



COVID-19 RAPID NEEDS ASSESSMENT: MAHACHAI SUB-DISTRICT SAMUT SAKHON PROVINCE (ROUND 3)

INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)
JANUARY 2021



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 third 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 eight 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 7 and 8 January 2021.

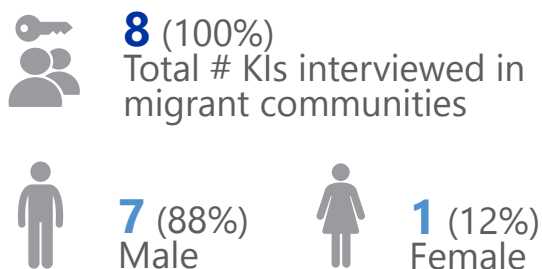
NOTES AND DEFINITIONS

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

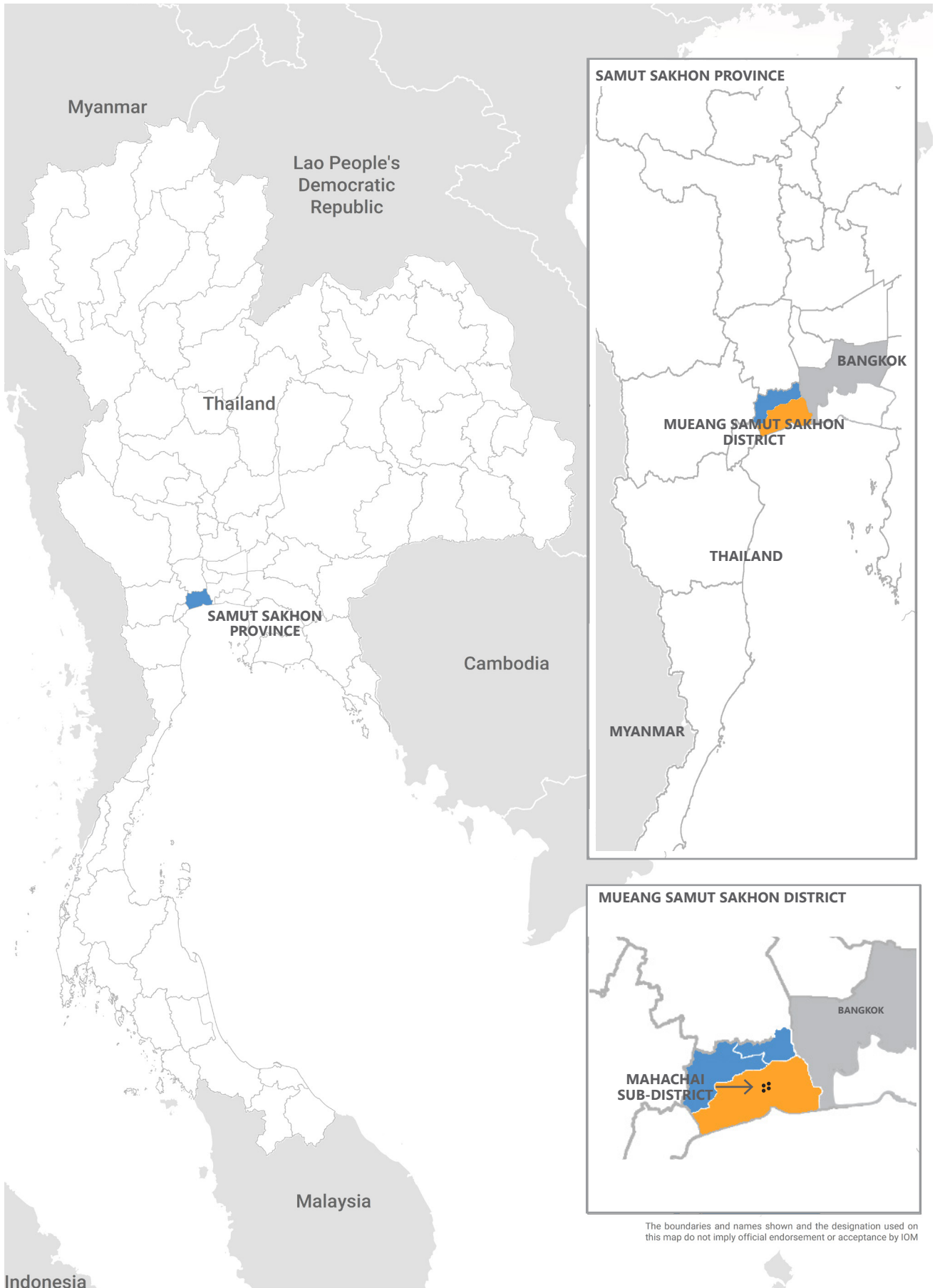
KEY INFORMANTS BY SEX



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



18,500 migrants are estimated by KIs to live across 6 communities surveyed in Mahachai sub-district



11,280 (61%)
Migrant female



7,220 (39%)
Migrant male



18,500
Myanmar migrants

HEALTH CONCERNS



9,750 (53%) migrants estimated to have been tested for COVID-19 as of 8 January



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



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



165 (1%) migrants estimated to be older persons (over the age of 65)



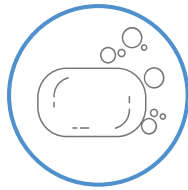
121 (1%) migrants are estimated to be pregnant

KIs estimate that 18,500 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 100 per cent of the migrant population in these communities and females represent the majority of migrants. As of 8 January, KIs estimated that 53 per cent of the total migrant population have been tested for COVID-19.

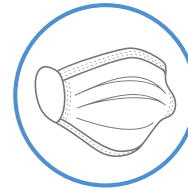
PERSONAL PROTECTIVE EQUIPMENT NEEDS



2,350



1,350



1,350

KIs were asked a series of questions related to personal protective equipment (PPE) needs in their communities. KIs estimated that 2,350 migrants (13%) in their communities need hand sanitizer or alcohol for sanitizer purposes, 1,350 migrants (7%) need soap, and 1,350 migrants (7%) need face masks. Overall, the findings suggest a significant decrease in PPE needs in the six communities assessed.

IMPACT OF LOCKDOWN ON MIGRANTS

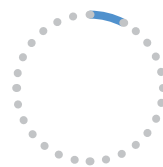
IMPACT OF LOCKDOWN ON EMPLOYMENT

4,655

25%

migrants or 25 per cent of the total migrant population in the communities assessed are estimated to be currently out of work since the lockdown on December 19, 2020.

SHARE OF MIGRANTS WHO ARE UNABLE TO FULFILL THEIR BASIC NEEDS



KIs estimated that 760 migrants or 4 per cent of the total migrant population in the communities assessed are unable to meet their basic needs since the imposition of lockdown measures.

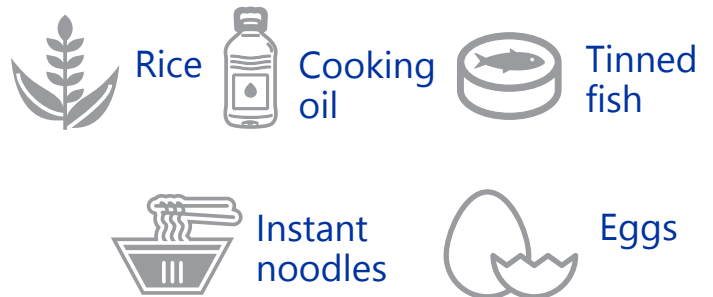
IMPACT OF LOCKDOWN ON FOOD CONSUMPTION

1,330

7%

migrants or 7 per cent of the total migrant population in the communities assessed are estimated to need food assistance. Rice and cooking oil are the most needed items, followed by tinned fish, instant noodles and eggs.

MAIN TYPES OF FOOD ASSISTANCE NEEDED



IMPACT OF LOCKDOWN ON HYGIENE AND SANITATION

2,380

13%

migrants or 13 per cent of the total migrant population in the communities assessed are estimated to need hygiene items. Detergent and toothbrushes were flagged as the most needed hygiene items.

MAIN TYPES OF HYGIENE ITEMS NEEDED

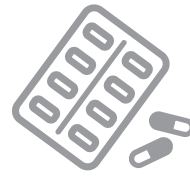


IMPACT OF LOCKDOWN ON MEDICAL SUPPORT

970



migrants or 4 per cent of the total migrant population in the communities assessed are estimated to need medical items. However, all KIs reported that migrants in their communities able to access medical treatment.



MAIN TYPES OF MEDICINES NEEDED

The medical items flagged by KIs as being most needed were cold relief medicines (paracetamol, decongestant and cough syrup) and vitamins. This round, however, no KIs flagged challenges or barriers for migrants in accessing medical treatment.

IMPACT OF LOCKDOWN ON COMMUNICATIONS

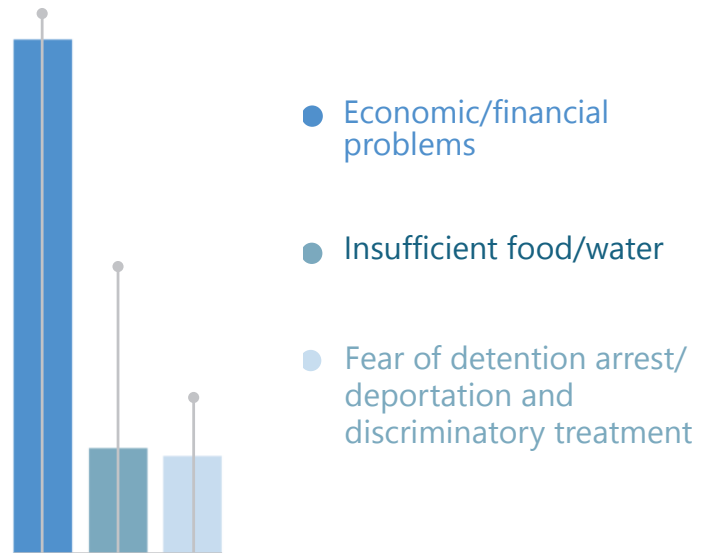
300



migrants or 2 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)

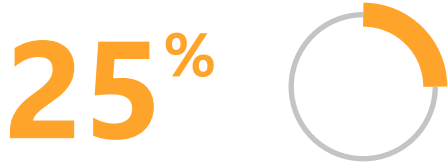


When asked about the concerns migrants are facing since the imposition of lockdown measures, 63 per cent of KIs stated that migrants in their communities are primarily concerned about economic and financial problems such as insufficient income, unemployment, debt, or concerns over job security. Other concerns raised by KIs include insufficient food or water, fear of detention, arrest, deportation and discriminatory treatment and falling sick with COVID-19.



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 and how to stay mentally and physically healthy during lockdown.

MAIN TYPES OF INFORMATION AND COMMUNICATION MATERIALS NEEDED

COVID-19 test results



Thirteen per cent of KIs reported that information on COVID-19 test results not being provided in their communities. As the number of cases mounts, along with the likelihood of migrants in these communities being exposed to COVID-19, one KI indicated that knowing who tested positive in the community could help to improve contact tracing.

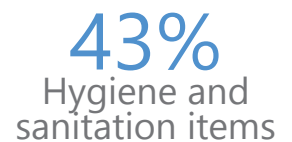
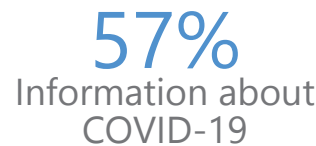
ASSISTANCE RELATED TO COVID-19 LOCKDOWN



of KIs reported that migrants in their communities have received support. Among the KIs who reported their communities had received support, 71 per cent stated they had received support in the form of food and water, 57 per cent stated they had received information about COVID-19, 43 per cent stated they had received hygiene and sanitation items and 14 per cent stated they had received medicine.

Main support provided by NGOs or government

(Multiple answers possible; top 3 answers only)





IOM Thailand
18th Floor, Rajanakarn Building
3 South Sathorn Road Bangkok 10120

Tel: (+66) 2-343-9300
Fax: (+66) 2-343-9399
Email: iomthailand@iom.int
Website: www.iom.int