



COVID-19 RAPID NEEDS ASSESSMENT: MAHACHAI SUB-DISTRICT SAMUT SAKHON PROVINCE (ROUND 2)

INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)
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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 second 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 nine 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 (1 male, 1 female) between 30 and 31 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

 **9** (100%)
Total # KIs interviewed in migrant communities

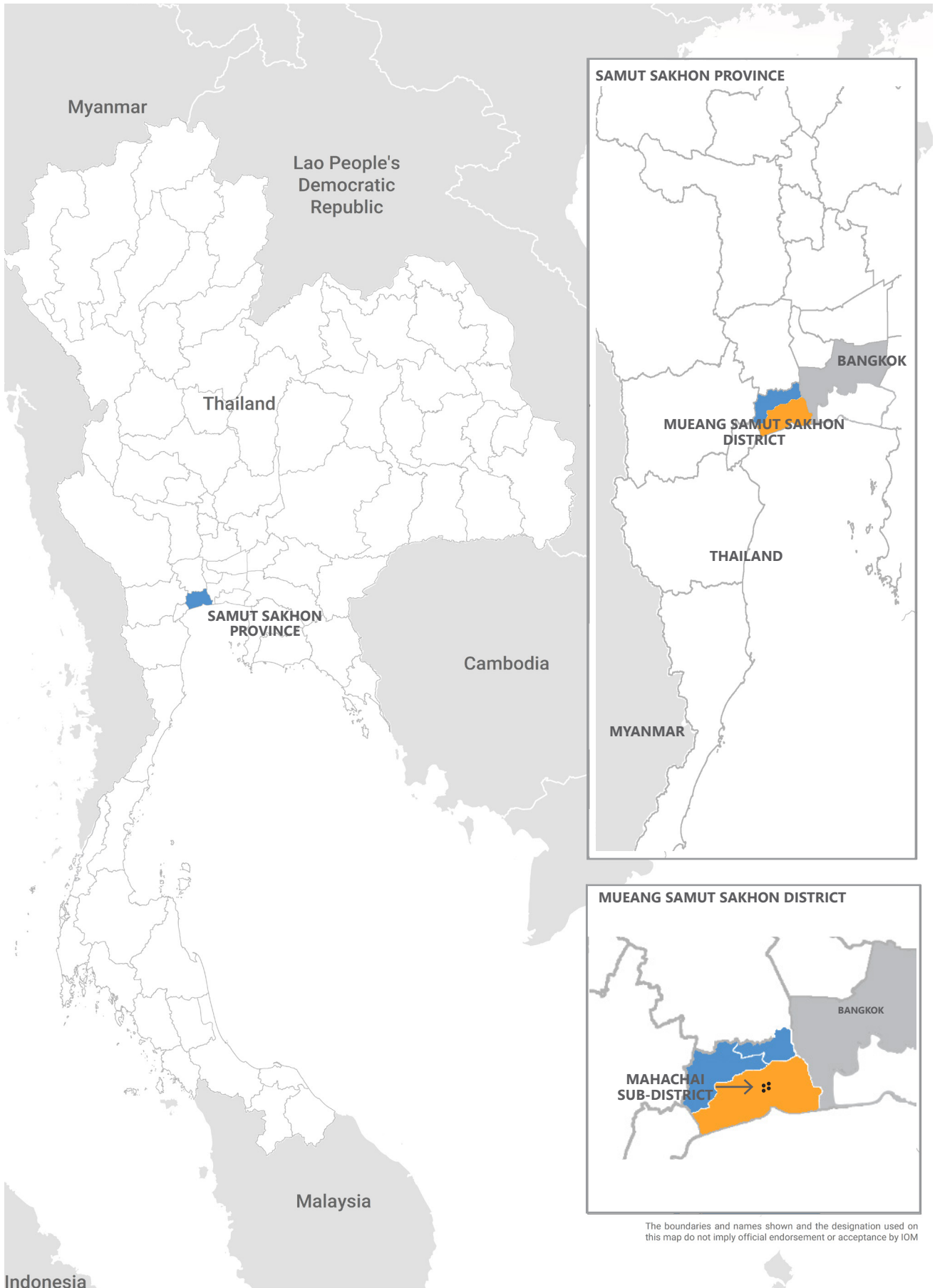
 **6** (67%) Male
 **3** (33%) Female

KEY INFORMANTS BY TYPE

 **8** (90%)
Representatives from migrant communities

 **1** (10%)
Representative from humanitarian/social organization

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



19,953
migrants are estimated by KIs to live across 6 communities surveyed in Mahachai sub-district



12,224 (61%)
Migrant female



7,729 (39%)
Migrant male



19,950
Myanmar migrants



3
Lao migrants

HEALTH CONCERNS



7,415 (37%)
migrants estimated to have been tested for COVID-19 as of 31 December



94 (close to 0%)
migrants estimated to currently have fever, cough, or respiratory symptoms



35 (close to 0%)
migrants are estimated with chronic medical conditions



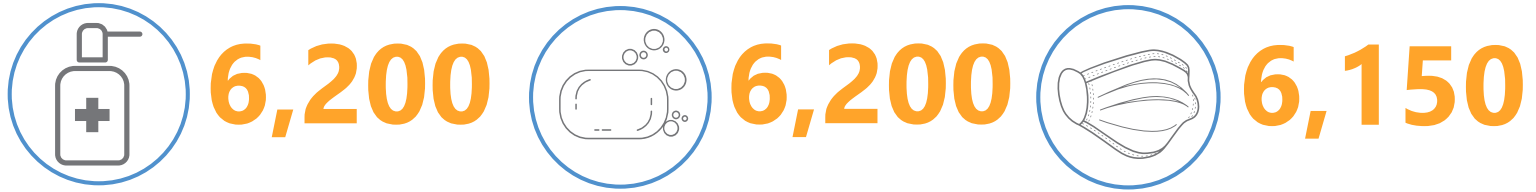
143 (1%)
migrants estimated to be older persons (over the age of 65)



132 (1%)
migrants are estimated to be pregnant

KIs estimate that 19,953 migrants live in the Talad Kung, Thai Union, Kone Nwet, Kon Maya, Baan Aue Arthorn, and Tha Sai communities in Mahachai sub-district. Myanmar migrants account for almost 100 per cent of the migrant population in these communities and females represent the majority of migrants. As of 31 December, KIs estimated that 37 per cent of the total migrant population have been tested for COVID-19.

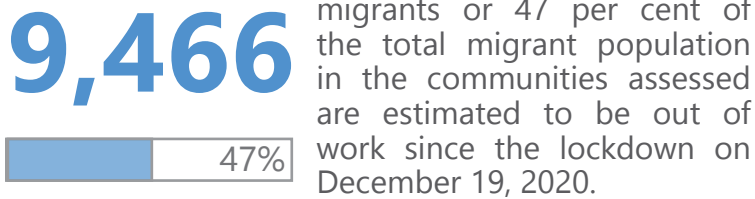
PERSONAL PROTECTIVE EQUIPMENT NEEDS



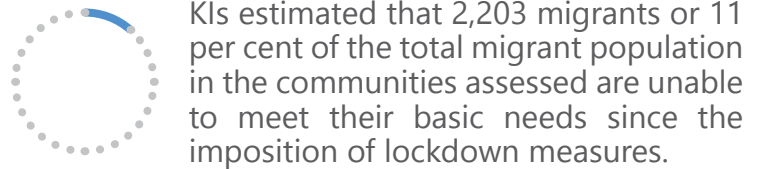
KIs were asked a series of questions related to personal protective equipment (PPE) needs in their communities. KIs estimated that 6,200 migrants (31%) in their communities need hand sanitizer or alcohol for sanitizer purposes, 6,200 migrants (31%) need soap, and 6,150 migrants (31%) need face masks. Overall, the findings suggest a significant increase in PPE needs in the six communities assessed.

IMPACT OF LOCKDOWN ON MIGRANTS

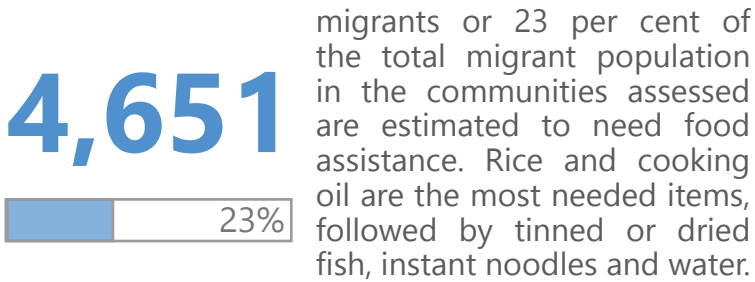
IMPACT OF LOCKDOWN ON EMPLOYMENT



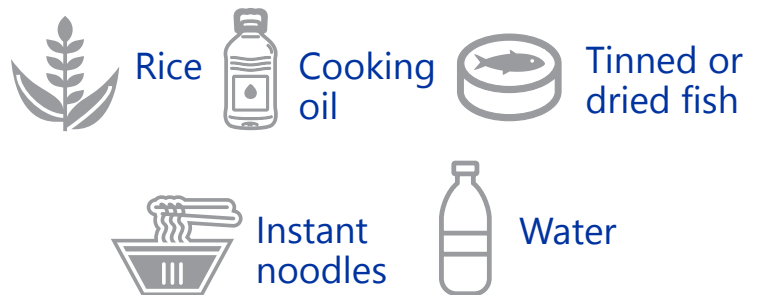
SHARE OF MIGRANTS WHO ARE UNABLE TO FULFILL THEIR BASIC NEEDS



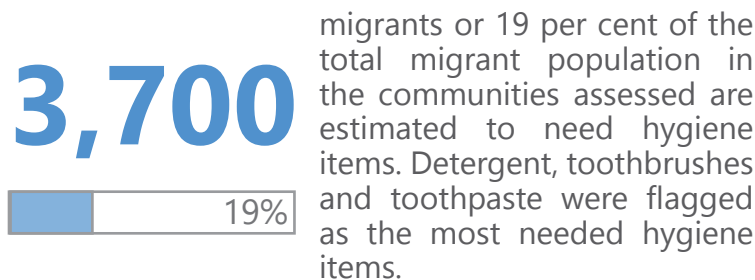
IMPACT OF LOCKDOWN ON FOOD CONSUMPTION



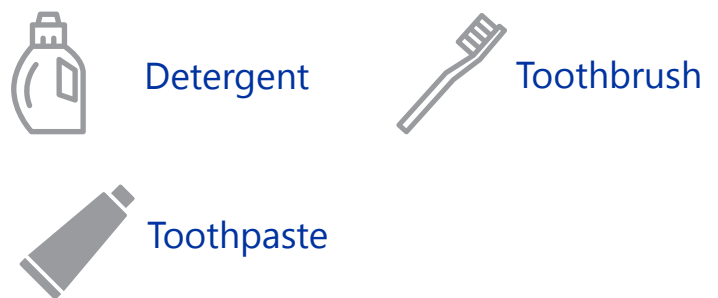
MAIN TYPES OF FOOD ASSISTANCE NEEDED



IMPACT OF LOCKDOWN ON HYGIENE AND SANITATION



MAIN TYPES OF HYGIENE ITEMS NEEDED



IMPACT OF LOCKDOWN ON MEDICAL SUPPORT

3,760

19%

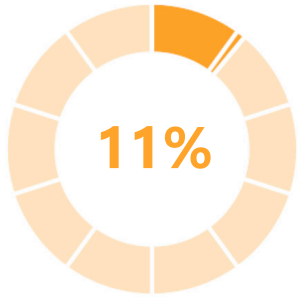
migrants or 19 per cent of the total migrant population in the communities assessed are estimated to need medical items.

MAIN TYPES OF MEDICINES NEEDED



The medical items flagged by KIs as being most needed were cold relief medicines, painkillers, antihistamine medicines and muscle relaxants.

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
- Movement restrictions

IMPACT OF LOCKDOWN ON COMMUNICATIONS

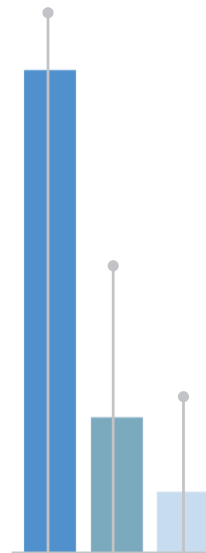
1,950

10%

migrants or 10 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)



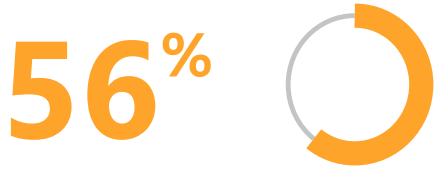
- Economic/financial problems
- Fell sick with COVID-19
- Fear of detention arrest/deportation and discriminatory

When asked about the concerns migrants are facing since the imposition of lockdown measures, 78 per cent of KIs stated that migrants in their communities are primarily concerned about economic and financial problems such as insufficient income, unemployment, debt, or concerns over job security. Other concerns raised by KIs include migrants falling sick with COVID-19 and fear of detention, arrest, deportation and discriminatory treatment.



ACCESS TO INFORMATION ON COVID-19

DISTRIBUTION OF COVID-19 INFORMATION AND COMMUNICATION MATERIALS



of KI reported that IEC materials on COVID-19 are not being distributed in their communities. In communities where IEC materials are being distributed, one KI reported that materials are not 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. KI indicate that the information being distributed mainly covers COVID-19 prevention and hygiene, lockdown rules and protocols, and restrictions on travel into and out of Samut Sakhon.

MAIN TYPES OF INFORMATION AND COMMUNICATION MATERIALS NEEDED

COVID-19 prevention and hygiene



Lockdown rules and protocols



Twenty-two per cent of KI reported that IEC materials on COVID-19 prevention and hygiene are not being provided in their communities. Eleven per cent of KI indicated that information on how to access material support, lockdown rules and protocols, restrictions on travel into and out of Samut Sakhon and how to stay mentally and physically healthy during lockdown is needed.

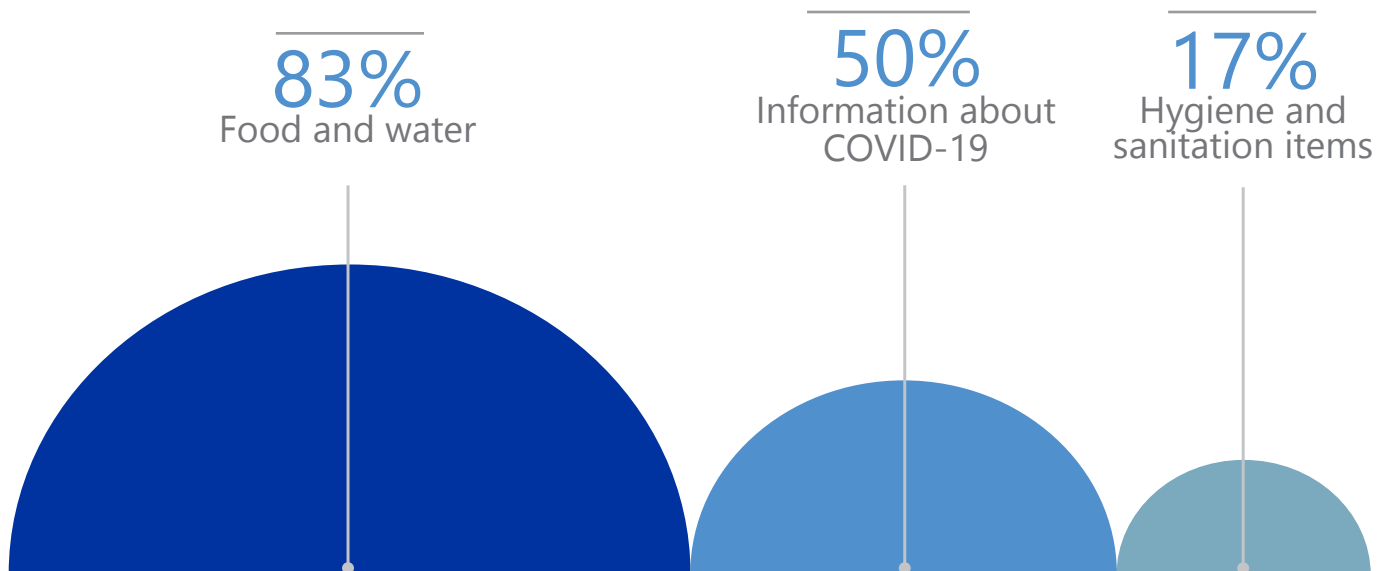
ASSISTANCE RELATED TO COVID-19 LOCKDOWN



of KI reported that migrants in their communities have received support. Among the KI who reported their communities had received support, 83 per cent stated they had received support in the form of food and water, 50 per cent stated they had received information about COVID-19 and 17 per cent stated they had received hygiene and sanitation items.

Main support provided by NGOs or government

(Multiple answers possible; top 3 answers only)





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