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Confronting Structural Inequities: The Limits of Participation when Developing a Community Health Intervention with Syrian Refugees and Host Communities in Lebanon

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ABSTRACT

Lebanon is one of the most unequal countries in the world, whose economy, social welfare and public health system struggle to meet the needs of the Lebanese and over one million Syrian refugees. Researchers applied Community Based Participatory Research (CBPR) methodology in collaboration with a non-governmental organization (NGO) in an underserved Beirut neighborhood from 2014 through 2016, aiming to address health inequities, build social cohesion among refugees and host populations, and empower community members to develop a community health intervention. We recruited a community advisory board (CAB), conducted six focus groups and sixteen individual interviews, and held several community meetings. In response to the study findings, NGO staff, researchers and community members agreed to work together on a trash collection initiative as a community health intervention. Ultimately, we found the CBPR toolkit to be insufficient to the empirical reality: a series of structural challenges due to entrenched local and national hierarchies, ineffective political processes, and inter- and intra-group conflict driven by competition over privatized social services. Together these resulted in a lack of trust in the collaborative process wherein study participants solicited researchers for aid in return for their involvement, mirroring the Lebanese patronage system. Ultimately, the most expedient path toward change was not through empowerment of oppressed community participants, but through the action of already powerful local individuals. In conclusion, structural inequalities limit the participatory and emancipatory possibilities of CBPR research. Power mapping exercises, which are often used in community organizing, offer an important opportunity to assess viability and lay the groundwork for CBPR projects. Academic and popular media in the Middle East often focus on religious, sectarian conflict; however, in our study conflict both between and among social groups was driven by competition over material resources more than cultural or religious differences.

1. Introduction

In October 2019, the small country of Lebanon erupted in revolution, with millions in the streets demanding an overhaul of a sectarian political system and the overthrow of the ruling elite, who have governed the nation for decades. Lebanon is one of the most unequal countries in the world (Alvaredo et al., 2019), and these inequities have been exacerbated as the COVID-19 pandemic and the recent explosion of 2700 tons of ammonium nitrate plunged the struggling economy further into crisis (Al-Khalidi, 2020; Doherty and Sullivan, 2020; Mounzer, 2020).

The revolution and economic crisis take place against the backdrop of the Syrian refugee crisis, the largest displacement crisis of our time, with 12 million Syrians displaced. Lebanon has one of the highest ratios of refugees per capita in the world, where approximately one in four residents is a Syrian refugee (United Nations High Commissioner for Refugees, 2016). The majority of Syrian refugees have settled in underserved host communities, rather than in refugee camps (United

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Nations High Commissioner for Refugees, 2016; World Humanitarian Summit, 2015), exacerbating vulnerabilities and driving social tensions in local communities where they compete for employment, housing, and basic services (Harb and Saab, 2014; United Nations High Commissioner for Refugees, 2016; United Nations High Commissioner for Refugees, United Nations Development Program, & United Nations Development Group, 2015). Even prior to the Syrian refugee crisis, the Lebanese state was failing to provide basic public services, such as clean water, electricity, education and healthcare. Social welfare groups often connected with sectarian political parties fill in the gaps, fostering patron-client relationships (Cammett and Issar, 2010; Cammett, 2014).

We used a community based participatory approach to design a health program in response to the needs of the host populations and refugees living together in an urban slum in Lebanon, where Syrian refugees live among underserved Lebanese and Dom (Middle Eastern Roma) host populations. The setting of our study is similar to conditions in which Syrian refugees live in many host countries, and therefore our findings may be applicable to these situations as well as other refugee crises.

1.1. Community based participatory research (CBPR)

Community based participatory research (CBPR) aims to empower and build capacity within a community by recognizing its strengths, engaging community members as equal participants in all phases of a project through cyclical and iterative processes that emphasize locally relevant public health problems (Israel et al., 1998; Minkler and Wallerstein, 2008). CBPR emerged from two distinct traditions: the research action of Kurt Lewin and Participatory Action Research (PAR), with roots in the work of Orlando Fals-Borda, Paulo Freire and other anti-colonial scholars in the 1970s Global South (Minkler, 2005; Minkler and Wallerstein, 2008). PAR research arose from an anti-colonial analysis, which argued that traditional knowledge and development discourses were hierarchical and at the root of social inequality. Thus, oppressed people must be involved in generating knowledge based on their lived experience, which forms the foundation for social change (Fals-Borda and Rahman, 1991; Freire, 1970).

As CBPR has evolved, some practitioners have reflected on the inherent challenges of developing equitable partnerships between academic and community partners (Muhammad et al., 2015). Building upon critical development studies, the CBPR literature urges practitioners to be self-reflexive and recognize that the research process itself can reproduce gender, racial, ethnic and socio-economic inequalities which participatory research has the purported goal to undermine (Israel, 2013; Minkler and Wallerstein, 2008; Yonas et al., 2006). While such self-awareness is important to the CBPR process at the individual level, the development literature offers a more structural critique, observing that participatory interventions can enable privatization of public services, by shifting the responsibility for service provision from the state to underserved communities (Cooke and Kothari, 2001; Hickey and Mohan, 2004; Rolfe, 2017).

As family doctors at the American University of Beirut, researchers worked at a community health center run by a non-governmental organization (NGO), serving Syrians, Lebanese and Dom in an urban slum in Beirut. Observing the health and livelihood challenges of the slum's residents, we speculated that CBPR could provide an emancipatory approach to identify the shared needs of the three social groups that the NGO served. We use the term social groups to refer to the groups living in the neighborhood in order to emphasize the cultural and ethnic similarity of the three communities. The trust we developed among slum residents as their physicians served as an entry point for collective work.

Although CBPR literature emphasizes the importance of trust in research partnerships, most writings focus on the challenges of developing trust between academic researchers and community members, rather than describing mistrust among community members as an impediment to CBPR research (Abdulrahim et al., 2010). Some studies suggest that CBPR may promote conflict resolution (Leuenberger, 2015; Yonas et al., 2006), but few studies describe the challenges of engaging in CBPR research with groups in conflict (Leuenberger, 2015). Our work addresses power differentials between researchers and community members and considers the impact of conflict and tension within a community itself. Socially and economically marginalized environments, such as in our study or slums and informal settlements around the world, permit the emergence of exploitative local leaders or "Mafia-like" groups, such as those described in Jordan's Zaatari camp (Kimmelman, 2014; Kingori et al., 2014). We reflect on the challenges for community empowerment in such a context.

Most applications of CBPR with refugee populations describe partnerships with refugees settled in North America and Europe. Our work builds upon the growing field of CBPR with refugees in the Middle East, Africa and Southeast Asia (Haley et al., 2014; Makhoul et al., 2012; van der Velde et al., 2009). We lastly consider the structural implications of creating a CBPR intervention in response to the failure of a state to provide basic public services. We hope that our experience will shed light on the utility of CBPR research to find sustainable solutions to address the needs of underserved Syrian refugees and host populations in this protracted crisis.

1.2. Site and study population

The study took place in an informal settlement outside of a major city in Lebanon, in an area inhabited by a diverse population which includes the Dom, Lebanese, and Syrian refugees who have settled there since 2011 (Carpi, 2015; M. Harb, 2006). The Dom are the Middle Eastern Roma, formerly nomadic peoples thought to have migrated from India between the 3rd and 10th centuries A.D. The Dom live on less than a dollar a day per person and are often socially marginalized. 77% are illiterate, compared to 10.3% of the overall Lebanese population. 21% of Dom in Lebanon report not having any citizenship, which excludes them from public health services and education (Squire and Hope, 2011; Bochi, 2007).

An NGO has operated a health center and an education center for 20 years in the shantytown, originally serving the impoverished Lebanese and Dom residents of the slum. Like many NGOs in Lebanon, it began to offer services to Syrian refugees in 2011. The NGO health center serves 2500 households, providing free consultations, subsidized medications and tests and educational sessions to underserved patients. Acknowledging that many health problems stemmed from poor living conditions, the NGO also attempted to address waste disposal and other environmental issues prior to this study.

Residents in the neighborhood lack access to basic government services, such as clean water, sewage or electricity. Security in the neighborhood is tenuous, due to illegal activity as well as intermittent political violence. Prior to the study a bombing had occurred less than a kilometer from the study site, and at one point during the study period fighting broke out for a few days. Therefore, NGO and research activities typically stopped at 4PM, out of concern for the safety of research and NGO staff.

2. Study design and project development

2.1. Establishment of the partnership

We approached the NGO in June 2014 to collaborate in a CBPR research project to design a community health program for the health center patients (See Table 1 for study timeline.). We had witnessed the impact of social and economic marginalization on shantytown residents, and NGO staff were interested in further programming to address social determinants. We selected CBPR to engage community members in designing a community health worker program to address their needs. The researchers and NGO opted to target women as the principal group who had contact with the health center as patients and caregivers. We

Table 1
Study timeline

Month, Year	Study Activity
June 2014	Researchers approached NGO regarding CBPR collaboration
March 2015	Community Board recruited and first meeting conducted
March–June 2015	Initial focus groups and interviews
June 2015	Informant feedback with preliminary data analysis
July 2015–March 2016	Qualitative data analysis, planning efforts for trash collection initiative
March 2016	Expanded community board agrees to implement local trash collection initiative
April 2016	First day of trash collection cancelled and project placed on hold
April 2017	Trash piles in the street when municipal trash collection contract expires and residents self-organize to improve waste collection
December 2018	Key informant interviews with community members and NGO staff

further hoped to empower women by soliciting their input, including them in the decision-making process through a community board, and building upon their self-efficacy as they shaped community change.

In March 2015, we worked with the NGO staff to recruit women who frequently participated in community education activities to the community advisory board (CAB) (Newman et al., 2011). As a central goal of the research process was to develop a community health program to address the needs of all, we prioritized diverse representation, recruiting twelve women, four from each of the three social groups (Lebanese, Dom and Syrian refugees) to the first meeting. The CAB members ranged from ages 20 to 60, and all members had children. Researchers and NGO staff had selected childhood illness as the initial topic of discussion at the CAB meeting because pediatric sick visits comprised half of annual health center visits. At the first CAB meeting, topics were deliberately broad, including: *What do you think makes children in the neighborhood sick?* After participants unanimously identified poor living conditions as the root of childhood illness, researchers modified instruments to focus on the local environment rather than a community health worker program and community members began to refer to the project as the "study about the environment."

2.2. Participant recruitment and data collection

NGO staff informed married women with children in the neighborhood about the study and community board members encouraged their neighbors to participate in focus groups. Researchers used qualitative methods to explore community beliefs about causes of illness and potential solutions, and conducted two focus groups in each of three social groups, using stratified purposive sampling to make comparisons among health beliefs and community health priorities of the different social groups (Denzin and Lincoln, 2011; Patton, 2002). Focus groups were also used to formalize and decentralize the community dialogue, in order to engage a broader group than the community board. All focus group participants were invited to the informant feedback community board meeting, where they discussed a community health intervention to respond to research findings. Researchers used reputational case selection and unique case selection to identify women perceived as knowledgeable about local health beliefs or individuals who had a particularly unique experience or point of view, respectively, for individual interviews following the focus groups (Denzin and Lincoln, 2011; Patton, 2002).

In March through June 2015, researchers conducted six focus groups (n = 44) and sixteen individual, in-depth interviews in Arabic, using a semi-structured interview guide, on the topics of childhood illness and community health priorities and potential solutions. We also conducted six interviews with NGO staff regarding community health programs and priorities in the neighborhood in March 2015.

Focus groups and interviews included questions focusing on community health, such as: *What are things the NGO can do to support the health of children in your community more?* And *What kind of community health programs would be most helpful?"* Interviews with NGO staff inquired about previous and existing community health programs. The lead author conducted all interviews and focus groups in Arabic with two female research assistants. Participants lived within walking distance of the NGO where focus groups and interviews were conducted, and childcare and light refreshments were provided onsite. Participants received a nominal gift, a box of tea, which the NGO had suggested as an appropriate form of compensation. Interviews and focus groups were audio-recorded with participant consent, translated and transcribed into English. The lead author and research assistants listened to all recordings and verified the English translations.

The lead author and two research assistants recorded field notes during all focus groups. Researchers debriefed after each focus group to identify themes and topics for further exploration and to select participants to invite to individual interviews to probe further into areas of interest.

After multiple attempts to organize a trash collection initiative as a community health intervention, the first author conducted 19 key informant interviews with community members (4 Lebanese men, and 3 Dom, 4 Lebanese and 3 Syrian women) and five NGO staff members in December 2018, to explore the perceived impact of the intervention and the CBPR study in the neighborhood.

2.3. Characteristics of community, academic and NGO partners

Community participants included 49 women (13 Lebanese, 15 Dom and 21 Syrians), who ranged in age from 18 to 65, with a median age of 34, and four Lebanese men, who ranged in age from 20 to 42. Although a majority of Lebanese and Syrian participants had some formal education (76%), the majority of Dom participants had no education (80%). (See Table 2 for further demographic details of focus group participants). Only Lebanese men participated in the study as Dom and Syrian men were frequently working during study activities, and women were the central focus of the study. The field research team included the Lebanese-American first author and two female, Lebanese research assistants, one of whom was the second author. Members of the field team were in their 20s–30s and of a middle-class background. The first author was a family physician, who cared for patients at the NGO clinic for 6 months prior to the study. The first author made most contacts with the NGO and community participants, developing relationships with

Table 2
Demographics of female focus group participants and community board members

	Lebanese (N = 13)	Dom (N = 15)	Syrian (N = 21)
Age Median (Range)	42 (18–60)	30 (27–65)	33 (20–52)
Number of Children Median (Range)	4 (1–7)	4 (1–9)	4 (2–8)
Education N(%)			
None	3 (23.1%)	12 (80.0%)	5 (23.8%)
Primary	9 (69.2%)	3 (20.0%)	10 (47.6%)
Secondary	1 (7.7%)	0 (0.0%)	6 (28.6%)
Occupation N(%)			
Homemaker	12 (92.3%)	12 (80.0%)	18 (85.7%)
Informal[a]	1 (7.7%)	3 (20.0%)	3 (14.3%)
Spouse Occupation N(%)			
Unemployed	1 (7.7%)	3 (20.0%)	2 (9.5%)
Informal[a]	0 (0.0%)	2 (13.3)	3 (14.3%)
Formal[b]	11 (84.6%)	7 (46.7%)	15 (71.4%)
Other	1 (7.7%)	2 (13.3%)	1 (4.8%)

[a] Informal labor refers to precarious work such selling CDs on the street or collecting scrap metal.

[b] Formal labor refers to wage or salaried employment, such as construction, retail, maintenance, etc.

community board members who frequently invited her into their homes. During the study, the lead author was enrolled in a global health fellowship in the United States, which required her to fulfill clinical responsibilities in the US for six months a year, while coordinating the study. The lead author maintained contact with community board members while traveling via WhatsApp, but due to limited funding for study staff, gaps in community contact occurred when the lead author was traveling. NGO staff participants were mostly middle-class Lebanese women, as well as one Lebanese man and a European-Arab woman.

2.4. Data analysis

The first and second authors, both of whom were involved in data collection, read and annotated the focus group transcripts, following a grounded theory approach (Boyatzis, 1998; Crabtree and Miller, 1999). The lead author then developed an initial coding framework, using codes grounded in the data as well as social ecological theory (McLeroy et al., 1988; Stokols, 1996). All three authors coded the first two focus groups and then met to discuss inconsistencies in application of codes and emerging conceptual categories and to refine the codebook. The first two authors independently coded the data using Dedoose software (Dedoose, 2015). Inconsistencies in the application of codes were reviewed and revised in research meetings until consensus was met, and the codebook was refined throughout the coding process. Researchers took memos through the analytic process to note relationships between codes and how codes and conceptual categories developed. Researchers used Dedoose software to review co-occurrence of codes to identify cross-cutting themes and conceptual categories. The third author, who was not involved in data collection, read all transcripts to identify themes, and the research team met to discuss the final codebook and a compilation of representative quotes to engage in mutual reflection on themes and conceptual categories. Preliminary findings were presented to community participants and NGO staff in June 2015 for informant feedback and discussion of next steps for an intervention; feedback was consistent with overall conclusions of the research team. This meeting was also recorded and included in the data analysis.

2.5. Ethical and safety considerations

Researchers obtained verbal consent prior to all interviews and focus groups to protect confidentiality. Informed consent procedures emphasized that participation was voluntary and not linked to receiving assistance from the NGO partner or other organizations. Participants were assigned a unique code at the point of transcription and identifying information was redacted. The Institutional Review Boards of the Harvard T. H. Chan School of Public Health and the American University of Beirut approved the study protocol.

2.6. Implementation of the community health intervention

The project had initially been designed to guide the creation of a community health worker program. However, as participants overwhelmingly identified poor living conditions as the primary source of illness in the neighborhood, NGO staff, researchers and community members agreed to work together on a trash collection initiative as a community health intervention, from June 2015 through April 2016. The municipal waste company collects trash from public dumpsters. However, a few years prior the study a local landlord removed the dumpsters closest to the NGO clinic to illegally build a rental property after which residents piled trash in the street. Although the waste company periodically removed the trash pile, it attracted rodents and at times even blocked traffic. The NGO had worked with community members to address the waste disposal issue prior to the study, but previous attempts failed when community members were unable to agree on placement of trash bins.

Challenges of the previous waste disposal efforts emerged in interviews and focus groups and during participant observation in the neighborhood. CAB members repeatedly argued that change could not occur without the assent of the powerful men, including the landlord who had exacerbated the local trash problem by removing the waste disposal bins a few years earlier. However, community members and NGO staff also shared stories of violent episodes involving conflicts with these powerful men. Researchers and NGO staff shared a concern that involving the powerful men in the project would provide them further legitimacy and power in a neighborhood where they dominated and intimidated residents. However, it was also clear to all that substantive changes in the neighborhood required the assent of these local power players. Thus, the NGO and researchers invited five men, two of whom attended, to participate in a board meeting in March 2016, at which participants decided to hire a local man to collect trash daily, for a monthly household fee. During this meeting one of the influential men insisted that the NGO should give him $250 USD to buy a special cart, which a man he recruited could use to collect the trash. The NGO had already offered a large, rolling, trash receptacle and declined to purchase the cart. The local NGO also partnered with an international NGO to organize a cleanup day in the neighborhood, which was intended to kick off the local trash collection initiative. Citing security concerns, however, the international NGO did not participate and the cleanup day was cancelled. The trash collector, who had been recruited by one of the influential men, did not come, and trash collection never began. During attempts to resolve the waste disposal issue prior to the study, NGO staff reported being blamed by some residents for the project's failure, and staff feared negative repercussions should the trash initiative fail a second time. Furthermore, international NGOs were reluctant to work in the neighborhood because of violent activity, including reports some residents had threatened municipal and aid workers. As the NGO was likely to bear the brunt of any negative repercussions, researchers deferred to NGO staff recommendations to put the trash collection initiative on hold.

In late spring 2017, the contract for the municipal waste company expired and trash was not collected for a week, piling in the street near the NGO health center, obstructing traffic and causing a small crisis. A few of the local, influential Lebanese men who had been involved in previous attempts to design a local trash collection system approached the NGO for help. At their behest, the NGO contacted the municipal government, which sent a garbage truck to collect the waste. When the truck arrived, the men gathered and agreed on a new system for waste collection. When the garbage truck arrived daily it would honk the horn to notify residents, who would deposit waste directly in the truck. The men walked door-to-door to inform residents of the new system and established a 24-hour watch to prohibit trash dumping at the previous disposal site. The new system sustained a visibly cleaner neighborhood, and in December 2018, one researcher interviewed key informants and NGO staff regarding the intervention.

3. Results

Results demonstrate three overarching structural challenges to a participatory process in the neighborhood including local and national power dynamics, inter- and intra-group conflict driven by competition over basic services, and a lack of trust in the collaborative process wherein study participants solicited researchers for aid in return for their involvement, mirroring the Lebanese patronage system.

3.1. Local power dynamics

Some residents in the slum asserted that they felt powerless to create change because one politically well-connected family controlled the neighborhood. They explained that one of the landlords in the family exacerbated the local waste disposal problem by removing government dumpsters to build a rental property.

> Who controls the neighborhood here? The —— family, they are the ones throwing the trash. If you closed the street for the day it would be clean because they would not be able to send their children dragging their garbage in a bag, which would rip and litter the entire street all the way to the dumpster.

– *31-year-old Syrian woman, Syrian FGD1*

Some residents expressed that they were afraid to speak about the powerful family, especially in a group setting. Identifying characteristics, such as age, have been withheld to protect participant confidentiality.

> Here you have owners and they have tenants … I can't speak. They will kill me.… I can't speak in front of those that were sitting [at the meeting]. They will know right away who I am talking about, and they will come after me. So because you are telling me that this conversation is confidential and no one from outside will hear it, I am daring and speaking.

– *Lebanese female*

> They [the powerful family] don't care … Any word you say to them they pull a gun on you. They control this area … This is the sort of environment we are living in. This area is just for them. They are at the top.…No one can oppose them not even the government.

– *Dom woman*

NGO staff also noted that powerful local men, whose assent was essential to the success of any intervention, intimidated many neighborhood residents. Staff members described previous attempts to organize a trash collection intervention in the neighborhood and expressed concerns that a failed attempt could have negative repercussions.

> When we had the meeting here [about the trash] we had all the big men of the area … What happened at the end which made us uncomfortable was that we were being blamed … People were telling each other that we wanted to put the trash in front of their house, so they were coming here angrily saying, 'Why are you guys putting the trash in front of our house?' So that's the rumor that happened … and in the face of this, it became very personal and we pulled out. One of them was very aggressive … Negotiating the politics of this area is not simple.

- *NGO staff member*

> We have some very difficult neighbors, Mafioso types … we have to be very careful.

- *NGO staff member*

3.1.1. Political marginalization and lack of security

Lebanese and Dom participants complained about the lack of presence of the municipal government in the slum, including a lack of public services and security or protection from the powerful families. Syrian participants particularly lamented the lack of police presence in the neighborhood.

> In this area honestly, nothing works. It has no municipality presence. Water is obtained illegally and so is the electricity, everyone is living through theft and corruption. I am not talking about those present here. It is mainly about the landlords.

– *51-year-old Lebanese female, Lebanese FGD2*

> Facilitator: Are you scared of the police?
>
> Multiple voices: No, no.
>
> P3: No, at all, if there had been security it would be better.
>
> P2: There is no police, for instance, if they arrest one of the bad guys, in three days he comes out of jail, as if nothing happened.

– *Syrian FGD1*

One Lebanese resident specifically noted that the Lebanese electoral law undermined the accountability of local politicians to slum residents. The law requires citizens to vote in the area of the country where their family is registered, which for some residents was in a different part of the country. While most of the Dom residing in the slum have Lebanese citizenship, some do not and are unable to vote.

> We are from the South. When we vote, we return to our village. We are in Ghobeiry [municipality], but we don't vote here. Sometimes they [politicians] come here and collect names, but nothing ever comes of it.

– *45-year-old Lebanese male*

3.2. Conflict driven by competition over basic services

Participants described the conflict among members within social groups as well as between social groups as a barrier to collaborative work in the neighborhood. Most of the animosity between social groups was focused on the poor living conditions and limited resources in the slum. Study participants and NGO staff reported incidents in which residents threatened municipal and NGO employees working in the neighborhood. In one case, a man threatened and demanded aid from an employee of an international NGO, while the aid worker was assessing his neighbor's home.

Syrians reported that Lebanese neighbors scapegoated them for the trash and multiple Syrian women complained that their Lebanese neighbors asked their children to dispose of their trash. Syrians also were not included in the community improvement efforts of Lebanese and Dom residents.

> All of us the Syrian women, we wait for Sukleen (trash collecting company), and we go to throw the trash out. What they [Lebanese] do is that they wait for the area to be cleaned by Sukleen and then they throw the trash outside after, and when they are asked who messed up the area they curse at the Syrians.

– *35-year-old Syrian female, Syrian FGD1*

> Some people are just not used to living in cleanliness. The Lebanese value cleanliness, but the Syrians aren't used to it.

– *38-year-old Lebanese male*

Many Syrian women complained that Lebanese neighbors prevented them from using clean water from a tank trucked in by an international NGO as a response to the Syrian refugee crisis.

P3: The [water] tank next to our house … I send my son with a container to fill it up. There is a Lebanese woman sitting across from the tank screaming,'Ya nawar! Ya ghourbat! [slurs] Why are you using the water?' This water is placed for the Syrians. They just want to take it to clean and wash up, so it's ok if they use it. But we use it. It's put there for us.

P7: It's not a matter of water only. It is about the situation in general, the water, the rent and the electricity.

– *Syrian FGD1*

Many Lebanese and Dom residents complained that they felt neglected. Some Lebanese participants stated that they felt like "refugees," underscoring that they too were struggling to make a living and should have been entitled to UN subsidies like the Syrians. Thousands of Syrian workers lived and worked in Lebanon prior to the refugee crisis, or were married to Lebanese. A few participants lamented that they were unable to find aid for themselves or their children because they were either Lebanese and married to a Syrian, or Syrian and married to a Lebanese.

Nobody is helping us. All the help is going towards the Syrians. They live here. They are working here. They also have land and lives in Syria, but now everybody is providing aid for them.

– *55-year-old Dom female*

P7: I swear to God it feels as if we are the refugees. The Syrians who are living in the neighborhood are receiving food supplies, and $300 USD for rent [from the UN] … They receive the supplies and they sell them. Their men are working and yet they say they have nothing. And they are bad-mouthing the Lebanese. We are carrying the Syrians on our heads, and they just speak ill of us and say, 'We wish we didn't come to Lebanon. What is this life we are living here?' They curse us and complain about water and life.

P6: We, the Lebanese, are starving. We are not capable of feeding our kids.

– *Lebanese FGD2*

While much of the conflict among social groups was focused on the resources or poor living conditions in the slum, some participants made discriminatory statements about others. A few Lebanese participants made disparaging comments about the Dom, suggesting that they did not deserve a health intervention.

These people [Dom] aren't people. They don't deserve anything. They are dirty and their children come and put the trash here. They are beggars … They have money, but it's in their nature that they are beggars. If you put them in a castle, they will sell it and come back here.

– *20-year-old Lebanese male*

A few participants mentioned religious, sectarian differences as a source of conflict in Lebanon, while others insisted that religious sects did not matter because all are equal.

We are all Arab, we are all brothers. Some differentiate this is Syrian, this Shi'ite, this Sunni. Lebanon is weird. Back in Syria we do not differentiate between Shi'ite and Sunni or Lebanese and Palestinians. They do that here in Lebanon.

– *20-year-old Syrian female*

Listen, here in this neighborhood we don't talk about these things. For example, I am Shi'ite, those are Sunni, these Shi'ite … There are all kinds of people next to me and I respect everybody. I drink coffee with them.

– *50-year-old Lebanese female*

In Lebanon, most political parties also have a religious, sectarian affiliation, and many people support the party which belongs to their sect. However, one participant suggested that neighborhood residents supported political parties for personal protection, instead of always supporting leaders of their own religious sect.

Participant: This area that we are in is with Hezbollah (Shi'ite party). The other one is with Saad Hariri (the Sunni Lebanese Prime Minister) … But some of the Dom are with them [the Shi'ites].

Interviewer: Regardless of the religious sect to which they belong? Whether they are Sunni or Shi'ite?

Participant: It's nothing. It's ok. They are just with a party … For example, they [the Dom] are Sunni but they are allied with the Shi'ites. I mean, they like the Sayyed [Hassan Nasrallah, leader of Hezbollah, the populist Shi'ite party] more than the Sunni leaders. Yes. And also, they want to protect themselves. They take this stance so they don't get hurt.

– *30-year-old Dom female*

3.3. Lack of trust in a collaborative process

Researchers prefaced every focus group discussion with an explanation that the goal of the initiative was to develop a community health intervention for the entire neighborhood, rather than individuals. All participants expressed the feeling that people in the slum didn't work together, and some commented that there was a lack of trust among neighbors.

The issues will have a solution if people love each other, but here no … One hand alone cannot clap, but two hands can. Here unfortunately each is on his own.

– *45-year-old Lebanese female, Lebanese FGD1*

Few neighborhood residents had previously participated in research projects, and some participants arrived to focus groups expecting to receive a lecture, as the NGO frequently offered community education on a variety of topics. When asked about barriers and facilitators to community health projects, respondents from all social groups stated

that most neighborhood residents preferred to receive things, and found information and other forms of aid less useful.

> They would go if it's for a blanket or food. But if it's a lecture they think they are not benefiting.

– *36-year-old Syrian woman*

> If I stand outside and say that there is someone giving financial help, you will find people lining up in front of our door.

– *50-year-old Lebanese woman, FGD 1*

Many participants made specific requests for improvements to their own homes, appliances or furniture, while others asked for referrals to aid organizations. For an entire year, a few participants, including one powerful landlord, lobbied the researchers to solicit the NGO on their behalf for funding to pave an alleyway, and a rumor circulated in the community that the researchers were going to pave the alleys in the slum. Eventually the group of study participants pooled their resources with a contribution from the NGO to pave one alley in the slum.

One Lebanese landlord frequently asked researchers for funding to pave alleys and clean local trash piles, asserting that he often hired people to clean up the neighborhood and requesting matching funds. On one occasion when a researcher visited, he immediately hired three adolescent boys to clean the trash, placed folding chairs in the alley, and invited the researcher to sit with him and watch the cleanup. Afterwards he asked her to lobby the NGO for funding to pave an alley near his home. On another occasion two Dom women requested a private meeting with the researchers in their home. They requested clothing, furniture and home appliances and promised to keep the source of any donations secret. When the researcher explained that the goal of the research project was to help the entire neighborhood, the women insisted that they were helping the researchers with their project and should receive support in return.

4. Discussion

This study aimed to develop a health intervention using CBPR methodology with Syrian refugees and host community participants in an urban slum. To our knowledge, this is the first study to apply CBPR methodology with refugee and host populations in an ongoing humanitarian crisis. Ultimately, we found the CBPR toolkit to be insufficient to the empirical reality: a series of structural challenges due to entrenched local and national hierarchies, ineffective political processes, and inter- and intra-group conflict driven by competition over privatized social services. Together these resulted in a lack of trust among community participants and in the collaborative process wherein study participants solicited researchers for aid in return for their involvement, mirroring the Lebanese patronage system. Although an intervention eventually resulted from our work, it was the action of a few leaders in the slum.

Many aspects of the CBPR process were imperfect, given the intermittent breaks in the study due to the travel schedule of the first author, which limited the ability of researchers to continuously engage with participants during the three years of the study. While community members shaped the research and decisions around the community initiative, researchers and NGO staff ultimately made high-level decisions, such as deciding to put the trash collection project on hold. On the other hand, the NGO, which had maintained a continuous presence in the neighborhood for over a decade, similarly struggled to navigate the complex, local power relationships, in particular the dominance of local landlords, who intimidated and were viewed as dangerous by community members and NGO staff. Thus we conclude that the political landscape of the neighborhood was the central obstacle preventing researchers from safely fostering an open participatory process. Our findings therefore question the emancipatory possibilities of the CBPR approach in our context. We further reflect on the problematic of participatory research in development and humanitarian response, a challenge explored widely in development studies, but scantly in the field of public health (Cooke and Kothari, 2001; Hickey and Mohan, 2004). By way of concluding, we examine the challenges of CBPR specifically within the global health context, where international partnerships broaden the inequalities between participants and researchers and pose challenges for continuity and sustainability of partnerships.

Structural inequalities and power differences among participants and within the Lebanese political system made it difficult if not impossible to develop an equitable partnership. The CBPR literature frequently explores the challenge of building trust and bridging power imbalances between academic and community partners (Cargo and Mercer, 2008; Israel, 2013; Israel et al. 1994; Israel et al., 2006; Israel et al., 1998; Minkler, 2005; Minkler and Wallerstein, 2008; Wallerstein, 1999). However, in our setting the entrenched local power structures, wherein some residents exploited or intimidated others, made it difficult if not impossible to develop an equitable partnership. The highly politicized issue of trash collection attracted the attention of powerful landlords, who dominated and attempted to profiteer via the community process, ultimately undermining efforts to empower community members through a collective project.

Community empowerment is one of the core principles of CBPR research (Israel, 2013; Israel et al., 1998; Minkler and Wallerstein, 2008), and is often depicted as a benign and positive process wherein outsiders help oppressed people build power and self-efficacy. However, we found empowerment to be a risky enterprise in a community dominated by a few "Mafioso-types." After two failed attempts at trying to organize a trash intervention, we stopped pursuing the issue due to shared concerns with our NGO partner about possible negative repercussions of a failed intervention. Ultimately, the most expedient path toward change was not through empowerment of oppressed community participants but through action of already powerful local individuals. Cooke and Kothari argued that participatory approaches can reinforce existing power inequalities in communities (Cooke and Kothari, 2001), and Israel and colleagues acknowledged the impact of local inequalities on participation in CBPR research (Israel et al., 1998). In this study, using CBPR methods to engage community members to shape a health project invited local power players to dominate the community in yet another space. Ideally all parties in a CBPR initiative should be committed to horizontal power sharing. However, the landlords were not interested in sharing power and had previously used violent means to enforce their will. Therefore, we found that mere participation was insufficient to overcome local structural inequalities. It is important to recognize that complex power structures, which predate CBPR initiatives, exist in all communities, and researchers must familiarize themselves with these structures prior to attempting community empowerment activities. Power mapping exercises are often used in community organizing to inform community campaigns. Informal hierarchies may be invisible at first glance, and given their profound impact on the possibilities of CBPR research, power-mapping techniques would be a critical tool to enhance the CBPR toolkit.

In addition to the entrenched hierarchy within the slum, the political marginalization of the shantytown represented a further obstacle to community engagement. CBPR initiatives at times lobby the local government for change, but study participants reported that the local government took little interest in their situation and had little hope that the collective process could bring about concrete change. In Lebanon, voter registration district is derived from the father's or husband's historical district of origin, which does not necessarily correspond to their place of residence (Cammett and Issar, 2010). Thus, most Lebanese citizens cannot vote for their local representatives, because they are registered in other regions of the country, and in turn representatives are not

accountable to the residents in their district. Furthermore, many of the Dom do not have Lebanese citizenship and cannot vote (Bochi, 2007). A lack of trust in the government detracted from the sense of collective efficacy and discouraged participation.

Although media coverage and academic discourse in the region often focuses on cultural or religious differences, in our study conflict seemed to be focused more on poor living conditions or competition over resources. Study participants reported competing with each other over access to resources. Some residents would ally themselves with political leaders from a different religious sect for protection. These findings complicate sectarian loyalties as fragile and often related to service provision, (Cammett and Issar, 2010; Cammett, 2014). That said, we also found that the different social groups discriminated against and scapegoated each other, with Lebanese participants, in particular, seeking resources for themselves and describing the Syrians and Dom as undeserving. While we had hoped that engaging the different social groups together would help to diffuse social tensions through work for the common good, in practice the different groups resisted or had difficulty working collectively. In contrast, Harb and Saab discovered that employing Syrian refugees and Lebanese residents together on work teams in rural Lebanon improved social cohesion and decreased animosity between the two groups (Harb and Saab, 2014). The Lebanese have expressed increasing dissatisfaction with their sectarian political system, which many argue is at the root of endemic corruption in the small nation (Lindsey, 2019; Reuters, 2020). We, therefore, conjecture that similar projects, which directly address structural problems, by providing employment or other income-generating activities, may prove more fruitful in diffusing social tensions between refugees and host populations.

As previously mentioned, the international nature of the research collaboration also likely undermined the partnership. This is yet another structural limitation of the project, as the lead author who had made the principal contacts with the community and NGO was enrolled in a "global health" fellowship, which required her to work clinically in the US for six months per year, while simultaneously coordinating the research project. Funding was insufficient to maintain a continuous study team presence, which contributed to the challenge of engaging participants in a community partnership. As CBPR methods are increasingly used in global health initiatives, it is critical to find ways to sustain continuous relationships over time in order to promote sustainable programs.

Our collaboration with the NGO partner, which had a long history providing medical care and education for residents of the slum, helped us to rapidly build trust and recruit community members into the study. However, it was challenging to shift the expectations of residents toward a participatory model in which they would work together on a project, rather than receive services. Perhaps a more sustained process, with more concrete structures of accountability and authority of the community board, could have shifted the partnership towards a more equitable and transformative paradigm. Academics frequently interface with NGOs or non-profit organizations as community stakeholders in CBPR partnerships. However, entering a community via an NGO, rather than a representative organization comprised of the target population may complicate the development of a participatory process.

Lastly, the aforementioned obstacles contributed to a lack of trust in the collective process and an attempt to engage researchers as political patrons. Although researchers repeatedly explained that the objective of the study was to design an intervention to benefit all residents, participants solicited us for material goods in return for participation or asked us to lobby the NGO or municipal government on their behalf. While most of the slum residents lived in deep poverty, the wealthy landlords most frequently solicited researchers. In one notable example, a landlord performed his commitment to cleaning up the neighborhood, inviting the researcher to sit with him to watch adolescent boys, whom he had hired, clean the street and afterwards asking the researcher to lobby the NGO for money on his behalf. Participants thus treated the researchers as power brokers or donors, replicating the Lebanese social welfare system, wherein underserved communities rely on non-state actors, including sectarian political parties, to meet basic needs when public services are inadequate (Cammett and Issar, 2010; Cammett, 2014).

In our attempt to respond to the participants' observation that poor living conditions and lack of clean water and sanitation were at the root of health problems, we attempted to create a locally-funded waste collection intervention. However, the residents were not wrong to expect that this service should have already been provided by the local government, without additional effort or financial contributions by individuals living on less than a dollar a day. This raises the question of where the responsibilities of the state and civil society or non-state actors, including participatory researchers, begin and end. If the ultimate goal of our work is indeed social transformation in order to liberate underserved populations, then we reflect on whether our capacity building activities are placing undue responsibility on underserved communities to provide for themselves while absolving the state of its duties.

5. Implications for policy, programming and research

While participation is important, it has in some cases been fetishized as a silver bullet for empowering or designing development projects in marginalized communities. We argue that participation alone cannot remedy structural inequality, and without power analysis and strategic planning to redistribute or share power, CBPR projects are unlikely to foster transformative social change. Empowerment is often a stated goal of participatory research, which may require confronting or dismantling an exploitative existing hierarchy. Self-appointed leaders may respond negatively if their dominance is challenged by a participatory initiative, and researchers must be attentive to the risk of reinforcing existing hierarches, becoming entangled in local power struggles, and other unintended consequences of a CBPR initiative. The viability and approach of a participatory process and community intervention are profoundly influenced by existing local power dynamics (Muhammad et al., 2015; Wallerstein et al., 2019), and we therefore recommend incorporating power mapping exercises in the preliminary steps of CBPR project design.

Academic and popular media in the Middle East often focus on religious, sectarian conflict. While we witnessed animosity among the three social groups in our study, these conflicts were less focused on inherent cultural or religious differences than on competition over material resources. Our findings foreshadow the Lebanese revolution, where economic concerns prevail over sectarian loyalties, prompting citizens from all sects to unite in opposition to the sectarian political system and the political elite. Such competition is aggravated by extreme poverty and disenfranchisement and hence results in large rifts between community members.

Lastly, we wish to emphasize the particular importance of self-reflexivity among global health researchers engaged in CBPR projects. Global health researchers may face challenges in maintaining continuity in CBPR projects due to the international nature of their collaboration, and global health programs and funders should prioritize continuity and community engagement in program design. Furthermore, CBPR researchers in underserved global health contexts may be asked to develop interventions to supplement government services. As we respond to participants' expressed needs, we must take care to avoid shifting responsibility for service provision to marginalized or underserved communities. As academic partners working toward social transformation, attention to the principles of participatory research may be insufficient to create an emancipatory process without an explicit intention to redistribute power and resources through our efforts.

Author contributions

Lara Jirmanus: Conceptualization, Methodology, Software,

Investigation, Project administration, Funding acquisition, Writing – original draft, Review & Editing, **Micheline Ziadee**: Investigation, Formal analysis, Writing – review & editing, **Jinan Usta**: Supervision, Methodology, Formal analysis, Writing – review & editing.

Declaration of competing interest

None.

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