

The Needs and Challenges
of Refugees Amid the

COVID-19 Pandemic



July 2021

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Introduction

Following the spread of the **COVID-19** pandemic, announced by the World Health Organization (WHO) on 30 January 2020, and causing negative repercussions on the economy, education, and health, indirectly affecting the political and social situations as well as affecting the country's overall human rights situation; the pandemic had and continues to have negative social and economic repercussions, specifically impacting marginalized and vulnerable groups. The suffering of these groups worsened with the economic crisis which led to the collapse and noticeable economic decline in the local market, all of which impacted the lives of both Lebanese and refugees residents.

In April 2021, the Access Center for Human Rights (ACHR) team conducted a field research involving around 217 Syrian refugees residing in Lebanon to measure the impact of the **COVID-19** pandemic on the situation of refugees across the country and to determine their difficulties amid this pandemic.

This field research demonstrates the level of awareness on the importance of the vaccine available against **COVID-19**, the role of the Ministry of Public Health in providing awareness services and medical assistance like other residents of the country, and the discrimination to which refugees may be exposed. Additionally, it aims to highlight UNHCR's working mechanisms and government and non-governmental institutions and offers a range of recommendations to all stakeholders, including the Lebanese authorities, UNHCR, Lebanese civil society organizations, the international community, and donors.



Background



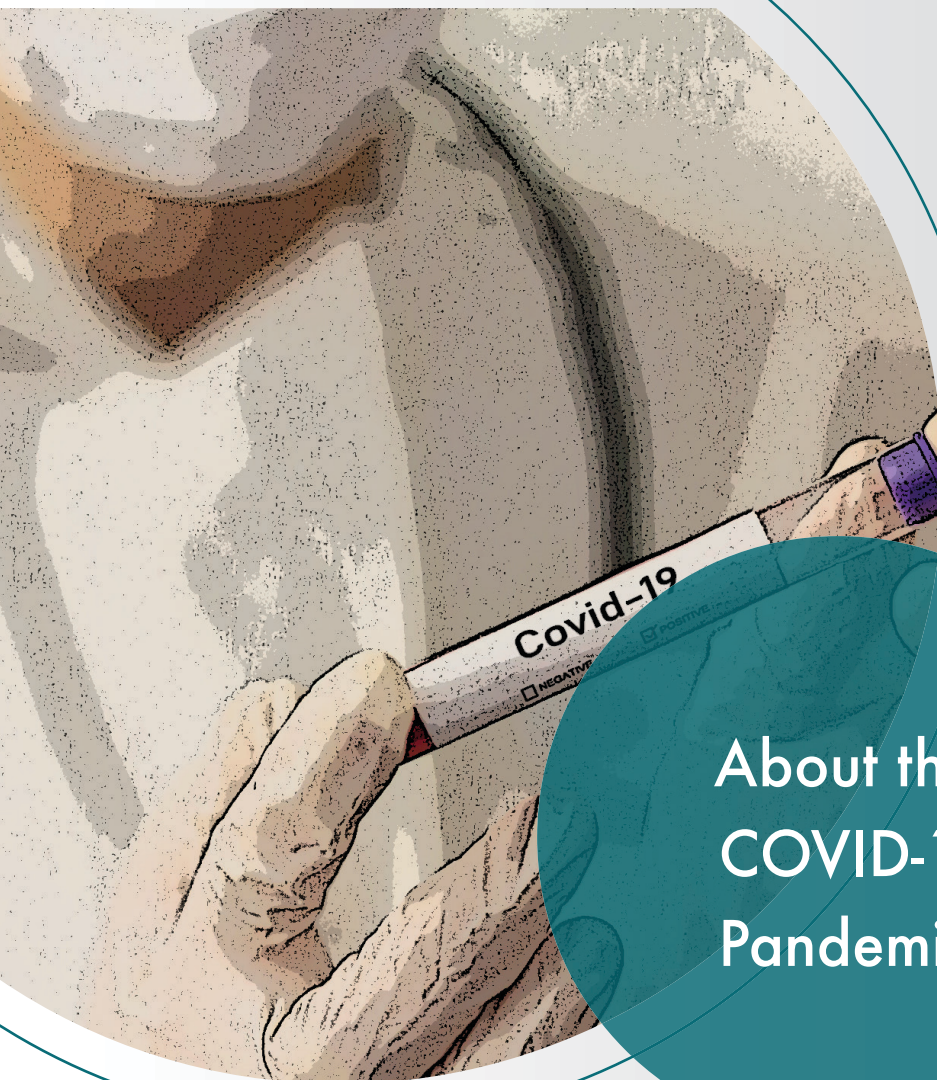
About the COVID-19
Pandemic



The Impact of the COVID-19
Pandemic on Syrian
Refugees in Lebanon



COVID-19 Vaccine Updates
in Lebanon



About the COVID-19 Pandemic

Comprehensive efforts in all countries are focused on scientifically agreed upon measures to prevent the spread of the virus and mitigate its acute health effects, some of which may be harsh on certain groups, such as adherence to health measures, wearing masks, adopting social distancing rules, quarantine procedures and decisions on nationwide closure.¹ During 2020, intensive and growing efforts were also made to swiftly develop a vaccine against COVID-19, which became available by December 2020. As of 7 July 2021, over 3.3 billion doses of the vaccine have been administered worldwide.²

The spread of the pandemic has had a negative impact on the global economy, education, and physical and psychological health. The precautions and measures taken to address the pandemic have led to a significant decline in global economic growth rates and expectations, the accumulation of the country's debt, and the worsening of economic crises.³ High rates of mental disorders such as anxiety, stress, depression, and increased suicides have also been reported, in addition to an increase in alcohol and harmful drug use.⁴ The outbreak of the pandemic continues to adversely affect communities, particularly marginalized groups, as a result of limited access to basic needs and services, health care, education, employment, and livelihood security.⁵

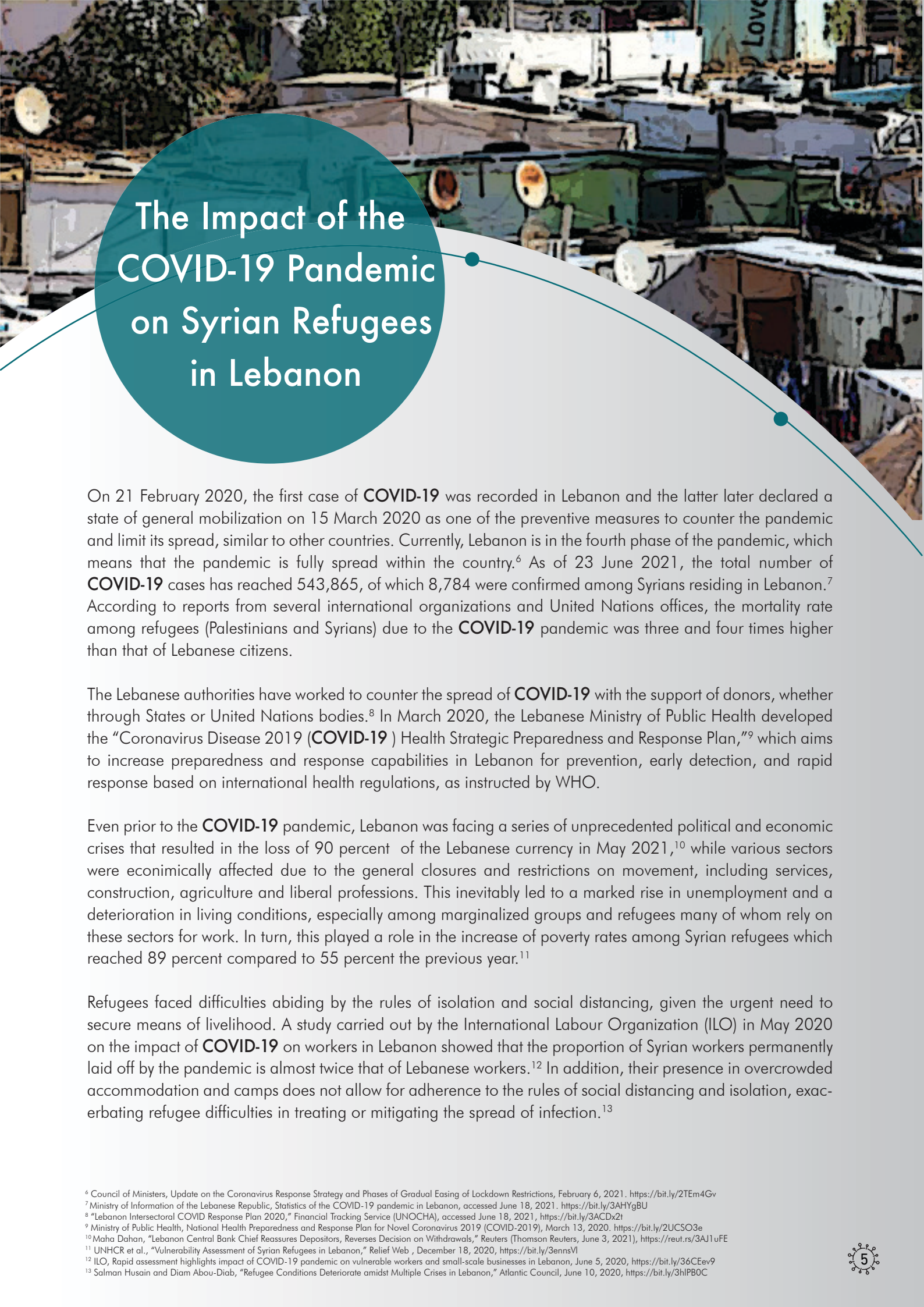
¹ "Advice for the Public on COVID-19," World Health Organization (World Health Organization), accessed July 1, 2021, <https://bit.ly/2UcRS5r>

² Center for Systems Science and Engineering (CSSE), "COVID-19 Dashboards" (Johns Hopkins University (JHU)), accessed July 7, 2021, <https://bit.ly/3wGMogx>

³ World Bank, "The Global Economic Outlook During the COVID-19 Pandemic: A Changed World," World Bank, June 8, 2021, <https://bit.ly/3kncxP2>

⁴ "Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic - United States, June 24-30, 2020," MMWR. Morbidity and mortality weekly report (U.S. National Library of Medicine, August 14, 2020), <https://bit.ly/36AypOC>.

⁵ Nora Lustig and Mariano Tommas, "Covid-19 and Social Protection of Poor and Vulnerable Groups in Latin America: a Conceptual Framework," UNDP, May 21, 2020, <https://bit.ly/3B5B0hB>.



The Impact of the COVID-19 Pandemic on Syrian Refugees in Lebanon

On 21 February 2020, the first case of **COVID-19** was recorded in Lebanon and the latter later declared a state of general mobilization on 15 March 2020 as one of the preventive measures to counter the pandemic and limit its spread, similar to other countries. Currently, Lebanon is in the fourth phase of the pandemic, which means that the pandemic is fully spread within the country.⁶ As of 23 June 2021, the total number of **COVID-19** cases has reached 543,865, of which 8,784 were confirmed among Syrians residing in Lebanon.⁷ According to reports from several international organizations and United Nations offices, the mortality rate among refugees (Palestinians and Syrians) due to the **COVID-19** pandemic was three and four times higher than that of Lebanese citizens.

The Lebanese authorities have worked to counter the spread of **COVID-19** with the support of donors, whether through States or United Nations bodies.⁸ In March 2020, the Lebanese Ministry of Public Health developed the “Coronavirus Disease 2019 (**COVID-19**) Health Strategic Preparedness and Response Plan,”⁹ which aims to increase preparedness and response capabilities in Lebanon for prevention, early detection, and rapid response based on international health regulations, as instructed by WHO.

Even prior to the **COVID-19** pandemic, Lebanon was facing a series of unprecedented political and economic crises that resulted in the loss of 90 percent of the Lebanese currency in May 2021,¹⁰ while various sectors were economically affected due to the general closures and restrictions on movement, including services, construction, agriculture and liberal professions. This inevitably led to a marked rise in unemployment and a deterioration in living conditions, especially among marginalized groups and refugees many of whom rely on these sectors for work. In turn, this played a role in the increase of poverty rates among Syrian refugees which reached 89 percent compared to 55 percent the previous year.¹¹

Refugees faced difficulties abiding by the rules of isolation and social distancing, given the urgent need to secure means of livelihood. A study carried out by the International Labour Organization (ILO) in May 2020 on the impact of **COVID-19** on workers in Lebanon showed that the proportion of Syrian workers permanently laid off by the pandemic is almost twice that of Lebanese workers.¹² In addition, their presence in overcrowded accommodation and camps does not allow for adherence to the rules of social distancing and isolation, exacerbating refugee difficulties in treating or mitigating the spread of infection.¹³

⁶ Council of Ministers, Update on the Coronavirus Response Strategy and Phases of Gradual Easing of Lockdown Restrictions, February 6, 2021, <https://bit.ly/2TEm4Gv>

⁷ Ministry of Information of the Lebanese Republic, Statistics of the COVID-19 pandemic in Lebanon, accessed June 18, 2021, <https://bit.ly/3AHYgBU>

⁸ “Lebanon Intersectoral COVID Response Plan 2020,” Financial Tracking Service (UNOCHA), accessed June 18, 2021, <https://bit.ly/3ACDx2t>

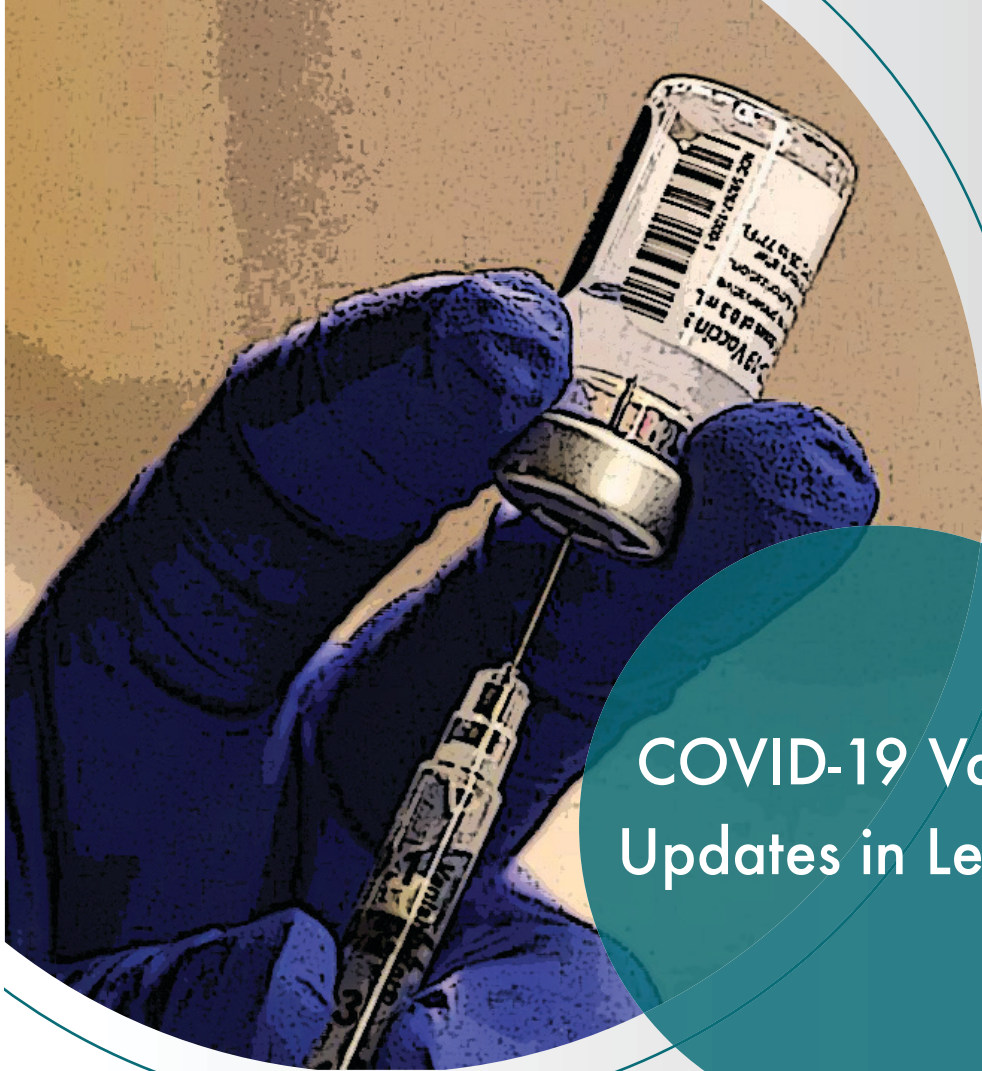
⁹ Ministry of Public Health, National Health Preparedness and Response Plan for Novel Coronavirus 2019 (COVID-2019), March 13, 2020, <https://bit.ly/2UCSO3e>

¹⁰ Maha Dahan, “Lebanon Central Bank Chief Reassures Depositors, Reverses Decision on Withdrawals,” Reuters (Thomson Reuters, June 3, 2021), <https://reut.rs/3AJ1uFE>

¹¹ UNHCR et al., “Vulnerability Assessment of Syrian Refugees in Lebanon,” Relief Web, December 18, 2020, <https://bit.ly/3ennsVI>

¹² ILO, Rapid assessment highlights impact of COVID-19 pandemic on vulnerable workers and small-scale businesses in Lebanon, June 5, 2020, <https://bit.ly/36CEv9>

¹³ Salman Husain and Diam Abou-Diab, “Refugee Conditions Deteriorate amidst Multiple Crises in Lebanon,” Atlantic Council, June 10, 2020, <https://bit.ly/3HIPB0C>



COVID-19 Vaccine Updates in Lebanon

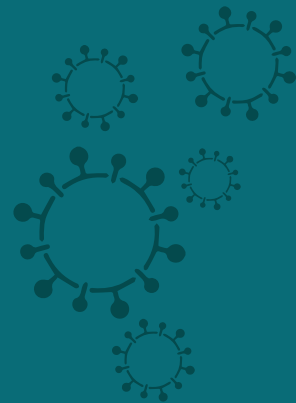
In October 2020, the Ministry of Public Health adopted the National **COVID-19** Vaccine plan, developed mechanisms for registration, receiving, and distributing the vaccine, monitored its side effects, and managed vaccine grants for registrants. The plan aims to achieve high vaccination levels among residents on Lebanese territory, reaching at least 70 percent during the year 2021-2022,¹⁴ Despite the Lebanese authorities asserting and promising to give all residents equal access to the **COVID-19** vaccination program, vaccination rates among refugees in Lebanon are alarmingly low compared to that of the citizens.¹⁵

According to the government's **COVID-19** online vaccine registration and tracking platform, as of 20 July 2021, only 76,199 Syrians were registered, compared to a total of 2,091,269 registered on the platform, in other words, only 3.64 percent of registered individuals are Syrian.¹⁶ Moreover, 22.70 percent of registered Syrians received the first dose of the vaccine, compared to 55.12 percent of registered Lebanese.

¹⁴ Ministry of Public Health, National COVID-19 Vaccination Plan 2019. accessed July 7, 2021. <https://bit.ly/3yFgJO1>

¹⁵ Nadine K Jawad et al., "Refugee Access to COVID-19 Vaccines in Lebanon," The Lancet, May 22, 2021, <https://bit.ly/3emwnWE>

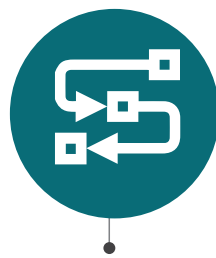
¹⁶ Dashboard on the registration platform for COVID-19 vaccine, accessed 7 July 2021. <https://bit.ly/36nmdk4>



Field Research



Field Research
Objectives



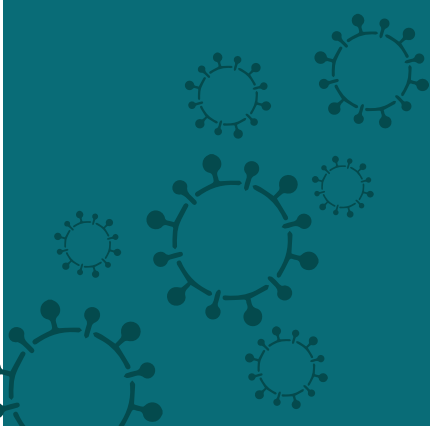
Field Research
Methodology



Key
Findings



Field Research
Results

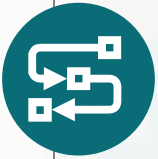




Field Research Objectives

In April 2021, The Access Center for Human Rights conducted field research using a survey tool with 217 Syrian refugees, for the following objective:

- Providing findings on the reality of on the pandemic and the level of awareness among Syrian refugees in Lebanon;
- Highlighting the level of awareness on the vaccine and its rate of receipt among Syrian refugees; and
- Presenting the difficulties and challenges faced by refugees and providing recommendations to the stakeholders based on the survey results.



Field Research Methodology

Data collection method

The survey consisted of 21 questions, ranging from open and closed questions to multiple-choice questions, considering much of simplicity, accuracy, and clarity in asking the question and dividing them into three sections:

- 1. Preliminary questions:** Information on the person participating in the survey and his/her family.
- 2. Pandemic-related questions:**
 - Questioning participants on their knowledge of the **COVID-19** virus, specifically how to cope with its symptoms.
 - Questioning participants about their infection with **COVID-19**, the actions they took, and the challenges faced.
- 3. Questions on vaccination against COVID-19:** questioning respondents on their knowledge of **COVID-19** vaccination, procedures, and willingness to take the vaccine.

Sharing an online survey was the most appropriate method to implement this field research due to general closure conditions and the country's pandemic mobility limitations. In addition, it was the most efficient and cost-effective mean, helping to reach a larger audience and providing greater data protection. However, since many of the target group live in various and remote areas and do not have internet access or lack sufficient knowledge in using technological means, a team of volunteers was recruited to conduct telephone interviews with participants according to the survey.

The above research procedures reduced the challenges faced by the working team, limiting difficulties to some technical obstacles and/or the lack of response by some of the targeted refugees due to security concerns or the loss of hope regarding overall improvement.

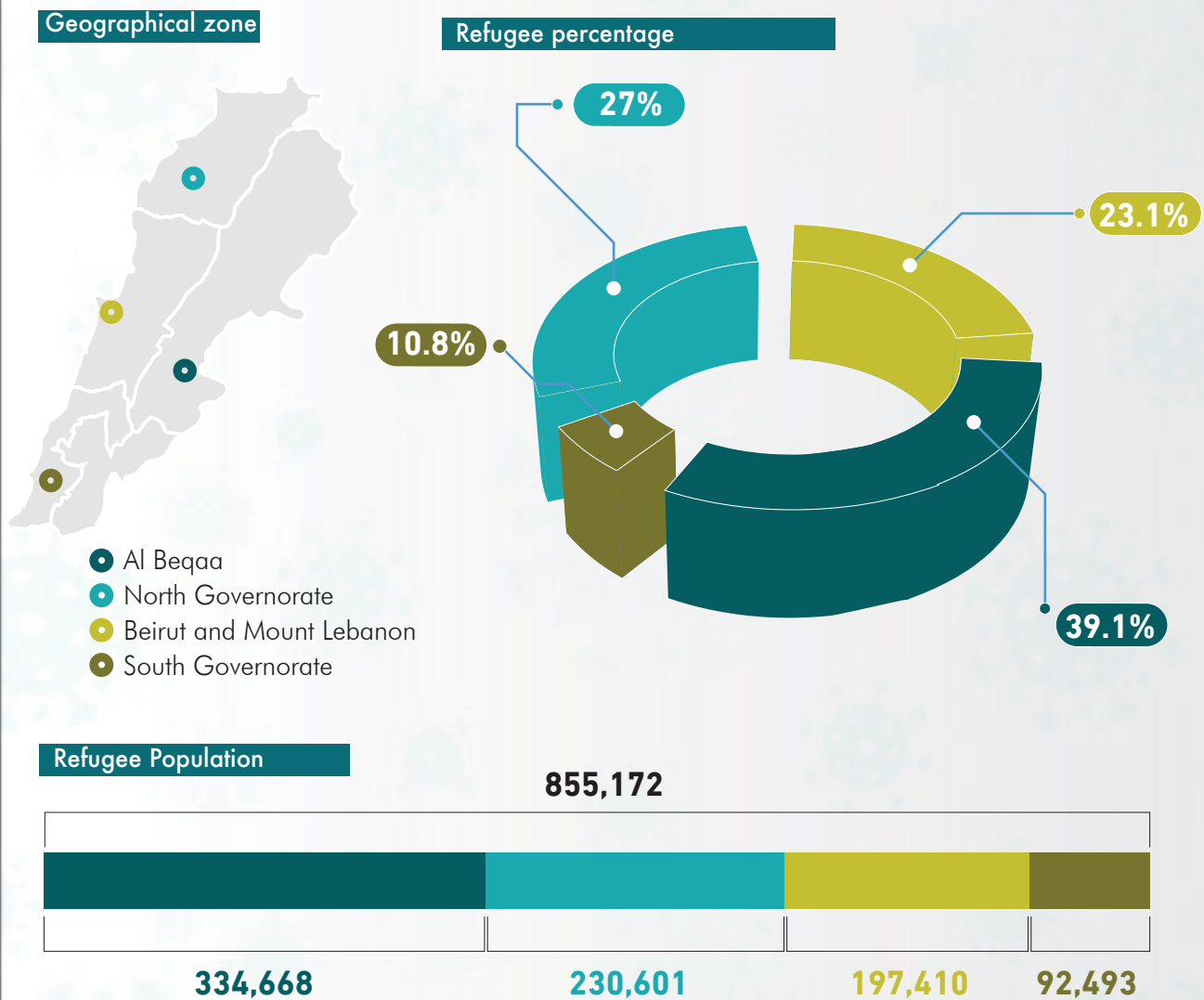
Data Analysis Method

After the data collection phase, the results were exported using Microsoft Power BI to analyze the data by starting with filtration, compiling similar aspects, classifying and identifying repetitive or unique patterns, adding an explanation if necessary, and then visualizing it.



Target group

This field research targeted Syrian refugees in Lebanon, based on their prevalence and geographical distribution on the Lebanese territory, according to the UNHCR's operational data portal in Lebanon updated on 31 March 2021.¹⁷ The following table explains the number of surveys for each region and targeted areas.



¹⁷ UNHCR, Operational Data Portal: Syria Regional Refugee Response, accessed March 31, 2021. <https://bit.ly/3hPfrca>



Targeted areas

12 areas

Al Beqaa Al Awsat, West and North Beqaa

Akkar, Tripoli and Minieh

Beirut, Metn, Chouf, and Aley

Saida and Tyr

Number of Volunteers

Total 14



Number of Surveys

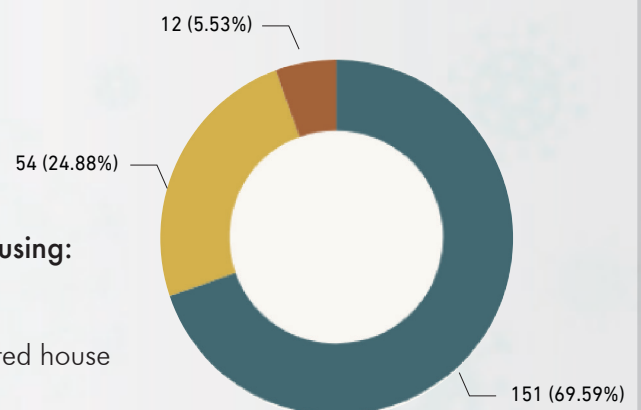


Total 217

The type of housing in which participants reside

Type of housing:

- House
- Tent
- Prefabricated house



Most of the targeted Syrian refugees reside in residential houses and/or asylum camps depending on the area in which they are located. The number of camp residents in the Beqaa and northern governorates exceeds the number of home residents by a significant percentage due to that area having the highest number of camps. In Beirut and Mount Lebanon, all Syrian refugees live in residential homes due to the lack of camps in those governorates. In the South governorate, the population of camps or informal settlements accounts for nearly 30 percent of the total number of refugees in the governorate.¹⁸ This distribution was taken into account when targeting participants so that the target sample is as statistically representative as possible.

¹⁸ UNHCR, Operational Data Portal: Syria Regional Refugee Response, accessed March 31, 2021. <https://bit.ly/3hPfrca>



Key Findings



The level of awareness on COVID-19 virus



More than a quarter of the participants in the field research (26.27 percent) do not see the severity of **COVID-19**.



Approximately 17 percent of participants have not received accurate information on **COVID-19** from local stakeholders or civil society organizations.



The UNHCR and some civil society organizations in Lebanon provided a wide range of outreach sources in the North and Beqaa governorates. Communications, telephone messages, and field campaigns were the most widely used means of disseminating awareness among participants.



Municipalities have played a crucial role in raising awareness in the province of Mount Lebanon. Social media has also played a significant role in disseminating awareness in the South Governorate, where the role of the Ministry of Public Health has been significantly reduced.



Approach to COVID-19 infection:



The host community harassed around 14.29 percent of the participants due to their **COVID-19** infection, mainly through verbal harassment and threats of eviction.



The reasons for the inability to resort to isolation in case of infection or symptoms varied to include: the need to go to work and provide livelihood (50 percent of participants), the inability to commit to social distancing/isolation due to housing conditions (40 percent of participants), and the lack of conviction about the seriousness of the pandemic (10 percent of participants).



One-third of the participants experienced **COVID-19** symptoms; the highest proportion was in the Beqaa province, followed by the north.



About 28 percent of those who showed symptoms needed oxygen concentrators, and most could not afford it in hospitals or health centers.



Approximately 40 percent of the participants who were infected with **COVID-19** had not informed any of the concerned parties – especially in the Beqaa governorate – for various reasons, including the lack of conviction in the seriousness of **COVID-19**, lack of isolation areas, loss of work, fear of security risks or prosecution in case of reporting, and distress from the community.



The majority of participants living in the Beqaa and the north chose UNHCR as the first reporting authority. At the same time, the confidence of refugees in the southern and Mount Lebanon regions in their municipalities was highest for choosing it as reporting authority in case of infection. In contrast, refugees in Beirut chose the Ministry of Public Health.



Approach to the COVID-19 vaccine



More than half of the participants (58 percent) do not wish to receive the vaccine for various reasons, most notably, the "fear of the vaccine due to rumors" and the accompanying possibility of prosecution or security tracking. Other reasons are as seeing unnecessary for vaccination and lack of confidence in medical institutions in Lebanon.



Only less than 5 percent of participants registered to receive the vaccination via the online platform announced by the government, and the reasons for not registering included lack of knowledge of the registration and special platform (43.5 percent of participants), unwillingness to receive the vaccine (39 percent of participants) and lack of technical knowledge regarding e-registration (17.5 percent).



More than half of the participants were unaware of free vaccination against the **COVID-19** that includes all nationalities.

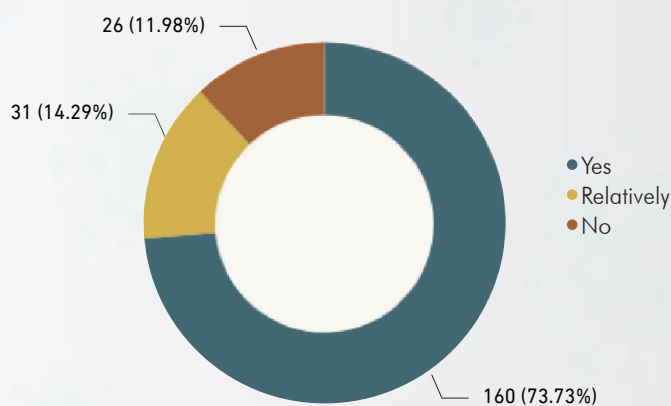


Field Research Results

Awareness regarding COVID-19

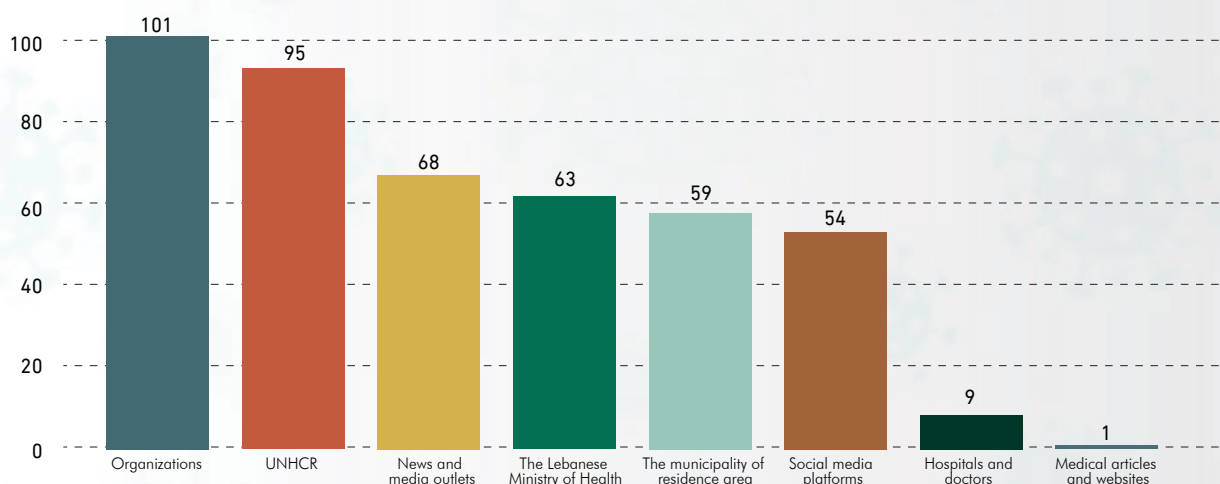
More than a quarter of Syrian refugee participants (26.27 percent) do not find it very dangerous if they are infected with **COVID-19** and the resulting symptoms. This clearly indicates the failure of the concerned government agencies, particularly the Ministry of Public Health and municipalities, civil society organizations, and international organizations, notably the UNHCR, to intensify the dissemination of awareness among refugees using various methods, as well as monitoring and supporting their registration on the public platform for vaccination and directly monitoring their situation. The results also indicate that, until the completion of the survey, approximately 17 percent of participants have not received any information about **COVID-19** from any of the entities.

Do you believe that Coronavirus is a dangerous disease?



The participants responses when asked if they think COVID-19 is a dangerous disease.

Source of information on Coronavirus



The Participants responses when asked for the sources they primarily rely on to receive information on COVID-19.

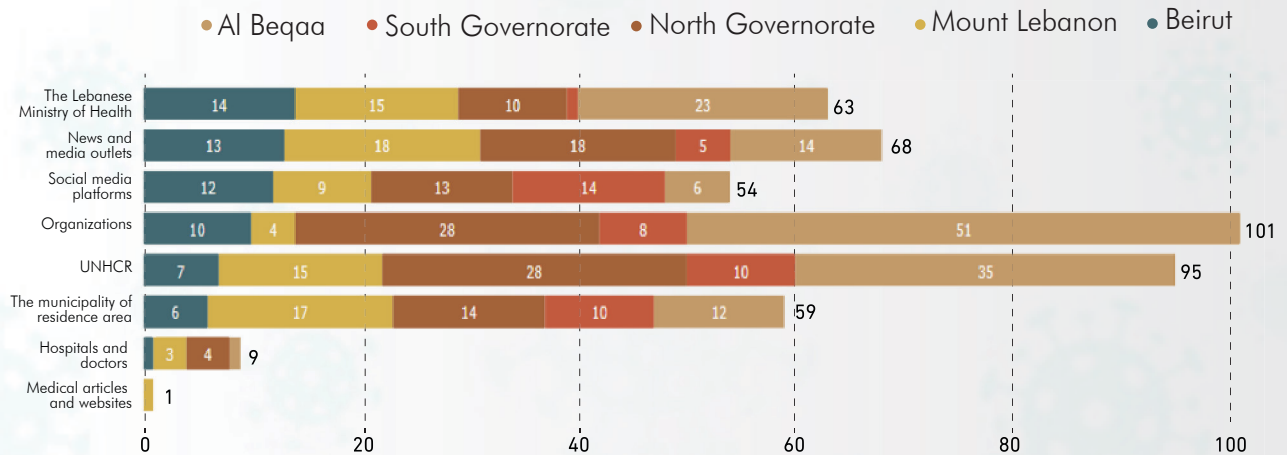
The sources on which participants rely to access information on **COVID-19** have varied to include primarily civil society organizations in Lebanon, followed by the UNHCR platforms. In contrast, articles, medical sites, and doctors have played a limited role in reaching through refugees in terms of awareness. According to the results of the field research, the most commonly used means of raising awareness among refugees were communications, SMS on mobiles, and field visit campaigns.



The source of information differed by governorates:

- **Beirut:** participants primarily relied on the Ministry of Public Health and the media to receive information on **COVID-19**, while their dependence on municipalities and UNHCR was low.
- **Mount Lebanon:** Municipalities and the media have played a more significant role in raising awareness among refugees with limited access to organizations.
- **The North and Beqaa governorates:** participants mainly relied on organizations and the UNHCR, with the latter making field visits to camps in the region.
- **The South Governorate:** the role of the Ministry of Public Health, which is almost absent, was noticeable, together with insignificant reliance on media outlets, making most of the participants rely on social media, which also contributes to spreading rumors about the **COVID-19** pandemic.

Source of information by governorate



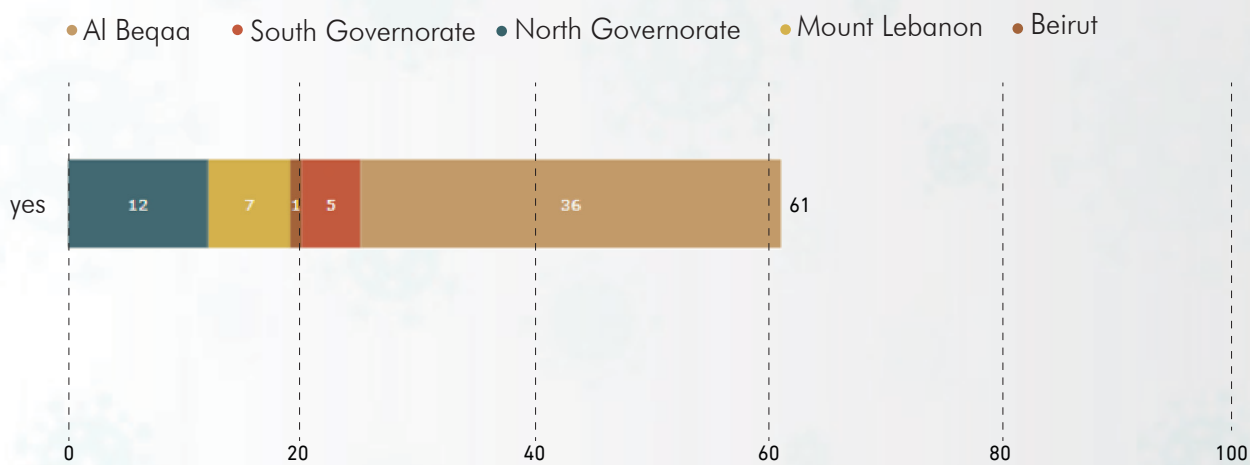
The participants' responses when asked for the source they rely on for information on COVID-19, according to the governorate.

When asked about the symptoms of the **COVID-19**, known medically as (fever, constant dry cough, shortness of breath, and sudden fatigue), approximately a third of participants experienced such symptoms, most of whom fall in the 25-44 age group. While, 12 percent of the group suffers from chronic diseases, such as heart disease, cancer, chest disease, and diabetes.



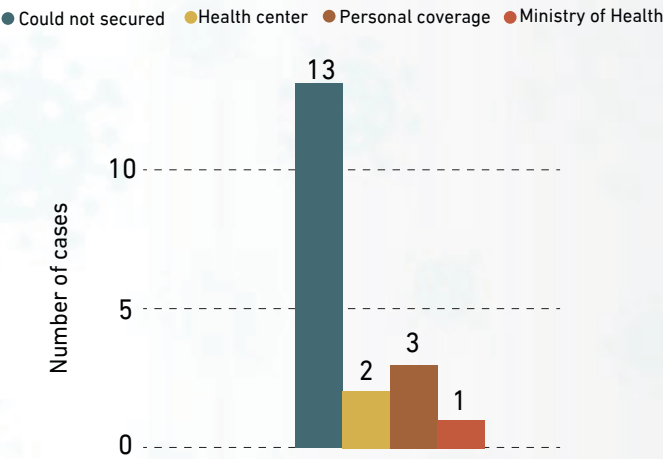
This being said, the highest percentage of participants who felt the symptoms reside in the Beqaa governorate, followed by the North Governorate. This difference may result from living inside the camps in difficult sanitary and hygiene conditions, making participants more likely to become infected or feel symptoms than those living in homes and/or housing units.

Did you experience Coronavirus symptoms?



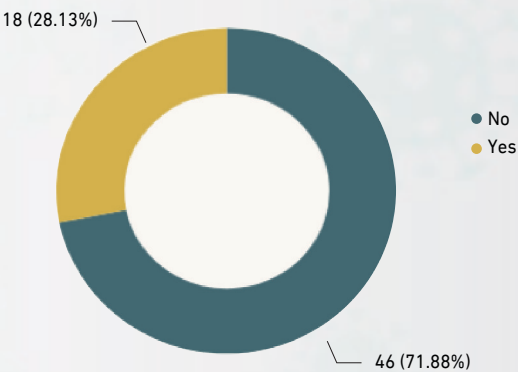
The responses of the participants when asked if they felt COVID-19 symptoms, according to place of residence.

How did you secure an oxygen concentrator?



The responses of the participants who experienced COVID-19 symptoms and needed an oxygen concentrator when asked on the means they relied on to secure the concentrator.

Did you need an oxygen concentrator?



The responses of the participants who experienced COVID-19 symptoms when asked if they needed an oxygen concentrator during this period.

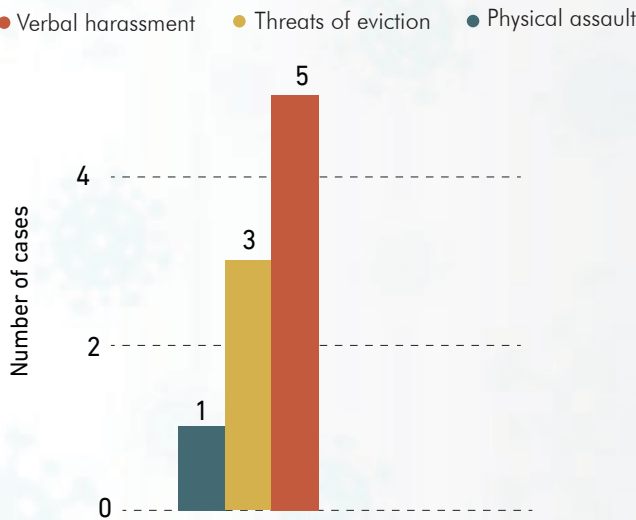
Around 28 percent of those who developed symptoms or tested positive for **COVID-19** needed an oxygen concentrator which is used to reduce the shortening of breath caused by the virus, yet, most of them were unable to secure the device, due to its unavailability in hospitals and its high price on the black market, while a few were able to secure it on their expenses.



Approach to COVID-19 infection

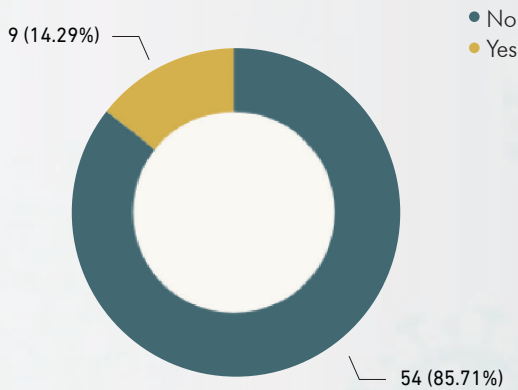
36 percent of the participants that experienced **COVID-19** symptoms underwent the **COVID-19** test, known as PCR testing, while approximately 64 percent of those who experienced symptoms did not take the test citing their “fear of the test” or the “high fees for the test” as the two main reasons for their refusal, indicating that the Lebanese Ministry of Public Health and UNHCR failed to raise proper awareness and provide free or low-cost tests.

Types of harassments



The types of harassments by the host community that participants reported experiencing as a result of testing positive to COVID-19 or experiencing symptoms.

Were you harassed by the host community as a result of your infection?



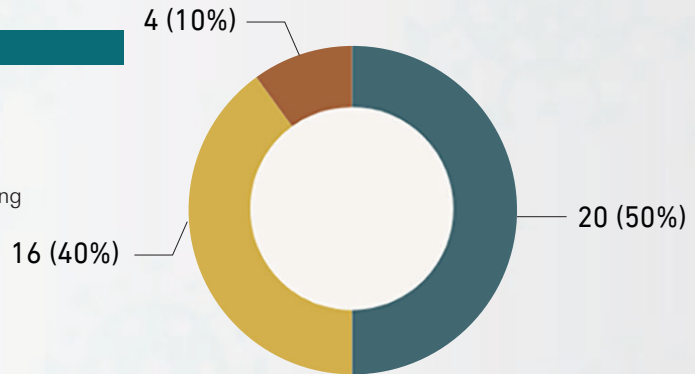
Participants’ reponses when asked if they were subjected to harassment from the host community as a result of testing positive to COVID-19 or experiencing symptoms.

With respect to harassment by the host community when testing positive or experiencing symptoms of **COVID-19** , around 14.29 percent were found to have been harassed, most of them verbally harassed, and some reported threats of eviction from their places of residence, either in camps or houses.



Why did you not isolate due to your infection?

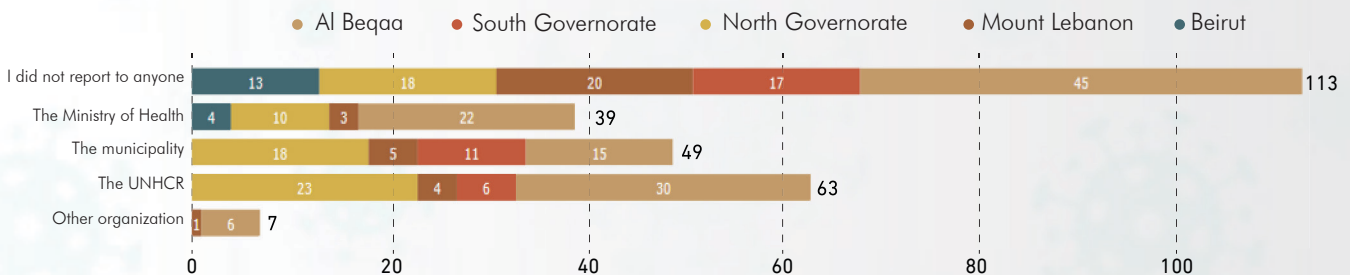
- The need to go to work to provide a living
- The place of residence does not allow for social distancing
- Lack of conviction in seriousness of COVID-19



The responses of the participants who refused to isolate after testing positive to COVID-19, for the reason behind their refusal.

With regards to parties to whom the participants chose to report to after confirmation of the infection: More than 40 percent of them chose not to report to any party in all governorates for various reasons mentioned above, such as not being convinced of the seriousness of **COVID-19**, lack of isolation areas, suspension from work, and fear of security exposure or prosecution if reported as more than 80 percent of Syrian refugees in Lebanon do not have legal residency, and thus fear arrest or detention in case of reporting a case of infection.¹⁹

Who are the actors you informed of your infection?



The participants' responses when asked for the parties they choose to report a COVID-19 infection to.

On the other hand, most refugees in the Beqaa and North governorates chose the UNHCR as the first party to report to, and the municipality as the second. In comparison, the confidence of refugees in the south in their municipalities is found to be the highest for choosing to report to it first when infected, followed by the UNHCR. In Mount Lebanon, the municipality was the first go-to choice, followed by UNHCR as second and the Ministry of Public Health as third, while refugees in Beirut chose to report only to the Ministry of Public Health.

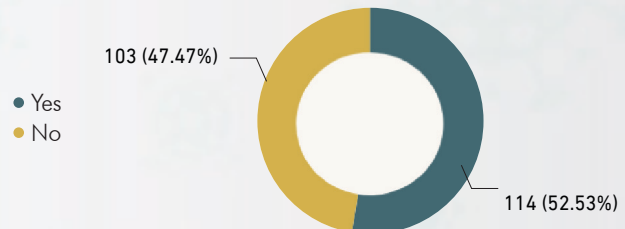
¹⁹ Vulnerability Assessment of Syrian Refugees in Lebanon. <https://bit.ly/3ennsVI>



Approach to Vaccinations

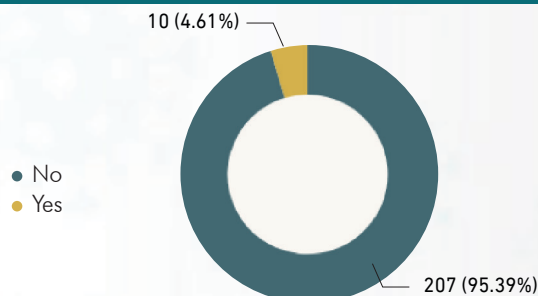
More than half of the Syrian refugees participating in the survey were unaware that vaccination against **COVID-19** is free of charge and includes all nationalities. This may be due to the lack of effective efforts by the Ministry of Public Health to provide the necessary awareness.

Did you know that there is a free vaccine that includes all nationalities?



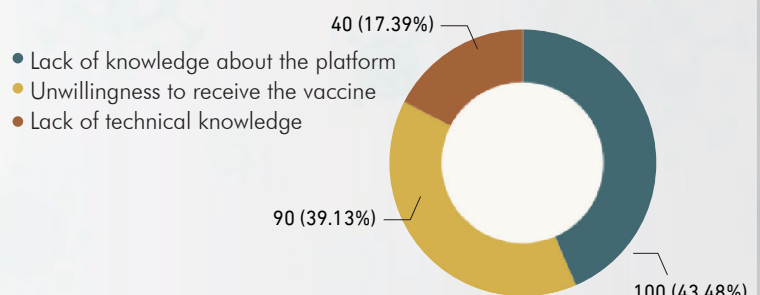
The responses of the participants when asked if they knew of a free vaccination targeting all nationalities in Lebanon.

Did you register through the governmental platform for vaccines?



The participants' responses when asked if they registered for the vaccine on the Lebanese Ministry of Health's vaccine platform.

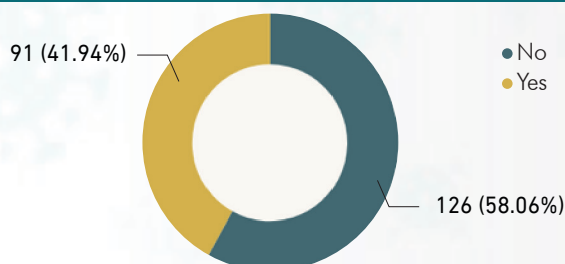
Why did you not register on the governmental platform for vaccines?



The responses of the participants who did not register for the vaccine for the reason behind that.

Less than 5 percent of participants registered to receive the vaccine through the online platform developed and announced by the Lebanese government. The reasons for not registering varied and included the lack of knowledge on the registration process and the online platform (43.5 percent of the participants), unwillingness to receive the vaccine (39 percent of participants), and lack of technical knowledge on e-registration (17.5 percent).

If you were offered a free vaccine, would you take it?



The participants' responses when asked if they would be interested in receiving the vaccine.

More than half (58 percent) of participants answered that they were unwilling to receive the vaccine for various reasons, most notably "fear of vaccine"; followed by a marked difference for other reasons such as: seeing unnecessary for vaccination and lack of confidence in medical institutions in Lebanon.

What is the reason for refusing the free vaccine?

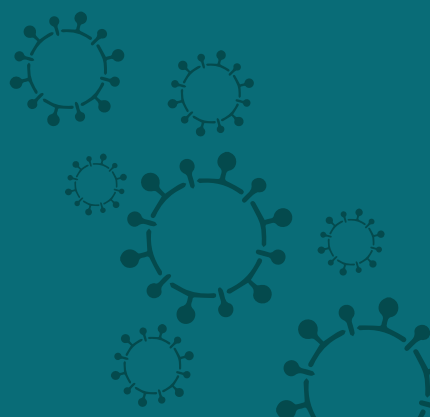


The responses of the participants who would not want the vaccine, for the reason behind their refusal.

This indicates the failure of UNHCR and the Lebanese authorities mainly to combat rumours and false news, spread the necessary awareness about vaccination and its necessity, emphasize its inclusivity of the entire population – despite their legal status and validity of their residency – and ensure their protection when they register or receive the vaccine.



Conclusions and Recommendations





The term **COVID-19**, or even Coronavirus, is new in the local spoken language in this country. It definitely has a medical universal meaning as explained in the World Health Organization reports which confirm that **COVID-19** is a dangerous virus that may be deadly for some. However, according to this research findings, it does not appear that the participants have grasped the scientific meaning of this term, instead they correlate the term with various inaccurate and false information regarding the virus, and which they are convinced of. This includes beliefs that the virus does not really exist, or that it is not dangerous, that a **COVID-19** response is not a priority and the vaccine is not a necessity or is not effective, and other incorrect information that must be combatted, especially among marginalized groups including refugees as this vaccine is distinguished by its speed in spreading, and unfortunately most of the Syrian refugees in Lebanon live in crowded areas.

The relevant actors, such as the Ministry of Public Health and the UNHCR in Lebanon failed in engraving in the minds of the participants the real meaning of the virus. Their inaction or inadequate efforts in dealing with the misinformation and providing proper health awareness, has allowed for the worrying convictions among the targeted group. Thus, the study has shown that:

Syrian refugees in Lebanon still suffer from a huge gap in knowledge and awareness of the **COVID-19** dangers and their right to receive the available vaccine and its urgent importance as a means and a guarantee of providing the necessary health protection.

The study portrayed the failure of Lebanese government agencies, particularly the Ministry of Public Health, which played a limited role in spreading awareness about the pandemic, especially among refugees; in addition to UNHCR's failure in raising awareness among Syrian refugees in Lebanon about the seriousness of the pandemic and the means to approach and contain it. The inaction of the Lebanese authorities and UNHCR is also reflected in the absence of sufficient efforts to provide free or low-cost testing to reduce the spread of infection. These high fees for tests does not only affect individuals of low income and refugees, but also poses a risk for all residents in Lebanon.

Amid the lack of effective procedures that secure access to the vaccine for marginalized groups, in addition to the lack of clear mechanisms for complaints and scrutiny, this institutional failure of the UNHCR, the concerned organizations and the Lebanese governmental bodies, remains a main factor in explaining the low percentages of the participation, awareness and acceptance of the vaccination among Syrian refugees, as despite the "awareness campaigns" conducted, refugees do not seem to have been effectively and successfully targeted.



Subsequently, the Access Center for Human Rights provides the following recommendations and hopes that the concerned actors take them into consideration, to successfully combat the impact of the COVID-19 pandemic, on the health, economic and social aspects, with an approach that puts all residents of Lebanon as a priority without discrimination based on race or nationality.



To all stakeholders

including the Lebanese authorities, UNHCR, and civil society:

- To work in conjunction with the ongoing planning, programming, and assessment of protective measures and guaranteeing rights for the most vulnerable parts of society, including refugees, in response to the pandemic.
- To hold transparent talks between donors, United Nations agencies, international NGOs, and local partners on how to mitigate risks in responding to the **COVID-19** pandemic effectively and how the duty of care to front-line respondents can be ensured.



To the Lebanese Authorities

- To increase awareness campaigns to boost people's trust in vaccines through providing more information on it and process of registration; additionally reassuring the free access to vaccines for Syrian refugees and that their data will not be used to target them.
- To protect the entire population by ensuring coordination between health and security services, allowing non-Lebanese, mainly Syrians, to access services without fear of arrest, detention, physical extortion, or deportation.
- To provide a safe platform for NGOs and journalists to access information, engage in dialogue, and voice criticism and suggestions in a way that prioritizes the health of Lebanese society over all other concerns.



To Civil Society Organizations

- To promptly adapt its methods of work and activities to the long-term and unanticipated emergency demands of refugee populations to provide speedy health and relief.
- To focus on community-based ways to raise awareness and debunk rumors among people, relying on strong relationships among all stakeholders and forging connections with communities and community leaders, particularly women and religious leaders.



To UNHCR in Lebanon

- To develop, increase and implement immediate and direct income support for all vulnerable and affected groups of Syrian refugees in the form of expanded and emergency cash assistance.
- To commit to increasing community awareness through disseminating key messages on **COVID-19** prevention and the importance of the vaccine, based on apparent knowledge gaps referred to in the field study; as well as to focus on using a variety of channels to raise awareness.
- To assist the Lebanese government, in coordination with relevant United Nations agencies, in providing mobile clinics in partnership with relief groups working on the ground to overcome obstacles to accessing vaccination centers for marginalized groups, which may be unable to afford transportation to local hospitals or vaccine centers.



To the International Community and Donors

- To encourage the Lebanese authorities to review their disempowering policies against refugees, which have contributed to an environment of fear and mistrust when such trust is most needed as this lack of confidence can easily undermine national efforts to spread and disseminate the vaccine.
- To Increase the availability of flexible funds for local NGOs in Lebanon, particularly those working in health and relief, for them to adapt to current situations, adjust programming, learn new skills, and invest in safety and risk management tools and processes.
- Support the health infrastructure in Lebanon to improve its capacity and ability in dealing with the pandemic and any other health emergencies that may arise in the future, taking into consideration the economic crisis and its negative impact on the health sector.



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