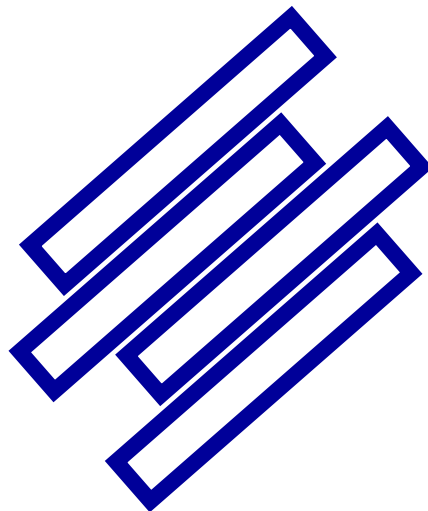




# SURVEY ON THE UTILIZATION OF COVID-19 COMMUNITY TREATMENT CENTRES (CCTCS) IN NORTHWEST SYRIA

# SURVEY ON THE UTILIZATION OF COVID-19 COMMUNITY TREATMENT CENTRES (CCTC)S IN NORTHWEST SYRIA

December 2020



# UDER

**Relief Experts Association**

Prepared by

Dr. Mahmoud Jammoul – Thabet Alash – Dr. Hani Altaieb – Dr. Hani Alashawi

## Contents

1. Introduction and Objective .....	1
2. Methodology .....	2
2.1. Sampling .....	2
2.1.1. General population .....	2
2.1.2. Lab-confirmed COVID-19 patients .....	3
3. Limitations .....	4
4. Findings .....	5
4.1. Characteristics of participants .....	5
4.2. Knowledge and attitude among participants towards COVID-19 .....	6
4.3. COVID-19 symptoms and severity of cases .....	6
4.4. Knowledge and perceptions about the CCTCs .....	8
5. Conclusions and Recommendations .....	11
Annex 1. Questionnaire .....	13



*Community health workers during a home-based interview*

## 1. Introduction and Objective

On the 9<sup>th</sup> July 2020, the first confirmed case of COVID-19 was reported in northwest Syria (NWS), and as of the 28<sup>th</sup> December 2020, a total of 20,047 cases were reported<sup>1</sup> with a minimum of 308 COVID-19 associated deaths. However, the living conditions in this region are of great concern, with 47% of the population in emergency shelters and 15% in sub-standard buildings, which makes self-isolation and social distancing very difficult practices.

To address this issue, the COVID-19 Preparedness and Response Plan (PRP) for NWS included establishing 34 COVID-19 Community Treatment Centres (CCTCs) to provide confirmed patients and suspected cases with the needed care. Until October 2020, only 18 centres with a capacity of 785-bed capacity were functional, while the rest of the planned centres postponed their operations due to different challenges.

Dedicated staff members with an average of 54 work in each CCTC, including 3 doctors, 18 nurses, 18 infection control workers, and other administrative and logistic staff. The centre provides patients with different services, starting from before reception, until after discharge, including transportation and residency.

While in a CCTC, patients receive all the necessary services, such as regular medical assessments, COVID-19 tests, medications, basic medical equipment, and logistic services, including provision of food and internet connection.

However, out of the thousands of COVID-19 cases that have been reported, only a small percentage was admitted to CCTCs. The purpose of this survey was to understand the main reasons behind low utilization of the centres and to assess the knowledge and perceptions of the participants in relation to COVID-19 and CCTCs.

## 2. Methodology

This survey was conducted by interviewing participants using a questionnaire to collect basic demographic characteristics, and to assess knowledge and attitude regarding COVID-19 and CCTCs.

### 2.1. Sampling

The survey aimed at interviewing two main groups; lab-confirmed COVID-19 patients, and a larger group from the general population who didn't report or experience an infection with COVID-19.

#### 2.1.1. General population

According to the Humanitarian Needs Assessment Programme (HNAP) 2020 figures, the total population in NWS is 4,154,454. Under a 95% confidence level and a 5%

---

<sup>1</sup> The COVID-19 Response Tracking Dashboard for Northwest Syria:

<https://app.powerbi.com/view?r=eyJrIjojNTRiMmZiMTAtNWYzZC00M2RmLWFkOTktZWZlMjQ4NmFhOWVhIiwidCI6ImY2MTBjMGI3LWJkMjQ0NGl3OS04MTBiLTNkYzI4MGFmYjU5MCIslmMiOjh9&pageName=ReportSectionb57388c4c756b1036a93>

margin of error, the representative sample of this population is 385. The sample aimed at interviewing equal numbers of male and female participants, while the proportion of camp and non-camp residents was 36% to 64% according to the percentage of camp residents out of the total population in northwest Syria which was estimated at 1.5 million in camps out of 4.15 million people. The table below shows that distribution of samples by district in proportion to the total population, and the actual number of samples reached:

District	Population	% of district population out of total population	Targeted sample	Actual sample
Afrin	431,995	10%	40	78
Al Bab	209,496	5%	19	44
Ariha	121,458	3%	11	5
A'zaz	596,590	14%	55	103
Harim	163,8461	39%	152	207
Idleb	599,275	14%	56	119
Jarablus	99,411	2%	9	19
Jebel Saman	149,706	4%	14	28
Jisr-Ash-Shugur	308,062	7%	29	28
<b>Total</b>	<b>4,154,454</b>	<b>100%</b>	<b>385</b>	<b>631</b>

### 2.1.2. Lab-confirmed COVID-19 patients

As of 22 October 2020, when the data collection plan was developed, the total number of lab-confirmed COVID-19 patients in NWS was 3,761. Under a 95% confidence level and a 5% margin of error, the representative sample is 349. The proportion of camp-based COVID-19 patients was 7% according to EWARNS which doesn't reflect the actual proportion of camp population which is 36% and is suspected to be a result of under-detection of COVID-19 cases in camps. After consulting the Early Warning Alert and Response Network (EWARN) and Risk Communication and Community Engagement (RCCE) group in Gaziantep-Turkey, the percentage of the camp-based survey participants was inflated to 20% to increase the representation of camp-based COVID-19 patients and improve the understanding of COVID-19 knowledge and practices in camps. The sample was also stratified in proportion to the actual geographic

distribution of COVID-19 cases by district and the female/male proportion of cases which was 40% to 60% according to EWARN. The table below shows that distribution of samples by district and the actual number of samples reached:

District	Confirmed COVID-19 cases	% of cases by district	Targeted sample	Actual sample
Afrin	367	11	34	34
Al Bab	679	2	63	66
Ariha	119	0	11	11
A'zaz	349	103	32	31
Harim	366	85	34	39
Idleb	1,599	9	149	150
Jarablus	162	66	15	16
Jebel Saman	95	3	9	10
Jisr-Ash-Shugur	25	2	2	3
<b>Total</b>	<b>3,761</b>	<b>100%</b>	<b>349</b>	<b>360</b>

The data collection was conducted in November 2020 by 49 trained surveyors assigned by Relief Experts Association (UDER). The surveyors were trained by the UDER Turkey team, and provided with a daily feedback and support to ensure that challenges in data collection were addressed as early as possible. A data collection guide was developed including the Arabic-translated questionnaire and used during the surveyor training. Each individual survey was completed by the surveyor who interviewed a participant in their assigned clusters. The data was instantly uploaded to an online database eliminating the chances of data-entry errors. No survey data was stored at the data collection locations to ensure the privacy of the respondents and the secure storage of the collected data.

### 3. Limitations

While the survey can provide a snapshot of the knowledge and attitude of the people in northwest Syria towards CCTCs and other areas related to COVID-19, the results of the survey depend on self-reported responses, which may vary from the actual attitudes, perceptions and practices.



Also, the COVID-19 patient group only included lab-confirmed patients, who cannot be considered representative to all COVID-19 patients, because this excludes those who didn't undergo a lab test.



*A community health worker interviewing a survey participant*

## 4. Findings

### 4.1. Characteristics of participants

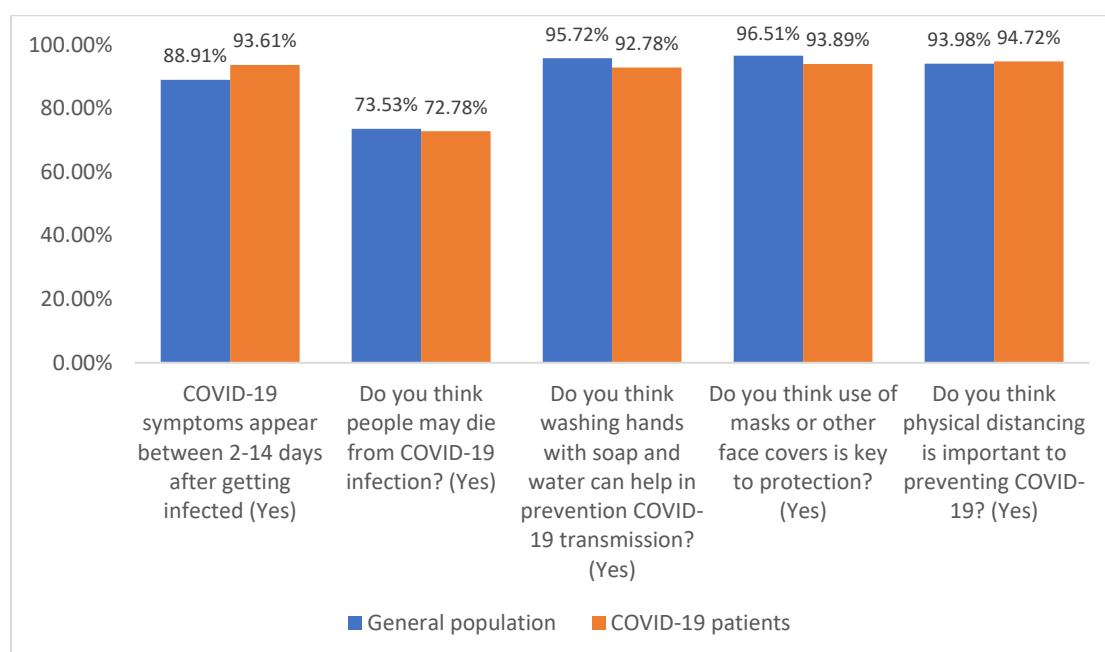
A total of 991 respondents participated in the survey, 631 healthy community members and 360 lab-confirmed COVID-19 patients. Demographic characteristics of the participants are presented in the table below:

	General population	Lab-confirmed COVID-19 patients
<b>Sex of the respondents</b>		
Female respondents (#, %)	304, 48.18%	156, 43.33%
Male respondents (#, %)	327, 51.82%	204, 56.67%

Age of the respondents		
Mean age in years	34.66	33.03
Median age in years	31	30

#### 4.2. Knowledge and attitude among participants towards COVID-19

5 different questions were asked to assess the knowledge and attitude towards COVID-19 among the participants. The responses were highly positive in general, and similar in both groups (general population and COVID-19 patients). Charts below show the similarity in responses between the two groups:

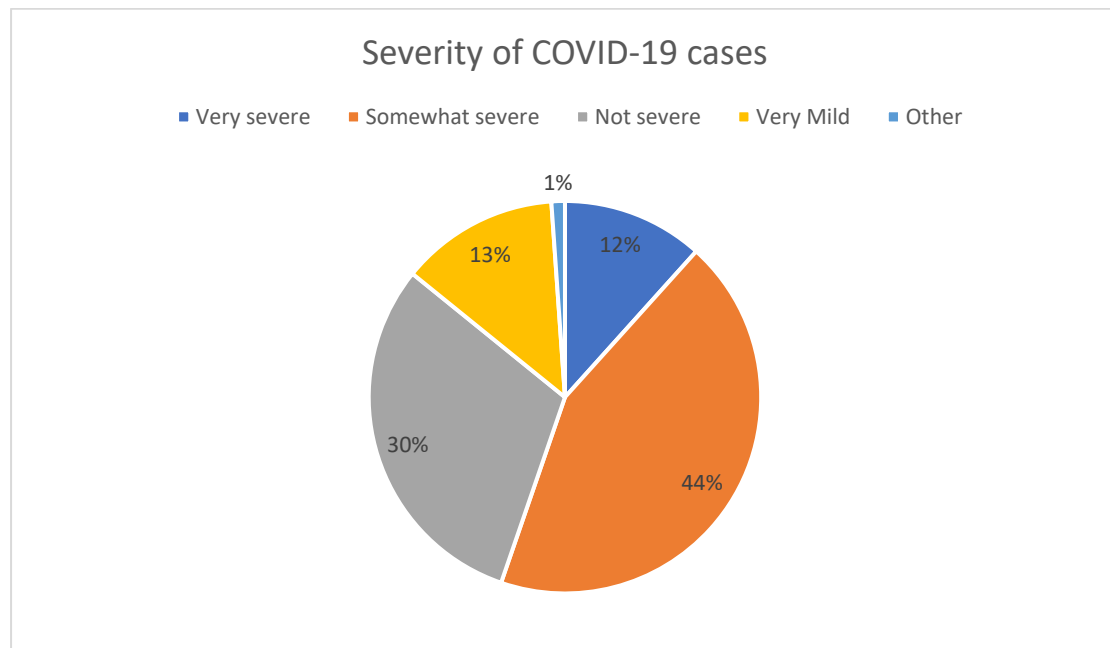


#### 4.3. COVID-19 symptoms and severity of cases

Survey participants in the COVID-19 patient group were asked questions about the symptoms they suffered from and the severity of their illness according to their own evaluation. The most common symptoms reported by the participants included general fatigue (312, 86.67%), fever (274, 76.11%), coughing (251, 69.72%), loss of taste or smell (225, 62.50%), and difficulty breathing (162, 45.00%). 62 participants (17.22%) reported having other symptoms, including vomiting, diarrhoea, headache, hypertension, oversleeping, joint pain, loss of appetite, skin rashes, muscle pain, and stomach ache.

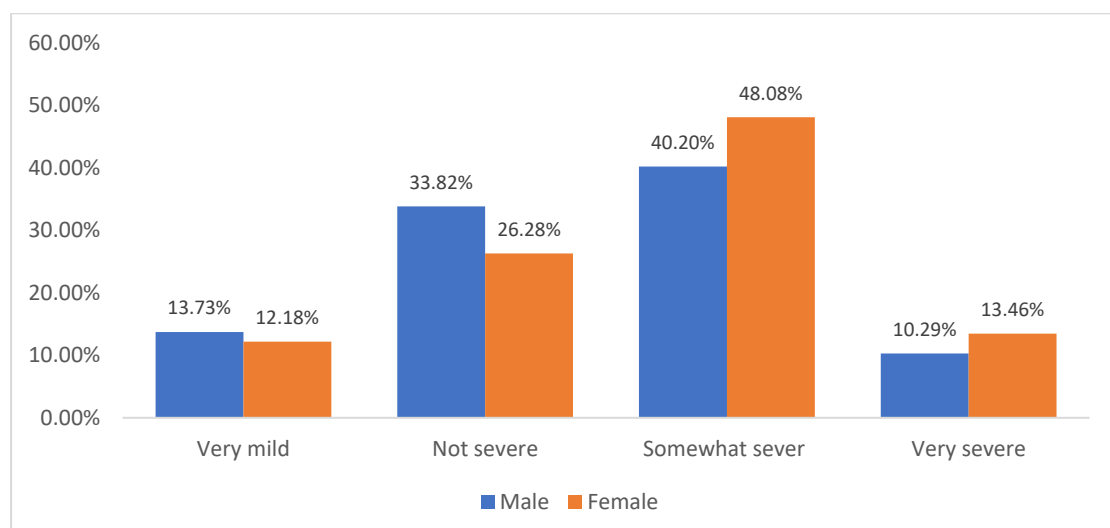
When asked about the severity of their illness, the responses were as represented in the chart below:





When the severity of COVID-19 cases was compared between male and female participants taking the age of participants in consideration, the cases were reported as somewhat or very severe by a higher proportion of female and older patients. The chart and table below show the difference:

	#, %	Average age (in years)
<b>Severity of COVID-19 cases</b>		
Very mild	47, 13.06%	30.02
Not severe	110, 30.56%	31.63
Somewhat severe	157, 43.61%	34.20
Very severe	42, 11.67%	36.38
Other	4, 1.11%	30.50



#### 4.4. Knowledge and perceptions about the CCTCs

The survey participants were asked several questions about CCTCs and their knowledge and perceptions about them. The respondents from general population reported hearing about CCTCs at a higher percentage than COVID-19 patients (93.98% vs 84.72%), however, most patients already knew about these centers before getting infected (255, 83.61%).

When asked from where they first heard about CCTCs, the most common sources in both groups were CHWs and social media. The table below shows the responses in details:

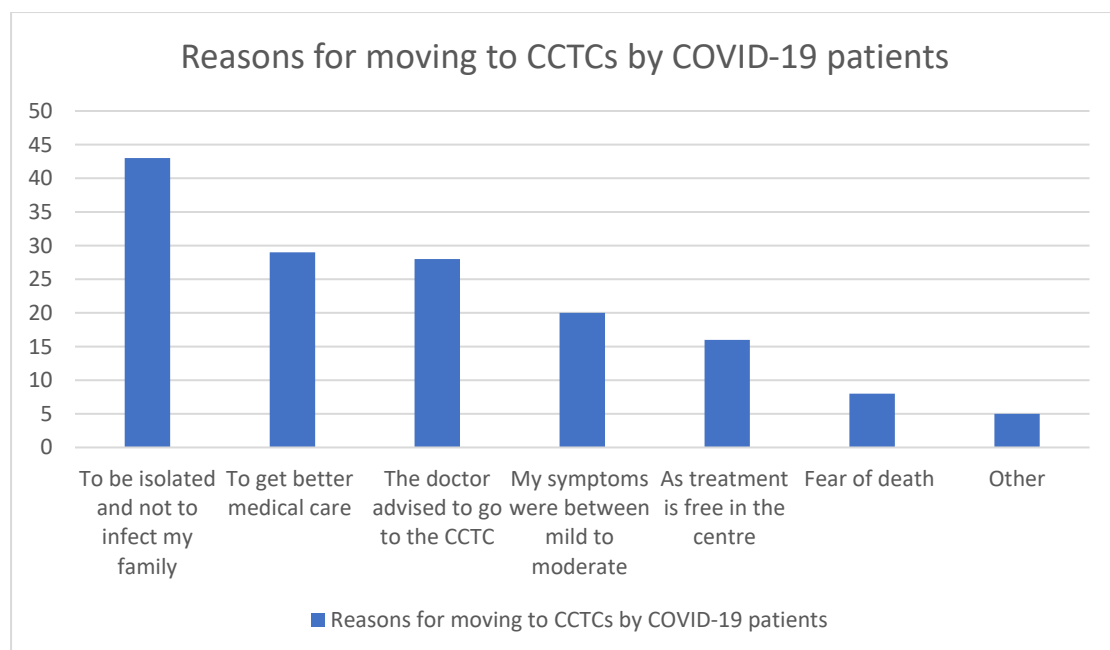
	General population	Lab-confirmed COVID-19 patients
<b>Where did you first hear about CCTCs?</b>		
Social media (e.g., Facebook, Instagram, YouTube, etc.)	299, 60.28%	172, 56.39%
Awareness workers	298, 60.08%	186, 60.98%
Messaging apps, such as Messenger, Viber, Telegram, and WhatsApp	149, 30.04%	110, 36.07%
Friends	180, 36.29%	130, 42.62%
Awareness raising materials, such as posters, flyers, videos, or banners	115, 23.19%	71, 23.28%
Doctors	73, 14.72%	86, 28.20%
Labs	27, 5.44%	20, 6.56%
COVID-19 patients	30, 6.05%	49, 16.07%
Television	43, 8.67%	11, 3.61%
Radio	2, 0.40%	2, 0.66%
Other	3, 0.60%	12, 3.93%

Only 58 participants (19.02%) from COVID-19 patients said they moved to a CCTC, which is far less than the percentage of participants from general populations who expressed their willingness to move to CCTCs if infected (387, 78.02%). To understand the reason for this discrepancy, follow-up questions about the reasons for moving or not moving to a CCTC were asked. The most common reasons for the participants willing to move to CCTCs were to be isolated and not to infect their families (335, 86.56%), to get a better medical care (204, 52.71%), and to follow the doctor advice of going to a CCTC (155, 40.05%), among others. On the other hand, the two most common reasons for not moving to a CCTC by COVID-19 patients were being able to manage their cases at home (156, 63.16%) and the mild symptoms that didn't make it necessary for them to move to a CCTC (97, 39.27%). The third most common reason was having to stay home and take care of children (70, 28.34%).

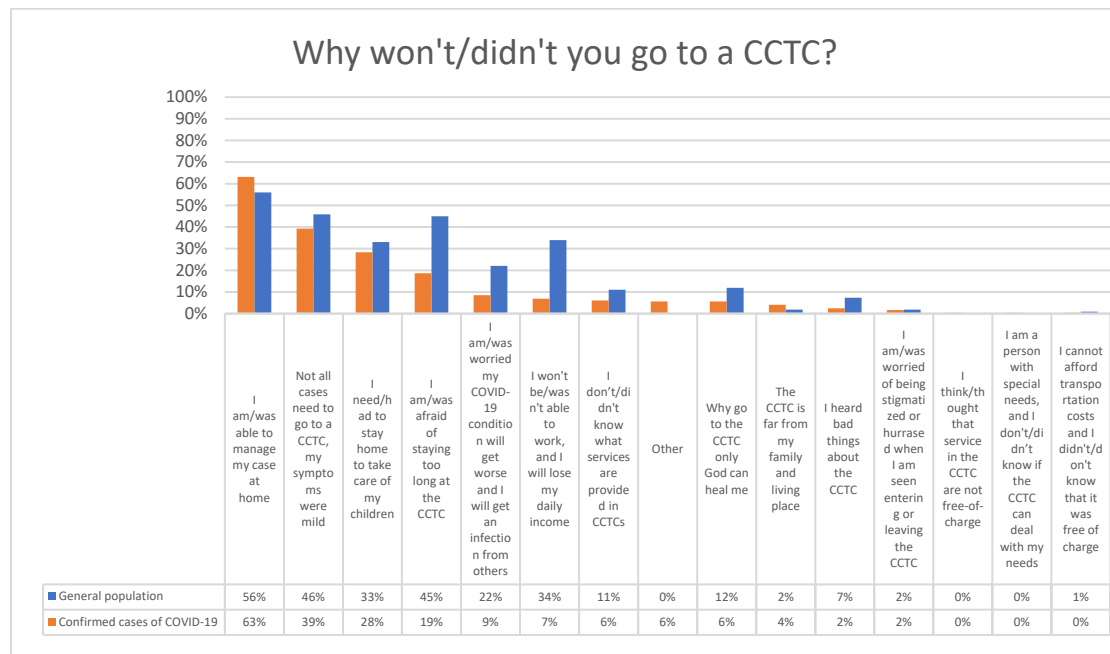
When the participants from general population were asked about the reasons why they won't isolate themselves in a CCTC if they got infected, the two most common reasons were also the perception that they will be able to manage their cases at home (61, 55.96%) and that not all cases are severe enough to require moving to a CCTC (50, 45.87%). However, more reasons were highlighted, such as being afraid to stay too long (49, 44.95%), losing their income (37, 33.94%), having to stay home to take care of children (36, 33.03%), and the risk of getting infected or their case worsening (24, 22.02%).

The results suggest that most people are afraid of the unknown before they are infected and want to keep themselves safe by staying at CCTCs, but after getting infected and experiencing non-severe symptoms, they tend not to move to CCTCs and stay home. This could be explained by further analysis, which showed that three-quarters of the participants who moved to CCTCs experienced very severe or somewhat severe cases (44, 75,86%).

The chart below demonstrates the reasons that encouraged participants move to CCTCs:

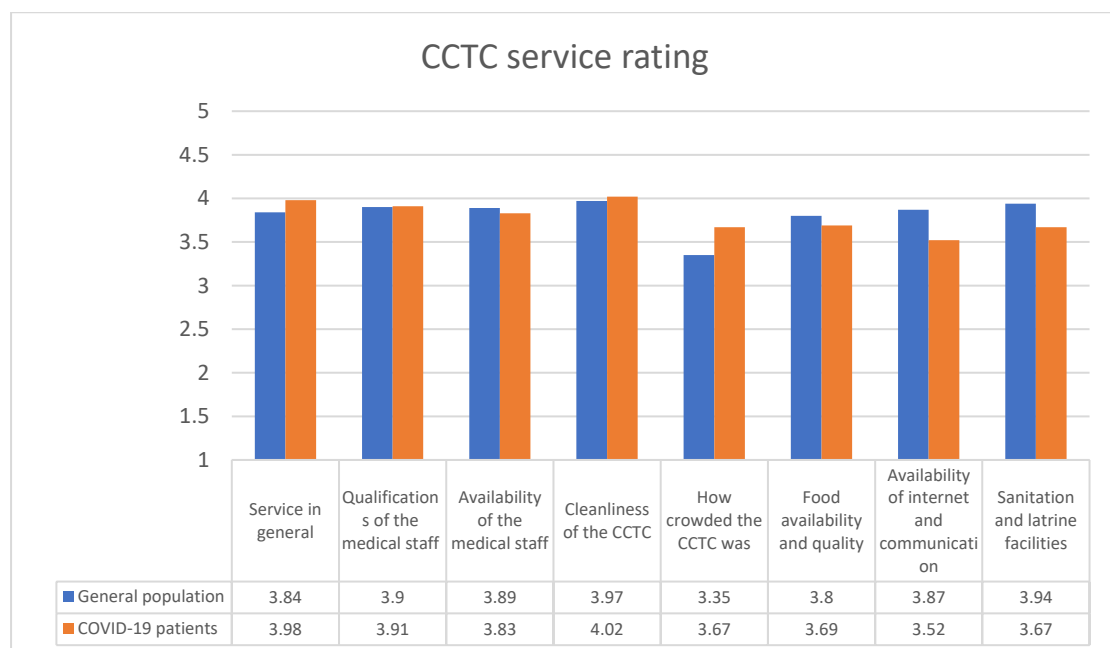


The chart below demonstrates the reasons behind not moving to CCTCs and the difference in perceptions between COVID-19 patients and the general population:



COVID-19 patients who moved to CCTCs reported staying for 10.45 days on average. On the other hand, 299 participants from the general population (77.26%) reported that the average number of days that should be spent in a CCTC was 14.85 while 88 participants (22.74%) didn't know how long the visitor should stay.

Both groups were asked to rate the services provided at CCTCs, to compare how general populations thought of them and how visitors found them. Every service was rated from 1 to 5, where 1 was the worst and 5 was the best. The chart below shows the average rating according to the two groups:



These positively rated services were mentioned as reasons when COVID-19 patients were asked about what encouraged them to stay at CCTCs. The most common reasons were the availability of medical staff (46, 79.31%), availability of medical supplies (45, 77.59%), and good treatment and respect by the staff (40, 68.97%). Most relevant respondents said the centre was instrumental in getting them cured (53, 91.38%), which was close to how this was perceived by the respondents from general population (335, 87%). However, a small percentage (14, 3.93%) of the 356 respondents from both groups who didn't/won't visit a CCTC said they heard bad things about the centres, including that people die at them, they are overcrowded, people stay for a long time at them, people got sicker at them, among others.

## 5. Conclusions and Recommendations

While the attitude among participants from general population towards CCTCs was good, as the majority of them expressed their willingness to move to a CCTCs if infected and had positive perceptions about their services, the practice of the lab-confirmed COVID-19 participants regarding moving to CCTCs during their illness was poor, despite their positive attitude. Also, the knowledge and attitudes of all participants towards COVID-19 were very good.

The results of this survey were presented to the NWS COVID-19 taskforce, and the recommendations were discussed with NGOs managing CCTCs to ensure that they were practical and feasible.

Key recommendations from the survey include:

1. As the two most common reasons for not moving to a CCTC by COVID-19 patients were being able to manage their cases at home and the mild symptoms that didn't make it necessary for them to visit a CCTC, there is a need to correct this misinformation by explaining that CCTCs are needed not only to manage mild or moderate COVID-19 cases, but to also isolate self from others to avoid spreading the infection in the community. Staying at home if infected is only an option if patients can fully isolate themselves.
2. As the third most common reason for not moving to a CCTC by COVID-19 patients was having to stay home and take care of children, it is recommended to advocate to provide conditional cash assistance and/or food baskets for families of patients in CCTCs to compensate for their time spent in CCTCs and ensure that their families' basic needs are addressed.
3. COVID-19 patients who visited the CCTCs reported staying less days on average than the standard 14-day period, which might be an indicator that some patients discontinued their stay. It is recommended to raise the awareness of the visitors and provide them with adequate instructions and information about the importance of their stay until the appropriate time of discharge.



4. Since most COVID-19 patients did not visit CCTCs, it is necessary to re-share the set of instructions to follow during self-isolations with all patients. Follow-up on patients who chose home-isolation is a must to ensure that they follow the isolation instructions. This can be done by community health workers (CHW)s.
5. Although the services at CCTCs were positively rated in general, and that only a small percentage of participants heard bad things about the centres, it is recommended to improve the services to the maximum extent possible and to introduce recreational activities to encourage patients to move to CCTCs for the full isolation period, while ensuring a commitment to infection-control and medical instructions.

## Annex 1. Questionnaire<sup>2</sup>

The interviewer to introduce himself first (Name, job title and organization)

Thank you for taking part in this survey, which should take you less than 30 minutes to complete. The information you provide will assist in rapidly developing a response to protect people from the COVID-19 outbreak. Please be assured that this survey is anonymous, your responses will not be associated with your name, and no identifiable information on any individuals will be shared or presented in the survey results. You can choose to participate or not to participate and we assure you that there are no implications for not participating.

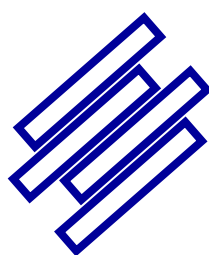
Date of interview		
Governorate		
District		
location		
Contact No. (Mobile No)		
<b>Section 1: General COVID-19 Information</b>		
<b>Please respond with Yes or No to the following statements</b>		<b>Yes</b>
COVID-19 symptoms appear between 2-14 days after getting infected		<input type="checkbox"/>
Do you think people may die from COVID-19 infection?		<input type="checkbox"/>
Do you think Washing hands with soap and water can help in prevention COVID-19 transmission?		<input type="checkbox"/>
Do you think use of masks or other face covers is key to protection?		<input type="checkbox"/>
Do you think Physical distancing is important to preventing COVID-19?		<input type="checkbox"/>
1	When did you first notice the symptoms of COVID-19 infection?	
2	When did you know that you are a confirmed case of COVID-19?	
3	What COVID-19 symptoms did you have?	a. Fever b. Difficulty breathing c. General fatigue d. Coughing e. Loss of taste and smell f. Others, please specify
4	How severe was your COVID-19 case	a. Very serious b. Somewhat serious c. Not serious d. Very Mild e. Others, please specify

<sup>2</sup> This version of the questionnaire was dedicated to COVID-19 patients. A customized version of it was used with the participant from general population.

Section 2: Knowledge and Perceptions about the CCTC		
5	Did you hear about the CCTC?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Did you hear about the CCTC before getting infected or after?	Before getting infected <input type="checkbox"/> After getting infected <input type="checkbox"/>
7	Where did you first hear about CCTC (spontaneous, please mark all listed by respondents)?	a. Television b. Radio c. Social media (e.g., Facebook, Instagram, YouTube, etc.) d. Messaging apps, such as Messenger, Viber, Telegram, and WhatsApp e. Awareness raising materials, such as posters, flyers, videos, or banners f. Awareness workers g. Doctors h. Labs i. Friends j. COVID-19 patients k. Others, please specify
8	Did you visit the CCTC?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Why did you go to the CCTC?	a. The doctor advised to go to the CCTC b. My symptoms were between mild to moderate c. Fear of death d. To be isolated and not to infect my family e. As treatment is free in the centre f. To get better medical care g. Other, please specify
10	How long did you stay in the CCTCs?	
11	What do you think of the services provided by the centre? Please rate from 1 to 5	a. Service in general b. Qualifications of the medical staff c. Availability of the medical staff d. Cleanliness of the center e. How crowded the center was f. Food availability and quality g. Internet and communication h. Sanitations and latrine facilities i. Others, please specify
12	Do you think that the centre was instrumental in getting you cured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13	Why didn't you go the CCTC? Select all that applies	a. I heard bad things about the center b. If I go to the center, I will not be able to work, and I will lose my daily income c. I was worried I will have to stay for a long time at the center d. I had to stay home and take care of my kids

		<ul style="list-style-type: none"> <li>e. I did not need to stay at the center, I believed I could manage myself case at home.</li> <li>f. My case was mild, and I did not need to stay at the center.</li> <li>g. I was worried I could be infected from other patients in the CCTC</li> <li>h. I was worried my COVID-19 condition will get worse</li> <li>i. I did not want to feel isolated</li> <li>j. I didn't know that the transportation is free</li> <li>k. The CCTC is not in my living area and I didn't want to be far from my family.</li> <li>l. I am person with special needs, and I didn't know if the center prepared to deal with my needs.</li> <li>m. I didn't know the service in the CCTC are free.</li> <li>n. I was worried I will be stigmatized by the community when I enter/leave the center</li> <li>o. Why go to the center, only God can cure me.</li> <li>p. Others, please specify</li> </ul>
13	What bad things did you hear about the centre?	<ul style="list-style-type: none"> <li>a. People die at the center</li> <li>b. People stay for a long time at the center</li> <li>c. Treatment is not efficient</li> <li>d. People got sicker at the center</li> <li>e. Center is not clean</li> <li>f. Center is so crowded</li> <li>g. Not enough doctors attend the centers</li> <li>h. Patients who enter/leave the center are stigmatized</li> <li>i. Center are not prepared to deal with people with special needs.</li> <li>j. No separated rooms for Females.</li> <li>k. Care providers doesn't respect the patients.</li> <li>l. No enough food provided in the center.</li> <li>m. We hear about sexual harassment and abuse in the CCTC.</li> <li>n. Others, please specify</li> </ul>
14	What made you use the CCTC?	<ul style="list-style-type: none"> <li>a. Good treatment and respect</li> <li>b. Availability of medical staff</li> <li>c. Availability of medical supplies</li> <li>d. Cleanliness</li> <li>e. Less crowded</li> <li>f. Good food</li> <li>g. Internet services</li> <li>h. Recreational services</li> <li>i. Counseling services</li> <li>j. Food subsidies to family members of patients attending the center</li> <li>k. All provided service are free of charge.</li> <li>l. Centers are well prepared to respect and have a separate room for Females.</li> </ul>

		<p>m. The center is in my catchment area easy to access.</p> <p>n. Center are well prepared to receive people with a special need.</p> <p>o. Others, please specify</p>
15	Would you advise your family members and friends to go and stay in CCTCs if they got the infection?	
16	In your opinion, how people can avoid the infection with COVID-19?	<p>a. Hand washing</p> <p>b. Wearing masks</p> <p>c. Physical distancing</p> <p>d. Staying home</p> <p>e. seeks for medical advice and follow health advise and instructions</p> <p>f. Others, please specify</p>
<b>Section 3: source of COVID-19 information</b>		
17	What is your main source of regular updated information regarding COVID-19?	<p>a. Television</p> <p>b. Radio</p> <p>c. Social media (e.g., Facebook, Instagram, etc.)</p> <p>d. Messaging apps, such as Messenger, Viber, Telegram, and WhatsApp</p> <p>e. Awareness raising materials, such as posters, flyers, videos, or banners</p> <p>f. Awareness workers</p> <p>g. Health care providers</p> <p>h. Friends</p> <p>i. Others, please specify</p>



**UDER**

**Relief Experts Association**

For additional information please contact Relief Experts Association (UDER)

Email: [info@reliefexperts.org](mailto:info@reliefexperts.org)

Website: <https://reliefexperts.org/>

Phone: +90 534 527 66 25