

For Inclusive and Fair COVID-19 Socio-Economic Recovery Measures in Lebanon: Focus Group Discussions Report of Findings

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Contents

I. RESEARCH QUESTION1
II. INTRODUCTION2
III.PROJECT DESCRIPTION
IV. DATA COLLECTION PROCESS4
a) Sampling4
b) Logistics
c) Data Collection and Sample Demographic Characteristics
d) Limitations6
V. MAIN FINDINGS
a) Employment, Earnings and Views on Government Imposed Restrictions7
b) Standards of Living and Coping Mechanisms8
c) General Health, Infections and Vaccination10
d) Impact of the Compounded Crises11
VI. APPENDIX13

I. RESEARCH QUESTION

In many countries, early, large, and sustained policy responses to the pandemic were successful in protecting families. However, the Government of Lebanon's (GoL) response to COVID-19 and the simultaneous crises the country is experiencing, in terms of socio-economic recovery measures has been very limited if not absent. This research work aims to analyze the impact of the lack of government actions and policies on the urban informal sector in Lebanon. The informal sector, which makes up a significant portion of the Lebanese economy (estimated to be at least 30% of GDP), is of interest to us as the very few measures taken by GoL such as tax grace periods were targeted at the formal sector. Led by the American University of Beirut (AUB)¹ and funded by Oxfam, the project "For Inclusive and Fair COVID-19 Socio-Economic Recovery Measures in Lebanon," aims to assess the GoL decisions related to the pandemic and to influence the orientation of government decisions such that they take into consideration the impact on the most vulnerable population groups, especially those working in the informal sector.

¹ The AUB project team comprises four members: Dr. Leila Dagher, Dr. Ali Abboud, Ola Sidani, and Oussama Abi Younes.

II. INTRODUCTION

Between the end of 2019 and the summer of 2020, Lebanon was hit with a perfect storm. On February 21, 2020 the first confirmed case of COVID-19 was reported in Lebanon (MoPH 2020). The pandemic coincided with two significant events in Lebanon: a major unprecedented financial and economic crisis, and the Beirut port explosion. Both events fueled political tensions and government changes and contributed to a growing sense of instability and uncertainty across the country (HRW 2021, 2022).

Prior to the pandemic, Lebanon was already experiencing a major financial and economic crisis. Since the summer of 2019, currency devaluation started and significant restrictions on withdrawing foreign currency from bank accounts were applied. This crisis accelerated in October 2019, which led to significant unrest and demonstrations that culminated in the resignation of the government in November 2019 (Dabouch 2020). A new cabinet was not formed until the end of January 2020, exactly one month before the first COVID-19 case was reported in Lebanon.

The economic crisis is one of the largest in the modern history of Lebanon (World Bank 2021). Rapid devaluation of the local currency, skyrocketing inflation, massive closure of businesses and layoffs of employees, unofficial and discriminatory capital control, and shortages in daily essentials are some of the main observable characteristics of this crisis.

On August 4, 2020 a large quantity of ammonium nitrate stored in the port of Beirut exploded, leading to more than 200 deaths and thousands of injuries and massive destruction in the surrounding neighborhoods (HRW 2021). Following the blast, the cabinet resigned, and the executive branch of the government remained vacant for 13 months. This increased the political tensions in the country, froze the economic recovery plan and contributed to further economic collapse (HRW 2021, 2022). Both formal and informal aspects of the Lebanese economy were seriously affected by the situation.

Informal employment is common in both the private and public sectors in Lebanon (Fakhri 2017, CAS 2019). Workers in the informal sector are considered among the most vulnerable populations in most economies (ILO 2021). They have no job security, paid or sick leave, health insurance, social security, or retirement benefits. Most informal workers are daily laborers and wage earners and therefore have no guaranteed salary.

In general, the COVID-19 pandemic had a major negative effect on the livelihoods of most people in Lebanon. This report focuses on the impact of the COVID-19 pandemic on workers in the urban informal sector in Lebanon. The study aims to understand how the pandemic and the government's response impacted the population of interest. The focus was on the direct impact on employment and earnings and the subsequent effect on living conditions of informal workers and their households. Particular attention was given to the impact of the pandemic on the health of workers and their families. There is a significant gap in the literature investigating the qualitative and/or quantitative impacts of global health shocks on workers in the informal sector. This project aims to fill this gap by examining the impact of COVID-19 on employment and living conditions for urban residents of Lebanon, with a special focus on workers in the informal sector.

This report presents preliminary findings from the Focus Group Discussions (FGDs) conducted as part of this project to better understand the impact of COVID-19 and the government's policies on the urban informal sector in Lebanon.

III. PROJECT DESCRIPTION

Informal employment is common in both the private and public sectors in Lebanon (Fakhri 2017, CAS 2019). Workers in the informal sector are considered among the most vulnerable populations in most economies (ILO 2021). They have no job security, paid or sick leave, health insurance, social security, or retirement benefits. Most informal workers are daily laborers and therefore have no guaranteed salary.

This research project studies the impact of the COVID-19 pandemic on workers in the informal sector in Lebanon. The study aims to understand how the government's response to the pandemic impacted the population of interest. The focus was on the direct impact on employment and earnings and the subsequent effect on living conditions of workers and their families. Particular attention was given to the impact of the pandemic on the health of workers and their families.

The first part of the study relies on semi-structured interviews² conducted with residents of three different areas of Greater-Beirut.³ The next two sections provide a detailed description of the data collection process and the main findings of the study.

² Refer to the appendix for a list of questions asked to participants.

³ Greater-Beirut includes Beirut proper and the adjacent towns constituting its northern, eastern, and southern suburbs. There is no geographic separation between Beirut city and these suburbs. Other than the administrative divisions, they constitute one urban entity.

IV. DATA COLLECTION PROCESS

Prior to starting with data collection the team submitted a complete dossier to the Institutional Review Board (IRB) at AUB on November 23, 2021, which included the IRB application, the consent script, and the FGDs list of questions. After several rounds of revisions, the IRB approval was granted on December 21, 2021.

a) Sampling

Participants were recruited in collaboration with local non-governmental organizations (NGOs). For the Mar Mekhael/Karantina/Port and Burj Hammoud/Nabaa areas, the non-profit *Nusaned* offered their venue to conduct the discussions and provided a contact list of their beneficiaries, who have reported to be employed in the informal sector. Recruitment in the Sabraa/Chatila/Tariq El Jdide area followed a similar method of recruitment; however, this area was more challenging especially in recruiting non-Lebanese participants. For instance, it was difficult to recruit Palestinian participants from the Sabra refugee camp as many of them did not want to leave the area. As a result, the recruitment was expanded to include residents of the Burj el Barajne Palestinian refugee camp who were willing to leave it and commute to a different area.

The sample also included a limited number of members of the LGBTQ+ community who were included in their respective groups based on their area of living and the gender by which they self-identify. Participants from the LGBTQ+ group did not feel comfortable answering some of the questions, particularly questions regarding employment and living conditions, during the main discussion session. They requested to respond to these questions directly to the discussion moderator after other participants left the session. Future studies would benefit from organizing a separate meeting session for members of the LGBTQ+ community. Social and cultural norms in many societies can discourage LGBTQ+ individuals from openly sharing experiences and observations, thereby limiting a study's ability to accurately assess impacts and risks to a significantly marginalized community.

Approximately 20 to 30 potential participants were invited to attend each session and 12 FGDs were conducted overall. Participants were contacted at least four days prior to the set date of the discussion, and those who said they would like to attend were contacted again the day before and the morning of the day of the session to confirm their attendance.

The sample was diverse in terms of age distribution, marital status, family characteristics, education levels, and sector of employment. Lebanese participants included: daily laborers in the sectors of cleaning and sanitation, private security service providers, factory workers, municipality non-formal employees and schoolteachers.⁴ The Lebanese participants also included a significant number of shop owners, taxi drivers, independent professions (plumbers, electricians, hairdressers, real estate agents, etc.) and freelancers in the tech industry. Among non-Lebanese participants, the main type of employment was daily laborer in the industrial and construction sectors. The non-Lebanese participants were mostly Syrian alongside a smaller number of Palestinians. The research team was unable to recruit other nationals to the non-Lebanese groups. Most Syrian participants in the sample were refugees who moved to Lebanon at various stages of the Syrian civil war. The overwhelming majority of Syrian women had zero or limited participation in the labor market. However, they all reported that their husbands, and/or children, and/or another household member were employed in the informal sector.

⁴ School teachers are usually part of the formal sector. In the past two decades, the public schooling system has hired teachers on a contractual basis. These teachers are paid per hour, they have minimal job protection and no social or health benefits.

b) Logistics

The discussion groups meetings for the areas of Mar Mekhael/Karantina/Port and Burj Hammoud/Nabaa were conducted at the venue of *Nusaned* in Mar Mekhael. The location was easily accessible for participants from these two areas.

For the Sabra/ Chatila/ Tariq el Jdide group, there were challenges in securing a venue and setting the start time of the session as most of the participants preferred later hours (after 6:00 p.m.) due to their work schedules. Identifying alternative venues that fit the later time preference was not possible given that most venues in the area could not provide electricity in the evening. The meeting hall of the Beirut Municipal Stadium was selected as the venue to conduct the sessions. Three of the four scheduled sessions were conducted in the originally planned week. The session for Lebanese men was postponed until another venue was found, Hamza Mosque, that could accommodate this group's preferred time.

c) Data Collection and Sample Demographic Characteristics

12 focus group discussions (FGDs) were conducted during February and March 2022, in three regions of Beirut. In total, 121 participants were interviewed. They were clustered by region, gender, and citizenship as follows:

	Lebanese Women	Lebanese Men	Non-Lebanese Women	Non-Lebanese Men
Mar Mekhael/ Karantina/ Port	12	7	10	11
Burj Hammoud/ Nabaa	10	9	11	3
Sabra/ Chatila/ Tariq el Jdide	7	17	19	5

Due to the lifting of the gasoline subsidy and rising transportation costs, each participant was offered 200,000LL⁵ as compensation for transportation to the meeting venue. The participants were not informed ahead of time about the compensation, and it was given at the end of the session.

There were some significant differences in family characteristics between the represented participant groups in the study. Syrian participants were more likely to be younger and have a larger family size, including very young children. They were also more likely to live in multigenerational households. Lebanese and Palestinians seemed to share more similar family characteristics.

Lebanese participants were more likely to own significant assets. Many of them owned cars that they used to attend the session. Non-Lebanese participants relied on public transportation or commuted by motorcycle or walking. A significant number of Lebanese participants are homeowners, whereas all non-Lebanese participants were renters. The main assets non-Lebanese reported were home appliances and jewelry.

Among Lebanese participants, we observed some differences in socioeconomic backgrounds by region. Lebanese participants from the Mar Mekhael/Karantina/Port area were mostly store owners or people with professional skills. Before the 2019 crisis, many of these participants could be considered members of the middle class, as this group indicated they had savings to draw from in response to the

⁵ At the time the sessions were conducted, this was equivalent to \$10.

crisis. They were also more likely to be homeowners; a few participants indicated they owned more than one residence (for example, a second residence outside of Beirut).

d) Limitations

One of the limitations was insufficient representation of foreign nationals, especially among those that are employed in the informal sector.⁶ The sample did not include individuals from nationalities that constitute the main labor power in the sectors of sanitation, cleaning, and domestic housework. Most employees in these sectors are nationals of countries in East Africa (Ethiopia and Eritrea), South Asia (Bangladesh, Nepal, and Sri Lanka) and South-East Asia (Philippines) (UN 2021, Longuenesse and Tabar 2014). Moreover, the sample was not well representative of other non-Lebanese Arabs, most notably Egyptians and Sudanese (Longuenesse and Tabar 2014), who have a significant presence in the informal sector of the labor market in Lebanon.⁷

⁶ This shortcoming was taken into consideration when selecting the list of KIIs. A unionist representing a union coalition that includes non-Lebanese workers who were underrepresented in this part of the study was added to the list of KII interviewees.

⁷ Databases of local NGOs were used to contact potential participants. These databases were limited when it comes to accessing non-Lebanese participants. We reached out to other NGOs but on short notice due to frequent delays. We tried contacting some migrant workers who were called on an individual basis, but they were not responsive.

V. MAIN FINDINGS

The discussion focused on three broad themes: (1) the impact of the pandemic and government restrictions in response to the pandemic on employment and earnings; (2) changes in standards of living and coping mechanisms adopted by the participants; and (3) health, infections, and vaccination.

a) Employment, Earnings and Views on Government-Imposed Restrictions

Most of the participants, Lebanese, and non-Lebanese, reported a considerable loss of income since the beginning of the pandemic. There are several reasons for this reported loss. First, the lockdowns and other policies designed to restrict mobility and enforce social distancing limited the ability of most daily laborers to attend their usual place of work or seek new employment. Missed days of work due to lockdowns or infection were rarely compensated. Few laborers, mostly those who have regular jobs at an industrial plant or a service company, received a partial salary during lockdown periods. Shop owners and freelance professionals were also unable to generate any income during lockdowns, as they had to shut down their businesses.

Second, the fear of infection was a significant concern for many participants, especially those of more senior age groups. This worry led many to self-impose restrictions on mobility, thereby limiting their employment prospects. The general fear from infection by the public reduced demand for certain services, which affected certain professions such as hairdressers and estheticians, real estate agents, traveling salespeople and taxi drivers. Third, the pandemic exacerbated the economic downturn, further reducing the economic activity that was already slow due to the general financial and economic crisis affecting the country pre-COVID-19. The slowdown in economic activity affected both shop owners who had lower demand from their clientele and laborers for whom it became harder to find jobs.

For many, income loss was extended and, in some cases, permanent. Many participants reported that they or someone in their family lost their job during the pandemic and, at the time of the discussion, they had since been unable to find a new job. This extended unemployment persisted even after most restrictions were lifted. This is mostly due to the long-term economic impact of both the pandemic and the general financial crisis affecting the country. Many businesses reduced their activity or shut down altogether. This was most noticeable among workers who were traditionally employed in the services sector and less of an issue among those who were employed in the industrial sector.⁸

Owners of clothing stores were unable to maintain their stocks and, consequently, lost their ability to adequately maintain their stores. Many shop owners personally traveled to nearby countries, including Turkey, to purchase goods for their store. This became more difficult with travel restrictions and rapid deterioration of the exchange rate. Consequently, some shop owners adjusted their business offerings to meet the changing demand of clients. One participant reported that she now mends and sells used clothes because this is what local clients can afford.

Two members of the LGBTQ+ community in the Burj Hammoud/Nabaa area participated in the discussion. They suffered severely from both the COVID-19 pandemic and the port explosion. Both participants lost their pre-COVID-19 jobs and as a result they resorted to clandestine sex work.

⁸ In many cases the industrial sector was positively affected by the crisis; Lebanese exports became more competitive due to the currency devaluation, and many households substituted more expensive imported goods by cheaper locally produced items. Thus, many manufacturers experienced an increase in demand for their products.

A few people reported improvement in employment and earnings during the pandemic. These were two young men who work as freelancers in the tech industry. They reported an increase in the flow of work as a result of many businesses in Lebanon and abroad adopting teleworking.

In general, participant views on government policies and lockdowns were negative. While some people understood the importance of the measures taken from a public health perspective, they believed policy makers did not take into consideration the impact of these policies on their economic livelihoods. Some of the daily laborers reported that they willingly, and in some cases under pressure from their employers, violated lockdown orders to go to work. In many cases, these workers personally paid costly fines for doing so.

There was a general view that the enforcement of policies was random and was unequally implemented between regions, and sometimes within the same region. Participants believed the Internal Security Forces (ISF) and other enforcing agencies adopted a discriminatory strategy in enforcing rules which, in many cases, was affected by bribes and other corrupt motives.

A prevailing view was that if the government wanted to impose restrictions like rich industrialized countries, then they should provide financial support like these countries did for their inhabitants. Some alternatives to direct financial transfers were proposed by the participants, most of them focused on providing food supplies, medicine and freezing rents or banning evictions.

b) Standards of Living and Coping Mechanisms

There was a general view among participants that the pandemic had a negative impact on their life, especially because it coincided with the financial crisis. The pandemic was, in the eyes of many, the "straw that broke the camel's back." The vast majority reported a deterioration in their standards of living.

Participants enumerated several essentials they could no longer easily afford. Most notably, they reported they were: (1) unable to afford adequate number of meals per day, (2) unable to afford medicine or treatment for chronic conditions and sudden illnesses, (3) unable to afford purchasing electricity from power generators or other types of public utilities, and (4) faced serious threats of eviction from their dwelling due to their inability to pay rent. The main concern for women was affording rent, whereas for men it was affording food and medicine. It seemed that women—especially non-Lebanese women—were often confronted by landlords demanding rent be settled. Multiple participants were evicted because they failed to pay rent on time. One woman, a Syrian national, reported she had an eye injury due to a physical attack by her landlord.

Several participants reported physical or emotional abuse by household or non-household members, most of whom were non-Lebanese women. One woman reported she was beaten by her husband after he was frustrated because he received a fine for violating the lockdown. A few other women reported their husbands left the family and no longer provided any form of support. As mentioned before, some members of the LGBTQ+ community became sex workers, and they became subject to abuse and exploitation usually associated with clandestine sex work.

Participants reported the pandemic had a significant impact on children, particularly young children, in two areas: (1) health and nutrition, and (2) schooling and child labor. Almost all participants who had children reported that they are no longer able to provide their children with adequate food. In many cases, their children were skipping meals and had to go to bed hungry. Similarly, providing medicine and healthcare for children became a serious hurdle for parents. Many of them would rely on traditional in-house treatment to treat fever, flu, and other common illnesses. Schooling of children also suffered as a result of the compounded impact of the financial crisis and the learn-from-home policy adopted in response to the pandemic. Many parents reported they were unable to provide electricity, internet, and laptops for their children to study from home. They also reported the quality of teaching decreased, that they felt study material was not appropriately conveyed to their children

by online teaching, and they personally didn't have the skills needed to compensate. Many women said they were unable to work or look for work since they had to care for the children at home. Many parents transferred or were considering transferring their children to public schools because they were no longer able to afford the rising costs of private schools.⁹ Many women reported that their children, including some young ones, dropped out of the schooling system and are currently working to provide for the household.

The majority of participants claimed they did not receive regular support or aid from any governmental or non-governmental agencies. The general claim was that: (1) support was arbitrary and inconsistent, and (2) although many of them registered and filled multiple forms requesting support, they rarely received it. There was a general view that the distribution of aid was unfair and corrupt. When asked about specific subsidy packages that were publicly announced by the Lebanese government or UN agencies, some participants acknowledged receiving them but with delays, and in lower frequency and quantity than what was announced. Few participants reported receiving non-financial aid, including cleaning packages and other kits related to COVID-19 prevention from non-governmental agencies, and warm meals from local charities.

Many Lebanese participants felt that they were not receiving fair aid and that non-Lebanese, especially Syrians, were receiving more generous support. On the other hand, non-Lebanese, who were mostly refugee Syrian nationals, also claimed they only received aid sporadically and rarely, despite the general view that they are receiving generous aid. Many of the Syrian participants stated that there was an exaggeration of the amount of support they received and that, in many cases, this harmed them and led to further discrimination against them. Many claimed that Lebanese tenants increased their rents and asked for rent be paid in US dollars since they were believed to receive significant regular cash transfers in US dollars. A Syrian man reported that COVID-19 restrictions have been used to discriminate against Syrians by banning them from public spaces like public gardens.

Based on participant reports, it seems that a major challenge to aid distribution, by both government entities and NGOs, is a lack of systematic approach to determining who is in need, what kind of support they need, and the best approach to reach them. Participants reported that aid was distributed in their local communities and they themselves benefited from it sometimes, but they did not understand the mechanisms of eligibility and distribution. This illustrates a significant drawback of the lack of a comprehensive national social registry, tracking living conditions and needs of the residents in the territory.

Participants reported four main coping mechanisms and measures taken to survive the crisis: (1) strictness in spending and changes in consumption habits, (2) exhausting savings and selling assets, (3) debt and delays in settlement of dues, and (4) support from family and friends living outside Lebanon.

Most participants adjusted their diets, consuming almost no meat, nuts, expensive oils, or fresh fruits, and relying more on grains. They also substituted more traditional methods for utilities, like using candles instead of electricity (public utility or diesel generator-produced).

Among Lebanese participants, some reported using savings to preserve part of their living standards. However, this became more challenging as the crisis continued and the economic situation deteriorated. Many reported they depleted their savings completely. Asset selling was a common practice by many participants. The type of assets differed between nationalities and genders. Some of the most mentioned assets sold were women's jewelry. Some of the Lebanese sold larger assets such

⁹ Prior to the crisis Lebanon was a rare case in the distribution of students across public and private schools. Almost 50% of students attended a private school, with that percentage being higher in Beirut and Mount Lebanon. No clear or official figures on attrition from private to public schools have been published but this is believed to be a major phenomenon after the crisis that started in 2019.

as cars, whereas among the Syrian nationals it was common to sell household items such as electric appliances and/or furniture. Borrowing from friends and neighbors and buying on credit from the local convenience stores was the most common way to obtain daily consumption needs. Many participants, Lebanese and non-Lebanese, reported that they have accumulated large amounts of debt and that they do not have a clear plan or means to repay it.

Among Lebanese, receiving support from outside of Lebanon allowed some participants to afford daily needs. Historically, remittances sent from Lebanese expats to their families in Lebanon are a well-documented phenomenon.¹⁰ Such support was not available for Syrian participants since many of their relatives and friends live in economic distress in Syria or in other places as refugees.

When asked about potential assistance or policies to improve their lives, many participants, Lebanese, and non-Lebanese alike, said they would like to leave the country. Many of the Syrian refugees believe the UN and its refugee agencies have a duty to repatriate them to other countries because life in Lebanon is no longer sustainable.

c) General Health, Infections and Vaccination

General health conditions of participants and their household members was discussed, focusing on both COVID-19 related health issues and other health concerns.

Many participants reported themselves or someone in their family is suffering from a chronic disease, and that during the pandemic they were unable to obtain prescribed medications to manage the chronic conditions. Medicine shortages and price hikes were the main constraints to obtain the required treatment. Moreover, increasing hospital and doctors' fees discouraged them from attending regular checkups or performing tests to monitor their conditions. Many also reported caring or providing for a disabled household member, and in many cases these household members were children. Participants reported both physical and mental disabilities. Multiple Syrian participants, in particular, reported caring for children diagnosed with autism.

A few participants claimed to receive assistance to cover treatment costs, but this assistance only partially covered treatment. Aid sources varied across nationalities; Syrians reported receiving assistance from UN agencies and other multinational institutions, while Lebanese reported receiving assistance from local charities or individual donors.¹¹

Many participants reported their living conditions contributed to stress and affected their mental health. One participant reported she experienced suicidal thoughts multiple times.

The general view on the health aspects of the pandemic and the vaccine was mixed between participants. Many reported to have contracted COVID-19, with varying levels of symptoms. One participant reported that her husband died from COVID-19, while all others reported they did not require hospitalization. Views on the seriousness of the disease varied. Some participants believed COVID-19 posed a serious threat, while others thought it was exaggerated.

Participants expressed a reluctance to get tested for COVID-19. Many reported they were not tested for COVID-19 despite experiencing common symptoms, citing the high cost of the test as the main reason. They believed the government should have fully covered the cost of the test for any person who experienced COVID-19-like symptoms or was exposed to a COVID-19-positive person. Based on

¹⁰ According to World Bank Data, Lebanon has placed in the top-20 countries in terms of received remittances as % of GDP for the past two decades.

¹¹ Donors were mostly local acquaintances and friends, but some participants claimed that as elections approached, there was an increase in the phenomenon of political candidates paying or offering to pay for medicine and overdue hospital bills.

discussion responses, participants were not aware of any free testing or eligibility conditions for free tests.

Most participants reported they are aware of the preventative measures that could be taken to reduce their chances of contracting COVID-19. They reported consistently following public health recommendations on handwashing, distancing, masking and sanitization.

Participant views on the vaccine also varied. Many participants received multiple shots of the vaccine, while others had doubts about the vaccine and reported having heard "bad things" about it. When vaccine-hesitant participants were asked if they consulted with a medical professional or if they were offered information from health authorities or organizations about the vaccine, some participants reported that some information was conveyed to them through different means, including through their children's schools or by local organizations like the Red Cross, but they still had their doubts. Some of the vaccine takers reported that their earlier doubts about the vaccine were overcome when they or someone in their family contracted COVID-19 and suffered serious symptoms.

All vaccinated participants received the vaccine through the Ministry of Public Health at various vaccination facilities. They believed that registration for vaccine and access was clear and easy, either through the online platform IMPACT or at the local "vaccination marathons" organized by the Ministry of Public Health. Most participants reported that the vaccination campaign was the only COVID-19-related response the government did well. One man thought that priority in vaccination should have been given to working-age people rather than the elderly. In his opinion, working-age people would have benefited from earlier vaccination to resume work, whereas older people could stay home until more vaccines were procured.

When asked to assess government performance in managing the pandemic, most participants believed the government performed badly. Participant views varied on what the government should have done differently. Some participants thought the airport should have closed earlier and restrictions on foreign visitors entering the country should have been more severe to mitigate the spread of COVID-19. Others thought case tracking and quarantine procedures should have been better managed, with government or local authorities monitoring the quarantine of COVID-19-infected people to ensure they remained indoors and had their needs provided for. Some participants believed all positive cases regardless of severity of symptoms should have been admitted to hospitals at the expense of the government, or the UN in the case of refugees.

d) Impact of the Compounded Crises

Participant responses to questions in the discussion sessions clearly demonstrated the impact of the economic crisis on employment and living conditions of people residing in Lebanon. Many participants conflated the impact of COVID-19 and the financial crisis. For some, the impact of the pandemic was marginal compared to the losses they had already suffered from as a result of the crisis.

As the pandemic progressed and various waves of COVID-19 affected the country, the financial, economic, and political crisis of the country continued to impact Lebanese and non-Lebanese residing in Lebanon alike. By the time COVID-19 restrictions were lifted, the ongoing financial crisis had magnified to the point that easing restrictions did not matter as some participants explicitly stated.

Additionally, the Beirut port blast significantly affected the lives of study participants in the Mar Mekhael/Karantina/Port area and the Burj Hammoud/Nabaa area. Multiple people in both areas reported significant damages to properties and/or physical and psychological injuries. At least two people reported losing a family member in the explosion.

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VI. APPENDIX

List of question asked to participants in Arabic with English translation

How was your income impacted by covid and	
other crises?	كيف تأثر دخلك جراء جائحة كوفيد-19 والأزمات الأخرى؟
Besides income, how was your sector	إضافة الى الدخل، كيف تأثر قطاع عملك (صرف عمال، ظروف العمل،
impacted (layoffs, work conditions, etc)?	الخ)؟
In what ways was your access (or dependents)	
to basic services affected (food, healthcare,	كيف تأثرت الوسائل التي تستخدمها أنت ومن تعيلهم) للحصول على
education- dropout from schools, transport,	الخدمات الأساسية (الطّعام، الرعاية الصحية، التعليم - تسرب مدرسي،
fuel, electricity, internet, adequate housing)?	كيف تأثرت الوسائل التي تستخدمها أنت ومن تعيلهم) للحصول على الخدمات الأساسية (الطعام، الرعاية الصحية، التعليم - تسرب مدرسي، النقل، الفيول، الكهرباء، الانترنت، المسكن اللائق)؟
Have you received any aid from the	
government or NGO?	هل حصلت على مساعدة من أي جهة حكومية أو غير حكومية؟ كيف تصف حصولك على الخدمات الصحية: التطعيم ضد كوفيد-19 و/أو
How would you describe your access to health	كيف تصف حصولك على الخدمات الصحية: التطعيم ضد كوفيد-19 و/أو
services: vaccination and/or covid care?	أي خدمة صحية مرتبطةي بالجائحة؟
Have you benefitted from government	
subsidies?	هل استفدت من أي دعم تقدمه الحكومة؟
Have you benefitted from any government	
measures (besides subsidies)?	هل استفدت من أي مساعدة حكومية (غير الدعم)؟
How would you evaluate the government	
protection measures (lockdown, masks,	ما هو تقييمك للإجراءات الحمائية التي اتخدتها الحكومة (إغلاق عام،
limited capacities, etc)	ما هو تقييمك للإجراءات الحمائية التي اتخدتها الحكومة (إغلاق عام، الكمامات، تحديد سعة الأماكن، الخ)؟
What in your opinion could the government	
have done better/ identify gaps in	برأيك، هل كان بالامكان للحكومة أن تقوم بخطوات أفضل/ حدد الثغرات
government response?	برأيك، هل كان بالامكان للحكومة أن تقوم بخطوات أفضل/ حدد الثغرات في الاجراءات الحكومية للاستجابة للأزمة؟
Are you aware of other individuals in the	
same sector who received more/less	هل تعلم أفراد يعملون في نفس القطاع الذي تعمل أنت به وحصلوا على
benefits?	مساعدة أكثر أو أقل منكَ؟
What were the coping mechanisms you	
resorted to?	ما هي آليات التعامل مع الأزمة التي لجأت اليها؟
Are there other things you would like to say	
before we wind up?	هى لديك أموراً أخرى تود قولها قبل نهاية هذا الحديث؟

Consent Script

Introduction and Purpose of the Study:

The American University of Beirut invites you to be part of a study, titled: "For Inclusive and Fair COVID-19 Socio-Economic Recovery Measures in Lebanon", aimed at better understanding the implications of the COVID-19 crisis and the related government measures in Lebanon on the lives of individuals in the informal economy sectors. Policy recommendations, based on the research findings, will be made with the aim to strengthen the government's response to future crises.

Around 120 individuals from the geographical areas of Sabra/Shatila, Borj Hammoud/Nabaa, Port/Karantina/Geitawi.mar Mekhael/Gemayze from both Lebanese and non-Lebanese citizenships working in the informal economy sectors including minorities will participate in this study. The selection process was carried out randomly by Oxfam or one of its partner NGOs.

Potential harms/benefits:

Participation should take approximately 1 to 1.5 hours to complete and is entirely on a voluntary basis. You have the right to withdraw your consent or discontinue participation at any time. Refusal or withdrawal from the study will involve no loss of benefits to which you are otherwise entitled to, nor will it affect your relationship with AUB/AUBMC. We hope that you will participate since the information you will provide is essential to understand the vulnerability and challenges faced by those residing in Lebanon.

Confidentiality:

I would like to assure you that everything we are talking about will remain strictly confidential and your name will not appear on any published document related to this study. The answers we receive will be aggregated and used strictly for analytical purposes. With your permission, I will need to record the interview in order to write a report that expresses what we said very accurately. All data collected will be stored on the PI's password protected computer and will only be accessible to the research team members. Data will be monitored and may be audited by the AUB Social & Behavioral Sciences Institutional Review Board (SBSIRB) while assuring confidentiality.

Concerns and Further Information

If you have any questions, you are free to ask them now. If you have questions, concerns or complaints about this research study later, you may contact the PI of the project, Dr. Leila Dagher, by phone (03308891) or e-mail (<u>Id08@aub.edu.lb</u>).

If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about research or your rights as a participant, please contact the AUB Social & Behavioral Sciences Institutional review Board (SBSIRB) at AUB: Phone number: 01/ 350000 ext. 5445 E-mail: <u>irb@aub.edu.lb</u>

Consent:

A copy of the consent will be kept with you.

I hereby confirm the below:

I am above 18 and give my consent to be part of the focus group discussion.	
I consent to being audio recorded.	
I understand the confidentiality and anonymity regarding the study.	
I consent to my anonymized data being used for future research studies by the AUB.	

تدعوكم الجامعة الأمريكية في بيروت للمشاركة في دراسة بحثية، بعنوان: "من أجل تدابير الانتعاش الاجتماعي والاقتصادي الشاملة والعادلة لفيروس كوفيد -19 في لبنان"، للحصول على فهم أفضل لأثار جائحة كوفيد-19 والتدخلات الحكومية المرتبطة بها على حياة اللبنانيين في قطاعات الاقتصاد غير الرسمي. سيتم استخدام نتائج هذا البحث لإعلام وتحفيز السياسات الحكومية في مواجهة الأزمات في المستقبل.

سيشارك حوالي 120 فردٌ من لبنانيين وغير لبنانيين، بما فيه الأقليات، من العاملين في قطاعات الاقتصاد غير الرسمي في مناطق صبر ا/شاتيلا، برج حمود/ النبعة، المرفأ/الكارنتينا/الجعيتاوي،مار مخايل/الجميزة. لقد تم اختيارك عشوائياً من قبل منظمة أوكسفام أو أحدى شركائها من المنظمات غير الحكومية.

تستغرق المشاركة حوالي ساعة الى ساعة ونصف حتى تكتمل. يرجى العلم أن مشاركتك تتم بالكامل على أساس طوعي ولديك الحق في سحب موافقتك أو التوقف عن المشاركة في أي وقت. إن رفضك إو انسحابك من الدراسة لا يتحم عليك خشارة أي منفعة قد تكون من حقك، ولا تؤثر على علاقتك بالجامعة الأميركية في بيروت ومركز ها الطبي. نأمل أن تشارك لأن المعلومات التي ستقدمها ضرورية لفهم نقاط الهشاشة والتحديات التي يواجهها اللبنانيون.

أود أن أؤكد لك أن أسمك لن يظهر في اي مستند مرتبط بهذا الاستطلاع. سيتم تجميع البيانات التي نتلقاها واستخدامها لأغراض التحليل فقط. جميع المعلومات المجمعة ستكون محفوظة على كمبيوتر الباحث الرئيسي للدراسة بشكل محكم مع كلمة سر، ولا يمكن الوصول اليها الا من قبل الفريق البحثي فقط. وسيتم رصد المعلومات وقد يتم التدقيق بها من قبل مجلس المراجعة المؤسسية للعلوم الاجتماعية والسلوكية في الجامعة الأميركية في بيروت مع التأكيد على ضمان سريتها.

إذا كان لديك أي سؤال، فلك الحرية المطلقة في طرحه الآن. إذا كان لديك أسئلة أو مخاوف أو شكاوى حول هذه الدراسة البحثية في وقت لاحق، يمكنك التواصل مع الباحث الرئيسي د. ليلى داغر عن طريق الاتصال الهاتفي على الرقم 03308891 أو البريد الإلكتروني: Id08@aub.edu.lb

اذا لم تكن راضيًا عن كيفية إجراء هذه الدراسة ، أو إذا كانت لديك أية مخاوف أو شكاوى أو أسئلة عامة حول البحث أو حقوقك كمشارك، يرجى الاتصال بمجلس المراجعة المؤسسية للعلوم الاجتماعية والسلوكية في الجامعة الأميركية في بيروت:

رقم الهاتف: 350000/01 تحويلة. 5445، البريد الإلكتروني: irb@aub.edu.lb .

يمكنك الاحتفاظ بنسخة عن كتاب الموافقة هذا.

أنا أؤكد أنني قد أتمتت سن ال18، وبناء عليه أمنحكم موافقتي للمشاركة في مجموعة المقابلات مع أهم المطّلعين على الموضوع والتي ستكون مسجلة صوتياً. وأنا أوافق على مشاركة أجوبتي لهذه الدراسة مع دراسات أخرى تقوم بها في المستقبل الجامعة الأميركية في بيروت لأهداف بحثية.