

KNOWLEDGE, ATTITUDES AND PRACTICES (KAP) ASSESSMENT ON COVID-19 COMMUNITY BASED MIGRATION PROGRAMME

September 2020



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**KNOWLEDGE, ATTITUDES AND
PRACTICES (KAP)
ASSESSMENT ON COVID-19
COMMUNITY BASED MIGRATION PROGRAMME**

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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 IFRC, under the Community Based Migration Programme (CBMP) from 20 July to 12 August 2020. The assessment has been conducted via TRCS' social media platforms, 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 have been interviewed over the phone in 16 Community Centre locations, with a total of 320 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.

Although the KAP survey questionnaire was posted in TRCS social media, the total number of responses submitted was too low to consider the analysis meaningful and the findings statistically significant and therefore was not used in the analysis for this assessment. This report presents the survey results of the phone interviews and the outcome of the FGDs in 16 Community Centre locations.

Findings show that community members in all locations are well aware (96.5%) 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 a high exposure to information related to this topic.

The most popular sources of information about COVID-19 were TV (66.4%), followed by government officials (38.7%), Facebook (34.8%), health workers (31.4%), websites (23.8%) and family and friends (43.3%). Other sources mentioned were social media channels including that of TRCS and its website, TRCS staff and volunteers, Ministry of Health, doctors, mosques, newspaper, radio and NGOs. While the use of Facebook (24.5%) and WhatsApp (11.1%) is slightly higher among refugees, TV is more accessible by people from host communities (35.8%) as TV shows are mostly in Turkish and there is no language barrier for them. The majority (95.6%) of respondents reported that they did not encounter any challenges in receiving information about COVID-19. However, refugees identified language as one of the key barriers and other challenges, such as, being unable to afford internet, or being unable to read or write in Arabic, which prevented people from accessing written information.

Communities' most trusted sources of information are Government officials (46.9%), TV (44.3%), health workers (34.8%) and doctors (22.3%). Other channels include Facebook, family and friends, community leaders, Muhtars, websites, Ministry of Health, TRCS, World Health Organisation (WHO) and NGOs. In many locations, religious leaders are identified as one of the most trusted channels through which to receive information. Live sessions on TRCS Facebook or other social media channels featuring doctors or physicians are suggested to talk about COVID-19, raise awareness, and answer questions from the audience.

A majority of the respondents identified older people (85.8%) and people with chronic disease (74.1%) as being at the highest risk of COVID-19 infection. Others considered pregnant women, health workers or people working in factories and public areas, those using public transport, and people who do not follow the preventive measures as also being particularly at risk of COVID-19 infection. Although young people and children were recognised as being at relatively low risk, it was understood that they can be carriers of the disease.

There are various rumours spreading within the community both among refugees and local people about COVID-19. These rumours are 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.

A majority of the survey respondents view COVID-19 as very dangerous (84.0%). Some respondents said that a minority of people in their community believed COVID-19 was a political problem or that it did not really exist.

When asked if a person who is infected or has recovered from COVID-19 is faced with discrimination, 21.7% of the host population answered "Yes" compared to 8.7% of the refugee respondents. This indicates that stigmatisation on COVID-19 is higher amongst the host population than in refugee communities. Among those (1,548 respondents) who are faced with discrimination are people who are or have been infected (60.1%) as well as those suspected of having COVID-19 (55.2%).

Two-thirds (67.1%) of the respondents are worried that they might become infected with COVID-19. Among other responses, the fear of losing employment (9%) or having lost employment (9.1%), paying rents/bills (9.4%), or being unable to afford food for the household (6.4%) or hygiene products (3.9%) was slightly higher among refugees than local people. These concerns are also higher for men compared to women.

Almost all - 94.3% - of survey respondents are taking some measures in their daily life to prevent the risk of COVID-19 infection, including frequently washing hands with soap, practicing personal hygiene, staying indoors and avoiding going out unless necessary, sterilizing surfaces and cleaning homes with disinfectant, using masks, and maintaining physical distance whenever outside. Those who said they were not taking any measures (64 respondents) highlight various reasons, including not knowing how to take preventive measures (50%), not believing these practices will prevent the risk (20.3%), and being unable to afford soap or disinfectants (14.1%).

Despite the high levels of awareness, community members in many locations now are becoming less inclined to follow the preventive measures compared to the early stages of the outbreak. Some believe that healthier people will not be infected and cannot spread the disease, while a few think that COVID-19 does not really exist. People find discomfort wearing masks in the hot weather or are not wearing the masks appropriately. After months of social isolation and staying indoors, more people are now beginning to go out to public places without heeding physical distancing or wearing masks. As people begin to attend their workplaces again, there is a growing need to encourage and motivate people to maintain safety and cleanliness measures at their places of employment.

Although around 55% of the respondents reported not needing any additional information on COVID-19, the remaining 45% requested information on various topics relating to COVID-19. While communities may have information about preventive measures, awareness raising activities need to be reinforced to inform people how to protect themselves in this post-lockdown¹ situation. Information materials for children and young people, should be further developed to help them understand the risks and the necessary measures to avoid infection. Online trainings/seminars on COVID-19 and hygiene promotion are suggested to encourage community members, children and young people to practice healthy behaviours.

Well over half of respondents said they preferred to receive information from TRCS by phone (58.6%), followed by SMS (29.6%), TRCS Facebook (23.8%), and WhatsApp (20.3%). Turkish (59.6%) and Arabic (51.1%) were the main preferred languages, with English, Farsi, and Kurdish also reported, but in much lower numbers.

While a good percentage of refugee respondents reported following TRCS social media channels, most of the respondents from the local community were not aware about these platforms, or the TRCS website, or that these channels were a source of COVID-19 information. Of all respondents following TRCS social media (1,752 respondents), refugees are more likely to visit the TRCS Facebook and Community Centre Facebook pages (62.1%) than the local people (25.6%). For the host population, TRCS Instagram and Twitter, both the general and Community Centre accounts, were more popular, with more than half (52.4%) of host-community respondents reporting visiting them, compared to less than a third (28.3%) of refugees.

Around 72.4% 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. It is suggested that TRCS conduct more surveys, similar to this KAP assessment in which communities can participate to discuss their situation and concerns about COVID-19.

Under the current situation, many people have lost employment. At the same time, the need for masks, hygiene kits, food parcels and psychosocial support (PSS) in the community is growing. Relevant services including mental health support are increasingly requested from TRCS to help communities respond to the COVID-19 outbreak. While this assessment shows there is a broad foundation of understanding of the direct risks posed by the virus and the steps to prevent its spread, there is a growing need to respond to its knock-on impacts, and to ensure organisations, and the information and services they provide, remain agile in responding to the swiftly changing situation.

¹ COVID-19 pandemic lockdown are extreme precautions or restrictions to prevent the spread of COVID-19. In Turkey shortly after the first COVID-19 case was reported in mid-March 2020, strict measures were introduced by the Turkish government to curb the spread of the pandemic in the country. Lockdown was introduced for those above 65 years and under 20 years old and inter-city travel restrictions and weekend curfews were imposed. Other containment measures included closing of schools, provisioning flexible working arrangements, recommending people to stay at home and banning public gatherings. Beginning of June 2020, restrictions have been eased in Turkey by lifting curfews and reopening businesses, government offices and other services which have been shut during the lockdown, with targeted restrictions depending on the COVID-19 situation in different cities. On 26 August 2020, the government has issued a new presidential decree on flexible working modalities for all state institutions to minimize the spread of COVID-19.

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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
IM	Information Management
KAP	Knowledge, Attitudes and Practices
NGO	Non-Governmental Organization
PMER	Planning Monitoring Evaluation Reporting
PPE	Personal Protective Equipment
PSS	Psychosocial support
RCCE	Risk Communication and Community Engagement
TRCS	Turkish Red Crescent Society
WHO	World Health Organisation



INTRODUCTION

Data collection process, Şanlıurfa
Community Centre, 27 July 2020

Credit: TRCS

Background

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 COVID-19 outbreak. Given the disruption of daily routines and social isolation, the outbreak 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 7 September 2020, 279,806 cases have been confirmed with 6,673 deaths reported. Survival rates have been encouraging however, with 251,105 people recovering from the virus. While the country continues to observe some containment measures, beginning of June 2020, restrictions have been eased by lifting curfews and reopening businesses including restaurants, cafes, shopping malls, hairdressing salons, barbershops, and other similar venues as well as government offices and other services which have been shut during the lockdown. Citizens above the age of 65 are allowed outside between 10am to 8pm while those under 18 can go out anytime with their parents. Both these groups were previously prohibited from leaving their homes, apart from on certain days of the week.

The Turkish government has issued a new presidential decree on 26 August 2020 on flexible working modalities for state institutions. This decree published in the Official Gazette orders new working schemes to minimize the spread of COVID-19 outbreak. To continue providing services during the outbreak, all state institutions will provide remote working modalities or new shifts for employees.

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. To date, TRCS has reached over 88,711 refugee and host communities 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 response operation, 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, between 20 July and 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 the 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.

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 has been conducted via TRCS' social media platforms, phone interviews, and online consultations/ focus group discussions (FGDs) with refugees and local people in 16 TRCS Community Centre (CC) locations. Comprising both qualitative and quantitative data, a total of 3,840 individuals have been interviewed over the phone in 16 Community Centre locations, while a further 320 refugees and local people have participated in 32 FGDs. Of these 320, 160 were men, 160 women, and 160 were refugees and 160 local community members. A KAP survey questionnaire, to be used on TRCS social media platforms and phone interviews, and FGD questions have been developed through consultation with TRCS CEA, Communication, and PMER departments as well as IFRC CEA, IM and PMER. 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 22 July 2020 for 25 TRCS staff from the Community Centres (CCs) to explain the objectives of the assessment, how to use KOBO to collect data, and to go through the survey questionnaire and FGD questions.

TRCS Community Centre social media

The KAP survey questionnaire has been posted on TRCS Community Centre (CC) Facebook and LinkedIn pages and to Twitter account in Turkish, English and Arabic. The survey was posted three times within the timeframe of the assessment. This survey through social media does not target any specific group and has been kept open to any page visitors. A short introduction about the purpose of the survey was included when the forms were posted to the social media platforms.

Phone interviews by TRCS Community Centre staff

TRCS staff in each of 16 Community Centre locations have conducted the KAP survey via phone interviews by calling members of both the refugee and local community. A total of 240 individuals have been interviewed in each location totalling 3,840 individuals in 16 locations. Of these, 1,959 were female (51%), 1,877 male (48.9%) while 1,893 (49.3%) of the respondents were Turkish, 1,848 (48.1%) Syrian, and 97 (2.6%) of other nationalities. An estimated 50% of the respondents interviewed are involved in TRCS CC activities, with the other half of respondents not accessing any services at the CC. In the phone survey, random sampling² and snowball technique sampling³ have been used.

Online consultation/Focus Group Discussion (FGDs)

Two separate online consultations/FGDs with refugees and local people, have been conducted in each of 16 CC locations. In total 32 FGDs have been conducted reaching 320 refugees and local people. The participants of the FGDs also included members of TRCS' existing community forum, the Advisory Committee⁴. The Advisory Committee members have been previously part of a qualitative assessment on COVID-19 in March 2020, hence any changes or improvement in their lives can be reflected in these FGDs. Since the consultations have been done online, a maximum of 10 participants attended each FGD session.

² 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.

³ 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.

⁴ 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.

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 are involved in CC activities and others that are 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.

The number and composition of the community members who participated in the FGDs are outlined in the table below. In total, 320 community members participated in the discussion, of which 160 were men, 160 women, and 160 refugees and 160 local community members.

SI No	Community Centre	Number and composition of FGD participants				
		Local		Refugee		Total
		Men	Women	Men	Women	
1	Adana Community Centre	5	5	5	5	20
2	Ankara Community Centre	5	5	5	5	20
3	Bağcılar Community Centre	5	5	5	5	20
4	Bursa Community Centre	5	5	5	5	20
5	Hatay Community Centre	5	5	5	5	20
6	İzmir Community Centre	5	5	5	5	20
7	Gaziantep Community Centre	5	5	5	5	20
8	Kahramanmaraş Community Centre	5	5	5	5	20
9	Kayseri Community Centre	5	5	5	5	20
10	Kilis Community Centre	5	5	5	5	20
11	Konya Community Centre	5	5	5	5	20
12	Mardin Community Centre	5	5	5	5	20
13	Mersin Community Centre	5	5	5	5	20
14	Sultanbeyli Community Centre	5	5	5	5	20
15	Şanlıurfa Community Centre	5	5	5	5	20
16	Kocaeli Community Centre	5	5	5	5	20
Total		80	80	80	80	320

Table 1 Number and composition of FGD participants

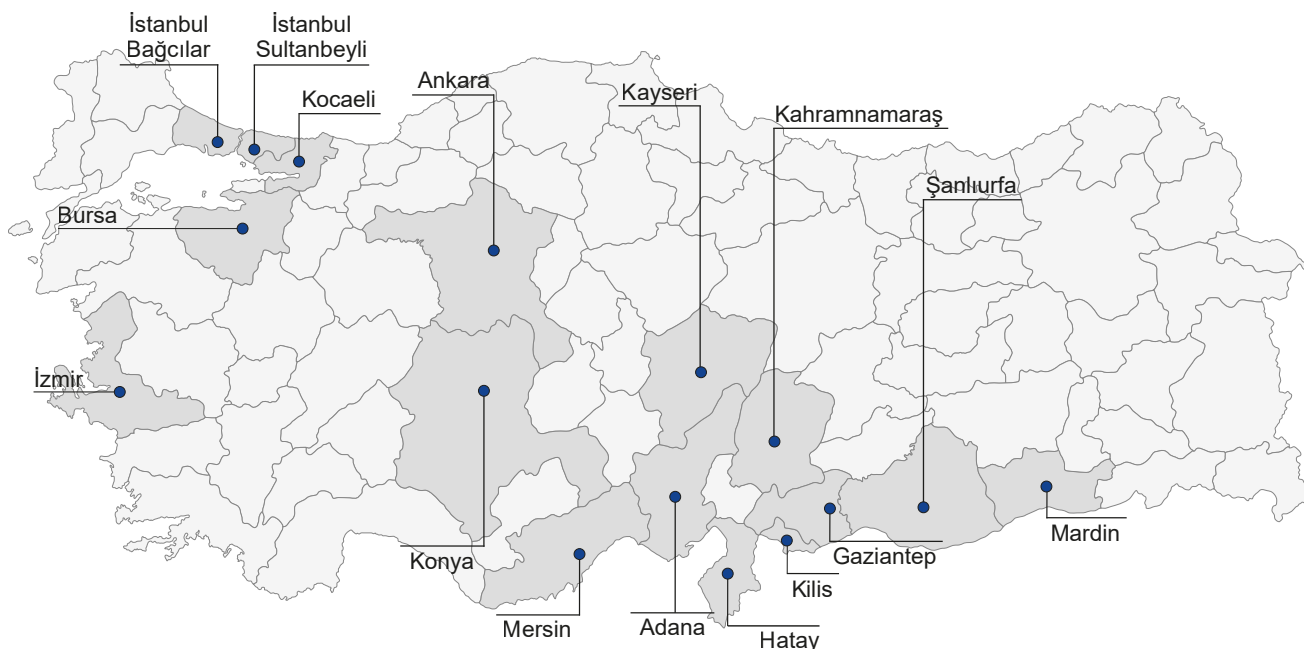


Data collection process, Şanlıurfa Community Centre, 29 July 2020

Credit: TRCS

Limitations

Although the KAP survey questionnaire was posted in TRCS social media three times throughout the period of the assessment, the total number of responses submitted was too low to consider the analysis meaningful and the findings statistically significant and therefore not used in the analysis for this assessment. This report presents only the survey results of the phone interviews and the outcome of the FGDs in 16 Community Centre locations. The findings are presented separately in the knowledge, attitudes, practices, and information needs section.



Map 1 Turkey: Provinces with an active TRCS Community Centre

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, 1,959 are female (51%) and 1,877 male (48.9%). The age distribution of the respondents is: 0.9% 14-17-year-olds, 39.6% 18-29, 56.6% 30-59-year olds and 2.9% over the age of 60. The FGDs are conducted separately with refugees and host community members. In total, 320 community members participated in the FGDs, of which 160 were men, 160 women, and 160 refugees and 160 local community members.

Gender

Female	■	1,959	(51.0%)
Male	■	1,877	(48.9%)
Prefer not to answer	■	4	(0.1%)








Age

30-59	■	2,172	(56.6%)
18-29	■	1,522	(39.6%)
60+	■	112	(2.9%)
14-17	■	34	(0.9%)

Figure 1 Gender-Age structure of respondents

Out of 3,840 survey respondents, 1,893 (49.3%) are Turkish, 1,848 (48.1%) Syrian, and 97 (2.6%) other nationalities: Iraq, Iranian, Afghan and others such as, Palestinian, Algerian, Uzbek, etc. Out of 3,840 interviewed, 1,911 (49.8%) respondents are refugees and 1,893 (49.3%) host population. 34 (0.9%) respondents selected “Other” nationality option and this group could not be classified as either a refugee or a host community and 2 (0.1%) respondents preferred not to answer.

Nationality

Turkish		1,893	(49.3%)
Syrian		1,848	(48.1%)
Prefer not to answer		2	(0.1%)
Other		34	(0.9%)
Iraqi		41	(1.1%)
Iranian		2	(0.1%)
Afghan		20	(0.5%)

Status in Turkey

Nationality grouped
























Refugee		1,911	(49.8%)
Host Population		1,893	(49.3%)
Other		34	(0.9%)
Prefer not to answer		2	(0.1%)

Figure 2 Nationality-Status of respondents

The highest level of education: 20.3% of respondents from the host population had completed university while 14.3% of the refugee respondents had completed secondary education. 14.2% of female and 15.8% of male respondents had completed university.

Highest level of education

by status and gender

	Host population	Refugee	Other	Prefer not to answer
University	 778 (20.3%)	 358 (9.3%)	 14 (0.4%)	 1 (0.0%)
High School	 449 (11.7%)	 500 (13.0%)	 6 (0.2%)	
Secondary	 177 (4.6%)	 551 (14.3%)	 3 (0.1%)	 1 (0.0%)
Primary	 275 (7.2%)	 372 (9.7%)	 6 (0.2%)	
Vocational training	 92 (2.4%)	 36 (0.9%)		
Masters/PhD	 86 (2.2%)	 18 (0.5%)	 5 (0.1%)	
No formal education	 24 (0.6%)	 65 (1.7%)		
Other	 12 (0.3%)	 11 (0.3%)		




















	Female	Male	Prefer not to answer
University	 544 (14.2%)	 605 (15.8%)	 2 (0.1%)
High School	 476 (12.4%)	 479 (12.5%)	
Secondary	 353 (9.2%)	 378 (9.8%)	 1 (0.0%)
Primary	 407 (10.6%)	 246 (6.4%)	
Vocational training	 49 (1.3%)	 79 (2.1%)	
Masters/PhD	 51 (1.3%)	 58 (1.5%)	
No formal education	 64 (1.7%)	 25 (0.7%)	
Other	 15 (0.4%)	 7 (0.2%)	 1 (0.0%)

Figure 3 Highest level of education of respondents by status and gender

In regards to language, the host population spoke and understood Turkish (48.7%), followed by English (10%) and some Arabic (8.6%). Refugees, on the other hand, spoke Arabic (48.5%), Turkish (17.3%) and some English (6.3%). Under the “other” category: Kurdish was mentioned.

Language spoken and understood

more than one answer possible

	Host population	Refugee	Other	Prefer not to answer
Arabic	■ 331 (8.6%)	■ 1,861 (48.5%)	■ 22 (0.6%)	• 1 (0.0%)
English	■ 384 (10.0%)	■ 241 (6.3%)	■ 12 (0.3%)	• 2 (0.1%)
Farsi	■ 5 (0.1%)	■ 26 (0.7%)	■ 1 (0.0%)	• 0 (0.0%)
Other	■ 189 (4.9%)	■ 65 (1.7%)	■ 8 (0.2%)	• 0 (0.0%)
Turkish	■ 1,870 (48.7%)	■ 664 (17.3%)	■ 26 (0.7%)	• 2 (0.1%)

Figure 4 Language spoken and understood by status





KNOWLEDGE

Data collection process, İstanbul Sultanbeyli
Community Centre, 5 August 2020

Credit: TRCS

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 96.5% of the respondents are aware about COVID-19. This number indicates a high exposure to information about COVID-19 with these 96.5% of respondents reporting that COVID-19 is a virus that can cause disease. However, the remaining 3.5% of respondents either did not know anything about it (1.6%), thought COVID-19 was used as a TV/radio campaign (1.4%), or gave another response (0.5%).

What do you know about the new Coronavirus?

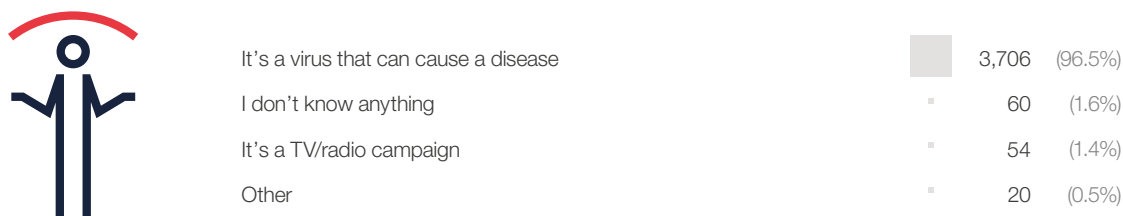


Figure 5 Awareness about COVID-19

Under “Other” the following responses were recorded: the new Coronavirus is a punishment sent by God, a virus originating in China, a virus similar to what causes flu, a virus spread by bats. Two respondents said they did not know enough to answer this question.

Respondents have received various information about COVID-19 including its symptoms (88.2%), how it is transmitted (83.4%), how to prevent the disease (70.5%), and how to wear masks (55.3%) or wash hands (48.5%).

People also reported being informed about what to do if infected (42.5%), the risks involved for people with chronic disease or pregnant women (31%) and who to ask questions on COVID-19 (22.1%).

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

more than one answer possible

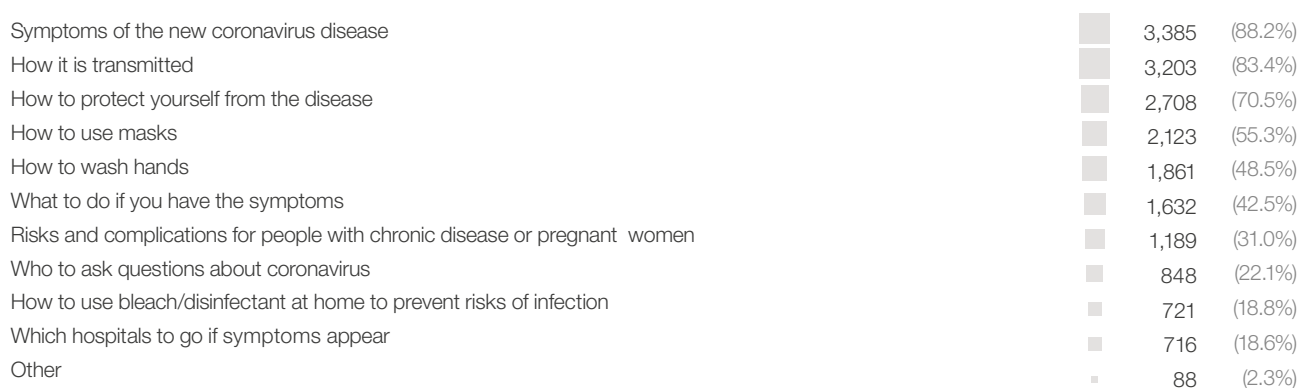


Figure 6 Types of COVID-19 information received

There were no significant differences in answers provided by refugees/host community members or women/men. Under “Other” the following responses were recorded: the virus can cause an economic crisis, people should practice physical but not social distancing, there is no cure for the disease, people should stay at home unless it is absolutely necessary to go out. Nine respondents said they had not received any information.

When asked how COVID-19 spreads, most respondents mentioned correctly that it can spread through droplets from infected persons when coughing and sneezing (86.6%) or direct contact with infected people (70.9%), touching contaminated objects or surfaces (64.6%) or touching nose, eyes and mouth with dirty hands (54.1%). However, the remaining mentioned blood transfusion (4.1%) and close contact with animals and pets (7%) as sources of infection with 2.1% of people providing other responses.

How does the Coronavirus spread?

more than one answer possible

Droplets from infected people when coughing and sneezing	3,325	(86.6%)
Direct contact with infected people	2,723	(70.9%)
Touching contaminated objects/surfaces	2,479	(64.6%)
Touching nose, eyes and mouth with contaminated hands	2,076	(54.1%)
Blood transfusion	157	(4.1%)
Contact with wild animals	139	(3.6%)
Contact with pets	129	(3.4%)
Other	79	(2.1%)
Drinking unclean water	69	(1.8%)
Do not know	51	(1.3%)
Through rainwater	14	(0.4%)

Figure 7 Understanding how COVID-19 spreads

Other answers not covered in the list: the virus spreads from/through people who are not careful enough and do not follow the restrictions, through breathing (airborne), the main sources of the virus spread are hospitals.

Almost all respondents mentioned that the main symptoms of COVID-19 are fever (94.6%), cough (84.7%) and shortness of breath (74.3%). Other symptoms mentioned were muscle pain (35.2%), headaches (35.1%), loss of taste or smell (31.8%) and diarrhoea (30%).

These survey findings complement the FGDs which found that the vast majority of respondents in all locations are well aware of the COVID-19 outbreak, the symptoms of infection, how it spreads, and how to reduce the risk of getting infected. FGD participants explained that the common symptoms of infection include fever, dry cough, sore throat, lack of sense of smell and taste, and breathing difficulties. The virus can spread through droplets during coughing and sneezing or by touching eyes or mouth with dirty hands; and as well as being transmitted through air, physical contact with an infected person can also spread the disease.

According to FGD respondents a lot more people are now aware about the disease and have sufficient information compared to during the early stages of the outbreak. However, in certain locations such as Mersin, awareness of COVID-19 was lower among refugees than amongst people from the local communities. The reason for this is mainly due to the language barrier, which can negatively impact refugees' access to information and motivation to practice healthier behaviours and adopt precautions.

What are the main symptoms of the Coronavirus infection?

more than one answer possible

Fever	3,632	(94.6%)
Cough	3,254	(84.7%)
Shortness of breath and breathing difficulties	2,854	(74.3%)
Muscle pain	1,351	(35.2%)
Headache	1,346	(35.1%)
Loss of taste or smell	1,222	(31.8%)
Diarrhoea	1,152	(30.0%)
Other	124	(3.2%)
Do not know	52	(1.4%)
No symptoms	35	(0.9%)

Figure 8 Understanding COVID-19 symptoms

Other mentioned symptoms: flu-like symptoms, general weakness.

Regarding the measures to prevent COVID-19 infection, most respondents correctly identified washing hands with soap (90.4%), wearing masks when going out (84.6%), maintaining physical distance (82.2%), using hand sanitizer (57.8%) and maintaining good coughing etiquette (49.4%). Others mentioned wearing masks when taking care of an infected person (31.3%) and using disinfectants to clean surfaces (15.9%).

Do you know how to prevent the Coronavirus contraction?

more than one answer possible

Wash your hands frequently using soap and water	3,473	(90.4%)
Wear masks when you go out	3,249	(84.6%)
Maintain physical distance (1 meter) whenever outside	3,157	(82.2%)
Use a hand sanitizer that contains at least 60% alcohol	2,220	(57.8%)
Cover your mouth and nose when coughing or sneezing	1,896	(49.4%)
Avoid touching mouth, nose, and eyes with contaminated hands	1,360	(35.4%)
Wear masks if you are sick or taking care of an infected person	1,201	(31.3%)
Use disinfectants to clean surfaces	611	(15.9%)
Other	79	(2.1%)
Do not know	41	(1.1%)

Figure 9 Understanding how to prevent COVID-19

Other recorded prevention methods: not going out unless absolutely necessary, taking care of personal hygiene, avoiding meeting other people.

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

The most popular sources of information about COVID-19 reported by respondents were TV (66.4%), followed by government officials (38.7%), Facebook (34.8%), health workers (31.4%), websites (23.8%) and family and friends (43.3%). Other sources mentioned included 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

	Host population	Refugee	Other	Prefer not to answer
TV	1,374 (35.8%)	1,151 (30.0%)	25 (0.7%)	0 (0.0%)
Government officials	987 (25.7%)	487 (12.7%)	11 (0.3%)	1 (0.0%)
Facebook	383 (10.0%)	939 (24.5%)	16 (0.4%)	0 (0.0%)
Health workers	784 (20.4%)	415 (10.8%)	6 (0.2%)	0 (0.0%)
Website	387 (10.1%)	511 (13.3%)	14 (0.4%)	1 (0.0%)
Family/neighbours	377 (9.8%)	506 (13.2%)	1 (0.0%)	0 (0.0%)
Friends	314 (8.2%)	460 (12.0%)	7 (0.2%)	0 (0.0%)
WhatsApp	253 (6.6%)	428 (11.1%)	9 (0.2%)	0 (0.0%)
Instagram	426 (11.1%)	235 (6.1%)	8 (0.2%)	0 (0.0%)
Twitter	433 (11.3%)	120 (3.1%)	7 (0.2%)	1 (0.0%)
TRCS social media & web	184 (4.8%)	241 (6.3%)	2 (0.1%)	0 (0.0%)
TRCS staff/volunteers	155 (4.0%)	251 (6.5%)	1 (0.0%)	0 (0.0%)
Brochures/leaflets	251 (6.5%)	131 (3.4%)	2 (0.1%)	0 (0.0%)
Radio	104 (2.7%)	11 (0.3%)	0 (0.0%)	0 (0.0%)
Other	44 (1.1%)	43 (1.1%)	0 (0.0%)	0 (0.0%)
Community leaders	75 (2.0%)	12 (0.3%)	0 (0.0%)	0 (0.0%)
Religious leaders	19 (0.5%)	12 (0.3%)	0 (0.0%)	0 (0.0%)

Figure 10 Sources of COVID-19 information by status

Participants in the FGDs reported receiving information about COVID-19 from similar sources to survey respondents, including social media (Facebook, WhatsApp, Twitter, YouTube), TV, Ministry of Health, government institutions, newspapers, websites, radio, NGOs and TRCS through its social media channels. They also mentioned other sources such as brochures, friends and family, mosques, doctors, health workers, and TRCS staff or volunteers. In Kahramanmaraş and Kocaeli, local people have also been using Hayat Eve Siğar (Life Fits into Home), a mobile application that provides information about COVID-19 in Turkey.

In most areas, social media (Facebook, WhatsApp and Instagram) and TV are popular among both refugees and local people. While the use of Facebook (24.5%) and WhatsApp (11.1%) is slightly higher among refugees, TV is more accessible to host community members (35.8%) as TV shows are mostly in Turkish and there is no language barrier for them.

95.6% of the survey respondents said they did not encounter any challenges in receiving information about COVID-19. However, among those who do (170 respondents) said they did have difficulties, such as not knowing the trusted sources of information (65.3%), not having access to internet (20.6%), and social media channels having limited information in their native languages (10.6%). For people from the host population, not knowing which are trusted sources of information (45.3%) is identified as one of the main challenges, whereas for refugees access to internet (15.9%) and not having information on social media in their native languages (7.6%) are the main obstacles. These responses were also higher for female respondents than men.

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

more than one answer possible



Figure 11 Barriers to receive information

If yes, what are the barriers?

more than one answer possible; 170 respondents



Figure 11a Barriers to receive information (follow up question)

FGD participants from refugee communities in Ankara, Kahramanmaraş, Kocaeli, Mardin and Urfa, identified language as one of the key barriers in accessing information. In other locations, community members can receive information from TRCS Community Centres or other institutions in both Arabic and Turkish languages. School-going children in many refugee families support by translating and explaining COVID-19 related information from Turkish to Arabic. In Bursa, it is reported that refugees with poor financial conditions have challenges to afford internet access, making it difficult for them to access information from social media or websites. Some refugees are not able to read or write in Arabic, and this can prevent them from accessing written information.

Respondents' most trusted sources of information were Government officials (46.9%), TV (44.3%), health workers (34.8%) and doctors (22.3%). Other channels mentioned included Facebook (16.6%), family and friends (23.3%), websites (13.2%) and TRCS (21.4%), all of which were also more trusted by refugees than people from host communities.

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

more than one answer possible

	Overall	Host population	Refugee
Government officials	1,801 (46.9%)	1,084 (28.2%)	704 (18.3%)
TV	1,702 (44.3%)	839 (21.8%)	839 (21.8%)
Health workers	1,336 (34.8%)	817 (21.3%)	512 (13.3%)
Doctors	855 (22.3%)	473 (12.3%)	373 (9.7%)
Facebook	636 (16.6%)	107 (2.8%)	525 (13.7%)
Family/neighbours	520 (13.5%)	196 (5.1%)	321 (8.4%)
Website	506 (13.2%)	177 (4.6%)	327 (8.5%)
TRCS social media & web	420 (10.9%)	160 (4.2%)	258 (6.7%)
TRCS staff/volunteers	403 (10.5%)	106 (2.8%)	296 (7.7%)
Friends	377 (9.8%)	121 (3.2%)	254 (6.6%)
WhatsApp	307 (8.0%)	72 (1.9%)	228 (5.9%)
Brochures/leaflets	286 (7.4%)	168 (4.4%)	115 (3.0%)
Twitter	281 (7.3%)	203 (5.3%)	74 (1.9%)
Instagram	207 (5.4%)	104 (2.7%)	101 (2.6%)
Other	122 (3.2%)	68 (1.8%)	52 (1.4%)
Community leaders	73 (1.9%)	51 (1.3%)	21 (0.5%)
Radio	63 (1.6%)	52 (1.4%)	10 (0.3%)
Religious leaders	19 (0.5%)	12 (0.3%)	6 (0.2%)

Figure 12 *Trusted sources of information*

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, community leaders, Muhtars⁵, World Health Organization (WHO) and NGOs. In Bursa, Bağcilar, Kahramanmaraş, Mersin, Kayseri and Sultanbeyli, respondents also mentioned religious leaders as one of the trusted channels to receive information. Religious leaders should be involved and engaged in encouraging communities to practice positive behaviours and explaining the importance of following health advice. FGD participants suggested that the sharing of key messages or announcements by the Muhtars could be quite effective in reinforcing the importance of undertaking preventive measures to stop the spread of disease.

FGD participants also said that communities prefer to receive information through local or national TV channels (TRT1), news channels (TRT News, A News) and Arabic TV channels as well as through SMS, online meetings, phones, social media platforms and TRCS staff or volunteers. In Gaziantep and Kocaeli, participants recommended TRCS to conduct live sessions together with doctors or physicians on Facebook or other social media channels to talk about COVID-19, raise awareness among people to take precautionary measures, and answer questions from the audience.

People around me prefer to get information from community leaders and Muhtars on COVID-19.

Salih,

Turkish man - 61, Adana

⁵ 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 respondents identified older people (85.8%) and people with chronic diseases (74.1%) as being at the highest risk of COVID-19 infection. Also mentioned were health workers (25.9%), pregnant women (22.1%), and children under 5 years old (15.3%).

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

more than one answer possible



Figure 13 People with COVID-19 risk

Other vulnerable groups mentioned in the survey were people with compromised immune systems, those working outside (especially men), and people staying/working in crowded places. Twenty individuals said that everyone is at risk of contracting the virus, while twelve could not indicate any vulnerable groups.

FGD participants recognized that everyone could be at risk of infection, but specifically mentioned, older people (above 60 years of age), those with chronic diseases and people with weak immune systems as being at a higher risk of becoming infected. Many participants felt pregnant women, health workers, people working in factories and public areas, those using public transport, and people not following the preventive measures (not wearing masks, not maintaining personal hygiene or not paying attention to physical distancing) could be equally at risk of COVID-19 infection. Most participants recognised that although young people and children are at relatively at low risk themselves, they can be carriers of the disease.

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

Participants in the FGDs stressed that there are various rumours spreading within their communities about COVID-19. These rumours are spread mostly via word of mouth and social media (Facebook, Twitter and Instagram). Misperceptions and rumours in a community can create social tension or lead to practising harmful behaviours and should be responded to swiftly by providing communities with the right information.

In most locations, participants said they checked official websites including those of the Ministry of Health and NGOs to verify rumours. They suggested that audio, video, and visual information materials should be developed to provide communities with accurate, reliable information. These 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 said they would like to receive factual information via phone, leaflets, information kiosks, SMS, WhatsApp groups and TRCS Community Centres.

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

SI No	Rumours	Location
1	There is no coronavirus.	Kahramanmaraş, Şanlıurfa, Bağcılar, Mersin
2	Coronavirus will infect you anyways. So, you don't need to pay attention to preventive measures.	Mardin, Kahramanmaraş
3	Mask does not protect individuals.	Bağcılar
4	The virus is not spread by air or physical contact.	Kahramanmaraş
5	We can protect ourselves with onion, garlic and olive oil.	Mardin
6	If you wear a mask, you will not be infected.	Kilis
7	Coronavirus can contaminate meat. Do not buy meat.	Kilis
8	Garlic, onion and coffee are protectors against the virus.	Kayseri
9	The virus only affects older people.	Gaziantep
10	Children are not infected by coronavirus.	Bağcılar
11	Coronavirus does not infect pregnant women.	Gaziantep
12	The virus does not infect young people.	Kayseri
13	Those who have recovered from coronavirus have a high risk of getting Alzheimer's disease in future.	Izmir
14	The number of coronavirus cases are not accurate.	Izmir, Kahramanmaraş
15	The virus is mostly spread during the winter season.	Kocaeli
16	The virus disappears when the weather gets hot.	Kocaeli, Mardin, Bursa
17	The virus dies when it rains.	Kocaeli
18	The virus can stay in the air for 15 days.	Kocaeli
19	The virus is spread by the rain.	Kocaeli
20	The virus can be cured if we eat sumac plant.	Mardin, Bursa, Kayseri, Şanlıurfa
21	Soup made with sheep's head and foot is good to treat coronavirus.	Mardin, Bağcılar, Kilis
22	The virus dies if it reaches the stomach.	Mardin
23	If you eat fruits, you will not be infected.	Şanlıurfa
24	The virus can spread from food.	Sultanbeyli
25	Those who have recovered can be infected by coronavirus for a second time.	Sultanbeyli

26	We heard there are no vacant beds in Yüreğir State Hospital because of the increase in the number of cases in Adana last week. The patients are sent to other cities for treatment.	Adana
27	A person can be infected with coronavirus through cigarette smoke.	Ankara
28	There is no risk of getting coronavirus from swimming pools.	Kahramanmaraş
29	Vinegar prevents coronavirus.	Bursa, Şanlıurfa
30	A vaccine to treat coronavirus has been developed.	Ankara, Bağcılar
31	Coronavirus will not infect you if you perform ablution. ⁶	Bursa, Kilis, Mersin
32	The virus will go away if you read prayers.	Kahramanmaraş
33	The foreigners brought the virus to Turkey.	Bursa
34	Coronavirus is used as a biological weapon.	Izmir, Mersin, Bağcılar
35	The virus does not infect the Muslims.	Gaziantep, Kilis, Mersin
36	Local people are not infected by coronavirus.	Bağcılar
37	We have seen and experienced the hardships of the war in Syria. This coronavirus cannot do anything to us.	Bağcılar, Kayseri, Kilis, Mersin
38	People of certain nationality are infected very quickly because they are less careful compared to others.	Kayseri

Table 2 Rumours and places where they are heard

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

- Drinking alcohol/tea/water with lemon or eating garlic/onion/sumac/hot pepper can protect against COVID-19.
- The virus is a governmental programme/biological weapon.
- Antibiotics are a good cure for the virus.
- Unverified information about vaccination.
- Animals can get infected.
- It is very dangerous.
- Masks can protect from the virus.
- The infection rate will decrease in the summertime.

⁶ 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.



ATTITUDES

Data collection process, İzmir
Community Centre, 7 August 2020

Credit: TRCS

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 (84.0%), while few think COVID-19 is “more or less” dangerous (12.9%), or not dangerous at all (1.7%).

How dangerous do you think the new Coronavirus is?



Figure 14 Attitudes towards COVID-19

The following responses were reported under the “Other” category: it varies from one person to another, not very dangerous if taking necessary precautions, dangerous only for those with compromised immune systems, dangerous only for those over 65 years old and/or with chronic diseases. Seven “I don't know” answers were also reported.

Almost all participants in the FGDs considered COVID-19 to be deadly and highly contagious, first transmitted from China and then spread across other countries. A few respondents in Hatay and Izmir reported that some people in their communities believed COVID-19 to be a political problem or that it did not really exist.

When asked if a person who is infected or has recovered from COVID-19 would face discrimination, 21.7% of the host population answered “Yes” compared to 8.7% of the refugee respondents. This suggests that stigmatisation of COVID-19 is higher among the host population than among refugee communities.

Of those who face discrimination (1,548 respondents), people who have, or have previously had, COVID -19 (60.1%) were the most recognised as being discriminated against, followed by people suspected of having COVID-19 (55.2%). Again, these responses are significantly higher among the host population (39.9% and 38.2% respectively) compared to refugees (19.9% and 16.7% respectively). Others recognised as being stigmatised were older people, Syrians, health workers, refugees, and poor people.

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

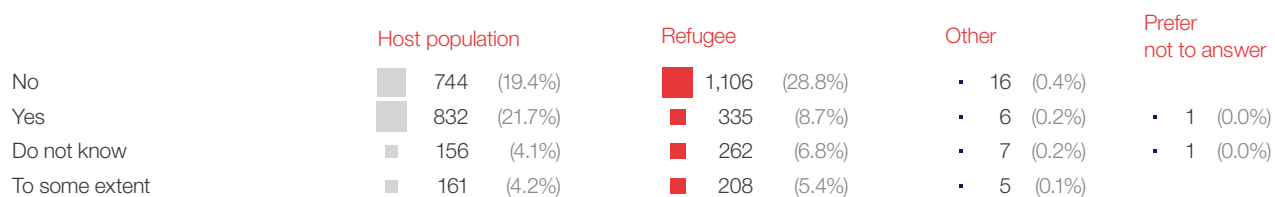


Figure 15 Likelihood of people to face discrimination in relation to COVID-19

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

More than one answer possible; 1548 respondents

	Host population	Refugee	Other	Prefer not to answer
Anyone who is or have been infected with coronavirus	617 (39.9%)	308 (19.9%)	6 (0.4%)	0 (0.0%)
Persons suspected with coronavirus	592 (38.2%)	258 (16.7%)	5 (0.3%)	0 (0.0%)
Old people	258 (16.7%)	109 (7.0%)	3 (0.2%)	0 (0.0%)
Syrians	175 (11.3%)	104 (6.7%)	0 (0.0%)	1 (0.1%)
Health workers	232 (15.0%)	27 (1.7%)	0 (0.0%)	0 (0.0%)
Any refugee	138 (8.9%)	54 (3.5%)	0 (0.0%)	1 (0.1%)
Poor people	140 (9.0%)	32 (2.1%)	0 (0.0%)	0 (0.0%)
Those who work outside	144 (9.3%)	17 (1.1%)	0 (0.0%)	0 (0.0%)
Local people	92 (5.9%)	21 (1.4%)	3 (0.2%)	1 (0.1%)
Other	37 (2.4%)	11 (0.7%)	0 (0.0%)	0 (0.0%)

Figure 16 People reported to face discrimination in relation to COVID-19

These findings complement FGDs where participants, particularly those from the host community, said that in general people who are infected or who have recovered from COVID-19 experience discrimination in the community. People would stay away from the infected or recovered person 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 gave examples where not only was the person infected treated differently but their families were also stigmatised.

“One of our neighbours was infected, and his whole family was discriminated against in the neighbourhood,” said one respondent from the host community in Gaziantep.

In Izmir, it was reported that healthcare professionals found it difficult to find day care or babysitters for their children because people were afraid that their children might pass on the virus. Participants also reported that people on low-incomes – both refugees and local people - were bound to go to workplaces because they needed the money for their livelihoods, and so could be at risk of infection.

People in local communities also reported rumours that foreigners had brought the virus into Turkey, creating some negative attitudes towards people from other countries. In Sanliurfa, Mersin, Kocaeli and Kayseri, participants from host communities said that people believe refugees cannot maintain proper hygiene due to lack of money to buy hygiene products or to live in good housing conditions, and so are at higher risk of infection. As a result, they said, local people avoid interacting with refugees and discriminate against refugees who have, or have had, COVID-19.

A participant from the host community in Kayseri said, “If the infected person is a refugee, the local community do not want to meet him or her at all, even if they recover.”

Refugee participants in Konya, Kocaeli, Kayseri, Bursa and Gaziantep said that refugees encounter difficulties accessing hospitals, especially if they do not have ID cards. Language is also an added barrier to communicating with doctors at the hospitals. Many refugees tend to think that they will not be admitted or provided treatment if they go there.

Almost all participants recommended that TRCS organise seminars or meetings online for people to discuss this topic and build a non-discriminatory attitude to support those who have been infected or recovered from COVID-19.

Just over two-thirds of survey respondents (67.1%) reported being worried that they might become infected with COVID-19. This was one of the major concerns among both refugees (33.2%) and local people (33.3%). Fears of losing employment (9%) or having lost employment (9.1%), paying rent/bills (9.4%), being unable to afford food for the household (6.4%) and hygiene products (3.9%) were all slightly higher among refugees than local people. These concerns 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
Fear to get infected with coronavirus	■ 1,278 (33.3%)	■ 1,274 (33.2%)	• 23 (0.6%)	• 0 (0.0%)
Fear to lose employment due to coronavirus	■ 312 (8.1%)	■ 345 (9.0%)	• 2 (0.1%)	• 0 (0.0%)
Afraid to go to hospitals in case we catch the virus	■ 348 (9.1%)	■ 294 (7.7%)	• 5 (0.1%)	• 0 (0.0%)
Lost employment due to coronavirus	■ 231 (6.0%)	■ 349 (9.1%)	• 2 (0.1%)	• 1 (0.0%)
Paying house rents/bills	■ 204 (5.3%)	■ 360 (9.4%)	• 1 (0.0%)	• 0 (0.0%)
I do not have any worries or concerns	■ 239 (6.2%)	■ 264 (6.9%)	• 3 (0.1%)	• 1 (0.0%)
Unable to afford enough food for family	■ 183 (4.8%)	■ 244 (6.4%)	• 1 (0.0%)	• 0 (0.0%)
Accessing medical care because hospitals will not admi.	■ 218 (5.7%)	■ 163 (4.2%)	• 5 (0.1%)	• 1 (0.0%)
Accessing online education for children	■ 155 (4.0%)	■ 138 (3.6%)	• 2 (0.1%)	• 0 (0.0%)
Other	■ 211 (5.5%)	■ 80 (2.1%)	• 2 (0.1%)	• 1 (0.0%)
Children unable to benefit from the online education	■ 168 (4.4%)	■ 114 (3.0%)	• 2 (0.1%)	• 0 (0.0%)
Unable to afford hygiene products to maintain hygiene	■ 129 (3.4%)	■ 150 (3.9%)	• 0 (0.0%)	• 0 (0.0%)
Finding new jobs/daily or weekly jobs	■ 95 (2.5%)	■ 136 (3.5%)	• 1 (0.0%)	• 0 (0.0%)
Do not have enough money to go to hospitals	■ 104 (2.7%)	■ 94 (2.4%)	• 0 (0.0%)	• 0 (0.0%)

Figure 17 Worries and concerns in relation to COVID-19

Survey respondents also mentioned that they were concerned about their family members getting sick, their children becoming ill, death of a family member, and that the disease is/will become more widely spread.

These findings are similar to the fears aired in the FGDs. Respondents in all locations said that their greatest fear was that they or their family members would become infected with COVID-19, particularly for people whose family members have chronic diseases or are older. While some were concerned about losing current employment, others worried about not finding employment due to COVID-19. For households with low incomes and poor financial conditions, many are already unable to afford adequate hygiene materials or food for their families and children.

“I may become unemployed if I get infected,” said a respondent from the local community in Kocaeli.

Respondents also reported fear of going to hospitals, the re-opening of schools in the future, of becoming infected through contact with people who do not show symptoms, or hearing about the death of a family member due to the disease. Others said they were afraid they could become infected or infect one of their family members, because they were regularly going to their workplaces. Many parents were concerned that their children cannot access the online and distance-learning programmes which is being organised to make up for lost school time.

People are also worried about how long the pandemic will last, when the situation will improve, and when vaccines or effective treatments will be available. “I am worried about the uncertainty”, is how one respondent from the local community in Mardin expressed his fears about the future.



PRACTICES

Data collection process, Şanlıurfa
Community Centre, 5 August 2020

Credit: TRCS

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.

Overwhelmingly, survey respondents (94.3%) said they were taking some measures in their daily life to prevent the risk of COVID-19 infection. While 4% said they only sometimes take measures, just 1.7% of the respondents said they are not doing anything about it.

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

Yes	■	3,621	(94.3%)
Sometimes	■	155	(4.0%)
No	■	64	(1.7%)

Figure 18 Likelihood of practicing preventive measures

Those who said they were not taking any measures (64 respondents) highlighted various reasons, for example, **not knowing how to take preventive measures (50%), not believing these practices will be effective in preventing the risk (20.3%), and being unable to afford soap or disinfectants (14.1%).** Others said there was too much conflicting information (12.5%), or that family members were compelled to go out for work (12.5%) and as a result not able to follow safety measures.

If not, why?

More than one answer possible; 64 respondents

I do not know how to take preventive measures	■	32	(50.0%)
I do not believe these practises will prevent the risk of infection	■	13	(20.3%)
I cannot use soap or disinfectants because I cannot afford them	■	9	(14.1%)
There is too much conflicting information so it is hard to know what is correct	■	8	(12.5%)
Members in my family need to go out for work or find work	■	8	(12.5%)
Other	■	6	(9.4%)
I do not understand the information on preventive measures	■	6	(9.4%)

Figure 19 Reasons for not taking preventive measures

Those who said they were taking measures (3,776 respondents) identified several different actions they took to protect themselves and their families: washing hands with soap (90%), wearing masks when going out (87%), maintaining physical distance (78.7%), using hand sanitizers (56.1%), and covering their mouth and nose when coughing or sneezing (48.6%).

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; 3776 respondents

Wash hands frequently using soap and water	3,399	(90.0%)
Wear mask when going out	3,286	(87.0%)
Maintain physical distance (1 meter) whenever outside	2,971	(78.7%)
Use a hand sanitizer that contains at least 60% alcohol	2,117	(56.1%)
Cover mouth and nose when coughing or sneezing	1,836	(48.6%)
Wear mask if I am sick or taking care of an infected person	957	(25.3%)
Avoid touching mouth, nose, and eyes with contaminated hands	955	(25.3%)
Wear gloves	710	(18.8%)
Use disinfectants to clean surfaces	629	(16.7%)
Other	97	(2.6%)

Figure 20 Measures undertaken to prevent COVID-19

These survey results align well with the FGD findings. To prevent the risks of becoming infected, FGD participants said they were taking necessary precautions in their daily lives, such as, frequently washing hands with soap or using hand sanitizers, practicing personal hygiene, staying indoors and avoiding going out unless necessary, sterilizing surfaces and cleaning homes with disinfectant, using masks, and maintaining physical distance whenever outside.

Participants stressed that the most important actions to reduce the risks of COVID-19 infection were to wash hands with soap frequently and for at least 20 seconds, to eat healthy food, wear masks, maintain personal hygiene, and keep physical distance when outside. Avoiding crowds and practicing good coughing etiquette were also given as ways to reduce the chances of COVID-19 infection.

Participants in Kayseri, Kilis and Mersin said that they avoided going to hospital unless they had a major illness, and that they had also cut down on visiting their relatives' homes. However, they also recognised that there were people in their communities living in poor economic conditions who were compelled to go out for work and unable to undertake these precautions. People in poor economic conditions often could not afford to buy hygiene products such as masks, gloves, and disinfectants increasing their risks of infection, the participants said.



Data collection process, Hatay Community Centre, 27 July 2020

Credit: TRCS

Almost three-quarters of survey respondents, 74.2%, said that they do not face any challenges to take preventive measures. Those who said they did face challenges gave examples that their family members were forced to go out to work, particularly the men (7.9%), or that they needed to overcome social pressures of people around who didn't want to them take action- this was particularly the case amongst the host population (9.2%). Refugees (8.1%) mentioned difficulties affording soap and disinfectants.

Are you facing any challenges in taking such preventive measures?

More than one answer possible

	Host population	Refugee	Other
I don't face any challenges or difficulties in taking action	■ 1,409 (36.7%)	■ 1,412 (36.8%)	• 27 (0.7%)
Difficult to stay at home as I/member of my family needs to go out for work	■ 256 (6.7%)	■ 256 (6.7%)	• 6 (0.2%)
I had to overcome people around me who didn't want me to take action	■ 353 (9.2%)	■ 153 (4.0%)	• 1 (0.0%)
Difficult to afford soap or disinfectants	■ 114 (3.0%)	■ 312 (8.1%)	• 4 (0.1%)
Other	■ 120 (3.1%)	■ 101 (2.6%)	• 2 (0.1%)

	Female	Male	Prefer not to answer
I don't face any challenges or difficulties in taking action	■ 1,462 (38.1%)	■ 1,387 (36.1%)	• 1 (0.0%)
Difficult to stay at home as I/member of my family needs to go out for work	■ 214 (5.6%)	■ 302 (7.9%)	• 2 (0.1%)
I had to overcome people around me who didn't want me to take action	■ 248 (6.5%)	■ 257 (6.7%)	• 2 (0.1%)
Difficult to afford soap or disinfectants	■ 221 (5.8%)	■ 209 (5.4%)	• 0 (0.0%)
Other	■ 131 (3.4%)	■ 91 (2.4%)	• 1 (0.0%)

Figure 21 Challenges in taking preventive measures

The following challenges were recorded under the "Other" category: difficulty in wearing a mask (either general or due to asthma), not having enough money to purchase masks, other people not taking the necessary precautions (e.g. not wearing masks, washing hands, keeping physical distance).

FGD participants reported that despite the high levels of awareness, community members in many locations are now becoming less inclined to follow the preventive measures compared to in the early stages of the outbreak. In Hatay, for example, following the withdrawal of curfew, people felt that the risk of infection has reduced and so the health advice is less relevant for them. In Gaziantep, Mardin, Mersin, Kilis and Kayseri, participants tended to feel that healthier people would not be infected and could not spread the disease. A few people also reported beliefs that COVID-19 does not really exist. Discomfort wearing masks in the hot weather was also reported, as well as observations that people do not wear the masks appropriately. After months of social isolation and staying indoors, more people are now beginning to go out to public places. As a result, public transport is becoming crowded, and physical distance cannot be maintained in all locations. In Kahramanmaraş and Kayseri, it was suggested that young people are less willing to follow health advice, and so risked becoming infected and further spreading the disease. In Adana and Kahramanmaraş, refugee participants explained that it can be difficult to maintain physical distancing due to cultural norms, such as greeting people by shaking hands or hosting guests at home. In addition, misinformation and rumours on social media were undermining accurate health information. Rumours, such as that COVID-19 decreases in hot weather, impact people's beliefs and behaviour to adopt healthy practices. As more people return to their workplaces, there is a growing need to raise awareness and re-energise people's motivation to maintain safety and cleanliness in the office.

FGD participants in Bursa, Kahramanmaraş, Sultanbeyli and Hatay felt that women were more attentive than men in following the health advice, maintaining personal hygiene and undertaking preventive measure. In Mersin and Şanlıurfa, people from the host community said that more men use public transport and go out to work than women, increasing their chances of becoming infected. Refugees from amongst the FGD participants in Adana inform that there are some refugees in the community who rely in fatalism, hence undertake poor precautions. Refugees are also perceived to be at higher risk of infection by the host community due to their poor economic conditions, lacking affordability to buy hygiene products and language barriers.

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 (78.4%). Others mentioned they would contact a doctor to get advice (40.5%), isolate themselves (31.6%) or ask friends and relatives for advice (10.1%). These responses were consistently higher for people from the host population than for refugees.

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	3,009	(78.4%)
I will contact a doctor or hospital to get advice	1,554	(40.5%)
I would stay at home to isolate myself from others	1,213	(31.6%)
I will ask my relative/friends to advise me on what to do	388	(10.1%)
Other	71	(1.8%)
I will buy medicines from the market	34	(0.9%)
Continue life as normal	32	(0.8%)
I will go to a religious leader	23	(0.6%)
Do nothing	13	(0.3%)

Figure 22 Actions taken if COVID-19 symptoms show

Other responses given included: call 112, call 184, call an ambulance, self-isolate. Three people did not know what they would do in such a situation.



Data collection process, Gaziantep
Community Centre, 29 July 2020

Credit: TRCS



INFORMATION NEEDS & COMMUNICATION CHANNELS

Data collection process, Konya
Community Centre, 6 August 2020

Credit: TRCS

Information needs & 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, 55% (2,113), of respondents said they do not need any more information about COVID-19, that still leaves 45% (1,727) of people who do recognise that they need information. Out of those who requested for information (1,727 respondents), subjects included: symptoms of COVID-19 infection (31.7%), trusted sources of information (26.5%), how COVID-19 is transmitted (25.1%), and how to protect oneself from the disease (20.7%).

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

More than one answer possible

I do not need any information	2,113	(55.0%)
Symptoms of the new coronavirus disease	547	(14.2%)
Trusted sources of information	458	(11.9%)
How it is transmitted	434	(11.3%)
How to protect yourself from the disease	357	(9.3%)
How to take care of an infected person at home	339	(8.8%)
Precautions for people with chronic disease	314	(8.2%)
What to do if you have the symptoms	231	(6.0%)
Which hospital to go to if symptoms appear	225	(5.9%)
Who to ask questions about coronavirus	195	(5.1%)
Precautions for pregnant women	191	(5.0%)
Other	189	(4.9%)
Where to get free psychosocial support?	168	(4.4%)
How/when to use masks	165	(4.3%)
How to get Vefa social support services	149	(3.9%)
How to wash hands	123	(3.2%)
How to contact TRCS	87	(2.3%)
How to access distance education programme	73	(1.9%)
How to use bleach/disinfectant at home	52	(1.4%)

Figure 23 What information communities need now

Other information needed: if there is going to be second/third wave of the Coronavirus, if COVID-19 is real, what are the test and treatment procedures, numbers of cases in each city, when the pandemic will end, information about curfews.

FGD participants in all locations said people need information about any new symptoms of COVID-19 infection, how to maintain personal hygiene, how and when to use masks, and what should be done after a person has recovered from the disease. They stressed that while communities may have information about preventive measures, awareness needs to be raised about protective behaviours people can adopt themselves in post lockdown, and that people needed further encouragement to adopt safe and healthy practices. Dissemination of information about the presence of COVID-19, its risks, how it can spread, as well as the importance of wearing masks in public areas and physical distancing, should be reinforced to ensure people are taking care of themselves, participants said. They felt this was particularly important for people at increased risk such as older people, and people with chronic diseases, as well as for young people in the community. FGD participants suggested TRCS collaborate with public institutions to maximise the impact of dissemination of key information and highlight the importance of preventive measures.

Given the evolving situation, communities were also interested in information on the number of COVID-19 cases in each city in Turkey, where and which hospitals are available to treat infected patients, how to get admitted to these hospitals, information about TRCS blood support, and any updated information on COVID-19 including vaccines or drugs to treat patients. Information materials on COVID-19 with visuals for children should be developed and disseminated to help young people understand the risks and the necessary steps to protect against infection, participants said.

FGD participants also suggested that online trainings or seminars should be organised by TRCS to encourage community members and children to practice healthy behaviours. At the same time, the number of psychosocial support (PSS) sessions should be increased by TRCS or other NGOs to address community needs.

Other information people said they would like to know included how to disinfect clothes, clean homes adequately, and how to keep the environment clean and safe. People were also interested to hear the experiences of recovered COVID-19 patients to understand their experience more and take lessons that they could apply to their own lives.

Significantly over half of survey respondents said they would prefer to receive information on COVID-19 from TRCS by phone (58.6%), but other channels that would also support are SMS (29.6%), TRCS Facebook (23.8%) and WhatsApp (20.3%). Refugees showed a stronger preference for phone (29.6%), TRCS Facebook (15.4%), WhatsApp (12.5%) and TRCS staff and volunteers (5.8%) than respondents from the host population. People from host communities however, showed a stronger preference for SMS (15%), TV (9.6%) and TRCS Instagram, Twitter and website (23.5%).

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	1,099 (28.6%)	1,137 (29.6%)	15 (0.4%)	1 (0.0%)
SMS	576 (15.0%)	550 (14.3%)	10 (0.3%)	2 (0.1%)
TRCS Facebook	310 (8.1%)	590 (15.4%)	15 (0.4%)	0 (0.0%)
WhatsApp	289 (7.5%)	481 (12.5%)	7 (0.2%)	1 (0.0%)
TV	370 (9.6%)	208 (5.4%)	9 (0.2%)	0 (0.0%)
TRCS Instagram	306 (8.0%)	184 (4.8%)	6 (0.2%)	0 (0.0%)
TRCS website	301 (7.8%)	185 (4.8%)	6 (0.2%)	0 (0.0%)
TRCS staff/volunteers	207 (5.4%)	221 (5.8%)	0 (0.0%)	0 (0.0%)
TRCS Twitter	297 (7.7%)	95 (2.5%)	5 (0.1%)	1 (0.0%)
Doctors	203 (5.3%)	146 (3.8%)	3 (0.1%)	0 (0.0%)
TRCS YouTube	170 (4.4%)	157 (4.1%)	5 (0.1%)	0 (0.0%)
Ministry of Health/Public official websites	210 (5.5%)	95 (2.5%)	2 (0.1%)	0 (0.0%)
Brochures/leaflets	170 (4.4%)	113 (2.9%)	3 (0.1%)	0 (0.0%)
Online meetings/seminars	64 (1.7%)	60 (1.6%)	1 (0.0%)	0 (0.0%)
Other	43 (1.1%)	21 (0.5%)	0 (0.0%)	0 (0.0%)
Radio	25 (0.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Community leaders	18 (0.5%)	7 (0.2%)	0 (0.0%)	0 (0.0%)
Religious leaders	6 (0.2%)	5 (0.1%)	1 (0.0%)	0 (0.0%)

Figure 24 Preferred communication channels to receive information

Other methods of communication people mentioned included: email, e-government, public places (e.g. metro). Eleven people said they did not want to receive any information from TRCS.

FGD participants suggested several ways they would like to receive information about COVID-19, including social media platforms (WhatsApp, Facebook, Instagram and YouTube), where audio, video and visual information materials can be posted in different languages. Other preferred channels were TV (mainly news channels and TRT Arabic), SMS, phone calls, radio, information kiosks, brochures and official websites of public institutions, Ministry of Health and TRCS. Online trainings, seminars or live sessions on social media organized by TRCS were also mentioned as ways to raise awareness among people.

In Kilis, Kayseri and Gaziantep, many participants said they would prefer face-to-face interaction at the TRCS Community Centre while others suggested household visits, which would be particularly helpful to share information with older people. In Şanlıurfa, Kocaeli and Konya, participants suggested creating WhatsApp groups to share information about COVID-19. While social media is quite popular among young people, it was recognised that television is more accessible for older people. Participants stressed that audio, video, and visual information was more effective than written information, especially for children, older people and those who cannot read or write. In Şanlıurfa, respondents said that sign language can be quite useful in videos for those with hearing impairment. It is recommended that the use of social media platforms is maximized to disseminate information about COVID-19.

Visual information, either in the form of videos or infographics, could be displayed in screens near public transportation or various institutions, such as mosques, schools or markets, and billboards in the streets. It is recommended that posters and leaflets on COVID-19 should be put up on the walls or distributed near workplaces and factories, public spaces, and areas where communities are living. In Adana, refugees suggested that information on COVID-19 and the “14 rules”⁷ of COVID-19 prevention could be disseminated using megaphones in the neighbourhoods where refugees are living.

More information materials about COVID-19 with visuals or videos for children to help them understand the risks and the necessary measures to avoid infection were recommended, and some participants suggested that TV channels such as TRT Kid could be useful for communicating with children on this topic.

Regarding the preference of language to receive information from TRCS, respondents were fairly divided in roughly half, with 48.5% of respondents (those from host communities) preferring Turkish and 47.4% (those who are refugees) preferring Arabic. Around 4.8% of the respondents mentioned other languages including English, Kurdish and Farsi.

In the FGDs, the majority of participants said they would prefer to receive information in Turkish, Arabic and English. In Mersin and Mardin, some preferred Kurdish while in Bursa, a few people mentioned Russian.

TRCS Community Centre was the only institution that shared information about COVID-19 in Arabic and Turkish at first. Later, other institutions started to share information in these two languages.

Fevzi,

Refugee man - 37, Bursa

What language would you prefer to receive the information in?

More than one answer possible

	Host population	Refugee	Other	Prefer not to answer
Turkish	1,862 (48.5%)	399 (10.4%)	24 (0.6%)	2 (0.1%)
Arabic	119 (3.1%)	1,822 (47.4%)	21 (0.5%)	1 (0.0%)
English	50 (1.3%)	50 (1.3%)	9 (0.2%)	2 (0.1%)
Other	28 (0.7%)	16 (0.4%)	3 (0.1%)	0 (0.0%)
Farsi	2 (0.1%)	24 (0.6%)	1 (0.0%)	0 (0.0%)

Figure 25 Preferred language to receive information

Kurdish was reported as the “Other” preferred language.

⁷ “14 rules” - These are the precautionary measures that the Ministry of Health in Turkey has underlined for people to prevent COVID-19. The 14 rules are explained in this link [here](#).

When asked if respondents follow TRCS social media channels or visit the website, 26.6% of the host population answered “No” compared to 19.3% of the refugees. Just over a quarter of refugees, 26.3%, said they did follow TRCS social media channels or had visited the website compared to 19% of people from host communities. Among those who follow the TRCS social media platforms (1,752 respondents), a greater proportion of refugees visit the TRCS Facebook and Community Centre Facebook pages (62.1%) than people from host communities (25.6%). The TRCS Instagram and Twitter accounts both the general account and the Community Centre account, are more popular with people from the host communities (52.4%) than with refugees (28.3%).

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	1,021 (26.6%)	741 (19.3%)	16 (0.4%)	1 (0.0%)
Sometimes	141 (3.7%)	160 (4.2%)	8 (0.2%)	
Yes	731 (19.0%)	1,010 (26.3%)	10 (0.3%)	1 (0.0%)

Figure 26 Use of TRCS social media to receive COVID-19 information

If yes, which platforms do you follow?

More than one answer possible; 1752 respondents

	Host population	Refugee	Other	Prefer not to answer
TRCS Community Centre Facebook page	239 (13.6%)	635 (36.2%)	5 (0.3%)	0 (0.0%)
TRCS Facebook page	210 (12.0%)	453 (25.9%)	3 (0.2%)	0 (0.0%)
TRCS Instagram	294 (16.8%)	129 (7.4%)	3 (0.2%)	0 (0.0%)
TRCS Community Centre Instagram	218 (12.4%)	187 (10.7%)	2 (0.1%)	1 (0.1%)
TRCS Twitter	233 (13.3%)	66 (3.8%)	1 (0.1%)	0 (0.0%)
TRCS Community Centre Twitter	174 (9.9%)	112 (6.4%)	1 (0.1%)	1 (0.1%)
TRCS Youtube	77 (4.4%)	108 (6.2%)	1 (0.1%)	0 (0.0%)
Other	16 (0.9%)	22 (1.3%)	2 (0.1%)	0 (0.0%)

Figure 26a Use of TRCS social media to receive COVID-19 information (follow up question)

The main reason people (2,088 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 (37.9%) than amongst refugees (26.8%). For refugees, the main reasons given were not having internet (3.4%) or that the content was not in Arabic or in their native languages (5.3%).

If not or sometimes, what are the reasons?

More than one answer possible; 2088 respondents

	Host population	Refugee	Other	Prefer not to answer
I do not know about TRCS social media platforms/Website	791 (37.9%)	559 (26.8%)	21 (1.0%)	1 (0.0%)
Other	245 (11.7%)	135 (6.5%)	0 (0.0%)	0 (0.0%)
The contents are not relevant to my needs	98 (4.7%)	61 (2.9%)	1 (0.0%)	0 (0.0%)
I do not have internet to access TRCS social media	50 (2.4%)	72 (3.4%)	0 (0.0%)	0 (0.0%)
The contents are not in Arabic	2 (0.1%)	70 (3.4%)	0 (0.0%)	0 (0.0%)
The contents are not in my language (other than Arabic and Farsi)	4 (0.2%)	39 (1.9%)	2 (0.1%)	0 (0.0%)
The contents are not easy or clear to understand	7 (0.3%)	17 (0.8%)	0 (0.0%)	0 (0.0%)
The words/language is not easy to understand	1 (0.0%)	9 (0.4%)	1 (0.0%)	0 (0.0%)
The contents are not in Farsi	0 (0.0%)	3 (0.1%)	0 (0.0%)	0 (0.0%)
The photo/illustrations are not clear to understand	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

Figure 27 Reasons for not using or sometimes using TRCS social media

Under the “Other” category the following responses were recorded: following other platforms and Ministry of Health website, did not think about it, rarely use social media, do not have internet, don’t have smartphone.

The survey findings were broadly confirmed by FGD participants. While several refugee respondents said that they follow TRCS social media channels, the majority of participants from the host community said they were not aware of the platforms or TRCS website, or that they had been providing COVID-19 information. Participants suggested that these TRCS channels should be promoted more widely to inform communities and enable people to access information about COVID-19.

I receive useful information from the videos published by the Turkish Red Crescent on COVID-19.
 Ammar,
 Refugee man - 41, Kahramanmaraş

Participants suggested that updated or improved information on COVID-19 should be shared on TRCS social media channels, and that the Arabic content should be increased. Among refugee participants who followed the TRCS social media platforms, Facebook was most popular, followed by Instagram, Twitter and YouTube. As with the surveys, Instagram and Twitter were more widely used by the host community members.

Most of the refugee participants mentioned they encountered various challenges in accessing social media platforms, such as lacking internet facilities, not having social media accounts, or not having a smartphone, and not knowing if TRCS social media accounts are available in Arabic. Respondents in Konya, Kilis, Mersin and Şanlıurfa said they were unaware of the TRCS Community Centre website or that information on the website was available in Arabic. A few participants in Kocaeli and Izmir said they had received information from the Ministry of Health or that they followed the news channels and so did not need more information from TRCS social media.

Almost three-quarters of survey respondents said they would prefer to contact TRCS over the phone (72.4%) to ask questions or share feedback. This preference was similar for people from host communities (36.5%) and refugees (35.3%), while women (37.5%) showed a slightly stronger preference than men (34.8%). Compared to the host population, refugees preferred WhatsApp (15.4%), SMS (8.2%), the TRCS Facebook page (8.6%), and face-to-face interaction at TRCS Community Centre (6.2%).

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

More than one answer possible

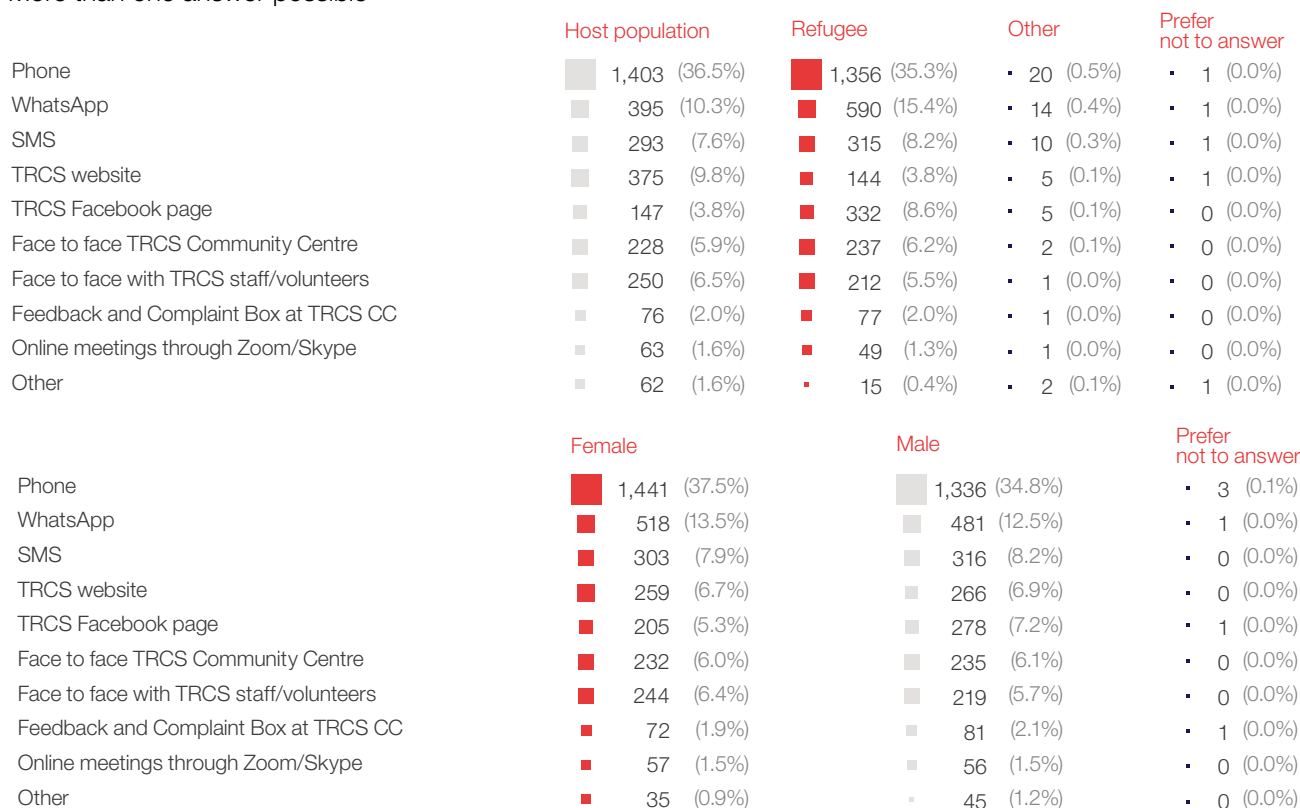


Figure 28 Preferred channel to ask questions or share feedback with TRCS

As with the survey findings, FGD participants said they would prefer to contact TRCS by phone or WhatsApp to ask questions or share feedback about COVID-19. Other channels mentioned included the 168 call centre⁸ number or a dedicated COVID-19 hotline, SMS or e-mail, TRCS Facebook or other social media pages, or a separate TRCS webpage on COVID-19.

Participants in many locations including Ankara, Bursa, Hatay, Gaziantep, Mardin and Konya said they would prefer to share feedback face-to-face by visiting TRCS Community Centres or meeting its staff/volunteers. Face-to-face interaction at the Community Centres or speaking over the phone could be beneficial for refugees in particular, participants said, as this enabled them to make use of TRCS interpreters. Online meetings via Zoom or Skype could also be useful to ask questions and share key concerns, participants added. Respondents in Şanlıurfa, Kilis, Mersin, Konya and Bursa also suggested that TRCS should conduct more surveys, similar to this KAP assessment, or set up a mobile application to support communities with information and enable them to ask questions about COVID-19.



Data collection process, Şanlıurfa Community Centre, 10 August 2020

Credit: TRCS

⁸ 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.

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

FGD participants said they appreciated TRCS' effort in addressing the COVID-19 outbreak. They particularly highlighted the online consultations/FGDs carried out as part of this KAP assessment, as being useful and requested more to be done to enable others to openly discuss about their situation and concerns on COVID-19.

We would like to ask TRCS to conduct more online discussions or assessments like this one. Through these discussions we are able to voice our concerns and understand what we all lack.

Fatma, Refugees woman – 39, Kilis

Under the current situation, many people have lost employment and participants suggested TRCS provide more relevant services for people who have become unemployed, along with information about institutions or employers where they can seek support. In Kocaeli it was suggested that more support should be provided to refugees in the Kizilaykart (ESSN⁹) programme given their job uncertainty.

Participants also suggested that TRCS organise more monthly or weekly online trainings about COVID-19, preventive measures, and hygiene promotion for communities. Participants felt the need for masks, hygiene kits, food parcels

and psychosocial support in the community was increasing and that relevant services, including mental health support, was necessary to help prevent the spread of the disease and mitigate its impact. They recommend TRCS collaborate with local NGOs, particularly those run by refugees, and implement joint projects or activities to respond to the outbreak.

It was felt that people, especially Syrian children, need support to be able to access and benefit from the distance education programme (EBA), and that information materials on COVID-19 and other online activities for children should be developed and organised to explain the risks and preventive measures. FGD participants also suggested TRCS organise social and recreational activities for people, either online or outdoors, while also expressing interest in volunteering to support TRCS activities if requested.

With the summer heat and humidity, along with the easing of restrictions through the gradual opening of restaurants, cafes, markets, shopping malls, hairdressing salons and intercity travel, FGD participants recognised that many people are now going outside without paying attention to physical distancing or wearing masks. Although people have information about COVID-19, public awareness activities about the presence and risks of COVID-19 still need to be reinforced, they said. Misperceptions and rumours about the disease which impact people's beliefs, creating social tension, and leading to the practising of harmful behaviours, were also raised. Participants suggested more information materials about COVID-19, including those addressing rumours, should be developed in Turkish and Arabic, and in physically printed and online formats, for dissemination to communities or to be posted on social media. With many voicing concerns over a second wave of the outbreak, participants emphasised that stringent measures by local authorities should be undertaken to ensure people follow the recommended healthy behaviours.

⁹ Through European Union funding, and a partnership between the IFRC and TRCS, Emergency Social Safety Net (ESSN) programme provides humanitarian support to more than 1.7 million refugees in Turkey through monthly cash assistance enabling them to cover essential needs like food, rent and utilities.



RECOMMENDATIONS

Data collection process, Adana
Community Centre, 29 July 2020

Credit: TRCS

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"> • How to protect ourselves in post lockdown • Any new symptoms of COVID-19 • How to maintain personal hygiene • How and when to use masks • Importance of masks and physical distancing • Who are at risk? • What to do after a person recovered from COVID-19 • The presence of coronavirus, its risks and how it can spread • Information on the number of COVID-19 cases in the cities in Turkey • Where and which hospitals to go to • How to get admitted in these hospitals • Information about vaccine or drugs • Information on COVID-19 for children • How to disinfect clothes and homes • How to maintain cleanliness and safety at workplace • Information about TRCS blood support • Information about TRCS social media channels and website 	<p>E-brochures and videos (with sign language if feasible) 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 Club¹⁰ members and CBHFA volunteers via WhatsApp/Facebook groups in CC.</p>
2	<p>Respond to rumours/misperceptions identified in each location</p>	<p>E-Bulletin specific to each location, E-Brochure 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	<p>Conduct online seminars by CBHFA volunteers and/or TRCS staff on the prevention of COVID-19 disease and hygiene promotion</p>	<p>Through Zoom/Skype calls</p>
4	<p>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</p>	<p>Through Zoom/Skype calls</p>

¹⁰ 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.

5	Develop information materials (visuals and/or videos) with key influencers, e.g. community leader, doctors, religious leaders, community volunteers, etc	E-brochures and videos (with sign language if feasible) 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.
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
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 those most at risk, barriers to healthy behaviours, information needs, preferred/trusted channels of engagement and community perception about the risks	Extract and detailed assessment report



TRCS – The Turkish Red Crescent Society (TRCS), founded in 1868, is the largest humanitarian organization in Turkey.

TRCS has a country-wide network with 258 Branches and provides support to vulnerable people living in Turkey and overseas. TRCS has nine regional and 25 local disaster management and logistics centres. The mission of TRCS is “Providing aid for needy and defenceless people in disasters and usual periods as a proactive organization, developing cooperation in the society, providing safe blood and decreasing vulnerability”.

Besides contributing to the development of social welfare, TRCS has been providing services on shelter, nutrition and health, psychosocial support, blood service, disaster response operations, international aids, social services, livelihood and protection for displaced populations.

For more information, please contact us:

Turkish Red Crescent Society (TRCS) Community Based Migration Programme

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IFRC – The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world’s largest volunteer - based humanitarian network. With its 190 member National Red Cross and Red Crescent Societies worldwide, IFRC is reaching 160. 7 million people annually through long-term services and development programmes, as well as 110 million people through disaster response and early recovery programmes. IFRC acts before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. The Federation does so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions.

International Federation of Red Cross and Red Crescent Societies (IFRC)

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KNOWLEDGE, ATTITUDES AND PRACTICES (KAP) ASSESSMENT ON COVID-19





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