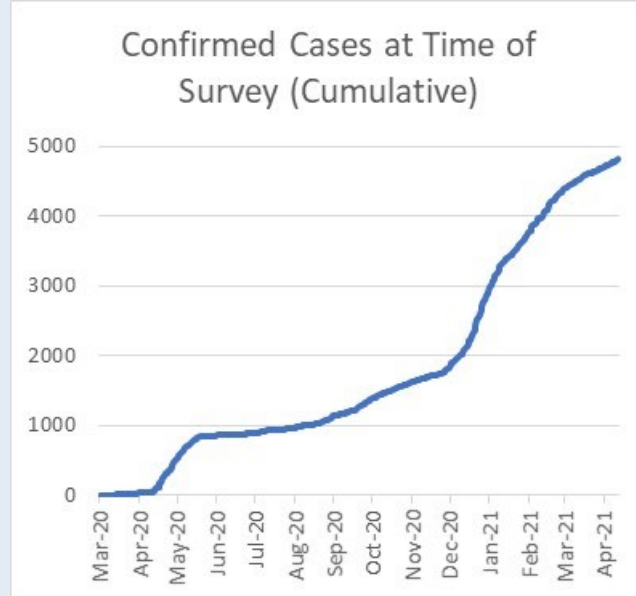


KEY MESSAGES

1. Adherence to COVID-19 protective behaviors remained high among refugees. Compliance was notably lower for Chadian households;
2. The vast majority of both refugee and Chadian households were willing to be vaccinated if vaccines were to be offered for free: 93 percent of refugee household were willing to receive a free vaccine versus 72 percent of Chadian households;
3. More Chadian and refugee households reported satisfaction with socioeconomic mitigation measures undertaken by the Government of Chad compared to the previous round. In particular, refugee household satisfaction rose for job protection and health sector interventions;
4. Nearly four in five Chadians have access to healthcare, compared to three in five refugees, despite efforts by UNHCR to provide free clinics in camps.
5. With school re-opened, 93 percent of Chadian and refugee households now report that the school where their child would attend is open. Moreover, 96 percent of Chadian households who had a child attending school before school closures due to the pandemic have returned to school, compared to 90 percent of children from refugee households;
6. The labor market continues to improve for both Chadians and refugees, as a greater share of both populations are now working compared to the previous round;
7. More than 75 percent of Chadian and refugee households report a decrease in transfers and assistance. Nearly that same share of Chadian and refugee households report lower total income (labor and non-labor income) now than before the pandemic.
8. Access to food has improved for both refugee and Chadian households compared to earlier this year, but it is still low. The share of refugee households able to access food rose 9 percentage points to 33 percent, compared to a slight increase to 29 percent for Chadian households;
9. Food security has improved for both Chadian and refugee households. Both Chadian and refugee households that experienced severe food insecurity dropped by 5 percent. However the share of households that is moderately to severely food insecure remained high with a slight decrease from 79 to 77 percent for the Chadian households while rising from 93 to 97 percent for the refugee households;
10. Chadian and refugee households' perception of their current well-being has somewhat deteriorated. Similarly, they are increasingly pessimistic about their well-being in the near future. This outlook may be reflected in the rather large proportion of refugee households that want to move to another location (in another region or country outside their locality), primarily in search of better economic opportunities;
11. Among Chadian households, perceptions of physical security and social cohesion has deteriorated significantly. In contrast, refugee households report improved perceptions of physical security, although perceptions of social cohesion remain low.

COVID-19 in Chad



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

Faced with an unprecedented global health and economic crisis caused by COVID-19, Chadian authorities, with the support of development and humanitarian partners, have not remained indifferent. They have taken measures to counter the adverse effects of the pandemic on the well-being of vulnerable populations, including refugees. Monitoring the evolution of indicators of well-being of populations over time, during and even after the pandemic, can help inform policy and programming.

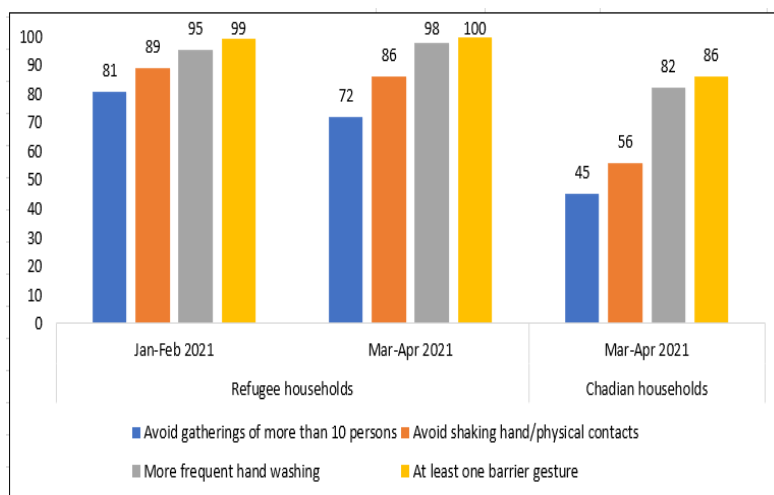
This brief presents the results of the fourth round of the nationally representative High Frequency Phone Survey (HFPS) of Chadian households and the results of the second round of the HFPS for refugee households. Data collection for the two respective groups took place contemporaneously, between March-April 2021. Phone interviews were successfully completed for 1,482 Chadian households and 865 refugee households. As with the previous round, the refugee households are sampled from ten regions of Chad (all of these located in the East and South, with the exception of the N'Djamena region). This is consistent with the fact that of the total refugee population in Chad, 95 percent come from the bordering countries Sudan and CAR. As for the Chadian households sampled are nationally representative. This brief presents changes in welfare indicators for both sub-population groups and compares them to the previous rounds.



COVID-19 PROTECTIVE BEHAVIORS

The use of protective measures remains high among refugee households compared to Chadian households. This may be due to the continued, intensive awareness campaigns and support that UNHCR and others have established in the refugee settings. However, the refugee sample shows a decrease in vigilance regarding large gatherings and physical contact (historical data is not available for COVID behaviors for the Chadian sample). In January-February, 81 percent of refugee households complied with measures prohibiting gatherings of more than 10 people for family gatherings, parties, religious ceremonies, or funerals; now only 71 percent do so. Those reporting that they refrain from shaking hands or physical contact was down slightly, from 89 to 86 percent. Changes observed are in part due to easing of restrictive measures by the Government earlier this year. On the other hand, frequent handwashing continues to be the most widely practiced measure, up three percentage points to 98 percent of refugee households compared to 82 percent of Chadian households.

Figure 2 : Proportion of households implementing knowledge of social distancing measures

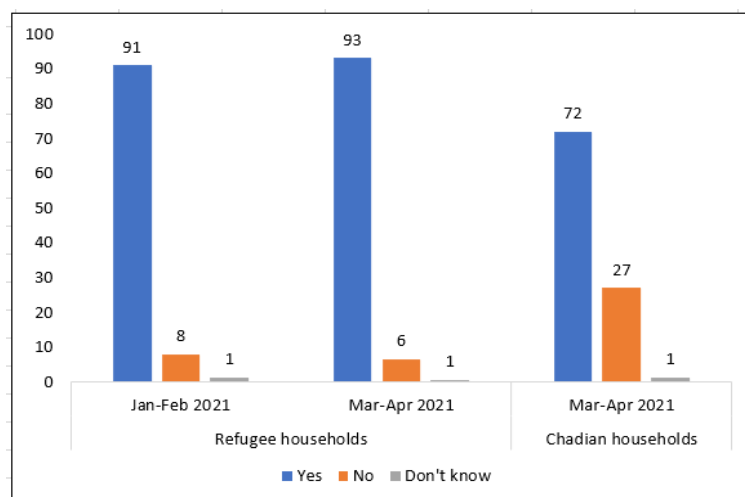


VACCINE RECEPTIVITY

A large majority of Chadian and refugee households reported that they are willing to be vaccinated against the coronavirus if the vaccine were free of charge. The willingness to take the vaccine is far higher among refugee household compared to the Chadian households. In March-April 2021, 93 percent of refugee households were willing to be vaccinated (if free), an increase of two percentage points from the previous two months. On the contrary, only 72 percent of Chadian households reported to be willing to receive free coronavirus vaccine.

By far the reason most frequently cited by Chadian and refugee households for not accepting the coronavirus vaccine is concerns about the safety of the vaccine. This reason is cited by 15 percent of Chadian households and by only 4 percent of refugee households. Not trusting vaccines in general was the second most common reason given by Chadian households (5 percent).

Figure 3 : Share of households willing to be vaccinated if free

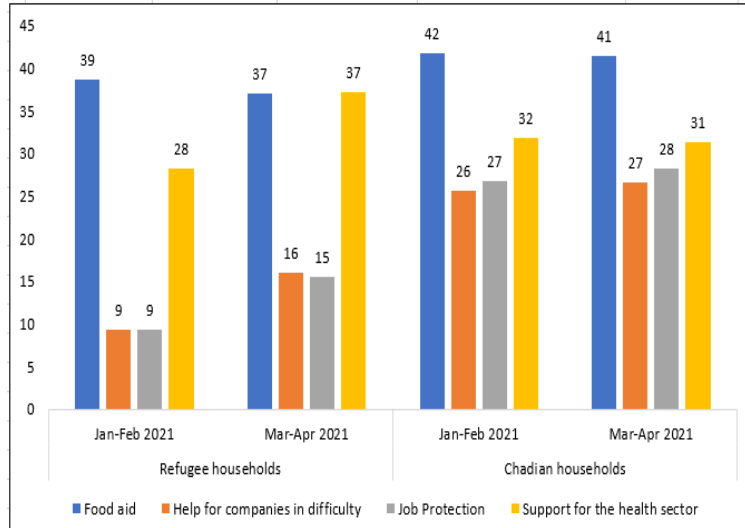


HOUSEHOLD SATISFACTION WITH GOVERNMENT PANDEMIC POLICIES

The March/April round reveals a significant increase in both Chadian and refugee households' satisfaction of the government's policy measures undertaken to deal with the pandemic.

Satisfaction of government assistance efforts remained low among refugee households with a slight improvement in three out of four areas of government intervention, including measures intended to help ailing businesses (up 7 percentage points, though still low at 16 percent), measures to protect jobs (up 6 percentage points to 15 percent), and measures to support the health sector (up 9 percentage points to 37 percent). Among Chadian households, satisfaction with government efforts marginally improved for all of the measures since the last wave.

Figure 1 : Proportion of households satisfied with Government actions

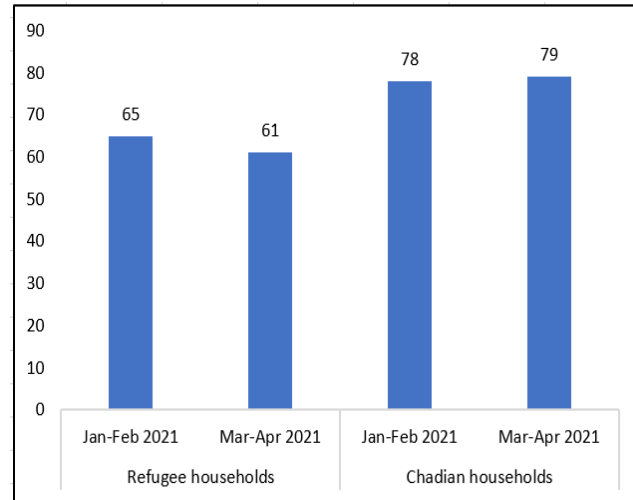




ACCESS TO HEALTH

Chadian households continue to have a higher access to healthcare when needed compared to their refugee counterparts. Refugee households reported a slight decline in access to healthcare when needed across the two periods. Six out of ten refugee households had access to healthcare when needed. This access was in part due to the free healthcare centers made available by UNHCR in the refugee camps. For 19 percent of Chadian households and 30 percent of refugee households, the lack of money was cited as the main obstacle to accessing health care when needed.

Figure 4 : Proportion of household which have access to health care when needed

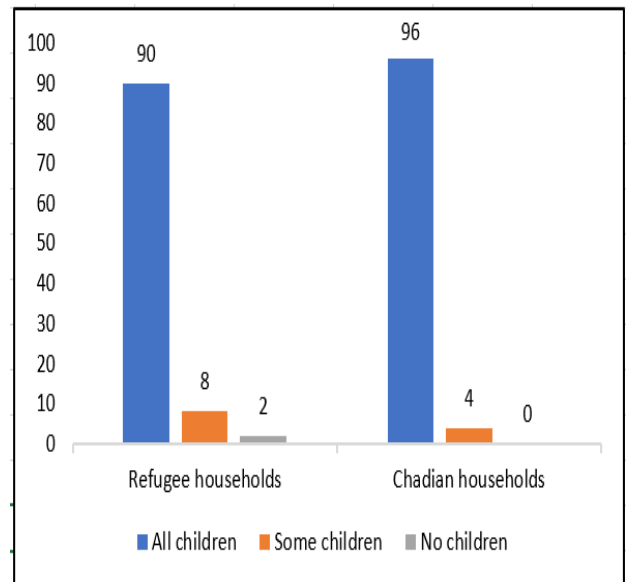


ACCESS TO EDUCATION

In Chad, schools closed on March 19, 2020 due to COVID-19 and this affected learning for children from both refugee and Chadian households. Since then, there has been one partial reopening (end of June 2020) and one period of "catch-up classes" (September/October 2020). In November 2020, schools officially reopened for all levels as part of the 2020/2021 academic year, although December 2020 and January 2021 were also marked by other disruptions partly due to multiple weeks of strikes by teachers in the public schools. 93 percent of Chadian households and an equal number of refugee households reported that the schools in which their children were enrolled had reopened since their closure due to the pandemic.

Most – but not all – children have been able to return to school. Indeed, 96 percent of Chadian households that had their children enrolled before the school closures reported being able to send all of their children back to school, compared to 90 percent of refugee households. Four percent of Chadian households were able to send at least some children back to school compared to eight percent of the refugee households. Only 2 percent of refugee households have not been able to send any children back to school since schools reopened.

Figure 5 : Proportion of households sending previously enrolled children back to school



The profile of reasons for not sending children back to school differs slightly between the Chadian and refugee households. For Chadian households, most frequently the child was not interested in school (46 percent), or the household lacked the money (35 percent). For refugee households, the main reasons included, the lack of money (65 percent); the need for the child to work to contribute to the household income and lack of interest in school (20 percent), and the child's illness (9 percent).



EMPLOYMENT, INCOME AND TRANSFERS

The labor market continues to improve for both Chadians and refugees, as a greater share of both populations are now working compared to the previous round. Indeed, 91 percent of Chadian respondents and 76 percent of refugee respondents reported working in the week prior to the survey in March-April, which is 7 and 12 percentage points higher than in the January-February round. This increase could partly be attributed to the Government easing of some of the restrictive and movement measures in all the country.

Notwithstanding more Chadian and refugee households report working now than before the pandemic, about three-quarters of Chadian and refugee households report lower total income compared to before the pandemic – a share that has remained stable over the previous two months. Refugee households reported slight improvements in their total income compared to the Chadian households who reported increased losses in total income of four percentage points for Chadian households between January and March 2021.

Transfers and assistance, which were a source of income for half of refugee households before the start of the pandemic, continue to decline. Indeed, 76 percent of refugee households reported a loss of income from transfers and assistance since the pandemic. That represents an unfortunate uptick of seven percentage points from January 2021 in the share of refugees experiencing loss of income from transfers. By comparison, fewer Chadian households report reductions in transfers and assistance income in March compared to pre-pandemic (55 percent) a drop over the same two month period (59 percent).

Figure 6 : Proportion of respondents that worked the week preceding the survey (%)

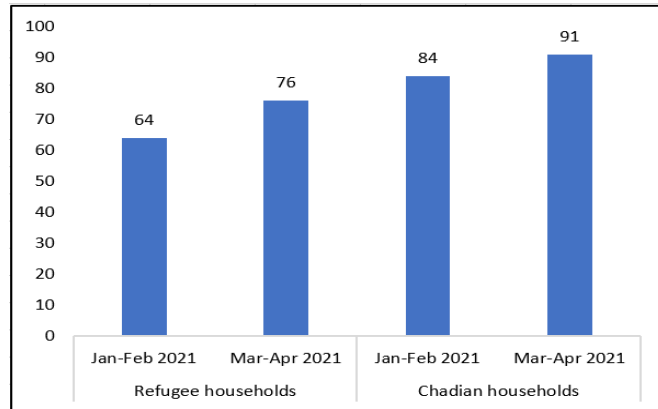
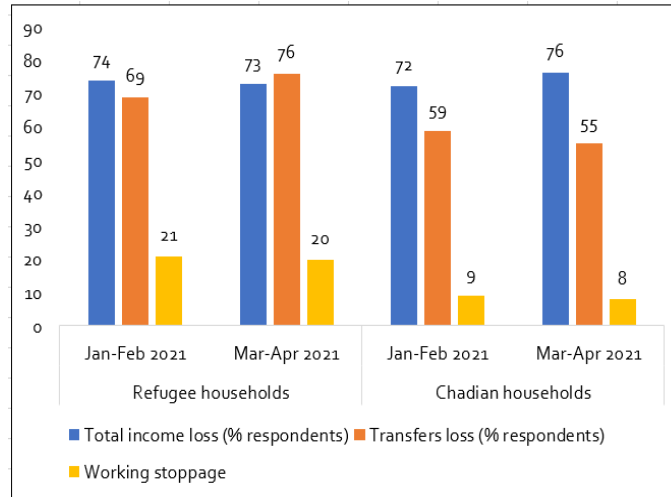


Figure 7 : Proportion of households experiencing loss to income, transfers and assistance, or jobs due to COVID-19

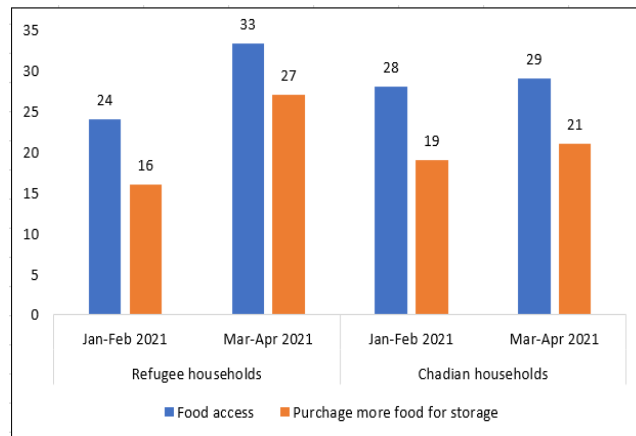


ACCESS TO FOOD AND FOOD SECURITY

COVID 19 restrictive measures taken by the government of Chad to counter the spread of COVID-19 have had an adverse impact on food production, supply and access. Access to food has improved significantly in between the two rounds for refugee households though it remains low with less than 30 percent of households reporting being able to access food.

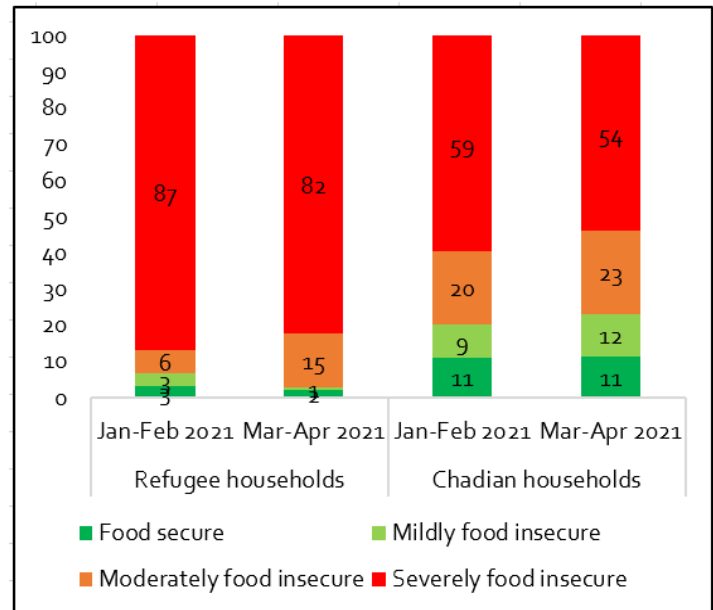
One third of refugee households report having access to food, up from 24 percent in January 2021. This improvement is reflected in an increase in the proportion of refugee households that purchased more food to store, rising from 16 percent to 27 percent between the two rounds. Access to food for Chadian households also improved slightly (by 1 percentage point, from 28 percent to 29 percent) over the same period. 21 percent of Chadian households purchased more food to store, an increase by 2 percentage points from January. Lack of money remains by far the most common reason for not being able to access to food (reported by 98 percent of households).

Figure 8 : Proportion of households that had access to food and were able to purchase food for storage



The proportion of households that have been food insecure since the start of the pandemic is still very high, even though the share of refugee households that are severely food insecure decreased five percentage points from 87 percent to 82 percent and from 59 percent to 54 percent for Chadian households between January and March 2021. Refugee households that emerged from a situation of severe food insecurity found themselves in a situation of moderate food insecurity. Indeed, the sum of refugee households that are moderately and severely food insecure increased from 93 percent to 97 percent. Conversely, food insecurity may be showing some early signs of reduction for Chadian households, which abated slightly from 79 percent being moderately or severely food insecure to 77 percent.

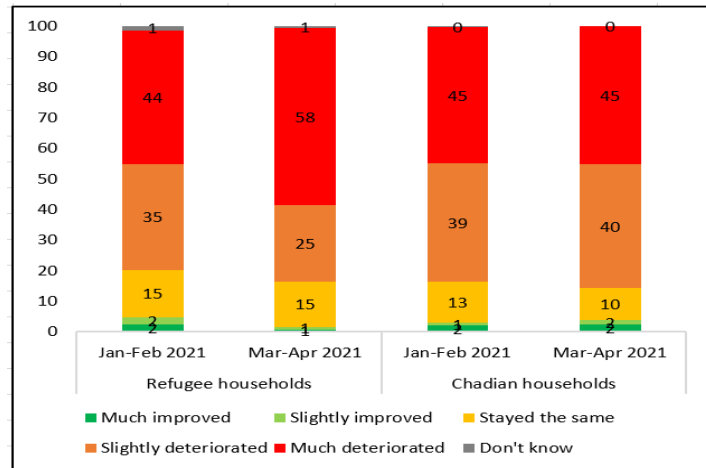
Figure 9 : Breakdown of households by food security status



PERCEPTION OF CURRENT AND FUTURE WELL-BEING

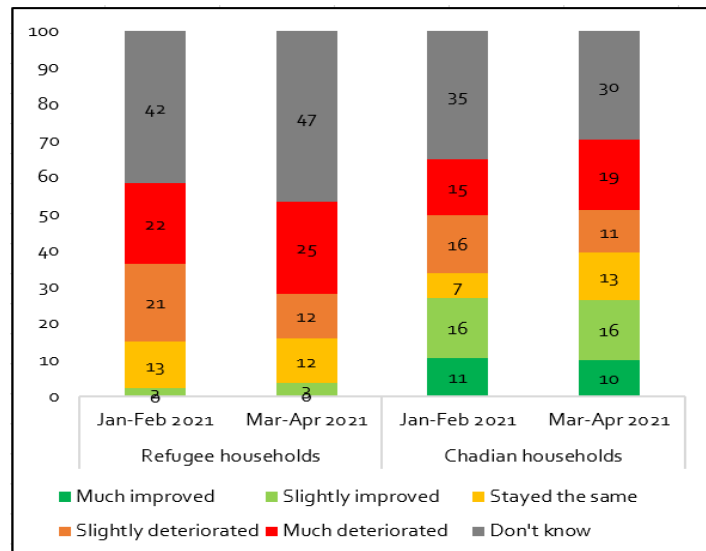
Refugee households’ perception of their current well-being has not improved and, it seems to be getting worse over time. Indeed, 58 percent of refugee households indicated that their well-being has deteriorated significantly since the start of the pandemic – a 14 percentage increase from January 2021. The outlook for Chadian households remained largely unchanged with roughly 85 percent reporting a deterioration of their wellbeing since the outbreak of the pandemic.

Figure 10 : Perception of changes to well-being compared to before pandemic



Households are also increasingly skeptical about their well-being in the near future. Among Chadian households, 19 percent feel their situation will deteriorate in the next 12 months – an increase of 4 percentage points from the previous round. This increasing pessimism for the future is also observed among refugee households, where 25 percent of think their well-being will get much worse in the next twelve months, up from 22 percent in January 2021.

Figure 11 : Expectations of well-being in one year





PHYSICAL SAFETY AND SOCIAL COHESION

Compared to January, perceptions of the level of security have changed significantly, but the pattern of that change is distinct for Chadian compared to refugee households. Only 37 percent of Chadian households feel that the level of personal safety in their locality is high or very high, a drop of 7 percentage points from January 2021. On the contrary, perceptions of the level of physical safety have improved significantly; 45 percent of refugee households rate the level of physical security in their locality as high or very high, an increase of 8 percentage points.

The level of social interactions and trust in the community was somewhat similar, low and with slight changes for both Chadian and refugee households. Indeed, both Chadian and refugee households that reported the level of interaction and trust in their community is high or very high declined slightly. There was also a drop in the proportion of both Chadian and refugee households that reported low and very low levels of interaction and trust

Figure 12 : Perceptions of physical safety

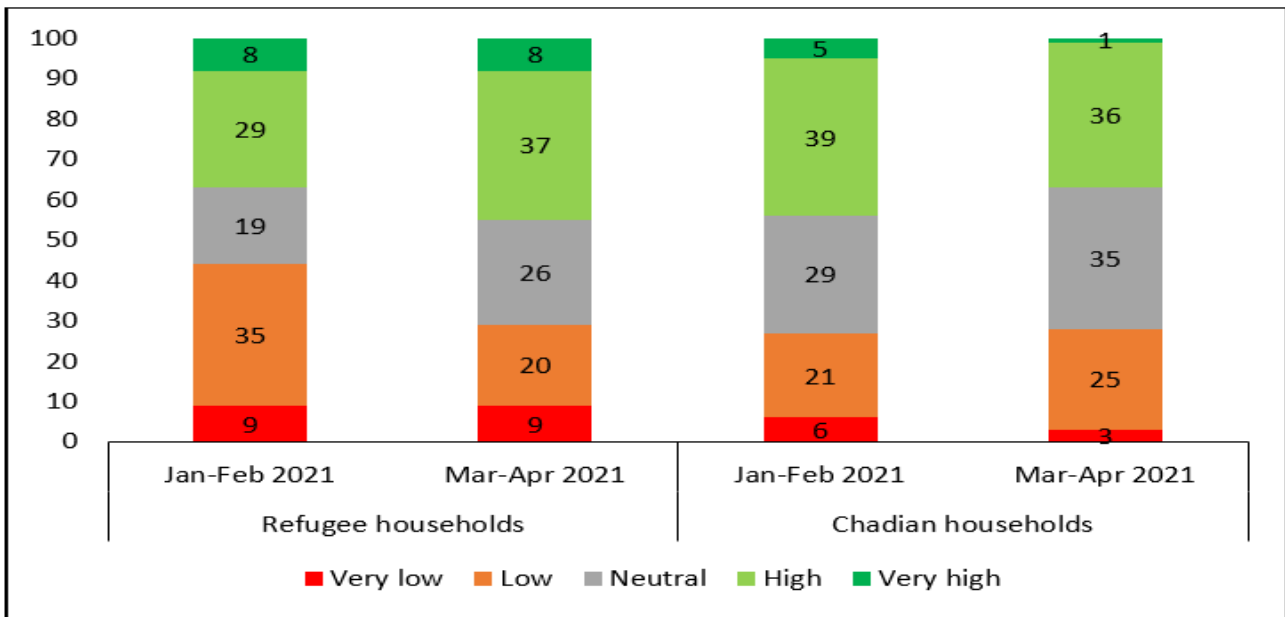


Figure 13 : Perceptions of social cohesion and community trust

