

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

JANUARY 2022



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Contents

Executive Summary	3
Rationale and Objectives	7
Round 5 of the Inter-Agency Protection Needs Assessment.....	8
Respondent Profiles and Demographic Information	9
Assessment Findings.....	13
Access to Information on Rights and Services.....	13
Access to Services	17
Access to Health Services	23
Access to COVID-19 Vaccines.....	26
Access to Education	30
Work, Income and Assistance	32
Work	32
Income and Assistance	39
Access to Basic Needs and Household Expenditures	41
Protection and Community Concerns	43
Access to Legal Assistance	49
Access to Digital Tools and Digital Literacy	50
Conclusions and Key Recommendations	52
Way Forward.....	55
Annex	56



Executive Summary

This Fifth Round of the protection sector inter-agency needs assessment was carried out via 18 sector partners (including Community-Based Organizations) and 2 Universities in January 2022 with a sample size of 1,146 individuals (representing a total of 6,465 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 overview of the impact of COVID-19 and the current socio-economic context on refugee communities in Türkiye. Overall, the assessment provides an understanding of the general protection situation across Türkiye in relation to various thematic areas, including protection and community level concerns; access to information; access to services (including health, COVID-19 vaccines, and education); work and income; access to basic needs; and access to digital tools and digital literacy. In this Round, additional questions on disability status, education levels, Turkish language skills were included in consultation with sector partners. 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:

- **Only 16% of respondents indicate they can speak Turkish fluently.** The highest rates of fluency in Turkish are amongst Iranians (43% can speak fluently) and lowest amongst Syrians, as 33% of respondents indicate their Turkish is very limited. Inability to speak Turkish at all is slightly higher among women compared to men.
- **31% of households confirmed they had one or more member with a disability.** The highest prevalence of disability is identified within Afghan communities.
- As in previous Rounds, **over half of the population (58%) perceives having enough access to information.** While some improvements were recorded since Round 4, findings show that Afghans and Iranians continue to have less access to information compared to other population groups. Additionally, rural populations and illiterate individuals were also identified to be at disadvantage in relation to access to information compared to others. While information gaps remained the same across rounds (i.e. financial and material assistance, labour rights and resettlement), **this Round clearly identified differences in information needs per location, sex groups and nationalities.** Primary sources of remained within the community, with UN agencies as a source also included in the top three.
- **Overall access to essential services has been improving** from September 2021 onwards, most likely related to the lifting of COVID-19 measures and significant shift to hybrid service



delivery. In this Round, **95% of respondents attempted to access services, of which 24% indicated facing difficulties**. No major differences in access to services were identified in relation to residential setting, location, sex groups or nationalities. The most difficult to reach services and service providers were PDMMs and ESN/CCTE applications. Among those that did face difficulties, differences are identified between rural versus urban populations, sex groups, locations and nationality groups, in relation to which services/service providers were difficult to access and the barriers to access.

- **A clear improvement in access to healthcare services was identified in this Round.** To specify, 88% of respondents indicated they attempted to access services, of which 17% reported facing barriers. However, **Afghan and Iranians continue to face more difficulties** in access compared to other population groups (34% and 28% respectively indicated that they attempted to access but were not able to), despite improvements for both groups since Round 4. Barriers to accessing health services for both Afghans and Iranians remain related to legal status and particularly status of their health insurances, for which most with deactivated insurances have approached PDMMs to officially request assessment towards reactivation. **Despite approaching PDMMs and some having specific needs that may trigger reactivation (as per parameters set by PMM), the majority indicate their insurances remain inactive.**
- Findings indicate minor deterioration since the previous Round in relation to access to sexual and reproductive health (SRH) and gynaecology & obstetric services (G&O) services. Iranian women were identified to face more difficulties compared to other population groups. **While many respondents indicate barriers related to accessing health services overall, approximately half also mention language barriers and lack of interpretation services as a prominent challenge in accessing SRH and G&O services.**
- **A clear majority across all groups are able to follow up on COVID-19 related developments in Türkiye, (including with regards to booster shots) and report that they did not face any difficulties in accessing COVID-19 vaccines.** Furthermore, while 34% did not provide response to the question, among those that did respond, 84% confirmed one or more member of their household was vaccinated, and 80% confirmed all members had received vaccinations. Reasons for not accessing the vaccine were identified as concerns about potential costs, concerns about safety (and benefits) of vaccines and potential longer-term consequences. The former is particularly relevant for men, whereas the latter two concerns are more so mentioned by rural populations, women headed households and Afghans.
- 65% of respondents indicate having school-aged children, of which 89% confirmed at least one of their children has access to schools. Among households that confirm their children have



access to schools, 80% indicate their children are always able to attend classes, which indicates a general improvement in access to education compared to the COVID-19 period where education was being provided through remote means. The main reasons for out of school children include financial barriers, per bullying and distance to schools/transportation problems.

- Most respondents (60%) indicated to be working informally prior to the COVID-19 outbreak, whereas one third were unemployed, and only 9% worked formally. Differences with regards to pre-COVID working status was identified between sex groups, residential setting, population groups and geographical locations. Following the outbreak, **67% experienced change in their working status (which continued to be related to COVID-19 and potentially the economic situation as well), with Iranians and Afghans impacted most by these changes.**
- Approximately 4% of all children identified at household level are identified to be working. Of particular concern is that **almost half of all working children are below age 12 (which represents a 60% increase since last Round in working children below age 12).** The majority of working children are of Syrian origin, however prevalence of working children below age 12 are highest within Afghan communities. The main sectors of employment for children are textile & tailor agriculture & husbandry and construction. While differences between groups were identified, **the majority of factors leading to child labor are identified to be directly linked with access to livelihoods and the socio-economic situation of households.**
- **The primary source of income for approximately half is work/employment, followed by humanitarian assistance.** Across respondents, approximately half confirm receiving some form of assistance (cash, in-kind, or both), however increasingly so, individuals indicate that the assistance does not meet their needs. This may mean that despite some increase in transfer values for cash-based interventions, this may not be in alignment with the current economic circumstances in country.
- **90% of respondents report not being able to fully cover their monthly expenses and basic household needs, with those unable to meet their expenses at all increasing since last Round.** Afghans and Iraqis are identified to be the most socio-economically vulnerable population groups.
- Compared to pre-COVID periods, **the average increase in expenditure of households is 63%.** The most difficult to manage costs remained the same as Round 4, namely food, rent/housing and utilities. **Almost all respondents mentioned adopting a survival strategy/coping mechanism,** including reducing essential food expenditure, borrowing money/remittances, and buying food on credit/debt.
- **Respondents continue to report observations of various protection and community concerns,** including domestic violence (29% confirmed increase), conflict among household



members (36%), sexual violence and abuse against women and girls, social tension with host community members (32%), and child marriages at very similar levels compared to the previous Round. In this Round, observations related to peer bullying were explored, for which 41% across respondents confirmed increase in peer bullying between refugee and host community children and youth.

- **Increased stress both at individual and community levels remained the most prominent protection and community concerns identified across all Rounds of the assessment, particularly for Iranians and Afghans.** Reasons for increased stress are related to unpredictability about future in Türkiye and socio-economic concerns. Findings from this Round clearly indicate linkages between MHPSS and protection concerns, including in relation to tensions with host community. The majority of those in need of support seek MHPSS services through I/NGOs and hospitals.
- **15% of respondents faced a situation where they needed to access legal assistance, however half of them were not able to access services,** with Iranians and Afghans at slighter disadvantage in terms of access compared to other groups. While, across groups, access to territory and international protection remained among the main issues that respondents required access to legal assistance in, of particular note is that support related to violence (including different types, such as sexual, physical and psychological) was also identified in this Round among the top needs. For those that were able to access assistance, I/NGOs remained the primary source, followed by private lawyers and Bar Associations.
- Almost half of respondents indicate they face difficulties in accessing remote services due to lack of digital tools, whereas 60% report they face some level of difficulty or are entirely unable to use digital platforms to access services.

Rationale and Objectives

The Protection Sector Working Group in Türkiye has been undertaking bi-annual joint needs assessments since June 2020. The process aims to develop a better understanding of the protection and humanitarian situation in Türkiye, 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 four rounds of the protection needs assessment have been presented in multiple coordination fora, including but not limited to Protection and other 3RP sector meetings as well as the inter-sector coordination platform (i.e. Syria Task Force) in Türkiye. Findings formed the basis of the 2021-2022 3RP Protection Sector narrative which ultimately serves as the response framework for partners in Türkiye. In addition to overall observations of partners on the country-wide protection situation, findings from Round 4 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. The fourth round⁴ of the assessment was conducted in June 2021 with the participation of 29 sector partners and 4 municipalities, through which 1,226 individuals were interviewed. Assessment findings were triangulated between the first four rounds and analysed using age, gender and diversity markers with the following disaggregation: sex of respondent, sex of head of household, population group and geographical locations. Findings were then shared through comprehensive reports including

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](#)

⁴ Link to Fourth Round [Comprehensive Report](#) and [PowerBI Dashboard](#)

comparative analysis between the first three rounds, and anonymized data was made available via 3RP sectors through PowerBI dashboards.

Round 5 of the Inter-Agency Protection Needs Assessment

The common protection needs assessment questionnaire developed in collaboration with Protection sector partners in preparation of Round 5 of the exercise was revised to reflect changes in context. Inquiry areas within the questionnaire included demographic information (including questions on disability status, education levels and Turkish language skills), 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 1-4 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 **24 January – 25 February 2022**.

The anonymized data set for Round 5 is made available through this [PowerBI Dashboard](#).



Respondent Profiles and Demographic Information

- 1,146 individuals provided informed consent to participate in the exercise, representing a total of 6,465 persons at the household level.

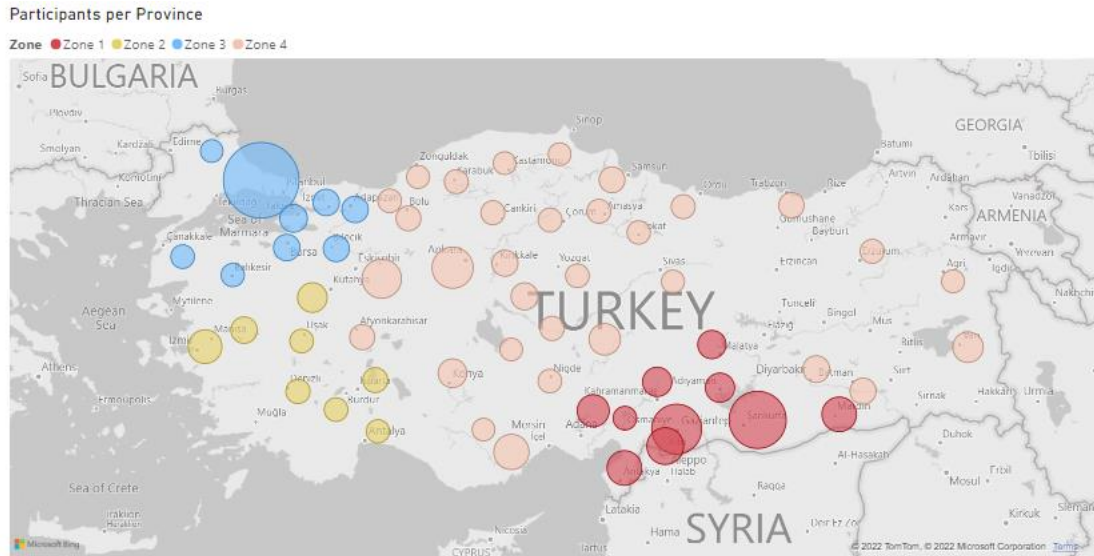


Figure 1 The colors represent the four zones while the size of the circles represents the density of individuals interviewed per location.

- 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 five Rounds in terms of density of calls per geographical zone⁵. The number of interviews per geographical zone in this Round is as follows:

Geographical Zone	Number of Interviews
Southeast (Zone 1)	421
Aegean (Zone 2)	97
Marmara (Zone 3)	246
Central Anatolia & Other (Zone 4)	382

⁵ 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).

In the **Fourth-Round**, the number of interviews per zone were as follows: 506 in the Southeast (Zone 1), 84 in Aegean (Zone 2), 234 in Marmara (Zone 3) and 397 in Central Anatolia & Other (Zone 4).



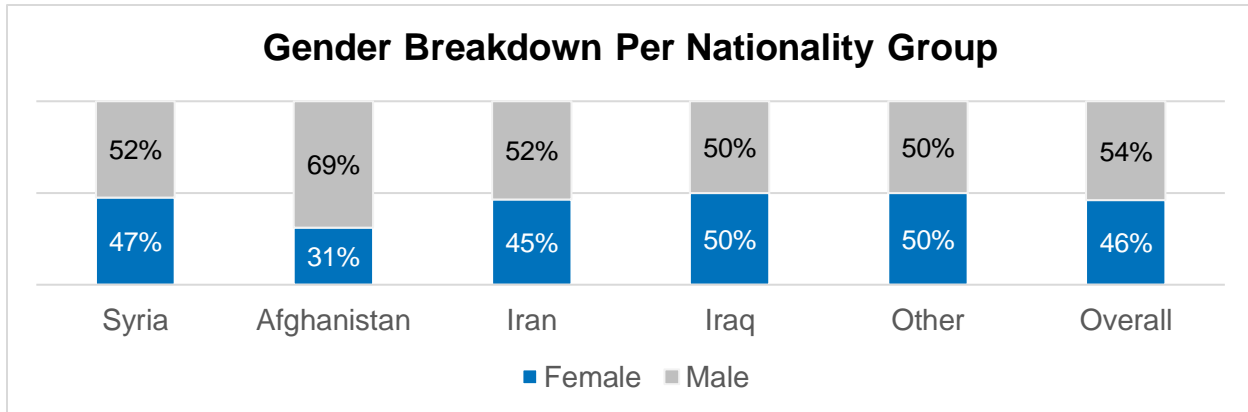
- During the assessment, due attention was paid to the nationality of participating refugees. The nationality breakdown of individuals participating in the exercise is as follows: Syria (680), Afghanistan (192), Iraq (170), Iran (77), and Other Nationalities⁶ (27). Nationality breakdown of individuals per geographical zone is as follows:

Geographical Zone	Syria	Afghanistan	Iraq	Iran	Other
Southeast (Zone 1)	363	18	30	5	5
Aegean (Zone 2)	37	23	17	17	3
Marmara (Zone 3)	166	32	22	21	5
Central Anatolia & Other (Zone 4)	114	119	101	34	14

- **99% of the participating refugees are registered with DGMM.** Of these, 60% are Syrian respondents registered under Temporary Protection (of which 84% are Temporary Protection beneficiaries, 15% hold Temporary Protection Registration Documents, and 1% indicate their Temporary Protection Status was de-activated). Overall, 36% are registered under International Protection, of which 41% are conditional refugees⁷, 32% are pending their status determination interviews, 18% had their status determination interviews and are pending decision from DGMM. An additional 6% indicate their IP applications were rejected, of which 4% applied to the International Protection Evaluation Committee for appeal procedures, whereas 2% are not considering an appeal. Only 1% of respondents were unregistered at the time of data collection.
- **97% of respondents indicate to reside in their province of registration.** The assessment did not inquire into mobility within the province of registration, as the address verification exercise led by PDMMs had not yet started at the time of data collection.
- **Across respondents, 54% are male and 45% are female.** Additionally, one individual identified as gender non-binary. The gender breakdown of respondents was derived based on caseloads received through contributing partners. The gender breakdown of respondents is triangulated with nationality in the chart below.

⁶ Breakdown of other nationalities is as follows: Jordan, Libya, Morocco, Palestine, Somalia, Turkey, Uzbekistan and Yemen.

⁷ To note, the percentage of conditional refugee status is lowest amongst Afghan and Iranian communities (both 31%) and highest amongst Iraqis (51%).



75% of the individuals mentioned that the head of their household is male and **24% mentioned that they have a female head of household**. The ratio of female/male heads of household is similar across all Rounds.

- Age and gender breakdowns of **households** are as follows:

Gender/ Age	0-5	6-17	18-65	65+	Total
Female	472	982	1,770	127	3,340
Male	536	1,048	1,481	54	3,113
Gender Non-Binary	0	0	7	0	7
Total	1,008	2,030	3,528	169	6,465

- At the time of sampling and data collection, **64% of respondents were recorded in partner databases as persons with specific needs**, whereas 36% were not recorded to have any specific needs.
- 88% of respondents were reported to reside in urban areas, whereas 12% reside in rural areas**. Only 3 households (20 individuals) were identified to be mobile, all of Syrian origin.
- Only 16% of respondents indicate they can speak Turkish fluently**. 31% indicate they can communicate partially in Turkish, 30% have very limited Turkish language skills and 23% cannot speak Turkish at all. This question did not inquire into official certification in Turkish language (i.e. A1/A2 etc.) or whether they accessed any language courses or not. Factors in differences in language skills include nationality, sex, geographical zones and urban versus rural. To specify, the highest rates of fluency in Turkish is amongst Iranians (43%) whereas, amongst Syrians, 33% indicate their Turkish was very limited. Further, for rural respondents 'cannot speak at all' was identified to be slightly higher (9%) compared to urban populations. Similarly, women respondents indicated they cannot speak Turkish at all at an 8% higher rate than men. Lastly, while in the Southeast region Turkish language skills were identified to be lowest (33% indicated very limited, 32% not at all), respondents in this region may be able to



communicate with the host community in their own languages, which may reduce incentive for them to learn Turkish. Turkish language skills were identified to be highest in the Aegean (27% can speak fluently).

- When asked about the highest level of education received, **37% of respondents indicate they finished primary education, followed by secondary (33%) and University (14%).** Certain differences between nationality groups were identified. To note, all Iranians have completed some level of education (there are no respondents that indicated they never enrolled in educational institutions). Further, illiteracy rates are highest amongst Afghans, however within Afghan communities, levels of education completed are diverse (i.e. there are those that have never enrolled, are illiterate, but also those that have completed secondary education).
- **31% of households confirmed they had one or more member with a disability⁸.** Among these, 24% indicated there is one member with a disability, while 7% indicated there was more than one member. The highest rate of disability was identified amongst Afghan households (40%). Amongst households with members with disabilities, 69% confirmed they had valid disability reports; 10% indicated they had a report in the past, but it is no longer valid; and 21% expressed they do not have a report. To note, amongst Afghan households, 57% confirmed they had valid reports. For the remainder of Afghans who do not have reports, it is unclear whether they attempted to obtain reports or not, and if they did attempt, what types of barriers they encountered in the process. For other nationalities, amongst households that confirmed having members with disabilities, the rate of not having disability reports is lower compared to Afghans.

⁸ According to WHO estimates, over 1 billion people worldwide (approximately 15% of global population) live with some form of disability. While no official global statistics exists on how many persons on the move are also persons with disabilities, the 15% global disability prevalence rate statistic is also applied for persons on the move (while likely, the overall estimate for displaced populations would likely be higher considering disabilities that may be a result of conflict and displacement). Findings from this Round assessment indicate that disability prevalence among refugee communities in Turkey is approximately double the global average.



Assessment Findings

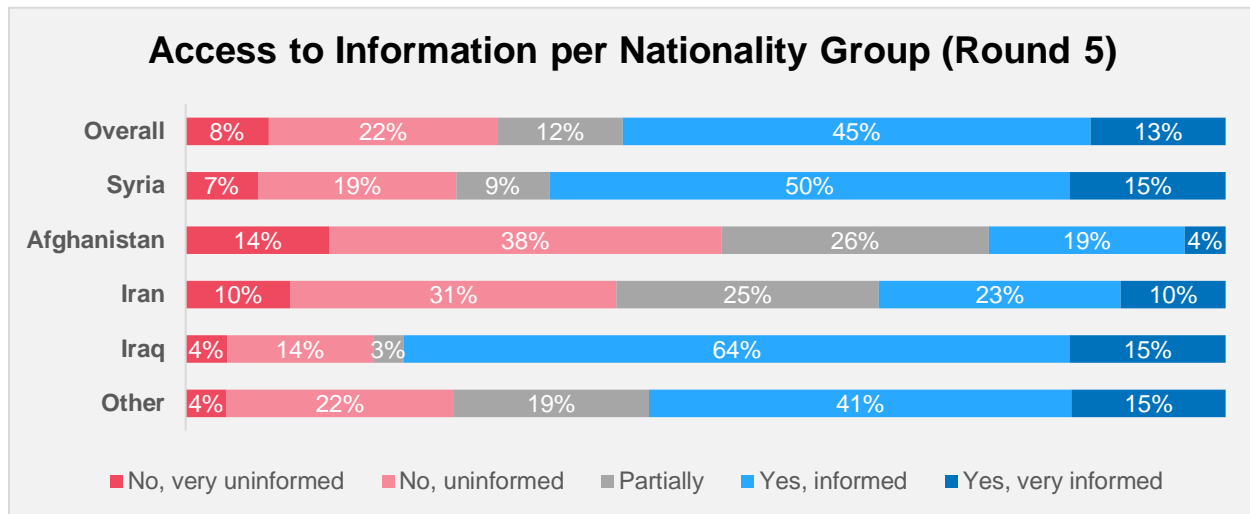
Access to Information on Rights and Services

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.

Findings from this Round on access to information on rights and services remain very similar to previous Rounds. To specify, 58% of respondents indicated they feel either very informed or informed on rights and services (59% in Round 4). A total of 30% indicated they do not feel informed, whereas the remaining expressed they felt neither informed nor uninformed. To note, the overall average of those who felt they did not have enough information in the last four rounds⁹ was 26%.

As in previous Rounds, no major differences between sex groups were identified in relation to access to information. However, notable differences between nationality groups were identified. To specify, against the overall average of 30% noting to not have enough information, Afghans and Iranians were identified to have comparatively less access to information, as 52% of Afghans and 41% of Iranians indicated to not have enough access. **While some improvements in access to information have been recorded for both Afghans and Iranians since the previous Round (where 63% and 53% had indicated to not have enough information respectively), all reports so far have underlined the need to increasingly access these two groups with information, based on the categories of information they are in need of, through their preferred channels to receive information.** In terms of differences in access between nationality groups, findings signify that the highest levels of perceived information are among Iraqis (79% indicate having enough information).

⁹ 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.



In line with the findings of Round 4, information gaps for rural populations were identified to be higher compared to individuals residing in urban areas. To note, while 29% of urban respondents indicated to not have enough information, this increases to 40% for rural respondents.

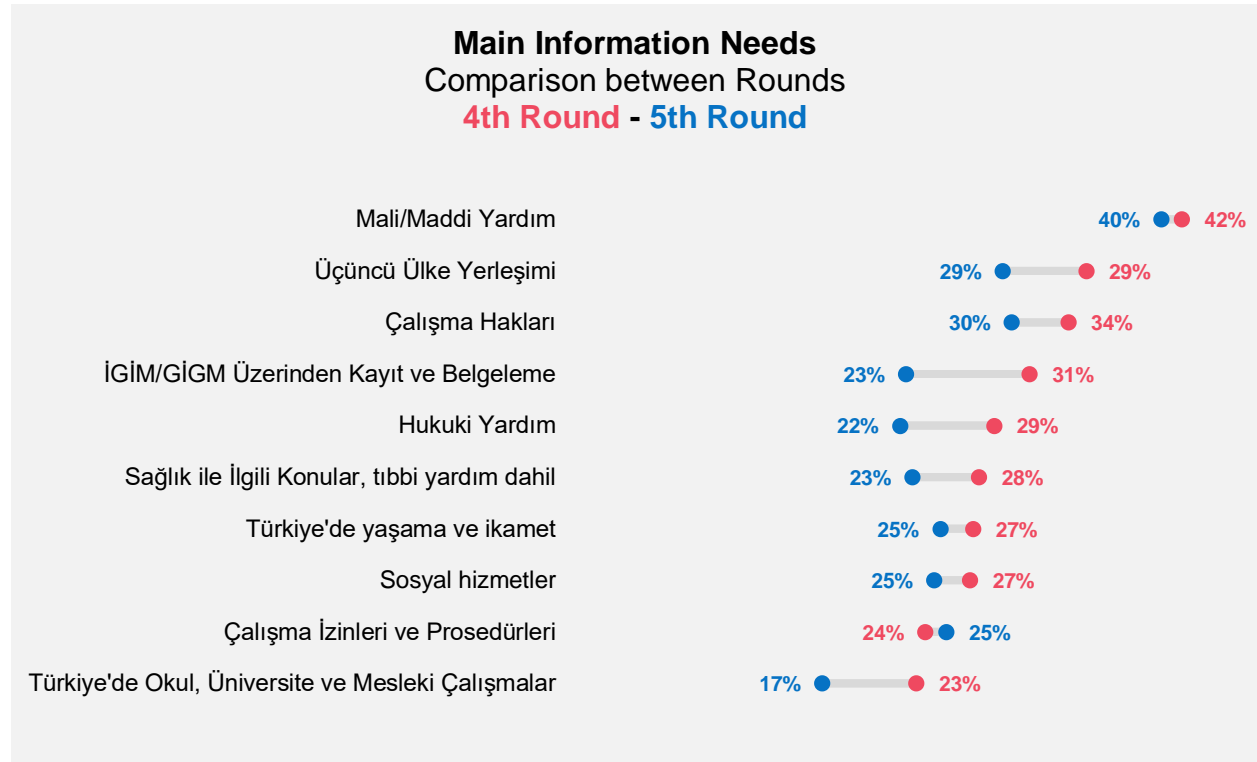
Differences between geographical locations have been identified since Round 3 onwards. In this Round, Central Anatolia & Other ranks below average in terms of refugees' access to information, where 36% of respondents indicated they did not have enough information. To note, geographical locations where respondents expressed not having enough information has been fluctuating since Round 3.

In this Round, linkages between education levels, Turkish language skills and access to information were also established. To specify, among those who indicate they are illiterate, 50% also express that they do not feel informed on rights and services, which is significantly higher than the overall average. This indicates that **targeting of illiterate refugees with information dissemination through in-person counselling sessions (or other verbal communication modalities) is required.** Furthermore, individuals who do not speak Turkish at all are observed to have slightly less access to information (7% higher in feeling uninformed).

Across all rounds, financial and material assistance, labour rights and resettlement related information were identified as the main information needs across groups. This remained the same



in this Round. A comparison between Round 4 and 5 in relation to information needs are indicated below.



Differences between groups in terms of main information needs were identified in this Round as well. In terms of differences between rural versus urban populations, for the former, information on health and legal assistance ranked higher, particularly in terms of ordering of information needs. In a similar vein, urban populations rank information on living and settling in Türkiye, as well as social services, higher compared to rural populations.

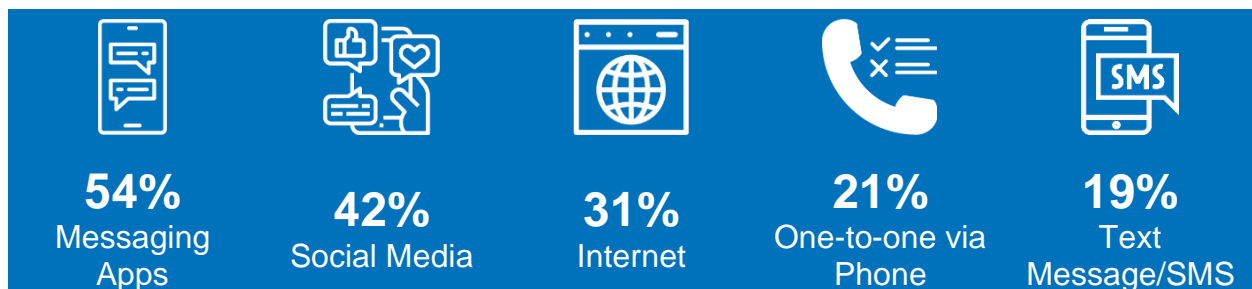
Differing from male respondents, female respondents indicated information on social services and legal assistance amongst the top three information needs. When responses to the questions on need for and access to legal assistance are analysed for female respondents, among the main needs for legal assistance are physical and sexual violence (both 29%), custody of children (19%), and psychological violence (14%). All of these categories related to legal assistance have increased notably since the previous Round for female respondents. While observations related to gender-based violence within their communities have remained at relatively similar levels compared to previous Rounds, through their responses to legal assistance related questions, an assumption may be made that women are increasingly being exposed to violence within households, or they are increasingly in need of / willing to seek legal assistance on such matters. For women headed households, information on financial assistance is also 11% higher compared to men headed households.

In terms of differences between nationality groups, for Afghans, information on resettlement and health related matters are slightly higher (7% and 6% respectively) than other groups. For Iranians, information on social services, living & settling in Türkiye and resettlement are all higher (18%, 10% and 8% respectively) compared to other population groups.

Lastly, differences between geographical locations were also identified in this Round. To note, in the Southeast, the need for information on labour rights (10%), legal assistance (9%) and work permits/procedures (8%) is higher compared to other locations. In the Aegean, information on school, university and vocational studies in Türkiye (15%), health related matters (14%) and resettlement (12%) is notably higher than average.

The primary sources of information remained the same across all Rounds. To specify, **respondents continue to rely mostly on community sources for information, including family, friends and neighbours, and online groups of refugees.** UN agencies are also included in the top three sources of information across respondents. NGOs and public institutions are identified to be equally important sources of information for communities (both 28%).

Some differences were identified in relation to primary sources of information between sexes, population groups and geographical locations. To note, women were identified to rely slightly higher (7%) on NGOs for information compared to men. NGOs were also identified as an important source of information in the Southeast (12% higher compared to other regions and ranked as third source of information). Further, findings indicate that Iranians and Iraqis rely notably higher on UN agencies as a source of information compared to other groups (20% and 15% higher respectively). Lastly, despite it being ranked first, Afghans were noted to rely on friends, families and neighbors 20% less than overall.



The most preferred and utilized channels of information also remained the same with previous Rounds, namely messaging applications, social media and the internet. However, individual counselling via phone is the second preferred modality to receive information for Afghans, and Iranians were also identified to rank this modality higher compared to other groups.

Additionally, Iraqis rank individual counselling in-person higher than other groups. Lastly, for Iraqis, social media as a channel to receive information is ranked as the top modality.

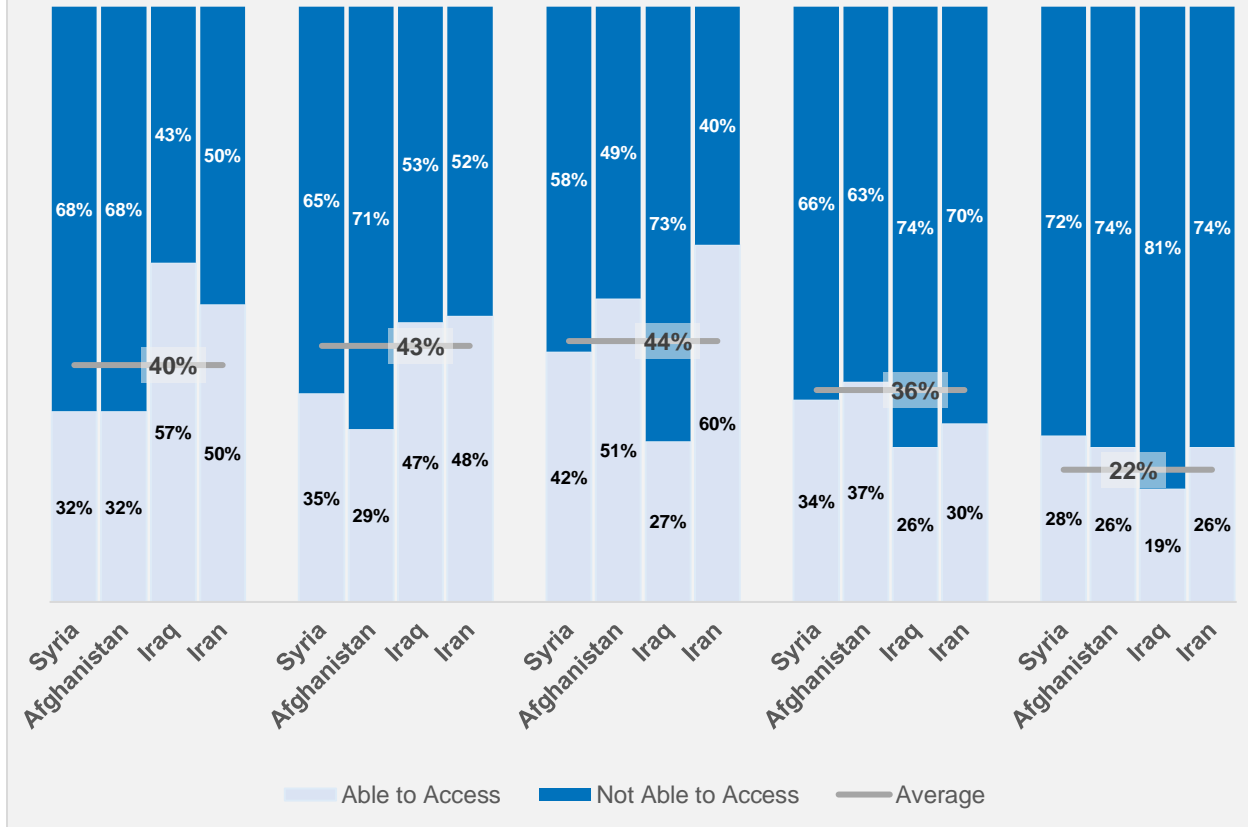
Access to Services

Access to services, including those provided by public institutions, local authorities, and humanitarian organizations, have been fluctuating over time, predominantly due to COVID-19 impact on service providers as well as restrictions/lockdowns. However, **particularly from Round 4 (June 2021) onwards, with the lifting of restrictive measures and return to either hybrid or in-person service provision, access barriers have clearly been reducing.** To specify, while in Round 4, 92% of respondents indicated they attempted to access services and of these, 31% could not access, **in Round 5, of the 95% of respondents who did attempt to access services, 24% indicated they faced difficulties.** No major differences between those residing in rural versus urban, sex groups/sexes of heads of households, or nationalities were identified in relation to levels of access to services. However, findings indicate that individuals faced most difficulties in accessing services in the Southeast, where 31% could not access despite attempting to. Otherwise, improvements in access have been recorded across all groups.

The below chart illustrates how barriers to accessing services across population groups have been reducing over a period of time.



Access to Services per Nationality Group Across Rounds



While access to services has been improving across groups, difficult to reach services and service providers remained similar to previous Rounds. In this Round, **the most difficult to reach services and service providers were identified as PDMMs¹⁰ (41%) and ESSN/CCTE applications (40%)**. Within PDMMs, the most difficult to reach services were ID renewals and data updates. To note, while PDMM services were difficult to reach across population groups, the highest barriers in access were identified to be faced by Iranian individuals.

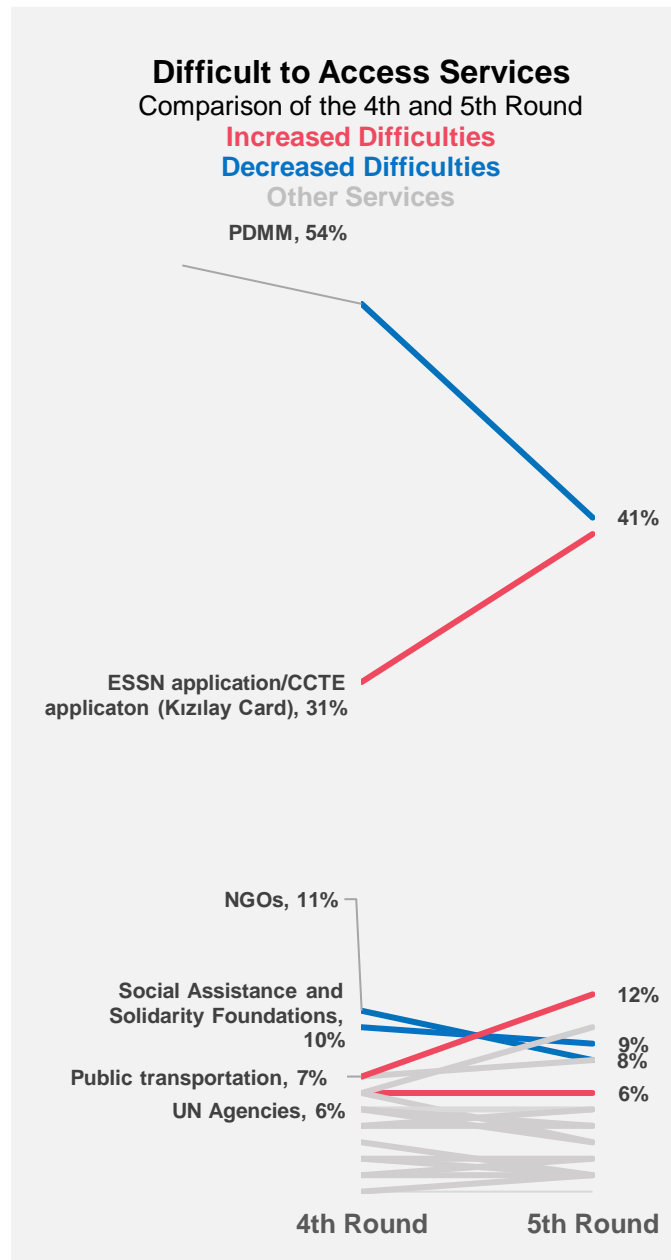
¹⁰ To note, while PDMM services are broken down within the question on difficult to access services, when combined, PDMM is the most difficult to reach service provider.



Differences in difficult to access services were identified between rural and urban populations. While in the previous Round, address updates and registration with PDMMs were more difficult to reach for rural populations compared to urban, in this Round, data updates with PDMM were identified as difficult to reach for rural populations (12% higher compared to urban populations). Reasons for inability to access PDMM services by rural populations include financial barriers, lack of services (i.e. most likely mentioned as PDMM offices are in urban areas, and are not mobile), and inability to book appointments through online systems.

Considering the overall trend over time indicates that rural populations have been facing difficulties in reaching PDMM services, measures specific to rural populations, such as provision of mobile services, or support in transportation to city centres as well as in booking appointments with PDMMs is required to ensure rural populations are not at disadvantage due to their residential locations in accessing these essential services. In addition to PDMM services, findings indicate that Social

Assistance and Solidarity Foundations (SASFs) were also slightly more difficult to reach for rural populations. Reasons for barriers to access include, once again, inability to book appointments through online systems and financial barriers, but also denial of available services, lack of/inadequate translation services, and lack of information on services/service provider as well. These additional reasons indicate the **need to support rural populations' access to SASFs through advocacy efforts (to ensure a non-discriminatory approach within SASFs towards rural populations) accompaniment to SASF offices (including with interpreters), and information dissemination on services available through SASFs.**





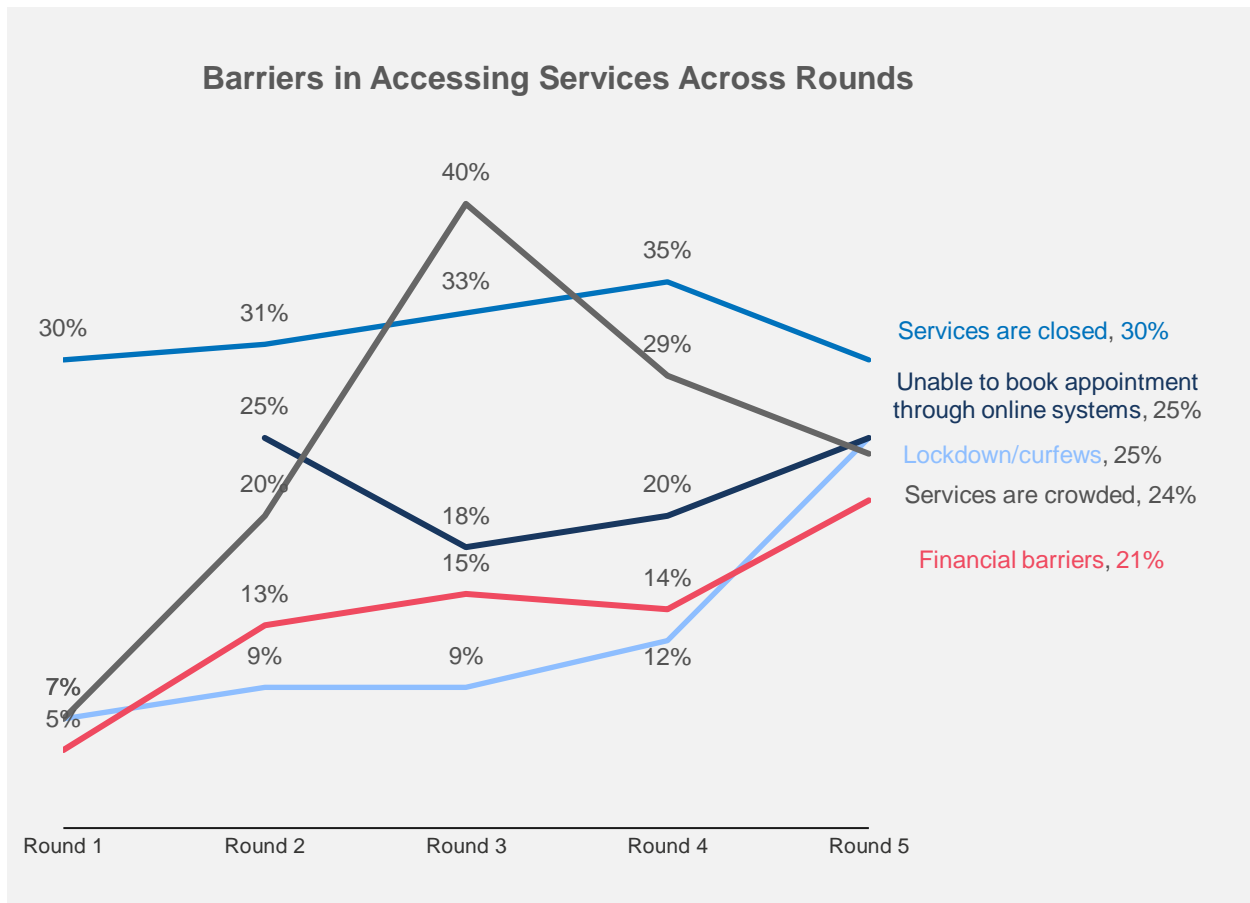
In terms of differences between sex groups and sexes of heads of households, findings indicate that women headed households face slightly more difficulties (7% higher) in accessing NGOs compared to men. In addition to closure of services, the main barriers to accessing NGOs for women headed households are identified as lack of/inadequate translation services, service providers working on rotation/reduced number of staff, and overcrowded services. For women (respondents), services provided through Provincial Directorates of Family and Social Services (PDoFSS) seem to be more difficult to reach, primarily due to lack of and closure of services, as well as service providers working on rotation/reduced number of staff (all 50%). Additionally, financial barriers (31%) and domestic/care work (25%) were identified as significant barriers for women to access PDoFSS services. Particularly in relation to the latter, the findings indicate the **need for increased advocacy with PDoFSS to ensure that in the short-term PDoFSS services are made available to women through outreach and house visit efforts, and in the mid-term, that day care services and transportation support are made increasingly available to women, to ensure they can leave their homes and access services on site as well.**

In addition to differences between sexes and sexes of heads of households, differences in levels of access to services were also identified between nationality groups. Amongst the most prominent are difficulties faced by Afghans, Iranians and Iraqis. To specify, Iraqis face the most difficulties in access to ESN/CCTE applications (69% compared to 40% overall). There is a need to understand why Iraqis face significantly more barriers in access to ESN/CCTE applications compared to other groups, through discussions and/or complementary assessments. In addition to ESN, registration seems to be more difficult to reach for Iraqis (12% higher than overall) as well as PDoFSS services (5% higher). Iranians seem to be at more disadvantage in accessing Government hotlines (12% higher than overall), UN agencies (11% higher), SASFs (8% higher) and data updates (5%). Lastly, Afghans were identified to face slightly more difficulties in reaching NGO services, for which respondents indicated reasons such as closure of services, lack of/inadequate translation services, and lack of information on service providers.

Findings indicate that geographical location is also a factor in levels of access to specific services. For example, SASFs are identified to be most difficult to reach in the Aegean region, where data updates are also slightly more inaccessible to individuals. ESN/CCTE applications and ID renewal are identified to be most difficult to access in the Southeast.

In addition to reasons for inability to access specific services for different groups, **the overall reasons for barriers in accessing services (as shown in the below graph) include closure of services (30%), lockdown/curfews (25%), inability to book appointments through online systems (25%) and crowded services.** It is unclear why lockdown/curfews were mentioned as

a second barrier to accessing services in general, since during the time of data collection there were no official COVID-19 related lockdowns/restrictions on movements. With regards to inability to book appointments through online systems, of note is that among those who indicated this as a barrier, 71% also mentioned that they were not able to access services provided through digital/remote means. In addition to these barriers, overall, 6% of respondents mentioned that they were not able to access essential services due to physical impairment (7% higher for Iraqis) and 1% due to intellectual impairment.



As with differences for various groups in accessing specific services, the assessment also identified differences between groups in barriers to accessing services overall. For rural populations, the top barriers in accessing services change entirely, compared to urban populations. To specify, the top three reasons for inability to access services for rural populations include financial barriers (6% higher than urban populations), inability to book appointments and lack of transportation options/high expenses (16% higher). These findings indicate that **in order to facilitate rural populations' access to services in an unhindered manner, service providers (both humanitarian and public) should increase their outreach and mobile service delivery capacity and reduce service delivery via centres as well as through remote/digital means.**



For both women headed households and women respondents, financial barriers are among the top barriers in access to services. There is a need to probe into this issue further, as it is unclear whether the financial barriers mentioned are related to transportation costs/reaching on site services, or if financial barriers constitute a general preventive factor for women to access services (i.e. financial situation is prioritized over access to services). In addition to financial barriers, for women headed households' denial of available services is slightly higher (9%) compared to men headed households. Lastly, while for men respondents lack of civil documentation is only mentioned by 1% as a barrier to accessing services, for women, this increases to 7%. **While overall access to civil documentation will be probed within the next Round of the assessment, continued monitoring should take place particularly on women's access to civil documentation, subsequent to which responsive activities should be implemented (such as accompaniment/interpretation support in processes to obtain civil documentation, information dissemination on relevant services and service providers etc.).**

In terms of differences between nationalities, findings indicate that financial barriers are most prevalent for Iranian and Iraqi respondents (28% for both). For Iraqi respondents, inability to book appointments through online systems is a more significant barrier (34% compared to 25% overall) in accessing services compared to other groups. In addition to financial barriers, Iranians also note lack of translation services as a significant barrier (22% compared to 8% overall) and lack of information on services (22% compared to 7% overall). **The absence of Farsi speaking interpreters in many service locations is resulting in relatively less access of Iranians to available services, which requires increased support to public institutions and local authorities with Farsi interpreters, as well as increasing capacity within humanitarian organizations to provide services in Farsi as well, to remove this barrier.** Additionally, as indicated in the section on access to information, information dissemination efforts should increasingly target Iranians to ensure that they are well aware of their rights and available services (including those delivered by I/NGOs, public institutions and local authorities) in Türkiye. Further, Afghan respondents mention service providers not being helpful (mentioned by 23% of Afghans compared to 11% overall) and denial of available services (mentioned by 15% of Afghans compared to 8% overall) at higher rates compared to other nationality groups. **These findings indicate the need for humanitarian organizations to increase advocacy efforts and sensitize service providers to deliver available services in a non-discriminatory manner particularly for Afghan nationals.**

Across respondents, 5% did not attempt to access services, for which the majority (as in previous Rounds) indicate not needing services as the reason. In addition to this, respondents also shared that they did not attempt to access services due to fear of COVID-19



(28%), financial barriers (10%) and fearful due to law enforcement measures (9%). To note, not attempting to access due to fear of COVID-19 has increased since Round 4 by 15%. Additionally, in previous Rounds not attempting to access due to fear of law enforcement measures was not mentioned.

Access to Health Services

Due to the COVID-19 pandemic and its impact on health services and service providers, across the different Rounds of the assessment health services were identified to be among the hardest to reach essential services. However, **a clear improvement in access to healthcare services was identified in this Round. While in Round 4, 75% of respondents reported having attempted to access services, 30% were unable to. In this Round, 87% of respondents indicated they attempted to access services, of which 17% reported facing barriers.**

17%

of the respondents were unable to access health services during the COVID-19 pandemic despite attempting to

While no major differences were identified between geographical locations, sex groups (including heads of households) or whether respondents were located in urban or rural settings, findings indicated differences in levels of access between nationality groups. To specify, **while across groups among those who attempted to access health services, 17% report being unable to, this increases to 34% for Afghans and 28% for Iranians.** While both population groups still face more barriers in access compared to other groups, it is noteworthy that improvements for both groups have been recorded since Round 4, where 59% of Afghans and 53% of Iranians had mentioned they were unable to access health services despite attempting to. As detailed below, the major factor in this increase in barriers for Afghans and Iranians is related to their legal status, and more specifically the status of their health insurances.

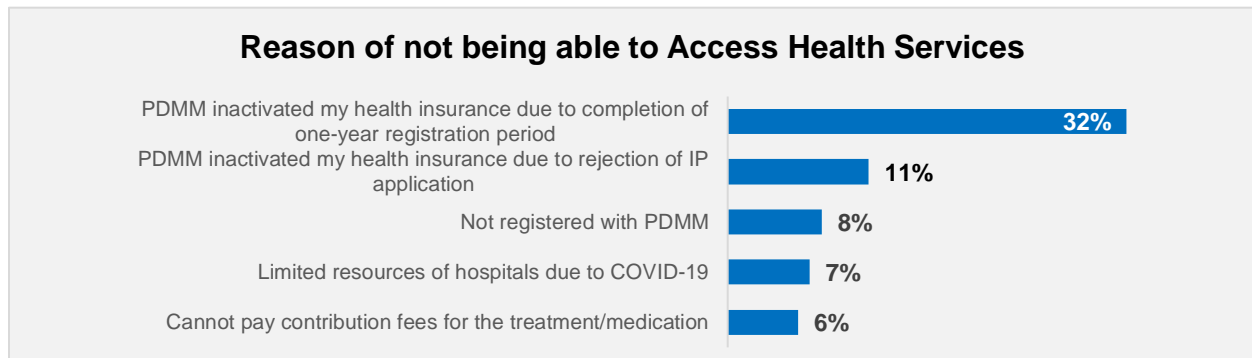
From Round 4 onwards, the assessment inquired into the reasons for approaching health care services. Across groups, findings indicate that the top three reasons for needing access to health care were regular check-ups and follow ups (53%), obtaining prescription for medication (47%) and emergency situations (23%). In addition to these reasons, 16% of respondents mentioned they approached health care services to obtain health reports, 6% for MHPSS services and 3% to obtain medical documentation specifically to submit to PDMM for assessment towards reactivation of their health insurances. Of note, compared to other groups, approaching health care services for MHPSS support is higher for Afghans (15%) and Iranians (26%). This is in line with the findings around deteriorated MHPSS levels inquired within the “Protection and



Community Concerns” section, as these two population groups have been identified to be experiencing highest levels of increased stress across all Rounds of the assessment.

Barriers faced in access to health services across groups are indicated in the below chart.

As mentioned above, the main differences in levels of access to health services are related to



nationality groups, legal status (related to registration and asylum processes) as well as status of health insurances.

Overall and as in previous Rounds, Syrians were identified to face less barriers in access compared to individuals of other nationalities. Among Syrian respondents, 12% mentioned to not be able to access health services despite attempting to. For these respondents, the main barriers included lack of information on how to schedule appointments through online systems, lack of registration with PDMM and registration in a different province (all 14%). Of note is that none of these barriers were mentioned by Syrians in previous Rounds, where COVID-19 related barriers (such as limited resources of hospitals, overcrowded services, and fear of COVID-19 infection) were more prominent.

For individuals of other nationalities (i.e. not limited to Afghans and Iranians), barriers in accessing services are entirely different compared to Syrian respondents. To specify, **24% of individuals of other nationalities indicated that they attempted to access health services but were unable to. Among these respondents, the main barriers reported as include inactivation of health insurances due to completion of one-year upon registration with PDMM (49%), inactivation of health insurances due to rejection of international protection application (17%), and inability to pay contribution fees for treatment/medication (6%). Including with those who indicated their health insurances were inactivated but they were not aware why (4%), those who mention status of health insurances as a barrier to accessing health services among individuals of other nationalities who attempted to access services is 69%.**



While across individuals of other nationalities, status of health insurances as a barrier to accessing health services is 69%, this increases to 80% for Afghans. 62% of these mention deactivations of insurances due to completion of one-year upon registration with PDMM, and 18% indicate deactivation due to rejection of their IP applications. To note, while in total 64% of Iranians mention inability to access health services due to status of health insurances, those who report not knowing why their health insurances were deactivated is 38% (in addition to 13% who mention completion of one-year of registration and 13% rejection of international protection applications). For Iranians, this indicates the **need to advocate with PDMMs to ensure information dissemination on reasons for deactivation is taking place, in case there is space for submitting reactivation requests.**

Individuals of other nationalities were asked whether they have any specific need that could potentially trigger reactivation (upon official request by individuals) by PDMMs. Across all groups, 39% mention they do not have any of the specific needs criteria established by PDMM for potential reactivation. Additionally, 28% mention to have medical concerns, 22% have a disability, 13% have “other” specific needs, 7% are single parents and 5% are older persons. All of these individuals are likely in need of either one off, or continued access to medical treatment and/or medicine.

Among Afghan respondents who mention their insurances were deactivated, 69% indicate to have a specific need – the highest of which is having a medical concern (33%) – and only 14% mentioned that they did not approach PDMM to request reactivation. Among those who indicate having a medical concern, the majority (70%) report that while they approached PDMM to request reactivation¹¹, their medical situation was not found serious enough for reactivation. In addition to those with medical concerns, 30% of Afghans with deactivated insurances report to have disabilities and all mention having approached PDMM for reactivation requests. However, they were not able to reactivate their insurances due to inability to obtain a medical report (43%), because their medical concerns were not found serious enough (14%), or because their disability rate was not high enough (14%). **These findings indicate that there is a need to discuss and clarify with PMM which exact types of medical concerns and disabilities would trigger reactivation, as well as to identify alternative solutions (with PMM and/or Ministry of Health) for those with less severe/chronic medical concerns that would still require**

¹¹ A significant improvement is recorded since the previous Round of the assessment for both Afghan and Iranians with deactivated health insurances and specific needs in relation to approaching PDMM to submit reactivation requests. To specify, in the previous Round, among those who self-reported to have one or more of the specific needs criteria established by PDMM for reactivation, 50% of Afghans and 79% of Iranians had indicated that they had not approached PDMM for these requests. This improvement may be related to the increase in awareness on the need to approach PDMM to officially request assessment towards reactivation of their insurances, which may be a result of the efforts of sector partners in relaying this information to communities, as per the recommendations included in Round 4 of the Inter-Agency Protection Needs Assessment analysis.



treatments. Further, there is a need to inquire into why a significant proportion of Afghans with disabilities were not able to obtain medical reports, and to subsequently identify ways to support in obtaining these reports.

In relation to whether they have a specific need that may trigger reactivation, 41% of Iranians confirmed they had one or more of the mentioned criteria established by PDMM and none of them mentioned not approaching PDMM to request reactivation of their insurances. The most prevalent specific need for this group, as with Afghans, is having a medical concern (29%). Among all Iranians who mention to have a specific need, 67% mention that while they approached PDMM for reactivation, they were not able to submit a request as they were not able to obtain a medical report. An additional 33% mention their medical concern was not found serious enough. The recommendations put forth above for Afghan respondents with inactivated health insurances is also applicable for Iranians with specific needs.

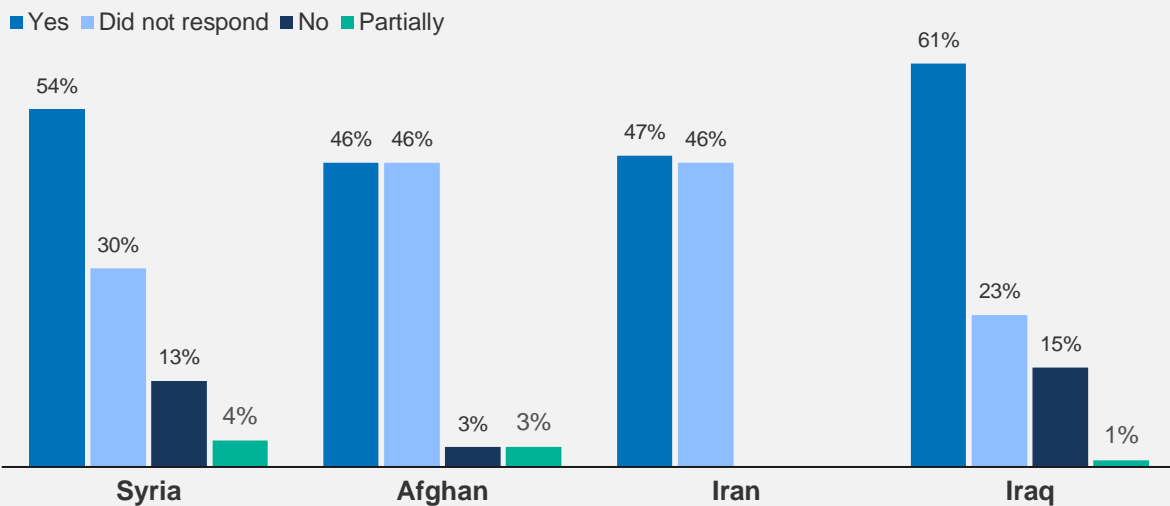
61% of female respondents indicated that they attempted to access **sexual and reproductive health (SRH) and/or gynaecological and obstetric (G&O) services, of which 16% reported barriers in access.** Compared to Round 4 findings (where of those who attempted 10% reported not being able to access), a slight deterioration in access was identified in this Round. In terms of overall access, Iranian women faced more difficulties as 39% indicated they were not able to access SRH and G&O services despite attempting to. Across groups, 42% reported that they faced barriers that are more so related to accessing health services overall, such as inability to book appointments, inactivated health insurances, and financial barriers. In addition to these general barriers, 42% indicated language barriers as a prominent challenge in accessing services, followed by feeling uncomfortable speaking to health care providers due to sex of personnel (13%), and negative attitude of service providers (3%). To note however, the language barrier is particularly a challenge for Afghans (60%), Syrians (52%) and Iraqis (50%). **Findings indicate that for both Arabic and non-Arabic speakers, lack of interpretation in SRH and G&O service providers is increasingly among the most prominent challenges in accessing services. In order to ensure unhindered access of women to SRH and G&O services, it is recommended to increase the interpretation capacity within relevant service providers.**

Access to COVID-19 Vaccines

Since Round 4, the assessment inquired into levels of access to COVID-19 vaccines within refugee communities. To note, while the assessment does not probe into how many doses each household member has received, findings aim to provide an understanding on whether individuals are able to follow up on developments (including related to booster shots), which mediums they use to receive information, whether any household members have been vaccinated, if any



Household Members' Access to COVID-19 Vaccines



difficulties were faced during the process, and if no action has been taken towards being vaccinated, the reasons why.

Accordingly, as in the previous Round, **a clear majority across all groups can follow up on COVID-19 related developments in Türkiye**, with only 6% indicating they are not able to follow up, and an additional 5% reporting they are only partially able to follow up on developments. In line with the findings on access to information and preferred channels/sources to receive information, 66% indicate they follow up on developments through social media and online refugee groups. In addition to these sources, 37% report they follow up via news, and 25% through hospitals. No major differences between groups were identified in relation to levels of access to information on developments or sources of information, with the exception of nationalities on the latter. To specify, social media and online groups as a source of information for COVID-19 is higher for Iraqis (77%) and Syrians, whereas for Iranians, e-Nabiz (56%) and ALO182 hotline (25%) also seem to be important information sources.

When asked whether they faced any difficulties in access to COVID-19 vaccines, of the 97% who responded to the question, 94% reported they did not face any difficulties. Among the small portion of respondents who faced difficulties, 2% mentioned inability to navigate websites/systems, 1% language barriers, and 1% limited information in their own language as challenges. To note, only 1 respondent mentioned lack of valid ID as a barrier to accessing COVID-19 vaccines¹². Ability to speak Turkish and education levels of respondents seem to have

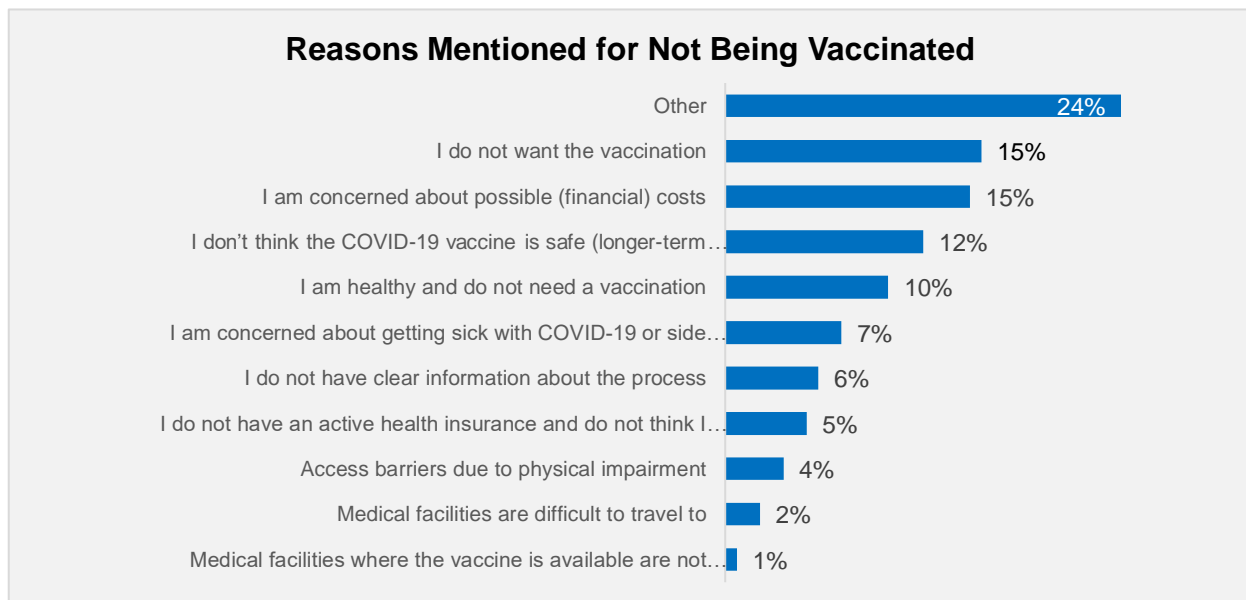
¹² This finding should be read in line with one of the overall limitations of this assessment, which is that access to individuals/populations pending registration and documentation is quite limited, as among all respondents of the assessment, only 1% reported not being registered with PDMM.



only a minor impact on whether individuals were able to access COVID-19 vaccines. To specify, among those who indicate they cannot speak Turkish at all, limited information in their own language on the vaccines increases from 1% to 4% as a barrier in access, whereas among those who expressed that they are illiterate, limited information in their own language and language barriers both increase from 1% to 4%.

While 34% of respondents did not respond to the question on whether they or any of their household members had been vaccinated, among those that did respond, vaccination levels were identified to be quite high, as 84% confirmed one or more member was vaccinated, whereas 80% confirmed all members of the household were vaccinated. Overall, including those that did not respond, 53% of household confirmed one or more member had been vaccinated. Geographical locations and sex (of both respondents and heads of households) were not identified to be factors impacting whether household members were vaccinated. However, the assessment did identify certain differences between nationality groups. To specify, while only 50% responded to the question, among those that did, all Iranian respondents confirmed that their household members had been vaccinated. On the other hand, among those that did respond, 20% of Iraqis, 18% of Syrians and 6% of Afghans reported that they had not been vaccinated.

Among the 13% who indicated that they did not take any action to access the COVID-19 vaccine, 24% mentioned health related reasons including that they already had COVID-19 hence were told they could not receive the vaccine in the short term, or they were advised against the vaccine by health service providers as they have specific health conditions (such as cancer). In addition to these, other reasons mentioned towards not being vaccinated are shown in the graph below.





In comparison with the last Round, some changes in the mentioned reasons for not accessing the vaccine were identified. For example, concerns about possible financial costs increased by 6%, which may be within the margin of error. Considering this reason was among the top 5 reported by respondents in Round 4, and that there are no financial costs related to receiving the vaccine (excluding possible transportation costs to health service providers), enumerators were requested to share with respondents who indicated this as a reason, that COVID-19 vaccinations are free of charge in Türkiye. A slight increase (5%), which also may be within the margin of error, was identified for those who indicated they were concerned about the safety of the vaccine and longer-term consequences. As with the note to share information that COVID-19 vaccines are free of charge, enumerators were specifically requested to refer these individuals to internal or external awareness raising and information dissemination activities on COVID-19 vaccines, upon receiving their consent. Clear improvements were identified in those who indicated that they do not have clear information on how to access the vaccines, as 24% mentioned this as a reason for not being vaccinated in Round 4, whereas this reduced to 6% in Round 5.

The assessment also identified differences between groups in relation to why individuals did not take action to access vaccines. To note, not wanting to be vaccinated is slightly higher (7%) among rural populations compared to urban populations. This indicates a **need to increase efforts to target rural populations with information dissemination and raising awareness efforts on the positive impacts of receiving the vaccines.**

Differences between sex groups (both respondents and heads of households) were also identified. Not wanting to be vaccinated is identified to be higher (13%) amongst women headed households compared to men headed households. Additionally, access barriers due to physical impairments were also identified to be slightly higher (5%) among women headed households. Among men respondents, concerns about financial costs are slightly higher (7%) compared to women. These findings indicate that as with rural populations, **women headed households should be targeted with information dissemination and raising awareness efforts on the positive/preventive impacts of the vaccine, as well as with support to members of their households that have physical impairments to ensure that they have unhindered access to vaccines. Additionally, men should be targeted with information that COVID-19 vaccines are free of charge.**

In terms of differences between nationalities, among Afghans, the belief that they are healthy and do not need vaccines is 15% higher compared to other population groups. Access barriers due to physical impairments were also identified to be highest (13%) within Afghan populations. Lastly, Afghan individuals also seem to be facing difficulties in accessing medical facilities (i.e transportation related). As with the recommendation for rural populations and women headed



households, **information dissemination and raising awareness efforts should also target Afghan individuals and households, and support should be extended to households with members that have physical impairments. Overall, Afghan households should additionally be supported with transportation to ensure that they are able to access medical facilities to access the vaccines.**

Access to Education

The findings around access to education are deemed to yield more conclusive results when viewed from a general access perspective and when analysed at the household level, rather than assessing individual children's enrolment status. The reasoning for this is that overall, as in the previous Round, there is a discrepancy between the number of children identified at the household level 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 or individuals below 18 (etc.). Secondly, due to the time limitations, the length of the questionnaire and the methodology of the survey overall (i.e. phone interviews) it is not possible to inquire into the situation of every child within the household. As these are clear limitations within the assessment, findings around enrolment rates should be read with this consideration.

When asked whether they have school-aged children enrolled in school, **58% of respondents indicated that they have school-aged children who have access to school, whereas 7% mentioned they did not have access to education.** An additional 36% mentioned that they did not have school-aged children. Highest access rates were identified amongst Syrian households (6% higher than overall). Overall, the assessment did not identify any major differences between groups in relation to households with children that are not enrolled in schools.

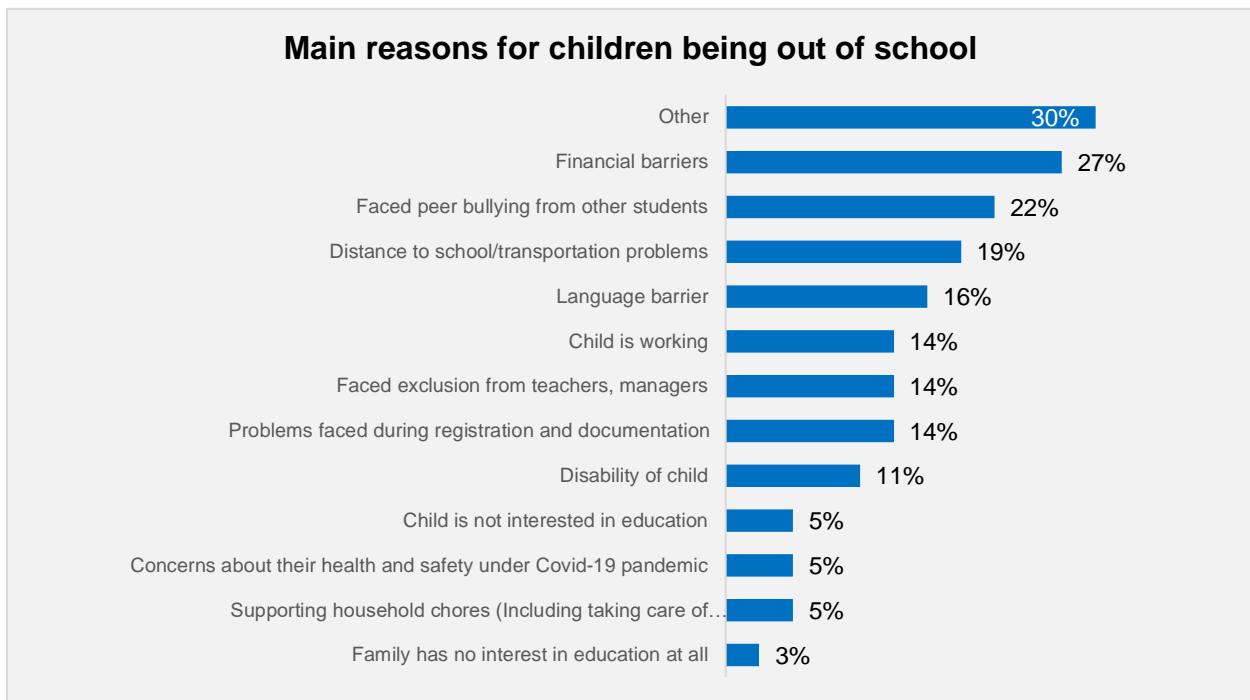
Respondents were also asked how frequently their children are able to attend schools/classes in person following the shift from remote education to in-person schooling. Findings indicate **clear improvements in regular attendance in schools/classes and overall access to education, as 80% of households with children enrolled in schools indicate to always attend classes.** To note, this does not mean that of all children (identified at household level), 80% are enrolled in school however it does indicate a general improvement in households' access to education.

While many households indicate their children are enrolled in schools, the assessment does identify certain challenges in access and continued education. The main two challenges mentioned are distance to schools and transportation related problems, and financial constraints.



To note, 14% also indicate their children face difficulties due to physical impairments, however this finding is mentioned on behalf of 18 children in total.

Overall, 7% of households mention that they have school-aged children who are not enrolled in schools. The main reasons indicated by households as to why their children are out of school include financial barriers, peer bullying and distance to schools/transportation problems. Additionally, 11% also mention disability of their children as a reason for being out of school (indicated on behalf of 8 children).



Financial barriers and challenges with regards to distance to schools/transportation are mentioned both by households with children enrolled in schools as well as those with out of school children. This indicates a **need for continued financial assistance (with potentially, increased transfer values) targeting households with children to incentivize continuity in education.**

When asked whether they faced any problems during enrolment and/or registration in schools, while 50% mentioned they faced “other” problems, which the assessment did not inquire into. Other difficulties faced included directors/principles refusing enrolment/registration with no reason mentioned, in addition to lack of physical IDs and lack of DGMM registrations. In total, 44 children were identified to be impacted (amounting to 20 households) by these mentioned difficulties during enrolment/registration in schools.

In terms of access to higher education, as in previous Rounds, **findings indicate that the majority of refugee households do not have any members attending higher education**



(91%). In total, 8%¹³ of households were identified to have at least one member in higher education, including specifically 5% in Undergraduate degree and 2% in Associate degree, 1% pending University exam results and less than 1% completing their master's degree. The highest rates of access to higher education is within Iraqi communities (12% currently attending).

Differing from the previous Round, where respondents were asked if they specifically participated in any vocational or skills building course provided via Public Education Centers prior to COVID-19, in this Round, the scope of this question was expanded to include courses provided through any and all relevant public institutions and local authorities. Accordingly, across groups, 33% of respondents shared that they participate in courses provided through public institutions and local authorities. Highest participation in courses are within Iraqi (47%) and Afghan (44%) households.

Among those who participated in courses prior to COVID-19, 87% express that they participated in Turkish language courses¹⁴, followed by vocational courses (23%) and general hobby courses (9%). Most who participated in courses prior to COVID-19 (57%) indicated that they were able to continue during COVID-19.

Work, Income and Assistance

Work

As in previous Rounds, questions related to work aimed at comparing working status and conditions of individuals pre-COVID to that during COVID. However, considering that the current working status of individuals is not only impacted by the COVID-19 outbreak, and that the worsening socio-economic situation in Türkiye is also becoming a significant factor in individuals' working status as well as ability to cover monthly expenses, in the next Round, this entire section will aim to include the impact of the economic situation on refugee communities as well.



Across all Rounds of the assessment, most respondents indicated that they were working informally prior to the pandemic. In this Round, **60% of respondents noted they were working**

¹³ Of note, according to UNHCR statistics, globally, approximately 5% of refugees are enrolled in any form of tertiary education.

[UNHCR - Tertiary Education](#)

¹⁴ Clear linkages between participation in vocational and/or language courses with ability to speak Turkish was identified. To specify, among those who confirmed participating in vocational courses, the inability to speak Turkish reduces from 23% to 2%. Similarly, for those who confirm attending Turkish language courses, ability to partially speak in Turkish increases from 31% to 44%.



informally before the COVID-19 outbreak, followed by 31% who indicated they were unemployed, and only 9% reported that they were working with permits.

Differences between groups were identified in relation to pre-COVID working status. The most notable differences between sexes of heads of households include higher unemployment rates among women headed households (16% higher compared to men headed households). On the other hand, informal work is substantially higher in men headed households compared to women headed households (63% in men, 49% in women headed households).

As in previous Rounds, differences in working status were also identified between population groups. While in the previous Round and in this Round, informal work is identified to be highest in Iranian communities (76% in Round 5), in the previous Round, Syrians were identified to be engaged in informal work followed by Iranians. In this Round, informal work was identified to be second highest in Afghan communities (68%). Further, in this Round, findings indicate that unemployment is highest in Iraqi communities, as almost half (47%) report that they did not have formal or informal jobs prior to the pandemic. The highest rates of working with permits were identified to be within Iraqi and Syrian communities (11% and 10% respectively).

This Round also identified differences between geographical locations. To note, informal work pre-COVID was identified to be highest within Aegean (65%), unemployment was identified to be highest in the Southeast (35%), and access to formal work through permits was highest in Marmara (12%).

As in the previous Round, approximately half of individuals employed prior to the COVID-19 outbreak indicated they worked for a person, company or household. Of important note is that among those who indicated they worked with a work permit, 76% were employed by persons, companies or households. Other types of employment prior to the outbreak include occasional work in short term/irregular jobs (29%) and seasonal work (14%). Only 5% of all respondents indicated that they had their own business.

Unsurprisingly, seasonal work was identified to be highest amongst respondents living in rural settings (31%). A significant portion (32%) of rural respondents were also identified to be engaged in short term/irregular jobs.

The assessment identified differences in employment type between sex groups (including respondents and heads of households). For example, short term/irregular jobs were slightly higher in women headed households compared to men headed households (this is also the case for women respondents). To note, no women headed households indicated that they had their own



business. Seasonal work was identified to be slightly higher (11%) for men, compared to women respondents.

Furthermore, in terms of differences between population groups, approximately half (48%) of Afghan respondents indicated that they worked in short term/irregular jobs, in addition to a small group (4%) engaged in seasonal work. No business owners were identified amongst Afghan respondents, as is the case for Iranians. Half of Iranian respondents were also identified to be engaged in short term/irregular jobs (51%). Lastly, seasonal work was identified to be substantially higher within Iraqi communities (33% engaged in seasonal work). **Considering that there were no business owners amongst women headed households, Afghan and Iranian communities prior to the outset of COVID-19, a recommendation for the Livelihood sector/partners could be to increasingly target these groups with skills building activities, business establishment initiatives and information on how to access ISKUR and other relevant service providers, as well as how to register businesses. Further, these groups should also be targeted to increase their access to longer-term, sustainable, and predictable employment opportunities, considering that they are mostly engaged in short term and irregular jobs.**

As a final note, short term/irregular jobs were identified to be highest within Aegean, where informal work was also identified to be highest.

In this Round, **67% of respondents indicated that they experienced change in their working status since the COVID-19 outbreak.** In terms of population groups, Iranians and Afghans were identified to be most affected by this change, with 78% and 71% respectively confirming changes in their working status. Most change (73%) in working status was recorded in Central Anatolia & Other.

Among those who shared that they experienced change in their working status, 28% reported that they were sent on unpaid leave, 22% lost their jobs/were dismissed by their employers and 20% indicated that their workplace closed.

For rural populations, the main reason for change in working status was not being sent on unpaid leave. Rather, 32% of rural respondents indicated that they stopped working due to fear of COVID-19 infection. Fear of infection as a factor in change of working status was much lower for urban respondents (9%).

Certain differences in the reason for change in working status were identified between population groups. To note, losing jobs and being dismissed by their employers were significantly higher for Iranian (57%) and Afghan (50%) respondents. Workplace closure seems to have affected Iraqis



more than other populations (32% compared to 20% overall). Additionally, 35% of Syrians were sent on unpaid leave.

When asked whether changes in working status and conditions were imposed by employers, overall, 67% of respondents confirmed that this was the case. Iranians and Iraqis seem to be most impacted in this sense, as 85% and 79% respectively shared that the change was imposed by their employers. The situation is particularly concerning for both of these groups, as half of Iranians were already engaged in short term/irregular jobs, whereas unemployment was highest prior to COVID amongst Iraqi populations. This will likely have a significant impact on their ability to cover monthly expenses and basic needs.

In terms of geographical differences, changes imposed by employers were identified to be highest in Central Anatolia & Other (80%), closely followed by Aegean (79%).

In comparison to previous Rounds, across groups, findings from this Round indicate that respondents feel it will take a longer time to find jobs, and the unpredictability in terms of the time it will take to identify employment opportunities is slightly increasing. To specify, 43% of respondents in this Round indicated that while they think they will be able to find jobs, they are unsure as to the timing. This is followed by 24% who expect to find work in 1-3 months, 21% who do not expect to secure employment in the short or mid-term, whereas 13% believe it will take 3-6 months to find a job.

Men headed households were identified to be slightly more hopeful in findings jobs overall, as the lack of expectancy to find a job at all is higher for women, and more men expect to identify a job within 1-3 months.

Approximately one third of Iranians do not expect to find jobs in the short or medium term. While it is unclear why they think this is the case, this finding indicates that livelihoods interventions should increasingly target Iranian individuals and households, including where and how to look for jobs, registration with ISKUR, skills development and vocational courses, and job matching interventions in general.

When asked about the reasons for unemployment, one third of respondents who indicated they were not working prior to COVID-19 (31%) indicated they have a long-term health condition, injury and/or disability that prevents them from working. In addition to this, other reasons for unemployment include not looking for a job/not available to work (16%) followed by those who are looking for a job (without success so far) and are available to start working.



Certain differences in reasons for unemployment were identified. Not looking for a job and/or not being available to work was identified to be 14% higher amongst rural respondents compared to those in urban settings. Additionally, a small group among rural populations indicated that they were rejected by employers due to age, which was ranked (7%) lower as a reason for unemployment by urban respondents.

In terms of differences between sex groups (both respondents and heads of households), long-term health condition, injuries and/or disabilities were identified as a more prominent barrier for men headed households compared to women. This is also the case for men respondents, as 35% indicated this as a barrier for their employment. On the other hand, domestic/care work is mentioned more frequently by women headed households compared to men. Particularly the latter finding on domestic/care work as a barrier for women's participation in the labor market (rather than their unwillingness to work), continues to emphasize the need to support women headed households to relieve them of their domestic/care duties, including through strengthened access to day care facilities.

Lastly, while having a long-term health condition, injury and/or disability as a barrier to employment is highest for Afghans (38%), not being able to find a job is highest for Iraqis. As with Iranians, a recommendation to increase Iraqi individuals' access to the labor market would be to support with information dissemination on relevant service providers (i.e. such as ISKUR, Public Education Centers etc.), facilitate their access to vocational and skills development activities, and other relevant livelihoods interventions.

Overall, findings related to child labour are quite similar to those of previous Rounds. In Round 5, at the household level, the assessment identified 3,038 children in total. Of these, 109 were identified to be working (approximately 4% of all children). While 4% may not seem like a high percentage in terms of working children, when applied to the total number of refugee children in Türkiye, an estimated 80,000 refugee children could be considered to be working. **Of particular concern and a notable change since last Round is that while in Round 4, one-third of all working children were identified to be below age 12, in this Round, this increased to 46%. This represents a 60% increase since the last Round in working children below age 12.**

The majority (92%) of working children reside in urban areas, reside in the Southeast (44%) and are within men headed households (86%). **While overall, the majority of working children are of Syrian origin, those below age 12 are highest amongst Afghan households (42% of all working children below age 12). While the assessment does not inquire into working conditions and does not provide a strong understanding on prevalence of worst forms of child labour within refugee communities in Türkiye, findings around nationality groups**



and age of working children indicates that while targeting should indeed focus on Syrian children, considering urgency and level of risk due to their ages, child labour and protection interventions should also increasingly target Afghan children.

The main sectors of employment for working children are textile & tailor (40%), agriculture & husbandry (9%) and construction (9%). Some differences in sectors of employment were identified between groups. For example, while there are no children residing in urban settings collecting garbage/paper, one-third of working children in rural settings are engaged in this. Unsurprisingly, agriculture & husbandry is also higher in rural settings compared to urban. Furthermore, while there are no children identified to be working on the streets within men headed households, this increases to 9% of all working children within women headed households. As working on the streets is one of the high risk/worst forms of child labour identified in Türkiye, women headed households should be targeted with necessary interventions in an urgent manner to eliminate this form of child labor. In terms of geographical linkages, working on the streets is identified to be highest in Marmara, whereas garbage/paper collection is highest in the Southeast.

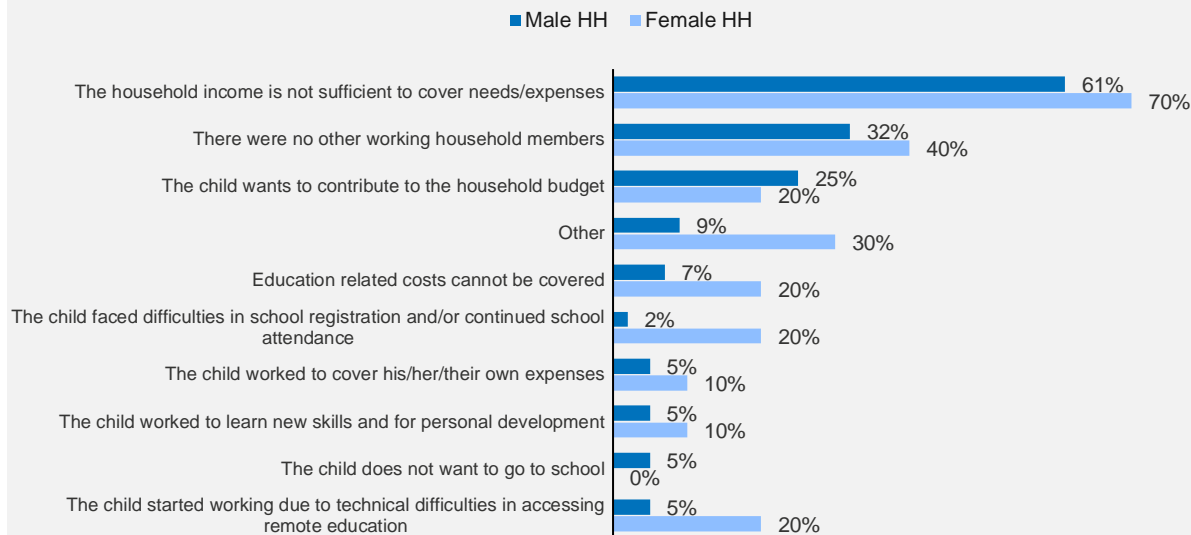
The majority of factors leading to child labor within refugee communities are directly linked with access to livelihoods and the socio-economic situation of households. To specify, the main reasons for child labor in this Round were identified as household incomes not being sufficient enough to cover needs and expenses (63%), absence of any other working household member (33%) and children wanting to contribute to household budgets (24%).

The reasons for child labor differ significantly, including with regards to these socio-economic indicators, across groups. For example, for rural populations, inability to cover education costs as well as difficulties in school registration and/or continued attendance are both ranked higher in terms of factors leading to child labor for rural populations compared to urban respondents.

Differences between sex groups (including both respondents and heads of households) are also identified. The most notable differences between women versus men respondents and heads of households are illustrated in the graph below:



Factors Resulting to Child Labor Differences between Male vs Female HH



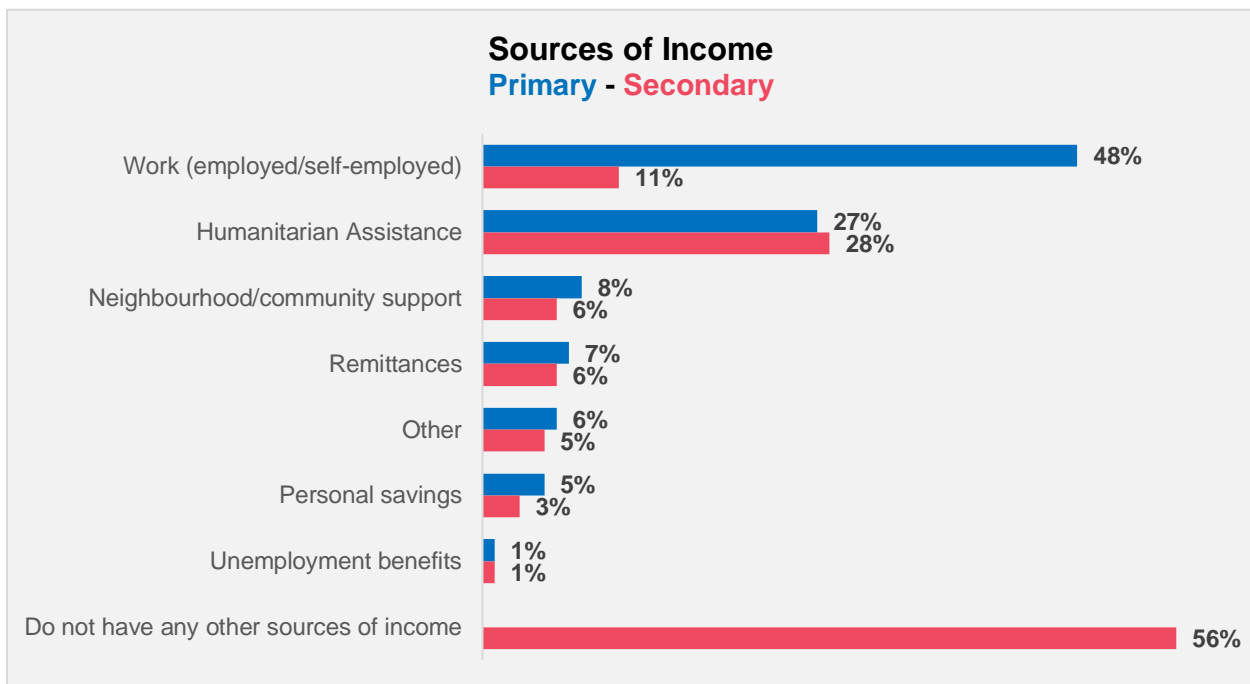
The above findings indicate the need to support women headed households, and women with working children, through livelihoods interventions and financial assistance, as well as through support in school registrations, so as to ensure that their children are able to continue schools (including preventing school drop-outs) and are not engaged in labor.

In addition to differences between sex groups, findings also indicate that different nationality groups face various difficulties that result in child labor. While across groups, children wanting to learn new skills and for personal development is not a prominent factor resulting in child labor (only 6% mention this) for Iranians, this increases to 50%, which is equivalent as a reason for children engaged in labor to household incomes not being sufficient. In order to ensure that Iranian children continue formal education but also continue to pursue skills development which would likely have positive impact to secure employment in the future, Iranian households could be increasingly targeted with referrals to technical and vocational education, as an alternative form of formal education. For Iraqis, in addition to socio-economic indicators, prominent reasons for children engaged in labor include inability to cover education related costs and difficulties faced during registration (both 50%). This indicates clearly the need to support Iraqi households in school registration processes, and to include them in programmes/interventions that aim to cover education related costs. Lastly, for Afghans, difficulties with school registration as a factor leading to child labor is equivalent to income insufficiency and absence of any other working household member. For Afghans, this also indicates the need to increasingly target with basic needs and livelihoods interventions, in addition to support in school registrations.



Income and Assistance

From Round 2 onwards, findings related to primary sources of income remained the same, namely income through work/employment (48% in this Round), humanitarian assistance (27%) and neighbourhood/community support (8%). Work remained the primary source despite the majority experiencing changes in their working status (including, as mentioned in previous sections, loss of jobs and workplace closures). To note, for 46% of respondents, income through work/employment is their only source of income.



Some differences across groups were identified in primary sources of income. For men headed households, work as the primary source of income is 13% higher compared to women headed households. This is also the case for Iranians and Afghans compared to other groups. Particularly for the former, 66% mention that work is their only source of income, indicating that access to livelihoods for Iranians is especially critical. For Iraqis, differing from other groups, remittances as a source of income are more prominent (21% compared to 7% overall). To note, those who indicate remittances as one of their primary sources of income are identified to be more able to cover their monthly expenses and basic needs, compared to those indicating other sources of income.

Across respondents, humanitarian assistance continues to be a major source of income. Overall, 52% of respondents indicate to be receiving assistance through public institutions, local authorities, I/NGOs and UN agencies.



In terms of differences between groups in access to assistance, findings indicate that in comparison to the 52% overall that receive assistance, only 28% of Iranians are accessing cash and/or in-kind assistance. Further, women respondents receive slightly more (7%) assistance compared to men. Lastly, access to assistance is highest in the Southeast (58%), and lowest in Marmara (43%).

In this Round, data on types of assistance was analysed in terms of those only receiving cash or only in-kind, as well as those receiving both. Accordingly, as in previous Rounds, **the most prominent form of assistance remains cash, with 85% indicating to receive only cash assistance, versus 6% who only receive in-kind assistance. An additional 8% receive both cash and in-kind**, with the exception of rural populations of which 19% of those receiving assistance indicate that they receive both cash and in-kind.

Differences in type of assistance is identified between sex groups. To specify, women headed households report receiving more “only in-kind” support compared to men headed households. This is similar to the indications received through men respondents, who indicate that 90% receive only cash assistance, whereas only 3% confirm receiving only in-kind support. Additionally, women headed households also have slightly more access to both cash and in-kind support (5% higher compared to men headed households).

Top three sources of cash assistance are ESSN (81%), followed by CCTE (20%) and UNHCR-DGMM cash scheme. The top sources of cash assistance remained relatively similar across Rounds, with ESSN and CCTE always ranking as top two sources. Other sources of cash include through I/NGOs (7%) and Social Assistance and Solidarity Foundations (non-ESSN). Only 3% mention receiving cash through Provincial Directorates of Family and Social Services (including Social Service Centers).

While not major, some differences were identified between groups in relation to sources of cash assistance. To mention, access to CCTE by rural populations were identified to be slightly less (9%). In terms of nationality groups, CCTE seems to be least accessible by Afghan and Iraqi households, as only 5% and 7% respectively indicate receiving CCTE assistance. Furthermore, I/NGOs were ranked as the second source of assistance by Afghans and the third source of assistance by women headed households. Lastly, Provincial Directorate of Family and Social Services (including Social Service Centers) as a source of assistance was ranked highest in the Aegean (7% higher compared to other regions).

The average transfer value of cash assistance programmes has increased slightly since Round 4, where it was identified as 907 Turkish Liras per household. In this Round, the transfer value was identified to be around 1,110 Turkish Liras. This slight increase may be an adjustment to



cash programmes in consideration of the general economic situation in Türkiye. To note, while the average transfer value was identified to be highest for Afghans, it is noted that specific cash assistance schemes targeting Afghans were available during the time of data collection. The lowest average transfer values are assistance programmes targeting Iranians (779 TL) and Iraqis (868 TL).

Among respondents who receive in-kind assistance, the top three types of support include family hygiene kits, dignity kits and sanitary items (34%) followed by food assistance (29%), supplies for COVID-19 prevention (16%) and accommodation/shelter assistance (10%). The main differences identified in type of in-kind assistance is between sex groups, as for women, family hygiene kits (etc.) is first ranked, whereas for men, food assistance is ranked first (and is 28% higher compared to women).

93% of respondents indicated that the assistance received does not fully meet their needs (which represents a slight increase since Round 4, where 88% mentioned it did not fully meet their needs). To note, among those indicating they only receive in-kind assistance, 16% confirm their needs are met through the assistance, compared to 5% of those who only receive cash assistance. This is not necessarily surprising, as in-kind assistance tends to be more targeted and designed to meet very specific needs (i.e. such as hygiene kits), hence may be more impactful. Overall, however, **the increase in those who expressed that the assistance does not meet their needs (who also represent the large majority of those receiving assistance) should be taken into account when identifying transfer values, as it seems despite the (minor) increase in the average transfer values the assistance increasingly fails to meet the needs of individuals.**

Access to Basic Needs and Household Expenditures

Across all Rounds, findings related to ability to cover monthly expenses and basic household needs, as well as adopted coping strategies have been among the most alarming within the assessment. As in previous Rounds, **90% of respondents report to not be able to fully cover monthly expenses and basic household needs**. While in Round 4, those who indicated they were not at all able to cover their expenses had reduced, hence an assumption was made that there may be improvements for the most socio-economically vulnerable compared to previous Rounds, in this Round, the situation reversed again. To specify, **while in Round 4, 39% had indicated they were not at all able to meet their needs, in this Round, this increased to 55%.**

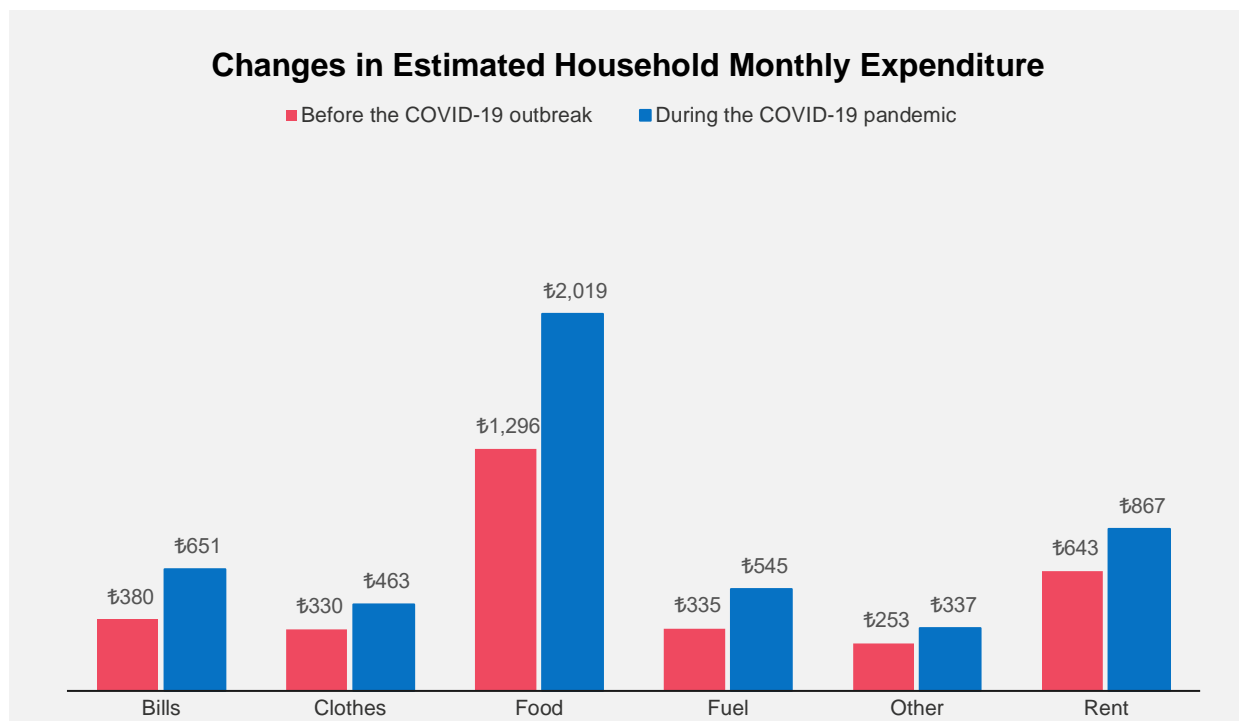


As in the previous Rounds, Afghans remained the most socio-economically vulnerable population group in this Round too, since 96% of all Afghan respondents mentioned they were not able to



fully meet their needs (56% not at all, 40% only partially able to meet needs). While they represent the highest overall in terms of inability to meet their needs, Iraqis were identified to have the highest rates of not at all able to meet their needs, with 59% indicating so. In terms of geographical differences, ability to meet needs is lowest in the Aegean. This was also the case in the previous Round, with no improvements being recorded.

Across groups, the average increase in expenditure compared to pre-COVID periods is 63%. In relation to changes in expenditure, the main differences were identified between nationality groups. To specify, while Iranians were identified to have experienced the least changes in expenditure (37%), it is noted that their expenditure pre-COVID were higher than other groups. There were no major differences in their essential expenditures (such as food), but a notable decrease was identified in their “other” expenses, which are likely non-essential expenditures. The highest change in expenditure was recorded among Afghan household. No major changes across groups were identified in relation to the different categories of expenditure, as overall, all groups experienced a notable increase across different expenditure categories.

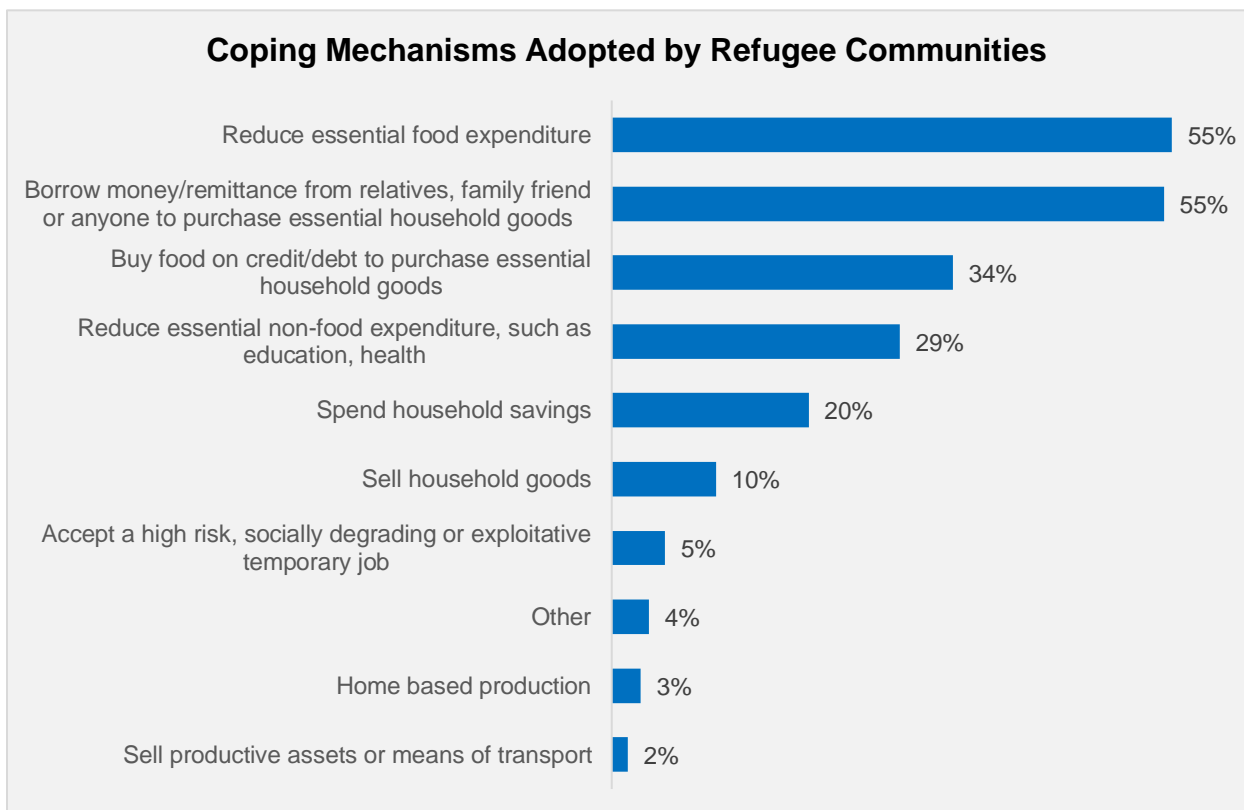


The most difficult to manage costs remained the same as Round 4, namely food (73%), rent/housing (67%) and utilities (44%). Some differences in costs difficult to manage were identified across groups. To mention some, food costs were identified to be 10% higher to manage for urban respondents compared to rural. While for Iraqis, rent/housing is ranked as the most difficult to manage costs, Iraqis and Iranians mention health expenses as costs they struggle with



in comparison to others. Hygiene related expenses are also more difficult to manage for Iranians (22% higher). Lastly, transportation costs were ranked as the third most difficult to manage cost in the Aegean (11% higher than overall).

As in previous Rounds, **almost all respondents (98%) indicated that they adopted a coping mechanism to manage the costs they struggle with. The most widely adopted mechanisms included reduction of essential food expenditure (55%), borrowing money/remittances (55%) and buying food on credit/debt. The fact that among the top three coping mechanisms two are related to food clearly indicate the need to increasingly target all groups with food assistance, since unless they are supported, this will likely result in health and protection related concerns.** While all groups require support with food assistance, of particular note for prioritization efforts would be that Iraqis were identified to rank reduction of essential food expenditure highest (73%) compared to other nationality groups, while in terms of geographical regions, this is most prevalent in the Southeast (62%).



Protection and Community Concerns

Protection and community concerns continue to be reported, albeit at relatively similar levels across Rounds. In this Round of the assessment, data was collected in relation to observations



of domestic violence, conflict among household members, sexual violence and abuse against women and girls, and child marriages. Differing from previous Rounds, the assessment also inquired into peer bullying, as partners and stakeholders have been increasingly mentioning the issue as a multi-layered concern faced by refugee children and youth. Furthermore, considering that stress levels at individual and community levels were reported as the most prominent protection and community concerns across Rounds, additional questions were included to probe into the causes and factors leading to increased stress levels, and whether individuals and household members sought support against this.

Observations of domestic violence remained at the same level compared to last Round, with 29% of respondents confirming to observe an increase within their communities.

Against this overall average however, findings indicate much higher levels of observation by Iranian women, of which 65% report increases in domestic violence. This may be due to two reasons, that domestic violence indeed occurs at higher levels within Iranian communities, or women may be better able to define and identify violence and domestic violence as a protection concern (i.e. rather than normalize the issue).

As with observations of domestic violence within communities, findings related to conflict among household members also remained at very similar levels compared to previous Rounds. In this Round, **36% of respondents confirmed observing an increase in conflict within households.** As with domestic violence, highest reporting of conflict within households is identified to be within the Iranian community (60% observe increase in conflicts).

16% of respondents indicate observing increases in sexual violence and abuse against women and girls within their communities. Findings indicate that while minor, women respondents report observing sexual violence and abuse at slightly higher rates (7%) compared to men respondents. As with the above-mentioned protection concerns, observations are significantly higher within Iranian communities, with 36% confirming increases in sexual violence and abuse within their communities as a result of COVID-19.

Social cohesion between refugee and host communities also remained unchanged compared to the previous Round. In this Round, **32% indicated that they observe increases in social tensions with host community members.** As in previous Rounds, findings indicated some differences between groups in levels of reporting of social tensions. To specify, rural communities report slightly higher levels (7%) of social tension compared to respondents living in urban settings. The major difference, however, is identified in relation to population groups. Against the overall average of 32%, 65% of Iranians indicate they observe increases in social tension with communities.



A significant portion of respondents indicate that they increasingly observe peer bullying between refugee and host community children and youth. To specify, **41% across groups confirm observing peer bullying**, with, once again, Iranians reporting highest levels (49%). While it is not possible to compare these findings with previous Rounds (as this area was introduced within Round 5), considering the levels of reporting, the **findings validate partner and other stakeholders' observations on the matter and the need to increase programming targeting refugee and host community children and youth with various initiatives related to social cohesion, cultural and sports activities (amongst others), which should be identified based on context, location, and impact of previous interventions as well as good practices.**

Similar to the previous Round, **13% of respondents confirm observations of increased child marriages within their communities.** No major differences were identified in relation to location, population groups, or sex groups (including both respondents and heads of household) in this regard.

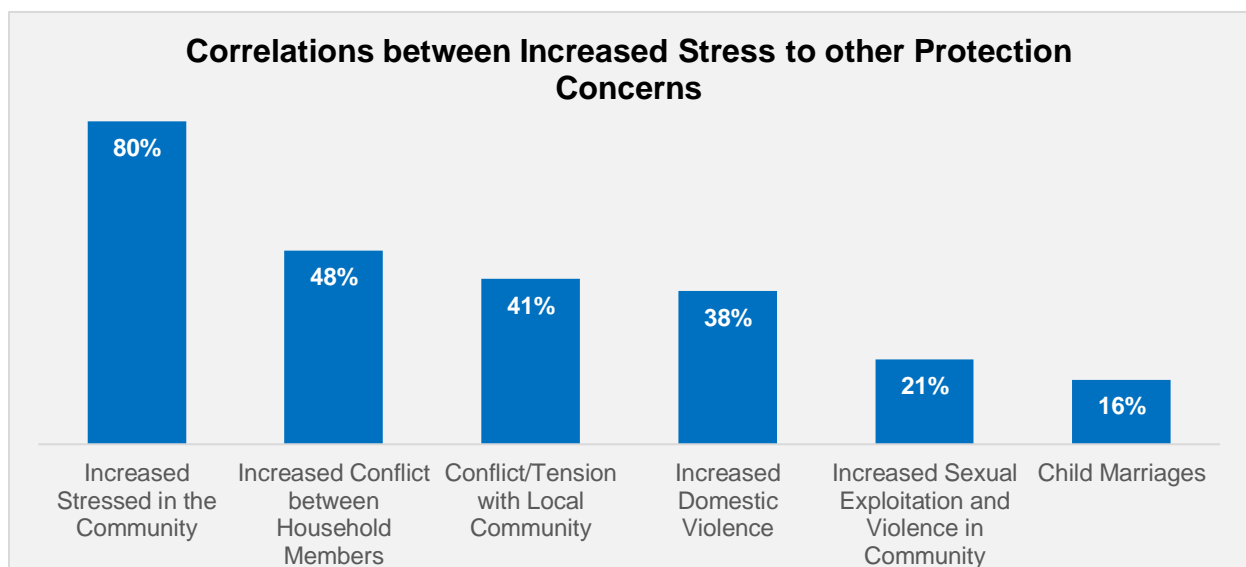
Findings indicate that linkages exist between the different protection and community concerns. To specify, women respondents who confirm that they observe an increase in domestic violence within their communities also report much higher levels of conflict amongst household members (increases from the overall average of 36% to 78%), the conflict between refugee and host community members (increases from the overall average of 32% to 74%), peer bullying (increases from the overall average of 41% to 64%), sexual violence and abuse against women and girls (increases from the overall average of 16% to 48%) and child marriages (increases from overall average of 13% to 30%). This may be explained by the overall high awareness levels and ability to identify and define protection and community level concerns, both within their own households and at the community level.

As mentioned above, **increased stress both at the individual and at the community level was the most prominent protection and community concern identified across all Rounds of the assessment.** In this Round, 63% of respondents reported to observe increased levels of stress at community level, while 60% confirmed that they experience increased stress themselves. At the community level, highest levels of stress are reporting by Iranian (89%) and Afghan (72%) respondents. This trend is identified in relation to individual level stress levels as well, with 85% of Iranians and 70% of Afghans reporting they experience increased stress themselves. This remained consistent across Rounds as well, since these two population groups were identified to report highest levels of increased stress at both individual and community levels.

As seen in the graph below, findings show that there are various linkages between increased stress levels and other protection concerns. For example, among those who confirm experiencing



increased stress, reports of increased domestic violence and conflict amongst household members also increases (9% and 12% respectively). It is unclear however whether increased stress results directly in domestic violence and conflict within households, as the latter two areas are probed at community level. On the other hand, increased stress also seems to be correlated with conflict/tension with host community members. To specify, for respondents who indicate they observe conflict with host community members, increased stress levels at community level increase from 63% to 90%. This clearly shows that **protection actors should increasingly introduce MHPSS considerations in programming, as the protection situation is evidently impacted by MHPSS, as well as vice versa.**



This Round also probed into reasons for increased stress at individual level, as well as whether individuals attempted to access MHPSS services, if yes, what types of service providers they attempted to access, and whether they thought the services were effective or not.

Among the top reasons for increased stress, respondents mention uncertainty about future in Türkiye (25%), followed by not being able to meet expenses (24%) and fear of losing jobs (13%). While the latter two reasons are clearly related to the economic situation (and its impact on refugee and host communities alike) as well as the sustained access to employment, all three factors mentioned are related to individuals' lives and circumstances in Türkiye.

Findings indicate some differences between groups in relation to reasons for increased stress. For rural populations, not being able to meet expenses (26%) is ranked as the first reason, followed by uncertainty about future in Türkiye (24%) and concerns about the future of children (17%). For urban respondents, while only slightly higher, exposure to discrimination in Türkiye and domestic tensions/violence are mentioned comparatively more than rural respondents.



In terms of differences between sex groups, data indicates that for women, concerns about the future of their children rank as the third reason for increased stress, whereas for men, fear of losing jobs is ranked as the third reason. As a factor resulting in increased stress, domestic tension and violence is reported at higher levels by women respondents, compared to men.

Certain differences were also identified between population groups. Uncertainty about future in Türkiye is most prominent for Afghan households, who also mention concerns about their children's future as a stress factor. Iranians indicate higher levels of feelings of isolation due to COVID-19, whereas Iraqis mention unresolved trauma from conflict and displacement.

As with MHPSS linkages with protection concerns, the findings also clearly identified linkages between MHPSS situation of individuals and their ability to cover monthly expenses and basic needs. To specify, among those who mention not being able to meet expenses as a reason for increased stress, only 3% indicate they are fully able to meet their expenses. Similarly, 94% of those who mention inability to meet expenses as well as fear of losing jobs as stress factors, report increased stress levels. These findings indicate that the most prominent reasons for stress are related to current/short term financial/economic circumstances and their unpredictable longer-term situations.

The MHPSS related findings from this round, including the reasons and factors resulting in increased stress levels, clearly indicate that MHPSS interventions should be complemented by child protection and youth targeted interventions (which may include strengthening access to education, cultural activities, social cohesion activities etc.), livelihoods and basic needs related support, to achieve effective outcomes (i.e. mental well-being of individuals).

Overall, among those who reported experiencing increased stress themselves, approximately half (55%) shared that they did not attempt to access services. To note, the assessment did not inquire into why they did not attempt accessing services, despite having the need to. Of those who did seek support, 18% mentioned receiving MHPSS services through I/NGOs, whereas 13% indicated approaching hospitals for services.¹⁵

Certain differences between groups were identified in relation to attempting to access MHPSS services (or not) as well as which service providers individuals approached to reach services.

In relation to differences between sex groups, findings indicate that women are more likely to attempt accessing MHPSS services in general (47% indicated not attempting compared to 63%

¹⁵ Other service providers that respondents sought MHPSS support from include migrant health centers (5%), private psychology/psychiatric clinics (4%), social service centers (3%) and municipalities (2%).



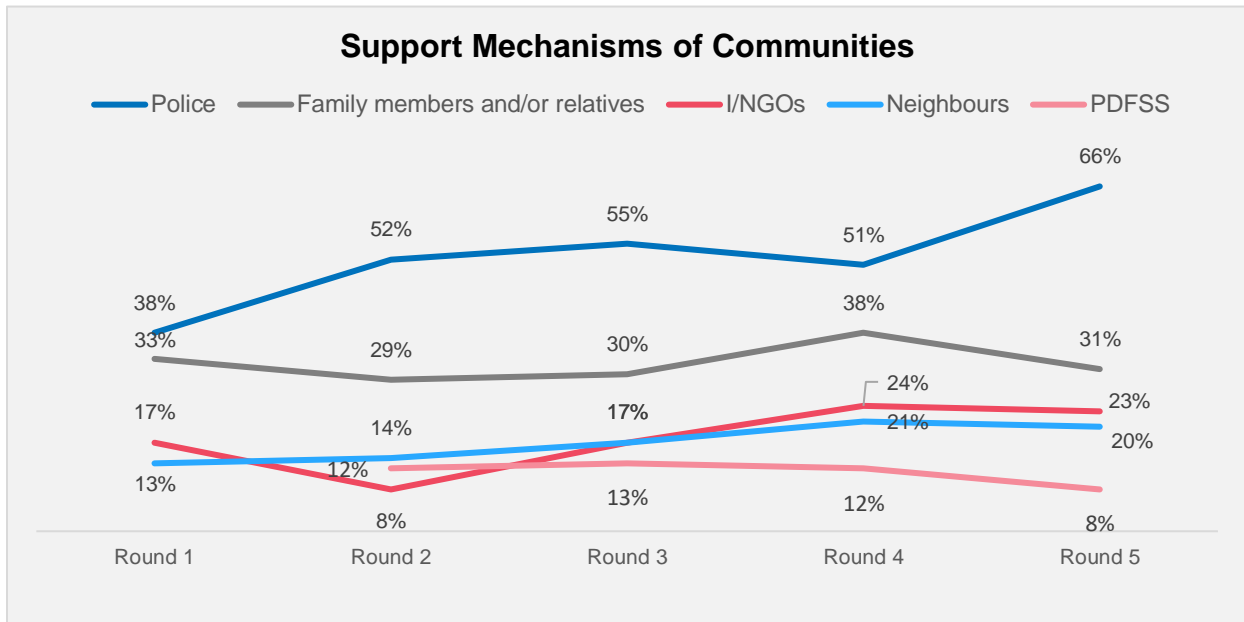
for men headed households). Compared to men, women were identified to receive services through I/NGOs more so than men (7% higher). While I/NGOs are also an important service provider for men, it is also identified that men are likelier to seek MHPSS support through hospitals compared to women (37% of men confirm approaching hospitals).

In terms of differences between population groups, Afghans were identified to be highest in not attempting to reach a service provider (60% did not attempt to access). This is an important finding, considering that Afghans were among the top two nationality groups with the highest levels of deteriorated MHPSS, both at individual and community levels. Among those that did attempt to access MHPSS services, the top three service providers for Afghans include I/NGOs (53%), hospitals (15%) and private psychology/psychiatry clinics (15%). Additionally, findings from the “Access to Health Services” section of the assessment show that 15% of Afghan respondents who attempted to access hospitals indicated their reason to approach as seeking MHPSS services (compared to 6% overall).

Considering Iranian respondents reported highest levels of increased stress levels at individual and community levels, it is important to note that as with Afghan respondents, 53% report not attempting to access services, despite experiencing increased levels of stress. Among those that did attempt to access service providers, the top three are the same as Afghans, however receiving support through private institutions is slightly higher (9%) than any other population group. It is also noted that to receive MHPSS services is the second ranked reason for approaching healthcare services for Iranians.

Of those who confirmed receiving MHPSS support from various service providers, 59% indicate they were able to effectively access services, while 23% of respondents indicated partially, and 18% stated they were not able to effectively access services. While the question did not necessarily probe into whether those seeking support were satisfied with the MHPSS services themselves, or whether they found it useful/had a positive impact on their mental well-being, it is noted that both Iranians and Afghans (who report highest deterioration in mental well-being) indicated “no, I did not find services effective” as their first response. An additional question may be included in the next Round to better understand why certain individuals did not find services effective.

Across all Rounds of the assessment, police was ranked as the top support mechanism that respondents indicate relying on when faced with a protection or community concern. Other support mechanisms have remained relatively similar across Rounds, with some changes in order of ranking. The top five support mechanisms for communities, and changes across Rounds, are indicated in the graph below.



In terms of differences between nationality groups, of note is that Afghans rely more so than other groups on I/NGOs for support, whereas Iranians rely on UN agencies in a similar vein. Of note for Iranians is that 15% indicate they do not know where to seek support, compared to 6% across respondents.

Access to Legal Assistance

Overall, 15% of respondents indicate they faced a situation where they needed to access legal assistance, remaining at similar levels since last Round. **While improvements have been recorded since Round 3 (where of the 10% who required support, 83% indicated they did not receive any, which reduced to 14% in need and 65% not reporting access to in Round 4), there is still a significant gap in terms of community needs for legal assistance versus levels of access.** In this Round, of the 15% who mention needing to access legal assistance, 54% reported not being supported by a lawyer. Of those who were able to access assistance, 18% confirm receiving support through I/NGOs, 12% via private lawyers, and 11% via Bar Associations.

Some differences were identified between population groups in relation to need for legal assistance, ability to access, and areas of need for assistance. To specify, the need for legal



assistance is highest among Iranian respondents (31%), of which 57% share that they were not able to access assistance. The main areas that support is needed for Iranians include changes in registration and legal status, International Protection applications/IDs, and employee rights.

Afghans were identified as the second population group in need of legal assistance, with 28% indicating a need against 67% not being able to access any assistance. For Afghans, the top areas where support is needed include violence, deportation and changes in registration and status.

Sexes of heads of households were also identified as a factor in differences in relation to need for legal support and area of need. In general, the need for legal assistance was identified to be slightly higher (9%) for women headed households, compared to men. Of those that required legal assistance, approximately half mention not being able to access. For women headed households, divorce related matters and custody of children were ranked among the more prominent issues compared to men (in addition to support required in legal status related matters).

In addition to those mentioned by specific groups above, across respondents, **the main legal areas that they required legal assistance in included TPID/IP application and status holder IDs (26%), violence (19% in total, with breakdowns including sexual, psychological and physical violence), changes in registration and status (13%), and divorce.**

Across respondents that required legal assistance and were able to access it, approximately half received support in the form of legal assistance (including in drafting of petitions, accompaniment to courts, etc.), followed by legal counselling (29%) and referral to Bar Associations (10%).

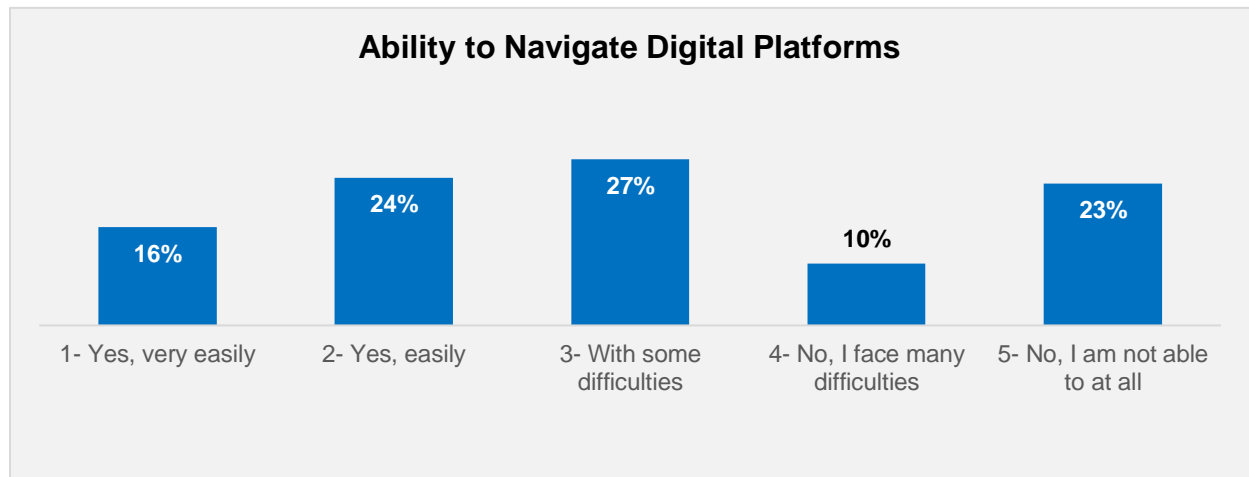
Access to Digital Tools and Digital Literacy

Questions related to access to digital tools and levels of digital literacy within refugee communities was introduced in the previous Round and were kept in this Round considering the relevance to the ongoing COVID-19 situation and continuity in delivering hybrid services (both in person and remote).

According to findings, **52% of all respondents indicate facing difficulties in access remote services due to lack of digital tools, including equipment such as laptops, tablets, smartphones and Wi-Fi.** Differing from the previous Round, no major differences between groups were identified in relation to levels of access to services due to availability or absence of digital tools. While the geographical differences are very minimal, the least difficulties in accessing services due to digital tools is noted in the Aegean and Marmara regions, which may indicate that digital and remote services can be made more available within these regions compared to others.



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 40% 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.**



Preferred remote/digital tools during service delivery remained the same as in the previous Round. To specify, Whatsapp (46%) remains the primary preference across groups to receive information and access services, followed by phone (20%).



Conclusions and Key Recommendations

- The low levels of Turkish language skills among respondents is a clear indication that barriers to participating regularly in official Turkish language courses should be identified and reduced to the extent possible, to ensure an increased percentage of the refugee population in Türkiye is able to speak Turkish, which would be an important factor to social cohesion between refugee and host communities. Targeting should prioritize Syrians (as a third of respondents indicated that their Turkish is very limited) and women (as they indicate having less access to information compared to men).
- While the assessment did not inquire into the specific needs and access barriers of persons with disabilities in depth, findings indicate that the prevalence of disability is highest amongst Afghan communities. Hence, identification and targeting of Afghan individuals with disabilities (and their caregivers) with relevant programmes and interventions (which should be defined based on individual/community level assessments) should be strengthened. Furthermore, considering that a third of persons with disabilities seem to be lacking disability reports, there is a better need to understand what the access barriers are to obtaining the reports and support individuals accordingly, as this will have a significant impact on their access to specialized assistance and support.
- While certain improvements have been recorded for both Afghans and Iranians in relation to their access to information, all Rounds of the assessment underlined the need to increasingly access these two groups with information, based on the categories of information they are in need of, through their preferred channels to receive information. In a similar vein, rural populations and illiterate individuals are also identified to have more information needs compared to other groups, which will require specific measures to address (i.e. verbal communication for illiterate populations). Furthermore, considering the findings for women related to their need for information on social services and legal assistance, and that their main needs for legal assistance are related to violence and custody issues, information dissemination efforts targeting women should also be complemented by legal assistance and GBV risk mitigation, prevention and response interventions. Lastly, findings clearly indicate that in addition to common information needs across groups, there are some differences between sex groups, nationalities and geographical locations that should be taken into consideration in tailoring content of information to be disseminated.
- Clear improvements in access to essential services are recorded since the previous Round, however the difficult to reach services remain very similar over time (PDMMs and ESSN/CCTE). Additionally, difficult to reach services/service providers and barriers in accessing these services continue to be differentiated according to nationality, sex groups,



locations and residential settings. For example, particularly with regards to PDMM services, rural populations are identified to be facing difficulties, which will require measures specific to the group such as provision of mobile services, support in transportation and booking appointments. Women headed households seem to be facing more challenges compared to men headed households in accessing NGO services, whereas women respondents overall indicate difficulties in reaching PDoFSS services, including due to care duties and financial barriers. In addition to financial difficulties as a barrier to accessing services, individuals of nationalities other than Syrian also mention language barriers. These examples clearly indicate the need to adopt tailored approaches to protection interventions (including through referrals and advocacy with service providers, donors etc.) to specific groups.

- While health services and service providers were among the most difficult to reach across all Rounds of the assessment, clear improvements in access were identified in this Round. However, Afghans and Iranians continue to report more challenges compared to other population groups in accessing services primarily due to health insurance inactivation. While compared to the previous Round, many individuals with inactivated insurances report to have approached PDMMs to request assessment towards reactivation, the issue remains largely unresolved, including for persons with specific needs. Findings indicate the need to clarify with PMM which types of medical concerns and disabilities would trigger reactivation, and to identify alternative solutions for those with less severe/chronic medical concerns that still require treatments.
- Findings indicate that for both Arabic and non-Arabic speakers, lack of interpretation in SRH and G&O service providers is increasingly among the most prominent challenges in accessing these services. In order to ensure unhindered access of women to SRH and G&O services, it is recommended to increase the interpretation capacity within relevant service providers.
- While overall vaccination rates are high and no significant barriers to accessing COVID-19 vaccines were identified, some additional targeting on the matter is required. To specify, rural populations, women headed households and Afghan individuals should be targeted with information dissemination and raising awareness efforts on the positive impact of COVID-19 vaccines. Additionally, the situation on access of persons with disabilities to COVID-19 vaccinations remain unclear which may require additional interventions. There is a need to target men to clarify that the vaccinations are free of charge, and Afghan households may require transportation support to ensure they are able to access medical facilities for vaccinations.
- Overall, improvements were recorded in access to education in comparison to periods where children accessed education through remote learning (i.e. EBA online/TV). However, even for children already enrolled in schools, findings indicate that transportation related challenges



and financial constraints are two risk factors for continued education. These two factors are also mentioned by households with out of school children, in addition to peer bullying as a reason for not being enrolled in schools. Challenges related to financial constraints and transportation related issues can be addressed to a certain extent through cash assistance/social protection mechanisms or engagement in livelihoods opportunities for households with children enrolled in schools.

- As in previous Rounds, the majority of individuals who were employed prior to the pandemic worked informally. Afghans, Iranians, Iraqis, rural populations and women headed households were identified to have more short-term, irregular jobs (including in seasonal work for some of the mentioned groups). These groups should be targeted to increase their access to longer-term, sustainable and predictable employment opportunities.
- While many report experiencing change in their working status, the main source of income across groups remains income through work/employment. Hence, the change in working status (if loss of jobs/dismissal, closure of workplaces etc.) will likely have a direct impact on individuals'/households' ability to meet their expenses and basic needs, which is something that many households are already struggling with. Additionally, many respondents now indicate that their future employment opportunities are more unpredictable, and they think that it will take a longer time to find jobs.
- Likely linked to the current economic situation and COVID-19 impact on communities, the age of working children is rapidly increasing to below 12. While the majority of working children are of Syrian origin, most of those below 12 are Afghans. There is a need to conduct studies on working conditions, worst forms of child labour and access to rights and services (of working children) within refugee communities in Türkiye to be able to prioritize interventions based on levels of urgency and other factors.
- Approximately half of respondents indicate receiving assistance in the form of cash, in-kind or both. However, increasingly so, respondents express that the assistance is not enough to meet their needs. This may mean that when designing cash and/or in-kind assistance schemes, the economic situation resulting in increased costs of living should be increasingly taken into account, particularly for transfer values of cash programmes.
- Those who indicate they are not able to meet their basic needs and monthly expenses at all are increasing. While almost all communities report adopting survival strategies and coping mechanisms against their reduced ability to meet their needs, two of the top mechanisms adopted are related to food consumption and expenditure which may result in health and protection related concerns, unless addressed.
- 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 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 at similar levels compared to previous Rounds. Increased levels of stress at the individual and community levels continue to be the most prevalent form of protection concern, particularly for Afghans and Iranians. In addition to stress, peer bullying is also reported at significant levels, which requires interventions in neighborhoods, schools and other public spaces between refugee and host community members, including targeting children, youth and their caregivers.
- Deteriorated MHPSS levels at individual and community levels continue to be reported as the most prominent protection/community concern. Reasons for increased stress are linked to the worsening economic situation compounded by the fear of losing jobs, as well as unpredictability about future in Türkiye. There is clearly a need to mainstream MHPSS interventions within Protection and non-protection programming, including through direct service provision (considering I/NGOs are the primary source of MHPSS support) wherever possible or through strengthened referrals to specialized service providers.
- While improvements have been recorded in access to legal assistance for those who require it, there remains a gap between need versus access. Findings indicate the continued need to increase capacity of I/NGOs to deliver legal assistance as they remain the primary service provider through which refugees seek support.

Way Forward

- Assessment findings (via this Report and the interactive [PowerBI Dashboard](#)) will be shared widely within 3RP and other coordination platforms.
- Findings will be used in the mid-year review process for the sector, including to identify additional intervention areas and activities for partners.
- 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.
- The next assessment will take place as of July 2022 onwards. Considering that the findings and trends have remained relatively similar over a period of time, a critical review of the questionnaire will be undertaken in consultation with Protection sector partners and non-protection experts. New inquiry areas will be introduced, and the COVID-19 focus of the assessment will be removed to better capture the current context.

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.