



# COVID-19 NEEDS ASSESSMENT REPORT



TURKISH RED CRESCENT  
COMMUNITY BASED MIGRATION PROGRAMMES

## Covid-19 Needs Assessment Report

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Turkish Red Crescent Community Based Migration Programmes

Ankara, June 2020

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# COVID-19

## NEEDS ASSESSMENT REPORT

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TURKISH RED CRESCENT COMMUNITY BASED MIGRATION PROGRAMMES

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# 1. EXECUTIVE SUMMARY

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The COVID-19 outbreak, which started in Wuhan, the capital of Hubei province of China, has affected the whole world in a short time. The effects of the outbreak, which was declared a pandemic in March 2020, have increasingly continued to the date this report is prepared, June 2020. The outbreak has had significant social, economic, and psychological impacts on our country, where the first case was identified in March 2020. Many researches show that the vulnerable groups have been affected more during this process in Turkey, as in the whole world.

16 Community Centers, which carry out activities for all vulnerable groups under the Turkish Red Crescent Community Based Migration Programmes Coordination Office, have worked actively to respond to the needs of the target groups in the COVID-19 period. The diversifying needs in the field caused changes in the activities from the Community Centers during this period. Continuing many of their activities remotely such as psychological screening, training, and informing, The Centers have also conducted new activities to meet important needs such as mask production and hygiene items distribution.

This report was prepared to present the needs of vulnerable groups, which emerged due to COVID-19 and were identified in the field. In addition to the findings of the beneficiary-based survey, the data consisting of field observations of Community Center personnel who actively worked in The field as well as services requested by the beneficiaries of the Community Centers during COVID-19 period was assessed. A secondary data analysis was carried out to make assessments in consideration of the findings of other organizations. Methods used in the survey include a combination of expert opinions and statistical methods.

According to the needs of vulnerable groups assessed in the report, the challenges in accessing basic needs such as food and shelter stand out in addition to economic problems. As it is clearly seen in the survey results, the COVID-19 outbreak has caused a significant decline in household income and a significant increase in the number of households with no income at all. Challenges emerged due to COVID-19 such as unemployment, wage deduction, unpaid leave, and going into debt constitute the basis for the economic problems.

In the survey, the changing needs of Turkish citizens and migrant/refugees were assessed separately. It was understood that there are apparent differences between these two groups in terms of the emergency of the needs. The areas of greatest need identified included food, rent, and cash support for migrant and refugees, while these were not needed as much highly by locals.

When psychological effects of COVID-19 were assessed, an increase was observed in the anxiety and depression levels of those who applied to Community Centers for psychological counselling. This increase is seen in all studies conducted in the field as a result of economic and social uncertainties and changes occurred in such crises. However, the decrease observed in the demand for family counselling service is noteworthy. According to the studies conducted in the field, although there was an increase in domestic problems, various barriers to services have emerged.

Another important area affected by COVID-19 is education, as well as access to education. Online education was provided through EBA (Education Information Network) after schools were shut down as part of control measures in Turkey. It was observed that some of the school age children could not access education due to the change. The challenges in accessing education included lack of TV, computer, and internet access due to insufficient income; lack of information about the remote education method implemented; and not being able to benefit from the courses efficiently because of language barrier.

It was observed that most of the interviewees had some level of information about COVID-19. However, it is recommended to continue awareness activities considering the importance of personal measures in preventing the risk of infection.

## 2. BACKGROUND

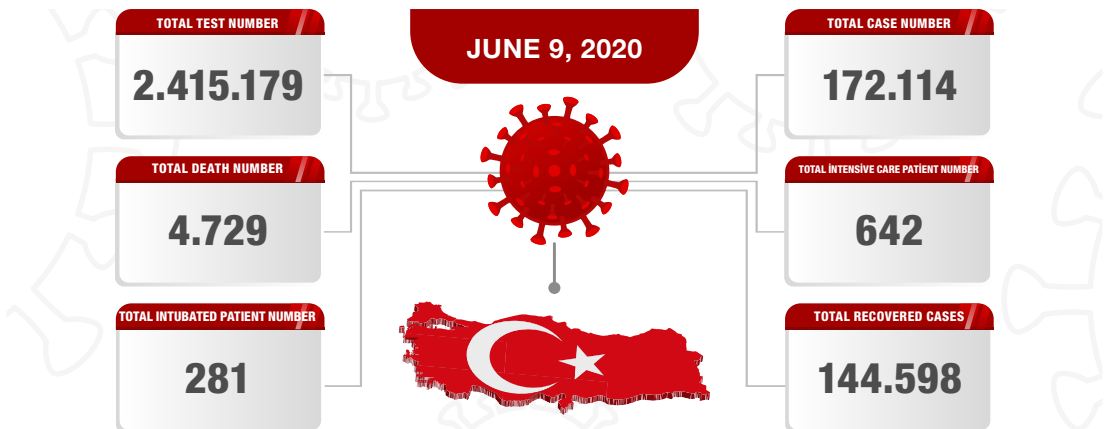




## 2.1. COVID-19 in Turkey

The outbreak, which was caused by the “Coronavirus” emerged in China’s Wuhan province in December 2019, has rapidly spread in many countries, causing a global crisis. When the number of cases reached 118,000 and the number of deaths reached 4,291 in March 11, the World Health Organization declared the outbreak a “pandemic”. According to the definition of the World Health Organization, a pandemic is an outbreak of a dangerous disease, which the population had never encountered before and which spreads quickly and continuously among people. There were more than 7 million cases worldwide as of 9 June 2020, which were reported to WHO and published on its website (<http://COVID19.who.int>). The number of COVID-19 deaths had reached beyond 400,000 as of this date.

The first case was identified on 11 Mart 2020 in Turkey. The fight against the Coronavirus started immediately after the identification of the first case, and Turkish government started to implement nationwide control measures regarding all kinds of communal settings that increase the risk of spread of Coronavirus (workplaces, schools, sports facilities, hair salons, barbers as well as conferences, seminars, sports activities, etc.). A temporary travel ban including major cities as well as Zonguldak province, where lung diseases are prevalent, and a lockdown on weekends and national holidays were imposed. Travel restrictions were lifted as of June 1 as part of the normalization process. Most restrictions were lifted as of 9 June 2020, which included lockdown for persons over 65 who constitute a high-risk group and for persons under 18 who have a high potential to increase the risk of transmission, and administrative leave for employees who have chronic diseases. According to data from the Ministry of Health, the latest COVID-19 situation report for Turkey is as follows:



Measures imposed due to COVID-19 pandemic brought about significant changes in many areas from social life to economy. The burden of the pandemic on national healthcare systems gave rise to the questioning of the functionality of these systems, and revealed the need for reconstruction. Measures taken to protect public health such as closure of schools, transitioning to remote work, social distancing, quarantine, and cancellation of all sorts of communal activities have had important impacts on the social structure and social relations as well as individuals’ psychology. In addition to these changes, without doubt, the pandemic had a major impact on economy. It negatively affected national economies in terms of both microeconomics and macroeconomics, giving rise to new needs and risks. It is expected that its economic impacts will cause various structural changes in the medium- and long-term.

With all these changes, refugees and persons under temporary protection as well as vulnerable groups among local people were adversely affected by COVID-19 in Turkey as in the whole world. As

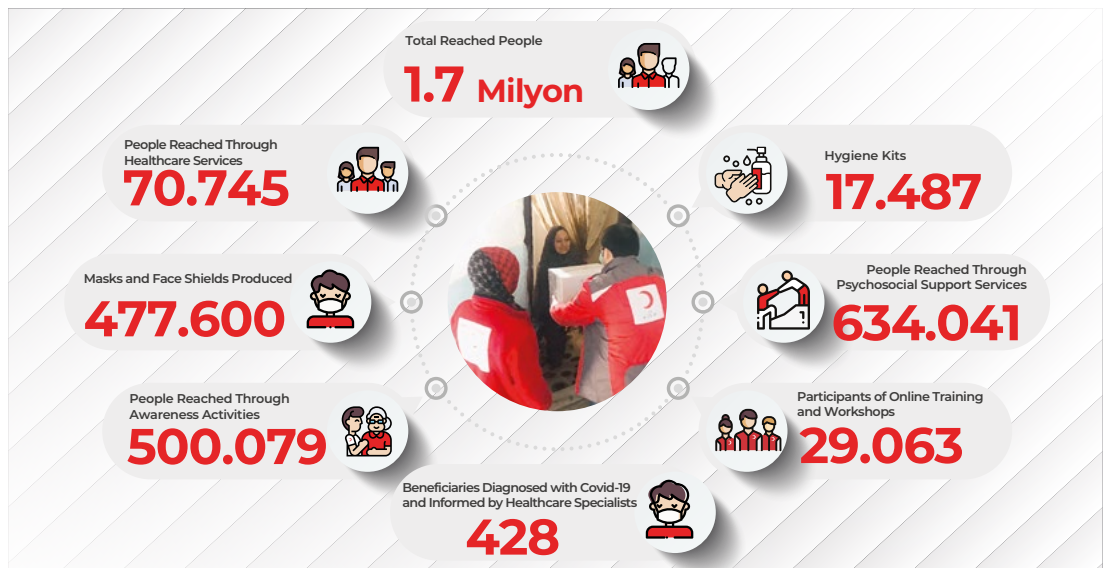


The primary target population of Turkish Red Crescent Community Centers includes vulnerable people of all ages. As per the 7 Fundamental Principles adopted by all the personnel, members, and volunteers of the International Red Cross and Red Crescent Movement, including Turkish Red Crescent; the Community Centers provide services in an impartial manner, regardless of religion, language, and ethnicity for all those in need who live in their area of responsibility.

June 2020 Data of Community Centers



Community Based Migration Programmes provide services during the COVID-19 outbreak in many provinces with their Community Center personnel and volunteers. Every service was designed in consideration of conditions entailed by COVID-19. The services given in the table below are provided within this scope.



29 March - 11 June 2020 data

### 3. ABOUT STUDY





### 3.1. Aim of Study

The most critical point in programming and conducting humanitarian community-based programmes is to identify the needs correctly. It is important to carry out multidimensional and regular needs assessments in order to effectively allocate required resources. It should be emphasized that needs assessment is not a one-time effort but a regular study to be conducted throughout the intervention process. Community-based migration programmes are developed by updating all actions from crisis intervention to development, identifying the needs correctly and constantly following up on changing needs. To achieve success particularly in times of crisis such as COVID-19 pandemic, needs should be identified correctly and changing needs should be monitored regularly. Turkish Red Crescent conducts multidimensional and regular needs analysis for COVID-19. Prepared during the COVID-19 outbreak, this report is part of a multidimensional study that includes the analysis of updated data obtained from stakeholders (beneficiaries, humanitarian aid workers, other stakeholders participating in intervention, and public organizations and institutions) and from the field. The report was produced to identify the effects of the pandemic on vulnerable groups and the needs determined from the humanitarian aid professionals who work in Turkish Red Crescent Community Centers and in the field actively, playing an effective role in crisis response from the first day of the outbreak.

With this study, it is aimed to thoroughly identify the needs of beneficiaries in relation to COVID-19 and inform the future studies. To this end, the study was structured to include 4 dimensions. Each dimension has its specific sub-objectives as follows:

**Views of beneficiaries:** The objective is to identify the needs of Community Center beneficiaries and their access to the services they need as well as the differences between the needs of local people and migrants/refugees and the new challenges they face due to COVID-19.

**Views of Community Center field staff:** The objective is to understand the frequently encountered needs in the field and the demands of beneficiaries by means of the observations of 16 Community Centers' employees who have worked actively during COVID-19 period, and to consider the changes observed in the field during this period from the perspective of humanitarian aid workers.

**Data comparisons:** The objective is to identify how COVID-19 changed the profile and demands of beneficiaries of Community Center services by comparing the data obtained in the pre-COVID-19 (January–February 2020) period with the data obtained during the COVID-19 period (April - May 2020).

**Secondary Data Analysis:** The objective is to evaluate the effects of COVID-19 on vulnerable persons with the help of the findings of other organizations, reviewing reports prepared by humanitarian aid organizations and institutions that work particularly with refugees and persons under temporary protection as well as similar reports published during the period.



## 3.2. Study Method

As mentioned in the previous section, the study was structured to include 4 dimensions in order to carry out an extensive and accurate needs assessment. These dimensions include the views of personnel working in the field, the views of beneficiaries, data comparisons, and secondary data analysis.

Each dimension had a different study method. The Community Based Migration Programmes Planning, Monitoring, Evaluation and Reporting Department collected, separated, and analyzed data obtained in the study. PASW Statistics 18 was used for the analyses. The analysis outputs were evaluated in consultation with the managements of the programmes and are presented in the report.

**For View of Field Personnel:** A survey was conducted with the participation of the managers of the 16 Community Centers and personnel of the programmes (Protection, Health and Psychosocial Support, Livelihood Development, and Social Cohesion). 84% of 374 employees (312 people) answered the questions in the survey (the number of answers were taken into account in the analyses).

**For View of Beneficiaries:** The number of persons each Community Center will reach was determined using a sampling method that can represent the target population of the study. The personnel of the 16 Community Centers collected beneficiary information through the phone. Frequency distributions and cross tabulations were used in analyses. The Chi-Square Test of Independence was used to look into differences between the groups.

The target population of the study includes beneficiaries (refugees, persons under temporary protection, and locals) aged between 18 and 65 years who were registered in the Community Center database. The total number of persons to be reached among the target population was determined with simple random sampling. The number of persons to reach was calculated using proportioned layering by the number and age group of Community Center beneficiaries. The calculated number of persons was distributed by gender and nationality (locals, migrant and refugees).

The number of samples was calculated using a 95% confidence interval (0.05 margin of error) and the correction was made in a way to have at least 1 person in each group. Number of samples was calculated as 363 persons; however, the number of persons to be reached was rounded up to 410 after proportioned layering.

**For data comparisons:** The data of persons, who benefited from the services provided by the Community Centers in the periods of January–February 2020 and April - May 2020, as well as the services they benefited from were retrieved from the Community Center database and reviewed in breakdowns. Data of 14,628 persons was analyzed for the January–February 2020 period, and 3,019 persons for the April -May 2020 period.

**For Secondary Data Analysis:** COVID-19 reports of UN organizations and other national and international NGOs that work with vulnerable groups, namely refugees and persons under temporary protection, were reviewed and their observations were included in the report.

## 3.3. Study Restrictions

Community Center employees conducted the study on the phone with persons chosen among the beneficiaries registered in the database. They occasionally had difficulties conducting interviews resulted from talking on the phone and some households being too crowded.

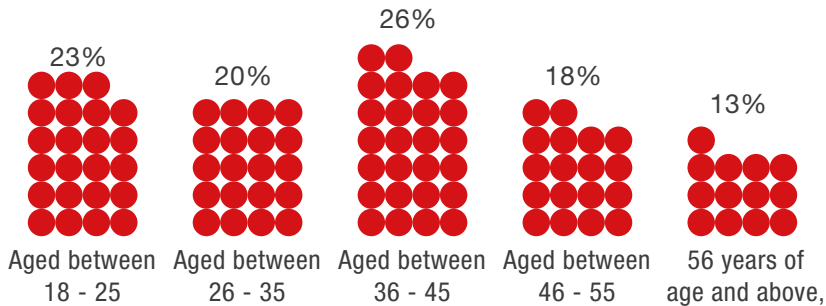
This report is drafted based on the data collected from individuals living in urban area and does not include data from rural areas. Therefore, the report reflects the needs and opinions of individuals

living in urban areas. The conditions and needs of rural areas should be analyzed separately by employing methods that are appropriate with the living practices of rural areas.

Many organizations published COVID-19 special reports during the period of the study. However, not all study reports were included in the secondary data analysis either because of their relevance or because of time restrictions.

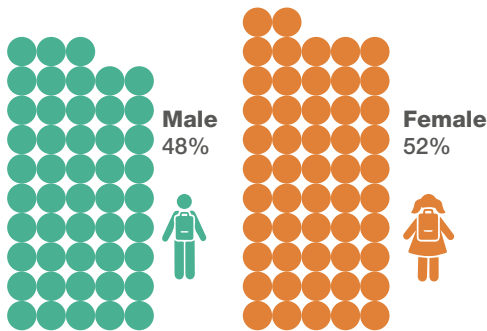
### 3.4. Demographics of Beneficiaries Participated in Survey

Most of the beneficiaries who participated in the beneficiary survey (26%) were between the ages of 36 and 45.

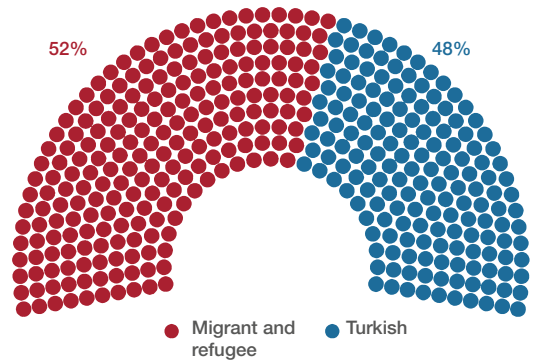


Graphic 1: Distribution of beneficiaries who participated in survey by age

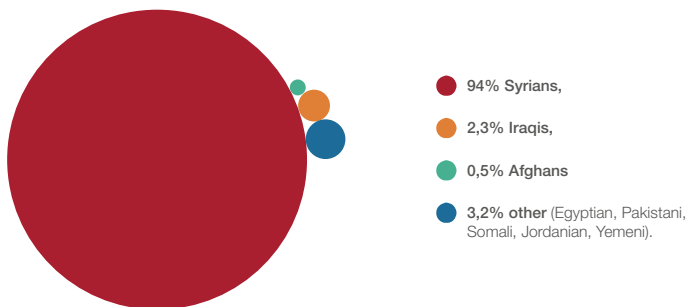
Number of samples for each Community Center was distributed by gender and nationality as equally as possible;



Graphic 2: Distribution of beneficiaries who participated in survey by gender

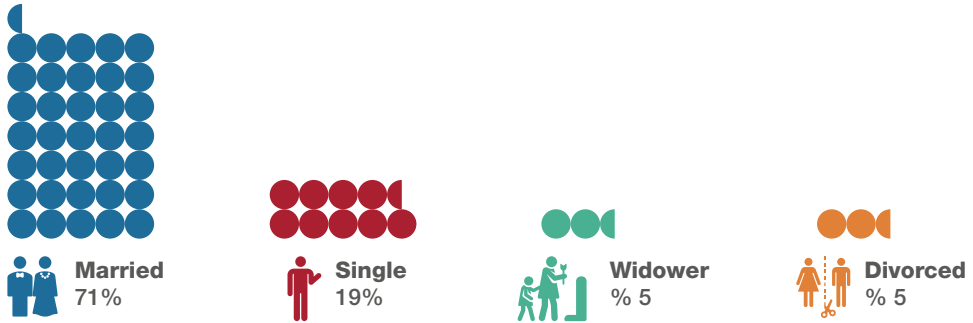


Graphic 3: Distribution of beneficiaries who participated in survey by nationality



Graphic 4: Rates of migrant and refugees nationals participated in the study

Distribution of beneficiaries by civil status is as follows:

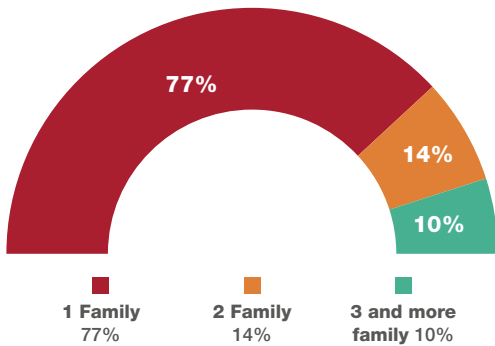


Graphic 5: Distribution of beneficiaries who participated in survey by civil status

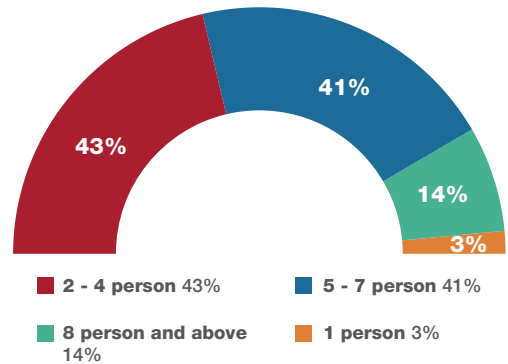
Out of beneficiaries participated in the survey,

- 71% are married.
- 46% of single participants are women, while 54% are men.
- 81% of widowed participants lost their husbands, while 18% lost their wives.
- 73% of divorced participants are women, while 26% are men.

Household characteristics of beneficiaries are as follows;



Graphic 6: Number of families in a household



Graphic 7: Number of persons in a household







# 4. FINDINGS AND EVALUATION



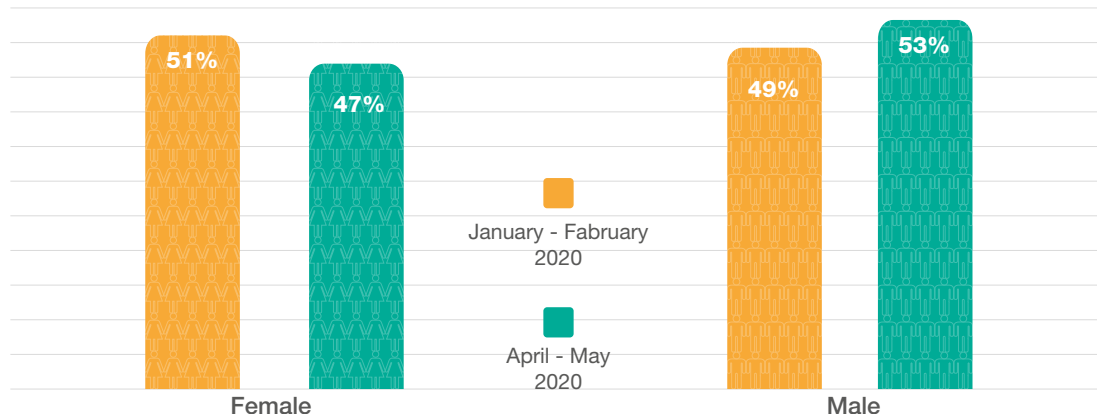
### 4.1. Change in Community Center Beneficiary Profile in COVID-19 Period

When considered in terms of their target population/beneficiary profile, Turkish Red Crescent Community Centers serve refugees who were displaced for various reasons and all groups they live together in their respective provinces. They are typically located in neighborhoods that are closest to the target population as per the needs assessment conducted prior to their establishment in that particular province. However, they provide services within a wide area by means of their outreach and communication activities.

The beneficiary data registered in the database in the periods before and after COVID-19 were compared to observe the change in Community Center activities depending on beneficiary profiles and needs. The beneficiary profile data from April-May 2020, when the pandemic had severe effects in Turkey (called the COVID period), was compared with the beneficiary profile data from January–February 2020.

In terms of the total number beneficiaries; it is seen that the number of persons who benefited from the services of the Community Centers was 14,628 in the 2-month period before COVID-19 (January–February 2020), while this number fell to 3,019 people in pandemic period (April - May 2020). The main reason for the decrease of 79% is that training and communal activities as well as household visits were suspended either partially or completely as part of COVID-19 measures, giving priority to COVID-19 responses. In the comparison analyses each period was evaluated based on their percentage values.

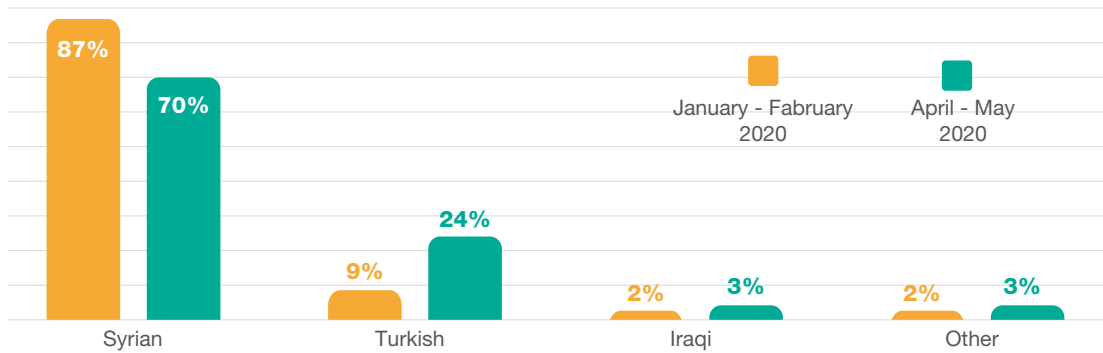
As for the change in the beneficiary profile in terms of gender, it was observed that the rate of male beneficiaries increased by 4% in the COVID-19 period.



Graphic 8: Comparison of the distributions of CC beneficiaries by gender in pre-COVID-19 and COVID-19 periods

In the pre-COVID-19 period, male beneficiaries had a lower participation rate compared to female beneficiaries due to the work hours of men within the target population. As for the COVID-19 period, an increase was observed in the number of men applicants as a result of the closure of workplaces, decreased daily/temporary job opportunities, and workers being put on leave. It is concluded that the number of male beneficiaries of the Community Centers increased due to men staying at home instead of going to work, whereas the number of female beneficiaries decreased due to their increased invisible household labor.

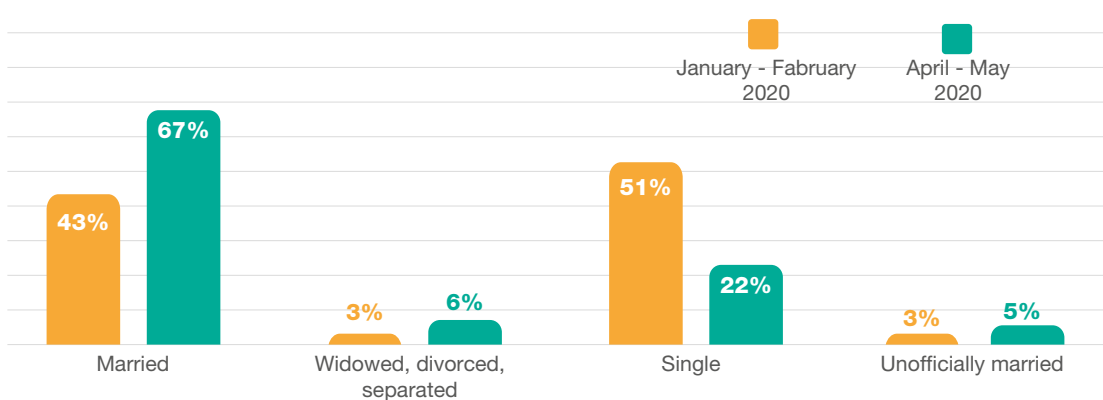
As for the comparison by nationality, it is observed that the rate of Turkish citizens who benefit from Community Center services increased drastically in the latter period.



Graphic 9: Distribution of Community Center beneficiaries by nationality in pre-COVID-19 and COVID-19 periods

The main reason why the rate of Turkish beneficiaries using the Community Centers in their neighborhoods was lower before COVID-19 is that they had easier ways to meet their needs due to their better access to rights and public services as well as their social networks. However, the increase in the number of applications made by Turkish citizens can be attributed to their increased vulnerability. Because the target population of the services actually includes all vulnerable groups, the common misconception among local communities that the Community Centers mostly serves foreigners significantly decreased during the COVID-19 period. In terms of the needs, there were differences among different migrant and refugee groups benefiting from the Community Centers. These differences are elaborated under title **4.2. Needs of Vulnerable Populations in COVID-19 Period** in this report.

When the difference in terms of civil status between the two periods is looked at, a notable increase is observed in the number of married beneficiaries. In addition, it was observed that the number of widowed, divorced, or separated persons and unofficially married persons increased as well (There is no civil status data for the 1.29% of all beneficiaries in the January–February period, and none for the 4% in the April–May period. Percentage calculations only include the beneficiaries who stated their civil status).

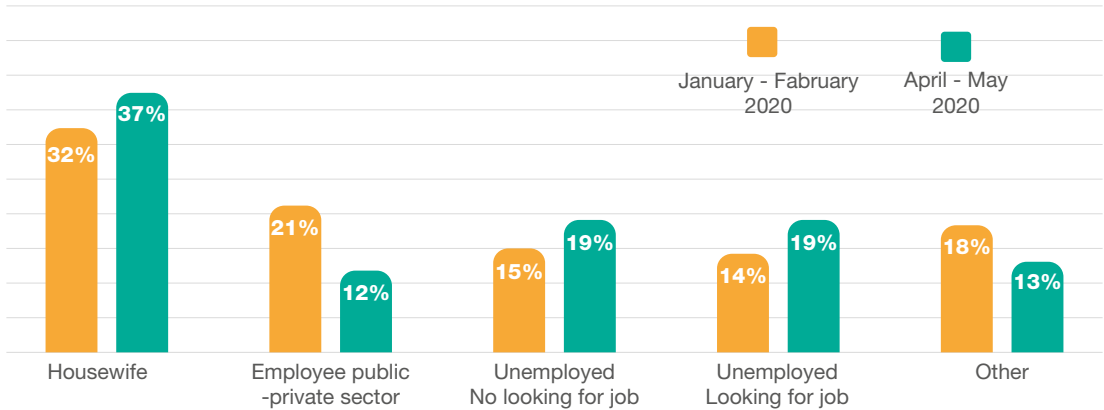


Graphic 10: Distribution of Community Center beneficiaries by civil status in pre-COVID-19 and COVID-19 periods



This data can be interpreted that the vulnerability of married, widowed, divorced, separated, and unofficially married beneficiary groups and their need for the Community Center services increased. It can also be interpreted that the COVID-19 pandemic caused the greatest increase in the vulnerability of these groups.

As for the comparison in terms of employment status (among those who stated it), it was observed that the percentage of beneficiaries of Community Center services who work in private or public sectors decreased, whereas the percentage of beneficiaries who are unemployed or housewives increased.



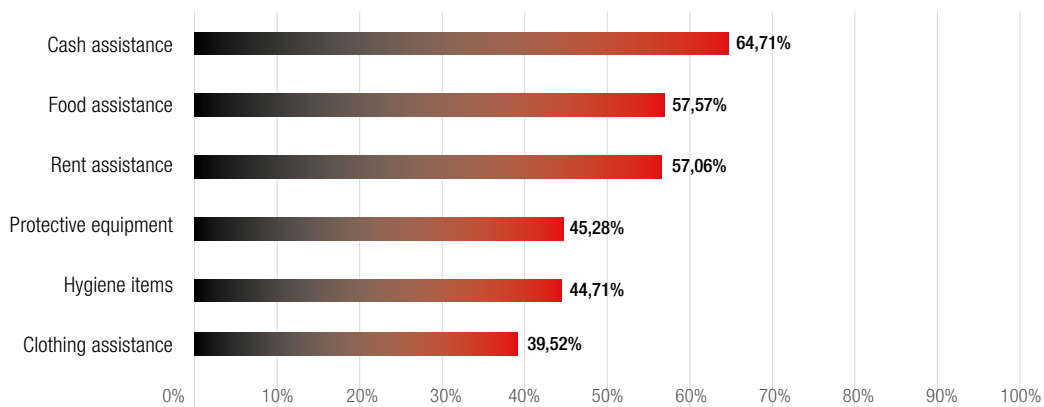
Graphic 11: Distribution of Community Center beneficiaries by employment status in pre-COVID-19 and COVID-19 periods

This change can be interpreted that the need for Community Center services was less of a priority for those who kept their jobs in the COVID-19 period. However, an increase was observed in the vulnerability of housewives and unemployed persons.



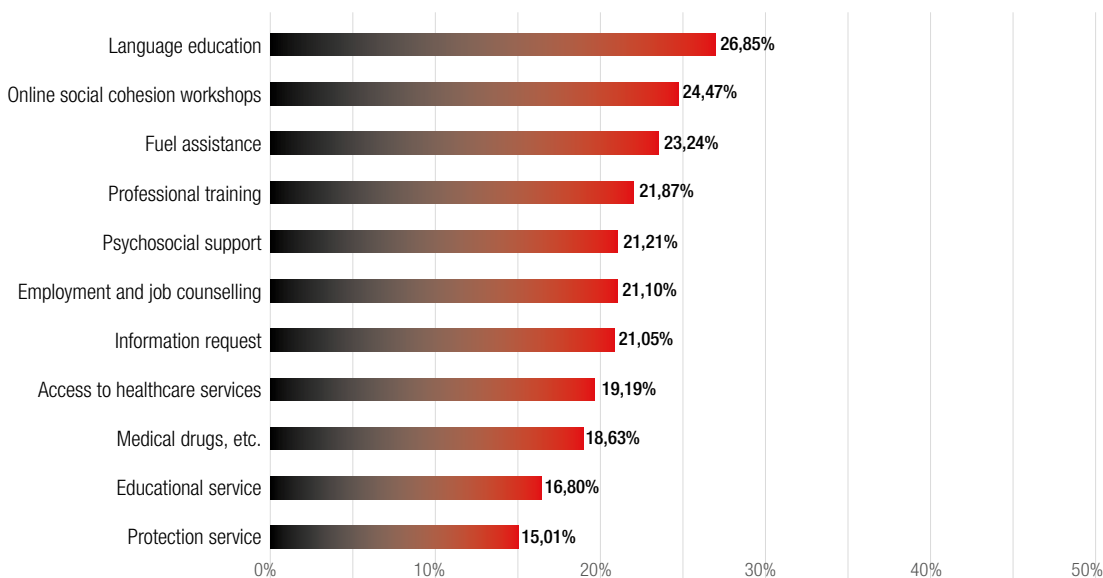
## 4.2. Needs of Vulnerable Populations in COVID -19 Period

In order to understand the needs of the beneficiaries, they were asked multiple-choice, multi-select questions about what they needed most in the COVID-19 period. According to the answers of the participants, they needed cash, food, and rent assistance the most during the COVID-19 period. The needs for personal protective equipment, hygiene items, and clothing items followed these, respectively.



Graphic 12: Distribution of beneficiary needs in COVID-19 period

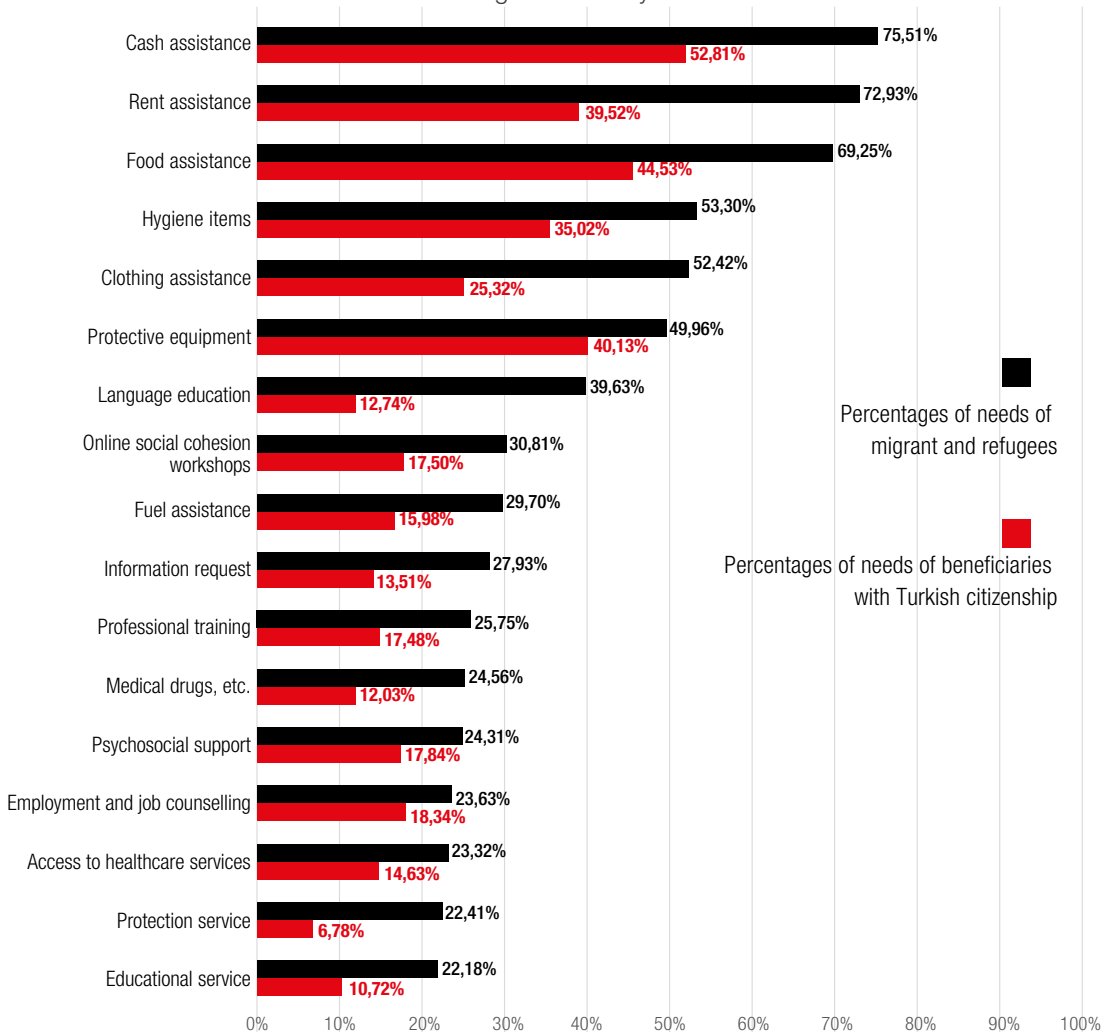
The distribution of other needs is as follows;



Graphic 13: Distributions of other beneficiary needs in COVID-19 period

The answers about the needs were separated into two groups, one including those of local beneficiaries and the other including those of migrant and refugees, in order to identify different needs of locals and migrants/refugees.

In order to classify the needs, the percentages of the answers of beneficiaries and employees were weighted, and the following coefficients were assigned to the answers: 0 for 'I do not need it'; 0.33 for 'I need it to some degree'; 0.67 for 'I need it'; and 1000 for 'I need it very much'. The purpose here is to see the difference between each ranking more clearly.

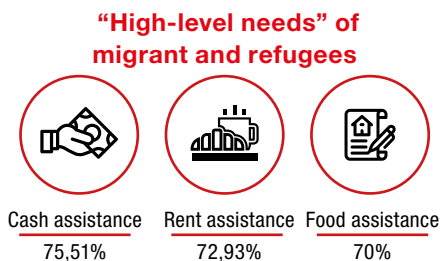


Graphic 14: Distribution of needs of beneficiaries by nationality in COVID-19 period

For the differences between local and migrants/refugees in terms of needs, it was observed that there is no significant difference ( $p > 0.05$ ) between the two groups' needs for "psychosocial support" and "employment-job counselling" (the need is equally important for both groups); while there is a statistically significant difference ( $p < 0.05$ ) between the two groups' other needs. As it can be seen in Graphic 14 in detail, migrants and refugees need assistance and services more than local beneficiaries.

As a result of the weighting, those with values between 70% and 100% were defined as "high-level need"; those between 40% and 69% as "medium-level need"; and those between 1% and 39% as "low-level need". The results of these calculations show that there are differences between local people and migrants/refugees in terms of levels of needs as well.

There is a significant difference between migrants/refugees and Turkish citizens in terms of high-level needs.



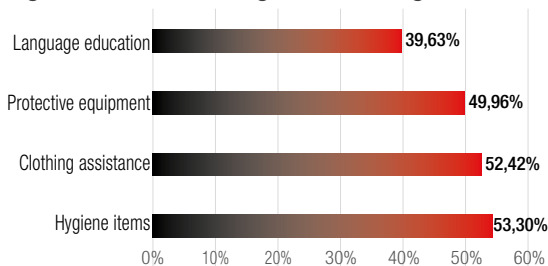
**“High-level needs” of Turkish citizens**

According to the weighted percentages of the answers given by Turkish citizens, their moderate- and low-level needs stand out rather than their high-level needs.

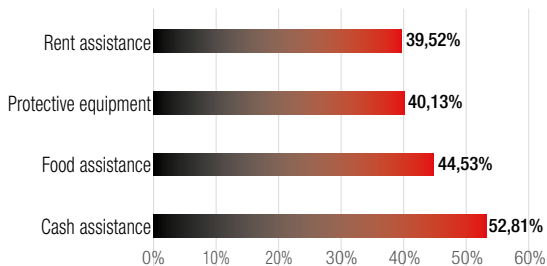
High-level needs observed on general beneficiaries by the actively working TRC staff on field include food assistance (94.43%), cash assistance (90.69%), rent assistance (76.53%), hygiene items (74.12%), and protective equipment (72.24%).

The Community Center employees gave answers concerning the high-level needs of migrants and refugees as well. They included “protection equipment (mask, gloves, disinfectant, etc.)” and “hygiene items” within the high-level needs, while these were regarded as medium-level needs by the local and migrants/refugees. This conclusion shows the efforts to prevent the spread of the disease and is the result of the importance attached to personal hygiene and protection, and relevant demands and referrals.

As detailed in the previous section, it was observed that the number of Turkish citizens applying to the Community Centers increased by 15% in the COVID-19 period. This increase was interpreted as a result of the increased vulnerability of Turkish citizens during the COVID-19 period. However, Turkish citizens have easier access to many service channels in comparison with migrant and refugees. Besides, Turkish citizens are able to meet their needs with the help of their family and social networks because they are in Turkey. The needs of Turkish citizens increased in the COVID-19 period, however, most of them explained that these needs are not high-level needs, that rather they emerged due to this period. As for “medium-level needs”, it was determined that the needs, which were defined as high-level needs for migrant and refugees, were medium-level needs for Turkish citizens.

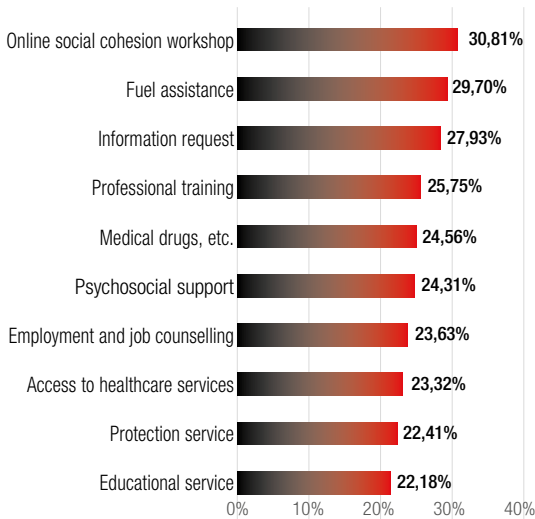


Graphic 15: Medium level of migrant and refugees distribution of needs



Graphic 16: Medium level of Turkish beneficiaries distribution of needs





Graphic 17: Distribution of low-level needs of migrants and refugees



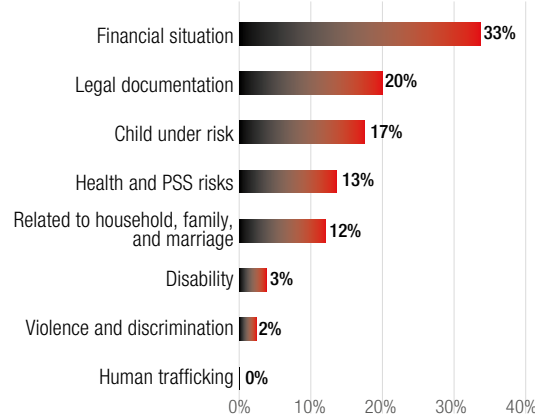
Graphic 18: Distribution of low-level needs of Turkish beneficiaries

Parallel to these findings, TRC staff working actively on field included the following in the low-level needs: clothing (38.54%), language education (36.27%), employment and job counselling (33.16%), remote social cohesion workshops (32.91%), and fuel assistance (23.23%).

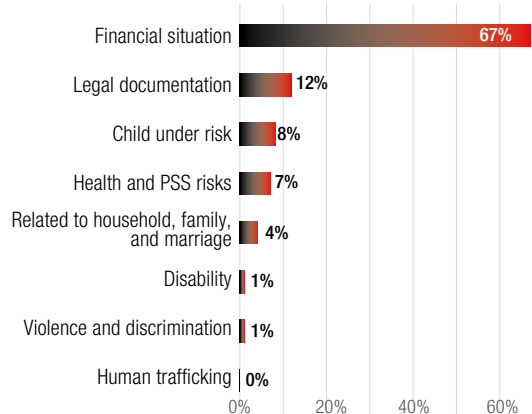
When asked about other types of assistance they needed, the most common answers of migrant and refugees included employment and Turkish languages courses. In addition to these needs, community center field staff indicated the following as demands they frequently encounter: official documentation for employment and accommodation needs, diaper and formula assistance, utility bill assistance, and transportation assistance.

In addition to the analyses mentioned above, the beneficiary data of the Community Centers from the pre-COVID-19 and COVID-19 periods were analyzed as well, and the findings were reviewed in comparison to field observations.

According to the data of beneficiaries receiving services under the Community Center Protection Programme, the findings about the protection needs of persons, who were included in case management in pre-COVID-19 and COVID periods, were parallel to the economic needs identified in the field.



Graphic 19: Distribution of Protection Needs, January–February



Graphic 20: Distribution of Protection Needs, April–May

When the protection needs of the cases managed by the Community Centers during the pre-COVID-19 period (January–February 2020) are reviewed, it is seen that the most common five protection needs are related to: financial situation, legal/documentation, child under risk, health and psychosocial risks, as well as household, family, and marriage. As for the most common five protection needs observed during COVID-19 period, they have similarities with the previous period in terms of the types of needs, while they have significant differences in terms of percentages. When the percentages of the protection needs are compared between the January–February 2020 period and the April–May 2020 period, an apparent increase is observed in the protection need related to financial situation.

This shows that the economic risks increased and it became harder to access sources of livelihood, especially for blue-collar workers and the vulnerable populations, due to the closure of workplaces, decrease in daily job opportunities, dismissal of unregistered workers, unregistered workers not being able to benefit from public assistance, and employers putting workers on unpaid leave. The announcements such as public services are suspended temporarily, identity registration and data confirmation processes are not carried out except for emergencies, and hospitals cannot be used except for emergencies caused a decrease in the number of people seeking these services.

On the other hand, people not being able to seek these services means that cases related to domestic violence and children under risk go unreported. According to an assessment report published by HASUDER (Association of Public Health Specialists of Turkey) (2020), refugees do not report to security, judiciary, and health authorities when they are exposed to violence by their spouses or family members because they fear deportation due to language barrier and xenophobia. Other reasons why women and children who are exposed to domestic violence do not seek psychosocial support include not having privacy in crowded households, not having a private space, and not having access to the phone or internet. In addition, it was observed in the field that a misconception has arisen that the virus sterilizes women and that they cannot get married or have children if they are infected. It was observed that women and their families tend to hide virus cases out of fear that they will be stigmatized and marginalized. It is assumed that this also decreased the demand for protection against health and psychosocial support risks.

- Similarly, in the report published by the Turkish Red Crescent Cash Based Migration Programmes (Kızılaykart) Coordination Office in May 2020 titled “Impact of COVID-19 on Refugee Populations Benefiting from Emergency Social Safety Net (ESSN) Programme”, it is indicated that the main priorities of the participants are food assistance (95%), cash assistance (44%) and non-food assistance items (42%). It is stated that the barriers to food access include fearing the virus, financial difficulty, and lockdowns.



- The report published by Relief International in May 2020 titled “Rapid Needs Assessment Among Syrian Refugees in Turkey” concludes that 81% of Syrians cannot meet their basic needs. 59% of them stated that they do not have access to food, 37% to hygiene, and 5% to water. While the rate of Syrians who have access to healthcare services was 87% in the pre-COVID-19 period, this rate dropped to 25% in the COVID-19 period. The most important reasons for this drop include the fear of the virus, compliance with the stay-at-home warning, and financial inadequacy.



- According to the report published by the Association for Solidarity with Asylum Seekers and Migrants (ASAM) in May 2020 titled “Sectoral Analysis of the Impacts of COVID-19 Pandemic on Refugees Living in Turkey”, 63% of the participants stated that their access to food decreased, while the 53% stated that their access to hygiene decreased.

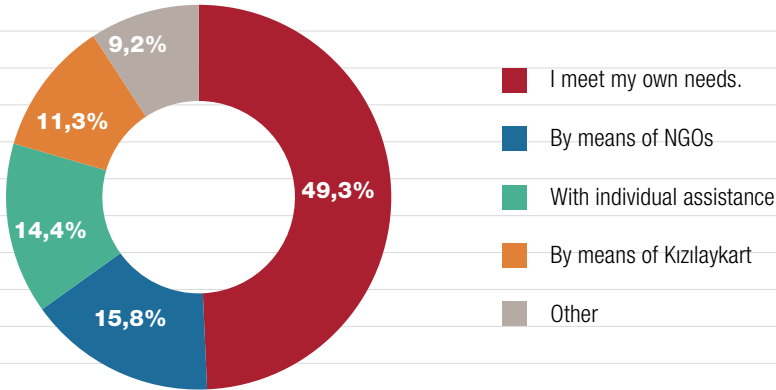


- According to the report published by Care International in May 2020 titled “COVID-19 Impact Assessment Southeast Turkey”, 15% of the participants stated that their rents increased due to COVID-19 (it had a negative effect on rents). 51% stated that their access to household and personal hygiene items was affected negatively, while 82% stated that their hygiene expenses increased. 77% of the participants stated that their access to food was affected adversely.



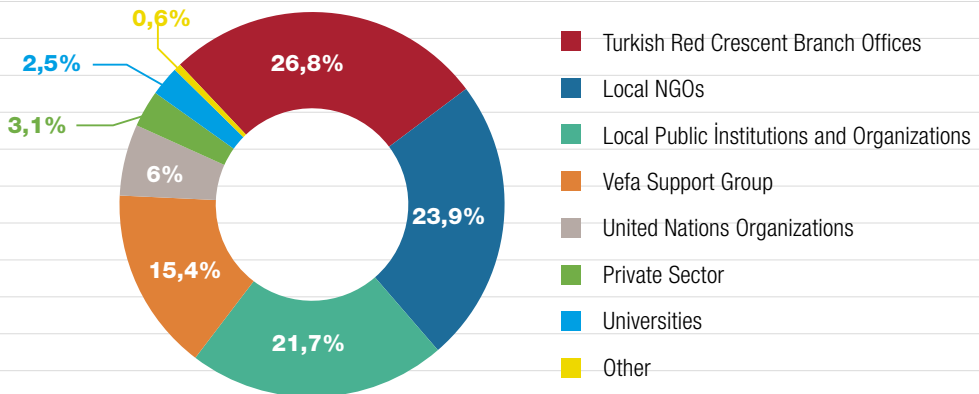
### 4.3. Channels to Meet Needs

Most of the beneficiaries indicated that they met their own needs during the COVID-19 period, however, they had difficulties due to expensiveness, decreases in income, or pay cuts. Relevant NGOs, individual assistance, and Kızılaykart (Red Crescent Debit Card) play an important role in fulfilling the needs of beneficiaries. Meanwhile, 9.3% of the beneficiaries meet their needs by means of other channels. These channels include public organizations and institutions, municipalities, and going into debt.



Graphic 21: Distribution of channels beneficiaries use to meet their needs

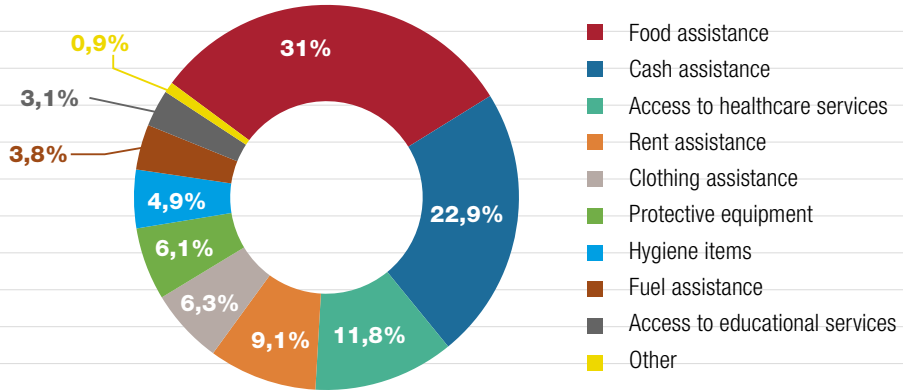
The most common needs arisen in the COVID-19 period were food and cash assistance. While these are not within the scope of Community Center services, the centers partner with public institutions, other NGOs, public sector, and universities in order to meet such needs of beneficiaries. To this end, the beneficiary is referred to appropriate channels, where they can access the services, and be followed up. In this study, it was observed that the most frequent partners of the Community Centers include Turkish Red Crescent Branch Offices, local NGOs, and local public institutions and organizations.



Graphic 22: Distribution of partner organizations

Within the scope of these partnerships, the most frequent referrals made by the Community Centers to other organizations are for **access to food assistance, cash assistance, and access to healthcare services.**





Graphic 23. Distribution of needs referred to other organizations



#### 4.4. Impact of COVID-19 on Household Income

A global economic recession has been faced as a result of a sudden decline in many economic activities and breakdown of supply chains due to the mandatory measures taken all around the world in response to the rapid spread of the COVID-19. Despite their major differences, updated estimates in general indicate severe negative impacts in the first half of 2020.

According to a report published by the International Labor Organization (ILO), almost 25 million jobs could be lost worldwide as a result of COVID-19. In addition to the concerns about the health of workers and their families, it is stated in the report that the economic shocks caused by the virus will impact work life in terms of the number (both unemployment and underemployment) and quality (wages, access to social security) of jobs as well as the vulnerable groups that are easily affected by negative labor market outcomes.

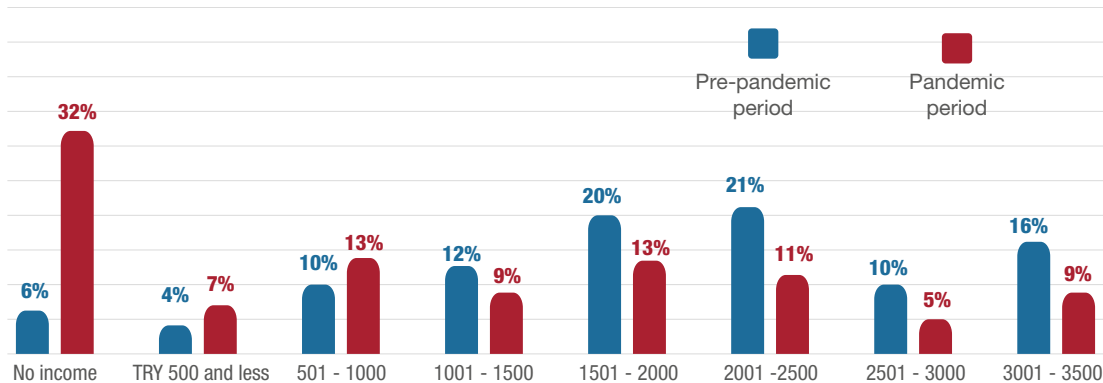
It is estimated that the pandemic, which started to restrict economic activities due to the disrupted domestic demand channels as of mid-March in our country, will cause decrease in the growth rate, increase in unemployment and inflation rates, disturbance in budget balance and payments, and challenges in foreign financing (Arabacı & Yücel, 2020). The labor demand shock is expected to transform into a significant decrease in working hours and wages. Because it does not have a typical reaction to economic recession, free-employment is considered a “default” option to keep working or maintain income —usually within informal economy (ILO, 2020). Therefore, crises cause an increase in unregistered employment, which means the pandemic has greater impacts on foreign, temporary, and daily workers.

When the answers for questions about employment status in households are reviewed in the light of this information, it is observed that the **52%** of study participants either lost their jobs or were put on unpaid leave.

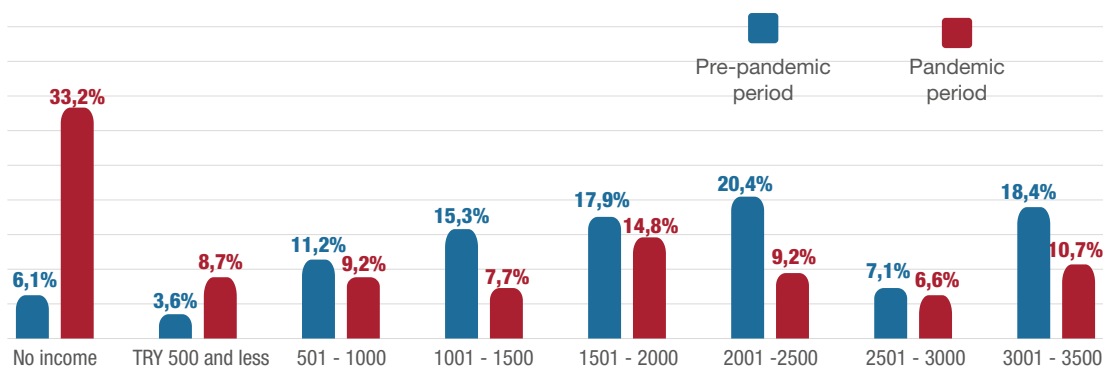
- The **41% of Turkish** beneficiaries lost their jobs or were put on unpaid leave in the COVID-19 period.
- The **55% of migrant and refugees** lost their jobs or were put on unpaid leave in the COVID-19 period.

There is a statistically significant difference ( $p < 0.05$ ) between local and migrants/refugees in terms of job loss and unpaid leave. It was determined that migrant and refugees face these challenges more frequently.

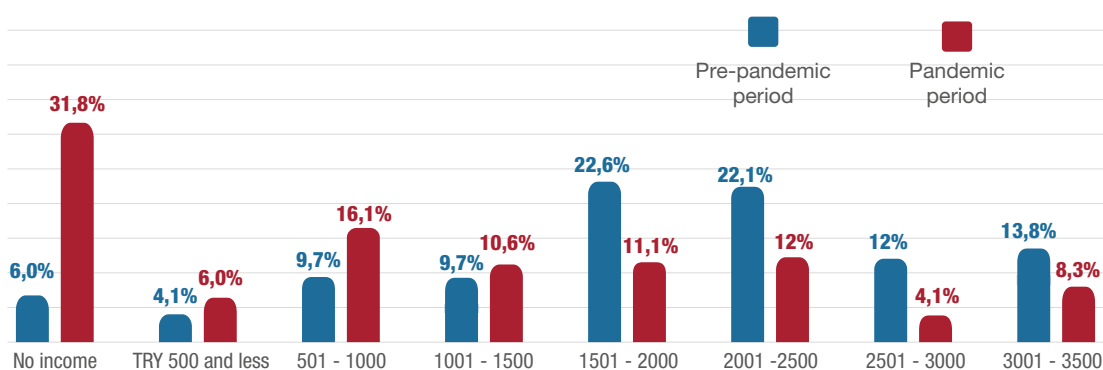
As for the income status of the persons, it was determined that the **number of persons without income increased by 26%**, while those with a monthly income of TRY 1,501 or more saw a **decrease in their incomes** in the COVID-19 period.



Graphic 24: Income distribution of beneficiaries in pre-COVID-19 and COVID-19 periods



Graphic 25: Income distribution of Turkish beneficiaries in pre-COVID-19 and COVID-19 periods



Graphic 26: Income distribution of migrant and refugees in pre-COVID-19 and COVID-19 periods

When the incomes of Turkish and migrants/refugees before and during COVID-19 are reviewed, it is observed that the number of local beneficiaries who stated that they had no income and those who stated that they had an income of TRY 500 or less increased, while the number of those with an income of TRY 501 or more decreased. As for migrant and refugees, the number of those who stated that they had an income of TRY 1,500 or less increased, whereas the number of those with an income of TRY 1,501 or more decreased.

The recession experienced in labor markets after the pandemic can be clearly observed in the data of the Community Center Livelihood Development Programme. The number of persons who were referred to jobs under the programme dropped from 2,303 in the January–February period to 139 in the April–May period, which is the pandemic period. Besides, the number migrant and refugees who obtained work permits by means of the centers dropped from 1,477 to 36 between the same periods.

It became difficult for many enterprises, particularly small and medium-sized enterprises (SMEs), to maintain their business activities due to travel bans, border shutdowns, and quarantines in the pandemic period. According to the 2020 April “Company Establishment and Liquidation Statistics” published by TOBB (Union of Chambers and Commodity Exchanges of Turkey), the number of newly established companies decreased by 57.97%, while the number of the closed businesses owned by natural persons increased by 31.46% in April compared with the same month last year.

49 new enterprises were established and 11 existing enterprises widened their activity area in January 2020, just before the pandemic, by means of the Entrepreneurship Support Project carried out under the Livelihood Development Programme. 47 companies had reached the capacity to develop

products, while 32 had made their first sales at the time. However, most of these enterprises had to suspend their production or services with the start of the pandemic, which threatens their existence.

The agricultural sector, on the other hand, faces the risk of a decline in agricultural production due to the restrictions imposed because the transportation of workers for the harvest as well as their accommodation in small spaces, where the rules on hygiene and social distancing cannot be applied, increase the risk of spread of the virus. In addition, the border shutdown will limit agricultural exports and cause producers to sustain losses. May and June are seeding, planting, fertilizing, and spraying time for vegetable seeds and plants as well as products such as cotton, sunflower, and corn in our country. The pandemic hinders production due to the restriction of activities imposed because not abiding by the rules on social distancing during crop harvest and maintenance will cause the spread of virus among the workers. This creates an employment problem in temporary and seasonal jobs where vulnerable groups usually work.

According to our review, similar findings were achieved in other studies regarding household income.

- In the report titled “Impact of COVID-19 on Refugee Populations Benefiting from Emergency Social Safety Net (ESSN) Programme” published by the Turkish Red Crescent Cash Based Migration Programmes (Kızılaykart) Coordination Office in May 2020, it is indicated that 69% of households experienced job loss. 78% of the participants stated that their household expenses increased, while 82% stated that their debt increased. 82% of households stated that they had no members with income.



- According to the report published by Relief International on 21 May 2020 titled “Rapid Needs Assessment Among Syrian Refugees in Turkey”, 87% of participating Syrians lost their jobs.



- According to the report published by the Association for Solidarity with Asylum Seekers and Migrants in May 2020 titled “Sectoral Analysis of the Impacts of COVID-19 Pandemic on Refugees Living in Turkey”, stated that the unemployment rate increased by 70%. 36% of those who work stated that their pays were cut. 33% of the participants stated that they had difficulty paying for their bills, 32% their rents, and 26% their basic needs. Most participants experienced the challenge of having their income decreased while their expenses increased. 28% of the participants live on supports. Only 8% have regular jobs. 24% make a living with daily jobs.



- According to the report published by the Danish Refugee Council in May 2020 titled “COVID-19 impact on refugees in South East Turkey”, 74% of the participants stated that they were left with no financial resources due to the bans imposed as part of protective measures.





- According to the report published by Care International in May 2020 titled “COVID-19 Impact Assessment Southeast Turkey”, 56% of the participants stated that they had their working conditions worsen, 85% stated that their income decreased, and 51% stated that the working conditions became more exploitive and dangerous.



- In the report published by the Watan Foundation in April 2020 titled “Survey on the Impact of COVID-19 Pandemic Among Refugee Community in Ankara”, 80% of the participants stated that their working and income statuses were negatively affected by COVID-19.



#### 4.5. COVID-19 and Psychosocial Support Needs

The pandemic conditions brought about certain sociological, psychological and economic impacts as well. The first data on the said impacts came from China. A study conducted on 1,060 people from 31 January to 2 February 2020 revealed that around 70% of the participants show medium to high-level psychopathological symptoms. It was seen that there has been increase in the concerns about the hygiene of the clothes, repeated washing of hands and feelings of vulnerability. Additionally, when these findings are further analyzed according to participants' demographic characteristic, individuals over the age of 55 feel greater anxiety against infection, and particularly migrants and agricultural works show symptoms of high-level of psychological stress. It was stated that this condition could be related to challenges caused by layoffs or suspension of works due to isolation measures (Tian et al., 2020).

The results of another study conducted on 1,074 Chinese participants confirm the previous findings. It was observed that depression, anxiety and alcohol consumption have increased while mental wellbeing values have decreased. This increase is explained by uncertainty and lack of sufficient information of COVID-19 (Ahmet et al., 2020). It was stated that individuals may experience the conditions of loneliness, restraint and anger more frequently under quarantine conditions and this may have negative impacts on their emotional wellbeing (Xiang et al. 2020). Accordingly, these findings support that loneliness and social isolation are closely related to anxiety and depression (Matthews et al. 2020). A recent study conducted in Turkey reveals that the students' concerns on their future and the deaths in their families or close relatives increase their sense of desolation and affect their psychological resilience negatively (Cetin and Anuk, 2020).

Another review study on the other researches in this field reports that 16% to 28% of the participants show symptoms of depression and anxiety. Besides, it has been determined that, in addition to migrant workers and elderly, homeless persons (Tsai and Wilson, 2020), individuals with preexisting psychological disorders (Zhu et al., 2020) and pregnant women (Rashidi, Fakari and Simbar, 2020) are in risk groups (Rajkumar, 2020).

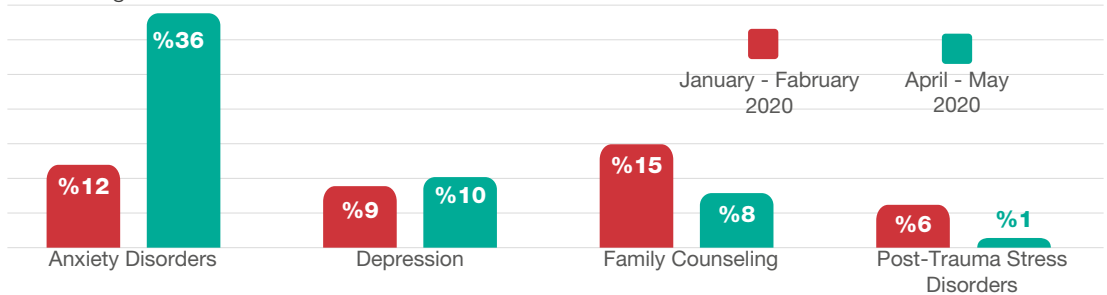
Another study conducted in China showed that 54% of the participants suffer medium or high-level psychological impacts of the outbreak while 29% of them show symptoms of medium to high-level anxiety and 17% show symptoms of medium- and high-level depression. Besides, it was indicated that individuals who suffered mental problems previously are more prone to show symptoms of anxiety and depression during this period (Cullen, Gulati and Kelly, 2020). Individual who were diagnosed with a psychiatric disorder before the pandemic period may suffer another episode or

an increase in the severity of their existing disorders. Therefore, the study emphasizes the need for screening and triage activities as well as multidisciplinary studies bringing together the psychiatrists, health experts and doctors during the pandemic period (Zhu et al. 2020). As a matter of fact, a study comparing the individuals who were previously diagnosed with a psychiatric disorder to those who were not suggests that individuals who were previously diagnosed with a psychiatric disorder have higher levels of anxiety, depression and post-traumatic stress disorder than the individuals in the control group (Hao et al. 2020).

It is seen that a similar health and psychosocial support is needed for another risk group, i.e. refugees and migrants. According to a study published in Russia (Ivakhnyuk, 2020), the chronic problems of refugees include uncertainties about being separated from their families, changes in lifestyle and general intolerance by the host communities. Fear of disease or not being able to access health services, deportation or not being able to return due to border closures have been added to these problems during COVID-19 period. The report by Sevgi ve Kardeslik Vakfi (Charity and Solidarity Foundation) deals with a similar topic and indicates that COVID-19 outbreak reinforces the borders between the communities and deepens the alienation and insecurities by pushing the communities to further isolation. The report also states that refugee and migrant groups who are perceived as economic burden will most probably be further excluded together with the disease and stigmatized as damaging to the wider community. The advisory board report by Turkish Red Crescent Community Center Social Cohesion Programme shows similar findings and refugees’ concerns for being the target group in COVID-19 period. Consequently, the main reasons for the refugee and migrant populations’ concerns are thought to be the fear of being exposed to exclusion, unemployment and not being able to access health services.

The initial data from China, especially Wuhan City and its neighborhood, show that there has been an increase in the symptoms of anxiety and depression as well as post-trauma stress disorders (Liu et al., 2020; Wang et al., 2020). The relevant studies in China were conducted at time and place where the pandemic conditions were severe in January and February. Although the initial findings support the symptoms of post-traumatic stress disorder, further follow-up examinations must be conducted to determine whether the individuals develop post-traumatic stress disorder or not. In fact, the second survey of the study conducted by Liu et al., (2020) shows that there has been significant decrease in symptoms of post-traumatic stress disorder. Besides, another study conducted during the pandemic period shows that the traumatic impacts on the participants remained at lower levels and most of the participants received increase social support from their families and friends and shared their feelings with them during this period (Zhang and Ma, 2020). It is known that social support is a protective element against challenging life experiences (Korol, 2008; Sippel et al. 2015).

In the light of this information, the data for the beneficiaries of Community Centers within the scope of health psychosocial support programme in January-February 2020 and April-May 2020 shows that there has been an increase in rate of applications for anxiety disorders and depression. However, there has been decrease in the number of applications for post-traumatic stress disorders and family counseling.



*Graphic 27: Breakdown of psychological counseling topics in pre-COVID-19 and COVID-19 periods*

Despite the isolation and frequent layoffs during this period, the family counseling applications seems to be lower when compared to the period before the pandemic. However, considering the field observations and previous findings, the need for family counseling services is increasing despite the decrease in the demand for services. The impacts of the outbreak on the relations within the households and the challenges in accessing psychosocial support must be taken into account in evaluating the decrease in the demand to Community Center services.

It is known that social support during the disasters and emergencies have positive impacts on those affected by the disasters and emergencies (Eskin, Ertekin, Harlak and Dereboy, 2008; Karlidere and Ozsahin 2008; Senturk and Saracoglu 2013; Polat and Kahraman 2013; Felix and Afifi 2015). However, as the infection is spread through human contact, it reduced the social support, restricted the relations between people and almost completely eliminated the social life outside the house for the communities with lower socio-economic level who may have difficulties in accessing the internet. The social distancing measures increased to prevent the outbreak also increased the physical intimacy within the family; however, it has been observed that the challenges of this period caused conflicts. There are data evidencing that domestic violence has increased during the pandemic period in many of the countries including New Zealand, Brazil and Cyprus (Jones, 2020; Mackoli and Mackoli, 2020). According to the research by Sosyo Politik Saha Arastirmasi Merkezi (Center for Socio-Economic Field Researches) conducted in our country in 3-8 April 2020, there have been 27% increase in violence against women during the COVID-19 breakout period. During the interviews with males, some individuals stated that they have difficulties in tolerating their children and spouses. It was reported that these male individuals who had to work for long hours in jobs that require intensive physical labor during the post-war period had to face certain challenges during the period they had to stay at home. It was thought that already existing problems further increased at times of stay-at-home as they have lower level of awareness on such issues as communication among family members and individual boundaries. Besides, during the psychosocial services delivered by Turkish Red Crescent Community Centers, some of the individuals who went through war and migration in the past mentioned their experiences such as being subject to torture in closed spaces and being confined to home. This observation suggests that already existing psychopathologies may have exacerbated during this period. The findings need to be interpreted in the light of further data to be obtained by following up the cases.

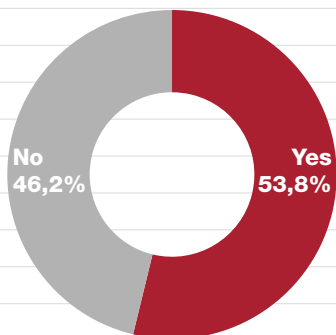
The reason why the number of applications with complaints of acute stress symptoms was lower in the initial period in Turkey may be due to lack of 'unexpectedness' element in the definition of traumatic experiences. People were informed through media before the infections reached to Turkey and, therefore, risks related to unexpected situations were mitigated.

It is crucial to follow up the cases and obtain further data on the basis of time criteria to diagnose basic traumatic symptoms which the individuals may develop in time such as avoiding crowded spaces, alertness and flashbacks of disturbing experiences (American Psychiatric Association, 2013).

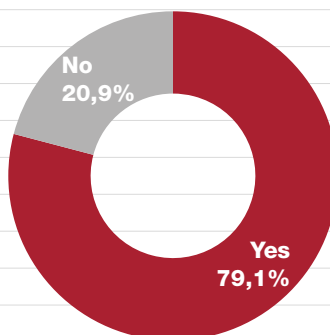
## 4.6. COVID-19 and Access to Education

One of the services most affected in the pandemic period is education as the schools were closed within the scope of COVID-19 measures. After the school closures, formal education has been continued through video, audio and visual contents appropriate to the level of all grades on the EBA (Education Informatics Network) platform. Remote education system has negative impacts on school attendance for various reasons.

Based on the data collected through beneficiary surveys, it was determined that 53.8% of the beneficiaries have children at school age and 20.9% of these children cannot access remote education.

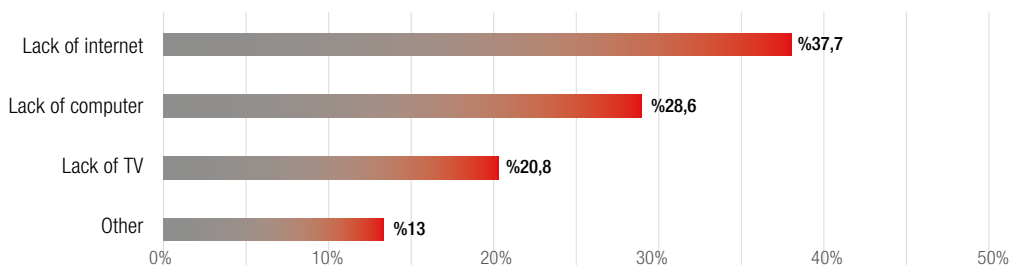


Graphic 28. Distribution of children at school age



Graphic 29. Distribution of children who cannot access education

The most common barrier in accessing education is the lack of television and computers. Other barriers include not being able to watch EBA TV as their televisions are not connected to Turkish satellite, rejecting the education as they cannot fully understand the remote education contents due to language barrier, some children not being enrolled to schools and some other children not having their ID cards.



Graphic 30. Barriers in accessing education

'Analysis of Access to Remote Education by Children under Temporary and International Protection during COVID-19 Period' Report prepared by Community Centers Protection Programme shows that 34% of the children who used to attend education before COVID-19 dropped out of school during this period. The same report asked the parents and students whether they had information on the remote education being implemented and it was found that 84% of them are informed about it. The primary source of information for parents and children who are informed is school/teachers. While 64% of the children have TV and internet at their home, only 2% have neither TV nor internet. While 51% of children follow all courses appropriate to their grade, 15% follow only certain courses. It was seen that 34% of the children do not follow up the courses. It was observed that 46% of the children who do not follow up the courses do not have information on remote education either themselves or

their parents while 32% of them cannot follow up the courses due to technical shortcomings such as TV, internet, smart phones and 9% due to language barrier. Additionally, families of 8% of the children who do not follow up the courses do not have sufficient technical information on accessing EBA TV and they have problems on such issues as obtaining a password or following up the course schedules.

Similar findings published by various institutions and organizations are as follows;

- According to “Impact of COVID-19 on Refugee Populations Benefiting from Emergency Social Safety Net (ESSN) Programme” Report published by Turkish Red Crescent Cash-Based Migration Programmes Coordination Office in May 2020, 68% of the individuals participating in the research have children at school age and 31% of the children attending school could not have access to education in this period. The reasons were reported as not having TV (EBA access channel), inability to follow up remote education curriculum and not having internet access. The field researches on this topic show that findings change from one province to another in the region.



- “Assessing the Impacts of COVID-19 on Southeastern Turkey” Report published by Care International in May 2020 showed that 66% of the individuals have children at school age and 50% of these children cannot continue their education due to difficulties in accessing education.



- The report published by the Watan Foundation in April 2020 titled “Survey on the Impact of COVID-19 Pandemic Among Refugee Community in Ankara” shows that 48% of the families reported to have difficulties in their children’s access to education after the measures adopted within the scope of COVID-19.



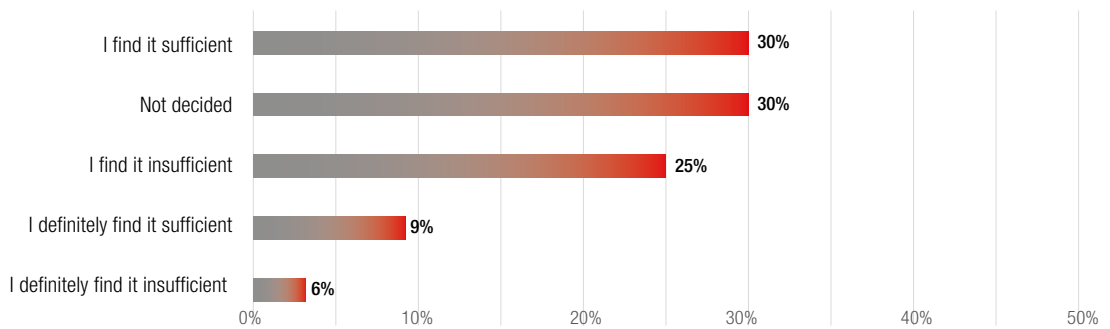


### 4.7. Level of Awareness on COVID-19

One of the most crucial issues in times of crises is the need to access to correct information on the process. Community Centers continued its activities to disseminate information on the containment measures adopted by the government and to ensure that crisis is well understood by the society, either remotely through telephone calls or face-to-face during assistance distributions. The already existing Advisory Board meetings of the Community Centers were continued through remote participation. Advisory Board is a practice implemented by Community Centers within the scope of community engagement and accountability approach. Advisory Boards consist of community representatives (local community and migrants) and serve as a platform where these people can share their feedbacks and concerns on the Community Center activities and other issues affecting them with Turkish Red Crescent and other stakeholders. Feedbacks are received from Advisory Boards to determine the beneficiaries' needs in COVID-19 period.

In line with the feedbacks received during the Advisory Board meetings, it has been determined that migrant and refugees have limited access to announcements by the public institutions. One of the main reasons of this problem is language barrier.

Field staff of the Community Centers reported that 30% of the beneficiaries have sufficient information on COVID-19 process while 55% of them are confused or have insufficient information.



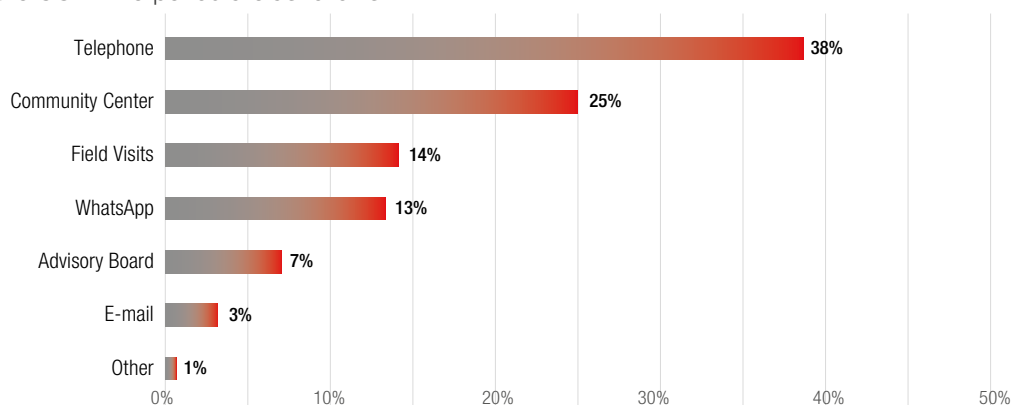
Graphic 31. Distribution of Beneficiaries' Level of Awareness on COVID-19

- Similarly, according to “COVID-19 Impact on Refugees in South East Turkey” report published by Danish Refugee Council in May 2020, approximately 72% of the target population have limited information or no information at all on the services and assistance available to them during this period.



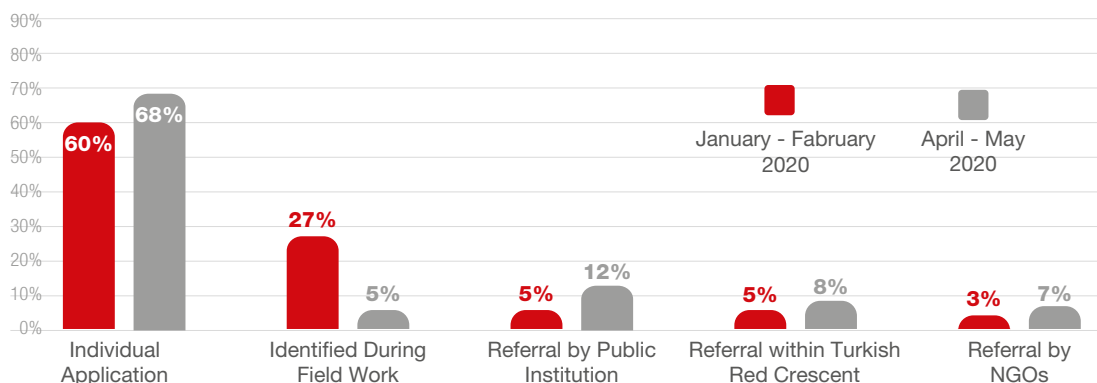
## 4.8. COVID-19 and Channels to Access Community Centers

COVID-19 measures caused significant changes in the beneficiaries' access to Community Centers as well as in the activities of these Centers. Community Centers follow three main methods to reach target groups. The first one is direct outreach, i.e. accessing the vulnerable people who do not come to Community Centers by reaching them outside the Community Center; the second one is through those who apply directly to the Community Centers and the third one is through referrals by public institutions and organizations, other NGOs and other departments within the Turkish Red Crescent. The surveys with the field staff show that the beneficiaries' access channels to Community Centers during the COVID-19 period are as follows:



Graphic 32. Distribution of channels to receive applications

Similarly, the evaluation of data within the scope of Protection Programme case detection shows the following changes by comparing the period before and during COVID-19.



Graphic 33. Comparison of cases in pre-COVID-19 and COVID-19 periods according to channels used

The decrease in the field activities is due to the suspension of field activities and household visits to a large extent within the scope of containment measures against COVID-19.

There has been significant increase in the applications to TRC departments and Community Centers and especially to public institutions and organizations and other NGOs. As the NGOs providing services to vulnerable groups temporarily suspended their activities in the result of the measures adopted during the COVID-19 period and there has been increase in the applications to public institutions and organizations, an increase has been observed in the referrals made from these channels.

## 4.9. Community Center Activities Changed with COVID-19

The services already delivered in various areas of expertise in the Turkish Red Crescent Community Centers have been continued by adapting such services to the process of COVID-19 taking into account the needs during this period. While continuing the previously existing activities within the scope of crisis intervention through methods that are in line with the measures, new activities have been started such as distribution of hygiene materials and manufacturing masks.

The information activities to employees and employers within the scope of Livelihood Development Programme which were previously conducted at the Community Centers or during the field visits are now being carried out through telephone due to social distancing rules and cancellation of field visits. During the period of January-February 2020, 892 participants participated in professional trainings, one of the important components of directing to employment sub-programme aiming to increase the professional skills of the beneficiaries, and unfortunately these trainings have been completely suspended. The trainings have been halted for 1,041 participants attending Turkish language courses which aim to increase employability and contribute to establishing social cohesion. However, remote training modules have been prepared to continue language trainings, and remote trainings started in May. In addition to these trainings, 'Agricultural Production at Home' project has been started to facilitate the beneficiaries' access to food. This project supports the home production of food items that are consumed daily and can be cultivated at balconies or in gardens. Beneficiaries have been provided with seeds, materials and equipment to support their production activities. Training materials have been prepared and remote assistance have been provided to inform them on production processes.

Besides, manufacturing of masks has been started within the scope of intervention to the crisis and the tailoring workshops at the Community Centers have been transformed into mask manufacturing workshops. Masks are produced by the volunteers and beneficiaries under the supervision of Tailoring Trainers. More than 400,000 masks have been manufactured until today and manufacturing activities are planned to be continued until January 2021. Such manufactured masks are distributed free of charge to employees, beneficiaries and, upon request, to all public institutions and organizations. The beneficiaries participating in manufacturing of masks are provided with economic support with daily allowances.

For the purposes of promoting coexistence culture and preventing possible conflicts during and after the crises, such activities as social cohesion workshops, culture – history talks, sports activities, and stakeholders' meetings within the scope of Social Cohesion Programme have been continued remotely during the COVID-19 outbreak. In this scope, such activities as Turkish speaking clubs, poetry workshops, handcrafts workshops, music workshops, tolerance and social values workshops, in-house sports workshops, cinema talks, culture and history webinars were conducted remotely for the migrants and host communities. People's feelings, thoughts, feedbacks, suggestions and complaints are collected while conducting the activities and the importance of coexistence and solidarity during the time of pandemic is also emphasized. It is underlined that, although people cannot come together in person, they can understand each other emotionally and they can overcome this crisis through solidarity.

Within the scope of Health and Psychosocial Support Programme, health professionals and psychiatric nurses have accessed to individuals to conduct screenings for symptoms and followed up the patients with symptoms to ensure early diagnosis of Covid-19 and facilitate accessing to health services. Besides, they have conducted information activities to prevent the spread of COVID-19 and increase public awareness. Current and reliable information on COVID-19 have been provided to the general public, organization's staff and the staff of other institutions and organizations through information trainings to volunteers and personnel and online trainings have been conducted on health and psychosocial issues. Current information on the pandemic has been shared with the target groups in Arabic and Turkish languages.

Besides, the elderly, those with chronic diseases or disabilities, pregnant and children have been prioritized in delivering the services. Individuals and primarily the vulnerable groups have been distributed adult and baby hygiene kits containing basic needs for hygiene.

In addition to the health services, psychosocial support activities have been continued intensively taking into account the psychological impacts of pandemic during the COVID-19 period. Therapy sessions have been conducted remotely. The request form prepared to facilitate accessing psychosocial support services has been disseminated through volunteers, personnel and social media channels and screening has been conducted for psychological symptoms by calling the individuals and especially the most vulnerable beneficiaries of the Community Center. Thus, all these activities aimed at addressing psychological support need that have emerged or exacerbated during the COVID-19 period. Additionally, psycho-education, group activities and seminars have been continued online.

Besides, psychiatry experts conducted individual interviews, supervision and personnel support sessions to support the organization's personnel.

Psychosocial support services have been provided to children during this period as well. Child development specialists followed the children's development by contacting parents and necessary information has been provided to parents of children suffering behavioral disorders. In this regard, online seminars have been conducted and activity contents and videos have been prepared and shared to children's fine and gross motor skills. Besides, the conditions of the children with disabilities have been monitored online and necessary information has been provided to families on the developmental needs of the children.

Activities have been continued to meet the needs of individuals in vulnerable conditions with appropriate resources within the scope of Protection Programme. Service providers have been determined during COVID-19 period, service maps have been prepared and referral pathways to institutions and organizations have been established. The seminars and field activities for disseminating information have been suspended but, instead of these activities, individual interviews have been conducted with persons previously identified with protection risks to provide them with necessary information and they have been followed up. Besides, the legal counseling services have been provided online by contracted lawyers during the COVID-19 period. Research has been conducted on access to remote education which was one of the first measures taken within the scope of COVID-19, and barriers in accessing education have been determined. Children at school age and their families have been called and they have been informed on remote education. Although 'stay at home' instructions are one of the most effective protection measures against the disease during the COVID-19 period, it is known that cases of domestic violence and domestic abuse have increased too. Therefore, the cases of individuals who previously applied to Protection Department for violence-related situations have been followed up and immediate interventions have been made to those who applied to Community Center with violence-related complaints. Staying at home prevents the individuals facing cases of violence and abuse from applying to an institution or organizations through any means and, therefore, Protection Programme continues its efforts to access and provide support to as many people as possible.

Community Centers have mostly carried out remote and over-the-phone trainings/activities/information sessions during the COVID-19 period. Under the assessment with respect to accessing Community Center services, 68.3% of the Community Center personnel stated that beneficiaries can partially access remote trainings/activities/information sessions conducted by the Community Centers.

The reasons for barriers or limitations to accessing the services have been reported as **lack of internet or telephone credits, problems with internet connection devices** (not having smart phone, computer etc.), **family factors** (convenience of the house, daily domestic works, child care), **beneficiaries' lack of information on remote services and how to use them, lack of telephone or internet network coverage** at home.



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# 5. CONCLUSION AND RECOMMENDATIONS

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These studies have analyzed the needs of Community Center beneficiaries in detail. Having needs assessments conducted at regular intervals is important for correct positioning and performance of activities.

Based on the assessments on the data of 17,747 beneficiaries of the Community Centers during COVID-19 period (January-February 2020), there are significant changes in the profiles of vulnerable people. There is a 15% increase in the rate of vulnerable Turkish citizens who need the Community Centers' services. This may be interpreted as an increase in the vulnerabilities of the Turkish citizens who were already in the vulnerable group before the COVID-19 period. Another striking finding on the changes in vulnerable groups' profiles is that there is an increase in the demand to Community Centers' services by married, divorced and separated beneficiaries and beneficiaries who lost their spouses. It is remarkable that there has been a 24% increase in the applications by married individuals (January-February 2020 – 43%, April-May 2020 – 67%). Similarly, there has been 100% increase in the number of beneficiaries who are divorced, separated or unofficially married or whose spouse passed away. Most of the beneficiaries who lost their spouses or who are divorced from their spouses are women. Accordingly, it is recommended to further increase the activities aiming to empower female beneficiaries.

The beneficiary surveys show that 77% of the participants live as single family in a household whereas 14% live as two families and 10% live as 3 families. Accordingly, interventions must be planned to households with 3 or more families to ensure children's development, individuals' wellbeing and to prevent other negative conditions from emerging.

When economic impacts of COVID-19 are evaluated, it appears to be the area of service that requires the greatest amount of intervention. The analysis on the income conditions of the beneficiaries participating to the study show a 26% increase in the ratio of beneficiaries who do not have any income compared to the period before COVID-19. Besides, there has been decrease in the income of those who earned 1,001 TRY or more in pre-COVID-19 period. It can be stated that the income level of the local beneficiaries and migrants/refugees before and during COVID-19 period is almost similar. The most important reason for this is reported to be the fact that 52% of the beneficiaries participating in the study lost their jobs or sent to unpaid leave. When further analyzed according to nationalities, 41% of the local beneficiaries lost their jobs or sent to unpaid leave, while this rate increases to 55% in migrant and refugees. The rates are quite high in both groups. It is important to carefully analyze the macroeconomic impact of COVID-19 and plan for livelihood development programmes in line with the 'new normal'.

The study aims to ensure correct planning of the activities by planning separately the needs of local and migrants/refugees. Accordingly, it has been determined that migrant and refugee beneficiaries have higher level of needs compared to local beneficiaries in many of the items and services. Similarly, the weighted percentages of the responses to the survey questions were calculated and it was determined that local beneficiaries do not have high-level needs to any of the item asked but their level of need remain medium to low. However, migrant and refugees have higher level of needs to such items as cash, rent and food assistance. The reason why these two groups with similar income and employment status have different needs is that local beneficiaries have easier access to public institutions and organizations, local governments, NGOs, Turkish Red Crescent Branches and other channels of assistance and they can receive support from their families when they need. Besides, one of the main barriers for the migrant and refugees in using these services appears to be language barrier.

Although Community Centers do not provide cash assistance or rent assistance (rent assistance is provided by the Community Centers only in cases of protection risks), beneficiaries are referred

to relevant institutions and organizations. In this regard, it becomes more crucial to be able to address this kind of needs in times of crises. High-level advocacy activities need to be conducted in partnership with all institutions and organizations to facilitate migrant and refugees' access to services. Although the problem of basic needs has started to be replaced with more long term and sustainable interventions such as empowerment, livelihoods etc. in the 10th year of the migration crisis, the basic needs field has once again become the most needed intervention after the outbreak of disease. The funds for basic needs decreased in Turkey after the launch of Kızılaykart assistances. However, the need for these funds increased together with the outbreak. It is recommended to develop resources and seek funds for such basic needs as food, cash and rent assistance.

Community Centers generally make referrals to Branch Offices of Turkish Red Crescent for food distribution. However, Turkish nationals are prioritized in Turkish Red Crescent Offices and other institutions and organizations. Some institutions and organizations even provide food assistance to Turkish nationals only. While Turkish beneficiaries of the Community Centers can access these assistances easily, individuals who are in refugee or temporary protection status suffer difficulties in accessing such services. Advocacy activities must be carried out with all the cooperating institutions and organizations and these efforts must be increased by finding new resources. Most of the beneficiaries stated that they meet their own needs. However, they reported to suffer economic difficulties due to decreases or cut backs on their income and increases in food prices and their indebtedness.

Community Centers mostly cooperate with Turkish Red Crescent Branch Directorates, local NGOs, local public institutions and organizations and Vefa Support Groups to address the needs of beneficiaries. Referrals are made within the scope of this cooperation mostly for food, cash assistance and access to health services. It is important to follow up the cases after referral. Besides, developing resources and improving services will significantly decrease the number of beneficiaries having difficulties.

Beneficiaries have limited remote access to Community Center activities due to such reasons as not having internet or telephone credits, devices with internet connection or family-related factors. Relevant institutions and organization must be contacted and cooperated to develop resources to provide the beneficiaries with telephone or internet credit packages. Besides, the report published by UNDP (COVID-19 and Human Development: Assessing the Crisis, Envisioning the Recovery) states that groups that have economic problems related to COVID-19 period have become more vulnerable and the capacities of such groups must be developed to increase their livelihoods. The report also states that vulnerable groups' limited access to technological devices prevents them from accessing education and assistance. It points out that people will have opportunities to develop and improve their skills in their household if they are supported with access to technological devices and internet. Having no connection to internet is defined as a type of vulnerability in today's world. Projects must be developed to support the groups that do not have internet access with devices, internet connections packages and digital literacy trainings.

COVID-19 outbreak may be considered the beginning of a new era around the world. Although the virus may disappear, its social, psychological and economic impacts on the people may continue for a longer period of time. It is estimated that organizational structures and human relations in many of the institutions and organizations will change significantly. It is expected that institutions and organizations will lean towards such working methods as flexible work and home-working. The secondary data analysis show that unemployment rates among women and youth may increase in this period. Such conditions may turn into greater risks for the individuals in refugee or temporary protection status in Turkey. Disparity of economic opportunities as a result of unemployment shall

not be considered an economic issue alone. This inequality also increases the risk for the spread of disease. The most important factors in protecting against the virus are to maintain a strong immunity and good personal and domestic hygiene. However, under the conditions of material poverty, it will be more difficult to maintain these two factors and, thereby, the risks of infection will increase.

It is difficult to understand the new changes that COVID-19 pandemic will create both in our country and at global scale and to foresee the “new normal” especially in the economic area after this period. Currently, the crisis is ongoing and intensive interventions are continued to address it. However, healthy and consistent projections must be developed for the social resilience and recovery activities in the post-crisis period. It becomes crucial that experts from various areas work together with the institutions and organization that have field experiences to conduct new situational framework analysis. Planning the post-crisis interventions in line with these projections will facilitate the recovery process.





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