



IN FOCUS



# RAPID ASSESSMENT ON THE IMPACTS OF COVID-19

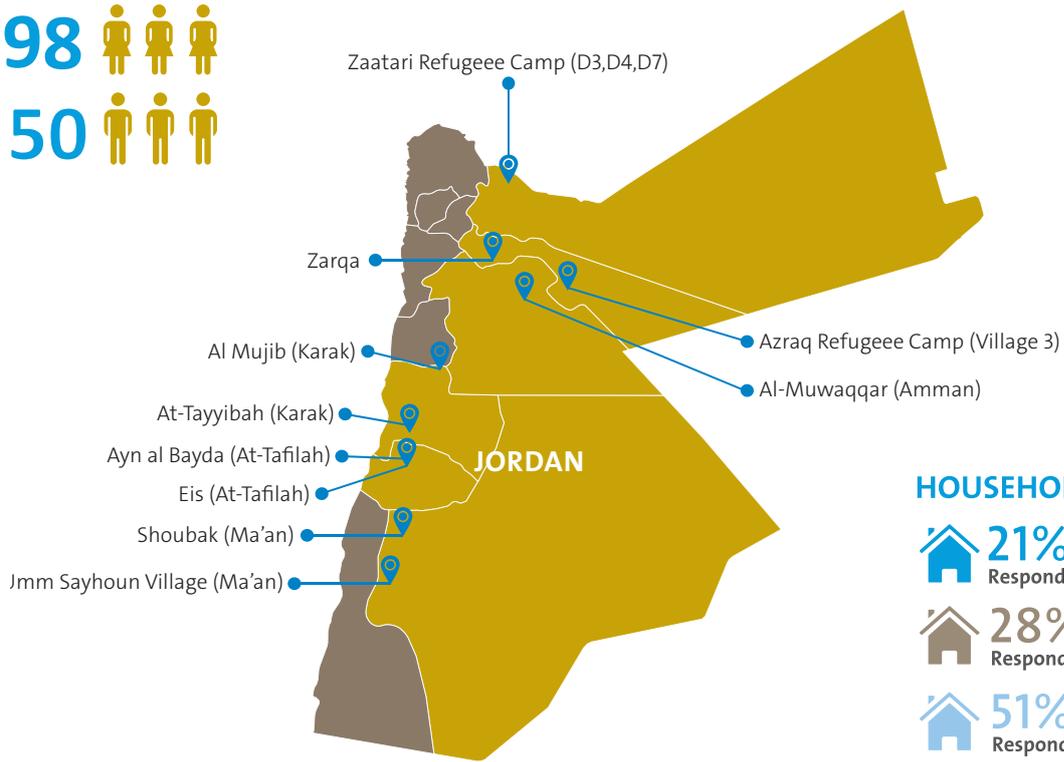
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## Introduction

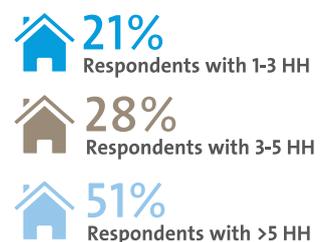
The overall aim of this rapid assessment was to review the impact of the COVID-19 crisis on beneficiaries of UN Women Oasis centers in camp and non-camp settings. The assessment included questions related to the economic situation; health concerns; safety and access to health services; violence against women; the roles of men and women within the household; and access to education.

The assessment included 847 respondents located across Azraq and Za’atari refugee camps and in communities across 5 governorates. As most beneficiaries of UN Women’s Oasis centers are women, respondents were 91% female and were a mix of Syrian refugees, Jordanian and other. The characteristics of the geographic locations vary widely from refugee camps in the north to remote communities in the south of the Kingdom.

## RESPONDENTS



## HOUSEHOLD SIZE (HH)



## Health Impact

When asked about their health care concerns, 71% of respondents said they fear themselves or someone in their family will become sick, in which case 24% said they cannot access their nearest health care facility and 34% said they cannot access medicine. The reasons given include lack of transportation and lack of finances. Respondents located in Azraq and Za'atari refugee camps indicated the highest rates of accessibility to health facilities. The most significant limitations of access to health facilities exist in Taibeh district (Karak

**24%** Cannot access health care facilities



governorate), Um Sayhoun district (Ma'an governorate), and Ein El Bedah (Tafieleh governorate). This provides important information on the challenges present for remote communities in the south of the country. 48% of respondents receive information on access to health and medicine directly from government and non-government service providers, while 29% rely on television.

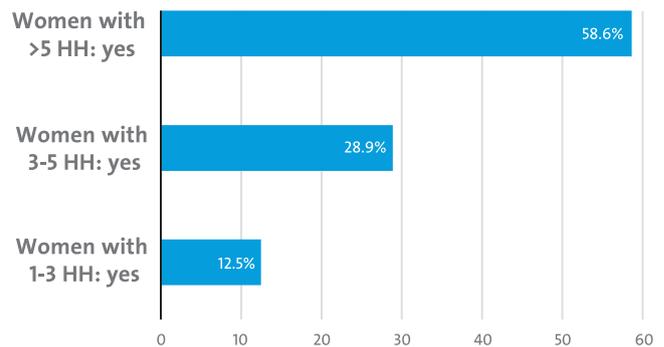
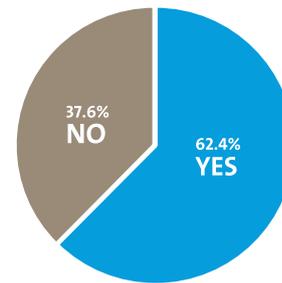
## Gender-Based Violence

The assessment asked respondents of their perception of their risk of violence due to the crisis measures. 62% of women respondents indicated they feel at increased risk of suffering physical or psychological violence as a result of either/or increased tensions in the household and increased food insecurity, both of which have been caused by the crisis. Higher numbers of individuals residing in the household increased the risk of physical or psychological violence, with almost 60% of those women who indicated an increased risk of violence living in a household of 5 or more people. Additionally, the reported increased risk of violence was lowest in the camps and highest in Maan governorate and East Amman.

Food insecurity is an important layer of complexity to violence – 54% of women who reported an increased risk of violence also reported having to borrow food or money from neighbours, family or other households. This demonstrates an important and concerning relationship between increased risks of domestic violence, food insecurity and economic pressures.

On a positive note, however, of those women who indicated they are at increased risk of violence due to the crisis, 81% reported that they had information and knowledge of how to access protection services during the crisis and confinement. These women indicated their experiences in the Oasis centres were their primary sources of knowledge on this topic.

Percent of female beneficiaries who feel at risk of suffering violence (physical or psychological) due to the crisis and confinement.



## Economic Situation

The assessment asked respondents about the impact of the crisis on their economic situation. 49% of female and 90% of male respondents reported they were employed prior to the start of the crisis. Of those who were employed in the formal sector, 71% indicated they have not yet lost their job. In contrast, of those that were employed in the informal sector prior to the start of the crisis, 99% reported losing their job.

With regards to the impact of the loss of income from the crisis, 52% of women respondents reported they do not have enough money to buy enough food to maintain a supply of more than 2 days for their household making the impact of the mandatory movement restrictions very difficult for their household. 78% of respondents indicated they have had to resort to different coping mechanisms, such as borrowing money or food from other households to meet their basic needs. 84% of respondents reported they have used up their savings trying to meet basic needs during the crisis, which will have long term impacts on their economic power and decision-making even after the immediate crisis period. Of those women who reported they owe debt, 76% indicated the crisis and confinement has affected their ability to meet repayment schedules and 36% reported they have been pressured and intimidated by lenders.

64% of respondents reported that their engagement in the Oasis Centers benefited their ability to meet the needs of their household as well as support other women and households with information during the crisis. In camp

**Percentage of Women respondents who do not have enough money to buy goods to maintain a supply of more than 2 days of food.**

**52%** of women respondents

**Of those who do not have enough money to maintain a food supply of more than 2 days in the house**

**78%** have borrowed money and received goods from other households

**Of those who have enough money to maintain a food supply for more than 2 days**

**84%** of women have had to use their personal savings to access goods

settings, this percentage is even higher, with 82% of respondents reporting their engagement in the Oasis centers benefited their ability to navigate the crisis and its impact.

### Impact on Household Roles

The assessment asked a number of questions related to the time use of members of the household, including caregiving and time spent on education support in the distance learning context. 81% of respondents note that girls spend more time on household chores and have more responsibility than boys and 29% of respondents indicated that girls have less time to spend on learning. For parents, 77% of respondents said mothers spend more time supporting children with distance learning than fathers. 95% of women reported that as a result of the crisis, they are spending more time than usual caring for family members, including children and the elderly. This unpaid care burden is a concern if employment sectors reopen while kindergartens and schools do not as it would prevent women from returning to work given they are expected to continue to care for children and elderly.

### Access to Essential Services

Given the impact of the crisis on access to other health needs, the assessment asked questions specific to sexual and reproductive health issues. 30% and 41% of women reported that as a result of the crisis they do not have access to enough sanitary pads or contraceptives, respectively.

71% of women aged 18-35 are worried about an unplanned or unwanted pregnancy as a result of the crisis and their reduced ability to access contraceptives and reduced decision-making power due to household tensions.

### Perceptions of Crisis Management

97% of respondents are aware of the necessary emergency and prevention measures against COVID-19, such as hand washing and social distancing and received this information from a variety of sources including government and non-government service providers and a variety of traditional and social media.

### Conclusion

This assessment sheds light on the impact of the crisis on vulnerable Syrian refugee and Jordanian women across the country. The crisis and confinement measures have resulted in an increased risk of violence in the household, food insecurity and economic insecurity and have also had different impacts on camp and non-camp settings with women in rural areas, in particular, struggling to access services and information. These conclusions should inform the design of the immediate response to the COVID-19. Urgent measures should include the provision of cash assistance directly to vulnerable women to meet basic needs and to reduce tensions at the household level, which are both linked to increased risks of violence. Women have also expressed concern over control of their decisions and time use as a result of the crisis with negative impacts on their health and well-being. It is critical that the crisis response continues to put gender equality and women's empowerment at its center to ensure that existing inequalities are not even further entrenched by the emergency measures causing a rollback in previous achievements.