

# Rapid COVID-19 Survey in ITS

## *Executive Summary*

In response to the outbreak of COVID-19 in Lebanon in late February, Solidarités International has undertaken a phone survey from a purposive sample of 57 households. Each household was selected from an ITS located in SIs area of humanitarian coverage and the selection included households from a range of ITS that varied both in geographical location and overall number of inhabitants. Providing initial findings on the impact of COVID-19 in ITS, the purpose of the survey was to generate information to better inform SI's Shelter & Wash programming, as well as its emergency COVID-19 response.

The survey provides several key actionable findings among households surveyed:

- 75% of households have already attended an IEC session, yet 25% remain unconfident that they have the information required to properly protect themselves. Over a quarter of households requested further information on symptoms, isolation measures, and prevention measures.
- Although 98% of households report reduction social interactions within the ITS, 30% of households are not reducing their general movements outside the ITS in response to COVID-19.
- 23% of households report lack of access to shops selling essential goods, and 25% report shortages of essential goods even in shops that remain accessible. The most common reason for inaccessibility is fear of COVID-19 transmission (77%), more than shop closure (23%) and transport disruption (23%).
- 68% of households feel they do not have access to sufficient quantities of protective items to protect themselves from COVID-19. 49% of households state they are in need of masks and gloves, and 30% are in need of soaps and sanitizer.
- 100% of households surveyed reported a reduction in employment and income opportunities, attributing the reduction to COVID-19. 53% reported a decline in temporary labour opportunities and 35% reported unexpected termination of ongoing employment.
- No household reported an increase in rent over the past 4 weeks, however 74% reported that lost income was threatening their ability to meet monthly rent.
- In addition to fears over lost rent and inability to pay rent, respondents demonstrated concern regarding ITS susceptibility to COVID-19 transmission, with 33% concerned about tent proximity and 11% concerned about tent overcrowding.
- 25% of households are not currently disinfecting their homes against COVID-19 and only 57% are disinfecting their home once or more than once a day.
- Only half of households use bleach when they disinfect, and only 16% know how to make an effective bleach solution.
- Only 33% of households reported they would contact the Ministry of Public Health hotline in the event of a family member displaying COVID-19 symptoms
- 70% of households reported that they would not be able to effectively self-isolate, with most (80%) citing a lack of space in the shelter to do so.
- Most households stated that members displaying COVID-19 symptoms would practice self-isolation for 2 week or longer, however 25% reported that they would cease self-isolation when symptoms disappeared.

Based on the preliminary findings, the following linked recommendations are presented.

**1. Broader, clearer communication of essential COVID-19 information.**

The NGO community must meet the demand for greater information on COVID-19, specifically symptoms, isolation measures, and prevention practices. Specific focus must be given to communicating best practice for home disinfection. Moreover, varied response to isolation measures currently being practised suggests that further communication of the Inter-Agency ITS isolation guidelines are required. Additionally, with only a third of respondents reporting that they would call the Ministry of Public Health hotline in the event of COVID-19 symptoms occurring, there is urgent need for better communication of this protocol. Solidarités International will implement this recommendation via a two-pronged approach. First, through increased ToT sessions with ITS Shawichs and CWC members and second, through the launch of a dedicated WhatsApp Chatbot (*SOLISbot*) programmed to disseminate key COVID-19 messages.

**2. Significant expansion of WaSH item distribution and increase in WaSH activities to prevent spread of COVID-19 in ITS.**

Widespread difficulty in accessing sanitizer, bleach, and soap appears to contribute to generally low ownership of these items. SI and other NGOs should increase distribution of these items, complementing their distribution with increased communication on proper usage. Furthermore, minimum quantities of water should be increased to 60 litres per person per day as recommended per COVID-19 WaSH Strategy to facilitate easier adoption of safe prevention practices. Similarly, observation by SI indicates need for increased solid waste management to further increase site hygiene. Expansion of these activities should prioritise sites most in need.

**3. Pre-emptive preparation of ITS for level 2 isolation measures as established by the Inter-Agency COVID-19 strategy.**

Varied adoption of isolation measures, low ownership of sanitation items, and mixed understanding of key COVID-19 information all raise concerns regarding the overall preparedness of ITS to respond in the event of a COVID-19 outbreak. This concern is echoed by SI's observations regarding the poor suitability of tents in facilitating the isolation of symptomatic individuals.<sup>1</sup> Solidarités International and other NGOs should be proactive rather than reactive in preparing ITS for COVID-19 outbreaks.

**4. Expansion of cash assistance to compensate for loss of income opportunities.**

A downturn in economic activity combined with transport disruption and a general fear of transmission all curtail already limited income opportunities. Decreased income not only affects overall wellbeing, it likely directly undermines the ability of refugees to obtain goods and services necessary for the prevention of COVID-19. Supplementing lost income should be explored as an emergency COVID-19 response.

**5. Advocacy for a stay on evictions.**

The added economic impact of COVID-19 threatens to further expose ITS residents to debt and eviction. SI and other NGOs should further advocate with national and municipal authorities to prevent collective evictions, particularly at this time. Itinerancy in itself can lead to increased overall vulnerability, however ensuring stable residency of refugees in fixed locations is essential during the pandemic.

---

<sup>1</sup> A recent review by SI shows that only 44% of ITS have an unoccupied tent that can be used to house symptomatic individuals.

## *Contents*

<b>Introduction</b>	<b>3</b>
<b>Methodology</b>	<b>4</b>
Process .....	4
Sampling / Selection .....	4
ITS Sampled in North .....	4
ITS Sampled in Beqaa .....	4
Limitations .....	5
<b>Findings</b>	<b>6</b>
COVID-19 Awareness .....	6
Effects of COVID-19 on the Household .....	8
Household COVID-19 Concerns .....	11
COVID-19 Preparedness.....	13
Inter-Agency COVID-19 Strategy (ITS ISOLATION GUIDELINES).....	14
COVID-19 Response and Treatment .....	15

## *Glossary*

<b>CWC</b>	Community WaSH Committee
<b>IEC</b>	Information, Education, and Communication
<b>ITS</b>	Informal Tented Settlements
<b>SI</b>	Solidarités International
<b>ToT</b>	Training of Trainers
<b>WaSH</b>	Water, Sanitation, and Health

## Introduction

On February 21, 2020, following 6 months of political and economic turmoil in the country, Lebanon reported its first confirmed case of COVID-19. The wave of successive crises threatens the wellbeing of all those residing in the country, but for none is the threat more acute than for Lebanon's estimated 1.5 million Syrian refugees, the majority of whom are already living in precarious conditions.

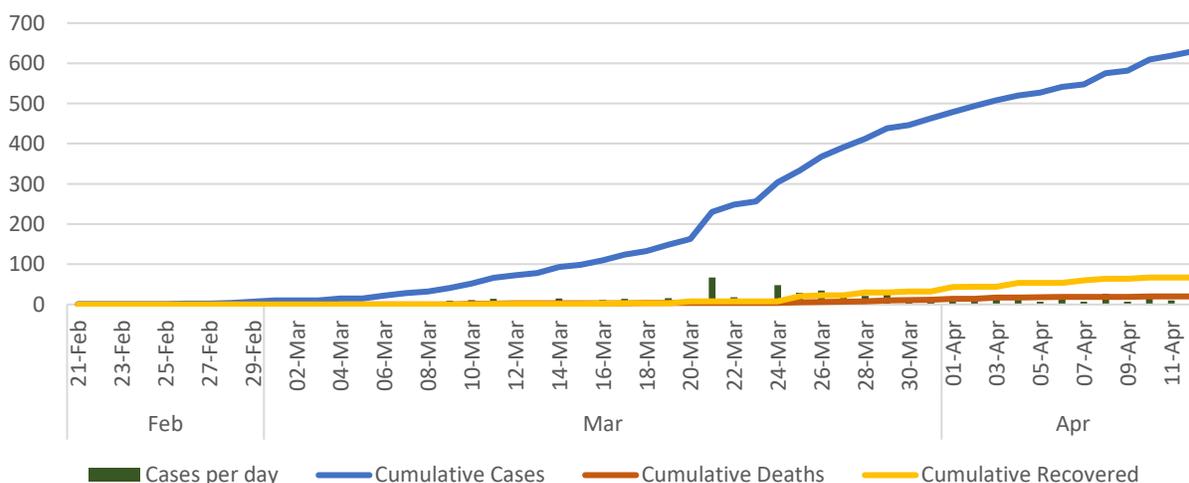
Diminishing resources, exhausted coping mechanisms, rising inflation, and decreasing employment opportunities have all contributed to the erosion of the resilience among the Syrian population in Lebanon, resulting in significant humanitarian needs across all sectors. The arrival of COVID-19 will only exacerbate the situation; not only does the disease represent a serious health risk, through its secondary effects—such as nationwide lockdown, worsening economic landscape, and potential goods shortages—and the response to COVID-19—it also represent a serious livelihoods risk.

Consequently, Solidarités International has conducted a rapid survey to better understand the impact of COVID-19 on the Syrian refugees it serves in Informal Tented Settlements (ITS). Specifically, the survey explores:

1. *COVID-19 Awareness in ITS Households*
2. *Effects of COVID-19 on ITS Households*
3. *ITS Household Concerns Regarding COVID-19*
4. *COVID-19 Preparedness within ITS Households*
5. *Response and Treatment to COVID-19 in ITS Households*

Primarily, the purpose of the survey is to generate initial findings that will broadly inform SI's response in the country; both for its core shelter and WaSH programming, and for its emergency COVID-19 operations. **As a rapid-response survey, the sampling for the survey was purposive.** In other words, results of the survey are not generalisable for the entire Syrian refugee population living in ITS under SI's coverage area. Rather, the results act as both a weathervane for immediate response and a foundation for further understanding of the effects of COVID-19.

### COVID-19 in Lebanon



Source: Lebanese Ministry of Public Health. As of April 15, 2020

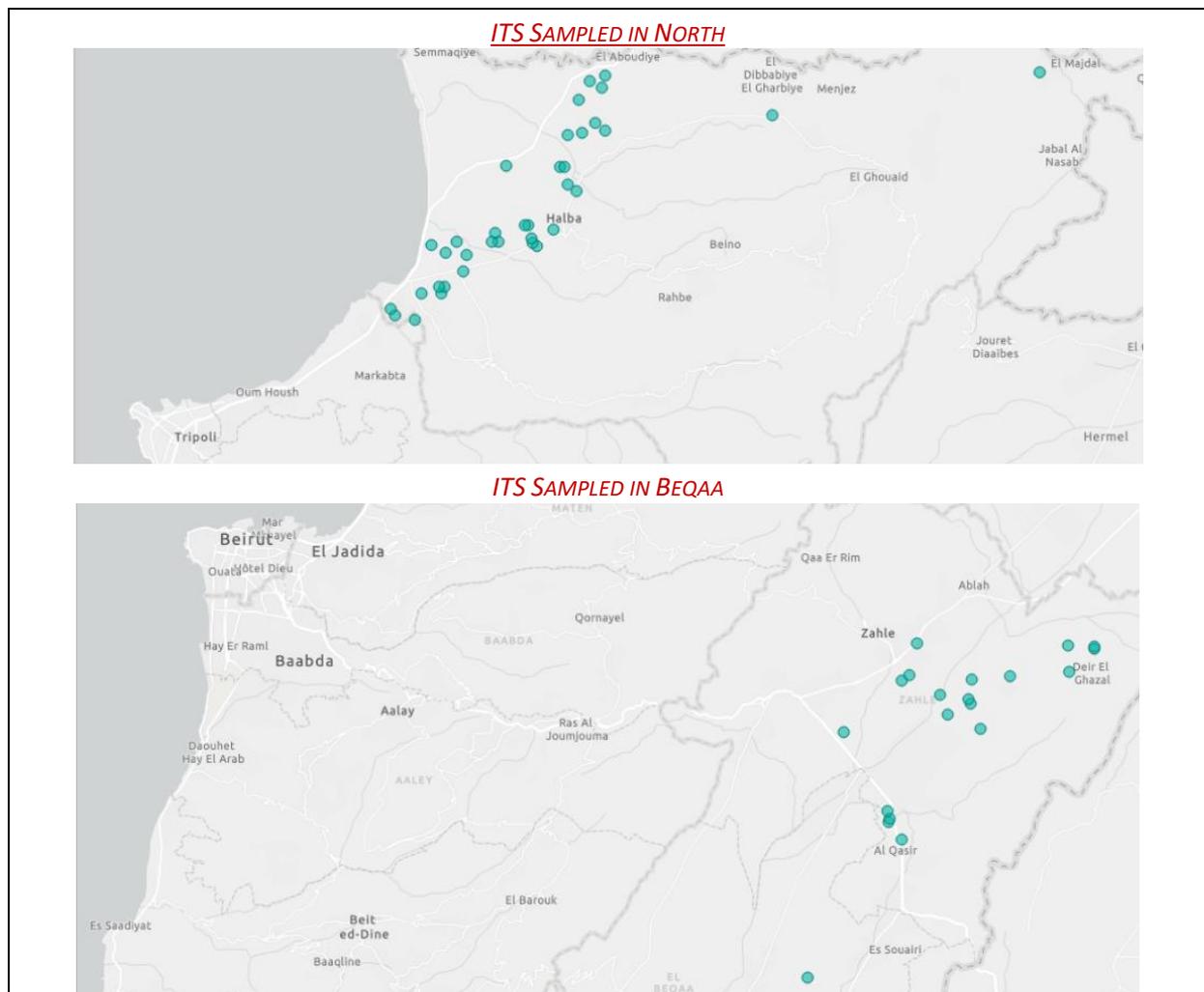
## Methodology

### PROCESS

The survey was conducted over the phone by enumerators and administered to ITS focal points known to Solidarités International. Questions were predominately closed; however, enumerators had the option of free text responses where appropriate. Many questions consisted of multiple-choice answers, yet, where this was the case, **enumerators did not read out potential answers to respondents**. Rather, enumerators allowed participants to give free responses, selecting the answer from the available list that most closely corresponded. If the response did not correspond, the enumerator entered it as free text. Furthermore, enumerators were trained to give prompts or further explanation for each question where needed in order to ensure meaning and intent were fully understood by participants.

### SAMPLING / SELECTION

**The survey employed a purposive sample** and, as such, results are not generalisable. A sample of 57 households was drawn from the population of Syrians living in ITS that receive Shelter and WaSH assistance from SI. Moreover, the selection deliberately contained households from ITS that ranged in both geographical location and overall settlement population. Respondents were asked to provide answers for their household only.



### *LIMITATIONS*

For a survey of this nature, recognisable limitations exist. First, as noted above, the use of a purposive sample precludes the generalisation of results to a larger population. Second, humanitarian surveys conducted among an actual or potential beneficiary population that rely on self-reporting often experience a response bias that misrepresent severity of needs. It is not uncommon for respondents to exaggerate responses under the impression that it may result in the delivery of additional humanitarian support—this often remains the case even when respondents are informed that the survey will have no direct bearing on their eligibility for further assistance, as was the case in this survey. Third, the survey contains a limited number of “second degree” question where respondents are asked to provide information on a change in their circumstances that is indirectly affected by COVID-19. This is most notable in the question regarding loss of employment opportunities. When a household reports that they lost an opportunity or were fired from a job due to COVID-19, it is possible that they were not privy to all available information. Correlation does not necessarily mean causation, and the loss of a job even during the outbreak of COVID-19 may be due to reasons unrelated to the disease.

## Findings

### COVID-19 AWARENESS

#### Overview

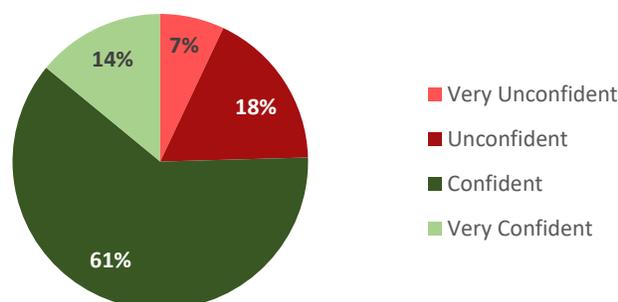
- Majority of households surveyed (85%) had attended some form of IEC session on COVID-19, of which 75% were confident regarding the with information received
- Nonetheless, exactly a quarter of those surveyed remain unconfident that they have received information sufficient to help them make decisions allowing them to protect the household
- Clear preference for additional information on: 1) COVID-19 symptoms; 2) COVID-19 transmission prevention; and 3) how to isolate in response to COVID-19 in the shelter.
- Those surveyed demonstrated a broadly accurate understanding of COVID-19 symptoms.

All beneficiary households surveyed were aware of the COVID-19 Pandemic affecting Lebanon, and 85% had attended at least one COVID-19 awareness session. Of those that had attended a session, 92% reported that the information was *“clear and easy to understand.”*

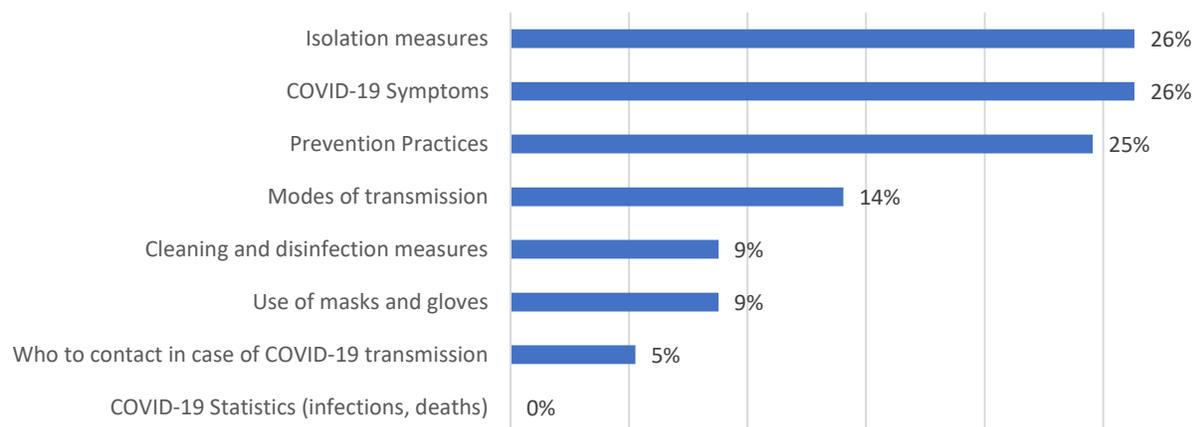
Moreover, exactly three-quarters of those interviewed reported that the information received in the sessions is *“sufficient to make decisions to properly protect themselves and their families.”*

When asked what additional information was required in the IEC sessions, 47% of households reported that they required no further information. However, 26% of those interviewed stated they required further information on COVID-19 symptoms, 26% requested further information on proper isolation measures, and 25% requested further information on better prevention practices to stop the spread of COVID 19.

### Confidence in IEC Sessions Attended

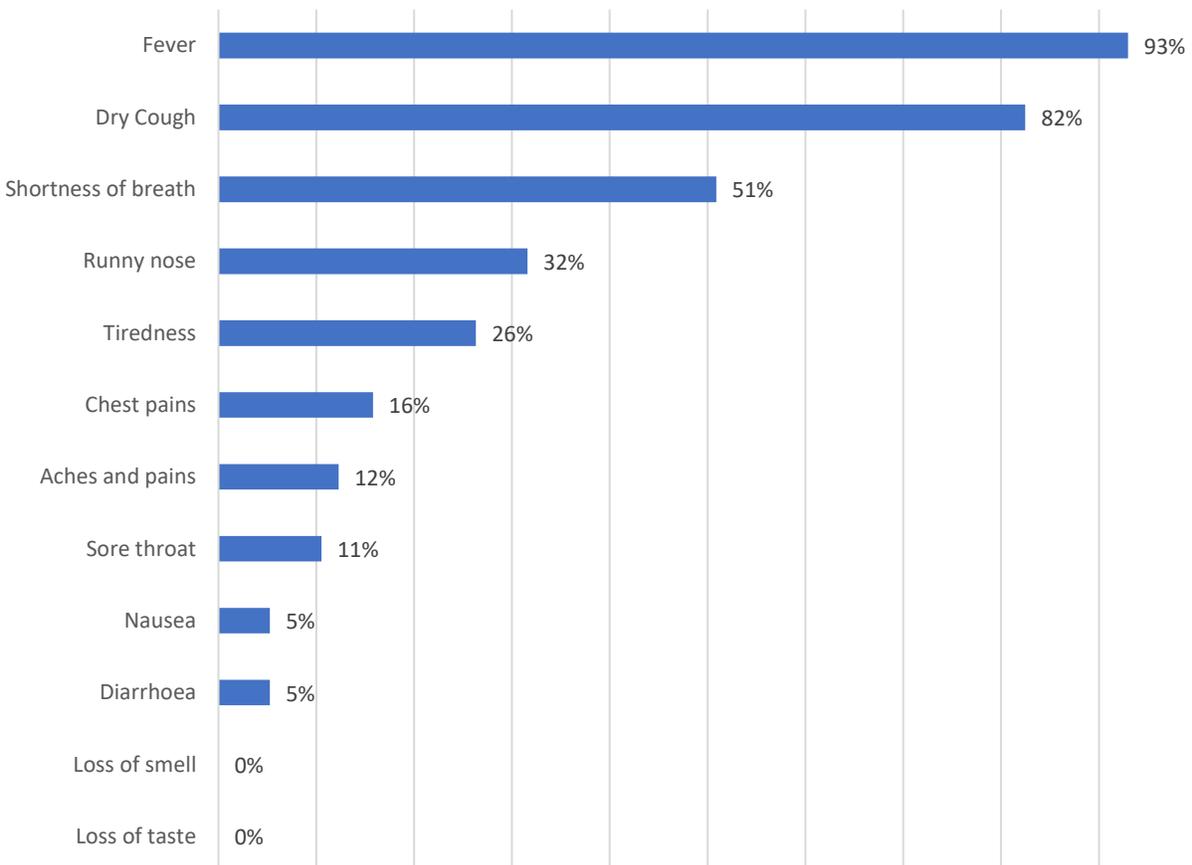


### Further IEC Information Requested



Despite requesting further information on COVID-19 symptoms, those households surveyed showed good awareness of the most common symptoms as reported by the WHO. Of those surveyed, 93% identified fever as a main symptom and 82% identified a dry cough. Less understood as a symptom was general tiredness and fatigue. Overall, the data indicate that those surveyed understood that symptoms were related to respiratory issues.

### COVID-19 Symptoms, as Identified by Respondants




---



---

#### WHO: Symptoms of COVID-19

*“The most common symptoms of COVID-19 are fever, tiredness, and dry cough. Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhoea. These symptoms are usually mild and begin gradually.”*

---



---

### EFFECTS OF COVID-19 ON THE HOUSEHOLD

#### Overview

- 70% of households surveyed are consciously reducing movements outside their camp.
- 98% of households surveyed report that social interactions in ITS have reduced, with 61% reporting only essential interactions occurring.
- 23% of households report they no longer have access to full range of shops selling essential goods.
- 26% report shortages of essential items even in accessible shops
- The overwhelming proportion of households (77%) reported fear of COVID-19 transmission as a factor in their inability to access shops selling essential goods. 23% reported that shops were inaccessible due to closure and 23% reported inaccessibility due to transport disruption.
- 68% of households surveyed feel they do not have access to sufficient items to protect them from COVID-19. With 49% of households reporting a lack of access to masks and gloves, these items were most in-demand. However, shortages of hand sanitizer and soap were also reported by over 30% of households surveyed.
- **100% of households reported that COVID-19 had negatively impacted their household's ability to generate income.** Reported by 53% of households, a perceived reduction in informal work opportunities was the most common reason given for lost income, however 35% of households reported unexpected termination of ongoing work due to COVID-19. Disruption to transport and fear of leaving the shelter for work were also reported as reasons for losing income, though less common.
- **No households reported an increase of rent in the past 4 weeks, however 74% of households reported lost income was threatening their ability to pay monthly rent.**
- 14% of households surveyed report being approached with offers of paid COVID-19 related services— either access to cash or goods for a fee, or disinfection services.
- 5% of households report worse treatment by the Lebanese host community.

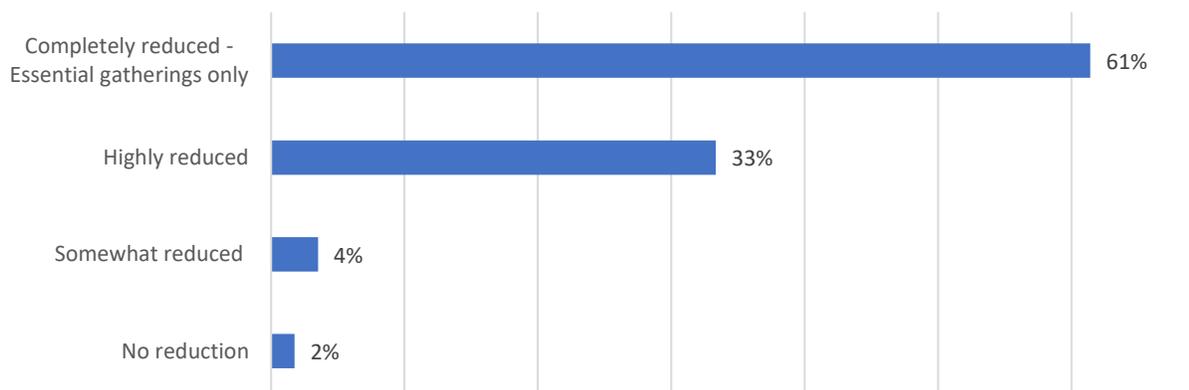
Of those surveyed, 63% reported that they were now only leaving their camp for essential reasons, and a further 7% reported that they were leaving their camp at a reduced frequency. The remaining 30% reported that the arrival of COVID-19 in Lebanon had *not* reduced the frequency at which they were leaving their camp.

Similarly, 98% of households in the survey reported that social gathering between households in ITS have been reduced, with 63% reporting that only essential gatherings are occurring and 33% reporting that gatherings are highly reduced.

#### "Have members of your household reduced how often they leave the camp?"

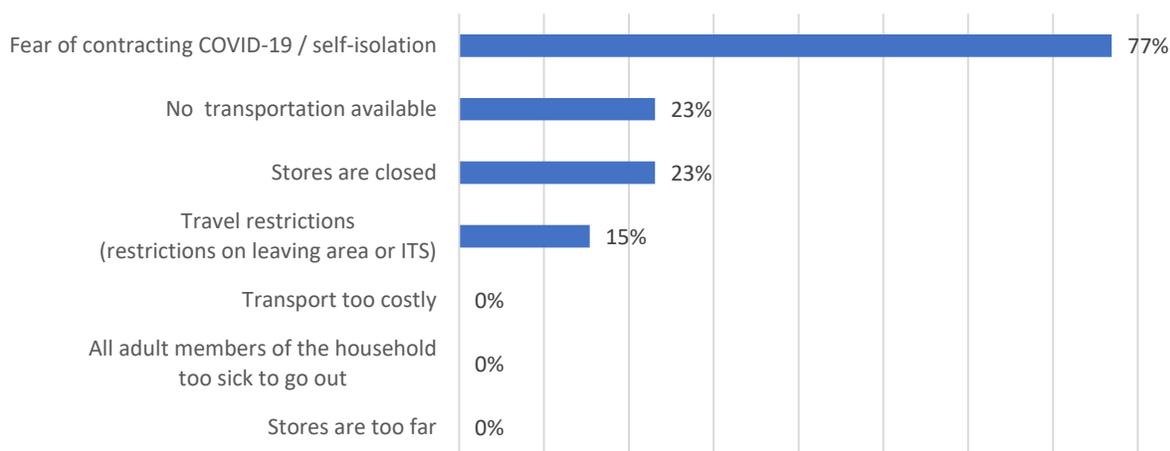
Yes	No
Leave camp for essential reasons only (63%) Leave camp with reduced frequency (7%)	Leave camp with same frequency (30%)

### Effect of COVID-19 on ITS Social Interactions



Concerningly, **23% of households surveyed reported that they no longer had sufficient access to the full range of shops servicing their essential needs**. Moreover, 26% of respondents reported that there were shortages of essential items in those shops that remained accessible. When asked the reasons for the inaccessibility of shops, respondents overwhelmingly reported that they felt they could not go to the shops due to fear of COVID-19 transmission and/or the need to self-isolate during the crisis. Meanwhile, 23% reported that there was no longer adequate transportation available to reach shops, and the same percentage reported that shops were closed. 15% reported that travel restrictions were preventing them from accessing shops with essential goods.

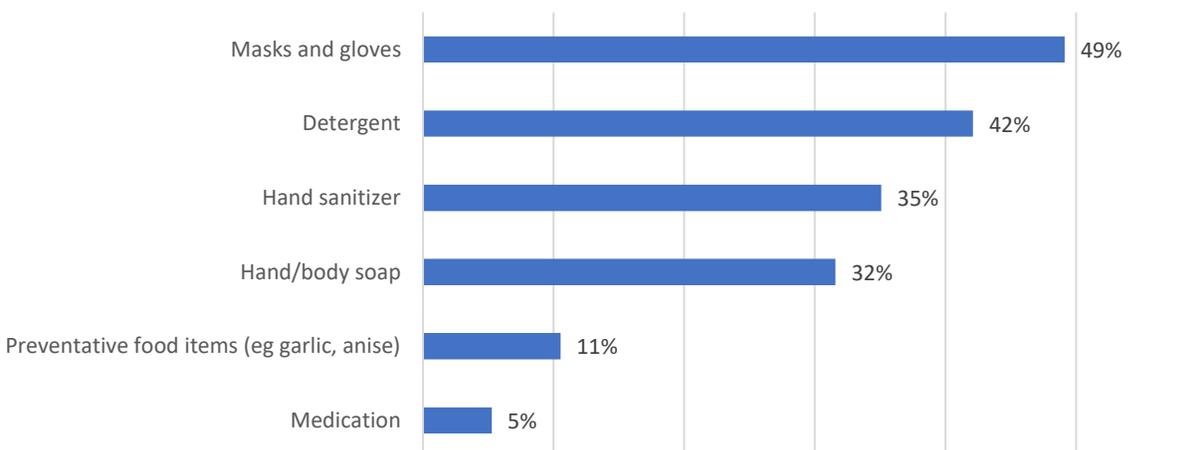
### Reasons for Shop Inaccessibility



Regarding COVID-19 prevention and protection, **68% of households surveyed reported that they did not have access to “items to feel more protected from COVID-19”**. Specifically, 49% reported they could not purchase masks and gloves, 42% reported they could not access detergent, 25% reported they could not purchase hand sanitizer, and 32% reported they could not purchase soap. Interestingly, ~15% of those surveyed reported attempting to purchase food stuffs (successfully or unsuccessfully) such as garlic and

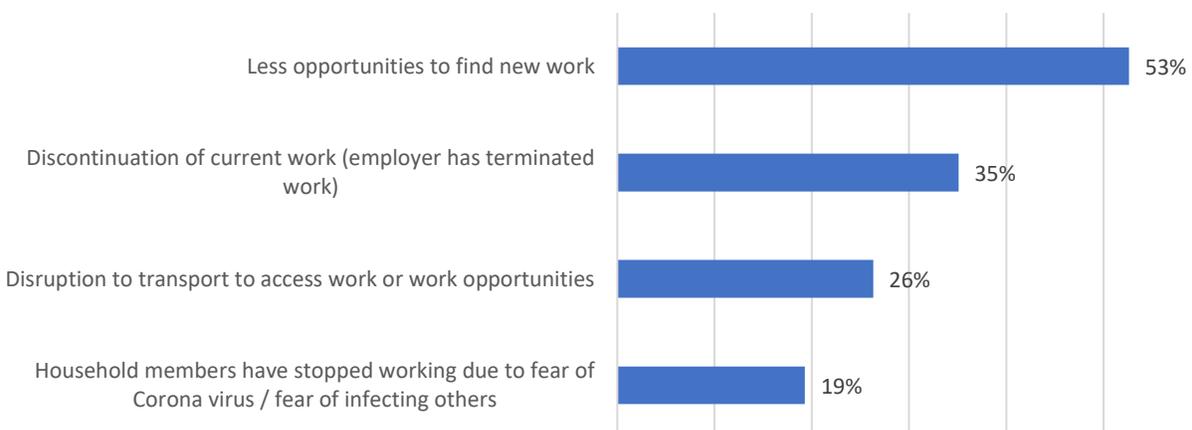
anise to combat COVID-19. This may suggest some misperception of prevention measures among ITS inhabitants.

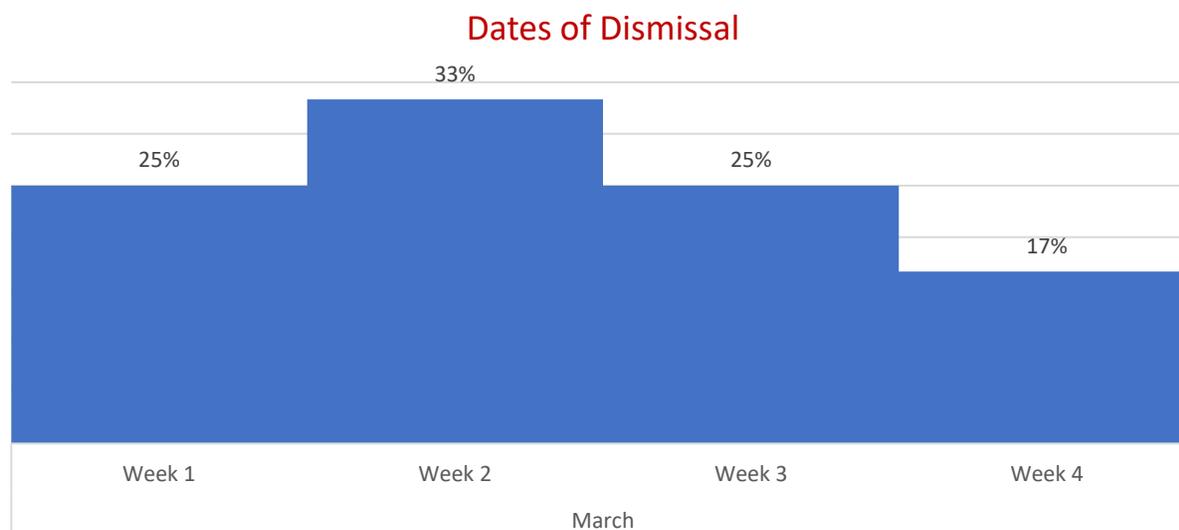
### Inaccessible COVID-19 Protective Items



The most significant reported effect of COVID-19 was on household income; **100% of households surveyed reported that their ability to generate income had been negatively affected by the pandemic.** When asked to elaborate, just over half of households surveyed reported that they had experienced a decrease in new work opportunities, for example day labouring or other informal sources of informal income. **35% of household reported that they had had their current job discontinued since the outbreak of COVID-19 in Lebanon.** Meanwhile, 35% of households reported that disruption to transport had negatively impacted their ability to generate income, and 19% reported that fear of leaving the shelter for work had affected their ability to generate income. Of those reporting that they had been discontinued from their current work, all dismissals occurred in March. Strikingly, no households reported an increase in the cost of rent, however, **74% reported that lost income was threatening their ability to pay monthly rent.**

### Reasons for Loss of Income





The survey also asked households if they had received offers for paid COVID-related services. While 86% reported that they had received no such offers, 9% surveyed reported that they had been approached with offers of paid ITS disinfection services. Additionally, 5% of those surveyed reported that third parties had offered to withdraw cash or use multi-purpose cash assistance cards on their behalf for a fee.

Finally, the survey gauged household perceptions of changes in treatment by the Lebanese community since the outbreak of COVID-19. Of those surveyed, only 5% reported that they were receiving worse treatment by Lebanese neighbours.

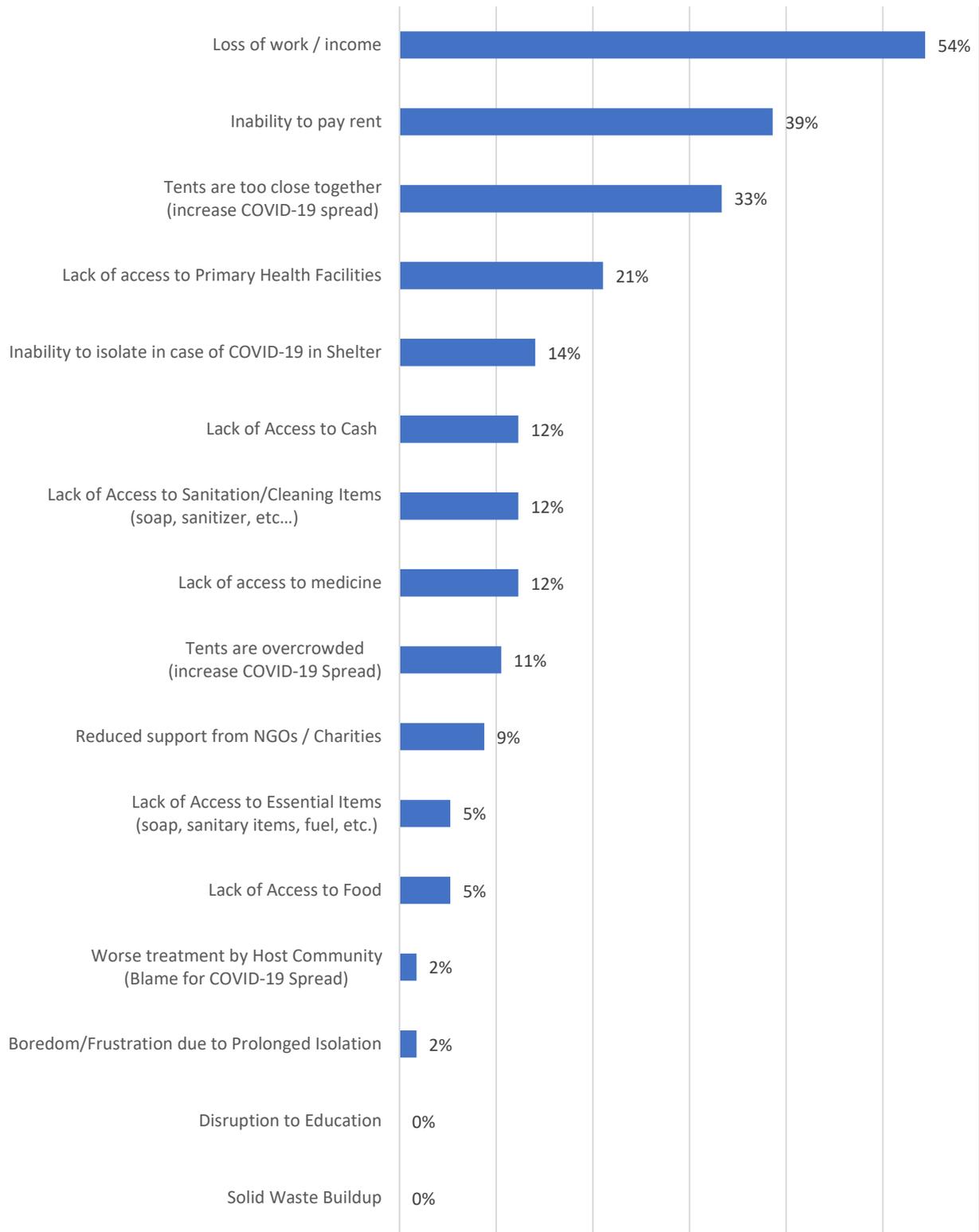
### HOUSEHOLD COVID-19 CONCERNS

#### Overview

- **Loss of work and income the most common concern, reported by 54% of households surveyed.**
- **Ability to pay rent second most common concern, report by 39% of households.**
- Some prevalence of concern regarding ability to effectively respond to COVID-19 outbreaks in their ITS, with 33% of those surveyed reporting concern regarding the proximity of tents in the ITS, 21% reporting concern over lack of access to primary healthcare, and 11% reporting concern regarding tent overcrowding.
- **When asked about general current concerns, lack of access to food was only raised by 5% of those surveyed, yet it was the most commonly requested form of humanitarian assistance.** The reason for this incongruity is uncertain but may reflect a difference between severity actual current and perceived future issues for Syrian households.
- Cash as a form of humanitarian assistance was reported as the most urgent by only 28% of households surveyed. 16% of households reported that soap and sanitizer most urgent.
- No household reported an intention to either leave their ITS or return to Syria.

The survey not only attempted to measure the current *effect* of COVID-19 on ITS household, but also their concerns about future COVID-19 related developments. Over half of those surveyed reported concerns over loss of work and income due to COVID-19. Similarly, 39% of households were concerned that they would soon be unable to pay rent due to lost income. The survey also revealed that 33% of households were concerned about the proximity of tents to one another in the ITS and an increased risk of COVID-19 spread, and 21% were concerned about a lack of adequate access to primary healthcare facilities.

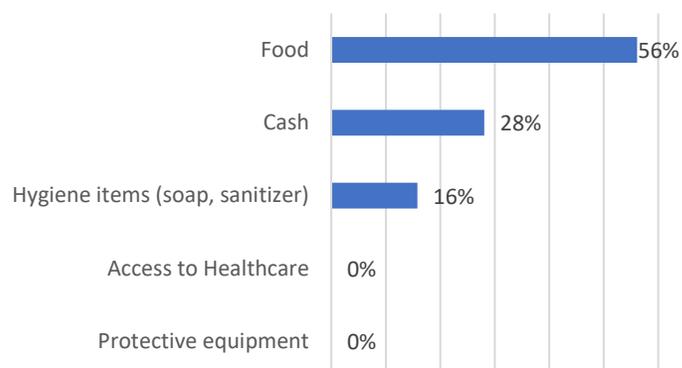
### COVID-19 Concerns



When asked which one form of humanitarian assistance was currently most needed, 56% of households stated food assistance was most urgent. A further 28% reported that cash assistance was most urgent, with 16% reporting a primary need for hygiene items. At the moment, no household reported that access to healthcare and protective equipment was their primary need.

No households surveyed had any current intention of leaving their current ITS for another place of habitation, nor did any household report intention to return to Syria.

### COVID-19: Most Desired Form of Assistance



### COVID-19 PREPAREDNESS

#### Overview

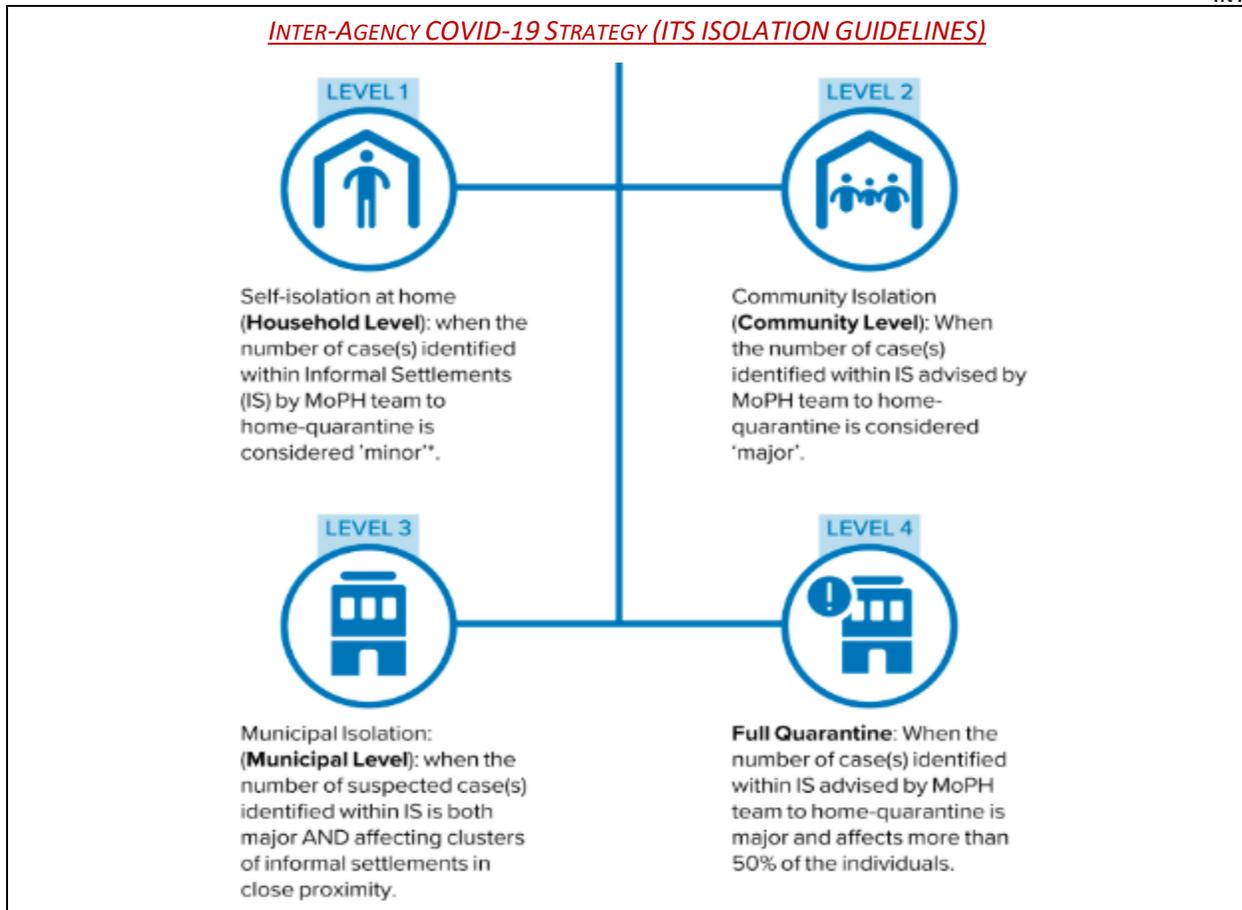
- 23% of households report that members regularly wear masks and gloves. However, 75% of households surveyed reported insufficient access to masks and gloves.
- **26% of households are currently not disinfecting their homes against COVID-19.** Only 57% are disinfecting their home once or more than once a day.
- **Only half the households surveyed use bleach when disinfecting their homes,** with only 54% of households owning bleach.
- **Only 16% of households surveyed correctly reported how to make an effective bleach solution.**
- 42% of households do not know when the threat of COVID-19 to their ITS will pass. Most households surveyed believe the threat will pass between 3 to 6 months.

In the sample, 23% of households reported that members were regularly using masks and gloves as a precaution against COVID-19, however exactly three-quarters of those surveyed reported that they did feel they had access to sufficient quantities to masks and gloves to protect themselves from COVID-19.

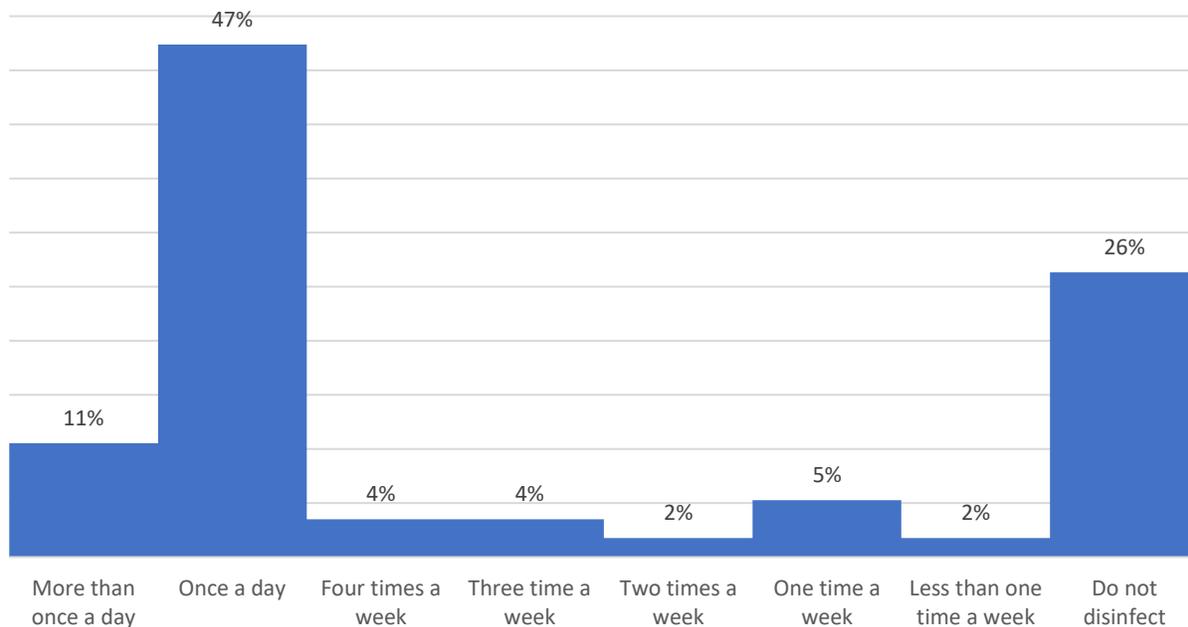
26% of homes report that they do not currently disinfect their homes against COVID-19. Encompassing the 74% of households that do disinfect their home against COVID-19, the majority—47%—disinfect their homes once a day. 11% disinfect their homes more than once a day, while 15% disinfect their homes between four and one times a week, and 2% disinfect their home less than once time per week. However, only 50% report that they disinfect their home with bleach—indeed, only 54% of households report that they currently possess bleach.<sup>2</sup> **Furthermore, only 16% of households surveyed could correctly report how to make an effective bleach solution.**

The survey also attempted to gauge for how long beneficiaries perceived the threat of COVID-19 to their ITS would persist. While 42% of households reported that they did not know, 53% believed the threat would pass between 3 and 6 months. No households reported a belief that the threat would endure beyond 6 months.

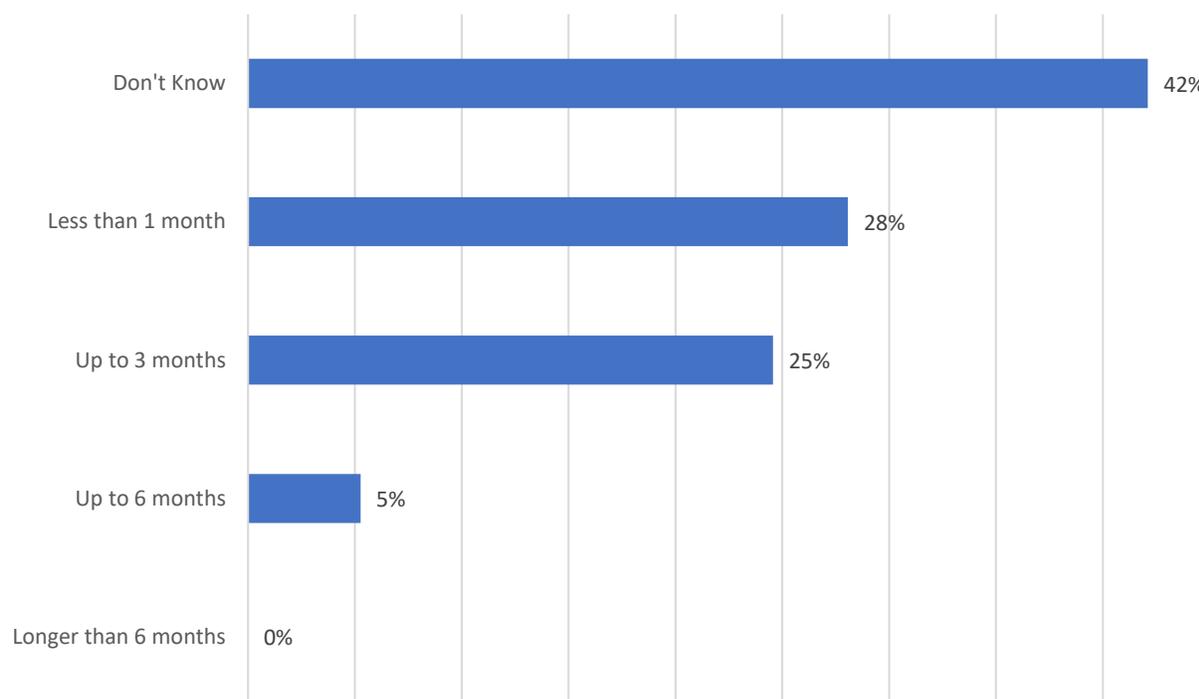
<sup>2</sup> 5% mistakenly reported owning bleach, conflating non-bleach detergent with bleach.



### Frequency of Home Disinfection



### Perceived Duration of COVID-19 Threat



### COVID-19 RESPONSE AND TREATMENT

#### Overview

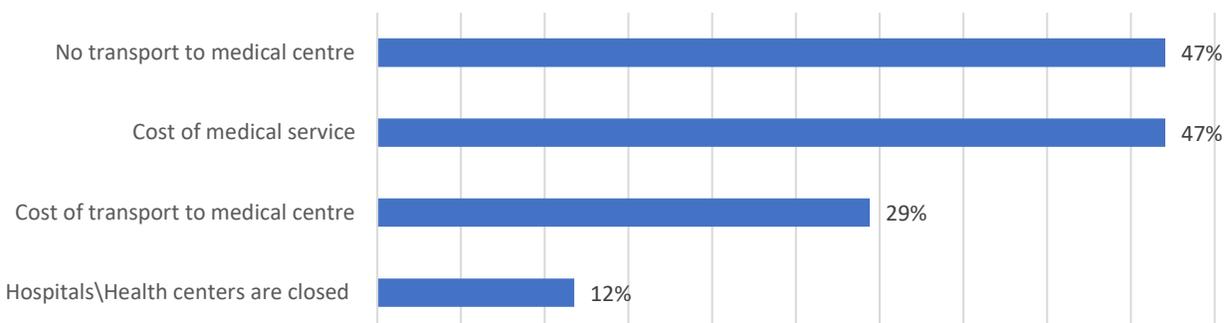
- 30% of those surveyed reported they had no access to primary medical care, citing cost of treatment and cost transport or lack thereof as barriers.
- **Only 33% of households reported they would contact the Ministry of Public Health hotline in the event of a family member displaying COVID-19 symptoms.** It was far more common for households to contact NGOs or the Lebanese Red Cross.
- **70% of households reported that they would not be able to effectively self-isolate, with most (80%) citing a lack of space in the shelter to do so.**
- **Most households stated that members displaying COVID-19 symptoms would practice self-isolation for 2 week or longer, however 25% reported that they would cease self-isolation when symptoms disappeared.**
- **When asked *who* would self-isolate in the event of a suspected COVID-19 case in the home, 61% of households reported that only the symptomatic person would isolate. Only 39% of households reported that the entire household would self-isolate.**

70% of those surveyed reported access to a healthcare centre or a doctor. For the 30% that reported no access, four reasons were given. 47% of beneficiaries reported that the cost of medical services was prohibitive, with 47% also reporting that there were no regular transport options to take them to a healthcare centre of professional. 29% of beneficiaries also reported that, where transport was available, the cost was again prohibitive. 12% of households reported that nearby healthcare centres had been closed.

When asked what forms of assistance they would seek if a member of the household fell ill with suspected COVID-19, there was an even distribution of different actions. Only 26% of households said they would visit a doctor or primary healthcare facility, and **only 33% reported they would call the Lebanese Ministry**

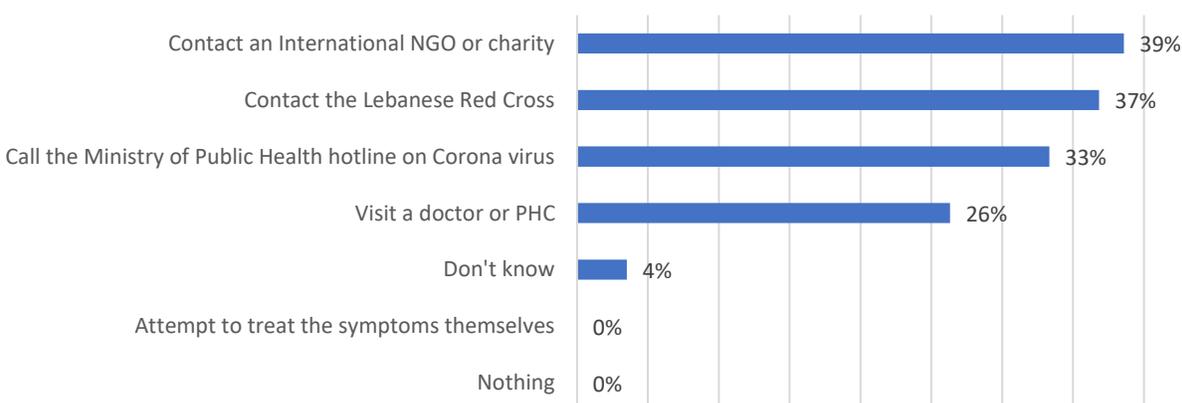
**of Public Health hotline.** Households were more likely to report that they would contact the Lebanese Red Cross (37%) or a charity of NGO (39%).

### Barriers to Primary Healthcare Access

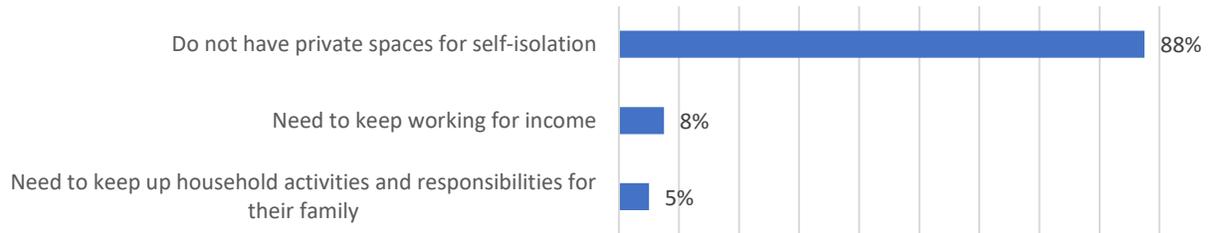


Asked about their capacity to self-isolate in the case of suspected COVID-19 in the home, **70% of households reported that they would not be able to effectively self-isolate.** When asked for the primary reason why they could not, 88% of households stated that their tent does not have the space to isolate a single person from other household members. 8% reported that the primary barrier to self-isolation would be the imperative to remain working for income, while a further 5% reported that household duties would prevent self-isolation. In addition, the survey asked households how, exactly, they would attempt to self-isolate in the event of suspected COVID-19 transmission in the home. 43% reported that the person with symptoms would remain in the shelter but every effort would be made to minimise direct contact. A further 21% reported that the household would vacate the shelter, leaving the symptomatic person to inhabit one tent for themselves. Conversely, 20% of household reported that they would host the symptomatic person in an empty tent and remain in the household shelter themselves. Only 16% of households reported that they would make no additional efforts to reduce interaction with the symptomatic person within their home.

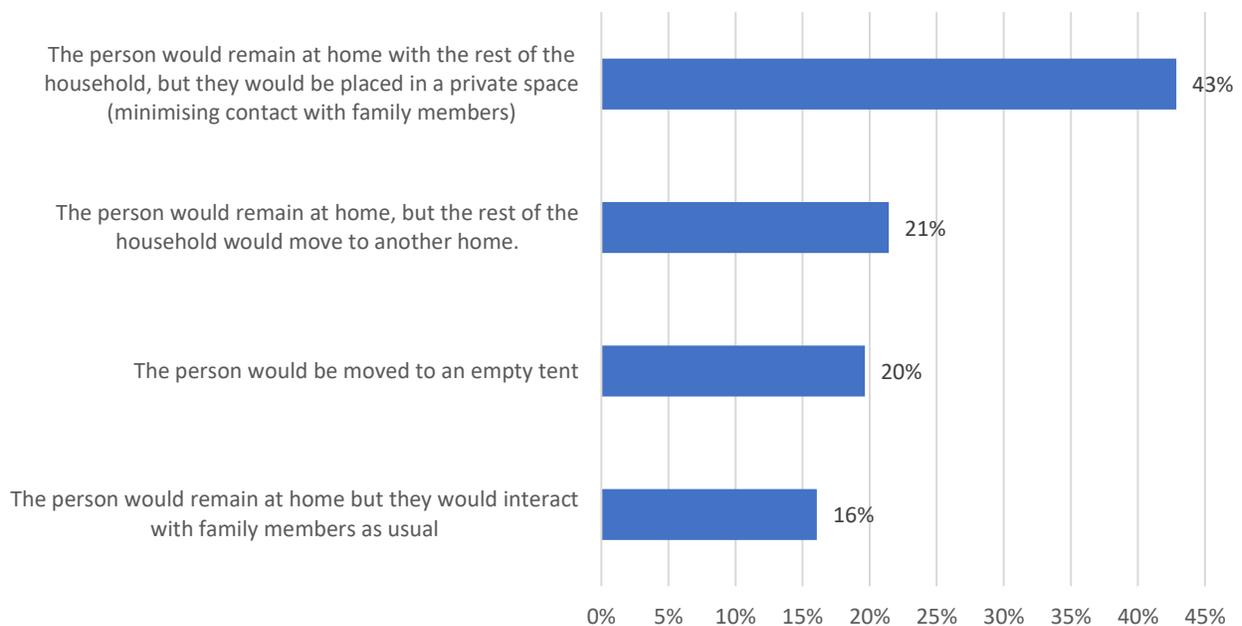
### Actions Taken in Case of Suspected COVID-19 Transmission in Household



### Primary Barriers to Self-Isolation



### How Would the Household Practice Self-Isolation?



When asked for how long household members would self-isolate in the case of a member displaying symptoms, 75% of households reported that they would isolate for a period of 2 weeks or more. However, **25% reported that they would only wait until symptoms had disappeared**—potentially indicating a misunderstanding among a large proportion of the refugee population regarding the period of time a person is contagious. Finally, when asked *who* would self-isolate in the event of a family member displaying COVID-19 symptoms, only 39% of respondents reported that it would be the entire household, with 62% reporting that only the symptomatic person would practice isolation.

### Who Would Self-Isolate in the Household if a Member Displayed Symptoms?

