

Humanitarian COVID-19 safety protocols

NGOs provide essential humanitarian services to refugees. To provide services safely during the COVID-19 pandemic, they have instituted safety protocols to mitigate the risk of spreading infection. However, those protocols are not always followed.

Making refugee services safer

To improve the safety of refugee services, it is imperative to understand when protocols are not followed, what the possible barriers to adherence are, and how those barriers can be overcome. This study aimed to address these questions and provide guidance and recommendations for humanitarian stakeholders.



Refugee clients wait in a crowded hallway for services at Amel Association's El Ain Center in North Bekaa, Lebanon. Photo credit: Amel Association

Background

Within the humanitarian sector there is much concern about how refugees have been, and will continue to be, affected by COVID-19. Humanitarian NGOs still need to serve refugees, but they also want to keep their refugee clients and their staff safe. It was already known that limitations existed to how well safety protocols can be followed. However, knowledge gaps remained about what was happening on the ground in crisis settings. Evidence was lacking to inform best practices for overcoming barriers to safer service provision.

How the research was conducted

The researchers conducted 1,454 interviews with staff and 215 unique observations of service provision (totaling 334 hours) at four partner NGOs assisting refugees in Lebanon, Turkey, and Jordan.

The study focused on **social distancing**, **mask wearing**, and **hand hygiene**, measuring how well those protocols were followed during different types of services and with different refugee populations. Barriers such as lack of physical space, lack of knowledge about COVID-19, limitations of the services, and attitudes about COVID-19 were measured.

Key findings

- In situations that were inherently higher risk, people were more adherent to safety protocols and there was subsequently less infection risk. Conversely, there were more potential infection vectors when people felt safer.
- It was expected that availability of hand hygiene resources like soap and sanitiser would be a challenge. In fact, refugees and NGO staff did not always use such resources when they were available.
- Cultures of protocol adherence seem to operate in service spaces, with norms emerging around specific protocols such that one protocol might be followed well while another protocol might have lax adherence.

Implications for humanitarian practitioners and policymakers

While there have been many experts positing that refugees are particularly vulnerable to contracting and spreading COVID-19 because of overcrowded conditions, the findings indicate that other factors might be just as important. One of the more concerning findings of this study was the prevalence of COVID skepticism among refugees. Humanitarian service providers will need to consider how COVID skepticism might affect not just their refugee clients' adherence to safety protocols, but also their willingness to be vaccinated in the future.

The findings also suggest that local cultures emerge around COVID-skepticism and adherence to different safety protocols. Humanitarian NGOs need to consider the specifics of each site as a local culture that might be quite different from others. They should not assume that protocols are followed in the same way across all of their service centers, or that because one protocol is followed well that others are too.

Recommendations for future research

Findings of this research are based on the interviews conducted with the humanitarian aid workers in the field, and observations during service provision. Future research could additionally collect data directly from refugees, seeking to understand what they see as the barriers to better protocol adherence.

Data was not collected on how well air circulation was managed in service locations. Given more recent evidence that the SARS-CoV-2 virus is spread more from aerosol than through surface transmission, future research should account for air circulation in indoor service locations.

About the study team

This study was a partnership between Michigan State University (MSU), Global Health Research, Management & Solutions, Amel Association, Beit Atfal Assumoud, Altkaful Charity Association, and Safa for Development.

The principal investigator for the project is Dr. Stephanie Nawyn (MSU). Joining her are team members Dr. Stephen Gasteyer (Co-Investigator, MSU), Ezgi Karaoğlu (graduate assistant, MSU), Dr. Adnan Hammad (Implementing Partner, Global Health) and NGO Coordinators Dr. Ali Ghassani (Amel Association), Dr. Rania Mansour (Beit Atfal Assumoud), Dr. Ayat Nashwan (Altkaful Charity Association), and Mahmoud Durid (Safa for Development). Additional team members are listed at: <https://refugeescovid19.org/our-research-team/>.

Keywords

Refugees; COVID-19; humanitarian response; MENA; COVID scepticism; Turkey; Lebanon; Jordan; humanitarian engineering; humanitarian safety protocols

Articles and further reading

Further reports and scientific publications will be available on the project website:

- refugeescovid19.org

You can also find a description of the project on the Elrha R2HC study page:

- <https://www.elrha.org/project/using-humanitarian-engineering-in-refugee-humanitarian-interventions/>



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<http://www.elrha.org/programme/research-for-health-in-humanitarian-crises/>