COVID-19 Levels of Isolation in ITSs: feedback from the communities

The Lebanon COVID-19 response in Informal Tented Settlements is organized around five levels, from 0 to 4 based on the number of cases in one site and the level of community transmission.
For each level a different response is planned in order to best meet the existing needs, each one requiring the buy in and compliance of the affected communities in order to be successful. In fact, each level has an impact on the resident of an affected site who, if confirmed with COVID-19 or suspected might have to isolate at home, at an isolation site, or quarantine with the whole community.
As such, it is of furthermost importance that the communities are familiar, understand and accept the different levels and have space to express their concerns and raise feedback.

Under its COVID-19 prevention and response strategy, Action Against Hunger has accompanied each distribution with an awareness session on COVID-19 at household level, which during the last round of distribution that took place between 22 July and 26 August 2020 focused on the different levels of isolation.
A total of 8,197 sessions have been conducted across West Bekaa and Arsaal, where ACF is the main WaSH actor.
During the sessions, participants have been given the opportunity to receive additional information on the topics covered in the previous sessions as well as expressed specific concern around the different isolation levels. Whenever a person expressed concerns or additional needs for information, the field teams would record the main issues in a checklist that is used to feed this analysis. A total of 346 expressed at least one area of concern, though this data cannot be seen as representative of the entire population with concerns, as it is possible that some people may not have been willing to share their concerns openly.

In addition, other 138 households have also being targeted through community led sessions organized by ACF community focal points. The data is presented in this document, though separately from the data collected by staff.

Summary population data from ACF Awareness sessions

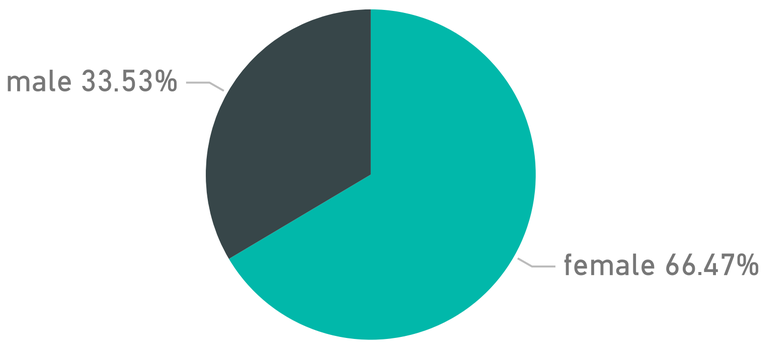
In recognition of the number of assessment that have been conducted over the past months and the fatigue expressed by the communities with regards to their participation in multiple assessments as well as the constant flow of information that is not accompanied by any material assistance, Action Against Hunger has conducted the current exercise on a voluntary basis during the distribution of disinfection items and masks and by integrating it completely in the awareness sessions being conducted at household level.

At the end of the session, households have been asked if they had any concerns on any of the isolation levels presented but were not pushed to respond. The voluntary basis of the exercise explains the low number of respondents compared to the number of sessions done. Nonetheless, the fact that some community members did not express concerns cannot be interpreted as a lack of concerns from their side as there could be other factors that influence their choice to express such worries or not. The discrepancy between the number of respondents in West Bekaa and in Arsal could be due to the fact that communities in West Bekaa have received more awareness sessions than the ones in Arsal and are targeted by multiple agencies (though efforts are made to avoid duplication of the same messages on the ground).

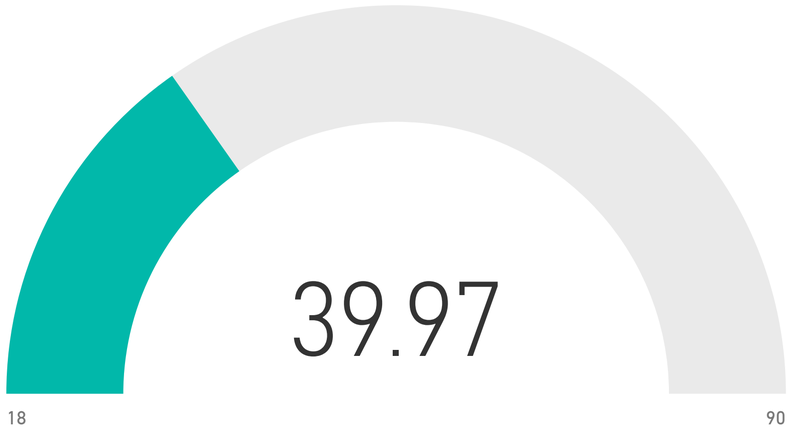
Total number of Households who expressed concerns around one or more levels of isolation during the awareness session

346

#respondents approached during distribution by gender (N=346)



Average respondents' age



location	Count of location
Arsal	315
Jebjannine	7
Kamed al lawz	6
Mansoura	6
Ghazze	4
Qaraoun	4
Khirbet rouha	1
Majdal balhis	1
Raouda	1
Rashaya	1
Total	**346**

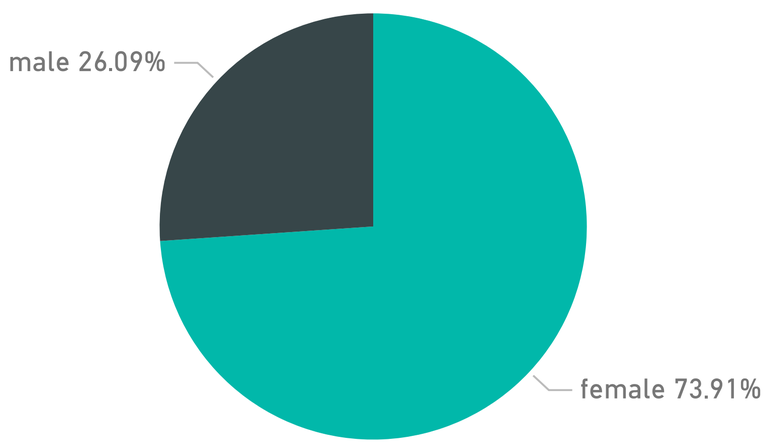
Summary population data from Community-led Awareness sessions

Under Action Against Hunger community engagement strategy for Covid-19 prevention and response, community focal points and member of the WaSH Committees have been trained on the key messages around Sars-Covid-19 and the current and planned response and have conducted a series of community awareness sessions with members of their or a nearby ITSs.

As done by ACF Hygiene Promotion staff, during the discussion the community focal points filled hard copies of the checklists to report on the main concerns expressed at household level. The hard copies were later collected by ACF staff and data entered in the centralized database.

For the purpose of this report, the data is analyzed separately from the one collected by ACF staff to assess if the community expressed different concerns to different interlocutors.

Total #respondents targeted through community led sessions by gender (N=138)

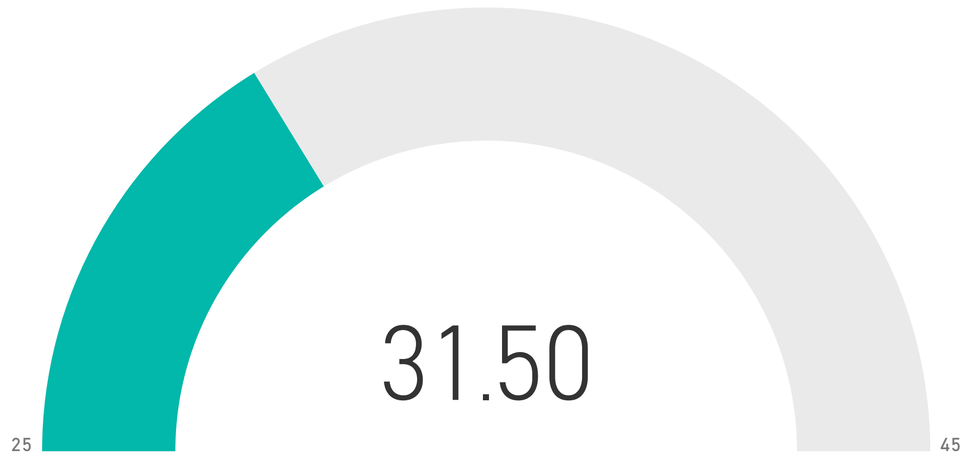


Total number of households reached by the community focal points

138

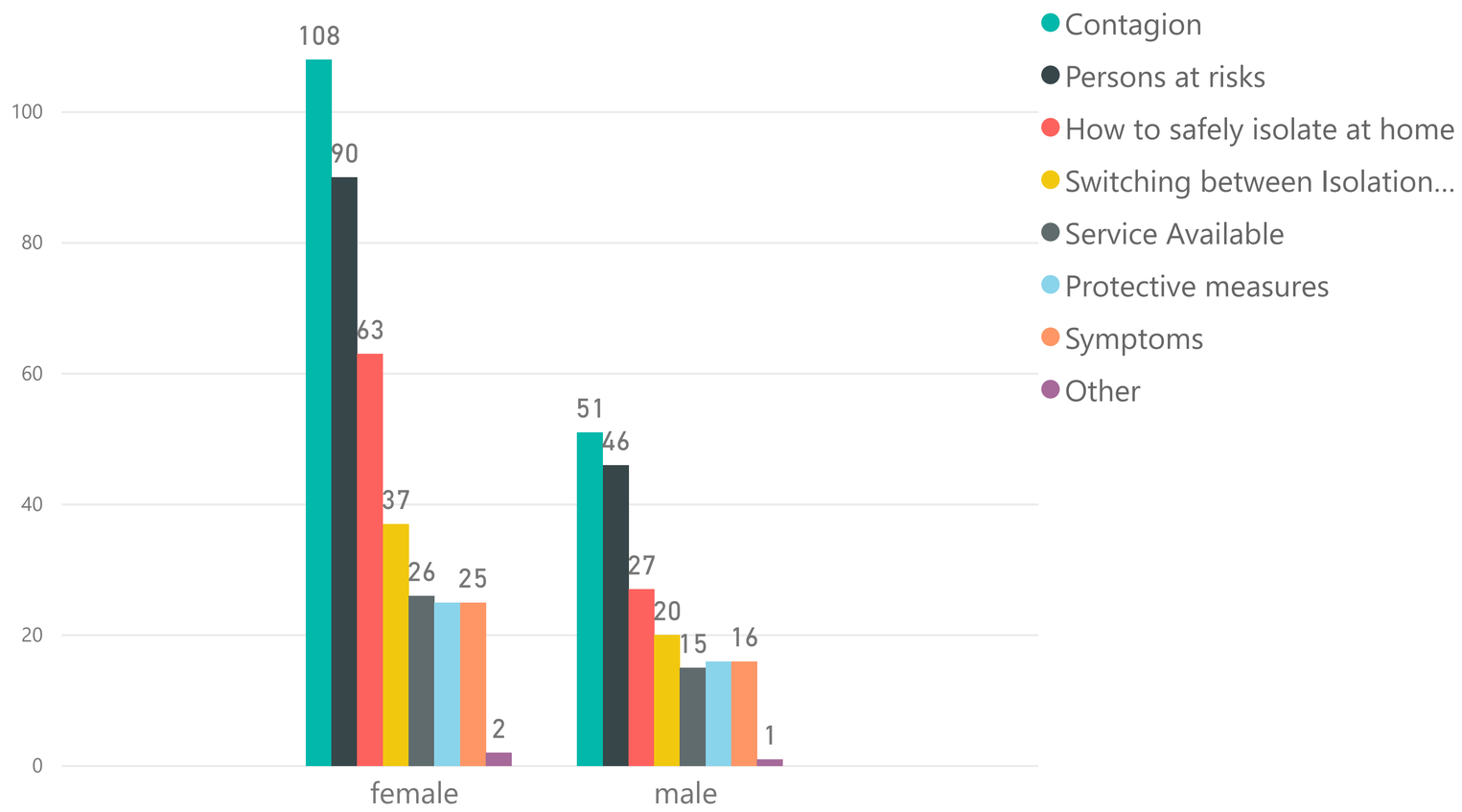
location	Count of location
Arsal	79
Ghazze	33
Jebjannine	24
Qaraoun	2
Total	**138**

Average of community led session respondents' age

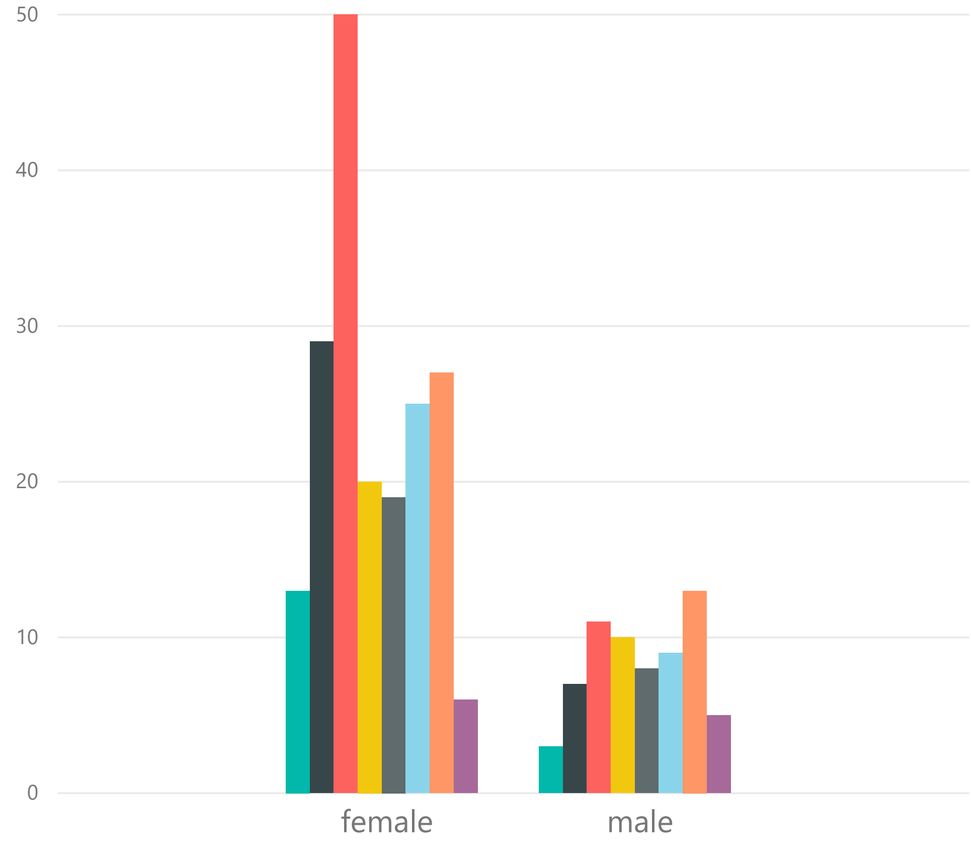


Request for additional information on COVID-19

Covid-19 information by gender



Covid-19 information by gender_Community FP



Each respondent could express more than one topic for which s/he would like to receive additional information. 74% of women and 67% of men who received the awareness by ACF staff have requested information on two or more topics. For both men and women, request for information follow the same curve with *information on COVID-19 contagion* on top, followed by *who is most at risk* and *how to safely isolate at home*.

The data collected by the community focal points presents different findings with the highest topic of inquiry being on *How to safely isolate at home* followed by *who is most at risk of COVID-19* and *what are the symptoms of COVID-19*. Moreover, the community data also show a higher difference in the information requested by women and men. 60% of women and 67% of men have requested information on at least 2 topics.

Concerns expressed by Community for each level of isolation

The community concerns vary largely from one level of isolation to the other, showing understanding on how each level would impact the life of the individual and the community.

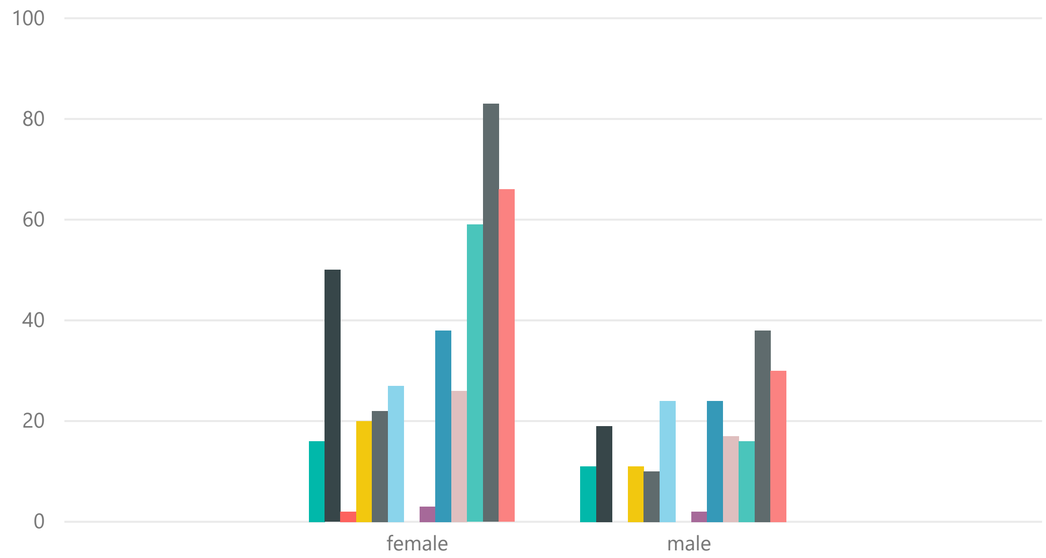
Stigma is a predominant concern in L1, decreasing by over half in the other levels. This could be linked to the perception of it as a households would be more exposed in case they have to self-isolate at household level rather than if the entire community is affected by the isolation/quarantine. Related to this it is interesting to note how in Level 1, respondents are more concerned on how the presence of one positive or suspected case could impact the whole community.

The following slides on each level show a high difference based on the gender of the respondent with regards to sharing space with other women or men, whereby concerns of women in sharing space with other men increase with the levels.

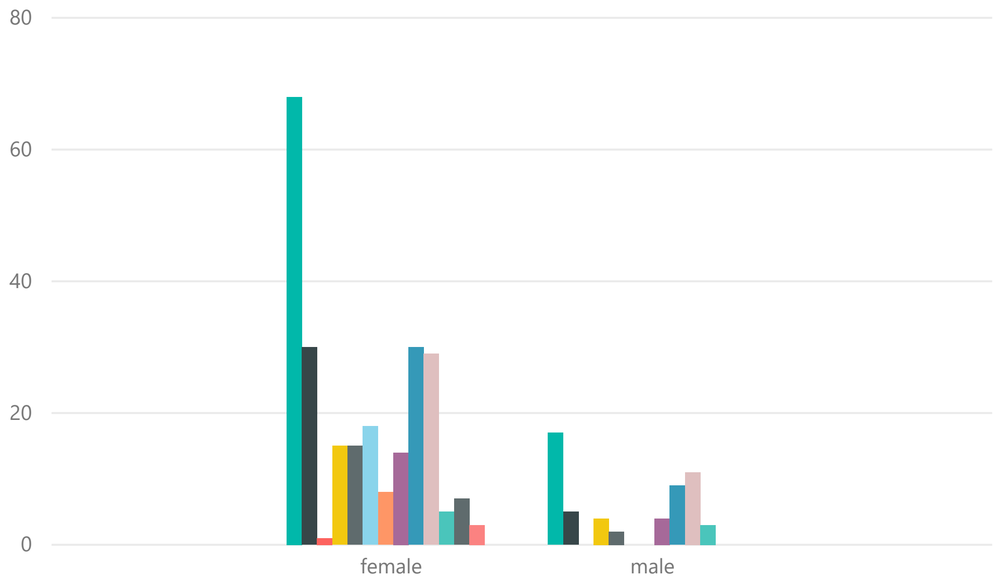
Impact on movements, access to income opportunities and tensions within the communities also increase as we move from household level to site and community level isolation.

Level 1 Self-isolation at home: Concerns expressed by the communities

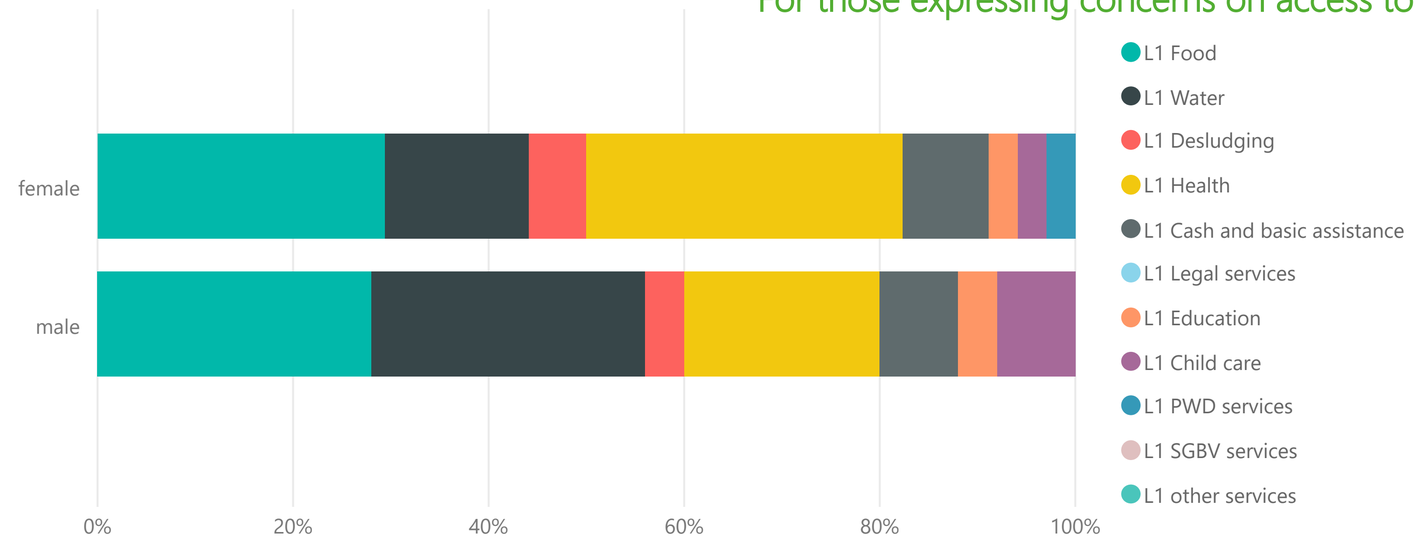
Data from ACF staff

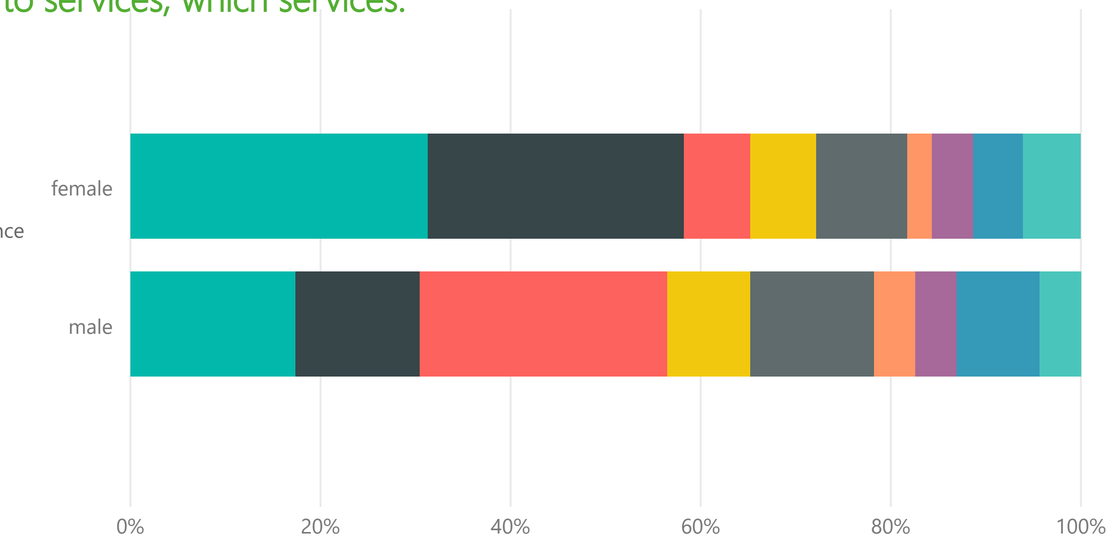


Data from Community FP



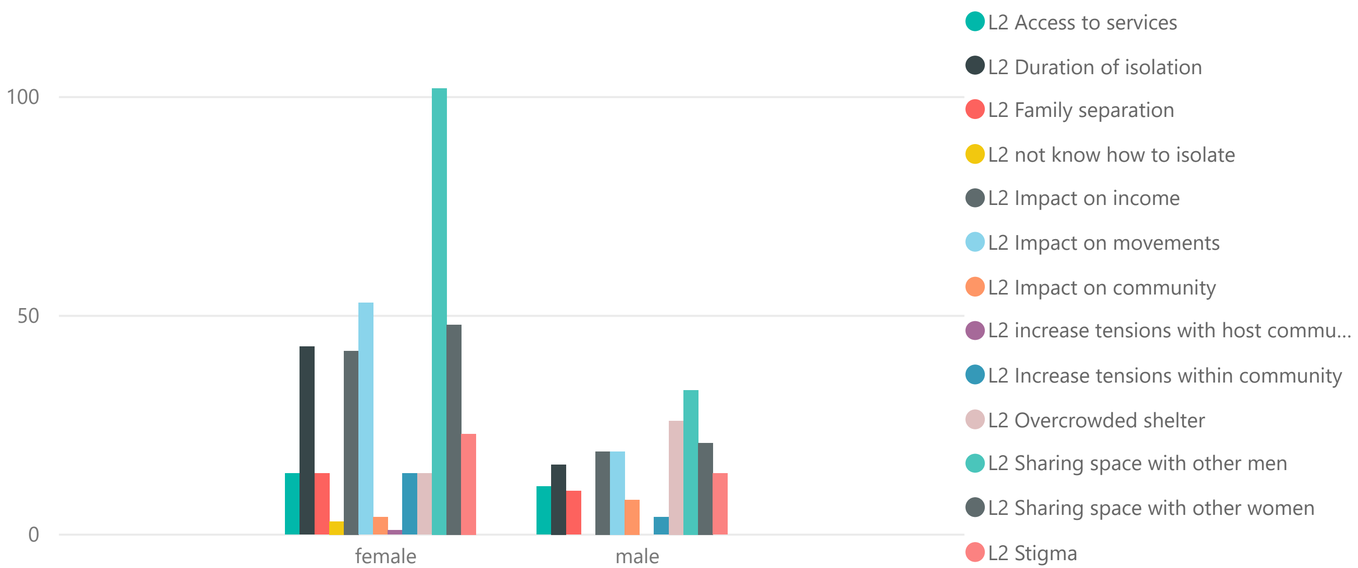
For those expressing concerns on access to services, which services:



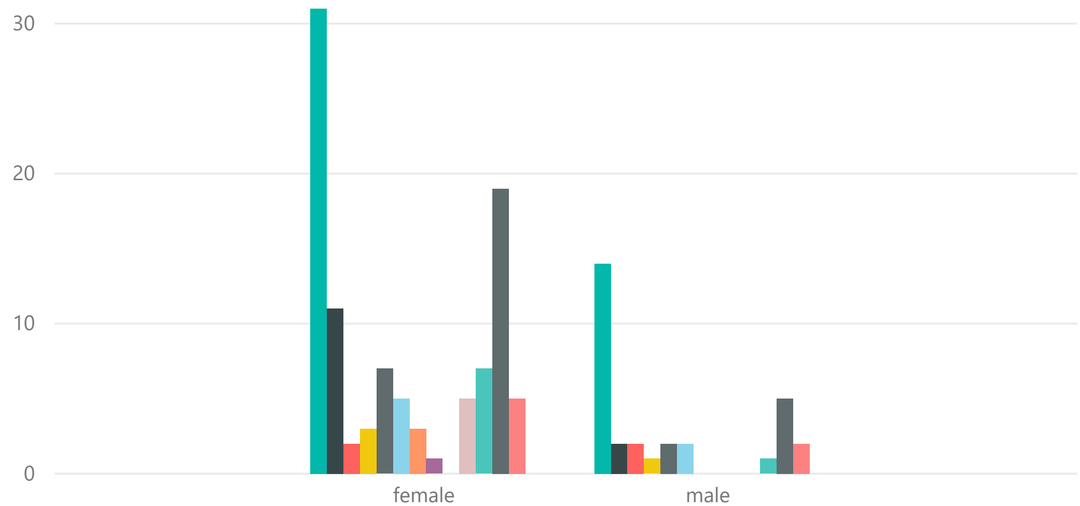


Level 2 Community isolation: Concerns expressed by the communities

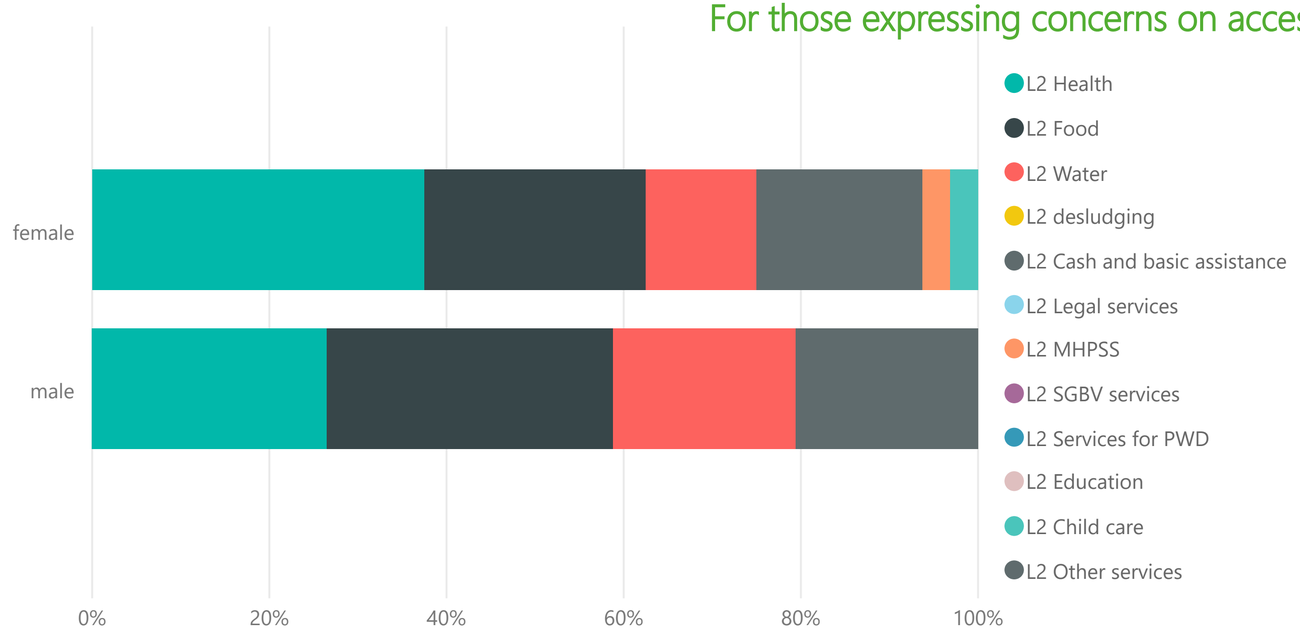
Data from ACF staff

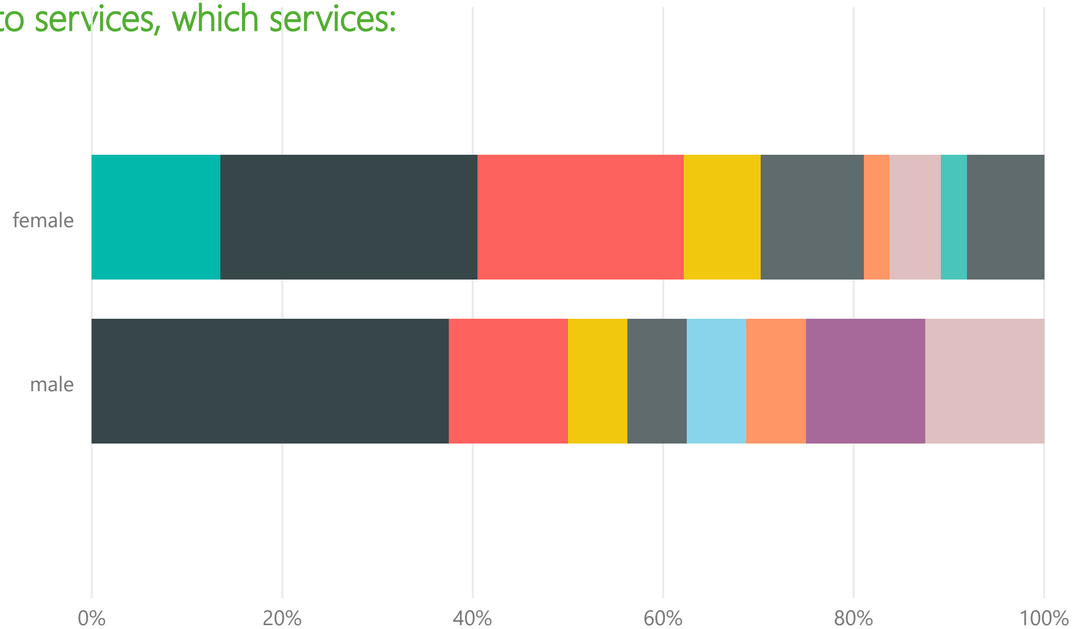


Data from Community FP



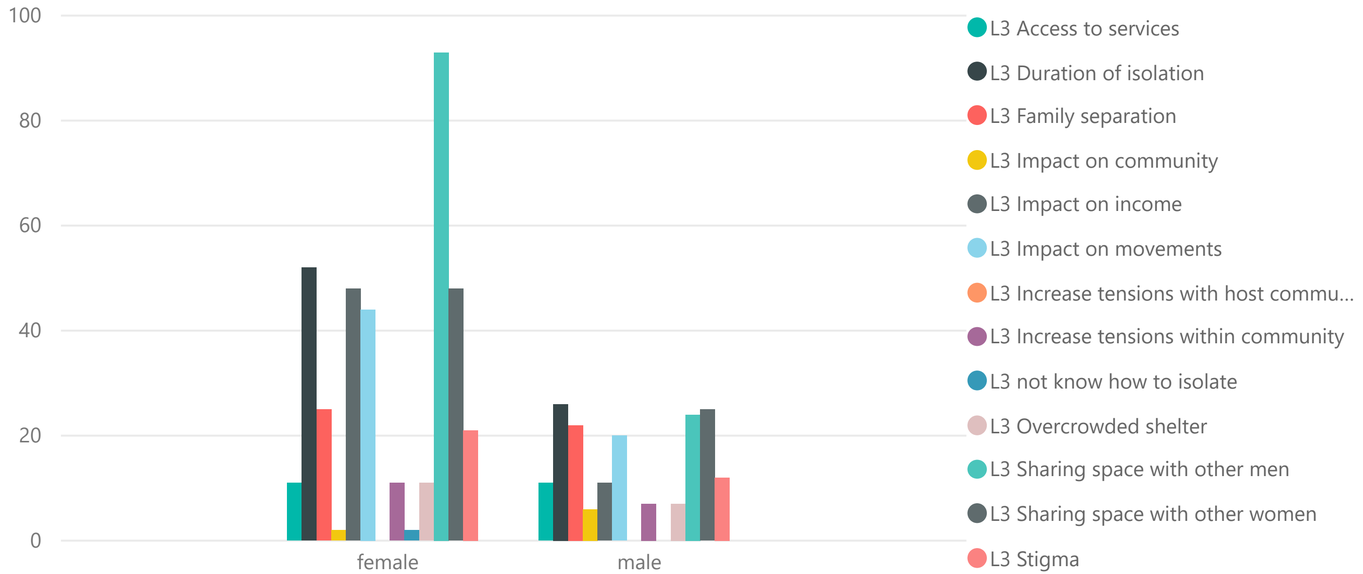
For those expressing concerns on access to services, which services:



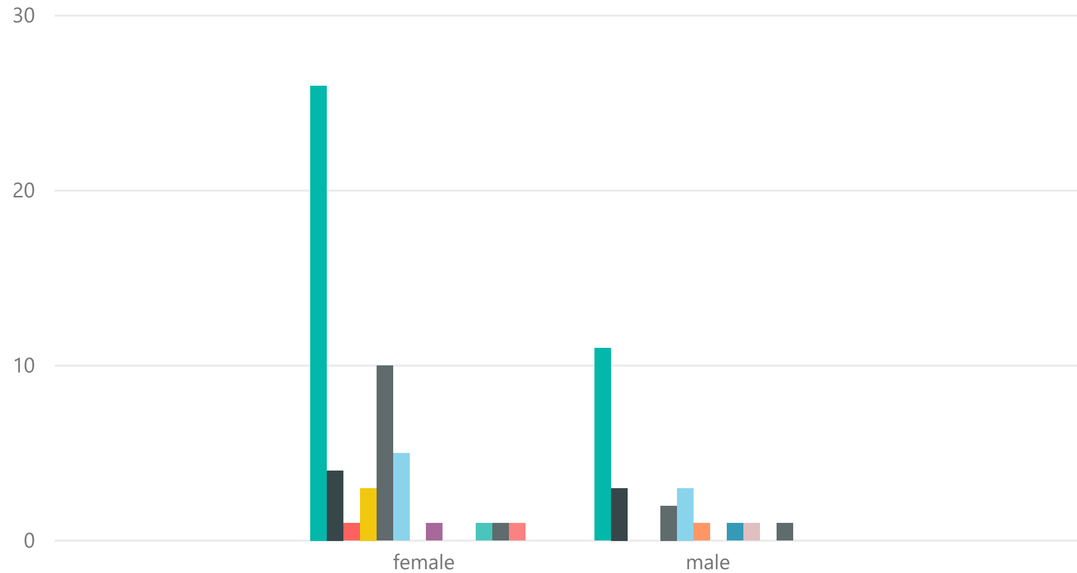


Level 3 Local isolation: Concerns expressed by the communities

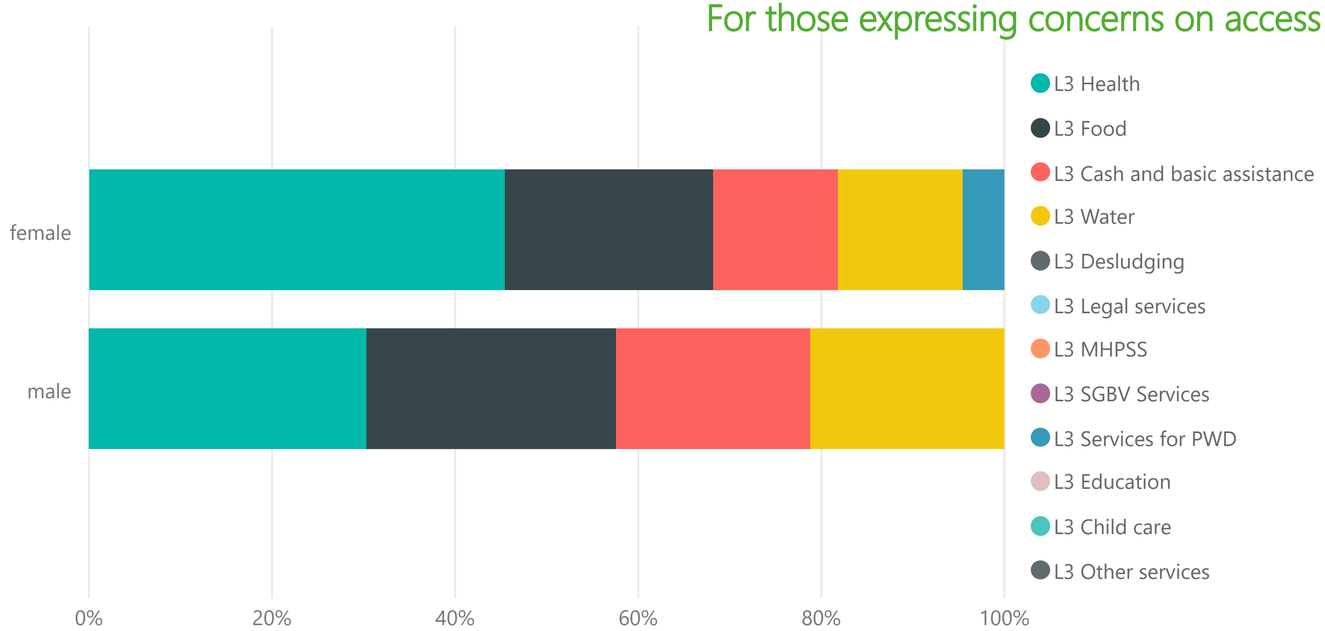
Data from ACF staff

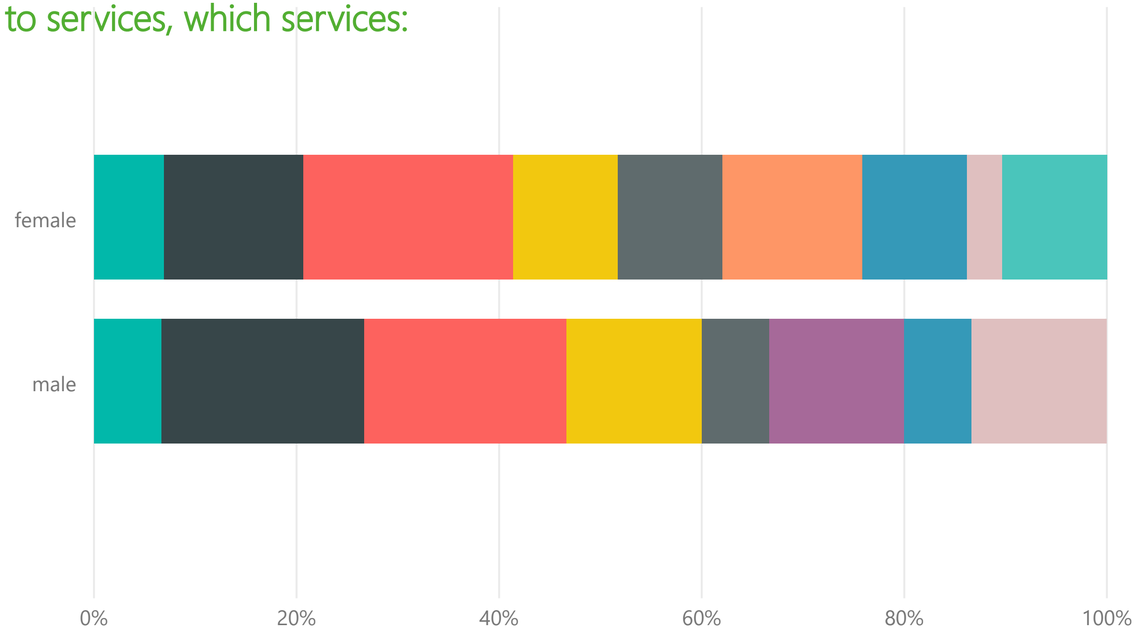


Data from Community FP



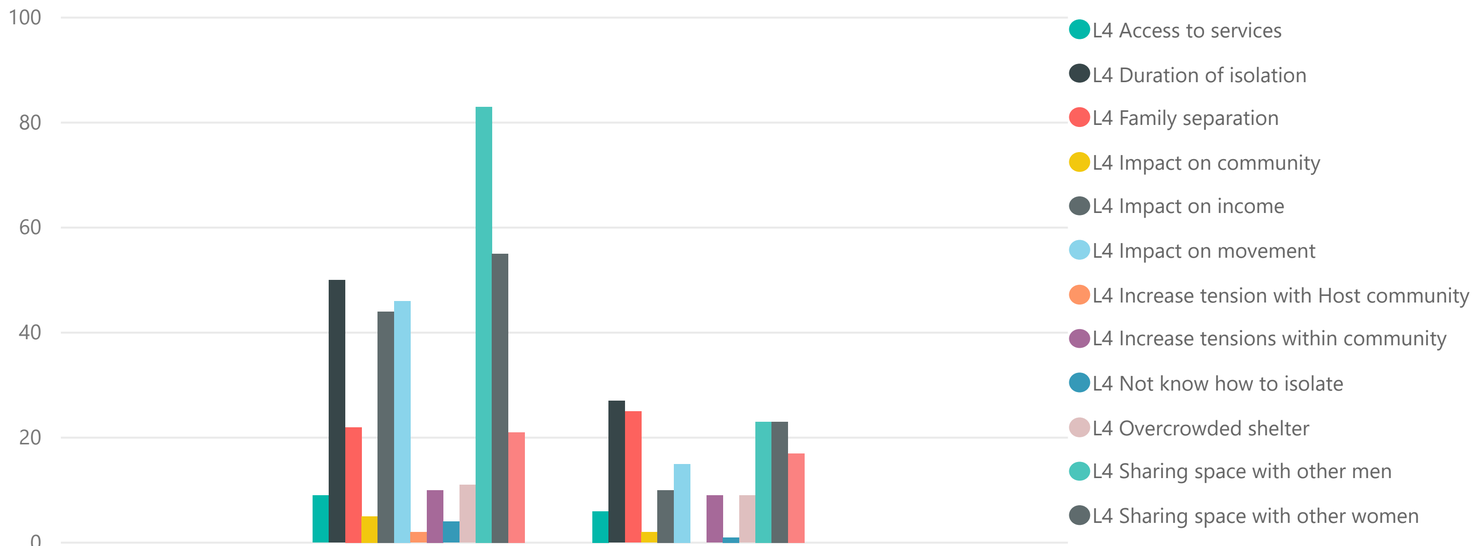
For those expressing concerns on access to services, which services:



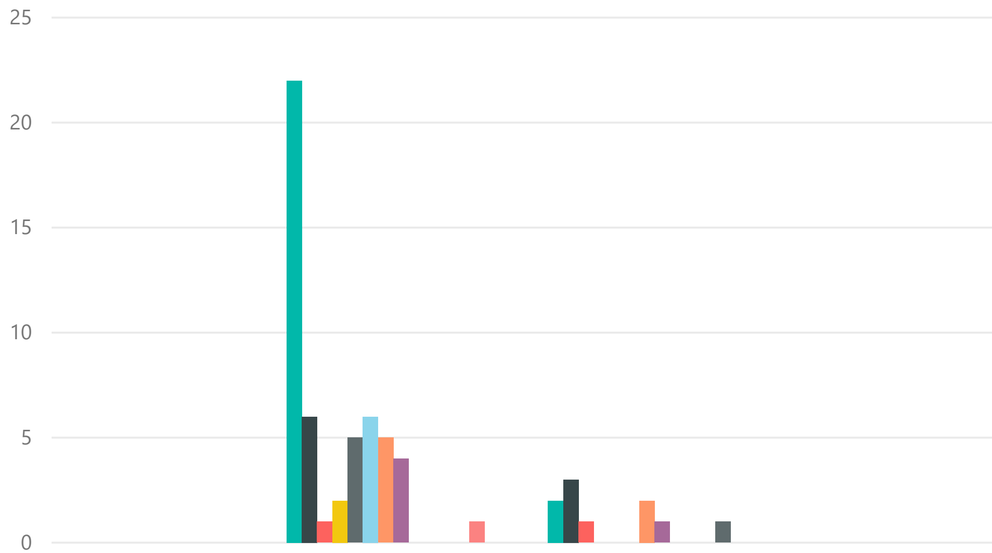


Level 4 Full quarantine: Concerns expressed by the communities

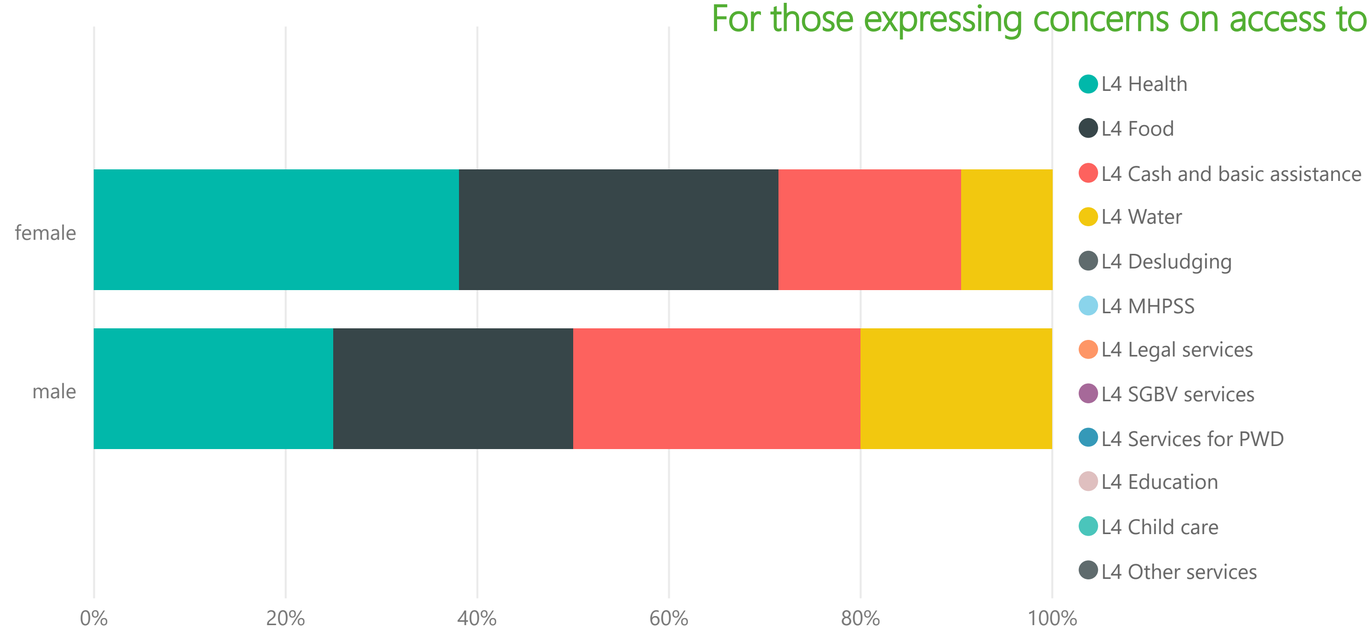
Data from ACF staff

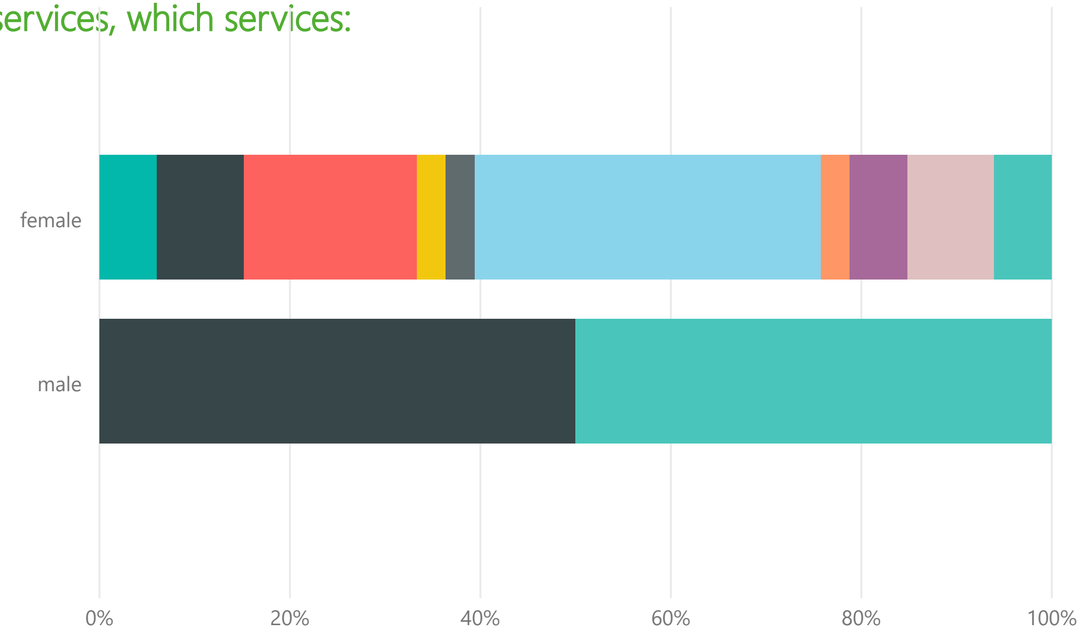


Data from Community FP



For those expressing concerns on access to services, which services:

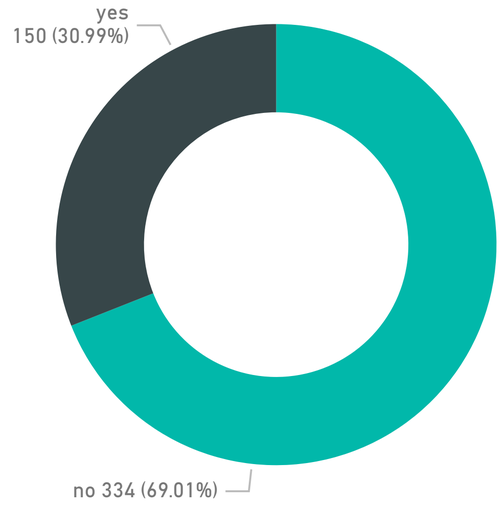




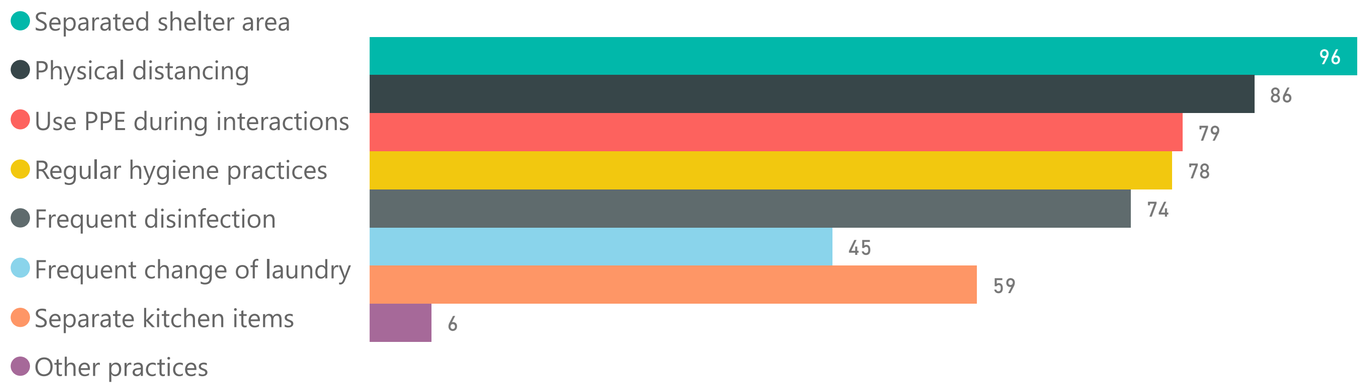
Existing practices to protect those most at risk of COVID-19

It is known that some people are more at risk than others to suffer from serious consequences in case they contract COVID-19. These include: elderly, people with non communicable diseases (including diabetes, hypertension, etc.), auto-immune individuals, obese, etc. During the sessions, both ACF staff and the community FP have inquired about the presence of people at risk in the household/community. 150 respondents have indicated that they either are or live with someone that falls under one of those categories and all of them are adopting at least one measure to further protect the person and reduce the risks of contracting the virus. Other practices include limit number of visits to only when needed.

Is there a person at risk in your household?



What measures to you implement to protect this person from COVID-19?



Would you like to receive more information on how to protect people at risk?

151 respondents have requested additional information on how to take care of people at risk.

96 people have requested for additional support to take care of people at risks within their households. ACF is following up with each case to identify specific needs and provide support.

Conclusions and Recommendations: part 1

While not statistically representative, the report shows interesting findings on the knowledge and concerns of Syrian refugees living in ITSs in West Bekaa and Arsaal with regards to the COVID-19 response strategy. Refugees are requesting information on COVID-19 and isolation, particularly women. Information on how to safely isolate, on persons at risk and on contagion is most frequently requested by refugees.

The most common concerns relate to space-sharing, stigma, duration of isolation and impact of isolation on movements, income and services. The specific services refugees were concerned about were food, water, cash/basic assistance and health. Less than 20% of the refugees reported possible tensions with community as a concern.
Existing practices are very encouraging – especially on the large use of separate shelter. There is still room for improvement on use of PPE and adequate hygiene practices around vulnerable persons.

The difference in the responses provided to Action Against Hunger staff and to the Community Focal Points that appears across all topics of inquiries and for each level is likely to be linked to the relationship between the respondent and the interlocutor. For certain topics, right-holders may be more comfortable talking freely with the Community Focal Point, who is a member of the community instead of a member from an organization. This indicates that despite significant concerns, refugees may not always be inclined to share them with NGO staff, reinforcing the crucial role of community focal points.

One difference that strikes across levels is that ***Access to services*** is always the primary concern expressed to Community Focal Points, while when interacting with ACF staff, this drastically drops from Level 2. The fact that the sessions were conducted together with the distribution of masks and disinfection product could also affect the response of the communities related to accessing services. Overall, food, water, basic assistance and health are the primary needs expressed by the community to ACF staff while a wider range of services is expressed to the Community Focal Point. Again, the fact that the community knows ACF and its intervention, could bias the response as right-holders may focus on what they can expect to receive from the organization.

Women represents the vast majority of the respondents, which reflects their role as care-givers and them being primarily affected in case a family member tested positive. Overall, women seems to be more concerned about accessing services than men and they also express higher concerns specifically for access to health services. In their interaction with the Community Focal Points, women more often express specific concerns related to access to MHPSS, Education, child care and services for people living with a disability.

On the contrary, stigma is reported as a concern mainly to ACF staff, indicating that even the discussion of stigma could still be a taboo within the community.

Conclusions and recommendations: part 2

Based on the findings of this report, and aware of the limited scope of the exercise, Action Against Hunger recommends to continue strengthening the existing response to COVID-19 in ITSs by:

- Ensuring community engagement in the collection of feedback from affected communities in order to reduce bias and get a better and wider overview of the communities' perspectives through the use of Community Focal Points or Mobilizers
- Increasing community outreach for the dissemination of key messages on the most recurrent topics raised by the communities, including COVID-19 transmission, People at high risk and how to proper isolate at household level
- Addressing stigma across all community interventions and at sector and government level. In particular, municipalities should not implement restrictive measures targeting Syrians refugees only.
- Engage men as much as possible, as they request less information yet may also become caregivers in case various female household members are sick

- As part of the awareness raising activities, addressing the concerns of the community with clear information on what WaSH, Health and Food response will be provided for each level of isolation and inquire if anything is being left out. In particular, encourage wider use of hand hygiene and PPE around vulnerable people.

- Sectors and agencies to update their strategy to ensure it includes the provision of a clear guidance for partners of people at risk, including on how to protect those most at risk and building on existing communities' capacities.
- Sectors and agencies to ensure access to services and assistance is systematically continued during isolation and that funding is provided to cope with the additional needs related to the lack of ability to move and loss of income. In particular, access to food needs to be prioritised and food assistance needs to ensure nutrition needs are covered.
- To expand the discussion with agencies that have responded to communities with positive cases to learn from their experience and of the communities in order to improve the current strategy and ensure to cover all needs.

- Funding for the COVID appeal needs to be scaled up to allow to address concerns related to access to basic services (including water, food and health) and loss of income, to reinforce the likelihood that refugees will respect isolation/quarantine and mitigate possible social tensions.

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