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COVID-19 Pandemic in Turkey: Readiness and impact on in-camp refugees



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WRITERS

Edgar Wabyona (Head of VAM and M&E)

Berçin Başak Doğan (VAM Officer)

Ayşenur Özcan (Information Management and GIS Officer)

CONTRIBUTORS

Isabelle Devaux (WHO)

Monica Zikusooka (WHO)

Ömür Çınar Elçi (WHO)

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Executive Summary

The Covid-19 pandemic resulted in both a health and a socioeconomic crisis. It will likely increase poverty and inequality and jeopardizes progress towards the Sustainable Development Goals (SDGs) on a global scale. Since the beginning of the pandemic, countries have enforced various measures to prevent further spread of the virus, along with assistance programmes for their citizens such as one-off transfers, unemployment benefits, etc. Assessments made to measure the scale of the crisis and its impact on affected populations have played just as important a role as the interventions designed to respond to the crisis in a comprehensive and effective way.

This assessment aims to assess the knowledge and practices related to COVID-19 amongst in-camp refugees; assess the impact of COVID-19 on refugees' livelihoods and access to basic food and hygiene item needs and; evaluate WFP's intervention in response to COVID-19.

Data collection was conducted through a panel survey in two rounds: the first round was completed between 25 - 29 April 2020 and the second round was conducted between 12 May - 10 June 2020.

Throughout the report, comparisons between the two rounds have been made when relevant. In addition, findings have been further disaggregated by gender, family size, education level of the household head, location, employment status and main income categories to better understand root causes behind the results.

Highlights

Demographics and High-Risk Groups

The refugee population in camps is generally young with persons under the age of 18 constituting 54 percent of the population. The average household size in the camps was 5.5 people and they are headed mostly by males (91%). Although a majority of them would not be considered among high-risk groups based on their age or health status, about 10 percent of households have at least one member above 60 years of age and almost one quarter (24%) have at least one member with a chronic disease such as cardiovascular disease, respiratory disease or diabetes etc.

Awareness and Perception of COVID-19

Almost all (99%) participants stated that they had heard of COVID-19 and its spread around the world mainly through television (62%) and social media (29%).

About half (49%) of the respondents reported feeling fear, anxiety or stress in the first round of the survey but this proportion dropped to 30 percent in the second survey. Between rounds 1 and 2, the fear of job loss and stress due to limited freedom of movement increased, while the fear of infection reduced, indicating that respondents have become more aware of how the virus spreads and, having received protective equipment, are now less worried about getting infected. However, it seems that this fear was replaced with anxiety about livelihoods.

Knowledge of Symptoms and Prevention Measures

Respondents were more likely to know about prevention measures than symptoms. In the second round, knowledge level of both prevention measures and symptoms increased: the percentage of people having high-level knowledge of prevention measures and symptoms increased from 8 percent to 15 percent and from 0.4 percent to 2.7 percent respectively.

Most known symptoms were fever (96%), dry cough (88%), and sore throat (44%) while least known ones were widespread aches and pains (14%), diarrhea (12%), and loss of smell and taste (9%). Best-known prevention measures

were avoiding public spaces (82%), wearing a mask outside (81%), and staying at home (76%) whereas least known ones were covering the mouth/nose while sneezing, coughing (14%), and avoid touching the face (10%).

Practices

Respondents did not practice prevention measures in alignment with the knowledge that they demonstrated. The reasons given for not practicing prevention measures were not having enough money to buy hygiene items, having to go to work, other people not taking precautions, markets being crowded, water scarcity in the camps etc. Notably, the percentage of respondents intensely practicing prevention measures increased from 4 percent to 28 percent in the second round. Among these; staying home (75%), wearing a mask outside (81%), and avoiding public spaces (81%) were applied more frequently.

Furthermore, respondents mostly isolated themselves at home (22%), which is a negative strategy for coping with stress, but more positive coping strategies such as keeping virtual contact with friends and relatives, playing with children at home were also adopted. In the second round, the most frequently adopted strategy was keeping virtual contact with friends and family (18%), but isolation was still just as frequently adopted (17%).

Markets in Camps and Customer Behavior

Half of the camp residents stated that they perceived markets/shops to be more crowded than usual after the outbreak, representing a decrease from 72 percent in the first round of data collection. Nonetheless, more people started stockpiling commodities, with an increase from 34 percent to 51 percent in the second round. An additional 16 percent said they would have stocked items had they been able to afford larger quantities.

Product Availability

Food products and hygiene items remained available in the markets. 72 percent reported full availability of food products and 83 percent expressed the same about hygiene items with some variations in different camps. Markets in Hatay camp were reported to have the highest percentage of product availability, while respondents living in Osmaniye camp stated the lowest percentage.

Affordability

Around three out of four households indicated that the prices of food products (80%) had increased since March 2020 in the second round. This percentage is particularly high compared to 66 percent recorded in the first data collection round. The perceptions expressed by the respondents align with the estimations made through WFP market monitoring activities, demonstrating that the average Food Basket cost in the camps increased by 10 percent in April compared to January. Respondents who experienced loss of income or reduced salaries and who live in large families perceived the increase in food prices to be more substantial than their peers did. The perception about the prices of hygiene items remained stable at 54 percent between the two rounds.

Impact of Intervention

While a majority of the beneficiaries (89%) expressed satisfaction with the quality of the kits, satisfaction level on the quantity remained a bit lower (81%). Further analysis indicated negative correlation between the satisfaction with the

quantity of the hygiene kits and the family size: Among the households with up to 4 members, 89 percent were satisfied with the quantity compared to 75 percent of large households with 9 and more family members.

Income Sources

Some refugees had jobs outside of the camps with the results showing that for some 34 percent of households, this was their main source of income. However, following the implementation of COVID-19 restrictions, more than two-thirds (68%) of households formerly employed off-camp have lost their jobs or suffered a reduction in earnings.

Coping Strategies

The average rCSI decreased in the second round from 12.7 to 7.5, indicating less frequency of resorting to such strategies. Despite the downward trend, 65 percent of the residents still stated in the second survey that they had relied on less preferred, less expensive food on average on 4.2 days per week to cope with a lack of food or money to buy it one week prior to the survey.

Although the frequency of resorting to livelihood coping strategies decreased in the second round compared to the first, on average three out of four households had used some form of negative livelihood coping strategy¹ in the 30 days preceding the survey: 45 percent borrowed money, 29 percent spent savings, 20 percent sold household assets, and 18 percent bought food on credit to meet their basic needs.

¹ Livelihoods-based coping strategies reflect longer term coping capacity of households and the various strategies applied can be categorized as 'stress', 'crisis' or 'emergency', depending on the severity weights. Stress coping strategies indicate reduced ability to deal with future shocks due to a current reduction in resources or increase in debts, which progresses into crisis coping with emergency coping being at the peak. Stress coping strategies include:

sale of household assets/goods; spending savings; borrowing or purchase of food on credit; and borrowing money. Crisis coping strategies include: sale of productive assets; withdrawing children from school; and reduction of essential non-food expenditure such as on health and education. Emergency Coping strategies include: begging; accepting high risk jobs; etc.

Chapter 1: Introduction



Photo: WFP / Murat Karakuş

COVID-19 spread rapidly across the globe after the first cases were reported at the end of 2019. On top of the severe impacts on individual health and national health systems, the COVID-19 pandemic has also had broader macro-economic effects that have resulted in supply chain disruption in

to respond to the crisis in Turkey included cash transfers for those not covered by social insurance, introduction of distance education services, expansion of short-term work allowance for over 3 million employees, banning lay-offs and supporting workers on unpaid leave through monthly cash

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