Beqaa, Lebanon 2022

KNOW WHICH WAY THE WIND IS BLOWING

ACCESS AND TRUST IN A MULTI-LAYERED INFODEMIC FOR SYRIAN REFUGEES AND VULNERABLE LEBANESE IN LEBANON

AN INFORMATION ECOSYSTEM ASSESSMENT: DEMAND-SIDE ANALYSIS

ROOTED IN TRUST 2.0 - LEBANON OCTOBER, 2022

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LIST OF ACRONYMS

EMA	Endless Medical Advantage
ESCWA	United Nations Economic and Social Commission for Western Asia
FGD	Focus Group Discussion
GoL	Government of Lebanon
IEA	Information Ecosystem Assessment
KI	Key Informant
KII	Key Informant Interview
NGO	Non-governmental Organization
PCR	Polymerase Chain Reaction
RiT	Rooted in Trust
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organization

ACKNOWLEDGEMENTS

1. EXECUTIVE SUMMARY

This report presents an information demand-side analysis on Syrian refugees and vulnerable Lebanese communities. The report is anchored and builds upon an Information Ecosystem Assessment (IEA) that was conducted by Internews in 2021. The focal concern of the report is how vulnerable Lebanese and Syrian refugee communities access, trust, and share information within the context of the COVID-19 pandemic and what has become known as an 'infodemic'. Through Internews' Rooted in Trust (RiT) project, more than 3,000 COVID-19 and health-related rumors circulating on Lebanese social media have been identified between 2020 and 2022.

The demand-side analysis was conducted by Internews between April and July 2022, and it focused on the information needs, access, trust, influence, sharing, and literacy of Syrian refugees and vulnerable Lebanese community members. The demand-side analysis adopted a mixed-methodological approach that combined different data gathering techniques, including focus group discussions (FGDs), key informant interviews (KIIs), a community survey, and desk research

with a view to providing nuanced and detailed information.

The study findings suggest that for both the Syrian refugee and vulnerable Lebanese communities, Health Practitioners and Friends/Family are their main sources of information on COVID-19.

Both the Syrian refugee and vulnerable Lebanese communities expressed preference for audiovisual methods. Many research participants highlighted a preference for simple spoken Arabic, rather than formal written Arabic, which may be linked to low literacy rates.

More than a third of both Syrian refugee and vulnerable Lebanese community survey respondents reported believing COVID-19 to be a hoax. This in part has fueled vaccine hesitancy and the subsequent low rates of uptake in Lebanon.

For both humanitarian and health organizations, as well as media and journalists, the study makes the following recommendations, amongst others:

Syrian Refugee Community :

Simplify Messages: Include informative photos, videos, and voice notes that use the spoken and simplified forms of Arabic to successfully reach illiterate community members.
Create Offline Media Content: Design and develop offline media content that can reach community members that do not have access to internet or TV. For example, posters, banners, or theater performances.

Vulnerable Lebanese Community:

Create WhatsApp Groups: WhatsApp was reported as being the preferred method of receiving information. Create WhatsApp groups where only Admins can post information relevant to the community. This may include information on available services and referral pathways to relevant humanitarian and health organizations.
Combat Stigma: Pay close attention to vulnerable groups that are exposed to increased stigma and discrimination in marginalized areas. Change stereotypical narratives by using bottom-up approaches by interviewing and reporting on local individual stories.

2. BACKGROUND AND CONTEXT

2.1 BACKGROUND

In February 2021, Internews under its Rooted in Trust (RiT) project published an Information Ecosystem Assessment (IEA) that provided both supply-side and demand-side analysis entitled *Peeling the Onion: a multi-layered infodemic and its impact on trust for Syrians in Lebanon*. The primary aim of this IEA was to unpack the Syrian refugee community's information ecosystem in Lebanon, focusing on how the individuals find, share, trust, and value information related to the COVID-19 pandemic. Some of the key recommendations made in the 2021 report were as follows:

FOR HUMANITARIANS

Consolidate trust: Where possible, increase transparency about referral processes and timelines, aid selection criteria, and the purpose of information collection from the community. When information is collected for donors or partners, also create materials to benefit the people who provided the information. This engagement can also be facilitated through Syrian-led information sharing platforms on Facebook and WhatsApp which are trusted by the community.

FOR MEDIA

Remain accountable: Recognize the magnitude of misinformation in Lebanon and the need for stronger fact-checking activities and due-diligence in selecting 'expert perspectives'. Acknowledge the potentially harmful role of social media influencers and healthcare professionals in spreading misinformation and disinformation. Cite medical sources directly involved with the COVID-19 Vaccine Committee and the broader COVID-19 response in COVID-19 reporting.

FOR CIVIL SOCIETY

Raise awareness: About the risks and prevalence of rumors in the communities where you work. Likewise, invest in media literacy for your staff and networks to equip people with the tools needed to identify rumors when they appear. Several Lebanese NGOs are well-positioned to support in building the capacity of NGO teams and beneficiaries in these topics.

FOR DONORS

Invest in trust: Incentivize bilateral engagement between humanitarians and the media and community networks they work with. Likewise, identify with partners areas where information about referral mechanisms, aid selection criteria, and information gathering can be made more transparent in a safe and sensitive way for beneficiaries.

2. BACKGROUND AND CONTEXT
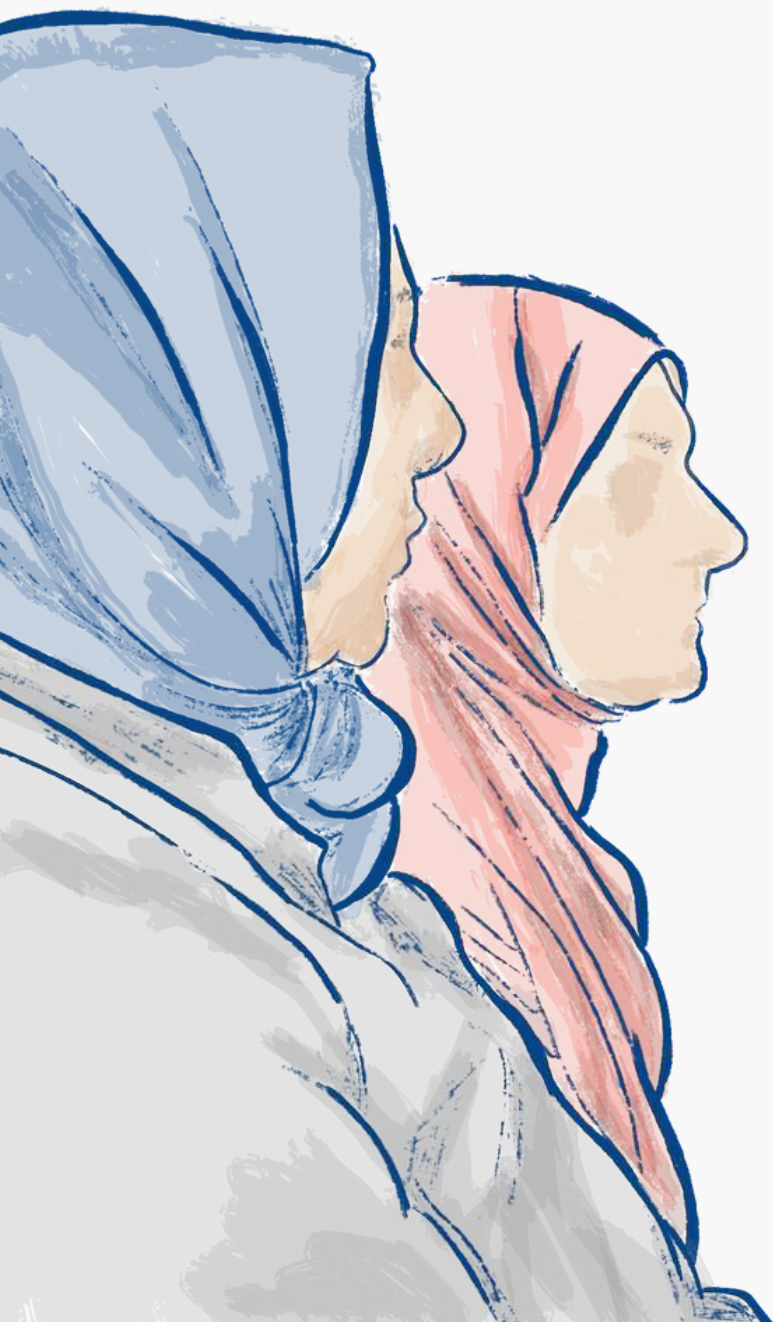
Since the start of the pandemic, several government and humanitarian bodies have made efforts to inform the Lebanese public about COVID-19. However, more than two years into the pandemic, Lebanon is currently at a Level 3 of community transmission according to the World Health Organization (WHO). This suggests that Lebanon has limited capacity to respond to the pandemic within its borders. With ongoing COVID-19 cases, COVID-19-related deaths, increased pressure on existing healthcare services, and overall low vaccine uptake, Internews under its RiT 2.0 project undertook a pivotal study that solely focused on the information demand-side analysis in July 2022.

The IEA demand-side analysis uses a human-centered approach and aims to conduct field research on the information needs, access, sourcing, trust, influence, sharing, and literacy of community members through a methodological approach that combines observations, questionnaires, and interviews. This analysis helps to identify existing and potentially nascent information gaps that can accurately inform humanitarian organizations, as well as support the

timely development of media outlets in times of emergencies.

This report specifically focuses on the information demand-side within the information ecosystem that exists for the Syrian refugee and vulnerable Lebanese communities within Lebanon. It does so by examining the following questions:

- **What kind of information/news do people/communities need?**

- **What sources of information do they trust and why?**

- **Who or what influences decision-making?**

- **How do people want to receive their information/news (format and delivery)?**

- **Do people have safe and timely access to information?**

- **Can people tell the difference between real and fake information?**
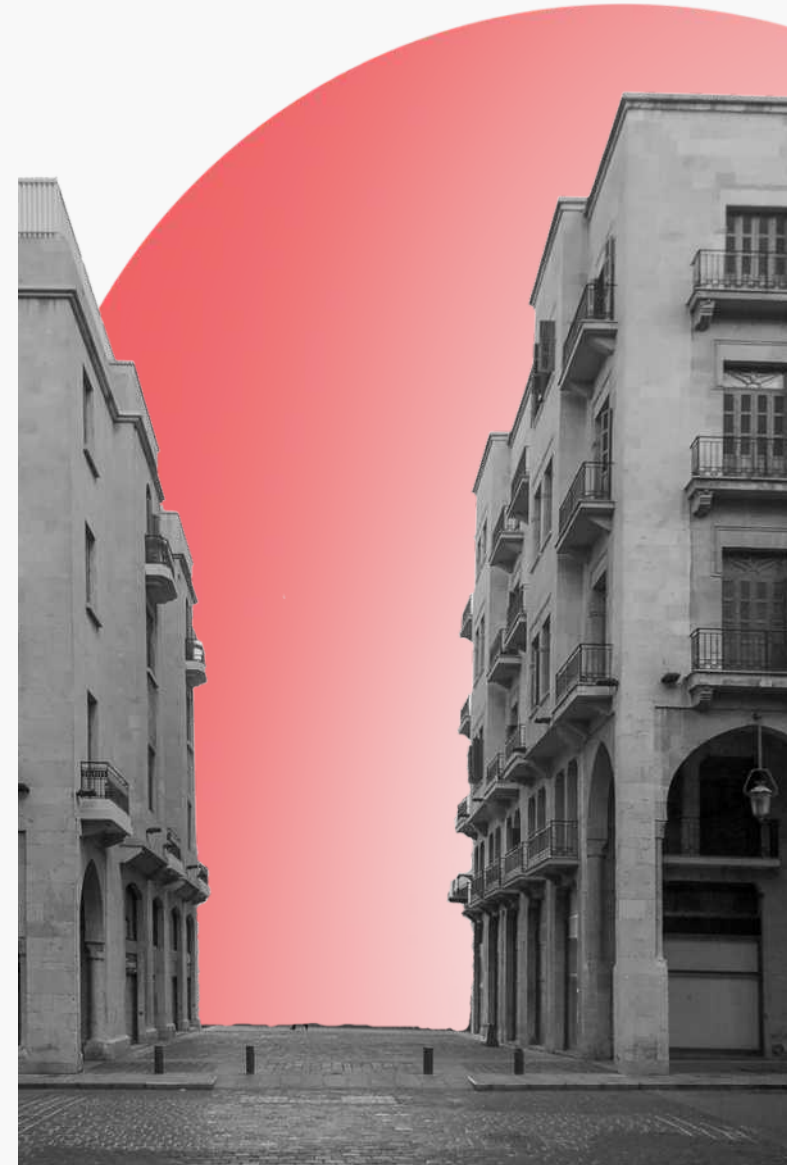
2. BACKGROUND AND CONTEXT

2.2 CONTEXT

For the last three years, Lebanon has been confronted by a complex set of intersecting challenges that have collectively pushed many individuals and households into poverty and vulnerability. In the first instance, there was the financial-economic crisis in 2019, first COVID-19 case in early 2020, the Port of Beirut explosion on 4 August 2020, increased fuel and power shortages continuing into 2022, and most recently the burning grain silos collapsing at the Port of Beirut. Taken together, these events and crises resulted in Lebanon ranking in the top 3 most severe crises episodes globally since the mid-nineteenth century in 2021 (World Bank, 2021).

Increased socio-economic disparities and government inaction have further fueled Lebanon's instability, forcing already marginalized individuals to become even more susceptible to both mis- and disinformation. This report focuses specifically on Syrian refugee and vulnerable Lebanese communities.

Prior to the Syrian conflict in 2011, there were approximately 300,000 Syrian workers in Lebanon, the vast majority of whom were working under precariously difficult conditions in the informal sector, including construction, agriculture, and other blue-collared jobs (The New Humanitarian, 2009). Then when the Syrian conflict broke out on 15 March 2011, Lebanon began seeing one of many influxes of Syrian civilians fleeing their homeland to Lebanon with little to no personal possessions.

These compounding crises have further exacerbated the situation of both the Syrian refugee and vulnerable Lebanese communities. According to the United Nations Economic and Social Commission for Western Asia (ESCWA), in 2021 approximately 82% (nearly 4 million people) of Lebanon's total population were seen to live in multidimensional poverty, including 745,000 Lebanese-national households (ESCWA, 2021). Similarly, the 2021 Vulnerability Assessment of Syrian Refugees in Lebanon (VASyR) found that nine out of 10 Syrian refugee households are living in extreme poverty with 94% of Syrian refugee households having to employ coping strategies to access food (UNHCR, 2022). ●●●

2. BACKGROUND AND CONTEXT

••• With the Lebanese pound dropping to a record low of 23,000 to the dollar on the black market in July 2021 (France24, 2021), Syrian refugee and vulnerable Lebanese households' purchasing power has been significantly limited. According to the United Nations Children's Fund (UNICEF), three in 10 individuals aged 15 to 24 in Lebanon have stopped their education completely, while four in 10 have reduced the amount of time spent on education to buy essential items (UNICEF, 2022). UNICEF found that 58% of youth were not optimistic about finding a job and that 41% felt that their only chance was to seek opportunities abroad (UNICEF, 2022), potentially adding to the pre-existing brain drain in Lebanon.

As of August 2022, the United Nations High Commissioner for Refugees (UNHCR) reported that there were 831,053 registered Syrian refugees in Lebanon (UNHCR, 2022a). More than one third of whom are in Bekaa (39%), North Lebanon (27%), Beirut (23%), and South Lebanon (11%) (UNHCR, 2022a). In fact, Lebanon hosts the largest number of refugees per capita per square kilometer in the world, with the Government of Lebanon (GoL) estimating that there are some 1.5 million

Syrians residing within its borders (UNHCR, 2021b). This places substantial pressure on already scarce resources.

The COVID-19 pandemic further exacerbated the economic crisis, compounding existing GoL weaknesses, and increased people's vulnerabilities. According to the World Food Programme (WFP), approximately one in five households for both Syrian refugees and vulnerable Lebanese have completely lost their income, with at least half of all Syrian refugee households associating this to COVID-19 containment measures (WFP, 2020).
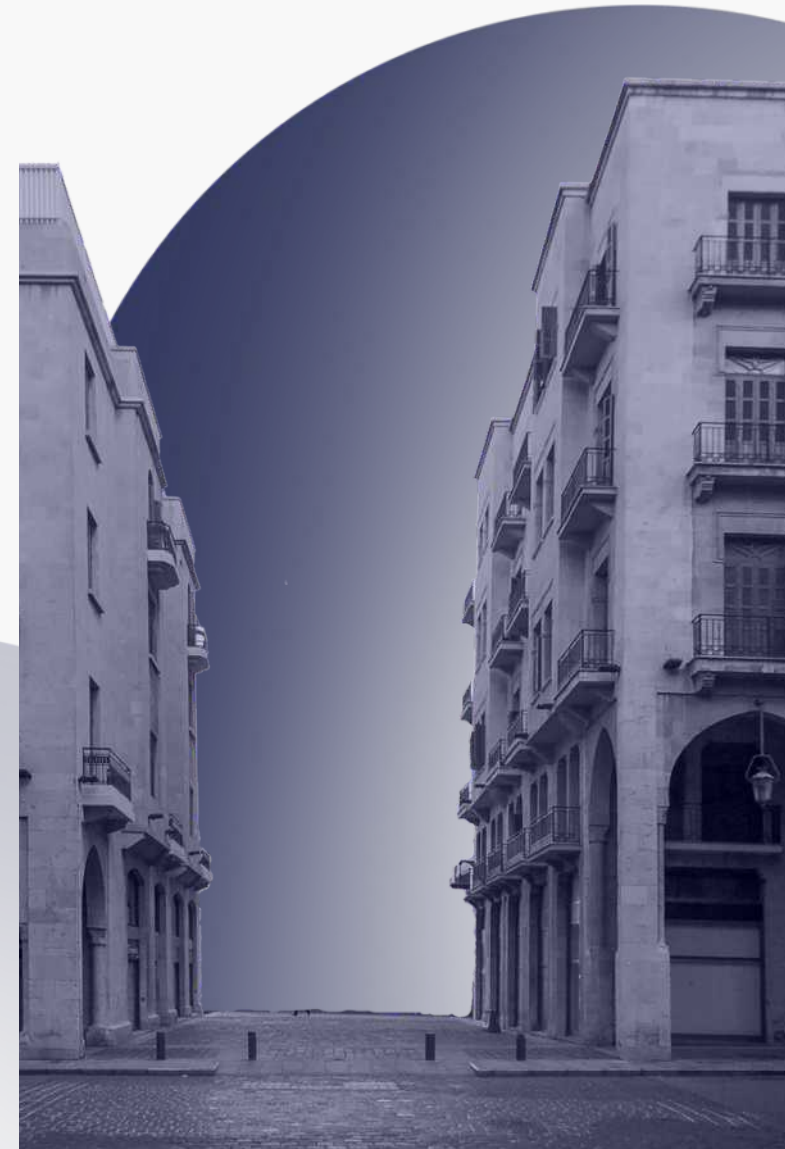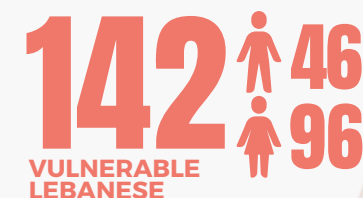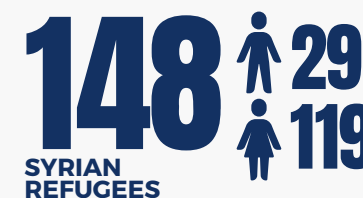
3. METHODOLOGY AND APPROACH

3.1 METHODOLOGY

Between April and July 2022, Internews conducted an IEA demand-side analysis using a human-centered approach on the information needs, access, sourcing, trust, influence, sharing, and literacy of Syrian refugees and vulnerable Lebanese community members. The project used a mixed methodological approach that combined different data collection techniques with a view to providing nuanced data speaking to the subject matter. The study used focus group discussions (FGDs), key informant interviews (KIIs), community surveys, and desk research. The survey aimed to identify the following aspects of information demand: sources of information, levels of trust in different sources, preferred methods of receiving information, and susceptibility to misinformation.

Information collected on the Syrian refugee community was done in partnership with Endless Medical Advantage (EMA). The survey reached 148 Syrian refugees (29 men and 119 women)

from six camps across the Bekaa valley in Lebanon. In total 3 FDGs were also conducted with a total of 30 community members (4 men and 26 women): FGD 1 had 10 participants all of whom were women, FGD 2 had 10 participants (3 men and 7 women), and FGD 3 had 10 participants (1 man and 9 women). Additionally, 11 KIIs were done with key stakeholders from the community such as camp managers (Shawish), local healthcare workers, and local staff from non-governmental organizations (NGOs).

Information collected on the vulnerable Lebanese community was done in partnership with Maharat Foundation. The survey reached 142 community members (46 men and 96 women) from across Lebanon. In total 4 FDGs were also conducted with a total of 27 community members from marginalized areas of North Lebanon and Bekaa: FGD 1 had 7 participants all of whom were women, FGD 2 had 6 participants (2 men and 4 women), FGD 3 had 10 participants all of whom were women, and FGD 4 had 4 participants (2 men and 2 women). Additionally, 19 KIIs were done with community members and key stakeholders such as healthcare workers, journalists, and local staff NGOs.

148 SYRIAN REFUGEES — 29 / 119

142 VULNERABLE LEBANESE — 46 / 96

3. METHODOLOGY AND APPROACH

DEFINING REFUGEE

It is important to note that despite the GoL being a signatory to the Universal Declaration of Human Rights, which includes Article 14 "the right to seek and enjoy asylum from persecution" (OHCHR, 2018), it has not ratified the 1951 Convention Relating to the Status of Refugees and its 1967 Protocol (UN, 1951). For the purposes of this report, the term "refugee" will be used (i.e., Syrian refugee) despite this not being a legally recognized term by the GoL. A refugee is defined as:

"A person who is outside his or her country of nationality or habitual residence; has a well-founded fear of being persecuted because of his or her race, religion, nationality, membership of a particular social group or political opinion; and is unwilling to avail him-or herself to the protection of that country, or to return there, for fear of persecution" (UNHCR, 2011)

DEFINING VULNERABLE LEBANESE

Maharat Foundation used the following criteria in identifying vulnerable Lebanese: economically disadvantaged, low-income families, living in modest houses or tents (e.g., camps 043 and 008 in Bekaa).

3.1.1 SAMPLE

Key Informants (KIs) and FGD participants were selected by EMA and Maharat Foundation according to their knowledge on the subject, status or role within their respective communities, and availability. KII and FGD guides (see Annexes) were semi-structured, ensuring coverage of the criteria while leaving ample room to explore and engage directly with the unique contributions produced by respondents. Surveys were also used as tool to collect data from the broader Syrian refugee and vulnerable Lebanese communities, as well as to triangulate findings from KIIs and FGDs.

Survey respondents from the Syrian refugee community were chosen randomly from six camps across Bekaa using a confidence level of 95% and an 8% margin of error. The formula used assumed that the population is very large in comparison to the sample, so no finite population correction factor was necessary.

Survey respondents from the vulnerable Lebanese community were chosen using stratified sampling from across Lebanon using a confidence level of 95% and an 8% margin of error. A random sample was chosen from within marginalized Lebanese communities in the areas of Bekaa, Beirut, and the South.●●●

3. METHODOLOGY AND APPROACH

Table 1: Detailed Overview of Syrian Refugee Community Sample

Key Informant Type	Collection Tool	Sample Size	Specifics
Informal Representatives and Leaders	KII	4	Syrian camp managers, referred to as Shawish or Shawisha
Local NGO Staff	KII	2	Local staff with two different international NGOs working specifically on raising awareness in Syrian camps
Social Workers	KII	3	Syrian refugees working directly or indirectly with local and international organizations present in the camps
Community-based Health Practitioner	KII	1	Nurse
Educator	KII	1	Syrian teacher working in informal education in one of the camps
Media	KII	2	Journalists covering the Syrian refugee situation in Lebanon
Community Members (Syrian Refugees)	FGD, Survey	30 FGD participants 148 surveys	FGDs and surveys with Syrian refugees across 6 camps in Bekaa

Table 2: Detailed Overview of Vulnerable Lebanese Community Sample

Key Informant Type	Collection Tool	Sample Size	Specifics
Healthcare Workers	KII	10	Healthcare workers from across Lebanon, including doctors, nurses, lab technicians, and managers of primary healthcare centers
Local NGO Staff	KII	1	Local NGO staff in the South of Lebanon
Journalist	KII	1	Journalist covering topics related to the community
Community Members (Vulnerable Lebanese)	KII, FGD, Survey	7 KII 29 FGD participants 142 surveys	KIIs, FGDs, and surveys with vulnerable Lebanese

3. METHODOLOGY AND APPROACH

Figure 1: Listening Group led by EMA in a camp in Bekaa, Lebanon

3.1.2 LIMITATIONS

Internews and its partners encountered certain limitations throughout the project:

- **Gender Parity:** Gender parity was not achieved. The data may therefore not be holistically inclusive and therefore not fully representative of the Syrian refugee and vulnerable Lebanese communities. For the Syrian refugee community, 80% of survey respondents were women and only 20% were men. This is likely due to data collection typically occurring during the day, which meant that several men were unavailable as they were at work. For the vulnerable Lebanese community, 68% of survey respondents were women and 32% were men. This is likely due to social and religious norms, whereby it was not acceptable for men and women to congregate in the same area in these vulnerable communities, especially in rural areas. This would also be the case for FGDs.

- **Data Omission:** KIIs conducted with the local NGO and a few of the healthcare workers for the vulnerable Lebanese community were omitted from the analysis as they did not include data that serves the purpose of the study. This is due to challenges or shortcomings faced during the data collection process.

- **Tool Training:** Time did not allow for pilot testing, which would have allowed us to identify and address weaknesses. For example, ensuring key terms and questions were easily understood by participants and that the sequencing of questions was appropriate. This would ultimately have resulted in higher-quality data and reduced the need for data omission.

3. METHODOLOGY AND APPROACH

3.2 APPROACH

The IEA demand-side analysis is based on four key approaches that are core to Internews' methodology:

‣ **Putting the community at the core of the research:** As the main aim of our research is to improve programming that benefits the community, we endeavor to have the community itself do a large part of the research; including choosing the research questions and collaboratively identifying the relevant stakeholders. The inclusion of the community in the research was mainly led by Internews partners in Lebanon; Maharat Foundation and EMA. FGDs took the form of listening groups which differ from traditional FGDs in a way that allows the participants to ask their own questions and contribute to the flow of the conversation. Moreover, interview questions were left to be general in nature, with each informant choosing which topics are relevant for them to discuss.

• **Following a human centered research design:** The project aims to achieve a holistic understanding of the vulnerable Lebanese community information practices. For that purpose, the scope of analysis does not focus on narrow and pre-defined criteria. In addition to the community's contribution to the research design, the listening groups also work as a channel for Internews and its partners to give answers back to the community, as well as to collaboratively come up with recommendations and actions that are purpose-built to suit their needs.

• **Marrying qualitative and quantitative data**: Using a mixed method approach allows us to better understand the dynamic ecosystem by building deeper connections with the community. Our research heavily relies on a qualitative approach which requires us to get up close and personal with people to capture the particularities of their needs and gaps. Coupled with the quantitative approach, findings of the research increase in validity and generalization.

• **Integrating research and action:** This report is not considered a final product. It is a tool for our project design, providing invaluable context and a way to build trusting relationships with the communities. It is connected to recommendations that stem from the community itself and help us remain accountable towards the communities we work with.
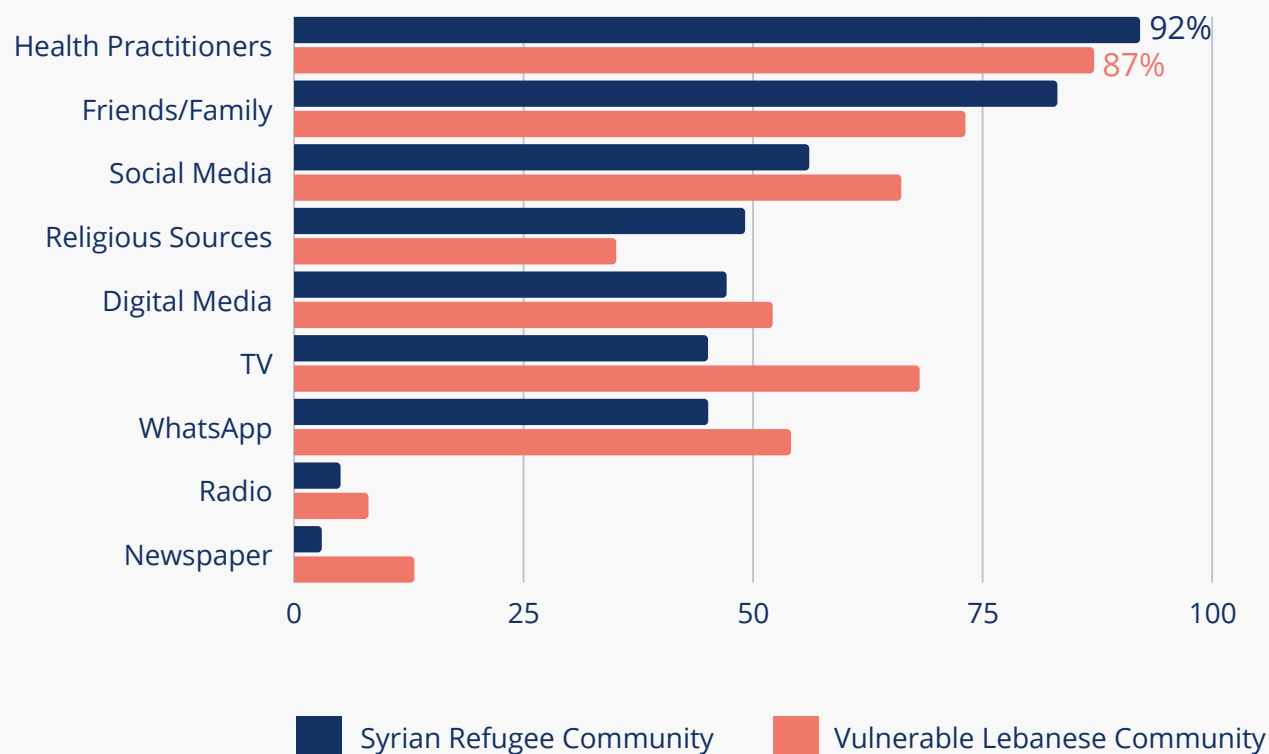
4. FINDINGS

Findings and insights are drawn from data collected, collated, and analyzed from secondary desk review documents, survey questionnaires, and KIIs. These are also complimented by information gathered through FGDs with the Syrian refugee and vulnerable Lebanese communities. These findings present the different sources of information that the communities rely on, the trust they have in different sources, their preferred methods of receiving information, and their susceptibility to misinformation.

Respondents could select more than one option to answer most questions, which is why in certain cases the sum of the total percentages may exceed 100% in many of the graphs in this section.

For both the Syrian refugee and vulnerable Lebanese communities, Health Practitioners were reported as the main source of information on COVID-19 at 92% and 87%, respectively. This was followed closely by Friends/Family as the second most used source of information, whereby 83% of Syrian refugees and 73% of vulnerable Lebanese selected this option.

4.1 SOURCES OF INFORMATION

Figure 1: Percentage of respondents from the Syrian refugee and vulnerable Lebanese communities who use different sources of information for COVID-19 information

Syrian Refugee Community   Vulnerable Lebanese Community

Figure 2: Top three sources of information on COVID-19 from Syrian refugee community respondents

Health Practitioners
Friends/Family
Social Media

0   25   50   75   100

■ Syrian Refugee Community
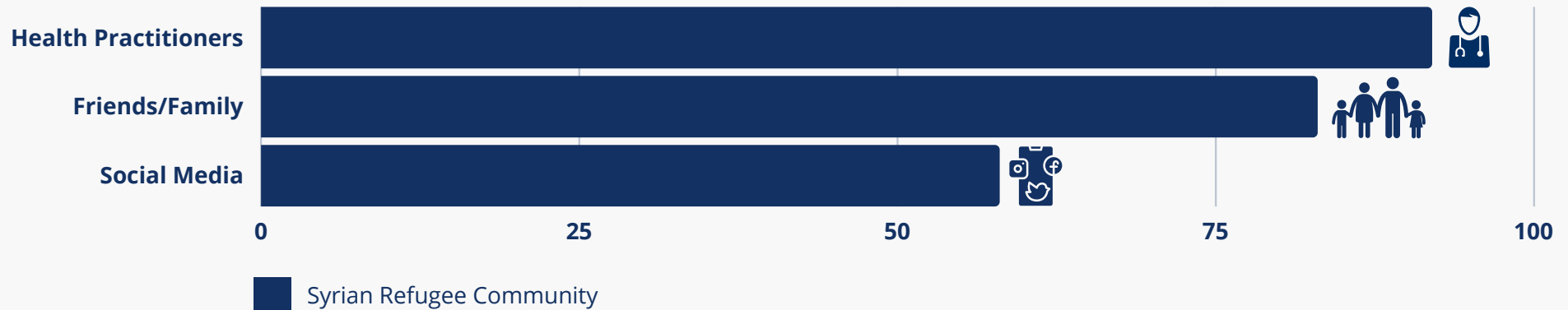
Figure 3: Top three sources of information on COVID-19 from the vulnerable Lebanese community respondents

Health Practitioners
Friends/Family
TV

0   25   50   75   100

■ Vulnerable Lebanese Community
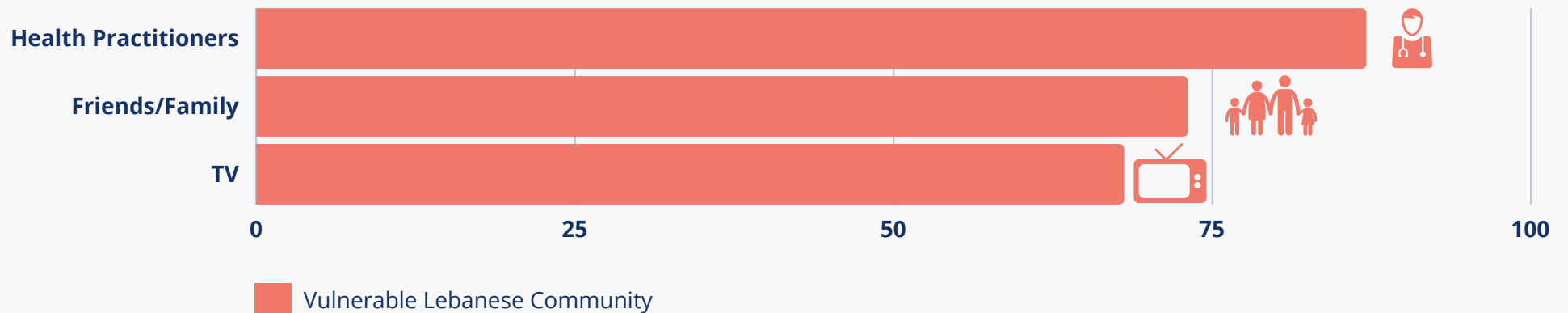
TV was the third most common source of information on COVID-19 for the vulnerable Lebanese community at 68%, whereas it was only ranked as the sixth most common source of information on COVID-19 for the Syrian refugee community at 45%. The relatively low ranking for the Syrian refugee community in comparison to the vulnerable Lebanese community may be due lack of access to TVs because of decreased purchasing power, as well as the living conditions of many Syrian refugees who live in tents and are therefore not likely to have adequate infrastructure to support a TV. It is important to note that in Internews' 2021 IEA, TV was selected as the main source of information on COVID-19 for the Syrian refugee community, which means a clear shift in sources have occurred in the last year.

FGDs with the vulnerable Lebanese community revealed that they rely heavily on popular local TV networks for not only information on COVID-19, but for general information. Networks such as 'New TV' or 'MTV' were regularly mentioned by participants. The FGDs highlighted that despite TV's popularity, participants believe there is a shift happening away from TV towards social media, especially Facebook. Participants reported this was due to the increased occurrence of power cuts in Lebanon. In recent months, shortages can occur up to 23 hours per day with some areas only receiving one or two hours of electricity. Many Lebanese have turned to private power generators, but many people cannot afford to buy diesel.

"I get information from the same media sources that I follow, which are the Lebanese new channels from Al-Jadeed and MTV and others"
– FGD Participant

"For me, television is not a source anymore because of the frequent power cuts. I resort more to friends and relatives, in addition to browsing social networking sites"
– FGD Participant

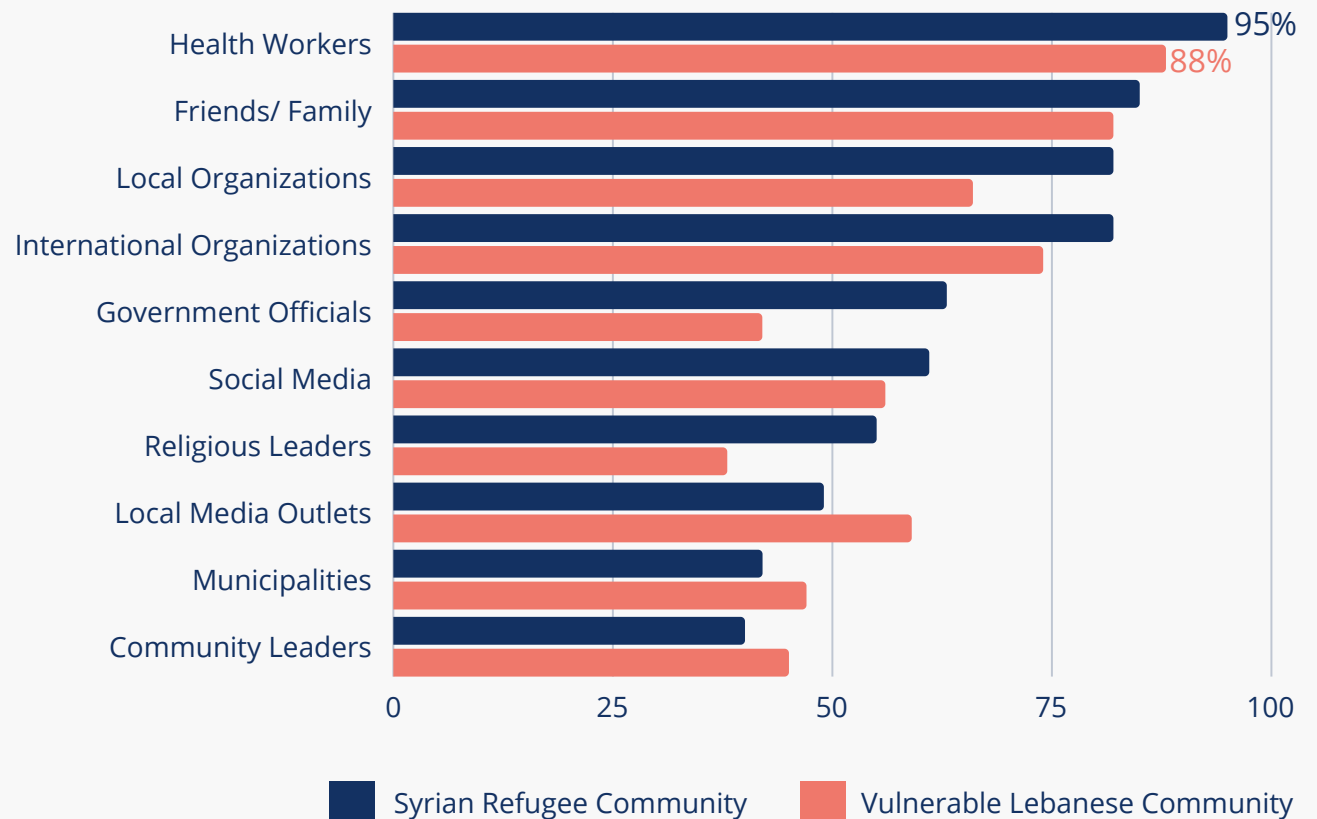While social media is commonly used by both the Syrian refugee and vulnerable Lebanese communities, especially on their cellular devices, it is possible that this may become less popular in the future given new telecommunication tariffs have increased by 460% on all subscriptions (Taleb, 2022). This further threatens people's access to information as the new tariffs become unattainable for many within the communities.

For both the Syrian refugee and vulnerable Lebanese communities, Health Workers and Friends/Family were reported as the two most trusted sources of information on COVID-19 at 85% and 82%, respectively. For the third most trusted source of information on COVID-19, the Syrian refugee community reported Local Organizations (82%) while the vulnerable Lebanese community reported International Organizations (74%). This trust has likely been earned over time with the presence of Local Organization / International Organization members providing aid and assistance to these community groups.

4.2 TRUST IN INFORMATION SOURCES

Figure 4: Percentage of respondents from the Syrian refugee and vulnerable Lebanese communities who trust different sources for information on COVID-19

Health Workers — 95% / 88%
Friends/ Family
Local Organizations
International Organizations
Government Officials
Social Media
Religious Leaders
Local Media Outlets
Municipalities
Community Leaders

0   25   50   75   100

■ Syrian Refugee Community   ■ Vulnerable Lebanese Community

4. FINDINGS

Figure 5: Top three trusted sources for information on COVID-19 from Syrian refugee community respondents

Health Workers
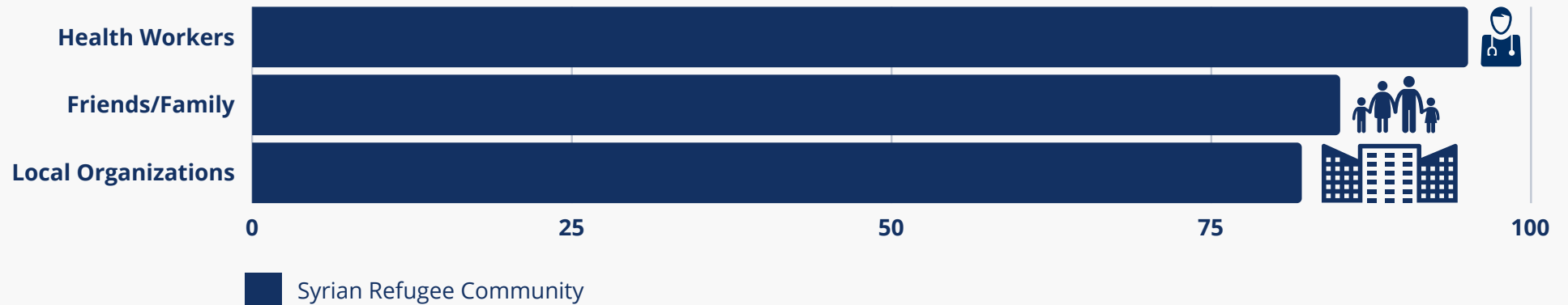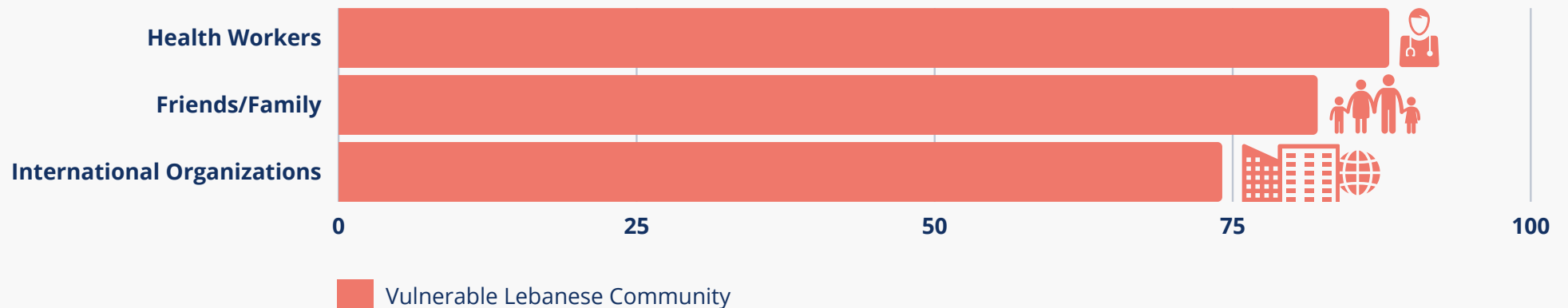Friends/Family
Local Organizations

0   25   50   75   100

■ Syrian Refugee Community

Figure 6: Top three trusted sources for information on COVID-19 from vulnerable Lebanese community respondents

Health Workers
Friends/Family
International Organizations

0   25   50   75   100

■ Vulnerable Lebanese Community

While TV was selected as the third most common source of information on COVID-19 for the vulnerable Lebanese community, Local Media Outlets (including TV), only ranked as the fifth most trusted source of information on COVID-19 (59%).

"In the past, we relied on televisions and their news sites and trusted them, but this confidence quickly subsided after the stations started to widely spread rumors and tell lies about COVID-19 with the aim of getting views" – FGD Participant

"For matters related to our health, we turn to doctors within the camp such as Dr. Firas Al Ghadban. As for the news broadcasts, I no longer trust them after all the rumors they helped in spreading around COVID-19. Because of them, many people did not get vaccinated" – Key Informant

According to FGD participants and KIs, local TV networks' political affiliations and rating interests make them a less trustworthy source of information. Most popular TV networks in Lebanon reach more than 97% of the Lebanese audience, which are directly linked to religious and political parties (Trombetta et al., 2022). KIs reported that popular TV networks such as 'Al-Jadeed' and 'MTV' hosted doctors and other guests who regularly shared misinformation around COVID-19 and the COVID-19 vaccine.

KIs also reported that their trust in local TV networks had decreased due to these networks directly stigmatizing areas where many vulnerable Lebanese reside such as Bekaa.

"They [the local TV networks] call us terrorists and stigmatize us only because we are from this area. This is totally untrue and harms our image as people from this area" – Key Informant

4.3 PREFERRED METHODS OF RECEIVING INFORMATION

Figure 7: Percentage of respondents from the Syrian refugee and vulnerable Lebanese communities preferred methods of receiving information

Syrian Refugee Community
Vulnerable Lebanese Community
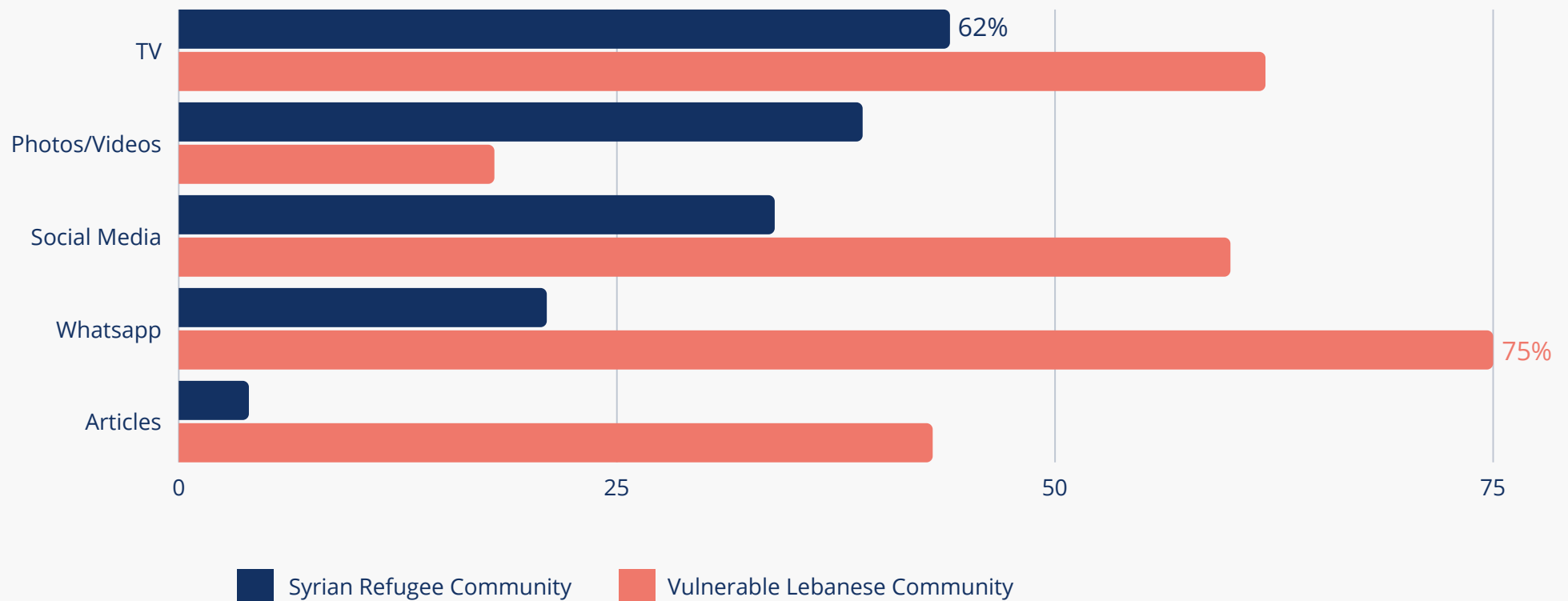
4. FINDINGS

Figure 8: Top three preferred methods of receiving information from Syrian refugee community respondents

Syrian Refugee Community

Figure 9: Top three preferred methods of receiving information from vulnerable Lebanese community respondents

Vulnerable Lebanese Community

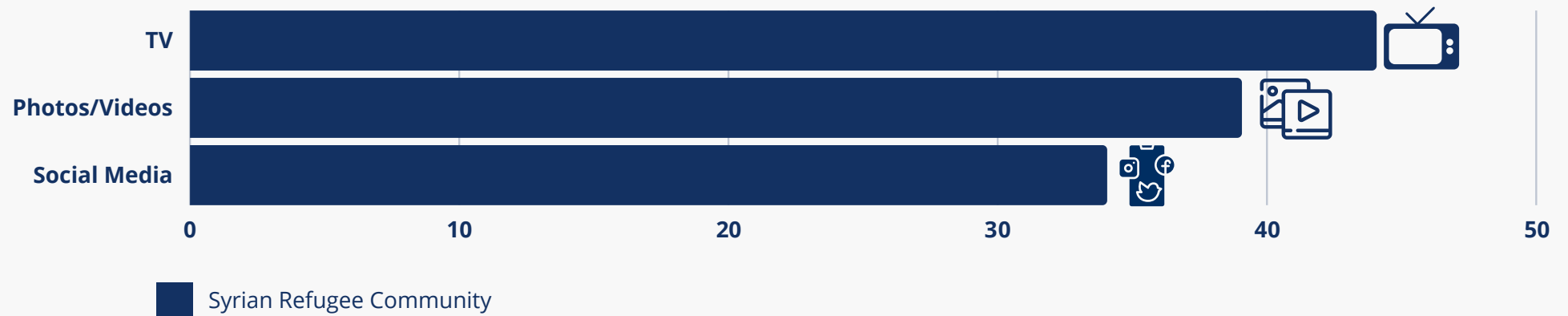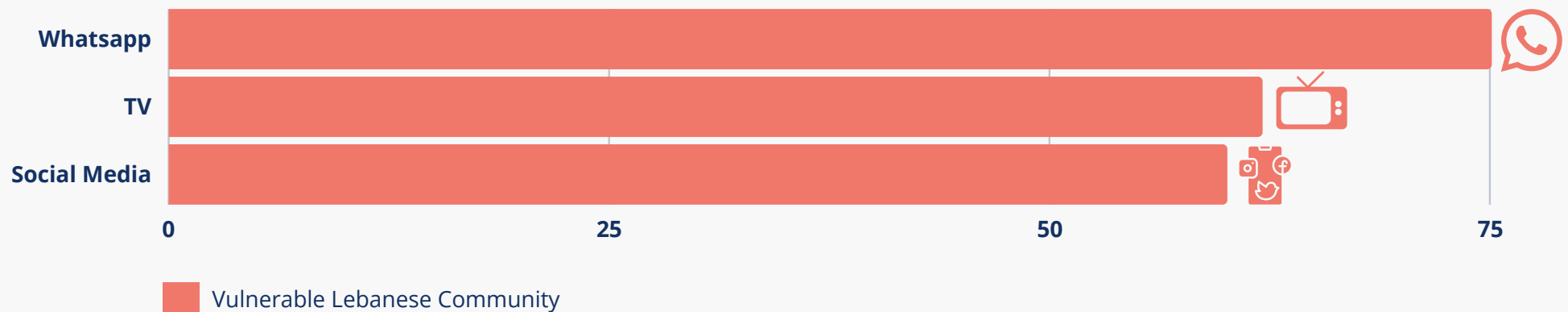For the Syrian refugee community, the top three reported preferred methods of receiving information are via TV (44%), Photos/Videos (39%), and social media (34%). While for the vulnerable Lebanese community, the top three reported preferred methods of receiving information are WhatsApp (75%), TV (62%), and social media (60%).

> "The main sources I use for information are the ones spread through WhatsApp groups because they come from trusted family and friends. They are also usually documented with pictures and videos, which I think makes it better to understand"
> – Key Informant

While the Syrian refugee community only reported TV as the sixth most (45%) common source of information on COVID-19 and reported very low trust in local media outlets (49%) ranking their trust as the eighth most trusted out of ten, TV was reported as the most preferred (44%) method of receiving information if given the choice. This is likely due to TV being more user-friendly to many elderly Syrian refugees and those that are less technologically literate, whereas social media requires device access and the ability to search for channels or specific content.

FGD participants also reported that Arabic in its spoken colloquial form was easier for them to understand than its official form.

While WhatsApp was ranked as the most preferred method of receiving information for the vulnerable Lebanese community (75%), for the Syrian refugee community, WhatsApp was only ranked fourth (21%). According to EMA, WhatsApp is not as popular with Syrian refugees as their phone storage and costly data availability quickly deplete. They reportedly prefer to receive text or voice messages over WhatsApp.

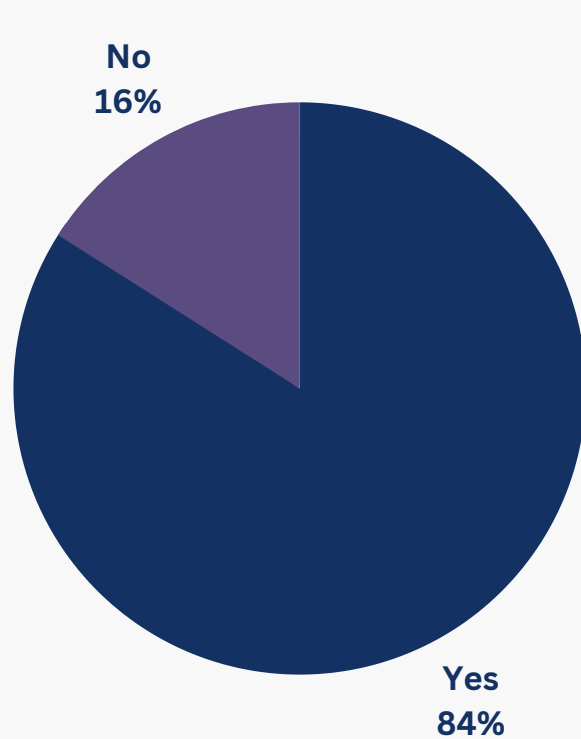## 4.4 AWARENESS AND SUSCEPTIBILITY TO MISINFORMATION

No
16%

Yes
84%

Figure 10: Percentage of respondents from the Syrian refugee community that feel confident in differentiating between accurate versus false information
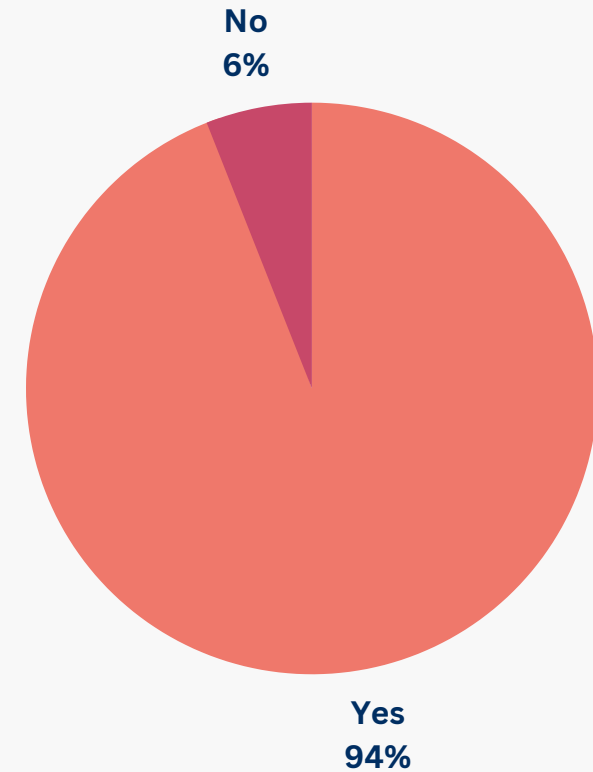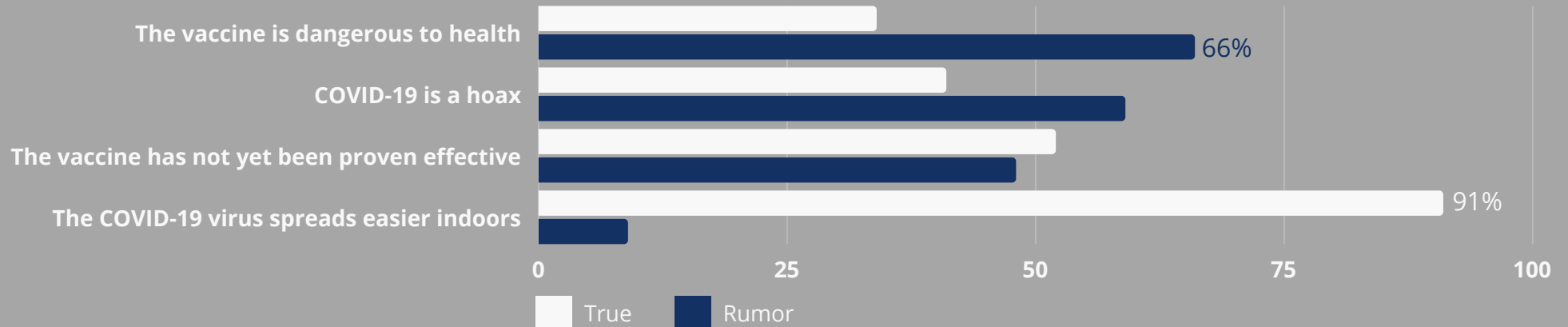
No
6%

Yes
94%

Figure 11: Percentage of respondents from the Lebanese community that feel confident in differentiating between accurate versus false information

Figure 12: Percentage of respondents from the Syrian refugee community categorizing statements as true or rumor

When survey respondents were asked whether they felt confident in being able to differentiate accurate from false information relating to COVID-19, most Syrian refugees (84%) and almost all (94%) vulnerable Lebanese selected Yes.

However, when asked to correctly categorize four statements as either true or a rumour, only 18% of Syrian refugees and 17% of vulnerable Lebanese survey respondents were able to categorize all of them correctly, highlighting a big information gap.

A significant number of survey participants from the Syrian refugee community reported that the vaccine is dangerous to health (34%) and that the vaccine has not yet been proved effective (52%). These numbers suggest an ongoing resistance towards the vaccine, which could be remnants of the misinformation spread from the vaccination roll-out in 2021 across Lebanon and worldwide. According to FGDs conducted by EMA, many Syrian refugees believe they will die two years post-inoculation. Many Syrian refugees reportedly also believe that the vaccine will cause sexual and reproductive health issues, specifically causing infertility or harming pregnant women.

According to a health organization worker in a camp, many refugees were only getting vaccinated to be able to freely travel back and forth to Syria. This meant that individuals would not have to conduct a polymerase chain react (PCR) test upon re-entry to Lebanon when travel restrictions were in place, which many stated as being costly.

4. FINDINGS

Figure 13: Percentage of respondents from the vulnerable Lebanese community categorizing statements as true or rumour
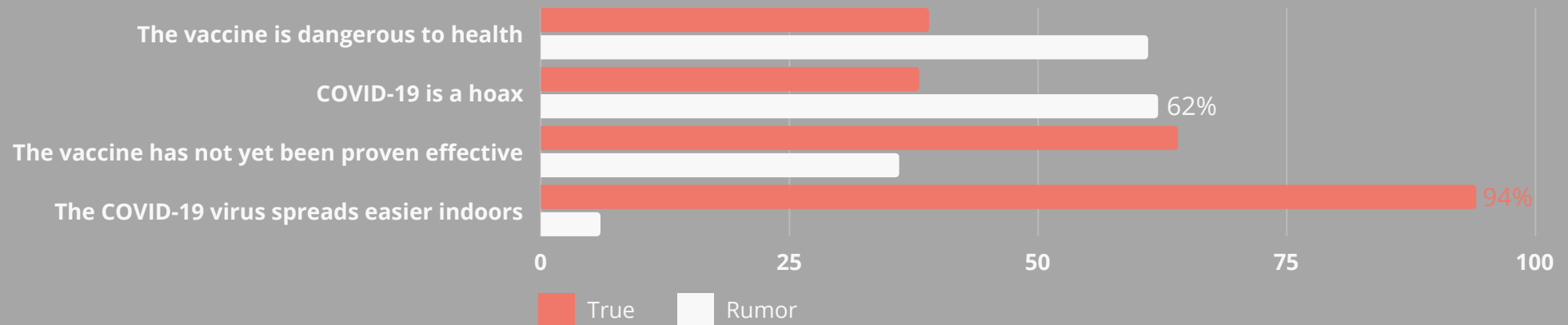
In comparison to the Syrian refugee community survey responses, a larger proportion of vulnerable Lebanese believe the vaccine has not yet been proven effective (64%). In 2021, Internews witnessed a rise in anti-vaccine sentiments. In January 2021, hundreds of public sector employees protested the government's decision requiring employees to get vaccinated or to undertake frequent PCR tests at their own expense (Chehayeb, 2022).

The Vice President of the syndicate of workers' unions who organized the protest was quoted on TV saying, "This is a lie to the world and even Donald Trump, the president of the strongest country in the world, said the World Health Organization are liars" (Chehayeb, 2022).

More than a third of both Syrian refugee and vulnerable Lebanese community survey respondents reported believing

COVID-19 to be a hoax at 41% and 38%, respectively. Allegations that COVID-19 is a hoax have been regularly circulating across Lebanon since the virus first emerged in early 2020. In late 2020 and early 2021, Internews and Maharat Foundation collected 166 rumors suggesting that COVID-19 is a hoax from several social media platforms.
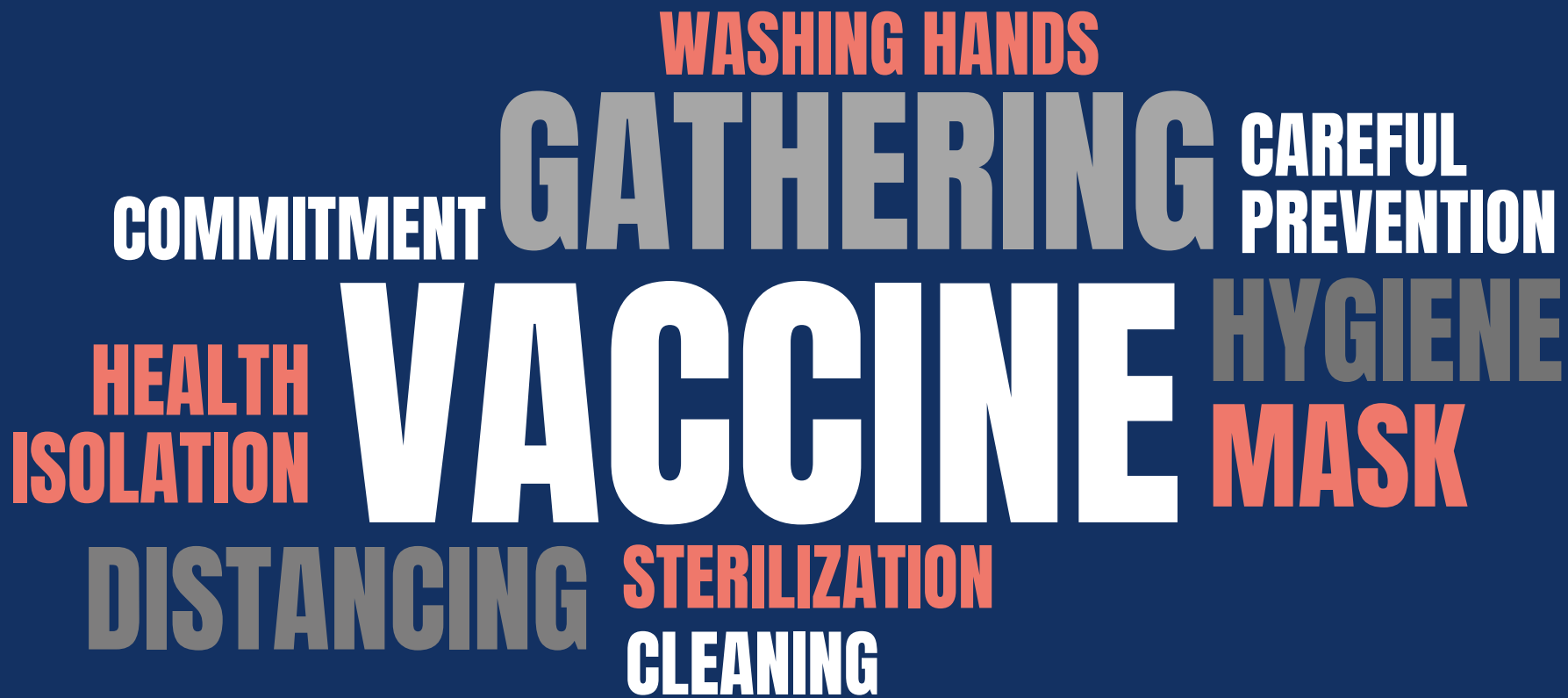
Figure 14: Word Cloud showing the changed actions that the Syrian refugee community took last year

40% of survey respondents from the Syrian refugee community reported changing their habits or opinions as a direct result of the information they received through the media, friends, or healthcare workers in the last year. The majority of these were related to preventive measures and the vaccine, many of whom claimed to have greater trust in the vaccine due to extensive awareness campaigns led by local and international organizations.

Many other Syrian refugees reported changing their actions with regards gatherings, social distancing, wearing masks, washing their hands, and an increase in care for general hygiene.

5. RECOMMENDATIONS AND WAY FORWARD

5.1 HUMANITARIAN AND HEALTH ORGANIZATIONS

For the Syrian refugee community, the top three reported preferred methods of receiving information are via TV (44%), Photos/Videos (39%), and social media (34%). While for the vulnerable Lebanese community, the top three reported preferred methods of receiving information are WhatsApp (75%), TV (62%), and social media (60%).

5. RECOMMENDATIONS AND WAY FORWARD

5.1.1 SYRIAN REFUGEE COMMUNITY   Humanitarian and Health Organizations

- **Make Agents of Change:** Invest in and build capacity of community members to achieve a more long-term sustainable approach. Increase in-person awareness activities in camps, and train local focal points on how to detect and fact-check rumors.

- **Empower Youth:** Involve the young population in the decision-making of a community to help create a virtuous cycle. Collaborate with local formal or informal schools to capacitate youth with knowledge on public matters affecting their community such as COVID-19, empowering them to become champions in combatting misinformation.

- **Combat Stigma:** Pay close attention to vulnerable groups that are exposed to increased stigma during health-related outbreaks such as COVID-19, Monkeypox, and Hepatitis A. Provide awareness sessions and products tackling misinformation. Understand the community's greatest concerns and develop FAQs accordingly.

- **Simplify Messages:** Include informative photos, videos, and voice notes that use the spoken and simplified forms of Arabic to successfully reach illiterate community members.

- **Increase Local TV Presence:** Local TV channels were reported as being the preferred method of receiving information due to it being more user-friendly to the elderly and illiterate community members. Increase presence on local TV in efforts to combat rumors.

- **Create WhatsApp Groups:** Many "Shawish" (camp managers) have already created WhatsApp groups in their respective camps to share information. Local and international organizations present in camps should follow this model, creating WhatsApp groups where only Admins can post information. Broadcast simplified, reliable, and trustworthy information to community members.

- **Invest in Local Organizations:** Capitalize on increased trust shown to local organizations, especially those present in camps. Funding to increase capacity and enhance their programming is needed.

- **Be Transparent:** Accurately inform community members if information is not yet available or facts remain unknown rather than providing no response.

5. RECOMMENDATIONS AND WAY FORWARD

5.1.2 VULNERABLE LEBANESE COMMUNITY Humanitarian and Health Organizations

- **Make Agents of Change:** Invest in and build capacity of community members to achieve a more long-term sustainable approach. Increase in-person awareness activities and train local focal points on how to detect and fact-check rumors.

- **Listen to Local Voices:** According to FGDs and KIIs, many vulnerable Lebanese seldom feel like their voices are being heard by decision-makers. Increase presence on the ground and ensure interventions are based on actual needs and gaps within the communities with an emphasis on evidence-based decision making.

- **Create WhatsApp Groups:** WhatsApp was reported as being the preferred method of receiving information. Create WhatsApp groups where only Admins can post information relevant to the community. This may include information on available services and referral pathways to relevant humanitarian and health organizations.

- **Establish Vaccination Marathons:** Increase vaccination marathons in remote and rural areas. Many vulnerable Lebanese cannot afford transportation to health centers.

5. RECOMMENDATIONS AND WAY FORWARD

5.2 MEDIA AND JOURNALISTS

This section provides recommendations for Media and Journalists that work with either Syrian refugees or vulnerable Lebanese community members.

5. RECOMMENDATIONS AND WAY FORWARD

5.2.1 SYRIAN REFUGEE COMMUNITY Media and Journalists

- **Simplify Messages:** Include informative photos, videos, and voice notes that use the spoken and simplified forms of Arabic to successfully reach illiterate community members.

- **Create Offline Media Content:** Design and develop offline media content that can reach community members that do not have access to internet or TV. For example, posters, banners, or theater performances.

- **Report on Human Rights:** Emphasize refugees' rights in media coverages, including international treaties that Lebanon has voted in favor of or is signatory of, especially those related to health and access to information rights.

- **Foster Positive Relationships:** Build better communication channels between refugees, media professionals, and journalists. Seek to understand community members' concerns, information gaps, and needs.

- **Understand Science Journalism:** Improve capacity building and professional coverage of media professionals on science journalism, particularly health topics related to outbreaks, viruses, and diseases commonly found within the community.

- **Undertake Ethical Journalism:** Ensure reporting is independent and impartial. Do not frame health-related information within political or economic frameworks.

- **Invest in Fact-checking:** Media staff should invest in fact-checking training to be able to accurately identify misinformation, expose the misinformation, and report on it. This will lead to greater accountability and trust.

5. RECOMMENDATIONS AND WAY FORWARD

5.1.2 VULNERABLE LEBANESE COMMUNITY Media and Journalists

- **Simplify Messages:** Include informative photos, videos, and voice notes that use the spoken and simplified forms of Arabic to successfully reach illiterate community members. Ensure English sources are accurately translated into simplified forms of Arabic to avoid misunderstandings and rumors.

- **Create Online Media Content:** This is recommended for new emerging media, freelance journalists, and traditional media outlets such as TV networks. This will provide community members with accessible information when on the move.

- **Combat Stigma:** Pay close attention to vulnerable groups that are exposed to increased stigma and discrimination in marginalized areas. Change stereotypical narratives by using bottom-up approaches by interviewing and reporting on local individual stories.

- **Invest in Fact-checking:** Media staff should invest in fact-checking training to be able to accurately identify misinformation, expose the misinformation, and report on it. This will lead to greater accountability and trust.

- **Undertake Ethical Journalism:** Ensure reporting is independent and impartial. Do not frame health-related information within political or economic frameworks.

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7. ANNEXES

7.1 ANNEX 1 - FDG COMMUNITY

Brief introduction and objectives of the discussion:

Internews wants to understand more about your experiences receiving and sharing information about COVID-19. With this survey we aim to understand trends and interests in relation to media and information in your community.
We acknowledge you are providing your personal opinion and are not representing the views of your community. The information gathered through this FGD will be treated anonymously and will be used to inform and improve our work in Lebanon and the work of health and humanitarian organizations responding to the pandemic.

Attendance should be taken including age, sex, profession and nationality

Questions:

- What are the different forms of media you mostly resort to? (such as newspaper, radio, online platforms, etc)
- What are the main sources of information that you trust and why?
- What are your main sources of information around CPOVID-19?
- To what extent do you trust the information you receive on CXOVID-19?
- Do you feel that you can distinguish between accurate and misinformation? How?
- Do you share the information you receive? How and with whom?
- How can information dissemination/messaging be improved to meet your specific needs in information?
- What 3 actions would you recommend for the media in order to improve information flow to your community?
- Do you have any other comments suggestions, ideas, or recommendations relevant to this study?

7. ANNEXES

7.2 ANNEX 2 - KII COMMUNITY

Brief introduction and objectives of the interview:

Internews wants to understand more about your experiences receiving and sharing information about COVID-19. With this survey we aim to understand trends and interests in relation to media and information in your community.
We acknowledge you are providing your personal opinion and are not representing the views of your community. The information gathered through this interview will be treated anonymously and will be used to inform and improve our work in Lebanon and the work of health and humanitarian organizations responding to the pandemic.

Demographics:

- Age (Needs to be 18 and above)
- Sex (Male/Female/Prefer not to say)
- Nationality:
- District
- Name of camp (only for Syrian refugees)
- Level of education (primary/secondary/university or higher/vocational/None/Other)
- What is your profession?
- Targeted community: (Lebanese/Syria/Migrant/LGBT/Other)
- Do you have any disabilities? (Yes/No)

If Yes, please specify
- Which language do you mostly use?(English/Arabic/Other)
  - Hint: for migrants workers it might be 'Other', please specify.

Questions

- What are the different forms of media you mostly resort to? (such as newspaper, radio, online platforms, etc)
- What are the main sources of information that you trust and why?
- What are your main sources of information around CPOVID-19?
- To what extent do you trust the information you receive on CXOVID-19?
- Do you feel that you can distinguish between accurate and misinformation? How?
- Do you share the information you receive? How and with whom?
- How can information dissemination/messaging be improved to meet your specific needs in information?
- What 3 actions would you recommend for the media in order to improve information flow to your community?
- Do you have any other comments suggestions, ideas, or recommendations relevant to this study?

7. ANNEXES

7.3 ANNEX 3 - SURVEY COMMUNITY MEMBERS

This form is part of a study we are conducting at Maharat/EMA that aims to study the information system in your community, such as the sources you trust, the ways in which you prefer to receive information, and the gaps you have in finding accurate information. The aim of this study is to help the media and humanitarian organizations improve their response by identifying the community's information needs.

DEMOGRAPHICS

- Age (Needs to be 18 and above)
- Sex (Male/Female/Prefer not to say)
- Nationality: (Lebanese, Syrian, Ethiopian, Bangladshi, Other)
- Location (Beirut, Mount Lebanon, North, South, Baalbeck-Hermel, Bekaa)
- Camp Name:
- Level of education (primary/secondary/university or higher/vocational/None/Other)
- Targeted community: (Lebanese/Syria/Migrant/LGBT/Other)
- Do you have any disabilities? (Yes/No)
- If Yes, please specify
- Which language do you mostly use?(English/Arabic/Other)

SECTION 1: COVID INFORMATION

- Can you please tell us two or three ways you can protect yourself and your family from getting COVID-19?
- Can you please tell us one or two things you have learnt in the last month about COVID-19?
- Can you please tell us which of the following is a rumour about COVID-19 and which is correct information?

True	Rumor	
		Covid is not real
		The virus spreads more easily inside and in crowded areas
		The vaccine has not been proven to protect from COVID infection
		The vaccine is dangerous to health

7. ANNEXES

SECTION 2: ACCESS TO INFORMATION

1. How many times do you use these sources to get information around COVID-19?

All the time	Sometimes	Rarely	Never	
				Friends and relatives
				Religious leaders
				TV
				Radio
				Newspaper
				Online media
				Social Media
				WhatsApp
				Doctors/Physicians/Health workers

2. What topics do you feel most informed about in relation to COVID-19?

Very informed	Informed	Slightly informed	Not informed at all	
				COVID signs/ and symptoms of the virus
				COVID prevention
				COVID treatment
				Official decisions around education (such as online studying)
				Official decisions around work (such as online working)
				Local news about numbers of cases and deaths

7. ANNEXES

1. In general, do you feel you have enough information to protect you and your family from COVID?
   - Yes
   - No
   - I have a bit of information but not all

2. If 'No' or 'I have a bit of information but not all', what is the information you are missing?

3. In general, what is your favourite way to receive information (about COVID or other things)?
   - News
   - Social Media
   - WhatsApp
   - Photos and videos
   - Articles
   - Other

SECTION 3: TRUST

1. Please rate each source according to how much you trust it

Trust it very much	Trust it	Trust it slightly	Do not trust it at all	
				Friends or family
				Health workers
				Religious leaders
				Community leaders
				Municipalities
				Government officials
				International organizations
				Local organizations
				Local media outlets
				Social media

2. What makes a source of information trustworthy to you?

- Official information from the government
- Hearing the same information from several sources
- Article
- If the information is spreading widely in my community
- If the source is from outside of Lebanon such as an international expert
- If the information is detailed and clear
- If the source is mt friends or family
- If the source is a community leader
- If the source is a religious leader
- If the information is coming form my country
- Other (such as if the information is in my original language)

SECTION 4: DRIVERS AND BARRIERS TO INFORMATION

1. We want to understand how important the following factors are to you when you are accessing and using information in general (not only related to COVID). Determine the importance of these factors when accessing and using information in general.

Always	Sometimes	Rarely	Never	
				I get all the information I need in the language I prefer.
				I'm worried about rumors spreading in my area.
				I feel confident that I can distinguish between the accurate and false information

SECTION 5: USE

1. In the last year, have you changed your habits or opinion on different topics thanks to information obtained through the radio, friends, news. (E.g.: finding a job, changing hygiene practices or where is safe, etc.)
   - Yes
   - No

If yes, please tell us an example of which action you have taken lately as a result of / in reaction to new information

2. How much do you share the information with your those around you (family, friends, work colleagues)?
   - Never
   - Rarely
   - Sometimes
   - All the time

If Sometimes or All the time, please tell us how you share it with them.

Thank you for your time in answering our questions. Your anonymous information will be used to improve communication practices about COVID-19

KNOW WHICH WAY THE WIND IS BLOWING

ACCESS AND TRUST IN A MULTI-LAYERED INFODEMIC FOR SYRIAN REFUGEES AND VULNERABLE LEBANESE IN LEBANON

AN INFORMATION ECOSYSTEM ASSESSMENT: DEMAND-SIDE ANALYSIS

Rooted in Trust   USAID   Internews