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RAPID ASSESSMENT: COVID-19 RELATED VULNERABILITIES AND PERCEPTIONS IN MUEANG RANONG DISTRICT, RANONG PROVINCE, THAILAND

INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)
MAY 2020



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DTM

IOM DISPLACEMENT
TRACKING MATRIX

BACKGROUND

In light of the recent outbreak of COVID-19 in Thailand, Thai and non-Thai populations 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 those employed in both the formal and informal sectors. However, the extent to which these challenges and vulnerabilities are affecting local communities in key border provinces is unknown. It is also unclear whether these communities 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 village-level data collection exercise in key border provinces to collect information on: 1) presence of non-Thai nationals, 2) vulnerabilities to COVID-19, 3) impacts of COVID-19 on livelihoods, food, and access to services, and 4) awareness and knowledge levels on COVID-19. Information was collected at the village level in three districts.

By collecting this information at the onset of the crisis, the results of this assessment can be used to rapidly identify specific vulnerabilities and provide timely information to the Government and other support actors.

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 in Thailand has been implemented to respond to the COVID-19 crisis.

Between 11 and 22 April 2020, 16 IOM staff (50% female) conducted phone surveys with a total of 408 village-level key informants (KIs) located in Tak province (Mae Sot district) and Ranong province (Mueang Ranong district and Suk Samran district). KIs were primarily representatives from local health institutions, village leaders and migrant community representatives.

For each village, up to 3 KIs were interviewed to allow for triangulation of results. Where possible, data was also triangulated with external sources. Sub-district and district level data presented is based on an average of village level responses.

This report focuses on the results for Mueang Ranong district, in Ranong province, Thailand, where a total of 122 KIs were interviewed across one municipality, eight sub-districts, 38 villages and 20 communities.

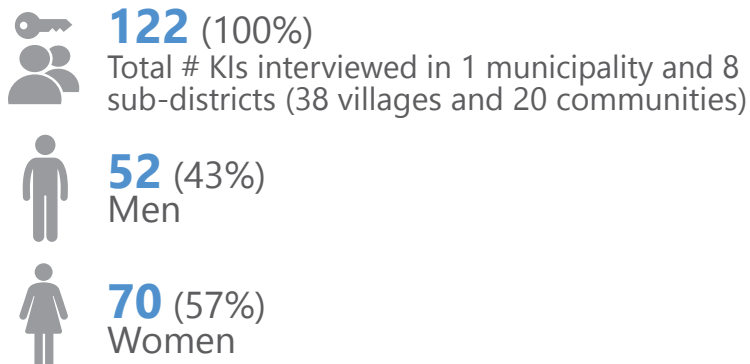
NOTES AND DEFINITIONS

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, and other non-Thai populations.

Statistical note: When an asterisk is found next to the total number of individuals it indicates that the estimate of this rapid assessment differ by more than 10 per cent from the total number of individuals reported in the official registration data as of February 2020. For more information about missing data points refer to the annex at the end of this report.

KEY INFORMANTS

KEY INFORMANTS BY SEX



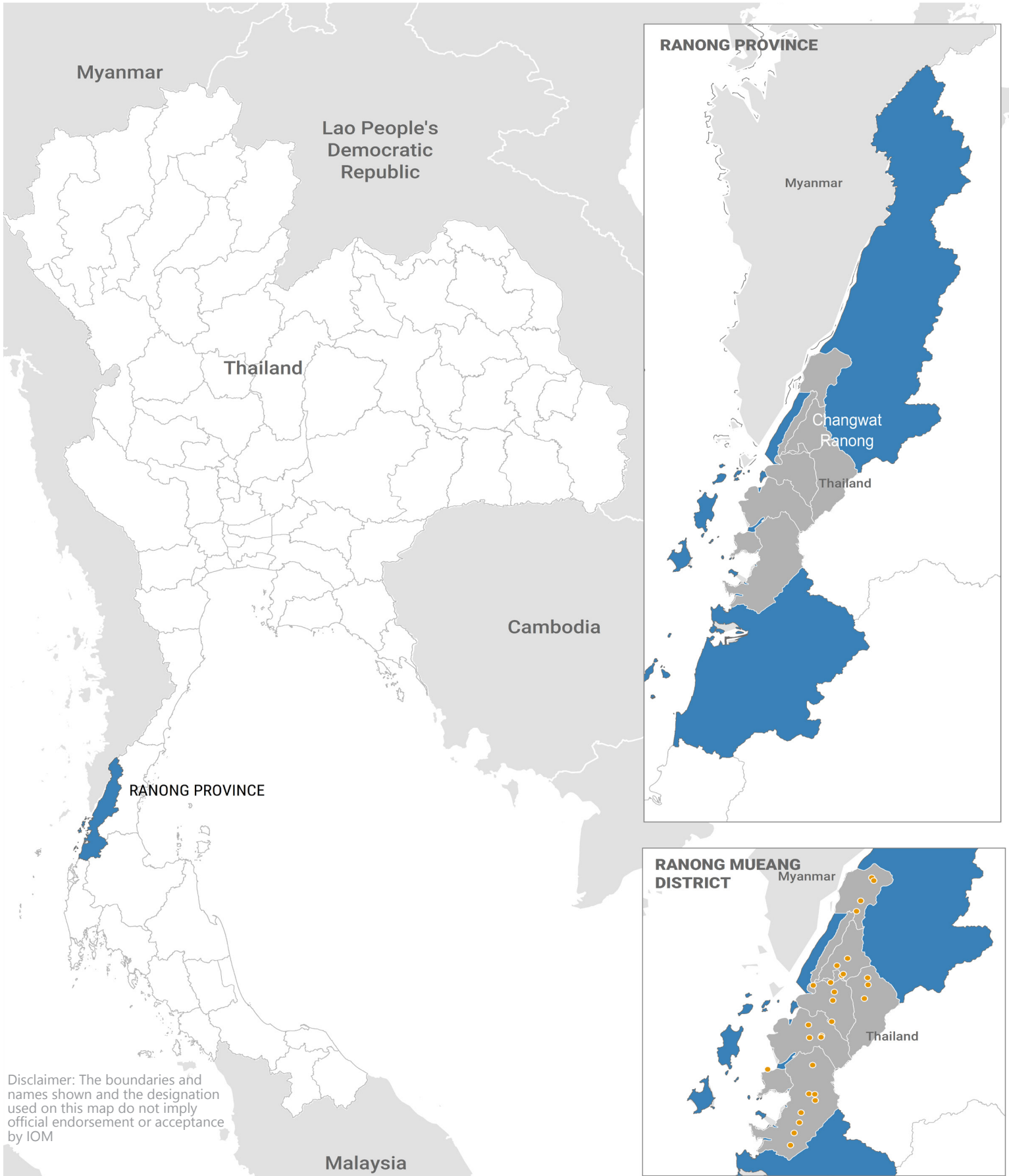
KEY INFORMANTS BY TYPE



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GEOGRAPHICAL SCOPE




Disclaimer: The boundaries and names shown and the designation used on this map do not imply official endorsement or acceptance by IOM


MUEANG RANONG DISTRICT

POPULATION

 **108,626*** (100%)
individuals living in 1 municipality and 8 sub-districts (20 communities and 38 villages)


VULNERABLE POPULATION**

 **4,971** (5%)
persons with vulnerabilities

 **78** (close to 0%)
persons with fever, cough, respiratory symptoms

 **3,624** (3%)
persons over 60 years old


 **988** (1%)
persons with chronic diseases/ serious medical conditions

 **281** (close to 0%)
pregnant women

NON-THAI POPULATION

 **31,652** (29%)
non-Thai residents

 **29,521** (27%)
Myanmar migrants

 **2,131** (2%)
other non-Thai residents

MIGRATION

The results of this assessment indicate that less than 25 per cent of the migrants in Mueang Ranong district would like to return to their country of origin but are unable to do so. In total, over the past 4 weeks, 1,692 migrants returned to their country of origin. Between 25 per cent and 50 per cent of the migrants are employed in agriculture and food preparation services. **The most commonly spoken language in the district is Thai followed by Myanmar language. Some residents also speak Morgan, Yawi and English.**

WASH

SHARE OF PEOPLE WITHOUT ACCESS TO WATER

The number of people without daily access to drinking water is close to 0 per cent, while the population without daily access to water for cleaning and other domestic uses is below 25 per cent. **Lack of access to running water was reported as a barrier to maintaining hygiene and sanitation in 2 sub-districts.**

MAIN SOURCES OF DRINKING WATER

 Primary source
Bottled water


 Secondary source
Tap water

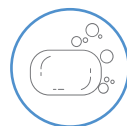
MAIN SOURCES OF WATER FOR DOMESTIC USES


 Primary source
Tap water


 Secondary source
River/ lake/ pond

SHARE OF PEOPLE WITHOUT DAILY ACCESS TO PERSONAL PROTECTIVE EQUIPMENT

 **Less than 25%**
Masks

 **Close to 0%**
Soap

 **Between 25% and 50%**
Hand sanitizer

 **Between 50% and 75%**
Alcohol for sanitizer purposes

MAIN BARRIERS TO COVID-19 RELATED SANITATION AND HYGIENE

Primary barriers

- Lack of access to personal protective equipment
- Lack of knowledge on sanitation and hygiene practices

Secondary barriers

- People are aware of sanitation and hygiene practices but do not follow them
- Cannot afford to buy personal protective equipment

* According to February 2020 registration data, the total population of Mueang Ranong is 89,534. ** Please refer to the annex for missing data points.

MUEANG RANONG DISTRICT

IMPACT OF COVID-19

IMPACT OF COVID-19 ON INCOME

 **Partial loss of income**
Between 50% and 75% of the population

 **Total loss of income**
Between 25% and 50% of the population

 **Unable to meet basic needs**
Between 25% and 50% of the population

IMPACT OF COVID-19 ON FOOD CONSUMPTION

Over the past 4 weeks, concerns about not having enough food to eat due to the impacts of the COVID-19 pandemic were reported in 53 out of 58 villages. and communities **In 54 out of 58 villages and communities, some families had to significantly reduce the amount of food they consume.**

MAIN CHALLENGES SINCE THE OUTBREAK OF COVID-19

Primary challenges	Secondary challenges
<ul style="list-style-type: none"> • Unemployment • Insufficient income 	<ul style="list-style-type: none"> • Wage reduction • Debt

MAIN CHALLENGES FOR CHILDREN SINCE THE OUTBREAK OF COVID-19


Primary challenges	Secondary challenges
<ul style="list-style-type: none"> • No access to education • No home schooling 	<ul style="list-style-type: none"> • Insufficient food intake • Limited access to healthcare

SERVICES MOST AFFECTED BY COVID-19

 Livelihoods	 Water
 Healthcare	 Transport

ACCESS TO INFORMATION ON COVID-19

KNOWLEDGE AND AWARENESS ON COVID-19

 **Aware of symptoms**
More than 75% of the population

 **Aware of hygiene and sanitation**
More than 75% of the population

 **Aware of handwashing practices**
More than 75% of the population

DISTRIBUTION OF COVID-19 INFORMATION AND COMMUNICATION MATERIALS

Government sources, local hospitals and the UN are distributing information and communication materials on COVID-19 in 52 out of 58 villages and communities. However, in 7 out of 52 villages and communities, information is not being understood or is only being partially understood. Reasons for this include beneficiaries being unable to read, information materials using complex language, or information being shared in a different language from that spoken by the population. **The KIIs reported that there are some myths or misperceptions on COVID-19 in 8 out of 58 villages and communities.**

INFORMATION SOURCES ON COVID-19

 Community volunteers	 Phonecall/text
 Public megaphone	 TV, radio, print media

COVID-19 POINTS OF CONTACT IN CASE OF ILLNESS


The overall knowledge and awareness level of the population on COVID-19 is rated as good. The population is aware of who to contact in case they get sick. Local health volunteers, local hospitals, village chiefs and the COVID-19 national hotline are identified as the primary points of contact.


BANG NON SUB-DISTRICT


POPULATION

 **13,513** (100%)
individuals living in 4 villages


VULNERABLE POPULATION**

 **102** (1%)
persons with vulnerabilities

 **0** (0%)
persons with fever, cough, respiratory symptoms


 **102** (1%)
persons over 60 years old

 **0** (0%)
persons with chronic diseases/ serious medical conditions

 **0** (0%)
pregnant women

NON-THAI POPULATION

 **4,636** (34%)
non-Thai residents

 **4,573** (34%)
Myanmar migrants

 **63** (close to 0%)
other non-Thai residents

MIGRATION

The results of this assessment indicate that between 25 and 50 per cent of the migrants in Bang Non sub-district would like to return to their country of origin but are unable to do so. In total, over the past 4 weeks, 508 migrants returned to their country of origin. Less than 25 per cent of the migrants in Bang Non are employed in agriculture and food preparation services. **The most commonly spoken language in the sub-district is Thai followed by Myanmar.**

** Please refer to the annex for missing data points

WASH

SHARE OF PEOPLE WITHOUT ACCESS TO WATER

The number of people without daily access to drinking water and water for cleaning and other domestic uses is less than 25 per cent. However, **in 1 village, between 25 and 50 per cent of the population does not have daily access to water for domestic uses.**

MAIN SOURCES OF DRINKING WATER



Primary source
Tap water



Secondary source
Bottled water

MAIN SOURCES OF WATER FOR DOMESTIC USES



Primary source
Tap water

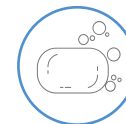


Secondary source
Public water trucking

SHARE OF PEOPLE WITHOUT DAILY ACCESS TO PERSONAL PROTECTIVE EQUIPMENT



Close to 0%
Masks



Close to 0%
Soap



Between 25% and 50%
Hand sanitizer



Between 25% and 50%
Alcohol for sanitizer purposes

MAIN BARRIERS TO COVID-19 RELATED SANITATION AND HYGIENE

Primary barriers

- People are aware of hygiene and sanitation practices but do not follow them
- Lack of access to personal protective equipment

Secondary barriers

- Cannot afford to buy personal protective equipment

BANG NON SUB-DISTRICT

IMPACT OF COVID-19

IMPACT OF COVID-19 ON INCOME

 **Partial loss of income**
Between 50% and 75% of the population

 **Total loss of income**
Between 50% and 75% of the population

 **Unable to meet basic needs**
Between 25% and 50% of the population

IMPACT OF COVID-19 ON FOOD CONSUMPTION

Over the past 4 weeks, concerns about not having enough food to eat due to the impacts of the COVID-19 pandemic were reported in all villages. **In all villages, some families had to significantly reduce the amount of food they consume.**

MAIN CHALLENGES SINCE THE OUTBREAK OF COVID-19

Primary challenges	Secondary challenges
<ul style="list-style-type: none"> • Insufficient income 	<ul style="list-style-type: none"> • Unemployment • Discrimination

MAIN CHALLENGES FOR CHILDREN SINCE THE OUTBREAK OF COVID-19


Primary challenges	Secondary challenges
<ul style="list-style-type: none"> • No home schooling • Limited access to healthcare 	<ul style="list-style-type: none"> • No education • No access to alternative care

SERVICES MOST AFFECTED BY COVID-19

 Livelihoods	 Healthcare
 Information	 Safety and security

ACCESS TO INFORMATION ON COVID-19

KNOWLEDGE AND AWARENESS ON COVID-19

 **Aware of symptoms**
More than 75% of the population

 **Aware of hygiene and sanitation**
More than 75% of the population

 **Aware of handwashing practices**
More than 75% of the population

DISTRIBUTION OF COVID-19 INFORMATION AND COMMUNICATION MATERIALS

In all villages, information and communication materials on COVID-19 are being distributed by government sources and local hospitals. However, information and communication materials are only being partially understood by the population as some people cannot read and in some cases information is provided using complex language. The KIs reported that there are no myths or misperceptions on COVID-19 in Bang Non.

COVID-19 POINTS OF CONTACT IN CASE OF ILLNESS

The overall knowledge and awareness level of the population on COVID-19 is rated as good. The population is aware of who to contact in case they get sick. Local health volunteers, local hospitals, and the village chief are identified as the primary points of contact.

INFORMATION SOURCES ON COVID-19


 Community volunteers	 Phonecall/text
 Community leaders	 Television/radio/print


BANG RIN SUB-DISTRICT


POPULATION


 **37,908*** (100%)
individuals living in 6 villages


VULNERABLE POPULATION**

 **1,342** (4%)
persons with vulnerabilities

 **28** (close to 0%)
persons with fever, cough, respiratory symptoms

 **1,053** (3%)
persons over 60 years old

 **100** (close to 0%)
persons with chronic diseases/ serious medical conditions

 **161** (close to 0%)
pregnant women

NON-THAI POPULATION

 **15,605** (41%)
non-Thai residents

 **15,580** (41%)
Myanmar migrants

 **25** (close to 0%)
other non-Thai residents

MIGRATION

The results of this assessment indicate that fewer than 25 per cent of migrants in Bang Rin would like to return to their country of origin but are unable to do so. In total, over the past 4 weeks, 360 migrants returned to their country of origin. Between 50 and 75 per cent of migrants in Bang Rin are employed in agriculture and food preparation services. **The most commonly spoken language in the sub-district is Thai followed by Myanmar language.**

* According to February 2020 registration data, the total population of Bang Rin is 23,114. ** Please refer to the annex for missing data points.

WASH

SHARE OF PEOPLE WITHOUT ACCESS TO WATER

The number of people without daily access to drinking water is close to 0 per cent while the share of people without access to water for cleaning and other domestic uses is below 25 per cent. However, **in 1 village between 25 and 50 per cent of people lack daily access to drinking water and in 1 village between 25 and 50 per cent lack access to water for domestic uses.**


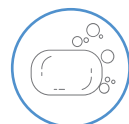
MAIN SOURCES OF DRINKING WATER



 Primary source
Bottled water  Secondary source
Tap water

MAIN SOURCES OF WATER FOR DOMESTIC USES

 Primary source
Tap water  Secondary source
River/ lake/ pond

SHARE OF PEOPLE WITHOUT DAILY ACCESS TO PERSONAL PROTECTIVE EQUIPMENT

 **Less than 25%**
Masks  **Close to 0%**
Soap

 **Between 50% and 75%**
Hand sanitizer  **Between 50% and 75%**
Alcohol for sanitizer purposes

MAIN BARRIERS TO COVID-19 RELATED SANITATION AND HYGIENE

Primary barriers

- Lack of knowledge on sanitation and hygiene practices

Secondary barriers

- Lack of access to personal protective equipment

BANG RIN SUB-DISTRICT

IMPACT OF COVID-19

IMPACT OF COVID-19 ON INCOME

 **Partial loss of income**
Between 50% and 75% of the population

 **Total loss of income**
Between 25% and 50% of the population

 **Unable to meet basic needs**
Between 25% and 50% of the population

IMPACT OF COVID-19 ON FOOD CONSUMPTION

Over the past 4 weeks, concerns about not having enough food to eat due to the impacts of the COVID-19 pandemic were reported in all villages. **In all villages, some families had to significantly reduce the amount of food they consume.**

MAIN CHALLENGES SINCE THE OUTBREAK OF COVID-19

Primary challenges	Secondary challenges
<ul style="list-style-type: none"> • Unemployment • Insufficient income 	<ul style="list-style-type: none"> • Debt

MAIN CHALLENGES FOR CHILDREN SINCE THE OUTBREAK OF COVID-19


Primary challenges	Secondary challenges
<ul style="list-style-type: none"> • No access to education • Limited access to education 	<ul style="list-style-type: none"> • Limited access to healthcare

SERVICES MOST AFFECTED BY COVID-19

 Livelihoods	 Food
 Healthcare	 Education

ACCESS TO INFORMATION ON COVID-19

KNOWLEDGE AND AWARENESS ON COVID-19

 **Aware of symptoms**
More than 75% of the population

 **Aware of hygiene and sanitation**
More than 75% of the population

 **Aware of handwashing practices**
More than 75% of the population

COVID-19 POINTS OF CONTACT IN CASE OF ILLNESS

The overall knowledge and awareness level of the population on COVID-19 is rated as very good. The population is aware of who to contact in case they get sick. Local health volunteers, local hospitals, the national hotline and the village chief are identified as the primary points of contact.

DISTRIBUTION OF COVID-19 INFORMATION AND COMMUNICATION MATERIALS

In all villages, information and communication materials on COVID-19 are being distributed by local hospitals and government sources.

In all villages, information material is being understood. The KIs reported that there are no myths and misperceptions on COVID-19 in Bang Rin sub-district.

INFORMATION SOURCES ON COVID-19


 Community volunteers	 Phonecall/text
 Public megaphone	 Television/radio/print


HAT SOM PAEN SUB-DISTRICT


POPULATION

 **2,582*** (100%)
individuals living in 3 villages

VULNERABLE POPULATION**

 **335** (13%)
persons with vulnerabilities

 **0** (0%)
persons with fever, cough, respiratory symptoms

 **305** (12%)
persons over 60 years old


 **30** (1%)
persons with chronic diseases/ serious medical conditions

 **Unknown**
pregnant women

NON-THAI POPULATION

 **733** (28%)
non-Thai residents

 **663** (25%)
Myanmar migrants

 **70** (3%)
other non-Thai residents

MIGRATION

The results of this assessment indicate that between 25 and 50 per cent of migrants in Hat Som Paen would like to return to their country of origin but are unable to do so. In total, over the past 4 weeks, 42 migrants returned to their country of origin. Over 75 per cent of migrants in Hat Som Paen are employed in agriculture and food preparation services. **The most commonly spoken language in the sub-district is Thai followed by Myanmar language.**

WASH

SHARE OF PEOPLE WITHOUT ACCESS TO WATER

The number of people without daily access to drinking water and water for cleaning and other domestic uses is close to 0 per cent.

MAIN SOURCES OF DRINKING WATER

 Primary source
Bottled water

 Secondary source
Private water trucking

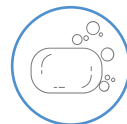
MAIN SOURCES OF WATER FOR DOMESTIC USES

 Primary source
Tap water


 Secondary source
River/ lake/ pond

SHARE OF PEOPLE WITHOUT DAILY ACCESS TO PERSONAL PROTECTIVE EQUIPMENT

 Close to 0%
Masks

 Close to 0%
Soap

 Between 50% and 75%
Hand sanitizer

 Between 50% and 75%
Alcohol for sanitizer purposes

MAIN BARRIERS TO COVID-19 RELATED SANITATION AND HYGIENE

Primary barriers

- Lack of access to personal protective equipment
- Lack of knowledge on sanitation and hygiene practices

Secondary barriers




- People are aware of sanitation and hygiene practices but do not follow them

* According to February 2020 registration data, the total population of Hat Som Paen is 3,191. ** Please refer to the annex for missing data points.

HAT SOM PAEN SUB-DISTRICT

IMPACT OF COVID-19

IMPACT OF COVID-19 ON INCOME

-  **Partial loss of income**
More than 75% of the population
-  **Total loss of income**
Between 50% and 75% of the population
-  **Unable to meet basic needs**
Less than 25% of the population

IMPACT OF COVID-19 ON FOOD CONSUMPTION

Over the past 4 weeks, concerns about not having enough food to eat due to the impacts of the COVID-19 pandemic were reported in all villages. **In all villages, some families had to significantly reduce the amount of food they consume.**

MAIN CHALLENGES SINCE THE OUTBREAK OF COVID-19

- | | |
|---|--|
| Primary challenges | Secondary challenges |
| <ul style="list-style-type: none"> • Insufficient income • Unemployment | <ul style="list-style-type: none"> • Wage reduction |

MAIN CHALLENGES FOR CHILDREN SINCE THE OUTBREAK OF COVID-19




- | | |
|---|---|
| Primary challenges | Secondary challenges |
| <ul style="list-style-type: none"> • Limited access to education • Insufficient food intake | <ul style="list-style-type: none"> • No access to education • No home schooling |

SERVICES MOST AFFECTED BY COVID-19

-  **Livelihoods**
-  **Education**
-  **Transport**

ACCESS TO INFORMATION ON COVID-19

KNOWLEDGE AND AWARENESS ON COVID-19

-  **Aware of symptoms**
More than 75% of the population
-  **Aware of hygiene and sanitation**
More than 75% of the population
-  **Aware of handwashing practices**
Between 50% and 75% of the population

DISTRIBUTION OF COVID-19 INFORMATION AND COMMUNICATION MATERIALS




In all villages, local hospitals and government sources distribute information and communication materials on COVID-19. Information and communication materials are being understood by the population.

The KIs reported that there are some myths and misperceptions on COVID-19 in 2 out of 3 villages. Some people in these villages believe that COVID-19 does not exist or that it is not a contagious disease.

COVID-19 POINTS OF CONTACT IN CASE OF ILLNESS

The overall knowledge and awareness level of the population on COVID-19 is rated as good. The population is aware of who to contact in case they get sick. Local health volunteers, village chiefs and the national hotline are identified as the primary points of contact.

INFORMATION SOURCES ON COVID-19


-  **Public megaphone**
-  **Community volunteers**
-  **Facebook**


KHAO NIWET MUNICIPALITY


POPULATION

 **20,585** (100%)
individuals living in 20 communities


VULNERABLE POPULATION**

 **185** (1%)
persons with vulnerabilities

 **10** (close to 0%)
persons with fever, cough, respiratory symptoms


 **175** (1%)
persons over 60 years old


 **Unknown**
persons with chronic diseases/ serious medical conditions

 **0** (0%)
pregnant women

NON-THAI POPULATION

 **1,979** (9%)
non-Thai residents

 **1,718** (8%)
Myanmar migrants

 **261** (1%)
other non-Thai residents

MIGRATION

The results of this assessment indicate that there are no stranded migrants in Khao Niwet municipality. In total, over the past 4 weeks, 520 migrants returned to their country of origin. Less than 25 per cent of migrants in Khao Niwet municipality are employed in agriculture and food preparation services. **The most commonly spoken language in the municipality is Thai followed by Myanmar language.**

WASH

SHARE OF PEOPLE WITHOUT ACCESS TO WATER

The number of people without daily access to drinking water and water for cleaning and other domestic uses is close to 0 per cent.


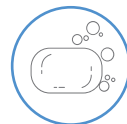
MAIN SOURCES OF DRINKING WATER



 Primary source
Bottled water  Secondary source
Tap water

MAIN SOURCES OF WATER FOR DOMESTIC USES

 Primary source
Tap water  Secondary source
River/ lake/ pond

SHARE OF PEOPLE WITHOUT DAILY ACCESS TO PERSONAL PROTECTIVE EQUIPMENT

 **Less than 25%**
Masks  **Close to 0%**
Soap

 **Between 25% and 50%**
Hand sanitizer  **Between 50% and 75%**
Alcohol for sanitizer purposes

MAIN BARRIERS TO COVID-19 RELATED SANITATION AND HYGIENE

Primary barriers

- Cannot afford to buy personal protective equipment

Secondary barriers

- Lack of access to personal protective equipment

** Please refer to the annex for missing data points.

KHAO NIWET MUNICIPALITY

IMPACT OF COVID-19

IMPACT OF COVID-19 ON INCOME

 **Partial loss of income**
Between 50% and 75% of the population

 **Total loss of income**
Between 50% and 75% of the population

 **Unable to meet basic needs**
Between 25% and 50% of the population

MAIN CHALLENGES SINCE THE OUTBREAK OF COVID-19

Primary challenges	Secondary challenges
<ul style="list-style-type: none"> • Insufficient income • Unemployment 	<ul style="list-style-type: none"> • Debt • Wage reduction

MAIN CHALLENGES FOR CHILDREN SINCE THE OUTBREAK OF COVID-19

Primary challenges	Secondary challenges
<ul style="list-style-type: none"> • No access to education 	<ul style="list-style-type: none"> • Insufficient food intake

IMPACT OF COVID-19 ON FOOD CONSUMPTION


Over the past 4 weeks, concerns about not having enough food to eat due to the impacts of the COVID-19 pandemic were reported in 17 out of 20 communities. **In 16 out of 20 communities some families had to significantly reduce the amount of food they consume.**

SERVICES MOST AFFECTED BY COVID-19

 Livelihoods	 Electricity
 Transport	

ACCESS TO INFORMATION ON COVID-19

KNOWLEDGE AND AWARENESS ON COVID-19

 **Aware of symptoms**
More than 75% of the population

 **Aware of hygiene and sanitation**
More than 75% of the population

 **Aware of handwashing practices**
More than 75% of the population

DISTRIBUTION OF COVID-19 INFORMATION AND COMMUNICATION MATERIALS

Information and communication materials are not being distributed in 4 out of the 20 communities. In the other communities, information is being distributed by government sources, local hospitals and the UN. In 1 community information is only partially being understood because it is shared in a different language from that spoken in the community.

The KIs reported that there are no myths or misperceptions on COVID-19 in Khao Niwet.

COVID-19 POINTS OF CONTACT IN CASE OF ILLNESS

The overall knowledge and awareness level of the population on COVID-19 is rated as good. The population is aware of who to contact in case they get sick. Local health volunteers and local hospitals are identified as the primary points of contact.

INFORMATION SOURCES ON COVID-19


 Public megaphone	 LINE
 Community volunteers	 Facebook


KO PHAYAM SUB-DISTRICT


POPULATION


 **1,348*** (100%)
individuals living in 2 villages


VULNERABLE POPULATION

 **23** (2%)
persons with vulnerabilities

 **4** (close to 0%)
persons with fever, cough, respiratory symptoms


 **3** (close to 0%)
persons over 60 years old


 **1** (close to 0%)
persons with chronic diseases/ serious medical conditions

 **15** (1%)
pregnant women

NON-THAI POPULATION

 **1,003** (74%)
non-Thai residents

 **413** (30%)
Myanmar migrants

 **590** (44%)
other non-Thai residents

MIGRATION

The results of this assessment indicate that fewer than 25 per cent of migrants in Ko Phayam would like to return to their country of origin but are unable to do so. In total, over the past 4 weeks, 45 migrants returned to their country of origin. Less than 25 per cent of migrants in Ko Phayam are employed in agriculture and food preparation services. **The most commonly spoken language in the sub-district is Thai followed by Myanmar and English.**

WASH

SHARE OF PEOPLE WITHOUT ACCESS TO WATER

The number of people without daily access to drinking water is between 25 and 50 per cent while the share of people without daily access to water for other domestic uses is between 50 and 75 per cent.

MAIN SOURCES OF DRINKING WATER

 Primary source
Private hand pump


 Secondary source
Bottled water

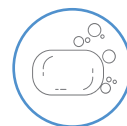
MAIN SOURCES OF WATER FOR DOMESTIC USES


 Primary source
Private hand pump


 Secondary source
Public hand pump

SHARE OF PEOPLE WITHOUT DAILY ACCESS TO PERSONAL PROTECTIVE EQUIPMENT

 Between 25% and 50%
Masks

 Close to 0%
Soap

 Between 50% and 75%
Hand sanitizer

 Between 50% and 75%
Alcohol for sanitizer purposes

MAIN BARRIERS TO COVID-19 RELATED SANITATION AND HYGIENE

Primary barriers

- Lack of knowledge on sanitation and hygiene practices
- Lack of access to personal protective equipment

Secondary barriers

- People are aware of sanitation and hygiene practices but do not follow them

* According to February 2020 registration data, the total population of Ko Phayam is 1,200.

KO PHAYAM SUB-DISTRICT

IMPACT OF COVID-19

IMPACT OF COVID-19 ON INCOME

 **Partial loss of income**
Between 50% and 75% of the population

 **Total loss of income**
More than 75% of the population

 **Unable to meet basic needs**
Between 50% and 75% of the population

MAIN CHALLENGES SINCE THE OUTBREAK OF COVID-19

Primary challenges Secondary challenges

- Insufficient income
- Unemployment

MAIN CHALLENGES FOR CHILDREN SINCE THE OUTBREAK OF COVID-19

Primary challenges Secondary challenges

- No home schooling
- Limited access to education
- Insufficient food intake

IMPACT OF COVID-19 ON FOOD CONSUMPTION

Over the past 4 weeks, concerns about not having enough food to eat due to the impacts of the COVID-19 pandemic were reported in all villages. **In all villages, some families had to significantly reduce the amount of food they consume.**


SERVICES MOST AFFECTED BY COVID-19


 **Livelihoods**  **Electricity**

 **Water**  **Transport**

ACCESS TO INFORMATION ON COVID-19

KNOWLEDGE AND AWARENESS ON COVID-19

 **Aware of symptoms**
Between 50% and 75% of the population

 **Aware of hygiene and sanitation**
Between 50% and 75% of the population

 **Aware of handwashing practices**
Between 25% and 50% of the population

DISTRIBUTION OF COVID-19 INFORMATION AND COMMUNICATION MATERIALS

In 1 village, information and communication materials on COVID-19 are not being distributed. In the other village, information and communication materials are being distributed by the government. This material is only partially being understood because information is shared using complex language.

The KIs reported that there are no myths or misperceptions on COVID-19 in Ko Phayam.

COVID-19 POINTS OF CONTACT IN CASE OF ILLNESS

The overall knowledge and awareness level of the population on COVID-19 is rated as average. The population is aware of who to contact in case they get sick. Local health volunteers, local hospitals and village chiefs are identified as the primary points of contact.

INFORMATION SOURCES ON COVID-19

 **LINE**  **Community leaders**


 **Community volunteers**  **Phonecall/text**


NGAO SUB-DISTRICT


POPULATION

 **6,179** (100%)
individuals living in 5 villages


VULNERABLE POPULATION

 **686** (11%)
persons with vulnerabilities

 **1** (close to 0%)
persons with fever, cough, respiratory symptoms


 **504** (8%)
persons over 60 years old


 **168** (3%)
persons with chronic diseases/ serious medical conditions

 **13** (close to 0%)
pregnant women

NON-THAI POPULATION

 **502** (8%)
non-Thai residents

 **264** (4%)
Myanmar migrants

 **238** (4%)
other non-Thai residents

MIGRATION

The results of this assessment indicate that less than 25 per cent of the migrants in Ngao sub-district would like to return to their country of origin but are unable to do so. In total, over the past 4 weeks, 58 migrants returned to their country of origin. Between 50 and 75 per cent of migrants in Ngao are employed in agriculture and food preparation services. **The most commonly spoken language in the sub-district is Thai followed by Myanmar language.**

WASH

SHARE OF PEOPLE WITHOUT ACCESS TO WATER

The number of people without daily access to drinking water and water for cleaning and other domestic uses is close to 0 per cent.

MAIN SOURCES OF DRINKING WATER

 Primary source
Bottled water

 Secondary source
Tap water

MAIN SOURCES OF WATER FOR DOMESTIC USES


 Primary source
Tap water

 Secondary source
River/ lake/ pond

SHARE OF PEOPLE WITHOUT DAILY ACCESS TO PERSONAL PROTECTIVE EQUIPMENT

 Close to 0%
Masks

 Close to 0%
Soap

 Between 50% and 75%
Hand sanitizer

 Between 50% and 75%
Alcohol for sanitizer purposes

MAIN BARRIERS TO COVID-19 RELATED SANITATION AND HYGIENE

Primary barriers

- Lack of access to personal protective equipment
- Lack of knowledge on sanitation and hygiene practices

Secondary barriers




- People are aware of sanitation and hygiene practices but do not follow them

** Please refer to the annex for missing data points.

NGAO SUB-DISTRICT

IMPACT OF COVID-19

IMPACT OF COVID-19 ON INCOME

-  **Partial loss of income**
More than 75% of the population
-  **Total loss of income**
Between 25% and 50% of the population
-  **Unable to meet basic needs**
Less than 25% of the population

MAIN CHALLENGES SINCE THE OUTBREAK OF COVID-19

- | | |
|---|--|
| Primary challenges | Secondary challenges |
| <ul style="list-style-type: none"> • Insufficient income • Unemployment | <ul style="list-style-type: none"> • Wage reduction • Transportation |

MAIN CHALLENGES FOR CHILDREN SINCE THE OUTBREAK OF COVID-19

- Primary challenges**
- No home schooling

IMPACT OF COVID-19 ON FOOD CONSUMPTION




Over the past 4 weeks, concerns about not having enough food to eat due to the impacts of the COVID-19 pandemic were reported in 4 out of 5 villages. **In all villages, some families had to significantly reduce the amount of food they consume.**

SERVICES MOST AFFECTED BY COVID-19

-  **Livelihoods**
-  **Transport**
-  **Safety and security**

ACCESS TO INFORMATION ON COVID-19

KNOWLEDGE AND AWARENESS ON COVID-19

-  **Aware of symptoms**
More than 75% of the population
-  **Aware of hygiene and sanitation**
More than 75% of the population
-  **Aware of handwashing practices**
More than 75% of the population

DISTRIBUTION OF COVID-19 INFORMATION AND COMMUNICATION MATERIALS

In all villages information and communication materials are being distributed by local hospitals and government sources. The information materials are being understood by the population. The KIs reported that there are no myths or misperceptions on COVID-19 in NGAO sub-district.

COVID-19 POINTS OF CONTACT IN CASE OF ILLNESS

The overall knowledge and awareness level of the population on COVID-19 is rated as good. The population is aware of who to contact in case they get sick. Local health volunteers, local hospitals and village chiefs are identified as the primary points of contact.

INFORMATION SOURCES ON COVID-19


-  **Public megaphone**
-  **Religious leaders**
-  **Community volunteers**
-  **Phonecall/text**


PAK NAM SUB-DISTRICT


POPULATION

 **13,628*** (100%)
individuals living in 6 villages


VULNERABLE POPULATION**

 **1,087** (8%)
persons with vulnerabilities

 **22** (close to 0%)
persons with fever, cough, respiratory symptoms


 **638** (5%)
persons over 60 years old


 **365** (3%)
persons with chronic diseases/ serious medical conditions

 **62** (close to 0%)
pregnant women

NON-THAI POPULATION

 **5,638** (41%)
non-Thai residents

 **4,961** (36%)
Myanmar migrants

 **677** (5%)
other non-Thai residents

MIGRATION

The results of this assessment indicate that there are no stranded migrants in Pak Nam sub-district. In total, over the past 4 weeks, 58 migrants returned to their country of origin. Between 50 and 75 per cent of migrants in Pak Nam are employed in agriculture and food preparation services. **The most commonly spoken language in the sub-district is Thai followed by Myanmar, Yawi and Morgan.**

WASH

SHARE OF PEOPLE WITHOUT ACCESS TO WATER

The number of people without daily access to drinking water is less than 25 per cent while the share of people without daily access to water for cleaning and other domestic uses is close to 0 per cent. **In 2 villages the share of people without daily access to drinking water is between 25 and 50 per cent.**

MAIN SOURCES OF DRINKING WATER

 Primary source
Bottled water


 Secondary source
River/ lake/ pond

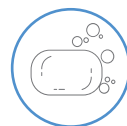
MAIN SOURCES OF WATER FOR DOMESTIC USES


 Primary source
Tap water


 Secondary source
Rain water

SHARE OF PEOPLE WITHOUT DAILY ACCESS TO PERSONAL PROTECTIVE EQUIPMENT

 **Less than 25%**
Masks

 **Close to 0%**
Soap

 **Between 25% and 50%**
Hand sanitizer

 **Between 50% and 75%**
Alcohol for sanitizer purposes

MAIN BARRIERS TO COVID-19 RELATED SANITATION AND HYGIENE

Primary barriers




- Lack of access to personal protective equipment
- Cannot afford to buy personal protective equipment

* According to February 2020 registration data, the total population of Pak Nam is 8,294. ** Please refer to the annex for missing data points.

PAK NAM SUB-DISTRICT

IMPACT OF COVID-19

IMPACT OF COVID-19 ON INCOME

-  **Partial loss of income**
More than 75% of the population
-  **Total loss of income**
Between 50% and 75% of the population
-  **Unable to meet basic needs**
Between 25% and 50% of the population

IMPACT OF COVID-19 ON FOOD CONSUMPTION

Over the past 4 weeks, concerns about not having enough food to eat due to the impacts of the COVID-19 pandemic were reported in all villages. **In all villages, some families had to significantly reduce the amount of food they consume.**

MAIN CHALLENGES SINCE THE OUTBREAK OF COVID-19

- | | |
|---|--|
| Primary challenges | Secondary challenges |
| <ul style="list-style-type: none"> • Insufficient income • Unemployment | <ul style="list-style-type: none"> • Debt • Wage reduction |

MAIN CHALLENGES FOR CHILDREN SINCE THE OUTBREAK OF COVID-19




- | | |
|---|--|
| Primary challenges | Secondary challenges |
| <ul style="list-style-type: none"> • Limited access to education | <ul style="list-style-type: none"> • Insufficient food intake • Limited access to healthcare |

SERVICES MOST AFFECTED BY COVID-19

- | | |
|--|--|
|  Livelihoods |  Food |
|  Education |  Transport |

ACCESS TO INFORMATION ON COVID-19

KNOWLEDGE AND AWARENESS ON COVID-19





-  **Aware of symptoms**
Between 50% and 75% of the population
-  **Aware of hygiene and sanitation**
More than 75% of the population
-  **Aware of handwashing practices**
More than 75% of the population

DISTRIBUTION OF COVID-19 INFORMATION AND COMMUNICATION MATERIALS

In 1 of 6 villages, information and communication materials are not being distributed. In the other villages, information is being distributed by local hospitals and government sources. Information materials are not being understood in 1 village because they are shared in a different language from that spoken in the village.

The KIs reported that there are some myths and misperceptions on COVID-19 in 2 villages. Some people have misperceptions on risks of contracting COVID-19 as well as on prevention methods.

INFORMATION SOURCES ON COVID-19

- | | |
|---|--|
|  Public megaphone |  Community leaders |
|  Facebook |  LINE |

COVID-19 POINTS OF CONTACT IN CASE OF ILLNESS


The overall knowledge and awareness level of the population on COVID-19 is rated as good. The population is aware of who to contact in case they get sick. Local health volunteers, local hospitals and village chiefs are identified as the primary points of contact.


RATCHAKRUT SUB-DISTRICT


POPULATION

 **9,531** (100%)
individuals living in 8 villages


VULNERABLE POPULATION**

 **442** (5%)
persons with vulnerabilities

 **11** (close to 0%)
persons with fever, cough, respiratory symptoms


 **267** (3%)
persons over 60 years old


 **145** (2%)
persons with chronic diseases/ serious medical conditions

 **19** (close to 0%)
pregnant women

NON-THAI POPULATION

 **1,167** (12%)
non-Thai residents

 **1,064** (11%)
Myanmar migrants

 **103** (1%)
other non-Thai residents

MIGRATION

The results of this assessment indicate that less than 25 per cent of the migrants in Ratchakrut sub-district would like to return to their country of origin but are unable to do so. In total, over the past 4 weeks, 88 migrants returned to their country of origin. Between 25 and 50 per cent of migrants in Ratchakrut are employed in agriculture and food preparation services. **The most commonly spoken language in the sub-district is Thai followed by Myanmar and Yawi language.**

** Please refer to the annex for missing data points.

WASH

SHARE OF PEOPLE WITHOUT ACCESS TO WATER

The number of people without daily access to drinking water and water for cleaning and other domestic uses is less than 25 per cent. **However, between 25 and 50 per cent of people lack daily access to drinking water in 1 village, to water for domestic uses in 1 village and to both drinking water and water for domestic uses in 1 village.**

MAIN SOURCES OF DRINKING WATER

 Primary source
Private water trucking


 Secondary source
Bottled water

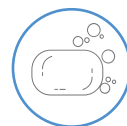
MAIN SOURCES OF WATER FOR DOMESTIC USES


 Primary source
River/ lake/ pond


 Secondary source
Public water trucking

SHARE OF PEOPLE WITHOUT DAILY ACCESS TO PERSONAL PROTECTIVE EQUIPMENT

 Less than 25%
Masks

 Close to 0%
Soap

 Between 50% and 75%
Hand sanitizer

 More than 75%
Alcohol for sanitizer purposes

MAIN BARRIERS TO COVID-19 RELATED SANITATION AND HYGIENE

Primary barriers

- Cannot afford to buy personal protective equipment
- People are aware of sanitation and hygiene practices but do not follow them


Secondary barriers

- Lack of access to running water
- Lack of access to personal protective equipment

RATCHAKRUT SUB-DISTRICT

IMPACT OF COVID-19

IMPACT OF COVID-19 ON INCOME

 **Partial loss of income**
Between 50% and 75% of the population

 **Total loss of income**
Between 25% and 50% of the population

 **Unable to meet basic needs**
Between 25% and 50% of the population

IMPACT OF COVID-19 ON FOOD CONSUMPTION

Over the past 4 weeks, concerns about not having enough food to eat due to the impacts of the COVID-19 pandemic were reported in all villages. **In all villages, some families had to significantly reduce the amount of food they consume.**

MAIN CHALLENGES SINCE THE OUTBREAK OF COVID-19

Primary challenges Secondary challenges

- Insufficient income
- Debt

MAIN CHALLENGES FOR CHILDREN SINCE THE OUTBREAK OF COVID-19

Primary challenges

- No access to education
- No access to home schooling


SERVICES MOST AFFECTED BY COVID-19

 **Livelihoods**  **Transport**

 **Water**

ACCESS TO INFORMATION ON COVID-19

KNOWLEDGE AND AWARENESS ON COVID-19

 **Aware of symptoms**
Between 50% and 75% of the population

 **Aware of hygiene and sanitation**
More than 75% of the population

 **Aware of handwashing practices**
Between 50% and 75% of the population

DISTRIBUTION OF COVID-19 INFORMATION AND COMMUNICATION MATERIALS

In all villages, information and communication materials are being distributed by government and local hospitals. This information is not being understood in 4 out of 8 villages. Reasons for this include beneficiaries being unable to read, information materials using complex language, or information being shared in a different language from that spoken by the population.

The KIs reported that there are some myths and misperceptions on COVID-19 in 2 villages. Some people have misperceptions on the transmission and prevention of COVID-19.

INFORMATION SOURCES ON COVID-19

 **LINE**  **Community volunteers**

 **Car with speaker**  **Television/radio/print**

COVID-19 POINTS OF CONTACT IN CASE OF ILLNESS


The overall knowledge and awareness level of the population on COVID-19 is rated as good. The population is aware of who to contact in case they get sick. Local health volunteers, village chiefs and local hospitals are identified as the primary points of contact.


SAI DAENG SUB-DISTRICT


POPULATION

 **3,352*** (100%)
individuals living in 4 villages


VULNERABLE POPULATION**

 **769** (23%)
persons with vulnerabilities

 **2** (close to 0%)
persons with fever, cough, respiratory symptoms


 **577** (17%)
persons over 60 years old


 **179** (5%)
persons with chronic diseases/ serious medical conditions

 **11** (close to 0%)
pregnant women

NON-THAI POPULATION

 **389** (12%)
non-Thai residents

 **285** (9%)
Myanmar migrants

 **104** (3%)
other non-Thai residents

MIGRATION

The results of this assessment indicate that there are no stranded migrants in Sai Daeng sub-district. In total, over the past 4 weeks, 13 migrants returned to their country of origin. Nearly 100 per cent of migrants in Sai Daeng are employed in agriculture and food preparation services. **The most commonly spoken language in the sub-district is Thai followed by Myanmar language.**

WASH

SHARE OF PEOPLE WITHOUT ACCESS TO WATER

The number of people without daily access to drinking water is close to 0 per cent while the share of people without daily access to water for cleaning and other domestic uses is below 25 per cent.

MAIN SOURCES OF DRINKING WATER

 Primary source
Bottled water


 Secondary source
River/ lake/ pond

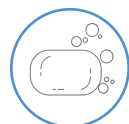
MAIN SOURCES OF WATER FOR DOMESTIC USES


 Primary source
Tap water


 Secondary source
Public water trucking

SHARE OF PEOPLE WITHOUT DAILY ACCESS TO PERSONAL PROTECTIVE EQUIPMENT

 **Less than 25%**
Masks

 **Close to 0%**
Soap

 **Between 25% and 50%**
Hand sanitizer

 **More than 75%**
Alcohol for sanitizer purposes

MAIN BARRIERS TO COVID-19 RELATED SANITATION AND HYGIENE

Primary barriers

- Lack of access to running water
- People are aware of sanitation and hygiene practices but do not follow them

Secondary barriers

- Lack of access to personal protective equipment
- Cannot afford to buy personal protective equipment

* According to February 2020 registration data, the total population of Sai Daeng is 4,087. ** Please refer to the annex for missing data points.

SAI DAENG SUB-DISTRICT

IMPACT OF COVID-19

IMPACT OF COVID-19 ON INCOME

 **Partial loss of income**
Between 50% and 75% of the population

 **Total loss of income**
Between 25% and 50% of the population

 **Unable to meet basic needs**
Less than 25% of the population

IMPACT OF COVID-19 ON FOOD CONSUMPTION

Over the past 4 weeks, concerns about not having enough food to eat due to the impacts of the COVID-19 pandemic were reported in 3 out of 4 villages. **In all villages, some families had to significantly reduce the amount of food they consume.**

MAIN CHALLENGES SINCE THE OUTBREAK OF COVID-19

Primary challenges	Secondary challenges
<ul style="list-style-type: none"> • Unemployment • Insufficient income 	<ul style="list-style-type: none"> • Lack of hope for the future

MAIN CHALLENGES FOR CHILDREN SINCE THE OUTBREAK OF COVID-19


Primary challenges	Secondary challenges
<ul style="list-style-type: none"> • Limited access to healthcare • No access to alternative care 	<ul style="list-style-type: none"> • Insufficient food intake

SERVICES MOST AFFECTED BY COVID-19

 Livelihoods	 Transport
 Water	

ACCESS TO INFORMATION ON COVID-19

KNOWLEDGE AND AWARENESS ON COVID-19

 **Aware of symptoms**
Close to 100% of the population

 **Aware of hygiene and sanitation**
Close to 100% of the population

 **Aware of handwashing practices**
More than 75% of the population

DISTRIBUTION OF COVID-19 INFORMATION AND COMMUNICATION MATERIALS

In all villages, information and communication materials are being distributed by government sources and local hospitals. This material is being understood by the population.

The KIs reported that there are some myths and misperceptions on COVID-19 in 2 villages. Some people have misperceptions on the risks and symptoms of COVID-19.

COVID-19 POINTS OF CONTACT IN CASE OF ILLNESS

The overall knowledge and awareness level of the population on COVID-19 is rated as very good. The population is aware of who to contact in case they get sick. Local health volunteers, village chiefs and local hospitals are identified as the primary points of contact.

INFORMATION SOURCES ON COVID-19

 Phonecall/text	 Community leaders
 LINE	 Community volunteers

ANNEX

Missing data table

Geographical unit	Total # of villages/ communities	Total # of villages assessed	Total # of villages with missing data by variable and geographical unit									
			Total # of individuals in the village	Persons with fever, cough and respiratory symptoms	Persons over 60 years old	Persons with chronic diseases/ serious medical conditions	Pregnant women	Myanmar migrants	Other non-Thai residents	Returned migrants		
Bang Non	4	4	0	2	2	2	2	2	0	0	0	1
Bang Rin	6	6	0	2	2	2	2	2	2	1	1	1
Hat Som Paen	3	3	0	2	1	2	3	3	0	0	0	0
Khao Niwet	20	20	0	19	18	20	19	3	3	3	4	4
Ko Phayam	2	2	0	0	0	0	0	0	0	0	0	0
Ngao	5	5	1	0	1	1	0	0	0	0	1	1
Pak Nam	6	6	0	3	0	1	2	0	0	0	0	0
Ratchakrut	8	8	0	4	4	4	4	4	0	0	0	0
Sai Daeng	4	4	0	1	1	1	1	1	0	0	0	0
Mueang Ranong District (8 sub-districts, 1 municipality)	58	58	1	33	29	33	33	33	5	4	7	7



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