



RAPID ASSESSMENT: COVID-19 RELATED VULNERABILITIES AND PERCEPTIONS OF NON-THAI POPULATIONS IN THAILAND

INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)

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BACKGROUND

In light of the recent outbreak of COVID-19 in Thailand, migrants and non-Thai populations, irrespective of their legal status, face a new set of challenges and vulnerabilities. The stringent movement restrictions and temporary disruption of many income-generating activities pose a significant burden on migrants and non-Thai populations employed in both the formal and informal sectors. With limited or no access to technology, limited capacity to cope and adapt, limited or no savings, inadequate access to social services, and uncertainty about their legal status and potential to access healthcare services, tens of thousands of migrants and non-nationals have left Thailand over the past weeks. However, the extent to which these challenges and vulnerabilities are affecting migrant communities and non-nationals who have opted to remain in Thailand, or had no choice but to remain in Thailand, is unknown. It is also unclear whether migrant communities and non-nationals are receiving sufficient information about COVID-19 or have access to the resources which will allow them to maintain the hygiene and sanitation standards required for effective protection. To fill this data gap and inform possible responses, IOM initiated a data collection exercise to collect information on the COVID-19 knowledge and related vulnerabilities of non-Thai populations in Thailand.

METHODOLOGY

The Displacement Tracking Matrix (DTM) is a set of tools and methodologies, which enable systematic and regular primary data collection, analysis and dissemination of population movements, human mobility and forced migration (both internal and cross-border). Originally designed to serve the humanitarian community during crises, DTM has been implemented to respond to the COVID-19 crisis.

By using a snowball sampling method, IOM used its extensive network to identify 67 key informants who were able to provide informed answers on the situation and vulnerabilities of different migrant communities and non-Thai populations across Thailand. These key informants were representatives from non-governmental organizations (NGOs), community-based organizations (CBOs), migrant communities, government or local administrations, educational institutes or religious entities. Key informants provided information about the non-Thai populations in their communities and/or about about non-Thai populations who are their direct beneficiaries.

The information presented in this report represents estimates and perceptions provided by key informants. Due to the sampling method being non-randomized, external validity of the study is limited, and generalizations should be avoided. Nonetheless, the results of this assessment can be used to develop a better understanding of vulnerabilities and gaps, and can serve as a basis to guide more comprehensive data collection efforts.

Data was collected through phone surveys administered by 11 IOM staff between 1 and 10 April 2020. Eighty-two per cent of enumerators were female and 18 per cent were male.

DEFINITIONS

Non-Thai nationals: All persons resident in Thailand who do not hold Thai citizenship regardless of country of birth, usual residence, citizenship or legal status. This include migrants, stateless individuals, refugees, and other non-Thai populations.

STATISTICAL NOTE

General note: As the survey was administered with key informants rather than with non-Thai populations directly, please note that infographics in this report present the percentage of key informants who identify a particular attribute or characteristic in non-Thai populations or in a proportion of non-Thai populations.

Multiple answer: When the label "multiple answers" is found next to a graph or a question it indicates that a single respondent was allowed to provide more than one answer. For this reason, totals do not add up to 100%.

DISCLAIMER - The findings, interpretations and conclusions expressed in this report can in no way be taken to reflect the official opinion of IOM, its Member States, the United States, or other donors. The designations employed and the presentation of material throughout the work do not imply the expression of any opinion whatsoever on the part of IOM concerning the legal status of any country, territory, city or area, or of its authorities, or concerning its frontiers or boundaries.



KEY INFORMANTS

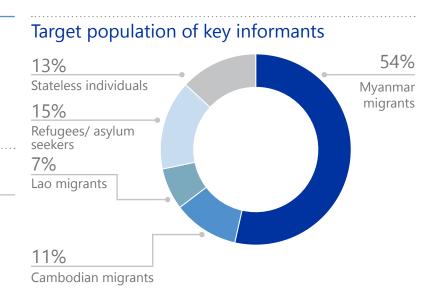


KIs SURVEYED

36 WOMEN

Type of key informant

# KIS	lype
44	NGO/CBO representative
7	Migrant community representative
5	Government/ local administration representative
9	Representative from educational institute
2	Religious representative



Geographical area where the KIs' organizations are working (multiple answers)



In total, 67 key informants (KIs) were interviewed in this rapid assessment. Out of the total sample, 44 KIs were representatives from NGO/CBOs, and 7 were representatives from migrant communities. All KIs were working with migrant groups and/or non-Thai populations across Thailand at the time of data collection. The three geographical areas best covered by the KI sample population were Tak province (25), Ranong province (20) and Bangkok municipality (17).

Around 54 per cent of the KIs' organizations were working with Myanmar migrants, 11 per cent with Cambodian migrants and 7 per cent with Lao migrants. In addition, 28 per cent of the KIs reported working with other non-Thai groups, including refugees and asylum seekers (15%), and stateless individuals (13%).



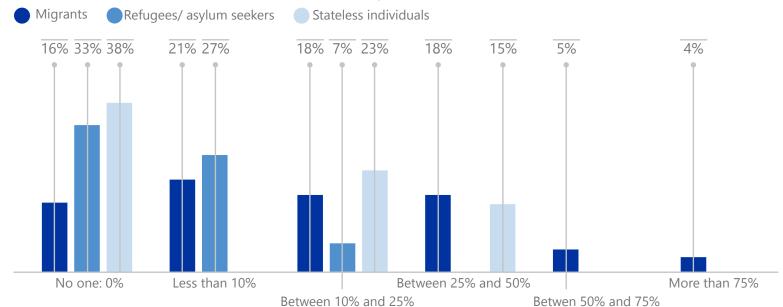
NON-THAI NATIONALS

To better understand the travel intentions of the non-Thai populations and learn about the situation of stranded migrants in Thailand, KIs were asked about the proportion of the non-Thai population that they are working with who are still in Thailand but wish to leave.

In total, 60 per cent of respondents indicated that at least some proportion of the non-Thai nationals in their communities wished to leave but were unable to do so.

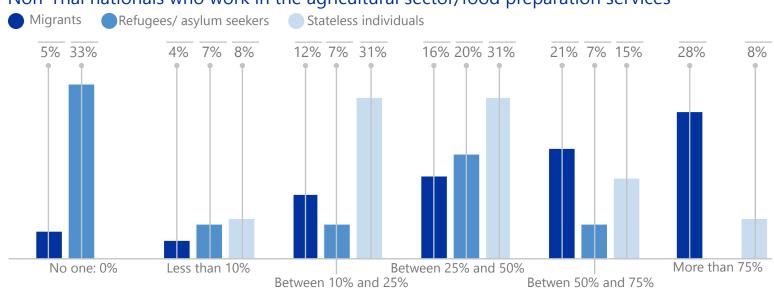
KIs were also asked about the proportion of the non-Thai population in their communities who are employed in the agricultural sector/ food preparation services. Overall, 43 per cent of the KIs reported that over half of the non-Thai nationals in their target communities work in these sectors of employment.

Non-Thai nationals who are still in the country but wish to leave Thailand



Note: Totals do not add up to 100% because 11 answers for migrants, 5 for refugees/asylum seekers, and 3 for stateless individuals were "I do not know'

Non-Thai nationals who work in the agricultural sector/food preparation services

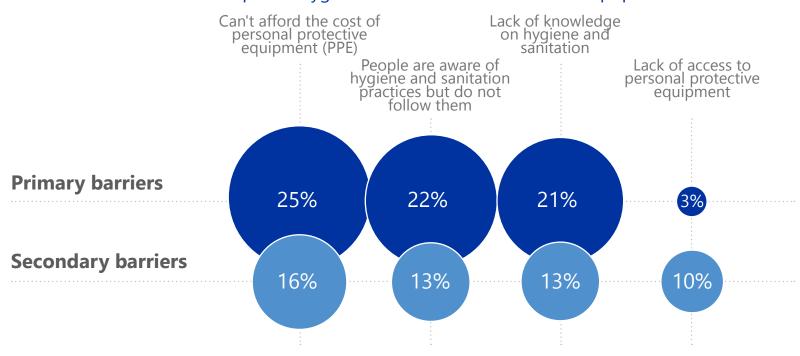


Note: Totals do not add up to 100% because 8 answers for migrants, 4 for refugees/asylum seekers, and 1 for stateless individuals were "I do not know"



VULNERABILITIES TO COVID-19

Main barriers to COVID-19 specific hygiene and sanitation for non-Thai populations



Note: Additional primary barriers were lack of access to running water (3%) and lack of access to alcohol for sanitizer purposes (3%).

Two main sources of drinking water

Tap water

River/lake

	Primary source	Secondary source	
Ā	40%	21%	
Bottled water			
	33%	16%	

Two main sources of water for domestic uses

	Primary source	Secondary source	
	67%	18%	
Tap water			
(TO)	18%	14%	
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KIs were asked to rank, in order of importance, what were the two main barriers to COVID-19 specific hygiene and sanitation in the communities that they are working with.

The data indicates that the cost of personal protective equipment (PPE) (25%), lack of adherence to hygiene and sanitation measures (22%), and lack of knowledge on hygiene and sanitation (21%) were the most commonly reported primary barriers.

The most commonly reported sources of drinking water in the KIs' target communities were bottled water (40%) and tap water (33%). Tap water was also reported as the primary source of water for bathing and other domestic uses (67%), followed by river/lakes and other water streams (18%).

It was observed that the main sources of water for drinking differed between the different categories of non-Thai populations. Urban refugees were the most likely to use tap water (47%) as a primary source for drinking water, as compared to the other non-Thai populations.









Non-Thai nationals without daily access to water for domestic uses

Note: 9% of the KIs answered "I do not know"



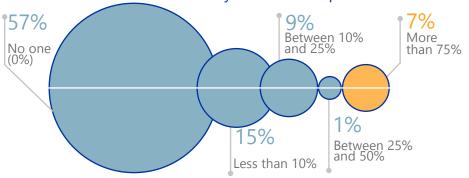
KIs were asked about the proportion of the non-Thai population in their target communities who do not have daily access to drinking water and to water for domestic uses. In total, 67 per cent of the KIs reported that the non-Thai populations in their communities do not have challenges in accessing drinking water. However, 11 per cent of KIs indicated that over three quarters of the non-Thai populations they work with have difficulties in accessing drinking water on a daily basis. Similarly, 64 per cent of the KIs indicated that there are no challenges in access to water for bathing and other domestic uses amongst the communities they are working with. However, 26 per cent of KIs indicated that they were aware of at least some non-Thai nationals in their target communities who face difficulties in accessing water for domestic uses on a daily basis.

Access to services for non-Thai nationals with HIV/AIDS and TB

KIs were also asked which services non-Thai nationals with HIV/AIDS or tuberculosis (TB) have difficulty in accessing during the COVID-19 pandemic. Overall, 45 per cent of KIs reported that they did not know. Thirteen per cent cited antiretroviral treatment and 6 per cent cited TB treatment.



Non-Thai nationals without daily access to soap

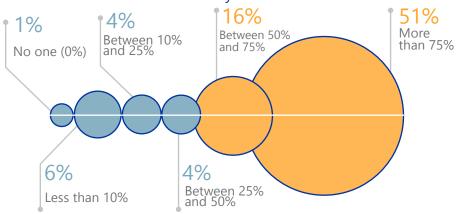




of KIs reported that over three quarters of the non-Thai population in their communities do not have daily access to soap.

Note: 10% of the KIs answered "I do not know"

Non-Thai nationals without daily access to hand sanitizer

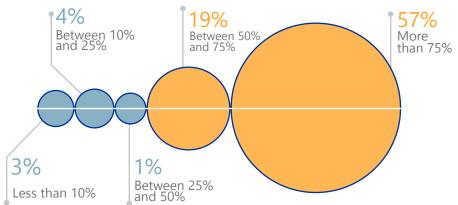


67%

of KIs reported that over half of the non-Thai population in their communities does not have daily access to hand sanitizer.

Note: 16% of the KIs answered "I do not know"

Non-Thai without daily access to alcohol for sanitizer purposes

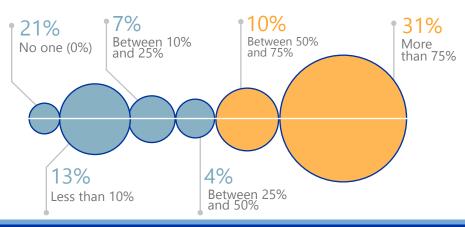




of KIs reported that over half of the non-Thai population in their communities does not have daily access to alcohol for sanitizer purposes.

Note: 15% of the KIs answered "I do not know"

Non-Thai nationals without daily access to face masks





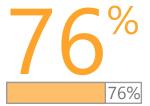
of KIs reported that over half of the non-Thai population in their communities does not have daily access to face masks.

Note: 12% of the KIs answered "I do not know"



IMPACT OF COVID-19 ON NON-THAI NATIONALS

Impact of COVID-19 on food consumption

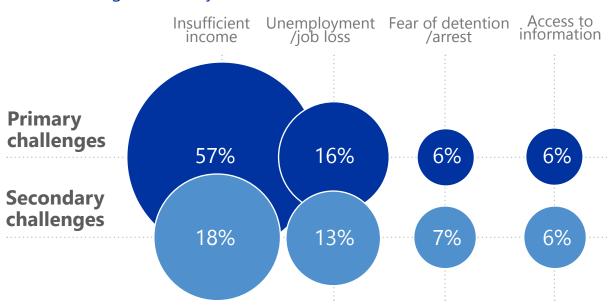


of the KIs reported that over the last month, they have heard of concerns about not having enough food to eat among their beneficiaries due to the consequences of COVID-19.



of the KIs reported that over the last month, they have heard of families going without eating for a whole day among their beneficiaries due to the consequences COVID-19.

Main challenges faced by non-Thai nationals since the outbreak of COVID-19

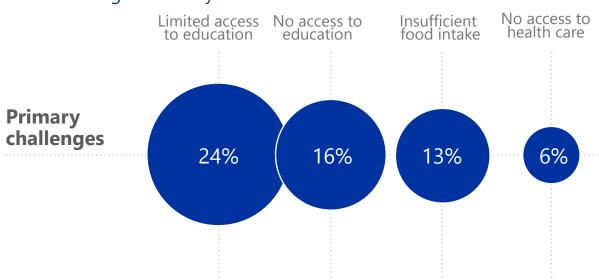


KIs were asked to rank, in order of importance, the two main challenges faced by non-Thai populations since the outbreak of COVID-19.

The data indicates that insufficient income (57%) and unemployment/job loss (16%) were the primary challenges identified by key informants.

Note: Two additional secondary challenges were reported by 7 per cent of the KIs respectively: lack of access to healthcare (7%), lack of access to food (7%).

Main challenges faced by children of non-Thai nationals since the outbreak of COVID-19

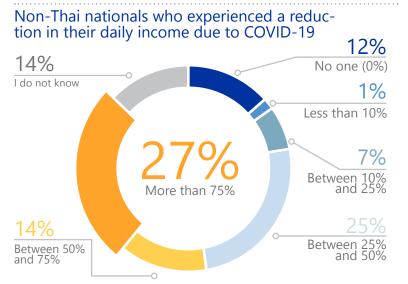


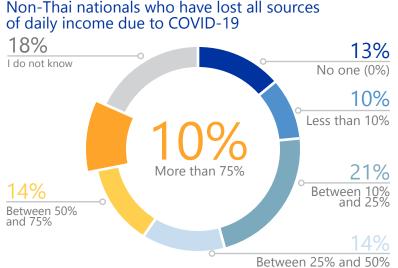
KIs were asked what were the main challenges faced by children amongst non-Thai populations since the outbreak of CO-VID-19.

Limited access to education (24%), no access to education (16%) and insufficient food intake (13%) were the most frequently cited challenges.

Note: Two additional primary challenges were reported by 6 per cent of the KIs respectively: no access to alternative care (6%), no/limited options to play outdoors (6%).







Twenty-seven per cent of respondents indicated that over three quarters of non-Thai nationals in their communities have experienced a reduction in their daily income due to COVID-19. Moreover, 10 per cent of respondents reported that over three quarters of non-Thai nationals in their communities have lost all sources of daily income due to COVID-19.

Non-Thai nationals who are unable to fulfill their basic needs due to COVID-19

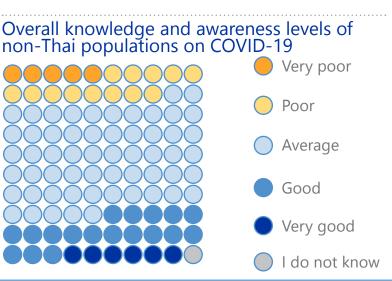
Note: 23% of the KIs answered "I do not know" Being able to fulfill basic needs is here defined as having sufficient financial resources to guarantee the daily coverage of food, water, electricity, shelter, education and medical expenses.



In total, 60 per cent of KIs indicated that some proportion of non-Thai nationals are unable to meet their basic needs.

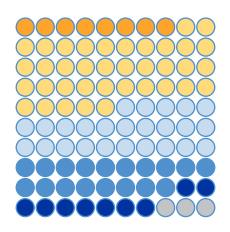
INFORMATION ON COVID-19

KIs were asked to evaluate the overall knowledge and awareness levels of non-Thai populations they are working with on COVID-19. In 18 per cent of the cases the awareness level was rated as "poor" or "very poor", in 56 per cent as "average", and in 24 per cent as "good" or "very good".



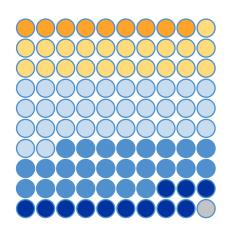




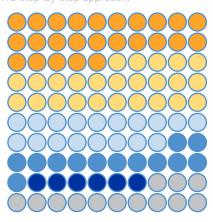


Awareness of COVID-19 preventive measures

(washing hands, wearing masks, social distancing)



Awareness of handwashing practices



Not aware Little awareness Average awareness Good awareness Very good awareness



To better understand what type of information should be provided to non-Thai populations across Thailand, KIs were asked to evaluate overall awareness levels on: 1) COVID-19 symptoms, 2) COVID-19 preventive measures, and 3) handwashing practices. As reported above, the higher incidences of poor awareness were found on handwashing practices (50% reported little to no awareness) and COVID-19 symptoms (45% reported little to no awareness).

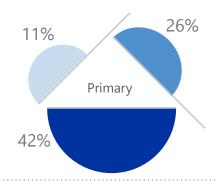
Awareness of who to contact in case of illness

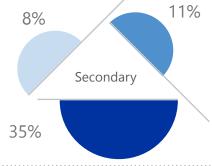
of the KIs reported that the migrant communities with whom they are working know (57%) or partially know (36%) who to contact if they aet sick.

Primary and secondary contact persons non-Thai populations would reach out to in case of illness

Local health volunteer Hospital

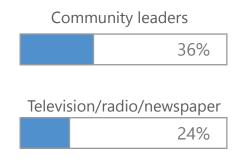
CBO/NGO representative

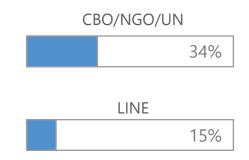




Main sources of information on COVID-19 (multiple answer question)

Facebook 67% Community volunteers 27%







Information, education and communication materials on COVID-19

73% **O**

of the KIs reported that information, education and communication materials on COVID-19 are being distributed in the communities with whom they are working.

Is information on COVID-19 being understood?

25%

of the KIs reported that information on COVID-19 is not being understood or is only partially understood in the communities with whom they are working.

Reasons why information on COVID-19 is not being understood (multiple answer question)



65%

Information is shared in a language not understood by the non-Thai population



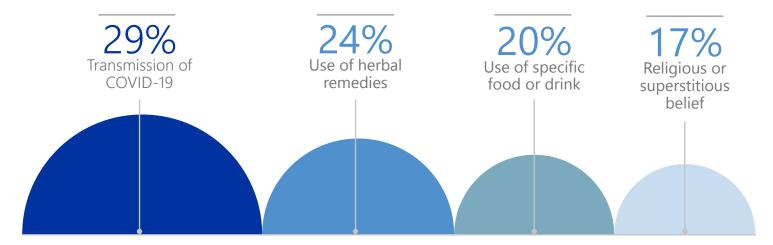
Does this population have any misinformation about COVID-19?

(myths, misunderstandings, belief in conspiracies) Note: 24% of the KIs answered "I do not know".



Main myths and misperceptions about COVID-19 (open question, coded in multiple answers)

Twenty-nine per cent of KIs reported that non-Thai populations have misperceptions about the way in which COVID-19 is transmitted. In addition, 44 per cent of KIs reported that non-Thai populations believe that they can avoid getting COVID-19 or can cure it by using herbal remedies (such as neem leaves, tea leaves or other local herbs), or by drinking or eating particular food or drinks (such as lemon, ginger, eggs, vegetables, alcohol and sea water). Other religious or superstitious beliefs were reported by 17 per cent of the KIs. In addition, 1 per cent of KIs also flagged misunderstandings about rights to access healthcare and about provincial-level restrictions in place, as well as gender bias by some non-Thai populations that males should get priority access to PPE.





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