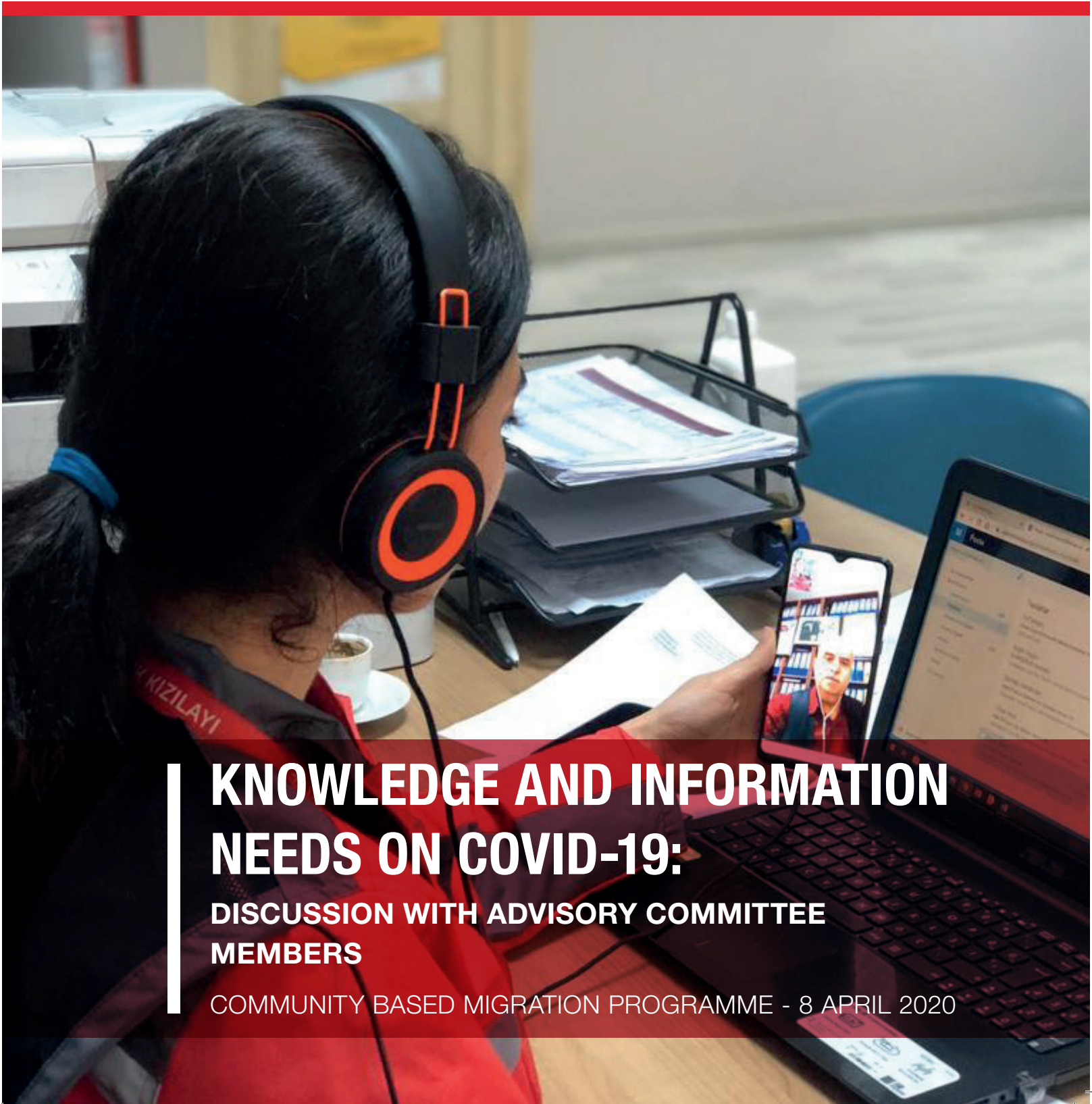




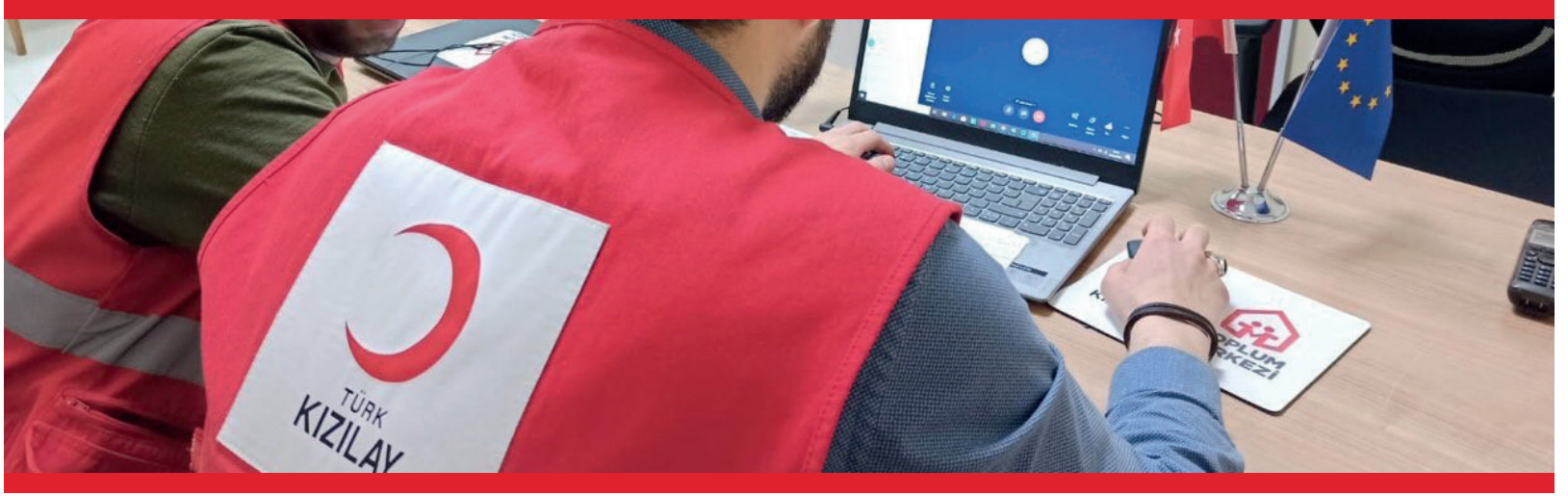
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KNOWLEDGE AND INFORMATION NEEDS ON COVID-19:

DISCUSSION WITH ADVISORY COMMITTEE
MEMBERS

COMMUNITY BASED MIGRATION PROGRAMME - 8 APRIL 2020



KNOWLEDGE AND INFORMATION NEEDS ON COVID-19: DISCUSSION
WITH ADVISORY COMMITTEE MEMBERS
COMMUNITY BASED MIGRATION PROGRAMMES
8 APRIL 2020

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KNOWLEDGE AND INFORMATION NEEDS ON COVID-19:
DISCUSSION WITH ADVISORY COMMITTEE MEMBERS



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 COVID-19 outbreak. Given the disruption of daily routines and social isolation, the outbreak affects mental health and psychosocial wellbeing causing fear and anxiety among people about their own health and the health of their loved ones.

In Turkey, as of 7 April 2020, 30,217 cases have been confirmed with 649 deaths reported. While the number of cases in Turkey continue to rise, the Turkish authorities have undertaken a series of containment measures including closing of schools, imposing curfew for 65+ individuals, provisioning flexible working arrangements, such as working from home, recommending people to stay at home and banning public gatherings. As of 21 March 2020, travels from and to 68 countries have been suspended. The Ministry of Health (MoH) intensifies efforts to provision necessary health facilities to treat patients with COVID-19. MoH also develops and posts various Information Education and Communication (IEC) materials (posters and videos) on the prevention of COVID-19 for public awareness through its official websites, TV, social media. As part of Community Based Migration Programme, the Turkish Red Crescent Society (TRCS) has been responding to the situation through disseminating information on COVID-19 on various topics like symptoms of infection, how to prevent the risk of infection, how to wash hands and wear mask through staff and volunteers in the streets, marketplaces, bus terminals and during household visits. Brochures are distributed among people, both refugees and local community, and videos are posted in Turkish and Arabic on these topics in TRCS social media – Facebook, twitter, Instagram. A separate website on COVID-19 (www.kizilay.org.tr/corona/) is also opened in Turkish, English and Arabic to ensure access to information for different communities. Seminars and online trainings on COVID-19 are provided to staff and volunteers working on the ground and specific guidelines, brochures and videos are shared with them. TRCS has been operating 16 Community Centres in 15 cities across Turkey to support refugees and local community with various services, where videos on COVID-19 are now on display on the screens at the entrance of each centre. Psychological support is also provided to community members online in case they cannot visit the centres.

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WHY DISCUSS WITH ADVISORY COMMITTEE?

While the non-essential activities of the Community Centres are suspended and people are advised to stay indoors, TRCS is aiming to maximize its reach to people with access to information on COVID-19. At the same time, TRCS is focussing on having two-way dialogue with community members instead of one-way messaging.

Given that the understanding about this virus and the resulting outbreak is rapidly evolving, any information gaps among people can potentially lead to misperceptions, rumours, mistrust and panic. Hence it is critical to capture and act on the feedback and concerns of the communities we work with, to provide relevant information, adjust programmes and build long-term trust.

To understand the knowledge, attitude and information needs on COVID-19 of communities, both refugees and local people, along with their preferred channels for communication, TRCS has conducted online meetings with pre-established community forums, the Advisory Committee, in each of 16 Community Centres from 26-27 March 2020.

Recognizing that listening and working with community support addressing their vulnerabilities and leads to better quality programming, TRCS uses the Red Cross Red Crescent Movement's Community Engagement and Accountability (CEA) approach within its work at the Community Centres. To ensure services are relevant to people's needs and that they can voice their opinion, Advisory Committees have been formed at the Community Centres since 2018.

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 and includes those who are recipients of the services at the centre and those that are not. The Advisory Committee meets once a month at the Community Centre. However, following the COVID-19 outbreak, and given the members of the committee have access to internet and social media, the meetings are now conducted online through phone, WhatsApp and Skype. As representatives of the refugee and local community, the members of the committee play a critical role in the ongoing crisis to raise awareness, provide right information and share key messages on health, hygiene and other issues with their community to contribute to a positive behaviour. At the same time, the members reflect and share key concerns, questions and any rumours circulating in their community on COVID-19 with TRCS, maintaining a two-way communication.

The number and composition of the Advisory Committee members in 16 Community Centres, who participated in the online meeting on COVID-19, are outlined in the table below. In total, 150 community members participated in the discussion, of which 81 were men while 69 were women and 110 were refugees and 40 were local community members.

KNOWLEDGE AND INFORMATION NEEDS ON COVID-19:

DISCUSSION WITH ADVISORY COMMITTEE MEMBERS

SI No	Community Centre	No. and composition of Advisory Committee members				
		Local		Refugees		Total
		Women	Men	Women	Men	
1	Adana Community Centre	0	1	0	7	8
2	Ankara Community Centre	4	1	2	2	9
3	Bağcılar Community Centre	0	0	2	10	12
4	Bursa Community Centre	2	0	6	4	12
5	Hatay Community Centre	0	2	2	4	8
6	İzmir Community Centre	0	4	3	2	9
7	Gaziantep Community Centre	3	1	6	2	12
8	Kahramanmaraş Community Centre	0	4	2	3	9
9	Kayseri Community Centre	2	2	3	2	9
10	Kilis Community Centre	1	0	3	5	9
11	Konya Community Centre	1	0	3	3	7
12	Mardin Community Centre	3	1	1	5	10
13	Mersin Community Centre	2	1	4	2	9
14	Sultanbeyli Community Centre	0	1	3	6	10
15	Şanlıurfa Community Centre	2	0	5	4	11
16	Kocaeli Community Centre	2	0	2	2	6
Total		22	18	47	63	150



KNOWLEDGE AND INFORMATION NEEDS ON COVID-19:
DISCUSSION WITH ADVISORY COMMITTEE MEMBERS



KEY FINDINGS

The discussion with Advisory Committee members on their knowledge and information needs on COVID-19 are based on the following questions and their responses are summarized below. These responses will be used to guide adjustments to ongoing health education, CEA and communication activities on the prevention of COVID-19.

What information have you already heard about COVID-19? (*this is to understand community's level of knowledge on COVID-19*)

The Advisory Committee members in all locations are moderately aware about COVID-19 outbreak, the symptoms of infection, how it spreads and how to reduce the risks of getting infected. The members explain that the common symptoms of infection include fever, dry cough, sore throat and breathing difficulties. The virus can spread through droplets during coughing, sneezing or touching eyes or mouth with infected hands.



In Hatay, however, the members do not know how the virus spreads but follow recommended advice to prevent the risks of infection. Some of the committee members perceive that the virus is transmitted not only through air or physical contact with infected person but also wild animals. Others suggest that the symptoms of infection also include lacking sense of smell and taste, loss of appetite and swelling of the abdomen. Symptoms appear within a span of four days after exposure and affects the respiratory system. They recognize that older people and those with chronic disease or weak immune system are at higher risk of infection. Almost all members consider COVID-19 as deadly, first transmitted from wild animals, such as bats, in China and then spread across other countries.

In Kocaeli, the committee members inform that the refugees are less aware about COVID-19 than local communities. The reasons for this are language barrier, the social media channels they follow have limited information in Arabic about COVID-19, and they do not adequately follow the TRCS social media posts. This can negatively impact the refugees to practise positive behaviour and undertake necessary precautions.

What did you do with the information you heard about COVID-19? (*this is to understand if community is practising positive behaviour e.g. washing hands, staying indoors, using masks, etc*)

To prevent the risks of getting infected, the members are taking necessary precautions such as washing hands with soap, practicing personal hygiene, staying indoors, sterilizing surfaces and cleaning homes with disinfectant or bleach, using masks, gloves and maintaining social distance (1 meter) whenever outside. The committee members inform they have received information on these from TRCS through its official channels and social media. daily



They stress that the most important steps to reduce the risks of COVID-19 infection are to wash hands with soap frequently or for at least 20 seconds and to strictly follow "Stay at Home" advise. Avoiding crowds, eating healthy food, drinking water and practicing good hygiene like covering mouth with tissue

KNOWLEDGE AND INFORMATION NEEDS ON COVID-19:

DISCUSSION WITH ADVISORY COMMITTEE MEMBERS

while sneezing or coughing, disposing the used tissue immediately and washing hands with soap can significantly reduce the chances of COVID-19 infection.

In Kayseri, these steps are practiced more diligently by refugees than local people. In Adana and Mersin, however, it is noticed that refugees are less inclined to follow these advise viewing that this pandemic is not as critical as the conflict they encountered in Syria. In Kocaeli, the community has been increasingly using bleach to clean homes, which is causing adverse health effects such as headaches and irritation to the nasal passage.

The committee members informed that there are people in their community with poor economic conditions and those compelled to go out for work and so they are unable to undertake these precautions. They suggested that TRCS provide hygiene kits to the needy and vulnerable in the community.

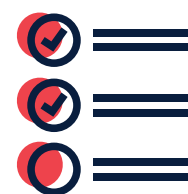
Where do you get information about COVID-19? (this is to understand their source of information, e.g. social media, websites, neighbours, etc)

The committee members inform they receive information about COVID-19 from social media (Facebook, WhatsApp, Twitter, YouTube), TV (particularly TRT, TRT Arabic, Al Jazeera), Ministry of Health, government institutions, newspaper, World Health Organization (WHO) and TRCS through its social media channels and website. In Kocaeli, refugees identified language as one of the key barriers in accessing information. In Adana and Kocaeli, social media (Facebook) is widely used by refugees, whereas, for local people, both, social media (Facebook) and TV are popular. TRCS platform is identified as one of the information sources in Mersin, Izmir and Kilis.



What information do you need to know most, right now, about the current COVID-19? (topics for e.g. symptoms, how it spreads, how to prevent, etc)

The Advisory Committee members explain communities need further information about COVID-19, symptoms of infection, how it spreads, ways to prevent the risk of infection, particularly those with chronic disease, the importance of 14 days quarantine and how to maintain oneself during this period. Communities need information about who to contact to ask questions about COVID-19, locations to take diagnosis test if suspected with symptoms of infection and what to do if infected.

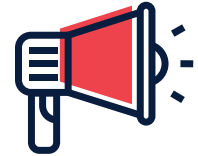


In Kayseri and Konya, the community, particularly the Syrians, wants to know about the trusted sources of information on COVID-19. In Sanliurfa and Adana, community would like to know about TRCS services in response to COVID-19 including any distributions on gloves, mask or disinfectant and if there will be any support from the government for the vulnerable families.

Advisory Committee members in all locations stress the need for more information on distance education programme and Vefa Social Support Group for refugees and local communities. In Gaziantep, people have confusion over the symptoms of COVID-19 infection with other respiratory disease. The committee members requested for information materials on how to tell children about coronavirus. They would also like to know how long the virus is stable on different surfaces (glass, steel, skin), if there is any cure for COVID-19 or when the outbreak will likely end.

Have you heard anything about COVID-19 that you are not sure if it's true or not? By whom? (*rumours*)

The Advisory Committee members stress that there are various rumours spreading within the community both among refugees and local people about COVID-19. These rumours are spread mostly via word of mouth and social media (Facebook, Twitter, Instagram and WhatsApp). Misperceptions and rumours in a community can create social tension or lead to practising harmful behaviour and therefore should be responded by providing communities with the right information. In Izmir, for example, although some of the Advisory Committee members inform that they check different official websites for verification of rumours, they suggest that videos and visual materials should be developed to provide communities with right information and published in official social media accounts and TV channels.



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

Sl No	Rumours	Location
1	Coronavirus spreads more quickly in Syrian community.	Kayseri
2	All those who died by coronavirus were Syrian because they maintain poor personal hygiene.	Mardin
3	Coronavirus will not transmit to you if you pray and perform ablution.	Kilis
4	People think onion, garlic and soup can prevent coronavirus.	Kilis, Ankara, İzmir
5	A person who is infected with the coronavirus will have no more children after recovery.	Şanlıurfa
6	Cleaning nose regularly with salt water can prevent risk of infection.	Ankara
7	Rubbing alcohol all over the body can prevent risk of infection.	Ankara
8	Excessively gargling or drinking water can prevent risk of infection.	Ankara, İzmir
9	Taking a hot bath can prevent risk of coronavirus infection.	Ankara
10	Wearing a mask every time we go out can prevent risk of infection.	Ankara
11	Using antibiotics can prevent risk of coronavirus infection.	Ankara
12	Coronavirus only affects the elderly or those above 65+.	Ankara, Mersin
13	Rumour about seeing a prophet in the dream and eating the food he recommended can prevent infection is spread on social media.	Ankara
14	The number of deaths reported, and cases confirmed for COVID-19 are not true.	Hatay, Mersin
15	Drinking a lot of tea and salt water and using hygiene products can prevent coronavirus infection.	Kahramanmaraş
16	There is a belief that more than half of the people in the community will die due to this virus.	Kocaeli
17	Coronavirus can be transmitted by rainwater, so it is believed that one should never go out when it is raining.	Kocaeli
18	Medicine for coronavirus has been found.	Mardin
19	The medicine for coronavirus is Sumac plant.	Mardin, İzmir
20	The situation in Turkey will be worse than Italy.	Konya
21	Even if the person is recovered from coronavirus, he or she will have respiratory disease in future.	Adana
22	This is a biological war between countries and coronavirus is a biological weapon, or this could be something planned for large companies and pharmaceutical markets to grow.	Kayseri, Mersin, İzmir
23	The virus comes from sea animals and animal food, and spreads easily and fast.	Mersin
24	There is coronavirus in the hospitals.	Gaziantep
25	The private hospital does not allow you to get treatment from them if you are infected.	Hatay

How would you prefer to receive information about COVID-19 from TRCS? (e.g preferred channels like Facebook, twitter, leaflet, brochure, etc.)

The Advisory Committee members suggest several ways they would prefer to receive information about COVID-19, given the challenge in having face to face interaction at the Community Centre. These include social media, commonly WhatsApp and Facebook, and others such as Twitter and YouTube, where videos and visual information materials like brochures in different languages can be posted. Other preferred channels are TV (TRT News, TRT Arabic, TRT 1), SMS, phone calls, brochures and official websites of public institutions, Ministry of Health and TRCS. Online trainings or seminars could be organized by TRCS to raise awareness among people.



In Kilis, the members suggested creating WhatsApp groups to share information about COVID-19. Videos in different languages (Arabic and Turkish) including sign language can be useful for elderly or those unable to read or write and with hearing impairment. Facebook is quite popular and accessible for refugees and it is suggested that the use of this platform is maximized to disseminate information about COVID-19. Videos or other visual information material are more appropriate for refugees compared to written information.

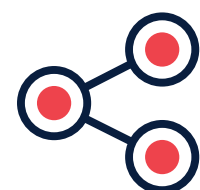
In Kocaeli, the members recommended developing separate content and key messages for children, young adults and elderly. Television broadcasts and information materials with visuals on COVID-19 can be effective for the elderly. WhatsApp is quite accessible for refugees in Kocaeli. In Sultanbeyli, the refugee community trusts popular Arab doctors to get information or ask questions about COVID-19. In Gaziantep, the communities do not know which sources of information to trust but do rely on the Advisory Committee members.

Some of the committee members suggested that information on COVID-19 could also be disseminated in Arabic using megaphones by the relevant local authorities in the neighbourhoods where refugees are living. The members requested for brochures in Arabic on COVID-19 and to display key information on billboards or streets where the refugees live. Religious leaders should also be involved to encourage communities to practise positive behaviour and explain the importance of following the precautionary advice from religious perspective.

The members suggest that the key messages or announcements made by the Ministry of Health should be posted and shared more frequently through various channels such as TV and social media throughout the day. The Ministry of Health could also consider issuing regular SMS about COVID-19 for raising awareness.

If you wanted to ask question or share feedback with TRCS on COVID-19, how would you prefer to do so? (as the current situation does not recommend physical movement outside home)

Most of the members preferred to contact TRCS by phone and Whatsapp to ask questions or share feedback about COVID-19, given the challenge in having face to face interaction. Others mentioned about dedicated call lines or using 168 call centre, TRCS Facebook page or a separate TRCS webpage on COVID-19 and SMS services. The Advisory Committee meetings should be conducted online on a regular basis where



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members can ask questions and share key concerns of their community. At the same time, the committee members can support in disseminating key messages and right information to their communities.

Can children from your home access the distance education programme through internet or TRT Public Channel? If not, what is the barrier? (Ministry of National Education decided that the education for children should continue via internet or TRT public channel).

Most of the members inform that children have access to the distance education programme that has been launched recently by the Ministry of National Education via internet and TRT television channels. However, there are several challenges in accessing this programme, particularly for the refugees.



Children can take lessons using Eğitim Bilişim Ağı (EBA) application through internet, but the broadcasting period is short. In addition, there are many children who cannot access education programme due to lack of internet facilities at home. While the Turkish citizens generally benefit from EBA application, there are refugee families with many children who do not have enough phones and computers, thus making it difficult for them to access distance learning.

Other challenges include refugees unable to access EBA via TV because they do not watch Turkish television channels. In addition, many parents do not know how to get the EBA password and use application features. Children also find it difficult to get used to the EBA application as this is a new way of learning.

One of the Syrian members of the Advisory Committee in Kayseri mentions that the mothers have set up a WhatsApp group so that they can share information about distance education programme and modules among themselves.

The members in Kahramanmaraş informed that the content and session time for the lessons are not adequate for the children while others among the refugees experienced difficulties in understanding the language. Children also find it difficult to focus given home environment. All in all, these challenges and the current COVID-19 situation have disrupted children's education.

Many children in Adana are not aware about the EBA system at all, and in other cases the distance education service offered by TRT cannot be accessed due to the use of foreign satellite channels at refugees' homes. Families that can afford high-speed internet services are able to ensure access for their children to EBA system to some extent. In Mersin the members suggested that the teachers and students should interact and find answers to their questions together, which can also motivate the children to concentrate on their lessons.

In Izmir and Sultanbeyli, the committee members mention that there are people, particularly among the refugees, who do not have TV or phone. They do not know how to access the service through television and requested for support from the national education to facilitate and inform the processes to communities so that they can access the EBA system effectively.

Do people above age 65 know about Vefa Social Support Group? (*Vefa Social Support Group is a government institution that provides services like shopping groceries and other necessities for people above age 65*)

Most of the Advisory Committee members inform that the elderly in the community, both among refugees and local people, are unaware about the Vefa Social Support Group. Some of the refugees who had information about this could not communicate with the Group as it did not support Arabic speakers. The members stressed that such services should be widely publicized in social media.



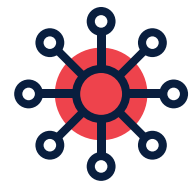
In Sanliurfa, some of the Turkish members of the Advisory Committee volunteered to join the Vefa Social Support Group. In Gaziantep, the members stated that the individuals over the age of 65 could receive service from this Group by calling 155 and 112, and that children in their families are helping them.

In Kilis, almost all of the committee members are unaware about Vefa Social Support Group. In Kocaeli, while Turkish families are informed and received support from the Group, refugee families are unaware about the service. Only in Kahramanmaras and Izmir, it was found that more people are aware about this service.

One of the other challenges has been that the elderly among the refugee families did not have any phones, hence could not call for support even if informed. Contact number of Vefa Group has been shared with Advisory Committee members in Kocaeli during this consultation, however, information about this service needs to be widely disseminated among people in all locations.

Do you know where to apply in case of an emergency other than the COVID-19? (*e.g. violence in the family, etc.*)

Most of the members informed that they could call the following helplines, 155, 112, 156 or 184, or contact the police stations, hospital or the TRCS Community Centre in the city in case of emergency other than COVID-19. In Kayseri, the communities were informed about these contacts through the protection activities at the Community Centre. Few members in Gaziantep, Sulnabeyli and Kilis mentioned they did not know exactly where or who to contact in case of any emergency while in Adana, majority of refugees did not know about these contact numbers at all.



Additional comments and observation

Overall, it is observed that community members respond differently to the current COVID-19 outbreak. While one group of people are taking poor precautions and rely in fatalism, the others are practising and promoting positive behaviour within their communities. The third group of people are suffering from anxiety and panic on the risks of infection. This is particularly common among women, including pregnant women, and children. People also fear of becoming unemployed and others are distressed about the adverse health effects for excessive use of bleach to clean their homes.

The community members appreciate the containment measures undertaken by the Turkish authorities. However, there is need to further increase information dissemination about COVID-19, distance education programme and Vefa Social Support Group among refugees and local communities through various channels.

In Adana, refugees in the Advisory Committee mention that the impact of the outbreak is higher for those who depend on daily wages. With increase in unemployment, people's economic conditions are deteriorating, affecting families and social life. Hence these people are compelled to go out to find work and unable to follow "Stay at home" advise.

In Mersin, the refugees are perceived to be at greater risk of infection and unable to take the necessary precautions due to poor economic conditions and lacking affordability to buy hygiene products such as masks, gloves, disinfectant and detergent. There is usually more than one family or family members in the households of the refugees. The congested living conditions and frequent mobility of people from and to homes increases the chances of infection, particularly for the elderly within the households. While some refugees encountered challenges and discrimination seeking treatment at the hospitals before, this seems to have increased recently following the COVID-19 outbreak.

In Izmir and Sultanbeyli, the committee members inform that there is need for financial support due to increase in unemployment among vulnerable families, hygiene kits and materials like story books for children. In Sultanbeyli, it is observed that the community members are not following the recommended advice to stay at home. Many parents who go out to work have asked the staff at the Community Centre if they can leave their children at the Child Friendly Spaces. In Saliurfa, the Advisory Committee members inform that the communities are anxious that they will not be able to find work if the curfew is imposed or purchase food and other necessities from the market.

TRCS staff members at the Community Centre in Kocaeli emphasized that there should be a more collective approach to responding to the information needs on COVID-19 for the communities. For instance, a phone line for COVID-19 can be useful at the Community Centre where a team of healthcare professionals, child development specialists, or child activity officers and psychologists can support to answer relevant questions. Further discussion on this will need to be made with sector teams in TRCS Ankara office to improve workflow and meet the demands of the communities at the Community Centre.

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LIMITATIONS AND CHALLENGES

While Advisory Committee is a representative group of the community in the periphery of the Community Centres in each of 16 locations, a rapid assessment/ Knowledge, Attitude, Perception (KAP) assessment targeting refugees and local communities should be conducted to get an overview of the community's situation, information gaps and their perception. In addition, this consultation with Advisory Committee does not include issues such as access to health care, safety and social cohesion which can be addressed in an assessment.

The main challenge in conducting this consultation with Advisory Committee was technical difficulty. Some of the members did not have access to internet, hence the consultation was conducted over joint phone call. Other challenges include the unavailability of all the committee members at the same time.

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RECOMMENDATIONS

Immediate Actions

SI No	Activities	IEC products/ Channels
1	<p>Disseminate key information to communities to encourage people to adopt positive behaviours. Some of the topics identified are:</p> <ul style="list-style-type: none"> • Symptoms and COVID-19 • Who are at risk? • How COVID-19 transmits • Ways to be protected from COVID-19 • Precautions for people with chronic disease • Precautions for pregnant women • Travel and 14 days quarantine • Use of masks • Mental Health Considerations • Trusted sources of information about COVID-19 • What to do if infected • Hospitals to go to • Contacts to ask questions about COVID-19 • Information on COVID-19 for children 	<p>E-brochures and videos (with sign language if feasible) in Turkish, Arabic and English to be used in TRCS CC social media, TRCS webpage on COVID-19, WhatsApp/ Facebook groups for Advisory Committee and youth club in CC</p>
2	<p>Disseminate key information to communities about information services by TRCS and other services related to COVID-19:</p> <ul style="list-style-type: none"> • TRCS information services – CC social media /phone line/ TRCS call centre • TRCS services in response to COVID-19 • Information on Vefa Social Support Services • Information on Distance Education Programme 	<p>E-brochures/leaflets and videos (with sign language if feasible) in Turkish, Arabic and English to be used in TRCS CC social media, TRCS webpage on COVID-19, WhatsApp/ Facebook groups for Advisory Committee and youth club in CC</p>
3	<p>Respond to rumours/misperceptions identified in each location</p>	<p>E-Bulletin specific to each location, E-Brochure and videos</p>
3	<p>Mobilize Community Based Health and First Aid (CBHFA)/ TRCS volunteers to disseminate key messages using megaphones in areas where refugees are living</p>	<p>Disseminate information using megaphones</p>
4	<p>Conduct bi-weekly online meetings with Advisory Committee and Youth Club members to disseminate key information, IEC materials, understand information gaps and situation</p>	<p>Bi-weekly reports from Community Centres</p>

5	Conduct rapid assessment/ Knowledge, Attitude and Perception (KAP) assessment to identify those most at risk, barriers to healthy behaviours, information needs, preferred/trusted channels of engagement and community perception about the risks	Extract and detailed assessment report
6	Use existing feedback mechanism to receive and respond to communities' questions, feedback and rumours and adapt new communication channels as appropriate	Reports on Feedback Mechanism
7	Organise online information seminars for community members around Community Centre through coordinating with Health and PSS team and using public influencers (e.g. community/religious leaders) to encourage promotion of general health behaviours and address mistrust, misinformation and rumours with actionable and verified information	Through WhatsApp/Skype calls
8	Guidance notes for staff/ volunteers to engage with communities	IFRC Risk Communication and Community Engagement (RCCE) document on "Key Tips and discussion"

Medium to Long Term Plans

SI No	Activities	IEC products/ Channels
1	Organise live sessions in TRCS Facebook with doctors/CBHFA volunteers/ public influencers to provide key information and answer questions from audience	Through coordination with TRCS Communications
2	Coordinate with Ministry of Health to share information gaps and perceptions of communities in the field to advocate for developing necessary IEC material for dissemination through TV channels and radio	Share assessment reports/ reports from feedback mechanism as relevant
3	Coordinate with media agencies for mass information dissemination (e.g. radio) based on feasibility	Radio programmes
4	Conduct quarterly perception surveys	Extracts and reports



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