

Viewpoint

Decoding Syrian refugees' COVID-19 vulnerability in informal tented settlements: a community-/refugee-led approach to mitigate a pandemic outbreak

Introduction

The implications of COVID-19 surpass the health aspects and bear heavy consequences for the most vulnerable, especially those in informal tented settlements (ITSs), unable to work, hence accentuating poverty and hunger. This is the case for refugees. The health crisis has led to stricter mechanisms in encampments, hindering the refugees' capacity to survive. While it is still too early to evaluate the impact of the pandemic on such fragile communities, there is an urgent need to raise alerts on the impact of health-led preventive and containment measures on marginalising refugees further. This imperative builds upon recent calls to reconsider the local response to health emergencies in informal urban settlements (Wilkinson, 2020). Planners have a key role to play in addressing refugees' vulnerabilities holistically with a more inclusive understanding of their needs along with the host community's members. Refugees' livelihoods vary from one context to another; attention is here given to Lebanon and specifically Syrian refugees in ITSs.

The start of the Syrian crisis in 2011 led to an unprecedented mass influx of refugees which has disrupted the Lebanese demographics disproportionately, but also changed the cityscape by increasing its urban density, and the rural landscape, replacing agricultural lands with ITSs. While the national government adopted a *laissez-faire* approach, the burden was shifted onto international non-governmental organisations (INGOs) and local municipalities. This led to an absence of coherent and cross-linked strategies for the inclusive development of those areas and increased strain on already debilitated infrastructure, local economies and shelter conditions. This is particularly the case in the most remote locations like those in the Beqaa Governorate, an area that is central to both Beirut and Damascus.

Until May 2020, the Lebanese government's response to the global pandemic has been praised as it has resulted in only a small surge of cases and deaths despite a fragile political and economic context. A national curfew and a state of emergency were imposed, coupled with preventive measures such as airport lockdown, closure of all public outlets and restaurants and rapid public awareness. Local municipalities and security forces across Lebanon added supplementary encampment mechanisms by locking the entry and exit of all refugee camps and settlements. INGOs also developed thorough response plans based on multi-level interventions, spanning from a micro level (household level and community level) to a macro level (area/municipal level and full quarantine). Until 25 May, only one case in a Palestinian refugee camp was identified, and contained. However, as of 4 June, 15 cases amongst Syrian refugees have been reported in Majdal Anjar in the Beqaa Governorate.

The situation can therefore rapidly deteriorate, which will have direct and indirect consequences on refugees and raise severe challenges. There is a scission between planned mechanisms designed to create pandemic-resilient built environments and forced encampment measures in unplanned and informal settings where health considerations, along with socio-economic needs, are barely accounted for. In the context of refugee camps in remote locations, where the refugees are already frail and isolated, this is intensified. At the crux of this dilemma is the relationship between stricter health-motivated lockdowns and increased vulnerabilities linked to decreased access to basic services, (informal) work opportunities and health support services. We argue for the need to construct more inclusive community- and/or refugee-led responses, the better to link planned and unplanned health emergency responses.

This discussion rests upon the combination of two research projects: a scoping small-scale research project about the impact of the current COVID-19-related policies and strategies from March to May 2020 in refugees' ITs, coupled with a research study looking at Syrian refugees' livelihoods in remote locations conducted between October 2019 and February 2020. The latter research includes 107 interviews with refugees and 58 interviews with representatives from national governments, non-academic and academic experts, host community members, INGOs and non-governmental organisations (NGOs).

Pre-COVID-19 informal tented settlements

To define what is informal and what is formal is difficult in the Lebanese context, as the country has been affected by an ongoing influx of refugees since 1943, leading to successive waves of settlement, as well as internal displacement (Fawaz and Peillen, 2003). The UNHCR defines Lebanese ITs as those established in an unplanned and unmanaged manner, through a direct agreement between refugees and landlords (UNHCR, 2019). The unplanned nature of recently formed Syrian ITs is, however, not new. Before

the Syrian crisis, tents were informally set up on agricultural land for those working in the fields (Turner, 2015) and were dismantled shortly after the spring and summer farming seasons. The massive influx of refugees changed these agricultural fields into marginalised refugee communities with poor livelihood and shelter conditions. Hence quasi-permanent vulnerability replaced what was perceived as seasonal and temporary labour settlement in a haphazard manner. The lack of planning coordination, combined with national and local *laissez-faire*, led to the eradication of several agricultural fields. This impacted an agriculture-dependent local economy while challenging any attempts to develop regulatory land-use planning frameworks.

As economic conditions started changing in the last five years, with fewer job opportunities for Lebanese nationals, the informal labour market became regulated from 2017 to lessen competitiveness, only allowing Syrian refugees to work in agriculture, construction and the environment. With fewer informal work opportunities, refugees' socio-economic vulnerabilities deepened. It became necessary for refugees to seek work opportunities further away, stressing the importance of being mobile to survive.

Refugees' living conditions are extremely dire, making them highly vulnerable from a health perspective. Access to healthcare services is limited and complex, dependent on the rights and status of each individual refugee. As former agriculture land, ITSs are off-grid. The use of temporary and easily dismantled materials to provide shelter does not provide adequate hygiene or a disease-free environment. Rodents, reptiles and insects pose serious illness-related threats to refugees, who place chicken wire around their tents to mitigate these non-hygienic concerns. Attempts to collect and treat waste, and to manage waste water, do not meet international hygiene and safety standards, even though they are managed either by NGOs or by subcontracted local agencies. Shared pit latrines are exposed, with foul smells from waste and black and grey water running through the trenches. The health consequences are major; aside from the potential for any pandemic crisis they also contribute to raising tensions with planned settlements, leading to stigmatisation and rejection (Thorleifsson, 2016). Such stigmatisation has been reinforced by hegemonic policies and restrictive governmental measures accentuating social tensions. Since 2014, 45 municipalities nationwide have imposed curfews on Syrian refugees, preventing their mobility outside the perimeter of their settlements. The COVID-19 crisis has destabilised refugees' livelihoods further by forcing supplementary control of the unplanned through forced control of encampments and additional stern curfews.

Syrian refugees' encampment and mobility restrictions amidst COVID-19

The Lebanese national response to the pandemic was aligned with international measures across the world. What differs significantly, though, is how a lack of a

forethought health response gave leverage to local municipalities to justify further lockdown mechanisms, hence strengthening the process of encampment and, relatedly, control and oppression, making informal spaces places of exception (Bakewell, 2014). Shortly after the national lockdown on 15 March 2020, 18 municipalities introduced illegal and restrictive curfews that do not apply to Lebanese citizens but significantly constrained refugees' movements. From mid-March, the government also imposed a new measure where only one person from each Syrian refugee settlement was allowed to exit for the sole purpose of buying food and other goods, while the rest of the settlement population is prohibited from doing so (Hodali, 2020). As a result, refugees are trapped inside their ill-constructed habitats with no prospect of access to informal jobs, which, in the context of the pandemic, led to a loss of consumer confidence, negative growth and a severe economic contraction. The refugees are left in a new state of limbo, struggling to cope and survive and make an active use of time.

Now, restrictions on mobility for refugees through a forceful lockdown on their points of entry and exit has exacerbated the social and economic burden even further inside and outside the ITSs, congealing the boundaries of the informal and the formal. This strain is affecting vulnerable host communities that used to benefit from refugees' mobility and their commercial activities. Porous, though tense, these spatial and socio-economic relationships are put at risk, leading to an increased socio-spatial marginalisation and stigmatisation of refugees. The key issue is a lack of response to address both combined vulnerabilities. From the time when the ITSs started to settle there have been no actions or steps taken by national and local governments to tackle such compounding problems. Emergency planning, humanitarian aid and food-supply services are left in the hands of humanitarian agencies that are now redistributing resources to both Syrian refugees and vulnerable host community members based on quotas.

Restrictions on mobility in the encampments also have direct consequences for refugees' health and specific COVID-19 health responses, raising significant concerns if the pandemic reaches ITSs. A national COVID-19 task force between the Lebanese state, local municipalities and UN agencies has been created, but attempts to implement preventive measures, such as isolation units, have been delayed due to inadequate and ill-equipped facilities. Though a multidimensional response plan ensuring free COVID-19 testing and treatment, as well as self-imposed quarantine, is in place, any attempt to provide health-oriented 'planning' initiatives is extremely difficult and complex due to the intrinsically temporary and unplanned nature of the settlements and livelihood conditions: tents and precarious structures offer limited space for large families; options for creating isolation units are scarce, resting upon reusing existing and/or abandoned structures; social distancing is, of course, impossible; not to mention preventive measures related to water, sanitation and hygiene (WASH). As a result, containing the virus in camps has mostly relied on awareness

sessions based on informing refugees about the pandemic, which has increased their fear and self-isolation.

Limited access to healthcare facilities and the availability of adequate isolation units in case of an outbreak raise significant concerns for the ability to control and manage the pandemic's spread both inside and outside the settlements. The unplanned nature of the refugees' livelihoods requires an alternative 'refugee-led local response' to address the current crisis but also future pandemic outbreaks. This should be constructed in line with a thorough and holistic account of refugees' vulnerabilities and ITS planning.

Calling for community-/refugee-led local responses

According to Wilkinson (2020) immediate local responses and strategies could mitigate a COVID-19 outbreak in informal settlements. In Lebanon, the current crisis, aligned with a decade of the country's struggling with the spread of ITSs, has revealed the severe hurdles affecting any attempts to address health concerns in unplanned settings: preventive and treatment healthcare mechanisms are extremely limited and hindered by living conditions, coordination amongst national and local authorities and UN agencies is difficult, and informal-sector and survival options are shrinking. Significant shifts based on addressing refugees' vulnerabilities holistically with a more inclusive understanding of their needs along with those of host communities are needed.

While the pandemic situation has been contained to date, this surprising fact should not be credited to the forcefully imposed governmental lockdown of these ITSs. It has been achieved thanks to the continuous support of INGOs, who have developed localised approaches putting the refugees' needs and practices first, along with the settings within which they sit. This has allowed survival to be ensured and awareness about the pandemic to be raised. This suggests that any attempts to develop community- and/or refugee-led local responses to tackle health concerns and future pandemics in ITSs have to address the following four pillars.

Pillar 1. Temporary social cohesion and integration can be concretised via the routes of collaborative community- and/or refugee-led responses. Increased encampment and restriction of mobilities negatively impact both refugees and the host communities' vulnerabilities. Recognising the historic socio-economic ties between those groups, rather than increasing rejection and fear, forms the first step towards the development of a more inclusive living environment for all parties.

Pillar 2. Health-led design approaches, tackling both well-being and disease-free environments, can be introduced to the temporariness of such adaptable and fragile built environments. ITSs are characterised by their non-permanent structures, though refugees attempt to re-create their home in their tents. There

is a sense of ownership and permanence in the unplanned nature of the settlements, which can be used to implement micro-level changes in refugees' living spaces, while empowering them in delivering them.

Pillar 3. Multidimensional awareness has to be sustained. Providing information to refugees has been one of the most efficient actions to date to contain the pandemic. This testifies to the importance of putting refugees at the centre of preventive action rather than making them the recipients of those actions, hence allowing them to build their knowledge and understanding of disease in order to be less vulnerable.

Pillar 4. Promote easier and mobile access to health as a form of planning for healthier informal environments. If an outbreak occurs in an ITS the impact will be dramatic due to the lack of equipped facilities and isolation units in remote areas. This also affects host communities and goes beyond the concerns of the COVID-19 pandemic. Easing restrictions on mobility will facilitate access to food and necessary medicines, while promoting mobile and adjustable health services can be seen as a way forward to tackle health and socio-economic vulnerabilities holistically and inclusively.

Conclusion

While the COVID-19 pandemic is currently contained in Majdal Anjar, and has not spread into other ITSs yet, the situation remains incendiary and can rapidly deteriorate. New community- and/or refugee-led local responses with pandemic-proof strategies for the unplanned are needed in the short and the longer term. Enforced encampment, restriction of mobilities, limited access to health services and extremely poor living conditions expose the refugee population to multiple vulnerabilities and also affect host communities. Critical revisions are required in pre-existing strained relationships between host communities and refugees and in sectors such as shelter and WASH. Changes will rest on the systematic accounting of the local needs of those living in both informal and formal settings to create more inclusive and disease-free environments.

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