



COVID-19 RAPID NEEDS ASSESSMENT: MAHACHAI SUB-DISTRICT SAMUT SAKHON PROVINCE (ROUND 1)

INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)
DECEMBER 2020



DTM

IOM DISPLACEMENT
TRACKING MATRIX

BACKGROUND

In light of the recent outbreak of COVID-19 in Samut Sakhon province, migrants, irrespective of their legal status, face a new set of challenges and vulnerabilities. The stringent movement restrictions and temporary disruption of income-generating activities pose a significant burden on migrants employed in both the formal and informal sectors. With limited or no access to technology, limited capacity to cope and adapt, little or no savings, inadequate access to social services, and uncertainty about their legal status and potential to access healthcare services, thousands of migrants find themselves facing renewed hardship as a result of both lockdown measures and possible health risks.

However, the full extent to which these challenges and vulnerabilities are affecting migrant communities in Samut Sakhon, and particularly in Mahachai sub-district - at the epicentre of the outbreak - is unknown. It is also unclear whether migrants 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 focused on: 1) Understanding the health concerns of migrant populations in Mahachai sub-district; 2) Understanding the impact of lockdown measures on migrants in Mahachai sub-district; 3) Understanding the information needs of migrants in Mahachai sub-district; and 4) Understanding the assistance received by migrants in Mahachai sub-district. This report is the first in a series of weekly rapid assessments.

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 also been implemented to respond to the COVID-19 crisis.

By using a snowball sampling method, IOM used its network and that of Migrant Workers Rights Network (MWRN) to identify ten key informants who were able to provide informed answers on the situation and vulnerabilities of migrant communities in Mahachai sub-district of Samut Sakhon province. These key informants were representatives from six of the primary migrant communities around the Central Shrimp Market in Mahachai sub-district. Key informants provided information about the migrants in their communities.

The information presented in this report represents estimates and perceptions provided by key informants. External validity of the study is therefore limited, and generalizations should be avoided. It should also be noted that information was not collected on all migrant communities in Mahachai sub-district and the report should therefore not be viewed as comprehensive in nature. Nonetheless, the results of this rapid assessment can be used to develop a better indicative understanding of the vulnerabilities and needs of migrants in Mahachai sub-district, and can serve as a basis to inform the humanitarian response.

Data was collected through phone surveys administered by two IOM staff (two females) between 23 and 24 December 2020.

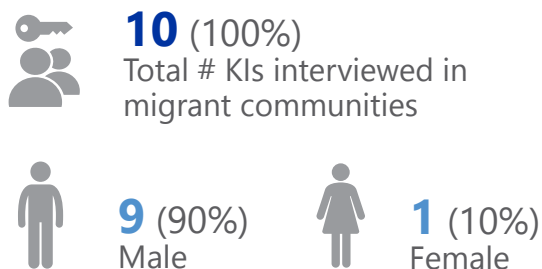
NOTES AND DEFINITIONS

Migrants: All persons resident in Thailand who do not hold Thai citizenship regardless of country of birth, usual residence, citizenship or legal status.

Multiple answer: When the label "multiple answer" 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%.

KEY INFORMANTS

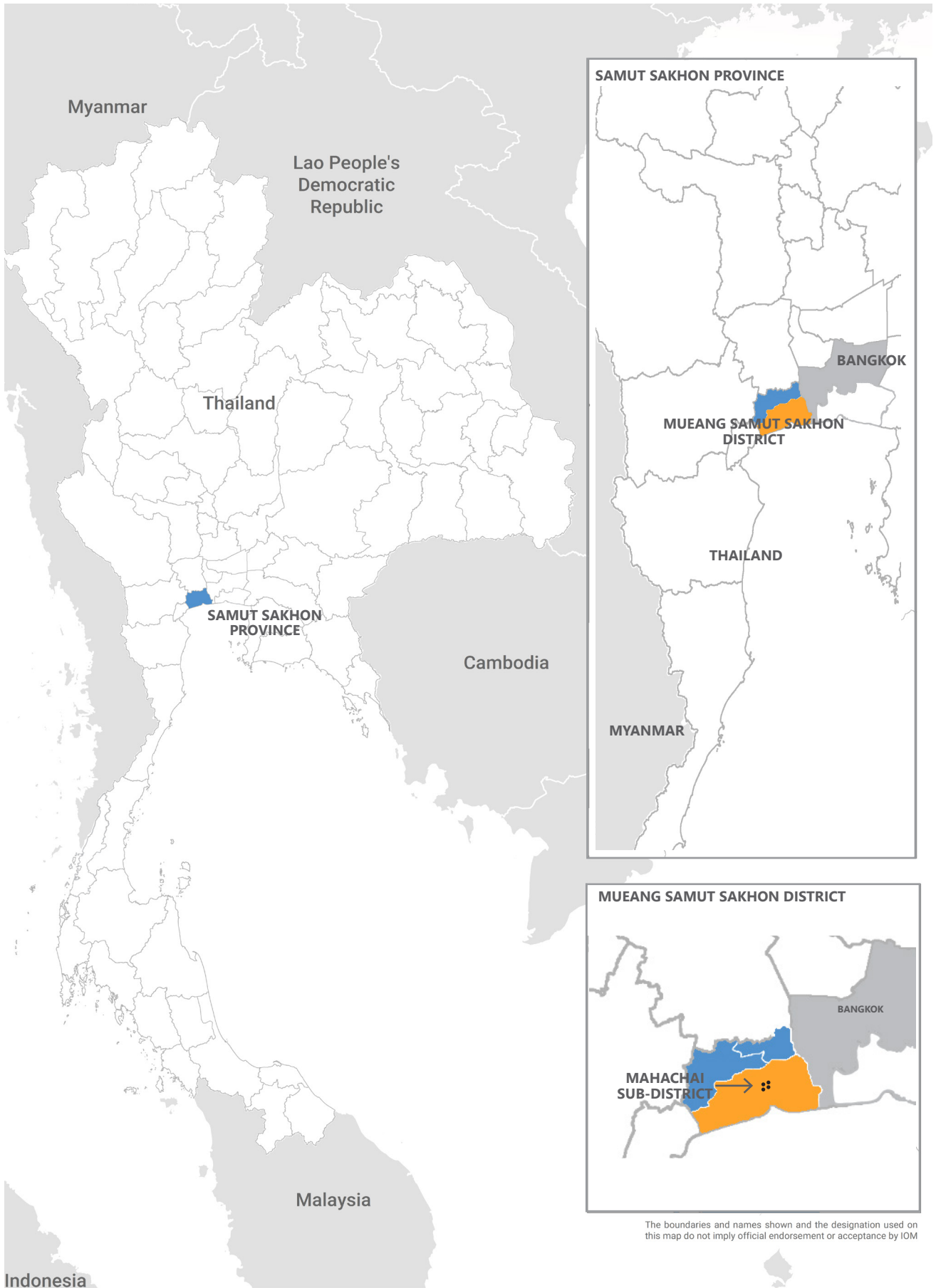
KEY INFORMANTS BY SEX



KEY INFORMANTS BY TYPE



GEOGRAPHICAL SCOPE



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

POPULATION

MIGRANT POPULATION



16,185 migrants are estimated by KIs to live across 6 communities surveyed in Mahachai sub-district



16,175 Myanmar migrants



10 Cambodian migrants



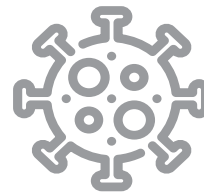
0 Lao migrants

KIs estimate that 16,185 migrants live in the Talad Kung, Thai Union, Kone Nwet, Kon Maya, Nadee, and Tha Sai communities in Mahachai sub-district. Myanmar migrants account for almost 100 per cent of the migrant population in these communities. KIs estimate that 37 per cent of the total migrant population has been tested for COVID-19. Among those who have been tested in these communities, 18 per cent have tested positive for COVID-19.

HEALTH CONCERNS



5,909 (37%) migrants are estimated to have been tested for COVID-19 as of 24 December



1,085 (7%) migrants are estimated to have tested positive for COVID-19 as of 24 December



223 (1%) migrants estimated to currently have fever, cough, or respiratory symptoms



99 (1%) migrants estimated with chronic medical conditions

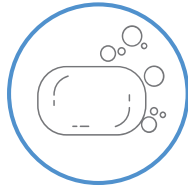


154 (1%) migrants estimated to currently be pregnant

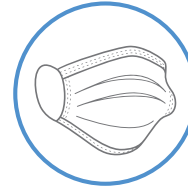
PERSONAL PROTECTIVE EQUIPMENT NEEDS



6,360



2,692



1,675

KIs were asked a series of questions related to personal protective equipment (PPE) needs in their communities. KIs estimated that 6,360 migrants (39%) in their communities need hand sanitizer or alcohol for sanitizer purposes, 2,692 migrants (17%) need soap, and 1,675 migrants (10%) need face masks.

IMPACT OF LOCKDOWN ON MIGRANTS

IMPACT OF LOCKDOWN ON EMPLOYMENT

2,025

13%

migrants or 13 per cent of the total migrant population in the communities assessed are estimated to be out of work since the lockdown on December 19, 2020.

SHARE OF MIGRANTS WHO ARE UNABLE TO FULFILL THEIR BASIC NEEDS



Seventy percent of KIs reported that there are migrants in their communities who are unable to meet their basic needs since the imposition of lockdown measures. The largest share of KIs (40%) reported that between 25 per cent and 50 per cent of migrants in their communities cannot fulfill their basic needs.

IMPACT OF LOCKDOWN ON FOOD CONSUMPTION

2,237

14%

migrants or 14 per cent of the total migrant population in the communities assessed are estimated to need urgent food assistance. Rice is the most needed item, followed by cooking oil, instant noodles, tinned or dried fish and powdered milk.

MAIN TYPES OF FOOD ASSISTANCE NEEDED



Rice



Cooking oil



Instant noodles



Tinned or dried fish



Powdered milk

IMPACT OF LOCKDOWN ON HYGIENE AND SANITATION

2,545

16%

migrants or 16 per cent of the total migrant population in the communities assessed are estimated to need hygiene items. Detergent, toothbrushes, toothpaste and shampoo were flagged as the most needed hygiene items.

MAIN TYPES OF HYGIENE ITEMS NEEDED



Detergent



Toothbrush



Toothpaste



Shampoo

IMPACT OF LOCKDOWN ON MEDICAL SUPPORT

150

1%

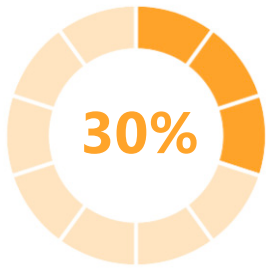
migrants or 1 per cent of the total migrant population in the communities assessed are estimated to need medical items.

MAIN TYPES OF MEDICINES NEEDED



The medical items flagged by KIs as being most needed were paracetamol, decongestant and other cold relief medicines. KIs also flagged a need for heat plasters.

IMPACT OF LOCKDOWN ON ACCESS TO MEDICAL TREATMENT



of KIs indicated that migrants in their communities are unable to access medical treatment.

PRIMARY BARRIERS TO ACCESSING MEDICAL TREATMENT

- Fear of detention/arrest
- Fear of being discriminated against due to ethnicity or country of origin
- Movement restrictions

IMPACT OF LOCKDOWN ON COMMUNICATIONS

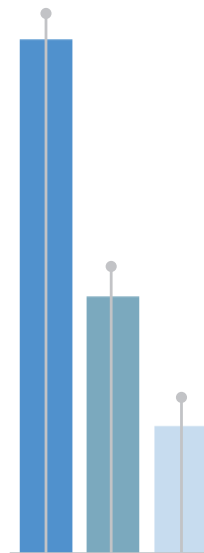
200

1%

migrants or 1 per cent of the total migrant population in the communities assessed are estimated to need access to phone credit.

MAIN CONCERNS MIGRANTS ARE FACING SINCE THE LOCKDOWN

(Top 3 answers only)



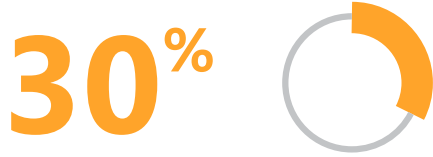
- Fear of detention/arrest/deportation and discriminatory treatment
- Economic/financial problems
- Insufficient food/water

When asked about the concerns migrants are facing since the imposition of lockdown measures, 40 per cent of KIs stated that migrants in their communities are primarily concerned about detention, arrest, deportation or discriminatory treatment. Other primary concerns raised by KIs include economic and financial problems such as insufficient income, unemployment, debt, or concerns over job security (flagged by 20% of KIs) and insufficient food or water (flagged by 10% of KIs).



ACCESS TO INFORMATION ON COVID-19

DISTRIBUTION OF COVID-19 INFORMATION AND COMMUNICATION MATERIALS



of KIs reported that IEC materials on COVID-19 are not being distributed in their communities. In communities where IEC materials are being distributed, all KIs reported that materials are being distributed in migrant languages. Information is primarily being distributed by social media (Facebook), television, radio, print media and word of mouth through both official and unofficial channels. KIs indicate that the information being distributed mainly covers COVID-19 prevention and hygiene, restrictions on travel into and out of Samut Sakhon, and how to stay mentally and physically healthy during lockdown.

MAIN TYPES OF INFORMATION AND COMMUNICATION MATERIALS NEEDED

COVID-19 prevention and hygiene



How to access material support and social protection



Forty per cent of KIs reported that IEC materials on COVID-19 prevention and hygiene are not being provided in their communities. Twenty per cent of KIs indicated that information on how to access material support and how to access social protection (including Social Security Fund and Migrant Health Insurance Scheme) is needed.

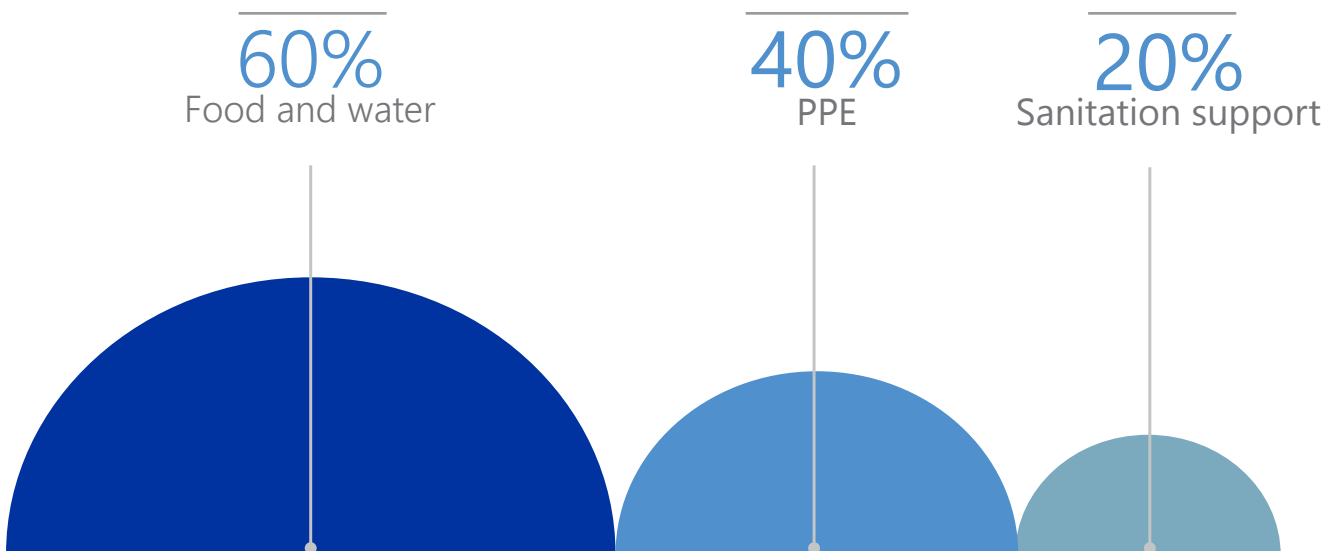
ASSISTANCE RELATED TO COVID-19 LOCKDOWN



of KIs reported that migrants in their communities have received support, primarily from NGOs. Among the KIs who reported their communities had received support, 60 per cent stated they had received support in the form of food and water, 40 per cent stated they had received PPE and 20 per cent stated they had received sanitation support.

Main support provided by NGOs or government

(Multiple answers possible; top 3 answers only)





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