





Adaptation of Operational Activities to Humanitarian Crises:

COVID-19 Pandemic

Q3 2021

INTRODUCTION



This study provides information about the adaptation of operational activities in face of humanitarian crises and cyclical developments, the changing priorities, evolving areas and the reflection of the gained experiences in these areas on routine operations.

Field activities continue comprising "Sensitization" activities for removing the barriers of those who have problems in accessing Kızılaykart programmes for various reasons or those who are eligible but cannot start benefitting from the assistance; and "Advocacy" activities for preventing potential issues by raising relevant stakeholders' awareness on Kızılaykart programmes and providing updated information regarding these programmes.

In time, these activities were enhanced by taking the needs of refugees which diversify into account and by utilizing the gained experiences, and they continue being carried out with increased responsibility.

Covid-19 which is continuing to spread around the world, has been showing its effects in Turkey since the first case was announced on 11 March 2020 and a number of measures which would affect many areas of both work and social life were decided to be taken by governmental decision makers. In addition to being preventive and protective, measures taken in Turkey regarding Covid-19 pandemic have caused many different needs of both host community and refugees to arise. In the meantime, field operation staff has showed swift reactions for solving the issues which have emerged in its target group and has taken the necessary actions by diversifying its activities.

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METHODOLOGY

The study was conducted based solely on 2020 data. The period which is considered as the national "Lockdown period" covers the period between 18 March 2020, when the first Covid-19 case was announced and 1 June 2020, when the first normalization period started.

The data regarding the requests of individuals who were thought to be having difficulties in accessing basic needs assistance due to the full lockdown during the lockdown period, was collected in March and April through mass calls made by the operation units via call center.

The sample group for these calls consisted of 6,216 ESSN beneficiaries who are either over 65 years old or who live alone. Moreover, within the scope of the "Due Diligence Field Study" conducted in June and July right after the lockdown period, face to face meetings were held with 230 Social Assistance and Solidarity Foundations (SASFs), 49 Provincial Directorates of Migration Management (PDMM) and 47 District Population Directorates. During these meetings, answers were sought to questions which were prepared specifically for institutions' fields of activity and which aimed at analyzing the methods for receiving applications, conducting household visits and addressing the needs of the refugee population during both the lockdown and normalization periods.

For 2020 ESSN access issue and referral trends, data which was identified through TRC channels such as 168 Kızılay Call Center and Service Centers and registered to Kızılaykart Case Tracking System database was utilized.

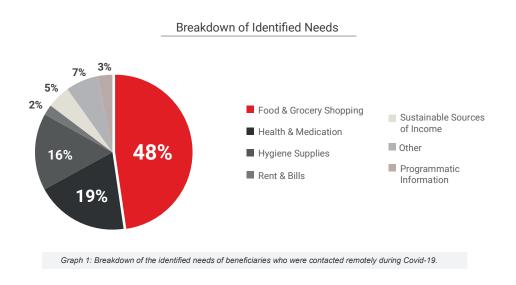
Identification of Potential Access Issues

The lockdown which was applied to individuals who are under 18 and over 65 as a Covid-19 measure, and the impact of the pandemic in every aspect of daily life, have had many negative effects on individuals.

In terms of operational activities; it was observed that among refugees, vulnerable groups who were more affected by this situation than the others have emerged. During the lockdown period, because of the restrictions on individuals' daily lives and on institutions/organizations' operational activities, the need for more innovative methods of identification of access issues, which could normally be identified through multiple channels, has emerged. From this point forth, except for the access issues and protection cases which are identified during application and registration, monitoring and evaluation or card distribution activities; households which were likely to have issues in accessing basic services during the lockdown period or which held potential protection risks were identified through database analyses aimed at groups which were thought to be affected by the lockdown and they were reached through outbound calls.

During these calls, target groups which were identified according to criteria such as age, demographic structure of the household or disability statuses were informed regarding the measures taken during the lockdown period and hotlines and institutions to reach when in need. Moreover, their existing needs were identified and recorded for taking the necessary actions and referring them to the relevant service providers.

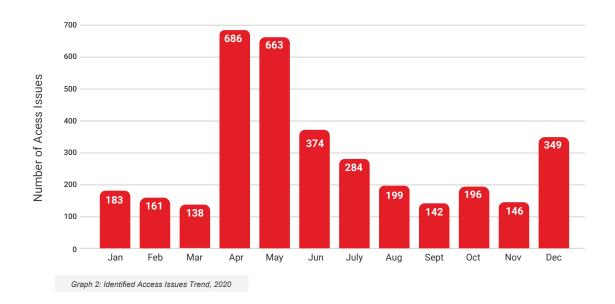
Thanks to this issue identification method and information provisions carried out during the lockdown period, thousands of households were reached within a short time. In such a period when public institutions, organizations, local authorities, banks, Community Centers and NGOs have restricted their activities; household visits were stopped and individuals' applications were taken via remotely, and it was quite difficult to identify protection cases due to Covid-19 risks, hundreds of issues that could not be identified in the field were identified and the needs were met through referral activities.



When the needs of the target group beneficiaries who were contacted remotely are analyzed, it is observed that the individuals affected by the lockdown needed assistance for food and grocery shopping the most. For the same reason, need for health and medication assistance of those who were not able to go to hospitals and pharmacies came second; followed by the need for hygiene supplies such as masks and disinfectants. It was also observed that among these people, there were individuals who had difficulty in paying their rent and bills due to the economic recession, and individuals who needed support in the processes with local authorities in order to benefit from the ESSN Programme.

Access Issue Trends

Since late March, which is accepted as the start of the lockdown period, it has been observed that the monthly total number of identified access issues, together with the issues identified via various channels, has increased by approximately 5 times compared to the previous months. During this period, as a result of the restrictions in the operational activities of some local authorities due to the Covid-19 cases and the interruptions of the field teams' local authority visits in parallel with these restrictions, by following a proactive approach, remote advocacy activities were carried out and access issues which refugees faced were tried to be solved through calls with institutions.



After the visible increase in access issues during the lockdown period, during the normalization process in June which started with the loosening of the measures taken for the Covid-19, the number of identified access issues started to decrease gradually and, finally in September, it has returned to the trend before the national lockdown.

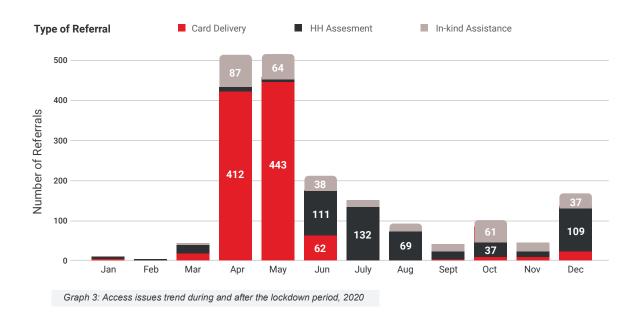
At this point, when the reasons why the number of access issues increased as such during the lockdown period and started to decrease gradually are analyzed, three main reasons are encountered:

- Uncollected Card Issues
- In-kind Assistance Referrals
- Household Assessment Referrals

Card Delivery Activities

As individuals over the age of 65 and under the age of 18 who could not leave their houses due to Covid-19 measures could not receive their cards from bank branches, activities specific to this group were carried out. The main purpose of these activities was to minimize people's resort to negative coping strategies as a result of the lack of income during the lockdown period. Field operation teams, which normally deliver ESSN cards to beneficiaries with disabilities who are not able to receive their cards from banks, have taken quick actions as a response to the need which has emerged during the lockdown period.

They have also identified individuals over the age of 65, under the age of 18 or disabled individuals who potentially cannot receive their cards, which were identified through the database and through outbound calls. During the card delivery visits, whether beneficiaries had different needs were noted, and it was aimed to meet the needs by ensuring that they were referred to the relevant places. As seen in the chart below, this problem was encountered in April and May the most, which is the quarantine period, it constituted the vast majority of the identifyed access issues, and rapidly decreased with the end of the lockdown.



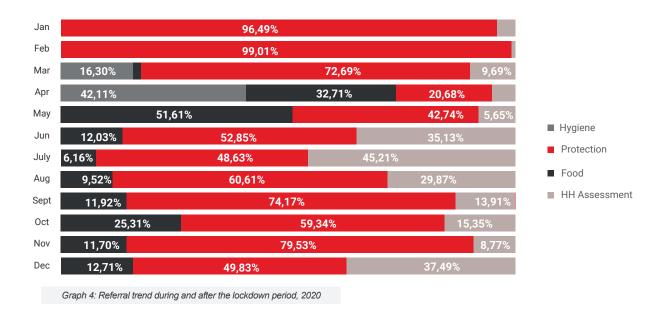
As stated before, it is understood from the graph that the needs that emerged in terms of access to basic needs and cash assistance during the lockdown period both constituted the majority of the problems identified during the normalization period and constituted a new phenomenon compared to the pre-lockdown period. During this period, in-kind assistance requests such as food/hygiene supplies and requests for rent & bills were tried to be met through Turkish Red Crescent Branches, Vefa Social Support Groups affiliated to SASFs and other humanitarian aid actors.

Referrals

During the lockdown period, requests for food, medicine, hygiene materials and economic support have increased significantly compared to previous periods. Within the lockdown period and the following normalization period, field activities, whose main goal is to enable vulnerable households to apply for Kızılaykart programmes and benefit from cash assistance, in accordance with its mission referred the SASFs to visit the households in need that could not benefit from the assistance because they did not meet the programme criteria and to be evaluated within the framework of the ESSN programme eligibility. It also referred people who needed health, medication, hygiene supplies, shelter, rental assistance or who were in any other protection need to the Turkish Red Crescent Protection Unit, and households with basic needs such as food and clothing to the Turkish Red Crescent Branches.

The Graph below shows the proportional distribution of referrals made as the result of field activities in 2020. It is seen that basic protection cases such as needs for medical device and medication, health expenditures, psycho-social support, family reunification are directed to the Turkish Red Crescent Protection unit, which have the highest percentage every month except in April and May, when the epidemic is most intense.

Due to the lockdown in April and May, the number of refugees visiting Turkish Red Crescent Community Centers and Service Centers decreased, and household visits were restricted. Thus, it became very difficult to identify protection cases. In addition, it is seen in the graph that referrals were made for provision of hygiene supplies to households within the scope of the taken measures for Covid-19 cases during the first months of the pandemic.

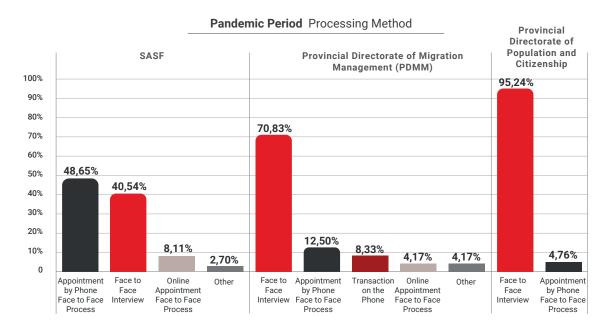


As stated before, how the need for food and cash assistance which has increased during the lockdown period had reflections on referral rates can be explained by analyzing the percentages of referrals on a monthly basis. During April and May, when people were having issues in accessing their basic needs due to the lockdown, the rate of the referrals to assistance for food has a significantly high ratio among all referrals. During the normalization period, it is observed that access to basic needs issues have decreased relatively and the rates of referrals to assistance for food have begun to decrease. Yet, it can be said that the need for cash assistance and economic support still continued during the normalization period.

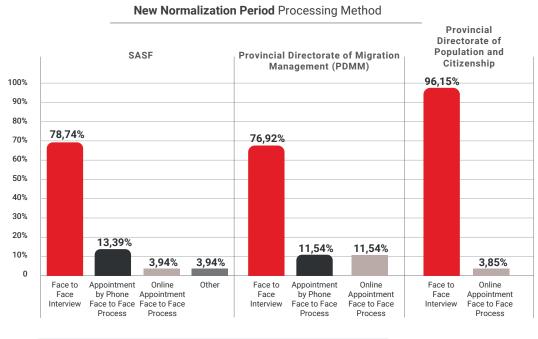
Households which are thought to be economically vulnerable, when it is identified that they are not ESSN Programme beneficiaries, are referred to SASFs for assessment of their eligibility. SASFs assess the relevant households through household visits. Since many SASFs were not able to conduct household visits during the lockdown period, these referrals could not be concluded effectively. However, during the normalization period when SASFs resumed conducting household visits when necessary, there has been a significant increase in the referral rates which are made within the scope of household assessments in June, July and August.

Pulse Check in the Field

As of June, the normalization period which envisaged the gradual loosening of the strict measures taken during the lockdown period and the resumption of the activities of institutions, organizations and workplaces without a complete removal of the measures, has begun. With the return of many local authorities, which had restricted their activities regarding the ESSN Programme, to the regular working order, a field study to analyze the current situation in the field and the extent of the "normalization period" of local authorities was conducted.



Graph 5: Service providing methods of the institutions during the lockdown period



Graph 6: Service providing methods of the institutions during the normalization period

In Graph 5 and Graph 6, it can clearly be seen that SAFSs, which carry out the application processes for the ESSN programme, abandoned their remote appointment method which was used to prevent density during the lockdown period and have started taking the applications face-to-face under taken precautions. While other institutions have followed a similar approach during the normalization period as well, this situation can be seen in SASFs most clearly.

During the normalization period, the number of identified access issues started to decrease as institutions resumed providing services, and as SAFSs have started conducting household visits when necessary, unsolved SASF application issues were quickly solved and the number of open access issues have decreased.

As a result of the outbound calls made to those who were identified through database and did not receive their cards, field operation teams have conducted card delivery activities to those who stated that they were not able to receive their cards. Hence, the ability of the teams to identify vulnerable groups that emerge for various reasons, to analyze their needs, and to take quick actions to meet these needs has been strengthened.

Target groups were remotely accessed for sensitization activities regarding the Covid-19 related processes such as providing information about lockdown rules, how to receive their ESSN cards accordingly or channels to request other types of assistance. As a result, a number of households that could not be reached face-to-face were reached within a short amount of time, and it was seen that a potential wave of access issues was prevented thanks to the above-mentioned activities carried out since the beginning of the pandemic.

During these sensitization activities, considering it was very difficult to identify protection cases in a situation where public institutions and organizations, local authorities, banks, Community Centers and NGOs restrict their activities, household visits were interrupted, actions were generally taken by communicating with people remotely due to the risk of Covid19-, hundreds of cases that could not be identified in the field were identified and necessary referrals were made.

It was observed that those who could not benefit from ESSN because they could not receive their cards during the lockdown period were very satisfied with the card delivery activities as they were able to receive their cards. Further, it is considered that this had a positive contribution to minimize the risks of refugees to apply negative coping strategies.

By remotely reaching out to the individuals who cannot be reached physically during emergency situations or humanitarian crises, thanks to the strong relationship which field operation teams have established with local authorities, various issues have been solved with remote advocacy activities or requests have been met by referrals to the relevant service providers.





The lockdown period has proven that, during extraordinary situations, operational activities in the field can quickly be adapted according to the current situation and crises can be responded within the social protection framework.

Thanks to the identification of potential access issues, operation teams have identified the beneficiaries who could not go to banks to receive their ESSN cards, which are perhaps the only means of living for some, before the beneficiaries reached out to them. Thus, they have prevented households to be deprived of assistance during hard times. Although the ESSN Programme is a cash-based programme vested with a strong structure and human resources, it was experienced that when individuals and actors have limited mobility, vulnerable groups may emerge and it is necessary to act in a flexible structure and with protection perspective in order to minimize the vulnerability of these groups.

Field operation teams which normally do not conduct household visits while carrying out field activities identified many protection cases during the household visits they carried out for the card distribution activities within the lockdown period. Thus, the necessity for Kızılaykart Programmes, which are essential cash-based programmes, to stay on the field with a protection perspective and awareness within the framework of protection component as well as the necessity to identify protection cases in the field without waiting for individuals to reach Kızılaykart teams have emerged.

In-kind assistance requests which were identified during the lockdown period have started to be referred to TRC Branches and Vefa Social Support Groups. This has resulted in an increased cooperation and collaboration between Kızılaykart staff and both TRC Branches and the institutions in Vefa Social Support Groups. It has also made a positive contribution to meeting the basic needs of refugees such as food and clothing. This has created the need for searching for new external referral options in order to be able to take swift actions in the right way concerning the needs of refugees during the new normal.









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