Beyond Covid Skepticism: Humanitarian Assistance To Refugees And Hyper Precarity During The Covid-19 Pandemic

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Introduction

Turkey, Lebanon, and Jordan are the main host countries for more than five million displaced Syrians since the start of war in Syria in 2011. Turkey hosts over 3.5 million Syrian refugees, making the most significant number of registered Syrian refugees globally and the top host country. Concerning the country's national asylum law, Syrians are granted Temporary Protection status, giving them access to residency, education, health care and employment. In Lebanon, the Government estimates 1.5 million Syrians, making it the largest number of Syrian refugees per capita. As of 2021, the UNHCR has identified 887,853 people of concern. Lebanon is not a signatory to the 1951 Refugee Convention, and therefore hosts Syrians without giving them refugee status. The number of Syrian refugees in Jordan as of mid-2022 was 660,000, some 128,00 of them lived in camps (UNHCR 2022). Overall, most Syrian refugees in these countries live in urban [1]areas, with only 1 out of 20 accommodated in refugee camps (UNHCR 2022). During the pandemic, each country has experienced different infection waves that are hard to trace. Nevertheless, it was clear that the lives of refugees in these countries, overwhelmingly Syrians, are severely impacted due to COVID-19.

International migrants are especially vulnerable during the pandemic in multiple ways, and refugees are considered an especially high risk group. Many scholars and experts predicted that refugees might be more vulnerable to contracting and spreading COVID-19, particularly those living in refugee camps or shelters (Kassem 2020). The refugees have multiple vulnerability factors that might have aggravated the COVID-19 transmission dynamics or impeded taking preventive measures or adhering to safety protocols. These factors include the crowdedness in the shelters, food insecurity, severe informal working conditions, inadequate water supply and sanitation facilities, and the lack of robust access to health care (e.g. Alemi et al. 2020; Khan et al. 2020; Jawad et al. 2021). Beside these challenges, there are additional protection risks such as less prioritization from the host governments, stigma and fear of approaching health facilities for potential adverse legal consequences (e.g. deportation) due to the lack of registration. Moreover, migrants are often scapegoated and blamed for the spread of pandemics, despite a lack of evidence in this direction (Triandafyllidou 2022).

Although large outbreaks among refugee communities in the hosting countries are not as common, the pandemic has led to new challenges and made the lives of many refugees more precarious. Paradoxically, the pandemic revealed the prevalence of COVID scepticism and a lower likelihood to follow COVID safety protocols among some refugees,

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such as wearing masks or social distancing, and often not taking safety protocols seriously (Anonymized 2021). Some research has found that humanitarian NGO staff identify this "low sensitivity" to protocol adherence as 'ignorance' on the part of refugees (Anonymized 2021).

We suggest that the NGO staff's interpretation of refugees' COVID scepticism should be examined further to understand the reactions of refugees to pandemic given their precarious living conditions. It may help to elaborate multiple relational facets of COVID skepticism. We approach the issue from the lens of hyper precarity, coping mechanisms that refugees develop in response to hyper precarity, and the relations between humanitarian staff and refugees during the pandemic.

Our empirical data draws from interviews with humanitarian NGO workers providing services to refugees (mostly Syrians and Palestinians) during the pandemic. They have day-to-day encounters since they used to carry out essential subsidiary roles in meeting the daily needs of refugees before and during the pandemic. Nevertheless, they think on COVID skepticism drawing from their interpretation of the non-adherence of refugee beneficiaries to protocols. Similar to other situations, interviews with NGO staff reflect participants' subjective perspectives, ideas, feelings and views (Marshall and Rossman 1995). We need to contextualize these interpretations concerning other empirical findings about the COVID's impact on refugees in different fields, particularly studies in the public health, social psychology and migration studies.

Against this background, we propose some preliminary insights about the potential facets of COVID skepticism among some refugees observed by NGO staff and we will attempt to make possible inferences. Our conceptual framework draws from discussions on hyper-precarity and related coping strategies. Borrowing from the earlier work, hyper-precarity is defined as layered insecurities and vulnerabilities related to forced displacement as well as restrictive immigration and labour regimes (Canefe 2018; Lewis, Dwyer & Hodkinson 2015; Nimer and Rottmann, 2022; Shapiro and Jørgensen 2021). We add that intertwined short or long term crisis (e.g. economic, health, security) influencing the structural conditions and everyday life of refugees aggravate the hyper-precarity.

We argue that the hyper-precarity, worsened by the global health crisis, might have led to COVID skepticism among some Syrian refugees. The hyper-precarity takes shape in relation to two mechanisms. i.) Refugees' may not have access to enough information about the pandemic and its risks; ii.) Refugees may deny the risks associated with COVID-19 in order to cope with their dire situation as they have difficulty prioritizing personal protective equipment or maintaining social distance over access to basic resources such as food or money. Refugees might have denied the risk of contracting COVID-19 in order to cope with the current state of their lives and lack of digestable information available to them. Lastly, the striking commonality among refugees and humanitarian staff is that both tend to underestimate the structural causes of this overburdening and hyper-precarity. Both rely on the most accessible coping strategies: shifting the responsibility of following safety protocols to (refugees, God, or hosting governments).

Literature/conceptual framework

As the subject and data source of COVID skepticism is the humanitarian assistance organizations as they are the source of data here. We would like to start with a general introduction and then move to specific discussions on hyper-precarity and coping mechanisms.

Precarity literature underlines that refugees face economic hardships, are unable to benefit from "membership rights" due to lacking "status" or having insecure or temporal legal status, and encounter severe protection challenges. They are often locked in highly precarious work experiences at the bottom end of labour markets (Canefe 2018). They are

"most often employed informally, subject to intense insecurity and lack access to government safety nets." (Nimer and Rottmann 2020:122).

In the case multiplication of crises (such as a pandemic, economic downturns and migration), the precarity is aggravated as many refugees find themselves excluded from measures to alleviate poverty or protect against the virus (Crawley 2021). As mentioned by Derya Ozkul, during the Covid-19 crisis, "not only have undocumented migrants and refugees had limited access to public health provisions, but they were also at greater risk of being considered to be a threat to public health and public security." (2022: 141). These conditions make them indeed the subject of aggravated hyper-precarity.

Hyper-precarity may necessitate some coping mechanism to survive. Coping is defined "as cognitive and behavioural efforts that are put into place by people to manage specific external and/or internal demand" (Wolltin et al. 2018). There are various types and scales of coping categories discussed in the psychology and public health literature. Here, we will engage with some basic insights about coping mechanisms they can be according to the environments/stressors' order of importance for the person, such as primary or secondary importance. Coping can be in the forms of controlling the stressor versus relinquishing control or engagement versus disengagement coping. Seeking support, emotional expression, and denial are some common coping mechanisms. Different environments/stressors lead to variations in coping, and different people vary in their predispositions to cope in particular ways." (Wolltin et al. 2018). Previous studies about Syrian refugees point out a wide spectrum of coping strategies. One study on Lebanon found that as a coping strategy to precarity "self-settled Syrians have exploited social networks, savings, aid, education and work opportunities to create a new livelihood system for themselves." (Thorleifsson 2016: 1071). Another study on Syrian refugees in Turkey underlined that "the stressor being perceived as uncontrollable, a situation in which disengagement or emotion-focused coping are more adaptive than problem-focused coping" (Wolltin et al. 2018: 1). However, there has not been yet a study on coping strategies during pandemic. It is beyond to scope and data availability of our research. However, we only want to indicate its potential link with hyper-precarity and COVID skepticism descriptively.

Data collection and Method
Data used in this paper comes from interviews with humanitarian assistance organizations serving refugees in Lebanon, Turkey, and Jordan. Data were collected through interviews with the NGO staff (humanitarian aid employees) directly providing services (N=1,466) and non-participant observation of services mentioned above (N=215, totally 358 hours).[2] The interviews and observations were conducted between July 20 – September 15, 2020.

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[2] We adopted purposive sampling and selected relatively large organizations with multiple service centers in these countries; hence, they have a more significant number of beneficiaries and more intense day-to-day interactions. These organizations include Safa Development Association (Turkey), Altkaful Charity Association (Jordan), Amel Association and NISCVT (Lebanon), and Beit Atfal Assumoud (Lebanon).[2] These NGO centers are located in Konya (central Turkey) and in Reyhanli (southeastern Turkey), three locations in the governorate of Irbid (northeastern Jordan), and four service centres in Lebanon (dispersed throughout the country. These NGOs provide a variety of services to different refugee populations. More than half of their beneficiaries are Syrians, while the remaining mainly consist of Palestinians (particularly in Lebanon) and smaller numbers of Iraqis, Afghans, and other refugee groups. The most frequent services they provide include group training, medical services, direct aid, and others (such as organizing educational workshops, hair salon services, and fitness classes) (anonmyzied 2021:3-4). These NGOs are funded by various sources, such as international and national private donors.

Local data collectors conducted these interviews, mainly face-to-face and in few cases over the phone and video conferencing. [3]

This research was designed as a multiple case study (not a comparative study). We seek to comprehensively explore real-life phenomena through in-depth analysis of rich data in three cases. We seek inductive theorization that uses interpretative analysis strategies. The research has not necessarily had a holistic design because we do not cover all programs or organizations, which is impossible; we rather selected large organizations. Due to these limitations, we do not claim to show a causal relationship or draw any generalizability; instead, we seek to provide some insights about possibly underestimated facets of one phenomenon, Covid skepticism, and humanitarian NGOs-beneficiary interaction during Covid situations.

Results

Hyper-precarity of refugees and resource loss during pandemic

Although it is impossible to directly measure the level of hyper-precarity during pandemic, there is plethora of quantitative and qualitative evidences from the reports of NGO, scholarly work from public health discipline, observations/anecdotal notes indicate how the pandemic coupled with already precarious situation of Syrian refugees in Turkey, Jordan and Lebanon. In all countries, prices of food, medicine, and rents had already skyrocketed a few years before the pandemic worsened since then. As many refugees had to work in informal and daily jobs, most of them lost their jobs with lockdowns and the slowing of economic activities. Those who kept their jobs in the essential sectors (e.g. agriculture), encountered wages losses, irregular or lack of payment, the threat of losing job. Accordingly, refugee families became less capable of affording their basic needs like food and paying bills. UNHCR notes that "many lost employment since the COVID-19 pandemic has broken out. In Lebanon, nine out of ten refugees now live in extreme poverty." (UNHCR 2022). UNHCR also adds that "in Jordan, about four out of five Syrian refugees (close to 80 percent) were living under the national poverty line even before the pandemic, surviving on about US$3 a day"(UNHCR 2022) and this worsened after pandemic. Although financial situation in Turkey seems relatively better due to being an economically big country and more informal working opportunities for Syrians, the initial COVID-19 measures had a more severe economic impact on Syrians than on Turkish citizens, causing extreme poverty.

Moreover, the pandemic has also harmed the funding of humanitarian organizations and service provisions, influencing provision of health and education. Some NGO sources, such as those about legal access, were shifted to cash assistance scheme, as many refugees suffer from food deprivation. For example, online home-based education options affected refugee children worse than national due to the limited access to equipment, internet, and extra support. The discrimination and hostility toward refugees have also been on the rise in these countries and peaked following the pandemic, making calls for the returns of migrants

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[3] The study complied with institutional ethical guidelines, and was reviewed by X's Institutional Review Board. Prior to the interviews, each interviewee was anonymized and their permission was sought. Interviews and observations were conducted often in NGO spaces. Data collectors entered interview and observational data into Qualtrics, so that data monitoring could occur in real-time throughout the data collection period. The questions include both closed-ended and open-ended questions on staff's and refugees' adherence to COVID-related mitigation practices.The interviews were conducted in Arabic and then translated into English. Questions on protocol adherence used a Likert-type scale, ranging from "All of the time", "Most of the time", "Some of the time," to "Very little of the time".

(Ozkul 2022). As several crises (in the economy, health, education, social tensions) are intersected, these have exacerbated already-present inequalities and dire conditions for refugee communities (Diab 2021).[4]

All these resource losses of refugees due to the COVID-19 increased stress, anxiety, and behavioural changes (rise in domestic violence) in refugee households, as pointed out in public health and psychology studies (Hajjar and Abu-Sittah 2021). These studies provide ample shreds of evidence for how the COVID-19 increased the stressors faced by refugees such as resource loss, dire living conditions, disruptions to services and social networks, perceived discrimination, and adversely influenced their mental health and well being with noticeable disparities (Alzoubi et al. 2021; Kurt et al. 2021; Jones et al. 2022: 1).

Much more pieces of evidence can be provided about hyper-precarity. Nevertheless, at this point, we would like to consult with our primary data collected from humanitarian NGOs serving refugees during the pandemic and possibly link it with Covid-scepticism. Although our interview data does not directly measure the hyper-precarity, some interviewed staff's statements as a response to the question on the barriers to taking preventative measures during a pandemic give us insights to interpret this situation as hyper-precarity. As an example, one said: "Refugees couldn't use the spaces out of the tent because of weather conditions and they could not move to another place due to financial and security difficulties"(Interview, Lebanon 17.08.2020).

Observations of our data collectors showed gaps in the availability of some resources, such as masks, and with the increasing cost of masks and other protection equipment. Expecting that refugees would purchase them their own is not realistic under given hyper-precarity conditions. Some NGO staff, particularly those serving in Lebanon, pointed out that "the financial situation of the beneficiaries does not help them to buy masks, they prefer to buy bread instead of buying masks." Regarding to the hand hygiene (washing hands and using hand sanitizer), resource availability is a contested issue (anonymized 2021, p.12). Report illustrates that "across all locations, 90% of the staff interviewed reported that water was available in the services they conducted, 88% reported that soap was available, and 92% reported that hand sanitizer was available." However, "observation data indicated more limited resource availability: data collectors observed that water was available 77% of the time, soap was available 75% of the time, and hand sanitizer 93% of the time." (anonymized 2021, p.12). Data collectors' observations also confirm the claim of staff that "refugees infrequently washed their hands, with staff indicating that half the time refugees washed their hands before services "very little of the time." However, according to observation data, refugees used hand sanitizer before services more than staff indicated (only 50% of the time), raising questions about diverging conceptions.

Nonetheless, the general situation of many refugees consulting with humanitarian organizations in these countries might have been surely described as hyper-precarity. It is also important to trace ways in which refugees -often partially, navigate this precarity at discursive, mental, emotional and practical level. It might be considered that their

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[4] COVID-19 related protective measures also brought new challenges. Many refugees share accommodations in camps, makeshift tents, and small basic lodging with other refugee families in overcrowded conditions. Even those in private housing have limited spaces due to the high rents. These spatial conditions provide little protection against COVID-19 that necessitated intense hygiene practices and physical distancing. Particularly in camps in which refugees share common services or social spaces, maintaining physical distancing, frequent testing, quarantines, and maintaining a good health, in general, is complicated. This obviously increased the risk of exposure to secondary infections and decreased hygienic practices' efficacy (Kassem 2020).

engagement with the humanitarian NGOs to seek aid and (health, protection) services is one step in this navigation. There are also other coping mechanisms delved by refugees.

Coping mechanisms against hyper-precarity and COVID skepticism
As Nimer and Rottmann recently noted in the case of Turkey "pandemic governance resulted in increased hyper-precarity and the need to rely on individual coping mechanisms for refugees." It is essential to understand what is the spectrum of coping mechanisms. Traditional coping mechanisms, such as relying on savings, decreasing the expenses (e.g. only having one meal per day), remittances from family members abroad, cash or in-kind aid of host communities and social support in refugee communities continue to serve as a coping mechanism during a pandemic. Still, their impact remained limited as host or relatively well of refugees are also under dire pandemic conditions. Under these hyper precarity conditions and unavailability of other coping mechanisms, it can be hypothesized that covid skepticism might have serve as an additional (mental/discursive/emotional) coping strategy of refugees. At least in our daily exchanges with refugees, we hear their comments belittling the corona risk - with some sarcasm- such as "we have bigger problems than Corona" and "if we do not die from COVID, we will die from hunger".

In this specific research, data collectors heard one refugee comment that they did not take COVID-19 seriously (67 observations total), making over a third of the observations. Among those observations, a third involved comments indicating that the refugees thought COVID-19 was a hoax, a quarter believed that the seriousness of COVID-19 was exaggerated, and 12% told that refugees considered COVID-19 to be a less serious problem than other concerns they had (such as a lack of food or safe shelter)." (anonymized 2021, p.13). Also, some refugees, less than in other categories, think that Covid is an excuse for governments and others to treat refugees poorly. (anonymized 2021, p.13).

Refugees might have (consciously/unconsciously) developed coping mechanisms by using covid skepticism. This is quite common sense considering compounded dire living conditions that are much beyond their own control. There has not been yet specific research on refugees in this regard, but we draw some insights from the quantitative study of Teufel et al. comparing the depression and anxiety of Corona doubters and non-doubters. The study shows how "repression and denial as psychological defence mechanisms could be the unconscious psychological strategy for coping with the distress variables" in the case of a pandemic (Teufel et al. 2021: 1). The list of stressors Syrian refugees face (hyper-precarity) is quite extensive. The health studies illustrate that Syrians refugees are already susceptible and vulnerable to many physical problems such as anaemia, malnutrition, cardiovascular diseases, and psychological issues such as trauma, depression, persistent hopelessness and stress due to cultural diversity, social isolation, and language barriers and resource deprivations (Alzoubi et al. 2021). COVID-19 came on the top of these stressors, urging refugees to repress or deny these stressors for survival. A study about refugees in Turkey found that "COVID-19 presents continuous cumulative multilayered traumatic stressors that have a significant mental health impact on refugees and especially Syrian refugees."(Alpay et al. 2021: 375). Notably, the same study underlined that COVID- 19 traumatic stress has the highest association with its economic trauma, recalling the hyper-precarity discussion above.

Two statements from interviews with NGO staff provide clues to interpret the COVID--skepticism as a coping strategy. One said "some people are not convinced of the existence of COVID-19. Some people believe in destiny and fate."(Interview Turkey, 21.08.2022). Another noted, "they don't believe corona news, submission to reality on the principle of all that comes from God is good. Consider that corona is like any disease and we should have immunity"(interview Lebanon, 03.08.2020).

Although we see the relevance of coping mechanisms in COVID-skepticism, we do not disregard the potential impact of "awareness" or "(lack) of knowledge" facets in the

construction and dissemination of the skepticism process. Nevertheless, we related them with hyper-precarity, rather than considering refugees of being naturally more prone to skepticism. We also see problem in the identification of NGO staff who explain refugees lack of sensitivity with labelling them 'ignorant' 'lazy' or 'careless'.

To elaborate further on the topic, we consult with public health studies on refugees and those studies addressing covid skepticism. Refugee studies is found that refugee communities, particularly those living in camps or isolated spaces, often suffer from health illiteracy and a lack of readily available and culturally appropriate educational materials (Saifee et al. 2021). One quantitative study shows that conspiracy theories about COVID-19 is "the joint product of the "psychological predispositions 1) to reject information coming from experts and other authority figures and 2) to view major events as the product of conspiracies, as well as partisan and ideological motivations." (Uscinski et al. 2020). The lack of knowledge about the COVID-19 infection and symptoms have been more present among refugee communities than host communities, aggravating COVID skepticism. Here contexts of interviews with NGOs matter. Our years of observations in the social work field make us think that refugees who encounter with NGOs to get aid often lack high level education, high level of trust to scientists and numeracy skills. Under these conditions, they might have been susceptible to either lack of information or may be more receptive of misinformation or conspiracy beliefs. These beliefs often come from their small, often closed community circles.

A piece of data from our current dataset support this claim are as follows. A relatively large number of the response of refugees seems to believe that "covid as an excuse for Governments or other to treat refugees poorly." Many interviewed NGO staff said that "The beneficiaries do not believe the information about the Coronavirus," beneficiaries "believe hand washing does not need to be constantly done" Lack of awareness about the severity of COVID is the most common explanation given by NGO staff regarding why refugees do not adhere regulations like social distancing, mask wearing or hygiene rules. While the most common barrier that staff thought kept refugees from following protocols was a lack of knowledge, (anonymized 2021 p.13). Nevertheless, the data indicate that there might be more behind the arguments on "lack of knowledge" as a sole driver of Covid-skepticism. the perceptions of NGO staff about their beneficiaries during the pandemic might be considered as an important dimension to check out as they are source of our data about Covid-skepticism.

Humanitarian assistance organizations's working conditions and perceptions about beneficiaries

During pandemic, the additions of new sets of services in the NGOs' work strained resources. The NGO services in these countries have been under financial stress for a while (from our previous research in the social work field). Pandemic just added another pressing layer. Humanitarian NGOs face significant challenges in limiting infection spread while assisting refugees (anonymized 2021). They had to introduce safety protocols, adopt new practices, and adhere to host states' extra regulations to minimize the risk of infection. The protocols are on social distancing, mask-wearing, and hand hygiene measured as hand washing and using hand sanitizer. Adherence to those protocols is not a smooth process that differs from the type of service, refugee population served, and type of safety protocols.(anonymized forthcoming)

As a burden, NGO staff faced with new individual intensive protective practices, such as "taking temperature every morning" to "wearing masks and gloves", sterilizing hands before and after services" "maintaining physical distance" . They also include new organizational tasks such as "posting posters about Corona", "sending related brochures by mails and emails" "controlling entries of beneficiaries and impose on refugees to wear masks, wash hands or keep distance", organizing training for "awareness-raising for refugees about COVID-19 and its symptoms and prevention ways and how and how long

to wash hands," "adjusting previous face-to-face services such as PSS or educations into online platforms."All these brought an extra burden on NGOs already heavy workload.

Although NGO staff did not directly mention about resource limitation problems, their responses to barriers for adhering protocols can be taken as proxies. Many mentioned about the limited space(s) where the services, particularly services in health care and social activities. They noted that the space issue "turned into a serious problem in continuation of community services. Many pointed out "space limitations" as a barrier for adhering rules such as psychical distance. Some elaborated it further by noting that there is "the necessity of being near children. Space was too limited. The number of children was large" (Interview, Lebanon, 09.08.2020). Another added, "Service requires no space between patient and nurse. [large] number of patients. The center space was narrow" (Interview Lebanon, 30.07.2020). "A large number of patients and visitors, whereas seats in the waiting room are close to each other" (Interview Lebanon, 18.08.2020). "A large number of beneficiaries in one tent."(Interview Lebanon, 03.08.2020).

As expected, our data shows that staff were better at closely following COVID safety protocols than refugees, such as maintaining social distancing. However, it is interesting to observe "staff more closely followed this protocol when around refugees compared to when they were around other staff." (Anonymized 2021: 6). The same pattern is also present for mask wearing. "Staff more consistently wore masks when they were around refugees than when they were around other staff." (Anonymized 2021: 6). These might have signalled the differences in the level of trust toward co-workers and refugees. Here we will share some initial empirical observations about trust issue that might have yielded insights for further theoretically informed research and more comprehensive research.

The responses of NGO workers to the question of "In what situations you do not maintain physical distance?" are illustrative. They noted they keep distancing when " trusting the group of workers," when there is a "mutual trust between coworkers not to be in touch with infected people,"in a situation of "trust among the service providers colleagues that none of them is infected with coronavirus" a "trust between employees that no one's injured, so they don't care about physical distancing." Among respondents, only one mentioned the "mutual trust between beneficiary and service provider" (Interview, Lebanon, 24.07.2020). We might speculate that the inherent assumption of NGO staff is that refugees tend to carry or spread infection more than co-staffs. Additionally, some respondents from Jordan and Lebanon attributed to lack of adhering physical distance or difficulty in maintaining it to: the "chaos", "chaos among beneficiaries", "overwhelming chaos in the camps" "chaos during distribution the relief supplies" "the chaos that occurs by the children." Rather than attributing this chaos to scarcity of resource in camp or service settings, they tend to blame refugees for causing this chaos, raising questions about perceptions of humanitarian staff about their beneficiaries and relations with them.

Conclusion

This article has provided some insights into the humanitarian assistance organizations' service to refugees in Turkey, Lebanon, and Jordan during pandemic. It has attempted to understand potential drivers of covid- skepticism among refugees that humanitarian NGOs mainly notice. drawing from rich literature addressing refugees' worsening live conditions under pandemic and public health studies examining the effects of COVID-19 on the mental-health/wellbeing of refugees, the study has offered to link covid skepticism with hyper-precarity, coping strategies of refugees as well as (mis)trust issue of humanitarian NGOs.

This study highlights how refugees' lax adherence to public health measures, often interpreted by humanitarian staff as "skepticism", may actually be related to the hyper-precarious conditions under which refugees live. The cost of measures such as mask-wearing may not seem worthwhile to refugees who already struggle with enough to eat.

The effort required to avoid a contagious disease might be too stressful for refugees who already live with the anxiety of an uncertain future. Humanitarian staff who assist refugees should not assume that refugees' lax adherence is a result of ignorance or a refusal to accept the importance of public health measures.

The study has a data limitation as it lacks interviews or surveys with refugees. The decision to interview NGO staff was due to the logistical limitations of producing rapid results during the 'crisis' period of the pandemic, a requirement of the study's funder. Our results should be understood as the perspective of the humanitarian workers, and not the refugees themselves.

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