Knowledge and Protection Concerns around COVID-19 in Informal Tented Settlements in the Bekaa, Lebanon

Photo: 2018, Joshua Berson

On 8 December 2019, COVID-19 was identified as a new disease caused by a novel coronavirus called SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2). The virus was first identified in Wuhan, Hubei province in China. On 21 February, the first COVID-19 case in Lebanon was confirmed and at the time of writing (22 March), there are 248 officially confirmed cases. The virus is primarily transmitted via respiratory droplets projected when people sneeze, cough or exhale. Typical symptoms of COVID-19 include fever, dry cough, sore throat, difficulty breathing, muscle pain and tiredness. Most people recover from the disease without needing special treatment. Around 1 out of every 6 people with COVID-19 develops more severe symptoms which can lead to pneumonia, organ failure and death. The elderly and those with underlying medical problems like high blood pressure, heart problems or diabetes and respiratory disease are more likely to develop serious symptoms and need hospitalisation.

Survey: rationale & methodology [1]

NRC is responding to the threat of COVID-19 by ensuring the continuity of critical activities, including water, sanitation, hygiene and shelter support and through addressing protection concerns of the most vulnerable displaced persons. In an effort to **tailor ongoing and future programming to best meet emerging needs linked to COVID-19**, NRC conducted **50 key informant interviews in Informal Tented Settlements (ITS) in its areas of intervention in Central (28) and North (22) Bekaa**. Questions (see below) revolved around perceptions, concerns and priorities linked to COVID-19.

The **survey was initially designed to be conducted in the format of structured focus group discussions** (FGD) in 12 ITSs in 7 cadastres (Ablah, Fourzol, Nabil Chit, Nasriyet Rizk, Serrain, Saadayel and Bednayel) in Central and North Bekaa. In compliance with the Government of Lebanon's directive to avoid gatherings, data collection was **instead conducted through phone surveys with NRC ITS WaSH focal points in the community**. In order to ensure a representative sample, the 12 FGDs initially allocated to the

[1] These survey findings will be complemented shortly by additional findings from assessments conducted by Action Against Hunger (ACF), Gruppo di Volontariato Civile (GVC) and the Norwegian Refugee Council (NRC) under the Lebanon Protection Consortium (LPC).

different cadastres (see Figure 1) were replaced by 50 phone surveys in the selected ITSs per cadastre, with approximately 4 surveys replacing each FGD. (See Figure 2). In total, NRC conducted 50 **surveys with WaSH focal points residing in the selected ITSs who act as representatives of 48[2] ITSs**. These focal points are trained to respond rapidly to urgent WaSH issues arising in their sites and are also active hygiene promoters. Many of them are women, have been working with NRC since 2014, and have developed a strong working relationship based on trust with NRC staff. They are an integral part of NRC programming in ITSs and their contribution is vital to the protection of the residents of ITSs' rights. The data collection took place between 13 March and 18 march 2020.

Cadastral	Number of FGDs
Ablah	1
Fourzol	1
Nabi Chit	2
Nasriyet Rizk	1
Serrain	2
Saadnayel	4
Bednayel	1
	12

Figure 1: Focus Group Discussions allocation in 12 ITSs in 7 Cadastres

Cadastral	# of ITSs	# of phone surveys
Ablah	10	2
Bednayel	2	1
Fourzol	6	1
Nabi Chit	30	6
Nasriyet Rizk	7	2
Saadnayel	84	22
Serrain	62	14
Grand Total	201	48

Figure 2: Phone survey allocation in 7 Cadastres

The highest number of surveys was conducted in Saadnayel with 23 surveys as this Cadastre represents 41% of NRC ITSs with 57% of the total population that NRC supports in Bekaa. In Serrain 15 surveys were

[2] Efforts were made to contact one Focal Point per ITS to conduct the surveys. Only in two instances two Focal points belonged to the same ITS.

conducted as this cadastre is the second most populated in NRC areas. 31% of the NRC ITSs are allocated in Serrain representing 18% of the total population that NRC serves. Efforts were made to select scattered ITSs in Saadnayel and Serrain in order to include a wider number of Primary Health Centre (PHC) catchment areas in both cadastres. 6 surveys were conducted in Nabi Chit with 14% of NRC's ITSs being represented in this area and 10% of the total population. The ITSs in Nabi Chit are less crowded and further apart from each other compared to those from Saadnayel and Serrain subsequently only 6 phone surveys were conducted. Finally, the remaining 6 phone surveys were conducted in Ablah, Fourzol, Bednayel and Nasriyet Rizk with a minimum of one survey per cadastre coinciding with the lower density of population in these zones.

NRC selected focal points with an active and engaging approach within their ITS to ensure they were able to convey the concerns of their community. The focal points' age ranged from 18 to 55 with an unintentional majority of them being female (92% versus 8% male). The surveys were conducted by three female NRC staff. All surveys were conducted in the Arabic language. Beneficiaries were informed the purpose of the survey is to inform NRC's response for COVID-19. Participants were also informed that their participation is voluntary, anonymous, and optional. In addition, they were reminded that they had the right to withdraw at any point during the survey. After the survey, NRC staff shared key COVID-19 prevention messages and the Ministry of Health COVID-19 phone number and hotline.

Questionnaire

The questionnaire was composed of 21 questions and for its analysis the questions were grouped in themes as follows:

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. Community 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 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?

Findings

Community Knowledge of COVID-19

All participants **responded positively when asked if they had heard reports of Coronavirus** in Lebanon. When asked how, 84% reported through TV or the News, 60% through Social Media such as Facebook and WhatsApp, 52% reported through word of mouth in the community and 24% through phone/UNHCR SMS with a final 2% reporting by other methods. When focal points were asked what they have heard exactly many of them mentioned the accurate symptoms (similar to Flu) and ways of transmission and some preventive measures. There were **misconceptions regarding the nature of the virus such as it being fatal for all**. There were clear **concerns about contamination and transmission within the ITSs**. Many respondents mentioned the need for isolation as a preventive measure.

Effect on the community

When asked how the Coronavirus is affecting their lives, 50% responded that schools have stopped, 32% admitted that it was causing stress and panic in the community, and 32% mentioned that all social gatherings and activities had stopped. 16% mentioned that children were afraid or bored and becoming aggressive, while 14% of respondents mentioned that work had stopped and 14% mentioned that people were not leaving their homes unless absolutely necessary. 10% mentioned equally that markets and shops were closed; there was a lack in basic needs and that more handwashing was conducted by all. **All participants mentioned that the virus will not influence their decision to remain in Lebanon or move from the area they are currently living because they are aware that the virus is everywhere and they are currently unable to move**.

Community needs

63% of the participants mentioned a need for hygiene items distribution, followed by 23% reporting the need for more **awareness sessions**. 20% requested increased **medical support** through specialists and doctors and the need for more medication. 13% reported needed **financial support** to cover Primary Health Centre (PHC) and hospital fees as well as ensuring that hospitals receive refugees. 10% mentioned provision of gloves and masks and 5% mentioned support with transport, food distribution and ITS disinfection. Only 3% mentioned the need for cash assistance.

Community concerns

44% of the participants mentioned viewing the risk of being infected with the virus high or very high in their community mainly because of the overcrowding. The **main concern was the closeness of the tents, the lack of hygienic items and the accumulation of solid waste**.

Other main concerns as reported:

a. 42%; children getting infected/children playing outside
b. 30%; overcrowding in ITS
c. 18%; 'other', with indication of various themes such as isolation, no access to medication, pregnancies, virus survival on surfaces, no vaccines and children education
d. 16%; lack of hygiene items
e. 16%; households getting infected and the virus spreading in the community
f. 14%; lack of awareness and environmental hygiene related to lack of Solid Waste Management
g. 10%; elderly/ people with low immunity
h. 10%; lack of access to health care/treatment

Other concerns mentioned by the respondents were the inflation of prices, bullying in Lebanese markets and PHCs, lack of work and not being able to getting basic needs items due to market closures.

Key message dissemination in the community

74% of participants reported that they have never attended an awareness session or received IEC materials on COVID-19. Only 13 focal points out of 50 had received sessions. When asked if the information received was sufficient, only 26% responded yes. When asked what kind of information they need they requested the following topics:

1) definition of COVID-19,
2) modes of transmission,
3) prevention,
4) proper use of masks and gloves,
5) how to refer cases,
6) how to clean and sanitise,
7) isolation measures,
8) numbers of confirmed cases in Lebanon and
9) how to respond to suspected cases.

Measures taken by the community

When asked what kind of prevention and protection measures they were taking the 2 most mentioned practices were handwashing and personal hygiene (78%) followed by using sanitizers or detergents/ Ethanol/ Bleach/ Detol (44%), isolation (28%) and avoiding crowds (24%).

Knowledge of national protocol

When asked what to do if a member of the community develops symptoms **only 14% mentioned calling the Ministry of Public Health (MoPH) COVID-19 telephone number**. 70% mentioned that they would go to a Primary health Centre (PHC), a doctor or pharmacy or a hospital whilst 12% mentioned calling LRC and another 12% mentioned they do not know. Likewise, when asked who they phone to report suspected cases 50% answered they did not know and only 19% and 13% mentioned calling the MoPH and LRC.

Access to health

NRC asked if they were likely to report to or visit a health centre if needed and 62% answered yes. Likewise, the vast majority of respondents reported having access to a PHC. The **main barriers mentioned to access health centres were financial (50% unable to pay medical and transport fees, 48%).** 24% of respondents indicated that they felt there were no barriers, but 7% mentioned that there were no doctors or medication available in the centres. In one ITS the focal point reported that several households have expressed a fear of not being accepted to hospitals because of their nationality and were afraid of being stigmatised if they had COVID-19. When asked about their opinion on the health centres they were accessing 30% mentioned that they were average, good or very good. 24% mentioned that there was a shortage of medication available free and there was limited medical support. 13% reported negative attitudes towards Syrians and staff misbehaviour and 7% mentioned that centres were very crowded. When asked suggestions on how to fix it some respondents suggested having an appointment system. Some reported concerns that they were not prepared to receive coronavirus cases.

Conclusion

Awareness raising on the risk of contagion of the virus was commonly understood as a gap amongst the survey respondents and the risk considered high or very high due mainly to the overcrowded living conditions. Even though a minority of people (26%) had attended a formal session or received related IEC materials, the respondents' answers on prevention measures were relevant, with the majority mentioning handwashing and cleaning surfaces. However, **no mention was made of social distancing and respiratory etiquette**. **Knowledge** amongst the respondents seemed to be **fragmented** and with some **important misconceptions such as the virus being fatal for all.** The respondents were clear on what they were lacking as information and were able to verbalise their gaps. All the needs listed by respondents to feel secure and supported were relevant and helpful in combating COVID-19. The **majority of participants mentioned hygiene items as a priority need** to prevent the spread of the virus **followed by financial support** to cover health related costs, including transport to the PHC or hospital.

The **main concerns expressed by respondents were related to their children being infected, and the overcrowding of ITSs and the fear of being discriminated against in hospitals and PHCs**. The **lack of hygiene items** and not being able to find them or purchase them in the market (due to the increased pricing) was mentioned by a significant percentage and themes such as isolation, no access to medication, pregnancies, virus survival on surfaces, lack of vaccines and children education were also raised. The **majority of respondents (81%) lacked knowledge on the national protocol or appropriate information on what to do if they developed symptoms or wanted to report a suspected case**. The main impacts of COVID-19 on the community mentioned were school closure and the increased stress and panic amongst the ITS residents, with **none of the respondents agreeing with the statement that coronavirus will influence their decision to leave Lebanon or move from the current area of residence**. **Access to health centres was mainly reported as available, though financial barriers to cover medical and transport fees were mentioned by many**. Generally, the service was reported to be average or good but there were some fears of not being treated for being Syrian and fears of PHC being too crowded and being stigmatised for living in unhygienic ITSs.

It must be highlighted that the **results obtained during this survey are a single snapshot of a fast-moving situation**. On 5 and 6 March 2020, Oxfam conducted a similar exercise through FGDs in ITSs in the Bekaa and Tripoli. During these discussions, the participants raised that awareness and more information on process of hospitalization and quarantine were needed as many participants seemed to have concerns and fears around them, and reported preferring staying at home if they were ever diagnosed with the virus. The difference in responses could be justified by the closure of borders in Lebanon from 15 March onwards and the imposed public lockdown, reducing fears of detention and even deportation of refugees. However, reports on stigmatisation and the potential competition for health resources might change drastically the protection environment of refugees in the coming weeks. Thus, efforts should be made to monitor potential changes in context that might influence the refuge community decision-making regarding COVID-19 and modify the response accordingly.

The aforementioned findings should be observed and considered when designing programming and national responses.

Recommendations

UN Agencies, INGOs and LNGOs

- **Increase community outreach for the disseminating of key messages** on the prevention and ways of transmission of COVID-19. Based on demonstrated knowledge gaps, focusing on social distancing, self-isolation and respiratory etiquette, caregiver protocol, disinfection and appropriate handwashing. A **variety of channels should be used** to raise awareness, including SMS, WhatsApp messaging, social media, municipality social networks, use of megaphones for key messages at ITS level and distribution of IEC materials and use of videos **for those who are illiterate**.
- Include myth busting on the prevention, treatment and spread of the disease and address stigma as part of awareness raising activities.
- **Circulate information on national protocol** such as the Ministry of Public Health and Lebanese Red Cross hotlines **as well as on steps to be taken when developing symptoms** or when **acting as a caregiver** for a suspected COVID-19 case.
- Ensure the national response level includes resources to prevent the spread of the virus in Syrian and Palestinian communities. Emphasise the need in the national response to COVID-19 to **allocate sufficient financial, human and material resources to triage, test and treat refugees**. Advocate to Lebanese authorities to avoid discrimination of those affected by displacement.
- **Enable business continuity by adapting activities** to respect the imposed home isolation, avoid crowds when providing essential services. In addition, **provide protection equipment to frontline staff and service providers** with the aim of ensuring continuity of essential service delivery without doing harm.
- **Include Solid Waste Management at ITS level** as an essential activity and liaise with municipalities to ensure collection of waste and its safe disposal.
- **Consider cash modalities** for those affected by displacement to cover transport and medical fees related to COVID-19.
- **Monitor protection concerns** of the most vulnerable people, including those affected by displacement.

WaSH and Health sectors

- Request that the WaSH sector **increases the minimum litre per capita per day water allocation to 60 Litres in those ITSs where water trucking is the only water source** and the **desludging of latrines is increased proportionally** to the increase of water supply.
- Advocate to the **health sector to increase their presence at ITS level** to offer triage and free treatment and hospitalisation to those affected by displacement without discrimination and stigmatisation.
- Provide a **blanket distribution of soap to all ITSs** as well as a **prioritised distribution of disinfection kits** to the ITSs that are most vulnerable to the spread of COVID-19 in line with the agreed WaSH sector criteria.

Ministry of Public Health, Ministry of Energy and Water and Ministry of Interior

- Joint advocacy from WHO, UNICF, UNHCR and the LHIF, requesting that the Ministry of Public Health provides **equal access to all nationalities, as needed and without discrimination** in Primary Health Centres, clinics, and national hospitals, in particular to Syrian refugees without legal status who are exposed to higher protection risks
- **Increase the number of public hospitals, clinics and isolation centres at regional level that are able to triage, test and treat** suspected cases of the Coronavirus to reduce transportation costs and spread of the virus resulting from long distance movements.
- **Approve the connection to the public water network** in those ITSs where it is technically feasible.
- Facilitate **access for International and National NGOs providing essential services** such as water supply, desludging and community outreach in ITSs and vulnerable urban areas.