

IOM TURKEY

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

Gaziantep, September 2020



 **IOM**  
UN MIGRATION

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## INTRODUCTION

Global statistics show that as of 17 August 2020, there were over 21,294,845 people infected by the novel Corona Virus (COVID-19), with 761,779 fatalities.<sup>1</sup> First reported in China in December 2019, COVID-19 spread rapidly across the globe and within populations in affected countries. In Turkey, there were 164,769 confirmed cases and 4,563 fatalities as of 1 June 2020.<sup>2</sup>

Since the outbreak, the Government of Turkey (GoT) has enforced various measures to prevent the further spread of the virus, including efforts to increase test and health system capacity, contact tracing, domestic and international travel restrictions, ban on large gatherings such as religious services, sporting events, concerts, and schools, quarantine measures, and complete lockdowns and curfews, among others.

Turkey currently hosts approximately 4 million refugees of which 3.5 million are Syrians under Temporary Protection (SuTP).<sup>3</sup> Despite public services provided to registered refugees by the GoT, many refugees and migrants have limited access to health care, social services and hygiene items due to a number of reasons including legal status, stigmatization, language barriers, mobility, lack of documentation, and financial resources.

This paper examines data collected through a Rapid Needs Assessment (RNA) conducted by IOM Turkey's Psychosocial Mobile Teams (PMTs) in Gaziantep, Hatay, Izmir, and Sanliurfa between 7 April and 14 May 2020. The RNA aimed at assessing the impact of COVID-19 on IOM's beneficiaries in these four provinces. In particular, the assessment aimed to understand the impacts of the measures to curb the spread of COVID-19 on target populations, given the interrupted access to services due to a series of restrictions including lockdowns, prioritization of COVID-19-specific health services over other health services, and slowdowns or closures of other social services. The main objective of the RNA was to understand the protection vulnerabilities, exposure to risks, and coping abilities and capacities for resiliency of the Syrian refugee community, as well as their level of knowledge on COVID-19, which contributed to develop IOM Turkey's COVID-19-specific Mental Health and Psychosocial Support MHPSS programme.

## METHODOLOGY

The RNA was conducted to assess protection risks as well as mental health and psychosocial support (MHPSS) needs of the targeted population at the early stages of pandemic and after its spread throughout Turkey. The questionnaire was designed and adapted by the PMTs following a desk review on globally available COVID-19-specific rapid needs assessment tools. Development of the questionnaire was followed by translation to Arabic to ensure that the target group understand and correctly answer questions. The questionnaire was categorized into five sub-sections described below.

- Demographics: Profiles of refugee households, disaggregated by age, gender, disability and nationality.
- Basic needs and Livelihoods: To understand the type of income sources of refugee households in the pre-COVID-19 context, the impact of COVID-19 on employment, and access to basic needs (e.g. an Emergency Social Safety Net (ESSN) as a social protection mechanism for refugees);

<sup>1</sup><https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

<sup>2</sup><https://covid19.saglik.gov.tr/>

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

- Protection: To understand protection vulnerabilities, exposure to risks, and coping abilities/capacities for resiliency of refugee community including identification of persons with non-communicable chronic diseases and persons with disabilities
- Psychosocial Support: To analyse psychological reactions including psychological vulnerability factors and stressors, and coping mechanisms
- Knowledge of COVID-19: To analyse the extent of refugee communities’ awareness of the symptoms and preventive measures of COVID-19, along with the sources of information, and internet accessibility

The questionnaire was carried out by Social Workers and Psychologists of the PMTs who were trained on the objective of the RNA and with the capacity to conduct conflict-sensitive interviews. A simple random sampling method was applied in the selection of interviewees among beneficiaries who previously participated in MHPSS activities provided by the PMTs by utilising their existing beneficiary database. Household level data was collected via phone calls in the beneficiaries’ native language. In total, 1,524 households located in the four provinces were surveyed on the phone between 7 April and 14 May 2020.

Given the specific focus of this needs assessment on MHPSS, the report also analyses the main findings of a focus group discussion conducted with the Psychologists and Social Workers of the PMTs, who provided Psychological First Aid<sup>4</sup> support, to further analyse the emotional stressors driven by the social and psychosocial vulnerability factors, as well as behaviours and emotional reactions towards COVID-19 and its preventive measures taken by the GoT.

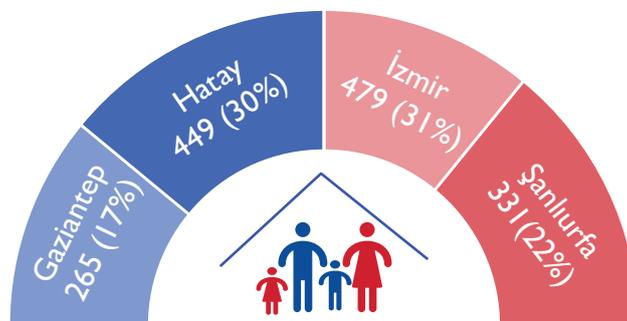


Chart 1: Percentage of households surveyed per location

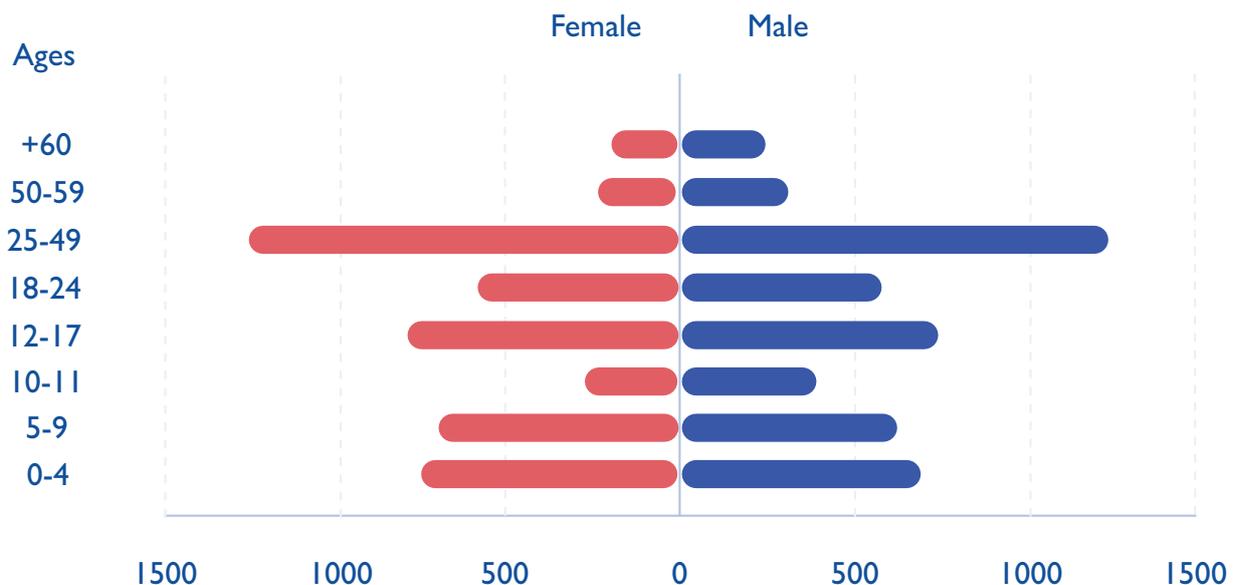
## A. DEMOGRAPHIC PROFILES OF REFUGEE HOUSEHOLDS

Across the four provinces, the surveyed refugee households presented similar profiles in terms of age and gender. Households were mostly composed of an equal number of male and female members. Out of 9,368 individuals reached, 15.1% (n. 1,410) were less than 5 years old, 37.2% (n. 3,486) were 5-17 years old, 38.4% (n. 3,601) were 18-49 years old, and 9.3% (n.871) were over 50 years old. As seen in the graph below, the majority reached through the RNA were between 25 and 49 years (26.6%, n. 2,493).

The average household size consisted of five persons. Although most households indicated a family size ranging between four and six members (50.5% of households), a larger size of seven or more members was also

<sup>4</sup>According to Sphere (2011) and IASC (2007), Psychological First Aid (PFA) describes a humane, supportive response to a fellow human being who is suffering and who may need support.

common in Hatay and İzmir. This is because many SuTPs in these provinces live with extended family members and/or live in informal settlements. To better capture the COVID-19-specific risk factors associated with household size, the RNA also assessed the available shelter space of larger households. Accordingly, reverse proportion between shelter space and household size was highlighted by some of the interviewees who reported a larger household size. Given a crowded household being a risk factor, large households with limited space disallowing social distancing and self-isolation potentially increases the vulnerability of refugees to COVID-19.



Graph 2: Family composition by age and gender

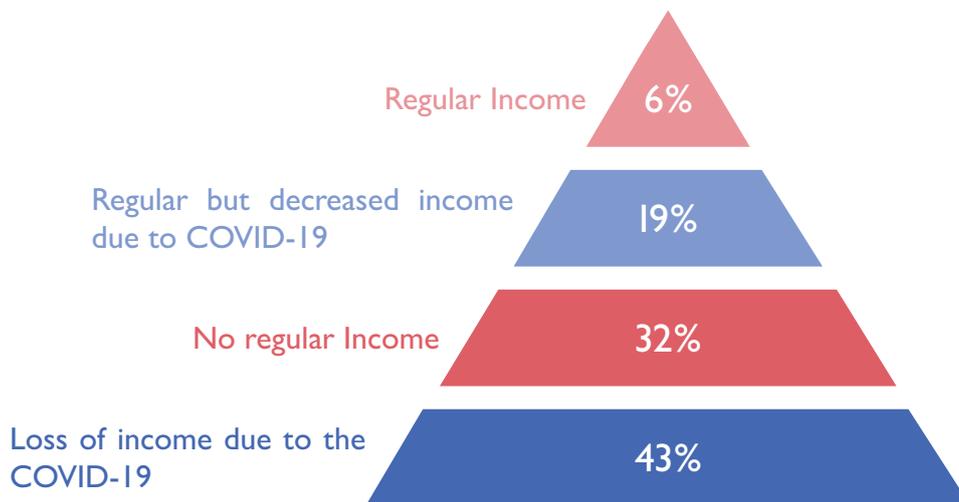


Graph 3: Family size by location

**B. LIVELIHOOD**

In the socio-economic sector, many businesses were temporarily shut down by a series of circulars issued by the Ministry of Interior<sup>5</sup> between March and May 2020. In addition, many companies and businesses closed their workplaces due to both COVID-19 infection risks and low levels of demand in the market. This caused many people to lose their jobs or regular incomes including refugees at the forefront. Postulating that the informal employment rate is high among the refugee community, those in informal markets (such as garbage collection, textile, shoe shining, and the agricultural sector etc.) have been impacted severely due to the lockdown measures in terms of meeting daily needs.

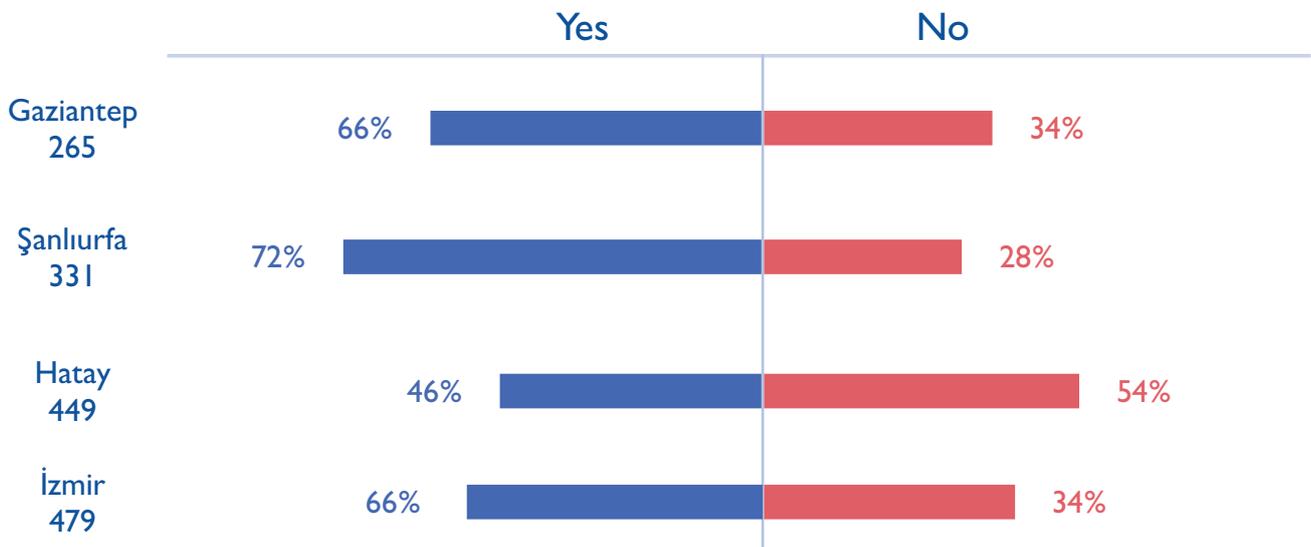
The lockdown measures had a severe impact on the access to steady income sources and livelihood opportunities of migrants and refugees with precarious economic situations. Out of 1,651 surveyed households, 43% reported a loss of income due to COVID-19.



Graph 4: COVID-19 impact on employment

Of the households interviewed in the four locations, 56% indicated being an ESSN beneficiary, with the highest proportion in Sanliurfa (71%) and Gaziantep (65%). However, the interruption of documentation services (e.g. partial suspension of services provided by Provincial Directorate of Migration Management Offices (PDMMs)) and remote implementation modalities adopted by humanitarian organizations have restricted their access to basic needs services and humanitarian assistance. This includes difficulties faced while renewing disability health reports, Social Assistance and Solidarity Foundation (SASF) verification visits for ESSN assistance, and the suspension of Directorate General Migration Management (DGMM's) online appointment system. These issues further restricted access to needed services and assistance for those with irregular status (unregistered/registered elsewhere).

<sup>5</sup> <https://www.icisleri.gov.tr/basin-aciklamalari-yeni>



Graph 5: ESSN status of surveyed households by location

### C. PROTECTION

COVID-19 has exposed vulnerable refugees to increasing protection risks such as increase in domestic and intimate partner violence due to lockdown and containment measures introduced by GoT, suspension of court cases and procedures, and interruption in access to services provided by PDMM.<sup>6</sup>

With careful consideration of vulnerable refugee groups in refugee response context in Turkey, this study adjusted the groups at disproportionate risk in COVID-19 emergency based on IASC’s Guidance Note on how to include marginalized and vulnerable people in risk communication and community engagement (RCCE).<sup>7</sup> These adjusted groups with pre-existing vulnerabilities are at more risks not only to exposure and impact of COVID-19 but also its containment measures which interrupted access to rights and services. Therefore it is vital to target these groups not only for RCCE activities but also for overall protection response.

VULNERABILITY CATEGORY	REASONING
Persons with disabilities	Access to information is often a barrier for persons with a disability who have specific communication needs. They are often excluded from decision-making spaces and have unequal access to services. They can be socially isolated as well.

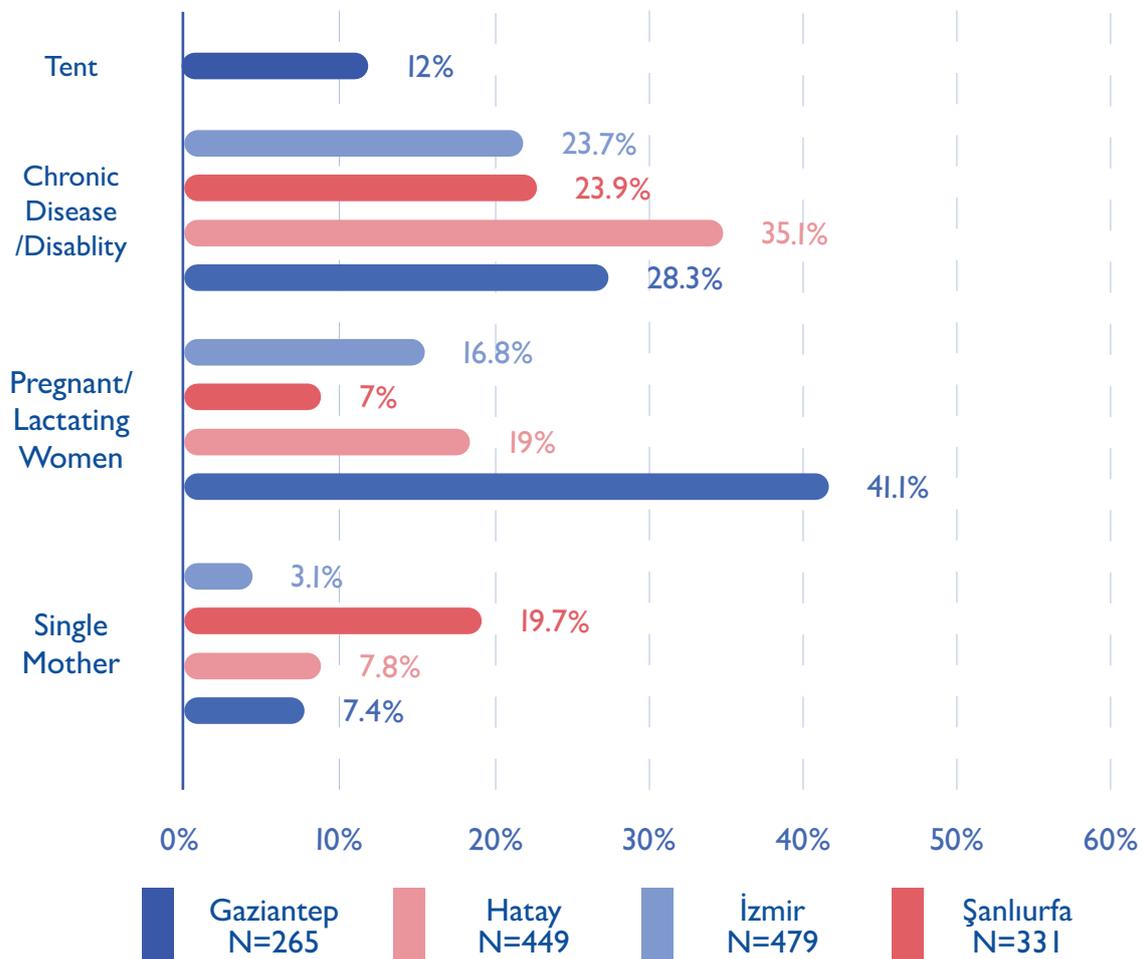
<sup>6</sup> <https://twitter.com/Gocidaresi/status/1239581982851506178/photo/>

<sup>7</sup> <https://interagencystandingcommittee.org/system/files/2020-03/COVID-19%20-%20How%20to%20include%20marginalized%20and%20vulnerable%20people%20in%20risk%20communication%20and%20community%20engagement.pdf>

VULNERABILITY CATEGORY	REASONING
Pregnant and lactating Women	Services may be diverted when health services are overburdened, resulting in interrupted pre- and post-natal care. Frequent and sometimes unnecessary contact with health facilities can increase the risk of infection, especially in health facilities with inadequate infection control measures.
Persons living with HIV	May have compromised immune systems and be more at risk of severe illness. May feel that they have insufficient information on how to protect themselves from infection. May experience stigma and discrimination in health care settings, including being tested for HIV against their will.
Gender Based Violence (GBV) survivors	Safety, security, and access to justice services may be disrupted as government institutions shift resources to the public health crisis. Primary and secondary health care facilities may be requested to take on the caseload of GBV survivors and only refer to tertiary hospitals when higher level of care is needed.
People with pre-existing medical conditions	They are generally at higher risk of developing serious illness. Do not always get the clear information and explanation about why they are at higher risk. They already need specific medical treatment which makes it even more challenging if they get sick.
Elderly	The evidence for COVID-19 shows they are the most vulnerable group with higher fatality rate. They may not always be able to go to the health services or the services provided are not adequate for elderly or may have difficulty caring for themselves and depend on family or caregivers. This can become more challenging in emergencies.
Seasonal Agricultural Migrant and Semi-nomadic Groups	Their mobility/irregular travelling may make them difficult to reach. A lack of documentation and financial resources may hinder access to life-saving health services.
LGBTIQ+ individuals	LGBTIQ+ individuals face challenges in accessing healthcare systems due to stigma and discrimination, and in contexts where they are criminalized, face threats to their security and lives. LGBTIQ+ seniors are more likely to be isolated. LGBTIQ+ families or relationships may face barriers to accessing COVID-19 services and/or humanitarian aid in multisectoral responses.

In order to understand the extent of the effects of the COVID-19 outbreak on the interviewed households, the PMTs asked whether the household has at least one member that is considered high-risk . In total, 29% of refugee households had at least one member with a chronic illness or disability, while 4% of individuals reached through the household-level survey were above 60 years old. 51% of households in İzmir had at least one pregnant/lactating women.

<sup>8</sup>Persons considered at high risk e.g. persons living in informal settlement, persons with non-communicable chronic disease/disabilities, youth headed household, pregnant/lactating women, single mother



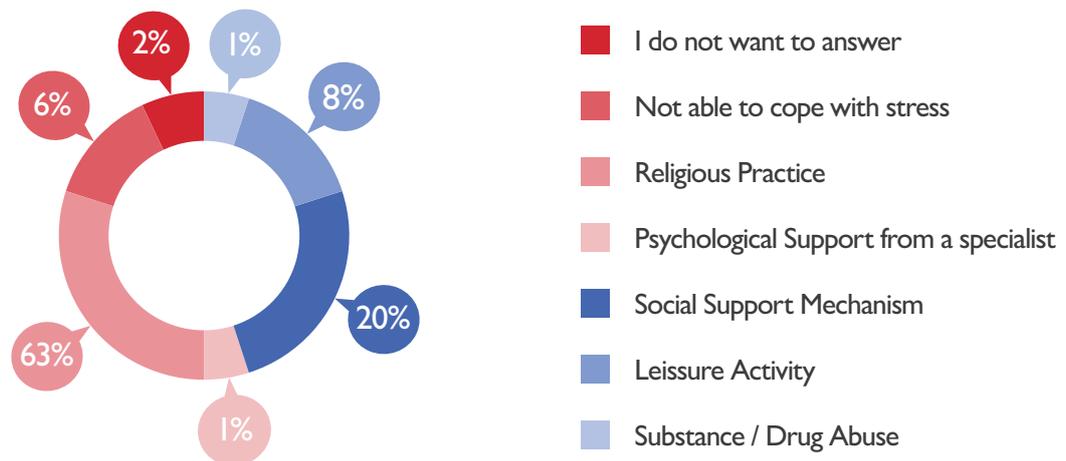
Graph 6: Vulnerabilities identified by location

#### D. MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

In any epidemic, it is common for individuals to feel stressed and worried due to issues such as loss of livelihoods, social stigma, discrimination due to being associated with the disease, fear of infection, feelings of helplessness, boredom, loneliness, and depression due to being isolated. Refugees also encounter additional stressors linked with disrupted access to services and rights, as well as behaviours and reactions borne out of lack of knowledge, rumours, misinformation, and social stigmatization.

One of the primary stressors identified through the RNA was the interrupted access to basic needs and services driven by the loss of income and livelihoods under the lockdown measures. This was followed by the diminishing access to healthcare, particularly to regular health services. Regardless of the existence of a chronic health condition, most of the interviewed individuals highlighted their reluctance to seek medical assistance at hospitals, citing both de-prioritization of non-COVID-19 cases at hospitals and fear of the risk of COVID-19 infection.

Understanding the coping strategies of individuals is a key element in further assessing capacities and vulnerabilities, including mental health and psychosocial needs associated with COVID-19. The below chart summarizes the coping strategies of the surveyed individuals:



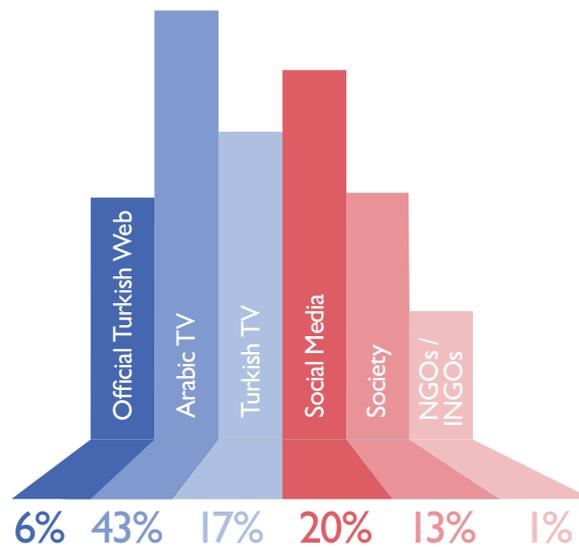
Graph 7: Coping Mechanisms

The most common coping strategy was religious practice adopted by 63% of the surveyed participants. This was followed by family and community social support mechanisms, where 20% of the respondents stated that being surrounded by loved ones helped them cope with difficulties. During the lockdown measures imposed by the GoT, being connected with family members and friends by phone or social media platforms significantly encouraged the refugee community to feel that they were supported emotionally while having lessened their feelings of loneliness and isolation that could have been magnified under the prolonged lockdown. While social support mechanisms strengthened the ability to overcome emotional difficulties, 8% of those surveyed indicated leisure activities such as hobbies and sports helped them deal with the impacts of COVID-19.

Although the majority of the interviewees had been exercising positive coping strategies, 6% of the interviewed individuals stated that they were unable to deal with the stressors caused by the lockdown and other related difficulties (such as loss of income, parenting problems etc.). Lastly, 1% of interviewees resorted to excessive smoking and drug/substance abuse which is a negative coping strategy in dealing with the effects of COVID-19.

#### E. KNOWLEDGE ON COVID-19

Communicating effectively about the risks of exposure with the public and engaging with communities are key elements to protect the health of individuals, families, and the public as well as to increase their preparedness for COVID-19. Among 1,651 households interviewed, 96% were aware of risk factors and preventive measures. Out of the 96% with knowledge on COVID-19, 60% used TV and 20% used social media to access relevant information.



Graph 8: Information Source on COVID-19

Only 2% of the interviewees have stated that they had no knowledge of COVID-19, including risk factors and preventive measures.

In addition to the use of media, 13% of the surveyed participants reported that they obtained information about COVID-19 through their social interactions in the communities. This finding partially confirms that those with social support networks in place can better receive information through their communities. It is also worth highlighting that various information campaigns carried out by the humanitarian community were reported as the lowest among the surveyed population as an information source. The finding suggests an implication for the future awareness raising campaigns by NGOs, which is to take into account the information sources commonly used by the target populations to effectively convey the information.

#### F. IOM TURKEY RESPONSE TO COVID-19

On 15 April 2020, IOM updated its Global Strategic Preparedness and Response Plan for COVID-19.<sup>9</sup> Accordingly, IOM’s funding requirements for four strategic priorities mentioned below increased to \$499 million from \$116.1 million. This has resulted in \$20 million of the total funding requirement provided to Turkey, of which \$18 million will be to address the socio-economic impacts of the pandemic.

- Strategic Priority 1: Ensure a well-coordinated, informed and timely response through mobility tracking systems and strengthening partnership and coordination structures established at the community, national and regional levels.
- Strategic Priority 2: Contribute to global, regional, national and community preparedness and response efforts for COVID-19 to reduce associated morbidity and mortality.
- Strategic Priority 3: Ensure access of affected people to basic services and commodities, including health care, and protection and social services

<sup>9</sup>[https://www.iom.int/sites/default/files/country\\_appeal/file/iom\\_covid19\\_appeal\\_15.04.2020.pdf](https://www.iom.int/sites/default/files/country_appeal/file/iom_covid19_appeal_15.04.2020.pdf)

- Strategic Priority 4: Support international, national and local partners to respond to the socio-economic impacts of COVID-19.

As of 9 August 2020, IOM has distributed 32,865 hygiene kits, 17,150 food baskets and over 603,572 basic needs items including gloves, disinfectant equipment and machines, mask production items and tools, thermometers etc. to Turkish government entities such as municipalities, governorates, and directorates across 13 provinces.<sup>10</sup> Counselling, MHPSS and referral services have been provided through phone and online platforms for over 2,269 beneficiaries. More targeted awareness raising about COVID-19 through the provision of crucial information by phone and online communication tools reached 7,698 beneficiaries. Additionally, to address the socio-economic impacts of COVID-19, IOM has provided cash assistance to 100 affected families in Gaziantep, 700 food baskets in İzmir, and 20 sewing and locking machines to two municipalities in Sanliurfa.

In addition to the COVID-19 response led by IOM Turkey's Refugee Response Programme, the PMTs identified individuals and families who were in urgent need of financial support through this RNA by asking additional questions regarding the socio-economic vulnerabilities and ESSN status. Notably, 102 households were referred internally to IOM's Cash-Based Intervention (CBI) for further assistance.

With the increase of positive COVID-19 cases in Nizip, special requests from the Nizip Municipality were fulfilled by IOM. This included the provision of hygiene kits for 500 families. The Nizip Municipality distributed hygiene kits to the most vulnerable individuals and families, including Syrian Dom communities living in a tent area with no access to sanitation, water, and proper shelter, and who are facing stigmatization and discrimination from the host community for being the source of spreading the virus. Therefore, one of the objectives of promoting hygiene items among semi-nomadic community was to disrupt such stigmatization and discrimination through improving hygiene practice capacity.

## G. IOM PMT'S COVID-19 RESPONSE

IOM Turkey's Psychosocial Mobile Teams (PMTs) conduct mental health and psychosocial support activities in Gaziantep, Hatay, İzmir, and Sanliurfa to promote psychosocial well-being of refugee and host communities through its community-based approach.

At the early stage of the pandemic, the PMTs adapted their modality of MHPSS program delivery. This included the conduction of a Rapid Needs Assessment, focused on Protection and MHPSS, and followed with informative phone calls for beneficiaries who are in imminent need of psychosocial support in this time of distress. The focus has shifted to assess protection risks as well as mental health and psychosocial support (MHPSS) needs of the targeted population in the four areas of responsibility.

Primarily, the beneficiaries who previously participated in IOM's MHPSS activities were engaged to provide accurate information on COVID-19, Psychological First Aid, as well referred internally or externally based on the urgent need of individuals. In total, 1,651 households located in the four provinces were surveyed on the phone between the dates of 7 April and 14 May 2020.

<sup>10</sup> Adana, Ankara, Edirne, Gaziantep, Hatay, İstanbul, İzmir, Kahramanmaraş, Kilis, Manisa, Mersin, Osmaniye, Şanlıurfa.

The prioritized aims of phone interviews were to assess various needs of refugees including:

- Urgent PFA needs of individuals;
- MHPSS needs of individuals during and after the pandemic;
- Channels of reaching out to accurate information about pandemic;
- Internal and external referrals based on their needs;
- Dissemination of information on available services as well as Information, Education and Communication (IEC) materials; and
- Tailoring of future MHPSS interventions and capacities for participation based on identified needs and resources (internet access)

During the RNA, 63 individuals (36 male, 27 female) were identified in need of PFA and assisted accordingly by the PMTs, while 236 households were referred to external service providers including VEFA<sup>11</sup> and (I) NGOs among others. External and internal referrals aimed to meet their basic needs, psychological needs and protection needs including access to documentation. Additionally, 102 vulnerable individuals and families identified by the PMTs were referred to IOM's Cash Based Interventions team CBI team for financial assistance.

### Follow-up Activities

Following the completion of the RNA, the PMTs disseminated a set of verified risk communication and community engagement (RCCE) messages and IEC materials to the interviewees via WhatsApp. These messages included various subjects as follows:

- COVID-19 risks and recommended risk prevention and mitigation methods;
- Available medical treatment;
- Relief efforts by governmental organizations and NGOs;
- Communication approaches and techniques with children and elderly during the pandemic;
- Risk factors and protective measures for people with chronic diseases and disabilities; and
- Positive coping strategies.

After finalizing the RNA, a focus group discussion (FGD) was conducted among the PMTs' psychologist and social workers who provided PFA sessions to beneficiaries. During the FGD session, some of the main challenges that the targeted population faced as well as the observation of staff during the COVID-19 pandemic was discussed. The beneficiaries' main stressors related to the pandemic included the misinformation about COVID-19, the lack of livelihood opportunities, and concerns in regard to their existing health problems. Nine beneficiaries were referred to specialized services after PFA sessions for having previous psychological issues in their past which had not emerged earlier as determined by the PMTs' psychologists. Depression, anxiety, and sleep disorders were the main symptoms that were reported by the beneficiaries during the counselling sessions.

The interviewed beneficiaries live in a patriarchal society where men are expected to provide for their families. Therefore, the social expectation has brought additional stressors during the COVID-19 pandemic as most of men lost their jobs or had little opportunity to work. Due to lockdown measures which required these men to stay at home, stress and anger management as well as positive communication skills, leisure activities and having hobbies became crucial. Women among the refugee community, who had mainly stayed home and taken

<sup>11</sup> Social Solidarity Groups operated by Provincial Directorates and municipalities under governorates' supervision

care of children, had not reportedly felt pressure to provide for the family even though they were indirectly affected by reduced/interrupted income at household-level. An additional problem that emerged within the household concerned children under lockdowns with their parents. Parents were concerned that they did not know many activities to engage their children in a positive manner, and how to spend their time effectively with their children.

According to the identified MHPSS needs based on the findings of the RNA, and the discussions during the FGD session, the PMTs designed online MHPSS sessions. Beneficiaries who were provided with PFA, counselling, or informative sessions were invited to the online MHPSS sessions on the subjects related to the needs of each individual or family. Examples of activities that have been created and implemented include:

- Turkish speaking club
- Women safe space
- Psychoeducation
- Art-based selfcare activities for children
- Stress management (male-female separate groups)

WhatsApp group chat and Facebook closed groups were created as the platforms for service provision. The main subjects focused on psychoeducation<sup>12</sup>, creation of online safe spaces for women and children to express their fears and concerns, and share both negative and positive experiences, as well as art-based activities for children who were having difficulties to access distance education or were isolated at home. Facebook and WhatsApp were selected given that these platforms are most commonly used by refugee community in Turkey for their information search and communication. WhatsApp is being utilized along with Facebook where interactive chats and video functions are needed throughout the sessions.

Some of the challenges were identified during the implementation of the online MHPSS sessions:

- Having crowded family or lack of private room at home for sessions
- Lack of sense of connection and trust-based relationship
- Lack of experience of team members on online activities and counselling
- Expectation of beneficiaries regarding financial assistance
- Lack of faith in online sessions for improvement in healing
- Access to the internet or smart technologies

## H. CONCLUSION

The findings of the RNA show that a worsening of economic conditions among refugee households is emerging and concerns on government-imposed measures to contain the spread of the virus would exacerbate pre-existing vulnerabilities among refugees who lack sources to cope with a situation of prolonged confinement.

Overall, the results of the survey confirmed significant changes in the daily life of refugees. One of the primary stressors identified through the RNA was the interrupted access to basic needs and services (94% of the

<sup>12</sup> Psychoeducation is a method to increase the knowledge and capacities of communities to prevent and respond to psychosocial and mental issues.

participants) driven by the loss of income and livelihoods under the lockdown measures. This is followed by access to healthcare and interrupted service provision for regular health services due to fear of COVID-19. The Emergency Social Safety Net (ESSN) assistance provided by IFRC and TRC continues to be a key program for covering basic needs. Additionally, 102 non-ESSN beneficiary households with existing protection risks and increasing socio-economic vulnerability were referred to IOM's Cash-based Intervention unit.

Protection needs of beneficiaries during COVID-19 outbreak appear to have increased, in addition to existing vulnerabilities. The results of the survey further show that 187 individuals stated that they had at least one family member with chronic diseases and in need of continuous medical care. Persons with chronic disease and pregnant women were discouraged from seeking further medical care due to fear of COVID-19 infection and prioritization of COVID-19 medical assistance at hospitals.

In the context of mental health and psychosocial needs of individuals and families, the respondents mostly pointed to religious practices as the most common coping mechanism, followed by family-led social support mechanisms, while 6% of survey participants stated that they are not coping well with the outbreak and its impacts. Of this, 1% stated they have developed a negative coping mechanism including excessive use of cigarette, drug, and other substance usage.

The most common source of information on COVID-19 among the 1,524 interviewed households was television followed by social media. During the RNA, misinformation about the pandemic was identified as a significant stressor in individuals' daily life. Therefore, increasing access to proper and verified information is a key intervention for enhancing SuTPs' mental well-being.

Drastic changes worldwide amid the COVID-19 pandemic have urged IOM Turkey's PMTs to respond to the consequences rapidly and efficiently. Facing the challenges in continuing MHPSS activities under the movement restrictions and social distancing measures, PMTs designed and implemented online activities to promote and empower individuals to better cope with the daily stresses of life in this 'new normal'. Awareness and information sessions on stress and anger management, self-care time for children, art-based stress relief activities, structured self-reflection of the challenges of pandemic designed for specific groups such as women and men, and life skills activities are some of the examples.

Depression, anxiety and sleep problems were the main symptoms reported by beneficiaries during the PFA counselling sessions, which are primarily attributed to the interrupted access to basic needs and livelihood opportunities. As is mentioned in the intervention pyramid in the 'IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings'<sup>13</sup>, MHPSS interventions should ensure the beneficiaries' access to basic services and security in the first layer of intervention. In this context, the results of the study also confirmed the direct correlation between capacity to cover basic needs and psychological wellbeing. In order to address affected population's MHPSS needs, a comprehensive and holistic action plan should be in place with the inclusion of livelihood, shelter, WASH, and protection sectors throughout the pandemic, as well as the coordination efforts with local authorities, including advocacy and sensitization.

<sup>13</sup> [https://interagencystandingcommittee.org/system/files/iasc\\_guidelines\\_on\\_mental\\_health\\_and\\_psychosocial\\_support\\_in\\_emergency\\_settings.pdf](https://interagencystandingcommittee.org/system/files/iasc_guidelines_on_mental_health_and_psychosocial_support_in_emergency_settings.pdf)

