



KNOWLEDGE, ATTITUDES AND PRACTICES (KAP)

ASSESSMENT ON COVID-19 (ROUND 2)

COMMUNITY BASED MIGRATION PROGRAMME

TURKEY, JANUARY 2021



TRCS during mask distribution and information dissemination

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EXECUTIVE SUMMARY

To understand communities' knowledge, attitudes, and practices (KAP), along with their information needs on COVID-19, this KAP assessment was conducted by the Turkish Red Crescent Society (TRCS), with support from International Federation of Red Cross and Red Crescent Societies (IFRC), under the Community Based Migration Programme (CBMP) from 10 to 26 November 2020. This is the second round of the KAP assessment and is a follow up on the [first round conducted from 20 July to 12 August 2020](#). This assessment was conducted using the same methodology as before - via phone interviews and online consultations/focus group discussions (FGDs) with refugees and local people in 16 TRCS Community Centre locations. Comprising both qualitative and quantitative data, a total of 3,840 individuals had been interviewed over the phone in 16 Community Centre locations, with a total of 321 refugees and local people participating in 32 FGDs. The findings of the assessment are intended to inform understanding of community perceptions of, and knowledge about, COVID-19 and, in turn, shape risk communication, behaviour change and community engagement activities.

Survey findings show that community members are well aware (96.1%) of the COVID-19 outbreak, including the symptoms of the infection, how it spreads, and how to reduce the risks of becoming infected. This indicates communities' continued exposure to a wide range of information related to this topic as in the first round of the assessment, where 96.5% of people reported being very aware about COVID-19.

The most popular sources of information about COVID-19 were TV (59.9%), followed by Ministry of Health (30.2%), Facebook (30.2%), websites (22.0%), family and friends (38.9%) and health workers (15%). 'Ministry of Health' was a newly added option in this round of the assessment after emerging as one of the most common sources of information in the first round of surveys. Other sources mentioned included government officials and social media channels - including those of TRCS and its website - and TRCS staff and volunteers, World Health Organisation (WHO), doctors and community leaders. While the use of Facebook (21.3%) is slightly higher among refugees, TV is more accessible by people from host communities (32.0%) as TV shows are mostly in Turkish and there is no language barrier for them. The majority (97.1%) of respondents reported that they did not encounter any challenges in receiving information about COVID-19. However, in addition to not using social media or having a smart phone to access information, as in the previous survey, refugees reported language barriers and being unable to afford internet as their main challenges to accessing information.

Communities' most trusted sources of information were Ministry of Health (43.2%), TV (38.6%), doctors (19.0%) and health workers (18.7%). Other channels included Facebook, government officials, family and friends, community leaders, Muhtars¹, TRCS, WHO and non-governmental organizations (NGOs). In many locations, religious leaders and doctors were identified as one of the most trusted channels through which to receive information.

A majority of respondents, like in the previous round, identified older people (84.7%) and people with chronic diseases (67.4%) as being at the highest risk of COVID-19 infection. Also mentioned were pregnant women, doctors and health workers, children, people going out to work, using public transport and those not following the preventive measures. It was understood that young people may not always show symptoms but can be carriers of the disease.

A majority of survey respondents viewed COVID-19 as "very dangerous" (81.4%). This response was slightly higher in the previous KAP assessment (84.0%). On the other hand, the number of respondents considering COVID-19 as "more or less dangerous" has increased in the second round (15.6%) compared to the first (12.9%). Participants in most locations, except a few in Kilis, believed COVID-19 was real.

When asked if a person who is infected or has recovered from COVID-19 would face discrimination, 14.9% of the host population answered "Yes" compared to 5.3% of the refugee respondents. This suggests that stigmatisation of COVID-19 is higher amongst the host population than in refugee communities. Stigmatisation was also reported as being higher amongst the host population in the previous assessment (21.7%) however, there appears to have been a significant decrease in this percentage in the second round. According to those who said discrimination would occur (1,028 respondents), the most discriminated groups of people were those who had, or previously had had, COVID -19 (57.1%), as well as those suspected of being infected with the virus (50.9%).

¹ Muhtar - Muhtar is the elected government representative who carries out management and executive roles in the city neighbourhoods and villages in Turkey.

A majority of survey respondents reported being worried that their family might become infected with COVID-19 (62.4%) or that they themselves might become infected (53.5%). Fears of losing employment (6.9%), having lost employment (7.9%), being unable to pay rent/bills (7.3%), or afford food for the household (4.4%), were all slightly higher among refugees than local people. Concerns related to employment were also higher for men than women.

Vast majority - 95.8% - of survey respondents were taking some measures in their daily life to prevent the risk of COVID-19 infection, including frequently washing hands with soap, practicing personal hygiene, avoiding going out unless necessary, wearing masks, and maintaining physical distance whenever outside. This finding is slightly higher than the previous assessment (94.3%), meaning more respondents reported to take actions in this round. The few who said they were not taking any measures (50 respondents) highlighted various reasons, such as not knowing how to take preventive measures (48.0%), being unable to afford soap or disinfectants (22.0%), and not being able to understand the information on preventive measures (20.0%).

Despite the high level of awareness, people were reported to be less motivated to follow the preventive measures due to fatigue or reduced fear of contracting the disease comparing to the early stages of the outbreak. People felt uncomfortable wearing masks for prolonged periods or were not wearing the masks appropriately. Some believed people who are healthier would not be infected and could not spread the disease, while a few reported beliefs that COVID-19 did not really exist. People felt it was hard to explain the risks of COVID-19 to children and how they could protect themselves. It was suggested that information about the three most important practices – washing hands with soap, wearing masks, and physical distancing should be reinforced to encourage people to adopt healthy behaviours.

Various rumours were reported being spread in the community with several relating to denial of COVID-19, actions to prevent COVID-19, treatment, or vaccine for the disease, how it can spread or who are at risk. These rumours were spread mostly via word-of-mouth and social media. Misperceptions and rumours in a community can create social tension or lead to the practising of harmful behaviours and should be responded to by swiftly providing communities with the right information.

Although around 54.7% of the respondents reported not needing any more information about COVID-19, the remaining 45.3% requested information on various topics on COVID-19. Similar results were shown in the previous round with 55% of the respondents not requiring information. 'COVID-19 treatment or vaccine' was a newly added option in this round and was the main topic people mentioned needing information on. While this showed communities' interest to learn about the developments of COVID-19 treatments or vaccines, further study is still required to understand if communities are willing to take a COVID-19 vaccine when it becomes available. Various information materials on COVID-19, including those targeting children and older people, as well as online sessions were suggested to motivate people to practice healthy behaviours.

Over half of the respondents said they preferred to receive information from TRCS by phone (56.7%), followed by SMS (26.7%), TRCS Facebook (17.3%) and TV (12.2%). A less strong preference for WhatsApp was noticed in this round (11.9%) comparing to the previous round (20.3%). Turkish (54.7%) and Arabic (55.6%) were the main preferred languages with English, Farsi and Kurdish also reported, but in much lower numbers.

Refugees were significantly more likely to follow TRCS social media channels or visit the TRCS website and recognise these as a source of COVID-19 information, than respondents drawn from the local host community, many of whom said they were unaware of these TRCS platforms. Compared to the previous assessment (where 45.6% of respondents responded positively), less people are now following the TRCS social media and website (43.8%). There is also still a large disparity between refugees and the host community viewing these platforms with more than two-thirds (69.2%) of refugee respondents saying they visited the TRCS Facebook and Community Centre Facebook pages, compared to one-fifth of local people (20.9%). For the host population, TRCS Instagram and Twitter, both the general and Community Centre accounts, are more popular with more than a third of people from host communities reporting looking at them (34.7%) compared to less than a fifth of refugees (19.3%).

Almost three-quarters (73.3%) of respondents said they would prefer to contact TRCS by phone to ask questions or share feedback. Respondents also said they preferred face-to-face interaction by visiting TRCS Community Centres or meeting staff/volunteers in person. Online meetings via Zoom/Skype were recognised as useful to ask questions and share key concerns from their community.

Ten months into the pandemic, there are still many people who have lost employment and respondents suggested if TRCS could provide assistance to those who have become unemployed. At the same time, the need for masks, hygiene kits and psychosocial support (PSS) in the community remains high. Relevant services including distribution of masks and hygiene kits, mental health support as well as dissemination of COVID-19 information to people in ways that tackle and overcome the increasing fatigue, and online activities for children, were increasingly requested from TRCS to help communities respond to the COVID-19 outbreak.



“We would like to request the Community Centre to conduct more online information session and educational activities on COVID-19”
– said refugee respondents in Mersin.

Data collection process

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ABBREVIATIONS

CBHFA	Community Based Health and First Aid
CC	Community Centre
CEA	Community Engagement and Accountability
FGD	Focus Group Discussion
IEC	Information Education and Communication
IFRC	International Federation of Red Cross and Red Crescent Societies
KAP	Knowledge, Attitudes and Practices
NGO	Non-Governmental Organization
PSS	Psychosocial support
RCCE	Risk Communication and Community Engagement
TRCS	Turkish Red Crescent Society
WHO	World Health Organisation



TRCS during mask distribution and information dissemination

INTRODUCTION

The COVID-19 pandemic has resulted in both a public health crisis, and a humanitarian crisis, affecting the lives, health, and livelihoods of people around the world. With the impact on socio-economic conditions, vulnerable people, already affected by displacement and conflict, are at greater risk in the face of the COVID-19 outbreak. Given the disruption of daily routines and social isolation, the outbreak also affects mental health and psychosocial wellbeing, causing fear and anxiety among people about their own health and the health of their loved ones.

In Turkey, as of 4 January 2021, almost two-and-a-quarter million (2,241,912) cases have been confirmed with more than 20,000 (21,488) deaths reported². Survival rates have been encouraging however, with more than 2 million (2,136,534) people having recovered from the virus. Since the beginning of December 2020, the Turkish government has introduced more stringent measures to curb the spread of the pandemic in the country. Weeknight curfews are imposed from 9pm to 5am the following day. Weekend curfews are also enforced from 9pm on Friday continuing through until 5am on Monday. During the hours of curfew, individuals, except citizens aged 65 and above and those aged 20 and below, will be able to shop at the closest store within walking distance. All education/training activities for preschool and kindergarten are suspended and will continue via distance learning. Dining establishments such as restaurants, patisseries, cafés, and cafeterias are available for delivery services only. Intercity travel during weekday and weekend curfew hours is only authorized under certain mandatory circumstances³.

As part of the Community Based Migration Programme (CBMP), the Turkish Red Crescent Society (TRCS) has been responding to COVID-19 related needs in the country by conducting risk communications and community engagement (RCCE) activities. These include dissemination of information among refugee and host communities by phone, online social media, and conferencing platforms, at households, and in public community spaces. Based on community information needs and in coordination with the TRCS public health department, the TRCS communications team has been updating and developing new content and information materials on various topics related to COVID-19, including factual information to address rumours.

² For latest information about COVID-19 in Turkey, please visit: <https://covid19.saglik.gov.tr/>

³ For more information about COVID-19 restrictions/measures in Turkey, please visit: <https://www.icisleri.gov.tr/koronavirus-ile-mucadele-kapsaminda-sokaga-cikma-kisitlamalari--yeni-kisitlama-ve-tedbirler-genelgeleri>

Until the end of December 2020, TRCS has reached over 209,970 refugee and host community members through Community Centre (CC) RCCE and hygiene promotion activities in relation to COVID-19. Also being conducted by TRCS are health interventions, including symptom screening by phone, referring potential COVID-19 cases to hospitals, and various online psychosocial support (PSS) activities.

TRCS operates 16 Community Centres in 15 cities across Turkey, of which 15 Community Centres are supported by IFRC, providing integrated community level support including protection assistance, social cohesion, health and psychosocial services, language training, vocational training for employability and livelihoods support, all of which aim to increase the resilience and well-being of both refugee and host communities. Recognizing that listening and working with communities to support them and address their vulnerabilities leads to better quality programming, TRCS has been using the Red Cross Red Crescent Movement's Community Engagement and Accountability (CEA) approach within its work at the Community Centres to ensure services provided are relevant and effective for the needs of the community.

Why KAP assessment?

Given that understanding about COVID-19 and the ongoing outbreak is rapidly evolving, any information gaps among people can potentially lead to misperceptions, rumours, and panic. It is critical to capture and act on the feedback and concerns of the communities we work with, to provide relevant life-saving information, adjust our operational response, and build long-term trust.

To understand refugee and local communities' knowledge, attitudes, and practices (KAP), along with their information needs on COVID-19, this KAP assessment was conducted by TRCS, with support from IFRC, from 10 to 26 November 2020. This is the second round of the KAP assessment and is a follow up on the [first round conducted from 20 July to 12 August 2020](#). The assessment helps us understand what people know, what they believe, and what they do in relation to COVID-19 and is a community engagement tool to help us listen to people and improve our work. Knowing what information people have heard already, how they reacted to it, and why they might be resistant to change can help us develop effective, targeted information, engage in dialogue with communities, and promote positive behaviour. The assessment also provides an understanding of the context for refugees and local people in the current outbreak to help ensure RCCE activities communicate with all groups, and do not unintentionally create or exacerbate existing tensions and inequalities.

Goal and Objectives

The goal of this KAP assessment is to understand communities' knowledge, attitudes, and practices, along with their information needs on COVID-19, and inform risk communication, behaviour change and community engagement activities. This second round of the assessment also aims to share a comparison of the key results with that of the first KAP data to give an understanding about how the situation has changed or improved over time.

Key objectives are to understand communities':

- knowledge about COVID-19
- attitudes and feelings towards COVID-19, as well as their perceptions, beliefs, or any preconceived ideas
- practices and what people do to protect themselves and their families from the disease
- information needs and their preferred channels through which to receive information and share feedback with TRCS

Method

This KAP assessment was conducted using the same methodology as before - via phone interviews and online consultations/ focus group discussions (FGDs) with refugees and local people in 16 TRCS Community Centre locations. Comprising both qualitative and quantitative data, a total of 3,840 individuals had been interviewed over the phone in 16 Community Centre locations, while a further 321 refugees and local people have participated in 32 FGDs. Of the 321 people involved in FGDs, 157 were men, and 164 women, with 160 people being refugees and 161 from the local host community. The survey questionnaire from the first round KAP assessment was used for the phone interviews, with a few new options added to specific questions, and the same FGD questions were used for community consultations.

KoBo Toolbox - a free open-source tool for mobile data collection - has been used to collect data for the survey. An online orientation on the KAP assessment was held on 9 November 2020 for 32 TRCS volunteers from the Community Centres (CCs) to explain the objectives of the assessment, how to use KoBo Toolbox to collect data, and to understand the survey questionnaire and FGD questions.

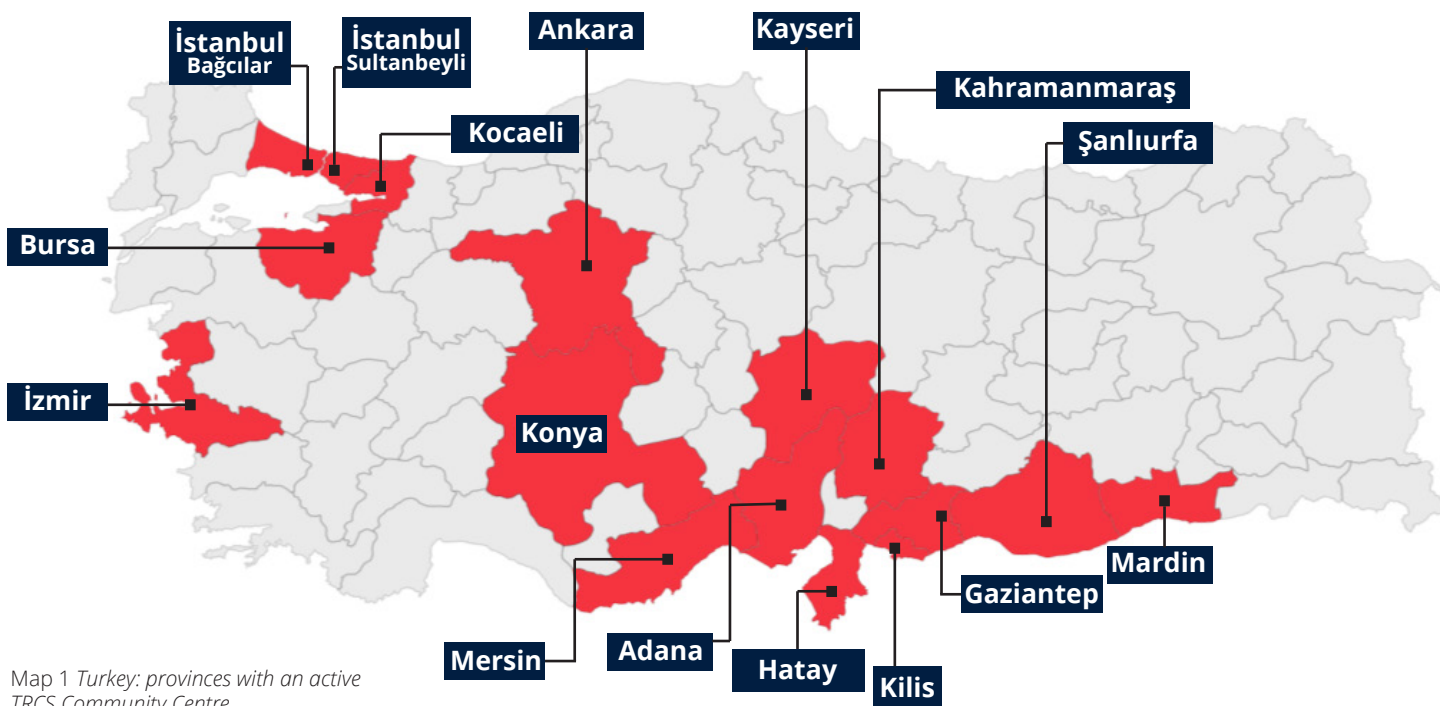
Phone interviews by TRCS Community Centre volunteers

TRCS volunteers in each of 16 Community Centre locations conducted the KAP survey via phone interviews by calling members of both the refugee and local community. A total of 240 individuals were interviewed in each location totalling 3,840 individuals in 16 locations. Of these, 2,014 were females (52.4%) and 1,824 males (47.5%) while 1,987 (51.7%) respondents were Syrian, 1,740 (45.3%) Turkish, and 102 (2.6%) of other nationalities. Around 50% of the respondents interviewed were involved in TRCS CC activities, with the other half of respondents not accessing any services at the CCs. In the phone survey, random sampling⁴ and snowball technique sampling⁵ were used.

Online Consultation/Focus Group Discussion (FGDs)

Two separate online consultations/FGDs with refugees and local people, were conducted in each of 16 CC locations. In total 32 FGDs were conducted reaching 321 refugees and local people. The participants of the FGDs also included members of TRCS' existing community forum, the Advisory Committee⁶. The Advisory Committee members have been part of the previous KAP assessment on COVID-19, hence any changes or improvement in their lives will be reflected in the FGDs in the second round. Since the consultations were done online, a maximum of 10-13 participants attended each FGD sessions.

Apart from the Advisory Committee members, other participants attending the FGDs were identified prioritising older people, people with disabilities, and single heads of households including those who were involved in CC activities and others that were not accessing any services at the CC. The reason for conducting separate FGDs for refugees and local people was to ensure that people could discuss openly and avoid influence from either party in responding.



4 Random sampling consists of a sample that is meant to be an unbiased representation of the total population. For the phone survey, the respondents involved in CC activities, are randomly selected from the TRCS beneficiary database which records information of community members receiving or accessing various services at the CC such as language courses, vocational training, PSS counselling, etc.

5 Snowball technique sampling is a nonprobability sampling technique where existing study subjects recruit future subjects from among their acquaintances. For the phone survey, the respondents not involved in CC activities are selected through snowball technique sampling, where the surveyed respondents involved in CC activities select other individuals near their residence, who are not receiving or accessing any services at the CC.

6 The Advisory Committee comprises of community representatives (locals and refugees) and functions as a platform to share with TRCS, along with other stakeholders, their feedback or concerns about the Community Centre activities and other issues affecting them. With a maximum of 15 members, the committee comprises of both men and women from various profession and age.

The number and composition of the community members who participated in the FGDs are outlined in the table below. In total, 321 community members participated in the discussion, of which 157 were men, 164 women, and 160 refugees and 161 local community members.

Community Centre	Number and composition of FGD participants				
	Local		Refugee		Total
	Men	Women	Men	Women	
Adana Community Centre	5	5	5	5	20
Ankara Community Centre	5	5	5	5	20
Bağcılar Community Centre	5	5	5	5	20
Bursa Community Centre	5	5	5	5	20
Hatay Community Centre	5	5	5	5	20
İzmir Community Centre	5	5	5	5	20
Gaziantep Community Centre	5	8	5	5	23
Kahramanmaraş Community Centre	5	5	5	5	20
Kayseri Community Centre	5	5	5	5	20
Kilis Community Centre	5	5	5	5	20
Konya Community Centre	5	5	5	5	20
Mardin Community Centre	5	5	5	5	20
Mersin Community Centre	5	5	5	5	20
Sultanbeyli Community Centre	5	5	6	4	20
Şanlıurfa Community Centre	2	6	4	6	18
Kocaeli Community Centre	5	5	5	5	20
Total	77	84	80	80	321

Table 1 Number and composition of FGD participants

Limitations

The main challenge in conducting the assessment was the technical difficulty while organising the online FGDs with participants, many of who were also members of the Advisory Committees. Some of the members did not have access to internet, hence the consultation was conducted through joint phone calls. Other challenges included not being able to include more men in the online FGDs for the local community in Şanlıurfa due to their unavailability during the consultation.



“These online meetings are very useful for us. We are happy to join the discussion and share our views on behalf of our community.”
 – said refugee respondents in Adana

Demographic Profile

Analysis of this assessment is based on 3,840 phone survey responses and 32 FGDs with refugees and local community members in 16 Community Centre locations. Out of 3,840 respondents, 2,014 were females (52.4%) and 1,824 males (47.5%). The age distribution of the respondents was: 82 (2.1%) 14-17-year-olds, 1,634 (42.6%) 18-29, 2,002 (52.1%) 30-59-year olds and 122 (3.2%) over the age of 60. The FGDs were conducted separately with refugees and host community members. In total, 321 community members participated in the FGDs, of which 157 were men, 164 women, and 160 refugees and 161 local community members. All the below charts represent survey findings, while the narrative parts are also supported with findings from FGDs.

Gender

Female		2,014 (52.4%)
Male		1,824 (47.5%)
Prefer not to answer		2 (0.1%)








Age

30-59		2,002 (52.1%)
18-29		1,634 (42.6%)
60+		122 (3.2%)
14-17		82 (2.1%)

Figure 1 Gender-age structure of respondents

Out of 3,840 survey respondents, 1,987 (51.7%) were Syrian, 1,740 (45.3%) Turkish, and 102 (2.6%) other nationalities including Iraqi, Iranian, Afghan, Jordanian, Palestinian, Yemeni, Moroccan, and Libyan. Out of 3,840 interviewed, 2,068 (53.9%) respondents were refugees and 1,740 (45.3%) from the host population. 21 (0.5%) respondents selected the "Other" nationality option meaning they could not be classified as being either refugees or from the host community, and 11 (0.3%) respondents preferred not to answer.

Nationality

Syrian		1,987 (51.7%)
Turkish		1,740 (45.3%)
Iraqi		69 (1.8%)
Other		21 (0.5%)
Prefer not to answer		11 (0.3%)
Afghan		7 (0.2%)
Iranian		5 (0.1%)

Status in Turkey (nationality grouped)

Refugee		2,068 (53.9%)
Host population		1,740 (45.3%)
Other		21 (0.5%)
Prefer not to answer		11 (0.3%)

Figure 2 Nationality-status of respondents

In regards to language, the host population spoke and understood Turkish – 1,722 (44.8% of the total number of respondents⁷), followed by Arabic -293 (7.6%) and some English - 227 (5.9%). Refugees, on the other hand, spoke Arabic -2,028 (52.8% of the total number of respondents), Turkish – 696 (18.1%) and some English - 206 (5.4%). Under the "Other" category: Kurdish, German, Albanian, French, Russian, Spanish, and Romanian were mentioned.

Language spoken and understood

More than one answer possible





















	Host population	Refugee	Other	Prefer not to answer
Turkish	 1,722 (44.8%)	 696 (18.1%)	 14 (0.4%)	 4 (0.1%)
Arabic	 293 (7.6%)	 2,028 (52.8%)	 20 (0.5%)	 10 (0.3%)
English	 227 (5.9%)	 206 (5.4%)	 17 (0.4%)	 4 (0.1%)
Other	 81 (2.1%)	 36 (0.9%)	 1 (0.0%)	 0 (0.0%)
Farsi	 2 (0.1%)	 10 (0.3%)	 0 (0.0%)	 0 (0.0%)

Figure 3 Language spoken and understood, by status

⁷ Host population, refugees, other, prefer not to answer.

The highest level of education: 618 (16.1%) respondents from the host population had completed university while 693 (18.0%) refugee respondents had completed secondary education. Although for male respondents the most common highest level of education reported was university (494 respondents, 12.9%), for female respondents the most common response was primary education (463 respondents, 12.1%).

Highest level of Education

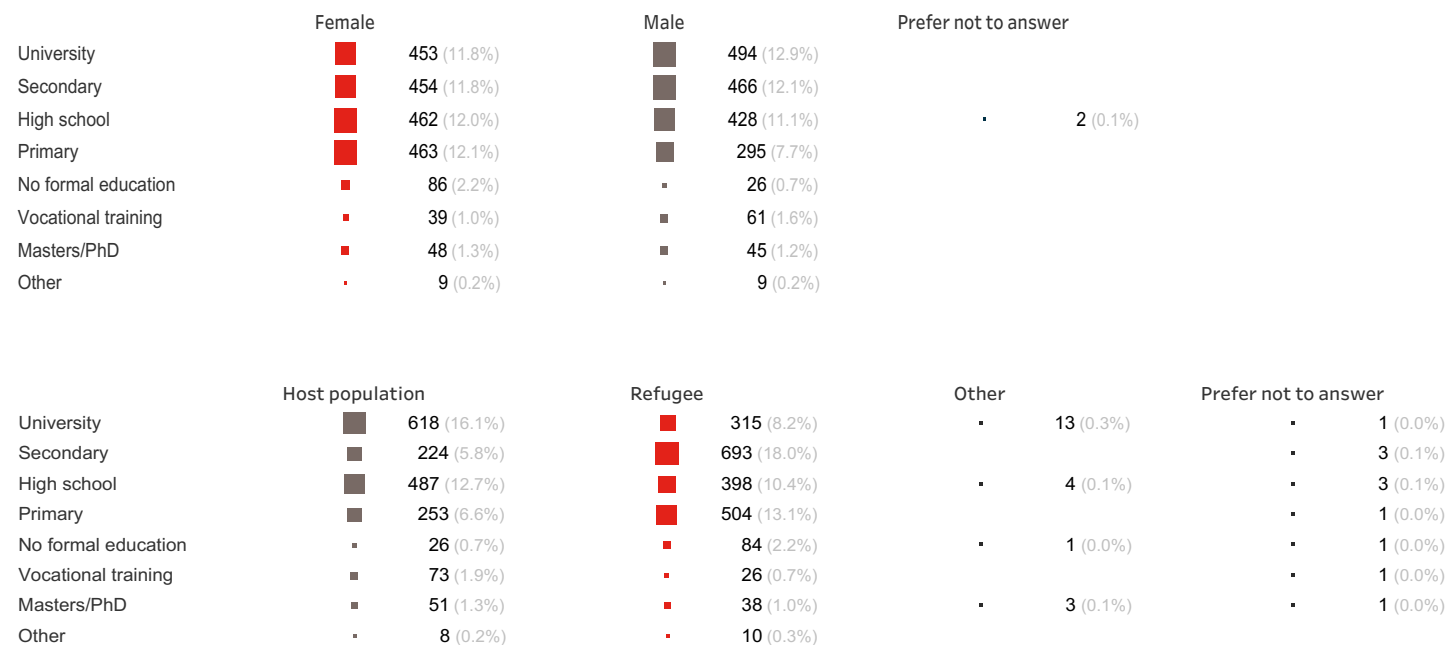


Figure 4 Highest level of education, by gender and status



“Information provided face to face is quite useful in my opinion. If a person from each family is well informed about COVID-19 and how to prevent the risks, he or she can spread the message to other members of the households and encourage them to practise positive behaviour.” – said Ahin (43), a Syrian refugee in Mardin



TRCS staff during mask distribution and information dissemination

KNOWLEDGE

Knowledge assesses a community's understanding and what they know about a given topic, COVID-19 for this KAP assessment. This helps to understand if people are aware about COVID-19, its risks or the groups that are at risk of infection, and the protective actions to prevent the disease.



Survey findings show about 96.1% of the respondents are aware about COVID-19. This number is similar to that of the first KAP assessment (96.5% respondents) and indicates communities' high exposure to information about COVID-19, with these 96.1% of respondents reporting that COVID-19 is a virus that can cause disease. However, the remaining 3.9% of respondents either thought COVID-19 was used as a TV/radio campaign (2.5%), did not know anything about it (1.1%), or gave another response (0.3%).

What do you know about the new Coronavirus?

It's a virus that can cause a disease	■	3,692 (96.1%)
It's a TV/radio campaign	▪	95 (2.5%)
I don't know anything	·	41 (1.1%)
Other	-	12 (0.3%)

Figure 5 Awareness about COVID-19

Under "Other" the following responses were recorded: "I know everything about the virus", a very dangerous or deadly disease, a virus made by humans, a major epidemic emerging from China, "I do not believe there is such a virus/disease".

Respondents have received various information about COVID-19 including its symptoms (82.2%), how it is transmitted (81.2%), how to prevent the disease (61.5%), and what to do if infected (40.9%). People also reported being informed about how to wear masks (40.4%) or wash hands (37.3%), although these two responses were higher in the previous KAP assessment (55.3% and 48.5% respectively). Other information respondents reported having received were about the risks involved for people with chronic disease or pregnant women (26.2%) and how to use disinfectants (15.8%).

What kind of information have you received about the new Coronavirus?

More than one answer possible

Symptoms of the new coronavirus disease	■	3,155 (82.2%)
How it is transmitted	■	3,119 (81.2%)
How to protect yourself from the disease	■	2,361 (61.5%)
What to do if you have the symptoms	■	1,569 (40.9%)
How to use masks	■	1,551 (40.4%)
How to wash hands	■	1,431 (37.3%)
Risks and complications for people with chronic disease or pregnant women	■	1,007 (26.2%)
How to use bleach/disinfectant at home to prevent risks of infection	■	607 (15.8%)
Who to ask questions about coronavirus	■	605 (15.8%)
Which hospitals to go to if symptoms appear	■	482 (12.6%)
Other	-	16 (0.4%)

Figure 6 Types of COVID-19 information received

There were no significant differences in answers provided by refugees/host community members or women/men. Under "Other" the following responses were recorded: maintain physical distance, avoid going out or smoking outside, children could carry the virus, educate children about the virus, it is a dangerous disease, importance of cleaning the house, received all the information needed, how to donate money for COVID-19 response. 5 respondents said they did not know or could not recall what kind of information they received.

When asked how COVID-19 spreads, most respondents mentioned correctly that it can spread through droplets from infected persons when coughing and sneezing (81.3%) or direct contact with infected people (69.1%), touching contaminated objects or surfaces (68.0%) or touching nose, eyes and mouth with dirty hands (51.6%). There were no significant differences in these responses from the previous KAP assessment except for 'touching contaminated objects or surfaces', which was slightly lower in the first round (64.6%). The remaining, however, mentioned blood transfusion (4.5%), close contact with animals (2.8%) and drinking unclean water (2.6%) as sources of infection.

How does the Coronavirus spread?

More than one answer possible

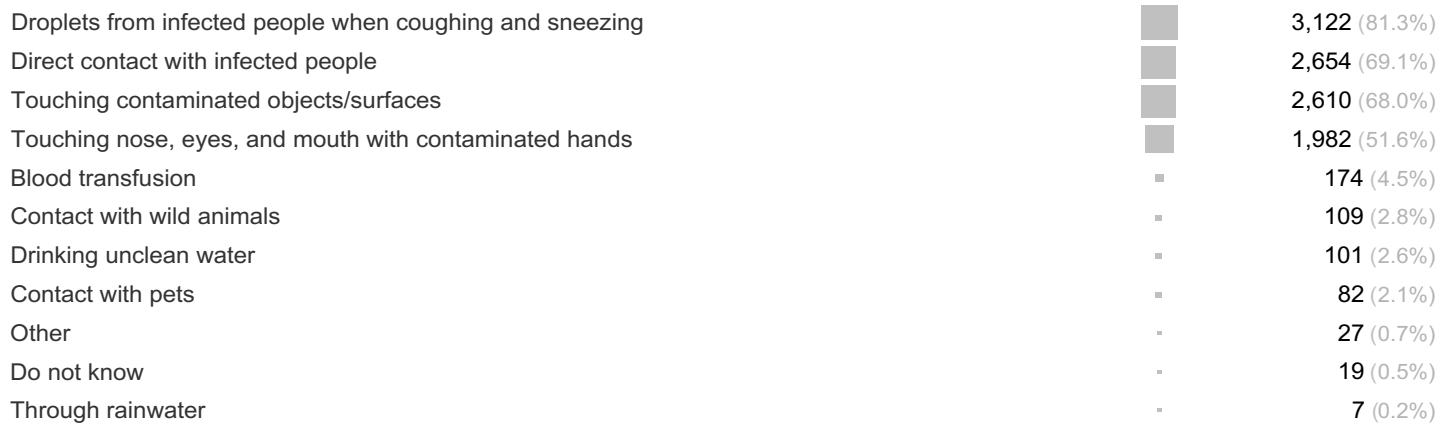


Figure 7 Understanding of how COVID-19 spreads

Other answers not covered in the list: the virus spreads from people who are not careful and do not follow the restrictions, through pollution, breathing (airborne), cash, through contacting with other people and people who do not admit that they are sick, the virus spreads in crowded places and public transport. Two respondents said that the virus does not spread.

Almost all respondents mentioned that the main symptoms of COVID-19 were fever (92.3%), cough (84.9%) and shortness of breath (73.7%). These findings were similar to the previous KAP assessment. 'Loss of taste or smell', however, was reported higher in this second round (55.8%) compared to the first round (31.8%). Other symptoms mentioned were headaches (45.5%), muscle pain (42.7%), and diarrhoea (35.9%).

What are the main symptoms of the Coronavirus infection?

More than one answer possible

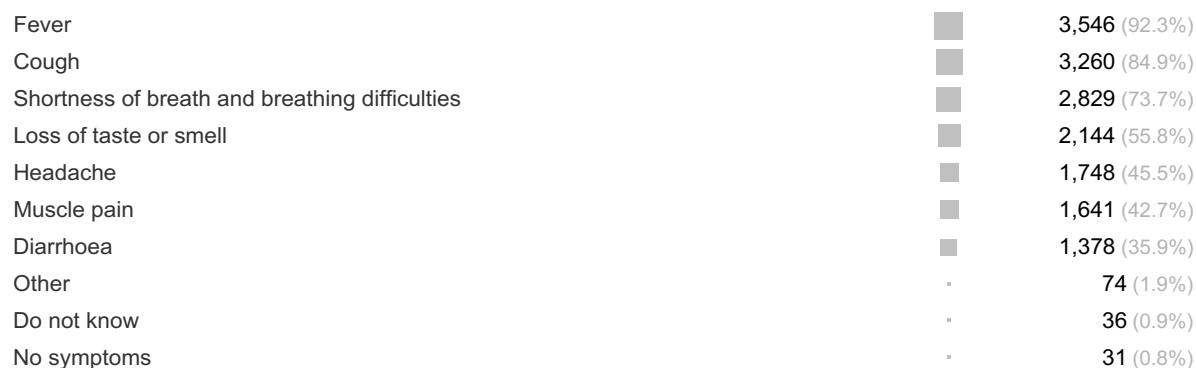


Figure 8 Understanding of COVID-19 symptoms

Other mentioned symptoms: can be different for everyone, shivering/feeling cold, dizziness, fainting, high blood pressure, weakness, shoulder pain, joint pain, vomiting, nausea, same as flu symptoms, sore throat, bad mood, fatigue, eye redness, anorexia, runny nose/sneezing, unexpected symptoms, dry mouth, loss of appetite, leg pain, backache, heart attack.

These survey findings complement the FGDs which found that the majority of participants were well aware about COVID-19, the symptoms of infection, how it spreads, and how to reduce the risks of getting infected. FGD participants explained that the common symptoms of infection were fever, dry cough, lacking sense of smell and taste, and breathing difficulties. However, they added that the nature of these symptoms could vary from person to person with some showing mild symptoms while for others it could be severe. The virus can transmit through droplets during coughing and sneezing or physical contact with an infected person. It spreads faster in confined and crowded spaces.

Regarding the measures to prevent COVID-19 infection, a majority of the respondents correctly identified washing hands with soap (88.5%), wearing masks when going out (82.0%), maintaining physical distance (76.4%), and using hand sanitizer (57.0%), while maintaining good coughing etiquette (40.5%) was also widely recognised. There were no significant differences in these findings with those of the first KAP assessment, although the number of responses for these options were slightly lower in the second round. Others mentioned avoiding touching nose and eyes (29.3%), wearing masks when taking care of an infected person (23.5%) and using disinfectants to clean surfaces (16.1%).

Do you know how to prevent catching the Coronavirus?

More than one answer possible

Wash your hands frequently using soap and water	3,399 (88.5%)
Wear masks when you go out	3,147 (82.0%)
Maintain physical distance (1 meter) whenever outside	2,934 (76.4%)
Use a hand sanitizer that contains at least 60% alcohol	2,188 (57.0%)
Cover your mouth and nose when coughing or sneezing	1,554 (40.5%)
Avoid touching mouth, nose, and eyes with contaminated hands	1,127 (29.3%)
Wear masks if you are sick or taking care of an infected person	901 (23.5%)
Use disinfectants to clean surfaces	618 (16.1%)
Other	26 (0.7%)
Do not know	23 (0.6%)

Figure 9 Understanding of how to prevent COVID-19

Other recorded prevention methods: washing clothes in 90 degrees, strengthening immune system, avoiding crowds, having a healthy diet, using bleach/vinegar, refraining from smoking, drinking more water/juice, self-isolation, and not going out unless necessary.

Survey findings complement FGD reports where participants reported being well aware of the preventive measures to reduce the risk of infection. Like the previous KAP assessment, participants said they shared the information they received about COVID-19 and necessary precautions with their family members, children, friends, neighbours, as well as with other employees at work via WhatsApp groups or social media.



TRCS during mask distribution and information dissemination

The most popular sources of information about COVID-19 reported by respondents were TV (59.9%), followed by Ministry of Health (30.2%), Facebook (30.2%), websites (22.0%), family and friends (38.9%) and health workers (15%). 'Ministry of Health' is a newly added option for this question in the second round of the assessment after emerging as one of the most common sources of information in the first round of surveys, with findings show that this was the second most common source of information for people after television. The proportion of people who reported receiving information from health workers, however, has decreased to 15% compared to the previous assessment (31.4%). Other sources mentioned included government officials and social media channels - including those of TRCS and its website - and TRCS staff and volunteers.

Where do you get information about the new Coronavirus from?

More than one answer possible

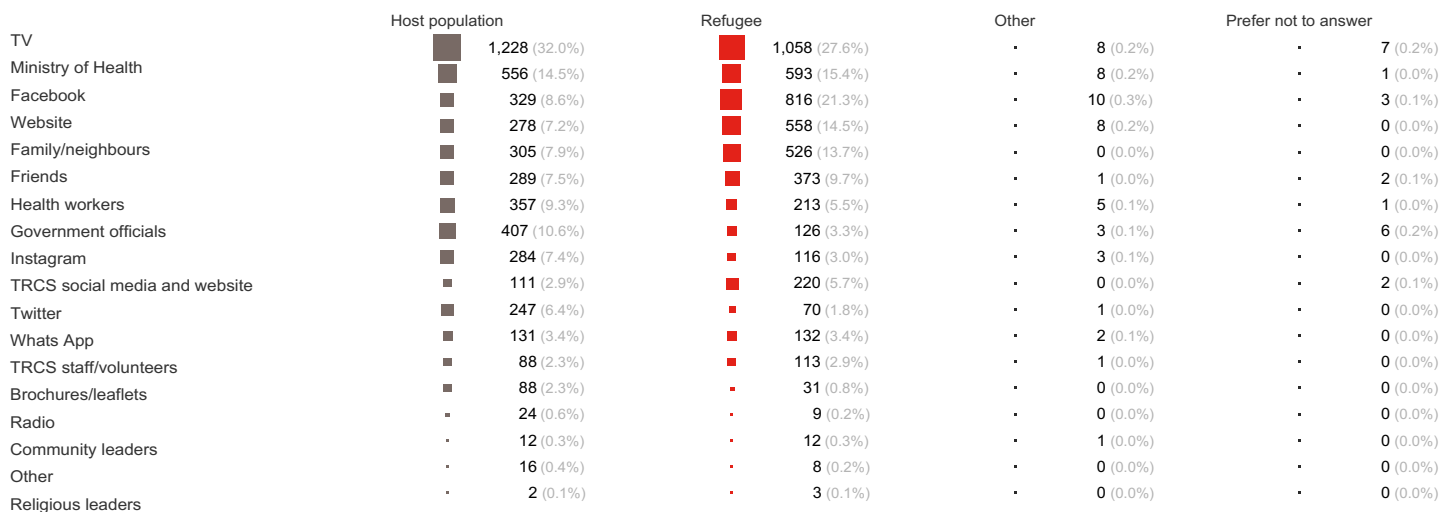


Figure 10 Sources of COVID-19 information, by status

Under "Other" the following responses were recorded: WHO, internet, YouTube, various social media, newspapers, Coronavirus Scientific Advisory Board in Turkey⁸, brochures in public transport, telephone, training sessions at workplace. 5 respondents said they did not follow any information.

Similar to the survey respondents, FGD participants reported receiving information about COVID-19 from various sources including social media (Facebook, WhatsApp, Instagram, Twitter, YouTube), TV, particularly from news channels like TRT news, Ministry of Health, newspapers, websites, WHO, and TRCS through its social media channels and the Community Centres. They also mentioned about other sources such as brochures, friends and family, doctors, health workers, community leaders and TRCS staff or volunteers. In Kilis, Konya and Sultanbeyli, participants from local host communities reported that many people relied on information shared by public figures about COVID-19 such as the Health Minister, Fahrettin Koca, and a young influencer, Yusuf Mulla⁹.

As in the previous KAP assessment, FGD participants and survey respondents in this round reported that while the use of Facebook was higher among refugees (21.3%), TV was more accessible to host community members (32.0%) as TV shows were mostly in Turkish and there was no language barrier for them. Participants from host community in Adana said Instagram was quite popular among young people.

⁸ The Coronavirus Scientific Advisory Board (Turkish: Koronavirüs Bilim Kurulu) is a group of medical scientists set up by the Ministry of Health to develop measures in the fight against the COVID-19 pandemic in Turkey that are imposed by the government.

⁹ Yusuf Mulla is a young Syrian man, who owns a popular Facebook page and YouTube channel. He is known for making videos on various topics including COVID-19, that he thinks Syrians lack information about.

97.1% of the survey respondents said they did not encounter any challenges in receiving information about COVID-19. This finding is higher compared to the previous assessment (95.6%), meaning now less people are faced with challenges to access information. However, those who did say they had faced difficulties (112 respondents), the most commonly mentioned obstacles were not knowing the trusted sources of information (50%), not using social media (20.5%), and not having access to internet (11.6%). Respondents among the host population reported not knowing the trusted sources of information (40.2%) as one of the main challenges, whereas for refugees not using social media (13.4%) was the main obstacle. For men, however, both, not knowing the reliable sources of information (29.5%) and not using social media (11.6%) were higher than for female respondents.

Is there anything preventing you or making it difficult to receive information about the new Coronavirus?



Figure 11 Barriers to receive information

If yes, what are the barriers?

More than one answer possible; 112 responses

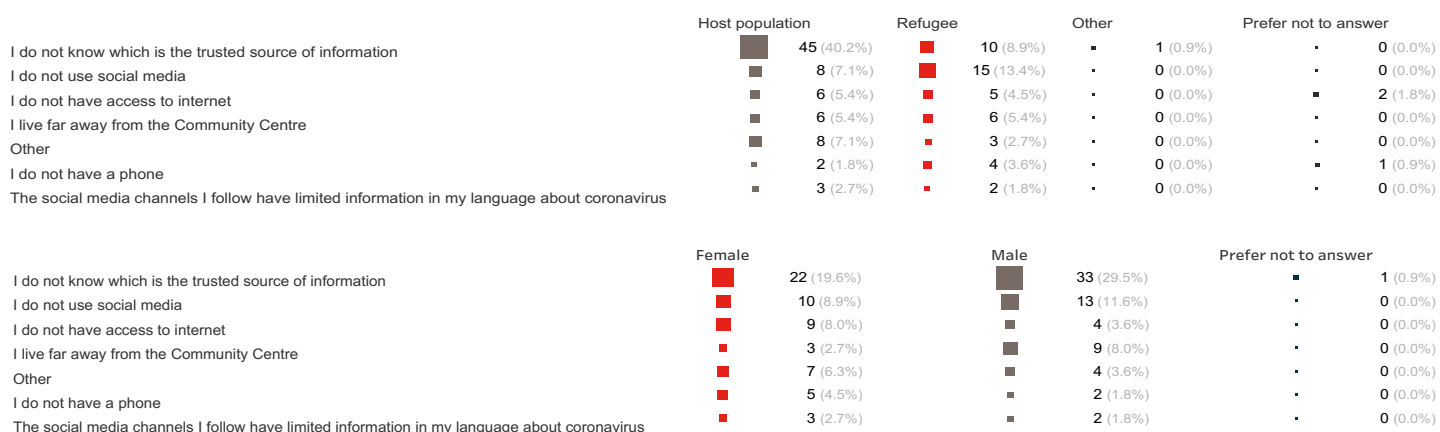


Figure 12 Types of barriers to receive information (follow up question), by status and gender

Responses under “Other” included: information pollution, having doubts in the information, financial difficulties, language barrier, difficulties in accessing internet.

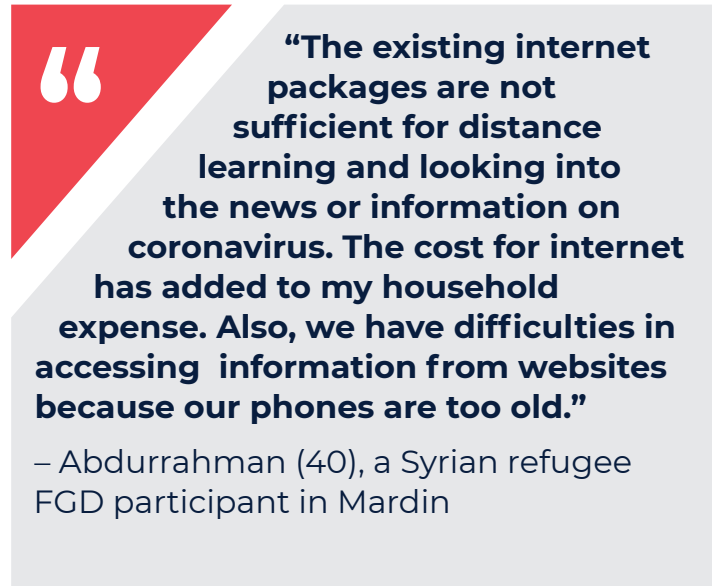
Refugee participants in the FGDs identified language as one of the key barriers in accessing information although information in some institutions and sources are now available in both Turkish and Arabic they said. Participants in Adana said that refugees also watched the Arabian TV channels to get information about COVID-19. Other challenges reported included lacking internet access, being unable to afford internet access due to poor economic conditions, and not having a smartphone to get information from social media and websites. They said that their neighbours and school-going children in their families supported them with translating and explaining various COVID-19 related information from Turkish to Arabic. In Mardin, some refugee participants said that they had difficulties using the Zoom application, which was used by NGOs to conduct online meetings. Participants among the local community in Bağcılar, Ankara and Konya reported that like the refugees, there were a few people in their communities who did not have access to the internet or smartphones to get information.

“We are accessing information on social media through our phones with limited internet package. Language is a barrier but sometimes we find news translated into our native language as well. We cannot make use of the information if it is not in Arabic”, said a refugee participant in Adana.

FGD participants also said that information about COVID-19 in television shows can sometimes be conflicting, making it difficult to decide what to believe. Also, the information shared was not always presented in simple language, so it could be hard to understand.

“We notice information shared in TV shows can be contradictory at times. For example, in one show it says masks can be washed multiple times while in the other it says not to wash”, said a refugee participant in Kocaeli.

Respondents’ most trusted sources of information were Ministry of Health (43.2%), TV (38.6%), doctors (19.0%) and health workers (18.7%). Other channels mentioned included Facebook (16.4%), government officials (15.1%), family and friends (21.5%), websites (13.2%) and TRCS (15.1%). There were no significant differences in the responses for Ministry of Health and TV among refugees and host community respondents and both the groups accessed information from these sources. However, doctors (12.9%), Facebook (13.2%) as well as family/friends (13.4%), websites (9.8%) and TRCS (9.8%) were reported as more reliable sources by refugees compared to respondents from the host population. ‘Ministry of Health’, a newly added option for this question in the second round of the assessment, was the first choice of both refugees and people from host communities.



“The existing internet packages are not sufficient for distance learning and looking into the news or information on coronavirus. The cost for internet has added to my household expense. Also, we have difficulties in accessing information from websites because our phones are too old.”

– Abdurrahman (40), a Syrian refugee FGD participant in Mardin

Which channel/who do you trust the most for information related to the new Coronavirus?

More than one answer possible

	Overall	Host population	Refugee
Ministry of Health	1,660 (43.2%)	870 (22.7%)	781 (20.3%)
TV	1,483 (38.6%)	720 (18.8%)	752 (19.6%)
Doctors	731 (19.0%)	227 (5.9%)	495 (12.9%)
Health workers	718 (18.7%)	393 (10.2%)	318 (8.3%)
Facebook	629 (16.4%)	116 (3.0%)	505 (13.2%)
Government officials	581 (15.1%)	395 (10.3%)	178 (4.6%)
Family/neighbours	522 (13.6%)	202 (5.3%)	317 (8.3%)
Website	505 (13.2%)	126 (3.3%)	375 (9.8%)
TRCS social media and website	345 (9.0%)	108 (2.8%)	234 (6.1%)
Friends	303 (7.9%)	105 (2.7%)	196 (5.1%)
TRCS outreach staff/volunteers	236 (6.1%)	89 (2.3%)	143 (3.7%)
Twitter	149 (3.9%)	100 (2.6%)	47 (1.2%)
WhatsApp	126 (3.3%)	51 (1.3%)	74 (1.9%)
Instagram	109 (2.8%)	61 (1.6%)	46 (1.2%)
Brochures/leaflets	66 (1.7%)	40 (1.0%)	26 (0.7%)
Other	47 (1.2%)	37 (1.0%)	9 (0.2%)
Community leaders	34 (0.9%)	14 (0.4%)	20 (0.5%)
Radio	21 (0.5%)	14 (0.4%)	7 (0.2%)
Religious leaders	5 (0.1%)	2 (0.1%)	3 (0.1%)

Figure 13 *Trusted sources of information*

Responses under “Other” included: WHO, YouTube, scientific articles, foreign media, Habertürk newspaper, Scientific Advisory Board in Turkey, Al Farah Çocuk ve Aile Destek Merkezleri (Al Farah Child and Family Support Centers) - Association of Solidarity with Asylum Seekers and Migrants (ASAM)¹⁰, coronavirus patients, Hayat Eve Sığar¹¹ app, well-known physicians. Three respondents said they were not interested in any COVID-19 related information and eighteen respondents mentioned they did not trust any sources.

¹⁰ The Association for Solidarity with Asylum Seekers and Migrants (SGDD-ASAM) was established in 1995 in Ankara as an independent, impartial and non-profit association to assist refugees and asylum-seekers living in Turkey. SGDD-ASAM has been providing social and legal support for the refugees and asylum-seekers in reaching their rights and services; psychosocial support and organizing numerous courses and activities for the purposes of integrating them into social life.

¹¹ Hayat Eve Sığar (Life Fits into Home), a mobile application that provides information about COVID-19 in Turkey.

In the FGDs, participants reported that their trusted sources of information were family, friends, doctors or healthcare professionals, Ministry of Health, and other government institutions, TRCS and its Community Centres, Muhtars, the Coronavirus Scientific Advisory Board in Turkey, World Health Organization (WHO) and NGOs. As in the first KAP assessment, participants from Şanlıurfa, Bursa and Bağcılar, mentioned about religious leaders, as also one of the trusted channels to receive information. Religious leaders should be involved to encourage communities to practise positive behaviour especially during the sermon in Friday prayers they said. In several other locations, such as in Ankara, Hatay, Gaziantep, Konya and Kocaeli, it was reported that people followed the statements and twitter page of the Health Minister, Fahrettin Koca, to get information about COVID-19. In Bağcılar, the refugee community also trusted popular Arab doctors to get information or ask questions on COVID-19.

“

“For refugees, religious leaders and doctors from their nationalities are quite influential persons.”

– said a refugee respondent in Şanlıurfa



“

“I only follow the information posted by the Ministry of Health or Ministry of Education and the statements of the Health Minister, Fahrettin Koca, in the social media. I am quite aware of the services of TRCS in response to the crisis and I am always in touch with them.”

– Selami (40), a Turkish FGD participant in İzmir

TRCS during mask distribution and information dissemination



“We trust doctors, Ministry of Health, and Turkish Red Crescent for information about COVID-19.”

– a participant from the host community in Adana

Participants in Hatay said people also preferred to receive information and learn from the experiences of those who had recovered from the disease. FGD participants in many locations reported that communities preferred to get information through local TV channels (ATV, NTV), news channels (TRT News) and Arabic TV channels. Other channels they mentioned were SMS, social media platforms including those of TRCS and TRCS staff or volunteers.

Schoolteachers played a critical role in helping children to understand the risks of COVID-19 and prevention measures and were also one of the reliable sources of information respondents said. Participants in İzmir suggested having iconic figures who were popular among young people to give out messages in social media and encourage people to practise healthy behaviours could be quite effective.

A majority of respondents identified older people (84.7%) and people with chronic diseases (67.4%) as being at the highest risk of COVID-19 infection. Also mentioned were pregnant women (19.4%), health workers (18.2%), and children under 5 years old (11.8%).

Do you know who is at the highest risk of the infection?

More than one answer possible

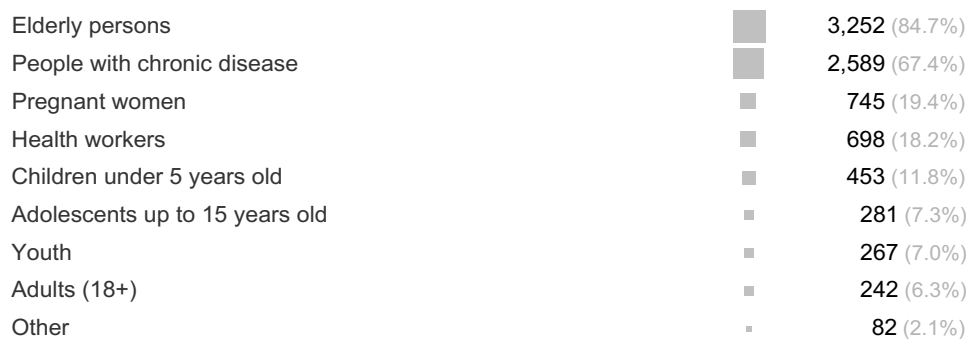


Figure 14 People with COVID-19 risk

Other vulnerable groups mentioned in the survey were smokers, men, those not following rules/restrictions, people with poor/compromised immune systems, healthcare providers, civil servants, workers/people selling goods in the markets, people aged between 25-40 years, "Outsiders"/foreigners, poor people. Seventeen respondents said everyone is at risk of contracting the virus. Three respondents could not indicate any vulnerable groups.

As in the previous assessment, FGD participants recognized that everyone could be at risk of infection, but especially mentioned, older people (above 60 years of age), those with chronic disease and weak immune system were at higher risks of becoming infected. They also felt doctors and health workers, pregnant women, children, people who were going out to work or using public transport and those not following the preventive measures such as, not wearing masks, not maintaining personal hygiene, or paying attention to physical distancing, could be at high risk of COVID-19 infection. People who had recovered from COVID-19 could be equally at risk of infection as any other person, participants added. In Hatay, participants said young people may not always show symptoms but can be carriers of the disease.

Have you heard anything about the Coronavirus that you are not sure is true or not?

As in the previous assessment, FGD participants reported that there were various rumours within the community both among refugees and local people about COVID-19. Several of these related to denial of COVID-19, actions to prevent COVID-19, treatment, or vaccine for the disease, how it can spread or who are at risk. Participants said that these rumours spread mostly via word of mouth and social media. Misperceptions and rumours can create social tension in a community or lead to people practising harmful behaviours and should be responded to quickly by providing communities with the right information.

Some participants said that they checked different official websites including those of Ministry of Health, TRCS and NGOs to verify rumours. Others preferred to contact their local TRCS Community Centre or check with the doctors and health workers to get the factual information or watch television shows on COVID-19.

Participants stressed that video, and visual materials should be shared to provide communities with the right information which could be published on official social media accounts and websites including those of TRCS and Ministry of Health, as well as being shared by TV channels. Others mentioned they would like to receive factual information via phone, leaflets, SMS, social media and from influencers like doctors.

In Bursa, participants suggested using billboards in the streets around the city to post factual information against various rumours. In Gaziantep and Konya, participants recommended TRCS to organise online sessions to address these misperceptions as well as working with local authorities to conduct awareness raising activities to enable people to receive the correct information.

Examples of the different types of rumours and the locations where they were heard are listed below.

Sl No	Rumours	Location
1	There is no coronavirus.	Bağcılar, Kahramanmaraş, Mersin, Hatay
2	Coronavirus is not a serious disease. It is just like having a flu.	Bursa, Hatay, İzmir
3	You can be safe if you put garlic inside your mask.	Bursa
4	Drinking alcohol is effective to treat coronavirus.	Bursa
5	If you drink olive oil, no virus will infect you.	Bursa
6	Drink holy water ¹² .	Bursa
7	Wearing a mask is more harmful than not wearing one.	Bursa
8	Eating garlic and taking quinine ¹³ , antibiotics and vitamins are effective in treating coronavirus.	Gaziantep
9	Eating garlic, lemon, sumac plant, onion and drinking coffee can protect you from coronavirus.	Kayseri, Kilis
10	Ginger water, fish oil are good protectors against coronavirus.	Bağcılar
11	Fish meat and sumac plant can protect you from the virus.	Kocaeli
12	If you are young, then you are immune to the disease.	Bursa
13	In Istanbul, the number of coronavirus cases are increasing.	Gaziantep
14	We cannot breathe comfortably when we wear a mask. Wearing a mask also causes certain diseases. This is because the air we breathe in comes into contact with harmful chemicals on the mask which can be detrimental to a person's health.	İzmir
15	The virus does not transmit via air or physical contact.	Kahramanmaraş

¹² Holy water is water that has been blessed by a religious figure.

¹³ Quinine is a common treatment for malaria. It comes from the bark of the cinchona tree.

16	Do not send your children to school, otherwise they will contract coronavirus.	Kocaeli
17	Coronavirus contraction increases during cold weather.	Kocaeli
18	The drug to treat coronavirus has been developed but it is not being announced to people.	Kocaeli
19	Drinking plenty of water will protect you against the virus.	Mardin
20	Consuming ginger and lemon juice paste kills the virus.	Mardin
21	Coronavirus is spread deliberately through foods and drinks.	Mersin
22	We heard that, according to a study in Britain, Aspirin was tested on COVID-19 patients. The results are not final yet. Despite studies continuing, Turkish people and Bulgarians visiting our country are buying Aspirins from the pharmacies. Recently, there is a shortage of Aspirins in the pharmacies.	Adana
23	Gargling your mouth using vinegar and water can protect you from Coronavirus.	Kayseri
24	Sumac, lemon juice, ginger and garlic are good protectors from Coronavirus contraction.	Kayseri
25	Use olive oil soap while showering. It creates a protective layer on the skin and prevents coronavirus contraction.	Mardin
26	Drinking real olive oil will lower the possibility of coronavirus infection.	Mardin
27	The number of coronavirus cases reported are not accurate.	Kocaeli, Bağcılar
28	There is no space in the hospitals because they are full of COVID patients.	Bağcılar
29	There is a shortage of medicines in the pharmacy warehouse.	Bağcılar
30	Drinking lemon juice is effective to treat coronavirus.	Bursa
31	The number of COVID-19 patients in Adana hospitals has increased significantly.	Adana
32	No treatments for COVID patients are done at the hospitals. Only blood-thinners are administered there.	Sultanbeyli
33	Coronavirus will not infect you if you perform ablution ¹⁴ and Salah ¹⁵ .	Bursa
34	Muslims will not get infected because they wash their hands five times a day during ablution.	Kilis
35	Coronavirus is used as a biological weapon.	İzmir, Mersin
36	Drugs used in the treatment of COVID-19 patients have side effects such as infertility and memory loss.	İzmir
37	Coronavirus is a conspiracy by other countries.	Sultanbeyli
38	Coronavirus is used as a means to disrupt the economy of a country.	Gazinatep, Sultanbeyli
39	Virus can survive on the surfaces for up to four days.	Sultanbeyli
40	If you recovered from the disease and have been infected again, the second time is usually worse than the first.	Sultanbeyli
41	We have seen and experienced the hardships of the war in Syria. This coronavirus cannot do anything to us.	Kayseri

Table 2 Rumours and places from where they were heard

14 Ablution or "Wudu" is the Islamic procedure for cleansing parts of the body before prayers such as washing face, arms, wiping the head and washing the feet.

15 Salah - The most well-known, and an obligatory, act in Islam is the performance of the five daily prayers, which in Arabic is known as salah (often written salat).

Survey respondents also reported similar rumours in their communities. Below is a summary of their responses:

- Coronavirus does not exist. The virus is fake or used as a biological weapon.
- Coronavirus can spread through air or spit and blood.
- Once you recover from the disease you will not catch the virus again.
- Drinking alcohol can protect you from COVID-19.
- Drinking tea or eating garlic/lemon/ginger/sumac/spices can protect you from COVID-19.
- Taking vitamins and gargling with salt water or vinegar can protect you from COVID-19.
- Vaccine and medicines for coronavirus has been developed.
- Medicines and vaccines being developed to treat COVID-19 are not safe.
- Conspiracy theory on COVID-19 vaccines as a way to trail people¹⁶.
- Masks cannot fully protect you from the disease.
- Virus can be contracted from animals and blood transfusion.
- The number of the COVID-19 cases and deaths reported are incorrect.
- Masks can protect you from the virus.
- This is a seasonal virus. Risks of infection will decrease in summer.

¹⁶ This rumour is related to the fear of being tracked via microchip implantation.



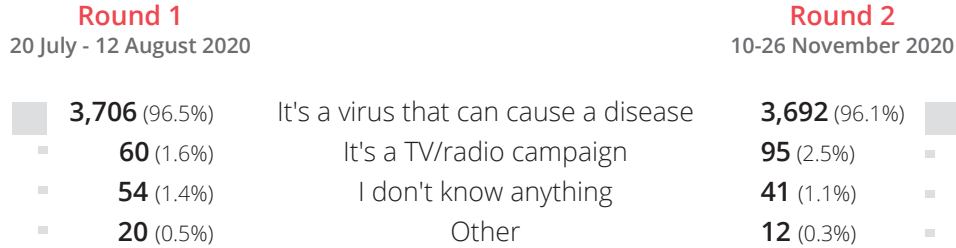
A man who received masks distributed by TRCS



COVID-19 Knowledge

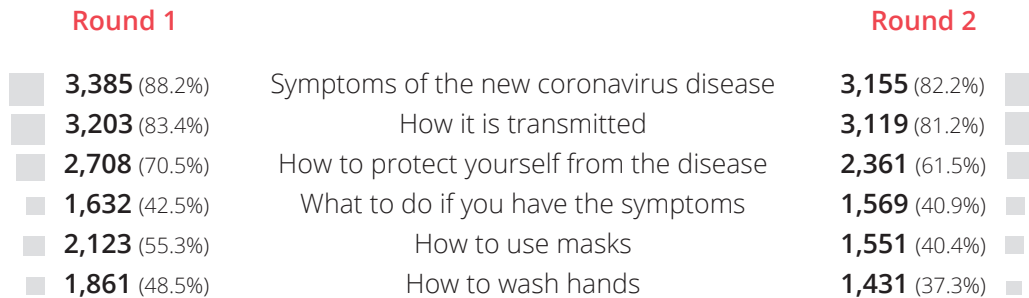
Comparative statistics for key survey findings - Round 1 and 2

Survey respondents' awareness about COVID-19



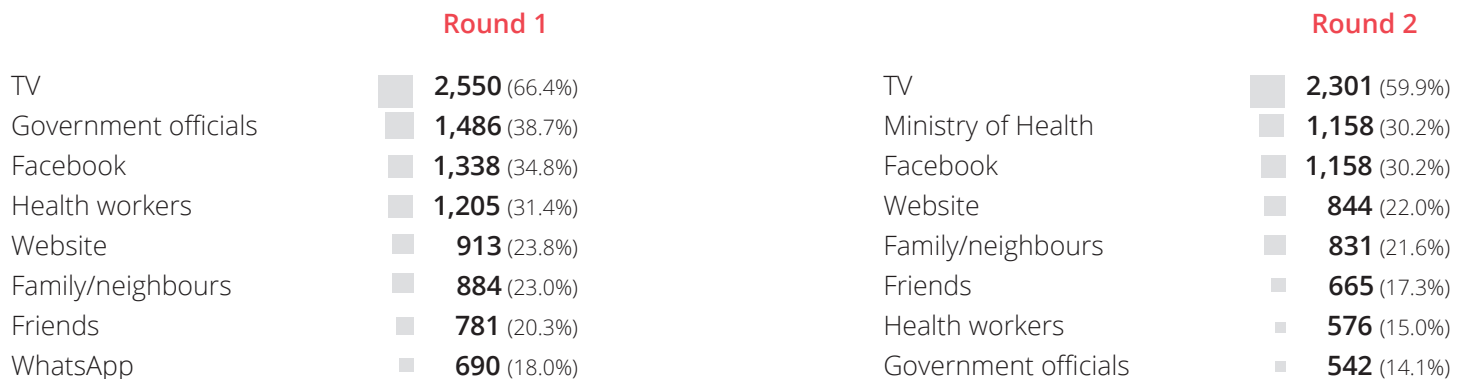
Types of information received about COVID-19

Top 6 responses; more than one answer possible



Most commonly reported means to receive information about COVID-19

Top 8 responses; more than one answer possible



Note: In the second round of data collection, "Ministry of Health" was included as one of the categories, not included in the first round.

Most trusted sources to receive information about COVID-19

Top 5 responses; more than one answer possible

- Host population
- Refugee

	Round 1		Round 2
Government officials	■ 1,084 (28.2%) ■ 704 (18.3%)	Ministry of Health	■ 870 (22.7%) ■ 781 (20.3%)
TV	■ 839 (21.8%) ■ 839 (21.8%)	TV	■ 720 (18.8%) ■ 752 (19.6%)
Health workers	■ 817 (21.3%) ■ 512 (13.3%)	Doctors	■ 227 (5.9%) ■ 495 (12.9%)
Doctors	■ 473 (12.3%) ■ 373 (9.7%)	Health workers	■ 393 (10.2%) ■ 318 (8.3%)
Facebook	■ 107 (2.8%) ■ 525 (13.7%)	Facebook	■ 116 (3.0%) ■ 505 (13.2%)

Note: In the second round of data collection, "Ministry of Health" was included as one of the categories, not included in the first round.

Round 1

Round 2

170
(4.4%)

of respondents facing barriers
to receive information

112
(2.9%)

Types of barriers to receive information

Top 4 responses; more than one answer possible

Round 1

Round 2

■ 111 (65.3%)	I do not know which is the trusted source of information	■ 56 (50.0%)
■ 15 (8.8%)	I do not use social media	■ 23 (20.5%)
■ 35 (20.6%)	I do not have access to internet	■ 13 (11.6%)
■ 11 (6.5%)	I live far away from the Community Centre	■ 12 (10.7%)



TRCS during mask distribution and information dissemination

ATTITUDES

Attitudes refer to communities' feelings towards the subject, in this case COVID-19, as well as their perceptions, beliefs, or any preconceived ideas that they may have towards the disease. It also helps to understand if certain groups of people are at risk of or experience stigma and discrimination in the community because of people's attitude towards the disease.



The majority of survey respondents view COVID-19 as “very dangerous” (81.4%), while few think COVID-19 is “more or less” dangerous (15.6%), or not dangerous at all (2.4%). Findings in the previous KAP assessment showed a slightly higher result with greater number of people regarding COVID-19 as “very dangerous” (84.0%) and a smaller number of people (12.9%) considering the disease to be “more or less” dangerous.

How dangerous do you think the new Coronavirus is?

Very dangerous		3,126 (81.4%)
More or less dangerous		598 (15.6%)
Is not dangerous		93 (2.4%)
Other		23 (0.6%)

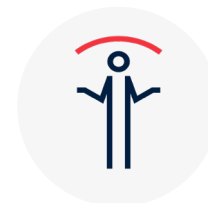


Figure 15 Attitudes towards COVID-19

The following responses were reported under the "Other" category: it varies from one person to another depending on the person's health condition/age, it is not as dangerous as it was earlier, "Normal"/medium, "Terribly" dangerous, dangerous. Three "I don't know" answers were also reported.

Similar to the survey results, a majority of the FGD participants perceived COVID-19 as deadly and highly contagious, and that no drug or treatment was available yet to treat the disease. The virus first transmitted from China and then spread across other countries they said. Participants in most locations, except a few in Kilis, believed COVID-19 was real.

When asked if a person who is infected or has recovered from COVID-19 would face discrimination, 14.9% of the host population answered “Yes” compared to 5.3% of the refugee respondents. This suggests that stigmatisation of COVID-19 is higher among the host population than among refugee communities. Stigmatisation was also reported higher among the host population in the previous assessment (21.7%) compared to refugees (8.7%), however, overall, there has been a decrease in those saying people would be discriminated against during the second round.

If a person gets infected with Coronavirus or has recovered in your community, are they treated differently or discriminated because of it?









	Host population	Refugee	Other	Prefer not to answer
No	 921 (24.0%)	 1,605 (41.8%)	• 15 (0.4%)	• 5 (0.1%)
Yes	 573 (14.9%)	 205 (5.3%)	• 4 (0.1%)	•
Do not know	 137 (3.6%)	 124 (3.2%)	• 1 (0.0%)	• 4 (0.1%)
To some extent	 109 (2.8%)	 134 (3.5%)	• 1 (0.0%)	• 2 (0.1%)

Figure 16 Likelihood of people to face discrimination in relation to COVID-19

According to those who said discrimination would occur (1,028 respondents), people who had, or previously had had, COVID-19 (57.1%) were felt to be the most discriminated against, followed by people suspected of having COVID-19 (50.9%). Again, these responses were significantly higher among the host population (41.5% and 39.0% respectively) compared to refugees (15.3% and 11.7% respectively). The findings were similar in the first round of surveys with responses for these two options marginally lower among the host population (39.9% and 38.2%) and higher among refugees (19.9% and 16.7% respectively) the first time around. Older people, health workers, Syrians, refugees, and poor people were also recognised as being stigmatised.

Responses under “Other” included: it varies in different communities, those in hospitals, those who do not follow restrictions/measures, youth, those who do not know enough about the virus, those who fear the virus, people who hide being sick, people who developed symptoms. Ten “I don't know” responses were reported.

“Even if the test results are negative, people who had once contracted the virus are discriminated against. They are not welcomed to engage in social activities. People would distance themselves when he or she entered crowded spaces” – said participants in Gaziantep

If yes or to some extent (treated differently, discriminated), which of the following groups are being discriminated in your community because of the Coronavirus?

More than one answer possible; 1028 respondents

	Host population	Refugee	Other	Prefer not to answer
Anyone who is or have been infected with coronavirus	427 (41.5%)	157 (15.3%)	3 (0.3%)	0 (0.0%)
Persons suspected with coronavirus	401 (39.0%)	120 (11.7%)	2 (0.2%)	0 (0.0%)
Old people	116 (11.3%)	73 (7.1%)	1 (0.1%)	0 (0.0%)
Health workers	133 (12.9%)	45 (4.4%)	1 (0.1%)	0 (0.0%)
Syrians	53 (5.2%)	52 (5.1%)	0 (0.0%)	1 (0.1%)
Any refugee	53 (5.2%)	41 (4.0%)	0 (0.0%)	1 (0.1%)
Poor people	57 (5.5%)	25 (2.4%)	1 (0.1%)	0 (0.0%)
Those who work outside	63 (6.1%)	15 (1.5%)	0 (0.0%)	0 (0.0%)
Local people	32 (3.1%)	23 (2.2%)	0 (0.0%)	1 (0.1%)
Other	14 (1.4%)	18 (1.8%)	0 (0.0%)	0 (0.0%)

Figure 17 People reported to face discrimination in relation to COVID-19

FGD participants, especially those from the host community, reported that the COVID-19 outbreak has prompted discrimination towards those who are infected or have recovered from the disease in the community. Although these responses were slightly less than in the first round KAP assessment, participants said that people would still stay away from those who have recovered from the disease for fear of also becoming infected. People who have already recovered from COVID-19 are still considered to be potential carriers of the disease. Participants also said that people tend to hide the disease due to the fear of being stigmatised. According to local respondents in Kocaeli, refugees are more exposed to such discrimination. Participants in Adana, İzmir and Kayseri said that they tried to support those who had been infected remotely as much as possible.

“People may want to hide the fact that they contracted the virus as they fear the reactions of the community”, said a participant from the local community in Kocaeli.

“We had a Syrian neighbour who contracted the virus. This spread fear and stigma in the neighbourhood. But this would be different if he or she was Turkish. I think, this is a very bad thing.”
 – said a participant from host community in Konya

Refugee respondents said that discrimination also happened at workplaces and gave examples where people lost jobs after they had been infected. They also feared that they would not be admitted to hospital or provided treatment if they went there and had experienced problems with the landlords of their homes.

“If we get infected with COVID, we are afraid we will not be admitted by the hospitals, and there is also the fear of losing employment.”
 – said a refugee respondent in Adana

In Kilis, Ankara and Şanlıurfa, respondents from the host communities said that people believe refugees cannot maintain proper hygiene due to their poor economic conditions, lacking cash to buy hygiene products and living in crowded homes, and so are at higher risk of infection.

Participants suggested that it is important to discuss this topic with people and create a non-discriminatory attitude to support those who have been infected or recovered from COVID-19.

Less than two-thirds of survey respondents (62.4%) reported being worried that their family might become infected with COVID-19. This was a new option added to this second round of the assessment and results as one of the major concerns among both refugees (32.4%) and local people (29.9%). In the previous assessment, fear of becoming infected with COVID-19 was the highest number of response (67.1%), which, however, resulted as the second top in this round (53.5%). Fears of having lost employment (7.9%), losing employment (6.9%) or paying rent/bills (7.3%), being unable to afford food for the household (4.4%) were all slightly higher among refugees than local people. Concerns related to employment were also higher for men than women.

What worries or concerns you the most about the Coronavirus?

More than one answer possible

	Host population	Refugee	Other	Prefer not to answer
I fear my family might get infected with coronavirus	1,147 (29.9%)	1,243 (32.4%)	6 (0.2%)	1 (0.0%)
Fear to get infected with coronavirus	1,031 (26.8%)	1,009 (26.3%)	11 (0.3%)	2 (0.1%)
Lost employment due to coronavirus	169 (4.4%)	304 (7.9%)	4 (0.1%)	0 (0.0%)
Fear to lose employment due to coronavirus	193 (5.0%)	266 (6.9%)	1 (0.0%)	1 (0.0%)
Paying house rents/bills	135 (3.5%)	281 (7.3%)	1 (0.0%)	4 (0.1%)
I don't have any worries or concerns	160 (4.2%)	174 (4.5%)	3 (0.1%)	3 (0.1%)
Afraid to go to hospitals in case we catch the virus	193 (5.0%)	124 (3.2%)	1 (0.0%)	2 (0.1%)
Children unable to benefit from the online education	100 (2.6%)	172 (4.5%)	0 (0.0%)	1 (0.0%)
Unable to afford enough food for family	75 (2.0%)	168 (4.4%)	1 (0.0%)	1 (0.0%)
Accessing medical care because hospitals will not admit us	116 (3.0%)	122 (3.2%)	3 (0.1%)	0 (0.0%)
Do not have enough money to go to hospitals	57 (1.5%)	110 (2.9%)	1 (0.0%)	0 (0.0%)
Finding new jobs/daily or weekly jobs	66 (1.7%)	101 (2.6%)	0 (0.0%)	0 (0.0%)
Unable to afford hygiene products to maintain hygiene	57 (1.5%)	45 (1.2%)	1 (0.0%)	0 (0.0%)
Accessing online education for children	74 (1.9%)	29 (0.8%)	0 (0.0%)	0 (0.0%)
Other	62 (1.6%)	21 (0.5%)	2 (0.1%)	0 (0.0%)

Figure 18 Worries and concerns in relation to COVID-19

Responses under "Other" category: afraid of people who do not take precautions or hide their sickness, increasing number of people who are getting infected or have died, afraid of Intensive Care Unit (ICU)/dying, uncertainty of the future, not able to go out, lack of treatment/medication/vaccine, schools closed again, disease affecting future of children, false information, "other people discriminating against me", long recovery process, do not want to share concerns.

These findings were similar to the FGDs where participants reported that their greatest fear was if they or their family members would become infected by COVID-19, particularly those who are older. They are also worried about the treatment for COVID-19, and not recovering from the disease if infected. Respondents said that people in the community were concerned about losing employment in case they contracted the disease as well as not being able to find employment due to the COVID-19 situation. Households with low income and poor financial conditions are already facing challenges to afford hygiene materials or food for families and children.

"We are afraid of losing our job and facing financial difficulties if we contract the disease", said a refugee respondent in Bursa.

"I am worried about becoming unemployed. I see many people at my workplace who have been dismissed after contracting coronavirus", said a respondent from the local community in Hatay.

Respondents also feared going to the hospital, using public transport, or the death of a family member due to the disease. They are worried that they could become infected or infect one of their family members, as they were going to their workplaces regularly.

"I am afraid of visiting hospital because it is very crowded there", a refugee participant in Bursa said.

Respondents were also worried about getting infected through contact with people who did not take preventive measures or did not show any symptoms. Many participants in Mardin said that they were afraid of going into quarantine if suspected of being infected with the disease.

FGD participants reported that parents were most concerned about the future of their children and how their children's education was being impacted by COVID-19 as they were not going to school due to the pandemic. Some said they feared pre-lockdown 'panic buying'¹⁷ which could create a shortage of food supplies or hygiene materials in the market. They said that people were also worried about how long this pandemic would persist and the future uncertainties.

“

“A person I know went to the doctor after 5 people were infected with the coronavirus at his workplace. The doctor told him to isolate himself at home for 14 days and then later take a COVID-19 test. He informed his office about this. But the management at his workplace did not accept his request on staying in isolation at home for 2 weeks and instead fired him.”

– Abdulrahim (20), a Syrian refugee FGD participant in İzmir

¹⁷ Buying large quantities of a particular product or commodity due to sudden fears of a forthcoming shortage or price rise.



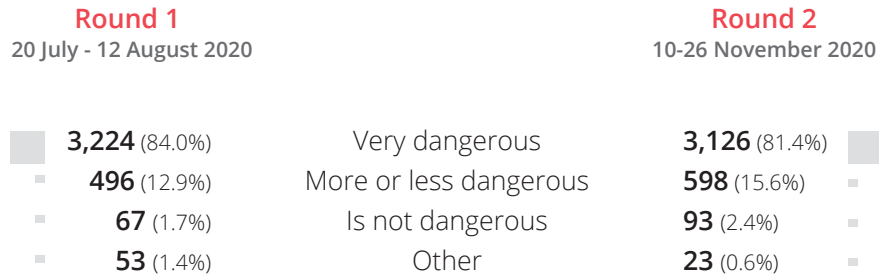
TRCS preparing food portions for those in quarantine



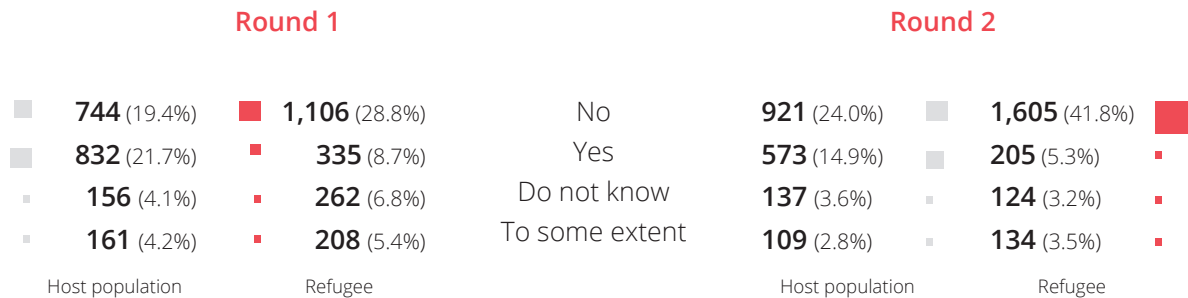
COVID-19 Attitudes

Comparative statistics for key survey findings - Round 1 and 2

Survey respondents' perception about COVID-19

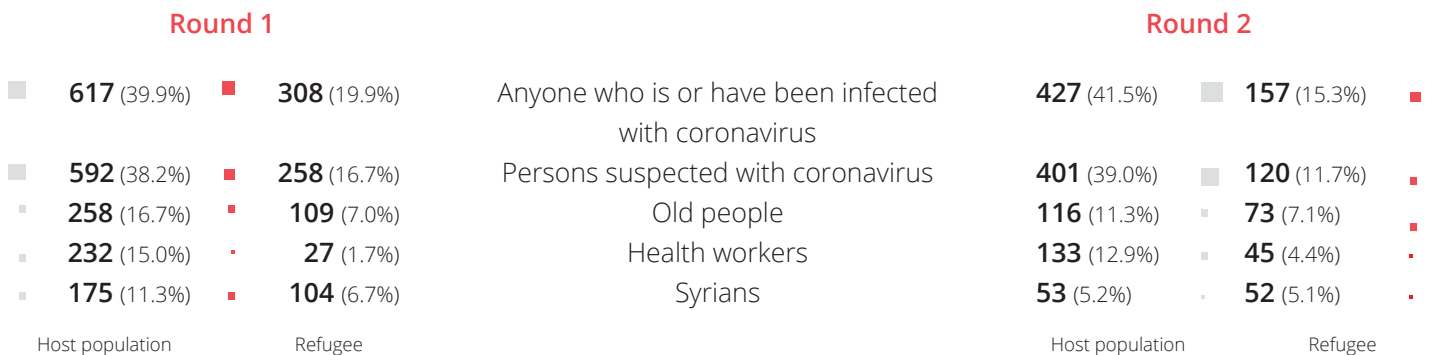


Respondent's view about people discriminated if they were infected or had recovered from COVID-19



People/groups viewed as being discriminated

Top 5 responses; more than one answer possible





Respondents' views about their worries and concerns about COVID-19

Top 6 responses; more than one answer possible

- Host population
- Refugee

Round 1

Worry/Concern	Host population	Refugee
Fear to get infected with coronavirus	1,278 (33.3%)	1,274 (33.2%)
Fear to lose employment due to coronavirus	312 (8.1%)	345 (9.0%)
Afraid to go to hospitals in case we catch the virus	348 (9.1%)	294 (7.7%)
Lost employment due to coronavirus	231 (6.0%)	349 (9.1%)
Paying house rent/bills	204 (5.3%)	360 (9.4%)
I don't have any worries or concerns	239 (6.2%)	264 (6.9%)

Round 2

Worry/Concern	Host population	Refugee
I fear my family might get infected with coronavirus	1,147 (29.9%)	1,243 (32.4%)
Fear to get infected with coronavirus	1,031 (26.8%)	1,009 (26.3%)
Lost employment due to coronavirus	169 (4.4%)	304 (7.9%)
Fear to lose employment due to coronavirus	193 (5.0%)	266 (6.9%)
Paying house rent/bills	135 (3.5%)	281 (7.3%)
I don't have any worries or concerns	160 (4.2%)	174 (4.5%)

Note: In the second round of data collection, "I fear my family might get infected with coronavirus" was included as one of the categories, not included in the first round.



TRCS during mask distribution and information dissemination - how to wash hands

PRACTICES

Practices refer to the ways in which the community demonstrates their knowledge and attitudes through their actions. This KAP assessment identifies how people have used their knowledge on COVID-19 to take measures and what people do to protect themselves and their families to prevent the disease. This section also helps to understand what the community would do if they or a member of their family became infected.



The overwhelming majority of survey respondents (95.8%) said they were taking some measures in their daily life to prevent the risk of COVID-19 infection. This finding is marginally higher compared to the first round of surveys (94.3%). While 2.9% said they only sometimes took measures, just 1.3% of the respondents said they were not doing anything about it.

Are you taking any measures in your daily life to prevent the risk of infection?

Yes	■	3,679 (95.8%)
Sometimes	■	111 (2.9%)
No	■	50 (1.3%)



Figure 19 Likelihood of practising preventive measures

Those who said they were not taking any measures (50 respondents) highlighted various reasons, for example, not knowing how to take preventive measures (48.0%), being unable to afford soap or disinfectants (22.0%) and not being able to understand the information on preventive measures (20.0%). Others said they did not believe these practices would be effective in preventing the risk (20.0%), or that family members were compelled to go out for work (18.0%) and as a result not able to follow safety measures.

If not, why?

More than one answer possible; 50 respondents

I do not know how to take preventive measures	■	24 (48.0%)
I cannot use soap or disinfectants because I cannot afford them	■	11 (22.0%)
I do not understand the information on preventive measures	■	10 (20.0%)
I do not believe these practises will prevent the risk of infection	■	10 (20.0%)
Members in my family need to go out for work or find work	■	9 (18.0%)
There is too much conflicting information so it is hard to know what is correct	■	7 (14.0%)
Other	■	2 (4.0%)

Figure 20 Reasons for not taking preventive measures

Responses recorded under "Other": workplace conditions, got used to the risk.

Those who said they were taking measures (3,790 respondents) identified several different actions they took to protect themselves and their families: washing hands with soap (85.4%), wearing masks when going out (83.9%), maintaining physical distance (73.0%), using hand sanitizers (54.4%), and covering their mouth and nose when coughing or sneezing (36.0%). All these responses were higher for refugees and female respondents. When compared with the second round, although there were no significant differences, number of responses for these options were slightly higher in the first KAP assessment. Findings also show that, a greater proportion of refugees reported taking these precautions than people from the local host communities in the second round comparing to the first.

If yes or sometimes, what have you and your family done to prevent becoming sick with the Coronavirus in the recent days?

More than one answer possible; 3790 respondents

Wash hands frequently using soap and water	■	3,238 (85.4%)
Wear mask when going out	■	3,181 (83.9%)
Maintain physical distance (1 meter) whenever outside	■	2,766 (73.0%)
Use a hand sanitizer that contains at least 60% alcohol	■	2,063 (54.4%)
Cover mouth and nose when coughing or sneezing	■	1,364 (36.0%)
Avoid touching mouth, nose, and eyes with contaminated hands	■	997 (26.3%)
Wear mask if I am sick or taking care of an infected person	■	843 (22.2%)
Wear gloves	■	663 (17.5%)
Avoid going out	■	611 (16.1%)
Use disinfectants to clean surfaces	■	500 (13.2%)
Other	■	20 (0.5%)

Figure 21 Measures undertaken to prevent COVID-19

Under "Other" the following responses were recorded: take vitamins, limited going shopping, do not accept any guests, take my mask off only when far from the others, eat/drink lemon/vinegar/pickle juice, pay attention to healthy diet, use cologne, avoid crowds, consult family doctor, use the Hayat Eve Sığar app.

These survey results are complemented with the FGD findings. Participants said that they were taking various measures in their daily lives to prevent the risks of getting infected. These measures included frequently washing hands with soap or using hand sanitizers, practicing personal hygiene, staying indoors, and avoiding going out unless necessary, cleaning homes with disinfectant, wearing masks, and maintaining physical distance whenever outside. They also paid attention to cleaning groceries or items after they were purchased from the market and before they were used at home.

They stressed that the most important steps to reduce the risks of COVID-19 infection were to wash hands with soap frequently or for at least 20 seconds, wear masks, eat healthy food, maintain personal hygiene, and physical distance when outside. Avoiding crowds, not shaking hands, and limiting visitors at home can also reduce the chances of contracting COVID-19, participants added.

“We know we should wear a three-ply mask instead of a single-ply mask to protect ourselves from the disease.” – said an FGD participant in Bursa

Participants said that they avoided going to the hospital unless they had a major illness, and they also had cut down on visiting their relatives' homes. However, there were people in their communities who were compelled to go out for work, use public transport or go to the hospital and so were not always able to undertake these precautions.

Almost three-quarters of survey respondents, 75.2%, said that they did not face any challenges to take preventive measures. This was slightly higher than the previous assessment (74.2%). Those who said they did face challenges gave examples that they had difficulties affording soap and disinfectants (12.7%) and experienced discomfort wearing masks (9.8%). Both responses were higher for refugees and female respondents in the assessment. Other challenges respondents mentioned were that their family members were forced to go out to work, particularly the men (5.5%), or that they needed to overcome social pressures of people around who did not want them to take action - this was particularly the case amongst the host population (5.0%).

Are you facing any challenges in taking such preventive measures?

More than one answer possible

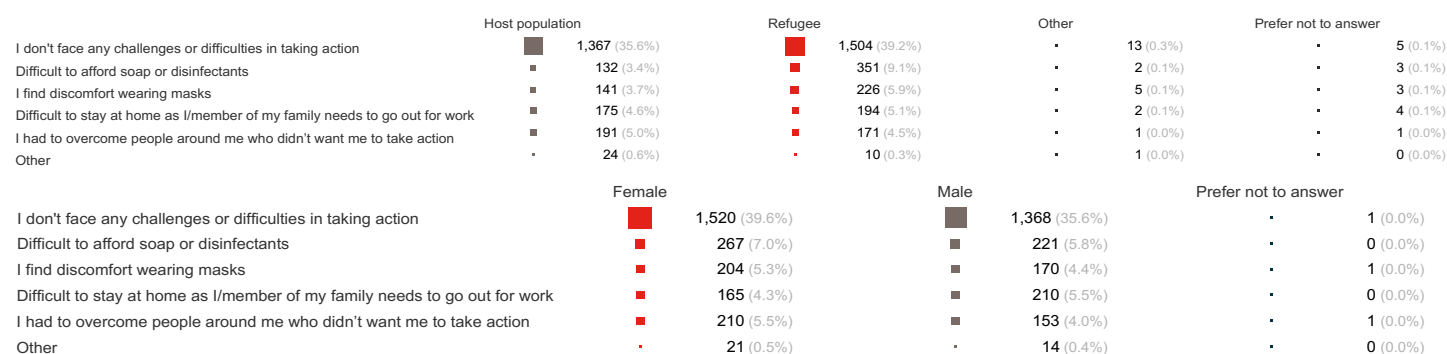


Figure 22 Challenges in taking preventive measures, by status and gender

The following challenges were recorded under the "Other" category: financial reasons (e.g., masks are expensive), not possible to maintain physical distance, other people do not pay attention to follow the restrictions/take measures, handwashing caused skin irritation, psychological impact of the restrictions, not sure if disinfection works, breathing problems while wearing masks, difficult to convince children to stay at home, not easy to follow the measures.

“Many people are not wearing the masks properly. For example, they would wear the masks under their chins.” – said a participant in Bağcılar

FGD participants said that compared to the early stages of the outbreak people were less motivated to follow the preventive measures due to reduced fear or fatigue. Although people have high level of awareness about COVID-19, not all follow the health advice, participants said. In Adana, Mersin and Hatay, for example, participants reported that young people were less attentive in taking precautions, especially when it came to wearing masks or maintaining physical distance, risking themselves to becoming infected and spreading the disease. They also said it was difficult to maintain physical distance at times due to cultural norms, such as greeting people by shaking hands or hosting guests at home. In Kahramanmaraş, it was reported that people felt discomfort when wearing masks for long periods and experienced breathing difficulties and headaches. As public transport and marketplaces were often crowded, physical distance could not be maintained in all locations. In Kayseri and Kocaeli, participants reported that some people in the community believed that healthier people would not be infected and could not spread the disease. A few people also reported beliefs that COVID-19 was a punishment from God, or it did not really exist. In addition, misinformation and rumours on social media were further undermining accurate health information.

Participants said that, as most people wore single-use disposable masks, there was a high demand for masks in the communities. At the same time, the use of masks by people varied in different parts of the cities as not everyone would wear them or would not wear them appropriately. FGD participants said that they would encourage people to wear masks if they noticed someone not wearing one in the street or on public transport.

Encouragingly, however, some FGD participants among the local community in Bursa and Kayseri said that it was recently observed that there had been some improvements in their areas, with more people starting to wear masks and heeding health advice.

Participants in several locations such as Kayseri, Bursa, Şanlıurfa and Sultanbeyli reported that women were more attentive in following the health advice, maintaining personal hygiene, and undertaking preventive measures compared to men. In Gaziantep, Bursa and Kilis, participants considered men were at higher risk of infection as they spent more time outside and used public transport more often than women.

In Bağcılar, Adana, Mersin, Konya and Kilis, participants from the local host community felt refugees were at higher risk of infection, believing that some refugees were less attentive in following health advice, and others had poor economic conditions, lacked money to buy hygiene products, lived in crowded homes and experienced language barriers. Refugee participants in Şanlıurfa said that it was difficult for them to afford hygiene products and adequate food for the households due to their financial constraints. A few participants from the host population in Kayseri also mentioned that people in their communities faced financial challenges to buy masks and hygiene products. Financial constraints combined with being unemployed led to people suffering stress and anxiety at home, they said.



In some locations, such as Bursa, participants said that awareness sessions on COVID-19 were organised for children at schools. They added it was difficult to explain to children about the risks of COVID-19 and how to protect themselves from the disease. Participants in Kayseri suggested that schools should play an important role to talk about COVID-19 with children and help them understand how it can spread and the precautions to take.

“During the first stages of the coronavirus outbreak, we had seen people not even greeting each other because they were afraid to becoming infected. Now, everyone is acting like life is normal”
 – İlknur (26), a Turkish FGD participant in İzmir

When asked what they would do if they or someone in their family showed symptoms, majority of the respondents answered that they would go to the hospital (75.6%). This finding was higher for both refugees (45.2%) and female respondents (38.1%) compared to those from the host population (29.7%) and male (37.4%) respondents. Compared to the second round, this finding was slightly higher in the first KAP assessment (78.4%). Others mentioned they would isolate themselves (34.1%), contact a doctor to get advice (26.0%), or ask friends and relatives for advice (6.6%).

What would you do if you or someone from your family has symptoms of this disease?

More than one answer possible

I will go to the hospital	2,903 (75.6%)
I would stay at home to isolate myself from others	1,308 (34.1%)
I will contact a doctor or hospital to get advice	997 (26.0%)
I will ask my relative/friends to advise me on what to do	252 (6.6%)
I will buy medicines from the market	60 (1.6%)
Other	46 (1.2%)
I will go to a religious leader	11 (0.3%)
Do nothing	7 (0.2%)
Continue life as normal	6 (0.2%)

Figure 23 Actions taken if COVID-19 symptoms show

Other responses given included: self-quarantine, call 188¹⁸, "do whatever is required", call for an ambulance, wear a mask, get tested, call 112¹⁹, "I don't know", take vitamins/supplements, inform family/workplace, follow healthy diet, try self-treatment, call 184²⁰, call a community centre, panic, and leave the house.

18 188 is a hotline number for funeral services in Turkey.

19 112 is an emergency helpline for ambulance and medical assistance.

20 184 is the call centre number of the Turkish Ministry of Health "SABİM" and offers information about medical care and deals with complaints about service providers in Turkey healthcare. The SABİM service was created primarily for Turkish citizens but equally provides support to any foreigner in need of medical assistance (including COVID-19). The line is open around the clock 7 days a week. Advisers also provide support in English, German, Arabic and Russian.



COVID-19 Practices

Comparative statistics for key survey findings - Round 1 and 2

Number of respondents taking measures in their daily lives to prevent COVID-19 contraction



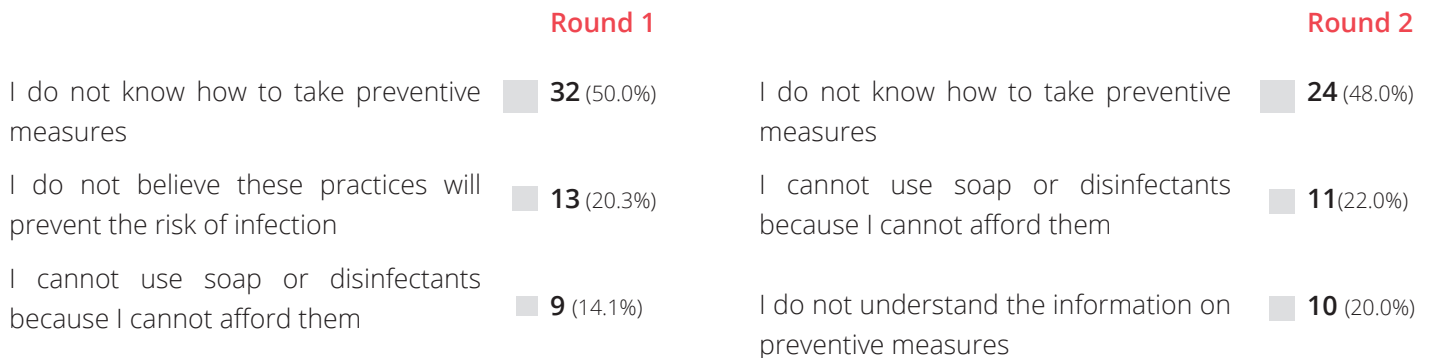
Round 1

Round 2



Reasons respondents gave for not taking any actions

Top 3 responses; more than one answer possible



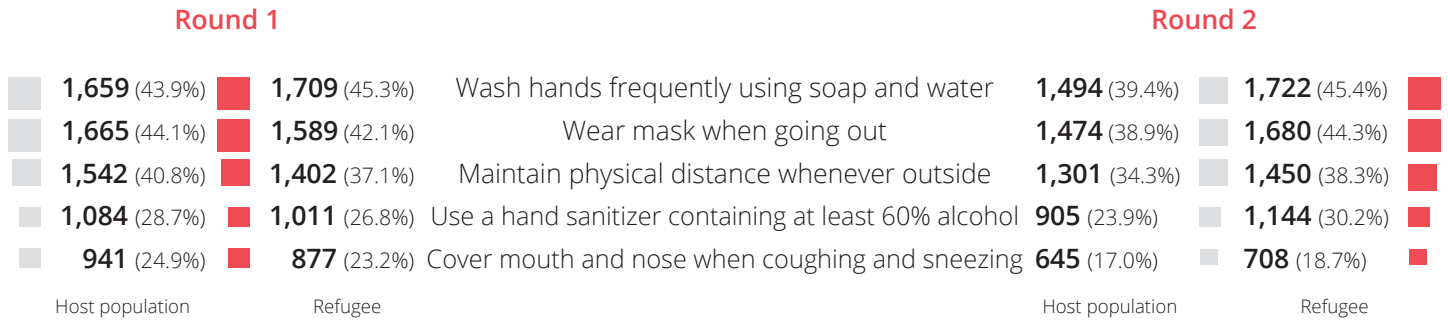
Round 1

Round 2



Actions taken by respondents to protect themselves and their families

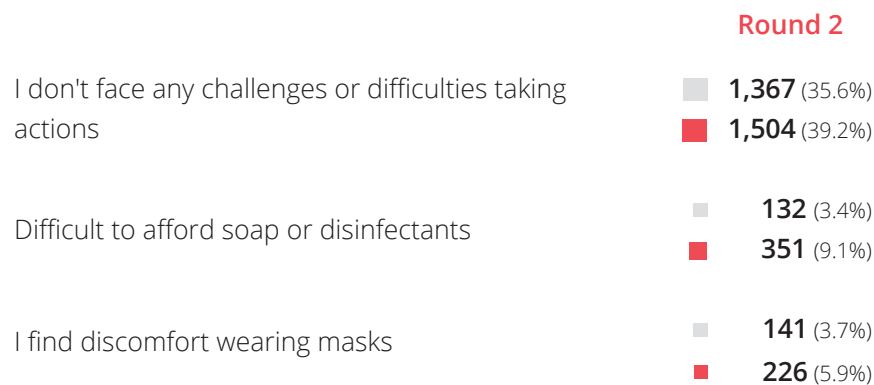
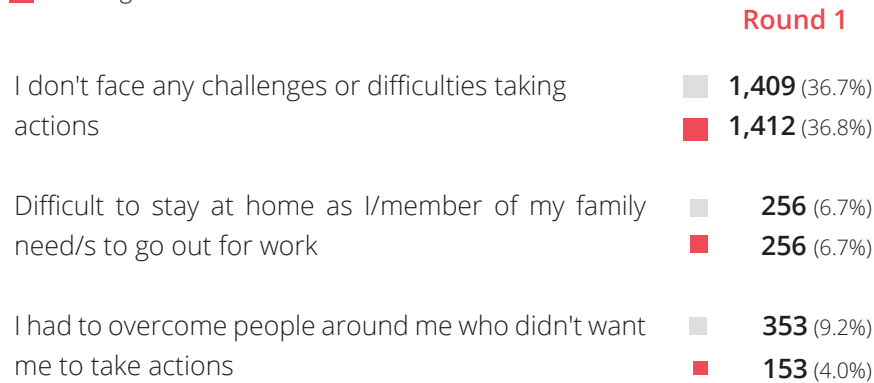
Top 5 responses; more than one answer possible



Challenges faced by respondents in taking actions or following preventive measures

Top 3 responses; more than one answer possible

- Host population
- Refugee



Note: In the second round of data collection, "I find discomfort wearing masks" was included as one of the categories, not included in the first round.



Data collection process

INFORMATION NEEDS

AND COMMUNITIES' PREFERRED CHANNELS TO RECEIVE INFORMATION AND SHARE FEEDBACK WITH TRCS

This is to assess what information communities want or need to know about COVID-19 and their preferred channels to receive that information. This section also aims to understand how well TRCS social media channels are being used by the communities, what can be improved, and how communities would prefer to contact TRCS to ask questions or share feedback.



Although just over half, 54.7% (2,099), of respondents said they do not need any more information about COVID-19, that still leaves 45.3% (1,741) of people who feel they do need more information. Of those who requested more information (1,741 respondents), topics they raised included: COVID-19 treatment or vaccine (39.7%), symptoms of COVID-19 infection (31.3%), how COVID-19 is transmitted (22.4%), and how to protect oneself from the disease (15.8%). There were no significant differences in the information requested by men and women, or by those from refugees and host communities, although, 'trusted sources of information' was higher (4.1%) for respondents from host community than for refugees (1.8%).

The first KAP assessment showed similar results with 55% of respondents saying they did not require additional information. 'COVID-19 treatment or vaccine' was a newly added option in the second round and was people's top choice for further information. This shows communities are interested to learn more about the developments of COVID-19 treatments and vaccines, with specific questions being raised such as when the vaccine will be available, how much it will cost, and if there are any side effects. Further study will need to be done to understand if communities are willing to take a COVID-19 vaccine as it becomes available.

What information do you need right now about the new Coronavirus?

More than one answer possible

I do not need any information	2,099 (54.7%)
COVID-19 treatment/ vaccine	692 (18.0%)
Symptoms of the new coronavirus disease	546 (14.2%)
How it is transmitted	390 (10.2%)
How to protect yourself from the disease	276 (7.2%)
Trusted sources of information	229 (6.0%)
Number of cases in each city	212 (5.5%)
How to take care of an infected person at home	199 (5.2%)
Precautions for people with chronic disease	186 (4.8%)
What to do if you have the symptoms	133 (3.5%)
Precautions for pregnant women	127 (3.3%)
How to access distance education programme	124 (3.2%)
Which hospital to go to if symptoms appear	109 (2.8%)
Who to ask questions about coronavirus	94 (2.4%)
How/when to use masks	82 (2.1%)
How to contact TRCS	73 (1.9%)
Where to get free psychosocial support?	71 (1.8%)
How to get Vefa social support services	67 (1.7%)
How to wash hands	66 (1.7%)
Other	48 (1.3%)
How to use bleach/disinfectant at home	42 (1.1%)

Figure 24 What information communities need now

Other information needs raised: vaccine - detailed questions on when it will be available, how much it costs, side effects; medicines for COVID-19, how COVID-19 really started, what is the latest situation update, is COVID-19 similar to flu, how to protect hands/nails, which are the most risky/affected locations, does contracting the virus for a second time increase the risk of death, is food contamination with the virus possible, when will the pandemic end, what to do if a child doesn't want to wear a mask, is donating blood a risky activity, is it possible to get sick twice, does covid-19 cause permanent health damage.



“While some people may wear masks, they do not necessarily maintain physical distance.” – said an FGD participant from local community in Mersin

FGD participants said people need information about any new symptoms of COVID-19 infection, how to maintain personal hygiene, and how to wear the masks appropriately or when to wear them. They explained that although people may have information about COVID-19, public awareness activities about the presence and risks of COVID-19 and ways to prevent getting infected by the disease should be reinforced to encourage people to continue to adopt healthy behaviours. Participants said information about the three important practices – washing hands with soap, wearing masks and physical distancing should still be widely disseminated to ensure people are taking care of themselves. Such awareness raising activities should be extended to the rural areas through involving Muhtars to encourage the communities there to practise positive behaviour.

“People must be informed about the correct use of masks and how to maintain personal hygiene. Information on these topics must be shared widely and repeatedly, even if people have heard them already. Just wearing a mask is not enough. We see many people touch masks with their dirty hands”, said a refugee FGD participant in Adana.

Given the winter season, many people with a common flu were now visiting the hospitals. Participants stressed that people need to be made aware about when to go to the hospital and the differences in symptoms between regular flu and COVID-19 infection.

“

“I don’t know where to receive the correct information. I visit the Ministry of Health website, but I am not sure about the recent number of cases.”

– said Nuraa (19), a Syrian refugee from İzmir

Participants reported that communities were also looking for information on the treatment processes including news on the vaccines and drugs to treat patients; precautions of a caregiver to treat an infected person, and if there were any side effects for COVID-19 patients receiving treatment. They wanted to know what to do and how to take care of oneself if infected, what should be done after a person has recovered, and if those who recovered from the disease can be at risk of getting infected again.

To better understand the current COVID-19 situation, participants said people need information on the number of COVID-19 cases in each city in Turkey. At the same time, people wanted to know where and which hospitals to go to for treatment. Some FGD respondents in İzmir and Ankara reported that there was conflicting information about COVID-19 from different sources and it is important to learn about the trusted sources of information. Other information people were looking for was about how to disinfect clothes and when the outbreak will likely end. They stressed that visual information materials or videos on COVID-19 for children should be further disseminated to help them understand the risks and take necessary measures to avoid infection. **“In Ağrı, I noticed the Policemen were disseminating information about the preventive measures and distributing masks in crowded places. Such initiatives should also be taking place here”,** said a refugee FGD respondent, Adana.

“

“People’s attitude in the country-side is like there is no virus there. They do not believe that the virus can transmit from their relatives.”

– Hatice (37) and Zekiye (44), Turkish women living in İzmir

“Messages about the three most important practices must be shared over and over again. People must be informed that this virus can spread fast and that they should not stay in crowded places. Coronavirus does not discriminate gender or nationality, and so everyone is at risk even if he or she takes precautions”, said a refugee FGD respondent, Bursa.

Over half of survey respondents said they would prefer to receive information on COVID-19 from TRCS by phone (56.7%), but other channels that would also be welcomed were SMS (26.7%), TRCS Facebook (17.3%) and TV (12.2%). Refugees showed a stronger preference for phone (32.1%), TRCS Facebook (11.9%) and WhatsApp (8.1%) than respondents from the host population. People from host communities however, showed a stronger preference for SMS (14.8%), TV (7.4%) and TRCS Instagram, Twitter, website and TRCS staff and volunteers (15.3%).

These findings are similar to the previous assessment, although, there was a stronger preference for WhatsApp (20.3%) earlier compared to this round (11.9%). There were no significant differences in the way men and women preferred to receive information in this assessment. However, women respondents showed a slightly greater preference for phones and SMS, while men preferred TRCS Facebook and WhatsApp.

How would you prefer to receive information about the Coronavirus from TRCS?

More than one answer possible

	Host population	Refugee	Other	Prefer not to answer
Phone	933 (24.3%)	1,232 (32.1%)	6 (0.2%)	7 (0.2%)
SMS	568 (14.8%)	450 (11.7%)	6 (0.2%)	0 (0.0%)
TRCS Facebook	201 (5.2%)	456 (11.9%)	4 (0.1%)	2 (0.1%)
TV	284 (7.4%)	179 (4.7%)	3 (0.1%)	2 (0.1%)
WhatsApp	144 (3.8%)	310 (8.1%)	2 (0.1%)	0 (0.0%)
Ministry of Health/Public official websites	159 (4.1%)	147 (3.8%)	3 (0.1%)	1 (0.0%)
TRCS Instagram	172 (4.5%)	131 (3.4%)	4 (0.1%)	1 (0.0%)
TRCS You Tube	128 (3.3%)	151 (3.9%)	4 (0.1%)	0 (0.0%)
TRCS website	158 (4.1%)	93 (2.4%)	1 (0.0%)	0 (0.0%)
TRCS Twitter	139 (3.6%)	51 (1.3%)	2 (0.1%)	1 (0.0%)
TRCS staff/volunteers	118 (3.1%)	71 (1.8%)	1 (0.0%)	1 (0.0%)
Doctors	76 (2.0%)	105 (2.7%)	1 (0.0%)	0 (0.0%)
Brochures/leaflets	62 (1.6%)	26 (0.7%)	0 (0.0%)	0 (0.0%)
Online meetings/seminars	31 (0.8%)	25 (0.7%)	2 (0.1%)	0 (0.0%)
Other	25 (0.7%)	17 (0.4%)	0 (0.0%)	0 (0.0%)
Radio	8 (0.2%)	2 (0.1%)	1 (0.0%)	0 (0.0%)
Community leaders	6 (0.2%)	3 (0.1%)	0 (0.0%)	0 (0.0%)
Religious leaders	1 (0.0%)	5 (0.1%)	1 (0.0%)	0 (0.0%)

Figure 25 Preferred communication channels to receive information

Other methods of communication people mentioned included: face-to-face, YouTube, e-mail, social media, zoom, 168 call centre²¹ number, at school, posters/billboards/stands, scientific/WHO articles. Fifteen respondents did not want to receive any information.

FGD participants suggested several different channels through which they would like to receive information about COVID-19. Many of these were similar to that of the previous KAP assessment. Social media platforms (WhatsApp, Facebook, Twitter, Instagram, and YouTube) were mentioned by participants as one of the most preferred ways to get information where audio, video, and visual information materials in different languages can be posted. Other channels preferred were TV, SMS, phone calls, brochures, and official websites of the Ministry of Health and TRCS. Online seminars or live sessions through conferencing platforms organized by TRCS were also suggested as ways to raise awareness among people.

Face-to-face interaction to receive information was mentioned by participants in several locations such as in Adana, Bağcılar, Sultanbeyli, Kayseri and Mardin. In addition, household visits were suggested as being particularly useful to share information with older people.

Refugee participants in Bağcılar, Kocaeli and İzmir suggested using WhatsApp groups to disseminate information on COVID-19. It was recognised that while social media was popular among young people, television was more accessible for older people. As in the previous KAP assessment, participants stressed that video and visual information was more effective than written information, especially for children and older people. They suggested that more information materials on COVID-19 and key messages addressing rumours should be developed by TRCS in different formats and languages including Arabic for wide dissemination in the communities.

FGD participants said videos or infographics could be displayed on billboards in the streets or announcements made to remind people about taking precautions in crowded places could be quite effective. In Konya, participants suggested TRCS share information about COVID-19 on television to raise awareness and motivate people to adopt safer behaviours.

21 TRCS' 168 call centre provides a free of charge helpline for beneficiaries on the Emergency Social Safety Net (ESSN) cash assistance programme. It aims to provide information on the ESSN application processes; receive feedback and complaints and ensure that specific issues are followed up on and resolved.

Participants stressed that there needs to be more information materials on COVID-19 for children in visual or video formats to help them understand the risks and encourage them to take necessary measures to avoid infection. In Gaziantep, participants said that animation or cartoon videos could be useful. A few people mentioned about using TV channels such as TRT Kid to communicate with children on this topic. In İzmir, participants suggested TRCS organise television programmes on the TRT Kid channel to encourage children to practice healthy behaviours.

“For children, for example, Turkish Red Crescent could air Public Service Announcements (PSAs) or organise television programmes in TRT Kids channel to broadcast shows like ‘Come on children, let’s wash our hands’ to share information on COVID-19 and the healthy practices. Turkish Red Crescent should have a stronger presence on private TV channels. Television is also the best source of information for older people.”

– said local community respondents in İzmir

Regarding the preference of language to receive information from TRCS, respondents from host communities preferred Turkish and Arabic remains the main preferred language to receive information in for the refugees. Only a few respondents mentioned other languages including English, Kurdish and Farsi.

What language would you prefer to receive the information in?

More than one answer possible

	Host population	Refugee	Other	Prefer not to answer
Arabic	124 (3.2%)	1,983 (51.6%)	•	10 (0.3%)
Turkish	1,717 (44.7%)	374 (9.7%)	•	4 (0.1%)
English	29 (0.8%)	22 (0.6%)	•	2 (0.1%)
Kurdish	16 (0.4%)	30 (0.8%)	•	1 (0.0%)
Farsi	1 (0.0%)	11 (0.3%)	•	0 (0.0%)
Other	3 (0.1%)	0 (0.0%)	•	0 (0.0%)

Figure 26 Preferred language to receive information

German was reported as the "Other" preferred language. Two respondents did not want to receive any information.

Similar to the survey findings, the majority of the FGD participants mentioned they preferred to receive information in Turkish, Arabic and English. In Mardin, Gaziantep and Adana, some preferred Kurdish while in Konya, some mentioned Persian. In İzmir, respondents added that sign language would be beneficial for those with hearing impairment.

When asked if respondents follow TRCS social media channels or visit the website, 25.6% of the host population answered “No” compared to 21.6% of refugee participants. Just over a quarter of refugees, 27.7%, said they did follow TRCS social media channels or had visited the website compared to 15.7% of people from host communities.

Among those who follow the TRCS social media platforms (1,682 respondents), a greater proportion of refugees visit the TRCS Facebook and Community Centre Facebook pages (69.2%) than people from host communities (20.9%). The TRCS Instagram and Twitter accounts both the general account and the Community Centre account, are more popular with people from the host communities (34.7%) than with refugees (19.3%). Facebook, both general account and the Community Centre page, was more popular among men (47.5%) than women (43.3%), while the general and Community Centre Instagram accounts were more frequently used by women (18.2%) than men (14.1%).

Compared to the previous round of the assessment (45.6%), less people are following the TRCS social media and website now (43.8%) and the host population still remains behind the refugees in viewing these platforms.

Do you follow TRCS social media platforms (Facebook, Twitter, Instagram, YouTube) and website to get information about the Coronavirus?

	Host population	Refugee	Other	Prefer not to answer
No	984 (25.6%)	829 (21.6%)	•	7 (0.2%)
Yes	603 (15.7%)	1,062 (27.7%)	•	4 (0.1%)
Sometimes	153 (4.0%)	177 (4.6%)	•	4 (0.1%)

Figure 27 Use of TRCS social media to receive COVID-19 information

If yes, which TRCS social media platforms do you follow?

More than one answer possible; 1682 respondents

	Host population	Refugee	Other	Prefer not to answer
TRCS Community Centre Facebook page	247 (14.7%)	763 (45.4%)	6 (0.4%)	2 (0.1%)
TRCS Facebook page	104 (6.2%)	401 (23.8%)	3 (0.2%)	1 (0.1%)
TRCS Community Centre Instagram	158 (9.4%)	132 (7.8%)	5 (0.3%)	1 (0.1%)
TRCS Instagram	163 (9.7%)	78 (4.6%)	6 (0.4%)	0 (0.0%)
TRCS Community Centre Twitter	112 (6.7%)	77 (4.6%)	1 (0.1%)	1 (0.1%)
TRCS Twitter	150 (8.9%)	38 (2.3%)	1 (0.1%)	0 (0.0%)
TRCS YouTube	23 (1.4%)	113 (6.7%)	1 (0.1%)	0 (0.0%)
Other	10 (0.6%)	5 (0.3%)	1 (0.1%)	0 (0.0%)

Figure 28 TRCS social media platforms frequently used to receive COVID-19 information (follow up question)

The main reason people (2,158 respondents) gave for not following these social media channels was that they did not know about them. This lack of awareness was higher amongst people from the host population (23.4%) than amongst refugees (17.2%). This was also higher for women (22.6%) compared to men (18.4%). Other reasons given were not using social media (26.7%) or following other platforms (23.2%), and that the content shared was not relevant to their needs (4.8%). "I do not use social media" and "I follow other platforms" were newly added options in this round and were the second and third most popular responses to this question.

If not or sometimes, what are the reasons?

More than one answer possible; 2158 respondents

	Host population	Refugee	Other	Prefer not to answer
I do not know about TRCS social media platforms/website	506 (23.4%)	372 (17.2%)	3 (0.1%)	4 (0.2%)
I do not use social media	276 (12.8%)	298 (13.8%)	0 (0.0%)	3 (0.1%)
I follow other platforms	270 (12.5%)	227 (10.5%)	3 (0.1%)	0 (0.0%)
The contents are not relevant to my needs	48 (2.2%)	56 (2.6%)	0 (0.0%)	0 (0.0%)
Other	54 (2.5%)	23 (1.1%)	0 (0.0%)	0 (0.0%)
I do not have internet to access TRCS social media	23 (1.1%)	29 (1.3%)	1 (0.0%)	0 (0.0%)
The contents are not in Arabic	2 (0.1%)	38 (1.8%)	1 (0.0%)	0 (0.0%)
The words/language is not easy to understand	1 (0.0%)	15 (0.7%)	1 (0.0%)	0 (0.0%)
The contents are not in my language (other than Arabic and Farsi)	2 (0.1%)	7 (0.3%)	0 (0.0%)	0 (0.0%)
The contents are not easy or clear to understand	5 (0.2%)	4 (0.2%)	0 (0.0%)	0 (0.0%)
The photo/illustrations are not clear to understand	0 (0.0%)	5 (0.2%)	0 (0.0%)	0 (0.0%)
The contents are not in Farsi	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

Figure 29 Reasons for not using or sometimes using TRCS social media

Under the "Other" category the following responses were recorded: do not use social media, followed Ministry of Health information, social media accounts are not very active, do not have time, no internet at home, cannot read or write, check information on YouTube or TV, does not know the official website, does not know which is reliable, do not understand the content, not interested, no particular reason.

The survey findings were broadly confirmed by FGD participants. Although several refugee respondents said they follow TRCS social media channels, the majority of participants from the host population said that they were not aware of the TRCS social media channels and website, or that they had been providing COVID-19 information.

Among refugee participants who said they followed TRCS social media platforms, Facebook was most popular, followed by Instagram, Twitter, and YouTube. Instagram and Twitter were more widely used by respondents from the local host community.

Refugee participants mentioned they encountered different challenges in accessing these social media platforms, such as language barrier, lacking internet facilities, not having a social media account or a smartphone. Some participants from the host community in Kahramanmaraş and Mersin also informed about lacking internet facilities as one of the main challenges to access information.

Respondents in Gaziantep, Kilis, Konya and Kayseri reported that they were unaware about TRCS Community Centre social media platforms, or that information in TRCS social media was available in Arabic. Some respondents in Mersin, Bağçılar and Sultanbeyli said that they received information from the Ministry of Health or followed other social media platforms and did not need to receive information from TRCS social media.

Almost three-quarters of survey respondents said they would prefer to contact TRCS over the phone (73.3%) to ask questions or share feedback. This preference is slightly higher for refugees (38.4%) than people from host communities (34.5%), while women (38.8%) showed a slightly stronger preference than men (34.6%) for this option. Compared to the host population, refugees also preferred WhatsApp (9.0%), the TRCS Facebook page (8.6%), and face-to-face interaction at the TRCS Community Centre (5.0%) more. Phone was also the most preferred channel to contact TRCS in the previous assessment.

If you wanted to ask questions or share feedback with TRCS on Coronavirus, how would you prefer to do so?

More than one answer possible

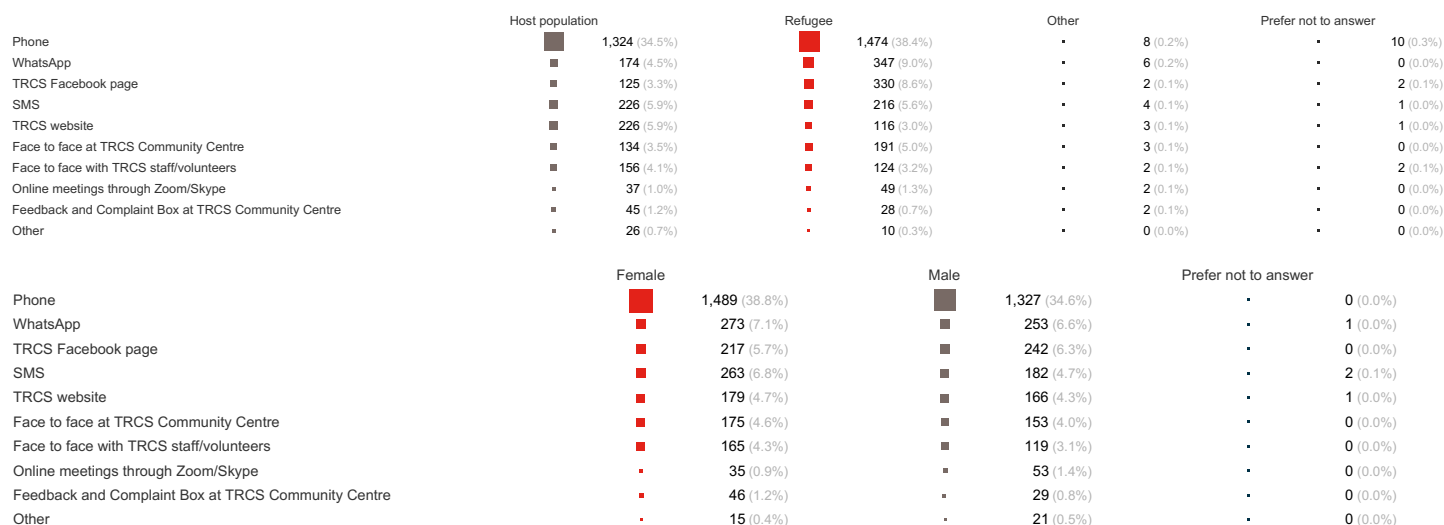


Figure 30 Preferred channels to ask questions or share feedback with TRCS, by status and gender

Responses under "Other": social media, e-mail, twitter, face to face meeting, it doesn't matter, "I don't need".

As in the first round of the KAP assessment, most FGD participants preferred to contact TRCS by phone and WhatsApp to ask questions or share feedback about COVID-19. Other channels mentioned included using the 168 call centre number, SMS or e-mail, TRCS Facebook or other social media, or a separate TRCS webpage on COVID-19.

Face-to-face interaction by visiting TRCS Community Centres or meeting its staff or volunteers were also another preferred channel mentioned by FGD participants in several locations such as in Ankara, Gaziantep, Adana, Kahramanmaraş, Mersin, Şanlıurfa. They added that online meetings via Zoom or Skype were also useful to ask questions and share key concerns of their community.

Respondents in İzmir stressed that Advisory Committee meetings had been quite effective in interacting and sharing feedback with TRCS. Some participants in Bursa, Kocaeli and Kayseri mentioned that WhatsApp groups can be useful to ask questions and communicate with TRCS directly. They also highlighted that TRCS should clearly inform people about the accessible communication channels so that they can contact TRCS easily.

“We would like to request the Community Centre to conduct more online information session and educational activities on COVID-19.”
 – said refugee respondents in Mersin

Do you have any comments or feedback about COVID-19 that you would like to share with us?

FGD participants said they recognized TRCS' efforts in responding to the COVID-19 outbreak. They said that the online consultation/FGDs, as part of the KAP assessment, was useful and were happy to participate in the discussion about COVID-19.

"These online meetings are very useful for us. We are happy to join the discussion and share our views on behalf of our community", said refugee respondents in Adana.

Ten months into the pandemic, there are still many people who lost employment and participants suggested TRCS could provide assistance to those who have become unemployed. They also recommended that TRCS should organise more online information sessions on COVID-19, preventive measures, and hygiene promotion for communities. In addition, further information materials on COVID-19 and other online activities for children, in different languages including Arabic, should be developed, and organised to explain the risks and preventive measures.

Participants said that the need for masks, hygiene kits and psychosocial support in the community is still quite high. They suggested that TRCS should distribute more masks and hygiene parcels and increase psychosocial support through online sessions to those affected or in need. Participants also stressed that "lock down"²² and other stringent measures should be enforced by the local authorities to reduce the spread of the disease.

Local community respondents in Adana said that disinfection and provision of masks at schools should be ensured for children when they are going to school. They suggested TRCS support this through the distribution of disinfectants and masks at schools. Although children are accessing distance learning at home through online platforms, participants said the COVID-19 situation had impacted their children's education negatively as they are not able to go to school like in normal times. In Şanlıurfa, refugee respondents mentioned challenges in accessing distance learning programmes due to a lack of internet facilities and computers.

"Anxieties are noticeable among children as well. Closing schools for prolonged periods of time have had an impact on children's mental wellbeing. Hence various online activities are also necessary to keep them active and motivated", said respondents in Kayseri.

²² COVID-19 pandemic lockdown are extreme precautions or restrictions to prevent the spread of COVID-19.



TRCS during food distribution for those in COVID-19 pandemic

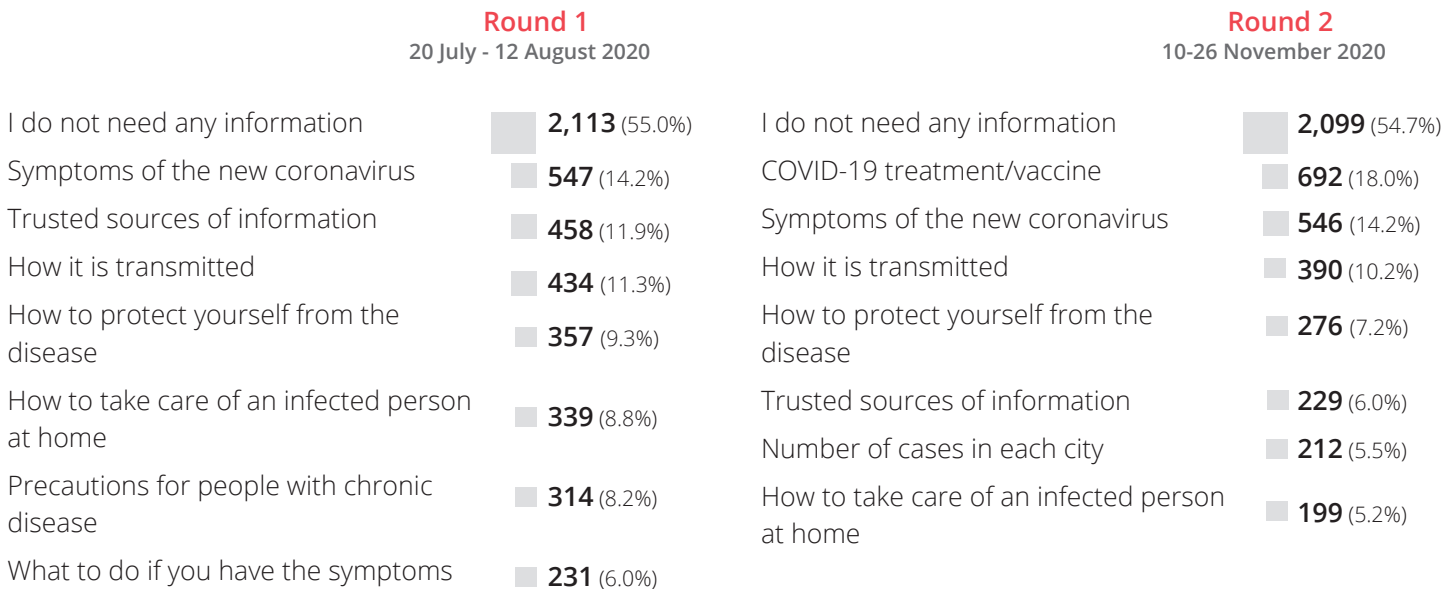


COVID-19 Information needs

Comparative statistics for key survey findings - Round 1 and 2

Respondents' information needs on COVID-19

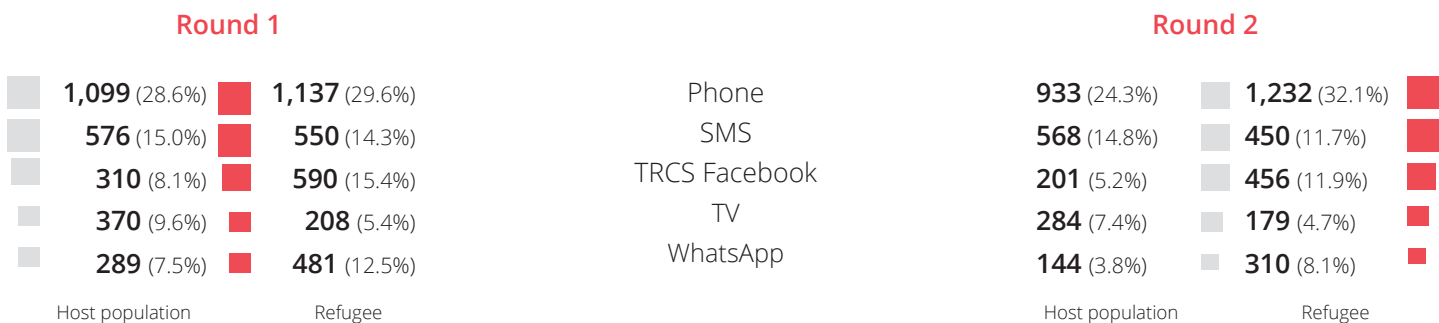
Top 8 responses; more than one answer possible



Note: In the second round of data collection, "COVID-19 treatment/vaccine" was included as one of the categories, not included in the first round.

Respondents' preferred channels to receive information from TRCS

Top 5 responses; more than one answer possible

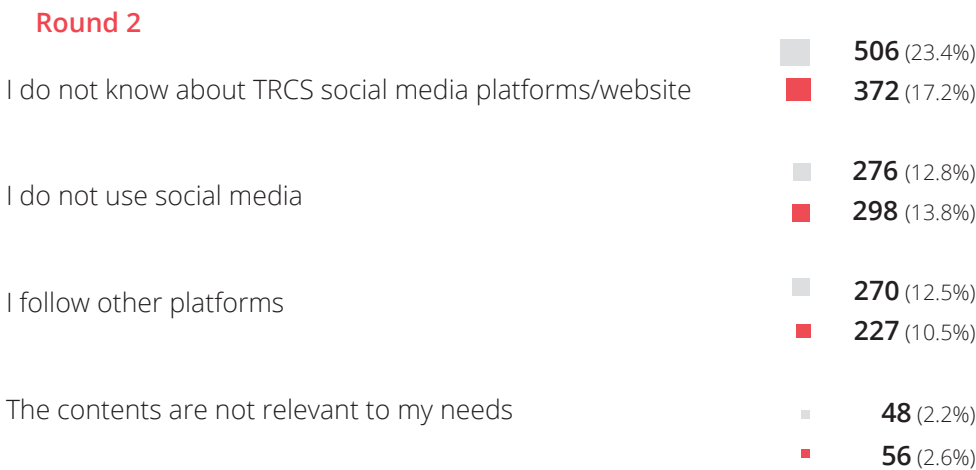
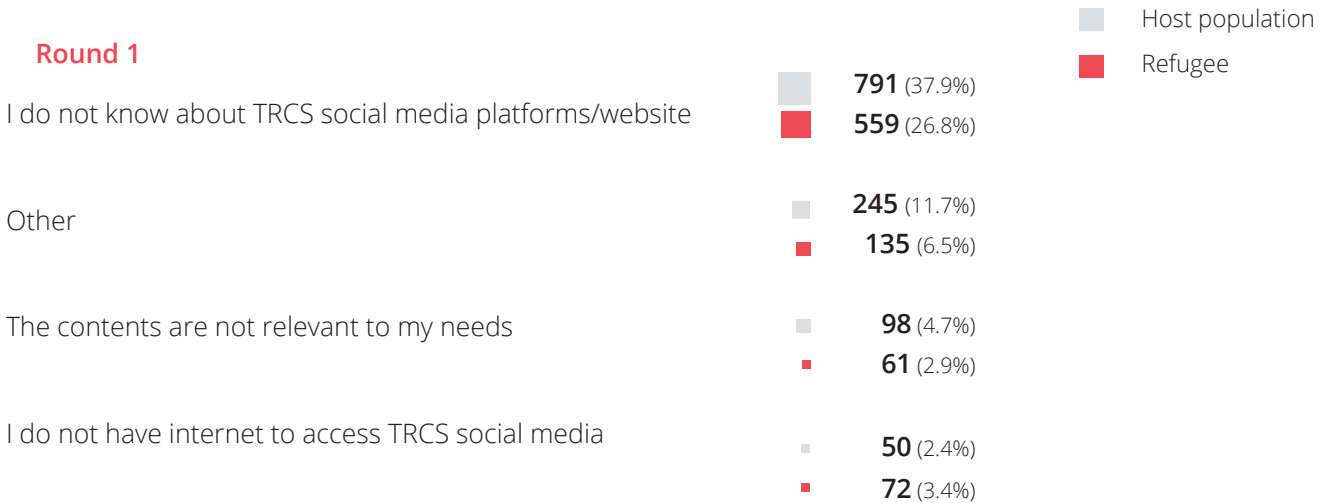


Round 1	Round 2
<p>2,088 (54.4%)</p>	<p>2,158 (56.2%)</p>

of respondents reported sometimes or not following TRCS social media platforms and website

Reasons respondents reported sometimes or not following TRCS social media platforms and website

Top 4 responses; more than one answer possible

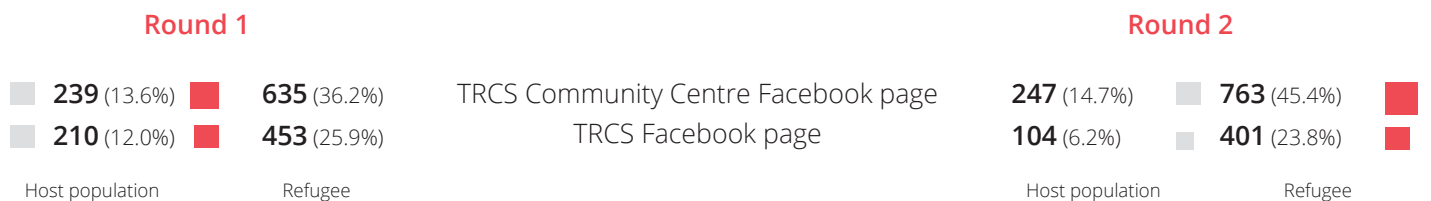


Note: In the second round of data collection, "I do not use social media" and "I follow other platforms" were included as one of the categories, not included in the first round.



Platform most visited by respondents

Top 2 responses; more than one answer possible





Masks distributed by TRCS

RECOMMENDATIONS

Based on the findings of this KAP assessment, recommendations are developed to improve TRCS' risk communication, behaviour change and community engagement activities.



SI No	Activities	IEC products/Channels
1	<p>Disseminate key information to communities to encourage people to adopt positive behaviours. Some of the topics identified are:</p> <ul style="list-style-type: none"> - Information on the three important practises: wearing masks, physical distancing, and hand washing - Importance of wearing masks, how and when to wear masks - Any new symptoms of COVID-19 - Presence of coronavirus, its risks and how it can spread - Differences in the symptoms between COVID-19 infection and flu - Information on COVID-19 treatment or vaccine - What to do if infected and how to take care of an infected person - What to do after a person recovered from COVID-19 - Any health impacts caused by COVID-19 or health risks after a person has recovered - How to maintain personal hygiene - Who are at risk? - Information on the number of COVID-19 cases in the cities in Turkey - Where and which hospitals to go to - Information on COVID-19 for children - How to disinfect clothes and homes - Trusted sources of information - Information about TRCS social media channels and website 	<p>E-brochures and videos in different languages (e.g., Turkish, Arabic, Kurdish, and English) to be used in TRCS CC social media, TRCS webpage on COVID-19; IEC materials to be shared with Advisory Committee, Youth Club²³, members and CBHFA volunteers via WhatsApp/Facebook groups in CC.</p>
2	Respond to rumours/misperceptions identified in each location	<p>E-bulletin specific to each location, E-brochures, and videos in different languages (e.g., Turkish, Arabic, Kurdish, and English) to be used in TRCS CC social media, TRCS webpage on COVID-19; IEC materials to be shared with Advisory Committee, Youth Club members and CBHFA volunteers via WhatsApp/Facebook groups in CC.</p>
3	Conduct online information sessions for community members and children by TRCS staff/ CBHFA volunteers on the risks of COVID-19, how it transmits and the preventive measures	Through Zoom/Skype calls
4	Organise online information seminars for community members using public influencers (e.g., community/religious leaders/Muhtar) to encourage promotion of general healthy behaviours and address misinformation and rumours with actionable and verified information	Through Zoom/Skype calls
5	Develop information materials (visuals and/or videos) with key influencers, e.g., community leader, doctors, religious leaders, community volunteers, etc	<p>E-brochures and videos in different languages (e.g., Turkish, Arabic, Kurdish, and English) to be used in TRCS CC social media, TRCS webpage on COVID-19; IEC materials to be shared with Advisory Committee, Youth Club members and CBHFA volunteers via WhatsApp/Facebook groups in CC.</p>
6	Conduct online meetings with existing community forums, the Advisory Committee and Youth Club at the CCs, to disseminate key information, share IEC materials and understand information gaps	Monthly reports from TRCS Community Centres

²³ Youth Club - Like the advisory committee, a youth club has been formed in each of the TRCS Community Centres comprising members from local and refugee children. The youth club acts as a platform where TRCS can share information about its services and provide opportunity to the members to voice issues affecting them and participate in the designing of youth activities at the centre.

7	Promote local dialogue and social cohesion with focus on addressing stigma and xenophobia related to COVID-19	Through Zoom/Skype calls
8	Develop information materials (visuals and/or videos) on stigma and xenophobia related to COVID-19	E-brochures and videos in different languages (e.g., Turkish, Arabic, Kurdish, and English) to be used in TRCS CC social media, TRCS webpage on COVID-19; IEC materials to be shared with Advisory Committee, Youth Club members and CBHFA volunteers via WhatsApp/Facebook groups in CC.
9	Use existing tools to collect and respond to community feedback, questions, complaints, and rumours and adapt new communication channels as appropriate	Reports on Community Feedback
10	Conduct Knowledge, Attitudes and Practices (KAP) assessment at regular intervals to identify barriers to healthy behaviours, information needs, preferred/trusted channels of engagement and community perception about the risks. To understand people's perceptions and acceptance of COVID-19 vaccine, it is suggested to either conduct a short survey or include specific questions in the next round of KAP assessment before the vaccination campaign.	Assessment report



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 Society (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 Society 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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TRCS during mask distribution and information dissemination

KNOWLEDGE, ATTITUDES AND PRACTICE (KAP)

ASSESSMENT ON COVID-19 (ROUND 2)

