



COVID-19 AND SYRIAN REFUGEES IN LEBANON

RELYING ON CIVIL SOCIETY ONCE AGAIN

- COVID-19 deteriorates the harsh living conditions for Syrian refugees in Lebanon. The global pandemic adds to the hostile environment which they have had to navigate for years, as the crisis response offers opportunities for increased discrimination by authorities; further marginalization by the host community; and heightened fear and repression in the face of added social isolation and restricted mobility.
- The pandemic also exacerbates the risks faced by Syrians in the context of Lebanon's economic and financial crisis, such as the risk of losing mostly informal employment; limited access to health care; a lack of sense of safety; threats of eviction; and even starvation. As this double emergency renders more people in Lebanon in need of assistance, Syrians once again rely on their community for support as they face yet another crisis. While the work of local civil society organizations is crucial, it cannot substitute comprehensive state solutions and donor state commitments to protect the most vulnerable populations.

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Introduction

Today, Lebanon is facing what is arguably one of its most critical times since the civil war. For everyone living in the country, socioeconomic conditions have turned dire since protestors hit the streets during the uprising that broke out on 17 October, 2019, and the subsequent collapse of the economy. The already-weak healthcare infrastructure, mismanagement of public institutions, and political crisis were exacerbated by COVID-19, which necessitated forced sector closure, a shutdown of the economy, and a national state of emergency. The most vulnerable in Lebanon are suffering a crisis within a crisis, especially Syrian and Palestinian refugees, whose already-difficult living conditions are now made worse by the COVID-19 pandemic. People face the risk of starvation and a rapidly deteriorating human rights situation due to losses of income, housing, food, and basic living services. This article explores the discriminatory measures put in place against Syrian refugees in Lebanon; how the pandemic has affected their socioeconomic living conditions and quality of life; as well as how local organizations rose to the challenge. It closes with some reflections.

1. Discriminatory measures

While the Lebanese government imposed a curfew on all residents in Lebanon as part of its lockdown measures, restrictions placed on Syrians residing in camps were even tighter than those on the rest of the population. This was justified on the pretext of COVID-19 concerns (HRW 2020). For instance, on 18 March, the Brital municipality in Baalbek announced that “to prevent the aggravation and spread of COVID-19, Syrians are only allowed to move around the municipality between 9am and 1pm, and then only to perform ‘necessary’ tasks, such as going to a pharmacy or supermarket” (ibid). The memorandum explicitly stated that these measures would be strictly enforced, and that any Syrians violating them would face legal repercussions, such as confiscation of legal identity, among other penalties.

This situation was not entirely new for Syrian refugees. For years prior to COVID-19, Syrian refugees in Lebanon experienced limited mobility, and were subjected to arbitrary curfews imposed by local authorities and municipalities. This ongoing discrimination meant that, in addition to mobility restrictions, municipalities adopted the approach of “camp committees” (Hodali 2020), asking refugees to elect or nominate certain individuals from each camp who would be allowed to leave the camp to buy essentials for the camp community. This allowed for monopolistic behavior by certain individuals in the camp committees, as well as the reinforcement of preexisting unequal power dynamics, such as unequal gender dynamics, which women suffered in the camps. This meant that, in many cases, while significant decisions affecting the family and community were to be made by men, women were still expected to carry extra burdens in addition to those relating to the care economy, such as running errands, in order to adhere to the municipality’s restrictions on the number of family members allowed to leave the camps (ibid).¹ This was justified by the fear of men being further discriminated against, unjustly detained, stripped of their identity cards, or tortured, which was generally less likely to happen to women.

Due to this overall hostile environment, refugees in general feared leaving the camps even for the most basic provisions of goods and services, notably those that were specifically established to deal with the implications of the new pandemic. Some organizations, such as Doctors Without Borders, have established health centers for Syrians at Lebanese hospitals. However, the majority of Syrians feared going to such centers due to the threat of legal trouble caused by lacking “valid residency permits or other valuable documents” (ibid), especially in light of the additional restrictions. Syrians even feared leaving the camps to access their primary sources of livelihoods. Syrians who worked in the black market survived on a low daily income earned from jobs such as cleaning, agriculture, or craftsmanship. For example, food production is one of the main sources of income for refugees. Even though working in food production is permitted during the lockdown, as it was prior to the pandemic, refugees continue to fear leaving the camps for such work. The overall situation was not new for refugees, as “it was already extremely difficult for many refugees to get by, and now the pandemic is making it worse” (Chehayeb and Sewell 2020).

Furthermore, Syrian refugees, who previously thrived on the support of local organizations, as well as daily salaries, found themselves stripped of both. In addition to all previous discriminatory measures, most municipalities and local authorities have imposed further restrictions on the work of non-governmental organizations (NGOs) in combating the virus, which may have represented a decline in the guarantee of human rights, on top of failing to advance public health (ibid). Examples of such restrictions include municipalities requiring NGO assistance to target more Lebanese than Syrians in every response, instead of basing assistance on needs and vulnerability levels (ibid). In addition, municipalities demanded that one of their representatives be present during aid distribution and required distributions to occur inside the NGOs’ centers, instead of at informal settlements, leaving NGOs concerned about potential limitations on access to assistance for the most vulnerable (ibid). Even worse is the lack of fixed or definite rules or facts about when NGOs or people are allowed to enter and exit the camps. The enforcement of access measures varies, and often depends on factors such as camp location and “preexisting relationships with local authorities” (ibid). However, despite restrictions, some local NGOs, such as *SAWA for Development and Aid*, continue to sanitize camps and distribute food packages in Bar Elias and Saadnayel. While the need for assistance is increasing at the same rate as the repercussions of COVID-19 and Lebanon’s economic and financial collapse, NGOs find themselves subject to arbitrary restrictions imposed by local authorities when offering assistance, whilst struggling to meet the growing needs of all vulnerable refugees.

Based on field observations and interviews with refugees conducted by *SAWA for Development and Aid* in April 2020 in Beqaa camps, arbitrary and discriminatory measures during COVID-19 have included forced evictions of refugees who are unable to meet rent payments (Interviews 1 2020). The main reasons for forced evictions are: late and/or accumulated due payments of house or camp land rent fees; unemployment of family members or financially supporting members of the extended family or acquaintances; exacerbation of the dire economic conditions in Lebanon; higher costs of basic services and goods due to COVID-19 and the financial and economic crises in Lebanon; and the suspension of certain forms of assistance provided by UNHCR to refugees due to lack of funding, which has caused the Refugee Response Plan to operate at less than full capacity. While forced evictions in refugee camps are increasing, refugees still living in their camps also face a higher risk of eviction in the near future due to the crisis, which is why the level of vulnerability is increasing (Interviews 2 2020). Amid such rapidly deteriorating living conditions,

1. The author thanks May Achour for her valuable contributions towards the literature review and in preparation for this article.

refugees are paying the cost of the double burden of COVID-19 and Lebanon's economic and financial crises, as are all other local vulnerable communities. Forced evictions and the loss of housing, as well as the continuous threat of forced evictions, unemployment, non-protection, and starvation, are all the result of COVID-19 and Lebanon's financial and economic collapse.

2. Impact on the Lives of Syrian Refugees

Protection from COVID-19

To date, few confirmed cases of COVID-19 have been recorded in Syrian refugee camps in Lebanon, though it must be borne in mind that testing has been limited to non-existent. As of 8 June, 18 positive COVID-19 cases were confirmed among Syrian refugees in Lebanon. One refugee has been registered as recovered, making it a total of 19 cases, "all of whom are living in urban settings; 17 are currently isolating at home and 1 older person is receiving hospital treatment" (UNHCR 2020, 1). However, there are doubts regarding the accuracy of this number, given that most refugees prefer not to admit having COVID-19 symptoms, due to the fear of being deported, thrown out of their camps, or further discriminated against (TRT World 2020). While UNHCR fully covers the cost of COVID-19 testing for refugees—conducted according to the guidelines of the Ministry of Public Health (MoPH)—as well as treatment for positive COVID-19 cases (UNHCR 2020, 4), only few tests were conducted in refugee camps in the first few months of the pandemic. If Syrian refugees contract COVID-19, they may call the MoPH COVID-19 hotline.

Lebanon failed at a national level to adopt appropriate measures to mitigate the impact of the economic crisis accompanying COVID-19 on Lebanese citizens, let alone to lessen the impact on other communities, many of whom rely on the black market and informal economy for their livelihoods. Confinement and isolation meant that those who were already vulnerable became even more with regards to the health implications of the pandemic, as they were forced out of their homes to earn money. This issue was, however, not applicable to Syrians who, as previously discussed, were confined by stricter measures.

Generally speaking, and in addition to other discriminatory measures, refugees took self-isolation seriously as they knew, after years of disappointment, that there would be no national strategy to protect them. For the first time in ten years, if one walked into a refugee camp in the Bekaa Valley, one would not see children playing or women conversing outside tents about what they plan to cook, nor would one be greeted at the camp entrance and invited in for tea at each tent. In fact, refugees practiced self-isolation not only due to the Coronavirus, but also out of fear of racism, deportation, or structural violence, all of which they have been subjected to over the years.

Self-isolation, however, looks rather different to refugees, and is in fact almost impossible in refugee camps and over-crowded settings, where one or two families share a space of 50-60 square meters. In most cases, such families all live and sleep in the same room, and sometimes share bathroom facilities with people from other tents. This includes the elderly and those with weak immune systems, who are supposed to be shielded from the virus, but the conditions do not allow for it. It also includes children, who are now staying at home, after official schools were closed, and alternative education centers previously run by NGOs also ceased operating. The total

number of family members in one tent, then, could range from 5 to 13 individuals.

The Socioeconomic Situation

Not only have many Syrian refugees who are the breadwinners in their families lost their sources of daily income due to the halting of most daily work, such as farming, cleaning, and manual labor, as a result of social distancing and isolation measures; they now also find themselves competing with newly jobless Lebanese workers for low paid jobs (RPW 2020). This has led to average incomes for refugees falling severely, if not entirely. A digital survey conducted by the Refugee Protection Watch (RPW) coalition between 30 March and 15 April, 2020, revealed 85% of Syrian and Syrian-Palestinian refugees (200 out of 234 respondents) had lost income as a consequence of COVID-19 response measures, with this loss having an equal impact on all areas of Lebanon (ibid). As one Syrian refugee in Bar Elias mentioned in an interview by *Deutsche Welle*, "Life wasn't easy before, but now I have lost my jobs, too, and everything is four times as expensive" (Hodali 2020). This meant that, for many refugee families, the provision of basic food was no longer possible, and many families were now at risk of hunger. Additionally, several cases of suicide were reported across Lebanon (MacGregor 2020), the victims often being male heads of households no longer able to pay rent for their families (Balanian 2019), who had become homeless along with their loved ones as a result.

A recent survey conducted between the end of April and early May 2020 by "Refugees = Partners" monitored the impact of COVID-19 lockdown measures on the living conditions of Syrian refugees in Lebanon (Refugees = Partners 2020).² The findings indicate the increasing need for urgent and exceptional assistance, particularly given that the official unemployment rate among refugees is 88.5%, with the remaining 11.5% working informally, often receiving only partial wages, forcing many families to choose between paying rent or buying basic food. 67% of refugees relied on borrowing and loans during the closure period; only 23% received necessary medication or healthcare; and 66% of children received no school education during that period.

While the whole of Lebanon was in a precarious situation, refugees did not even have the luxury of stockpiling food, as they lacked sufficient electricity in tents to use fridges or freezers. Nor did they have the space needed to preserve food. There was not even the possibility to prepare "*mouneh*," a Syrian custom of keeping preserved foods in the house, which under normal circumstances would be found in every Syrian household. In addition to this, registered refugees who previously withdrew cash from cash machines as part of support received from UN organizations were no longer able to do so, since they could no longer leave the camps. In contrast, although some restrictions on entering camps hindered humanitarian assistance, the survey results surprisingly suggested humanitarian assistance to Syrian refugees was on the rise during the pandemic (IOM 2020). This finding needs to be monitored and confirmed over time.

2. This survey and its findings (in addition to illustrations on the findings) were produced by Refugees = Partners and were found on Refugees = Partners' Facebook page; available at: <https://bit.ly/2ZFgXER>. The study has not been published on Refugees = Partners' website as of the date of writing this research. The original content is in Arabic and belongs to Refugees = Partners'. It was translated into English by SAWA for Development and Aid.

Women and Children

The impact of COVID-19 on women and children within the community of Syrian refugees has been even more severe. Women and children make up the majority of the refugee population in Lebanon, and continue to be the most disadvantaged group. In many families, women are the main breadwinners. Even if this is not the case, their families put them at the forefront of multiple battles, such as negotiations with landlords; “go-and-see” return trips to Syria; taking care of children and the elderly; and handling the family’s basic needs, especially when men do not hold valid residency permits, or face mobility restrictions. As with everything else, the toll on women and children was heightened by the pandemic. Child refugees were no longer able to go to education centers and schools, and, unlike other children, they often could not continue education online, due to limited Internet access and the constraints of living in overcrowded conditions. Leaving their tents was no longer an option, so children’s only respite—which normally involved playing outside with their peers in the community—also became inaccessible.

However, the heightened impact of COVID-19 not only took the forms of additional economic, care, and household responsibilities. Based on a study conducted with 55 refugee women in the Bekaa Valley, 40% of respondents said they had been subjected to gender-based violence due to increased stress levels and family tensions relating to worsening living conditions (Women Now 2020). Additionally, women experienced an increased burden on their mental health and psychosocial wellbeing, as they now had to navigate multiple crises and worry about a very precarious future.

3. Response of Local Civil Society Organizations

Refugees’ longstanding need for assistance has increased during the pandemic and the developing economic crisis in Lebanon. According to the aforementioned digital survey results, when asked about their reasons for communicating with local or international civil society organizations, 48% of refugees cited asking for financial or in-kind assistance; 42% said they had made no communication at all; while the remaining 10% mentioned other reasons (ibid).

The need to respond to COVID-19 has seen some donors redirect their funding towards containing the pandemic. Their funds are now more focused on “the sterilization of prison facilities, the distribution of hygiene equipment or material, awareness-raising regarding social-distancing measures, and access to information or proper hygiene habits to vulnerable populations” (RPW 2020: 3).

Local organizations have begun ramping up efforts to fight the virus, despite the low number of cases so far, because they are aware they are working in a country with a deteriorating political situation, strained healthcare infrastructure, and a suffering economy. Therefore, many local organizations’ teams have started to draft holistic emergency plans in case COVID-19 breaks out in the camps, knowing that the virus’ spread in these communities will have disastrous consequences not only on Syrians themselves, but also on the host community.

Most organizations also needed time to reflect on their preexisting programs and funds in order to redesign alternative plans to roll them out, speak to donors about the ability to reallocate some of those funds for the COVID-19 response, and find new ways of operating on the ground that would not risk the health of their teams, and more importantly the communities they are helping. It is not easy knowing

that civil society organizations operate in an ever-shrinking space, and have suffered from instability for many years, and not only since the start of the Lebanese uprising in October 2020.

Syrian civil society organizations in Lebanon have begun implementing holistic plans for intervention in the communities, while also trying to find ways around bank closures, currency depreciation, and restricted movement. In addition to this, demotivation was a key factor that managers and community leaders had to navigate, as staff were operating in already-difficult personal circumstances, fearing for their loved ones, and suffering just as much as everyone else from the economic downturn in the country. Working from home, or otherwise remotely, was not a culture to which non-field teams were accustomed. They were also wracked with guilt thinking of the field teams operating on the front line.

Interviews with *SAWA for Development and Aid* field teams showed that life-saving activities, such as distribution of bread, food baskets, and hygiene kits, were ongoing, as were awareness-raising sessions about personal hygiene and COVID-19 preventative measures. Through their contact with Syrian families, however, team members felt helpless, as community members kept asking for cash, due to their inability to pay rent, their fear of eviction, and their need for basic amenities and healthcare-related necessities. The lack of relevant funds to respond to these needs put most activists and teams in a desperate situation.

The need for continued psychosocial support to deal with the toll of the pandemic on families was highlighted by most organizations through cooperation platforms created in recent months. Some civil society organizations continued offering such assistance through WhatsApp calls and remote referral systems. Similarly, organizations were trying their best to find innovative methods of education. However, for both of these issues, access to necessary technology and the lack of space remain unresolved.

In terms of isolation, local organizations were working alongside international organizations and local authorities on possible solutions and scenarios, from stand-alone tents or semi-structured facilities for isolation in each camp, to central isolation units provided by NGOs (like schools, community centers, or buildings provided by the municipality). Alternatively, transport could be provided so that communities could access national isolation facilities, which is the least likely option given how overstretched and under-equipped the Lebanese healthcare system is to deal with COVID-19, even amongst its own population.

A Moment to Reflect

At a time when people around the world are experiencing the loss of normality and connection, fear of the economic implications of COVID-19, and an imbalance in their wellbeing due to their inability to plan ahead, perhaps refugees are the most well-equipped to deal with such scenarios. Syrian refugees in Lebanon in particular have become accustomed to living a life of social distancing and social isolation, as they have been dealing with pushback from their host communities for years. They are already used to experiencing cross-border collective grief, and daily mass deaths due to the atrocities happening in Syria. They are used to living with a lack of resources and an uncertain future. The broken sense of safety is something with which refugees are already all too familiar. Another troubling aspect of the pandemic is its indefinite nature, but refugees are accustomed to the indefinite nature of war and their inability to plan for the future.

Perhaps refugees understand better than most that the concept of

communal or collective security trumps that of the primitive survival instinct or self-preservation; they have learned that the survival of one very much depends on the survival of the whole community, after years of uncertainty and a complete loss of a sense of entitlement. Today, however, while some suggest people are equal in the eyes of COVID-19, and that there may be some sense of justice in the fact that the virus does not discriminate, we all know and have seen that the implications and preventions are not equal amongst everyone. As was shown throughout this article, refugees continue to live in overcrowded settings, with no access to water, no ability to self-isolate, nor the financial stability to stockpile food. Additionally, refugees today are tired of facing continuous trials and crises.

For Syrian and local organizations who have been working tirelessly in recent years, now is the time to see if they were indeed able to encourage leaders from within the communities who are capable of leading in the isolated settlements. However, resources remain a major challenge. It is also a chance to re-examine what values should be at the center of humanitarian work, especially at times like this. They include a people-centered approach to work, ensuring dignity and preventing harm in communities, as well as encouraging intersectional feminist approaches that examine the needs of women, and how this crisis will disproportionately affect them. This also takes into account solutions that are tailored to fit individuals with special needs.

While the work of organizations is crucial, it can in no way substitute for proper nationwide policies to address poverty and inequality, or structural solutions from government. It is a time to push donor states and governments to be flexible about funding, and to further push the agenda of localization; as has been observed time and again, it is local organizations that are at the forefront of the fight, and it is the communities themselves that are leading people-centric and dignified solutions.

The sharing of burden and responsibility is now more important than ever. COVID-19 has highlighted the need for cooperation among stakeholders, as well as for upper-income countries to support the countries that continue to host the majority of refugees, knowing that these countries already have strained infrastructures and budgets. This includes strengthening those countries' healthcare infrastructure, governance systems, and supporting them to achieve inclusion of the most vulnerable in national systems.

In terms of programming, as highlighted throughout this article, while basic humanitarian needs take priority, the need to find durable solutions for mental health, psychosocial support, and sexual and gender based violence is very crucial, and should not be given a backseat. Funding for such programs should not be diverted at the expense of shorter-term humanitarian programming. All programming needs to continue placing vulnerable people at the center, such as women, children, youth, and those with disabilities. If anything, this crisis has also demonstrated that the care economy burden is not shared equally within the family—rather, it falls on women—and that the elderly as well as those with urgent health needs continue to be marginalized in most refugee programming.

Putting people first and listening to their needs in order to tailor the best response is the way forward, not only in this crisis but in all crises.

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