



rapid socio-economic study of
the effects of covid-19 on
palestine refugees
in jordan

june 2020

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The Rapid Socio-economic Study of the Effects of COVID-19 on Palestine Refugees in Jordan, June 2020 was prepared by the UNRWA Jordan Field Office.

About UNRWA

UNRWA is a United Nations agency established by the General Assembly in 1949, mandated to provide assistance and protection to a population of over 5.6 million registered Palestine refugees. Its mission is to help Palestine refugees in Jordan, Lebanon, Syria, West Bank and the Gaza Strip achieve their full human development potential pending a just solution to their plight. The Agency's services encompass education, health care, relief and social services, camp infrastructure and improvement, microfinance and emergency assistance. UNRWA is funded almost entirely by voluntary contributions.

UNRWA Communications Division

P.O. Box 19149,

91191 East Jerusalem

t: Jerusalem (+972 2) 589 0224

f: Jerusalem (+972 2) 589 0274

t: Gaza (+972 8) 677 7533/7527

f: Gaza (+972 8) 677 7697

Cover photo: Palestine refugee woman teaches her son during COVID-19 school closures. © 2020 UNRWA Photo

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acknowledgements

The Rapid COVID-19 Socio-economic Study of Effects on Palestine Refugees has enormously benefited from guidance and contributions of various people who have worked hard during movement restrictions around COVID-19. The Agency appreciates all the support provided by staff members of Headquarters and Jordan Field Office at all stages of the exercise, from the design to report finalization.

In particular, data collection would not have been possible without the dedication and invaluable experience of front-line UNRWA Area Office staff. The efforts of fifty-six staff members and respective teams are greatly appreciated.

The valuable partnership with UN-Women is well reflected in the gender-related data analysis and reporting.

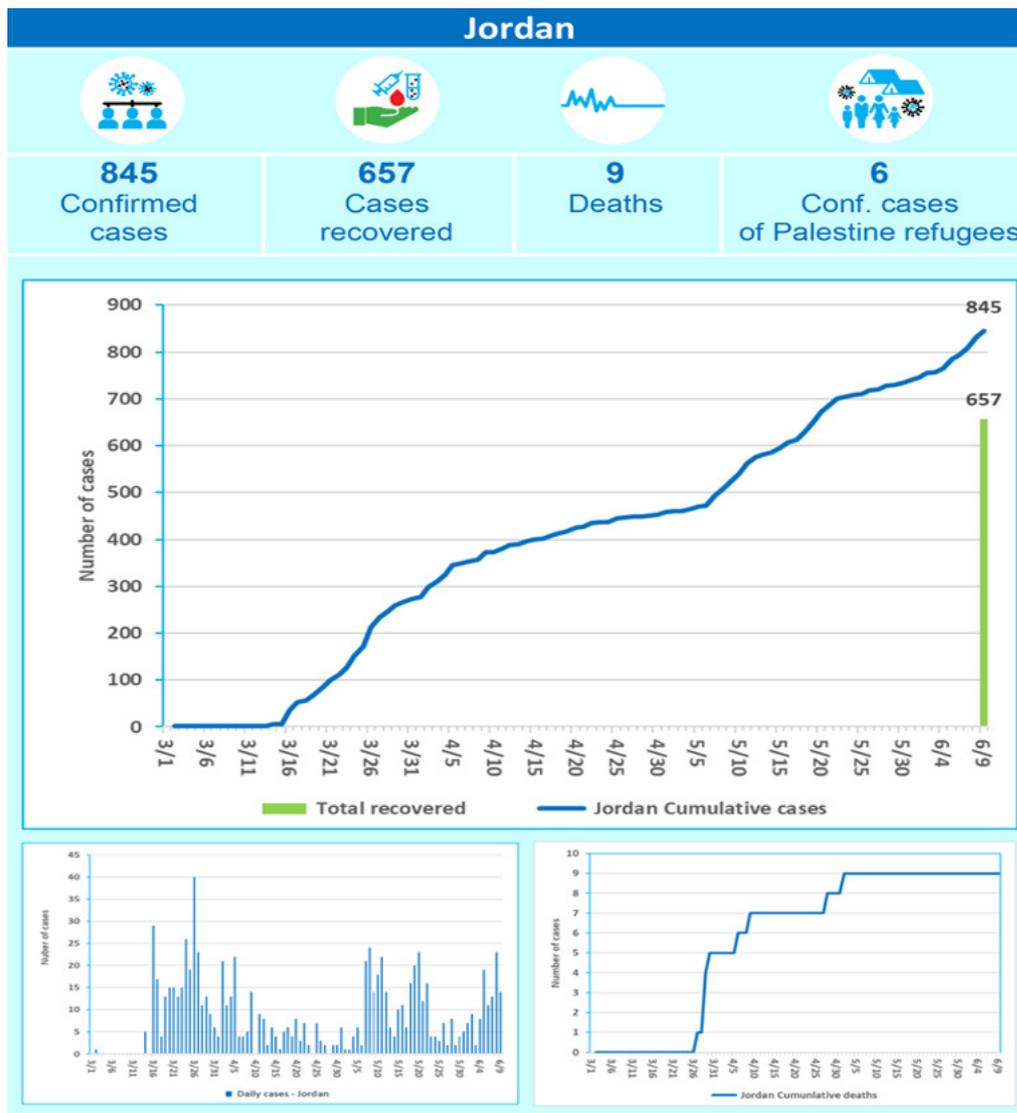
introduction

Since the outbreak of the COVID-19 pandemic, the government of Jordan has taken drastic measures to flatten the curve and reduce the number of cases. As of 10th of June, some 845 people have been infected with COVID-19 which has resulted in nine deaths and 3,657 recovered. While these measures are meant to contain the spread of the virus, the restriction on movement and the closure of all economic activities, except for essential life-saving outlets, such as pharmacies, bakeries and groceries, have brought the whole productive sector to a standstill. The implications of these measures are more felt among the most vulnerable and poor refugee populations and those who have lost their income, namely those who work in the informal sector. These measures are expected to bring additional economic hardship, where informal laborers account for around or more than 50 per cent of the total work force.

Prior to the COVID-19 crisis, Jordan was facing many socio-economic challenges, including high poverty

and unemployment rates. The poverty incidence and unemployment rates are much higher among Palestine refugee population compared to host population. The reality of poverty and unemployment make it very challenging for many poor refugee households to make their ends meet and to access services under normal circumstances let alone in times of need such as the current crisis of COVID-19. Most of Palestine refugees, particularly those residing in camps, rely on UNRWA to cover their basic needs, such as health services.

As part of the COVID-19 response efforts, UNRWA has undertaken a rapid impact assessment survey to understand the impact of the emergency on the livelihood of Palestine refugees along major socio-economic dimensions, such as health, education, livelihood, food security, WASH, and protection. The survey data will document evidence and information on the impact of the emergency on the refugees' basic living conditions and will improve the ability of the Agency to advocate on behalf of the refugees at this critical time.

Figure 1: Number of COVID-19 Cases in Jordan¹

methods of research

In order to arrive at a comprehensive picture on the impact of COVID-19 on the varied socio-economic conditions of Palestine refugee households in Jordan, the methods consisted primarily of a quantitative component, through a pre-designed questionnaire. The data collected through this survey covered three distinct survey populations, namely Palestine refugees in Jordan (PRJ), Palestinian refugees from

Iraq (PRI) and Palestinian refugees from Syria (PRS), all having unique contextual issues influencing their socio-economic wellbeing.

The Questionnaire

The questionnaire was designed based on the questionnaire that was developed by UN partners (UNHCR, WFP, and UNICEF)

to assess the impact of COVID-19 on the refugees in Jordan. It comprises seven sections household demographics, education, health, livelihood, food security, WASH, and protection. The design attempts to fulfill two basic conditions, namely: (1) That information on household characteristics should be comprehensive and detailed, including those related to resources of the household; and (2) That information on other sections, such as health, education, livelihood, food consumption and protection should reflect the current emergency conditions that households face.

Sampling

The survey employed a simple random sampling method and the following factors were considered for the three categories of the population:

a. **PRJ-SSNP:** The households participating in UNRWA Social Safety Net Programme (SSNP), which targets the poor and provides social transfers (cash and food voucher assistance) on a quarterly basis. The sampling considered the refugee population residing inside and outside camp for the SSNP population.

Furthermore, the Ex-Gazans were not considered as a separate population within the SSNP. The SSNP beneficiaries' eligibility is determined through the Proxy Means Testing Formula (PMTF) regardless of their protection and nationality status. Moreover, ex-Gazans receive higher weights in the PMTF because of their vulnerability that is associated with their 'ex-Gazan' status.

b. **PRI:** The sample included 35 households (156 individuals) as they are the most vulnerable and are recipients of UNRWA cash assistance² in 2019. Though the PRIs (both registered and unregistered with UNRWA) can work in Jordan, most of them often work on seasonal or ad-hoc jobs and do not have access to other public services.

c. **PRS-Non KAP:** PRS households living outside King Abdullah Park (KAP), many of whom face protection issues and receive UNRWA assistance based on protection needs and other criteria. They are distinct from the PRJ population, thus included

in the sample. The PRS population living in KAP were excluded due to the need to obtain clearance from the GoJ to conduct the study in KAP.

The samples were first drawn randomly from the total population, i.e. SSNP and PRS-Non KAP at a confidence level of 95 per cent with a 5 per cent margin of error. The total number was distributed across different strata based on the ratio of total households. A slightly different approach was utilized to determine the size of PRS strata – the total male and female households in the survey population was used, instead of the total combined male and female population used for SSNP and PRJ to estimate the proportion.

As for the PRI population, 100 per cent of households (35 households) were included in the sample.

Based on discussions with the relevant programmes, it was decided to use separate parameters for stratifying the total samples, drawn randomly, from the PRJ and PRS populations. Stratified random sampling method was applied to ensure that various significant sub-groups within each population group were included. For this purpose, the population groups were stratified into mutually exclusive homogeneous segments (strata).

The following stratification variable(s) were used:

1. **For PRJ:** Location of household (Inside or Outside camp), Household size (≤ 5 and ≥ 5), sex of head of household (M/F), disability (Y/N), age of children ($</>18$)

This stratification resulted in 32 strata – 16 inside the camp and 16 outside the camp. All of them were used.

2. **For PRS:** Household size (≤ 5 and ≥ 5), sex of head of household (M/F), disability (Y/N), age of children ($</>18$), eligibility for regular cash assistance (Y/N). Winterization cash assistance was excluded because the assistance is provided in Q4 whereas the population is being studied in Q2.

This resulted in 64 strata, however, only 33 were included based on the size of household per stratum. All strata having

Table 1: Sample size: Number of households per population group and location

Category	Total Households	Sample size		Remarks	
		Planned	Final		
SSNP	Outside Camp	8,325	272	272	
	Inside Camp	3,925	138	139	
PRI	Outside Camp	35	35	35	
PRS	Outside KAP	4,185	661	661	
	Inside KAP	135	-	-	Excluded

five and less households were excluded. The sample was then distributed using a proportionate to size method. As several strata were under-represented, a disproportionate method was utilized to increase the sample size for those strata. Finally, randomized lists were created using MS Excel formula for each stratum. The updated lists of respondents with contact details were generated, reviewed and finalized in preparation for the actual fieldwork.

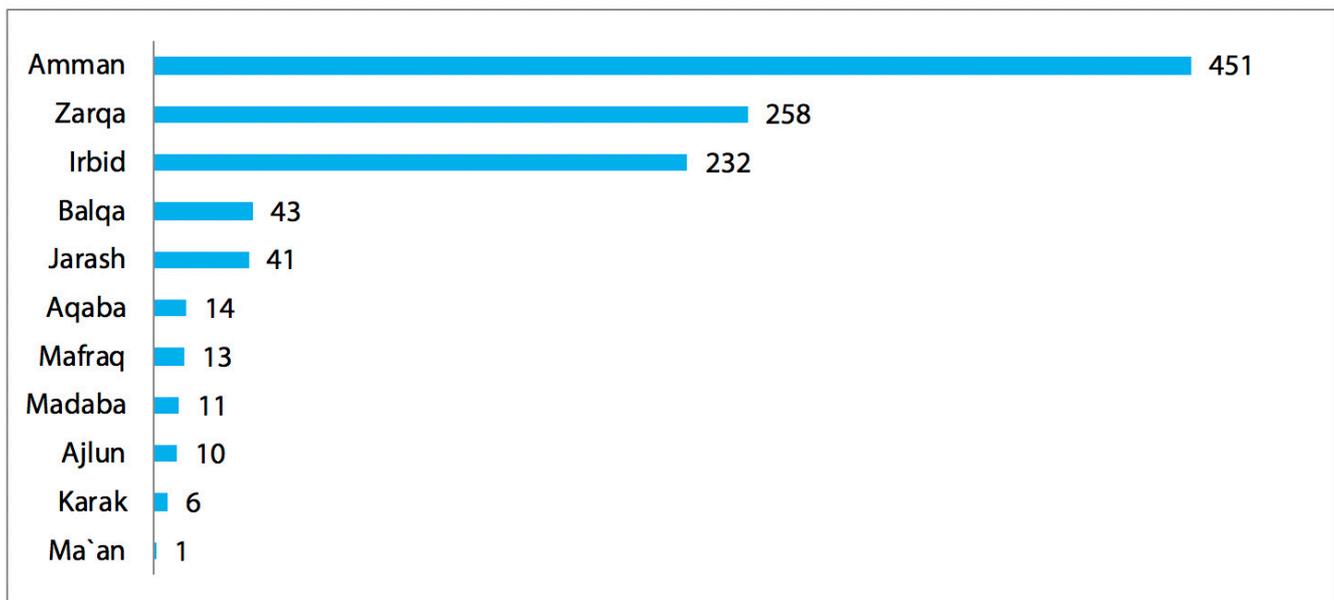
Data Collection and Analysis

The second phase comprised the actual fieldwork on the main survey. However, prior to that 56 social workers (SWs) were given orientation on the purpose and modality of the survey, including training on the use of Kobo toolbox and the Arabic version of questionnaire. The data collection tools (smart phon

-es and tablets) were then uploaded with the questionnaires and a pilot took place on 20th of April.

The actual data collection was carried out between 21st and 24th of 2020. The survey was designed as phone-based survey to conduct interviews with households and each questionnaire took between 20-30 minutes to complete. The data was collected and consolidated through Kobo toolbox. Overall, the data was collected on 1,080 households (5,194 individuals) representing the three categories across eleven governorates in Jordan, with the highest number of respondents in Amman governorate. Moreover, the response rate for the survey was 97.7 per cent and this rate reflects the great effort made by all social workers to produce a high-quality dataset.

Figure 2: Surveyed households by governorate



Following data collection, data cleaning and data analysis were conducted calculating descriptive statistics for the sample as well as for key disaggregates of including location of residence, nationality, head of household gender, and household size. The analyses were also conducted for each group of the surveyed population (SSNP, PRS and PRI) separately to understand the differences among them in terms of living conditions. In this report, an analysis is attempted to examine the results for each group separately and the results will be highlighted only if the discrepancy is stark. Table (2) provides the final number of households surveyed and collected data on.

Limitation of Research

The aim of this rapid assessment is to understand how Palestine refugee households are coping with the COVID-19 emergency by collecting data at the household level. Therefore, the limitations of research are limited to the four factors:

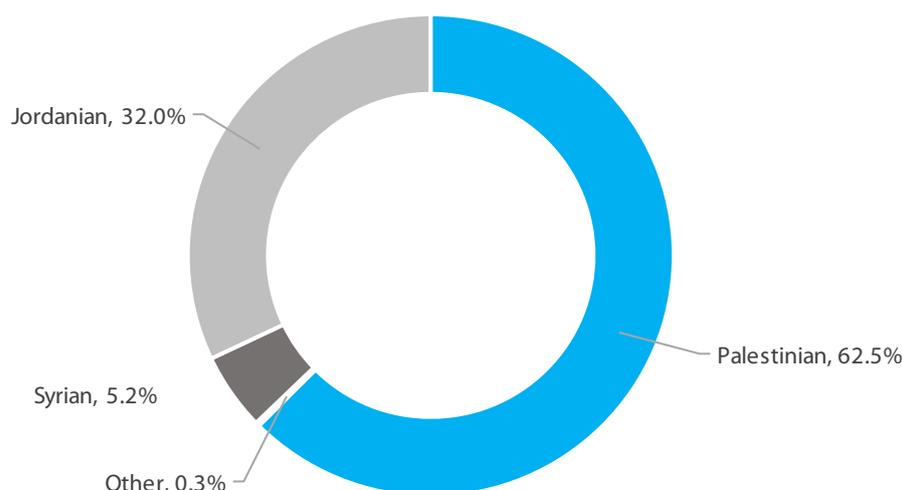
(1) The survey is a rapid assessment and is not meant to be collect data on individual characteristics within the households, therefore, a detailed analyses to build a socio-economic profile was not possible. (2) All of the surveyed population receives support from various UNRWA programmes, including health, education and relief and social services. Therefore, there may be potential bias in the results as households may expect additional support, based on the responses provided, particularly in the food consumption and protection sections. (3) Since the interviews were conducted through phone call, this may have impeded the possibility of reaching to female members of the household to understand their view on intra household dynamics, including violence. (4) The recall period of the survey was one or two week, depending on the section, and this may have resulted in some inaccuracy in some responses.

Demographic Characteristics

This section examines basic aspects of the demographic situation of the surveyed population, as revealed by the survey. Population demographics, such as head of household gender, household size, and nationality, are important indicators which, when combined with other social and economic indicators, contribute to a more nuanced picture of the relative standard of living of surveyed households. In ord-

er to understand the differences in the results of the served population, based on nationality, the questionnaire included a question on nationality. As illustrated in Figure (3) below, 61.8 per cent of the surveyed populations are Palestinians followed by Jordanians and Syrians.

Figure 3: Distribution of the population by nationality



However, at the programmatic level, around 45 per cent of the PRS served population hold Jordanian nationality compared with 12.7 per cent among the SSNP population. It should also be noted that 8.7 per cent of PRS hold Syrian nationality, as reported by respondents.

The average household size were relatively evenly distributed across the three surveyed groups, with an average household size of is 4.9 persons, which is the same as the national average in Jordan.³ While the median household size is five-person, 61.4 per cent of households lived in five-person households or less, and only 5.1 per cent of households have more than five members. However, when the data is disaggregated by nationality, 6.7 per cent of households who are Palestinian live in one-person households, compared with 3.2 per cent and 0.2 per cent for Jordanian and Syrians nationalities, respectively.

At the head of household level, more than twice (67.3 per cent of households) are headed by males compared with 32.7 headed by females. The sex ratio for those below 60 years-old is 88.5 males per 100 females for the age group from 0-60 years old, with the highest ratio for those below the age of 18 years-old (98 males per 100 females).

The surveyed population is quite young, with 43 per cent below the age of 18 years and only 7.7 above the age of 60 years-old. The differences between males and females at the below 18 years is negligible, however, it increases to around 5.2 per cent for those between 18-60 years-old, as indicated by Figure (4) below.

An attempt is also made to calculate a modified dependency ratio based on the available data. The data included informat-

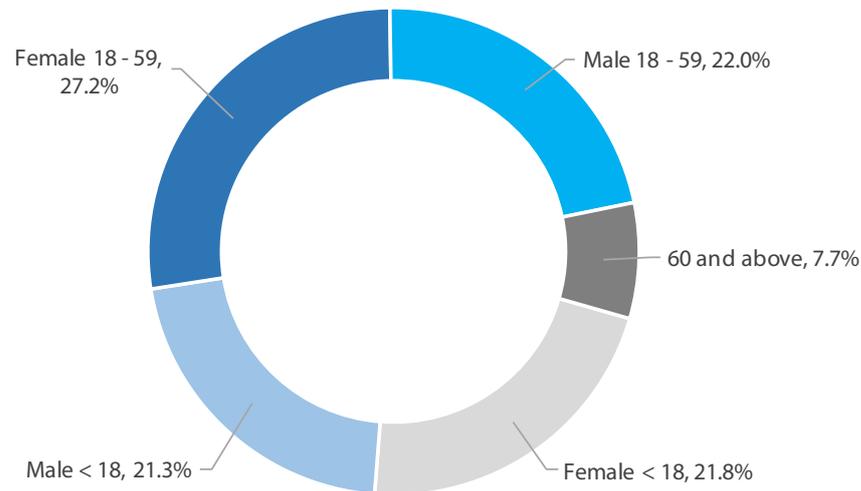
Table 3: Distribution of population by nationality and category

Category	Nationality				Total
	Jordanian	Other	Palestinian	Syrian	
PRS	45.10%	0.50%	45.70%	8.70%	100%
PRI			100.00%		100%
SSN	12.70%		87.30%		100%
Total	32.00%	0.30%	62.50%	5.20%	100%

information on those below 18 years old, those between 18-60 years old and those above 60 years old. Therefore, and with the limitations of data in term of disaggregated ages and based on the age group of 18-60 years (working age), the modified dependency ratio⁴ is 1,003 dependents per one tho-

usand of the working age population. The dependency ratio typically involves dependents under 18 (43 per cent) rather than elderly people (7.7 per cent), implying more strain on the incomes received by adults.

Figure 4: Distribution of population by sex and age groups



health

In Jordan, the UNRWA Department of Health delivers comprehensive primary health care services to Palestine refugees and Palestinian refugees from Syria and helps them access secondary and tertiary healthcare services through 25 health centres, four mobile dental clinics and one outsourced health centre in King Abdullah Park. The services include outpatient medical care, disease prevention and control, mother and child health, family planning advice, nutrition, supplementary feeding and health education. UNRWA also provides environmental health services such as PPE, including masks, eye protectors, gowns and gloves, is needed for some 670 UNRWA health workers, and patients visiting health centers displaying respiratory symptoms. As indicated by the "Updated UNRWA Flash Appeal for the COVID-19 Response 2020," before the COVID-19 crisis, UNRWA was providing one month of chronic medication to NCD patients.

Currently larger quantities of medications are now being made available to reduce visits to health centers for at-risk patients. In Jordan, where health centers (HCs) have been closed for a period in-line with government directives, home delivery mechanisms have been introduced. While the HCs are slowly re-opening, following the relaxation of some of the lockdown measures centres displaying respiratory symptoms. While the HCs are slowly re-opening, following the relaxation of some of the lockdown measures introduced by the Government, home delivery of medications will continue to avoid increased visits at the HCs.⁵

This section is not meant to provide a detailed analysis of health and health conditions among the surveyed population, but to highlight health and health-related issues associated with COVID-19 and how refugee households are managing through their health needs during this pandemic.

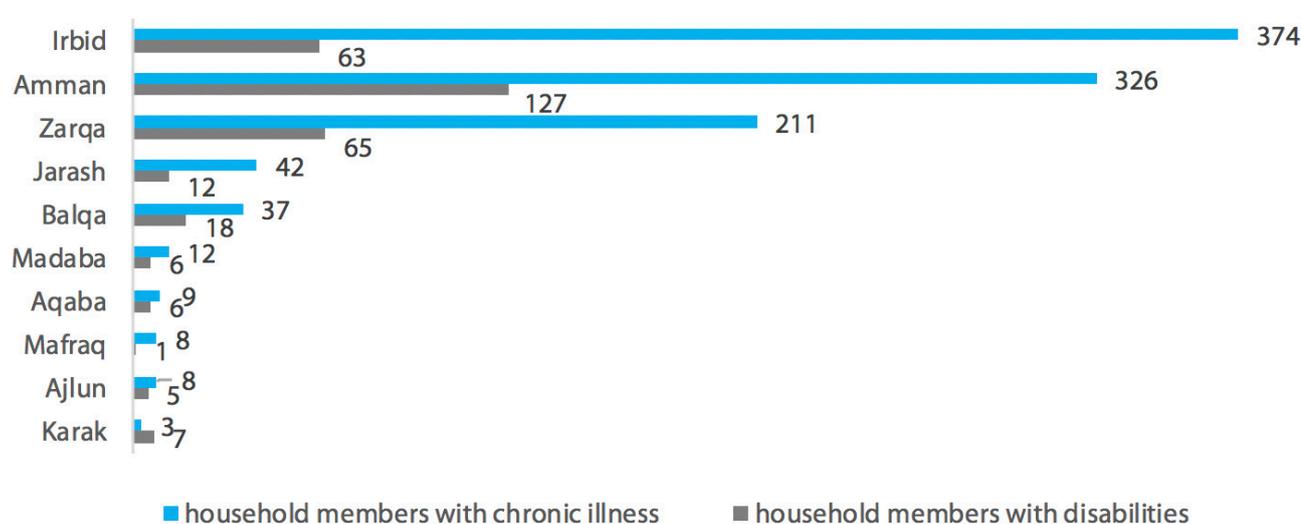
Disabilities and Chronic Illnesses

How widespread are disabilities and chronic health problems among surveyed population? Overall, the survey shows that 15.9 per cent individuals suffer from chronic or lasting health problems and 5.9 per cent suffer from some kind of a disability and 2.6 per cent suffer from both a chronic illness and a disability. The difference among the three groups is negligible as they all are subject to same health outcomes, as evidence through this survey. At the head of households' gender, 21.9 per cent of female head of households suffer from chronic illnesses or disabilities compared with 44 per cent among male heads of households. At the individual and

governorate levels, the highest number of chronically ill and people with disabilities are in Irbid, Amman and Zarqa, as indicated in Figure (5) below.

It would have been more beneficial if information on the kind of disability and type of chronic illnesses is collected through this survey as it might have shed more light on Age group, and the health conditions of affected population. Nonetheless, considering the limitations of this survey, more information is required to understand the implications of the emergency on their health.

Figure 5: Number of individuals suffering from chronic illnesses or disabilities



Findings on Health Issues:

As part of the aim of this survey is to assess the impact of COVID-19 on health issues, the questionnaire include a broad range of questions to enquire about access to health services, information on COVID-19 and the source, as well as what precautionary measures are household members are taking to stay safe and protective.

During the emergency, 59.3 per cent of the surveyed population acquired health services through UNRWA health center, followed by government facilities (29 per cent) and 6.5 per cent through private health services. The rest acquired health services through various providers, such as pharmacies, traditional healer/midwives an only 0.1 per cent did not seek treatment or medical support. Families were further asked if they required medical services due to sickness and whether they have faced any challenges accessing health services. Overall, 27 per cent indicated that they faced challenges and these were concentrated mainly in travel/movement restrictions (40.3 per cent), "hospital/health centres were clos-

ed" (24.1 per cent), followed by the "health facilities are far" (17 per cent), 18.5 per cent lacked the money to seek health services, and the rest were other reasons, as indicated in Table (4) on the next page. Almost all of those in need of money did not have any savings and among them, half reported that COVID-19 disrupted their livelihood.

A large number of respondents normally receive their medical treatment at UNRWA health centres (57 per cent for females; 60 per cent for males) and MOH health facilities (27 per cent for females and 30 per cent for males) or private facility (8 per cent for females and 6 per cent for males). However, with COVID-19 events, there have been constraints preventing them from accessing health centres due to travel restriction. Travel restrictions have impacted females more than males (43 per cent vs. 39 per cent) closure of the centre (20 per cent for females and 26 per cent for males), long distance to reach the centre (17 per cent), shortage of money (13 per cent for females and 9 per cent for males) and/or lack of proper

Table 4: Household members seek treatment/medical support in case of need in:

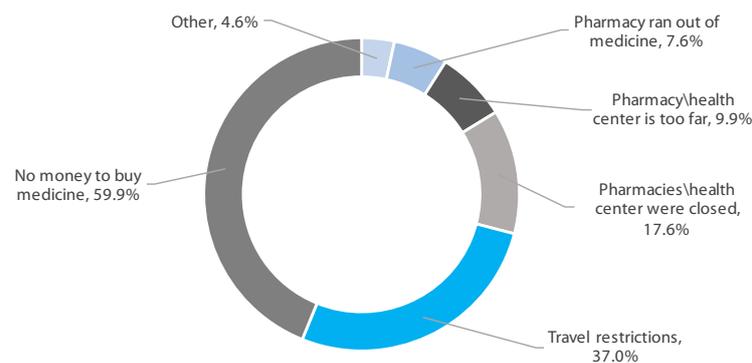
	Female	Male	All
UNRWA Health Centres	57%	60%	59%
MoH Health Centres	27%	30%	29%
Private facility	8%	6%	6%

Table 5: Accessing health services challenges

	Female	Male	All
Travel restriction	22%	48%	70.5%
Closure of the centre	10%	32%	42.1%
Long distance to reach the centre	9%	21%	29.8%
Shortage of money	7%	12%	18.5%
Lack of documentation/ID	1%	2%	3.1%

In terms of challenges in purchasing the necessary medications, the majority (60 per cent, which includes 47 per cent of respondents whose livelihoods were disrupted due to

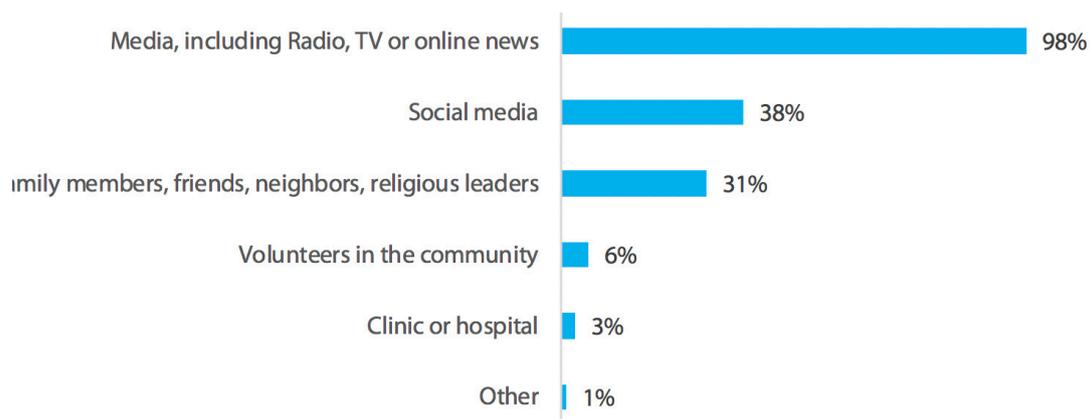
COVID-19) did not have money to purchase medicine, followed by travel restrictions (37 per cent), as indicated in Figure (6) below.

Figure 6: Challenges faced in purchasing medication

Information on COVID-19

During the emergency, the populations was grappling with so much information on the pandemic and its related closures and lockdowns and were seeking information from various sources. The majority (98 per cent) of the surveyed population depended on the media, such as TV, radio, and online news as a source of information on COVID-19. Furthermore, many of the surveyed population (38 per cent) depended on social

media along with words of mouth by friends, relatives and neighbors (around 31 per cent), as indicated in Figure (7) below. Accordingly, respondents became aware of the pandemic and its precautions and where to go for testing and treatments. Among the three categories, the dependence on social media was more observed among the PRS population compared to PRI and SSNP categories.

Figure 7: Source of information and awareness on COVID-19

When households were asked whether they have heard about anyone who has been infected with COVID-19, the majority (93.2 per cent) have given a negative answer and only 6.8 per cent have. However, 89.3 per cent of households knew how to seek treatment if any of its members have been exposed to the virus. Households were also asked if they know what pr-

cautionary measures should be taken in order to keep safe and protective, and where to seek testing and treatment if exposed to the virus. The majority knew what to do and this is mainly due to the widespread information from all sources, including social media.

Housing, Water, Sanitations and Hygiene

As shown in Figure (8), around 70 per cent of households live in rented apartments, 15.2 per cent live owned apartments, and only 0.4 live in tents. More female versus male-headed households live in owned units (20 per cent versus 13 per cent).

as expected, 88.3 per cent and 77.8 per cent of PRS and PRI, respectively live in rented apartments compared with 42.7 per cent among SSNP population. On the other hand, 34 per cent of SSNP live in owned apartments compared with only 2.9 per cent among PRS.

When the results are disaggregated by refugee category and

Figure 8: Type of dwelling

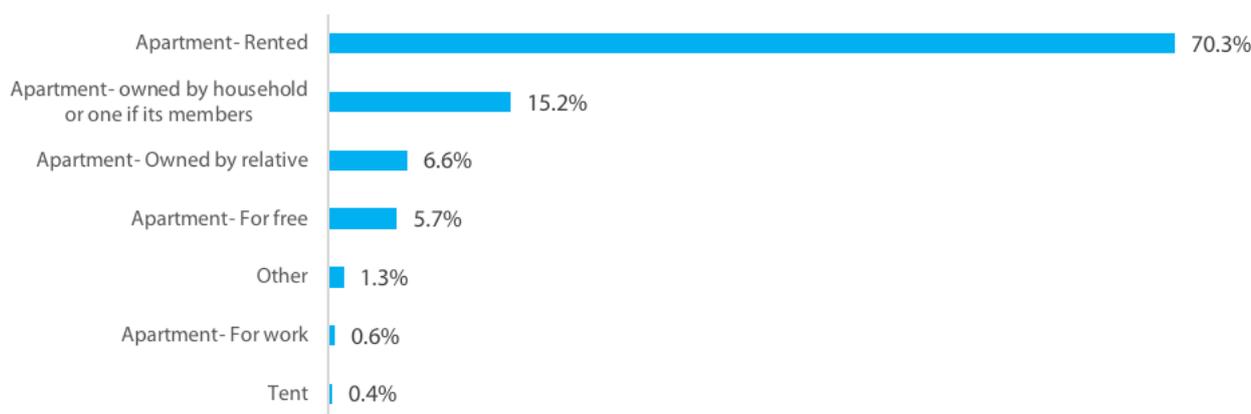


Table 6: Ownership of dwellings

	Female	Male	All
Apartment- owned by household or one of its members	20%	13%	15%
Apartment- rented	60%	75%	70%
Tent	0%	1%	0.4%

The results from the survey indicate that only 42.4 per cent of households depend on potable water that is piped directly into their residence for drinking, while 45 per cent depend bottled water, only 0.8 per cent use tanker water, and the rest use other sources to secure their drinking water. A simple com-

parison among the three categories reveals that the majority of those who depend on bottled water are PRS and they do not depend on tanker trucks and this may be due to the high prices or location of the residence, as shown in Table (6) on the next page.

Table 7: Main source of drinking water by source and category

Source of water	Refugee category			Total
	PRI	PRS	SSN	
Bottled water	0.2%	32.7%	12.1%	45.0%
Piped into housing unit	0.5%	18.1%	23.8%	42.4%
Piped to yard/plot		0.4%	0.3%	0.6%
Rainwater		0.1%	0.2%	0.3%
Spring			0.2%	0.2%
Tanker truck			0.8%	0.8%
Other	0.2%	8.6%	1.9%	10.6%
Total	0.8%	59.9%	39.3%	100.0%

Almost all surveyed households (97.9 per cent) benefit from access to water that is piped directly into their dwell-

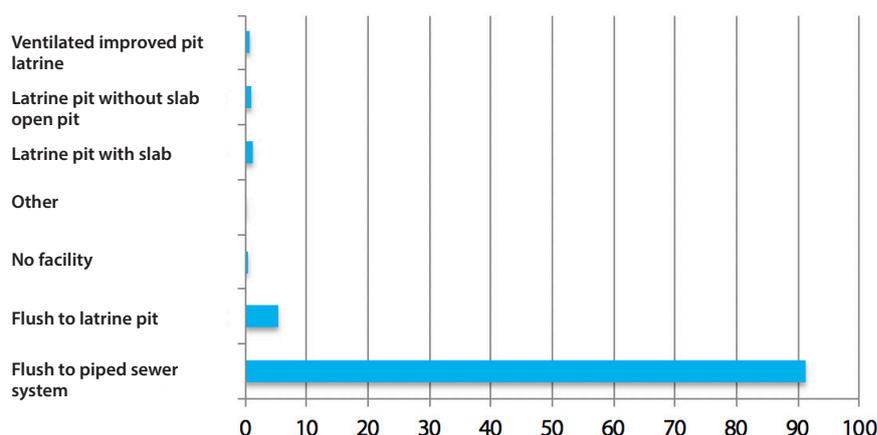
ings, regardless of place of residence, with only little over two per cent that use other sources, as shown in Table (8) below.

Table 8: Main water source (for cleaning) per household under lockdown during the COVID-19 emergency

Water source (drinking & cleaning)		
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%	

Although housing and sanitation amenities are widely available for most of households in Jordan, some areas and groups of people are better served than others. 91.2 per cent

of households are adequately connected to the sewer system, Latrine Pit (5.4 per cent) and only 3 per cent are using different types of Latrines Pit.

Figure 9: Kind of toilet facility household use under lockdown/coronavirus emergency

To examine the implications of COVID-19 from a protection perspective, households were asked to respond to a number of questions related to the acquisition of cleansing items, such as hygiene, soap, bleach and others. 96 per cent of households indicated that the hygiene products are too expensive. The

market is not reachable (7 per cent), or the item is not available (5 per cent). On the other hand, during the past two weeks, surveyed HH were able to purchase soap (63 per cent) and bleach (66 per cent).

Table 9: Access to hygiene products

	Female	Male	All
Too expensive	26%	69%	96%
Market is not reachable	2%	5%	7%
Items are not available	2%	3%	5%

Table 10: Purchased hygiene and sanitation items in the last two weeks

	Female	Male	All
Too expensive	22%	41%	63%
Market is not reachable	23%	43%	66%

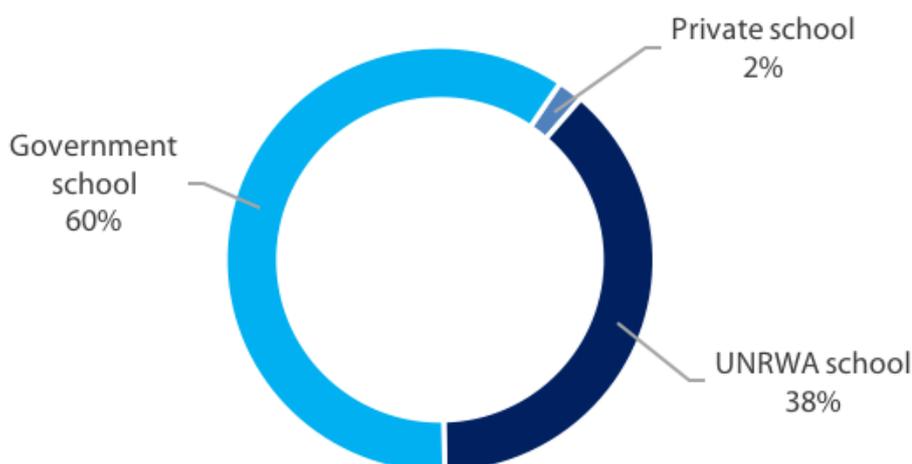
education

In Jordan, UNRWA operates 169 schools for 118,296 Palestine refugee students, including Palestine refugees from Syria, as well as two vocational training centres for 3,081 Palestine refugee youth and a teacher training facility with 1,200 students. To mitigate the impact of school closures, the Government of Jordan has set up educational applications and platforms that schools and teachers can use to reach students remotely and limit the disruption of education. Access has been extended to UNRWA education staff and students. However, given the challenging socio-economic conditions of the most vulnerable Palestine refugees, many UNRWA students lack access to technology or good internet connectivity, creating a major obstacle for ensuring children’s

right to quality education and negatively impacting learning outcomes.⁶ The following will focus on the educational outcome and resources available to students during the emergency.

Overall, 94.2 per cent of school-aged children are enrolled in schools, with the majority of those not enrolled are among the PRS population. As shown in Figure (10), 60 per cent of students are enrolled in government schools, 38 per cent in UNRWA schools and the rest in attend private schools. It is worth noting that the majority of students attending government schools are from PRS households (38.4 per cent) compared with 21.2 per cent among SSNP households.

Figure 10: Type of school attended



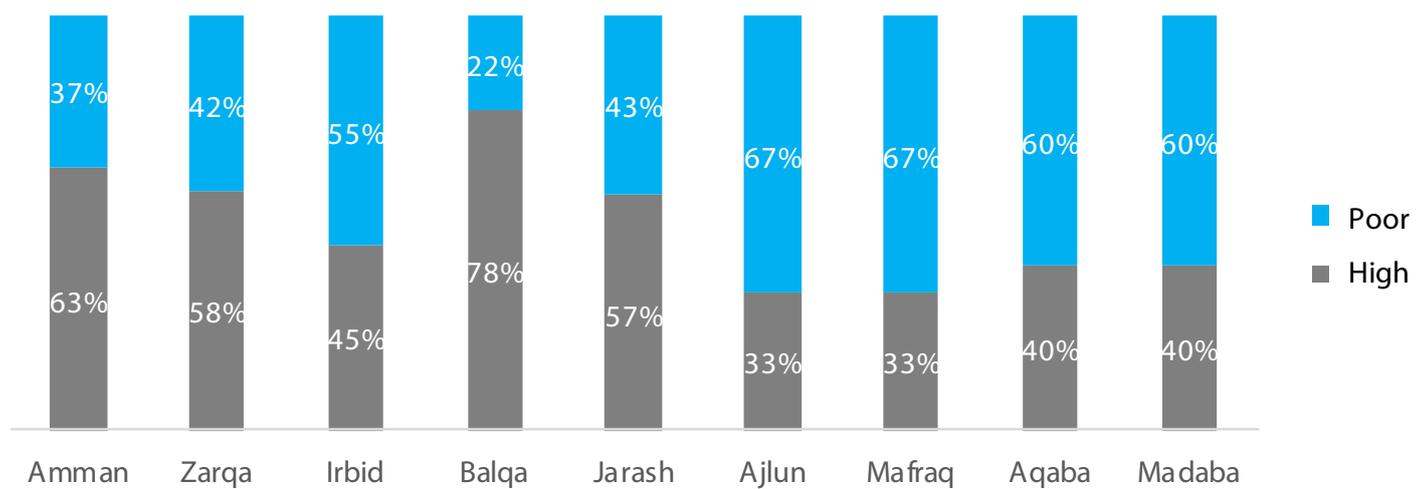
Findings on Education Service:

During the COVID-19 emergency, the Agency, and similar to host government measures, pursued a remote learning, where students attended classes remotely and through various channels. Jordan's Ministry of Education (MOE) piloted Distance Learning through delivered lessons via national television, website and a smartphone application.

could not continue learning at home (11.9 per cent), 52.7 per

Overall, more than three-fourth (75.4 per cent) of students have access to the internet at home and only 1.3 per cent of them have access to unlimited data, however, 42.4 per cent indicated that it is of poor quality. At the governorate level, as indicated in Figure (11) below and as expected, the highest quality of internet connectivity was reported for Balqa/Amman and the worst in Mafrq.

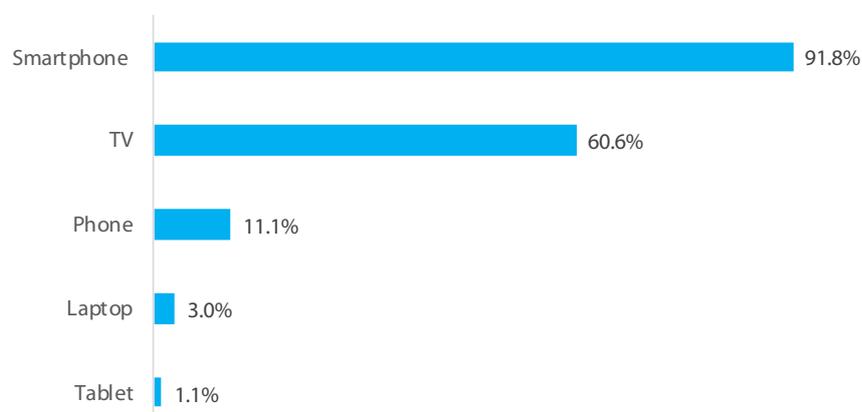
Figure 11: Quality of internet connectivity



When the data is disaggregated at the head of household gender level, 28.4 per cent of female-headed household have internet connectivity. Families were also asked about the kind

of devices they have, and 55 per cent have smartphones, 36 per cent per cent have TV, and the rest have other kind of devices, as shown in Figure (12) below.

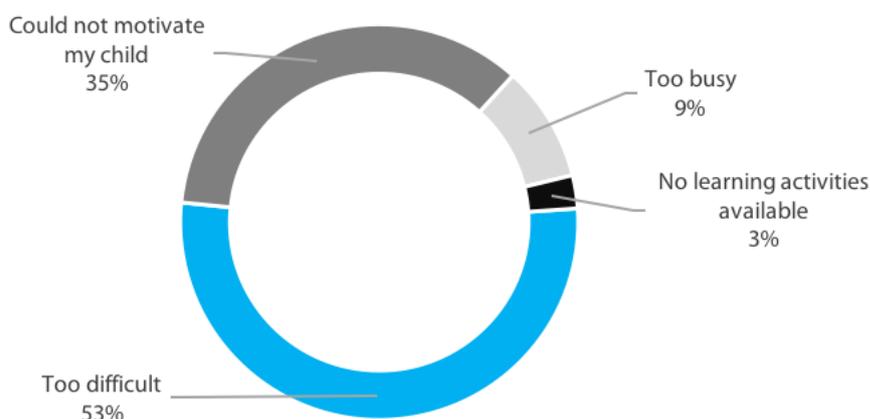
Figure 12: Possession of devices by households



During the past seven days, around 75 per cent of children were able to follow MOE lessons on TV, as well as the Darsak platform, the website launched by the MOE to support continuity of learning since the school closure. Twenty-five per cent of children, both PRS and Non-PRS, lacked access to televised lessons and Darsak. However, out of those who

cent indicated that it is too difficult, 35.1 per cent claimed that children could not be motivated, and the rest for other reasons, as indicated in Figure (13) on the next page.

Figure 13: Reasons for not continuing learning at home



food security

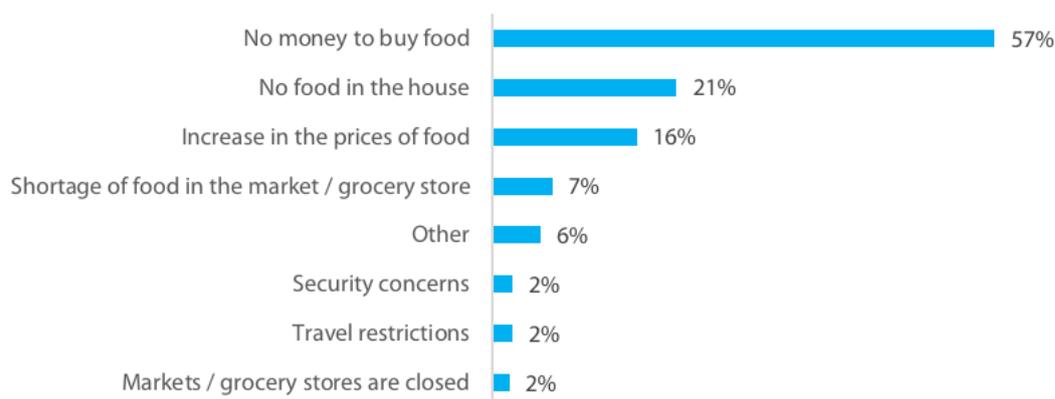
The measures implemented by the Jordanian government to contain the COVID-19 outbreak have progressively limited movements within the country at large. The movement restrictions and prolonged lockdown have had a negative impact on the living conditions, including food security of the most vulnerable Palestine refugees. This section will shed light on the overall food security situation among the surveyed population, including availability of food, accessibility and utilization.

utilization.

Availability and accessibility

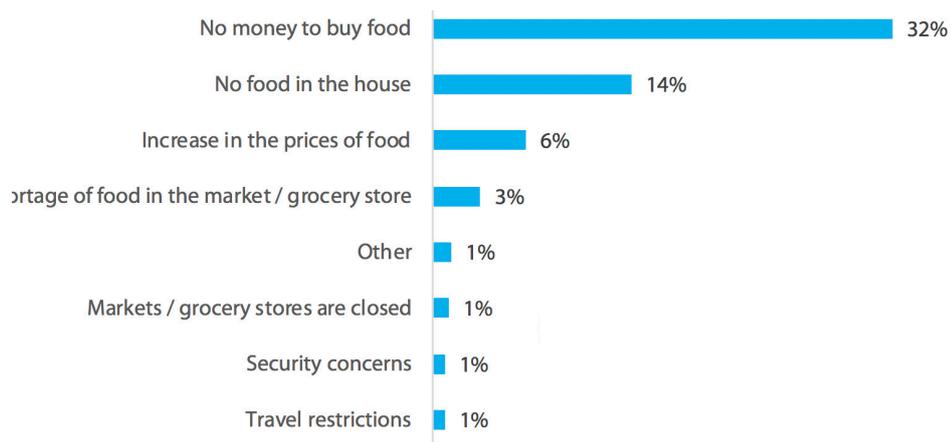
Overall, around 64 per cent of the surveyed population expressed their worriedness for not having enough food during the past seven days, due to lack of money to buy food (57 per cent), not having food stocks at home (21 per cent), and/or potential increase of commodity prices (16 per cent).

Figure 14: Causes for anxiety about not having enough food in the past seven days



Moreover, around 35 per cent of households indicated that for the past seven days they did not have enough food to eat, and 32 per cent of them did not have money to buy food, 14 per cent did not have food in the house, and the rest claimed other reasons as indicated in Figure (15) below. Neither move-

ment restrictions during the lock down nor shortages of supply were their main concerns (only 1 per cent and 3 per cent, respectively).

Figure 15: Reasons for not having enough food for the past seven days

During the seven days preceding the interview with households, more than 68 per cent most of surveyed households had access to nearby market shops and had enough supply of basic needs. Their main source of getting food is through purchase in cash (57 per cent), on credit (12 per cent), in-kind food aid (15.8 per cent) and as a gift from friends and family (12 per cent). However, around 72 per cent of households experienced an increase in the prices of food and non-food commodities.

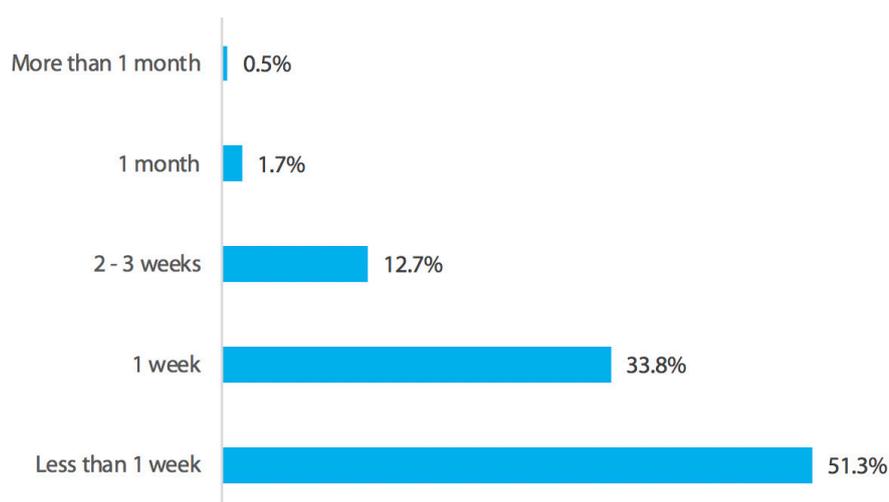
About 38 per cent of the surveyed households had food stocks in their house, which varied in quantities. About 51 per cent

have reserves that would last for less than one week, while 33.8 per cent had enough stocks to last for one week and 12.7 per cent for 2-3 weeks, as indicated in Figure (16).

Nearly equal number of female and male-headed households had food stocks in their house, which varied in quantities. More male-headed households (55 per cent) reported having stock for less than one-week verses female-headed households (43 per cent), as shown in Table (9). Gender differences were found for all other time durations as noted below with men having less quantities of food stock.

Table 11: Duration of food stock

	Female	Male	All
Yes	39%	38%	38%
1 week	38%	32%	34%
2-3 weeks	17%	11%	13%
Less than 1 week	43%	55%	51%

Figure 16: How long does food stock last?

Utilization and Consumption of Food

The survey also collected data on the dietary diversity and food frequency of household with a recall period of seven days. Households were asked to provide the frequency of consumption of several food groups in order to explore the consumption patterns of food items during the emergency. Usually, these groups of items are used to construct the Food Consumption Score (FCS) by WFP.

Since it is not the intention of this report to derive the FCS, the relative consumption of certain food group items provides an indication to the overall nutritional intake of the surveyed households. As shown in Table (10), the majority of households depend on consuming cereals, vegetables, oil, sugar and pulses. These groups of food items have low energy, low pro-

tein compared to the consumption of food items that have highest quality protein such as fish, meat, eggs and milk. The table indicates that the surveyed population is very poor in consuming meat, fish and eggs but also fruits. The better off population are consuming milk and dairy products with an average of 2-3 days a week.

In order to have a better picture of households' food diversity and frequency, more information is still needed to know if household members have skipped meals, reduced meal portion or exerted cheaper food items.

Table 12: Type of food groups consumed over a seven day period preceding the interview

Food groups	Per cent Out of 1,080 Beneficiaries
Cereal	97%
Vegetable	93%
Fruit	26%
Meat, Fish, Egg	73%
Pulses	88%
Dairy	81%
Oil	91%
Sugar	75%

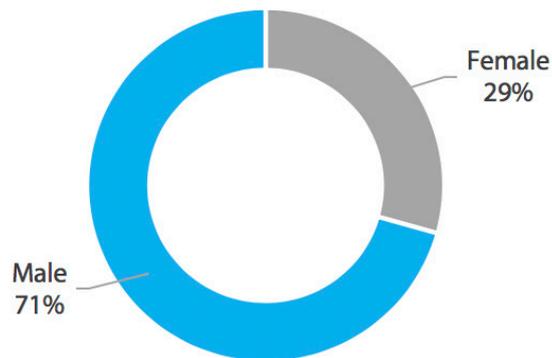
livelihood

The implications of the COVID-19 lockdown measures are more felt among the most vulnerable and poor refugee populations and those who have lost their income, namely those who work in the informal sector. These measures are expected to bring additional economic hardship, where informal labourers account for around or more than 50 per cent of the total work force.

This section will examine the impact of the current crises on the surveyed households' livelihood, with special focus on attachment to the labour market.

Findings on Livelihood:

The surveyed households have been asked to respond to a number of questions related to their livelihood, including attachment to the labour force, main source of income and other related variables. As shown in Figure (17), 29 per cent of breadwinners among the surveyed households are female and females-head of households' breadwinner are more represented among the SSNP population (29.4 per cent) compared with only 13.9 per cent among PRS population. Furthermore, in addition to the main work, only 6.6 per cent of head of households have "other work" and those are mainly recorded for PRS population.

Figure 17: Gender of the main breadwinner in the household

Before the COVID-19 emergency, 17.8 per cent of the working-age populations were engaged in domestic work, 13 per cent working for wages, salaries and commission, and the majority was as doing other activities, as indicated in Figure (18). Out of those, 64.3 per cent indicated that they do not have a job they will return to after the lockdown is eased.

Before the COVID-19 lockdown, 13 per cent of females and 20 per cent of males were engaged as a domestic workers, 16 per

cent of males and 7 per cent of females were working for wages. The majority has responded as doing other activities. The main sector of income generation is in the Service sector (44 per cent for females, 37 per cent for males), followed by construction (11 per cent for females, 16 per cent for males), and almost equal percentages of female and male heads of households in food and beverage, among others, as shown in Table (11).

Table 13: Distribution of working individuals and sectors by sex

	Female	Male	All
Domestic worker	13%	20%	17.8%
Working for wages	7%	16%	13%
Sector: service sector	44%	37%	38%
Sector: construction	11%	16%	15%
Sector: food and beverage	11%	12%	12%

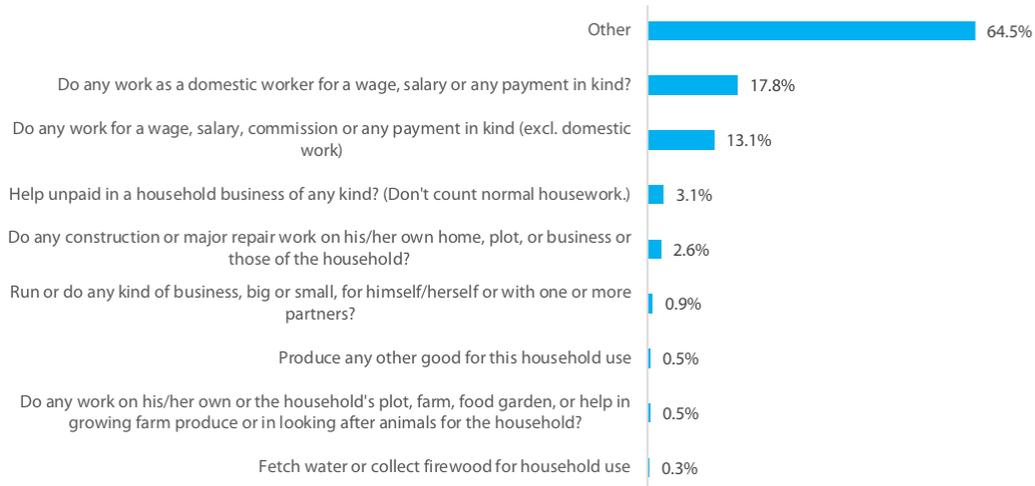
Overall, women constitute 29 per cent of the working force, which is mainly comprised of the head of the household who is the main worker. Only 1 per cent reported having cash savings, of whom 12 per cent are females and 8 per cent males and would they have enough cash to last for two weeks.

Almost half of the respondents (49.6 per cent) have their work undisrupted by COVID-19 with a significant difference between females (75 per cent) and males (37 per cent). Of the

rest, who lost their work, 84 per cent of females and 55 per cent of males 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 (28 per cent for females and 53 per cent for males), casual labor (only 5 per cent for females; 28 per cent for males), family/friends support (6 per cent for females and 8 per cent for males), among others.

Figure 18: Livelihood activity before the lockdown



As with the livelihood activities, the working individuals reported the sectors of work. Overall, the services sector accounts for 38 per cent among the employed, followed by "other" (20 per cent), construction 15 per cent, and the least reported sector is agriculture and mining.

Furthermore, more than one-half of respondents indicated that their work has been disrupted by the emergency and 51.5 per cent did not work at all, while over 78 per cent worked less than 40 hours per week, as shown in Figure (20) below.

Figure 19: Sector of livelihood activity

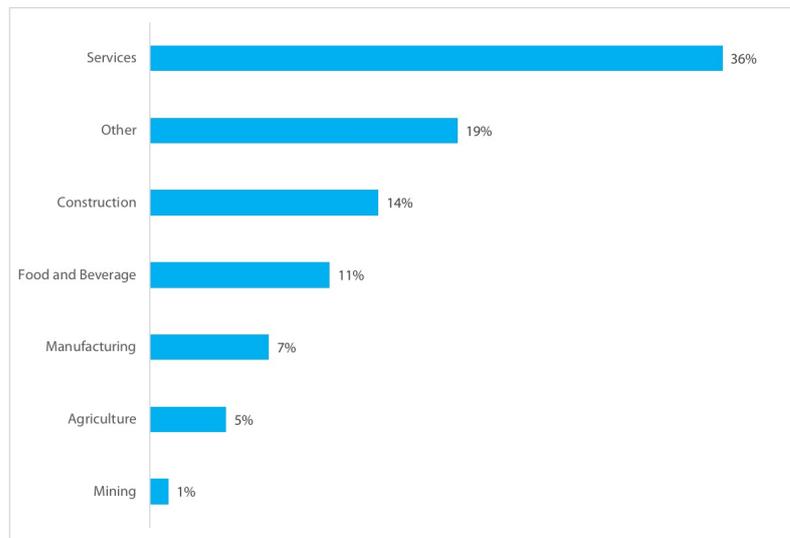
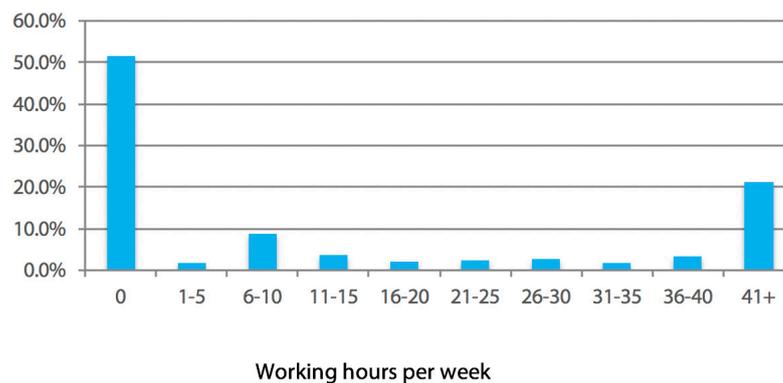


Figure 20: Number of working hours per week



When respondents were asked about is their main source of income, the majority (80.6 per cent) mentioned UNRWA support, and this is expected as all of the surveyed population receive UNRWA support on regular basis, 8.9 per cent depend on causal labour, 3.5 per cent depend on salaries with regular income, 1.9 per cent depend on family and friends, and the rest mentioned other sources of income. Furthermore, only around one per cent reported having cash savings, of whom 10 per cent would have enough cash to last for two weeks.

The respondents were asked to indicate the most important concern they have under the current circumstance, as shown in Table (12). Overall, 34.1 per cent of households (similarly by FHH and MHH) were concerned about the shortages of food. However, out of 24.9 per cent concerned about getting sick (women expressed higher anxiety of getting sick than male; 33 per cent versus 21 per cent). Followed by 17 per cent were concerned about disruption of the livelihood source of income and the rest mentioned other concerns.

Table 14: Main concern under the current circumstances

Main Concern	Per cent
Not being able to pay debts	0.3%
Travel restrictions	0.3%
Disruption of educational institutes	1.4%
Disruption of medical service	1.6%
Shortage of medicine	3.1%
Increase in food prices	3.3%
Other	4.0%
No concerns	4.3%
Losing job / no job	5.1%
Disruption of livelihood source	17.8%
Getting sick	24.9%
Shortage of food	34.1%

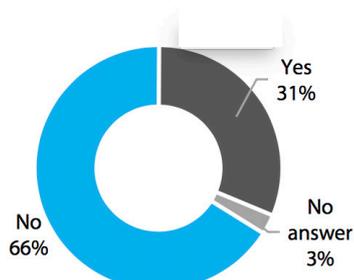
protection

As noted above, the COVID-19 pandemic is resulting in a rise in the vulnerabilities of Palestine refugees, particularly for the most vulnerable, including women and children, persons with disabilities, persons with legal documentation issues, and children are further exposed to heightened protection-related risks, including sexual and gender-based violence and isolation. The enforcement of isolation measures also limits access to information and contributes to psychological distress.⁷

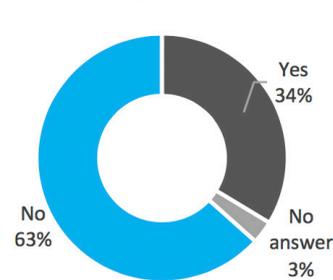
During the past two weeks and with the closure of schools followed by the lockdown and movement restriction, 31 per cent of households reported on internal conflicts and increase in aggressive behavior. However, two-third of the surveyed households did not report any challenges in dealing with their children or had they been less tolerant or treat them more harshly (72 per cent).

Figure 21: Protection concerns over the last 14 days?

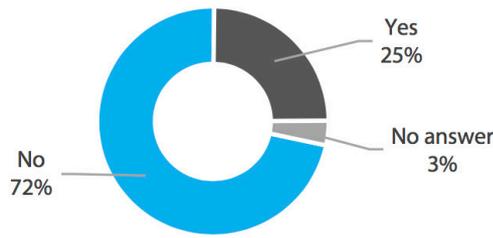
Have you had internal conflicts within the household during the past 14 days?



Has it been challenging to deal with children during the lockdown?



In the past 14 days, spouse is becoming less tolerant of children's behavior and treat them more harshly

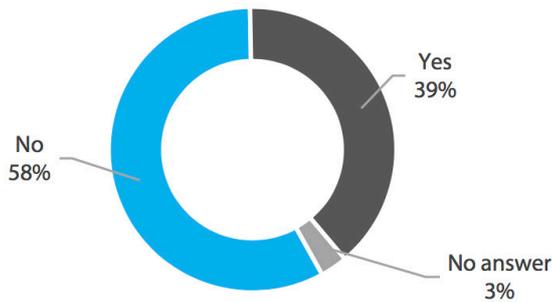


During the COVID-19 curfew, 39 per cent of households believe that their children have been affected by the current situation and witnessed fighting among siblings (24 per cent), fear about their health (17 per cent), and anxiety (17 per cent), shouting (10 per cent), and other behaviors. As a result, and

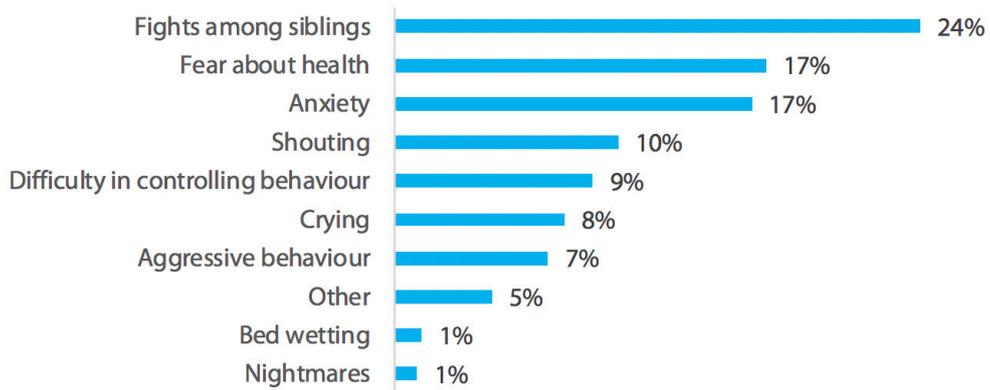
during the past two weeks, 26.6 per cent of parents felt the need to shout, and yell at their children, 6.9 per cent hit their children, and 24.7 of spouses became less tolerant of children. Overall, 59.9 per cent of households reported that aggressive behaviors increased in general over the past two weeks.

Figure 22: Impact of the COVID-19 crises on children

Do you think the current situation has affected your children?



Children started exhibiting the following behaviours due to COVID-19 crises



findings

The overall objective of the study was to examine the effects of COVID-19 on the overall living conditions of Palestine refugees in Jordan, including the Social Safety Net Programme population, the Palestine refugees from Syria, and the Palestine refugees from Iraq.

It has been evident throughout the report that the surveyed population have similar living conditions and the differences among them is not significant in terms of the various factors analysed in this report. However, the results show that the surveyed population, although in hardship by definition, suffer from various forms of deprivation and these have been furthered by the current crises.

First, the results show that the refugees have a young population, with 43 per cent below the age of 18 years and only 7.7 above the age of 60 years old. The differences between males and females at the below 18 years is negligible, however, it increases to around 5.2 per cent for those between 18-60 years old. In addition, the average household size was relatively evenly distributed across the three surveyed groups, with an average household size of is 4.8 persons. At the head of household level, more than twice (67.3 per cent of households) are headed by males compared with 32.7 headed by females.

Second, overall, the survey shows that 19.6 per cent individuals suffer from chronic or lasting health problems and 5.9 per cent suffer from some kind of disability.

In terms of obtaining information on COVID-19, the majority (98 per cent) of the surveyed population depended on the media, such as TV, radio, and online news as a source of information on COVID-19.

Third, almost all surveyed households (97.9 per cent) benefit from access to water that is piped directly into their dwellings, with only little over two per cent that use other sources. Furthermore, 96 per cent of households indicated that the hygiene products are too expensive. However, they were able to purchase soap (63 per cent) and bleach (66 per cent).

Fourth, overall, 94.2 per cent of school-aged children are enrolled in schools, with the majority of those not enrolled are among the PRS population. 60 per cent of students are enrolled in government schools, 38 per cent in UNRWA schools and the rest in attend private schools. More than three-fourth (75.4 per cent) of students have access to the internet at home and only 1.3 per cent of them have access to unlimited data, however, 42.4 per cent indicated that it is of poor quality.

During the past seven days, around 75 per cent of children were able to follow MOE lessons on TV as well as the Darsak platform. The lack of access to computing devices and reliable unlimited internet as well as televised lessons and Darsak were

the hurdles faced by both non-PRS and PRS families.

Fifth, overall, around 64 per cent of the surveyed population expressed their worriedness for not having enough food during the past seven days, due to lack of money to buy food (57 per cent), not having food stocks at home (21 per cent), and/or potential increase of commodity prices (16 per cent). Moreover, around 35 per cent of households indicated that they did not have enough food to eat, and 32 per cent of them did not have money to buy food, 14 per cent did not have food in the house, and the rest claimed other reasons. Neither movement restrictions during the lock down nor shortages of supply were their main concerns. About 38 per cent of the surveyed households had food stocks in their house, which varied in quantities. Around 51 per cent have reserves that would last for less than one week, while 33.8 per cent had enough stocks to last for one week and 12.7 per cent for 2-3 weeks.

It appears that the inaccessibility to food commodity was due to an economic factor (lack of money) rather than physical one (stores closure, distance, short of supply). Moreover, the lack of purchasing power and food reserves within the household will increase the vulnerabilities of household.

Sixth, 29 per cent of breadwinners among the surveyed households are female. Before the COVID-19 emergency, 17.8 per cent of the working-age populations were engaged in domestic work, 13 per cent working for wages, salaries and commission, and the majority was as doing other activities. Out of those, only 35.7 per cent indicated that they have a job they will return to after the lockdown is eased. More than one-half of respondents indicated that their work has been disrupted by the emergency and 51.5 per cent did not work at all, while 21.4 per cent worked more than 40 hours per week.

The main source of income for the majority (80.8 per cent) of the surveyed population is UNRWA, 33.1 per cent depend on casual labour, 10.1 per cent depend on salaries with regular income, 10.5 per cent depend on family and friends, and the rest mentioned other sources of income. The refugee population have very limited savings, whereby only around one per cent reported having cash savings, of whom 10 per cent would have enough cash to last for two weeks. Overall, 34.1 per cent of households were concerned about the shortages of food, 24.9 per cent concerned about getting sick, 17 per cent were concerned about disruption of the livelihood source of income and the rest mentioned other concerns.

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Seventh, during the past two weeks and with the closure of schools followed by the lockdown and movement restriction, 31 per cent of households reported on internal conflicts and increase in aggressive behavior. However, two-third of the surveyed households did not report any challenges in dealing with their children or had they been less tolerant or treat them more harshly (72 per cent). Furthermore, 39 per cent of households believe that their children have been affected by

the current situation and witnessed fighting among siblings (53.2 per cent), fear about their health (37.6 per cent), and anxiety (36.2 per cent), shouting (22.7 per cent), and other behaviors. As a result, 26.6 per cent of parents felt the need to shout, and yell at their children, 6.9 per cent hit their children, and 24.7 of spouses became less tolerant of children. Overall, 59.9 per cent of households reported that aggressive behaviors increased in general over the past two weeks.

In conclusion, and as has been evident throughout the report, the crises have caused social and economic distress among the surveyed population and their living conditions have deteriorated further. The social and economic impact of COVID-19 will last long after the crises are over and will require direct interventions and policies by all stakeholders to address the consequences of COVID-19 crises.

recommendations

1. As teachers and students have not been exposed to remote teaching and learning, teachers training as well as students' access to devices and the Internet, particularly for those from the low-income household, are crucial.
2. Monitoring of market access, prices, supply and consumption, through partners (e.g. FAO/WFP) for necessary adjustment in the monetary value of assistance to mitigate the adverse effects on refugees.
3. Identify and implement the measures to address the lack of access to essential health services residing far from UNRWA health centers.
4. Sustained social transfers to refugee families will be required until the revival of the local market economy and improvement in employment conditions.
5. Conduct a follow-up in-depth needs assessment in partnership with other agencies covering gender disability and domestic violence, among others.

bibliography

1. UNRWA COVID-19 health brief update, 10th June 2020
2. Jordan's Department of Statistics: Household Expenditures and Income Survey, distribution of Jordanian households and household individuals and average household size 2017.
3. Updated UNRWA Flash Appeal for COVID-19 Response, March-July 2020

footnotes

- 1 UNRWA COVID-19 health brief update, 10th June, 2020.
- 2 Supported by other UN partners: by UNHCR from 2004 to 2018 and by OCHA in 2019.
- 3 Jordan's Department of Statistics: Household Expenditures and Income Survey, distribution of Jordanian households and household individuals and average household size 2017.
- 4 The dependency ratio is defined here as population below the age of 15 and above 65 divided by those aged 15-64 years. However, in this report, a different age brackets are used for the calculation of the modified dependency ratio (below 18 years and above 60 years divided by those aged 18-60 years)
- 5 Updated UNRWA flash appeal for the COVID-19 response, March-July 2020.
- 6 Updated UNRWA flash appeal for the COVID-19 response, March-July 2020.
- 7 Updated UNRWA flash appeal for the covid-19 response, March-July 2020.



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العنوان البريدي: ص.ب: ١٤٠١٥٧ ، عمان ١١٨١٤
الأردن
هـ: (+٩٦٢ ٦) ٨٤٦٥ ٥٨٠

department of health
unrwa headquarters - amman
po box 140157, amman 11814
jordan

t: + (962 6) 580 8465

www.unrwa.org

united nations relief and works agency
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اللاجئين الفلسطينيين في الشرق الأدنى