

RAPID COVID-19 SOCIO-ECONOMIC IMPACT SURVEY

UNRWA/ JORDAN FIELD OFFICE

Background:

UNRWA conducted rapid impact survey between April 22-24. The main aim of this rapid Impact survey is to have an overview and understanding the effect of COVID-19 on the livelihood of the Palestinian refugees in terms of health, education, livelihood, food security, and Protection.

The COVID-19 is having a far-reaching impact globally and its effect is imposed on all sort of life and population, being rich or poor. As a result, those vulnerable people, including the refugees, have fallen further to become more vulnerable with the loss of their source of income and support.

With the reported first case of COVID-19, The Government of Jordan has announced on 14th March 2020 the closure of its borders, schools and many non-essential businesses.

Subsequently the Government declared complete Lock Down on 17th March. Thereafter, the movement restriction was eased allowing access to grocery stores, pharmacies and bakeries during the day from 10am to 6pm for pedestrians.

Cases overview¹



Jordan

Confirmed

596

Recovered

401

Deaths

9



Worldwide

Confirmed

4.48 M

+86,108

Recovered

1.61 M

Deaths

304 K

+976

¹ WHO COVID-19, Situation Report-106 15/5/2020

General Findings and Recommendation:

Findings:

<ul style="list-style-type: none">• <i>Both the Pandemic and subsequently movement restriction have caused economic and social inconvenience and reduction in household income/ livelihoods</i>
<ul style="list-style-type: none">• <i>Refugees are left with no income from work or other means of Coping Strategies (e.g. cash savings, food reserves, external support, and assets).</i>
<ul style="list-style-type: none">• Small business sector, which is a major source of employment for the refugees, is expected to take time to come out of its recession.
<ul style="list-style-type: none">• The global supply chain and decision taken by some exporting countries to limit its export (Russian flour, India for Rice, Egypt for Bulgar wheat and Pulses...) which will eventually limit supply at market and increase the food prices, globally and locally, for the importers and subsequently consumers.

Recommendations:

<ul style="list-style-type: none">• Ensuring refugees' access not only to food, but nutrition, health and medical care, and effective distance education.
<ul style="list-style-type: none">• <i>UNRWA assistance is required to bridge the gap until the revival of the local market economy and improving employment condition.</i>
<ul style="list-style-type: none">• Monitoring access to market (i.e. prices, supply, and consumption), directly or through partners (e.g. FAO/WFP). Subsequently, UNRWA and donors to review level and monetary value of assistance to support increase in market prices and cost of living.
<ul style="list-style-type: none">• <i>Different modalities of assistance (cash and in-kind) to be adopted for those who have no access to food, hygiene supply, and health and education services.</i>
<ul style="list-style-type: none">• <i>Cash assistance needs to be assessed and deployed, ranging from unconditional cash/voucher assistance, emergency assistance targeting specific vulnerable and protection cases as well as the self-targeting Cash/voucher For Work.</i>
<ul style="list-style-type: none">• Continuation with Case Management service for all women, girls and children affected by domestic and gender-based violence.
<ul style="list-style-type: none">• Conduct a follow up in-depth "Needs" assessment in partnership with other agencies to cover areas of gender, disability, and domestic violence, among others.

METHODOLOGY:

The methodology for this rapid survey depends on primary data, through data collection as well as secondary sources³. The questionnaire was developed jointly by WFP, UNHCR and UNICEF, with minor addition to meet UNRWA's needs. Relevant database was examined and modified accordingly.

Sample was prepared for 1,106 HH and for which, relevant HHs were identified to include Palestinian Refugees from Iraq (PRI), from Syria (PRS) and currently assisted under Safety Net service (SSNP). (Pls. see Sample Methodology in Annex).

Category		Total Household	Sample Size
SSNP	Outside Camp	8,325	272
	Inside Camp	3,925	139
PRI	Outside Camp	35	35
Palestinian Refugees from Syria (PRS)	Outside KAP	4,185	661
	Inside KAP	135	-

Updated lists of respondents with contact details were reviewed and finalized. The lists were covering different, in-camp and Off camps, refugees residing in different Governorates (Sample Methodology- Annex X). Consequently, on 19-20 March, interviewers were given orientation on the purpose and modality of the survey. Moreover, staff were trained on the use of KOBO software and the Arabic version of questionnaire and its details.

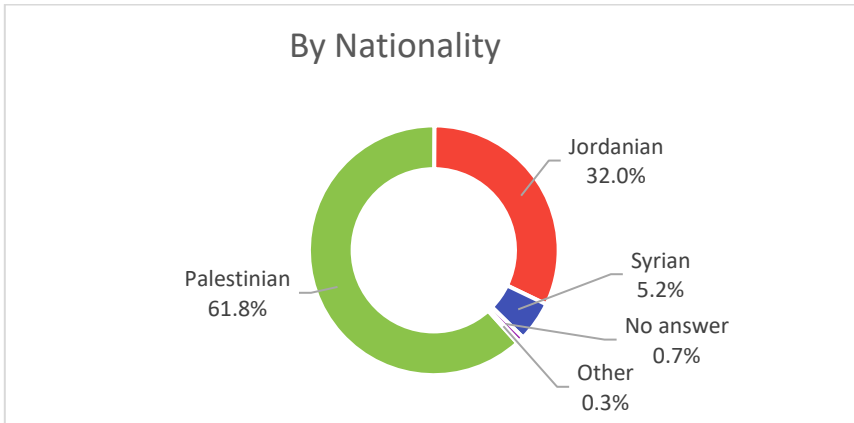
Devices (smart Mobile phones and tablets) were uploaded with the questionnaire and field testing took place on 21 March.

The survey was launched on 22 March until 24 March and data collection was done via telephone interviews through UNRWA's four Area Offices' Social Workers and staff (56 interviewers). Social Workers are familiar with the HHs circumstances and locations. They are mostly experienced female staff in conducting home visits, case assessment and telephone communication as well as managing hotline. Each interview took between 20-30 minutes long.

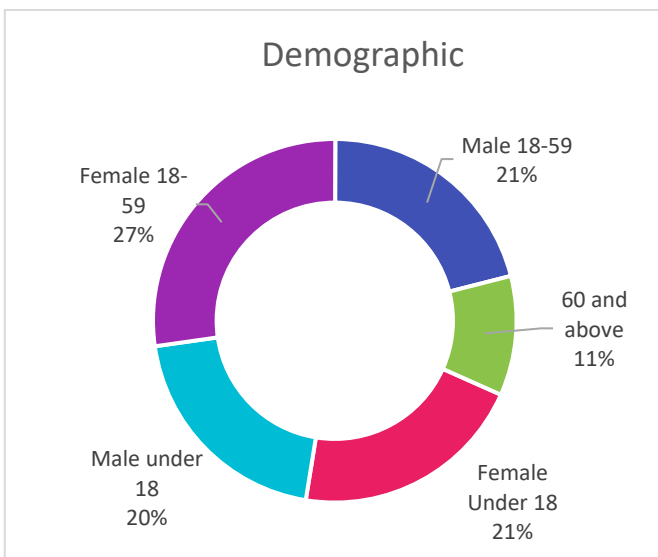
³ COVID Impact by UN Women and CARE, Food Security assessment....

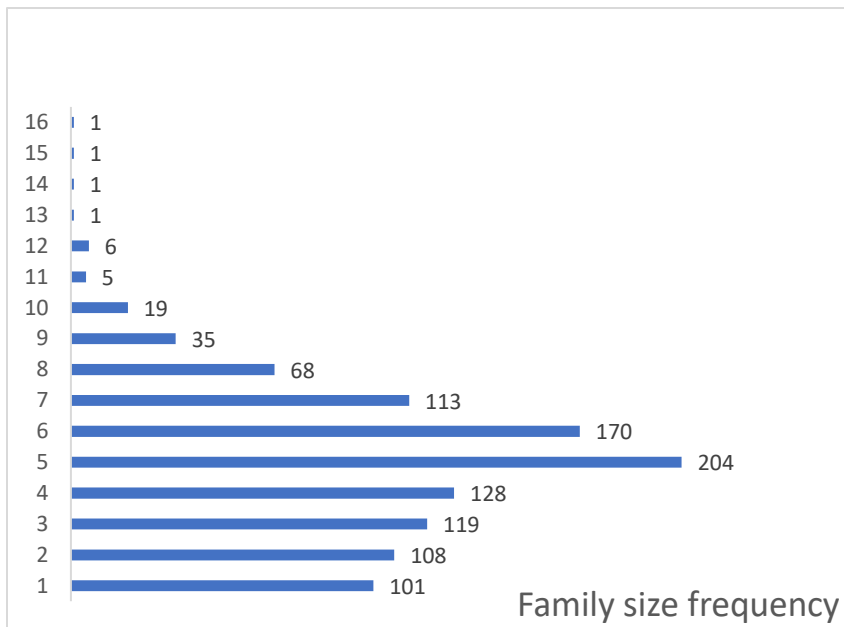
Demographic data:

The findings of the survey are based on data collected and validated of 1,080 Palestinian HH (of which 33% are Female headed). Of those interviewed HHs there are 32% holding Jordanian ID and 5.2% with Syrian ID.



Total surveyed Households are composed of 60 and above years old (11%), and of the remaining 89%, between 0-59 years old, are 48% girls and women. The average size of Surveyed household is 5 members.





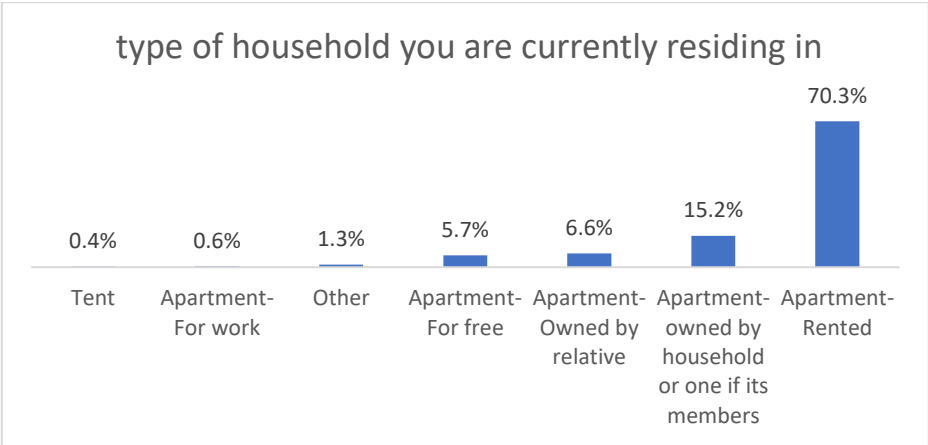
The average size of Surveyed household is 5 members. While families with less than 5 members are representing 42%. Single person HHs are less than 1%.

Surveyed household reported that there are 472 persons living with disability, 104 are chronically ill, while 136 persons are both chronically ill and with disability. Considering this information, more investigation is required to understand their specific livelihood and vulnerability and plan assistance accordingly.

Is there any member of your household who is disabled or chronically ill?

Gov	Chronically ill	Disability	HH has member with a both disability & chronic illness
Karak	1	2	1
Ajlun	2	1	4
Aqaba	3	3	3
Mafraq	5		1
Madaba	6		4
Balqa	18	9	6
Jarash	25	4	5
Irbid	102	25	30
Zarqa	122	22	30
Amman	188	38	52
Grand Total	472	104	136

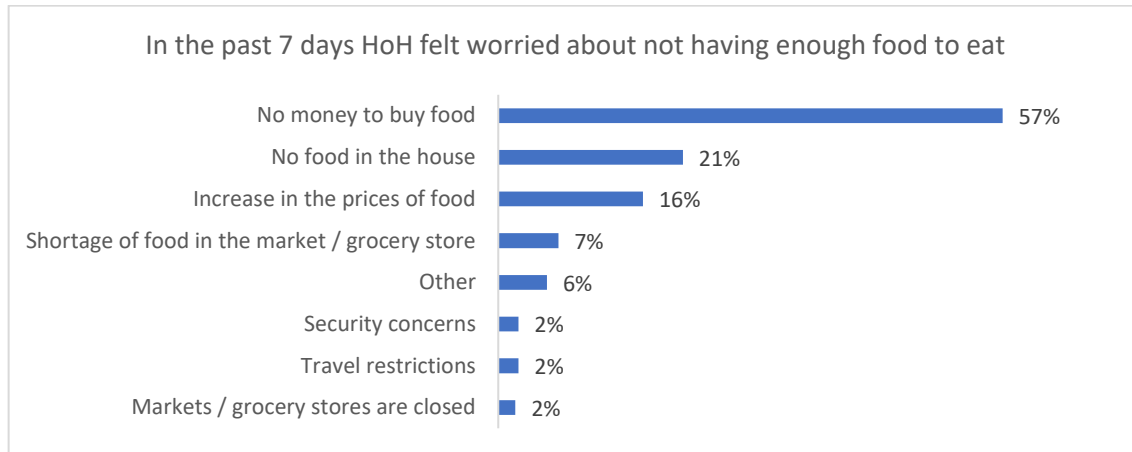
Moreover, most of the respondents are living in rental accommodation (73%) and 15% in their owned units. The rest are either living for free, with relative or in work premises. Very few are living in tents (0.4%).



Main Findings:

❖ Impact on Food Security:(Availability, Accessibility, Utilization,...)

About 64% have expressed their worriedness for not having enough food during the past seven days, due to lack of money to buy (57%), not having food stocks at home (21%), and/or potential increase of commodity prices (16%).

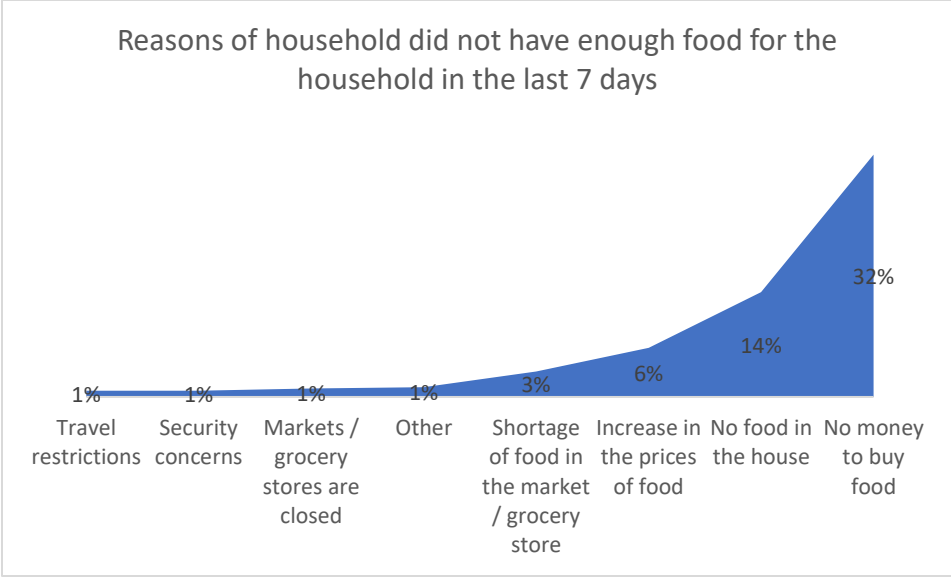


AVALIABILTY:

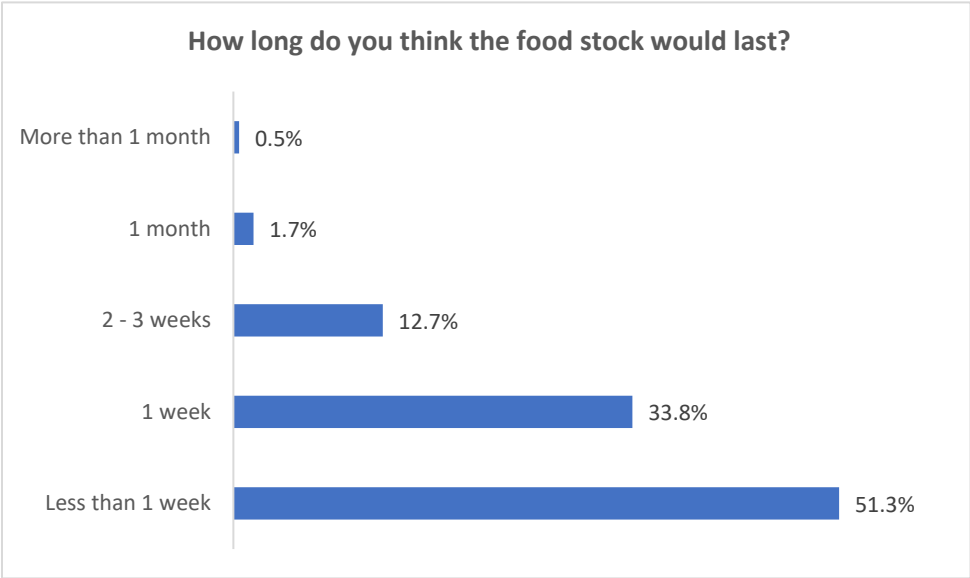
For the past seven days, most of respondents had access to nearby market shops which were open, outside curfew time, and had enough supply of basic needs. Their main source of getting food is through purchase, in cash (57%) or on credit 12%, in-kind food aid (15.8%) and as a gift from friends and family (12%).

ACCESSIBILITY:

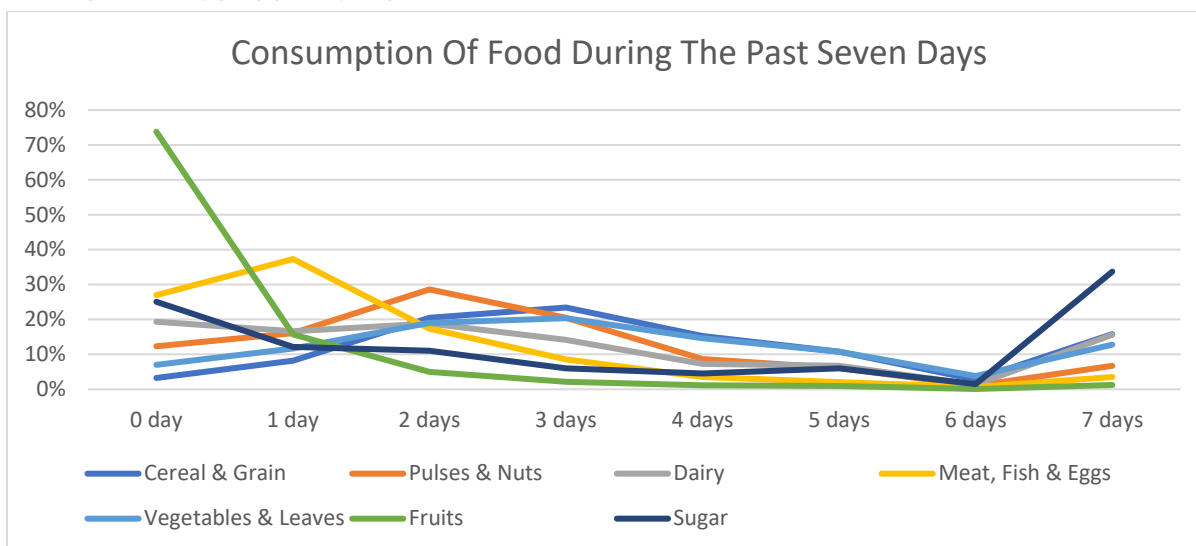
In response to reasons for not having enough food during the past seven days, it was mostly due to lack of money to purchase (32%), and diminished food stocks at home (14%). The increase of food prices was expressed by 6%. Neither movement restriction during the lock down nor shortage of supply were their main concerns (only 1% and 3% respectively).



Only 38% of the responding households had food stocks in their house, which varied in quantities. About 51% of these households had their reserves to last for less than one week, while 33.8 % had enough stocks to last for one week and 12.7% for 2-3 weeks.



UTILIZATION AND CONSUMPTION:



In terms of food consumed during the past seven days, it is likely they are consuming cereals, oil and vegetables to almost four days of the week. However, this population is very poor in consuming meat and fish but also fruits. The better off population are consuming milk and dairy products with an average of 2-3 days a week.

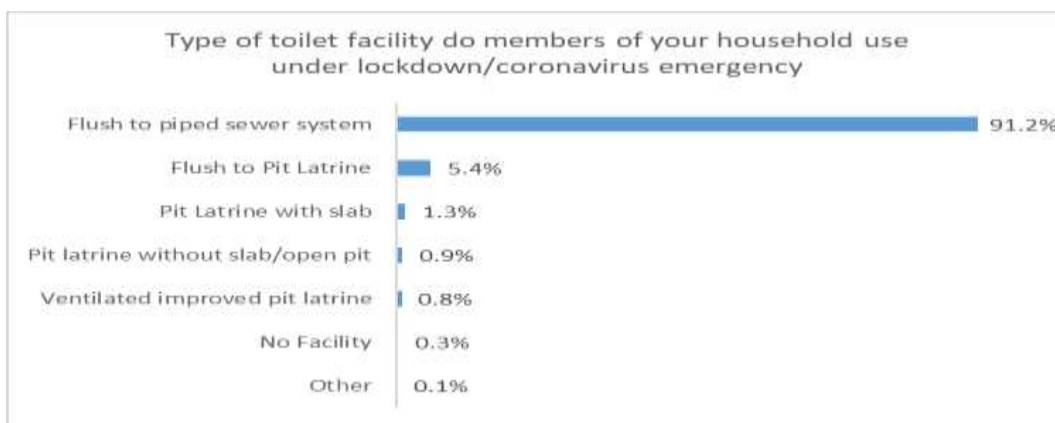
Proportion Population who Consume	
	% Out of 1080 Beneficiaries
Cereal	97%
Vegetable	93%
Fruit	26%
Meat, Fish, Egg	73%
Pulses	88%
Dairy	81%
Oil	91%
Sugar	75%

More information is still needed to know if members of surveyed households have skipped meals, reduced meal portion or exerted cheaper food items.

Source of **drinking water** is either bottled or piped to the house, while the water for washing and domestic use is mainly piped to the housing unit. However, there are fewer percentage depending on tanker trucks, rainwater and springs.

Source of Water (Drinking & Washing)		
Source of Water	Drinking	Washing
Spring	0.2%	0.10%
Rainwater	0.3%	0.30%
Piped to Yard/Plot	0.6%	0.30%
Tanker Truck	0.8%	1.80%
Other	10.6%	1.80%
Piped into housing unit	42.4%	97%
Bottled Water	45.0%	

Toilet facilities are adequately connected to flush to sewer system (91.2%), and to Pit Latrine (5.4%). Only 3% are using different types of Pit-Latrines.



Conclusion (Food Security):

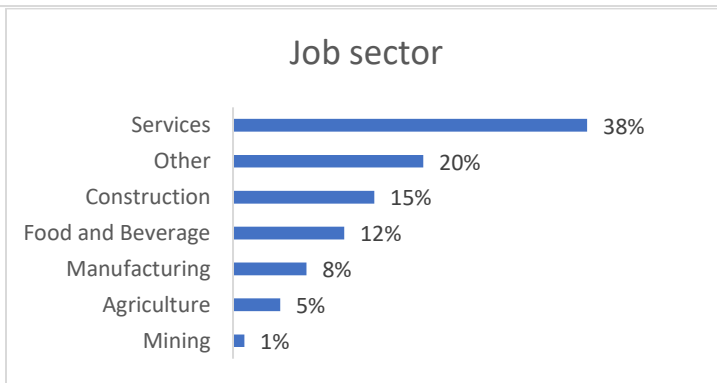
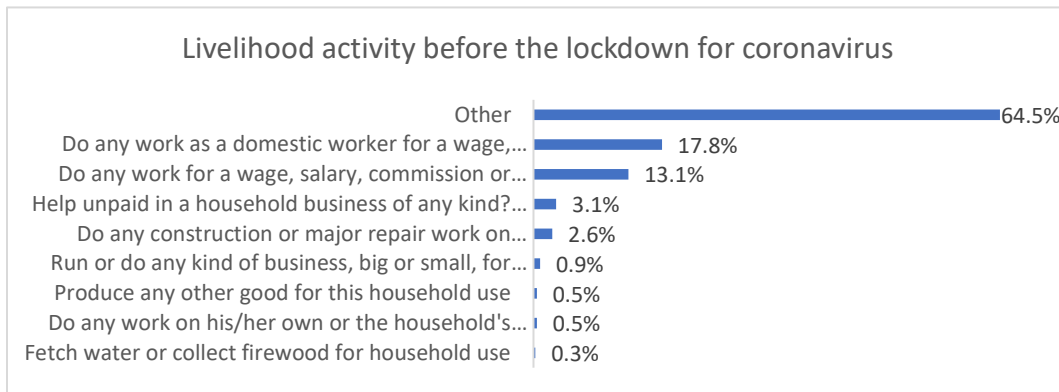
- With a prolonged lock down and lack of income generating activities, the population is likely by now not having enough nutritious food to eat. With no money or food reserve, and exhausted possibility to buy on credit, refugees will be in serious need for food and cash assistance.
- With the global supply chain and decision taken by some exporting countries to limit its export (Russian flour, India for Rice, Egypt for Bulgar wheat and Pulses...) which will eventually limit supply at market and increase the food prices, globally and locally, for the importers and subsequently consumers.
- Need to regularly monitor access to market (prices, supply, and consumption), health facilities. directly or through partners (e.g. FAO/WFP). Subsequently, UNRWA and donors to review level and value of assistance to support price increases.

❖ **Impact on Livelihood:**

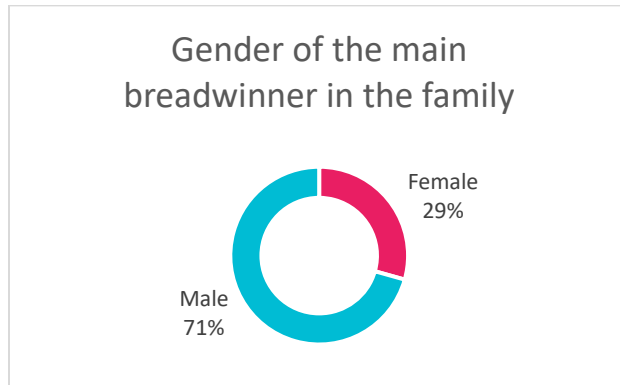
Livelihood has been disrupted by the fear and concern of shortage of food (34%), anxiety of getting sick (25%) and disruption of source of income generation.



Before the COVID-19 Lock Down, 17.8% were engaged as a domestic worker, and 13% working for wages. The majority has responded as doing other activities. The main sector of income generation is in the Service sector (38%), followed by construction (15%), and 12% in food and Beverage, among others.



Women constitute 29% of the working force, which is mainly comprised of the head of the household who is the main worker. Only 1% reported having cash savings, of whom 10% would have enough cash to last for two weeks.



Almost half of the respondents (49.6%) have their work undisrupted by COVID-19. Of the rest, who lost their work, almost two thirds are not confident they will be able to go back to the same activity.

For most of the respondents, their main source of income is dependent on UNRWA assistance (80%), casual labor (33%), family/friends support (14%), among others.



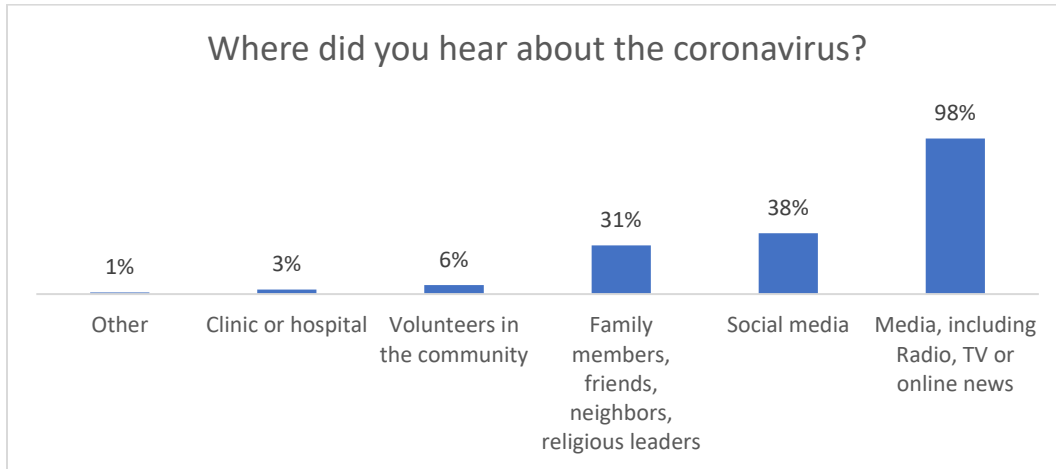
Conclusion (Livelihood):

- The Small business sector, the major source of employment for refugees, is expected to take time to come out of its recession.
- Surveyed refugees, mostly working as seasonal and casual labor as well as in petty trade, are affected by disrupted source of employment and lack of reserves.
- As the level of vulnerability is increasing and for some time to come, different modalities of assistance need to be assessed and deployed, having in mind creating lost-work opportunity, through Cash and Food for Work.

❖ Impact on Health issues:

Awareness:

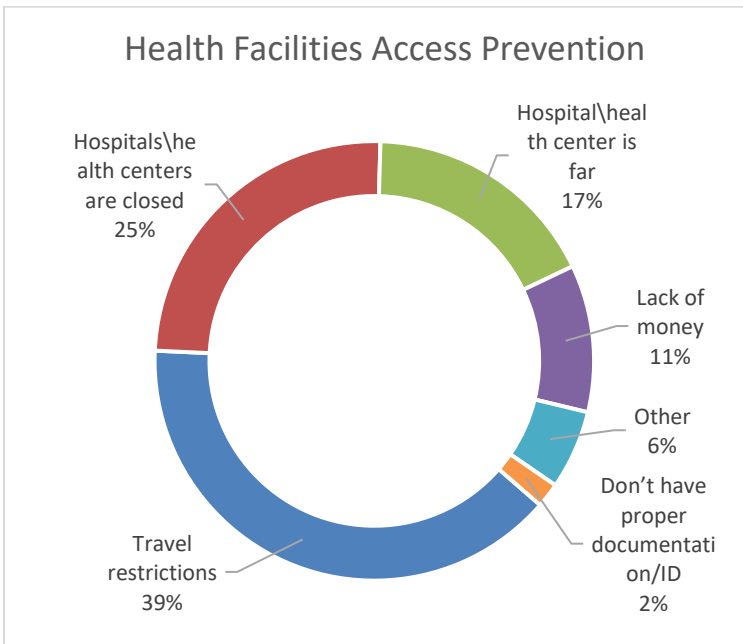
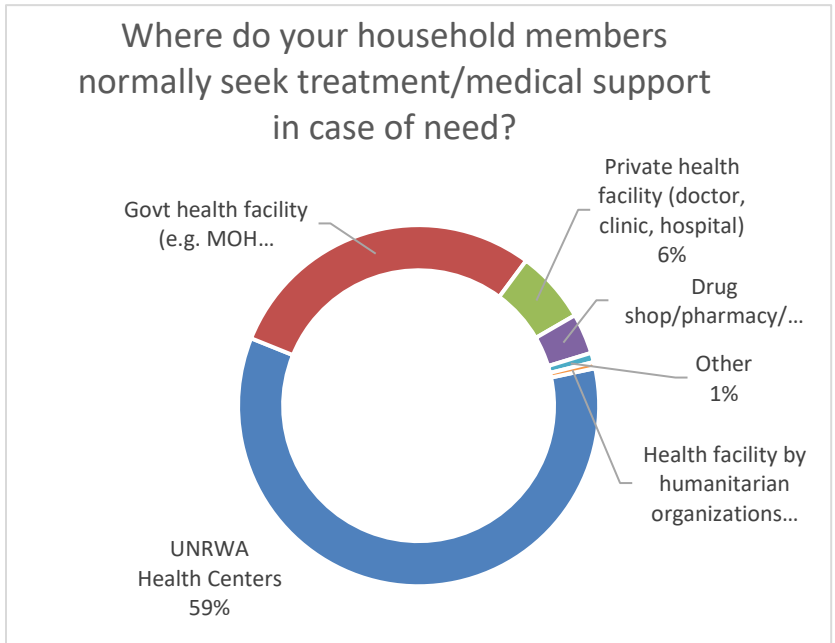
The media is the popular source of information on Corona Virus and other news, through Radio, TV, on-line news (98%). The Social media is another good source of information (38%), along with the words of mouth by friends, relatives and neighbors (31%). Accordingly, respondents became aware of the pandemic and its precautions and where to go for testing and treatments.



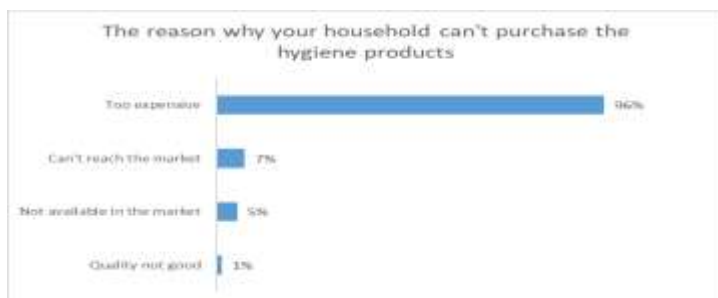
Health Centers and Treatment:

Large number of respondents normally receive their medical treatment at UNRWA health centers (59%) and MOH health facilities (29%) or private facility (6%). However, with COVID-19 events, there have been constraints preventing them from accessing health centers either due to travel

restriction (39%), closure of the center (25%), long distance to reach the center (17%), Shortage of money (11%) and/or Lack of proper documents/ID (2%).



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The hygiene products are needed however it is too expensive (96%), the market is not reachable (7%), or the item is not available (5%). On the other hand, during the past two weeks, surveyed HH

were able to purchase soap (63%) and bleaches (66%).

Conclusion (Health service):

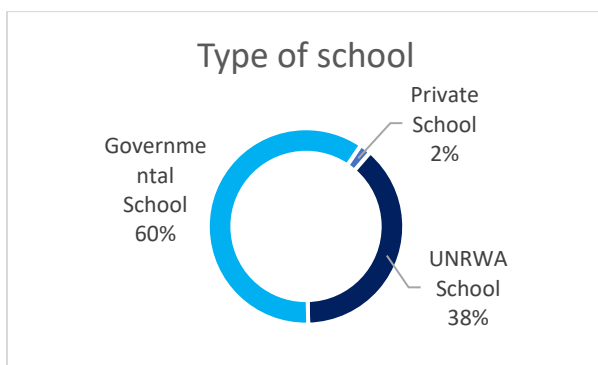
Access to Health centers are limited due to travel restriction, centers closures, and lack of money.

As most of the refugees (59%) are receiving their medical treatment through UNRWA centers, a continued support to these centers is important to be open and equipped to deliver medical care and medicine, is a major objective

Impact on Education Service:

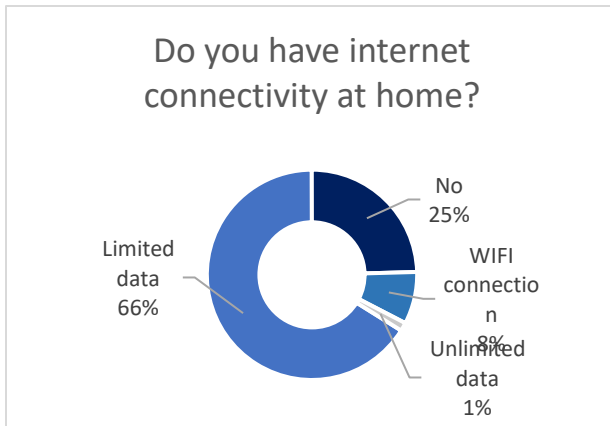
School Children:

About 66% have children at school age. Of them, 94% are **enrolled** either in Government schools (60%), UNRWA schools (38%) or Private schools (2%). For those unenrolled (6%), there is a need for further investigation to know their reasons, gender, location and age group.



Distance Learning:

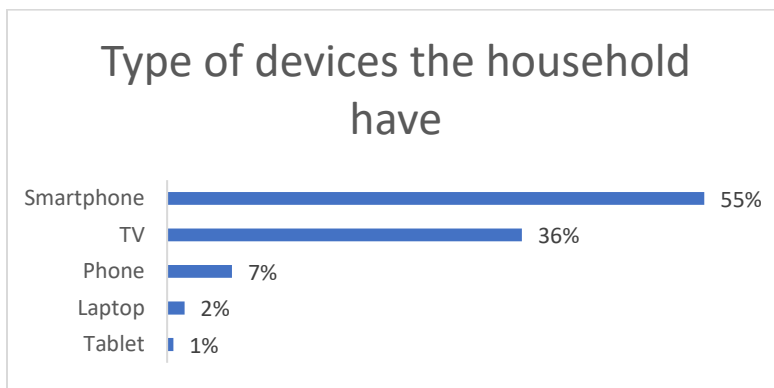
MOE is piloting **Distance Learning** through delivered lessons via national television, a website and a smartphone app. This remote learning will require teachers' training



and enable both refugees and low-income students to acquire the technology in forms of devices and connectivity.

Internet connectivity is a major issue in Distance learning. Only 9% are having WIFI or Unlimited data, while the majority (66%) has limited data connection. The remaining 25% of households do not have internet connection.

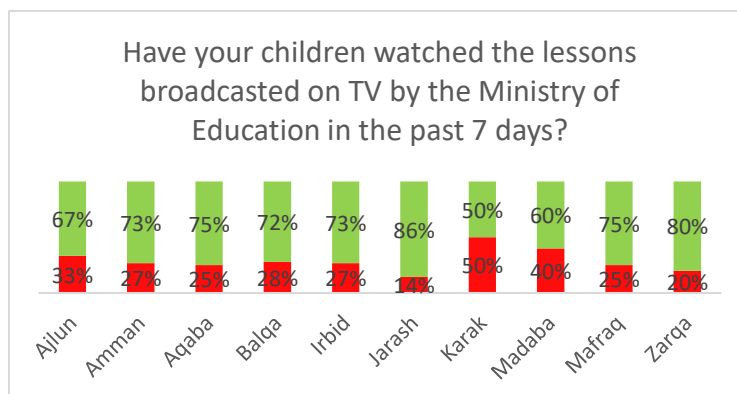
Access to learning devices: Available **devices** within the household are mostly Smartphones (55%), TV (36%), with a very few numbers of laptops (2%) and Tablets (1%). Such distribution of devices would certainly affect the e-learning possibilities, as smart phone is presumably in the hand of the adults (parents).



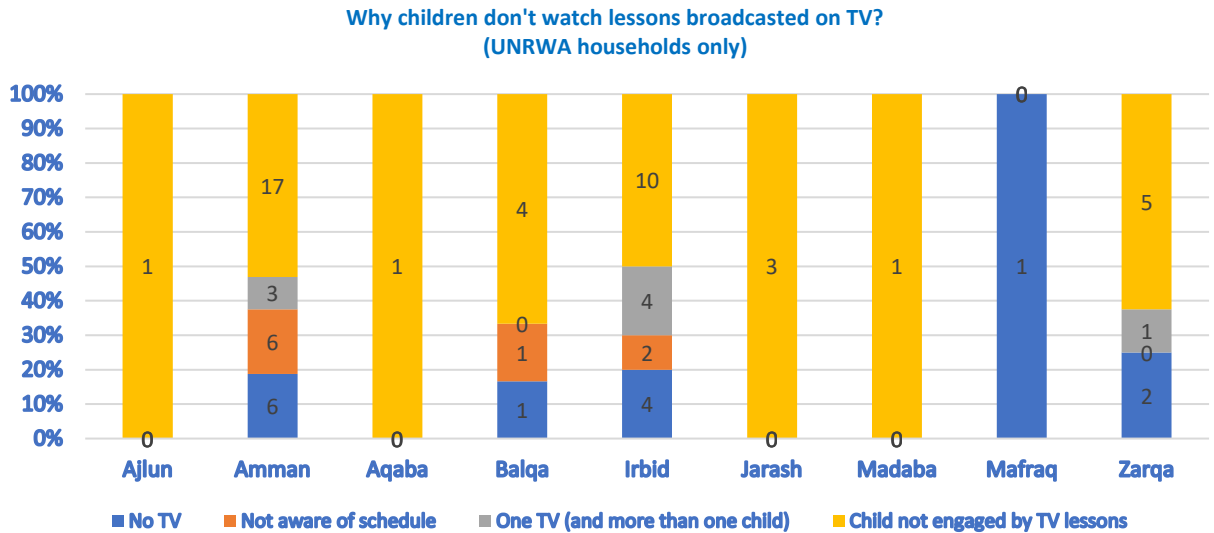
Televised Lessons

The survey showed that during the past seven days and, most of the children at their different governorates were able to follow MOE lessons on TV as well as the Darsak Platform.

the majority of children watched the lessons televised by the Ministry of Education. However, the expressed challenge, across all surveyed households, was identified as unengaging nature of televised lessons, followed by unavailability of TV sets in almost every fifth (19%) household.

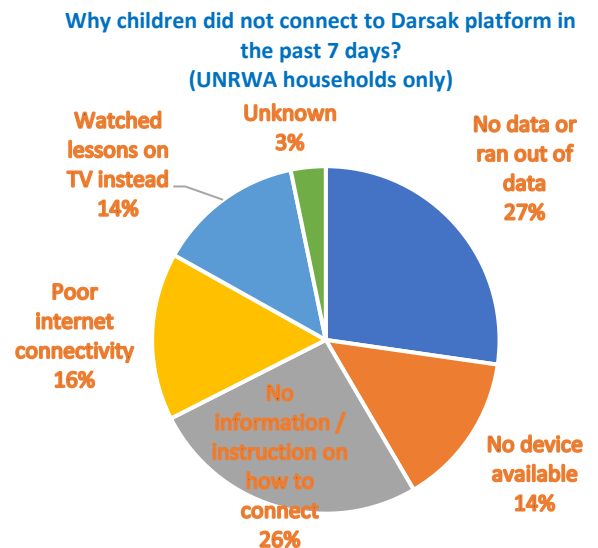
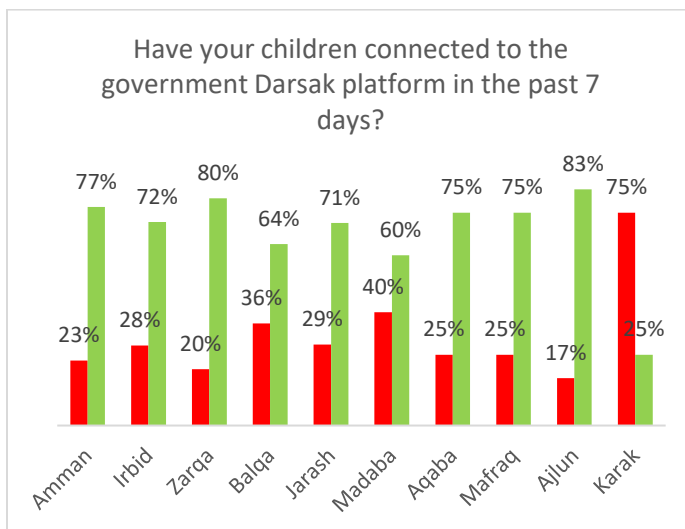


Why Children did not watch TV:



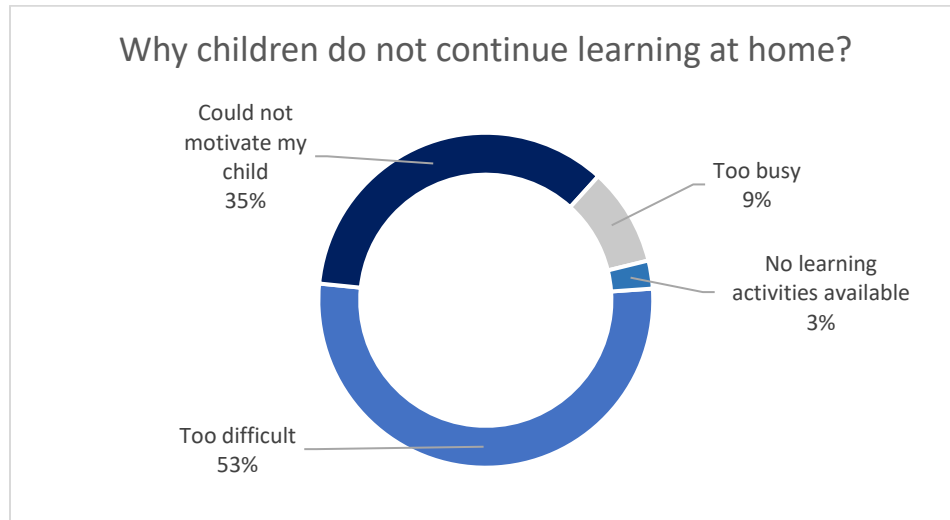
Darsak platform

The survey results showed that the majority of children connected to Darsak platform. The major challenges, across all surveyed households, were identified as (i) absence of data and (ii) absence of information on how to connect. Surprisingly, unavailability of devices was not identified as a top challenge despite Darsak being an online platform and requiring laptop or tablet for connecting (both of which were ranked very low possession levels across all households). The assumption is that most of respondents may have used televised lessons to substitute the lack or absence of connecting devices.



Continuation of Distance learning:

However, not all children were able to continue Distance Learning; either because they find it difficult to follow, or parents could not motivate them to study.



Conclusions:

E-learning and distance learning has been put in place by MoE. Most of refugees, are lacking access to computing devices and connectivity to reliable internet.

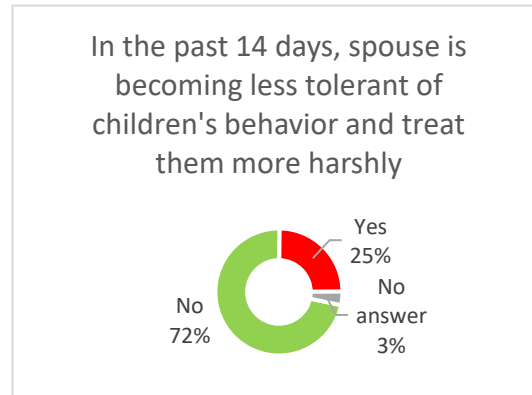
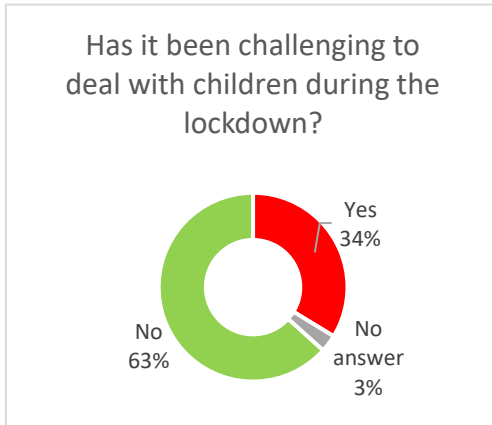
Televised education would be more accessible, though only 55% who reported having access to TV.

New modality of education, through distance learning, would require modification of curriculum and modality of lessons' presentation, and supporting and training teachers accordingly.

Contingency plan for the new school year when the COVID-19 situation prolongs.

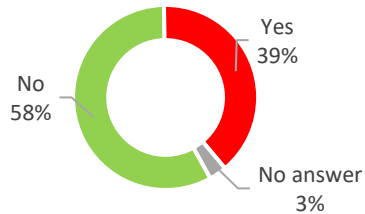
Protection and Domestic Violence:

During the past two weeks and with the closure of schools followed by the lock down and movement restriction, 31% reported on familial conflicts and increase in aggressive behavior. However, two thirds of the surveyed sample had no challenges in dealing with their children nor had been less tolerant or treat them more harshly (72%).

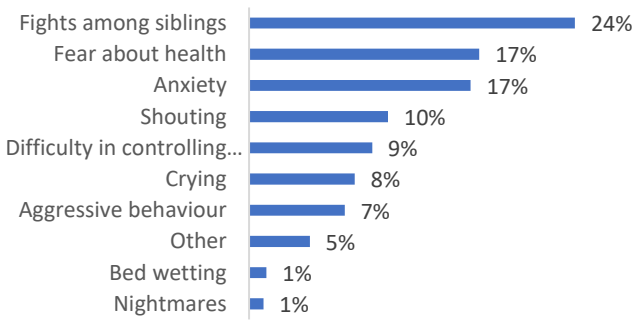


During the COVID Lock Down, 39% believes that their children have been affected by the current situation and witnessed fighting among siblings (24%), fear about their health (17%), and anxiety and shouting.

Do you think the corona outbreak and the current situation affected your children



Children started exhibiting the following behaviours due to Corona outbreak



As a result, and during the past two weeks, 27% of parents felt the need to shout, yell at their children and 7% hit their children.

Conclusion:

There are signs of increasing challenges and less tolerance towards children behavior as well as familial conflicts.

Need for further rapid survey and investigation, in partnership with other agencies.

Continuation of Case Management service for all women, girls and children affected by domestic and gender-based violence.

Annex (to be added)

Questionnaire

Sample Methodology.

Analysis tables and charts.