COVID-19 LESSONS LEARNED WORKSHOP REPORT

COMMUNITY BASED MIGRATION PROGRAMME

TURKEY, JUNE 2021

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A beneficiary during livelihood activities

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EXECUTIVE SUMMARY

COVID-19 pandemic has resulted in both public health crisis and a humanitarian crisis, affecting the lives, health and livelihoods of many people around the world. Since 11 March 2020, when the first case of COVID-19 was reported in Turkey, the government introduced a series of containment measures. While restrictions have currently been eased and vaccination started in Turkey, preventative measures continue to be in place. With the support of IFRC, TRCS has developed a national COVID-19 response plan, focusing on three operational priorities aligned with the IFRC global approach:

- Health, and water, sanitation and hygiene promotion (WASH);
- Addressing the socio-economic impacts of COVID-19;
- Institutional strengthening and preparedness.

With the current protracted nature of the refugee situation in Turkey, many of the existing refugee and host populations' vulnerability has increased further with the onset of the COVID-19 pandemic. As part of the global IFRC appeal in response to the COVID-19 pandemic and under the Community Based Migration Programme (CBMP), TRCS has been supporting refugee and host community members through risk communication and community engagement, health and Psychosocial Support (PSS), and livelihoods.

This report aims to present the main findings of the lessons learned workshop that was held on 17, 18 and 21 June to discuss the challenges and best practices as well as to reflect on key lessons, mainly focusing on the first year of the COVID-19 operation by TRCS in Turkey. The outcomes and findings of this workshop will be useful in TRCS` response to similar situations and disasters in the future. Due to the COVID-19 restrictions, the lessons learned workshop was held online via Zoom platform. Thematic sessions included the main areas of operation, namely Community Engagement and Accountability (CEA), Health/PSS and Livelihoods.

Remote community engagement and accountability: the importance of responding adequately to the "infodemic" during the COVID-19 pandemic

- The main highlights related to CEA activities included the **importance of working in coordination with Health and Communication Units** during the COVID-19 health crisis, which was critical in conveying the necessary messages to the affected populations to promote positive health behaviours to save and improve lives.
- Conducting quality data collection, focus group discussions (FGDs) and surveys proved to be useful in **understanding the communities` information needs,** which accordingly helped shape activities to address those needs.
- Some **recommendations for Advisory Committees (AC)** were around increasing the representativeness of the AC members to reach more diverse people and accelerating the process of having AC members participate in field activities to increase effectiveness, ownership and trust. AC meetings should be thematic with a pre-determined topic discussing one topic in hand in-depth rather than touching on many issues in one sitting. Meetings should be conducted in cooperation with public authorities to strengthen the advocacy activities and for long-term and durable solutions. Incorporating Q&A with Provincial Directorate of Migration Management (PDMM) and District Governorships were the best practices conducted in this regard during an advisory committee meeting.
- **Collecting feedback, complaints, questions, and rumours** through KOBO toolbox and analysing the findings were useful in terms of continuously adapting activities according to beneficiaries` needs during the dynamic COVID-19 process. More awareness should be created to encourage feedback sharing and more trainings should be provided for the staff to maximize the use of the feedback system.

- **Information dissemination, seminars and awareness raising activities** proved instrumental in reaching a lot of people through online platforms. It was recommended that the TRCS sharing on social media can be made more frequent; WhatsApp usage can be made more professional and systematic. Interactivity is important to make information sharing more effective for example through AC or even through community meetings rather than only providing printed materials.

Lessons learned from conducting health and PSS activities online

- As for Health and PSS activities during COVID-19, despite many difficulties, **most activities continued through online platforms throughout the pandemic.** Consultations were conducted through either phone or conferencing tools such as Zoom. However, many challenges were faced regarding the beneficiaries` limited access to necessary equipment and internet. It was also difficult to build the trust and ensure the confidentiality during the consultations. Since not only health but all activities were moved to online platforms suddenly, there were gaps in equipment provision for the staff as well.

- There were also **challenges related to the remote working modality** in the beginning, as staff were not able to effectively communicate and coordinate with other units. Despite these challenges, staff adapted over time and started to **experience many advantages.** One advantage of remote work was related to capacity building opportunities including access to many trainings remotely. Staff received support from both the HQ office and from other regions remotely.

- **Continuation of TRCS` health activities** was very much appreciated by beneficiaries and many institutions. TRCS were able to fill in gaps in hospitals by providing Personal Protective Equipment (PPE). Despite many challenges, regular health screenings and referrals continued by extending extra support to beneficiaries during the COVID-19 health crisis. Health seminars and information sessions continued online and were found more useful for some beneficiaries as it was easy to attend, eliminating the transportation and childcare needs when women wanted to join those at the CCs.

- **Distribution of hygiene kits was important to understand the needs on the ground** and to track the newborns and support their families. While most of the health activities were conducted online, some activities required the staff to be in the field such as hygiene kit, food kit, and PPE distributions. Therefore, TRCS, taking all preventive measures, was also active in the field since the beginning of Covid-19 health crisis. Field staff who has been working in the field since the first day of the crisis appreciated the support extended to them by the Management and by the TRCS psychologists/psychiatrists.

Adapting livelihood activities to COVID-19: the success of mask production

- TRCS was quick in adapting activities to the new realities that came to life with the COVID-19 pandemic. **To meet the urgent mask needs** in the early days of the pandemic, production started in the houses of the sewing course participants. To address standardization issues and with the relaxation of the pandemic measures, workspaces were created in the CCs with all necessary precautions in place. Additional steps were taken to ensure the highest quality and standard, including the procurement of a mask fabric cutting machine, which was then distributed to other locations. Sewing course trainers were available to provide guidance to participants at all times. Distribution of these masks was appreciated by the health institutions and beneficiaries when they most needed them.

- As for the **vocational language courses,** TRCS had made a lot of investment prior to the pandemic when suddenly these courses had to be provided online. Necessary steps were immediately taken to select the most appropriate tools and reaching out to beneficiaries. The courses were successfully organized and many beneficiaries graduated after completing the courses and getting their certificates. They found it useful when applying for jobs.

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ABBREVIATIONS

AC:	Advisory Committee
CBMP:	Community Based Migration Programme
CC:	Community Centre
CEA:	Community Engagement and Accountability
FGD:	Focus Group Discussion
IFRC:	International Federation of Red Cross and Red Crescent Societies
IP:	International Protection
KAP:	Knowledge, Attitude and Practices
MADAD:	European Union Trust Fund
MHC:	Migrant Health Centre
MoH:	Ministry of Health
MoNE:	Ministry of National Education
PDMM:	Provincial Directorate of Migration Management
PPE:	Personal Protective Equipment
PSS:	Psychosocial Support
RCCE:	Risk Communication and Community Engagement
TP:	Temporary Protection
TRCS:	Turkish Red Crescent Society
TURKAK:	Turkish Accreditation Agency
UN:	United Nations
WASH:	Water, Sanitation and Hygiene

BACKGROUND

COVID-19 pandemic has resulted in both public health crisis and a humanitarian crisis, affecting the lives, health and livelihoods of many people around the world. Since 11 March 2020, when the first case of COVID-19 was reported in Turkey, the government introduced containment measures including closing schools and places of worship; cancelling all social activities; applying flexible working modalities such as working from home; recommending all residents to stay home; closing certain businesses such as shopping malls, restaurants, playgrounds and child services; and banning all public gatherings. Turkish citizens below the age of 20 and above 65 as well as people with chronic illnesses were restricted from leaving their homes, international and domestic flights were cancelled, movement between cities was restricted and arrivals from abroad started undergoing 14 days' quarantine. While restrictions have now been eased and vaccination started in Turkey, wearing masks in public places is mandatory, while physical distancing, hand sanitizing, and other safety measures are also being observed.

With the support of IFRC, TRCS has developed a national COVID-19 response plan, focusing on three operational priorities aligned with the IFRC global approach: health, and water, sanitation and hygiene promotion (WASH); addressing the socio-economic impacts of COVID-19; and institutional strengthening and preparedness. The first priority is to address needs for the protection of physical and mental health by strengthening and expanding hygiene promotion and support, risk communication and community engagement (RCCE) and psychosocial support (PSS) activities. The second priority is to address the need for the coverage of basic needs of the vulnerable people and provide livelihood support to those who may need it.

Turkey itself continues to host some four million migrants and refugees within its borders, of whom most are Syrian nationals. However, despite the country's commendable efforts to support the refugee population, challenges continue in terms of integration into Turkish society and economy, and the protracted nature of the crisis which, for many, has increased hostility in the attitude of the Turkish public towards Syrian refugees. With the current protracted nature of the refugee situation in Turkey and the uncertainty surrounding when this may end, many of existing refugee and host populations` vulnerability has increased further with the onset of the COVID-19 pandemic. As part of the global IFRC appeal in response to the COVID-19 pandemic and under the CBMP, TRCS has been supporting refugee and host community members who are already benefitting from TRCS' community centre (CC) services and cash-based programmes through risk communication and community engagement, health and PSS, and livelihoods. TRCS responded to COVID-19 related needs in the country including dissemination of information among refugees and host communities through various channels, addressing misperceptions and ensure a two-way dialogue to promote positive behaviour among communities. Also, TRCS conducted health interventions, symptom screening, COVID-19 cases referral to hospitals and various online PSS activities. Other activities included providing hygiene items to maintain healthy lifestyle as well as responding to the emergency socio-economic needs of the refugees and host population, who are affected from the COVID-19 impact as well as providing essential information and services to the vulnerable refugees and host communities during the height of the pandemic and after. By the end of June 2021, TRCS reached around 267,141 refugees and host communities through this project.

Aim of the Report

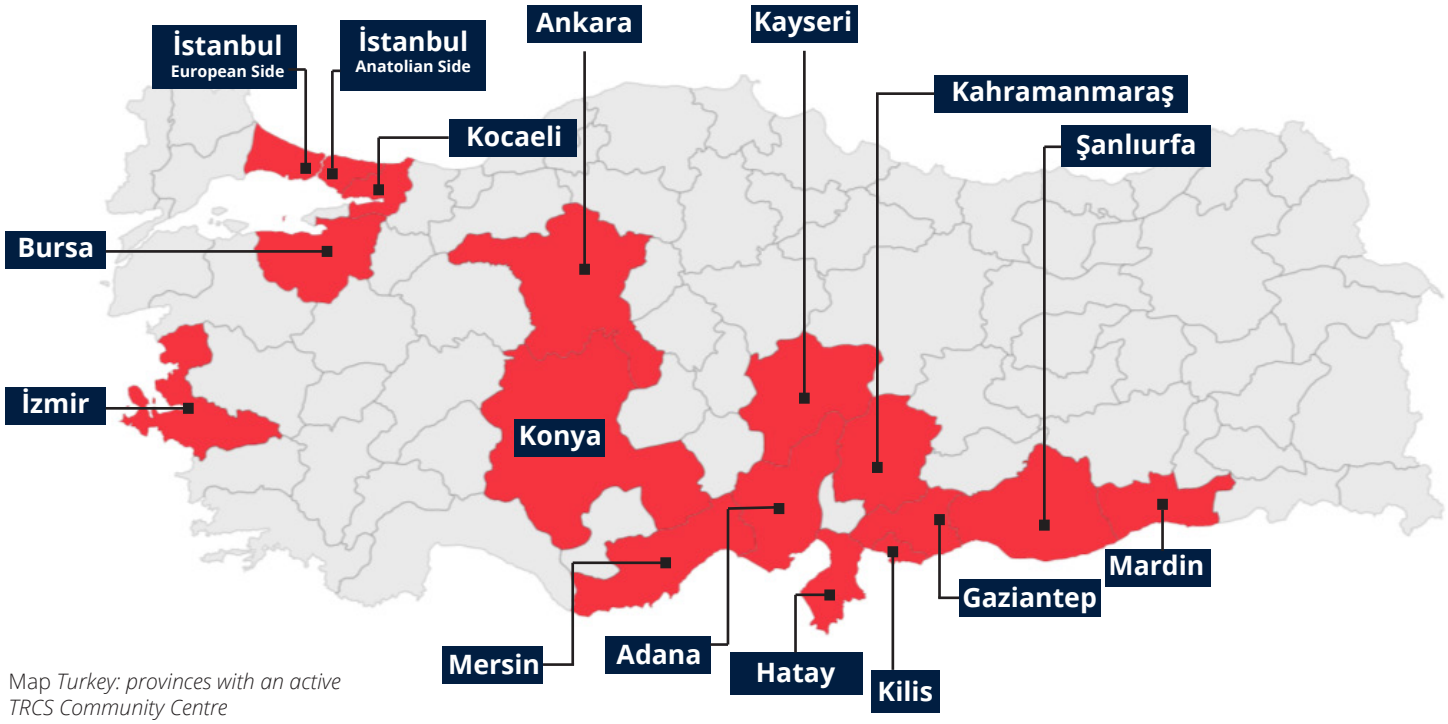
This report aims to present the main findings of the lessons learned workshop that was held on 17, 18 and 21 June to discuss the challenges and best practices as well as to reflect on key lessons, mainly focusing on the first year of the COVID-19 operation by TRCS in Turkey. The workshop itself focused on lessons from a pandemic perspective affecting public health with regards to topics including how communication was ensured with communities; how information, health, PSS and socio-economic needs and gaps were addressed; and how TRCS ensured the mechanisms were in place so that beneficiaries could ask question or share their feedback during the implementation of the project. Outcome and the findings of this lessons learned workshop will be useful in TRCS` response to similar situation and disaster in the future. The workshop was also useful in terms of bringing together 16 CCs staff and volunteers across Turkey to share their experiences and for TRCS to internally review and evaluate how effective the activities were conducted and how they can be improved in the future in light of this experience sharing.

TRCS staff and beneficiaries during livelihood activities

Preparation and Methodology

Due to the COVID-19 restrictions, the lessons learned workshop was held online via Zoom platform on 17, 18 and 21 Jun 2021. Thematic sessions included the main areas of operation, namely CEA, Health/PSS and Livelihoods. Each session lasted for approximately 2-2,5 hours. In total, 88 staff and volunteers from TRCS HQ, TRCS` 16 CCs and IFRC participated in the workshop.

All three sessions of the workshop were held in Turkish, and English translation was provided through an external interpreter. Topics to be discussed were defined through preliminary meetings by the IFRC Operation and PMER staff with TRCS Operations staff within the scope of the first year of the operation.



Map *Turkey: provinces with an active TRCS Community Centre*

THEMATIC AREA - 1

COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA)

CEA is an approach to Red Cross and Red Crescent programming and operations although RCCE is the commonly used terminology for the COVID-19 response. Both CEA and RCCE are used to refer to the activities seeking to share information with people who are at risk to help protect them from the threat of COVID-19. It is supported by a set of activities that help to put communities at the centre of the activities, by integrating communication and participation throughout the programme cycle or operation. CEA has been an integral part of CCs since their opening. It has been integrated to all activities conducted by the CCs including kits distribution, health services, PSS, vocational trainings and many others.

Main Activities

The outbreak of COVID-19 in March 2020 has been accompanied with a massive infodemic, that made it hard for people to find trustworthy sources and reliable information about the disease. This has also impacted people`s beliefs, perceptions and attitudes towards the disease and how to protect themselves from COVID-19. In this regard, CEA has been critical to ensure engagement and communication with communities, and encourage and enable them to practice healthy behaviours and prevent the spread of the disease. In this regard, the following activities were conducted:

KAP studies to understand communities' knowledge, attitudes, and practices (KAP), along with their information needs on COVID-19:

At the beginning of the pandemic, there were fast spreading rumours and this led to a panic in host and refugee communities. There was a huge lack of information not only in relation to what was happening or what was ahead but also about how people perceived the change. To understand these information needs better and provide the right type of intervention, KAP assessments were designed.

Required equipment such as phones and computers were purchased and survey respondent samples were created to be inclusive of both men and women; refugee and host community members; and beneficiaries and non-beneficiaries. Survey implementers were sensitized through orientation sessions to carry out the study and provide the right information when possible. Separate sessions for host community nationals and refugees allowed highlighting differences between two groups including cultural aspects. To date, three KAP assessments were conducted using surveys over the phone reaching 3,840 community members. 32 focus group discussions (FGDs) were also conducted to have more in-depth insight into the communities' perceptions and behaviours related to the COVID-19 pandemic. The first report was published in August 2020, the second one in January 2021. Third survey was conducted in April 2021 with additional survey questions on people's perceptions on vaccination.One of the main findings of these surveys were that the majority of community members (more than 90%) knew about the risks, but they were not adopting risk adverse behaviours accordingly.

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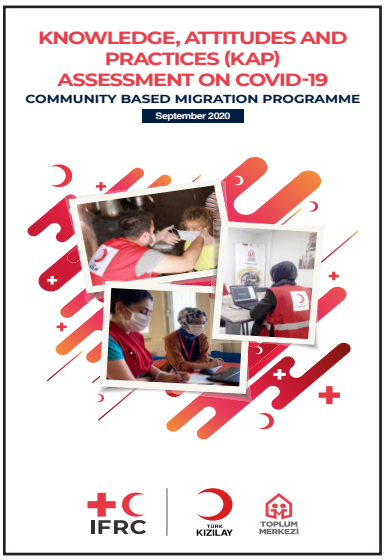
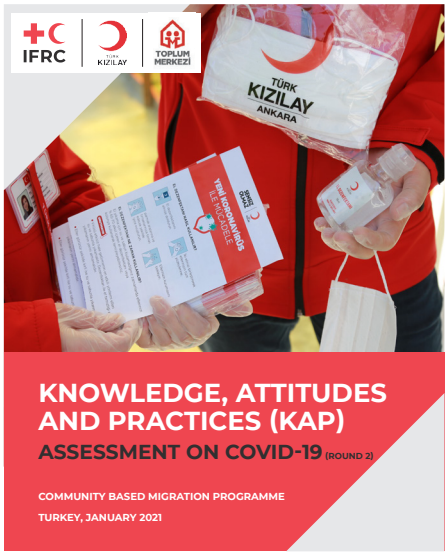
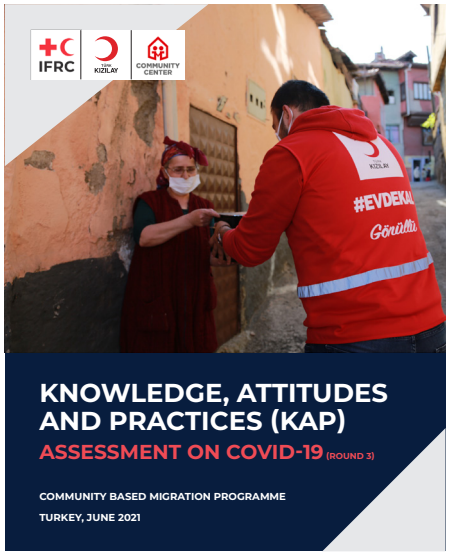
KAP assessment were conducted

As follow up actions to these studies, the team prepared seminars, information sharing sessions, dialogues, print or other types of communication materials, SMS/WhatsApp used different channels such as sms/WhatsApp and social media, and also engaged with community/religious or other types of leaders to promote the right messaging.







Feedback mechanism:

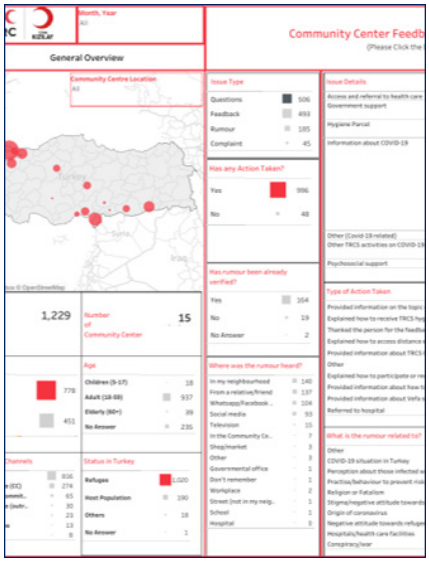
The CEA team was instrumental in developing the feedback forms through KoBo toolbox, developing TORs for people filling these forms and delivering an orientation session and providing written guidelines on how to use the form.

Feedback was received through face-to-face (outreach and at CCs) interactions, via phone, WhatsApp, SMS, online platforms (Zoom/skype) and via advisory committees (ACs). Beneficiaries were informed that they could provide feedback on the CC services through these platforms. 16 CCs are currently using the feedback form, and dashboards and reports are prepared to analyse the collected feedback, shared with the operations' staff and published in relevant platforms in English and Turkish for internal and external audiences. As of 15 June 2021, 1,276 feedback was received; 1,060 from refugees and 191 from host communities, 63% of which were from women. Types of feedback were mostly questions, followed by feedback, lastly rumours and complaints. Through feedback mechanism, the needs of the communities were identified, and improvements were made. Most of the feedback received during this process were more related to basic needs compared to information needs. Responses were provided to questions; information on CC activities were disseminated; online activities were conducted in line with the requests from the communities such as online handcraft by providing the necessary equipment, and supporting personal development of community members through online trainings, seminars, meetings, and Turkish speaking clubs.

1229

issues were collected

By identifying rumours, it was ensured that accurate information was provided to the communities. Through community leaders, information dissemination activities were conducted on topics such as COVID-19, normalization process, and measures during lock-downs in Turkish and Arabic.



Advisory committees:

ACs of the CCs consist of both members of refugee and host populations, who know the social structure very well, have a wide network, are respected and who will contribute to the strengthening of social cohesion. The committees gather every month and its members change every six months. They consist of maximum 15 members, including women and men between 18-60 ages. ACs were adapted to online platforms very swiftly and proved instrumental in identifying the needs of the communities in the early days of the pandemic. They were critical in understanding how to reach the community members and how to change activities during COVID-19. Among the topics discussed in the AC meetings there were language and vocational trainings, social cohesion activities, and activities for the disabled prior to the pandemic. With the pandemic, these topics included COVID-19, how to get accurate information, precautions to be taken and how to get health/PSS services and social assistance. Information on these was provided, and hygiene and food kits were provided to those identified through ACs. Health information by Health staff related to COVID-19 regarding how to use masks, how to wash hands etc. were disseminated to communities through AC meetings.

ACs also informed TRCS staff about rumours spreading in the communities, who in turn confirmed the accurate information and shared back with them. AC members in turn shared the same with the communities. AC members were also included in the community meetings on COVID-19 related stigma and xenophobia to encourage dialogue and social cohesion. They conducted meetings with those who had an impact on communities such as community leaders, doctors, religious leaders, and volunteers.

Information dissemination:

TRCS approach to information dissemination refers to timely and effectively informing communities with accurate information. Information has a direct impact on people`s attitudes and behaviours. Inaccurate information can lead to serious problems within communities. Priority during the COVID-19 crisis was to identify information needs based on evidence. By focusing on feedback from AC, community leaders and participants, as well as feedback mechanism results, information gaps were identified. KAP assessments were one of the most crucial sources in terms ofidentifying information needs and rumours. KAP also showed the channels through which the communities wanted TRCS to reach them. Channels used included:

- Information dissemination to hobby and vocational training participants;
- Information dissemination through AC participants;
- WhatsApp communication network, in line with KAP;
- Information disseminated through social media, by producing videos and brochures HQ;
- Information dissemination activities through community leaders;
- Information dissemination through banners, leaflets and brochures;
- Face-to-face information dissemination activities, during normalization with precautions in place.

52,640

people reached through information dissemination activities

Main Findings Including Challenges, Best Practices and Recommendations

KAP studies to understand communities' knowledge, attitudes, and practices (KAP), along with their information needs on COVID-19:

Challenges

- Field and CEA team were unable to meet certain requests from the community. As time passed, people's health concerns started to become secondary. They were more worried about lack of jobs, irregularity of income due to restrictions, and inability to meet basic needs including food. There was less interest in one off hygiene kits for example. Such concerns also became barriers for activities such as FGDs or call-based surveys. For example, people raised requests for food assistance in the middle of a session which would interrupt the flow of the discussion, and not quite fit with the purpose of the activity in hand.

- While conducting FGDs one of the main challenges was reaching male candidates as they would be unavailable to participate online meetings if these coincided with work hours (usually weekday during daylight); online meetings being accessible only to people with internet and equipment.

- Although staff and volunteers followed the latest developments around Covid-19 related measures and services available through official channels, they received questions beyond their professional area and were unable to answer those questions. Providing capacity support and equipping staff better with broader programmatic knowledge could be improved in order to provide better answers to community members` questions. Rapid provision of required technical equipment and conducting activities face-to-face after the timely provision of Personal Protective Equipment (PPE) would further enhance the effectiveness of the studies.

- Provincial and sometimes district level awareness on COVID-19 issues varied significantly. Therefore, another recommendation is to exchange ideas with public officers and other local actors including community leaders, ACs, local NGOs and service mechanisms at provincial/district level on survey/FGD questions going forward. This would better target the information needs of the communities.

- There was limited trust and interest in participating in surveys especially among non-beneficiaries mainly because it was not possible to conduct these interviews face-to-face.

- One challenge in getting answers for the survey questions or providing information on measures to be taken to increase awareness on the pandemic was related to fatalism especially among refugee communities, most probably due to both their religious beliefs and their experience with the civil war.

Best Practices

- It was observed that KAP process positively affected the behavioural and social change within the communities during the pandemic and also supported the awareness raising regarding applying of preventive measures.
- FGDs and individual surveys as part of KAP studies allowed field staff to speak with the community members directly, hearing their answers to the survey/FGD questions as well as other information that the respondents would like to share. This fed into the design of other interventions.
- Follow up was made on the feedback and the rumours received during the survey calls or FDGs by visiting relevant authorities. Accurate information received from the authorities was shared back with the communities to prevent misperception. This enhanced the trust in and reputation of TRCS.
- Language barrier prevented information related to COVID-19 and measures to reach refugees. Information dissemination in their language was very relevant at this point.
- Conducting FGDs separately for refugee and host community members proved useful in terms of people expressing their ideas freely and in an objective manner.
- Reaching women - whose burden doubled with the pandemic - was especially relevant. Feedback was received from women about appreciating the support TRCS extended to them.

Feedback Mechanism

Challenges

- Challenges were experienced as people were not really used to giving feedback. This may have been due to cultural reasons, lack of interest for giving feedback, or the pandemic being a very complex phenomenon and unknown to communities. Irrelevant questions/feedback were raised (for example not related to the CC, or COVID-19, related to other organizations/institutions) and requests were received for financial assistance.
- Areas for improvement include more frequent feedback mechanism trainings for staff and to further disseminate the mechanism across staff and communities; regular emphasis on the importance of feedback mechanism for CC staff to encourage them all to collect feedback and refer it to the relevant staff members; conducting more online activities to raise awareness on how to use feedback mechanism; informing other relevant organizations, public authorities, and municipalities and reaching more people through them.

Best Practices

- Best practices of having a feedback mechanism in place is the opportunity to identify information needs and provide information to communities, to respond to their questions, feedback and complaints, to encourage positive behaviour change, to find out rumours and verify them. Through all these, a stronger trust was built with the communities.
- Communities were encouraged and empowered to be impactful and played a role in shaping CC activities. People understood that there were multiple options for providing feedback from telephone to SMSs and WhatsApp, and when they were provided back with a response, people's trust and confidence in TRCS' systems increased automatically. Collected feedback were channelled to relevant programmes through interactive dashboards and actions were taken, which paved the way for improved service provision, tailored to the needs of the communities.

Challenges

- Challenges experienced in relation to the AC included reaching male members as they would be unavailable to participate in online meetings if these coincided with work hours (usually weekday during daylight); online meetings being accessible only to people with internet and equipment; and finally not being able to respond to community requests related to financial assistance due to limited in-in kind assistance provided by CCs.

- Some recommendations were around increasing the representativeness of the AC members (for example including somebody that can voice the needs of the people under international protection and people from different nationalities, this way reaching more people with accurate information) and accelerating the process of having AC members participate in field activities to increase effectiveness, ownership and trust.

- ACs meetings should be thematic, and these can be pre-determined, discussing one topic in hand in depth rather than touching on many issues in one sitting. More interactive, effective and constructive feedback from AC members should be encouraged.

Best Practices

- Participation in online meetings was higher sometimes compared to face-to-face meetings but effectiveness decreased due to technicalities.

- Different age groups led to better targeting. The ACs are composed of individuals including the members of the community from different age groups and professions. This ensured the interests and representativeness of community members while discussing their needs, designing activities, providing the right information in response to lack of information or existing rumours within their community.

- These AC meetings also provided a platform to discuss demands for vocational or other type of courses, to find ways to best respond to PSS, social services requests or provide information on where to apply if somebody gets infected by the Covid-19 virus. Informing communities on new TRCS activities was one of the most important roles of the AC together with reaching out to community leaders and volunteers.

- Meetings should be conducted in cooperation with public authorities to strengthen the advocacy activities and for long-term and durable solutions. Incorporating Q&A with Provincial Directorate of Migration Management (PDMM) and District Governorships were the best practices conducted in this regard.

Information dissemination

Challenges

- When official news was not accessible due to language barrier, people referred to social media and could not have the information from the verified sources. These made it difficult for the team to deal with.

- It was recommended that the TRCS sharing on social media can be made more frequent; WhatsApp system can be made more professional and systematic. A feasibility study can be conducted to identify the weaknesses in its use; to improve existing information channels and the capacity of the staff who use them.

- Creating interest is important when distributing print materials. Interactivity is important to make information sharing more effective for example through AC or even through other community meetings rather than only providing print materials. Building trust proved very important in information sharing.

- Volunteers' important role in the function of CCs were emphasized especially in CEA activities and survey calls. However, there were some barriers in maximizing their support during Covid-19 activities including inability to take volunteers in vehicles when in-kind assistance was delivered to community members.

Best Practices

- WhatsApp and other online information sharing channels were used effectively. The team was able to send personalized messages to 1,000 people. People outside of the CC network also heard about the notifications according to feedback from beneficiaries. Individuals were informed on other available services such as vocational training or extracurricular activities while providing accurate information in order to be multidimensional. Informing people through online channels was also useful in the sense that it did not pose risks in the pandemic period to minimize the spread of the disease.

- Accurate information was also shared during AC meetings and field staff experienced how people's perceptions changed over the course of regular meetings, for instance related to vaccination.

- Small meetings on streets took place where print materials from Ministry of Health (MoH) and other organizations were put on windows of shops and authorities which are visited by many people frequently – communities supported and encouraged this- and organically information sharing sessions emerged. People were encouraged to read the brochures and it went by answering their questions. Being in the field was important in terms of dissemination and introducing CCs to people.

- Online information dissemination to universities continued and was very useful. CCs and university student clubs have always worked very closely within the scope of social project development studies. CCs continued attending these online classes as visitors during Covid-19 pandemic and provided information dissemination.

- People were informed on not only accurate information but also on accurate information sources, which made TRCS a trustworthy source where people can reach accurate information during infodemic in line with guidelines of HQ and official authorities. Communities trust CCs very much and view them as a trustworthy source. They confirm information with them, which motivates the staff.

THEMATIC AREA - 2

HEALTH AND PSYCHOSOCIAL SUPPORT

With the onset of the pandemic, health and PSS related needs of communities increased more than ever. TRCS CCs were already providing various health and PSS activities prior to the COVID-19 crisis. These activities focused on preventive measures such as health trainings and seminars, information dissemination through different channels, health referrals and PSS provision. Adapted to the pandemic conditions during COVID-19, all services continued without interruption when they were most needed. While many organizations had to either suspend or turn to online platforms, TRCS has been in the field from the first days of the pandemic in Turkey, by taking necessary measures. Therefore, especially caseload in the field increased exponentially. In addition to standard health and PSS activities, in-kind distributions including hygiene kits were also conducted, returning to basic needs provision in line with the needs identified in the field.

Main Activities

The aim of the health and hygiene promotion activities during this critical period included making reliable information available to the public focusing on identified vulnerable groups, especially older people, children and migrant agricultural workers through online trainings, online information seminars, information provision during hygiene kit distribution, by phone or occasionally face-to-face, taking necessary precautions. The symptom screening activities, which included giving information and referral to relevant health institutions, were a major activity in mitigating the spread of COVID-19. The information materials on COVID-19 transmission and protection prepared by health experts were distributed by CBHFA volunteers through one-to-one phone calls or different social media platforms to provide health information to individuals. The services provided in the scope of psychological support in CCs included psychological counselling, individual psychotherapy, and psychoeducation, especially on the effects of the COVID-19 pandemic, and support group activities. These services were adapted to the conditions of the pandemic and carried out online. Psychosocial support information related to psychological effects of the pandemic was also provided to public via online training, information provision during hygiene package distributions, and phone calls. Since the start of the pandemic, TRCS teams have been distributing hygiene kits to the families who cannot afford these essential items. These activities were grouped under two themes as follows:

Digitalization (online PSS sessions, phone consultations, identification of most vulnerable beneficiaries, internal and external referrals etc.):

Individual PSS activities that were ongoing before the pandemic were moved to online platforms. As for new applications, an online form was prepared to be filled out by individuals seeking psychological support after which they were called for psychological triage, with those needing psychological support being referred to professional psychologists. This service was available to individuals referred by other I/NGOS and public institutions, as well.

A lot of beneficiaries who were affected by the pandemic were reached through online PSS sessions. Group PSS activities were conducted online for adults and children who suffered from similar problems, to give them a platform to support one another. Psychosocial trainings and seminars as part of preventive PSS activities were also conducted online. Symptom screening activities that were taking place to identify those with chronic diseases within the community prior to the pandemic were conducted via phone calls. COVID-19 related symptom screenings were included within the scope to provide relevant information on the disease and where to apply in case of contraction. Once vaccination was made available to priority groups, teams called the CC beneficiaries who fell under the priority groups to give them information on the vaccination and answer their questions with the available official information. As priority groups changed and included different age groups, efforts to inform them continued. To track children`s development by child development specialists, phone screenings were made with their parents or guardians. Those who had problems were identified, informed, supported and referred to relevant public institutions.

209,907

people reached through health activities

Information dissemination related to COVID-19 were made through online messaging platforms such as WhatsApp instant messaging app. For illiterate people, images, videos and recordings were shared through the same platforms in Turkish and Arabic to explain them the effects of COVID-19.

Field experiences during the pandemic

Especially, in the early months of the pandemic when the first lockdowns and other measures were put in place, social support groups were established in every district and province by governorships/district governorships to help support vulnerable families with their basic needs during this period including grocery shopping, paying bills and getting their medicines. TRCS CC teams including health staff actively took role in these groups. Hygiene materials were of utmost importance at the time of the pandemic, and some families could not access them due to financial problems. For this reason, hygiene kits enough for one month were distributed to those families who were not able to reach them easily.

Food kits were also distributed to vulnerable families including those who lost their jobs or other regular income or to those who were not able to reach food as they could not leave their homes. In addition to food kits, food vouchers were also distributed to the most vulnerable families. When there were a lot of confusion and misinformation on how to protect against COVID-19, TRCS health specialists provided trainings on how to use PPEs and how to destroy them eventually to NGOs and public authorities who requested such information. As hospitals were delivering services beyond their capacity especially during peak times of the COVID-19 cases, TRCS supported hospitals with hot meals distribution to health workers and caregivers for the patients. People that were arriving from abroad were kept for 14 days in Ministry of Youth and Sports dormitories which were turned into quarantine facilities. Hot meals were also distributed to the people there.

Main Findings Including Challenges, Best Practices and Recommendations

Digitalization (online PSS sessions, phone consultations, identification of most vulnerable beneficiaries, internal and external referrals etc.)

Challenges

- When the focus moved to online/digital service provision, phone and tablet needs increased as different staff including health specialists, psychologists and psychiatrists had to make phone or online calls at the same time. Demands were very high, and they wanted to reach a lot of people. They were not able to reach some of them due to lack of sufficient phones and tablets. Also, on the side of the beneficiaries, there was lack of phone and/or internet connection. Some of them had the connection but the connection was very weak because of the infrastructure or because they used from their neighbour, they are living in basement etc. which caused bad quality voice and resulted in poor understanding of the problem. Interruptions were faced for these cases and these cases were invited to CCs to continue the sessions when it was possible.

- Working process within the organization were also interrupted due to lack of face-to-face interaction as some of the staff were working from home. Normally, health staff work closely with the protection staff so it was not as effective as the pre-pandemic times especially in relation to case management. It was difficult for the staff to express themselves in online platforms.

- For child development activities, coming up with the right diagnosis was also difficult without staff being able to make eye and skin contact with the child, and families sometimes unintentionally misguided the staff about their child's symptoms. Applying diagnostic tests through online platforms was very difficult for clinical psychologists as visual assessment is usually required. Psychiatric nurses also found the very first meetings difficult. It was difficult for them to build trust and to get the medical record on the phone.

- Child development tracking activity was not really adapted well to the online platforms as some interventions required face to face interaction such as showing how a specific material is used.

- Having PSS sessions online or through phone negatively affected trust building, and accordingly the expected level of improvement in symptoms could not be reached. Building therapeutic relationship with kids was especially challenging in online sessions and there was little progress.

- Ensuring confidentiality was a problem for the online sessions, where the counselees frequently mentioned that they were being listened to, which caused interruption. This was especially challenging for women and child counselees. Household chores and their husbands` attempts to get involved in the conversations negatively affected women`s participation to online sessions. Confidentiality issues were also faced during women`s health workshops covering contraception or reproductive health topics.

- While communication with illiterate people was already difficult, IT literacy proved to be another challenge during Covid-19 pandemic. It took some time for people to get used to using online platforms such as Zoom.

- There were difficulties in online prescription issuing for the cases who used medications and whose treatment needed to continue. Referrals to hospitals were difficult in terms of getting appointments.

- Domestic violence increased during the pandemic, with more than one person from the same family reaching for help. Prioritization in this regard was difficult for the team. It was assumed that income decrease during the pandemic also led to more anger and violence within the families. Online support provision for these cases was difficult in the sense that males did not want to get involved in individual sessions. So, general information sessions on domestic violence were organized.

- Individual health screenings including diabetes, weight or body mass index interrupted during the Covid-19 pandemic. Usual cancer screenings and check-ups were interrupted in hospitals as all resources focused on COVID-19 during this period, which increased health risks.

- Basic needs rather than PSS were prioritized by the communities during Covid-19 and offering PSS services was perceived as luxury. Economic situations of especially refugees were affected more by the pandemic. TRCS staff tried to help them by referring them to relevant services.

Best Practices

- When staff were not able to reach people with usual face-to-face health and PSS activities, using online means proved instrumental for business continuity and to continue engaging communities with the work of CCs. It was especially useful in the early days of the pandemic when people did not know what Covid-19 was, how it spread and where to apply in the case of contracting. When distributing handouts did not work for illiterate people, TRCS staff came up with creative ideas such as sharing voice messages through WhatsApp in their language or videos to show some games that children could play at home. Positive feedback was received from the communities with regards to these attempts and participation in online individual and group sessions increased over time.

- Receiving online services was preferable for some beneficiaries, especially for women with children as they needed to arrange childcare when they wanted to come to the physical sessions in the CCs. Having these sessions online also eliminated the transportation, which led to an increase in the number of participants.

- For the online PSS sessions, TRCS staff ensured confidentiality from their side by clarifying from the start that there were only the psychotherapist and the translator in the room. While online service provision was also new for the staff, they adapted well and tried new techniques to ensure information sharing.

- During the PSS sessions, not only psychological issues were discussed but general health issues were also touched upon and necessary referrals were made.

- Families with limited internet access found it difficult to decide whether to use it for the child`s education or to get mental health support for the child. The staff made it easier for those families to provide the same service through phone.

- For individual health screening, individuals whose blood pressure needed to be tracked regularly was provided with the necessary equipment. Staff later showed them how to measure it at home and explained the limit figures.

- There was an increasing demand on reproductive and family planning trainings and contraception materials such as condoms and needles. Trainings were provided by the CCs, and the material provision is planned as a future activity.

- Staff improved themselves in terms of using online platforms, which proved instrumental in joining trainings related to their profession. It was easier, faster and timesaving to come together with the teams from other provinces. Trainers and TRCS HQ staff was very helpful in providing information and guidance during the most difficult times.

Field experiences during the pandemic

Challenges

- As there were needs for health workers (especially nurses) in the state-run hospitals, many CC health staff left for vacancies there. It was difficult for TRCS to fill in those gaps which were very important especially at the time of the pandemic. The hiring process was very long and required a lot of efforts for TRCS.

- One of the biggest challenges faced in the field was related to false facts. Teams encountered rumours in almost every household they visited. In the early days of the pandemic, these false facts were related to whether or not Covid-19 virus existed. Recently, rumours are related to vaccination being dangerous for people. Teams are integrating information dissemination to households visits to address such false facts.

- One challenge related to health screenings on the phone was getting contradicting information from parents related to their children`s wellbeing. For such cases, teams tried to make household visits to verify the information received on the phone when conditions allowed. These visits also made families happy in the middle of the pandemic.

- TRCS teams were sometimes hesitant to refer some children to hospitals as there was a member in the family with a chronical disease, and referring the family to the hospital would pose risks for that member. Only urgent cases were referred to hospitals and teams tried to support others through online channels.

- It was difficult to get appointment from some departments of the hospitals as all sources focused on the Covid-19 patients. Teams informed both the hospital management and the MoH and it was learned that individuals needed to apply for such requests. Beneficiaries were informed accordingly to make complaint through official channels.

- There were a lot of children with special needs in the field and there were few organizations/institutions that provided support voluntarily in this regard. It was very difficult for the teams to make prioritization for getting this service. Cases were closely examined, and the ones that had the potential to improve faster with support from their families were prioritized. Teams tracked the attendance of these children and followed up with families to make sure they applied the teachers` guidance at home. TRCS also advocated with institutions for giving this service for free for the vulnerable families, which led to an increase in their quota and more children benefited from this service.

- As schools remained closed mostly during the pandemic, play kits for the 4th, 5th and 6th grades could not be distributed. Since it is unknown when the schools will open again, a different planning could be done for the distribution of these materials to children.

- Emergency action plans should be in place for situations like Covid-19 including measures, identification of lead teams, emergency first aid, emergency psychosocial support etc. Also, there should be more trainings especially related to physical and psychological effects for unexpected crises like Covid-19.

Best Practices

- Distributing hygiene kits was very useful in getting to know the field and to register newborns. It allowed teams to have many databases in this regard. Teams were able to track and apply early intervention as needed and support families afterwards especially for the disability cases. Many disability cases improved through early diagnosis and intervention during this process. Families of these newborns were also invited to workshops where teams provided information on child diseases and first aid techniques that parents could apply at home.

- Household visits and visits to tent areas, with all precautions in place, proved instrumental during the pandemic especially for needs assessment, targeting disabled people, people with chronical diseases and newborns. These were referred to relevant services in coordination with the Protection Unit.

- Distributing newborn kits customized according to the weight of the baby in addition to hygiene kits proved useful for the beneficiaries.

- Distribution on PPE including masks and gloves to hospitals are among good practises in terms of institutional cooperation. Feedback indicated that many gaps were filled in hospitals through TRCS support in this regard.

- TRCS teams distributed toy kits to children and very positive feedback was received in this respect. As children were not going to school or could not go out during lock-downs, what families could offer them at home was very limited. These kits improved the relationship between the parents and the children, and made children very happy. “I will go crazy out of happiness” said one child.

- CC health workers supported the quarantine process of pilgrims in rotation. They informed the staff there about how to use PPE, hygiene, sterilization and social distancing rules. It was very difficult for them to continue working psychologically in the beginning as little was known about the disease. The support received from the management, sharing feelings with the staff going through the same things during the crisis and coming up with solutions together, and receiving positive feedback from the beneficiaries helped them to maintain their psychological well-being during those early days. Staff felt proud to work in the forefront. Supervision provided by psychiatrists to clinic psychologists was also very important to cope with the negative effects of the pandemic.

THEMATIC AREA - 3

LIVELIHOODS

Despite many challenges in conducting livelihoods activities during the pandemic, CCs were able to take immediate action by mobilizing sewing course participants for mask production which was very high in demand in the early months of the pandemic. Over time and as the crisis became protracted, vocational courses including language courses resumed in online platforms. These two topics, namely mask production and distribution processes, and transition into online trainings including vocational Turkish courses were identified as the main areas under the livelihoods activities for Covid-19 operation:

Main Activities

Despite many challenges in conducting livelihoods activities during the pandemic, CCs were able to take immediate action by mobilizing sewing course participants for mask production which was very high in demand in the early months of the pandemic. Over time and as the crisis became protracted, vocational courses including language courses resumed in online platforms. These two topics, namely mask production and distribution processes, and transition into online trainings including vocational Turkish courses were identified as the main areas under the livelihoods activities for Covid-19 operation:

Mask Production:

Starting from the early days of the pandemic, surgical masks were needed all over the world. In the beginning, mask provision was difficult because masks were used for diseases only and there was not widespread mask production in Turkey. Therefore, the country was not prepared for widespread mask production and mask provision. Masks were started to be sold in supermarkets and elsewhere for excessive prices after the pandemic. TRCS immediately initiated mask production as part of sewing course to be able to distribute masks to people in need and other organizations/institutions that were conducting activities for public health and safety. Production began with the support of the sewing course participants who also received home-based support in the textile sector for the related equipment. Necessary materials including consumables for mask production were delivered to their homes and TRCS teams picked the masks and carried out the packaging. The production was supervised by sewing course trainers through video sharing which showed how participants carried out the production. As many challenges were faced regarding observing hygiene conditions when producing masks at home and with the relaxation of measures, workplaces were established in CCs by putting in place required hygiene conditions. PPEs including mask, coverall and gloves were procured and distributed among the beneficiaries who would produce masks. This way, all masks were produced in standard forms, and it was possible to apply the highest hygiene conditions during the production. Produced masks were put in use after sterilization and packaging in local hospitals. Daily allowances were provided to beneficiaries who supported mask production in CCs to help them cover their transportation and lunch costs.

To increase daily production capacity, new sewing machines were procured for CCs and new additional workplaces were established. To document the produced masks were in line with the MoH standards, quality document was obtained from TURKAK (Turkish Accreditation Agency). As MADAD (European Union Trust Fund) from which allowances were being provided was about to close by end-2020 and as pandemic was continuing, a fully automatic mask machine was procured for Ankara CC to continue responding to mask needs with faster production and higher quality. 16,000 masks were being produced daily before by 16 provinces with 213 beneficiaries. With the fully automatic mask production machine, 100 masks are being produced every minute without any mistake. It proved more economic, and required less coordination for sterilization, packaging and distribution, which made process management easier. A total of 2,941,298 masks were produced and distributed to people in need and organizations/institutions by end-2020.

2,941,298

masks were produced

Vocational Language Trainings

Within the scope of CBMP socio-economic empowerment programme, Turkish language courses are provided in CCs at the levels of A1, A2, B1 and B2. As of 2020, as an advance method and to support employment of beneficiaries and its sustainability, TRCS started vocational language courses. Target group included Temporary Protection (TP) and International Protection (IP) holders who had skills and wanted to join the workforce, or who already worked but did not have required Turkish level. Applications were taken online and selected participants were tested to determine their group level. Courses were 3-5 days in a week and attendance was mandatory. Everyone who completed the course and passed the required exams would get internationally recognized TOMER certificate.

CC trainers got trainings from Ankara University about providing vocational language trainings. Modules were prepared for the sectors that trainings were most requested between 2015-2020 for a total of 11 professions. Modules were prepared to cover reading, writing, listening and speaking skills. Course materials were checked and confirmed by Ankara University Turkish teaching centre programme development, and monitoring and evaluation specialists. Although courses started face to face in March 2020 after the training of trainers, it was interrupted and moved to online platform. Those who met the criteria were contacted and informed about the online platforms. In order not to risk beneficiaries, course materials were delivered to participants` houses by the CC staff.

Main Findings Including Challenges, Best Practices and Recommendations

Mask Production

Challenges

- As trainers were not able to supervise the mask production personally at participants` homes, there were mistakes and differences in the masks produced. Correction of these mistakes were very difficult. Also, masks were not suitable for usage as home environment did not have hygiene conditions that are required for production. As a result, masks produced at home were demolished. Required hygiene conditions were put in place in identified workplaces of CCs, and with the support of beneficiaries mask production started in these workplaces by May 2020.

- Challenges were faced when procuring high quality fabrics for mask production as there was high demand for mask fabric in the early months of the pandemic. There were delays in meeting the needs of CCs in this regard.

- As consumables were procured locally in each province where the CC based, and as fabrics were cut by the beneficiaries in the form of a mask, different masks were produced in different CCs and standardization was not possible. It was decided that consumables would be procured as wholesale from the same place, a company in Gaziantep. Mask fabrics started to be cut with the automatic cutting machines procured for Gaziantep and Bursa CCs and those were delivered to all CCs weekly.

- As the number of Covid-19 patients and hospital density varied across the provinces, agreement with hospitals could not be made in every province for masks sterilization. Also, ensuring sustainability for those where agreements were made was difficult due to the changing workload of the hospitals. Therefore, it was decided to procure sterilization machine for Izmir, Ankara, Hatay, Gaziantep and Istanbul Anatolian side CCs.

- Participation of men and disabled people should be encouraged more as mostly women participated in mask production efforts.

- Masks customized for hearing impaired people were high in demand and some needs in this regard could not be made due to the budget related reasons.

Best Practices

- Action taking in the field was quite fast for mask production. Participants were very engaged from the start and they immediately joined the production.
- Positive feedback was received from many institutions including Migrant Health Centre (MHC), pandemic hospitals, primary health care centres, and individuals for mask distribution to meet their needs.
- To reach more people that are in urgent need of masks, TRCS teams coordinated with TRCS branches, Kizilaykart centres, PDMMs, deportation centres, and provincial directorate of health to identify hospitals` needs. These institutions expressed their gratitude for this support.
- Masks were also provided to Cilvegozu border crossing and sent to other locations as needed. Masks were also distributed in schools, police check points and mosques widely. Many vulnerable people who were not able to access masks reached them thanks to TRCS efforts.
- Transparent masks were produced for hearing impaired people in Izmir, which proved very instrumental. These masks were distributed through organizations that target hearing impaired people. Likewise, it was useful to produce fun masks customized for children by adding emojis and cartoon characters.
- Some beneficiaries were able to initiate their start-up business to produce masks and coveralls after they concluded their mask production activity with TRCS. TRCS teams helped others to find employment in the textile sector.

Vocational Language Courses

Challenges

- Those who did not have access to internet and the necessary equipment such as computers could not attend the courses. Those who did not have sufficient internet connection had problems in following the courses effectively.
- There were many challenges for the trainers to teach language through online platforms as they were not able to interact with participants like they did in the classrooms. They were not able to use body language effectively in the online platforms and measuring participants` skills was difficult.
- As all the course materials were originally designed for face-to-face training, it took extra time and effort to adapt them to online training. Necessary revisions were made on the way.
- Some participants made application for the courses considering they were applying for a vocational training. As they dropped off after the courses started, the number of participants decreased. Information note on the content of the vocational language courses was prepared and distributed to applicants for the following rounds of the courses.
- Some applicants did not fill in the application forms properly. There was missing and/or wrong information which caused data loss. Those who provided wrong contact information could not be reached. Some applicants` information was verified through CC reporting software.
- Forms getting filled in carelessly caused time loss in assessing language levels. Placement tests were shared after the application process and participants were placed in relevant groups accordingly.
- There were challenges as trainers and trainees were not used to online training process. Introduction session was held to give information and guidance on the digital tools that were going to be used during the training. Before starting the classes, videos introducing Zoom and how to use it were shared with the participants. However, some participants were not able to fully understand the Zoom platform, which negatively affected their motivation to continue the training.
- Some modules such as welding, agriculture and livestock were not applicable for online trainings as they usually require hands on approach. Therefore, some sectors should be eliminated for the online trainings.

- Due to the pandemic related restrictions and distance, it was difficult to deliver course materials to some participants` houses, which were located far from the CCs.

- With the relaxation of pandemic related lockdowns and people getting back to their work, the number of participants decreased as the target group usually included those who were already working and they were not able to attend online courses during daytime.

- There were mistakes in the certificates prepared by Ankara University at the end of the training, which led to delays in getting the certificates to the successful participants. Correct information was shared with TOMER and participants were informed on the status of the certificates regularly.

- 11 modules were prepared for the sectors that attracted the most interest among the beneficiaries recently. However, there was not enough demand for some modules such as welding, livestock and agriculture from the beneficiaries. It is acknowledged for the agriculture sector that seasonal agricultural workers were not able to come to provinces like Hatay, Urfa, Antep and Mardin to work due to the pandemic. So, they were also unable to attend the vocational language training in this regard as expected. It was also noted that a more comprehensive announcement on the vocational language trainings need to be disseminated among the community to reach more people.

Best Practices

- Trainers had a lot of concerns about the online training such as the overall coordination, technical infrastructure, how to group participants and how to ensure attendance and effectiveness. However, it was a fast action to move to the online Zoom platform and it soon proved that it had some advantages compared to physically held trainings. Trainers were able to share their screens and share instant videos rather than showing from a textbook, which was very useful. They could also search for the Arabic words online, which they were not able to do in the classroom.

- There were challenges and interruption related to having regular classroom activities and follow up on homework. Trainers supported participants with extracurricular materials and tracked them through WhatsApp.

- Remote trainings were useful for some participants as they could join from wherever they want. Some participants who would be unable to join physical trainings as they were located far from the CCs especially in the big cities like Ankara or they were working were able to join the online training. Female participants were referred to daytime courses. Like trainees, trainers also saved time with the online trainings.

- Participants noted that although their expectations were not high related to online training, eventually they found it very useful. Trainers put a lot of efforts and the interaction between the trainers and the participants was good. Although they found the Zoom platform complicated in the beginning, they got used to it over time. Some ask for the continuation of the online trainings even if pandemic related restrictions are removed as it is easier for them considering some are working and some are usually busy with childcare so they cannot come for the physical trainings. Participants find language courses very useful as certificates are required when they apply for a job.

- New modules such as the health module was opened as requested from many interpreters, nurses and doctors. Going forward, new modules could be opened according to demand.

- The passing exam measured five skills and it was difficult to measure participants` skills in the online platforms, trainers invited participants to the CCs to measure and practise for these skills before the exams.

- Attendance to exams were low at the beginning as participants were not knowledgeable on the online examination platform. Those who were not able to complete their exams due to system-related problems were given another chance. Videos and visuals were shared with participants to introduce them to the examination platform.

- As it was the first time that Ankara University, TOMER and CCs worked together, there were problems in the exam content. To solve this, exams were reviewed regularly and revised taking into consideration the target groups.

- Online vocational trainings were also very useful in terms of learning new skills as well as social cohesion and PSS as people engaged with one another and shared their feelings.

CONCLUSION

To sum up, challenges and best practices with regards to all the activities conducted under TRCS` COVID-19 operation were comprehensively discussed as detailed under different sections on relevant thematic areas and are summarized below as recommendations to inform relevant activities in the future.

CEA/RCCE

- Continue working in coordination with Health and Communication Units during the COVID-19 health crisis, which was critical in conveying the necessary messages to the affected populations to promote positive health behaviours to save and improve lives
- Continue conducting data collection, focus group discussions (FGDs) and surveys to understand the communities` information needs and to conduct relevant activities to meet those needs
- Continue collecting feedback, complaints, requests and rumours, and analyze the findings to adapt activities according to beneficiaries` needs during the dynamic COVID-19 process. Raise awareness for the importance of collecting feedback among staff and providing feedback for communities.
- Increase the representativeness in the AC members to reach more diverse people and encourage AC members to participate in field activities to increase effectiveness, ownership and trust
- Determine the topics to be discussed during the AC meetings beforehand and involve public authorities as much as possible to strengthen the advocacy activities and for long-term and durable solutions
- Make information sharing on social media and Whatsapp more professional and systematic. Make use of interactive ways such as through AC or small gatherings rather than only providing print materials

Health and PSS

- Ensure all staff have access to the necessary equipment and tools to conduct activities online
- Continue providing online health activities such as health seminars and information dissemination for those who find it easier to participate compared to the physical ones at the CCs
- Continue tracking the needs on the ground during the field activities such as kits distribution which helped identify vulnerable people and refer them to available services internally and externally
- Continue the PSS activities provided for the staff and continue offering online trainings which was easier for the staff to participate
- Develop an Action Plan for crises like Covid-19 pandemic and include information on emergency first aid and PSS

Livelihoods

- Continue mask production via automated machines which yielded better results in terms of hygiene and quality, and positive feedback was received from institutions and communities
- Continue coordination with TRCS branches, Kizilaykart centres, PDMMs, deportation centres, border crossings, schools, mosques and provincial directorate of health to identify mask needs
- Produce more masks customized for hearing impaired people as these are high in demand and some needs could not be met
- Support participants who were involved in the mask production activities and want to initiate start-up business on this
- Continue providing online vocational trainings for those who find it easier to participate compared to the physical ones at the CCs
- Provide training and support for both trainers and trainees to deal with technical issues and make the most use of online education
- Adjust the timing of the online vocational trainings in the absence of lockdown measures where most participants are expected to return to their daily jobs

ANNEXES

COVID-19 LESSONS LEARNED WORKSHOP AGENDA

CEA SESSIONS

#17 JUNE 2021-COMMUNITY BASED MIGRATION PROGRAMME

TIME	SESSIONS and ACTIVITIES
10:00 – 10:10	**Welcome and opening**
10:10 - 10:20	• Introductions of colleagues • The objective of the meeting • Desired outcome at the end of the workshop/day
10:20 - 10:25	**What is RCCE/CEA and why is it important?**
10:25 - 10:30	**Overview of the COVID-19 project and RCCE/CEA**
10:30 - 10:35	**KAP Assessment**
10:35 - 10:45	**Presentation:** Beneficiary Communication Officers presenting what went well, any particular story/ example, challenges, how to improve in future (KAP)
10:45 - 10:50	**Other experiences or highlights from other participants**
10:50 - 11:00	**Presentation:** Beneficiary Communication Officers presenting what went well, any particular story/ example, challenges, how to improve in future (Feedback)
11:00 - 11:05	**Collecting Communities Feedback on COVID-19**
11:05 - 11:10	**Other experiences or highlights from other participants**
11:10 - 11:20	**Presentation:** Beneficiary Communication Officers presenting what went well, any particular story/ example, challenges, how to improve in future (Advisory Committee)
11:20 - 11:25	**Other experiences or highlights from other participants**
11:25 - 11:30	**Break**
11:30 - 11:40	**Presentation:** Beneficiary Communication Officers presenting what went well, any particular story/ example, challenges, how to improve in future (Information Sharing)
11:40 - 11:45	**Other experiences or highlights from other participants**
11:45 - 11:55	**Presentation:** Advisory committee members sharing how they found the project useful, including any specific CEA activities
11:55 - 12:05	**Presentation:** Advisory committee members sharing how they found the project useful, including any specific CEA activities
12:05 - 12:15	**Q&A**
12:15 - 12:20	**Key Learnings/ COVID-19 project**
12:20 - 12:25	**Closing of the workshop**

COVID-19 LESSONS LEARNED WORKSHOP AGENDA

HEALTH AND PSS SESSIONS

#18 JUNE 2021-COMMUNITY BASED MIGRATION PROGRAMME

TIME	SESSIONS and ACTIVITIES
09:00 – 09:10	**Welcome:** • Overall introductions of colleagues online • The objective of the meeting • Desired outcome at the end of the workshop/day
09:10 – 09:20	**Presentation:** Digitalization (online PSS sessions, phone consultations, identification of most vulnerable beneficiaries, internal and external referrals etc.)
09:30 – 10:10	**Discussion:** • Which challenges were faced during online service provision? » *In terms of staff (for instance which activities were we able to adapt to online platforms during the pandemic; how were the processes were affected; were online meetings overwhelming? Etc.)* » *In terms of beneficiaries* » *Challenges related to cooperation with other organizations/institutions and referrals* • What are the advantages of digitalization which we are now increasingly using due to pandemic? • Best practice samples
10:10 – 10:20	**Break**
10:20 – 10:30	**Presentation:** Field experiences during the pandemic
10:40 – 11:10	**Discussion:** • To what extent are we meeting the needs on the ground? • Were there times when you found it difficult to maintain psychological well-being? How did you cope with that? • What challenges have been encountered in reaching the most vulnerable cases in the field? What solutions have been produced? • What kind of institutional precautions could have been taken to protect staff physically and psychologically? • What would you do differently if we have another pandemic like COVID-19 again? What are the lessons learned? • Best practice samples
11:10 – 11:20	**Break**
11:20 – 11:40	**Summary of the points raised during the discussion sessions**
11:40 – 11:50	**Closing of the workshop**

COVID-19 LESSONS LEARNED WORKSHOP AGENDA

SOCIO-ECONOMIC EMPOWERMENT SESSIONS

#21 JUNE 2021-COMMUNITY BASED MIGRATION PROGRAMME

TIME	SESSIONS and ACTIVITIES
13:00 - 13:10	**Welcome:** • Overall introductions of colleagues online • The objective of the meeting • Desired outcome at the end of the workshop/day
13:10 - 13:30	**Presentation:** Mask Production • Need for mask production • Production/Distribution process and amount
13:30 - 14:30	**Discussion:** Mask Production • Mask production standards • Fabric cutting machine • Mask production trainings • Transition to fully automatic mask machine • Best practice samples
14:30 - 14:40	**Break**
14:40 - 15:00	**Presentation:** Online Business and Vocational Turkish Language Courses • Need for courses and preparation process • Modules and participants • Impact analysis
15:00 - 16:00	**Discussion:** Online Business and Vocational Turkish Language Courses • Difficulties of online courses (especially for those planned face-to-face earlier) • Online course experience of trainers/participants • Best practice samples
16:00 - 16:10	**Closing of the workshop**

Who we are

The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest humanitarian organization, reaching 150 million people in 192 National Societies, including Turkish Red Crescent (Türk Kızılay) through the work of 13.7 million volunteers.

Together, we act before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. We provide assistance without discrimination as to nationality, race, gender, religious beliefs, class or political opinions.

The Turkish Red Crescent (Türk Kızılay) is the largest humanitarian organization in Turkey, to help vulnerable people in and out of disasters for years, both in the country and abroad. Millions of people currently receive support through our programmes in cooperation with the Government of Turkey. We are supporting vulnerable people, including refugees, Turkish communities, those impacted by disasters and other groups in need of humanitarian assistance.

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COVID-19 LESSONS LEARNED WORKSHOP REPORT

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