

# ANSWERING THE CALL: FORCIBLY DISPLACED DURING THE PANDEMIC

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# EXECUTIVE SUMMARY

The emergence of COVID-19 has underscored the critical importance of reliable data in managing global humanitarian and development challenges, especially when addressing the needs of vulnerable populations, such as forcibly displaced people (FDPs).

It is clear that we need more and better socioeconomic data—as well as a thorough analyses of that data—to better inform the design of policies and interventions. Data deficiencies are particularly acute for vulnerable populations confronting challenges emerging after the onset of the COVID-19 pandemic, in interrelated areas such as health care, employment/income, education, and freedom of movement.

This paper takes stock of what is known about the experience of FDPs during the pandemic; we summarize projections of the expected socioeconomic impact of the pandemic on those affected by forced displacement, using data from simulations and scenarios developed by other researchers; and we highlight results from high-frequency phone surveys covering eight country-level data collection exercises in Bangladesh, Chad, Djibouti, Ethiopia, Iraq, Kenya, Uganda, and Yemen.

Pre-existing evidence indicates that COVID-19 has resulted in a drastic reduction in the movement across borders and resettlements. For example, as of May 2020, nearly 100 countries had temporarily denied access to their territory; by May 2021 almost 60 countries still denied access. Modeling and simulation analyses conducted in specific areas estimate an increase in poverty among the forcibly displaced and their host communities as a result of the simultaneous effects of COVID-19 and other aggravating socioeconomic factors. In Lebanon, due to the occurrence of COVID-19 during a deep economic and social crisis, the number of Syrian refugees below the national poverty line is expected to increase by 430,000 in 2021 compared to the period just prior to the pandemic.

The results from the eight countries surveyed suggest that, in line with the hypotheses in the JDC's first paper on this topic, the socioeconomic wellbeing of both forcibly displaced and host populations have deteriorated during COVID-19, negatively impacting wages and employment, non-labor income, food security, and access to health and education.

- Displaced populations in the surveyed countries tend to be employed in sectors more vulnerable to economic shocks. These displaced populations experienced employment losses at rates at least as large if not greater than hosts. Work among female and camped laborers seem particularly negatively affected. Labor market recovery, when observed, appears slow.
- Forcibly displaced persons rely disproportionately on international assistance, especially during crises such as the current economic downturn. In Djibouti, 88 percent of village-based refugees and 62 percent of urban refugee households rely on humanitarian aid compared to only 4 percent for their host counterparts.
- COVID-19 has negatively affected access to health care for many households, including those in FDP households. Displaced populations typically faced greater challenges accessing medical care than national households in Djibouti, Chad, Ethiopia, Kenya, and Iraq.
- Food insecurity for the displaced is pervasive across most countries surveyed. Nearly 90 percent of refugees in Chad are now severely food insecure—more than 25 percentage points higher than for Chadian hosts' households. For the displaced, financial constraints were often the most frequently cited barrier to accessing health services and food resources.
- School closures at the onset of the pandemic inhibited learning opportunities for children from forcibly displaced households. The closures often removed protective measures, exposing them to greater risks and reducing their chances of returning to school when they reopen. In Ethiopia, only 20 percent of refugee children were attending primary school and 5 percent attended secondary school before the pandemic; while schools were closed during the pandemic, only 5 percent of primary school refugee children and 1 percent of secondary school children had any education engagement.

- The surveys in Chad, Djibouti, Ethiopia, and Iraq showed that FDPs are extremely willing to be vaccinated against the spread of the virus. However, receptivity is likely to be severely inhibited if there are personal financial costs of the vaccine.
- Displaced populations very often fare worse than hosts, but not always. Refugees and hosts in Uganda had similar struggles in accessing needed medical care over the course of the pandemic; the share of Internally Displaced Persons (IDPs) and hosts in Yemen with poor access to health care showed nearly identical increases during the pandemic; in Iraq, host respondents' unemployment was more volatile and averaged slightly higher than IDPs or returning IDPs; and in Bangladesh, teen educational engagement (though not necessarily attainment) was higher among refugee households compared to the hosts after the onset of the pandemic.

These data sources, although instructive and a promising start, are not necessarily representative of displaced populations globally. Furthermore, because this is an interim report, the data from the high-frequency phone surveys have not yet been harmonized, so direct ordinal comparisons between countries cannot be made. Going forward, we recommend bolstering and establishing tools that collect regular and robust data on representative samples of both displaced and non-displaced populations in line with international standards to facilitate ex ante standardization and ex post harmonization. Ideally done in collaboration with national statistical offices to build sustainable capacity, these tools could include a continuation of the existing high-frequency phone surveys, paired with face-to-face surveys when possible. Inclusion of the forcibly displaced in national data collection exercises allow for these populations' integration into policy responses as well as humanitarian and development interventions.<sup>1</sup>

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<sup>1</sup> This version was first made available online on August 5, 2021. The paper carries the names of the authors and should be cited accordingly. The findings, interpretations, and conclusions expressed in this paper are entirely those of the authors. They do not necessarily represent the views of the Joint Data Center on Forced Displacement, UNHCR, The World Bank, the Managing Committee of the Joint Data Center on Forced Displacement, or the governments any of those entities represent.

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# 1 INTRODUCTION

The emergence of COVID-19 has highlighted the critical importance of quality data in managing global development challenges, particularly for vulnerable populations. In this paper we detail the socioeconomic experience of forcibly displaced populations<sup>2</sup> and their hosts during the COVID-19 pandemic, based on pre-existing evidence and on recent high-frequency survey exercises where more than 90,000 interviews were conducted. This is the first comprehensive presentation of the results from these data-collection exercises. The results are of an interim nature: they will be presented in greater detail in forthcoming studies by the World Bank, UNHCR, JDC, and others.

The World Bank-UNHCR Joint Data Center on Forced Displacement’s first working paper on the pandemic—[Highly vulnerable yet largely invisible: Forcibly displaced in the COVID-19-induced recession](#)—ended with a call regarding data:

*“More and better data are needed to design policies and interventions to improve the lives of forcibly displaced people (FDPs) and their host communities. Such data can also improve our understanding of risk factors and the implications of COVID-19 for nationals and the forcibly displaced.”*

In this second working paper, we answer this call (in part) by:

- 1) taking stock of emerging data and evidence on the socioeconomic experience on those affected by forced displacement during the pandemic, presenting evidence from simulations and scenarios developed by several experts and actors;
- 2) presenting and analyzing data from high-frequency phone surveys commissioned by the World Bank, UNHCR and/or the Joint Data Center, in countries, often involving multiple data-collection rounds; and,
- 3) connecting, where possible, the evidence from the high-frequency phone surveys to policy responses to the pandemic (as relevant to those forcibly displaced), with specific references to access to health services and food security.

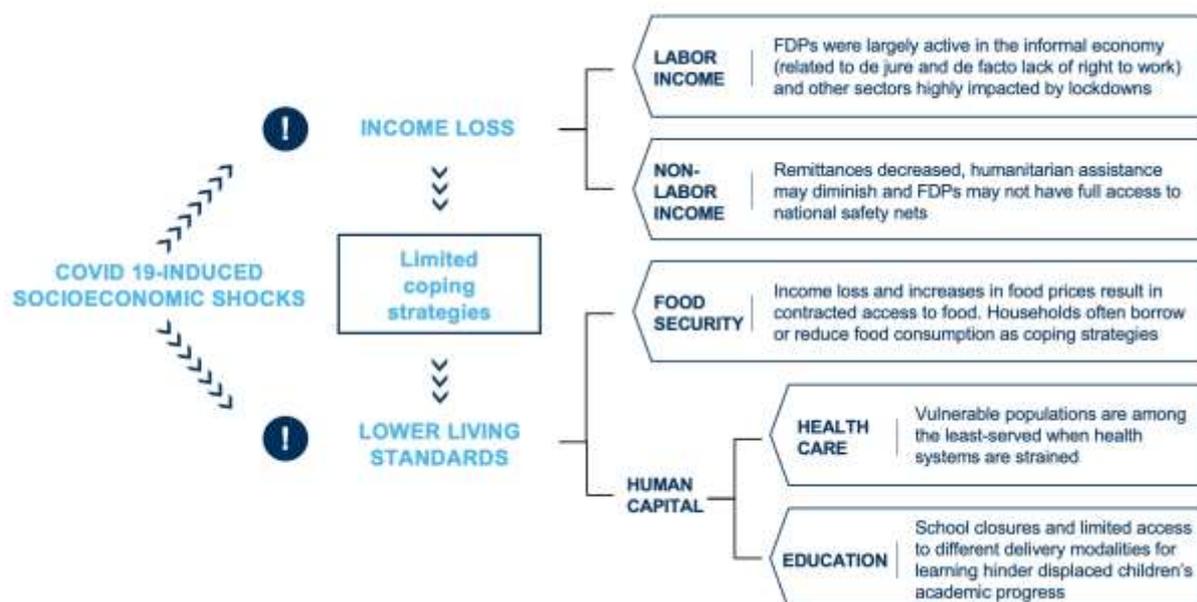
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<sup>2</sup> For a definition of displacement, please see the UNHCR Glossary: <https://www.unhcr.org/glossary/#displacement>.

Whenever feasible, we are deliberate in the references to specific groups of those forcibly displaced, such as refugees and internally displaced, and we highlight differences and similarities in socioeconomic indicators between these groups when comparing with host communities and national averages. This includes the fundamental difference that refugees (and asylum seekers) fall under the protection of international law while internally displaced persons (IDPs) are under the primary responsibility of the national authorities. For the purpose of understanding the terminology in the paper in relation to forced displacement, the reader is referred to the [UNHCR Master Glossary of Terms](#).

In tracing out the implications of the pandemic, we follow the conceptual model developed in the JDC’s first working paper (see Figure 1). Specifically, we explore lost income, whether from labor or non-labor income, and lowered living standards, such as reduced access to food, health, and education services.

**Figure 1: Conceptual Model of the multidimensional socioeconomic effects of COVID-19 on Forcibly Displaced People**

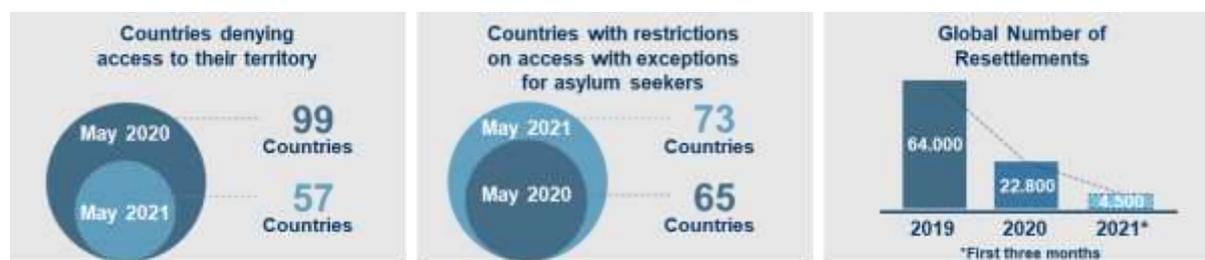


Adapted from [Vishwanath, Alik-Lagrange, and Aghabarari, 2020](#).

The model identifies COVID-19-induced socioeconomic shocks as the element which triggered the effects categorized in the figure, including direct health effects and indirect macroeconomic effects. Importantly, governments’ responses to the pandemic have exerted immediate restrictions on the daily life of their citizens, with impacts

across the five dimensions. The most apparent restriction has been the abrupt reduction in internal and international mobility: in response to the spread of COVID-19, closures of borders and severe internal limitations on the freedom of movement have been adopted across all parts of the world. According to data collected by UNHCR, at the end of May 2020, 99 countries denied access to their territory<sup>3</sup>. These closures affected any persons who wanted to cross the borders, and no exceptions were made for asylum seekers.<sup>4</sup> At the same time, 65 countries were applying some form of restrictions on access, with exceptions for asylum seekers.<sup>5</sup> One year later, 57 countries still deny access and 73 retain restricted access.<sup>6 7</sup>

**Figure 2: COVID-19 and restrictions on access around the world**



Border closures have also affected the global number of resettlement departures,<sup>8</sup> which dropped from around 64,000 in 2019 to 22,800 in 2020. The trend is confirmed in 2021, with only 4,500 resettlement departures taking place in the first three months of the year.<sup>9</sup> These numbers and trends must be taken into account when evaluating the evidence emerging from the high-frequency phone surveys.

This paper provides an overview of select country-level reports from the high-frequency phone surveys prepared by teams from the World Bank, UNHCR, or Joint Data Center, often in partnership with national statistical offices and other actors.

<sup>3</sup> UNHCR, 2021a.

<sup>4</sup> Note that the principle of non-refoulement requires that while States have the responsibility to protect public health and can temporarily close their borders, exceptions are to be in place for those persons seeking international protection. For a definition of non-refoulement, please see the UNHCR Glossary: <https://www.unhcr.org/glossary/#non-refoulement>.

<sup>5</sup> The eight whose individual socioeconomic situations are analyzed in the high-frequency phone survey part of this paper, and all applied a partial or complete closure of their borders.

<sup>6</sup> UNHCR COVID-19 Platform, Temporary Measures and Impact on Protection, [https://im.unhcr.org/covid19\\_platform/](https://im.unhcr.org/covid19_platform/), as consulted on May 14, 2021. In May 2020, no data was available for 27 countries; in May 2021, no data was available for 34 countries. See also UNHCR, 2021a.

<sup>7</sup> Among the 57 countries denying access is one of the eight which will be analyzed in the high-frequency phone survey section in this paper; four more of the eight countries still have some forms of restriction to access in place.

<sup>8</sup> For a definition of resettlement, please see the UNHCR Glossary: <https://www.unhcr.org/glossary/#resettlement>

<sup>9</sup> Data from [UNHCR Resettlement Data Finder](#), as consulted on May 14, 2021. Also see the JDC paper [Highly vulnerable yet largely invisible: Forcibly displaced in the COVID-19 induced recession](#).

Specifically, the data come from surveys conducted in Bangladesh, Chad, Djibouti, Ethiopia, Iraq, Kenya, Uganda, and Yemen. Although centrally coordinated, the data presented in those reports was collected by different teams using different questionnaires and approaches. Because the resulting differences in the data have not (yet) been harmonized, point estimates between countries cannot be statistically combined or directly numerically contrasted. Rather, this paper presents a collection of individual country analyses of related constructs in which we note country findings and point out where those findings tend to point in the same or different directions between countries.

The paper concludes by summarizing findings and outlining next steps, highlights the importance of continued collection of such data – including through engagements that build the capacity of national statistical offices, and suggests some directions for further analytical and data collection work.

## 2 BACKGROUND

During the first months of the COVID-19 pandemic, the emerging consensus on the modes of transmission of the disease led to severe concerns regarding consequences in environments such as camps, often characterized by a high population density, limited access to health services, considerable levels of malnutrition, and limited financial resources. Moreover, these elements were compounded by the difficulties of conducting effective testing campaigns in developing countries, which host the large majority of displaced people. These concerns have led researchers to investigate the health and socioeconomic consequences of the pandemic among those forcibly displaced. Despite these efforts, until recently the living conditions and life trajectories of those forcibly displaced during the pandemic have been poorly documented due to a lack of widespread, reliable data. Nonetheless, the limited available evidence indicates the importance of a deeper understanding of the consequences of COVID-19 on these vulnerable people. For example, evidence from Greece shows refugees experiencing infection rates which are 2.5 to 3 times higher than those of the general population.<sup>10</sup> Nonetheless, to date, some of the forecasts from the early months of the pandemic, pointing towards dramatic consequences for the forcibly displaced,<sup>11</sup> have not fully materialized.

While policy responses and recovery plans of developed countries have helped reduce the impact of the economic consequences (as compared to the 2008 recession), this has not been the case for poorer countries. The IMF indicates that low- and middle-income countries, which have already suffered extensively from the pandemic, might still have to deal with more significant mid-term losses.<sup>12</sup> Forcibly displaced populations hosted in developing countries—which make up 90 percent of all those forcibly displaced globally—are unlikely to be immune from these effects.

Early surveys conducted by the International Labour Organization and Fafo Institute for Labour and Social Research indicated that in Jordan almost half of the respondents

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<sup>10</sup> Kondilis et al., 2021; Matlin et al., 2021.

<sup>11</sup> See Truelove et al., 2020.

<sup>12</sup> IMF, 2021

who were employed before the COVID-19 outbreak were out of work in April 2020.<sup>13</sup> Refugees were particularly affected: a third of surveyed Syrians (displaced and living in Jordan) who were employed before the crisis had lost their jobs permanently, compared to 17 percent of surveyed host Jordanians.<sup>14</sup> Later data confirmed these findings: according to a study published in November 2020, the employment share fell by 28 percent among refugees during lockdown, compared to a 19 percent decrease for non-refugees.<sup>15</sup> Figures from Lebanon, a country hit by a deep economic and social crisis, compounded by COVID-19 (and later by the dramatic explosion that occurred in the port of Beirut in August 2020), suggest an even more dramatic impact: by April 2020, 60 percent of Syrian refugees had been permanently laid off and 31 percent temporarily lost their jobs (the corresponding figures for Lebanese workers were 39 and 38 percent, respectively).<sup>16</sup> The very high proportion of refugees who lost their jobs in the aftermath of the pandemic relates to their sector of employment. Most Syrian refugees in Lebanon, in fact, work in agriculture or construction (men) and household services (women). These are sectors characterized by a high degree of informality, in which the absence of a contract makes permanent layoffs very easy.

More recent evidence from Kenya, one of the countries analyzed in more detail later in this paper, indicates that after the beginning of the pandemic the employment rate among working-age refugees went down to one in ten persons, versus four in ten in the Kalobeyei camp and two in ten in Kakuma before the COVID-19 pandemic (see also Figure 4).<sup>17</sup>

The consequences of COVID-19 on the labor market were also presaged in a July 2020 study by the Center for Global Development. Based on data from eight hosting countries before COVID-19, the report estimated that refugees were 60 percent more likely than host populations to be working in sectors highly likely to be impacted, such as accommodation and food services, manufacturing, and retail.<sup>18</sup> Early results from high-frequency phone surveys conducted in Uganda also showed how the likelihood

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<sup>13</sup> Kebede et al., 2020b.

<sup>14</sup> *Ibid.*

<sup>15</sup> Cefalà et al., 2020.

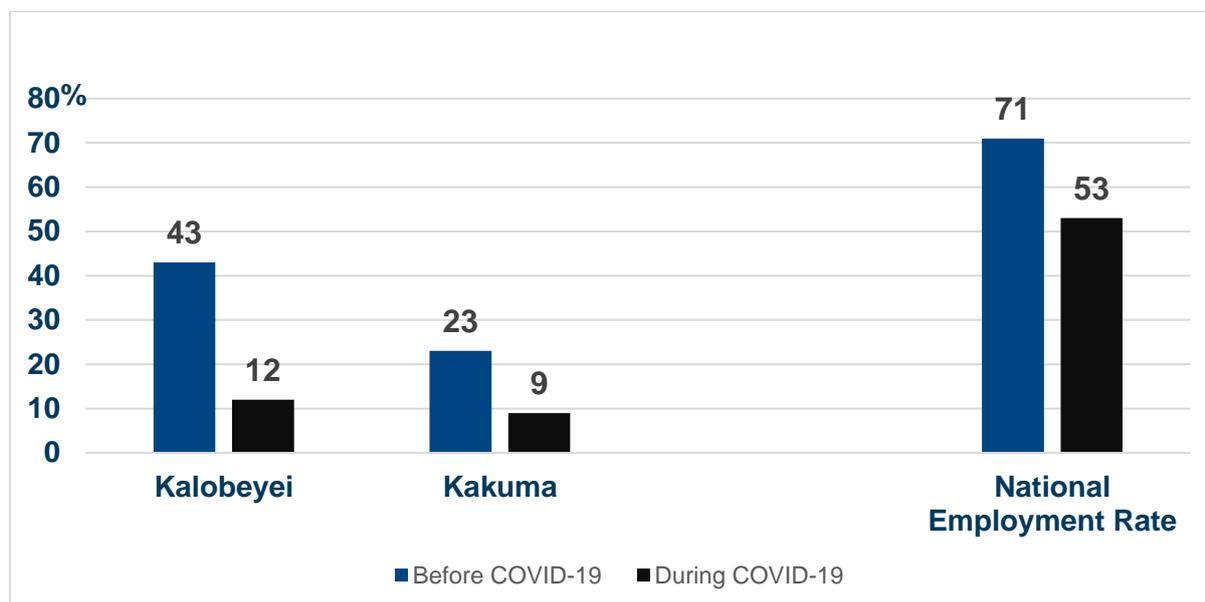
<sup>16</sup> Kebede et al., 2020c.

<sup>17</sup> World Bank, 2020a.

<sup>18</sup> Dempster et al., 2020.

of work stoppages varied across different sectors, although in this case the most-affected refugees were those employed in the services sector.<sup>19</sup>

**Figure 3: Refugee employment rates before and during COVID-19, Kenya 2020**



Source: data and figures from World Bank, November 2020. “Kenya Economic Update, November 2020: Navigating the Pandemic”. World Bank, Kenya: Nairobi. Available at:

<https://openknowledge.worldbank.org/handle/10986/34819>.

Note: Pre-pandemic data from Kalobeyei Socioeconomic Survey, 2018; Kakuma Socioeconomic Survey, 2019; World Bank estimates 2019 for National Employment Rate. Data for the period throughout the pandemic from the Kenya COVID-19 Rapid Response Phone Survey, May-October 2020 (see also “Socioeconomic Impacts of COVID-19 in Kenya on Households : Rapid Response Phone Survey, Round 1”).

Evidence from the Mashreq region shows how COVID-19 has aggravated the socioeconomic conditions of both those forcibly displaced and their hosts, with consequences on their poverty levels. Specifically, a JDC-supported World Bank-UNHCR report estimated that 4.4 million people in the host communities and 1.1 million among those forcibly displaced have been driven into poverty in the immediate aftermath of the COVID-19 crisis in Lebanon, three governorates of Jordan, and the Kurdistan Region of Iraq.<sup>20</sup> Recently updated figures<sup>21</sup> for Lebanon indicate that, by the end of 2021, an additional 2.5 million Lebanese individuals and 430,000 Syrian

<sup>19</sup> Atamanov et al., 2020.

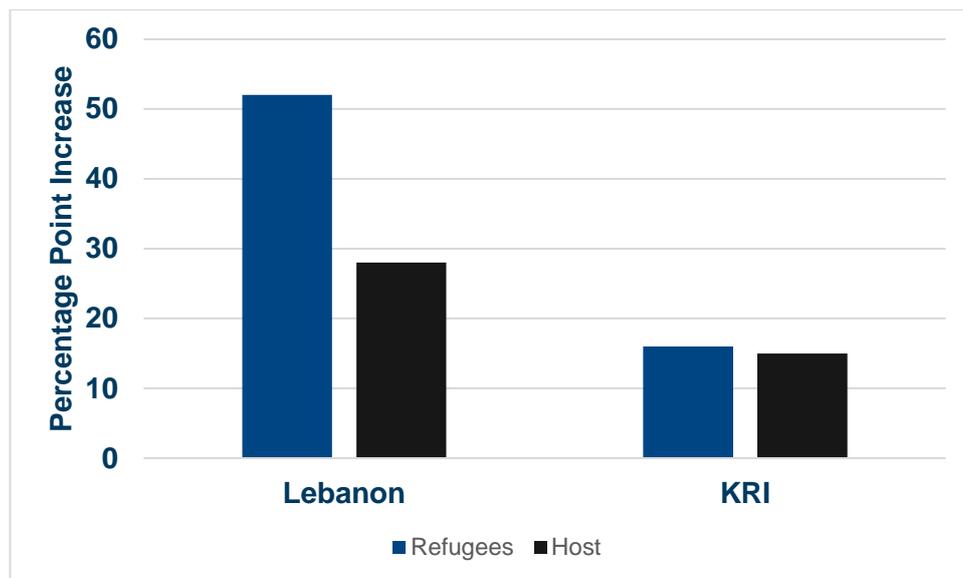
<sup>20</sup> World Bank-UNHCR, 2020.

<sup>21</sup> World Bank-UNHCR, 2021.

refugees will be forced into poverty, as calculated based on the national poverty line (see also Figure 4).<sup>22</sup> More generally, the ILO estimated that the pandemic led to a 56 percent increase in poverty rates in low- and lower-middle-income countries for workers in the informal sector, where the large majority of forcibly displaced are employed.<sup>23</sup>

The evidence summarized in this section highlighted efforts by various actors to fill the data gap regarding the effects of COVID-19 on the most vulnerable populations. However, these efforts often only provide a temporary snapshot of their living conditions. In contrast, data from the high-frequency phone surveys can help provide policy-makers, practitioners, researchers, and other stakeholders with up-to-date information on both the forcibly displaced and their host communities.

**Figure 4: Estimated increase of population in poverty from Q1 2020 to Q4 2021; Syrian refugees and host communities in Lebanon and Kurdistan Region of Iraq.**



Source: “2021 Compounding Misfortunes: an update to the study”, World Bank-UNHCR Report, 2021.

<sup>22</sup> This change will take place with respect to what was observed in the first quarter of 2020. As already mentioned previously, it is important to note that in Lebanon COVID-19 has contributed to a worsening of an already existing economic crisis.

<sup>23</sup> ILO, 2020b.

### 3 CONDUCTING HIGH-FREQUENCY PHONE SURVEYS

Following calls for better data to understand the implications of COVID-19 for host populations and the forcibly displaced, the Joint Data Center (JDC) worked with its parent institutions to help answer that call. In collaboration with World Bank and UNHCR teams, the JDC identified six countries<sup>24</sup> that could either: (1) integrate a representative sample of FDPs into the ongoing high-frequency phone surveys that were being undertaken by the World Bank on the host populations to monitor welfare and behavioral changes during the pandemic; or (2) execute a parallel survey on the forcibly displaced alongside those national surveys.<sup>25</sup> By August 2021, four of the six countries in which the JDC has supported data collection—Chad,<sup>26</sup> Djibouti, Ethiopia,<sup>27</sup> and Iraq—had collected at least one round of data and conducted preliminary analyses. In addition to these four countries, the JDC has supported the analysis of similar data from Yemen and Bangladesh.

Beyond the JDC, UNHCR worked directly with World Bank country teams in Kenya and Uganda to build out phone surveys on displaced populations complementary to the World Bank’s phone surveys of those host populations.

In the following sections, we summarize socioeconomic microdata indicators from more than 90,000 interviews conducted after the onset of the pandemic (March 2020) in these eight countries.<sup>28</sup> Figure 5 chronicles the timeline of the rounds of data

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<sup>24</sup> Countries were selected as an availability sample based on the criteria of having a significant level or share of displaced persons (proxied by being an IDA-18 RSW or GCFF country), availability of a sampling frame, interest from World Bank and UNHCR teams, and in some cases the capacity and interest of the national statistical agency. Because countries were not selected to be representative (or indicative) of all countries worldwide with displaced populations, the collection of results here is not representative of all countries with displaced populations or of displaced populations globally. For example, as a convenience sample, this collection of countries has few examples from some regions (South Asia) or none from others (the Americas). Planned expansions of this work look to take on countries from those regions.

<sup>25</sup> Although some national HFPS samples may have picked up some displaced households in their sample, without dedicated oversampling there would generally be too few of them to make robust conclusions on sub-groups of FDPs.

<sup>26</sup> NB: Planned data collection on refugees in Chad concluded just prior to the civil unrest of Spring 2021.

<sup>27</sup> NB: Planned data collection on refugees in Ethiopia concluded just as the 2020 Tigray conflict started.

<sup>28</sup> See the following resources for the countries from which the results in this paper were drawn:

collection in these countries. The figure illustrates how the surveys were fielded during the time when countries implemented restrictions in freedom of movement, outside activities, and in-person school attendance. Although the survey questionnaire for each of the countries has a common root, local adaptations were made in the timing, number of rounds, and content of each survey wave across the eight countries.<sup>29</sup> Specifics of sampling strategies differ across the countries, but each population sample has been drawn and adjusted to make it as representative as possible of the populations described in Figure 6. Because the data collection instruments are not identical across countries and the data have not yet been harmonized (as these are still interim results), point estimates cannot be directly compared between countries; rather, this paper summarizes trends within countries and (at most) observes whether those trends are materially similar or dissimilar across countries.<sup>30</sup>

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Bangladesh: See [Impacts of COVID-19 on Work and Wages in Cox's Bazar, Status of Education Among School-Aged Children in Cox's Bazar \(forthcoming\)](#) and [Impacts of COVID-19 on Food Security in Cox's Bazar: Food Consumption, Coping and Assistance](#) for first round on refugees and nationals and [Impacts of COVID-19 on Work and Wages in Cox's Bazar : Part 1 - Rohingya Camps](#) for the second round.

Chad: *Brief(s) forthcoming*

Djibouti: See [Monitoring the socio-economic impacts of COVID-19 on Djiboutian and refugee households in Djibouti – results from R3](#)

Ethiopia: See [Monitoring COVID-19 Impact on Refugees in Ethiopia – Report No. 1](#) and [Monitoring COVID-19 Impact on Refugees in Ethiopia – Report No. 2](#) for information on refugees.

Iraq: *Report Forthcoming*

Kenya: See <https://www.kenyacovidtracker.org/rpps> and [Socioeconomic impacts of COVID-19 in Kenya](#)

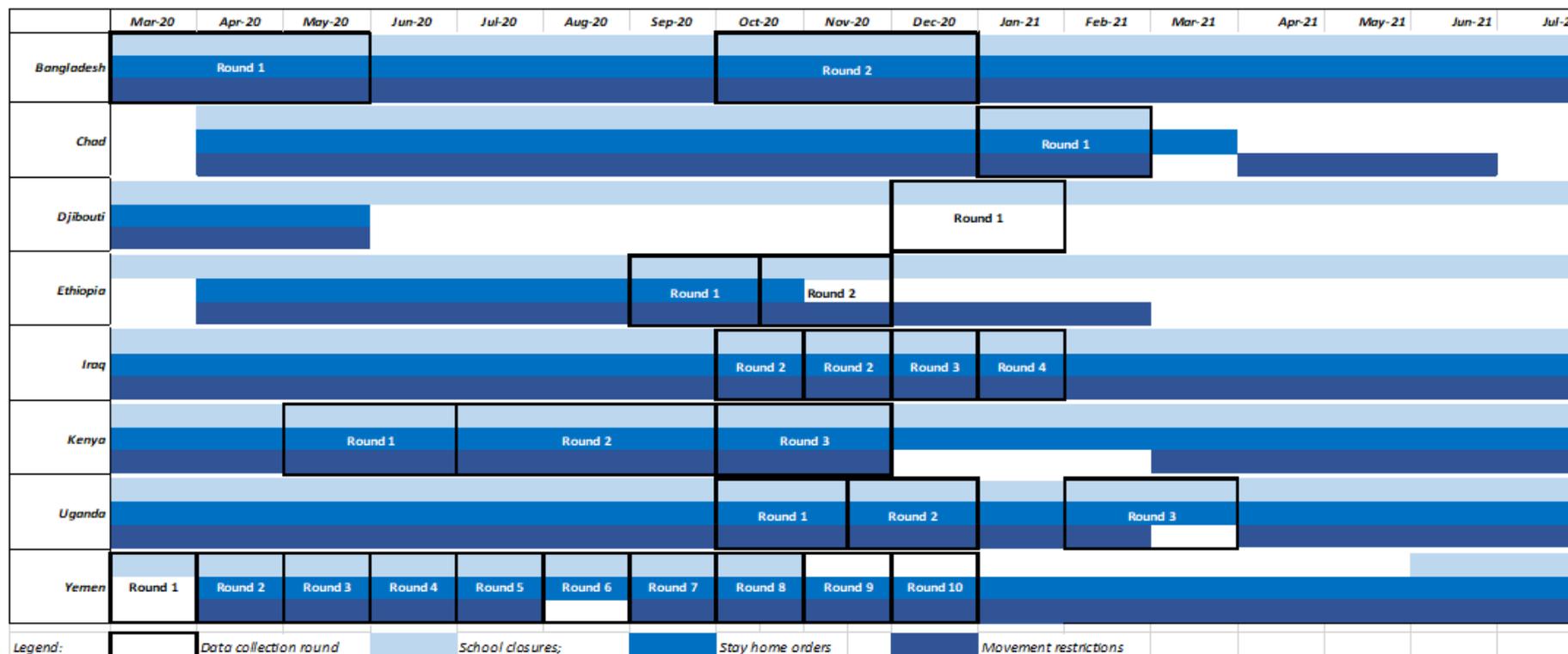
Uganda: For information on refugees see [Monitoring Social and Economic Impacts of COVID-19 on Refugees in Uganda : Results from the High-Frequency Phone Survey - First Round, and Third Round Results for Ugandans can be found here. A policy paper comparing refugee and Ugandan welfare can be found here.](#)

Yemen: See presentation on [COVID-19 and Forced Displacement in the Global South](#)

<sup>29</sup> Details can be found in the country annexes of this paper.

<sup>30</sup> That is, we make positive comparisons but not superlative or mathematical comparisons or rank countries.

**Figure 5: Timeline of data collection rounds and covid-19-related restrictions**



Notes: data on dates of restrictions from Thomas Hale, Noam Angrist, Rafael Goldszmidt, Beatriz Kira, Anna Petherick, Toby Phillips, Samuel Webster, Emily Cameron-Blake, Laura Hallas, Saptarshi Majumdar, and Helen Tatlow. (2021). "A global panel database of pandemic policies (Oxford COVID-19 Government Response Tracker)." *Nature Human Behaviour*. <https://doi.org/10.1038/s41562-021-01079-8>. In the original data, restrictions are categorized on a 0 to 3 scale, 0 meaning no restrictions, 3 meaning the strictest restriction. For simplicity we use the same color for any degree of restriction and white only for no-restriction periods. In Iraq, school closures started in February 2020. All countries reported the onset of the pandemic as March 2020, with the exception of Iraq that indicated February 2020.

**Figure 6: High-Frequency Phone Surveys that include displaced samples**



Notwithstanding the considerable technical challenges in using phone surveys to collect data and generate reliable statistics,<sup>31</sup> these surveys strive to be representative of the displaced and host populations they sample, both through robust sampling strategies and ex post weighting. In each of these countries, teams collected data on a sample of a defined, policy-relevant forcibly displaced population (or populations). Each country also has collected data contemporaneously on a defined host population—either a national sample of non-displaced households or a sample of non-displaced households living in the same administrative area as the FDPs.<sup>32</sup>

Nonetheless, HFPS instruments are typically characterized by a shorter survey length and do not provide control of the interview environment to allow pursuit of sensitive topics. Phone surveys also encounter significant challenges in overcoming sampling and selection bias, including the risk of not capturing the most vulnerable, which they

<sup>31</sup> Although phone surveys are a useful tool during the pandemic in that they avoid becoming vectors of spread through physical interactions, they can only reach respondents who have access to an active mobile phone line, and may therefore systematically exclude poorer households to some extent. To overcome that potential bias, the phone surveys reported here applied re-weighting techniques to provide statistics that are as representative as possible of the defined host and displaced populations. For a discussion on overcoming challenges endemic to phone surveys, see [Tanner, Jeffery 2021, "The Pitfalls and Potential of High-Frequency Phone Surveys During COVID-19," \*Forced Migration Review\*, 66.](#)

<sup>32</sup> Each set of surveys employs probability sampling with a sampling strategy that aims to yield a representative sample of households that have access to a mobile phone. Recognizing challenges of selection biases in phone ownership, non-response, and attrition, the teams applied ex post sampling weights using time-invariant demographic information from the most recent face-to-face survey, census, or listing exercise (which generally have a much lower sampling bias) to adjust the sample to mirror the general displaced and non-displaced populations in the country (or geographic area) as closely as possible.

aim to overcome through careful probability sampling strategies and ex-post weighting. Therefore, such surveys are appropriately seen as instruments complementary to traditional face-to-face surveys. At the same time, they are ideal tools for providing timely evidence to inform (and to some extent validate) modeling and simulation analyses, as well as to rapidly produce reliable statistics and to collect data where face-to-face contact is not feasible (as with the pandemic).

The results presented here are descriptive rather than causal: we can observe changes in outcomes during the pandemic, and we can posit that the pandemic contributed to those changes, but we cannot isolate the magnitude of the effect of the pandemic. Moreover, as noted, the data have not been harmonized between countries, so direct quantitative comparisons between countries' statistics cannot be made. Instead, we report country-level findings and note where they are materially similar or dissimilar across countries. Finally, because data collection and analysis continue in several of these countries, and fine-tuning of analyses may be carried out, the results presented here are both interim and preliminary in nature. Even so, as a collection of country analyses, the results from these eight countries are instructive (even if not conclusive) in understanding the range of experiences of host and displaced populations during COVID-19.

## 4 OBSERVED SOCIOECONOMIC WELFARE DURING THE PANDEMIC

High-frequency phone survey data from Bangladesh, Chad, Djibouti, Ethiopia, Iraq, Kenya, Uganda, and Yemen from March 2020 through March 2021 provide compelling insights on the realities facing FDPs<sup>33</sup> and non-displaced populations during the COVID-19 pandemic. We organize this data to follow the hypotheses laid out at the beginning of the pandemic in Figure 1, that COVID-induced socioeconomic shocks have direct effects in lowering living standards, and indirect effects as income loss induces negative coping strategies resulting in lower welfare indicators. We summarize observed outcomes for income-loss risk (including both labor and non-labor income) and living standards (including health, food access and food security, and education), pointing out how FDPs have fared over time and in comparison to host populations.<sup>34</sup>

### 4.1 Income-loss risk

As described in the model in Figure 1, loss of income (cash and in-kind benefits) from labor or non-labor sources is a significant risk for FDPs and hosts that can cascade to create or exacerbate additional welfare challenges. Preliminary estimates from Uganda suggest that poverty among refugees increased by 7 percentage points, up from 44 percent to 51 percent over the pandemic period. Indeed, 89 percent of refugees in Uganda estimated that their total income has decreased compared to the period before the pandemic. Similarly, in Chad, some 75 percent of the host and the refugee population reported a drop in income. We find evidence of such decreases in welfare for a large share of displaced households in Bangladesh, Chad, Djibouti, Ethiopia, Uganda, and Yemen.

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<sup>33</sup> The forcibly displaced referred to in Bangladesh, Chad, Djibouti, Ethiopia, Kenya, and Uganda are refugees, whereas those referred to in Iraq and Yemen are IDPs and, in the case of Iraq, returned IDPs.

<sup>34</sup> The original model also included housing, voicing the concern that the welfare of refugees' (and perhaps IDPs to an extent) depends on their housing environment, including being in and out of camps, and the variation between and within hosting communities. While the phone surveys did not collect data on the latter, we do intersperse camp/non-camp differences throughout the discussion here.

### 4.1.2 Labor income

The global economic slowdown and the resulting evaporation of labor demand, together with local pandemic-related restrictions, were expected to adversely affect the ability to work and earn an income for many households. Evidence from the surveys indicate that in most of the countries analyzed, displaced populations experienced employment losses. The rate of these losses was often equivalent to or greater than losses experienced by host populations—although there are important exceptions. Further, labor market outcomes for the female displaced populations may be worse than males or non-displaced. When a labor market recovery has been observed in these countries, that recovery appears to be slow—particularly for displaced populations.

As hypothesized in the JDC's first COVID-19 paper, the data indicate that refugees in the contexts analyzed are very often employed in the informal sector and as casual laborers. The surveys indicate that the majority of refugees who reported to be working in Chad, Djibouti, Ethiopia, and Kenya were employed in informal sectors and did unskilled jobs. Pandemic-related movement restrictions may have been particularly detrimental to such workers as their labor market positions are especially vulnerable: they do short-term and often unspecialized work which frequently requires travel, and they are largely replaceable.

In Ethiopia,<sup>35</sup> less than 20 percent of refugee respondents were working in October 2020 compared to almost 90 percent for hosts. When asked why they had lost work, 61 percent of refugees surveyed attributed their job losses to COVID-19; while 23 percent pointed to seasonality or the casual nature of their work as the reason they were not currently working. Before the pandemic 46 percent of Chadians and 51 percent of refugees in Chad reported working, out of which 30 percent of refugees were working within refugee camps. By early 2021, 21 percent of refugees had stopped working, compared to 9 percent of Chadians.

In the context of the highly regulated labor market in the Cox's Bazar<sup>36</sup> refugee camps, work opportunities were already severely limited prior to the pandemic because of

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<sup>35</sup> See [Monitoring COVID-19 Impact on Refugees in Ethiopia – Report No. 1](#)

<sup>36</sup> See [Impacts of COVID-19 on Work and Wages in Cox-s Bazar: Part 1 – Rohingya Camps](#)

restrictive policies by the Government of Bangladesh that prohibit formal employment and a September 2019 government ban on using cash in camps. Incentives given by humanitarian operations to refugee volunteers were the only formally recognized cash streams, but when those operations contracted due to COVID-19 concerns, work opportunities dwindled, even as more people were looking for ways to supplement household welfare. The employment rate for refugees dropped from 64 percent in camps in 2019 to just 23 percent in the Spring of 2020, and it was largely unchanged six months later. Similarly, in Uganda<sup>37</sup> 13 percent of refugees stopped working since the lockdown and 50 percent of work stoppage was directly related to COVID-19.

Gender differences in the labor market are also apparent for Rohingya refugees in camps in Bangladesh. Though female labor force participation is increasing rapidly, they are still less likely to look for work than males and are less likely to find it. From 2019 to late 2020, male labor force participation grew from 64 percent to 83 percent, but employment rates (those among the working-age population currently engaged in any income-generating activity) nearly halved from 61 percent to 33 percent. Concurrently, female labor statistics exhibited even more radical swings. Female labor force participation more than quadrupled from 9 percent to 40 percent from 2019 to Oct-Dec 2020, but their struggle to find work is evidenced by the precipitous drop in employment among females from 78 percent to 9 percent. Lockdown activity contractions in Bangladesh have likely induced more people to look for work but the market has been unable to accommodate the surge in labor supply. In Djibouti,<sup>38</sup> 46 percent of female breadwinners (the household's primary earner as identified by the respondent) among displaced people reported to have worked in the week before the onset of the pandemic, compared with 58 percent of male breadwinners.

In Iraq, IDPs are more likely to be looking for work than their non-displaced compatriots, but IDPs, returning IDPs and hosts have unemployment rates similar to the national averages. Between October 2020 and January 2021, unemployment rose in all groups. But while unemployment rose the most for returning IDPs from 13 to 22 percent, it was most volatile and ended highest for hosts at 26 percent. Similarly hosts

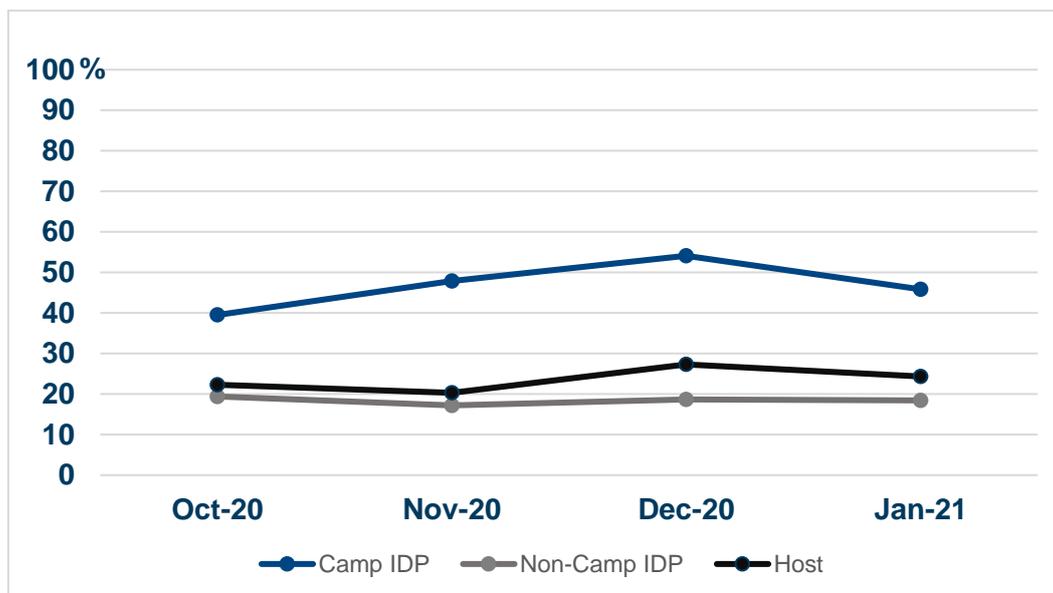
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<sup>37</sup> See [Monitoring Social and Economic Impacts of COVID-19 on Refugees in Uganda : Results from the High-Frequency Phone Survey](#)

<sup>38</sup> See [Monitoring the socio-economic impacts of COVID-19 on Djiboutian and refugee households in Djibouti](#)

had slightly higher unemployment rates than IDPs living out of camps; however, camped IDPs consistently had the highest unemployment rates in Iraq, ending at 46 percent (See Figure 6). The data from Iraq suggest that female IDPs may be increasingly likely to participate in the labor force, and unemployment among those who do participate appears to be falling slightly.

**Figure 7: Camp, Non-Camp and Host unemployment in Iraq**



In Djibouti, less than half of village (settlement)-based refugee breadwinners and around two-thirds of urban refugee breadwinners were employed in late 2020/early 2021. Of those that were employed prior to the onset of the pandemic, 16 percent of village-based refugee breadwinners and 7 percent of urban refugee breadwinners who were employed prior to the onset of COVID-19 no longer had a job by the start of 2021.

The data suggest that as governments ease lockdown measures, signs of labor market recovery are often slow and heterogeneous across countries and within countries across time for both hosts and the displaced. In Kenya, for example, employment rates are slowly improving. Employment rates for host breadwinners rose from 50 percent to 61 percent over the five months from June to November 2020; refugee employment rates were far lower but also saw an increase over the same period from 6 percent to 16 percent.

In Uganda, employment rates for the host population have fully rebounded to pre-pandemic levels, yet employment among refugees is still lower than before the pandemic. In just over a month, refugee employment dropped from 43 percent in October-November 2020 to 36 percent in December. Moreover, the share of refugee households with a family business still has not reached pre-pandemic levels.

From early in the pandemic in Bangladesh, both hosts and refugees living in Cox's Bazar who worked during the lockdown reported reduced earnings, across all employment types. In Ethiopia's September survey, almost 45 percent of refugees (versus 20 percent of hosts) reported that their wages were reduced due to deteriorations in their employment situation. By January in Chad, income decreased for more than 70 percent of all households (72 and 74 percent for hosts and refugees, respectively); income from agricultural activities alone declined for 70 percent of refugee households since the onset of pandemic.<sup>39</sup>

### 4.1.3 Non-labor income

As countries suffered the negative effects of the pandemic, there was concern that the displaced would not have full access to national safety nets, that humanitarian needs would not be fully met, and that remittances would decrease. Survey data indicates that displaced populations were often far more likely to rely on non-labor income than hosts, but while some countries saw those sources decrease, reductions were more heterogeneous than anticipated.

Remittances are one of the main sources of income for many refugee and host households in Djibouti and Ethiopia. Among those refugees relying predominantly on remittances in Ethiopia, one-third reported a decline in remittances in September.

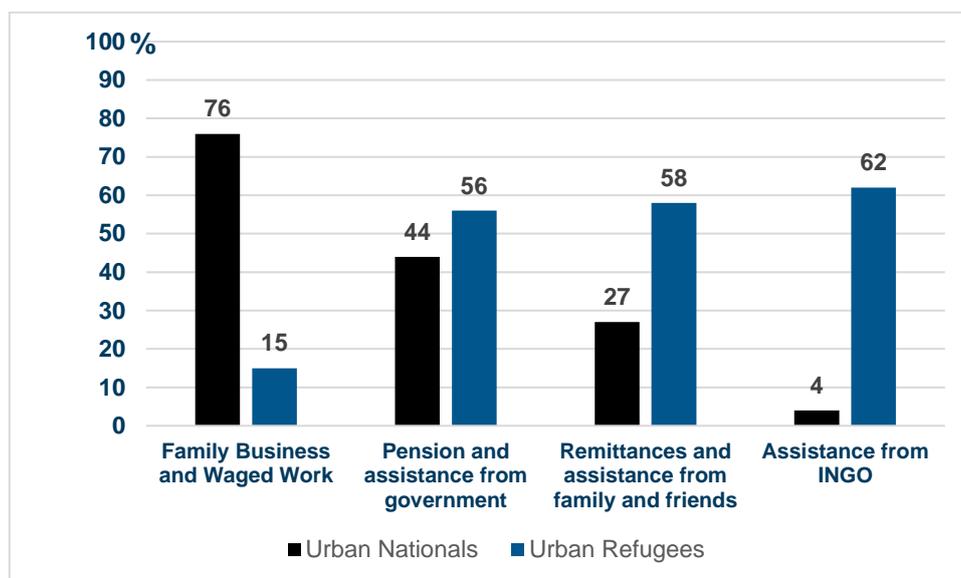
A significant share of non-labor income for both hosts and refugees comes from government and international assistance—which increased during the pandemic in some of the countries surveyed but decreased in others. Although wage work was the dominant income source among urban nationals in Djibouti (the host sample), urban

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<sup>39</sup> Labor income is an important indicator, though it does not lend itself well to phone surveys. Such surveys are generally too short to be able to ask in-depth questions on income composition to allow estimation of total income changes. Rather, phone surveys are more likely to ask respondents whether they believe income has increased.

refugee households were far more likely to receive non-wage income including remittances, government, and international assistance (See Figure 8). This pattern is particularly pronounced for households based in refugee villages, 88 percent of whom rely on international assistance.

**Figure 8: Households reporting income by source in Djibouti**

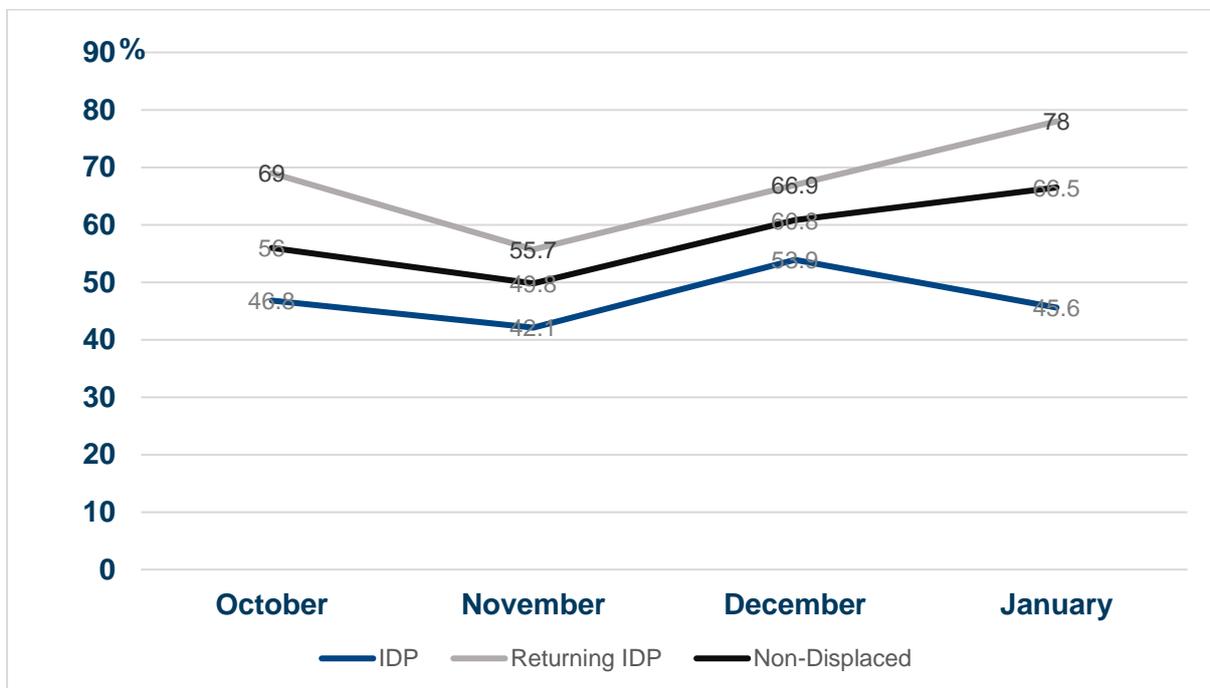


In Ethiopia, government and the international community responded to the difficulties faced by refugee households, nearly one-third of whom received assistance between the outbreak of the pandemic in March and October 2020. That assistance increased for a significant share of refugee households in the form of free food, direct cash transfers, and food or cash for work (by 41, 35 and 26 percentage points, respectively). Similarly, across the first three rounds of the Uganda survey, humanitarian assistance continued to be the main source of income for refugees. By December, almost 90 percent of refugees reported that they received assistance from humanitarian agencies such as UNHCR and WFP, and by March 2021, 26 percent of households reported receiving assistance at levels that were the same or higher than they received before the pandemic.

Illustrating just how heterogeneous the availability of government assistance can be, the four monthly surveys from October 2020 through January 2021 tracked receipt of Iraq’s large Public Distribution System (PDS) social safety net program for hosts, IDPs, and returning IDPs. Despite the fact that all of those groups were eligible to receive

those benefits, returning IDPs were consistently more likely to participate than non-displaced households, who in turn were consistently more likely to receive PDS benefits than IDPs. This result held despite volatility in receipt over the four months. By January 2021, 78 percent of returning IDPs, 66 percent of hosts, and 45 percent of IDPs received PDS transfers in the previous month. Among IDPs, however, camped-IDPs received PDS assistance at rates very similar to non-displaced households, but assistance for non-camped IDPs in Iraq was significantly lower (68 percent in January for camped versus 38 percent for non-camped).

**Figure 9: Share of Returning IDP, Host, and IDP households that received public distribution system transfers in Iraq**



However, in Chad, 59 percent of host-country households and 69 percent of refugee households experienced a decrease in transfers and assistance by early 2021. Half of refugee households experienced a decline in assistance from NGOs and international agencies. Moreover, 68 percent of Chadian and 63 percent of refugee households received transfers and assistance less frequently than before the pandemic.

## 4.2 Living standards: Health, food security, and education

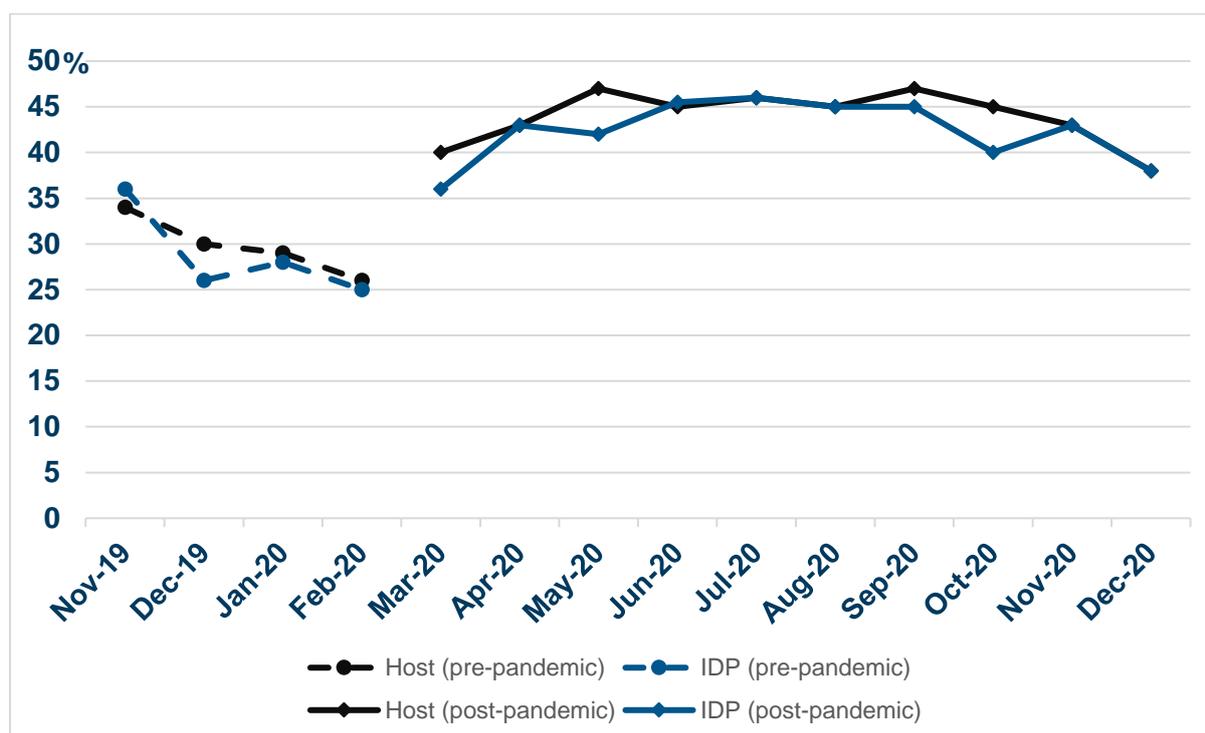
Both as a direct result of COVID-19-induced shocks, and as a result of coping mechanisms necessitated by income loss, living standards were anticipated to decline. Across the eight countries surveyed, health and food security consistently declined during the pandemic, and often at disproportionate levels for the displaced. However, while most of these countries also saw precipitous declines in education engagement, we find an interesting exception in Bangladesh. The declines in living standards are often mirrored in declines in optimism (Chad) and mental health (Uganda).

### 4.2.2 Health

The inability to access health care during the pandemic is a public health concern, and as Figure 1 notes, there was concern that vulnerable households like FDPs would be underserved. The surveys showed that although trajectories of improving or deteriorating access to medical care differ from country to country, displaced households typically faced greater challenges than their hosts when looking to access medical care in Chad, Djibouti, Iraq, and Kenya—frequently citing financial constraints. Despite this common cleavage between FDPs and hosts, we see that IDPs and host households followed similar (negative) trends in health care access in Yemen as did refugees and hosts in Uganda, and refugees and hosts had converging access to medicines in Ethiopia.

As with so many dimensions of well-being, the pandemic has been disruptive to progress in health care access, as illustrated by Figure 8 from Yemen. Despite the repeated challenges faced by Yemen, just prior to the pandemic non-displaced and internally displaced households reported identical improvements in gaining access to health care, as the share with poor access to health care dropped roughly 10 percentage points. However, there is a clear discontinuity at the onset of the pandemic in March 2020 that completely erased those improvements, followed by a reversal of fortune in which an increasingly large share of the population had poor access to health care through July 2020. By December 2020, access to health care for Yemeni IDP and host households had still not recovered to levels observed more than a year earlier.

Figure 10: Share of respondents with poor access to health care in Yemen



In Uganda, refugees and hosts also followed a similar track. One in five households were not able to access medical treatment when needed between March and October 2020, but by November that ratio had risen to one in four and by March 2021 it was one in three.

However, the balance of countries surveyed indicate that FDPs most often have worse health care access. In Chad, refugee households are less likely to indicate in surveys that they have needed medical care recently; however as of January 2021, among host and refugees who do need care, refugees are less likely to receive it. Seventy percent of refugee households report needing medical care during the pandemic compared to 83 percent of the host country population; however, 35 percent of refugee households were not able to access health care when needed, compared to 22 percent of Chadian households. Similarly, in Djibouti, far fewer urban refugees were able to access health care than urban hosts (66 versus 90 percent, respectively) between December 2020 and February 2021.

Over the entire period of observation in Iraq from October 2020 through January 2021, IDP respondents had poorer access to health care than hosts. In fact, while the share of the population which was not able to access health care when needed was stable for hosts at around 23 percent, and decreased for returning IDPs from 41 to 34 percent, the situation for IDPs became worse, to the point where nearly 60 percent reported difficulty accessing health care—an increase of almost 10 percentage points over that period.

Similarly, the ability of Kenyans to attend routine checkups oscillated from 72 percent to 86 percent and back to 74 percent from May through November 2020, but refugees' ability to attend checkups started much lower at 35 percent and dropped to 9 percent before partially recovering back to 15 percent.

Yet, data from Ethiopia suggests a recovery in access to medicines. Over the seven days preceding the September/October survey, a very high share of refugees (89 percent) were able buy medicine, but that was still lower than the 95 percent for host Ethiopians. Yet, just a month later in November, nearly 96 percent of refugees were able to purchase medicines, converging with Ethiopian households.

***BOX 1. Examples of policies on health services and vaccines for those forcibly displaced***

Even before the pandemic, the provision of adequate health services varied considerably across countries, with this variation also affecting the extent to which FDPs can access health systems.<sup>1</sup> In some cases, the spread of COVID-19 has triggered the introduction of measures which have helped ease the difficulties faced by those forcibly displaced—refugees and asylum seekers in particular—throughout the current crisis. In some countries, access to services has been defined by the approval of measures not strictly related to the emergence of COVID-19.

For example, the asylum law adopted by Chad in December 2020 ensured refugees and asylum seekers fundamental protection, including freedom of movement, the right to work, and access to public services such as health and education.<sup>2</sup> More recently, Colombia approved the temporary regularization of several hundred-thousand Venezuelans. Among other aspects, this decision, will provide its beneficiaries with access to basic services, including the national health system and COVID-19 vaccinations.<sup>3</sup> In Bangladesh—like Chad one of the countries studied in detail in this paper—the collaboration between government, local authorities, and humanitarian agencies allowed the implementation of numerous initiatives, such as information campaigns, the creation of isolation and treatment centers, and the widespread use of tests.<sup>4</sup> Other examples of relevant health initiatives can be found across several developed and developing countries, spanning from the United Kingdom, to Canada, Lebanon, Peru, Thailand, and Turkey, among others. These nations have guaranteed access to free COVID-19 tests for refugees and asylum seekers, at times coupling these measures with access to additional health services.<sup>5</sup>

Besides the introduction of measures dictated by the urgency to limit diffusion of the virus, significant efforts have also been directed towards finding a vaccine. Relevant international agencies have highlighted the need to include those forcibly displaced within the vaccination campaigns.<sup>6</sup> According to UNHCR, by May 2021, around 155 countries have committed to include these population groups in their national COVID-19 responses. However, by the same month, only 49 countries had effectively started the inoculation campaigns, including among refugees and internally displaced individuals. The fact that developing countries hosted 86 percent of refugees and Venezuelans displaced abroad<sup>7</sup> is another element which affects the speed at which these displaced populations—as well as their host communities—can access the vaccine. The health systems of these countries are often fragile and might have to deal with simultaneous outbreaks of other transmittable diseases.<sup>8</sup>

Abubakar et al., 2018.

<sup>2</sup> See UNCHR Comment: <https://www.unhcr.org/news/press/2020/12/5fe45dc44/news-comment-unhcr-welcomes-new-asylum-law-chad.html> (accessed June 1, 2021).

<sup>3</sup> UNHCR and IOM, 2021; Zard, 2021

<sup>4</sup> ISCG, 2021; see also UNHCR Story: <https://www.unhcr.org/news/stories/2021/3/60531db51d/rohingya-refugees-local-bangladeshis-benefit-inclusive-covid-19-response.html>.

<sup>5</sup> Mukumbang, 2020; Özvarış et al., 2020; Lupieri, 2021; UN, 2020; UNHCR, 2021b; and UNHCR UK, no date.

<sup>6</sup> See UNHCR and IOM, 2020; and Grandi and Van Trotsenburg, 2021.

<sup>7</sup> UNHCR, 2021a.

<sup>8</sup> Zard et al., 2021.

FDPs' lack of financial resources is a consistent barrier to accessing medical treatment. Both refugee and national households in Chad in January/February 2021 report that financial constraints were the biggest reason (by far) for not getting medical services when needed, followed by the lack of available medical staff. Whereas over the same approximate time period in Djibouti, host households that did not have access to health services when needed cited crowded health centers or hospitals (48 percent) and the inability to pay out of pocket fees (24 percent), but refugees again report the inability to pay fees (38 percent) or afford the trip (31 percent) as the main reasons for not receiving care when needed. Between the first and second survey rounds in Ethiopia, there was a 29 percentage points increase in the number of households reporting income loss as the primary reason for not seeking health care.

Mental health concerns among the displaced have been observed anecdotally by those working with displaced populations during the pandemic, but it has been difficult to measure systematically. However, the third survey round in Uganda was able to adapt the Patient Health Questionnaire-8 (PHQ-8) to be used in a phone survey. The results are striking: 54 percent of refugees reported depression—a level 10 times higher than for Ugandans. That number rises even higher for female refugees (63 percent) and refugees over age 60 (68 percent).

Although not mental health per se, we see the Uganda results mirrored in the loss of optimism and hope for the future observed in Chad. When surveyed in early in 2021, nearly 80 percent of refugee households believed that their living conditions had deteriorated since the outbreak. Refugees there are also more pessimistic than hosts, with 44 percent of refugees saying that they anticipate their living conditions will worsen over the next year, compared to 31 percent of Chadian households. Although only 27 percent of Chadian households believed that their life would improve in the near future, a mere 2 percent of refugees in that country shared that scant optimism.

### **4.2.3 Food access and food security**

In times of economic stress, vulnerable groups may adopt coping strategies that result in reduced food security, as hypothesized in Figure 1. These fears were borne out: access to food and food security were prominent concerns for both FDP and host households throughout the pandemic in the observed countries, though it was generally worse for displaced households.

Food security for refugees in Bangladesh was maintained at a relatively constant level across surveys, but the pandemic precipitated budget shortfalls for aid agencies, which responded by changing food provisions in camps to a fixed basket that reduced variety (and perceptions of variety). In Chad, food security is a continuous challenge predating the pandemic. But during the pandemic, nearly 87 percent of refugee households in early 2021 experienced severe food insecurity—more than 25 percentage points higher than host households (see Figure 11).

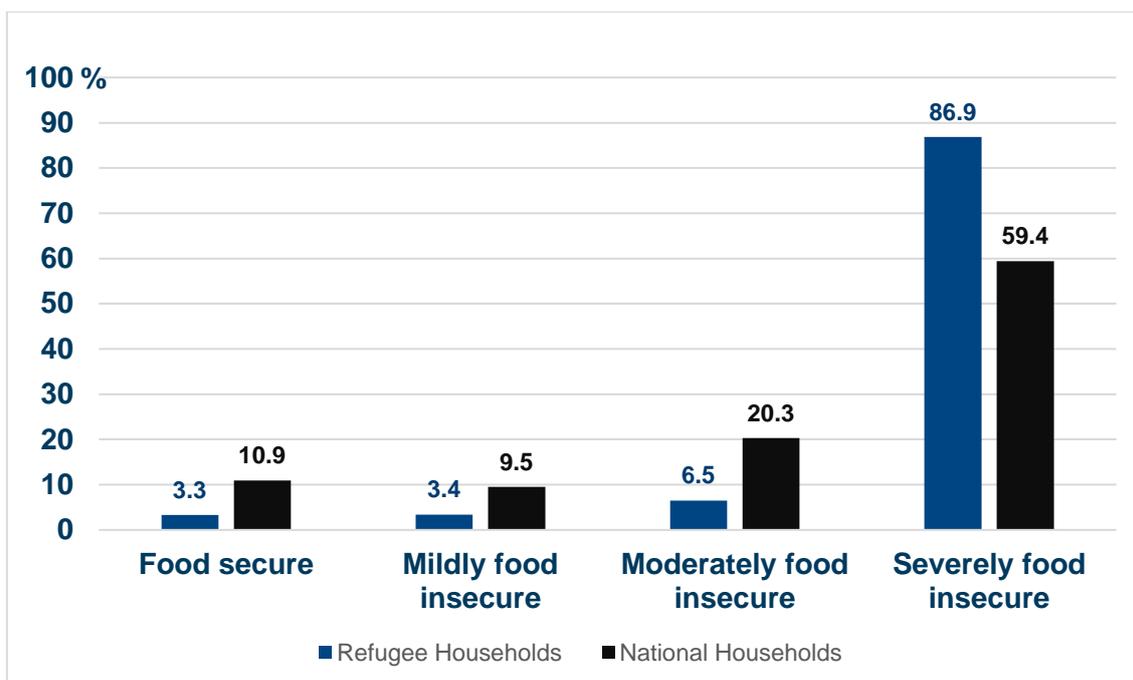
Urban refugees in Djibouti are more likely to be food insecure than village-based refugees or urban hosts. Eighty-eight percent of urban host households reported that their children had three meals per day during the week before the December/January/February survey, compared to 81 percent of village-based refugee households and 70 percent of urban refugee households. Similarly, in the 30 days prior to the survey, nearly 30 percent of village-based refugee households had children who skipped a meal, versus 15 percent of urban refugees and 10 percent of urban host households. Similarly, less than half of village-based refugee households have an acceptable food consumption score,<sup>40</sup> compared to 86 percent of urban refugees

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<sup>40</sup> Using the World Food Programme food consumption score approach.

and 82 percent of the urban host population. The gender of the households' breadwinner may have a mitigating effect on food security for children: children from households with a female breadwinner for both the urban host and the refugee samples (93 percent and 82 percent, respectively) were more likely than children from households with a male breadwinner (83 percent and 76 percent, respectively) to have at least three meals per day in the week before the survey.

**Figure 11: Food Insecurity in Chad, January-February 2020**



The reasons for the observed food insecurity are varied, but for the countries surveyed, financial constraints are among the top two reasons given. Decreases in income and increases in food prices often induced drops in food access and food security in Chad, Djibouti, Iraq, Kenya, Uganda, and Yemen.<sup>41</sup>

In Chad, a lack of money was reported as the main constraint to accessing staple foods for both host and refugee households (Jan/Feb 2021). In Bangladesh, 54 percent of refugee households and 63 percent of host households reported buying lower-quality or cheaper food items, and 43 percent of refugees and 47 percent of

<sup>41</sup> In Yemen, the continued conflict brought on the currency crisis and other forms of fragility that have also played important roles in food price shocks.

hosts reduced food portions or skipped meals entirely (Oct-Dec 2020).<sup>42</sup> In the month between survey rounds in Ethiopia there was a 29 percentage point increase in the number of refugee households reporting income loss as the primary reason for not purchasing food (Sep-Oct 2020).

As of October/November 2020, access to food in Uganda had deteriorated for refugees more than host households as some 30 percent of refugee households were not able to buy staples in the week preceding the interview, and 16 percent of host households reported an inability to buy staple food. Yet there was significant geographical heterogeneity in food security as a function of finances among Uganda's refugees: more than 60 percent of refugee households in Kampala, 33 percent in South West, and 16 percent in West Nile had members who could not buy food in the 7 days preceding the October/November 2020 survey.

### **BOX 2. COVID-19, funding shortfalls and food insecurity**

Some of the most dramatic impacts of the COVID-19 crisis have materialized in the poorest areas of the globe, which, as a result, face food insecurity and malnutrition. Data from rapid phone surveys conducted by the World Bank in 48 countries (including all the countries studied in this paper) show a significant number of people running out of food or reducing their consumption.<sup>1</sup> Estimates from World Food Programme (WFP) indicate that, in the countries where WFP operates, "...272 million people are already or are at risk of becoming acutely food-insecure due to the aggravating effect of the COVID-19 crisis."<sup>2</sup> Refugees are facing food ration cuts in the recommended daily food basket of 2100 kcal/p/d due to funding shortfalls in the WFP program, resulting in inadequate food intake, increasing food insecurity and malnutrition among the refugee population. Specifically, WFP has slashed its monthly assistance for refugees by up to 60 percent in Rwanda, 40 percent in Uganda and Kenya, 30 percent in South Sudan, 23 percent in Djibouti, and 16 percent in Ethiopia.<sup>3</sup>

These emergencies affecting those forcibly displaced as well as other vulnerable populations require collaborative efforts by governments, local authorities, and international agencies.<sup>4</sup> Some of these efforts are already in place in several countries. For example, organizations such as UNHCR, WFP, FAO, and numerous NGOs, are supporting national and local authorities in Kenya in their response to COVID-19 in the Kakuma camp and Kalobeyei settlement.<sup>5</sup> Collaborations between WFP and the Lebanese authorities have led to the distribution of food to vulnerable Lebanese and Syrian children.<sup>6</sup> Widespread partnerships of this sort can provide a pathway to improvements of living conditions, especially in those countries in which the pandemic has compounded the effects of other ongoing humanitarian crises.

<sup>1</sup> See "Food Security and COVID-19", available at <https://www.worldbank.org/en/topic/agriculture/brief/food-security-and-covid-19>; and Favari, E., M. Geiger, S. Krishnaswamy, and S. Tandon. "The 2020 Food Security Crisis in Yemen." Report, the World Bank and World Food Programme.  
<sup>2</sup> See "WFP at a glance", <https://www.wfp.org/stories/wfp-glance>.

<sup>42</sup> Lopez-Pena P, Austin Davis C, Mushfiq Mobarak A & Raihan S. COVID-19's Prevalence Among Rohingya Refugees and Host Communities in Cox's Bazar, Bangladesh. Available at: <https://www.poverty-action.org/study/covid-19%E2%80%99s-prevalence-among-rohingya-refugees-and-host-communities-cox%E2%80%99s-bazar-bangladesh>

<sup>3</sup> See “WFP, UNHCR appeal for funding for over 3 million refugees suffering from rations cuts in eastern Africa”, <https://www.wfp.org/news/wfp-unhcr-appeal-funding-over-3-million-refugees-suffering-rations-cuts-eastern-africa>.

<sup>4</sup> Hashim et al., 2021; Manirambona et al., 2021.

<sup>5</sup> See <https://www.unhcr.org/ke/monthly-kenya-operation-updates>  
<https://www.wfp.org/news/wfp-ministry-education-and-higher-education-provide-food-assistance-families-students>.

#### 4.2.4 Education

As cautioned in Figure 1, school closures and household financial stress may inhibit children’s academic progress. By impeding education access, the pandemic may have long-lasting consequences on academic progress and human capital formation. For most child age groups in nearly all of the countries studied (Bangladesh teens being the exception), displaced children’s low school enrollment before the pandemic was followed by even lower educational engagement<sup>43</sup> during the pandemic.

Prior to the pandemic, two in ten refugee households with primary school children in Ethiopia sent their children to school, compared to seven out of ten host households. Half of all refugee children who went to school before the pandemic did not participate in learning activities during the pandemic. We estimate that by November 2020, just over 5 percent of refugee households with primary school children had any type of educational engagement. Even worse, just 1 in 20 refugee households with secondary school children sent them to school before the pandemic, but by late 2020 that number fell to just 1 in 100 (see Figure 10). Looking ahead, the process of reopening schools may be slow and uneven. One month after schools in Ethiopia started to reopen, fewer than one in ten refugee households with school-age children indicated that their child’s school was open.

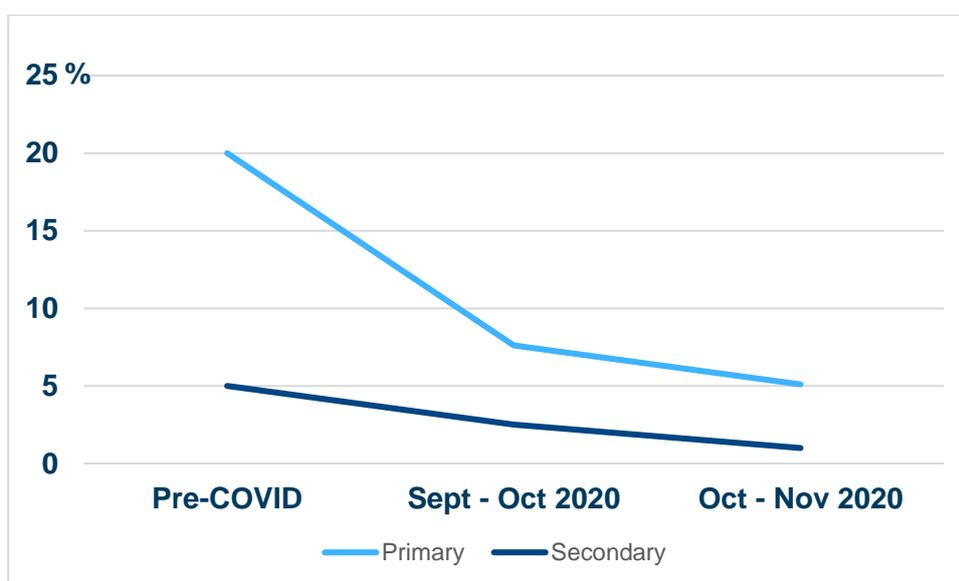
As of the October 2020 survey in Iraq, only one in five host households with school-age children were able to engage in any catchup or learning activities while schools were closed, yet they were still twice as likely to do so as children from IDP households.

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<sup>43</sup> Response options for what constituted “educational engagement” varied across countries, but generally this included any form of education beyond attending in-person classes in a school, such as online engagement, personal meetings with teachers or tutors, parent-led at-home learning, completing assignments from teachers, or listening to educational programs on radio or television.

Schooling has shown signs of recovery in some of the countries surveyed. In Uganda, after an initial dip, there was a substantial increase in the share of refugee households with members participating in education/learning activities. Before the lockdown, 81 percent of refugee households had at least one child attending school. By October/November 2020, only 58 percent of refugee households that had a child attending school prior to the pandemic had a member of the household engaged in education or learning activities. However, in December 70 percent of households (and 69 percent of individuals) who had a child enrolled (or were enrolled themselves) prior to the pandemic were participating in education or learning activities, and at rates that were similar for boys and girls and across regions of the country.

**Figure 12: Educational engagement for refugee households' children in Ethiopia**



In Bangladesh, preliminary results on academic participation were more positive than those observed elsewhere—more than half were engaged in education in some way during the pandemic, despite schools being closed. Paradoxically, as of the October-December 2020 round, educational engagement (though not necessarily attainment) among 13- to 16-year-old children was actually higher during the pandemic (21 percent) than before it in 2019 (9 percent). These surprising results were likely a function of expanded education options, including door-to-door service and distance learning (often from private teachers), a higher demand for learning as a result of efforts to increase education access under the Myanmar curriculum as part of efforts

to prepare for government expansion of secondary education to Rohingya children, and perhaps most importantly, the introduction of home-based caregiver-led options, which would have been particularly salient for girls. Indeed, teen girls drove the 13- to 16-year old trend with a 28 percentage point increase in educational engagement in just two years (and during the pandemic). Finally, there is some evidence that the presence of the refugee camp in Cox's Bazar has raised returns to tertiary education for neighboring host communities.<sup>44</sup>

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<sup>44</sup> Status of Education Among School-Aged Children in Cox's Bazar; World Bank, June 2021.

## 5 HOUSEHOLD COVID-19 RESPONSES

The pandemic has posed socioeconomic and health concerns across the globe. As seen in the eight HFPS countries, pandemic-related shocks are often particularly acute for the forcibly displaced. The first JDC paper on forcibly displaced populations during COVID-19 postulated that these challenges could result in negative coping mechanisms. The HFPS data also sheds light on COVID-19-related health behaviors and attitudes that displaced and host populations have adopted during the pandemic.

### 5.1 Shocks and coping mechanisms

Households were hit in different ways by shocks<sup>45</sup> during the pandemic. In Chad, for example, six out of ten refugee households experienced at least one negative shock since the onset of the pandemic. In Uganda, every refugee household sampled suffered at least one socioeconomic shock in each round of data collection, compared to 42 percent of Ugandans who did not experience any shocks between March and June 2020.

In response to those shocks, households engaged in a range of coping strategies, including soliciting assistance from family and friends, seeking assistance from government and other organizations, and cutting expenditures including reducing food and non-food consumption.

In perhaps the most alarming of these strategies, forcibly displaced households across Bangladesh, Chad, Djibouti, Ethiopia, Iraq, Kenya, and Uganda reported reducing either food or non-food consumption or both. In Kenya, adults in 50 percent of the refugee households skipped a meal so that their children could have food to eat, and more than 75 percent of households decreased their number of meals. More than 44 percent of refugees and 37 percent of nationals in Chad had gone a whole day without

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<sup>45</sup> Although the set of shocks queried by the phone surveys varied across countries, pandemic-related shocks may include increases in the price of farming/business inputs, increases in the price of food, illness or death of an income earner or household member, theft or looting, disruption of livelihood activities, farm or business contraction or loss, or loss of non-labor income. Government policy responses such as stay-at-home orders, movement restrictions, or school or clinic closures could also negatively impact household socioeconomic welfare.

a meal in the month prior to the January/February 2021 survey. And although the number of shocks that refugees experienced had ebbed in Uganda by March 2021, reducing food consumption was still the most common coping strategy and was still employed by the same share of one in five refugee households reported six months earlier in the pandemic.

In Chad, Djibouti, Ethiopia, Iraq, and Uganda, the households' dominant coping strategies were to receive assistance from personal networks, receiving help from family and friends, or borrowing food or money. Assistance from government, international partners, or NGOs—including cash, food, and food stamps—was also reported to help the monitored displaced households in those five countries.

## 5.2 COVID-19 awareness, behaviors, and vaccine receptivity

Survey responses indicate that most households have a good knowledge of COVID-19 symptoms and preventive measures, even from fairly early in the pandemic. By April, the vast majority of hosts and those in the Cox's Bazar refugee camps in Bangladesh were aware of COVID-19 and the importance of safe hygiene practices.<sup>46</sup> In Ethiopia, 99 percent of households had heard about the coronavirus or COVID-19 by mid-October 2020. In April, a majority of respondents were equally (and highly) likely to be aware of COVID-preventive measures like handwashing and mask use, and avoiding crowded areas, but refugees were more likely to be aware of the importance of not shaking hands, social distancing, and limiting travel—likely as a result of international organizations' awareness campaigns in camps. At the beginning of 2021, refugees and hosts in Chad were more likely to know about (and engage in) preventive measures than host Chadians.

Yet, practice did not always match knowledge. In Uganda, 96 percent of refugee respondents agreed or strongly agreed that the use of masks in public can reduce the risks of contracting COVID-19, although mask-wearing increased from 85 to 98 percent in the first two rounds, before it regressed a bit to 92 percent in March.

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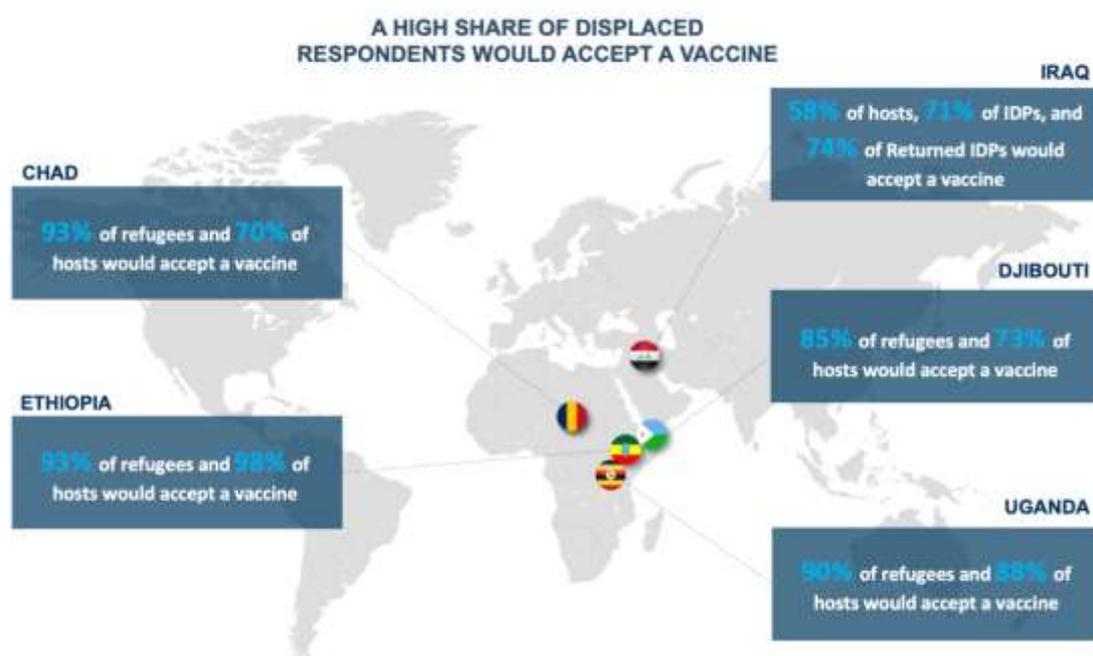
<sup>46</sup> Lopez-Pena, Davis, Mobarak and Raihan, 2020. "Prevalence of COVID-19 symptoms, risk factors, and health behaviors in host and refugee communities in Cox's Bazar, Bangladesh." <https://www.poverty-action.org/printpdf/41581>

Adherence to other safe practices in Uganda such as avoiding handshakes or groups larger than ten people, steadily fell over the three rounds of data collection.

Finally, the data suggest that there is likely to be demand for testing and vaccination among the forcibly displaced. In Ethiopia, 98 percent of refugees reported that they would get tested. On the other hand, in Iraq less than 20 percent of IDPs, returning IDPs, or host populations indicated that they actually had been tested as of January 2021.

Vaccine receptivity is generally high among displaced populations. In Ethiopia's October round, 93 percent reported that they would get vaccinated if a safe vaccine were available; interestingly, of the five countries that report data on vaccine receptivity, Ethiopia is the only instance in which a greater share of hosts than displaced were willing to be vaccinated. Price also matters: in Chad, Djibouti, and Iraq, displaced populations are more likely to receive the vaccine if it is provided free of charge. Importantly, results from Chad suggest that this vaccine receptivity is extremely price sensitive. Although more than nine in ten refugees there would be willing to be immunized with a free vaccine that protects them against COVID-19, just under half would be willing to pay for the vaccine.

**Figure 13: FDPs acceptance of vaccinations**



## 6 CONCLUSIONS AND NEXT STEPS

Globally, the socioeconomic consequences of the pandemic anticipated by predictive modeling are beginning to show up in the data, including for the forcibly displaced. Refugees and asylum seekers are experiencing difficulties accessing host countries, whether for resettlement purposes or in search for safety. Moreover, while some developed countries have been able to introduce *ad hoc* policies for refugees and asylum seekers,<sup>47</sup> those forcibly displaced—and refugees and asylum seekers in particular—are often excluded from recovery measures implemented by national governments.<sup>48</sup> Furthermore, simulation models predict severe increases in poverty among the forcibly displaced and their host communities, such as a 52 percent increase in poverty among Syrian refugees in Lebanon.

Based on recent high-frequency phone surveys in eight countries, we note that the forcibly displaced have suffered setbacks in health access, education and food security, while also noting severe losses in employment and income. For example, financial constraints were often the biggest barriers to accessing food, resulting in severe food insecurity. The results in most cases were often worse for those forcibly displaced compared to their hosts.

We also found, however, some heterogeneity to the overall observation that those forcibly displaced fare worse than their hosts. Some notable exceptions include unemployment in Iraq which converged over time for hosts, returnees, and IDPs; in Yemen, where the magnitude of the shock and the protracted recovery in access to health services is equally bad for IDPs as it is for hosts; and in Ethiopia where access to medicines is similarly high for refugee and host households.

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<sup>47</sup> IOM, 2020.

<sup>48</sup> For example, in Iraq, the government introduced a temporary monthly grant for those affected by the nationwide curfew and other restrictions, but specified that “The grant is only available to Iraqi citizens who are residing in Iraq (Kebede et al., 2020a), excluding therefore refugees and other foreign workers. This highlights how, often, not all forcibly displaced people can count on policy interventions that can alleviate their difficulties, even if these interventions are made available to citizens of the host countries.

Looking beyond the current situation, the full socioeconomic impact of COVID-19 will play out over the medium- to long-term, especially for developing countries. This highlights the need for robust tracking mechanisms that collect regular and reliable data on vulnerable groups, following common standards. High-frequency phone surveys with multiple rounds, such as those presented in this paper, are examples of such a data collection mechanism that can produce much-needed data (as a panel or repeated cross-section) on how the forcibly displaced fare over time and space in various settings. Once harmonized, the data from these surveys will allow for cross-country and pooled analyses, and hence can inform global comprehensive approaches to alleviate the socioeconomic repercussions of the pandemic for the most vulnerable.

In most countries affected by forced displacement, including in the eight surveyed in this paper, those forcibly displaced are rarely represented in national statistics. This is frequently due to a variety of—often practical—capacity reasons impeding national statistical offices from addressing this particular population group through their regular work. For humanitarian and development policy, inclusion of FDPs is a conscious step that these offices need to take—withstanding the technical and financial challenge it poses—over their regular approaches to population statistics. Targeted support and capacity building from the humanitarian and development community, working more closely with national statistical offices, will allow for greater visibility of FDPs in socioeconomic data.

The interim findings in this paper constitute a springboard to deeper analysis through discussion of potential drivers of the observed results, analysis of the country-specific policies and responses in the pandemic in coordination with the socioeconomic microdata collected, and review of the trends in these and more countries as harmonized data become available. Important insights could be gained by further pursuing questions such as: the degree to which initial economic and social conditions are associated with FDP and host outcomes and convergence; exploration of the explanatory factors of the (few) examples of positive outcomes or faster recovery; the variation in policies implemented at the national level, and the extent to which FDPs

were included or not; and how development and humanitarian actors filling existing operational and policy gaps and where have they successfully amplified the national response.

Adding further layers to the interpretation of the results in the countries would be valuable, including to compare those forcibly displaced based on their area of residence, such as those living in camps compared with those in villages and/or in urban settings. Equally, it would be useful to understand the cross-cutting barriers for all forcibly displaced, such as being in possession of the necessary personal documents to access services and protection. Furthermore, there are important openings for analyzing the underlying factors in the differences in rates of return to school between forcibly displaced and host populations; examining what causes a relatively larger employment loss among the forcibly displaced compared to the host population; and determining what lessons can be drawn from the challenges around securing access to employment and education.

Further exploration of this data and more evidence of the type presented in this paper can allow for a better-informed policy dialogue regarding inclusion of forcibly displaced, and can lead to better-targeted interventions by humanitarian and development partners.

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## Annexes

### Annex 1: Bangladesh

The first case of COVID-19 was reported in Bangladesh in March 2020, around the same time that the country's economy began to experience the impacts of the pandemic. The country entered into a full two-month lockdown on March 26 in an attempt to curb the spread of COVID-19. The COVID-19 rapid phone surveys conducted in the Cox's Bazar district of Bangladesh was built on the Cox's Bazar Panel Survey (CBPS), a multi-topic survey focusing on health access and socioeconomic outcomes in the area. The rapid phone surveys were designed to be representative of recently displaced (after August 2017) Rohingya refugee households and their host communities. The surveys distinguished between host communities who may have been more or less affected by the presence of the Rohingya refugees. The host communities were, thus, separated into two strata (i) low-exposure host communities that were more than three hours walking distance from a refugee campsite and (ii) high-exposure host communities that were less than three hours walking distance from a refugee campsite. The results of the survey were weighted, accounting for non-response and selection into the interview.

	Round 1	Round 2
Dates	April 2020 – May 2020	October 2020 - December 2020
Sample Size	3,005 adults surveyed <ul style="list-style-type: none"><li>• Rohingya Refugees</li><li>• High-Exposure Hosts</li><li>• Low-Exposure Hosts</li></ul>	3,438 adults surveyed <ul style="list-style-type: none"><li>• Rohingya Refugees</li><li>• High-Exposure Hosts</li><li>• Low-Exposure Hosts</li></ul>
Representative Population	Recently displaced Rohingya households and host communities in Cox's Bazar, Bangladesh.	Recently displaced Rohingya households and host communities in Cox's Bazar, Bangladesh.

#### Reports

[Impacts of Covid-19 on Work and Wages in Cox's Bazar](#)

[Impacts of Covid-19 On Food Security In Cox's Bazar: Food Consumption, Coping And Assistance](#)

[Impacts of Covid-19 on Work and Wages in Cox's Bazar: Part 1 – Rohingya Camps](#)

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## Annex 2: Chad

The Chad Refugee COVID-19 High-Frequency Phone Survey observed pandemic-period changes to the socioeconomic welfare of refugee households located in 10 regions in Chad. All of the regions surveyed were in the South or the East of the country, with the exception of the region of N'Djamena. This is a result of the fact that 95 percent of the refugee population hails from CAR or Sudan which border Chad to the South and to the East. The vast majority (95.8 percent) of refugees in the country live in camps and the average number of persons in refugee households surveyed was 5 in comparison to national households which had an average of 6 members. Household size ranged from 1-25 for both national and refugee households.

	Round 1 [Displaced, <a href="#">National</a> ]
Date	January 2020 – February 2020
Sample	Refugee Households Surveyed: 925 Host Households Surveyed: 1,609
Representative Population	The distribution of refugee households surveyed is representative of the total refugee population before the outbreak of the COVID-19 pandemic.
Modules	Knowledge, Behavior, Employment and Income, Access, Loss of Income, Well-Being (Subjective), Food Insecurity, Shocks and Coping Strategies, Impacts of COVID-19, Assistance, Social Perception, COVID-19 Vaccine, Community Engagement, and Gender-Based Violence

Briefs forthcoming

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Corresponding Questionnaires: [National Round 3](#)

## Annex 3: Djibouti

By March 5, 2020, Djibouti had recorded more than 6,100 COVID-19 cases in the country. In order to slow the rate of infection a lockdown policy was initiated in April 2020, however, most highly restrictive measures were lifted by the end of May 2020. Three rounds of the COVID-19 High-Frequency Phone Surveys have been conducted to date. The first two rounds focused on only the national sample. The third round followed households that had been interviewed in the first two rounds and introduced a sub-sample of households which included refugees and asylum seekers. The phone surveys were implemented to identify the recovery trends in the country since the onset of the pandemic along six key themes: economic activities, livelihoods and coping mechanisms, safety nets, access to basic goods, access to services, and food security.

	<a href="#">Round 3 Host / Round 1 Refugees</a>
Date	December 20, 2020 – February 2, 2021
Sample	Displaced adults surveyed: 564 National adults surveyed: 1,383
Representative Population	National sample: representative of the country’s urban population (with the exception of the top wealth quintile) – note that 70% of Djibouti’s national population lives in urban areas.  Displaced sample: representative of the population of refugees and asylum seekers that live in the refugee villages of (1) Ali Addeh, (2) Holl Holl and (3) Markazi, as well as Djibouti City.
Modules	Employment, Household Income, Needs, Access, Assistance, Food Consumption Score, Coping with Shocks, COVID-19 Opinions

Report: [Monitoring the socio-economic impacts of COVID-19 on Djiboutian and refugee households in Djibouti – results from R3](#)

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Questionnaires: [Round 3](#)

## Annex 4: Ethiopia

The first case of COVID-19 was reported in Ethiopia on March 13, 2020. By November 29, 2020 the number of reported cases was just under 109,000, around half of which were in Addis Ababa. A five-month State of Emergency was declared in the country beginning in April 2020, however, economic activities were largely allowed to continue uninterrupted. The High-Frequency Phone Surveys (HFPS) in Ethiopia were born out of a collaboration between the World Bank, The World Bank-UNHCR Joint Data Center on Forced Displacement (JDC), the United Nations High Commissioner for Refugees (UNHCR), and the Ethiopian Agency for Refugee and Returnee Affairs (ARRA). The HFPS were implemented to monitor the socioeconomic effects of the COVID-19 pandemic among refugees and nationals in Ethiopia. Conflict in the Tigray region erupted on 4 November, two weeks into the second round. The resulting disruptions in internet and phone connectivity resulted in a somewhat lower response rate (79 percent) from Eritrean refugees in the Tigray region.

	Round 1 [Displaced, <a href="#">National</a> ]	Round 2 [Displaced, <a href="#">National</a> ]
Dates	24 September and 17 October 2020	20 October and 20 November 2020.
Sample	Sample Size: 1,676 refugee households 2,706 national household	Sample Size: 1,429 refugee households 2,537 national households
Representative Population	The HFPS of refugees is representative of refugees with a working phone number for the following survey domains: (i) Refugees in Addis Ababa; (ii) Eritrean refugees; and (iii) Somali refugees	
Modules	Knowledge, Behavior, Access, Employment, Income Loss & Coping, Social Relations, Aid & Support and WASH.	

Round 1 Report: [Monitoring COVID-19 Impact on Refugees in Ethiopia-Report No. 1](#)

Round 1 questionnaires: [Round 1 Refugee](#), [Round 6 National](#)

Round 2 Report: [Monitoring COVID-19 Impact on Refugees in Ethiopia – Report No. 2 for information on refugees](#)

Round 2 questionnaires: [Round 2 Refugee](#), [Round 7 National](#)

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## Annex 5: Iraq

The COVID-19 pandemic hit Iraq in late February 2020, resulting in the second-highest number of COVID-19-related deaths and infections in the MENA region. By mid-January 2021, more than 600,000 people had become infected with the virus, and just under 13,000 deaths were attributed to COVID-19. Pandemic restrictions came into effect in March 2020 in an attempt to curb the spread of the virus. Iraq's High-Frequency Phone Survey (IHFPS) aimed to monitor the status of socioeconomic welfare during the COVID-19 pandemic and the resulting lockdown on the country's residents. The IHFPS is a collaboration between the World Bank and the World Food Programme (WFP). Although the national sample that was used for the monthly survey beginning in August 2020 aimed to be nationally representative and so covered Iraq's 18 governorates, it was not powered to meaningfully distinguish between displaced and non-displaced households. Beginning in October 2020, the team oversampled regions where households that had been affected by displacement from the ISIS incursion were most likely to be located. Consequently, the four rounds from October 2020 through January 2021 included additional samples of IDPs in Kurdistan and IDPs and returning IDPs from the North region, covering more than 90% of IDPs in Iraq. To aid appropriate statistical comparisons here, "Host" household statistics are from non-displaced households from Kurdistan and the North regions rather than the national sample of Iraq.

	<a href="#">Round 1</a>	<a href="#">Round 2</a>	<a href="#">Round 3</a>	<a href="#">Round 4</a>
<b>Date</b>	October 2020	November 2020	December 2020	January 2021
<b>Sample Size</b>	IDP: 765 Returned IDP: 610  Host: 683	IDP 852 Returned IDP: 611  Host: 674	IDP: 815 Returned IDP: 607  Host: 621	IDP: 826 Returned IDP: 612  Host: 641
<b>Representative Population</b>	Sample chosen through random sampling approach and sample size is disaggregated by 18 governorates. Representativeness at national level ensured by constructing a cross-sectional survey weight for each survey round using the Multi Indicator Cluster Survey (MICS) 2018 as a reference. Initial sampling weights are re-weighted through a propensity score matching (PSM) and post-stratification procedures. Three sets of weights (population, household and adult) are created.			
<b>Modules</b>	Employment, Entrepreneurial/Business activities, Food Consumption, Coping Strategies, Access to Food and Market, Transfers, Health Status and Access to Health Services, and Education			

Report forthcoming.

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Corresponding Questionnaires: [Round 1](#), [Round 2](#), [Round 3](#), [Round 4](#)

## Annex 6: Kenya

The first case of COVID-19 was confirmed in Kenya in March 2020. Since that time, the COVID-19 pandemic has resulted in serious socioeconomic fallout for Kenyans and refugees alike. The COVID-19 Rapid Response Phone Survey (RRPS) was implemented to fill the socioeconomic data gap in the country. The Kenya National Bureau of Statistics (KNBS), the World Bank, the United Nations High Commissioner for Refugees (UNHCR), and researchers from the University of California Berkeley collaborated in implementing the RRPS.

	<u>Round 1</u> [Displaced, National]	<u>Round 2</u> [Displaced, National]	<u>Round 3</u> [Displaced, National]
Date	May 2020 – June 2020	July 2020 – Sept 2020	Oct 2020 – Nov 2020
Sample	Displaced: 1,3262 Host: 4,063	Displaced: 1,687 Host: 4,504	Displaced: 1,469 Host: 4,993
Representative Population	Results are representative of respondents who use a phone with an active subscription in an area with network coverage who agree to be interviewed. The survey uses re-weighting techniques to ensure that statistics are as representative of the full population of Kenya as possible.		
Modules	Travel Patterns and Interactions, Employment, Food Security, Income Loss, Transfers, Subjective Welfare, Health, COVID-19 Knowledge, Household and Social Relations		

Report:

<https://openknowledge.worldbank.org/bitstream/handle/10986/35173/Socioeconomic-Impacts-of-COVID-19-in-Kenya-on-Households-Rapid-Response-Phone-Survey-Round-One.pdf?sequence=1&isAllowed=y>

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Round 1 Questionnaires: [Refugee Round 1](#), [National Round 1](#)

## Annex 7: Uganda

In Uganda, the High-Frequency Phone Surveys for Refugees (URHFPS) tracks the socioeconomic impacts of COVID-19 on refugees in the country. The survey is a product of a collaboration between the World Bank (WB), the United Nations High Commissioner for Refugees, and the Uganda Bureau of Statistics (UBOS). Results from the URHFPS are compared to host households using the national COVID-19 High-Frequency Phone Survey (HFPS). Survey respondents were randomly selected from UNHCR's Profile Global Registration System (ProGres) in addition to the refugee household survey conducted by the World Bank and the UBOS in 2018.

	Round 1 [Displaced, <a href="#">National</a> ]	Round 2 [Displaced]	Round 3 [Displaced, National]
Date	22 October 2020 – 25 November 2020	5 - 24 December 2020	8 February 2021 - 14 March 2021
Sample	Displaced: 2,010 Host: 2,136	Displaced: 1,852	Displaced: 1,985 Host: 2,122
Representative Population	<p>The displaced sample is representative at seven strata constructed as a combination of country of origin and region:</p> <ul style="list-style-type: none"> <li>Kampala-Somalia</li> <li>Kampala-other (Burundi, DRC, South Sudan)</li> <li>South West-Burundi(SW-Burundi)</li> <li>South West-DRC(SW-DRC)</li> <li>South West-South Sudan(SW-South Sudan)</li> <li>South West-Somalia(SW-Somalia)</li> <li>West Nile-South Sudan(WN-South Sudan)</li> </ul> <p>Data from the 2018 representative refugee household survey was used to calibrate the weights for the URHFPS.</p>		
Modules	<p>Knowledge and beliefs regarding the spread of COVID-19, COVID-19 Behaviors, Access to services, Employment, Agriculture, Non-agricultural business, Income loss, Food security, Credit concerns, Coping/Shocks, Social safety nets</p>		

BRIEFS: [ROUND 1](#), [ROUND 2](#), [ROUND 3](#)

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## Annex 8: Yemen

In 2015, the WFP began performing a monthly mobile phone survey which analyzed IDP versus host vulnerability to conflict-related shocks. The COVID-19 pandemic struck Yemen's already stressed health system starting in March 2020. The High Frequency Phone Surveys evolved to examine the extent of the pandemic, tracking the evolution of access to food and health care for in-country IDPs and hosts. In pre-2015 conflict Yemen, mobile phone penetration was 85 percent; according to the WFP there is little evidence that conflict-related shocks have reduced this figure.

	Yemen
Rounds	Round 1 (March 2020) – Round 10 (December 2020)
Dates	Monthly. As used in this report: November 2019 – February 2020*: pre-COVID series March 2020 – December 2020  * The time series from WFP for Yemen started in September 2015.
Sample	Nov 2019 – Feb 2020: 2400 households/month Mar 2020 – Dec 2020: 4200 households/month Displaced: IDPs Host: National
Representative Population	Representative of the displaced households with access to an active phone and network and that agree to be interviewed, reweighted using data from the full target population to be as representative of the full target population as possible.
Modules	Access to Labor Market, Access to Health Care, Access to Food, Income, Energy Sources, Consumption, Shocks

Presentation: [COVID-19 and Forced Displacement in the Global South](#)

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