



Sweden  
Sverige



# COVID-19 RAPID NEEDS ASSESSMENT: CONSTRUCTION CAMPS IN BANGKOK METROPOLITAN AREA

INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)  
JULY 2021



**DTM**

IOM DISPLACEMENT  
TRACKING MATRIX

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## BACKGROUND

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In light of the recent lockdown of all construction sites and work camps in Bangkok Metropolitan Area (BMA) due to the 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 income-generating activities pose a significant burden on those employed in the construction and property 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 individuals in construction camps 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 the communities in construction camps in BMA 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 an emergency data collection exercise in December 2020 which was undertaken in Mahachai sub-district, Samut Sakhon province, and now been replicated in BMA. The survey focused on: 1) Understanding the health concerns of communities in construction camps in BMA; 2) Understanding the impact of lockdown measures on communities in construction camps in BMA; 3) Understanding the COVID-19 vaccine perception of communities in construction camps in BMA; 4) Understanding the information needs of communities in construction camps in BMA; and 5) Understanding the assistance received by communities in construction camps in BMA.

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## METHODOLOGY

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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 to identify 19 key informants who were able to provide informed answers on the situation and vulnerabilities of communities in the construction and property sectors in BMA. These key informants were representatives from 15 construction camps in BMA. Key informants provided information about the populations in their construction 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 construction camps in BMA 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 populations in construction camps in BMA, and can serve as a basis to inform the humanitarian response.

Data was collected through phone surveys administered by three IOM staff (all male) between 6 and 7 July 2021.

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## NOTES AND DEFINITIONS


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**Non-Thai populations:** All persons residing 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

 **19** (100%)  
Total # KIs interviewed in construction camps

 **11** (58%)  
Male

 **8** (42%)  
Female

### KEY INFORMANTS BY TYPE





 **15** (78%)  
Representatives from migrant communities in construction camps

 **2** (11%)  
Employers in construction camps

 **2** (11%)  
Other

## GEOGRAPHICAL SCOPE



 Bangkok		 Nonthaburi	
Rama III:	4	Pak Kret:	2
Bang Na:	2		
Rama VIII:	2		
Bang Care:	1		
Bang Kapi:	1		
Na Na:	1		
Patthanakarn:	1		
Phutthamonthon:	1		
Rama IX:	1		
Vibhavadi:	1		
 Samut Prakan		 Pathum Thani	
Phra Pradaeng:	1	Khlong Luang:	1

In total, 19 key informations (KIs) were interviewed for this assessment. Out of the total sample, 78 per cent of KIs were representatives from migrant communities in construction camps and 11 per cent were Thai employers. Males (58%) represented the majority of the sample population. All KIs were based in constructions camps at the time of data collection. The four geographical areas best covered by the KI sample population were Rama III district (4), Bang Na district (2), Rama VIII district (2) in Bangkok province and Pak kret district (2) in Nonthaburi province.

## POPULATION



**808**

households estimated by KIs to live across the 15 construction camps surveyed in BMA



**1,953**

individuals estimated by KIs to live across the 15 construction camps surveyed in BMA

### GENDER AND AGE



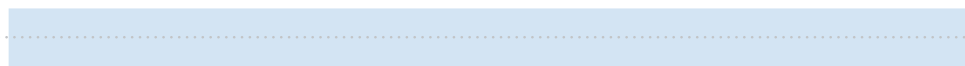
Male (65%)

**1,266**



Female (35%)

**687**



Adults: 18 years and above of age (96%)

**1,883**



Children (4%)

**70**

### NATIONALITY



Myanmar nationals (56%)

**1,101**



Cambodian nationals (30%)

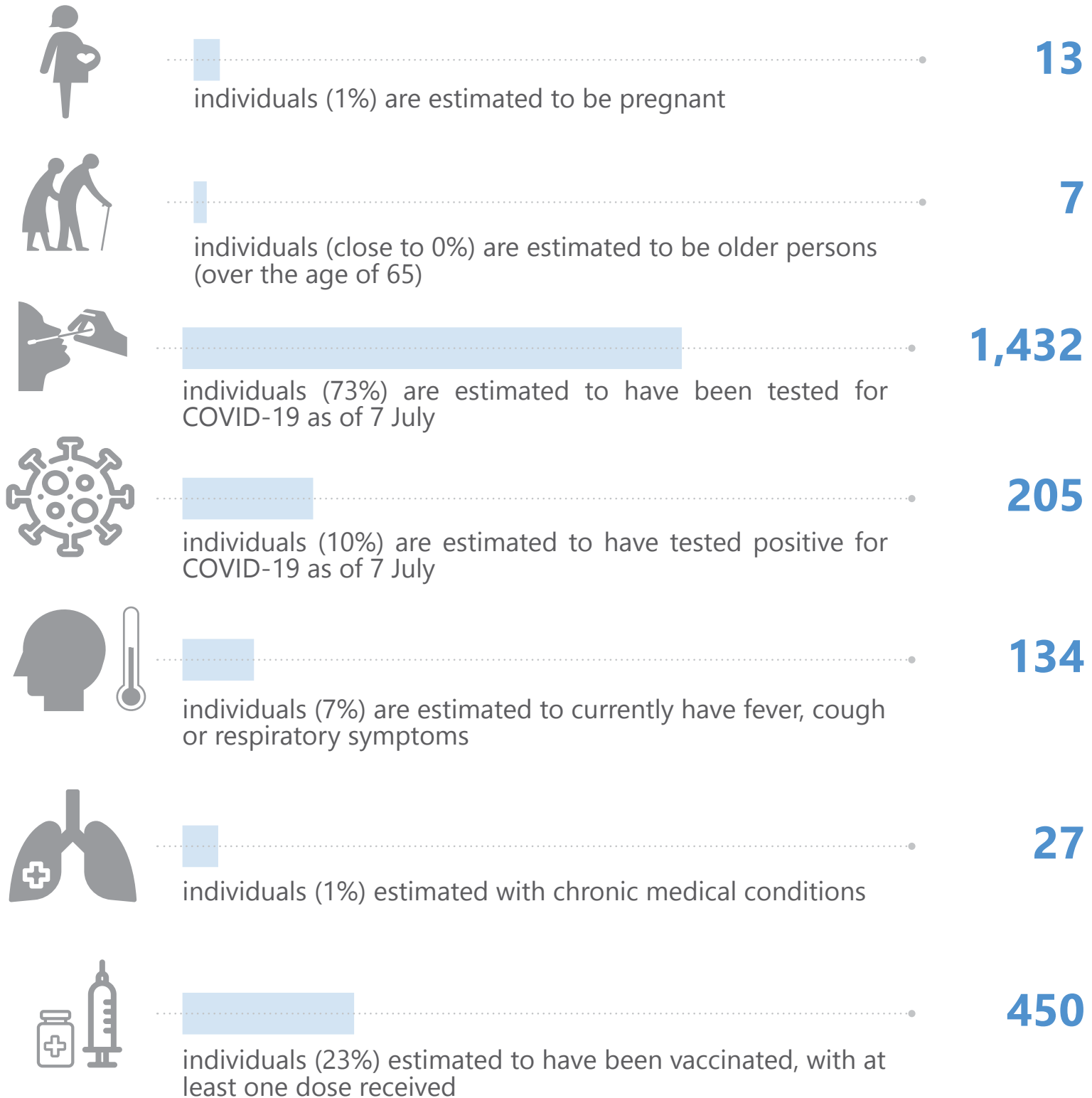
**573**



Thai nationals (14%)

**279**

## HEALTH CONCERNS



KIs estimated that 1,953 individuals live in 15 construction camps in Bangkok Metropolitan Area. Myanmar migrants account for 56 per cent of the populations in these camps and males represent the majority of populations (65%). KIs estimate that 73 per cent of the total population has been tested for COVID-19. Among those who have been tested in these camps, 10 per cent have tested positive for COVID-19.

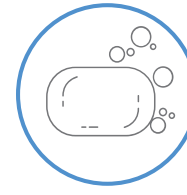
## PERSONAL PROTECTIVE EQUIPMENT NEEDS



**1,206**



**1,126**



**1,001**

KIs were asked a series of questions related to personal protective equipment (PPE) needs in their construction camps. KIs estimated that in total, throughout the 15 constructions camps, 1,206 individuals (62%) are need face masks, 1,126 (58%) need hand sanitizer or alcohol for sanitizer purposes, and 1,001 (51%) need soap. Only KI representatives from Bang Care and Rama IX construction camps reported having received enough PPE assistance.

## IMPACT OF LOCKDOWN

### IMPACT OF LOCKDOWN ON EMPLOYMENT

**1,706**

92%

individuals, or 92 per cent of the workers in the construction camps assessed, are estimated to be out of work since the lockdown on June 28, 2021.

### SHARE OF POPULATIONS WHO ARE UNABLE TO FULFILL THEIR BASIC NEEDS



KIs estimated that 1,075 individuals, or 55 per cent of the total population in the construction camps assessed, are unable to meet their basic needs since the imposition of lockdown measures

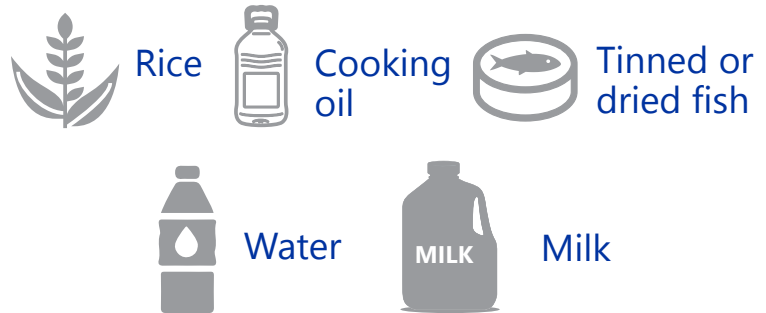
### IMPACT OF LOCKDOWN ON FOOD CONSUMPTION

**1,503**

77%

individuals, or 77 per cent of the total population in the construction camps assessed, are estimated to need urgent food assistance. Rice is the most needed item, followed by cooking oil, tinned or dried fish, water and milk.

### MAIN TYPES OF FOOD ASSISTANCE NEEDED



### IMPACT OF LOCKDOWN ON HYGIENE AND SANITATION

**1,384**

71%

individuals, or 71 per cent of the total population in the construction camps assessed, are estimated to need hygiene items. Detergent, toothbrushes, toothpaste, diapers, and feminine hygiene products were flagged as the most needed hygiene items.

### MAIN TYPES OF HYGIENE ITEMS NEEDED



### IMPACT OF LOCKDOWN ON MEDICAL SUPPORT

1,021

52%

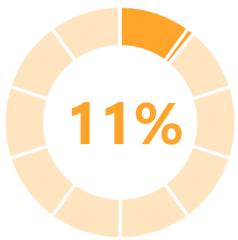
individuals, or 52 per cent of the total population in the construction camps assessed, are estimated to need medical items.

### MAIN TYPES OF MEDICINES NEEDED



The medical items flagged by KIs as being most needed were cold relief medicines (paracetamol, decongestant and cough syrup), pain relief cream and medicines, followed by herbal medicines, stomach relief and anti-diarrhea medicines.

### IMPACT OF LOCKDOWN ON ACCESS TO MEDICAL TREATMENT



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

### PRIMARY BARRIERS TO ACCESSING MEDICAL TREATMENT

- Movement restrictions
- Fear of detention, arrest or deportation and discriminatory treatment
- Do not know where to seek medical treatment

### IMPACT OF LOCKDOWN ON COMMUNICATIONS

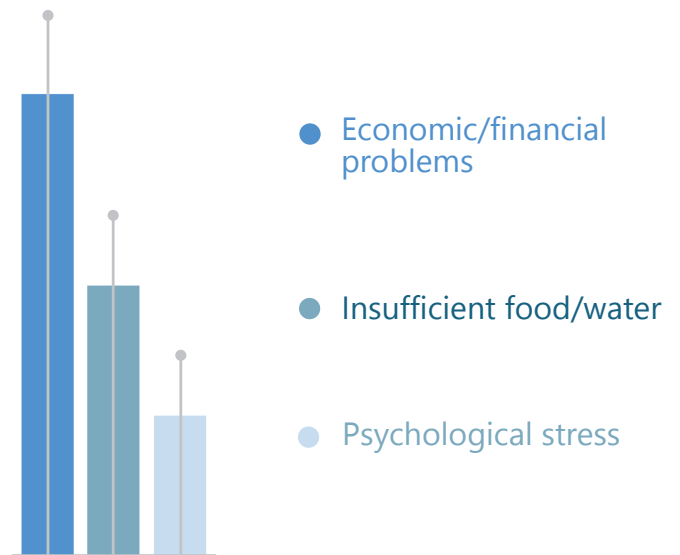
390

20%

individuals, or 20 per cent of the total population in the construction camps assessed, are estimated to need access to phone credit or data.

### MAIN CONCERNS POPULATIONS ARE FACING SINCE THE LOCKDOWN

(Top 3 answers only)



When asked about the concerns populations are facing since the imposition of lockdown measures, 53 per cent of KIs stated that populations in their communities are primarily concerned about economic and financial problems, such as insufficient income, unemployment, debt, or concerns over job security. Other primary concerns raised by KIs include insufficient food or water (flagged by 32% of KIs) and psychological stress (flagged by 11% of KIs).



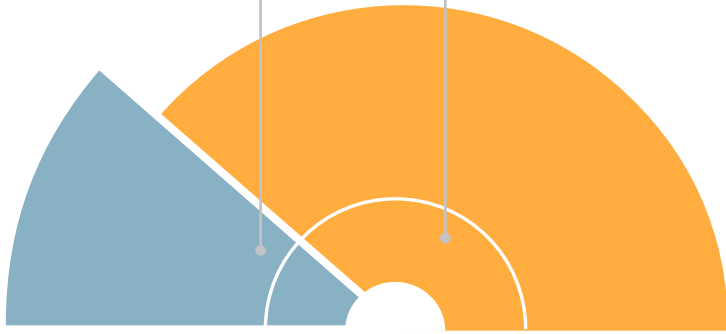
## COVID-19 VACCINE PERCEPTION

**23%**

Vaccinated

**77%**

Unvaccinated



KIs estimated that 450 individuals, or 23 per cent of the total population in the construction camps assessed, had been vaccinated, with at least one dose received. Only KIs in Na Na and Rama III construction camps reported having been partly vaccinated. KIs in Rama III mentioned that all workers in the construction camp are vaccinated because employers make vaccination a requirement. When asked if the population in KIs' communities would accept a COVID-19 vaccination when one is available, only 12 per cent of the total population in the construction camps assessed would not get the vaccine.

### MAIN CONCERNS ON COVID-19 VACCINE

(Multiple answers possible; top 5 answers only )

**26%**

Concerns about the possible side effects of the vaccine

**16%**

The vaccine is not necessary

**5%**

Do not have enough information about the vaccine

**11%**

Information not available in languages spoken by migrants

**16%**

Worried about its interaction with other medicine

KIs indicated that the main concern about receiving the COVID-19 vaccines among the population in the construction camps assessed, whether they have or have not been inoculated, are concerns about the possible adverse effects of the vaccine (26%), worried about the vaccine's interaction with other medicine (16%), belief that the vaccine is not necessary (16%), and do not have enough information about the vaccine (5%). Other concerns raised by KIs include not being able to afford the vaccination (5%) and that the vaccination will not prevent being infected with COVID-19 (5%).



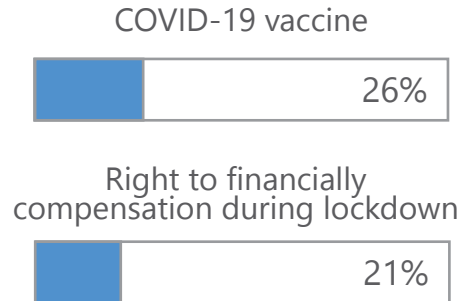
## ACCESS TO INFORMATION ON COVID-19

### DISTRIBUTION OF COVID-19 INFORMATION AND COMMUNICATION MATERIALS



53% 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 through social media (Facebook), word of mouth and television, radio, print media through both official and unofficial channels. KIs indicate that the information being distributed mainly covers COVID-19 prevention and hygiene, and lockdown rules and protocols.

### MAIN TYPES OF INFORMATION AND COMMUNICATION MATERIALS NEEDED



Twenty six per cent of KIs reported that IEC materials on COVID-19 vaccine are not being provided in their communities. KIs indicated that information on right to financial compensation during lock down (21%) and how to access material support and social protection (including Social Security Fund and Migrant Health Insurance Scheme) is also needed (16%).

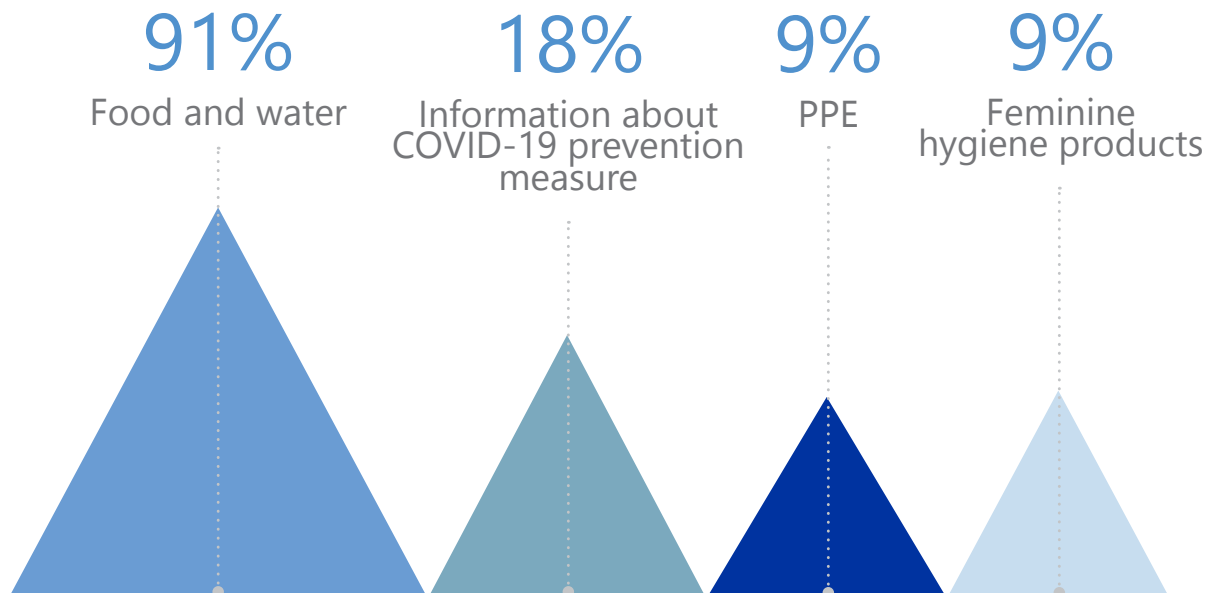
## ASSISTANCE RELATED TO COVID-19 LOCKDOWN



58% of KIs reported that populations in their communities have received support. Among the KIs who reported their communities had received support, 91 per cent stated having received support in the form of food and water, 18 per cent stated they had received information about COVID-19 prevention measures and 9 per cent stated they had received PPE.

### Main support provided by NGOs, government or employers and businesses

(Multiple answers possible; top 4 answers only)





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