COVID-19 Knowledge, Attitudes and Practices (KAP) Survey Northwest 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 two governorates of northwest Syria (Aleppo and Idlib) 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 943 individual interviews was collected in northwest Syria (Aleppo: 390 interviews; Idleb: 553 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 819 individual interviews (**Aleppo: 335 interviews; Idleb: 484 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.

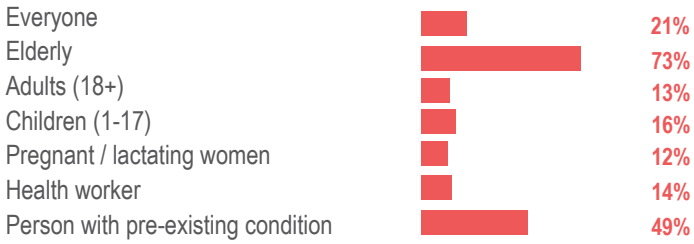
This factsheet presents only descriptive statistics for the first section of the survey, which were calibrated according to the same methodology used for calibration in round 1 described above. A fuller set of results, including an analysis of change in survey responses over time and regressions for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

Northwest Syria - Overall

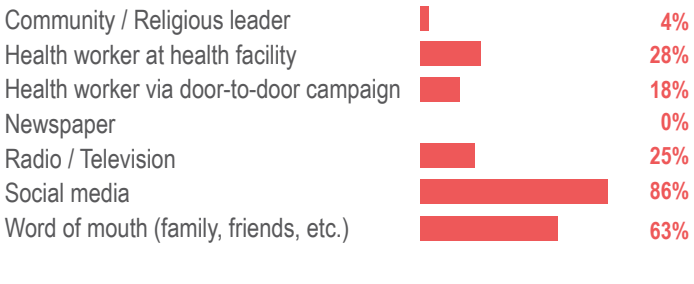
COVID-19 Knowledge

Round 1 - 16-23 April 2020

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

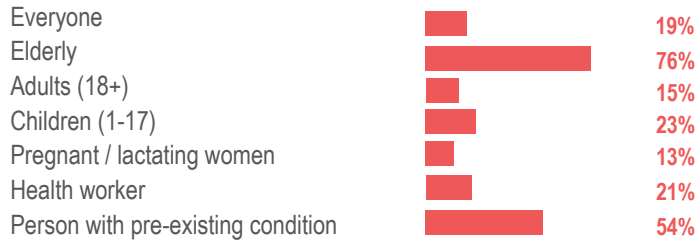


Most commonly reported means to receive information about COVID-19:[3]



Round 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]



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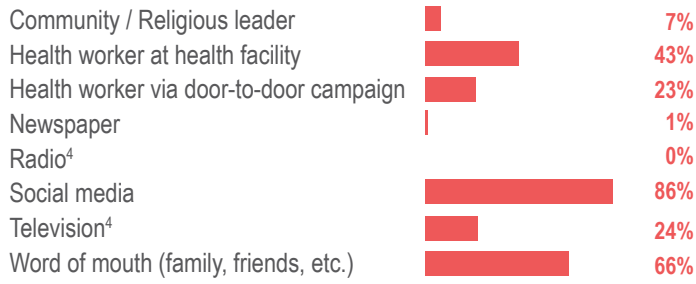


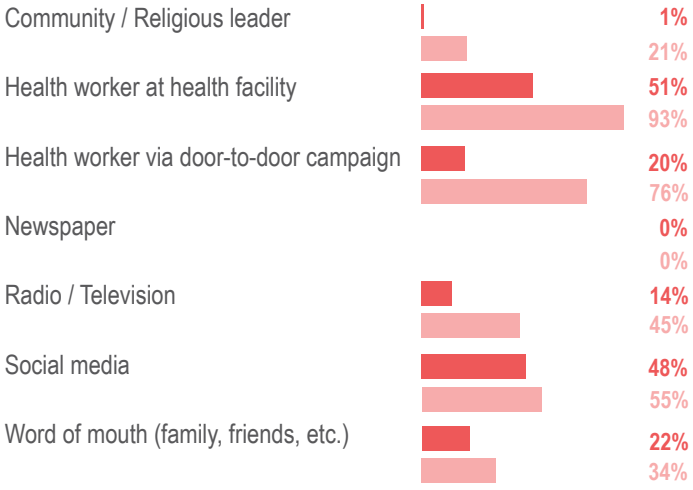
Round 1 - 16-23 April 2020

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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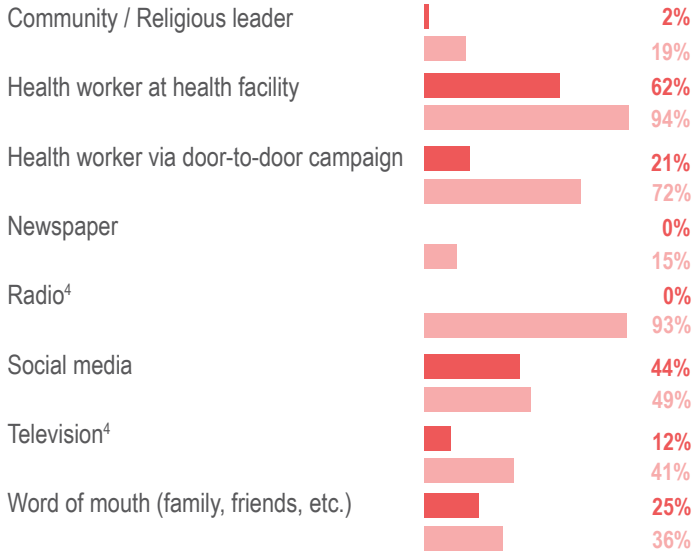
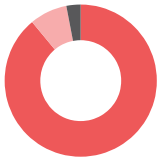
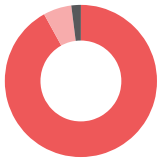


Survey respondents' view on whether one can take measures to reduce the chance of getting COVID-19:

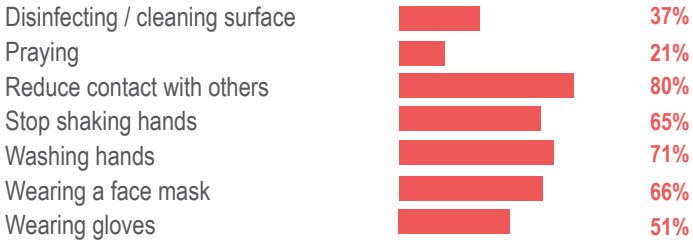
Yes	89%
No	8%
Do not know	3%

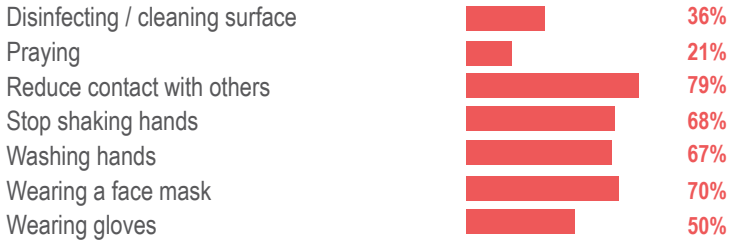


Yes	92%
No	6%
Do not know	2%



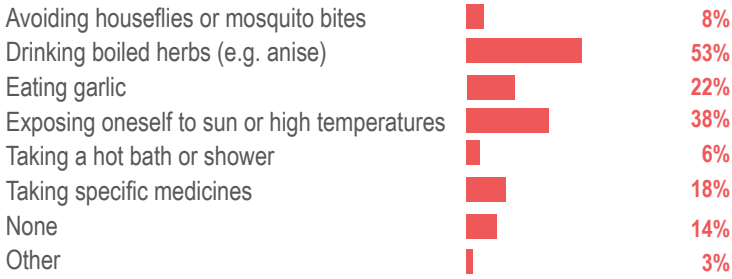
Proportion of respondents reporting the following possible prevention measures to reduce the risk of contracting COVID-19:[3]





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

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:

	Round 1	Round 2
Yes, all show symptoms	52%	57%
No, not all show symptoms	44%	40%
Do not know	4%	3%

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

	Round 1	Round 2
Cough	88%	90%
Diarrhea	18%	19%
Fever	90%	90%
Headache	37%	43%
Pain	31%	37%
Rash	3%	6%
Sneeze	69%	69%
Vomit	8%	8%

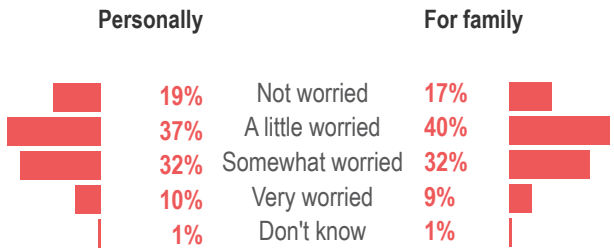
Proportion of respondents reporting the following methods of contracting COVID-19:[3]

	Round 1	Round 2
Airborne (other people coughing, etc.)	82%	84%
Breastmilk	5%	7%
Drinking/washing in infected water	19%	19%
Eating certain foods	8%	6%
Physical contact with contaminated object	52%	58%
Physical contact with infected people	71%	76%

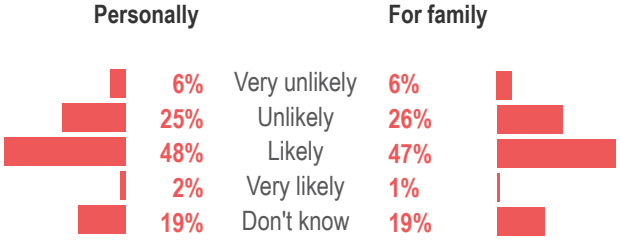
COVID-19 Attitudes

Round 1 - 16-23 April 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:

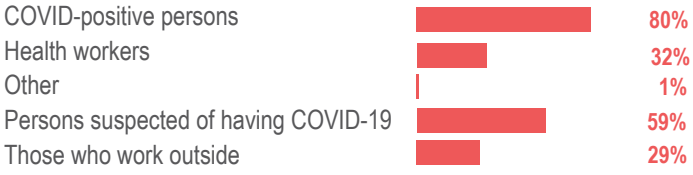


Proportion of respondents who agree with the following statements:

People should shake hands	14%
People should participate in social gatherings	12%
All shops, including non-essential ones, should remain open	36%

56% of individuals believe that COVID-19 is generating discrimination against specific people groups

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

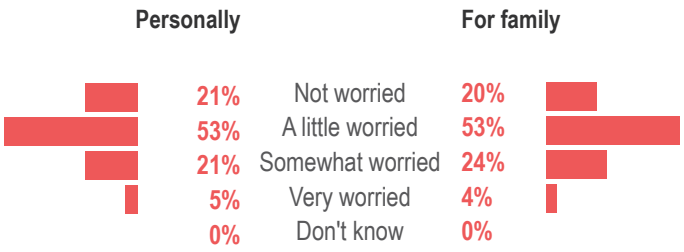


Respondent's assessment of danger posed by COVID-19 in comparison to other diseases:

	1 Common cold	2 Typhoid	3 Cancer
Less dangerous	1%	5%	49%
About the same	5%	13%	18%
More dangerous	92%	76%	31%
Don't know	1%	6%	3%

Round 2 - 18-22 May 2020

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



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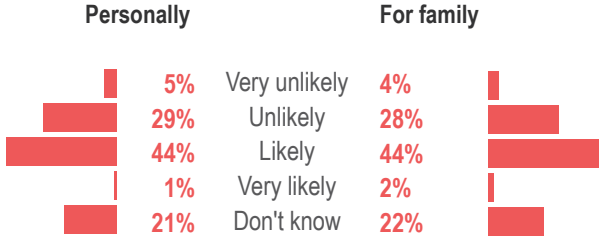
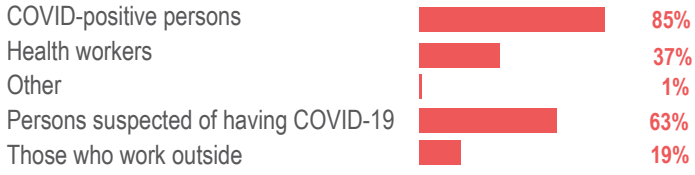


Proportion of respondents who agree with the following statements:

People should shake hands	16%
People should participate in social gatherings	17%
All shops, including non-essential ones, should remain open	46%

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
Less dangerous	2%	3%	50%
About the same	2%	13%	15%
More dangerous	96%	80%	34%
Don't know	0%	4%	1%

COVID-19 Practices

Round 1 - 16-23 April 2020

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

Attended large social gathering	31%
Greeted someone with a handshake	86%
Left home to go to work	65%
Left the house	89%
Stayed home more than normal	43%
Tried to keep distance of two meters from others when outside	15%
Visited friends and family outside your home	83%
Washed hands more than normal	66%

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

Call a doctor / medical professional	16%
Do nothing / Continue life as normal	2%
Go to doctor's office/ clinic	29%
Go to hospital	70%
Stay at home	6%
Stay at home and isolate oneself from others	23%

58% of individuals reported that they had undertaken preventive measures to mitigate risk of contracting COVID-19

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

Lack of knowledge	20%
Lack of money thus unable to stop working	57%
Lack of money to buy hygiene items	59%
Lack of time	5%

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	49%
Greeted someone with a handshake	91%
Left home to go to work	67%
Left the house	93%
Stayed home more than normal	39%
Tried to keep distance of two meters from others when outside	14%
Visited friends and family outside your home	86%
Washed hands more than normal	57%

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

Call a doctor / medical professional	25%
Do nothing / Continue life as normal	0%
Go to doctor's office/ clinic	30%
Go to hospital	72%
Stay at home	8%
Stay at home and isolate oneself from others	24%

56%

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Lack of knowledge	16%
Lack of money thus unable to stop working	59%
Lack of money to buy hygiene items	62%
Lack of time	11%

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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REACH Syria Country Coordinator

Email: laura.thisted@reach-initiative.org

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

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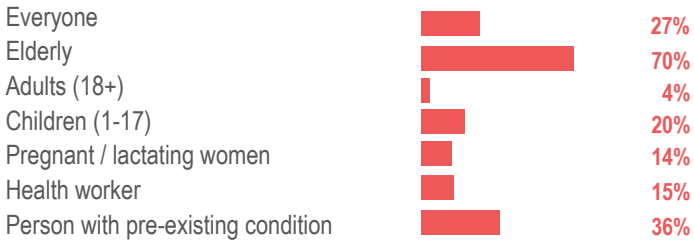
Aleppo - NWS

COVID-19 Knowledge

Round 1 - 16-23 April 2020

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



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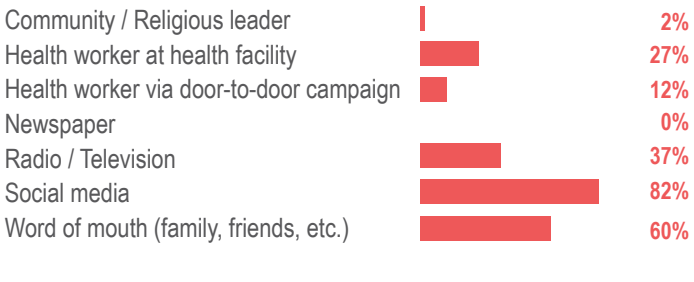
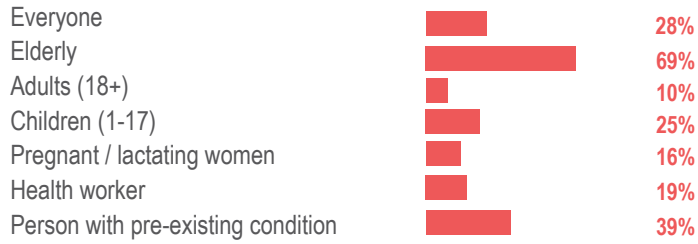
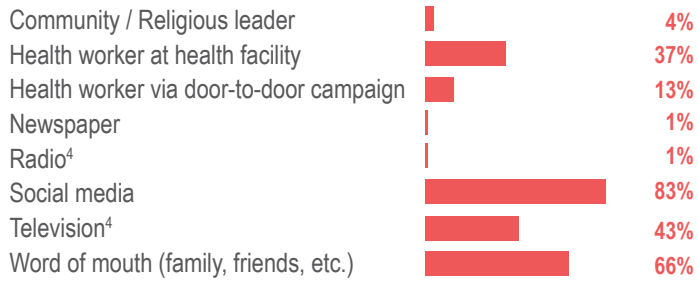


Round 2 - 18-22 May 2020





Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

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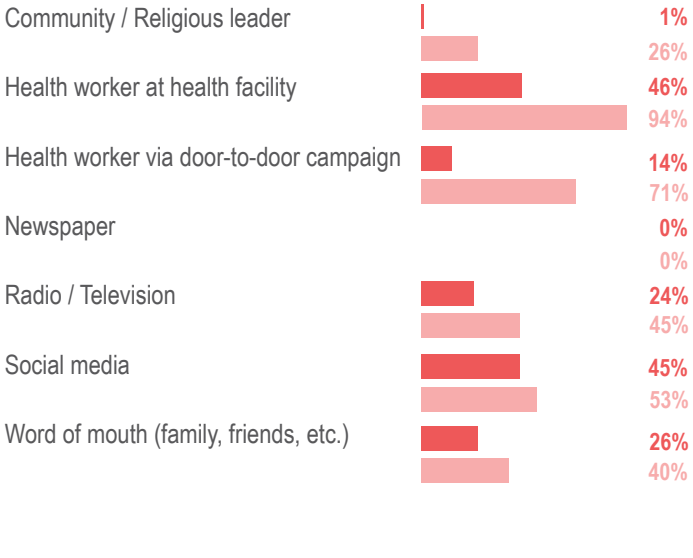

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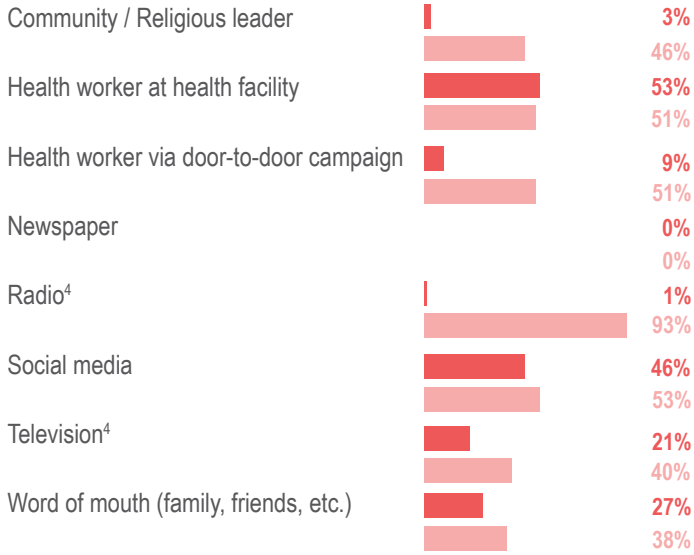
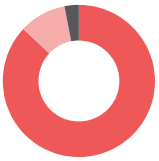


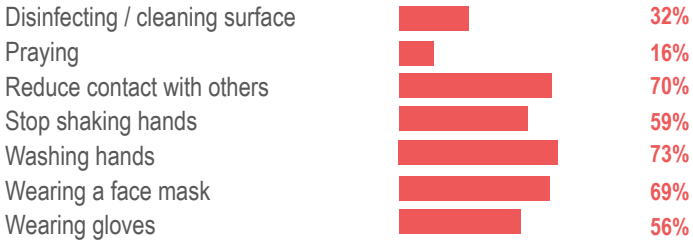
Survey respondents' view on whether one can take measures to reduce the chance of getting COVID-19:

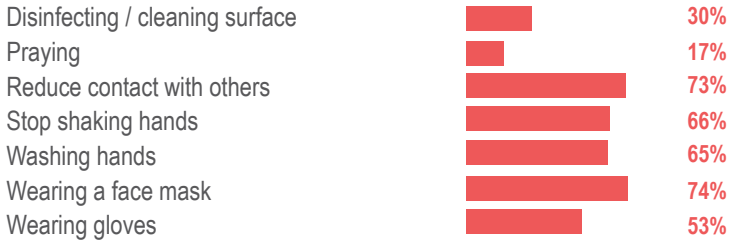
Yes	84%
No	14%
Do not know	2%

Yes	87%
No	10%
Do not know	3%



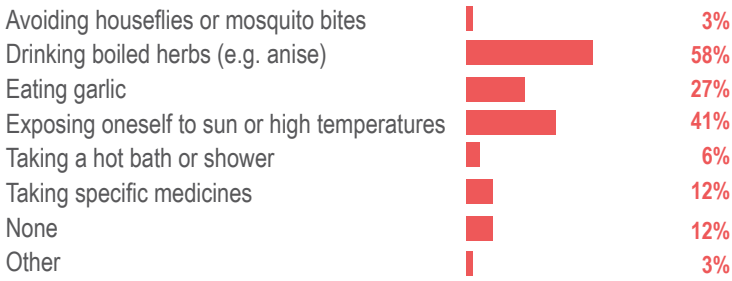
Proportion of respondents reporting the following possible prevention measures to reduce the risk of contracting COVID-19:[3]





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:

	Round 1	Round 2
Yes, all show symptoms	58%	60%
No, not all show symptoms	37%	37%
Do not know	5%	3%

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

	Round 1	Round 2
Cough	84%	89%
Diarrhea	15%	19%
Fever	88%	90%
Headache	36%	46%
Pain	23%	30%
Rash	4%	6%
Sneeze	65%	70%
Vomit	10%	9%

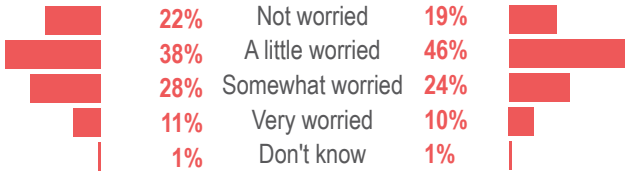
Proportion of respondents reporting the following methods of contracting COVID-19:[3]

	Round 1	Round 2
Airborne (other people coughing, etc.)	87%	88%
Breastmilk	6%	6%
Drinking/washing in infected water	19%	24%
Eating certain foods	3%	4%
Physical contact with contaminated object	45%	47%
Physical contact with infected people	69%	75%

COVID-19 Attitudes

Round 1 - 16-23 April 2020

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



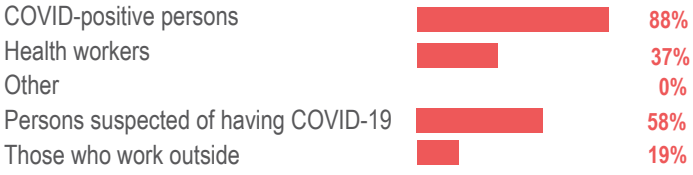
Respondent estimations of the likelihood of contracting COVID-19 within the month following data collection:

Proportion of respondents who agree with the following statements:

People should shake hands	19%
People should participate in social gatherings	11%
All shops, including non-essential ones, should remain open	39%

34% of individuals believe that COVID-19 is generating discrimination against specific people groups **43%**

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

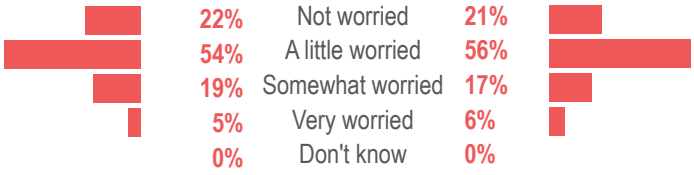


Respondent's assessment of danger posed by COVID-19 in comparison to other diseases:

	1 Common cold	2 Typhoid	3 Cancer
Less dangerous	2%	9%	42%
About the same	11%	16%	20%
More dangerous	84%	63%	35%
Don't know	3%	12%	3%

Round 2 - 18-22 May 2020

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

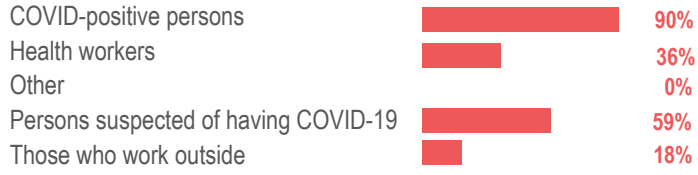


Respondent estimations of the likelihood of contracting COVID-19 within the month following data collection:

Proportion of respondents who agree with the following statements:

People should shake hands	15%
People should participate in social gatherings	13%
All shops, including non-essential ones, should remain open	50%

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
Less dangerous	0%	5%	42%
About the same	5%	15%	16%
More dangerous	94%	74%	40%
Don't know	1%	6%	1%

COVID-19 Practices

Round 1 - 16-23 April 2020

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

Attended large social gathering	23%
Greeted someone with a handshake	84%
Left home to go to work	61%
Left the house	88%
Stayed home more than normal	42%
Tried to keep distance of two meters from others when outside	12%
Visited friends and family outside your home	77%
Washed hands more than normal	60%

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

Call a doctor / medical professional	13%
Do nothing / Continue life as normal	3%
Go to doctor's office/ clinic	29%
Go to hospital	67%
Stay at home	4%
Stay at home and isolate oneself from others	14%

53% of individuals reported that they had undertaken preventive measures to mitigate risk of contracting COVID-19

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

Lack of knowledge	28%
Lack of money thus unable to stop working	54%
Lack of money to buy hygiene items	52%
Lack of time	7%

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	33%
Greeted someone with a handshake	90%
Left home to go to work	65%
Left the house	91%
Stayed home more than normal	42%
Tried to keep distance of two meters from others when outside	12%
Visited friends and family outside your home	83%
Washed hands more than normal	53%

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

Call a doctor / medical professional	23%
Do nothing / Continue life as normal	0%
Go to doctor's office/ clinic	31%
Go to hospital	73%
Stay at home	5%
Stay at home and isolate oneself from others	15%

56%

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

Lack of knowledge	21%
Lack of money thus unable to stop working	55%
Lack of money to buy hygiene items	51%
Lack of time	14%

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 Northwest 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 two governorates of northwest Syria (Aleppo and Idlib) 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 943 individual interviews was collected in northwest Syria (Aleppo: 390 interviews; Idleb: 553 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 819 individual interviews (**Aleppo: 335 interviews; Idleb: 484 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.

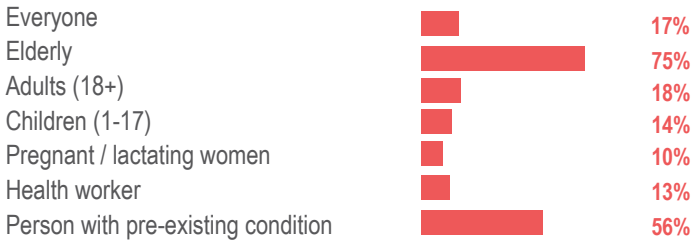
This factsheet presents only descriptive statistics for the first section of the survey, which were calibrated according to the same methodology used for calibration in round 1 described above. A fuller set of results, including an analysis of change in survey responses over time and regressions for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

Idleb

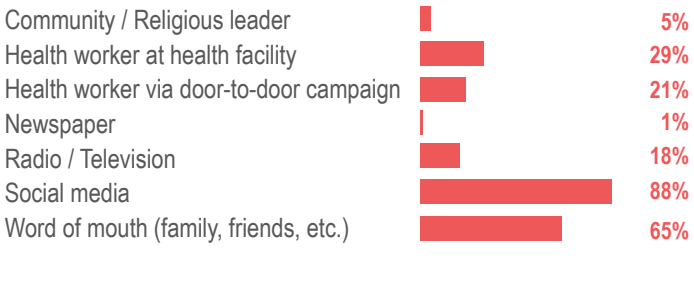
COVID-19 Knowledge

Round 1 - 16-23 April 2020

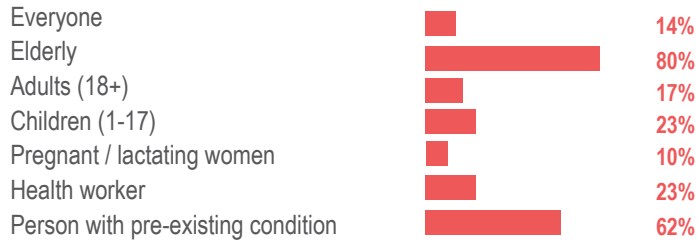
Survey respondents' views on which group of people is most at risk from getting seriously ill from COVID-19:[3]

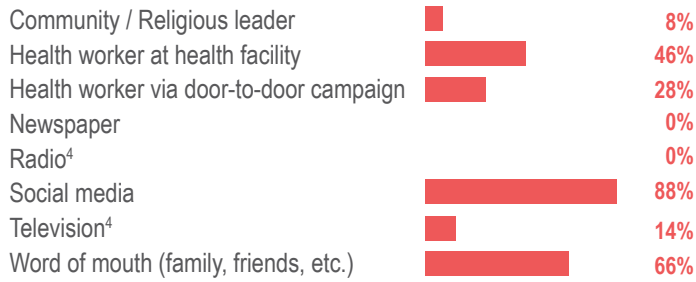


Most commonly reported means to receive information about COVID-19:[3]



Round 2 - 18-22 May 2020





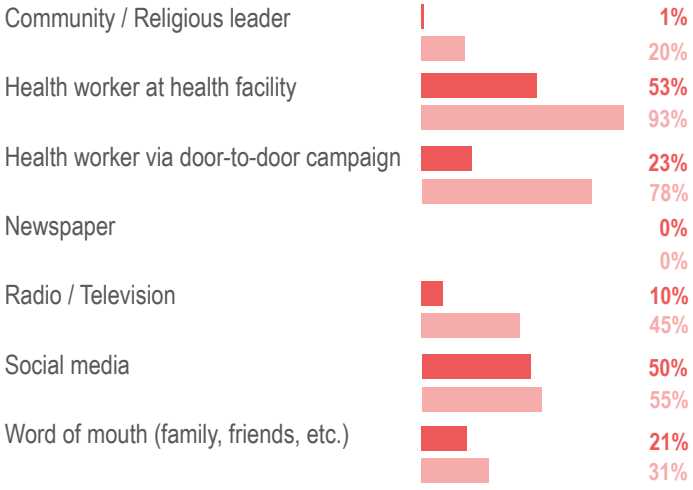
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

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

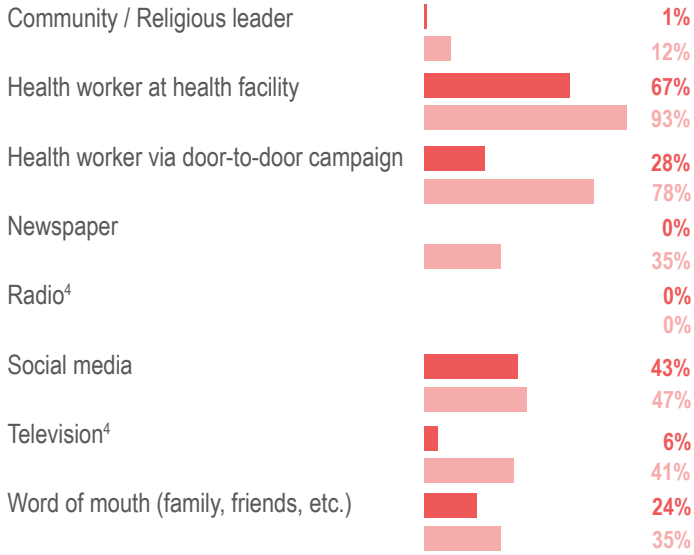
Most trusted information overall (respondent may have listed option as a trusted, but not a regular source of information)

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)

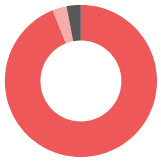
Most trusted among those who reported option as a source of information



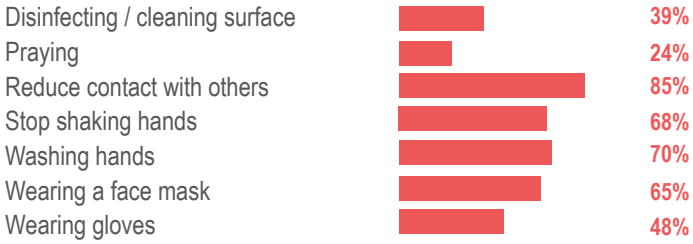
Survey respondents' view on whether one can take measures to reduce the chance of getting COVID-19:

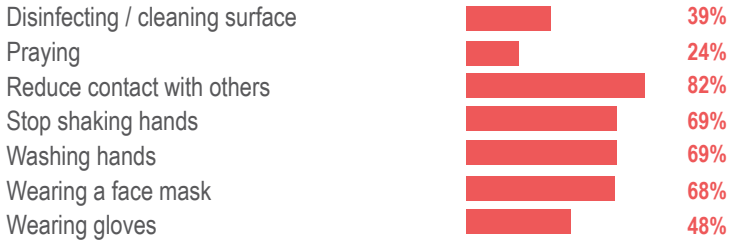
Yes	92%
No	5%
Do not know	4%

Yes	94%
No	3%
Do not know	3%



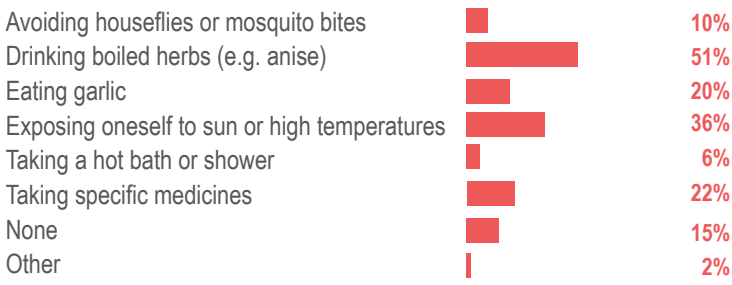
Proportion of respondents reporting the following possible prevention measures to reduce the risk of contracting COVID-19:[3]





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

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

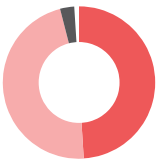


Round 1 - 16-23 April 2020

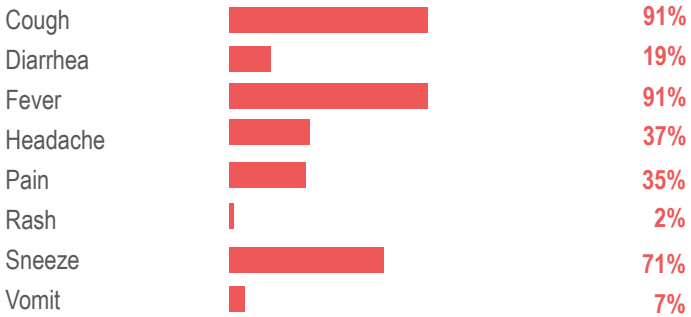
Round 2 - 18-22 May 2020

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

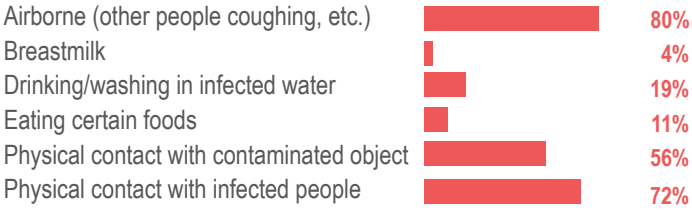
	Round 1	Round 2
Yes, all show symptoms	49%	55%
No, not all show symptoms	47%	42%
Do not know	3%	3%

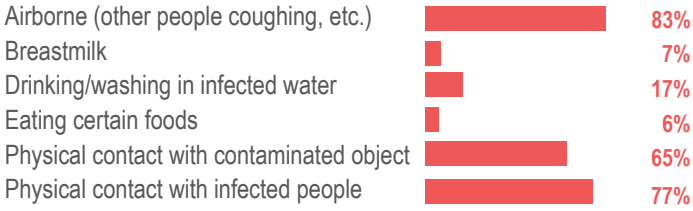


Symptoms most commonly reported by respondents as related to COVID-19:[3]



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





COVID-19 Attitudes

Round 1 - 16-23 April 2020

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

	Personally	For family
Not worried	18%	17%
A little worried	37%	37%
Somewhat worried	34%	36%
Very worried	10%	10%
Don't know	1%	1%

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

	Personally	For family
Very unlikely	6%	6%
Unlikely	30%	30%
Likely	51%	50%
Very likely	1%	2%
Don't know	12%	11%

Proportion of respondents who agree with the following statements:

People should shake hands	11%
People should participate in social gatherings	12%
All shops, including non-essential ones, should remain open	34%

68% of individuals believe that COVID-19 is generating discrimination against specific people groups

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

COVID-positive persons	78%
Health workers	31%
Other	1%
Persons suspected of having COVID-19	59%
Those who work outside	32%

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

	1 Common cold	2 Typhoid	3 Cancer
Less dangerous	1%	3%	52%
About the same	2%	11%	16%
More dangerous	97%	83%	29%
Don't know	0%	3%	3%

Round 2 - 18-22 May 2020

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

	Personally	For family
Not worried	20%	19%
A little worried	53%	51%
Somewhat worried	23%	27%
Very worried	4%	3%
Don't know	0%	0%

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

	Personally	For family
Very unlikely	6%	5%
Unlikely	34%	32%
Likely	46%	48%
Very likely	1%	2%
Don't know	13%	13%

Proportion of respondents who agree with the following statements:

People should shake hands	16%
People should participate in social gatherings	20%
All shops, including non-essential ones, should remain open	43%

73%

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

COVID-positive persons	83%
Health workers	38%
Other	2%
Persons suspected of having COVID-19	64%
Those who work outside	19%

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

	1 Common cold	2 Typhoid	3 Cancer
Less dangerous	2%	2%	54%
About the same	0%	13%	15%
More dangerous	97%	83%	30%
Don't know	0%	2%	1%

COVID-19 Practices

Round 1 - 16-23 April 2020

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

Attended large social gathering	36%
Greeted someone with a handshake	87%
Left home to go to work	67%
Left the house	89%
Stayed home more than normal	44%
Tried to keep distance of two meters from others when outside	17%
Visited friends and family outside your home	87%
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	18%
Do nothing / Continue life as normal	1%
Go to doctor's office/ clinic	29%
Go to hospital	72%
Stay at home	8%
Stay at home and isolate oneself from others	28%

61% of individuals reported that they had undertaken preventive measures to mitigate risk of contracting COVID-19

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

Lack of knowledge	16%
Lack of money thus unable to stop working	59%
Lack of money to buy hygiene items	64%
Lack of time	3%

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	57%
Greeted someone with a handshake	91%
Left home to go to work	68%
Left the house	95%
Stayed home more than normal	37%
Tried to keep distance of two meters from others when outside	15%
Visited friends and family outside your home	88%
Washed hands more than normal	59%

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

Call a doctor / medical professional	27%
Do nothing / Continue life as normal	0%
Go to doctor's office/ clinic	29%
Go to hospital	71%
Stay at home	9%
Stay at home and isolate oneself from others	29%

56%

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

Lack of knowledge	14%
Lack of money thus unable to stop working	61%
Lack of money to buy hygiene items	69%
Lack of time	10%

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 Northwest 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 two governorates of northwest Syria (Aleppo and Idlib) from 16 to 23 April and from 17 to 22 May 2020.

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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 819 individual interviews (**males: 494 interviews; females: 325 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.

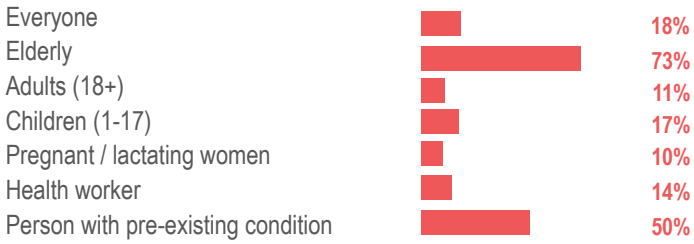
This factsheet presents only descriptive statistics for the first section of the survey, which were calibrated according to the same methodology used for calibration in round 1 described above. A fuller set of results, including an analysis of change in survey responses over time and regressions for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

Northwest Syria - Male

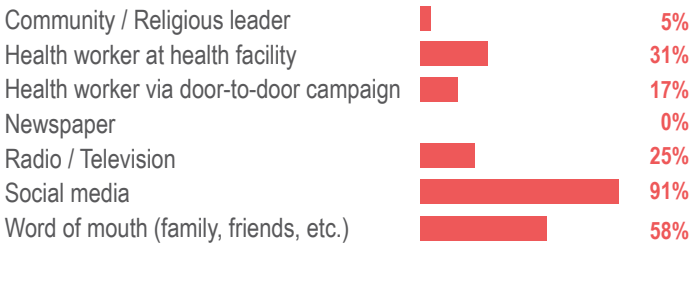
COVID-19 Knowledge

Round 1 - 16-23 April 2020

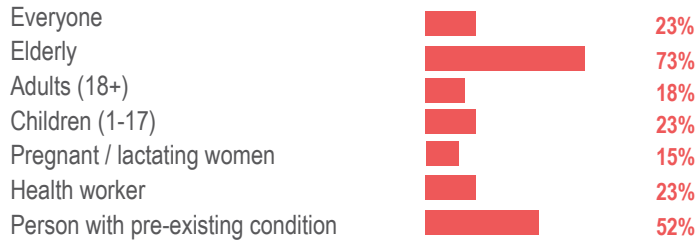
Survey respondents' views on which group of people is most at risk from getting seriously ill from COVID-19:[3]

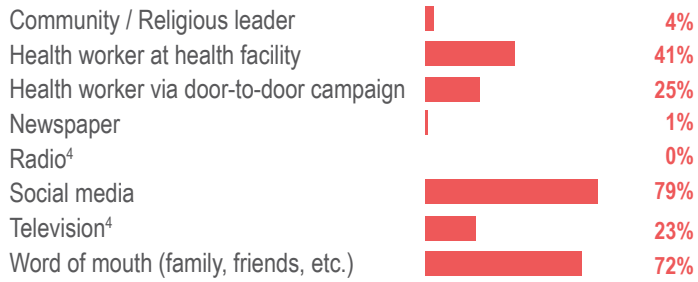


Most commonly reported means to receive information about COVID-19:[3]



Round 2 - 18-22 May 2020





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]

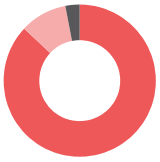
Most trusted information overall (respondent may have listed option as a trusted, but not a regular source of information)

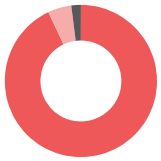
Most trusted among those who reported option as a source of information

	Round 1	Round 2
Community / Religious leader	1% / 15%	2% / 34%
Health worker at health facility	51% / 95%	61% / 94%
Health worker via door-to-door campaign	19% / 72%	22% / 73%
Newspaper	0% / 0%	0% / 0%
Radio / Television	14% / 44%	
Radio[4]		0% / 0%
Social media	49% / 52%	39% / 46%
Television[4]		11% / 38%
Word of mouth (family, friends, etc.)	18% / 29%	30% / 40%

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

	Round 1	Round 2
Yes	87%	93%
No	10%	5%
Do not know	3%	2%





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

	Round 1	Round 2
Disinfecting / cleaning surface	30%	40%
Praying	21%	25%
Reduce contact with others	79%	80%
Stop shaking hands	66%	71%
Washing hands	68%	69%
Wearing a face mask	68%	70%
Wearing gloves	52%	48%

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 2
Avoiding houseflies or mosquito bites	8%
Drinking boiled herbs (e.g. anise)	57%
Eating garlic	22%
Exposing oneself to sun or high temperatures	35%
Taking a hot bath or shower	8%
Taking specific medicines	21%
None	13%
Other	2%

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:

	Round 1	Round 2
Yes, all show symptoms	48%	61%
No, not all show symptoms	49%	36%
Do not know	4%	3%

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

	Round 1	Round 2
Cough	88%	90%
Diarrhea	18%	21%
Fever	89%	92%
Headache	37%	44%
Pain	32%	36%
Rash	3%	8%
Sneeze	70%	68%
Vomit	7%	8%

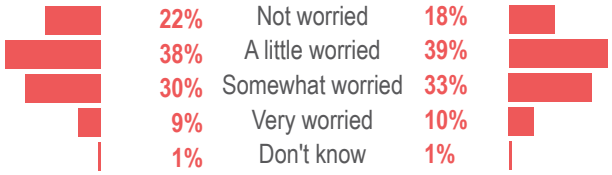
Proportion of respondents reporting the following methods of contracting COVID-19:[3]

	Round 1	Round 2
Airborne (other people coughing, etc.)	85%	83%
Breastmilk	3%	8%
Drinking/washing in infected water	16%	22%
Eating certain foods	7%	6%
Physical contact with contaminated object	51%	58%
Physical contact with infected people	67%	78%

COVID-19 Attitudes

Round 1 - 16-23 April 2020

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



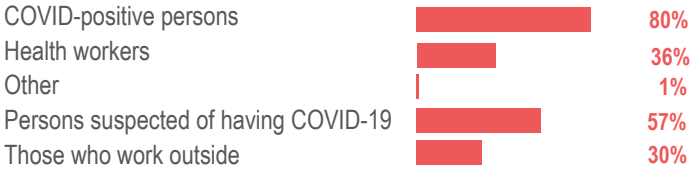
Respondent estimations of the likelihood of contracting COVID-19 within the month following data collection:

Proportion of respondents who agree with the following statements:

People should shake hands	14%
People should participate in social gatherings	12%
All shops, including non-essential ones, should remain open	37%

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

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

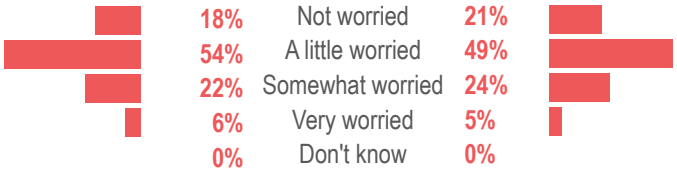


Respondent's assessment of danger posed by COVID-19 in comparison to other diseases:

	1 Common cold	2 Typhoid	3 Cancer
Less dangerous	1%	4%	47%
About the same	4%	12%	16%
More dangerous	93%	78%	35%
Don't know	2%	6%	3%

Round 2 - 18-22 May 2020

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



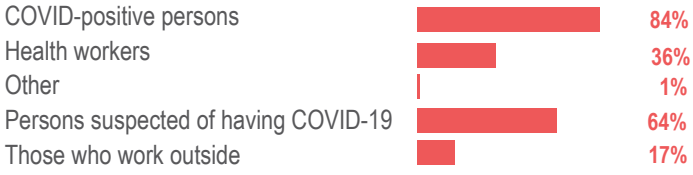
Respondent estimations of the likelihood of contracting COVID-19 within the month following data collection:

Proportion of respondents who agree with the following statements:

People should shake hands	16%
People should participate in social gatherings	19%
All shops, including non-essential ones, should remain open	44%

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
Less dangerous	2%	4%	52%
About the same	2%	14%	16%
More dangerous	96%	80%	30%
Don't know	0%	2%	1%

COVID-19 Practices

Round 1 - 16-23 April 2020

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

Attended large social gathering	43%
Greeted someone with a handshake	92%
Left home to go to work	86%
Left the house	97%
Stayed home more than normal	36%
Tried to keep distance of two meters from others when outside	15%
Visited friends and family outside your home	85%
Washed hands more than normal	65%

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

Call a doctor / medical professional	20%
Do nothing / Continue life as normal	2%
Go to doctor's office/ clinic	26%
Go to hospital	68%
Stay at home	5%
Stay at home and isolate oneself from others	25%

56% of individuals reported that they had undertaken preventive measures to mitigate risk of contracting COVID-19

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

Lack of knowledge	15%
Lack of money thus unable to stop working	70%
Lack of money to buy hygiene items	49%
Lack of time	6%

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	28%
Greeted someone with a handshake	86%
Left home to go to work	44%
Left the house	88%
Stayed home more than normal	46%
Tried to keep distance of two meters from others when outside	14%
Visited friends and family outside your home	85%
Washed hands more than normal	61%

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

Call a doctor / medical professional	24%
Do nothing / Continue life as normal	0%
Go to doctor's office/ clinic	33%
Go to hospital	74%
Stay at home	8%
Stay at home and isolate oneself from others	22%

58%

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

Lack of knowledge	19%
Lack of money thus unable to stop working	48%
Lack of money to buy hygiene items	73%
Lack of time	7%

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 Northwest 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 two governorates of northwest Syria (Aleppo and Idlib) 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 943 individual interviews was collected in northwest Syria (Aleppo: 390 interviews; Idleb: 553 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 819 individual interviews (**males: 494 interviews; females: 325 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.

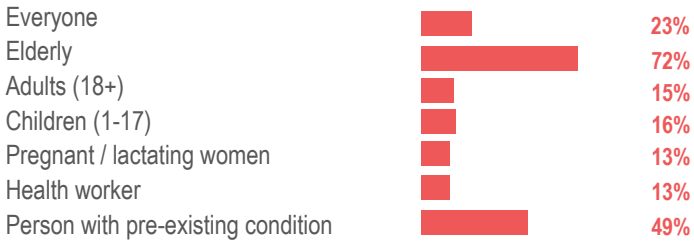
This factsheet presents only descriptive statistics for the first section of the survey, which were calibrated according to the same methodology used for calibration in round 1 described above. A fuller set of results, including an analysis of change in survey responses over time and regressions for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

Northwest Syria - Female

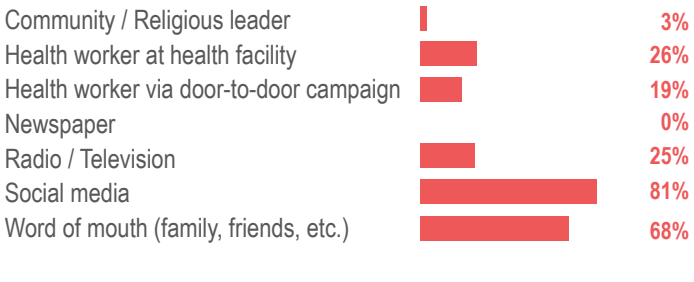
COVID-19 Knowledge

Round 1 - 16-23 April 2020

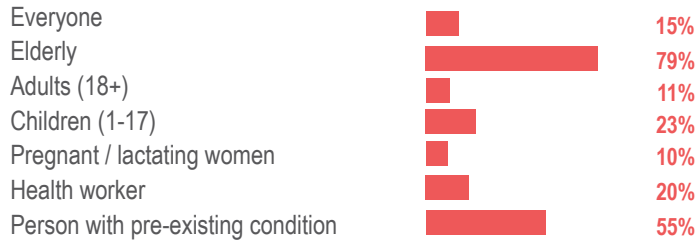
Survey respondents' views on which group of people is most at risk from getting seriously ill from COVID-19:[3]

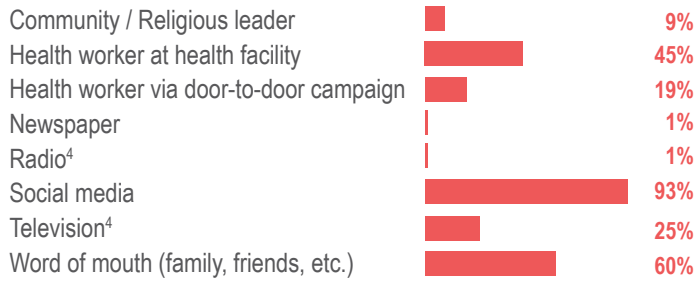


Most commonly reported means to receive information about COVID-19:[3]



Round 2 - 18-22 May 2020





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]

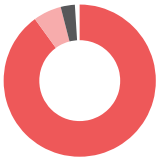
Most trusted information overall (respondent may have listed option as a trusted, but not a regular source of information)

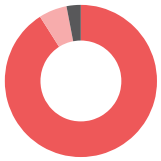
Most trusted among those who reported option as a source of information

	Round 1	Round 2
Community / Religious leader	1%	2%
	31%	12%
Health worker at health facility	50%	63%
	91%	94%
Health worker via door-to-door campaign	20%	21%
	80%	71%
Newspaper	0%	0%
	0%	45%
Radio / Television	15%	
	47%	
Radio[4]		1%
		93%
Social media	48%	49%
	57%	52%
Television[4]		12%
		43%
Word of mouth (family, friends, etc.)	27%	20%
	39%	30%

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

	Round 1	Round 2
Yes	90%	91%
No	6%	6%
Do not know	3%	3%





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

	Round 1	Round 2
Disinfecting / cleaning surface	43%	31%
Praying	22%	18%
Reduce contact with others	81%	78%
Stop shaking hands	65%	65%
Washing hands	74%	66%
Wearing a face mask	64%	70%
Wearing gloves	49%	52%

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

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

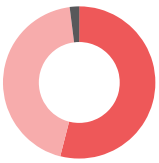
	Round 2
Avoiding houseflies or mosquito bites	7%
Drinking boiled herbs (e.g. anise)	50%
Eating garlic	23%
Exposing oneself to sun or high temperatures	40%
Taking a hot bath or shower	5%
Taking specific medicines	16%
None	15%
Other	3%

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:

	Round 1 - 16-23 April 2020	Round 2 - 18-22 May 2020
Yes, all show symptoms	57%	54%
No, not all show symptoms	39%	44%
Do not know	4%	2%



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

	Round 1 - 16-23 April 2020	Round 2 - 18-22 May 2020
Cough	89%	90%
Diarrhea	17%	17%
Fever	91%	89%
Headache	36%	42%
Pain	29%	37%
Rash	3%	5%
Sneeze	68%	70%
Vomit	9%	8%

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

	Round 1 - 16-23 April 2020	Round 2 - 18-22 May 2020
Airborne (other people coughing, etc.)	80%	86%
Breastmilk	6%	5%
Drinking/washing in infected water	22%	16%
Eating certain foods	8%	5%
Physical contact with contaminated object	53%	59%
Physical contact with infected people	75%	74%

COVID-19 Attitudes

Round 1 - 16-23 April 2020

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

	Personally	For family
Not worried	16%	17%
A little worried	37%	42%
Somewhat worried	34%	31%
Very worried	12%	9%
Don't know	1%	1%

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

	Personally	For family
Very unlikely	5%	5%
Unlikely	22%	24%
Likely	49%	48%
Very likely	2%	1%
Don't know	22%	22%

Proportion of respondents who agree with the following statements:

People should shake hands	14%
People should participate in social gatherings	12%
All shops, including non-essential ones, should remain open	36%

56% of individuals believe that COVID-19 is generating discrimination against specific people groups

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

COVID-positive persons	79%
Health workers	28%
Other	1%
Persons suspected of having COVID-19	61%
Those who work outside	28%

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

	1 Common cold	2 Typhoid	3 Cancer
Less dangerous	2%	6%	51%
About the same	6%	14%	19%
More dangerous	92%	75%	27%
Don't know	1%	6%	3%

Round 2 - 18-22 May 2020

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

	Personally	For family
Not worried	24%	18%
A little worried	52%	56%
Somewhat worried	21%	23%
Very worried	3%	3%
Don't know	0%	0%

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

	Personally	For family
Very unlikely	5%	5%
Unlikely	31%	30%
Likely	41%	43%
Very likely	1%	0%
Don't know	22%	22%

Proportion of respondents who agree with the following statements:

People should shake hands	16%
People should participate in social gatherings	16%
All shops, including non-essential ones, should remain open	47%

62%

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

COVID-positive persons	85%
Health workers	38%
Other	1%
Persons suspected of having COVID-19	61%
Those who work outside	21%

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

	1 Common cold	2 Typhoid	3 Cancer
Less dangerous	1%	2%	48%
About the same	2%	13%	14%
More dangerous	97%	80%	37%
Don't know	0%	5%	1%

COVID-19 Practices

Round 1 - 16-23 April 2020

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

Attended large social gathering	17%
Greeted someone with a handshake	79%
Left home to go to work	40%
Left the house	81%
Stayed home more than normal	51%
Tried to keep distance of two meters from others when outside	15%
Visited friends and family outside your home	81%
Washed hands more than normal	68%

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

Call a doctor / medical professional	13%
Do nothing / Continue life as normal	1%
Go to doctor's office/ clinic	32%
Go to hospital	72%
Stay at home	8%
Stay at home and isolate oneself from others	22%

61% of individuals reported that they had undertaken preventive measures to mitigate risk of contracting COVID-19

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

Lack of knowledge	26%
Lack of money thus unable to stop working	44%
Lack of money to buy hygiene items	70%
Lack of time	3%

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	68%
Greeted someone with a handshake	96%
Left home to go to work	88%
Left the house	99%
Stayed home more than normal	32%
Tried to keep distance of two meters from others when outside	14%
Visited friends and family outside your home	87%
Washed hands more than normal	53%

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

Call a doctor / medical professional	27%
Do nothing / Continue life as normal	0%
Go to doctor's office/ clinic	26%
Go to hospital	70%
Stay at home	7%
Stay at home and isolate oneself from others	26%

54%

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

Lack of knowledge	14%
Lack of money thus unable to stop working	69%
Lack of money to buy hygiene items	52%
Lack of time	15%

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 Northwest 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 two governorates of northwest Syria (Aleppo and Idlib) from 16 to 23 April and from 17 to 22 May 2020.

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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 819 individual interviews (**urban: 236 interviews; rural: 583 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.

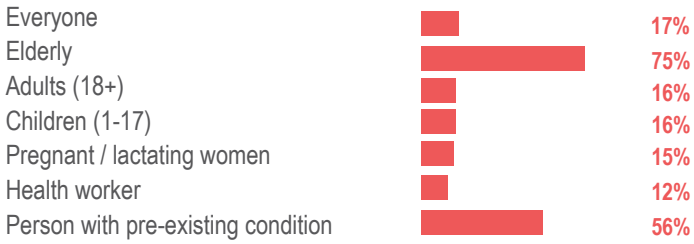
Northwest Syria - Urban

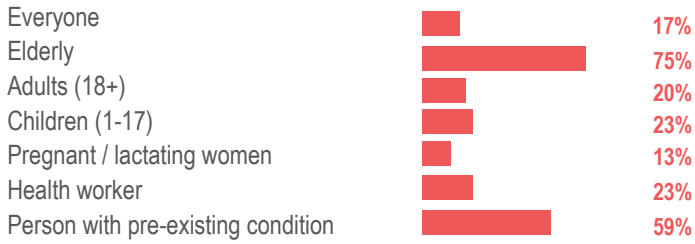
COVID-19 Knowledge

Round 1 - 16-23 April 2020

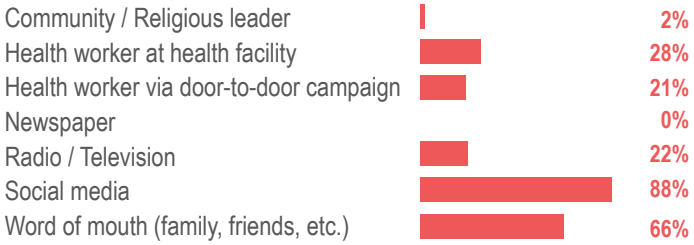
Round 2 - 18-22 May 2020

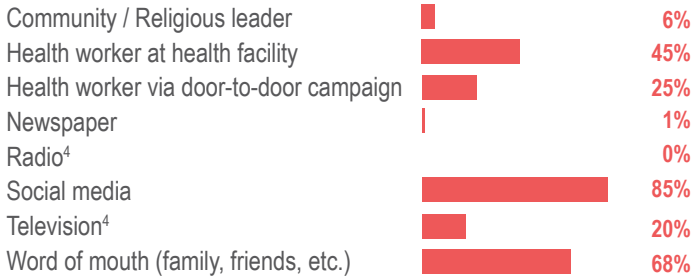
Survey respondents' views on which group of people is most at risk from getting seriously ill from COVID-19:[3]





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





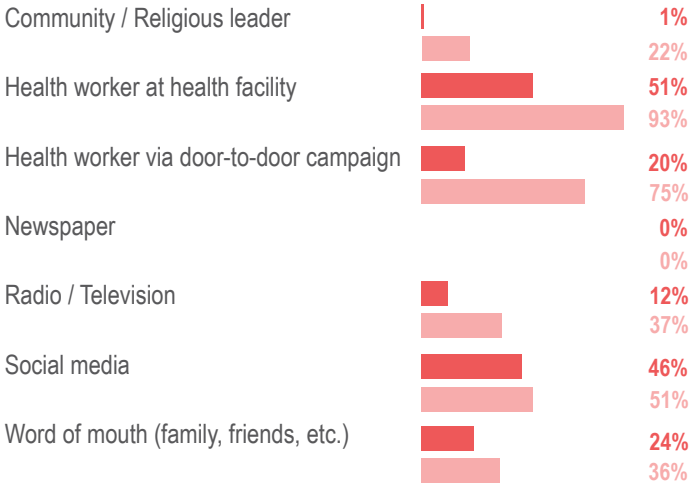
Round 1 - 16-23 April 2020

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)

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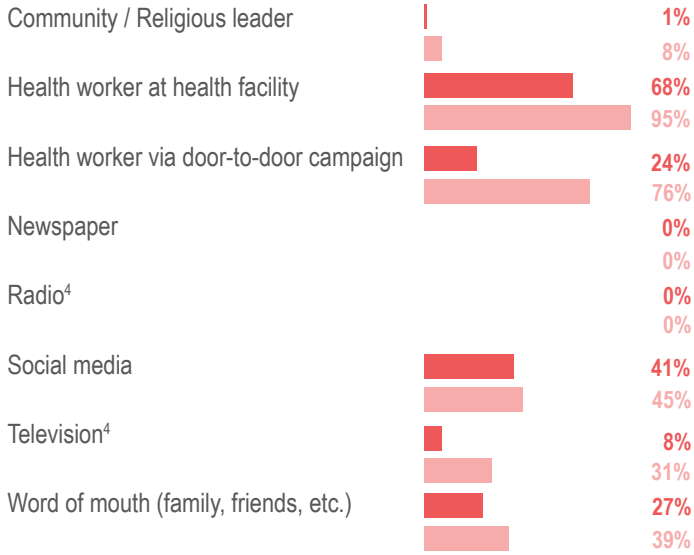
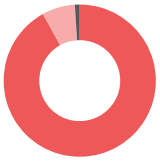
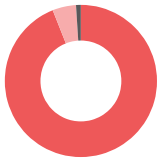


Survey respondents' view on whether one can take measures to reduce the chance of getting COVID-19:

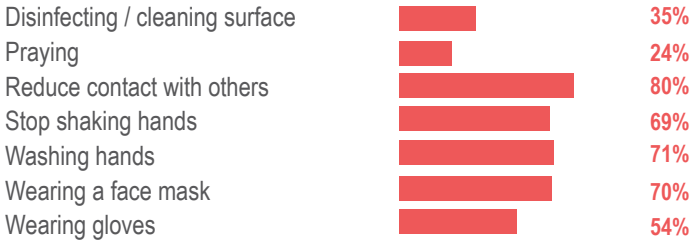
Yes	92%
No	7%
Do not know	1%

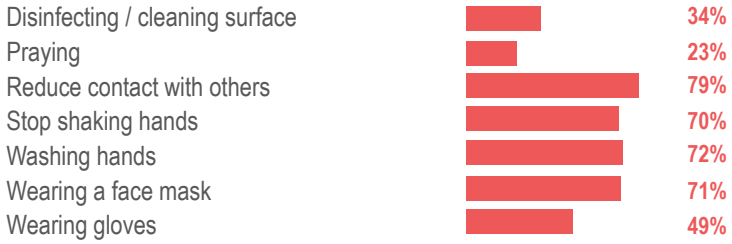


Yes	94%
No	5%
Do not know	1%



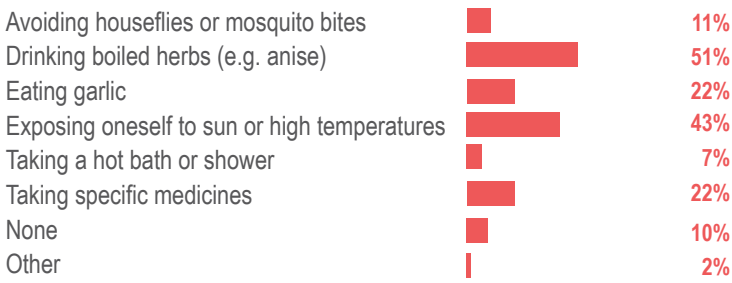
Proportion of respondents reporting the following possible prevention measures to reduce the risk of contracting COVID-19:[3]





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

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

Yes, all show symptoms	54%
No, not all show symptoms	42%
Do not know	4%

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

Cough	92%
Diarrhea	20%
Fever	91%
Headache	39%
Pain	34%
Rash	3%
Sneeze	72%
Vomit	8%

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

Airborne (other people coughing, etc.)	84%
Breastmilk	4%
Drinking/washing in infected water	18%
Eating certain foods	19%
Physical contact with contaminated object	53%
Physical contact with infected people	73%

Round 2 - 18-22 May 2020

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

Yes, all show symptoms	56%
No, not all show symptoms	40%
Do not know	4%

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

Cough	92%
Diarrhea	18%
Fever	91%
Headache	45%
Pain	40%
Rash	8%
Sneeze	67%
Vomit	7%

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

Airborne (other people coughing, etc.)	84%
Breastmilk	8%
Drinking/washing in infected water	16%
Eating certain foods	6%
Physical contact with contaminated object	60%
Physical contact with infected people	74%

COVID-19 Attitudes

Round 1 - 16-23 April 2020

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

	Personally	For family
Not worried	16%	12%
A little worried	34%	39%
Somewhat worried	38%	37%
Very worried	11%	10%
Don't know	1%	1%

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

	Personally	For family
Very unlikely	6%	5%
Unlikely	23%	25%
Likely	58%	58%
Very likely	2%	2%
Don't know	11%	10%

Proportion of respondents who agree with the following statements:

People should shake hands	15%
People should participate in social gatherings	12%
All shops, including non-essential ones, should remain open	35%

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

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

COVID-positive persons	83%
Health workers	31%
Other	1%
Persons suspected of having COVID-19	62%
Those who work outside	38%

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

	1 Common cold	2 Typhoid	3 Cancer
Less dangerous	1%	4%	57%
About the same	4%	14%	14%
More dangerous	93%	78%	25%
Don't know	2%	4%	3%

Round 2 - 18-22 May 2020

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

	Personally	For family
Not worried	21%	15%
A little worried	52%	56%
Somewhat worried	24%	27%
Very worried	3%	2%
Don't know	0%	0%

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

	Personally	For family
Very unlikely	6%	5%
Unlikely	28%	28%
Likely	50%	51%
Very likely	1%	2%
Don't know	15%	15%

Proportion of respondents who agree with the following statements:

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

70%

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

COVID-positive persons	86%
Health workers	36%
Other	2%
Persons suspected of having COVID-19	64%
Those who work outside	21%

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

	1 Common cold	2 Typhoid	3 Cancer
Less dangerous	3%	3%	59%
About the same	1%	13%	13%
More dangerous	97%	80%	27%
Don't know	0%	4%	1%

COVID-19 Practices

Round 1 - 16-23 April 2020

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

Attended large social gathering	31%
Greeted someone with a handshake	90%
Left home to go to work	69%
Left the house	92%
Stayed home more than normal	43%
Tried to keep distance of two meters from others when outside	14%
Visited friends and family outside your home	84%
Washed hands more than normal	74%

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

Call a doctor / medical professional	14%
Do nothing / Continue life as normal	2%
Go to doctor's office/ clinic	32%
Go to hospital	70%
Stay at home	7%
Stay at home and isolate oneself from others	25%

61% of individuals reported that they had undertaken preventive measures to mitigate risk of contracting COVID-19

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

Lack of knowledge	19%
Lack of money thus unable to stop working	66%
Lack of money to buy hygiene items	56%
Lack of time	4%

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	50%
Greeted someone with a handshake	94%
Left home to go to work	69%
Left the house	93%
Stayed home more than normal	37%
Tried to keep distance of two meters from others when outside	13%
Visited friends and family outside your home	87%
Washed hands more than normal	59%

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

Call a doctor / medical professional	26%
Do nothing / Continue life as normal	0%
Go to doctor's office/ clinic	32%
Go to hospital	71%
Stay at home	8%
Stay at home and isolate oneself from others	23%

59%

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

Lack of knowledge	16%
Lack of money thus unable to stop working	66%
Lack of money to buy hygiene items	55%
Lack of time	9%

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.

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COVID-19 Knowledge, Attitudes and Practices (KAP) Survey Northwest 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 two governorates of northwest Syria (Aleppo and Idlib) 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 943 individual interviews was collected in northwest Syria (Aleppo: 390 interviews; Idleb: 553 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 819 individual interviews (**urban: 236 interviews; rural: 583 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.

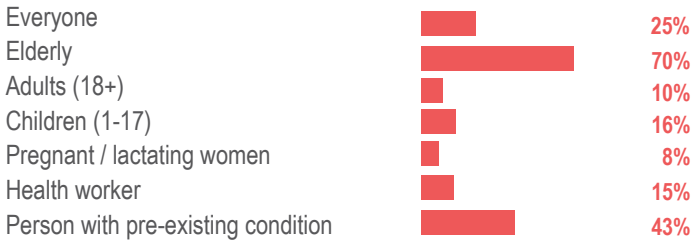
This factsheet presents only descriptive statistics for the first section of the survey, which were calibrated according to the same methodology used for calibration in round 1 described above. A fuller set of results, including an analysis of change in survey responses over time and regressions for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

Northwest Syria - Rural

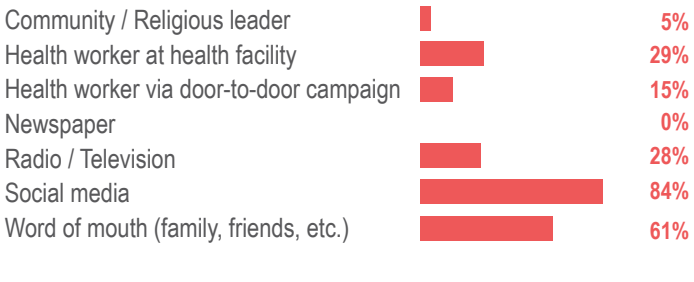
COVID-19 Knowledge

Round 1 - 16-23 April 2020

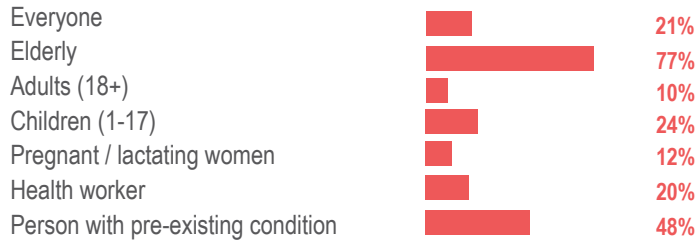
Survey respondents' views on which group of people is most at risk from getting seriously ill from COVID-19:[3]

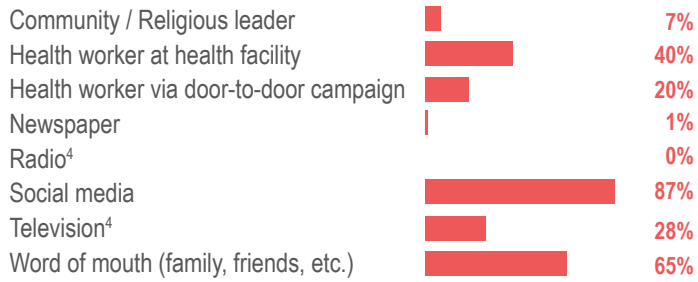


Most commonly reported means to receive information about COVID-19:[3]



Round 2 - 18-22 May 2020





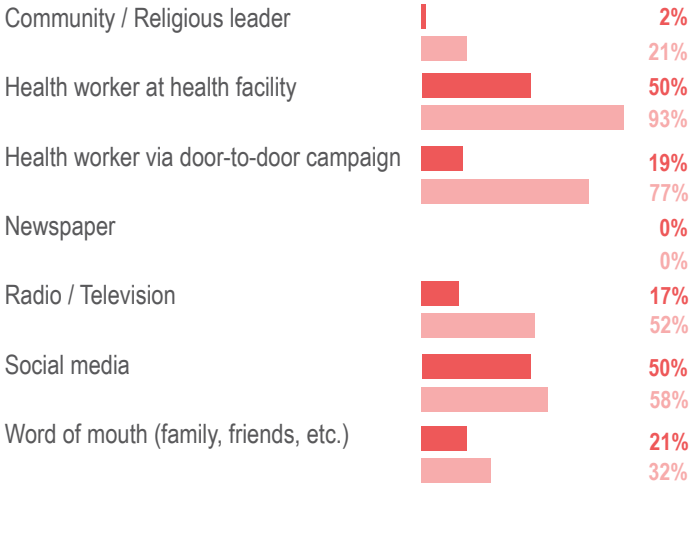
Round 1 - 16-23 April 2020

Round 2 - 18-22 May 2020

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

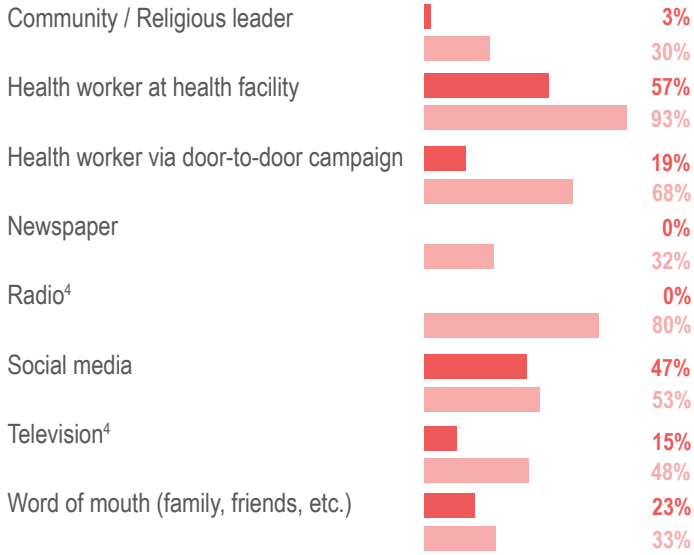
Most trusted information overall (respondent may have listed option as a trusted, but not a regular source of information)

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



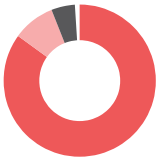
Most trusted information overall (respondent may have listed option as a trusted, but not a regular source of information)

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

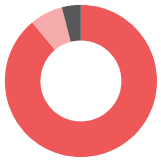


Survey respondents' view on whether one can take measures to reduce the chance of getting COVID-19:

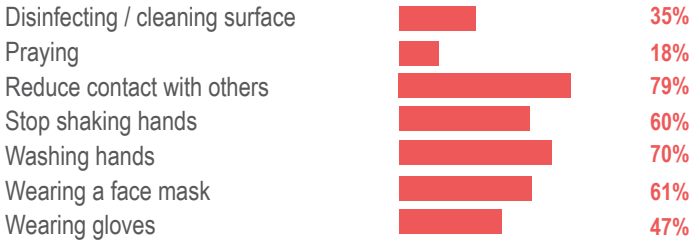
Yes	85%
No	9%
Do not know	5%

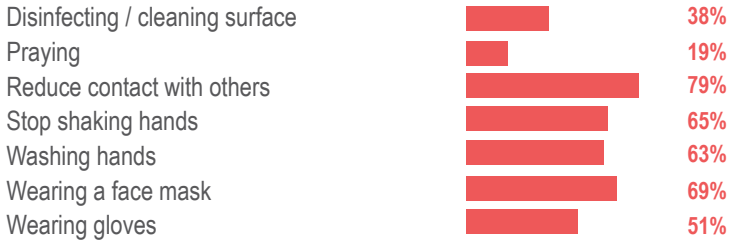


Yes	89%
No	7%
Do not know	4%



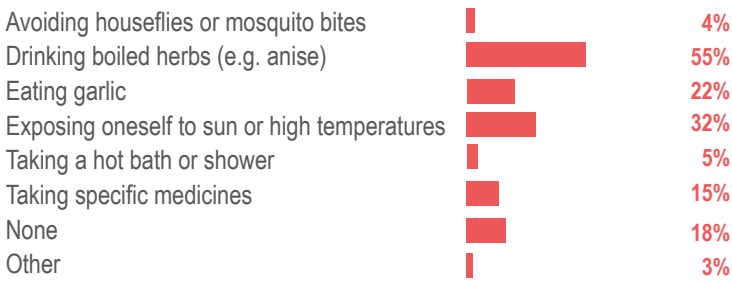
Proportion of respondents reporting the following possible prevention measures to reduce the risk of contracting COVID-19:[3]





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:

	Round 1	Round 2
Yes, all show symptoms	51%	59%
No, not all show symptoms	45%	40%
Do not know	4%	2%

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

	Round 1	Round 2
Cough	85%	89%
Diarrhea	16%	20%
Fever	90%	90%
Headache	34%	40%
Pain	27%	33%
Rash	3%	4%
Sneeze	66%	72%
Vomit	9%	8%

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

	Round 1	Round 2
Airborne (other people coughing, etc.)	81%	85%
Breastmilk	5%	5%
Drinking/washing in infected water	20%	23%
Eating certain foods	6%	5%
Physical contact with contaminated object	52%	57%
Physical contact with infected people	69%	78%

COVID-19 Attitudes

Round 1 - 16-23 April 2020

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

	Personally	For family
Not worried	23%	23%
A little worried	40%	42%
Somewhat worried	26%	26%
Very worried	10%	9%
Don't know	1%	1%

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

	Personally	For family
Very unlikely	6%	6%
Unlikely	27%	26%
Likely	38%	37%
Very likely	1%	1%
Don't know	28%	29%

Proportion of respondents who agree with the following statements:

People should shake hands	13%
People should participate in social gatherings	11%
All shops, including non-essential ones, should remain open	38%

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

COVID-positive persons	76%
Health workers	33%
Other	1%
Persons suspected of having COVID-19	54%
Those who work outside	17%

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

	1 Common cold	2 Typhoid	3 Cancer
Less dangerous	2%	6%	40%
About the same	6%	11%	21%
More dangerous	92%	75%	37%
Don't know	0%	9%	3%

Round 2 - 18-22 May 2020

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

	Personally	For family
Not worried	21%	25%
A little worried	54%	49%
Somewhat worried	19%	20%
Very worried	6%	6%
Don't know	0%	0%

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

	Personally	For family
Very unlikely	4%	4%
Unlikely	30%	29%
Likely	36%	36%
Very likely	2%	2%
Don't know	28%	29%

Proportion of respondents who agree with the following statements:

People should shake hands	14%
People should participate in social gatherings	17%
All shops, including non-essential ones, should remain open	50%

49% of individuals believe that COVID-19 is generating discrimination against specific people groups **55%**

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

COVID-positive persons	83%
Health workers	40%
Other	1%
Persons suspected of having COVID-19	61%
Those who work outside	17%

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

	1 Common cold	2 Typhoid	3 Cancer
Less dangerous	1%	3%	40%
About the same	3%	14%	17%
More dangerous	96%	79%	41%
Don't know	0%	4%	2%

COVID-19 Practices

Round 1 - 16-23 April 2020

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

Attended large social gathering	32%
Greeted someone with a handshake	81%
Left home to go to work	61%
Left the house	86%
Stayed home more than normal	43%
Tried to keep distance of two meters from others when outside	16%
Visited friends and family outside your home	82%
Washed hands more than normal	59%

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

Call a doctor / medical professional	19%
Do nothing / Continue life as normal	2%
Go to doctor's office/ clinic	27%
Go to hospital	70%
Stay at home	5%
Stay at home and isolate oneself from others	21%

55% of individuals reported that they had undertaken preventive measures to mitigate risk of contracting COVID-19

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

Lack of knowledge	22%
Lack of money thus unable to stop working	47%
Lack of money to buy hygiene items	63%
Lack of time	5%

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	47%
Greeted someone with a handshake	88%
Left home to go to work	64%
Left the house	94%
Stayed home more than normal	41%
Tried to keep distance of two meters from others when outside	15%
Visited friends and family outside your home	85%
Washed hands more than normal	55%

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

Call a doctor / medical professional	25%
Do nothing / Continue life as normal	0%
Go to doctor's office/ clinic	27%
Go to hospital	72%
Stay at home	7%
Stay at home and isolate oneself from others	25%

54%

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

Lack of knowledge	17%
Lack of money thus unable to stop working	51%
Lack of money to buy hygiene items	69%
Lack of time	13%

Endnotes

1. https://www.worldometers.info/coronavirus/
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