

IOM TURKEY 2nd ROUND

RAPID NEEDS ASSESSMENT ON THE IMPACT
OF COVID-19 ON MIGRANT AND REFUGEE
POPULATIONS

Gaziantep, March 2021



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LIST OF ABBREVIATIONS

AoR	Area of Responsibility
ASAM	Association for Solidarity with Asylum Seekers and Migrants
CB MHPSS	Community-Based Mental Health and Psychosocial Support
CBI	Cash Based Intervention
COVID-19	Coronavirus Disease 2019
DRC	Danish Refugee Council
EBA	Eğitim Bilişim Ağı/Education Information Network
ECM	Emergency Case Management
GoT	Government of Turkey
IASC	Inter-Agency Standing Committee
IEC	Information, Education, and Communication
IOM	International Organization for Migration
MHC	Migrant Health Centres
MHPSS	Mental Health and Psychosocial Support
MoFLSS	Ministry of Family, Labour and Social Services
MoH	Ministry of Health
MoNE	Ministry of National Education
NGO	Non-Governmental Organization
PDoFLSS	Provincial Directorate of Family, Labour, and Social Services
PFA	Psychological First Aid
PMT	Psychosocial Mobile Team
PSS	Psychosocial Support
RCCE	Risk Communication and Community Engagement
RNA	Rapid Needs Assessment
SSC	Social Services Centre
SuTP	Syrians Under Temporary Protection
TRY	Turkish Lira
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organization



INTRODUCTION

The first Coronavirus Disease 2019 (COVID-19) case was reported in China in December 2019 and spread rapidly across the globe. Global statistics show that there were 120,493,042 people infected by COVID-19, with 2,666,682 fatalities as of 15 March 2021. In Turkey, according to the Ministry of Health (MoH), there were 2,879,390 confirmed cases and 29,489 fatalities as of 15 March 2021.¹

Turkey currently hosts more than four million refugees and asylum seekers, of which 3.5 million are Syrians under Temporary Protection (SuTP). Notably, 98 per cent of SuTP live in urban, semi-urban, and rural areas alongside Turkish host communities and benefit from public services in both urban and rural areas.² Since the outbreak of COVID-19 on 11 March 2020, the Government of Turkey (GoT) has put in place various measures³ to prevent the spread of the virus and has increased health service capacities while maintaining service provision via remote or mobile methodologies for other social services.⁴ Despite the efforts of the GoT, many refugees and migrants, especially those who are unregistered, still face issues in accessing basic social services due to language barriers, mobility, lack of documentation, and insufficient financial resources. Several needs assessments and situation analyses conducted by Refugee Response actors in Turkey have shown a variety of challenges such as deteriorated economic conditions,⁵ widespread psychological distress,⁶ interrupted access to basic needs and services,⁷ and increased risks of domestic violence and conflict⁸ due to the conditions brought on by the COVID-19 pandemic.

IOM Turkey's Psychosocial Mobile Teams (PMTs) in Gaziantep, Hatay, İzmir, and Şanlıurfa conducted a second Rapid Needs Assessment (RNA) in November and December 2020. Building on the first RNA conducted in April and May 2020, the report provides updated information and new findings on the current needs of the affected community members related to protection and Mental Health and Psychosocial Support (MHPSS) to better identify the risks and factors contributing to exacerbating their vulnerabilities during the ongoing pandemic. In particular, the second RNA aims to understand the perceived effects of the pandemic-imposed conditions on different life domains, and the existing coping methods. All the results will be incorporated into IOM Turkey's COVID-19-specific programming and are expected to feed into future interventions.

¹The online source link: <https://covid19.saglik.gov.tr/>, Access date: 22.02.2021

²According to the latest updates by United Nations High Commissioner for Refugees (UNHCR) as of September 2020, SuTP was the largest group of the refugees and asylum seekers in Turkey (3.6 million). In addition, approximately 330,000 refugees and asylum seekers from other nationalities were hosted in Turkey. Source: <https://www.unhcr.org/tr/wp-content/uploads/sites/14/2020/10/UNHCR-Turkey-General-Fact-Sheet-September-2020-FINAL330.pdf>, Access date: 22.02.2021

³Some of these measures include the contact tracing system; domestic and international travel restrictions; ban on large gatherings such as religious services, sporting events and concerts; closure of schools and suspension of in-person education; quarantine measures; and lockdowns and curfews, among others.

⁴For instance, the Ministry of National Education (MoNE) announced the closure of schools on 16 March 2020, with an adjustment from in-person education to distance learning. The Ministry of Family, Labour and Social Services (MoFLSS) has introduced remote social assistance services to meet the daily needs of persons unable to leave their homes through social support groups.

⁵Association for Solidarity with Asylum Seekers and Migrants, ASAM (2020). Sectoral Analysis of the Effects of COVID-19 Pandemic on Refugees Living in Turkey.

⁶United Nations Policy Brief (2020), Recommended Actions: COVID-19 and The Need for Action on Mental Health.

⁷IOM, 2020. IOM Turkey Rapid Needs Assessment on the Impact of COVID-19 on Migrant and Refugee Populations. Turkey: Gaziantep.

⁸Danish Refugee Council (DRC), 2020. COVID-19 Impact on Refugees in South East Turkey, Needs Assessment Report, May.

METHODOLOGY

A semi-structured questionnaire, consisting of both open-ended and close-ended questions, was developed based on globally recognized MHPSS resources assessment tools,⁹ with contextual adjustments according to the nature of the emergency. To learn about local perspectives on problems and coping methods in a participatory manner, most of the questions were structured to understand the perception of the community members on relevant topics. In line with the main objectives, the questionnaire form contained three sub-themes to gain both preliminary and in-depth information as per below:

- **Socio-demographic questions:** Profiles of the participants, disaggregated by age, gender, and nationality.
- **Protection:** Perceived vulnerabilities and challenges in accessing social services during the COVID-19 pandemic, and knowledge and perception about COVID-19 and its main causes.
- **MHPSS:** Impact of COVID-19 on different life domains¹⁰ and the existing culture-specific coping skills/mechanisms.

The random sampling method was adapted based on each geographical area's beneficiary list while ensuring relatively balanced participation from different clusters of age and gender groups to have a sample as representative of the affected population in each area of responsibility (AoR). The interviews were conducted via phone following the receipt of virtual consent from the interviewees. Each interviewee represented his/her household and shared observations about the existing vulnerabilities, challenges, needs, tendencies, and resilience in their community during the pandemic. Prior to the interviews, all interviewers¹¹ were trained on possible colloquial expressions of complaints and problems related to MHPSS.¹²

DEMOGRAPHIC PROFILES OF REFUGEE HOUSEHOLDS

During the second RNA, the PMTs reached a total of 525 Syrian refugees (284 female and 241 male) in the four provinces between 16 November and 6 December 2020. Of this, 15 per cent of the participants were between 18 and 24 years old, 50 per cent were between 25 and 39 years old, 21 per cent were between 40 and 49 years old, 10 per cent were between 50 and 59 years old, and 4 per cent were over 60 years old¹³ (Graph 1). The majority of the participants were between 25 and 39 years old.¹⁴ The disaggregation of the participants represented the age groups in line with the current range of the existing beneficiary data of all IOM PMTs.

⁹These references are presented below

1. World Health Organization & United Nations High Commissioner for Refugees. *Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings*. Geneva: WHO, 2012.

2. Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings. *IASC Reference Group Mental Health and Psychosocial Support Assessment Guide*, IASC RG MHPSS, 2012.

¹⁰The relevant life domains are identified in line with the IOM's Community Based MHPSS (CB MHPSS) approach in particular the bio-socioecological model including the physical and mental health, social life, relations between family members and daily routines

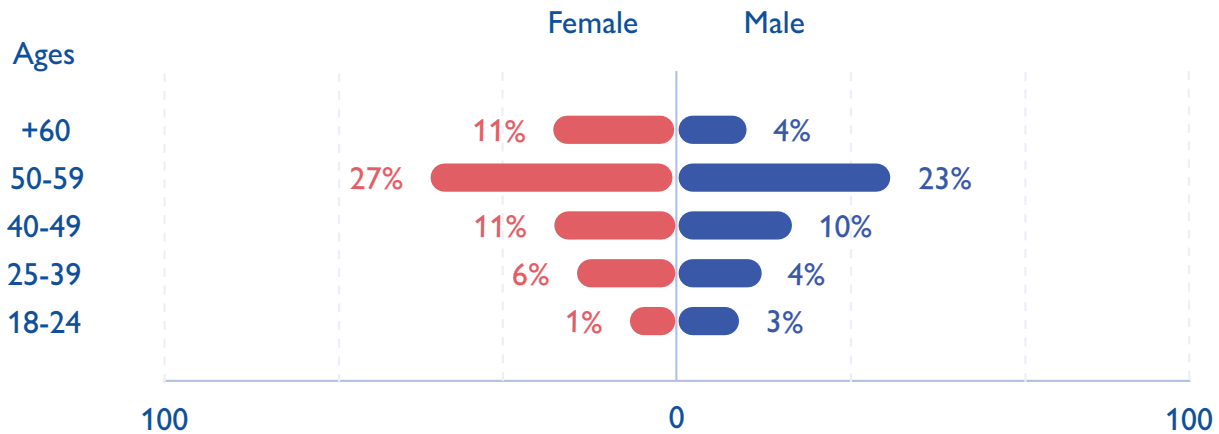
¹¹The interviewers are selected among the existing staff of the IOM PMTs depending on their background and experience of conducting conflict-sensitive interviews.

¹²Hassan, G, Kirmayer, LJ, Mekki-Berrada A., Quosh, C., el Chammay, R., Deville-Stoetzel, J.B., Youssef, A., Jefee-Bahloul, H., Barkeel-Oteo, A., Coutts, A., Song, S. & Ventevogel, P. *Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: A Review for Mental Health and Psychosocial Support staff working with Syrians Affected by Armed Conflict*. Geneva: UNHCR, 2015

¹³Considering the unbalanced disaggregation in the sample in terms of the age groups, the findings in this report related to age disaggregation should be read and interpreted carefully.

¹⁴The disaggregation of the participants was in line with the age groups in the data of the existing beneficiaries assisted by the PMTs as of March 2021.

The surveyed individuals were reached in the districts of Bornova and Torbalı from İzmir province, Nizip from Gaziantep province, Suruç, Eyyübiye, and Hilvan from Şanlıurfa province, and İskenderun and Belen from Hatay province.



Graph 1: Age and Gender Breakdown of the Participants

2. PROTECTION

During any pandemic, it is common for individuals to feel overwhelmed with stress and anxiety due to various factors such as a loss of livelihoods, social stigma and discrimination for being associated with a disease, a fear of infection, a feeling of helplessness, and boredom, loneliness, and depression caused by isolation.¹⁵ Migrants and refugees encounter additional stressors linked with disrupted access to services and rights, and often face further difficulties due to language barriers and lack of access to adequate information in the place of displacement. These disruptions have been further exacerbated by the impact of COVID-19 on service delivery methods, which have been shifted remotely with an increasing use of digital platforms. Hence, 76 per cent of the participants reported at least one challenge while accessing social services during the COVID-19 pandemic. Interrupted access to services and rights also impacted the stress level of refugees. Correlating the status of accessing essential services with negative effects of COVID-19 on mental health, the findings from the second RNA revealed that 34 per cent of the respondents were under extreme stress and pressure, while 49 per cent felt tense and anger due to not being able to access essential services such as health, education, and livelihood.

2.1 IMPACT OF COVID-19 ON SYRIAN REFUGEES' ABILITY TO ACCESS SOCIAL SERVICE

Respondents were asked to compare how the COVID-19 pandemic affected their ability to access various social services and which of those have been most negatively affected. The comparison indicates the ability to access education services has been significantly affected (65%), followed by basic needs (62%), health services (48%), livelihoods (28%), and legal services (10%). Overall, it can be said that the ability of the participants to access social services varies in terms of location, age, and gender variables parallel with the changing

¹⁵Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings. Interim Briefing Note on Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak, 2020.

needs of individuals. However, when Graph 2 is analysed based on service sectors, remote education, as indicated by 105 respondents, was reported as the most challenging service to access in Gaziantep due to the inappropriate environment and physical condition at homes and the limited digital literacy to follow the online Eğitim Bilişim Ağı/Education Information Network (EBA) system. Health services was indicated by 82 respondents in Şanlıurfa. This notable as Şanlıurfa has the highest number of COVID-19 cases and resulted in perception of high level of fear of being infected and the effects on physical health.¹⁶ Access to MHPSS services was raised most frequently in İzmir followed by Şanlıurfa. This was identified due to the lack of access to online MHPSS services and the interruption of in-person MHPSS activities at schools. Access to livelihoods has been mostly affected in İzmir, followed by Hatay and Şanlıurfa, due to the temporary closure of the businesses and the lack of regular income-generating opportunities. In Hatay, access to education and basic needs were almost equally negatively affected, in line with the reasons presented in the other areas. Lastly, a gender-based comparison of access to services shows that female respondents (68%) face more challenges than male respondents (32%) in accessing remote education. Across the four locations, the overall needs in terms of access to services are around basic needs, education, and healthcare.

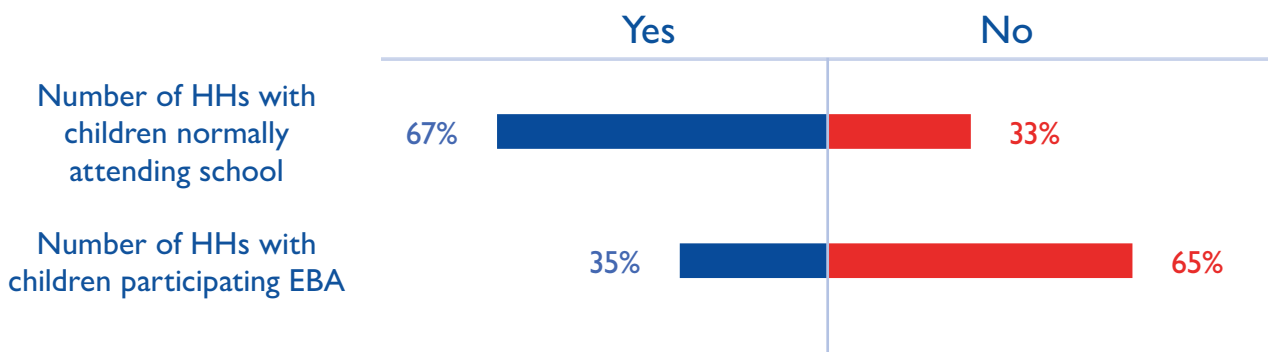


Graph 2: Barriers to Accessing Essential Services

¹⁶The participants from Şanlıurfa tended to report the “fear of being infected by COVID-19” more frequently compared with the other fields as an effect of the COVID-19 pandemic on their mental health. To find out more about this finding, please refer to the sub section 3.1. on page...???

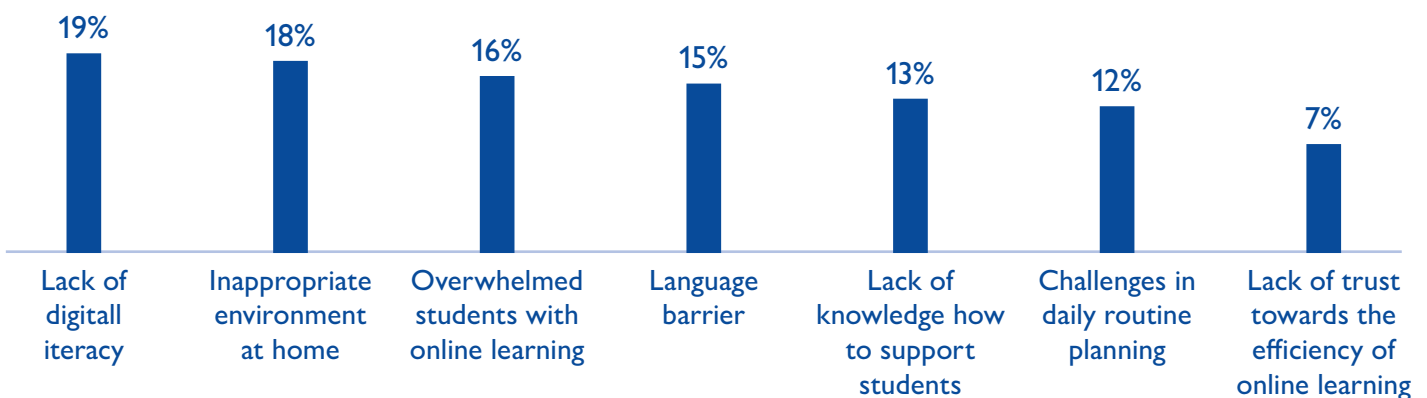
2.1.1 ACCESS TO EDUCATION

Among the interviewed individuals, 67 per cent stated that they have children within their households who were attending school prior to the outbreak of COVID-19. Of those children who were formally enrolled in school, only half (35%) were participating in the Ministry of National Education’s online distance education system (EBA) at the time of interview. The rest of the respondents (65%) reported that their children did not have access to the EBA system.



Graph 3: Schooling Situation of Interviewed Individuals

Of those households with out-of-school children, the most common reason for not having access to online education was “Lack of digital literacy” to access the EBA system and the online lessons; followed by “Inappropriate environment at home” for studying due to overcrowded households, resulting in a lack of private and quiet spaces; and “Overwhelmed students with online learning” as a result of staying at home for a prolonged period of time as shown in Graph 8. Participants also mentioned that most of the families have been struggling with “Language Barrier” and a “Lack of knowledge” and experience on how to support their children to maintain their focus and help them stay engaged with the online lessons. The swift shift from in-person education to online learning brought about other challenges in planning daily routines of family members considering all the family members are staying at home. Lastly, “Lack of trust towards the efficiency of online learning” could be understood as a reaction rather than a challenge that is provoked by all challenges identified. Due to these challenges, distance learning has turned out to be a challenge in itself for children and families who do not have the online technical capacity, appropriate physical conditions, or digital literacy or awareness. Moreover, for children with disabilities, with moderate or severe mental health conditions and disorders, these challenges are further amplified during a time of pandemic.

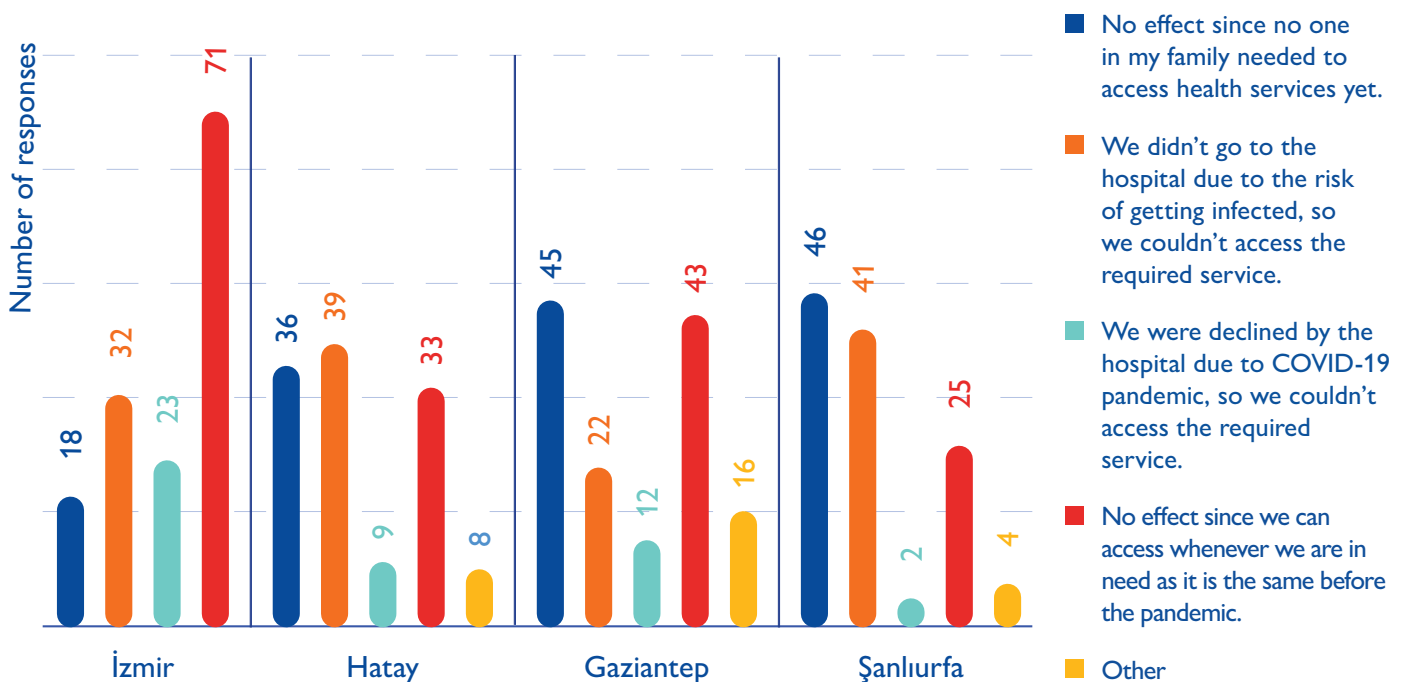


Graph 4: Barriers to Accessing Online Education

2.1.2 ACCESS TO HEALTH CARE

COVID-19 has impacted the capacity of health service facilities and service provides, which has limited access of Syrian refugees to healthcare services as prioritization shifted the testing and treatment of COVID-19. Out of the 44 per cent of the respondents who attempted to access health services during the pandemic, 25 per cent reported that they were unable to access services due to being rejected and/or difficulties in getting an appointment, while 75 per cent of the respondents did not face any problems in as they perceived accessing health services. Additionally, 53 per cent of the respondents did not attempt to access health services due to fear of infection. The tendency that the fear of being infected keeps Syrian refugees from seeking medical assistance at hospitals is in line with the findings in the first RNA. The rest of the respondents did not require any health services during the COVID-19 pandemic.

Overall, 36 per cent of the respondents reported that their access to health services was negatively affected due to COVID-19, who can be divided into three groups: i) those who had been rejected by hospitals, ii) those who did not attempt due to fear of infection, and iii) those who had difficulties in getting an appointment. The finding is also in line with various reports and assessments conducted by national and international NGOs and UN agencies in Turkey. For instance, round two of the Inter-Agency Protection Sector Rapid Needs Assessment, conducted in September 2020, reported that 20 per cent of the surveyed households were unable to access health services due to the COVID-19 pandemic.¹⁷ Geographically, the respondents in İzmir were least impacted by COVID-19 in accessing health services while the risk of getting infected is mostly affecting those who reside in Şanlıurfa.



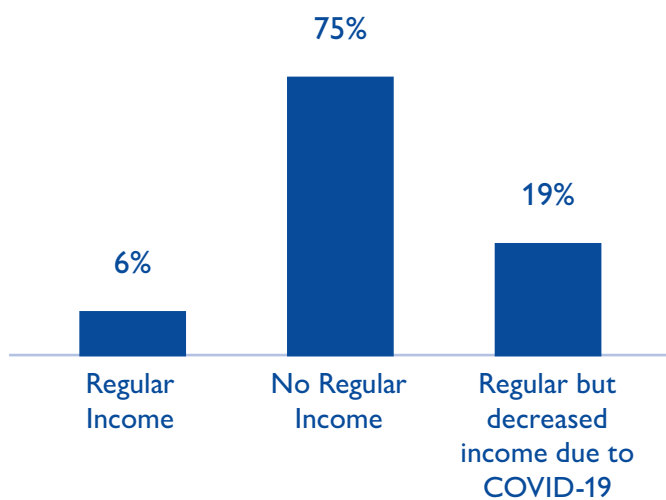
Graph 5: Impact of COVID-19 on Health Services

¹⁷<https://reliefweb.int/report/turkey/turkey-inter-agency-protection-sector-needs-assessment-analysis-round-2-september-2020>

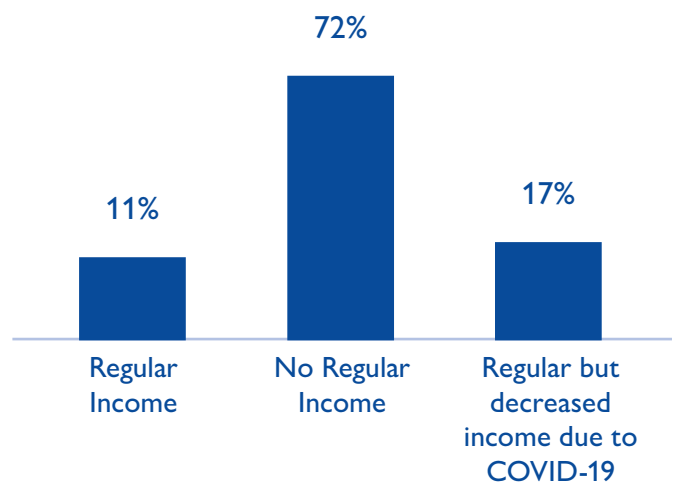
2.1.3 ACCESS TO LIVELIHOOD

The lockdown measures, temporary closure of businesses, infection risks, and the low levels of demand in the market had a severe impact on Syrian refugees’ access to steady income sources and livelihood opportunities. This, coupled with the depreciation of the Turkish Lira, has negatively affected the ability of Syrian refugees to meet their household expenses in Turkey.

According to the World Food Programme (WFP), the minimum expenditure basket¹⁸ increased from TRY480 per person in December 2019 to TRY556 in December 2020. A key highlight of the second RNA is the negative change in working status and working conditions due to COVID-19. A significant majority, 89 per cent of the respondents, reported that their working status and conditions have been negatively affected due to the pandemic. Out of the total number of respondents, 72 per cent reported “No regular income” due to COVID-19. This reaffirms the finding in the first RNA that “No regular income” was the major economic impact of the COVID-19 pandemic.



Graph 6: Impact of COVID-19 on Household Income (1st Round)



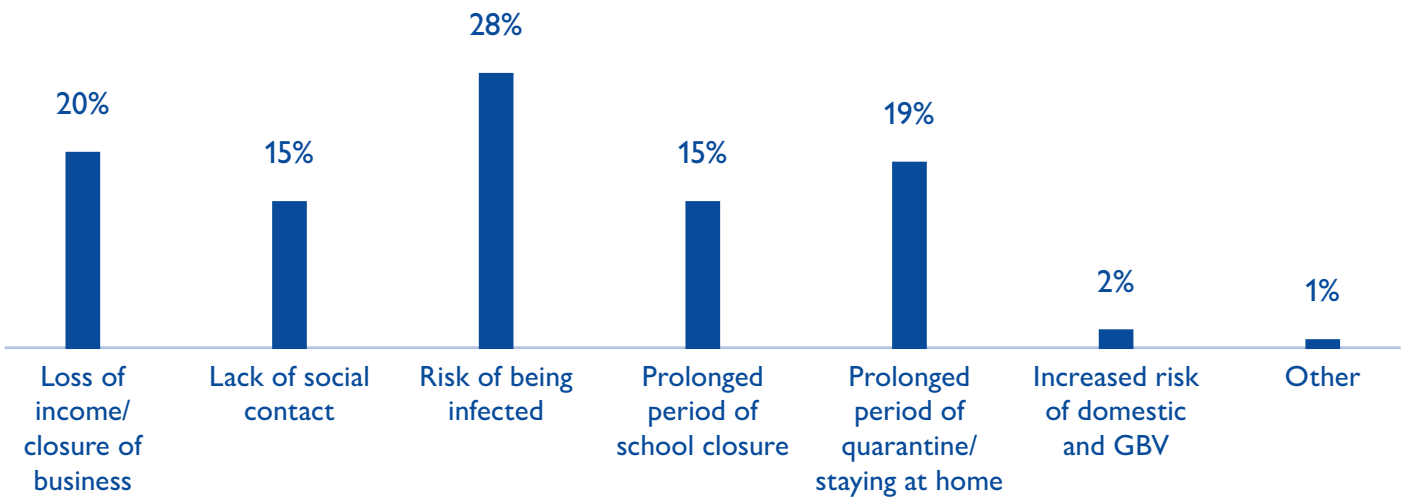
Graph 7: Impact of COVID-19 on Household Income (2nd Round)

When Graph 6 and Graph 7 are compared, the economic conditions still remain a challenge for the Syrian refugees and those are severely affecting the ability of Syrian refugees to meet their daily needs.

¹⁸Web Source: https://dataviz.vam.wfp.org/economic_explorer/prices?adm0=249, Access date: 05.03.2021.

2.2 PERCEIVED VULNERABILITIES AMONG THE COMMUNITY MEMBER

To understand the extent of the pandemic impact from the respondents’ point of view, the PMTs asked questions about the respondents’ perception of at-risk groups who have been negatively affected by COVID-19. The majority of the respondents identified elderly persons (382) as the most affected group under significant risk due to COVID-19, followed by persons with chronic disease (237), children (224), men (161), and women (118). The most common reason for their perception of at-risk groups was the risk of being infected given the direct correlation between infection risk and elderliness, chronic disease, and disability. It was followed by loss of income and closure of businesses, lockdowns and restrictions for prolonged period of time, and lack of social contact. Prolonged school closures were reported as a particular reason for identifying children as an at-risk group. It is crucial to highlight that out of 118 respondents who perceived women as the most at-risk group during COVID-19, 30 of the respondents mentioned an increased risk of being exposed to domestic and gender-based violence.



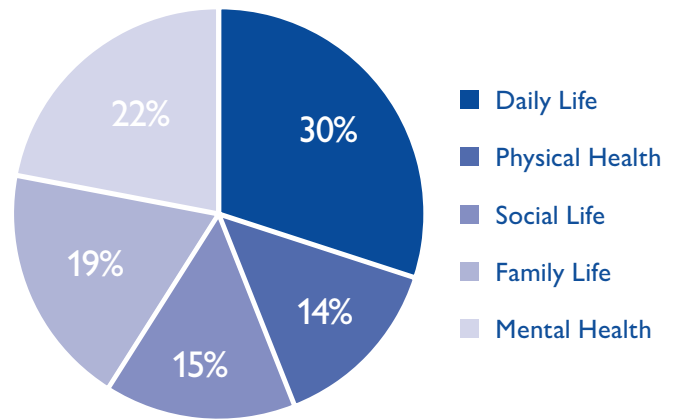
Graph 8: Reasons behind Perceived “At-Risk Groups”

3. MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

In this section, the effects of the pandemic on mental and psychosocial aspects of the Syrian refugees’ lives, their coping strategies, and suggestions from the affected community members for IOM’s MHPSS programming are analysed and presented. The major findings of this section are summarized in ANNEX 1. To scrutinize the COVID-19 effects on the MHPSS-related needs and coping capacities of Syrian refugees with a holistic approach, the respondents were asked to assess the impacts of COVID-19 on each life domain.¹⁹

¹⁹Each life domain was separately analysed to better capture the domain-related effects. However, it does not mean that these life domain-based effects are not connected to each other. All the life domain effects are interconnected and interlinked with each other and most of the negative effects can be understood as cross-cutting.

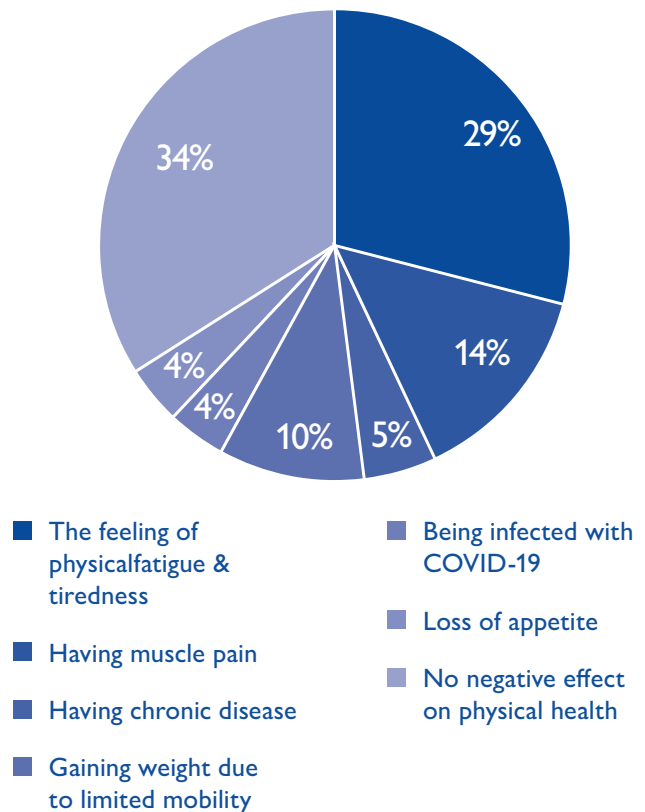
Daily life was reported as the most affected domain (30%), followed by Mental Health (22%), Family Life (19%), Social Life (15%), and Physical Health (14%). No significant differentiation was found in terms of age and gender relevant to this level of comparison. The findings suggest that the pandemic-imposed conditions such as social distancing measures and the subsequent economic hardship experienced by the majority of Syrian refugees caused disruptions to specific daily routines and daily life, regardless of age and gender. The impacts of COVID-19 on each life domain are analysed in the following sub-sections.



Graph 9: Negative Impact of COVID-19 on Different Life Domains

3.1 IMPACT OF COVID-19 ON PHYSICAL HEALTH

The breakdown of those who reported any type of effects is illustrated in Graph 10. Overall, the majority of the respondents did not report any physical complaints or specify any negative effects of the pandemic on their physical health. This finding makes sense considering that physical health was reported as the least negatively affected life domain by the COVID-19 pandemic as shown in Graph 9. That being said, “Feeling of physical fatigue & tiredness”, “Having muscle pain”, and “Gaining weight due to limited mobility” were frequently mentioned during the interviews. The causes of these complaints can be explained in relation to close interaction between mental and physical health. In line with the previous research,²⁰ medically unexplained complaints related to physical health such as fatigue, tiredness, and muscle pains can be considered as possible consequences of mental distress. Moreover, the reported physical complaints suggest that COVID-19 and its related impacts are not merely associated with impacts on biological health. Rather, it has demonstrable biopsychosocial results which are directly related to the overwhelming mood stemming largely from staying at home for a prolonged period.



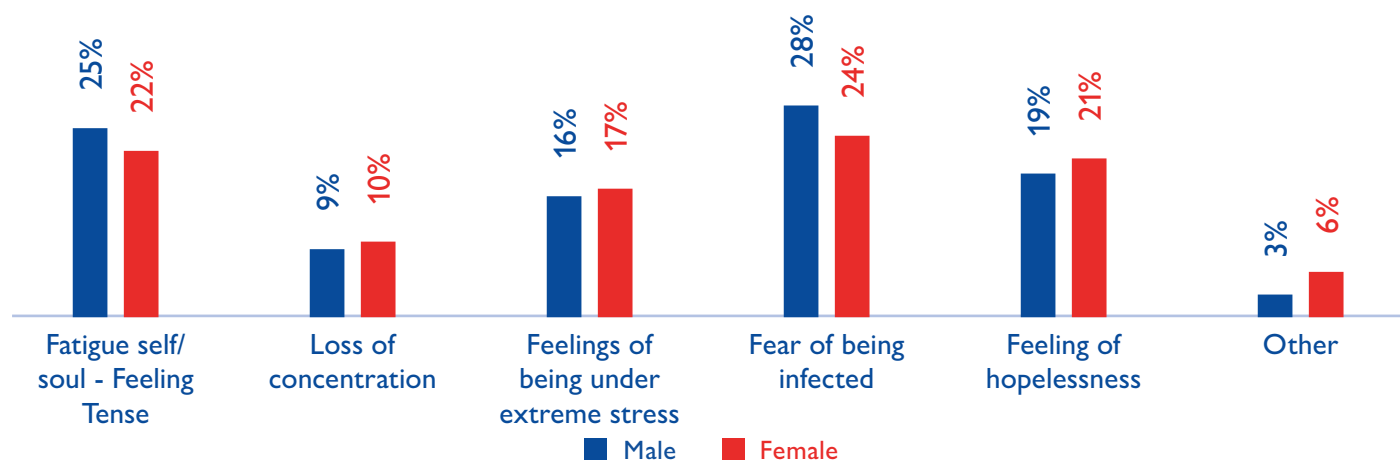
Graph 10: Impact of COVID-19 on Physical Health

²⁰Hassan, G, Kirmayer, L.J, Mekki- Berrada A., Quosh, C., el Chammay, R., Deville-Stoetzel, J.B., Youssef, A., Jefee-Bahloul, H., Barkeel-Oteo, A., Coutts, A., Song, S. & Ventevogel, P. Culture, Context and the Mental Health and Psychosocial Wellbeing of Syria A Review for Mental Health and Psychosocial Support staff working with Syrians Affected by Armed Conflict. Geneva: UNHCR,

With this understanding, the presented negative effects are associated with an adjustment to a quieter pace of life and reduced energy due to the movement restrictions and lockdowns. Lastly, most of the respondents with chronic diseases reported “*Fear of being infected and falling ill*” as a major impact of COVID-19 on their physical health.

3.2 IMPACT OF COVID-19 ON MENTAL HEALTH

In general, “*Fear of being infected*” was most frequently reported as the major psychological effect of the pandemic, while “*Fatigue self/soul - Feeling Tense*” were also raised by many of the respondents. “*Feeling of hopelessness*” and helplessness was also mentioned among other pandemic-induced psychological reactions. Considering a gender analysis on this domain,²¹ a higher percentage of Syrian male respondents reported “*Feeling of hopelessness*” (21%) compared to Syrian female respondents (19%), while a higher percentage of female respondents (54%) reported mental health related complaints or psychological effects of the pandemic compared to male respondents (46%). Taking into account the decrease in income-generating opportunities and the subsequent economic burden during the pandemic has correlated to increased fear and uncertainty about the future, particularly among Syrian men who are traditionally the most common heads of the households. By age group, the respondents over 50 years old reported “*Loss of concentration*” more frequently compared to other age groups (18-25, 26-49).



Graph 11: Impact of COVID-19 on Mental Health disaggregated by Gender

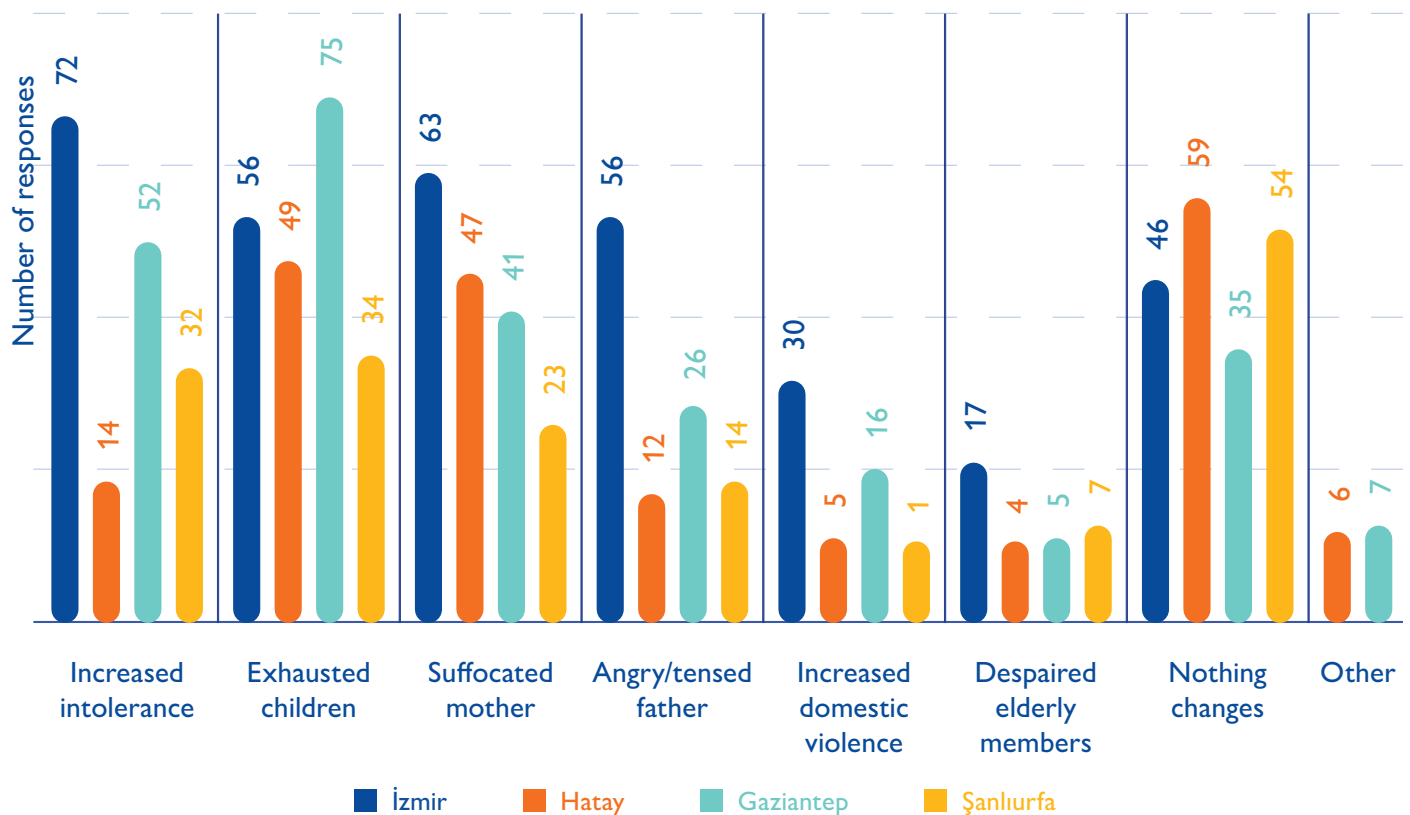
3.3 IMPACT OF COVID-19 ON FAMILY LIFE

Family life was reported as one of the most negatively affected life domains and was subsequently scrutinized to gain a better understanding of the pandemic impacts on different family members and family communication. A considerable number of respondents did not indicate any specific pandemic-related changes or effects on their family members. It should be noted that most of the participants who did not mention any change in their family life preferred to report “*Increased time spending together with all family members*” (55%), which

²¹Due to the unbalanced disaggregation in the sample by age group, gender and age group analysis within this report should be interpreted with caution.

might be viewed as a positive change. Moreover, some of the participants who did not report any change in their family life mentioned changes in their daily life, in particular “Excessive confusion on day and night routines among all family members” (12%)

Graph 12 summarizes the different negative effects of the pandemic on each family member and the family atmosphere. The following questions describe the effects of the pandemic on children, mother, and father, in particular, as the main actors of the family unit. “Exhausted children” due to staying at home and being out of school and the usual social environment, “Tired, suffocated and overwhelmed mothers” because of the increased housework during the pandemic, and “Tensed and the angry fathers” due to the closure of businesses or lack of access to income-generating activities and limited mobility were mentioned frequently during the interviews. “Increased intolerance towards the family members” is also mentioned almost equally by both female and male respondents. These factors are closely linked with an increased risk of domestic violence. Many female respondents reported warning signs such as yelling, threatening, criticizing, blaming each other, and showing aggressive or violence-based behaviour to each other in the households. In sum, due to the COVID-19 containment measures such as social distancing and movement restrictions, combined with economic uncertainties and stress, has contributed to a higher risk of being exposed to an abusive environment.



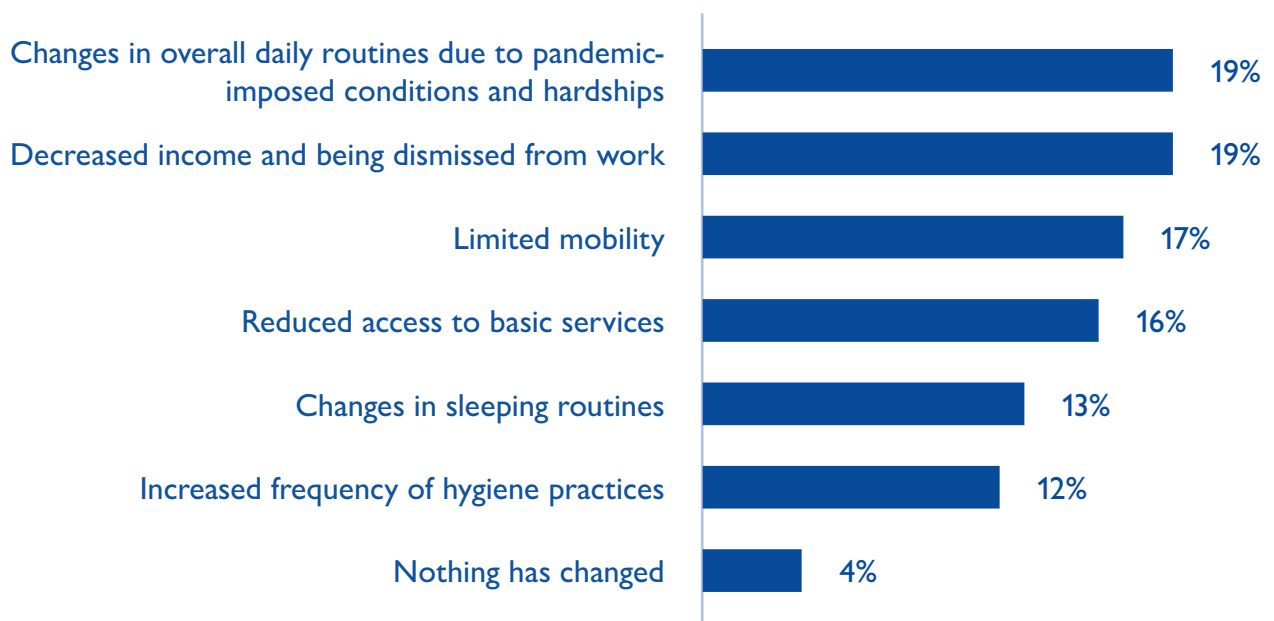
Graph 12: Impact of COVID-19 on Family Relations

The pandemic effects on family life have demonstrated notable differences in terms of location. Among the four AoRs, many of the respondents in İzmir reported negative impacts on the family atmosphere. In Gaziantep in particular, children were reported as the most negatively affected family members. Considering the high reporting frequency of the theme “No change” was frequently reported in Hatay and Şanlıurfa. In Şanlıurfa, risk of domestic violence case was reported only by one respondent, and the number of the respondents who reported other negative effects remained low compared to other AoRs.

These findings can be understood with the cultural inappropriateness for reporting private family issues, which are traditionally not acceptable in the Syrian community.

3.4 IMPACT OF COVID-19 ON DAILY ROUTINES

The pandemic has broadly affected the daily routines of the respondents, regardless of age and gender. The most common reported impact was “Decreased income and being dismissed from work”, which resulted in a significant lifestyle change. Moreover, the respondents reported “Changes in overall daily routines” as another significant change. They experienced day and night confusion due to changes in their daily habits from morning to evening, which is closely linked with “Changes in sleeping routines”. “Limited mobility”, which is a cross-cutting theme across other domains, was also identified as a major impact on their daily routines. The effects on daily life can also be understood as a cause, and a result for further effects in the other life domains. The changes in usual routines, reduced physical contact, and limited mobility, on top of the economic burden were frequently identified as causes for boredom, frustration, and a sense of hopelessness and helplessness, further distressing refugees’ mental health. These factors can contribute to Syrian refugees’ unwillingness to leave home and their withdrawal from social life.



Graph 13: Impact of COVID-19 on Daily Routines

In Gaziantep, “*Limited mobility*” was the most common problem (102 out of 255) while “*Decreased income and being dismissed from work*” was most frequently reported in İzmir (99 out of 284). The major challenges among the respondents in Şanlıurfa were day and night confusion and negative effects on their daily routines (74 out of 296). In Hatay, many respondents raised challenges in accessing basic services and relevant economic burdens brought by the COVID-19 pandemic in their daily life (127 out of 301).

3.5 IMPACT OF COVID-19 ON SOCIAL LIFE

The major negative effects of COVID-19 on social life of the respondents included “*Limited socialization*” and “*Ended social life*” regardless of age, gender, and location. The lack of socialization, and over time, a “*Sense of loneliness*” and a “*Feeling of being isolated*” can be understood as inevitable consequences of the COVID-19 preventative measures. Moreover, the respondents reported that they faced stigma and discrimination towards Syrian community members based on the perceived association of Syrian refugees with COVID-19 by the host community members. Most of these cases were reported in İzmir (37 out of 63) and Gaziantep (18 of 63), while the respondents in Sanliurfa did not report any stigma towards either themselves or their close circle.

3.6 COPING MECHANISMS AMONG SYRIAN REFUGEES DURING COVID-19V

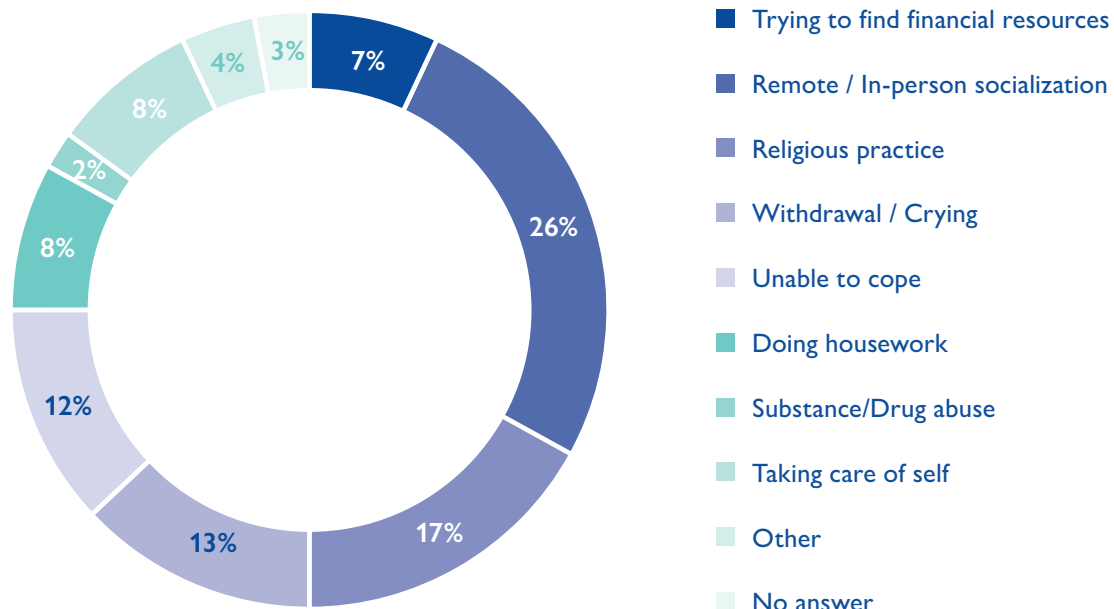
Some of the research in refugee literature point out that Syrian refugees have various ways to cope with psychosocial distress and their resilience can deal with negative effects and impacts of the adversities.²² As most of the Syrian community members have a collectivistic cultural background, the most prominent coping mechanism is based on social relations. Family, friends, neighbours, and the close social circle is seen as the primary support sources.²³ In line with the literature, Graph 14 shows that the most common coping strategy among the respondents was “*Remote/In-person Socialization*” (26%) while complying with social distancing, lockdown, movement restrictions, and stay-at-home orders during the COVID-19 pandemic.²⁴ Remote/in-person socialization also functioned as a protection mechanism to foster the “*Sense of solidarity*” during the pandemic which was reported as a positive effect. This finding demonstrates the psychosocial capacity of the community members. “*Religious Practice*” was the second popular positive coping strategy among both female and male respondents. In the Syrian context, most adversities and large-scale situations that affect people across the world are ultimately explained by the will of God. Therefore, religious practice, such as gratitude and praying, function as common coping strategies.²⁵ In terms of gender-based differences, “*Doing housework*” was more commonly mentioned by Syrian women (11%) compared to Syrian men (4%).

²²1.El-Khani,A., Ulph, F., Peters, S. & Calam, R. (2017), Syria: coping mechanisms utilised by displaced refugee parents caring for their children in pre-resettlement contexts,15 (1), 34 – 50. 2. Boswall,K. & Akash, R.A. (2015), Personal perspectives of protracted displacement: an ethnographic insight into the isolation and coping mechanisms of Syrian women and girls living as urban refugees in Northern Jordan, *Intervention* 2015,13(3), 203 – 215. 3. Hassan, G., Kirmayer, L. J., & Mekki-Berrada, A. (2015). Culture, context and the mental health and psychosocial wellbeing of Syrians: a review for mental health and psychosocial support staff working with Syrians affected by armed conflict.

²³Aala El-Khani, Fiona Ulph, Sarah Peters & Rachel Calam (2018) Syria: refugee parents’ experiences and need for parenting support in camps and humanitarian settings, *Vulnerable Children and Youth Studies*, 13:1, 19-29

²⁴For remote socialization, most of the male and female respondents mentioned that they have been using online communication platforms, applications and phone calls to maintain communication with their families and friends. In-person socialization methods during the pandemic included gatherings at homes and at the door.

²⁵Hassan, G., Kirmayer, L. J., & Mekki-Berrada, A. (2015). Culture, context and the mental health and psychosocial wellbeing of Syrians: a review for mental health and psychosocial support staff working with Syrians affected by armed conflict.



Graph 14: Coping Mechanisms during COVID-19

Considering the increased time spent at home, couple with the existing burden of housework that most of the Syrian women bear, this coping strategy entails a risk of increasing the disproportionate burden on Syrian women in the households. Finally, negative and passive coping strategies such as “*Withdrawal / Crying*” and “*Substance/Drug Abuse*” were reported by some of the respondents. These negative and passive coping methods have a risk of fuelling their sense of hopelessness and losing a sense of control over life circumstances.

4. IOM TURKEY’S MHPSS RESPONSE TO COVID-19

As COVID-19 has taken its toll in Turkey, the PMTs have adapted their MHPSS programming and introduced online and remote modalities for service provision in Gaziantep, Hatay, İzmir, and Şanlıurfa. At the early stage of the pandemic, the PMTs conducted the first round of the RNA between April and May 2020 by reaching out to 1,651 individuals to identify the needs of the target populations during the pandemic for adapting the MHPSS programming. Based on the findings from the first RNA, the PMTs solidified referral pathways with national and international stakeholders to link affected populations with available humanitarian and social services,²⁶ especially children, people aged 65 and above, persons with disabilities, and gender-based violence survivors. Moreover, refugees who reported a loss of income (43%) due to the COVID-19 pandemic, and who met the established vulnerability criteria, were referred to IOM’s Cash-Based Intervention (CBI) team for further support.

²⁶Such as Provisional Directorates of Family, Labour and Social Services (PDofLSS) and its Social Service Centres (SSCs), hospitals, Migrant Health Centres (MHCs), and non-governmental organizations that still operate to provide protection and MHPSS services.

Following the first RNA, from May 2020 to January 2021, the PMTs developed and implemented Risk Communication and Community Engagement (RCCE) strategies to better inform the community members and to enhance the two-way communication between the response authorities, stakeholders, and the communities. In particular, this strategy consisted of three main objectives: (i) to ensure that the targeted community members have the life-saving information that they need to protect themselves and others, (ii) to ensure consistency of information and language from all partners and prevent the spread of misinformation or rumours, and (iii) to inform the community at large about the current COVID-19 responses, available health services and preventive measures. In line with these objectives, the PMTs identified remote channels and the appropriate Information, Education, and Communication (IEC) materials for the information dissemination. The IEC materials were selected from the official visual and written materials prepared by World Health Organization (WHO), Inter-Agency Standing Committee (IASC), United Nations International Children's Emergency Fund (UNICEF), Turkey's MoH, and other relevant national and international actors. After the selection, the PMTs distributed the IEC materials with the information on the current situation updates and relief support, risk factors and protection measures or steps for persons with vulnerabilities, positive coping strategies and access to social services to increase the ownership of the Syrian community members and at-risk populations. To respond to the urgent MHPSS needs of the affected communities that were identified through the first RNA, the PMTs developed and delivered Psychological First Aid (PFA)²⁷ and structured MHPSS sessions through online and remote communication tools that targeted children, men, women, and elderly persons. As of March 2021, the PMTs have reached 1078 individuals through the structured MHPSS sessions and 324 individuals through risk communication.

Incorporating the findings from the second RNA, IOM will continue to provide MHPSS services with a multi-layered approach,²⁸ focusing on Layer 1 (Social Considerations in Basic Services and Security), Layer 2 (Strengthening Community and Family Supports), Layer 3 (Focused (Person-to-Person) Non-specialised Supports) and Layer 4 (Specialized Services). Each of the intervention layers is elaborated below in terms of the target groups, and the relevant MHPSS activities that fall under each layer.

- **Social Considerations in Basic Services and Security:** The PMTs will continue to provide MHPSS services in a way that promotes and enhances psychosocial well-being and resilience of the community members while engaging with them to strengthen local supports and existing resources. In this respect, the PMTs will continue to **disseminate accurate and targeted information** through leaflets, media, social media, and informal networks with an aim to raise awareness of the rights of refugees and empower their decision-making process. In particular, awareness-raising on positive coping methods during the COVID-19 pandemic,²⁹ provision of the information on coping methods tailored to specific target groups³⁰ and how to access basic services will be prioritized.³¹ Furthermore, the PMTs will continue to provide remote and/or in-person **PFA** to individuals and families to respond to the changing emergency context and psychosocial needs. Lastly, the PMTs will continue to link the vulnerable individuals and families to resources via **internal and external referrals** to enhance their access to basic services in close coordination with IOM Turkey's Emergency Case Management (ECM) team.

²⁷Remote Psychological First Aid during COVID-19. IFRC Reference Centre for Psychosocial Support, Copenhagen, 2020

²⁸A multi-layered approach means the inclusion of the whole layers of the IASC MHPSS Intervention Pyramid for a more inclusive and detailed MHPSS programming. For more details on the layers of the IASC MHPSS Intervention Pyramid and IOM Turkey PMTs' relevant actions please refer to Annex 2.

²⁹Awareness raising sessions consist of the following major sub-themes: "How to socially stay connected, how to stay active, how to enhance our psychosocial well-being during the COVID-19 pandemic", etc.

³⁰Such as the information tailored to mothers on how to communicate with children during the pandemic, the information on how to support children in distant learning with the parents, and dissemination of self-help materials for men, etc.

³¹For instance, the information tailored for women about where to report a gender-based domestic violence incident.

- **Strengthening Community and Family Supports:** The PMTs will continue to provide remote and/or in-person community and family support activities to sustain the sense of social connectedness and to support community-based coping mechanisms. Based on the identified needs, the PMTs will continue to provide **socio-relational and cultural activities** to build on the existing practices and needs such as knitting groups, speaking and reading clubs, music clubs, and cooking groups. Throughout these activities, joint participation of members from the host communities and the refugee communities will be crucial to reduce tensions and stigma between the groups that may have been exacerbated or have emerged due to the pandemic. To better eliminate the risk of being exposed to gender-based violence and family conflicts particularly for women and children, restoring the family's inner capacity is of vital importance. Therefore, activities to **build positive parenting** skills will be included to promote family support while creating a positive atmosphere at home and to cultivate strengths and innate problem-solving abilities of the families. Moreover, the PMTs will design and implement awareness raising and information sessions according to the identified needs and the challenges at family and community levels to promote the positive coping mechanisms. Lastly, **psychosocial support in education** will be included in IOM's MHPSS programming to support refugee students and their parents with the transition from face-to-face to distance learning as well as with their re-adaptation upon re-opening of schools.
- **Focused (Person-to-Person) Non-Specialized Supports: Psychoeducation sessions and structured self-help and support group activities** will be included in IOM's MHPSS programming to better address the specific mental health and psychosocial complaints and conditions of the specific target groups during the COVID-19 pandemic. In particular, the PMTs will facilitate self-help groups activities for men with a focus on stress and anger management, support groups, and creative and art-based activities for women to help them cope with the increased burden of care, frustration, and boredom. For children, the PMTs will implement creative and art-based activities, and sport and play groups to provide children with a remote safe space while supporting their social development. Moreover, for people with mild and moderate mental health issues, focused psychosocial support groups combined with psychological counselling will continue to be provided, particularly in İzmir, while the persons with disabilities will be the primary target in Şanlıurfa.
- **Specialized Services:** For people with mental health disorders or people with moderate or severe mental health and psychosocial complaints and for people who need acute specialized MHPSS services, the PMTs will continue to make external referrals to the relevant specialized governmental and non-governmental actors.

CONCLUSION

The findings of IOM Turkey's second RNA show that many Syrian refugees are still facing challenges in accessing social services and in exercising their rights during the COVID-19 pandemic. The adverse economic effects of the pandemic have made the conditions worse for many Syrian refugees and consequently affected every aspect of their daily routines. Syrian refugees' ability to access livelihoods and basic needs continue to be affected. Unemployment and decreased income, together with the limited mobility and socialization, have broadly impacted the refugee community members regardless of age and gender. In particular, the findings suggest that the COVID-19 pandemic exacerbated the existing challenges in all life domains, none more so than the family atmosphere. As long as this negative socio-economic climate persists, refugee and migrant

populations will face more difficulties in accessing social services. Continued inability to meet the basic needs of the family members, additional stressors, and increased burden of care will further amplify already difficult situations. Given these conditions, refugee and migrant populations are at heightened risk of adopting negative coping strategies including substance usage, child labor, domestic violence, withdrawal, and isolation.

Considering the outlined psychological and social effects of the ongoing pandemic on Syrian refugees, IOM Turkey's future MHPSS programming will be designed based on a multi-layered approach,³² with a particular focus on strengthening community and family support since family is one of the most negatively impacted segments of the communities. This approach will contribute to protecting the adversely affected populations from developing further severe or moderate mental health and psychosocial conditions. Moreover, given that the negative effects were reported not only on Syrian refugees' mental health but also across their life aspects, MHPSS interventions will be designed in coordination with various sectors including health, protection, livelihood and shelter, and focus on sustainability of the interventions.

³²Inclusion of the whole layers of the IASC MHPSS intervention Pyramid for an inclusive and detailed MHPSS programming.

ANNEX 1

Negative and Positive Effects of COVID-19 on Different Life Aspects of the Syrian Refugees and Their Coping Mechanisms in Relation to MHPSS

	NEGATIVE EFFECTS	POSITIVE EFFECTS	COPING MECHANISMS
PHYSICAL HEALTH	<ul style="list-style-type: none"> No negative effect - 33% The feeling of physical fatigue & tiredness - 29% Having muscle pain - 14% 	<ul style="list-style-type: none"> Nothing at all - 88.6% 	<ul style="list-style-type: none"> Unable to cope with/ Can't handle - 32% Taking care of myself with traditional/ natural remedies - 24% Exercising at home - 14%

	NEGATIVE EFFECTS	POSITIVE EFFECTS	COPING MECHANISMS
MENTAL HEALTH	<ul style="list-style-type: none"> Fear of falling ill - 27.5% Fatigue self/soul - 24.6% Feelings of being under extreme stress and pressure - 16.9% 	<ul style="list-style-type: none"> Nothing at all - 81.7% 	<ul style="list-style-type: none"> Praying & Reading Quran - 37.3% Tend to adapt extreme cleaning behaviors - 23.8% Unable to cope with/ Can't handle - 13.7%

	NEGATIVE EFFECTS	POSITIVE EFFECTS	COPING MECHANISMS
FAMILY RELATIONS	<ul style="list-style-type: none"> Exhausted children/being unable to meet the children's needs - 22.3% Suffocated and excessively tired mother - 18.2% Increased intolerance towards family members - 17.7% 	<ul style="list-style-type: none"> Spending time together with the all-family members- 55.5% 	<ul style="list-style-type: none"> Trying to tolerance each other - 29% Playing with children and spending time with them - 19.9% Praying & Reading Quran - 19.7%

	NEGATIVE EFFECTS	POSITIVE EFFECTS	COPING MECHANISMS
SOCIAL LIFE	<ul style="list-style-type: none"> Limited socialization - 46.7% Ended social life - 25.1% Feeling isolated & sense of loneliness - 16.7% 	<ul style="list-style-type: none"> Nothing at all - 77.5% Increased sense of solidarity - 16.4% 	<ul style="list-style-type: none"> Remote/online socialization with friends, acquaintances - 42% No Answer - 17.7% Doorstep socialization in the neighborhood - 15.4%

	NEGATIVE EFFECTS	POSITIVE EFFECTS	COPING MECHANISMS
DAILY ROUTINES	<ul style="list-style-type: none"> Changes in daily routine - 19.4% Decreased income and being dismissed from work - 19% Limited mobilization - 17.1% Reduced access to basic services - 16.2% 	<ul style="list-style-type: none"> Nothing at all - 56.8% Spend most of the time being at home - 21.9% Remote socialization - 20.8% 	<ul style="list-style-type: none"> Gratitude & Praying - 23.3% Maintaining social contact - 17.9% Adapting strategies to cope with decreased income - 17.5%

ANNEX 2

IASC MHPSS Intervention Pyramid with the Four Main Layers of the Interventions



