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

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

**February 2021**

## Acknowledgements

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More broadly, UNHCR has benefited from its engagement with non-governmental and international organizations working with and for urban refugees and asylum-seekers in Thailand. Close coordination amongst humanitarian actors in Thailand has been a crucial component of the COVID-19 response. It has helped strengthen understanding of the protection gaps and challenges faced by the urban refugee and asylum-seeker community and supported identification of the key issues outlined in this report.

Finally, UNHCR expresses its deep appreciation to the urban refugees and asylum-seekers who participated in the survey. Despite the myriad challenges they face, now exacerbated by COVID-19, urban refugees and asylum-seekers generously gave their time to share their experiences with UNHCR. This report would not have been possible without their involvement.

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## 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-KH
Vietnamese – Montagnard	SRV-MTN
Syrian	SYR

### Other Terms

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
GBV	Gender-based Violence
NGO	Non-Governmental Organization
NSM	National Screening Mechanism
PDM	Post-Distribution Monitoring
RNA	Rapid Needs Assessment
RTG	Royal Thai Government
THABA	Thailand Bangkok
TZC	Tzu Chi Clinic
UNHCR	United Nations High Commissioner for Refugees

## Introduction

Since its outbreak in mid-January 2020, COVID-19 has significantly impacted on all sectors of Thai society, including refugees and asylum-seekers. In the urban context, UNHCR has continuously been working with a range of partners to ensure that the protection needs of refugees and asylum-seekers are met and thereby support the Royal Thai Government (RTG) in its ongoing response to the COVID-19 pandemic. In May 2020, having observed increased levels of vulnerability relating to restrictions on movement, loss of livelihood opportunities and access to healthcare, these organizations, led by UNHCR, carried out an initial multi-sectoral Rapid Needs Assessment (RNA) to strengthen understanding of the situation of this oftentimes hidden population and provide a stronger evidence base from which to design protection and programme interventions. Additionally, to ensure the effectiveness of UNHCR's multi-purpose cash-based interventions (CBI) framework for urban refugees in Thailand, a Post-distribution Monitoring (PDM) exercise was conducted simultaneously with the RNA to support assessment of the impact of CBI for urban refugees affected by the COVID-19 pandemic.

Key findings of the earlier RNA and PDM exercise included the majority of respondents reporting being unable to approach health facilities for treatment, send their children to school, access employment or meet at least half of their basic needs. Of particular concern was the majority of CBI recipients reporting significant challenges in meeting basic needs despite the assistance received from UNHCR, which prompted UNHCR to undertake a review of the level of cash support provided to beneficiaries, resulting in a 20% increase to the transfer value of CBI support for vulnerable urban refugees.

In order to gauge the longer-term impact of the pandemic on the urban refugee and asylum-seeker population and identify ways of targeting and delivering support more effectively, UNHCR commenced and collected data for this, its second, Needs Assessment and PDM exercise in November 2020. The findings indicate that the majority of protection gaps and needs identified in the earlier RNA/PDM remain. Despite the relaxation of COVID-19

measures by the RTG since the earlier exercise was conducted, including the re-opening of venues, businesses and schools, the pandemic continues to have a significant socio-economic impact on urban refugees and asylum-seekers, exacerbated by their lack of legal status and ongoing lack of informal livelihood opportunities. The current Needs Assessment and PDM evidences a continued inability to meet basic needs and access key services. This is exemplified through a range of findings, including: one third of respondents with school-aged children reporting that their children were still not attending school, primarily due to financial constraints; a high proportion of respondents reporting being unable to approach health facilities for treatment, again largely due to financial reasons; and more than half of respondents unable to afford even half of their basic needs.

These and other findings are outlined in the body of this report. Where relevant, comparison is made to findings from the previous RNA/PDM. Further, observations are made regarding the data received for different groups of urban refugees and asylum-seekers, and for CBI beneficiaries as compared to those not in receipt of CBI support.

These latest findings inform a series of proposed recommendations to strengthen the continued efforts by UNHCR, other UN agencies, non-governmental organizations (NGOs) and the RTG to deliver support to refugees and asylum-seekers while the impact of the COVID-19 pandemic continues to be felt. At the same time, considerable effort should be made to allow urban refugees and asylum-seekers access to livelihood opportunities to facilitate self-reliance.

Moreover, a spike in new COVID-19 infections in Thailand during December 2020 resulting in the re-introduction of restrictive several measures in many areas of the country, serves to highlight the ongoing likely serious impact on urban refugees and asylum-seekers. Regular monitoring of what is a precarious and evolving situation is required alongside efforts to ensure the well-being of this highly vulnerable population.

# Needs Assessment: Key Findings

## COVID-19 knowledge and Experience

Awareness of COVID-19 risks continues to be good amongst the urban refugee and asylum-seeker community. It appears that, compared to the previous survey, there is increased knowledge of the RTG's recommendations and measures to prevent the spread of COVID-19.

Of some concern, there continues to be a lack of understanding among the respondents of the availability of COVID-19 testing and treatment, which is available in Thailand free-of-charge for urban refugees and asylum-seekers who meet the RTG criteria. 26% of respondents did not believe that they would be able to access testing and treatment, mostly due to lack of financial resources, while 23% stated that they did not know if access to testing and treatment would be possible.

## COVID-19 behaviour and social norms

97% of respondents were aware of COVID-19 preventive measures, such as the use of masks, social distancing and washing hands. 98% reported that they and their family members were following the precautionary measures identified above.

Several months following the outbreak of the pandemic, a high proportion of respondents (81%) reported still feeling anxious about the COVID-19 situation. The main reason cited for this concern was possible contraction of COVID-19 (57%), followed by loss of employment (18%).

10% 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 that gaps in awareness remain high with 25% of respondents not knowing how to report violence and other forms of abuse.

## Health

22% of respondents reported not being able to approach health facilities for treatment since the onset of the COVID-19 pandemic in Thailand in March 2020, mainly due to lack of financial resources (48%) and fear of becoming infected with COVID-19 (26%). This represents a significant decrease compared to the results of the previous survey (52%), possibly due to the RTG easing lock down measures in May 2020 coupled with the Tzu Chi clinic (TZC) – an NGO providing free medical services - partially resuming its operation in August 2020.

## Education

Despite the reopening of schools in July 2020, 31% of respondents with school-aged children (6-17 years old) reported that their children did not normally attend school mainly due to inability to cover transportation costs (32%), followed by lack of financial resources to cover other school expenses (29%) and fear of being infected by COVID-19 (23%). 78% of respondents with school-aged children were receiving financial support to encourage their children to attend school.

65% of children normally not attending school were being home schooled using self-prepared materials (75%) and online educational materials (40%). 46% of respondents were unable to access and utilize home-schooling methods for their children during the period of school closures, mainly due to inability to afford learning materials (62%), inability to support home-schooling due to other responsibilities (46%), lack of electronic devices for learning (31%) and lack of understanding of the E-Learning materials prepared by school due to language barriers (31%).

## Employment

Despite the relaxation of COVID-19 control measures by the RTG, 77% of respondents across different communities reported not working at the time of the survey. This represents a slight decrease compared to the results of the previous survey (82%).

Of those not working, the majority (57%) most recently worked before March 2020, when the COVID-19 situation became more serious. The majority of unemployed respondents (55%) were not looking for work at the time of interview, with lack of availability of work cited as the primary reason.

## Markets, prices, coping strategies and expenditure

Similar to the results of the previous survey, more than half of surveyed households (52%) reported being able to meet none or less than half of their basic needs.

The proportion of respondents receiving UNHCR CBI support who reported being able to meet none or less than half of their basic needs was higher than for non-CBI recipients (57% vs 45%). This indicates that vulnerable refugees in receipt of CBI support continue to face challenges meeting basic needs and could suggest that the funding level for cash support may need to be recalibrated.

Coping strategies continued to be widely employed across the population interviewed and include a reduction of expenditure to meet food needs (67%), taking out loans (57%), and skipping rent payment (55%).

## Non-UNHCR assistance

The RNA showed most respondents (56%) relied on non-UNHCR assistance for support during the COVID-19 pandemic, with the majority relying on NGOs providing material assistance (78%). A greater proportion of those receiving UNHCR cash support relied on non-UNHCR assistance (64%), compared with those who did not receive CBI support (52%).



# Needs Assessment: Recommendations

## COVID-19 knowledge and experience

Continue to raise awareness of the availability of testing and treatment, which is available in Thailand free-of-charge for urban refugees and asylum-seekers who meet the RTG criteria to help ensure that they participate fully in the national COVID-19 response. Ensure that individual hospitals are aware of the provision of free COVID-19 testing and treatment and that this is communicated in a consistent manner to urban refugees and asylum-seekers. Continue to advocate for the RTG to maintain protection space for refugees and asylum-seekers, particularly those seeking health care.

## COVID-19 behaviour and social norms

Continue to tailor communication with communities using appropriate channels, such as social media, to ensure that all urban refugees and asylum-seekers are well informed with respect to COVID-related developments and any information gaps are addressed.

To help address high levels of anxiety amongst refugees and asylum-seekers, continue to engage with psychosocial service providers to continue to monitor this area of service provision to ensure that it appropriately addresses the needs of urban refugees and asylum-seekers.

UNHCR and partners to redouble efforts to raise awareness of domestic violence preventive measures amongst persons of concern, as well as promote community understanding on GBV issues through training, awareness raising and reporting mechanisms.

## Health

Continue to improve healthcare referral mechanisms to ensure that sufficient support is provided to address community needs.

Enhance advocacy efforts with the RTG to consider providing free access to health care to urban refugees and asylum-seekers and their inclusion within government-run health insurance schemes.

Continue advocacy for the inclusion of urban refugees and asylum-seekers in the COVID-19 vaccine allocation and distribution framework to facilitate free access to the vaccine.

## Education

Continue to expand support for remote learning and explore means of improving access to learning devices and the internet, including through collaboration with the private sector.

Engage with the Ministry of Education to strengthen access to effective home schooling where required.

Reinforce advocacy for urban refugees and asylum-seekers to be able to access livelihood opportunities to help them respond to education-related 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 continued high and unsustainable rate of dependency on UNHCR and NGO forms of support, reinforce advocacy efforts with the RTG to make social protection measures available to urban 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 and Thai nationals affected by COVID-19, or expanding existing and longer-term social security schemes, including under the Social Security Fund.

Reinforce advocacy with the RTG to gradually improve access to livelihood opportunities for urban refugees and asylum-seekers in order to facilitate self-reliance. Support the RTG in the introduction of the National Screening Mechanism (NSM)<sup>1</sup> as a means of regularizing the status of this population group to help ensure that no one is left behind.

In the interim, given the growing needs for support, UNHCR to continue reviewing its existing programmes which support urban refugees and asylum-seekers to ensure that these are efficient and effective in providing an appropriate level of support in what is an evolving context.

<sup>1</sup> 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

Similar to the results of the previous survey, most CBI beneficiaries (76%) withdrew their cash from an ATM by themselves. 23% required assistance from others, the majority due to limited mobility or because they did not know how to use the cards or were unable to read or understand the instructions.

Decisions on how to spend the cash assistance continued to be made mainly by the female head of household (35%) or jointly by husband and wife (34%). Most families had no disagreements regarding the use of the cash assistance (88%).

## Risks and problems

16% of CBI beneficiaries felt unsafe or at risk when going to withdraw the money. This represents a noticeable decrease compared to the previous PDM (29%). 14% felt unsafe or at risk when going to spend the money. 71% of this group reported that the reason for feeling unsafe when going to spend the money was due to COVID-19, indicating that fear of COVID-19 is still prevalent several months following the outbreak.

## Cash expenditure

Most CBI beneficiaries withdrew the whole amount of cash support in one go (93%) and had already spent all the cash assistance received from UNHCR at the time of interview (71%). Cash continued to be withdrawn and spent quickly.

In terms of items/services procured by urban refugees with CBI support, the top three continued to comprise rent (86%), food (70%), and utilities (24%).

16% of respondents spent their cash on health-related items/services representing a decrease from the 25% reported in the previous PDM exercise. This may be due to a range of factors, including the reopening of a key health clinic (TZC) providing free health services to urban refugee and asylum-seekers a few months prior to the exercise following the four-month temporary closure due to COVID-19.

## Accountability to affected persons

In terms of preferred type of support, most respondents still indicated cash only (67%), while a considerable proportion indicated a combination of cash and in-kind support (29%), and only a very small indicated in-kind support only (2%). 69% said they knew how to report complaints and feedback, an increase of 20% from the previous PDM, where only 49% said they knew how to make a complaint

## Post Distribution Monitoring: Recommendations

### Receiving and spending cash support

Continue to tailor 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

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 risks.

### Cash expenditure

Based on evidence of continued gaps in meeting basic needs (57% reporting being able to meet none or less than half of their basic needs) in the context of the prolonged COVID-19 situation, continue to review the level of cash support provided to beneficiaries to ensure that it is sufficient.

### Accountability to affected persons

Despite increased awareness regarding complaints mechanisms observed since the previous PDM, regular review of complaints mechanisms in place should be undertaken to ensure that these are accessible to and suitable for those wishing to raise concerns regarding the CBI programme.

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

## Methodology

The Needs Assessment and PDM were designed as a phone-based survey targeting urban refugees and asylum-seekers in Thailand to assess their needs (Needs Assessment) and evaluate the effectiveness of the CBI programme (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 122 urban refugee households were selected from among those urban 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 Needs Assessment from urban refugees and asylum-seekers not receiving cash assistance. The Needs Assessment was also conducted with respondents of the PDM sample, which enabled a subset of representative Needs Assessment findings applicable to the vulnerable PDM population also, resulting in a total of 213 households responding to the Needs Assessment.

The findings of the Needs Assessment 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 representative of these categories, their inclusion ensured representation of a variety of groups in the sample.

UNHCR and partners designed a questionnaire for the Needs Assessment 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 29 October to 6 November 2020 via phone interview. 70% of respondents were male and 30% female.

UNHCR cleaned the raw data and visualized it using Microsoft Power BI software. Analysis of the data was conducted by UNHCR and the final report was produced by UNHCR.

## Limitations

### Limitations on the depth of sectoral analysis

The assessment was designed as a 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 urban refugee/asylum-seeker households and for vulnerable households in receipt of CBI, as opposed to findings representative of nationalities or households with specific characteristics.

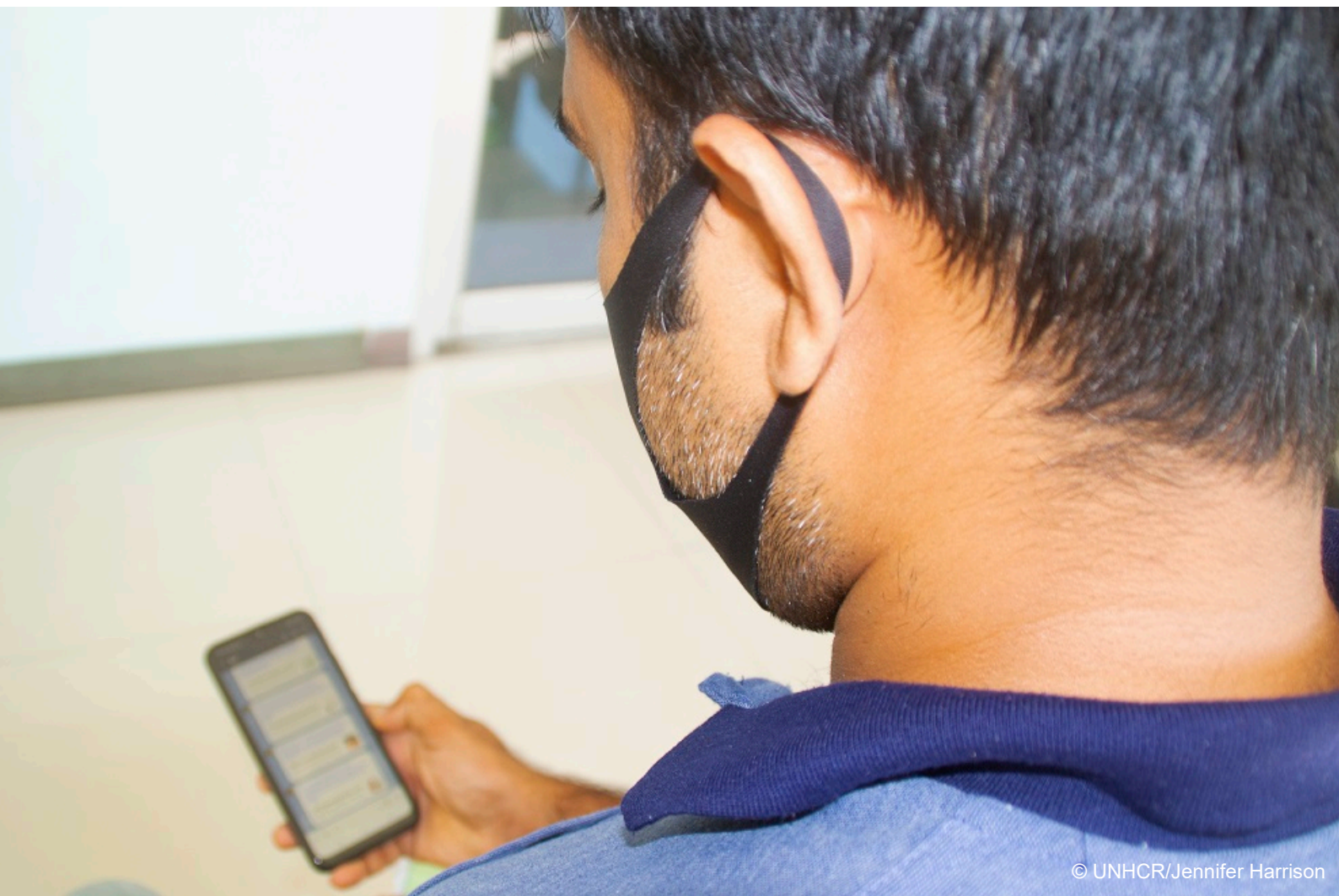
The number of cases that could not be reached was slightly higher (18%) in comparison to what was initially planned (10-15%) which could also be attributed to the COVID-19 situation. Despite this, UNHCR was able to readjust the sample and conduct the planned number of interviews to allow for representative findings as outlined above. Among the cases which refused to be surveyed, half of them cited that they had already been interviewed during the May 2020 RNA-PDM exercise and could not foresee any benefits of participating in a second survey. Others reported that the interview duration was too long and in a few isolated cases, that they could not avail themselves due to work commitments.

There were some significant language barriers for several of the sub-groups identified for participation in the Needs Assessment/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 and narrative outlined below.



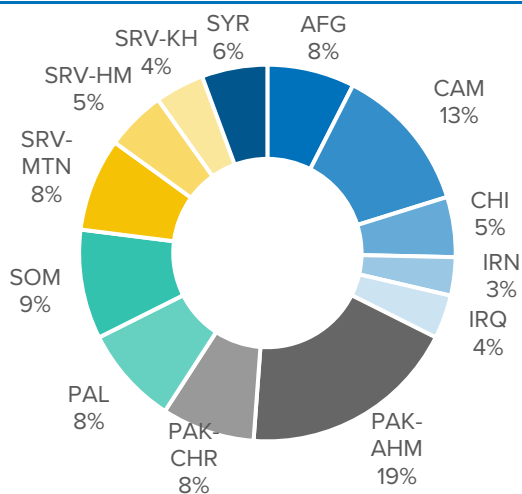
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# Demographics

The survey covers 213 families of 634 individuals, representing approximately 12% of the urban asylum-seeker and refugee population as of 30 September 2020. The sample was selected to reflect the age, gender and diversity composition of this population to the furthest extent possible. The data set was disaggregated by population receiving CBI and not receiving CBI. The sample comprised 13 sub-groups from 10 countries of origin, ensuring adequate representation of ethnic groups and religions across Pakistani and Vietnamese populations. Please see the below summary for more details.

Sub-Group	CBI	Non-CBI	All
Afghan	10	6	16
Cambodian	17	10	25
Chinese	0	11	11
Iranian	5	2	7
Iraqi	3	5	8
Pakistani -Ahmadi (AHM)	27	13	40
Pakistani – Christian (CHR)	8	9	17
Palestinian	10	8	18
Somali	16	4	20
Vietnamese-Kinh (KH)	4	5	9
Vietnamese-Montagnard (MTN)	8	9	17
Vietnamese-Hmong	9	2	11
Syrian	5	7	12
<b>Total</b>	<b>122</b>	<b>91</b>	<b>213</b>

**Demographic Breakdown by Country of Origin**

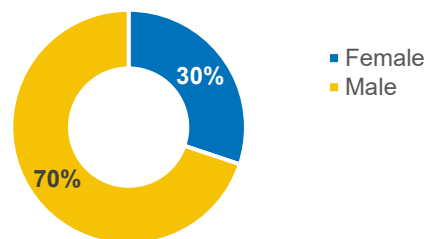


To ensure diversity, the proportion of male to female headed households included in the survey was 70% vs 30%, which closely corresponds to the composition of the overall population (74% vs 26%). It can be noted from the below table that the proportion of females has been intentionally weighted to ensure adequate representation in the survey.

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

CBI - Gender	Female	Male
CBI	31.9%	68.1%
Non-CBI	28.6%	71.4%
<b>Overall</b>	<b>30.5%</b>	<b>69.5%</b>

**Interview** conducted: breakdown by gender



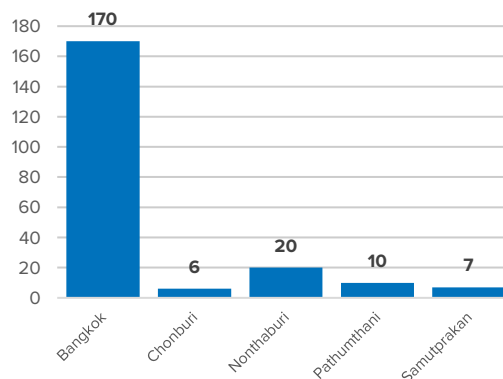
Physical location of the urban population was also taken into account, with the survey covering refugees and asylum-seekers living in a range of urban areas comprising Bangkok, Nonthaburi, Pathumthani, Samutprakarn and Chonburi provinces.

**CBI - Location of Interviewee**

Location	CBI	Non-CBI
Bangkok	98	72
Nonthaburi	8	12
Chonburi	3	3
Pathumthani	9	1
Samutprakarn	4	3
<b>Total</b>	<b>122</b>	<b>91</b>

**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 52.9% of respondents among CBI cases and 31.1% 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 61.2% of the

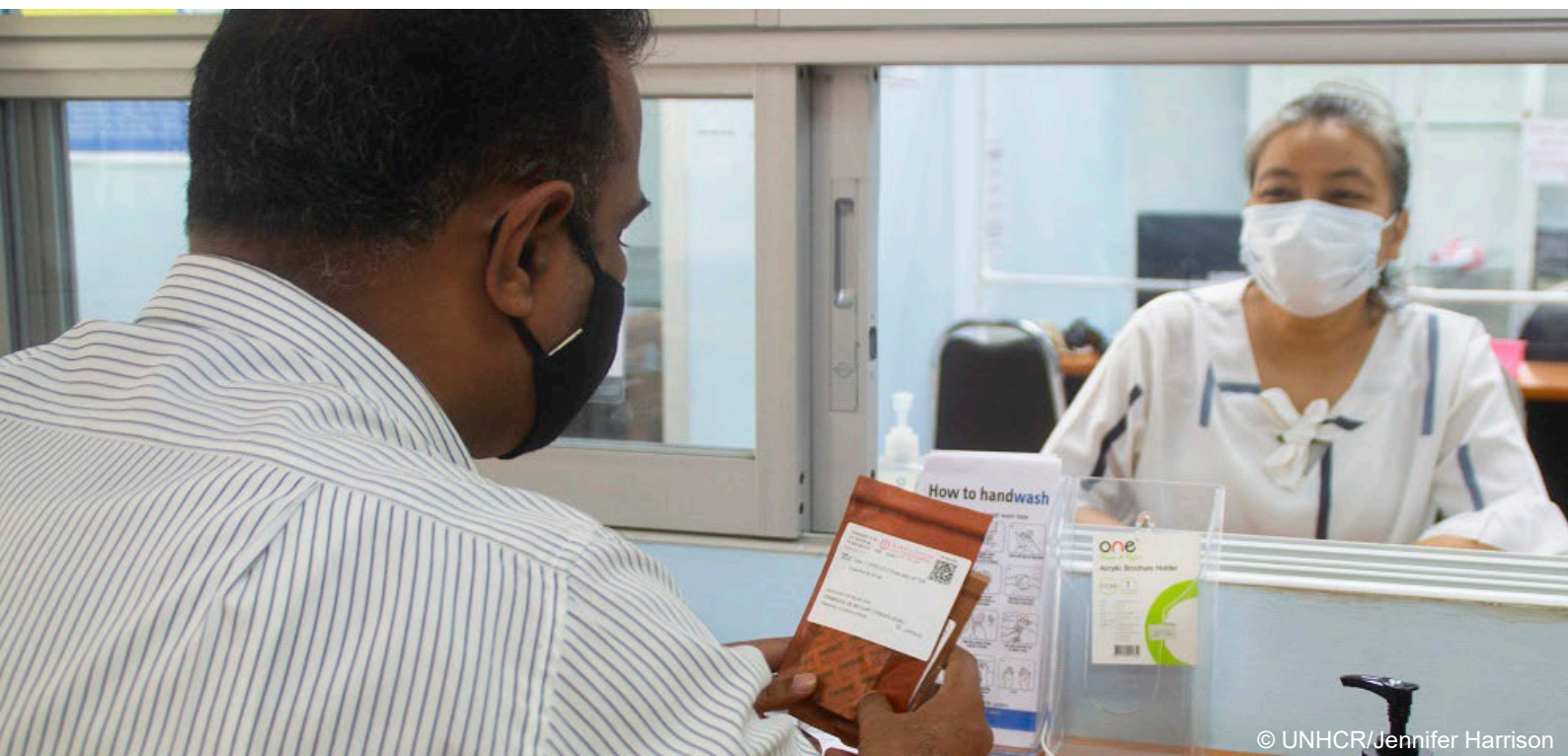
households surveyed, included individuals with chronic and mental illness and medical conditions. Less than 5% of respondents are individuals living with disabilities. It was not, however, possible to interview some individuals with hearing and speech impairments owing to the use of remote interviewing modalities due to the COVID-19 situation and associated communication challenges. In addition, 10 families with one parent currently detained in immigration detention (IDC) were included in the survey.



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## PART 1: Needs Assessment

The current Needs Assessment follows the RNA conducted in May 2020 and was used to gain an understanding of how needs amongst the urban refugee and asylum-seeker community have evolved during the course of 2020 under the pandemic. As with the May 2020 RNA, the focus of this latest assessment was 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 Needs Assessment follow.



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### COVID-19 knowledge and experience

**Of the 213 interviews conducted, almost all respondents (97%) 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 to wear masks (94%), stay at home/socially isolate (85%), the promotion of good hygiene (78%), curfew and lockdown measures (35%) and others (see C2).

Positively, compared to the previous survey, there is increased knowledge of the RTG’s recommendations and measures to prevent the spread of COVID-19. The previous survey indicated that 78% of respondents were aware of the advice to stay at home/socially isolate, 76% were aware of the recommendation to

wear masks, and 68% were aware of the promotion of good hygiene.

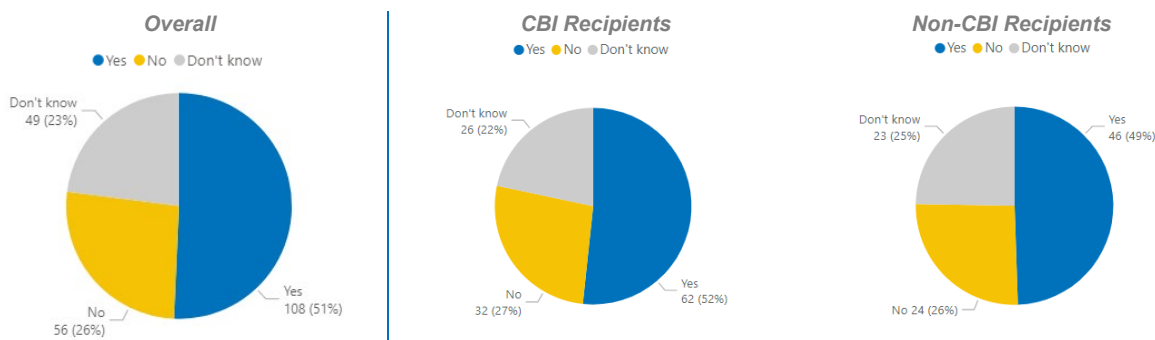
**Question C2.** Do you know any step that the government/local authorities have taken to curb the spread of the COVID-19 in your area?



Differing views were provided regarding the possibility of accessing COVID-19 testing and treatment, if required. While 51% of respondents overall believed that they would be able to, 26% thought that it would not be possible while 23% stated that they did not know. The responses from CBI and non-CBI recipients do not depart significantly from the findings for the

entire survey group. In this regard, 52% of CBI-receiving respondents stated that they would be able to access testing and treatment while 27% did not think it would be possible. For non-CBI recipients, 49% responded that it would be possible for them to receive testing and treatment and 26% replied that it would not (see C3).

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



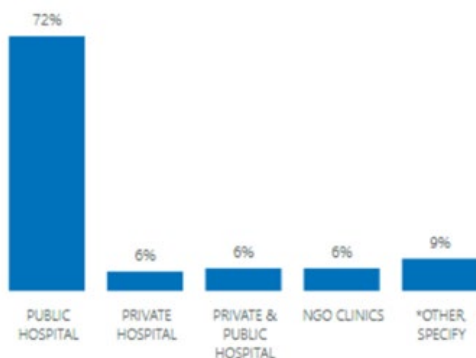
For those reporting that it would be possible to receive COVID-19 testing and treatment, 72% stated that it would be available in public hospitals, 6% replied that it would be available at private hospitals, 6% responded that it would be available at both private and public hospitals, while 6% noted that it would be available at NGO clinics, (see C3a).

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 (73%), followed by inability to afford visits to health facilities (39%), understanding that testing and treatment is not available for refugees and asylum-seekers (23%), fear of arrest (20%), and fear of contracting COVID-19 from visits to health facilities

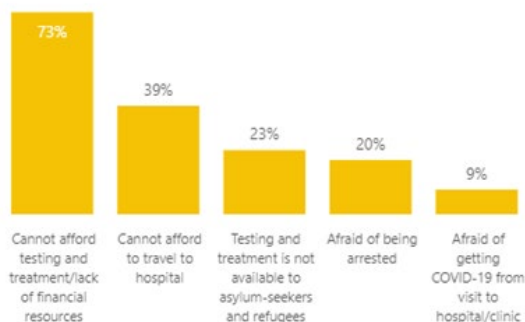
(9%), respectively (see C3b). It is observed that there is an increase of 16% in the proportion of respondents who cannot afford visits to health facilities, compared to the previous survey. This points clearly to increased economic hardship faced by the urban refugee and asylum-seeker community as the pandemic and its socio-economic impact persist.

In terms of more vulnerable groups, 100% of elderly respondents stated they were not able to afford COVID-19 testing and treatment. Similarly, 100% of respondents with medical conditions and single persons in IDC stated that they could not afford testing and treatment.

**Question C3a.** Where would testing and treatment be available?



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

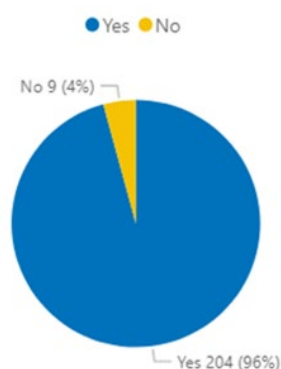




## COVID-19 behaviour and social norms

A vast majority of respondents (96%) stated that they were informed of measures to prevent the spread of COVID-19 while only 4% had not received any such information. This 4% comprised seven urban refugees and two asylum-seekers with specific vulnerabilities related to their medical condition.

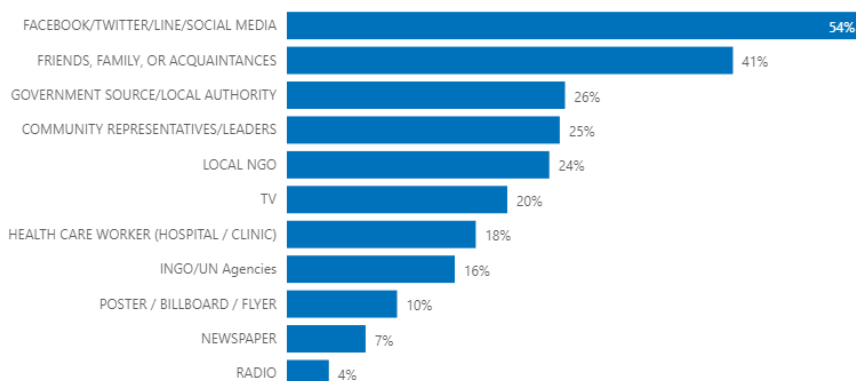
**Question D1.** Have you received any information on measures to prevent the spread of COVID-19?



These trends largely remained unchanged from the May 2020 RNA which indicated that nearly 97% of respondents were aware of preventive measures related to spread of COVID-19 and that of the 3% who were unaware, all were urban refugees with medical conditions.

Of the positive responses, 54% stated that their main sources of information comprised social media platforms such as Facebook, Twitter, and LINE, followed by friends and family (41%), along with government sources, community leaders and local NGOs at 26%, 25% and 24% respectively. Other sources of information consisted of television (20%), hospitals (18%), INGOs/UN Agencies (16%), and print media (less than 10%). No significant changes were observed in comparing this with the earlier RNA findings, indicating that sources of information have largely remained the same.

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

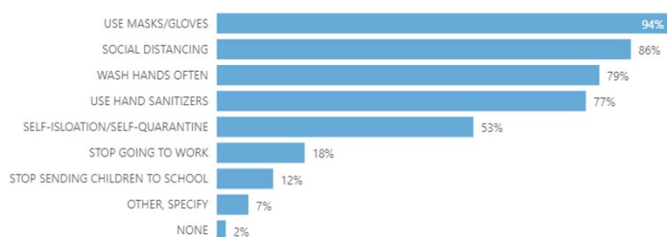


In terms of COVID-19 preventive measures, use of masks and gloves was cited as the most popular measure (94%), followed by social distancing (86%), washing hands and using sanitizers regularly (79% and 77% respectively) and self-isolation/quarantine (53%). As for those respondents who shared their own unique response (others, 7%), most were related to maintaining clean surroundings at their residence

and trying certain home remedies such as the intake of warm fluids. **Only 2% of the population stated that they were unaware of preventive measures.**

While comparing these results with the responses from the previous RNA, no significant deviations were noted.

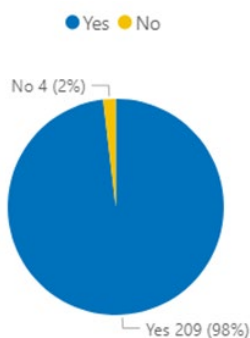
**Question D2.** What preventive measures against COVID-19 are you aware of?



Nearly all respondents (98%), including 188 urban refugees and 21 asylum-seekers, confirmed that they and their family members were abiding by the preventive safeguards related to COVID-19. A small proportion of respondents (2%) did not follow the preventive measures, comprising four urban refugees of which one was a CBI recipient, who explained this was due to lack of the financial resources required to purchase masks/gloves/sanitizers.

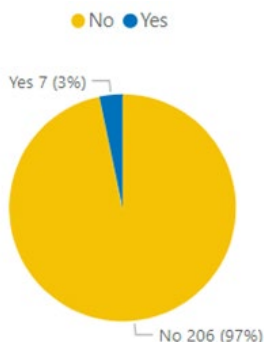
These responses are very similar to the responses received in relation to knowledge and use of preventive safeguards during the earlier RNA. The only exception concerns the reason provided for not following preventive measures. Whereas the latest Needs Assessment cited lack of financial resources to pay for personal protective equipment, inability to socially distance was cited as the major reason for not following safeguards during the previous exercise.

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



Upon being asked whether they had information about anyone in their community testing positive for COVID-19, 97% of respondents stated that they had not heard or did not know about this. The 3% of respondents, comprising seven individuals, who confirmed having heard about individuals testing positive, were all observed to be based in central Bangkok. Of these seven individuals, three were from Cambodia, two from Palestine, one from Vietnam and Somalia each, respectively.

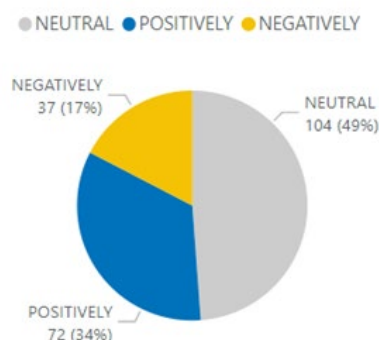
**Question D4.** Do you know anyone in your community that has tested positive for COVID-19?



When the respondents were asked hypothetically about how individuals who had tested positive for

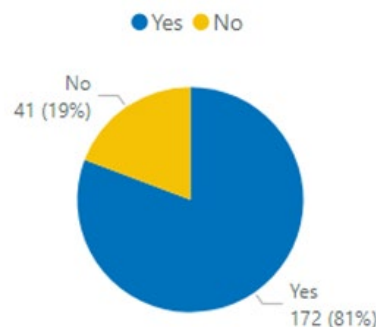
COVID-19 would be viewed in their community, 49% shared that they would remain neutral in such a situation, whereas 34% stated that the community's reaction would be positive. Only 17% suggested that individuals who had tested positive for COVID-19 would receive a negative reaction. Here, the findings were similar to those from the previous RNA, when 37% of respondents indicated a neutral response, 37% gave a positive response, and 20% provided a negative response.

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



Several months following the outbreak of the pandemic, a high proportion of respondents (81%) reported feeling anxious about the COVID-19 situation. Of these respondents, the population that felt most anxious were the elderly (88%), followed by families with elderly persons (86%), single parents (85%) and those with pre-existing medical conditions (81%). High levels of anxiety were similarly reported in the previous RNA and remain a priority concern, particularly for the abovementioned groups with specific needs.

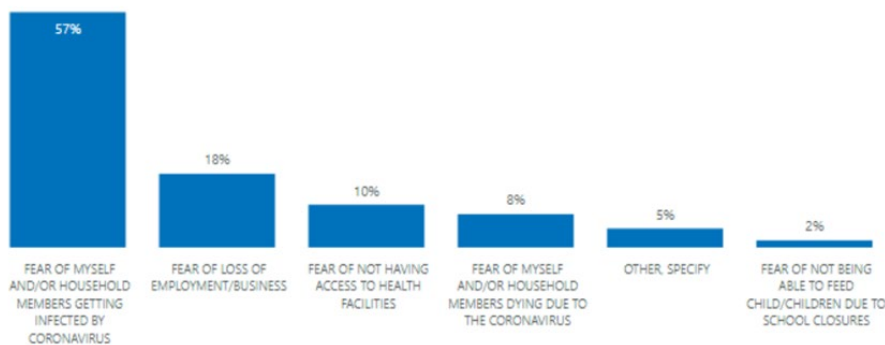
**Question D6.** Are you feeling nervous or anxious due to the COVID-19 outbreak?



The main stated reasons for anxiety were attributed to the fear of the respondent or their family members becoming infected with COVID-19 (57%), followed by the fear of loss of employment (18%). Lack of access to health facilities (10%), death as a result of becoming infected with COVID-19 (8%) and not being

able to send children to school (2%) were other reasons cited. Individuals whose response was observed to fall outside of the criteria highlighted (others, 5%) cited concerns related to perceived lack of opportunity for or delays in resettlement to a third country for protection purposes.

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



90% of the sample population stated that they had not experienced violence or abuse since the COVID-19 outbreak, while 10%, comprising 21 individuals, shared that they had. The latter group of respondents comprised 20 urban refugees and one asylum-seeker - eight females and 13 males. No vulnerable category, ethnicity or age group indicated that they had experienced violence of abuse.

Overall, the respondents stated that the violence that they experienced was largely verbal (90%). 29% of respondents reported facing physical abuse during the pandemic, occurring in public spaces (62%), at home (52%) and in the workplace (14%).

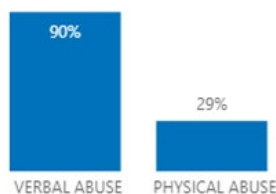
As per the results of the previous survey, 12% of respondents had confirmed encountering such instances of violence. This group also comprised 21 individuals, all of whom were refugees.

In the previous survey, 81% of respondents confirmed that they had faced verbal abuse, whereas 19% advised that they had been physically abused. The more significant deviation observed is that such violence was previously reported to have taken place at home (76%) and not in public spaces as a direct consequence of the lockdown.

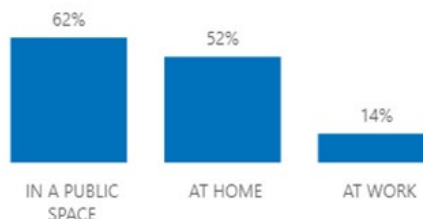
**Question D7.** Have you or anyone in your household experienced any violence/abuse since the COVID-19 outbreak?



**Question D7a.** What type of violence or abuse?



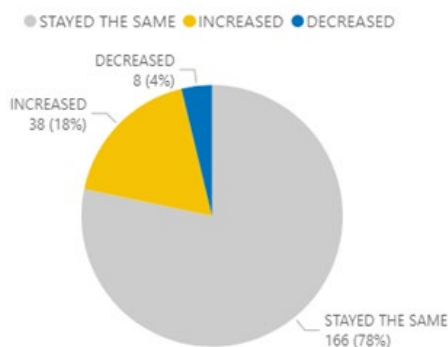
**Question D7ab.** Where did the violence take place?



A large number of respondents (78%) were of the view that the risk of violence and abuse they and their community faced during the pandemic was the same as during the pre-COVID-19 period, while 18% reported that the risk of violence had increased. Only 4% of respondents believed that such violence had decreased. Positively, a lower proportion of respondents reported an increased risk of violence in the current Needs Assessment as compared to the previous survey, in which 27% reported that the risk of violence had increased.

Individuals who reported an increase in the frequency of violence during the pandemic indicated lack of employment, financial crisis, mental stress and social conflicts as the four major causes of the reasons behind the increase. No data was collected on this aspect in the previous survey.

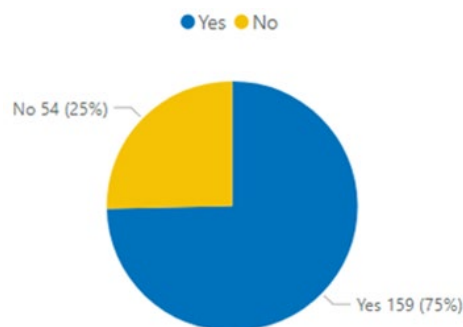
**Question D8.** Do you think the risk of violence and abuse you and other persons in the community face since the COVID-19 outbreak has increased, decreased or stayed the same?



In terms of reporting instances of violence and abuse, the majority of respondents (75%) confirmed knowledge of relevant mechanisms in place. Of the remaining 25%, comprising 54 individuals who were unaware of such mechanisms, 45 individuals were observed to be refugees from the Punjabi, Montagnard and Arab communities. Tailored and targeted awareness raising around reporting mechanisms should continue to address this gap.

*These findings reflect a trend with similar results from the previous survey, where 67% of respondents confirmed having knowledge of reporting mechanisms and 33% (54 individuals) not being aware of such mechanisms.*

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

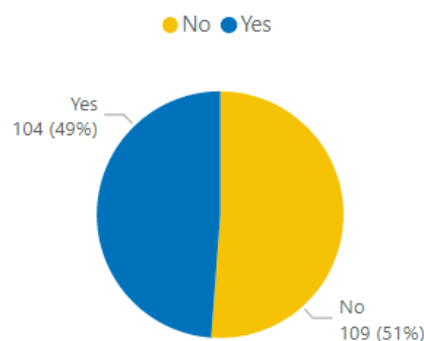


## Health

**Of the 213 interviews conducted, 49% of respondents reported having a medical condition requiring regular treatment** (see E1).

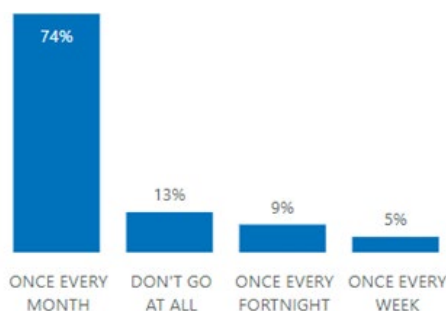
The percentage of respondents requiring regular treatment varied from community to community. For instance, respondents from Pakistan (70%), Afghanistan (69%), Iraq (63%), Iran (57%), and Cambodia (50%) had the highest rates of reporting a need for regular medical treatment, while respondents from Palestine (44%), Syria (42%), Vietnam (35%), and Somalia (25%) had the lowest. Respondents from China (0%) did not mention that they required regular medical treatment. In the previous survey, the respondents from Iran had the highest rate of reporting a need for regular medical treatment and the respondents from Palestine the lowest.

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



Of the survey respondents in need of regular medical treatment, 74% reported making monthly visits, 13% did not participate in any visits, 9% participated in fortnightly visits, and 5% visited once every week (see E1a). These findings are largely consistent with the previous RNA.

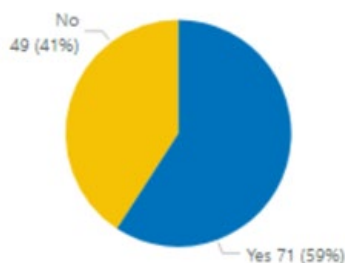
**Question E1a.** How frequently do you and/or any household member need to go for regular health check-up or treatment?



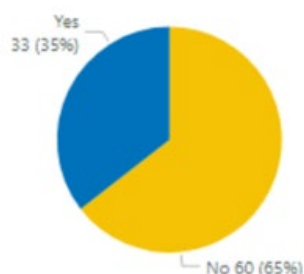
**59% of CBI recipients reportedly require regular health treatment. For non-CBI beneficiaries the corresponding figure drops to 35%. This is a slight decrease from the previous survey.**

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

**[E1] CBI respondents**



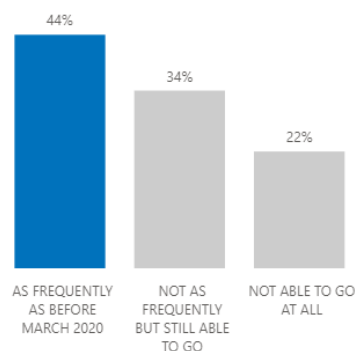
**[E1] Non-CBI respondents**



The survey indicates that there is no significant difference between female CBI beneficiaries (57%) and male CBI beneficiaries (60%) in terms of the need for regular medical treatment. Similarly, there is no substantial disparity between non-CBI beneficiary females (37%) and non-CBI beneficiary males (35%) in terms of the need for regular medical treatment. These results differ compared to those of the previous survey, which reported a higher ratio of female CBI beneficiaries (67%) and female non-CBI beneficiaries (55%) needing regular medical treatment as compared to male CBI beneficiaries (57%) and male non-CBI beneficiaries (32%).

22% of respondents reported not being able to approach health facilities for treatment since the onset of the COVID-19 pandemic in Thailand in March 2020. This represents a significant decrease compared to the results of the previous survey, when 52% stated that they could not approach health facilities for treatment. In the current Needs Assessment, 34% of respondents reported that their ability to participate in visits had reduced, while 44% of respondents reported that the frequency of their visits had remained the same. This represents a notable increase compared to the results of the previous survey (29%), which may be attributed to the RTG beginning its phased approach of easing lockdown measures starting from the beginning of May 2020 and TZC partially resuming its operations on 30 August 2020 (See E1b). It should be noted that with the reintroduction of lockdown measures in January 2021 after data for the current Needs Assessment was collected, the positive trend may have changed again.

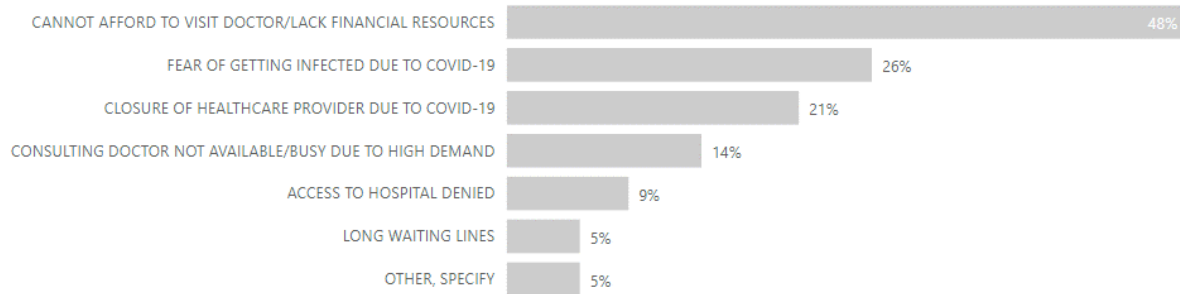
**Question E1b.** Compared to before March 2020, are you and/or this household member able to go for health check-ups or treatment as frequently?



Various reasons were mentioned by respondents regarding their inability to access health care services since the onset of the COVID-19 outbreak. 48% expressed a lack of financial resources, 26% cited fear of becoming infected with COVID-19, 21% mentioned the closure of health care providers due to COVID-19,

14% expressed the unavailability of doctors, 9% cited denial of access to hospitals and 5% mentioned long waiting lines. Other factors cited by respondents were related to the medicine home delivery service by T2C, which reduces the need to travel to health facilities, and completion of treatment (See E1ba).

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

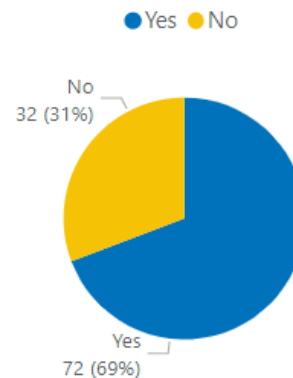


## Education

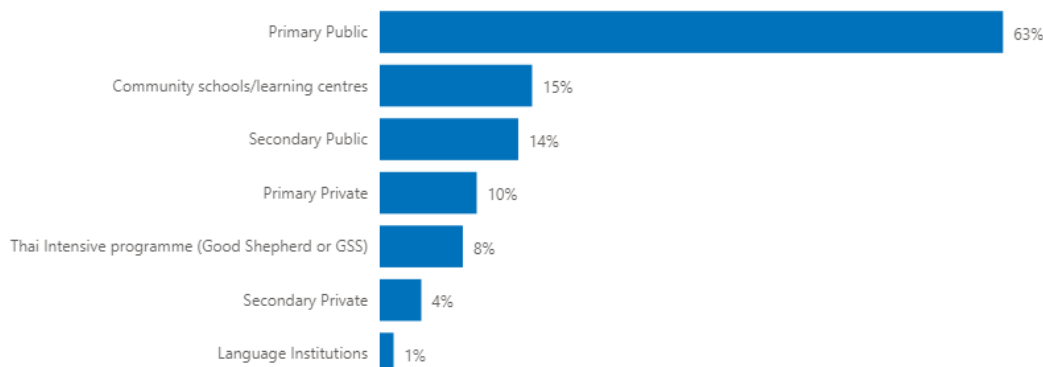
The current Needs Assessment was conducted in the context of schools being open. Overall, 69% of respondents with school-aged children (6-17 years old) reported that their children normally attended school (See F1).

63% of respondents with school-aged children sent them to a public primary school. 15% stated that their children attended community schools and learning centers, while 14% reported sending their children to public secondary schools. With regard to access to private educational institutions, 10% of respondents reported sending their children to private primary schools, while 4% attended private secondary schools. The Bangkok Refugee Centre (BRC)-managed Thai Language Intensive Programme was attended by 8% of school-aged children, with 1% of respondents reporting sending their children to language institutions (See F1a).

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



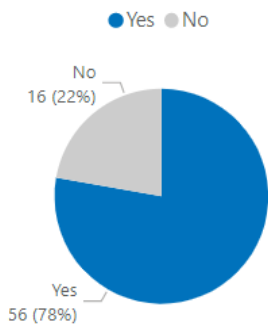
**Question F1a.** What type of school does the child/children normally go to?



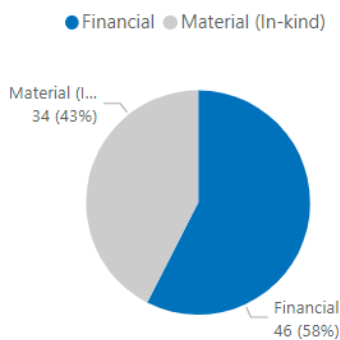
The percentage of children attending school varied from nationality to nationality. 100% of respondents from Iran reported sending their children to school followed by respondents from Vietnam (95%), Cambodia (81%), Syria (71%), China (67%), Palestine (67%), Somalia (60%), Pakistan (54%), Iraq (50%), and Afghanistan (44%).

78% of respondents with school-aged children received support to send their children to school (See F1b), with 58% receiving financial support and 43% receiving material (in-kind) support (See F1ba). The majority of this support was rendered by UNHCR and its implementing partner, Catholic Office for Emergency Relief and Refugees (COERR) (71.43%), followed by other NGOs (23.21%), private individuals (7.14%), schools (5.36%) and religious organizations (3.57%), (See F1baa).

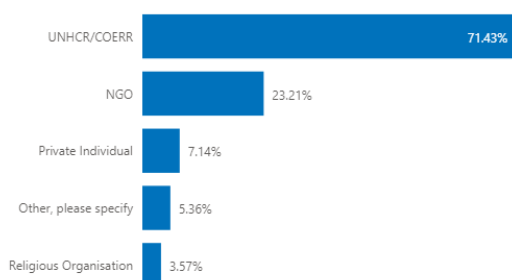
**Question F1b.** Does your child receive support to attend this school?



**Question F1ba.** What type of support have you received?

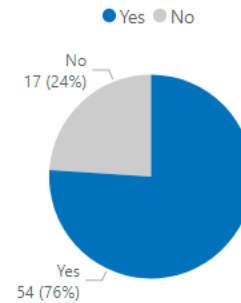


**Question F1baa.** Who provided the support?



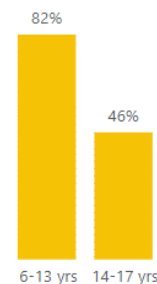
76% of the respondents with school-aged children were aware of measures being taken by school to prevent COVID-19 spreading (See F1c).

**Question F1c.** Are you aware of any measures being taken by the school to prevent COVID-19 spreading?

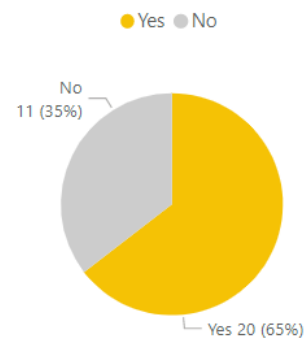


31% of respondents with school-aged children (6-17 years old) reported that their children did not normally attend school (See F1). The survey results indicate that 82% of those not attending school were aged 6-13 years old, and 46% were aged 14-17 years old (See F1d). The survey results also indicate that 65% of those children not attending school were being home schooled (See F1f).

**Question F1d.** What are the ages of the children not going to school?

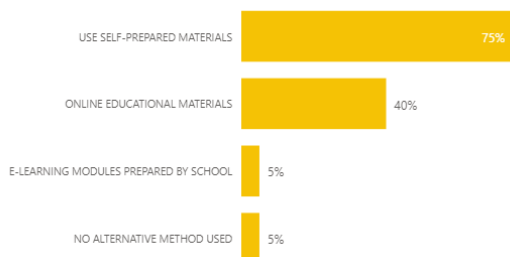


**Question F1f.** Are they being home schooled?



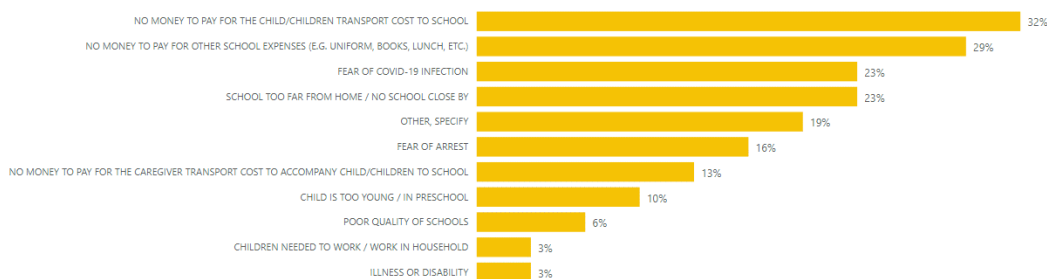
A variety of home-schooling methods were reported as being used by respondents, with the most commonly used methods comprising self-prepared materials (75%), online educational materials (40%), and E-Learning modules prepared by the school (5%) (See F1fa).

**Question F1fa.** What methods are being used to home-school your child/children?



In terms of reasons for non-attendance at school, lack of financial resources to cover transportation costs was cited as the most popular reason (32%), followed by lack of financial resources to cover other school expenses (29%) and fear of being infected by COVID-19 (23%). Location of the school (23%), fear of arrest (16%), lack of financial resources to cover transportation costs (13%), young age of the child (10%), poor quality of the school (6%), need for the children to work (3%), and illness or disability (3%) were other reasons mentioned by the respondents. In the previous survey, understandably given the context, the majority of respondents cited the closure of schools due to COVID-19 as the reason for non-attendance (86%) (See F1e).

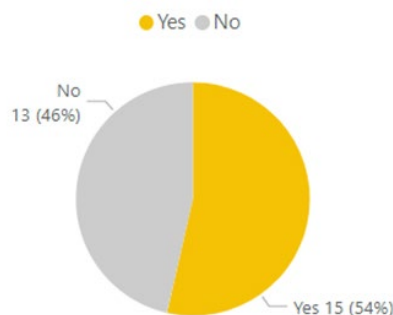
**Question F1e.** Why are the children not going to school?



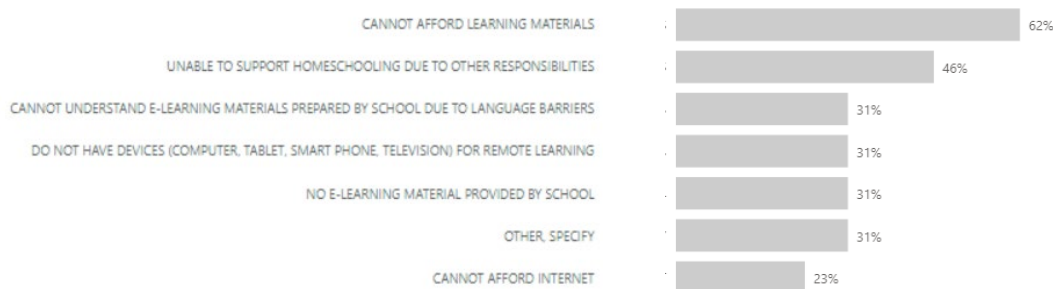
While schools were closed in Thailand during the period 17 March-30 June 2020, home-schooling methods were utilized in support of continued education. 46% of respondents were unable to access and utilize home-schooling methods for their children during the period of school closures (See F1g). The reasons for not utilizing home-schooling methods varied. A significant portion (62%) cited inability to afford learning materials, representing a significant increase from the 21% of respondents who cited this reason in the earlier RNA. This was followed by the inability to support home schooling due to other responsibilities (46%) which represents a noticeable increase compared to the results of the previous survey (12%). 31% shared that they did not understand E-Learning materials prepared by school due to language barriers, 31% mentioned lack of

sufficient electronic devices for remote learning, 31% suggested that there was no E-Learning material provided by school and 23% reported that they could not afford to access the internet.

**Question F1g.** During school closure, are you able to access and utilize methods to home school your child/children?



**Question F1ga.** Why are you unable to access or utilize methods to home school your child/children?

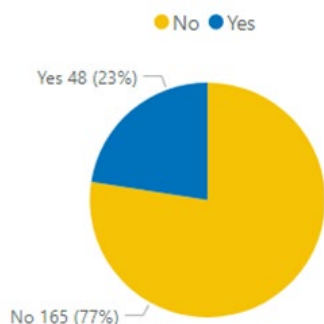




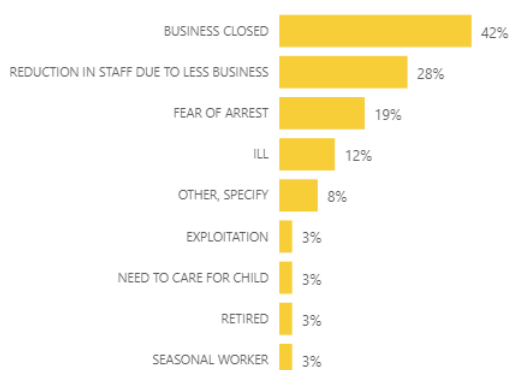
## Employment

**When the survey was conducted, 77% of surveyed households did not have a household member working or engaging in income generating activities.** While this represents a slight decrease compared to the results of the previous survey (82%), the ratio of respondents not working or engaging in income generating activities remains very high. Of those who had previously worked in Thailand, 57% of households stopped working before the COVID-19 outbreak in March 2020, mainly due to business closure (42%) followed by staff reductions due to a lack of business (28%) and fear of arrest (19%). The percentage of persons not working due to staff reductions significantly increased from the 7% reported in the previous survey, potentially signalling that some businesses were gradually resuming operations although urban refugees and asylum-seekers were evidently not yet able to return to their work as usual. Moreover, in the current Needs Assessment a high percentage of respondents (89%) reported receiving less income since the COVID-19 outbreak.

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



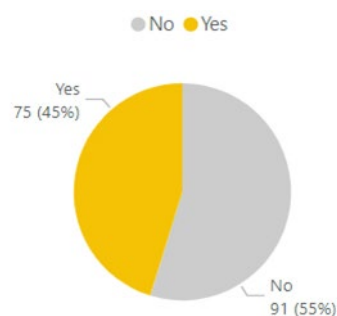
**Question G1b.** Why did you or the primary breadwinner stop working?



The majority of respondents (55%) confirmed that they or the primary breadwinner in their household were not currently looking for employment, a decrease compared to the 68% of respondents of the previous survey. The main reasons provided were the lack of availability of work (27%), representing a significant decrease from the 42% in the previous survey, followed by lack of legal status and therefore lack of work permit (16%) and long-term illness or injury (15%).

Regarding previous employment, the findings of the RNA indicate that the majority of respondents or primary breadwinners in their household were involved in providing private services (64%) or construction (19%). For most respondents who had previously worked in Thailand, the work they had been involved in was casual labour (42%), while 29% were involved in full time work and 30% in part time work. On average, the income for respondents who had livelihood opportunities was approximately THB 6,800 per month. Non-CBI recipients reported having a higher average income (approx. THB 8,400) compared to CBI recipients (approx. THB 5,800). This is understandable given the high proportion of CBI recipients with specific needs or more acute vulnerabilities that may prevent access to livelihood opportunities.

**Question G1c.** At present are you or the primary breadwinner trying to find a job or start a business?



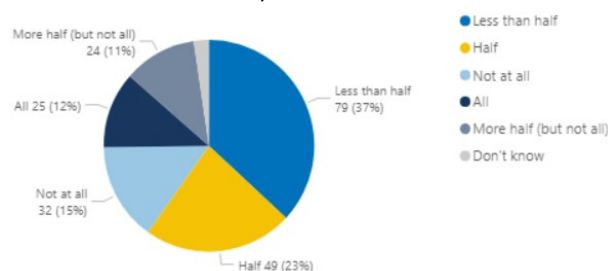
**Question G1ca.** Why are you/the primary breadwinner not seeking a new job or new business?



## Markets, prices, coping strategies and expenditure

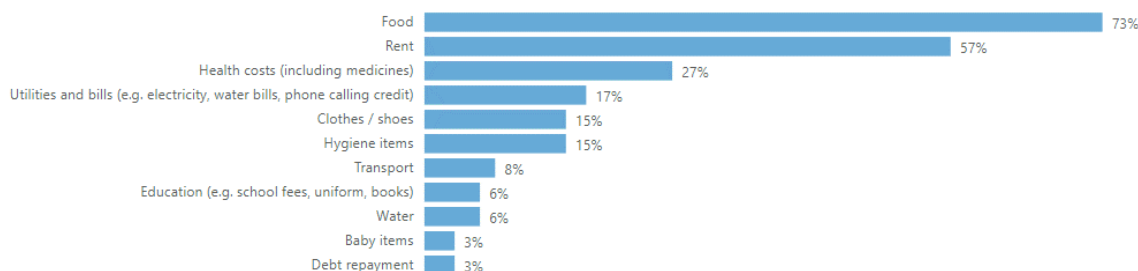
**Similar to the results of the previous survey, more than half of surveyed households (52%) reported being able to meet none or less than half of their basic needs.** The proportion of respondents receiving UNHCR CBI support who reported being able to meet none or less than half of their basic needs was higher than for non-CBI recipients (57% vs 45%). 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.

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

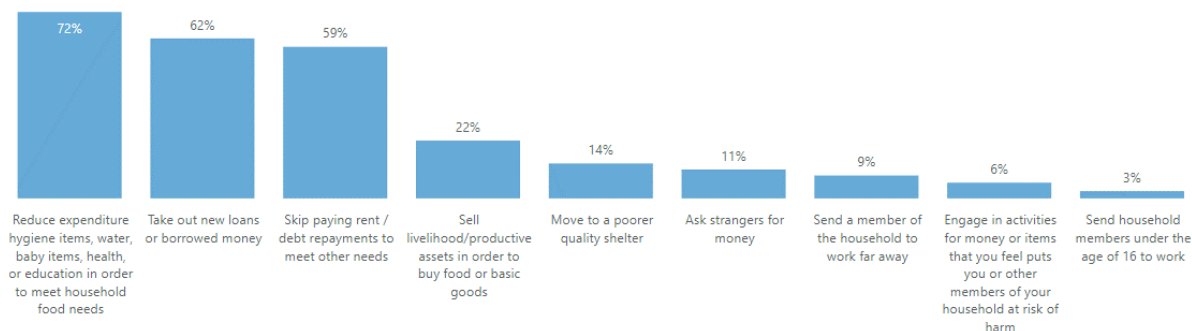


Food (73%) and rent (57%) were reported by respondents as the two most common basic needs overall that were not affordable, followed by health costs (27%). To ensure the meeting of these basic needs, three prevalent coping strategies are reportedly being adopted, namely reduction of other expenditure to meet basic food needs (72%), taking out of loans (62%), and skipping rent payments (59%). CBI and non-CBI recipients appeared to rely on similar coping strategies, to comparable degrees.

**Question H4a.** Which of your household's basic needs can you afford?



**Question H3.** In the past four weeks has your household needed to:



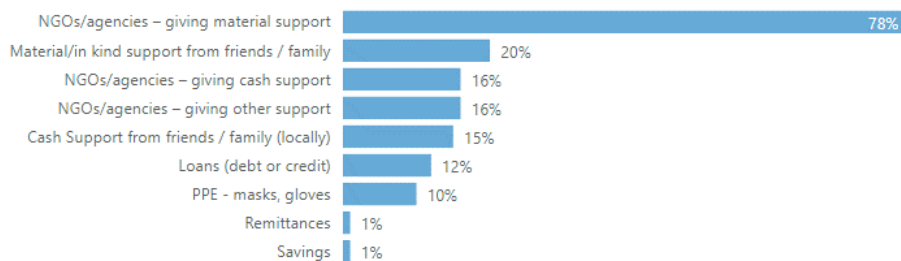
## Non-UNHCR assistance

**The majority (56%) of surveyed households received support from organizations other than UNHCR**, slightly less than that reported by respondents to the previous survey (61%). Similar to the previous survey, the percentage of CBI recipients receiving non-UNHCR assistance is higher (64%) than non-CBI recipients (52%). Most of the support is rendered by NGO/agencies in a form of material support (78%), financial support (16%) and other support (16%). Friends and family members are also a major source of support, both materially (20%) and financially (15%). Regarding material support received from NGO/agencies, a significant percentage (44%) indicated that the support received had increased since the onset of COVID-19 in March 2020.

**Question I1.** In the past two 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 four weeks?



## PART 2: Post-distribution Monitoring

As with the previous survey, the PDM exercise was conducted alongside the Needs Assessment to gain insight from urban refugees into the quality, sufficiency, utilization and effectiveness of 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 urban refugees. The current PDM was conducted after a period of significant growth in UNHCR’s CBI programme owing to the increased needs identified amongst the refugee population in the context of the COVID-19 pandemic.

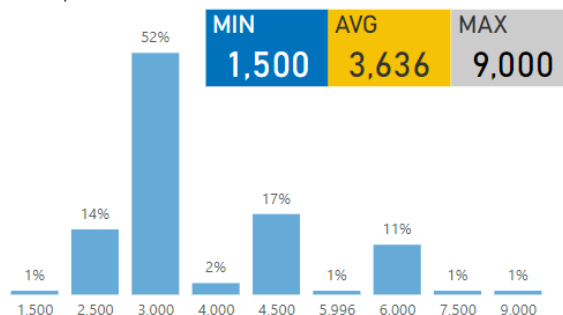


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### Receiving and spending cash support

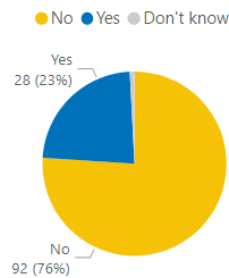
In terms of the level of support received, the majority of CBI beneficiaries reported receiving THB 3,000 (52%), followed by THB 4,500 (17%), 2,500 (14%), and THB 6,000 (11%) (see J1). This represents an average amount of THB 3,636 received by CBI beneficiaries which is slightly higher than the level of average support reported during the last survey (THB 3,511).

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



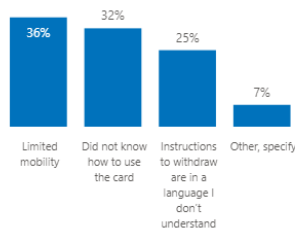
With respect to the method of receiving the cash support, of the 121 CBI beneficiaries participating in the current survey, 92 individuals (76%) withdrew the cash from the ATM by themselves, while 28 individuals (23%) required assistance from others (see J2) in withdrawing the cash. These findings are consistent with the last survey, indicating that support needs remain in relation to withdrawing of cash.

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



The main reasons for requiring assistance to withdraw the cash range from limited mobility (36%) to not knowing how to use the cards (32%), and language barriers (25%). This differs from the previous PDM, in which limited mobility was cited as the least common reason (5%) and not knowing how to use the cards was cited as the most common reason (52%). It should be noted that, among the 10 respondents who cited limited mobility in the current PDM, three claimed to have medical problems, one was a single mother, one was a person with disabilities, while the remainder did not indicate any specific needs (see J2a).

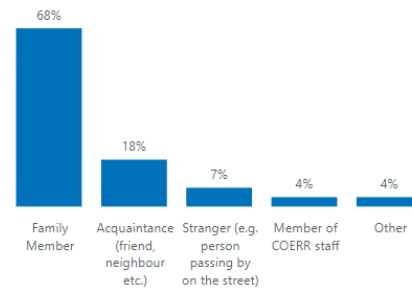
**Question J2a.** Why did they need help?



Similar to the previous PDM, the majority of CBI beneficiaries reported keeping the cash cards in their possession (85%), while some gave it to other family members in and outside of the household (12%) (see J4). Decisions on how to spend the cash assistance continued to be made mainly by the female head of household (35%) (see J5). Positively, the findings of both exercises showed that most families had no disagreement regarding the use of the cash assistance (84% according to the previous PDM and 88% according to the current PDM).

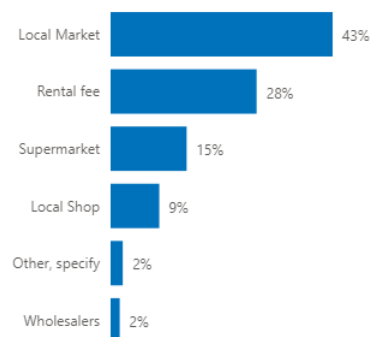
Among the 28 individuals who required assistance, 68% were assisted by family members, while 18% were assisted by friends and neighbours, and 7% by strangers (see J2b). These three most common responses were also cited by the respondents who participated in the previous PDM. All but one individual advised that they did not need to pay money for this assistance. Nevertheless, it was not clear if this one individual had to pay, as the answer "don't know" was given to the question.

**Question J2b.** Who gave help?

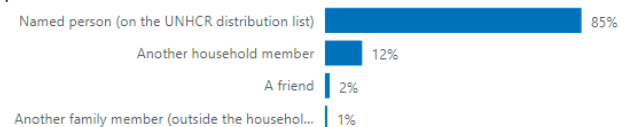


Regarding expenditure, almost half of CBI beneficiaries spent the cash assistance at local shops (43%), while a considerable number directed it towards their apartment rental fee (28%). Others used it to purchase items at supermarkets (15%), local shops/markets (9%) and wholesalers (2%) (see J3).

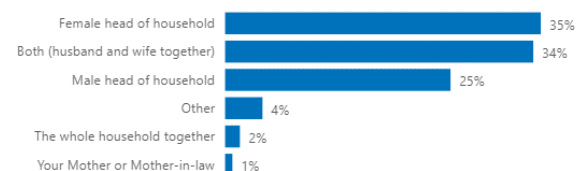
**Question J3.** Where did you go to spend the cash?



**Question J4.** Who is in possession of your ATM card at present?



**Question J5.** Who in your household decided how the cash assistance should be spent?

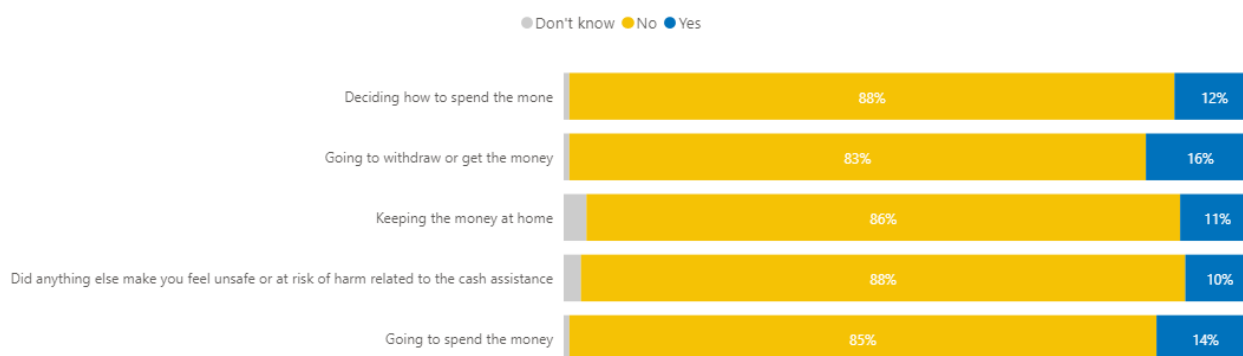


## Risks and problems

In terms of risks related to CBI, the majority of respondents who participated in the previous and current PDMs indicated that they felt safe when going out to withdraw the money or deciding how to spend the money, keeping the money at home or spending the money. However, 16% of PDM respondents felt unsafe or at risk when going to withdraw the money,

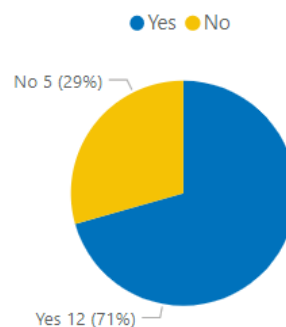
while 14% felt unsafe or at risk when spending the money (see K1). Nevertheless, the percentage for both groups noticeably decreased compared to the previous PDM (16% vs 29% for going out to withdraw the money and 14% vs 25% for going out to spend the money).

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

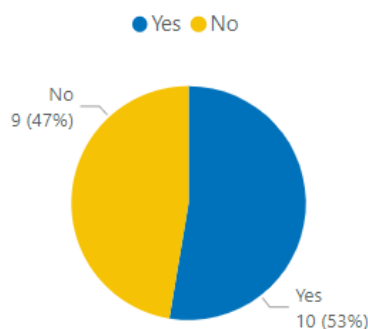


The results of the current PDM demonstrate that fear of COVID-19 has persisted. 53% of respondents who felt unsafe or at risk when going out to withdraw the cash stated that their fear was related to COVID-19, while 71% of respondents who felt unsafe or at risk when going out to spend the money also shared the same answer (see K1aa and K1da). Despite the current Needs Assessment taking place during a period of greater stability and control of the COVID-19 situation, the findings demonstrate an increase in COVID-19-related fear compared to the results of the previous PDM, where the percentage for both groups was approximately 50%. Nonetheless, as noted above, the overall percentage of respondents reporting feeling unsafe withdrawing or spending cash saw a reduction in the current PDM.

**Question K1da.** If answering "Yes" to feeling unsafe when going to spend the money, was it for reasons related to COVID-19?

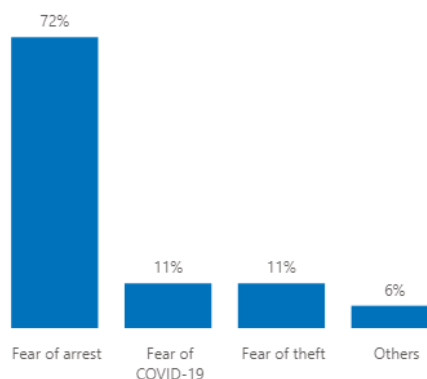


**Question K1aa.** If answering "Yes" to feeling unsafe when going to withdraw or get the money, was it for reason related to COVID-19?



It should also be noted that, for those who felt unsafe or at risk of harm due to other reasons, 72% cited fear of arrest as the main reason, followed by fear of theft (11%) and fear of COVID-19 (11%) (see K1f).

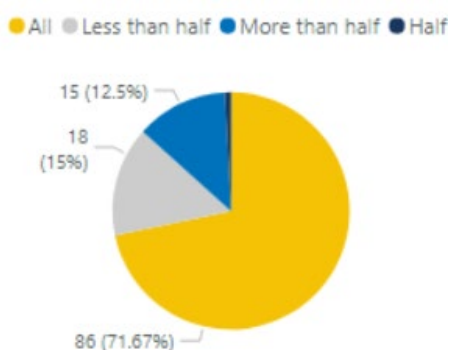
**Question K1f.** Why did you not feel safe?



## Cash expenditure

The majority of PDM respondents withdrew the whole amount in one transaction and had already spent all cash assistance received from UNHCR by the time of the interview (see L1 and L4). This behaviour was also observed during the previous PDM. However, in the current exercise, the

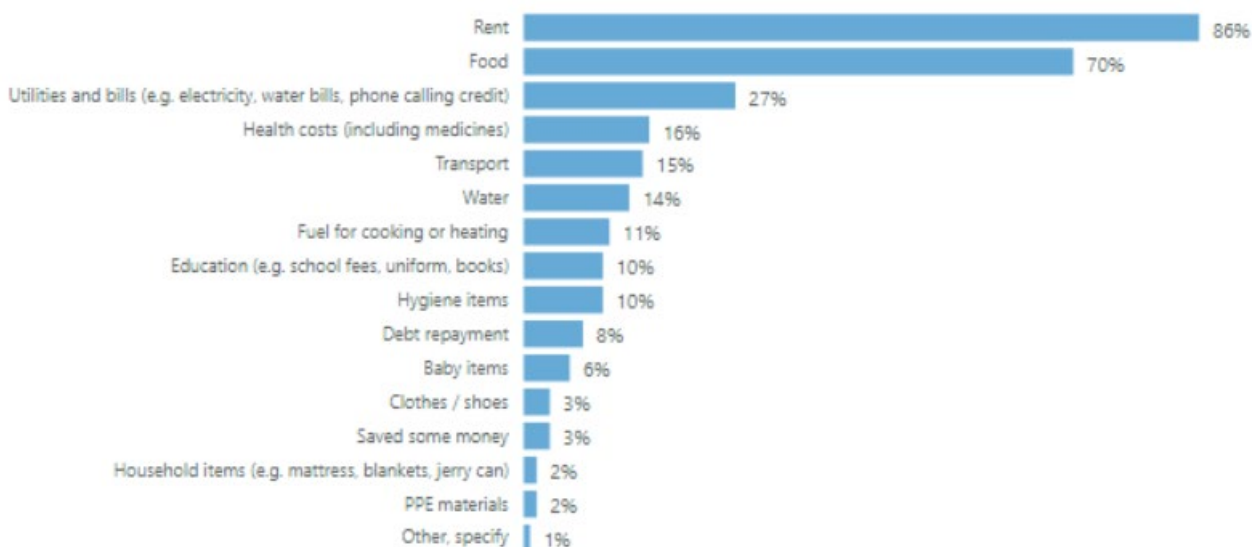
**Question L1.** Of the cash you have received from UNHCR/COERR, how much have you spent already?



**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?



percentage of those respondents withdrawing the whole amount in one transaction increased from 88% to 93%, whereas the percentage of those who had already spent the entire assistance remained consistent across both PDMs at approximately 70%.

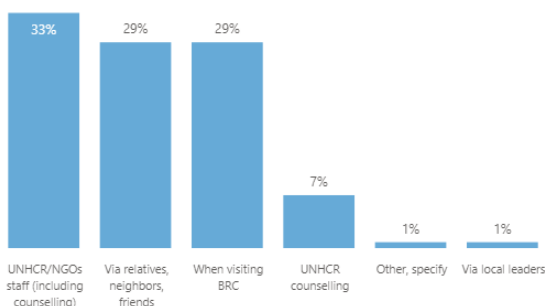
In terms of items/services procured with CBI support, the top 3 continued to be rent (86%), food (70%), and utilities (27%). Although health costs continued to be mentioned as the 4th most procured item/service at 16%, this was slightly lower than the previous PDM where 25% of respondents indicated that they spent their CBI on health-related items/services. The reduction may be due to TZC reopening a few months prior to the current exercise following a four-month temporary closure due to COVID-19 (see L2). According to monthly reports submitted by TZC, from August-October 2020, an average of 300 urban refugees and asylum-seekers visited the clinic to receive medication after being required to purchase it themselves during the temporary closure of the clinic. Although the number of visitors appears high, the figure was still approximately 30% lower than the usual number of visitors prior to the COVID-19 pandemic. Another interesting finding was that 6% of CBI beneficiaries reported spending their CBI assistance on baby items such as milk and diapers during the current PDM, whereas no such expenditure was reported during the previous PDM.

## Accountability to affected persons

Similar to the results of the previous PDM, CBI beneficiaries indicated that they had learned about UNHCR cash assistance primarily from UNHCR and NGO staff (40% during the current PDM and 37% during the previous PDM), followed by visiting BRC (29% during the current PDM and 23% during the previous PDM) and from friends/relatives/neighbours (29% during the current PDM and 12% during the last PDM).

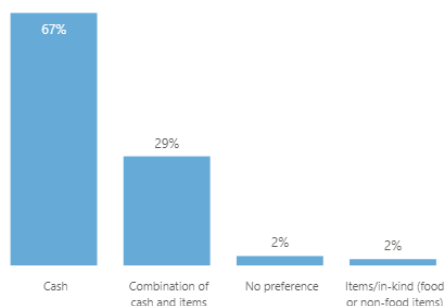
It should also be noted that the percentage of CBI beneficiaries learning about UNHCR cash assistance from UNHCR counselling drastically reduced from 22% to just 7% (see M1). This can potentially be attributed, at least in part, to the suspension of face-to-face counselling since the onset of the COVID-19 pandemic, with counselling conducted via phone during this period.

**Question M1.** How did you first hear about UNHCR cash assistance?



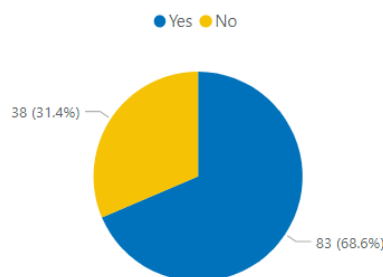
In terms of preferred types of support, most respondents still indicated a preference for receiving cash only (67%), while a considerable proportion indicated preference for a combination of cash and in-kind support (29%). Only a very small number said that they would prefer in-kind support only (2%). Those who answered “others” said they had no preference (2%) (see M3). This was similarly observed during the previous PDM, with 63% indicating that they preferred cash only, 32% combination of both, 2% in-kind only, and 2% citing others.

**Question M3.** If the assistance could be started again would you prefer:

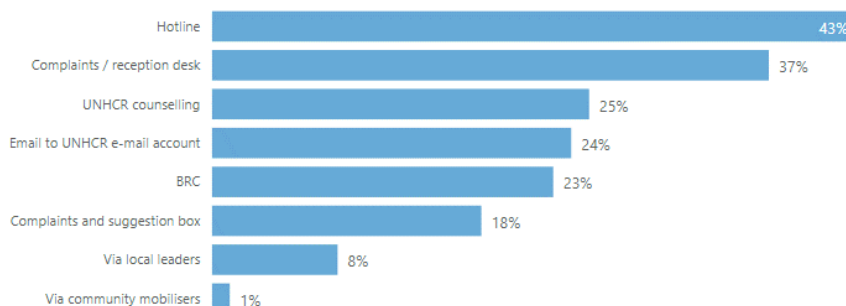


Regarding knowledge of channels through which to report complaints regarding cash assistance received from UNHCR, 69% of respondents advised that they knew how to report complaints and feedback. This represents a positive increase of 20% from the previous PDM where only 49% said they knew how to make a complaint (see M2). Nonetheless, with 31% not knowing how to report complaints, significant gaps in knowledge remain and should be addressed. Out of the 69% who stated that they knew about complaints mechanisms, UNHCR’s protection hotline was cited as the most well-known channel, followed by the UNHCR reception desk, and UNHCR counselling. This finding differed from the results of the previous PDM, where UNHCR counselling was cited as the number one channel, followed by the UNHCR reception desk, and UNHCR email (see M2a).

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



**Question M2a.** How could you report complaints and feedback?







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3rd A Floor, United Nations Building, Rajadamnern Nok  
Avenue, Bangkok 10200, Thailand  
[THABA@unhcr.org](mailto:THABA@unhcr.org)

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