



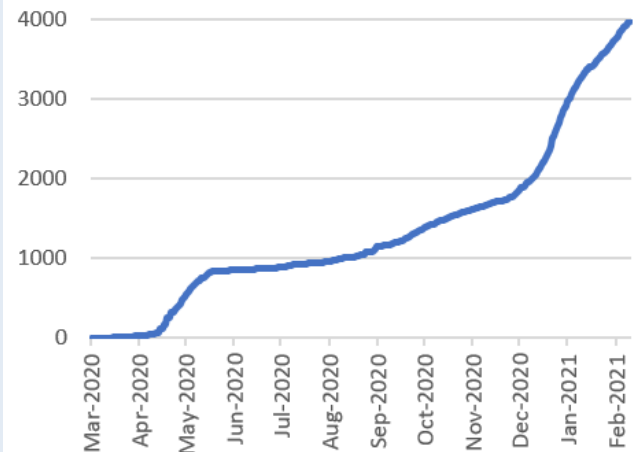
Results from a High-Frequency Phone Survey – Refugee Round 1: Jan/Feb 2021

KEY MESSAGES

1. One year into the pandemic, nearly all households were aware of at least one preventive measure to reduce the risk of contracting the coronavirus. However, refugee households were more likely than national households to know about physical distancing measures. More than 90 percent of refugee households are willing to be vaccinated, but not at any price. Only 5 percent of refugees are willing to pay to be vaccinated if the price is more than 2,500 CFA (approx. \$5 USD);
2. A minority of national and refugee households were satisfied with economic and social measures taken by the government to mitigate the fallout of COVID-19. Refugee households are less likely to express approval of these social measures, perhaps because they were forced to stop work during the pandemic at a rate more than double that of national households—21 versus 9 percent.
3. Nearly three quarters of both Chadian and refugee households reported a decline in income since the start of the pandemic. Transfers and assistance also declined for 69 percent of refugee households and 59 percent of Chadian households;
4. Chadian households had a 13 percentage point advantage in accessing health care. One third of refugee households could not access health care when needed—almost entirely because households lacked financial resources.
5. Although educational engagement plummeted during the pandemic, among those enrolled before the pandemic, during the pandemic children from refugee households were more likely to engage in learning activities than children from Chadian households;
6. Fewer than one in four refugee households had pre-pandemic level access to food. The increase in food prices was by far the most common shock experienced by households. The resulting food insecurity affects refugee households more than Chadian households. Refugee households were more likely to have experienced food insecurity since the beginning of the pandemic; 87 percent of refugee households are severely food insecure, compared to 59 percent of Chadian households;
7. Four in five Chadian and refugee households believed their well-being had deteriorated over the pandemic; only 2 percent of refugees thought their fortunes would improve in the near term;
8. To cope with shocks, Chadian households spent down their savings or changed their consumption habits, whereas refugee households were more likely to rely on help from friends and family, assistance from religious or non-governmental organizations, or do nothing—signaling that they were more likely to have exhausted all personal wealth and social networks;

COVID-19 in Chad

Confirmed Cases at Time of Survey (Cumulative)



Source: COVID-19 Data Repository by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University
<https://github.com/CSSEGISandData/COVID-19>

BACKGROUND

Background

The world continues to struggle with the health and socioeconomic effects of the COVID-19 pandemic. In this unprecedented crisis, host governments, other States and stakeholders have a shared responsibility not only to their own citizens but also to refugees, the majority of whom are settled in African countries. Their high level of vulnerability and the particular constraints they face in comparison to the rest of the population, places refugees' welfare at greater risk.

Chad is among the largest refugee-hosting countries. According to the United Nations High Commissioner for Refugee (UNHCR), the number of refugees and asylum seekers represents more than 3 percent of the country's population. Like in other parts of the world, refugees are particularly at risk during the coronavirus pandemic because they have limited access to water, sanitation and health facilities. High population density in refugee camps makes it difficult to apply social distancing measures and creates a potentially explosive environment for the spread of the disease.

This brief compares Chadian and refugee households along the different indicators of well-being. The third round of the nationally representative High Frequency Phone Survey (HFPS) of Chadian households was conducted at the same time as the first round of the HFPS on a probability sample of refugee households (Jan-Feb 2021). Phone surveys were successfully completed for 1,609 Chadian households and 925 refugee households.

The sampling strategy consisted of a random selection of households with phone numbers from the dataset of the "Enquête sur les conditions de vie des ménages et le secteur informel (ECOSIT 4)" implemented in 2018/2019 by the national statistical office of Chad with the technical and financial support of the World Bank. That survey contained a sub-sample of Chadians and refugee households from which the refugee sample of this high frequency survey has been drawn. Sampling weights were adjusted to ensure that the two samples were representative of all Chadian households and all refugee households respectively. The refugee households predominantly lived in camps (96 percent), 52 percent were female headed households, 82 percent of households come from Sudan and 18 percent from Central African Republic, and on average the households have been in Chad for more than 15 years (two-thirds of these households arrived between 2003 and 2005).



KNOWLEDGE OF COVID-19

Knowledge of and adherence to policy measures are critical to controlling the pandemic. As shown in Figure 1, nearly one year after the outbreak of the pandemic, Chadian and refugee households, are aware of at least one preventive measure to reduce the risk of contracting the coronavirus. The most well-known measures remain hand washing and the use of masks. Compared to Chadian households, refugee households are more aware of measures such as keeping a sufficient distance or avoiding physical greetings such as shaking hands (85 percent versus 65 percent). However, not all preventive measures are well known: Only one-third of Chadian and refugee households are aware of the use of gloves as a protective measure against the coronavirus. International organizations including UNHCR, UNICEF and IOM have been leading awareness and prevention programs on COVID in the West and Central African region, including in Chad especially for refugees. Moreover, as part of the fight against COVID -19, 300 hand washing devices, 200 boxes of soap, 300 garbage bins, 50 environmental kits, 20 vector control kits were distributed to the 50 sites of high-concentration of refugees.

The vaccine would be the most effective tool to tackle the COVID-19 virus if it were available. As seen in Figure 2, at the time of the survey, 91 percent of refugee households reported that they would be willing to be vaccinated if an approved vaccine to prevent the coronavirus was available at no cost. However only half of refugee households would be willing to pay for a vaccine against COVID-19, and just 5 percent of refugee households were willing to pay for the vaccine out of their own pocket if the price were more than 2,500 CFA francs (\$5). No refugee household was willing to pay if the price of the vaccine was more than 5,000 CFA francs (\$10).

Fewer households also reported to be satisfied with the economic and social measures taken by the government (between 30 and 40 percent for the most satisfactory measures) during the pandemic. As shown in Figure 3, regardless of the socio-economic measure, refugee households are less satisfied than Chadian households. Refugee households are three times less satisfied with measures taken to protect jobs and help businesses in difficulty.

Figure 1 : Share of households with COVID-19 prevention

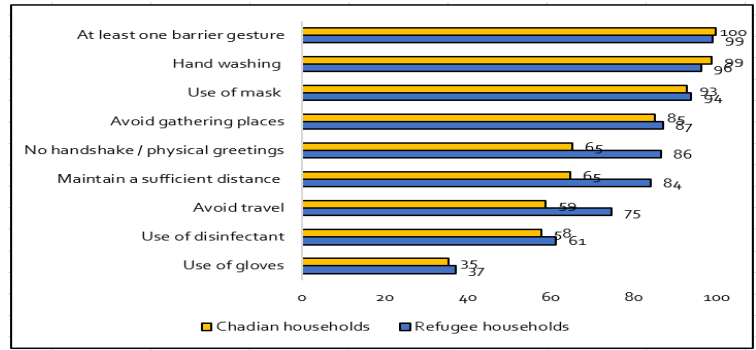


Figure 2 : Willingness to pay for the vaccine out of pocket

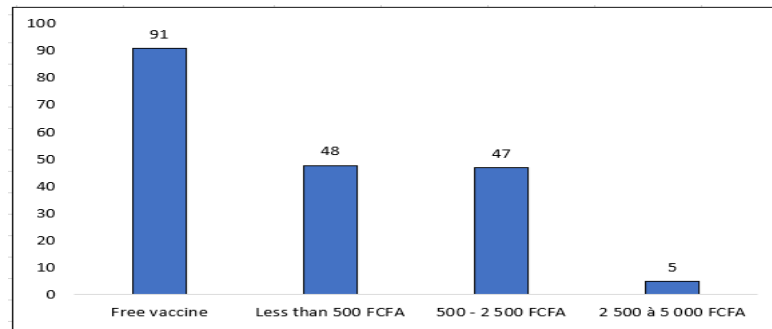
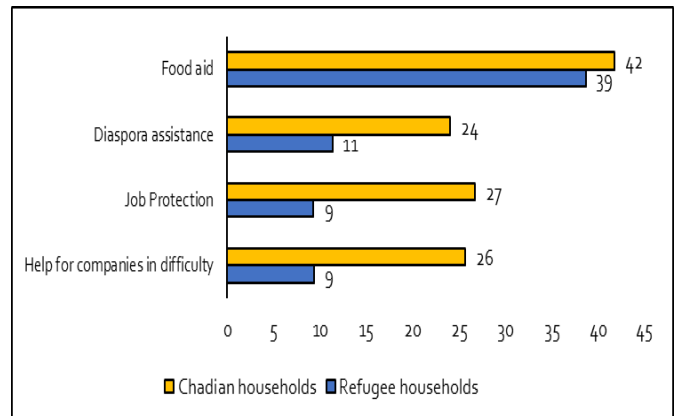


Figure 3 : Share of households experiencing decline in total Income



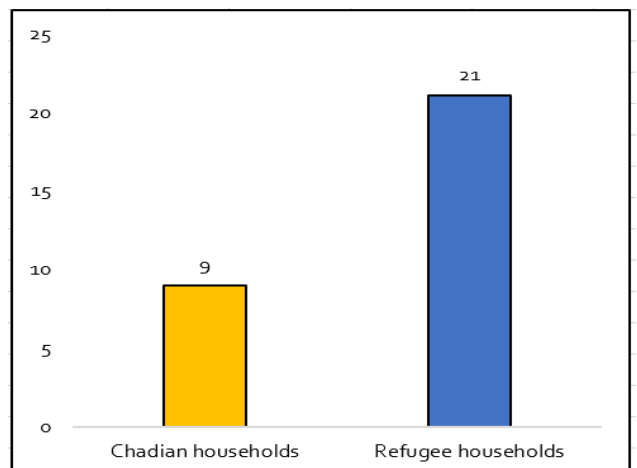
Employment



Prior to the pandemic, 46 percent of Chadians and 51 percent of refugees who responded to the survey reported to have been working. 30 percent of the refugees were working within camps before the pandemic. Restrictive measures taken to counter the spread of COVID-19 had a negative impact on economic activity, forcing 21 percent of refugees and 9 percent of Chadians to stop working (Figure 4).

The week preceding the survey, fewer refugee households (64 percent) reported to have been working compared to Chadian households (84 percent). These figures exceeded pre-pandemic levels. For refugees, differences exist between the populations where 76 percent of refugees from the Central African Republic were working the week preceding the survey compared to 62 percent of refugees of Sudanese origin. That wedge is now larger than before the pandemic: 60 percent of refugees from the Central African Republic report working before the pandemic, compared to 51 percent of Sudanese refugees.

Figure 4 : Share of respondents who stop working due to COVID-19





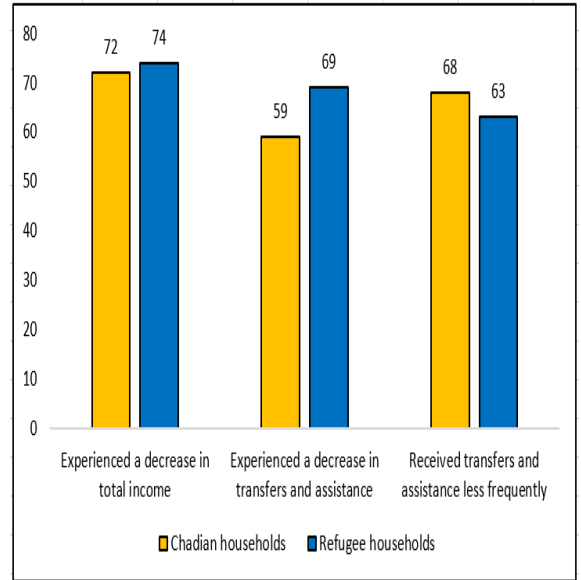
INCOME AND TRANSFERS

As shown in Figure 5, nearly three-quarters of both refugee and Chadian households have seen their incomes decline since the onset of the pandemic. For Chadian households from in the first quintile (76 percent) and third quintile (80 percent) have been more impacted than the other ones. Agricultural activities, which are one of the main sources of income for both Chadian and refugee households, were heavily affected. Non-agricultural activities are a source of income for 54 percent of Chadian households, compared to only 19 percent of refugee households.

During the last 12 months preceding the survey, agricultural activities accounted for 81 percent of income of Chadian households and 60 percent of refugee households. Since the beginning of the pandemic, 70 percent of refugee households and 62 percent of Chadian households estimated that income from agricultural activities had fallen. Salaried workers who were not working during the week preceding the survey also saw their incomes decline: Only 2 percent of the refugees who stopped working continued to be paid normally, against 3 percent for the Chadians.

Prior to the pandemic, government, humanitarian, NGO and other assistance accounted for half of refugee households' and only 2 percent of Chadian households' non-labor income. The severity of the crisis induced by the coronavirus ideally would have been offset by assistance and transfers from these sources. Unfortunately, since the onset of the COVID-19 crisis, 69 percent of refugee households estimated that the transfers and assistance they received previously had decreased. However, refugee households were 10 percentage points more likely than Chadian households (particularly those in the quintiles 3, 4 and 5) to experience this decline in value of transfers and assistance. In addition, the vast majority of both Chadian and refugee households (68 percent and 63 percent, respectively) indicated that they received transfers and assistance less frequently from government and NGOs. The main sources of assistance varied among Chadian and refugee households. Most of the assistance received by Chadian households during the pandemic came from the government, primarily in the form of direct cash transfers. For refugee households, most assistance received came from NGOs and international organizations. At least three-quarters of refugee households received assistance from these two sources, mostly in the form of in-kind assistance (86 percent).

Figure 5 : Share of households which experience income loss (%)



ACCESS TO HEALTH

The COVID-19 pandemic continues to severely affect households' access to basic services. The impact on health and human capital indicators can undermine the development process of nations with irreversible effects.

The majority of households who needed health care were able to access it, though Chadian households had a clear advantage at 78 percent versus 65 percent of refugee households (Figure 6). In addition, a refugee household is less likely to have access to health care compared a Chadian household from any quintile of consumption. The share of refugee households which have access to health care when needed is lower still for refugees from the Central African Republic, only 56 percent of whom had access to health care when needed. Since the start of the pandemic, most Chadian and refugee households have needed access to medical care, primarily for fever and malaria (90 percent for Chadian households and 67 percent for refugee households). While the proportion of Chadian households that needed to access health care for diarrhea was very low (6 percent), 24 percent of refugee households did so.

Lack of money was by far the largest reason cited by refugee and Chadian households for not being able to access health care during the pandemic (Figure 7).

Figure 6 : Share of households that have access to health care when needed

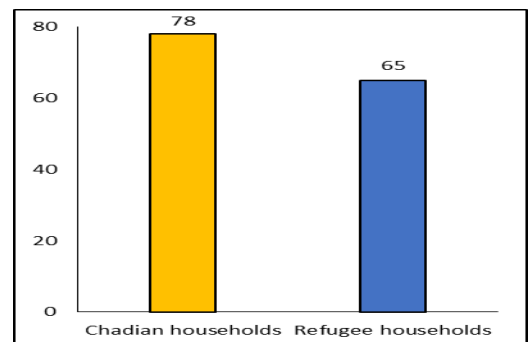
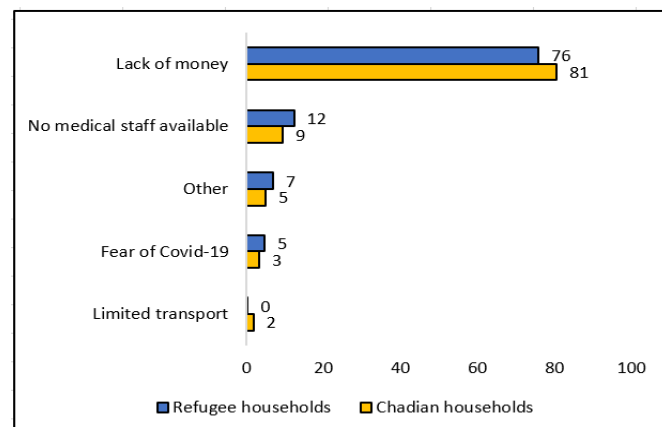


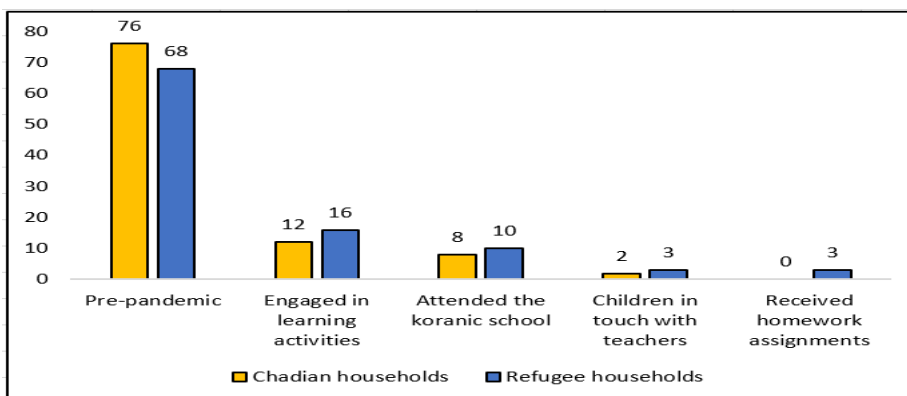
Figure 7 : Reason for not accessing health care services



ACCESS TO EDUCATION

The majority of Chadian households (76 percent) and refugee households (68 percent) with children above the age 3 years had enrolled in school for the 2019/2020 school year. However, among households with children who were enrolled before the pandemic, one year after the pandemic outbreak, children from refugee households are more likely to continue learning activities than Chadian children: 24 percent of refugee households that enrolled their children in school prior to the pandemic reported that their children had participated in educational activities after the school closures compared to 16 percent of Chadian households. Assuming that none of the children that were not previously enrolled are currently engaged in learning, this puts the overall share of households with school-age children engaged in educational activities at 16 percent for refugee households and 12 percent for national households. However, almost no refugee or Chadian households’ children had in-person engagement and interactions with teachers or were receiving homework assignments. (Figure 8). Only children from 0.4 percent of Chadian households and even fewer from refugee households had contact with teachers through the different channels. Telematic learning activities made available by the Government of Chad went almost completely unused mainly due to lack of knowledge, lack of access to devices or electricity.

Figure 8 : Learning activities since the onset of the pandemic



For this wave, information about the prospects of returning children to school is collected only for refugee households. Among refugee households, 91 percent whose children were enrolled in school before the pandemic intended to send their children back to school once the pandemic is over. For the remainder, the main reason for not sending their children back to school after the pandemic was the inability to pay school fees (87 percent). Households that had their children in school before the pandemic and engaged in at least one educative activity during the pandemic, reported lack of interest (81 percent) and death of a parent (19 percent) as the reasons for not sending their children back to school when schools reopened after the pandemic.

FOOD ACCESS AND SECURITY

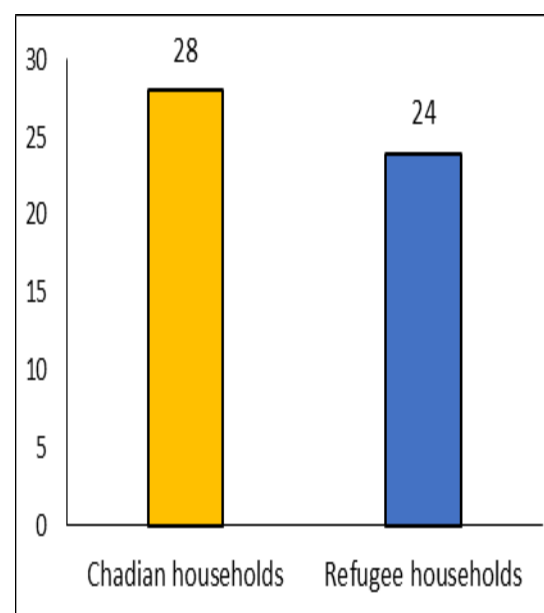
Lower incomes and higher prices have led to curtailed access to foods, resulting in high levels of food insecurity among households.

One year after the onset of the pandemic, only 24 percent of refugee households and 28 percent of Chadian households were able to access the same level of food as they did prior to the pandemic (Figure 9). But within the refugee population, there are differences by country of origin: 37 percent of refugee households from the CAR were able to obtain food as usual, compared to only 22 percent of refugee households from Sudan.

Nearly all households (both refugee and national) – more than 95 percent – cite insufficient money to buy food as the reason for going without it.

Restrictions imposed by the government to prevent the spread of the virus have forced cuts to imports and domestic production, decreasing food supply and increasing prices and food insecurity. The majority of both Chadian and refugee households reported that prices have increased since the start of the pandemic. More than three-quarters of Chadian and refugee households reported an increase in the price of all food items. Only 16 percent of refugee households and 19 percent of Chadian households have been able to purchase food for storage since the start of the pandemic.

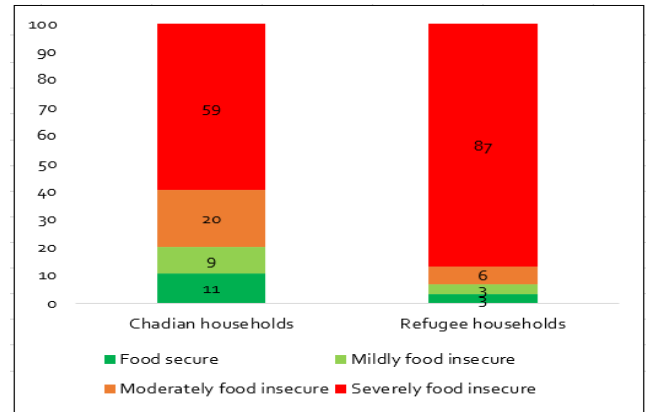
Figure 9 : Share of households with access to food



These increases in prices, together with lower incomes observed earlier, result in greater food insecurity for the population. Although 37 percent of refugee households received food aid (compared to only 0.2 percent of Chadian households), they are also far more likely to have experienced severe food insecurity. Strikingly, refugees are even more food insecure than the poorest quintile of Chadian households.

As shown in Figure 10, 87 percent of refugee households have experienced severe food insecurity since the beginning of the pandemic compared to 59 percent of Chadian households (65-68 percent among the poorest Chadian households). More than 44 percent of refugee households have adults who have gone at least one whole day in the previous month without food, compared to 37 percent for nationals.

Figure 10 : Breakdown of households by food insecurity status

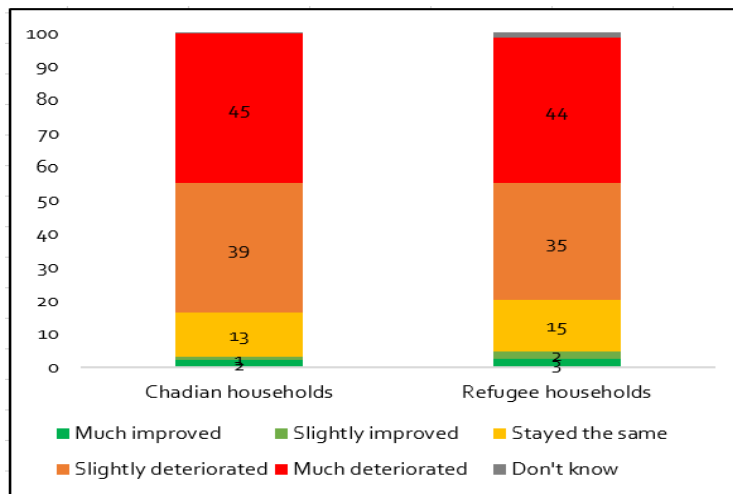


PERCEPTIONS OF CURRENT AND FUTURE WELL-BEING

The coronavirus crisis has deeply disrupted daily life. In such situations, perceptions often count as much as the actual situations. As Figure 11 illustrates, 84 percent of Chadian households and 79 percent of refugee households believed their well-being had deteriorated since the outbreak of the pandemic. Looking to the future, the proportion of refugee households who think that their living conditions will get worse during the next 12 months is higher than that of Chadian households (44 percent versus 31 percent). Conversely, only 2 percent of refugee households thought that their situation would improve in the near future, compared to 27 percent of Chadian households.

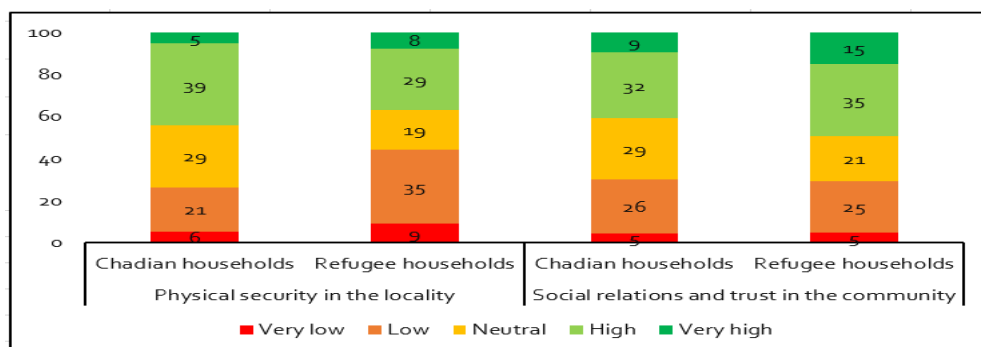
This pessimistic perception of the future often portends the movement of people in search of greater well-being: 35 percent of refugee households and 10 percent of Chadian households were considering moving to another region or country outside their locality. The main reason given by households contemplating moving was the search for better opportunities.

Figure 11 : Perception of household well-being since the onset of COVID-19 (% of households)



Physical security is a concern for many refugee households (37 percent) and even more so for Chadian households (44 percent), as shown in Figure 12. Similarly, social cohesion is higher among displaced households. In terms of social trust and group affiliation, nearly half of refugee households and 41 percent of Chadian households indicated that the level of social relations and trust in their community has grown high or very high during the pandemic.

Figure 12 : Breakdown of household by perception of security in the locality and social relations in the community

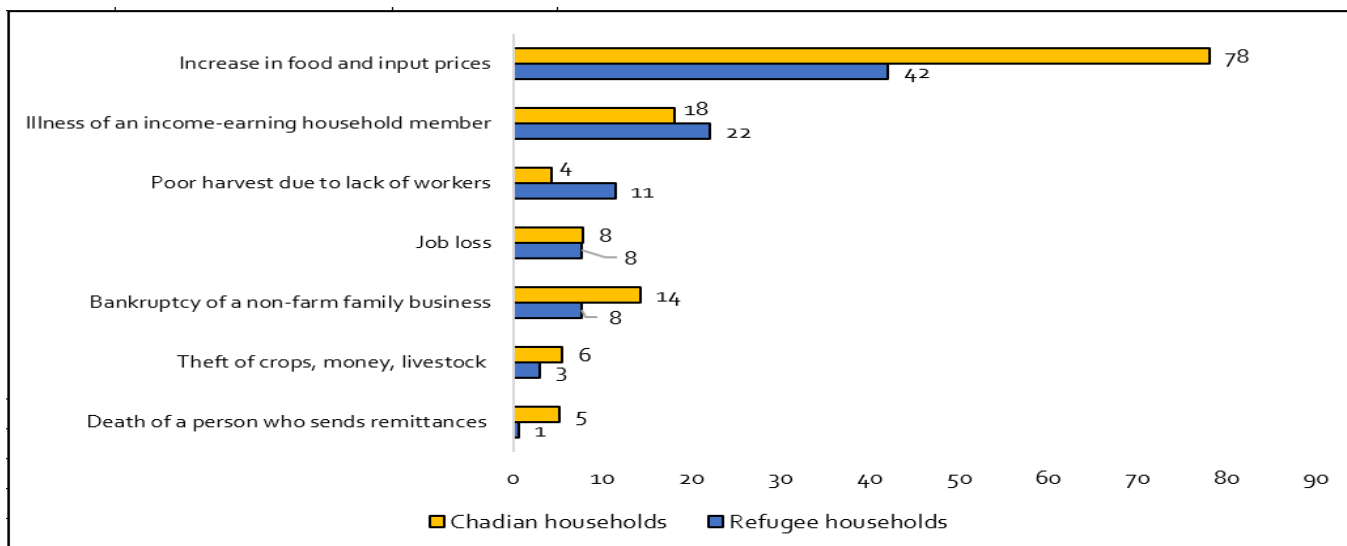




Households face shocks that may negatively affect their daily lives. For this survey round, data on shocks and coping strategies were only collected for refugee households while this information has been collected for Chadian households in previous rounds. At the very beginning of the pandemic, 9 out of 10 Chadian households reported to have experienced a negative shock. Nearly a year later, refugee households reported that 6 out of 10 had experienced a negative shock.

There are differences in these experiences based on the country of origin of the refugees. 54 percent of Sudanese refugee households reported having experienced at least one shock, compared to 66 percent of refugee households coming from the Central African Republic. As shown in Figure 13, the increase in food prices remains by far the most important shock experienced by refugee households. Refugee households from the Central African Republic (46 percent) were also hit hardest by shock compared to those from Sudan (29 percent).

Figure 13 : Share of households which experienced shocks



The coping strategies adopted by Chadian and refugee households to deal with shocks differ. The majority of Chadian households chose either to use their savings or to change their consumption patterns (27 percent for each strategy). Refugee households resorted to help from friends or family (26 percent) or from religious organizations or NGOs (17 percent) to cushion themselves against the shocks. Four percent of Chadian households and 14 percent of refugee households who endured shocks opted to not adopting any strategy (Figure 14).

Figure 14 : Share of households by type of strategies adopted to deal with shocks

