



Assessing the COVID-19 impact
on the mental health and
psychosocial needs of the camps'
residents

Azraq & Zaatari Camps

Rapid Needs Assessment (RNA) in
camp settings

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Acronyms

RNA	Rapid Needs Assessment
UNHCR	The United Nations High Commissioner for Refugees
UNFPA	United Nations Fund for Population Activities
GBV	Gender-Based Violence
GoJ	Government of Jordan

Executive Summary

In April 2021, Mercy Corps conducted a Rapid Needs Assessment (RNA) in Zaatari and Azraq refugee camps, with the aim of assessing the COVID-19 impact on the mental health and psychosocial needs of the camps' residents. The assessment targeted 229 Syrian refugees in both camps belonging to different age and gender groups, to gather a representative sample of the residents' opinions, experiences, and needs. A mixed-method approach was used to carry out the assessment, by developing a qualitative-quantitative survey that was administered remotely to the study participants. The assessment investigated four main areas:

1. Knowledge and perceptions about COVID-19;
2. Psychosocial and Mental Health wellbeing;
3. Family relations and GBV;
4. Interventions and activities needed by the community members to help them overcome the current situation.

The results of the assessment highlighted that caregivers in both camps are confident in their information about COVID-19, however, children in both camps (41% of girls and 19% of boys) require more information and need more guidance around trusted information sources. Even when having enough information about COVID-19, caregivers and children alike still have fears about the virus (48% of study respondents). This may be attributed to the amount of knowledge they have obtained around the severity of this pandemic.

Regarding psychosocial and mental health wellbeing, caregivers, especially women, reported experiencing a negative impact on them as result of COVID-19 continuing. 46% (56 out of 121) of the caregivers in both camps reported feeling so afraid that nothing could calm them down as a result of the stress they experienced in the two weeks preceding the assessment (see indicator 2.1 in the Findings section for more details). Furthermore, 39% (47 out of 121) of the caregivers reported that they were angry to the level they felt out of control in the two weeks preceding the assessment (see indicator 2.2 in the Findings section for more details).

As for family relations, there is consensus from all age groups on the negative impact of the pandemic on family relationships, since 58% (132 out of 229) of the survey respondents reported that these relations have been negatively affected as a result of COVID-19 continuing. The increased violence is one of the important factors that has been raised by the respondents, especially by girls (46%), as well as boys (33%). Other elements like increased depression and tension were also highlighted as main factors which negatively affected family relations.

Importantly, the findings revealed that the majority of the survey respondents (68%) did not participate in any educational, recreational or cultural activities during COVID-19. This could explain why so many of them have faced challenges within their household. Findings revealed that 58% of boys respondents and 54% of girls were interested in being involved in vocational and technical activities. 50% of the women caregivers were interested in educational interventions, psychosocial support, and computer and technology awareness sessions. 45% of men caregivers were interested in educational intervention, and computer sciences in particular.

In conclusion, the study corroborated the need for humanitarian assistance for the refugees in both camps as an essential response to the COVID-19 crisis, which has impacted every aspect of their lives. Certain elements should be taken into consideration before starting to address any of their needs, such as awareness of the importance of the COVID-19 vaccines, which will be essential to helping people in both camps get back to their "normal" life. The main recommendations emerged from the assessment are:

1. Designing comprehensive livelihood programs/interventions will be key in supporting the families recover from the COVID-19 negative economic effects that directly affected family relations. This should include providing vocational and technical training, on-job-trainings, and linking to jobs. Supporting the establishment of home-based businesses in both camps could be a way to ensure that vulnerable groups are also reached.
2. PSS and Mental Health support services should be provided to match the high demand of the residents in both camps, especially parents/caregivers. The provision of these services should align with the re-opening of safe spaces, while specialized online PSS assistance should also be ensured.
3. Providing ICT literacy and basic computer skills for parents/caregivers could help them support their children in their online education.

Background

Since 2018, Mercy Corps has implemented its long-standing *ISHRAK* 'engagement' program, a family strengthening project that provides psychosocial support to fortify bonds between family members in stressful situations. ISHRAK is structured around three pillars: (1) Empowering Individuals; (2) Family Integration; and (3) Community Support. The program is designed to address the interlinked problems of toxic stress, domestic and gender-based violence, and lack of agency enjoyed by women and girls. Within the continuation of this program, *ISHRAK: Adolescent Girls' Empowerment Initiative-Phase II*, Mercy Corps will partner with refugee girls and caregivers to promote behavior change strategies that reaffirm gender equality, norms change, and girls' empowerment. Girls will be empowered to co-design and provide sexual and reproductive health education to their peers. Girls will benefit from mental health and psychosocial support to enhance resilience and wellbeing through expressive writing and filmmaking curricula. Girls will also build on their improved skills, agency, and self-confidence to lead community initiatives that address needs expressed by their peers and the wider refugee community, targeting practical and cultural barriers that women and girls face while living life to their potential in Za'atari and Azraq Camps.

Introduction

As the COVID-19 pandemic spread across the world, our concern has grown for people living in crowded areas with limited access to healthcare, protection, and proper sanitation, such as the Za'atari and Azraq refugee camps in Jordan. This concern around Za'atari and Azraq refugee camps, has been compounded by movement restrictions adopted by the Government of Jordan (GoJ), that has made aid delivery less consistent and has significantly limited income-earning opportunities. This combination has led to an increase in already prevalent toxic stress and is manifesting in increasingly challenging family environments. The 'Impact of COVID-19 on protection concerns in Jordan' study,¹ that was conducted by DRC Jordan, found that these challenges disproportionately affect women and girls. As found by Care Jordan in the "Impact of COVID-19 on Vulnerable Populations in Jordan"² study, these challenges have led to a twin pandemic of psychological distress and domestic violence. 82% of respondents of a recent protection survey reported that their psychosocial wellbeing has declined as a result of the pandemic.

Several other studies have been conducted by the humanitarian agencies that assessed the impact of COVID-19 on Jordanians and refugees. The studies highlighted the urgent need to support refugees, heads of families, and their children alike.

¹ DRC Jordan - The impact of COVID-19 on protection concerns in Jordan: Assessment report. January 2021.

² Care Jordan - Impact of COVID-19 on Vulnerable Populations in Jordan. Apr. 2020. <https://data2.unhcr.org/en/documents/details/75868>

A rapid needs assessment was conducted in April 2020, to measure the impact of COVID-19 on women and girls inside the camps and Jordan host communities³. This assessment concluded that women and girls found it easier to obtain GBV and SRH services prior to the pandemic and more challenging to access these services during the lockdown. Further, this assessment also found that women and girls who had taken part in virtual services generally received them well and said the services made them feel better.

Nevertheless, none of these studies focused on the camp settings, nor did they cover the mental health status of refugees specifically. In April 2021, because of the dynamic caused by COVID-19 and to develop a better understanding of the camp’s residents, Mercy Corps conducted a Rapid Needs Assessment (RNA) titled “Assessing the COVID-19 Impact on the Mental Health and Psychosocial Needs and Resources on the Camps’ (Zaatari and Azraq) Residents”. The assessment targeted 229 (108 Zaatari and 121 Azraq) of ISHRAK’s former participants. 121 of these participants were caregivers and 108 were children.

Table 1 presents the number of refugees who participated in the RNA disaggregated by location, gender, and age group:

Camp Age Group	Male		Female		Total
	Caregiver	Children	Caregiver	Children	
Azraq	32	24	31	34	121
Zattari	28	24	30	26	108
Total	60	48	61	60	229

Table 1: Refugees Participated in the RNA

Methodology and Sample

Conducting a RNA that assesses mental health and psychosocial needs is ambitious, and this report does not attempt at covering all aspects related to these topics, which are large and would require a more extensive study. That being said, this assessment was designed to cover a few topics that would provide an overview of the refugees’ mental health and psychosocial status, after one year since the beginning of the COVID-19 pandemic in the camps. These topics fall under the following objectives:

- Studying the extent to which the participants have enough information on COVID-19 and its consequences
- Assessing the impact of COVID-19 on the participants' wellbeing and their families
- Understanding the impact of COVID-19 on family relations and GBV
- Exploring the activities need by the community members to help them overcome the current situation

In order to study the above objectives, a mixed-method approach has been used by developing a qualitative-quantitative survey (Annex 1). The UNHCR “Assessing mental health and psychosocial needs and resources toolkit for humanitarian settings”⁴ has been used as the main resource for developing the mental health and psychosocial needs questions.

³ UNFPA Jordan in coordination with Plan international and the Institute for Family Health (IFH)/ Noor Al Hussein Foundation commissioned a rapid assessment of the COVID-19 situation in Jordan.

⁴

<https://cms.emergency.unhcr.org/documents/11982/49286/WHO+and+UNHCR%2C+Assessing+mental+health+and+psychosocial+needs+and+resources/0ab28c11-fc35-4996-8ea4-0575e88ee299>

Due to the movement restrictions in both camps, the data was gathered remotely via phone calls, after training eleven enumerators (6 females and 5 males) in both camps. This training covered data collection ethics, collecting the consent forms, using the online form (ONA software), as well as asking participants questions and responding to questions raised by the survey participants. Within two days of data collection, the enumerators reached 229 participants in both camps.

Findings

The RNA's findings are presented below according to the above-outlined objectives, namely: refugee's basic knowledge and feelings about COVID-19; the psychosocial and mental health wellbeing; family relations and GBV, and activities, and interventions needed. Results will be presented based on pre-identified indicators outlined in the analysis plan used by this survey. These indicators assess the respondents' needs, fears, challenges, and claims.

Respondents' Demographic Descriptive

A total of 229 Syrian refugees inside both camps participated in the RNA, the charts below present the disaggregation of participants by gender, location, and age group:

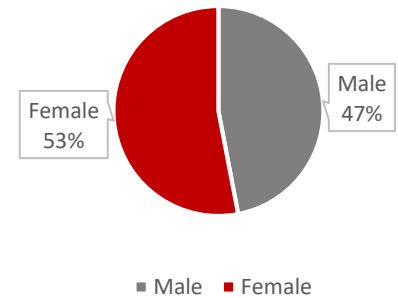
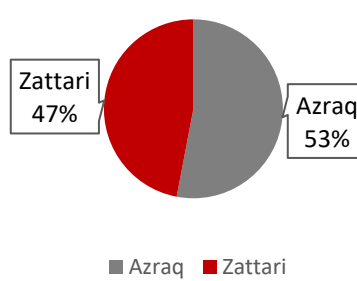
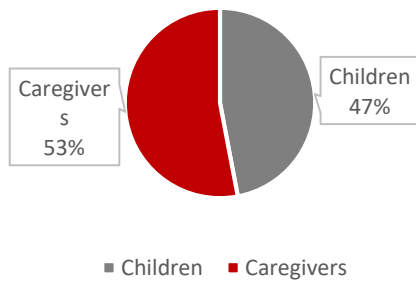


Figure 3: Survey Respondents Per Age Group

Figure 2: Survey Respondents Per Camp

Figure 1: Survey Respondents Per Gender

The charts above show, fairly equal involvement for the different types of camp residents' was assured, to gather a representative sample of their opinions, experiences, and needs around the above-mentioned topics. It is also worth mentioning that the caregivers and their children were targeted, to assess whether experiences and opinions differed within the same household.

Figure 4 shows that 33% (76 out of 229) of the survey respondents were ages “13 to 18”, while 14% (31 out of 229) were ages “8 to 12”.

As for the caregivers, 25% (58 out of 229) were ages “31 to 40”, while only 2% (4 out of 229) were aged 50 and above.

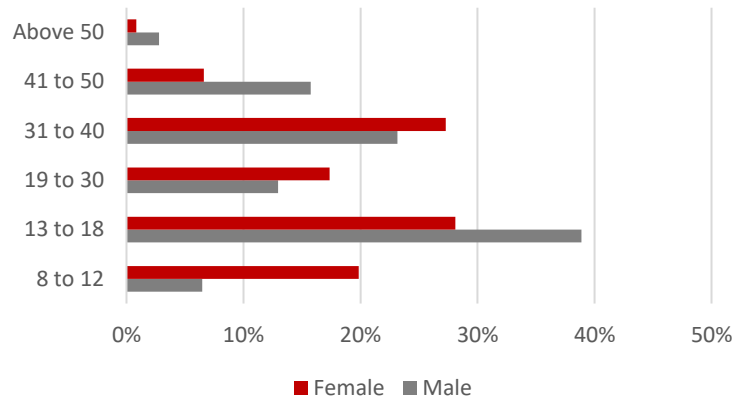


Figure 4: Survey Respondents Per Age Group and Gender

Figure 5 shows that the family size of 66% (151 out of 229) of respondents had “6 to 10” members, while only 2% (4 out of 229) of the families had “11 to 15” members.

The average family size for all survey respondents in both camps is 6; this, the same average for each camp individually.

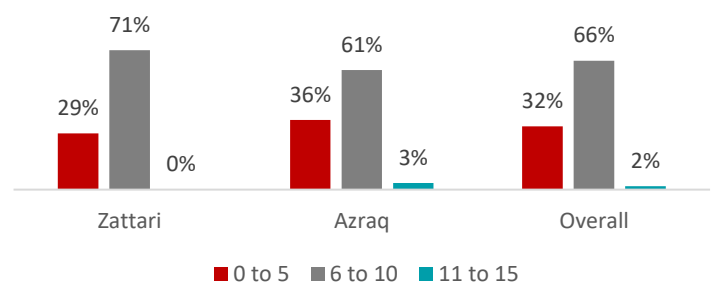


Figure 5: Respondents Family Size Per Camp

Respondents Knowledge and Feelings on COVID-19

As previously mentioned, results are presented based on pre-identified indicators. Four indicators are covered under this section focusing on the respondent's knowledge and feelings towards COVID-19:

- 1- % of respondents who have sufficient information about COVID-19
- 2- % of respondents who rely on trusted information sources for information about COVID-19
- 3- % of respondents who reported having fears about COVID-19
- 4- % of caregiver respondents who were able to secure all or most of the families' basic needs

Indicator 1.1: % of respondents who have sufficient information about COVID-19

Figure 6 shows that 12% (27 out of 229) of the survey respondents reported that they do not have enough information about COVID-19.

Most of this 12% were children and of these children, the majority were male.

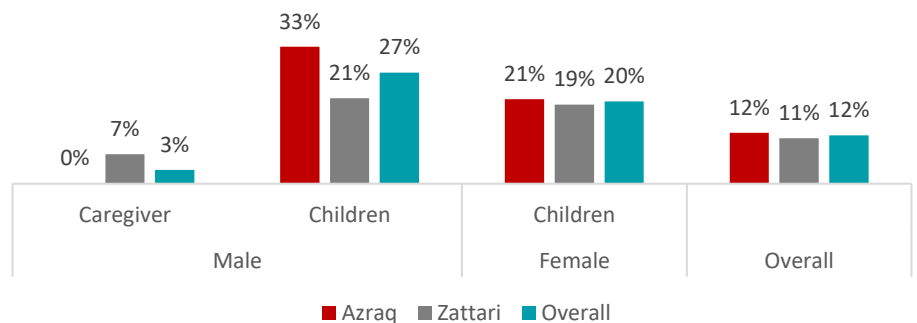


Figure 6: Indicator 1.1: % of Respondents Having No Enough Information on COVID-19

It is also worth mentioning that none of the female caregivers reported that they lack sufficient information on COVID-19.

Indicator 1.2: % of respondents who rely on trusted information sources for information about COVID-19

The meaning of trusted information sources (UNHCR, IMC, Jordanian MoH) was explained to the enumerators and responses were collected based on the participants' explanation. For example, if the respondent said that their information source is the family or friends WhatsApp groups then this source was not considered a trusted source, while if the source is INGO, UNHCR WhatsApp group then was considered as a trusted source.

Figure 7 shows that 41% (14 out of 34) of the female children in Azraq camp did not rely on trusted information sources for COVID-19 information.

Most of the caregivers reported relying on trusted information sources for COVID-19 information, while 6% (7 out of 121) of them reported relying on untrusted sources.

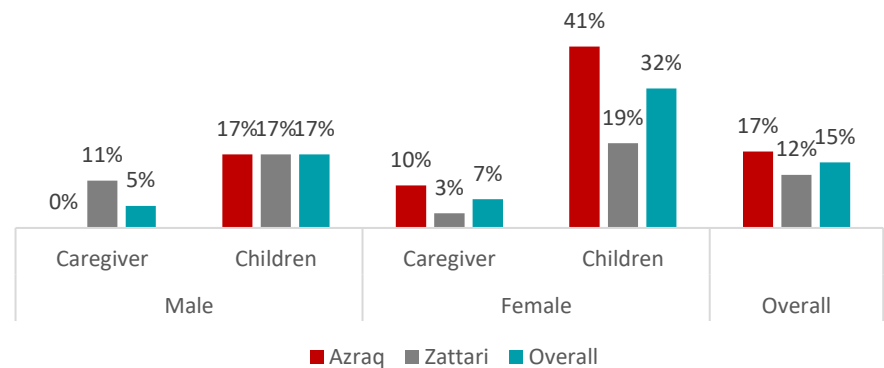


Figure 7: Indicator 1.2: % of Respondents Not Relying to Trusted Information on COVID-19

Respondents were also asked what the sources they use were, and the results are presented in tables 2 and 3 below:

Gender	Male		Female		Total
	Caregiver	Children	Caregiver	Children	
WhatsApp	9	12	8	8	37
Facebook	13	9	13	3	38
UNHCR	20	10	24	12	66
IMC	17	7	3	9	36
Others	10	5	5	7	27
Total	69	43	53	39	204

Table 2: COVID-19 Information Sources- Zaatari

Gender	Male		Female		Total
Age Group	Caregiver	Children	Caregiver	Children	
WhatsApp	6	14	18	4	42
Facebook	12	12	19	0	43
UNHCR	14	5	25	5	49
IMC	17	7	3	9	36
Others	11	13	0	7	31
Total	60	51	65	25	201

Table 3: COVID-19 Information Sources- Azraq

Indicator 1.3: % of respondents who reported having fears about COVID-19

Figure 8 below, shows that 48% (111 out of 229) of the survey respondents had fears about COVID-19. 62% (16 out of 26) of the female children in Zaatari reported their fears about COVID-19, while 26% (9 out of 34) of the female children in Azraq also reported these fears.

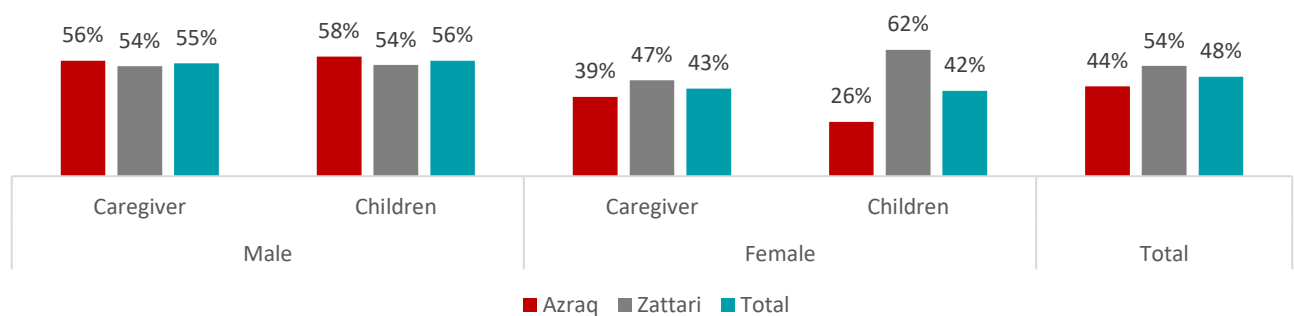


Figure 8: Indicator 1.3: % of Respondents Having Fears about COVID-19

These fears were about the respondents getting infected with COVID-19 themselves, or caregivers having fears about their children getting the virus. 34% (79 out of 229) of the survey respondents feared getting infected by the virus, while 25% (30 out of 121) of the caregivers had fears of their children getting infected by the virus.

Indicator 1.4: % of caregiver respondents who were able to secure all or most of the families' basic needs

Figures 9 and 10 show the percentages of the caregivers that were able to secure all or most of the families' basic needs. The basic needs that the respondents were asked about were food, health, and hygiene.

The subsequent analysis compared the responses gathered against the family size. As demonstrated in Figure 9, 62% (36 out of 58) of Zattari camp caregivers were “sometimes” able to secure their families' basic needs, where 43% (25 out of 58) of them have a family consisting of “6 to 10” members.

It is worth mentioning that two of the caregivers in Zaatari camp with “6 to 10” members reported that they were “never” able to secure any kind of basic needs.

Figure 10 shows that 30% (19 out of 63) of the Azraq camp caregivers were “sometimes” able to secure their families' basic needs, where 21% of them have a family of “6 to 10” members.

While 5% (3 out of 62) were “never” able to secure any kind of basic needs.

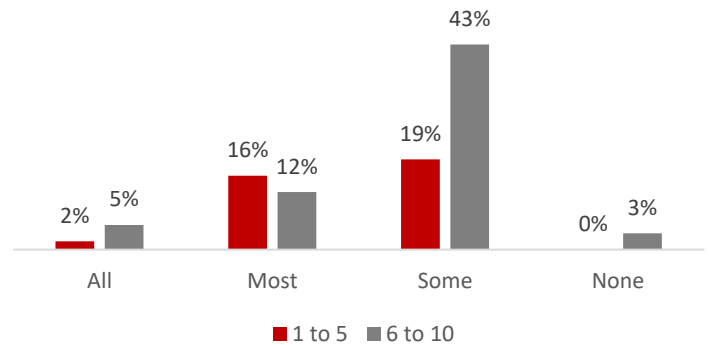


Figure 9: Indicator 1.4: % of Respondents Who were Able to Secure Basic - Zataari

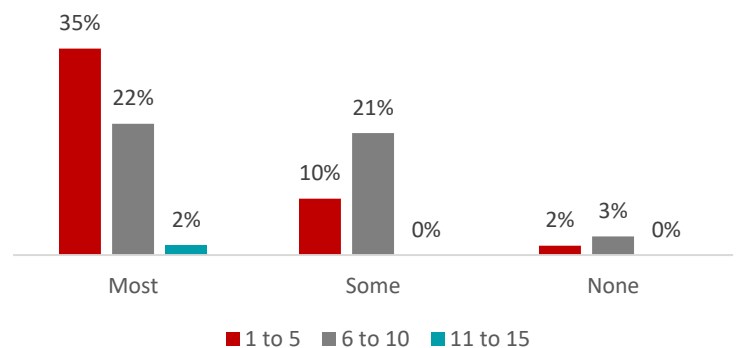


Figure 10: Indicator 1.4: % of Respondents Who were Able to Secure Basic Needs - Azraq

Psychosocial and mental health wellbeing

The UNHCR toolkit “Assessing mental health and psychosocial needs and resources Toolkit for humanitarian settings” was used to develop the questions under this section. It is worth mentioning that the toolkit measures the wellbeing of a person by asking them about the last two weeks as people who experience a similar feeling for a period of two weeks, are exposed to a kind of severe psychological stress. Specific questions have been selected to assess the wellbeing of the respondents in accordance to the below indicators:

- 1- % of respondents that felt so afraid that nothing could calm them down most or all of the time in the last 2 weeks
- 2- % of respondents were so angry that they felt out of control most or all of the time in the last 2 weeks
- 3- % of respondents that felt unable to carry out essential activities for daily living because of feelings of fear, anger most or all of the time in the last two weeks

Indicator 2.1: % of respondents that felt so afraid that nothing could calm them down most or all of the time in the last 2 weeks

30% (68 out of 229) of the survey respondents reported that they felt so afraid that nothing could calm them down, as a result of the stress they experienced in the last two weeks.

Figure 11 shows that 31% (34 out of 108) of the survey respondents in Zaatari camp, reported that they felt so afraid that nothing could calm them down.

50% (14 out of 28) of male caregivers and 43% (14 out of 30) of the female caregivers, reported that they felt so afraid that nothing could calm them down.

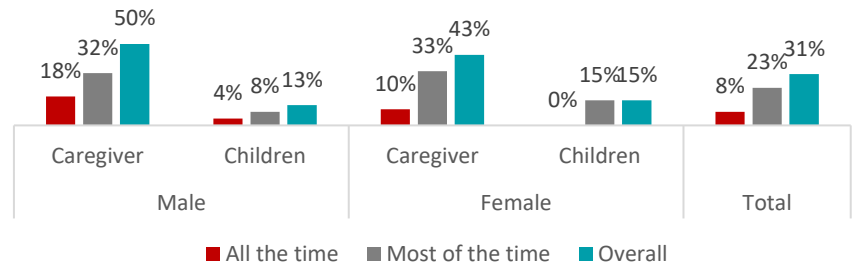


Figure 11: Indicator 2.1: % of respondents felt so afraid that nothing could calm them down - Zaatari

Figure 12 shows that 28% (34 out of 121) of the survey respondents in Azraq camp, reported that they felt so afraid that nothing could calm them down in the last two weeks.

52% (16 out of 31) of the female caregivers and 41% (14 out of 31) of the male caregivers reported that nothing could calm them down in the last two weeks.

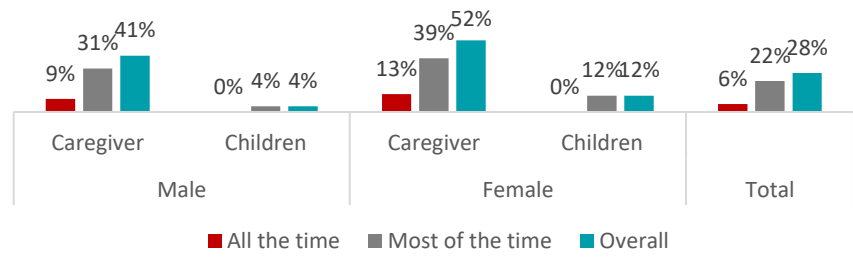


Figure 12: Indicator 2.1: % of respondents felt so afraid that nothing could calm them down - Azraq

Indicator 2.2: % of respondents were so angry that they felt out of control most or all of the time in the last 2 weeks

26% (60 out of 229) of the survey respondents reported they were angry to the level they felt out of control in the last couple of weeks.

Figure 13, shows that 40% (12 out of 30) of the female caregivers and 36% (10 out of 28) of the male caregivers in Zaatari camp, reported they were angry to the level they felt out of control in the last couple of weeks.

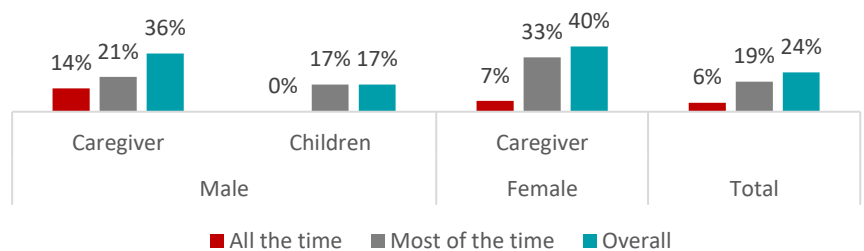


Figure 13: Indicator 2.2: % of respondents felt so angry that they felt out of control - Zaatari

Figure 14 highlights the facts that 48% (15 out of 31) of the female caregivers and 31% (10 out of 32) of the male caregivers, reported they were so angry to the level they felt out of control.

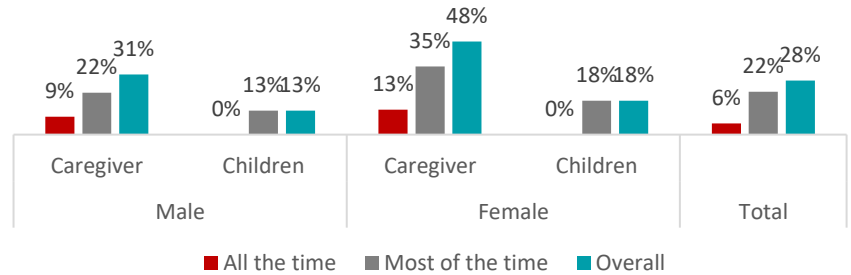


Figure 14: Indicator 2.2: % of respondents felt so angry that they felt out of control - Azraq

Indicator 2.3: % of respondents felt unable to carry out essential activities for daily living because of feelings of fear, anger most or all of the time in the last two weeks

Figure 15 shows that 18% (19 out of 108) reported that they felt unable to carry out essential activities for daily life because of the stress and anger that they feel because of COVID-19 situation.

37% (30 out of 81) of the male caregivers in Zaatari camp, reported they felt unable to carry out essential activities because of the stress and anger that they feel because of the COVID-19 situation.

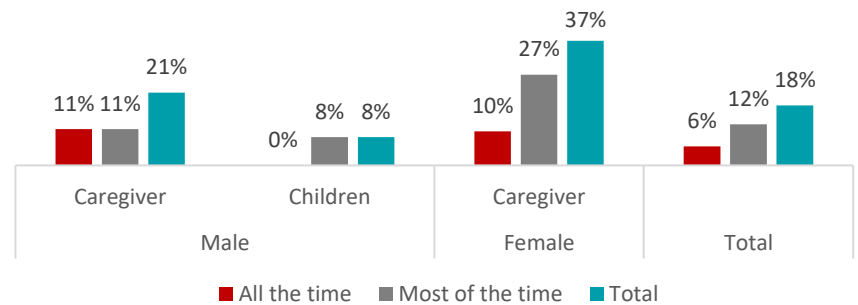


Figure 15: Indicator 2.3: % of respondents felt unable to carry out essential activities for daily living - Zattari

Figure 16 shows that 38% (46 out of 121) in Azraq camp reported that they felt unable to carry out essential activities for daily life because of the stress and anger that they feel because of COVID-19 situation.

48% (31 out of 63) of the caregivers (males and females) reported that they felt unable to carry out essential activities for daily life because of the stress and anger that they feel because of the COVID-19 situation.

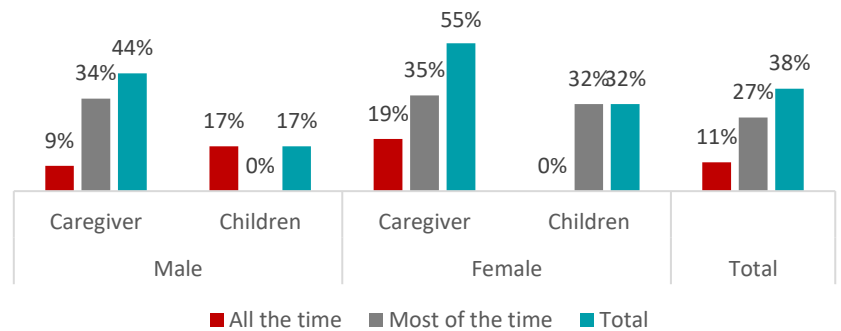


Figure 16: Indicator 2.3: % of respondents felt unable to carry out essential activities for daily living - Azraq

Family relations and GBV

Qualitative questions (close-ended) were developed to understand the effect of COVID-19 on family relations and GBV. Questions were asked generically, without touching sensitive aspects of their lives. Below are the main indicators that have been measured under this section:

- 1- % of respondents who reported that their family relations were negatively affected as a result of COVID-19 continuing
- 2- % of respondents who reported that violence has increased within their family
- 3- % of respondents who reported that stress and depression has increased within the family
- 4- % of respondents who know how to seek assistance in cases of abuse

Indicator 3.1: % of respondents who reported that their family relations were negatively affected as a result of COVID-19 continuing

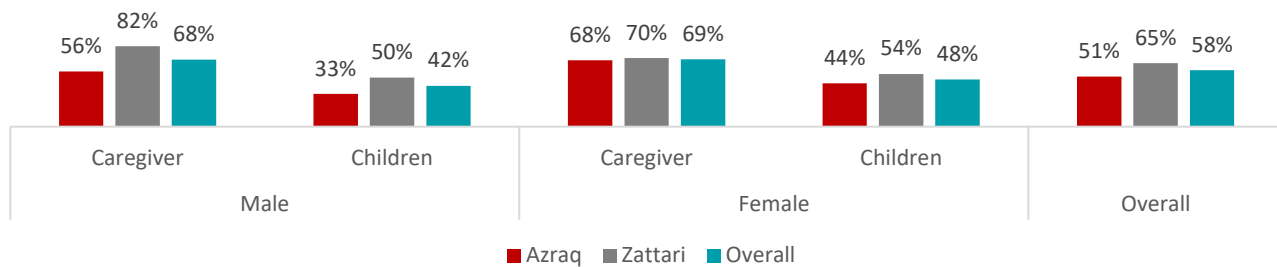


Figure 17: Indicator 3.1: % of respondents reported that the family relation affected negatively

Figure 17 shows that 58% (132 out of 229) of survey respondents reported that their family relations were negatively affected as a result of COVID-19 continuing. 65% (70 out of 108) from the Zaatari camp are facing negative effects on their families' relations as of COVID-19, including 82% (23 out of 28) of the male caregivers.

Based on the survey respondent's explanation, the negative influence revolves around increased violence, increased stress and depression, and increased tension.

Indicator 3.2: % of respondents who reported that violence has increased within their family

10% (13 out of 132) of the survey respondents reported that increased violence has impacted the family relations negatively.

Figure 18 shows that 46% (5 out of 13) of the children who reported increased violence were female, while 33% (4 out of 13) were male children.

It is worth mentioning that 16% (2 out of 13) are male caregivers.

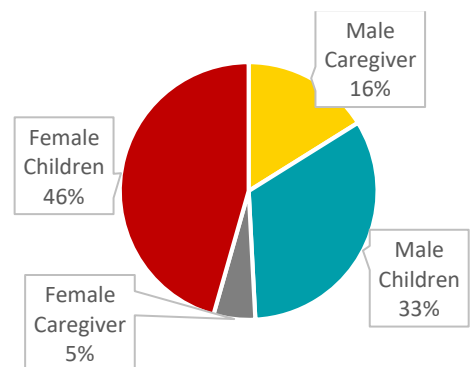


Figure 18: Indicator 3.2: % of Respondents who said violence is increased within the family

“My father became more aggressive because of the lack of job opportunity and money, he translated this anger on us (children) by violence”

Female, 15 Years Old – Azraq Camp

Indicator 3.3: % of respondents who reported that stress and depression has increased within the family

50% (66 out of 132) of survey respondents reported that increased stress and depression impacted the family relations negatively.

Figure 19 shows that 36% (24 out of 66) of these respondents were female caregivers and the rest of 64% distributed equally between the other age groups.

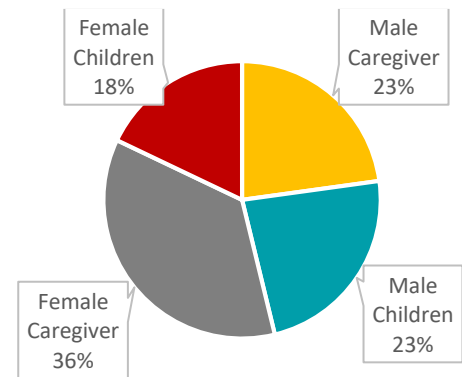


Figure 19: Indicator 3.3: % of Respondents who said stress and depression are increased within the family

Indicator 3.4: % of respondents who know how to seek assistance in cases of abuse

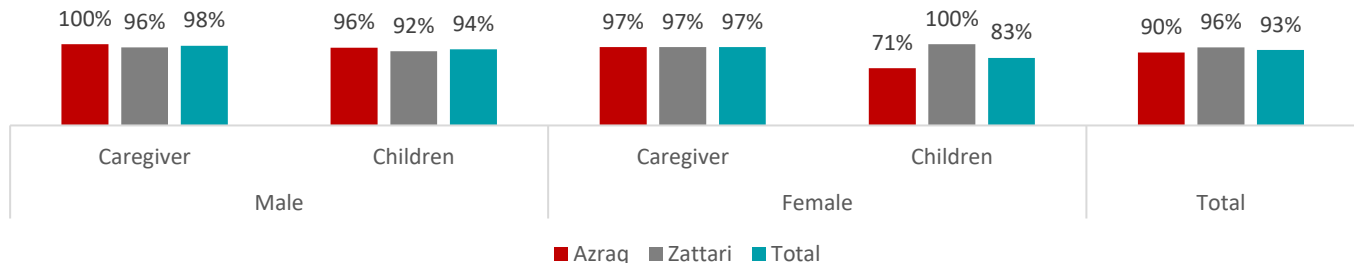


Figure 20: Indicator 3.4: % of respondents who know how to seek assistance

As figure 20 indicates, the majority of survey respondents knew how to seek assistance in cases of abuse.

Furthermore, an open-ended question was asked about “What are the main risks and challenges that women and girls are facing as COVID-19 continues?”; responses are grouped as follows:

Camp	Camp	Male		Female		Total
Age Group		Caregiver	Children	Caregiver	Children	
Education	Azraq	7	0	0	0	7
	Zattari	13	0	0	0	13
Home prison	Azraq	8	12	8	8	36
	Zattari	4	3	5	6	18
Depression	Azraq	5	3	9	6	23

	Zattari	5	2	6	2	15
Domestic Violence	Azraq	1	0	0	0	1
	Zattari	0	0	3	1	4
GBV	Azraq	0	0	0	0	0
	Zattari	1	0	0	1	2
Household Chores	Azraq	3	4	8	1	16
	Zattari	3	1	0	1	5
Early Marriage	Azraq	1	0	1	3	5
	Zattari	0	0	1	0	1
Home prison - Disability	Azraq	0	0	1	0	1
	Zattari	0	0	0	0	0
Medical	Azraq	3	1	0	0	4
	Zattari	0	1	0	0	1
Don't Know	Azraq	0	2	0	0	2
	Zattari	1	7	0	0	8
No Challenges	Azraq	3	1	1	0	5
	Zattari	0	6	5	5	16
Total		58	43	48	34	183

Table 4: Risks and challenges that women and girls are facing as COVID-19 continuing

Interventions and Activities

In this section, more details are provided around whether the survey respondents participated in any activity that could help them deal with the stress and anxiety caused by COVID-19. This information will also assist in understanding the responses above and will explain some of the findings especially, around wellbeing.

Indicator 4.1: % of respondents who have not participated in any activities during COVID-19

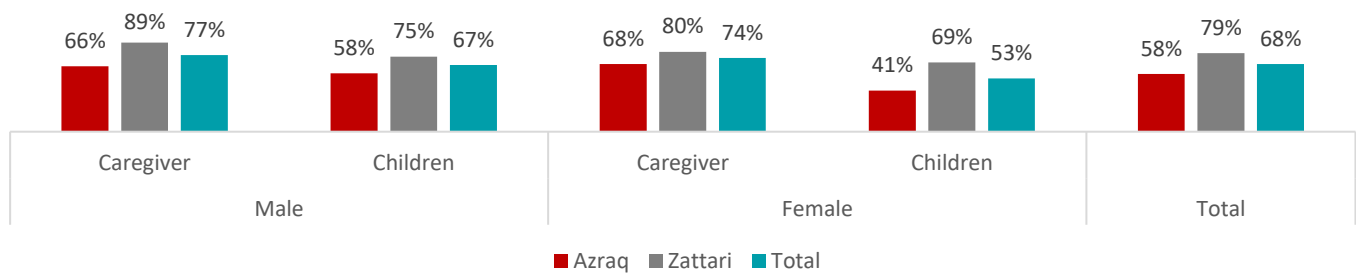


Figure 21: Indicator 4.1: % of respondents who have not participated in any activities during COVID-19

Figure 21 shows that 68% (155 out of 229) of the survey respondents reported that they did not participate in any kind of activities during COVID-19. The reasons behind that are a lack of knowledge on how to register for these activities or a lack of interest in online activities.

Activities requested by the respondents

Figure 22 shows that 58% (14 out of 24) of male children were interested in being involved in vocational and technical activities. 54% (14 out of 26) of female children were interested in V/Tech.

50% (15 out of 30) of the female caregivers were interested in educational interventions, and computer and technology awareness sessions.

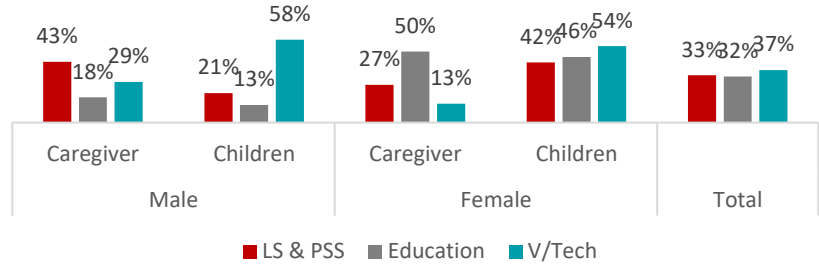


Figure 22: % of needed activities by the survey respondents- Zaatari

A 33 years old female Caregiver from Zaatari Camp, explained the need for SPSS: “I need a place that I can express my problems and feelings reliably and confidentially”

Figure 23 shows that 47% (57 out of 121) from the survey respondents are seeking V/Tech activities, while 36% (43 out of 121) showed interest in participating in PSS activities.

74% (23 out of 31) of the female caregivers and 69% (22 out of 32) of the male caregivers require computer skills intervention.

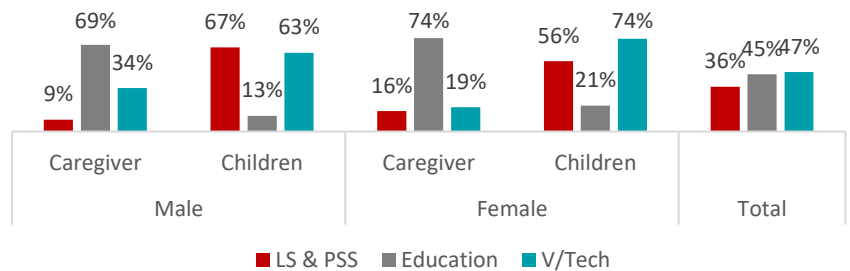


Figure 23: % of needed activities by the survey respondents- Azraq

Quotes

By the end of the survey, respondents expressed a lot of feelings and wishes. Below some of these wishes:

“I wish that Corona will end and we get back to our normal life. Also, I hope that the legal procedures would get much easier especially the permits”

Female Caregiver, 23 years old- Azraq Village 5

“I wish that I can find a job, so I can secure my daughter’s needs and will never deprive them of anything. We are facing very bad conditions”

Female Caregiver, 42 years old- Azraq Village 5

“I hope to get back to school and the organizations to re-open the centers, and to meet my friends without having any fear from them or on them”

Male children, 14 years old- Azraq Village 5

“May the Corona crisis end and life return to normal, schools and sites to re-open to have a good time and change my mood”

Female children, 11 years old- Azraq Village 5

Conclusion

Based on the survey findings, there are differences between the two camps in certain aspects. However, needs are greatly present at various levels, from raising awareness on the COVID-19 to interventions that would help the camp residents recover from the consequences of the pandemic. In addition, there are common needs for caregivers and their children, due to the strict measures of isolation that each of the camp residents faced.

It is noticeable that the challenging livelihood situation that the families are facing has created additional needs for the family. It can be reasonably said that, at present, the priority of families in both camps is to survive, and that there are no other aspirations for luxuries or improvement in other areas.

It is also noticeable that caregivers in both camps are confident enough in their information about COVID-19, however children (both girls and boys) in both camps require more information and guidance on trusted information sources. Despite having enough information about COVID-19, caregivers and children alike still have fears about the virus. This may be attributed to the quantity of knowledge they have obtained around the severity of this pandemic.

When comparing both camps, it is clear that more refugees in Zaatari are unable to secure basic needs during COVID-19. 62% (36 out of 58) of the Zaatari caregivers were “sometimes able” to secure their families basic needs. The situation in Azraq is better, as 30% (19 out of 63) of the Azraq camp caregivers were “sometimes able” to secure their families basic needs.

Regarding wellbeing, it is clear that caregivers, especially women, reported experiencing a negative impact on them as result of COVID-19 continuing. 50% (14 out of 28) of the male caregivers and 43% (14 out of 30) of the female caregivers in Zaatari, reported feeling so afraid that nothing could calm them down as a result of the stress they experienced in the last two weeks. In addition, 52% (16 out of 31) of the female caregivers and 41% (14 out of 31) male caregivers reported the same feelings in Azraq. Furthermore, 40% (12 out of 30) of the female caregivers and 36% (10 out of 28) of the male caregivers in Zaatari camp reported that they were angry to the level they felt out of control in the last couple of weeks. Also, 48% (15 out of 31) of the female caregivers and 31% (10 out of 32) of the male caregivers in Azraq camp reported the same feelings.

The percentages of these results indicate that women are more at risk of anxiety and depression. Additionally, losing control of anger is higher among women than among males, which means that women are more exposed to the negative consequences of the pandemic.

As for family relations, there is consensus from all age groups on the negative impact of the pandemic on family relationships, since 58% (132 out of 229) of the survey respondents reported that family relations have been negatively affected as a result of COVID-19 continuing. The increased violence is one of the important factors that has been raised by the respondents, especially by girls since 46% (5 out of 13) of girls reported increased violence, as well as 33% (4 out of 13) of boys. Other factors like the increased depression and tension were also highlighted as main factors which negatively affected family relations.

Importantly, the findings revealed that the majority of the survey respondents did not participate in any recreational/cultural activities during COVID-19. This could explain why so many have faced challenges within their household. 68% (155 out of 229) of the survey respondents reported that they did not participate in any kind of activities.

Recommendations

As concluded above, the need for providing humanitarian assistance for the refugees in both camps is essential, as COVID-19 has impacted every aspect of their lives. Certain aspects should be taken into consideration before starting to address any of their needs, such as awareness of the importance of the COVID-19 vaccines, as vaccines are essential to helping people in both camps get back to a more normal life. Below is a list of the recommendations based on the RNA findings:

1. COVID-19 awareness messages should be disseminated to children in a way that is appropriate for their age and helps them to better understand the nature of the pandemic.
2. Providing psychological support programs for parents/caregivers and children alike, in the form of individual and group sessions, family counseling sessions, PSS sessions, and referral services to psychiatrists if needed, is important to build and enhance their resilience and help them explore various ways to deal with stress and depression and treat them properly.
3. Providing livelihood services including vocational and technical training programs for the refugees in both camps, youth and women in particular, is key in order to build their capacity. This, in turn, will qualify them to access the labour market, so that they can improve their families' situation.
4. Providing computer and ICT literacy programs for parents and caregivers will support them in getting more familiar with technology so that they can support their children's education.
5. Providing GBV prevention and mitigation programs for parents and their children will support them to know their rights and responsibilities, and how to deal with threats in an appropriate manner that ensures their safety.
6. All partners should ensure using consistently a safe referral mechanism in order to better identify and refer cases to the relevant service providers, in a way that addresses the refugees' needs.