

# Anthrologica

Study on perceptions of risk communication  
and community engagement for  
COVID-19 in Lebanon

Executive Summary

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## Executive Summary

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### Purpose and objectives

This study was commissioned by the International Red Cross and Red Crescent Movement (RC/RC) in February 2021 to explore community perceptions of the relevance of COVID-19 health messages disseminated by RC/RC in Lebanon, and people's access to such information. It had a specific focus on the Lebanese Red Cross' (LRC) risk communication and community engagement (RCCE) approaches. The study findings and recommendations are designed to be of operational use to the RC/RC movement with regards to the enhancement of the RCCE activities and approaches related to COVID-19 and attainment of better outcomes for communities of crisis and conflict areas.

### Study Methodology

The study followed a mixed methods approach combining qualitative and quantitative methods to maximise representativeness with triangulation and elaboration through in-depth interpretations. A literature review informed the design of the study tools, providing a brief synthesis of the existing qualitative and quantitative data and grey literature relevant to COVID-19 behaviours and related RCCE in Lebanon. Quantitative and qualitative tools were developed and informed by the literature reviewed, the relevant RCCE materials provided by LRC, and the list of stakeholders to be targeted.

The quantitative data collection reached 497 participants randomly selected by LRC in alignment with the selection criteria across Beirut, Mount Lebanon, Tyre and Saida governorates. The survey was disseminated by LRC by text message via the Geographic Information System (GIS). As for the qualitative component, one focus group discussion (FGD) with LRC Disaster Risk Reduction (DRR) Unit staff, one FGD with LRC DRR volunteers, and seven key informant interviews (KIIs) with community level stakeholders involved in the awareness and capacity building sessions were conducted online remotely. Participants were identified by LRC.

### Key findings

*LRC interventions.* Study participants found the COVID-19 related information provided through LRC to be relevant, applicable and realistic. The study also revealed observed and self-reported changes in behaviour in terms of applying COVID-19 prevention measures, which was thought to be attributable to LRC's awareness interventions. However, the study also found that content that was relevant at the time of the interventions would no longer be considered relevant today, as context and priorities have changed. The people sampled now have adequate information on COVID-19 and basic prevention measures and are seeking information on how to resume their everyday activities under changed circumstances. In addition, the economic crisis and blast in Beirut in 2020 have resulted in a shift in the demand from information to in-kind practical support, such as food, face masks and hand sanitisers.

LRC's longstanding presence and access across Lebanon, their established networks and outreach and the high level of trust in which they are held, were important factors to ensure wide reach to the community. This was also strengthened by the broader community engagement approach that built the capacity of municipal response teams and other actors. This approach has led to the improvement of the community's trust in the municipality, which in turn improved people's coping mechanisms and adherence to prevention measures as identified by the qualitative findings. However, it was thought by some that several groups may not be being effectively reached by the awareness sessions; in particular, refugees, IDPs, migrant workers, elderly, youth, children, people with disabilities, pregnant women and the LGBTQ community. Nevertheless, it is to note that LRC has reached out to refugees, children and youth through its various RCCE interventions, and it may be that the study participants were not aware of or did not link these interventions to LRC.

*Communication environment.* The study revealed that participants had a preference for social media (66%), online research (65%) and television (62%) to access information about COVID-19. It should be noted though that since the survey was conducted via mobile phone, it did not represent those people that have less access to these channels, such as refugees, elderly or illiterate people. Also, the younger population reported having a preference for radio, and men for municipalities and other community-based channels such as the scouts.

LRC was widely reported by this study to be a highly trusted source of information on COVID-19, if not *the* most trusted one. Health professionals, the WHO and other UN agencies were also highly trusted while there was a lower level of trust in municipalities in general. WHO and other UN agencies were most trusted by younger people and more educated people, while municipalities were more trusted by men than women. The level of trust of the community in the municipalities appears to have increased somewhat as a result of their close work with LRC, as stated earlier.

*Community awareness of COVID-19.* Study participants thought that, in general, people had an adequate level of basic awareness and knowledge about COVID-19, although they also thought that COVID-19 awareness was lower among refugees and young people. People had mainly received basic information on transmission routes, symptoms, prevention measures and isolation measures. Slightly lower numbers reported having received information about how to report a COVID-19 infection, testing, and contact information for health assistance. Fewer than half of survey participants reported receiving information on the COVID-19 vaccine, mental health and new variants of concern. Misinformation, disinformation and conspiracy theories about COVID-19 continue to circulate. Despite that, awareness of and belief in the existence of the virus had increased due to personal experience, as friends and family members had become infected.

*Community perceptions of the COVID-19 vaccine.* The study reported a low level of trust in the vaccine with 23% of survey respondents trusting it very much, 41% trusting it moderately, and 9% not trusting it at all. Recent social media activity showed a trend toward increasingly negative sentiment regarding the vaccine. In particular, younger people, women, and less educated people were less likely to trust it. Ninety per cent of survey respondents knew how to register for the vaccine, while those with a lower level of education and those who were unemployed or retired were less likely to. This was especially highlighted among elderly, who might need special assistance to register online for the vaccine. Fifty-seven per cent of respondents had concerns about the vaccine, especially younger people, women, employees and business owners. The qualitative findings highlighted that people lacked information about the side effects and safety of the vaccine and about the different vaccine types. There was also a continuing belief among a small number of people that COVID-19 does not exist, which obviates the need for a vaccine.

*Dealing with multiple emergencies – the economic crisis, COVID-19, and the Beirut explosion.* As a result of the multiple emergencies faced in Lebanon, people were struggling to purchase basic necessities and access basic healthcare. Eighty-six per cent of respondents said the Beirut blast did not affect their ability or willingness to comply with prevention measures. However, the qualitative component and literature review findings suggested that people did not always have the resources to be able to comply with measures such as mask-wearing, handwashing and staying at home. Those who did not feel able or willing to apply prevention measures because of the blast stated that the reason was that it had affected their mental health (61%), that they were not able to afford personal protective equipment (41%) or apply physical distancing measures (24%), and that COVID-19 prevention measures were not a priority anymore (40%). People's ability or willingness to attend awareness sessions were hindered by lack of time and cost of transport. Furthermore, it is thought that some people who were attending sessions were only doing so to receive incentives such as face-masks, hand gel and food. The qualitative research found that the psychological impact of the Beirut blast caused people to change their priorities and worry less about COVID-19.

## Recommendations

### *LRC interventions*

- Constantly monitor, adapt and tailor content to take into account changing context and priorities.
- Continue efforts to reach hard-to-reach groups, including refugees, IDPs, migrant workers, the elderly, youth, children, people with a disability, and LGBTQ people. Identify their specific needs and concerns first-hand, ideally through qualitative assessment, or by triangulating with community feedback so interventions do not depend on their reported needs by other groups.
- Foster collaboration between different stakeholders and continue to build partnerships to share research findings and work on complementary activities.

### *Communication environment*

- Seek to better understand the communication ecosystem in Lebanon and how different groups prefer to receive and provide information, and track which groups are/are not accessing LRC information. Interventions can then be adapted and targeted accordingly.
- Understand the communication needs and access of hard-to-reach groups, including the elderly, refugees, migrant populations, and less educated people. Consider the Internet penetration of these groups and adapt communication techniques accordingly.
- Use diverse channels, bearing in mind nationality, age, gender, educational level and governorate.
- Continue to build municipalities' and other local organisations' capacity to enable them to improve community-led responses and provide accurate information, and to increase public trust in them. LRC can support the communication efforts of other well-placed organisations, and should ensure alignment with official guidance and encourage acceptance of government measures.

### *Community awareness of COVID-19*

- Provide information about testing in all governorates.
- Increase provision of information about what people should do and who to contact if they or someone they know shows symptoms of COVID-19.
- Collaborate with research partners or invest in qualitative research to understand why some groups are more likely than others to apply their knowledge about COVID-19 and prevention measures.

### *Community perceptions of the COVID-19 vaccine*

- Increase provision of information about the COVID-19 vaccines relevant to their side effects, safety, effectiveness and vaccine types, and about how to register for and receive the vaccine.
- Amplify accurate information and proactively and quickly dispel conspiracy theories or myths about vaccines by engaging with trusted and mainstream media outlets to promote accurate information.
- Develop materials to encourage vaccine uptake for younger people, responding to their concerns.
- Intensify efforts to reach less educated and unemployed people, retirees and undocumented migrants to support them to know how to register for the vaccine. Continue to provide support to the municipalities to assist the elderly and other low-tech groups in this regard.

### *Dealing with multiple emergencies – the economic crisis, COVID-19, and the Beirut explosion*

- Ensure COVID-19 information is received as part of a broader information package, also incorporating aspects such as mental healthcare.
- Consider providing basic items such as face masks, hand sanitiser and food at awareness sessions, taking into account the high cost of these items. Collaborate and share information with other partners to emphasise this need.