Aim

The following are the outcomes of the inter-agency Programmatic Preparedness exercise held with 45 UN, INGO, and LNGO agencies from the humanitarian and development response at UNOCHA Jordan, 5 July 2021. The exercise looked at impacts, good practices, and lessons learned from the previous two waves of COVID-19. With this foundation, it reflected upon scenarios ahead, and crystalized key operational and policy preparedness measures required to reach the most vulnerable, across nationality and status -- Syrian as well as Palestine and other refugees, stranded migrants, poor Jordanians, and inhabitants of informal tented settlements, among others -- including in the case of a third wave.

With thanks to all the agencies who participated providing their insights, and gratitude to the core team of facilitators: Carlos Geha (UNOCHA), Ana Nikonorow (UNOCHA), Carolyn Ennis (UNHCR), Marina Aksakova (UNHCR), Dr. Saverio Bellizzi (WHO), Dr. Chinara Aidyralieva (WHO), and Rolf Lienekogel (WFP).
**Health**

**IMPARTS**

- Increase in mental health needs.
- Reduced access to essential health care services (including primary care, vaccinations, women’s health, chronic disease including TB and HIV, mental health, and critical care).
- Reduced access to medicines for vulnerable groups, due to unaffordability, as medical expenses remain a top reason for Jordanians’ and refugees’ debt accumulation.
- Negative impact on continuity of care, particularly for most vulnerable.
- Stretched critical oxygen supplies in times of need, given lack of national oxygen production, or larger import agreements.
- May already be upwards of 400,000 people previously infected and therefore possibly affected by long-COVID health needs already, pre-3rd wave.

**GOOD PRACTICES**

- Use of the National Preparedness Plan and the 10 pillars of the NPP as the main guide for infection and prevention and strengthening workplace safety protocols.
- Remote consultations and alternative medication distributions. Home delivery of longer (three month) lifesaving medicine to NCD patients during lockdown.
- Testing capacity vastly expanded including for new Variants of Concern (VoCs)
- Infection Prevention and Control (IPC) measures enhanced in both health and community settings, including sanitization and solid waste management.
- Increased access to treatment services, including construction and operationalization of field hospitals.
- Vaccine roll out on a unified digital platform.
- Governmental discussion on oxygen supply expansion started.

**PREPAREDNESS ACTION RECOMMENDED**

- Engaging influential people and especially community volunteers in risk communication and vaccine promotion, as part of the national communication campaign.
- Targeting health care workers in the information campaign to encourage them to get the vaccine and inform their patients about the benefits of vaccination to further build trust and increase vaccination uptake.
- Expanding the vaccine platform to vulnerable populations without a national number (e.g. migrants who have recently lost legal status, non-Syrian refugees without legal status including international protection Palestine refugees from Syria) via coordination with the Crisis Cell/MOI who has facilitated similar cases previously.
- Enhanced testing capacities across all governorates and rural areas. Early detection of cases through testing of suspected cases in the communities.
- Review of the national testing strategy and assistance in the development of testing strategies that will take into account the transmission phase with a mix of testing options (rapid and confirmatory – screening vs ruling out/infection) to ensure effective containment and early detection of infection and earlier hospital access when needed.
- Broader use of telemedicine options. Integrating telemedicine in primary health care (PHC) to respond to needs of population, awareness, referral, and appointment, decreasing exposure and crowdedness.
- Strengthen delivery of essential health services and innovative delivery of services, with an emphasis on continuity of care for most vulnerable groups.
- This entails improving logistics and mobilization methods, including digitalization and unification of health information systems (HIS) to help follow patients and deliver services during lockdown.
- Digitalization of health records (for example NCD patient records of public primary health centres) to facilitate evidence-based planning and beneficiary targeting during vaccination campaigns and beyond.
- Integrating COVID-19 response at PHC level. This requires addressing staff capacity and training staff on infection protection and control (IPC), telemedicine and strengthening home care and quarantine elements of PHC COVID-19 response.
- Address scepticism and limited trust in public health system by strengthening health staff capacity through training on treatment protocols, case management, and triage, particularly for Intensive Care Unit (ICU) health personnel.
- Improving national sufficiency in oxygen through local production, procurement from neighbouring countries, or improved distribution of supplies among patients with diverse needs based on the last wave experience of health professionals in Jordan.
- Consider prioritization of populations who are more at risk for serious illness in hospital admission if hospital capacity is stretched.
- Pre-approval for movement of critical health personnel (physicians, nurses, but also midwives, pharmacists, management) to support effective provision of essential health services, including UN and NGO staff during curfew periods.
- Expansion of mental health services to address increased needs. Mental Health/PSS services to be prepared to deliver remotely and in person simultaneously.
- Consider carefully the implications of “long COVID” on the health systems – with or without another wave of transmission.
Social Protection and Basic Needs

IMPACTS

• As the need for cash assistance has risen, funding for multi-purpose cash and for food for refugees have had major cuts, likely >250,000 individuals to be cut by end of year.
• Distance learning quickly introduced after schools in Jordan closed on 15 March 2020, making Jordan one of the longest systems of distance learning globally.
• Economic disruption with decreased income levels, and over doubling of unemployment rates, particularly impacting poor households, which struggled to provide for basic needs. Decline in cash for work opportunities in camps, in opportunities to move and work outside of camps.
• Loss of income resulted in higher levels of anxiety, increases in domestic violence (> seven per cent) and more negative coping behaviours such as reduced food consumption and increased child labour and abuse, expected to continue.
• One third of Jordan’s four million students struggled to follow the online educational modules, primarily due to lack of access to internet, computer, mobile technology. Youngest grades (1-3) most impacted as they cannot easily self-study given minimal literacy.
• Students, mainly from vulnerable communities, also lost associated support such as meals and safe spaces provided through schools.
• Unpaid care duties of parents substantially increased affecting productivity and mobility of employees and especially women in the Jordanian work force. Increased need for childcare support and child protection/GBV services nationally.
• Suspension of critical services ex. women’s shelters and the courts during curfews limited access for those seeking safety, legal, civil and protective remedies.
• New environmental challenges including management of increased medical waste, and exacerbation of old ones, like climate change impact due to water scarcity as pandemic control supersedes water supply management.
• Forty per cent increase in water use nationally at COVID-19 onset. Increased

PREPAREDNESS ACTION RECOMMENDED

Education

• Advocate for sustained opening of schools (esp. grades 1-3) and localization school closures as per Ministry of Education (MOE), Ministry of Health (MOH) guidance and evidence based risk assessments. School closures as a last resort not a first one.
• Back to school partially as a first step for on-site learning next year (similar to GCC). Digital literacy for parents.
• Remedial education / Catchup not just an ‘emergency’ solution for ‘some’ students, but rather as a fundamental element of the whole next school year.
• Development of IPC training packages for MOE Health focal points and senior staff and teachers.

Cash

• Continued urgent advocacy with donors to reverse the drop in funding for humanitarian cash based programming. Enhance recognition among donors that many of the most vulnerable cannot be graduated out of cash assistance now, given lack of market opportunities/special vulnerabilities.
• Basic Needs Working Group (BNWG) to consider reviewing the recommendations for a COVID-19 cash assistance ‘package’ in light of recent cutbacks in overall funding to cash and new VAF data, so actors can provide a consistent amount of cash via a ‘package’ updated to current situation.
• Consider bringing down the transactional cost of cash assistance to refugees (and hence more money for aid) by adding other options in addition to e-wallets, like ATM cards.
• Support deploying mobile ATM’s to remote locations / early re-loads for cash assistance.
• Greater donor flexibility to switch existent programs to cash.
• Longer term, advocacy for inclusion of refugees into broader safety net approaches, especially those who do not have capacity for joining employment programs that enable them to become more self-reliant.
• Strengthen social protection by adjusting NAF targeting criteria, esp. as regards effectively female headed households, and insuring systems are accessible.

Protection

• Maintain focus to push for inclusion of Non-Syrians refugees in accessing assistance and services.
• Government contingency planning to ensure that state protection services, including shelters for victims of GBV and clinical treatment of rape, remain open, and accessible, including by permitting non-governmental GBV service providers to open and their staff to move.
• Capacity building of family protection unit police on GBV response and encourage the employment women police officers in the unit.
• Advocacy for further in person child protection solutions even under curfew.
• Advocacy with telecom companies to extend the grace period before cutting off SIM cards to enable better contact with beneficiaries, data bundles for beneficiaries.
cost to utilities to provide water and wastewater services due to higher demand (higher pumping rates, electricity usage, leakages and non-revenue water).

- Meanwhile, state utilities are missing key revenues due to untargeted incentives, and have lost 1000 staff capacity, not replaced, due to forced retirement age and hiring freezes. Investment in capital infrastructure deferred due to lack of funding even as 50 per cent of network water is lost to non-revenue water (theft and leakage).
- Reduced access to water tanks and trucking supply during severe drought affecting most vulnerable communities hardest.

GOOD PRACTICES

- Catchup, and IT extension support targeting particularly vulnerable populations, within the MOE framework plan.
- Comprehensive guidance and MOE-MOH planning drafted but not rolled out broadly to localize schools closures even during higher levels of transmission.
- Remote multi-sectoral and sectoral cash assistance, mobile ATMs. Early re-load for cash assistance.
- Remote GBV counselling/referral. Follow-up with cases from lockdown whose reporting was delayed due to proximity to perpetrators.
- Increase capacity for legal aid assistance.
- Collaboration with the GoJ for use of mobile wallets for transfers.
- Alternative livelihoods service delivery (including move to cash assistance).
- IT and business continuity planning support for ministerial and municipal service providers.

Water, Sanitation and Hygiene

- Humanitarian development cooperation to ensure water resources sustainability and waste management systems. Investment in more sustainable water systems, including (1) Reducing leakages in national water systems (2) Water re-use systems especially for high-consumption sectors ex. agriculture (3) considering how joining of certain camp infrastructure with that of surrounding communities might benefit both communities.
- Use the pandemic induced water scarcity to promote/socialize water conservation in the country such as grey water reuse for flushing toilets etc.
- Mitigation measures for upcoming utility increases as people need water for hygiene.
- Just as humanitarians stockpile and pre-position in camps ex. Chlorine for water purification, support relevant ministries and utilities to conduct their own business continuity plan exercises.
Livelihoods and Macro-Economy

IMPACTS

• Public debt stock (as a share of GDP) has increased from 95.2 per cent in December 2019 to 107.9 per cent in April 2021; economic shock of COVID has been exacerbated both by existing structural obstacles in the economy and unresolved social challenges putting pressure on the country’s macroeconomic outlook.

• Already high unemployment (25 per cent) increased to estimated > 50 per cent particularly in the informal sector, with a disproportionate impact for low wage workers, youth and women. Women’s labour force participation rate was less than 14 per cent, one of the lowest in the world, already.

• Long term economic impacts of school closures include further pressures on women to exit the work force, boys to leave school to join the workforce, both possibly with no return.

• ‘Stranding’ of large numbers of migrants and concurrent lost legal status with loss of jobs, overstay fines, and lack of money to return home. Risk of administrative detentions. Important portion of these jobs will not necessarily return regardless of COVID-19 as they are being phased out as part of larger economic planning.

• Suspended business activity implications for business continuity and viability. Key sectors such as tourism, hit particularly hard.

• Drop in vocational training (VT) which is particularly reliant on the in-person modality, while VT is most used by work force participation of many of the most vulnerable populations.

GOOD PRACTICES

• Employment-intensive policies and programming / expanded livelihoods options.

• Framework to facilitate migrant labour movement.

• Scaling sustainable and inclusive business models and enhancing digital transformation and literacy of MSMEs.

• Scaling up climate resilient, nature-based solutions towards green economy stimulus.

• Promoting flexible models for TVET towards lifelong learning.

PREPAREDNESS ACTION RECOMMENDED

• Greater access to finance, including micro-finance for the most vulnerable, esp. women to protect their place in the workforce.

• Movement of refugees in camps to work in parallel with the rest of the economy going back to work.

• Complementing the government’s focus on SME, target microenterprises and locally oriented home-based small businesses.

• Implementing heterogenous policies for MSMEs based on their characteristics, e.g., support digitalization process in start-ups and knowledge-based enterprises; decrease informality and empower vulnerable groups’ employment in microenterprises and locally oriented small businesses; integrate export-oriented small enterprises to the global value chains.

• Remove regulatory barriers to home based businesses (HBB) to better facilitate refugee and Jordanian women’s ability to formalize their business and provide legal assistance if necessary.

• Legal assistance for vulnerable categories to access livelihoods (refugees, HBB regulation navigation etc.) linking humanitarian assistance with long-term income generating initiatives.

• Expansion of safe public transportation systems, day care, to preserve and expand women’s place in the workforce. Expansion of public transport for labour movement efficiency broadly.

• Further focus on targeting of people in highly impacted industries (such as tourism) with measures to protect jobs (rather than to provide financial support after job loss occurs) using a multi-donor fund on employment.

• Support to the digitalization of governmental records to facilitate programs targeting, evidence-based solutions.

• Support GOJ in enhancing capacity through volunteer schemes, scheme. Ex. UNV recruiting 14 refugee medical doctors to support MOH (a UNHCR-UNV initiative).\(^1\)

\(^1\) Ex. Recruitment of 14 refugee medical (UNHCR-UNV initiative) and 10 UN Community Volunteer as vaccine awareness hotline operators (UNV assignments funded by UNHCR, UN Women, UNDP and UNFPA) both programmes in support MoH. Such assignments can facilitate the engagement of refugees in their host country with the aim to empower them and build on their competencies and skills; and allow the participation of vulnerable refugee populations who, due to national status, would not be able to legally participate in the labour market in their field of expertise otherwise. Refugees with valid refugee status and legal residency in Jordan can be considered for the regular national UNV scheme.
Social Cohesion

IMPACTS

• **Courts backlogged**, decreased access to justice.
• Official ban on public gatherings during curfews.
• Reported limits on **freedom of expression**, risk undermining people’s trust in their institutions.
• **Centralized decision making, combined with limited space** for public dialogue increased the sense of marginalization, including for Community-Based Organizations (CBOs) and Civil Society more broadly also impeding humanitarian/ rights-based work.

GOOD PRACTICES

• Provisions for **business continuity** in the justice sector.
• Fair and equal **access to legal aid** and assistance.
• The king has established a high-level 92 members committee headed by former Prime Minister Samir Rifai entrusted with modernizing Jordan’s political system, focusing on elections and political parties draft laws by November to be passed by the Parliament. At the heart of the process are the anticipated political reforms and national dialogue that would expand public participation in the decision-making process.
• **Mechanisms for E-Services.** Support to digital transformation of public administration.
• Strengthened women and youth-focused policies towards digital literacy. Ongoing programs which include **public sector dialogue** to link communities with decision makers.
• **E-services** as an important dividend even after Covid-19, as well as mitigating measure.

PREPAREDNESS ACTION RECOMMENDED

• Permitting **regular public dialogue** to voice key concerns of communities.
• Link Social Cohesion with Social Protection and Basic Needs (pillar 2) Assessing potential social exclusion, grievances, discrimination and stigmatization over access to resources, livelihoods and health services.
• Support **operationalizing grievance systems** (in place but are not yet sufficiently functional).
• Work closely with the Government of Jordan to **strengthen legislation that protects Freedom of Expression**.
• Support improving **quality of E-services** to serve needs, including by providing training.
Cross-Cutting Issues

IMPACTS

• Lack of pre-approvals for the movement of many essential staff during curfews, except doctors and nurses.

• Defence Order six affect the financial viability of NGOs and their programming. Financial cost is over one million as of May 2021. Cost to Beneficiaries: 40 per cent of INGOs have been forced to reallocate funds initially allocated to beneficiaries to cover cost of staff no longer on their projects. Cost in Program Quality: As a coping mechanism many NGOs are moving staff whose project budgets have ended onto new projects for which they are not intended.

• Defence Orders more broadly affecting civil society’s ability to report effectively.

• NGO law (currently draft) could further affect civil society space.

GOOD PRACTICES

• Exercise to assess critical program staff used to highlight staff movement needs in non-camp areas with MOFA.

• It was previously understood the Prime Minister’s cabinet has validated an exemption for NGOs from DO6 and has tasked MoPIC to confirm with the donor community and draft the text for exemption. This is ultimately the same situation as in December 2020 and since then no confirmation, however.

• Expansion of the NGO Law consultation committee and extension of consultation process.

PREPAREDNESS ACTION RECOMMENDED

• Pre-identification of critical staff other than doctors and nurses. Expansion of advocacy on critical staff movement, including with line ministries and support from donors. Such critical movement may include not only UN/NGO staff movement but also that of key suppliers. While doctors and nurses are currently exempted, those working in shelters for GBV survivors, non-governmental solid waste management service providers, midwives, NGO management providing critical oversight, are not exempted from curfew regulations.

• Further advocacy for exemption of NGO/CBO staff from Defence Order 6, so that organizations can channel their money to address the impact of the pandemic instead of paying costs of staff no longer on project. Donors to take a prominent role in helping the GOJ understand how aid structures work in relation to DO6.

• Working towards suspension of defence orders more broadly, to better protect the space civil society activity and advocacy, as well as to reduce loss of funding going to beneficiaries.

• Expansion of the use of vulnerability rather than status-based approaches, including a Joint Comprehensive Vulnerability Assessment as soon as final agreement may be reached.

• Prioritizing localization approaches through joined-up strategic-level, as well as operational, planning with local partners, to more effectively target key vulnerability groups as well as offering financial economies.

• Supporting digitalization of governmental data/data information systems to provide a better base for evidence-based decision making, and to support business continuity across agencies.

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