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Photo credit: Turkish Red Crescent

IMPACT OF COVID-19

**ON REFUGEE POPULATIONS BENEFITTING
FROM THE EMERGENCY SOCIAL SAFETY NET
(ESSN) PROGRAMME**

Assessment report



**IMPACT of COVID-19
on refugee populations benefitting from the
Emergency Social Safety Net (ESSN) programme**
Assessment report
Emergency Social Safety Net (ESSN)

This rapid assessment for the COVID-19 has been carried out through the joint efforts of the Turkish Red Crescent Society (TRC) and International Federation of Red Cross and Red Crescent Societies (IFRC), with financial support of the European Civil Protection and Humanitarian Aid Operations department (ECHO).

The views expressed herein should not be taken, in any way, to reflect the official opinion of the European Union (EU), and the European Commission is not responsible for any use that may be made of the information it contains. The report reflects the current situation and details available at this time. The report was drafted to best of knowledge, with no guarantee for completeness or accuracy.

ACKNOWLEDGEMENT



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This study is dedicated to all the health professionals, frontline workers and volunteers who have been risking their lives on a daily basis to respond to the COVID-19 pandemic. We are grateful for your dedication and sacrifice.

1. BACKGROUND



Photo credit: Turkish Red Crescent

The Emergency Social Safety Net (ESSN) programme

With European Union funding and a partnership between the International Federation of Red Cross and Red Crescent Societies (IFRC) and the Turkish Red Crescent Society (TRC), over 1.7 million refugees living in Turkey are receiving humanitarian support through monthly cash assistance through the Emergency Social Safety Net (ESSN) programme.

ESSN, the Conditional Cash Transfer for Education (CCTE) and several other programmes with different partners feed into TRC's Kızılaykart platform, which reaches approximately 2.4 million people with basic needs across the country.

COVID-19 in Turkey

As of 19 April 2020, the Ministry of Health reported more than 86,000 confirmed COVID-19 cases with almost 2,000 deaths in Turkey¹. The Government of Turkey has introduced a series of containment measures, including closing of schools, shopping malls and businesses; a curfew for individuals above 65 or under 20 years and those with critical health conditions; as well as banning public gatherings. Land borders with neighbouring countries have been closed, international flights stopped and internal travel is restricted. All state and specific private health institutions have been declared pandemic hospitals.

Refugees particularly vulnerable to impacts of COVID-19

The situation has affected refugees and the Turkish host community alike. However, the COVID-19 pandemic poses a serious challenge for refugees in particular because of their limited access to public services and formal employment due to language, economic, and social barriers. The impact on the labour market is particularly severe in the informal employment sector where refugees are employed. This trend has been observed through TRC's call centre, where many calls relate to job loss or requests for in-kind assistance.

Living conditions for many refugees make them more susceptible to the spread of COVID-19². At least 71 per cent of ESSN recipients live in poor quality apartments, 12 per cent have insufficient access to water and hygiene and 17 per cent live in crowded conditions³.

About the assessment

The purpose of the survey was to gather data on the economic and social impact of COVID-19 on the lives of refugees benefitting from the ESSN programme to inform future implementation. The rapid assessment was conducted from 8-14 April 2020 and included 468 households. Information was collected on the income and employment situation, access to basic services and ability to use the Kızılaykart.

¹ Ministry of Health, retrieved 20 April 2020

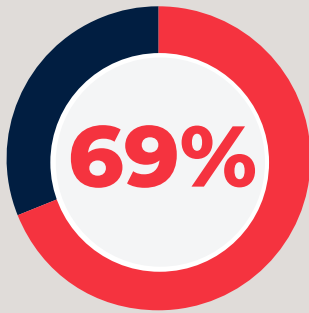
² Poole, D.N., Escudero, D.J., Gostin, L.O. et al. Responding to the COVID-19 pandemic in complex humanitarian crises. *Int J Equity Health* <https://doi.org/10.1186/s-01162-020-12939y>.

³ WFP Turkey Country Office, Comprehensive Vulnerability Monitoring Exercise. Round 4. (January 2020)

2. SUMMARY OF FINDINGS

HOW HAS COVID-19 IMPACTED REFUGEES IN TURKEY?

KEY FINDINGS



of households reported **loss of employment** due to COVID-19



of households reported **facing an increase in expenses** to cover additional costs like food and hygiene items.



82% of households have increased debt



31% of children enrolled in school cannot access online curriculum



22% of households have members who need regular medical care



61% of households reported that COVID-19 has impacted their ability to access hospitals

MAIN PRIORITIES



Food



Rent



Bills



Non-food items



Hygiene

HAS IT IMPACTED OUR ABILITY TO GIVE CASH ASSISTANCE?



96% of households indicated no difficulties in using the Kızılaykart



81% of households do not face difficulties in accessing markets

3. METHODOLOGY AND LIMITATIONS

Sampling methodology

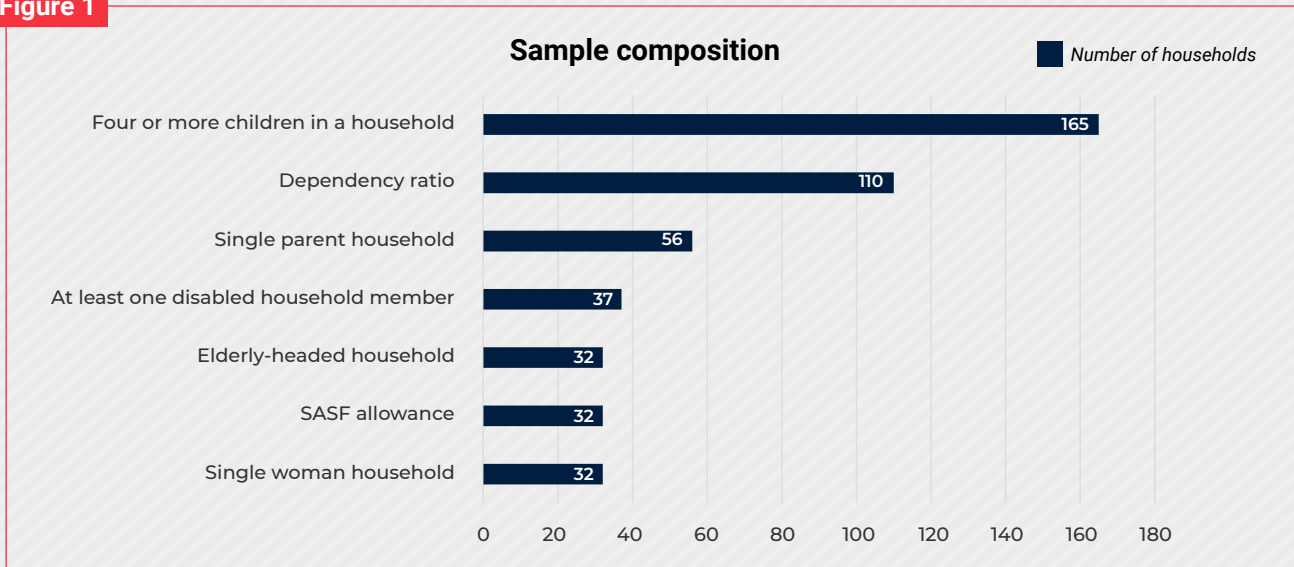
The unit of analysis of the survey was the household, and was selected based on a stratified random sample with a proportional assignment method, taking the ESSN eligibility criteria as strata. The decision of stratify, given the eligibility criteria, was taken in order to include all different vulnerable groups within the program.

The 82.7 per cent of all households are in three out of the six criteria plus SASF Allowance, and therefore it is likely that one of the groups was not represented in a simple random sample. For calculating the minimum sample size, the population size in each criterion was taken into account, the confidence level was set at 95 per cent and the error margin at 0.05. This resulted in a sample size of 384. In this calculation, however,

there were groups with insufficient associated number of samples. Increasing the sample size of those groups for a minimum of 30 households, resulting in a total sample size of 445. An additional five per cent was added in order to cover for possible unanswered calls, which gave a total sample size of 468.

A statistical test was done to understand if there was enough evidence to affirm that there was a group impacted by COVID-19 that was higher. There was an assumption that the eligibility criteria is based on vulnerability and that the impact might be different on elderly households, for example. However, after the tests were run, and with a confidence level of 95 per cent, no statistical difference between the eligibility-criteria groups was found.

Figure 1



Data collection

Data was collected via phone surveys from 8-14 April 2020. From the 468 households, only 4 did not respond to the survey.

Data disaggregation

Data was disaggregated by eligibility criteria. In order to study whether there was a group with statistically different impacts to COVID-19 from others, pairwise comparison of Chi-squared tests were run with a confidence level of 95 per cent and 6 degrees of freedom. There was no statistically significant difference between the groups.

Challenges and limitations

One major limitation of the study is that it does not have geographic representation. Data is not disaggregated on the provincial level. The sampling methodology was the programme criteria which used as strata to do a random sampling to focus on variations between different groups rather than geographical differences.

4. FINDINGS: THE IMPACT OF COVID-19

Impact on systems and services

Access to health care

The Ministry of Health announced that all hospitals are required to admit and treat suspected COVID-19 patients regardless of their social security status. This ensures that both Turkish and foreign nationals have access to services. The due date of ESSN beneficiaries' disability health reports has been extended.

While access to health care continues to be provided, survey findings indicate that out of the 22 per cent of households that have members requiring regular access to medical care (disability, chronic illness and pregnancy), 61 per cent report that COVID-19 has impacted their ability to access services (refer to Figure 2). Approximately 11 per cent (51 households) indicated emergency healthcare as a priority need.

Data from the TRC 168 call center also indicates that many refugees ask for financial support to buy medication, information on how to access hospitals or diagnostics facilities and advice on how to treat COVID-19.

Access, availability of goods and market functionality

Turkey markets have managed to maintain availability of goods, with a low out of stock rate of 1.34 per cent⁴, which is lower in comparison to other countries. Despite fluctuations, the Turkish lira (TL) has lost value within the last month against the US dollar and Euro.

Eighty-one per cent of households said they did not experience any problems with access to markets. By contrast, 19 per cent noted trouble in accessing markets with fear of the virus, the curfew and lack of money identified as the three main reasons, as shown in Figure 3. Only a few households reported high prices or scarcity of items as a reason for not being able to access markets, which further confirms markets are functioning and the barriers are related to other reasons.

Some vulnerable groups are more likely to face access barriers than others who participated in the survey. For example, 27 per cent of single-parent households and 25 per cent of elderly-headed households reported trouble accessing the markets; compared to 19 per cent among the total ESSN group.

Figure 2

% of people with special needs whose health care access is hindered by COVID-19

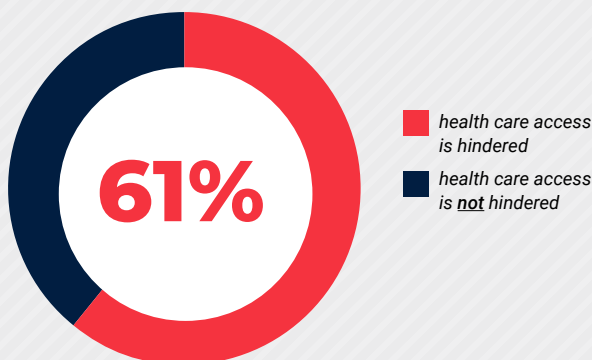
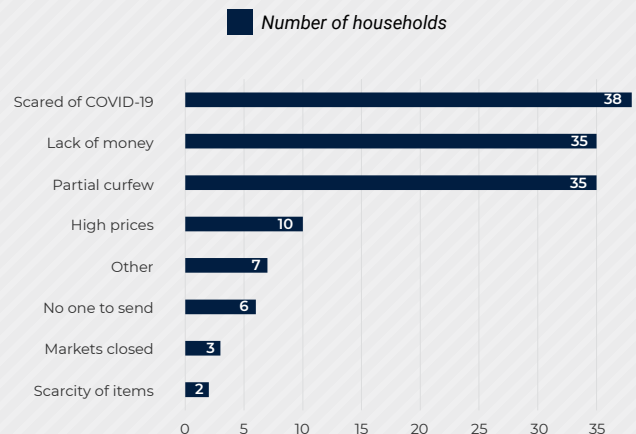


Figure 3

Reasons for no access to markets



⁴ Euromonitor International, 15 April 2020.

Increased expenditure

Expenditures have increased for refugees. The monthly change in the consumer price index is 0.57 per cent in March 2020⁵. Food and health expenses increased by 1.95 per cent and 2.78 per cent, respectively, while transportation costs decreased by 1.91 per cent. Between February and March, the prices in Istanbul have increased by 0.33 per cent⁶. It is not possible to say at this stage whether COVID-19 had any significant impact on market prices. Only a small number of households indicated 'high prices' as a reason for market access barriers.

Results have found that 78 per cent of households have faced an increase in their expenses, mainly food and additional hygiene items. The current Minimum Expenditure Basket (MEB) for a household of six members is 2,277 TL, not considering additional needs related to COVID-19. The transfer value for the same household including top-ups is 820 TL, which leads to a financial gap of 1,457 TL. The MEB per capita is 379 TL, leading to a gap of 243 TL as seen in Figure 4. This gap between the MEB and transfer value could magnify the worsening situation, considering an increased expenditure and a decrease in income.

Impact on income and employment

Loss of income

The majority of households (82 per cent) have no member engaged in income-generating activities. Most respondents (77 per cent) stated that they have debts, 82 per cent of whom reported a further increase in their debt since 23 March, which is considered the starting point of the COVID-19 precautionary measures in Turkey. More households have resorted to borrowing money to cover food, rent, non-food items and bills, refer to Figure 5.

Loss of jobs

Only 19 per cent of respondents indicated that they are employed, while 69 per cent stated that they have lost their jobs due to COVID-19. Of those who lost their jobs, many have a high number of dependents (28 per cent) or children (38 per cent). The majority of those who lost their jobs (93 per cent) were the only ones in their family employed. Unemployment due to COVID-19 and economic problems/urgent needs are the two main issues reported by refugees. These findings are supported by the messages received from refugees on the Kizilaykart website⁷.

Figure 4

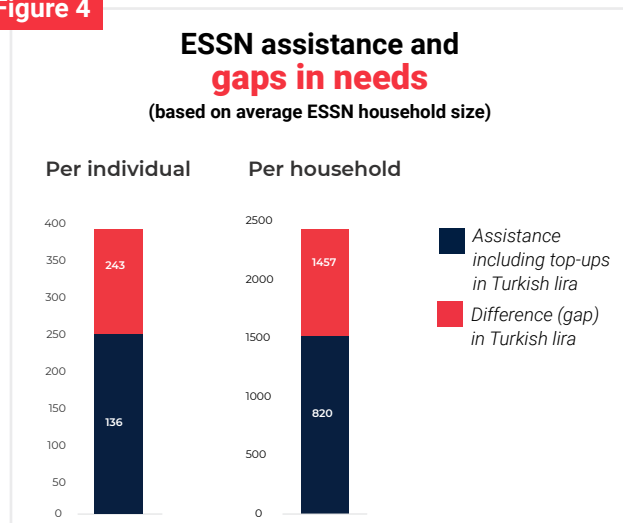


Figure 5

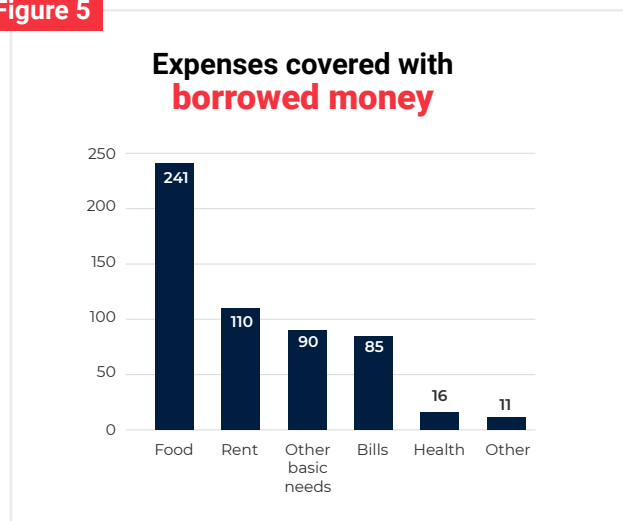
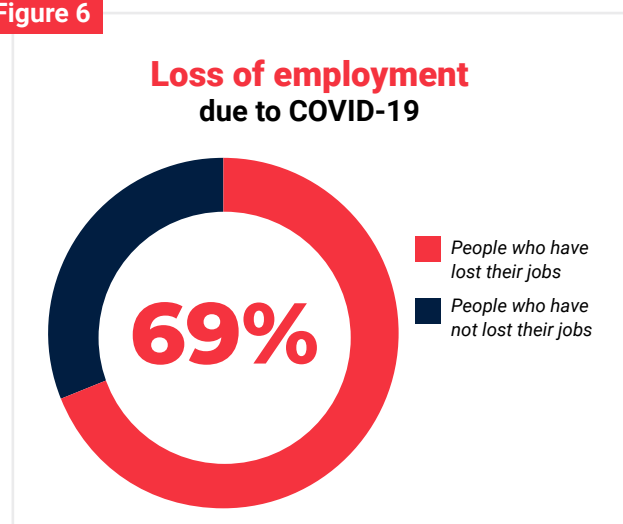


Figure 6



⁵ Turkish Statistical Institute (base year 2003)

⁶ The Istanbul Chamber of Commerce's Index of Wage Earner's Cost of Living (base year 1995)

⁷ www.kizilaykart-suy.org

Access to education

Among all respondents, 68 per cent stated that they have school aged children (6-17 years). Although the majority of children (93 per cent) are enrolled in school, 31 per cent of them do not have access to an online curriculum. The three main reasons are not having a TV or access to EBA (a remote education channel), not knowing how to follow the online/TV curriculum and no internet access as shown in Figure 7. None of the households indicated that children need to work instead.

Identified priority needs

Food is the most frequently identified priority need, reported by 95 per cent of households. The second biggest priority (44 per cent) is cash assistance to cover rent, bills and transportation. This is followed by non-food items (NFIs) (42 per cent) and specific hygiene items (masks, disinfectants) for 17 per cent of households (Figure 8). Eleven per cent of households indicated emergency health care as a priority need. While this shows that additional financial assistance (in the form of top-ups), potentially combined with in-kind support, could cover most of the priority needs.

Figure 7

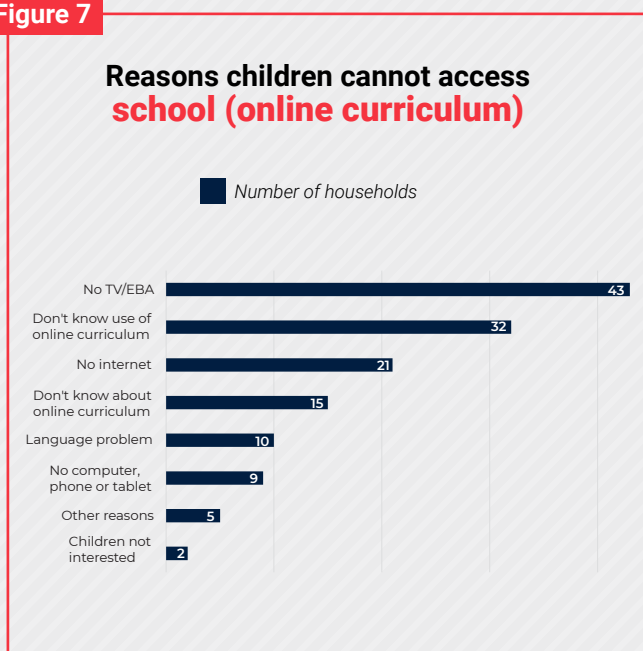
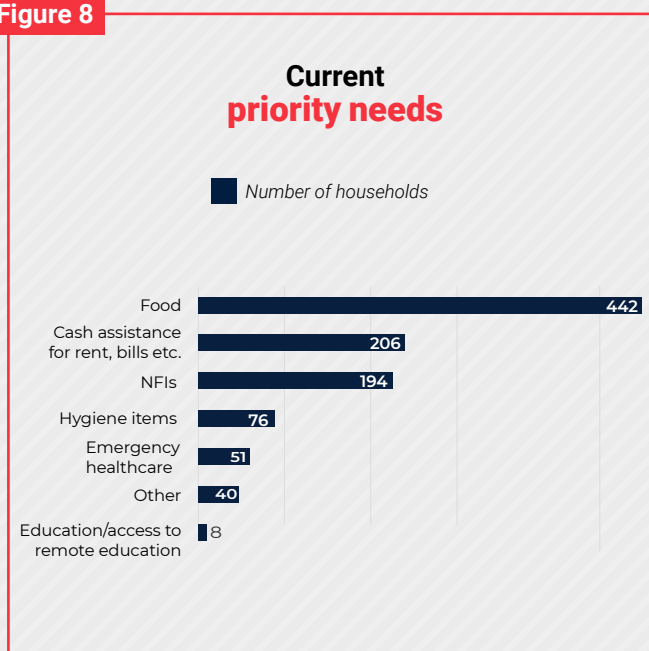





Figure 8



Access to information

Results have shown that many respondents (77 per cent) are receiving enough reliable information about COVID-19 while 23 per cent of households do not. The main sources for information for households are as follows:

-  **1 News, including radio, television & newspaper** (223 households)
-  **2 Social media, including Facebook, Instagram & Whatsapp** (181 households)
-  **3 Websites** (102 households)
-  **4 Word of mouth through community leaders, friends, neighbours & relatives.** (91 households)
-  **5 TRC community/service centres** (31 households)
-  **6 Non-governmental organizations (NGOs)** (15 households)
-  **6 Other sources of information** (15 households)
-  **7 Hospitals** (13 households)

5. RESPONSE CAPACITY AND GAPS



Photo credit: Turkish Red Crescent

Government response

The Government of Turkey has announced an additional two billion Turkish Lira for financial aid to families in need according to criteria defined by the Ministry of Family, Labor and Social Services. Two million beneficiary households of the Turkish social assistance system will be provided with up to 1,000 TL cash support as of 1 April 2020. Monthly budget allocated toward the Social Assistance and Solidarity Foundations, which provide assistance to various disadvantaged groups, have been increased from 135 million TL to 180 million TL.

Further measures were adopted including various subsidies to the Social Security contributions (such as increasing the minimum pension salary to 1,500 TL), wage subsidies and work allowances (such as accelerating the process to benefit from the short-term work allowance) and postponing tax payments for individuals over 65 years old or with chronic health conditions. The Ministry of Agriculture will provide hygiene and protection equipment against COVID-19 as well as appropriate housing and transportation conditions for seasonal agricultural workers.

ESSN assistance

ESSN assistance continues to be provided to more than 1.7 million people without interruption, despite reduced face-to-face contact. SMSs have been sharing critical health information to refugees, including highlighting the need for social distancing and personal hygiene, especially at ATMs. ESSN recipients have also been reminded that the money

will remain in their account to avoid large crowds in the initial days of the transfer.

Survey findings indicate no significant impact of COVID-19 on the ability to use the Kizilaykart, with 94 per cent of surveyed households confirming that the card use has not been affected. Cash assistance continues to be a critical mechanism to support people in meeting their basic needs.

Gaps

The survey findings confirm that COVID-19 has had a significant impact and is having a particularly severe effect on the refugee population currently benefitting from the ESSN programme.

The financial support provided by the government in response to the COVID-19 outbreak is intended for Turkish citizens. This is not accessible for people under 'Temporary or International Protection'.

Those surveyed are facing major losses to employment. This, combined with the increase in expenses, is a clear indication that there is an economic gap. Food has been identified as a priority need, followed by cash assistance to cover rent and bills. There has been an increase in expenses related to additional food supplies, with over half of households borrowing money to cover their expenses. The most basic needs, including food and shelter, are currently not met.

6. TIMELINE OF EVENTS



11 March 2020: The first COVID-19 case in Turkey

12-20 March 2020: COVID-19 measures introduced

- Schools, universities, cafes, cinemas, mosques are closed.
- International travel restrictions are introduced.
- Public gatherings/crowds suspended.
- All hospitals (public and private) are declared as pandemic hospitals by the Ministry of Health.
- The first COVID-19 related death is confirmed (17 March).

21 March 2020: Partial curfew introduced

- Partial curfew declared for people over 65 and people with chronic illnesses by the Ministry of Interior.
- Restaurants are only allowed to operate for take away and delivery service.

23-28 March 2020: Further measures

- School suspension is extended until 30 April. Spring term, university entry exams are postponed to July. TRT EBA TV begin to stream for remote education.
- Market hours are shortened and capacity to serve is decreased.
- The capacity of public transportation is cut by 50 per cent.
- All international flights are suspended, the number of domestic flights is decreased, and travel permission required for domestic travels.

3 April

- Entry to and exit from 30 metropolitan cities and Zonguldak is suspended for 15 days.
- The scope of the partial curfew is enlarged to people under 20.
- A requirement of wearing masks is introduced in areas, like markets.
- Turkish Airlines suspended all domestic flights until 20 April.

6-10 April

- The sale of masks is forbidden. Masks are to be distributed free of charge to all citizens.
- On 10 April, the Ministry of Interior announced a 48-hour curfew in 30 metropolitan cities and Zonguldak.

13-16 April: Number of cases rises

- 48 hour curfew is announced for the following weekends, beginning from 19-17 April.
- Access to healthcare is free of charge for anyone suffering from COVID-19.
- Economic measures to cope with the impact of COVID-19 passed to law.
- The number of confirmed cases stands at 74,193 as of 16 April, with 1,643 number of deaths.

Anında
Fatura Ödeme



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