Health and protection: Vectors for social stability – Adapting and responding to emerging crises

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The continued resilience of the Conflict-Sensitivity and Social Stability Model for healthcare, protection and social services in the face of COVID-19 and the economic crisis in Lebanon

1. Background

When the coronavirus disease (COVID-19) was first confirmed in Lebanon at the end of February 2020, the global pandemic hit the country when it was already grappling with layers of economic and political crises, including currency collapse and widespread popular protest. These crises and the impacts of COVID-19 place further strain on the country's already stretched public services, faltering economy, social fabric and social stability.[1]

Since 2016, International Alert (Alert) and Amel Association International (Amel) have been working in partnership as part of the **'Health and protection: Vectors for social stability' project** supported by Agence Française de Développement (AFD). The goal of the project was to contribute to the prevention of tensions in Lebanon by improving access to health and protection solutions for the most vulnerable populations. Over the project period, Alert provided training, accompaniment, guidance and other support to Amel staff on conflict-sensitive approaches and integrating ways of working and activities to address tensions and support social stability in their work.

The **Conflict-Sensitivity and Social Stability Model** (see Figure 1 below) involves: 1) regular context analysis; 2) capacity development and accompaniment with frontline staff and management; 3) dialogue-based awareness-raising sessions; 4) regular tensions monitoring and M&E, and; 5) dialogue and awareness-raising sessions. Alert and Amel have also produced a **toolkit**[2] in Arabic offering guidance to practitioners on applying the approach.

Figure 1: Integrating the Conflict-Sensitivity and Social Stability Model

Understanding and identifying sources of tensions → Training personnel on conflict sensitivity, dealing with conflicts and stress management → Accompaniment of social workers on tools and approaches to conflict sensitivity → Dialogue-based awareness-raising sessions and health campaigns with a social dimension → Monitoring of tensions through coordination meetings and adaptation of activities

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[1] For an analysis of how COVID-19 is impacting a number of peacebuilding trends, see: R. Simpson, COVID-19: Seven trends that will shape peacebuilding in Lebanon, International Alert, 9 April 2020, https://www.international-alert.org/blogs/covid-19-seven-trends-will-shape-peacebuilding-lebanon
[2] This toolkit is available on request.

As part of this project, in mid-2019 Alert and Amel conducted research to:

1. identify best practices and recommendations for supporting social stability based on the work of Amel's community-based centres and primary healthcare centres (PHCs); and
2. develop an advocacy strategy for supporting social stability through the work of community-based centres.

In February 2020, Alert and Amel launched the findings of the research and discussed best practices in relation to the provision of health, protection and social stability interventions, in Lebanon, with more than 75 representatives from the donor, NGO, government, United Nations and academic communities.

While the research was conducted and launched before the COVID-19 crisis, the findings and lessons related to social stability and conflict sensitivity remain highly relevant. As vulnerability of Lebanese and refugee communities increases, compounded by worsening economic realities, the need for conflict-sensitive and rights-based approaches to healthcare and protection that support social stability become ever more apparent. The Conflict-Sensitivity and Social Stability Model has proved to be flexible and responsive to changing context dynamics and has been used to support rapid and effective healthcare and protection responses to COVID-19 by Amel and its partners across Lebanon.

2. Changes in context since research was conducted

Economic crisis

The country is facing spiralling debt and devaluation of the currency, forcing growing numbers of Lebanese and refugees into poverty, which has increased to 40% and is very likely to increase further.[3] Prior to the financial crisis, 73% of Syrian refugees in Lebanon lived below the poverty line,[4] which is also set to rise. These vulnerable populations, especially those in camps, often live in overcrowded environments with several family members in tents or cramped apartments. Social distancing and self-quarantine, which are key components of the current COVID-19 government mitigation strategy, are nearly impossible in such conditions.

Increasing priority of public health and challenges for the system

As the crises put public services under greater strain, the importance of health and social protection becomes an increasing priority. Within the framework of the protests, which started in October 2019, the accountability of the government for the provision of people's right to health was among the main demands voiced by the movement. Moreover, the COVID-19 pandemic has highlighted the need to have a resilient public healthcare system in Lebanon. Healthcare centres are one of the main flash points, with already overstretched frontline workers bearing the brunt. Healthcare workers who are directly treating COVID-19 patients are reporting facing stigma themselves.

Community tensions

The COVID-19 outbreak is already leading to growing community tensions, as fears of a further outbreak fuel underlying tensions and incidents of panic. Tensions relate to stigmatisation against refugees (Syrian and Palestinian) in informal settlements and other overcrowded areas. The outbreak

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[3] N. Houssari, More people living in poverty in Lebanon, says World Bank, Arab News, 9 February 2020, https://arab.news/m4dt8
[4] United Nations Children's Fund (UNICEF), United Nations High Commissioner for Refugees (UNHCR) and United Nations World Food Programme (WFP), Vulnerability assessment of Syrian refugees in Lebanon, Beirut: UNICEF/UNHCR/WFP, 2019, https://www.unhcr.org/lb/wp-content/uploads/sites/16/2019/12/VASyR-2019.pdf, p.93

has also fuelled intra-Lebanese tensions, deepening social, economic, geographic and confessional divides. Municipalities and local communities are reporting increased community tensions arising from pressure on basic services and from the municipalities' limited capacity to respond to all community needs. Misinformation on social media further propagated fear and confusion among communities and fuelled tensions.[5] The government, NGOs and international agencies have been quick to respond to misleading messaging by disseminating correct information, updates and the effective protection measures against COVID-19.

3. Implications of the new context dynamics for research findings

Economic, social and political conditions were already challenging when the research was conducted in mid-2019. However, the impact of the COVID-19 lockdown on socio-economic conditions, aggravated the situation. The effects are felt across the country and among different communities, both Lebanese and refugees, and there are very real implications for social stability. The current crises serve to underline the relevance and importance of providing vital health and social care, and the need for doing so in a way that supports vulnerable communities and reduces tensions.

> **The research found that integrating a conflict-sensitive approach to health and protection services contributes to better outcomes for service users and improves staff welfare and working practices in healthcare centres. Community-based centres support social stability through providing inclusive services that meet the needs of the communities they serve and acting as centres for socialisation.**

Increased demand for services across communities

The research noted a growing demand for services provided in the centres, including increasing numbers of Lebanese over the last three years. At the end of 2019, these numbers rose more sharply due to the economic crisis, and COVID-19 further increased demands on services – among Lebanese and refugee communities. Demands on health, protection and social services increased the most over the past six months: data provided by local and international NGOs demonstrated an increase of up to 20% of Lebanese seeking healthcare in PHCs in August 2019 alone.

> **Understanding and addressing complex needs in different contexts in a rapidly evolving COVID-19 crisis context**
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> Context analysis, needs assessment, communications and outreach tools help staff to identify diverse needs, and tailor and communicate centre responses:
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> ***Example from Amel's centre in Masghara, Bekaa:*** The centre is facing an increased demand for treatment services and material assistance, including food and non-food items. One centre cannot address these diverse needs, so staff proactively communicated the nature of the services that they provide (healthcare such as lab tests, consultations and medication) and stayed in regular contact through home visits. As they carried out regular or diagnostic tests,

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[5] The Ministry of Information partners with WHO, UNICEF and UNDP to counter the spread of COVID-19 misinformation in Lebanon, UNDP, 23 April 2020, https://www.lb.undp.org/content/lebanon/en/home/presscenter/pressreleases/joint-fakenews.html

such as taking blood pressure, staff provided information about precautionary measures for COVID-19.

Example from Amel's centre in Bourj el Barajneh, Mount Lebanon: Quarantine measures are increasing risks of domestic violence and violence against children. Trained centre staff have been providing health and awareness sessions on stress management and psychosocial support tailored for this lockdown period. Children and parents participate in the online activities on stress management, positive parenting and identifying risks of abuse.

The role of healthcare, protection and social services in social stability

The study found that the health sector at large, and centres in particular, are important mediums for conflict sensitivity.[6] Community-based centres and PHCs are spaces where people from different backgrounds share similar health conditions and receive services and care from the same team (doctors, nurses, etc.). Yet, as much as the quality of healthcare service provision is important in contributing to a healthier community, it does not on its own mean that people interact positively and contribute to reducing the tension between different communities. The research concluded that it is the integration of a conflict-sensitive approach, which includes engaging staff, centre management and services users from different communities in dialogue-based activities, that contributes the most to social stability.

The COVID-19 crisis has put centre staff (medical and administrative) and social workers at the core of the response. However, with the social distancing measures, certain activities, including physical dialogue-based awareness-raising sessions, could not take place in the same way, and networking and information sharing happened online. Staff employed the skills, knowledge and networks developed through the Conflict-Sensitivity and Social Stability Model to effectively address misinformation and stigma related to COVID-19 and disseminate vital and accurate information. This included applying stress management techniques, conflict-sensitive communication skills and using WhatsApp groups formed through the dialogue-based awareness-raising sessions.

Managing fear and stigma related to COVID-19 in community centres
Lebanese community members had concerns and anxiety to go to the centres for treatment because of fear of COVID-19 itself and because of misinformed perceptions of refugees being carriers of the disease. To respond to these fears and misconceptions, and manage the risk of stigma, Amel heads of centres used the skills in conflict-sensitive communication gained from previous trainings to diffuse tensions, reassure the communities and provide accurate information. The centres explained the necessary precautions being implemented and provided information on the disease, the modes of transmission and its origins. In addition, the staff maintained regular communication with both host and refugee communities for the chronic medication. This continuous outreach and feedback are critical to alleviating fears and addressing issues that can cause tensions. Through this communication, both communities could disseminate accurate information about the safety of coming to the centres and to share their experiences among their communities.

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[6] Conflict sensitivity refers to the ability of an organisation to: understand and be responsive to the context and local dynamics in which it operates; analyse how the project or intervention interacts with the context and local dynamics identified; and, based on this understanding, operate in a way that minimises unintended negative impacts (the principle of 'do no harm') and maximises positive impacts (such as strengthening social stability).

Targeting and vulnerability

With this increased demand on services and the complex needs associated with COVID-19, targeting and tailoring services to the needs of the most vulnerable becomes even more crucial. The regular context analysis set up through applying the Conflict-Sensitivity and Social Stability Model allows service providers and frontline staff to assess evolving community needs and understand the local context so that services can reach those most in need while also addressing the priorities and concerns of a broader base of service users. Heads of centres and centre staff use context analysis and conflict-sensitivity tools and skills to help them better tailor assistance and understand complex and diverse needs, which differ from context to context and between different patients and community groups. In Sour, for example, the head of centre used the context analysis and outreach tools and skills to identify and discuss needs with host and the refugee communities. These needs are diverse: Lebanese patients reported that they could no longer afford private clinics and sought registration with the PHC, while the refugee community members asked for World Food Programme e-cards. The PHC also saw increased requests for assistance during Ramadan by both Lebanese and Syrian communities, due to the increased financial strains and precarity caused by the economic and COVID-19 crises.

The importance of proximity

A key finding of the report was the importance of centres being embedded within communities, with staff from the surrounding areas who understand communities' needs and the context and are trusted by service users in the locality. Trust in service providers in pandemics such as this one is crucial in gaining compliance and support for prevention measures. Challenges are further heightened in crises, with relationships put under pressure and rumours and misinformation spread. Therefore, where service providers are working closely with communities and to serve communities' needs in an inclusive and transparent way, responses are quicker and more effective. In addition, where mobility is limited due to social distancing or lockdown measures, it is vital to have trained and equipped staff ready to respond in the locality.

> **Social stability and community centres in the context of lockdown and social distancing measures in COVID-19**
> The study found that five key factors supported social stability in centres: 1) proximity; 2) socialising space; 3) collaborative work practices and stress management; 4) working with management and frontline staff; and 5) more equal (non-hierarchical) working structures where different roles are valued. Centres that displayed these characteristics could more effectively and rapidly respond to COVID-19.
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> For example, social workers and heads of centres being part of the social fabric and playing a role in bridging the gap between the centre and the community was key in obtaining information on the situation and access to communities, because the trust and relationships were already built.
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> Centres also act as spaces to socialise beyond their primary service delivery functions, supporting social stability goals (e.g. excursions, exercise or other recreational activities). However, lockdown and social distancing measures limited the usual practices that support *proximity* (e.g. visits to people, paying condolences, etc.) and centres acting as *socialising spaces*.
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> Therefore, outreach and engagement was conducted through other methods (e.g. messaging, social media and phone), activating networks of centre staff and social workers to check in and

> do follow up with service users, engage community members, share accurate information and tailor services to evolving needs.

4. Applicability and resilience of the Conflict-Sensitivity and Social Stability Model in emergency settings

Alert and Amel's model of integrating conflict sensitivity and social stability into protection and healthcare has proven to be adaptive to rapidly changing and emergency contexts. This has included the most recent COVID-19 crisis.

The capacities and skills developed through the project in context analysis, conflict-sensitive communication and stress management, and the tools for context monitoring and M&E, have proved valuable in supporting Amel and its partners access the most vulnerable and enhance the efficacy of the response. Some examples include:

- **Dissemination of messages related to COVID-19:** Using the Ambassadors (self-selected community members) from the project's dialogue and awareness-raising sessions with communities, community members and healthcare and social workers were able to use WhatsApp groups to disseminate accurate information related to COVID-19 to target communities around the centre.

- **Updated context analysis supported identification of the most vulnerable groups:** Because of the updated context analyses, Amel could better target those most in need of support in a conflict-sensitive way.

- **Improved access to vulnerable populations:** Amel was able to gain access to different communities, including informal settlements, through its ongoing relationships with municipalities, which were initially built through coordination mechanisms set up in the first phase of the social stability project.

- **Partnerships and skills sharing approach enhances response:** The sustained partnership approach between a national NGO leading on-the-ground implementation and a peacebuilding organisation providing advice, backstopping and dialogue facilitation support and accompaniment encouraged iterative learning and exchange, and built-up the knowledge, skills and tools to adapt and respond rapidly, effectively and appropriately.

5. Conclusions

The following conclusions are based on the lessons from the project, research and adaptation of the Conflict-Sensitivity and Social Stability Model in the most recent crises in Lebanon.

- **Continued applicability of the model:** The model of integrating social stability and conflict sensitivity into heath and protection services has proven to be relevant, flexible and effective in responding to new and rapidly changing context dynamics.

- **Access to health remains a clear priority:** Healthcare is an essential public good and these crises underline the importance of a rights-based approach to healthcare and inclusive and equitable access to services for all.

- **Approaches rely on strong links and trust between local service providers and communities:** Proximity to the community and strong relationships based on open communication, trust and

transparency are fundamental to understanding needs, how the situation is evolving on the ground and the different experiences and perceptions of community members. This also facilitates better and more regular information sharing, including dissemination of key messages.

- **Context sensitivity is key to safe and effective responses and assistance:** Understanding the context, regular context analysis and community consultation and outreach (including remote) helps vital services and basic assistance to be delivered in a way that ensures they 'do no harm' (e.g. not creating tensions, etc.). The need for a conflict-sensitive approach increases in importance as the crises continue. As vulnerability increases, so too does the need for improving the tailoring and quality of services to address more complex needs and increasing demand.

6. Recommendations

Donors and implementing agencies should take the following recommendations for programming into consideration:

- **Local actors should be trained and able to respond:** The social distancing and lockdown measures of the past few months have underlined the importance of developing capacities of local actors when mobility is limited. A local presence is conducive to providing a tailored response and to improving cooperation and mutual understanding. Social workers and heads of centres are part of the social fabric and play a role in bridging the gap between the service providers and the community.

- **Build partnerships to support better preparedness:** In addition to clinical and operational considerations, preparedness is also about networks and collaboration. Effective partnerships between humanitarian, development and peacebuilding organisations, which include capacity development, skills exchange, information sharing and joint analysis, facilitate rapid emergency response.

- **Conflict sensitivity needs to be included in preparedness:** Regular context analysis and considering issues of do no harm and risk are fundamental to rapid, effective, sensitive and safe responses. Applying a conflict-sensitivity approach as part of planning and preparedness allows for more rapid understanding of diverse needs and varying vulnerabilities (including those related to gender), tailoring communication strategies as well as potential sensitivities.

- **Facilitate regular context analysis, information sharing and coordination:** Context analysis should be integrated throughout the programme cycle, so that health, protection and other services can adapt to emerging dynamics. Context analyses are most useful when they include data and inputs from a diverse range of sources and stakeholders, as they provide a fuller picture of complex needs and issues, fill gaps in information and help to triangulate and verify data. Updating the context analysis should be done as part of regular coordination meetings between key stakeholders (e.g. services providers, authorities, service users, community leaders, etc.). In emergency contexts, light-touch and rapid assessments can be done and integrated into the programme's project management cycle and monitoring process, so that the process is streamlined, real-time and not onerous.

- **Further research and analysis of COVID-19 and social tensions within and between communities, and of stigma of frontline workers responding to COVID-19:** COVID-19 has seen increased reports of stigma and healthcare centres have been one of the main flash points for tensions. Healthcare workers who are directly treating COVID-19 patients report experiencing stigma themselves. In-depth qualitative research is needed to fully understand how the COVID-19 crisis interacts with issues of tensions, stigma and social stability.