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STANDARDIZATION OF THE REFERRALS FOR IMPROVED REFUGEE PROTECTION



**Reinforcing Referral Mechanisms between Public Institutions
and Non-Governmental Organizations**

08.11.2019

&

**How Can Standardized Referral Mechanisms Be Improved and
Used More Effectively by Stakeholders Working on Migration?**

17.11.2020

CONSOLIDATED CONFERENCE REPORTS



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Consolidated Report of 2019 and 2020 Conferences

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Non-Governmental Organizations**

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Effectively by Stakeholders Working on Migration?**

This report is an output of “Providing information and protection support to sensitive refugees in Turkey and reinforcing community based protection” project financed by the European Union Civil Protection and Humanitarian Aid Bureau and executed under leadership of World Vision by Research Center on Asylum and Migration and International Blue Crescent Relief and Development Foundation.

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I. INTRODUCTION

Refugees are people that have to abandon their countries for fear of their lives and freedoms. Their difference from other foreigners in their country of asylum is the absence of a country of origin that would protect their rights. For this reason, international refugee law and human rights law that developed later consider refugee protection as a responsibility of states. While states fulfil this responsibility they must cooperate with many stakeholders starting from the United Nations and its specialized organization, the UNHCR. Non-governmental organizations have a significant place among such stakeholders.

Ensuring refugees quick and broad access to rights and services in their country of asylum is required for their welfare and development of the host community. A considerable section of the 1951 Convention Relating to the Status of Refugees is reserved for rights and obligation. The Convention is composed of “Final Decision” of 1951 Geneva Convention on July 28th and its subsequent Convention. The Convention has a total of seven chapters including its “Preamble”. Following these chapters there are additional samples of travel documents. The Convention is a whole with these parts, meaning its final decisions, chapters, and annexes. There are a total of 47 Articles under seven “Chapters” of the Convention.

Rights and Obligations of Refugees

Convention Relating to the Status of Refugees lists rights and obligations refugees have under international protection before they benefit from a national protection again. Article Number 2 of the First Chapter of 1951 Refugee Convention emphasizes that refugees are obliged to abide by laws of their country of asylum. Articles 3 to 11 of the same chapter list general rights of refugees. Among these “no discrimination” (Article 3) and “Freedom of Religion and Worship” (Article 4) are listed in addition to many other rights. Chapter Two of the 1951 Refugee Convention covers rights of refugees under civil law (individual status, property, copyrights/patent rights, right of association, and access to judiciary among inalienable rights) between articles 12 and 16. Rights under Chapter Three of the Convention (right of working, establishment, practice one’s profession) are listed on Article 17, 18, and 19 as access to livelihood rights as they are known today. Articles 20 to 24 under Chapter Four note rights about welfare and assistance (ration card, accommodation, education, assistance, social security). Articles 25 to 34 under Chapter Five of the 1951 Refugees Convention record administrative precautions to protect rights. Subjects such as freedom to travel, identity document, travel documents, tax exemptions, transfer of property and valuables to another country are covered under articles of Chapter Five.

Among the most significant rights in this chapter there are Article 31 and Article 33 that is the prerequisite of international protection. Article 31 is about non-penalization of refugees that enter the country without documents while Article 33 forbids repatriation of refugees to countries where their lives and freedoms are in danger, meaning where they lack international protection under “non-refoulement” concept.

As it can be seen, the 1951 Refugees Convention include rights of persons that have refugee status under various categories and define rights they will be temporarily granted until they are covered with a national protection again. Such rights sometimes have broader coverage than rights of other foreigners in the country and are interpreted to be the same with those granted to citizens.

Access to Rights and Services

In almost all countries refugees have difficulties with accessing rights and services. Such difficulties might result from restricting provisions in legislation, administrative decisions, lack of information by refugees, and language barrier. Various structures play important roles in overcoming obstacles and difficulties limiting access to legal rights and services. Relevant public institutions, international organizations and non-governmental organizations are the most significant of such structures.

Community Centers and Points of Information / Support

As a result of the unrest in Syria that started in 2011 and turned into civil war, in the last three years Turkey became the country with the largest refugee population in the world. The government undertook several changes in legislation to overcome or at least alleviate problems caused by this large population. Some administrative precautions are taken. Starting from the United National High Commissioner for Refugees (UNHCR) other UN organizations, the European Union and some countries have provided and continue to provide support to reduce the heavy social and economic costs Turkey is faced with. In this process, a refugee movement took place from temporary protection centers to urban and rural areas. As refugee population increased in urban areas, new problems began with access to rights and services. One of the important steps taken to alleviate such problems is establishment of community centers supported by the Turkish Red Crescent and international partners of other non-governmental organizations (NGO). Such centers assumed major roles in disbursement of aid, language and skill improvement classes, psychological support, and activities for children while some others emphasized protection activities.

Funded by the European Union Civil Protection and Humanitarian Aid Operations Directorate (eCHO) and supported by World Vision, Refugee Information and Sup-

port Point and Psychosocial Support and Information Centers are among pioneers of protection centers. Their basic mission is to inform refugees on their rights and services they can access and facilitate their access to the said services.

Such Points support an increasing number of refugees by removing obstacles to access existing services such as lack of information, financial access problems, language barriers, and lack of awareness on the part of service providers. The said protection activities include providing information, legal and psychosocial consultancy and referrals. In terms of protection oriented community centers with ever increasing numbers, there are problems with referral procedures. Service provider organizations, whether they are district directorates of migration management, district directorates of family, labor and social services and sub-service groups, hospitals or other community centers and humanitarian associations, can display different attitudes in different cities and even different regions of the same city. Personnel working at protection oriented NGO centers develop different and mostly personalized methods to solve problems beneficiaries have while accessing services. Good and successful examples of such efforts would enrich and empower not just Turkish but also international refugee regime.

On the other hand, such different solutions have been trapped into local framework until recently. Thanks to coordination role the UNHCR assumed among NGOs especially for the last two years, such experiences have the chance to communicate with each other. In addition, İGAM and IBC undertook an effort to form “case law” (precedent) together with Information and Support Centers funded by eCHO and supported by WV. Such efforts made a difference in not just bringing experiences of İGAM and IBC together and uniting. These efforts went beyond bringing together UNHCR and all other NGOs in the field. They brought together NGOs, the UNHCR, and service provider public institutions in two consecutive conferences and tried to carry referral standards forward. International refugee law is a history of case law and standardization. We believe that referral standards that will emerge with participation of all parties will be further increased with other joint efforts in the future.

Together, İGAM and IBC organized two protection oriented conferences in the last one year. Public institutions, NGOs, municipalities, UN organizations together with donor institutions and country representatives are invited to such conferences. The conferences aimed at bringing together all stakeholders as much as possible and were planned to have work groups as well as general meetings discussing how Standardized Referral Mechanisms can be improved and used more effectively by stakeholders in asylum/migration field. Since the second of the two consecutive conferences focused more intensely on referrals, in this report evaluation and notes of the said second conference will be presented first.

II. REFERRALS AND INTERNATIONAL PROTECTION

Referrals (forwarding) is a major protection tool in refugee and migration issues. They are used by institutions and authorities of different national and international organizations in ensuring access of people categorized as refugee, asylum seeker, migrant, and irregular migrant to legal services, health, aid, family reunification, resettlement to third countries. Because refugees and migration is a part of the international law, it ensures people in those categories are forwarded from one service institution to the other. For instance, in terms of resettlement to third country, the UNHRC provides fast, clear, and correct communication in addition to standard referral forms between the resettlement authority and visa issuing authority. Local or regional UNHCR offices refer to visa authorities with Refugee Referral Form (RRF). Such RRF include summary information regarding asylum request, family structure and other information. On RRF a person's status as refugee under UNHCR area of responsibility is emphasized.

Migrants in Countries in Crisis (MICIC) co-chaired by the U.S. and the Philippines is an intergovernmental initiative that aims to improve protection of refugees in countries they live, work, study, transit or travel in. MICIC Initiative developed Guidelines to Protect Migrants in Counties Experiencing Conflicts or Natural Disasters after a broad and inclusive consultation process that started in 2014. These unbinding and voluntary guidelines, regulations, and applications announced in June 2016, define roles and responsibilities of different stakeholders towards refugees in countries in crisis and provide concrete guidance on how to prepare for and respond to crisis.

Guideline 12 prepared by the MICIC suggests that open referral procedures are established among stakeholders. Some stakeholders have authorities and unique skills to meet needs of different migrants. Referral procedures can assist persons with specific needs to access such skills. For instance, child migrants benefit from assistance of experienced actors in children's rights and protection including special focus points of public institutions. Interventions targeting domestic workers or victims of human trade can benefit from knowledge and experiences of advocates and experts regarding these communities. Migrant/refugee and faith based NGOs can be best placed to access asylum seekers or irregular migrants. Consular officers and some international institutions can have the capacity and authority to evaluate identity and issue identity and travel documents. Local and national authorities of host country are usually in the best position to provide required services. According to Guideline 12, stakeholders must establish procedures to refer refugees, asylum seekers, and migrants to national and international protection mechanisms to meet their needs.

In sum, effective and standardized referral mechanisms facilitate dialogue between stakeholders such as public sector, NGOs (also inter-NGOs), and international institutions while ensuring refugees that need protection can access services and aids effectively.

We are happy to observe that the UNHCR Turkey office started accepting referrals from NGOs using simple, easily filled referral forms thanks to networks it established with NGOs such as Protection Working Group and Access to Livelihoods Working Group. We hope that the unique position of UNHRC will ensure close follow up of these referred cases by the public institutions.

We believe that as a result of the conferences we organized as IGAM and IBC, standardized referral and feedback mechanisms will be formed between service provider public institutions and NGOs active in protection. Thus, persons with protection needs will have improves access to services and public employees will have lighter workload.

III. REFUGEE INFORMATION AND SUPPORT POINTS

Funded by European Union Civil Protection and Humanitarian Aid Unit eCHO and supported by WV, Refugee Information and Support Point together with Psychosocial Support and Information Centers opened by IGAM and IBC continue their activities in their third year.

The Research Centre on Asylum and Migration (IGAM)

IGAM provides services to all refugees (temporary protection, international protection, residency applicant, and irregular migrant) starting from Syrian, Iraqi, and Afghani refugees in Keçiören (Ankara) where fast lives intersect. Targeting improving refugee rights in the world and in Turkey, all IGAM projects have been focused on protection and integration that are two inseparable dimensions of international protection since the center's establishment in 2013. This integrative approach reminds refugees that somebody is there to hear them. In short, we try to say "we are here to hear you".

That is why, our Refugee Information and Support Point turns into a meeting point where every day more refugees arrive to describe their needs. However, our Information and Support Point with a total of 20 employees including five care management specialists, two psychosocial support employees, one legal counselor, project manager, administrative and financial officers, tracking and evaluation specialists, three translators and support staff, has difficulties on house visits and receiving fast and positive responses from institutions. Since home visit activities are not allowed, we ensure fast detection of people with needs in the community thanks to our Neighborhood Mothers initiative with eight refugee volunteer women. Especially during closures due to Covid-19, while we tried to continue our activities in online platforms without delay, emergency needs such as cash assistance, assistance in-kind came forward again with assistance remaining limited, we had problems receiving positive response from institutions we referred to.

IGAM Keçiören Refugee Information and Referral Point gave services to a total of 6108 counselees in three years. Since August 2018 a total of 4036 beneficiaries are given individual consultancy services while a total of 87 information meetings are organized where 1244 persons participated. Our individual meetings, group activities, and information meetings still continue. We are conducting activities in cooperation with many local and international institutions and organizations.

In this scope we signed protocols with WATAN Association, Keçiören Migrant Services Center and Elden Ele Association. We also work closely with United Nations High Commissioner for Refugees Ankara Branch, Ankara Directorate of Migration Management, Directorate General of Migration Management, Keçiören Municipality, Management of Aktepe Şehit Dursun Candan Police Station, MSDM, Keçiören Social Services Center, Keçiören SYDV, OSTİM Vocational Training Center, TDV KAGEM, and MSYD. İGAM regularly participates in UNHCR Protection Working Group, Basic Needs Working Group, Cash Based Assistance Working Group, Higher Education Working Group, UNICEF GDA Training Working Group meetings together with Red Crescent ESN Task Force meetings, Altındağ and Keçiören Field Coordination meetings and coordination meetings organized by Ankara District Directorate of Migration Management. Also it regularly participates in trainings organized by the UNHRC, Red Crescent and Directorate General of Migration Management in order to reinforce employee capacity. We make mutual referrals with faith-based aid organizations regarding provision of needs/protection services. We try to direct Turkish people's rooted philanthropy. We endeavor that charity sources are transferred from person to person as tradition and through a continuous structure forming a person-institution-person triangle rather than a one-time relationship.

International Blue Crescent Relief and Development Foundation

International Blue Crescent Relief and Development Foundation (IBC) has been active since 2000 to aid all people that live in disadvantageous regions of the world having problems with accessing emergency relief, health, education, and rehabilitation services and alleviate them of pains without discriminating in terms of nationality, religion, language, political opinion, gender, age, sexual orientation, genetic or physical characteristics.

Psychosocial Support and Information Centers (Info Hubs)

International Blue Crescent Relief and Development Foundation has been supporting refugee groups in need at its Psychosocial Support and Information Centers in Sancaktepe and Esenyurt districts of Istanbul, Bursa and Konya cities with support of World Vision and funding of European Union Humanitarian Relief Fund since 2017.

Since 2019 it has been providing legal and psychosocial support, individual protection support, protection information, awareness raising activities, referral to local institutions services by looking out for women, children, and disabled individuals that are the most sensitive members of refugee communities at its two Psychosocial Support and Information Centers in Esenyurt and Sancaktepe districts. With extraordinary Covid-19 conditions IBC Psychosocial Support and

Information Centers started to provide phone counseling services to provide more effective service to counsees. The IBC Psychosocial Support and Information Centers have provided protection services to about 5150 beneficiaries since the start of the project.

IBC establishes good relations and cooperates with Turkish authorities at national and municipality levels, neighborhood governors, and non-governmental institutions to ensure refugee communities have easy access to social services.

IBC Sancaktepe and Esenyurt Info Hub offices provide counseling services to refugees and assist their access to basic social services with their 13-17 employees including Info Hub managers, case workers, psychologists, lawyers, translators, administrative officers, tracking and evaluation officers, greeters, drivers and cleaning staff.

CONFERENCE 2

How Can Standardized Referral Mechanisms Be Improved and Used More Effectively by Stakeholders Working on Migration?

(17.11.2020)

IV. CONFERENCE 2: GENERAL EVALUATION

The Pandemic had a negative effect on the whole world including refugees and irregular migrants. While 7 work groups were established in the conference, group number 5 was cancelled as a result of which participants discussed three questions they were directed each and presented to the general meeting. Presentations demonstrated that the tendency to ignore refugee issue increased with local elections in Turkey one year before aggravated discrimination against these groups during Covid-19 period. The process that undermined all social groups financially and morally caused even more serious difficulties for migrants, some cases even saying “I will kill myself”. The policy change right before the start of pandemic towards not stopping refugees on their way to Europe demonstrated that their hopes of going to a third country was completely lost as a result of aggression employed by Greece causing UNHCR to declare it violated principles of international refugee law and this was one of the reasons of pessimism on the part of refugees. Opinions that were presented by Work Groups demonstrate that pandemic process was twice distressing for refugees and referral systems slowed down significantly.

Refugee beneficiaries could not adjust to online system quickly. Unemployment and other economic difficulties caused other needs to be pushed aside. The first people to be laid off in Covid-19 process were refugees without work permits. Refugees were alienated from cash and in-kind aid programs presented to host community. During this period even medical mask or hygiene set support could not be received from local authorities despite their major significance for public health. Problems with internet access caused delays in delivery of some online services. Refugees had difficulties in accessing not just basic needs but also health and education sectors. Hospitals were busy due to Covid-19 pandemic which caused difficulties in accessing other health services. Services such as psychosocial support and physiotherapy were also put on hold due to the pandemic. However, the fact that refugees had to stay at usually small houses below standards as large families caused damages in mental health conditions of all family members starting from children.

For transfer procedures persons must get HES codes. Migration Management offices take fingerprints of people who have not registered and give them a code but this code is not sufficient to get HES code. This situation that could not be resolved by migration authorities lead refugees to seek alternative solutions. Refugees that live in other cities than their city of registration could not

initiate legal processes when they lose a right or have compelling needs such as family reunification. Judicial recess and slowing down of cases at courts due to Covid-19 brought legal referrals to a halt.

In terms of public institutions: Public institutions that cases were referred to could not be as fast as NGOs in providing online services and internet use. Provision of services slowed down. Even in normalization process District Directorates of Migration Management only registered newborns. Services and support provided by public institutions did not cover refugees which made existing needs more apparent. When employees at institutions that cases are referred to test positive for Covid-19, this caused delay of services. Referrals came to a standstill. However, with normalization process regular services started to be provided with electronic appointment system even with delay.

Problems experienced by NGOs: NGOs that provide protection and referrals mostly aligned themselves to online service system quickly with Covid-19. Online channels such as Zoom started to be employed for support but since everyone did not have access to such tools services and referrals remained limited. Support provided by NGOs could not cover everybody. Information flow between public institutions and NGOs slowed down. Limited contact of NGO and public teams with the field caused a major obstacle in accessing refugees in difficulty. With changing office hours of institutions, existing need for translation support increased. Small number of employees at NGOs decreased quality of services. Limited cash/in-kind aid budgets of some NGOs that do referrals prevented interventions to many emergency cases. There were also problems with wellbeing of NGO employees providing direct support. Covid-19 also stretched motivation levels of non-governmental organization employees. Limited contact of NGO teams with the field caused major obstacles in accessing refugees in hardship. Especially there were problems in detecting highly sensitive cases. Children under risk, sensitive cases could not contact NGOs or similarly NGOs could not reach them. Problems with accessing health services increased especially due to language barrier because NGOs could not accompany counselees in hospitals.

While representatives of participant institutions were discussing the second question at work groups, they emphasized importance of standardization, systemization, and communication in order to provide fast and quality services by public institutions, non-governmental organizations, and other actors.

Generally speaking, a systematic relationship cannot be established between NGOs and public institutions and referrals cannot be effective. NGO representatives complain about their referrals to public institutions getting ignored. At this point, advocacy to public institutions is suggested to establish role and effectiveness of NGOs in the field. The need to establish feedback mechanisms about consequences of referrals comes forward. Awareness must be raised regarding

mechanisms refugees can provide feedback about services they use. Thus arbitrary treatments can be stopped and loss of right can be prevented and service quality can be increased. Standardizing coordination meetings organized by public institutions or NGOs in cities and including community members and opinion leaders to such meetings can help refugees voice their needs directly. There must be platforms whereby refugees can convey their complaints about public institutions and local governments. Presenting referral mechanisms where public institutions and NGOs work in harmony as “good practices” would be useful. Institutions that cases will be referred to must be contacted regularly to keep service map updated and teams must be informed, referrals must evolve from personal to institutional and systemic relationships, including public institutions in national standard referral guides are cited among possible precautions. It was emphasized that NGO and public sector employees must receive common training on referral standards and protocols. Extension and continuation of regular meetings bringing public institutions and NGOs together is foreseen. What NGOs are, what they do, and how they facilitate duties of public institutions would be better understood with public-NGO cooperation. One of the most important barriers to access rights and services in referrals in language and lack of translators. If translator support can be provided, this can facilitate and speed up processes at public institutions. On this issue awareness must be raised among all stakeholders including fund providers.

Among representatives of participant institutions there are common opinions on how to consolidate actors on the field and referrals in both online and physical environments. It was strongly underlined that referral methods must be standardized in a way that they can be easily used by both employees of public institutions and NGO employees. Moving from the point that preparing service map in every new project cases loss of time and effort, it was suggested that a live and interactive service mapping system is prepared like UNHCR’s “Services Advisor” application. The interactive service mapping that would be prepared is required to cover other sectors such as livelihoods, food safety, access to jobs, access to hygiene materials, accommodation in addition to “protection”. The need to establish referrals on a systematic ground is also emphasized during discussion on the third question. Keeping NGOs that make referrals quickly uninformed about changes in applications results in refugees suffering. Reinforcing digital channels of public institutions and NGOs can help provision of a better organized service.

V. CONFERENCE 2: SUMMARIES OF WORK GROUP DISCUSSIONS

Below are summaries of work group discussions on three questions that were prepared earlier.

GROUP 1

Question 1: What were the main challenges with services due to COVID-19? How did your institution cope with these challenges?

- > COVID-19 pandemic caused refugees to have socioeconomic difficulties. Many refugees lost their jobs in this process and naturally became unable to meet their basic needs. The fact that support and services provided by public institutions did not cover refugees caused existing needs to become more visible. Refugees had problems accessing not just basic needs but also health and education sectors. For instance, children that did not have smart phone, tablets or televisions could not access education with start of distance education due to the pandemic.
- > Activities that required face-to-face interaction could not be realized due to Covid-19 pandemic related health precautions. In addition to information and awareness raising seminars, specialized protection services such as psychosocial support and physiotherapy that give more effective results if conducted face-to-face had to be suspended due to the pandemic.
- > Before the pandemic language classes were progressing positively with transportation and food support to refugees. With online platforms we were targeting to ensure participation of refugees that could not participate previously. However, deprivation of refugees from transportation and food support decreased online participation. That is why, we decided to conduct classes face-to-face again in line with social distancing rule.

Question 2: What needs to be improved with services provided by public institutions, non-governmental organizations, and other actors to ensure their fast and quality delivery?

- > Generally, relationships that can be established with NGOs on the field cannot be established with public institutions. Referrals to public institutions are not considered and NGOs are mostly left outside processes despite being

one of the main actors in refugee issues. We come across some NGOs close to the government on the field that are involved in the process but a broad participation is possible with using the force on the field more effectively. At this point advocacy efforts must be organized to establish NGOs role and effectiveness on the field to public institutions. In the light of advocacy activities, transparent inspection of relations outside any political perspective would ensure establishment of an effective referral mechanism.

- > Practical efficiency of legally existing rights must be improved. Especially leaving NGOs out of processes regarding referrals to services given by public institutions and lack of feedback for referrals decreases quality of existing services and leads to loss of rights.
- > Efforts can be directed towards raising awareness of refugees regarding feedback mechanisms considering services they use. This might prevent arbitrary treatments and loss of rights and increase quality of services provided.
- > Standardizing coordination meetings organized by public institutions or NGOs in cities and involving community members and opinion leaders in such meetings would help refugees voice their needs directly.
- > Communities ask their own communities before NGOs or public institutions in terms of information and awareness. There are no legal obstacles to form refugee communities. However concrete steps must be taken to mobilize refugees legally. Platforms must be established where refugees can communicate their complaints before public institutions and local governments.
- > We are aware that in different regions and cities effective referral mechanisms are established to ensure public institutions and NGOs work in harmony. Similar examples can be generalized and referral mechanisms that work effectively at local and national levels can be formed. For instance, we can show example of a project run by an NGO in Urfa where an effective referral mechanism is established with cooperation of İŞ-Kur, AFAD, chambers of trade, municipality, and other NGOs and public institutions that provide services on the field.

Question 3: How can actors on the field empower online and physical referrals?

- > Preparing a service map for every new project takes time and effort. Instead, a live and interactive service mapping system like the UNHCR's "Services Advisor" application must be established. In addition, the interactive service mapping that would be prepared must not cover only "protection" oriented services but must be an inclusive service covering also different sectors (livelihood, food security, access to work, "wash", accommodation, etc.).

GROUP 2

Question 1: What were the main challenges with services due to COVID-19? How did your institution cope with these challenges?

- > Fast transition to remote working discipline and restrictions under health precautions caused problems with providing quick support to counsees.
- > There were particular problems with detection of highly sensitive cases. Survivors of Gender Based Violence (GBV), child cases under risk could not contact us because they did not have access to safe environments or similarly we could not access them.
- > With the start of pandemic we contacted public institutions and NGOs directly and took steps to establish information flow to provide quality services to refugees.
- > Fast transition to remote working discipline and provision of support to counsees online and on phone without pause.
- > NGOs working on the field had to integrate their activities to remote working discipline, determine methods for services provided to counsees and update employees regarding current applications.

Question 2: What needs to be improved with services provided by public institutions, non-governmental organizations, and other actors to ensure their fast and quality delivery?

- > Regularly discussing with institutions cases are referred to for keeping service map up-to-date and informing teams on such issues.
- > Referrals mechanism works fast and results in quality service when it works reciprocally and in coordination. However, the real challenge is establishing effective coordination. Making personal referrals in some institutions causes interruptions in communication and coordination. Ensuring institutionalized communication and coordination can assist making healthy referrals in the absence of focus people.
- > Receiving feedback upon referrals might be helpful. Receiving feedback can help with remedying deficiencies in provided and planned services.
- > Insufficient feedback and information share regarding referrals to public institutions and their dependence on institutions prevents involvement of NGOs to the process and their support.
- > Integrating public institutions to online coordination is very important. While this integration is achieved in some regions and cities, practice might change

among cities. In this sense, it would be useful to generalize positive practices and involve public institutions in coordination at national level.

- > Enabling online referrals according to teleworking conditions to support counselees with urgent needs or in highly sensitive conditions and public institutions and NGOs sharing their expectations regarding referrals in such cases.

Question 3: How can actors on the field empower online and physical referrals?

- > Ensuring effective communication and coordination and determining standard communication methods among relevant institutions with online or physical referrals.
- > Timely share of services provided by actors on the field and project continuity.
- > Sharing best practices by actors on the field to reinforce communication
- > Lack of sufficient infrastructure at some institutions increase need for physical contact. Supporting digital channels of public institutions and NGOs can help provide better organized services.
- > Needs analysis must be conducted by work groups to determine quality and sufficiency of channels used by public institutions and NGOs followed by determination and removal of deficiencies.

GROUP 3

Question 1: What were the main challenges with services due to COVID-19? How did your institution cope with these challenges?

- > Since we are a half governmental, half-NGO institution, we had to give full time support including in the pandemic period and while we were giving such services, employees were rotating in the office which caused a decrease in the quality of support. For instance, while we were giving out hygiene sets following health trainings, during the pandemic it was impossible to give trainings which decreased awareness. The main challenge we faced was lack of employees and concurrent decrease in quality of services.
- > With Covid-19 pandemic, we made a fast transition to teleworking in order to continue provide services to refugees without delay. We tried to provide services through online channels and by phone counseling while teleworking. However, lack of internet connection on the part of refugees and provision of support through translators caused serious challenges.

- > Referring cases became even more difficult during the pandemic. Counselees that were Covid-19 positive were reluctant to contact institutions to request services. Similarly, Covid-19 positive employees in institutions that cases are referred to caused delay in services.
- > NGO employees that support refugees directly needed to receive psychosocial support themselves due to lack of communication during teleworking period. Lack of sufficient support to employees was one of the most significant challenges. As lessons learned, it is important to prioritize wellbeing of NGO employees that directly support the field in order to have a more effective referral mechanism.

Question 2: What needs to be improved with services provided by public institutions, non-governmental organizations, and other actors to ensure their fast and quality delivery?

- > Trainings must be given to employees on the field to ensure preparedness before the crisis and fast mobilization. Trainings might help planned referrals progress more soundly.
- > Before the pandemic meetings were organized at city and district levels bringing together public institutions and the NGOs. However, public institutions could not adapt to digital platforms with the pandemic. NGOs must share their existing technological capacity with public institutions and support them. Lastly, organizing trainings through online channels to improve information and skills of the main target group, that is refugees would facilitate their participation in processes to receive support.
- > Assignments at public institutions that replace managers result in disappearance of relationships NGOs form until then. For this reason, in addition to establishing personal communication with public institutions, concrete steps must be taken to make relationship permanent. The way to consolidate this relationship is signing reciprocal protocols and making such examples visible to the benefit of all institutions.

Question 3: How can actors on the field empower online and physical referrals?

- > Referrals must be established on a systematic ground. In order for referrals to be realized, both public institutions and non-governmental organizations must receive trainings and work in harmony.
- > Public institutions must accept NGOs as important actors that know realities in the field and that must be cooperated with not just in crisis situations like a pandemic but in all periods.

- > Alteration of applications in practice after referrals and lack of information by NGOs causes loss of time and unjust suffering on the part of refugees. Public institutions must announce practical changes under regulations, governorate decisions, etc. and share them with the NGOs.
- > School registration is a clear process with all its steps. But with some referrals we saw that refugees could not register their children and access schools. School officers must be prevented from obstructing children's school registrations based on no legal grounds. For this reason, the perception of "guests", "they will return" in the beginning of 2011 crisis must be destroyed and efforts must be initiated to improve social harmony. Social harmony efforts and concurrent trainings would raise awareness of both the public and refugees and prevent arbitrary treatment as in the example of schooling.

GROUP 4

Question 1: What were the main challenges with services due to COVID-19? How did your institution cope with these challenges?

- > Limiting contact of NGOs and public teams with the field was a great challenge to access refugees in difficult situations.
- > Cooperation with NGOs and public institutions and especially with municipalities facilitated this process.
- > Online channels such as Zoom started to be used for support but not everybody has access to such tools. In this sense support provided by NGOs could not cover everyone.
- > With changing office hours of public institutions, the existing need for translator support increased.

Question 2: What needs to be improved with services provided by public institutions, non-governmental organizations, and other actors to ensure their fast and quality delivery?

- > Digital services must be generalized and activities for skills development directed towards use of such tools must be increased.
- > During the period when social contact was limited, detection efforts of public institutions and non-governmental organizations came to a halt. Refugee groups must be established and supported to overcome this.

Question 3: How can actors on the field empower online and physical referrals?

- > This is discussed in the framework of other questions.

GROUP 5

Question 1: What were the main challenges with services due to COVID-19? How did your institution cope with these challenges?

- > NGOs could not accompany counselees especially in the hospitals which increased problems with access to health services due to language barrier.
- > For transfer procedures persons must get HES codes. Migration Management offices take fingerprints of people who have not registered and give them a code but this code is not sufficient to get HES code. This situation that could not be resolved by migration authorities lead refugees to seek alternative solutions.
- > Refugees that live in other cities than their city of registration could not initiate legal processes when they lose a right or have compelling needs such as family reunification.
- > Covid-19 also stretched motivation levels of non-governmental organization employees. While the pandemic in question is new for everyone, it is important to adopt a more flexible approach instead of trying to overcome this with conventional methods.
- > The first people to be laid off in Covid-19 process were refugees without work permits.
- > During Covid-19 period refugees has problems accessing education and health services mostly due to discrimination.

Question 2: What needs to be improved with services provided by public institutions, non-governmental organizations, and other actors to ensure their fast and quality delivery?

- > NGOs were conducting very useful regular monthly meetings with District Directorates of Family, Labor, and Social Services. It is important this continues during the pandemic as well.
- > In NGO-Public cooperation, what NGOs are, what they do, and how they facilitate duties of public institutions must be described well.
- > Participation of representatives of public institutions to such NGO activities is important.

Question 3: How can actors on the field empower online and physical referrals?

- > Both NGO employees and their target groups must be informed and trained on how to use online channels.

- > NGOs and public institutions must revise their support as appropriate to online channels. For instance, refugees can access many documents from e-state but this option is not very well known by refugees. Moving from this example a training for refugees about how to use e-state or how to participate in distance education would be useful.

GROUP 6

Question 1: What were the main challenges with services due to COVID-19? How did your institution cope with these challenges?

- > The main difficulties during Covid-19 period are inability to access aids, incomplete financial and in-kind assistance, problems with accessing psychological support, problems with internet access, lack of information and inability to register cases by Migration Authorities.
- > Institutions continued to provide support and information through online channels as much as possible. However not all refugees had access to the Internet while at houses with internet access counselees could not use services fully due to large households.
- > During Covid-19 period there was a visible increase in financial support needs of refugees.
- > During Covid-19 period psychosocial support is provided through online channels. Also refugee families are accessed by phone and were provided information.
- > Refugees could not receive mask or hygiene set supports from local governments.
- > Refugees that are laid off due to the pandemic are faced with serious risks in terms of accommodation-evacuating houses-and access to basic needs. Emergency funds are needed at these points.

Question 2: What needs to be improved with services provided by public institutions, non-governmental organizations, and other actors to ensure their fast and quality delivery?

- > At public institutions such as District Directorate of Migration Management, there is a lack of translators. There is a serious deficit in terms of Farsi translators. NGOs send their translators but most of the time this fails to be sufficient. If translator support can be provided, this would speed up procedures at public institutions and facilitate processes.
- > There are many problems at public institutions such as arbitrary treatments and refusal to accept petitions.

- > NGOs must be in a fast track communication with public institutions and improve cooperation. It would be useful if public institutions provide trainings to NGO employees to give better services.
- > Inability to get appointments at Migration Management for address change for instance negatively affect children's registration to schools and their access to education. This can be improved by working in coordination. We can solve this problem by ensuring regular coordination between public institutions and NGOs.

Question 3: How can actors on the field empower online and physical referrals??

- > Many NGOs have their own service maps. But establishing a joint network, an umbrella organization where we can establish more practical communication among each other would make communication more effective. Meeting under an umbrella organization would ensure a more effective referral system, facilitating progress. Some NGOs have strong relationships with some public institutions. At this point procedures and communication must be further standardized and uniformed.
- > Referrals must be made in coordination. Referral procedures of some refugees can have negative results due to lack of coordination. For this reason, sharing internal decisions by public institutions with NGOs would result in better quality referral support. Establishment of a system to access current information would be a major step in making correct referrals.

CONFERENCE 1

**Reinforcing Referral Mechanisms between Public Institutions
and Non-Governmental Organizations**

“Look, Listen, Link”

(08.11.2019)

VI. CONFERENCE 1: GENERAL EVALUATION

'Look, Listen, Link - Conference on Strengthening Referral Mechanisms Among Governmental Institutions and Non-Governmental Organizations took place at the Grand Ankara Hotel on November 8, 2019. Supported by the European Union Civil Protection and Humanitarian Aid Operations (ECHO), the Conference was organized in collaboration with The Research Center on Asylum and Migration (IGAM) and International Blue Crescent Foundation (IBC).

The mass movement of people seeking "survival and safe living", which began with the entry of 250 persons into Turkey from Syria in April 2011, has now reached 4 million refugees¹¹. Recorded as the world's largest mass asylum movement in history, this event prompted Turkey to establish legal regulations, organizations and organizational relations that can swiftly respond to the humanitarian needs. In addition to governmental institutions, national and international non-governmental organizations also responded to the request for humanitarian assistance. Aid work is conducted in an organic collaboration with governmental institutions to enable the access of refugees to rights and services as defined with laws and regulations.

The conference theme - "Look, Listen, Link" - was aimed at addressing issues faced by governmental institutions and non-governmental organizations on the frontline of the response. These agencies see the difficulties encountered by vulnerable individuals who were displaced by force and who are now seeking access to services - they are focused on listening to and extending good practices and effectively referring vulnerable individuals to services.

The conference brought together 65 attendants from 35 institutions and organizations to discuss the difficulties and good practices observed in referrals, which is the most important part of the collaboration between governmental institutions and non-governmental organizations. Participants also look at solutions to ongoing challenges.

The conference was opened with speeches from Mr. Metin Çorabatır, President of The Research Center on Asylum and Migration; Mr. Emrullah Okur from Directorate General of Migration Management, Department of Compliance and Communication; Mr. Mehmet Selim Canbal, Head of Department of Programs and Education Materials of the Ministry of National Education; Mr. Reza Kasrai, Technical Assistant in the European Union Civil Protection and Humanitarian Aid Operations

Turkey Office; and Ms. Duygu Fendal, Program Director of International Blue Crescent Foundation. Speakers presented a picture of the current status of ref-

ugees in Turkey and globally, and highlighted the importance of interventions that offer sustainable, holistic and coordinated solutions that are based on rights and an accurate identification of the needs.

After that, cross-organisational round table meetings were held to discuss ways to strengthen referral mechanisms among governmental institutions and non-governmental organizations. Representatives from national and international non-governmental organizations and governmental institutions discussed good practices and the difficulties encountered in the field when working with refugees, and suggestions for solutions.

After the roundtable discussions, the delegates came together in plenary to look at all themes discussed in the roundtables and focus on recommendations and priority issues.

In the last part of the conference, it was decided to create a steering committee comprising the representatives of governmental institutions and non-governmental organizations for the creation of a National Referral Mechanism guide.

Below is a summary of the key findings and recommendations from the fruitful discussions at the event. Full documentation from the conference will be available on the official website of The Research Center on Asylum and Migration www.igamder.org in English and Turkish.

[1] In this document, the term 'Refugee' is used according to international law to include the term 'asylum seekers': According to Geneva Convention of 1951, a refugee is anyone who is outside of the country which he/she is a citizen of because he/she is afraid with right cause that he/she will be subject to persecution owing to his/her race, religion, nationality, membership in a certain social group or political opinions and who cannot benefit from the protection of that country or doesn't want to do so owing to such fear, or if he/she has no nationality and is outside of the country of residence where he/she used to live as a result of such events, cannot return there or doesn't want to do so owing to such fear.

VII. CONFERENCE 1: FINAL DECLARATION

Difficulties encountered in the field while conducting work with refugees

1. Poor coordination between organizations and hierarchical procedures in the internal bureaucracy of each organization prevents quick action, even during planned situations that require a quick response.
2. Insufficient coordination between organizations results in a duplication of support being delivered by different organizations to the same refugees.
3. Processes for obtaining emergency support from governmental institutions for LGBTI individuals who are marginalized by the community due to their sexual orientation and gender identity to be directed to safe areas in emergencies need to be accelerated. Internal bureaucracies of governmental institutions and different practices make it more difficult for marginalized individuals to have access to rights and services. According to observations of organizations working in the field, marginalized groups prefer to contact and request protection from non-governmental organization rather than governmental institutions in emergencies. Lack of a certain standard in the field regarding access to rights and services causes marginalized refugees to be passed back and forth between different governmental institutions and non-governmental organizations.
4. The fact that school management and teachers lack a standard, structured approach and practice towards refugee students and the exposure of refugee students to language barriers and peer bullying have a negative impact on schooling and lead to child labor.
5. Projects in Turkey are still being developed based on emergency response and humanitarian frameworks, which slows down processes and progress relating to refugees' social participation and integration.
6. The fact that relations between non-governmental organizations with governmental institutions often exist primarily on a personal level - rather than institutional level - prevents building permanent collaboration and an effective joint referral mechanism.
7. Moreover, the fact that refugees lack sufficient knowledge regarding services offered by governmental institutions and non-governmental organizations indicates that the referral mechanism is still inadequate.

8. There is no refugee representation in the events such as forums, conferences and workshops organized with regard to refugee problems, which renders them unable to express their problems firsthand.

Good practices observed in the field while conducting work with refugees

1. Protocols signed by non-governmental organizations with Ministries to perform activities in the field allow for coordination and collaboration with respective local directorates. Signing a protocol with respective ministries in the areas where refugees need support is useful for bringing the referral mechanisms down to the local level from the central level. Work conducted with local stakeholders (provincial directorates, municipalities, local and national non-governmental organizations, opinion leaders, heads of neighborhoods and imams) to support refugees on a provincial basis contributes positively to eliminating issues and taking prompt action.
2. Organization of seminars, conferences and training requested by governmental institutions from non-governmental organizations on matters such as refugee rights and misinformation helps eliminate the negative perception regarding refugees and realization of social integration. Capacity-building training organized by UNHCR for opinion leaders in different provinces have been one of the significant steps taken with regard to reaching the community.
3. Involving local authorities, refugees and host communities in an ongoing dialogue as part of the design and implementation of projects offers a sustainable model for protection, subsistence and other interventions.
4. Governmental institutions and non-governmental organizations gather on a monthly basis with the initiative of Istanbul Provincial Directorate of Migration Management, under leadership of the Provincial Directorate of Family, Labor and Social Services. Working with the Istanbul Protection Work Group, this regular coordination meeting supports successful and systematic implementation. At the same time, capacity building training is offered for professional personnel who carrying out protection activities in non-governmental organizations by the Provincial Directorate of Family, Labor and Social Services.

Suggestions for solutions to strengthen referral mechanisms among governmental institutions and non-governmental organizations

1. Extension of the governmental institutions and non-governmental organizations coordination meeting held in Istanbul to other provinces.

2. Ensuring the referral collaboration between non-governmental organizations and governmental institutions that offer services to refugees is designed on an organizational level and made sustainable through protocols.
3. Improving the contents of the UNHCR Service Advisor online platform (<https://turkey.servicesadvisor.org/tr>), to ensure it provides detailed information about the services offered and encourage more frequent use of this platform by non-governmental organizations.
4. Providing psychosocial support to prevent secondary trauma for the employees of governmental institutions and non-governmental organizations conducting activities on protection.
5. Creating a campaign in the media to counter ‘false facts’, to reduce the negative perception regarding refugees.
6. Organizing coordination meetings under leadership of respective provincial directorates to ensure the flow of information between organizations and to communicate it to refugees.
7. Creating a radio program / channel under leadership of governmental institutions and UN to inform refugees about local and national changes.

VIII. CONCLUSION AND THE FUTURE

The new Turkish asylum system that became operationalized in 2013-2014 period was faced with an unforeseen amount of refugee inflow right after its establishment. This humanitarian issue that has been in country for 10 years with numbers reaching four million as of today, naturally gains new dimensions every day. Needs of refugees change in terms of quality and quantity and migration and asylum management mechanisms have to develop new methods and adjust to developments. There is need to learn and adapt new mechanisms that had not discussed in Turkish asylum system until 1990's and even 2000's. One of the most important such mechanisms to protect refugees is "referral" mechanisms. There are referral forms that UNHCR developed for different needs in its global applications, such as to use in its relations with resettlement countries, MICIC standard guides, and referral forms that NGOs and public institutions in different countries use for their referrals to the UNHCR.

In Turkey all stakeholders need to quickly improve their experiences with referrals that is an effective protection tool. Representatives from public institutions and NGOs that participated in two consecutive conferences organized cooperatively by IGAM and IBC avidly, enthusiastically, and ardently tried to contribute to the process of saving existing referral mechanisms from their current state of disorganization and establishing a productive system and standards. Opinions presented in this report clearly display what is being done and what needs to be done.

Certainly for referrals to provide effective protection, legal and administrative limitations concerning refugee rights and status must be removed. No matter how effective referrals are, if access to some rights is limited by law, neither referring NGO not referred public service provider is left with much to do. For this reason, all stakeholders must make advocacy to update legal regulations while acting together to standardize existing referral procedures.

We believe that outcomes of these conferences will be the start of new joint steps taken to reinforce Turkish asylum system even further especially about referrals.



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