

IOM DTM THAILAND

# MULTI-SECTORAL ASSESSMENT OF NEEDS



# CAMBODIAN NATIONALS IN THAILAND

AUGUST - OCTOBER 2022



Co-funded by the  
European Union

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## Overview of the Multi-Sectoral Assessment of Needs

This factsheet aims to provide a snapshot of multi-sectoral conditions, needs and challenges among the Cambodian migrant population in Thailand as captured between August to October 2022 by IOM’s Displacement Tracking Matrix’s (DTM) multi-sectoral assessment of needs. The purpose of this assessment is to provide detailed multi- and inter-sectoral analysis of the magnitude and severity of needs among migrant populations, identify vulnerable population groups and geographic areas with the most acute needs, inform development assistance planning and relevant Sustainable Development Goals (SDGs) targets, and provide sectoral and inter-sectoral baselines for future assessments.

## Methodology

The tool was developed with the collaboration of IOM’s Displacement Tracking Matrix (DTM) and various sectoral IOM units, including Labour Mobility and Social Inclusion (LMI), Migration Health Division (MHD), Migrant Assistance and Counter-Trafficking Unit (MACTU), and the Emergency and Post-Crisis unit (EPC), among others. The survey is a household-level survey, but also includes sections for which the respondent had to answer on behalf of every member of their household (for example, the ages of all members of the household). DTM surveyed a representative sample randomly selected within the population of interest, which included Myanmar and Cambodian migrants in Thailand. DTM aimed for a 50:50 balance between female and male respondents. Answers from 2,318 respondents were analyzed. Counting all respondents and their household members, 5,760 individuals are represented by the assessment.

## Geographic Coverage

Chanthaburi, Ranong, Rayong, Tak, and Trat provinces.

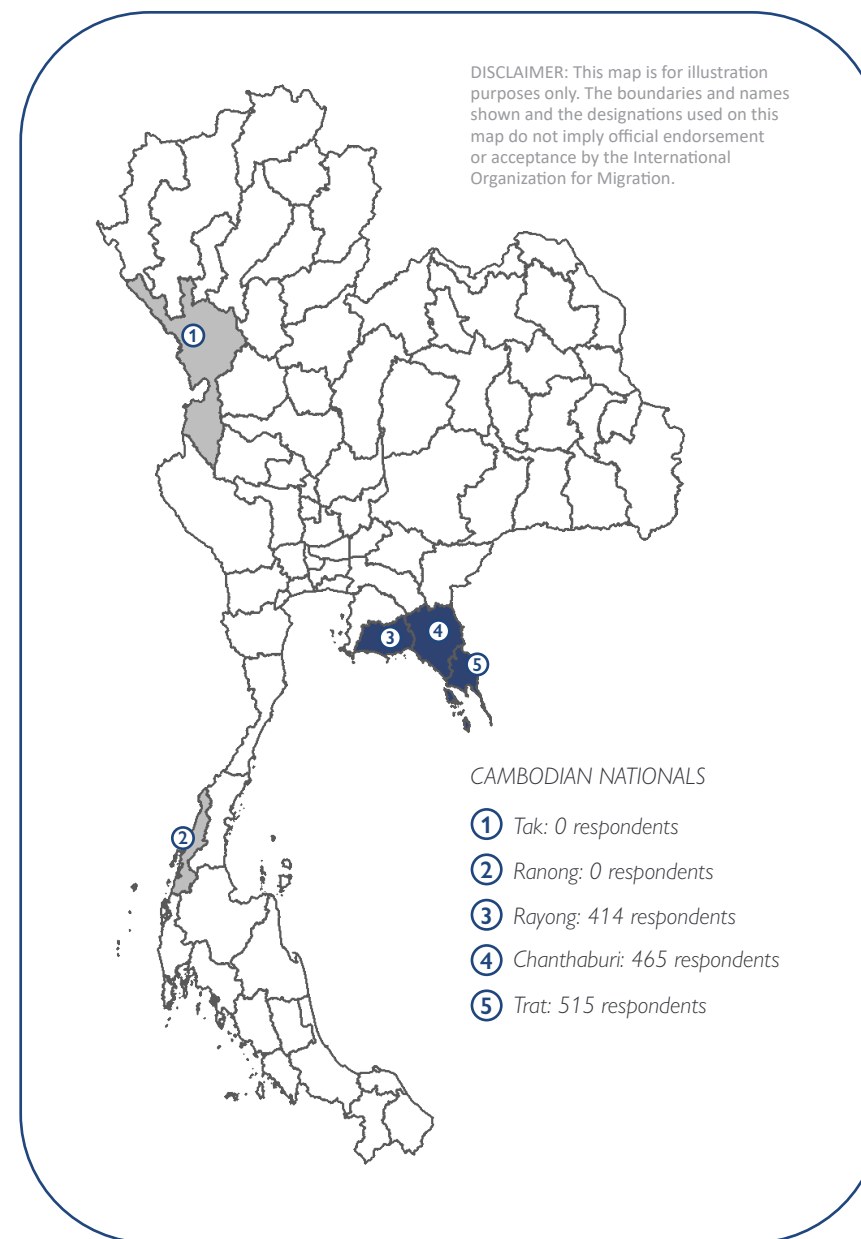
## Primary data collection period

Data was collected from 22 August to 23 October 2022.

## Limitations

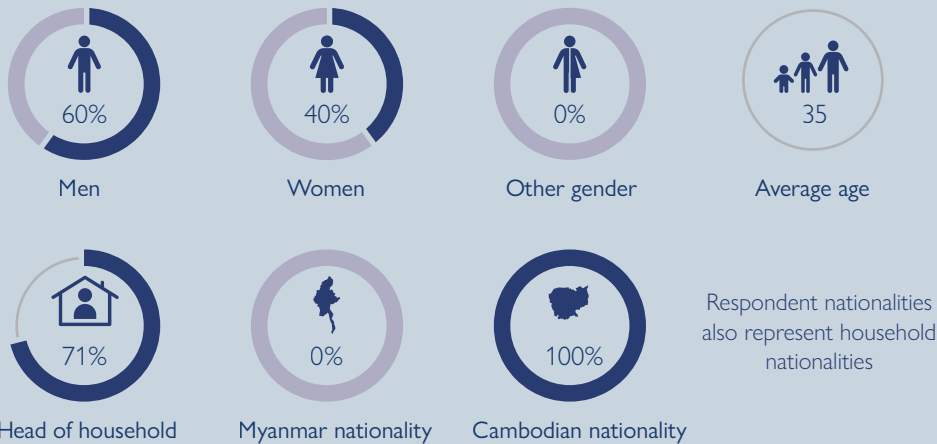
Certain indicators/questions may be under-reported or over-reported, due to the subjectivity and perceptions of respondents (especially “social desirability bias”—the documented tendency of people to provide what they perceive to be the “right” answers to certain questions). These biases should be taken into consideration when interpreting findings. In addition, the findings are representative for the assessed provinces, but cannot be extrapolated to other regions of Thailand. Some questions were only asked to a subset of respondents who answered affirmatively to preceding questions. The analysis on subsets of respondents should only be considered as indicative, as the sample size of the subsets does not meet the threshold required to be statistically significant. Also, graph titles with an asterisk denote questions where respondents could provide multiple answers. As a result, the totals for these graphs may exceed 100 per cent. Finally, where the percentage reported is zero, this does not necessarily imply that zero cases were recorded for a particular answer. It can instead indicate that the case number was so low that the results were rounded down to zero.

## Provinces where survey was implemented



The gender makeup of respondents included slightly more men, with 60 per cent men and 40 per cent women. There were no respondents who identified as another gender. The average age among respondents was 35 years and 71 per cent identified themselves as the head of their household. More households were led by men (71%) than women (29%) based on an assessment among all individual members of surveyed households. Regarding vulnerabilities, 2 per cent of households had a member who has a disability, which includes disabilities or high levels of difficulty related to sight, sound, mobility, remembering and concentrating, self care, and communication.

## RESPONDENT DEMOGRAPHICS



1.9

Average number of people living in surveyed households

2%

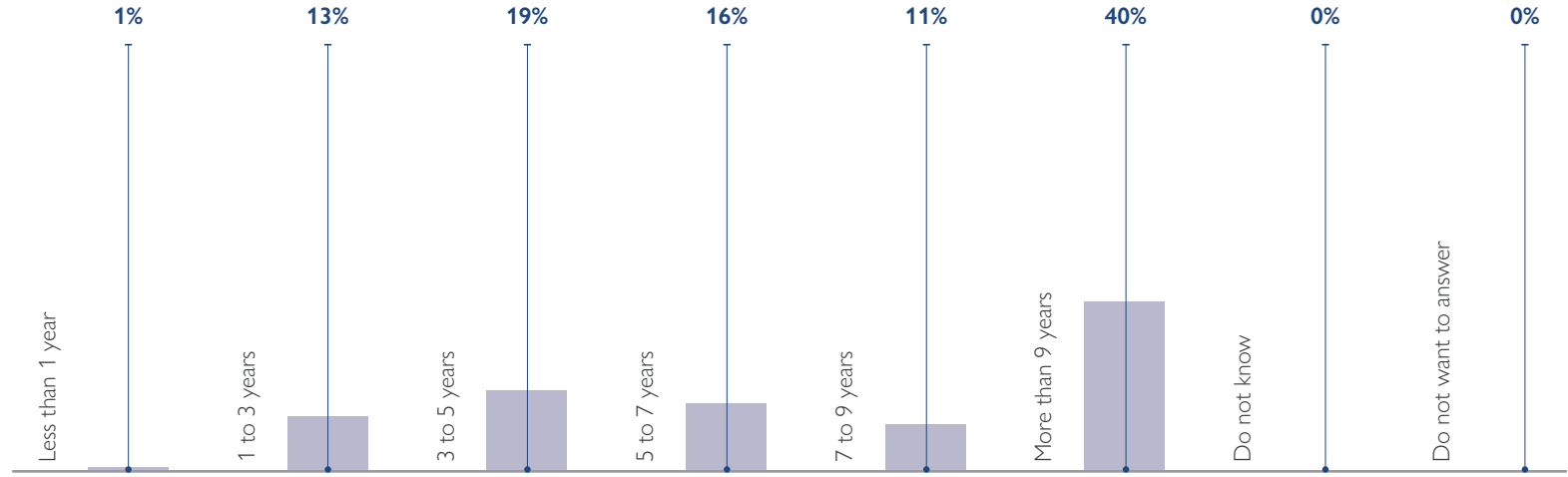
Percentage of households with at least one person who has a disability

## Age pyramid of all individuals in respondent households

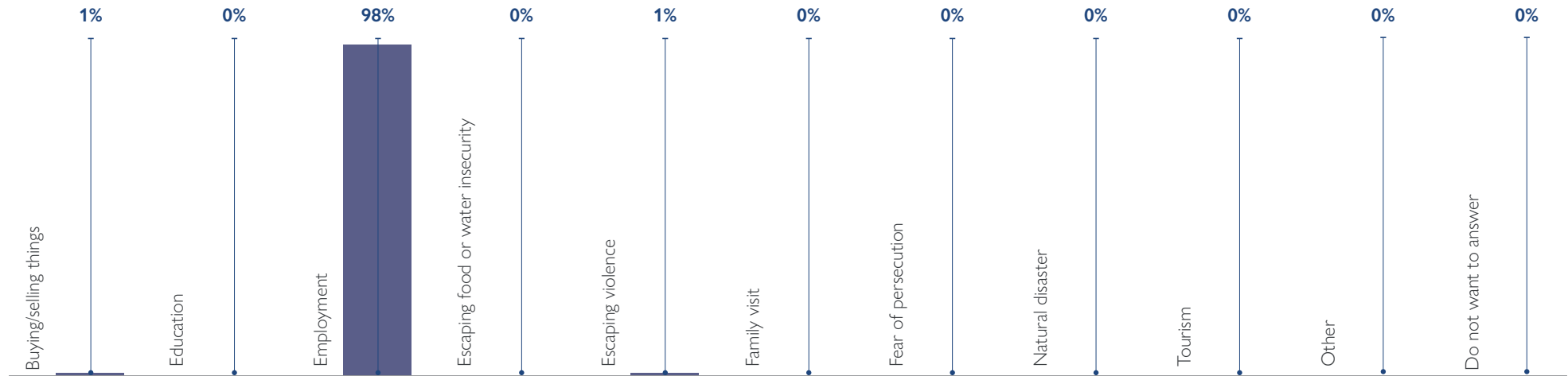


Respondents most commonly had been living in Thailand for over 9 years prior to the assessment (40%), with 46 per cent being in Thailand between 3 to 9 years and 14 per cent under 3 years. Overall, the most common reason for migration to Thailand was employment. Among Myanmar migrants who had arrived in Thailand within a year prior to the assessment, escaping violence was another common reason reported.

**Respondent length of stay in Thailand**

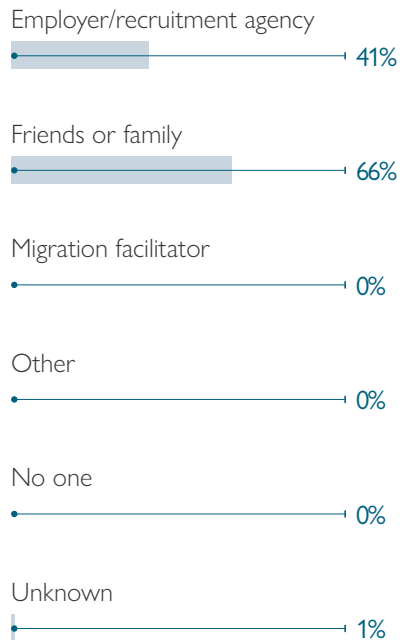


**Respondent primary reason for migration to Thailand**

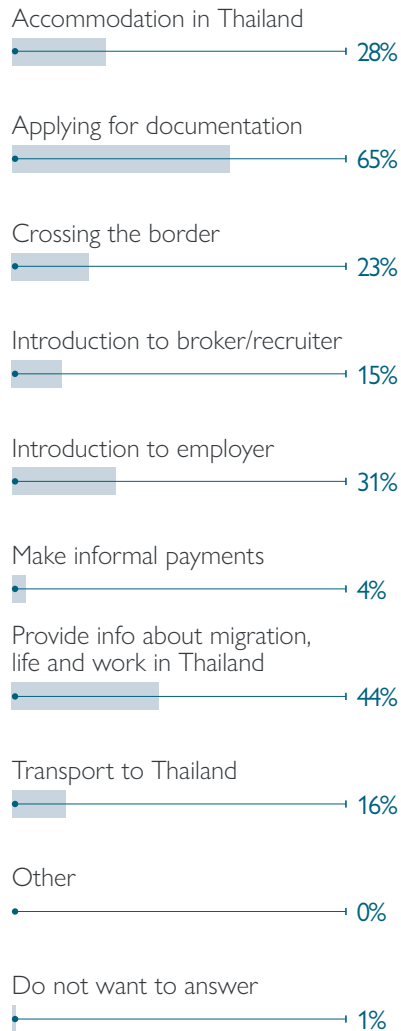


Overall, the most common type of facilitator who helped respondents with the migration process were employers or recruitment agencies and family or friends. These individuals assisted respondents on processes such as finding accommodation in Thailand, applying for documentation, crossing the border, introducing the respondent to employers, among others.

### Facilitator who helped respondent with migration process\*<sup>1</sup>



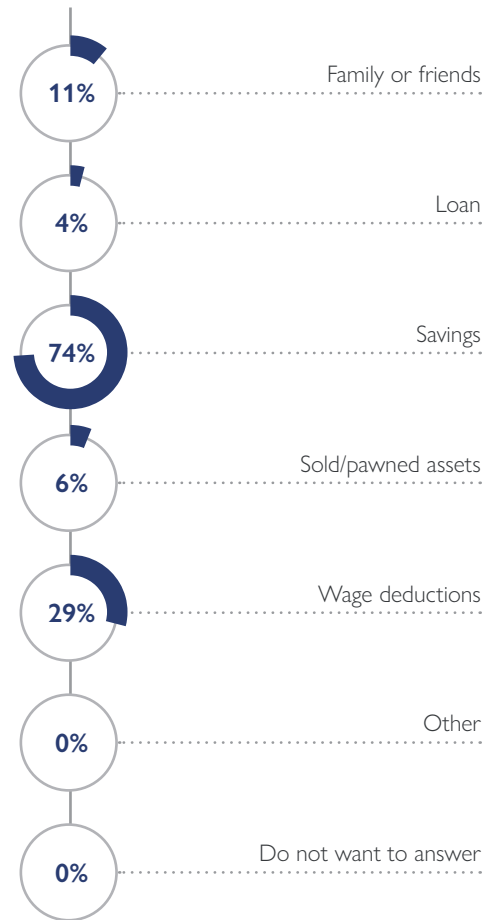
### Process of migration that respondents received assistance on if helped by broker, employer or other migration facilitator\*



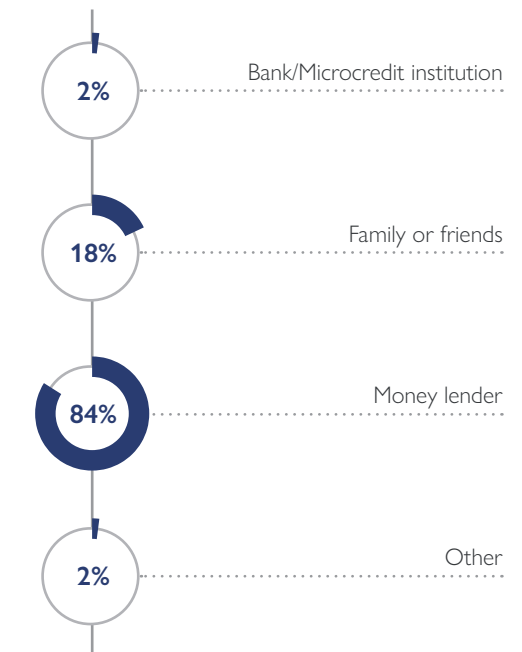
**~6000 THB (~160 USD)** Average cost of migration among all individuals

**10%** Percentage of individuals who paid over 15,000 THB (around 400 USD) for their migration

### Source of money for migration costs\*

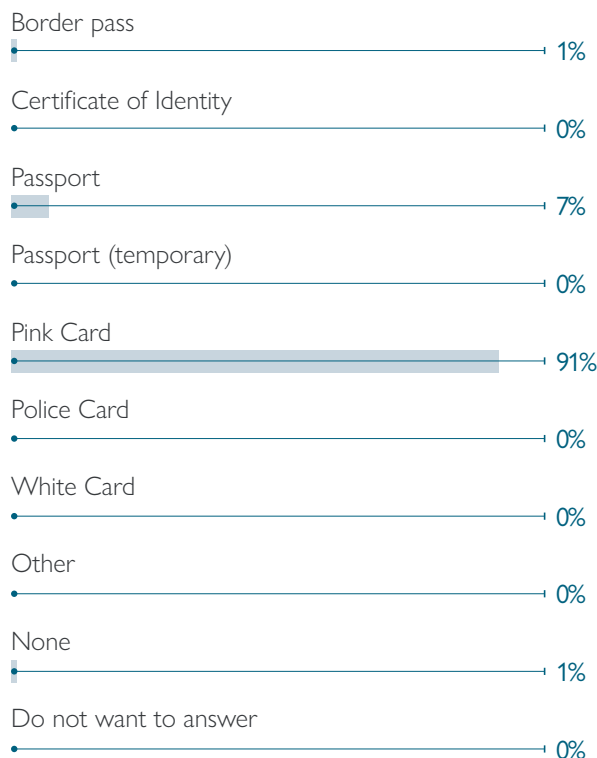


### Source of loan among respondents who used loans for migration costs\*

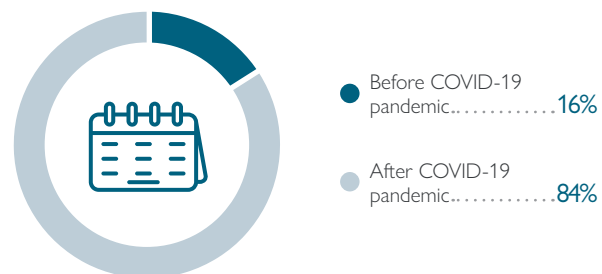


Payment for migration was mainly financed through respondent savings. Costs averaged about 6000 THB, or around 160 USD among the demographic of this factsheet.

## Respondent documentation type



## Time of most recent renewal of documentation

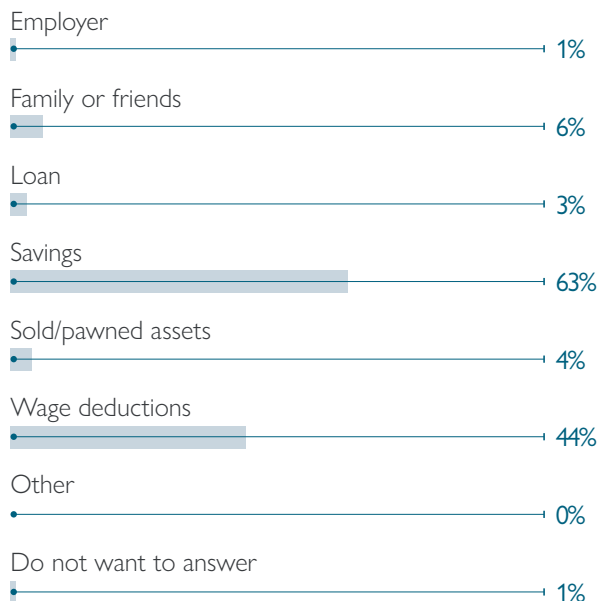


~8200 THB (~230 USD)

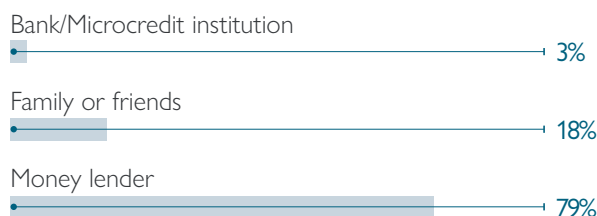
Average cost to get or renew documentation among respondents



## Source of money for payment of documentation\*



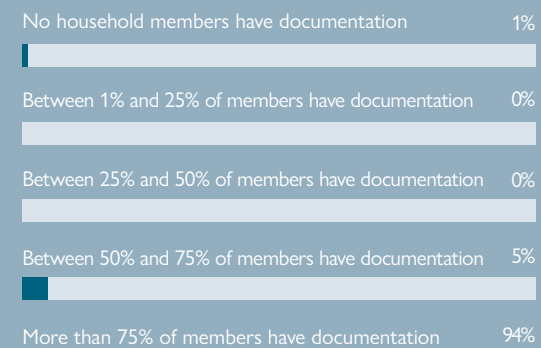
## Source of loan among respondents who used loans to pay for documentation\*



The most common type of documentation among Cambodian national respondents was the Pink Card. The majority of respondents had renewed their documentation sometime after the start of the COVID-19 pandemic. Respondents paid around 8200 THB on average for their documentation, or around 230 USD. The most common sources of money to pay for documentation were savings and wage deductions by employers. Among those who used loans to pay for documentation, the majority obtained loans from a money lender (79%) or family and friends (18%).

Respondents were asked how many members of their household held documentation. Analysis shows that 94 per cent of households had high levels of documentation (in 94% all members were documented) while 1 per cent did not have any members with documentation.

## HOUSEHOLD DOCUMENTATION LEVELS AMONG RESPONDENTS

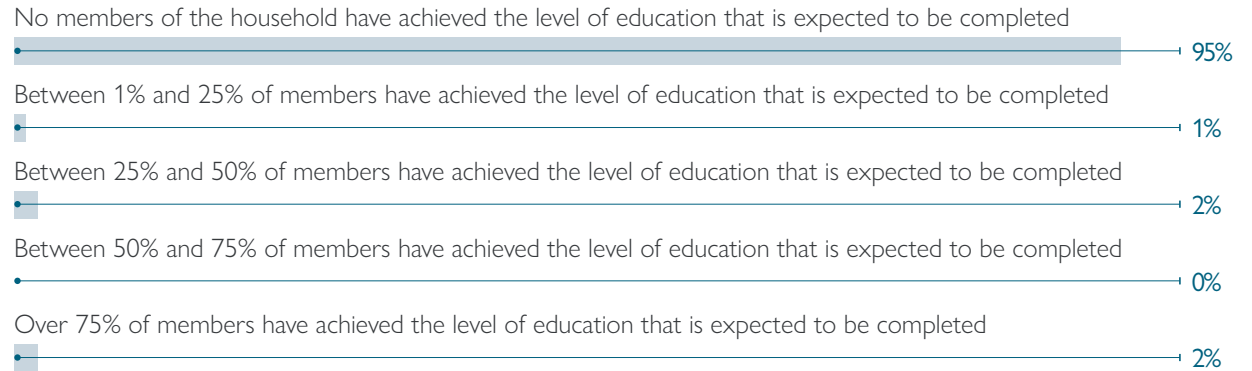


The education level of each individual in surveyed households was analyzed to determine the overall household education level. Households most frequently did not have any members who had achieved the highest possible level of education correspondent to their age (95%). In addition, 22 per cent of children aged 6 to 17 years old had not attended a learning space in the last seven days. Older children were more likely to not have attended learning spaces (48%). Aid materials, which 46 per cent of households had received, consisted most frequently of school supplies (98%).

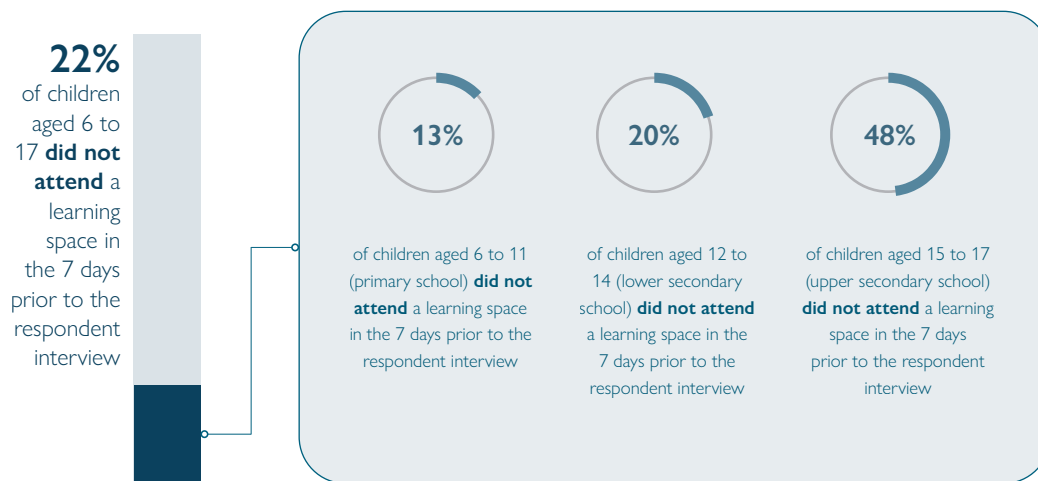
The majority of households did not experience barriers sending primary- or secondary-level children to school, but among those who did, common barriers overall included expense, distance to schools, language barriers, and the lack of proper documentation. One commonly cited barrier among children at secondary school age was the need to support family tasks.

## Household education levels among respondents

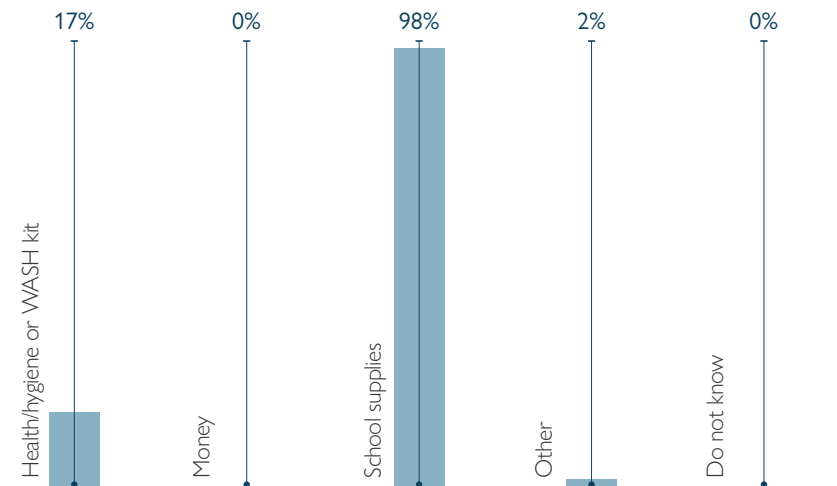
The level of education that is expected to have been completed for those between 11 and 15 years old (plus or minus one year on either side) is primary school. For those between 15 and 18 (plus or minus one year on either side) it is lower secondary school. For those above 18 it is higher secondary school.



## Child education rate



## Aid type received from schools\*





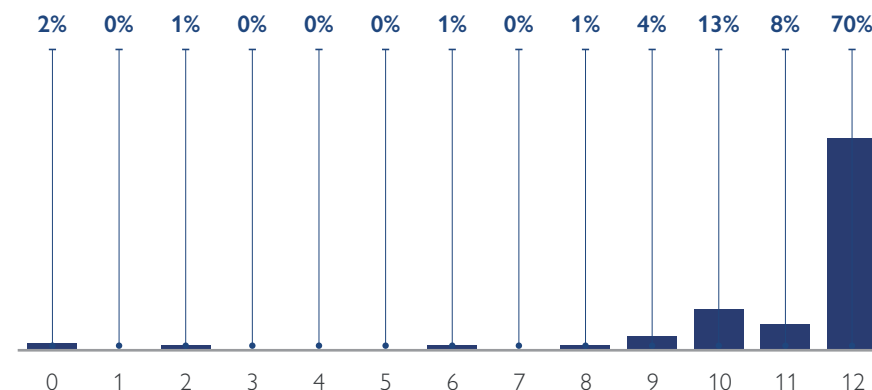
### Barriers to sending children to school\*

	Primary school-age girls	Primary school-age boys	Secondary school-age girls	Secondary school-age boys
Percentage of households who experience barriers to sending children to school	4%	3%	13%	22%
Schools are located too far away	0%	0%	0%	0%
Concerns about safety at or on the way to school	0%	0%	0%	10%
Going to school is too expensive	100%	0%	20%	50%
Schools are overcrowded	0%	0%	0%	0%
School staff are insufficient or poor quality	0%	0%	0%	0%
Schools do not have adequate infrastructure (buildings, sanitation etc.)	0%	0%	0%	0%
Schools are not suitable for people with disability	0%	0%	0%	0%
Schools lack adequate materials (textbooks, furniture, etc.)	0%	0%	0%	0%
Students face discrimination or poor treatment from staff	0%	0%	0%	0%
Children are needed to support family tasks (instead of going to school)	0%	0%	100%	60%
Parents do not think there is a need for their children to go to school	0%	0%	20%	10%
Language barriers	0%	0%	0%	10%
No proper documents	0%	0%	0%	20%
I do not have enough information about education opportunities in this area	100%	0%	0%	20%
Other	0%	100%	0%	0%
Do not want to answer	0%	0%	0%	0%

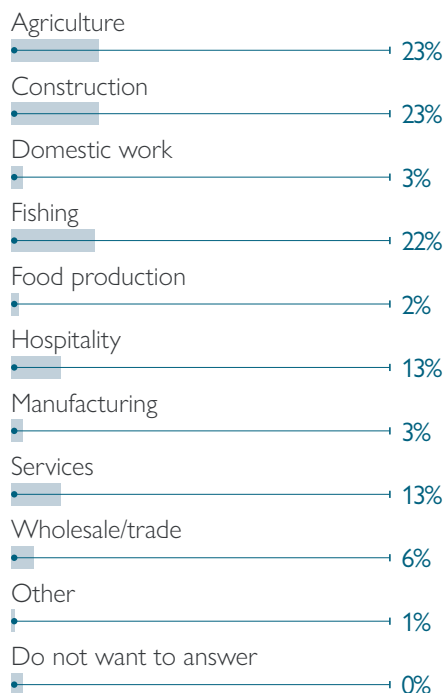
Regarding employment, 2 per cent of respondents reported that they had not worked at all during the 12 months prior to the assessment. Meanwhile, 1 per cent reported that they had worked between 1 and 5 months and 97 per cent, 6 or more months within the time frame. Among those who worked within the year prior, the most common work sectors included agriculture, construction, and fishing. In addition, 75 per cent of respondents who worked had a contract and among those, 39 per cent had a written contract while 58 per cent had a verbal one.

315 THB equates to the lowest minimum wage among the provinces included in this survey as of the time of data collection, specifically the minimum wage in Ranong. Among the demographic of this factsheet, 13 per cent of respondents who worked earned less than 315 THB while 75 per cent earned more. Of those who worked, 5 per cent did not receive all of their agreed wages and benefits.

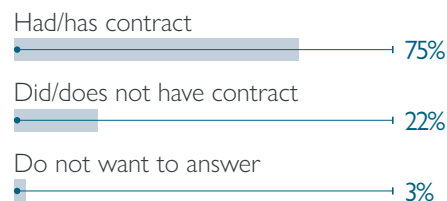
Number of months worked in the past 12 months by respondents



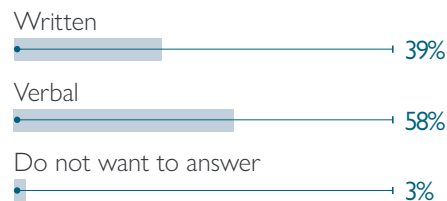
### Respondent work sector\*



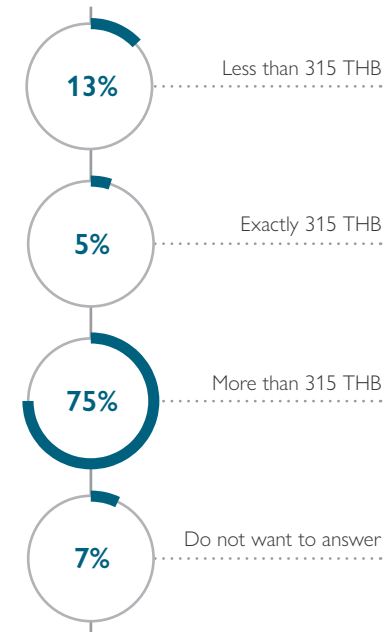
### Possession of contract with employer among respondents who worked in the past year



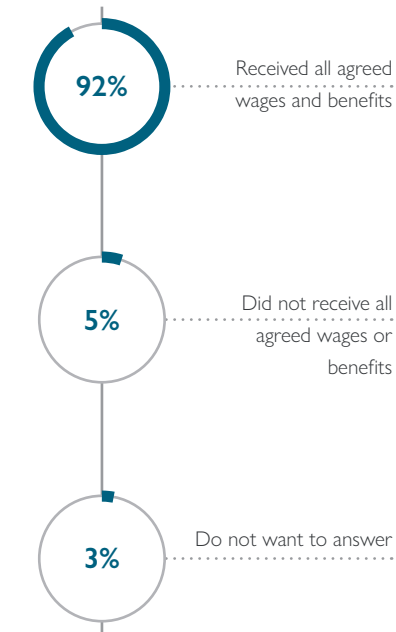
### Type of contract among those with contracts with employer



### Wage level among respondents who worked in the past year



### Reception of wages and benefits during employment

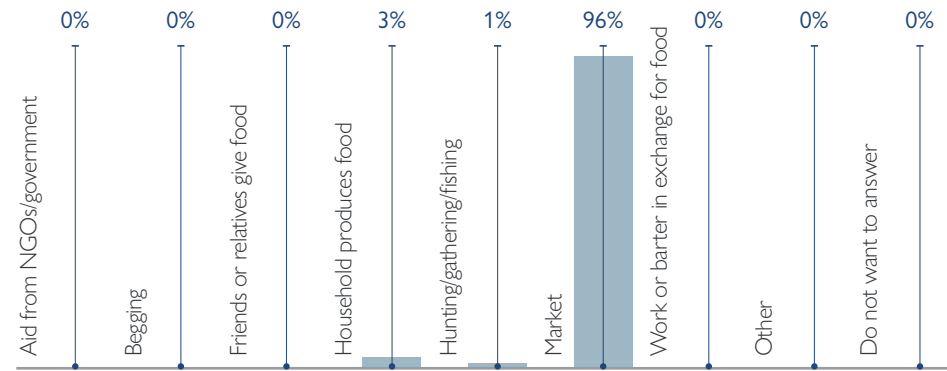


# FOOD SECURITY AND LIVELIHOOD

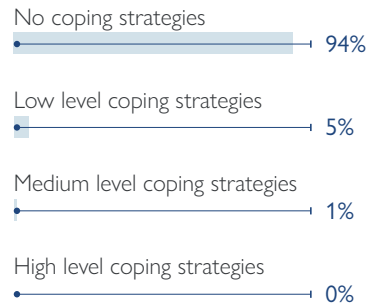
August - October 2022

Overall, findings regarding food security showed a positive result for most respondents. The Food Consumption Score was acceptable for 99 per cent of households, and 100 per cent indicated no or little hunger, as measured by the Household Hunger Scale. However, a closer look at two other indices, the reduced Coping Strategy Index and the Household Expenditure Scale, showed that there are some households for whom food security can be a concern. Regarding expenditures, 14 per cent of households spend a high or very high percentage of their household budget on food. Furthermore, 0 per cent of households scored high on the reduced Coping Strategy Index, which captures how many days a household had to adopt coping strategies such as relying on less preferred and less expensive food, borrowing food or relying on external help, limiting portion size of meals, restricting consumption by adults, and/or reducing the number of meals eaten in a day to deal with lack of food or money to buy it. On average, households pay around 1800 THB (~50 USD) in remittances every month and spend 16 per cent of their household budget on debt and remittances.

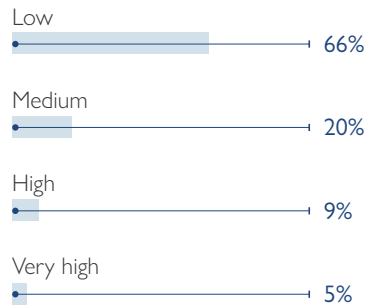
## Main source from which household gets food



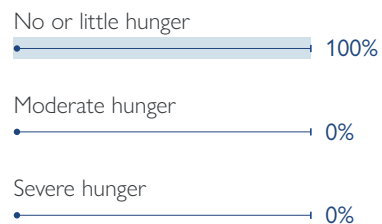
## Reduced Coping Strategy Index



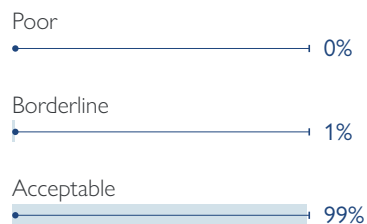
## Household Expenditure Scale



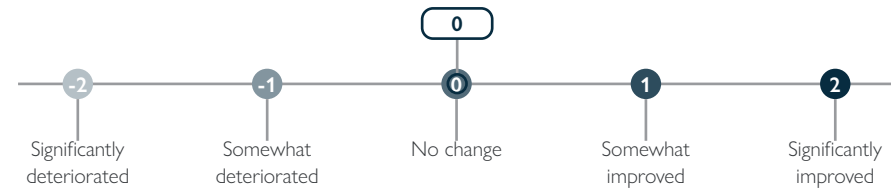
## Household Hunger Scale



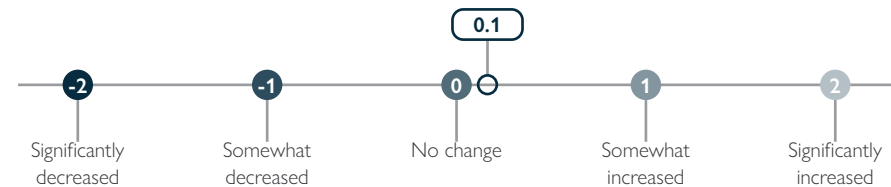
## Food Consumption Score



## Average change in household economic status in past 12 months



## Average change in household cost of living in past 12 months



Households spend an average of **15%** of total monthly expenditure on household expenses<sup>2</sup>

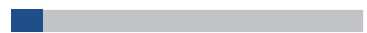
Households spend an average of **19%** of total monthly expenditure on debt and remittances

**48%** of households send remittances

Regarding household perceptions of safety, 9 per cent of respondents reported feeling that their household was unsafe in their current location. When asked what sort of protection assistance for adults respondents were aware of, medical support was the most frequently cited type of assistance (31%), however, most respondents answered that they were not aware of any assistance services at all (58%). Based on questions about the nature of opportunities abroad and missing persons in the respondents' locations, 1 per cent of respondents were determined live in locations facing trafficking risks.

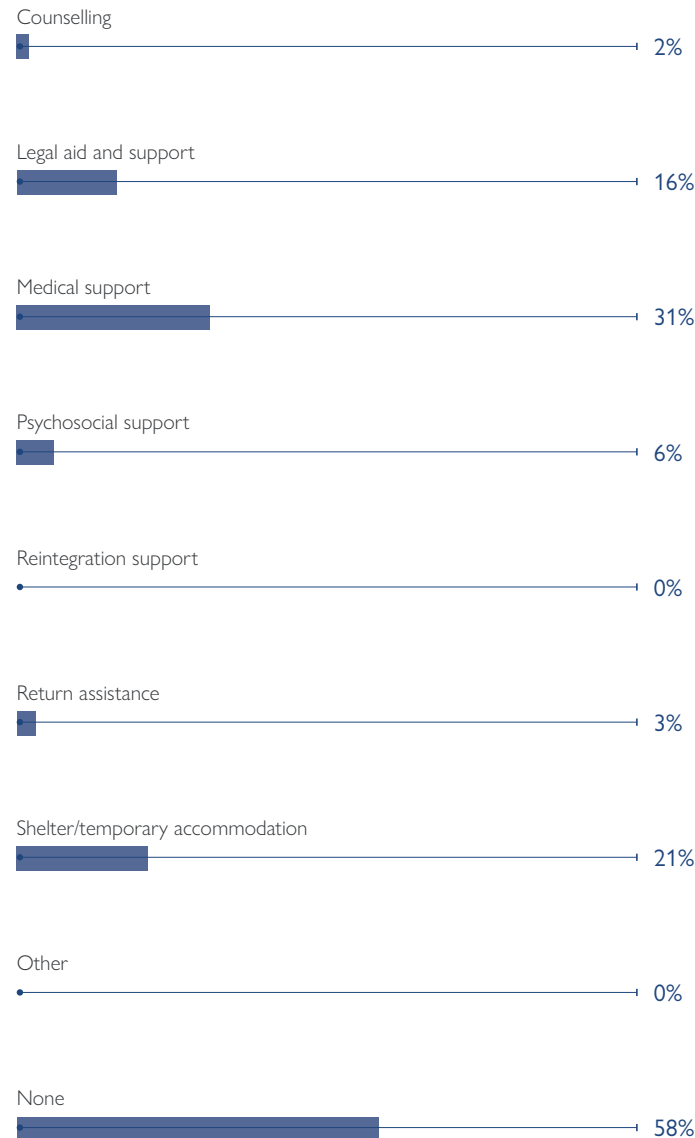
According to respondents, risks among Cambodian adults in Thailand most commonly included forced labour (41%), community violence (38%), and domestic violence (21%). However, 43 per cent of respondents indicated that they did not know or did not want to answer this question.

**9%**

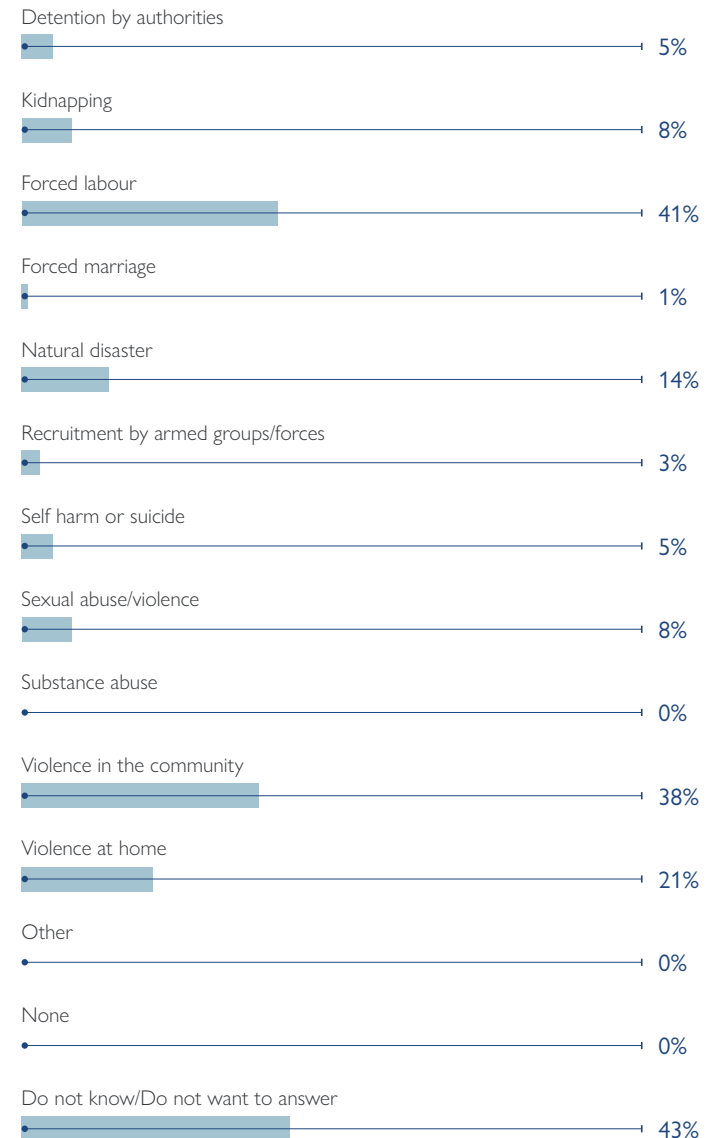


Percentage of respondents feel that their household is **not safe** in their current location

## Types of protection services for adults that respondents are aware of\*



## Most serious risks faced by adults according to respondents\*



Very few households reported having members under 18 years old working. However, respondents in households with children who were working reported the children working in various hazardous conditions, including extreme heat, with harsh or dangerous chemicals, with heavy machinery, and others. Respondents cited the construction and agriculture industries as work sectors in which children encountered various risk factors. Despite the low percentage of working children reported, respondents indicated child labour being a common risk faced by children, especially among boys (43%), in addition to community violence, domestic violence, child marriage, and sexual abuse, especially among girls (37%).

0%



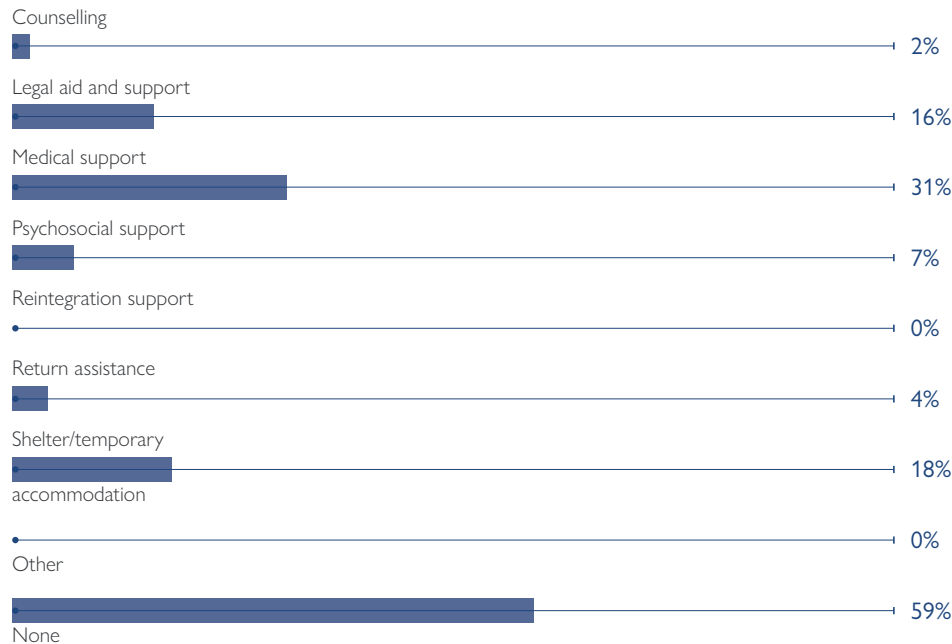
Percentage of households with children working

0%

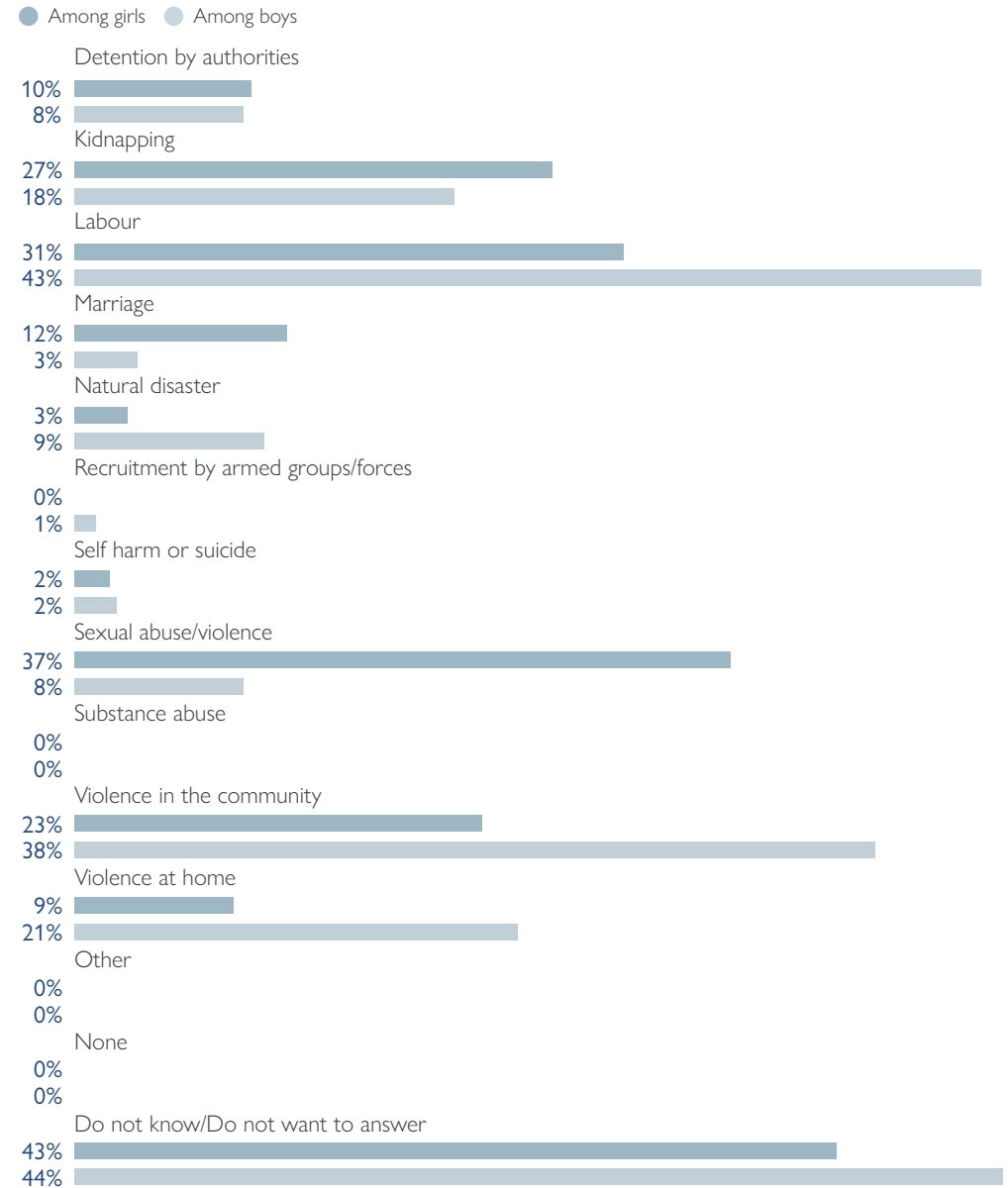


Percentage of households with at least one child who is married

### Types of protection services for children that respondents are aware of\*



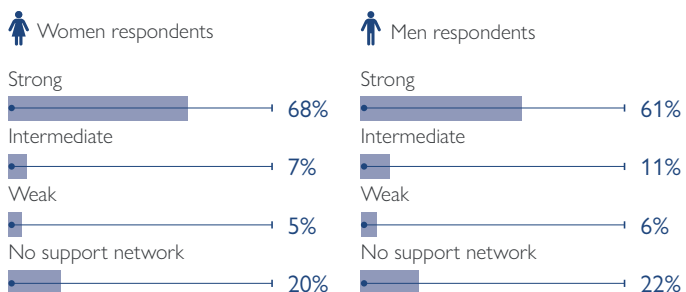
### Most serious risks faced by children in respondents' location according to respondents\*



Respondents were asked whether they agree or disagree with statements related to gender roles and perceptions about responsibilities in the household. Concerningly, **only 91 per cent of female respondents and 89 per cent of male respondents clearly positioned themselves against the statement that a wife should tolerate being beaten by her husband to keep the family together.** Similarly, **only 79 per cent of female respondents and 74 per cent of male respondents explicitly supported divorce in cases where a partner experiences domestic violence.** Regarding women's voice and participation in decision-making, a majority of respondents affirmed that a wife has a right to express her opinion and to disagree with her husband. Similarly, a majority of respondents affirmed that women should have a say in important decision in the household. However, **7 per cent of women respondents and 16 per cent of men respondents suggested that the important household decisions should be taken by men only.** The table indicates further details on how respondents positioned themselves on these and other statements.

Support network strength was determined by whether respondents had someone who could give them financial, emotional, or accommodation support if needed. Among women, 20 per cent reported having no social network, with 22 per cent among men reporting the same.

### Support network strength



### Opinions held by respondents on various intra-household behaviors

♀ Women respondents 
 ♂ Men respondents 
 ● Concerning answers<sup>3</sup>

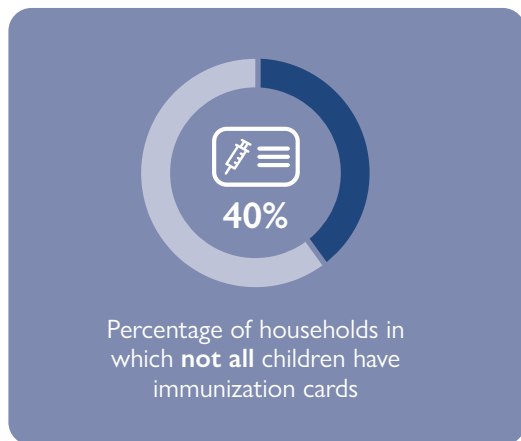
	Agree		Depends <sup>4</sup>		Disagree		Do not want to answer	
	♀	♂	♀	♂	♀	♂	♀	♂
Partners should not divorce even if one experiences domestic violence, verbal abuse or threats.	7%	9%	11%	13%	79%	74%	3%	4%
A wife should tolerate being beaten by her husband to keep the family together.	1%	0%	6%	7%	91%	89%	2%	4%
A wife has the right to express her opinion when she disagrees with her husband.	85%	76%	8%	15%	3%	5%	4%	4%
Women should have a say in important decisions in the household.	86%	75%	9%	17%	3%	4%	2%	4%
Important decisions in the family should only be made by the men of the family.	7%	16%	23%	31%	67%	50%	3%	3%
A married woman should be allowed to work outside the home if she desires.	84%	74%	11%	18%	2%	4%	3%	4%
If a wife is working outside the home, her husband should help her with household chores.	83%	75%	13%	18%	2%	4%	2%	3%
A woman should be allowed to use some of the household earnings for herself.	69%	59%	24%	32%	4%	4%	3%	5%
It is better to send a son to school than to send a daughter.	2%	3%	12%	16%	84%	77%	2%	4%
Men who fail to provide for the family are perceived as an embarrassment for the household.	10%	11%	28%	26%	56%	56%	6%	7%

<sup>3</sup> Concerning answers are those that do not support gender equality or do not reject harm against household members.

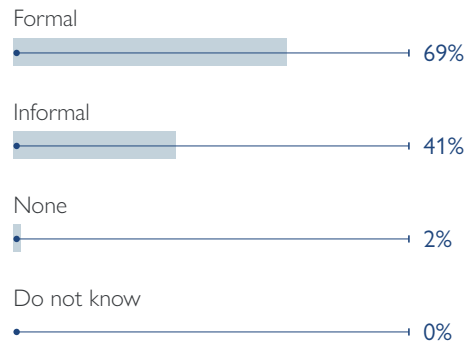
<sup>4</sup> All "Depends" answers are also considered concerning because respondents did not explicitly answer in a way that supports gender equality or rejects harm against household members.

Regarding access to health, 9 per cent of respondents reported having household members who were in need of healthcare services in the last 3 months. Among these, 69 per cent went to formal healthcare providers, 41 per cent went to informal, and 2 per cent did not go seek a healthcare provider despite their need. Respondent households most commonly had either government health insurance (38%), no health insurance at all (36%), or insurance under the Social Security scheme (18%).

Few respondents reported facing barriers in accessing healthcare, but those who did cited expense, distrust of doctors, and discrimination from staff most frequently. Regarding distance to health facilities, 26 per cent of respondents indicated that the nearest health facility to their household was more than 5 km away.

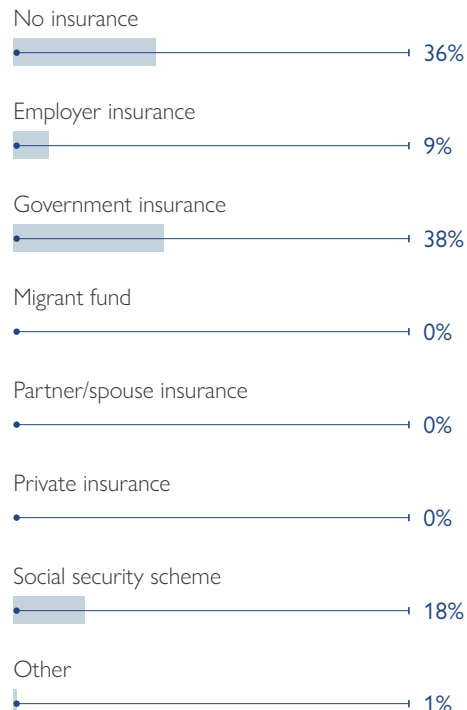


### Health Access Class\*



Health access class is based on where household members went to seek healthcare in the last 3 months. Formal health locations include government, private, or NGO hospitals or clinics. Informal include traditional healers, pharmacies, and others. 9% of respondents reported households members having to seek healthcare in the last 3 months.

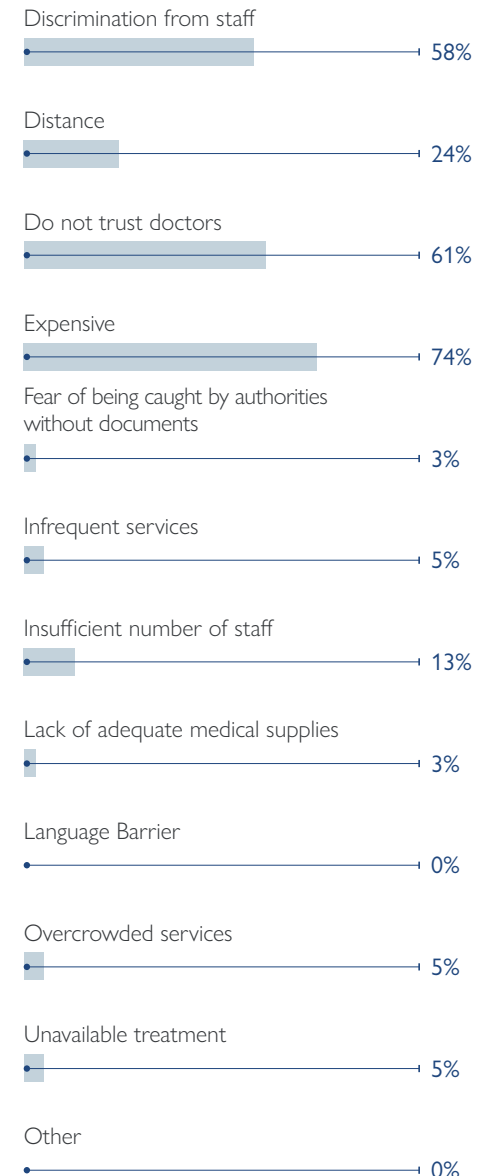
### Respondent health insurance\*



3% of respondents reported their households experiencing barriers in accessing healthcare, which include the corresponding selections.

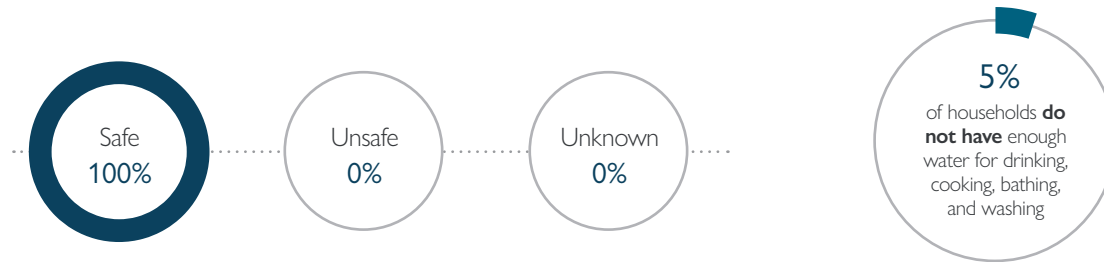
40% of households reported having to pay for health services, such as consultation, treatment, or medicines.

### Barriers to health facility access\*



The majority of respondents indicated that their household water source was safe, meaning it came from sources like pipes, springs, wells, bottled water, small tanks, and similar sources, as opposed to unprotected dug wells, unprotected springs, and surface water. The majority also reported their households have enough water for drinking, cooking, bathing, and washing. Very few respondents reported issues with collecting water, with their latrines, or with accessing menstrual hygiene materials.

## Water source type



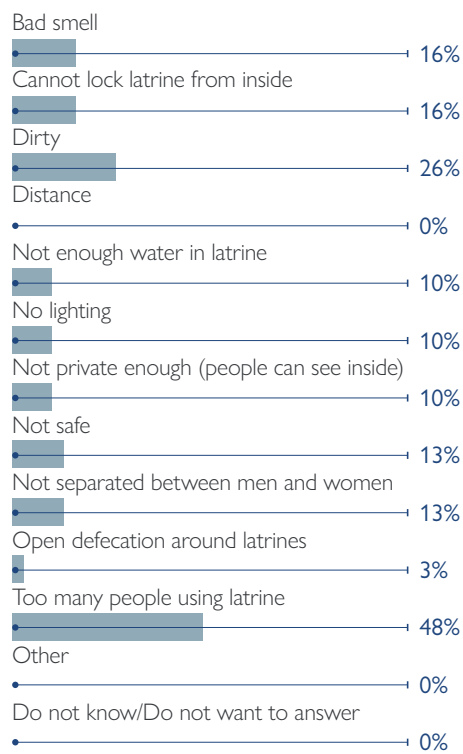
## Problems collecting water\*



0% of respondents have reported their households having problems collecting water, which include the corresponding selections.

27% of respondent households reported not having soap for handwashing

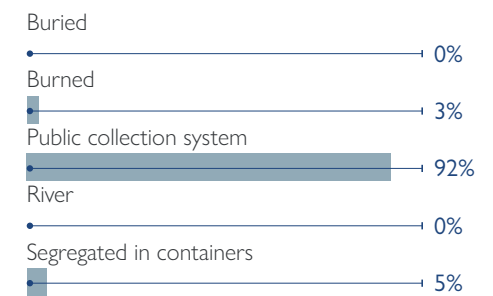
## Problems with latrines\*



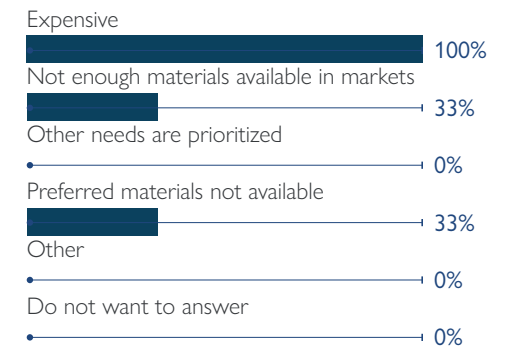
2% of respondents have reported their households having problems with accessing latrines, which include the corresponding selections.

2% of respondents reported problems accessing menstrual hygiene materials, which include the corresponding selections.

## Methods of disposal/treatment of solid waste

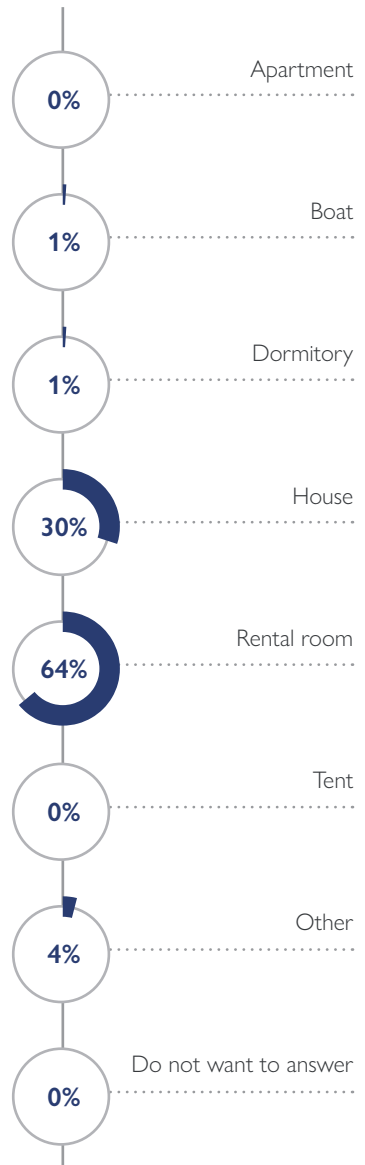


## Problems accessing menstrual hygiene materials\*

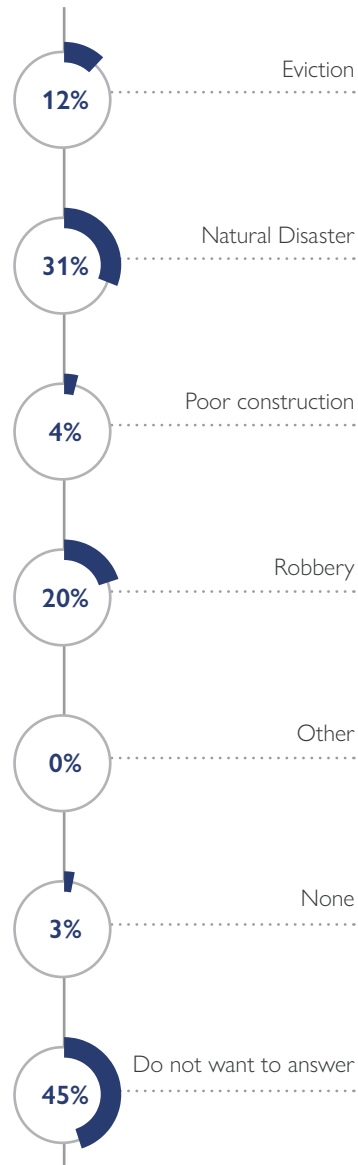




## Household accommodation type

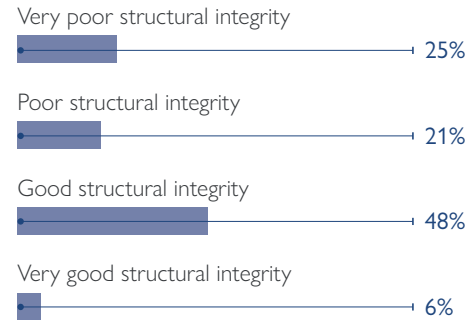


## Household safety concerns\*

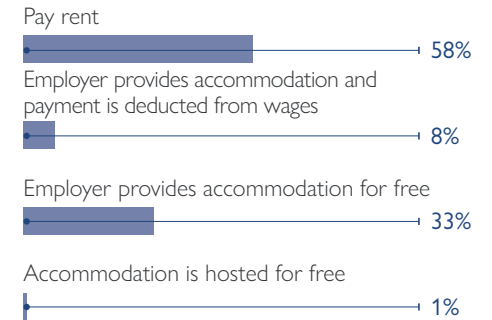



The most common accommodation types overall included rental rooms and houses. It should be noted that some respondents reported living on their employer’s property or with their employer, which may include apartments or small houses owned by the employer (and located nearby the employer’s own house on occasion) or living physically inside the employer’s house, which field staff noted most commonly occurs in the domestic work sector. When asked about household safety concerns, many respondents (45%) indicated that they did not want to answer. However, 12 per cent cited eviction, 31 per cent cited climate-induced disaster, and 20 per cent cited robbery. Respondents were also asked about the building materials of their accommodations in order to calculate shelter type on a scale of very low to high structural integrity, with 46 per cent found to have low to very low structural integrity. Among respondents who pay rent for their accommodation or have their rent deducted from their wages by their employer, 52 per cent held a written agreement with their landlord or employer for this payment.

### Shelter type class



### Payment of accommodation



 **54%** Percent of households with disabled members live in accommodation that is **not suitable** for people with disabilities.

 **0%** Percent of respondents report their households using renewable energy

