April 2020

COVID-19
Concerns and needs of Syrian refugees in Informal Tented Settlements in Lebanon

Lebanon Protection Consortium
Analysis. Response. Advocacy.

ACTION AGAINST HUNGER

GVC

NRC
NORWEGIAN REFUGEE COUNCIL

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Informal Tented Settlements in Bar Elias in the Bekaa Valley. Credit: Racha El Daoi/NRC

Introduction

In support to the national COVID-19 response in Lebanon, the Lebanon Protection Consortium (LPC) is continuing essential service delivery for people living in displacement in Informal Tented Settlements (ITSs), and Palestinian camps. These services include water, sanitation, hygiene and shelter support, provision of hibernation kits (dry food rations) and emergency cash provision.

In compliance with the Government of Lebanon (GoL) orders, non-essential humanitarian programming under the LPC has been put on hold or shifted to remote modalities. This includes the regular community-level assessments and NRC's Information, Counselling and Legal Assistance (ICLA) programme, which is now implemented over the phone for all but urgent protection cases.

Refugees across the world are at increased risk of contracting the disease due to the overcrowded context in which they often live, combined with poor access to basic services, which challenges people's ability to apply public health measures such as social distancing, self-isolation and proper hand hygiene practices. The ITSs in Lebanon provide an illustrative example of such conditions.

The LPC conducted a **phone survey on COVID-19 with ITS residents to assess their level of knowledge on the virus and the impact of the lockdown and containment measures on their living conditions, including their ability to access services.**

The Lebanon Protection Consortium (LPC) brings together Action Against Hunger, Gruppo di Volontariato Civile (GVC) and the Norwegian Refugee Council (NRC), with financial support from the European Union Civil Protection and Humanitarian Aid (ECHO). The three organisations aim to address protection concerns through the following actions:

- Analysing vulnerabilities of targeted communities
- Responding to shocks, persistent humanitarian needs and legal protection concerns through the existing coordination mechanisms
- Advocating for an improvement of the protection environment.

Key findings and recommendations

The majority of respondents were already practicing effective prevention measures. There is a high percent of respondents avoiding contact (either through avoiding gatherings or avoiding all direct contact with others).

Communities have some information about COVID-19, including on symptoms, incubation period, prevention and consequences. Some of the information is wrong or incomplete and could be corrected through awareness sessions which the communities are asking to receive. The fact that **only 20% of respondents attended an awareness session** highlights the need for more support by aid organisations[1]. However, decisions around the format of awareness raising sessions (now being done through vehicles circulating in communities with megaphones and audio messages, phone calls and messages etc.) needs to take into account ITS residents' concerns around 'outsiders' entering their communities. As part of this survey, in Aarsal and Ghazze, respondents **mentioned that they may consider blocking access to their own communities for non-residents if the situation worsens.**

The survey findings suggest that COVID-19 related mitigation measures are exacerbating pre-existing challenges for ITS residents. The **reported impact of COVID-19 on the community is significant** with 98% of respondents reporting at least one change to their daily lives. The majority of respondents identified increased panic/stress (71%) and/or stopping social gatherings and activities (54%). There were also major economic impacts of the virus with 49% reporting they had to stop working.

In terms of access and needs, the majority of participants required **distribution of hygiene items** (detergents, bleach, etc.) and provision of gloves and masks more than financial support. However, it should be noted that this is a fast-moving response

[1] Please note, LPC agencies, like other humanitarian actors, have been actively reaching out to communities living in ITSs and undertaking awareness raising sessions. The results of this assessment shows this needs to be done more in-depth. LPC will be taking this forward during the distribution of the disinfection kits, to be initiated the week of 6 April 2020.

during which reported needs and concerns tend to shift rapidly. This is also confirmed by recent assessments published in late March stressing that the main concern identified by the refugees is lack of food. Reference can also be made to the findings of NRC's WaSH survey conducted in the Bekaa.

While access to health centers was reported as available by the respondents, clear barriers exist. The nearby health centers are unlikely to provide specialised medical care to relieve the symptoms of COVID-19.

When asked if the COVID-19 influence their decision to remain in Lebanon, 90% of the respondents did not consider the virus to be a reason for them to leave the country and the areas they reside. However, the remaining 10% expressed willingness to return to Syria or to move to a neighboring country.

The LPC thus puts forward the following key recommendations to act on the survey findings:

- An inclusive approach that leaves no one behind should guide all policies and SOPs developed as part of the COVID-19 response.
  - **Access to testing and care in equipped medical facilities based on medical criteria only**, including to refugees lacking legal status or civil documents who are exposed to higher protection risks. This principled position needs to be maintained in the event the public system can no longer cope.
  - Sufficient financial, human and material resources need to be provided with support from donors for **active case finding, triage, testing, isolation and medical care** for refugees affected by the virus
  - While WaSH and shelter actors can support communities with interventions tailored to, for example, self-isolation needs, continuous **monitoring of isolation units by health actors** will be required to ensure timely medical responses when the conditions of people in isolation deteriorate

- **Upscaling of funding and continued flexibility for repurposing of existing grants** will be required from donors to continue and increase delivery of essential services, such as water provision, to refugee communities

- Local and international NGOs need to continue **assessing the protection environment** for the most vulnerable people affected by displacement.

- **Health actors should increase their presence at ITS level** to actively support case-finding, triage and access to medical care and hospitalisation for severe COVID-19 cases in addition to providing a medical follow-up for the individuals in self-isolation who don't require hospitalisation.

- **The identification of private and public hospitals at the regional level** that are equipped to triage, test and care for suspected cases of COVID-19 should shortly be finalized. This will mitigate the spread of the virus through long distance movements and help reduce transportation costs for affected people. The **Ministry of Public Health and UNHCR should prioritise communication to aid actors active in the different areas and affected communities** to ensure that both frontline workers and refugees are aware of existing health facilities and related referral pathways.

- UN Agencies, INGOs and NGOs should **consider cash modalities** for those affected by displacement to cover transport and medical fees related to COVID-19, and in-kind assistance for vulnerable refugees who are to be isolated, in coordination with the sectoral working groups and across sectors.

- As breastfeeding is one of the most effective ways to safeguard infant's health, especially in case of infectious diseases. **Pregnant women, frontliners and health actors need to be sensitized about breastfeeding recommendations in light of COVID-19** (including but not limited to continued support to breastfeeding, continued skin-to-skin contact, routine hand-washing and surface cleaning), as lack of information may lead to compromised breastfeeding.

Findings by topic

Community knowledge of COVID-19

Almost all (99%) respondents except one had heard of COVID-19 in Lebanon. The data on their sources of information showed that 96% received information through television or radio news, 77% from social media such as Facebook or WhatsApp, 20% through word of mouth or statements by leaders in the community and lastly 11% through phones or structured awareness raising sessions organised by aid actors or the Ministry of Public Health (MoPH).

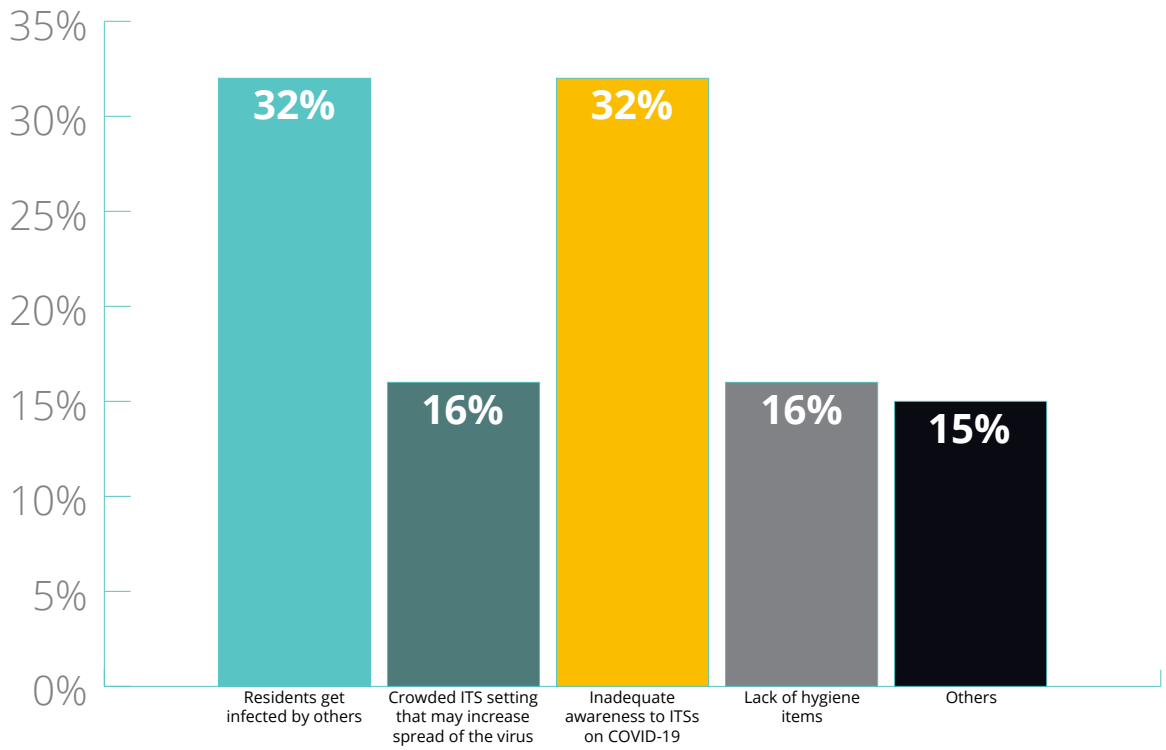
When respondents were asked which specific information, they had heard about COVID-19, many mentioned accurate symptoms (flu-like symptoms) and were aware that the virus spreads quickly and has no known cure to date. Many mentioned that the virus was fatal.

The assessment probed further to find out if the respondents had attended any awareness sessions on COVID-19. The findings showed that at the time of the interview (March 17-20) 80% had not attended any awareness session or received any educational materials related to prevention or access to testing and treatment. This data shows the **need to better organise information-sharing related to COVID-19 for ITS residents.**

Community concerns and the potential impact of COVID-19 on ITS residents' living conditions

The concerns expressed by ITS residents varied but the four main issues raised (refer to chart 1) were the possibility of non-residents infecting ITS residents, crowded ITSs setting that may increase spread of the virus, inadequate information on COVID-19 and lack of hygiene items. The chart below summarizes the concerns:

Chart 1. Concerns by respondents



ITS residents stated they were beginning to feel the impact of the COVID-19 outbreak and its associated lockdown (refer to table 2). Almost all the respondents reported at least one change to their daily lives (98%). Most respondents identified increased panic/stress (71%) and/or stopping social gatherings and activities (54%). There were also major economic impacts of the virus with 49% reporting they stopped working.

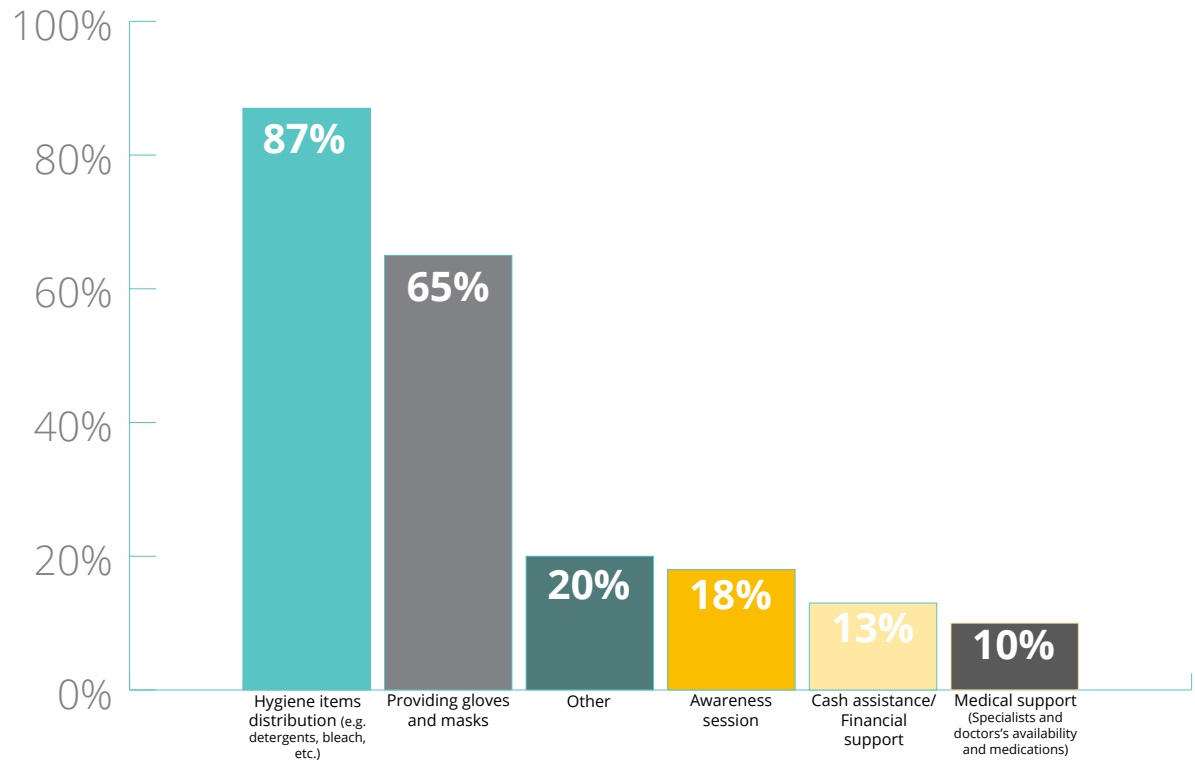
The psychological and economic impacts of the COVID-19 outbreak are highlighted by these responses. Beyond economic relief responses, Psychosocial Support (PSS) activities are needed to cope with the stress of the virus/isolation/loss of livelihood

Table 2. Effects of COVID-19

Impact	Percentage
Panic and stress	71%
Social gatherings and activities stopped	54%
Work stopped	49%
Not going outside unless necessary	23%
No change	6%
Price incresases	3%
Changes in daily lives: others	3%
Schools stopped	3%
Children afraid, bored / Becoming aggressive	3%

When asked on their priority needs for ITS residents to feel safe and supported, the responses showed two major items: hygiene items (detergents, bleach, etc., 87%) and providing protective equipment (gloves and masks, 65%). Further responses are summarized in chart 2 below.

Chart 2. Immediate needs by ITSs

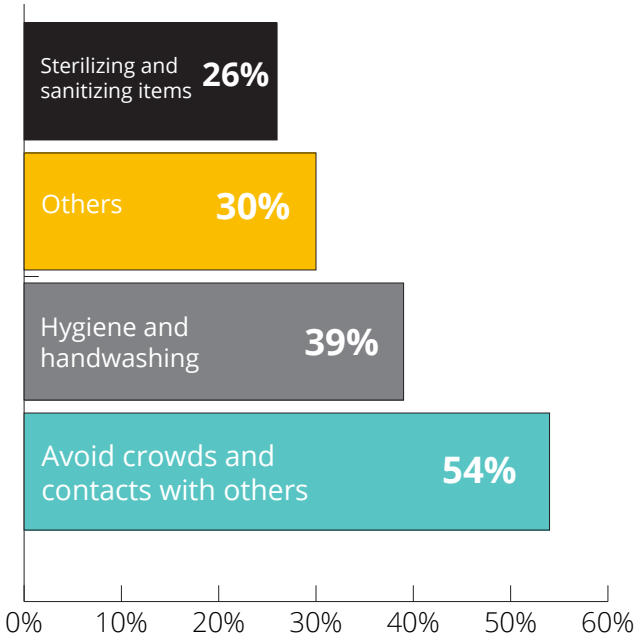


These responses highlight refugee prioritization of hygiene/protective equipment even over financial assistance. This further emphasizes that the panic/stress caused by this outbreak as refugees reprioritize among their needs.

Measures taken by the community

99% of the respondents stated that they have taken some prevention measures indicated in chart 3; the most common measure was avoidance of crowds, gatherings and contacts with others (54%), 39% emphasized personal hygiene and handwashing, and 26% are sterilizing and sanitizing everything around them. 30% mentioned other measures that included decreasing movements, not letting children go outside and a minority said they prevent outsiders from entering the community.

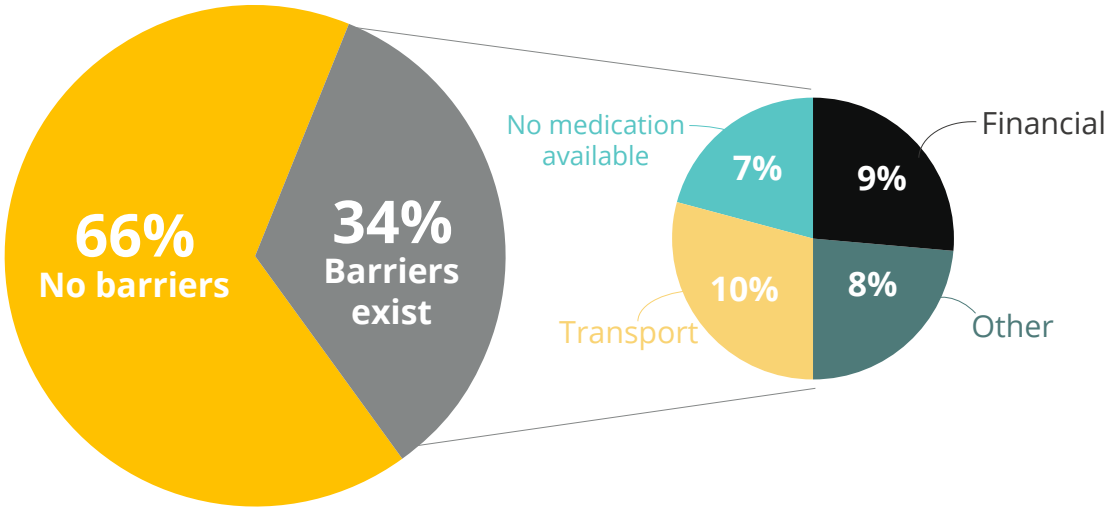
Chart 3. Prevention measures taken by ITSs



Access to health services

92% of the interviewees reported having access to health centres that are mainly nearby Primary Health Care Centres (PHCCs), public hospitals and mobile clinics. When respondents were asked about access to health services, (not related to COVID-19 per se but rather general access), 34% stated that there were barriers such as financial constraints and transport challenges as shown in chart 4 below.

Chart 4. Barriers to Health Access



As highlighted above, 80% of the respondents had not received awareness-raising sessions related to COVID-19 and are thus unlikely to have accurate information on accessing testing and treatment.

Method

The LPC agencies (ACF, GVC and NRC) conducted 131 phone interviews with community representatives, WaSH committee members and other ITS residents from 90 ITS between 17 to 20 March 2020 (refer to table 1). Focus Group Discussions (FGD) were not done due to the restrictions of gatherings imposed by authorities. The three agencies collected data in the locations in table 1.

Table 1. Number of interviews by location

Location	Number of respondents
Akkar	21
Bekaa	67
Aarsal	15
Ghazze	20
North	8
Total	**131**

All phone interviews were conducted in Arabic. The interviewers solicited consent to participate from each respondent prior to the interview. Participation was voluntary, anonymous and optional for all respondents. In the entire data collection process, respondents had the right to withdraw at any point during the survey.

The questionnaire used for this survey was developed for a recent NRC's WaSH survey [2]. The analysis narrowed to relevant themes for the LPC:

1. **Knowledge of COVID-19**
   a. Have you heard about the coronavirus cases reported in Lebanon?
   b. What was the source of the information?
   c. What have you heard about coronavirus?

2. **Effects on the community**
   a. How is the coronavirus news affecting you and your family members' daily life?

3. **Communiry concerns**
   a. What are the main concerns you have regarding coronavirus?
   b. What would you need to feel secure and supported?
   c. Are there any other concerns linked to Coronavirus that are worrying you?
   d. How would COVID-19 influence your decision to remain in Lebanon or move from the area you are living in?

4. **Key message dissemination in the community**
   a. Have you attended any awareness sessions or received IEC materials on this topic?
   b. If yes, who conducted the session?
   c. Is the information that you are receiving about coronavirus generally sufficient to make decisions for you and your family?
   d. If No, what kind of information would be beneficial?

5. **Measures taken by the community**
   a. What, if any, type of prevention and protection measures are you taking?
   b. Tell us about your perspective regarding the coronavirus risk in your current place of residence

6. **Knowledge of the national protocol**
   a. What would you do if you, a member of your family or a neighbour developed symptoms?
   b. Do you know to whom you should report and refer suspected cases?
   c. How likely are you to report and visit a health centre?

7. **Access to health**
   a. Do you have access to any health centre?
   b. If yes, which health centre do you usually visit?
   c. What are your main barriers to access health centres?
   d. What is your feedback on the health centres available to you? Do you have any suggestions for further support?

[2] https://www.nrc.no/resources/reports/knowledge-and-protection-concerns-around-covid-19-in-informal-tented-settlements-in-the-bekaa-lebanon/

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