



**INCEPTION REPORT
HIGH FREQUENCY
PHONE SURVEY INDONESIA
UNHCR INDONESIA**

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COVER PHOTOGRAPH:

Indonesia. After seven-month ordeal at sea, Rohingya refugees find sanctuary.
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Executive Summary

UNHCR has carried out an assessment of the socioeconomic impact of the COVID-19 pandemic on forcibly displaced people in Indonesia. The assessment relies on phone surveys using Interactive Voice Response (IVR) completed in January and February of 2022. The assessment has a dual objective. The report will shed light on who amongst the forcibly displaced in Indonesia have been adversely hit by the pandemic.

Objectives

The primary objective is to assess changes to socioeconomic indicators (income, living costs, access to health care and education) during the COVID-19 pandemic and lockdown. The findings from this report can inform UNHCR programming and mitigative interventions targeting those most severely impacted. The secondary objective is to test the effectiveness and feasibility of IVR as an alternative data collection mode. This will inform UNHCRs use of remote data collection techniques for future surveys.

Methodology

The survey used random sampling among 12,385 refugees and asylum-seekers who had a registered phone number in ProGres as of June 2021. 811 people responded to the survey out of 3,492 people targeted. The total population of persons of concern is 13,622. Data was, as part of the main survey, collected using IVR. A latter feedback survey was conducted with a small subset of participants (50) as a phone survey by enumerators.

Results

The survey found multiple impacts on persons of concern's socioeconomic profile:

- 34.2% of respondents reduced or lost their income the past four weeks. 45% said that none of their basic needs are met. Of the respondents, those receiving cash-based intervention (CBI) support were less affected by both reduction of income and basic needs remaining unaddressed.
- 55.6% had needed medical assistance the past four weeks and 21% said they had not been able to afford medicine.
- Of the respondents with children, 63.5 % have had to leave school in the past six months.
- In relation to COVID-19, 71.6% said they perceive the pandemic as a large threat. This percentage was larger amongst persons of concern who do not receive any assistance. 75.7% of respondents were vaccinated with both doses. 13.5% had taken the first dose. The unassisted respondents were most likely to be unvaccinated.

Recommendations

For future rounds of the high frequency survey, it is recommended to:

1. Shorten the survey, the length of choice lists and the number of select-multiple questions.
2. Engage the respondents through community awareness and mobilization to ensure a higher response rate.
3. Incorporate qualitative feedback on the IVR methodology when conducting the next round.

Background

The impact of COVID-19 on livelihoods, health and overall socioeconomic status is likely to be adversely felt by the global South¹ and vulnerable groups². Indonesia, as of June 2021, hosts 10,082 refugees and 3,334 asylum-seekers³. No studies of the impact of COVID-19 on the livelihoods of the forcibly displaced exists. In Indonesia, refugees and asylum-seekers are currently not able to receive COVID-19 treatment through the State's budget. In September 2021, the Indonesian government said it intended to vaccinate refugees and asylum-seekers once the host population had completed vaccination. However, even before this decree was issued several local governments had included refugees in vaccination program.

UNHCR has carried out an assessment of the socioeconomic impact of the COVID-19 pandemic on forcibly displaced people in Indonesia. The assessment relies on phone surveys using Interactive Voice Response (IVR). The assessment has a dual objective. The primary objective is to assess changes to socioeconomic indicators during the COVID-19 pandemic and the lockdown. The report will shed light on who amongst the forcibly displaced in Indonesia have been adversely hit by the pandemic. The findings from this report can inform UNHCR programming and mitigative interventions targeting those most severely impacted.

The secondary objective is to test the effectiveness and feasibility of using IVR as an alternative data collection mode to CAPI and CATI interviews, in times where access to face-to-face data collection becomes increasingly difficult.

This dual objective informed the survey design as elaborated below.

¹ *World Bank-UNHCR Joint Data Center (2021)*

² *UN (2020)*

³ *UNHCR (2021)*

Methodology

Survey Design

Following the dual objective, data collection was done in three phases:

Phase 1 (Pilot): Initial responses collected from a smaller sample

Phase 2 (Main Data Collection): Responses on socioeconomic impact collected using IVR

Phase 3 (Feedback Survey): Follow up interviews to gather experiences and problems with the use of IVR technology

Data collection in phase 2 was conducted using IVR. The survey questions were developed by UNHCR and optimized by Viamo to suit an IVR data collection mode.

All survey questions are pre-recorded using voice artists, in the three languages that are most common among displaced people in Indonesia – Dari, Arabic (standard) and Somali. Once the recording was completed, the audio was tested by UNHCR's team in Indonesia to validate any audio quality or technical issues such as difficulty in pressing key options to register a response. UNHCR's country team in Indonesia reviewed all translations and recordings and selected the voice artists for the different languages.

Data collection in phase 3 was conducted as phone interviews with an enumerator. The questions of the feedback survey were developed by Viamo and revised and approved by UNHCR.

Data Collection and Analysis

Respondents were randomly selected based on UNHCR's registration databases and phone numbers shared with Viamo. The sample size differed dependent on the phase of data collection:

Phase 1 (Pilot) - sample of 301 persons of concern

Phase 2 (Main Data Collection) – sample of 3,191 persons of concern

Phase 3 (Feedback Survey) – sample of 50 from respondents in phase 2

Of the sample of 3,492 phone numbers of persons of concern shared with Viamo, 811 respondents completed the entire survey. The respondents sample covers Jakarta and the surrounding areas, Kupang, Makassar, Medan, Pekanbaru, Surabaya, and Tanjung Pinang and Batam of Indonesia.

Using Viamo's IVR platform, responses for each question are captured on the platform along with call details such as call timings, date, duration and contact properties as shared by UNHCR. All responses to the pre-recorded questions are captured either in an open-ended format (the respondent may press keys to provide a number as a response) or press a relevant key option to select from a choice list for each question (for example, press 1 for Yes). Along with the engagement, the contact details for all respondents are captured in a common sheet.

The data is analyzed using Microsoft excel. The data analysis tools used for inference and analysis were frequency tabulations, cross tabulations, and pivot tables which are represented in tables, pie charts, sunburst charts and bar graphs.

Data Collection and Analysis

Following the primary objective of the report, the following section outlines the demographic trends among the survey respondents, against which changes to socioeconomic indicators can be compared.

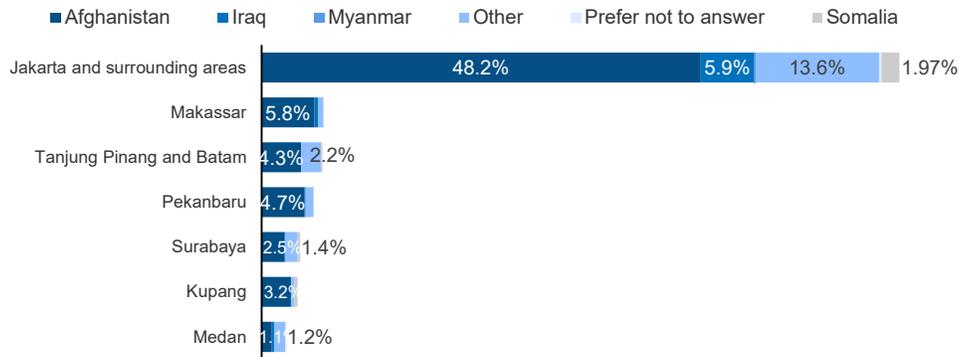
Country of origin

Below table shows the country of origin of respondents. More than two thirds (69.8%) are Afghani persons of concern, which is also the largest group of refugees and asylum-seekers in Indonesia.

Country of Origin	Number	Percentage
Afghanistan	566	69.8%
Iraq	55	6.8%
Somalia	22	2.7%
Myanmar	1	0.1%
Prefer not to answer	3	0.4%
Other	164	20.2%

Below graph show the provinces in which respondents are located separated by nationality. Most respondents live in Jakarta and the surrounding areas (70%). The distribution of nationalities across the provinces follows the overall distribution of nationalities seen above. Afghanis make up more than two thirds of respondents in all provinces except for Medan. Somali respondents more frequently live in Kupang and Surabaya provinces.

Location and Origin of Respondents

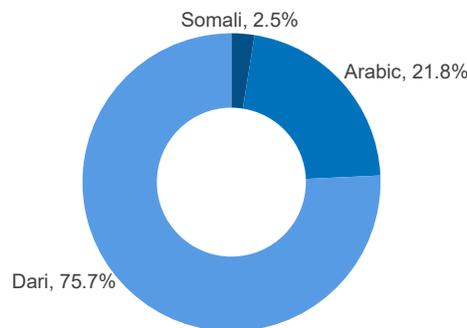


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Language of respondent

The survey was translated into three languages. Below graph shows the preferred language amongst respondents.

Preferred Language of Respondents

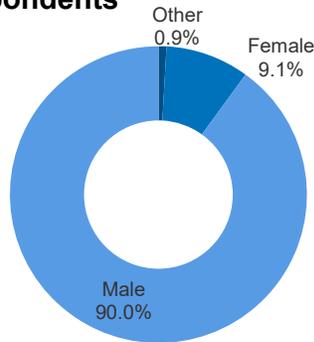


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Gender and Age

Overall, respondents were largely male (90%).

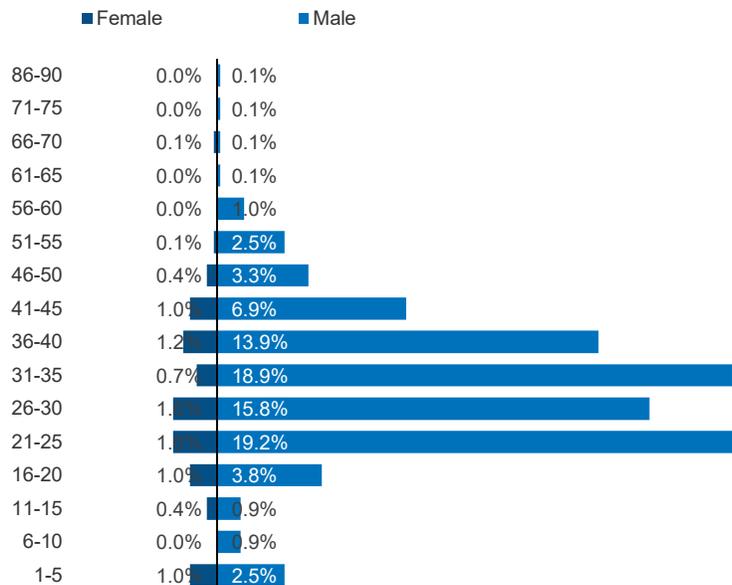
Gender of Respondents



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The largest age brackets among respondents are 25-29 (20.1%), 30-34 (19.4%) and 35-39 (17.4%). Female respondents were younger than the average respondent, typically, 20-24 or 25-29. As an outlier 3% of respondent indicated an age between 1 and 5. This is likely an error when typing their age on the keypad.

Demographics of Respondents

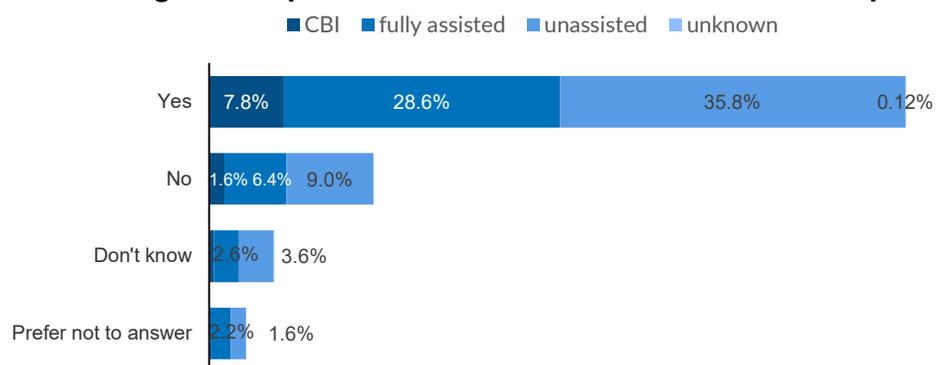


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Household composition

Head of household: Respondents were asked whether they are the sole financial responsible of their household.

Percentage of Respondents who are the Sole Financial Responsibles



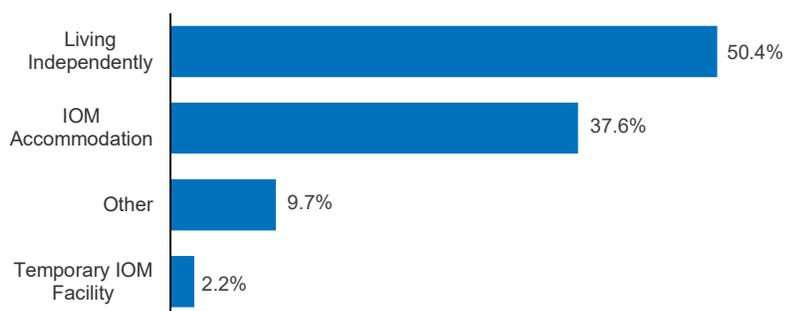
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Marital status: Below graph shows the marital status of respondents.

Marital Status	Number	Percentage
Divorced	12	1.5%
Monogamous/Married	371	45.7%
Never Married	305	37.6%
Non-formal Union	22	2.7%
Polygamous/married	37	4.6%
Separated	21	2.6%
Widow or Widower	14	1.7%

Accommodation: The types of accommodations are IOM accommodation, living independently, a temporary IOM facility and other type of accommodation. Below graph show the distribution of the type of accommodation amongst participants.

Accommodation Type of Respondents



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Assistance Group

Following the primary objective of this report, respondents are grouped in four groups based on their means of livelihood for their household and their accommodation type. The four assistance groups are CBI (cash-based incentive supported), fully assisted, unassisted and unknown. See breakdown and grouping below.

Assistance Group	No. of respondents
CBI	80
Fully assisted	323
Unassisted	406
Unknown	2

Means of Livelihood + Accommodation type	Assistance Group
Monthly subsistence allowance	CBI
UNHCR COVID-19 allowance	Unassisted
Voluntary work incentive	Unassisted
Other assistance from NGOs, charitable organization or others	Unassisted
Financial support from friends and family members, from abroad and from within the country	Unassisted
Don't know	Unknown
Prefer not to answer	Unknown
IOM accommodation	Fully assisted

Changes to socioeconomic indicators will be compared across these groups.

Findings

The impacts of COVID-19 are assessed for four aspects of respondent' 'socioeconomic profile: income, whether they were able to cover their living expenses, their access to primary health care, and access to education.

Additionally, respondents were asked which covid restrictions and mitigation measures they practice (social distancing, masks, vaccines).

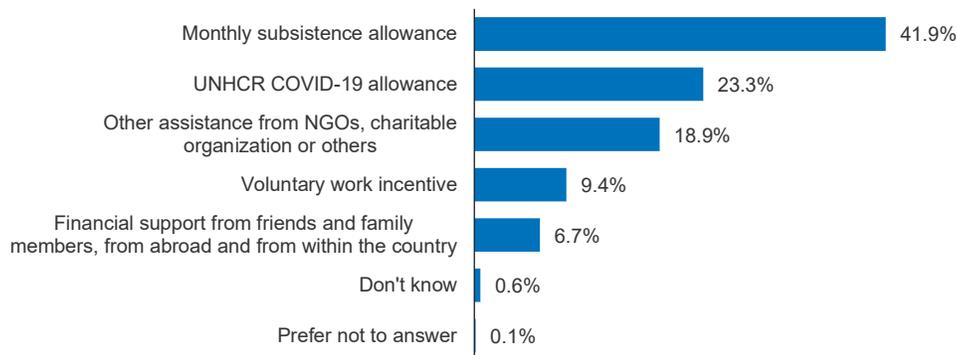
The responses are compared across assistance group and when relevant across other demographic markers.

Income and Income-Generating Activities

Means of living: The refugees can make their livelihood through multiple sources of income. The most common are monthly subsistence allowance, UNHCR COVID-19 allowance, voluntary work incentive, other assistance from NGOs, charitable organizations etc. and financial support from friends and family members. For this question, the respondents were allowed to select as many options as applicable. The most common livelihood support comes from UNHCR, 41.9% of the respondents receiving a UNHCR COVID-19 *allowance*. The next common livelihood source was the *monthly subsistence allowance* (23.3%).

Support from friends and family accounts for 18.9% of the respondents' livelihood. *Other assistance from NGOs, charitable organizations etc.* supports to 9.4% of the respondents' families. Some refugees also work voluntarily where they are provided with work incentives, of the respondents 6.7% reported that they had received such an incentive in the past 4 weeks. Some of the respondents were not aware of what the means of livelihoods were for them. One respondent chose to prefer not to answer this question.

Sources of Income (Select Multiple)

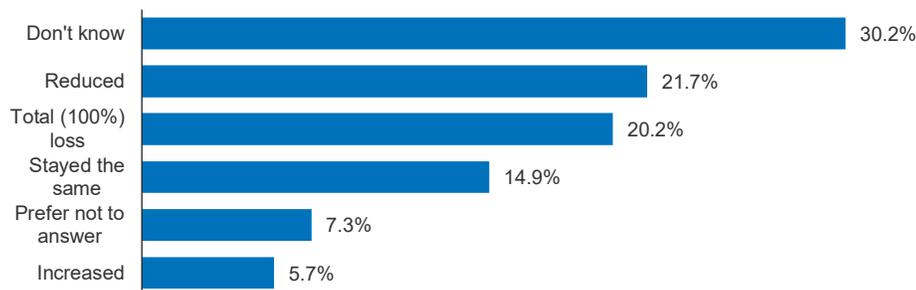


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This graph builds on 818 indications of sources of income, meaning only a few respondents indicated more than one source. This could be both due to the livelihoods of respondents or issues with the select multiple when using the IVR technology.

Change in income: The respondents were asked to share if they had had any change in income within the past 4 weeks. 20.2% of the respondents had experienced a total loss of their income in the past 4 weeks. 14.9% reported that their income had stayed the same, 21.7% had experienced a reduction in their income, while only 5.7% had an increase in total income. About one third of the respondents did not know if they had experienced any change in the total income of their households or preferred not to answer the question.

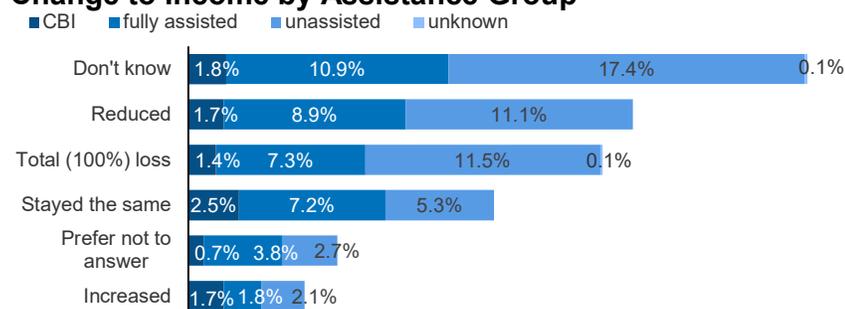
Change to Income



Note: figures do not add up to 100 per cent due to rounding
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Below graph breaks the change in household income down by assistance groups. Amongst the unassisted group, the most common response is don't know, followed by total loss. Amongst the fully assisted group, the most common response is don't know, followed by reduced. Amongst the CBI group, the most common response is stayed the same followed by don't know.

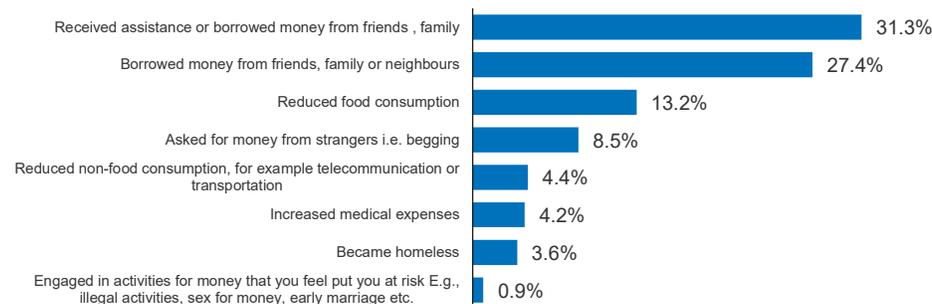
Change to Income by Assistance Group



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Effect on households: Respondents were asked how the change in income has impacted them the past four weeks (multiple options). The most commonly reported activity was *receiving assistance or borrowing money from friends, family*, with 31.3% of the respondents reporting. Another 27.4% reported that they had *borrowed money from friends, family, or neighbours*. 13.2% of the respondents needed to *reduce their food consumption*, 8.5% of the respondents had to *ask strangers for money*, 4.2% experienced an *increase in medical expenses*, while 4.4% respondents had to *reduce their non-food consumption*, like transportation or telecommunication. Some reported having to *engage in risky activities*, but only 0.9%. Some respondents *became homeless* (3.6%).

Changed Income Effect on Respondents

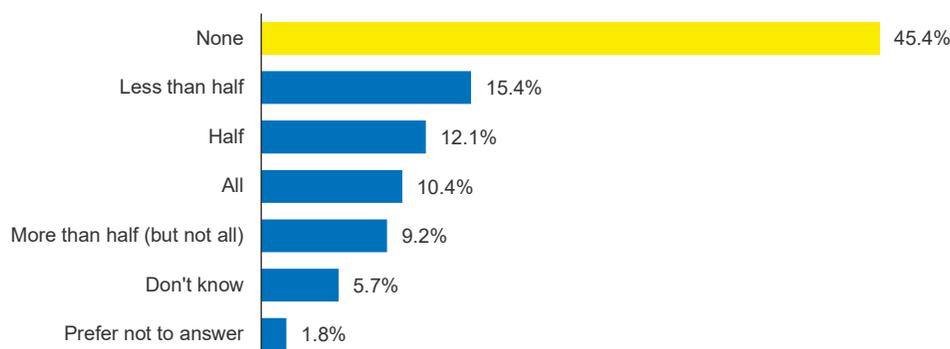


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Living costs

Basic needs of household: Respondents were asked whether they were able to meet their basic needs. The largest percentage (45.4%) said that none of their needs were met. Only 10.4% of the respondents shared that their basic needs were met. The reports for more than half of their needs being met though not all was 9.2%, 15.4% said that less than half of their family’s needs were being met, 5.7% of the respondents did not know the extent to which their family’s basic needs were being met, and 1.9% preferred not to answer the question.

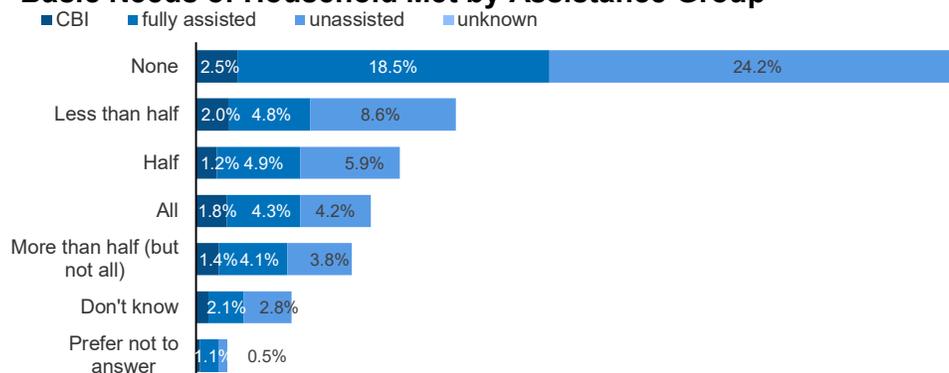
Basic Needs of Household Met



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Breaking down by assistance group, responses from unassisted and fully assisted groups follow the overall distribution. Responses from CBI-assisted household spread more evenly across all options with, e.g. almost as many CBI-assisted respondents saying all their needs were met (1.9%) as the group saying no needs were met (2.5%).

Basic Needs of Household Met by Assistance Group

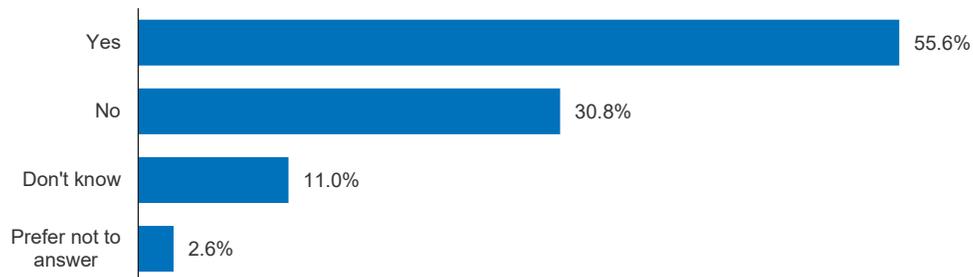


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Access to Primary Health Care

Need for medical attention: When asked about their need for medical attention within the past few weeks, the majority of the respondents (55.6%) reported that they or someone in their family needed medical assistance in the past weeks.

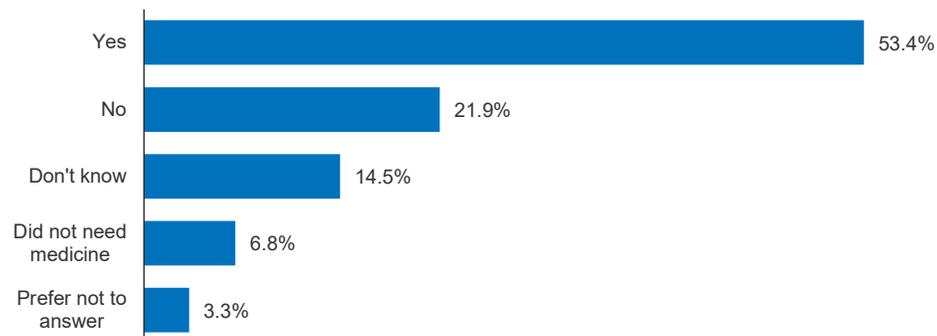
Medical Attention Needed in the past 4 weeks



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Ability to buy medicine: When asked about the ability to buy medicine, most respondents (53.4%) said they were able to afford medicine. 22% said they were not able to afford medicine. When reviewed against assistance group we did not find significant variance.

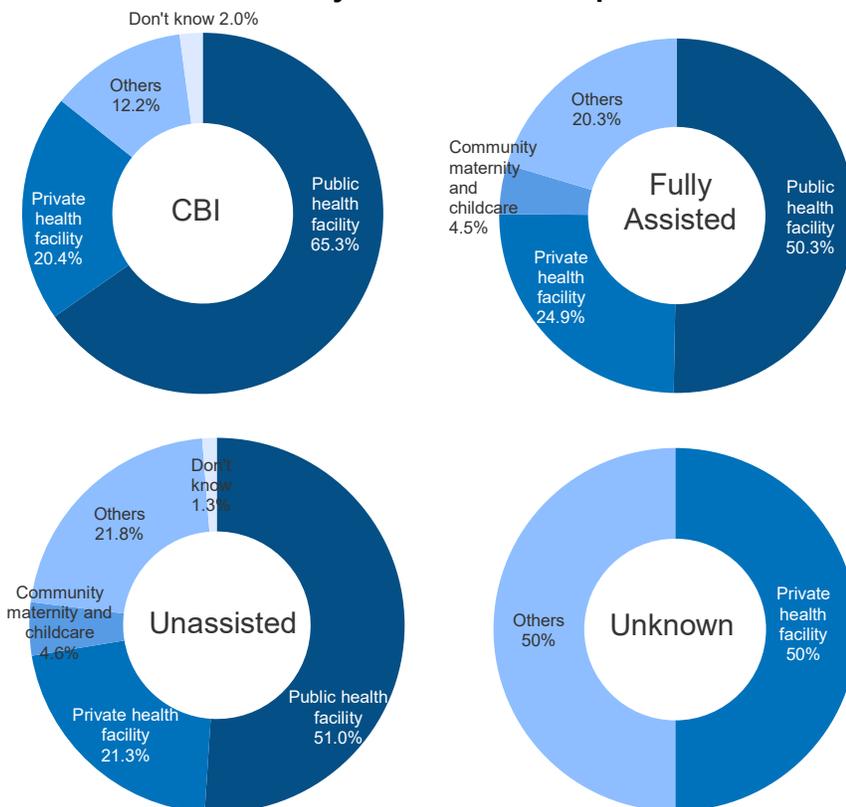
Ability to Buy Medicine



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Health facilities available: Looking further at the type of health facilities visited by respondents, public health facilities are the most popular across assistance groups, followed by private health facilities, and community maternity and childcare. However, the access to public health facilities varies from 40% among CBI assisted respondents to 27.6% of fully assisted respondents. In all groups a significant percentage said 'other' or preferred not to answer.

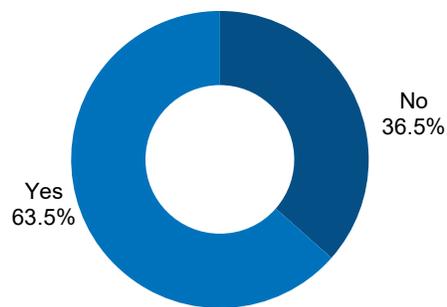
Access to Health Care by Assistance Group



Access to Education

Children leaving school in the last 6 months: Respondents with children were asked whether their children had had to leave school in the past six months. Across assistance groups, more than half said yes (63.5%).

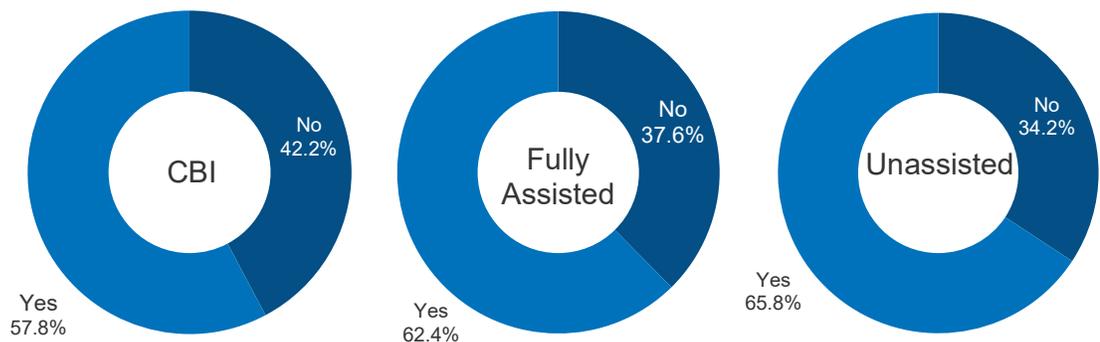
Percentage of respondents whose children left school in last 6 months



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The lowest percentage of school leaving was in the CBI category where 57.8% said yes for their children having to leave school in the last 6 months. For assisted and fully assisted, this percentage was higher at 62.4% and 65.8%.

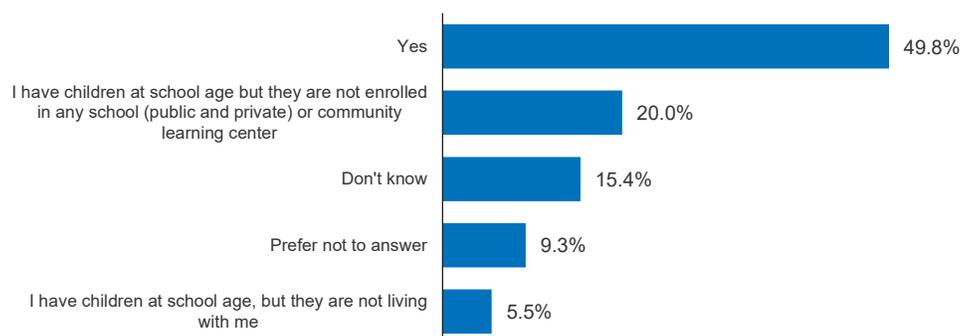
Leaving School by Assistance Group



Children leaving school since March: Out of the 474 respondents who have children, 49.8% reported that they had had to leave school at some point since March 2020. 20.0% reported that they *have children of school age, but they were not enrolled in school prior to*

March 2020. 15.4% said *Don't know*, 9.3% preferred not to answer and a final 5.5% said they have children of school age but that they are not living with the respondent.

Children who left school since March



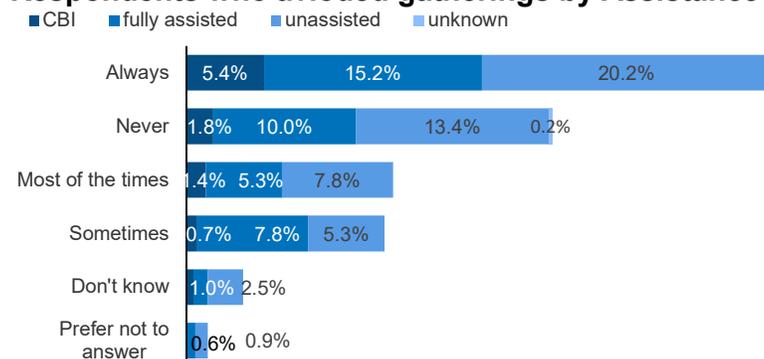
Note: figures do not add up to 100 per cent due to rounding
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The percentage of respondents reporting leaving school is lower for the longer timeframe. This is likely because more answer options were available for this question. No significant variation was found across assistance groups.

Attitudes to covid restrictions

Avoided gatherings: Respondents were asked how frequently they had avoided gatherings during the pandemic. More than 40% said 'always' while more than 25% said that they had 'never' avoided gatherings. The remaining respondents said, they had avoided gatherings most of the time or sometimes, don't know or preferred not to answer. When looking at breakdown by assistance group, the CBI assisted group disproportionately said that they had always avoided gatherings. The fully assisted group was overrepresented amongst respondents who said they sometimes avoided gathering. The unassisted group disproportionately did not know.

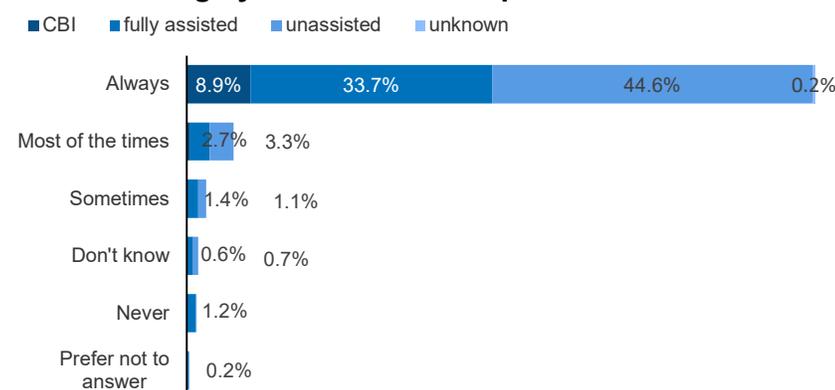
Respondents who avoided gatherings by Assistance Group



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Wearing of masks: 87.2% of respondents reported that they always wear a mask in public, with another 6.5% saying they wear masks most of the time. Less than 2% said they never wear masks. Broken down by assistance group, the CBI-assisted respondents almost exclusively respond ‘always’ and ‘most of the time’. Of the small proportion that said never, the fully assisted group make up the majority.

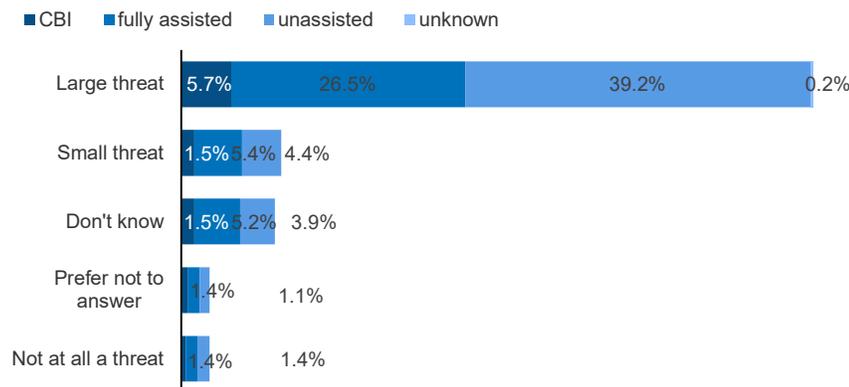
Mask Wearing by Assistance Group



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Covid as a threat: Respondents were asked whether they perceived COVID-19 as a threat to them. More than 70% said they perceived COVID-19 as a large threat. 11.3% perceived it as a small threat. Only 3.2% said they did not see COVID-19 as a threat. Broken down by assistance group, the unassisted disproportionately see COVID-19 as a large threat. This group is almost 10 times as likely to perceive COVID-19 as a large threat (39.2% of the total sample) as they are to perceive it as a small threat (4.4% of the total sample). For the other assistance groups, respondents are only 5 times as likely to perceive is as a large threat rather than small (e.g. 26.5% vs 5.4% of the total sample).

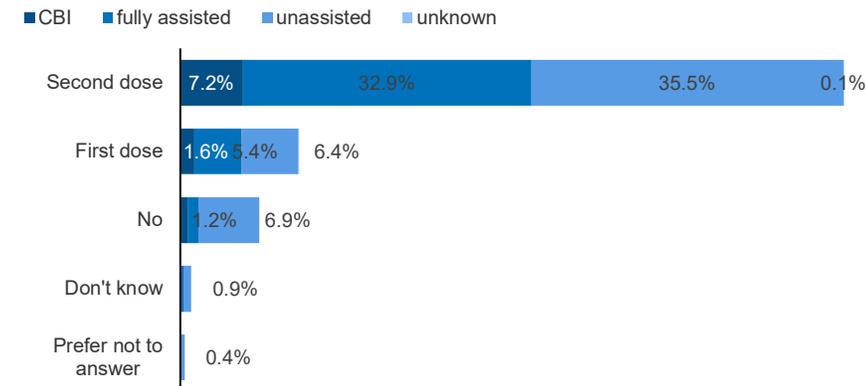
COVID-19 as a threat by assistance group



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Vaccination status: Of the respondents, more than 75% had taken both doses. A further 13.5% had taken the first dose. 9% had not been vaccinated. By assistance group, the unassisted respondents make up the majority of respondents who said had not or did not know if they had been vaccinated.

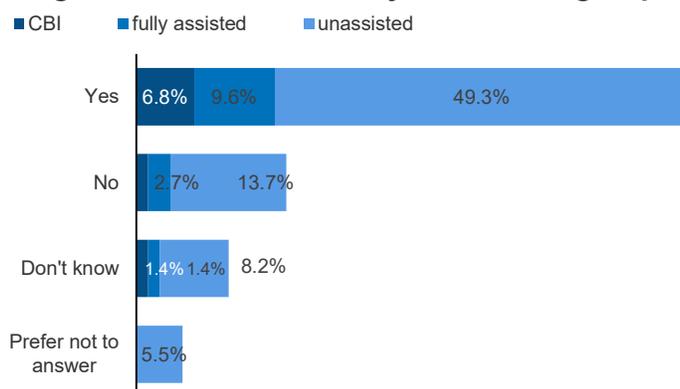
Vaccination by Assistance Group



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Willingness to take vaccine: The respondents who had not been previously vaccinated (total of 73) were asked if they were willing to get vaccinated now were a vaccine available at no cost. 65.8 % of the unvaccinated respondents said they would be willing to get vaccinated at that point in time if there was a free vaccine available. Around 10% did not know if they would take the vaccine were it available for free. Around 18% of the respondents reported that they would not take the vaccine now even if it is free. In the breakdown below, we see how the unassisted, who make up the majority of the unvaccinated, report their willingness to be vaccinated.

Willingness to take vaccine by assistance group



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IVR Feedback – Lessons Learned

A small sample of respondents who had either completed, not completed or not picked up for the survey were interviewed about the IVR method. As the respond rate was low, 811 in 3,492, the responses from this feedback survey could be instrumental in bringing the number of responses up for the next round of data collection. Below summarizes lessons learned.

Firstly, there was low rate of pickups and further a low rate of completion, meaning that we will need to improve multiple aspects of the data collection process.

It was pointed out by the Malaysia country operation that persons of concern are likely to change their phone number. The Viamo team remarked that getting feedback from the non-pickups was very difficult, supporting this hypothesis. None of the 13 non-pickups who gave feedback said they had changed phone numbers. A lesson learned is that there are gains to be made through more community awareness, which the country operation will support. This is also supported by the fact that multiple respondents in their qualitative feedback mentioned that they do not answer call from unknown numbers. The community awareness should highlight the purpose of the survey which multiple respondents said was not clear. It is difficult to find a pattern in the feedback given. Non-pickups generally report being aware that the survey would be conducted. For non-complete surveys, respondents rate the technology and method itself more highly than respondents who completed the survey. From the qualitative feedback, multiple respondents complained that they were mostly answering questions not relevant to them e.g., to do with family structure when they were unmarried. Two respondents also said they were asking questions in a language they didn't speak. To respond to this, we can limit the number of questions only relevant to a subset

of the demographic and improve the checks of the skip logic. We can also inquire with Viamo about going back to previous questions when wrong answers were given by mistake. A final lesson learned relates to the use of select multiple questions. Most respondents only choose one option when answering a select multiple question. Found the next round of questions we should (1) shorten the lists for select multiple and (2) look into phrasing the select-multiples as several questions with a yes and no option for each.

Conclusions and recommendations

Covid impacts

Indonesia is a transit country where displaced people generally enjoy freedoms. The global COVID-19 pandemic has changed the governance systems globally, and the uncertainties of the virus and the new variants has made countries implement stricter border control measures. For this reason, many who have refugee or humanitarian visas are not yet able to travel to their new country. UNHCR has limited funds to support the displaced in Indonesia⁴.

The Indonesian Government has arranged access to COVID-19-related services to registered refugees, on health matters and in relation to the financial impact. Puskesmas (local health clinics) are providing refugees with medical assistance, and post offices are facilitating the distribution of UNHCR's monthly allowance to refugees in coordination with our partner Catholic Relief Services (CRS)⁵. This allowance is most frequently cited by the respondents when asked about their sources of income.

Even so, 34.2% of respondents replied that their income had reduced or lost within the past 4 weeks. 45% of the respondents shared that none of their basic needs are met. The CBI-assisted group were less affected by both reduction of income and basic needs remaining unaddressed.

The refugee population is making use of the medical assistance made available, with 55.6% saying they had needed medical assistance the past four weeks. However, 21% said they had not been able to afford medicine. In responding to medical needs, they make use of both public and private clinics with the CBI-assisted group most frequently reporting access to public health services.

With respect to children's education, the survey shows that of families who have children going to school, 63,5 % percent have had to leave school in the past 6 months.

In addition to the heightened risks to psychological and mental health of refugees in Indonesia as many are awaiting their long-term solutions, 71.6% perceive covid as a large threat. The percentage was higher amongst the unassisted group. More than 50% had

⁴ Mohammadi & Askary (2022)

⁵ UNHCR (2021)

during the pandemic avoid gatherings either always or most of the time. While this is a positive finding in relation to keeping the virus at bay, it has potential consequences for the wellbeing of refugees.

The respondents were overwhelmingly compliant with the vaccine requirements, 75.7% had taken both doses and 13.5% had taken the first dose. The unassisted were most likely to be unvaccinated. While making up on half of the sample, they make up 76.7% of the unvaccinated. Of those who were unvaccinated, more than 60% said they were willing to take the vaccine. Despite this compliance, refugees are excluded from Peduli Lindungi, a digital COVID-19 contact-tracing app which gives vaccinated residents access to public facilities and mass transit⁶. The app is only available to those with a 16-digit-government-issued civil registry number before they are vaccinated i.e., citizens, permanent residents, and foreigners with work visas⁷. The refugees, even though vaccinated do not have access to the registry, which limits the resources that refugees can access as well as their mobility.

Recommendations

1. Since the length of the survey was longer than recommended for an IVR method, it should be seen if any of the not so relevant data points can be removed.
2. A drop-in response rate in successive rounds of survey done over IVR is generally observed. Therefore, it is important to understand how we can ensure that the level of responses does not drop significantly. This can either be done through mobilization of this specific target group or building a sampling strategy for the future rounds taking into account the drop in engagement that can be expected.
3. Furthermore, clear next steps can be defined based on findings from the feedback survey

Limitations

811 persons of concern responded to this survey. This number is close to the sample size of 1000 which we were aiming for and well above the sample size needed at a 95% confidence level. The majority of respondents are of Afghani origin, which is true for the total population as well.

A limitation of this sample is the low response rate. As more than 3000 numbers were shared with Viamo and only 811 responded, the 811 respondents will likely not be representative of the total population of persons of concern in Indonesia. E.g., amongst the respondents' household 41.7% had no children and 76.9% had no seniors (65 and above). The interviewed displaced people thus come from relatively unencumbered households, which could increase their availability to respond to a survey.

⁶ Mohammadi & Askary (2022)

⁷ VOA (2022)

The conclusions of this report are also limited by the fact that only persons of concern with phone numbers were surveyed. This approach does not take any barriers in accessibility to smart technology and resources into consideration and thereby leaves out anyone who has not had the means to continuously pay for phone services since registering with UNHCR as well as any person of concern who, within their household was restricted from access to such resources. As a potential example of this, the representation of female respondents to males of 9.1% versus 90.0% which means that gender-based assumptions regarding the findings cannot be generalized. The representation of males and females in the respondents' households shows there are more female displaced people 58.6% versus 41.4%.

Appendix

Survey Tool

Feedback Survey tool

Engagement summary from the Pilot phase

Narrative report

Common Terms that are used to measure engagement of calls in an IVR campaign

1. **Total Unique IDs** - These are the total number of distinct phone numbers that were called.
2. **Non-Pick Up/Failed calls** - Phone numbers that were called but did not connect to our system at all. They did not answer the calls that were sent to them
3. **Total Engagement** - Total number of phone numbers that answered the call
4. **Complete** - From the users who connected to our system (engagement) the number of people who completed the entire call i.e. from the first question till the last question.
5. **Incomplete** - Users who pick up the call, but did not complete the survey
6. **Completion rate** - $(\text{Total number of complete calls} / \text{total number of Engagements}) * 100$
7. **Engagement rate** - $(\text{Total number of engagements (incomplete + complete calls)} / \text{Total number of unique calls}) * 100$
8. **Call Duration** - number of seconds of a call that connected to the system
9. **Call Date and Time** - date and time (local country time) of when the call was registered

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