



MULTI-SECTORAL RAPID NEEDS ASSESSMENT: COVID19 - JORDAN

May 2020



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Multi-Sectoral Rapid Needs Assessment – COVID19

Acknowledgements

The Multi-Sectoral Rapid Needs Assessment – COVID19 is the product of a concerted effort among the Jordan Country Offices of UNHCR, UNICEF, and WFP to work together to collect and analyze data towards a common understanding of the major needs of vulnerable populations in Jordan in the context of COVID19 and the associated measures taken by institutions in the country to minimize the health impacts of the outbreak. The Multi-Sectoral Rapid Needs Assessment – COVID19 is a complex exercise which would not have been possible without the commitment and contributions from a multitude of individuals. The primary authors from the report include Jessica Chaix, Maria Lagourou, Mohammad Al Jawamees, Muhammad Hamza Abbas, and William McFall.

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Multi-Sectoral Rapid Needs Assessment – COVID19

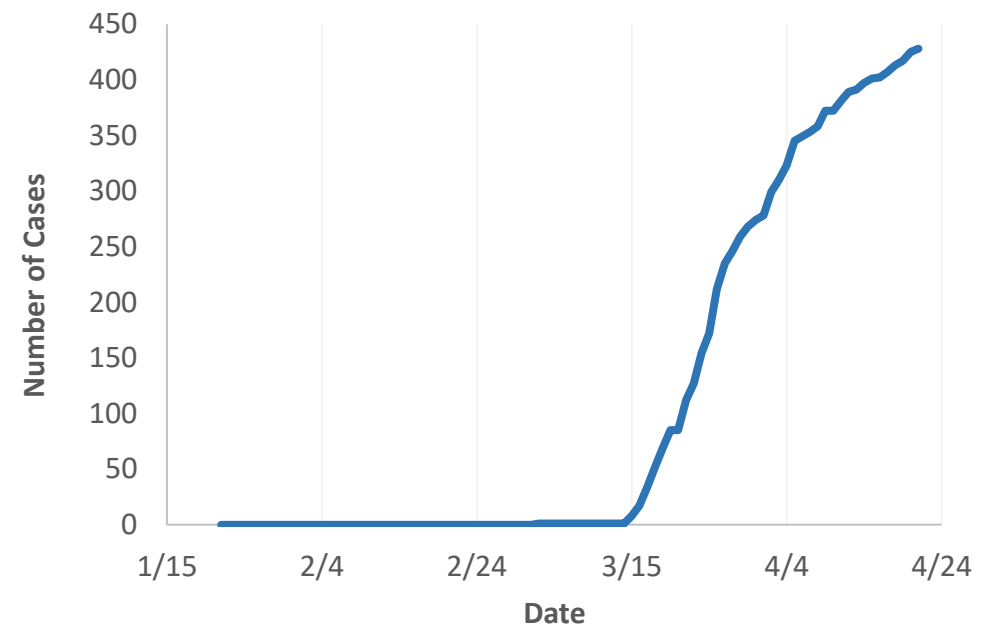
Introduction

Since the first confirmed case of COVID19 in the Kingdom of Jordan on March 2, 2020, the United Nations High Commissioner for Refugees (UNHCR), United Nations Children’s Fund (UNICEF), and World Food Program (WFP) in Jordan have mobilized to ensure that the essential basic needs of vulnerable households across the Kingdom are maintained in spite of the complex and quickly changing environment. These organizations have undertaken focused efforts to adapt ongoing interventions to the outbreak and the associated governmental mitigation measures, including travel restrictions, curfews, market closures, school suspensions, and work suspensions.

As part of the COVID19 response efforts and as part of an intentional shift towards collaboration and sharing of resources across the UN System, UNHCR, UNICEF, and WFP have undertaken an inter-agency multi-sectoral rapid needs assessment (RNA) to generate evidence on the impacts of the emergency on household-level basic needs. Additionally, noting that refugee households living outside of camps were more immediately and directly impacted by government measures as compared to refugees households in camps, the decision was made to focus the RNA on refugee household living outside of camps. The potential for future assessments of refugee households living in camps will be explored in the coming weeks. The RNA was conducted as a multi-sectoral assessment covering a broad array of sectors including Health; Food Security; Livelihoods; Education; Water, Sanitation, and Hygiene; and Protection. Information generated from this assessment is expected to improve the ability of UNHCR, UNICEF, and WFP to advocate, coordinate, fund raise, and allocate funds for appropriate and relevant COVID19 response.

1. Data extracted on April 26, 2020 from the World Health Organization <https://covid19.who.int/region/emro/country/jo>

Number of Confirmed COVID19 Cases in Jordan by Date¹



Multi-Sectoral Rapid Needs Assessment – COVID19

Methodology - Sampling

The RNA was designed as a phone-based survey, targeting vulnerable populations: Syrian and non-Syrian refugee households living outside of camps, non-Jordanians and migrant workers living in Informal Tented Settlements (ITS) and Jordanian households. For Syrian and non-Syrian refugee households living outside of camps, the sample was drawn from UNHCR's ProGres registration database using a systematic random sampling approach. Vulnerable Jordanians and the ITS populations were targeted from beneficiaries of UNICEF's social protection programme, which targets the most vulnerable according to UNICEF's multi-dimensional vulnerability assessment.

The sampling was done to generate representation of different populations; vulnerable Jordanians, Syrians and non-Syrians with different confidence levels (CL) and varying margins of error. The aggregated results for all populations does not have the same CL and margins of error. For registered refugees living outside of camps, Syrians have a 95% CL and 5% margin of error and non-Syrians have a 90% CL and 10% margin of error at the aggregated level of different nationalities. The non-Syrian refugee sample was drawn to represent only 4 nationalities, namely Iraqis, Yemeni, Sudanese and Somalis.

Classification	Description	Sample Size (Number of Households)
Syrian	Includes refugee households from Syria living outside of camps and registered with UNHCR.	530
Non-Syrian	Includes refugee and asylum-seeker households from Iraq, Yemen, Sudan, Somalia, who are officially registered with UNHCR and 7 Pakistani migrant worker households <i>not</i> registered with UNHCR but living in ITS.	193
Jordanians	Includes Jordanian households classified as vulnerable according to UNICEF multi-dimensional vulnerability assessment.	401
Total		1,124

Multi-Sectoral Rapid Needs Assessment – COVID19

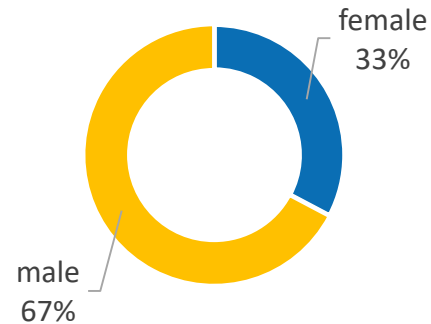
Methodology – Data Collection and Analysis Process

Remote data collection for the RNA was conducted from April 6, 2020 to April 8, 2020 with 48% of the surveys conducted by UNICEF, 32% conducted by UNHCR, and 20% conducted by WFP. Data was collected through live calls to sampled households, with responses documented and consolidated through Kobo Toolbox.

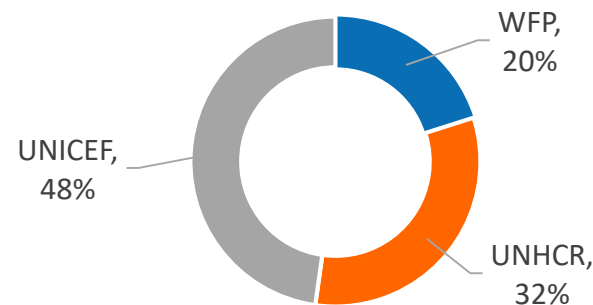
Overall, the survey was administered to 1,124 households across all 12 governorates in the Kingdom of Jordan. 67% of respondents were male and 33% were female, indicating a slight over representation of male respondents.

Following, data collection, UNHCR spearheaded the data cleaning and transformation process, joining survey data with demographic and assistance data from existing registration data sources. Data analysis was conducted collaboratively, with all three agencies calculating descriptive statistics for the entire consolidated sample as well as for key disaggregates of interest including Location of Residence, Nationality, Head of Household Gender, and Household Size.

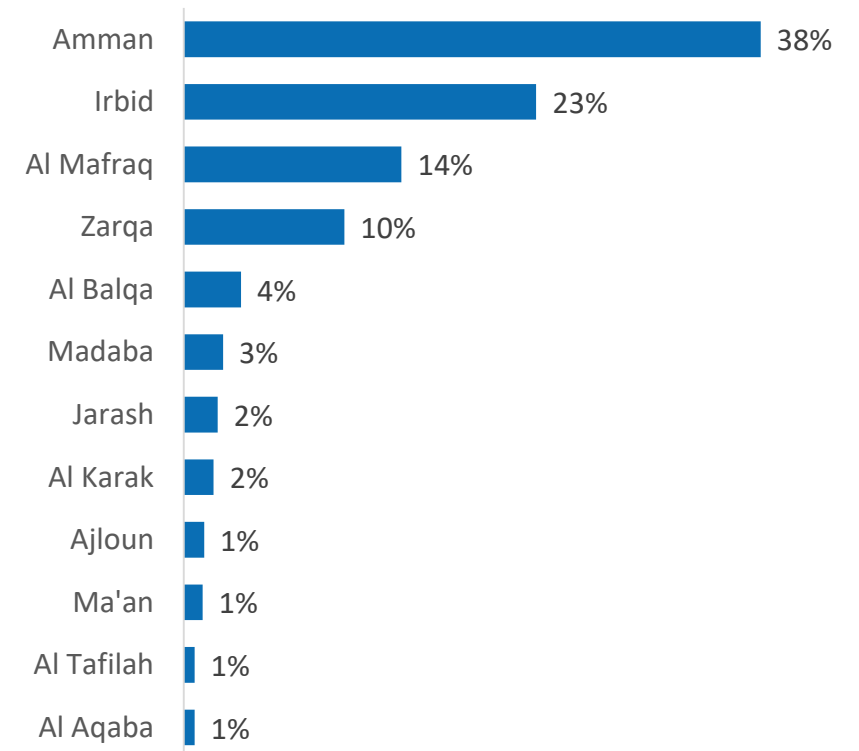
Proportion of Surveyed Household by Respondent Gender (n=1124)



Proportion of Surveyed Households by Agency (n=1124)



Proportion of Surveyed Households by Governorate (n=1124)



Multi-Sectoral Rapid Needs Assessment – COVID19

Methodology – Limitations

A common aim of this inter-agency rapid needs assessment has been to coordinate needs assessments across different sectors and agencies to maximize efficiency and usefulness of the final product (i.e. to save time, energy, and resources). The following are some of the key limitations of the assessment:

Study Limitations on Depth of Sectoral Analysis

The assessment was designed as a rapid multi-sectoral assessment to be administered as a phone-based interview and to be completed in 20 minutes or less for each household. The assessment was not designed to produce comprehensive and detailed information on specific sectors. It is noted that the methodologies applied for tool design, sampling, data collection, etc. have limitations in terms of providing data across all conceivable disaggregates that could be potentially explored.

Study Limitations on Comparability and Generalizability of Analysis

The comparison of the results of this assessment with previous assessments should be conducted with caution, noting the defined target population for the study and selection process. The comparison of results should be considered indicative.

Potential Measurement Bias from Distributed Data Collection and Analysis

Although there was careful and systematic coordination and constant communication between organizations, data collection and data analysis procedures were distributed across the three agencies to facilitate data collection and analysis that was both fast and efficient. Although this certainly achieved its goal, the process may have biased results, with each agency applying slightly different procedures for data collection and analysis.

Potential Measurement Bias from Dataset Aggregation

In order to reduce the data collection burden for refugee households, the decision was made to use existing demographic data stored in the UNHCR ProGres database for registered refugee households as opposed to re-collecting this information. However, for vulnerable Jordanian households this data was collected through self-reporting via the survey. For data analysis, these datasets were combined, which may have introduced some bias in the results for vulnerable Jordanian households when compared to refugee households.

Methodology – Limitations

Potential Response Bias From Respondent Social Awareness

The majority of surveyed households have been receiving humanitarian assistance for an extended period of time and are quite familiar with the connection between data collection efforts and assistance. It is noted that there may be potential bias in results as households may have provided responses in hopes of securing additional assistance. The likelihood of this bias is potentially high with data collected in a very challenging time with many facing limited access to services, income sources, and livelihoods.

Potential Recall Bias From Retrospective Questions

It is noted that several questions administered as part of the survey are built upon recall methodologies, for instance *"In the past 7 days, has there been any time when your household did NOT have enough food to eat?"*. This may potentially bias results as respondents may have mis-remembered or mis-represented the actual conditions.

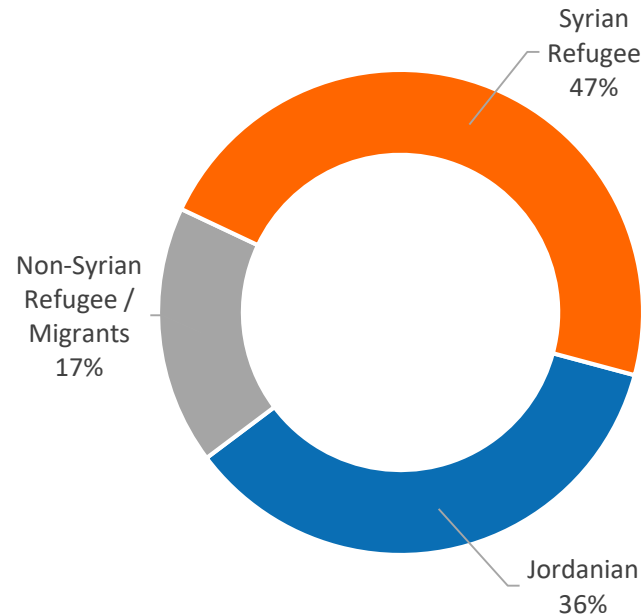
Multi-Sectoral Rapid Needs Assessment – COVID19

Demographics – Household Origin and Location

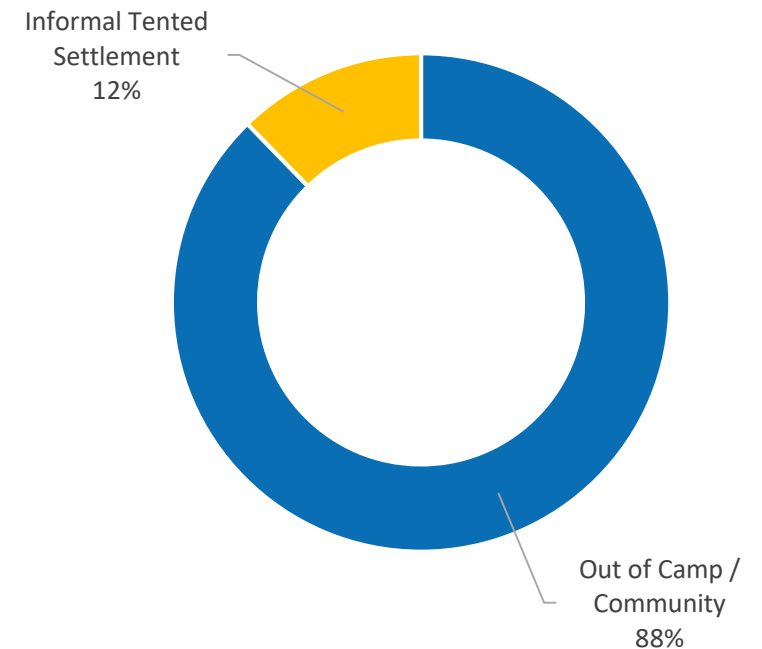
47% of surveyed households were Syrian refugees, 17% non-Syrian refugees, asylum seekers, or migrant workers and 36% vulnerable Jordanians. Of the 17% that were non-Syrian refugees, asylum seekers, or migrant worker households were generally from Iraq, Yemen, Sudan, Somalia, and Pakistan.

88% percent of households were found to live outside of camps, and within communities, and 12% were found to live in Informal Tented Settlements (ITS).

Proportion of Households By Origin (n=1124)



Proportion of Households By Location of Residence (n =1124)



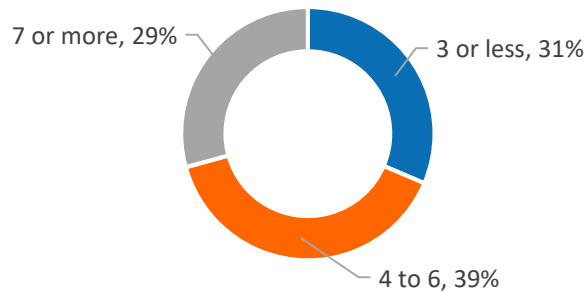
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Demographics – Household Composition

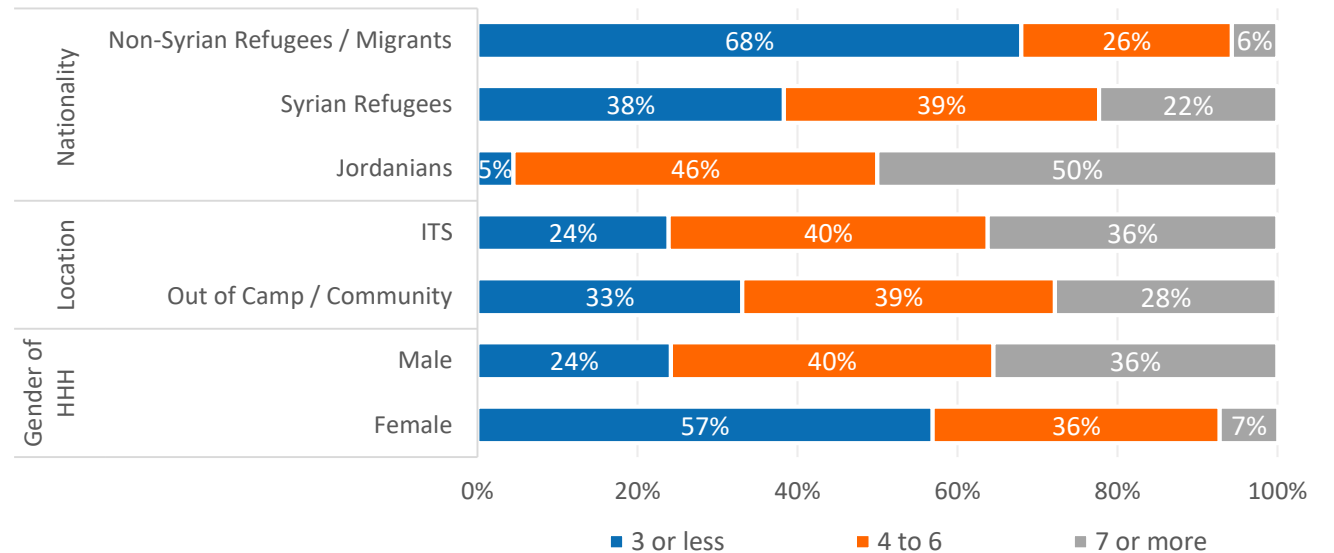
Jordanian households generally larger than refugee households

Household sizes were relatively evenly distributed across the aggregated sample. Family size differed substantially across nationality with Jordanian households having an average of 6.85 members compared to only 4.44 members for Syrian households and 2.81 members for Non-Syrian households. Additionally households with a female head of household tended to have fewer household members when compared to households with a male head of household.

Proportion of Households by Household Size (n=1124)



Household Family Size by Nationality, Location, and Gender of Head of Household (n=1124)



2.81
Non-Syrian Refugees /
Migrant Households -
Average Number of Members

4.44
Syrian Refugee
Households - Average
Number of Members

6.85
Jordanian Households -
Average Number
of Members

1. Household composition for Jordanian and non-refugee respondents is self-reported, whereas refugee information is extracted from UNCHR proGres database

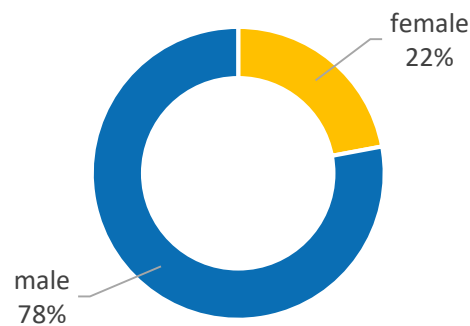
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Demographics – Household Gender Roles

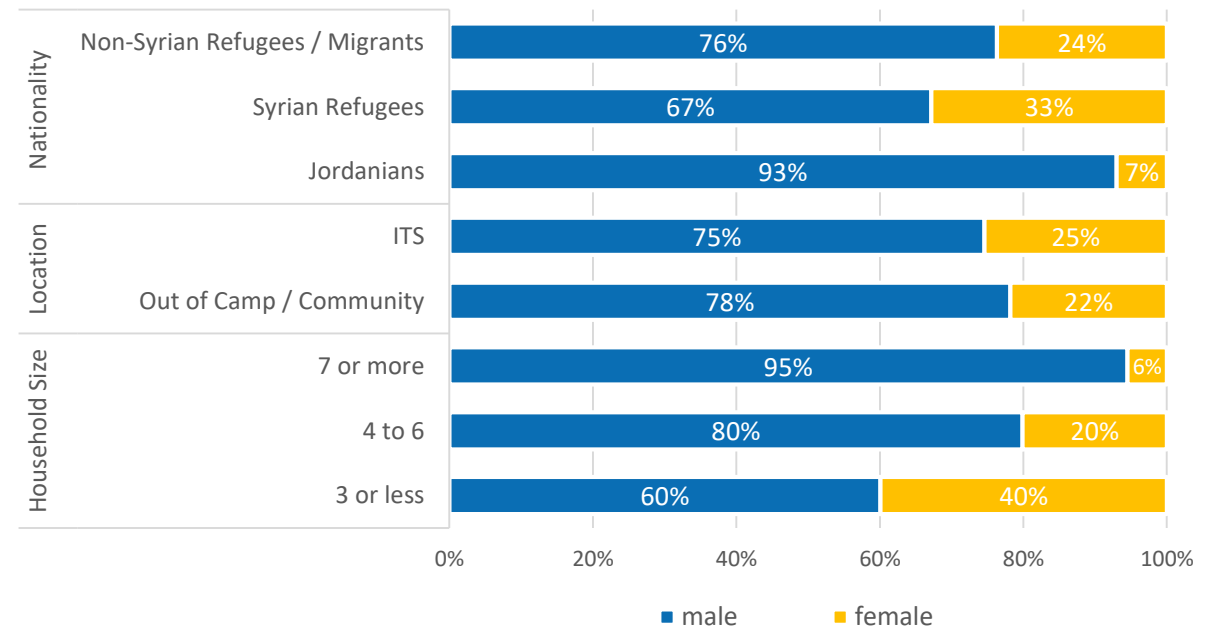
Jordanian households generally more male-headed than refugee households

78% of households had a male head of household, which indicates a slight increase over previous assessment findings from the Comprehensive Food Security Vulnerability Assessment - 2019 (CFSVA) in which 73% of households had a male head of household. Jordanian households were found to have a higher percentage of male headed households (7%) than Syrian (33%) and Non-Syrian (24%) households. Additionally, it was found that as household size increased so did the proportion of male-headed households.

Proportion Households By Head of Household Gender (n=1124)



Household Head of Household Gender by Nationality, Location, Family Size, and Gender of Head of Household (n=1124)



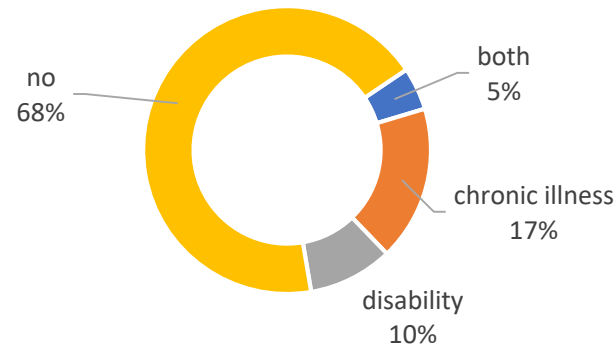
1. Head of household for Jordanian and non-refugee respondents is self-reported, whereas refugee information is extracted from UNCHR proGres database

Multi-Sectoral Rapid Needs Assessment – COVID19

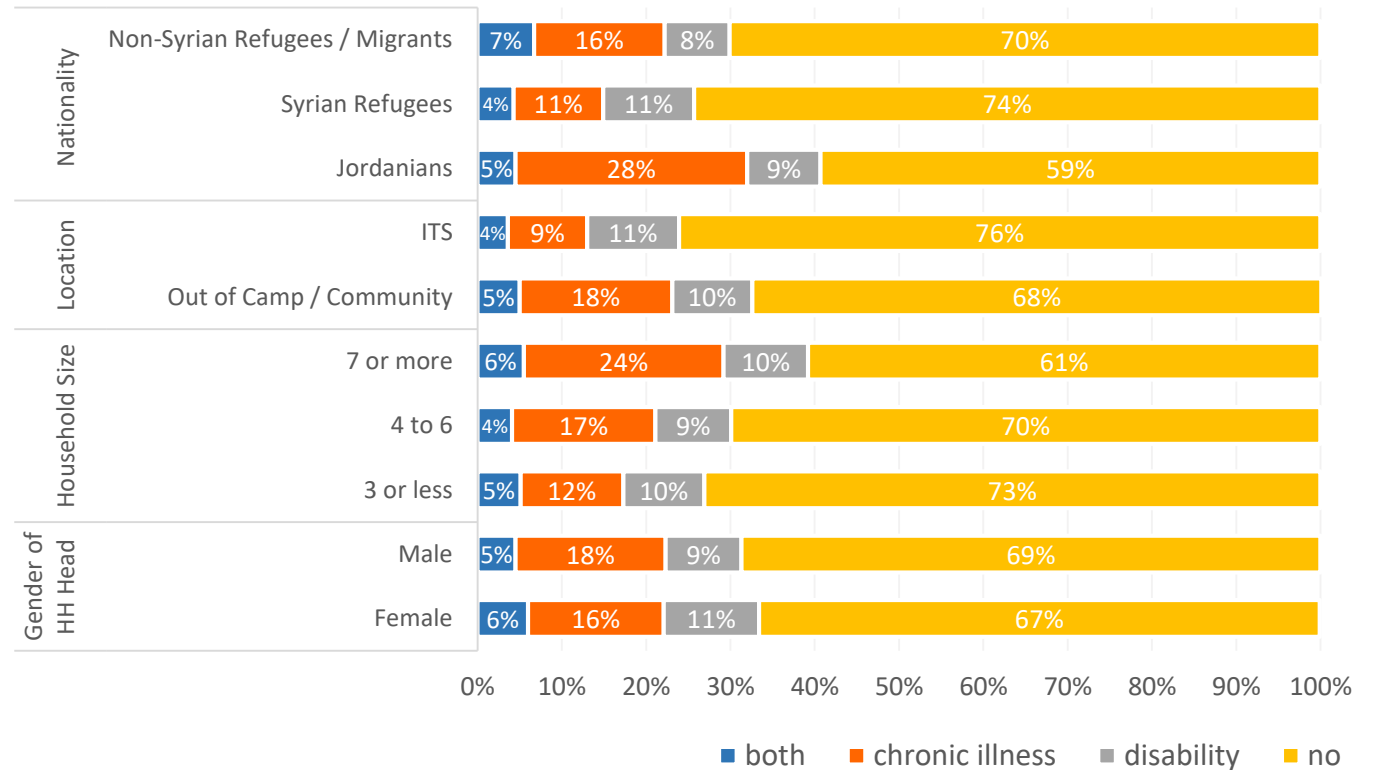
Demographics – Household Disability and Chronic Illness

17% of households had a household member with a chronic illness, 10% had a household member with a disability, and 5% had household members with both a disability and chronic illness. Jordanian households were found to have a higher prevalence of household members with a chronic illness which may partially be driven by the fact that Jordanian households are generally larger than Syrian and Non-Syrian refugee households.

Proportion of Households by Household Disability and Chronic Illness Status (n=1124)



Household Disability and Chronic Illness Status by Nationality, Location, Family Size, and Gender of Head of Household (n=1124)



1. Disability for Jordanian and non-refugee respondents is self-reported, whereas refugee information is extracted from UNCHR proGres database

Multi-Sectoral Rapid Needs Assessment – COVID19

Health – COVID19 Awareness

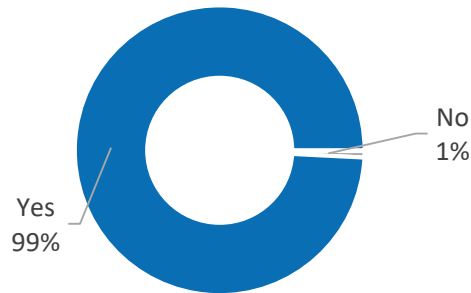
99% of respondents have heard of COVID-19

The main source of information being TV, radio (96%) followed by social media (46%).

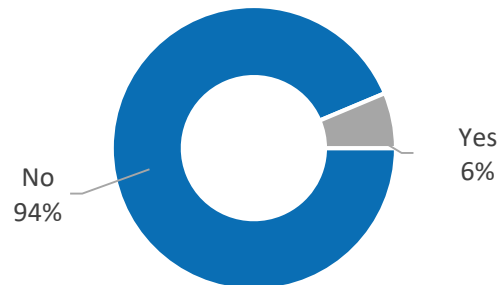
94% of respondents did not know or had not heard of anyone with COVID-19

In terms of precautionary measures, washing hands regularly and staying at home/social distancing were the most commonly cited measures with 89% and 87% respectively. Only 3% of the respondents were not aware of any precautionary measure. On the other hand, *only 37% of the surveyed knew about the importance of monitoring their health status and contacting authorities if COVID19 symptoms were suspected.*

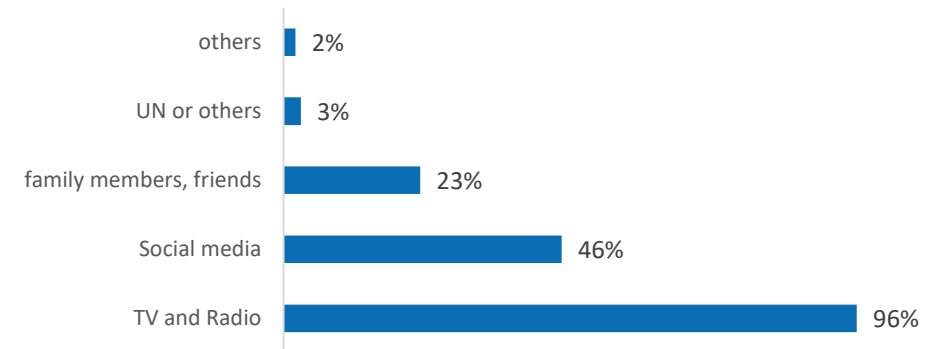
Have heard about COVID-19



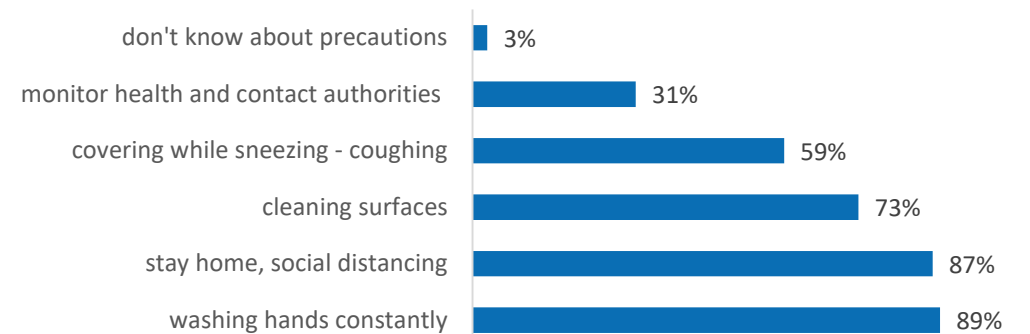
Heard about anyone with COVID-19 in your circle



Where did you hear about COVID-19



Precautions against COVID-19

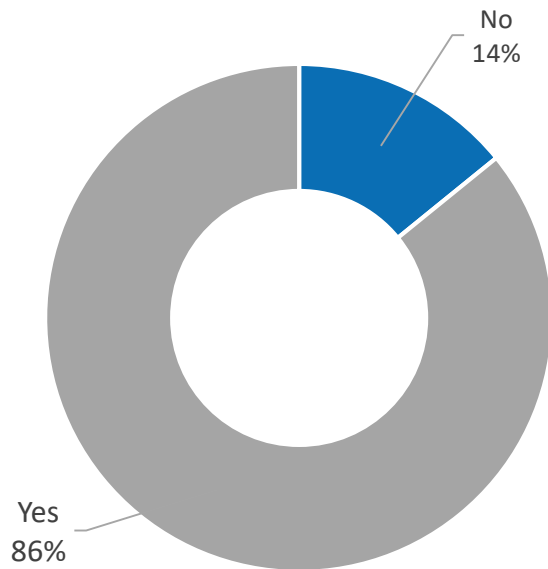


Multi-Sectoral Rapid Needs Assessment – COVID19

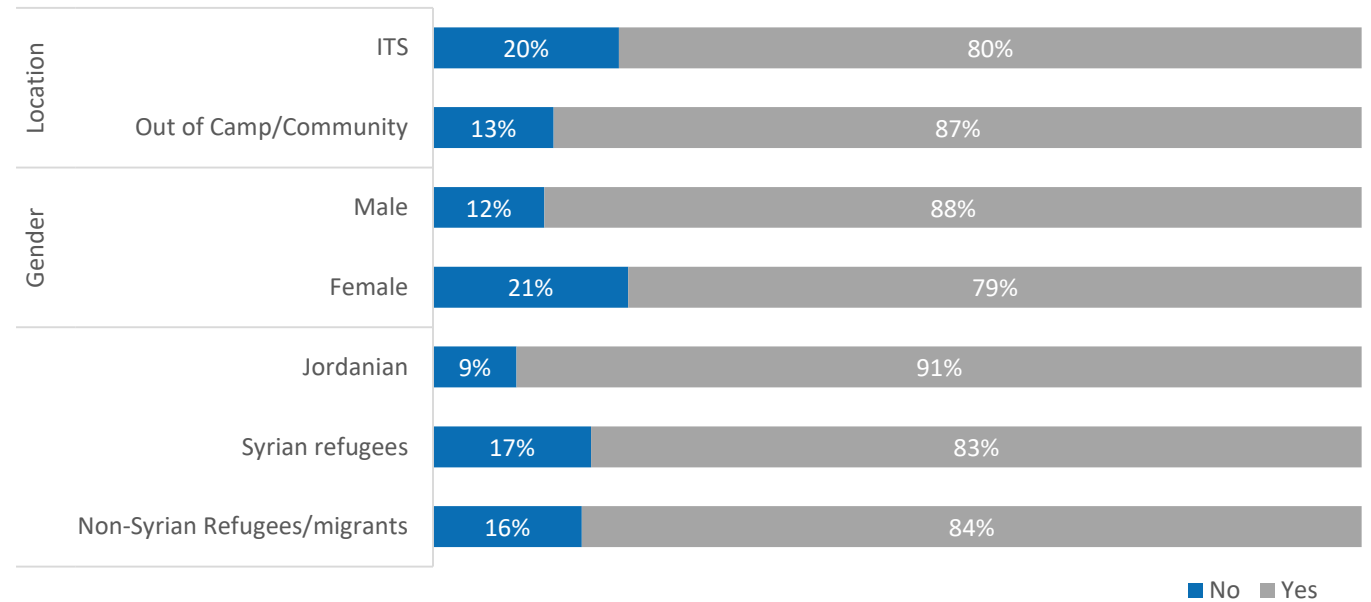
Health – COVID19 Awareness

14% of the respondents did not know where to seek treatment if they showed symptoms of COVID-19. This was especially high among female-headed households and in ITS, but also among non-Jordanians.

Knowledge of where to seek treatment if showing symptoms of COVID-19



Knowledge of where to seek treatment by Nationality, Gender and Locations



Multi-Sectoral Rapid Needs Assessment – COVID19

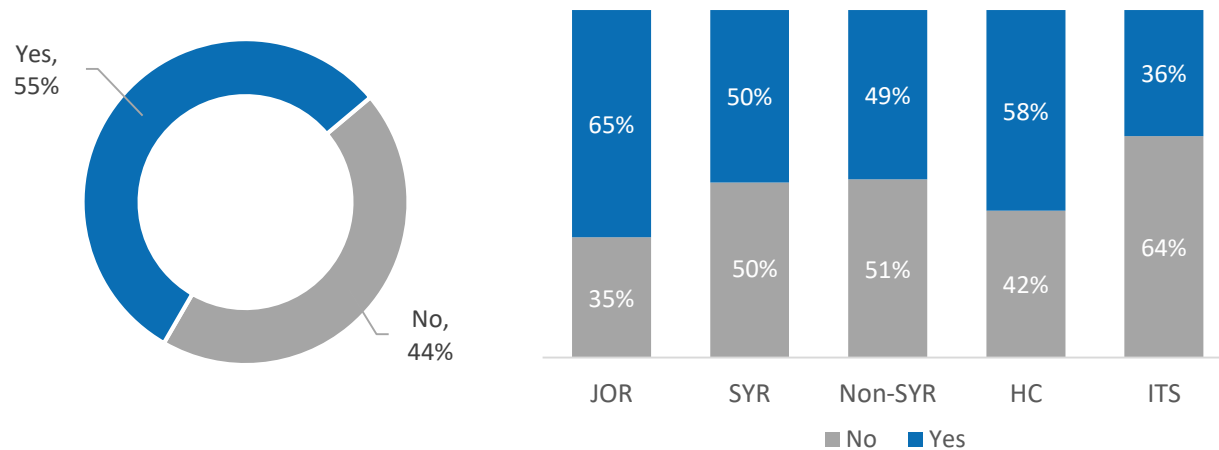
Food Security – Food Access

55% of households experienced increase in price of food

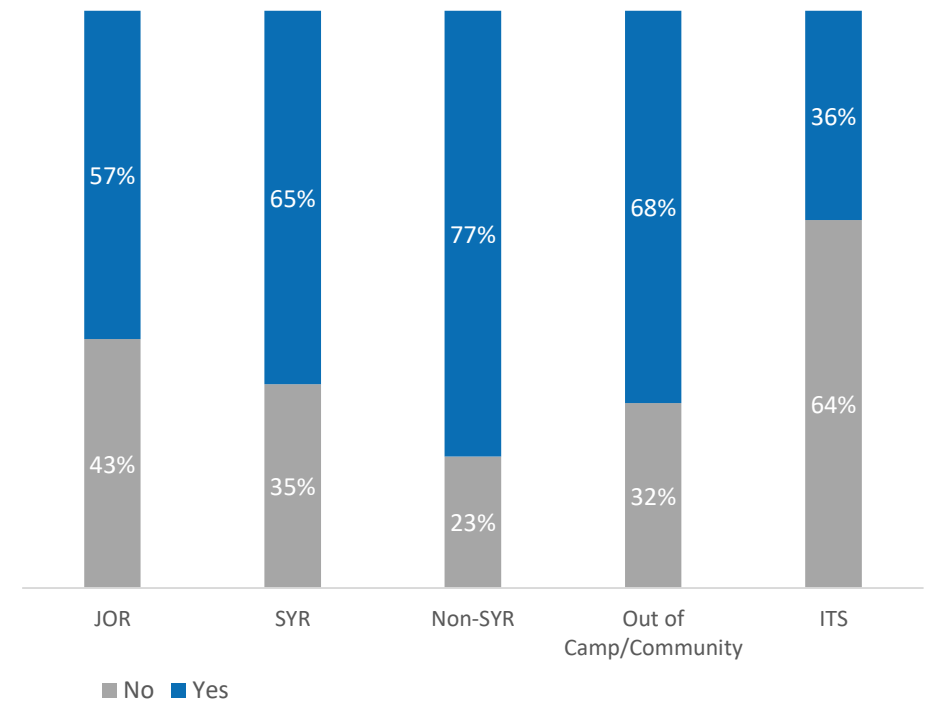
36% of households not able to access market

55% reported increases in prices during past 7 days and 36% were unable to access markets. The highest percentage was documented in the ITS respondents, where 2/3 reported not being able to access markets likely due to the remote rural areas in which they live combined with transportation restrictions enforced (88% of the ITS reported transport was an issue). Other populations (73% of Jordanians; 70% of Syrians; 59% of Non-Syrians and migrants also reported travel restriction as the main reason why they couldn't access markets/stores.

Experienced price increases during the past 7 days? (n=1124)



Access the market/grocery store during the past 7 days? (n=1124)



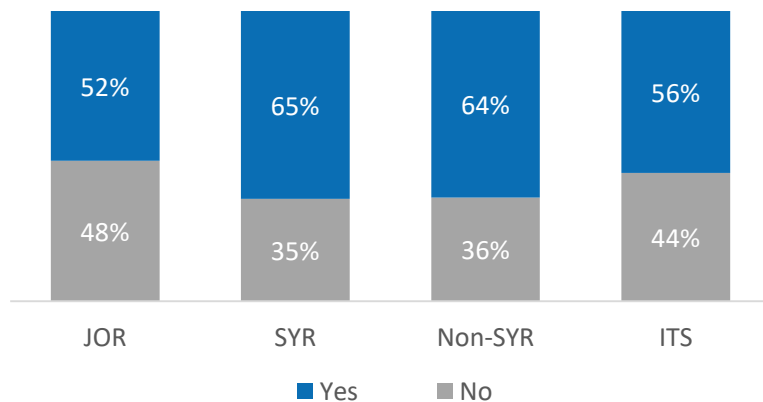
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Food Security – Household Food Stocks

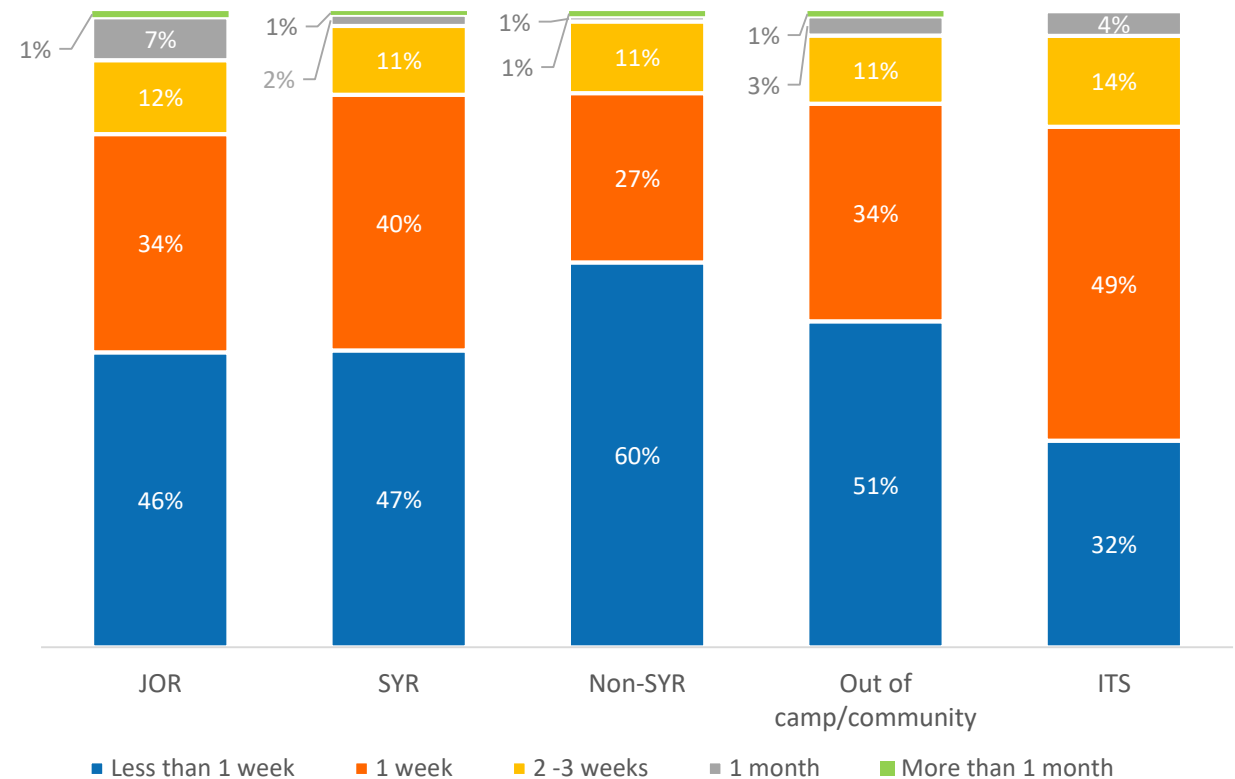
40% of households have no food stocks; 60% reported some food stocks, with 85% of this group having 1 week of less of food stocks.

Of those that reported food stocks, Syrian and non-Syrian and migrant caseloads reported having the lowest food stocks. The households reporting the highest levels of food stock were the Jordanians, with 7% reporting that they had food to last for longer than 1 month. However, the variations across all groups was minimal.

Does Your Household Currently Have Food Stocks? (n=1124)



Food Stock Available at the House Would Last for (n=1124)



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Food Security – Food Availability

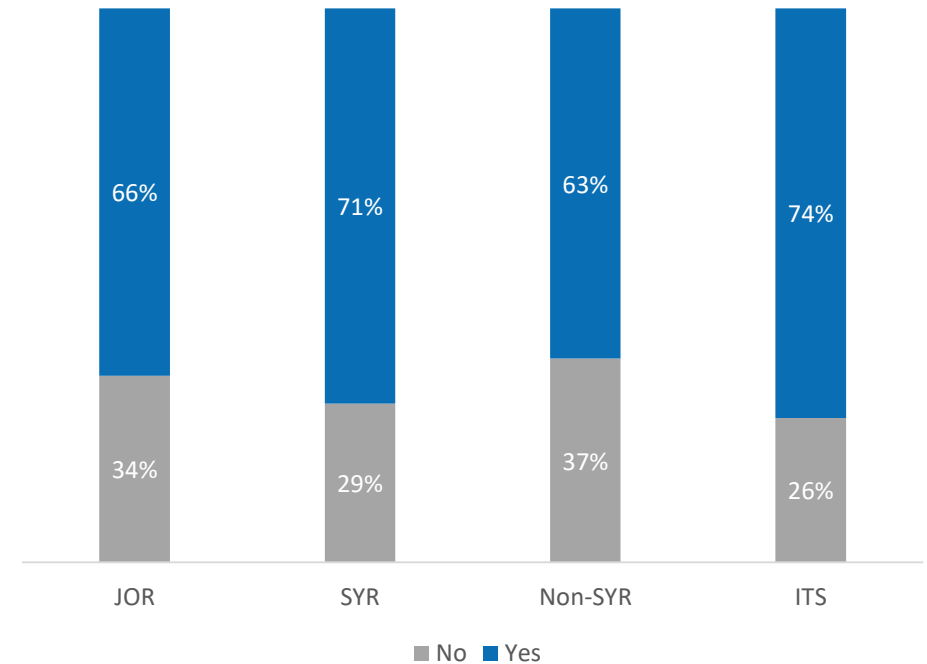
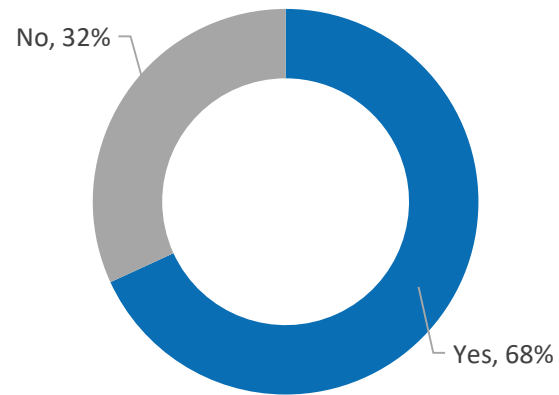
32% of households did not have enough to eat in past week

32% (n=358) of HHs reported that they did not have enough food to eat during the past 7 days. 60% or 212 HHs from this group were not targeted to receive WFP assistance. The highest reports of not having enough to eat came from the Non-Syrian refugees and migrant HHs (37%). WFP provided food assistance¹ to 22% of this group

Thirty-four percent of Jordanian households reported not having enough food to eat, this is likely a result of loss of income..

Syrian and ITS HHs reported lower incidence rates of not having enough to eat, 83% of those HHs are in receipt of regular food assistance and would have received assistance early, i.e. 2 weeks prior to the survey taking place, and thus a buffer for these households was provided.

In the past 7 days, Household have enough food to eat?



1. WFP provides 23 JOD/person/month for “extremely vulnerable” households and 15 JOD/person/month for “vulnerable” households

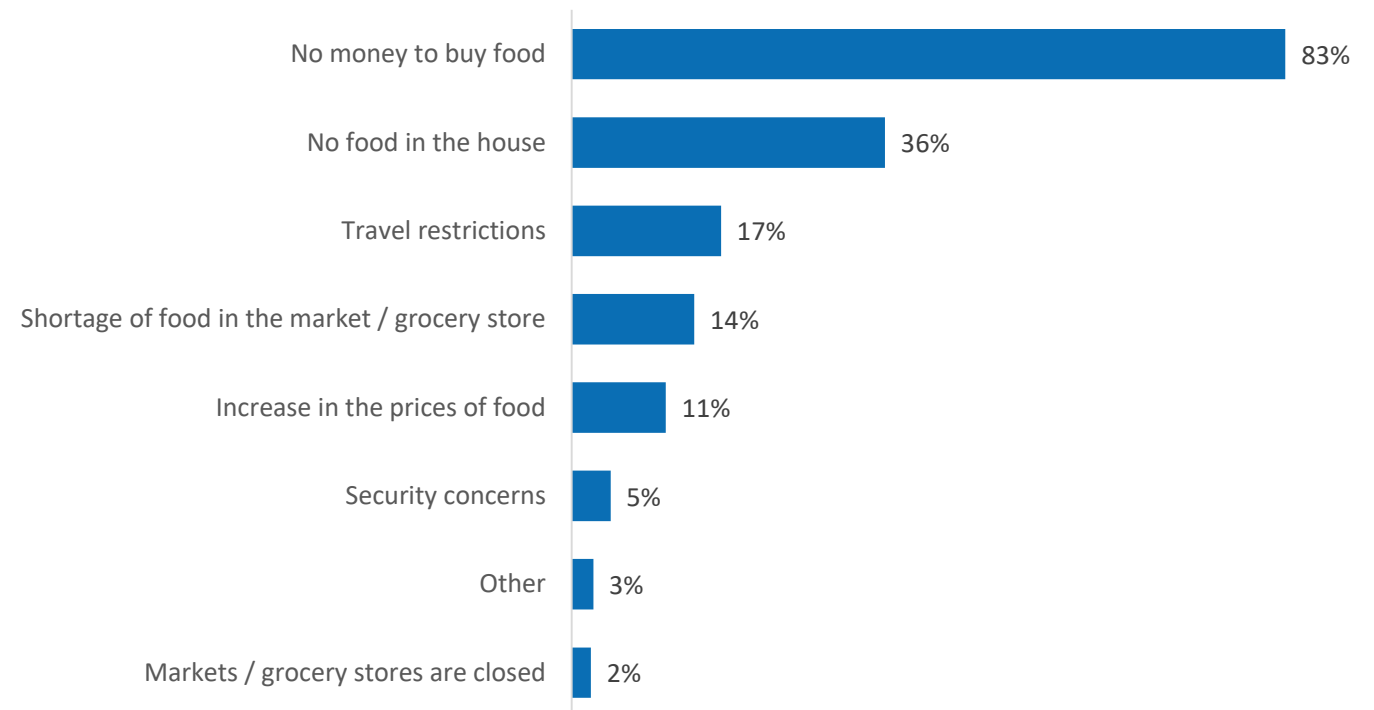
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Food Security – Food Availability

Money, no food stocks, and travel restrictions were the key reasons for households who did not have enough to eat

83% of the 358 households reporting not having enough food during the past 7 days noted not having enough money to buy food as the reason for not having enough to eat. 36% cited it a lack of food in the home while 17% cited limitations on movement following the measures imposed by the government to combat COVID-19.

Reasons why households did NOT have enough food to eat during past 7 days? (N=358)



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Food Security – Food Consumption

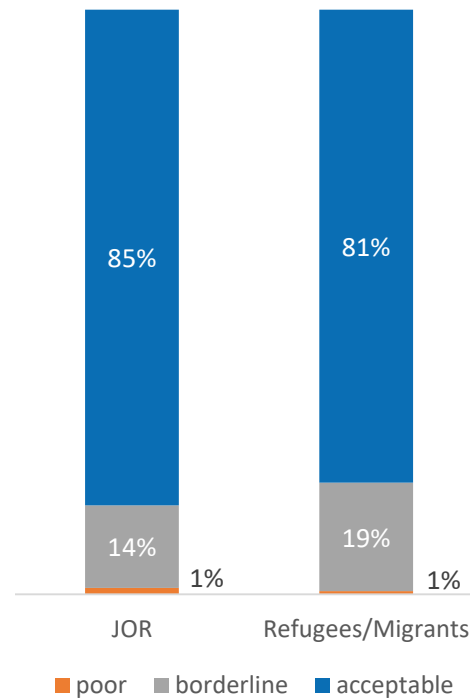
1% of households had poor and 17% had borderline food consumption

Levels of poor (2%) and borderline (29%) food consumption scores (FCS) were significantly higher among the non-Syrian refugee and migrant group when compared with the other groups. 22% of this group receive food assistance compared to 85% of Syrian and 81% of ITS households.

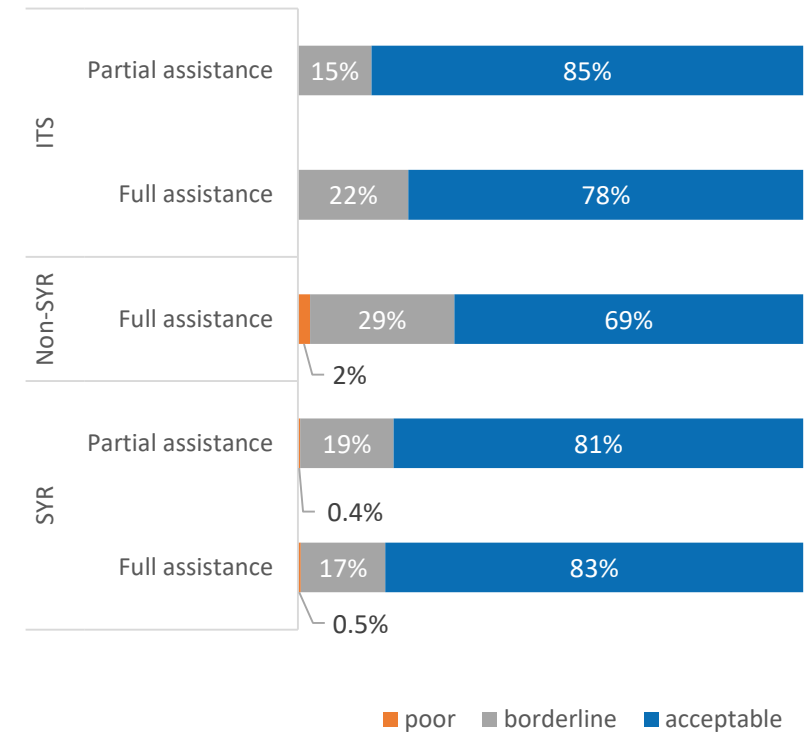
It is of note that, during 2019, the FCS remained stable throughout the year for the Syrian refugee and Jordanian households. The RNA revealed increased levels of borderline food consumption as evidenced by the food consumption scores across the same population when compared to the Food Security Outcome Monitoring (FSOM) in September 2019. 9% of extremely vulnerable households moved from acceptable to borderline food consumption. 2% of vulnerable households moved from acceptable to borderline food consumption.

Overall, while 84% of Syrian refugees in 2019 (FSOM Q3 2019, excluding camps) reported acceptable food consumption, this figure is now recorded at 80%. This finding is indicative that there is a deterioration in food consumption across the Syrian refugee population.

Food consumption groups by nationality



Food consumption groups by WFP level of assistance



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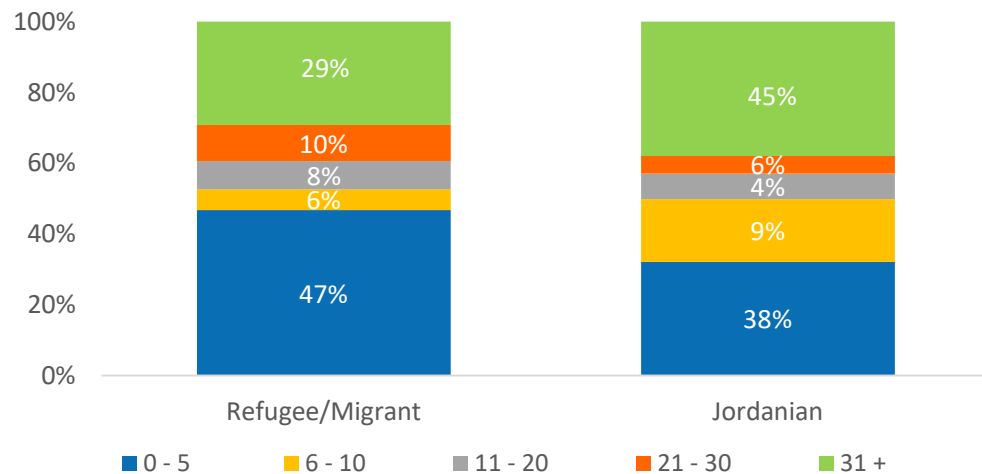
Livelihoods – Income Source

The informal labour market is the main source of income for vulnerable populations

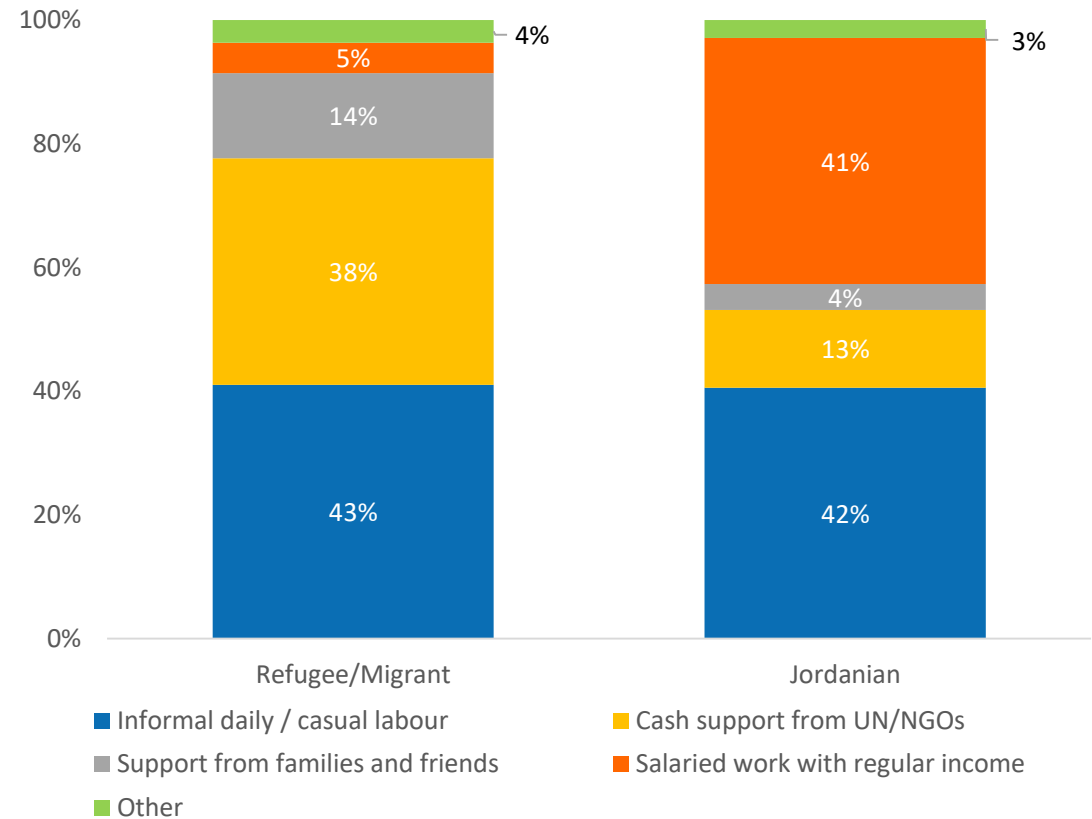
Prior to the curfew, more than half of respondents rely on an informal labour market income source – predominantly daily work/casual labour.

It is anticipated that the informal labour sector will be strongly impacted by COVID-19, so we risk seeing the main source of income for refugees and vulnerable Jordanians reduced.

Before the curfew, how many average hours per week did you work?



Main source of any type of income to sustain the household



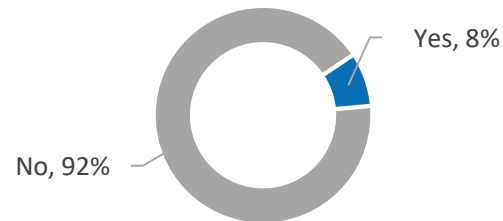
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Livelihoods – Employment

The curfew has had a substantial impact on access to employment and there is a low expectation of job security: 46% of Jordanians and 35% of refugees reported a secure job to return to

More than half of those surveyed who had had work before the crisis stated that their ability to work has been negatively impacted (due to travel restrictions and/or job loss). This negative impact extends to women, with only 8% working before the crisis and the majority reporting work disruption during the curfew.

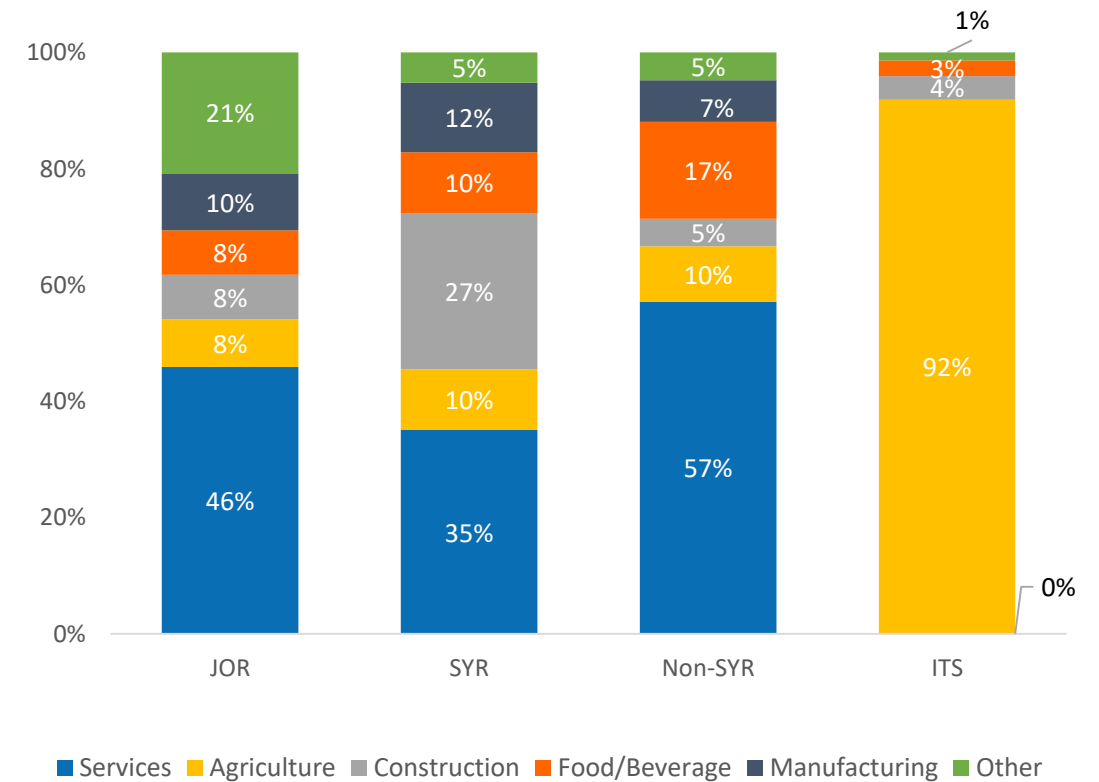
Women working before the curfew:



46% of Jordanians have a job they will expect to return to, whereas only 35% of refugees reported an expected job after the curfew, the majority of which are in the informal sector (services)¹. Once the curfew is lifted, opportunities in the informal sector will be limited. Even for formal opportunities, we expect a decrease in job security as there is no guarantee these jobs will be available after the curfew.

¹ Formal sectors where refugees have work permits: agriculture, construction, manufacturing

In which sector is your job that you will return to after the curfew?



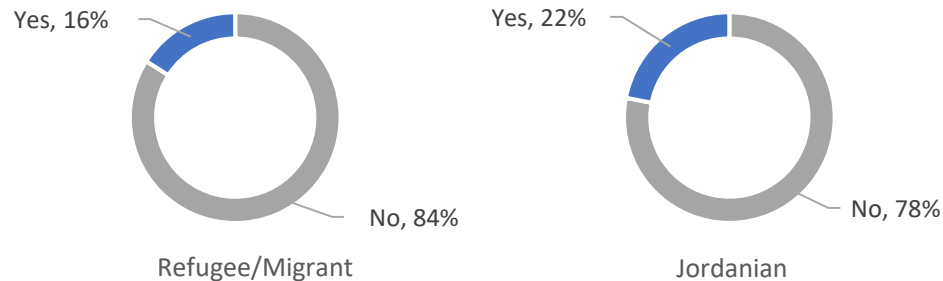
Multi-Sectoral Rapid Needs Assessment – COVID19

Livelihoods – Income and Savings

Low-wage employment opportunities = Limited savings. The majority of respondents have less than 50JOD of savings left

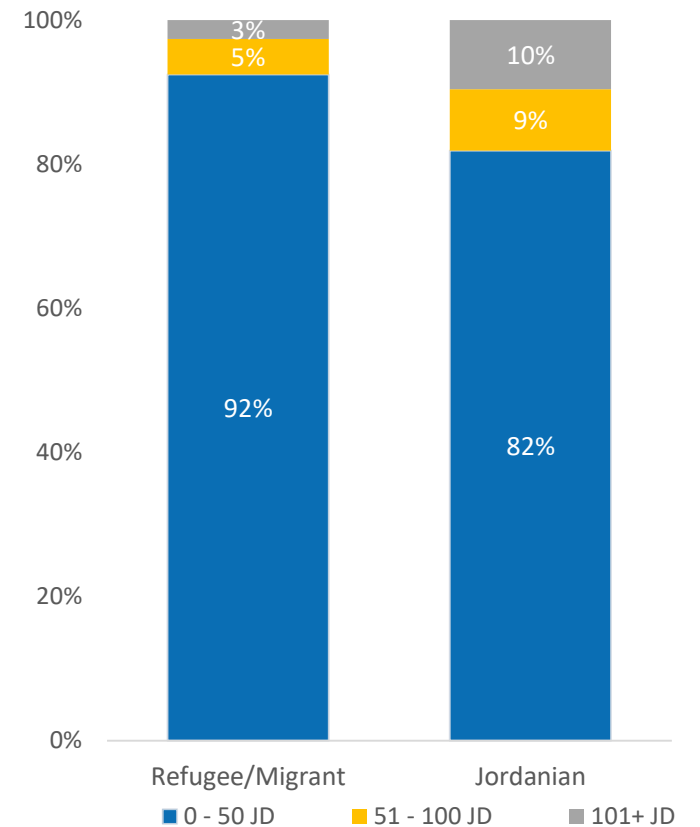
The livelihood opportunities available to survey respondents prior to crisis were not enough to allow for savings. Since the curfew, there has been an increase in savings spent to meet basic needs. Out of the families that responded to spending their savings, 31% of female headed households were refugees, whereas only 6% were Jordanians. The findings show that even where savings are common, they are not enough. When asked if households have enough cash to last another two weeks, 78% of Jordanians responded no and 84% of refugees responded no. For those which responded no, 7% of the Jordanians are female-headed households while 31% of refugee families are female-headed households.

Do you have enough cash to last another two weeks?



When asked how much of their savings are left, 15% of Jordanians have more than 50JOD left, while only 8% of refugees have more than 50 JOD left. For those who have less 50JOD of savings left at the time of the survey, 20% already had poor to borderline - poor food consumption scores.

How much savings do you have left?



Multi-Sectoral Rapid Needs Assessment – COVID19

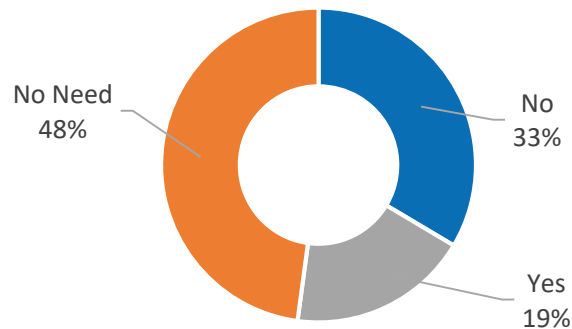
Health - Access to Health Care

Access to health services is of heightened importance in the context of COVID-19.

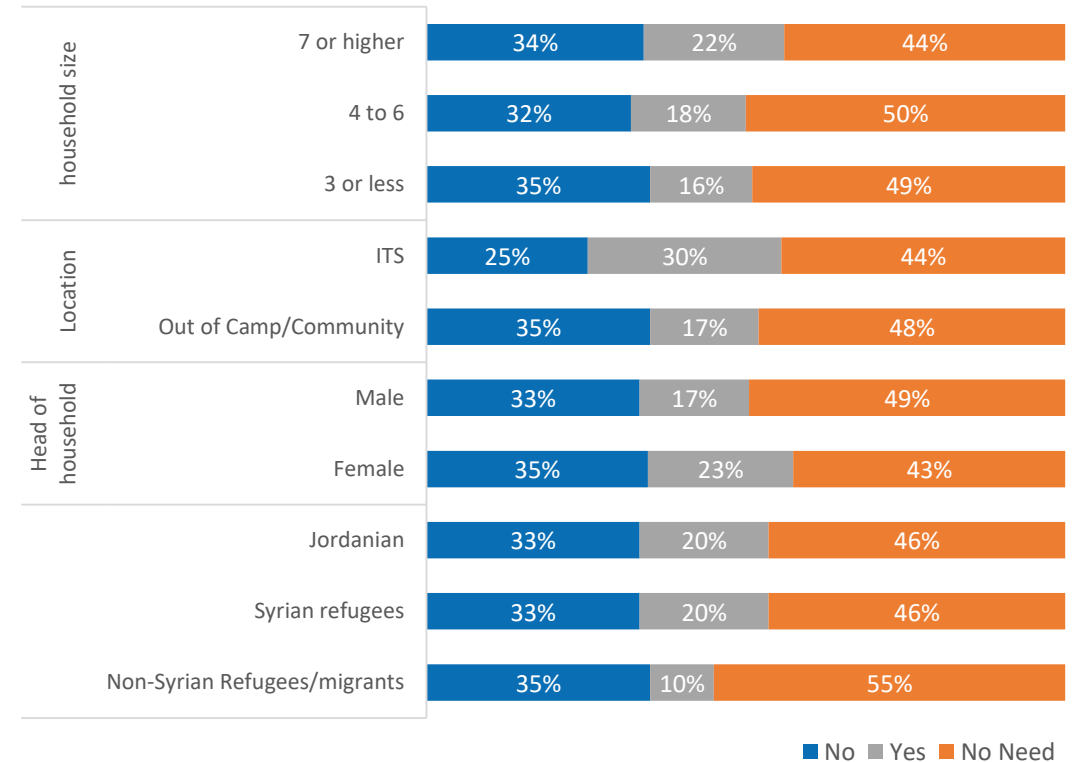
Large (7 and above) and female-headed households and those living in ITS were more likely to report challenges in accessing health facilities since the curfew entered into force.

Travel restrictions, lack of cash and closure of facilities were the most commonly cited reasons for not accessing health services.

Challenges faced to access health care facilities



Challenges faced to access health care facilities after COVID-19 by gender, household size, location and nationality



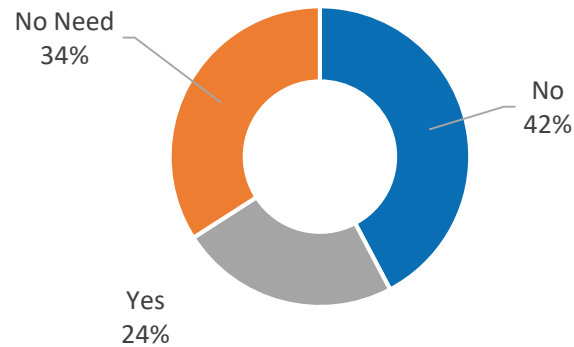
Multi-Sectoral Rapid Needs Assessment – COVID19

Health - Access to Medicine

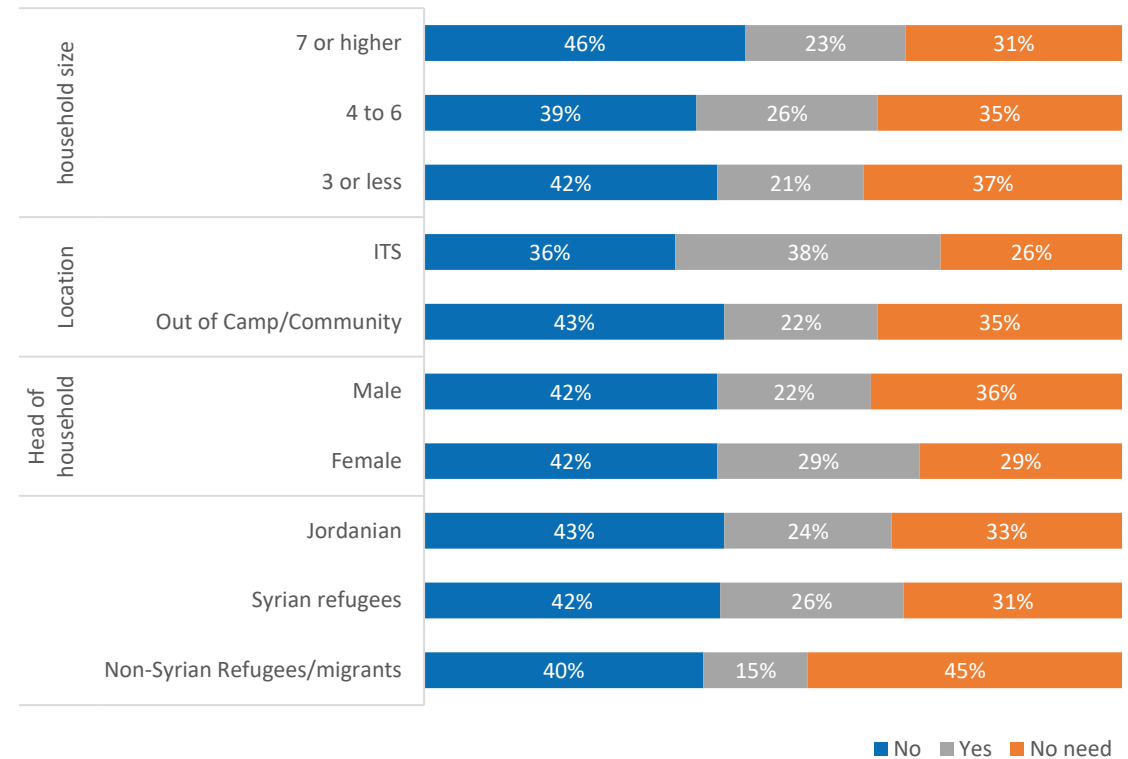
Female-headed households and those living in ITS were more likely to report challenges in accessing essential medicines since the curfew.

Shortages in pharmacy and travel restrictions were the most common reasons for challenges in accessing essential medicines.

Challenges Faced to Access Essential Medicines



Challenges faced to access essential medicines by household size, location, gender and nationality

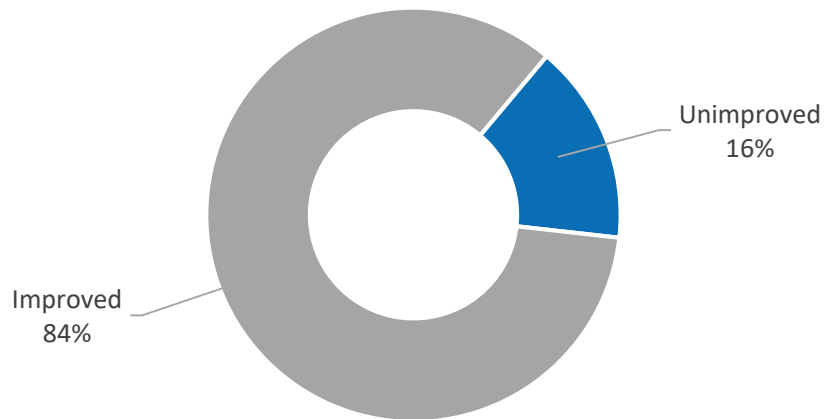


Multi-Sectoral Rapid Needs Assessment – COVID19

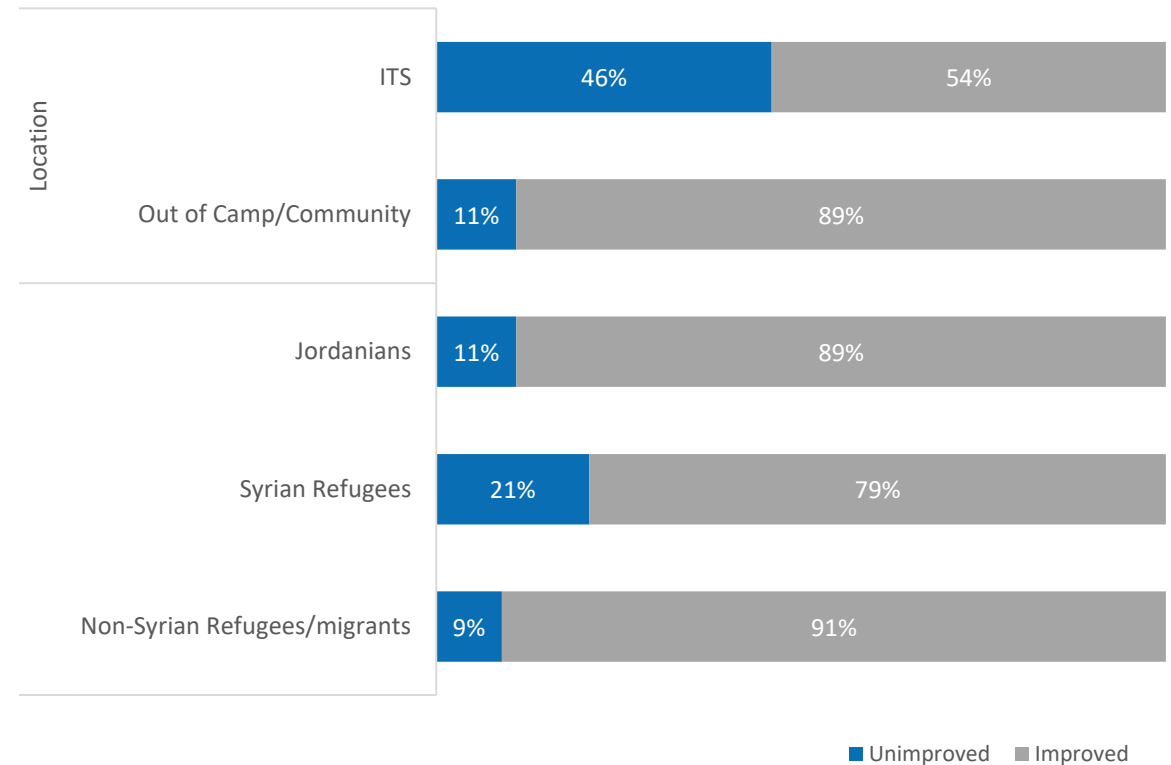
WASH - Water

Access to safe drinking water was by far the most challenging in ITS, with 46% ITS respondents without access to improved water supply (as per WHO definition), followed by the Syrian refugee population in host community

Source of Drinking Water



Source of Drinking Water

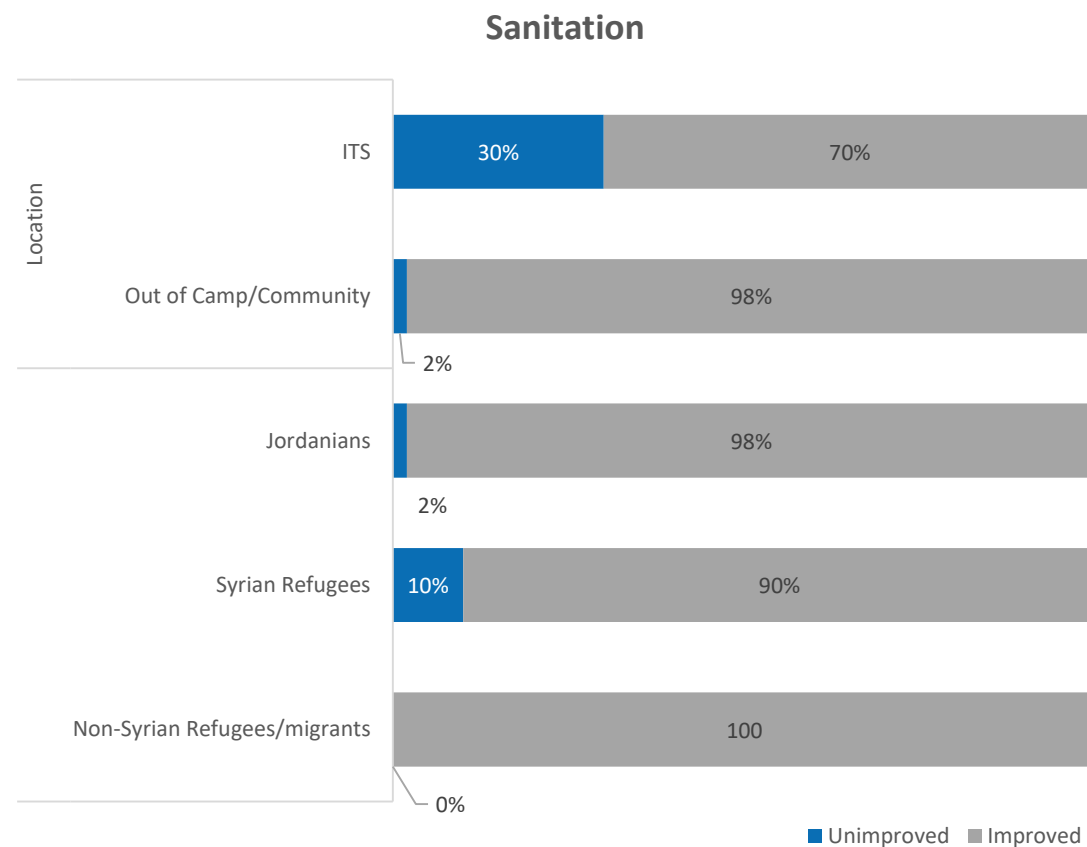
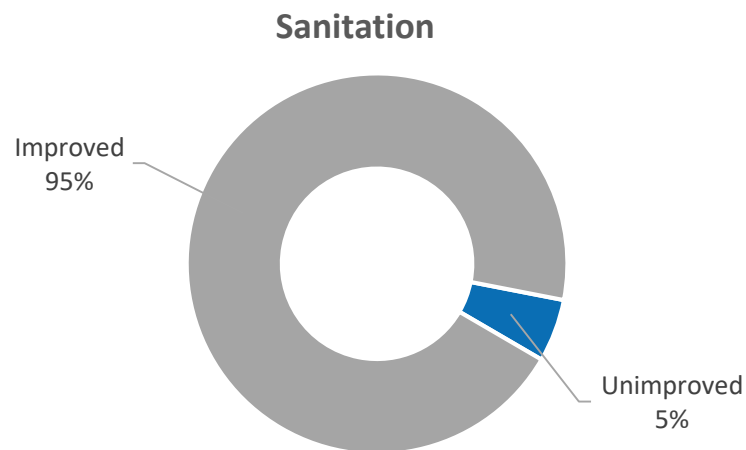


Multi-Sectoral Rapid Needs Assessment – COVID19

WASH – Sanitation and Hygiene

Access to improved sanitation (as per WHO definition) showed similar trends, with 30% of ITS respondents with unimproved sanitation and 10% among other Syrian refugees against 2% among Jordanians.

Access to hygiene supplies was also affected, with unaffordability or lack of access to markets being the main reasons cited for families not being able to purchase essential hygiene supplies.

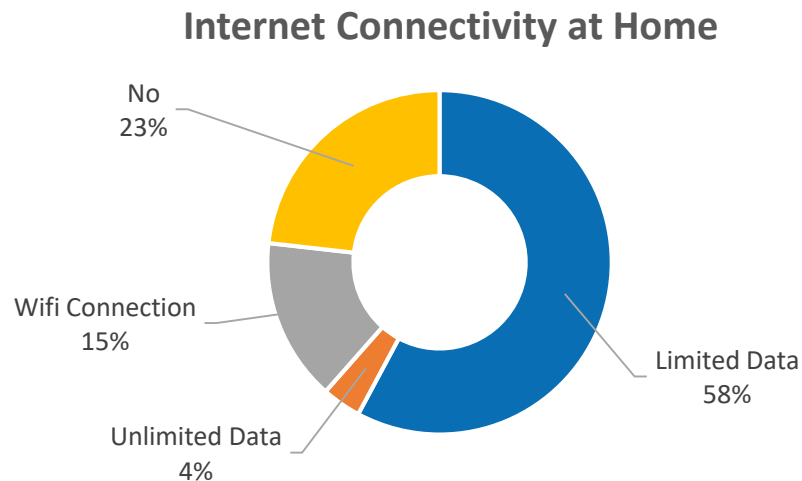


Multi-Sectoral Rapid Needs Assessment – COVID19

Education – Internet Connection

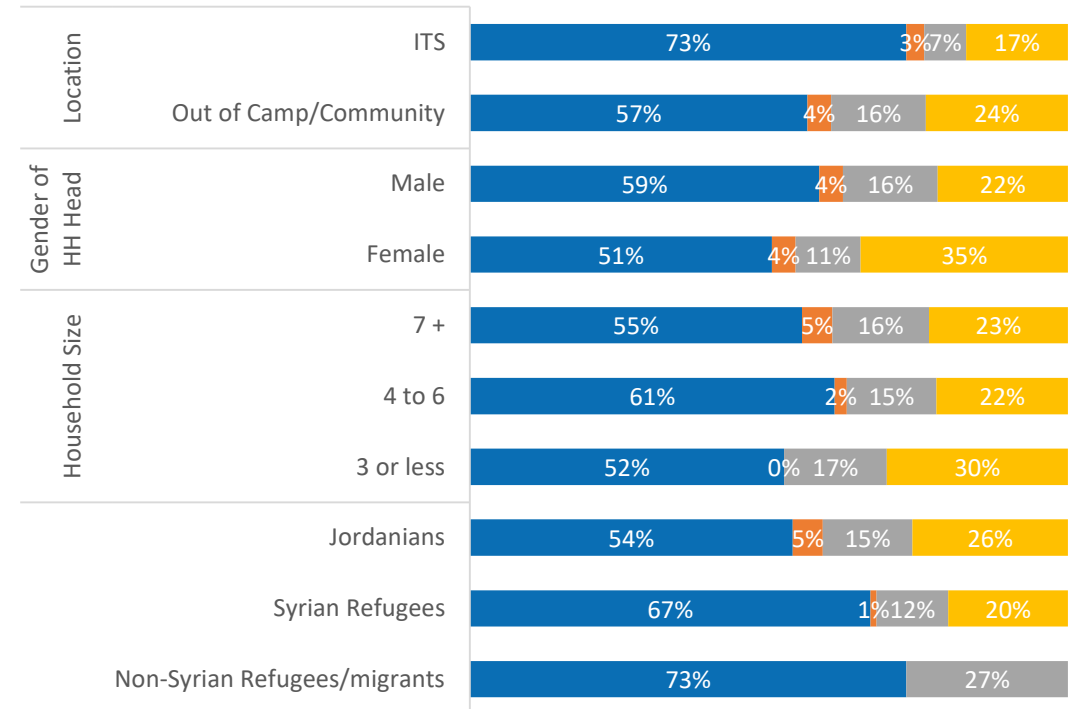
Since school closed on 15 March, the Government’s strategy for continuity of education has heavily relied on access to online resources. Access to the Internet is therefore an important dimension of continuous learning but of course not sufficient to ensure learning.

Overall, 23% of respondents did not have access to Internet at home, but this reached a high 35% among female-headed households, 30% among smaller households of 3 members or less and 26% among vulnerable Jordanians.



Internet connection at home

■ Limited Data ■ Unlimited Data ■ Wifi Connection ■ No

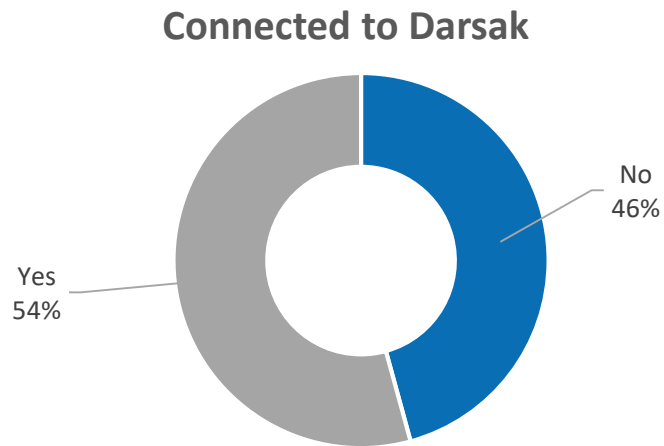


Multi-Sectoral Rapid Needs Assessment – COVID19

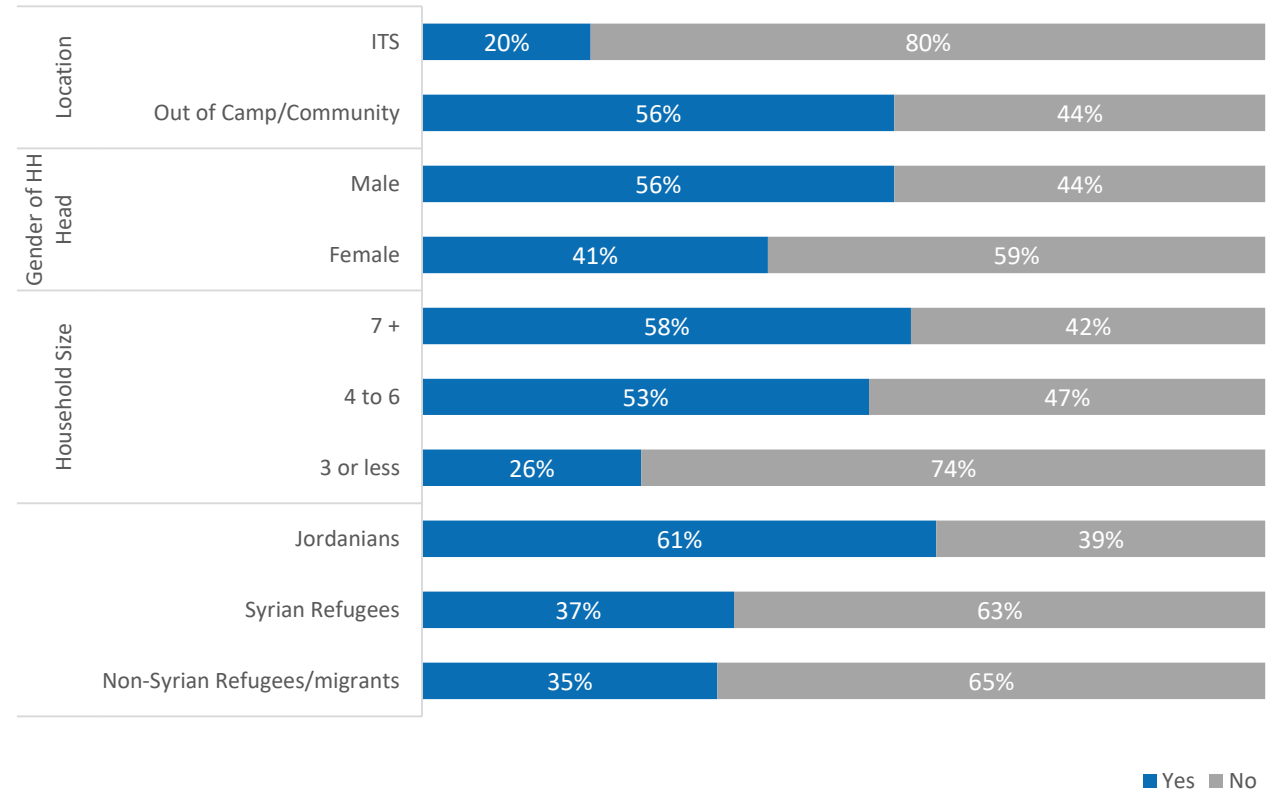
Education – Access to Darsak

Overall, 46% of respondents reported that their children were not accessing Darsak: the website launched by the Ministry of Education to support continuity of learning since the school closure.

Lack of access to Darsak was particularly likely to be reported among the ITS population (80%), Syrian and Non-Syrian refugees (63% and 65% respectively), and female-headed households (60%).



Reported accessing Darsak (MoE Programme)



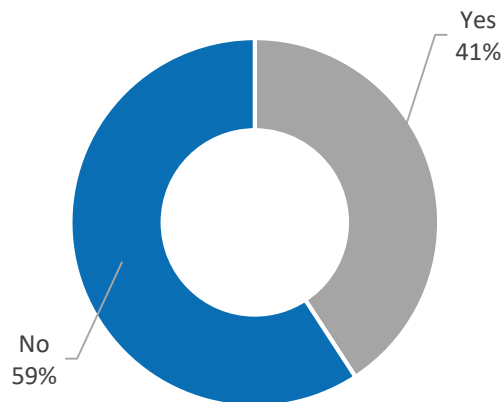
Multi-Sectoral Rapid Needs Assessment – COVID19

Protection

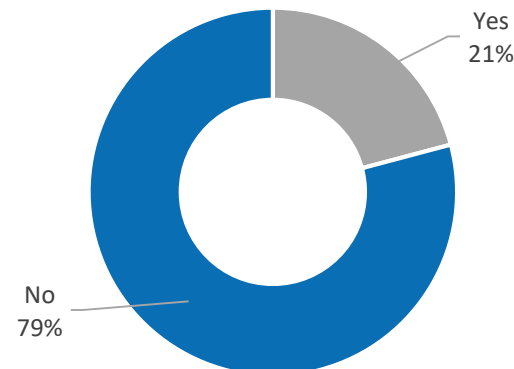
41% of all respondents reported having witnessed negative impacts on their children's well being due to the COVID-19 crisis and curfew, especially among Jordanian respondents and large households of 7 children and above.

Increased displays of anxiety, fighting among siblings, nightmares and difficulty in controlling children were the most commonly cited manifestations of stress among children. 21% of respondents reported that they had noticed an increase in conflict within the family and decreased patience in dealing with children. Both these trends were particularly prevalent among the Jordanian population and within large households.

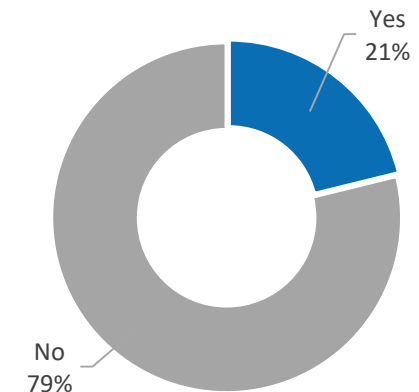
Children Well-being Affected by COVID19



Less Tolerant and Treated Children Badly



Family Conflict



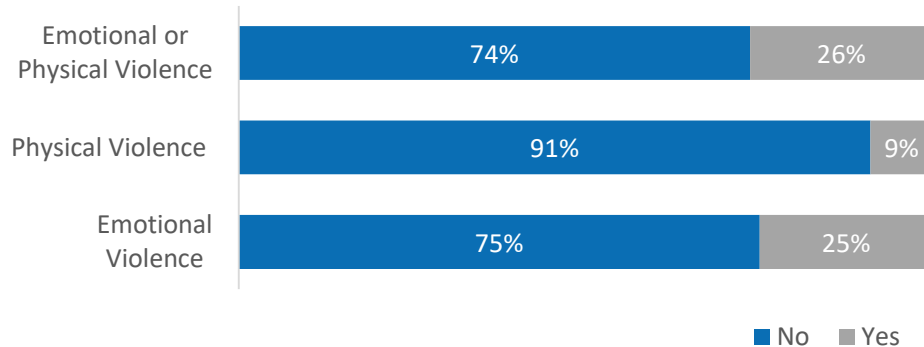
Multi-Sectoral Rapid Needs Assessment – COVID19

Protection

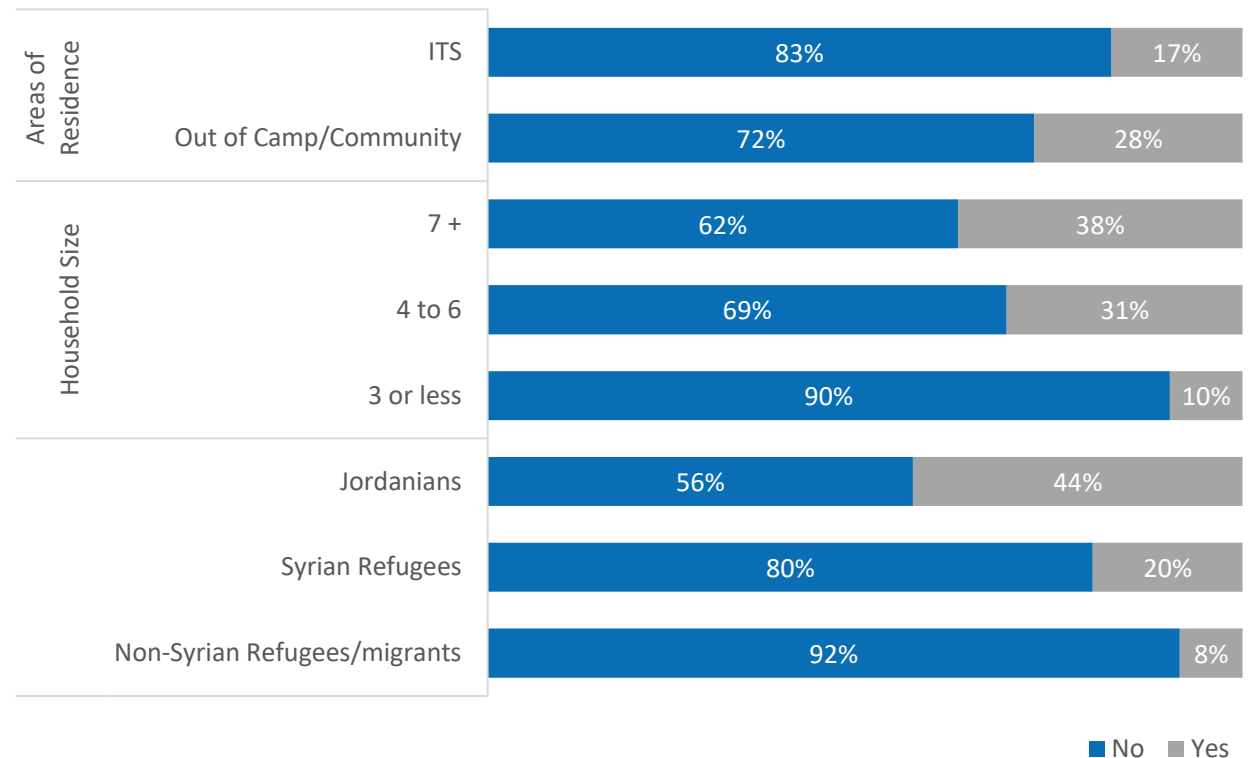
26% of respondents reported having used emotional or physical violence against children, especially in large households and among the Jordanian population.

This is low compared to previous survey results such as the DHS, but relates to incidence of violence that, in the families' perceptions, is attributable to the COVID-19 situation and resulting curfew.

Violence Against Children



Emotional or physical violence against children



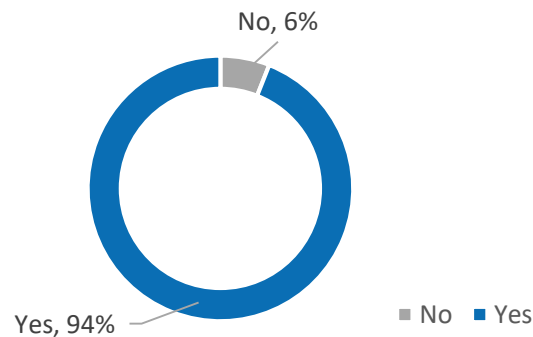
Multi-Sectoral Rapid Needs Assessment – COVID19

Accountability to Affected Populations

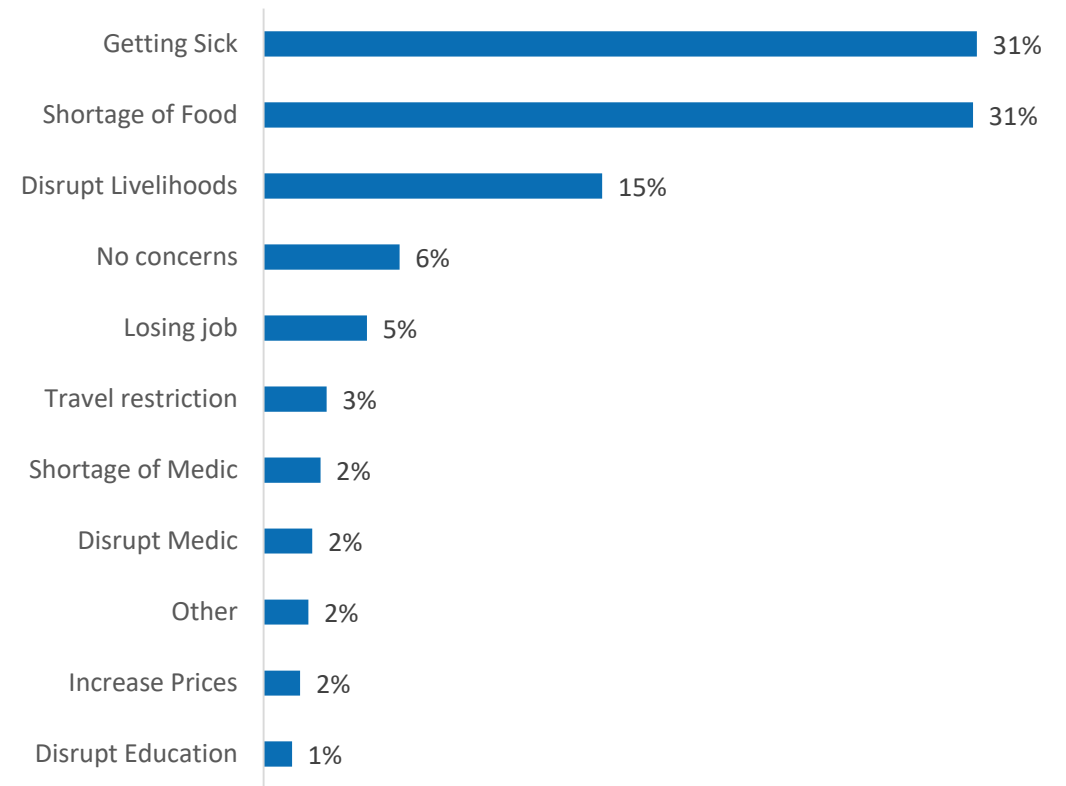
94% of respondents reported having concerns under the current circumstances, mainly around health and shortage of food

94% of the surveyed HHs have concerns under the current circumstances. The top three concerns identified by the surveyed HHs reflect on the health and living conditions due to the current circumstances and measures taken by the government that have affected most of the people living in Jordan. The fear of getting a member of the family sick came as the first concern followed by Shortage of food and third is the concern about disruption of the livelihoods. This must bring the attention to the growing vulnerable populations that may be more likely to leave behind their livelihoods and move in search of assistance.

Head of Households Reporting Concerns (n=1124)



Most important concern under the current circumstances



Multi-Sectoral Rapid Needs Assessment – COVID19

Conclusions

Despite the fact that the Jordanian government has been extremely effective in flattening the curve, with one of the lowest infection rates in the world, 2020 will bring significant challenges:

General

- COVID19 is placing **stress on systems** that were already stressed before the crisis
- **Current border closures and restrictions on movement** are hampering operations, making it more difficult to reach those most in need, with devastating consequences on programme implementation, access to health facilities, food supplies, and increasing protection risks.
- The Government of Jordan faces a difficult balance between restricting the spread of the disease whilst limiting the socio-economic impacts on the country
- The ability of Jordan to host large refugee populations will depend more than ever on the **support of the international community**. Governments and international institutions supported by the humanitarian sector will be in the forefront of **maintaining stability** and ensuring the welfare of the most vulnerable

Food security

- The outbreak of COVID-19 has **reduced access to food for all population groups**. 32% of respondents did **not have enough to eat** in the past week due to lack of **money, of food stocks** (40% of households had no stocks, while a majority had stocks for a week or less), and **travel restrictions**. For refugee households levels of **poor and borderline food consumption increased** compared to September.
- Despite Government measures to prevent food price hikes, a majority of respondents observed **an increase in the price of food commodities**. As Jordan imports the majority of its food needs, the country is vulnerable to the disruptions to international supply chains observed in the wake of COVID-19, which contribute to an increase in food prices. These include export restrictions of staple food from traditional markets as well as increased transportation time and costs due to additional time and measures required.
- In the medium-term, the most vulnerable are **expected to face increased difficulties in terms of access to food** compounded by loss of livelihoods and likely food price hikes. Reliance on assistance is expected to increase as result and due consideration should be given for assistance to be equitably distributed across population groups to meet their food needs in a way that supports social cohesion.

Multi-Sectoral Rapid Needs Assessment – COVID19

Conclusions

Livelihoods

- Current **loss of access to livelihoods and limited savings** will see a greater dependence on humanitarian cash assistance, as the number of vulnerable households will increase (46% of Jordanians and 35% of refugees reported a secure job to return to once the curfew is lifted).
- The longer-term **economic impacts in the informal labour sector** have the potential to reverse recent progress on refugee self-reliance, with a decrease of available opportunities. In particular women, where only 8% working before the crisis and the majority reporting work disruption during the curfew.

Wash

- Jordan is one of the most water scarce countries in the world, with access to safe water already an urgent concern for some of the most vulnerable communities. COVID-19 and the resulting curfew have led to an increase of around 40% in water consumption nationally due to people spending more time at home and applying enhanced hygiene and cleaning practices. In communities such as ITS where 46% lack access to improved water supply and 30% to improved sanitation, the transmission risk is heightened due to economic hardship, with communities relying heavily on daily agricultural work as their main source of income, and facing challenges in accessing health services.

Health

- Access to health information and services is of critical importance in the context of COVID-19. Yet, the survey showed gaps in awareness, along with challenges in access to both health services and essential medicines, especially among female-headed households and ITS communities.

Multi-Sectoral Rapid Needs Assessment – COVID19

Conclusions

Education

- The outbreak of the COVID-19 has led to hundreds of millions of children worldwide being affected by school closures aimed at slowing the transmission of the pandemic. **In Jordan, while remote learning strategies have been put in place by the Government, they rely heavily on TV and online learning modalities. The assessment confirms that children in the hardest-to-reach and most vulnerable communities are not always able to access these opportunities due to a digital gap.** Beyond connectivity, there is a need to provide quality online content, teacher training and support parental engagement.
- No child should be prevented from progressing to the next grade due to the impact of the school closures. UN agencies should advocate for automatic progression and support teachers to cover the core learning objectives missed during COVID19 in the first semester of the next academic year.

Protection

- Hundreds of millions of children around the world will likely face increasing threats to their safety and wellbeing because of actions taken to contain the spread of the COVID-19 pandemic. This very much applies in Jordan where children's well-being has been negatively impacted by the crisis and resulting curfew, with an increase in the signs of distress reported among children, in family tensions and in violence against children specifically related to COVID-19.

Multi-Sectoral Rapid Needs Assessment – COVID19

Recommendations

Sector	Recommendation
Food Security	Ensure regular monitoring of trends related to market access and functionality and food prices as well as households' food security trends.
Food Security	Provide temporary cash assistance to support access to food for households unable to meet their food needs across the various population groups.
Food Security	Review the level of the cash assistance to support access to food in light of potential price hikes and seek consistency across various population groups.
Livelihoods	Temporary cash assistance for basic needs to support households that may risk increased vulnerability due to income loss as a result of COVID-19.
Livelihoods	Ensure and advocate for all eligible persons including refugees to receive applicable benefits under employment related defense laws.
Livelihoods	Strengthen and increase sustainable livelihood opportunities across communities.
Livelihoods	Advocate for increased female labour participation.
WASH	Ensure hygiene supplies are provided to all vulnerable communities to reduce the financial burden, especially in the context of volatile or increased prices. Focus on hand sanitizer rather than soap for water-scarce communities such as ITS.
WASH	Ensure access to clean water at affordable prices and increased storage to ride out any disruption of supply and support economies of scale in all vulnerable communities.

Multi-Sectoral Rapid Needs Assessment – COVID19

Recommendations

Sector	Recommendation
WASH	Increase and upgrade sanitation facilities in ITSs and other vulnerable communities to meet minimum standards.
WASH	Continue supporting the existing water and sanitation utility systems to reach vulnerable communities, which are being impacted by high demand driven by COVID-19.
WASH	Institutional strengthening of utilities, including rehabilitation of existing networks, reduction of non-revenue water, and expansion of networks to vulnerable communities not served by the municipalities at present.
Health	Support the re-opening of health facilities and the provision of mobile services (including medicine delivery) to vulnerable communities, with gender-sensitive service delivery.
Health	Ensure cash transfer amounts are adjusted to cover the cost of health services and essential medicines.
Health	Strengthen the health system and build institutional capacity to provide quality and gender-sensitive health services in all vulnerable communities.
Health	Tailor and intensify messaging on COVID-19 in vulnerable communities based on awareness gaps.
Education	Dissemination of activity-based content to effectively engage parents and caregivers through online and paper modalities.
Education	Communication and awareness campaigns to support vulnerable children to re-enrol in school.

Multi-Sectoral Rapid Needs Assessment – COVID19

Recommendations

Sector	Recommendation
Education	Prepare for school re-opening and support summer design and implementation of school readiness and catch-up programmes prioritizing the most vulnerable children.
Education	Provision of learning devices/equipment and connectivity to children in vulnerable communities to bridge the digital gap.
Education	Professional teacher development to support distance and online learning, including pedagogy and online safety.
Education	Distribution of learning packages (printed resources and stationary) to children in vulnerable communities.
Education	Dissemination of activity-based content to effectively engage parents and caregivers through online and paper modalities.
Protection	Continue and enhance the provision of mental health and psychosocial support and case management services to all children and caregivers affected by the COVID-19 in vulnerable communities.
Protection	Ensure safe access to health and case management services for all women and girls affected by gender-based violence.
Protection	Work with children, caregivers and other stakeholders to understand cultural beliefs and practices that protect or endanger children during an outbreak.
General	Conduct follow-up rapid needs assessment, explore addition of other organizations and expansion of scope.

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