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COVID-19 Impact Assessment: Urban Refugees and Asylum-seekers in Thailand

**Multi-sector Rapid Needs Assessment and
Post-distribution Monitoring of Cash Support**

July 2020

Acknowledgements

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Last but not least, we are indebted to the urban refugees and asylum-seekers for their time and participation in this assessment, particularly given the very challenging circumstances they find themselves in as a result of the COVID-19 pandemic. It is hoped that this report will contribute to efforts to improve their difficult situation.



Contents

Acknowledgements	2
Acronyms	4
Introduction	5
Rapid Needs Assessment: Key Findings	6
Rapid Needs Assessment: Recommendations	8
Post Distribution Monitoring: Key Findings	9
Post Distribution Monitoring: Recommendations	10
Methodology.....	11
Demographics	13
PART 1: Rapid Needs Assessment.....	15
COVID-19 knowledge and experience.....	15
COVID-19 behaviour and social norms	16
Health	19
Education.....	21
Employment.....	23
Market, prices, coping strategies and expenditure	24
Non-UNHCR assistance	25
PART 2: Post-distribution Monitoring.....	26
Receiving and spending cash support.....	26
Risks and problems	27
Cash Expenditure	28
Accountability to affected persons.....	29

Acronyms

Demographic Sub-groups

Afghan	AFG
Cambodian	CAM
Chinese	CHI
Iranian	IRN
Iraqi	IRQ
Pakistani - Ahmadi	PAK-AHM
Pakistani - Christian	PAK-CHR
Palestinian	PAL
Somali	SOM
Vietnamese - Hmong	SRV-HM
Vietnamese - Kinh	SRV-KINH
Vietnamese - Montagnard	SRV-MTN
Syrian	SYR

Other Terms

AAT	Asylum Access Thailand
AGDM	Age, Gender and Diversity Mainstreaming
BRC	Bangkok Refugee Center
CBI	Cash-Based Intervention
COERR	Catholic Office for Emergency Relief and Refugees
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
NGO	Non-Governmental Organization
PDM	Post-Distribution Monitoring
RNA	Rapid Needs Assessment
RTG	Royal Thai Government
SGBV	Sexual and Gender-based Violence
THABA	Thailand Bangkok
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund

Introduction

The COVID-19 outbreak started in Thailand in mid-January 2020. The pandemic has had a significant impact on all sectors of Thai society, including refugees and asylum-seekers. In the urban context, UNHCR has been working with a range of partners, including Asylum Access Thailand (AAT), the Catholic Office for Emergency Relief and Refugees (COERR), HOST international, the International Organization for Migration (IOM), Tzu Chi Foundation and UNICEF to ensure that the protection needs of urban refugees and asylum-seekers are met and thereby support the Royal Thai Government (RTG) in its response to the COVID-19 pandemic. Having observed increased levels of vulnerability relating to restrictions on movement, loss of livelihood opportunities and access to healthcare, these organisations, led by UNHCR, carried out a multi-sectoral Rapid Needs Assessment (RNA) to strengthen understanding of the situation of this oftentimes hidden population. This focused on a range of areas, including: COVID-19 knowledge, experience, behaviour and norms, health, education, employment and access to basic necessities. The findings, outlined below, provide a stronger evidence base from which to design protection and programme interventions.

Since May 2016, UNHCR, through its implementing partner, COERR, has been using multi-purpose cash-based interventions (CBI) to provide protection,

assistance and services to the most vulnerable refugees in the urban context. The number of urban refugees approaching UNHCR and COERR for financial support has more than doubled since the onset of the COVID-19 pandemic. It is anticipated that the financial needs of the urban refugee population will grow as the economic impact of the COVID-19 pandemic continues to be felt. To ensure that UNHCR's multi-purpose CBI framework for urban refugees in Thailand is as effective as possible, a Post-distribution Monitoring (PDM) exercise was conducted simultaneously with the RNA. PDM is a mechanism to collect and understand refugees' feedback on the quality, sufficiency, utilization and effectiveness of the assistance - in this case cash assistance - provided to them by UNHCR. The findings of the PDM will support assessment of the impact of CBI for urban refugees affected by the COVID-19 pandemic and the appropriateness of funding levels, distribution modalities and the use of cash to support refugees.

The report provides an overview of findings from the RNA and PDM exercise and proposes a series of recommendations to strengthen efforts by UNHCR, other UN agencies, non-governmental organizations (NGOs) and the RTG to better support refugees and asylum-seekers during this unprecedented and particularly challenging time.



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Rapid Needs Assessment: Key Findings

COVID-19 knowledge and Experience

Awareness of COVID-19 risks and the government response appeared, in general, to be good amongst the refugee and asylum-seeker community. Of the 180 interviews conducted, all respondents had heard of COVID-19 and the majority of the respondents mentioned that they were aware of the RTG's measures to address the pandemic.

Of some concern, a significant proportion of those interviewed did not have a full understanding of the availability of COVID-19 testing and treatment, which is available in Thailand free-of-charge for those who meet the RTG criteria. 26% of respondents did not believe that they would be able to access testing and treatment, while 31% stated that they did not know if access to testing and treatment would be possible.

COVID-19 behaviour and social norms

Positively, only 1% of respondents were not aware of any COVID-19 preventive measures, such as the use of masks, washing hands, and social distancing. The vast majority of respondents (97%) reported that they and their family members were following the precautionary measures identified above.

There was a high level of anxiety amongst the respondents, as 84% reported they were nervous about the pandemic situation. The main reason cited for this concern was possible contraction of COVID-19 (50%) and loss of employment (17%).

12% of the sample population stated that they had experienced violence or abuse against them or members of their household, mainly at home. The survey showed gaps in awareness with 33% of respondents not knowing how to report violence and other forms of abuse.

Health

Since the onset of the COVID-19 outbreak, more than half of the respondents (52%) reported not being able to approach health facilities for treatment mainly due to fear of becoming infected with COVID-19 (20%) and being unable to afford medical care (18%).

This was despite a high prevalence of cases needing regular medical attention, with 71% of respondents required to go for a check-up or treatment once a month.

Education

The vast majority of respondents (97%) stated that their children were not currently attending the various schools they had been enrolled in. This can largely be explained by the closure of public schools in Thailand due to COVID-19 at the time of interview.

Most respondents (79%) mentioned that home schooling methods were being relied on for continuity of education. These methods ensure continuous learning but, according to respondents, accessing them remains challenging mostly due to a lack of electronic devices (38%), the cost of internet (21%), and the cost of materials (21%).

Employment

The COVID-19 outbreak significantly reduced access to informal employment for all population groups, with 82% of respondents not working at the time of the survey.

Of those not working, the majority (67%) most recently worked before March 2020, when the COVID-19 situation became more serious. The majority of unemployed respondents (68%) were not looking for work at the time of interview because they felt that there was no work available (45%).

Markets, prices, coping strategies and expenditure

The majority (53%) of surveyed households reported being able to meet less than half of their basic needs.

The proportion of respondents receiving UNHCR CBI support who were able to meet less than half of their basic needs was higher than that for non-CBI recipients (61% vs 50%). This indicates that vulnerable refugees in receipt of CBI continue to face challenges meeting basic needs and could suggest that the funding level for cash support may need to be recalibrated.

Coping strategies are widely employed across the population interviewed and include a reduction of expenditure to meet food needs (77%), taking out loans (53%), and skipping rent payment (51%).

Non-UNHCR assistance

The RNA showed most respondents (61%) relied on non-UNHCR assistance for support during the COVID-19 pandemic, with the majority relying on NGOs providing material assistance (63%). A greater proportion of those receiving UNHCR cash support relied on non-UNHCR assistance (65%), compared with those who did not receive CBI support (57%).



Rapid Needs Assessment: Recommendations

COVID-19 knowledge and experience

Raise awareness of the availability of free testing and treatment to ensure that refugees and asylum-seekers access healthcare when needed and participate effectively in the national COVID-19 response.

Continue to advocate for the RTG not to penalize refugees and asylum-seekers for illegal stay, particularly those seeking health care.

COVID-19 behaviour and social norms

Explore ways to strengthen communication with communities on COVID-19, particularly through proven mediums of communication, such as social media.

Work with mental health and psychosocial support services to gain an understanding of psychosocial support needs and any gaps in service provision.

Strengthen efforts to raise awareness of domestic violence prevention and response measures, and promote community understanding on Sexual and Gender-based Violence (SGBV) issues.

Health

Ensure that the UNHCR medical hotline provides sufficient support for community needs.

Engage with the Ministry of Public Health and individual hospitals to ensure that the availability of non-COVID-related medical care is effectively communicated to refugees and asylum-seekers so that those with medical needs continue to receive adequate medical care.

Education

Continue to engage with schools to support their re-opening and to ensure that students return in safety.

Continue to expand support for remote learning and explore means of improving access to learning devices and the internet, including with the private sector. Tailor support in this area appropriately to ensure support for single-headed households and households with individuals with specific needs.

Employment, assistance and access to basic necessities

Owing to identified gaps in livelihood opportunities, the high proportion of respondents reporting not being able to meet basic needs, and the high and unsustainable rate of dependency on UNHCR and NGO forms of support, advocate for the RTG to make social protection measures available to refugees and asylum-seekers who are unable to provide for themselves. The RTG could consider applying emergency social protection responses, such as those provided to informal sectors affected by COVID-19, or expanding existing and longer-term social security schemes, including under the Social Security Fund.

Support the RTG in the introduction of the National Screening Mechanism¹ as a means of regularizing status to help ensure that no one is left behind. Encourage the RTG to gradually improve access to livelihood opportunities for this population group to facilitate self-reliance.

In close coordination with the RTG, UNHCR and partners to continue to review programmes providing basic needs support to refugees and asylum-seekers to ensure that they are effective and suitably funded.

¹ On 25 December 2019 a Regulation of the Office of the Prime Minister of Thailand was published establishing the National Screening Mechanism. The screening mechanism, which is in the process of being developed, will serve to assess international protection needs and provide a legal form of status to those who qualify. It is expected to improve the protection available to refugees and asylum-seekers in Thailand.

Post Distribution Monitoring: Key Findings

Receiving and spending cash support

Most CBI beneficiaries (76%) withdrew their cash from an ATM by themselves. 24% required assistance from others, the majority because they did not know how to use the cards or were unable to read or understand the instructions. 10% (only two) of those requiring assistance had to pay others for it.

The spending decisions were mainly made by female head of households (33%) or jointly by husband and wife (31%), indicating some diversity in this area.

Most families had no disagreement regarding the use of the cash assistance (84%).

Risks and problems

29% of CBI beneficiaries felt unsafe or at risk when going to withdraw the money, while 25% felt unsafe or at risk when going to spend the money.

Approximately half of these respondents said that their fear or insecurity was related to COVID-19.

Cash expenditure

Most CBI beneficiaries withdrew the whole amount of cash support in one go (88%) and had already spent all the cash assistance received from UNHCR at the time of interview (70%). This indicates that cash is being withdrawn and spent quickly.

In terms of items/services procured with CBI, the top 3 were rent (82%), food (65%), and utilities (34%).

A significant proportion (25%) of CBI beneficiaries spent the cash support on health costs, including medicine. This may be due to a range of factors, including the COVID-19-related closure of a key health clinic (Tzu Chi) providing free health services to refugee and asylum-seekers and UNHCR health support being focused on more serious illness and children with medical needs.

Accountability to affected persons

Half of the respondents did not know how to report complaints on cash assistance.

Most respondents preferred cash-only support (63%), while a significant proportion (33%) indicated a preference for a combination of cash and in-kind support, and only a small number would have preferred in-kind support only (3%).

The percentage preferring cash support only has reduced (from 75%) since 2019, when UNHCR last monitored cash support through a PDM. This may be due to the pandemic and perceived COVID-19-related risks associated with going outside and withdrawing and spending cash and/or the level of CBI support provided.

Post Distribution Monitoring: Recommendations

Receiving and spending cash support

Review the content and delivery of guidance provided to new CBI beneficiaries to ensure that they understand how to withdraw cash using the allocated cash card.

Risks and problems

Explore with the partner bank ways in which cash cards can be used in a contactless manner to help mitigate concerns regarding risk and safety when withdrawing and spending money, particularly in the context of COVID-19.

Continue to monitor implementation of the CBI programme to ensure that the do no harm principle remains at the centre of all activities and the programme does not expose beneficiaries to unnecessary risk.

Cash expenditure

Undertake a review of the level of cash support provided to beneficiaries to ensure that it is sufficient. This course of action is supported by the high proportion of CBI recipients who reported being only able to meet less than half of their basic needs, as well as the high rate at which CBI support is withdrawn and spent.

As outlined above, CBI recipients continued to report significant challenges in meeting basic needs with 61% reporting being able to meet less than half of their basic needs.

Accountability to affected persons

Review complaints mechanisms in place to ensure that they are accessible to and suitable for those wishing to raise concerns regarding the CBI programme.

Review the effectiveness of communication and awareness-raising activities to ensure that CBI beneficiaries are well informed of how to make confidential complaints about the CBI programme and its implementation.

Methodology

The RNA and PDM were designed as a phone-based survey targeting urban refugees and asylum-seekers in Thailand to assess their needs (RNA) and evaluate the effectiveness of the CBI program (PDM) in light of COVID-19. The survey used a variety of questions, including closed-ended questions made up of pre-populated answer choices, and open-ended questions with answers matched to pre-defined response options by the enumerator. In some instances, respondents were given the option of providing unique answers. The questions referred to in the findings below are taken from the survey and use the same numbering.

The sample interviewed was drawn from UNHCR's proGres database dataset. For the PDM, a sample of 89 refugee households were selected from among those refugees registered to receive cash assistance. The same group also represents the vulnerable categories of the population. The findings of the PDM are generally representative within a 95% confidence level and a 10% margin of error.

A random sample of 91 households was selected for the RNA. This includes refugees and asylum-seekers not receiving cash assistance. The RNA was also conducted with respondents of the PDM sample, which enabled a subset of representative RNA findings applicable to the vulnerable PDM population also, resulting in a total of 180 households responding to the RNA.

The findings of the RNA are generally representative within a 95% confidence level and a 10% margin of error. Furthermore, the sample was stratified to ensure inclusion of various nationalities and households with specific characteristics. While findings are not be representative of these categories, their inclusion ensured representation of a variety of groups in the sample.

UNHCR and partners designed a questionnaire for the RNA and used core components of the pre-existing CBI questionnaire. The questionnaire was then coded in Kobo. UNHCR trained its enumerators and the questionnaire was piloted. UNHCR conducted remote data collection from 19 to 26 May 2020 via phone interview. 63% of respondents were male and 37% female.

UNHCR cleaned the raw data and visualized it using Microsoft Power BI software. Following this initial visualisation of the raw data, joint analysis of the data was conducted collaboratively between UNHCR and partners. The final report was produced by UNHCR.

2019 Post-distribution monitoring of CBI

In November 2019, UNHCR conducted its first structured post-distribution monitoring of CBI with a sample of 50 refugee households from the 9 main nationalities of its population of concern (2019 PDM). The sample was designed using an Age, Gender and Diversity Mainstreaming (AGDM) approach, including a variety of households with specific characteristics and vulnerabilities. The data collection was conducted through home visits and via phone interviews. Focus group discussions on CBI were simultaneously conducted with 5 different communities. UNHCR's CBI-PDM questionnaire was adapted to the Thai context and then coded in Kobo. While very useful, due to the small sample of the 347 households benefiting from CBI in November 2019, the findings of this exercise are not considered representative and are indicative only. Nonetheless, given that many of the same questions were asked in the current PDM, the 2019 PDM provides an interesting point of comparison in a number of areas. These are highlighted in connection with the relevant findings.

Limitations

Limitations on the depth of sectoral analysis

The assessment was designed as a rapid multi-sectoral assessment to be administered as a phone-based interview and to be completed in 60-90 minutes. The assessment was not designed with the intention of producing comprehensive and detailed information on the various topics included.

Limitations of the sample

The sample allowed for representative findings for refugee/asylum-seeker households and for vulnerable households in receipt of CBI, as opposed to findings representative of nationalities or households with specific characteristics.

The PDM/RNA was conducted during Ramadan period which led some participants being unavailable for the survey while other interviews could not be completed. The number of cases that could not be reached was more than double (30%) in comparison to what was initially planned (10-15%) which could also be attributed to the COVID-19 situation. Despite this, UNHCR was able to readjust the sample and conduct the planned number of interviews to allow for representative findings as outlined above.

There were some significant language barriers for some of the sub-groups identified for participation in the RNA/PDM, in particular Vietnamese Montagnard refugees who could not speak Vietnamese. Even though a Jarai interpreter based in the USA had been used in the past, communication was not successful in this instance. Eventually, these samplings needed to be dropped and replaced with cases which could speak Vietnamese. It is worth noting that there is a large portion of Vietnamese Montagnard who cannot speak Vietnamese among the urban refugee and asylum-seeker population (up to 30%).

The team encountered a few cases that appeared to have serious mental health issues which resulted in them being unable to respond to interview questions. As a result, it was necessary to remove a small number of cases under this category from the sample.

Survey responses

In a small number of cases, answers were not provided for the survey questions. These are indicated in the question response data outlined below under the category "No response".



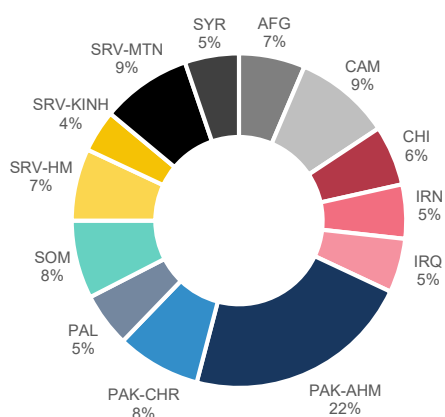
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Demographics

The survey covers 180 families of 673 individuals, representing approximately 13% of the urban population as of 30 April 2020. The sample was selected to reflect the age, gender and diversity composition of the refugee and asylum-seeker population to the furthest extent possible. The data set was disaggregated by population receiving CBI and not receiving CBI. The survey included twelve sub-groups from 10 countries of origin (further disaggregated by religion for Pakistani, and by ethnicity for Vietnamese). Please see the below summary for more details.

Sub-Group	CBI	Non-CBI	All
Afghan	9	4	13
Cambodian	9	8	17
Chinese	3	8	11
Iranian	3	7	10
Iraqi	4	5	9
Pakistani - Ahmadi	21	18	39
Pakistani - Christian	11	5	16
Palestinian	2	6	8
Somali	9	5	14
Vietnamese-Hmong	8	4	12
Vietnamese-Kinh	1	6	7
Vietnamese-Montagnard	6	9	15
Syrian	3	6	9
Total	89	91	180

Demographic breakdown by sub-group

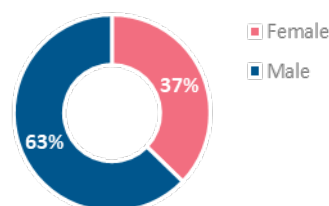


To ensure diversity, the proportion of male to female headed households included in the survey was 64% vs 36%, which closely corresponds to the proportion found in the overall population (73% to 27%). It can be noted from the table that the proportion of females was intentionally weighted to ensure adequate representation in the survey.

Household composition by gender in the urban refugee and asylum-seeker population

CBI - Gender	Female	Male
CBI	36.0%	64.0%
Non-CBI	24.0%	76.0%
Overall	26.5%	73.5%

Interview conducted: breakdown by gender

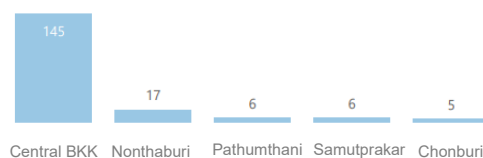


Physical location of the urban population was also taken into account, with the survey covering refugees and asylum-seekers living in Bangkok, Nonthaburi, Pathumthani, Samutprakarn and Chonburi provinces.

Location of interviewee	CBI	Non-CBI
Bangkok	75	70
Nonthaburi	9	8
Chonburi	2	3
Pathumthani	1	5
Samutprakarn	1	5
Total	88	91

Interview conducted

Breakdown by location of interviewee



In terms of population characteristics with respect to specific needs, the survey included single persons, elderly persons, families with children, individuals and families with disabilities or medical issues including chronic and mental illness and medical conditions. Cases with medical issues and disabilities accounted for 52% of respondents among CBI cases and 38% among non-CBI cases. However, there is a substantial overlap across different specific needs which could not be captured according to an exact percentage.

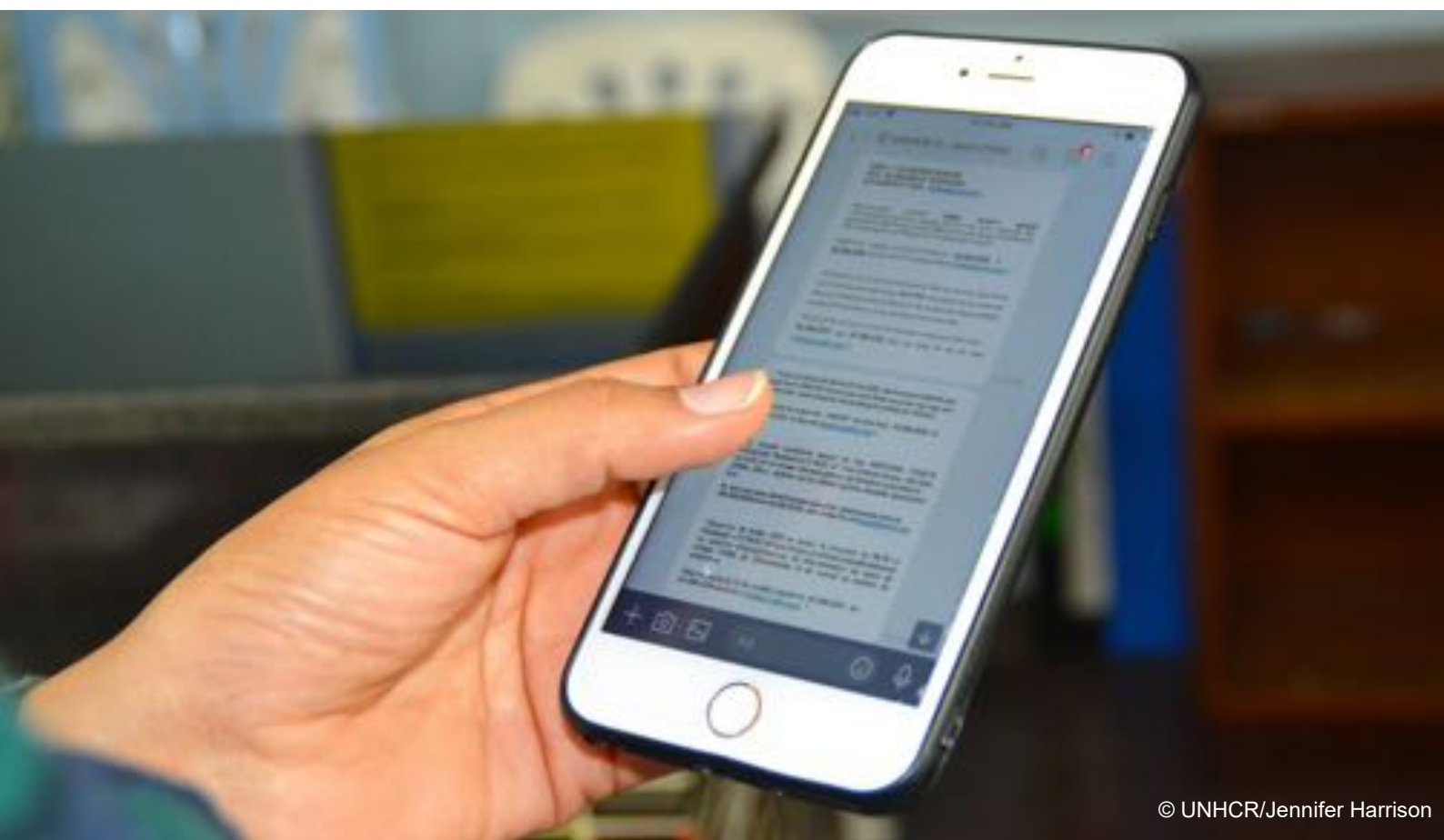
The vast majority, up to 93-95% of the households surveyed, included individuals with mental illness and other medical conditions. Less than 7% of respondents are individuals living with disabilities. It was not, however, possible to interview some individuals with hearing and speech impairments owing to the use of remote interviewing modalities because of the COVID-19 situation and associated communication challenges.



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PART 1: Rapid Needs Assessment

The RNA was used to assess COVID-19-related knowledge, experience, behaviour and norms, as well as issues concerning health, education, employment and access to basic necessities for urban refugees and asylum-seekers. The findings of the RNA are outlined below.



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COVID-19 knowledge and experience

Of the 180 interviews conducted, all respondents (100%) are aware of COVID-19.

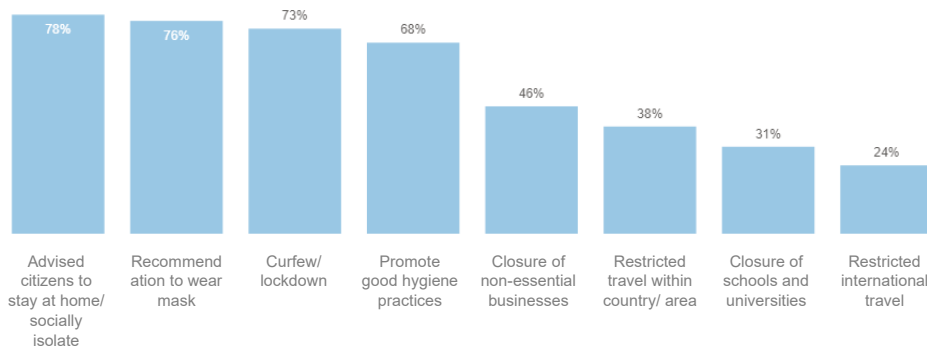
The majority of respondents are also aware of the RTG's recommendations and measures to prevent the spread of COVID-19, including advice to stay at home/socially isolate (78%), recommendation to wear masks (76%), curfew and lockdown measures (73%), the promotion of good hygiene (68%) and others (see C2).

Differing views were provided regarding whether it would be possible to receive COVID-19 testing and treatment, if required. While 43% overall believed that they would be able to, 26% thought that they would not be able to, and 31% stated that they did not know. The responses from CBI and non-CBI recipients

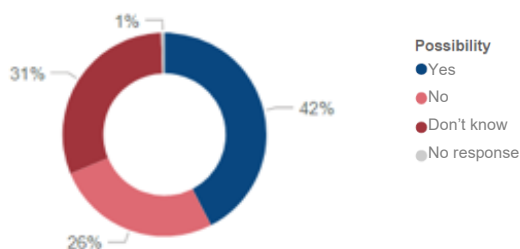
do not depart significantly from the findings for the entire surveyed group. In this regard, 44% of CBI-receiving respondents stated that they can access testing and treatment while 27% did not think it would be possible. For non-CBI recipients, 42% responded that it would be possible for them to receive testing and treatment and 25% replied that it would not (see C3).

For those reporting that it would be possible to receive COVID-19 testing and treatment, 74% stated that it would be available in public hospitals, 25% noted that it would be available elsewhere, which they identified as either local and charity clinics, including the Bangkok Refugee Center (BRC) and Tzu Chi, or they had no knowledge of the exact places to access (see C3a).

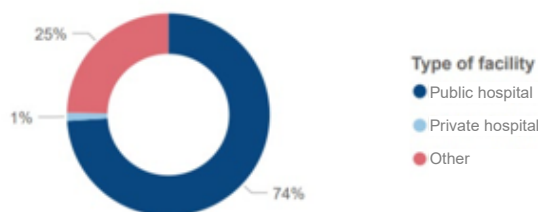
Question C2. Do you know any step that the government/local authorities have taken to curb the spread of the COVID-19 in your area?



Question C3. Would it be possible for you to receive COVID-19 testing and treatment if required?



Question C3a. Where would testing and treatment be available?

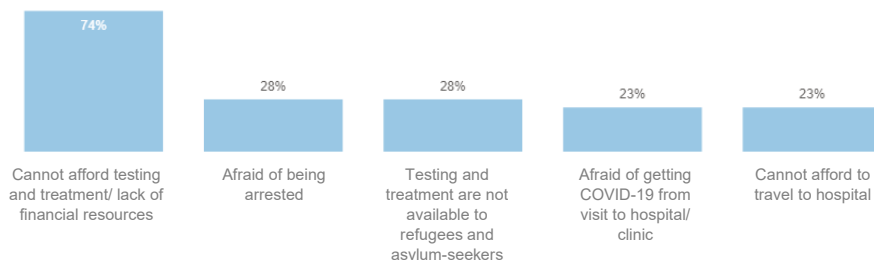


The overall majority of those who reported being unable to receive COVID-19 testing and treatment cited lack of financial resources as the main reason (74%), followed by fear of arrest (28%), understanding that testing and treatment is not available for refugees and asylum-seekers (28%), fear of contracting COVID-19 from visits to health facilities

(23%), and inability to afford visits to health facilities (23%), respectively (see C3b).

For the same question, 100% of asylum-seeker respondents stated they are not able to afford testing and treatment. Similarly, 100% of elderly respondents over 60 years old as well as single females responded that they cannot afford testing and treatment.

Question C3b. Why would you be unable to access COVID-19 testing and treatment?



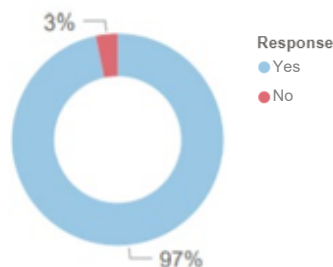
COVID-19 behaviour and social norms

The vast majority of respondents (97%) were informed of measures to prevent the spread of COVID-19 while only 3% had not received any information about preventive measures (see D1). Of the positive responses, 74% stated that their main source of information comes from social media platforms such as Facebook, Twitter, and LINE, followed by friends and family (49%), and television (25%). On the other hand, print media such as newspaper

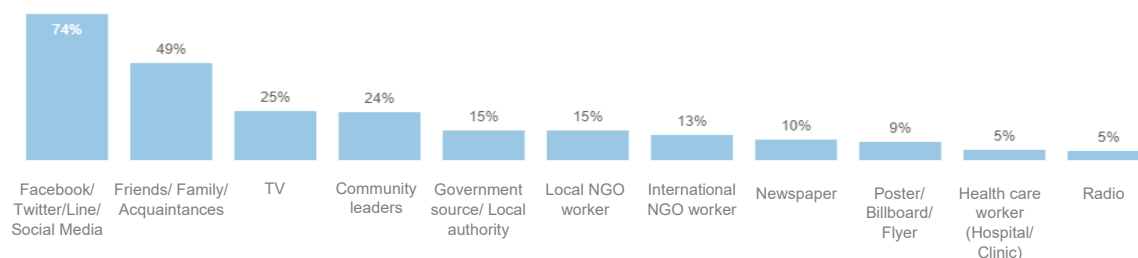
and posters were provided as sources of information by only 10% and 9% of respondents respectively (see D1a).

Aside from friends and families, respondents further reported that they received information on COVID-19 prevention measures in person from other individuals such as community leaders (24%), government authorities (15%), NGO and INGO workers (15% and 13% respectively), and healthcare workers (5%).

Question D1. Have you received any information on measures to prevent the spread of COVID-19?



Question D1a. From whom did you received information about social (or physical) distancing, self-quarantine and self-isolation?



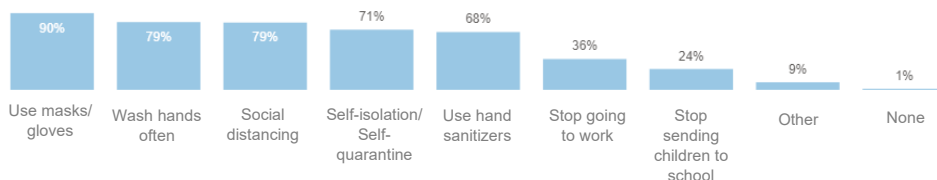
In terms of preventive measures, using masks and gloves was cited as the most commonly known measure (90%), followed by washing hands often (79%), and social distancing (79%). As for those who volunteered their own unique response (others, 9%), most were related to maintaining good health, including diet and exercise. **Only 1% of the respondents were not aware of any preventive measures** (see D2). For the same question, with regard to asylum-seekers specifically, 93% responded positively to using a mask and gloves, washing hands often and observing social distancing.

Most respondents (98%) reported that they and their family members were following the abovementioned preventive measures.

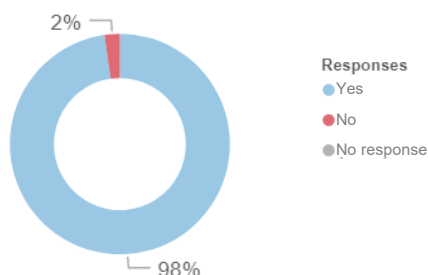
Amongst the small proportion (2%) that stated they were not following these measures, their individual responses show that the main issues related to social and physical distancing. This group reported that they were unable to follow social distancing measures either due to the nature of their employment, which required close contact with others, or due to their household living conditions, which were too crowded to facilitate social and physical distancing (see D3).

Only 29% of families with children cited not permitting children to attend school as a preventive measure they are aware of.

Question D2. What preventive measures against COVID-19 are you aware of?

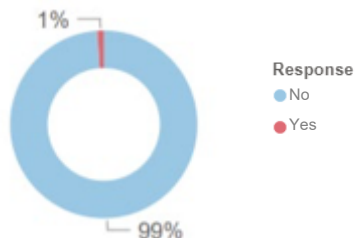


Question D3. Do you and your household member follow any of these preventive measures?



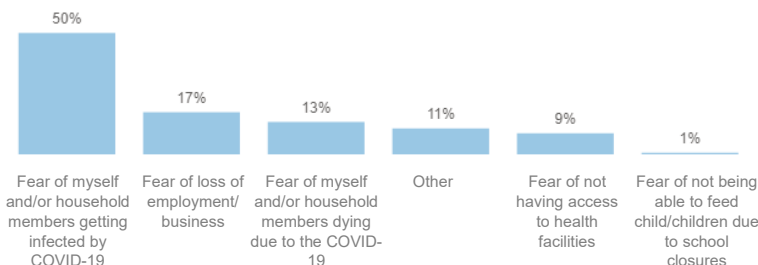
99% of the respondents did not know or had not heard of anyone in their community with COVID-19 (see D4). When provided with a hypothetical question on whether individuals with COVID-19 would be viewed positively or negatively in their community, the

Question D4. Do you know anyone in your community that has tested positive for COVID-19?



A high proportion (84%) of respondents reported feeling anxious about the COVID-19 situation. The main concerns were reported as possible contraction of COVID-19 (50%), loss of employment as a result of the situation (17%), and fear of death from the virus (13%). Of 11% of respondents who provided "other" reasons for anxiety, reasons cited include inability to access material assistance from NGOs, fear of heightened police presence, and xenophobia as a secondary effect of the pandemic (see D6 and D6a).

Question D6a. What is your major reason for worrying or being anxious?

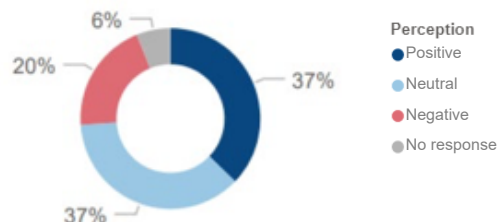


87% of the sample population stated that they had not experienced violence or abuse since the COVID-19 outbreak, while 12% had. The latter group of respondents (10 female and 11 male) consists of single parents and families with vulnerable family members such as elderly, persons with medical issues and disabilities, and children. On the contrary, not one single male or single female reported that they had experienced violence or other forms of abuse (see D7).

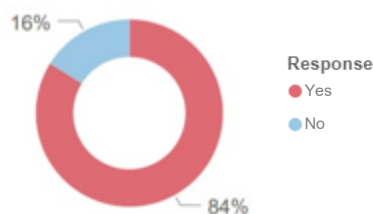
Overall, the types of violence and abuse reported were largely verbal (81% of respondents), followed by physical (19%), and "other" which included intimidation and exploitation (5%) (see D7a). These

same number of respondents believed that the individual would be viewed positively (37%) and neutrally (37%). 20% believe that individuals with COVID-19 would be spoken about negatively (see D5).

Question D5. If individuals tested positive for COVID-19 in your community, how do you think they would be spoken about?

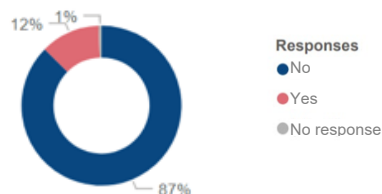


Question D6. Are you feeling nervous or anxious due to the COVID-19 outbreak?

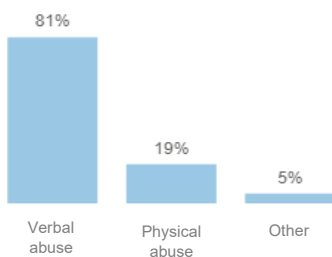


abuses were said to occur in the home (76%), in public space (14%) and at work (10%) (see D7a and D7b).

Question D7. Have you or anyone in our household experienced any violence/abuse since the COVID-19 outbreak?

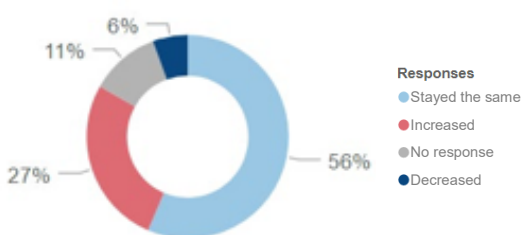


Question D7a. What type of violence or abuse?

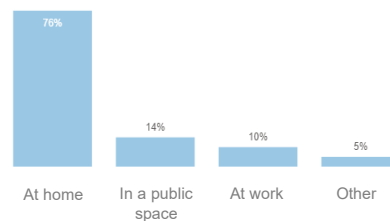


More than half of the respondents (56%) were of the view that the risk of violence and abuse they and people in their community faced during the pandemic situation was the same as in pre-COVID-19 times, while 27% believed that the risk increased (see D8).

Question D8. Do you think the risk of violence and abuse you and other persons in the community face since the COVID-19 outbreak has increased, decreased or stayed the same?

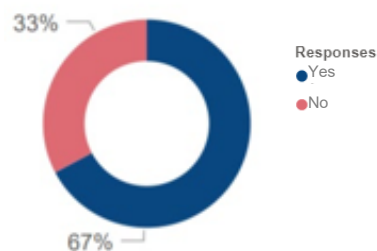


Question D7ab. Where did the violence take place?



When asked if respondents knew how to report violence and abuse, 67% confirmed that they were aware, while 33% were not aware of any reporting channels (see D9).

Question D9. Do you know how to report any actual abuse/threats made against you?



Health

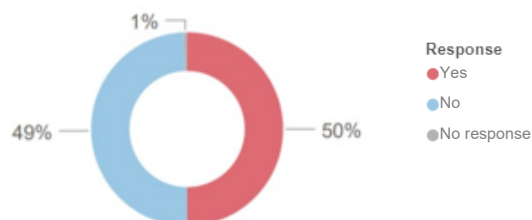
Of the 180 interviews conducted, 50% of respondents reported having a medical condition requiring regular treatment (see E1).

The percentage of respondents requiring regular treatment varied from community to community. For instance, respondents from Iraq (78%), Afghanistan (77%), Cambodia (65%), Palestine (63%), and Pakistan (56%) had the highest rates of reporting a need for regular medical treatment and respondents from China (18%), Syria (33%), Somalia (36%), and Iran (40%) the lowest.

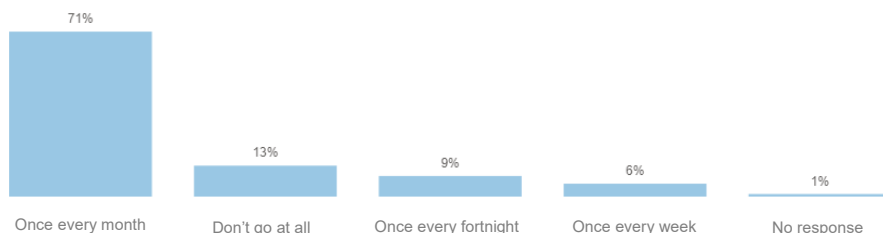
Of the survey respondents in need of regular medical treatment, 71% reported monthly visits, 13% do not

participate in any visits at all, 9% visit once every fortnight, and 6% visit once every week (see E1a).

Question E1. Do you or any household member have a medical condition requiring regular treatment?

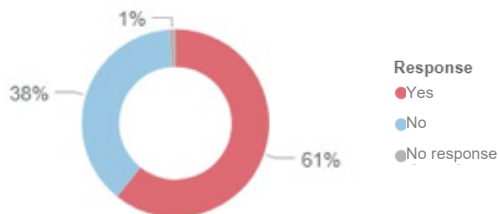


Question E1a. How frequently do you and/or any household member need to go for regular health check-up or treatment?

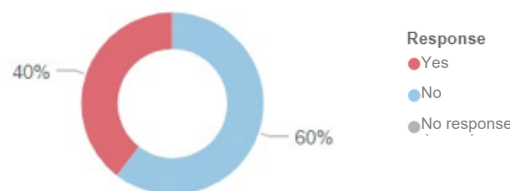


61% of CBI respondents reportedly require regular health treatment. For non-CBI respondents the corresponding figure drops to just 40% (see E1a, filtered).

[E1a] CBI respondents



[E1a] Non-CBI respondents



The survey also indicates that female CBI beneficiaries (67%) access health facilities more frequently compared to males (57%). The difference is even higher for non-CBI females (55%) who are in need of regular treatment compared to non-CBI males (32%).

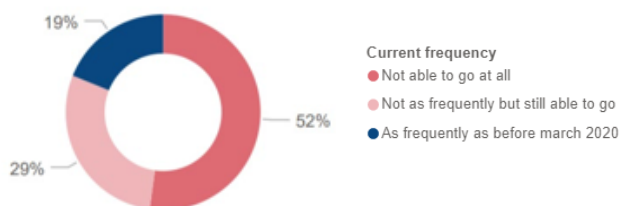
Since the onset of the COVID-19 outbreak, more than half of the respondents (52%) reported not being able to approach health facilities for treatment. Whereas, 29% of the respondents stated that their ability to participate in visits was reduced, and 19% of the respondents reported that their frequency of visits remained the same (see E1b).

The findings of the RNA also indicate that 90% of female respondents reported negative changes in the

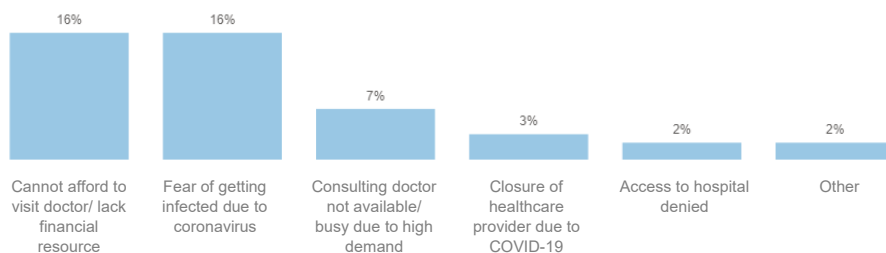
frequency of accessing health care facilities. The corresponding figure for male respondents was 80%.

Various reasons were cited by the respondents regarding their inability to access health care services since the COVID-19 outbreak. 20% expressed fear of becoming infected with COVID-19, 18% mentioned a lack of financial resources, 11% cited the closure of healthcare providers due to COVID-19, 6% expressed the unavailability of doctors, 2% mentioned denial of access to hospitals, and 1% cited long waiting lines as a reason. Other factors mentioned by respondents in not being able to access health services were restrictions in movement, and fear of being arrested by the authorities (see E1ba).

Question E1b. Compared to before March 2020, are you and/or this household member able to go for health check-ups or treatment as frequently?



Question E1ba. What is the reason for not being able to go as frequently as before or not able to go at all?



Education

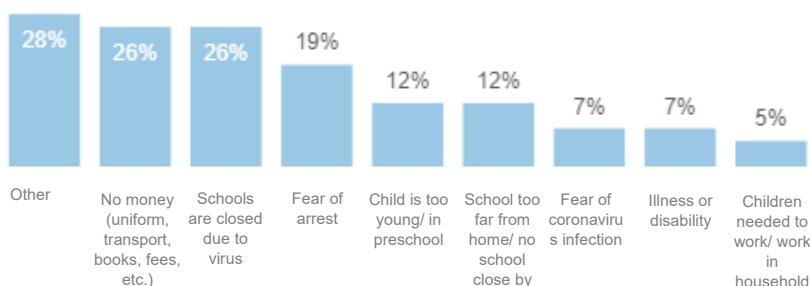
In response to the COVID-19 outbreak, the RTG announced that all educational institutions were to be closed effective 17 March 2020. Overall, 62% of respondents with school-aged children (6-17 years old) reported that their children normally attended school prior to the COVID-19 outbreak (see F1).

50% of the respondents with school-aged children sent them to a public primary school. 22% stated that their children attended community schools and learning centers, and 16% sent their children to public secondary schools. In relation to access to private educational institutions, 9% of the respondents sent their children to private primary school, and 7% attended private secondary schools. The BRC-run Thai Language Intensive Programme was attended by 12% of the children attending school (see F1a).

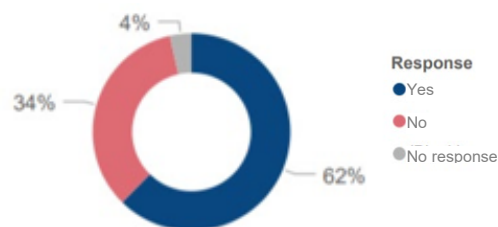
The percentage of children attending school varied from nationality to nationality. 100% of respondents from China were sending their children to school followed by respondents from Vietnam (89%), Cambodia (88%), Somalia (67%), Syria (63%), Afghanistan (50%), Pakistan (47%), Iraq (40%), and Palestine (20%).

The respondents mentioned various reasons regarding their inability to send their children to school. The

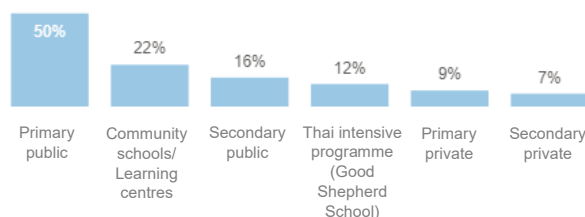
Question F1d1. Why are the children not going to school?



Question F1. Does your child/children normally go to school?



Question F1a. What type of school does the child/children normally go to?

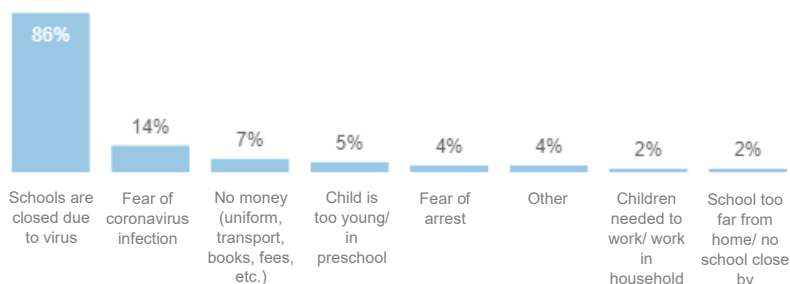


most common challenges cited were financial constraints (26%), and closure of schools due to the virus (26%). Fear of arrest (19%), age of children (12%), school location (12%), fear of COVID-19 infection (7%), illness or disability (7%) and children engaged in work in or outside of the house (5%) were other reasons mentioned by the respondents. Other reasons include: lack of interest from the child in studying in a Thai school; bullying at school; and schools not accepting enrolment (see F1d1).

As regards COVID-19, the vast majority (97%) of respondents stated that their children were not currently attending school. The survey results indicate that 73% of children currently not attending school are aged 6-13 years old, and 46% are aged 14-17 years old (see F1b and F1c).

In terms of the reasons for non-attendance, a significant majority (86%) of respondents cited the closure of schools due to COVID-19 as the reason why their children were currently unable to attend school. 14% cited fear of being infected by COVID-19, and 7% mentioned lack of financial resources. Some other reasons include the young age of children (5%), fear of arrest (4%), children engaged in work in or outside of the house (2%), and location of the school (2%) (see F1d2).

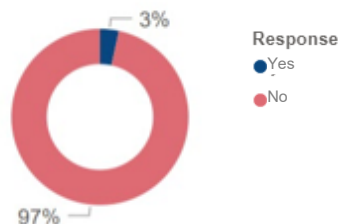
Question F1d2. Why are the children not going to school?



Since the RTG closed schools on 17 March, home schooling methods have been heavily relied upon for continuity of education. These methods ensure continuous learning but, as evidenced by the survey, accessing them remains challenging (see F1f).

Only 59% of respondents were able to access and utilize homeschooling methods for their children. The reasons for not utilizing homeschooling methods varied. A significant proportion (38%) indicated that they lacked sufficient electronic devices for remote learning. Additionally, 21% cited their inability to afford an internet connection, 21% stated that they could not afford learning materials, 12% indicated they did not understand the study material provided by the school due to language barriers, and 12% cited having other responsibilities that did not allow them to devote time to homeschooling. Of 35% of respondents who provided unique answers, personal health issues, and illiteracy were the primary challenges (see F1fa).

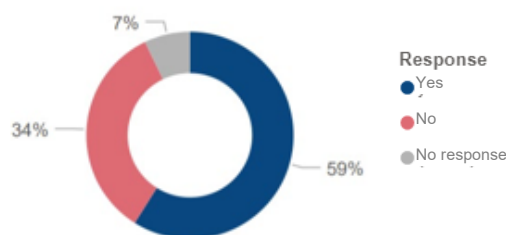
Question F1b. Is your child/children going to school now?



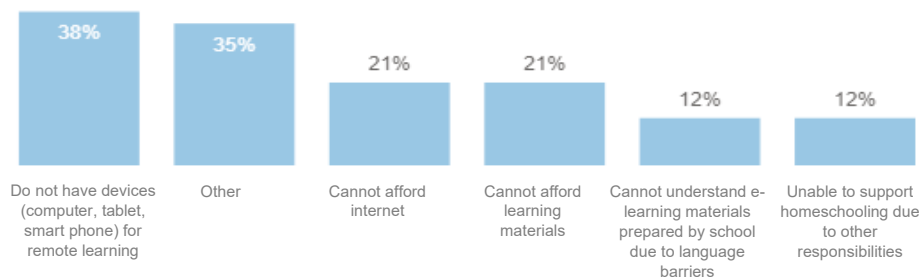
Question F1c. What are the ages of the children not going to school?



Question F1f. Are you able to access and utilize methods to home school your child/children?



Question F1fa. Why are you unable to access or utilise methods to home school your child/children?



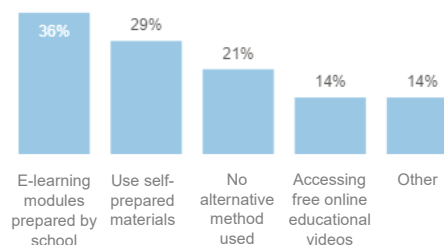
A variety of homeschooling methods appear to be used by respondents. The most commonly used methods were reported as e-learning modules prepared by schools (36%), self-prepared materials (29%), and free online educational videos (14%) (see F1e).

21% of respondents with school-aged children reported that homeschooling methods were not being used for schooling, whereas 34% indicated that despite the availability of alternative schooling methods they were not able to access them.

The survey results indicate high levels of inaccessibility to homeschooling methods among female-headed households (53%), and households with members

suffering from a medical disability (48%). Additionally, 67% of CBI beneficiaries reported access to and usage of homeschooling methods, whereas, the figure for non-CBI respondents stood at just 50%.

Question F1e. What methods are being used to home-school your child/children?



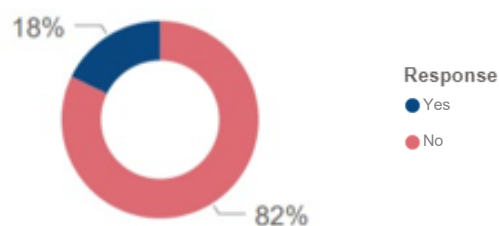
Employment

When the survey was conducted, 82% of surveyed households did not have a household member working or engaging in income generating activities. Of those who had previously worked in Thailand, 67% of households stopped working before the COVID-19 outbreak in March 2020, mainly due to of business closure (44%), followed by fear of arrest (11%), illness (7%), reduction in staff (7%) and others. Moreover, a high percentage (61%) reported receiving less income since the COVID-19 outbreak.

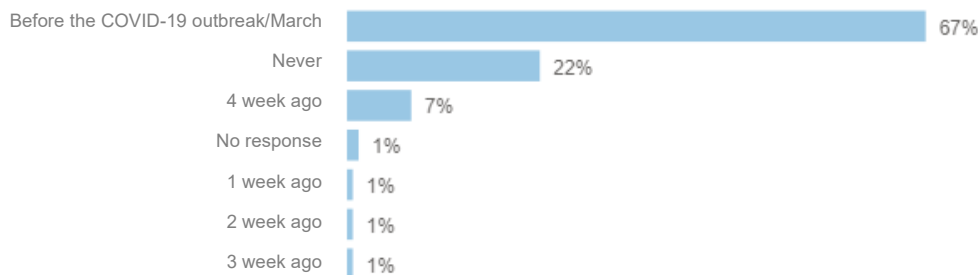
The majority of respondents confirmed that they or the primary breadwinner in their household were not currently looking for employment. The main reason given for this was the lack of availability of work (44%). In terms of other reasons for not seeking new employment, some reported fear of arrest, others stated that it was illegal for refugees to work in Thailand while a few expressed their fear of contracting COVID-19.

Regarding previous employment, the findings of the RNA indicate that the majority of respondents or primary breadwinners in their household (61%) were involved in providing private services (61%) or construction (25%). For most respondents who had previously worked in Thailand, the work they had been involved in was casual labour (48%), while 29% were involved in full time work and 22% in part time work.

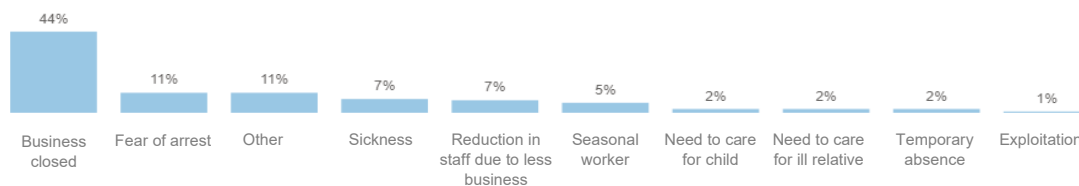
Question G1. Are you or a member of your household currently working for a wage or involved in income generating activities?



Question G1a. When did you or the primary breadwinner last work in Thailand?



Question G1b. What did you or the primary breadwinner stop working?

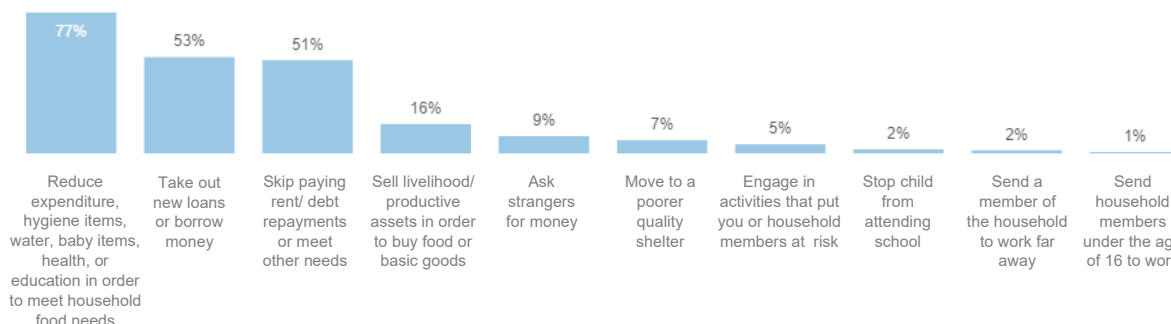


Market, prices, coping strategies and expenditure

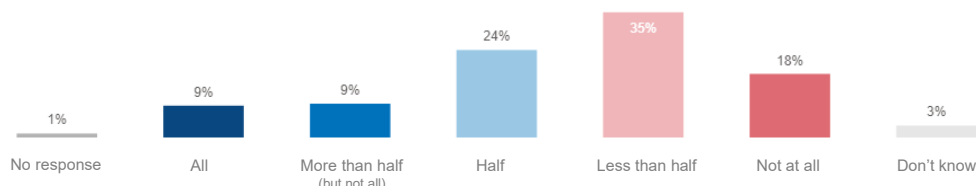
More than half of the surveyed households reported being able to meet less than half of their basic needs. The proportion of respondents receiving UNHCR CBI support able to meet less than half of their basic needs was higher than that for non-CBI recipients (59% vs 47%). This indicates that vulnerable refugees in receipt of CBI continue to face challenges meeting basic needs and could suggest that the funding level for cash support may need to be recalibrated. Interestingly, 64% of the asylum-seekers surveyed reported being able to meet half or more of their needs.

Food (62%) and rent (47%) were reported to be the two most common basic needs that were not affordable for the overall population surveyed, followed by health costs (19%). To ensure the meeting of these basic needs, three prevalent coping strategies are being adopted, namely reduction of other expenditures in order to meet food needs (77%), taking out loans (53%), and skipping rent payments (51%). CBI and non-CBI recipients appeared to rely on similar (and in the same proportion) coping strategies.

Question H3. Coping strategies.



Question H4. Overall, to what extent are you currently able to meet the basic needs of your household?



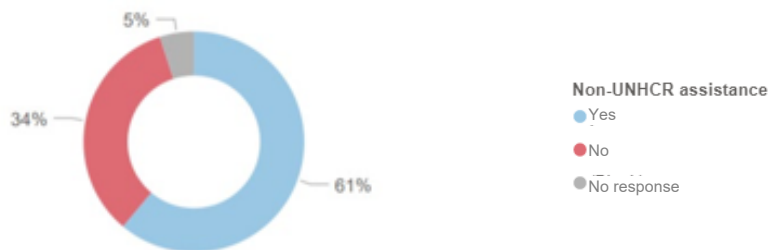
Non-UNHCR assistance

Most (61%) of the surveyed households received assistance from organizations other than UNHCR. NGOs/agencies are the main sources of support, with most assistance provided in the form of material support (63%) and some in the form of cash support (17%). Friends and other family members in Thailand also constitute a substantial source of support with regard to both material and cash assistance. While the change to the amount of

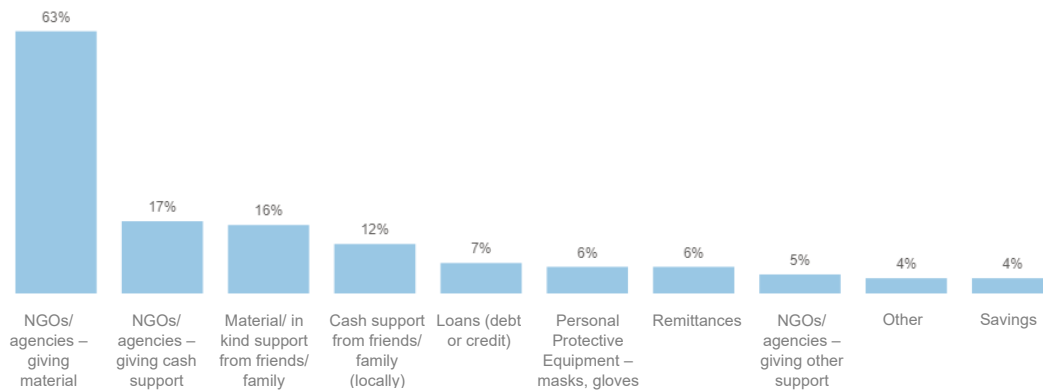
support received varies, almost half of those who received material support indicated that the level of support provided had increased compared to before March 2020.

A greater proportion of those receiving UNHCR cash support relied on non-UNHCR assistance (65%) than those who did not receive CBI support (57%).

Question I1. In the past 2 months has your household received any assistance from any organisation other than UNHCR?



Question I1a. What other sources of income or support has your household received or used in the last 4 weeks?



PART 2: Post-distribution Monitoring

The PDM exercise was conducted alongside the RNA to gain insight from refugees into the quality, sufficiency, utilization and effectiveness of the UNHCR’s multi-purpose cash support programme in Thailand. The monitoring exercise considered how cash support was received and spent, perceived risks and problems associated with multi-purpose cash assistance, and the accountability of the programme to its beneficiaries, namely urban refugees.

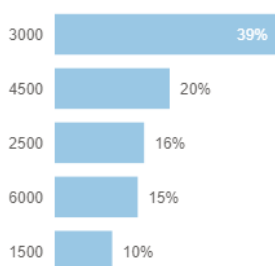


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Receiving and spending cash support

Through the latest distribution of cash through the CBI programme, most beneficiaries received THB 3,000 (39%), followed by THB 4,500 (20%), THB 2,500 (16%), THB 6,000 (15%), and THB 1,500 (10%) (see J1).

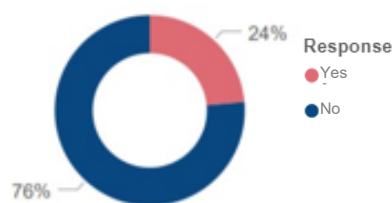
Question J1. How much did your household receive from UNHCR, at the last distribution?



Out of the 89 CBI beneficiaries participating in the survey, 68 individuals (76%) withdrew the cash from the ATM by themselves (13% increase from the previous PDM conducted in November 2019), while 21

individuals (24%) required assistance from others (see J2).

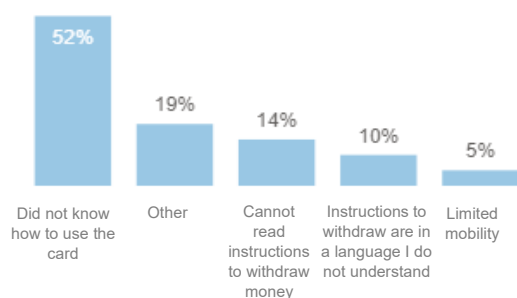
Question J2. Did the person registered to receive the cash need help to withdraw or spend the cash assistance?



The majority of the 21 individuals who required assistance from others to withdraw the cash did so because they did not know how to use the cards or were unable to read or understand the instructions (76%). Only one individual required assistance due to a physical condition (5%), while the remaining four individuals indicated other reasons (19%) (see J2a).

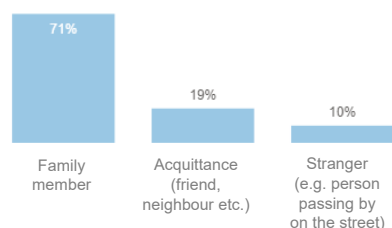
Compared to the 2019 PDM, more people required assistance to withdraw the cash because they did not know how to use the cards or could not read the ATM instructions (an increase of 9%). However, the percentage of individuals requiring assistance due to their physical condition significantly decreased in the current PDM from 25% to 5%. It should also be noted that 6% of respondents from the 2019 PDM indicated having “no time” as the reason for requiring assistance. This was not mentioned in the current PDM.

Question J2a. Why did they need help?



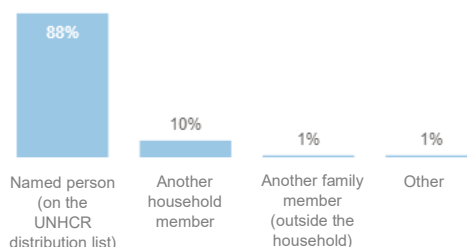
Among the 21 individuals who required assistance, 71% were assisted by their family members, while 11% were assisted by their friends and neighbours, and another 11% by strangers. Only 10% of this group needed to pay money for this assistance - one of whom was a person with disability, and the other having a family member with a serious medical condition. Both were assisted by strangers, because they did not know how to use the cash cards. In the 2019 PDM, no respondents reported having to pay for this type of assistance (see J2b).

Question J2b. Who gave help?

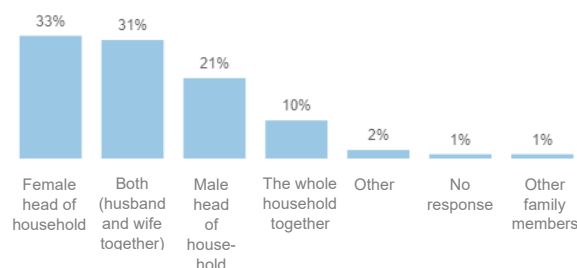


Most CBI beneficiaries reported keeping the cash card with them (88%) while some kept it with other family members both in and outside of the household (11%) (see J3). Decisions on how to spend the cash assistance were mainly made by female head of household (33%) and jointly by husband and wife (31%) (see J4). Similar behaviour was also observed in the 2019 PDM. However, during that time, the percentage of female heads of households making this decision was much higher (51%). This could be explained by the fact that half of the sample was composed of females in the 2019 PDM, as opposed to 37% in the current PDM. The findings of both exercises showed that most families had no disagreement regarding the use of the cash assistance (90% at the last PDM and 84% in the current PDM).

Question J3. Who is in possession of your ATM card/ SIM card at present?



Question J4. Who in your household decided how the cash assistance should be spent?



Risks and problems

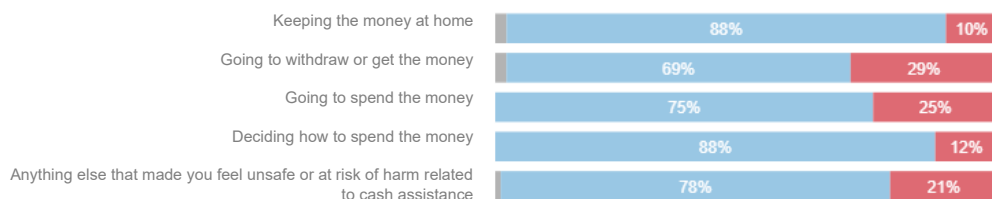
In terms of risks related to CBI, most respondents from both the 2019 and current PDM exercises indicated that they felt safe when going to withdraw the money or deciding how to spend the money, keep the money at home or spend the money.

However, 29% of the PDM respondents felt unsafe or at risk when going to withdraw the money, while 25% felt unsafe or at risk when spending the money. Approximately half of these people said their fear or insecurity was

related to COVID-19 (see K1). While “going to withdraw the money” was also the number one risk identified in the 2019 PDM at 33%, the percentage who reported feeling unsafe or at risk when going to spend the money was 17% lower in comparison to the current PDM. Moreover, more respondents replied “don’t know” when asked about the risks related to CBI in the 2019 PDM. The findings therefore clearly indicate that the increased perceived risk is COVID-19-related.

Question K1. Did you feel unsafe or at risk when:

Response ● Do not know ● No ● Yes

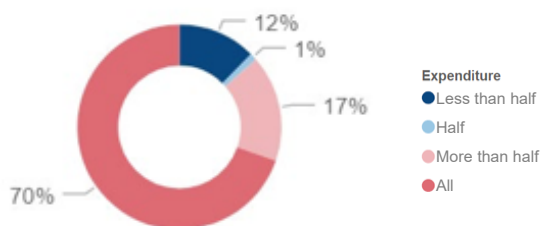


Cash expenditure

Most PDM respondents withdrew the whole amount in one transaction (88%) and had already spent all of the cash assistance received from UNHCR (70%) by the time of interview (see L1 and L4). This behaviour was also observed in the 2019 PDM with 80% withdrawing the whole amount in one transaction and 84% already spending all the cash assistance received. The 14% reduction in respondents reporting having already spent their cash assistance in the current PDM when compared to the 2019 PDM suggests a slower rate of spending. This behaviour was particularly prevalent in cases of single women and families with elderly persons.

In terms of items/services procured with CBI, the top 3 continued to be rent (82%), food (65%), and

Question L1. Of the cash you have received from UNHCR/COERR, how much have you spent already?

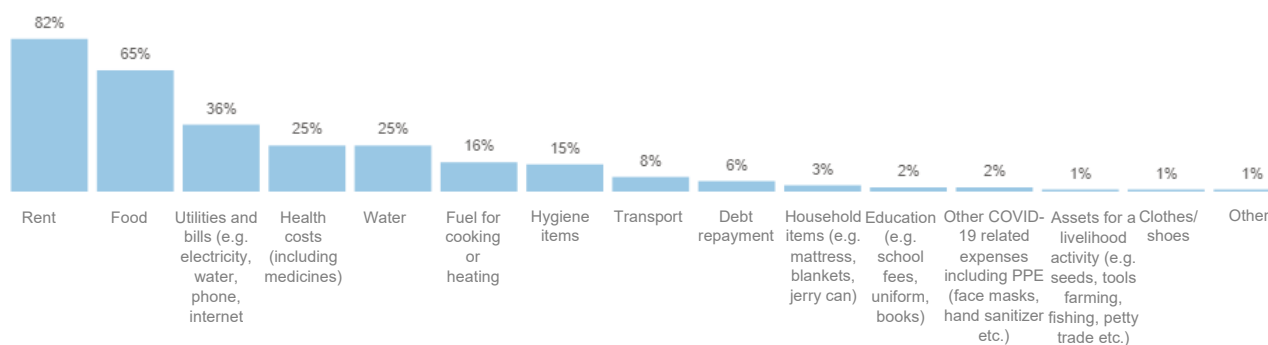


utilities (34%) (see L2). 25% of the CBI beneficiaries responded that they spent the cash on health costs, including medicine - a decrease of 12% from the last PDM, but still a significant proportion. The continued high rate of spending cash support on medical costs may be due to the criteria for support under UNHCR's Health Guidelines, which are primarily focused on life-threatening cases and children aged below 5 with medical conditions, and the reduced free medical care available for refugees and asylum-seekers provided by Tzu Chi Foundation Clinic, which was closed as a result of the COVID-19 situation. Refugees may, therefore, be inclined to pay for their own medical expenses.

Question L4. Did you withdraw the whole amount received or did you save of the money some in your account?



Question L2. What did you spend the UNHCR/COERR cash on?



Accountability to affected persons

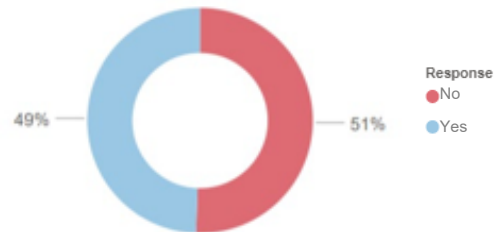
Most CBI beneficiaries indicated that they had learned about UNHCR cash assistance from UNHCR and NGO staff (37%) followed by BRC (23%). This differs from the 2019 PDM when most beneficiaries stated having learned about cash support from BRC (45%) followed by UNHCR and NGO staff (25%).

Half of the CBI beneficiaries participating in the PDM did not know how to report complaints and feedback on cash assistance to UNHCR (see M2). Among the half who did, many of them were aware that they could now report complaints and feedback to UNHCR, with 18% advising that they could do this through UNHCR counselling (compared to 4% in the 2019 PDM), 15% mentioning the UNHCR hotline (compared to 0% in the 2019 PDM), and 11% mentioning the THABA e-mail (comparing to 2% in the 2019 PDM). Most respondents who indicated other channels in their answers in both exercises further explained that they were referring to BRC.

In terms of preferred type of support, most respondents indicated cash only (64%), while a significant proportion indicated a combination of cash and in-kind support, and only a small number indicated in-kind support only (3%).

In the 2019 PDM, the percentage favouring cash-only support was higher at 75%, while the percentage indicating a preference for a combination of cash and in-kind support was lower at 25%, with no respondents favouring in-kind support only.

Question M2. Do you know how you can report complaints and feedback on the cash assistance from UNHCR?





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