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A capstone paper submitted in partial fulfillment of the
requirements for a Master of Arts in Humanitarian Assistance
and Crisis Management at SIT Graduate Institute in
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Date: December 2020

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Abstract

This is a qualitative descriptive exploratory study on the effects of humanitarian aid operations during the onset of Covid-19 through the perspective of aid workers in Jordan. The kingdom of Jordan was chosen for this study due to the country's place as a humanitarian oasis in a region in crisis and to the government mandating one of the strictest lockdowns in the world in response to Covid-19. These measures closed borders and completely halted inter-city travel within Jordan, making delivery of aid to refugees and inaccessible communities difficult. Ten participants were contacted and interviewed for this study. Each participant worked within a humanitarian organization in Jordan in different sectors – health, education, women protection, and refugees. Participants were asked 14 open ended questions relating to the effects of lockdown on operations; their perspective on collaborative efforts with government. local NGOs. CBOs and the private sector; how technology aided in their continued efforts; effects on funding; and supporting frontline workers. The key findings of this study focused on the importance of collaborative efforts among the different sectors which allowed for humanitarian operations to continue during a pandemic. The findings of this study are solely the perspective of the aid workers interviewed and do not reflect the views of the organizations mentioned.

Covid-19 and Its Effects on Humanitarian Aid

Table of Contents

Research Question

As we live through an unprecedented global pandemic where much of the world has gone into lock-down, I am seeking to gain an understanding of how humanitarian aid work has continued operating and how it has provided aid to vulnerable communities. What best practices have been put in place in order to maintain the global humanitarian response? By obtaining first-hand knowledge from local and international humanitarian aid workers in Jordan, I am expecting to gain insight into the challenges they faced and how they have been overcome. It is important to understand the ways in which aid, both local and international, has had to adapt and adjust to the current and on-going situation because the impact on current humanitarian operations can prepare future aid workers for the next pandemic or global crises of the future.

The purpose of this research is to understand how the global pandemic affects the life-saving interventions of humanitarian aid. I will be conducting research specifically in Jordan due to the stringent measures the government imposed on the country to limit the spread of Covid-19, which was one of the most severe responses in the world. This paper aims to explore the issues that have arisen during the Covid-19 pandemic and what methods were used in order for humanitarian aid to continue assisting the most vulnerable populations that are at higher risk of Covid-19. Vulnerable peoples continue to be faced with food insecurity, conflict, lack of hygienic material, and access to medical care. How does humanitarian aid continue when the world is effectively on pause due to the Coronavirus and what are the best practices for sustainability? What mechanisms are needed in order to ensure the right to life and dignity of the vulnerable populations around the world?

By understanding how humanitarian organizations and those working in the field have adapted to the changes brought on by Covid-19, we will be able to gain further knowledge on

best practices and actions taken during this unprecedented time. What mechanisms are necessary to adapt to the situation in order to continue critical aid for the 100 million vulnerable people living in war zones, refugee settlements and other emergency settings that depend on humanitarian assistance worldwide? By observing how humanitarian aid workers dealt with severe lockdown measures in Jordan, which has one of the highest refugee population per capita, we can learn what adaptation measures were most and least beneficial to their work.

  As this topic is current and ongoing, there is limited knowledge and research on the subject. This paper is an exploratory investigation into how humanitarian organizations have had to modify aid in light of a global pandemic through the perspective of humanitarian actors in Jordan.

Introduction

The Covid-10 pandemic is affecting everyone worldwide, but the most devastating effects will be felt in the world's most vulnerable and poorest countries. As of November 2020, there are a reported 55.6 million cases and 1.34 million deaths worldwide (World Health Organization. 2020). Vulnerable populations are at greater risk as the world economy is majorly impacted by the pandemic. Some of the economic consequences have been greater food-insecurity, lapses in continued education, stifled aid deliverables such as life-saving medicine and vaccines and limited access to hygiene and sanitation materials.

This capstone will delve into the perspectives of humanitarian aid workers and their continued efforts to reach vulnerable beneficiaries. With country borders closed and restrictions on movements of cargo and personnel, aid deliverables have been difficult to obtain. Many international aid workers in the field have had to repatriate and perhaps risk becoming carriers of the disease, which could contribute to spreading the virus in vulnerable communities. The humanitarian sector has had to work hard to continue life-saving interventions while maintaining best prevention practices for safety from Covid-19. Due to the pandemic, we are seeing that many advances towards global initiative goals such as the Sustainable Development Goals and the 2030 Agenda are at risk of not being reached on time. Exporting and administration of vaccines for manageable illnesses such as measles, malaria and cholera are proving very difficult. According to UNICEF, 80 million children in at least 68 countries are at risk of diphtheria, measles and malaria. As economies crash and the world is faced with one of the worst economic crises in history, countries dealing with preexisting emergencies are in danger of being further vulnerable to food insecurity, conflicts and lack of health care access. Donor nations will

likely begin to pull back funding for humanitarian interventions as they will undoubtedly be confronted with their own economic issues. Countries reliant on these funds will suffer long-term consequences as a result.

In order to grasp the effects of Covid-19 on humanitarian aid operations in Jordan, I will be looking into the following areas to gain insight on what has worked and where challenges have arisen: (i) Covid-19 lockdown measures on operations (ii) Collaborations with governments (iii) Partnerships with private sectors (iv) Partnerships with local initiatives (v) Funding (vi) Support of frontline workers (vii).Role of technology

By understanding how humanitarian aid workers have dealt with each of these sectors, I believe I will obtain knowledge and insight on effects of Covid-19 pandemic and what adaptations it required. The significance of this study is to understand how humanitarian aid workers may be more proficient in the case of a global pandemic. Through this knowledge, we may be able guide long-term adaptations in the humanitarian sector as we continue confront a pandemic with rising cases and deaths worldwide.

Background to the Issue

Humanitarian Issues Faced in Jordan

This research will focus on the humanitarian aid response in the Hashemite Kingdom of Jordan, a humanitarian hub that is one of the largest refugee-hosting countries in the world. Jordan has a long history of offering asylum to persecuted people in the Arab region, and this practice continued with the onset of the Syrian war in 2011; which saw more than 1.4 million Syrian refugees flee to neighboring Jordan. In addition to the Syrian refugees, Jordan also hosts

around 2.1 million Palestinian refugees and about half a million Iraqi refugees. Per Jordanian government sources, UN organizations such as United Nations Relief and Works Agency (UNRWA) and the United Nations High Commissioner for Refugees (UNHCR) an estimated total of 4.2 million refugees reside in Jordan, which has a total population of about 9.7 million. The official estimated number of internationally recognized and registered refugees with the UNHCR in Jordan is estimated at 745,000. This figure is much smaller than the unofficial number because many displaced people are not recognized as refugees and instead are referred to as "guests". The status of "guests" in Jordan is mainly ascribed to Palestinians as well as Syrians who were previously residing in Jordan preceding the war in Syria and were unable to return.

Following the Syrian crisis, the Jordanian government in coordination with UNHCR established five main refugee camps. Zaatari camp is the largest hosting over 76,000 Syrian refugees. Despite the size of these camps, an estimated 80% of refugees still live in urban settings like Amman (reliefweb. 2020).

Acute population pressure brought on by the refugee crisis has put a serious strain on Jordan's resources. The country has been confronted with a water crisis that worsened with the sudden rise in population. Because Jordan is one of the most water scarce countries in the world, the water supply and sanitation standards are currently categorized as "severe" by USAID. This is a major cause of concern when dealing with a pandemic that demands for necessary sanitation practices such as thorough handwashing.

Jordan also faces additional issues due to high unemployment, education, and gender inequality which have been exacerbated by the pandemic. Vulnerable populations located mostly in out of reach rural areas are faced with many challenges. The Jordanian government works with many local and international NGO's to provide assistance to these communities, be it within

refugee communities or host populations. With an exceedingly high unemployment rate of 34.3% preceding the pandemic (UN Women Report. 2020), the economic situation brought on by the government lockdowns and curfews is sure to exacerbate the unemployment crisis in the region.

Gender inequality due to gender-related bias and restrictive social norms have hindered many women in Jordan from gainaing economic independence. While the education rate of women is one of the highest in the world, with around a 95% literacy rate (ILO. 2019), the employment rate for women is only at 14%. Women in rural areas lack even more employment opportunities and are more likely to work in the informal sectors, with little to no additional protections like social security and health insurance.

All of these issues have prompted international and local support to the region. Ensuring that refugees and vulnerable populations are provided with basic human necessities have been the prominent focus of the Jordanian government, international organizations, local NGO's and CBO's. These multilateral efforts had to find alternative solutions during the pandemic to ensure the continuity of the interventions in place while also safeguarding the health of humanitarian workers and the people they assist.

Lockdown in Jordan – Government Response

The first case of Covid-19 in Jordan was recorded on March 2nd, 2020, after a Jordanian national in his 30s returned from Italy. Within two weeks, the virus had spread and a total of 17 cases were recorded. The government of Jordan took immediate action by implementing preventative and control measures at the local and national level. These strategies have been considered one of the strictest interventions in the world for containing the spread of the virus.

Covid-19 and Its Effects on Humanitarian Aid

On March 17th, Jordan went on a total country lockdown, closing borders with the exception of some commercial cargo. King Abdhullah II bin Al-Hussein issued a royal decree to enact the National Defense Law, which enabled the prime minister to take whatever measures he deemed appropriate to the crisis at hand without having to adhere to the provisions of the applicable law.

On March 21st, the government expanded significant policies in order to stop the spread of the virus with a nationwide curfew and closures of public venues, offices, religious centers and schools. A ban was imposed on public gatherings of more than 10 persons, another banned inter-city travel and residents were made to follow strict stay-at-home orders. Suspension of all work duties across the public and private sectors including public transportation was halted - unless for emergencies relating to healthcare, food, energy and those working within the crisis task force. Extreme fines were issued for any violations made by the public. All Covid-19 response efforts and management were centralized under the National Center for Security and Crisis Management (NCSCM). The NCSCM employed a number of specialized health, economy, education, security and political teams to work with government officials at the onset of a crisis, such as a pandemic. This crisis task force made up of experts in their respective field allowed for collaborative decision-making and evidence-based recommendations to ensure appropriate and competent implementations of covid-19 measures.

In an attempt to limit the exposure to the Coronavirus in highly concentrated refugee camps such as Zaatari, the Ministry of Interior took the necessary steps to place the camps on complete lockdown. Syrian refugees holding work and leave permits were prohibited from leaving the camps and external visitors were no longer allowed in, except for emergencies. UNHCR took precautions by reducing their operation teams within the camp to minimize

exposure while maintaining the necessary work. Essential services such as hospitals, clinics and supermarkets remained open. Oxfam was able to continue with sanitation services as this too was deemed essential. However, many much needed facilities such as day care and the World Food Programs healthy kitchen resources were shut down.

After UNHCR advocated on behalf of refugees and asylum seekers, the Ministry of Interior (MoI) allowed for an extension on refugee certificates until the end of 2020 even if certificates were already expired. The MoI also lowered health care costs for all refugees allowing them to pay the same rate as uninsured Jordanian citizens (reliefweb. 2020). However, delivery of humanitarian services had been severely impacted in the beginning of the pandemic due in part to the Jordanian government withholding permits from NGO's whose staff they deemed non-essential (The New Humanitarian. 2020).

Effects of Covid-19 in Jordan

The most affected sector of Jordan has been the economy. Economic losses brought on by the curfew and lockdown are ongoing and will have a long-lasting effect on Jordan. As a country that relies heavily on tourism, the closure of the borders and loss of international visitors placed a tremendous burden on the tourism sector. Many Jordanians, most migrants and refugees work in the informal sector with jobs in construction, hospitality, restaurants and taxi services. It is estimated that prior to the pandemic about 176,000 Syrian refugees had received work permits. The remaining refugees had to rely on cash assistance or work in the informal sector in order to earn a salary to assist with basic human needs. This informal sector has been hit hardest by the pandemic and the subsequent government restrictions that ceased almost all of these operations.

The government ordered the closure of malls, public transportation and restaurants. In the beginning of the country shutdown, even food shops were closed. This measure was quickly reconsidered to be an essential service and food shops reopened. However, the public was only allowed to procure food items within the time frame of the curfew. The curfew has also had a substantial impact on access to employment. According to a rapid-needs assessment study conducted by the UNHCR, UNICEF and WFP, only 46% of Jordanians and 35% of refugees reported a secure job to return to. Cash assistance programs during the pandemic were necessary to ensure that families were able to obtain necessary items such as food and medicine. Nonetheless, many beneficiaries found these monthly cash assistances insufficient and had to resort to negative coping strategies; mainly reducing spending on healthcare or education.

At the onset of the lockdown, one of the most affected sectors was education due to the swift closure of schools. The government tried to find ways to continue education, such as providing free internet services, conducting classes online and broadcasting classes on public access television channels. These attempts to continue providing education for Jordanian youth have fallen short as there is no oversight or follow through to ensure continuity of education. Prior to the pandemic, the education system was troubled, especially within host communities and rural areas. A double shift system of schooling was in place in host communities in order to accommodate refugee children. This system has been a cause of concern for those who questioned whether both Jordanian and refugee children were receiving an adequate education.

As with many countries in the Arab region, gender inequality due to societal norms and religious beliefs has continued to be an issue in Jordan, most significantly in the rural areas. That is not to say that women in Jordan have not had the ability to overcome inequality. For instance, many women are currently holding positions of power and the female population has an

exceedingly high literacy and education rate. However, the female unemployment rate in Jordan is 23% (UN Women report. 2020), and 61.8% work in the informal sector, which has been hardest hit by the pandemic resulting in many job losses. Women will suffer disproportionately from lockdowns and curfews brought on by the pandemic. Female heads of household risk dealing with food insecurity and lack of basic needs while also ensuring their children's continued education. In addition, there has been a documented rise in domestic violence during the lockdown. Women and young girls have been at an increased risk of domestic violence by family members or intimate partners. A study carried out by Plan International in collaboration with the United Nations Population Fund (UNFPA) and the Institute for Family Health (IFH) found that 69% of respondents agreed that gender-based violence has increased since the start of the pandemic. In addition, it has become much more difficult for women and girls to access services for gender-based violence as well as sexual and reproductive health services. Inability to access family planning services has increased by 10-20% (Planinternational.org. 2020). Local and international NGO's are attempting to find ways to cull the violence and provide aid and safety by establishing and promoting hotlines for assistance.

While the response to the pandemic in Jordan was swift and helped to keep the cases very low for the first couple months, Jordan is now facing an explosion in the increase of cases. In mid-April, the total number of cases was just 407 with 7 deaths and 250 recoveries (Singh. M. 2020). After the government drastically eased up restrictions in mid-June and opened its international airport in September, cases have surged and are now averaging about 5,000 confirmed cases a day with a total of 2,173 deaths since the beginning of the pandemic (Jordanian Ministry of Health. 2020). This may be attributed to greater accessibility to testing; however, it is also evident that the necessary re-opening of the economy has had a major effect

on the rise in Covid-19 cases. During the interviews with the participants for this research, it had been alluded to numerous times that the measures taken in the beginning of the outbreak by the government, which led to very minimal cases, has brought forth skepticism by the people of Jordan on how transmittable the virus actually is. It has been observed that there is less adherence to social distancing regulations, mask wearing and gatherings. The government is again weighing the options of imposing strict lockdown measures. However, the fear of further economic damage may influence how severe these measures will be.

As the risk of additional lockdowns loom over Jordan, measures that were taken within the humanitarian sector during the initial lockdown will have adapt once again. With an already limited capacity to provide services to vulnerable out-of-reach communities in Jordan, the effects of further lockdowns and curfews on these communities can be dire. Humanitarian aid organizations in Jordan have already confronted challenges and overcame obstacles to provide aid during the initial lockdown. As the country prepares for the possibility of another lockdown, it is important to understand how humanitarian aid organizations and those working in the field step up to the challenge and continue to support vulnerable communities in the region.

Literature Review

With the onset of the global pandemic of Covid-19, the world has found itself on lockdown. Schools have moved to online learning, borders have been closed, airports shut off to international travel and many people have had to adapt to a new way of living and working for the foreseeable future. The question of how humanitarian aid can adapt to the current situation has been a major cause of concern. Vulnerable people and those living in conflict zones

worldwide are in critical need of aid now more than ever. The support they require ranges from health services such as vaccines to sanitation and access to water. The humanitarian aid sector has a responsibility to maintain their global humanitarian response to the over 100 million people living in war zones and other emergency settings (un.org. 2020). As this situation is on-going and new information is being received on a daily basis, the literature on the situation is subject to change daily. The literature I was able to find focuses on the first months of the outbreak. I researched literature that looks at the following: (i) the risks and impact of Covid-19 on refugees and vulnerable populations; (ii) lessons learned from previous pandemics/endemics and pandemic-related disaster relief mechanisms; (iii) the roles of NGO's and international humanitarian agencies during pandemics.

Risks and Impacts on Vulnerable Populations

It is clear that Covid-19 has been an immense test on the humanitarian community, making access to vulnerable populations and delivering aid to those in crisis significantly more challenging. With travel restrictions put in place in order to limit the spread of Covid-19, resettlement efforts for refugees have been suspended and many find themselves at risk of refoulement to their country of origin where they may face persecution (Henri, H. et al. 2020). Search and rescue missions in the Mediterranean, which has seen over 16000 migrant deaths since 2015, have all but stopped as countries like Italy went into full lockdown after their massive outbreak of Covid-19 (Henri, H. et al. 2020). Refugees in urban settings and refugee camps are at high risk of contracting diseases due to the near impossibility of social distancing, lack of adequate sanitation facilities and difficulties accessing health care.

An article entitled *Refugee and Migrant Health in the COVID-19 Response* (Henri, H. et all. 2020) stresses the importance of ensuring that pandemic preparedness plans consider refugees living in close quarters as they are subject to easily transmit the virus. To improve the situation refugees are facing, the author suggests "site-specific epidemiological risk assessments". These assessments would determine the extent of the risk for outbreaks within vulnerable communities. Migrant workers also face serious consequences due to the fact that many reside in close quarters with other migrants. Many migrant workers fear the effects Covid-19 may have on their economic standing as manual labor and informal jobs were ordered to postpone or discontinue operations. Decisions on their legal status in their host countries are currently at a standstill. In addition, lockdowns in countries with high migrant and refugee populations have had a major impact on volunteer community service provisions. For example, migrants and refugees are being faced with further confusion due to the lack of linguistically accessible information on Covid-19. They may not understand the ramifications of the virus and what the best practices are to remain safe from contamination. Refugees face discrimination and may be more reticent to seek medical help and disclose information, putting not only the refugees and migrants at greater risk but also the host communities.

One major question that the humanitarian sector is being presented with is how can refugees self-isolate in a refugee camp. The article, "*How to self-isolate in a refugee camp?*" (Raju, E. 2020) discusses the dangers faced by refugees and aid workers in these vulnerable regions. Refugee camps are essentially "ticking time-bombs" due to overcrowding, lack of proper hygiene material and difficulties accessing safe and clean water. Raju builds his research around "climate induced health risks and migrations as well as urban immobility". These issues

bring serious concerns to the living situations of refugees and migrants and the dangers they are confronted with by the Covid-19 pandemic.

In an extreme case of refugee camp overpopulation, Moria Camp in Greece is currently hosting a refugee population of 20,000 people. The camp capacity is 3,000 (Raju. E. 2020). Moria camp is in grave danger of Covid-19 exposure and spread due to their lack of access to water for maintaining proper hygiene to limit the risks of Covid-19. In addition to refugee camps and settlements, there are about a billion vulnerable people living in slums around the world (Raju, E. 2020). Economic migrants living in extremely close quarters, with sometimes multiple people crammed into one-bedroom housing, are at immense risk of contracting the virus. Most are currently unable to work or buy food, so they are forced to stand together in long lines for government food handouts, putting themselves and aid workers in further danger of exposure to the virus. Raju makes suggestions in order to limit the possibility of contamination by means of upscaling testing, providing financial support to avoid unnecessary movement, adopting best practices in regard to sanitation and social distancing. The article does not go into detail on what would be the best practices and precautions for local and international aid workers.

Cox's Bazar in Bangladesh poses an especially dangerous threat as it is the largest refugee camp in the world and is currently faced with a very worrisome cyclone season. Already, Bangladesh is one of the poorest and most densely populated countries in the world with over 168 million people, causing major concern for the spread of the virus. Meanwhile, Cox's Bazar is home to over 855,000 Rohingya refugees that have fled genocide in neighboring Myanmar (Vince, G. 2020). Families live in densely packed shacks on deforested hillsides, making landslides and major flooding a life-threatening issue.

Cox's Bazar is also inadequately supplied with running water and there are very few latrines for the entire camp. Hygiene is a major concern in the area and UNHCR has been working to coordinate efforts to increase hand washing at the camp by installing portable hand washing facilities in each community center. UNHCR has also been working on developing an information roll out in the three main languages spoken at Cox's Bazar – Rohingya, Chittagonian and Bengali – to ensure the inhabitants understand how to properly wash hands and the importance of hand washing during the pandemic (Vince, G. 2020).

Children in Cox's Bazaar have long been denied education due to government restrictions prior to Covid-19. These restrictions were meant to be lifted in April, allowing over 10,000 students aged 10-13 to finally have access to an education. However, due to the pandemic all schooling has been closed throughout Bangladesh. This leaves refugee children without continued education and has made them further vulnerable to not being able to obtain proper education and have the ability to return to school when the lockdown subsides due to economic reasons. More than half of the refugees in the camp are children, and although reports have stated that children have a lower mortality rate for Covid-19, they are still very much susceptible to preventable diseases such as cholera and measles (Vince, G. 2020). As the world went into lockdown, children have been at higher risk for preventable illnesses because of the lack of health care and vaccines.

The Global North has been facing serious issues brought forth by Covid-19, which have been exacerbated by lack of preparation and the politicization of the pandemic. However, the Global South are confronted with serious concerns due to the lack of basic human needs such as water, waste collection and poor living conditions. Many argue that it is not a question of if but rather when the virus will reach the Global South and have dire consequences. NGO's,

international aid, and communities need to rapidly respond to the disaster emergency but will also have to eventually move towards long term plans. Lessons learned from past epidemics and pandemics can prove to be very valuable during this time. One of the most important roles NGO's and the humanitarian aid sector must undertake is the continued service of life saving interventions to vulnerable communities while also ensuring they are taking the necessary precautions to limit the spread of Covid-19.

Lessons Learned and Disaster Relief Mechanisms as it Applies to a Global Pandemic

An article entitled *COVID-19 in humanitarian settings and lessons learned from past epidemics* (Lau, LS. et all. 2020) argues that "immediate attention is needed in these areas to ensure continued services" so as to reduce any loss of life to preventable diseases. During the 2014-2016 Ebola epidemic, the death toll of manageable diseases such as malaria, HIV and tuberculosis reached an excess of 10,600, in comparison to the 11,300 who died from Ebola (Lau, L.S. et al. 2020). Due to limited access to health care and the fear caused by Ebola, deaths caused by manageable diseases spiked. Lau stresses the importance of providing safe and secure access to prevention measures, control measures, testing and treatment for both vulnerable populations and healthcare workers in the field. Applying the lessons of past virus outbreaks, like Ebola, is necessary and has been proven to help limit the spread of the virus.

In East African countries such as Rwanda, Burundi, South Sudan and Uganda, recorded cases of Covid-19 have been low. This has been attributed to the fact that each country already had a rapid response team from the previous Ebola epidemic, that was trained in "contact tracers, logistics routes and other public health tools and protocols…which they have adapted to respond to the coronavirus (Moore, J. 2020). Rapid and emergency response organizations normally work

during the onset of a disaster; however, they are usually dealing with short-term emergencies such as flooding, draught, etc. It is evident that the Covid-19 pandemic will be a long-term emergency and disaster management must adapt to this.

The Uganda Red Cross Society's (URCS) response to Ebola made it clear that when dealing with a biohazard emergency, they must respond and react quickly while also planning for an emergency that will be longer term (Geiger, D. 2020). Geiger looks at the key lessons learned from the Ebola crisis and how they can be translated into emergency relief for Covid-19. He discusses the importance of centralized pooling and management of resources, and how the previous practices of aid organizations competing against each other is not sustainable. By working in tandem and pooling resources together, aid workers stand a greater chance of providing the aid needed. Engagement of local communities is critical and allows for further reach in order to communicate ongoing healthcare practices and better understanding of the situation at hand. Working in collaboration across different sectors is necessary to ensure limiting the spread of the virus. In the case of the Ebola endemic, URCS worked closely with police and border security in order to enforce screening procedures.

As the Covid-19 pandemic is ongoing and has no clear end in sight until a vaccine is available and herd immunity is prevalent, the continuous training of existing and new staff is crucial (Geiger, D. 2020). Burn outs and the risk of infection in health care and humanitarian aid workers is high and the need for new staff will be constant. In order to achieve these learned lessons, Geiger stresses the importance of reworking funding frameworks. As most disaster relief programs are short term when dealing with an epidemic such as Ebola, URCS staff found themselves spending time and resources writing proposals and requests for extended funding. There is also the need for an established funding framework that allows for more flexibility

during the pandemic while the situation is ongoing. Currently, OCHA has partnered with NGO's

to reach people in need and has established Country-based Pooled Funds (CBPFs) to provide

extended and flexible funding from the Central Emergency Response Fund (CERF) (unocha.org.

2020). International banking organizations such as the IMF and World Bank have taken

"decisive action" by pledging hundreds of billions of dollars with flexible spending to combat

the pandemic in hard hit areas (World Bank. 2020)

   Applying disaster management frameworks to the pandemic is essential but it is

important to understand the need to adapt to the differences between a pandemic and a natural

disaster. An article on the transition from response to recovery for the Covid-19 pandemic

discusses how a pandemic, unlike other natural disasters is non-linear (Fakhruddin, B. et al.

2020). In disaster management, the mechanisms used tend to be a straight line from emergency

response to recovery. However, the transition to the recovery phase during a pandemic is not as

clear, at least until a vaccine is created and readily accessible. As natural disasters tend to be a

one-off event, rapid response and recovery are more tangible. With a pandemic, we are looking

at waves of needed response as governments are disrupted "socially, economically politically…"

and as it "will be a protracted period until vaccine and herd immunization" is possible

(Fakhruddin, B. et al. 2020). Problems arise when dealing with an ongoing pandemic and the

certainty of a natural disaster to occur. This can lead to serious repercussions and further

mortality rates. In Japan, the government had to suspend receiving volunteers due to the

coronavirus after areas were devastated by Typhoon Hagibis in the end of 2019 (Fakhruddin, B.

et al. 2020). As mentioned previously, the Bangladesh government had to prepare twice; once for

cyclone season and the Covid-19 outbreak, which can exhaust response efforts.

Disaster management mechanisms such as the Sendai Framework would need to be enhanced in order to deal with the Covid-19 pandemic. The Sendai Framework for Disaster Risk Reduction (SFDRR) is meant to ensure swift and effective recovery during disasters. Dealing with a pandemic is a drawn-out process that takes time and evolves as new information about the virus become available. The SFDRR outlines "four priorities for action to prevent new and reduce existing disaster risks: (i) Understanding disaster risk; (ii) Strengthening disaster risk governance to manage disaster risk; (iii) Investing in disaster reduction for resilience and; (iv) Enhancing disaster preparedness for effective response, and to "Build Back Better" in recovery, rehabilitation and reconstruction." (UNDRR. 2015)

An article by Riyante Djalante discusses the implications of Covid-19 for the SFDRR and states that more use of Health Emergency and Disaster Risk Management and SFDRR is necessary. However, he acknowledges that it must be enhanced in order to be effective. It is imperative to continuously examine ongoing efforts and to provide the best disaster management mechanisms that apply. Another important mechanism that can provide guidance during the pandemic can be found in the Sphere Standards. The guidance supplied in the Sphere Handbook can assist the humanitarian response to Covid-19 by ensuring that the general guidelines are followed as it relates to water, sanitation and hygiene (WASH). Adhering to the three principles of the handbook; human dignity; community engagement; and additional needs (Ishiwatari, M. et al. 2020) will assist governments and humanitarian organizations with the current situation by ensuring the WASH needs of vulnerable peoples. As we continue efforts to alleviate the world of the Covid-19 pandemic, strategies put forth by different governments and international organizations should be analyzed and examined to "provide insights for all stakeholders to adjust and improve policy options" (Fakhruddin, B. et al. 2020).

<u>The Roles of NGO's and International Humanitarian Agencies in a Pandemic</u>

The Covid-19 pandemic is singular in the fact that we have not witnessed an emergency of this extent since the Spanish Flu of 1918. With the globalized state of the world and ease of mobility from country to country we are all faced with this disaster as one. For international humanitarian workers, this has become a very trying time becasue they work in the field yet have family overseas whom they worry about too. A study done by ACAPS in March 2020, at the onset of the global pandemic made a worrisome prediction about the impact of Covid-19 on humanitarian services. The discontinuation of important and essential services may be expected due to the implementation of social distance measures and lack of funding. The role of international organizations and humanitarians who are in the field are now more crucial than ever. As previously mentioned, stopping the spread in vulnerable, crowded communities is a global necessity to combat the virus and must not be forsaken. NGO's play a major role in preparedness, response, impact mitigation and advocacy in order to "lessen the consequences of vulnerable groups". They are especially effective in areas of "community-based surveillance, education and mitigation" (Mahmood, J. (2009). NGO's have the ability to reach vulnerable communities living in distant, hard to reach settings and provide imperative intervention plans for at risk populations.

The previous H5N1 pandemic saw the largest and most severe outbreak in wild birds and poultry in 67 countries, and 241 deaths in 15 countries (Mahmood, J. 2009) NGO's played an important role to ensure the livelihood of vulnerable populations affected by the H5N1 pandemic. The support provided by NGO's during this time was crucial and an uptick in funding was supplied for the Humanitarian Pandemic Preparedness program (H2P), with USAID funding

Covid-19 and Its Effects on Humanitarian Aid

$30 Million to NGO efforts (Mahmood, J. 2009). NGO's contribute immensely to pandemic prevention and preparedness by collaborating with community-based programs in order to provide pertinent information, education and disease control tools. Understanding how NGO's are able to continue their work during our current pandemic will pave a way to ensuring that the spread of Covid-19 can be limited. Stakeholders will be able to see how and why major funding (towards public health on a global level, which leaves no vulnerable populations behind) is the best possible way to guarantee that we will be able to overcome the pandemic.

Research Design and Methodology

In order to better understand the important factors and changes that have happened in the humanitarian aid sector as a result of Covid-19, this research was designed as an exploratory qualitative descriptive study. This method was used due to the fact that I wanted to get first-hand detailed accounts of humanitarian workers to gain a further understanding of how their humanitarian operations continued during a pandemic. The current pandemic is an on-going global event that continues to be studied and understood. In the beginning of the research process, there was not a lot of available information. There were many uncertainties, misinformation and a lack of understanding about the virus as a whole. During the writing of this study, new and changing information on the pandemic was constantly made available as the global community learned more about the virus and its global effects.

I chose to focus in on one geographical area, Jordan, that witnessed one of the quickest and strictest measures to combat the pandemic and limit the spread. As for my focus on humanitarian aid, I decided to cast a wide net on the different sectors and operations in order to gain a fully rounded understanding of adaptation methods and effects. I conducted qualitative semi-structured interviews with ten current humanitarian workers. The interview consisted of 14 open-ended questions allowing for the subjects to freely discuss their perspective on the experience of working in humanitarian aid during the Covid-19 crisis. This provided me with as much insight as possible into how aid is continued to be disseminated in Jordan. All interview subjects will be humanitarian workers with at least two years' experience, who have continued working throughout the pandemic. Interview subjects will be identified through neutral facilitators, recommendations from participants and personal networks maintained during my semester in Jordan. Due to the Covid-19 outbreak and the necessity to return back to the United

States, all interviews were conducted remotely using the telecommunication video connection application Zoom. Interview durations ranged from 20-45 minutes and were recorded using Zoom's recording capabilities for transcribing purposes.

A review of literature focusing on the risks and impacts of vulnerable populations, lessons learned and disaster relief mechanisms as it applies to a global pandemic, and the roles of humanitarian organizations and NGO's in a pandemic. This literature review was conducted to inform analysis and contextualize the findings of this capstone.

<u>Recruitment</u>

A total of 10 subjects were interviewed for this research. Some of these individuals were recruited by a neutral facilitator, some through personal networks and others were recommended by interview subjects themselves. Eight were Jordanian nationals while the other two were expats living in Jordan (one from Italy and the other from Nigeria) who had been working with humanitarian organizations in Jordan for at least two years. All participants were required to have worked in the humanitarian sector for at least two years. The lowest level of experience was 5 years and the highest was 20, with an average of 12.5 years for all participants. Participants were both male and female, however, there was no requirement for the male to female ratio. As this research was designed to obtain the personal perspective of humanitarian aid workers, some of the subjects preferred not to be named in this study. Therefore, I will omit the names of all participants. While all participants gave permission to name their organizations, it is important that it be made clear for ethical and professional reasons that these are not the viewpoints of the organization as a whole but rather the personal perspective of the humanitarian aid workers themselves. Participants who gave their perspective on the effects of Covid-19 on humanitarian aid were from the following organizations: World Food Programme (WFP), Médecins Sans

Frontières (MSF), International Committee of the Red Cross (ICRC), Noor Hussein Foundation Institute of Family Health (IFH), International Rescue Commission (IRC), Arab Renaissance for Democracy and Development (ARDD), Royal Health Awareness Society (RHAS) and the Jordan Health Aid Society International (JHASi). There were some participants within the same organization who worked in a different sector. Most participants worked with different international and local humanitarian organizations covering different sectors like health, education, women and children protection, refugees, and food security.

Ethics of Research

The biggest ethical concern in preparing and conducting this research was to ensure the confidentiality of the participants. This study was conducted to understand the personal perspective and experiences of humanitarian aid workers and does not at all reflect the opinions of the organizations themselves. I wanted to ensure confidentiality with the participants in case there was any worry of professional ramification and to avoid misconstruing the participants' perspectives with that of their organization. Therefore, names have been omitted. Although the necessity of anonymity was not required for most participants, I thought it would be prudent to ensure the anonymity of all subjects.

Data Management and Analysis

Data was collected from the subjects by audio recordings through Zoom. Data was gathered as a 14-question interview (Appendix A) with non-leading questions. This allowed the subjects to freely discuss their own perspectives of the situation in their respective field of work during the onset of the pandemic and subsequent lockdown measures. Participants were allowed to speak freely, guided only by the narrative questions which were used to prompt answers on

specific topics surrounding their experiences. All interviews were transcribed personally by replaying the recording of each subject's interviews and writing them on Word documents to ensure all information was transcribed correctly. Data analysis was conducted by establishing relevant patterns and commonalities within participants interviews. I listened to each subject interview numerous times while simultaneously going over the transcriptions to ensure no data was missing. I then went over and categorized data by relevant and emerging themes. The data was then compiled into separate documents by the following subjects: (i) Covid-19 lockdown measures on operations (ii) Collaborations with governments, (iii) Partnerships with private sectors (iv) Partnerships with local initiatives (v) Funding (vi) Support of frontline workers (vii) Role of Technology

This allowed for easy analysis between the different subjects on the main topics of this study. Analysis was also conducted on the differences in response between participants as well as differences among areas of work. For example, I would analyze how operations were affected differently in the health sectors than the education. Data was stored on a secure, password-protected personal laptop. After completion of research, all data will be deleted from the server.

Limitations of Study

Limitations of this study can be attributed to the small pool of participants. For this research I was able to obtain the viewpoints of ten subjects. However, this study could have been further developed by expanding the number of participants. One of the requirements for participants was to have a proficient grasp on the English language. All subjects were able to conduct their interviews in English with little to no issues - except in cases where clarification on questions was necessary. However, it should be noted all participants were not native English speakers. In addition, by allowing for participants within different fields or sectors in humanitarian aid, some

questions were not relevant to their fields. Therefore, they were unable to provide what they believed would be a suitable answer. Subjects did their best to give their own observations on issues pertaining to the line of questioning, but at points resorted to hear-say from colleagues and/or rumors. In addition, as the study focuses around the Covid-19 pandemic, which is still on-going and continuously subject to changes, there was a major lack of previous research on the topic. The research for this study has had to adapt and be modified as the focus was on a rapidly developing crisis. The study focuses mainly on the effects during the early stages of the pandemic and does not predict or investigate the long-term effects nor impacts of the pandemic on humanitarian aid.

Findings

The findings were acquired from the subjects through a fourteen-question interview (Appendix A) that discussed their perspectives on seven themes. These were the themes established through my review of literature on the effects of the pandemic. The findings were relevant to the first months of the pandemic outbreak in Jordan and do not account for the current state, nor long-term effects of the foreseeable future.

We first discussed their experiences with the nationwide lockdown that took effect on March 17th, 2020 in Jordan and how these measures affected their work. Some participants found their work completely shut down; some were quick to move to remote work; and those in the healthcare sector saw an increase of workload, as their medical expertise was needed on the frontlines.

Collaborative efforts were a major theme in the findings, as subjects discussed how the Jordanian government actively sought to obtain assistance from the non-governmental sector to assist in their pandemic relief efforts. Collaboration between NGO's and local CBO's was also a prevalent, showcasing cooperation as a powerful disaster management mechanism.

Findings on funding was also provided by subjects to the best of their knowledge. While the area of funding was not necessarily the area of expertise for most of the subjects, and they had limited knowledge on the matter, they were able to postulate how covid-19 will affect funding in humanitarian aid.

The subject of technology, which has been an imperative and necessary resource during lockdowns and the social distancing requirement, was discussed to gain a better understanding on how it has helped to keep operations functional. Subjects demonstrated the importance of technology for internal company use in order to maintain day-to-day activities and ensure the

continuation of their projects. It was also a vital means of communication with beneficiaries, to assist with various needs and to provide significant dissemination of information.

Support of frontline staff was discussed somewhat minimally. Most subjects did not deal directly with the support of frontline aid workers. However, subjects in the health sector considered their own role on the front line as well as those their organization has supported relating to CBO's in hard to reach areas. In relation to COVID-19, it is important to build the capacity of frontline workers who have limited knowledge on COVID-19 best practices. The main finding of this topic was the need to relay the importance of proper use of PPE among frontline workers and social distance measures to the beneficiaries. As mentioned in the literature review, there have been instances of violence and fear towards frontline workers in other countries. In Jordan, there has been no such instances and frontline workers are trusted by beneficiaries. They also tend to adhere to the advice given to them by these workers.

Covid-19 Lockdown Measures Effects on Operations

When the Jordanian government enacted their strict Covid-19 prevention measures, the entire kingdom went into lockdown. The participants of the study found that the lockdown measures naturally had a major effect on operations, especially in the first days when there was a lot of uncertainty on how long these measures would be in place. Restriction on movement had a multitude of effects on continued humanitarian aid service and logistical components. Human resources were affected as some international organizations saw staff unable to start positions in the field or leave on mission due to border closings. Some NGO's and local organizations had government permission to continue activities during the lockdown, while some were forced to

freeze operations that were not deemed essential. Adapting to these measures was a challenge for some smaller NGO's like RHAS - which focuses on long-term issues like health awareness and literacy; that have never been faced with an emergency of this size. Dealing with lockdown measures and continuing health awareness outreach was a complete learning experience. Organizations such as MSF were able to adapt relatively easily due to their previous experiences dealing with infectious diseases worldwide even though a virus of this level has never been seen before. MSF was also able to continue operations in Jordan as they are deemed an essential organization by the government. The primary concern for essential humanitarian workers focused in healthcare was the implementation of safety measures for staff and patients. Second would be the modification of project delivery, as Covid-19 prevention measures took precedence over regular interventions and operations. Safety and security of all staff working in vulnerable communities was of the utmost importance in order to limit the spread of the virus to staff and the communities. For beneficiaries under the Institute of Family Health (IFH) dealing with ongoing medical concerns in regard to reproductive health, consultations were done through remote services such as phone calls and video conference.

Many participants expressed their frustrations during the first months of lockdown, especially those working in education and reproductive health services. The confusion and continued extension of lockdown made it difficult for some to resume work right away. The inability to implement direct services and conduct activities on the ground for initiatives, such as early childhood development and beneficiary healthcare follow-ups, proved to be difficult or impossible with the lockdown measures. Educational interventions by the IRC were delayed until they were able to modify their programs to adhere to the lockdown. Added pressure on

vulnerable families as a result of the lockdowns made educational needs for the children take a step back, as their families were confronted with lack of food, cash and health services.

However, adaptation methods, such as partnering with different local organizations to conduct risk assessments virtually and with organizations that had the capacity to reach vulnerable populations, allowed for some continuity of interventions.

Collaborating with The Jordanian Government

Coordination efforts with the government during lockdown were necessary to create mechanisms to cover the needs of all 12 governates in Jordan. Many of the participants in this study reported a very positive experience with the government since the Covid-19 outbreak. Governmental cooperation was high as they turned to NGO's to assist with Covid-19 operations, such as the dissemination of covid-19 information and safety measures to vulnerable and out-of-reach communities. Some NGO's saw their workload increase immensely as they collaborated with government agencies such as the Ministry of Health. Collaboration and coordination with the government was sometimes happening on a daily basis, and some NGO's like IFH had regular check-ins and were routinely updating protocols in accordance with the MOH. Some NGO's were able to collaborate with the government to make sure they were able to provide aid to hard-to-reach areas during the lockdown. Many participants spoke on a strengthening of collaboration efforts between the government and their organizations but maintained that government partnerships have always been strong even prior to the coronavirus outbreak. JHASi reported that they found the government had shown even more effort to partner with their organization by cooperating and approving more funding for projects. However, one participant

reported that government funding for interventions not related to Covid-19 has taken a backseat, and there are worries that this may lead to disruptions in aid for vulnerable communities.

In the case of education, specifically early childhood development, we can see how cracks may occur. As remote learning took time to establish the necessary technological needs, teacher training and the best methods of implementation, children were at risk of falling through the cracks and not having proper continuity of their educational needs met. The Ministry of Education created a platform called Darsak which had videos and classes uploaded online for remote learning access. However, this teaching platform did not include pre-school and early child development classes. In the case of the participants from IRC, it was agreed that collaboration with the government was not as robust as they would have liked it to be in the beginning. Yet, since then, their efforts expanded greatly, and the IRC has been able to provide content and resources to reach children of all ages through remote learning tools like Darsak. There were still some frustrations regarding the lack of follow-through on education by the government. There is also the issue of access to technology. Some families may only have one computer in their household and more than one child. This can make access to online learning difficult for some children creating an additional gap in their education.

In response to the lack of technology, the Ministry of Education provided education through additional platforms. They began to broadcast classes on the national tv channels in order to reach children who may not have access to a computer or internet access. This effort was commended for its reach; however, there was no accountability for the children and no concrete way to ensure attendance and student performance.

Partnerships with the Private Sector

As far as partnering with the private sectors, some NGO's have seen more effort and in-kind support extended to assist with Covid-19 relief measures. Telecommunication companies and media agencies collaborated with the Royal Health Awareness Society to assist in disseminating their messages in order to gain a larger reach on communities. There are some initiatives with telecommunication companies to provide enhanced internet bundles to underserved communities, in order to provide better service for online learning. Enhanced cell phone coverage and reduced rates would help refugees and rural communities with better cell service allowing them to stay in touch with family and be able to connect with aid services, without fear of losing too many minutes on their phone. IRC has been working on a partnership with the Facebook corporation to easily circulate important information as Facebook is one of the most commonly used social network sites among Jordanians.

Some of the participants spoke about operating in tandem with private laboratories to gain access to Covid-19 testing capabilities for rural populations. There have also been collaborative efforts with companies producing Personal Protective Equipment (PPE) and hygiene kits to assist in redistribution to affected communities.

Partnerships with Local Initiatives

Participants working with international organizations such as MSF and ICRC stated that there were limited partnerships with local initiatives, as they tend to work directly with the government, such as the Ministry of Health. As for ICRC, their established protocol is to collaborate mainly with the regional offices of the Red Cross/Red Crescent. ICRC worked with

the Jordan Red Crescent Society for Syrian refugee cash assistance and designated ATM locations in the north of Jordan for easy access to this cash assistance. They also worked with the Jordan Red Crescent Society on Covid-19 awareness campaigns in refugee camps.

The viewpoint of participants working with NGO's was that collaboration with local NGO's and Community Based Organizations (CBO's) was invaluable to their continued efforts in delivering aid within hard to reach communities. Partnering with local NGO's and CBO's allows for them to reach out to more beneficiaries at the grassroots level. Issues of access to affected populations has always been a cause for concern and is even more so with the onset of Covid-19. Thus, it was important for them to further leverage these partnerships. Many NGO's are currently not working at full capacity, so partnering with other local organizations allows for greater capacity and reach. Working with local organizations that already have a database has proven to be very useful for education efforts. For example, IRC has been working with a food delivery aid service that has a robust database on hard-to-reach populations and refugees living outside of camps. By utilizing this database, IRC has been able to piggyback on food delivery by including educational tool kits for families with children. Currently, there is a strategy being developed to establish a comprehensive, integrated hotline that would connect all local NGO's and CBO's in order to create a clear referral pathway for affected populations seeking aid.

Another important element to partnering with smaller and local CBO's and NGO's is the ability to assist in building the capacity of these local organizations themselves. Capacity building allows them to provide further assistance in their communities. Especially within the health sector, NGO's are able to help inform local volunteers and organizers on Covid-19 preventative measures and any new or relevant information concerning the virus that they are able to communicate to their local communities.

Effects on Funding

For many of the international organizations, funding is handled at a strategic level at the organization's headquarters. Therefore, it was difficult for some participants to speak on this matter fully. However, they do believe that there has been a general decrease in funding over the last couple of years, and with the economic impact of Covid-19, they can suspect that funding and donations will have a significant decrease in the 2021 budget. It is expected that international NGO's will have trouble garnering new donors and may have to rely solely on previous donors with whom they have had long standing relationships. One participant mentioned that their organization has not been able to attract any new donors since the onset of Covid-19.

Local NGO's in Jordan have had significant decreases in funding, resulting in staff cuts, grant cuts, cessation of interventions and some even having to completely shut down operations. One example of an important intervention that was cut was the healthy meal provision for children in schools. This intervention took place in the Zaatari refugee camp, host communities, as well as in many rural areas. This cut resulted in at least 68,000 kids no longer having access to healthy meals as well job loss for up to 300 women working in these kitchens losing employment. Donor grants and government funds have shifted towards Covid-19 prevention measures with "some donors…looking at diverting the funds to other essential needs…". While these new grants are helping organizations build their capacity and provide support in order to better respond to the Covid-19 crisis, there is worry that not having sustainability in funding for other projects will lead to serious consequences down the line. One participant said that although funding is now mostly diverted towards the pandemic, it is important to ensure funding for other crises like that of the refugees in Jordan. At present, the scientific world takes great strides in

working towards a vaccine with the possibility of significant improvements for the duration of

the pandemic. However, "if Covid leaves after a couple of months… refugees will still be here".

Support of Frontline Workers

The support of frontline workers was only relevant to the NGO's working in the

healthcare sector. Support for frontline workers during Covid-19 came through donating PPE,

providing training, capacity building and ensuring testing was available. Organizations like

JHASi worked directly with frontline workers, training them on how to properly use the PPE

equipment, how to detect signs and symptoms of Covid-19 and how to ensure their own safety

against contamination. A participant working with AARD stated, "we collaborated a lot with the

Ministry of Interior, with the support of the military, to make sure that we were reaching areas of

total lockdown…" in order to supply frontline workers with the necessary material. MSF support

extended through contributing and donating important medical material and PPE to the Ministry

of Health staff. In addition, MSF suspended their reconstructive surgery programs in Jordan and

converted use of their medical facilities to undertake Covid-19 patients. There were also

provisions supplied such as food and hygiene kits to frontline workers. The Institute of Family

Health (IFH) coordinated a program to provide small gifts to frontline workers as a token of

appreciation for their work and to boost morale among the front-line workers. In addition, IFH

are working with front-line workers to provide them with psycho-social support to help deal with

the possible onset of trauma caused by the pandemic.

In Jordan, frontline workers are respected and there have been no instances of violence

towards them. Beneficiaries do not exhibit fear of contracting the virus from the frontline

workers and instead show trust in them. The only form of skepticism that arose from

beneficiaries was towards the virus itself and whether it is actually as dangerous as reported. All participants in this research unanimously agreed that there has been no violence or fear towards them or frontline workers in Jordan.

The Role of Technology

All participants agreed that technology played a major role for the continuation of operations in their field of work. Most participants mentioned the use of video and teleconference communications for internal use among colleagues as assisting in the continuation of their work. For internal administrative use, telecommunication methods such as Zoom, Teams and Webex have been essential in maintaining workflow and allowing for organizations to stay up-to-date with day-to-day work. Administrative issues may have arisen when dealing with new hires and the handling of human resource paperwork. Some organizations had to suspend the hiring process at the onset of the pandemic; however, they are now able to resume hiring.

For external efforts, using technology to reach front line workers and beneficiaries was crucial. RHAS created a WhatsApp group for 5,000 people living with chronic diseases in hard to reach places. Through this means of communication, they were able to relay important information on Covid-19 and prevention measures. The IRC is planning to rollout a "platform or application…called Viamo, so we can distribute and disseminate tips for caregivers on scale." Viamo is a relatively new communication system that connects organizations directly to individuals using their mobile devices.

There has also been an initiative started for refugees and Jordanians without health insurance that allows for them to obtain telehealth services and carry out consultations with a doctor over the phone. In addition, RHAS has used the worked to supply nutritionists with

tablets, allowing for the provision of nutrition counseling to beneficiaries. Technology has played a major role in providing information and assistance throughout the humanitarian aid sector and will continue to as it improves.

Summary of Finding

This research sought to gain an understanding of the effects of the pandemic on humanitarian aid in a country that imposed one of the strictest lockdown in the world. By interviewing humanitarians on their perspective of how the last eight months have changed their work, I was able to gain invaluable insight on how the lockdown affected their work, how they were able to adapt, what tools and mechanisms help, and how collaborative efforts allowed for more sustainability. It is evident that the Covid-19 pandemic has had a major effect globally and on humanitarian aid, but through this research I was able to determine that humanitarian operations were able to function by adapting to the circumstances and through collaborative efforts. Below are some of the key findings from the research.

Key Findings

- Lockdown measures imposed in order to stop the spread of the coronavirus did not stop humanitarian operations but there was the need for a quick response to adjust and adapt to the situation.

- Government assistance and collaboration with humanitarian aid organizations was mutually beneficial. The Jordanian government sought out the assistance of humanitarian aid organizations and was able to provide logistical support for some and additional grants for others.

- Collaboration at the local level was an invaluable mechanism that allowed for greater assistance in reaching vulnerable communities during lockdown. The ability for organizations to pool together resources made aid interventions possible.

- There were some evident cuts in funding for interventions and there is anticipation of further cuts in donor funding and foreign aid that will be reflected in future budgeting. Funds that were previously approved for interventions were reallocated towards Covid-19.

- Collaboration with the private sector assisted humanitarian aid workers in the health sector by working with companies and laboratories to provide PPE and hygiene kits as well as to disseminate covid-19 testing apparatus to rural areas. Collaboration with telecommunication and media companies has aided in continued communication efforts with beneficiaries and front-line workers.

- Technology was key to continue efforts with beneficiaries through telecommunication tools and establishing hotlines. For internal administrative use, technology was necessary to continue operations.

- Organizations were able to support frontline workers by building their capacity, training staff on Covid-19 measures and providing PPE and hygiene kits.

- Beneficiaries in Jordan exhibited no fear or violence towards front line workers but rather gratitude and appreciation.

Discussion

As Geiger had discussed in the article, *Managing enduring public health emergencies such as COVID-19: lessons from Uganda Red Cross Society's Ebola virus disease response operation,* a centralized pooling of resources is necessary in order to reach as many vulnerable peoples as possible during a pandemic. Many humanitarian organizations are seeing the cessation of life-saving interventions within the communities. By pooling together resources from larger international organizations and smaller NGO's, reaching beneficiaries in rural areas and in refugee camps has been made more feasible. Some organizations have had to stop operations completely due to lack of funding. In discussing funding with the participants of this study, it was clear that funding is a main worry for smaller organizations that rely heavily on donations. The global economic effect of the Covid-19 pandemic is, and will continue to be, a major cause of concern. As we have seen before during the outbreak of the H5N1, funding was easily obtained for the Humanitarian Pandemic Preparedness program (H2P). At the onset of the pandemic we also saw international banks such as the IMF and World Bank pledging billions of dollars towards Covid-19 relief. As major donor countries such as the United States face serious economic pressure, funding will decrease, and necessary humanitarian interventions will be at risk.

At the onset of the pandemic in Jordan we saw the government put into play a crisis task force composed of diverse experts and stakeholders from different domains. The National Center for Security and Crisis Management (NCSCM) was able to work cohesively to ensure the spread of the virus at the onset was and could remain minimal. Through the interviews, we learned that collaboration between the government and the humanitarian sector was a crucial step to ensure human security throughout the region. We are able to see how engaging with local communities

was necessary to gain access to hard to reach areas and guaranteeing that they receive assistance and information. Ensuring local community engagement is one of the pillars of the Sendai Framework for Disaster Risk Reduction, as mentioned in the literature review (Ishiwatari, M. 2020). Risk reduction mechanisms must be enhanced, which requires building the capacity of the local and vulnerable communities as the Covid-19 cases rise dramatically. This will be an invaluable move in safeguarding human security in the region.

As budgets for the new years are compiled, it is very likely that we will see major cuts in donorship while the world economy struggles with the effects of Covid-19. Prior to Covid-19, there already was a pattern of decreased funding which caused greater competition between humanitarian organizations. The competition between humanitarian aid organizations is not conducive or sustainable to providing aid. Cooperation and collaboration will have to play a major role moving forward to provide assistance to the most vulnerable populations.

We see in Jordan, as discussed with participants of this study, the importance of collaboration among the government, private sector and other humanitarian organizations. The best example we were able to see of this was the IRC working with local food aid programs in rural areas. By using their database, IRC was able to target these populations in coordination with the local NGO to maximize their efforts to provide tools for education.

This research has brought forth the importance of humanitarian aid taking a more collaborative and holistic approach to aid. From the perspectives of the participants in this research we were able to deduce that the efforts of humanitarian organizations and workers can be more effective by partnerships with government, private sectors and local NGO's / CBO's. To reach the most vulnerable, hard-to-reach populations and provide relief to those suffering from the effects of a global pandemic, the best path forward is through collaboration. During a time

where people are confined to their homes and fear for the safety of their health and those of their families, we have seen the advances of technology allow for continued education and the dissemination of information. Private sectors, especially telecommunication enterprises will continue to play a major role in ensuring continued support for vulnerable communities that are unable to move freely and obtain the necessary support needed. It is evident that community engagement, the pooling of resources and cooperation between government, international organizations and local NGO's and CBO is crucial for a successful response. These collaborative efforts will need to be further enhanced and supported as a long-term effort. In Jordan, the efforts of governmental bodies such as the Ministry of Health and the Ministry of Interior were viewed positively by the humanitarian aid workers that participated in this research. While the government of Jordan imposed some of the strictest lockdown and curfew measures to safeguard the health of the people of Jordan, the humanitarian aid sectors operations were not completely stopped. Unfortunately, due to funding purposes some interventions were discontinued, and/or resources were allocated towards Covid-19 relief instead. Evidently, there were moments of frustration and confusion, especially at the onset of the pandemic. However, the general consensus of the humanitarian aid workers featured in this study more or less agree that operations were conducted to the best of their ability. While Jordan took great measures to prevent the spread of the virus at the beginning of the pandemic, they are now facing serious concerns. The spread of the viruses has erupted, with up to 5000 cases a day. Expanded practices of quarantine and curfew are more than likely to be imposed once again, causing vulnerable populations and the humanitarian aid workers that assist them to face serious challenges unless, they continue to adapt and work together.

Conclusion

During my research on this study, it was clear that all participants understood how important collaboration between all sectors and community engagement will be in ensuring continued aid to those in need not only in Jordan but also in all high-risk areas. The interviewees expressed their satisfaction with the Jordanian government's strong approach to the pandemic, albeit there were evidently frustrations with the inability to provide face-to-face support to their beneficiaries. The main approach for all humanitarian organizations and aid workers was and is to continue to adapt to the necessary and life-saving constraints placed on the global community from the pandemic.

Covid-19 and Its Effects on Humanitarian Aid

Appendix A

<u>Interview Questions</u>

1. How have local and international Covid-19 measures affected your organizations operations?
2. What areas of operation do you believe have been most affected by Covid-19
3. What have been the greatest challenges of Covid-19 to your ongoing work?
4. Has your organization made any changes to normal working routines as a result of Covid-19?
5. What technology has been implemented in order to continue work and have you found them to be efficient?
6. Has your organization suffered from decreased funding?
7. How has your organization changed the way it manages funding since Covid-19?
8. Has there been more effort to partner with local organizations in vulnerable areas?
9. Has your organization made any new collaborative efforts with the private sector since Covid-19 and if so how?
10. How has collaborating with governments changed during Covid-19?
11. How has your organization supported aid workers on the frontline?
12. Have you or any of your colleagues been exposed to any rejection or violence due to Covid-19 fears?
13. Have you felt any added anxiety or stresses in your work during covid and why?
14. What, if any, do you consider gaps in the response to Covid-19 and what could have been done differently?

References

Henri, H., Kluge, P., Jakab, Z., Bartovic, J., D'Anna, V., Severoni, S. (2020) *Refugee and migrant health in the COVID-19 response*. The Lancet. Elsevier. 18–24 April

Poole, D.N., Escudero, D.J., Gostin, L.O. et al. *Responding to the COVID-19 pandemic in complex humanitarian crises*. Int J Equity Health 19, 41 (2020).

Lau, L.S., Samari, G., Moresky, R.T. et al. *COVID-19 in humanitarian settings and lessons learned from past epidemics.* Nat Med 26, 647–648 (2020).

Djalante, R. Shaw, R., DeWit, A. April (2020) *Building resilience against biological hazards and pandemics: COVID-19 and its implications for the Sendai Framework*. Progress in Disaster Science. Elsevier.

Estrada, R., Arturo, M., (2020). *The Uses of Drones in Case of Massive Epidemics Contagious Diseases Relief Humanitarian Aid: Wuhan-COVID-19 Crisis*

Mikio Ishiwatari,Toshio Koike,Kenzo Hiroki,Takao Toda,Tsukasa Katsube. (2020). *Managing disasters amid COVID-19 pandemic: Approaches of response to flood disasters.* Progress in Disaster Science, Elsevier. April

Bapon (SHM) Fakhruddin, Kevin Blanchard, Durga Ragupathy, *(*2020) *Are we there yet? The transition from response to recovery for the COVID-19 pandemic, Progress in Disaster Science,* Volume 7.

Geiger, D., Harborth, L., & Mugyisha, A. (2020). *Managing enduring public health emergencies such as COVID-19: lessons from Uganda Red Cross Society's Ebola virus disease response operation.* BMJ Leader, leader.

Gaia, V. (2020). *The world's largest refugee camp prepares for covid-19* BMJ 2020; 368 :m1205

Sendai Framework for Disaster Risk Reduction. 2015. United Nations Office for Disaster Risk Reduction.

Kabir, M., Afzal, M. S., Khan, A., & Ahmed, H. (2020). *COVID-19 pandemic and economic cost; impact on forcibly displaced people.* Travel medicine and infectious disease, *35*, 101661.

Covid-19 and Its Effects on Humanitarian Aid

Bavel, J.J.V., Baicker, K., Boggio, P.S. et al. (2020). *Using social and behavioural science to support COVID-19 pandemic response*. Nat Hum Behav 4, 460–471

Khoo, E., & Lantos, J. (2020). *Lessons learned from the COVID-19 pandemic*. Acta Paediatrica.

Bristol, N. (2006). *Military incursions into aid work anger humanitarian groups*. The Lancet, 367(9508), 384–386.

Dalglish, S. L. (2020). *COVID-19 gives the lie to global health expertise*. The Lancet.

Mukasa, Sarah. (1999) *Are expatriate staff necessary in international development NGOs? A case study of an international NGO in Uganda*. International Working Paper Series (4). Centre for civil society, London school of economics and Political Science, London, UK.

Raju, E., & Ayeb-Karlsson, S. (2020). *COVID-19: How do you self-isolate in a refugee camp?* International Journal of Public Health.

Mahmood, J. (2009). *PANDEMIC PREPAREDNESS IN ASIA* (pp. 113-116, Rep.) *The Role of Non-Governmental Organizations in Pandemic Preparedness* (Caballero-Anthony M., Ed.). S. Rajaratnam School of International Studies.

Moore, J. (2020). *What African Nations Are Teaching the West About Fighting the Coronavirus.* The New Yorker.

UN Humanitarian Chief: Acting now to mitigate the impact of Covid-19 will save lives. https://www.unocha.org/story/un-humanitarian-chief-acting-now-mitigate-impact-covid-19-will-save-lives

Coronavirus and aid: What we're watching. The New Humanitarian. https://www.thenewhumanitarian.org/news/2020/06/11/coronavirus-humanitarian-aid-response

Anticipating the impacts of Covid-19 in humanitarian and food crisis context. FAO http://www.fao.org/documents/card/en/c/ca8464en/

Covid-19 and the displaced: Addressing the thread of the novel coronavirus in humanitarian emergencies. https://www.refugeesinternational.org/reports/2020/3/29/covid-19-and-the-displaced-addressing-the-threat-of-the-novel-coronavirus-in-humanitarian-emergencies

WFP Chief warns of hunger pandemic as Covid-19 spreads. WFP. https://www.wfp.org/news/wfp-chief-warns-hunger-pandemic-covid-19-spreads-statement-un-security-council

Covid-19 and Its Effects on Humanitarian Aid

Department of Statistics. Population and Housing 2015. Jordan 2015.
http://dosweb.dos.gov.jo/censuses/population_housing/census2015/
High Health Council. Jordan's National Health Strategy 2016-2020. Jordan. 2016.
Available: http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/jordan/national_strategy_for_health_sector_2016-2020_jordan.pdf.

Jordanian Ministry of Health. COVID-19 in Jordan. 2020. https://corona.moh.gov.jo/ar.

Prime Ministry of Jordan. Official Reports. 2020.
http://www.pm.gov.jo/category/7603/?????html.

National Center for Security and Crises Management. COVID-19 in Jordan. 2020.
http://ncscm.gov.jo/index.php.