



**Results of a sampling  
survey on the impact of  
COVID-19 on the socio-  
economic and protection  
situation  
of refugees in the Mbera  
refugee camp**

**UNHCR Mauritania**

**July 2020**

# Methodology

## Objective

This sampling survey was designed to rapidly measure the protection and socio-economic impact of COVID-19 on the refugee population in Mbera camp the region of Hodh Echargui in Mauritania.

## Data collection and analysis

Ten refugees who already have experience in conducting surveys were selected as surveyors. They received one day training by UNHCR before conducting this socio-economic survey. The interview was conducted under the supervision of UNHCR and UNHCR's camp management partner, LWF, through face-to-face sessions from Wednesday 08 to Thursday 09 July 2020. The response rate was 100%. The data was integrated into the UNHCR's kobo tool kit for rapid analysis.

## Sampling

Out of the total 14,222 households in the Mbera camp as of 30 June, 102 households (0,8%) were randomly selected respecting the [AGD \(Age, Gender, and Diversity\) approach](#);

**Age:** 20 households (16.7%) were between 18-25 years old and the rest (82 samples) were between 25-55.

**Gender:** 51 (50%) were men and the other 51 (50%) were women.

### **Diversity:**

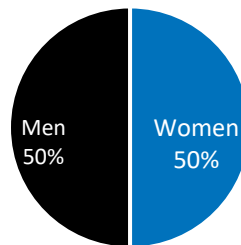
**Ethnicities:** The samples included all the ethnicities in a proportionate manner to the total population. 56 are Tuareg, 31 Arab, 6 Fulani, 6 Songhai and 3 Bambara.

**Specific needs:** 10 heads of household were people with specific needs

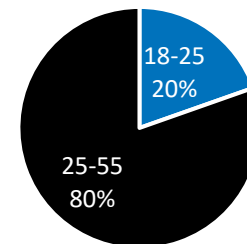
**Socio-economic situation:** Refugees from all 6 socio-economic groups categorized under the joint UNHCR-WFP system of the camp were interviewed. 30 belong to the less vulnerable categories (Categories 4-6) and 70% to the most vulnerable categories (1-3).

**Family composition:** The number of people living in a household varies from 4-11 individuals, with 26% of households consisting of 4 individuals/household and an average of household of 5 individuals. More than half of the households have children over the age of 6, 16 of the households live with a person with a disability, and 13 households live with a person with a chronic illness.

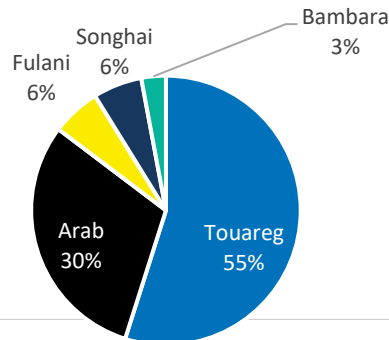
### Gender



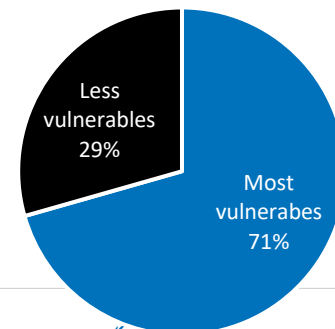
### Age



### Ethnicity



### Socio-economic situation



# Methodology (limitations)

## Study limitation on confidence levels

While the AGD was respected when sampling the data, the confidence level and varying margins were not taken into consideration in view of conducting the survey rapidly to respond to the fast evolving situation.

## Study limitations on depth of sectoral analysis

The assessment was not designed to produce comprehensive and detailed information on specific sectors. It is noted that the methodologies applied for tool design, sampling, data collection, etc. have limitations in terms of providing data across all conceivable disaggregates that could be potentially explored.

## Study limitations on comparability and generalizability of analysis

The comparison of the results of this assessment with previous assessments should be conducted with caution, noting the defined target population for the study and selection process. The comparison of results should be considered indicative.

# Health

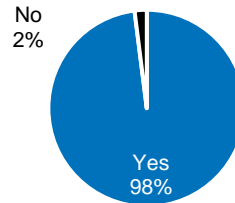
## Access to health facilities

In Mbera camp, there are one health centre and four health posts which cover the total population. 94% of households seek health treatment at the health facilities in the camp, and only 6% resorts to traditional doctors or a health establishment outside the camp. When sick, 20% of households had problems accessing health centres mainly because health facilities were far away, lacked capacity, or because of travel restrictions.

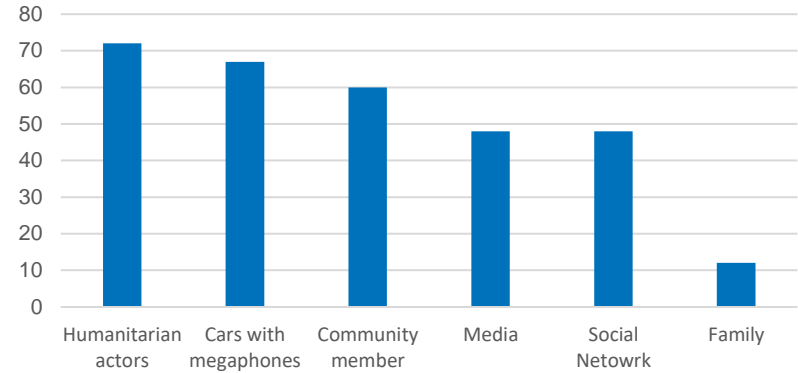
## Awareness on COVID-19

100% of the respondents heard about COVID-19 and are aware of the preventive measures, such as wearing masks and washing hands. All households were sensitized on COVID-19 from humanitarian actors, mobile sound systems, members of the community and the media, and most of them are aware of the protection and precaution measures promoted by WHO and the government.

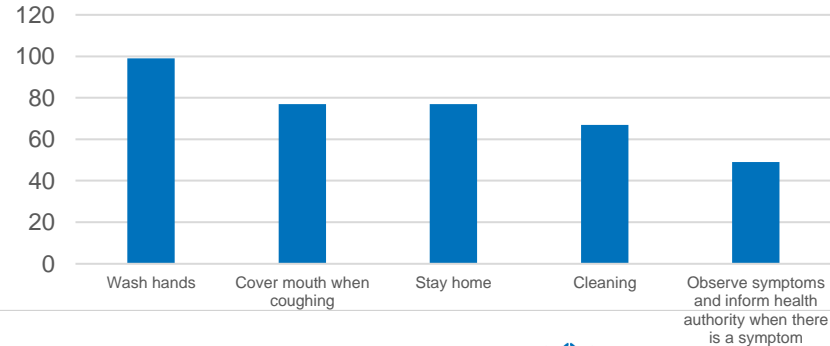
Do you know COVID-19?



How do you receive the information on COVID-19?  
(multiple answers)



How can you protect yourself from COVID-19?  
(multiple answers)



# Food

## Access to food

In the week before the survey was carried out, 58 % of households were worried about not having food and were unable to access food products due to rising prices and shortages of products, closing of shops or lack of means.

## Less vulnerable groups

Out of the 30 households belonging to vulnerability categories 4, 5 and 6, 57% were worried about their food situation, for the reasons listed above, whilst 45% of these households did not have food on the table.

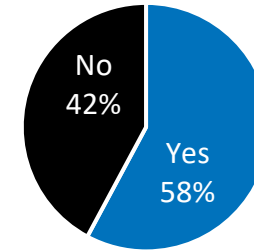
## The most vulnerable groups

Out of the 72 households belonging to vulnerability categories 1, 2 and 3, 59% were worried about their food situation while 45% of the households did not have enough food because of their degrading socio-economic situation.

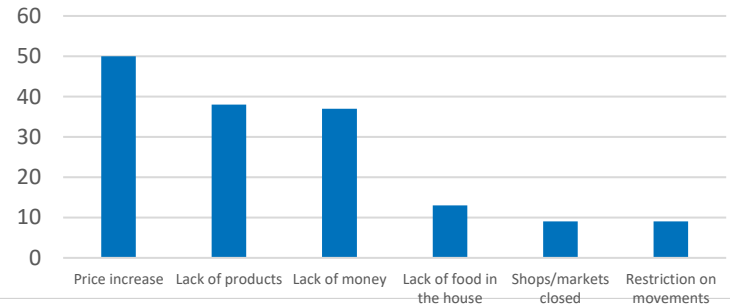
## Source of food

At least 42% of the 102 households surveyed did not have food stock. Those families with a food stock had either accessed this from NGO donations or bought this from shops in the camp. Some of the households had received donations from acquaintances or had borrowed food. Those with a food stock anticipate that the stock will be exhausted within one to three weeks. The main source of the food stock is usually from the general food and cash distribution by WFP . Alternatively, 41% of the households cannot access food in the market because it is closed or because of lack of means. All households noted a price increase in food and non-food products.

During the past 7 days, did you worry about not having enough food?



Why you felt you could not have enough food?  
(multiple answers)



# WASH

## Access to hygiene items

Even though refugees are aware of the COVID-19 protection and precaution measures, 61% of households could not buy the hygiene products needed to respect COVID-19 protection measures, due to lack of income. Out of the 30 households in the vulnerability categories 4, 5 and 6, 57% could not buy hygiene products.

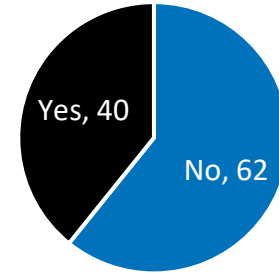
## Access to water

Households indicated that they use more water for new hygienic needs linked to COVID-19.

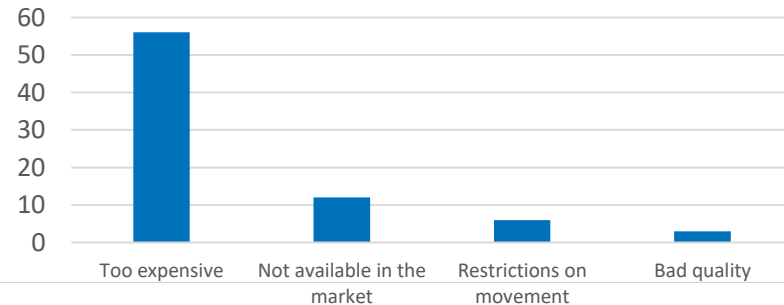
## Access to latrine

Even with the awareness of social distancing measures, all households continued to use community latrines.

Did you manage to buy hygiene items to practice preventive measures?



Why could you not buy hygiene items?



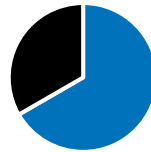
# Livelihoods

## Employment and income

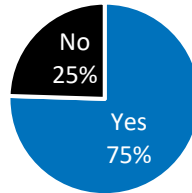
Before COVID-19 confinement measures were put in place, at least 35% of households were engaged in an economic activity, out of which 31% households were engaged in two activities, including cattle breeding and trading, and working for humanitarian agencies. Most of the households indicated that the work of men and women had been negatively impacted by the COVID-19 pandemic because of reduced income resulting from a decrease in production, working hours, and wages, or a loss of employment. Of the 30 households in the vulnerability categories 4, 5 and 6, 87% have been affected by loss of, or reduced, income.

Most of those who benefitted from IGAs indicated that these activities were negatively impacted by the COVID-19 pandemic. Of the households in vulnerability categories 1, 2 and 3, 63% reported that their activities had been negatively affected.

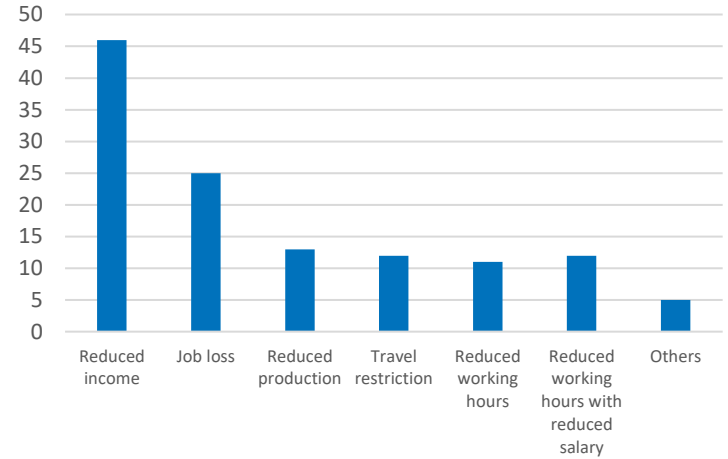
Did you have work prior to COVID?



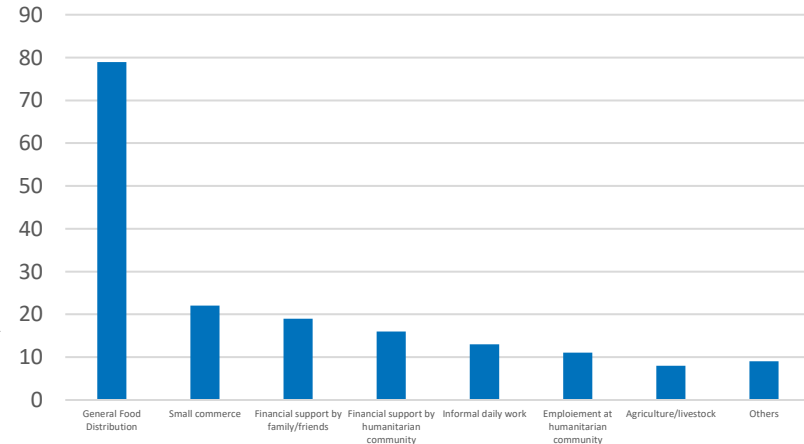
Did COVID-19 impact your work?



How did COVID impact your work?



What is your main source of income?



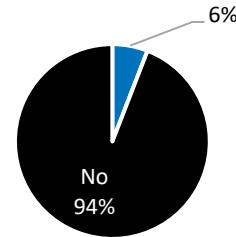
# Livelihoods

## Coping mechanism and needs

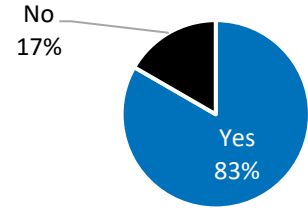
Concerning the question about how would they feel that things have become normal again, and in response to a multiple choice question, 90% of households believe that the best solution is the general food and cash distribution, the main source of any kind of income, and 59% of the same households believe it is through humanitarian aid. The rest believe that when they resume work, they will be able to get out of the crisis. 94% of households indicated they do not have enough money to last another two weeks and 84% of households have already spent their personal savings to meet basic food needs. Of the 30 households in the vulnerability categories 4, 5 and 6, 87% do not have enough money to last for the next two weeks, and 87% had already spent their personal savings. Out of the vulnerability categories 1, 2 and 3, 81% have exhausted their personal savings.

Those less vulnerable households before COVID-19 are now using their savings to meet their basic needs including buying food and Personal Protection Equipment and hygiene materials to prevent COVID-19 infection.

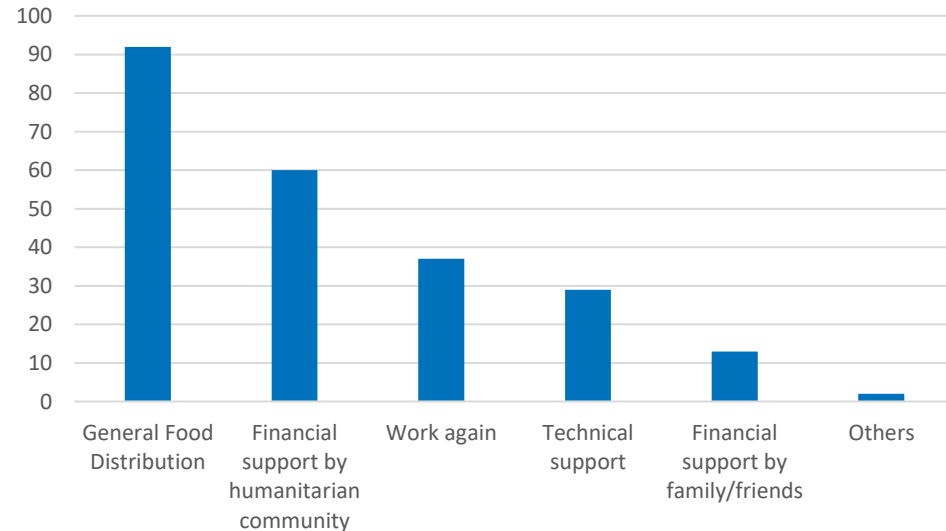
Do you have enough savings for the next two weeks? Yes 6%



During the past 30 days, did you spend your savings to cover basic needs? No 17%



What do you think is needed to return to the normal? (multiple answers)





# Education and Connectivity

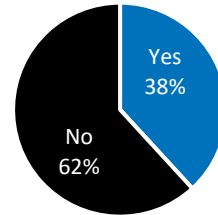
## Connectivity and mobile devices

Only 2 of the surveyed households have unlimited internet connection to compensate for school closure and reduced economic activities, whilst all other surveyed households have limited or no connection. Out of those with some form of connectivity, at least half of them have poor connectivity rates. At least 22% of households have no technology devices (radios, TV, phones, smartphones etc.), 19% have at least one smartphone, and only 4% have radios (where educational courses are broadcast).

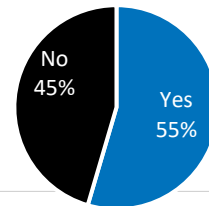
## Distance learning

Only 21 households have children who have attended the Malian curriculum courses provided by teachers with the support of the local representative from the Ministry of Education on the radio, due to lack of equipment (radio, TV). More than half of parents do not help their children learning at home because they lack capacity or are preoccupied with providing for the family.

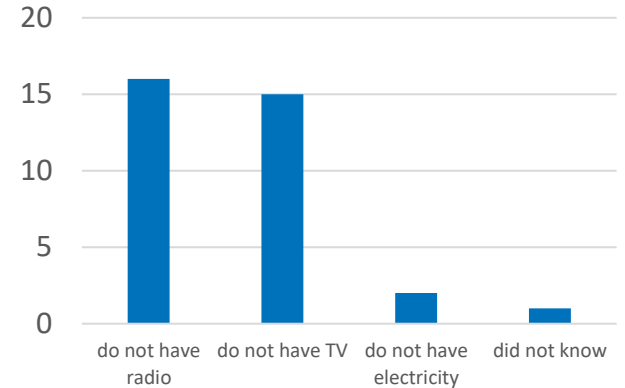
During the past seven days, did your children attend distance learning on radio programme?



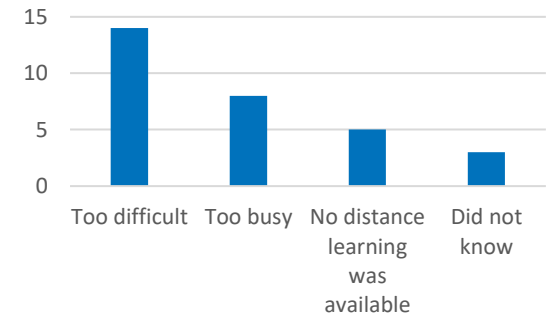
Did you help your children to study at home?



Why did your children not listen to the class on radio?



Why did you not support your children?



# Protection (SGBV/Child Protection)

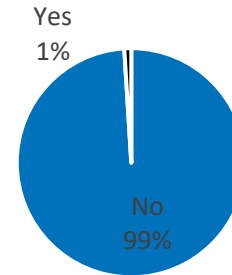
## SGBV

Among the 102 households, 29% of households from the most vulnerable categories stated that they did not feel comfortable around their spouses during confinement due to lack of freedom and means, restrictions of movement, unemployment, stress, child management and boredom. These concerns have not yet manifested in an increase in normal SGBV case call trends.

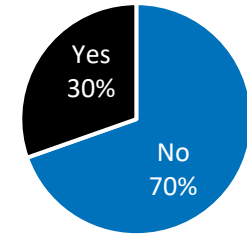
## Child Protection

At least 14% of households are caring for a non-biological child (either separated from their family or unaccompanied), a child protection risk issue depending on the quality of custodianship. At least 31% of households reported that it was difficult to care for children during confinement, 14% of households felt that their spouse had become less tolerant with children leading to verbal and/or physical abuse. Half of the households surveyed indicated that COVID-19 pandemic has negatively affected their children because of fears for their health, difficulty in managing them during confinement, arguments between siblings, aggressive behavior and crying. These concerns and changes in behavior have not yet manifested in an increase in normal child protection case call trends.

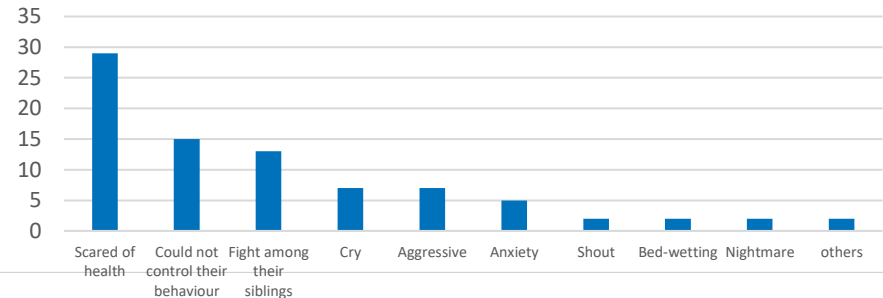
During the past 14 days, did you have conflict within your family?



Was it difficult to take care of your children during confinement?



Did your children show the following behaviours?



# Conclusion

The socio-economic situation of all households across all vulnerability categories has degraded due to the impacts of the COVID-19 pandemic. The top four fears of refugees are related to food shortages, price increases, disruption of basic service facilities and travel restrictions.

It is difficult to understand repartitions of the different socio-economic groups as the formula is static and vulnerabilities are dynamic: lower vulnerability categories of households are likely to be slipping into higher vulnerability categories. In the context of elevated needs in the lean season, COVID-19 impacts are resulting in a further degradation of household assets and ability to address this degradation. The previous exceptional cash and food distribution for all groups covered May and June only.

UNHCR is organizing a bimonthly food distribution at the end of July with WFP, with the periodic provision of cash for persons with specific needs for 3 months, and is currently distributing soap, hygienic kits and clothes from UNIQLO). However, the food distribution only ensures the minimum survival of 1200 Kcal standards, does not make up for the extra loss of assets or income-earning ability, and as such, does not cover the whole needs of the refugee population.

According to WFP's post-distribution monitoring (PDM) in April this year, there was already a deterioration in food security and the population resorted to negative coping mechanisms for refugee populations.

Families who do not have the capacity to complete their basic needs, with this capacity further hampered by lean season and COVID-19 impacts, will remain highly vulnerable to food insecurity and knock-on malnutrition impacts.