



Rapid Needs Assessment

Impact of COVID-19 on Vulnerable Populations in Jordan

Urban Areas and Azraq Camp

1st April 2020

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The overall aim of this rapid needs assessment is to better understand the impact of both COVID-19 and the containment measures and restrictions implemented by the Government of Jordan on CARE Jordan's beneficiaries, which include the elderly, pregnant and lactating women, people with disabilities (PwDs) and households with serious health risks and needs.

% of Households
has PwDs **24%**

Sample Households details



The findings are based on a survey of 267 households of CARE programs living in the Jordanian governorates of Amman, Irbid, Mafrqa, and Zarqa.

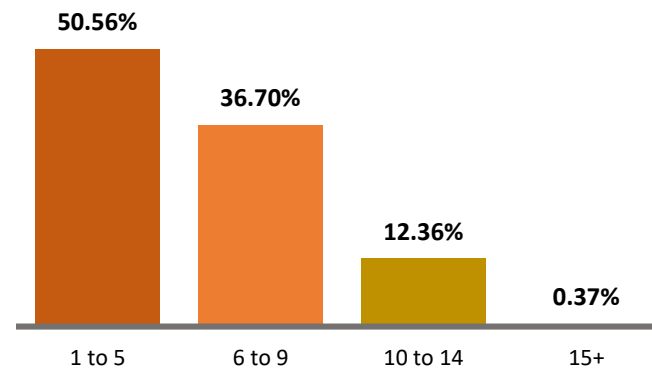
134
Females



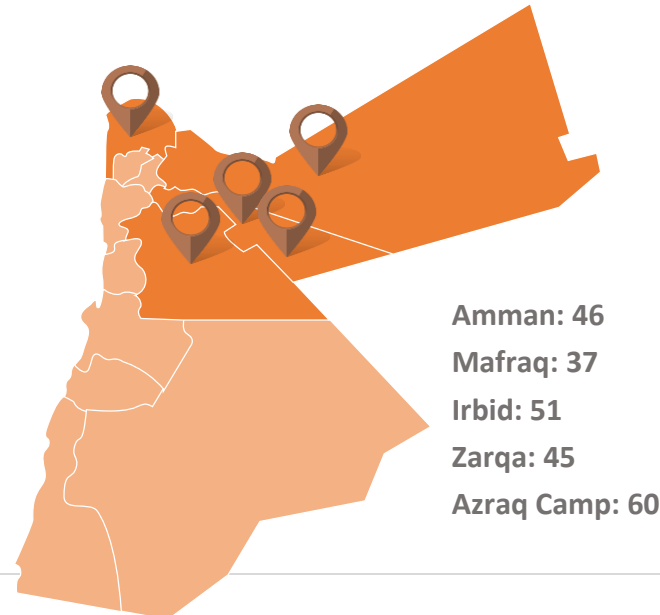
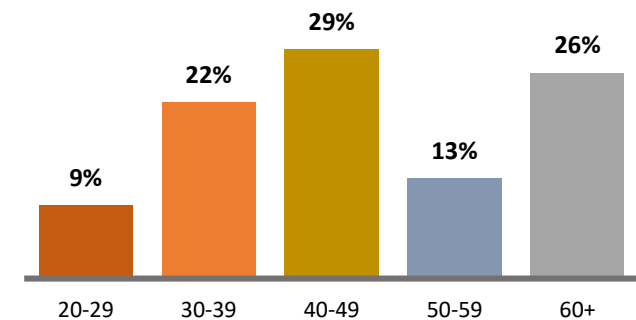
133
Males



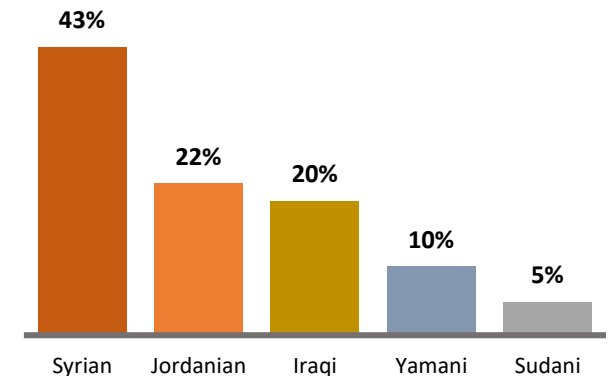
Households Size



Age Group



Households Nationality



METHODOLOGY

This assessment was conducted by CARE Jordan on March 29th via phone survey with 267 households and provides insights into the needs and priorities of Jordanians, Syrians, Iraqis, Yemenis and Sudanese. In urban areas (Amman, Irbid, Mafraq, Zarqa) 101 key informant interviews (KIIs) were conducted with female households and 106 KIIs with male households, aged between 20 – 60 years old. In Azraq Camp, 33 KIIs were conducted with female households and 27 KIIs with male households, aged between 20-60 years old.

SUMMARY OF NEEDS

The most affected community group of the pandemic and the curfew are individuals with precarious labour conditions, who are not able to work and who are not afforded social protection from the State. Purchasing power has decreased and respondents reported not having enough cash fluidity to cover basic needs during the curfew. Already vulnerable groups, like PwDs and the elderly have also been impacted in both urban areas and Azraq Camp by their inability to access non-emergency medical assistance, (especially physiotherapy) and lack of transportation has meant that many have not been able to access food and/or cash.

The most significant impact of the pandemic and the curfew has been a limited supply of essential goods and services including but not limited to food security and nutrition support, health and medical assistance, and basic personal and house NFIs. Children's education has also been disrupted due to the lack of an enabling environment for learning and inadequate tools for remote education. In Azraq Camp additional layers of security; limited service provision; lack of core food items; lack of employment and IBV opportunities; decreased purchasing power. have resulted in negative coping mechanisms including reducing meals and selling personal items. The key highlights of the rapid assessment are as follows: 90% of urban respondents reported not having enough money to cover basic needs during the curfew; 61% of urban respondents are experiencing challenges in accessing the education platforms; the most pressing needs of the elderly for both urban and camp respondents was medicine; the vast majority of respondents prefer to receive information through social media; in the camp, the most significant effect of the curfew is fear and anxiety.

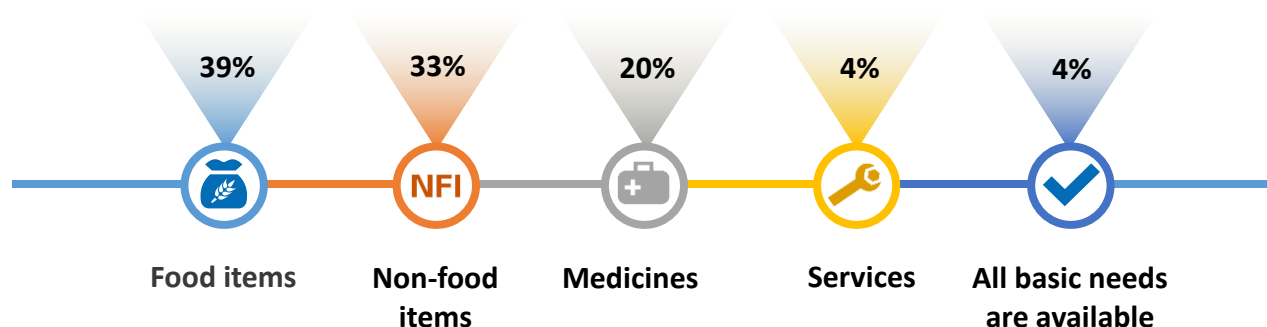
Individuals with precarious labour conditions are The most affected community group of the pandemic and the curfew

MAIN FINDINGS – URBAN AREAS

Financial, material and service needs of families

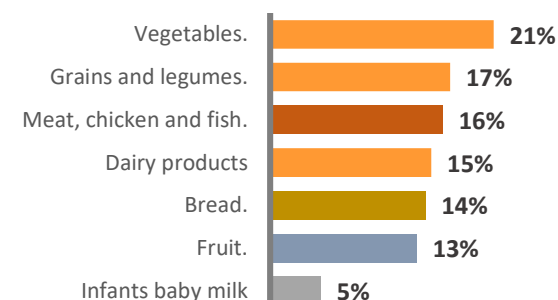
The majority of respondents are not employed (72%) and this is consistent across gender and nationalities, with only a slight variance in governorates, with Mafraq (81%) and Irbid (80%) showing higher rates of unemployment. 21% used to work informally before the curfew, with a higher percentage of Sudanese (46%). **Importantly, of those who are in some form of employment, 95% reported that the curfew has affected work and that 98% do not have a salary due to not working.** This in turn, has affected people's purchasing power with **90% reporting they do not have enough money to cover basic needs during the curfew.** The three items that were most cited as unavailable due to the curfew was food (39%), NFI (33%) and medicine (20%). These results are consistent across gender and nationalities, however, Amman respondents reported lower unmet need for food but less need than other governorates for medicine. The most unavailable food items due to the curfew were: vegetables (21%), grains and legumes (17%) and meat, chicken and fish (16%). With regards to unavailable NFI due to the curfew, the most cited items were: home cleaning materials (30%); personal hygiene items (25%); fuel for heaters (19%); sanitary pads for women (14%).

95% reported
that the curfew
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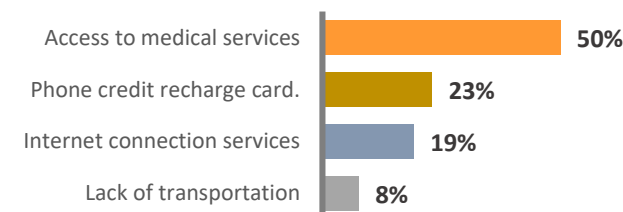


The curfew also affected service provision and respondents cited that access to medical services (50%); phone credit recharge (23%); internet connection services (19%) and lack of transportation (8%) affected them the most. Medical needs that were most disrupted were **monthly medication (77%); breathing device (8%); kidney dialysis (8%) and depression medication (8%).**

Unavailable food items due to curfew

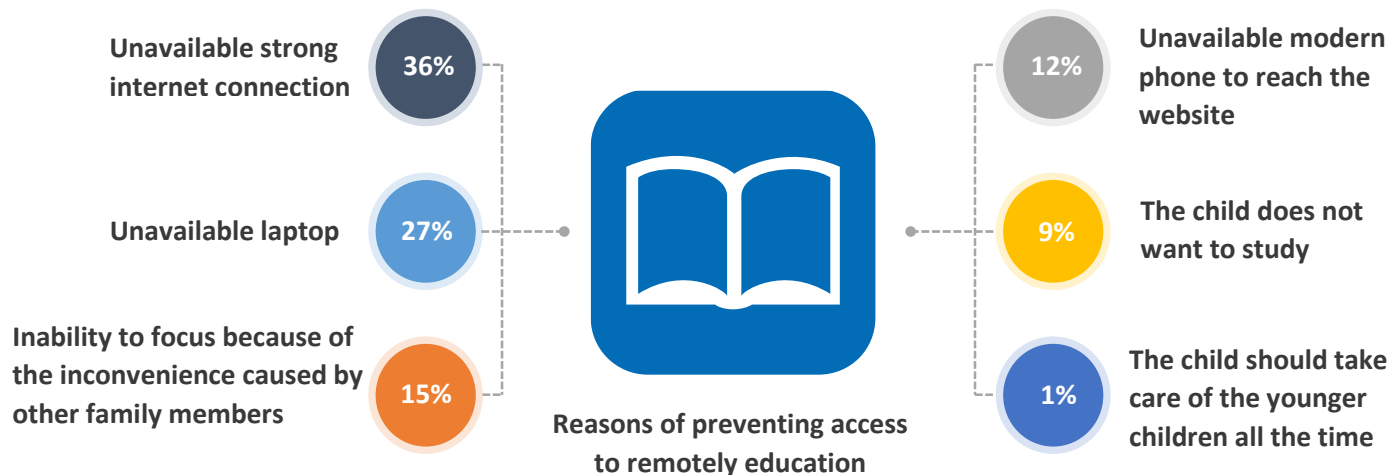


Unavailable Services due to curfew



Education

53% of respondents have children in school and of these, **61% are experiencing challenges in accessing the education platforms**. The reasons for this are: unavailable strong internet connection (36%); unavailable laptop (27%); child's inability to focus on the lesson because of the inconvenience caused by other family members (15%) and unavailable smart phone to reach the website (12%). This is relatively consistent across gender and governorate, with only a higher number of Sudanese reporting unavailable laptops (67%). TV channels, with Ministry of Education teachers, was the main reported form of watching classes (67%).



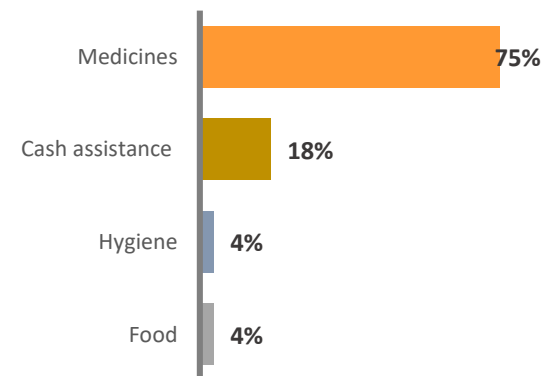
Most vulnerable groups

The most pressing needs of the elderly during the curfew were: medicine (75%); cash assistance (18%); food and hygiene (4%). Medicine was also cited as the most needed item for PwDs at 39%, followed by diapers (22%); eye drops (17%); food (11%); physical treatment and internet to watch school classes (6%). Elderly people indicated that due to specific government restrictions on their movements outside the house, together with long queues, shopping for essential goods became a real challenge. Respondents also highlighted the significant needs of infants for diapers and milk formula.

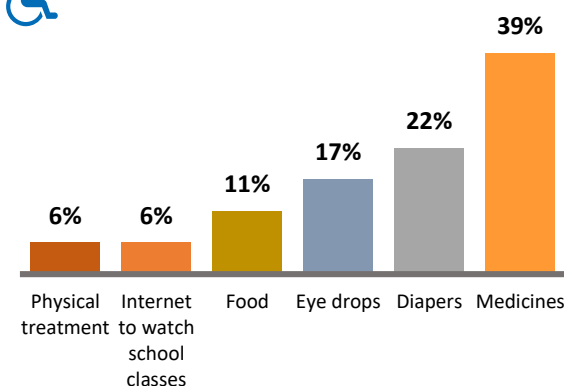
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Basic needs for elderly during curfew



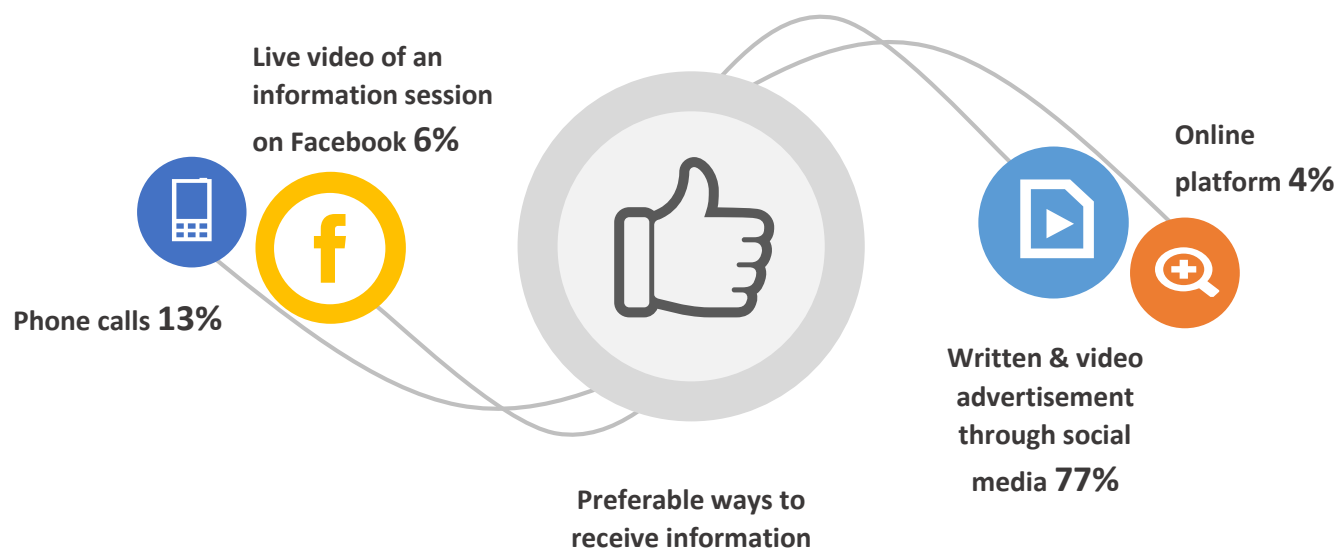
Basic needs for PwD during curfew



The majority of respondents (90%) have not received any services or assistance from local or international organizations and associations, or the Ministry of Social Development (MoSD) in the past two weeks. The type of assistance that has been received is as follows: WFP cash assistance for food (30%) and cash assistance from local community members (30%); food kit (20%); medicines from Caritas and MSF (10%); MoSD and UNHCR cash assistance (5%). Respondents most preferred assistance is cash assistance (30%), with a higher percentage of women preferring cash; food parcels (29%); medical services (13%) and house rent (12%), with a higher percentage of men reporting rent.

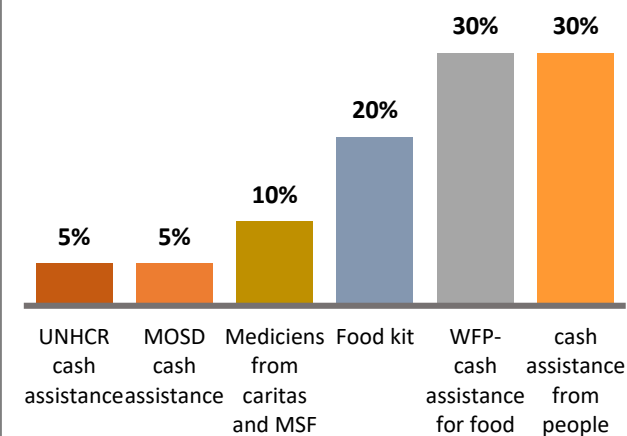
Access to information

Access to information was not reported as a challenge by the majority of respondents (68%) and the type of information they needed was awareness on COVID-19 (20%); news (17%); assistance (12%); health information (10%). The vast majority prefer to receive information through social media or communication applications such as WhatsApp (77%), followed by phone calls (13%).



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Type of received assistances during the past 2 weeks



Fears and measures taken by the community

Communities are reporting that they are concerned about being infected with COVID-19 (59%), with 25% reporting disruption in sleep, whilst 16% are not concerned at all. Measures taken by the community to prevent infections are: avoiding gatherings (17%); washing hands well with water and soap (16%); avoiding touching and kissing¹ and practicing general cleanliness (12%).

MAIN FINDINGS - AZRAQ CAMP

Financial, material and service needs of families

Respondents in Azraq Camp were asked to list their most urgent needs and the first and second priority needs are very similar with: **cash and food security and nutrition support at 32%; followed by WASH (hygiene items, women's personal hygiene, cleaning supplies, gloves, face masks) at 18%** and health and medical assistance at 8%. Overall, more men cited WASH items and more women cited medical assistance.

Due to the curfew, Syrian refugees are not allowed to leave Azraq camp for any reason. The supply of essential goods and services has been reduced and beneficiaries reported **a shortage of: vegetables, fruits, meats and chicken (50%); hygiene and sanitation (27%);** electricity and cigarettes (3%); whilst 20% reported that everything is still available. In guaranteeing the dignity of households, respondents highlighted the need for NFI and cash and livelihoods (25%); security and protection (21%); hygiene, sanitation and water (11%); food (10%) and health supplies (6%). **Reasons behind the security concerns are that service provision and supply of goods have been disrupted, including IBV and all working opportunities, which has created a vacuum of free time, uncertainty and tension.**

The top three essential needs to guarantee the dignity of the HH are Cash and Livelihood (25%); NFIs (25%), Security and Protection (21%). While the top three essential needs to the survival of the HH are: Health Supplies (Services and Medicines) (31%), Food (25%) and Hygiene, Sanitation & Water (24%).

¹ It worth mentioning that cheek kissing is very common in Jordan as a social gesture to indicate friendship, family relationship, perform a greeting, to confer congratulations, to comfort someone or to show respect.

Most Urgent Needs for Azraq Camp respondents



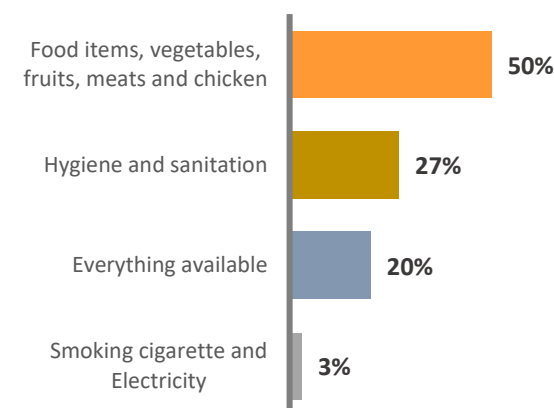
Cash and Food (32%)

WASH (18%)



Health and Medical assistance (8%)

Shortages of essential goods/services



Respondents cited the **essential needs for the personal development of HHs as the following: education (83%); cash and livelihood (8%) and NFI (6%).**

Reproductive health services were largely uninterrupted with 32% of respondents citing that everything was available and 23% reporting some services remained available. Sanitary pads (13%); gynecologist doctor (12%); awareness sessions (8%) however have been affected by the curfew.

Education

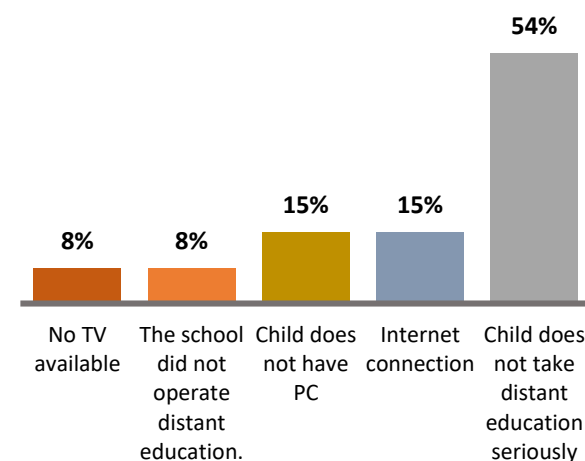
The majority of respondents have children in school (70%) and **76% of these are doing remote education. The challenges are different to urban areas with respondents citing that children do not take remote schooling seriously (54%);** the child does not have a laptop, a smart phone, a tablet, or internet connection (15%); the school did not operate remote education (8%) and there was no available TV (8%).

Challenges, fears and measures taken in response to COVID-19

The main challenges for Camp residents are: lack of core food items such as bread, vegetable, meat, chicken (28%); Market, food prices, consumer purchasing power, household food reserves (21%); lack of essential information (15%); reduced referral network and response (14%) and lack of medicine (13%). **Barriers to accessing healthcare services was reported as the main protection risk (50%), followed by security concerns in the Camp (39%).** The current context in the Camp is vulnerable to exploitation by service providers regarding the prices of goods, potential exploitation from community leaders and others in the Camp due to a restricted supply of medicine, mobile phone credit and other supplies, with children and single females as most likely to be targeted.

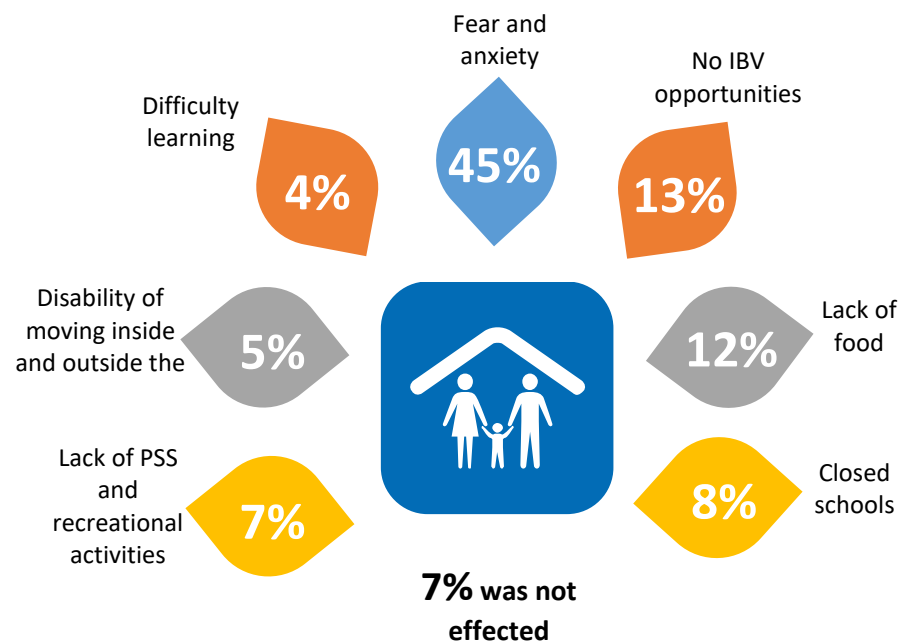
Fear of becoming infected with COVID-19 is the highest (36%); followed by anxiety and frustration (30%); and lack of food items and health services (22%). To mitigate the negative impact of COVID-19, respondents reported staying at home (45%), mainly women; taking precautions (25%); spending time alone praying, reading, watching TV, working (17%), mainly men; crying (7%) only women and sitting outdoors (7%) only men. **The most significant effect of the curfew is fear and anxiety (45%);** lack of IBV opportunities (13%); lack of PSS and recreational activities (7%). On a positive note, the majority (82%) cited that their future expectation is that life will get back to normal and 90% believe they will overcome the negative effects of COVID-19.

Reasons of preventing access to remotely education



The majority of respondents have children in school (70%) and 76% of these are doing remote education





Most vulnerable groups and coping mechanisms

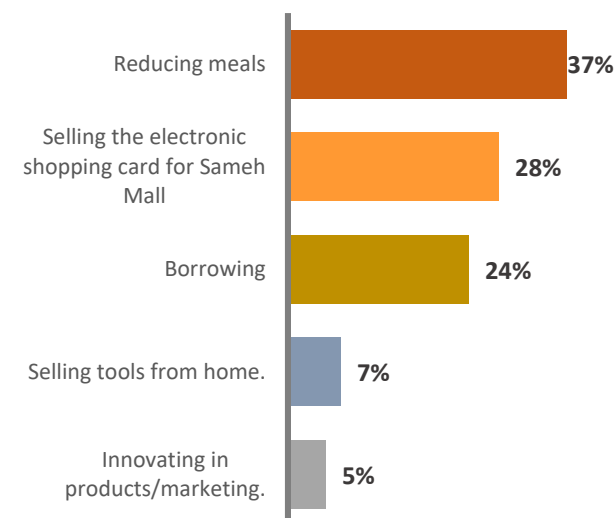
The majority of respondents reported not having an income (53%) and 18% reported that their income has decreased because of the curfew. This is largely due to the fact that refugees are not working inside or outside the Camp or are able to receive money from relatives outside of the Camp.

Families are coping with this decrease in income by reducing meals (37%); selling the electronic shopping card for Sameh Mall (28%); borrowing (24%); selling tools from home (7%) and innovating in products/marketing (5%). The most pressing needs of the **elderly** during the curfew is food, hygiene and cash assistance (78%) and healthcare (22%); whilst that of **PwDs** is healthcare (55%); food, hygiene and cash assistance (27%) and IBV opportunities (9%).

The majority of respondents reported not having an income (53%) and 18% reported that their income has decreased because of the curfew



Coping the decrease of income



RECOMMENDATIONS

- Provide emergency cash assistance to vulnerable households that are not able to cover their basic needs such as rent, food, medicine, NFIs and access to the internet, particularly to households headed by women, the elderly or PwDs.
- Provide food parcels and transportation for the elderly, PwDs, and pregnant women to facilitate access to services.
- Provide dignity kits for females residing in Azraq Camp.
- Disseminate information about available assistance, services, health information and recommendations on how to support families with virtual studying for their children via WhatsApp and social media.
- Distribute tablets to children whose families do not have TV and any other equipment needed for virtual learning.
- Provide virtual case management and offer referral services to health service providers.
- Inside the camps, provide regular hygiene distribution kits during the COVID-19 outbreak.
- Inside the camps, increase monitoring visits on the prices of goods.
- Inside the camps, enhance internet connectivity to facilitate remote learning.
- Plan and implement a multi-sectoral response, that applies a gender lens, in cooperation with the government, INGOs and the private sector.
- Prepare a longer-term plan to address the implications of COVID-19 on the health, the economy, the education and protection of all segments of the community.
- Conduct a gender analysis that examines how COVID-19 has impacted household members differently.