



KNOWLEDGE, ATTITUDES AND PRACTICES (KAP)

ASSESSMENT ON COVID-19 (ROUND 3)

COMMUNITY BASED MIGRATION PROGRAMME

TURKEY, JUNE 2021

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

Conducted by

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TRCS during food distribution and information dissemination

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EXECUTIVE SUMMARY

To understand communities' knowledge, attitudes, and practices (KAP), along with their information needs on COVID-19, this KAP assessment was conducted by the Turkish Red Crescent Society (TRCS), with support from IFRC, under the Community Based Migration Programme (CBMP) from 12 March to 9 April 2021. This is the third round of the KAP assessment and is a follow up on [the first round conducted from 20 July to 12 August 2020](#) and the [second round conducted from 10 to 26 November 2020](#). This third round of the assessment also provides an understanding of people's perception and attitude towards a COVID-19 vaccine and their willingness to get vaccinated once a vaccine is available as well as to find out if anyone has already received vaccines under the government's vaccination plan. The assessment was conducted using the same methodology as before - via phone interviews and online consultations/focus group discussions (FGDs) with refugees and local people in 16 TRCS Community Centre locations. Comprising both qualitative and quantitative data, a total of 3,840 individuals had been interviewed over the phone in 16 Community Centre locations, with a total of 305 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. At the same time, the results will support TRCS to provide clear and accurate information about vaccination and respond to any misperceptions in the community.

Survey findings show that community members are well aware (93.9%) of the COVID-19 outbreak, including the symptoms of the infection, how it spreads, and how to reduce the risks of becoming infected. Although slightly less than the previous assessment (96.1%), this number indicates communities' continued exposure to a wide range of information related to this topic.

The most popular sources of information about COVID-19 were TV (66.9%), followed by Ministry of Health (36.3%), family/ neighbours (30.4%), friends (28.3%) and health workers (26.5%). Other sources mentioned included website, government officials and social media channels - including those of TRCS and its website - and TRCS staff and volunteers. There were no significant differences in the responses for TV and Ministry of Health among refugees and host community respondents and both the groups accessed information from these sources. However, family/neighbours (20.0%), friends (17.4%), health workers (13.6%), Facebook (20.8%) and website (17.1%) were reported as channels used more by refugees compared to respondents from the host population.

The majority (95.9%) of the respondents reported that they did not encounter any challenges in receiving information about COVID-19. However, in addition to not knowing the trusted sources of information, which was one of the major challenges among both refugees and host population, not having access to internet and social media channels having limited information in the language of the respondents were other obstacles, more highly reported by the refugees.

Communities' most trusted sources of information were TV (45.3%), Ministry of Health (37.8%), doctors (32.0%) and health workers (28.3%). Other channels mentioned included government officials, family and friends, websites and TRCS. Like in the previous round, respondents from several locations in this round said key influencers, such as religious leaders or community leaders, were one of the trusted channels to receive information from and should be involved to encourage communities to practise positive behaviour.

A majority of respondents identified older people (83.8%) and people with chronic diseases (74.6%) as being at the highest risk of COVID-19 infection. Also mentioned were doctors and health workers, pregnant women, children, and people who were going out to work or in crowded places, those using public transport and people not following the preventive measures could be at risk of COVID-19 infection. As in the previous round, it was understood that young people may not always show symptoms but can be carriers of the disease.

A majority of survey respondents viewed COVID-19 as "very dangerous" (65.7%). This response was much higher in the previous KAP assessment (81.4%). On the other hand, the number of respondents considering COVID-19 as "more or less dangerous" has increased in the third round (29.3%) compared to the second (15.6%).

When asked if a person who is infected or has recovered from COVID-19 would face discrimination, 9.6% of the host population answered “Yes” compared to 6.5% of the refugee respondents. This suggests that stigmatisation of COVID-19 is higher among the host population than among refugee communities. Stigmatisation was also reported higher among the host population in the previous assessment (14.9%) compared to refugees (5.3%), however, overall, there has been a further decrease during the third round in those saying people would be discriminated against. According to those who said discrimination would occur (908 respondents), the most discriminated groups of people were those who had, or previously had had, COVID -19 (52.8%), as well as those suspected of being infected with the virus (46.9%).

A majority of the survey respondents (59.8%) reported being worried that they might become infected with COVID-19 or that their family members might become infected (57.4%). Fears of losing employment (14.1%), paying rents/bills (14.2%), having losing employment (10.5%) or being unable to afford food for the household (10.5%) were all higher among refugees than local people. Concerns related to employment were also higher for men than women.

Vast majority - 88.7% - of survey respondents were taking some measures in their daily life to prevent the risk of COVID-19 infection, including frequently washing hands with soap, practicing personal hygiene, avoiding going out unless necessary, wearing masks, and maintaining physical distance whenever outside. This finding is slightly lower than the previous assessment (95.8%). The few who said they were not taking any measures (76 respondents) highlighted various reasons, for example, not knowing how to take preventive measures (65.8%), not believing these practices would be effective in preventing the risk (23.7%) and family members needing to go out for work (15.8%).

As in the previous round, it was reported that people in many locations were still less inclined to follow the preventive measures due to reduced fear and fatigue. People felt uncomfortable and were tired out wearing face masks. Some people in the communities believed that COVID-19 did not exist or had fatalistic perceptions about the disease. In addition, misinformation and rumours in social media were causing people to further undermine health information.

Various rumours were reported being spread in the community with several relating to COVID-19 vaccines, denial of COVID-19 and actions to prevent COVID-19. These rumours spread mostly via word of mouth and social media, especially through Facebook, WhatsApp, and Twitter. Misperceptions and rumours can create social tension in a community or lead to practising harmful behaviour and therefore should be responded by providing communities with the right information.

While around two-fifth, 43.6%, of respondents said they do not need any more information about COVID-19, more than half, 56.4%, of the respondents have asked for additional information on COVID-19 on various topics. Participants in this round emphasized the need for accurate and detail information on COVID-19 vaccine in Turkey including vaccination plans and priority groups, procedures to get the vaccine, risks and side effects, effectiveness of vaccines against COVID-19 as well as the new variants. They suggested targeted messages for different groups of people, such as children, young and older people, were important to motivate everyone to practice healthy behaviours.

Over three-fifths of survey respondents said they preferred to receive information on COVID-19 from TRCS by phone (64.7%), but other channels that would also be welcomed were SMS (31.1%), TRCS Facebook (20.3%) and TV (17.3%). Refugees showed a stronger preference for phone, TRCS Facebook, TV and WhatsApp than respondents from the host population. Turkish (58.4%) and Arabic (57.1%) were the main preferred languages with English, Farsi and Kurdish also reported, but in much lower numbers.

Like the previous round, refugees were significantly more likely to follow TRCS social media channels or visit the TRCS website and recognise these as a source of COVID-19 information, than respondents drawn from the local host community, many of whom said they were unaware of these TRCS platforms. Compared to the previous assessment (where 43.8% of respondents responded positively), less people are now following the TRCS social media and website (41.6%). A greater proportion of refugees visit the TRCS Facebook and Instagram pages, both general and Community Centre accounts, while TRCS Twitter accounts were more popular among people from host communities.

Almost three-quarters of survey respondents said they would prefer to contact TRCS over the phone (73.3%) to ask questions or share feedback. Respondents in several locations also preferred face-to-face interaction by visiting TRCS Community Centres or meeting its staff or volunteers during their outreach activities. Face-to-face or online meetings via Zoom or Skype were also useful to ask questions and share key concerns of their community, they said.

With the pandemic still ongoing, respondents said there were still many people who have been affected and lost employment and they suggested TRCS provide relevant assistance, such as cash or in-kind support, to those who are in need and vulnerable. They also suggested TRCS to organise online information sessions and meetings on COVID-19 vaccines and continue to raise awareness among communities about COVID-19 and the preventive measures. The need for masks, hygiene kits and psychosocial support in the community was still quite high and suggestions were made to distribute hygiene parcels as well as food on a regular basis.

Regarding COVID-19 vaccine, a majority – 94.9% - of survey respondents reported not having received the vaccine and more than half of these respondents (52.1%) did not receive any information about it. The remaining (47.9%) have received information on various topics including on priority groups, people who could get the vaccine and vaccination plans. Popular sources of information on vaccine for the respondents were Ministry of Health, TV, health workers and family and friends.

Among those (3,646), who did not receive COVID-19 vaccine, more than half of the respondents (58.4%) said they wanted to get vaccinated when it was available for them. The remaining (41.6%) were either unsure or did not want to get the vaccine due to beliefs that the vaccine will not be safe or that people could experience serious side effects after getting vaccinated.

Respondents asked several questions on COVID-19 vaccine during the assessment, particularly about its safety and side effects. They also mentioned about misperceptions on vaccines in their communities that should be responded with the right information.



Data collection process

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ABBREVIATIONS

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



Data collection process

INTRODUCTION

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

In Turkey, as of 25 May 2021, almost five-and-a-quarter million (5,203,385) cases have been confirmed with more than 46,000 (46,621) deaths reported¹. Survival rates have been encouraging with more than 5 million (5,045,508) people having recovered from the virus. With the development of COVID-19 vaccine, Turkey initiated a vaccination campaign on 14 January 2021. A national vaccination strategy² was released by the Ministry of Health explaining the priority groups to receive the COVID-19 vaccine based on their risk levels. According to the strategy health care workers, social care workers and individuals aged 65 and older got vaccinated in the first stage. Second stage of the strategy has been implemented and as of 27 May 2021, 16,299,899 people received their first doses of COVID-19 vaccine while 12,172,000 of them received the second doses as well. In April 2021, throughout Ramadan, the government of Turkey announced a nationwide partial lockdown from April 29 to May 17 to reduce the COVID-19 infection rate. After the lockdown on 17 May, it was announced that a gradual normalization plan will be implemented. Within the scope of new gradual normalization plan, curfews have been implemented from 10pm to 5am during weekdays, and the weekend curfew from Saturday 10pm to Monday 5pm continues.

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. Until the end of April 2021, TRCS has reached around 254,632 refugee and host community members through Community Centre (CC) RCCE and hygiene promotion activities in relation to COVID-19. Also being conducted by TRCS are health interventions, including symptom screening by phone, referring potential COVID-19 cases to hospitals, and various online psychosocial support (PSS) activities.

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

2 For more details on vaccination in Turkey, please visit: https://covid19asi.saglik.gov.tr/?_Dil=2

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 to and working with communities to support them and address their vulnerabilities leads to better quality programming, TRCS has been using the Red Cross Red Crescent Movement's Community Engagement and Accountability (CEA) approach within its work at the Community Centres to ensure services provided are relevant and effective for the needs of the community.

Why KAP assessment?

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

To understand refugee and local communities' knowledge, attitudes, and practices (KAP), along with their information needs on COVID-19, this KAP assessment was conducted by TRCS, with support from IFRC, under the Community Based Migration Programme (CBMP) from 12 March to 9 April 2021. This is the third round of the KAP assessment and is a follow up on the [first round conducted from 20 July to 12 August 2020](#) and the [second round conducted 10 to 26 November 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. This third round of the assessment also provides an understanding of people's perception and attitude towards a COVID-19 vaccine and their willingness to get vaccinated once a vaccine is available as well as to find out if anyone has already received vaccine under the government's vaccination plan. Hence the results will support TRCS to provide clear and accurate information about vaccination and respond to any misperceptions in the community. The assessment also provides an understanding of the context for refugees and local people in the current outbreak to help ensure RCCE activities communicate with all groups, and do not unintentionally create or exacerbate existing tensions and inequalities.

Goal and Objectives

The goal of this KAP assessment is to understand communities' knowledge, attitudes, and practices, along with their information needs on COVID-19, and inform risk communication, behaviour change and community engagement activities. This third round of the assessment also aims to understand people's perception and attitude towards the COVID-19 vaccine and their willingness to get vaccinated as well as to find out if anyone has already received vaccine under the government's vaccination plan. The assessment will share a comparison of the key results with that of the second KAP data to give an understanding about how the situation has changed or improved over time.

Key objectives are to understand communities':

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

Method

This KAP assessment was conducted using the same methodology as before - via phone interviews and online consultations/ focus group discussions (FGDs) with refugees and local people in 16 TRCS Community Centre locations. Comprising both qualitative and quantitative data, a total of 3,840 individuals had been interviewed over the phone in 16 Community Centre locations, while a further 305 refugees and local people have participated in 32 FGDs. Of the 305 people involved in FGDs, 132 were men, and 173 were women, with 15 people being refugees and 154 from the local host community.

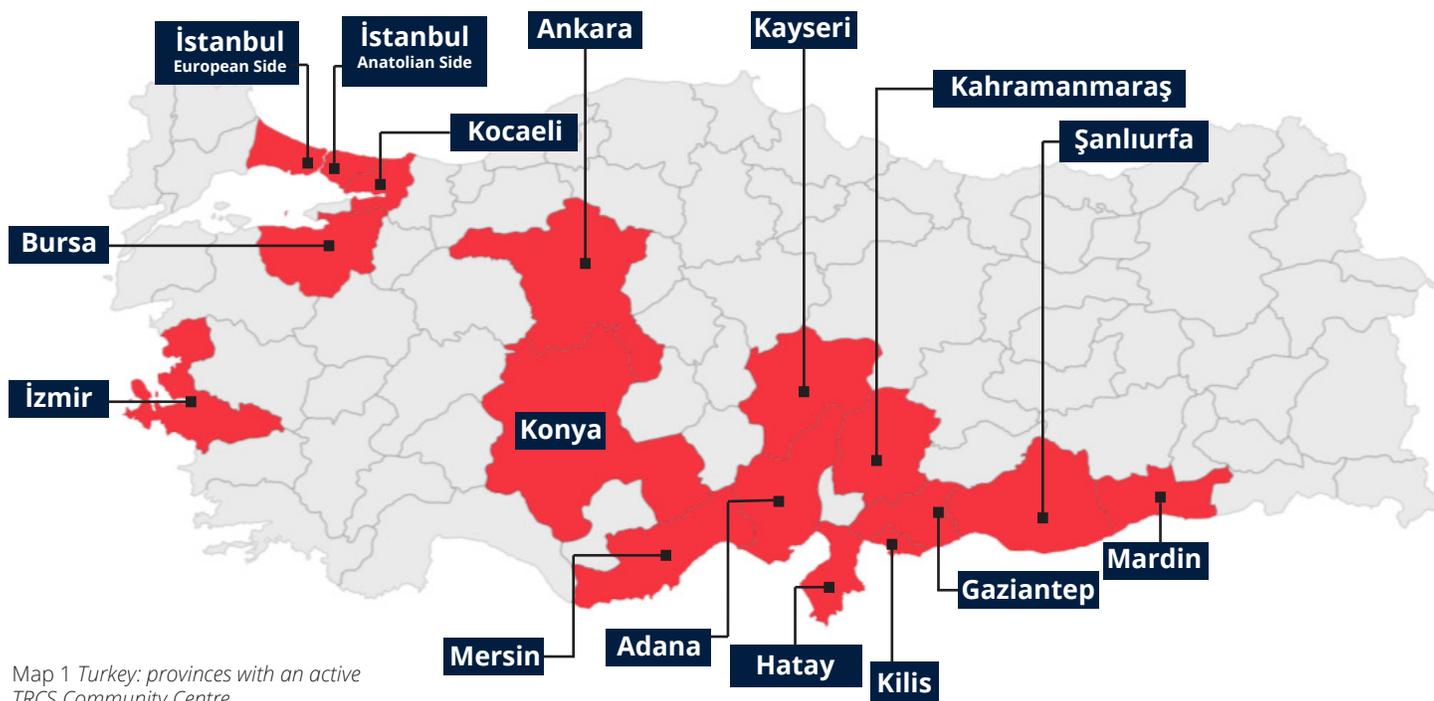
The same survey questionnaire and FGD questions from the first and second round KAP assessments were used for the phone interviews and community consultations, with new COVID-19 vaccine questions added in this round. KoBo Toolbox - a free open-source tool for mobile data collection - has been used to collect data for the survey. An online orientation on the KAP assessment was held on 10 March 2021 for 47 TRCS volunteers and staff from the Community Centres (CCs) to explain the objectives of the assessment, how to use KoBo Toolbox to collect data, and to understand the survey questionnaire and FGD questions.

Phone interviews by TRCS Community Centre volunteers

TRCS volunteers in each of 16 Community Centre locations conducted the KAP survey via phone interviews by calling members of both the refugee and local community. A total of 240 individuals were interviewed in each location totalling 3,840 individuals in 16 locations. Of these, 1,959 were females (51.0%) and 1,879 males (48.9%) while 2,115 (55.1%) respondents were Syrian, 1,662 (43.3%) Turkish, and 63 (1.6%) of other nationalities. Around 50% of the respondents interviewed were involved in TRCS CC activities, with the other half of respondents not accessing any services at the CCs. In the phone survey, random sampling³ and snowball technique sampling⁴ were used.

Online Consultation/Focus Group Discussion (FGDs)

Two separate online consultations/FGDs with refugees and local people, were conducted in each of 16 CC locations. In total 32 FGDs were conducted reaching 305 refugees and local people. The participants of the FGDs also included members of TRCS' existing community forum, the Advisory Committee⁵. The Advisory Committee members have been part of the previous KAP assessments on COVID-19, hence any changes or improvement in their lives will be reflected in the FGDs in the third round. Since the consultations were done online, a maximum of 10 participants attended each FGD sessions. Apart from the Advisory Committee members, other participants attending the FGDs were identified prioritising older people, people with disabilities, and single heads of households including those who were involved in CC activities and others that were not accessing any services at the CC. The reason for conducting separate FGDs for refugees and local people was to ensure that people could discuss openly and avoid influence from either party in responding.



3 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.

4 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.

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

The number and composition of the community members who participated in the FGDs are outlined in the table below. In total, 305 community members participated in the discussion, of which 132 were men, 173 women, and 151 refugees and 154 local community members.

SI NO	Community Center	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	Bursa Community Centre	3	7	3	7	20
4	Hatay Community Centre	5	5	5	5	20
5	İstanbul European Side Community Centre	3	6	5	4	18
6	İstanbul Anatolian Side Community Centre	3	5	4	5	17
7	İzmir Community Centre	5	5	5	5	20
8	Gaziantep Community Centre	4	6	2	8	20
9	Kahramanmaraş Community Centre	5	5	5	5	20
10	Kayseri Community Centre	5	5	5	5	20
11	Kilis Community Centre	3	7	5	5	20
12	Konya Community Centre	3	5	0	7	15
13	Mardin Community Centre	5	5	5	5	20
14	Mersin Community Centre	5	5	5	5	20
15	Şanlıurfa Community Centre	5	5	5	5	20
16	Kocaeli Community Centre	2	7	2	4	15
Total		66	88	66	85	305

Table 1 Number and composition of FGD participants

Limitations and challenges

The main challenge in conducting the assessment was the technical difficulty while organising the online FGDs with participants, many of whom were also members of the Advisory Committees. Some of the members did not have access to internet. While online FGDs were organised considering the COVID-19 situation, it was felt that FGDs conducted face-to-face can be more interactive compared to discussions held through digital platforms. Moreover, like in the previous round, not being able to include more men both to the phone surveys and online FGDs was a challenge for this round of the assessment since they were mostly at work during the FGD sessions.



“We trust doctors, Ministry of Health, and Turkish Red Crescent staff for information about COVID-19.” – said participants from refugee community in Ankara.

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 were females (51.0%) and 1,879 males (48.9%). The age distribution of the respondents was: 36 (0.9%) 14-17-year-olds, 1,609 (41.9%) 18-29, 2,085 (54.3%) 30-59-year-olds and 110 (2.9%) over the age of 60. The FGDs were conducted separately with refugees and host community members. In total, 305 community members participated in the FGDs, of which 132 were men (43.3%), 173 women (56.7%), and 151 refugees (49.5%) and 154 local community members (50.5%). All the below charts represent survey findings, while the narrative parts are also supported with findings from FGDs.

Gender

Female	■	1,959 (51.0%)
Male	■	1,879 (48.9%)
Prefer no to Answer	·	2 (0.1%)

Age

14-17	·	36 (0.9%)
18-29	■	1,609 (41.9%)
30-59	■	2,085 (54.3%)
60+	·	110 (2.9%)

Figure 1 Gender-age structure of respondents

Out of 3,840 survey respondents, 2,115 (55.1%) were Syrian, 1,662 (43.3%) Turkish, and 63 (1.6%) other nationalities including Iraqi, Iranian, Afghan, Palestinian, Egyptian, Turkmen, Lebanese and Algerian. Out of 3,840 interviewed, 2,154 (56.1%) respondents were refugees and 1,662 (43.3%) from the host population. 23 (0.6%) respondents selected the "Other" nationality option meaning they could not be classified as being either refugees or from the host community, and one respondent preferred not to answer.

Nationality

Syrian	■	2,115 (55.1%)
Turkish	■	1,662 (43.3%)
Iraqi	·	28 (0.7%)
Other	·	23 (0.6%)
Afghan	·	7 (0.2%)
Iranian	·	4 (0.1%)
Prefer no to Answer	·	1 (0.1%)

Status in Turkey (nationality grouped)

Refugee	■	2,154 (56.1%)
Host Population	■	1,662 (43.3%)
Other	·	23 (0.6%)
Prefer not to answer	·	1 (0.1%)

Figure 2 Nationality-status of respondents

In regards to language, the host population spoke and understood Turkish – 1,649 (41.8% of the total number of respondents⁶), followed by Arabic -249 (6.3%) and some English - 177 (4.5%). Refugees, on the other hand, spoke Arabic -2,114 (53.6% of the total number of respondents), Turkish – 1,011 (25.6%) and some English - 257 (6.5%). Under the "Other" category: Kurdish, German, French, Russian, French, and Spanish were mentioned.

Language spoken and understood

more than one answer possible

	Host Population	Refugee	Other	Prefer not to answer
Turkish	■ 1,649 (41.8%)	■ 1,011 (25.6%)	·	·
Arabic	■ 249 (6.3%)	■ 2,114 (53.6%)	· 17 (0.4%)	· 1 (0.1%)
English	· 177 (4.5%)	· 257 (6.5%)	· 16 (0.4%)	· 1 (0.1%)
Other	· 101 (2.6%)	· 134 (3.4%)	· 13 (0.3%)	· 0 (0.0%)
Farsi	· 5 (0.1%)	· 12 (0.3%)	· 6 (0.2%)	· 0 (0.0%)
			· 0 (0.0%)	· 0 (0.0%)

Figure 3 Language spoken and understood, by status

⁶ Host population, refugees, other, prefer not to answer.

The highest level of education: in total 990 (25.8%) respondents had completed university, 970 (25.2%) completed high school and 836 (21.7%) had finished secondary education. Out of total number of respondents, 570 (14.8%) respondents host population had completed university while 570 (14.8%) refugee respondents had completed secondary education. Out of total number of respondents, the most common highest level of education for female respondents reported was university (476 respondents, 12.4%), while for male respondents the most common response was high school (519 respondents, 13.5%).

Highest Level of Education

	Female	Male	Prefer not to answer	
University	476 (12.4%)	514 (13.4%)	0 (0.0%)	0 (0.0%)
High School	451 (11.7%)	519 (13.5%)	0 (0.0%)	0 (0.0%)
Secondary	447 (11.6%)	389 (10.1%)	0 (0.0%)	0 (0.0%)
Primary	449 (11.7%)	340 (8.9%)	0 (0.0%)	0 (0.0%)
Vocational Training	40 (1.0%)	55 (1.4%)	0 (0.0%)	0 (0.0%)
No formal education	59 (1.5%)	23 (0.6%)	1 (0.1%)	1 (0.1%)
Master/PHD	25 (0.7%)	36 (0.9%)	1 (0.1%)	1 (0.1%)
Other	12 (0.3%)	3 (0.1%)	0 (0.0%)	0 (0.0%)

	Host Population	Refugee	Other	Prefer not to answer
University	570 (14.8%)	409 (10.7%)	11 (0.3%)	0 (0.0%)
High School	419 (10.9%)	543 (14.1%)	7 (0.2%)	1 (0.1%)
Secondary	264 (6.9%)	570 (14.8%)	2 (0.1%)	0 (0.0%)
Primary	293 (7.6%)	496 (12.9%)	0 (0.0%)	0 (0.0%)
Vocational Training	54 (1.4%)	39 (1.0%)	2 (0.1%)	0 (0.0%)
No formal education	19 (0.5%)	64 (1.7%)	0 (0.0%)	0 (0.0%)
Master/PHD	39 (1.0%)	22 (0.6%)	1 (0.1%)	0 (0.0%)
Other	4 (0.1%)	11 (0.3%)	0 (0.0%)	0 (0.0%)

Figure 4 Highest level of education, by gender and status

“Turkish Red Crescent has always been on the field with their staff and volunteers during the pandemic. They never left us alone and we are really proud of them.” – a local FGD participant from Adana.



TRCS staff distributing hygiene kits to promote positive behaviour



TRCS staff distributing food for elderly people during restrictions

KNOWLEDGE

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



Survey findings show about that 93.9% of the respondents are aware about COVID-19. This number is slightly less to that of the second KAP assessment (96.1% respondents), but still indicates communities' high exposure to information about COVID-19, with these 93.9% of respondents reporting that COVID-19 is a virus that can cause disease. However, among the remaining 6.1% of respondents, majority did not know anything about it (3.9%), while others thought COVID-19 was used as a TV/radio campaign (1.7%) or gave another response (0.5%).

What do you know about the new Coronavirus?

It's a virus that can cause a disease	■	3,607 (93.9%)
It's a TV/radio campaign	■	150 (3.9%)
I don't know anything	■	65 (1.7%)
Other	■	18 (0.5%)

Figure 5 Awareness about COVID-19

Under "Other" the following responses were recorded: "I do not know/ I am not sure"; high rate of transmission; the risk of death is lower compared to other viruses; bioweapons released by foreign countries; "I think it's like a flu"; it is an artificial virus; "I know as much as we hear from TRCS"; "I know as much as we hear from the media"; it is a deadly and dangerous virus and no cure has been found yet; it is not that bad.

Respondents have received various information about COVID-19 including its symptoms (83.2%), how it is transmitted (82.5%), how to prevent the disease (57.7%), and what to do if symptoms showed (50.5%). People also reported being informed about how to wear masks (45.3%) or wash hands (43.9%), and risks involved for people with chronic disease or pregnant women (38.8%). These responses were found to be higher in this round compared to the previous KAP assessment.

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

more than one answer possible

Symptoms of the new coronavirus disease	■	3,194 (83.2%)
How it is transmitted	■	3,167 (82.5%)
How to protect yourself from the disease	■	2,217 (57.7%)
What to do if you have the symptoms	■	1,940 (50.5%)
How to use masks	■	1,738 (45.3%)
How to wash hands	■	1,685 (43.9%)
Risks and complications for people with chronic disease or pregnant woman	■	1,490 (38.8%)
Who to ask questions about coronavirus	■	996 (25.9%)
How to use bleach/disinfectant at home to prevent risks of infection	■	848 (22.1%)
Which hospitals to go to if symptoms appear	■	837 (21.8%)
Other	■	29 (0.8%)

Figure 6 Types of COVID-19 information received

While there were no major differences in the answers provided by women/men, these responses were slightly higher among refugee respondents than host community members. Under "Other" the following responses were recorded: it is transmitted very quickly; it is temporary like flu; "I don't need any information"; that we shouldn't be in the crowd; "we have acquired all the information". Fifteen "I do not know" responses were received.

When asked how COVID-19 spreads, most respondents mentioned correctly that it can spread through droplets from infected persons when coughing and sneezing (86.8%) or touching contaminated objects or surfaces (71.1%), direct contact with infected people (68.5%), or touching nose, eyes and mouth with dirty hands (54.9%). These responses were higher in this round except for 'direct contact with infected people', which was slightly higher in the second KAP assessment (69.1%). The remaining, , mentioned blood transfusion (5.1%), close contact with animals (2.2%) and contact with pets (2.1%) as sources of infection.

How does the Coronavirus spread?

more than one answer possible

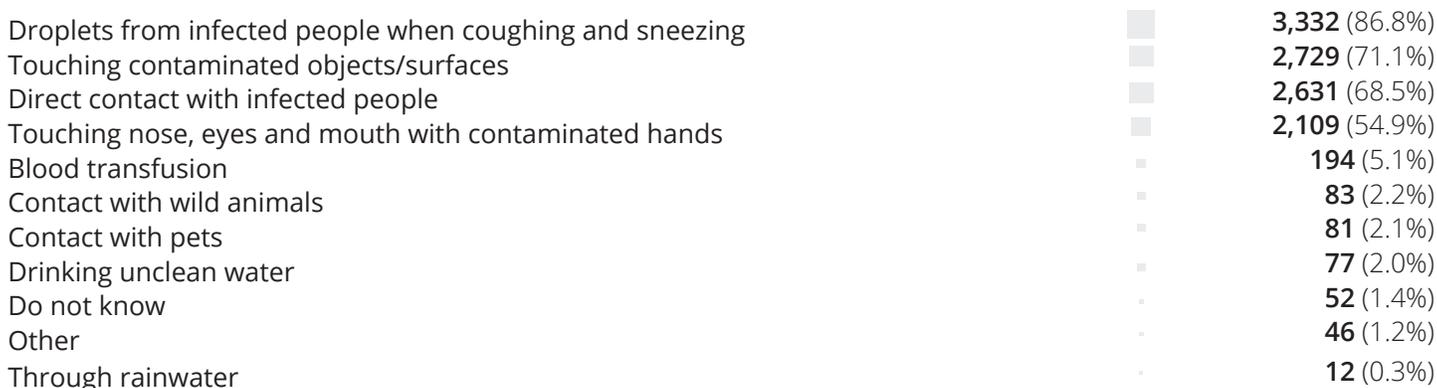


Figure 7 Understanding of how COVID-19 spreads

Other answers not covered in the list: problems in the immune system; "I don't believe it spreads by contact, but I don't know how it spreads"; carelessness; by travelling; air; social distance; crowded area; lack of cleaning; public transportation. Fifteen respondents said COVID-19 could spread by not wearing a mask.

A majority of respondents mentioned that the main symptoms of COVID-19 were fever (89.5%), cough (80.8%) and shortness of breath (69.8%). These responses were lower than the previous KAP assessment (3,546/92.3%, 3,260/84.9% and 2,829/73.7% respectively). Other symptoms mentioned were loss of taste or smell (57.9%), headaches (53.9%), muscle pain (50.4%), and diarrhoea (32.2%).

What are the main symptoms of the Coronavirus infection?

more than one answer possible

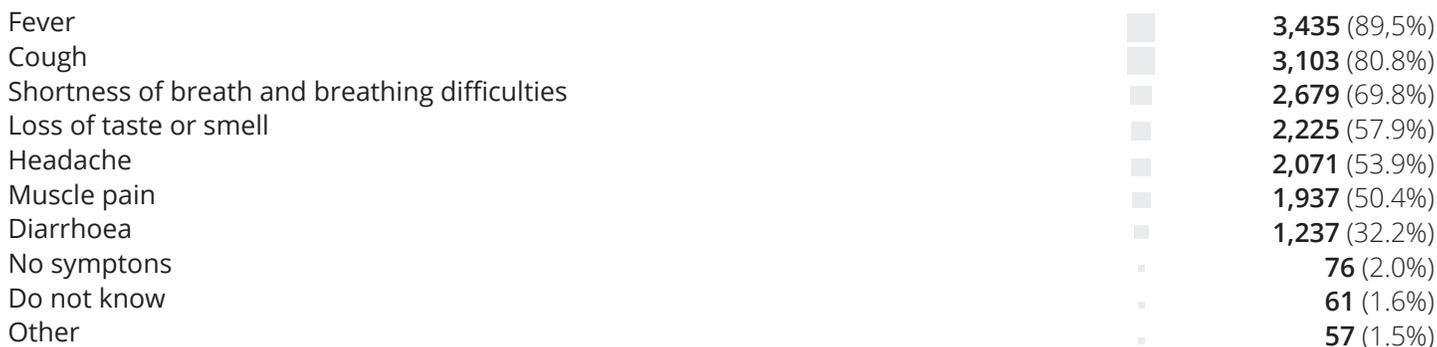


Figure 8 Understanding COVID-19 symptoms

Other mentioned symptoms: throat pain; dizziness; same as flu symptoms; unexpected symptoms; chest pain; weakness; anorexia; depends on the person; nausea; symptoms of the new virus are not known; person falls sick immediately.

These survey findings complement the FGDs which found that the majority of the participants were well aware about COVID-19, the symptoms of infection, how it spreads, people who were at risk, and how to prevent the chances of getting infected. They explained that the common symptoms of infection were fever, cough, lacking sense of smell and taste, and breathing difficulties. Few also mentioned about headaches and muscle pain. However, they added that the nature of these symptoms could vary from person to person. The virus could spread through droplets during coughing and sneezing, and through physical contact with an infected person. In Izmir and Mardin, participants said that although they received information about COVID-19, the health impacts of the new mutated variants were not well known.

Regarding the measures to prevent COVID-19 infection, a majority of the respondents correctly identified washing hands with soap (88.1%), wearing masks when going out (83.0%), maintaining physical distance (77.8%), and using hand sanitizer (63.2%), while maintaining good coughing etiquette (47.3%) was also widely recognised. There were no major differences in these findings with those of the second KAP assessment. Others mentioned avoiding touching nose and eyes (36.4%), wearing masks when taking care of an infected person (33.4%) and using disinfectants to clean surfaces (22.8%).

Do you know how to prevent catching the Coronavirus?

more than one answer possible

Wash your hands frequently using soap and water	■	3,382 (88.1%)
Wear masks when you go out	■	3,188 (83.0%)
Maintain physical distance (1 meter) whenever outside	■	2,986 (77.8%)
Use a hand sanitizer that contains at least 60% alcohol	■	2,428 (63.2%)
Cover your mouth and nose when coughing or sneezing	■	1,815 (47.3%)
Avoid touching mouth, nose, and eyes with contaminated hands	■	1,399 (36.4%)
Wear masks if you are sick or taking care of an infected person	■	1,284 (33.4%)
Use disinfectants to clean surfaces	■	877 (22.8%)
Do not know	■	35 (0.9%)
Other	■	23 (0.6%)

Figure 9 Understanding how to prevent COVID-19

Other recorded prevention methods: strengthen the immune system; eating healthy; using double mask; "I do not take my children outside"; more safety precautions; go to hospital; to stop people visiting; the same measures as the flu; "I do not need anything"; cleaning coins with cologne ; drinking hot beverage; doing sports; "I follow the prevention measure because there is a penalty"; minimum use of public transportation; isolation.

Survey findings complement FGD reports where participants reported being well aware of the preventive measures to reduce the risk of infection. Participants said they shared the information they received about COVID-19 and necessary precautions with their family members including their children, friends, relatives, neighbours, as well as other employees at work via WhatsApp groups or social media. Many stressed that they would share information with others only if it came through reliable sources while few others said they did not share information as often as previous times because they felt the information on COVID-19 was more easily accessible for everyone now.

The most popular sources of information about COVID-19 reported by respondents were TV (66.9%), followed by Ministry of Health (36.2%), family/neighbours (30.4%) and friends (28.3%). These responses were higher for this round than the previous KAP assessment. The proportion of people who reported receiving information from Facebook, however, has decreased to 26.2% compared to the previous assessment (30.2%). Other sources mentioned included website, government officials and social media channels - including those of TRCS and its website - and TRCS staff and volunteers. There were no major differences in the responses for TV and Ministry of Health among refugees and host community respondents and both the groups accessed information from these sources. However, family/neighbours (20.0%), friends (17.4%), health workers (13.6%), Facebook (20.8%) and website (17.1%) were reported as channels used more by refugees compared to respondents from the host population.



“TRCS has reached almost every home that do not have internet connection and provided necessary information on COVID-19. We can say that for Kilis at least.” – said a local FGD participant in Kilis.

Where do you get information about the new Coronavirus from?

more than one answer possible

	Host Population	Refugee	Other	Prefer not to answer
TV	■ 1,275 (33.2%)	■ 1,280 (33.3%)	■ 14 (0.4%)	■ 0 (0.0%)
Ministry of Health	■ 697 (18.2%)	■ 685 (17.8%)	■ 7 (0.2%)	■ 1 (0.1%)
Family/neighbours	■ 393 (10.2%)	■ 769 (20.0%)	■ 7 (0.2%)	■ 0 (0.0%)
Friends	■ 408 (10.6%)	■ 668 (17.4%)	■ 9 (0.2%)	■ 0 (0.0%)
Health workers	■ 489 (12.7%)	■ 522 (13.6%)	■ 5 (0.1%)	■ 0 (0.0%)
Facebook	■ 196 (5.1%)	■ 800 (20.8%)	■ 11 (0.3%)	■ 0 (0.0%)
Website	■ 253 (6.6%)	■ 658 (17.1%)	■ 9 (0.2%)	■ 1 (0.1%)
Government Officials	■ 379 (9.9%)	■ 371 (9.7%)	■ 3 (0.1%)	■ 0 (0.0%)
WhatsApp	■ 116 (3.0%)	■ 438 (11.4%)	■ 4 (0.1%)	■ 0 (0.0%)
TRCS social media and website	■ 135 (3.5%)	■ 382 (9.9%)	■ 0 (0.0%)	■ 0 (0.0%)
Instagram	■ 223 (5.8%)	■ 225 (5.9%)	■ 6 (0.2%)	■ 0 (0.0%)
TRCS staff/volunteers	■ 101 (2.6%)	■ 348 (9.1%)	■ 2 (0.1%)	■ 0 (0.0%)
Twitter	■ 182 (4.7%)	■ 148 (3.9%)	■ 2 (0.1%)	■ 0 (0.0%)
Bochures/leaflets	■ 109 (2.8%)	■ 179 (4.7%)	■ 3 (0.1%)	■ 0 (0.0%)
Community leaders	■ 45 (1.2%)	■ 60 (1.6%)	■ 0 (0.0%)	■ 0 (0.0%)
Radio	■ 28 (0.7%)	■ 32 (0.8%)	■ 0 (0.0%)	■ 0 (0.0%)
Other	■ 13 (0.3%)	■ 17 (0.4%)	■ 1 (0.1%)	■ 0 (0.0%)
Religious leaders	■ 2 (0.1%)	■ 16 (0.4%)	■ 0 (0.0%)	■ 0 (0.0%)

Figure 10 Sources of COVID-19 information, by status

Under "Other" the following responses were recorded: NGO, WHO, News, HES⁷, communication/call operators; workplace; articles; official page of the Ministry of Health; YouTube.

Similar to the survey respondents, FGD participants informed receiving information about COVID-19 from various sources including social media (Facebook, WhatsApp, Instagram, Twitter, YouTube), TV, particularly the news channels, Ministry of Health, websites, public institutions, TRCS and other organisations. Respondents said information from TRCS was received through its social media channels, and the Community Centres, TRCS health centres, brochures, phone calls, online sessions or trainings, and health promoters. They also mentioned about other sources such as friends and family, government officials, hospitals, and health workers.

While refugee FGD participants added that WHO and NGOs, mosques, local municipality, and public education centres were other sources of information, respondents from local host community reported also receiving information about COVID-19 from family health centres, doctors, and e-government websites. In Izmir, some participants said that they also learned from the experiences of people who had recovered from the disease.

Refugee participants in Kocaeli appreciated TRCS' efforts in disseminating information about COVID-19 door to door in addition to other communication channels. In Izmir, participants from the local host community also agreed that TRCS' information dissemination activities have been beneficial and impactful to different people in their communities, especially those with limited access to information.

In Hatay, Kilis, Kocaeli and Adana, FGD participants reported that while the use of Facebook or social media was higher among refugees, TV was more accessible to host community members as TV shows were mostly in Turkish and there was no language barrier for them. Refugee participants in Adana said WhatsApp was quite popular among young people. It was also recognised that TV was more accessible to older people than digital platforms.

⁷ Hayat Eve Siğar (HES) code application has been put into place by the Turkish Ministry of Health to fight against the COVID-19 pandemic. Both Turkish residents and foreign nationals need a HES code to share their COVID-19 risk status with institutions and individuals for activities like transportation by bus within the cities, during intercity travel by planes and while entering shopping malls, etc.

95.9% of the survey respondents said they did not encounter any challenges in receiving information about COVID-19. This finding is slightly lower compared to the previous assessment (97.1%). Among those who said they had faced difficulties (4.1%, 158 respondents), not knowing the trusted sources of information (61.3%) was one of major challenges for both refugee and host communities while not having access to internet (15.2%), and social media channels having limited information on COVID-19 in the language of the respondents (12.0%) were greatly reported by the refugee respondents. For both men and female respondents, not knowing the reliable sources of information was the main challenge to get information.

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

No	3,682 (95.9%)
Yes	158 (4.1%)

Figure 11 Barriers to receive information

If yes, what are the barriers?

more than one answer possible, 158 respondents

	Host Population		Refugee	
I do not know which is the trusted source of information	47 (29.7%)		50 (31.6%)	
I do not have access to internet	6 (3.8%)		24 (15.2%)	
The social media channels I follow have limited information in my language	7 (4.4%)		19 (12.0%)	
I do not use social media	8 (5.1%)		18 (11.4%)	
Other	11 (7.0%)		6 (3.8%)	
I live far away from the Community Center	2 (1.3%)		12 (7.6%)	
I do not have phone	3 (1.9%)		7 (4.4%)	

	Female		Male		Prefer not to answer
I do not know which is the trusted source of information	45 (28.5%)		52 (32.9%)		0 (0.0%)
I do not have access to internet	16 (10.1%)		14 (8.9%)		0 (0.0%)
The social media channels I follow have limited information in my language	13 (8.2%)		13 (8.2%)		0 (0.0%)
I do not use social media	16 (10.1%)		10 (6.3%)		0 (0.0%)
Other	12 (7.6%)		4 (2.5%)		1 (0.6%)
I live far away from the Community Center	10 (6.3%)		4 (2.5%)		0 (0.0%)
I do not have phone	8 (5.1%)		2 (1.3%)		0 (0.0%)

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

Responses under "Other" included: "I don't want to get information because everything is from God"; "I do not think the information is being conveyed correctly"; language; "I do not think I am correctly informed about coronavirus"; there is no TV; "I do not trust the media"; "I think it gives incomplete information"; "my TV is broken, and I can't receive news on my phone because it is not a smart phone"; too much information can mislead people; "I have a hard time finding the right source"; "we have no access to information apart from the TV"; epidemiology research is insufficient because the disease is new.

As in the previous assessment, refugee participants in FGDs identified language as one of the key barriers in accessing information. Other challenges reported included lacking access to internet and not having a smartphone to get information from social media and website. Participants in İstanbul European Side and Mersin said that there was conflicting information about COVID-19 in different channels and faced challenges in confirming the correct information. Many were unsure if they were accessing the right information from TV or the internet mainly due to language barriers. In Hatay and Kayseri, participants suggested that there is need for more information materials in Arabic to enable refugees to read and understand the key information.

FGD participants from local community in Adana and Bursa also said that while there were a lot of information about COVID-19 on various channels, these could be contradictory, and it was difficult to decide what to believe. Hence it was the "infodemic" that was a greater challenge at the moment rather than accessing information, participants said.



“I think information pollution is a greater challenge today rather than access to information on COVID-19.” – said a local FGD participant in Bursa

Respondents’ most trusted sources of information were TV (45.3%), Ministry of Health (37.8%), doctors (32.0%) and health workers (28.3%). Other channels mentioned included government officials (19.2%), family/neighbours (18.9%), friends (16.7%), websites (14.5%) and TRCS (23.6%). While there were no major differences, responses for TV were slightly higher among refugees (24.2%) and Ministry of Health higher among host population (18.7%) respondents. In addition, doctors (18.5%), health workers (14.4%), family/neighbours (12.3%), friends (11.0%), Facebook (11.8%) were reported as more reliable sources by refugees compared to respondents from the host population.

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

more than one answer possible

	Overall	Refugee	Host Population
TV	1,738 (45.3%)	931 (24.2%)	797 (20.8%)
Ministry of Health	1,451 (37.8%)	704 (18.3%)	739 (19.2%)
Doctors	1,229 (32.0%)	709 (18.5%)	508 (13.2%)
Health workers	1,088 (28.3%)	554 (14.4%)	526 (13.7%)
Government officials	737 (19.2%)	361 (9.4%)	374 (9.7%)
Family/neighbours	725 (18.9%)	472 (12.3%)	245 (6.4%)
Friends	641 (16.7%)	424 (11.0%)	212 (5.5%)
Website	558 (14.5%)	426 (11.1%)	128 (3.3%)
Facebook	547 (14.2%)	455 (11.8%)	89 (2.3%)
TRCS social media and website	494 (12.9%)	372 (9.7%)	121 (3.2%)
TRCS outreach staff/volunteers	409 (10.7%)	316 (8.2%)	91 (2.4%)
Whatsapp	337 (8.8%)	278 (7.2%)	58 (1.5%)
Brochures/leaflets	202 (5.3%)	121 (3.2%)	80 (2.1%)
Twitter	186 (4.8%)	108 (2.8%)	78 (2.0%)
Instagram	176 (4.6%)	103 (2.7%)	69 (1.8%)
Communiy leaders	120 (3.1%)	72 (1.9%)	48 (1.3%)
I do not trust any sources	97 (2.5%)	30 (0.8%)	67 (1.7%)
Radio	47 (1.2%)	36 (0.9%)	11 (0.3%)
Other	33 (0.9%)	24 (0.6%)	9 (0.2%)
Religious leaders	30 (0.8%)	23 (0.6%)	7 (0.2%)

Figure 13 *Trusted sources of information*

Responses under “Other” included: people who have had coronavirus; independent resources; members of the Coronavirus Scientific Advisory Board⁸ in Turkey; “I do not know”; NGO; WHO; “I am not sure”; “I do not know which one is trustworthy”; “I do not believe social media”; “I do not trust any source”; article; YouTube.

Similar to the survey findings, FGD participants reported that their trusted sources of information were family, friends, doctors or healthcare professionals, Ministry of Health and public institutions, TRCS and its Community Centres, scientists and members of the Coronavirus Scientific Advisory Board in Turkey, World Health Organization (WHO) and NGOs. As in the previous KAP assessment, participants from several locations, Ankara, Bursa, Kahramanmaraş, Mersin, Kilis, Konya and Mardin mentioned about key influencers, such as religious leaders or community leaders, as one of the trusted channels to receive information and should be involved to encourage communities to practise positive behaviour.

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

Religious Affairs Administration and Muhtars⁹ were also mentioned as the trusted sources of information by respondents in Kayseri. In other locations such as in Kilis, Ankara and Gaziantep it was reported that people followed the statements of the Health Minister, Fahrettin Koca, to get information about COVID-19. Few participants in Hatay and Kocaeli mentioned that they preferred to receive information and learn from the experiences of those who had recovered from the disease.



“We follow the official pages of the Ministry of Health and we believe it is a trusted channel to get information on COVID-19. But we also feel that the healthcare professionals are the main influential people in the community.”— said FGD participants in Mardin



TRCS during food distribution and information dissemination

⁹ Muhtar - Muhtar is the elected government representative who carries out management and executive roles in the city neighbourhoods and villages in Turkey.



“Religious leaders have always been influential in the community.”

– said an FGD participant from local host community in Bursa

FGD respondents said that communities also preferred to receive information through state owned TV news channels (such as TRT News). Other sources they mentioned were SMS, newspapers, official social media platforms including those of TRCS and TRCS staff or volunteers as well as its health centres and health workers. Schoolteachers played an important role in helping children to understand the risks of COVID-19 and prevention measures and were also one of the reliable sources of information, respondents said.

A majority of respondents identified older people (83.8%) and people with chronic diseases (74.6%) as being at the highest risk of COVID-19 infection. Also mentioned were health workers (29.2%), pregnant women (19.0%) and children under 5 years old (12.3%).

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

more than one answer possible

Elderly persons	3,219 (83.8%)
People with chronic disease	2,863 (74.6%)
Health workers	1,122 (29.2%)
Pregnant women	731 (19.0%)
Children under 5 years old	471 (12.3%)
Adult (18+)	347 (9.0%)
Youth	281 (7.3%)
Adolescents up to 15 years old	276 (7.2%)
Other	85 (2.2%)

Figure 14 People with COVID-19 risk

Other vulnerable groups mentioned in the survey were: people with low immunity; workers; people who are deficient in vitamin-D; those going outside and are not careful; people who has flu; everybody; people not following the rules; people travelling without mask; middle age group; smokers; person in contact with the COVID-19 positive patients and people using public transport. Fourteen “I do not know” responses were also received.

As in the previous assessment, participants in the FGDs in this round also recognized that everyone could be at risk of infection. However, older people (above 60 years of age), those with chronic disease and weak immune system were at higher risks of becoming infected. They also felt doctors and health workers, pregnant women, children, and people who were going out to work or in crowded places, those using public transport and people not following the preventive measures such as, not wearing masks, not maintaining personal hygiene, or paying attention to physical distancing, could be at risk of COVID-19 infection. In Gaziantep, participants said young people may not always show symptoms but can become the carriers of the disease.



“We trust doctors, Ministry of Health, and Turkish Red Crescent staff for information about COVID-19.” – said participants from refugee community in Ankara.

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

As in the previous KAP assessment, FGD participants reported that there were various rumours within the community both among refugees and local communities about COVID-19. These rumours spread mostly via word of mouth and social media, especially through Facebook, WhatsApp, and Twitter. Misperceptions and rumours can create social tension in a community or lead to practising harmful behaviour and therefore should be responded by providing communities with the right information. Participants said they checked different official websites including those of Ministry of Health, WHO, TRCS and NGOs to verify the rumours. Others preferred to contact TRCS Community Centre and its health centres or check with the doctors and health workers to get the factual information or watch television shows on COVID-19. A few participants among refugee communities in Mardin said that they asked their community leaders for correct information against the rumours that they heard.

Participants stressed that video, and visual information materials in different languages should be shared with communities to provide them with the right information. They suggested that these materials could be published on official social media accounts and websites including those of TRCS and Ministry of Health, WhatsApp groups, as well as being shared by TV channels. Others mentioned they would like to receive factual information via phone, leaflets, SMS, and through video interviews of experts like doctors or statements from recognised institutions such as Coronavirus Scientific Advisory Board in Turkey or representatives of public health centres. Citing the sources to the verified information in written or visual materials were important to encourage communities to trust that information and practise positive behaviour, they added.

Participants suggested to also use billboards in the streets around the city to post factual information in response to various rumours. In Bursa, Kayseri and Ankara, participants recommended TRCS to organise online sessions or call lines to address these misperceptions. SMS and face to face interactions were also suggested by participants in certain locations and enable people to receive the right information.

Examples of the different types of rumours and the locations from where they were heard are listed below. Compared to the previous assessment, more rumours around COVID-19 vaccine were reported in this round relating to its safety, reliability, and health risks. Other rumours were about denial of COVID-19, actions to prevent COVID-19 and how it could spread, most of which were similar to the previous round.

SI NO	Rumours	Location
1	There is no coronavirus. This is a lie.	Ankara, Kocaeli
2	Coronavirus is not real.	Bursa, Hatay
3	There is no coronavirus, it is just a flu.	Kilis
4	Those who received the vaccine will fall sick more often.	Gaziantep
5	Vaccines do not protect you from the virus.	Kilis, Konya
6	Vaccines increase the risks of heart attack.	Kilis
7	We can be microchipped if we get vaccines.	Kilis
8	The COVID-19 vaccine is not reliable.	Konya
9	Vaccines are developed for commercial purpose or money-making.	Kilis
10	Drugs given to those who are hospitalized, can result in strokes and heart attacks.	Kilis
11	Even if you get the disease, do not go to the hospital. There is no treatment there.	Kilis
12	Garlic works to prevent coronavirus.	Kilis
13	Coronavirus was developed by certain countries.	Ankara
14	The virus transmits by air.	Ankara
15	Thyme juice, vinegar and herbal tea prevent virus transmission.	Izmir, Kahramanmaraş

16	If you consume Okra flower with milk, you will not get the virus.	Mardin
17	Pickles and alcohol can prevent coronavirus.	Kayseri
18	Drinking something hot constantly protects you from coronavirus.	Kayseri
19	Wearing a mask alone is sufficient to protect you from the virus.	Kayseri
20	It is not good to vaccinate.	Gaziantep
21	If you boil apple, salt and vinegar and breathe in the steam, it can prevent the virus to reach your lungs.	Mardin
22	Vinegar water and salt water can protect you from coronavirus.	Adana
23	Coronavirus kills brain cells.	Adana
24	Those who received the COVID-19 vaccine or those who are infected with coronavirus cannot get pregnant.	Bursa
25	Sumac water is said to be very useful to treat coronavirus. This is also why there is an increase in sumac prices.	Adana
26	Drinking certain drinks is good to treat coronavirus.	Gaziantep
27	Natural food such as garlic and ginger and spicy products are protective against the virus.	Kayseri
28	Virus is going to reduce the population of human race.	Kilis, Hatay
29	This virus was developed to kill older people.	Gaziantep, Hatay
30	Drug used to treat COVID-19 can cause different diseases.	Ankara
31	Some people died after being vaccinated or they died after being treated at the hospital.	Izmir
32	The number of people who died from coronavirus is not shared correctly.	Gaziantep
33	The virus can cause certain damage in the human body, even if the infected person recovers from the disease.	Gaziantep
34	Coronavirus has lost its potency.	Kilis
35	Mutated virus does not kill.	Kilis
36	Coronavirus does not spread among children.	Izmir, Ankara
37	It was broadcasted in Arab television channels that this disease causes infertility.	İstanbul European Side
38	It is important to eat plenty of herbal food like ginger and others to protect oneself against the virus.	Ankara
39	Coronavirus is produced in the laboratory and spread deliberately.	Ankara, İstanbul European Side, Kayseri
40	The virus is actually a chemical product.	Bursa
41	The virus was brought to this country by people from certain nationalities.	Kahramanmaraş
42	Syrians do not get infected with this virus.	Bursa
43	COVID-19 is a pre-planned disease. It was spread on purpose.	Adana, Hatay
44	Coronavirus will end in 2022.	Ankara
45	Coronavirus first appeared in Saudi Arabia and then spread to other countries.	Ankara
46	Coronavirus is a conspiracy and is developed by companies.	İstanbul European Side

Table 2 Rumours and places from where they were heard

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

- There is no such thing as coronavirus. It is a project to change the world order or produced on purpose by big companies.
- The coronavirus is a project to kill old people.
- Vinegar, tea of olive leaves, sumac water, onion, garlic, lemon, and pickle juice can protect you from getting infected.
- Black cumin can help you recover from the disease.
- The COVID-19 vaccine is not effective or safe.
- The COVID-19 vaccine has side effects.
- The virus can be contracted from animals, foods and through physical contact.
- Coronavirus is not a fatal disease.
- The drugs given for treatment shouldn't be used.
- The number of the COVID-19 cases reported are incorrect.
- The side effects of the coronavirus can be permanent.
- The coronavirus does not infect the children.



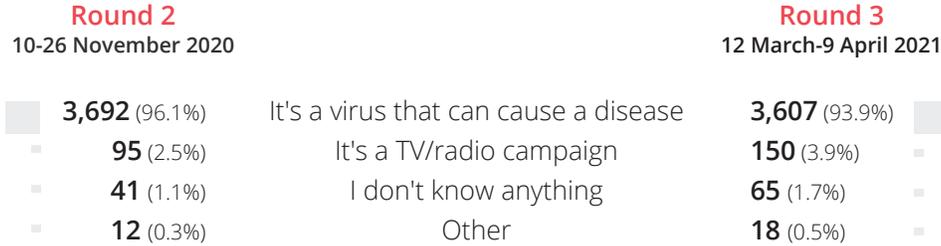
A man who received masks distributed by TRCS



COVID-19 Knowledge

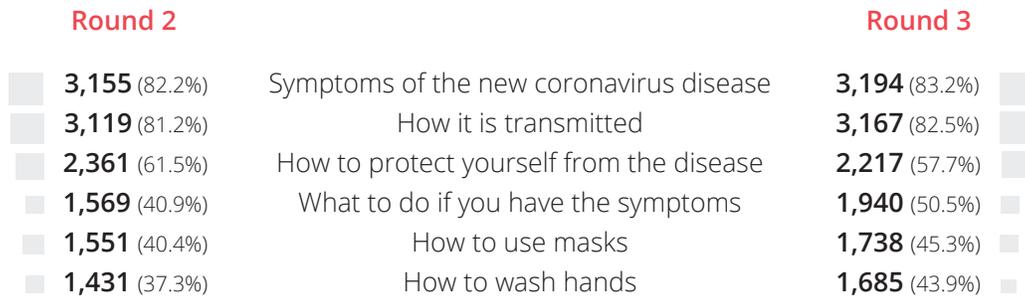
Comparative statistics for key survey findings - Round 2 and 3

Survey respondents' awareness about COVID-19



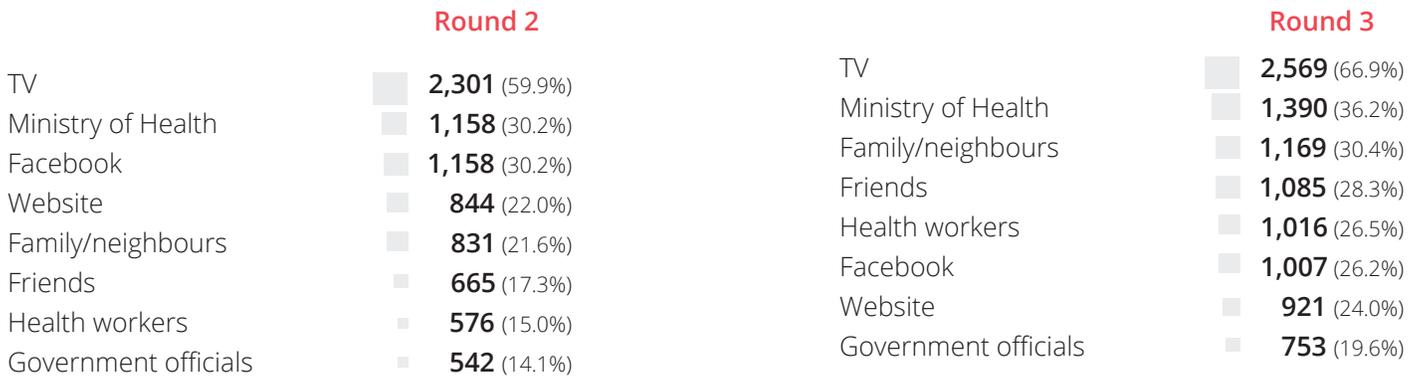
Types of information received about COVID-19

Top 6 responses; more than one answer possible



Most commonly reported means to receive information about COVID-19

Top 8 responses; more than one answer possible



Most trusted sources to receive information about COVID-19

Top 5 responses; more than one answer possible

- Host population
- Refugee

	Round 2	Round 3
Ministry of Health	■ 870 (22.7%) ■ 781 (20.3%)	■ 931 (24.2%) ■ 797 (20.8%)
TV	■ 720 (18.8%) ■ 752 (19.6%)	■ 704 (18.3%) ■ 739 (19.2%)
Doctors	■ 227 (5.9%) ■ 495 (12.9%)	■ 709 (18.5%) ■ 508 (13.2%)
Health workers	■ 393 (10.2%) ■ 318 (8.3%)	■ 554 (14.4%) ■ 526 (13.7%)
Facebook	■ 116 (3.0%) ■ 505 (13.2%)	■ 361 (9.4%) ■ 374 (9.7%)

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

Round 2

112

(2.9%)

of respondents facing barriers
to receive information

Round 3

158

(4.1%)

Types of barriers to receive information

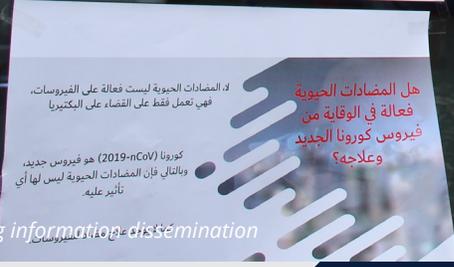
Top 4 responses; more than one answer possible

Round 2

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

Round 3

I do not know which is the trusted source of information	97 (61.4%)	■
I do not have access to internet	30 (19.0%)	■
The social media channels I follow have limited information in my language	26 (16.5%)	■
I do not use social media	26 (16.5%)	■



TRCS during information dissemination

ATTITUDES

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



The majority of survey respondents view COVID-19 as “very dangerous” (65.7%), while few think COVID-19 is “more or less” dangerous (29.3%), or not dangerous at all (4.0%). Findings in the previous KAP assessment showed a much higher result with greater number of people regarding COVID-19 as “very dangerous” (81.4%) and a smaller number of people (15.6%) considering the disease to be “more or less” dangerous.

How dangerous do you think the new Coronavirus is?



Figure 15 Attitudes towards COVID-19

The following responses were reported under the "Other" category: “It can be dangerous in some ways”; little less than too dangerous; there used to be more deaths; “I think it is like the flu”; it may vary from person to person; everyone shows different symptoms; it poses a lot of danger to people with chronic illnesses and little to those who are protected; medium. Eight “I do not know” responses were received.

Similar to the survey results, a majority of the FGD participants perceived COVID-19 as deadly and highly contagious. The virus first transmitted from China and then spread across other countries they said.

When asked if a person who is infected or has recovered from COVID-19 would face discrimination, out of the total number of respondents, 9.6% host population answered “Yes” compared to 6.5% refugee respondents. This suggests that stigmatisation of COVID-19 is higher among the host population than among refugee communities. Stigmatisation was also reported higher among the host population in the previous assessment (14.9%) compared to refugees (5.3%), however, overall, there has been a further decrease in those saying people would be discriminated against during the third round.

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

	Host Population	Refugee	Other	Prefer not to answer
No	962 (25.1%)	1,640 (42.4%)	14 (0.4%)	1 (0.1%)
Yes	367 (9.6%)	251 (6.5%)	3 (0.1%)	0 (0.0%)
Do not know	189 (4.9%)	123 (3.2%)	3 (0.1%)	0 (0.0%)
To some extent	144 (3.8%)	140 (3.6%)	3 (0.1%)	0 (0.0%)

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

According to those who said discrimination would occur (908 respondents), people who had, or previously had had, COVID-19 (52.8%) were felt to be the most discriminated against, followed by people suspected of having COVID-19 (46.9%). Again, these responses were higher among the host population (29.0% and 29.6% respectively) compared to refugees (23.6% and 17.1% respectively). The findings were higher in the second round of surveys with responses for these two options higher among the host population (41.5% and 39.0%) and lower among refugees (15.3% and 11.7% respectively) the second time around. Older people, refugees, local people, Syrians, and health workers were also recognised as being stigmatised.

“The virus contaminates everyone regardless of their religion, language, nationality and gender. However, older people are at higher risk therefore they should be prioritized for any COVID-19 related activity.” – A local FGD participant from Kilis

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

more than one answer possible; 908 respondents

	Host Population	Refugee	Other
Anyone who is or have been infected with COVID-19	263 (29,0%)	214 (23,6%)	2 (0,2%)
Persons suspected with COVID-19	269 (29,6%)	155 (17,1%)	2 (0,2%)
Old people	151 (16,6%)	175 (19,3%)	2 (0,2%)
Any refugee	82 (9,0%)	78 (8,6%)	1 (0,1%)
Local people	118 (13,0%)	36 (4,0%)	1 (0,1%)
Syrians	65 (7,2%)	81 (8,9%)	0 (0,0%)
Health Workers	96 (10,6%)	49 (5,4%)	1 (0,1%)
Those who work outside	72 (7,9%)	40 (4,4%)	2 (0,2%)
Poor people	47 (5,2%)	34 (3,7%)	1 (0,1%)
Other	11 (1,2%)	4 (0,4%)	1 (0,1%)

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

Responses under “Other” included: it could be anybody; infected people; workers; neighbours. FGD participants reported that the COVID-19 outbreak continues to prompt discrimination towards those who are infected or have recovered from COVID-19 in the community. Participants informed that people would still stay away from those who have recovered from the disease for fear of also becoming infected. People who have already recovered from COVID-19 are still considered to be potential carriers of the disease. They informed people tend to hide the disease due to the fear of being stigmatised.

“People do not even want to come near those who recovered from the disease.” – said FGD participants in Bursa.

Refugee respondents informed that discriminations also happened at workplace and many people lost their jobs during this pandemic. In Izmir, participants said some people may avoid getting tested even if the symptoms showed and continued to go to their workplaces due to fear of losing their jobs. This was also mentioned by respondents from local host population in Mardin.

“People who hide the disease or the fact that they have been infected due to the fear of losing their job, are being dismissed by their employer.” – said Nesima (45), Turkish, Mardin.

FGD participants also feared that they will not be admitted into hospitals or provided treatment if they go there, and many refugees faced language barriers while accessing services at the hospitals. They also said that people experienced problems with the landlord of their homes.

“If we get infected with COVID, we are afraid we will not be admitted by the hospitals.” said refugee respondents in Gaziantep.

In İstanbul European Side, respondents from host community informed that people perceived refugees cannot maintain proper hygiene and so assumed they were at high risk of infection. In Hatay, however, participants said that this perception was now changing and discrimination towards refugees had reduced more than before.

In Kilis, İstanbul European Side, İzmir and Mardin, participants said that discrimination towards people infected or recovered from the disease in their communities was reduced compared to the early stages of the outbreak. This was because more people now believed that everyone in the community was at risk of infection rather than people from any specific nationality.

Less than three-fifth of survey respondents (59.8%) reported being worried that they might become infected with COVID-19. This was also one of the major concerns among both refugees (32.2%) and local people (27.3%). In the previous assessment, fear of family members becoming infected with COVID-19 was the highest number of response (62.4%), which, however, resulted as the second top in this round (57.4%). Fears of losing employment (14.1%), paying rents/bills (14.2%), having losing employment (10.5%) or being unable to afford food for the household (10.5%) were all higher among refugees than local people. Concerns related to employment were also higher for men than women.

What worries or concerns you the most about the Coronavirus?*

	Host Population	Refugee	Other
Fear to get infected with COVID-19	1,048 (27.3%)	1,235 (32.2%)	13 (0.3%)
I fear my family might get infected with COVID-19	987 (25.7%)	1,203 (31.3%)	13 (0.3%)
Fear to lose employment due to COVID-19	282 (7.3%)	543 (14.1%)	4 (0.1%)
Paying house rents/bills	211 (5.5%)	546 (14.2%)	1 (0.1%)
Lost employment due to COVID-19	175 (4.6%)	402 (10.5%)	2 (0.1%)
Afraid to go to hospitals in case we catch the virus	248 (6.5%)	307 (8.0%)	3 (0.1%)
Unable to affore enough food for family	151 (3.9%)	402 (10.5%)	1 (0.1%)
Finding new jobs/daily or weekly jobs	140 (3.6%)	260 (6.8%)	1 (0.1%)
I don't have any worries or concerns	148 (3.9%)	224 (5.8%)	6 (0.2%)
Do not have enough money to go to hospitals	110 (2.9%)	260 (6.8%)	1 (0.1%)
Accessing medical care because hospitals won't admit us	139 (3.6%)	217 (5.7%)	1 (0.1%)
Unable to afford hygiene products to maintain hygiene	131 (3.4%)	217 (5.7%)	0 (0.0%)
Children unable to benefit from the online education	153 (4.0%)	185 (4.8%)	0 (0.0%)
Accessing online education for children	136 (3.5%)	175 (4.6%)	0 (0.0%)
Other	76 (2.0%)	21 (0.5%)	1 (0.1%)

Figure 18 Worries and concerns in relation to COVID-19

Responses under "Other" category: further health problems because of the COVID-19; it will never end; "I have chronic illness, like Asthma, SMA etc."; financial problems; fear of infecting someone else; "I'm afraid to infect other people"; causes death; child related fears; "I am not worried"; stay away from education; "we won't be able to go back to the previous lifestyle"; "it worries me that people do not pay attention".

These findings were similar to the FGDs where participants informed that they most feared if they or their family members would become infected by COVID-19, particularly those who were older or had chronic disease. They also worried about death, not recovering from the disease if infected, or losing their loved ones from COVID-19. Respondents informed that people in the community were concerned about losing employment in case they contracted the disease as well as not finding an employment due to COVID-19 situation. In addition, deterioration of the global and local economy was a cause of concern for many people. Households with low income and poor financial conditions were already facing challenges to pay house rents and afford hygiene materials or food for their families and children.

"What will we eat if everything is stopped because of coronavirus? This is why we still go to work despite fear of getting infected." FGD participants in Bursa said.

Respondents also informed the fear of going to the hospitals, going into crowded places, and using public transport. They informed that they were afraid that they could become infected or infect others, particularly those who were vulnerable, as they were going to their workplaces regularly. Participants in İstanbul European Side said that they were worried of suffering the long-term effects of COVID-19 after they recovered from the disease. Some of the refugee participants stated they faced difficulties in accessing health services since their health insurance were not active and it worried them thinking that they would not be able to benefit from health services properly in case of infection.

"We are afraid to go to crowded places, schools, hospitals, or health centres. Most of the people do not want to send their children to school. We do not go to the hospital because we fear getting infected with coronavirus even though we have other health issues such as blood pressure, diabetes, or other similar diseases." - Ceylan (27), Turkish, Gaziantep.

* Under status the prefer not to answer did not shown in the figure. Only two persons answer this question one is 'I fear my family might get infected with COVID-19' and other one 'Afraid to go to hospitals in case we catch the virus'.

"I have heard about so many deaths around me. I am afraid that the disease is getting worse. I am very afraid that I will lose one of my family members." said an FGD participant in Hatay.

Respondents were also worried about the mutations of COVID-19 and had the fear of being discriminated in their communities in case they were infected. Many participants in Mardin informed that they were afraid of going into quarantine if suspected being infected with the disease. FGD participants reported that parents were mostly concerned about the future of their children and how their children's education was being impacted by COVID-19 who were not going to schools due to the pandemic. They informed that people were also worried about how long this pandemic would persist and the future uncertainties.

“

“One of our main concerns is that children cannot go to school and they have already spent more than one year at home due to the pandemic. This is resulting in psychological disorders, behavioural disorders among children and severely impacting their academic and social life.”

– said Kamil (44), Turkish, Mersin.



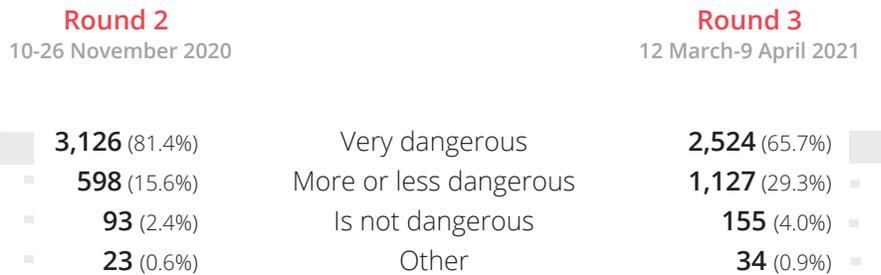
TRCS preparing food portions for those in quarantine



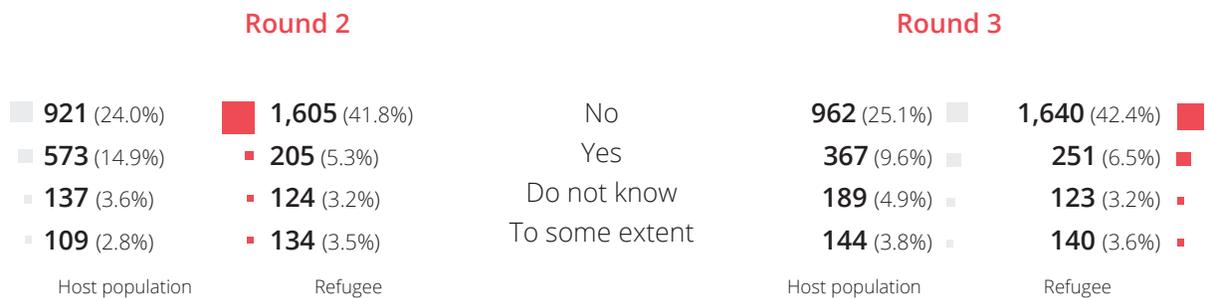
COVID-19 Attitudes

Comparative statistics for key survey findings - Round 2 and 3

Survey respondents' perception about COVID-19

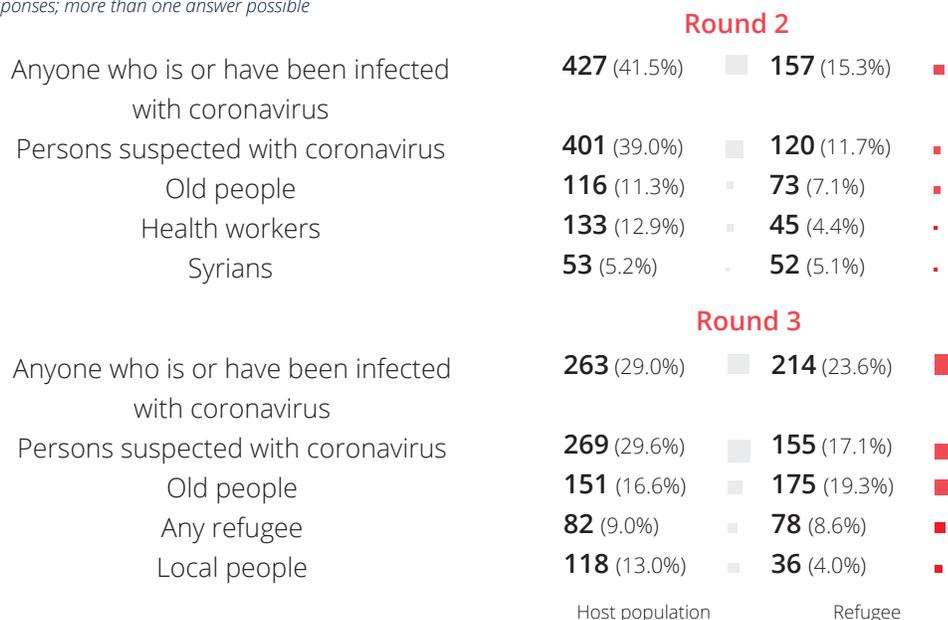


Respondents' view about people discriminated if they were infected or had recovered from COVID-19



People/groups viewed as being discriminated

Top 5 responses; more than one answer possible



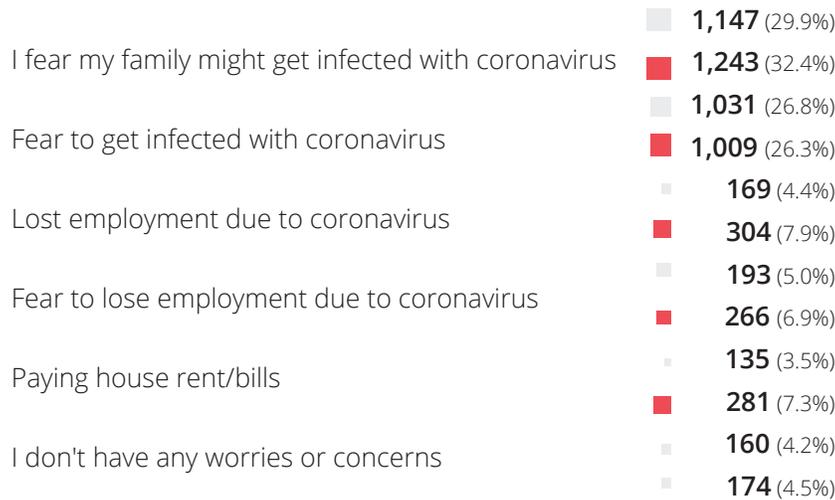


Respondents' views about their worries and concerns about COVID-19

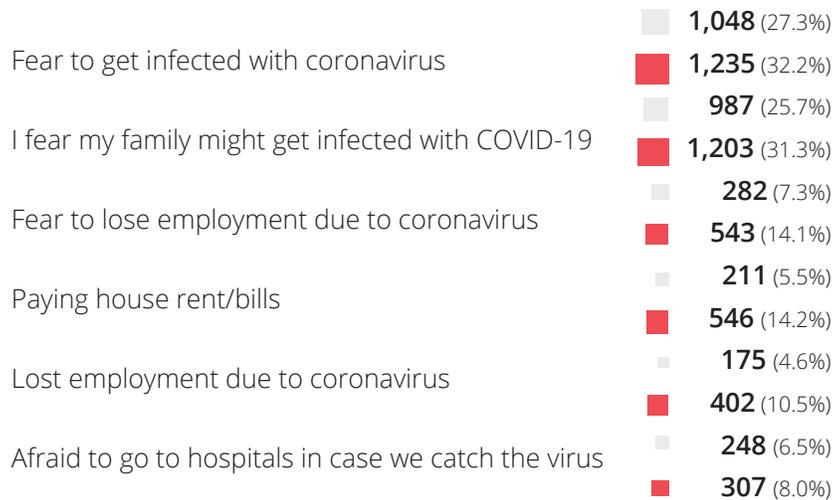
Top 6 responses; more than one answer possible

- Host population
- Refugee

Round 2



Round 3





TRCS during mask distribution and information dissemination - how to wear mask

PRACTICES

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



A majority of survey respondents (88.7%) said they were taking some measures in their daily life to prevent the risk of COVID-19 infection. This finding is slightly lower compared to the second round of surveys (95.8%). While 9.3% said they only sometimes took measures, just 2.0% of the respondents said they were not doing anything about it.

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

Yes		3,407 (88.7%)
Sometimes		357 (9.3%)
No		76 (2.0%)



Figure 19 Likelihood of practising preventive measures

Those who said they were not taking any measures (76 respondents) highlighted various reasons, for example, not knowing how to take preventive measures (65.8%), not believing these practices would be effective in preventing the risk (23.7%) and family members needing to go out for work (15.8%) and as a result not able to follow safety measures. Others said being unable to afford soap or disinfectants (10.5%) or gave another response (7.9%)

If not, why?

more than one answer possible; 76 respondents

I do not know how to take preventive measures		50 (65.8%)
I do not believe these practices will prevent the risk of infection		18 (23.7%)
Members in family need to go out for work or find work		12 (15.8%)
I cannot use soap or disinfectants because I cannot afford them		8 (10.5%)
Other		6 (7.9%)
There is too much conflicting information so it is hard to know what is correct		5 (6.6%)
I do not understand the information on preventive measures		5 (6.6%)

Figure 20 Reasons for not taking preventive measures

Responses recorded under "Other": There is nothing to do; "we all have coronavirus"; "the measures have become very tedious and tiring, that's why I don't want to comply to the rules"; "I am not interested".

Those who said they were taking measures (3,764 respondents) identified several different actions they took to protect themselves and their families: washing hands with soap (89.5%), wearing masks when going out (86.3%), maintaining physical distance (76.6%), using hand sanitizers (64.0%), and covering their mouth and nose when coughing or sneezing (45.7%). All these responses were higher for refugees and female respondents. When compared with the second round, although there were no major differences (85.4%, 83.9%, 73.0%, 54.4% 36.0% respectively), number of responses for these options were slightly higher in this third KAP assessment.

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; 3764 respondents

Wash hands frequently using soap and water		3,368 (89.5%)
Wear mask when going out		3,247 (86.3%)
Maintain physical distance (1meter) whenever outside		2,884 (76.6%)
Use a hand sanitizer that contains at least 60% alcohol		2,408 (64.0%)
Cover mouth and nose when coughing or sneezing		1,720 (45.7%)
Avoid touching mouth, nose and eyes with contaminated hands		1,212 (32.2%)
Wear mask if I am sick or taking care of an infected person		1,185 (31.5%)
Avoid going out		927 (24.6%)
Use disinfectants to clean surfaces		832 (22.1%)
Wear gloves		646 (17.2%)
Other		23 (0.6%)

Figure 21 Measures undertaken to prevent COVID-19

Under "Other" the following responses were recorded: eating healthy; wearing double mask; 'I do not let people into my house'; "we leave the items brought from outside in the balcony and we wash our clothes immediately"; not visiting people; doing sports activities; taking vitamins; cleaning surfaces with bleach.

These survey results are complemented with the FGD findings. Participants said that they were taking various measures in their daily lives to prevent the risks of getting infected. These measures included frequently washing hands with soap or using hand sanitizers, practicing personal hygiene, staying indoors, and avoiding going out unless necessary, cleaning homes with disinfectant, wearing masks, and maintaining physical distance whenever outside. They also paid attention to cleaning groceries or items after they were purchased from the market and before they were used at home. FGD respondents in Adana mentioned about maintaining a healthy nutrition, such as drinking herbal tea, eating onion, garlic, and citrus fruits, and taking vitamins as a way to enhance their physical immunity to the disease

“I wash my face and hands with soap and water. I also disinfect my phone. When I buy something from the market, I do not keep the bags directly into the fridge. Rather I place them outside for a while. If I wanted to meet my friends, I prefer to meet them in the open space.” – said an FGD participant from local host community in Bursa.

They emphasized that the most important steps to reduce the risks of COVID-19 infection were to wash hands with soap, wear masks, eating healthy food, maintain personal hygiene, and physical distance when outside. Avoiding crowds and limiting visitors at home can also reduce the chances of COVID-19 contraction, participants added. Participants informed that they avoided going to hospitals unless they had a major illness, and they also had cut down on visiting their relatives' homes. However, there were people in their communities who were compelled to go out for work and use public transport and so were not always able to undertake these precautions.

Almost three-quarters of survey respondents, 77.4%, said that they did not face any challenges to take preventive measures. This was similar to the previous assessment (75.2%). Those who said they did face challenges gave examples that they experienced discomfort wearing masks (14.2%) and had difficulties affording soap and disinfectants (12.1%). Both responses were higher for refugee respondents than host community members in the assessment. Other challenges respondents mentioned were that their family members were forced to go out to work, particularly the men (6.0%), or that they needed to overcome social pressures of people around who did not want them to take action - this was particularly the case amongst the host population (4.2%).

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	1,276 (33.2%)	1,680 (43.8%)	17 (0.4%)
I find discomfort wearing masks	254 (6.6%)	284 (7.4%)	5 (0.2%)
Difficult to afford soap or disinfectants	135 (3.5%)	326 (8.5%)	2 (0.1%)
Difficult to stay at home as I/member of my family need/s to go out for work	127 (3.3%)	255 (6.6%)	0 (0.0%)
I had to overcome people around me who didn't want me to take action	163 (4.2%)	142 (3.7%)	1 (0.1%)
Other	42 (1.1%)	9 (0.2%)	0 (0.0%)

	Female	Male	Prefer not to answer
I don't face any challenges or difficulties in taking action	1,516 (39.5%)	1,455 (37.9%)	2 (0.1%)
I find discomfort wearing masks	255 (6.6%)	284 (7.5%)	0 (0.0%)
Difficult to afford soap or disinfectants	249 (6.5%)	214 (5.6%)	0 (0.0%)
Difficult to stay at home as I/member of my family need/s to go out for work	153 (4.0%)	229 (6.0%)	0 (0.0%)
I had to overcome people around me who didn't want me to take action	170 (4.4%)	137 (3.6%)	0 (0.0%)
Other	36 (0.9%)	15 (0.4%)	0 (0.0%)

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

* Under status the prefer not to answer did not shown in the figure. Only two person answer this question one as 'I find discomfort wearing masks' and other one 'I had to overcome people around me who didn't want me to take action'.

The following challenges were recorded under the "Other" category: older members in the family not obeying the precautions; psychological impact of the restrictions; asthma; skin irritation caused by bleach; children related issues like explaining the rules, psychological effects etc.; handwashing causing skin irritation; mandatory reasons to go out; not easy to follow the measures; financial reasons (e.g., masks are expensive); "I do not want to take precautions"; crowded areas.

FGD participants said that people in many locations were still less inclined to follow the preventive measures due to fatigue and reduced fear. Although people had high level of awareness about COVID-19, not all followed the health advice participants said, and a sense of complacency was noticed. In Adana, for example, it was reported that young people were less attentive in taking precautions, risking themselves to becoming infected and spreading the disease. Participants also said cultural norms, such as greeting people or hosting guests at home were very common. However, they would try to maintain physical distance while speaking to another person, ventilate and disinfect their homes to avoid contraction of the disease or meet people in open space. In Kilis and Adana it was reported that people felt uncomfortable and were tired out wearing face masks and experienced breathing difficulties. As public transport and marketplaces were often crowded, physical distance could not be maintained in all locations. In Kayseri, participants said some people in the community considered healthier persons would not be infected and could not spread the disease.



“Some people do not believe that COVID-19 is a disease. They do not even wear a face mask because of this thinking. This poses a great risk for us.”
– said FGD participants in Bursa.

Participants in Bursa and Kayseri also reported that some people in their communities believed that COVID-19 did not exist or had fatalistic perceptions about the disease. In addition, misinformation and rumours in social media were causing people to further undermine health information.

"There are people in our communities who do not believe that COVID-19 exist. When I wanted to tell them about the disease, they respond by saying 'Where is the virus? Have you ever seen it?'" - Hidayet (41), a Turkish FGD participant in Gaziantep.

"People say, 'We will die anyway' and disregard the health advice as they think this way." - Hadice (43), a Syrian FGD participant in Gaziantep.

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



"I walk home after my language courses at the Community Centre instead of using public transport. It takes me more than 40 minutes to get home, but I do this to avoid any possible contraction." – said Hadice (43), a Syrian FGD participant, Gaziantep.

TRCS distributing food in COVID-19 pandemic

Refugee participants in Ankara, Adana, Kocaeli, Mersin and İstanbul Anatolian Side agreed that it was difficult for them to afford hygiene products and adequate food for the households due to their financial constraints. People also went out for work and other daily necessities in crowded environments, increasing their chances to COVID-19 contraction. Few others in the community either had fatalistic beliefs or experienced language barriers to access information on COVID-19. Some participants among the host population in Kayseri also mentioned about people in their communities facing financial challenges affecting their abilities to buy masks and hygiene products. FGD respondents added that they prevented their children going out in the streets and supported them with distance learning education (EBA) at home. However, staying at home for such prolong periods are impacting children’s mental and psychological wellbeing, participants said.

“The long duration of the pandemic has resulted into fatigue for many, who feel demotivated in taking precautions anymore.” – Gürçay (21), a Turkish FGD participant in Adana.

“Although we are trying to take precautions, there is still a general state of complacency in the community.” – Najibullah (24), a Syrian FGD participant in Mersin.



“We don't get on the bus because it is crowded. Instead, we take a taxi and that's why we spend a lot of money. We are always at home because of the restrictions, and this can cause a lot of arguments.”

- Faisal (47), a Syrian FGD participant in Izmir.

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 (74.9%). Out of the total number of respondents, this finding was higher for both refugees (43.8%) and female respondents (39.3%) compared to those from the host population (30.7%) and male (35.6%) respondents. Compared to this third round, this finding was slightly higher in the second KAP assessment (75.6%). Others mentioned they would isolate themselves (39.0%), contact a doctor to get advice (30.7%), or ask friends and relatives for advice (10.2%).

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

more than one answer possible

I will go to the hospital	2,878 (74.9%)
I would stay at home to isolate myself from others	1,497 (39.0%)
I will contact a doctor or hospital to get advice	1,178 (30.7%)
I will ask my relative/friends to advise me on what to do	290 (10.2%)
I will buy medicines from the market/pharmacy	123 (3.2%)
Continue life as normal	27 (0.7%)
I will go to a religious leader	22 (0.6%)
Do nothing	21 (0.5%)
Other	20 (0.5%)

Figure 23 Actions taken if COVID-19 symptoms show

Other responses given included: “I do not know”; call 112¹⁰; “I will quarantine the person in my family”; call an ambulance; take supplements to increase immunity; depends on the severity of the symptoms; “I would like to get medical equipment support from NGOs”; “I don't go right away”; “I have to be sure”; “I will not go to hospital, I will take my own medicines”.



“People are very afraid of losing their jobs, so they don't get tested. If people without insurance get sick, their employers say, ‘go and don't come again.’”-Hasan (20), a Syrian FGD participant in Izmir.

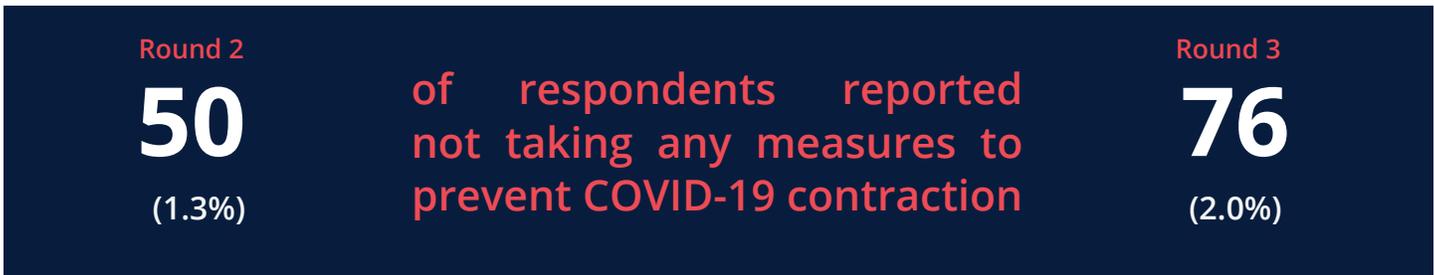
¹⁰ 112 is an emergency helpline for ambulance and medical assistance.



COVID-19 Practices

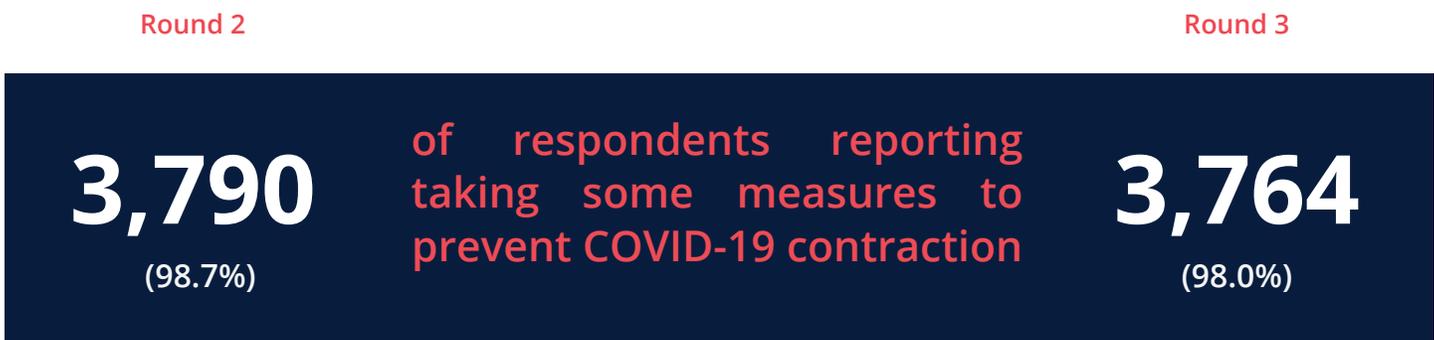
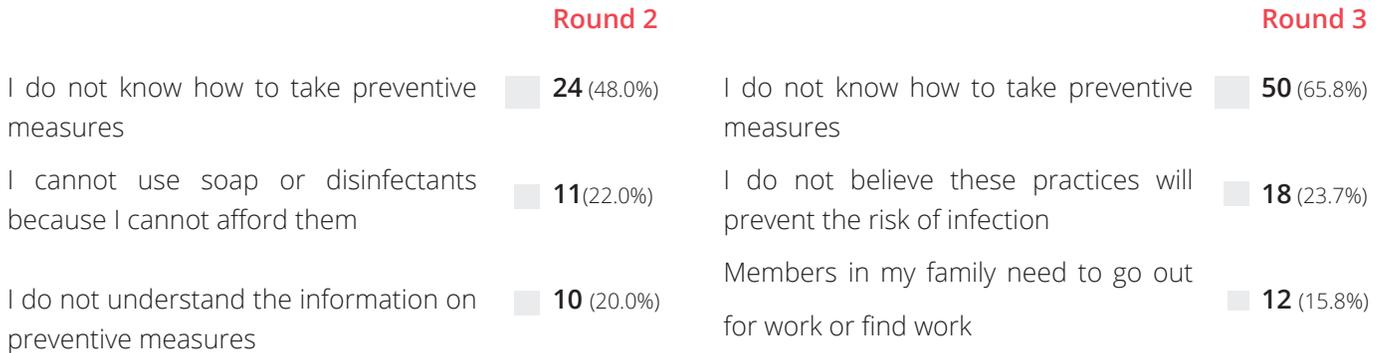
Comparative statistics for key survey findings - Round 1 and 2

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



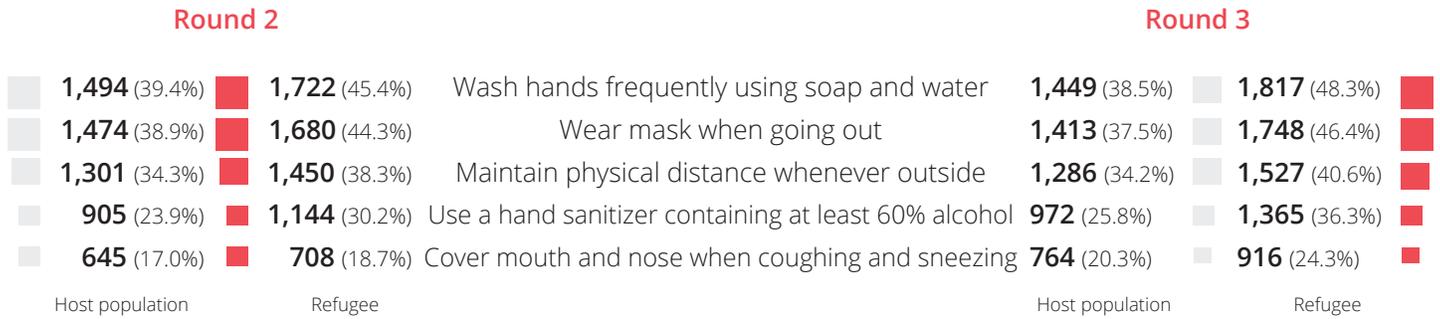
Reasons respondents gave for not taking any actions

Top 3 responses; more than one answer possible;



Actions taken by respondents to protect themselves and their families

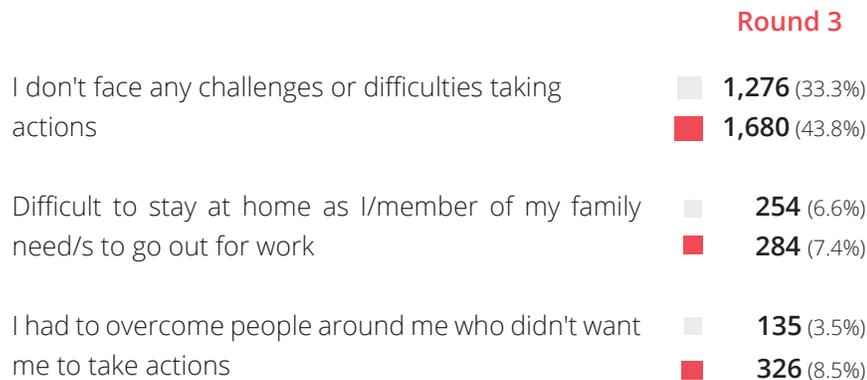
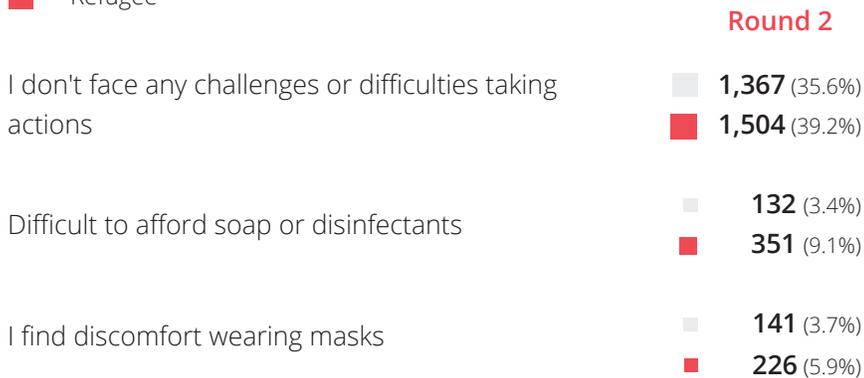
Top 5 responses; more than one answer possible



Challenges faced by respondents in taking actions or following preventive measures

Top 3 responses; more than one answer possible

- Host population
- Refugee





Data collection process

INFORMATION NEEDS

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

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



While around two-fifth, 43.8%, of respondents said they do not need any more information about COVID-19, more than half, 56.4%, of the respondents have asked for additional information on COVID-19 on various topics. Of those who requested more information (2,166 respondents), topics they raised included: symptoms of COVID-19 infection (22.7%), COVID-19 treatment or vaccine (16.0%), how COVID-19 is transmitted (15.3%), and trusted sources of information (14.6%). While there were no major differences, information requested by women and refugee respondents on these topics were higher than men and host communities.

Findings show compared to the previous assessment, more respondents (56.4%) in this round requiring additional information about COVID-19 with more emphasis on COVID-19 vaccine, mutant variants, and treatments for COVID patients.

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

more than one answer possible

I do not need any information	1,682 (43.8%)
Symptoms of the new coronavirus disease	872 (22.7%)
COVID-19 treatment/ vaccine	613 (16.0%)
How it is transmitted	586 (15.3%)
Trusted sources of information	562 (14.6%)
How to protect yourself from the disease	510 (13.3%)
Precautions for people with chronic disease	478 (12.4%)
How to take care of an infected person at home	407 (10.6%)
What to do if you have the symptoms	361 (9.4%)
Precautions for pregnant women	277 (7.2%)
Who to ask questions about coronavirus	268 (7.0%)
Number of cases in each city	241 (6.3%)
Provincial measures and restrictions to prevent COVID-19	239 (6.2%)
Which hospital to go to if symptoms appear	223 (5.8%)
How/when to use masks	213 (5.5%)
How to wash hands	202 (5.3%)
How to contact TRCS	191 (5.0%)
How to get Vefa social support services	190 (4.9%)
Where to get free psychosocial support?	159 (4.1%)
How to access distance education programme	156 (4.1%)
How to use bleach/disinfectant at home	135 (3.5%)
Other	90 (2.3%)

Figure 24 What information communities need now

Other information needs raised: vaccination related information, mutant virus, treatment; accurate and clear information on COVID-19; "I know everything about it"; COVID-19 case numbers; ways to protect children; which mask is protective; "I think that organizations' seminars about the virus are insufficient"; when it will be over; risk groups; what to do if we catch the virus again; TRCS courses; distance learning.

FGD participants in this round emphasized the need for accurate and detail information on COVID-19 vaccine in Turkey. Specific topics mentioned by the respondents included vaccination plans and priority groups, procedures to get the vaccine, risks and side effects, effectiveness of vaccines against COVID-19 as well as the new variants. Refugee participants in Kilis and Kahramanmaraş asked if the vaccines were provided for free or had to be paid by the refugees and if refugees and Syrian teachers would be included in the vaccination plan. FGD participants were also interested to learn about the new mutated variants and possible health risks if infected, possibilities of getting infected after vaccination and any long-term health risks for those who recovered from the disease.



“The primary information every person needs at the moment is about vaccination.” – said an FGD participant from host community in Bursa.

Like the previous KAP assessment, participants in this round were also looking for information about any new symptoms of COVID-19 infection, how quickly the virus could spread, how to maintain personal hygiene and protect oneself from the disease and how to wear face masks appropriately or when to use them. They also wanted to know what to do and how to take care of oneself if infected, what should be done after a person has recovered and if those who recovered from the disease can be at risks of getting infected again.

“The disease is transmitted regardless of the person or religion, language, race, and gender. For this reason, we think priority for vaccination could be given to the older people, as they are under more risk.” said local FGD participants in Kilis.

Other information people needed were drugs and treatment processes for COVID patients, vitamins, or medicines to treat COVID-19, when the restrictions in Turkey will be lifted and quarantine processes in Turkey. To better understand the current COVID-19 situation, participants also said people needed information on the number of COVID-19 cases in each city in Turkey as well as number of people who recovered or died from the disease. At the same time, people wanted to know where and which hospitals to go to for treating an infected person. Some FGD respondents in Izmir reported that there was conflicting and overload of information about COVID-19, particularly in social media, and it was important to learn about the trusted sources of information.



“There is information pollution in social media.” - said participants in Izmir.

Participants also asked about how to wash and disinfect clothes and when the outbreak will likely end. They stressed that information materials on COVID-19 such as through games, for children should be developed to help them understand the risks and take necessary measures.

Participants suggested that targeted messages for different groups of people, such as the children, young and older people, were important to motivate everyone to practice healthy behaviours. They mentioned people were also interested to learn about the reopening of schools and if there were any financial support being provided to affected or vulnerable people during this pandemic. Information on all these topics should be widely disseminated to the rural areas to encourage the communities there to practise positive behaviour, participants said.



“Since children pay less attention, information about COVID-19 should be explained to the children through games.”

– said local FGD participants in Adana.

Over three-fifths of survey respondents said they would prefer to receive information on COVID-19 from TRCS by phone (64.7%), but other channels that would also be welcomed were SMS (31.1%), TRCS Facebook (20.3%) and TV (17.3%). Refugees showed a stronger preference for phone (40.5%), TRCS Facebook (15.6%), TV (10.0%) and WhatsApp (12.2%) than respondents from the host population. People from host communities however, showed a stronger preference for SMS (15.8%).

These findings are higher in this round than the previous KAP assessment. There were no major differences in the way men and women preferred to receive information in this assessment. However, men respondents showed a slightly greater preference for TRCS Facebook (11.2%), while women preferred WhatsApp (8.7%), TRCS website (6.0%) and staff and volunteers (5.8%).



“It will be effective if you could develop a video of an expert or a relevant person to talk about COVID-19 and share this video with communities.”

– said an FGD participants in Bursa.

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	915 (23.8%)	1,554 (40.5%)	17 (0.4%)	0 (0.0%)
SMS	606 (15.8%)	581 (15.1%)	7 (0.2%)	0 (0.4%)
TRCS Facebook	169 (4.4%)	600 (15.6%)	9 (0.2%)	0 (0.0%)
TV	281 (7.3%)	383 (10.0%)	0 (0.2%)	0 (0.0%)
WhatsApp	190 (4.9%)	469 (12.2%)	1 (0.1%)	0 (0.0%)
TRCS Instagram	242 (6.3%)	266 (6.9%)	3 (0.1%)	1 (0.1%)
TRCS Website	157 (4.1%)	260 (6.8%)	3 (0.1%)	1 (0.1%)
Ministry of Health	189 (4.9%)	221 (5.8%)	4 (0.1%)	0 (0.0%)
TRCS staff/volunteers	105 (2.7%)	280 (7.3%)	5 (0.1%)	0 (0.0%)
Doctors	108 (2.8%)	259 (6.7%)	3 (0.0%)	0 (0.0%)
TRCS Youtube	83 (2.2%)	233 (6.1%)	2 (0.1%)	1 (0.1%)
TRCS Twitter	129 (3.4%)	132 (3.4%)	3 (0.1%)	0 (0.0%)
Bochures/leaflets	88 (2.3%)	111 (2.9%)	4 (0.1%)	0 (0.0%)
Online meetings/seminars	42 (1.1%)	101 (2.6%)	2 (0.1%)	0 (0.0%)
Community leaders	14 (0.4%)	37 (1.0%)	0 (0.0%)	0 (0.0%)
Other	24 (0.6%)	12 (0.3%)	0 (0.0%)	0 (0.0%)
Religious leaders	4 (0.1%)	22 (0.6%)	0 (0.0%)	0 (0.0%)
Radio	10 (0.3%)	10 (0.3%)	0 (0.0%)	0 (0.0%)

Figure 25 Preferred communication channels to receive information

Other methods of communication people mentioned included: "I do not want to have any more information"; email; does not matter; in school; voice mail; SMS; statements by authorities; Turkish Red Crescent mobile application; face-to-face trainings.

FGD participants suggested different channels through which they would like to receive information about COVID-19. Many of these were similar to that of round 2 KAP assessment. Social media platforms (WhatsApp, Facebook, Twitter, Instagram, YouTube) were mentioned by participants as one of the most preferred ways to receive information where audio, video and visual information materials in different languages can be posted. Other channels preferred were television, SMS, phone calls, brochures, and official websites of the Ministry of Health and TRCS. Online seminars or trainings through conferencing platforms and interactions with TRCS health workers were also suggested as effective means to receive information and raise awareness among people.

Refugee participants in Mersin, Şanlıurfa, and Hatay said Arabic text messages from TRCS Community Centres or a call line such as the TRCS' 168 call centre on COVID-19 would be useful. Similar responses were received from respondents among local communities in İzmir, Kocaeli and Şanlıurfa. In İstanbul Anatolian Side, Telegram was mentioned as one of popular channels among Syrians to receive information. In Bursa and Mersin, participants suggested that video interviews of experts or key influencers on COVID-19 would be quite effective.

Face-to-face interaction at the TRCS Community Centre to receive information was mentioned by participants in Ankara and Kayseri. In addition, phone calls or household visit was suggested as being particularly useful to share information with older people.

Participants in Kayseri recommended TRCS to post important messages on COVID-19 in various public spaces such as markets, mosques, bazaars and in and around schools. Respondents in Mersin suggested using WhatsApp groups to disseminate information on COVID-19. Community leaders were also mentioned by participants as way to reinforce the key messages on healthy practices.

It was recognised that while social media was popular among young people, television was more accessible for older people. In İzmir and Kilis, participants suggested TRCS to air Public Service Announcements (PSAs) on television as being particularly useful for children and older people. As in the previous KAP assessment, participants stressed that video and visual information was more effective than written information, especially for children and older people.

Participants stressed that information materials on COVID-19 for children in visual or video formats as well as games will help them to understand the risks and encourage them to take necessary measures to avoid infection. Few mentioned about using TV channels such as TRT Kid or developing YouTube videos to communicate with children on this topic.

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

What language would you prefer to receive the information in?

more than one answer possible

	Host Population	Refugee	Other	Prefer not to answer
Turkish	■ 1,628 (42.4%)	■ 599 (15.6%)	·	14 (0.4%)
Arabic	■ 105 (2.7%)	■ 2,073 (54.0%)	·	15 (0.4%)
Kurdish	■ 20 (0.5%)	■ 96 (2.5%)	·	0 (0.0%)
English	■ 33 (0.9%)	■ 61 (1.6%)	·	0 (0.0%)
Farsi	· 3 (0.1%)	· 12 (0.3%)	·	0 (0.0%)
Other	· 7 (0.2%)	· 1 (0.1%)	·	0 (0.0%)

Figure 26 Preferred language to receive information

German, French, Russian were reported as the "Other" preferred languages. One respondent did not want to receive any information.

Similar to the survey findings, majority of the refugee FGD participants mentioned they preferred to receive information in Arabic, while local host community respondents said Turkish. Participants in several locations such as Mardin, Gaziantep, Kilis, Mersin, Konya, Kayseri, Bursa and İstanbul Anatolian Side said English and Kurdish were the other preferred languages, and only few respondents in Mersin mentioned about Persian language.

When asked if respondents follow TRCS social media channels or visit the website, 21.9% of the host population answered "No" compared to 19.5% of refugee participants. Out of the total number of respondents, 27.0% refugees said they did follow TRCS social media channels or had visited the website compared to 13.9% host communities.

Among those who follow the TRCS social media platforms (1,581 respondents), a greater proportion of refugees visit the TRCS Facebook and Community Centre Facebook pages (31.6% and 41.0% respectively) as well as TRCS Instagram pages, both general and Community Centre accounts (11.8% and 15.7% respectively), than people from host communities. The TRCS Twitter accounts both the general account and the Community Centre account, are more popular with people from the host communities (8.7% and 10.1% respectively) than with refugees. While the Facebook pages were found to be popular among both men (46.9%) and women (47.8%), the Instagram accounts were more frequently used by women (30.6%) than men (21.6%).

Compared to the previous round of the assessment (43.8%), less people are following the TRCS social media and website now (41.2%) and the host population still remains behind the refugees in viewing these platforms.

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

	Host Population	Refugee	Other	Prefer not to answer
No	■ 842 (21.9%)	■ 748 (19.5%)	·	8 (0.2%)
Yes	■ 532 (13.9%)	■ 1,036 (27.0%)	·	12 (0.3%)
Sometimes	■ 288 (7.5%)	■ 370 (9.6%)	·	3 (0.1%)

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

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

more than one answer possible; 1581 respondents

	Host Population	Refugee	Other	Prefer not to answer
TRCS CC Facebook Page	205 (13.0%)	649 (41.0%)	9 (0.6%)	0 (0.0%)
TRCS Facebook Page	130 (8.2%)	500 (31.6%)	5 (0.3%)	0 (0.0%)
TRCS CC Instagram	189 (12.0%)	248 (15.7%)	8 (0.5%)	1 (0.1%)
TRCS Instagram	185 (11.7%)	187 (11.8%)	5 (0.3%)	0 (0.0%)
TRCS CC Twitter	160 (10.1%)	151 (9.6%)	5 (0.3%)	0 (0.0%)
TRCS Twitter	137 (8.7%)	103 (6.5%)	2 (0.1%)	0 (0.0%)
TRCS Youtube	57 (3.6%)	164 (10.4%)	2 (0.1%)	0 (0.0%)
Other	6 (0.4%)	4 (0.3%)	1 (0.1%)	0 (0.0%)

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

The main reason people (2,259 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 (20.5%) than amongst refugees (18.6%). This was also higher for women (23.1%) compared to men (16.2%). Other reasons given by respondents were: following other platforms (29.6%), not using social media (26.1%) or gave other reasons (4.3%).

If not or sometimes, what are the reasons?

more than one answer possible; 2259 respondents

	Host Population	Refugee	Other
I do not know about TRCS social media platforms/website	464 (20.5%)	420 (18.6%)	3 (0.1%)
I follow other platforms	326 (14.4%)	341 (15.1%)	2 (0.1%)
I do not use social media	290 (12.8%)	296 (13.1%)	3 (0.1%)
Other	59 (2.6%)	36 (1.6%)	2 (0.1%)
The content are not relevant to my needs	30 (1.3%)	31 (1.4%)	0 (0.0%)
I do not have internet to access TRCS social media	21 (0.9%)	30 (1.3%)	0 (0.0%)
The contents are not in Arabic	6 (0.3%)	40 (1.8%)	0 (0.0%)
The words/language is not easy to understand	9 (0.4%)	30 (1.3%)	0 (0.0%)
The contents are not in my language (other than Arabic/Farsi)	15 (0.7%)	16 (0.7%)	0 (0.0%)
The contents are not easy or clear to understand	12 (0.5%)	14 (0.6%)	1 (0.1%)
The photo/illustrations are not clear to unaaaaaderstand	8 (0.4%)	10 (0.4%)	1 (0.1%)
The contents are not in Farsi	5 (0.2%)	5 (0.2%)	0 (0.0%)

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

Under the "Other" category the following responses were recorded: "I am not interested"; "I did not need it"; "I do not have time for this"; "I did not know about this"; "It doesn't come across much"; needs advertising; "I do not trust the information"; "I do not have internet connection"; "I do not want information"; "I do not know how to use technology".

The survey findings were broadly confirmed by FGD participants. Although several FGD respondents said they followed TRCS social media channels, many others, especially from the host population, said that they were not aware of the TRCS social media accounts and website or that they had been providing COVID-19 information. They stressed that information about these channels should be widely promoted to enable people to access information.

Among the refugee participants, who said they followed TRCS social media platforms, Facebook was most popular, followed by Instagram, Twitter, and YouTube. On the contrary, Instagram was more widely used by the local community members, followed by Facebook, Twitter and YouTube. Respondents in Bursa added that Instagram was popular among young people while Facebook was more widely used by adults.

Refugee participants mentioned they encountered different challenges in accessing these social media platforms, such as language barrier, lacking internet facilities, not having a social media account or a smartphone. In Kayseri respondents reported that they were unaware that information in TRCS social media was available in Arabic. Participants in Kayseri and Istanbul Anatolian Side said that there is a need to publish more content or updated information about COVID-19 in these TRCS platforms.

FGD participants from the host community in Kilis and Şanlıurfa also informed about lacking internet facilities and not having social media accounts as the main challenges to access information. Participants in Gaziantep said they were unsure if the TRCS social media accounts were official and so, did not follow these accounts. Few respondents in İstanbul European Side, Bursa, and Kocaeli informed that they followed other websites or online platforms and hence did not require to receive information from TRCS social media.

Almost three-quarters of survey respondents said they would prefer to contact TRCS over the phone (73.3%) to ask questions or share feedback. This preference is slightly higher for refugees (43.5%) than people from host communities (29.3%), while women (36.9%) and men (36.4%) both showed a strong preference for this option. Compared to the host population, refugees also preferred WhatsApp (14.6%), the TRCS Facebook page (9.8%), and face-to-face interaction with TRCS staff and volunteers and at the TRCS Community Centre (22.1%) more. Phone was also the most preferred channel to contact TRCS in the previous assessment.

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

more than one answer possible

	Host Population	Refugee	Other	Prefer not to answer
Phone	1,125 (29.3%)	1,672 (43.5%)	19 (0.5%)	0 (0.0%)
WhatsApp	242 (6.3%)	562 (14.6%)	3 (0.1%)	0 (0.0%)
SMS	426 (11.1%)	273 (7.1%)	7 (0.2%)	0 (0.0%)
Face to face at TRCS staff/volunteers	190 (4.9%)	450 (11.7%)	4 (0.1%)	0 (0.0%)
Face to face with TRCS CC	151 (3.9%)	401 (10.4%)	5 (0.1%)	0 (0.0%)
TRCS website	282 (7.3%)	247 (6.4%)	5 (0.1%)	1 (0.1%)
TRCS Facebook page	96 (2.5%)	375 (9.8%)	2 (0.1%)	1 (0.1%)
Online meetings through Zoom/Skype	69 (1.8%)	87 (2.3%)	0 (0.0%)	0 (0.0%)
Feedback and Complaint Box at TRCS CC	65 (1.7%)	56 (1.5%)	0 (0.0%)	0 (0.0%)
Other	23 (0.6%)	16 (0.4%)	0 (0.0%)	0 (0.0%)

	Female	Male	Prefer not to answer
Phone	1,417 (36.9%)	1,398 (36.4%)	1 (0.1%)
WhatsApp	401 (10.4%)	406 (10.6%)	0 (0.0%)
SMS	334 (8.7%)	372 (9.7%)	0 (0.0%)
Face to face at TRCS staff/volunteers	342 (8.9%)	302 (7.9%)	0 (0.0%)
Face to face with TRCS CC	285 (7.4%)	272 (7.1%)	0 (0.0%)
TRCS website	232 (6.0%)	303 (7.9%)	0 (0.0%)
TRCS Facebook page	197 (5.1%)	277 (7.2%)	0 (0.0%)
Online meetings through Zoom/Skype	73 (1.9%)	83 (2.2%)	0 (0.0%)
Feedback and Complaint Box at TRCS CC	54 (1.4%)	67 (1.7%)	0 (0.0%)
Other	12 (0.3%)	26 (0.7%)	1 (0.1%)

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

Responses under "Other": "I don't want"; "I do not know"; phone; e-mail; social media. As in round 2 KAP assessment, majority of the FGD participants preferred to contact TRCS by phone and WhatsApp to ask questions or share feedback about COVID-19. Other channels mentioned included using a dedicated hotline number or 168 call centre number¹¹, SMS or e-mail, TRCS Facebook or other social media platforms.

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

Few participants in Kayseri mentioned that WhatsApp groups can be useful to ask questions and communicate with TRCS directly. Respondents in Adana and Kayseri highlighted that TRCS should clearly inform people about the accessible communication channels so that they can contact TRCS easily and promote its social media accounts more widely for people to get necessary information.

11 TRCS' 168 call centre provides a free-of-charge helpline for beneficiaries on activities and cash assistance programmes of TRCS. It aims to provide information on the application processes for assistance; 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 thanked TRCS for its efforts in the response to the COVID-19 outbreak. They acknowledged TRCS staff and volunteers' support to communities during these difficult times and for sharing necessary and up-to-date information on COVID-19. Participants informed that this online consultation, as part of the KAP assessment, as being useful where they could express their opinions and thoughts about COVID-19.



"It is important to organize online seminars or meetings with small groups of people where they can ask questions about COVID-19 as information in social media cannot be trusted all the time. Phone is a preferred channel to ask any questions, but face-to-face interaction is more effective." – said FGD participants in Bursa.

FGD participants suggested TRCS to organise online information sessions and meetings on COVID-19 vaccines and continue to raise awareness among communities about COVID-19 and the preventive measures. There are misperceptions and rumours about the disease that can create social tension or lead to practising harmful behaviour in the community. Information seminars or online meetings by TRCS can be quite effective to respond to these by providing communities with the right information, participants said. They added that more information materials on COVID-19 with visual illustrations should be developed and online activities for children should be organised to inform everyone about the risks and promote positive behaviour.

"We ask you to organise information meetings on COVID-19 vaccine." said a refugee FGD participant from Mardin.



"Thank you for being concerned and listening to our opinions on the current COVID-19 pandemic."
said FGD participants in Hatay

With the pandemic still ongoing, participants said there are still many people who have been affected and lost employment. Participants suggested TRCS to provide relevant assistance such as cash or in-kind support to those who are in need and vulnerable. They also recommended TRCS to make employment referrals and conduct livelihood activities targeting those who lost their jobs during the pandemic. Participants asked for information about people's rights at workplace as they said they were concerned of getting dismissed from their place of work if they showed COVID-19 symptoms or were infected with the disease.

Participants informed that the need for masks, hygiene kits and psychosocial support in the community is still quite high. They suggested that TRCS should distribute hygiene parcels as well as food on regular basis.

Local community respondents in Kayseri suggested TRCS to support children and schools by organising information dissemination activities on COVID-19 and distributing disinfectants when the schools were opened. FGD participants in Şanlıurfa felt that it was important for everyone to get vaccinated as they believed that was the only way to prevent risks of contracting COVID-19.



"Turkish Red Crescent has been continuously working on the COVID-19 situation. We see this and are aware about it."
Selva (32), Turkish, Adana

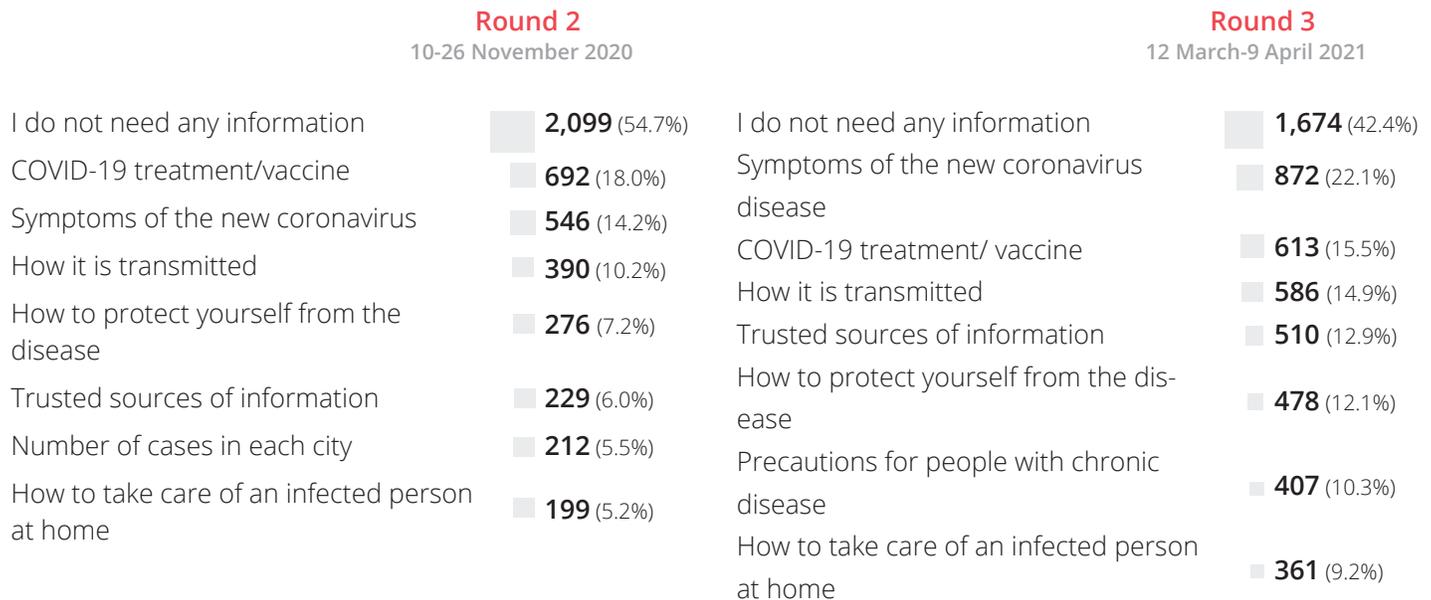


COVID-19 Information needs

Comparative statistics for key survey findings - Round 2 and 3

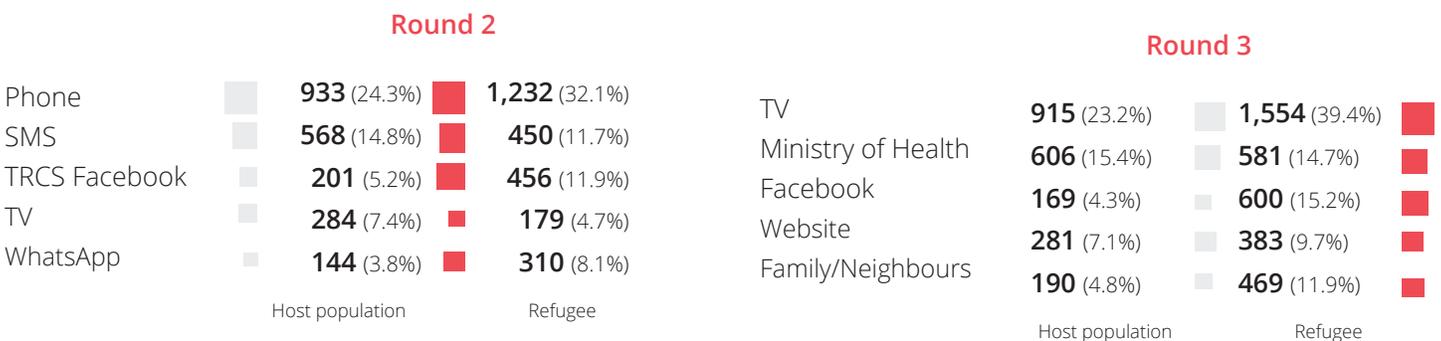
Respondents' information needs on COVID-19

Top 8 responses; more than one answer possible



Respondents' preferred channels to receive information from TRCS

Top 5 responses; more than one answer possible



Round 2

Round 3

2,158
(56.2%)

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

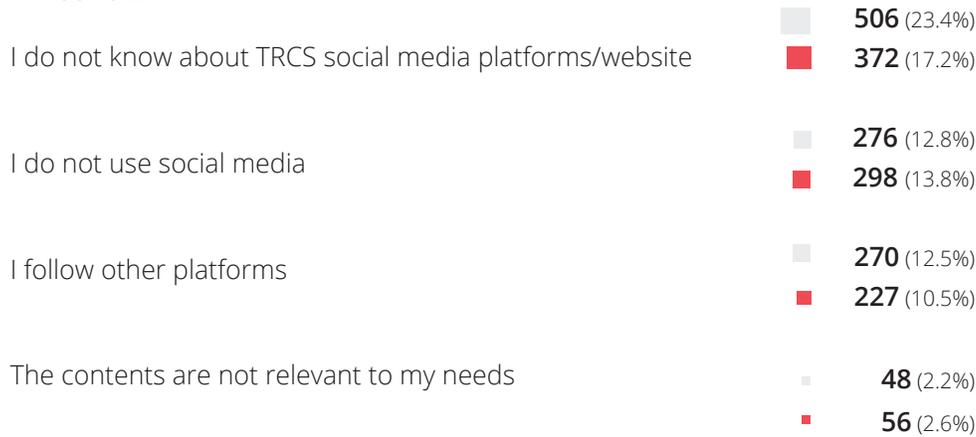
2,267
(58.7%)

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

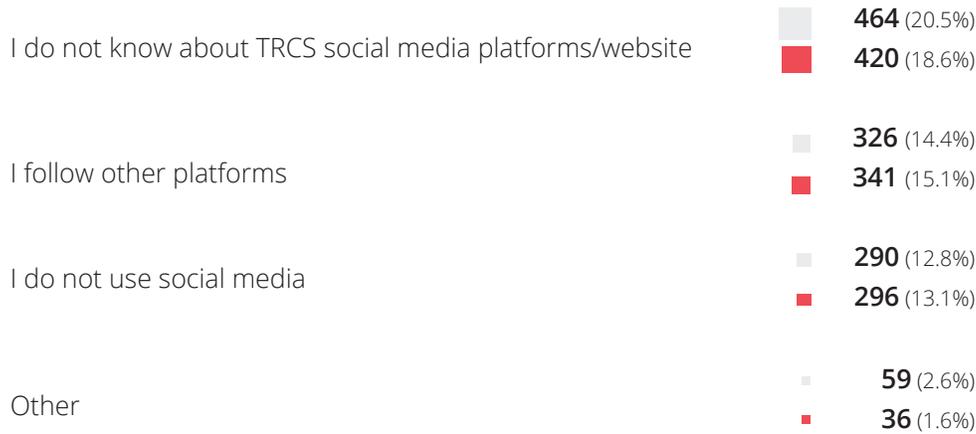
Top 4 responses; more than one answer possible

Host population
Refugee

Round 2



Round 3



Platform most visited by respondents

Top 2 responses; more than one answer possible

Round 2



Round 3





TRCS providing information on COVID-19 during pandemic

VACCINATION

This KAP assessment provides an understanding of people's perception and attitude towards a COVID-19 vaccine and their willingness to get vaccinated once a vaccine is available and was approved safe and effective. It also aims to understand if anyone has already received COVID-19 vaccine under the government plan. Findings from this part of the assessment will support TRCS to provide clear and accurate information about vaccination and respond to any misperceptions in the community.



Vaccination is a critical intervention to protect people from COVID-19, especially in combination with key behavioural actions. In Turkey, a mass COVID-19 vaccination campaign started on January 14, 2021 and end of March, Turkey entered the second stage of its COVID-19 vaccination campaign by beginning immunizations for those aged 60 and above, as well as certain individuals who are considered high risk. As of 27 May 2021, 16,299,899 people received their first doses of COVID-19 vaccine and 12,172,000 of them received the second doses.

Survey findings show more than two-fifth of the respondents (46.0%) have received vaccination as an adult. Responses to this question was found higher among female (24.4%) and refugee (27.3%) respondents than male and local community members. The remaining, 54.0%, have reported not receiving any vaccination as an adult or unsure if they received one.

Have you ever received a vaccine (not COVID-19) as an adult? For example, flu or tetanus vaccines?



Figure 31 People receiving vaccine (not COVID-19) as an adult

A majority of the respondents (81.4%) said they were aware about where to get vaccinated if they needed for any disease. Once again, responses to this question were higher among female (41.9%) and refugee (43.3%) respondents than male and local community members.

Do you know where to go to get yourself vaccinated if you needed to for any disease?



Figure 32 People's awareness about where to get vaccines

A majority of the respondents having children (2,898 respondents), also reported being aware (85.7%) about where they could get their children vaccinated to prevent childhood disease. Out of the total number of respondents, 43.3% refugees reported having information on this topic compared to 37.6% host population respondents. At the same time, of the total number of respondents, 12.8% refugees reported not having any information about where to get their children vaccinated compared to 5.7% host population respondents.

If you have children, do you know where to go to get your baby or child vaccinated to prevent childhood diseases?



Figure 33 People's awareness about where to get vaccines for their child by status

Majority of the FGD participants reported having received vaccination as an adult. These include Hepatitis B, Tetanus, Polio, Rabies, pneumonia, measles, flu, smallpox, and chickenpox. Participants said they received these vaccinations on various occasions, some of which were mandatory, such as during application for work permit, performing Umrah or pilgrimage, during military service or pregnancy. One participant in Ankara mentioned about receiving a COVID-19 vaccine as well. Refugee participants in İzmir, Kahramanmaraş, Kilis and İstanbul (European Side) along with both local and refugee participants in Mardin and Gaziantep said that they were vaccinated only when they were children.

Several participants reported having known where to get vaccinated if they needed to or if they required their child to get vaccinated to prevent childhood diseases. They said vaccination could be received at the public and family health centres under the primary care health services¹², hospitals including city hospitals¹³ as well as the public and private ones, family physicians, doctors, and paediatricians. Migrant health centres¹⁴, in addition to hospitals, were popularly known by refugees to get vaccination.

12 Public and family health centres- FGD participants mostly referred to Family Medicine (Aile Hekimliği) which is a primary health care service organization in Turkey.

13 City hospitals- large healthcare complexes with high bed capacities and all kinds of health units to serve people regionally.

14 Migrant health centres- were established by Turkish Ministry of Health in cities most densely populated by Syrians. Primary health care services are provided in Migrant Health Centres to improve migrant health services in Turkey. (<https://globalcompactrefugees.org/article/migrant-health-centers>)

Schools were specifically mentioned as places for children to get vaccinated. Fewer participants said registration for vaccination could be done through making an appointment via e-Nabız¹⁵ or calling 182 hot line number and at provincial directorate of health.

Only refugee participants from Kahramanmaraş and İstanbul European Side as well as FGD participants of both refugee and local community in Kocaeli, said they did not know where to get vaccinated if they needed to.



“Even if we get the vaccine, we have to follow the precautions: wearing mask, keeping hygiene and physical distancing.”

– said an FGD participant in Bursa.

Vast majority – 94.9% - of survey respondents said they did not receive COVID-19 vaccine. These responses were higher for female (48.7%) and refugees (54.0%) than male respondents (46.2%) and those from local communities (40.4%). Only 194 (5.1%) respondents mentioned receiving COVID-19 vaccine, majority of who were male respondents (2.7%) and from local host community (2.9%).

Have you received a COVID-19 vaccine?



Figure 34 People who received a COVID-19 vaccine

Like the survey, almost all of the FGD participants informed that they have not received COVID-19 vaccine. Only five participants from local host community in Ankara, Mersin, Hatay and Mardin said they received the vaccine. Respondents in certain locations such as in Ankara, Adana and Mersin informed that their family members or neighbours have received the vaccine. Participants in Bursa and Mersin mentioned that the priority group which included older people above 65 years, teachers and healthcare professionals or health workers was being vaccinated during the time of this assessment and majority of FGD respondents were not part of this priority group.

Among those, who have not received the COVID-19 vaccine (3,646 respondents), more than half of the respondents (52.1%) said they have not received any information regarding the vaccine in Turkey. Once again, more refugees (61.7%) and female respondents (52.2%) reported not having information about COVID-19 vaccine in the country compared to local community and male respondents.

Do you know anything about any new COVID-19 vaccine in Turkey?

more than one answer possible; 3646 respondents



Figure 35 People's awareness about COVID-19 vaccine



“Nothing will be the same as before. Now people have anxiety that they will never be as close to people as they were before. We will need to continue to maintain the regular precautions, even if we get the vaccine.”

- said an FGD participant in Bursa.

¹⁵ e-Nabız is an application that citizens and their relatives authorized by citizens and physicians can access via internet and mobile devices to personal health data collected from health facilities.

Among those who received information (1,748 respondents), respondents said they were aware about the priority groups getting vaccines (62.4%), knew that there was one approved vaccine in the country (60.0%), people who could get the vaccine (28.3%) and that vaccines could be taken voluntarily (19.3%). While there were no major differences between men and women, these responses were higher among host population respondents than refugees, meaning less refugee respondents had access to all this information.

If yes, what information have you heard about COVID-19 vaccine in Turkey?

more than one answer possible; 1748 respondents

Health workers and priority groups like older people	1,090 (62.4%)
There is one approved vaccine in Turkey now	1,049 (60.0%)
Who is going to get COVID-19 vaccine	494 (28.3%)
The vaccines can be taken voluntarily	337 (19.3%)
The phases/governmental plans for COVID vaccination	325 (18.6%)
Side effects of a COVID-19 vaccine	228 (13.0%)
What should do if I want to get vaccinated	186 (10.6%)
Other	31 (1.8%)

	Host Population	Refugee	Other	Prefer not to answer
Health workers and priority groups like older people	657 (37.6%)	403 (23.1%)	7 (0.4%)	1 (0.1%)
There is one approved vaccine in Turkey now	519 (29.7%)	501 (28.7%)	9 (0.5%)	1 (0.1%)
Who is going to get COVID-19 vaccine	290 (16.6%)	181 (10.4%)	5 (0.3%)	1 (0.1%)
The vaccines can be taken voluntarily	174 (10.0%)	151 (8.6%)	2 (0.1%)	0 (0.0%)
The phases/governmental plans for COVID vaccination	144 (8.2%)	171 (9.8%)	3 (0.2%)	1 (0.1%)
Side effects of a COVID-19 vaccine	115 (6.6%)	101 (5.8%)	2 (0.1%)	0 (0.0%)
What should do if I want to get vaccinated	119 (6.8%)	64 (3.7%)	1 (0.1%)	1 (0.1%)
Other	10 (0.6%)	20 (1.1%)	0 (0.0%)	0 (0.0%)

Figure 36 Information people heard about COVID-19 vaccine

Responses under "Other": vaccines are coming from China; "I don't trust it"; other people are getting vaccinated (locals); there are serious complications; other vaccines are also available; vaccine is administered in two doses; a temporary vaccine, not a permanent one; "I know it exists but I have no other information"; "I do not want to be vaccinated because I am not old"; vaccination is not enough for the people.

Respondents (194) who received the COVID-19 vaccine said they received similar information - there was one approved COVID-19 vaccine in Turkey (61.9%), priority groups (54.6%), who could get the vaccine (36.1%) and that vaccines could be taken voluntarily (29.9%). These responses were higher among male respondents and local community members than female and refugee respondents.

If you have received a vaccine, what information have you heard about COVID-19 vaccine in Turkey?

more than one answer possible; 194 respondents

There is one approved vaccine in Turkey now	120 (61.9%)
Health workers and priority groups like older people	106 (54.6%)
Who is going to get COVID-19 vaccine	70 (36.1%)
The vaccines can be taken voluntarily	58 (29.9%)
Side effects of a COVID-19 vaccine	41 (21.1%)
The phases/governmental plans for COVID vaccination	37 (14.4%)
What should do if I want to get vaccinated	28 (10.6%)
Other	3 (1.5%)

Figure 37 Information people (who received vaccines) have heard about COVID-19 vaccine

“There is a lot of uncertainty, we do not have clear information about the vaccines.”— said the refugee FGD participants in Kocaeli.

FGD participants in several locations said they were aware about COVID-19 vaccine in Turkey, government's strategy of vaccination roll out in Turkey, the priority groups or who will receive the vaccine and the order of groups to receive the vaccine in different stages and how to register or what to do to get the vaccine. They stated that the vaccine administered to people in Turkey was produced in China and that vaccines from Germany will also be used in the near future. Vaccination roll-out was based on the priority groups and each group will receive two-dose of vaccines within a span of 28 days, they said. Participants added, during the time of the assessment, healthcare workers, old people above 65 years, teachers and people with chronic disease were targeted as the priority groups. They were aware that communities could voluntarily get the vaccine in Turkey which they believed could protect a person from COVID-19 for around six months.

On the contrary, participants in several other locations such as Bursa, Kayseri, Adana, Ankara, Gaziantep, İstanbul European Side, Kahramanmaraş Mardin, Kocaeli and Konya said they do not have clear or accurate information about the COVID-19 vaccines in Turkey. In addition, there are many misperceptions in their communities on this topic that needs to be responded with correct information.

Participants said they heard that the vaccine was dangerous and had side effects such as blood clots and heart attacks. In addition, women could not get pregnant or could experience infertility if they received the vaccine, they said. It was reported that people believed getting the vaccine could deteriorate their health or result in a permanent health damage, also leading to sickness or death. Refugee participants in Kayseri said they heard that the vaccines were being administered to the local host communities and older people at first but did not know when the vaccines will be available for them. Few others did not want to get the vaccine because they could not trust or did not feel confident about its safety.

Respondents (1,942) said they received information on these topics from various sources including Ministry of Health (62.9%), TV (54.6%), health workers (18.1%), family and neighbours (15.6%), government officials (14.9%) and website (14.4%). Findings showed that for host population, Ministry of Health (37.4%), TV (31.3%), health workers (9.3%) were the main sources of information whereas for refugees, family, and neighbours (16.0%), government officials (8.0%), website (8.3%) and Facebook (9.8%) were the channels for information about COVID-19 vaccines. For male respondents, Ministry of Health (32.2%), TV (30.1%), government officials (8.9%) and Facebook (7.3%) were popular sources of information and for female respondents, health workers (9.3%), family and neighbours (8.1%) and website (7.9%) were more common.

Where did you receive information about COVID-19 vaccine in Turkey?

more than one answer possible; 1942 respondents

	Host Population	Refugee	Other	Prefer not to answer
Ministry of Health	727 (37.4%)	484 (24.9%)	10 (0.5%)	1 (0.1%)
TV	608 (31.3%)	445 (22.9%)	8 (0.4%)	0 (0.0%)
Health Workers	181 (9.3%)	168 (8.7%)	3 (0.2%)	0 (0.0%)
Family/Neighbours	114 (5.9%)	187 (9.6%)	2 (0.1%)	0 (0.0%)
Government Officials	133 (6.8%)	155 (8.0%)	1 (0.1%)	0 (0.0%)
Website	114 (5.9%)	162 (8.3%)	4 (0.2%)	0 (0.0%)
Facebook	58 (3.0%)	191 (9.8%)	3 (0.2%)	1 (0.4%)
Friends	87 (4.5%)	124 (6.4%)	1 (0.1%)	0 (0.0%)
Instagram	98 (5.0%)	78 (4.0%)	5 (0.3%)	0 (0.0%)
TRCS staff/volunteers	56 (2.9%)	96 (4.9%)	0 (0.0%)	0 (0.0%)
TRCS social media and website	28 (1.4%)	120 (6.2%)	0 (0.0%)	0 (0.0%)
Cell phone messages	49 (2.5%)	96 (4.9%)	1 (0.1%)	0 (0.0%)
WhatsApp	23 (1.2%)	99 (5.1%)	1 (0.1%)	0 (0.0%)
Twitter	62 (3.2%)	40 (2.1%)	2 (0.1%)	0 (0.0%)
Bochures/leaflets	39 (2.0%)	60 (3.1%)	2 (0.1%)	0 (0.0%)
Hotline 182	34 (1.8%)	36 (1.9%)	0 (0.0%)	0 (0.0%)
Community leaders	14 (0.7%)	41 (2.1%)	0 (0.0%)	0 (0.0%)
Radio	23 (1.2%)	18 (0.9%)	0 (0.0%)	0 (0.0%)
Other	11 (0.6%)	3 (0.2%)	0 (0.0%)	0 (0.0%)
Religious leaders	1 (0.1%)	5 (0.3%)	0 (0.0%)	0 (0.0%)

Figure 38 Sources of information about COVID-19 vaccine

Responses under "Other": doctor, newspaper, Google, no information received, internet, Telegram, YouTube.

Like the survey findings, FGD participants said they received information about COVID-19 vaccine from various sources including television (particularly the national TV news channels), social media (Facebook, Twitter, and Instagram, YouTube), WhatsApp groups, neighbours, Ministry of Health, its website and social media accounts, health centres, health workers, 182 call centre number and government officials. Turkish Red Crescent social media platforms, its website, and the Community Centres were also mentioned as one of the channels to receive information from on the vaccine in Turkey.

Of those who did not receive COVID-19 vaccine (3,646 respondents), almost three-quarters of the respondents (73.5%) believed that they were eligible to get the COVID-19 vaccine either now or in the future. However, remaining 26.5% did not think they were eligible for various reasons. Some believed that they were too young to get vaccinated, others felt they did not require vaccination because they were healthy or had developed immunity as they were previously infected and recovered from COVID-19. Many others were concerned about the safety, effectiveness, or the side effects of the vaccine, and did not want to get vaccinated.

Do you think you are eligible to get the COVID-19 vaccine now or in the future?

more than one answer possible; 3646 respondents



Figure 39 People's perception about eligibility for getting COVID-19 vaccine

Among the 2,679 respondents who believed they were eligible to get the vaccine, around 44.8% respondents said they could register for vaccination through hotline number 182, MHRS website/application (24.1%) and e-Nabiz website/application (22.2%). Around 36.2% did not know about this procedure and this response was noticeably higher among refugee respondents (28.1%), meaning they did not have information about the processes to get the vaccine.

If yes, do you know how to apply or get registered to get the vaccine?

more than one answer possible; 2679 respondents

	Host Population	Refugee	Other	Prefer not to answer
Through hotline 182	604 (22.5%)	596 (22.2%)	1 (0.1%)	0 (0.0%)
I do not know	210 (7.8%)	754 (28.1%)	5 (0.2%)	0 (0.0%)
Through MHRS website mobile / application	348 (13.0%)	288 (10.8%)	9 (0.3%)	0 (0.0%)
Through E-nabiz website mobile / application	375 (14.0%)	218 (8.1%)	2 (0.1%)	1 (0.1%)
Other	20 (0.7%)	15 (0.6%)	0 (0.0%)	0 (0.0%)

Figure 40 People's level of awareness about how to register for COVID-19 vaccine

Responses under "Other": Family Health Centre/ Family Doctor; municipality; hospital; E-Devlet; Refugees Association Clinic; "my children will make an appointment for me"; An appointment can made after the Ministry of Health determines the age limit; TRCS.

Several FGD participants felt they were eligible for getting vaccinated either now or in the future based on the vaccination roll out plan and the priority groups. Participants informed that they were aware about the process to register for vaccination, saying this could be done through e-Nabiz application, calling 182 hotline number, using CDAS application, MHRS system or "E-Devlet" system, and going to the hospitals or the health centres. Information about vaccination can also be found in the Ministry of Health website or E-Nabiz application, they said.

Despite being aware about the application process, majority of the participants expressed their unwillingness to get COVID-19 vaccine due to lack of trust in the effectiveness in the vaccine, concerns regarding its side effects, and beliefs that vaccine will not protect individuals from COVID-19. Participants in Adana said they were worried about the side effects of vaccination on pregnant women.

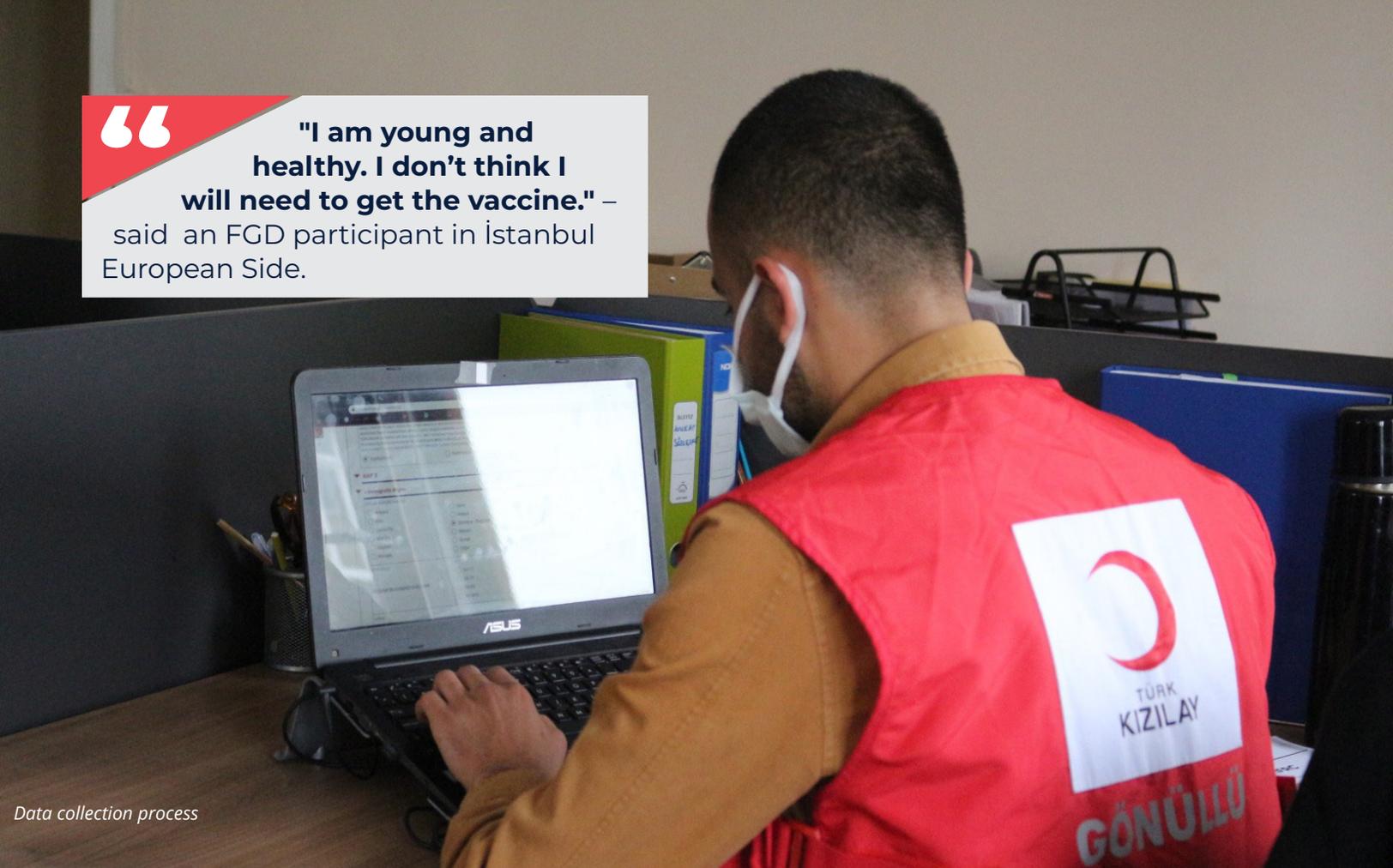
"It is not clear whether the vaccine has side effects or not. What will happen to our body when are vaccinated?" - Kinde (25), Syrian, Gaziantep.

"This vaccine has not been tried on pregnant and breastfeeding women. This raises some questions on its effectiveness," said Bayeean (30), Syrian, Adana.



"I am young and healthy. I don't think I will need to get the vaccine." –

said an FGD participant in İstanbul European Side.



Data collection process

Refugee respondents in Kahramanmaraş believed COVID-19 vaccines was not available for them while in Kocaeli, participants said that they did not know if they or people with chronic disease in their communities were eligible for getting the vaccine.

Few participants in Mardin, İstanbul European Side and Hatay felt they were not eligible for the vaccine because they were young, healthy and did not suffer from any chronic disease. So, vaccination for them will not be necessary or that they were not part of the priority group.

When asked how important COVID-19 vaccine would be for the health, almost half of the respondents (45.0%) believed it was very important. Others felt it was moderately important (44.1%) and only few thought it was not at all (10.4%). While more refugee respondents (24.3%) felt the vaccine was important than the host communities, several other refugees also felt it was not (6.3%).

How important do you think getting a COVID-19 vaccine will be for your health? Would you say...

Very important		1,745 (45.4%)
Moderately important		1,694 (44.1%)
Not at all important		401 (10.4%)

Figure 41 People's perception about the importance of COVID-19 vaccine

FGD Participants felt COVID-19 vaccine was important for their health to fight against the disease, together with other preventive measures, but many were concerned about the effectiveness of the vaccine. Participants felt that the vaccine will protect them from getting infected and is one of the ways to overcome the pandemic. In Bursa, an FGD participant from local host community said that getting the vaccine was important to avoid being carriers of the disease and spreading the disease among those at risk.

"I think COVID-19 vaccine is important for our health. Because it will protect us from this pandemic. I think we can trust the vaccine if healthcare professionals have administered it to themselves. We cannot fight this pandemic other than vaccination." said an FGD participant in Bursa.

"The vaccine is important, but we are concerned about the safety of the vaccine." said an FGD participant in Mersin.

Participants who felt COVID-19 vaccine was not important believed that vaccines were developed and sold for commercial purpose, or that COVID-19 was not a dangerous disease. Others stated that they did not trust the vaccine at all. While several participants in Şanlıurfa, Konya, Mersin, Adana, and Gaziantep indicated that they were unsure about getting the vaccine, few others stated that they preferred to wait and observe the health conditions of people who received the vaccine and only after they would decide to get vaccinated. They felt that the COVID-19 vaccine was not effective and getting the vaccine could result in various health problems such as heart attacks. A refugee participant from Kayseri believed even if the vaccine was reliable, it would not be made available to the refugees.

"I don't think that this vaccine will work for all the people." – Suzan (33), Syrian, Gaziantep

"I don't believe that this vaccine will protect us, and it can cause permanent health problems that would last a lifetime." - Hamdi (43), Turkish, Mersin.

"We heard people who received the vaccine suffered heart attack."- Hidayet (41), Turkish, Gaziantep

Just over half of the respondents (52.2%) felt that getting COVID-19 vaccine could protect themselves as well as other people in their communities from COVID-19. This belief was higher among both male (26.8%) and refugee respondents (28.8%). The rest either were unsure (31.6%) or did not believe that the vaccine could protect them or their communities (16.2%). This response was also higher among refugee respondents.

Do you believe that getting a COVID-19 vaccine for yourself will protect you and other people in your community from COVID-19?

Yes	■	2,005 (52.2%)
Maybe	■	1,213 (31.6%)
No	■	622 (16.2%)

Figure 42 People's perception about protection of individual and communities by getting the COVID-19 vaccine

Majority of the FGD participants do not believe getting a COVID-19 vaccine will protect them and other people in the community from COVID-19. This was due to lack of trust or confidence in the effectiveness of the vaccine, lack of information on the efficacy and side effects of the vaccine, perceptions that people will contract the disease regardless of getting vaccinated, fatalism and beliefs that vaccines are developed for business purpose or to trail people with microchips. Others said that while the vaccine may protect him or her, it will not reduce the risk of contraction for those around them or those who have not received vaccination.

"We think microchips are put into the vaccine, so that they can give information about people to the government," said FGD participants in Bursa

"The vaccine will not protect us. It does not work despite taking precautions," - Hatice, Syrian (43), Gaziantep

"I think the vaccine will protect me, but I don't think it will reduce the risk of contraction for those around me," said an FGD participant in Bursa.



"I don't believe the vaccine will protect us because a lot of people who were vaccinated was infected with coronavirus."— said an FGD participant in Kilis.



“The vaccine will protect me, but not those who have not received vaccination.”— said an FGD participant in Hatay.

Also, just over half of the respondents (52.7%) thought getting a COVID-19 vaccine will allow them to safely interact with family and friends again. Once again, this response was higher among male (26.9%) and refugee respondents (28.9%). The remaining respondents said either “maybe” (32.7%) or did not believe (14.6%) that the vaccine would enable people to interact with family and friends again. This response was also higher among refugee respondents.

Do you think that getting a COVID-19 vaccine will allow you to safely see and interact with your family and friends again?



Figure 43 People's perception about interacting with communities by getting a COVID-19 vaccine

Majority of the FGD participants did not think getting a COVID-19 vaccine will allow them to safely interact with their families or friends. One of the main reasons for this they said was the vaccine being developed too quickly and believed more time was required to ensure accurate test and trials. There was also lack of information on the efficacy of the vaccines. Other participants mentioned that the vaccines can provide protection against COVID-19 for only a short period of time. Hence there was lack of trust or confidence in the effectiveness of the vaccine.

“There is not enough confidence in the vaccine because it is developed within a very short span of time. I think we may be able to gain trust after some time when we will notice there is no negative effect on the communities as a result of the vaccine.” - Naden, Syria (28), Mersin.

Fewer participants such as in İzmir, Mardin, and İstanbul Anatolian Side said getting COVID-19 vaccine will help communities to interact with each other again. Although other participants added that the preventive measures such as wearing masks, maintaining hygiene and physical distancing will need to be continued and it will take some time before life is fully normalised.

“If everyone is vaccinated, people will be able to socialize as they used to.” said an FGD participant in Bursa.

Among the 3,646 respondents who did not receive the COVID-19 vaccine, more than half of the respondents (58.4%) said they would want to get vaccinated when it was made available for them. This response was higher among female (29.2%) and refugee respondents (31.7%) compared to men or local host community members. However, there were also several female (22.2%) and refugee respondents (25.2%) who were unsure or did not want to get vaccinated at all.

When a vaccination against COVID-19 will be available for you, would you get vaccinated?

3646 respondents



Figure 44 People's attitude towards getting a COVID-19 vaccine



“Vaccination will benefit us the most. If we are in contact with a person who received the vaccine, we can be more comfortable in communicating with each other. But if there are people in our family who are not vaccinated, the risk of contraction will remain.”— said an FGD participant in Bursa.

Those who were unsure or did not want to get the vaccine even if it was available (1,517 respondents) gave various reasons, such as beliefs that the vaccine will not be safe (58.6%) or protect individuals from COVID-19 (34.1%) or that they could face serious reactions after getting vaccinated (29.4%). These responses were consequently higher among female and refugee respondents.

If no, or maybe- what are your concerns?

more than one answer possible; 1517 respondents

I don't think it will be safe for me or my family	889 (58.6%)
I don't think that vaccine will protect me from getting the disease	518 (34.1%)
I could face serious reactions after getting vaccinated	446 (29.4%)
It was developed very fast	138 (9.1%)
I will check with our community leaders/religious leaders say before deciding to get a vaccine	81 (5.3%)
It might be costly	77 (5.1%)
Other	71 (4.7%)

Figure 45 Concerns for not wanting to get a COVID-19 vaccine

Responses under "Other": "I don't think the vaccines are safe"; "I need to ask my doctor"; "I have concerns (no explanation)"; "I have antibody"; "I don't need vaccination"; "I will not go to hospital for vaccination"; "I am young, I do not need"; a disease like flu can be easily overcome; "I don't have enough information about it"; "I have an allergy"; "I don't believe in COVID-19"; "my immune system is good"; side effects.

Several FGD participants informed that they would not prefer to be vaccinated even if the COVID-19 vaccine was available for them. Reasons for this were the perceptions that the vaccine could result in side effects and or cause other disease. Local host population participants in Kayseri and Hatay said they did not prefer vaccines from another country other than ones locally made in Turkey. Respondents also mentioned that there were a lot of misperceptions about the vaccine in social media that should be responded with correct information.

In Kahramanmaraş and Gaziantep, refugee participants perceived that refugees were not included in the vaccination roll out plan and so they were not yet eligible to get the vaccine. While in certain locations such as Adana, participants said that community leaders or religious leaders would want them to get the vaccine, others such as in Mersin stated they would rely more on the information from Ministry of Health regarding vaccine.

“We don't think the vaccine is effective. We heard some people suffered side effects like exhaustion and headache and that it can cause serious health problems.”— said FGD participants in Şanlıurfa.

Fewer participants mentioned that if the risks of COVID-19 decreases, they will not get vaccinated because they did not want unknown substances to be injected their bodies. In Kayseri, refugee participants emphasized that everyone needed reliable sources of information regarding the vaccine and its registration processes.

Participants in other locations such as İstanbul European Side, İzmir, Ankara, Hatay, Kilis, İstanbul Anatolian Side and Gaziantep mentioned they would want to get COVID-19 vaccine when it is available to them as they believed it was important for their health and to be protected from disease. Some participants in Kahramanmaraş felt people will be safe from COVID-19 only after everyone has been vaccinated.



“If vaccination must be done, everyone should be vaccinated at the same time. Only then it will be effective.”— said local FGD participants in Kahramanmaraş.

The main question asked by respondents (3,646), who did not receive the COVID-19 vaccine, was if the vaccine was safe (37.4%). Other questions were related to the side effects of the vaccine (26.6%), which vaccines were available in Turkey (18.1%), when the vaccines would be available for people (16.6%). These responses were higher among both female and refugee respondents. Only 1,307 respondents (35.8%) did not have any questions.

What questions do you have about vaccines against COVID-19?

more than one answer possible; 3646 respondents

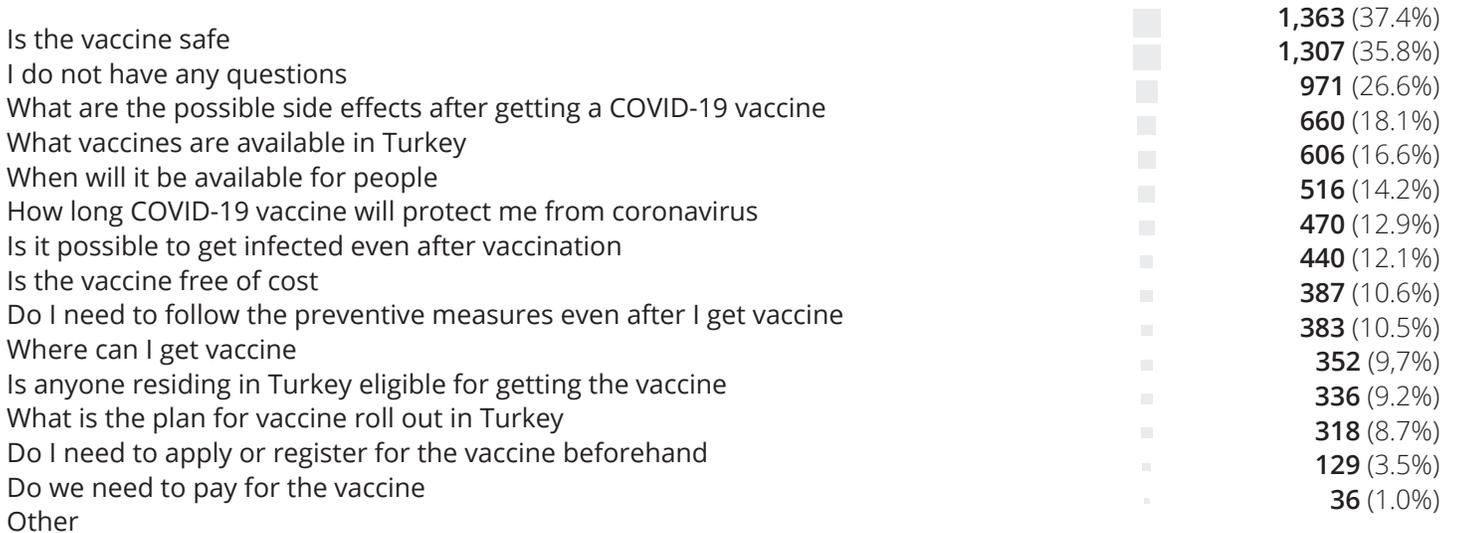


Figure 46 Questions about COVID-19 vaccine asked by respondent who have not received the vaccine

Majority of the respondents who received the vaccine (194), did not have any questions about the vaccine itself (58.6%). Those who did (29 respondents) asked if they needed to follow the preventive measures (34.1%), how long the vaccine would protect them (29.4%) if it was possible to get infected after the vaccination (9.1%) and the possible side effects (5.3%).

If you have received a COVID-19 vaccine, do you have any questions about vaccines against COVID-19?

more than one answer possible; 194 respondents

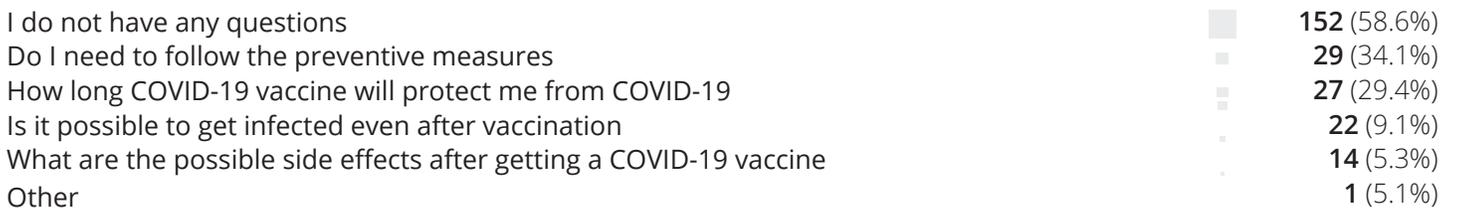


Figure 47 Questions about COVID-19 vaccine asked by respondent who have received the vaccine

Responses under “Other”: “I want a Turkish Vaccine”.



“We do not know how protective the vaccine will be. So, we can’t tell if the vaccine is 100% reliable.”— said a local FGD participant from Şanlıurfa.

FGD participants asked various questions regarding COVID-19 vaccine in Turkey, majority of which related to its side effects, reliability, and effectiveness against COVID-19 and its mutated variants. Participants also wanted to know how long the vaccine could provide protection against COVID-19, if it was safe for adults, children, pregnant women, and those with chronic disease and if the vaccine was provided for free. They also asked if people would be infected with the disease after they received the vaccine. Majority of the refugee participants wanted to know if the refugees will be included in the national vaccination plan and the strategy on vaccination process for the refugees.

The questions asked by the FGD participants regarding COVID-19 vaccine in Turkey are listed below:

SI NO	Questions	Location
1	Will this vaccine completely eliminate the disease?	Ankara
2	Could this vaccine cause side effects in the future?	Ankara, Bursa, Gaziantep, Hatay, Mardin, Mersin, İstanbul Anatolian Side, İstanbul European Side, Izmir
3	Where do we register for vaccines?	Ankara
4	Is this vaccine suitable for children and babies?	Ankara
5	Is this vaccine effective against mutant variants?	Ankara
6	What is the coronavirus vaccine?	Bursa
7	Can it cause harm to pregnant women?	Bursa
8	Will everyone have the vaccine, both children and adults?	Bursa
9	Will everyone get the vaccine or only the sick and the elderly?	Bursa, Kilis,
10	Why is it not enough to be vaccinated once, why is it necessary to be vaccinated twice?	Bursa
11	Is the vaccine effective?	Gaziantep
12	Is vaccination mandatory?	Gaziantep
13	How long will it protect against COVID-19?	Hatay, Kayseri, Mardin, Mersin, Kocaeli
14	Should I be implementing precautions to not get the disease after the vaccination?	Hatay
15	Why isn't the vaccine being produced in Turkey?	Hatay
16	How reliable is the current vaccine in Turkey?	Hatay
17	Is the vaccine the definitive solution against the virus?	Hatay
18	When will the vaccination process begin?	Izmir
19	Will Syrians and foreigners be vaccinated?	Izmir
20	Will children and pregnant women be vaccinated?	Izmir
21	Is the vaccine safe for all people?	Izmir, Mardin
22	When will the vaccination be scheduled for refugees?	Izmir
23	Is the vaccine available for the refugees?	Kahramanmaraş
24	Is it possible to be infected again after the vaccination?	Kahramanmaraş , İstanbul Anatolian Side
25	Which vaccine should I trust?	Kahramanmaraş
26	Is it obligatory to be vaccinated?	Kahramanmaraş
27	What are the safe vaccines?	Kayseri
28	Has anyone gotten sick after vaccination?	Kayseri
29	Are vaccinations free or paid?	Kayseri, Kilis

30	Will young people and children be vaccinated?	Kayseri
31	Do those recovered from COVID-19 need to be vaccinated again?	Kayseri
32	Which vaccines will be in our country? Will we have the chance to choose?	Kayseri
33	How protective are the vaccines?	Kocaeli, Mersin, Ankara, Bursa
34	How long does it take to be effective after vaccinations?	Kocaeli
35	Will the vaccine be made available to us for the refugees?	Konya
36	Is there enough vaccine available in Turkey?	Mardin, Mersin, Şanlıurfa, Bursa, İstanbul Anatolian Side
37	Will we have to get a new vaccine when it loses its effect after 6 months?	Bursa
38	What are the long-term effects of vaccines?	Mardin
39	Will the side effects persist permanently for a long time?	Mardin
40	What are the differences between the types of vaccines developed?	Mersin
41	Will the person who had the vaccine get COVID-19 again?	Mersin, İstanbul Anatolian Side
42	Why are there different vaccines?	Adana
43	What are the most accurate sources to get information about coronavirus vaccine?	Mersin
44	Will everyone get the same vaccine?	Mersin
45	Can pregnant women be vaccinated and is the vaccine safe for them?	Şanlıurfa
46	Can people with blood pressure, diabetes and heart disease be vaccinated easily?	Şanlıurfa
47	Do I have to follow the rules after I am vaccinated?	Şanlıurfa, İstanbul Anatolian Side
48	When will all the people will be vaccinated?	Şanlıurfa, İstanbul Anatolian Side
49	Can we return our normal life after vaccination?	İstanbul Anatolian Side
50	Is there a special process or policy applicable for refugees or do we have equal rights with the local people regarding vaccination?	İstanbul Anatolian Side

Table 3 Questions asked about COVID-19 vaccine



Fewer respondents (10.7%) reported about various rumours about COVID-19 vaccine in their communities.

Is there anything about COVID-19 vaccination that you are not sure if it is true or not?



Figure 48 Rumours heard about COVID-19 vaccine

FGD participants shared various rumours regarding COVID-19 vaccines in Turkey, which are listed below:

SI NO	Rumours	Location
1	Vaccination can cause different diseases in the future.	Adana
2	The vaccine may cause allergic reactions in our body.	Adana
3	There are microchips in the vaccines.	Adana
4	The vaccine has no effect against the mutated variants.	Ankara
5	The vaccine is sold to countries for commercial purpose.	Ankara, İstanbul Anatolian Side, Kilis
6	People who will not receive the vaccine cannot benefit from certain rights or benefits.	Ankara
7	The vaccine is not good. It has negative side effects.	Ankara
8	Remaining priority groups will need to pay to get the vaccine.	Ankara
9	Some people had a brief facial paralysis after vaccination.	Ankara, Şanlıurfa
10	Coronavirus is a lie. There is no such virus. Other countries have created this virus.	Ankara
11	I think we are tracked with the vaccine, so that we can be infected with other diseases.	Ankara
12	The vaccine has increased autism and caused the death of some people.	İstanbul European Side
13	Vaccines are developed to inject substance in the human body and control people more easily.	Bursa
14	There are microchips in the vaccines. By putting in microchips in the vaccine, people can be trailed, and their personal information can be shared with the government.	Bursa, İstanbul Anatolian Side
15	Vaccines are not effective.	Gaziantep
16	Some people who were vaccinated had a heart attack.	Gaziantep
17	People who got vaccinated will die within 45 days.	Hatay
18	The vaccine will alter or change the human DNA.	Hatay
19	The vaccine is used to diminish the human population.	Hatay, İstanbul Anatolian Side
20	The vaccine causes rabies.	Hatay
21	The vaccine causes death.	Hatay
22	The vaccine causes physical impairments.	Hatay
23	The vaccine causes genetic disorders.	Hatay
24	We heard that the vaccine causes infertility.	Izmir, Mardin, İstanbul Anatolian Side
25	The vaccine is not protective.	Kahramanmaraş , Kayseri
26	Syrians are not infected by COVID-19.	Kahramanmaraş
27	The vaccine is not reliable.	Kahramanmaraş

28	If I had the vaccine, I would still be infected by COVID-19.	Kahramanmaraş
29	Those who are vaccinated can fall sick.	Kayseri
30	Vaccines will only be given to the older people and those with chronic diseases.	Kayseri
31	Vaccines will be paid.	Kayseri
32	Vaccine can cause heart attack.	Kilis
33	The vaccine causes blood clot and death.	Mardin
34	The vaccine has no effect. It may be deadly and harmful.	Şanlıurfa
35	The vaccine is very risky for older people with chronic disease.	Şanlıurfa
36	There is no real vaccine. This is an experiment; the effects of the vaccine will become visible in time.	İstanbul Anatolian Side

Table 4 Rumours heard about COVID-19 vaccine in the community

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

- "We heard that people die after they get vaccinated."
- The vaccine causes death.
- There are some people who got infected after they had COVID-19 vaccine.
- Vaccine was produced in a short time and it is concerning.
- The vaccine has serious side effects, and it causes complications.
- The vaccine leads to or causes diseases in the future.
- I do not trust the foreign vaccines.
- I do not trust the vaccines and I am not sure if they are effective.
- The content of the vaccine is not clear.
- I have doubts about how well the vaccine could protect us.
- Vaccine causes infertility.

When asked about who the final will have/had say about whether the respondent received the vaccine, vast majority, 81.4%, said it would be themselves. Others mentioned about their spouses (12.1%) and parents/in-laws (5.2%). These responses were remarkably higher among female and refugee respondents than male and respondents from local communities.

In your family, who will have/had the final say about whether you get a COVID-19 vaccine?

Me	3,127 (81.4%)
My spouse/partner	466 (12.1%)
My parents or in laws	201 (5.2%)
Someone else	29 (0.8%)
My children	17 (0.4%)

Figure 49 People's opinion about who will have the final say to get COVID-19 vaccine

Majority of the FGD participants mentioned that it will be themselves to have the last word about whether to get the COVID-19 vaccine. For others, they would consult with their parents, families, spouse, or head of the household. In Kayseri, women respondents among refugee communities mentioned that decisions of their husbands or fathers were important. In certain locations, such as in Bursa, it was reported that elders in the family usually takes the decision while for others, the older people would consult with younger members of the household as they felt young people had more information.



TTRCS during mask production and packaging in COVID-19 pandemic



TRCS staff distributing food for elderly people during restrictions

RECOMMENDATIONS

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



SI NO	Activities	IEC products/Channels
1	<p>Disseminate key information to communities to encourage people to adopt positive behaviours including information on COVID-19 vaccines. Some of the topics identified are listed below.</p> <ul style="list-style-type: none"> Information on COVID-19 vaccine in Turkey, particularly on the type of vaccines available, national vaccination plan and the strategy, priority groups, procedures to get the vaccine, side effects, and effectiveness against COVID-19 and the new variants. Further topics on vaccines requested by respondents are on page 62. Any new symptoms of COVID-19 and information about the new variants How COVID-19 is transmitted Trusted sources of information How to protect oneself from the disease Importance of wearing masks, how and when to wear masks How to maintain personal hygiene Other treatments for COVID patients Restrictions in Turkey will be lifted and quarantine processes in Turkey Information on the number of COVID-19 cases in the cities in Turkey Where and which hospitals to go to How to disinfect clothes and homes Information on COVID-19 for children Information about TRCS social media channels and website What to do if infected and how to take care of an infected person What to do after a person recovered from 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 and CBHFA volunteers via WhatsApp/Facebook groups in CC.
2	Respond to rumours/misperceptions identified in each location. Various rumours have been reported in this assessment on COVID-19 as well as the COVID-19 vaccine on pages – 26 and 63.	E-bulletin specific to each location, E-brochures, and videos in different languages (e.g., Turkish, Arabic, Kurdish, and English) to be used in TRCS CC social media, TRCS webpage on COVID-19; IEC materials to be shared with Advisory Committee and CBHFA volunteers via WhatsApp/Facebook groups in CC.
3	Conduct online information sessions for community members and children by TRCS staff/ volunteers on COVID-19 vaccines in Turkey and the preventive measures.	Through Zoom/Skype calls
4	Organise online information seminars for community members using public influencers (e.g., community/religious leaders/Muhtar) to encourage promotion of general healthy behaviours and address misinformation and rumours with actionable and verified information	Through Zoom/Skype calls
5	Develop information materials (visuals and/or videos) with key influencers, e.g., community leader, doctors, religious leaders, community volunteers, etc on various topics including COVID-19 vaccines	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 and CBHFA volunteers via WhatsApp/Facebook groups in CC.
6	Conduct online meetings with existing community forums, the Advisory Committee 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 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 perception surveys to understand barriers to healthy behaviours, information needs, preferred/trusted channels of engagement as well as people's perception and acceptance towards COVID-19 vaccines in Turkey.	Survey report



Who we are

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

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



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

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TRCS during mask distribution and information dissemination

KNOWLEDGE, ATTITUDES AND PRACTICE (KAP)

ASSESSMENT ON COVID-19 (ROUND 3)

