



A Systematic Review of Reports on the Impact of COVID-19 on Refugees

ANKARA

APRIL-JUNE 2020



Reference:**A Systematic Review of Reports on the Impact of COVID-19 on Refugees (April-June 2020)**

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October, 2020

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October, 2020

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About The Association for Solidarity with Asylum Seekers and Migrants (ASAM)

“Migration from practice to theory”

Turkey has been faced with migration movements throughout history in the broad sense, but also including mass influx movements, due to its geographical position. After the most recent large-scale immigration influx from Syria from 2011 onwards, according to official figures in 2019, there were 3,571,03 million Syrians in Turkey. The number of studies conducted on migration as a global phenomenon affecting millions of people today has been increasing over time, particularly with regard to Turkey. Many actors are now active in this field both in practice and in knowledge creation.

In this context, ASAM, which is an independent, impartial, non-profit and non-governmental organization in the field of migration, has been operating actively since 1995 for the rights of asylum seekers and migrants to access services, for their psycho-social well-being and to provide them with support to adapt to their new life. ASAM carries out

activities in more than 40 provinces in Turkey and has started to operate in the international arena, opening representative offices in Athens and Brussels to support asylum seekers and immigrants living outside Turkey. ASAM has carried out many studies with the European Union, United Nations' organizations, as well as in coordination with governmental institutions, municipalities and non-governmental organizations with whom we have cooperation protocols, in order to find solutions to the problems faced by asylum seekers and migrants, to assist them in meeting their basic needs, and to support their access to basic rights and services.

With its quarter of a century of field experience, ASAM established the ASAM Migration Academy on December 22, 2019 because of a clear need to transfer practice to theory in the field of immigration. The Academy, which is established in Ankara, thus, aims to contribute to the creation of scientific knowledge

on migration, the dissemination of knowledge, the integration and transformation of practical and theoretical knowledge in the light of ASAM's knowledge and experience gained over many years in the field.

The ASAM Migration Academy also carries out various activities in order to create a dialogue platform between all actors working in the field of migration, to contribute to national and international literature in this area, to strengthen the sharing of academic knowledge, and to support qualified scientific studies in this field.

Acting from a motivation to contribute to migration studies and enrich the immigration debate in Turkey with current debates and research from a global perspective, various activities have been carried out since 2020 such as refereed journals, seminar programs, a migration library, research fellowships, panels and conferences within the ASAM Migration Academy

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Table of Abbreviations

ASAM	Association for Solidarity with Asylum Seekers and Migrants
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WHO	World Health Organization
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TP	Temporary Protection
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IFRC	International Federation of Red Cross
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RSC/MUDEM	Refugee Support Association (Mülteci Destek Derneği)
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SPI	Small Projects Istanbul
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SUY	Social Cohesion Assistance
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SNT	Conditional Cash Transfer
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IP	International Protection
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WFP	World Food Programme
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WHH	Welthungerhilfe
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EXECUTIVE SUMMARY

This study was conducted to identify and systematically compare reports focusing on the effects of the COVID-19 pandemic on refugees¹. In this regard, 20 research reports were examined for this study, which is a systematic review based on reports published by non-governmental organizations in the national and international area. This systematic compilation is based on analyses of national and international research reports on the effects of COVID-19 on refugees published in Turkish and English between April-June 2020.

The reports examined are from different countries: 13 of them from Turkey, 4 reports from Jordan and the rest from other countries such as Colombia and Uganda. The reports included in the study were analyzed in terms of their methodology, sample characteristics, cities covered and the findings obtained. In addition, they were classified under the two main headings of national and international reports, and examined under various descriptive topics.

The studies involved reported significant results including the socio-economic and

psychological dimensions of the impact of the COVID-19 pandemic on refugees. In order to ensure that the study is sustainable, and to systematically include reports published later on the effects of the epidemic on refugees, this report will be periodically updated and will continue to be published by the ASAM Migration Academy

After considering the national and international reports written in the first 3 months of the pandemic to identify the impact of the COVID-19 pandemic on refugee communities, the main findings can be grouped under the headings: access to information and awareness regarding COVID-19; access to health services, access to distance education; sources of income (livelihoods) and access to basic needs and protection. Almost all of the studies evaluated were quantitative studies consisting of survey techniques. Two studies were conducted using qualitative methods.

The findings showed that the majority of the refugees obtained information regarding the COVID-19 pandemic primarily from television and then from other means of media.

¹ From now on, all forcibly displaced groups will be referred to as “refugees” regardless of their legal status throughout the document.

Many refugees were facing the loss of their jobs during the pandemic. Given their level of income, it was clear that they already had difficulties in satisfying basic needs such as rent, food, diapers and baby food, follow-on milk, clothing, etc. The refugees also had difficulties in satisfying their basic hygiene requirements and in maintaining hygiene practices and taking the necessary health measures. Notably, it was found out that the curfew restrictions which were in effect in Turkey during the pandemic caused the disabled and the elderly family members to have difficulties in areas such as access to markets/ shops.

The analyzed reports revealed that the most basic obstacles to accessing distance education during the COVID-19 pandemic were: the lack of equipment such as a television, internet access, smart phone, computer, tablet, etc; language barriers; a lack of information about distance education; and a crowded home environment. The biggest problems faced by refugee children who did have access to television and smartphones and could follow the lessons online were old and / or small televisions and problems such as internet speed / disconnection.

Even though there are a limited number of studies dealing with issues such as vulnerability to violence, neglect and abuse, disability and chronic illness, psychosocial well-being, etc., there were reports of negative coping methods such as physical, economic and psychological violence, increas-

es in intimate partner violence, exploitation (prostitution, sexual violence), sexual abuse and early marriage in both national and international reports. For example, gender-based violence increased in Jordan in both refugee and local communities after the COVID-19 pandemic, and this violence was demonstrated as domestic violence in particular. There is, therefore, a need for activities to protect local communities and refugees in Lebanon, and to conduct studies on issues such as coping with stress, domestic violence, discrimination, physical and sexual harassment in order to prevent negative coping mechanisms, which were seen intensively during the pandemic. Existing gender inequalities, in particular, have deepened with the COVID-19 pandemic, and the domestic labour of women has increased significantly because of negative health and economic conditions. This situation demonstrates the need for more in-depth studies in our country and in the world with different samples that include different vulnerabilities and risks.

Introduction

COVID-19 was first seen in Wuhan, China in December 2019. It spread across the world in a short time period and was declared a “pandemic” by the World Health Organization (WHO) on March 11, 2020². The COVID-19 pandemic is still spreading worldwide, and continues to have a direct impact on people’s health and a deepening effect on psychosocial well-being and economic matters.

One of the groups that has been affected most by the measures and restrictions taken whilst dealing with the pandemic is individuals displaced because of war, conflict and humanitarian crises. Refugees often face higher risks and more difficulties in comparison to the general population in situations such as global pandemics because of their needs in terms of psychosocial support and accessing healthcare. Other significant reasons for their vulnerabilities include difficulties in accessing information, largely because of the language barriers, the exacerbation of current difficulties in accessing sources of income/livelihoods

in the pandemic, financial difficulties, the additional health risks of living and working together in a crowded environment, inadequate shelter, food and hygiene conditions, interruptions in access to basic rights and services and physical barriers to access to facilities, particularly healthcare facilities.

It is vital to develop actions and interventions that will respond to the vulnerabilities and needs of refugees as well as the global struggle against the pandemic and for human rights and international standards in the process of responding to COVID-19. With its 25 years of experience and approximately two thousand employees, The Association for Solidarity with Asylum Seekers and Migrants (ASAM-SGDD) carried out the study “Sectoral Analysis of the COVID-19 Pandemic’s Effects on Refugees in Turkey” in coordination with its Monitoring and Evaluation Unit and with the support of the Protection Unit and field teams, in line with its organizational goals and mission. In the context of those with Temporary Protection status (TP), International Protection

²WHO. Virtual Conference on COVID-19. 11 March 2020. https://www.who.int/docs/default-source/coronaviruse/transcripts/who-audio-emergencies-coronavirus-press-conference-full-and-final-11mar2020.pdf?sfvrsn=cb432bb3_2 (Accessed: 28.09.2020).

(IP), applicants for international protection and irregular refugees, and taking into account the measures taken within the scope of the COVID-19 pandemic, SGDD-ASAM is working on satisfying the basic needs of refugees and supporting them to take the necessary precautions against the epidemic. This means that ASAM was also able to observe and map how they were affected by the pandemic in accessing basic needs, protection, health, education and sources of income/livelihoods. Furthermore, a study entitled “A systematic compilation of reports that show the impact of the COVID-19 pandemic on Refugees” has been carried out by the ASAM Migration Academy, which was initiated by SGDD-ASAM in 2019, in order to undertake reports such as this one, that demonstrate the impacts of the COVID-19 pandemic and the restrictions that were taken in the first 3 months of the pandemic on refugees.

1. National Reports

In this section, a total of 13 research reports which deal with the impact of COVID-19 pandemic on refugees living in Turkey were examined. The findings from the studies are grouped into categories under the headings of “Publishing Authority, Purpose, Geographical Areas Covered (Where the Research was Conducted), Characteristics of the Sample, Data Collection Methods, Duration of The Data Collection and Findings” and are presented in Table 1. The methodologies, characteristics of the sample, geographical areas covered and an analytical comparison of the findings of these reports are analyzed below.

Table 1. Characteristics of National Reports

Publishing Authority	Purpose	Geographical Areas Covered	Characteristics of the Sample	Data Collection Methods	Duration of Data Collection	Main Topics of the Findings
World Food Programme (WFP)	To present the vulnerability of refugees to COVID-19, access to information regarding COVID-19 and the impact of the pandemic process on poverty and food.	The Central Anatolia Region, The Aegean Region, The Southeastern Anatolia Region and The Mediterranean Region and Istanbul	N: 846 Syrian: 47% Afghan: 31 % Iraqi: 30%	Survey	November 2019-February 2020	<ul style="list-style-type: none"> - Poverty and food, - Access to water and sanitary materials, - Access to sanitary facilities and applications, - Sensitivity to COVID-19, - Awareness regarding COVID-19, - Economic effects.
World Food Programme (WFP)	Measuring the impact of COVID-19 on refugees living in camps.	Adana, Kahramanmaraş, Osmaniye, Boynuyöğün, Yayıadığı, Elbeyli camps	N:267	Survey	April 2020	<ul style="list-style-type: none"> - Access to information regarding COVID-19, - Sources of income (Livelihoods) and access to basic needs.

Danish Refugee Council (DRC)

To present the economic impact of COVID-19 on home-based businesses supported by DRC.

Hatay, Kahramanmaraş Şanlıurfa, Kilis

N:199

Survey

Not specified.

- Economic effects,
- Augmenting difference in income and expenses,
- Grants received.

Relief International

Researching awareness of COVID-19 and the impact of COVID on refugees within the programme.

Istanbul, İzmir, Manisa, Gaziantep, Kilis, Reyhanlı

N:879 Syrian

Survey

9 -17 April 2020

- Awareness of COVID-19,
- Access to basic needs,
- Access to healthcare services.

Zeytin Ağacı Derneği³

(Association) Başak Kültür ve Sanat Vakfı (Foundation), Sulukule Gönüllüleri Derneği (Association) and Tarlabaşı Toplum Merkezi Derneği (Association)

To develop concrete policy recommendations regarding the protection of children's rights in the short and long term by focusing on the needs of children and families during the COVID-19 pandemic.

Istanbul/Fatih

N:17 parents and 25 children

In-depth interview

April-May 2020

- Living conditions.
- Access to education and the quality of education received,
- Play, relaxation and daily living.
- Access to health and healthcare services,
- Access to information regarding COVID-19.

Kızılay (Red Crescent)

To determine the difficulties faced by children under TP⁴ and IP⁵ in accessing distance education, to offer solutions when it is needed and to direct existing resources to the solution of the problems identified.

Istanbul, Gaziantep, Hatay, Mersin, Bursa, Kocaeli, Konya, İzmir, Ankara, Kahramanmaraş, Kayseri, Adana, Kilis, Mardin, Şanlıurfa (15 cities)

385 children and parents
Syrian citizens:365
Iraqi citizens: 14
Afghan citizens:4
Egyptian citizens:1
Turkmenistan citizens:1

Survey

Not specified.

- Raising awareness of distance education,
- Access to distance education,
- Reasons for losing track of children who are not following lessons,
- Problems faced by children following specific and all lessons appropriate for their class/year,
- Communication with teachers in distance education programmes.

³ Commonly known as Small Projects Istanbul (SPI). This report was published with the support of the Başak Kültür ve Sanat Vakfı (Culture and Art Foundation), Sulukule Gönüllüleri Derneği (Volunteers Association) and Tarlabaşı Toplum Merkezi (Community Center). Hereinafter throughout the document it will be referred to as 'Small Projects Istanbul (SPI) and others'.

⁴ Temporary protection

⁵ International Protection

Publishing Authority	Purpose	Geographical Areas Covered	Characteristics of the Sample	Data Collection Methods	Duration of Data Collection	Main Topics of the Findings
Kızılay (Red Crescent)	Determining the effects of the epidemic on vulnerable groups and identifying their needs during the crisis.		N: 410 Aged 18 and over Consisting of individuals under 1P and 1P protection and local people	Survey Expert Opinions Data benchmarking (January-February 2020, 14,628 people and April-May 2020, 3,019 people) Literature Review		<ul style="list-style-type: none"> – Basic needs, – Sources of income (Livelihoods), – Access to Education, – Need for Psychological Support, – Knowledge level about COVID-19.
IFRC⁶ and Kızılay (Red Crescent)	To direct future applications by demonstrating the economic and social impact of COVID-19 on the daily living of refugees benefiting from SUY. ⁷	Not specified.	468 households	Survey	8-14 April 2020	<ul style="list-style-type: none"> – Access to services, – Expenditures, – Sources of income (Livelihoods), – Access to Education, – Primary needs.
Save The Children	To determine the needs of girls and boys and men and women who are vulnerable in order to create a solution for their needs during the COVID-19 pandemic.	Istanbul/ Zeytinburnu	316 families Afghan citizens:168 Syrian citizens:142 Other:6	Survey	Not specified.	<ul style="list-style-type: none"> – Access to Education, – Awareness regarding COVID-19, – Access to hygiene materials, – Primary needs.
Weithungerhilfe (WHH)	To ascertain the risks and needs of Syrians and Iraqis living in the Mardin region with COVID-19.	Mardin	100 families 91 Syrian citizens and 9 Iraqi citizens Mukhtar (headmen):5 Social solidarity group leaders:9	Survey and In-depth interview	November-April 2020	<ul style="list-style-type: none"> – Access to Education, – Employment, – Access to health, – Capacity and intervention of government and non-governmental organizations.

⁶ International Federation of Red Cross

⁷ Social Cohesion Assistance

<p>Care</p>	<p>Conducting a COVID-19 impact assessment and developing suggestions within the framework of needs, coping mechanisms, vulnerabilities and gender in the context of Syrians living in the Southeast Anatolia region.</p>	<p>Gaziantep, Şanlıurfa, Kilis</p>	<p>Syrian citizens:426</p>	<p>Survey</p> <p>Not specified.</p> <ul style="list-style-type: none"> - Access to Education, - Access to primary needs, - Access to hygiene materials, - Gender, - Sources of income (Livelihoods), - Negative coping mechanisms (Protection), - Access to health services.
<p>Refugee Support Association (RSC/ Mülteci Destek Derneği-MUDEM)</p>	<p>To measure the impact of the COVID-19 pandemic and its concomitant restrictions on refugees.</p>	<p>Adana, Adıyaman, Gaziantep, Hatay, İstanbul, İzmir, Kilis, Mardin, Şanlıurfa, Ankara, Ağrı, Burdur, Isparta, Kars, Kırıkkale, Manisa, Samsun, Trabzon, Yalova (19 cities)</p>	<p>N:358</p> <p>GK:325</p> <p>UK:60</p>	<p>Survey</p> <p>Not specified.</p> <ul style="list-style-type: none"> - Awareness regarding COVID-19, - Access to health services, - Access to Education, - Access to primary needs, - Access to Sources of income (Livelihoods), - Social solidarity.
<p>Association for Solidarity with Asylum Seekers and Migrants (Sığınmacılar ve Göçmenlerle Dayanışma Derneği -SGDD-A SAM)</p>	<p>To determine how COVID 19 affected other fundamental rights and services such as health services and access to information and during this process to demonstrate the social and economic needs that have arisen during the pandemic particularly for refugees living in Turkey.</p>	<p>48 cities</p>	<p>N:1.162</p> <p>Syrian citizens:960</p> <p>Afghan citizens:31</p> <p>Iraqi citizens:49</p> <p>Iranian citizens:20</p> <p>Palestinian citizens:1</p> <p>Somali citizens:1</p>	<p>Survey</p> <p>13-14 April 2020</p> <ul style="list-style-type: none"> - Awareness regarding COVID-19, - Access to primary needs, - Sources of income (Livelihoods), - Education, - Health, - Protection.

Publishing Authority	Purpose	Geographical Areas Covered	Characteristics of the Sample	Data Collection Methods	Duration of Data Collection	Main Topics of the Findings
Sevgi ve Kardeşlik Vakfı (Foundation)	To comprehend the effects of the epidemic on refugees and migrants, to determine the immediate needs of these groups.	Istanbul and Hatay	200 households Syria, Afghanistan Iraq, African countries	Survey	19 April-01 April 2020	<ul style="list-style-type: none"> - Sources of income (Livelihoods), - Access to primary needs, - Access to health services, - Conditions of shelter, - Access to Education.
Doctors WorldWide (Yeryüzü Doktorları)	To show the conditions of refugees' access to information, basic health and psychosocial services, and their social and economic needs during the COVID-19 period.	Şanlıurfa and Hatay	N=30 adults with TP status	Survey	29 May-1 June 2020	<ul style="list-style-type: none"> - Access to hygiene materials and food, - Sources of income (Livelihoods), - Access to Education, - Psychosocial status.
WATAN Foundation	To analyze the impact of the COVID-19 Pandemic on refugees	Ankara (Altındağ)	Aged 18 and over 30 women and 30 men refugees	Survey	March-April 2020	<ul style="list-style-type: none"> - Health and daily life, - Knowledge and awareness, - Income, - Education, - Access to services.

1.1. Methodologies of National Reports and the Geographical Areas Covered

The reports that are included in the compilation were written between April - May 2020. They were based on field studies, surveys and / or in-depth interviews regarding the challenges faced by refugees during the COVID-19 pandemic and the effects of this period on them.

In 14 of the 20 studies (those by WFP, DRC, Care, Save the Children, Relief International, MUDEM, SGDD-ASAM, Kızılay/Red Crescent, IFRC & Kızılay/Red Crescent, Sevgi ve Kardeşlik Vakfı/Foundation, Doctors WorldWide, WATAN Foundation) quantitative research methods (telephone calls using a questionnaire technique) were used. In two research reports, (research by WHH and SPI and others) in-depth interview techniques (by phone) were used. A mixed method consisting of questionnaires and in-depth interview techniques was used in the studies conducted by WHH. Semi-structured and in-depth interviews were used in the studies conducted by SPI and others, and examples of the question forms were shared in the report . In the studies using surveys/questionnaires, the survey/questionnaire forms were not shared in the reports. These forms were developed by the institutions that publish the surveys themselves.

When the geographical areas where the studies were conducted were examined, it was seen that the reports varied in their methods. The most comprehensive research in terms of geographical spread was carried out by SGDD-ASAM, with a survey conducted in 48 cities. Then, MUDEM conducted its field work in 19 provinces, Kızılay/Red Crescent conducted field work in 15 provinces, WFP in four regions and one province , Relief International in six provinces, DRC in four provinces, Sevgi ve Kardeşlik Vakfı (Love and Fraternity Foundation) in two provinces, Doctors WorldWide (Yeryüzü Doktorları) in two provinces, WATAN Foundation and Save the Children in one province. The survey study conducted by WFP in camps consisted of 5 provinces. The studies carried out by the IFRC and the Kızılay/Red Crescent were carried out in the provinces in which the Community Centers operate.

One of the studies using an in-depth interview technique was conducted in geographically narrower areas and with fewer participants. For the studies using in-depth interviews: the study of WHH was carried out in Mardin and the study carried out by SPI and others was carried out in Fatih, Istanbul.

⁸The details of the provinces were not stated in WFP report.

1.2. Sample Characteristics of National Reports

Refugees residing in Turkey constituted the sample for all the different pieces of research. The sample of the studies was chosen from beneficiaries who received services from the institutions which carried out the research. The largest sample size among these studies was the survey conducted by SGDD-ASAM with 1,162 participants. There were between 1,162 and 30 participants in different studies. Of the studies using the in-depth interview technique, the research conducted by SPI and others was conducted with 42 participants, while WHH's study was carried out with 100 participants.

Almost all of the studies included Syrians with TP status. Among the 13 research studies undertaken, seven studies involved refugees with TP status, as well as refugees with UK status and other statuses (Kızılay/The Red Crescent, Save the Children, WHH, MUDEM, SGDD-ASAM, WFP, Sevgi ve Kardeşlik Vakfı (Love and Fraternity Foundation)). With regards to the nationalities of the refugees, the most comprehensive surveys were found

to be the SGDD-ASAM and MUDEM surveys, which included refugees of Syrian, Afghan, Iraqi, Iranian, Palestinian and Somali nationality, and the Kızılay/Red Crescent, which included refugees from Syria, Iraq, Afghanistan, Egypt and Turkmenistan.

All of the studies conducted involved refugee respondents aged 18 and over. Children as well as parents were included in 2 out of 13 studies (SPI et al., Kızılay/Red Crescent). In-depth interviews were conducted with 15 parents (15 mothers and 2 fathers) and 25 children (14 girls and 11 boys of school age) in the research carried out by SPI and others. 385 children (191 girls and 194 boys of school age) and their parents completed surveys in the questionnaire conducted by the Kızılay/Red Crescent. Furthermore, in-depth interviews were conducted in the research conducted by WHH with refugees as well as the village mukhtar/headmen and social solidarity group leaders working in different neighborhoods.

1.3. Findings of National Reports

In this section, the findings of the studies on the impact of the COVID-19 pandemic on refugees in the compiled reports are presented under the following titles:

- Access to Information Regarding and Awareness of COVID-19
- Access to Health Care Services
- Access to Distance Education
- Sources of Income (Livelihoods)
- Access to Basic Needs
- Protection

1.3.1. Access to Information Regarding and Awareness of COVID-19

From the analyzed reports it was clear that refugee families mostly learned about the COVID-19 pandemic from the television and social media (Facebook, WhatsApp, etc.) and mostly in their mother tongue. The other most common sources were family, friends, non-governmental organizations (NGOs), municipalities and public institutions respectively.

In the study conducted by SPI and others entitled “Access to Children’s Rights in Different Locations of Istanbul During COVID-19”, it was demonstrated that a significant part of Syrian children learned about the COVID-19 pandemic from the news on television, then they received information about this issue

from their parents, the internet, friends and neighbors. In the same study, it is noticeable that the adults often acquired information regarding the COVID-19 pandemic from social media, especially those pages with visual and persuasive content. While some of the adults shared the names of social networks, others watched various Arabic / Turkish television channels. It was demonstrated that some of the participants spoke to the mukhtar/headmen of the neighborhoods to get information about available aid, but they did not get much information from the local authorities. In addition to that, it is stated in the study that the participants could not watch mainstream Turkish news because of the language barrier.

In the survey conducted by Doctors WorldWide with 30 people in Şanlıurfa and Hatay, it was discovered that 63% of the participants with TP status accessed information regarding the COVID-19 pandemic from NGOs, 63% from social media, and 33% of the participants from their immediate surroundings or neighbors, 26.7% of the participants had access to information from the Ministry of Health, 23% of the participants from the municipalities, and 3% of the participants learned information from the Immigration Administration.

It was determined in the survey study conducted by MUDEM that 65% of the participants were not aware of the latest information shared by the Provincial Directorate of Migration Management during the pandemic process. The most popular channels stated by the participants as a source of access to information were social media channels in their mother tongue for 79% of participants. However, other commonly used sources were listed as traditional media sources in the mother tongue, Turkish traditional media sources, family, friends and the local authorities.

In the survey study conducted by Relief International with 879 Syrian refugees in 6 provinces, 37% of the participants were informed about the COVID-19 pandemic from social media (Facebook, WhatsApp), 18% of the participants from media such as television and radio, 17% of the participants from Relief International supported centers, 15% of the participants from state channels, 9% of the participants from social networks (family, friends) and 4% of the participants accessed information from other channels.

In the survey study conducted by the WATAN Foundation with 60 people, 76% of the participants had received information regarding the symptoms of Coronavirus as well as knowledge about the measures to protect themselves against the virus. In the same study, it was determined that the participants learned about Coronavirus mostly from social media and then from television,

neighbors and / or friends / NGOs, radio and public institutions respectively.

Consequently, in a survey conducted by WFP with 267 refugees in camps, which backs up all the other reports, it was revealed that participants accessed information about the COVID-19 pandemic mainly on television and social media. In the same study, it was found that the participants did not have enough information about the COVID-19 pandemic and preventive measures.

1.3.2. Access to Health Care Services

Another significant finding in the reports reviewed is the problems that refugees confronted in accessing healthcare services during the COVID-19 process. The most basic problems were found to be insufficient information about the pandemic, curfew restrictions applied to certain age groups, and vulnerabilities such as disability and old age.

In the survey conducted by Relief International with 879 refugees in 6 provinces, it was asserted that 71% of the participants could not access health services (especially in the metropolitan cities such as Istanbul and Izmir where access to services is more difficult). In the survey conducted by the IFRC and the Kızılay/Red Crescent with 468 households, it was revealed that 61% of the households could not access health services because of the COVID-19 pandemic. Similarly, in the survey conducted by Care with 426 Syrian refugees in Gaziantep, Şanlıurfa and Kilis, it was de-

terminated that 63% of the participants' had reduced access to healthcare institutions (especially for the elderly and disabled individuals) due to the COVID-19 pandemic. It was also stated in the same report that 34% of female participants had difficulties in accessing sexual reproductive health services.

The results of the surveys conducted by MUDEM with 385 refugees in 19 provinces indicated that 48% of the participants had received information and updates on health services such as changes to hospital appointments, drug supplies, and renewal of reports during the COVID-19 pandemic, whilst 52% of the participants did not have sufficient information. It was also stated in the same study that 34% of the participants had at least one person with a chronic disease such as diabetes, hypertension, organ failure or cancer in their households and those with chronic diseases were mostly male individuals.

Not all of the participants included in the MUDEM study were diagnosed with COVID-19; however, 1% of them were diagnosed positively in diagnostic tests. As of May 18, 2020, when this study was published, 149,435 positive cases had been detected in Turkey, which corresponds to 0.18% of the total population of the country. In this regard, the result of a 1% of ratio in this study covering approximately 400 households seems considerably higher than the ratio of 0.18% for the proportion of the total population to the number of positive cases in Turkey overall.

Contrary to the studies conducted by Care, IFRC and Kızılay/Red Crescent, in the survey that was conducted by MUDEM, it was revealed that 26% of the participants who applied to hospital facilities could not benefit from healthcare services whilst 74% of the participants could access healthcare services. According to the report, most of those who stated that they could not access healthcare services during this period could not benefit from health services because they went to the hospital without an appointment or without a mask. Similarly, in the study conducted by SGDD-ASAM, it was stated that 85% of the participants who needed health services during the COVID-19 process were able to access the health services. While the most common reason for not being able to benefit from health services was being unable to leave home, other common reasons in the same research included the idea that the health institutions were closed, lack of documentation and insufficient information. The percentage of participants who needed regular medical care such as those with disability, chronic illness and pregnancy was 22% and 61% of those participants could not access health services because of the COVID-19 pandemic.

In the study conducted by SPI and others with 25 Syrian children and their parents in Istanbul, it was indicated that the participants knew sufficient Turkish language to make an appointment online when it was necessary to access health services. In addition to that, it was found

that that most of them could apply for a mask using the link that was shared.

1.3.3. Access to Distance Education

Formal education was continued through a distance education program over the Education Information Network (EBA) from 23 March 2020 because of the COVID-19 pandemic. This meant that having a television or telephone at home gained more importance for children to be able to follow their lessons, given that the EBA is an online social education platform.

According to the reports, common obstacles for access to distance education services during the pandemic process were the language barrier, the lack of technical equipment (lack of a television, internet access, smartphones, computers, tablets, etc.), inappropriate living conditions for regularly attending education sessions and a lack of information regarding distance education services. It was stated in the reports that over half of refugee children have access to television and smartphones and can follow online lessons; however, about half of refugee children do not have the necessary technical equipment in their homes, live in families with insufficient knowledge about using these technical systems, have difficulties in following classes and were not able to benefit from distance education. The main troubles faced by the children who could follow the online lessons were having old and / or small televisions and internet speed / disconnection problems.

On the other hand, the compiled studies revealed that nearly half of the refugee children could not follow distance education remotely / online because of a lack of devices such as a television, tablet computer or an inefficient internet connection. For instance, according to the survey conducted by Care with 426 Syrian refugees in Gaziantep, Şanlıurfa and Kilis, it was revealed that 50% of the children who attended school in the pre-COVID-19 period could not access distance education and the most significant obstacle to accessing distance education was the lack of internet, and being unable to access computers or television.

According to the report published by SGDD-ASAM “Sectoral Analysis of the Effects of the COVID-19 Pandemic on Refugees in Turkey“, it was observed that of the 126 children enrolled in school, 70% of these children were still enrolled in school but 48% of the children who were enrolled in school could not take advantage of distance education. More than half of the families of children who had difficulties in participating in distance education stated that insufficient technical equipment such as televisions and computers was the reason for not being able to follow the distance education lessons.

In the study conducted by the Kızılay/ Red Crescent in 17 provinces with 385 children, it was revealed that 64% of the children included in the study had a television and an internet connection in their homes, while only 2% of the children did not have a television or an internet con-

nection. The most prominent difficulties faced by the children (254 children) who were following the lessons on televisions and smart phones were technical problems. It is stated in the report that sometimes the children could not follow the lessons because of technical issues such as old / small televisions, a bad internet connection signal depending on the floor of the residence, and their internet speed / disconnection problems. Moreover, it is observed in the Kızılay/Red Crescent report that 32% of the children who were not following lessons could not do so because of technical issues with televisions, the internet and smart phones, while 9% of the children could not follow the lessons due to the language barrier. It was also stated that 8% of the children who were not following the lessons had a lack of technical information on EBA access for their families and their families had problems in getting passwords and the curriculum.

In the study conducted by Save the Children with the participation of 1,051 children in Istanbul, it was observed that 66% of Syrian children enrolled in school and 86% of Afghan children enrolled in school were following distance / online education by means of television or mobile applications. It was determined that 73% of Afghan families found these applications efficient for their children, while 40% of Syrian families found these applications efficient for their children.

In a study conducted by WHH with the participation of 100 families in Mardin, it was revealed that 105 of 174 school-

age children (60%) involved in the study were following their lessons on television or online, while 69 children could not follow their lessons. As a result of the interviews with mukhtar/the headmen, it was observed in the same study that many Syrian families do not have a television or internet connection in their houses and, therefore, most of the children could not follow their classes online.

According to the survey conducted by Doctors WorldWide with the participation of 30 people in Şanlıurfa and Hatay, 46.4% of children under TP could not benefit from the EBA learning platform effectively. While 46.5% of the children could benefit from EBA learning platform at all, and 7.1% of children did not have the information they needed about the EBA learning platform. It was observed in the report that inadequate resources, the language barrier, the lack of a separate study room and a crowded home environment directly affected how effectively families could use the EBA learning platform.

In a study conducted by SPI and others with the participation of 25 Syrian children and their parents in Istanbul, it was stated that some of the children were able to follow EBA regularly (7), while others could follow the lessons sometimes (5) and others still could not follow the lessons at all (9). The lack of devices such as a television or computer or having no internet connection to access the lessons were some of the reasons for not following the lessons.

According to the MUDEM report, it was revealed that 69% of the participants with school age people in their households had access to distance education services. It was observed that 25% of the participants did not have the means of access required for distance education services such as an internet connection, television, computer, tablet, smartphone, etc. The study showed that the most common obstacles to accessing distance education services during the pandemic were the language barrier, a lack of technical equipment, inappropriate conditions at home to be able to study regularly and a lack of information about distance education. In the same report, it was stated that among the less common reasons for not being able to access educational services were the termination of education before the pandemic began, difficulties in accessing relevant course programs because of inadequate technical knowledge despite being aware of distance education programs and having the necessary equipment and facilities in the house, not being able to check whether the children were attending classes regularly, and problems of distraction and indifference for school-age children because they were not in the classroom.

In the survey by IFRC and the Kızılay/Red Crescent with the participation of 468 refugees, it was observed that 68% of the participants were school-age children (6-17) and 93% of the children were

enrolled in the school. It was determined that 31% of the children did not have the access to online lessons because of the lack of a television, internet access, and not having enough knowledge about accessing lessons online / on television. Similar to this study, in the survey conducted by the Love and Fraternity Foundation (Sevgi ve Kardeşlik Vakfı) with the participation of 200 households in Istanbul and Hatay, it was indicated that there were families whose children did not have access to distance education because they did not have an adequate internet connection or number of devices in their home or they did not have enough information about using these systems⁹.

It was observed in all the reports analyzed that a lack of technological devices such as phones, tablets or computers used for communication during the COVID-19 pandemic and the lack of an internet connection negatively affected the possibilities for communicating with the teachers. It was seen in the Kızılay/Red Crescent report that whether the children had direct communications with their teachers or not, 68% of the children were in communication with their teachers during the distance education process. Only 36 of the 254 children following the lessons did not have communication with their teachers, while 72 of the 131 children who did not follow the lessons did not have any communication with their teachers. In-depth interviews conducted by SPI and others with the

⁹The percentage is not given in the study.

children and their parents demonstrated that approximately half of the school-age children in the distance education process had only online group interactions with their teachers, a small number of the children interacted with their teachers about lessons and assignments by means of a social media meeting platform or by phone (one way from teacher to student). It was found that approximately half of the children were still in communication with their schoolmates and the majority of the students interacted by means of their parents' or their own phones through online groups or social media.

1.3.4. Sources of Income (Livelihoods)

Quarantine precautions for the COVID-19 pandemic have caused businesses to slow down or even to cease their activities in the case of many small or medium-sized businesses. Employees who worked in informal employment were greatly affected by this situation and unregistered employees were dismissed without compensation. It was not possible for refugees to apply for legal remedies for unfair dismissal under these circumstances, and this situation severely limited their opportunities for earning an income. It was determined in the compiled reports that many adults who provided sources of income for households lost their jobs / were dismissed or their working conditions deteriorated with the COVID-19 pandemic. It was also shown that many refugees who participated in employment and who were registered with a work permit were dismissed at the start of the pandemic process with-

out having their rights to compensation and notice respected. This situation negatively affected the economic and psychosocial well-being of families who had increasing difficulties in getting a source of income, and it emerged that refugee families were not only unable to access their basic needs, but were also very concerned about their future. In in-depth interviews conducted by SPI and others with the participation of 25 Syrian children and 17 parents in Istanbul, it was emphasized that the refugees were more scared about not being able to afford to pay the rent than the possibility of getting the COVID-19 disease. The mothers who participated in the same study stated that a small number of people with work permits were not given any compensation and that they were dismissed without any notice. While the fathers who participated in the study emphasized that sitting at home was very hard for them, several mothers stated that their husbands were depressed because of the situation. It was observed that there was a very deep anxiety about the immediate future in the foreground for all household members in the same study. It was determined that 3% of the families got support from the Kızılay/Red Crescent, only one of the families received a conditional cash transfer for sending their children to school and four of the families did not benefit from any assistance or benefits.

According to the Relief International report, 87% of the 879 Syrian refugees who participated in the study had lost their

job (at least one person in the family) because of the pandemic and 81% of them could not satisfy their immediate basic needs because of losing their jobs. When their support mechanisms were examined, it was observed that 43% of the refugees received support from their families and relatives, 18% of the refugees got benefit from Relief International supported centers and NGOs, 12% of the refugees got assistance from their friends or neighbors, and 28% of the refugees received benefits from other sources.

According to the study conducted by WHH in Mardin, it was determined that 123 Syrian participants had worked before the COVID-19 pandemic, and 78 of these 123 people lost their jobs during the pandemic. Similarly, it was revealed that 8 out of 9 Iraqi people interviewed lost their jobs because of the pandemic. 81% of participants in the same study could not satisfy their immediate basic needs due to losing their jobs and their income.

According to the survey conducted by Care with the participation of 426 Syrian refugees in Gaziantep, Şanlıurfa and Kilis, it was observed that 85% of the participants had had a decrease in their household income and 56% of them had suffered from deteriorating working conditions because of the COVID-19 pandemic. 10% of the households surveyed had no change in their sources of income. Moreover 51% of the participants in the study agreed that there had been an increase in exploitative or dangerous jobs as a result of the pandemic.

Supporting the other reports, it was observed in the study conducted by MUDEM that 87% of the participants had not been able to continue their jobs. It was revealed during the surveys that people who work in ad hoc daily employment and / or whose work permit procedures had not yet been completed experienced difficulties in providing for their livelihoods or finding sources of income. People working in daily jobs cannot benefit from Short Work or Unemployment Allowance, and people who were working informally at a workplace stated that they had been dismissed while the application process was still ongoing. Furthermore, curfews for people under 20 and over 65 further limited their opportunities for providing for their livelihoods, and this made it difficult for large families to earn any income.

In the survey conducted by the IFRC and the Kızılay/Red Crescent with the participation of 468 refugees, it was observed that 69% of the participants had lost their jobs because of the COVID-19 pandemic. Almost all of the individuals who lost their jobs (98%) were found to be the sole breadwinner. Similarly to this study, in the survey conducted by the Love and Brotherhood Foundation (Sevgi ve Kardeşlik Vakfı) with the participation of 200 households in Istanbul and Hatay, it was determined that almost all of the participants had lost their jobs or all their income and could not go to work. Parallel to this study, in the study conducted by the Kızılay/Red Crescent with beneficiaries who had attended their

community centers and advice clinics, it was observed that the COVID-19 process had caused a significant decrease in household income and there was a significant increase in the number of households without income. Unemployment, salary deduction, practices of enforcing leave without pay, an inability to pay the rent and going into debt because of COVID-19 pandemic, were the main economic problems.

In support of these findings, in the study conducted by DRC with 199 refugees, at least one household member on average in each household included in the study had lost their income. It was observed in the same study that this loss of jobs affected the men more than the women. It was demonstrated that the loss of income created differences between income and expenditure (432 TL) in households and that income was often not sufficient to cover households' daily costs. The study indicated that 98% of the refugee families who participated in the study benefited from ESSN or other social support, 22% of the refugee families benefited from Conditional Cash Transfers (SNT) and 1% of the refugee families received a hygiene kit. It was determined in the same study that the coping mechanisms commonly used by families to sustain their livelihoods included: a reduction of expenditures on food; going into debt/borrowing money from friends or relatives; and / or a reduction in expenditure on hygiene needs. In the study carried out by the WATAN Foundation, which supports the findings

of the other studies, it was determined that the job status and the income of 80% of the participants had been negatively affected by the COVID-19 pandemic, and the survey participants or their relatives had been made unemployed during this process. Consequently, as supported by all the studies' findings, it was revealed in the survey conducted by WFP with the participation of 267 refugees living in camps that 69% of the participants had lost their jobs.

1.3.5. Access to Basic Needs

The difficult economic conditions brought about by the loss of jobs due to the COVID-19 pandemic meant the emergence of problems for families and an inability to satisfy basic needs such as food, clothing, hygiene materials and shelter. It was found, therefore, that refugees living in Turkey encountered more difficulties in satisfying their basic needs such as food, hygiene materials, health care requirements, paying for rent and the bills because of the COVID-19 pandemic. It was found that the refugees' primary basic needs during this period of the pandemic were cash benefits/support, hygiene materials and food. It was observed that refugees had particular difficulties in maintaining hygiene practices or taking health precautions because of lacking adequate income and being unable to leave the house. Moreover, it was determined that the curfew restrictions during the pandemic caused the families with elderly family members to have difficulties in areas such as accessing markets/shops.

In the interviews conducted by WHH with the attendance of 100 people in Mardin, it was determined that 79% of Syrian and Afghan families did not have access to basic hygiene materials due to residing in rural areas, being unable to leave their houses due to their age or due to financial problems. Participants attending the interview stated that they had had difficulties in satisfying their needs for baby food, follow-on milk and diapers because of the economic difficulties experienced due to losing their jobs. 59% of participants in the same report did not have access to food, 37% of the participants did not have access to hygiene materials, and 5% of the participants did not have access to water during the pandemic.

In the surveys conducted by MUDEM, obstacles were also observed. 90% of the participants lacked access to sufficient food, 39% of the participants to accommodation facilities, 30% of the participants to required energy resources, 28% of the participants to hygienic materials, 17% of the participants to minimum health conditions and 10% of the participants lacked access to education and clothing.

In the study conducted by Save the Children with the participation of 316 families in Istanbul, it was determined that the leading top three needs were unconditional cash support, material support and food and hygiene kits. It was observed that 38% of the families had access to masks, 74% of the families had access to soap, 38% of the families had access to hand sanitizer or cologne,

53% of the families had access to laundry detergent, 8% of the families had access to hand wash and 28% of the families had access to gloves. 10% of the families could not access any of these supplies.

In the report by SGDD-ASAM with 1,162 survey participants, it was determined that 63% of the participants had difficulty in accessing food and 53% of the participants had difficulty in satisfying their basic hygiene requirements. Families had the most difficulty in paying their rent, their bills and satisfying their basic requirements after the COVID-19 measures.

The findings of the survey conducted by Care with the participation of 426 Syrian families in Gaziantep, Şanlıurfa and Kilis support the findings of the other reports. From this survey, it was observed that 77% of the families could not satisfy their needs for food, 75% of the families could not pay their rent, 63% of the families could not meet their needs for health-care, and 47% of the families could not obtain basic medical requirements. Half of the female participants stated that COVID-19 had negatively affected their access to daily household cleaning materials, and almost half of the female participants were not able to access personal hygiene materials. This report noted specifically that existing gender inequalities were exacerbated. The responsibility for purchasing food, cooking, cleaning, caring for the disabled, the elderly and children was mainly carried out by women and their workloads increased during the COVID-19 pandemic. This brought about

negative effects on their health and their economic situation. The difficulties confronted by the participants in keeping up hygiene practices or implementing health precautions were examined in the same study, and it was determined that the main difficulties included not being able to buy hygiene supplies because of insufficient income, having to leave the house to buy basic provisions, a lack of knowledge and a lack of sources of income, respectively. The restrictions imposed on elderly people because of the COVID-19 pandemic significantly affected their access to hygiene materials.

In the survey conducted by Doctors WorldWide with the participation of 30 people in Şanlıurfa and Hatay, it was demonstrated that 73% of the families could not pay their rent, 66% of the families could not satisfy their basic needs, 60% of the families could not pay their bills, 16% of the families could not afford their travel expenses in order to access services, 13% of the families did not receive health support because of the COVID-19 pandemic, while just 6.7% of the families were not affected economically by the COVID-19 pandemic. It was determined in the same study with evidence that supports the other reports that 70% of the participants' access to food and 43% of the participants' access to personal hygiene and household hygiene materials had decreased during the COVID-19 pandemic.

In the survey study conducted by the WATAN Foundation with the participation of 60 people and in support of the

other studies, it was observed that the participants confronted difficulties in accessing hygiene materials, especially gloves, masks or hand sanitizer, food, hygiene kit and other disinfectants. It was stated in the same study that 32 of the 60 participants needed soap and 49% of the participants needed cologne or hand sanitizer.

In the survey conducted by the IFRC and the Kızılay/Red Crescent with the participation of 468 refugees, it was determined that 78% of participants' expenses increased especially for food and hygiene materials. It was observed that 81% of the participants did not have difficulty in accessing markets/ shops. It was also determined in the same study that 19% of the participants who had difficulty in accessing markets/shops had problems resulting from anxiety, economic problems, curfew restrictions and high prices respectively, because of the COVID-19 pandemic. It was revealed in the study that single-parent families and families with elderly family members had difficulties accessing markets/shops. It was determined in the same study that for 95% of the families who took part, the primary need they had was food. At 44%, the second highest need for them was found to be cash support to cover their rent, invoices/bills and transportation expenses. Other needs included non-food stuffs for 51% of respondents, emergency health care for 51%, other requirements for 40% and access to education for 8%. It was observed that 78% of the families' expenses had increased

especially on food and hygiene materials. It was found in the same study that vulnerable groups such as single parents and elderly people confronted more obstacles to satisfy their primary requirements than others.

In the study conducted by the Kızılay/Red Crescent with beneficiaries from its community centers and local people, it was stated that there were remarkable differences in the levels of needs of two different groups. Food, rent and cash assistance emerged as immediate needs for foreign people and refugees, while the same needs were found to be medium-level needs for local people.

Finally, in the survey conducted by WFP with the participation of 267 refugees living in camps, it was determined that 72% of the participants had observed that the markets/shops were more crowded than before because of the pandemic, and increases in the prices of hygiene materials and the food.

1.3.6. Protection issues

There are relatively few studies regarding vulnerabilities, for example, to social violence, neglect and abuse, disability and chronic diseases and psychosocial well-being among the studies that have been reviewed. In the studies conducted by SGDD-ASAM, Care, and Doctors WorldWide, topics such as the situation when leaving the house, coping mechanisms, psychosocial problems and feeling safe were discussed. Child labour was mentioned in the study conducted

by Doctors WorldWide.

The MUDEM report noted that information regarding social and gender-based violence (GBV) had not been included among the issues examined within the scope of the study because of their concerns that SGBV “cannot be discussed in a satisfactory manner using the tele-questionnaire method and there are limitations in terms of implementation”. Similarly, some subjects were excluded from the scope of the study of SPI and others focused on the needs of refugee children and their families during the COVID-19 pandemic in the context of the right to education, access to information and the media, play and leisure time, access to culture and the arts, and the right to the health. The study excluded questions which were hard to answer by the children who were physically with their families, such as violence, negative experiences etc. On the other hand, it was also determined in the study that refugee families are under intense pressure because of unstable economic conditions, not being able to afford to pay for food and rent and intense anxiety about their immediate future.

In the study carried out by SGDD-ASAM, protection risks and questions of well-being faced by the refugees during COVID-19 pandemic were discussed. In this context, the participants of the survey were asked whether they had left their house during the pandemic period, what were the risks of staying in the same house with the household all the time during the pandemic. According

to the results of the survey, it was found that at 58%, slightly more than half of the participants, seldom left the house while 35% of the people surveyed never left the house. The rate of people who left the house every day was very low at 6%.

In the survey study conducted by Care with the participation of 426 Syrian refugees in Gaziantep, Şanlıurfa and Kilis, protection risks faced by community members depending on the COVID-19 pandemic and the environment, and the negative coping mechanisms they applied were evaluated. The protection risks were predominantly listed as physical, economic and psychological violence, an increase in the violence of intimate partners, exploitation (prostitution, sexual violence), sexual abuse and early marriage, respectively. 50% of the male participants and 35% of the female participants stated in the same research that the protection risks faced by society had increased.

In the survey study conducted by Doctors WorldWide with the participation of 30 people in Şanlıurfa and Hatay, it was determined that 86.7% of the participants felt safe during their stay at their home, 8% of the participants felt partially safe and 5% of the participants did not feel safe. It was revealed in the same report that 43% of the families could cope with their stress during the pandemic process, 33% of the families partially coped with their stress and 23% of the families could not cope with their stress. Furthermore, it was asserted that 36.7% of the families experienced behavioral-emo-

tional-psychological issues, while 53% of the families did not experience behavioral-emotional-psychological issues, and no change was observed in 10% of the families during the pandemic. It was revealed in the same report that 93% of the participants' children did not work whilst 7.7% of the participants' children worked. It was observed that of the children who had started working, 50% of the children started work within one month, and 50% of the children had worked in the last two months of the period under review.

In the study conducted by the Kızılay/Red Crescent, it was determined that the anxiety and depression levels of the individuals who applied to Community Centers for psychological consultation had increased. Moreover, it was revealed in the same research that the lack of internet and telephone conversation packages, troubles with internet access and devices (not having a phone, computer, etc.), familial factors (checking the availability of living conditions at home, household chores and childcare), the beneficiaries' inability to use distance/remote services had caused them not to access services.

2. International Reports

In this systematic review of studies, a total of 4 research reports regarding Jordan, Lebanon, Colombia and Uganda were examined. These reports were written between March 2020 and June 2020 and were published by Care International in Uganda, R4V (Response For Venezuelans) & GIFMM (Grupo Interagencial sobre Flujos Migratorios Mixtos), UNICEF & UNHCR & WFP and Plan International.

The findings obtained in the studies have been grouped into categories under the headings: Purpose, Geographical Areas Covered (where the research was conducted), Characteristics of the Sample, Data Collection Methods, Duration of the Data Collection and Findings and are presented in Table 2. The details of the methods and findings of these reports are also included in the table.

Survey techniques were often used to examine the effects of the COVID-19 pandemic in the studies included in the review. However, R4V used the in-depth conversation method (via phone). UNICEF & UNHCR & WFP used the KoBo Toolbox during the survey, while Care International in Uganda used their own tools.

Table 2. Characteristics of International Reports

Publishing Authority	Purpose	Geographical Areas Covered	Characteristics of the Sample	Data Collection Methods	Duration of Data Collection	Main Topics of the Findings
Care International in Uganda	To show the impact of COVID-19 on vulnerable children and adults.	Uganda (Aruo, Moyo, Lamwo Gulu)	n=131	CARE TOOLS ¹⁰	Not specified.	<ul style="list-style-type: none">- Distribution of the roles and the responsibilities during the pandemic- Needs and defense mechanisms,- Access to hygiene materials,- Access to resources,- Gender-based violence.

¹⁰<https://insights.careinternational.org.uk/in-practice/rapid-gender-analysis?highlight=YToxOntpOjA7czozaUlJyZ2EiO30=>

R4V (Response For Venezuelans) & GIFMM (Grupo Interagencial sobre Flujos Migratorios Mixtos)

To determine the emerging needs of Venezuelan refugees living in Colombia because of COVID-19.

Colombia (The city is not specified.)

n=737

In-depth interview

31 March - 8 April

- Basic needs,
- Social economic integration,
- Access to hygiene materials,
- Education,
- Shelter,
- Food security and nutrition,
- Protection,
- Health.

Plan International

To show the needs and impacts during the COVID-19 pandemic.

Lebanon (Akkar, North Lebanon, South Lebanon, Nabatieh, Baalbek-Hermel)

n=1118

Adult: 620

Adolescent:498

Survey

13-17 April 2020

- Awareness regarding COVID-19,
- Health,
- Access to hygiene materials,
- Protection,
- Education,
- Food security and livelihoods
- Shelter,
- Mobility and digital access.

UNICEF & UNHCR & WFP

To show the needs that have developed because of COVID-19.

Jordan (12 cities, cities are not specified)

n=1124

Syrian: 530

Iraqi, Yemeni,

Sudanese and

Somali: 193

Jordanian: 401

Survey

6-8 April 2020

- Awareness regarding COVID-19,
- Food security,
- Livelihoods,
- Access to hygiene materials,
- Health, Education and Protection.

2.1. Methodologies of International Reports and The Geographical Areas Covered

Regarding data collection, two of the 4 pieces of research analyzed collected data using the questionnaire method (UNICEF & UNHCR & WFP and Plan International), the R4V used the in-depth interview method, and Care International used its own research methods called “Care Tools” in Uganda. The surveys

were conducted by means of the phone. Countries where the research was conducted included: Colombia, Lebanon, Uganda and Jordan. The research conducted by UNICEF & UNHCR & WFP was the most comprehensive research geographically covering 12 administrative regions.

2.2. Sample Characteristics of International Reports

The studies included in the review were conducted in 2020. The samples of the studies examined were comprised of refugees residing in Colombia, Uganda, Jordan and Lebanon.

The studies included Venezuelan refugees in the R4V report; Syrians in the report prepared by Plan International; Syrian, Iraqi, Sudanese, Yemeni, Jordanian and Somali refugees in the report prepared by UNICEF & UNHCR & WFP. All of the refugee participations were aged 18

and over in the surveys reviewed. Children were also involved in the study with a survey conducted with the participation of 498 children among the 4 studies in the report by Plan International.

The largest sample size observed in the reports is in the report published by UNICEF & UNHCR & WFP with 1124 participants, and the report with the smallest sample size at 131 participants was published by Care International in Uganda.

2.3. Findings of International Reports

In this section, the findings of the studies on the impact of the COVID-19 pandemic on refugees in the reports analyzed are presented under the following headings:

- Access to Information Regarding COVID-19 and Awareness
- Access to Health Care Services
- Access to Distance Education
- Sources of Income (Livelihoods)
- Access to Basic Needs
- Protection

1.3.1. Access to Information Regarding COVID-19 and Awareness

In the report by UNICEF & UNHCR & WFP dealing with the situation in Jordan, it was revealed that 99% of the participants were aware of the COVID-19 pandemic. It was observed that those who were aware had mostly been informed by means of the television. Around 6% of participants had had the disease. The awareness rate of which institution to apply to for help when a person has COVID-19 symptoms was 83% for Syrian refugees and 84% for non-Syrian refugees.

It was revealed in the research conducted by R4V & GIFMM in Colombia that the vast majority of the migrants and refugee families participating in the

research were aware of the pandemic, and that the awareness levels of male migrants was higher than that of female migrants. Amongst women, the highest level of knowledge about COVID-19 was 9% whilst among men it was 17%. It was determined in the study that immigrants need to be informed more about where to test for COVID-19 if a family member gets infected, and what to do in case symptoms appear.

It was determined in a study conducted by Plan International in Lebanon that Lebanese and Syrian adults and children generally had access to information about the COVID-19 pandemic, and for 88% of people they had received this information from the television. It was observed in the report that young people could list 2-3 of the protection methods such as hand washing, keeping social distance, paying attention to general hygiene, not touching their eyes and face with their hands.

1.3.2. Access to Health Care Services

In the research conducted by UNICEF & UNHCR & WFP, it was observed that the rate of Syrian refugees living in Jordan who face obstacles in accessing health services was 20%. 46% of the participants did not need to access health

services. These ratios are the same as for Jordanians. The rate of non-Syrian refugees faced with obstacles in accessing health services was 10%. 55% of the participants stated that they had not needed to call on the health services. The obstacles to accessing healthcare services were listed as travel restrictions, a lack of cash and the closure of facilities.

In the research carried out by Care International in Uganda by Uganda, it was determined that many of the pregnant women could not give birth in the hospital and there were various risks related to births at home. Pregnant women had faced major difficulties because of the pandemic restrictions such as closing the borders and curfews, including accessing to hospitals.

1.3.3. Access to Distance Education

Formal (face-to-face) education was interrupted in Turkey because of the COVID-19 pandemic, and distance education was introduced with students continuing their education using the EBA learning platform. Schools were also closed in many other countries like in Turkey and distance education was continued by means of designated systems. In all of the countries, where the impacts of COVID-19 pandemic on refugee communities are being reviewed here, access to equipments such as the internet, a phone, tablet or computer was of great importance for the children to be able to follow distance education.

In the research conducted by UNICEF & UNHCR & WFP in Jordan, 23% of the participants had no internet access in their house. 15% of the participants could access the internet using WIFI, 58% of the participants using limited internet and 4% using unlimited internet. It was revealed that DARSAK, which is the distance education program developed by the Ministry of National Education of Jordan, was not accessible to 46% of students; 63% of Syrian refugees, 65% of non-Syrian refugees and 39% of Jordanians.

In the research conducted by Plan International in Lebanon, it was stated that schools were closed on February 29th. According to the report, it was observed that 43% of Syrian schoolgirls were in formal education before COVID-19 pandemic, while only 28% of the schoolgirls continued with distance education because of the pandemic. This rate was 46% for schoolboys in formal education before the COVID-19 pandemic and decreased to 15% with distance learning after the start of the pandemic. It was found in the study that demand for distance vocational courses was 79% for schoolgirls and 91% for schoolboys. It was stated in the study that Syrian children had less access to the Internet, tablets and phones than Lebanese children.

In the research report conducted on Venezuelan refugees in Colombia in partnership with R4V & GIFMM, it was pointed out that 97% of the participants did not have access to computers, 46% of the participants accessed the inter-

net by using phones, and 65% of the participants used the television as their basic communication tool. 14% of the participants attended online classes, 39% of the participants backed up their education with school books and 46% of the participants did not continue their education. It was found during the research that some families used their own educational methods in the education of their children.

1.3.4. Sources of Income (Livelihoods)

In the study conducted in Colombia, 91% of the participants had salaried employment before the pandemic, while this rate decreased to 20% during the pandemic. It was determined that 17% of the people lived with the help of state and non-governmental organizations before the pandemic and this rose to 28% after the pandemic. It was stated that 32% of the participants could only earn their living on an ad hoc or daily basis, while 36% of the participants were able to earn their living weekly. Another noteworthy element is the rapid change in the survey results concerning issues such as access to sources of income/livelihoods, labour force, and the ability to save money during the pandemic. Mandatory curfew in Colombia was declared on 24 March 2020 and the report was written between 31 March and 8 April 2020.

It is revealed in the report on Uganda in terms of gender analysis that refugees and Ugandan women generally do not have a fixed income throughout

the country, and they mainly deal with chores at home. They earn pocket money by selling their hand-made products in local markets. The report noted that women could not sell their hand-made products because of the COVID-19 pandemic and that they spent most of their time with household responsibilities such as taking care of their children when the schools were closed.

In the research conducted by UNICEF & UNHCR & WFP in Jordan, when the refugees and immigrant groups were asked whether they had sufficient financial resources for the next 2 weeks, 84% of the participants and 78% of the Jordanians who participated in the study answered “No”. On the other hand, it was stated that only 8% of the women had worked before the COVID-19 pandemic.

1.3.5. Access to Basic Needs

In the study conducted by Plan International in Lebanon, it was revealed that Syrian refugees experienced more difficulties keeping a roof over their heads compared to the other populations in the country because of the COVID-19 as they did not have savings. Moreover, it was observed that they had difficulty in accessing basic hygiene materials, and the majority of them did not have face masks.

In the study conducted in Uganda, it was revealed that access to clean/potable water is always a problem throughout the country, and girls and women are more exposed to problems and negative

consequences in accessing clean water because of their responsibilities regarding household chores. It was found in the same research that access to clean water was a significant problem in Uganda particularly, considering the increase in warnings regarding hygiene issues because of the COVID-19 pandemic and that frequent hand washing helps prevent the spread of the virus.

In the research conducted in Colombia, the top three needs were food for 95% of participants, rent / accommodation expenses for 53%, and a job with a regular income for 45%, respectively.

1.3.6. Protection

In the study conducted by UNICEF & UNHCR & WFP in Jordan, it was revealed that 26% of the participants had used physical and emotional violence against their children. It was 20% for Syrian families, 8% for non-Syrian refugee families and 44% for Jordanian families.

In the study conducted in Uganda, it was determined that there were increases in gender-based violence during the COVID-19 pandemic, and this violence was observed as domestic violence in particular. It was also stated in the report that 328 cases of gender-based violence had been observed in Uganda since the beginning of the pandemic. Services for gender based violence were not working since they were either closed or their facilities and resources had been allocated to COVID-19 cases.

In the research conducted by Plan International in Lebanon, it was asserted that both the Lebanese population and the Syrian population needed protection activities. All participants noted not being able to access food as the main source of stress. Domestic violence, discrimination, physical and sexual harassment were mentioned among the risks faced by the participants during the COVID-19 pandemic.

3. Conclusions

This review is based on 20 reports and studies published between April and June 2020 to understand the latest developments regarding the COVID-19 pandemic and its impact on refugees. The reports were academic reports written during this period in Turkey and globally about the socio-economic and psychological impacts of the pandemic on refugees. The studies that were accessed have been examined under various headings.

Findings include that the majority of the studies at the national level conducted a needs-assessment using quantitative methods and conducting a survey. In-depth interview techniques were applied as qualitative methods in two research reports (SPI et al., WHH). A mixed methodology was adopted in the study conducted by WHH where the questionnaire and in-depth interview technique were implemented together. It was determined that most of the studies were conducted with adult participants, while children as well as their parents were included in the studies conducted by SPI and others and the Kızılay/Red Crescent. When the distribution of the studies is considered according to location, the studies were generally conducted in large provinces/big cities.

The systematic review results revealed

clearly that COVID-19 has had a negative effect on the living conditions of refugees particularly in psychosocial and economic effects. The studies demonstrated some similarities and some distinct differences in their findings. In this context, the main findings of the national and international reports examined are briefly summarized below:

- It was observed that refugees in Turkey get information about the COVID-19 pandemic from television channels and social media (Facebook, WhatsApp, etc.) in their mother languages, their social surroundings (family, friends, etc.), NGOs, municipalities and public institutions. On the other hand, it was revealed that Syrian refugees in Lebanon were informed about the COVID-19 pandemic by television.
- It was determined that the refugees in Turkey who worked often lost their jobs because of the pandemic, those who had official employment registered with a work permit were dismissed without employers' abiding by their rights for compensation and notice. Refugee participants had more anxiety about being unable to pay their rent than being sick due to the COVID-19 virus, and they had

deep concerns about the immediate future. Similar to the results above, it was revealed that in Colombia, while most of the Venezuelan refugees (91%) had salaried employment before the COVID-19 pandemic, it decreased to a rate of 20% during the pandemic. In the same study, it was stated that the percentage of those who needed the assistance of the state and NGOs for their basic needs or livelihoods before the pandemic increased from 17% to 28%.

- It was observed that the primary basic needs of refugees in Turkey are cash support, hygiene materials and food. Refugees had particular difficulties in keeping up hygiene practices or taking health precautions because of inadequate incomes and the inability to leave the house. Similarly, it was determined that the primary basic needs of the refugees in Colombia are food, rent / shelter and regular income / jobs, respectively. It was observed that refugees had difficulties in paying rent and accessing basic hygiene materials in Lebanon. In Uganda, where access to clean water is a problem throughout the country, it was noted that girls and women confront serious problems in accessing clean water because of their responsibilities for housekeeping.
- It was determined that the curfew restrictions experienced in Turkey during the pandemic process caused families with disabled and the elderly individuals to have challenges on issues such as access to markets/shops.
- It was observed that refugees in Turkey had problems accessing health care services due to reasons such as staying in the house because of the pandemic restrictions, believing the health care institutions to be closed, a lack of documentation and a lack of knowledge regarding healthcare service updates.
- It was determined in Jordan that the rate of Syrian refugees who faced obstacles in accessing healthcare services was 20% and this rate was the same as for local people. The rate of non-Syrian refugees encountering obstacles in accessing health services was less than the other groups at 10%.
- The most common obstacles to accessing distance education during the pandemic for school-age children who are refugees in Turkey were the language barrier; the lack of a television, no internet access, smartphone, computer, tablet, etc.; difficulties at home in terms of space or other conditions; and a lack of information among families regarding distance education services. Similarly, it was observed that refugee children in Jordan and Lebanon had confronted difficulties in accessing distance education. For instance, it was determined that participation rates in education decreased with

the transition to distance education because of the problems experienced in accessing the internet, tablets and phones in Lebanon. Similarly, it was found in Colombia that there were serious difficulties in accessing computers, even though the children had access to the internet using telephones, the rate of participation in online classes was low at 14%. The main problems confronted by refugee children who had access to television and smart phones and followed the lessons online were old and / or small televisions and internet speed / disconnection problems.

- There are a limited number of studies dealing with issues related to vulnerabilities such as social violence, neglect and abuse, disability and chronic illness, and psychosocial well-being. National and international reports demonstrate that negative factors such as physical, economic and psychological violence, and intimate partner violence increased during the pandemic, and negative coping methods were used such as exploitation (prostitution, sexual violence), sexual abuse and early marriage. In this light, it was observed that gender-based violence increased in both refugees and local communities in Jordan after the COVID-19 pandemic, and this violence manifested itself as domestic violence in particular. It was determined that protection activities are necessary for local communities

and refugees in Lebanon, and it is essential to carry out studies on issues such as coping with stress, domestic violence, discrimination, physical and sexual harassment in order to prevent the negative coping mechanisms which were experienced so intensely during the pandemic. This situation reveals the necessity to carry out more in-depth studies focusing on these issues. It was determined that already existing gender inequalities in particular were deepened due to the COVID-19 pandemic, and the household work of women increased significantly along with bringing adverse health effects and economic conditions.

- In conclusion, the studies examined in this review show significant results that reveal the dimensions of the effects of the COVID-19 pandemic on refugees. It is extremely important to carry out field studies to understand more about the serious effects of the pandemic on refugee children and their families, to increase the awareness of experts working in the field and to reduce the risks that refugees and their families are facing. In this light, as a result of this systematic review of national and international research reports on the impact of COVID-19 on refugees, it has been determined that studies which have samples including different vulnerabilities and risks are required for the further analyses.

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