Faculty of Health Sciences
Center for Research on
Population and Health | CRPH

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Photo: Charbel Kosseifi/NRC

Older Adult Syrian Refugees During the COVID-19 Pandemic in Lebanon: Key Findings

r2hc Research for health
in humanitarian crises | **elrha**

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UKaid from the British people

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for Health Research

Research background

The coronavirus disease continues to have severe public health effects worldwide. The pandemic severely affects displaced populations, exacerbating their underlying vulnerabilities.

Lebanon holds the largest number of refugees per capita in the world. In addition to its complex humanitarian context, the country has undergone a series of intersecting crises at the political, economic and social level, compounded by the impact of the pandemic.

This research focused on a particularly vulnerable population group in Lebanon: older adult Syrian refugees. They are more likely to have underlying chronic conditions placing them at increased risk of developing severe illness if infected. In choosing to focus on older refugees, the research aimed to investigate the experiences of a marginalised group, design interventions to reduce their exclusion during a long-haul pandemic and improve the impact of awareness raising efforts. The longitudinal research also looked at evolving (pre-existing) vulnerabilities while the pandemic unfolded in Lebanon.

Photo: Sherbel Dissi/NRC

Methodology

The study looked at a sample of 3838 Syrian refugees aged 50 years and above using a cross-sectional longitudinal design, with five waves of data collection between September 2020 and March 2022. A study sample was drawn from a complete listing of refugee families who have received support from the Norwegian Refugee Council (NRC) and include an age-eligible adult. The research was conducted together with the Faculty of Health Sciences at the American University of Beirut (AUB).

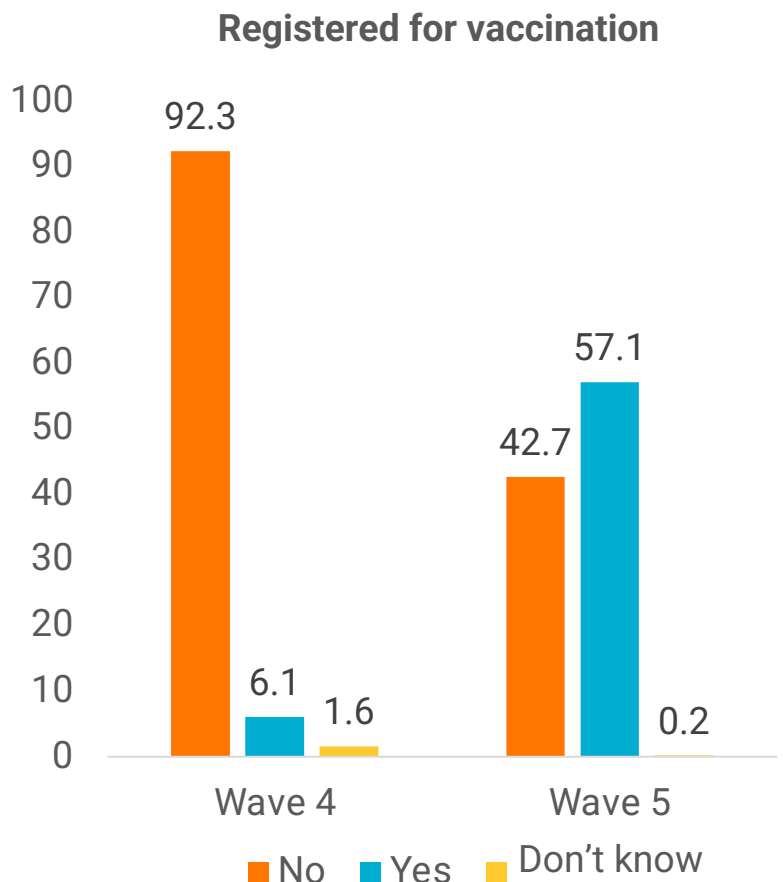| Wave 1	Wave 2	Wave 3	Wave 4	Wave 5
Sep – Dec 2020	Oct – Jan 2021	Jan – Apr 2021	Feb – May 2021	Jan – Mar 2022

Project Funding

Vaccination & Knowledge of COVID-19

Vaccine hesitancy

Although the percentage of respondents who did not register on the national vaccination platform dropped from 92% to 43% over time, it remains high.

The main reported reason for not registering for vaccination, is not wanting the vaccine or being afraid of side effects. Other factors affecting vaccine acceptance are: older age, higher education, living outside informal tented settlements, female gender, not perceiving COVID-19 as a serious infection, using social media as a source of information on COVID-19, and perceiving vaccines as unsafe.

Registered for vaccination

Wave 4: No 92.3, Yes 6.1, Don't know 1.6
Wave 5: No 42.7, Yes 57.1, Don't know 0.2

■ No ■ Yes ■ Don't know

The below graph shows that information sharing on how to register on the national vaccination platform has been effective, with 4% of respondents unaware of how to register for vaccination in March 2022 (Wave 5) as opposed to 43% in May 2021 (Wave 4).

Reasons for not registering for vaccination

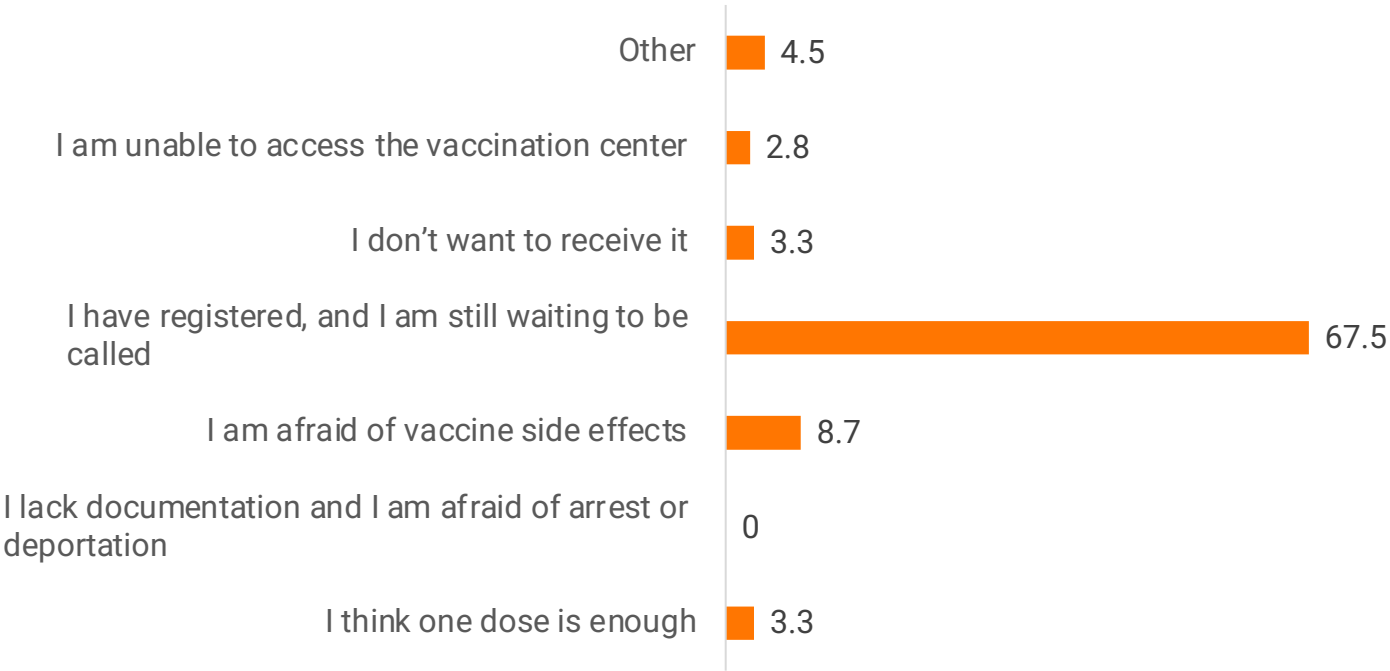| Reason	Wave 5 (% yes)	Wave 4 (% yes)
I am unable to access a vaccination center	0	4.5
Don't know	0.5	7.6
I do not want to receive the vaccine	65.5	31.1
I am afraid to cross checkpoints	0.1	0
I am afraid of arrest and deportation	0.1	0
I lack the necessary documents to register	0.1	0
I am planning to register soon	5.6	5.8
I am not sure whether I want to take the vaccine	27.5	24.1
I do not have the means (mobile phone) to register	0.4	3.3
I don't know how to register	4	43.1

■ Wave 5 (% yes) ■ Wave 4 (% yes)

Delays in second vaccine dose

A significant proportion of respondents has not received their second or third shot as they are still waiting for the Ministry of Public Health (MoPH) to confirm the appointment they booked on the national IMPACT platform.

Reasons for not receiving the second vaccine dose (% yes)

| Category	Value
Other	4.5
I am unable to access the vaccination center	2.8
I don't want to receive it	3.3
I have registered, and I am still waiting to be called	67.5
I am afraid of vaccine side effects	8.7
I lack documentation and I am afraid of arrest or deportation	0
I think one dose is enough	3.3

Persistent myths about COVID-19

On average, 85% of respondents adhered to COVID-19 preventive measures, and more than 95% agreed that COVID-19 is a serious infection that is spreading around the world. However, like in many other countries across the world affected by the pandemic, false and possibly harmful information about COVID-19 also circulates across population groups in Lebanon.

During the last round of the survey in March 2022, 60% of respondents still believed antibiotics were effective in preventing COVID-19 infection and curbing the spread of the virus.
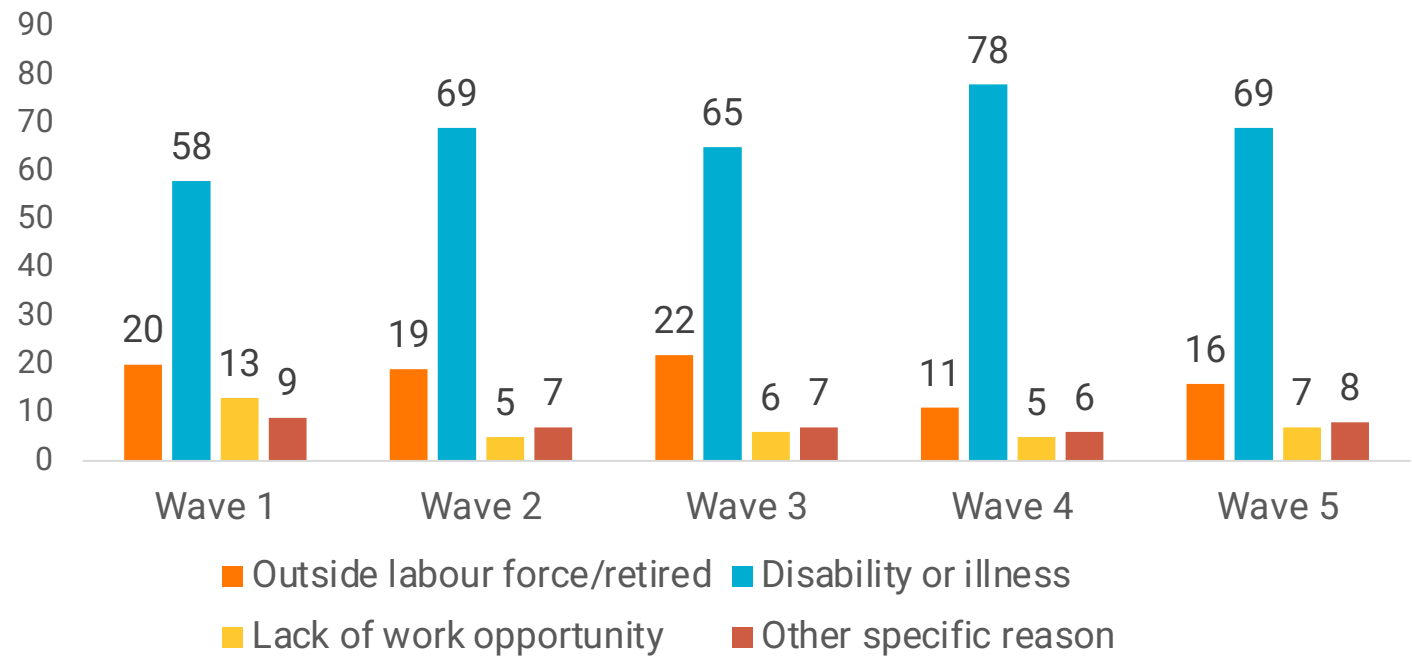
Belief that antibiotics are effective to prevent a COVID-19 infection

	No	Yes	Don't know
Wave 1	35.9	58.2	6
Wave 3	21.6	73.2	5.2
Wave 4	36	60.3	3.6
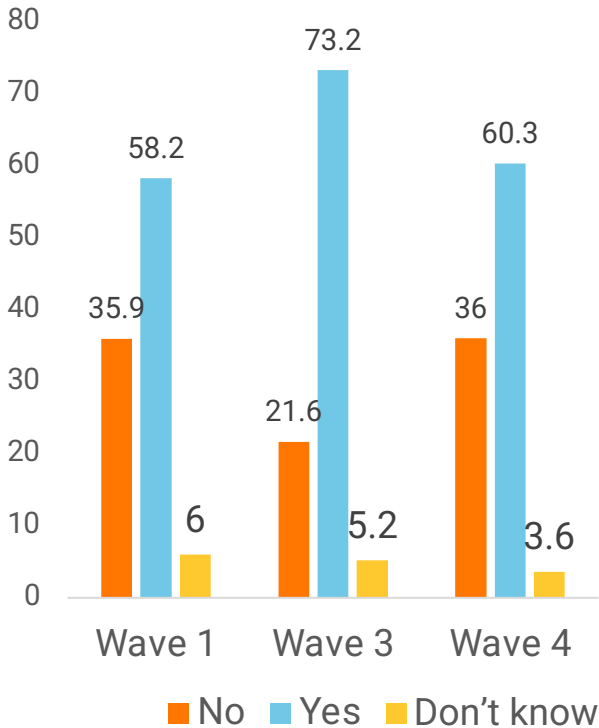
Impact on pre-existing vulnerabilities

The COVID-19 pandemic exacerbated the pre-existing needs of vulnerable groups. The vulnerability profile of older refugees is characterised by their dependency on other family members' income and specific health and mobility needs.

Reasons for not working for pay

|	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5
Outside labour force/retired	20	19	22	11	16
Disability or illness	58	69	65	78	69
Lack of work opportunity	13	5	6	5	7
Other specific reason	9	7	7	6	8

In addition to the research focus on COVID-19 related issues, the survey also assessed specific vulnerability indicators across time.

Limited access to health care

Over 40% of respondents needs primary health care or hospitalisation and is not able to access it, mainly because they cannot afford the cost of the doctor visit or treatment.
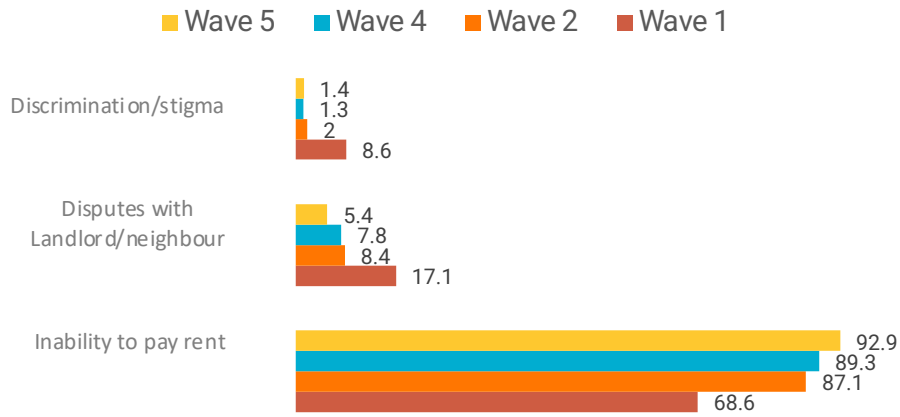
% requiring health care and not receiving it

	Primary health care	Hospitalisation
Wave 2	34.6	42
Wave 4	35.9	34.5
Wave 5	41.8	46
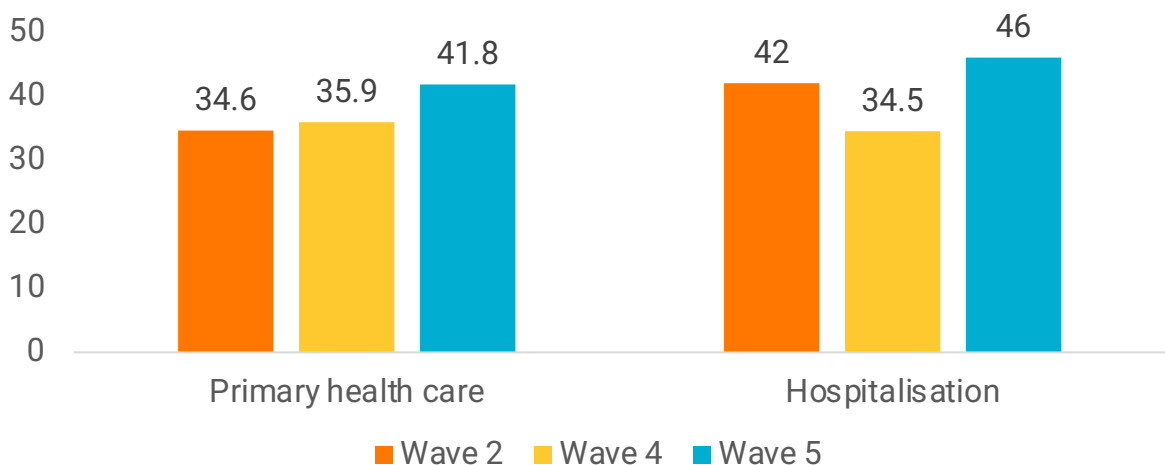
Eviction risk

Across the survey waves, 25% to 30% of respondents claims to be at risk of eviction from their houses or shelters. The main reason is their inability to pay the rent.
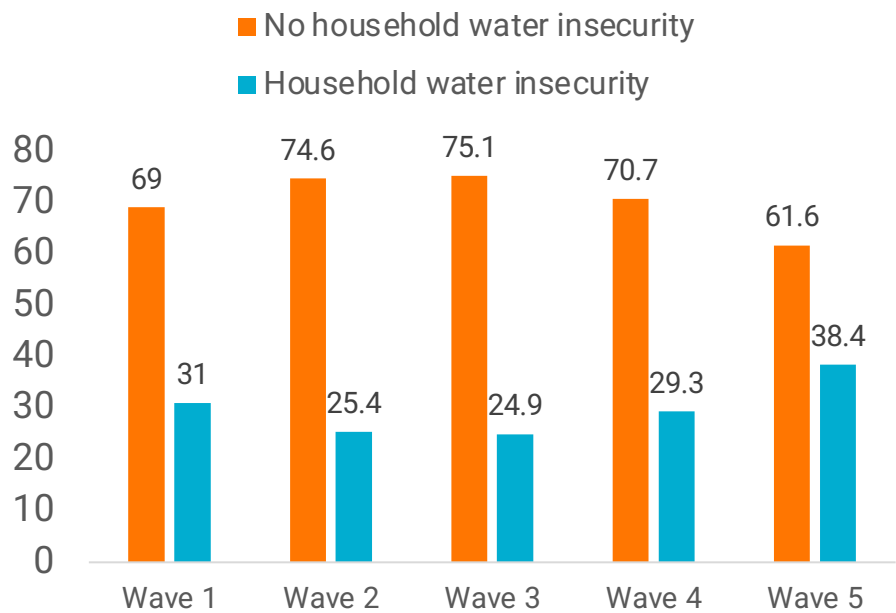
Reasons for eviction notice

■ Wave 5 ■ Wave 4 ■ Wave 2 ■ Wave 1

Discrimination/stigma
- 1.4
- 1.3
- 2
- 8.6

Disputes with Landlord/neighbour
- 5.4
- 7.8
- 8.4
- 17.1

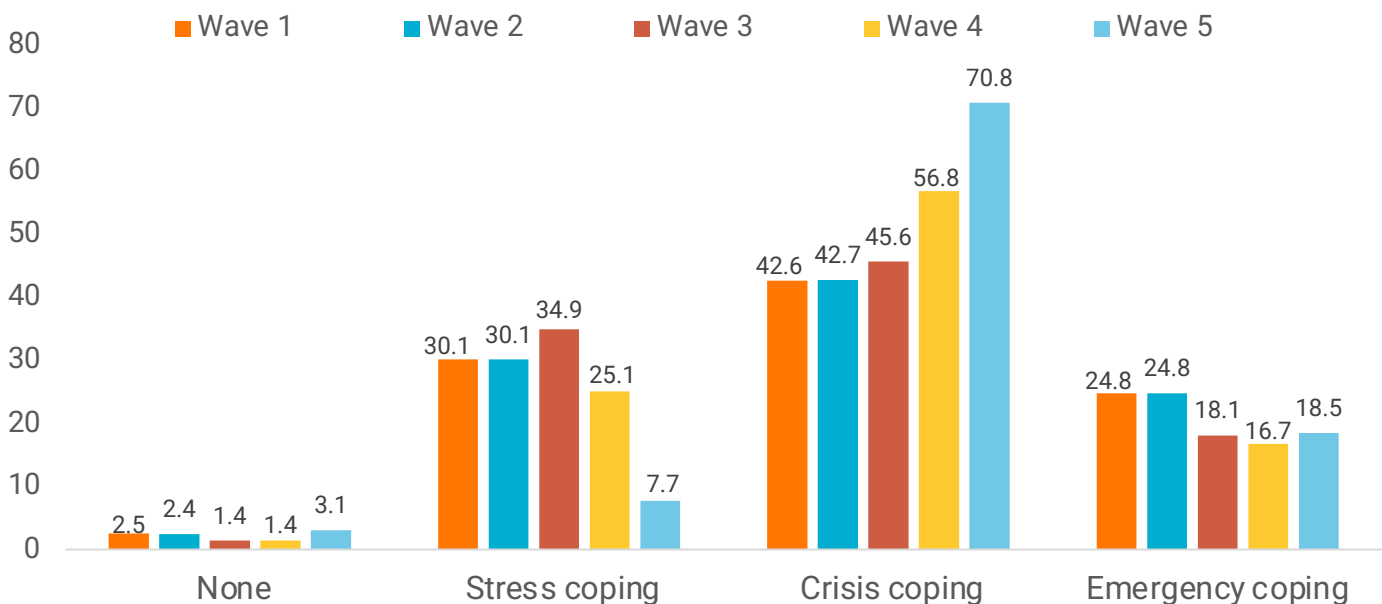**Inability to pay rent**
- 92.9
- 89.3
- 87.1
- 68.6

Water insecurity

The percentage of respondents who do not have access to safe water insecure families, sufficient and affordable water has also increased over time. In the last survey wave, almost 40% of respondent are water insecure. Drinking contaminated water is a coping strategy of which can have serious consequences. At the time of writing, there are mounting concerns over an outbreak of Hepatitis A in Lebanon.

HH Water Insecurity Experiences Scale (HWISE4)

■ No household water insecurity
■ Household water insecurity

	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5
No household water insecurity	69	74.6	75.1	70.7	61.6
Household water insecurity	31	25.4	24.9	29.3	38.4

Coping Strategies

■ Wave 1 ■ Wave 2 ■ Wave 3 ■ Wave 4 ■ Wave 5

	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5
None	2.5	2.4	1.4	1.4	3.1
Stress coping	30.1	30.1	34.9	25.1	7.7
Crisis coping	42.6	42.7	45.6	56.8	70.8
Emergency coping	24.8	24.8	18.1	16.7	18.5

Food insecurity

Food insecurity* is a constant vulnerability among the five waves. An average of 55% of respondents was mildly to moderately food insecure, followed by a minimum of 38% severely food insecure respondents. Those who were food secure made up a minor percentage. Changes in food insecurity coping strategies were notable across waves. Crisis coping (withdrew children from school, reduce education and health expenditure, marriage of children under 18) was consistently the most common coping strategy for food insecurity and was increasing.
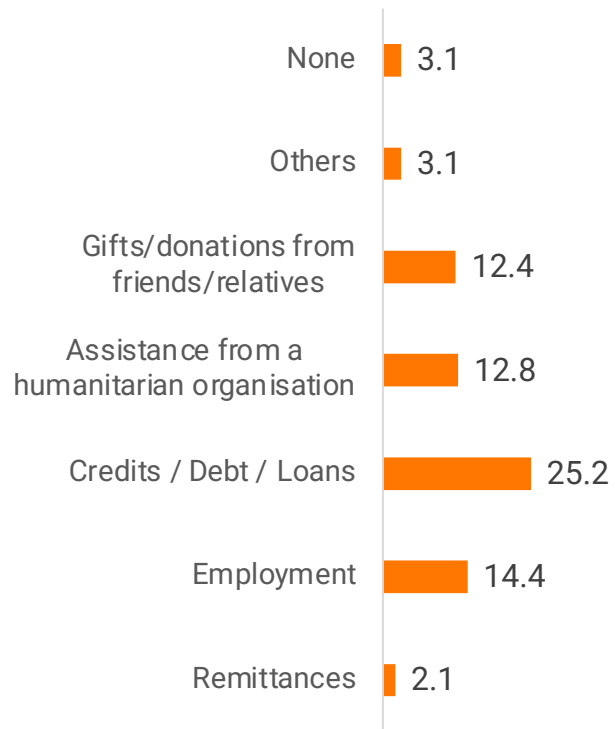
Food insecurity was measured using the Food Insecurity Experience Scale (FIES), an eight-item scale which has been validated in Lebanon. Data were analysed cross-sectionally at each wave and compared over time.

Extreme poverty

Nine out of ten Syrian refugee families in Lebanon are now living in extreme poverty. Over 50% of survey respondents received multi-purpose cash assistance and over 75% received assistance for food. However, an overwhelming majority are food insecure and increasingly resorted to crisis coping strategies between January and March 2022.

The graph confirms that most refugees depend on support from humanitarian organisations or friends and relatives for their survival. While access to work is extremely limited for all refugees in Lebanon, older refugees face additional challenges such as illness and mobility constraints. Because of that, they are even more dependent on aid.

Secondary source of income

Category	Value
None	3.1
Others	3.1
Gifts/donations from friends/relatives	12.4
Assistance from a humanitarian organisation	12.8
Credits / Debt / Loans	25.2
Employment	14.4
Remittances	2.1

Fragile legal status in Lebanon

Currently only 16% or Syrian refugees in Lebanon holds legal residency. The costs of a legal residency permit remains the main barrier, including for older refugees (see graph). Without legal residency, Syrian refugees face increased risk of arrest, detention, deportation, child labour and exploitation, including in the context of employment and evictions. The lack of legal residency reduces refugees' freedom of movement and their access to livelihoods and other rights.

Reasons for lack of legal status paperwork completion

Reason	Wave 5	Wave 2	Wave 1
COVID-19 lockdown	1.1	9.7	9.1
Other (illegal/stealth entry, lost ID, etc.)	8.4	8.1	9.3
I have previously renewed based on sponsorship and I am unable to obtain a Lebanese sponsor	8.1	19.7	19.1
I am waiting for my appointment with UNHCR to renew my papers for application	9.1	7.2	7.2
I am unaware of procedures	8.2	11.4	11.4
I cannot afford the cost of renewal	68.6	72.8	72.6

■ Wave 5 ■ Wave 2 ■ Wave 1