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A Crisis Within a Crisis: Working and Living Conditions of Syrian and Palestinian Refugees during the COVID-19 in Jordan

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Abstract

The COVID-19 pandemic has evolved into one of the most impactful crises of modern time, and most countries have implemented preventive measures such as nationwide lockdowns, closing certain businesses, and quarantine to prevent the spread of the virus. This study explores how the COVID-19 crisis and its preventive measures impact refugees' welfare in the context of a developing country. The research is based on forty semi-structured interviews with Syrian and Palestinian refugees in Jordan. Research findings indicate that refugees are primarily employed in low-skilled jobs because of legal restrictions, which do not provide decent working conditions and socioeconomic security. Refugees are also mostly housed in high-density settlements with limited access to healthcare, sanitation, hygiene, and water (WASH) facilities. The research findings show that refugees are particularly at risk during the global health crisis due to precarious working and living conditions. This study concludes by providing recommendations on how to respond to future pandemic crises within refugee contexts based on lessons learned from the COVID-19 pandemic.

Keywords: Syrian and Palestinian refugees; COVID-19 crisis; Vulnerability; Gender Inequality; and Jordan

Introduction

The coronavirus disease, which began in China in December 2019, has become a worldwide pandemic as many countries have tightened borders and imposed travel restrictions to reduce the spread of COVID-19. Several non-government organisations (NGOs) and politicians often use the statement “we are all in this together” to declare that this new virus threatens everyone (WHO, 2020; UN, 2020; Conway, 2020). However, COVID-19 and its preventive measures have not affected everyone equally. The COVID-19 crisis has exacerbated the vulnerability of refugees, as they were already living in poor conditions prior to the outbreak. (San Lau et al., 2020; Orcutt et al., 2020).

Refugees are mostly employed in the informal economy due to labour market restrictions, and they do not have an opportunity to continue to work during the nationwide lockdowns (Mukumbang et al., 2020). This makes them more vulnerable compared to local citizens in regard to accessing basic needs such as healthcare, food, and shelter (Fouad et al., 2021; Hajjar & Abu-Sittah, 2021). Refugees are also at an increased risk of contracting COVID-19, as most of them have been living without access to essential services such as healthcare, water, sanitation and hygiene (Kluge et al., 2020). Furthermore, it is difficult for refugees to follow preventive COVID-19 measures such as “physical distancing” and “hand-washing with soap and water” in densely populated refugee camps (Alemi et al., 2020). Therefore, although it

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may be true that the COVID-19 crisis impacts many people across the world, individuals experience this crisis and its outcomes in a different way.

Several studies have investigated the impact of the COVID-19 crisis on displaced people (Fuchs, 2021; Bukuluki et al., 2020; J'union et al., 2020; Truelove et al., 2020). However, little is discussed about the link between pre-existing refugees' vulnerabilities and the impact of the COVID-19 crisis in the context of a developing country. In addition, existing studies did not pay attention to the gendered effects of the COVID-19 crisis; it is little known how COVID-19 and its preventive measures impact the gender variable in the context of displaced people. This paper aims to contribute literature by examining the effect of the COVID-19 crisis on Syrian and Palestinian refugees' welfare in Jordan.

The study has two main questions:

1. What are the common challenges for Syrian and Palestinian refugees during the COVID-19 crisis in Jordan?
2. What can be learned from the COVID-19 outbreak in the context of the displaced population for future reference?

There are three main reasons for focusing on Syrian and Palestinian refugees in Jordan as a case study. First, conflict is one of the main reasons of Syrians mobility to Jordan with reference to insecurities (Sirkeci & Cohen, 2016). UNHCR (2022d) data indicates that the Syrian conflict, which started in 2011, pushed over 6.8 million Syrians to seek asylum in more than 130 countries, but the vast majority live in neighbouring countries within the region. Jordan is one of these countries, as it hosts the third-highest number of Syrian refugees since 2011 (UNHCR, 2022). Second, Jordan historically has the largest number of registered Palestinian refugees across the world, as UNRWA (2022) data shows that Jordan is home to around 2.2 million Palestinian refugees. Third, UNHCR (2022a) data reports that 83 per cent of all refugees are hosted in developing countries, and Jordan is one of these countries. These three main reasons make Jordan an exemplary case study to investigate the impact of a global health crisis on refugees in the context of a developing country.

The study contains six additional sections. The second section of the paper discusses pre-existing challenges for refugees before the COVID-19 crisis in Jordan. In the third section, the aim and methodology of the research are discussed. Section four explains the research findings based on semi-structured interviews with Syrian and Palestinian refugees in Jordan. Section five provides suggestions to mitigate the negative impact of preventive COVID-19 restrictions on refugees for future reference. The final section provides a summary of the findings of the study, which suggest that the COVID-19 outbreak has contributed to a worsening of existing structural inequalities in access to the labour market, healthcare, and WASH facilities for refugees in Jordan.

Vulnerability among Syrian and Palestinian Refugees before the COVID-19 Crisis in Jordan

The vulnerability has become a keyword in the context of humanitarianism and migration governance recently to point out the poor living and working conditions of displaced people (Mendola & Pera, 2022). Various sources of vulnerability are described in Mackenzie et al. (2014)'s taxonomy; even though there is no consensus on the definition of vulnerability in the



literature. Individuals or social groups may experience situational vulnerability as a result of their environment, such as oppression, dominance and injustice. This vulnerability is primarily determined by the external context in which they live, including social, economic, and environmental circumstances. In addition, conflicts over material or non-material resources can contribute to the environment of human insecurity (Sirkeci, 2009). In this research, the concept of vulnerability refers to increasing socioeconomic risks and uncertainties during the COVID-19 crisis among refugee communities.

Refugees may find themselves in vulnerable situations due to different challenges, but one of the most significant obstacles is the hosting country's legal regulations (See Şahin & Kocadayı, 2022 and Sirkeci et al., 2022). The UNHCR has estimated that 70 per cent of refugees live in countries with restricted rights to work (UNHCR, 2022b). To illustrate, Syrian refugees in Jordan legally were not allowed to work until 2016. This means that almost all Syrian refugees in the country worked illegally in dangerous jobs until 2016, and they were easily exploited due to their legal status (Lenner & Turner, 2019). Work permits were granted due to a 2016 treaty signed between the European Union and Jordan (Kelberer, 2017). However, this agreement imposed certain restrictions to protect Jordanians' work. The work permits for Syrians can be obtained in mainly three industries: construction, agriculture, and manufacturing. This means that those Syrians who worked as doctors, engineers, or lawyers in their home country before their displacement are now forced to work in low-skilled sectors or practice their occupation in Jordan's underground economy due to the legal restrictions in the country. This discrimination makes Syrian refugees more vulnerable than Jordanian populations in the labour market. The ILO (2020) assessment supports the previous statement, as the research shows that the level of informal employment was higher among Syrian refugees (52 per cent) than among Jordanians (35 per cent). Even though low-income and marginalised communities everywhere are the most vulnerable to the global health crisis, refugees are at greater risk due to poor living conditions. In Jordan, approximately 80 per cent of Syrian refugees live below the poverty line, and 60 per cent of families live in extreme poverty, while this percentage is only 15 per cent among Jordanians (Karasapan, 2022). Thus, while not all refugees are vulnerable in Jordan, this research discusses precarious working and living conditions that make them more vulnerable than Jordanians.

Palestinian refugees are not distinct from Syrian refugees in this regard. Jordan is the only Arab nation that has provided citizenship to displaced Palestinians. However, it does not offer citizenship to Palestinians (ex-Gazan) who originated from the Gaza Strip in 1967 (Al Husseini & Bocco, 2009). Palestinians who received Jordanian citizenship are allowed to work without official permission in the labour market, but several research participants indicate that they still suffer from discrimination, especially in public sector employment and high-skilled jobs. In addition, despite being born and raised in Jordan, Ex-Gazan Palestinian refugees are treated as foreign nationals, and they need official permission to have formal employment. Thus, Syrian and Palestinian refugees in Jordan are forced to work in low-skilled sectors due to legal restrictions, though they may have qualifications for skilled jobs. I argue that pre-existing legal restrictions have increased refugees' vulnerability during the nationwide lockdowns as they are mostly employed in manual labour jobs, which cannot be implemented from home.

Moreover, studies indicate that there was a significant shortage in the availability of services before the COVID-19 crisis, targeting general health services and psychological support for

refugees in Jordan (Basheti et al., 2015; Al-Fahoum et al., 2015; Abo-Hilal & Hoogstad, 2013). To illustrate, UNHCR Health Access and Utilization Survey (2020) reported that 34 per cent of Syrian refugees with hypertension and 37 per cent of those with diabetes had been unable to access Jordan's health services. Studies also point out that Palestinians who live in camps are prone to poor health due to heightened poverty levels and the lack of adequate water, sanitation and hygiene services (Kitamura et al., 2018; Alnsour & Meaton, 2014). According to Tiltnes and Zhang's (2013) research, 88 per cent of refugees are not covered by any health insurance; 52,7 per cent of Palestinian refugees in the Jerash camp had an income below the national poverty line. Thus, this research discusses that Syrian and Palestinian refugees in Jordan have been trapped in a cycle of precarious conditions during the COVID-19 outbreak due to pre-existing challenges.

Finally, COVID-19 and its preventive restrictions have been especially severe for refugee women due to pre-existing gender inequalities in Jordan. To illustrate, studies point out that women were at a disadvantage at most as labour market outcomes of Syrian and Palestinian refugee women are often lower than their male counterparts in the country (Sahin Mencutek & Nashwan, 2021; Tiltnes et al., 2019; Hejoj, 2007). In addition, gender-based violence was already widespread before the COVID-19 crisis in Jordan, even though most of these cases remain invisible due to patriarchal social structures in the country (Presler-Marshall et al., 2021; Khawaja et al., 2008). Therefore, I argue that gender is an essential determinant of an individual's economic and social welfare.

Methodology

The research data is based on ethnographic observations and 40 in-depth semi-structured interviews with twenty Syrian and twenty Palestinian refugees in Jordan from March 2020 to March 2021 to understand how COVID-19 and its preventive measures impact their living and working conditions. In this study, snowball sampling was used, a non-probability sampling approach in which participants recruit other participants for a study; this sampling method is commonly used in the social sciences (Noy, 2008).

Firstly, I met key informants, such as representatives of local NGOs and academics who work in refugee studies, to access the research participants. During my first two weeks of arrival in Jordan, I also visited neighbourhoods where Syrian and Palestinian refugees lived. I conducted ethnographic observations in these areas. While conducting ethnographic fieldwork, I introduced myself to potential participants. With the assistance of NGO representatives, I was able to establish my first contact with a Palestinian refugee living in the Jerash refugee camp and with a Syrian refugee woman living in Amman. I accessed the potential interviewees through these key informants and increased the number of interviewees through the snowball method.

As shown in Table 1, the research sample is almost gender-balanced, including twenty-one male and nineteen female refugees. 13 of the research participants are camp residents in Jordan, while the majority of research participants (27) reside in urban areas throughout Jordan. At the time of the interviews, the age range of interviewees varied from 21 to 74. In terms of educational level, 8 participants had a bachelor's degree. 6 respondents held a college (two-year university) degree, and 11 held a high school degree. 13 participants had a primary school diploma, while the remaining two had no formal education, as seen in Table 1. The majority of Syrian research participants (12) received their education in Syria, while almost all



Palestinian research participants (18) received their education in Jordan. All Syrian participants arrived in Jordan following the start of the Syrian crisis in 2011. Sixteen Palestinians were born in Jordan, mostly descended from Palestinians who moved to Jordan following the 1948 and 1967 Arab-Israeli War, while the remaining four were born in Palestine.

Table 1. Demographic Characteristics of Research Participants

Age	(N=40)	Marital Status	(N=40)
20-30	9	Married	24
31-40	13	Single	7
41-50	10	Divorced	3
51-60	5	Widowed	6
61+	3		

Gender		Education	
Female	19	No schooling	2
Male	21	Primary	13
		High school	11
		College degree	6
		Bachelor's degree	8

Researchers have been forced to change their data collection techniques because of COVID-19 and its preventive measures, such as nationwide lockdowns and unprecedented social distancing (Rahman et al., 2021; Maison et al., 2021). These measures in Jordan restricted social interaction and the possibility of conducting qualitative research face-to-face. Thus, 19 interviews were conducted via a telephone call, a means of communication chosen based on participants' preferences. 6 interviews were completed via software programs, such as Zoom and Skype. I conducted 15 interviews face-to-face and observed firsthand the impact of the preventive COVID-19 measures on refugees' living and working conditions. This was an excellent opportunity to understand better their social and economic conditions during the COVID-19 crisis. The advantages of conducting phone interviews included the ability to manage time for both the interviewee and the researcher since no in-person meeting was required. The phone interviews, however, posed limitations in terms of reading body language; and it was challenging to keep the participants on the phone for a long period of time.

All interviewees provided their oral consent under assurances of confidentiality and anonymity. The duration of the interviews ranged from twenty-three minutes to approximately one and a half hours. The interviews were conducted in both Arabic and English. As a final measure to protect the confidentiality and identity of the participants, all names for the research have been selected randomly.

As part of the interview process, a set of personal characteristics were asked, including age, education, year of arrival in the host country, and marital status. Next, all participants were asked to identify the most challenging aspects of the COVID-19 measurements that they encountered in Jordan. Finally, they were asked their opinion on what could be done to mitigate potential threats and fears arising from the poor working and living conditions in Jordan.

Research Findings

The Jordanian government followed the World Health Organization's (WHO) recommendations to control the COVID-19 outbreak, and the government has introduced a series of preventive strategies, such as "lockdown" and "closing certain businesses", that restrict people's movement to reduce the spread of the contagious virus since early 2020 (Alshoubaki & Harris, 2021). While the number of COVID-19 cases was still relatively low in March 2020, the Jordanian authorities imposed a strict lockdown on refugee camps to control the spread of the disease. To illustrate, no one could leave or enter the Syrian refugee camps without special permission; all shops inside and outside the camps were closed from mid-March to the first week of May 2020. In addition, during the first week of September 2020, the Jordanian government decided to implement a total lockdown every Friday from October to the end of 2020, given the number of COVID-19 cases increased.

COVID-19 and Its Challenges in the Labour Market

Generating decent work employment is vital with regard to labour market integration and social cohesion of refugees, as employment offers the opportunity to improve refugees' living conditions through their own efforts (Gordon, 2019). However, most refugees are exploited in the labour market in Jordan, and one of the most common experiences is employers' abuse (Gray Meral, 2020). Ali, a Syrian refugee who has lived outside a refugee camp since 2016, illustrated this:

I worked in construction for about three months because there was no other job that I could do here [Jordan]. When the job was done, the employer did not pay my salary. The employer said that he does not have any money due to the coronavirus crisis. [...] Even when I said I would complain to the police, he said: "Go wherever you want, and complain to whoever you want." [male participant/28].

Several research participants also complained about the employers' treatment as they were mostly employed without any social and economic protection. Judging from my fieldwork and observations, refugees living in urban areas often do not have regular jobs providing them with a fixed income. Due to the lack of legal regulations, refugees have been forced to work in the informal economy, which does not offer a decent work environment. In addition, Tiltne et al. (2019) report that 98 per cent of Syrian non-camp refugees rent property on the private market. This means that those who live in urban areas need to have a fixed income to be able to cover their rent, unlike camp residents. Ahmad, a Syrian refugee with a high school degree, reported:

When I was in Syria, my economic situation was good. I had my own home and business. Five employees were working in my shop. However, I am not able to create a business in here [Jordan]; there are lots of legal restrictions. I am currently working in construction, which is not a regular job. Plus, there is almost no construction work now due to the coronavirus issue. I do not know where I will get money to pay my rent for the house. [male participant/39].

International Rescue Committee's report (2020) supports Ahmad's statement as it suggests that many non-camp refugees faced challenges in paying their rent due to the economic loss during the nationwide lockdowns in Jordan. Palestinian refugees also face similar obstacles to finding jobs in the labour market. For instance, those who do not hold Jordanian citizenship are not allowed to work in the public sector, and several sectors are closed to work (Kvittingen



et al., 2019). This legal restriction pushes Palestinian refugees, as do most Syrian refugees, to find jobs in the informal economy. The employment they held before the COVID-19 crisis in Jordan, generally as manual labourers, could not be performed from home or under social distancing measures. Therefore, many Palestinian refugees lost their jobs during the nationwide lockdowns and social distancing measures. As a result of losing their employment, many refugees were forced to rely on whatever savings they may have had as they had no fixed income. I was informed that some families applied for loans to cover their basic needs during the COVID-19 crisis. For instance, Remas, a Palestinian refugee student at a university, said:

Many people [Palestinian] around us lost their jobs, which were providing an income just to survive. [...] My father is a carpenter, but he does not regularly work for almost a year due to the corona crisis. We have used only my father's savings, but they are over now. My parents had to apply for a loan to access basic needs. It is a quite challenging time for us. [female participant/21].

Refugees were particularly concerned about the socioeconomic consequences of the COVID-19 crisis as it was additionally challenging to find a job in Jordan, where unemployment increased by 23.2 per cent in the third quarter of 2021 (DoS, 2022). Women research participants especially explained their concerns regards to find a new job during the COVID-19 crisis, as they were already underrepresented in the labour market. Sonya, a Palestinian refugee, stated:

I was working in a humanitarian organisation before the corona crisis. But, I lost the job because the organisation suspended the project due to a lack of funds. I have been looking for a job for almost six months, but there is nothing available at the moment. [...] It is not easy at all to find a job because women do not have many job opportunities. But, it is more difficult to find a job now because of this corona issue. [female participant/32].

Almost all women research participants shared Sonya's concern as it was already difficult to find a paid-work for them in Jordan. This suggests that gender is an essential factor in labour market participation.

Poor Healthcare, Water, Sanitation, and Hygiene (WASH) Services

Studies often indicate that refugee camps suffer chronically from various forms of fragility, including weak health governance and limited financial and administrative capacities (Martin, 2015; Peteet, 2011; Agier, 2010). The limited healthcare services are likely to increase refugees' vulnerability, given that the number of medical staff in the refugee camps has been reduced due to preventive COVID-19 measures in Jordan. Participants who live in the camps expressed their fear of the possibility of COVID-19 spreading. To illustrate, Fatima, a Palestinian refugee woman living in Jerash camp, pointed out:

There is no proper hospital in the camp. There are only two health centres which are open until 2 pm. They do not have the most required medicines; their service is not efficient. I do not even want to think about the consequences of catching coronavirus in this camp. [female participant/47].

More than half of the research participants (22) explained that the treatment services for non-communicable diseases (NCDs) had been significantly disrupted during the COVID-19 crisis in Jordan. The most commonly explored non-communicable diseases among the displaced population in Jordan are hypertension, chronic respiratory diseases, diabetes, and

cardiovascular disease (Rehr et al., 2018). Moreover, Syrian refugees face many difficulties accessing adequate public healthcare due to a shortage of human resources, such as intensive care unit (ICU) nurses, dentists, respiratory therapists, and microbiologists within the camps. UNHCR (2021) data shows that there were eight medical clinics for approximately 80,000 Syrians in the Zaatari camp as of December 2021. Research participants complained about the lack of medical staff in these clinics.

Moreover, space, soap, and water, the prescribed measures to protect oneself and others from COVID-19, are not easily accessible for many refugees in Jordan. The limited access to a reliable water supply or basic sanitation is a massive challenge for refugees in the camps, as Jordan is the second most water-scarce country in the world (Hussein et al., 2020). Most Syrian refugees in the camps have no running water in the shelters they call home. Aseel, a resident of Azraq camp, illustrated this problem:

We do not have running water in our accommodation in the camp, actually no one has it. There are some communal water tanks around the caravans, and we have to go there to fill up our small plastic water tank. [...] This means that if you became sick, you would have problems accessing water. [female participant/33].

It is a luxury for tens of thousands of Syrians who live in the Azraq refugee camp in Jordan to use a private toilet or bathroom. Many camp residents use the toilets and bathing cubicles, with one shared between every three shelters (UNHCR, 2021a). Li et al.'s (2020) research has pointed out how sharing facilities may become dangerous if used improperly during the global pandemic. This issue makes refugees concerned about using these shared facilities in the camp during the COVID-19 crisis. To illustrate, Rashida, who has lived in the Zaatari camp since 2014, highlights:

Almost all people have no private toilet or bathroom in the camp, and we share the toilet with approximately 20-25 people who live around our caravan. The problem is that these facilities are mostly dirty; unfortunately, some people do not leave clean. The camp authority does not clean these shared facilities regularly. Whenever I use the toilet or bathroom, I do not feel comfortable at all. [female participant/39].

Refugees may be protected by their isolation within the camps, but the current poor living conditions there, including a lack of space, running water and soap, and an absence of private toilets and bathrooms, leave people helpless to defend themselves against this deadly virus. Research conducted by Tiltne et al. (2019) has shown that camp residents in Jordan have significantly less space than non-camp residents. As a consequence of inadequate personal and common space, refugees are forced into cramped and restricted environments.

Precarious Lives and Gender-based Violence

Among the most effective responses to COVID-19 are social distancing and quarantining measures. However, most refugees who stay in the camps do not have the opportunity to implement social distancing, as the small caravans that they are provided with for housing are tightly packed next to each other. A Syrian refugee, Jana, who has lived in the Zaatari camp since 2015, points out:



We are often told to implement social distancing and wash our hands frequently to protect ourselves from COVID-19. But how is it possible to socially distance in the camp? Each caravan [where refugees live] is very close to each other. [female participant/31].

Almost all the research participants who live in camps stated that they live in a space without the necessary sanitation facilities to protect themselves. Several effective interventions to protect against COVID-19, such as adherence to “social distancing”, and “frequent hand-washing”, are often unavailable to refugees. Furthermore, although around 20 per cent of Syrian refugees living in camps in Jordan receive housing and free services, such as healthcare and humanitarian aid, this does not cover all of their needs (UNHCR, 2022c). A UNHCR report shows that by early April 2020, twenty-nine per cent of Syrian refugees declared that they had not had sufficient food to eat in the past week (UNHCR, 2020a). Moreover, UNRWA conducted a rapid impact survey between April 22-24, 2020, to understand how COVID-19 restrictions impact Palestinian refugees. Around 64 per cent of the participants expressed their worry about not having enough food during the past seven days because they lacked money (UNRWA, 2020). These reports point out the poor living conditions of displaced people and the lack of financial support in Jordan. To illustrate, Fatima, a Palestinian refugee living in Jerash camp, explained her reaction to the lack of financial support during the COVID-19 outbreak:

If you are a refugee here [in the camp], you need to forget anyone’s help. We [refugees] only try to help each other overcome the problems so far. It is a shame that there is no enough financial support from the government or any other organisation. [female participant/47].

The United Nations agencies’ reports above demonstrate that refugees have had insufficient income to cover their basic needs during the COVID-19 global health crisis in Jordan. Many refugees are dependent on meagre humanitarian assistance. The World Food Programme (WFP) provides refugees in camps with 23 Jordanian Dinars (USD 32) per person monthly through Cash-Based transfers, which can be used to buy food from WFP-contracted supermarkets. Several research participants highlight that this is not enough to buy basic food. For instance, Mohammad, a Syrian refugee, whimpered:

We sometimes sleep without eating anything during the night as we don’t have enough money to buy our kitchen items to cook [...] “I only get 23 Jordanian Dinar per month, and there isn’t any job to do now because of the [COVID-19] limitations. I have to cover all of my expenses with this small amount of money; how can a human live with this amount of money? [male participant/74].

In addition, almost all women research participants (16) agree that there was a significant increase in domestic violence during the COVID-19 crisis in Jordan. Research participants explained that the escalation of violence against women from a family member (particularly from a partner) was linked to various factors, such as existing domestic violence before the COVID-19 crisis, worsening economic conditions, movement restrictions, and extended shared time at home due to preventive COVID-19 measures. To illustrate, Zahra, a Syrian refugee, reported:

My husband was treating me badly even before the corona issue. He lost his job during the restrictions, and he became more aggressive. He bit me in front of my children. [...] I did not report this issue to the police or somewhere else because I had no place to go. Even if I reported it, nothing would change. I only pray that these bad days will not last long. [female participant/26].

Zahra's statement indicates that pre-existing poor living and working conditions, when combined with the preventive COVID-19 measures, make refugee women more vulnerable. Zahra's statement also suggests that some women do not report or disclose domestic abuse to the police or related authorities. The research findings suggest that nationwide lockdowns and isolation measures adversely affect gender roles and responsibilities. Almost all women interviewees drew attention to the worsening responsibilities during the COVID-19 crisis due to stereotyped gender norms. For instance, they noted that the frequency of childcare increased due to children's staying indoors more than usual. It is common for Syrian and Palestinian refugee women in Jordan to remain silent and accept their husbands' attitudes, as the men are generally the decision-makers. The reason for this is the traditional gender roles in their communities, which force women to take the primary responsibility for care and housework. (Daoud, 2021). Thus, the research findings suggest that the new social conditions generated by the COVID-19 crisis have brought additional responsibilities regarding gender roles, and they have deteriorated gender inequalities.

Discussion: Lessons Learned from the COVID-19 crisis

This research argues that COVID-19 and the accompanying restrictions have offered unique learning opportunities for better understanding the impact of the global health crisis on refugees in the context of a developing country. While this paper focuses on the case study of Syrian and Palestinian refugees in Jordan, the suggestions may be applicable to other refugee-hosting countries, as poor living and working conditions are common issues, regardless of the destination country. Therefore, it is vital to implement policies which reduce refugees' vulnerabilities during the global health crisis.

Jordan has received millions of refugees since the 1948 Arab-Israeli War, owing to its geopolitical location in an area beset by conflict. This has made Jordan host the second-largest number of refugees per capita in the world after Lebanon (UNHCR, 2022). Despite Jordan's long history of hosting refugees, the country has not yet established a strong legal framework for refugee protection. On an international level, Jordan has failed to sign most agreements that govern the global refugee regime and is not a state party to the 1951 Convention Relating to the Status of Refugees, nor its 1967 Protocol. As a result, the Jordanian government does not legally consider Syrians to be refugees because they are considered "guests" (Ismaio, 2019). Defining members of this group as "guests", who have fled from war and death, is a political statement, demonstrating that Jordan's refugee policy does not adhere to the universal principles of human rights. Syrians and Palestinians are expected to remain silent about their poor working conditions; they must willingly accept what is offered to them as guests of Jordanian generosity. Similar marginalisation in host countries is a challenge faced by refugees worldwide as they are not perceived as an integral part of mainstream societies (Frank, 2019; Zetter & Ruadel, 2018; Desiderio, 2016).

All people deserve to have a decent life based on universal human rights. Arendt (1973: ix) suggests that "*human dignity needs a new guarantee which can be found only in a new political principle, in a new law on earth, whose validity this time must comprehend the whole of humanity...*" Formal recognition of the universal refugee protection right is essential for legal access to the labour market and additional financial support in Jordan. Hence, the Jordanian government should reorganise its refugee policy to help displaced people to have their economic independence. This legal



protection may reduce the number of refugees dependent on NGOs' or the hosting countries' financial aid.

The research findings show that refugees are concerned about the disproportionately negative impact of the COVID-19 pandemic as there are shortages of health facilities such as medical equipment and human resources in the camps. These deficiencies showed the importance of additional investment in healthcare facilities to combat the global health crisis in Jordan. Moreover, the research findings indicate that treatment services for non-communicable diseases (NCDs) have been disrupted due to the COVID-19 outbreak. Prevention and control of non-communicable diseases are essential as people living with NCDs are at higher risk of COVID-19-related illness and death (Gutierrez & Bertozzi, 2020). Disrupted or delayed health treatment services may lead to poor outcomes for patients, and these outcomes also may impose high costs of managing for humanitarian agencies in the future. The Jordanian government should assess the current situation to determine the refugees' urgent needs for essential medical equipment and services. Moreover, the Jordanian government should work closely with humanitarian organisations to find innovative ways to ensure that health services for refugees who have NCDs continue while the country fights against the global health crisis. Evolving "telemedicine", "remote consultations", and "virtual technologies" can be used in healthcare management during the global health crisis (Whitelaw et al., 2020). Thus, both the government and NGOs must consider how to address the consequences of COVID-19 measures in forced displacement situations; equitable access to WASH and healthcare services must be provided for all people without any form of discrimination by nationality to ensure no one is left behind during the global health crisis. The best way to manage COVID-19 effectively is to ensure that everyone -local or refugee- is protected.

One of the biggest challenges in a densely populated refugee camp is maintaining "physical distancing", and the research findings indicate that refugees mostly live in crowded spaces, increasing the possibility of their contracting and spreading COVID-19. Supermarkets, workplaces, schools, healthcare facilities, and other shared areas where people gather must have easy access to hand-washing facilities and water with soap. According to UNHCR (2022a) data, approximately 83 per cent of refugees globally reside in low-and middle-income countries, such as Jordan, Lebanon and Uganda. Most of these countries cannot provide health services or financial means for refugees in need (Alqutob et al., 2020). COVID-19 outbreak as the refugee crisis is a global issue. Hence, sharing responsibilities and collective effort are needed to reduce refugees' vulnerability during the worldwide health crisis. Developed countries can and should provide cash assistance to countries with a huge number of displaced people to help them fight against the COVID-19 turmoil, as this new virus is a worldwide threat that extends beyond borders.

Finally, the research findings suggest that refugee women are particularly at increased risk during the global health crisis. The findings indicate that domestic violence has increased significantly across Jordan during the COVID-19 crisis due to different reasons such as economic stress, gender inequality, and extended time at home. The research result is consistent with existing studies, which also indicate the prevalence of violence, exploitation and abuse against refugee women during the COVID-19 crisis (Dlamini, 2021; Fuhrman et al., 2020). International and national NGOs in Jordan should offer additional job training to increase the number of women in the formal labour market and reduce the gender gap because finding paid work is a crucial step for women to improve their social and economic

independence. Finally, the Jordanian government and related humanitarian organisations should raise awareness campaigns to reduce gender-based violations as it is one of the most humiliating and damaging human rights violations.

Conclusion

Vulnerability emphasises how power and inequality are structured differently for groups of people, such as refugees and other marginalised groups, based on their social and economic conditions (Albertson Fineman, 2017; Acker, 2006). As mentioned above, “we are all in this together” is a statement circulated during the COVID-19 crisis by several humanitarian organisations and politicians (WHO, 2020; UN, 2020; Conway, 2020). The notion of a collective “we” and “all” ignores the existence of structural inequality among countries and individuals. Refugees in Jordan primarily work in low-skilled jobs due to legal restrictions. These jobs mostly do not have socioeconomic security to provide financial support for refugees (Tiltne et al., 2019). In addition, COVID-19 outbreak has deepened existing structural inequalities in accessing the health facilities and WASH services among refugee communities in Jordan.

The research findings also suggest that the COVID-19 outbreak and its restrictions designed to stop the spread of the virus affect almost all Syrian and Palestinian refugees in Jordan, but it has a more negative impact on refugee women due to existing gender inequalities and vulnerabilities. Therefore, this research discusses that the COVID-19 crisis has not impacted everyone equally; the existing inequalities are becoming more apparent during the COVID-19 global health crisis.

Although this research focuses on the impact of the COVID-19 crisis and its preventive measures on refugees, the research findings might apply to developing countries that host large numbers of refugees, such as Lebanon, Turkey, and Egypt. Therefore, in future research, it would be useful to assess the impact of the COVID-19 crisis on refugees in these countries to determine whether or not substantial differences exist.

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