

BETWEEN TWO OUTBREAKS

Syrian Refugees and the Consequences of COVID-19 in Syria and Jordan

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► Acronyms

COVID-19	novel coronavirus
EASO	European Asylum Support Office
HRW	Human Rights Watch
HNAP	Humanitarian Needs Assessment Programme
ICU	intensive care unit (
IDPs	internally displaced persons
ILO	International Labour Organization
IPC	infection prevention and control
ISIS	Islamic State
MSF	Médecins Sans Frontières
NES	Northeast Syria
NSGs	non-state groups
NWS	Northwest Syria
OCHA	Office for the Coordination of Humanitarian Affairs
PCR	Polymerase Chain Reaction
PPE	personal protective equipment
SDF	Syrian Democratic Forces
UNDP	UN Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNSC	United Nations Security Council
WHO	World Health Organization

► Introduction

It has been a decade of conflict, destruction and suffering for Syrians both inside Syria and beyond its borders. The Syrian conflict has resulted in one of the most catastrophic humanitarian crises in recent memory. Nearly 6.6 million Syrians have been displaced within their own country and over 5.5 million are refugees in neighbouring countries and around the world. Everyone in Syria has lost something or someone. The country's resources and infrastructure are annihilated, the health-care system is in fragments and the economy is on the verge of complete collapse.

Refugees from Syria living in neighbouring countries, such as Jordan, Lebanon and Turkey, have fled the violence and persecution in their home country only to find and cope with other challenging conditions. These conditions vary by the respective host country's capacities and policies. Some hosts are more welcoming than others. Jordan has had its fair share of internal socio-economic challenges over the past 20 years, including an already strained economy and limited infrastructures that have been further challenged by the influx of Syrian refugees. The massive amounts of humanitarian aid channelled into the Jordanian economy were not proportionate to the needs of hosting incoming refugees, and this gap has increased with the protracted timeline of the crisis. Both the Jordanian government and the respective humanitarian organizations responding to the refugee crisis are fatigued, particularly as no foreseeable solutions are in sight.

Both Syria and Jordan have been impacted by the novel coronavirus (COVID-19) pandemic, which has significantly altered the modern way of living in these countries and around the world. Each government has responded differently, but both are experiencing tangible consequences of the pandemic on their countries' economy, health and society. Jordanian authorities opted for a strict response to prevent their health services from being overwhelmed, but this response seriously affected the country's economy. However, inside Syria, the fragmented governance, depleted health-care system and collapsing economy led to a weak response that is having catastrophic health consequences. The adverse consequences of the pandemic in these respective contexts, alongside changing global priorities, have made it more challenging to meet the humanitarian needs of vulnerable populations around the world. Already in need, the COVID-19 crisis has made these populations even more exposed to discrimination and poverty and has highlighted their lack of access to basic services.

This report examines the available options for Syrian refugees in Jordan during the COVID-19 pandemic. Refugees in Jordan have already been subject to the strict measures intended to limit the impact of COVID-19, including restrictions on their movement from camps to the larger community and in between cities and communities. For example, refugees who lived in

the camps and had jobs outside the camps were not allowed to leave the camps for work. These measures have resulted in severe economic consequences that disproportionately hit Syrian refugees. The Jordanian government and its economy may not have the capacity to keep hosting and supporting refugees without the funding necessary to do so. Syria, on the other hand, remains in conflict and is in economic turmoil amidst an uncontained COVID-19 outbreak. The health-care system is inadequately equipped to respond to the needs of the population, let alone those who are particularly vulnerable. Prices are soaring, and the currency is in a state of progressive devaluation. Ongoing fighting and unrest between armed groups continues to drive internal displacement and to cause significant concerns for the protection of the population, particularly women, children, young men at risk of military conscription, those with disabilities and the elderly.

The report begins with a brief analysis of the Syrian crisis before COVID-19. A general overview of the COVID-19 pandemic is followed by discussion of the impact of COVID-19 on Syria and Jordan. The report is based primarily on a desk review of publicly available humanitarian reports and documents. Most documents were published and produced by humanitarian actors in both Syria and Jordan during the pandemic through August 2020. The desk review was supplemented with informal conversations with humanitarian stakeholders working inside Syria. These conversations were mostly conducted through Skype.

► **Before COVID-19: Nine Years of the Syrian Crisis**

For the past decade, Syria has experienced a complex conflict and a protracted humanitarian crisis. Humanitarian needs in Syria are massive and the population has experienced significant violations and interruptions to their fundamental rights, dignity and means of living. Access to essential services, goods and protection is inadequate, and the majority of the population is not able to restore their previous living conditions without urgent and reliable humanitarian assistance. In 2019, there were about 11.1 million persons in need of humanitarian assistance and 6.1 million internally displaced persons (IDPs) inside Syria (Office for the Coordination of Humanitarian Affairs [OCHA] 2020a). Humanitarian needs have been persistent throughout the conflict (OCHA 2019b; OCHA 2017; OCHA 2016; OCHA 2015; OCHA 2014a), with most recent figures indicating that around 12.1 million individuals require health assistance inside the country. (Health Cluster Turkey Hub 2020a).

In 2011, protests broke out across Syria demanding political reforms and freedom. (Human Rights Watch [HRW] 2011; *The New York Times* 2011). The response from governmental authorities was brutal, with hundreds of protesters killed and many more arrested or threatened. Injured protestors as well as health workers providing aid to them were detained, tortured, denied treatment and, in some cases, captured from governmental hospitals. (Arie 2011; Gavin 2011; Zarocostas 2011a; 2011b). Chaos prevailed as the Syrian government lost control over broad areas of the country while continuing to apply brutal force against peaceful protestors in Hama, Homs, Deir-ez-Zor and Dara'a (HRW 2011; *The New York Times* 2011). Army defectors formed the foundation of the armed opposition (*The New Internationalist* 2015). The humanitarian crisis worsened, and by the end of 2012, there were more than two million people displaced, four million people in need, and half a million refugees (OCHA 2015; United Nations High Commissioner for Refugees [UNHCR] 2018). Today, the Syrian crisis has resulted in over 5.5 million officially registered refugees worldwide (UNHCR 2020a). As of August 2020, Jordan hosts nearly 660,000 officially registered refugees (ibid.). Almost four of every five refugees in Jordan live in urban areas rather than in camps (ibid.). Refugees in Jordan are generally vulnerable and economically disadvantaged, with around 80 percent living below the poverty line (Tiltnes, Zhang and Pedersen 2019).

Moderate opposition groups controlled broad areas in the northwest and south Syria along international borders, in addition to many besieged enclaves in Homs, Hama and Rural Damascus. Unofficial cross-border support emerged before the official cross-border operations were launched in 2014. (Meininghaus 2016; Médecins Sans Frontières [MSF] 2013; OCHA 2013; 2012). The extremist Islamic State (ISIS) claimed control of vast areas, including Al Raqqa city and significant oil and gas fields (BBC 2019). The humanitarian situation continued to deteriorate, forcibly displacing Syrians both within and outside of the country,

resulting in four million refugees in neighbouring countries by 2015 (OCHA 2014b). By the end of the same year, Russian air forces joined the conflict in support of the Syrian government, while the United States formed a coalition to support Kurdish forces' fighting against ISIS (OCHA 2016; OCHA 2014b). The Syrian government, with Russian support, recaptured most of the opposition-controlled areas (OCHA 2014b; Yacoubian 2020). The US-backed Kurdish forces defeated ISIS in brutal battles that severely worsened the humanitarian situation and further damaged infrastructure (OCHA 2017). The conflict remains active, the country is fragmented, destruction is ongoing and the humanitarian crisis continues to worsen.

The Syrian conflict has been characterized by the systematic and deliberate targeting of health and health care (Fouad, Sparrow and Tarakji 2017; HRW 2013; Human Rights Council 2017; Physicians for Human Rights 2017; Fardousi, Douedari and Howard 2019). Health workers, facilities and infrastructure have been systematically targeted and destroyed, and medical sieges have been widely used to force opponents to surrender (Coutts, Mckee and Stuckler 2013; Hampton 2013; Friedrich 2013; Stone-Brown 2013). The disruption caused by violence, siege, death and displacement have gradually demolished pre-existing health capacities in Syria (ibid.). The conflict has also led to a significant destruction of resources and infrastructure, including agricultural and natural resources. The country has lost a cumulative total of US\$226 billion in GDP (World Bank 2017). Living costs continue to increase, while income sources, wages and job opportunities continue to decline (Syrian Center for Policy Research 2019). Some commodity prices have increased ten-fold over pre-conflict prices (ibid.). The conflict has also resulted in the continuous devaluation of the Syrian pound (ibid.). In December 2019, the Syrian pound fell sharply, resulting in a steep increase in prices (European Asylum Support Office [EASO] 2020). Food availability has been significantly reduced across Syria due to the conflict, with the greatest food insecurity reported in the non-government-controlled areas (Syrian Center for Policy Research 2019). It is estimated that 9.3 million people in Syria are now food insecure (OCHA and World Health Organization [WHO] 2020a). Supplies of clean water, electricity and fuel have all been disrupted due to increased costs and ongoing inflation. Housing costs have also increased, with many Syrians unable to either buy or rent housing (EASO 2020). Before the pandemic, an estimated 80 percent of Syrians were living below the poverty line; the number of people estimated to be in need increased by 1.4 million people in the six months before COVID-19 (OCHA and WHO 2020a).

► The Coronavirus Pandemic

COVID-19, which emerged in China toward the end of 2019, is now considered a global pandemic. As of the end of August 2020, there are over 25 million confirmed infections and more than 800,000 COVID-19-related deaths (Johns Hopkins University 2020). No treatment or vaccine is currently approved to treat and prevent COVID-19. Behavioural interventions are the primary preventive measures to halt the spread of the highly contagious COVID-19. Billions of people around the world are living under restrictive measures intended to prevent the spread of the virus and these measures have had an unprecedented social and economic impact worldwide.

Countries with existing humanitarian crises are particularly vulnerable and less equipped to respond to COVID-19. Excessive pressure on already fragile health systems and increased demand for essential services, as well as adverse social and economic effects, are likely to exacerbate the humanitarian needs of populations which are already vulnerable (Fisher and Bubola 2020; Houry 2020; Kluge et al. 2020; Truelove et al. 2020). COVID-19 has a higher morbidity and mortality impact among specific vulnerable groups, including the elderly, the chronically ill, the immunologically compromised and people with disabilities (Fisher and Bubola 2020). Reports also suggest a disproportionate effect on socio-economically disadvantaged populations (Ro 2020). The indirect effects of the preventive policies negatively affect people's livelihoods and overburden already stretched and underperforming infrastructure (Barnett-Howell and Mobarak 2020). Evidence from previous epidemics shows that indirect health effects, such as the interruption of routine health services and the exacerbation of existing health disparities can exceed the deaths and morbidity directly attributed to the infectious disease (Truelove et al. 2020; Lau et al. 2020). For instance, people living with chronic conditions are at higher risk of death and complications when services are disrupted (Konwloh, Cambell and Ade et al. 2017; Hussey et al. 2014). During the Ebola outbreak in West Africa, reduced access to malaria, HIV and tuberculosis treatment resulted in an estimated 10,600 excess deaths (Parpia et al. 2016). The 2009 H1N1 influenza pandemic was also associated with increased deaths from stroke, heart attacks and heart failure, even in well-resourced health systems (Rubinson, Mutter and Viboud et al. 2019).

The Middle Eastern region has historically experienced significant economic and political turmoil due to political tensions and ongoing armed conflicts, producing humanitarian crises. Nearly two million confirmed cases and about 50,000 deaths were reported in the region as of the end of August 2020, representing around eight percent of the global burden (WHO Eastern Mediterranean Regional Office, 2020). The number of COVID-19 related deaths in the region is expected to exceed 170,000 by the end of December 2020 (Institute of Health Metrics & Evaluation 2020). However, these estimates are all derived from publicly and officially available data, the quality of which remains questionable, particularly in conflict settings.

► The Pandemic in Syria

Syrian Conflict's Territories in 2020

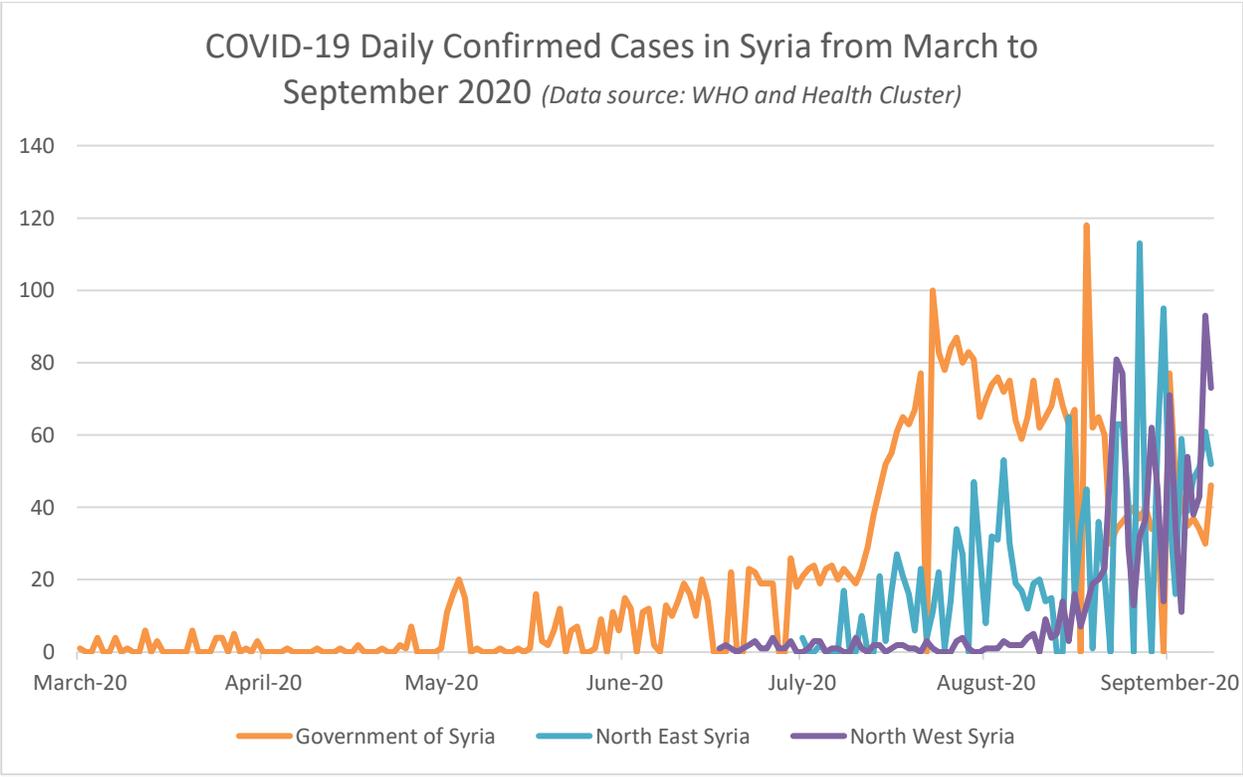
As of August 2020, three main areas inside Syria can be distinguished: Northwest Syria (NWS); Northeast Syria (NES); and the government-controlled areas. The Syrian government controls nearly two-thirds of the country's area. These government-controlled areas extend along the Jordanian borders in the south and the Mediterranean coast to the west. It includes central, western and southern governorates of Syria, which are home to around 82 percent of Syrian refugees in Jordan (UNHCR 2019). In earlier years of the conflict, major cities such as Homs and Hama were attacked and besieged (BBC 2019; *The New Internationalist* 2015). Different areas in rural Homs and Damascus remained under siege through 2018, including Eastern Ghouta, Yarmouk camp and Darayya, where people died of starvation and restricted aid in 2016 (Yacoubian 2019; Collins 2017; OCHA 2016). To the south, the governorates of Dara'a and Quneitra were largely under opposition control for over six years, from 2012 to 2018. The city of Dara'a was the birthplace of the Syrian protests in 2011 and one of the first cities to be assaulted by the Syrian military resulting in early waves of refugees to Jordan (*The New Internationalist* 2015; HRW 2011; *The New York Times* 2011). The Syrian-Jordanian borders remained under the control of the opposition groups from April 2015 until the pro-government forces regained full control of the south and southern borders in July 2018 (Yacoubian 2019).

NWS includes wide areas of Idlib and Aleppo governorates along the Turkish borders. About 13 percent of Syrian refugees in Jordan are from these areas (UNHCR 2019). This region has mostly been outside government control since 2012 and has experienced some of the most brutal battles of the conflict, including the siege and widespread bombing of Aleppo in 2016 (BBC 2019; Rodgers, Trowsdale and Bryson 2018; OCHA 2016). In May 2017, Russia, Turkey and Iran signed the de-escalation zones agreement, which called for the cessation of hostilities in four zones, including zone one, which consists of Idlib governorate, as well as northeastern areas of Latakia, western areas of Aleppo and northern areas of Hama (Yacoubian 2019; Collins 2019). Following violations of the de-escalation agreement in the northwest, Turkey and Russia agreed in September of 2018 to create a demilitarized buffer zone in Idlib, which they would jointly oversee to prevent hostilities (Yacoubian 2019). However, in April 2019, pro-government forces intensified airstrikes on opposition-held NWS. This offensive broke the de-escalation deal of September 2018, and approximately 270,000 civilians were reportedly displaced, and 25 hospitals and health facilities were rendered useless after deliberate targeting (ibid.). Over four million individuals and 2.7 million internally displaced persons currently live in NWS, in open fields, camps and informal settlements (OCHA, 2020b).

NES refers to the three governorates located east of the Euphrates: Al-Raqqa, Deir-ez-Zor and Al-Hasakah. These three governorates were home to 17 percent of the pre-crisis Syrian population and constitute almost one-third of Syria’s territory (OCHA 2014c). In addition, there are now about 700,000 internally displaced individuals living in NES (Turner 2020). Vast areas of these governorates were contested between different armed groups until ISIS gained full control toward the end of 2013. A year later, the United States led a coalition to fight ISIS, launched airstrikes over Al Raqqa and Aleppo, and supported Kurdish forces fighting ISIS on several fronts along the Turkish borders (BBC 2019; CNN 2019; OCHA 2015). As the battle against ISIS continued, the Kurdish US-backed Syrian Democratic Forces (SDF) extended its control of the northeast until the SDF captured the last enclave controlled by ISIS near the Iraqi borders, and the northeastern territories became entirely controlled by the Kurdish self-administration (CNN 2019). These governorates are home to almost five percent of the Syrian refugees in Jordan (UNHCR 2019).

Epidemiological Profile

Figure 1 Cumulative spread of COVID-19 in Syria (March – September 2020)



Sources: (WHO, 2020a; Turkey Hub Health Cluster, 2020)

The first confirmed COVID-19 case in Syria was announced toward the end of March followed by the first deaths on March 29 and 30 (OCHA and WHO 2020b). In the following month, about 44 confirmed cases and one additional death were reported (ibid.). By the end of May, the official number of confirmed cases had nearly doubled (OCHA and WHO 2020c). In June, the number of confirmed COVID-19 cases reached about 300 out of around 8,000 conducted tests (OCHA and WHO 2020d). However, during this period, there were only six confirmed cases, and one officially reported fatality in areas that are controlled by the non-state groups (NSGs) in NES and NWS (OCHA and WHO 2020c). By the end of July, there were about 757 confirmed COVID-19 cases in areas controlled by the Syrian government, with 477 active patients and 43 reported fatalities, according to the July 31, 2020 official statement of the Syrian Ministry of Health. By mid-August, the total number of cases had nearly doubled, reaching almost 1,700 confirmed cases, while the number of active cases nearly tripled to around 1,200 cases (OCHA and WHO 2020e). By the end of August, the total number of confirmed cases had reached 2,700 with 110 COVID-19 related deaths (WHO 2020a). However, reports indicate that the number of cases in Syria is much higher than these official figures, and that a lack of access to uniform testing across areas in government control, as well as a lack of transparency, continue to exacerbate the COVID-19 situation in government-controlled parts of Syria.

During July, the first case of COVID-19 in NWS was reported – a physician crossing from Turkey into Syria (OCHA 2020c). Around four million individuals presently live in NWS, with almost three in every four individuals requiring humanitarian assistance. By the end of August, the number of confirmed cases reached 80 out of nearly 6,000 completed tests, and no reported deaths (EWARN 2020). Similarly, in NES, and after a few weeks without any reported cases, nearly 30 cases were confirmed toward the end of July (OCHA and WHO 2020d). By the end of August, the number of confirmed cases was around 500, almost 80 percent of which were active cases (OCHA and WHO 2020e). The number of reported COVID-19 related deaths was about 30 by the end of August (ibid.). However, the positivity rate, which is the percentage of positive tests out of all conducted tests, was high, at 30 percent, indicating that the transmission of infection is at advanced stages. (Northeast Syria Forum 2020a). Transmission in both NES and NWS is disproportionately high among health workers with 15 percent and nearly 30 percent respectively of all confirmed cases found among health workers (NES Forum 2020b).

Nevertheless, it has been suggested that the number of actual COVID-19 cases is significantly higher than the reported cases. One analysis, which is based on the number of excess deaths, has estimated 35,000 active COVID-19 patients in the country as of the end of July (Mechny

and Turkmani 2020). These estimates are in line with another investigation, which relies on field narratives, reported obituaries and satellite images of cemeteries in Damascus (Khattab 2020). This investigation also claims that COVID-19 related deaths are registered using false causes of death such as heart attacks and other respiratory conditions, such as pneumonia (ibid.).

A humanitarian worker who remotely supports various projects in Aleppo and Rural Damascus quoted several colleagues who stated that, “we all know someone who got coronavirus, every household has at least one patient.” He noted that individuals with COVID-19 symptoms mostly refuse to contact official hotlines. Those who are willing to be tested are likely to be denied testing by authorities or might be given an appointment a few days later. However, he has been told by colleagues inside Syria that it is not uncommon that individuals rely on private doctors and suggestive radiology to confirm probable diagnoses. Similar narratives emerge from NSG-controlled territories. The number of available test kits is minimal. Only patients with moderate to severe symptoms are being tested, while many mildly symptomatic patients are turned away. These narratives only confirm the community transmission status, which threatens millions of IDPs in camps and informal settlements and other vulnerable populations across Syria.

Readiness and Response Capacity

The health-care system in Syria has been significantly weakened over the past decade, particularly from continuous attacks and destruction. It has been estimated that the maximum number of COVID-19 cases that the country could adequately treat is around 6,000 patients, with current capacity of around 300 ventilators and intensive care unit (ICU) beds (Gharibah and Mehchi 2020). These beds are unevenly distributed; NSG-controlled areas in particular lack many essential health-care services, including ventilators and ICU beds (Asseburg et al. 2020). Testing capacity in government-controlled areas remains insufficient, despite reports that plenty of medical equipment and testing kits have been received and training of staff in their use has occurred (OCHA and WHO 2020a; 2020f; 2020b). Reports suggest that hospitals charge high fees for COVID-19 testing (Gharibah and Mehchy 2020). Also, the capacity of frontline care sites for COVID-19 is lacking in terms of triage, testing and tracing (Protection Sector 2020). The reports above are consistent with field narratives and experiences. Equipment in hospitals is not adequate according to a resident doctor in Damascus. Physicians may have to examine suspected COVID-19 patients without wearing facemasks or gloves. Nor are health workers being tested for COVID-19. In one example, a physiotherapist had COVID-19 based on suggestive radiology. However, he continued to practice without being subject to any infection prevention and control (IPC) measures.

Readiness and capacity to respond are very limited in other parts of the country, such as NES. In April, only about 10 percent of public health centres and two out of 11 hospitals in NES were fully functioning (HRW 2020). Services were lacking in almost every other aspect across NES, including the number of beds, doctors and nurses. The whole NES, which accounts for nearly one-third of Syria's territory, had around 40 ICU beds (ibid.). NES is served by only two Polymerase Chain Reaction (PCR) machines, needed to process COVID-19 tests (NES Forum 2020c). These two machines are located in Qamishli and are not easily accessible from other cities, such as Raqqa and Deir-ez-Zor (ibid.). Until early August, PCR testing was only available two days a week, and only one PCR machine was active (HRW 2020). However, toward the end of August, the second machine became operational, and testing was reported to be available five days a week (ibid.). Nevertheless, contact tracing capacity remains inadequate, and vast areas and communities are left without any contact tracing capacity (ibid.). Shortages, according to field reports, extend to personal protective equipment (PPE), medicine, and supplies. NES also has poor sanitation infrastructure and high rates of water-borne diseases, which raise concerns over hygiene and sanitation readiness in these areas (NES Forum 2020c).

The capacity is also limited in NWS. The availability of hospital beds is inadequate. As of June 2020, about 30 percent of the 550 health facilities in NWS were not functioning, and 11 percent of these facilities required complete or partial reconstruction and renovation (Health Cluster Turkey Hub 2020b). Health facilities reported only 114 adult ventilators, 54 ventilators for children and 259 ICU beds (ibid.). This number of ventilators and ICU beds do not meet the projected needs for a potential COVID-19 outbreak (Darwish, Masri and Malass 2020). By mid-August, humanitarian health actors had prepared six isolation centers and only eight out of 30 planned community-based treatment centres for COVID19 (OCHA and WHO 2020r). Surveillance and testing capacity are also inadequate (OCHA and WHO 2020h). There is only one lab to conduct the PCR testing in NWS and a limited number of PCR test kits (Darwish, Masri and Malass 2020). Furthermore, the stock of PPE is not sufficient. In April, it was estimated that available PPE would only cover the needs for two weeks (Health Cluster Turkey Hub 2020c). In July, when the first case of COVID19 was confirmed, the WHO's procurement of PPE – intended to be sufficient for six months – was still in process. (OCHA and WHO 2020q).

COVID-19 Control Measures

The Syrian government has implemented various control measures since the beginning of the pandemic. These measures include partial curfews, lockdown measures, closure of public spaces, home isolation and quarantine for suspected cases, disinfection campaigns,

distribution of soap, masks and sanitizers, and awareness-raising (OCHA and WHO 2020g; 2020i; Humanitarian Needs Assessment Programme [HNAP] 2020a;2020b). However, due to pressures to reopen the economy, the government began easing these measures around May 2020. Public spaces were allowed to reopen and public transportation returned to almost normal. Physical distancing remains a requirement, even though adherence to these requirements is not at optimal levels. Lockdowns on some communities continued (OCHA and WHO 2020a; 2020c). It is reported, however, that the government maintained full control over awareness-raising and any outreach campaigns. Humanitarians have raised concerns over community lockdowns and whether these were decided on political grounds. Airports and borders crossings were strictly controlled with significant negative impacts on both commercial and humanitarian operations (OCHA and WHO 2020h). This control has been gradually relaxed although some controls remain (OCHA and WHO 2020d).

Initially, local authorities in NES implemented similar measures to those imposed by the Syrian government. These measures include partial curfew on certain days and hours, isolation and quarantine for suspected cases, temperature checks, suspension of social gatherings, and campaigns for disinfection and awareness (NES Forum 2020d; 2020e; 2020f; 2020g). Additional measures included the installation of hand-washing stations and ensuring physical distancing in health-care facilities (NES Forum 2020d; 2020e). However, these measures were relaxed by the end of June, and conditions returned to almost normal (HNAP 2020c). Border crossings had initially been closed, impacting humanitarian and commercial operations (NES Forum 2020f). However, this closure was subsequently eased around May 2020 (NES Forum 2020g). In June, border crossings with government-controlled areas were opened for high school students to take examinations, with reportedly minimum prevention control measures put in place (OCHA and WHO 2020d). Reports from the NES suggest that awareness of preventive measures and social distancing while improving, are not at ideal levels (REACH 2020a).

In contrast, the NWS has had less stringent control measures enforced by local health authorities. Occasional community lockdowns have been reported (HNAP 2020d; 2020e) and various awareness and disinfection campaigns have taken place in some districts, mostly coordinated by humanitarian organizations based in southern Turkey (HNAP 2020f; 2020g). Additional measures, such as the closure of non-essential businesses and social distancing requirements, were reported (REACH 2020b). According to several humanitarian workers, local authorities have unsuccessfully attempted to impose lockdowns and curfews on several occasions, particularly after the first confirmed case was reported in July. The lack of success of these measures was largely attributed to fragmentation of governing authorities and

competing interests between different armed groups. Additionally, the lack of a perceived risk of the virus among the public and deteriorating socio-economic situations limited the effectiveness of these measures. However, around half of surveyed individuals in NWS follow some preventive measures, with the most common being hand washing and covering both the mouth and face when sneezing (REACH 2020b). Points of entry with Turkey remain partially operational, although many of these crossings lack necessary IPC measures (OCHA 2020b).

Economic Impact

It is estimated that almost 80 percent of the Syrian population was already living below the poverty line with high levels of food insecurity when the COVID-19 pandemic began (OCHA and WHO 2020c). Since March 2020, there has been a significant increase in prices and a severe shortage in essential goods (OCHA and WHO 2020j). Prices for face masks are reported to have increased almost fifty-fold, while fuel prices have more than doubled (OCHA and WHO 2020j). More than 300,000 individuals are estimated to have lost their jobs and applied for official assistance (OCHA and WHO 2020a). While the government reportedly planned to disburse funds to about 100,000 individuals, only 5,000 people had received aid as of June 2020 (ibid.). In an attempt to salvage the economy, the government has imposed strict measures to ensure compliance with official prices of essential goods, while the exchange rate of the Syrian pound has continued to drop (OCHA and WHO 2020j).

COVID-19 related measures have resulted in increased food prices through panic buying, disrupted supply routes, slow replenishment of stocks, reduced opening hours of stores and markets, and movement restrictions – measures that will likely increase vulnerabilities and unemployment rates (OCHA and WHO 2020i). These measures may also have negative consequences on food assistance programs. For example, the World Food Program reportedly needs additional funding, or it will be forced to reduce the content of its assistance packages (OCHA and WHO 2020h). Household income has decreased due to reduced business hours and employment opportunities. The pandemic has had a visibly disproportionate impact on the poorest and the most vulnerable populations in Syria, who are mainly engaged in unskilled labour and have limited savings (OCHA and WHO 2020k).

A US\$30 million funding gap for health services and supplies has already been reported this year for NES, which may lead to the closure of health-care facilities and thus further reduce an already diminished health-care response capacity to COVID-19 (HRW 2020). International aid agencies and aid workers have also attributed this loss to the closure of the humanitarian crossing in Yarubiyah (ibid.). Also, banks continue to impose daily withdrawal limits and

transfer agents are only capable of accessing 10 percent of their available funds (NES Forum 2020c). This situation has a direct impact on humanitarian actors who do not only respond to humanitarian needs but also stimulate the economy through salary payments and local procurements (NES Forum 2020h). Markets in NES have been disrupted due to COVID-19 control measures, even alongside increases in prices and interrupted food chains (REACH 2020c). Shortages in income due to unemployment and lack of money to buy hygiene items were cited by two-thirds of surveyed populations as the main barriers to adhering to COVID-19 preventive measures (REACH 2020a).

Furthermore, it has been reported that the health funding gap in NWS for the year 2020 is about 40 percent. An additional US\$35 million is needed to meet the projected requirements for COVID-19 preparedness and response in this part of the country (Health Cluster Turkey Hub 2020c). Humanitarian activities such as water trucking and food procurement have become more challenging during the pandemic (OCHA 2020b). As of July 2020, almost three out of four communities have reported an inability to afford essential food (OCHA 2020c). Also, half of the surveyed communities did not have sufficient access to water due to damaged infrastructure and high prices (ibid.). To cope with the fall in the exchange rate of the Syrian pound, some local authorities in NWS announced local adoption of the Turkish lira as an accepted currency, including for purchase of groceries and payment of salaries (OCHA and WHO 2020d). COVID-19 control measures are considered a barrier to employment in three percent of surveyed households in NWS compared to 36 percent in government-controlled areas and 30 percent in NES, indicating less stringent measures in NWS compared to other parts of Syria (HNAP 2020h).

Humanitarians and the COVID-19

Throughout the conflict, humanitarian actors have provided significant assistance to Syrians, but there have been shortcomings and failures in the provision of this aid. By some estimates, the total funding received by humanitarian actors inside all Syrian territories has exceeded US\$30 billion (OCHA 2020d). Undeniably, humanitarian organizations have relieved much of the suffering. However, it is presumably their shortcomings and failures to meet the minimum expectations that draw most of the discussions. For instance, it took almost three years of brutal conflict to formalize the cross-border humanitarian support in 2014 (United Nations Security Council [UNSC] 2014). For three years, UN agencies watched helplessly, while few international organizations established discrete and unofficial cross-border operations to reach inaccessible populations, mostly trapped in areas near the Turkish and Jordanian borders (MSF 2015; Dolan 2014; Parker 2013). For Syrians along the southern borders, the Ramtha crossing with Jordan had been crucial in providing essential commodities and

supplies. The crossing remained operational until the Syrian government regained control of southern borders with Jordan in the summer of 2018 (UNSC 2018). Despite deactivation, the crossing was included in the renewal of the UN humanitarian resolution in 2019 (UN News 2018). In early 2020, the UNSC reduced the number of official crossings from four to two, dropping the Ramtha and Yarubiyah crossings between Syria and Iraq, leaving Syrians in NES vulnerable (UN News 2020b). Humanitarian operations in NES have been seriously impacted by the closure of the Yarubiyah crossing, resulting in significant shortages in health supplies (HRW 2020; USAID 2020). In the middle of the COVID-19 pandemic, the UNSC oversaw the closure of yet another vital humanitarian crossing, Bab Al Salameh, from Turkey into NWS, even as it was at its peak of operations (UN News 2020a). The closure of the second crossing into NWS is expected to have a substantial impact on already slow and insufficient humanitarian supplies, according to humanitarian practitioners.

Official reports suggest that humanitarian actors, including UN agencies, have scaled up COVID-19 preparedness in different territories across Syria. Preparedness efforts include training of health workers, production of educational materials, and procurement of necessary health supplies and equipment (OCHA and WHO 2020m; 2020p; NES Forum 2020i). Reports from the field, however, suggest that humanitarian actors have failed to deliver on their COVID-19 preparedness and response plans, particularly in scaling up health-care capacity. Humanitarian actors have reported operational delays and disruption since early in the crisis. These delays include training, education, distribution and other outreach activities (OCHA and WHO 2020n). According to field notes, these delays extended to many other activities such as scaling up testing capacity or preparing frontline care facilities for COVID-19 patients. Some of these remain in preparation as of the writing of this report.

▶ The Pandemic in Jordan

Measures and Epidemiology

Jordan has followed a highly restrictive approach to prevent and control COVID-19. As a result, the number of cases toward the end of August has only reached nearly 2,000 cases, one of the lowest case numbers in the region (WHO 2020b). The government announced a suspension of schools and many non-essential businesses toward the middle of March, a few days after confirming the first case of COVID-19. Subsequently, the government declared a state of emergency on March 17, 2020, and shut down the airport – sending thousands of arriving passengers into two weeks of quarantine – and imposed a complete curfew for seven days (Dhingra 2020; Jensehaugen 2020). These measures were followed by a slow and gradual relaxation of the curfew over a period of nearly two months. Relaxation measures included allowing some level of mobility only during the daytime, and opening of essential businesses with severe restrictions and regulations (Jensehaugen 2020). The measures were strictly monitored by authorities. Those who violated the curfew were subject to monetary fines and a sentence of up to three years in prison (ibid.). The number of new cases has remained low for most of the summer. However, the easing of restrictions, monitoring and commercial movement at land borders has led to a second surge of cases as of early August 2020 (Al-Monitor 2020; Kuttub 2020). This second surge has also led to reduced mobility hours and a return to occasional 24-hour curfews, usually enforced over the Thursday to Saturday weekend (ibid.).

The Toll of the Pandemic

The strict measures in Jordan have come at a high economic cost. The Jordanian economy is mostly an informal economy with heightened inequality, which meant that financial measures introduced by the government to reduce the hardships were unsuccessful (Jensehaugen 2020). Mitigation measures proposed by the government did not help informal and temporary workers, who represent the majority of the Jordanian workforce (ibid.). Nor were the needs of migrant workers, most of whom were active in the temporary and informal workforce, specifically addressed. In April 2020, the UN Development Programme (UNDP) conducted an assessment of the COVID-19 measures' impact on the households in Jordan through an online survey (UNDP 2020). About 66 percent of the respondents were Jordanians, 27 percent were Syrians, four percent were Palestinians, one percent were Iraqis and the rest represented Egyptians, Sudanese and Yemeni migrants. Almost 55 percent were between 20 and 39 years old, and 51 percent were males. The number of respondents were distributed almost equally across all Jordanian governorates. Over half of respondents reported that they had lost their jobs and income due to the COVID-19 control measures, and only about 11 percent had not experienced interruptions to their salaries (ibid.). According to the UNDP, respondents in the

main urban centres in Amman, Zarqa and Irbid were most affected by the COVID-19, with two-thirds of respondents from these areas reporting loss of their entire income. In addition, about three out of four respondents to the UNDP survey reported having difficulties securing essential services, while almost 70 percent of the respondents reported challenges in accessing health care (ibid.). Nearly half of respondents said that food prices have notably increased (ibid.).

UN Women conducted a rapid assessment of COVID-19's impact on households in Jordan, including respondents from Za'tari and Azraq camps among other Jordanian and refugee respondents (UN Women 2020). According to UN Women, nearly four out of five surveyed households reported resorting to alternative economic coping mechanisms such as borrowing food or money from neighbours (ibid.). About 84 percent of households reported consuming all their savings in order to meet their basic needs during the pandemic (ibid.). Three-quarters of households reported concerns over repayment schedules, while almost one-third said that they were being subjected to pressure and intimidation by lenders (ibid.). About one-quarter reported a lack of access to the nearest health facility, while one-third reported a lack of access to medicines. The reasons for the lack of access were shortages of funds and transportation (ibid.). In another survey that assesses the impact of COVID-19 on small businesses, a general level of anxiety was also reported among business owners due to the potential long-term impacts on their businesses (Mercy Corps 2020). The losses are particularly apparent in some sectors, such as tourism and the prepared food industry, while losses are less certain for other sectors (ibid.).

In addition to the Syrian refugees, Jordan also hosts 67,000 Iraqis, 15,000 Yemenis, 6,000 Sudanese and 2,500 refugees from a total of 52 other nationalities. Generally, refugees have been disproportionately impacted by COVID-19 (Kebede, Stave and Kattaa 2020; Inter-Sector Working Group Jordan 2020a; 2020b). The International Labour Organization (ILO) assessed the COVID-19 impact on the work situation of vulnerable groups of workers in Jordan (Kebede, Stave and Kattaa 2020). About 56 percent of respondents were Syrians, 44 percent Jordanians and over 82 percent of all respondents lived in the governorates of Amman, Zarqa, Irbid and Mafrqa (ibid.). In total, about 55 percent of respondents in the ILO survey reported short-term employment. However, nearly 69 percent of Syrian respondents reported temporary, irregular or short-term jobs compared to 40 percent of Jordanian respondents (ibid.). Only 15 percent of Syrian workers had health insurance, and 24 percent had social security coverage (ibid.). About 47 percent of respondents who were employed before the lockdown had either been suspended or had lost their jobs permanently (ibid.). Syrian workers who permanently lost their jobs numbered twice as high as Jordanians facing similar

permanent dismissals from their jobs (ibid.). At the same time, the median monthly income for refugees had decreased by nearly US\$200 due to reduced working hours and layoffs. This has been more pronounced among Syrian refugees whose average income dropped below the poverty line of around US\$300 per month (ibid.). Additionally, it is reported that almost 70 percent of Syrian households are not able to pay their rent and are at risk of evictions (UN Relief and Works Agency for Palestinian Refugees 2020).

In another assessment of both vulnerable Jordanians and Syrian refugees, about 60 percent of all respondents reported adverse financial consequences from the pandemic due to losing aid or cash assistance, losing their daily wage or not being able to access banks and withdraw their salaries (Action Against Hunger 2020). About 40 percent of surveyed vulnerable populations in camp and urban settings have reported difficulty accessing food, while one in five respondents reported difficulty obtaining necessary medicines during the lockdown (CARE 2020). During the first month of the response, the UNHCR received over 350,000 calls requesting urgent financial assistance and about 35,000 calls for protection and livelihood complaints (Inter-Sector Working Group Jordan 2020c). The majority of surveyed refugees stated that they did not receive any services or assistance from humanitarian organizations (CARE 2020). Many organizations have also diverted funds from their regular programming to the COVID-19 response, depriving refugees and the vulnerable from assistance at a time when their needs were increasing (Dhingra 2020). At the household level, one out of five surveyed refugee households received cash assistance compared with only three percent of surveyed Jordanian households (Kebede, Stave and Kattaa2020). About one-quarter of Syrian households received in-kind donations in comparison with five percent of Jordanian households (ibid.).

Perceptions from the Field

These published reports are consistent with the feedback received from humanitarian workers and stakeholders who are engaged with the refugee response in Jordan. As one humanitarian worker explained, the economic impact of COVID-19 on Syrian refugees is twice as severe as that experienced by Jordanians. Both Syrians and Jordanians are directly impacted by COVID-19 control measures. However, due to economic hardship, Jordanian individuals are saving their money and not investing any more in many vocational services, which are delivered mainly by Syrian labourers. Furthermore, Jordanians, often implicitly, blame Syrian refugees for the loss of jobs and economic constraints in recent years. These feelings have only intensified during the pandemic. As explained by one interviewee, “we sometimes feel that some people intentionally spread these claims to distract the people from their own failures.” Nonetheless, incidences of unconditional support and compassion

with Syrian refugees remain, even though it is far below the levels observed in the early years of the crisis. For instance, during the COVID-19 lockdown, many property owners waived rents for Syrian refugees. However, many others did not offer such gestures and insisted on collecting rents, adding more pressure to already vulnerable families

There had been no single confirmed COVID-19 case among Syrian refugees in Jordan until the end of August. However, as Jordan entered a community transmission phase of the outbreak, five cases have been confirmed in Za'atari and Azraq camps (WHO 2020b; UNHCR 2020b). All confirmed cases are transferred to the isolation centres in the Dead Sea area, and contact tracing is carried out by health authorities in collaboration with UNHCR and health actors inside the camps (UNHCR 2020b). The risk of rapid COVID-19 transmission in camps is high due to inadequate infrastructure and crowded living conditions. Syrian refugee camps, in particular, have been subject to extreme lockdown. The lockdown was cruel and inhumane, as described by a humanitarian worker who has regularly provided health services in the Za'atari camp for several years. Residents' movements to and from the camp were completely suspended for more than two months. Many camp residents who were on temporary leave from the camp were stranded on the outside and not allowed to re-enter, which resulted in additional pressure and constraints on families and children. Authorities had previously shown some leniency toward illegal movement across camp borders. However, they have responded violently to all unlawful attempts to escape or return to the camp since the beginning of the COVID-19 pandemic. The majority of shops inside the camp, which contribute significantly to the camp's internal economy, went bankrupt. Supply chains were disrupted. Temporary workers who were dependent on daily work outside the camp lost their regular access to income and livelihoods. Health-care services inside the camp continued at reduced capacities, as did other humanitarian services. Many patients who required specialized treatment were denied proper care. The referral process to outside hospitals, as explained by a health-care practitioner in the camp, was already a slow and complicated process. Since the onset of COVID-19, this process has become futile for refugees in Jordan. In one example, a patient in his 40s had developed sudden hematuria. In the primary health-care center he had to wait for an appointment. He needed advanced imaging that is not available in the camp. The referral process took several weeks before he managed to leave the camp during the Eid holidays and see a private doctor afterward. Additionally, many refugees lost access to assistance because the UNHCR could not renew their official documents and registrations during the lockdown.

Three-quarters of Syrians in Jordan, both refugees and non-officially registered refugees, intend to return to Syria at some point in the future (Morris 2019). However, the majority of

refugees in Jordan are reluctant to return given the current security situation. It has been estimated that in the past few years about five percent of Syrian refugees in Jordan have crossed the border back into Syria (Edwards and Al-Hourani 2019), although it is unclear that those who returned planned to stay. Observers suggest that many returnees have already secured permission to return to Jordan. Returnees are mostly escaping the harsh economic realities in Jordan and the lack of jobs and opportunities (ibid.). According to our interviewees, refugees might return to Syria for a variety of reasons, including economic pressure and minimal opportunities in Jordan. Perhaps, before the recent financial crisis in Syria, some refugees may have perceived better economic opportunities in Syria in comparison to Jordan. Other returnees may have other personal or family reasons for returning. They may still have their social support networks in Syria or have returned temporarily for specific reasons, such as selling or registering their properties. However, the majority of refugees in Jordan are reluctant to return now due to uncertainties beyond the border, including fears of arrest and detention (ibid.).

A general perception among the humanitarian workers interviewed for this report is that very few refugees had considered returning to Syria before the pandemic due to the deterioration of the Syrian economy and security concerns. It is even more unlikely now that refugees are considering return to Syria due to the spread of COVID-19 and the nearly collapsed economy. However, the refugee situation in Jordan continues to become more challenging, with few opportunities to integrate long-term into Jordanian society. Furthermore, the Jordanian host population may become less hospitable over time. Refugees may not have easy access to essential services. However, even with these multiple challenges, Jordan remains a better option than the current Syrian situation with its soaring prices, diminished services and COVID-19. According to a Syrian humanitarian worker in Jordan, “Refugees who have returned to Syria must have enormously compelling reasons. Otherwise, it is unlikely that Syrians would want to move back to Syria voluntarily.”

► Limitations

This report provides some insight into the broader COVID-19 impact on Syria and Jordan, as well as the situation of Syrian refugees in Jordan. It has, however, many limitations. The desk review may have overlooked some reports or missed essential findings in the literature. The review was also focused on gray literature, which has its own methodological limitations and is sometimes subject to interpretation. Findings included relevant documents published by humanitarian agencies and humanitarian coordination bodies. These publications come with a long list of potential limitations, including unrepresentative sampling and biased results. The interviews with humanitarian workers were informal and not randomly sampled. While these provided valuable practitioners' insights, they would have been more reliable if a more structured and systematic approach to sampling and interviewing were followed. The major limitation of this report is not having direct communication with the refugees themselves. Ideally, interviews with refugees should have been included in the findings in order to examine their intentions, motives, and challenges. However, this was the most appropriate approach given the current situation in Jordan and our operational constraints.

► Conclusion

Refugees and displaced persons worldwide have been among the most affected by this global pandemic. COVID-19 has resulted in a global crisis, and those who were the most vulnerable before this global crisis are now even more exposed. Syrian refugees living in Jordan are no different. They are trapped in the middle, between two outbreaks and two economically challenging situations. The violence and fighting might have begun to wind down in some parts of Syria, but conditions in Syria are continuing to worsen due to the compounded economic and health crises. Jordan is also going through tough times, socially and economically, and Syrian refugees are and will continue to be among those most impacted.

It is unlikely that Syrian refugees in Jordan will consider a return to Syria in the foreseeable future due to their home country's collapsed economy and dire health situations. About half of the Syrian refugees in Jordan come from Dara'a and Rural Damascus (UNHCR 2019), two governorates that have been subjected to brutal violence and destruction during the conflict and that have been considered to be opposition strongholds by the government. The availability of basic and essential services in these areas is still questionable, with many suggesting that these areas have been subject to retaliatory negligence by the Syrian government (Daher 2019; HRW 2019; OCHA 2019a). Many refugees fear the unknown that await them back in Syria, such as potential arrest and detention. For many, homes and properties are lost, and they do not feel it is safe to return. The recent COVID-19 outbreak and the lack of trust in the public health system in Syria have only reinforced the desires of refugees to remain in Jordan for the near future.

Nevertheless, it appears that the relationship between Jordanian authorities and Syrians in Jordan is heading towards a more difficult phase. On the one hand, the Jordanian government is confronting an economic recession and increased demands for services. For example, it is estimated that the number of Jordanian students who transferred from private to public schools this year reached an unprecedented number of over 50,000 students. On the other hand, Syrian refugees, among other refugees in Jordan, are likely to remain disproportionately affected by the economic situation in Jordan. Due to the impact on the global economy, the situation for Syrian refugees in Jordan may become even more complicated, with an expected decrease in the humanitarian funds available for Syrians in Jordan. Out of the estimated USD\$8.6 billion assistance requirements for Syria and Syrian refugees in hosting countries, international donors have pledged US\$5.5 billion at the Brussels IV Council in June 2020 (European Council 2020).

The delivery of humanitarian assistance and the protection of vulnerable refugees remains an important priority. The COVID-19 pandemic should not be an excuse for hosting governments

and the global community to abandon their moral responsibilities toward refugees. The options for the Jordanian authorities are limited. As recommended by the co-chairs of the Brussels IV Conference, Jordanian authorities have to maintain their vulnerability-based approach to ensure effective responses to the population's basic needs. After almost 10 years, Syrian refugees are an essential component of the workforce in Jordan (ibid.). Authorities need to plan for integrating Syrian workforce into the local market. They can contribute to the economic growth and these contributions may reduce the burden on public services in Jordan. However, many of the refugees will remain vulnerable, and authorities should provide for all vulnerable populations on the basis of vulnerability, and not their country of origin. The Jordanian government must also maintain its advocacy efforts to mobilize resources and foreign assistance. This assistance should be channelled toward creating sustainable economic opportunities for both refugees and vulnerable Jordanians.

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