



MÜLTECİ DESTEK DERNEĞİ
REFUGEE SUPPORT CENTER

SITUATION ANALYSIS OF REFUGEES IN TURKEY DURING COVID-19 CRISIS



SITUATION ANALYSIS OF REFUGEES IN TURKEY DURING COVID-19 CRISIS REPORT 2020

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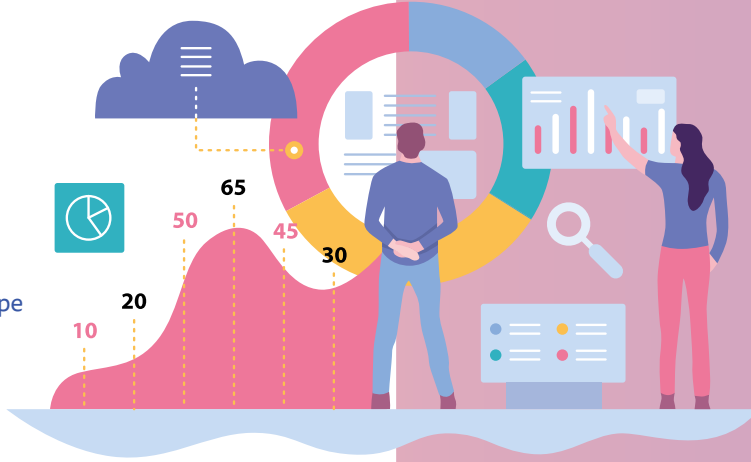
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MÜLTECİ DESTEK DERNEĞİ
REFUGEE SUPPORT CENTER

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INTRODUCTION

About MUDEM-Refugee Support Center



MÜLTECİ DESTEK DERNEĞİ REFUGEE SUPPORT CENTER

MUDEM-RSC was established in Ankara in 2014 to carry out activities at home and abroad to address the issues involving refugees, asylum-seekers, migrants, victims of human trafficking, applicants for international protection, and stateless persons. Having provided social, legal and psycho-social support services for refugee and asylum-seekers' access to basic rights and services, and held social cohesion activities since day one, MUDEM-RSC has been operating through field offices, community centers and mobile teams in numerous cities at home and a representative office in Dublin, Ireland.

MUDEM-RSC aims to contribute to establishment of social cohesion in the community, develop opportunities for empathy and dialogue between refugee and host communities, and create a safe and positive living space for vulnerable groups.

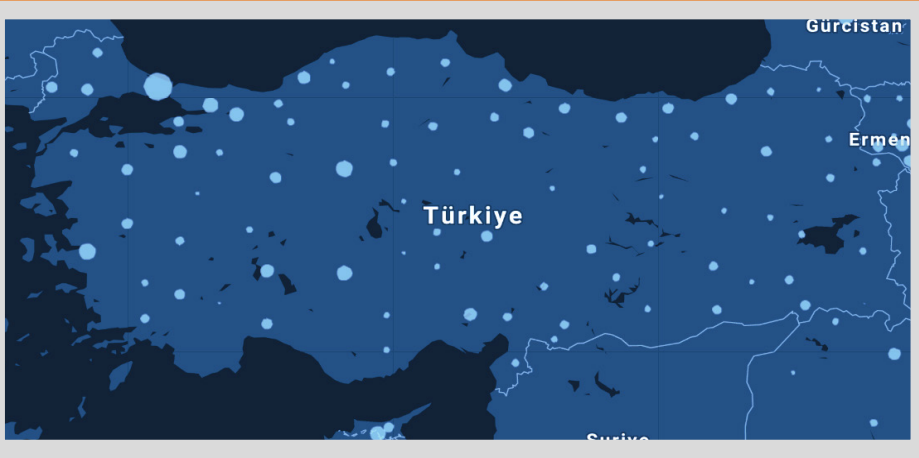
MUDEM-RSC provides services to all refugee and asylum-seeking groups regardless of their language, religious affiliation, gender, sexual orientation, or political views.

MUDEM-RSC's service providing team consists of colleagues from many different disciplines such as social workers, protection specialists, psychologists, lawyers, health instructors, field workers, peace-building specialists, disability experts, physicians, and interpreters.

Through its expert teams, MUDEM-RSC endeavors to facilitate refugee and asylum-seekers' access to rights and services through collaboration with local authorities and other non-governmental organizations.

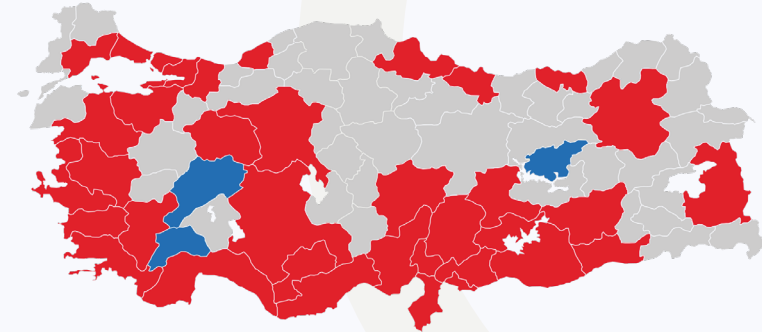
MUDEM-RSC also holds meetings and conferences to raise social awareness about refugees and asylum-seekers, and to strengthen cooperation and communication between non-governmental organizations and government institutions.

About This Study



Number of COVID-19 cases in Turkey by province

First seen in Wuhan, China in December, 2019, COVID-19 spread to many different countries in a very short time and was declared as a pandemic by the World Health Organization on March 11, 2020.¹ The first case of COVID-19 in Turkey was officially announced on March 10, 2020 and the first decease due to coronavirus took place in March 15, 2020.² According to the most recent update on 18th May 2020., Turkey ranks ninth worldwide with 149.435 cases tested and identified.³



Quarantine at
Entry

Prohibited Entry
or Exit

Initial Curfew in Turkey by province

Relevant public institutions, with the Ministry of Health in the first place, took urgent measures to prevent spread of the pandemic. Initially, overseas entries and exits were limited. Curfews have been imposed on those with chronic illnesses and those aged above 65 that are known to be more vulnerable against the disease, as well as children and adolescents under 20 years of age who are considered to have a potential to become carriers of the disease. All restaurants, cafes, shopping malls, etc. were closed and religious activities held in congregations in places of worship were suspended.

Within the context of the measures taken since the early days of the first case of COVID-19 in Turkey, all educational activities have been maintained through distance learning programs. Starting from 11-12 April, curfews on large scale were announced in 31 cities (30 metropolises and Zonguldak) mostly for weekends and public holidays.

¹World Health Organization, Virtual Press Conference on COVID-19, March 11, 2020.

²<https://covid19.saglik.gov.tr/>

³<https://coronavirus.jhu.edu/map.html>

About This Study

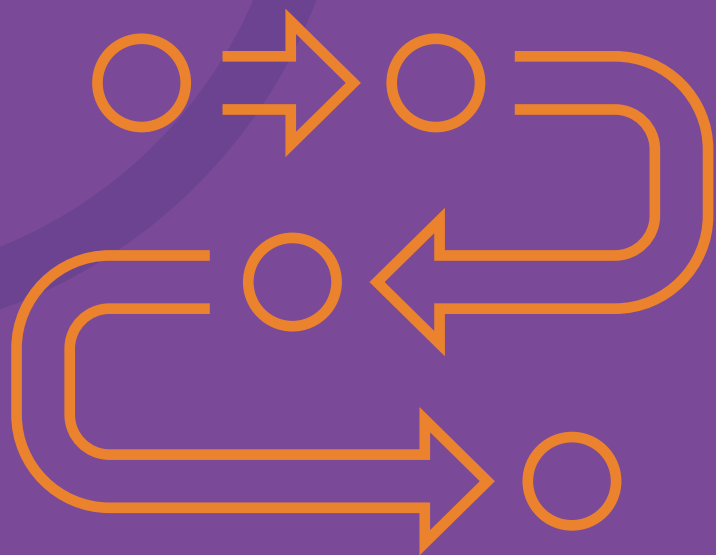


In addition to all official measures and restrictions, a voluntary quarantine process was initiated in Turkey by a call from the Ministry of Health. Upon this call to stay at home unless there is an absolute need, MUDEM-RSC started to maintain all operations from employees' homes to the extent that it would not affect its beneficiaries. In order to be able to maintain all counseling services, hotlines were established for each service provision unit and informative calls were made to beneficiaries who, due to various reasons, did not have access to information about official announcements and measures taken. While psychosocial support activities were maintained via telecommunication tools, services regarding access to means of livelihood, legal counseling, financial support and social counseling were sustained without any interruption. As a result of MUDEM-RSC's meetings with the donors, various means of humanitarian support were procured and it was ensured that field teams delivered the support to target groups. Besides, in order to ensure that beneficiaries' access to accurate information is supported, MUDEM-RSC has been sharing information in Turkish, Arabic, Persian and English through its social media channels.

Refugees are, indubitably, among the groups that have been most strongly affected by measures and restrictions introduced in Turkey within the context of the pandemic. Phone interviews made for provision of information and counseling services revealed that limited access to means of livelihood takes the lead among these strong effects. This study has been necessitated due to the fact that living conditions of refugees, most of whom work in production and service sectors, have got worse. This study aims to measure the impacts of COVID-19 pandemic on refugees as well as those of the measures and restrictions that have been introduced in this regard. It is aimed through this study, which was carried out in a short time with limited possibilities, that issues faced by refugees during this period are shed light on and relevant stakeholders are supported through this scientific data with their current and post-crisis interventions.



Methodology



Initiated quickly by MUDEM-RSC in April, 2020, this situation analysis study was conducted to meet the need for information about the impacts of COVID-19 pandemic in Turkey on refugees for national and international actors and public opinion. As part of this study, mainly quantitative data was acquired through telephone surveys. The surveys were conducted by 12 Arabic-speaking and 3 Persian-speaking interviewers, and a total of 385 households were reached. Assuming that five people on average live in each household, it can be said that this study covers approximately 2000 individuals.

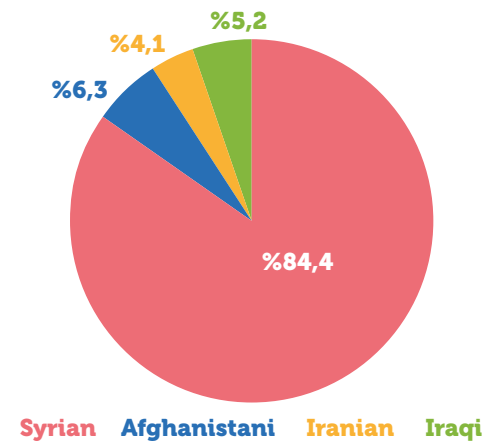
| Regions | Temporary Protection | | International Protection | | Total |
|--------------------|----------------------|------------|--------------------------|-----------|------------|
| | Female | Male | Female | Male | |
| Mediterranean | 55 | 56 | 3 | 3 | 117 |
| East Anatolia | 4 | 4 | 1 | 0 | 9 |
| Aegean | 8 | 9 | 0 | 1 | 18 |
| Southeast Anatolia | 51 | 46 | 5 | 4 | 106 |
| Central Anatolia | 11 | 10 | 8 | 7 | 36 |
| Black Sea | 3 | 4 | 2 | 1 | 10 |
| Marmara | 34 | 30 | 13 | 12 | 89 |
| Grand Total | 166 | 159 | 32 | 28 | 385 |

Gender and protection status breakdown of participants by geographical regions

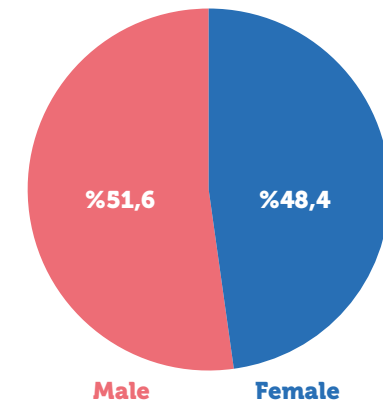
In this study, which covers refugees above 18 years of age, provinces with dense populations of refugees (Adana, Adıyaman, Gaziantep, Hatay, İstanbul, İzmir, Kilis, Mardin, Şanlıurfa and Ankara) were included to represent the seven regions of Turkey. Provinces such as Ağrı, Burdur, Isparta, Kars, Kırıkkale, Manisa, Samsun, Trabzon and Yalova were also selected to be able to analyze the situation in provinces where refugees are provided with limited support from non-governmental organizations. One thousand individuals were selected from 18 cities in Turkey through simple random sampling method and the sample size was calculated to be 385 with 95% confidence interval and 5% margin of error. Phone surveys were conducted with MUDEM-RSC beneficiaries who were listed as a result of this sampling method. The phone surveys were completed within seven days.

Due to the anticipation that measurements regarding Sexual and Gender Based Violence (SGBV) component would not be carried out in a healthy and reliable way, as well as the fact that there were limitations to application of phone surveys in this component, SGBV was excluded from the study. It is beyond question that women and girls are likely to be exposed to increased amounts of domestic violence and other types of violence especially during crises such as the pandemic.⁴

For this reason, MUDEM-RSC pays utmost attention to ensure that follow-up services are maintained and collaboration with relevant authorities is made when necessary for ongoing or closed cases that involve victims of SGBV or individuals who have been known to be under risk of it. Although SGBV component was excluded in this study, MUDEM-RSC, with “gender equality” as one of its core values, is going to scrutinize existing or potential victimization of SGBV in another study with a post-crisis perspective, and relevant results are going to be shared with the public opinion.



Nationality breakdown of survey participants



Gender breakdown of survey participants

⁴UN Women, COVID-19 and Ending Violence Against Women and Girls, 2020.

Findings

The Impact of COVID-19 Pandemic on Refugees in Turkey





Awareness about COVID-19 Pandemic

As a high-risk health problem and a global threat, COVID-19 pandemic was announced to have spread to Turkey on March 10, 2020 with an official statement by the Ministry of Health.

The Ministry of Health has been sharing information about the pandemic and the disease through a website⁵ on a regular basis, as well as sharing manuals and brochures about COVID-19 in English and Arabic languages. Besides, other ministries, the Ministry of Internal Affairs in particular, continue to share information about the current situation and the measures taken. During this process, ministries have supported refugees' access to information and awareness about the pandemic, however, regular provision of information is often accessible only in Turkish.

⁵<https://covid19bilgi.saglik.gov.tr/tr/>



Findings:

Awareness about COVID-19 Pandemic

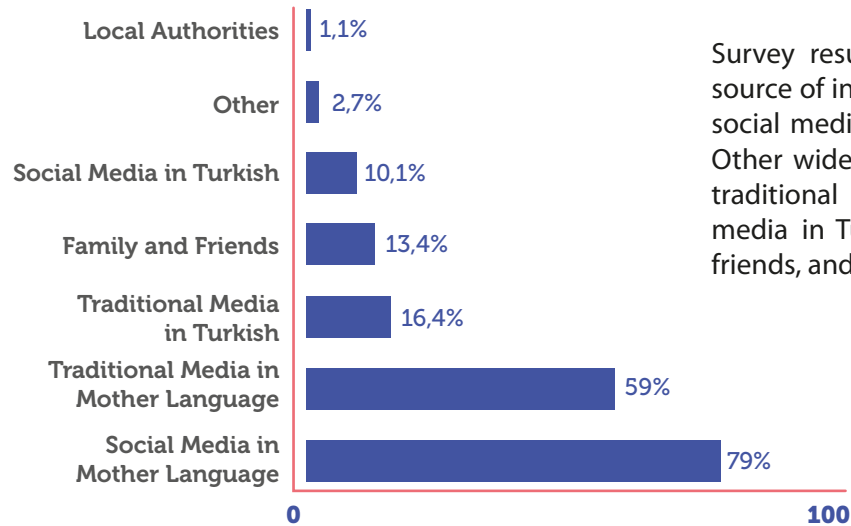


Phone surveys conducted within the scope of this study revealed that 65% of survey participants were not aware of up-to-date information shared by the Provincial Directorates of Migration Management. Also, while most survey participants stated that they had not gone through an emergency where they would have to consult a governmental institution, 59% of those who had an emergency said they had been provided with relevant services. The remaining 41% reported that they had been given explanation regarding the lack of service provision. Most of these explanations were reported to be regarding the measures taken against the pandemic.

As it is well known, World Health Organization (WHO), local and national authorities, and non-governmental organizations have been carrying out activities in order to raise awareness about disease symptoms, measures to be taken against the pandemic and relevant support lines.⁶ One of the best examples in this area is a highly dynamic and multilingual website built by SGDD-ASAM.⁷

Phone surveys show that almost all individuals are aware of measures such as using masks, social isolation and disinfection methods. It is observed that while most of the survey participants are aware of common symptoms such as fever and cough, others such as fatigue, shortness of breath, and weakening of sense of smell and taste are not as widely known.

Survey results show that the most widely used source of information among survey participants is social media in their mother languages with 79%. Other widely used sources of information include traditional media in mother language, traditional media in Turkish, social media in Turkish, family, friends, and local authorities.



Sources of information on the pandemic

⁶<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>

⁷<https://covid19.sgdd.org.tr>

Findings:

Access to Health Services

Access to Health Services

Spreading rapidly across the globe and being declared a pandemic by the World Health Organization in March, 2020, COVID-19 has had negative impacts at critical levels on all human groups. As one of the vulnerable groups, refugees can be considered to be under greatest risk during the pandemic.

Hosting the largest number of refugees in the world, Turkey, according to the data acquired from United Nations High Commissioner for Refugees, is currently home to 3.6 million Syrians and 311 thousands non-Syrians.⁸

Since refugees generally live in crowded environments and under challenging conditions, they are under greater risk of infection which makes them even more vulnerable. Accordingly, right of access to health services is considered to be among the primary basic needs.

Within the context of awareness-raising endeavors about COVID-19, the Ministry of Health has prepared booklets and published an information guide in three languages; Turkish⁹, English¹⁰, and Arabic¹¹ through its official website.

⁸http://popstats.unhcr.org/en/overview#_ga=2.15004976.781592841.1587988104-1327150870.1561492522&_gac=1.16510722.1587988104.EAIalQobChMI55eyvsSI6QIVC0HTCh2iGAtvEAAYASAAEgKIVPD_BwE

⁹<https://covid19bilgi.saglik.gov.tr/tr/>

¹⁰<https://hsgm.saglik.gov.tr/tr/covid-19-i-ngilizce-dokumanlar.html>

¹¹<https://hsgm.saglik.gov.tr/tr/covid-19-arapca-dokumanlar.html>

Findings:

Access to Health Services



Additionally, informative videos are shared through social media channels of the Ministry of Health.¹² Refugees' access to health services depends on their legal status. In this context, in order to provide primary health services (primarily preventive health services and health services related to combating infectious diseases) Foreign Nationals Polyclinics¹³ and Migrant Health Centers¹⁴ were established within Community Health Centers in areas that are densely populated by refugees. However, within the context of combating COVID-19 pandemic, access of all individuals, regardless of whether they have social security or not, to personal protective equipment, diagnostic tools and medication was secured through a Presidential Decree no. 2399, published on Official Gazette on 13 April, 2020, as of which treatment of COVID-19 has officially obtained "urgent situation" status.¹⁵ Considering the difficulties that individuals without social security faced in countries that are economically much more prosperous than Turkey, it can be said that this right entitled in Turkey to many financially disadvantaged people, primarily refugees, sets a great example for all international arena.

¹² <https://www.instagram.com/saglikbakanligi>

¹³ <https://hsgm.saglik.gov.tr/tr/yabanc%C4%B1-uyruklar-poliklini%C4%9Fi.html>

¹⁴ <https://hsgm.saglik.gov.tr/tr/g%C3%B6C%3A7men-sa%C9%4F%C4%B1C9%4F%C4%B1-merkezleri.html>

¹⁵ <https://www.resmigazete.gov.tr>

Findings:

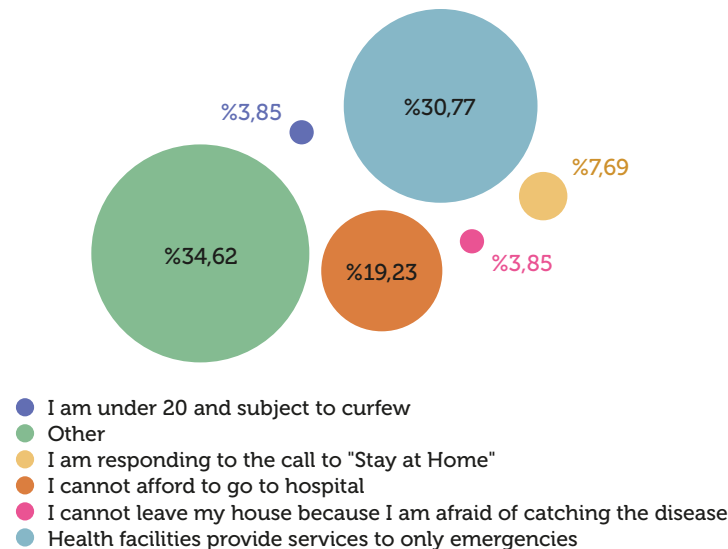
Access to Health Services

Certain issues and concerns, language barrier in particular, that refugees experience in social cohesion, and the hesitation that originates from lack of information result in some reluctance to access health services during COVID-19 pandemic.

Among the survey participants were those who were reluctant to go to hospital due to certain fears and concerns that they would lose their jobs or be deported if they test positive for COVID-19. Also, as previously mentioned, living under crowded households or being unable to pay sufficient attention to hygiene and social distance at workplaces pave the way for spreading of coronavirus. Therefore, it is essential that unreal concerns such as deportation, displacement, etc. due to testing positive are eliminated so that these individuals do not hesitate to go to hospitals on time. This issue bears importance in terms of community health, and it is safe to say that it can be addressed through only active communication. This issue, as in many other issues, indicates that all stakeholders are expected to fill the gap in information provision.



Barriers in access to healthcare services



Phone survey results show that while 48% of survey participants were aware of recent developments on health services such as hospital appointments, medication provision and renewal of medical reports, the remaining 52% stated that they did not have adequate information on the subject. It is also observed that whereas 54% of male participants were aware of recent developments on health services, the ratio for female participants were only 40%. The fact that lack of sufficient information in such a critical process constitutes a major impediment in accessing health services highlights the need for information provision activities.

The surveys conducted within the context of this study revealed that in 34% of all households surveyed, there is at least one person with a chronic disease such as diabetes, organ failure and cancer, and it was mostly male individuals who were suffering from these health conditions. Considering that individuals with chronic diseases are more vulnerable against COVID-19, it can be said that these individuals are in high risk groups which amplifies their vulnerability due to being refugees. It is also worth noting that going through COVID-19 is a more severe process for male individuals for whom mortality rate is higher.

Findings:

Access to Health Services



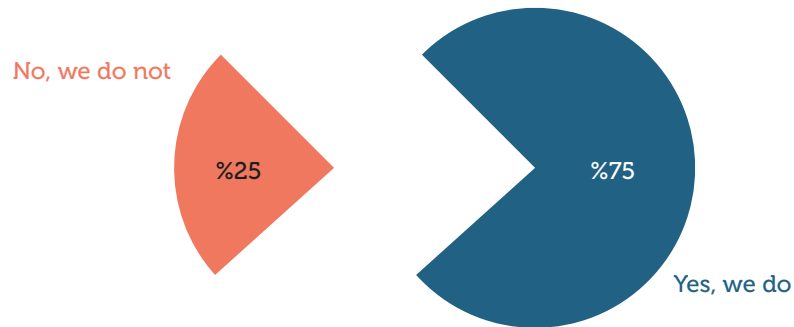
Through this study, it was found out that 99% of all survey participants, including their family members, were not diagnosed with COVID-19. It is concluded that the rate of testing positive in diagnostic tests is 1%. As of 18th May 2020 on which this study is published, 149.435 individuals have been tested positive for COVID-19 in Turkey which corresponds to 0.18% of the total population. At this point, it can be seen that the previously-mentioned 1% rate of COVID-19 diagnoses among refugees is much higher a rate than that of the rest of the country. This situation indicates once more that there is an urgent need for information provision targeting refugees.

Most of the survey participants stated that they did not need to go to hospital during during the pandemic. While 26% of those who went to hospitals did not have access to health services, 74% reported that they had. A great majority of survey participants who were unable to receive health services during this process stated that they were unable to have access to these services because they had gone to hospital without an appointment or without a mask.

Besides, individuals have been hesitating to access health services due to various other reasons which include the following; the fact that many health facilities attend to only cases of emergency; financial limitations; the call to "Stay at Home" by the Ministry of Health; concerns about catching the disease; and curfews that are imposed on individuals in certain age groups.

Access to Education Services

Education is one of the most heavily affected areas during the COVID-19 pandemic. First, the Ministry of National Education suspended all educational activities for an entire week, and then, distance education program officially started on 23 March 2020. Within the context of this study, refugees' access to education services was analyzed who had already been facing issues in this area. "Access to Education Services" component of the survey, conducted within the scope of this study, included questions designed to analyze participants' knowledge levels about distance education programs and convenience of their conditions to access them.



Do you have the technical equipment to access distance education programs?

While 53% of survey participants stated that there is at least one school-aged child or adolescent in their households, 83% said that they were aware of the distance education programs. Even though a great majority of survey participants are aware of distance education programs, only 69% of them are able to access these services. Besides, 25% of survey participants reported that they did not have the means (internet connection, television, computer, tablet computer, smart phone, etc.) to access distance education programs.

In this study, it was seen that the most common obstacles in accessing distance education services include the language barrier, lack of technical equipment (lack of television, internet connection, smart phone, computer, tablet computer, etc.), houses being inconvenient environments for regular education, and lack of information about distance education programs. Among the rather uncommon obstacles in accessing distance education services are having dropped out of school prior to the pandemic; lack of technical knowledge on how to access relevant courses despite having the necessary equipment; attendance to lessons being not taken regularly; and students distracting from lessons due to not being at school.

To further address the language barrier as one of the biggest obstacles in this area, it can be said that most parents in refugee communities lack sufficient fluency in Turkish to support their children, and these children who face difficulties in terms of adaptation to culture and distance education programs due to language barrier may require further assistance in the post-pandemic process.



Access to Basic Needs and Means of Livelihood

Having been declared a pandemic by the World Health Organization, COVID-19 has had a massive impact on economy since its emergence.¹⁶ The fact that many people are living in quarantine, and restrictions imposed on many people have negatively affected production and consumption processes and many different sectors.¹⁷ Besides, many workplaces changed their working systems and introduced home-based working to avoid further spreading of the virus in crowded environments. However, measures taken during this process have turned into economic threats targeting people who cannot work from their homes and especially those who earn their living through daily wage works. Many other workers have faced the risk of unemployment and unpaid leave in the same context. These circumstances have amplified the ongoing difficulties in meeting basic needs and accessing means of livelihood. The “Economic Stability Shield Program” announced during this process includes a section “Short-time Working Allowance and Unemployment Insurance”, however, it is unable to cover every segment of the society.¹⁸

COVID-19 pandemic has had similar impacts on individuals from both refugee and host communities. However, considering the issues that refugees had been experiencing before the pandemic in areas such as access to means of livelihood, insufficient income and job opportunities, and access to basic needs, it can be said that refugees now have newly-emerged specific needs.

¹⁶ <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19--11-march-2020>

¹⁷ <https://www.ilo.org/global/topics/coronavirus/sectoral/lang--en/index.htm>

¹⁸ <https://www.iskur.gov.tr/en/employer/short-term-employment-allowance/>
<https://www.iskur.gov.tr/en/job-seeker/insurance/unemployment-insurance/>

The fact that highly important information such as announcement of curfews was accessible in only Turkish has restricted refugees’ access to information regarding basic needs. However, the Ministry of Health’s dissemination of information about the pandemic in not only Turkish, but also Arabic and English has contributed greatly to the establishment of social isolation and measures taken in crowded work environments.

In this part of the study, the focus was on the extent to which refugees were affected by the pandemic; the needs they had difficulty in meeting and how their workplaces (unless they had lost their jobs) were affected. In this context, 91% of the survey participants stated that they were financially affected by the pandemic. As for the analysis on why there was a financial effect, the prominent results were observed to include layoffs, salary deduction, and termination of daily works.

It was found through the phone surveys that 87% of the survey participants had been laid off. Survey participants who continue working stated that measures such as using masks, disinfection and social distancing were taken, and they did not encounter any discrimination in their workplaces.



Findings:

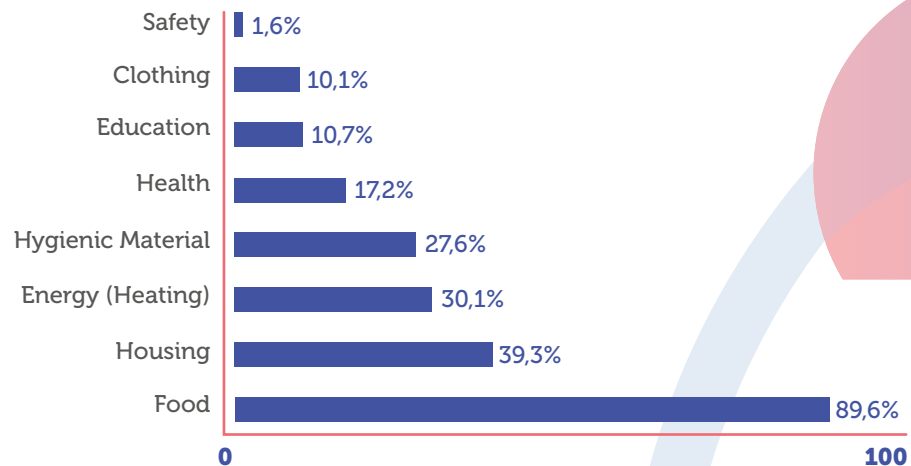
Access to Basic Needs and Means of Livelihood

Surveys also revealed that participants who work daily jobs and whose work permit procedures have not been concluded are having difficulties. These individuals are unable to benefit from “Short-time Working Allowance and Unemployment Insurance”, and those whose work permit procedures were still underway and who were working informally have been laid off.

Moreover, curfews imposed on those aged under 20 or above 65 have further limited their access to means of livelihood, and it has become even more challenging for large families to live on.

Limitations in access to means of livelihood have constituted further obstacles for these individuals to access basic and urgent needs. Survey results reveal that 90% of the survey participants do not have access to sufficient food, 39% to housing, 30% to energy (heating), 28% to hygienic material, 17% to minimum health conditions, and 10% to education and clothing.

Basic and urgent needs that survey participants are unable to meet



Social Cohesion

Within the context of countrywide and global measures taken against COVID-19 pandemic, most of national and international non-governmental organizations operating in the field of migration suspended all face-to-face interventions including social cohesion activities under the relevant response plan until further notice. This situation will lead to the need for re-focusing on social cohesion efforts, which are not included as urgent priorities in Regional Refugee and Resilience Plan (3RP), in cooperation with public institutions and local authorities.¹⁹

It was observed that survey participants stay at home unless there is an emergency, and abide by social distance rules in according with the warnings given by the Ministry of Health and World Health Organization. Besides, survey participants stated that their interaction with host community members has almost come to an end due to social isolation. Considering that interaction between refugee and host communities is one of the most essential elements of social cohesion, it can be said that the process of social cohesion which had already been delicate in Turkey, is facing the risk of declining due to COVID-19 pandemic. Therefore, it is essential to closely monitor misinformation that might increase this risk during this crisis, and discriminative or privileged practices that might increase the social tension between refugee and host communities.



COVID-19 pandemic is more than merely a health crisis; it has turned into a global humanitarian crisis that has the potential to have long term social, economic and political effects. It is obvious that vulnerable groups such as refugees are affected the most from this crisis. Stating that they are facing social and financial difficulties because of COVID-19, survey participants also reported that due to prolonged social isolation process, they are going through a period that is also psychologically challenging. Actors and policy makers in this area are expected to support social cohesion activities after urgent priorities as part of social normalization period.

¹⁹<https://data2.unhcr.org/ar/documents/download/76014>





Conclusion and Suggestions

Conducted by MUDEM-RSC, this study bears great significance in terms of seeing the impacts of COVID-19 on refugees. These impacts have been analyzed in line with the responses of refugees on multiple areas such as access to basic needs and means of livelihood, education, health, and social cohesion. In addition to informative activities and efforts to support access to services, this study was conducted to provide a basis for improvements to be made in the upcoming period.

Awareness about COVID-19 is crucial in both reducing and terminating the impact of this crisis by avoiding any risky actions that may endanger people and their environment. Survey results show that participants who followed the news about COVID-19 in their mother languages had basic level of knowledge about the measures to be taken and the symptoms, albeit incompletely. These gaps should be filled through multilingual efforts of public institutions and non-governmental organizations.

It was observed through phone surveys that many of the survey participants were unaware of recent developments in health services. There are certain obstacles and hesitations in accessing health services because of curfews, concerns about catching the disease, and the fact that hospitals mostly attend to only emergencies. These obstacles pose even a greater risk for refugees who are pregnant or have specific needs such as chronic diseases or disabilities. The fact that many of the survey participants were unable to access up-to-date information about COVID-19 brings into question the need to review communication strategies with refugees.

Conclusion and Suggestions



It has been revealed through this study that although refugees have been supported to access basic needs and means of livelihood, they are negatively affected by COVID-19 crisis and these efforts are insufficient. Refugees who often have to work without social security are observed to experience serious issues in accessing basic needs and means of livelihood. These issues include layoffs, salary deductions, and termination of daily works. These financial issues have already affected other areas such as health, education and social cohesion, and they are expected to maintain these effects. Survey results reveal that refugees' main expectation from non-governmental organizations is the financial assistance that will allow them to access basic needs. According to this, relevant public authorities and NGOs need to prioritize access of the beneficiaries to basic needs and plan related interventions.

It should be noted that lack of access to basic needs will affect protection mechanisms. Inability to access these needs has the potential to reflect negatively on many areas such as education, health, gender, etc.

Due to COVID-19 pandemic, formal education has been maintained through distance education programs since 23 March 2020. While a great majority of survey participants were aware of the distance education programs, not all of them do have sufficient equipment and convenience to access these services.

Distance education programs have imposed new challenges on refugees who had already been facing obstacles in this area because of language barrier. Children and adolescents from refugee communities who are subject to distance education programs should be provided with catch-up activities once the pandemic crisis has ended. In this context, non-governmental organizations can also implement catch-up programs in coordination with the Ministry of National Education, or support the programs to exist in this area.

MUDEM-RSC's awareness raising activities are ongoing through online tools and phone counseling services. However, the social isolation brought about by the pandemic conditions have interrupted social cohesion as a process. Lack of communication that stems from quarantine conditions continues to exist as an obstacle that has to be dealt with by both refugee and host community members.

MUDEM-RSC continues to carry out activities during COVID-19 pandemic, prioritizing its beneficiaries' physical and mental wellbeing. COVID-19 process, which has put public health to test, has undoubtedly made some key groups with special needs more vulnerable in multiple areas. As MUDEM-RSC, we wish that this study, which reflects refugees' experiences through COVID-19 pandemic, contributes to identification of its target groups' needs and the improvement interventions to be carried out in such areas as health, access to basic needs and services, education, and social cohesion.