

COVID 19-PREPRADNESS- COMMUNITY DISCUSSIONS FINDINGS

March 9th, 2020

WHAT IS THE CORONA VIRUS (COVID 19)?

On 31st December 2019, 40+ cases of an unusual viral pneumonia of unknown origin were reported in the central Chinese city of Wuhan. On the 30th January 2020 WHO declared the COVID-19 virus outbreak a global emergency of Public Health concern. The outbreak has rapidly evolved, affecting other parts of China and 46 countries worldwide including several countries in Asia, Europe, North America, Australia and Africa. In Lebanon, 73 confirmed cases have been reported to this day. The virus seems to be transmitted mainly via flu-like symptoms and respiratory droplets that people sneeze, cough, or exhale. Typical symptoms of COVID-19 include fever, cough, difficulty breathing, muscle pain and tiredness. More serious cases develop severe pneumonia, acute respiratory distress syndrome, sepsis and septic shock. Generally, older people and those with underlying conditions (such as hypertension, heart disorders, diabetes, liver disorders, and respiratory disease) are expected to be more at risk of developing severe symptoms.

RATIONALE:

Oxfam has started its preparedness plan on the COVID19 and is planning to conduct awareness sessions and messaging around the corona virus and preventive measures at the community level for refugees, partners, and staff, including pathways for individuals requiring further information and healthcare services. To understand community perceptions, needs and concerns around the COVID19, Oxfam conducted 5 different structured community discussions with both women only, and with mixed groups of community representatives in Bekaa and Tripoli.

METHODOLOGY:

On March 5th and 6th, 2020, Oxfam conducted 5 structured Focus Group discussions (FGDs) in Oxfam's areas of operation in Bekaa and Tripoli. All participants were part of the community structures that Oxfam has been working with under its community-based approach. These structures consist of community focal points, community volunteers¹ and members of women's groups² were asked to participate in these discussions as they generally have a wider understanding of community needs

¹ Oxfam has been working through a community-based approach with community volunteers under its WASH & Protection activities since 2013. For WASH activities 2 types of volunteers are trained and supported by Oxfam team. CHVs: Community Health volunteers (who conduct hygiene promotion and awareness sessions & referrals), CTVs: Community Technical Volunteers (who conduct basic maintenance of WASH facilities & referrals) with protection focal points (who conduct community-based referrals for protection services including (GBV, legal...) and identification of protection concerns).

² Women's Groups: Through its community-based protection, Oxfam has been working with peer groups and women's groups (in addition to community volunteers and focal points). These groups are generally supported through a series of capacity building initiatives to identify, mitigate and suggest action plans to address protection concerns in their communities.

and gaps in information. The purpose of these discussions is to inform Oxfam's Corona preparedness plans and to support crafting messaging to refugees and other stakeholders, by understanding overall needs and gaps in information in different Syrian communities (rural vs urban settings) and collecting information on reported fears and threats as perceived by refugees, as they relate to the Corona virus in Lebanon.

Community discussions took place in Deir el Ahmar, Hosh Barada and Saidi in North Bekaa, in addition to Tripoli (the decision to select these specific locations is elaborated on further in this report). Overall, a total number of 44 Syrian refugees participated in the group discussions, 25 in Bekaa, 19 in Tripoli, all selected according to a non-probabilistic purposeful sampling method. 86% of participants were women and the remaining 14% were men (38 women, 6 men). 3 out of the 5 group discussions included women only and the other two were mixed groups (women and men). Participants were aged between 18 and 60. Locations in Bekaa specifically were selected based on different types of IS settings having the highest number of residents, (Deir el Ahmar, Saidi and Haouch Barada) as for Tripoli, participants came from different areas where Oxfam operates (Tebbeneh, Beddawi, Mina and Abou Samra). The focus groups with women were conducted by 2 Oxfam female staff and the mixed ones were conducted by 2 staff (one female and one male). All focus groups were conducted in the Arabic language.

At the start of each group discussion, Oxfam staff members explained briefly the common preventive measures that should be taken by beneficiaries (such as frequent hand-washing, maintaining distance from sick people in the communities, avoiding crowded places), while noting that Oxfam had not (on the date the data was collected) stopped protection community-based activities in the field. Also, beneficiaries were informed that their participation is for the purpose of informing Oxfam's preparedness plans for Corona, that their participation is voluntary and anonymous, and they were informed that they have a chance to opt out during the data collection if they feel the need to do so.

KEY FINDINGS:

BEKAA:

In Bekaa 26 refugees participated in the group discussions (21 women, 4 men). Regarding the choice of locations, the Oxfam team selected Deir el Ahmar specifically to understand the impact of mobility restrictions on potential access to healthcare especially that in this area the relationship between refugees and the municipality is particularly difficult and curfews are enforced. Hosh Barada was selected because there is constant mobility since refugees work outside the area, and interact with the host community on a regular basis. Hosh Barada is also an area where several public health related issues were reported in the past, and therefore understanding the current needs in this area and what preventive measures should be taken in case of an outbreak, is essential. As for Saidi, refugees generally have a very good relationship with the municipality and can rely on the municipality in emergency situations.

➤ Access & Information sharing

Regarding information on the Corona virus, in the 3 locations where the discussions happened, refugees mentioned getting their information from different sources e.g. Youtube, news outlets and social media. Participants in all the 3 different locations mentioned sharing important information with their families, neighbors, friends and communities either through morning and evening gatherings or through WhatsApp. Out of all participants, only one woman in Saidi mentioned attending a session on Corona prevention, provided by the Lebanese Red Cross in a nearby location. As of the date of data collection, no awareness has been conducted in communities on the virus and in all locations, participants said that Oxfam staff were the only ones that have started engaging refugees in this conversation. In all 3 locations, the virus was perceived to be fatal and spreading very fast and was reported to be specifically dangerous on children, the elderly and people with chronic illnesses and a weakened immune system. According to interviewed community members, contamination can happen through air, physical contact with infected people, sharing food and any contact with bodily fluids and through sharing hygiene items. Participants mentioned needing information gaps on what should be taken to strengthen the immune system, and whom to call in case of a suspected case, and how people can differentiate between the Corona virus and a regular flu/sore throat.

In all 3 locations, refugees reported preferring to receive information on the Corona virus through information sessions in person by a health actor, with the presence of Oxfam, and not through leaflets and posters, as they stated that not everyone is able to read, even if posters contain explanatory drawings. The level of knowledge on the Corona situation inside Lebanon was also limited - in one location participants mentioned not having information on how many cases were identified, while in another location, it was mentioned that Lebanon has one of the highest numbers in the MENA region.

➤ Barriers in Accessing Healthcare:

Access to healthcare, and eventually to get tested and/or treated in case of a Corona infection was a concern raised by participants, first due to the financial situation as a major barrier, in addition to concerns over transportation fees. The legal status especially for men was another major factor in their concerns around accessing healthcare, so in the event of an urgent hospitalization, participants mentioned their preference to go with a Lebanese taxi driver to the hospital, to avoid being harassed or stopped and detained at checkpoints. Refugees referred to several recent situations at a Public Health Center (PHC) or at community centers, where people were coughing or sneezing and were asked to leave the location. However, some participants said that in case of a suspected/confirmed case of Corona, they would immediately go to the hospital.

Syrian refugees in all discussions were concerned and asked where they would go if they were ever infected. One woman mentioned *"nurses and doctors despise us in regular times and make us wait outside, what would we do if we were ever infected?"*. Another participant mentioned *"if one person has Corona we will isolate ourselves at home, if the entire IS is infected, the Lebanese will kick us out"*. Another person mentioned that a taxi would never take someone to the hospital if they knew

they had a Corona virus. Some taxis were reported to have stopped taking passengers (Lebanese and Syrians) from certain areas due to fears of contracting the virus.

Men in group discussions were more likely to say that they will be willing to go to the hospital in the situation of a suspected case, when compared to women. Four women out of all participants mentioned being afraid of quarantine isolation if they contracted the virus, and reported that they would therefore remain at home because they would not want to “die alone at the hospital”. Another woman said that they cannot go to Syria to receive treatment even if they contracted the virus and here they are not sure they will be able to get the treatment in Lebanon, as priority might be given to Lebanese. Other participants in the women’s discussion in Hosh Barada mentioned not being able to afford buying masks and sanitizers and they stated they should be wearing them, and asked Oxfam to secure these needs for the communities.

Refugees seemed generally concerned in the case of an outbreak in Lebanon, due to perceived additional pressure on Syrians to be evicted or being forced to return if numbers of cases are identified from Syrian communities. One person mentioned that Syrians already started being harassed by the Lebanese, and are being told that they won’t be affected by Corona as they have “a great immune system”.

➤ Preventive measures & coping mechanisms

All participants mentioned that when they normally get sick, they always go the pharmacy first, or they make some home remedies “ginger, fennel, mint...” before going to see a doctor if they are feeling worse, as this is a more economical option than seeking formal healthcare. Refugees reported seeking healthcare services (doctors) or hospitalization only in case there is anything serious, as they have restrictions of movement due to the lack of legal stay, and due to the lack of financial means. In one location, participants mentioned they would only go to the hospital if their children are sick, but if they are sick themselves, they try to endure the pain as much as possible before seeking medical care.

Participants in another 2 locations mentioned ordering a herbal tea (Harmal³) well known in Syria, that they reported could help them prevent the corona virus by either drinking it or burning it as an incense, and many rumors are currently circulating through WhatsApp among Syrian communities on a specific “healing herb” sent by the Prophet to cure the virus. In the same locations, participants also mentioned hearing that garlic, ginger and even arak⁴ could help prevent the virus.

When asked if any precautions are being taken by refugees, in only one location (Saidi) out of the 3 locations where the data collection was conducted, refugees mentioned sanitizing their hands and applying frequent hand-washing and avoiding shaking hands, especially men at work. In this location, refugees were concerned, since if one person at the Informal Settlement (IS) level gets infected, it will spread to the entire community. On the other hand, in the 2 other areas where

³ Pronounced in Arabic as “7armal”.

⁴ Arak is a Lebanese alcoholic drink made from anise.

discussions took place, refugees reported not taking preventive measures as this will be “up to God’s will”.

In one out of the 3 locations, refugees mentioned that even if someone ever contracted Corona virus, they would still visit the infected person, to make sure they are feeling well.

TRIPOLI:

In Tripoli, 2 focus group discussions were conducted with refugees coming from different areas in Tripoli. One group discussion consisted of women only, and the other one was mixed. In total, 19 people participated in these discussions (17 women and 2 men).

➤ Access & Information sharing

Participants in both groups mentioned not receiving any information so far on the Corona virus prevention. Only one woman reported participating in a training at an elderly care center, and received some information on what Corona virus is and how to prevent it, and shared it with other people. Corona virus is perceived as very dangerous, and particularly affecting the elderly and people suffering from chronic diseases. Participants mentioned knowing that it is transmitted through air, touch, and direct contact with bodily fluids resulting from sneezing, and could be easily spread when people are gathered. Participants from both groups mentioned that seeking medical care is essential whenever any symptoms associated with Corona virus appear, such as congestion, coughing and high fever.

Participants reported receiving important information through YouTube, news outlets, TV and social media, and sharing important information with each other (family, friends, neighbors, social circles...) through WhatsApp, gatherings and/or phone calls. When asked on how they preferred to receive information, all participants mentioned preferring videos and information sessions on Corona prevention, as they reported that not everyone can read leaflets. Participants stressed the importance of raising awareness on the virus inside communities, and preventive measures, and asked for clear medical pathways for equipped hospitals and hotline numbers in North Lebanon which are accepting suspected cases of Corona from the Syrian community. Participants reported that the municipality should be taking measures and sensitizing the community as well. Some participants asked if a treatment was found for this virus in case people get sick.

➤ Preventive measures & coping mechanisms:

When asked if any measures are being taken by the communities they live in, participants mentioned that to prevent the virus, individuals in their communities are drinking a significant amount of fluids and Vitamin C, and applying a rigorous hygiene practice (frequent hand-washing, using alcohol and hand sanitizer and cleaning their houses more frequently). Some participants mentioned restricting their children’s daily activities and movements, and preventing them from going outside to play - as a precaution.

➤ Barriers in Accessing Healthcare:

All participants mentioned that in the event of sickness they would take some medicine and rely on home remedies. If it persists, they would seek healthcare services, as hospitals would be the last resort due to the lack of financial means. In addition to the expensive costs associated with hospitalization, participants from both groups expressed their reluctance to access hospitals as they are afraid to catch any disease (they attributed this to rumors), and mentioned preferring going to PHCs and/or doctors instead.

Participants mentioned during the discussions that for once they are “happy and relieved” that this virus did not come from Syria; as they reported that normally everything bad happening in Lebanon is blamed on Syrians refugees, and that “for once this came from China and not from Syria”.

CONCLUSION:

The level of knowledge and awareness in refugee communities in both Bekaa and Tripoli on the virus, how it spreads and what are the preventive measures that should be taken, seemed minimal with slightly more awareness in Tripoli, and with one specific area in Bekaa (Saidi), when compared to participants in the other locations in the Bekaa that were part of the focus groups.

Participants had many questions on the virus itself, on what precautions should be taken, on when protective gear is essential to wear, since they cannot afford buying it for the entire family, and asked if agencies are planning any awareness sessions or/and hygiene distributions in communities or not.

General misconceptions were also mentioned during group discussions such as that Lebanon has the highest number of cases in the region (which, as of the date of data collection, was not the case), and that there is no recovery from Corona virus.

Participants stressed the importance of having clear pathways for refugees in both Bekaa and Tripoli, on when and where to seek hospitalization, and what kind of fees are covered for Syrians, since the costs associated with healthcare access in general (including transportation to healthcare institutions) were a major concern for participants in both locations.

Stigma around the contraction of the virus by Syrian refugees seemed to be another area of concern among both communities as refugees already face discrimination and racist comments on a regular basis, and this issue might be exacerbated if cases within the Syrian community are identified. Awareness and more information around the process during hospitalization and quarantine are also needed as many participants seemed to have concerns and fears around them, and reported preferring staying at home if they were ever diagnosed with Corona virus. It is also essential - at this early stage of the outbreak in Lebanon - for suspected cases to seek medical help, as this will help contain the virus, especially in rural settings where refugees have more difficulties in accessing hygiene products, water and healthcare services.

RECOMMENDATIONS (BY TARGET GROUP)

UN AGENCIES, INGOS & LNGOS

- *Enhance awareness on the Corona virus contraction and prevention (through videos and information sessions to communities; leaflets would be an additional complementary method but not a primary one, as not everyone can read especially in Informal Tented Settlements (ITSs);*
- *Circulate Ministry of Public Health's & Lebanese Red Cross's hotline numbers, to report cases of suspected corona for an initial screening, and ensuring safe transportation to assigned hospital(s) if needed. This further minimizes the risk transportation costs being a barrier to reporting suspected corona cases;*
- *Identify clear pathways for Syrian refugees, Palestinians from Lebanon (PRL) and Palestinians from Syrian (PRS) on continuously updated list of equipped hospitals;*
- *Enhance awareness among communities on how to self-quarantine & take care of family members who are self-quarantined. Inform people about what happens when persons are quarantined, duration of quarantine and in which situations patients are normally quarantined, to raise awareness and minimize fears around it;*
- *Address rumors, fears and factually incorrect information around the spread of, prevention, and treatment of corona; among refugees and host communities.*
- *Advocate for agencies to consider working on corona preparedness and response through an area-based approach instead of a population-based approach, and work with both refugees and host communities to minimize stigmatization (while leveraging relationships with municipalities);*
- *Ensure safety of field staff conducting awareness activities & distributions in ITSs in the case of an outbreak by providing appropriate protective gear when needed and re-thinking delivery modalities while emphasizing business continuity and upholding the humanitarian mandate.*

WASH AND HEALTH SECTORS:

- *Advocate with UNICEF and the WASH sector to increase the water quantity provided in informal settlements, to ensure availability of enough water to allow prevention measures to be exercised actively by refugee communities;*
- *Prepare for and coordinate with the health sector for outbreak scenarios where the number of cases in need of hospitalization (both Syrians, Lebanese and other communities) is much higher than the available capacity, to avoid potential prioritization of some cases over others;*
- *Relevant agencies to conduct gender analyses with the support of or in collaboration with protection and gender actors, to understand the distinct needs of women and girls, and the implications of the corona crisis on them (specifically on unpaid care work due to women caring for sick family members, and the impact on SGBV, among others);*
- *Distribution of hygiene items, especially in informal tented settlements with priority being soap.*

MINISTRY OF HEALTH OF LEBANON:

- *Collective lobbying from the LHIF, WHO, UNICEF and other organizations to request that the Ministry of Health provide equal access to all nationalities, as needed and without discrimination - within public health centers, clinics, and hospitals nationally, especially Syrian refugees that hold expired residency papers and are exposed to higher protection risks;*
- *Adoption of hospitals in different governorates for treatment of cases, as it will be essential for communities to have access to hospitals outside of Beirut to minimize transportation barriers, and for these hospitals to be adequately equipped.*