) indicate closure of services, and 35% indicate lack of services (compared to 18% of urban populations).

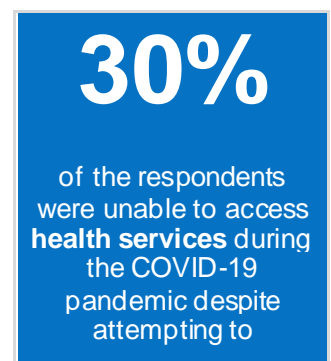
This may be explained by the relative unavailability of services in rural settings, which would then indicate the need to facilitate access of these populations either through, for example transportation support to service provision points, or the increased need to provide mobile services through outreach efforts.

Across respondents, 8% did not attempt to access services, for which the majority (61%) indicate not needing services as the reason. To note, while on average since Round 2 11% were identified to not attempt to access services, a reduction is particularly noticed in Round 4 which may indicate that those in need of services has increased (predominantly mentioned by Iraqi respondents) in the time period since the third Round of the assessment was carried out. In addition to not needing services, in this Round fear in leaving the house due to COVID-19 (13%), financial barriers (13%) and service providers not being helpful (12%) were mentioned. In furtherance to these reasons for not attempting to access services, 15% of Afghans mention lack of required civil documentation, lack of transport options / high costs and inability to leave the house (due to being prohibited from doing so), whereas Iraqis mention denial of available services (based on previous experiences) as barriers in attempting access to services. In terms of differences between sexes of respondents, 16% of female respondents additionally mention service providers not being helpful as a barrier in attempting to access rights and services.

Minor changes were observed since Round 2 in relation to the reasons behind not attempting to access services. To specify, in Round 2 lack of information on services and service providers was mentioned as an additional reason, whereas in Round 3 being in COVID-19 risk group was reported by respondents.

Access to Health Services

In all four Rounds of the assessment, health services and service providers were amongst the hardest to reach. In this Round, while 75% of respondents reported they attempted to access health services, 30% indicated they were unable to. On average, of those who attempted to access, around 26% in all Rounds were noted to not have access to health services. Health services and service providers



seem to have become more difficult to reach since Round 3, as this Round identifies a 7% increase in those who indicate they were unable to reach these services despite attempting to.

In this Round, the assessment inquired into the reasons of approaching health care services. Accordingly, findings indicate that 44% of those who needed to approach services was for regular check-ups (i.e. due to ongoing treatments, pregnancy follow-up etc), followed by the need to obtain prescriptions for medications (36%) and for emergency situations (26%). Only 5% indicate they needed to approach service providers for mental health, psycho-social or psychological support, ranking among the lowest of reasons in approaching health care service providers.

Findings indicate differences in level of access, even if not major, between sexes of respondents. To specify, of the male respondents who attempted to access health services, 36% were unable to, compared to 25% of female respondents who were unable to access services. The assumption may be that men seem to be facing more barriers in relation to registration and health insurance related issues (58% for men compared to 40% for women) causing difficulties in accessing health services compared to women. While findings from previous Rounds did not identify major differences between sex groups in access (related to status of health insurance or otherwise), it will be important to continue monitoring the situation in future rounds, in case adaptations in programming is required.

As in previous Rounds, the most distinct differences in levels of access to health services are related to nationality groups and legal status (related to registration and asylum processes). Afghan and Iranian respondents, as in all other Rounds of the assessment, seem to continue to face the most difficulties in accessing services. Namely, while 84% of Iranians attempted to access health services since March 2020, 53% were not able to. Further, while 76% of Afghans attempted to access, 59% indicate being unable to. The situation seems to have worsened slightly since Round 3 in this regard, where of those who attempted, 51% of Afghans and 49% of Iranians has reported not being able to access healthcare.

For Afghans who attempted but were not able to access health services, the main barriers in accessing health services include not being registered with PDMM (70%) and inactivation of health insurances by PDMMs due to completion of one-year registration period (25%). 2% also indicate that they are unable to pay contribution fees for the treatment/medication, whereas another 2% state their health insurance was inactivated by PDMM but they are not aware of the reason. Considering health insurances can be assessed towards reactivation upon official request of individuals submitted to PDMMs (with relevant documentation) and if they fit the specific needs criteria established towards potential reactivation, individuals were asked whether they self-report to have a specific need and whether they approached PDMM to relay official reactivation

requests. Accordingly, while 50% of all Afghan respondents indicate they do not have any of the mentioned specific needs, 34% report to have medical concerns, 9% other specific needs, 6% disabilities, 8% indicate they are a single parent with an accompanying child and 6% are older persons. While approximately 50% self-report to have specific needs that may trigger potential reactivation, 50% of these individuals have not approached PDMM whereas 33% did approach but were unable to resolve the issue due to technical problems. 8% also indicate they attempted to approach PDMM but were not allowed in the premises due to COVID-19. Only 10% of Afghan respondents indicate they attempted to access health service providers to obtain medical documentation towards potential re-activation of their insurances.

Similarly, for Iranians who failed to access health services despite attempting to, the barriers include inactivation of health insurance due to completion of one-year registration period (85%), inactivation with reasons unknown (7%), de-prioritization of treatment due to non-COVID medical concerns (4%) and inactivation of health insurance due to rejection of IP applications (4%). Of all Iranian respondents, 46% indicate they do not have any specific needs, whereas 31% report medical concerns, 24% have other specific needs, 6% are older persons, 6% are single parents with accompanying children and 4% have disabilities. When asked whether they approached PDMM to reactivate their health insurances, 79% of Iranian respondents indicate they did not approach PDMM, whereas 14% indicate they did but they failed to reactivate their insurances due to technical problems. Similar to Afghan respondents, only 6% of Iranians attempted to access health service providers to obtain documentation to include in their reactivation request to PDMM.

Based on the findings related to both Afghan and Iranian respondents' access to health services, and despite inactivated insurances being a major barrier in their access, considering **the majority have not approached PDMM to submit an official reactivation request, there is a need to better understand whether this is caused by lack of necessary information on the process, hesitancy, or other issues. If information related, information dissemination efforts both through PDMM and other entities such as NGO partners, should be advocated for.**

In relation to individuals of other nationalities, findings indicate that Syrian respondents face less barriers in accessing health services (as 22% of 75% who attempted to access were unable to). For Syrian respondents, the main barriers in accessing services remain related to COVID-19. To specify, 12% of Syrians indicate not being able to access due to limited resources of hospitals, 8% indicate hospitals are overcrowded, and 7% indicate they are avoiding hospitals due to fear of infection. An additional 7% indicate lack of interpretation support and language as a barrier in

accessing services. To note, the barriers in accessing health services for Syrians have changed over time, however the majority are identified to be COVID-19 related.

In terms of geographical differences between levels of access to health services, it is noteworthy that compared to other regions, access seems to be more problematic in Central Anatolia & Other. To note, while 77% attempted to access health services, 44% were unable to. This is particularly concerning, as the highest-ranked reason to approach health services in the region was related to emergencies. To note, access to health services has been particularly difficult compared to other regions across Rounds.

Approximately half of female respondents (52%) indicated they attempted to access sexual and reproductive health (SRH) and/or gynaecological and obstetric (G&O) services since March 2020. Of these, only 10% reported not being able to access services, indicating a clear improvement in access considering that on average, 19% of female respondents reported not being able to access services in previous rounds. However, the findings show that in line with overall barriers in accessing general health services, 48% of Afghan women were unable to access SRH and G&O services, indicating they face much more difficulty compared to women of other nationalities. Across nationality groups, some reasons for not being able to access SRH and G&O services include language barriers (22%), negative attitude of health care providers (14%) and feeling of discomfort in speaking to health care professions due to his/her sex.

Access to COVID-19 Vaccines

One of the main new areas of inquiry introduced as a thematic, ad hoc one is refugee communities' access to COVID-19 vaccines. The assessment had not previously inquired into this area, considering that the national vaccination plan had just started being rolled out during the data collection period of Round 3 of the assessment. The questions aimed to understand whether refugee communities were aware of the ongoing vaccination plan, whether they were able to check eligibility, if at all, issues faced in terms of access (both to the vaccine itself and the mechanisms to book appointments etc.) and levels of hesitancy. The assessment did not therefore aim to identify whether individuals had received only the first dose of the vaccine, or if they received the second one as well.

Accordingly, the **overall levels of awareness on Turkey's national plan for vaccination against COVID-19 were found to be relatively high.** To specify, 74% confirmed awareness on

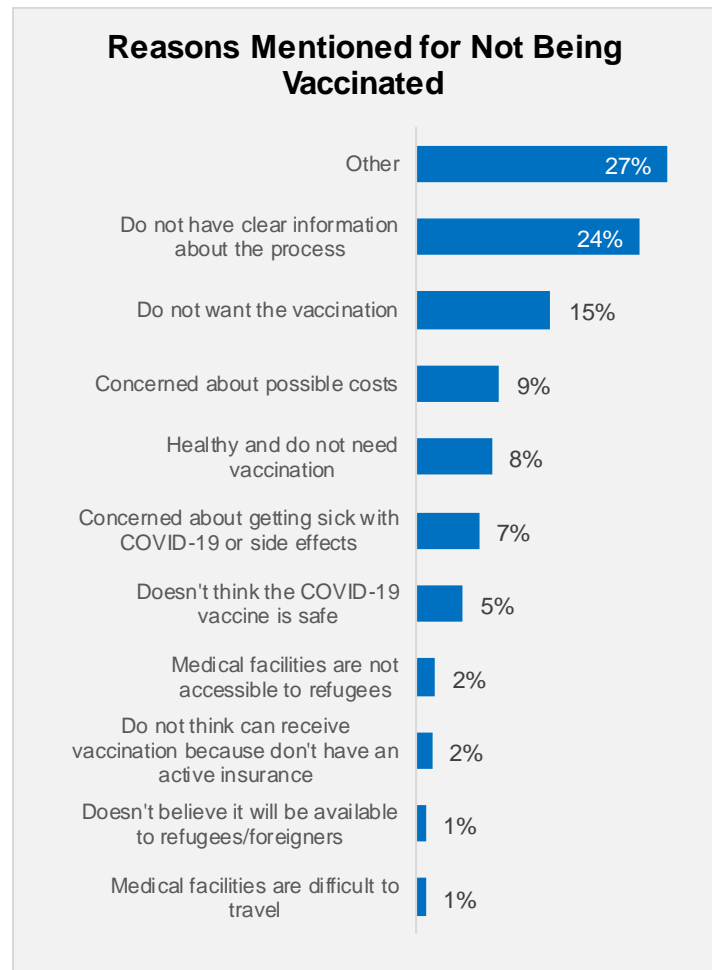
the vaccination roll-out which is also validated through the questions on overall awareness on rights and services, as well as specific information needs, where 22% indicated the need for information on COVID-19 vaccinations. In line with general findings on information needs of rural populations and Afghans (hence the need for more targeting and outreach), the levels of awareness on the vaccination plan is also lower compared to other groups (58% for rural and 65% for Afghans compared to 74% overall).

In addition to awareness on the vaccination plan, the assessment inquired into whether respondents were able to access information on their eligibility status, since at the time of data collection vaccines were made available for ages 25 and above. Accordingly, **64% of respondents confirmed they were able to follow up on their eligibility in receiving the vaccine**, of which the primary source of information on the eligibility status was indicated as the Alo182 Hotline (33%), followed by e-Nabiz (29%), hospitals (19%) and SMS to 2023 (19%).

When asked whether they faced any issues when attempting to access any of the above-mentioned mechanisms to check eligibility and book appointments (if eligible), 25% indicated they were unable to navigate the website/system, 21% noted they lacked a valid ID to book appointments, 21% faced language barriers and 13% were unable to register on the system/website. These findings indicate that barriers faced by a group of individuals in relation to language (particularly female respondents as 43% indicate language as a barrier), could be overcome through interpretation support (if not already available in most spoken languages of refugees). Further, refugees (especially rural populations, Syrian nationals and individuals residing in Central Anatolia & Other) may need support through information dissemination on how to access these websites and systems. Finally, considering that 83% of Afghan respondents indicate lack of valid ID as a barrier faced in accessing vaccines, if and unless Afghans have improved access to registration and documentation processes, they will continue to face major barriers in accessing COVID-19 vaccines and will continue to be at high risk of infection.



Overall, **at the time of data collection, the majority of refugees (64%) despite being eligible for vaccination had not yet been vaccinated.** The main reasons for not accessing the vaccination include not taking any action to receive the vaccine (59%), having an appointment in the future (15%), and trying to use either MHRS, e-Nabiz or Alo 182 and not being able to access appointments through these systems (6% in total). When asked what the reasons were for not taking any action towards being vaccinated, 27% did not want to share specific reasons and mentioned “other” reasons, 24% indicated not having clear information about the process and 15% reported they did not want to receive the vaccine. Other reasons are portrayed in the chart to the right.



While, considering approximately 15% at the time indicated to have a future appointment to receive the vaccine, hence may have been vaccinated by now, it is noted that the general levels of vaccinations are relatively low. **Considering that many of the reasons for not taking any steps towards being vaccinated seem to relate to hesitancy or lack of sufficient information on the virus or the vaccine, there is a clear need to increase information dissemination and raising efforts through common messaging on the importance of vaccinations.** To this end, some Protection Sector partners continue to facilitate COVID-19 vaccination specific information sessions that are reported to yield positive results (in terms of increased interest in receiving the vaccination). The sector will continue to support these efforts, including through dissemination of common messaging prepared by the Ministry of Health on COVID-19 vaccines.

Access to Education

In Round 4, access to education related questions were aligned entirely with the 3RP Education Sector Parents Survey, hence comparison of findings with those of previous rounds is not possible.

When asked whether they have school-aged children enrolled in school, **52% of respondents indicated that they did have school-aged children who were enrolled in school, whereas 11% mentioned they were not in school.** An additional 37% mentioned that they did not have school-aged children. However, on the latter, it is noted that there is a discrepancy between the number of children at household level identified through the demographics section of the questionnaire with households that mention they don't have school-aged children under the education section questions. This may be due to differing perspectives of households on the definition of "school-aged children", which some households may be defining as children who are not working, individuals below 18 (etc.). As this is a clear limitation, findings around enrolment rates should be read with this consideration.

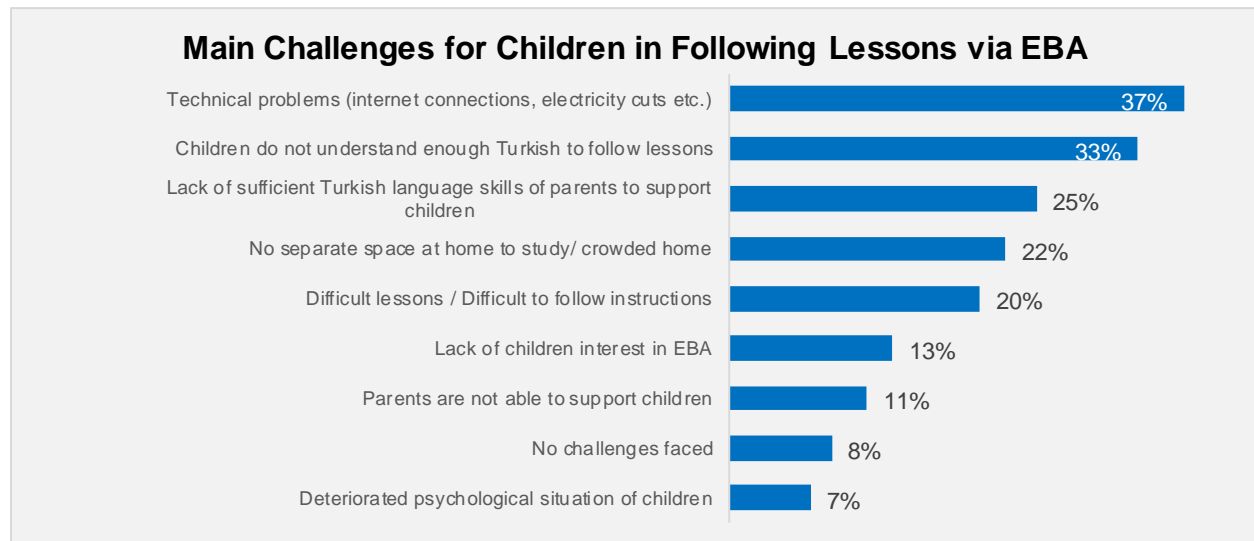
Slight differences between rural versus urban populations in relation to children's enrolment rates in schools are identified. To specify, while 38% of households residing in rural settings indicate they do not have any school-aged children, 16% of those with school-aged children indicate they are not enrolled in school, slightly higher than the overall average. **Further outreach to children and households residing in rural areas is required to ensure that the barriers they face (in comparison to other groups) are well known and considered in education-related programming.**

When asked how often children are able to access EBA Online/TV, only 27% indicate always. 19% of children in total are identified to either rarely or never be able to access EBA. An additional 3% indicate that they do not have information about EBA. These **findings indicate that even for children enrolled in school, considering many of them are not able to always participate in lessons, learning outcomes may not be very adequate.**

Difficulties identified in this Round for children in continuing their education through distance learning opportunities are very similar to those of previous rounds. To specify, no laptop, TV or tablet (53%) is ranked as the main reason children face difficulties, followed by not enough laptops, TV, tablet or source within the household for all children (43%), unavailability of internet

(35%) and lack of information on how to access EBA (23%). To note, for both Afghans and Iraqis, lack of information on how to access EBA is notably higher as a barrier to unhindered education (32% for both groups). Additionally, for Afghan households lack of (76%) or not enough equipment (52%) is ranked much higher as a barrier compared to other households. **In order to facilitate the continued and unhindered education of refugee children, overall, there is a clear need to increase programming targeting refugee households to support them with equipment as well as information on continued education during the pandemic.**

Other challenges, more so related to actual learning were also identified through the assessment. Overall, 37% of households indicate technical problems such as with internet connections and electricity cuts as a difficult for children to follow lessons on EBA. An additional 33% note children do not understand enough Turkish to follow lessons, whereas 25% indicate parents also lack sufficient Turkish language skills to be able to support their children as difficulties. **Considering two of the top three difficulties identified in relation to ability to follow lessons on EBA are related to limited Turkish language skills, there is a need to increase availability of and access to Turkish language courses, including through PECs (to which access seems relatively limited, as indicated in the below section) and other relevant institutions.**



In addition to difficulties faced by children who continue their education through distance learning opportunities, the assessment also identified the reasons as to why children are out of school. Across all respondents, **problems faced during registration and documentation (22%), financial barriers (20%) and children working (9%) were identified as the main reasons for children being out of school.**

Certain differences between groups were identified in relation to main reasons for children being out of school. For example, for rural populations while financial barriers (17%) and children working (13%) are noted as barriers (as in other groups), additionally, children facing peer bullying from other students and distance to school/transportation problems are also mentioned. Further, for female headed households, financial barriers is ranked as the main reason for children being out of school. In terms of differences between population groups, registration and documentation related challenges are identified as a barrier for 55% of Afghan households (much higher than overall average) and the only barrier mentioned by Iranian households is financial barriers. **These findings clearly indicate the need to design and implement tailored, cross-sectoral programming according to the barriers faced by specific groups, as the absence of such approaches will likely not yield in positive results for out-of-school children.**

As in previous Rounds, findings indicate that participation of refugee households in higher education is quite low. In this Round, 92% of interviewed households shared that no member is pursuing higher education. Of the remainder, 5% are currently studying at the undergraduate level, 1% continue their associate degree education, and less than 1% respectively indicated they have members who entered the University exam and are pending results, are doing their master's degree or are in post-doc. In terms of nationalities, findings show that participation in higher education is lowest amongst Afghan and Iranian households, whereas highest enrolment rates are amongst Iraqi households.

In terms of participation in Public Education Centers (PEC) prior to the outset of the pandemic, in this Round, 80% of households indicated they did not participate in courses. These findings validate those of previous rounds, since as of Round 2, on average 75% of households were identified to not benefit from PEC courses. Again, as in previous Rounds, among those who did participate in PEC courses, the majority benefitted from Turkish language courses (24%), followed by vocational courses (5%) and general hobby courses (2%).

Unlike in Round 3, no major differences between sex groups were identified in relation to participation in PEC courses prior to the pandemic. However, in this Round, rural populations were identified to have less access (6% lower) to PEC courses compared to urban populations, most likely related to the availability of PECs in rural areas. Further, while the highest levels of participation in PEC courses were identified amongst Iranian households, it is lowest in Iraqi households. In terms of geographical differences, access to or participation in PEC courses seems lowest in Marmara and Central Anatolia & Other regions.

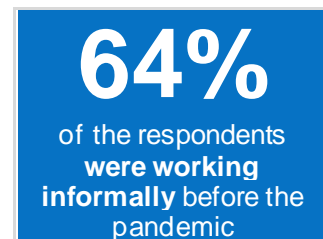


COVID-19 restrictions and circumstances have had a clear impact on the ability to continue courses. As in previous Rounds, 62% of those indicating they participated in courses prior to the pandemic were not able to continue throughout.

Work, Income and Assistance

Work

Across all Rounds of the assessment, the majority of respondents were identified to be working informally prior to the pandemic. **In this Round, while 64% of respondents noted they worked informally prior to the pandemic, 7% reported to have worked with permits, whereas 29% noted to be unemployed.**



Certain differences between groups were identified in relation to the working status prior to COVID-19. To specify, compared to urban populations, the rate of informal work of respondents living in rural areas is notably higher (73% for rural compared to 63% for urban populations). Further, while rates of informal work are highest amongst Iranian (74%) and Syrian households (67%), unemployment is identified to be highest amongst Afghan (44%) and Iraqi (40%) households.

In terms of differences between sex groups, while no major differences in working status was identified between sexes of respondents, differences were identified between sexes of heads of households. While for male headed households rates of informal employment are 67%, this reduces to 53% for female heads of households. Similarly, rates of unemployment are notably higher for female headed households (41%) compared to male headed households (25%).

The majority of respondents who indicated to work prior to COVID-19 note they worked for a person/company/household (45%), followed by occasional work in short term/irregular jobs (27%) and seasonal work (17%). To note, of the 7% who noted to work with permits, 80% indicated that they worked for persons/companies/households.

Results show that type of employment prior to COVID-19 also changes between different groups. For example, seasonal work is ranked much higher by rural populations at 47% compared to 17% across groups. Occasional work in short term/irregular jobs is highest amongst Iraqi (55%) and Afghan (41%) households. These findings indicate that **rural populations, Afghans and Iraqis with access to employment opportunities may be at higher risk compared to other groups in relation to job security, considering the temporary and ad hoc nature of the jobs they usually had access to prior to COVID-19.**

As indicated above, 29% across groups indicated to be unemployed prior to the pandemic. Most indicated long-term health conditions, injuries and disabilities (18%), followed by not looking for a job/not available for a job (17%) as reasons for not working. An additional 13% indicated they were not able to find a job, whereas 10% indicate to be rejected by employers due to age, and 5% indicated they were engaged in domestic/care work (9% for female respondents) which remains a barrier for them to look for jobs.

As in previous rounds, 69% of respondents indicated that their working status and conditions have changed due to the pandemic, with 50% noting this change to be imposed by their employers. In particular, Afghan (80%) and Iranian (86%) respondents report to have experienced this change more so than other groups. Across all groups, loss of jobs/dismissal by employers (32%), having to stop working due to COVID-19 measures (16%) and being sent on unpaid leave (16%) represent the top reasons behind the change in working status.

In contrast with the findings around change in working status and conditions, the assessment indicates that the majority of respondents (62%) are positive about future job prospects, whereas 18% are not hopeful they will be able to regain employment in the near future.

Findings related to child labour from this Round are very similar to that of Round 3. To detail, **at the household level, the assessment identified 3,203 children in total. Of these, 148 were recorded to be working (5%). Of particular concern is that almost one-third of all children identified to be working are below the age of 12.** As in previous rounds, the majority of working children are of Syrian nationality. Most children (68%) identified continue to work, however it is unclear whether they are also able to access education.

As in previous rounds, the primary reasons behind child labour are identified to be related to socio-economic factors. These include no other working household members (56%), household income not being sufficient to cover needs/expenses (53%), children wanting to contribute to household budgets (17%) and children working to cover their own expenses (17%). For Afghans, inability to cover education related costs (50%) and difficulties faced in school registration and continued school attendance (25%) are ranked higher compared to other groups. The latter is also the case for Iraqi households (17%) with working children, in addition to children starting to work due to technical difficulties in accessing remote education (17%).

Textile and tailor (33%), agriculture and husbandry (20%) and working on streets (11%) are the most prominent sectors/employment statuses for working children. Worryingly, while across population groups only 1% mention coerced begging, for Iraqi households with children this increases to 14%. **While prioritization of intervention for child labour should be based on assessment of risk of the workplace and nature of work, as well as whether children are**

able to enjoy their rights including access to education, findings indicate that children working on the streets and in particular Iraqi households with children coerced into begging should be considered for priority action.

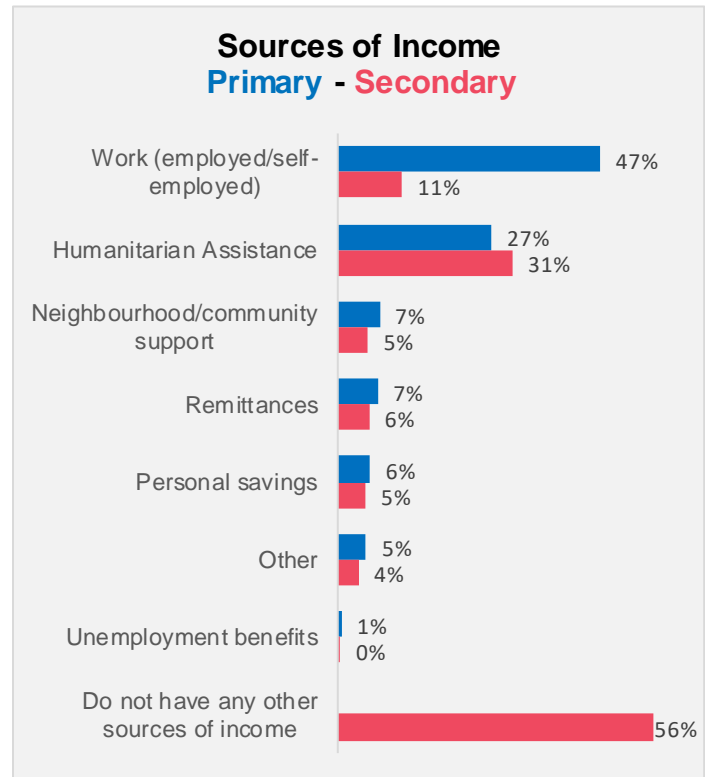
Income and Assistance

From Round 2 onwards, findings indicate that **despite many refugees experiencing negative changes in working status, the primary source of income for approximately half remain income through employment, followed by humanitarian assistance (27%).** When asked whether they have any other sources of income, 56% indicate that they do not, whereas 31% note humanitarian assistance.

The assessment indicates differences between groups in relation to primary sources of income. To specify, female headed households rank humanitarian assistance as their primary source of income (33%) followed by income through employment. Female headed households also rely more on community and neighbourhood support compared to male headed households.

In terms of differences between population groups, neighbourhood and community support is ranked higher by Afghans compared to others. Remittances, on the other hand, seems to be an important source of income particularly for Iranians and Iraqis.

Overall, 48% of respondents indicate to be receiving assistance through public institutions, local authorities, I/NGOs and UN agencies. As in other Round, cash assistance represents much of this assistance at 84% compared to 16% of those who indicate they receive in-kind assistance. Minor fluctuations across Rounds have been identified in relation to the type of assistance received, with cash always ranking as the predominant form of assistance.



Top three sources of cash assistance are ESSN (75%) followed by CCTE (16%) and non-ESSN cash received through Social Assistance and Solidarity Foundations (15%). The top three sources have remained the same across all four Rounds. Other sources of cash assistance include UNHCR-DGMM (COVID-19 cash assistance) and I/NGOs (cash for shelter, cash for hygiene) which amount to 18% in total. On average, transfer values of cash assistance programmes is identified as 907 Turkish Liras per household.

The assessment identified some differences between groups. For example, 58% of female-headed households indicate receiving assistance, notably higher compared to male-headed households of which 46% confirm receiving assistance. These findings validate to a certain extent the above findings around humanitarian assistance ranking as the primary source of income (compared to income through employment) for female-headed households.

In terms of differences in levels of access per population group, the assessment indicates that Afghans and Iranians have the least access, as 59% respectively state they do not receive assistance. This finding should be read in parallel with other socio-economic findings. To specify, more than half of both Afghan (53%) and Iranian respondents (59%) indicated they were not able to cover their monthly expenses and basic needs at all. Furthermore, 80% of Afghans and 86% of Iranians reported negative changes to their working status. **Despite having been the most socio-economically impacted groups due to the pandemic, Afghans and Iranians have least access to assistance that may alleviate their socio-economic circumstances. Increased targeting of these groups via cash-based interventions will likely mitigate risk of, or prevent additional protection consequences from occurring.**

In addition to cash assistance, 16% of respondents confirmed receiving in-kind assistance. The top three forms of in-kind assistance for these respondents include food (35%); other non-food items such as clothing, fuel, blankets (23%); and family hygiene kits, dignity kits, sanitary items (19%); accommodation/shelter assistance (12%). These findings are relatively similar to Round 2 and 3. As in the previous round, individuals of other nationalities (compared to Syrians) seem to have more limited range of access to in-kind assistance, which may be related to the programming of sector partners and the absence or limitations of programmes targeting individuals of other nationalities.



Of those who receive assistance, 88% of respondents state that the assistance does not fully meet their needs during the COVID-19 pandemic. No changes have been recorded in this regard since Round 3.

Access to Basic Needs and Household Expenditures

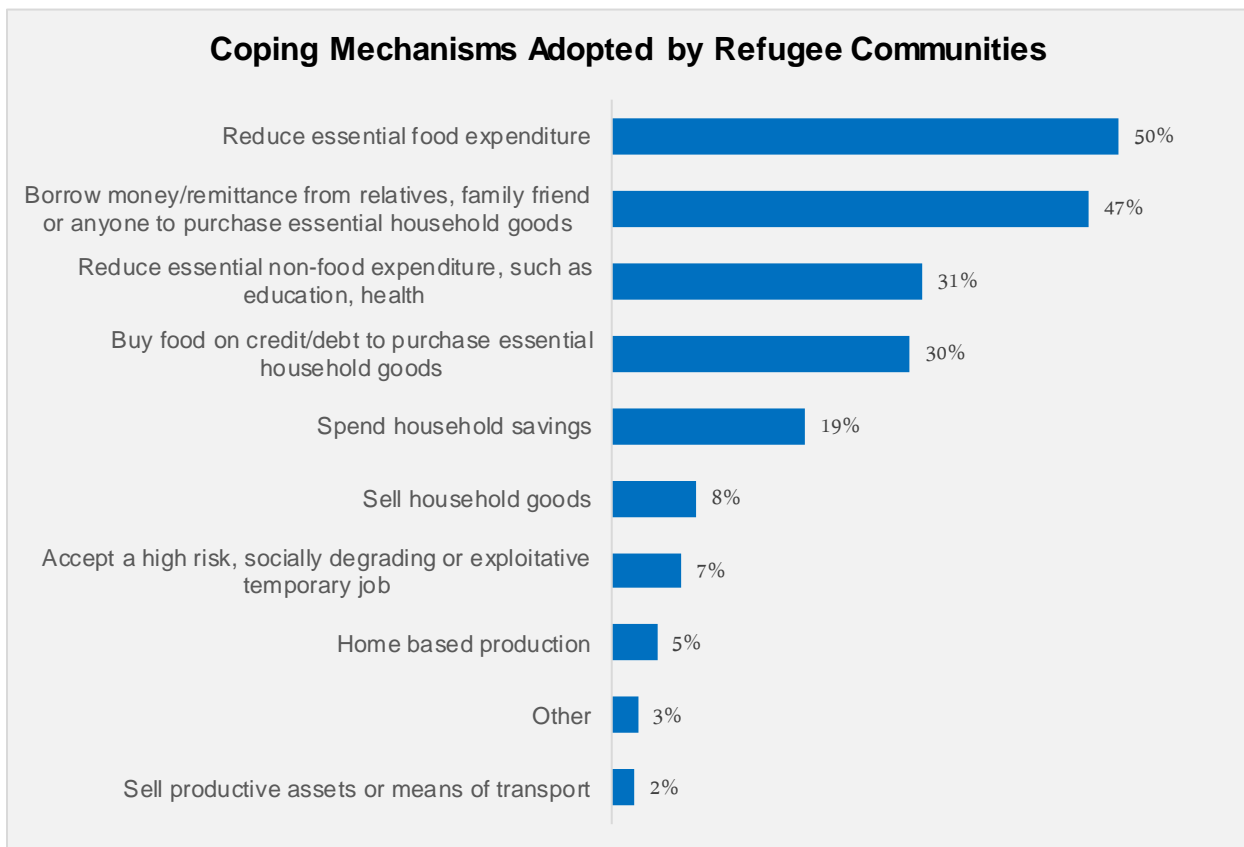
Across all Rounds of the assessment, the majority of respondents across groups indicated they were not able to fully cover their monthly expenses and basic household needs. In this Round, **86% of respondents report to not be able to fully cover monthly expenses and basic household needs**. As a notable difference since Round 3, it could be mentioned that the percentage of those who indicated they were not at all able to cover their expenses reduced, whereas those who can partially cover expenses has increased. This is despite no major change in those who indicate they are fully able to cover expenses. Nonetheless, these findings may point towards a slight improvement for the most socio-economically vulnerable since Round 3.

As in previous rounds, Afghans and Iranians were identified as the most socio-economically vulnerable population groups, specifically from the perspective of being able to cover monthly expenses. Of particular concern is that 59% of Iranians and 53% of Afghans mention they are not at all able to cover their expenses. Only 8% of Afghans and 10% of Iranians confirm they are able to fully meet their needs.

While in Round 3, no major differences between geographical locations were identified, in this Round, findings indicate that almost all respondents in the Aegean region face difficulties in covering monthly expenses and basic household needs, as only 4% indicate being able to do so fully.

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

Respondents indicate that particularly food (69%), rent/housing (65%) and utilities (39%) have been difficult to manage costs throughout the pandemic. While the top ranked categories remained relatively similar since Round 1, of concern, is that food is ranked as the most difficult to manage expense for the first time. Findings around access to food are also validated through questions related to coping mechanisms. **While 98% indicate that they adopt at least one of the listed coping mechanisms to deal with the inability to cover monthly expenses and basic needs, the top-ranked coping mechanism is to reduce essential food expenditure (50%).** Borrowing money (47%); reducing essential non-food expenditure such as education, health (31%) and buying food on credit/debt (30%) are other coping mechanisms adopted widely amongst communities. **Particularly the findings around reduced food expenditure as the top coping mechanisms for communities clearly indicate the need for Food Security, Basic Needs, Livelihoods and Protection actors to work in a cross-sectoral manner to prevent potential protection concerns from occurring due to inability to cover basic needs.**



Findings indicate differences in coping mechanisms adopted by various groups. To specify, while for urban, rural and mobile populations alike, reduction of essential food expenditure is ranked as the top coping mechanism, mobile populations particularly rank this much higher compared to

those residing in urban and rural areas (17% above average). Mobile populations also resort to accepting high risk, socially degrading or exploitative temporary jobs (26% above average) much more than other groups. Considering 67% of mobile populations indicate reducing food expenditure and accepting potentially dangerous and exploitative jobs to cope with the inability to cover expenses, additional programmes targeting these groups with a range of support and assistance, including related to food security, long term and secure employment opportunities is required to prevent and mitigate risk of protection risks from occurring .

In relation to differences between population groups, findings indicate that Afghans rank the reduction of essential food expenditure (68%) highest compared to other groups which is followed by reduction of essential non-food expenditure as well (41%). Interestingly, home-based production is also ranked much higher as a coping mechanism by Afghan respondents (14% higher compared to others). It would be beneficial for Livelihoods partners to inquire into whether home-based production amongst Afghan households can be supported to generate income. Lastly, for Iranians, reduction of essential non-food expenditure (such as health and education) is much higher compared to other groups (58% for Iranians compared to 31% overall).

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

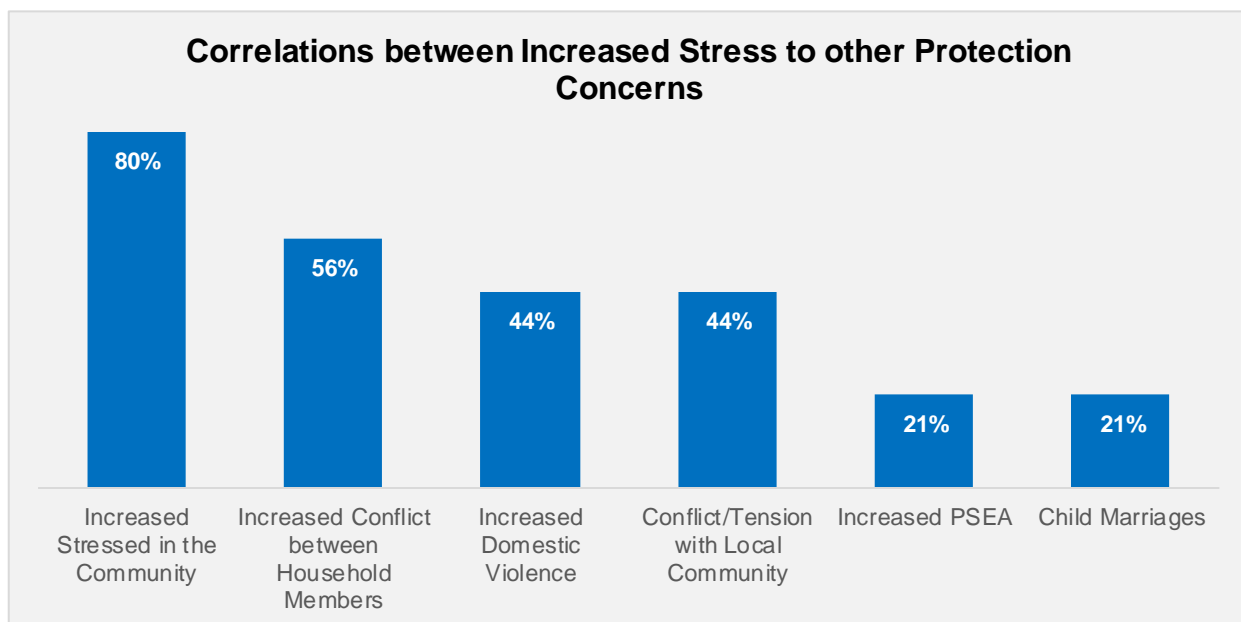
Protection and Community Concerns

Protection and community concerns have been identified throughout all Rounds of the needs assessment. Across all Rounds, increased stress at the individual and community levels have been ranked as the highest protection concern. To specify, on average across Rounds, 58% of respondents reported levels of increased stress at individual level, and 57% reported at community level. While overall averages indicate that approximately half of respondents across groups are either experiencing increased stress themselves or observing this at community level, notable decreases in overall levels of increased stress at individual level for both women and men is recorded, particularly from Round 2 onwards. Significantly high levels of increased stress, particularly in Round 2, can be related to COVID-19 circumstances and impact on individuals' MHPSS.



In this Round, 58% of respondents indicated observations of increased stress at the community level and no major improvements have been recorded in this regard since Round 3, where 61% reported observations of increased stress at community level. At the individual level, in this Round 53% of respondents additionally indicated they experience increased stress and anxiety themselves, which has reduced from 61% since the previous round.

The assessment does show some correlations both between different protection concerns as well as related to socio-economic indicators. To detail, levels of increased stress seem notably higher (62% compared to 53%) for those indicating they are not able at all to cover their monthly expenses and basic needs. Additionally, assessment findings indicate that those who mention increased stress at the individual level also report higher levels of other protection and community concerns (as indicated in the graph below), such as conflict amongst household members (18% above average), domestic violence (15% above average) and sexual abuse and violence against women and girls (7% above average). These **findings clearly validate the inter-sectionality of and inter-linkages between protection and community concerns, although it is unclear through the assessment (as individual level circumstances are not necessarily inquired into) whether increased stress triggers other protection concerns, or other concerns trigger stress levels.**



The assessment, as in previous Rounds, indicates significant differences between nationalities. In previous Rounds, Afghan and Iranian respondents in particular ranked increased stress at community level at much higher rates than other nationality groups (approximately 87% in Round 3 for both groups). In this Round, while a substantial decrease (29%) was identified in levels of

stress for Afghan communities, the trend remains very similar (and alarming) for Iranian communities, of which 84% indicate increased stress at the community level, whereas 91% of respondents confirm to experience increased stress at the individual level.

No major differences were identified between sex groups in relation to increased stress levels either at individual or community level. The assessment did however identify differences in stress levels per geographical location. To specify, findings indicate that observations of increased stress is slightly more prominent in the Southeast and Marmara regions.

The consistent findings around deteriorated MHPSS (particularly for certain nationality groups) as the most highly ranked protection concern across all four Rounds of the assessment point towards the need to capture a more comprehensive understanding of COVID-19 impact on MHPSS within communities through a dedicated assessment, which ideally would inquire into existing coping mechanisms as well as identify concrete recommendations for 3RP partners on prevention and response efforts. This is particularly the case in consideration that MHPSS has been identified through these assessments to be highly relevant to both socio-economic factors as well as potential, additional protection concerns and will hence require integrated, cross-sectoral programming to address.

Observations on increased conflict amongst household members, across all groups, has remained at similar levels from Round 2 onwards (with overall average at 36%). To specify, in Round 2, 35% of all respondents indicated to observe conflict within the household, followed by 36% in Round 3 and 38% in Round 4. An important difference identified in this round is that 46% of female respondents note an increase compared to 32% of male respondents. These findings are also similar to Round 3, where female respondents indicated more conflict compared to male respondents. As in previous Rounds, differences between nationality groups were also identified in this Round. To specify, conflict amongst household members is observed to be most prominent in Iranian (48%) and Iraqi (45%) communities. Different nationality groups ranked this protection concern more prominently than others across each Round.

As in previous Rounds, findings on observations of domestic violence from this Round also validate the global recognition that the pandemic is likely to increase exposure or risk of violence and abuse within households. Accordingly, **29% across all respondents indicated to observe an increase in domestic violence within households, remaining at the same level compared to both Round 2 and 3 findings.** In all rounds, while not major, female respondents have

reported higher levels of concerns around domestic violence were reported. Further, differences amongst nationality groups are also observed to exist in relation to conflict amongst households in this Round. Notably, 42% of Iranians compared to 29% overall report increases in domestic violence.

Social cohesion between refugees and host communities has remained at very similar levels since Round 2 onwards (overall average is 31%). **As in Round 3, in this Round, 30% overall report observations of conflict with local communities.** Certain differences have been reported between nationality groups in this Round, where 43% of Iranians report tensions, above the average of other nationality groups.

One of the main new inquiry areas within the Protection and Community Concerns section of the assessment is whether sexual violence and abuse against women and/or girls has increased as a consequence of COVID-19. Overall, **14% of all respondents indicated that they observed an increase in cases of sexual violence and abuse against women and girls within their communities, and women and girls being more afraid of it as a result of COVID-19.** This is particularly mentioned by female respondents (17%) compared to male respondents (11%).

In terms of differences between nationalities, findings indicate that sexual violence and sexual abuse are reported most within Iranian communities (25% confirm observations of increased cases). The latter finding can be read in conjunction with other reported protection concerns, including observations of increased conflict amongst household members and domestic violence within Iranian communities. As previously indicated, approximately half of all Iranian respondents (48%) report increased conflict within households whereas 42% report increased domestic violence at the community level.

GBV related findings of this Round indicate the need for Protection sector partners to strengthen targeting of and support to Iranian communities with GBV risk mitigation, prevention, and response efforts, including through direct provision of services and via referrals to external service providers.

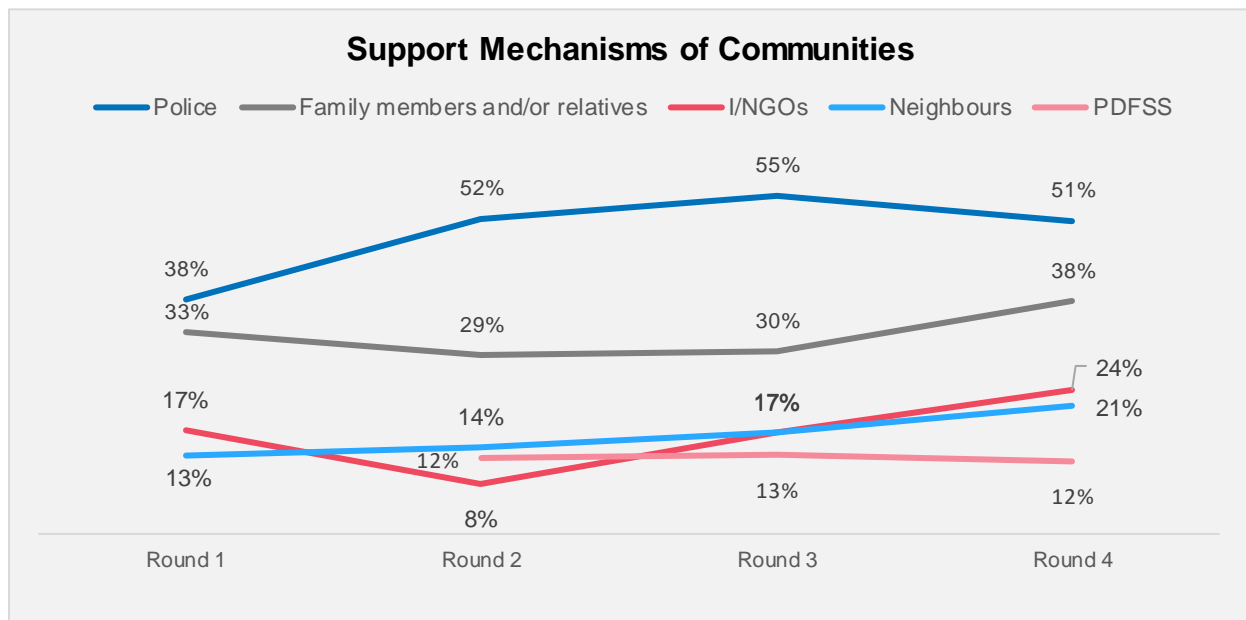
The second new inquiry area introduced within the protection and community concerns section of the assessment is related to child marriages. **Respondents were asked whether COVID-19 pandemic has resulted in increased child marriages within their communities, to which overall 15% responded positively.** Some differences between geographical locations,

nationality and sex groups were identified. Namely, while 18% of female respondents indicated an increase, this is notably lower for male respondents, at 11%. Furthermore, while child marriages are most prominently reported within Syrian communities (16% confirm increase), only 9% of Afghans and 12% of Iranians share that the pandemic has resulted in increased child marriages. Lastly, child marriages were reported at a significantly higher level within the Aegean region, at 24%.

Inter-linkages between observations of sexual abuse and violence as well as child marriages were identified. To specify, respondents who shared that they observe increase in sexual abuse and violence within their communities also report higher levels of child marriages (50% compared to 15% overall).

The significant impacts of the pandemic on households' socio-economic situations are highlighted throughout these assessments. Socio-economic factors may have direct or indirect consequences related to child marriages within communities. **While the assessment findings do not necessarily indicate very high levels of child marriages as a result of the pandemic, this may be due to limitations of the assessment (including methodology of the assessment) as well as hesitations by respondents to share information on the matter. Hence, dedicated assessments on child marriages as well as the impact of the pandemic on the protection of children in general are required to gather representative data (including through other data collection modalities such as focus group discussions) and analysis to influence programming.**

As reported in all previous Rounds of the assessment, with half of all respondents indicating so, police remain to be the first support mechanism that communities indicate they would seek assistance through when faced with a protection or community concern. Following police, family, friends and/or relatives have been identified as the second source of support for communities across all Rounds. As can be seen from the chart below, the ensuing support mechanisms have changed across rounds, including I/NGOs, neighbours and community leaders. To note, I/NGOs as a support mechanism have been increasing steadily and notably across all Rounds.



These findings indicate that alongside police, refugees mostly rely on support mechanisms available within their communities. This clearly indicates that **Protection and non-Protection partners alike should increasingly strengthen and mobilize community capacities and resources towards self-protection, through multi-faceted capacity development (such as through trainings on a variety of issues), information dissemination and raising awareness activities (for example related to information needs identified through these assessments) particularly to engage them in outreach efforts and referral of individuals in need of support to existing service providers, including I/NGOs and public institutions alike.**

Overall, findings on access to legal aid indicate that since Round 3, only a minor increase is identified in those that require legal support (from 10% to 14%). In the previous Round, of the 10% that noted to need legal support, 83% had indicated to not have received any type of support, pinpointing to a major gap in terms of either community awareness on available services, or a gap in relation to service delivery and capacity of service providers. **In this Round, of the 14% who indicate to need legal support (significantly higher for Afghans, at 32%), 65% have not received any.** While this seems like a notable improvement compared to Round 3 findings, there remains a major gap between needs and access to rights and services.

While, as in Round 3, I/NGOs remained the primary source of assistance for communities in relation to legal support (increasing from 9% to 15%), Bar Associations became the second source of assistance (9%), followed by private lawyers (6%). Of those that were able to access

support, 43% received individual legal counselling, followed by 18% who received legal assistance (including drafting of petitions, accompaniment to courts and general case follow-up) and 6% were referred to Bar Associations for support.

Areas identified by communities for legal support has changed since Round 3, where TP/IP ID matters was also identified as the top need, followed by psychological violence and employee rights. In this Rounds, respondents indicate the need for legal counselling and legal assistance in relation to TPID-IP applications (22%) and deportation (11%), citizenship and other reasons. For women, divorce, as in Round 3, is mentioned as an additional area for support.

Overall, **findings indicate the need to better understand what the gap between need for legal support and access to rights and legal services is caused by. In addition to other measures, there is a need to strengthen advocacy within the 3RP and beyond for the increased capacity and availability of legal services/service providers, including sector partners and through Bar Associations.**

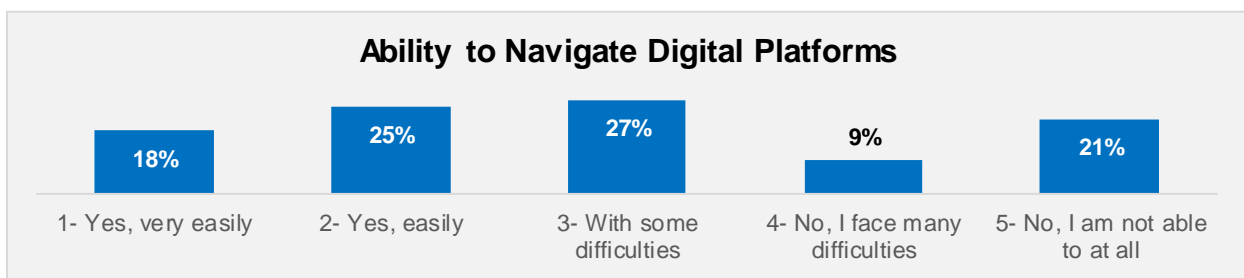
Access to Digital Tools and Digital Literacy

Community access to digital tools and levels of digital literacy is a new ad hoc thematic inquiry area incorporated in Round 4 of the assessment. This is in consideration that per the context since the outset of the pandemic, access to digital tools has become an important factor in the provision of and access to remote services. Many sector partners have quickly adapted and shifted their modus operandi towards provision of remote services due to COVID-19 restrictions, including through digital platforms for which differing observations on effectiveness and continued accessibility of services has been shared via Protection Coordination platforms. Data and analysis on the matter is required particularly to assess whether remote service delivery, including through digital tools and platforms has created additional barriers (or, reduced barriers to access) for certain groups, and whether any course corrective interventions should be taken to ensure no one is left behind, if and until pre-pandemic conditions of service provision can be re-adopted.

According to findings, **45% of all respondents face difficulties in accessing remote services due to lack of digital tools, including equipment such as laptops, tablets, smartphones and Wi-Fi.** Certain notable differences in levels of access to digital tools were identified between groups. For example, 50% of female headed households versus 44% of male headed households note to face difficulties due to lack of digital tools. In terms of nationality, Afghans and Iranians

seem to face most challenges even if slightly above average (as 48% indicate difficulties). In terms of geographical location, findings indicate that most difficulties are faced in the Southeast region.

Respondents were also asked how easily they were able to navigate remote and digital platforms such as Zoom and Teams. As shown in the chart below, **while 43% in total indicated they were either easily or very easily able to navigate digital platforms, the remainder informed they faced difficulties or were unable to navigate platforms entirely. Particularly of concern is that almost a quarter do not seem to be accessing remote services at all, due to inability in navigating such platforms.**



While individuals were not asked in detail, per service category (for example, information dissemination on GBV, legal counselling, referral to external services etc.) what their preferences would be in terms of digital and remote tools, half of the respondents indicated that they prefer to receive services via Whatsapp (52%), followed by phone (20%) and Zoom (10%). While for all other nationality groups, sequencing of preferences is relatively similar, approximately half of all Iranians indicate phone as the most preferred tool for service delivery .

Based on the above findings on access to digital tools and digital literacy of communities, **it is highly recommended for partners (both protection and non-protection) to consider shifting more so towards blended service provision modalities**, and when circumstances allow, to return to face-to-face service delivery including through outreach modalities. In the meantime, as approximately half of respondents do not seem to have access to services due to lack of digital tools, **advocacy with donors and funding organizations in relation to budgeting for digital tools particularly for most vulnerable and in need will be critical to ensure timely and effective access to rights and services.**



Conclusions and Key Recommendations

- All reports have so far underlined the need to improve targeting of information dissemination and raising awareness efforts for Afghans and Iranians. In this Round, inclusion of rural populations in these efforts is also highlighted as a need. Lastly, considering primary sources of information predominantly remain within the community, there is a clear need to strengthen efforts on mobilization of communities in outreach to individuals with information needs.
- While levels of access to essential services have been fluctuating over the past year, this Round identified significant improvements in access. Nonetheless, findings indicate that the most difficult to reach services and services providers (including ESSN/CCTE, procedures with PDMMs and education services) have remained the same across Rounds. While most barriers relate to COVID-19 impact on reduced operational capacity and changes in service delivery modalities, individuals' legal status, nationalities and whether they reside in rural or urban areas seem to affect their ability to access services overall, indicating the need to adopt tailored approaches to advocacy and complementary interventions for each specific group.
- NGOs were identified in both this and the previous Round as difficult to reach service providers, especially for Afghan and Iraqi nationals as well as individuals residing in the Aegean region (and Southeast/Central & Anatolia in the previous round). There is a need to increase awareness of and access to tools such as Services Advisor, to ensure that individuals have continued access to NGO services, including those being provided remotely or via digital platforms. Furthermore, sector partners are encouraged to consider expanding available programming (or implementing new programmes) targeting individuals of individuals of other nationalities as well as in the mentioned regions.
- Health services and service providers remained amongst hardest to reach across all Rounds of the assessment. The determining factors in levels of access to services particularly for individuals of other nationalities are related to registration and legal status (specifically relating to status of insurances). While approximately half of both Afghan and Iranian respondents self-identify to have specific needs that may potentially facilitate insurance of reactivation, half of Afghan respondents and the majority of Iranians indicate they have not approached PDMM to submit an official reactivation request. There is a

need to better understand the reasons why they have not approached PDMM to initiate appeal processes.

- Compared to previous Rounds, clear improvements are identified in women's overall access to SRH and G&O services, with the exception of Afghan women (of whom half report not being able to access these services despite attempting to do so). There is a need to better understand the barriers in access of Afghan women to SRH and G&O services and plan interventions accordingly.
- The levels of continued access to education remained similar to findings in Round 3, indicating no drastic change in terms of increased drop-outs or school enrolments. 150 children were identified to be working, of which one third are under 12, indicating high risk forms of labor which will evidently result in concerning child protection risks. Tailored interventions may be required particularly for Iraqi children, as the highest rates of coerced begging are identified within this community. Households continue to require support with digital equipment (Afghans in particular), information on continued education (both Afghans and Iraqis) and Turkish language skills development to ensure children are able to participate in an unhindered manner in schools. Registration and documentation related barriers, as well as financial barriers (also resulting in child labour) indicate the need for education and protection sectors as well as with organizations that implement basic needs and cash-based programming to address these multi-sectoral barriers in children's continued access to education.
- The majority of households were identified to not be participating in Public Education Center (PEC) courses prior to the pandemic. Levels of access have also been impacted negatively due to the pandemic. To specify, rural populations were identified to have less access most likely related to the limited availability of PECs in rural areas. Further, participation is lowest amongst Iraqi households and in Marmara and Central Anatolia & Other regions. There is a need to better understand the reasons behind low levels of access and plan interventions accordingly.
- The working status of a large majority has changed negatively, as in previous rounds. This is particularly the case for Afghan and Iranian households, who are also identified to be most socio-economically vulnerable in terms of population groups, based on the inquiry areas of this assessment (i.e. ability to cover monthly expenses and basic needs, access

to income and assistance etc.). The majority of those whose working status was impacted are hopeful about securing employment in the coming periods.

- As in previous rounds the large majority of respondents indicate inability to fully cover monthly expenses and basic needs. For the first time in this Round, food expenses were ranked as the most difficult cost to manage for households and households indicating inability to cover expenses share that the most widespread coping mechanism adopted is reduction of food expenditure. This indicates an increasing concern around food security, which may also result in additional protection risks and harmful coping mechanisms.
- Findings clearly validate the inter-sectionality of and inter-linkages between protection and community concerns as well as between protection issues and other areas, such as livelihoods, basic needs and education. This indicates the clear need to advocate for integrated and cross-sectoral programming under the 3RP to address multi-faceted protection issues faced by communities.
- Protection and community level concerns continue to be reported by respondents. Increased levels of stress at the individual and community levels seems to be the most prevalent form of protection concern, specifically for Iranians in this round. There is a need to better understand the potential impact and consequences of increased stress and anxiety at individual and community levels.
- Discrepancy between community needs versus capacity, availability and accessibility of service providers clearly identified in relation to legal services. With this in mind, legal capacity of sector partners should be increased, either to provide direct services or via strengthened referrals. Advocacy is also required for the increased capacity and availability of legal services/services providers, including Bar Associations.
- Considering findings around digital literacy and access to digital tools, it is highly recommended for partners (both protection and non-protection) to consider shifting more so towards blended modality, and when circumstances allow, to return to face-to-face service delivery including through outreach modalities. In the meantime, as approximately half of respondents do not seem to have access to services due to lack of digital tools, advocacy with donors and funding organizations in relation to budgeting for digital tools particularly for most vulnerable and in need will be critical to ensure timely and effective access to rights and services.

Way Forward

- Assessment findings (via this Report and the interactive [PowerBI Dashboard](#)) will be shared widely within 3RP and other coordination platforms.
- The report will be translated into Turkish and shared with participating municipalities, as well as other interested stakeholders.
- While the 3RP 2022 narrative will not be subject to change, Protection Partners will be provided with guidance and recommendations on scope and content of appeals based on the findings of this and previous Rounds of the Inter-Agency Protection Needs Assessments.
- Widespread sharing of and reference to findings is intended to strengthen evidence-based programming and implementation, as well as inform advocacy efforts with a variety of stakeholders.
- In consultation with Protection Sector Partners, it was agreed to reduce the frequency of these generalized assessments to twice per year (January-July cycle) and complement these general assessments with targeted, thematic assessment such as on MHPSS, persons with disabilities, child protection and GBV.

Annex

Annex I. Additional Information on the Needs Assessment Process

The plan of action around the development of the tool and larger process for Round 4 is outlined below.

- **Methodology:** The initiative's primary goal was to understand the evolving impact of the COVID-19 pandemic on refugee communities vis-à-vis access to services, access to information, and the coping strategies that communities developed in response to the pandemic. With this purpose, a multi-stakeholder protection needs assessment tool was developed. Partners operating in various geographical locations conducted the interviews through phone interviews. Strong field-level coordination between the partners ensures the prevention of double calling.
- **Sampling:** Considering the multi-stakeholder nature of the assessment, a simple random sampling methodology was applied, namely probability sampling. While there are limitations in accessing the larger refugee populations, the available datasets are considered representative enough to minimize the sampling bias. The sample size was defined following discussions on the size of available datasets and geographical distribution. A target of 1,100 refugees was agreed on, comprised of; 750 Syrians, 125 Afghan, 109 Iraqi, 77 Iranian and 39 from other nationalities. The sample was derived from each partner's own caseload. Community-based organizations were engaged in Round 4 to include samples of persons pending documentation and registration as well.
- **Geographical Distribution:** As the exercise was open to all protection partners, four zones were created to distinguish and compare the impacts of the pandemic at different coordination hubs. Each partner was asked to call a representative number of individuals in proportion to the total population of refugees living in each zone.
- **Data Collection and Analysis:** A common, protection needs assessment questionnaire was developed in collaboration with the agencies involved with the exercise. Additionally, to make the findings comparable with already available assessments, a level of alignment with existing questionnaires was incorporated in the design phase. The questions were uploaded to Kobo Toolbox. Focal points assigned by the agencies were trained on how to use the tool.