

COVID-19 Knowledge, Attitudes and Practices (KAP) Survey Northeast Syria Descriptive Statistics - Rounds 1 and 2

A BRIEF NOTE ON METHODOLOGY

Syria reported its first case of COVID-19 on 22 March 2020, and as of 7 June had 125 cases and 6 fatalities.¹ Due to limited testing capacities in-country, however, it is possible the actual number of cases is higher than reported. Little is known about how preventive measures are impacting the knowledge, attitudes, and practices (KAP) of the Syrian population. Based on this information gap, REACH developed a KAP survey with relevant humanitarian clusters and working groups to assess knowledge, attitudes, and practices of Syrians in northwest Syria. This set of factsheets presents descriptive statistics from the first and second rounds of a KAP survey which was conducted by REACH in four governorates of northeast Syria (Aleppo, Al-Hasakeh, Ar-Raqqa and Deir-ez-Zor) from 16 to 23 April and from 17 to 22 May 2020.

The current survey builds on a first round of KAP data that was collected using a non-probability sampling framework (16-23 April 2020). For the first round of data collection, governorates were selected based on REACH field team coverage. Enumerators were then instructed to identify respondents through their own networks and from references of other respondents (snowballing), aiming to include respondents from a wide range of ages, socioeconomic backgrounds, and living situations. Loose quotas for male and female respondents were provided to guide enumerators (300 of each gender). A total of 2,038 individual interviews was collected in northeast Syria (Aleppo: 241 interviews; Al-Hasakeh: 1,022 interviews; Ar-Raqqa: 634 interviews; Deir-ez-Zor: 141 interviews). In the analysis phase, the sample was calibrated against an existing household survey to increase its representativeness. More information about the particulars of this calibration can be found in the appendix at the end of the round 1 factsheet, available [here](#).

For the second round of data collection (17-22 May 2020), enumerators were instructed to contact the same respondents from the first round of data collection in an effort to assess how knowledge, attitudes, and practices changed over time. Enumerators contacted respondents by phone. A total of 1,231 individual interviews (Aleppo: 94 interviews; Al-Hasakeh 735 interviews; Ar-Raqqa: 345 interviews; Deir-ez-Zor: 57 interviews) met data integrity criteria for both round 1 and round 2 of the survey.² The survey consisted of two sections: 1) questions about the knowledge, attitudes, and practices of respondents, and 2) an experimental section of vignettes. The vignettes section consisted of very short, hypothetical scenarios which were presented to respondents to gauge their responses to various COVID-19 situations.

This factsheet presents only descriptive statistics for the first section of the survey, which were calibrated according to the same methodology used for calibration in round 1 described above. A fuller set of results, including an analysis of change in survey responses over time and regressions for the vignette experiment, will be published in the future.

Northeast Syria - Overall

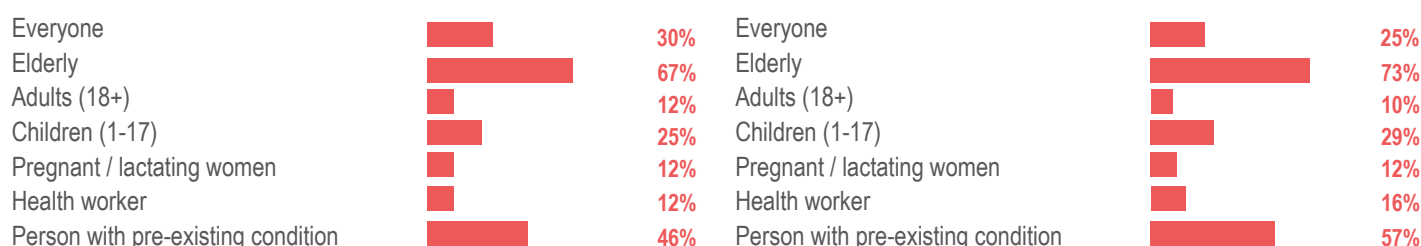


COVID-19 Knowledge

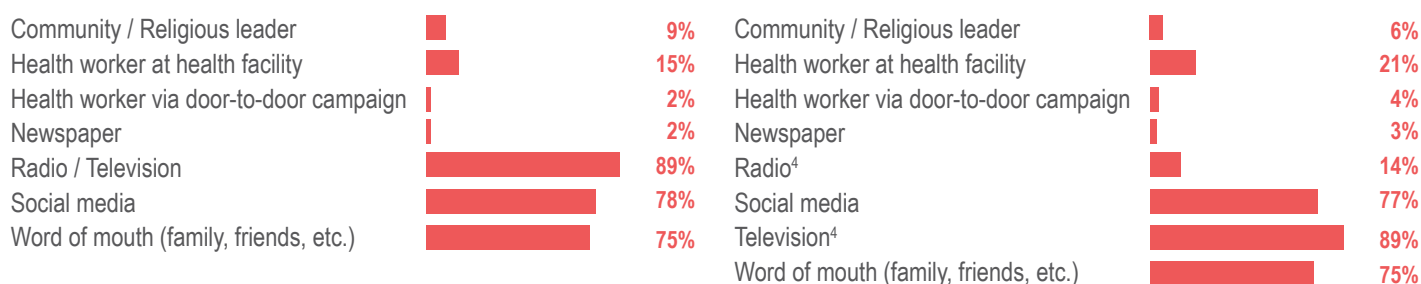
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Survey respondents' views on which group of people is most at risk from getting seriously ill from COVID-19:³



Most commonly reported means to receive information about COVID-19:³



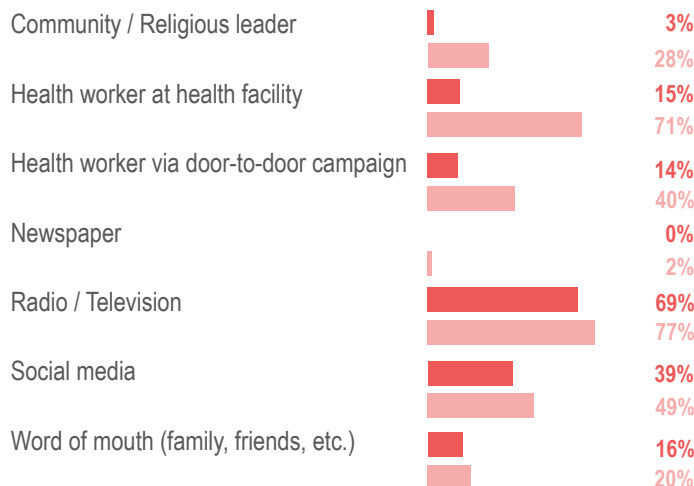
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Most trusted information sources on COVID-19 as reported by survey respondents:³

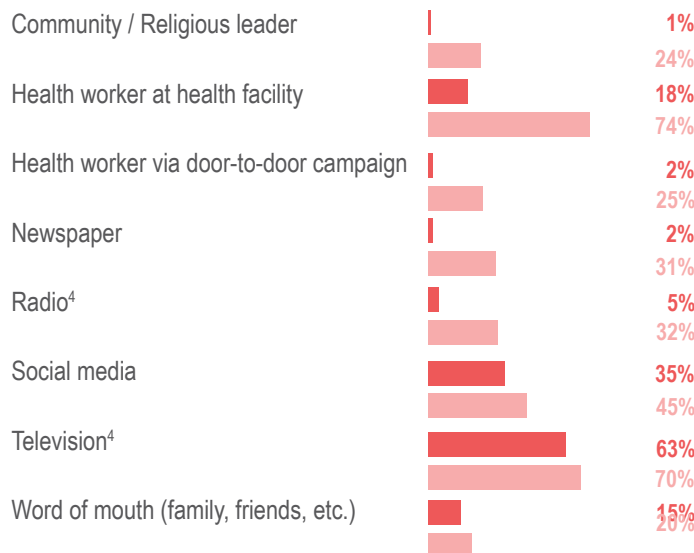
Most trusted information overall (respondent may have listed option as a trusted, but not a regular source of information)

Most trusted among those who reported option as a source of information



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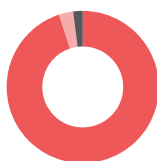
Most trusted among those who reported option as a source of information



Survey respondents' view on whether one can take measures to reduce the chance of getting COVID-19:

Yes
No
Do not know

95%
3%
2%

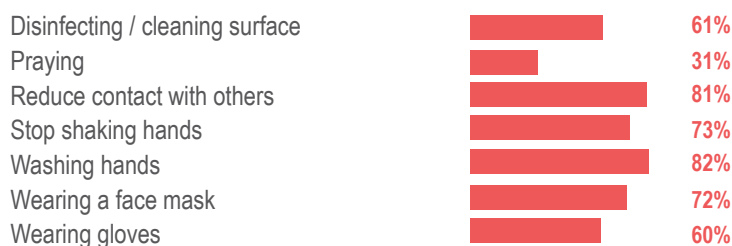
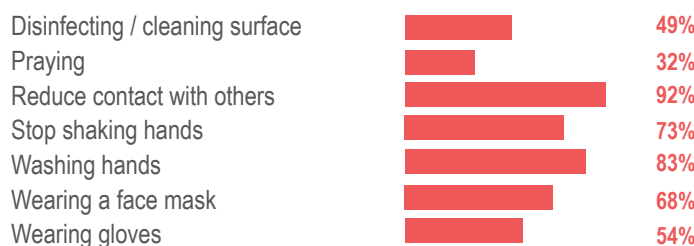


Yes
No
Do not know

94%
4%
2%

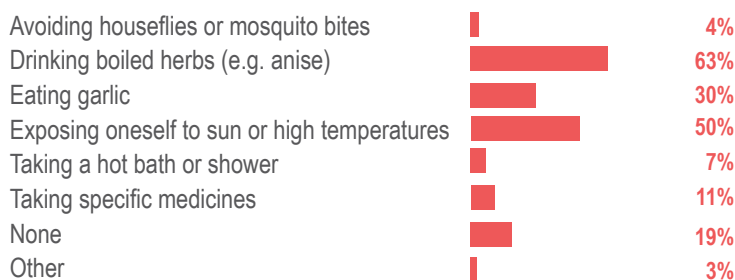


Proportion of respondents reporting the following possible prevention measures to reduce the risk of contracting COVID-19:³



Most commonly reported 'myths' respondents had heard of for preventing COVID-19:³

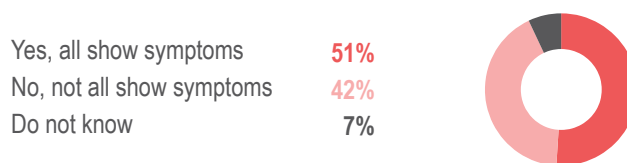
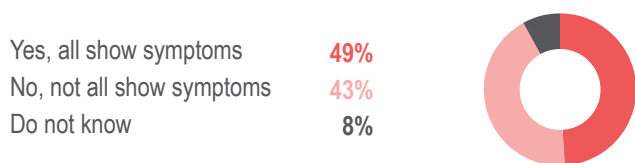
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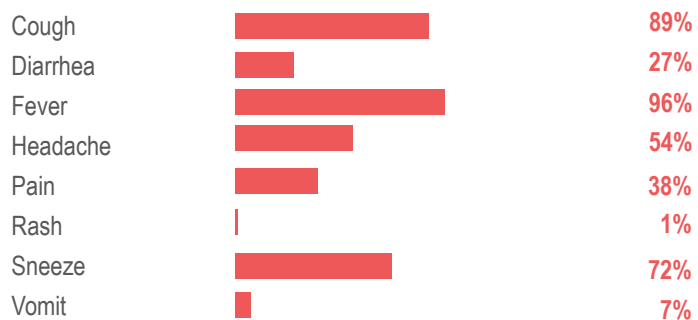
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

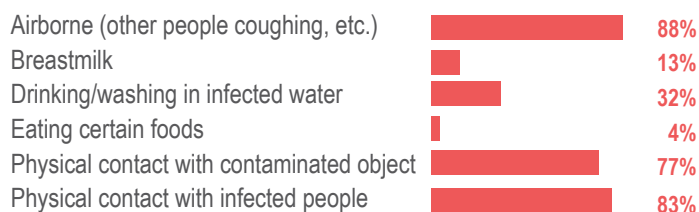
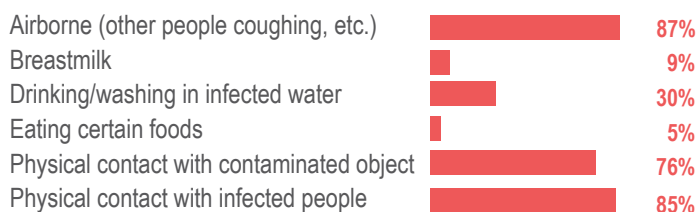
Survey respondents' views on whether or not all people with COVID-19 virus show symptoms:



Symptoms most commonly reported by respondents as related to COVID-19:³



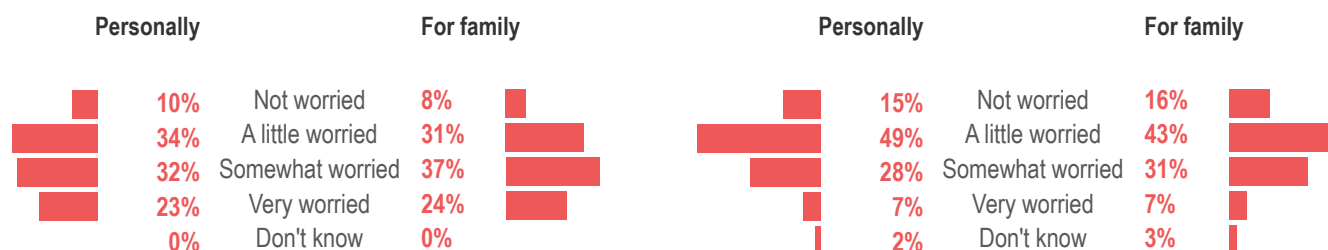
Proportion of respondents reporting the following methods of contracting COVID-19:³



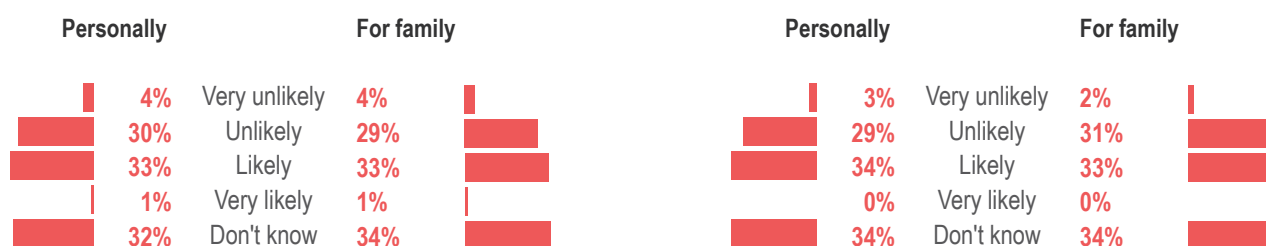
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Respondent's degree of concern with regards to COVID-19:



Respondent estimations of the likelihood of contracting COVID-19 within the month following data collection:



Proportion of respondents who agree with the following statements:

People should shake hands	3%	People should shake hands	5%
People should participate in social gatherings	2%	People should participate in social gatherings	5%
All shops, including non-essential ones, should remain open	18%	All shops, including non-essential ones, should remain open	36%

60% of individuals believe that COVID-19 is generating discrimination against specific people groups **64%**

Most commonly reported people to be likely to face discrimination in relation to COVID-19:³



Respondent's assessment of danger posed by COVID-19 in comparison to other diseases:

	1 Common cold	2 Typhoid	3 Cancer		1 Common cold	2 Typhoid	3 Cancer
Less dangerous	1%	3%	21%	Less dangerous	1%	2%	23%
About the same	2%	4%	15%	About the same	1%	5%	18%
More dangerous	96%	90%	62%	More dangerous	98%	91%	57%
Don't know	1%	3%	2%	Don't know	0%	1%	2%



COVID-19 Practices

Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Proportion of respondents who had done the following in the week prior to data collection:

Attended large social gathering	7%	Attended large social gathering	27%
Greeted someone with a handshake	51%	Greeted someone with a handshake	64%
Left home to go to work	38%	Left home to go to work	58%
Left the house	63%	Left the house	87%
Stayed home more than normal	90%	Stayed home more than normal	58%
Tried to keep distance of two meters from others when outside	37%	Tried to keep distance of two meters from others when outside	24%
Visited friends and family outside your home	62%	Visited friends and family outside your home	79%
Washed hands more than normal	81%	Washed hands more than normal	78%

In case of contracting COVID-19, responses from respondents as to what they would do:³

Call a doctor / medical professional	29%	Call a doctor / medical professional	31%
Do nothing / Continue life as normal	0%	Do nothing / Continue life as normal	1%
Go to doctor's office/ clinic	26%	Go to doctor's office/ clinic	32%
Go to hospital	69%	Go to hospital	69%
Stay at home	4%	Stay at home	3%
Stay at home and isolate oneself from others	22%	Stay at home and isolate oneself from others	22%

82% of individuals reported that they had undertaken preventive measures to mitigate risk of contracting COVID-19 **76%**

Most common barriers to undertaking preventive measures as reported by respondents:³

Lack of knowledge		14%	Lack of knowledge		14%
Lack of money thus unable to stop working		59%	Lack of money thus unable to stop working		67%
Lack of money to buy hygiene items		57%	Lack of money to buy hygiene items		66%
Lack of time		3%	Lack of time		4%

Endnotes

1. <https://www.worldometers.info/coronavirus/>
2. Round 1 results presented here were re-analyzed, including only respondents whose interviews met inclusion criteria for both round 1 and round 2. This means that round 1 results presented here may differ from round 1 results presented in earlier factsheets, but allows for comparability between rounds.
3. Respondents could select more than one answer; total may be greater than 100%.
4. In the first round of data collection, radio/television was considered one category. In the second round of data collection, the radio/television category was split into two categories: radio and television.

CONTACT

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Aleppo - NES

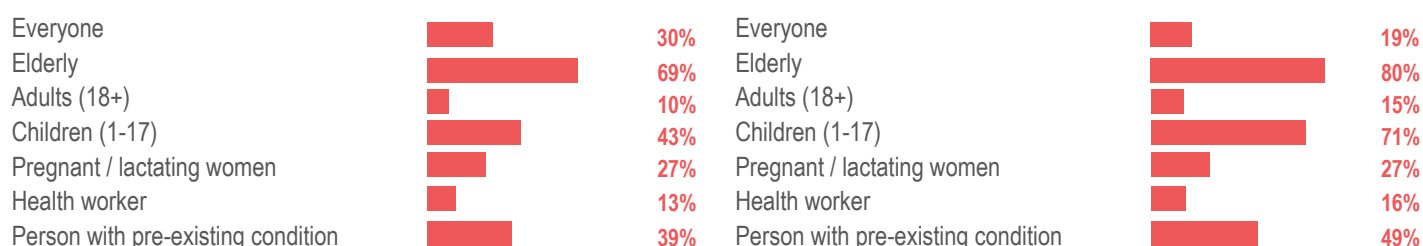


COVID-19 Knowledge

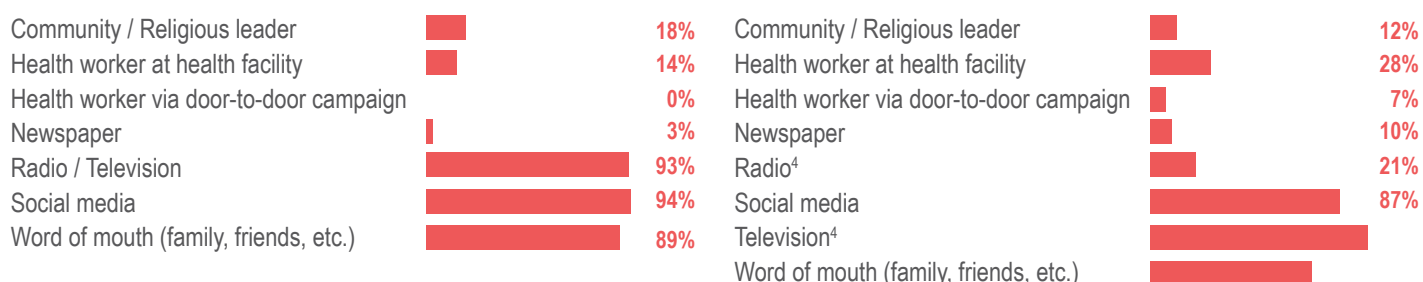
Round 1 - 16-23 April 2020

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Most commonly reported means to receive information about COVID-19:³



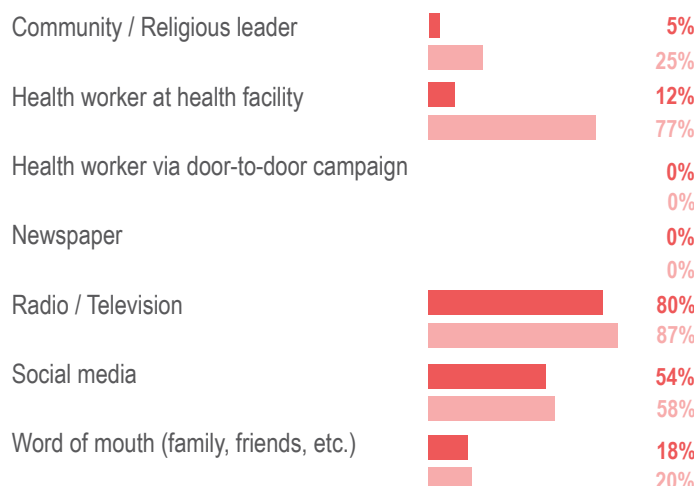
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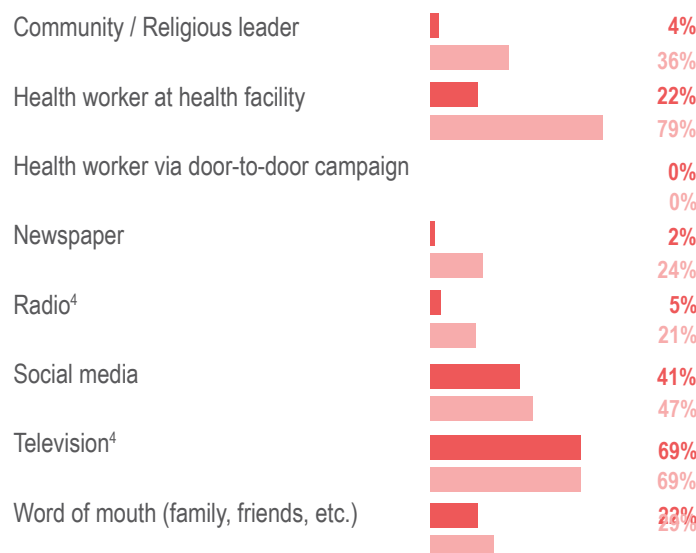
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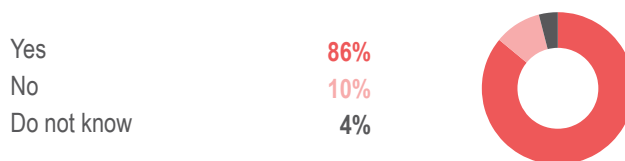
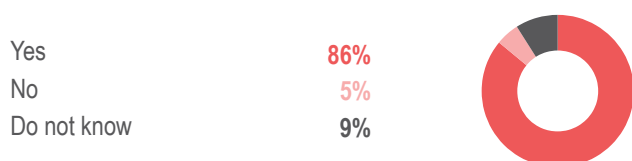


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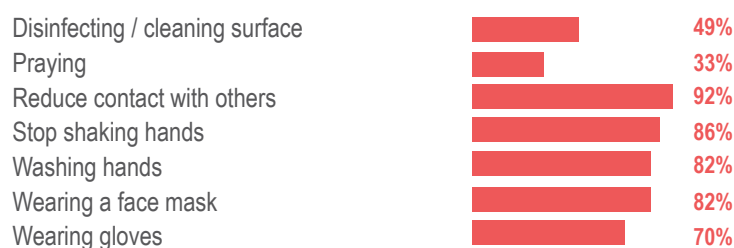
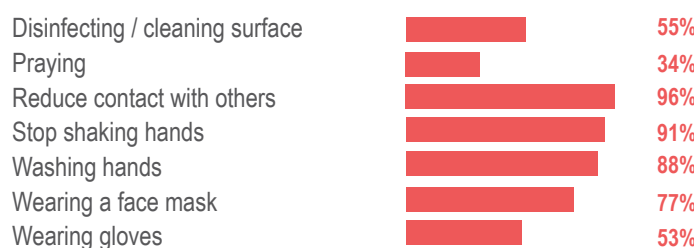
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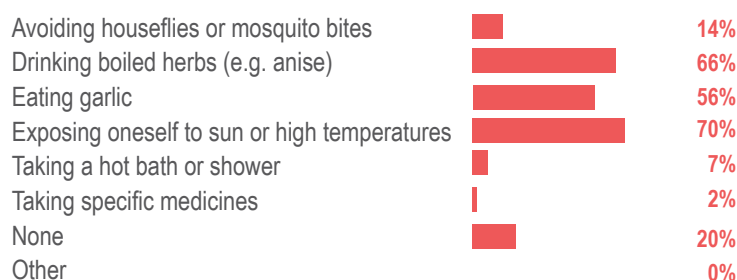


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Most commonly reported 'myths' respondents had heard of for preventing COVID-19:³

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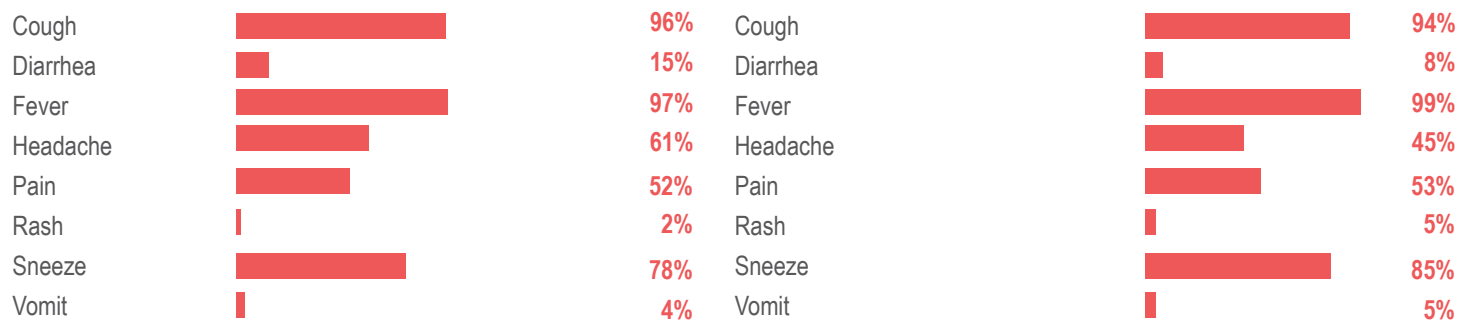
Round 1 - 16-23 April 2020

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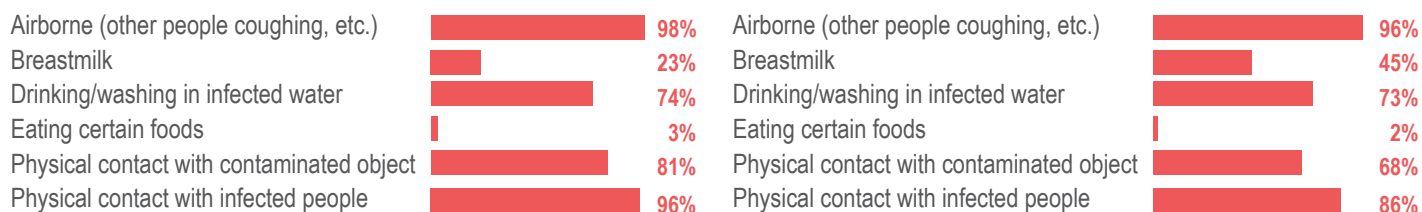
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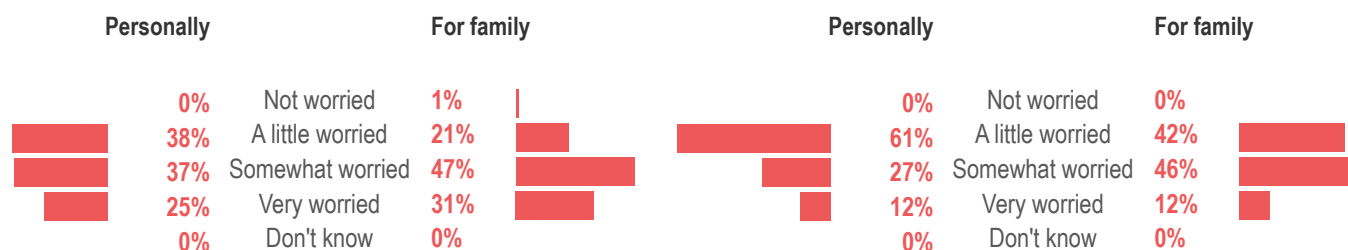


COVID-19 Attitudes

Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Respondent's degree of concern with regards to COVID-19:



Respondent estimations of the likelihood of contracting COVID-19 within the month following data collection:

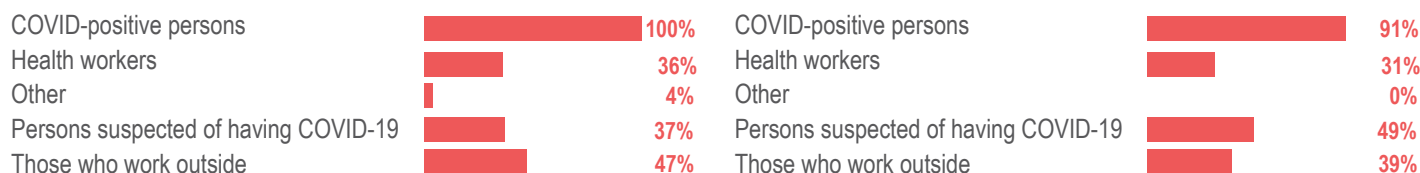


Proportion of respondents who agree with the following statements:

People should shake hands	0%	People should shake hands	1%
People should participate in social gatherings	0%	People should participate in social gatherings	0%
All shops, including non-essential ones, should remain open	1%	All shops, including non-essential ones, should remain open	8%

54% of individuals believe that COVID-19 is generating discrimination against specific people groups **53%**

Most commonly reported people to be likely to face discrimination in relation to COVID-19:³



Respondent's assessment of danger posed by COVID-19 in comparison to other diseases:

	1 Common cold	2 Typhoid	3 Cancer		1 Common cold	2 Typhoid	3 Cancer
Less dangerous	1%	1%	6%	Less dangerous	0%	0%	19%
About the same	0%	3%	13%	About the same	0%	0%	8%
More dangerous	99%	95%	79%	More dangerous			73%
Don't know	0%	1%	3%	Don't know	0%	0%	0%



COVID-19 Practices

Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Proportion of respondents who had done the following in the week prior to data collection:

Attended large social gathering	5%	Attended large social gathering	21%
Greeted someone with a handshake	58%	Greeted someone with a handshake	56%
Left home to go to work	57%	Left home to go to work	95%
Left the house	59%	Left the house	84%
Stayed home more than normal	96%	Stayed home more than normal	70%
Tried to keep distance of two meters from others when outside	49%	Tried to keep distance of two meters from others when outside	49%
Visited friends and family outside your home	54%	Visited friends and family outside your home	49%
Washed hands more than normal	84%	Washed hands more than normal	97%

In case of contracting COVID-19, responses from respondents as to what they would do:³

Call a doctor / medical professional	17%	Call a doctor / medical professional	20%
Do nothing / Continue life as normal	0%	Do nothing / Continue life as normal	0%
Go to doctor's office/ clinic	30%	Go to doctor's office/ clinic	27%
Go to hospital	92%	Go to hospital	95%
Stay at home	0%	Stay at home	2%
Stay at home and isolate oneself from others	11%	Stay at home and isolate oneself from others	17%

96% of individuals reported that they had undertaken preventive measures to mitigate risk of contracting COVID-19 **83%**

Most common barriers to undertaking preventive measures as reported by respondents:³

Lack of knowledge	2%	Lack of knowledge	5%
Lack of money thus unable to stop working	78%	Lack of money thus unable to stop working	92%
Lack of money to buy hygiene items	77%	Lack of money to buy hygiene items	73%
Lack of time	0%	Lack of time	0%

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Al-Hasakeh

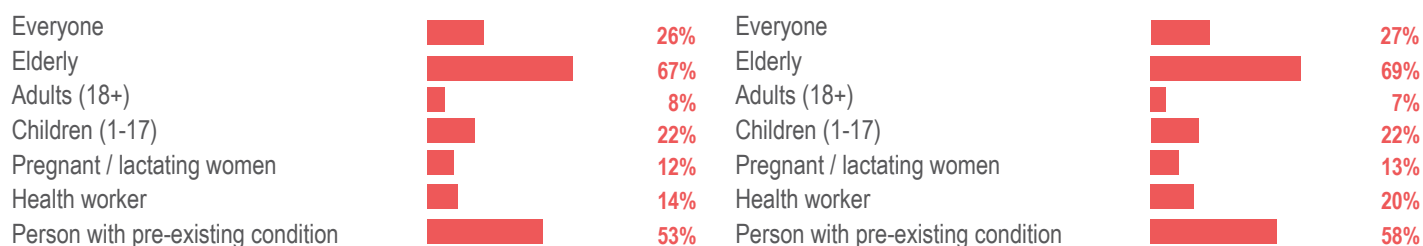


COVID-19 Knowledge

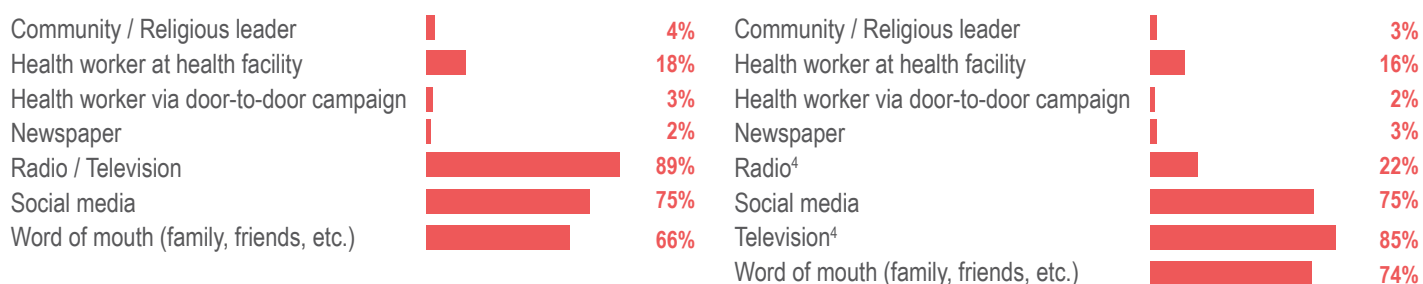
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Survey respondents' views on which group of people is most at risk from getting seriously ill from COVID-19:³



Most commonly reported means to receive information about COVID-19:³



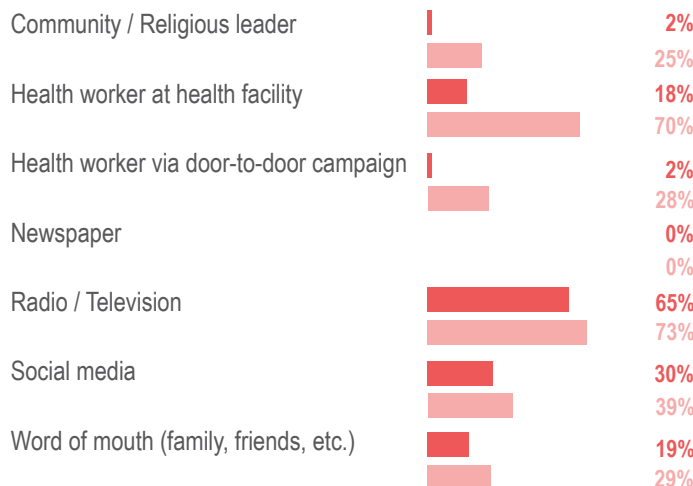
Round 1 - 16-23 April 2020

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Most trusted information sources on COVID-19 as reported by survey respondents:³

Most trusted information overall (respondent may have listed option as a trusted, but not a regular source of information)

Most trusted among those who reported option as a source of information

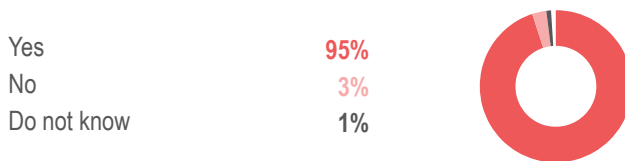
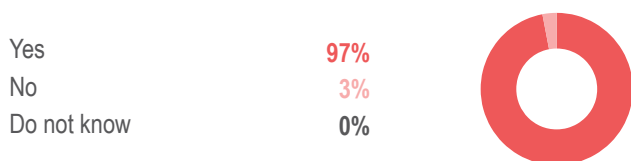


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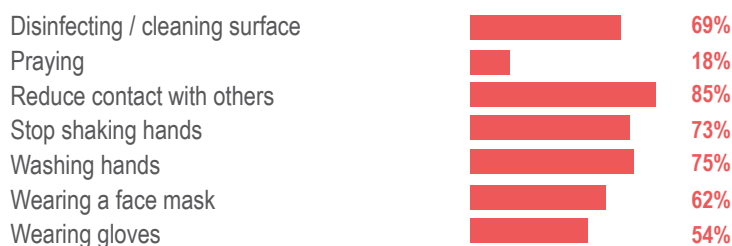
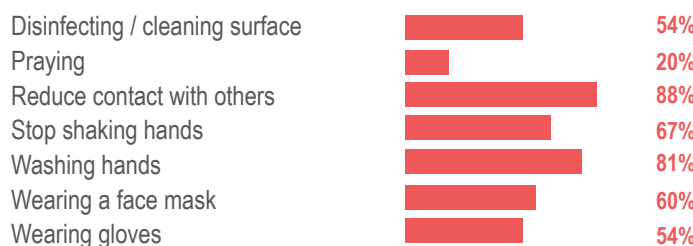
Most trusted among those who reported option as a source of information



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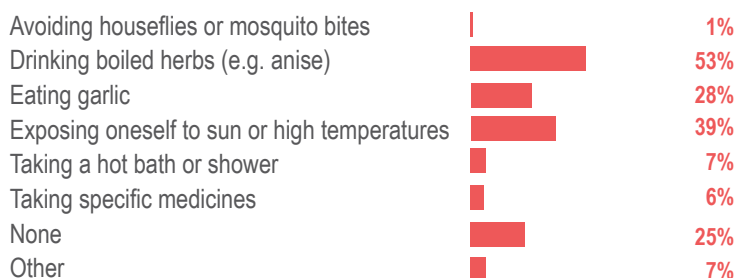


Proportion of respondents reporting the following possible prevention measures to reduce the risk of contracting COVID-19:³



Most commonly reported 'myths' respondents had heard of for preventing COVID-19:³

Data for this question was not collected in the first round.



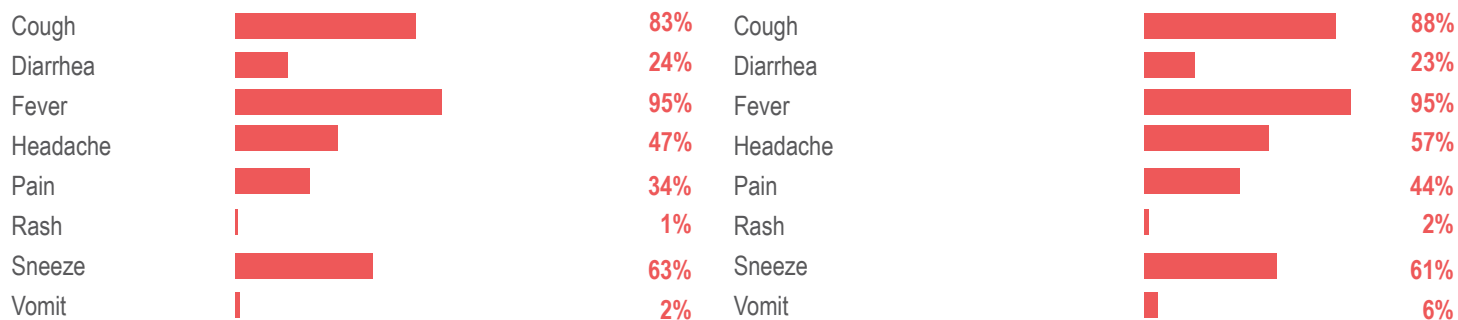
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Survey respondents' views on whether or not all people with COVID-19 virus show symptoms:



Symptoms most commonly reported by respondents as related to COVID-19:³



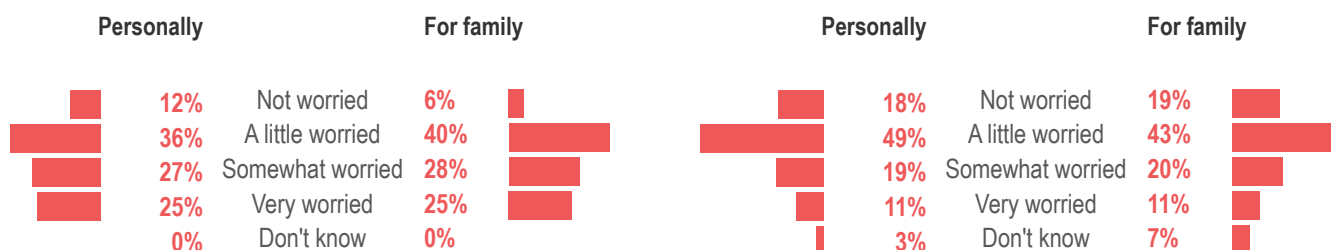
Proportion of respondents reporting the following methods of contracting COVID-19:³



Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Respondent's degree of concern with regards to COVID-19:



Respondent estimations of the likelihood of contracting COVID-19 within the month following data collection:



Proportion of respondents who agree with the following statements:

People should shake hands	4%	People should shake hands	7%
People should participate in social gatherings	5%	People should participate in social gatherings	11%
All shops, including non-essential ones, should remain open	21%	All shops, including non-essential ones, should remain open	48%

57% of individuals believe that COVID-19 is generating discrimination against specific people groups **59%**

Most commonly reported people to be likely to face discrimination in relation to COVID-19:³

COVID-positive persons	84%	COVID-positive persons	91%
Health workers	35%	Health workers	34%
Other	0%	Other	0%
Persons suspected of having COVID-19	47%	Persons suspected of having COVID-19	56%
Those who work outside	43%	Those who work outside	35%

Respondent's assessment of danger posed by COVID-19 in comparison to other diseases:

	1 Common cold	2 Typhoid	3 Cancer		1 Common cold	2 Typhoid	3 Cancer
Less dangerous	3%	6%	41%	Less dangerous	3%	4%	41%
About the same	3%	7%	21%	About the same	3%	11%	25%
More dangerous	93%	82%	37%	More dangerous	94%	82%	31%
Don't know	1%	6%	2%	Don't know	0%	3%	4%



COVID-19 Practices

Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Proportion of respondents who had done the following in the week prior to data collection:

Attended large social gathering	4%	Attended large social gathering	15%
Greeted someone with a handshake	32%	Greeted someone with a handshake	55%
Left home to go to work	15%	Left home to go to work	37%
Left the house	60%	Left the house	86%
Stayed home more than normal	90%	Stayed home more than normal	46%
Tried to keep distance of two meters from others when outside	46%	Tried to keep distance of two meters from others when outside	19%
Visited friends and family outside your home	59%	Visited friends and family outside your home	89%
Washed hands more than normal	88%	Washed hands more than normal	70%

In case of contracting COVID-19, responses from respondents as to what they would do:³

Call a doctor / medical professional	44%	Call a doctor / medical professional	44%
Do nothing / Continue life as normal	1%	Do nothing / Continue life as normal	1%
Go to doctor's office/ clinic	22%	Go to doctor's office/ clinic	27%
Go to hospital	57%	Go to hospital	55%
Stay at home	8%	Stay at home	4%
Stay at home and isolate oneself from others	29%	Stay at home and isolate oneself from others	28%

93% of individuals reported that they had undertaken preventive measures to mitigate risk of contracting COVID-19 **93%**

Most common barriers to undertaking preventive measures as reported by respondents:³

Lack of knowledge	28%	Lack of knowledge	22%
Lack of money thus unable to stop working	28%	Lack of money thus unable to stop working	32%
Lack of money to buy hygiene items	57%	Lack of money to buy hygiene items	65%
Lack of time	9%	Lack of time	12%

Endnotes

1. <https://www.worldometers.info/coronavirus/>
2. Round 1 results presented here were re-analyzed, including only respondents whose interviews met inclusion criteria for both round 1 and round 2. This means that round 1 results presented here may differ from round 1 results presented in earlier factsheets, but allows for comparability between rounds.
3. Respondents could select more than one answer; total may be greater than 100%.
4. In the first round of data collection, radio/television was considered one category. In the second round of data collection, the radio/television category was split into two categories: radio and television.

CONTACT

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COVID-19 Knowledge, Attitudes and Practices (KAP) Survey Northeast Syria Descriptive Statistics - Rounds 1 and 2

A BRIEF NOTE ON METHODOLOGY

Syria reported its first case of COVID-19 on 22 March 2020, and as of 7 June had 125 cases and 6 fatalities.¹ Due to limited testing capacities in-country, however, it is possible the actual number of cases is higher than reported. Little is known about how preventive measures are impacting the knowledge, attitudes, and practices (KAP) of the Syrian population. Based on this information gap, REACH developed a KAP survey with relevant humanitarian clusters and working groups to assess knowledge, attitudes, and practices of Syrians in northwest Syria. This set of factsheets presents descriptive statistics from the first and second rounds of a KAP survey which was conducted by REACH in four governorates of northeast Syria (Aleppo, Al-Hasakeh, Ar-Raqqa and Deir-ez-Zor) from 16 to 23 April and from 17 to 22 May 2020.

The current survey builds on a first round of KAP data that was collected using a non-probability sampling framework (16-23 April 2020). For the first round of data collection, governorates were selected based on REACH field team coverage. Enumerators were then instructed to identify respondents through their own networks and from references of other respondents (snowballing), aiming to include respondents from a wide range of ages, socioeconomic backgrounds, and living situations. Loose quotas for male and female respondents were provided to guide enumerators (300 of each gender). A total of 2,038 individual interviews was collected in northeast Syria (Aleppo: 241 interviews; Al-Hasakeh: 1,022 interviews; Ar-Raqqa: 634 interviews; Deir-ez-Zor: 141 interviews). In the analysis phase, the sample was calibrated against an existing household survey to increase its representativeness. More information about the particulars of this calibration can be found in the appendix at the end of the round 1 factsheet, available [here](#).

For the second round of data collection (17-22 May 2020), enumerators were instructed to contact the same respondents from the first round of data collection in an effort to assess how knowledge, attitudes, and practices changed over time. Enumerators contacted respondents by phone. A total of 1,231 individual interviews (Aleppo: 94 interviews; Al-Hasakeh 735 interviews; Ar-Raqqa: 345 interviews; Deir-ez-Zor: 57 interviews) met data integrity criteria for both round 1 and round 2 of the survey.² The survey consisted of two sections: 1) questions about the knowledge, attitudes, and practices of respondents, and 2) an experimental section of vignettes. The vignettes section consisted of very short, hypothetical scenarios which were presented to respondents to gauge their responses to various COVID-19 situations.

This factsheet presents only descriptive statistics for the first section of the survey, which were calibrated according to the same methodology used for calibration in round 1 described above. A fuller set of results, including an analysis of change in survey responses over time and regressions for the vignette experiment, will be published in the future.

Deir-ez-Zor

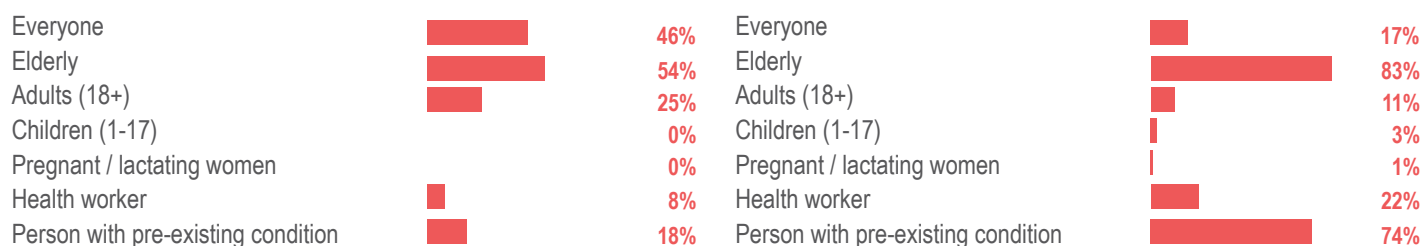


COVID-19 Knowledge

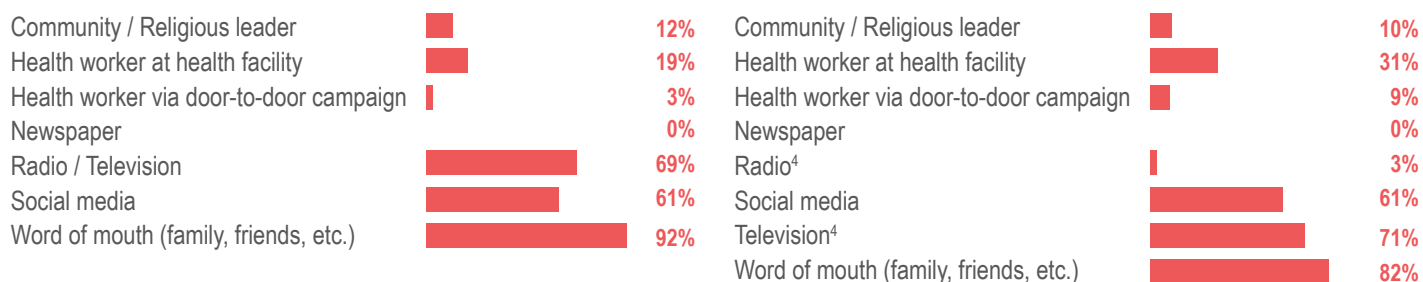
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Survey respondents' views on which group of people is most at risk from getting seriously ill from COVID-19:³



Most commonly reported means to receive information about COVID-19:³



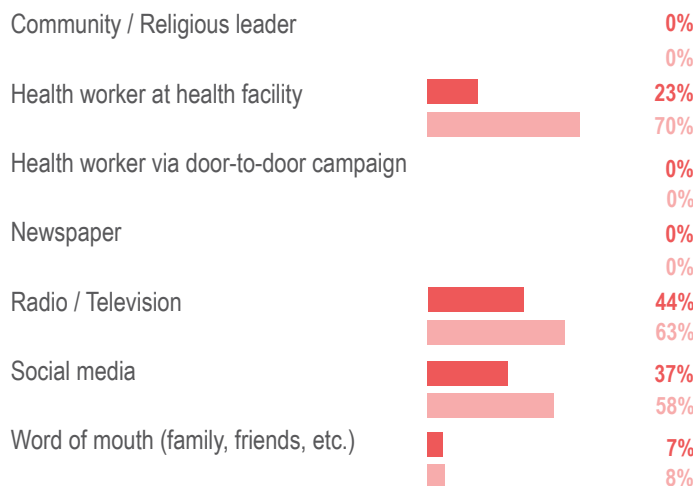
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Most trusted information sources on COVID-19 as reported by survey respondents:³

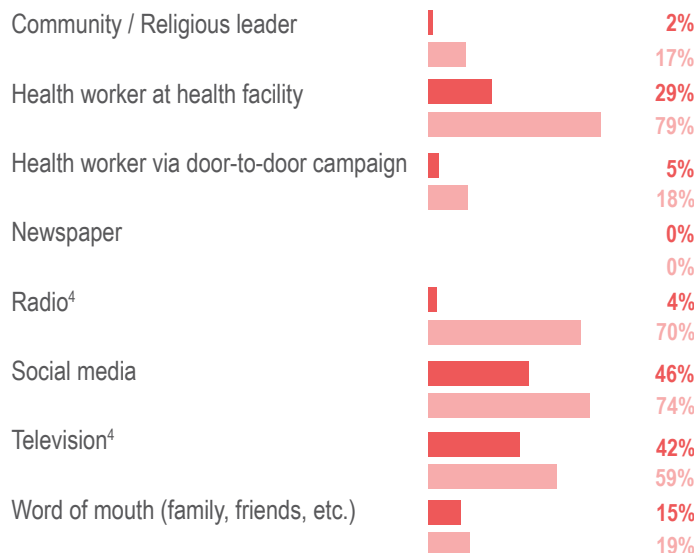
Most trusted information overall (respondent may have listed option as a trusted, but not a regular source of information)

Most trusted among those who reported option as a source of information

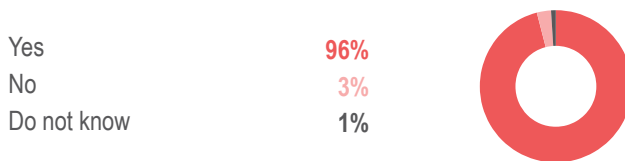
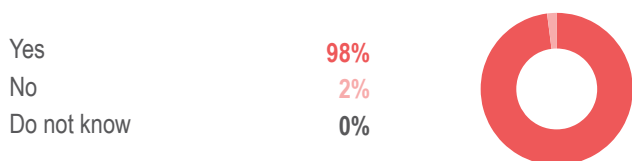


Most trusted information overall (respondent may have listed option as a trusted, but not a regular source of information)

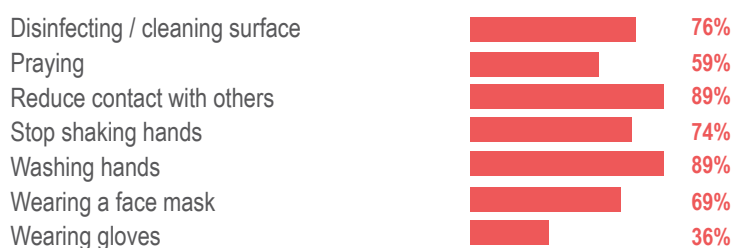
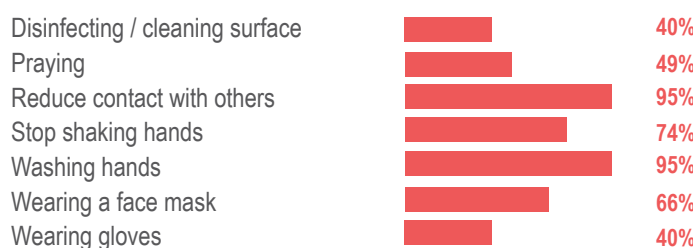
Most trusted among those who reported option as a source of information



Survey respondents' view on whether one can take measures to reduce the chance of getting COVID-19:

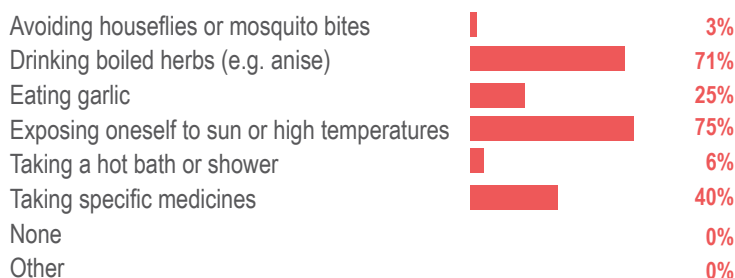


Proportion of respondents reporting the following possible prevention measures to reduce the risk of contracting COVID-19:³



Most commonly reported 'myths' respondents had heard of for preventing COVID-19:³

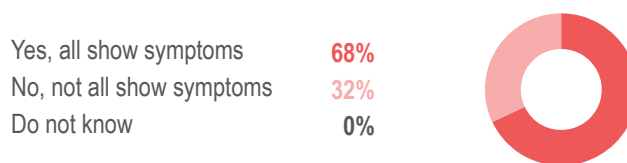
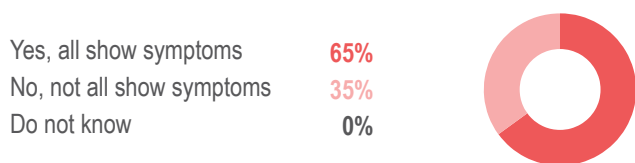
Data for this question was not collected in the first round.



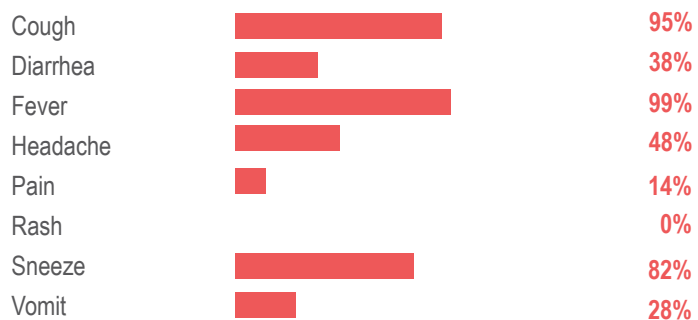
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

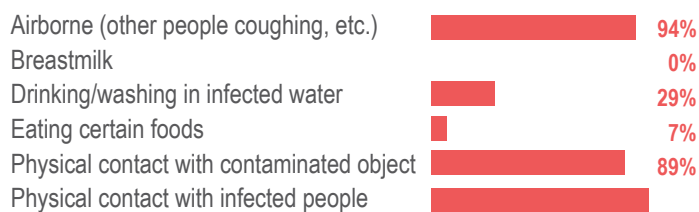
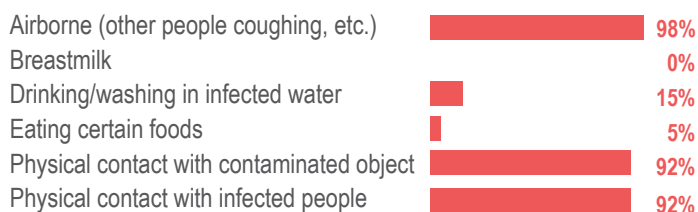
Survey respondents' views on whether or not all people with COVID-19 virus show symptoms:



Symptoms most commonly reported by respondents as related to COVID-19:³



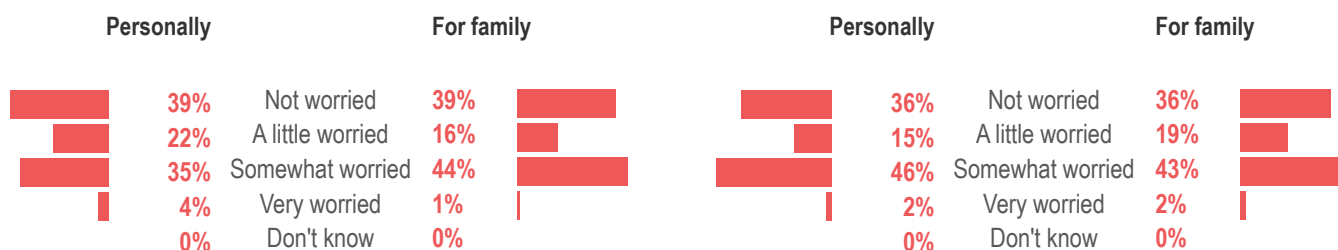
Proportion of respondents reporting the following methods of contracting COVID-19:³



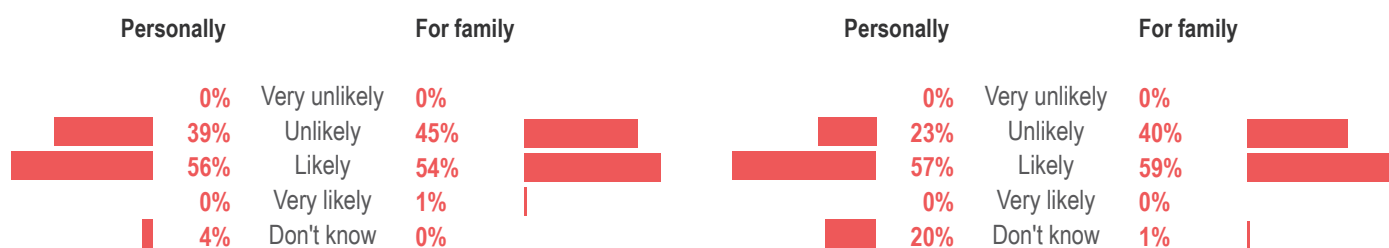
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Respondent's degree of concern with regards to COVID-19:



Respondent estimations of the likelihood of contracting COVID-19 within the month following data collection:



Proportion of respondents who agree with the following statements:

People should shake hands	6%	People should shake hands	4%
People should participate in social gatherings	2%	People should participate in social gatherings	0%
All shops, including non-essential ones, should remain open	58%	All shops, including non-essential ones, should remain open	68%

76% of individuals believe that COVID-19 is generating discrimination against specific people groups **80%**

Most commonly reported people to be likely to face discrimination in relation to COVID-19:³

COVID-positive persons	68%	COVID-positive persons	98%
Health workers	24%	Health workers	32%
Other	0%	Other	0%
Persons suspected of having COVID-19	40%	Persons suspected of having COVID-19	37%
Those who work outside	34%	Those who work outside	22%

Respondent's assessment of danger posed by COVID-19 in comparison to other diseases:

	1 Common cold	2 Typhoid	3 Cancer		1 Common cold	2 Typhoid	3 Cancer
Less dangerous	0%	2%	5%	Less dangerous	0%	2%	14%
About the same	5%	3%	17%	About the same	0%	7%	27%
More dangerous	95%	94%	78%	More dangerous		91%	59%
Don't know	0%	1%	1%	Don't know	0%	0%	0%



COVID-19 Practices

Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Proportion of respondents who had done the following in the week prior to data collection:

Attended large social gathering	3%	Attended large social gathering	28%
Greeted someone with a handshake	66%	Greeted someone with a handshake	81%
Left home to go to work	67%	Left home to go to work	61%
Left the house	76%	Left the house	97%
Stayed home more than normal	80%	Stayed home more than normal	53%
Tried to keep distance of two meters from others when outside	3%	Tried to keep distance of two meters from others when outside	15%
Visited friends and family outside your home	75%	Visited friends and family outside your home	92%
Washed hands more than normal	65%	Washed hands more than normal	83%

In case of contracting COVID-19, responses from respondents as to what they would do:³

Call a doctor / medical professional	17%	Call a doctor / medical professional	13%
Do nothing / Continue life as normal	0%	Do nothing / Continue life as normal	0%
Go to doctor's office/ clinic	13%	Go to doctor's office/ clinic	10%
Go to hospital	65%	Go to hospital	67%
Stay at home	0%	Stay at home	0%
Stay at home and isolate oneself from others	28%	Stay at home and isolate oneself from others	25%

44% of individuals reported that they had undertaken preventive measures to mitigate risk of contracting COVID-19 **35%**

Most common barriers to undertaking preventive measures as reported by respondents:³

Lack of knowledge		17%	Lack of knowledge		23%
Lack of money thus unable to stop working		47%	Lack of money thus unable to stop working		65%
Lack of money to buy hygiene items		64%	Lack of money to buy hygiene items		69%
Lack of time		0%	Lack of time		0%

Endnotes

1. <https://www.worldometers.info/coronavirus/>
2. Round 1 results presented here were re-analyzed, including only respondents whose interviews met inclusion criteria for both round 1 and round 2. This means that round 1 results presented here may differ from round 1 results presented in earlier factsheets, but allows for comparability between rounds.
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COVID-19 Knowledge, Attitudes and Practices (KAP) Survey Northeast Syria Descriptive Statistics - Rounds 1 and 2

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Al-Raqqa

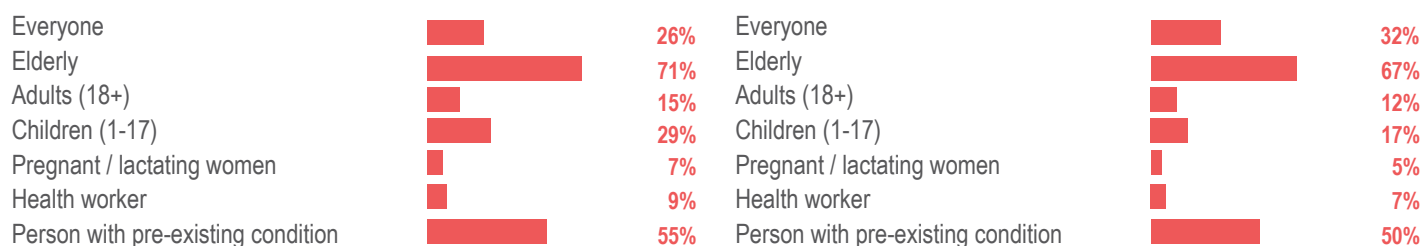


COVID-19 Knowledge

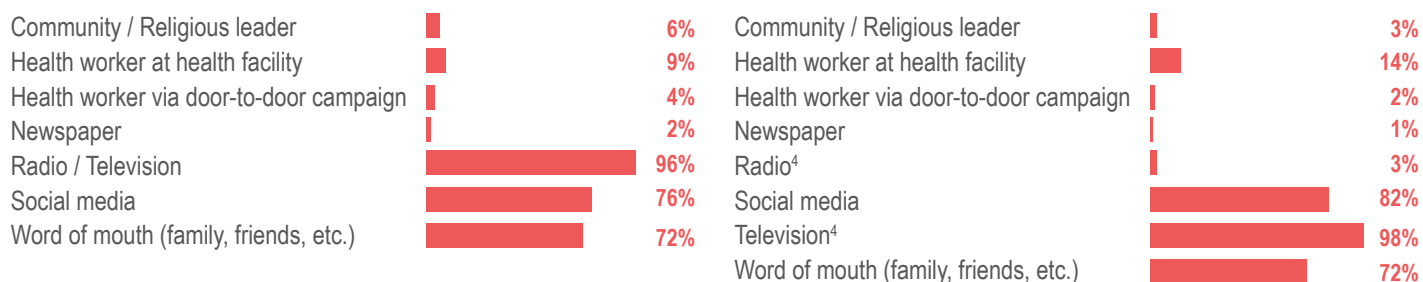
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Survey respondents' views on which group of people is most at risk from getting seriously ill from COVID-19:³



Most commonly reported means to receive information about COVID-19:³



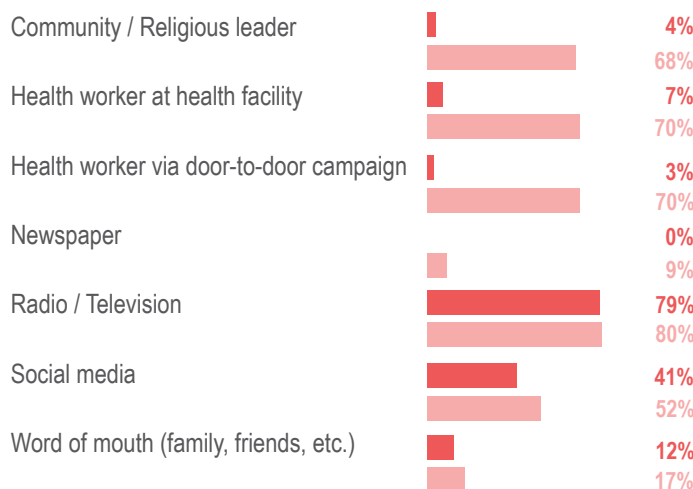
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Most trusted information sources on COVID-19 as reported by survey respondents:³

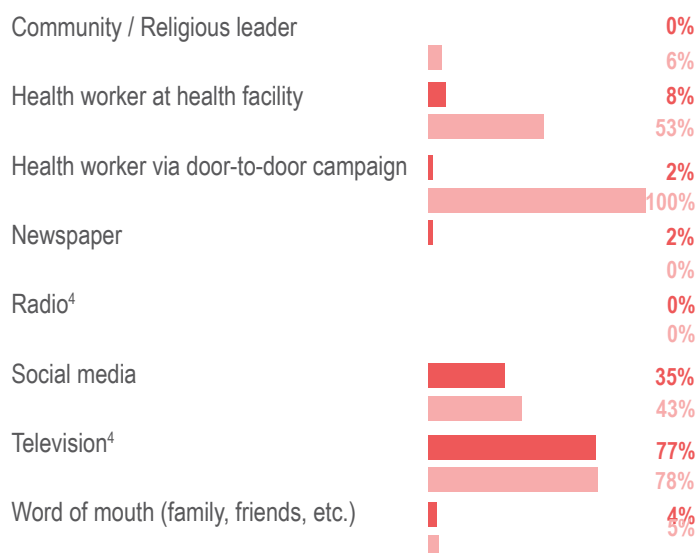
Most trusted information overall (respondent may have listed option as a trusted, but not a regular source of information)

Most trusted among those who reported option as a source of information

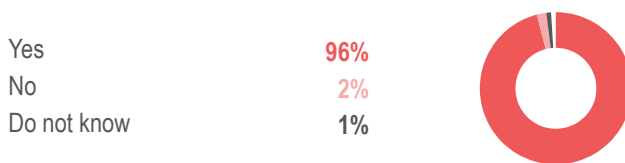
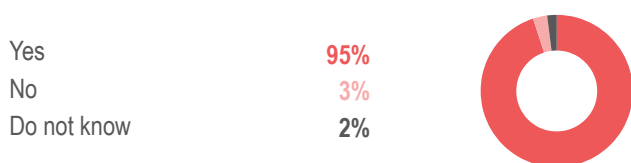


Most trusted information overall (respondent may have listed option as a trusted, but not a regular source of information)

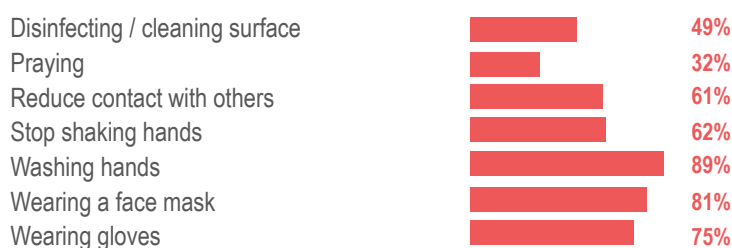
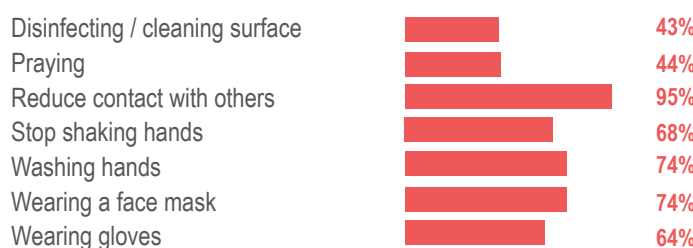
Most trusted among those who reported option as a source of information



Survey respondents' view on whether one can take measures to reduce the chance of getting COVID-19:

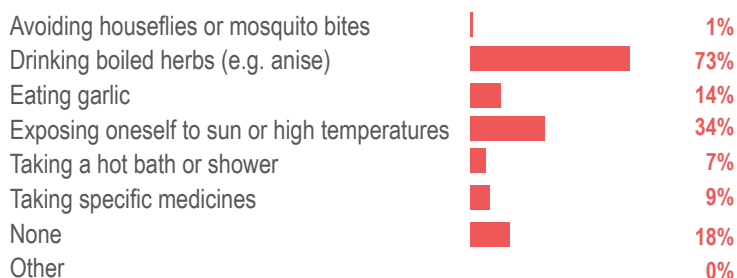


Proportion of respondents reporting the following possible prevention measures to reduce the risk of contracting COVID-19:³



Most commonly reported 'myths' respondents had heard of for preventing COVID-19:³

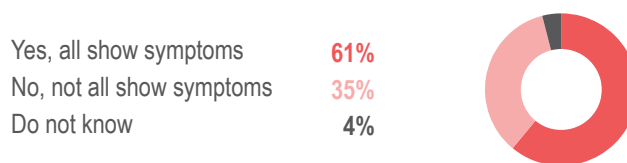
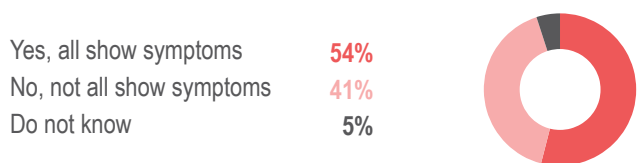
Data for this question was not collected in the first round.



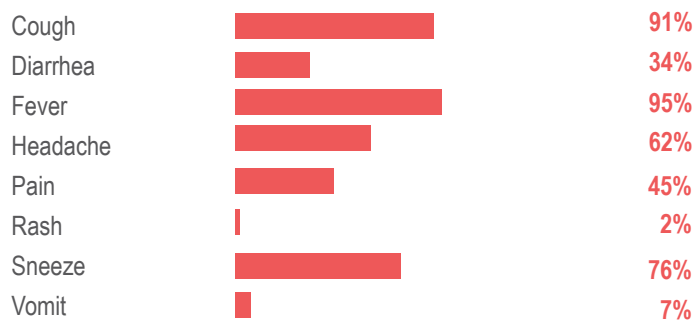
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

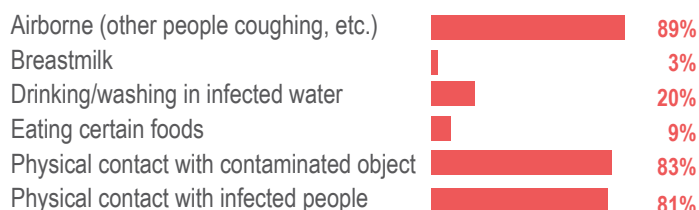
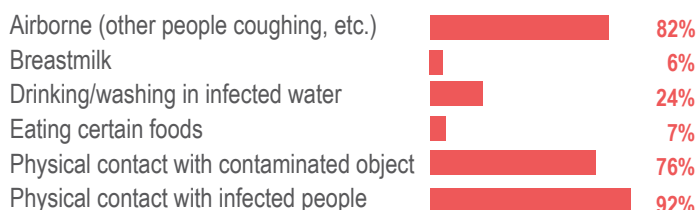
Survey respondents' views on whether or not all people with COVID-19 virus show symptoms:



Symptoms most commonly reported by respondents as related to COVID-19:³



Proportion of respondents reporting the following methods of contracting COVID-19:³



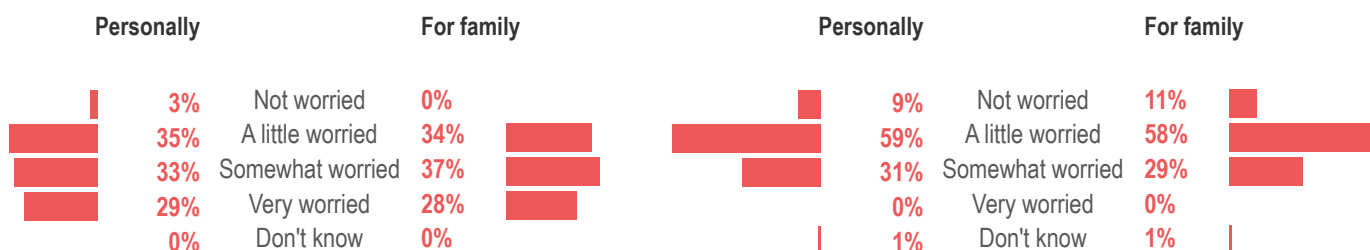


COVID-19 Attitudes

Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Respondent's degree of concern with regards to COVID-19:



Respondent estimations of the likelihood of contracting COVID-19 within the month following data collection:



Proportion of respondents who agree with the following statements:

People should shake hands	3%	People should shake hands	7%
People should participate in social gatherings	0%	People should participate in social gatherings	5%
All shops, including non-essential ones, should remain open	6%	All shops, including non-essential ones, should remain open	23%

64% of individuals believe that COVID-19 is generating discrimination against specific people groups **71%**

Most commonly reported people to be likely to face discrimination in relation to COVID-19:³

COVID-positive persons	88%	COVID-positive persons	88%
Health workers	17%	Health workers	14%
Other	0%	Other	0%
Persons suspected of having COVID-19	65%	Persons suspected of having COVID-19	62%
Those who work outside	44%	Those who work outside	43%

Respondent's assessment of danger posed by COVID-19 in comparison to other diseases:

	1 Common cold	2 Typhoid	3 Cancer		1 Common cold	2 Typhoid	3 Cancer
Less dangerous	0%	0%	8%	Less dangerous	0%	0%	5%
About the same	99%	1%	8%	About the same	0%	1%	10%
More dangerous	1%	98%	83%	More dangerous	99%	99%	84%
Don't know	0%	1%	1%	Don't know	1%	1%	1%



COVID-19 Practices

Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Proportion of respondents who had done the following in the week prior to data collection:

Attended large social gathering	15%	Attended large social gathering	48%
Greeted someone with a handshake	70%	Greeted someone with a handshake	74%
Left home to go to work	44%	Left home to go to work	57%
Left the house	67%	Left the house	88%
Stayed home more than normal	90%	Stayed home more than normal	68%
Tried to keep distance of two meters from others when outside	29%	Tried to keep distance of two meters from others when outside	15%
Visited friends and family outside your home	68%	Visited friends and family outside your home	80%
Washed hands more than normal	77%	Washed hands more than normal	79%

In case of contracting COVID-19, responses from respondents as to what they would do:³

Call a doctor / medical professional	21%	Call a doctor / medical professional	31%
Do nothing / Continue life as normal	0%	Do nothing / Continue life as normal	0%
Go to doctor's office/ clinic	35%	Go to doctor's office/ clinic	61%
Go to hospital	70%	Go to hospital	72%
Stay at home	2%	Stay at home	5%
Stay at home and isolate oneself from others	14%	Stay at home and isolate oneself from others	16%

71% of individuals reported that they had undertaken preventive measures to mitigate risk of contracting COVID-19 **68%**

Most common barriers to undertaking preventive measures as reported by respondents:³

Lack of knowledge	11%	Lack of knowledge	9%
Lack of money thus unable to stop working	77%	Lack of money thus unable to stop working	74%
Lack of money to buy hygiene items	37%	Lack of money to buy hygiene items	61%
Lack of time	2%	Lack of time	3%

Endnotes

1. <https://www.worldometers.info/coronavirus/>
2. Round 1 results presented here were re-analyzed, including only respondents whose interviews met inclusion criteria for both round 1 and round 2. This means that round 1 results presented here may differ from round 1 results presented in earlier factsheets, but allows for comparability between rounds.
3. Respondents could select more than one answer; total may be greater than 100%.
4. In the first round of data collection, radio/television was considered one category. In the second round of data collection, the radio/television category was split into two categories: radio and television.

CONTACT

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COVID-19 Knowledge, Attitudes and Practices (KAP) Survey Northeast Syria Descriptive Statistics - Rounds 1 and 2

A BRIEF NOTE ON METHODOLOGY

Syria reported its first case of COVID-19 on 22 March 2020, and as of 7 June had 125 cases and 6 fatalities.¹ Due to limited testing capacities in-country, however, it is possible the actual number of cases is higher than reported. Little is known about how preventive measures are impacting the knowledge, attitudes, and practices (KAP) of the Syrian population. Based on this information gap, REACH developed a KAP survey with relevant humanitarian clusters and working groups to assess knowledge, attitudes, and practices of Syrians in northwest Syria. This set of factsheets presents descriptive statistics from the first and second rounds of a KAP survey which was conducted by REACH in four governorates of northeast Syria (Aleppo, Al-Hasakeh, Ar-Raqqa and Deir-ez-Zor) from 16 to 23 April and from 17 to 22 May 2020.

The current survey builds on a first round of KAP data that was collected using a non-probability sampling framework (16-23 April 2020). For the first round of data collection, governorates were selected based on REACH field team coverage. Enumerators were then instructed to identify respondents through their own networks and from references of other respondents (snowballing), aiming to include respondents from a wide range of ages, socioeconomic backgrounds, and living situations. Loose quotas for male and female respondents were provided to guide enumerators (300 of each gender). A total of 2,038 individual interviews was collected in northeast Syria (Aleppo: 241 interviews; Al-Hasakeh: 1,022 interviews; Ar-Raqqa: 634 interviews; Deir-ez-Zor: 141 interviews). In the analysis phase, the sample was calibrated against an existing household survey to increase its representativeness. More information about the particulars of this calibration can be found in the appendix at the end of the round 1 factsheet, available [here](#).

For the second round of data collection (17-22 May 2020), enumerators were instructed to contact the same respondents from the first round of data collection in an effort to assess how knowledge, attitudes, and practices changed over time. Enumerators contacted respondents by phone. A total of 1,231 individual interviews (**males: 787 interviews; females: 444 interviews**) met data integrity criteria for both round 1 and round 2 of the survey.² The survey consisted of two sections: 1) questions about the knowledge, attitudes, and practices of respondents, and 2) an experimental section of vignettes. The vignettes section consisted of very short, hypothetical scenarios which were presented to respondents to gauge their responses to various COVID-19 situations.

This factsheet presents only descriptive statistics for the first section of the survey, which were calibrated according to the same methodology used for calibration in round 1 described above. A fuller set of results, including an analysis of change in survey responses over time and regressions for the vignette experiment, will be published in the future.

Northwest Syria - Male

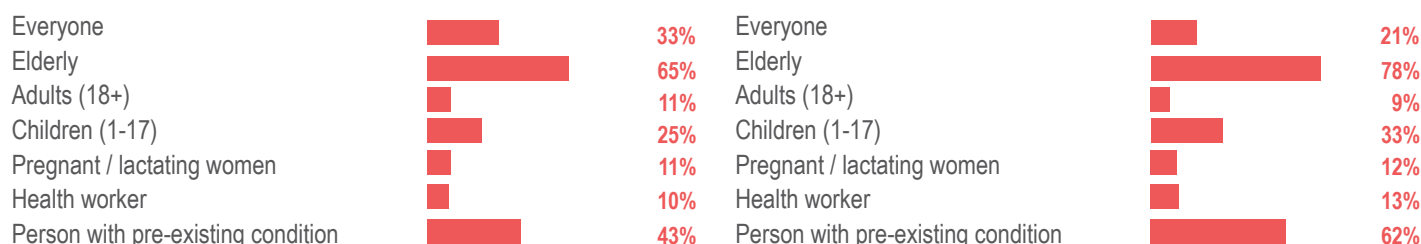


COVID-19 Knowledge

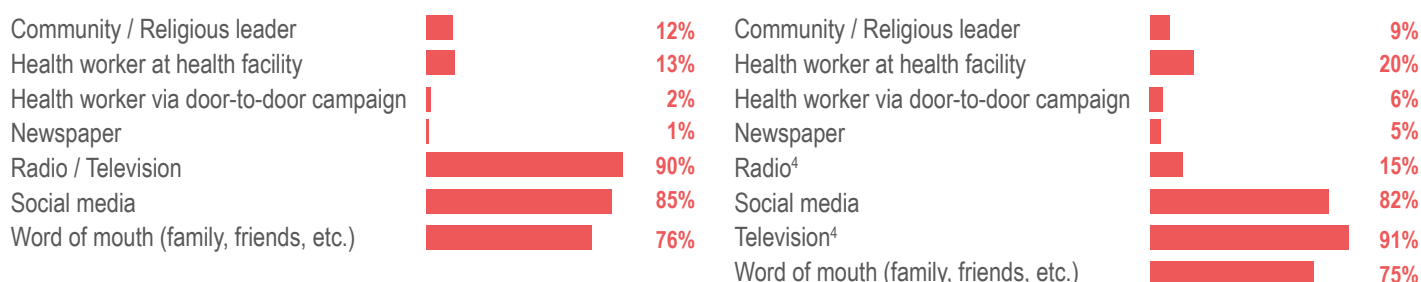
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Survey respondents' views on which group of people is most at risk from getting seriously ill from COVID-19:³



Most commonly reported means to receive information about COVID-19:³



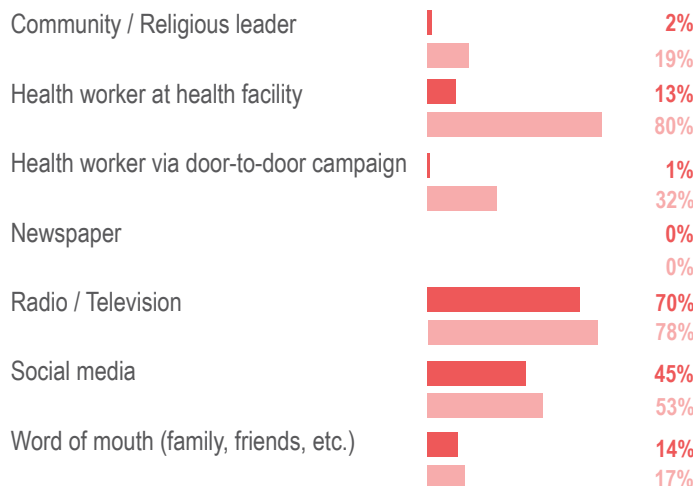
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Most trusted information sources on COVID-19 as reported by survey respondents:³

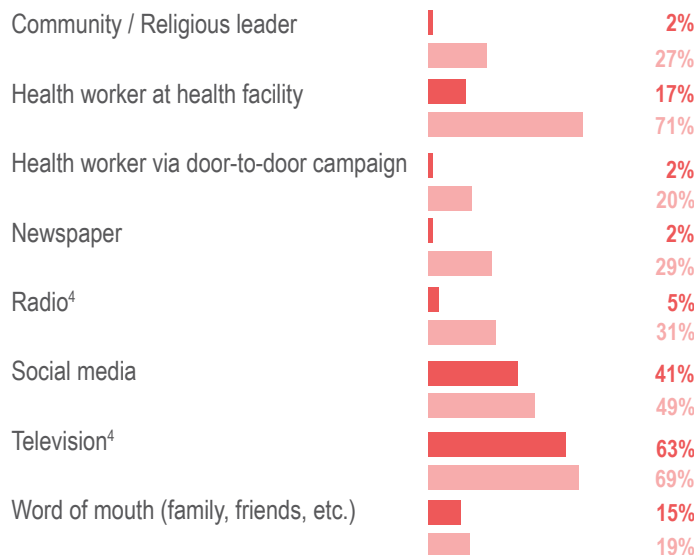
Most trusted information overall (respondent may have listed option as a trusted, but not a regular source of information)

Most trusted among those who reported option as a source of information



Most trusted information overall (respondent may have listed option as a trusted, but not a regular source of information)

Most trusted among those who reported option as a source of information



Survey respondents' view on whether one can take measures to reduce the chance of getting COVID-19:

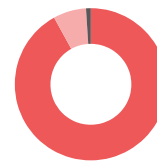
Yes
No
Do not know

93%
3%
4%

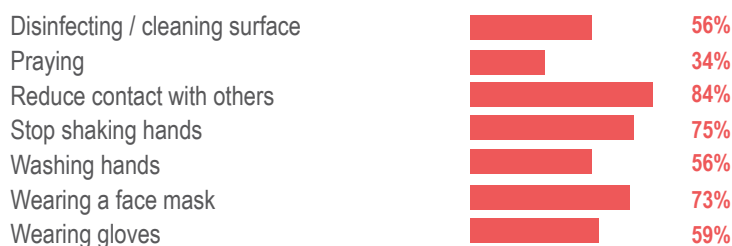
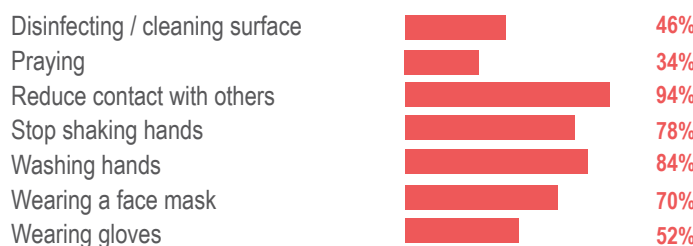


Yes
No
Do not know

92%
7%
1%

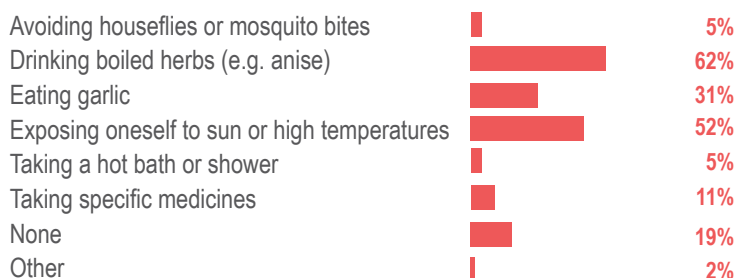


Proportion of respondents reporting the following possible prevention measures to reduce the risk of contracting COVID-19:³



Most commonly reported 'myths' respondents had heard of for preventing COVID-19:³

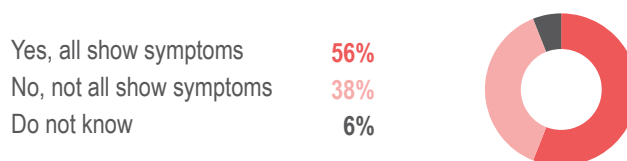
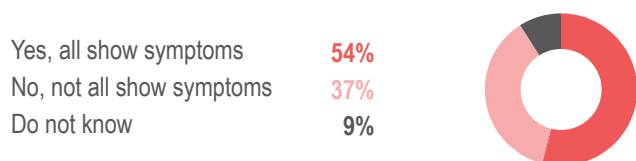
Data for this question was not collected in the first round.



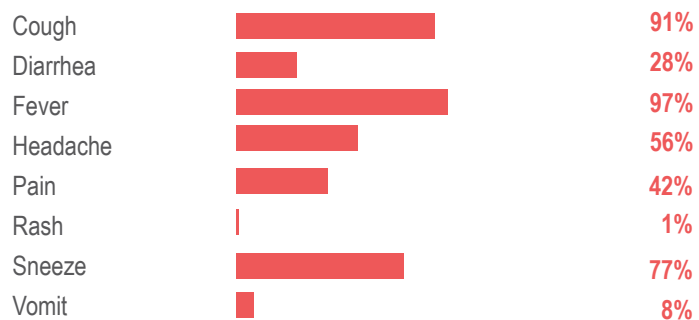
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

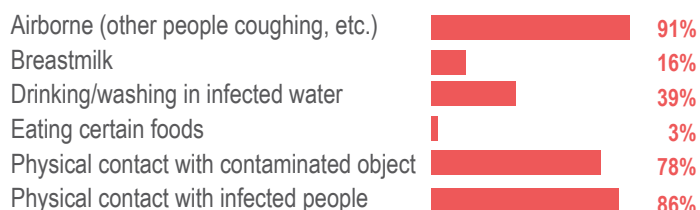
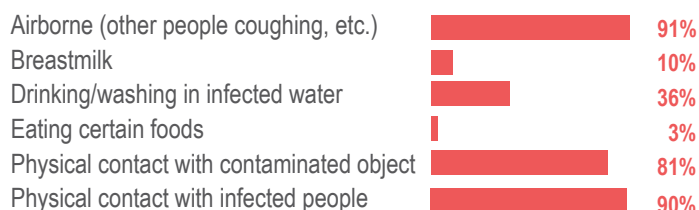
Survey respondents' views on whether or not all people with COVID-19 virus show symptoms:



Symptoms most commonly reported by respondents as related to COVID-19:³



Proportion of respondents reporting the following methods of contracting COVID-19:³

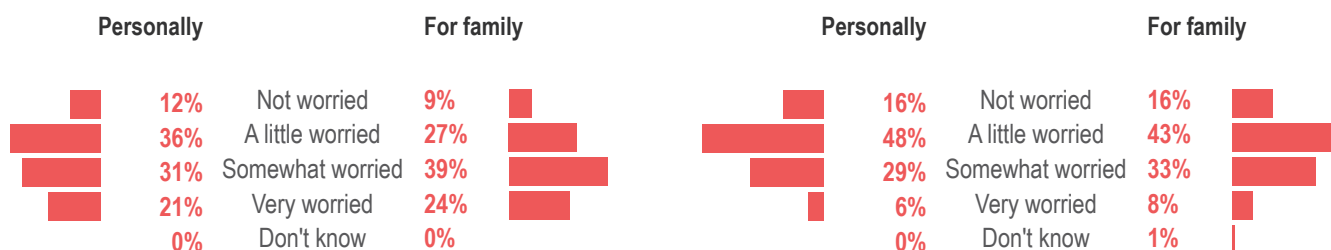


COVID-19 Attitudes

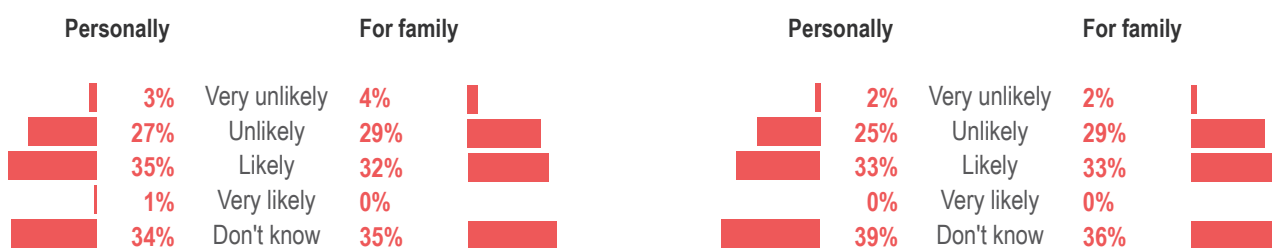
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Respondent's degree of concern with regards to COVID-19:



Respondent estimations of the likelihood of contracting COVID-19 within the month following data collection:



Proportion of respondents who agree with the following statements:

People should shake hands	2%	People should shake hands	3%
People should participate in social gatherings	1%	People should participate in social gatherings	3%
All shops, including non-essential ones, should remain open	17%	All shops, including non-essential ones, should remain open	30%

62% of individuals believe that COVID-19 is generating discrimination against specific people groups **62%**

Most commonly reported people to be likely to face discrimination in relation to COVID-19:³



Respondent's assessment of danger posed by COVID-19 in comparison to other diseases:

	1 Common cold	2 Typhoid	3 Cancer		1 Common cold	2 Typhoid	3 Cancer
Less dangerous	1%	3%	13%	Less dangerous	1%	1%	20%
About the same	2%	2%	13%	About the same	1%	3%	13%
More dangerous	97%	93%	71%	More dangerous	98%	95%	66%
Don't know	1%	2%	3%	Don't know	0%	1%	1%



COVID-19 Practices

Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Proportion of respondents who had done the following in the week prior to data collection:

Attended large social gathering	8%	Attended large social gathering	38%
Greeted someone with a handshake	71%	Greeted someone with a handshake	80%
Left home to go to work	59%	Left home to go to work	83%
Left the house	79%	Left the house	91%
Stayed home more than normal	91%	Stayed home more than normal	59%
Tried to keep distance of two meters from others when outside	33%	Tried to keep distance of two meters from others when outside	26%
Visited friends and family outside your home	67%	Visited friends and family outside your home	75%
Washed hands more than normal	79%	Washed hands more than normal	82%

In case of contracting COVID-19, responses from respondents as to what they would do:³

Call a doctor / medical professional	26%	Call a doctor / medical professional	25%
Do nothing / Continue life as normal	0%	Do nothing / Continue life as normal	1%
Go to doctor's office/ clinic	29%	Go to doctor's office/ clinic	37%
Go to hospital	75%	Go to hospital	76%
Stay at home	1%	Stay at home	2%
Stay at home and isolate oneself from others	19%	Stay at home and isolate oneself from others	17%

76% of individuals reported that they had undertaken preventive measures to mitigate risk of contracting COVID-19 **69%**

Most common barriers to undertaking preventive measures as reported by respondents:³

Lack of knowledge	8%	Lack of knowledge	8%
Lack of money thus unable to stop working	72%	Lack of money thus unable to stop working	80%
Lack of money to buy hygiene items	52%	Lack of money to buy hygiene items	61%
Lack of time	2%	Lack of time	2%

Endnotes

1. <https://www.worldometers.info/coronavirus/>
2. Round 1 results presented here were re-analyzed, including only respondents whose interviews met inclusion criteria for both round 1 and round 2. This means that round 1 results presented here may differ from round 1 results presented in earlier factsheets, but allows for comparability between rounds.
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COVID-19 Knowledge, Attitudes and Practices (KAP) Survey Northeast Syria Descriptive Statistics - Rounds 1 and 2

A BRIEF NOTE ON METHODOLOGY

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Northwest Syria - Female

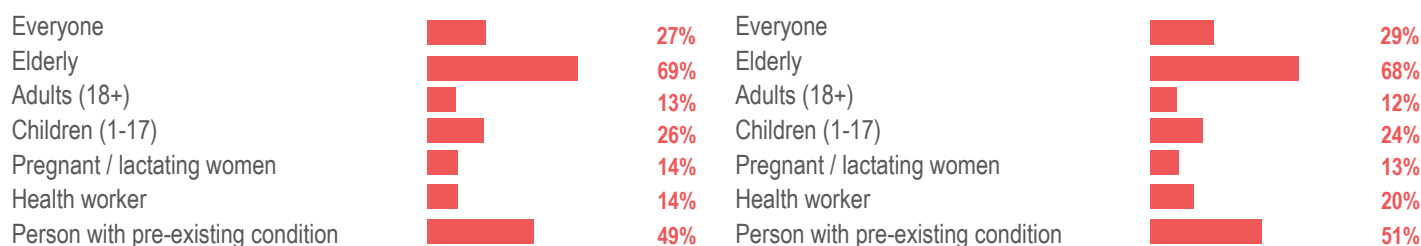


COVID-19 Knowledge

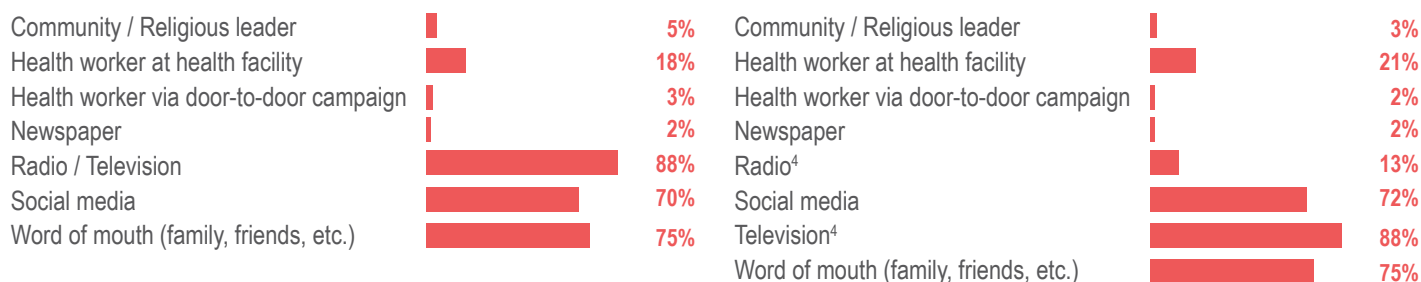
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Survey respondents' views on which group of people is most at risk from getting seriously ill from COVID-19:³



Most commonly reported means to receive information about COVID-19:³



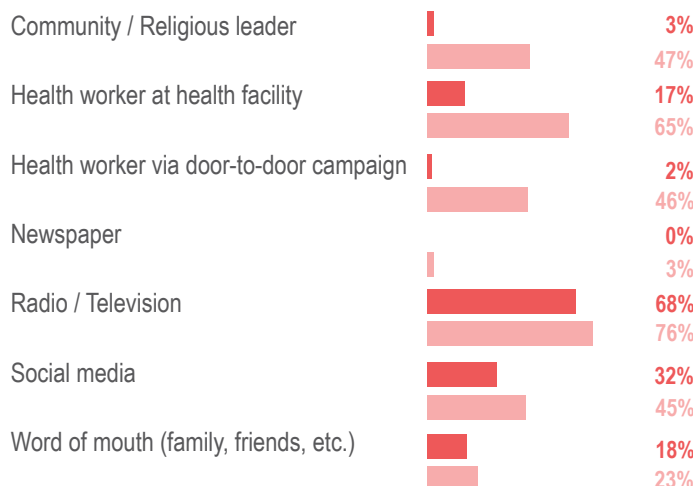
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Most trusted information sources on COVID-19 as reported by survey respondents:³

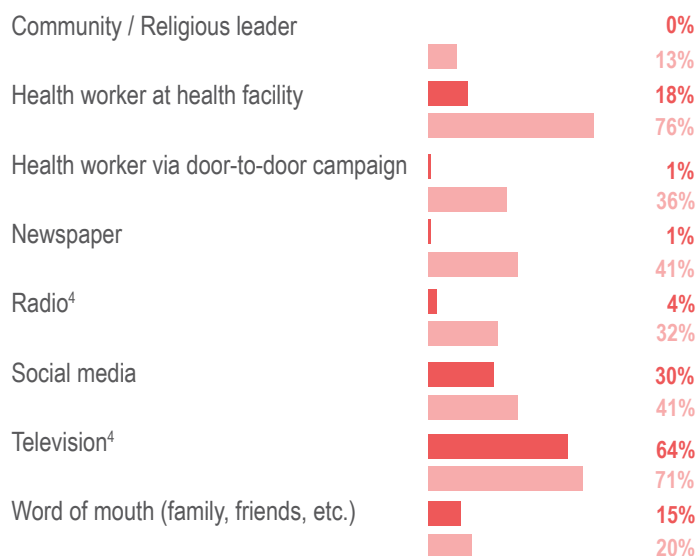
Most trusted information overall (respondent may have listed option as a trusted, but not a regular source of information)

Most trusted among those who reported option as a source of information

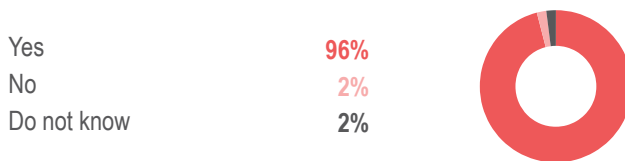
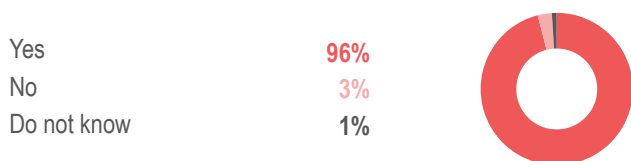


Most trusted information overall (respondent may have listed option as a trusted, but not a regular source of information)

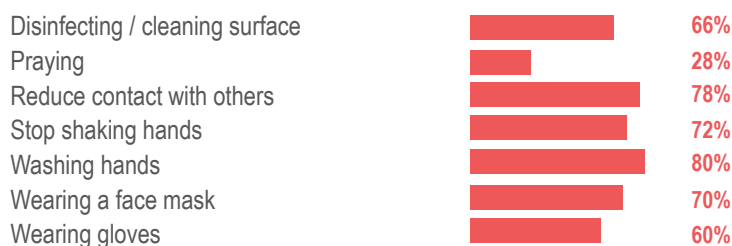
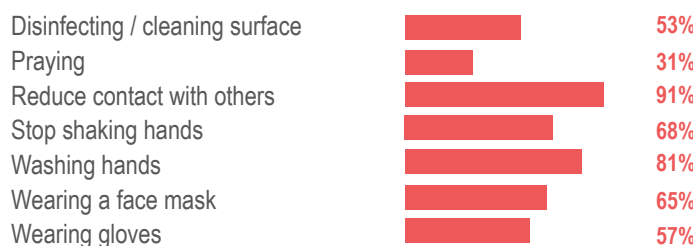
Most trusted among those who reported option as a source of information



Survey respondents' view on whether one can take measures to reduce the chance of getting COVID-19:

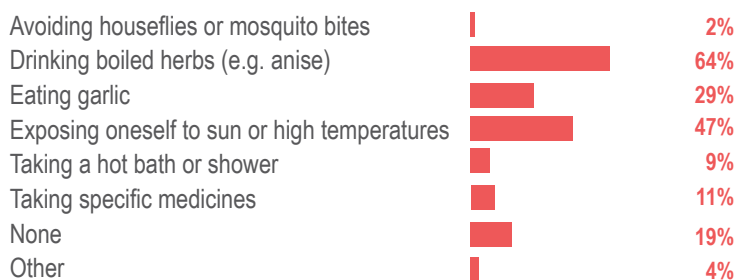


Proportion of respondents reporting the following possible prevention measures to reduce the risk of contracting COVID-19:³



Most commonly reported 'myths' respondents had heard of for preventing COVID-19:³

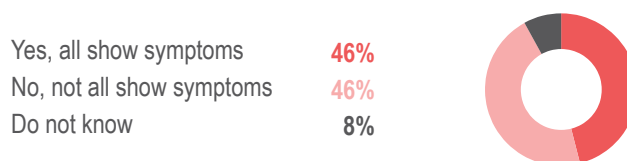
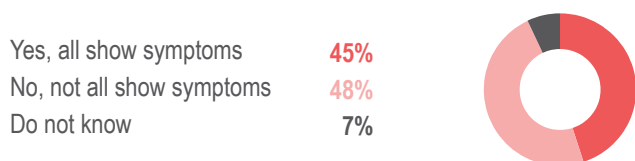
Data for this question was not collected in the first round.



Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

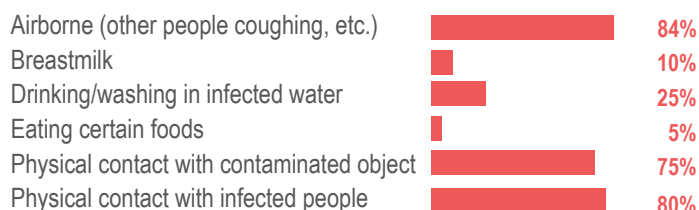
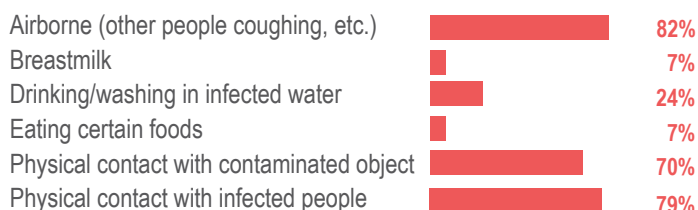
Survey respondents' views on whether or not all people with COVID-19 virus show symptoms:



Symptoms most commonly reported by respondents as related to COVID-19:³



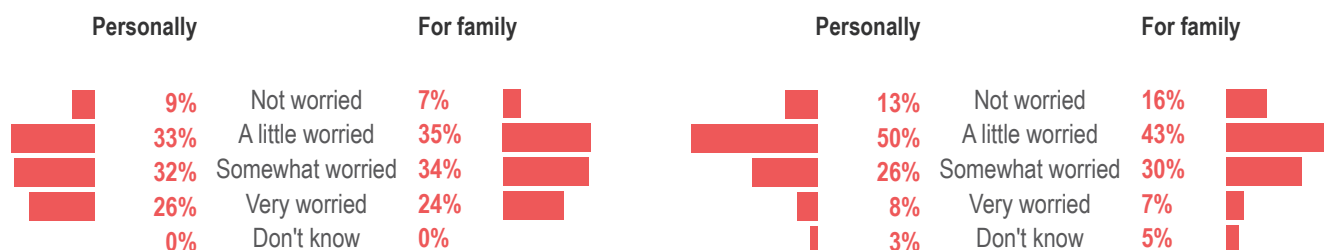
Proportion of respondents reporting the following methods of contracting COVID-19:³



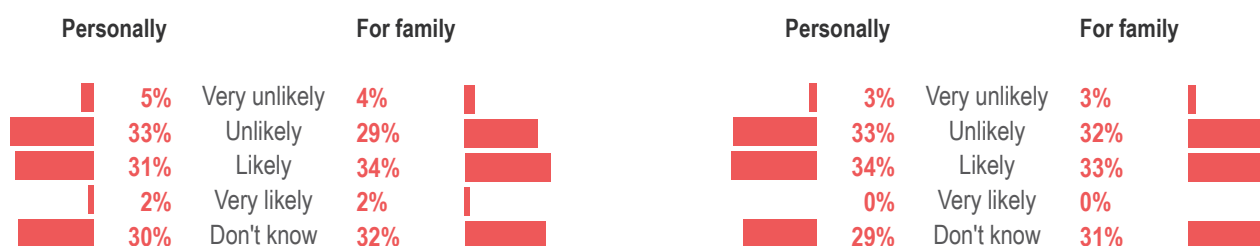
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Respondent's degree of concern with regards to COVID-19:



Respondent estimations of the likelihood of contracting COVID-19 within the month following data collection:



Proportion of respondents who agree with the following statements:

People should shake hands	4%	People should shake hands	7%
People should participate in social gatherings	3%	People should participate in social gatherings	8%
All shops, including non-essential ones, should remain open	18%	All shops, including non-essential ones, should remain open	42%

59% of individuals believe that COVID-19 is generating discrimination against specific people groups **65%**

Most commonly reported people to be likely to face discrimination in relation to COVID-19:³



Respondent's assessment of danger posed by COVID-19 in comparison to other diseases:

Assessment	Round 1			Round 2		
	1 Common cold	2 Typhoid	3 Cancer	1 Common cold	2 Typhoid	3 Cancer
Less dangerous	2%	3%	28%	2%	3%	26%
About the same	2%	6%	18%	1%	8%	23%
More dangerous	95%	88%	54%	97%	88%	48%
Don't know	1%	3%	1%	0%	2%	3%



COVID-19 Practices

Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Proportion of respondents who had done the following in the week prior to data collection:

Attended large social gathering	5%	Attended large social gathering	14%
Greeted someone with a handshake	31%	Greeted someone with a handshake	48%
Left home to go to work	14%	Left home to go to work	31%
Left the house	50%	Left the house	84%
Stayed home more than normal	89%	Stayed home more than normal	57%
Tried to keep distance of two meters from others when outside	41%	Tried to keep distance of two meters from others when outside	21%
Visited friends and family outside your home	57%	Visited friends and family outside your home	83%
Washed hands more than normal	84%	Washed hands more than normal	75%

In case of contracting COVID-19, responses from respondents as to what they would do:³

Call a doctor / medical professional	32%	Call a doctor / medical professional	37%
Do nothing / Continue life as normal	1%	Do nothing / Continue life as normal	0%
Go to doctor's office/ clinic	22%	Go to doctor's office/ clinic	28%
Go to hospital	62%	Go to hospital	62%
Stay at home	6%	Stay at home	5%
Stay at home and isolate oneself from others	24%	Stay at home and isolate oneself from others	27%

88% of individuals reported that they had undertaken preventive measures to mitigate risk of contracting COVID-19 **84%**

Most common barriers to undertaking preventive measures as reported by respondents:³

Lack of knowledge		24%	Lack of knowledge		22%
Lack of money thus unable to stop working		39%	Lack of money thus unable to stop working		48%
Lack of money to buy hygiene items		64%	Lack of money to buy hygiene items		73%
Lack of time		4%	Lack of time		6%

Endnotes

1. <https://www.worldometers.info/coronavirus/>
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COVID-19 Knowledge, Attitudes and Practices (KAP) Survey Northeast Syria Descriptive Statistics - Rounds 1 and 2

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For the second round of data collection (17-22 May 2020), enumerators were instructed to contact the same respondents from the first round of data collection in an effort to assess how knowledge, attitudes, and practices changed over time. Enumerators contacted respondents by phone. A total of 1,231 individual interviews (**urban: 325 interviews; rural: 906 interviews**) met data integrity criteria for both round 1 and round 2 of the survey.² The survey consisted of two sections: 1) questions about the knowledge, attitudes, and practices of respondents, and 2) an experimental section of vignettes. The vignettes section consisted of very short, hypothetical scenarios which were presented to respondents to gauge their responses to various COVID-19 situations.

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Northwest Syria - Urban

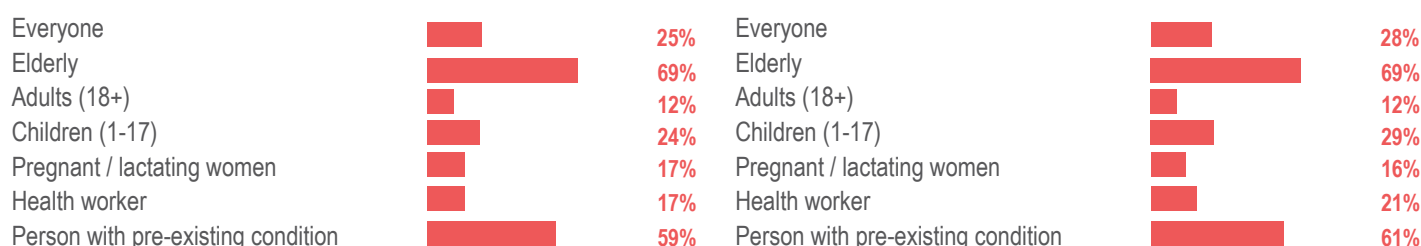


COVID-19 Knowledge

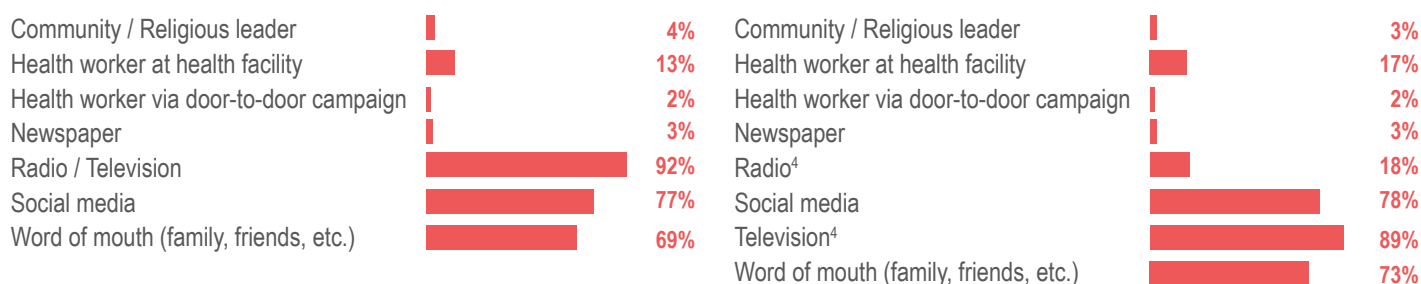
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Survey respondents' views on which group of people is most at risk from getting seriously ill from COVID-19:³



Most commonly reported means to receive information about COVID-19:³



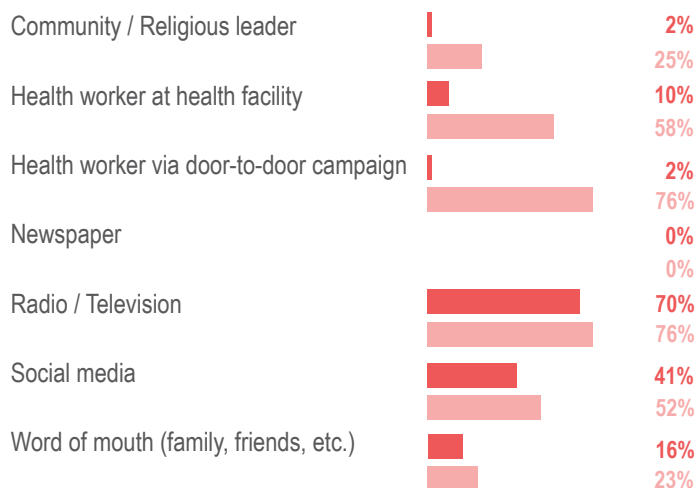
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Most trusted information sources on COVID-19 as reported by survey respondents:³

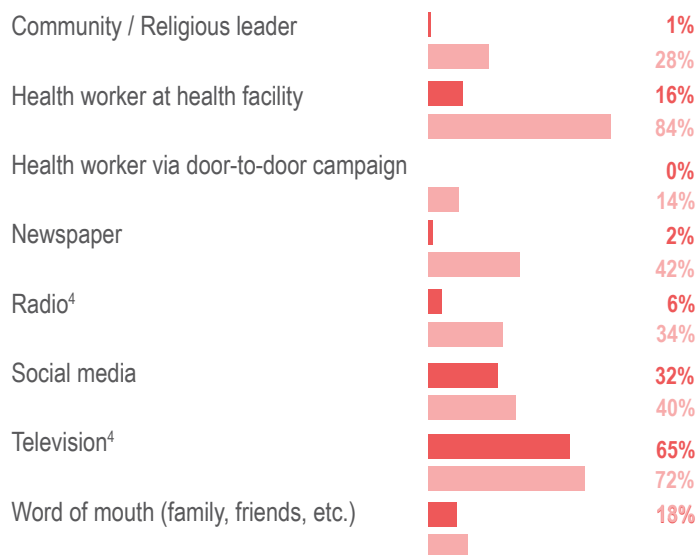
Most trusted information overall (respondent may have listed option as a trusted, but not a regular source of information)

Most trusted among those who reported option as a source of information

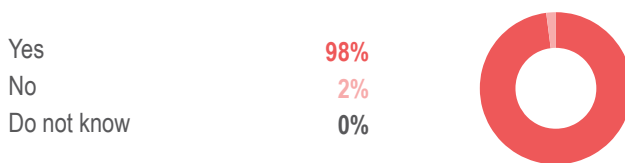
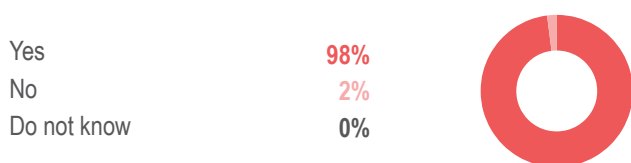


Most trusted information overall (respondent may have listed option as a trusted, but not a regular source of information)

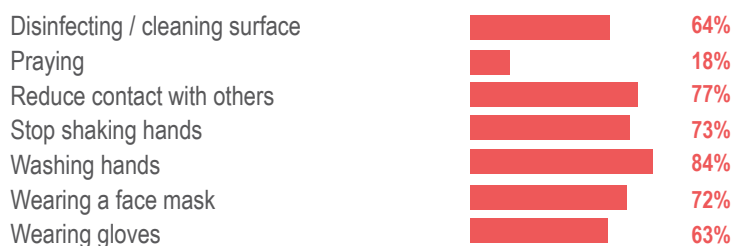
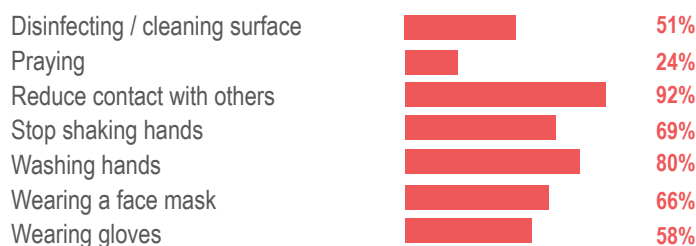
Most trusted among those who reported option as a source of information



Survey respondents' view on whether one can take measures to reduce the chance of getting COVID-19:

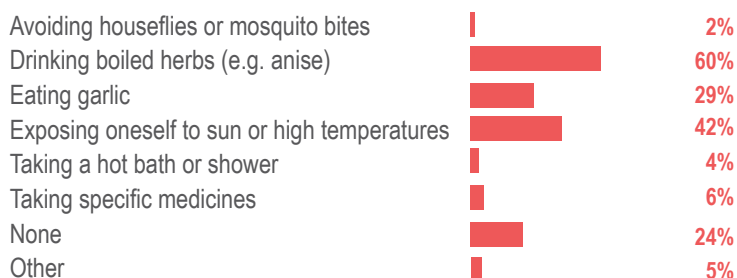


Proportion of respondents reporting the following possible prevention measures to reduce the risk of contracting COVID-19:³



Most commonly reported 'myths' respondents had heard of for preventing COVID-19:³

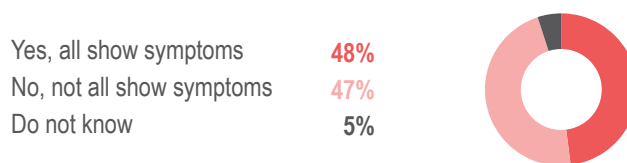
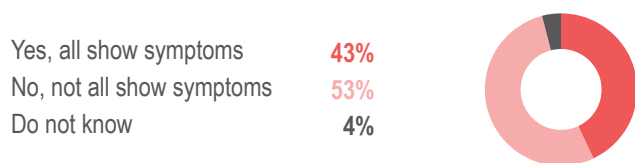
Data for this question was not collected in the first round.



Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

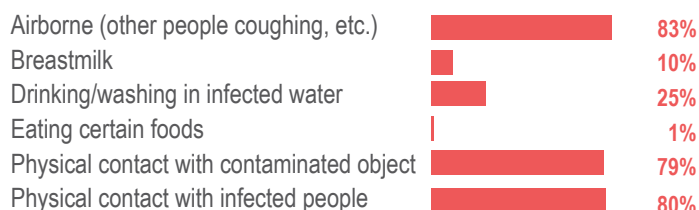
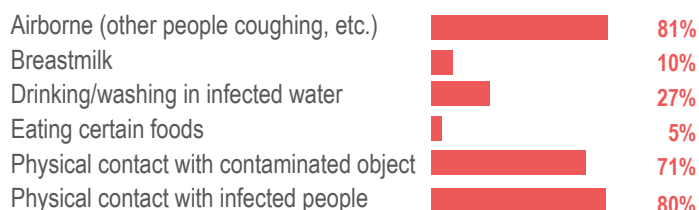
Survey respondents' views on whether or not all people with COVID-19 virus show symptoms:



Symptoms most commonly reported by respondents as related to COVID-19:³



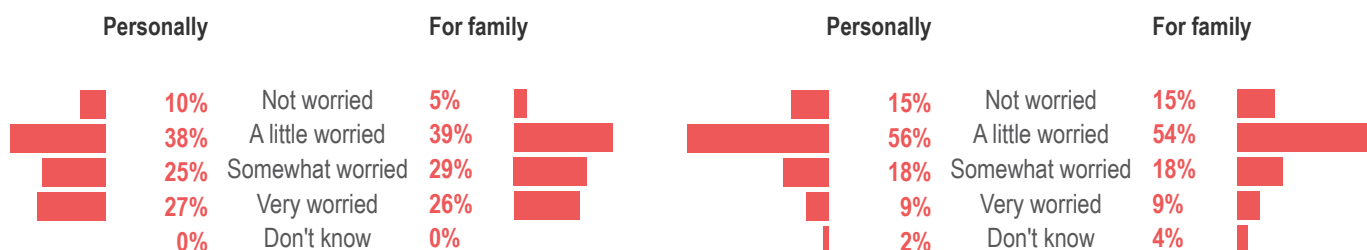
Proportion of respondents reporting the following methods of contracting COVID-19:³



Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Respondent's degree of concern with regards to COVID-19:



Respondent estimations of the likelihood of contracting COVID-19 within the month following data collection:



Proportion of respondents who agree with the following statements:

People should shake hands	4%	People should shake hands	5%
People should participate in social gatherings	3%	People should participate in social gatherings	7%
All shops, including non-essential ones, should remain open	18%	All shops, including non-essential ones, should remain open	40%

60% of individuals believe that COVID-19 is generating discrimination against specific people groups **65%**

Most commonly reported people to be likely to face discrimination in relation to COVID-19:³

COVID-positive persons	87%	COVID-positive persons	91%
Health workers	34%	Health workers	28%
Other	2%	Other	0%
Persons suspected of having COVID-19	51%	Persons suspected of having COVID-19	60%
Those who work outside	43%	Those who work outside	33%

Respondent's assessment of danger posed by COVID-19 in comparison to other diseases:

	1 Common cold	2 Typhoid	3 Cancer		1 Common cold	2 Typhoid	3 Cancer
Less dangerous	2%	3%	33%	Less dangerous	3%	3%	36%
About the same	2%	5%	17%	About the same	2%	8%	18%
More dangerous	95%	88%	48%	More dangerous	95%	87%	44%
Don't know	1%	4%	2%	Don't know	0%	2%	2%



COVID-19 Practices

Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Proportion of respondents who had done the following in the week prior to data collection:

Attended large social gathering	3%	Attended large social gathering	23%
Greeted someone with a handshake	41%	Greeted someone with a handshake	55%
Left home to go to work	23%	Left home to go to work	45%
Left the house	66%	Left the house	84%
Stayed home more than normal	92%	Stayed home more than normal	52%
Tried to keep distance of two meters from others when outside	48%	Tried to keep distance of two meters from others when outside	20%
Visited friends and family outside your home	60%	Visited friends and family outside your home	84%
Washed hands more than normal	85%	Washed hands more than normal	77%

In case of contracting COVID-19, responses from respondents as to what they would do:³

Call a doctor / medical professional	40%	Call a doctor / medical professional	45%
Do nothing / Continue life as normal	1%	Do nothing / Continue life as normal	1%
Go to doctor's office/ clinic	20%	Go to doctor's office/ clinic	31%
Go to hospital	64%	Go to hospital	63%
Stay at home	5%	Stay at home	2%
Stay at home and isolate oneself from others	27%	Stay at home and isolate oneself from others	29%

89% of individuals reported that they had undertaken preventive measures to mitigate risk of contracting COVID-19 **84%**

Most common barriers to undertaking preventive measures as reported by respondents:³

Lack of knowledge	18%	Lack of knowledge	13%
Lack of money thus unable to stop working	54%	Lack of money thus unable to stop working	56%
Lack of money to buy hygiene items	49%	Lack of money to buy hygiene items	68%
Lack of time	6%	Lack of time	5%

Endnotes

1. <https://www.worldometers.info/coronavirus/>
2. Round 1 results presented here were re-analyzed, including only respondents whose interviews met inclusion criteria for both round 1 and round 2. This means that round 1 results presented here may differ from round 1 results presented in earlier factsheets, but allows for comparability between rounds.
3. Respondents could select more than one answer; total may be greater than 100%.
4. In the first round of data collection, radio/television was considered one category. In the second round of data collection, the radio/television category was split into two categories: radio and television.

CONTACT

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COVID-19 Knowledge, Attitudes and Practices (KAP) Survey Northeast Syria Descriptive Statistics - Rounds 1 and 2

A BRIEF NOTE ON METHODOLOGY

Syria reported its first case of COVID-19 on 22 March 2020, and as of 7 June had 125 cases and 6 fatalities.¹ Due to limited testing capacities in-country, however, it is possible the actual number of cases is higher than reported. Little is known about how preventive measures are impacting the knowledge, attitudes, and practices (KAP) of the Syrian population. Based on this information gap, REACH developed a KAP survey with relevant humanitarian clusters and working groups to assess knowledge, attitudes, and practices of Syrians in northwest Syria. This set of factsheets presents descriptive statistics from the first and second rounds of a KAP survey which was conducted by REACH in four governorates of northeast Syria (Aleppo, Al-Hasakeh, Ar-Raqqa and Deir-ez-Zor) from 16 to 23 April and from 17 to 22 May 2020.

The current survey builds on a first round of KAP data that was collected using a non-probability sampling framework (16-23 April 2020). For the first round of data collection, governorates were selected based on REACH field team coverage. Enumerators were then instructed to identify respondents through their own networks and from references of other respondents (snowballing), aiming to include respondents from a wide range of ages, socioeconomic backgrounds, and living situations. Loose quotas for male and female respondents were provided to guide enumerators (300 of each gender). A total of 2,038 individual interviews was collected in northeast Syria (Aleppo: 241 interviews; Al-Hasakeh: 1,022 interviews; Ar-Raqqa: 634 interviews; Deir-ez-Zor: 141 interviews). In the analysis phase, the sample was calibrated against an existing household survey to increase its representativeness. More information about the particulars of this calibration can be found in the appendix at the end of the round 1 factsheet, available [here](#).

For the second round of data collection (17-22 May 2020), enumerators were instructed to contact the same respondents from the first round of data collection in an effort to assess how knowledge, attitudes, and practices changed over time. Enumerators contacted respondents by phone. A total of 1,231 individual interviews (**urban: 325 interviews; rural: 906 interviews**) met data integrity criteria for both round 1 and round 2 of the survey.² The survey consisted of two sections: 1) questions about the knowledge, attitudes, and practices of respondents, and 2) an experimental section of vignettes. The vignettes section consisted of very short, hypothetical scenarios which were presented to respondents to gauge their responses to various COVID-19 situations.

This factsheet presents only descriptive statistics for the first section of the survey, which were calibrated according to the same methodology used for calibration in round 1 described above. A fuller set of results, including an analysis of change in survey responses over time and regressions for the vignette experiment, will be published in the future.

Northwest Syria - Rural

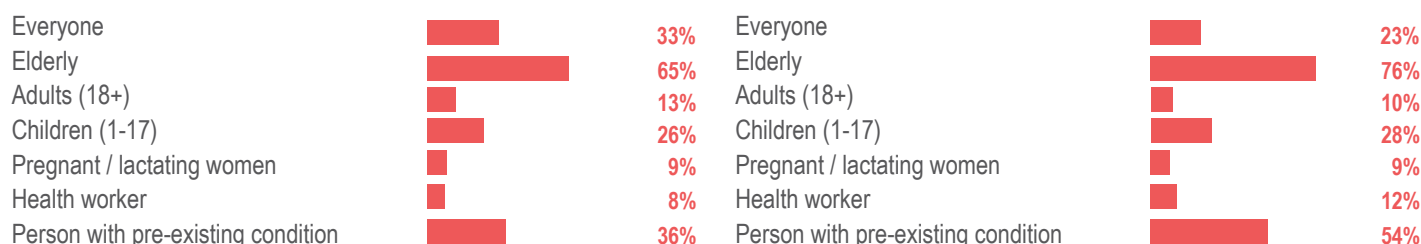


COVID-19 Knowledge

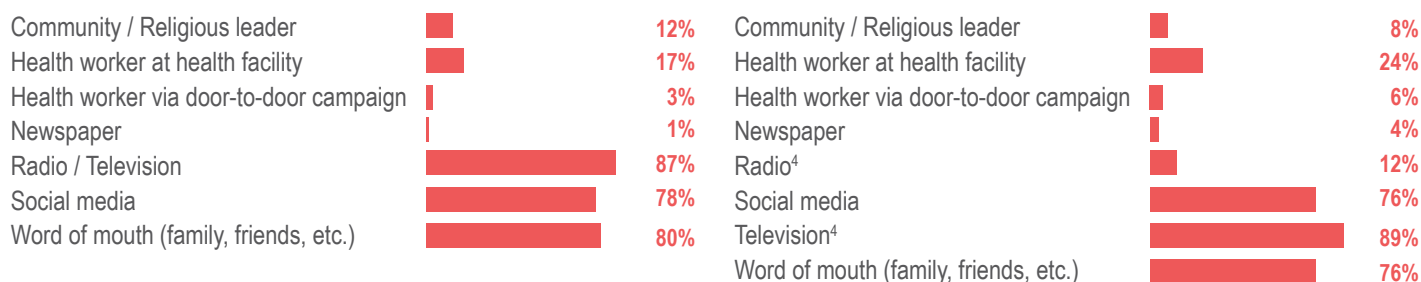
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Survey respondents' views on which group of people is most at risk from getting seriously ill from COVID-19:³



Most commonly reported means to receive information about COVID-19:³



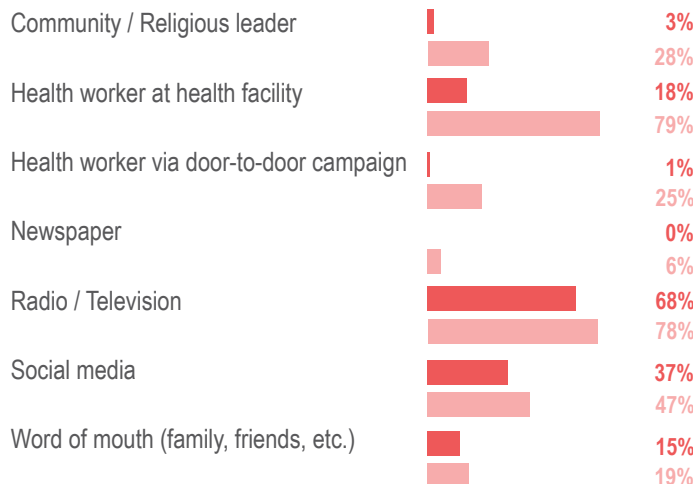
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Most trusted information sources on COVID-19 as reported by survey respondents:³

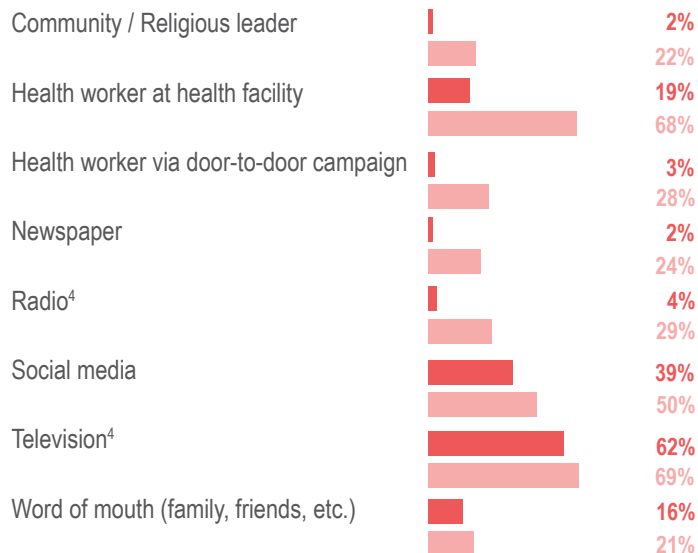
Most trusted information overall (respondent may have listed option as a trusted, but not a regular source of information)

Most trusted among those who reported option as a source of information



Most trusted information overall (respondent may have listed option as a trusted, but not a regular source of information)

Most trusted among those who reported option as a source of information



Survey respondents' view on whether one can take measures to reduce the chance of getting COVID-19:

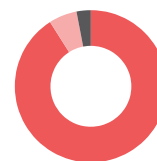
Yes
No
Do not know

92%
4%
4%

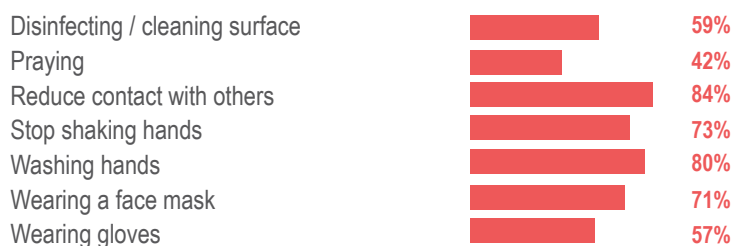
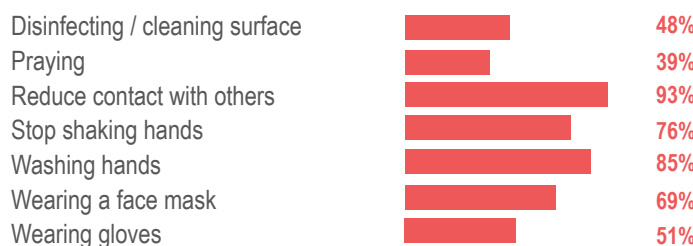


Yes
No
Do not know

91%
6%
3%

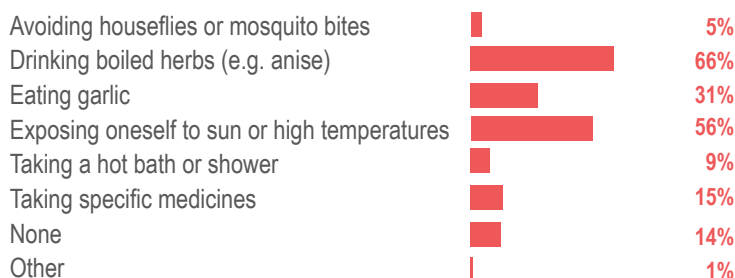


Proportion of respondents reporting the following possible prevention measures to reduce the risk of contracting COVID-19:³



Most commonly reported 'myths' respondents had heard of for preventing COVID-19:³

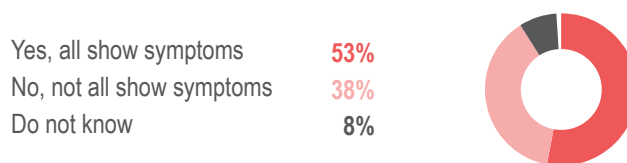
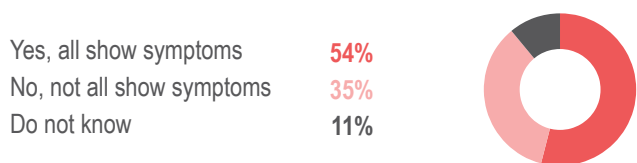
Data for this question was not collected in the first round.



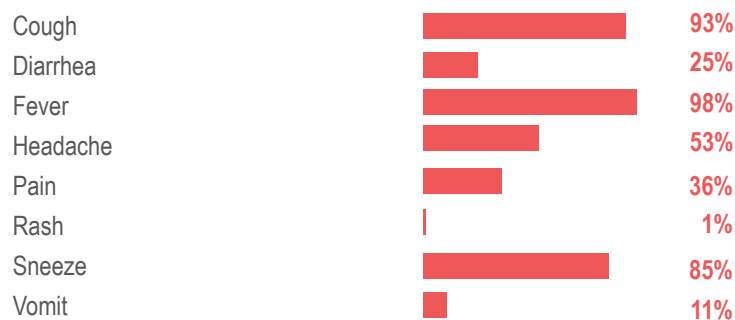
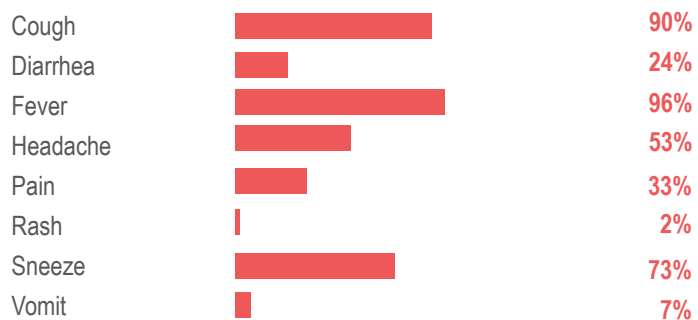
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

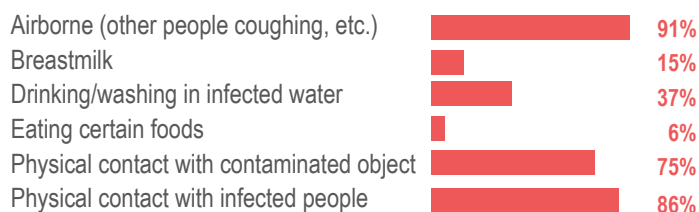
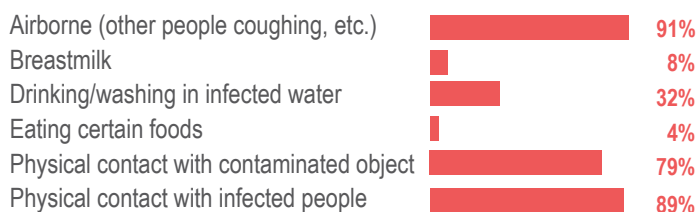
Survey respondents' views on whether or not all people with COVID-19 virus show symptoms:



Symptoms most commonly reported by respondents as related to COVID-19:³



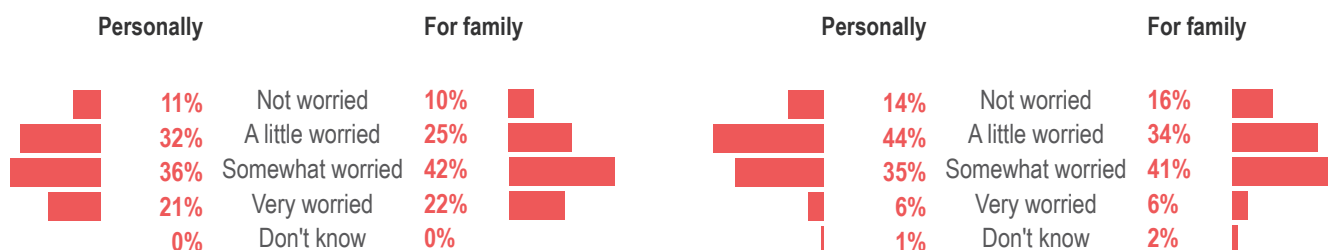
Proportion of respondents reporting the following methods of contracting COVID-19:³



Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Respondent's degree of concern with regards to COVID-19:



Respondent estimations of the likelihood of contracting COVID-19 within the month following data collection:

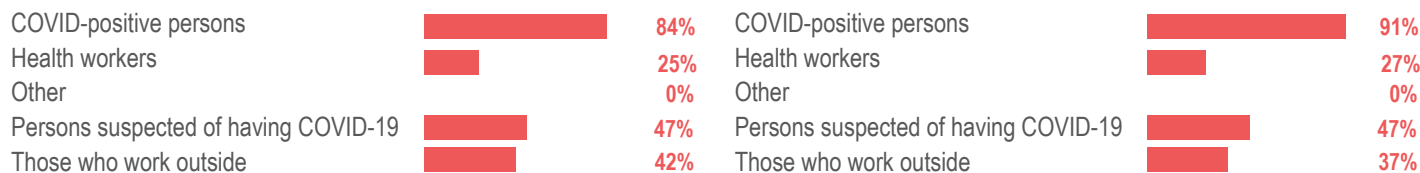


Proportion of respondents who agree with the following statements:

People should shake hands	2%	People should shake hands	5%
People should participate in social gatherings	2%	People should participate in social gatherings	4%
All shops, including non-essential ones, should remain open	18%	All shops, including non-essential ones, should remain open	34%

61% of individuals believe that COVID-19 is generating discrimination against specific people groups **63%**

Most commonly reported people to be likely to face discrimination in relation to COVID-19:³



Respondent's assessment of danger posed by COVID-19 in comparison to other diseases:

	1 Common cold	2 Typhoid	3 Cancer		1 Common cold	2 Typhoid	3 Cancer
Less dangerous	1%	3%	11%	Less dangerous	0%	1%	14%
About the same	2%	3%	14%	About the same	0%	3%	18%
More dangerous	97%	92%	73%	More dangerous		95%	67%
Don't know	1%	2%	1%	Don't know	0%	1%	1%



COVID-19 Practices

Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

Proportion of respondents who had done the following in the week prior to data collection:

Attended large social gathering	10%	Attended large social gathering	29%
Greeted someone with a handshake	58%	Greeted someone with a handshake	70%
Left home to go to work	50%	Left home to go to work	67%
Left the house	62%	Left the house	90%
Stayed home more than normal	89%	Stayed home more than normal	62%
Tried to keep distance of two meters from others when outside	28%	Tried to keep distance of two meters from others when outside	26%
Visited friends and family outside your home	64%	Visited friends and family outside your home	75%
Washed hands more than normal	79%	Washed hands more than normal	80%

In case of contracting COVID-19, responses from respondents as to what they would do:³

Call a doctor / medical professional	21%	Call a doctor / medical professional	19%
Do nothing / Continue life as normal	0%	Do nothing / Continue life as normal	0%
Go to doctor's office/ clinic	30%	Go to doctor's office/ clinic	33%
Go to hospital	72%	Go to hospital	74%
Stay at home	2%	Stay at home	4%
Stay at home and isolate oneself from others	17%	Stay at home and isolate oneself from others	17%

77% of individuals reported that they had undertaken preventive measures to mitigate risk of contracting COVID-19 **70%**

Most common barriers to undertaking preventive measures as reported by respondents:³

Lack of knowledge		13%	Lack of knowledge		14%
Lack of money thus unable to stop working		61%	Lack of money thus unable to stop working		72%
Lack of money to buy hygiene items		60%	Lack of money to buy hygiene items		65%
Lack of time		2%	Lack of time		3%

Endnotes

1. <https://www.worldometers.info/coronavirus/>
2. Round 1 results presented here were re-analyzed, including only respondents whose interviews met inclusion criteria for both round 1 and round 2. This means that round 1 results presented here may differ from round 1 results presented in earlier factsheets, but allows for comparability between rounds.
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