

ESSN Mid-Term Review 2018/2019



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Professional oversight was provided by Oxford Policy Management. Full responsibility for this Evaluation Report remains with the authors, and the views it contains should not be attributed to WFP, the Turkish Red Crescent, The Republic of Turkey or DG ECHO.

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Executive Summary

1. The World Food Programme (WFP) Turkey Country Office on behalf of the ESSN stakeholders commissioned this mid-term review of the Emergency Social Safety Net (ESSN), funded by the Directorate General for European Civil Protection and Humanitarian Aid Operations (DG ECHO). The first phase of the ESSN (ESSN 1) ran from September 2016, with roll-out starting in early 2017; while ESSN 2 commenced in January 2018 and will run until March 2020. This Review covers the period from May 2018 to November 2019. The intended users of the review include WFP; TK; the Republic of Turkey Ministry of Family, Labour, and Social Services (MoFLSS) and DG ECHO; as well as other organizations providing assistance to refugees in Turkey.

2. Turkey currently hosts more refugees than any other country in the world. There are 4 million registered refugees¹ in Turkey, of whom 3.6 million are Syrian refugees. The ESSN launched in December 2016 with the objective of stabilising or improving living standards of the most vulnerable out of camp refugee households. The ESSN was designed in conjunction with the Government of Turkey and is implemented through a partnership between WFP, TK, the Ministry of Family, Labour, and Social Services (MoFLSS) and Halkbank.

Methodology

3. This review focusses on four programmatic developments, specifically: (1) the SASF discretionary allowance, (2) outreach teams, (3) protection referrals and (4) the severe disability allowance. This review also examines the impact of the 2018 economic slowdown in Turkey on ESSN beneficiaries (5).

4. In order to examine these five topics, the research team adopted a mixed method approach. The sources of evidence used to answer the research questions include a literature review, qualitative data from structured Key Informant Interviews (KIIs) at Ankara and Provincial level, as well as beneficiary consultations through focus group discussions (FGDs) and household case studies (HHCS) in two provinces. Quantitative data sources included various household surveys and administration datasets.

The SASF discretionary allowance

5. The SASF discretionary allowance serves as a complementary mechanism to reach vulnerable households who may be excluded by the programme's demographic targeting criteria. It was introduced in November 2018 with the objective of decreasing exclusion errors and started to be implemented in December 2018. The scheme enables each SASF office to select, on a discretionary basis, a small number of vulnerable applicants who were not eligible under the established criteria, to be included as ESSN beneficiaries. Each SASF office is entitled to a quota of allowances calculated as 5% of total applications received by that SASF in October 2018.

6. Based on household visits the SASF may recommend to include the family as an ESSN beneficiary. As of April 2019, it was reported that SASFs had visited 100,106 non beneficiary, applicant households (42% of the total). There is variation in how beneficiary HHs are identified. Only in contexts of a small ESSN caseload have all ESSN applicants been visited. Resource constraints, specifically insufficient SASF staff time, lack of transport budgets and interpreters for household visits, were key constraints in the rollout of the allowance, despite TK support with vehicles, staff and interpreter support.

7. The assessment process required SASFs to use the Decision Support Mechanism Algorithm (DSMA) to screen households for the SASF discretionary allowance. However, there was consistent feedback from Government stakeholders that the use of the DSMA as a strict criterion for eligibility was problematic. As intended, the process of selecting beneficiary households relies heavily on the judgement of SASF officers in the field. The judgement of

¹ Throughout the report, refugees refer to individuals who are under temporary or international protection for ease of reference.

SASF officers proved to be accurate: the SASF discretionary allowance was effectively targeted, to relatively poorer households. However, due to the relatively small proportion of households that can be reached (even with the full use of the quota), this had a limited impact on the overall exclusion error.

8. There has been a policy of restricting public dissemination of information on this allowance and beneficiaries had little awareness of the SASF discretionary allowance. Information had been shared with civil society actors on the new allowance through Task Force meetings. However, information on the allowance had clearly not spread uniformly in the wider civil society community who may not have participated in the TF meetings and NGOs interviewed believed that they did not have a role in suggesting candidate HHs to SASFs.

Recommendations

9. Based on the findings and conclusions the following recommendations are made:

- i. The ESSN should continue to liaise with the MoFLSS to find the most appropriate and effective ways to support the SASF offices with the necessary support to complete household visits.*
- ii. Guidance on the use of the DSMA to screen households should be revised and the allowance should be allocated by the SASF on the basis of the judgement of the SASF officers, with accountability provided through on-going monitoring.*
- iii. There should be the provision to redistribute the existing quota of SASF discretionary allowance between Provinces, from areas where the full quota is not needed to areas where demand is higher.*

Referral and Outreach teams

10. TK Outreach Teams (R&O) were introduced in early 2018 with the objective of increasing awareness among institutional stakeholders of ESSN processes and addressing barriers faced by individual applicants. The R&Os have responsibility for addressing constraints that may arise at various points along the application process for individual households. The overall ambition was to encourage and facilitate applications to the ESSN.

11. In total, 44 TK field staff carry out outreach activities. Call operators, who make the initial case verification calls and carry out follow-up calls, support them. By the middle of 2019, TK made 8,644 institutional visits. Most of the visits supported sensitisation efforts, such as liaising with local authorities and sensitisation of refugees following camp closure, ensuring awareness and promoting sign up to the ESSN.

12. In addition, the R&Os conduct “advocacy” activities to address barriers to accessing the ESSN. By mid-2019 a total of 17,977 cases had been referred to the R&Os. Three quarters of the cases related to uncollected ESSN cards, acquiring Disability Health Reports (DHRs) and problems with ID registration. TK identified outreach cases from multiple sources, but predominantly other TK units and programmes

13. Awareness of the ESSN among beneficiaries is high, with limited residual problems. The R&O appear to have been effective in helping to address remaining access issues at field level. As of the middle of 2019, 78% of individual outreach cases were solved. The most problematic cases are registration of addresses and dormant accounts. The R&O cannot resolve all cases and is complemented by high level advocacy to address structural issues. Where households require assistance beyond the ESSN, the R&O has actively made referrals to the TK protection team.

14. Sensitisation may not need to continue at the same level, since awareness of the programme is high. The role of R&O teams will need to evolve and they will be critical in the future of ESSN3.

Recommendations

15. Based on the findings and conclusions the following recommendations are made:

- i. *TK should strengthen the monitoring and reporting of R&O sensitization activities. This information should be used by management to analyse the impact of R&O activities*
- ii. *Further encouragement is needed for all refugees to apply to the ESSN, irrespective of whether they fit the ESSN demographic criteria or not. The R&Os should consider how they might more effectively encourage all refugees to apply to the ESSN so that they may be eligible for the SASF discretionary allowance.*
- iii. *As requested by R&O staff in the field, it is recommended that a protection refresher training is conducted to all R&O staff.*
- iv. *Further consideration should be given to how the role of the R&Os might evolve in ESSN 3, including responsibility for assisting with livelihood referrals.*

Protection Referrals

16. A formal ESSN referrals system was established in Q3 of 2017 in partnership with TK Protection Teams (who are external to the ESSN programme), so that protection cases so that protection cases identified during any stage of the ESSN programme such as application, assessment (household verification), and card distribution, can be referred to specialised providers.

17. Identification of protection cases takes place through routine ESSN programme activities by both WFP and TK frontline staff. All field staff have been trained in protection and in how to identify and record protection cases. Up until June 2019, 6,487 cases with protection needs have been identified through the ESSN and referred to relevant actors. Most protection issues relate to health, ID issues and child protection.

18. TK and WFP actors maintain separate and parallel referral processes. TK actors refer protection cases to the TK Protection Team and from there to TK Community Centres and government services. WFP is similarly referring to the TK Protection Team but also to other organisations. Protection cases are also referred to NGOs with individual protection assistance funding from DG ECHO. Heavy demands on the TK protection programme meant that WFP was making more referrals to other agencies.

19. Referrals to specialist providers often take time before they are actioned. Key capacity gaps were identified in making referrals for women's shelters, child protection including services for unaccompanied children, specialist health services and gaps in the provision of special needs education.

20. There is an opportunity to better link protection cases with the SASF discretionary allowance. Few protection partners consulted knew about the SASF discretionary allowance or how it works. Amongst SASFs consulted, only TK refers cases to SASFs for the discretionary allowance.

21. The ESSN's role in protection is complementary, rather than a primary responsibility. The number of protection cases identified by the ESSN has been relatively low in comparison to the overall refugee numbers. The current system of identifying protection cases may exclude people who do not have knowledge of protection partners nor the capacity to reach out to a protection partner.

Recommendations

22. Based on the findings and conclusions the following recommendations are made:
- i. *Greater consideration should be given to developing a process that allows to systematically accept inward referrals to the ESSN to be considered for the SASF allowance.*
 - ii. *With the departure of WFP, the referral link from the ESSN to protection partners, including NGOs or UN agencies, needs to be maintained, to facilitate access to complementary and diverse protection capacities.*

- iii. The ESSN, in conjunction with the TK protection unit, should explore possibilities to work with UNHCR to build a comprehensive protection case registration system. This should include protection cases registered through PDMM or SASF.*

Severe Disability Allowance

23. In 2018, the ESSN started to provide additional top-ups called the Severe Disability Allowance (SDA) for ESSN eligible persons with severe disability with more than 50% disability rate and their disability is flagged as “severe”. The SDA is a successful programme in terms of roll out and impact.

24. Sign-up to the programme increased rapidly after launch, with beneficiary numbers doubling between August 2018 and May 2019. Sign-up rates have slowed and as of September 2019, a year after its first introduction, 7,584 households receive the SDA, short of the 10,000 beneficiary target originally envisioned. The slowing of the sign-up rates indicates that most of those able to meet the requirements of the application process have signed-up.

25. The key factor constraining access was obtaining the DHR, which comes with substantial direct and indirect costs to beneficiaries. The meaning behind the ‘severe’ disability rating is poorly understood by beneficiaries. All those who have easily and readily qualified as having a severe disability and who have been able to acquire the DHR have been included into the programme. It seems likely that there is a further eligible group who are either borderline ‘severe’ and not been classified as such or who are actually ‘severe’ but who have not been able to overcome the barriers to application.

26. The SDA is intentionally designed to align with the Turkish carer allowance and the DHR is a feature in both transfers. The burdensome but necessary process of obtaining the DHR as well as the decision on where the eligibility cut-off lies were conscious design decisions that came with the intention of aligning with the Turkish system.

27. The positive impact on SDA top-up on recipients is undisputed. Beneficiary households eat more and better food and on some occasions are able to move to a better accommodation.

28. A particular concern, not within the remit of the SDA top-up but frequently mentioned by respondents, is the need for specialised support, such as physical therapy, mobility aids, medication or surgery. There are opportunities to better link SDA cases to NGO, health and social care partners offering these services.

Recommendations

29. Based on the findings and conclusions the following recommendations are made:

- i. In cooperation with the Ministry of Health, communication materials should be developed that clearly explain the different disability levels. This would make the SDA application process more understandable for applicants. These documents should be shared with applicants and protection partners to ensure a coherent understanding of the thresholds.*
- ii. Approach donor partners with the option of waiving the DHR fee.*

Effect of the changes in the Turkish Economy on the ESSN

30. The 2018-2019 economic slowdown in Turkey has been associated with an increase in prices and unemployment. The main channel through which the slowdown has impacted refugee households, has been through changes in purchasing power. The increase in inflation has reduced the real value of the ESSN transfer, which declined by 21% between end 2017 and mid 2019 for a family of six.²

31. The data also suggests *some* impact on labour income of refugees as a result of the macroeconomic changes. More ESSN applicant and beneficiary households reported to not

² Please see chapter 7 in the main report for calculations.

have anyone working in end 2019 than had done so in early 2018. Focus Group discussions also point to fewer job opportunities.

32. The changes to purchasing power and employment opportunities have led to increased consumption coping strategies by households and worsening food security. In early 2019, following increased inflation, there was an increase in the sale of assets, spending savings, changing the type of accommodation, or returning to Syria. Despite the economic situation, health and education related indicators do not appear to have been affected.

33. As a response, quarterly top ups were increased in August 2019. However, for households with more than three members, the real value of the per capita transfer remained lower than before the depreciation of the Lira. The impact on household welfare of the increase in prices and top-ups depends on household size, whereby smaller households benefited more from the revision in top-up value.

34. There is some qualitative evidence that tensions with the host community may be on the rise also partially due to the economic turndown, in particular due to competition for fewer jobs. However, it is hard to concretely attribute these changes in attitude to the local conditions and the overall incidence of disputes remains low in the overall population.

Recommendations

35. Based on the findings and conclusions the following recommendations are made:

- i. It is recommended that the analysis of changes in the purchasing power of the ESSN transfers and impact on employment opportunities and wages of refugees are updated to reflect possible recent changes in the Turkish economy.*
- ii. This analysis should be used to inform discussion and decisions on possible adjustments to the ESSN transfer value and targeting approach. However, the impact of the economic changes needs to be considered alongside other factors, including maintaining coherence of the ESSN with the national social assistance system, in making decisions on any changes.*

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Administrative Map of Turkey



List of Acronyms

3RP	Regional Refugee and Resilience Plan
ASAM	Association for Solidarity with Asylum Seekers and Migrants
CC	Community Centre (of TK)
CCTE	Conditional Cash Transfer for Education
CSO	Civil Society Organisation
CVME	Comprehensive Vulnerability Monitoring Exercise
DEQAS	Decentralized Evaluation Quality Assurance System
DGMM	Directorate General of Migration Management
DG ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations
DHR	Disability Health Report
DSMA	Decision Support Mechanism Algorithm
EQ	Evaluation Question
ESSN	Emergency Social Safety Net
FGD	Focus Group Discussion
HH	Household
HHCS	Household Case Studies
HQ	Headquarters
INGO	International non-governmental organization
IP	International Protection
IPA	Individual Protection Assistance
KII	Key Informant Interviews
M&E	Monitoring and Evaluation
MEB	Minimum Expenditure Basket
MoFLSS	Ministry of Labour, Family and Social Services
MTR	Mid Term Review
NGO	Non-Governmental Organisation
OPM	Oxford Policy Management
OT	Outreach Team
PAB	Pre-Assistance Baseline
PABDS	Pre-Assistance Baseline for Disability Allowance
PDM	Post-Distribution Monitoring
PDMM	Provincial Directorate of Migration Management
PWD	Person with Disability
SASF	Social Assistance and Solidarity Foundations
SC	Service Centre (of TK)
TL	Turkish Lira
ToR	Terms of Reference
TP	Temporary Protection
TK	Turkish Red Crescent (Turk Kizilay)
TRG	Government of the Republic of Turkey
VAM	Vulnerability Analysis and Mapping
WFP	World Food Programme

1 Introduction and Background

36. WFP has commissioned this Mid-Term Review (MTR) of the Emergency Social Safety Net (ESSN) in Turkey. The review will assess key programmatic developments from May 2018 to November 2019 and will provide forward looking recommendations. The MTR complements and builds on the findings of the preceding mid-term evaluation of the ESSN released in November 2018, which focused on programme developments up until the end of 2017.

37. The MTR is being conducted by an independent team, to ensure the findings remain impartial. Oxford Policy Management (OPM) have been contracted by WFP to undertake this review. The full ToR for the MTR can be found at Annex A.

38. The expected users of the review findings and recommendations include WFP; TK; the Republic of Turkey Ministry of Family, Labour and Social Services (MoFLSS) and DG ECHO; and other organizations providing assistance to refugees³ in Turkey.

1.1 Context

39. Turkey currently hosts more refugees than any other country in the world. There are 4 million refugees and asylum seekers in Turkey, including over 3.6 million Syrian nationals and close to 400,000 registered refugees and asylum-seekers of other nationalities.⁴ Refugees are dispersed across all provinces. Metropolitan cities and south eastern provinces (Istanbul and Şanlıurfa, Gaziantep, Hatay, in the South East) host the highest concentrations of Syrian refugees; non-Syrian refugees are concentrated in central provinces. Around 64,000 refugees reside in camps located in the south-east, although a number of camps have been closed or decongested in the last two years.⁵ 97% of refugees were estimated to live in urban areas.⁶

40. The Government of Turkey has demonstrated an exceptional commitment to supporting refugees. Syrian refugees are issued with an identification document by the Directorate General of Migration Management (DGMM) that grants the right to stay in Turkey and access to main public services, including access to state health care and education services and access to social care services for vulnerable cases.

1.2 The Emergency Social Safety Net in Turkey

41. Support from the humanitarian community has aligned with and supported Turkish Government leadership. Support from United Nations and NGO partners to the Government of Turkey is consolidated through an annual Refugee and Resilience Plan (3RP). The ESSN is part of the 3RP and has been designed in conjunction with the Government of Turkey.

42. The specific objective of the ESSN is to stabilise or improve living standards of the most vulnerable out of camp refugee households (HHs). The ESSN includes four intermediate results: (1) the provision of monthly basic needs assistance to vulnerable households through multi-purpose cash transfers (2) support national partners in implementing the ESSN, (3) the

³ Turkey has ratified the 1951 Convention Relating to the Status of Refugees and the 1967 Protocol of the Geneva Refugee Convention. Legally, only asylum seekers from Europe are named as refugees. Under Turkish law, asylum seekers from countries outside Europe may apply for International Protection (IP) status, Temporary Protection (TP) or a humanitarian residence permit. Syrians may apply for the specific status of “Syrian people under Temporary Protection”. Non-Syrians are mostly under TP, while non-Syrians are under IP. Since February 2015, some Iraqi asylum seekers in Turkey have obtained a “humanitarian residence permit” from DGMM, as per Article 46 of the LFIP. People under all three protection regimes can apply to the ESSN. For ease of reading, and in line with international terminology, the English version of this report refers to all three groups as *refugees* and distinguishes between “Syrian refugees” and “non-Syrian refugees” where appropriate. The Turkish version uses the term “asylum seekers”.

⁴ UNHCR, as of 27th June 2019 – see <http://reporting.unhcr.org/sites/default/files/UNHCR%20Turkey%20Operational%20Update%20-%20June%202019.pdf>

⁵ UNHCR, 5th September 2019 – see <https://reliefweb.int/sites/reliefweb.int/files/resources/71510.pdf>

⁶ CVME 3 data from WFP.

efficient and effective coordination of the humanitarian response and (4) monitoring, evaluation and learning.

43. The ESSN provides qualifying households with a cash transfer to meet their basic needs. Launched in December 2016, the ESSN provides monthly assistance to refugees using TK's Kızılaykart. The first phase of the ESSN (ESSN 1) ran until the end of 2017, while ESSN 2 commenced in January 2018 and is anticipated to run until March 2020.

44. Registered families living in Turkey under international protection or temporary protection can apply to the ESSN. As of September 2019, the ESSN was assisting more than 1.69 million vulnerable refugees across Turkey, providing each person with TL 120 (USD 22) to help cover their essential needs. In addition, quarterly household level top-ups are provided, reflecting household size. Larger top-ups are allocated to smaller families who do not benefit from economies of scale. In August 2019 the quarterly top-up to ESSN-assisted households was increased, ranging from TL 100 to 600 (USD 18 – 108).⁷

45. The ESSN uses the infrastructure of the Government's social assistance system and is implemented through a partnership of the Ministry of Family, Labour and Social Services, the Turkish Red Crescent (Turk Kızılay, TK), WFP and Halkbank. Each partner's role is outlined below:

- MOFLSS: receives applications to the ESSN through the Social Assistance Solidarity Foundation (SASF) offices; leads the eligibility assessment and verification process, including the household visits.
- TK: supports implementation and accountability, including the information dissemination and feedback mechanism (including the call centre, Facebook page, SMS centre); outreach (sensitization and advocacy); verification and operational monitoring, supporting SASF to receive applications through service centres, such as translators, vehicles, administrative staff, equipment; contracting the financial service provider; referrals of protection cases, support logistics for card distribution.
- WFP: oversight and accountability; technical support to ESSN implementing partners; monitoring and evaluation.
- Halkbank: provides financial services around the distribution and loading of ATM cards.

46. Multiple other partners support the ESSN programme. These include Turkish Government agencies (including the Ministry of Interior Directorate General of Migration Management (DGMM); the Ministry of Foreign Affairs; and the Directorate General for Population and Civil Registry). Other humanitarian actors and agencies assist refugees in various capacities, including UN agencies, and international and local NGOs.

47. The ESSN budget was supported by DG ECHO, which in turn was financed under the EUR 6 billion Facility for the Refugees in Turkey, a European Union financing mechanism established to increase support for Syrian refugees in Turkey and their host communities.⁸ Significant in-kind support to non-transfer costs are provided by the Government of the Republic of Turkey (TRG), including the time and resources of the Ministries listed above as implementing partners.

48. Protection-related outcomes and activities per se are not part of the ESSN logic. However, the ESSN refers vulnerable refugees to government agencies and other agencies who provide protection services.

49. ESSN related coordination takes place at multiple levels, including:

⁷ In addition, monthly "severe disability top-up" payment of TRY 600 (USD 108) per individual were introduced in 2018. See Chapter 6 for more details).

⁸ The European Commission and the Member States committed to provide an initial €3 billion to the FRIT in 2016 and 2017 – which supports both humanitarian and development programmes. A second tranche of €3 billion was announced in March 2018.

- **The Steering Committee:** The Steering Committee consists of representatives of agencies involved in implementing the ESSN, including ECHO. The Steering Committee endorses (or rejects) changes proposed by the operational agencies to programme design, such as amending the eligibility criteria or cash transfer value.
- **The ESSN Task Force:** The Task Force was established in December 2016 to focus on linking with the wider humanitarian response under the 3RP and to ensure that other types of assistance for refugees are complementing the ESSN. It is co-led by WFP and TK as ESSN programme partners and holds bi-monthly meetings in the four locations (Ankara, Istanbul, Gaziantep and Izmir). In 2019, quarterly meetings were added in more three more locations (Mardin, Şanlıurfa and Hatay).

2 Review Approach and Methodology

2.1 Subject of the Review

50. The ESSN2 narrative identifies a number of changes in the approach. Among these, improved targeting emerges as a clear priority: “A priority of ESSN2 [is] ... to design/refine the targeting systems to address exclusion/inclusion errors, (unavoidable when simply using demographic criteria)”.⁹ An additional concern relates to refugees’ exposure to protection risks, through mainstreaming protection into the ESSN programme, by “finding solutions to ESSN access issues where possible, while referring persons with needs outside of the ESSN programme and cases requiring specialised protection assistance to other service providers for assistance”.¹⁰

51. This review focusses on modifications introduced, and actions taken, to address these strategic priorities under ESSN 2. It discusses four key programmatic changes, namely: the SASF discretionary allowance, the Outreach teams, Protection referrals and the Severe Disability Allowance (SDA). The Review also examines one contextual change, namely the impact of changes in the Turkish economy experienced in 2018.

52. A number of changes have been made over time in the criteria and processes used to target ESSN beneficiaries. Firstly, under ESSN 2, an SASF discretionary allowance was introduced as an additional targeting mechanism, designed to complement the ESSN demographic criteria. The SASF discretionary allowance enables each SASF to select a small number of very vulnerable households on a discretionary basis, who do not meet the demographic criteria, and include them in the ESSN assistance.

53. Conversely, the main mechanism to address inclusion errors was the use of HH verification visits undertaken by SASF staff to confirm the eligibility of ESSN beneficiaries. These HH visits correspond to the procedures followed for Turkish citizens receiving support from SASFs. The main difference is that the majority of the verification visits followed, rather than preceded, the start of ESSN transfers to beneficiary HHs.

54. Secondly, TK managed Outreach Teams have been introduced. The purpose of the outreach activities is to support refugees to overcome barriers to accessing the ESSN programme, including a lack of awareness of the ESSN programmes, and problems in the application process or in accessing the benefits.

55. Thirdly, the protection referral mechanisms have been strengthened. WFP and TK teams have continued to respond to the protection needs of refugees and refer them to relevant service providers. This function has been enhanced by the development of protection capacities and referral protocols.

56. Fourthly, a severe disability allowance was introduced. In 2018, the ESSN Programme started to provide additional top-ups called “Severe Disability Allowance” for persons eligible for the ESSN with severe disability classified as more than 50% disability rate and where their disability is flagged as “severe” on their valid Disability Health Report (DHR) from an authorized state hospital. This assistance is 600 TRY (USD 108) per person per month. This complements, and is in addition to, the established ESSN criteria of HHs where one member has 40% disability proved by a DHR, but which may not be rated as severe. The households that meet this regular criterion, after the application to ESSN, start receiving 120 TRY (USD 22) per person (for all HH members) per month, plus quarterly top-ups, via their Kızılaykart.

⁹ ESSN 2 Single Form, p3

¹⁰ Ibid p8

57. In addition, contextual changes have affected the ESSN. Recent increases in inflation slowing economic growth in Turkey might have affected the ESSN cash transfer. This is a fifth topic discussed in this review.

2.2 Evaluation matrix

58. Based on discussion with stakeholders during the inception mission, the Evaluation Questions (EQs) in the ToR (see Annex A) have been refined and developed through a number of sub-questions (see Table 1 below). The full evaluation matrix is presented in Annex B, which elaborates the specific indicators and the sources of data that will be used to answer each sub-question.

Table 1: Review Questions and Sub Questions

Review Question	Sub Questions
1. How have the targeting systems evolved and with what effects?	1.1 What is the relevance of the targeting changes to the ESSN objectives and beneficiary needs?
	1.2 What progress has been made in implementation of the SASF discretionary allowances and what factors have affected the rollout?
	1.3 How effective have the SASF discretionary allowances been in contributing to reaching programme objectives?
2. How effective have the outreach teams been?	2.1 What is the relevance of the outreach team activities to the ESSN objectives and beneficiary needs?
	2.2 What activities have been conducted by the outreach teams?
	2.3 What factors influenced the efficiency of the outreach teams?
	2.4 What were the effects of outreach activities on achieving ESSN programme objectives and on TPs/IPs?
3. How effective have the various protection referral mechanisms been?	3.1 What is the relevance of ESSN protection referral activities to the ESSN objectives and beneficiary needs?
	3.2 What protection related activities have been conducted under the ESSN?
	3.3 What factors influenced the ability of ESSN to make appropriate protection referrals?
	3.4 What were the effects of protection referrals on achieving ESSN programme objectives and on TPs/IPs?
4. What have been the effects of the introduction of the Severe Disability Allowance?	4.1 What is the relevance of the Severe Disability Allowances (SDAs) to the ESSN objectives and beneficiary needs?
	4.2 What progress has been made in the introduction of the Severe Disability Allowances and what factors have affected the rollout of the allowance?
	4.3 What were the effects of the introduction of the SDA on achieving ESSN objectives and on beneficiaries?
5. What has been the effect of the 2018 changes in the Turkish economy on the ESSN cash transfers?	5.1 How have changes in the Turkish economy affected the value of transfers provided to ESSN beneficiaries?
	5.2 How have changes in the Turkish economy affected other income sources for TPs/IPs, including employment?
	5.3 What are the implications on household outcomes of the ESSN beneficiaries?

59. It is noted that the scope of the analysis on protection will be limited to the effectiveness of the ESSN in providing protection referrals. The performance of the agencies receiving these referrals will not be assessed, as this work falls outside of the scope of the ESSN and this study.

2.3 Data sources

60. In order to examine these five topics, the research team adopted a mixed method approach. The sources of evidence used to answer the EQs include a literature review, qualitative data from structured Key Informant Interviews (KIIs) at Ankara and provincial level as well as beneficiary consultations through focus group discussions (FGDs) and household case studies (HHCS). Quantitative data sources include various household surveys and administration datasets.

61. **Key Informant Interviews** (KIIs) were conducted in Ankara and in the two selected provinces. Stakeholder groups included Turkish Government agencies (including MOFLSS and the SASF offices), the main ESSN implementing partners (WFP and TK) and other key stakeholders (including protection agencies and donors). A total of 40 interviews were conducted in two rounds of field work in Turkey and 80 key stakeholders participated. 28 interviews were Ankara based, 7 in Hatay and 5 in Istanbul. Comprehensive checklists of questions used in the interviews were defined prior to the field work, based on the evaluation matrix. A list of stakeholders consulted is presented in Annex C.

62. The review added a small number of questions in October 2019 to WFP's regular monthly **Focus Group Discussions** (FGDs). A total of four FGDs were conducted to support the review, with FGDs conducted with one group of Syrian men and one group of Syrian women in Nevşehir and Mersin. The questions focussed on how the economic conditions affected the value of the ESSN transfer and changes in employment opportunities. Please refer to Annex D for further details.

63. The review also carried out a number of **Household Case Studies (HHCS)** to examine questions related to protection, disability and the SASF discretionary allowance. In order to understand how the program has functioned in different contexts, the research team selected Istanbul and Hatay Provinces as case studies, in consultation with stakeholders. This took into account various selection criteria agreed during inception.

64. A total of 22 household case studies were conducted in Hatay and Istanbul. A breakdown of the type of HHCS is given in Table 2. Please refer to Annex D for further details.

Table 2: Number of Household Case Study Interviews by Type and Province

	Hatay	Istanbul	Total
SASF Discretionary Allowance	3	3	6
Those Excluded from the ESSN after a Household Visit	1	0	1
Severe Disability Allowance Recipients	4	3	7
Those Having a Disability but Not Benefiting from the SDA	1	1	2
Protection Referral Mechanisms	3	3	6
Total	12	10	22

65. **The Quantitative Data Analysis** examined a number of data sets collected by WFP and TK. This included:

- Pre-Assistance Baseline Survey (PAB);
- Comprehensive Vulnerability Surveys (CVME) 3 and 4;
- Post-Distribution Monitoring Surveys (PDM) 1, 2, 3, 4, 5, 6, 7;
- Severe Disability Allowance Surveys (PDS), baseline and post distribution
- SASF discretionary allowance Monitoring Survey
- Applicant Contact Monitoring Surveys (ACM) 1, 2, 3
- Administrative Data on application and beneficiary figures, SASF discretionary allowance receivers and SD allowance receivers at the district level

66. Annex E describes each dataset in more detail and explains how key indicators and poverty measures were constructed.

67. An extensive **Literature Review** was conducted as part of the review. The bibliography in Annex F is drawn from a much larger library of documents gathered with the support of WFP which has provided the background information for this review. The literature included documentation on the ESSN, reference documents on the strategies and policies of various stakeholders and relevant evaluations.

68. The review did not experience any major limitations. The support of MOFLSS, TK and WFP was invaluable and is gratefully acknowledged. TK staff were present during interviews with SASF staff in the Provinces and during the HHCS, in accordance with national regulations which only authorize the Ministry or TK staff to conduct visits with the presence of non-national agencies. The FGDs were run by WFP in collaboration with TK and observed by the review team in two provinces.¹¹ It is therefore possible that the presence of ESSN agency staff may have influenced the willingness of respondents to speak candidly.

69. This report follows the structure of the evaluation matrix. Answers to each of the questions are given in the following chapters. Within these chapters the evidence from different sources has been consolidated against each of the respective evaluation questions and sub-questions, as a basis for the findings. Given that this study consists of a number of independent and specific questions, rather than an overview of the entire programme, the conclusions and recommendations (where applicable) have been provided within each chapter. The nature of this review exercise means that it does not draw overarching conclusions on the ESSN programme as a whole.

¹¹ The team observed 4 FGDs carried out by WFP with 17 male attendees (16 beneficiaries and one non-beneficiary) and 15 females (14 beneficiaries and one non-beneficiary) in Nevşehir and Mersin.

3 The evolution of targeting approaches

3.1 Relevance of targeting changes

70. The ESSN aims to select the poorest households. It relied on demographic criteria as proxy measures of household welfare to identify the poorest (see Box 1).

Box 1: ESSN Eligibility Criteria

In order to be able to submit an application for assistance under the ESSN, persons must:

- Be a non-national living in Turkey under international protection or temporary protection (according to the Foreigners and International Protection Law 6458, dated 04/04/2014), and living outside camps.
- Have a valid Directorate General of Migration Management (DGMM) ID card with an ID number starting 99.
- Registered their address at the Population Department office in their area of residence.
- Have an adult family member as the primary applicant.
- Those employed with a valid work permit or who own registered assets in Turkey are not eligible to receive assistance.

The households matching the following criteria are eligible for assistance:

- Single woman (between 18 and 59) with no other people in the family.
- Single parents with no other adults (between 18 and 59) in the family and at least one child under 18.
- Elderly people, 60 years or above, with no other adults (between 18 and 59) in the family.
- Families with one or more disabled people. They must have a disability of 40% or more, evidenced by a disability health board report from an authorized state hospital
- Families with four or more children
- Families that have a high number of dependents (i.e. children, elderly and disabled). This is determined as families that have at least 1.5 dependents for every able bodied adult (between 18 and 59).

71. However, ESSN project monitoring confirmed exclusion and inclusion errors. Therefore changes to targeting criteria and processes were implemented with the goal of improved targeting.

72. In June 2017, the ESSN eligibility criteria were expanded, when households with a dependency ratio equal to 1.5 (rather than the initial dependency ratio of greater than 1.5) and households with one disabled individual (rather than two) became eligible. The primary motivation was to increase coverage and the previous ESSN evaluation found that “*the new eligibility criteria are doing a comparatively better job in reducing exclusion error*”, but inclusion errors had risen.¹²

73. Under ESSN 2, the SASF discretionary allowance was formally introduced with the explicit objective of reducing exclusion errors. The ESSN 2 programme document stated that “*The WB PAB coverage analysis showed that ... 37% of extremely poor applicant households are excluded from the ESSN. The target is including 75% of these extremely poor applicants ... with the introduction of the discretionary allowance for SASF offices to include extremely vulnerable households not meeting the demographic criteria.*”¹³

¹² WFP (2018) *Evaluation of the DG ECHO funded Emergency Social Safety Net (ESSN) in Turkey November 2016–February 2018 Volume 2: Final Evaluation Report Annexes <Annexes.pdf>*

¹³ ESSN Single Form page 20.

74. In addition, the ESSN 2 Single Form application to ECHO for funds acknowledged a need to reduce inclusion errors. The plan primarily addresses inclusion errors through HH verification visits to eligible HHs. While the intention to conduct HH verification visits was included from the start of the ESSN, however this has not always been possible due to the need to rapidly commence transfers to meet the pressing needs of refugees and the high caseloads in some SASF offices.¹⁴

75. It was noted that the analysis of the actual exclusion error is complex. The calculation of the exclusion error is by definition dependent on the threshold used to determine what the target group is. At various times ESSN documents, have described the target group in terms of “the poorest 40%”, “HHs below the MEB”, the “extreme poor” or the “poor”.¹⁵ Taken in conjunction with a number of alternative data sources and different formulae that have been used to calculate the exclusion error, this has led to a multiplicity of figures quoted for exclusion errors in ESSN documents. Therefore, this analysis concentrates on the trends rather than the absolute exclusion and inclusion rates.

3.2 Progress and activities

SASF discretionary allowance

76. The SASF discretionary allowance was activated nationally in November 2018, based on the MOFLSS circular “SASF Discretionary Allowance” dated 16 November 2018, numbered as E.657669. The basic process specified that HH visits should be conducted to HHs ineligible for the ESSN under demographic criteria¹⁶ to assess their socio-economic status and vulnerability and to determine if they may qualify for the SASF discretionary allowance. Based on this visit, the SASF may decide to forward a recommendation to their Board of Trustees (BoT)¹⁷ to include the family as an ESSN beneficiary.

77. Preceding the formal launch, information on the SASF discretionary allowance was disseminated to all SASF offices. MoFLSS led dissemination through official communications. This was reinforced by seven regional workshops organised by WFP and TK from August 2018 onwards, targeted at SASFs with a high concentration of refugees.

Household visits to assess SASF discretionary allowance eligibility

78. The review found considerable variation in how potential candidate HHs were selected for HH visits to have their eligibility for the SASF discretionary allowance assessed. In theory the intention is that all non-eligible applicant HHs should receive a HH visit. In situations where the SASF offices were only responsible for a small refugee caseload this had proved relatively straightforward and SASF teams reported that they were able to conduct regular visits to all applicant HHs. This facilitated the process of identifying deserving, but excluded, cases.

79. However, it proved more problematic where an SASF office was responsible for large numbers of refugees – in some cases numbering in the thousands. In these contexts, the review found that SASFs had developed different strategies to implementing the SASF discretionary allowance.

¹⁴ Given the imperative of providing timely assistance to the large numbers of refugees it was agreed by all stakeholders that these verification visits would follow the determination of eligibility based on the written applications of refugees.

¹⁵ WFP (13 May 2019) “Emergency Social Safety Net: Exclusion Error Calculations Draft”

¹⁶ Not to be confused with the HH verification visits to ESSN eligible HHs as noted in para 74.

¹⁷ The Board of Trustees plays an important role in assessing benefit applications to SASFs by Turkish citizens. The Board plays a similar role in the SASF discretionary allowance for refugees. The BoT is composed by civilians like muhtars, NGO representatives, Head of Provincial Treasury, Provincial Director of National Education, Provincial Director of Health, Provincial Director of Agriculture, Provincial Director of Social Service and Children Protection and Provincial Mufti and it is headed by the district governor.

- In accordance with the Ministry Circular, after the introduction of the SASF discretionary allowance, potential cases were reportedly identified at the time of receiving new applications to the ESSN, either by SASFs or TK Service Centres (SCs).
- Two of the TK Service Centres visited reported reviewing the records of pre-existing, non-eligible, ESSN applicants. Some of the original applications included notes from the registering staff where they noted that the HH was ineligible, but particularly vulnerable. These HHs would then be prioritised for a HH visit.
- One SASF noted that they had already compiled a list of vulnerable, non-recipient HHs. This was used to distribute voluntary donations received from the Gulf States. This was used to identify priority HHs for visits.
- Several SASF offices reported working progressively through the different localities under their jurisdiction. All vulnerable HHs in a specific location would be interviewed after SASF consulted with muhtars and other community leaders on suitable cases for consideration.¹⁸
- SASFs reported receiving, and responding to, recommendations from TK offices where vulnerable HHs could be identified at TK service centres, TK community centres or during programme monitoring. WFP also identified possible cases and it appeared that these were referred via TK, rather than directly to the SASF offices.

80. Overall there was limited awareness amongst civil society actors of this new allowance, which limited their proactive role in referrals. KIIs confirmed that some information had been shared through the ESSN Task Force on the introduction of the SASF discretionary allowance, but agencies have not been formally invited to suggest candidate HHs to SASFs.¹⁹

81. The review confirmed that refugee HHs themselves cannot apply for the allowance. There has been an approach of restricting public dissemination of information on this initiative, based on a fear that SASF offices would be swamped with potential applicants. However, some SASF officers reported that information on the new allowance is already circulating informally. In the HHCS none of the beneficiaries knew the difference between the ESSN and the SASF discretionary allowance and they had not heard about the allowance before.

82. HHCS participants who stated that they did not apply for ESSN assistance said it was because they knew that their households would not fit the demographic selection criteria. Some participants also stated that their application requests were rejected by SASF staff or TK Service Centre staff for the same reason. (WFP, 2019d, p.3)

83. In line with the MOFLSS circular requirements, HH visits were conducted by SASF staff to assess eligibility, with varying levels of TK support. HHCS found that all beneficiaries were accepted into the program after a household visit yet almost half of them did not know which entity was carrying out the household visit. As of April 2019, it was reported that SASFs had visited 100,106 non beneficiary, applicant households (42% of the total).²⁰

Selection of beneficiaries

84. During the HH visits, information was collected to complete the standard SASF Social Assistance and Survey Form. This data was entered into the Ministry ISAIS database on return to the office. Based on this data, the Decision Support Mechanism Algorithm (DSMA) of the Ministry categorised the HH into one of five socio-economic categories, ranked A to E, where A is the most vulnerable. According to the Ministry circular, only HHs ranked as category A could be considered as eligible for the SASF discretionary allowance. However, the application of this tool was widely criticised by stakeholders as problematic (see Box 2).

¹⁸ Some respondents in urban settings had avoided consulting muhtars as they argued that the communities were larger and less well known by these community leaders.

¹⁹ The circular specifies that the SASF may consider cases referred from the TK/WFP focal points to the Ministry or other cases may be referred to the SASF by muhtar, community leaders (kanaanat onderi), or "other reliable sources".

²⁰ Data provided by MoFLSS

Box 2: Use of the Decision Support Mechanism Algorithm

There was consistent feedback from Government partners that the use of the DSMA rating in this way as an absolute criterion for eligibility was problematic. The underlying issue was that this criterion proved too restrictive. Consequently, SASFs reported regularly identifying highly vulnerable cases that would not be classified as category A.

Several explanatory factors were advanced for this. Firstly, the tool itself was designed for use with Turkish citizens and not well adapted for use with refugees. In some provinces the algorithm used - which reportedly involved aspects of both assets and expenditure - effectively meant that no HHs were classified as category "A". It was pointed out the presence of HH assets could be misleading given that these are often donated.

The application of the DSMA tool within the ESSN also differs from its use for Turkish citizens. In the Turkish system it was also noted that assistance could be extended to HHs outside of category A and that the tool was designed and applied as an advisory tool, and not as categorical targeting mechanism. The pragmatic, and understandable, response to this by SASF offices has been to adjust the data input in an attempt to influence the categorisation.

However, a different opinion was expressed by the main programme implementing partners. The DSMA algorithm is seen to enhance the standardization in using the allowance so that the accountability can be maintained.

85. Other specific exclusions also applied. As for the ESSN, this included cases where: (i) the household does not meet the registration requirements for application (DGPC, ID cards for every household member, etc); (ii) one of the family members is detected as working with an SGK social security²¹ record); (iii) property ownership in Turkey is detected; (iv) the primary applicant gained Turkish citizenship; or (v) the primary applicant is below 18.

86. In addition, general guidance is given in the Ministry Circular on suitable recipients. These are "*Households with extremely limited economic resources or access to employment, e.g. the only adults in the household are female, working-age adults are unable to work, or Households living in extremely poor housing conditions with very limited or no facilities such as running water or electricity, or many people living in very few rooms*".²² It was clear from KILs that the process of selecting beneficiary HHs relies heavily on the judgement of SASF officers in the field – as was intended with the introduction of a discretionary allowance.

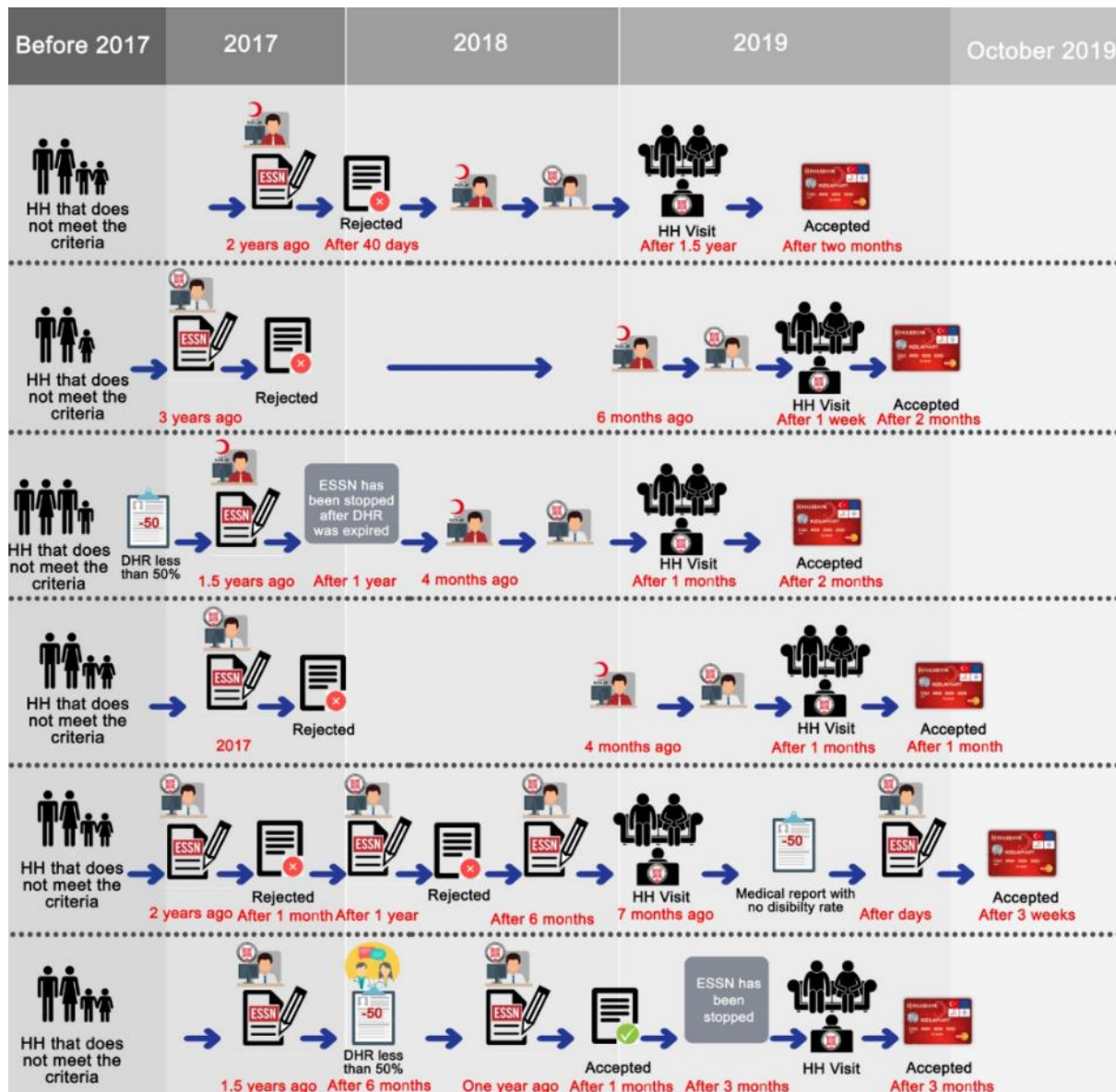
87. Within the limits of eligibility noted above, the decision on whether to propose the HH to the BoT for inclusion in the SASF discretionary allowance rested with the SASF officer. Examples included: where a HH member was rated just below the 40% disability threshold but with evident needs and incapacity for work; HHs composed entirely of female members, HHs where the adult was too old for manual work but not yet 60 years of age; or HHs living in particularly poor conditions and neighbourhoods.

88. HHCS found that households receiving the ESSN through the SASF discretionary allowance, did not know the reason for their acceptance. One family member, for instance, thought his family was eligible since they applied 'a long time ago'. However, they generally thought it was due to the household visit where the responsible authorities got a better understanding of their conditions. Case studies of the process experienced by HHs qualifying for the SASF discretionary allowance are given in Figure 1.

²¹ Other than those excluded by the Ministry's circular dated October 2016 on 2.3

²² MOFLSS circular on "SASF Discretionary Allowance" dated 16 November 2018, numbered as E.657669

Figure 1: Household – HH Case Studies of SASF discretionary allowance Recipients



89. Based on the outcome of the HH visit, SASF officers decided whether or not to submit an application to the SASF Board of Trustees (BoT) for acceptance. The KIIs indicated that the role of the BoT was largely administrative, in ensuring that the proper process had been followed. No examples were encountered where the BoT rejected cases recommended by the SASF. As one SASF officer stated, it was their professional responsibility to only present appropriate cases for consideration and they would not expect applications to be rejected by the BoT.

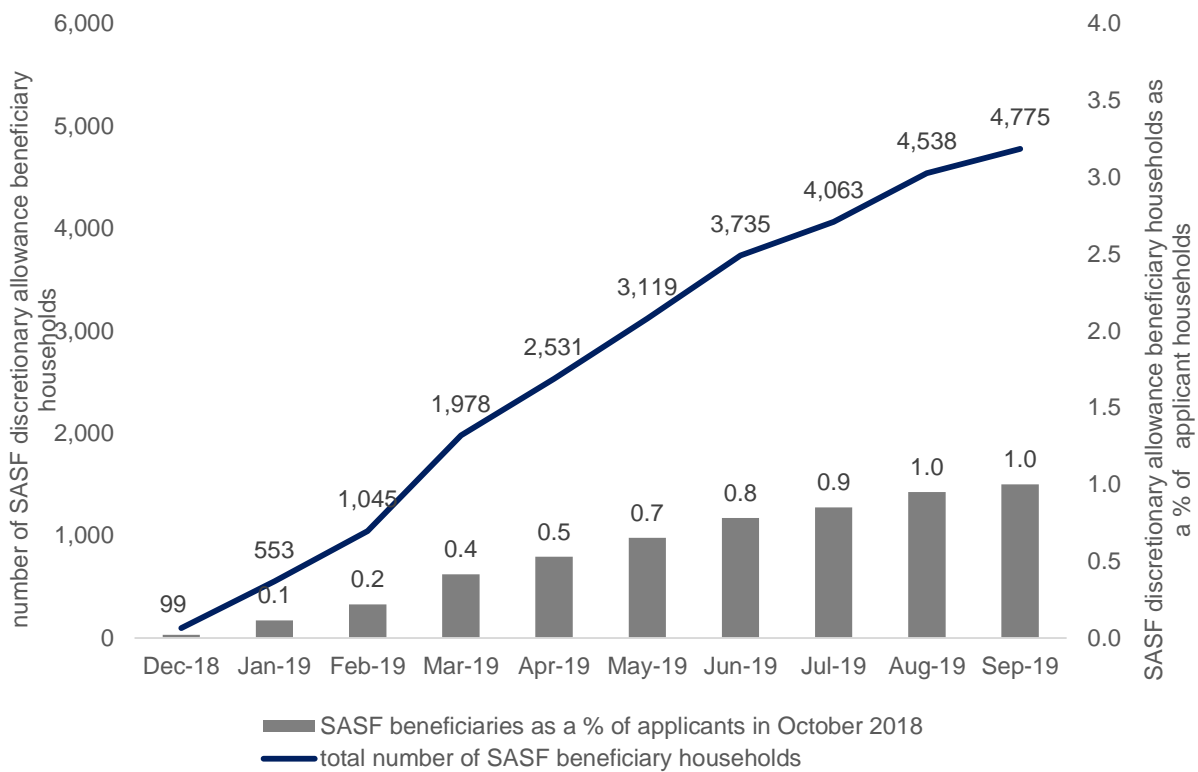
Coverage of the SASF discretionary allowance

90. Only a limited number of households may be assisted through the SASF discretionary allowance, and the total amount of allowances is capped at 5% of the total number of ESSN applications that the SASF has received by 30 October 2018. The 5% quota is set for each individual SASF office.²³ The number of SASF discretionary allowance recipients has increased slowly over time (see Figure 2). As of August 2019 19% of the total quota has been used.²⁴

²³ Specified within the circular as in Annex 4 and shared on 16 November 2018.

²⁴ Source: August 2019, ESSN Task Force Ankara Meeting Minutes

Figure 2: Households – HHs receiving SASF discretionary allowance (Dec 2018 - Sep 2019)



Source: WFP Admin Data

91. The geographical uptake of the SAF allowance has been relatively widespread. As of September 2019, 63 Provinces (out of 81) were utilizing the SASF discretionary allowance. Hatay and Gaziantep were the provinces with highest number of eligible households (see Figure 3), while Osmaniye, Van, Muş, Eskişehir and Edirne Provinces demonstrate the highest percentage utilisation of the quota (Figure 4).

Figure 3: Number of SASF discretionary allowance beneficiary households



92. Lack of awareness was not generally an issue. WFP/TK monitoring showed that the vast majority of the SASFs that were visited are aware of the allowance and have a general idea about how the system works.²⁵ A variety of other explanatory factors were advanced during KIIs and in the literature to explain this level of uptake.

- Some SASF offices report that resource considerations - specifically insufficient SASF staff time to conduct the necessary HH visits and transport – were a constraint to the rollout of the allowance.²⁶
- It was reported in KIIs that some SASF offices were waiting to complete all HH visits prior to deciding which HHs to nominate to the BoT. However, this was not directly observed or confirmed by the review.
- Some SASFs were resistant to using the allowance given the size of the quota, compared to their perception of the level of need. One SASF argued that it would be difficult and unfair to selectively assist a small number of HHs.
- Conversely, other SASFs reported that the level of need was very low – particularly in urban industrial centres with significant employment opportunities. Consequently the (full) quota was not seen as necessary.
- As noted above, the requirement that HHs should be classified as category “A” under the DSMA proved a major constraint.
- One office indicated that the possible negative impacts on social cohesion, with a perception by Turkish citizens of additional benefits flowing to refugees, was a factor inhibiting the rollout of further assistance to refugees.
- Concerns were also expressed that the discretionary nature of the allowance would lead to heavy demands on the SASF offices from refugees, as “*information on this allowance would eventually leak out*”. This reportedly made some SASFs reluctant to introduce the allowance.
- Some SASF offices reported reserving the quota in case of a further influx of highly vulnerable refugees. This was in line with the MOFLSS circular that advised SASFs that “*we urge not to use up the quota all at once so that there is room to assess upcoming applications*”.²⁷ However, KIIs with other stakeholders suggested that the quota was viewed as an implementation “target”.

Household Verification Visits

93. HH verification visits to all ESSN beneficiary HHs conducted under ESSN 2 were expected to reduce the inclusion of less poor and vulnerable HHs in the ESSN.

94. HH verification visits are used by SASF offices as a routine part of the assessment of Turkish Nationals to confirm eligibility for social assistance. WFP plans indicated consideration of adapting and refining the HH verification process for the context of the ESSN programme. The ESSN Single Form refers to “*Inclusion errors addressed through clearly defined SOPs for household verification to facilitate removing non-vulnerable families from the programme*”.²⁸ WFP did develop a checklist based on assets to support SASFs in assessing HH vulnerability as part of a draft SOP on HH verification visits and the SASF discretionary allowance.²⁹ However, this was not adopted and the HH verification visits are conducted according to standard MOFLSS procedures.

²⁵ WFP & TK, 2019f, p.2

²⁶ WFP, 2019f, p.21

²⁷

²⁸ ESSN 2 Single Form p64.

²⁹ Ibid, p34

95. HH verification visits were conducted by SASF field teams, in some cases supported by TK interpreters and/or drivers. During the HH verification visits, data was collected to complete the standard social enquiry form.³⁰ The process is relatively efficient and SASF staff estimated that one social worker could conduct 15 – 20 home visits per day as visits are grouped in a certain locality.

96. There are no specific targets or indicators included in the ESSN plan on the number of HH verification visits to be conducted. The normal expectation within SASF offices would be to visit HHs following a request for assistance by Turkish citizens, with annual follow-ups. While the data on progress with HH verification visits is collected by the MOFLSS, the data was only made available publically sporadically. According to data provided by MoFLSS as of April 2019, SASFs had visited 284,671 beneficiary households (62% of total).

97. KIIs confirmed the significant progress in conducting HH verification visits. However, interviews and reports showed significant variance between individual SASF offices from situations where all ESSN recipient HHs had received three cycles of annual visits (in 2017, 2018 and 2019) to SASFs where a majority of beneficiary HHs are yet to receive any HH verification visit.

98. The main explanatory factor given for variable progress was a combination of heavy workloads and insufficient staff. In two of the SASF offices visited, the ESSN had introduced a significant additional caseload without necessarily introducing new staff. In one case they were handling approximately 20,000 refugee files in addition to 60,000 Turkish citizen files, in another they had 2,000 refugee files in addition to 10,000 Turkish files. In neither case had they received additional staff to manage this workload.

99. SASF offices noted the responsiveness and willingness of TK to requests for capacity support including translators and drivers. However, both SASF offices and TK staff emphasised the need for visits to be undertaken by trained social workers meaning that the ESSN has not been able to directly alleviate the key SASF staff constraints.

100. TK have provided a large number of interpreters to support SASF officers.³¹ However, language barriers were still reported as a barrier to completing some interviews. Translators were not always available to support HH visits. For example, a translator posted to an SASF office was required fulltime to accept new applications or correct applicant details in the SASF offices and was not able to travel to the field. Creative solutions were employed including asking refugee children in the household to act as translators or calling office-based colleagues to provide translation services over the phone.

101. Based on the HH visit there is the potential to remove HHs from the ESSN beneficiary list. This can be either for administrative reasons (for example where either the self-reported information on the application form was incorrect or had changed thereby affecting eligibility) or where the socio-economic situation of the HH did not justify an ESSN benefit. The latter cases were most consistent with objective of reducing inclusion errors.

102. This assessment was based on the experience of the social worker and there is not a pre-defined set of criteria underpinning this assessment. However, social workers interviewed were consistent and clear that this involved a combination of both assessment of assets and income sources – not one factor in isolation. It was also repeatedly clarified that car ownership in itself does not result in automatic exclusion. There is a degree of discretion on this issue, involving both the age/condition of the car and the need/purpose.

³⁰ Social workers reported that as they were highly familiar with the contents of the social enquiry form they did not fill it in at the HH. Instead they take notes and enter the data on the computer on their return to the office.

³¹ The Interim Progress reported 178 interpreters seconded to 78 SASFs (ESSN 2 Single Form, p42)

3.3 Effectiveness of targeting changes

Exclusion errors

103. ESSN monitoring data provides insights into the characteristics of HHs reached with the SASF discretionary allowance, compared to other ESSN beneficiaries. Unsurprisingly, given the ESSN demographic selection criteria, SASF discretionary allowance recipients are significantly smaller HHs, with smaller dependency ratios. In terms of consumption the households are not too different but people included in the ESSN via the SASF Discretionary Allowance are more likely to have accumulated debt over time so their debt as a percentage of monthly expenditures is higher than ESSN beneficiaries. All these indicators point to the relative success of the discretionary allowance in targeting more vulnerable refugee HHs.

Table 3: Comparison of SASF discretionary allowance and ESSN beneficiaries

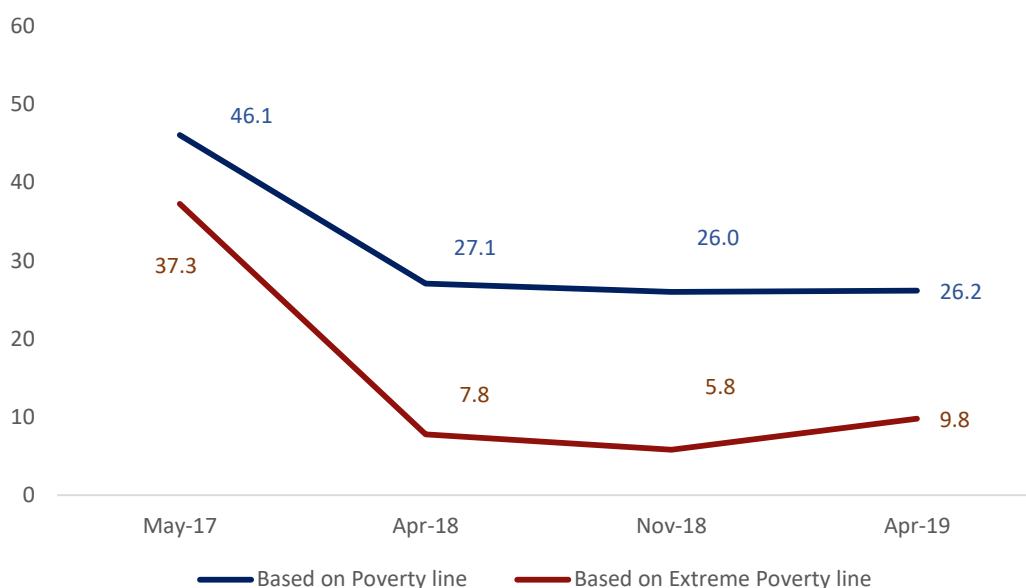
	SASF discretionary allowance receiver	ESSN beneficiary	Difference
Household composition			
Average Household size	4.5	6.6	-2.1***
Average Dependency ratio	0.7%	1.9%	-1.2***
Employment			
At least one member works	75.7%	82.1%	-6.5
Expenditure			
Total expenditure	1,419.3 TL	1,911.9 TL	-492.6***
Per capita expenditure	345.1 TL	316.3 TL	28.8
Total food expenditure	624.5 TL	865.3 TL	-240.8***
Per capita food expenditure	149.7 TL	139.8 TL	9.9
Debt			
Hh incurs debt	64.0	75.3	-11.3***
Debt share (debt/monthly expenditure)	599.1	63.2	535.9***
Number of observations	111.0	2,150.0	

Source data: SASF discretionary allowance Monitoring data appended with PDM7. Note that SASF discretionary allowance data was collected between March-May 2019 while PDM7 was collected between January-March 2019. Unweighted.

104. However, the overall impact on the total changes in exclusion error are limited due to the relatively small number of HHs that have been reached through the SASF discretionary allowance. Given that only 19% of the quota had been allocated as of September 2019, even if perfectly targeted, at an aggregate level the impact would fall far short of the targeted reduction in exclusion errors.

105. Exclusion rates, as calculated by the review team, are presented below. This data shows a big fall in exclusion error occurred following the relaxation of the demographic criteria in late 2017 and the subsequent expansion of programme coverage (Figure 5). The impact of the SASF discretionary allowance is much harder to discern at the aggregate level up to April 2019. While using different targeting thresholds yields different absolute exclusion rates, the same pattern holds true.

Figure 5: Percentage of poor applicants who are excluded



Source data: PAB, PDM3, PDM5, PDM7. Exclusion error is equal to the percent of the poor (or extreme poor) who are non-beneficiaries or the proportion of the poor that were not included in the program. The poverty and extreme poverty lines are taken from the poverty line \$5.5 and extremely poverty line \$3.2 as set by the World Bank and assumed by WFP in the exclusion error calculations³².

106. Certain limitations are associated with the SASF discretionary allowance as it is designed to address exclusion amongst ESSN **applicants**. However, there is an additional source of exclusion amongst refugees that for various reasons have not yet completed applications to the ESSN. This includes refugees that have been unable to overcome the barriers to application (see Chapter 4) or HHs that have the necessary documentation but did not apply as they believed that they did not qualify under demographic criteria.

107. Recognising this, the ESSN Single Form proposed consideration of a mechanism to enable provision of interim assistance to “*specific vulnerable groups that for various reasons may not be able to receive assistance through the ESSN, new influxes of refugees into Turkey, (...), or individuals with registration issues*”. However, ESSN partners did not agree the development of such a mechanism.³³

Inclusion errors

108. WFP monitoring data can be used to compare HHs removed from the ESSN following a HH verification visit with average ESSN beneficiaries (see Table 4). It is understood that this data includes HHs removed for both administrative and socio-economic reasons. The results are somewhat inconclusive, not least as the sample is very small and not representative of the

³² Poverty and extreme poverty thresholds used in the calculation (obtained from WFP) are as follows:

Data	Dates of collection	Extreme Poverty (\$3.2)	Poverty (\$5.5)
PAB	Feb-May 2017	165 TL	284 TL
PDM3	Feb-Apr 2018	204 TL	351 TL
PDM5	Sep – Nov 2018	207 TL	372 TL
PDM7	Jan - Apr 2019	243 TL	418 TL

Cross-sectional PDM data sets are used for the calculations and the ESSN benefit level is subtracted from the actual expenditures of the household before calculating per capita expenditures to be compared with each poverty line. Note that the exclusion errors reported here are **lower bound estimates** as the counterfactual expenditure of not having the ESSN is likely to be higher than the calculated per capita expenditure in this exercise, for beneficiary households. Hence beneficiary households in this calculation may seem poorer than they would have been in the absence of the ESSN – thus reducing the exclusion error.

³³ ESSN 2 Single Form, p21 - 22.

population. While the removed HHs were more likely to be working expenditure levels were similar to ESSN beneficiaries and levels of debt were significantly higher.

Table 4: Comparison of Removed HHs and ESSN beneficiaries

	Removed HH	ESSN beneficiary	Difference	P value
Employment				
Number of working members	1.2	1.0	0.2***	0.000
Expenditure				
Total expenditure	1,895.7	1,911.9	-16.2	0.900
Debt				
HH incurs debt	59.3	75.3	-16.0***	0.000
Debt share	198.1	63.2	134.9***	0.000
Number of observations	86.0		.	.

Note: .01 - ***, .05 - **, .1 - *

Source data: SASF discretionary allowance Monitoring data appended with PDM7. Note that SASF discretionary allowance data was collected between March-May 2019 while PDM7 was collected between January-March 2019. Unweighted.

109. In absolute terms it was reported that only a very small number of HHs have been removed from the ESSN following HH verification visits on the basis of their socio-economic conditions. It is not possible within the ISAIS to distinguish whether HHs are removed on the basis of their poverty status or for other administrative reasons. Qualitative monitoring and interviews suggest that less than 1% of ESSN beneficiary HHs were removed for socio-economic reasons following a HH verification visit.

110. Similar to exclusion errors, there are challenges in the estimation of inclusion errors.³⁴ However, trend data shows that over time these have increased. There was an increase in inclusion errors following the relaxation of the demographic criteria in 2017. The HH verification visits appear to have had a marginal impact in reducing the inclusion errors, given the small number of HHs removed.

Overall targeting efficiency

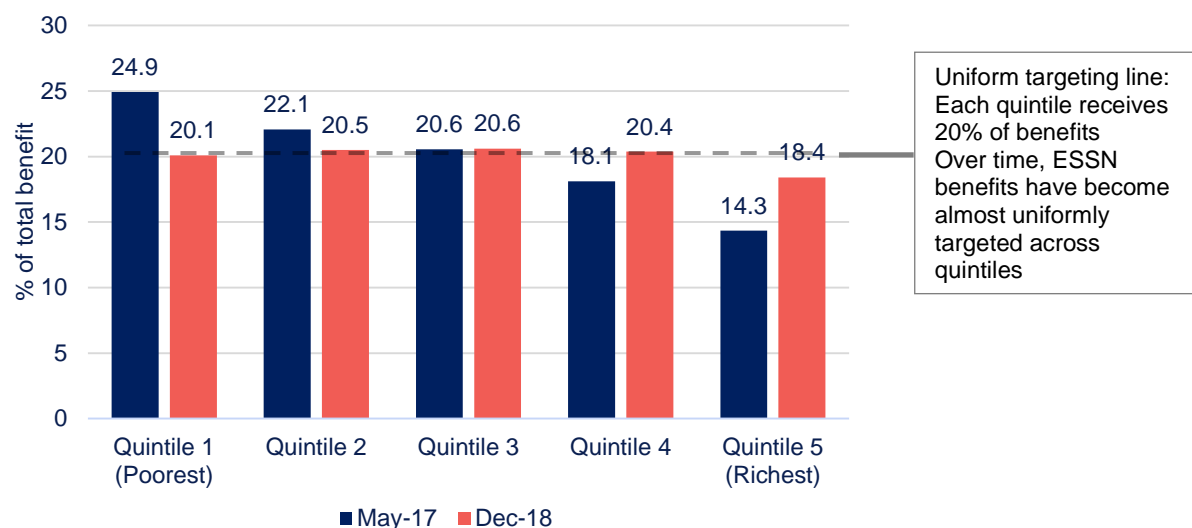
111. Arguably a more robust indicator of targeting effectiveness is an analysis of the benefit incidence. This analysis shows that the ESSN benefits are spread remarkably evenly across all wealth groups, indicating a relatively low targeting efficiency. It also indicates that overall, targeting efficiency has declined over time.

112. The finding on the even spread of ESSN benefits across the refugee population are partially explained by the population characteristics and dynamics. The refugees were found

³⁴ Inclusion error is equal to the percent of beneficiaries who are non-poor (or not extreme poor) or the proportion of those who are reached by the program who are classified as non-poor. $\text{Inclusion error} = (\text{Population above poverty line and included in the program}) / (\text{Total number of beneficiaries included in the program}) \times 100$. The same poverty lines as above are used for the calculation of the exclusion error. Calculation of monthly expenditures: In all the datasets WFP's own calculated regionally adjusted total monthly household expenditure variable has been used. For PDM3,5 and 7 (not for PAB since benefits are not distributed yet) beneficiary expenditures are calculated by subtracting the value of assistance ($120\text{TL} \times \text{Household size} + \text{Top-ups}$) and dividing by the household size to obtain per capita expenditures. Then, these expenditures are used to classify households into two categories: Households that fall below the poverty thresholds and households that do not fall below the poverty thresholds. Finally, poverty status is compared with beneficiary status to estimate inclusion error. "Inclusion error: Per capita expenditures are used to classify households into two categories: Households that fall below the poverty thresholds and households that do not fall below the poverty thresholds. Then, poverty status is compared with beneficiary status to estimate inclusion error. Inclusion error is equal to the percent of beneficiaries who are non-poor (or not extreme poor) or the proportion of those who are reached by the program who are classified as non-poor.

to be very similar to each other in terms of assets and expenditure. For instance, the refugee population is very homogenous in terms of their level of monthly expenditure. Using per adult equivalent monthly household expenditure, the Gini index was calculated as 23.4 for the applicant population in the baseline.³⁵ This level of consumption inequality is lower than any other country in the world for which data exists in the World Development Indicators (WDI) between 2012 and 2017.

Figure 6: Per cent of ESSN benefit distributed across PAB Quintiles³⁶



Source: Panel data from PAB and PDM6 data sets (N=4970).

113. This means that the measurable material differences between the poorest and the wealthiest quintiles are very small. Events, such as unemployment, an accident or an illness, can move a household from a top quintile to a bottom one. Hence, even if there was a mechanism to perfectly target the bottom 40% of refugees, the population dynamics mean that they would not necessarily have remained in the most vulnerable quintile over the following years.

114. The panel data collected of the beneficiary and non-beneficiary applicants to the ESSN allowed us to observe how household move across wealth quintiles throughout the first 1.5 years of the programme. Following the same set of households from May 2017 to December 2018, it can be observed that the relative position of refugee households changed over time. Some households that started in the top quintile, ended up in the bottom quintile within two years, some who were most vulnerable ended up on top³⁷.

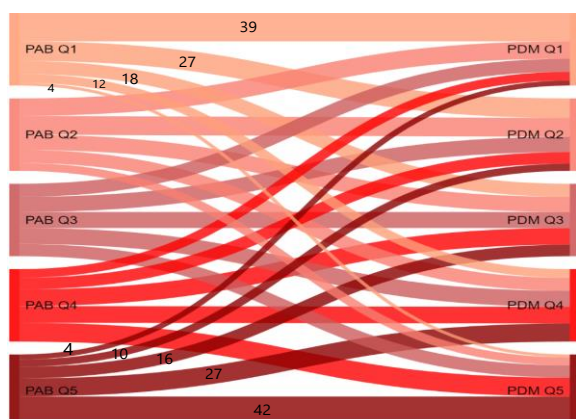
115. Figure 8A shows the dynamics of these changes from May 2017, at the onset of the ESSN, to December 2018. While 42% of the richest quintile stayed in the same quintile, the rest of the initially “richest” population moved to lower quintiles. In fact, close to a third of the population who were initially in the richest quintile in May 2017 ended up in the lowest three quintiles by December 2018. Similarly, 34% of the poorest quintile moved up to the highest three quintiles.

³⁵ WFP (2018) *Evaluation of the DG ECHO funded Emergency Social Safety Net (ESSN) in Turkey November 2016–February 2018 Volume 2: Final Evaluation Report Annexes <Annexes.pdf>*

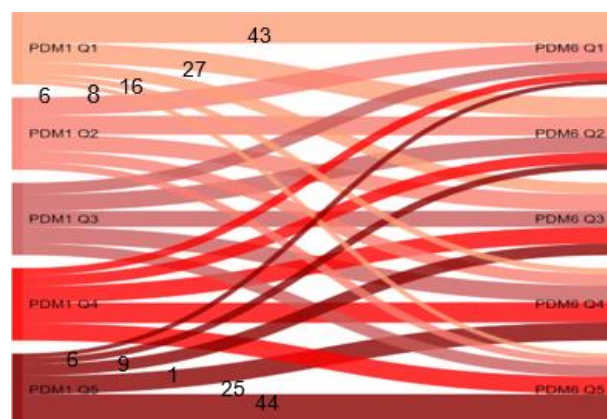
³⁶ Population in the panel dataset is divided into 5 groups based on their per adult equivalent monthly expenditure in PAB dataset. Transfer for each household is calculated by multiplying household size with 120 and adding top-ups for PDM1-6 depending on the household size

³⁷ Population in the panel data was divided into quintiles using their baseline per adult equivalent expenditure and per adult equivalent expenditure in PDM6.

**Figure 7: Poverty dynamics
(May 2017-Dec 2018)**



**Figure 8: Poverty dynamics
(Dec 2017-Dec 2018)**



Source data: PAB, PDM1 and PDM6 Panel surveys.

116. Some of these changes across quintiles may be attributable to the ESSN. However, repeating the analysis after the distribution of the ESSN has taken place, shows a very similar result (as depicted in Figure 7). 56% of those who were in the richest quintile in 2017 moved to a lower quintile by December 2018 and 57% of who were in the poorest quintile moved up over this time period. The finding is that significant changes occur in the poverty status of individual HHs that are related to factors beyond the receipt of the ESSN transfer.

3.4 Conclusions and recommendations

Conclusion

117. The focus on improved targeting efficiency was logical and relevant, given the evidence of persistent exclusion and inclusion errors in the ESSN. However, the results of the main changes to targeting criteria and processes in rectifying these errors were mixed.

118. The evidence suggests that the SASF discretionary allowance was effectively targeted, at an individual level, to relatively poor households. Drawing on the experience of the trained social workers, SASFs were largely able to use their discretion to effectively identify appropriate beneficiary households.

119. However, some limitations were evident. The selection process is resource demanding and staff limitations constrained the rollout in high caseload SASF offices. The DSMA tool had limited utility in screening HHs for the SASF discretionary allowance. Furthermore, as the SASF discretionary allowance is limited to ESSN applicants who did not qualify under the demographic criteria, all refugees who have not made, or been able to make, an ESSN application are not considered.

120. There was limited monitoring data available on the number and impact of HH verification visits. This makes conclusions harder to draw. However, the available data suggested that the HH verification visits had not been particularly effective at identifying and removing non-poor HHs. It is understood from KILs that many of the HHs removed were done so for administrative reasons, rather than due to their socio-economic status.

121. Overall a very small proportion of HHs had been either added or removed from the ESSN caseload through these mechanisms. Consequently, the aggregate impact on the total exclusion and inclusion errors was small.

122. The design of the supplementary allowances and verification process rests on the assumption that the core targeting criteria are relatively efficient and only small marginal adjustments are required. However, the review questions aspects of the design of the overall

ESSN targeting strategy and criteria and argues that ultimately substantial changes to targeting approaches should be considered.

Recommendations

123. Based on the findings and conclusions the following recommendations are made:

- i. The ESSN should continue to liaise with the MoFLSS to find the most appropriate and effective ways to support the SASF offices with necessary resources to complete HH visits for both HH verification visits and SASF discretionary allowance visits.*
- ii. It is recommended that the guidance on the use of the DSMA to screen HHs should be revised to either remove entirely the requirement that only category "A" households can be considered. Instead it is proposed that the allowance should be allocated by the SASF on a fully discretionary basis. Accountability should be maintained through the continuation of appropriate monitoring mechanisms.*
- iii. The SASF discretionary allowance quota should be revised. In the first instance there should be the provision to redistribute the existing quota between Provinces, from areas where the full quota is not needed to areas where demand is higher. Periodic reviews should also be conducted to consider whether the total allowance should be increased.*
- iv. Reporting on HH verification visits should be strengthened and data should be regularly shared with all stakeholders on the number of visits conducted and the number of HHs removed from the ESSN and the reasons for removal.*
- v. To ensure a shared understanding on the status of targeting performance, and to aid comparisons with other programmes, it is proposed that WFP corporately develop and adopt guidance on the definition, calculation and reporting of inclusion and exclusion errors. This would include guidance on setting targeting thresholds.*

4 The TK referral and outreach teams

4.1 Relevance of outreach teams

124. The establishment of TK Referral and Outreach Teams (R&Os) was included as part of the ESSN 2 proposal, with an objective of addressing barriers to the ESSN. As stated, “*TK are committed to continuing sensitization, outreach, referrals, advocacy and coordination to ensure that eligible refugees are able to overcome any barriers to accessing the assistance*”.³⁸ TK Referral and Outreach Teams also work with non-eligible refugees.

125. R&Os were designed to address two main issues. Under ESSN 2 the R&Os were designed to (i) increase awareness about the ESSN among key stakeholders, including local authorities, NGOs, service providers, and affected populations, and (ii) addressing barriers faced by individuals to completing applications, including issues relating to DGMM registration, Nufus registration, informal housing, obtaining a disability health report, and problems with accessing application sites.

126. This design is consistent with evidence of challenges faced by refugees in accessing the ESSN. Firstly, programme monitoring continued to identify a number of refugees who cited a lack of awareness of the ESSN programme or a lack of understanding of ESSN application procedures as their main reason for not applying. Secondly, a number of refugees have faced significant delays and barriers to completing their applications. While activities to address access barriers were already on-going in ESSN 1, the establishment of the R&Os increased resources to addressing these barriers, with TK taking on greater responsibility.

127. The rationale for the R&Os has also been linked directly to addressing the exclusion errors. As stated by TK “*As part of a broader strategy to reduce the exclusion error in the ESSN and ensure vulnerable refugees have access to the programme, TK operationalized Outreach Teams to provide support to refugees facing access barriers*”.³⁹ For the most part the design of R&Os encourages an increase in the overall number of applications, regardless of the vulnerability of the HH. The main exception is that R&Os promoted applications by the severely disabled. Therefore, the underlying rationale is arguably better cast as a response to protection risks.

128. Over time the scope of the R&Os has evolved. While the initial objective of the R&Os was defined in terms of assisting refugees at the point of completing an application to the ESSN, this has been broadened to include barriers to HHs accessing benefits. For example, this now includes the collection of bank cards and accessing distribution points. This adaptation is seen as appropriate by the review, given the significant number of people facing these access constraints (see Table 7).

129. The ESSN 2 proposal specified the role of R&Os in addressing protection referral needs, stating that “*TK will also consider providing short-term, time bound individual support, to the most vulnerable refugees facing challenges in accessing the ESSN. This would complement activities undertaken by other actors to support access to services including the ESSN, such as NGOs funded to provide individual protection assistance (IPA). Thus, while internal referrals may be made for cases facing barriers to accessing the ESSN, external referrals will continue to be made to other actors for more complex cases requiring longer-term support*”.⁴⁰

130. Consequently, close collaboration with Government agencies, TK, UN agencies and NGOs, including ECHO-funded Individual Protection Assistance (IPA) partners, was anticipated at central and local levels to maximise coverage, encourage complementary programming and conduct referrals. In particular, outreach activities were to be coordinated

³⁸ ESSN 2 Single Form, p28

³⁹ TK (undated) Referral and Outreach Factsheet

⁴⁰

with outreach and protection components undertaken in other TK projects (such as child protection related outreach activities under the CTE and the IFRC protection project implemented through TK Community Centres).⁴¹ This attention to coordination arrangements is welcome given the potential for overlap in the activities of different actors.

Box 3: Summary of Referral and Outreach Team Activities⁴²

Sensitization:

- Raising awareness of local and central authorities, NGOs, FSP and other related organizations
- Sensitizing ESSN beneficiaries, non-beneficiaries and non-applicants on ESSN Programme and updates

Advocacy:

- Carrying out advocacy activities through visiting local and central level authorities to remove barriers of individuals who face challenges during ESSN application

Referrals:

- Making referrals to other assistance programmes, the TK Protection unit and referrals to Government basic services

4.2 Progress and activities

Establishment of R&Os

131. Starting in Quarter 1 of 2018, TK began to operationalise field offices for outreach activities with two offices in Istanbul and one each in Izmir, Ankara, Gaziantep, Hatay, Samsun, Erzurum, and Van (Table 5).

Table 5: Number of R&Os and Staff Numbers

	2018-Q1	2018-Q2	2018-Q3	2018-Q4	2019-Q1	2019-Q2
Number of R&O Offices	8	8	9	9	9	9
Number of staff	36	37	44	44	33	44

Source: TK

132. Before the establishment of the outreach teams, there were operational programme assistants on the field level, conducting outreach related activities. Later on, some of the Service Center staff were also transferred to this unit to boost capacity alongside transfers from other Kızılaykart units. Staff for the R&Os were recruited in part from the staff who became available following the closure of nine TK Service Centres in 2018, which was a benefit as they were already familiar with the ESSN and in many cases knew Arabic.

133. In addition to the staff placed in the newly established R&O offices, “outbound call operators” were assigned to the TK Call Centres, with one call operator assigned to Istanbul, Ankara and Gaziantep. These call operators do not receive incoming calls in the call centre, but follow-up outreach cases in order to support outreach field teams.⁴³

134. The R&Os built on the work and responsibilities of the pre-existing TK field operation teams, whose functions were subsequently redefined to avoid overlaps. WFP monitoring teams also contributed to similar functions in the field, from the start of the programme.

⁴¹ ESSN 2 Single Form, p2

⁴² TK (undated) Referral and Outreach Factsheet

⁴³ TK, 2018b, p.9

Sensitisation activities

135. The R&Os aimed to sensitize a range of stakeholders on the ESSN and improve awareness. By the end of Quarter 2 of 2019, TK reported making a total 8,644 institutional visits. These visits were predominantly conducted to support sensitisation activities, rather than advocacy.⁴⁴ For example, in June 2019 89% of the visits supported sensitisation efforts and 11% were made for advocacy purposes.⁴⁵

136. Visits have been made by the R&Os to 80 provinces and 956 districts (Table 6). The agencies reached included SASF offices, PDMM, PDPC offices, district governors, muhtars, hospitals, municipalities, and TK district and provincial branches.

Table 6: Number of Sensitisation & Advocacy Visits

Sensitization visits	2018-Q1	2018-Q2	2018-Q3	2018-Q4	2019-Q1	2019-Q2
Cumulative visits made	1,118	3,466	5,113	6,710	7,690	8,740
Quarterly visits made	1,118	2,438	1,647	1,597	980	1,050
Cumulative number of districts visited	434	616	785	873	1,195	1,527
Cumulative number of provinces visited	68	72	79	79	79	80

Source: WFP Monitoring Reports (based on TK Reports)

137. The ECHO Single Form for ESSN 2 indicated that the sensitisation efforts would be focussed on areas with low ESSN application rates and remote areas where the incidence of the refugee population is not as high. This has been reflected in the selection of Erzurum and Van as locations for the R&O field offices – although staff based in R&O offices work across the entire country.

138. As reported in WFP monitoring reports, the R&Os have successfully transferred large amounts of ESSN publicity materials to stakeholders. TK R&O staff reported that this included discussing the ESSN programme with stakeholders and distributing posters and brochures.

139. The sensitisation activities were also designed to raise awareness about changes in the programme over time - *“Outreach also aims to sensitize stakeholders on the ESSN, with a focus on the SASF discretionary allowance in Q4 2018”*.⁴⁶ This complemented other parallel mechanisms for information sharing, including the ESSN Task Force (see paragraph 48), SASF workshops organised by WFP and TK and the circulars distributed by the MOFLSS.

140. OTs participated in the sensitization of camp residents about the ESSN in response to the closure and downsizing of a number of temporary accommodation centres (camps) by DGMM in 2018 and 2019. R&Os, together with WFP and TK field teams, were mobilized to ensure departing camp residents understood ESSN application procedures. Printed materials on the ESSN were distributed to affected residents in the affected camps, SMS messages were sent to all camp residents who moved but had not applied to the ESSN. Where appropriate this was followed by outbound calls to determine if non-applicant HHs needed registering as outreach cases in TK’s systems.⁴⁷

141. OTs were not responsible for conducting large-scale sensitisation efforts of refugees. Other channels provided the primary means of communication with the general refugee population. The Call Centre continued to serve as the major contact point for the ESSN. The Facebook page also continued to provide information to the affected population, as well as responding to individual queries. The website provided up to date ESSN information to the

⁴⁴ In this Chapter the definition of these terms follows TK definitions - see Box 3

⁴⁵ TK Referral and Outreach Activity Report (June 2019)

⁴⁶ WFP, 2018d, p.7

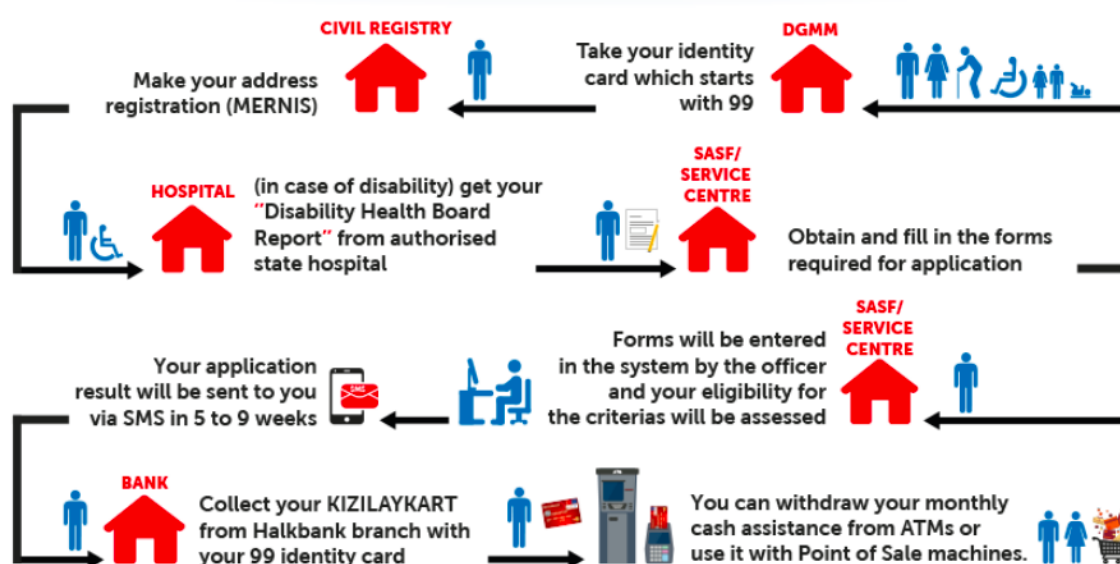
⁴⁷ WFP & TK, 2019e, p.5

affected population. The SMS platform was used to inform applicants on the ESSN programme and all programme updates.⁴⁸

Advocacy activities

142. The R&Os have responsibility for addressing constraints that may arise at various points along the application process for individual HHs (see Figure 9). This includes DGMM and MERNIS registration, acquiring a DHR (if applicable), submitting an application at the SASF or TK SC, collection of the Kizilaykart and accessing ATMs.

Figure 9: Kizilaykart Application Process



Source: ESSN website: <http://kizilaykart-suy.org/EN/basvuru0.html>

143. TK identified outreach cases from multiple sources, but predominantly other TK units and programmes. The top 4 sources of cases were reported as coming from the TK Transfer Management team, the TK Data Verification team, TK Service Centres, and the TK 168 Call Centre.

- A list of uncollected cards, dormant accounts not used for more than 6 months or abnormal card use (e.g. attempts to use the card outside the country), are sent by the transfer management unit in Ankara to the R&O.
- A list of HHs at risk of seeing their assistance cut as they had failed to update their expiring DHRs was also shared with the R&O.
- It was also reported that TK received weekly reports about families who have access problems from DGMM. It is understood that these cases are received and passed on to the R&O by the TK data management team and/or WFP field teams.

144. As of June 2019, a total of 17,977 cases had been referred to the R&Os (Table 7). Three quarters of the total number of cases related to three issues; uncollected ESSN cards, acquiring DHRs and problems with ID registration.

Table 7: Number and Type of Outreach Cases

	Cases	Percentage
Uncollected Cards	7,069	39%
Disability Health Report	3,252	18%
ID Registration	2,444	14%
Individual who left Camps	1,576	9%
Dormant Account	1,550	9%

⁴⁸ ECHO, 2019, p.31

	Cases	Percentage
Address Registration	1,058	6%
ESSN Application Barriers	912	5%
PIN & ATM	89	0%
Abnormal Use	27	0%
Total	17,977	100%

Source: TK Outreach Report, June 2019

145. The geographical location of the cases broadly follows the distribution of the overall ESSN caseload, with most cases coming from İstanbul, Gaziantep, Hatay, Şanlıurfa and Adana. However, some context specific variation was noted.⁴⁹

146. The types of action that the R&Os took to address the specific issues included:

- For uncollected cards, dormant accounts not used for more than 6 months or abnormal card use (e.g. attempts to use the card outside the country), outbound operators would call the families to investigate the issue. If three attempts at calling the HH receive no answer the SASF was advised to pay a HH visit. One problem was that HHs had changed their telephone number and not updated their record with the SASF – and consequently were not receiving the SMS message to collect the card.
- In some cases, details on cards were incorrect and so could not be collected. In this case the R&O will write a formal letter to request this to be corrected. As noted in one KII, *“without an official letter, the process does not move”*.
- Challenges in getting IDs and DHR often related to long waits for appointments. The R&O could advocate for an earlier appointment in cases involving particularly vulnerable individuals.
- ID card registration cases identified by WFP/TK continue to be referred for accelerated resolution through the mechanism established through high level advocacy by WFP/TK in September 2017.
- Problems with address registration typically concerned refugees resident in informal housing that was not recognised in the MERNIS system. In such cases the R&O advocated with the municipalities to allocate official numbers to the properties, permitting registration along with WFP and TK field staff.
- Other examples included mistakes in application data entry, or the failure to upload applications. In these cases, formal letters would be written to request corrections.

147. In all cases is that the contact between the R&O and the affected HHs was limited to the phone. The R&O did not come into direct contact with refugee HHs. A further contact would be made through an “outbound call operator” to confirm the resolution of cases.

Protection referrals

148. The ESSN 2 document defined cases facing barriers to accessing the ESSN as the responsibility of R&Os, with external referrals being made to other actors for more complex cases requiring longer-term support. This included referrals for access to other government services such as health and education. Based on this mandate the R&O has actively made referrals to other TK programmes and actors, where HHs require assistance beyond the ESSN.

149. In addition, protection referrals have been made where a case management approach is needed to facilitate HH access to the ESSN. For example, limited support (e.g. advocacy

⁴⁹ Gaziantep had the highest number of outreach referrals relating to DGMM ID registration, PIN/ATM issues and individuals who left the camps, while the highest number of reported cases on ESSN application barriers, irregular card usage and uncollected cards were in Istanbul. Issues related to access to DHR were most often reported in Hatay, whereas issues related to dormant accounts mostly came from Sanliurfa. Lastly, address registration issues were most often encountered in KayseriWFP, 2019b, p.6

with hospitals) can be offered to DHR cases. However, if householdss require support with DHR fees, translation, or accompaniment to hospitals this is referred as a protection case.

150. Protection referrals are made to TK Community Centres (CC) which are independent of the ESSN programme. Coordination between the R&O and CC is greatly facilitated by a shared database for recording and following cases. Cross referrals can be made within this system. While R&O staff have received some protection training, several KIIs requested additional training to help staff in making appropriate referrals.

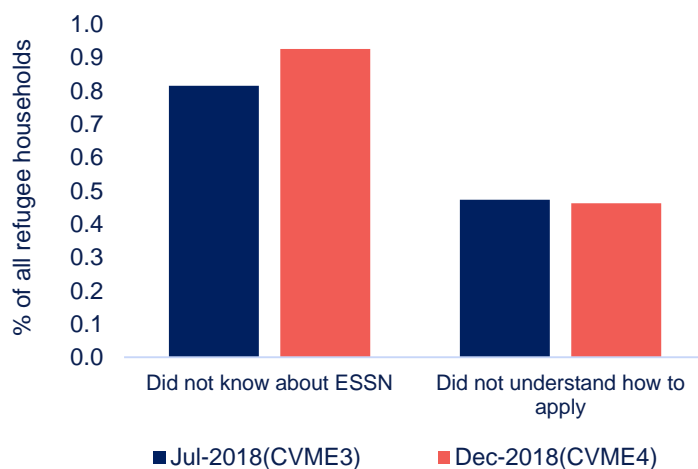
151. KIIs indicated that TK is considering the role that R&Os may play in livelihood referrals, including language training. The development of these plans will depend on what partners and activities are identified within ESSN 3.

4.3 Effectiveness of outreach teams

Raising Awareness of the ESSN

152. ESSN monitoring data indicates that the awareness amongst refugees of the ESSN and its application procedures was very high prior to the establishment of the R&Os. The CVME surveys found that in 2018 less than 1% of refugee HHs did not apply for the ESSN due to lack of awareness and less than 0.5% did not apply due to a specific lack of awareness of application procedures. The data does not show a significant improvement in awareness between July and December 2018, although this may be due to a small sample. Given that new arrivals are occurring over time, it is unsurprising that a small proportion of refugees will lack information on the ESSN at any point in time. It is not suggestive of a systemic problem at the institutional level.

Figure 10: Reasons not applying for ESSN⁵⁰



Source data: CVME3, CVME4

153. An indication of improved general awareness of the ESSN comes from data on the percentage of WFP/TK monitoring visits that recorded the proportion of SASFs or SCs not following standard application procedures. This fell from a baseline figure of 20% to 9% in April 2018.⁵¹ In addition, 80% of 300 staff surveyed in 107 SASFs during 2018, agreed or strongly agreed that coordination and communication within the ESSN was appropriate and timely.⁵²

⁵⁰ This needs to be reconciled this with the statement that: “CVME data shows that 5% of non-applicants stated ‘lack of awareness about the ESSN’ as their main reason for not applying and 6.7% stated ‘lack of awareness about the application process’ as their main reason. (ECHO, 2019a, p.31).

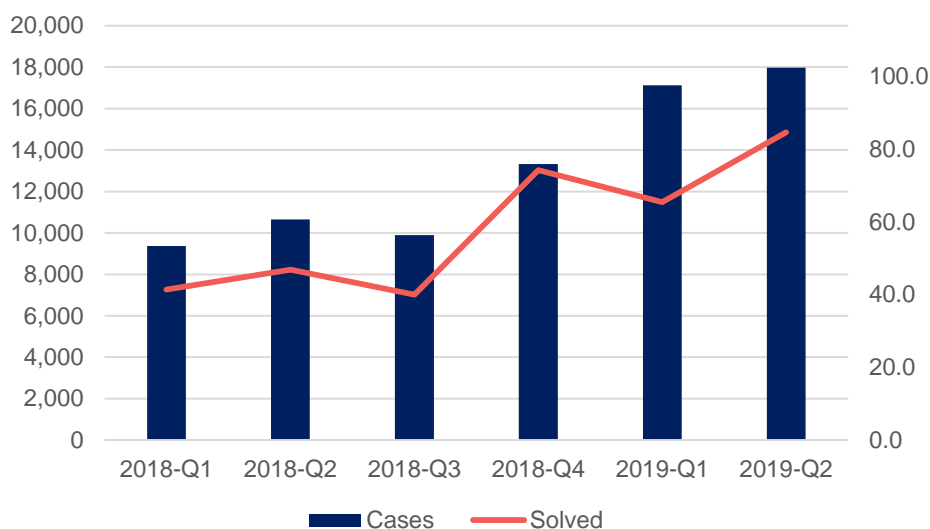
⁵¹ ESSN 2 Single Form, p42

⁵² Ibid p12

Change in ESSN Application Rates

154. TK reporting shows that a high proportion of refugees identified as facing barriers to accessing the ESSN were provided with support to apply to, or access, the ESSN by the R&Os (Figure 10).

Figure 11: Outreach Cases and % Resolved



Source data: TK (as reported in WFP monitoring reports)

155. Overall it is reported that 78% of cases have been successfully resolved (Figure 11). This means that the ESSN application was successfully completed or, if the issue was card-related, the beneficiary had successfully redeemed their ESSN assistance.

156. As for outreach activities to stakeholders, KIIs with R&O staff indicated that they have been able to complete visits to the majority of targeted agencies, including SASF's, muhtars, PDMM and Nufus offices. This had the reported benefit of establishing a strong network of contacts that R&Os can call to address specific advocacy problems.

157. The data did not indicate the length of time that it takes to resolve cases. Some KIIs pointed to a concern that resolving cases can take weeks or even months, due to bureaucratic processes.

158. Not all cases can be solved. The most problematic cases are address registration and dormant accounts. Not all residences can be registered, for example seasonal workers living in tents. In the case of dormant accounts, the R&Os are often reliant on follow-up visits by the SASFs and cases are kept open until feedback is received.

Table 8: Status of Outreach Cases

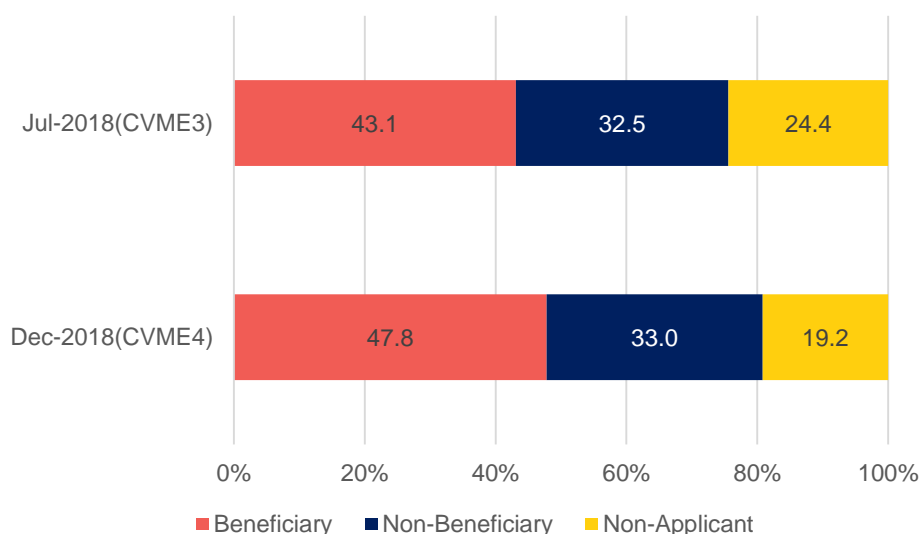
	Cases	On-going	Unreached	Unsolved	Resolved
Uncollected cards	7,069	2%	1%	0%	97%
Disability Health Report	3,252	3%	2%	2%	94%
ID Registration	2,444	6%	0%	0%	83%
Individual who left camps	1,576	9%	4%	5%	76%
Dormant account	1,550	12%	9%	3%	51%
Address registration	1,058	29%	2%	18%	74%
ESSN Application Barriers	912	26%	0%	0%	35%
Pin & ATM	89	50%	0%	15%	35%
Abnormal use	21	2%	0%	0%	98%

	Cases	On-going	Unreached	Unsolved	Resolved
Total	17,977	15%	2%	5%	78%

Source: TK, June 2019

159. At the aggregate level the proportion of non-applicants to the ESSN has decreased between July 2018 and December 2018 (Figure 12). However, it is hard to attribute how much of this may be due to the work of the R&O, as opposed to the contribution of other ESSN partners. It is also noted that the number of newly identified outreach cases has been falling and was relatively low at 856 cases in Quarter 2 of 2019, which is also suggestive of improved access.⁵³

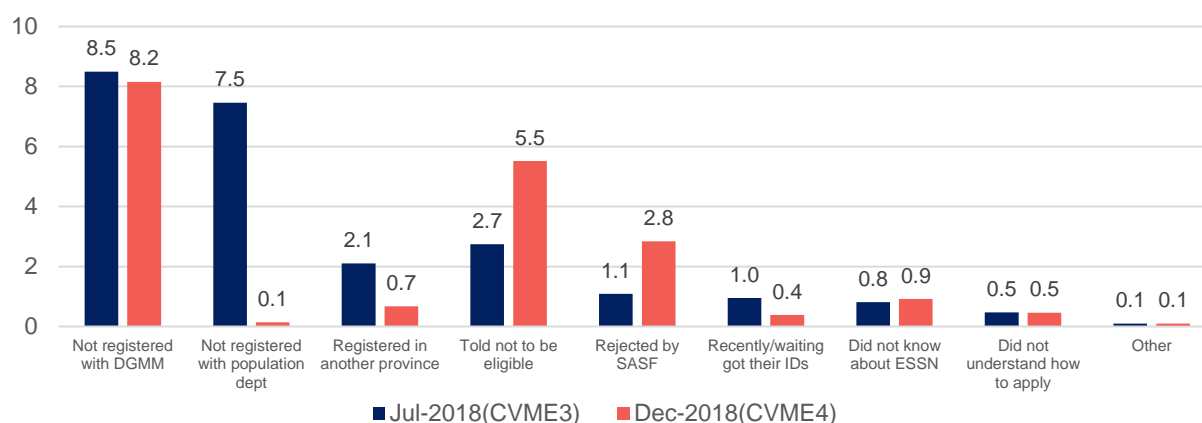
Figure 12: Application and Beneficiary status of Refugees



Source data: CVME3 and CVME4, cross-sectional. Sample size for CVME3 dataset is 1,301 and 1,380 for CVME4 dataset.

160. The major reason for refugees not applying to the ESSN is related to DGMM registration. Challenges faced by refugees included: long waiting times to complete registration due to overstretched capacity of PDMMs; refugees who moved from their original location of registration facing problems in updating their registered location; individual family members not being able to complete registration because of arriving and/or registering at a different time from the rest of the family; PDMMs not processing refugee registrations in some provinces; and some refugees not being able to meet the documentation requirements of PDMMs (Figure 13).

⁵³ WFP, 2019c, p.6

Figure 13: Reasons for not applying for ESSN (% of all refugee households)⁵⁴

Source data: CVME3, CVME4

161. Many of these are structural DGMM registration barriers, requiring political decisions to resolve. Similarly, resolving informal housing cases and access for seasonal agricultural workers require action at a higher level. Therefore, the work of the R&Os is complemented with advocacy by senior representatives of ESSN partners and through the Steering Committee.

162. Figure 13 also indicates that the reason behind the significant number of non-applicants is that they do not meet the eligibility criteria and believe they cannot receive the ESSN. However, with the introduction of the discretionary SASF discretionary allowance they may now be considered and would need to make an application. The R&Os encourage all refugees to apply. However, despite this the evaluation found that some HHs still do not apply as they believe that they do not fit the ESSN demographic criteria and are unaware of the SASF discretionary allowance, since there has been a decision not to communicate it widely

4.4 Conclusions and recommendations

Conclusions

163. The R&Os have invested significant efforts in sensitisation and awareness raising amongst a large number of key partners and to some extent amongst refugees. This has had the added benefit of allowing R&Os to create a network of local contacts. The evidence suggests that a high level of awareness of the ESSN has been achieved, supported by a combination of communication campaigns, training activities and the R&Os. Therefore, while some sensitisation work needs to continue, the overall need for awareness creation is expected to diminish.

164. The evidence shows that the R&Os have succeeded in helping a significant number of people to overcome barriers to applying to the ESSN and to accessing the benefits at field level. The R&Os also provide a valuable integrated link into the TK protection programme, through collaboration the TK Community Centres. However, the R&O cannot resolve all cases and needs to be complemented by continued high level advocacy to address structural barriers.

165. Given that sensitisation and possibly advocacy activities may not need to continue at the same level, it is logical that the role of R&Os will need to be reconsidered and evolve. However, there is clear value in maintaining the R&Os in the field. The outreach team is the 'eye' of the

⁵⁴ Sample Size: CVME3: 1,301, Applicant= %87, Non-applicant: %13. CVME4:1,380 , Applicant= %86, Non-applicant: %14.

ESSN and enable coordination with stakeholders. They will be critical in maintaining the field contact in the future with ESSN3.

Recommendations

166. Based on the findings and conclusions the following recommendations are made:

- i. TK should strengthen the monitoring and reporting of R&O sensitization activities. This information should be used by management to analyse the impact of R&O sensitisation activities and its relationship to other ESSN communication and training activities.*
- ii. Further encouragement is needed for all refugees to apply to the ESSN, irrespective of whether they fit the ESSN demographic criteria or not. The R&Os should consider how they might more effectively encourage all refugees to apply to the ESSN so that they may be eligible for the SASF discretionary allowance.*
- iii. As requested by R&O staff in the field, it is recommended that a protection refresher training is conducted to all R&O staff.*
- iv. As already anticipated by TK, further consideration should be given to considering how the role of the R&Os might evolve in ESSN 3, including responsibility for assisting with livelihood referrals.*

5 How effective have the various protection referral mechanisms been?

5.1 Relevance of ESSN protection approach

167. Protection encompasses all activities aimed at ensuring full respect for the rights of the individual in accordance with relevant laws.⁵⁵ The ESSN has contributed to assisting refugees to meet their protection needs, both through the ESSN transfer itself, and in assisting refugees to access additional services. Since the start of the ESSN programme, WFP and TK field teams were tasked with providing counselling and information to refugees encountered during operational or monitoring activities who required assistance to access services outside of the ESSN.⁵⁶

168. The original proposal of the ESSN included a protection referral process at the point of ESSN registration. UNHCR was projected to staff protection desks within the SASFs to assess the protection needs of applicants. However, ultimately this was not implemented.⁵⁷

169. A formal ESSN referrals system was established in 2017 in partnership with TK's Protection team (which is external to the ESSN programme), so that protection cases identified during the application, assessment (household verification), and card distribution stages of the ESSN programme as well as through the CFMs and sensitization activities are referred for assistance.

170. WFP groups protection cases into the categories shown in Table 9.

Table 9: Typology of Protection Needs

Protection Case	Examples of Protection Issues
Barriers to the ESSN	DGMM registration; Nufus registration; obtaining a disability health report (DHR); illiterate persons, persons who can't travel
Abuse or mistreatment	Verbal abuse; physical abuse; sexual abuse; sexual exploitation; indecent proposals in any process of the ESSN by any person officially working on the ESSN
Barriers to other services	Education; health – including hospital appointments, physical aids, medicine, treatment; legal services; any other services.
Refugee protection	ID issues (DGMM registration); detention; refoulement (forced return); family unification
Sexual & gender based violence	Domestic violence; rape, sexual abuse, sexual exploitation etc.
Child protection	Child labour; child marriage; unaccompanied and separated children; neglect; exploitation; abuse (sexual/emotional); adolescent pregnancy/child parents
Material assistance needs	Food; furniture; blankets; clothes; baby items; hygiene kits; poor living conditions including dilapidated shelters, poor sanitation etc.
Host community tensions	Individuals or groups facing abuse, discrimination or other ill-treatment by the host community.
Vulnerable ESSN ineligible	Materially vulnerable persons not eligible for the ESSN who still require basic needs assistance
Security issues	Crowding at ESSN project sites; safety and security issues in traveling to or accessing project sites

Source: WFP (2017d) p.1

171. The ESSN 2 Single Form specifies that referrals to other service providers were to be continued by Service Centre staff, Call Centre operators and M&E/field teams. *“Refugees with needs that cannot be directly addressed through the ESSN programme will continue to be referred to relevant government and non-government service providers for assistance. This includes those facing barriers to services (health, education, legal services), refugee protection*

⁵⁵ <https://www.unocha.org/sites/dms/Documents/120405%20OOM%20Protection%20final%20draft.pdf>

⁵⁶ ECHO, 'HIP Turkey', 2016.

⁵⁷ ECHO (2019b) p.1

issues (detention, refoulement, family unification), sexual and gender-based violence, child protection issues, community tensions, and vulnerable persons not eligible for ESSN assistance”.⁵⁸

172. In particular, referrals were foreseen to NGOs with IPA funding. “*The links between the ESSN and IPA partners will continue to be strengthened locally by WFP Area and Field offices as well as through protection coordination mechanisms*”.

173. The focus within the ESSN on protection referrals, rather than protection as a whole, is seen by the present review as an appropriate strategy. Refugees clearly have a variety of protection needs that cannot be met solely through the ESSN transfer. However, as an important point of contact with refugees, the ESSN can play a critical role in identifying and referring protection cases.

174. States have the primary responsibility to protect people within their jurisdiction, which includes ensuring access to food, medical and other basic services. However, humanitarian organizations may—with government consent—provide assistance to the affected population. The ESSN referral process is primarily designed to refer refugees to government services through TK, while complementary referrals may be made to other humanitarian actors, primarily through WFP.

5.2 Protection Referral Activities

Identification of protection cases

175. Identification of ESSN protection cases takes place through routine ESSN programme activities by both WFP and TK frontline staff. All field staff have been trained in protection and in how to identify and record protection cases.⁵⁹ In 2018, 76 WFP and 76 TK staff participated in protection related training sessions.⁶⁰

176. Protection cases were identified through a range of ESSN staff including:

- TK Service Centre staff in contact with refugees during the application phase, during household verification visits (conducted with SASF staff) and when beneficiaries follow up on their ESSN entitlements.
- TK Call Centre staff on the basis of calls by refugees
- TK staff monitoring the ESSN Facebook page and website
- TK Outreach teams
- WFP and TK monitoring staff during CVME interviews, focus group discussions and during distribution monitoring at SASFs, Service Centres and Halkbank branches.⁶¹

177. Most ESSN protection cases came from TK Service Centre staff, who referred 43% of cases, followed by WFP staff, who referred 32% of cases and the TK Call Centre with 17% (see Figure 14 below).⁶²

178. The ESSN 2 proposal anticipated that “*The household verification visits in particular will offer an opportunity to identify the unmet needs of refugees, barriers to access, and protection cases, as well as to conduct referrals to other services providers where necessary*”. TK Service Centre staff participated in these verification visits, although no precise breakdown was available on how many protection cases were identified through HH visits.

⁵⁸ ESSN2 Single Form, p51

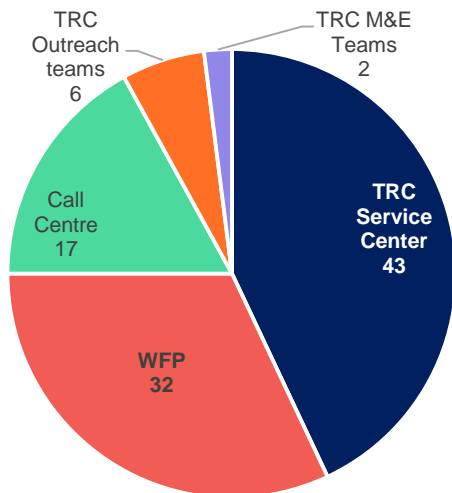
⁵⁹ WFP (2018i) p.2

⁶⁰ WFP (2018h) p.3

⁶¹ WFP is not authorised to conduct independent monitoring visits and all visits are conducted jointly with TK.

⁶² WFP (2019c) p.5

Figure 14: Source of ESSN Protection Referrals (June 2019) – Percentage of Cases

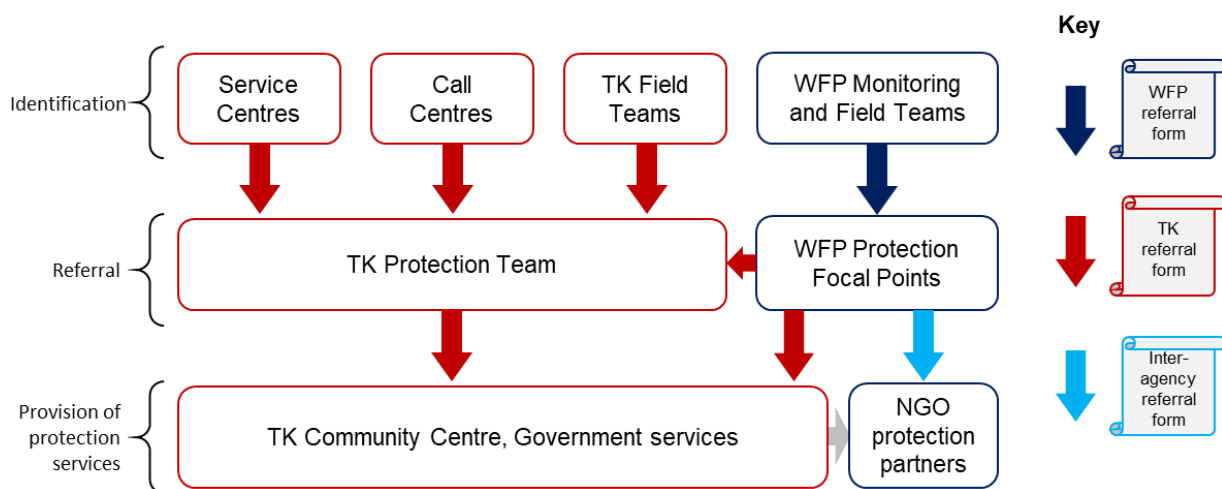


Source: WFP Monitoring Report June 2019

The Referral process

179. TK and WFP maintain separate and parallel referral processes as summarised in Figure 15 below.

Figure 15: The ESSN protection referral process



180. For WFP, the protection case identification and referral system was formalized in 2017, when a Protection Programme Officer joined WFP at Country Office level in Ankara and set up the current protection referral system. Within WFP, field level Protection Focal Points (PFP) were appointed in each WFP Area and Field Office across Turkey (Ankara, Istanbul, Izmir, Gaziantep, Sanliurfa, Hatay, and Mersin). There are 7 PFPs in total who work in close coordination with one Protection Officer. Their main protection tasks are identifying and referring protection cases as well as participating in area level interagency coordination mechanisms.⁶³ KIIs found that Protection Focal Points are spending 15-20% of their time on protection issues and working on other field activities for the remainder of the time.

181. Once a protection case has been identified in the field, WFP staff complete the WFP referrals form which is passed to the protection focal point of the specific regional or area office, who will conduct the actual referral and record the protection case in the protection module of

⁶³ WFP (2018f) p.1

the MEDS database. Referrals are made to both government (either directly or through the TK Protection team, depending on the case itself) and UN agencies and NGOs. One resource for identifying service providers was reported to be the online UNHCR Services Advisor, which contains information on over 6,000 organizations across Turkey.

182. Urgent cases, with an immediate risk to the person concerned are referred within 24 hours. For sensitive cases, field staff consult with the Protection Focal Point to ensure data collection on the case does not do further harm. Very sensitive cases may be escalated to the Head of Protection for action. Protection Focal Points have an overview over ‘their’ cases at the area level on the MEDS database. The Head of Protection can see all protection cases centrally.⁶⁴

183. All protection cases identified by TK staff are referred to the central TK Protection team in Ankara, using a TK referral form.⁶⁵ The TK Protection team then refers protection cases to TK Community Centres in the relevant locations, the Centres provide direct assistance to the case or refers the case to third party.⁶⁶

184. Cases were primarily referred by the Service Centres to government services such as the Provincial Directorate of Family and Social Policies (ASPIM), which operate Social Service Centres (providing support for children, the elderly, disabled persons, and women in need of specialized care, among other services), women's shelters for survivors of SGBV, and orphanages; as well as SASFs (which provide CCTE, coal assistance and homecare for persons with disabilities, among other services). This complemented TK's coordination and interactions with SSCs under the CCTE project, in which they are working closely with SSCs through Community Centres in 15 provinces to build capacity in outreach and child protection response activities. TK has also completed a service mapping in a number of provinces⁶⁷ that is used to identify suitable protection partners.⁶⁸

185. Respondents found it easy to reach out to organisations for support. As one HH reported *“Syrians with problems or bad conditions seek help from TK. We would go to TK if we face any problems, they are the only ones to understand our issues because they speak Arabic”*.

186. WFP and TK participate in UNHCR-led protection coordination mechanisms, including the Protection Working Group, Child Protection Sub-Working Group, SGBV Sub-Working Group, and Case Management Taskforce in Ankara, Istanbul and southeast Turkey to ensure alignment of ESSN referrals with the broader referrals systems of protection actors in different locations across Turkey, as well as alignment with international standards and sector guidelines. UNHCR-IOM led inter-sectoral coordination meetings in Izmir also works as a protection coordination mechanism.

187. A comparison of the different referral processes used by WFP and TK is summarized in Table 10 below.

Table 10: The referral process⁶⁹

	WFP	TK
Identification		<ul style="list-style-type: none"> • Understand needs & circumstances of the case • Collect information that will be required to make the referral • Ask for consent (call centre: verbal consent)
Recording	<ul style="list-style-type: none"> • Enter information in the WFP referral form • Share referral form with the protection focal point 	<ul style="list-style-type: none"> • Enter information in TK Referral Form. TK uses an internal case tracking system

⁶⁴ WFP (2018g) p.1

⁶⁵ WFP (2018h) p.2

⁶⁶ WFP (2018i) pp.5-7

⁶⁷ Istanbul, Ankara, Kilis, Mardin, Konya, Mersin, Sanliurfa, Osmaniye, Adana, Bursa, Gaziantep, Hatay and Izmir

⁶⁸ WFP (2018i) pp.5-7

⁶⁹ WFP (2018i) pp.5-7

	WFP	TK
Referral	<ul style="list-style-type: none"> • WFP protection focal point receives protection cases from other staff • Ensure needs have been properly identified, conduct follow-up if required • Check service mapping for relevant service providers in the area. • Use the interagency referral form if to UN agencies/NGOs. TK form or other means requested by the service provider 	<ul style="list-style-type: none"> • TK Protection Officer accesses TK case tracking system (both for referrals from TK and WFP). as WFP does not have access to the case tracking system, WFP continue to share their cases with the Protection Unit through a dedicated e-mail address • Ensures identified needs are correct and properly recorded • Forwards cases to TK Community Centres in the relevant locations
Organisation receiving the referral	<ul style="list-style-type: none"> • UN agencies/NGOs/TK, which provide direct assistance. • Cases with ID and registration problems to be sent to TK Outreach team, for TK to share with the relevant PDMM • Cases with access to ESSN issues to the TK Outreach teams, 	<ul style="list-style-type: none"> • TK Community Centres provide direct assistance to the case or refers the case to third party government and non-government service providers where relevant.
Archiving and reporting	<ul style="list-style-type: none"> • Enter the case to MEDS Referrals module at identification stage • Ensure the Referral Form securely filed digitally & hard copy • Produce quarterly ESSN referral reports 	<ul style="list-style-type: none"> • Hardcopies are kept in secure storage areas in Community Centres. • TK Protection Officer sends summary statistical monthly reports on ESSN referrals to the WFP CO PFP
Follow-up	<ul style="list-style-type: none"> • Follow up on referred cases to ensure it has been received. • This information will be recorded in the MEDS Referrals Module. 	<ul style="list-style-type: none"> • If a protection case is managed by the community center, the CC do follow-up and report back the status of the case through the internal case tracking system.

Number and types of referrals

188. In the ESSN, 6,487 cases with protection needs have been identified and referred to relevant actors, between the set-up of the protection referral scheme and 30th June, 2019. The majority of the protection cases identified by WFP are Syrians (85%), followed by Iraqis (9%), Afghans (4%) and other nationalities (2%) including Iranians and Palestinians. Istanbul is the province with the highest share of referrals (30%), followed by Gaziantep, Hatay, Adana and Sanliurfa.⁷⁰

189. The TK case referral system made 5,273 protection referrals as of September 2019. Over half of these cases were referred to the Protection team by TK Service Centres. About a quarter were referred by the TK Call Centre. A third of all referrals are health and medical cases, followed by ID related protection cases (11%), family reunification (9%)⁷¹ and child labour (8%) cases.⁷² Some KIIs indicated that WFP and TK could be more coordinated and that field staff sometimes report the same protection referral cases. However, other KIIs indicated that field teams decide on who will report the case, and once agreed, the other team do not record it.

190. The breakdown of cases recorded over time is shown in Table 11. Barriers to health care is the most frequently reported protection need, comprising more than a third of all reported cases. This is followed by problems with DGMM ID registration (18%) and child

⁷⁰ WFP (2019c) p.5

⁷¹ Recall that TK leads nationally on family reunification.

⁷² TK protection data for September 2019, correspondence with Ms Nazlı Merve Erkan, Head of Protection at TK.

protection cases (10%). The proportion of different types of protection needs have remained remarkably stable over time.⁷³

Table 11: Protection referrals by type

	2018-Q1	2018-Q2	2018-Q3	2018-Q4	2019-Q1	2019-Q2	Average
Health/Medicine	29	32	34	35	36	36	34
DGMM ID	19	19	18	18	17	17	18
Child Protection	13	11	10	9	9	8	10
In-kind/Financial Support	6	6	6	6	6	6	6
Education	6	5	5	5	5	5	5
Family Unification	5	5	6	6	6	7	6
DHR	4	4	4	4	4	4	4
ESSN Related	4	4	4	4	4	4	4
Informal Housing		3	3	3	2	2	3
Psychological Support	3	2	2	2	2	2	2
Legal		1	1	1	1		1
Shelter	1	1	1	1	1	1	1
Nufus		1	1	1	1	1	1
SGBV			1				1
Other	11	5	4	5	6	8	7

Source: WFP Monitoring Reports

191. The main protection needs were identified by KIIs to include the following examples:

- Health related issues included transportation, medical equipment, treatment, getting appointments from hospitals and accommodation near the hospital for the accompanying persons. Key informants mentioned the need for translation at hospitals and PDMM offices.
- ID registration issues included refugees living without ID, especially in Istanbul, Izmir and Bursa but also Gaziantep, Hatay and Sanliurfa who required assistance as well as transport to other provinces. In addition, in Hatay key informants mentioned protection issues with respect to illegal newcomers (since the border between Turkey and Syria is officially closed), who cannot obtain an ID. Language was also an issue.
- Other cases where IDs are registered in provinces other than where the refugee is residing.
- Child protection cases related to child labour, child marriages and unaccompanied minors.
- Other protection cases had resulted from camp closures in the South, resulting in affected refugees needing support to register their address with Nufus.

5.3 Effectiveness of protection referral system

Coverage

192. Even though WFP is not a protection agency and the primary purpose of the ESSN is the delivery of a cash transfer, the ESSN is the primary point of contact between refugees and the humanitarian system and it is a logical extension to link it to protection services. When

⁷³ WFP quarterly reports Q2 2017 – Q2 2019. Note that WFP teams are following up with security and discrimination cases. They are low in number and are covered under 'other'.

providing humanitarian assistance, distribution points often serve as a point of direct interaction between agency staff and beneficiaries – serving as a forum for ensuring protection.⁷⁴

193. To receive protection services, ESSN applicants have to actively reach out to TK Call or Service Centres or happen to be picked up during monitoring visits⁷⁵. A protection expert confirmed in KIIs that referrals in the current system are biased towards people who have the knowledge and capacity to reach out to a protection partner. Some stakeholders argued that some refugees were unwilling to seek help for protection needs. Refugees lacking the correct papers may not give their consent and details, which implies that they cannot officially be referred and are without access to protection services. Key informant also reported that there was also a reluctance by refugees to report themselves as unaccompanied minors or to report on early marriages since this may result in the child being taken in by social services and/or the initiation of criminal proceedings for child abuse.

194. A systematic linkage was not introduced early in the programme, as protection was not an explicit objective of the programme. It is noted that when IP registration was administered by UNHCR with expert protection staff as part of the registration process, approximately 25% of IPs registering were identified as protection cases, with 9% identified as high-risk cases in need of immediate interventions.⁷⁶

195. Protection desks have now been introduced at PDMM offices. UNHCR is now supporting PDMM/DGMM offices in setting up a protection desk responsible for protection screenings when refugees register for IDs. Refugees with specific protection needs may be assessed at the PDMM and referred to the MoFLSS. The agreement to set up these protection desks dates from 2017. In addition to PDMM offices, SASF offices also identify protection cases. This is carried out when receiving new applications, or when carrying out household verification visits or when refugees approach SASFs for advice. SASF refer protection cases to other government organizations.

196. However, according to KIIs, due to the economic downturn, ambitious plans for the expansion of government protection services and referrals have been curtailed. These services are not sharing aggregate information on the number of protection cases registered.

197. NGO protection partners report that a very small proportion of their protection workload comes from WFP referrals. One NGO stated that it was “2-3 cases per month”, another mentioned that they receive about 5 cases per month through the ESSN protection referral scheme. A third NGO added that “very few cases are from WFP”. They add that most of their caseload comes from refugees directly approaching the organisation rather than from referrals. About 20% of referrals into TK Community Centres (which operate independently of the ESSN) come from the ESSN programme.

Coordination

198. Refugees with protection needs may be identified through – or directly approach – a number of other agencies. Therefore, the ESSN role is complementary, rather than a primary responsibility. Other agencies outside of Government include:

- TK runs a protection referral scheme independent from the ESSN. This assistance is delivered through TK Community Centres staffed by social workers, psychologists and health specialists.
- UNHCR works with a network of partner organisations to carry out identification and protection referrals.
- In the framework of the CCTE cash transfer, UNICEF conducts home visits to children who drop out of school or are attending irregularly. These are carried out by a TK

⁷⁴ ECHO (2019b) p.1

⁷⁵ Some beneficiaries/ESSN applicants also reach directly to WFP field staff, through their work phones.

⁷⁶ Key Informant

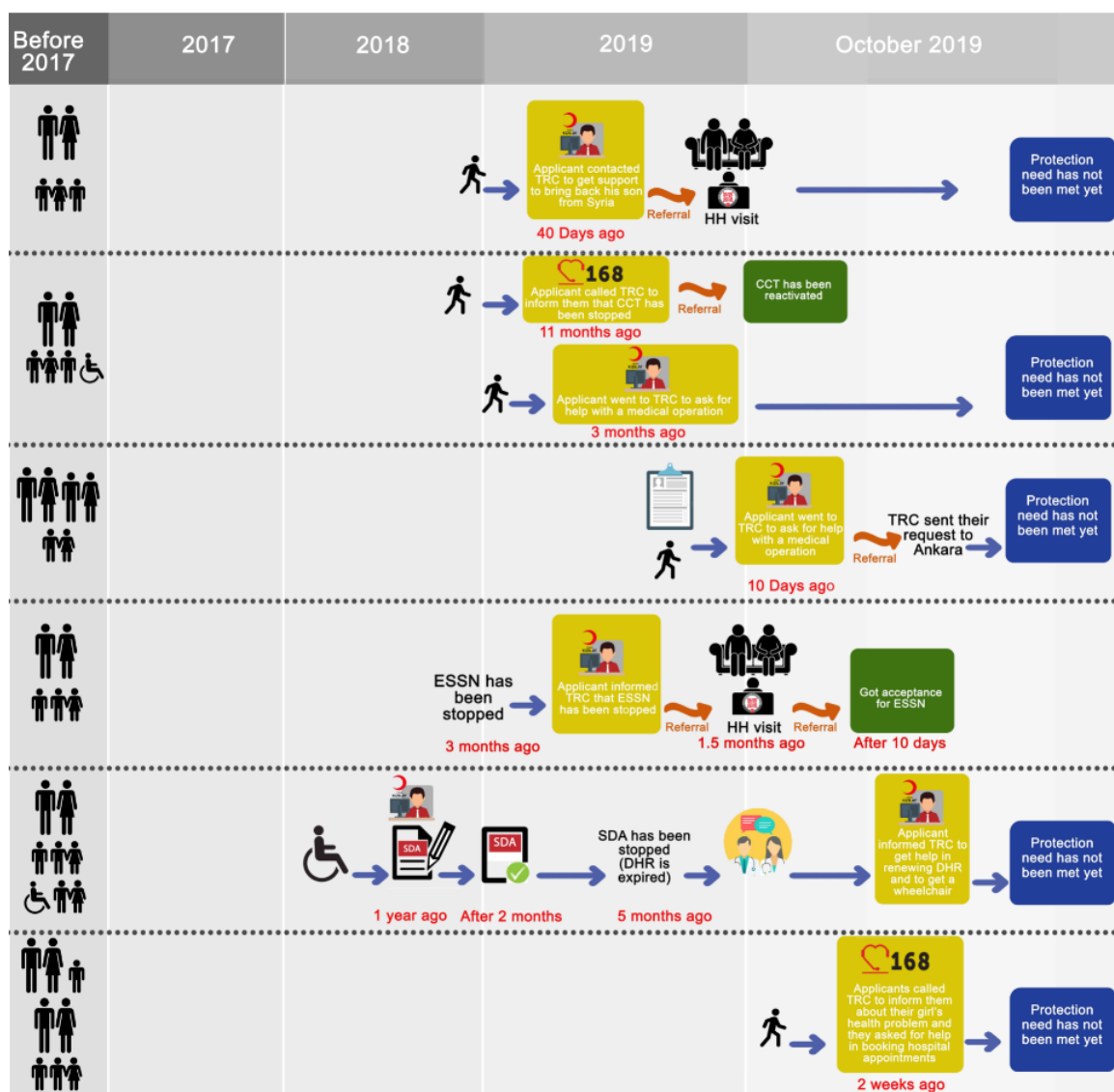
protection team. During the visit, they identify any protection risks related to the whole family and, if necessary, refer them to TK or government services.

199. ESSN protection referrals benefit from strong coordination system between protection actors. UNHCR leads on humanitarian coordination and convenes monthly protection coordination meetings and government representatives always attend the protection cluster meetings centrally. In some provinces, for example Hatay, there is an additional case management meeting. TK attends all these coordination meetings regularly as well. At the regional level, government representatives were reported to attend the coordination meetings on an ad hoc basis.

200. Protection partners consulted found these coordination meetings very useful. Partners learn for instance that one organisation can provide services that another cannot. The case management meetings were reported as effective in accelerating the referral process and allowing the discussion of specific cases and how to resolve them.

201. There has been an attempt to standardise the forms used to refer cases between agencies. However, full harmonisation and interoperability has not yet been achieved. UNHCR designed an interagency referral form to standardise referrals between some humanitarian NGOs. TK uses its own form, while the government requires the 'Social Inquiry Form' for referrals to government institutions (see Figure 15).

Figure 16: Experiences of the protection referral process.



Notes: Each row in the figure above represents a protection case with specific characteristics (first column). Each case sought support at a different time (top row of the figure), and had a different experience. For instance, the first case is a five person household. Support was sought end 2018 from a TK Service Centre. This led to a home visit, via a TK referral. The protection concern is still not solved.

Challenges in referrals

202. Protection referrals for refugees rely in large part on existing government capacity. A variety of protection activities are also conducted by NGOs. These include⁷⁷: translation, accompaniment and transportation support, legal counselling and paying for notary services, provision of shelters (i.e. for unaccompanied minors) and assistance to improve shelter conditions. Specialist NGOs also offer psychosocial support and TK leads in family tracing. UNHCR manages resettlement from Turkey to third countries in conjunction with IOM and ASAM.

203. Some organisations offer stop-gap basic needs support (i.e. in case the ESSN has been stopped or where a SGBV survivor might be assisted to leave a perpetrator within a family assisted through the ESSN) and winterization support. There is an opportunity to better link protection cases with the SASF discretionary allowance. Few protection partners consulted knew about the SASF discretionary allowance or how it works.

204. Referrals to specialist providers often take time before they are actioned. Amongst the HHCS on protection cases, five out of the six protection cases were still open. Few had been able yet to obtain the protection service they needed, such as a wheelchair, a surgery or reunification with a family member. See Figure 16 for a visual representation of our respondents' experience of the protection referral process.

205. A protection expert commented that TK had received a large number of cases since many protection NGOs ceased operations in 2018 and 2019. TK reported a large number of current cases leading to some delays in resolving cases. As a consequence, WFP reported that they had directed most recent referrals to other partners.

206. It was noted by stakeholders that the capacity within the government system struggles to fully meet the demands of Turkish citizens – let alone refugees – in certain areas. Providing referrals to protection services is especially difficult in some remote areas, where few NGOs operate and where it is difficult to find government services. For instance, in one district it takes two hours to travel to specialist services.

207. Key capacity gaps were identified in interviews in making referrals for specialist protection services, including; women's shelters, child protection including services for unaccompanied children, specialist health services and gaps in the provision of special needs education. An NGO providing legal services states: "*At the moment there is only one lawyer, even if there were 10 lawyers, the lawyers would work full time.*"

208. The tracking of cases once they have been referred onwards is difficult, and feedback had to be actively sought on a case by case basis from all partners, UN agencies, NGOs and Government agencies. Monitoring data on the status of protection referrals was lacking.

5.4 Conclusions and recommendations

Conclusions

209. The positioning of ESSN on protection, with a complimentary role in making protection referrals for cases that are encountered in the course of core operations is judged as appropriate.

210. Parallel systems have been established by TK and WFP for the identification and referral of protection cases. These systems were found to be operating efficiently and have identified a significant number of cases, especially around accessing health services and

⁷⁷ WFP (2017d) p.1, KII4

identity registration. There is however, a concern, that more sensitive protection cases may not be readily identified through this self-referral mechanism and an opportunity to conduct a systematic screening of refugees at registration may have been missed.

211. Overall there is a diverse network of partners available to receive and respond to protection referrals. The Government maintains principal responsibility, supported by a number of non-government organisations. Coordination among humanitarian actors works well, though linkage to government services and institutions could be improved. The TK and WFP referral processes are complementary with TK having a focus on referrals into the government system, while WFP is directed towards UN agencies and NGOs as well as to the government. The departure of WFP from the ESSN may result in some loss of diversity of protection partnerships as there are sensitive protection cases that currently fall through the cracks of the public protection system.

212. There have been challenges in making referrals, principally in some remote locations which are distant from service providers, and for some specialist areas where capacity is limited.

213. Follow-up on the status of referrals is carried out by both WFP and TK. However, getting information from partners has not always been easy. Overall analysis of the rate of resolving cases is not available, but there are indications that delays do occur. While this is outside of the direct control of the ESSN, refugees would like improved updates on progress.

Recommendations

214. Based on the findings and conclusions the following recommendations are made:

- i. Greater consideration should be given to developing a process that allows to systematically accept inward referrals to the ESSN to be considered for the SASF allowance.*
- ii. With the departure of WFP, the referral link from the ESSN to protection partners, including NGOs or UN agencies, needs to be maintained, to facilitate access to complementary and diverse protection capacities.*
- iii. The ESSN, in conjunction with the TK protection unit, should explore possibilities to work with UNHCR to build a comprehensive protection case registration system. This should include protection cases registered through PDMM or SASF.*

6 The Severe Disability Allowance

6.1 Relevance of the Severe Disability Allowance

215. The severe disability allowance was introduced by the ESSN in 2018. Eligibility is based on a DHR from an authorized state hospital, which rates the disability; a disability at greater than 50% is also flagged as a “severe” disability. This assistance is 600 TL (USD108) per person per month.⁷⁸

216. The Severe Disability Allowance (SDA) is additional to the ESSN assistance that the HH receives. One of the ESSN eligibility criteria is having at least one household member with more than 40% disability as certified in the DHR. Therefore, by definition, all SDA beneficiaries will also receive the ESSN transfer which averages about 743 TL⁷⁹ (USD125) per household per month.

217. Before the introduction of the SDA, MoFLSS Social Service Centers were assisting a small number of Syrian refugees with severe disabilities, using Turkish government funds.⁸⁰ Legal changes in 2017 meant that this was no longer possible. The introduction of a comparable top-up under the ESSN was therefore viewed by all stakeholders as an appropriate modification.

218. The Severe Disability Allowance is coherent with the ESSN objective of meeting basic needs. A person with disabilities (PWD) may not generate income and may also require full-time assistance from a family member. This could potentially deprive the household of up to two incomes. The SDA intends to compensate for some of that loss of income.⁸¹

219. The design of the SDA paid close attention to comparability of benefits between refugees and host communities. WFP worked with the Turkish government and ESSN partners to identify an amount for the top-up since early 2018. The initial amount proposed by WFP was 1,027 TL the same as the Turkish Government’s Carer Allowance. In May 2018, MoFLSS expressed concerns that since ESSN beneficiaries already receive assistance of about 600-800 TL, should the proposed 1,027 TL be added to that amount, this would lead to an overall transfer above the minimum wage of 1400 TRY. The Ministry proposed a sum of 600TRY in May 2018 and this transfer value was agreed on in June 2018.⁸²

220. The original target of the SDA top-up was to reach 10,000 beneficiaries.⁸³ This value was based on initial estimations by MoFLSS, which stated that the SDA would apply to less than 1% of refugees.⁸⁴ In 2018 just under 350,000 Turks benefited from the carer allowance, this translates to 0.4% of the population. A target of 10,000 ESSN beneficiaries translates to a similar proportion for the ESSN (about 0.4% of ESSN applicants), suggesting that this target was reasonable.⁸⁵

6.2 Progress in implementation

221. The Severe Disability Allowance was launched in 25 August 2018 and the first payments made.⁸⁶ Sign-up to the SDA increased rapidly following its introduction in August 2018 (see Figure 17). Beneficiary figures doubled between August 2018 and May 2019. Since the middle

⁷⁸ WFP, & TK. (2019, February 14). *ESSN Task Force Gaziantep Minutes Gaziantep*

⁷⁹ Source Based on PDM7, the average ESSN value is 743.35 TL, equivalent to about 125 USD.

⁸⁰ This refers to the carers allowance, which was initially given to a small number of disabled refugees.

⁸¹ WFP (July 2019) *Single Form* p8, 11, 33 also Key Informants

⁸² WFP (July 2019) *Single Form*

⁸³ WFP & TK, 2018, August 10, p.2. Also see indicator 9 of the Single Form

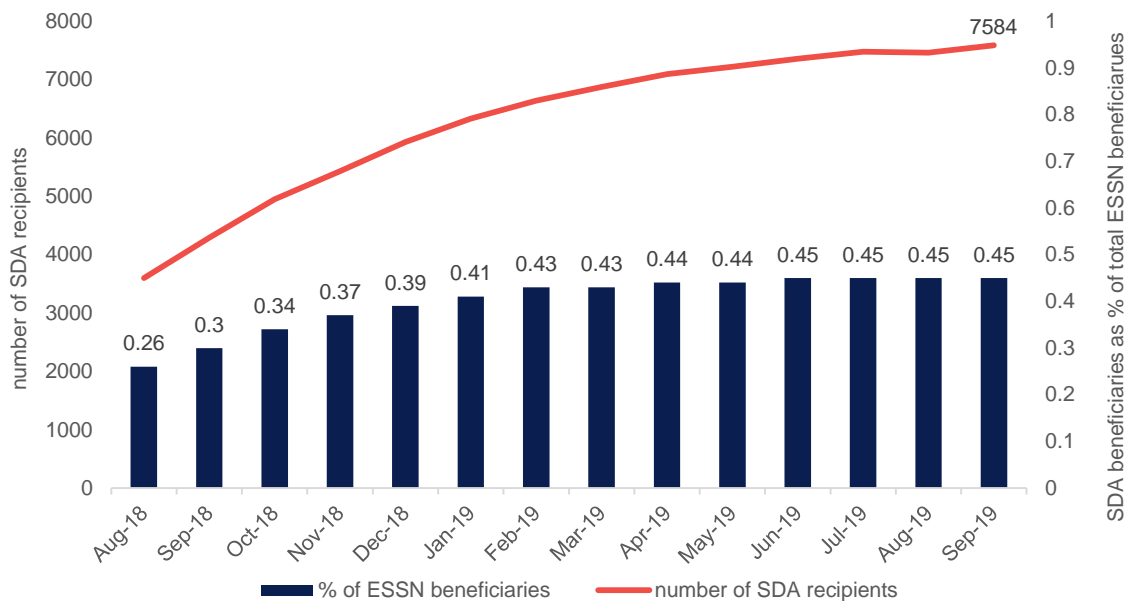
⁸⁴ WFP (2019) *Single Form*

⁸⁵ Carer allowance figures from a UNICEF presentation on social protection in Turkey. We used population figures of 82m Turkish citizens for 2018 (from <http://www.turkstat.gov.tr/Start.do>) and 2.3m ESSN applicants in June 2018, around the time when the SDA target was set.

⁸⁶ WFP & TK, 2018, September 10, p.2

of 2019, beneficiary numbers have increased slowly. As of September 2019, a year after its first introduction, 7,584 households receive the SDA (see Figure 17). Amounting to 0.45% of ESSN beneficiaries. This is below the 10,000 beneficiary target originally envisioned.

Figure 17: Proportion of ESSN beneficiaries receiving the SDA



Source: Admin data

222. The proportion of ESSN beneficiaries receiving the SDA varies between regions. Most regions in Turkey have SDA coverage rates of less than 1% of ESSN beneficiaries, except for Karabük, Bolu, Bilecik and Antalya, where the SDA allowance reaches up to 2.1% of ESSN beneficiaries.⁸⁷

223. Eligible households have to enrol at SASF offices or TK service centres. The social registry (ISAIS) holding ESSN beneficiary and applicant data does not capture the level of disability. If an applicant had previously submitted a DHR when first applying to the ESSN, but details on the exact disability levels were not recorded, the applicant will have to re-submit the DHR to the SASF or TK Service Centre to register for the SDA top-up. If the applicant has not submitted a DHR, they will need to obtain one and submit it to the SASF office or TK Service Centre.⁸⁸

224. The DHR certifies the level of disability as assessed by a board of doctors from an authorised state hospital. Refugees pay 200TL for the report (see Box 1: on the process of obtaining the DHR). This covers all medical costs associated with the DHR, such as the medical appointments themselves or scans and tests. To qualify for the top-up, the report has to indicate firstly, that the disability level is 50% or higher, and secondly that the report holder is severely disabled. Each member of the family with a valid DHR, meeting these requirements, receives the top-up.⁸⁹

Box 4: Process of Obtaining the Disability Health Report⁹⁰

1. Foreigners and Turkish citizens need to submit an ID card. Unless they can present an exemption, foreigners, including refugees, need to pay 200 TL per report. The fee needs to be paid in advance, irrespective of outcome.
2. Applicants need to make and attend a number of doctor’s appointments with varying specialists. These specialists form the Medical Board of Doctors of the hospital, which is the authority which

⁸⁷ Calculated by dividing the total number of SDA beneficiaries by the number of ESSN beneficiaries in September 2019. Administrative ESSN data.

⁸⁸ WFP & TK, 2018, July 12, p.2

⁸⁹ WFP & TK, 2018, July 12, p.2

⁹⁰ WFP & TK, 2019, February 14, p.4, WFP & TK, 2018, July 26, p.2

provides the DHR. The Board consists of seven or more specialists from different departments. New regulation from February 2019 states that the DHRs should be finalized within a maximum period of 30 days.

3. The Board makes the final decision on the level and severity of the disability. For example, the patient may have 80% level of disability, but the board may not flag this case as severely impaired if the person can “survive by herself.”⁹¹ By the end of 2018 the MoH issued more than 6 million DHRs in Turkey.⁹²
4. DHRs can be permanent or temporary. If the disability or medical condition can change, the DHR will have an expiry date when the Board of Doctors will re-evaluate the disability and health condition of the PWD.
5. Appeals to the decision need to be lodged within 30 days. The Provincial Directorates of Health will assign another hospital to repeat the DHR process. If the second DHR report result is different from the first, then the Directorate assigns a third referee hospital. The result from that third hospital will be final. Each new report requires additional doctors’ visits and payment of TL 200. Complaints can be directed to the MoH hotline 184.

225. SASFs and TK Service Centres started updating disability health report data on 6 July 2018.⁹³ ESSN applicants first received an SMS notification about the SDA in July 2018. Information on the assistance was published on the ESSN Facebook page and website. In addition to including basic programme information, monthly notification SMSs were sent to beneficiaries alerting them to submit (or renew) their DHRs.⁹⁴ WFP and TK conducted regional trainings for SASFs, local authorities and other partners to introduce the severe disability allowance in July and August 2018.⁹⁵

226. In terms of awareness of the transfer, out of the seven SDA household case studies completed for this review, five had heard about the SDA from Syrian friends or relatives, one had first heard about it via SMS and another from the TK Service Centre during the ESSN application. One protection case study household that might qualify had never heard of the SDA until our visit.

227. The review found applicants are supported during the process. For example, a household member can bring the DHR to the SASF or TK Service Centre, the person with disability does not have to come themselves. If the PWD has difficulty going to the hospital, TK Community Centre staff could accompany them and provide translation support at hospitals. In addition, ECHO-funded Individual Protection Assistance partners (IPA partners) across regions may cover the direct and indirect costs of obtaining a DHR.⁹⁶

228. However, beneficiaries and implementers reported a number of barriers to accessing the SDA top-up. They relate mostly to the DHR, its cost, translation of the documents, language barriers, limited hospital capacities and long appointment periods, the appeal process, DHR expiry dates and incomplete reports.⁹⁷

229. As for the cost of the DHR, the 200TL fee was not reported in KIIs as the main financial barrier. The associated indirect costs, such as travel costs and expenses related to making and keeping a number of doctors’ appointments, could be much higher. There were also cases cited where applicants were referred to an expert in another hospital, where they had to pay again.

230. WFP and TK identified hospital capacity to meet refugee demands for DHRs as the primary barrier to accessing the SDA top-up.⁹⁸ The long appointment waiting times have been

⁹¹ WFP & TK, 2018, July 26, p.2.

⁹² WFP & TK, 2019, February 21, p.5

⁹³ WFP & TK, 2018, August 10, p.2

⁹⁴ WFP 2019 Single Form

⁹⁵ WFP & TK, 2018, June 11, p.2

⁹⁶ WFP & TK, 2018, July 12, p.2

⁹⁷ ESSN Task Force report also WFP & TK, 2018, September 10, p.2

⁹⁸ WFP 2019 Single Form p28

noted throughout the life of the SDA top-up⁹⁹ KIIIs estimated that it took four to five months to obtain a DHR,¹⁰⁰ and the sample of HHCSs found it took between 10 days and 6 months to obtain a DHR, with an average was two months. However, the process of obtaining a DHR has been revised. Doctors can now sign the DHR report online after having seen the patient, which means that these reports can automatically be delivered to SASFs. This also shows the authenticity of the report. It is as of yet unclear what the impact of the reform is. In addition, TK outreach teams are supporting in expediting hospital appointments for urgent cases.

231. In four out of six case studies, households confirmed that translators were present during their visit to the hospital. One remarked that the number of translators at the hospital had increased over the last two years. One out of six households mentioned that language barrier is an issue.

232. There is lack of understanding on the side of beneficiaries on why they had been given a specific disability rating. Seven respondents interviewed with DHRs, did not understand what is behind the level of disability ranking. One HH said, *"Who decides which of my sons has a more severe disability than the other, I have to take care of them both the same way [...] I would be happy if my son can look after himself but the truth is, he can't"*.

233. Two household respondents had household members with DHRs where the 'severe' rating changed. A person with vision and mobility impairment applied and at first application did receive 90% severity but without 'severe' grading. The family appealed and received the 'severe' grading on appeal. Another case (see quote above) is that of two brothers with cerebral palsy (95% and 84% disability) – the former has a severe rating, the latter does not. The latter was first rated 'severe' but the DHR expired and he was not rated severe at reassessment. The respondent indicated that she did not understand this variation in how the same condition is assessed.

234. There are reports of "wrongly completed" DHRs from protection partners.¹⁰¹ The DHR includes a check box to identify if the person is severely disabled or not. This check box is reportedly left blank in a number of cases. WFP and TK are liaising with the Health WG and field teams to rectify this.¹⁰²

235. Most respondents to household case studies had a positive experience at the hospital stating that they were treated "well and respectfully", that "people treated [their] children nicely", that the process was "easy" and people working at the hospital were "nice". Two households mentioned challenges in getting there: *"It was only difficult to go to the hospital I had to take two buses from the refugee camp to go there."* or *"It's so hard to carry my disabled daughter from one hospital to another [...] I have to take a taxi every time she's with me"*. A number of respondents (five households) stated that the hospital was quite crowded and that they had to wait, but most accepted this as part of the process: as one reported *"We had to wait for our turn from 6am till the afternoon"*.

236. DGMM or Nufus registration issues came up little during interviews. Two respondents had a change of address and both had their SDA cut for two months. For one family the DGMM ID showed a different name for their disabled child compared to the name on the DHR. The DGMM ID requires updating. Once the name matches across documents, the child would qualify for the SDA.

237. There were no reports of difficulty in applying for the SDA at SASF offices or TK service centres. None of the beneficiaries interviewed complained about the way they were treated or the process at the service centres. All beneficiaries interviewed applied for the normal ESSN

⁹⁹ WFP & TK, 2018, July 9, p.2, WFP & TK, 2018, September 10, p.2, WFP 2019 single form 2

¹⁰⁰ WFP & TK, 2018, July 9, p.2

¹⁰¹ WFP & TK, 2019, January 23, p.2

¹⁰² WFP & TK, 2018, July 26, p.2

allowance first. Later they heard about the SDA and applied for it separately. Some TK and SASF staff reported taking the initiative to invite HHs with a disabled member to apply.

238. A few reports indicated clerical errors, such as registering an address change when none has occurred or poor record keeping between interactions with beneficiaries. One respondent compared the SASF office and TK service centres and said that applying at the TK centre was easier due to the existence of translators.

239. A respondent in a wheelchair living alone stated: *“The only place that I can go to without difficulty in reaching it is the district governor building. It is equipped for people like me. Even the TK office is not wheelchair friendly. When I went to TK two men had to carry me to enter the centre.”*

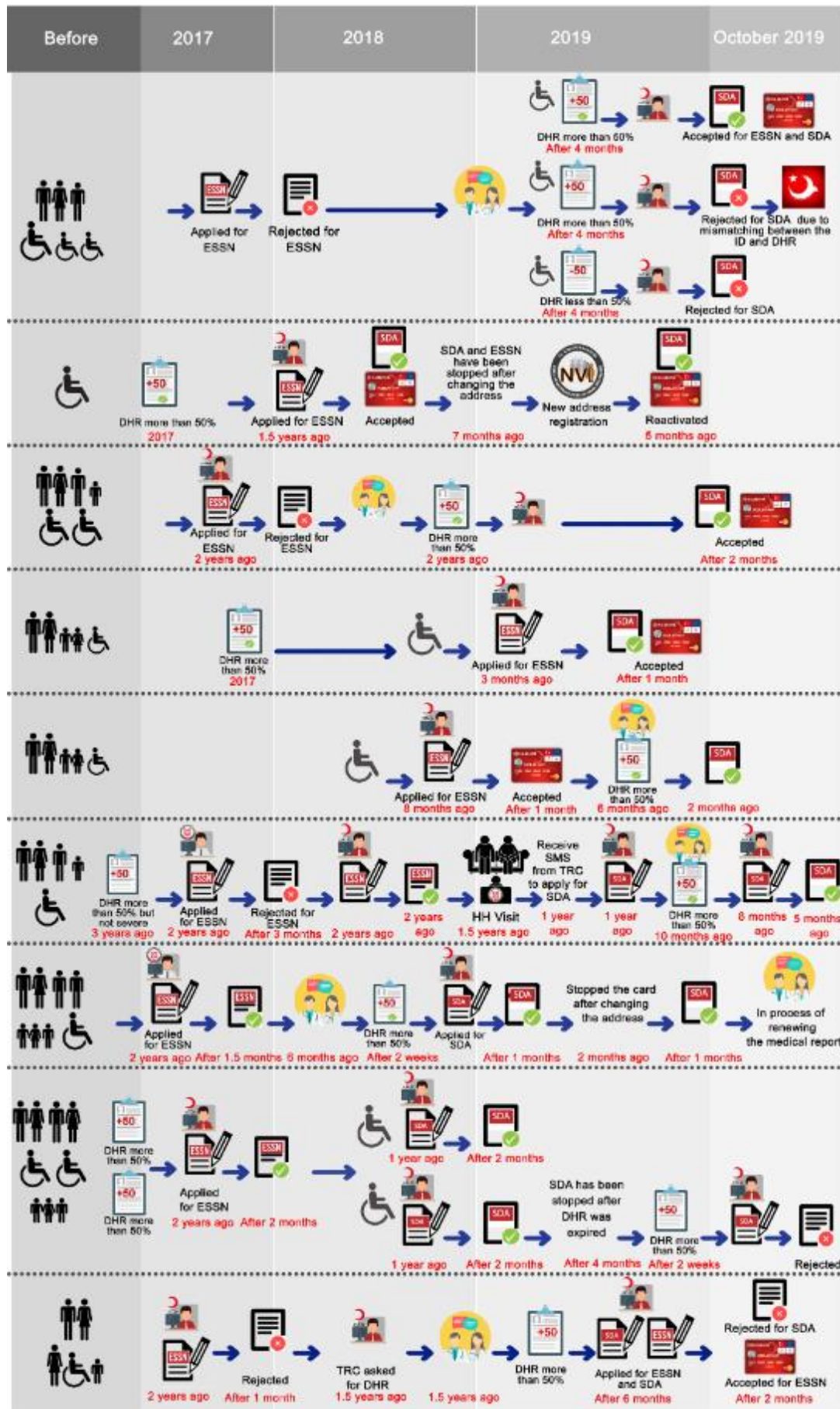
240. There are some reports of discrimination. WFP and TK note that acts of a racist nature have been raised by Syrians.¹⁰³ Among our case studies two respondents reported impolite treatment by doctors at a hospital in Istanbul and one from Hatay reported unprofessional behaviour from translators. Given the small size of our sample, it is unclear how widespread this experience is.

241. Figure 18 below provides a summary of the various application steps for an SDA undertaken by respondents. Almost all beneficiaries applied for the DHR just before their applications for the SDA, except for two households that applied for the DHR even before applying for the normal ESSN. These people had specific reasons for applying for the disability report, such as applying for resettlement or registering the disabled household member in school.

242. All beneficiaries understand that this top-up is not accessible without a medical report with a disability level. Respondents who applied but were rejected understand that the rejection was because the disability was not considered ‘severe’ according to the health report.

¹⁰³ WFP & TK, 2018, September 10, p.2

Figure 18: The SDA application process – case studies



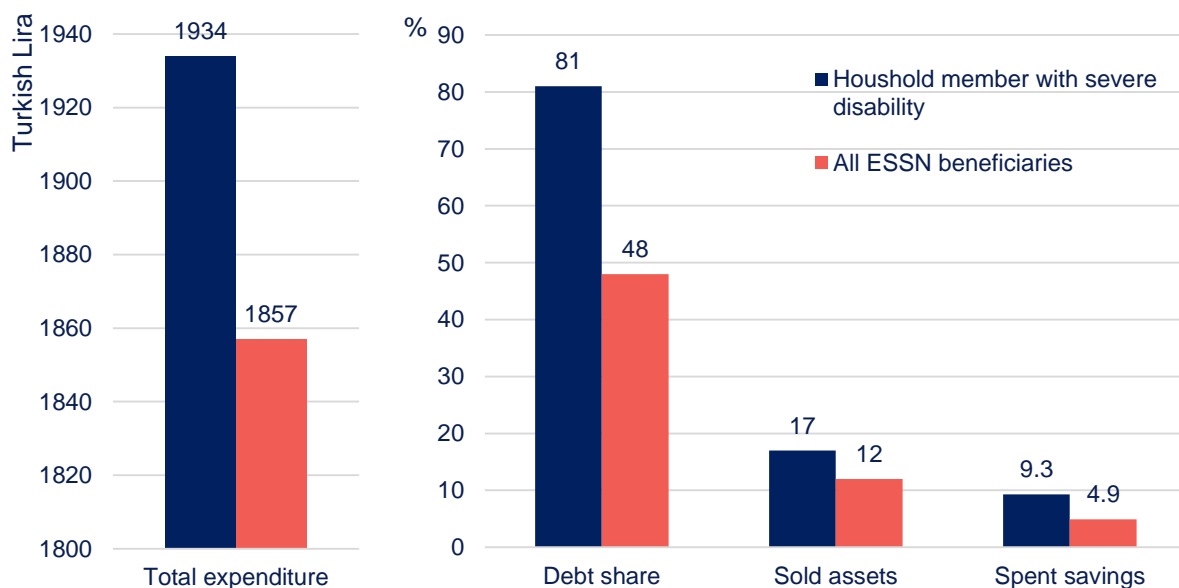
243. Households can lose the SDA top-up when impairments change. Some DHRs are given for a fixed period. If a DHR is about to expire, beneficiaries will receive an SMS from TK to alert them that their health report should be renewed, otherwise the SDA top-up will be cut.¹⁰⁴

6.3 Effectiveness of the Severe Disability Allowance

244. Households with a member who has a severe disability face additional disadvantage and costs due to the disability. Household members are likely to spend more time providing assistance and support to the person/s with disabilities; the household may have special housing requirements such as ground floor accommodation, and may incur more out of pocket health expenditures as a result of the disability. The household member with a disability is unlikely to be able to engage in low skill, physical labour frequent among refugees. Households with a member who is severely disabled are likely to have higher expenditures and less ability to meet their basic needs through wage work.

245. Comparing ESSN beneficiaries who are and are not eligible for the SDA top-up validates this. Households with a severely disabled household member are likely to have higher total household expenditures compared to all ESSN beneficiaries¹⁰⁵. This expenditure is likely financed through debt. Households with a severely disabled household member incur almost twice as much debt as a proportion to their income compared to households without a family member with a disability. Households with a severely disabled family member are also more likely to have sold their assets and spent their savings, compared to all ESSN beneficiaries.

Figure 19: Differences in household finances between ESSN beneficiary households with and without a family member with disability



Source: PDM Survey 4 (red bars) and PABDS (blue bars). PDM4 was collected in April-July 2018 while PABDS was collected in August 2018, around the time when the first payments were made.

246. SDA means households with a disabled family member catch up with other ESSN beneficiaries. Before the SDA top-up, ESSN beneficiary households with a family member who is severely disabled are more likely to reduce the number of meals they eat compared to all ESSN beneficiaries (see Figure 20, compare light blue and light red bars). Households with a disabled family member are worse off, they are more likely to reduce their portion size and for adults to reduce the quantity of food they consume, compared to all ESSN beneficiaries.

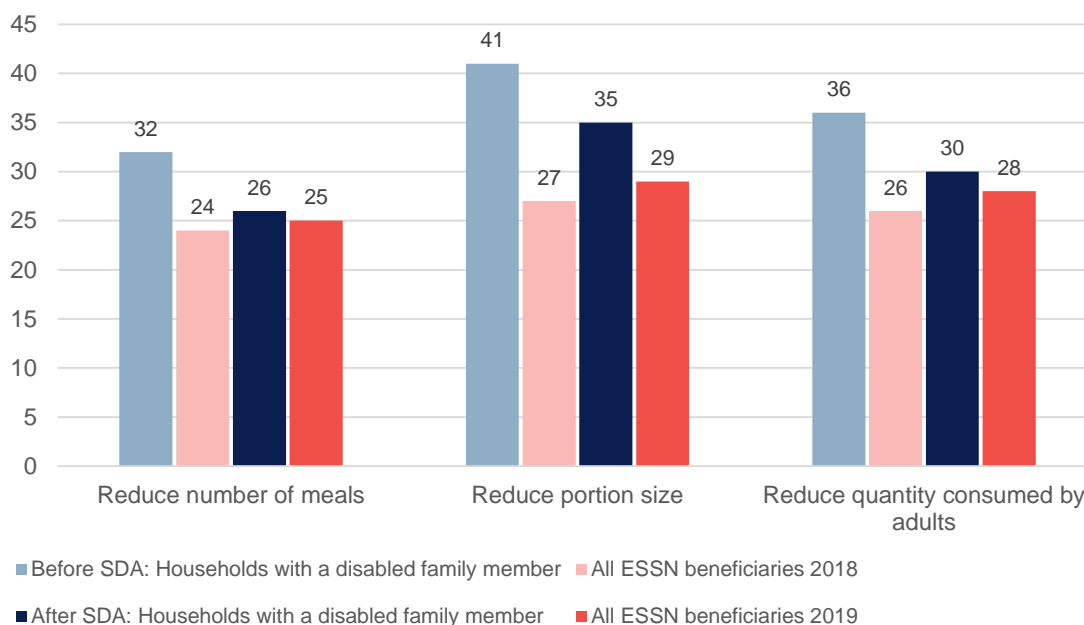
247. This changes after the SDA top-up. Following receipt of the SDA, households catch up to the ESSN beneficiary average. After receipt of the SDA top-up, SDA beneficiaries are not

¹⁰⁴ WFP & TK, 2018, July 9, p.2

¹⁰⁵ Note that this also includes people who receive the SDA top-up.

more likely to reduce the number of meals they eat compared to ESSN beneficiaries. SDA top-up recipients are still more likely to reduce portion size compared to ESSN beneficiaries, but the gap has narrowed. Visually, the dark blue and dark red bars, comparing SDA and non-SDA households **after** the SDA transfer, are a lot closer together compared to the light blue and light red bars, which compare households before the transfer (Figure 20). It is noteworthy that among ESSN beneficiaries, the likelihood to reduce portion size has increased between 2018 and 2019, likely due to the economic downturn (see chapter 7).¹⁰⁶

Figure 20: Comparing future SDA beneficiaries to the average ESSN beneficiary¹⁰⁷



Source: PDM Surveys 4 and 6, PABDS and PDS 1 appended, the sample is composed of households that have been beneficiaries in both rounds.

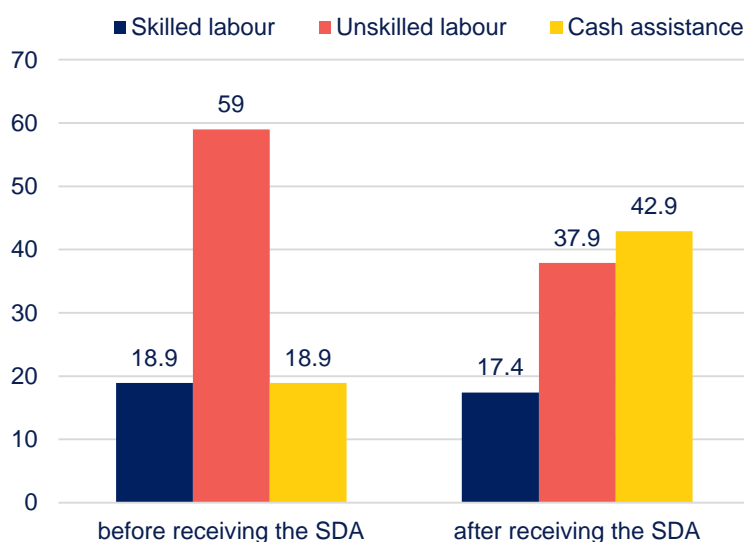
248. The quantitative data is confirmed by qualitative results and all our case study households expressed how important the SDA is for their day to day livelihoods. The improvement in household food consumption is echoed in our case studies, where households can now afford animal-based protein: *"We can now afford buying meat or chicken, we weren't able to buy such things before the SDA"*. One person with a physical impairment was able to move to a house with easier access: *"We used to live in a very bad house. After SDA, we moved here to this apartment, which makes it easy for me to go outside."*

249. The SDA also helps with avoiding further debt. This improvement can clearly be linked to the SDA. Half of the case study respondents also mentioned debt explicitly: *"Before ESSN and SDA, when our expenses were more than our income, my father used to borrow money from people"*.

250. The relative importance of HHs of the SDA is reflected in the data on HH income. While unskilled labour was the main income source for households before receiving the SDA, afterwards the cash assistance through the Kizilaykart becomes the most important income source (see Figure 21). This does not indicate that people work less, it indicates that compared to income from labour, SDA income is more important.

¹⁰⁶ If differences are reported they are statistically significant.

¹⁰⁷ Note that there is a slight time difference in the collection of SDA surveys. And a part of the difference may be attributed to the survey collection time. PDM4 was collected in April-July 2018 while PABDS was collected in August 2018. PDM6 was collected in November 2018-December 2018 while PDS1 was collected in January 2019.

Figure 21: Main source of income

Source: PABDS (August 2018) and PDS1 (January 2019)

251. Still, four out of our seven case studies receiving the SDA stated that even with the SDA they struggle. For example: *“Even after the SDA, our current condition is very bad; this house’s rent is very high and the bills as well”*. As for people with physical impairments, they are not all able to move to a better house: *“I wish to move to a better place, but I cannot afford it and it is not easy to find a good place for someone in my condition”*.

252. Overall it is hard to judge what level of coverage has been achieved. The slowdown in SDA applications can be interpreted as a majority of qualifying individuals being assisted. However, it is unclear how many HHs may still be struggling to acquire valid DHRs. Administrative records show that 1.7% of beneficiaries have a valid DHR certifying disability levels above 40%.¹⁰⁸ The number of refugees with disabilities at all levels is significantly higher. According to CVME household survey data¹⁰⁹ one in ten refugees have a disability, are chronically ill or have a serious medical condition. Only a small number, 2.7%, have a medical report describing their condition (see Figure 22).¹¹⁰

¹⁰⁸ WFP & TK, 2019, February 21, p.4

¹⁰⁹ The survey question reads: *“How many family members have any disability, chronically illness or serious medical condition (physical and/or mental) with medical report/ any disability, chronically illness or serious medical condition (physical and/or mental) without medical report?”* Followed by *“What is the overall number of family members with specific needs?”* The challenges with this question are threefold: (1) people may feel stigma at identifying themselves or anyone in their household as disabled (especially for mental/psychological disabilities); (2) “disability” often implies a very significant condition and may leave out people who feel their disability is less severe; and (3) disability is interpreted as relative to the ‘norm’. E.g. an elderly person has difficulty in performing basic activities but feels she does not have a disability as they are performing as well as a person of that age is expected to perform (Mont, 2007).

¹¹⁰ These figures do not include information on severity of disability. Using global figures, the 2011 World Report on Disability estimates that people with disabilities should represent around 15% of any given population (WHO and World Bank 2011). According to the same report, around 20% of these people with disabilities or 2-4% of the total population, are likely to have significant disabilities.¹¹⁰

Figure 22: Proportion of refugees with a disability, a chronic illness or a serious medical condition



Source: CVME3

Needs beyond cash: Gaps in social care

253. While the SDA is coherent with the ESSN objectives, and it is effective, there remain gaps in the coverage of the specialist needs of the disabled that fall outside of the ESSN scope. Seven respondents pointed out that they had special needs that the SDA cannot address. These are very specific and varied. These included requiring physical therapy: *“I am not receiving any physical therapy. I started noticing recently that my feet started folding in ... this is very dangerous. My muscles should be ready to work in case I am able to do surgery in the future. That’s why I regularly need physical therapy.”*

254. Other respondents need help with special equipment: *“When my wheelchair was working, I used to go out every day, going to the local market and buying what I need, go to the park, or go to my neighbour’s house to teach their children and help them in their homework. Now it has been one month since my wheelchair stopped working and I didn’t leave the house.”*

255. Some require specific surgery: *“I think that my son is not getting the necessary medical care that he needs [...] He needs surgery [...] I go to the hospital every three days to take Muhammad... he was born with many health problems.”*

256. In one case out of our case studies, one disabled child was able to attend a special needs schools, though his brother, also is also disabled was excluded due to mismatching ID between the DHR and DGMM papers: *“Majid has become better after medication and school. His brother Maan wants to go to school like his brother, he cries every day because he doesn’t get to go. Due to the reported issue, we can’t enrol him in a special needs school like his brother”.*

6.4 Conclusions and recommendations

Conclusions

257. The SDA is a successful programme in terms of roll out and impact.

258. Sign-up to the programme increased rapidly after its launch, with beneficiary numbers doubling between August 2018 and May 2019. Sign-up rates have slowed and as of September 2019, a year after its first introduction, 7,584 households receive the SDA, short of the 10,000 beneficiary target originally envisioned. The slowing of the sign-up rates indicates that the majority of those able to meet the requirements of the application process have signed-up.

259. The key factor constraining access was obtaining the DHR, which comes with substantial direct and indirect costs to beneficiaries. The meaning behind the ‘severe’ disability rating is poorly understood by beneficiaries and there is some indication from protection partners that some DHRs have missing information. All those who have easily and readily qualified as having a severe disability and who have been able to acquire the DHR have been included into the programme. It seems likely that there is a further eligible group who are either

borderline 'severe' and not been classified as such or who are actually 'severe' but who have not been able to overcome the barriers to application.

260. The SDA top-up is intentionally designed to align with to the Turkish carer allowance and the DHR is a feature in both transfers. The heavy but necessary process of obtaining the DHR as well as the decision on where the eligibility cut off lies were noted as WFP design decisions but came with the intention of aligning with the Turkish system.

261. The positive impact on SDA top-up on recipients is undisputed. Beneficiary households eat more and better food and on some occasions are able to move to a better accommodation.

262. A particular concern, not within the remit of the SDA top-up but frequently mentioned by respondents, is the need for specialised support, such as physical therapy, mobility aids, medication or surgery. There are opportunities to better link SDA cases to NGO, health and social care partners offering these services.

Recommendations

263. Based on the findings and conclusions the following recommendations are made:

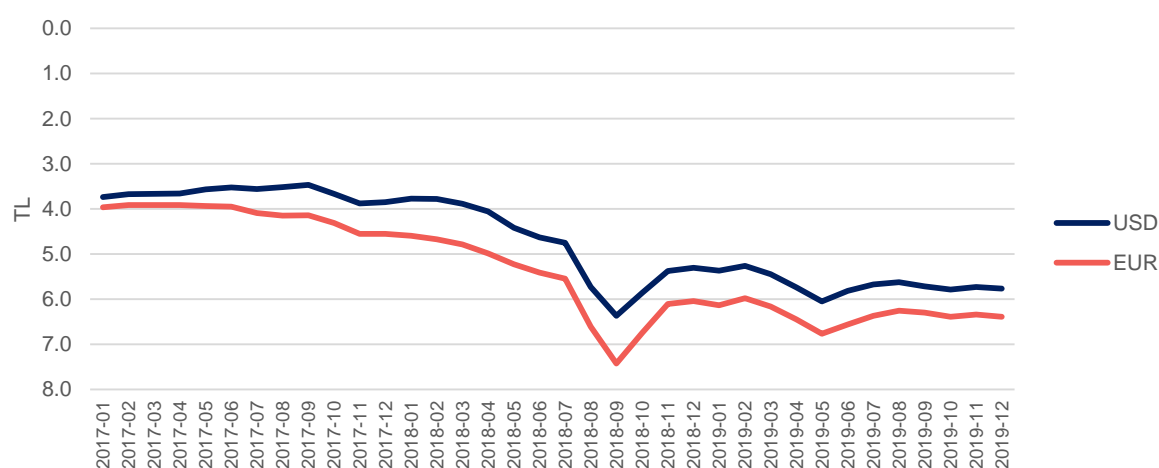
- i. In cooperation with the Ministry of Health, communication materials should be developed that clearly explain the different disability levels. This would make the SDA application process more understandable for applicants. These documents should be shared with applicants and protection partners to ensure a coherent understanding of the thresholds.*
- ii. Approach donor partners with the option of waving the DHR fee.*

7 The Effect of the 2018 changes in the Turkish economy on the ESSN

7.1 Changes to the Turkish Economy in 2018

264. The Turkish economy has experienced a slowdown since the summer of 2018 when the Turkish Lira depreciated against the USD following a Lira sell-off and capital outflows. On August 10, 2018, the Turkish Lira started to fall sharply against the dollar and declined further on September 4, at the depreciation rate of 35.7%¹¹¹ in roughly one month. The Lira, consequently, experienced its largest depreciation against the dollar since 2001.¹¹²

Figure 23: Turkish Lira Exchange Rates



Source: CBRT. <https://evds2.tcmb.gov.tr/>

265. Turkey experienced negative GDP growth rates starting from Q4 2018 and continuing into Q1 and Q2 of 2019 (See Figure 24). By 2018, GDP per capita in nominal USD declined 8.7% from its 2017 value of 10,616 USD to 9,683 USD.¹¹³ This was the first time Turkey experienced such low growth rates in a decade.¹¹⁴ In 2018, all sectors experienced at least one period of negative growth. The most affected sector was construction followed by industry, including manufacturing (see Figure 24).

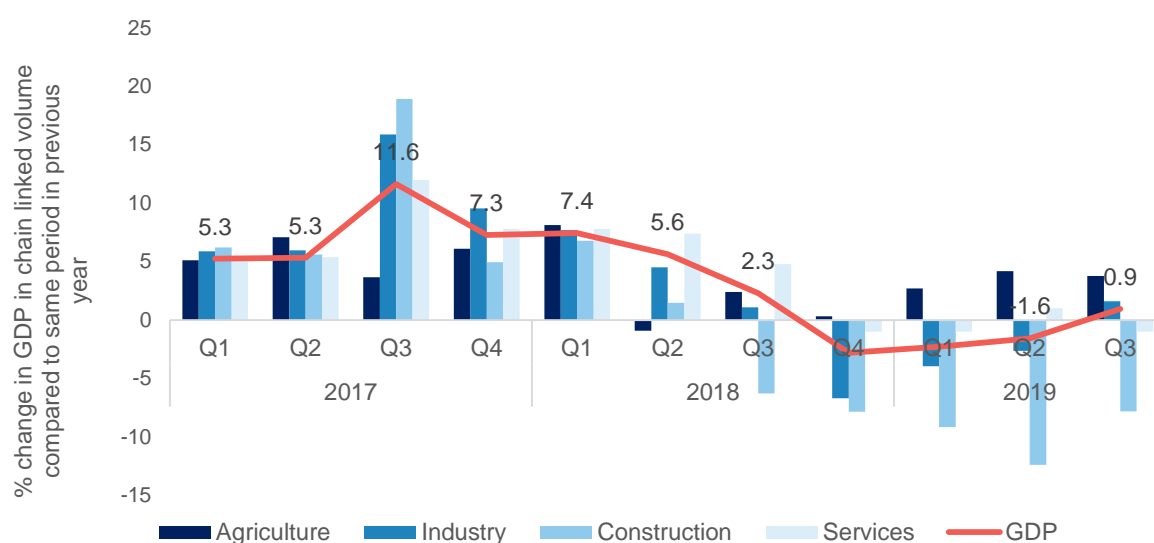
¹¹¹ The depreciation rate is calculated based on indicative exchange rates announced by the Central Bank of the Republic of Turkey. Forex buying rates for USD/TRY announced at 3.30 pm by the Central Bank was 4.9223 in August 1, 2018, 5.9389 in August 10, 2018 and 6.6797 in September 4, 2018. The depreciation rate has been calculated by the authors based on forex buying rates in August 1, 2018 and September 4, 2018.

¹¹² Akcay & Gungen (2018) *Lira's Downfall is a Symptom: the Political Economy of Turkey's Crisis 1* <https://criticalfinance.org/2018/08/18/liras-downfall-is-a-symptom-the-political-economy-of-turkeys-crisis/>

¹¹³ TURKSTAT. http://www.turkstat.gov.tr/PrelstatistikTablo.do?istab_id=2218

¹¹⁴ TURKSTAT. http://www.turkstat.gov.tr/PrelstatistikTablo.do?istab_id=2515

Figure 24: Percentage change in the gross domestic product by kind of economic activity (in nominal TL)¹¹⁵



Source: TURKSTAT.

<http://www.tuik.gov.tr/PreHaberBultenleri.do?jsessionid=TVjLd5KNNqFh2K7n4Tg7Pz1WFhHpcxCTLgnj9sj2vCJ7zmfGS1f!-530252748?id=30893>, http://www.tuik.gov.tr/HbGetir.do?id=30893&tb_id=2

266. Turkey experienced the highest levels of unemployment since 2010 as the economy struggled to create jobs (see Figure 25).¹¹⁶ The average unemployment rate reached 12.2% in Q4 2018 (and 14.3% by Q3 2019) compared to 10.9% in 2016-17. In 2019 the World Bank estimated that between July 2018 and July 2019, the economy lost around 730,000 jobs, of which 450,000 are from the construction sector, 130,000 from agriculture, 100,000 from industry and 50,000 from services.¹¹⁷

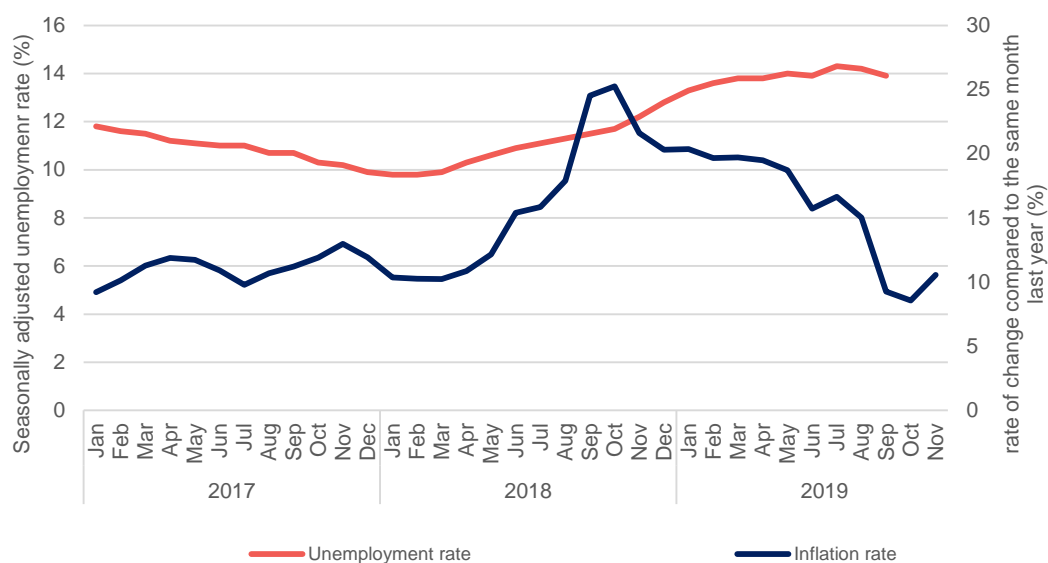
267. In addition to job losses, real wages declined as well. The World Bank estimated that average real wages declined by 2.4% for formal workers and 4.1% for informal workers.¹¹⁸ The real wage loss was highest in the services and agriculture sectors with 3.1% and 2.4% respectively.

¹¹⁵ Note: % change in Services is calculated by the authors, services include GHI-Services, J-Information and communication, K-Financial and insurance activities, L-Real estate activities, MN-Professional administrative and support services, OPQ- Public administration, education, human health and social work activities, RST- Other service activities

¹¹⁶ TURKSTAT. http://www.tuik.gov.tr/PrelstatistikTablo.do?istab_id=2264

¹¹⁷ World Bank (2019) *Turkey Economic Monitor October 2019: Charting a New Course* <http://documents.worldbank.org/curated/en/429091572623015810/pdf/Turkey-Economic-Monitor-Charting-a-New-Course.pdf>

¹¹⁸ World Bank (2019) *Turkey Economic Monitor October 2019: Charting a New Course* <http://documents.worldbank.org/curated/en/429091572623015810/pdf/Turkey-Economic-Monitor-Charting-a-New-Course.pdf>

Figure 25: Unemployment and inflation rates¹¹⁹

Source: TURKSTAT, <http://www.turkstat.gov.tr/PreHaberBultenleri.do?id=30688>,
<http://www.turkstat.gov.tr/ZipGetir.do?id=30859&class=onceki>

268. Year-on-year inflation rates have increased severely after the summer of 2018 (see Figure 25). In October 2018, the year-on-year inflation rate peaked at 25.2%, the highest since the 2001 crisis.¹²⁰ The inflation rate only fell to single digit levels in September 2019.

7.2 Impact on ESSN transfer values

269. The depreciation of the Turkish lira and the consequent inflation resulted in a loss of purchasing power for both Turkish citizens and refugees.¹²¹ WFP monitoring data showed that the cost of essential refugee needs, which is calculated as the Minimum Expenditure Basket (MEB) cost, reached 338TL in Q4 2018 compared to 294TL in Q2 2018.¹²²

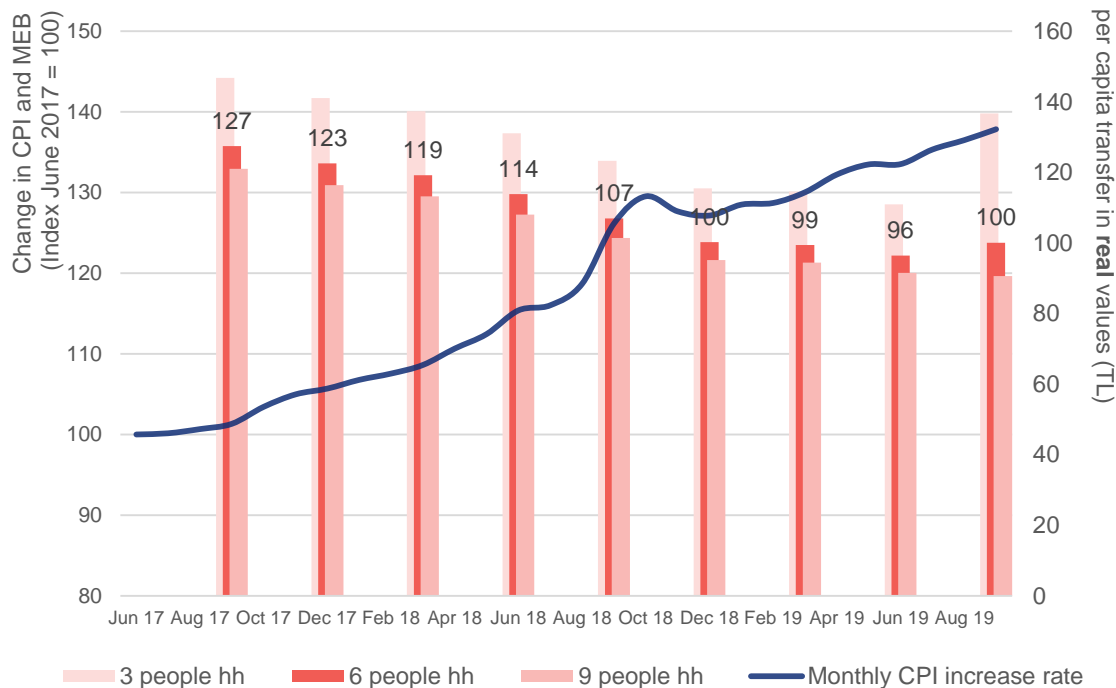
270. Figure 26 shows the change in real transfer value for households with one, three, six and nine members between Q3 2017 and Q2 2019. Calculations are in Q3 2017 prices and include the updated quarterly top-ups. The rise in prices has reduced the size of the ESSN in real terms. For instance, for a household with six members, the average transfer (including top-ups) was 121 TL in Q3 of 2017. This declined to 96 TL per person in the same household in Q2 of 2019, or a reduction of 21% in less than two years.

¹¹⁹ Seasonally adjusted unemployment rate (%) (left axis), % change in Consumer Price Index compared to the same month of the previous year (right axis)

¹²⁰ World Bank (2018) *Turkey Economic Monitor: Minding the External Gap*
<https://openknowledge.worldbank.org/bitstream/handle/10986/29918/126674-WP-PUBLIC-REVISED-TEM-May18-FinalVersion2.pdf?sequence=1&isAllowed=y>

¹²¹ WFP (2018) *Turkey Annual Country Report 2018: Country Strategic Plan 2018-2019*
<https://docs.wfp.org/api/documents/WFP-0000104235/download/>

¹²² WFP (2018) *ESSN Quarterly Monitoring Report Turkey Q4/2018* :

Figure 26: Depreciated value of ESSN transfer¹²³

Source: CPI rates are obtained from TURKSTAT. Monthly MEB values and ESSN transfer amounts with quarterly top-ups are obtained from WFP

271. Although some ESSN stakeholders argued for an increase in the transfer value in late 2018, this was not accepted on grounds of “ensuring social cohesion” at a time when cash transfers to Turkish households were not being increased¹²⁴. However, in August 2019, an increase in the transfer value was achieved through an increase in quarterly top-ups. For households with one to four members, the quarterly top-up was increased from 250 TL (USD 45) to 600 TL (USD 108), for households with between five and eight members it was increased from 150 TL (USD 27) to 300 TL (USD 54) and for households with more than eight members it was increased from 50 TL (USD 9) to 100 TL (USD 18). These new top-ups brought the real value of the transfer back up to original levels or even increased them for small households between one and two members. However, the depreciated value of the per capita transfer remained lower than the original level for households with three people or more.

7.3 Impact on employment and other income sources

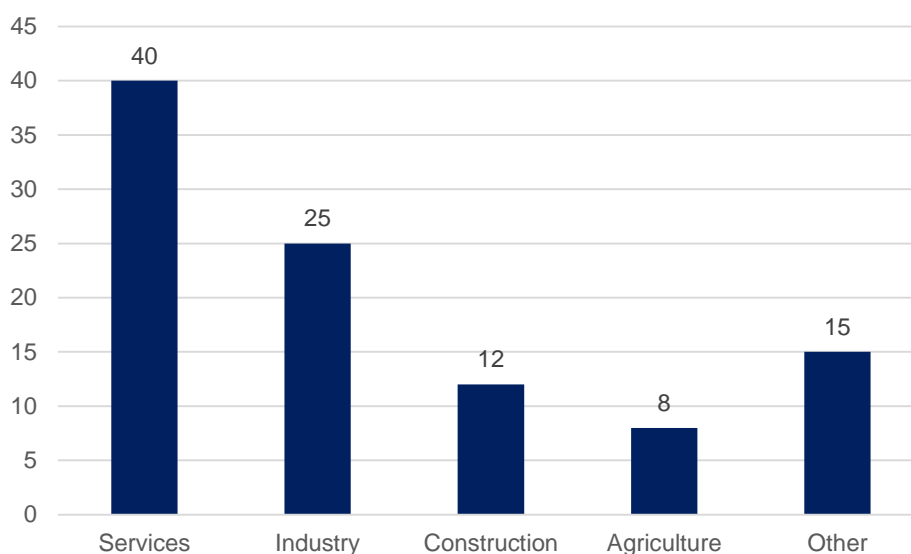
272. According to the Livelihoods Survey¹²⁵, only 3% of refugees were working “with a work permit”, hence the majority of employed refugees are working informally.¹²⁶ Additionally, a little more than half of adult refugees (54%) surveyed were working irregularly (i.e. without a fixed salary or working days and hours). As of 2018, refugees in Turkey mainly worked in unskilled services and industry (i.e., textile, shoe manufacturing) followed by construction (see Figure 27). Those working in services experienced the highest rates in real wage decline.

¹²³ Per capita monthly quarterly transfer value in real terms, deflated using CPI increase rate

¹²⁴ The amount of CCT provided to Turkish children for instance was not changed in this time period. Source: <https://www.ailevecalisma.gov.tr/sygm/programlarimiz/sosyal-yardim-programlarimiz/>

¹²⁵ Livelihoods Survey was collected by TK and WFP between June-Nov 2018 from a sample of 5,332 ESSN applicant households living in 19 provinces of Turkey. The survey is representative of ESSN applicants in the 19 provinces.

¹²⁶ Ibid.

Figure 27: Employment of Refugees by Sector (in per cent)¹²⁷

Source: TK and WFP 2019 Livelihoods Survey Findings

273. ESSN surveys show a decline in the proportion of ESSN applicant households “relying on labour income” as their main source of income. Comparing cross-sectional datasets from early 2018¹²⁸ with data from early 2019¹²⁹, shows that the proportion of households reporting labour as one of their three main sources of income decreased from 90.7% to 83.8% (See Annex G). These results are replicated in other datasets, though not statistically significant if refugees as a whole are considered.¹³⁰

274. The share of households, ESSN applicants and non-applicants, where “no one is working” increased between end 2018¹³¹ and early 2019¹³² (See separate Annex paper). At the end of 2018, 8.7% of ESSN applicant households stated that nobody is working for income in the household, which increases to 15.8% by early 2019. This is also the case for ESSN beneficiary households, where this share increased from 11.8% in end 2018 to 19.3% by early 2019.¹³³

275. Qualitative data collection through FGDs carried out in Nevşehir and Mersin as part of this mid-term review also confirmed these labour market trends¹³⁴: Respondents in Nevşehir indicated that men mostly work in the agriculture or construction sector, and mostly during the summer. One respondent mentioned that the wages of people who are working in agriculture increased in nominal terms: “*They used to earn 55 TL per day last year. This year they are earning 65 TL*”. However, female FGD participants, speaking about their husbands, state that compared to last year, it became more difficult to find a job for Syrians. In Mersin, it was also more difficult to find work than it used to be. One participant in Nevşehir mentioned that due to regulations around work permits and insurance, her husband could not work anymore.

¹²⁷ Services include unskilled services, skilled craft workers, commercial services and handyman **Industry includes textile and shoemaking

¹²⁸ PDM3 (Feb-April 2018)

¹²⁹ PDM7 (Jan-Apr 2019)

¹³⁰ The panel dataset (PDM2 and PDM6 - see Annex paper) supports this finding. However, a comparison of CVME3 (Mar-July 2018) and CVME4 (Sep-Dec 2018) datasets, which includes non-applicants, where the differences are not found to be statistically significant (see Annex paper).

¹³¹ PDM5 (Aug-Nov 2018)

¹³² PDM7 (Jan-April 2019)

¹³³ This finding cannot be observed when CVME 3 (Mar-July 2018) and CVME 4 (Sept-Dec 2018) are compared (see Annex G). The difference between the results of PDMs and CVMEs could be due to the difference in timing. PDM7 was collected in 2019 and later than CVME4 which was collected towards the end of 2018 and the effect on employment of refugees probably increased over time as the sectors continued shrinking.

¹³⁴ Please see section 2.3 for the explanation of FGDs carried out as part of this mid-term review.

276. FGD respondents from both Nevsehir and Mersin stated that there is little work and those from Nevsehir added that they are poorly paid. Most Syrians depend on the Kizilaykart: *“There is no work in this city. We depend on Kizilaykart to pay the rent and the bills. When our husbands get a job and earn some money, we pay our debts.”* Similar to Nevsehir, there is little work to be found in Mersin and work has become less available compared to the last year: *“Since I came here, I am working as a blacksmith and I’m still doing the same job now. But I think the work is less now after the economic crisis. Some people closed their business and some owners are laying off workers.”*

7.4 Impact on household welfare

Changes in Consumption Patterns and Household Debt

277. The data available points to a deterioration in household welfare by early 2019 and refugees have increasingly resorted to the use of negative coping strategies. ESSN beneficiaries borrowed food or money to buy food (17% of beneficiaries) or relied on less preferred, cheaper food (87% of beneficiaries) in November 2018.¹³⁵ The percentage of beneficiaries relying on less preferred, cheaper food increased from 78% in May 2017 to 87% in November 2018.

278. Both the ESSN PDM panel data and the CVME data show an increase in consumption coping strategies amongst refugees, primarily “buying less expensive food”. While 78.6% of ESSN households used at least one kind of consumption coping strategy in January 2018, this increased to 87.9% by December 2018 (see Annex paper). At the time of July 2018, 51.5% of refugee households were using at least one kind of consumption coping strategy and this rate increased to 83.3% by December 2018 (see Annex paper).

279. The proportion of households with an acceptable food consumption score decreased for ESSN beneficiary.¹³⁶ In January 2018, 87.1% of ESSN households had an acceptable food consumption score, which decreased to 81.7% by December 2018.¹³⁷

280. The indebtedness of refugee households increased over time, especially in early 2019. In April 2018, the ratio of total debt to monthly household expenditure was 50.8% on average for ESSN beneficiaries, which increased to 65.3% by early 2019.

281. Qualitative data collected during FGDs for this study, also support the finding that the purchasing power of refugee households was impacted by the economic downturn. Respondents, who attended WFP-led FGDs in Mersin and Nevşehir, reported facing difficulties in meeting their basic needs due to increased prices. They also reported that they had been buying less food or less nutritious food compared to the last year due to the erosion of their purchasing power. For example, a respondent reported *“We used to eat meat once a week. Now I can only afford to buy meat one or two times a month.”*, while a second said *“I used to buy milk for all my children. Now I am only buying powdered milk for the little ones. For the older ones; I cannot afford it anymore.”*

282. FGD respondents stated that they had been saving on hygiene products and school stationery. Quotes from FGDs included; *“Yes, we are trying to decrease our consumption now. As an example, now, I’m buying cheaper and lower quality diapers for my child”*, and *“For my*

¹³⁵ WFP (2019) *ESSN Post-Distribution Monitoring Report Cross-Section Round 2 (PDM 5)*
<https://reliefweb.int/sites/reliefweb.int/files/resources/190401%20-%20ESSN%20PDM%202nd%20Cross%20Section%20Report.pdf>

¹³⁶ in the panel data (PDM2-6)

¹³⁷ Data from cross-sectional PDMs support these results. At the time of PDM3, overall 81.5 of ESSN applicants and 84.1% of ESSN beneficiary households had an acceptable food consumption score which decreased to 72.9% and 74% respectively by the time of PDM7. Results from CVMEs on food consumption score is not reported here as suggested by WFP.

children who are going to school. I cannot afford to buy them school stationery as before. This is causing me problems with their teachers”.

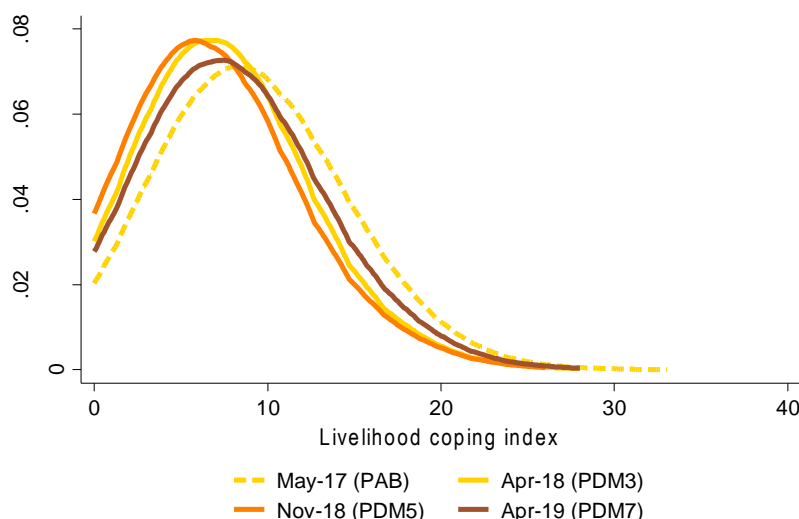
283. Satisfaction with the ESSN transfer value initially declined. At the time of early 2018, 65.9% of the beneficiaries reported being “very satisfied” with the quantity of the transfer while this rated dropped to 44.5% in November 2018, but rose back to 53.7% in early 2019.

Impact on the Use of Livelihood Coping Strategies

284. The negative effect of the economic situation becomes visible in early 2019 in terms of using negative livelihood coping strategies¹³⁸. A comparison of cross-sectional data points to a deterioration in terms of livelihood coping in early 2019 (See Annex paper).

285. As can be seen in Figure 28, the distribution of the livelihood coping index is pretty similar in early 2018 and November 2018, suggesting that the refugee households were not severely impacted at that point. However, comparing Jan-April 2019 with Feb-April 2018 it can be observed that the use of “crisis” and “emergency” coping mechanisms increased for the applicant population overall, and “stress”, “crisis” and “emergency” coping all increase for the ESSN beneficiary population (see Annex paper).

Figure 28: Livelihood coping increases in early 2019 (PDM7)



Source: PAB, PDM3, 5, 7

286. By early 2019, applicant households were more frequently selling assets, spending savings, reducing food expenses, gathering unusual types of food (from the garbage, left-overs from restaurants, immature/rotten food, etc.), having to move to another location or change the type of accommodation (in order to reduce rental expenditure, ensure better access to education or health, or to have better work opportunities) and returning to Syria (to provide resources for the household or to reduce household expenditure) (see Annex paper).

287. Despite the economic downturn, livelihood strategies related to health and education savings do not seem to be employed more often. The frequency of “withdrawing children from school”, “sending children to work” and “reducing health expenses” all decreased between early 2018 and early 2019.

¹³⁸ Please see Quantitative Methodology Annex for details on the construction of consumption and livelihoods coping indices.

Impact on Social Cohesion

288. The macroeconomic changes may also have had an impact on relations with the host community and social cohesion. Turkey, as a country hosting 3.6 million Syrian refugees under temporary protection as of December 13, 2019¹³⁹, has been commended for the hospitality and generosity toward the unprecedented inflow of refugees since the outbreak of the Syrian civil war in 2011. These refugees have been referred to “guests” and “(...) *considered and/or depicted, by the Government and – in the beginning – by the public, as ‘brothers/sisters in religion’, ‘friends’, and ‘victims’ who need to be welcomed with a ‘humanitarian’ outlook.*”¹⁴⁰ However, as discussed by İçduygu (2015), as “*the protracted displacement of a significant number of Syrian refugees seems increasingly inevitable, earlier notions of Syrian refugees as temporary ‘guests’ are being replaced by a focus on the difficulties of integration.*”¹⁴¹ In other words, the assumption that the crisis would end and “guests” in Turkey would return home came to a halt, and concerns about integration policies have increased with protracted displacement.

289. A growing discontent against Syrian refugees has been reported by polls and news articles, which argue that economic hardship has aggravated the problem. According to the Metropoll poll, “*in the September 2018 survey, when asked what most upsets them about the refugees, Turkish respondents’ no. 1 complaint, at 28%, was rising unemployment among Turks, which they blamed on the Syrians*”¹⁴².

290. The overwhelming majority of refugees in Turkey (96%) still report that *they have not faced any security issues in the country*, which is an impressive statistic given the size of the refugee burden shouldered by Turkey.¹⁴³

7.5 Conclusions and recommendations

Conclusions

291. The 2018-2019 economic downturn in Turkey has been associated with an increase in prices and unemployment. The main channel through which the economic changes has impacted refugee households, has been through changes in purchasing power. The increase in the consumer price index and the MEB, has had a wide impact on refugee households and has reduced the real value of the ESSN transfer for beneficiary households, inspite of increases to the quarterly top-up values. The data also suggests *some* impact on labour income and livelihoods of refugees.

292. The changes to purchasing power and employment opportunities have led to increased consumption coping strategies by households in later 2018 and early 2019 and worsening food security. More extreme livelihoods coping strategies remain unchanged for the most part of 2018, however in early 2019 there was an increase in the sale of assets, spending savings, changing the type of accommodation, or returning to Syria. Despite the crisis, health and education does not appear to have been affected.

Recommendations

293. Based on the findings and conclusions the following recommendations are made:

¹³⁹ Ministry of Interior Directorate General of Migration Management (2019) *Temporary Protection Statistics*

¹⁴⁰ Tođral-Koca (2016) *Syrian refugees in Turkey: from “guests” to “enemies”?*

¹⁴¹ İçduygu (2015) *Syrian Refugees in Turkey: the Long Road Ahead*

¹⁴² Makovsky (2019) *Turkey’s Refugee Dilemma: Tiptoeing Toward Integration*

<https://www.americanprogress.org/issues/security/reports/2019/03/13/467183/turkeys-refugee-dilemma/>

¹⁴³ CVME 4

- i. It is recommended that the analysis of changes in the purchasing power of the ESSN transfers and impact on employment opportunities and wages of refugees are updated to reflect possible recent changes in the Turkish economy.*
- ii. This analysis should be used to inform discussion and decisions on possible adjustments to the ESSN transfer value and targeting approach. However, the impact of the economic changes needs to be considered alongside other factors, including maintaining coherence of the ESSN with the national social assistance system, in making decisions on any changes.*