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COVID-19 PANDEMIC IN TURKEY

Analysis of Vulnerabilities and
Potential Impact Among Refugees



World Food
Programme

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Acknowledgements

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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 fatalities¹. 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](#)².

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 refugees³, about 45%⁴ 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)⁵ 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 refugees⁶. 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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¹ 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>

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

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

⁴ Calculated for DGMM registrations and ESSN beneficiaries as of March 2020

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

⁶ 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

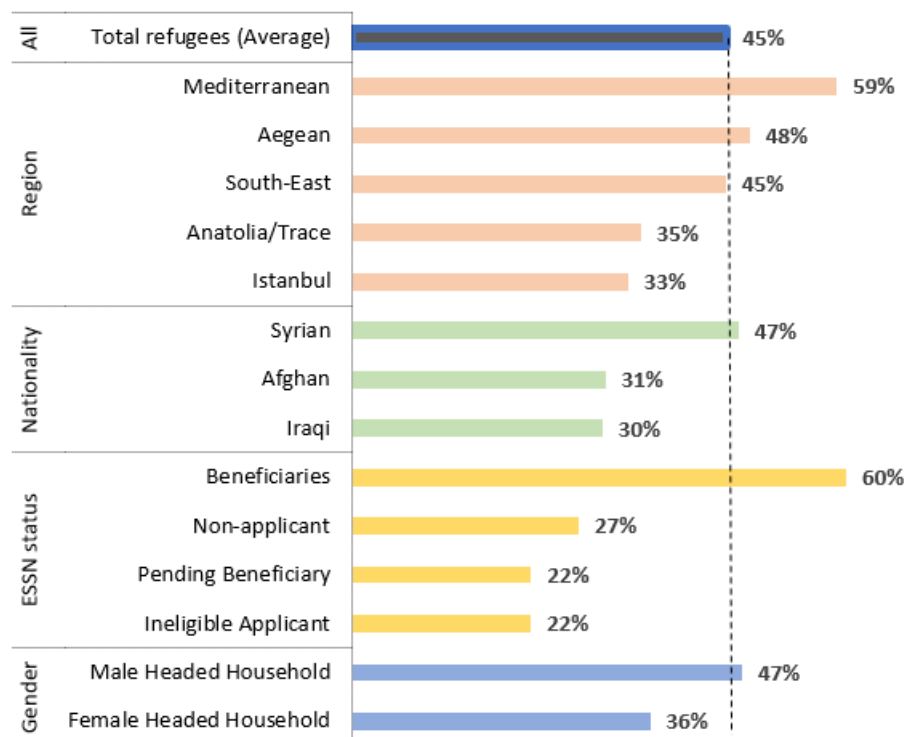
To prevent COVID-19 infection and spread, WHO has issued a set of guiding recommendations including regular washing of hands with soap and water or use of sanitizer, avoiding close contact and social distancing, covering the nose and mouth with a mask or cloth when coughing, and regularly cleaning and 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

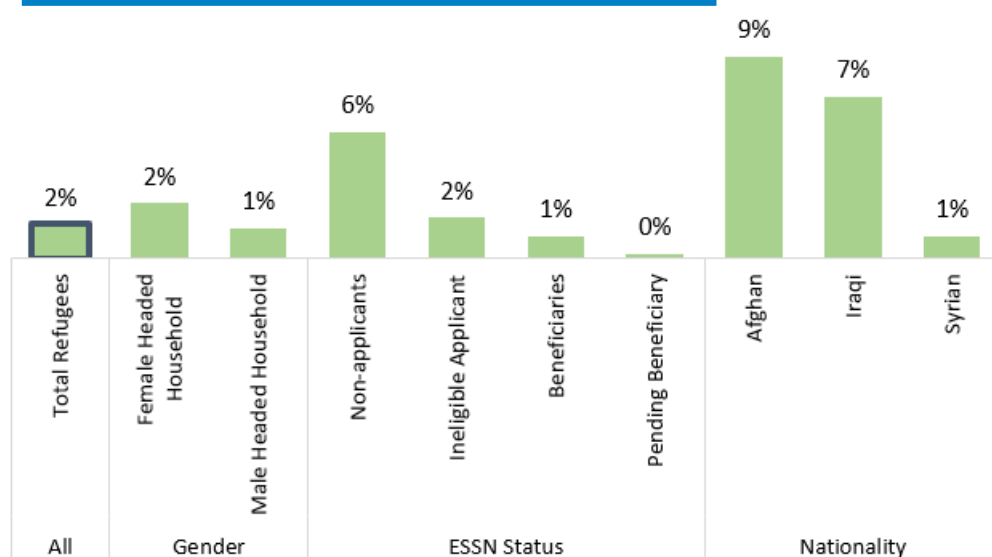
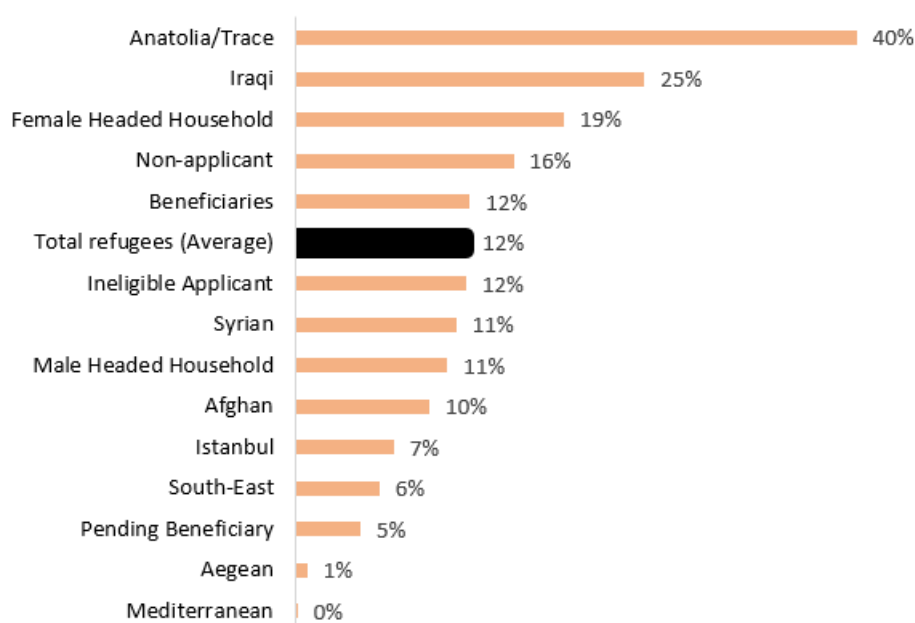


Figure 3. Households with insufficient hygiene and household items



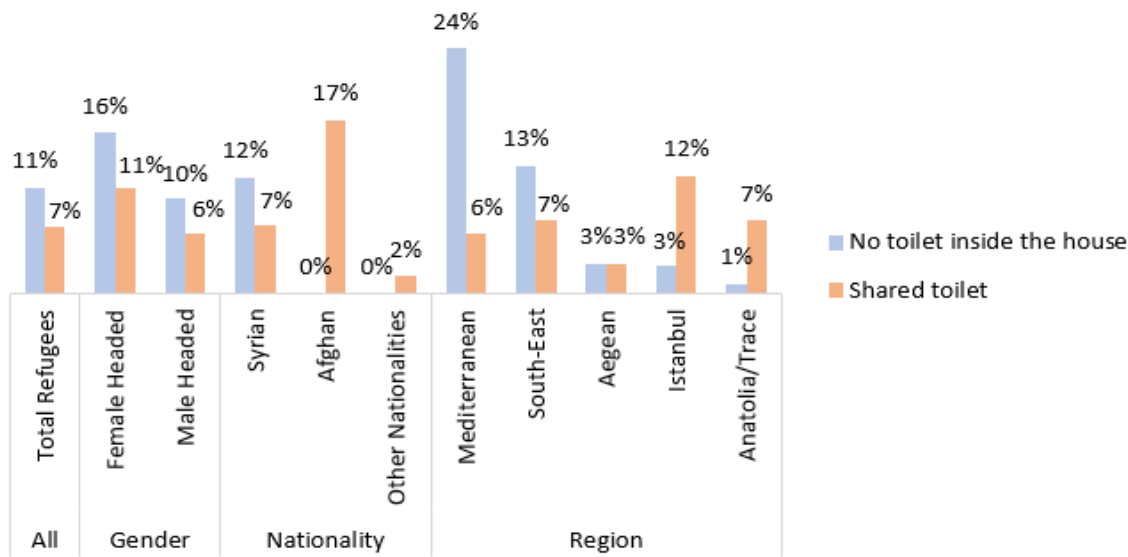
1.3. ACCESS TO SANITARY FACILITIES AND PRACTICES

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

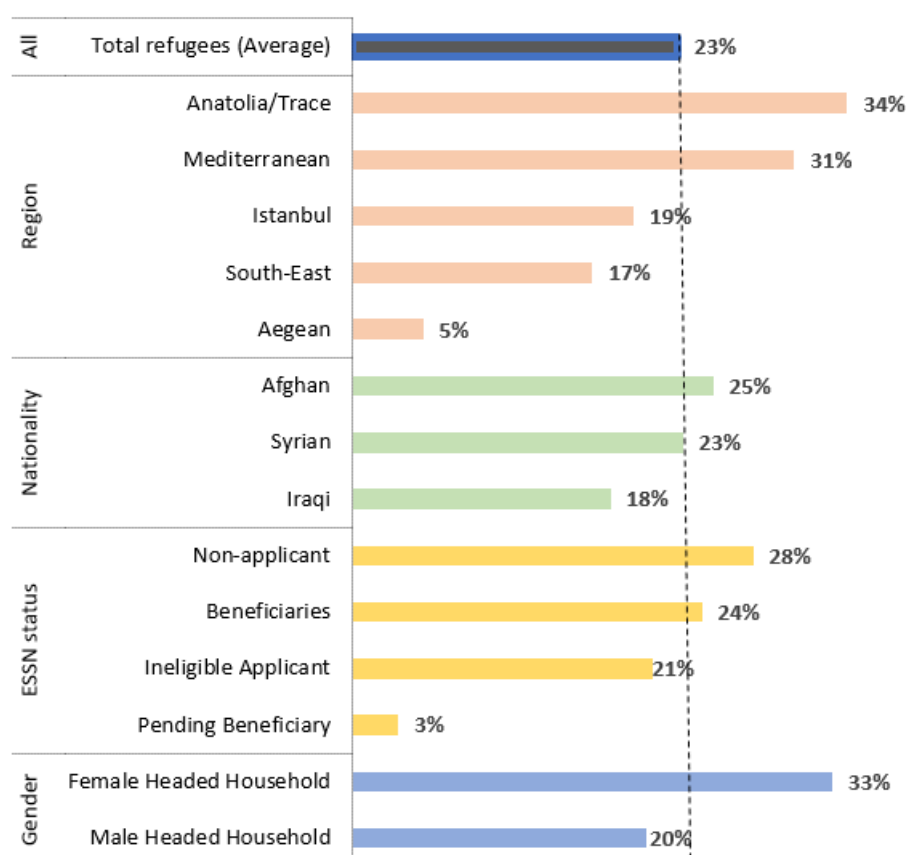


1.4 OVERALL VULNERABILITY TO COVID-19

In order to gauge overall vulnerability, the analysis classifies households that are exposed to two or more of the above risk factors as more vulnerable to a COVID-19 infection. The results show that nearly one-quarter (23%) of the refugee households are at risk to COVID-19. As shown in **Figure 5**, the most at risk sub-groups are refugees in Anatolia and Mediterranean regions, female headed households and ESSN non-applicants. While households exposed to two or more risk factors are seen as being more vulnerable to COVID-19, it is noteworthy that exposure to just one risk factor is equally important in consideration of potency of COVID-19

23% of the refugees in Turkey are particularly at risk to COVID-19. Overall, female headed households have a higher level of vulnerabilities.

Figure 5. Overall Vulnerability to COVID-19

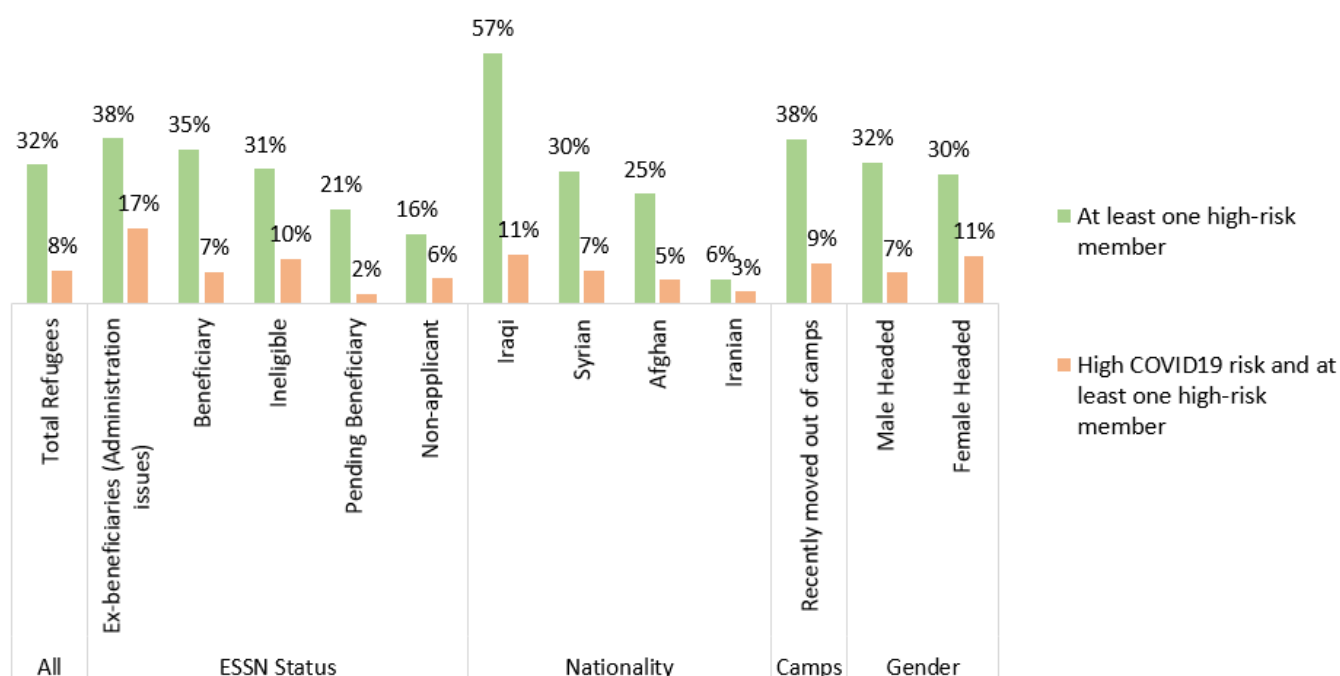


1.5. PRESENCE OF HIGH-RISK GROUPS

The analysis also examines the presence of high-risk individuals (defined as having household members above 60, elderly who cannot take care of themselves, and those with chronic illness) among refugee households. Results show that overall, 32% of refugee households have at least one member considered as high-risk; this is notably higher among Iraqi refugees at 57%, as shown in **Figure 6**. The analysis also revealed that Iraqi households have more tendency to have elderly members in the household; 29% of the families have at least one member above 60, whereas this rate is only around 10% for other nationalities.

Furthermore, combined analysis showed that there are 8% of households that are classified as highly vulnerable to COVID-19 and have at least one member considered as high risk. Such households would need to take extra measures to prevent COVID-19 infection given the higher rate of fatality among high-risk individuals. The results are worrying, particularly for ineligible households who are former ESSN beneficiaries and who were excluded from the programme due to registration-related issues.

Figure 6. Vulnerability to COVID-19 and exposure for high risk groups



Section 2

Access to information on
COVID-19

2. Access to information on COVID-19

Regular access to information on COVID-19 is key to the global prevention strategy, alerting the public on latest trends and reinforcing uptake of recommended prevention measures. In this paper, we explore access to information among refugee sub-groups based on Turkish language ability, the main language of communication of relevant information, as well as the possibility to access mainstream communication media.

2.1. TURKISH LANGUAGE ABILITY

Turkish language ability is an important factor in enabling comprehension of messaging on COVID-19 particularly in mainstream media. Results show that household heads in 62% of households have at least a basic understanding of the Turkish language. This also implies that some 38% of households do not understand Turkish and, unless targeted messaging is conducted, may rely on secondhand information from their peers. As shown in **Figure 7** below, the ability to speak Turkish is lowest among female headed households and in the Mediterranean and South-East regions. As mentioned earlier, Anatolia region has a higher density of Iraqi refugees which

results in higher percentage of people speaking some Turkish in the region. It should also be noted that pending beneficiaries are mostly new arrivals which explains the lower level of household heads speaking Turkish.

Further analysis shows that among households assessed as having higher vulnerability to COVID-19 infection (due to exposure to two or more risk factors), there is a sizeable proportion that do not have a basic understanding of the Turkish language. The highest number of these households was in the Mediterranean region (22%), female headed households (20%) and among Afghan nationals (19%) as shown in **Figure 8**. This suggests that unless communication on prevention of COVID-19 is conveyed in native language to these sub-groups, such households remain at risk of exposure and prone to distorted secondhand messages.

Figure 7. Household head speaks at least basic Turkish

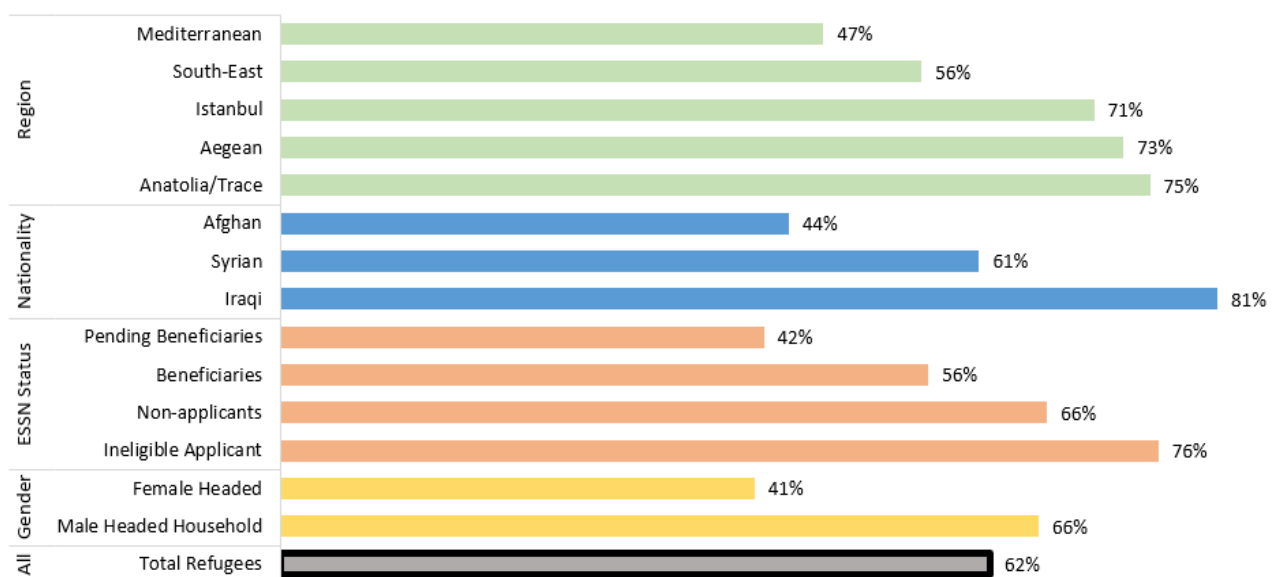
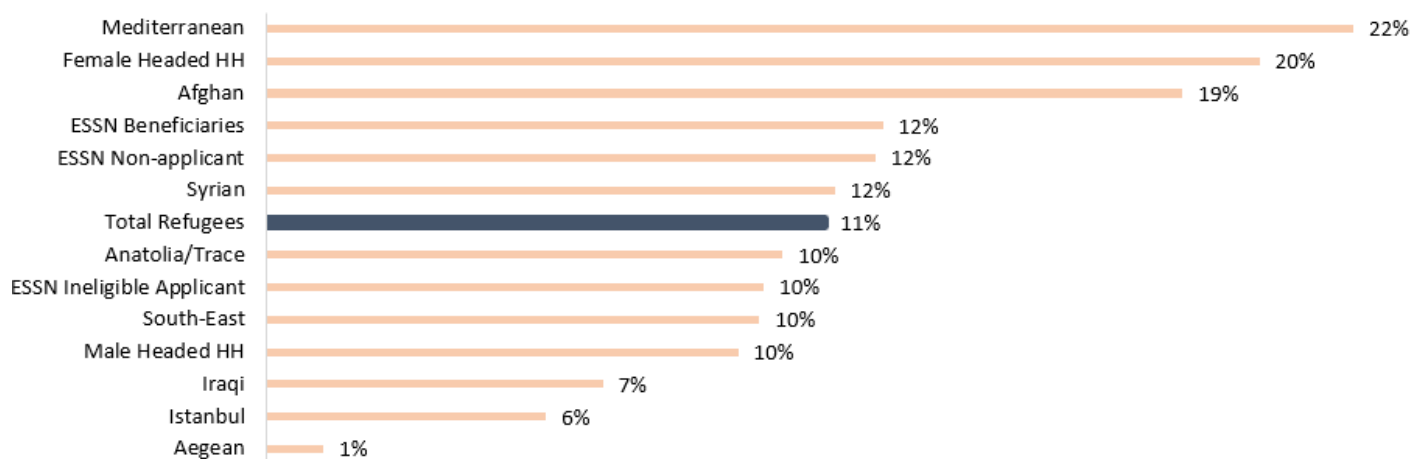


Figure 8. Households that are vulnerable to COVID-19 with no ability to speak Turkish



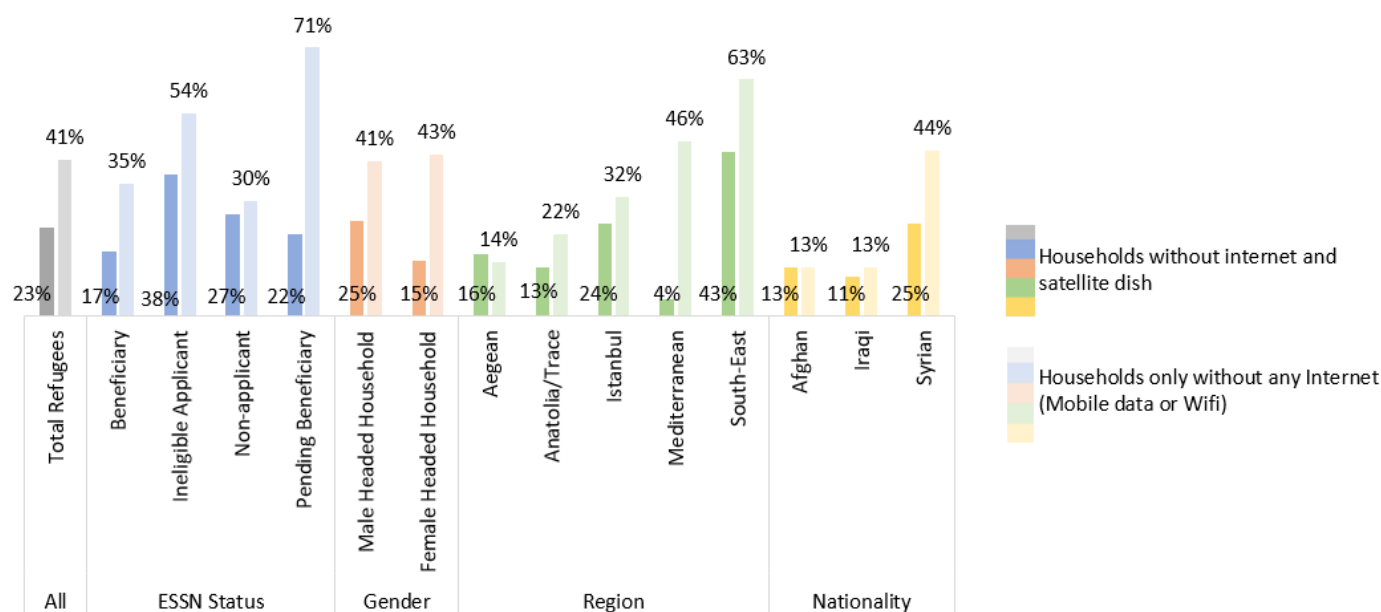
2.2. ACCESS TO INFORMATION AND MESSAGING ON COVID-19

Results show that 97% of households own a phone of some sort with the majority owning a smart phone (88%). Nonetheless, a much lower percentage of households (59%) reported having access to the internet at the time of the survey as shown in **Figure 9**.

The lowest level of access to internet was observed among ineligible households (46%), pending ESSN applicants (29%), and in the South-East region (37%). Given that most information is disseminated via internet-based media (as opposed to SMS platforms), findings suggest that some refugees may not readily receive much-needed information to prevent the spread of the virus.

Results also show that about 86% of households own or are in possession of a television set which is critical for receipt of information related to COVID-19. Subgroups with particularly low rate of TV ownership were the non-applicants (58%) as well as Afghan refugees (32%). However, despite the high level of TV ownership, just about half (53%) of households own a satellite dish, suggesting that they may only have access to regular national channels through which information is typically disseminated only in Turkish. This again shows the importance of ability to speak at least basic level of Turkish. This ownership is particularly low among ineligible households (39%), non-applicants (33%) and, more so, among Afghans (0.3%).

Figure 9. Households without Internet (mobile data & Wi-Fi) and satellite dish



Overall, with respect to access to information, to internet or satellite dish, suggesting communication through mainstream media may not necessarily reach all refugees directly, with the chance of misinformation. This percentage is highest for refugees in Istanbul (90%). Thus, the majority of refugees have the necessary hardware required to access information. On the other hand, nearly one-in-four households (23%) do not have access



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Section 3

Potential impact of
COVID-19 on refugee
households

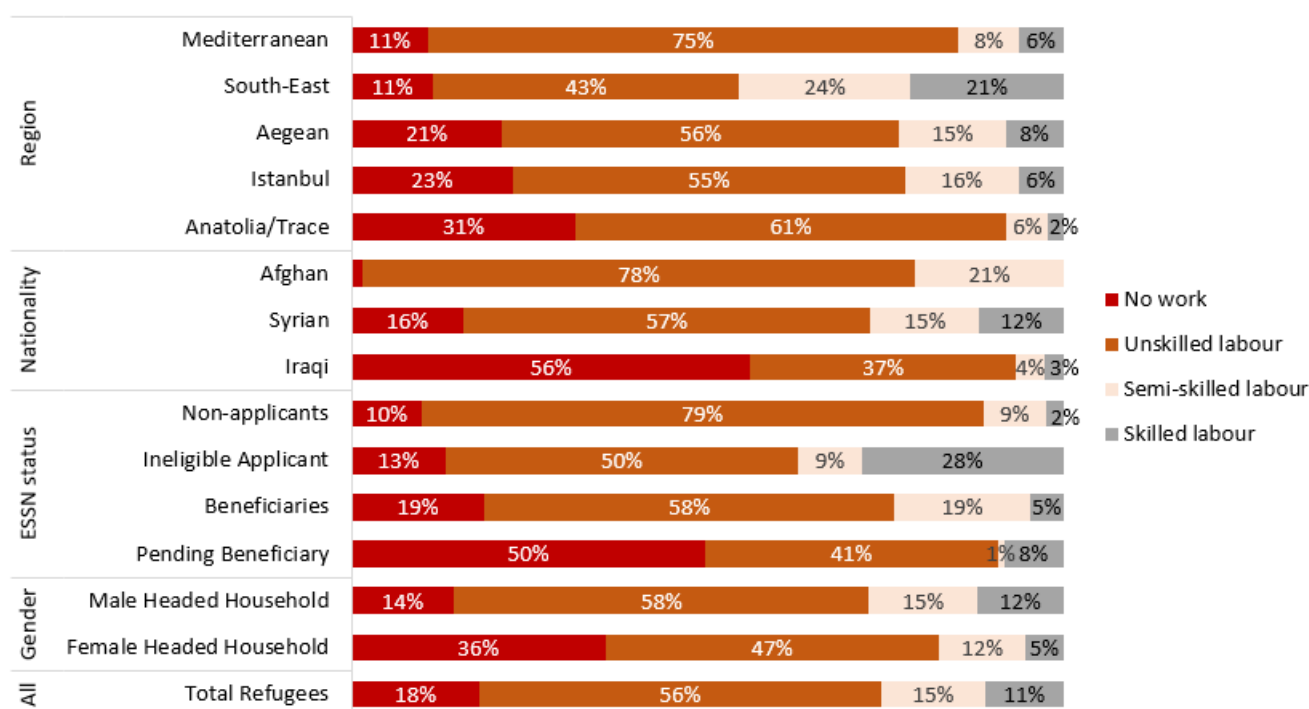
3. Potential impact of COVID-19 on refugee

3.1. EMPLOYMENT STATUS

As of February 2020, findings show that approximately one-in-five refugee households were not employed (**Figure 10**). This was particularly pronounced in Anatolia region, among Iraqi refugees, pending ESSN applicants, and female headed households. Among households that reported having at least one member employed, more than half (56%) were involved in unskilled labor, which is typically informal with little or no job and income security⁷.

Both unemployed and informally employed households will likely be hard hit by the COVID-19 pandemic. Even though the latter group may have been economically better off compared to households with no member employed, it is expected that the implementation of stay at home measures in some sectors has severely affected their income earning ability. Furthermore, the construction and manufacture sectors in which majority of refugees work have also been affected by implementation of stay at home measures resulting in reduced labour demand and job cuts. Indeed, a recent rapid assessment by UNHCR among persons of concern found that 61% of households had lost their jobs as a result of the COVID-19 pandemic⁸.

Figure 10 .Employment Status (Based on ILO Categorisations)



⁷According to the DGMM, currently only 8,400 work permits were issued for Syrians. This shows that most jobs are indeed in the informal sector: <https://en.goc.gov.tr/residence-permits>

⁸UNHCR conducted phone surveys with 1421 persons of concern

3.2. DEBT PREVALENCE

More than half (53%) of refugees reported being in debt before the onset of the pandemic (**Figure 11**). Debt prevalence was highest among pending ESSN applicants, refugees in Aegean and Anatolia regions as well as non-applicants. Afghans had lower percentage of households with debt which might be due to not having the resources to be able to borrow. Not surprisingly, the majority (81%) of refugees borrowed to meet their basic needs such as for food (48%) and rent and utilities (33%). (**Figure 12**).

The median debt for all refugee households is 1900 TRY (Turkish Liras). Findings show that these households were already vulnerable, and any loss of employment may trigger the use of negative coping strategies at unprecedented levels.

Figure 11 . Percentage of households with any debt

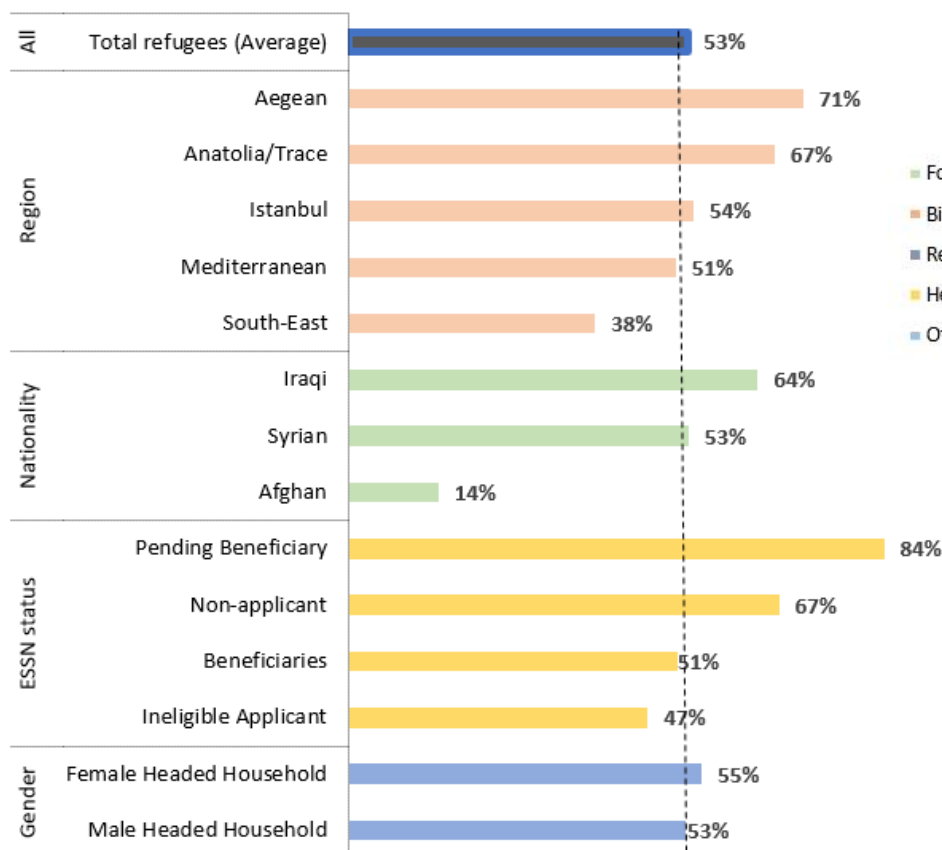
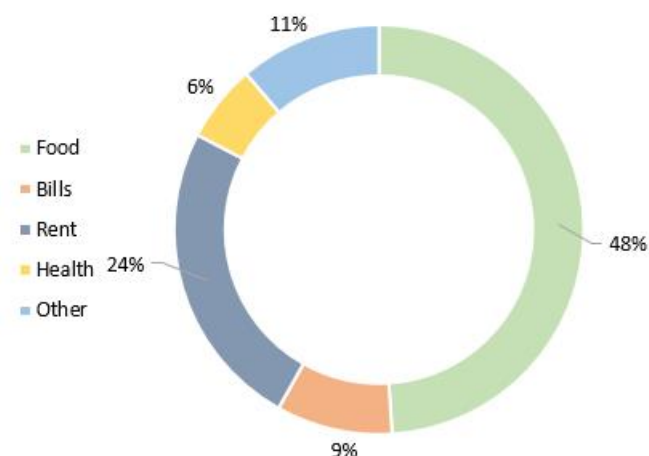


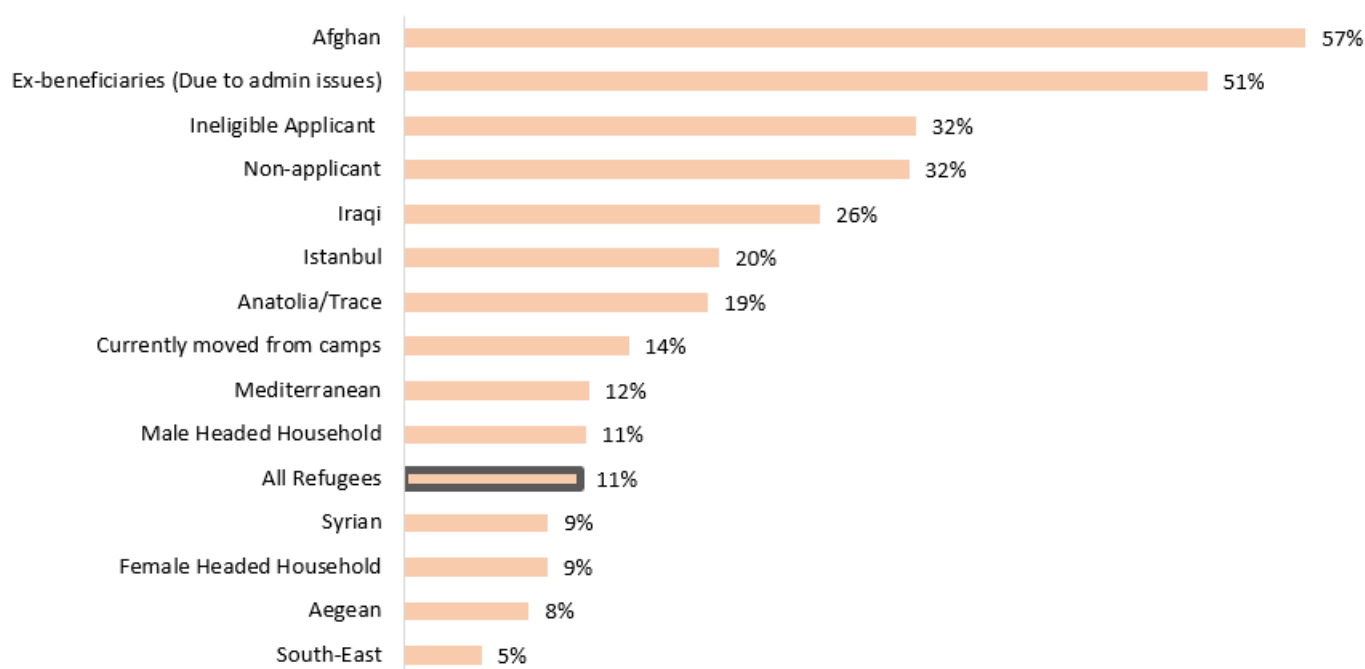
Figure 12. Main reason to borrow money



3.3. ECONOMIC CAPACITY TO MEET ESSENTIAL NEEDS

Consistent with the findings in the previous section, results show that 45% of refugees were below the World Bank⁹ moderate poverty line (418 TRY) and 61% were below the Minimum Expenditure Basket (MEB) threshold of 480 TRY just before the COVID-19 outbreak. A combined analysis among non-ESSN beneficiaries shows that 11% of households had per capita expenditure below MEB and had no reliable source of income¹⁰, suggesting that they are particularly vulnerable. This was especially higher among Afghan refugees and refugees that were removed from the ESSN due to administrative issues (**Figure 13**).

Figure 13. Households below MEB with no reliable income resource



⁹The World Bank has introduced Income-Class Poverty Lines (ICPL) to use as a benchmark for countries whose level of development makes the IPL of little use. Two complementary global lines have been introduced, one for lower-middle income countries (LMIC) and one for upper-middle income countries (UMIC). The LMIC poverty line is set at \$3.20 per person per day and the UMIC poverty line is set at \$5.50 per person per day, in 2011 PPP (Purchasing Power Parity). They are calculated as the median national poverty line among all countries in the income class. The figures used correspond to \$3.20 and \$5.50, updated from the 2011 PPP (as of August 2018). <http://blogs.worldbank.org/developmenttalk/richer-array-international-poverty-lines>

¹⁰Analysis excludes current ESSN beneficiaries as they are expected to continue receiving assistance. Households were defined as having reliable income if involved in semi-skilled work, skilled work or management level work (as per ILO categories). The unemployed and those involved in unskilled work were taken have unreliable income.

3.4. SCENARIOS ON VULNERABILITY

Despite the expectation that measures implemented to control the spread of the pandemic would lead to price hikes and scarcity of commodities, data available as of April 20, 2020 shows a relatively stable macro-economic environment with a yearly inflation rate of 12% reported at the end of March. Consequently, there has only been a marginal change (<2%) in the in the cost of the MEB since January 2020. Provided that the inflation rate remains stable and the supply chains continues to function¹¹, no significant change is expected in the MEB cost in the short term.

Table 1. Total Expenditure vs. Type of Work

Type of Work	Total Expenditure (TRY)
No work	2000.57
Unskilled labour	2545.53
Semiskilled labour	2593.56
Skilled labour	2961.85
Management	3220.73

*Based on ILO Definitions

According to the livelihood survey findings, 20% of the refugees in Turkey were working in unskilled services, followed by textile (19%), construction (12%), and artisanship (10%)¹². As mentioned earlier, due to loss of jobs, there might be drastic changes on the overall income of most households.

Refugees with irregular work earned an average of 1,058 TRY per month. Those with regular employment earned an average of 1,312 TRY per month.

Unskilled services and agriculture provided the lowest income, at 768 TRY and 756 TRY respectively¹³. Table 1 below shows that average expenditure mostly depends on those jobs. Due to the loss of workdays/hours, households with unskilled work are most likely to fall under extreme poverty lines and will not be able to meet their basic needs.

In the short-term, therefore, the main driving factor of increasing economic vulnerability will be the loss of employment with daily wage earners in the informal sector worst affected.



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¹¹ Both the Ministry of Agriculture and Forestry and chambers of commerce declared that there are enough food stocks in the country

¹² Turkish Red Crescent and World Food Programme. (2019). Refugees in Turkey: Livelihoods Survey Findings. Ankara, Turkey

¹³ Ibid

Annexes

1. REGIONS



2. TABLE OF VULNERABILITY TO COVID-19

Sub-groups	Vulnerability to COVID-19						
	Crowding >2	No Inside toilet	Shared toilet	Shared house	Insufficient water	Insufficient hygiene items	COVID index=>2
All refugees	45.3%	10.6%	6.70%	5.70%	1.5%	12.2%	22.5%
Male Headed HH	47.2%	9.5%	5.9%	4.7%	1.3%	10.8%	20.3%
Female Headed HH	36.0%	16.1%	10.6%	10.9%	2.4%	19.2%	33.2%
ESSN Beneficiaries	59.8%	13.2%	6.7%	5.0%	1.0%	12.4%	24.1%
ESSN Ineligible	21.6%	7.7%	7.0%	7.4%	1.8%	12.2%	20.7%
Non-applicants	27.4%	5.7%	9.0%	8.0%	5.6%	15.5%	27.7%
ESSN Pending Beneficiary	21.6%	1.5%	1.7%	1.5%	0.2%	4.6%	3.1%
Afghan	30.6%	0.0%	17.3%	17.3%	9.0%	9.5%	24.9%
Iraqi	30.2%	0.0%	1.7%	1.6%	7.1%	24.9%	17.8%
Syrian	46.7%	11.6%	6.8%	5.8%	1.0%	11.5%	22.8%
Anatolia/Trace	34.9%	0.9%	7.3%	6.0%	5.9%	40.1%	34.2%
Aegean	48.1%	3.0%	3.0%	2.9%	0.6%	0.8%	4.8%
Istanbul	33.3%	2.7%	11.7%	10.4%	0.3%	7.0%	19.4%
Mediterranean	58.7%	24.5%	5.9%	8.5%	0.1%	0.1%	30.5%
South-East	45.2%	12.8%	7.3%	4.1%	0.0%	6.0%	16.6%



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