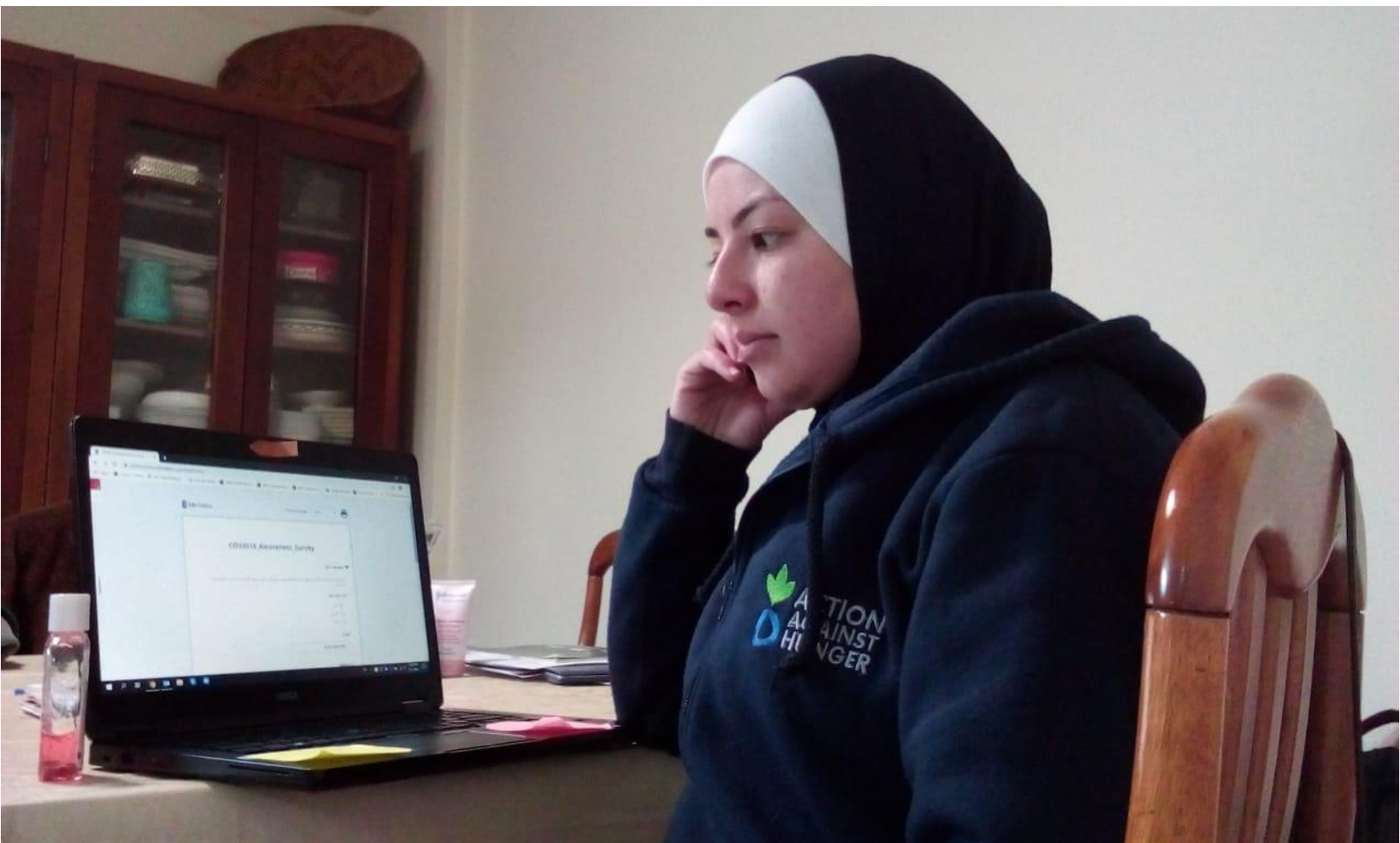


ACTION AGAINST HUNGER
COVID-19 RESPONSE
AWARENESS AND FOLLOW-UP
JORDAN
FINAL REPORT



BACKGROUND

Action Against Hunger responded to the COVID-19 outbreak through the provision of immediate preventive activities at community level to its past and current projects' direct beneficiaries and their households' members in Jordan.

In order to support the ability of its beneficiaries to make an informed decision and to take protective and preventive actions during the disease outbreak, Action Against Hunger used the risk communication approach to communicate immediate and real-time advice, guidance and information to encourage its beneficiaries to adopt protective behaviors and to prevent confusion and rumors among the targeted population.

Action Against Hunger conducted the awareness and follow up phone calls' response since the start of the lockdown announced by the Government of Jordan, between 23 March and 22 April 2020.

Throughout the implementation of this activity, Action Against Hunger ensured that its beneficiaries are at the center of the response. The script used during the phone calls has been adapted regularly, to effectively respond to the needs of the respondents, providing up-to-date information and to collect valuable data to guide Action Against Hunger COVID-19 response.

THE TOOL

Action Against Hunger developed a specific script for the response, aiming at increasing awareness about COVID-19, its transmission, preventive measures and its effect on the reached respondents.

The script was designed using the interactive sharing information approach, allowing two ways of communication, and reaching a better understanding of respondents' level of information about COVID-19.

MAIN RESULTS AND FINDINGS

Action Against Hunger reached 2,140 respondents during the period of implementation, in all the governorates where the organization is present (Irbid, Jerash, Madaba and Zarqa).

- *Response rate:* 96.7% (2,071) of the total reached respondents agreed to receive the awareness and follow up call.
- *Demographics:* 43% of respondents who received the calls are females and 60% of respondents who received the calls are Syrians.
- *Knowledge about COVID-19:* 92% of the respondents stated having information about COVID-19. Out of them, the 18% showed an accurate level of information¹ about COVID-19.
- *COVID-19 Transmission:* 96% of respondents stated having information about the possible ways of COVID-19 transmission. Out of them, the 30% showed an accurate level of information about COVID-19 transmission.

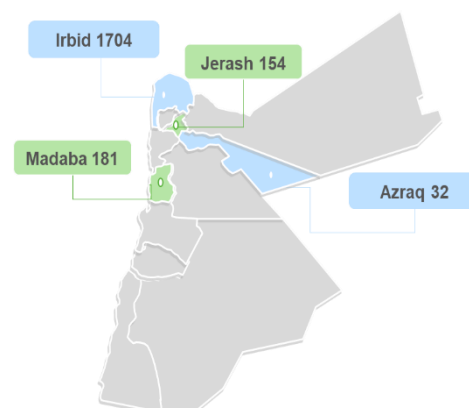


Figure 1
Respondents agreed to receive awareness by governorate

¹ The level of information measured by the front-liners according to the following criteria:

- Accurate: the information mentioned by the respondent matches more than 85% of the information in the script – MoH Guidance.
- Some how accurate: the information mentioned by the respondent matches 60- 85% of the information in the script – MoH Guidance.
- Not accurate: the information mentioned by the respondent matches less than 60% of the information in the script – MoH Guidance.

- COVID-19 prevention measures: 95% of respondents stated having information about the COVID-19 preventive measures. Out of them, the 23% showed an accurate level of information about the preventive measures.

Overtime the data showed that the respondents' level of information is getting higher, as a result Action Against Hunger decided to stop the implementation of the awareness and follow up response on 22/4/2020.

HIGHLIGHTS

Overall, the females showed a lower level of information about COVID19, its transmission and preventive measures, compared to the males' respondents.

Similarly, the Syrian population showed a lower level of information about COVID19, its transmission and preventive measures, compared to Jordanians.

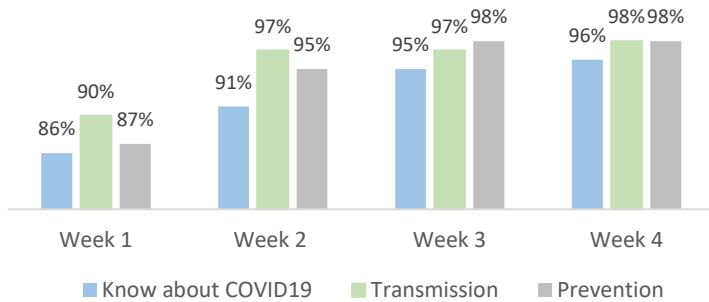


Figure 2
Respondents' level of information about COVID19, transmission and preventive measures overtime

"Since the beginning of COVID19 outbreak, there were numerous unreliable sources among the beneficiaries. Our response at Action Against Hunger managed to clarify and communicate the correct and reliable information to our beneficiaries"

YOUSEF, IRBID BASE TEAM

"One week before I received the call from your staff, I thought I had the COVID19. I isolated myself from my children and I avoided doing the normal household chores.

When Action Against Hunger staff contacted me and provided me with the main information about COVID19, I explained the symptoms I have and I have been advised to contact 111 for further information about my case.

It turned out that I have an allergy, not COVID19. I felt happy and relaxed.

Without the call I received from Action Against hunger I would have remained under fear, stress and distance from my family for longer time"

SYRIAN FEMALE RESPONDENT, IRBID

"Beneficiaries consider as a very nice gesture that the organization is following up with them, especially within these circumstances, and others appreciated the information they received during the call"

AKRAM, IRBID BASE TEAM

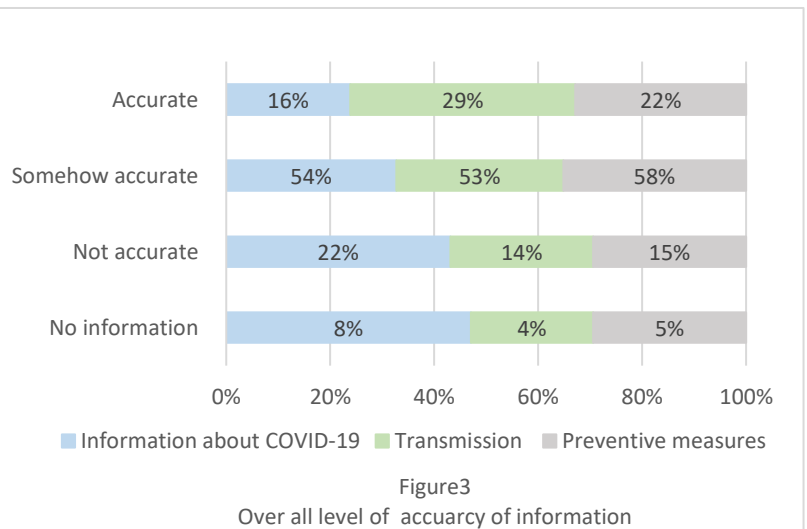


Figure3
Over all level of accuracy of information

EFFECT OF THE COVID-19 SITUATION ON THE REACHED RESPONDENTS

When the government of Jordan announced at the end of March 2020 the extension of the lockdown, Action Against Hunger started to collect further information about the effect of the COVID-19 situation on the respondents and their household members.

As the data collection on the impact of COVID-19 started at the end of the second week of the response, only 1,390 respondents provided a feedback on this aspect.

The analysis of the results showed the following:

75% of question's respondents reported being affected by COVID-19 outbreak.

- ❖ 58%² of those reported being affected by the outbreak stated that the situation affected their financial situation, either by losing aid, cash assistance or their daily income as daily worker or not being able to reach the bank and withdraw their salaries.

"I work at the city of trucks as a mechanic and because of the curfew, I am unable to reach my work place, this affected me financially"

JORDANIAN MALE RESPONDENT, IRBID

- ❖ 17% of those reported being affected by the outbreak stated the situation affected their abilities to cover basic needs, including but not limited to food, infant needs, hygiene items, rent and debts.
- ❖ 14% of those reported being affected by the outbreak stated that they and their households members' physiological well-being has been negatively affected, due to stress, fear of COVID-19 transmission and daily challenges they are facing during the lockdown.

HIGHLIGHTS

Since the start of the data collection for the COVID-19 situation effect on the respondents, the data analysis showed increase in percentages of respondents reporting negative affects throughout the data collection period.

Week 2 - 62% / Week 3 - 68% / Week 4 - 86%

"I faced difficulties in getting my medication for my chronic disease because of the lack of medication in the pharmacies"

SYRIAN FEMALE RESPONDENT, IRBID

- ❖ 6% of those reported being affected by the outbreak mentioned potential risks on their health condition due to inability to access health services for medication and medical checks.
- ❖ 4% of those reported affected by the outbreak stated negative effects on their children's education due to unavailability of equipment to support remote education, parents' capacities to support children in studying and children's loss of motivation to continue studying.
- ❖ 1% of respondents reported positive effect on their family members by spending more time spent with the family, children withdrawn from child-labor and better use of hygiene practices and behaviors.

² 73% of the respondents reported affected by the outbreak stated that they been affected financially are Syrians and 40% are Females.

HIGHLIGHTS

Females showed higher negative responses on being physiologically affected, as well as on their capacity to cover basic needs, compared to male respondents.

“Being protective, concerned on my children’s safety and forcing them to stay at home, led to bullying behaviors”

JORDANIAN FEMALE RESPONDENT, IRBID

RESPONDENTS’ COPING STRATEGIES WITH THE OUTBREAK

With the continuation of the pandemic and the preventive measures adopted by the Government, respondents started using different mechanisms to cope with the outbreak and overcome the effects and challenges they are facing.

The main coping strategies used by the respondents as follows, it is ranked from the mostly used to less used are:

- ❖ Reduced food consumption, by skipping meals or reducing the amount of food
- ❖ Get into debts
- ❖ Reduce expenditures
- ❖ Selling assets
- ❖ Use savings
- ❖ Borrowing food and non-food items from neighbors, relatives and friends
- ❖ Skip paying rent
- ❖ Sharing housing and food with other families
- ❖ Borrow or skip taking medication

“The last meal we ate was before one and half day”

SYRIAN FEMALE RESPONDENT, JERASH

“I am chronic disease patient. I had to stop taking my medication to reduce expenditures and use the money to buy food for my children”

JORDANIAN MALE RESPONDENT, IRBID

HIGHLIGHTS

Some of the coping strategies used by the respondents will leave a longer negative impact and put the respondents under high potential health, protection, nutrition and well-being risks.

“I am out of my infant’s milk formula for one week now, and I am depending on herbs and sugar to feed her”

SYRIAN FEMALE RESPONDENT, IRBID

RESPONDENTS’ FREQUENT ASKED QUESTIONS AND REQUESTED INFORMATION

During the whole period of the response implementation, the front-liners received many frequent asked questions that can be summarized as follows:

Distribution of hygiene kits	WaSH facilities maintenance
Distribution of food packages	Questions about COVID-19
Distribution of medicines	Questions about the lockdown
Distribution of cash assistance	Information on Action Against Hunger programming.

When the respondents were asked about the type of information they would like to receive in case of a prolonged outbreak and lockdown, the respondents requested to know more about the following:

- ❖ Registration to receive cash assistance from non-governmental organizations (NGOs).
- ❖ Registration in the governmental cash assistance platforms.
- ❖ Current work opportunities and work opportunities after the end of the lockdown.
- ❖ Access to basic needs aid including food and medication and non-food items.
- ❖ Information about the movement permissions, updates from the Government.
- ❖ Information and updates about COVID-19 outbreak.
- ❖ Stress management and psychological well-being support.
- ❖ Remote education and updates about end of the scholastic year exams.

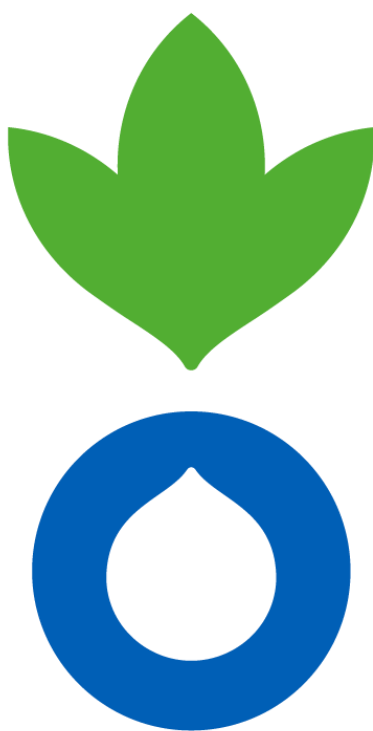
HIGHLIGHTS

The most preferred method, across the respondents, to receive the requested information is WhatsApp, followed by phone calls.

RECOMMENDATIONS

As a result of the implementation of the COVID-19 awareness and follow up phone calls response the following are the main recommendations to be taken into consideration when implementing similar response in future and to support the affected populations to meet their needs:

- ❖ Provide **unconditional cash assistance** to refugees and vulnerable host community members, during the crisis and in the first months when activities will resume, to be able to recover from the COVID-19 outbreak effects.
- ❖ Provide support for the access to **economic opportunities** (through Cash-for-Work, on the job training, vocational trainings, job counseling and referrals to job opportunities), as well as **self-employment** support through business improvement, financial literacy training, business grants, and networking.
- ❖ **Business registration** and **job formalization** support and advocacy is essential to help employees and employers avoid being excluded from formal support and social protection mechanisms during and after the crises.
- ❖ Target the females with comprehensive **economic and mental health recovery interventions** with special attention to protection cases.
- ❖ Keep monitoring the most affected economic sectors and **value chains** to provide appropriate recovery interventions.
- ❖ Provide the affected refugees and vulnerable host community members with **hygiene kits** to allow them resuming their lives within the appropriate preventive measures.
- ❖ Assess post recovery crisis needs of **children, elderly and people with disabilities** to be able to design and target them with appropriate post crisis interventions.
- ❖ Create post COVID-19 recovery **inter-agency referral system** to provide the affected population with efficient, equal and timely recovery interventions.
- ❖ Continue implementing **risk communication interventions** that matches the needs and the perception of the targeted population to sustain the adapted preventive behavioral measures.



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