

# SATISFACTION SURVEY ON COVID-19 ACTIVITIES

**COMMUNITY BASED MIGRATION PROGRAMME** 

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#### SATISFACTION SURVEY ON COVID-19 ACTIVITIES

#### Conducted by

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## **ABBREVIATIONS**

CC:	Community Centre
CEA:	Community Engagement and Accountability
PMER:	Planning, Monitoring, Evaluation, Reporting
IM:	Information Management
WASH:	Water, Sanitation and Hygiene
IFRC:	International Federation of Red Cross and Res Crescent Societies
PSS:	Psychosocial Support
TRCS:	Turkish Red Crescent Society

## INTRODUCTION

In Turkey, the first case of COVID-19 was recorded on March 11th, 2020. Followingly, the government took a series of containment measures to prevent the spread of COVID-19 virus. Since the beginning of the COVID-19 pandemic, in addition to its impact on public health, also serious socio-economic down turn impacted the people and continued affecting the lives, health and livelihoods of people in Turkey and around the world.

With the development of COVID-19 vaccine, Turkey initiated a vaccination campaign on 14 January 2021. A national vaccination strategy was released by the Ministry of Health explaining the priority groups to receive the COVID-19 vaccine based on their risk levels. According to the strategy health care workers, social care workers and individuals aged 65 and older got vaccinated in the first stage. As of June 2021, vaccination campaign against COVID-19 further expanded to include all adult citizens. With the expanded vaccination roll out and decreasing number of cases, Turkey lifted the restrictions and eased the measures on June 1, 2021, including face-to-face classes started in educational institutions as of September 6th, 2021, with precautionary COVID-19 measures in place.

TRCS has developed a national COVID-19 response plan with the support of IFRC, focusing on three operational priorities aligned with the IFRC global approach: Sustaining Health and WASH; Addressing the socio-economic impacts of COVID-19; Institutional strengthening and preparedness.

With the undergoing nature of the refugee situation in Turkey, many of the existing refugee and host populations' vulnerability has increased further with the onset of the COVID-19 pandemic. As part of the global IFRC appeal in response to the COVID-19 pandemic and under the Community Based Migration Programme (CBMP), TRCS has been supporting refugee and host community members through i) risk communication and community engagement (RCCE), ii) health, and Psychosocial Support (PSS), and iii) livelihoods activities. These activities include dissemination of information among refugee and host communities on COVID-19, updating and developing new content and information materials on various topics related to COVID-19, and conducting health interventions, including health education, hygiene promotion, distribution of Personal Protective Equipment (PPE), hygiene parcels and voucher, symptom screening by phone, referring potential COVID-19 cases to hospitals, and various online psychosocial support (PSS) activities in addition to the livelihood activities including vocational and language trainings, capacity building trainings, work permits, and home-based production support. Until the end of September 2021, TRCS has reached over 369,638 refugee and host communities through Community Centre (CC) within the scope of COVID-19 response project.

This Satisfaction Survey (SS) aims to assess the level of people's satisfaction regarding the services provided at 16 Community Centers of Turkish Red Crescent Society (TRCS) and how the programme is delivered within the scope of COVID-19 response project. The survey identifies the key barriers and areas of improvement to ensure the services provided at the centres are participatory, accessible, and effective to the needs of the communities. The survey questionnaire was finalised through consultation with TRCS and IFRC CEA, IM and PMER as well as other technical teams. An online orientation was arranged for the TRCS CCs staff prior to the survey. The data was collected between 23 September to 15 October 2021, conducting individual phone interviews using the KoBo toolbox, which is a free open-source tool for mobile data collection. A total of 448 individuals who are participants of CC services were interviewed over the phone in each location (28 individuals for each CC), among which an equal number of men and women, refugees and local people were targeted.



### **Goal and Objectives**

This survey aims to assess the level of people's satisfaction regarding the services provided at the 16 CCs within the scope of COVID-19 response project and how the programme is delivered (i.e., if communities feel listened to, if they know how to share feedback with TRCS and if they are satisfied with the services they received). The survey is expected to identify key barriers and areas of improvement to ensure the services provided at the centre are participatory, accessible, and effective to the needs of the refugee and host communities . Therefore, findings will highlight the key aspects that will be taken into consideration when designing activities in the relevant sectors.

The survey results will be shared with TRCS programmes and with external stakeholders such as government, donors, and UN Agencies. The findings of the surveys and TRCS' plans in adjusting the programme before phasing out will be shared with communities either through reports or community meetings at the centre.

## METHODOLOGY

### Sampling

The population of this study consists of 363,912 people targeted through the COVID-19 project. A simple random sampling was used in this study. The sample size calculated by Raosoft was 384, assuming a response distribution of 50%, 95% confidence interval (CI), Z of 1.96, and margin of error of 5%. A further 17% (N=64) was added to counteract any errors in completing the questionnaires, resulting in a final sample size of 448. While selecting respondents in the sample, the sample was equally distributed among 16 CCs in order to involve all Community Centres equally. A total of 448 individuals who are participants of CC services (224 refugees and 224 local people) consisting of an equal number of men and women, refugee and host community were targeted.

Refugees (224 people)		Local People (224 people)		
Individuals		Individuals		
Men	Women	Men	Women	
112	112	112	112	

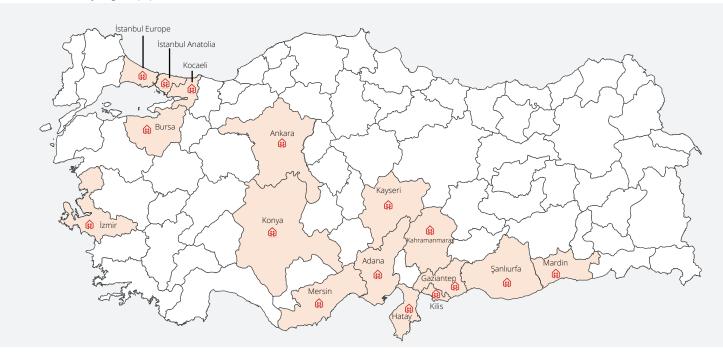


Table 1 Distribution of targeted population

Disclaimer: The maps used do not imply the expression of any opinion on the part of IFRC or National Societies concerning the legal status of a territory or of its authorities

Map 1 Turkey: provinces with an active TRCS Community Centre



### **Data Collection**

The survey comprises of quantitative data collection through individual phone interviews using the KoBo toolbox, which is a free open-source tool for mobile data collection. The data was collected by TRCS CC staff/volunteers in 16 CCs. The survey questionnaire was tested before it was used for the survey. An online orientation was conducted on September 17th, 2021, for volunteers and staff from the Community Centres (CCs) to explain the objective of the assessment, how to use KoBo Toolbox to collect data, and to understand the survey questionnaire.

### **Assumptions and Constraints**

One of the limitations regarding this satisfaction survey is reaching the survey respondents by phone and assuming that the survey will be efficient as much as conducting it face to face. The other challenge was managing the expectations of the respondents on the services provided. The respondents mentioned their general economic concerns several times and requested financial assistance and employment support throughout the survey.

## **KEY FINDINGS**

### **Demographic Profile**

The survey was carried out with 448 individuals who are the participants of TRCS Community Center services. The respondents comprised of 249 females (55.6%) and 199 males (44.4%). The age distribution was: 2 (0.5%) 14-17-year-olds, 166 (37.1%) 18-29, 270 (60.3%) 30-59-year-olds and 10 (2.1%) over the age of 60.

Gender			Age	
E			14-17	<b>2</b> (0.5%)
Female		(55.6%)	18-29	<b>166</b> (37.1%)
Male	199	(44.4%)	30-59	<b>270</b> (60.3%)
Figure 1 <i>Gender-age structure of responce</i>	lents		60+	<b>10</b> (2.1%)

Regarding the nationality of the 448 survey respondents, 281 (62.7%) were Syrian, 159 (35.5%) Turkish, and 3 (0.7%) Iraqi, 1 (0.2%) Iranian, and 1 (0.2%) Afghan. Under "Other" category the recorded nationalities were Palestinian and Uyghurs.

Nationality		Status in Turkey		
Syrian	<b>281</b> (62.7%)	Temporary Protection		<b>274</b> (61.2%)
Turkish	<b>159</b> (35.5%)	Turkish Citizen		<b>168</b> (37.5%)
Other	<b>3</b> (0.7%)	Residence Permit	-	<b>3</b> (0.7%)
Iraqi	<b>3</b> (0.7%)	International Protection	-	<b>2</b> (0.5%)
Iranian Afghan	<b>1</b> (0.2%) <b>1</b> (0.2%)	Do not wish to answer	-	<b>1</b> (0.1%)
Aighan	∎ (0.∠70)			

Figure 2 Nationality-status of respondents

Out of 448 interviewed respondents 274 (61.2%) were under Temporary Protection <sup>1</sup>, 168 (37.5%) were Turkish citizens. 3 (0.7%) respondents were obtaining Residence Permit<sup>2</sup>, 2 (0.5%) respondents selected the International Protection<sup>3</sup>, and one respondent preferred not to answer.

Regarding language, Turkish was selected by 45.6% (306 respondents) of the survey respondents while Arabic was the second option selected most with 43.5%. English was recorded by 7.3% of the respondents while Farsi was spoken and understood by 0.3% of the respondents. Under the "Other" category Kurdish, French, Azeri, Uzbek, and Uyghur languages were recorded.

In total, 129 (28.8%) respondents had completed secondary education, 122 (27.2%) completed high school and 88 (19.7%) had completed university.

#### Language spoken and understood

more than one answer possible

Turkish		<b>306</b> (45.6%)
Arabic		<b>292</b> (43.5%)
English	•	<b>49</b> (7.3%)
Other	-	<b>22</b> (3.3%)
Farsi	-	<b>2</b> (0.3%)

#### Highest level of education obtained

Secondary		<b>129</b> (28.8%)
High School		<b>122</b> (27.2%)
University		<b>88</b> (19.7%)
Primary		<b>83</b> (18.5%)
Vocational Training		<b>13</b> (2.9%)
No formal education	•	<b>10</b> (2.3%)
Master/PHD	•	<b>3</b> (0.7%)

Figure 3 Language spoken and understood and highest level of education of respondents

<sup>1</sup> Syrian nationals, as well as stateless persons and refugees from Syria, who came to Turkey due to events in Syria after 28 April 2011 are provided with temporary protection (TP) by the Government of Turkey. The Directorate General of Migration Management (DGMM) is the responsible governmental body for all asylum procedures in Turkey, including the temporary protection regime. (https://help.unhcr.org/turkey/information-for-syrians/temporary-protection-in-turkey/)

<sup>2</sup> According to the Law on Foreigners and International Protection No. 6458, a residence the permit issued for the purpose of staying in Turkey.

<sup>3</sup> According to the Law on Foreigners and International Protection No. 6458, the status granted for refugee, conditional refugee, and subsidiary protection.

### Knowledge about the services

Respondents were asked questions on their knowledge about the services within the scope of COVID-19 project at TRCS Community Center at the first place. They were asked if they received information regarding the services provided in TRCS CCs within the scope of COVID-19 project, majority of them answered "Yes" (334 responses, 74.6%) while 114 (25.4%) of the respondents selected "No" meaning they have not been informed or have not received information on the services.

#### Have you received information about what TRCS is doing in your community on COVID-19 pandemic?

Yes	 <b>334</b> (74.6%)
No	<b>114</b> (25.4%)

Figure 4 People received information on the services provided at CCs on COVID-19

Those who received information on the services (334 responses, 74.6%) reported that they received this information through TRCS CC staff and volunteers (188 responses, 29.9%) most. Followingly, respondents received information from TRCS social media (140 responses, 22.3%) and respondents' friends and neighbours (133 responses, 21.2%) regarding the TRCS CC services on COVID-19 frequently. Among the channels, TRSC Website (77 responses, 12.2%), respondent's own national media platforms (29 responses, 4.62%) and community leaders (4.2%) were also recorded.

#### Where did you receive information about TRCS' activities on COVID-19?

more than one answer possible

TRCS staff/volunteers	<b>188</b> (29.9%)
TRCS social media	<b>140</b> (22.3%)
Friends/neighbours	<b>133</b> (21.2%)
TRCS website	<b>77</b> (12.3%)
On my national media platforms	<b>29</b> (4.6%)
Community leaders	<b>26</b> (4.2%)
Government officials	<b>17</b> (2.7%)
Another national/international organizations	<b>14</b> (2.3%)
Other	<b>5</b> (0.8%)

Figure 5 Sources of information on the services



### Access to the services

According to the survey results, among the services provided at TRCS CC within the scope of COVID-19 project, information provision on COVID-19 (211 responses, 27.4%) was the top selected service by the majority of the survey respondents. The second service received most was hygiene parcel (121 responses , 15.7%) followed by vocational training (108 responses , 14.0%), language courses (89 responses , 11.6%) health education and hygiene promotion (58 responses , 7.5%).

#### What type of support have you received from TRCS on COVID-19?

more than one answer possible		
Information on COVID-19		<b>211</b> (27.4%)
Hygiene parcel for adults	- E	<b>121</b> (15.7%)
Vocational trainings		<b>108</b> (14.0%)
Language courses		<b>89</b> (11.6%)
Health education and hygiene promotion		<b>58</b> (7.5%)
Food voucher card		<b>47</b> (6.1%)
Other		<b>31</b> (4.0%)
Capacity building trainings	-	<b>26</b> (3.4%)
Work permit support	-	<b>25</b> (3.3%)
Psychosocial support		<b>22</b> (2.9%)
Personal protective equipment		<b>22</b> (2.9%)
Referred to secondary health services		<b>11</b> (1.5%)



Figure 6 Type of services received at CCs on COVID-19

Due to the pandemic, some of the services were provided online and some of them were face to face at Community Centers and during outreach activities. 60.7% (272) of the respondents received the above-mentioned services face to face while 23.9% (107 responses) of them received online. 15.4% (69 responses) stated that they received the services both face to face and online.

#### How did you receive the services?

Face to face	<b>272</b> (60.7%)
Online	<b>107</b> (23.9%)
Both	<b>69</b> (15.4%)

Figure 7 The way respondents received services

Vast majority (268 response , 98.6%) of those who received the services face to face stated that they didn't face any obstacles while receiving them. From 4 respondents reporting obstacles, 2 (40.0%) mentioned that the hour of the activity didn't suit. The other obstacles were the fear of getting infected with COVID-19, health problems, and lack of adequate information on activities.

#### If you received the services face to face, did you face any obstacles?

272 respondents	
No	<b>268</b> (98.6%)
Yes	<b>4</b> (1.4%)

Figure 8 People facing obstacles receiving services (face to face)



83, 77.5%, of the respondents receiving the services online didn't face any obstacles while 24, 22.5% of the respondents of the respondents stated various obstacles when they receive services. According to the survey findings, problems on accessing the internet was the top obstacle (12 responses , 36.4%) followed by being responsible for home care (7 responses, 21.2%), the activity time that does not suit (6 responses, 18.2%), lacking technological devices to connect internet (5 responses, 15.2%) and lacking adequate information on activities (2 responses, 6.1%). One respondent's answer was recorded under "other". The respondent stated that he/she couldn't be sure about whether the staff reaching him was a TRCS staff or not, and he/she had concerns about reliability not seeing the staff member face to face.

#### If you received the services online, did you face any obstacles?

107 respondents	
No	<b>83</b> (77.5%)
Yes	<b>24</b> (22.5%)

Figure 9 People facing obstacles receiving services (online)

97.1% (67 responses) of the respondents receiving the services both online and face to face during the pandemic reported that they didn't face any obstacles. Those who said they had faced difficulties (2.9%, 2 response), the obstacles were the activity time that does not suit, problems on accessing the internet, and lack of technological devices to connect the internet.

## If you received the services online and face to face, did you face any obstacles?

69 respondents		
No		<b>67</b> (97.1%)
Yes	-	<b>2</b> (2.9%)

Figure 10 People facing obstacles receiving services (online and face to face)



### Level of satisfaction about the services and staff/volunteers

When asked if respondents are satisfied with the services they received from TRCS on COVID-19, more than half of the respondents (243 responses , 54.2%) reported that they were "Satisfied" with it. Out of the total number of respondents, 45.1% (202 responses) of them expressed that they were "Very satisfied" with the services. A few numbers of respondents (3 respondents) didn't find the services satisfying stating that the services were not adequate, there was no monitoring and one stated that he/she didn't have any opinion about the subject.

#### How satisfied are you with the services recieved on COVID-19 so far from TRCS?

Satisfied	 <b>243</b> (54.2%)
Very satisfied	 <b>202</b> (45.1%)
Not satisfied	<b>3</b> (0.7%)



#### Figure 11 Satisfaction level on TRCS services on COVID-19

Regarding addressing the pressing needs, the majority of the respondents, 60.5% (271 responses), believed that the services they received addressed their most pressing needs "Well". According to the 37.1% (166 responses) of the respondents, the services addressed their needs "Very well". 2.4% (11 responses) of the respondents cited that the services addressed their needs somewhat and reported various reasons on this consideration. The reasons and suggestions made:

- Services were not adequate for their family size.
- The services didn't provide durable solution for their needs.
- The services should have been more diverse.
- There was a need food and hygiene items during their quarantine processes.
- Hygiene parcels should be distributed on regular basis not just one time.
- One of the respondents had a disabled child and the services were not addressing the child's needs well.

#### How well does this service adress your most pressing needs?

Well	 <b>271</b> (60.5%)
Very well	 <b>166</b> (37.1%)
Somewhat	<b>11</b> (2.4%)

Figure 12 Understanding about if the services addressed the needs



While more than half of the respondents (252 responses, 56.3%) said they were satisfied with the information level they have about the TRCS services on COVID-19 related activities, around two-fifth (194 responses, 43.3%) of them indicated that they were very satisfied with that. Related to those 2 respondents who were not satisfied with the information level, one respondent stated that they haven't received any information about the services while the other said he/she didn't have any opinion about the subject.

## How satisfied are you with the level of information that you are having about this COVID-19 response operation?

Satisfied		<b>252</b> (56.3%)
Very satisfied		<b>194</b> (43.3%)
Not satisfied	· ·	<b>2</b> (0.4%)

Figure 13 Satisfaction level on receiving information about the TRCS services on COVID-19

51.4% (230 responses) of the survey respondents reported that their ideas were asked, and they exchanged views on the activities at a satisfactory level with TRCS. In addition to that 48.2% (216 responses) of the respondents were very satisfied on the level of their opinions being asked and exchanging views with TRCS. Respondents stating that they were not satisfied (2 responses, 0.4%) with the level of their engagement reported that they were not being contacted on the relevant subject.

## How satisfied are you with the level of TRCS asking your opinion and exchanging views with you on activities and the project?

Satisfied	 <b>230</b> (51.4%)
Very satisfied	<b>216</b> (48.2%)
Not satisfied	<b>2</b> (0.4%)

Figure 14 Satisfaction level of engagement of service receivers

According to the survey respondents, the behaviour of the TRCS staff and volunteers are either very satisfactory (246 responses, 54.9%) or satisfactory (201 responses, 44.9%). Only one respondent noted that their behaviour was not satisfying at all.

#### How satisfied are you with the behaviour of the TRCS staff and volunteers?

Satisfied		<b>246</b> (54.9%)
Very satisfied		<b>201</b> (44.9%)
Not satisfied	•	<b>1</b> (0.2%)

Not satisfied Figure 15 Satisfaction level on behaviour of the TRCS staff and volunteers

Based on the statements of those receiving the services face to face or face to face and online, the protective measures were taken at a satisfactory level (185 respondents, 54.3%) and very satisfactory level (155 respondents, 45.5%) level while providing services at the TRCS Community Centers. One respondent emphasized that during the activities the safe distancing couldn't be kept, and she/he evaluated the protective measures as not satisfactory.

#### How satisfied are you with the protective measures taken within the scope of COVID-19?

341 respondents	
Satisfied	<b>185</b> (54.3%)
Very satisfied	<b>155</b> (45.5%)
Not satisfied	<b>1</b> (0.2%)

Figure 16 Satisfaction level on protective measures during the activities



## Post distribution monitoring of hygiene parcels

Out of total number of survey respondents, 15.7% (121 responses of them received hygiene parcels within the scope of COVID-19 response project. To those who received the parcels, following questions were asked and their responses were recorded:

Vast majority of respondents (86 responses, 71.1%) indicated that the items they and their family needed were asked by TRCS while 28.9% (35 responses) of the respondents said "No" when asked if they were asked which hygiene parcel items they needed.

#### Did TRCS asked which hygiene items you or your family needed?

121 respondents	
Yes	<b>86</b> (71.1%)
No	<b>35</b> (28.9%)
Figure 17 People heing asked hygiene items they needed	



-igure 17 People being asked hygiene items they needed

When asked if the items in the hygiene parcels were adequate for all the family members, majority of the respondents (95 responses, 78.5%) found them enough for all the people in their household. However, 21.5% (26 responses) of the respondents didn't find the items enough.

#### Were the items enough for all the people in your household?

121 respondents	
Yes	 <b>95</b> (78.5%)
No	<b>26</b> (21.5%)
Figure 18 Adequacy of hygiene parcels items	



Regarding quality of the items in the hygiene parcels, vast majority of the respondents (74 responses, 61.2%) were satisfied or very satisfied with it. One respondent answered this question as "Not Satisfied" stating that the quality of the toilet papers was poor.

#### How satisfied are you with the quality of the items in the hygiene parcel?

121 respondents		
Satisfied		<b>74</b> (61.2%)
Very satisfied		<b>46</b> (38.1%)
Not satisfied	-	<b>1</b> (0.8%)



Figure 19 Satisfaction level on quality of hygiene parcels items

In terms of usefulness of the items, almost all (120 responses, 99.2%) of the respondents stated that they found the items distributed useful. Only one respondent reported saying "No" and the respondent didn't mention any specific reason.

#### Did you find the distributed hygiene items useful?

121 respondents	
No	
Yes	



1 (0.8%) **120** (99.2%)



Figure 20 Usefulness of hygiene parcels

### Participation, feedback and suggestions

Respondents were asked if they are aware of how to give feedback on services and TRCS staff and volunteers to TRCS in order to improve and disseminate the feedback system among communities. In addition to that their suggestions were recorded to take into account for the future programming.

When asked if people know how to provide feedback and complaints about the services and staff, 63.2% (283 responses) said "Yes" while 36.8% (165 responses) of the total respondents didn't know how to give feedback and make complaints.

Do you know how to provide feedback and complaints about the services you receive and staff and volunteers of the TRC?

**165** (36.8%) **283** (63.2%)

No

Yes

Figure 21 People's awareness about the feedback and complaint mechanisms

Majority of the respondents (262 responses, 92.6%) who had provided feedback to TRCS believed that their feedback was considered while 7.4%(21 responses) of the respondents didn't think their feedback and complaints were not taken into account.

## If you provide any feedback and complaint, do you feel your feedback is/has been taken into account?

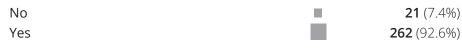




Figure 22 People's feelings about if their feedback considered

Almost all respondents (447 responses, 99.8%) attending the survey were not hesitant to recommend TRCS Community Centre services regarding COVID-19 to others saying "Yes" when asked if they would recommend the services. Among all the respondents only one of them answered the question as "No" and didn't remark any specific reason for not recommending.

#### Would you recommend the services of the TRCS Community Center on COVID-19 to the others?

No	<b>1</b> (0.2%)
Yes	<b>447</b> (99.8%)

Figure 23 People's opinion about recommending TRCS CC services on COVID-19 to others

Majority of the respondents (391 responses, 87.3%) believed that there is no need to change anything regarding the services of TRCS within the scope of COVID-19. The rest of the respondents (57 responses, 12.7%) cited that there are services to be improved within the relevant context.

## Do you think any of the services provided within the scope of COVID-19 should be improved?

No	 <b>391</b> (87.3%)
Yes	<b>57</b> (12.7%)



Respondents believing that improvements should be made regarding the services mostly raised their concerns related to employment with the impact of pandemic on economy and they suggested increasing livelihoods activities and asked for support for employment. Followingly, due to the ongoing pandemic, the second most common suggestion was on the awareness raising activities on COVID-19 at schools and at Community Centers. Respondents suggested TRCS to conduct hygiene trainings especially for children mentioning that they are concerned due to the increasing number of COVID-19 cases with the normalization and face to face education. Others mentioned suggestions were on regular distribution of hygiene parcels and providing more vocational and Turkish Learning courses. The suggestions made by the respondents stating the services should be improved are also listed below:

SI NO	Suggestions	Location/s
1	With the starting of face-to-face education, awareness raising activities should be conducted at schools. The children should receive hygiene trainings and more hygiene parcels should be distributed.	Mersin
2	Financial supports should be increased, and livelihood support should be provided for employment especially for the younger generations. More vocational courses should be opened.	Mardin, İstanbul Anato- lian Side
3	The activities in which local and refugee communities can be together should be in- creased.	Mardin
4	The awareness raising activities on COVID-19 should be provided regularly.	İzmir, Kahramanmaraş
5	More information dissemination should be made regarding the activities of Commu- nity Centers. Community Center social media accounts should be made known, and activities should be shared via these accounts.	Konya
6	Hygiene parcels should be distributed regularly not just one time.	Konya
7	Language courses specifically for women should be opened and generalised.	Kocaeli
8	During the activities conducted indoor, mask distribution should be made frequently to change the masks regularly.	İstanbul Anatolian Side
9	More vocational courses should be opened, and the duration of the courses should be longer.	Ankara, Adana
10	The duration of tailoring courses should be extended.	Ankara
11	The services should also reach to the distant districts.	Ankara
12	There is a need for social cohesion activities emphasizing peace and solidarity at schools for children.	Adana

Table 2 Suggestions made by respondents to improve TRCS services

When asked if the respondents have any questions to TRCS, questions were recorded. These questions were in parallel with the suggestions made to improve TRCS services on COVID-19. Majority of the questions were related to the financial concerns of the respondents due to the deterioration in the global and national economy. The respondents asked TRCS if any food or cash assistance will be provided in the near future. Additionally, they asked if any vocational training will be opened. They also demanded information on the activities regarding children. Lastly, respondents thanked TRCS for its efforts and support.

## **CONCLUSION AND RECOMMENDATIONS**

This survey was conducted to understand the knowledge about the services provided within the scope of COVID-19 response project, general satisfaction level about accessibility, services on COVID-19 and TRCS staff/ volunteers, satisfaction level about hygiene parcels distributed in addition to the aim of comprehending if service receivers are aware of how to provide feedback and if they think the services should be improved. According to the findings of the survey:

• Overall, the respondents were mainly aware of the services given within the scope of COVID-19 response project. The services were mostly heard from TRCS staff and volunteers, social media, and friends/neighbours, yet the respondents cited that TRCS social media accounts should be used more actively to provide information on the services and the information must be disseminated about the services more from other channels as well.

• Among the delivered services to mitigate the outbreak of COVID-19 quickly and effectively, information dissemination on COVID-19 and hygiene parcels for adults were the most received ones. During face-to-face interaction, information on COVID-19 and hygiene parcels were the services provided the most, followed by vocational trainings.

• While receiving the services, accessing internet was the biggest challenge mentioned by mostly Syrian respondents under Temporary Protection who receive the services online. For the respondents receiving the services face to face, not fitting activity hours was the most mentioned problem. Based on these findings, the opportunities can be explored to overcome the internet access of the refugees and an assessment can be made to figure out most fitting activity hours to improve the inclusiveness

• The respondents stated that they were satisfied or very satisfied with the services given regarding COVID-19 and their engagement with the decision-making mechanisms substantially. However, by some of the respondents, the services weren't found sustainable and adequate. They mentioned that they would expect continuity for the services as hygiene parcel distribution. Regarding the inclusiveness, one of the respondents specifically mentioned that the services didn't meet his/her disabled child's needs while the other respondent requested more activities for children. There should be a special focus and emphasis on disabled individuals and children when it comes to the COVID-19 related activities. Further assessments should be conducted focusing on people with different specific needs.

• **Regarding the behaviour of TRCS staff and volunteers, satisfaction level was at a good level.** This positive practice regarding behaviour towards service receivers should be maintained.

• Within the scope of this survey, post distribution monitoring was conducted for the hygiene parcels. Hygiene parcels was the second most received service and 15.7% of total number of respondents stated that they received it. Among these respondents 28.9% of them mentioned that their needs were not confirmed before distributing the parcels. This finding implies that the communities were not sufficiently engaged for the hygiene parcel distribution process. On the other hand, the number of items should be re-evaluated since 21.5% of the total number of respondents mentioned the items were not adequate. The quality of the items in the parcel and usefulness of the parcels were at satisfying for most of the survey respondents.

• According to the findings, 36.8% of the respondents were not familiarized with the procedure to give feedback and make complaints about the services and staff of TRCS. Majority of the people who provided feedback to TRCS believed that their feedback was taken into consideration. The communities should be informed more frequently on existing feedback mechanism considering the number of people who do not know how to provide feedback. Additionally, the feedback should be shared timely, and the actions taken should be shared with the communities to improve accountability considering the number of people who and taken into consideration.

• The recommendations for the improvements of the services were mainly about an increase in livelihoods activities including vocational courses and employment opportunities, financial assistance, awareness raising activities on COVID-19, as well as regular hygiene, and food parcels distribution. To adjust activities for improvement, to make arrangement on the services, and to design better programmes in accordance with needs of communities', further assessments should be made on livelihoods services the communities needed.

## **STORIES FROM THE FIELD - 1**

"I have heard the name of Turkish Red Crescent before but i didn't know the function of Community Centers. Our children were attending school and we needed help to cover their needs however we were not able to afford. My husband was working daily wage and we didn't have a regular income. When pandemic emerged, our financial situation got worse and we didn't know where to ask help. Especially during the lock downs we were becaming so desperate. We needed to buy masks, disinfectants or colognes to protect ourselves, but the sellers had increased the prices and we were not in a position to buy them. One day our doorbell rang and we saw TRCS staff at the door with a box in their hand. When we opened the box there were many hygiene products we needed. We were very happy knowing that the items they gave would cost so much if we wanted to buy them ourselves. Afterwards, they gave us information about the Turkish Red Crescent Community Center. We started to attend the activities of Community Center right away. My husband attended vocational courses and he started to work at textile factory. Me and my children attended the trainings and met new people. It made us feel very good to meet and spend time with different people in the workshops. There used to be some prejiduces against Syrians and we didn't have many friends and neighbours. Now we have many friends and we can have a great time altogether. Turkish Red Crescent appeared at our worst time and they were there for our home and our family."

#### ASMAR M. ISTANBUL EUROPEAN SIDE

COMMUNITY CENTER



## **STORIES FROM THE FIELD - 2**

"Firstly, I started to attend Turkish speaking and reading classess at Communty Center. Later on, I registered to a sewing course to contribute to the family budget, to receive vocational training and to learn how to sew. When pandemic started, I heard that they were producing masks at Community Center and I decided to attend as well. We were sewing masks and I was so proud and happy to be a part of mask production process initiated within the scope of the humanitarian aid operation, and being useful for others at those hard times. I was also having this opportunity to support my husband who was unemployed during the pandemic process so I had the opportunity to contribute to the family budget. Also, I could socialize during the pandemic process thanks to the workshop, and all this procees gave a new perspective to the life. I bought a sewing machine for myself with my own resources and with the support of TRCS, by this way I could work on my sewing skills more. I started to do home based production and made a living at home with the sewing machine I bought. I am very proud to be able to undertake the education of my five children."

#### EMIRA,

#### MERSIN COMMUNITY CENTER





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### Who we are

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

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



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

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# SATISFACTION SURVEY ON COVID-19 ACTIVITIES

COMMUNITY BASED MIGRATION PROGRAMME

**TURKEY, NOVEMBER 2021** 

