Covid-19 Pandemic in Turkey

In December 2019, World Health Organization started reporting pneumonia cases in Wuhan city, capital of Hubei province of China, the cases of which were, in 5 January 2020, declared to be caused by a coronavirus strain that has never seen in humans. Initially named as 2019-Ncov, this disease is renamed as COVID-19 as it is a coronavirus originated in 2019. Declared in 12 March 2020 as a global pandemic by World Health Organization, this pandemic has been continuing to physically, psychologically, socially and economically threat and affect people in Turkey and across the globe for more than one year. As of 14 March 2021, a total of 119,220,681 verified COVID-19 cases have occurred all over the world, including 2,642,826 deaths as reported by World Health Organization. By 9 March 2021, a total of 300,002,228 vaccine doses have been administered across the world (WHO, 2021).

In Turkey, by April 2021 when this report is drawn up, daily number of cases were recorded as approx. 56,000 during April 2021 (Turkish Ministry of Health, 2021) The measures taken in Turkey against COVID-19 virus during and after the challenging first-six months of pandemic are provided below in chronological order (BBC, 2020);

January 2020
» A Scientific Committee is established to provide advisory to Government on the pandemic.
» An operation center is establish at Ministry of Health to fight with virus.
» Ministry of Health prepared the first COVID-19 Guide.
» Stricter measures put at Airports in place.

February 2020
» Suspended all flights to/from China and animal import.
» Suspended all flights to/from certain countries.
» Suspended all air, rail, road transportation to/from with neighboring countries with increasing rate of cases.

March 2020
» Declared the first COVID-19 virus case.
» Shut down bars, night clubs, theaters, movie theaters, gyms and cafes. Suspended the collective prayer at mosques. Made two-week quarantine mandatory for everyone returning from abroad.
» Suspended education at schools, held sports competitions without spectators, public officers started to go abroad with permission.
» Added Most European countries to the flight restrictions.
» All private hospitals were also declared as pandemic hospital

April 2020:
» Started publishing the distribution of cases by the cities.
» Started travel restrictions to 30 metropolises and city of Zonguldak.
» Started lockdown with certain criteria.

May 2020:
» Continued lockdown measures but relaxed certain criteria.
» Declared lockdown during religious and public holidays.
» Opened houses of prayer for prayer with certain conditions.

June 2020:
» Re-opened the venues such as restaurants, cafe, park, coffee houses, swimming pools, gyms, spa centers, except for hookah cafe and entertainment venues, as a process of re-normalization.
» Initiated re-normalization process for domestic and international flights.
» Initiated re-normalization process progressively.
» In the outstandingly challenging six months of Covid-19 pandemic, Turkey has taken strict measures in order to forestall the spread of the virus.
» The daily average number of new case was around 1,600 in the period from June to October, which has started to rise by November. Additional measures were imposed in November 17th to the new normal rules.

November 2020 and Following Months
» As of 20 November 2020, some measures have been taken to be implemented on weekends.
» Curfew restrictions started to be applied on weekends except 10.00 - 20.00.
» Started to implement stay-at-home restrictions, other than 10:00 AM to 8:00 PM weekends.
» Decided on holding school education online until end of the year, that were in semester break.
» Decided on extend the stay-at-home restrictions imposed on people older than 65 to the youth younger than 20 who are not working.
» Decided on closure of the movie theaters until the end of year.
» Permitted restaurant and cafe to remain open 10:00 AM to 8:00 PM, while they are permitted to provide home delivery services.
» Suspended activities of the sports fields, continued the sports competitions without spectators.

**January - February 2021**
» After the additional measures taken in November, the increase continued in December, and the number of new cases per day reached 33,189 on December 8. The same measures have been continued with. In January and February, the number of new cases followed a decreasing momentum and the approximate number of new cases decreased to 8,000.

**March 2021**
» As of March 2, according to statistics on the basis of cities and cities in Turkey, the above measures are tightened from time to time and reshaped according to the “new normal” rules from time to time. Currently, lockdown measures are in place from 9:00 PM to 5:00 AM in the cities falling in the low and moderate risk group, while the lockdown measure covers entire weekend in the cities falling in the high risk group. However, as the cases has entered in uptrend all over the country, said restrictions are currently being implemented in almost all cities.

**April 2021**
The number of new cases has exceeded 55,000 as of April 19. After the first decision of half-closure, full closure was decided across the country. Lockdown was succeed at 19:00 on Thursday, April 29 and last until 05:00 on Monday, May 17. In this context, the following measures have been taken.
» Face-to-face education has been suspended in all institutions, including kindergartens and kindergartens, and all exams were postponed.
» In the curfew, markets, grocery stores, greengrocers, butchers and dried fruits shops operate between 10.00 and 17.00.
» Chain markets are closed on Sundays and continued to serve at the specified times on other days.
» Except for organizations that are exempted in areas such as production, manufacturing, food, cleaning, health, all workplaces have suspended their activities, and the package service will continue in the food and beverage sector
» All intercity travels are subject to permission and intercity public transport vehicles operate at 50% capacity.

**May 2021:**
After the closure decision taken in April, the daily number of new cases gradually decreased and fell below 10,000 as of May 20. Gradual normalization measures were implemented between 17 May and 1 June.
» In gradual normalization period, curfews were imposed from 21.00-05.00 on weekdays and from 21.00 on Friday to 05.00 on Mondays on weekends.
» The curfew has been lifted for citizens aged 65 and over who have had two doses of Covid-19 vaccine and for those under the age of 18.
» Our citizens aged 65 and over who are not vaccinated although they have the right to be vaccinated can only go out between 10.00-14.00 on weekdays and are subject to full-time curfew on weekends.
» The ban on intercity travel has been lifted for periods and days when no curfew is applied.
» Kindergartens and kindergartens continued between May 17 and June 1, 2021, but face-to-face training has not been started for other levels.
» Restrictions on collective events continued.

**June 2021:**
Number of new cases decreased to 7,000. In the first stage of the gradual normalization process, new decisions were taken in addition to the relevant decisions or existing decisions were changed in the second stage.
» Monday, Tuesday, Wednesday, Thursday, Friday and Saturday between 22:00 - 05:00; On Sundays, a curfew is imposed, starting at 22:00 on Saturday, covering the entire Sunday and ending at 05:00 on Monday.
» On the specified days, between 07:00 and 21:00, the restaurants can provide service by following the distance rules, with table service, pick-up and takeaway.
» Activities that require collective participation are organized in the open area on the condition that certain importance is observed.
» Citizens aged 65 and over who are not vaccinated despite having the right to be vaccinated can only go out between 10:00 and 14:00 on other days except Sundays.
Introduction

In Turkey, a total of 4 million migrants, consisting in 3.6 Million Syrian citizen, and approx. 330,000 other Migrants and migrants of other nations, is living (Directorate General of Migration Management, Date of Data: 07.04.2021). Taking the unregistered individuals into account, this figure is estimated to be over 4 million. In order to respond the migration crisis, Turkish Red Crescent opened its first Community Center in Şanlıurfa in 20 January 2015. Currently, 17 Community Centers, located in Şanlıurfa, İstanbul (Anatolian and European Side), Konya, Ankara, Kilis, Bursa, İzmir, Adana, Zonguldak, Mersin, Gaziantep, Hatay, Kayseri, Kahramanmaraş, Kocaeli and Mardin, are serving to migrants and local community.

The key objective of Community-Based Migration Programs is to make sustainable contributions to the community resilience by empowering the physical, psychological, social and economical well-being of communities and individuals.

Community Centers carry out activities such as adaptation to Turkey training (information on the legal rights and humanitarian services), Turkish language courses, vocational trainings, personal and group psychological support activities, group therapies, personal therapies, psychiatric examination and drug treatment service, drama, music classes and workshops for children, activities for children and youth-friendly areas, health information and referral activities, information meetings for women, handicrafts, dress-making, arts and design courses, employment referral, field activities (assessment of needs, etc.), case follow-up, protection, etc.

As of July 2019, a project has been initiated under the name of “Strengthening Mental Health Project” (SMHP) with technical and financial support of the German Ministry of Foreign Affairs and the German Red Cross and with the cooperation of the Ministry of Health of the Republic of Turkey. It aims at treating psychological disorders, increasing access to mental health services, and promoting the social and psychological, well-being of individuals who has gone through difficult situations

Within the scope of the project, teams consisting of psychiatrists, clinical psychologists, child development specialists, psychiatric nurses and interpreters give services to local and migrants communities in 12 Community Centers located in 11 distinct cities, İstanbul European and Anatolian Sides, Bursa, İzmir, Adana, Ankara, Kayseri, Konya, Gaziantep, Kahramanmaraş, Mersin and Şanlıurfa. The services are psychopharmacotherapy, (Medicine Treatment), supply of prescribed drugs, psychotherapy, child development counseling, developmental screening, support groups, trainings, seminars and home visits.
Covid-19 Responses of Community Centers: Health and Psychosocial Support Teams

With the outbreak of COVID-19 pandemic, entire world and humanity has faced with many psychological, social and financial challenges. As one of the most vulnerable groups in this adaptation period, migrant communities suffer more difficulties in adaptation to changes instigated by Covid-19 either financially, psychologically, or socially, compared to the majority of the society.

Unlike many non-governmental organizations that suspended their field activities, Community Centers have continued to provide their services faster and effectively more than ever in order to meet the emerging and urgent needs in the midst of this crisis.

Provided below are the actions taken by Community Centers Health and Psychosocial Support team for fight with the Covid-19 pandemic:

- Health Screenings, Covid-19 information as well as psychological triage calls were provided to individuals who underwent Covid-19 by health specialists and psychologists. Beneficiaries who need support were referred to relevant personnel, the process of which were implemented online.
- At the beginning of the pandemic period, it was found out that local and migrant communities had difficulty in accessing the mask, and a market crisis has existed in this respect, upon which masks were produced by our personnel and volunteers at the community centers and distributed to the persons in need of the mask.
- The protection and psychosocial support services

Being a Migrant during Pandemic: Psychosocial Effects and Access to Health-Care Services

While the global fight with pandemic has substantial effects on the entire humanity, it remains unknown the extent of its effects on migrant communities. Despite the studies on this subject remain rather restricted, it is well known that these groups are disadvantaged within community life as well as access to the necessary services. According to researches, migrant groups are perceived by the local community as risky although the risks posed by them are no different than that of local community in terms of communication of the disease (Kluge, Jakab, Bartovic, d’Anna, and Severoni, 2020). This leads to heightened concerns among the migrants in respect of stigmatization and social exclusion.

In the pandemic, migrant workers and elders (Tian, et al., 2020), homeless (Tsai and Wilson, 2020), individuals with a psychiatric disorder history (Zhu, et al., 2020) and pregnant (Fakari and Simbar, 2020) are found to be risky groups (Rajkumar, 2020). In a comparison of pre-pandemic vs during-pandemic data at Turkish Red Crescent Community Centers whose main beneficiaries are migrants, it was observed that, after outbreak of the pandemic, there was a significant rise in the applications received for depression and particularly anxiety symptoms (COVID-19 Health and Psychosocial Support Field Report, 2020).

Migrants have access to the primary and secondary health-care services at hospitals. Also, besides primary and secondary health-care services, Migrant Health Centers provide internal medicine, pediatrics, gynecological diseases, oral and dental health and psychosocial support services (Migrant Health Centers, 2017). On the other hand, it is also known that migrants have challenges in accessing the health-care system and remaining within the system. These challenges can generally be listed as administrative, financial, legal and language barrier problems (WHO, 2018). If individuals, either local or migrant, have no registered identity or have social insurance debt, they can only benefit from emergency services. These two cases are frequent among the migrant, in particular. After accessing the health-care system, two challenges come to forefront: Language barrier and lower level of health-care literacy.
means an individual having difficulty in accessing to health data, understanding, evaluation and application of health-care related subjects. Assignment of many hospitals as pandemic hospital during pandemic and restriction of services in other specialization branches, the fear of stigmatization, increasing economic difficulties created barriers for both local community and Migrant community to access the health-care services.

Observation of Specialists

A survey consisting of open-end, qualitative questions was conducted in order to understand the observations of psychiatry (4), specialist clinical psychologist (3), psychiatric nurses (2) and child development specialists (6), who provide services at Turkish Red Crescent Community Centers as part of Strengthening Mental Health Project, on the psychological effects of the pandemic. 15 specialists participated in the study.

Psychosocial Effects of Pandemic

Specialists reported that they observed an increase especially in anxiety, reluctance, withdrawal, sleep disorder, anger and household violence cases in the course of the pandemic. They pointed out that the anxiety symptoms are mainly related to the increased job dismissals, and difficulties in finding new job in this period. It is known that many migrant families make barely ends meet only for that month, and have no other sources of income. Therefore, closure of businesses due to the lockdown measures, job dismissals and/or reduced wages exacerbated the stress level of the individuals. Also, specialists reported widespread fear among migrants for the deportation in the first months of the pandemic. Reluctance, withdrawal and lower mood are reported as other main symptoms. These symptoms, as reported, may have exacerbated, besides aforementioned job dismissals and reduced wages, due to the isolation and quarantine applications. Specialists also observed that the quarantine conditions triggered the pre-existing traumatic memories. The pandemic measures restricted the opportunities for individuals to join social gatherings, which led to reduced culturally important social support among relatives.

Effects of Pandemic on the Intrafamilial Communication

Measures taken to eliminate pandemic, in fact, increased the physical closeness in the families, but the challenges brought along this process, for some families, resulted in the intrafamilial conflicts. There are data demonstrating that the intrafamilial violence has increased during pandemic in many countries, notably, New Zealand, Brazil, Spain and Cyprus (Jones, 2020; Mackoli and Mackoli, 2020). Soaring economic problems, high number of household members, overlapping personal spaces has decreased the level of toleration in the personal relations. In this respect, problems and conflicts were observed in the family relations. Especially, women were reported to be complainant of the increased work load and the lack of finding time to spare for themselves. In respect of children, behavioral problems were observed in this course, which were frequently the sources of the conflicts between parents and children. Another striking observation with regard to the children is the increase in their exposure to the television and tablet computer. Specialists reported that this increase is at a clearly distinguishable level.

Access to Health-Care Services

When asked about the relations of migrants diagnosed with Covid-19, with their social circle, it is reported that they are exposed to the risks of discrimination and stigmatization stemming from the beliefs in that disease is more prevalent among migrants. In addition, it is observed that the kinship relations in the migrant individuals have decreased and the social support mechanism has weakened in this course.

On the basis of these observations of specialists, it was decided on conducting a comprehensive survey in order to research the psychological effects of pandemics and access to health-care services. This survey aimed at getting insight on and reveal the situation of migrants who live in Turkey and have been diagnosed with Covid-19 in terms of their access to health-care system and the challenges they faced in this course. This study also aims at filling in the gaps in national and international literature on this subject by surveying the pandemic experience of migrant community living in Turkey, in these days where first anniversary of the Covid-19 pandemic has left behind.
COVID-19 Pandemic and Migrants

The survey conducted in order to get insights about the experiences of migrants who live in Turkey and are diagnosed with Covid-19 during pandemic is based on the interviews with adult migrants who live in different cities of Turkey.

As a result of survey, it is revealed that a good level of knowledge one has on the symptoms of the disease and/or chronic diseases they have encouraged them to go to the hospital. Most of the participants reported that they have not experienced difficulty in accessing the health-care services including tests, drug treatment and in-patient care, and were received phone calls of family doctors to check their health conditions once diagnosed with the disease.

Also, the participants with high level of awareness on the infection took necessary precautions before going to a hospital, including wearing mask, hygiene practices and self-quarantine.

While social media is reported as an information source, some false information related to disease circulated through the media caused some participants to have serious concerns.

On the other hand, some participants reported to have difficulty in accessing the health-care services due to the missing ID registration. A participant reported that he/she could only access the service at private hospital for a fee since its ID is registered in another city. Language barrier caused communication problems with health-care personnel, having difficult in explaining the symptoms they had. Lastly, restricted information on the access to the health-care services constitute a barrier for some participants to go a hospital.

While some participants indicated they felt they are valued and loved during the sickness, more frequently reported problem includes negative moods such as depression, increased anxiety, irritability and sleep disorders. Migrants taking part in the survey said they also felt themselves isolated, stressed out and short-tempered before the pandemic, but, with the outbreak of the pandemic, their level of anxiety elevated. Although employers are described as ‘sympathetic’ since they permit them take days off work in the course of sickness, reduced wages for the quarantine period of participants exacerbated the already-existing financial problems of them.

Many participant reported that their family bonds grew stronger and had more time spent with family members, allowing them to get familiar each other better. Because of impossibility of visits to relatives, a tradition recognized very important in Syrian culture, and of visits to Syria in the religious holidays created a serious nuisance for many participants.

Besides all these negative effects, social support is observed to be effective in the stress management. Participants indicated that they receive the care and support of their family members and Syrian neighbors in the course of sickness, and despite of the restricted face-to-face meetings, receive moral support of their families and relatives via phone conversations. In addition, for many participants, faith is understood to be functional in coping with the problems. For participants, praying, salaat, being thankful, submission and belief in faith is seen to be effective in minimization of the effects of the problems brought along the sickness.

Humanitarian Aid Activities in Health and Psychosocial Support Area in Light of Literature

With regard to the access to the health-care services, it is reported that migrants have high level of awareness as a result of the interviews on the disease and infection. Migrants taking part in the survey indicated that they obtain information about pandemic and disease also through local channels. They stated that there are information about pandemic translated into their mother tongue, and they kept themselves up-to-date through social media. Turkish Red Crescent Community Centers plays an important agent by translating the information and circulars of Health Ministry in a short time and forwarding them to the migrant community. Translation of the notices and information about restrictions, bans and pandemic into Arabic, are distributed to the migrant community locally via the advisory committee members of each Community Center. Advisory Committee is composed of the migrant and local community members who are knowledgeable about the local social structure, have a wide network in the community, is respected by the community and able to contribute in fostering the cohesion between communities. The purpose of the committee is to inform local community and migrants about the services provided by Community Center, to raise the awareness among the beneficiary target group and encourage them to benefit from these services. Information activities of local non-governmental organizations and aid organizations depending on the dynamics of each city support the process positively in the same vein. The observations of some specialists...
of Turkish Red Crescent Community Centers point out that migrants have an access to the health-care services.

Having more comprehensive information about symptoms of the disease, and pre-existing chronic disease leads people to consult a hospital. In the study conducted by SGDD-ASAM, it is found out that 85% of the survey participants who felt the necessity to benefit from health-care services in the course of Covid-19 had an access to the health-care services.

On the other hand, having ID registration at another city prevents individuals to go the public hospital located in the city they are living, and forces them to receive Covid19 test for a fee. Some migrants may not have financial means to pay the test fee. Therefore, this creates a barrier to access the health-care services. Individuals diagnosed with Covid-19 are regularly followed up by family doctors of the local health-care institutions. Migrant individuals whose IDs are registered in another city cannot benefit from this service, too. Migrants experience many difficulties such as lack of financial means, challenges in accessing the basic health-care service and education opportunities as they are foreigners in a foreign country. Migrants do not have a chance, and, therefore, time to make a decision and proper preparations to relocate their places of residence. On the contrary, they have to do this in a short period of time by taking life-threatening risks. In this course, they are forced to deal with the problems such as finding a relatively safe place, adapting to a different country or culture that they do not speak their languages, as well as economic losses (Güleç, Taycan, Başar, 2020). In the survey conducted by Relief International on the access to health-care services involving 879 Migrants in 6 cities, 71% of the it is found out that 71% of the participants (especially metropolises such as Istanbul and Izmir where the access to services are relatively harder) cannot access the health-care service. Survey conducted by IFRC and Red Crescent involving 468 households, it is found out the 61% of the households cannot access the health-care services due to the Covid-19. Likewise, the survey of Care involving 426 Syrian migrants in Gaziantep, Şanlıurfa and Kilis demonstrated that 63% of the participants (especially elders and persons with disabilities) have reduced access to health-care services due to Covid-19 pandemic. Survey of MUDEM involving 385 migrants in 19 cities showed that 48% of the participants has information about updates in the health-care services such as hospital appointment, drug supply, renewal of health reports during Covid-19 pandemic, compared to 52% without sufficient information. Unlike the surveys of Care and IFRC & Red Crescent, the survey of MUDEM found out that 26% of the participants who applied to the hospital units could not benefit from the health-care services, compared to 74% who could access the health-care services. Most of the individuals who said that they could not access the health-care service stated that they could not benefit from the health-care services due to the lack of appointment or going hospital without wearing a mask (Küçükşen, Sayın 2020).

Individuals experience problems in access to hospital interpreter due to the busy schedule of the hospitals because of pandemic. Some migrants cannot receive adequate support for expression of themselves and interpretation service when they went to hospital. This results in problems with regard the access of individuals to adequate and effective health-care service. It is important to explain the existing symptoms to health-care professionals in establishment of diagnosis and doing tests. In case of an adverse situation, language barrier constitutes a complication for migrants in their requests to receive a test and diagnosis. The Manual of Psychological Trauma and Disaster Working Unit of Psychiatric Society of Turkey highlighted that even when migrants can access the health-care services, they may not receive adequate assistance due to the language barrier, cultural differences, xenophobia, and preconceived opinions (Güleç, Taycan, Başar, 2020).

Another barrier to access the health-care services is the restricted information about the access to the service. Individuals are observed to not possess adequate information about the health institutions they will seek attention once they identified that they have the symptoms. According to the survey conducted by the specialists, the barriers faced by individuals who cannot, by any means, access the health-care services are reported as living a remote place to the center, having limited income, and having lack of information about application processes, including where and how to apply. According to the survey conducted by SGDD-ASAM, the most common reason behind inability to benefit from health-care services is the requirement to stay at home, followed by the assumption that the health institutions are closed, missing documents and lack of adequate information. Migrants first go to the Migrant health centers and have their examinations, upon which they are referred to the public hospitals to have test. Turkish Red Crescent Community Centers provided information, including required translations, to and kept informed migrant and local community in order to enable them access the health-care services, which activity has been carried out more frequently and became important after the outbreak of pandemic. Also, our services included the training in order to enable active use of the Central Doctor Appointment System (MHRS) by target audience. Necessary information has been communicated both verbally and through print materials by Turkish Red Crescent Community Centers.
to the migrants. To ensure individuals adequately informed, increased and disseminated training and information efforts will contribute minimization of challenges in access to the information.

Emotional effects, anxiety, nervousness and depressive moods are the main problems found out as a result of interviews with migrants diagnosed with Covid-19. The surveys on the well-being conducted before the pandemic already demonstrated that these emotional effects (anxiety, depression) have been prevalent among migrants (Aydın, 2017). Because of these needs of the community, psychological and psychosocial support services have been provided at Turkish Red Crescent Community Centers, along with many non-governmental organization, since 2015. To increase the accessibility of the psychosocial support services provided after pandemic, online application for support and online support has been made widespread at Turkish Red Crescent Community Centers. For this purpose, individuals without Internet access were reached up via phone calls, and psychosocial support has been provided via our available means during the pandemic period, with the help of case identification and referrals also during hygiene kit distribution. The activities of Turkish Red Crescent is not adequate to meet the need as the decreased level of services provided by other non-governmental organizations which suspended their activities or provide remote services due to the pandemic. To meet the increased needs of the community, psychological support services were added to the portfolio of the Migrant Health Centers, affiliated to Ministry of Health, which provide services under Volunteering Health-Care Service Regulations, and working on the increased anxiety, unrest and depressive mood with the outbreak of the pandemic.

The role of social support is very important in minimization of the negative effects instigated by the pandemic. There are data which demonstrate that migrants had experienced the feeling of loneliness and alienation and adaptation problems before pandemic (Ilgar and Ilgar, 2015; Aydin, 2017; Buz and Dikmen, 2021). The supporting effect for the migrants of the positive relations with local community may have been effective in changing the feeling of loneliness and alienation, and increased adaptation. Taking these results into consideration, it can be concluded that the activities which foster the cohesion and contact between both communities which had been carried out at Community Centers before the pandemic will contribute in their well-being if they are continued during pandemic.

Religious beliefs and prayers are observed to help minimize the adverse effects on the migrants instigated by the pandemic. In the relevant literature, religious beliefs and prayers are known to be effective in coping with the stress (Karakaş and Mustafa, 2014). The survey on the stress coping involving the Turkish local community demonstrated that religious beliefs and prayers are used as a coping strategy in Covid-19 process (Gashi, 2020). It can be considered for migrants as a supporting effect on their well-being before and during pandemic that they live in a country where they are not restricted with respect to their beliefs and prayers.

Behavioral precautions (wearing mask, observing physical distance) used by migrants as a facilitating method to cope with the pandemic are also found in the 2021 study of Bozdağ. Similar results were found out in the interviews made with migrants. On this basis, Turkish-Arabic print/visual information and hygiene kit distributions, which are included among activities of Turkish Red Crescent Community Centers, can also be said to help migrants cope with pandemic. Efforts will be made in order to continue and maintain information activities and accessibility of true information.

References


TURKISH RED CRESCENT COMMUNITY-BASED MIGRATION PROGRAMS
HEALTH AND PSYCHOSOCIAL SUPPORT PROGRAM

COVID-19 Pandemic and Migrants