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## COVID-19 PANDEMIC IN TURKEY

Analysis of Vulnerabilities and  
Potential Impact Among Refugees



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Programme

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*Cover Photo:* **WFP/ Suraj Sharma**



## Key Messages

### Vulnerability to COVID-19 infection

- Nearly one-quarter (23%) of refugee households are at risk to COVID-19 due to exposure to two or more risk factors such as crowding in the home, insufficient access to water and hygiene items, and poor sanitary practices.
- The most common risk factor among refugee households is crowding in households with nearly half (45%) of refugee households having at least 3 or more people per sleeping room.
- The exposure to different risk factors considered for the analysis is not uniform among refugee subgroups and needs to be addressed with this in consideration.
- About one-third (32%) of refugee households are home to at least one member that is considered as high-risk (i.e. elderly members or those with chronic illness).

### Access to information

- Household heads in about two-in-five households (38%) do not have a basic understanding of the Turkish language suggesting they may not benefit from COVID19 information on mainstream media.
- Almost all refugees (98%) own either a smartphone, T.V, or a computer. However, about one-in-four households (23%) do not have access to internet or a satellite dish, suggesting communication through mainstream media may not necessarily reach all refugees directly.

### Likely changes in poverty and food insecurity levels

- Despite the expectation that measures implemented to control the spread of the pandemic would lead to price hikes and scarcity of commodities, the macro-economic environment has remained stable. However, the opportunities for refugees to earn any income have decreased considerably with the reduction in labour opportunities, especially casual work, and the movement restrictions during times of lockdown.
- Consequently, there has been only a marginal change (<2%) in the in the cost of the MEB since January 2020. If the condition remains stable, no significant change is expected in the MEB cost in the short term.
- Increases in economic vulnerability among refugees will therefore be driven by the loss of employment with daily wage earners in the informal sector worst affected.

# Introduction

Global statistics show that as of April 23, 2020, there were over 2.7 million people infected by the novel Corona Virus (COVID-19), with over 190,000 fatalities<sup>1</sup>. First reported in China at the end of 2019, COVID-19 spread rapidly across the globe and within populations in affected countries. In Turkey, there were 86,306 confirmed cases and 2,491 fatalities as of [this date](#)<sup>2</sup>.

Since the outbreak, countries have enforced various measures to prevent further spread, including testing and treating patients, carrying out contact tracing, limiting travel, cancelling large gatherings such as religious services, sporting events, concerts, and schools, quarantining citizens, complete lock down/curfew, among others.

Thus, besides the impact on individual health and national health systems, COVID-19 also has a broader macro-economic impact, primarily due to disruptions in demand and supply that result from enforcement of prevention measures. Increasing unemployment or reduced earnings, reduced availability of commodities and corresponding price increases have typically been observed in different countries. In response, some Governments implemented assistance programmes for their citizens such as one-off transfers, unemployment cover, etc.

However, concern remains about the vulnerabilities faced by refugees and immigrants in the face of the pandemic. Turkey currently hosts approximately 4 million refugees<sup>3</sup>, about 45%<sup>4</sup> of whom are currently receiving basic needs assistance whether inside or outside the camps. The COVID-19 pandemic has raised concerns about the overall vulnerability of the refugee population, but especially those not currently receiving assistance.

This paper examines data collected through the Comprehensive Vulnerability Monitoring Exercise (CVME)<sup>5</sup> between November 2019 and February 2020 through the COVID-19 lens to show the extent of vulnerability among refugees based on three themes: i) Vulnerability to COVID-19 based on known risk factors for infection; ii) access to information on COVID-19; and iii) the potential for worse poverty and food insecurity outcomes among refugees<sup>6</sup>. Throughout the report, data has been disaggregated to compare households by eligibility status for the Emergency Social Safety Net (ESSN), sex of household head, nationality and regions. However, CVME5 is statistically representative only at the national level. Nonetheless, these indicative comparisons provide useful information on different needs among population groups, revealing varied levels of vulnerability.



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<sup>1</sup>Data extracted from COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU): <https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

<sup>2</sup>Data extracted from COVID-19 Dashboard by the Ministry of Health of Republic of Turkey: <https://covid19.saglik.gov.tr/>

<sup>3</sup>According to DGMM: <https://en.goc.gov.tr/temporary-protection27>

<sup>4</sup>Calculated for DGMM registrations and ESSN beneficiaries as of March 2020

<sup>5</sup>The methodological approach for the CVME is explained here: [CVME Methodology](#)

<sup>6</sup>None of the registered individuals included in the CVME are afforded refugee status by the Government of Turkey. However, for simplicity within this paper, any individual who is under any of the legal status e.g. temporary or international protection, or planning to seek this status, is referred to as a refugee.

# Section 1 Vulnerability to COVID-19

# 1. Vulnerability to COVID-19 Infection

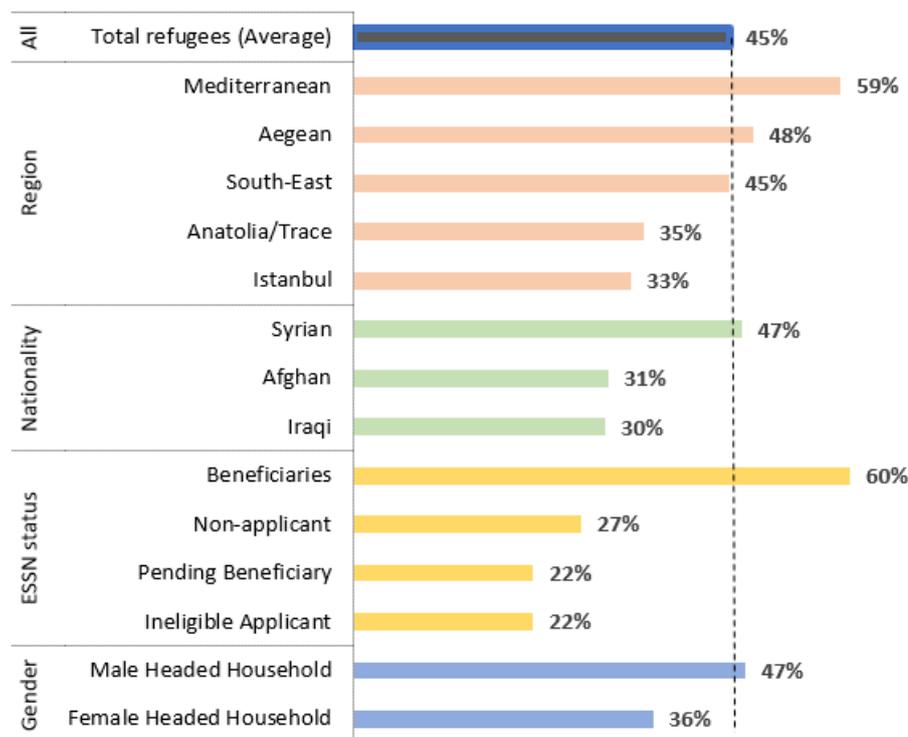
To prevent COVID-19 infection and spread, WHO has issued a set of guiding recommendations including regular washing of hands with soap and water or use of sanitizer, avoiding close contact and social distancing, covering the nose and mouth with a mask or cloth when coughing, and regularly cleaning and disinfecting surfaces. The analysis therefore explores exposure to associated risk factors in the refugee context i.e. i) crowding in households owing to high household size, limited space and the tendency to share households as a cost cutting measure; ii) insufficient access to water which is essential in maintenance of hygiene; iii) sanitary practices among households, including the sharing of toilet facilities and; iv) limited or no availability of sanitary and hygiene items such as soap.

## 1.1. CROWDING IN HOUSEHOLDS

Nearly half (45%) of refugee households are crowded with at least 3 people per sleeping room. According to the results, this risk factor is highest among ESSN beneficiaries and refugees in the Mediterranean region where up to 60% of households have more than 3 persons per room (**Figure 1**). This might be due to the higher household size among ESSN beneficiaries and the refugees that are living in the Mediterranean region. Furthermore, results show that some 6% of refugee households share their accommodation with other households. This practice was much higher among female headed households (11%), ESSN non-applicants (8%), Afghan refugees (17%) and in the Istanbul region (10%). Having more people in a household, particularly if it is more than one family in the dwelling, is likely to increase the risk of contracting COVID19 as individual members are in closer contact with one another (and hence unable to

keep safe distance). Thus, if one member were to get infected, the virus would spread very quickly.

**Figure 1. Households with at least 3 people per room**



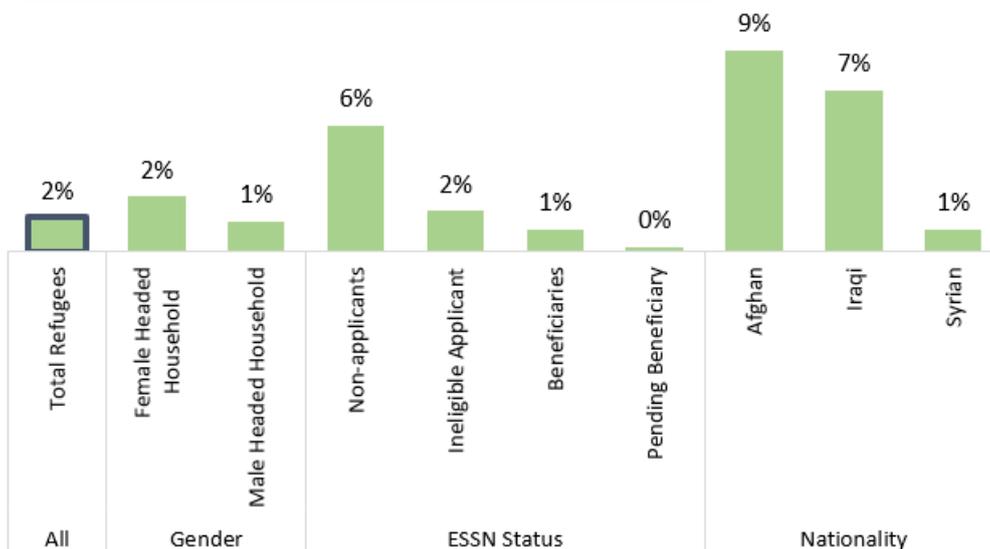
## 1.2 ACCESS TO SUFFICIENT WATER AND SANITARY ITEMS FOR HOUSEHOLD USE

The great majority of households (98.5%) reported having access to sufficient water for drinking, cooking and hygiene purposes. Despite this near country-wide coverage, analysis revealed subgroups with relatively lower access, notably among minority refugee groups as shown in **Figure 2**. Similarly, while most households (88%) reported having sufficient hygiene and sanitary items, including soap and detergent, analysis showed insufficient access

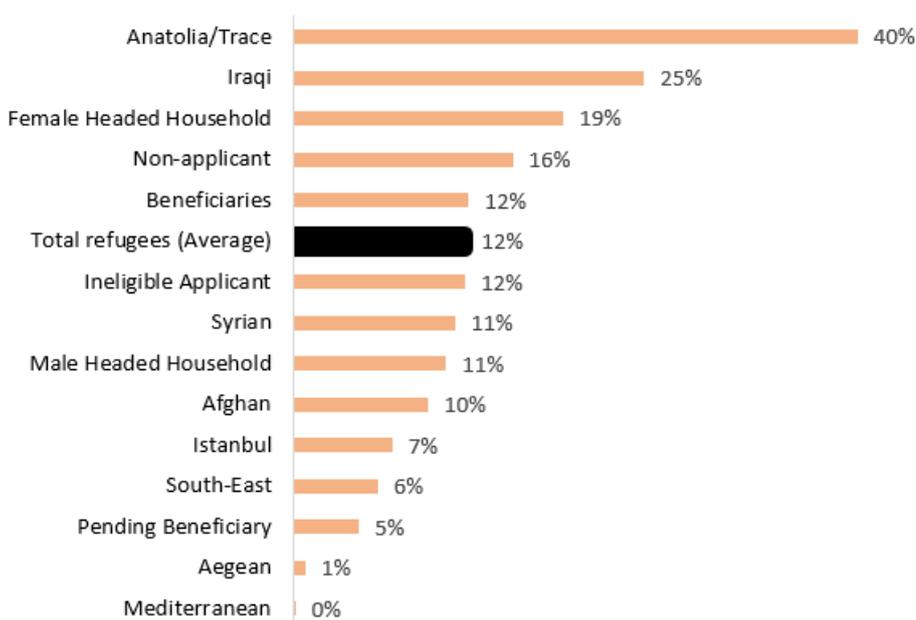
among certain subgroups, particularly among refugees in the Anatolia region and Iraqi refugees, with 40% and 25% reporting insufficient access to soap and hygiene items respectively (**Figure 3**). It should be noted that there is a higher density of Iraqi refugees in the Anatolia region.

These results suggest that, given knowledge of the importance of hygiene in COVID19 prevention, most refugees have the possibility to maintain adequate personal hygiene, but there are some pockets that are at risk.

**Figure 2. Households with insufficient access to water**



**Figure 3. Households with insufficient hygiene and household items**



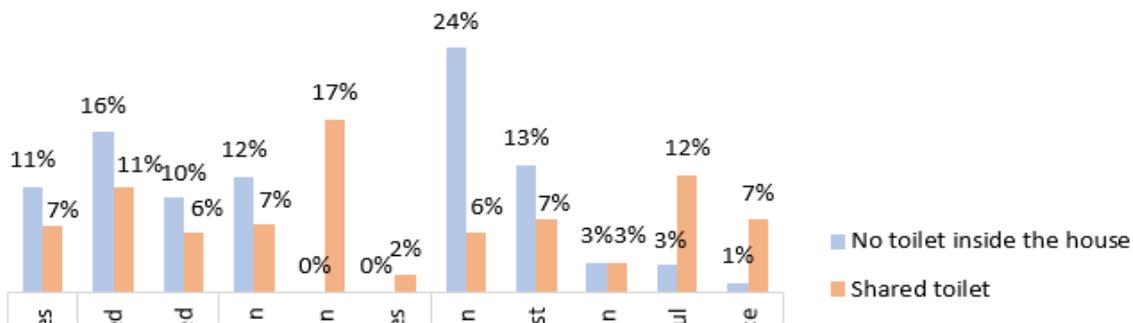
### 1.3. ACCESS TO SANITARY FACILITIES AND PRACTICES

Approximately 89% of households reported having a toilet inside the house, presumably enabling them to maintain higher sanitary standards due to controlled use. However, among these households, approximately 7% reported sharing the toilet with another household as shown in **Figure 4**. Similar to observations on access to water, the results show that this risk factor is not evenly distributed in the refugee population, with the highest percentage of households that do not have a toilet inside reported in the Mediterranean region where it is more common to have shelters where the toilet is outside the house, while households that share toilet facilities were most common among Afghan refugees. Even though having the toilet outside the house predisposes the household to poor sanitation and more interaction with other people, it is noteworthy that only 8% of such households indicated they were sharing with another household.



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Figure 4. Access to, and practices related to utilization of sanitary facilities



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