RAPID ASSESSMENT: COVID-19 RELATED VULNERABILITIES AND PERCEPTIONS IN MAE SOT DISTRICT, TAK PROVINCE, THAILAND

INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)
MAY 2020
In light of the recent 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 many income-generating activities pose a significant burden on those employed in both the formal and informal sectors. However, the extent to which these challenges and vulnerabilities are affecting local communities in key border provinces 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 a village-level data collection exercise in key border provinces to collect information on: 1) presence of non-Thai nationals, 2) vulnerabilities to COVID-19, 3) impacts of COVID-19 on livelihoods, food, and access to services, and 4) awareness and knowledge levels on COVID-19. Information was collected at the village level in three districts.

By collecting this information at the onset of the crisis, the results of this assessment can be used to rapidly identify specific vulnerabilities and provide timely information to the Government and other support actors.

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 in Thailand has been implemented to respond to the COVID-19 crisis.

Between 11 and 22 April 2020, 16 IOM staff (50% female) conducted phone surveys with a total of 408 village-level key informants (KIs) located in Tak province (Mae Sot district) and Ranong province (Mueang Ranong district and Suk Samran district). KIs were primarily representatives from local health institutions, village leaders and migrant community representatives.

For each village, up to 3 KIs were interviewed to allow for triangulation of results. Where possible, data was also triangulated with external sources. Sub-district and district level data presented is based on an average of village level responses.

This report focuses on the results for Mae Sot district, in Tak province, Thailand, where a total of 241 KIs were interviewed across 1 municipality, 9 sub-districts, 85 villages and 18 communities.

**Non-Thai nationals:** All persons resident in Thailand who do not hold Thai citizenship regardless of country of birth, usual residence, citizenship or legal status. This include migrants, stateless individuals, and other non-Thai populations.

**Statistical note:** When an asterisk is found next to the total number of individuals it indicates that the estimate of this rapid assessment differ by more than 10 per cent from the total number of individuals reported in the official registration data as of June 2019. For more information about missing data points refer to the annex at the end of this report.

**KEY INFORMANTS**

**KEY INFORMANTS BY TYPE**

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Representatives from local administration</td>
<td>93 (39%)</td>
</tr>
<tr>
<td>Representatives from local health institutions</td>
<td>70 (29%)</td>
</tr>
<tr>
<td>Village leaders</td>
<td>68 (28%)</td>
</tr>
<tr>
<td>Other</td>
<td>10 (4%)</td>
</tr>
</tbody>
</table>

**KEY INFORMANTS BY SEX**

<table>
<thead>
<tr>
<th>Sex</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>159 (66%)</td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>82 (34%)</td>
<td></td>
</tr>
</tbody>
</table>

241 (100%) Total # KIs interviewed in 1 municipality and 9 sub-districts (85 villages and 18 communities)

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COVID-19 RELATED VULNERABILITIES AND PERCEPTIONS IN MAE SOT DISTRICT, THAILAND
DISPLACEMENT TRACKING MATRIX (DTM) - 2020

GEOGRAPHICAL SCOPE

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

POPULATION

**114,511** (100%)
individuals living in 18 communities and 85 villages assessed (1 municipality and 9 sub-districts)

VULNERABLE POPULATION**

- **6,604** (6%)
  persons with vulnerabilities
- **71** (close to 0%)
  persons with fever, cough, respiratory symptoms
- **5,211** (5%)
  persons over 60 years old
- **1,227** (1%)
  persons with chronic diseases/ serious medical conditions
- **95** (close to 0%)
  pregnant women

NON-THAI POPULATION

- **30,771** (27%)
  non-Thai residents
- **30,294** (26%)
  Myanmar migrants
- **477** (close to 0%)
  other non-Thai residents

MIGRATION

The results of this assessment indicate that fewer than 25 per cent of the migrants in Mae Sot district would like to return to their country of origin but are unable to do so. In total, over the past 4 weeks, 1,454 migrants returned to their country of origin. Between 50 per cent and 75 per cent of the migrants are employed in agriculture and food preparation services. The most spoken language in the district is Thai followed by Myanmar language. Some residents also speak Karen, Hmong, Musa, and Pakayo.

WASH

SHARE OF PEOPLE WITHOUT ACCESS TO WATER

The number of people without daily access to drinking water is close to 0 per cent, while the population without daily access to water for cleaning and other domestic uses is below 25 per cent. Lack of access to running water was reported as a barrier to maintaining hygiene and sanitation in 2 sub-districts.

MAIN SOURCES OF DRINKING WATER

- Primary source: Bottled water
- Secondary source: Tap water

MAIN SOURCES OF WATER FOR DOMESTIC USES

- Primary source: Tap water
- Secondary source: River/ lake/ pond

SHARE OF PEOPLE WITHOUT DAILY ACCESS TO PERSONAL PROTECTIVE EQUIPMENT

- Less than 25%: Masks
- Close to 0%: Soap
- Between 25% and 50%: Hand sanitizer
- Between 25% and 50%: Alcohol for sanitizer purposes

MAIN BARRIERS TO COVID-19 RELATED SANITATION AND HYGIENE

**Primary barriers**
- Lack of access to personal protective equipment
- Cannot afford to buy personal protective equipment
- Lack of knowledge on sanitation and hygiene practices

**Secondary barriers**
- Garbage disposal/waste management
- Lack of access to running water

**Please refer to the annex for missing data points. Data is missing for 2 communities and 6 villages which could not be assessed.**
MAE SOT DISTRICT

IMPACT OF COVID-19

**IMPACT OF COVID-19 ON INCOME**

- **Partial loss of income**: Between 50% and 75% of the population
- **Total loss of income**: Between 25% and 50% of the population
- **Unable to meet basic needs**: Less than 25% of the population

**IMPACT OF COVID-19 ON FOOD CONSUMPTION**

Over the past 4 weeks, concerns about not having enough food to eat due to the impacts of the COVID-19 pandemic were reported in 79 out of 103 villages and communities. In 62 out of 103 villages and communities, some families had to significantly reduce the amount of food they consume.

**ACCESS TO INFORMATION ON COVID-19**

**KNOWLEDGE AND AWARENESS ON COVID-19**

- **Aware of symptoms**: More than 75% of the population
- **Aware of hygiene and sanitation**: More than 75% of the population
- **Aware of handwashing practices**: Between 50% and 75% of the population

**COVID-19 POINTS OF CONTACT IN CASE OF ILLNESS**

The overall knowledge and awareness level of the population on COVID-19 is rated as good. The population is aware of who to contact in case they get sick. Local health volunteers, local hospitals and the village chief are identified as the primary points of contact.

**MAIN CHALLENGES SINCE THE OUTBREAK OF COVID-19**

- **Primary challenges**
  - Unemployment
  - Insufficient income
- **Secondary challenges**
  - Debt
  - Wage reduction

**MAIN CHALLENGES FOR CHILDREN SINCE THE OUTBREAK OF COVID-19**

- **Primary challenges**
  - No access to education
  - Limited access to education
- **Secondary challenges**
  - Insufficient food intake
  - No social interaction

**SERVICES MOST AFFECTED BY COVID-19**

- Livelihoods
- Water
- Electricity
- Transport

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

NGOs/CBOs, local hospitals, government, religious organizations and the UN are distributing information and communication materials on COVID-19 in 86 out of 103 villages and communities. However, in 16 villages and communities, information is not being understood or only being partially understood because beneficiaries are unable to read or because the information is shared in a different language from that spoken by the population. The KIs reported that there are some myths or misperceptions on COVID-19 in 33 out of 103 villages and communities.

**INFORMATION SOURCES ON COVID-19**

- Public megaphone
- TV, radio, print media
- Community volunteers
- LINE
# DAN MAE LAMAO SUB-DISTRICT

## POPULATION

<table>
<thead>
<tr>
<th><strong>5,163</strong>* (100%)</th>
<th>individuals living in 8 villages assessed</th>
</tr>
</thead>
</table>

### VULNERABLE POPULATION**

- **Unknown** persons with vulnerabilities
- **Unknown** persons with fever, cough, respiratory symptoms
- **Unknown** persons over 60 years old
- **Unknown** persons with chronic diseases/ serious medical conditions
- **Unknown** pregnant women

### NON-THAI POPULATION

- **451** (9%) non-Thai residents
- **451** (9%) Myanmar migrants
- **0** (close to 0%) other non-Thai residents

## WASH

### SHARE OF PEOPLE WITHOUT ACCESS TO WATER

The number of people without daily access to drinking water and water for cleaning and other domestic uses is close to 0 per cent. However, **lack of access to running water was reported as a barrier to maintaining hygiene and sanitation in 1 village.**

### MAIN SOURCES OF DRINKING WATER

- **Primary source**: Bottled water
- **Secondary source**: Tap water

### MAIN SOURCES OF WATER FOR DOMESTIC USES

- **Primary source**: Tap water
- **Secondary source**: River/ lake/ pond

### SHARE OF PEOPLE WITHOUT DAILY ACCESS TO PERSONAL PROTECTIVE EQUIPMENT

- **Masks**: Between 25% and 50%
- **Soap**: Less than 25%
- **Hand sanitizer**: Between 25% and 50%
- **Alcohol for sanitizer purposes**: Between 25% and 50%

### MAIN BARRIERS TO COVID-19 RELATED SANITATION AND HYGIENE

**Primary barriers**
- Cannot afford to buy personal protective equipment
- Lack of access to running water

**Secondary barriers**
- Lack of access to personal protective equipment

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*Note: According to June 2019 registration data, the total population of the assessed villages in Dan Mae Lamao is 6,282. Data is missing for 2 villages which could not be assessed.

**Please refer to the annex for missing data points.*
DAN MAE LAMAO SUB-DISTRICT

IMPACT OF COVID-19

**IMPACT OF COVID-19 ON INCOME**
- Partial loss of income: Between 50% and 75% of the population
- Total loss of income: Between 25% and 50% of the population
- Unable to meet basic needs: Less than 25% of the population

**IMPACT OF COVID-19 ON FOOD CONSUMPTION**
Over the past 4 weeks, concerns about not having enough food to eat due to the impacts of the COVID-19 pandemic were reported in 6 out of 8 villages assessed. In all villages, some families had to significantly reduce the amount of food they consume.

**MAIN CHALLENGES SINCE THE OUTBREAK OF COVID-19**
- Primary challenges: Insufficient income
- Secondary challenges: Unemployment

**MAIN CHALLENGES FOR CHILDREN SINCE THE OUTBREAK OF COVID-19**
- Primary challenges: Limited social interaction, Limited access to education
- Secondary challenges: No outdoor activities, Insufficient food intake

**SERVICES MOST AFFECTED BY COVID-19**
- Livelihoods
- Water
- Electricity

**ACCESS TO INFORMATION ON COVID-19**

**KNOWLEDGE AND AWARENESS ON COVID-19**
- Aware of symptoms: More than 75% of the population
- Aware of hygiene and sanitation: More than 75% of the population
- Aware of handwashing practices: Between 50% and 75% of the population

**COVID-19 POINTS OF CONTACT IN CASE OF ILLNESS**
The overall knowledge and awareness level of the population on COVID-19 is rated as good. The population is aware of who to contact in case they get sick. The local hospital, local health volunteers, and the village chief are identified as the primary points of contact.

**DISTRIBUTION OF COVID-19 INFORMATION AND COMMUNICATION MATERIALS**
In 2 out of the 8 assessed villages information and communication materials on COVID-19 are not being distributed. In the other villages, information and communication materials are being understood by the population and are being distributed by local government, NGOs/CBOs and local hospitals. The KIs reported that there are no myths or misperceptions on COVID-19 in Dan Mae La-mao.

**INFORMATION SOURCES ON COVID-19**
- Public megaphone
- Phone call/text
- Community volunteers
- LINE
The results of this assessment indicate that fewer than 25 per cent of migrants in Mae Kasa would like to return to their country of origin but are unable to do so. In total, over the past 4 weeks, 65 migrants returned to their country of origin. More than 75 per cent of migrants in Mae Kasa are employed in agriculture and food preparation services. The most commonly spoken language in the sub-district is Thai followed by Myanmar language.
## MAE KASA SUB-DISTRICT

### IMPACT OF COVID-19

#### IMPACT OF COVID-19 ON INCOME
- **Partial loss of income**
  - Between 50% and 75% of the population
- **Total loss of income**
  - Between 25% and 50% of the population
- **Unable to meet basic needs**
  - Less than 25% of the population

#### IMPACT OF COVID-19 ON FOOD CONSUMPTION
Over the past 4 weeks, concerns about not having enough food to eat due to the impacts of the COVID-19 pandemic were reported in 10 out of 16 villages. **In 13 out of 16 villages, some families had to significantly reduce the amount of food they consume.**

#### MAIN CHALLENGES SINCE THE OUTBREAK OF COVID-19
- **Primary challenges**
  - Insufficient income
  - Unemployment
- **Secondary challenges**
  - Debt
  - No public events

#### MAIN CHALLENGES FOR CHILDREN SINCE THE OUTBREAK OF COVID-19
- **Primary challenges**
  - No access to education
  - Insufficient food intake
- **Secondary challenges**
  - No outdoor activities

#### SERVICES MOST AFFECTED BY COVID-19
- **Water**
- **Livelihoods**
- **Transport**

### ACCESS TO INFORMATION ON COVID-19

#### KNOWLEDGE AND AWARENESS ON COVID-19
- **Aware of symptoms**
  - More than 75% of the population
- **Aware of hygiene and sanitation**
  - More than 75% of the population
- **Aware of handwashing practices**
  - Between 50% and 75% of the population

#### COVID-19 POINTS OF CONTACT IN CASE OF ILLNESS
The overall knowledge and awareness level of the population on COVID-19 is rated as good. The population is aware of who to contact in case they get sick. Local health volunteers, the village chief and local hospitals are identified as the primary points of contact.

#### DISTRIBUTION OF COVID-19 INFORMATION AND COMMUNICATION MATERIALS
**In 1 out of 16 villages, information and communication materials on COVID-19 are not being distributed.** In the other villages, information and communication materials are being understood by the population and are being distributed by government and local hospitals. **The KIs reported that there are some myths and misperceptions on COVID-19 in 12 out of 16 villages.** Some people have misperceptions related to transmission, prevention and risks of COVID-19, as well as misperceptions on government regulations related to COVID-19. Some people also believe that COVID-19 does not exist or that COVID-19 is the same thing as cholera.

#### INFORMATION SOURCES ON COVID-19
- **Public megaphone**
- **Phonecall/text**
- **Community volunteers**
- **LINE**
**MAE KU SUB-DISTRICT**

### POPULATION

- **11,911** (100%) individuals living in 12 villages

### VULNERABLE POPULATION**

- **1,119** (9%) persons with vulnerabilities
- **50** (close to 0%) persons with fever, cough, respiratory symptoms
- **686** (6%) persons over 60 years old
- **371** (3%) persons with chronic diseases/serious medical conditions
- **12** (close to 0%) pregnant women

### NON-THAI POPULATION

- **3,830** (32%) non-Thai residents
- **3,755** (32%) Myanmar migrants
- **75** (close to 0%) other non-Thai residents

### MIGRATION

The results of this assessment indicate that fewer than 25 per cent of migrants in Mae Ku would like to return to their country of origin but are unable to do so. In total, over the past 4 weeks, 423 migrants returned to their country of origin. Between 50 and 75 per cent of migrants in Mae Ku are employed in agriculture and food preparation services. The most commonly spoken language in the sub-district is Thai followed by Karen and Myanmar. In two villages the primary challenge related to COVID-19 is the lack of migrant labour for the agricultural sector.

### WASH

#### SHARE OF PEOPLE WITHOUT ACCESS TO WATER

The number of people without daily access to drinking water and water for cleaning and other domestic uses is close to 0 per cent. However, lack of access to running water was reported as a barrier to maintaining hygiene and sanitation in 2 villages.

#### MAIN SOURCES OF DRINKING WATER

- **Primary source**: Bottled water
- **Secondary source**: Tap water

#### MAIN SOURCES OF WATER FOR DOMESTIC USES

- **Primary source**: Tap water
- **Secondary source**: River/ lake/ pond

#### SHARE OF PEOPLE WITHOUT DAILY ACCESS TO PERSONAL PROTECTIVE EQUIPMENT

- **Less than 25%**: Masks
- **Close to 0%**: Soap
- **Between 25% and 50%**: Hand sanitizer
- **Between 25% and 50%**: Alcohol for sanitizer purposes

#### MAIN BARRIERS TO COVID-19 RELATED SANITATION AND HYGIENE

**Primary barriers**

- Cannot afford to buy personal protective equipment
- Lack of access to personal protective equipment

**Secondary barriers**

- Lack of knowledge on sanitation and hygiene practices

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*Note: According to June 2019 registration data, the total population in Mae Ku is 8,157. ** Please refer to the annex for missing data points.*
MAE KU SUB-DISTRICT

IMPACT OF COVID-19

IMPACT OF COVID-19 ON INCOME

- Partial loss of income
  - Between 50% and 75% of the population
- Total loss of income
  - Between 25% and 50% of the population
- Unable to meet basic needs
  - Less than 25% of the population

IMPACT OF COVID-19 ON FOOD CONSUMPTION

Over the past 4 weeks, concerns about not having enough food to eat due to the impacts of the COVID-19 pandemic were reported in 10 out of 12 villages. In 7 out of 12 villages, some families had to significantly reduce the amount of food they consume.

MAIN CHALLENGES SINCE THE OUTBREAK OF COVID-19

Primary challenges
- Insufficient income
- Unemployment

Secondary challenges
- Fear of detention/arrest

MAIN CHALLENGES FOR CHILDREN SINCE THE OUTBREAK OF COVID-19

Primary challenges
- No access to education
- Limited access to education

Secondary challenges
- No social interactions
- No outdoor activities

SERVICES MOST AFFECTED BY COVID-19

- Transport
- Education
- Livelihoods

ACCESS TO INFORMATION ON COVID-19

KNOWLEDGE AND AWARENESS ON COVID-19

- Aware of symptoms
  - More than 75% of the population
- Aware of hygiene and sanitation
  - More than 75% of the population
- Aware of handwashing practices
  - Between 50% and 75% of the population

COVID-19 POINTS OF CONTACT IN CASE OF ILLNESS

The overall knowledge and awareness level of the population on COVID-19 is rated as good. The population is aware of who to contact in case they get sick. Local health volunteers, local hospitals, and the village chief are identified as the primary points of contact.

DISTRIBUTION OF COVID-19 INFORMATION AND COMMUNICATION MATERIALS

In 1 out of 12 villages, information and communication materials on COVID-19 are not being distributed. In the other villages, information and communication materials are being distributed by government and local hospitals and are only partially being understood by the population. Some beneficiaries cannot read, and some information is shared in a different language from that spoken by residents. The KIs reported that there are some myths and misperceptions on COVID-19 in 7 out of 12 villages. Most commonly, people tend to have misperceptions on the risks of COVID-19, the way it is transmitted, and the precautions that can be taken to prevent it.

INFORMATION SOURCES ON COVID-19

- Public megaphone
- Community volunteers
- Community leaders
**MAE PA SUB-DISTRICT**

### POPULATION

| **15,939 (100%)** | individuals living in 12 villages |

**VULNERABLE POPULATION**

| **162 (1%)** | persons with vulnerabilities |
| **5 (close to 0%)** | persons with fever, cough, respiratory symptoms |
| **150 (1%)** | persons over 60 years old |
| **0 (0%)** | persons with chronic diseases/ serious medical conditions |
| **7 (close to 0%)** | pregnant women |

### VULNERABLE POPULATION**

| **3,852 (24%)** | non-Thai residents |
| **3,625 (23%)** | Myanmar migrants |
| **227 (1%)** | other non-Thai residents |

### NON-THAI POPULATION

**SHARE OF PEOPLE WITHOUT ACCESS TO WATER**

The number of people without daily access to drinking water is close to 0 per cent while the share of people without daily access to water for other domestic uses is less than 25 per cent. **Lack of access to running water was reported as a barrier to maintaining hygiene and sanitation in 3 villages.**

### MAIN SOURCES OF DRINKING WATER

- **Bottled water** (Primary source)
- **Private water trucking** (Secondary source)

### MAIN SOURCES OF WATER FOR DOMESTIC USES

- **Tap water** (Primary source)
- **River/ lake/ pond** (Secondary source)

### SHARE OF PEOPLE WITHOUT DAILY ACCESS TO PERSONAL PROTECTIVE EQUIPMENT

- Less than 25%: **Masks**
- Close to 0%: **Soap**
- Between 25% and 50%: **Hand sanitizer**
- Between 50% and 75%: **Alcohol for sanitizer purposes**

### MAIN BARRIERS TO COVID-19 RELATED SANITATION AND HYGIENE

**Primary barriers**

- Lack of access to personal protective equipment
- Cannot afford to buy personal protective equipment

**Secondary barriers**

- People are aware of sanitation and hygiene practices but do not follow them

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**Please refer to the annex for missing data points.**

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11
**MAE PA SUB-DISTRICT**

### IMPACT OF COVID-19

<table>
<thead>
<tr>
<th>Impact of COVID-19 on Income</th>
<th>Services Most Affected by COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Partial loss of income</strong></td>
<td>Livelihoods</td>
</tr>
<tr>
<td>Between 50% and 75% of the population</td>
<td>Food</td>
</tr>
<tr>
<td><strong>Total loss of income</strong></td>
<td>Transport</td>
</tr>
<tr>
<td>Between 25% and 50% of the population</td>
<td></td>
</tr>
<tr>
<td><strong>Unable to meet basic needs</strong></td>
<td></td>
</tr>
<tr>
<td>Between 25% and 50% of the population</td>
<td></td>
</tr>
</tbody>
</table>

### Main Challenges Since the Outbreak of COVID-19

**Primary challenges**
- Insufficient income
- Unemployment

**Secondary challenges**
- Wage reduction
- Debt

### Main Challenges for Children Since the Outbreak of COVID-19

**Primary challenges**
- No access to education
- Insufficient food intake

**Secondary challenges**
- Lack of access to healthcare

### Impact of COVID-19 on Food Consumption

Over the past 4 weeks, concerns about not having enough food to eat due to the impacts of the COVID-19 pandemic were reported in 10 out of 12 villages. **In 8 out of 12 villages, some families had to significantly reduce the amount of food they consume.**

### Access to Information on COVID-19

<table>
<thead>
<tr>
<th>Knowledge and Awareness on COVID-19</th>
<th>Information Sources on COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aware of symptoms</strong></td>
<td>Public megaphone</td>
</tr>
<tr>
<td>More than 75% of the population</td>
<td>Community volunteers</td>
</tr>
<tr>
<td><strong>Aware of hygiene and sanitation</strong></td>
<td>Car with speaker</td>
</tr>
<tr>
<td>More than 75% of the population</td>
<td>LINE</td>
</tr>
<tr>
<td><strong>Aware of handwashing practices</strong></td>
<td></td>
</tr>
<tr>
<td>Between 50% and 75% of the population</td>
<td></td>
</tr>
</tbody>
</table>

### COVID-19 Points of Contact in Case of Illness

The overall knowledge and awareness level of the population on COVID-19 is rated as good. The population is aware of who to contact in case they get sick. Local health volunteers and local hospitals are identified as the primary points of contact.

### Distribution of COVID-19 Information and Communication Materials

**In 1 out of 12 villages, information and communication materials on COVID-19 are not being distributed.** In the other villages, information and communication materials are being distributed by government, local hospitals and NGOs/CBOs. This information is only partially being understood by the population due to the fact that some residents cannot read and that information is shared using complex language.

**The KIs reported that there are some myths on COVID-19 in 1 out of 12 villages.** In this village, some people believe that COVID-19 is like a flu.
## MAE SOT MUNICIPALITY

### POPULATION

<table>
<thead>
<tr>
<th><em><em>20,775</em> (100%)</em>*</th>
<th>individuals living in 18 communities assessed</th>
</tr>
</thead>
</table>

### VULNERABLE POPULATION**

<table>
<thead>
<tr>
<th><strong>1,727 (8%)</strong></th>
<th>persons with vulnerabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11 (close to 0%)</strong></td>
<td>persons with fever, cough, respiratory symptoms</td>
</tr>
<tr>
<td><strong>1,568 (8%)</strong></td>
<td>persons over 60 years old</td>
</tr>
<tr>
<td><strong>112 (close to 0%)</strong></td>
<td>persons with chronic diseases/serious medical conditions</td>
</tr>
<tr>
<td><strong>36 (close to 0%)</strong></td>
<td>pregnant women</td>
</tr>
</tbody>
</table>

### NON-THAI POPULATION

<table>
<thead>
<tr>
<th><strong>7,822 (38%)</strong></th>
<th>non-Thai residents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7,790 (38%)</strong></td>
<td>Myanmar migrants</td>
</tr>
<tr>
<td><strong>32 (close to 0%)</strong></td>
<td>other non-Thai residents</td>
</tr>
</tbody>
</table>

### MIGRATION

The results of this assessment indicate that there are no stranded migrants in Mae Sot municipality. In total, over the past 4 weeks, 180 migrants returned to their country of origin. Less than 25 per cent of migrants in Mae Sot municipality are employed in agriculture and food preparation services. The most commonly spoken language is Thai followed by Myanmar language.

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### WASH

#### SHARE OF PEOPLE WITHOUT ACCESS TO WATER

The number of people without daily access to drinking water and water for cleaning and other domestic uses is close to 0 per cent.

#### MAIN SOURCES OF DRINKING WATER

<table>
<thead>
<tr>
<th><strong>Primary source</strong></th>
<th><strong>Secondary source</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bottled water</td>
<td>Public hand pump</td>
</tr>
</tbody>
</table>

#### MAIN SOURCES OF WATER FOR DOMESTIC USES

<table>
<thead>
<tr>
<th><strong>Primary source</strong></th>
<th><strong>Secondary source</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tap water</td>
<td>Private hand pump</td>
</tr>
</tbody>
</table>

#### SHARE OF PEOPLE WITHOUT DAILY ACCESS TO PERSONAL PROTECTIVE EQUIPMENT

<table>
<thead>
<tr>
<th><strong>Less than 25%</strong></th>
<th><strong>Close to 0%</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Masks</td>
<td>Soap</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Less than 25%</strong></th>
<th><strong>Between 25% and 50%</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand sanitizer</td>
<td>Alcohol for sanitizer purposes</td>
</tr>
</tbody>
</table>

#### MAIN BARRIERS TO COVID-19 RELATED SANITATION AND HYGIENE

**Primary barriers**
- Lack of access to personal protective equipment
- Lack of knowledge on sanitation and hygiene practices

**Secondary barriers**
- Cannot afford to buy personal protective equipment

---

*Note: According to June 2019 registration data, the total population in the assessed communities in Mae Sot municipality is 30,903. Data is missing for 2 communities which could not be assessed.

**Please refer to the annex for missing data points.
MAE SOT MUNICIPALITY

IMPACT OF COVID-19

IMPACT OF COVID-19 ON INCOME

- **Partial loss of income**
  - Between 50% and 75% of the population

- **Total loss of income**
  - Between 25% and 50% of the population

- **Unable to meet basic needs**
  - Less than 25% of the population

IMPACT OF COVID-19 ON FOOD CONSUMPTION

Over the past 4 weeks, concerns about not having enough food to eat due to the impacts of the COVID-19 pandemic were reported in 11 out of 18 communities. **In 9 out of 18 communities some families had to significantly reduce the amount of food they consume.**

MAIN CHALLENGES SINCE THE OUTBREAK OF COVID-19

<table>
<thead>
<tr>
<th>Primary challenges</th>
<th>Secondary challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient income</td>
<td>Lack of hope for the future</td>
</tr>
<tr>
<td>Unemployment</td>
<td></td>
</tr>
</tbody>
</table>

MAIN CHALLENGES FOR CHILDREN SINCE THE OUTBREAK OF COVID-19

<table>
<thead>
<tr>
<th>Primary challenges</th>
<th>Secondary challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited access to education</td>
<td>Insufficient food intake</td>
</tr>
<tr>
<td>No access to education</td>
<td></td>
</tr>
</tbody>
</table>

SERVICES MOST AFFECTED BY COVID-19

- **Livelihoods**
- **Food**
- **Transport**
- **Information**

ACCESS TO INFORMATION ON COVID-19

KNOWLEDGE AND AWARENESS ON COVID-19

- **Aware of symptoms**
  - More than 75% of the population

- **Aware of hygiene and sanitation**
  - More than 75% of the population

- **Aware of handwashing practices**
  - Between 50% and 75% of the population

COVID-19 POINTS OF CONTACT IN CASE OF ILLNESS

The overall knowledge and awareness level of the population on COVID-19 is rated as good. The population is aware of who to contact in case they get sick. Local health volunteers and local hospitals are identified as the primary points of contact.

DISTRIBUTION OF COVID-19 INFORMATION AND COMMUNICATION MATERIALS

Information and communication materials are being distributed by NGOs/CBOs, local hospitals, government, and religious organizations in all communities. This material is only partially being understood by the population due to the fact that some of the material provided is in a different language from that spoken by the population.

The KIs reported that there are some myths on COVID-19 in 3 out of 18 communities assessed. Some people believe that COVID-19 is the same thing as cholera and that drinking ginger tea can prevent COVID-19.

INFORMATION SOURCES ON COVID-19

- **Public megaphone**
- **Television/radio/ print**
- **Community volunteers**
- **Phonocall/text**
**MAE TAO SUB-DISTRICT**

**POPULATION**

![Image](303x530 to 350x576)

- **7,966 (100%)** individuals living in 6 villages

**VULNERABLE POPULATION**

- **1,299 (16%)** persons with vulnerabilities
- **5 (close to 0%)** persons with fever, cough, respiratory symptoms
- **715 (9%)** persons over 60 years old
- **570 (7%)** persons with chronic diseases/serious medical conditions
- **9 (close to 0%)** pregnant women

**NON-THAI POPULATION**

- **3,026 (38%)** non-Thai residents
- **3,020 (38%)** Myanmar migrants
- **6 (close to 0%)** other non-Thai residents

**MIGRATION**

The results of this assessment indicate that there are no stranded migrants in Mae Tao sub-district. In total, over the past 4 weeks, 30 migrants returned to their country of origin. Between 50 and 75 per cent of migrants in Mae Tao are employed in agriculture and food preparation services. **The most commonly spoken language in the sub-district is Thai followed by Myanmar language.**

**WASH**

**SHARE OF PEOPLE WITHOUT ACCESS TO WATER**

The number of people without daily access to drinking water is close to 0 per cent while the share of people without daily access to water for cleaning and other domestic uses is less than 25 per cent. **In 1 village the share of people without daily access to water for domestic uses is between 25 and 50 per cent.**

**MAIN SOURCES OF DRINKING WATER**

- **Primary source**
  - Bottled water
- **Secondary source**
  - Rain

**MAIN SOURCES OF WATER FOR DOMESTIC USES**

- **Primary source**
  - Tap water
- **Secondary source**
  - Private hand pump

**SHARE OF PEOPLE WITHOUT DAILY ACCESS TO PERSONAL PROTECTIVE EQUIPMENT**

- **Masks**
  - Less than 25%
  - Close to 0%
- **Soap**
  - Between 50% and 75%
- **Hand sanitizer**
  - Between 50% and 75%
- **Alcohol for sanitizer purposes**
  - Between 50% and 75%

**MAIN BARRIERS TO COVID-19 RELATED SANITATION AND HYGIENE**

**Primary barriers**

- Garbage disposal/waste management
- People are aware of sanitation and hygiene practices but do not follow them

**Please refer to the annex for missing data points.**
In 1 out of 6 villages, information and communication materials are not being distributed. In the other villages, this material is only partially being understood by the population and is being distributed by local hospitals and government sources.

The KIs reported that there are some myths on COVID-19 in 1 out of 6 villages. In this village some people spread fake news through LINE.

Access to information on COVID-19

**Knowledge and awareness on COVID-19**
- Aware of symptoms: More than 75% of the population
- Aware of hygiene and sanitation: More than 75% of the population
- Aware of handwashing practices: Between 50% and 75% of the population

**COVID-19 points of contact in case of illness**
The overall knowledge and awareness level of the population on COVID-19 is rated as good. The population is aware of who to contact in case they get sick. Local health volunteers, local hospitals and village chiefs are identified as the primary points of contact.

**Distribution of COVID-19 information and communication materials**
In 1 out of 6 villages, information and communication materials are not being distributed. In the other villages, this material is only partially being understood by the population and is being distributed by local hospitals and government sources.

**Services most affected by COVID-19**
- Livelihoods
- Food
- Public services

**Impact of COVID-19 on income**
- Partial loss of income: Between 50% and 75% of the population
- Total loss of income: Between 25% and 50% of the population
- Unable to meet basic needs: Close to 0% of the population

**Impact of COVID-19 on food consumption**
Over the past 4 weeks, concerns about not having enough food to eat due to the impacts of the COVID-19 pandemic were reported in all villages. However, there were no reports of families having to make significant reductions to the amount of food they consume.
## MAHAWAN SUB-DISTRICT

### POPULATION

| **12,300** (100%) | individuals living in 10 villages assessed |

### VULNERABLE POPULATION**

| **643** (5%) | persons with vulnerabilities |
| **4** (close to 0%) | persons with fever, cough, respiratory symptoms |
| **580** (5%) | persons over 60 years old |
| **51** (close to 0%) | persons with chronic diseases/ serious medical conditions |
| **8** (close to 0%) | pregnant women |

### NON-THAI POPULATION

| **1,354** (11%) | non-Thai residents |
| **1,354** (11%) | Myanmar migrants |
| **0** (0%) | other non-Thai residents |

### MIGRATION

The results of this assessment indicate that fewer than 25 per cent of the migrants in Mahawan sub-district would like to return to their country of origin but are unable to do so. In total, over the past 4 weeks, 48 migrants returned to their country of origin. More than 75 per cent of migrants in Mahawan are employed in agriculture and food preparation services. The most commonly spoken language in the sub-district is Thai followed by Myanmar, Hmong, and Karen.

### WASH

#### SHARE OF PEOPLE WITHOUT ACCESS TO WATER

The number of people without daily access to drinking water is close to 0 per cent while the share of people without daily access to water for cleaning and other domestic uses is less than 25 per cent. In 2 villages the share of people without daily access to water for domestic uses is between 25 and 50 per cent.

#### MAIN SOURCES OF DRINKING WATER

| Primary source | Bottled water |
| Secondary source | Tap water |

#### MAIN SOURCES OF WATER FOR DOMESTIC USES

| Primary source | Tap water |
| Secondary source | Private hand pump |

#### SHARE OF PEOPLE WITHOUT DAILY ACCESS TO PERSONAL PROTECTIVE EQUIPMENT

| Less than 25% | Masks |
| Close to 0% | Soap |
| Between 25% and 50% | Hand sanitizer |
| Between 25% and 50% | Alcohol for sanitizer purposes |

#### MAIN BARRIERS TO COVID-19 RELATED SANITATION AND HYGIENE

**Primary barriers**
- Lack of access to personal protective equipment
- Lack of knowledge on sanitation and hygiene practices

**Secondary barriers**
- Cannot afford to buy personal protective equipment

** Please refer to the annex for missing data points. Data is missing for 2 villages which could not be assessed.
**MAHAWAN SUB-DISTRICT**

### IMPACT OF COVID-19

#### IMPACT OF COVID-19 ON INCOME
- **Partial loss of income**: Between 50% and 75% of the population
- **Total loss of income**: Less than 25% of the population
- **Unable to meet basic needs**: Less than 25% of the population

#### IMPACT OF COVID-19 ON FOOD CONSUMPTION
Over the past 4 weeks, concerns about not having enough food to eat due to the impacts of the COVID-19 pandemic were reported in 7 out of 10 assessed villages. **In 4 out of 10 villages, some families had to significantly reduce the amount of food they consume.**

##### MAIN CHALLENGES SINCE THE OUTBREAK OF COVID-19
- **Primary challenges**
  - Unemployment
  - Limited movement
- **Secondary challenges**
  - Increase in food prices
  - Insufficient income

##### MAIN CHALLENGES FOR CHILDREN SINCE THE OUTBREAK OF COVID-19
- **Primary challenges**
  - Limited access to education
  - No access to education
- **Secondary challenges**
  - Insufficient food intake

#### SERVICES MOST AFFECTED BY COVID-19
- Livelihoods
- Electricity
- Subsidies

### ACCESS TO INFORMATION ON COVID-19

#### KNOWLEDGE AND AWARENESS ON COVID-19
- **Aware of symptoms**: More than 75% of the population
- **Aware of hygiene and sanitation**: More than 75% of the population
- **Aware of handwashing practices**: Between 50% and 75% of the population

#### COVID-19 POINTS OF CONTACT IN CASE OF ILLNESS
The overall knowledge and awareness level of the population on COVID-19 is rated as good. The population is aware of who to contact in case they get sick. Local health volunteers and local hospitals are identified as the primary points of contact.

#### DISTRIBUTION OF COVID-19 INFORMATION AND COMMUNICATION MATERIALS
**In 8 out of 10 villages, information and communication materials are not being distributed.** In the other 2 villages, this material is being distributed by government sources and is being understood.

The KIs reported that there are some myths and misperceptions on COVID-19 in 3 out of 10 villages assessed. Some people have misperceptions on quarantine or on risks and prevention of COVID-19. Some people believe that eating or drinking particular items can prevent COVID-19.

#### INFORMATION SOURCES ON COVID-19
- Public megaphone
- Television/radio/print
- Community volunteers
**PHAWO SUB-DISTRICT**

### POPULATION

<table>
<thead>
<tr>
<th>Number</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5,361</td>
<td>(100%)</td>
<td>individuals living in 7 villages assessed</td>
</tr>
</tbody>
</table>

### VULNERABLE POPULATION**

<table>
<thead>
<tr>
<th>Number</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>349</td>
<td>(6%)</td>
<td>persons with vulnerabilities</td>
</tr>
<tr>
<td>0</td>
<td>(0%)</td>
<td>persons with fever, cough, respiratory symptoms</td>
</tr>
<tr>
<td>294</td>
<td>(5%)</td>
<td>persons over 60 years old</td>
</tr>
<tr>
<td>51</td>
<td>(1%)</td>
<td>persons with chronic diseases/ serious medical conditions</td>
</tr>
<tr>
<td>4</td>
<td>(close to 0%)</td>
<td>pregnant women</td>
</tr>
</tbody>
</table>

### NON-THAI POPULATION

<table>
<thead>
<tr>
<th>Number</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>503</td>
<td>(9%)</td>
<td>non-Thai residents</td>
</tr>
<tr>
<td>503</td>
<td>(9%)</td>
<td>Myanmar migrants</td>
</tr>
<tr>
<td>0</td>
<td>(0%)</td>
<td>other non-Thai residents</td>
</tr>
</tbody>
</table>

### MIGRATION

The results of this assessment indicate that there are no stranded migrants in Phawo sub-district. Over the past 4 weeks, no migrants returned to their country of origin. More than 75 per cent of migrants in Phawo are employed in agriculture and food preparation services. The most commonly spoken language in the sub-district is Thai followed by Pakayo and Myanmar.

### WASH

#### SHARE OF PEOPLE WITHOUT ACCESS TO WATER

The number of people without daily access to drinking water and water for cleaning and other domestic uses is close to 0 per cent.

#### MAIN SOURCES OF DRINKING WATER

<table>
<thead>
<tr>
<th>Primary source</th>
<th>Secondary source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tap water</td>
<td>Bottled water</td>
</tr>
</tbody>
</table>

#### MAIN SOURCES OF WATER FOR DOMESTIC USES

<table>
<thead>
<tr>
<th>Primary source</th>
<th>Secondary source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tap water</td>
<td>River/ lake/ pond</td>
</tr>
</tbody>
</table>

#### SHARE OF PEOPLE WITHOUT DAILY ACCESS TO PERSONAL PROTECTIVE EQUIPMENT

<table>
<thead>
<tr>
<th>Item</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 25%</td>
<td>Masks</td>
</tr>
<tr>
<td>Close to 0%</td>
<td>Soap</td>
</tr>
<tr>
<td>More than 75%</td>
<td>Hand sanitizer</td>
</tr>
<tr>
<td>Between 50% and 75%</td>
<td>Alcohol for sanitizer purposes</td>
</tr>
</tbody>
</table>

#### MAIN BARRIERS TO COVID-19 RELATED SANITATION AND HYGIENE

- Garbage disposal/ waste management

---

**Please refer to the annex for missing data points. Data is missing for 2 villages which could not be assessed.**
## PHAWO SUB-DISTRICT
### IMPACT OF COVID-19

<table>
<thead>
<tr>
<th>Impact Area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Partial loss of income</strong></td>
<td>Between 25% and 50% of the population</td>
</tr>
<tr>
<td><strong>Total loss of income</strong></td>
<td>Between 25% and 50% of the population</td>
</tr>
<tr>
<td><strong>Unable to meet basic needs</strong></td>
<td>Less than 25% of the population</td>
</tr>
</tbody>
</table>

### IMPACT OF COVID-19 ON FOOD CONSUMPTION
Over the past 4 weeks, concerns about not having enough food to eat due to the impacts of the COVID-19 pandemic were reported in all assessed villages. However, there were no reports of families having to make significant reductions to the amount of food they consume.

### ACCESS TO INFORMATION ON COVID-19

<table>
<thead>
<tr>
<th>Knowledge and Awareness</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aware of symptoms</strong></td>
<td>More than 75% of the population</td>
</tr>
<tr>
<td><strong>Aware of hygiene and sanitation</strong></td>
<td>More than 75% of the population</td>
</tr>
<tr>
<td><strong>Aware of handwashing practices</strong></td>
<td>Between 50% and 75% of the population</td>
</tr>
</tbody>
</table>

### KNOWLEDGE AND AWARENESS ON COVID-19

<table>
<thead>
<tr>
<th>COVID-19 Points of Contact</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public megaphone</strong></td>
<td>Community volunteers</td>
</tr>
<tr>
<td><strong>Community leaders</strong></td>
<td>LINE</td>
</tr>
</tbody>
</table>

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

- **In one of the seven assessed villages, information and communication materials are not being distributed.** In the other 6 villages, information is being distributed by local hospitals and government sources and is being understood.

- **The KIs reported that there are some myths on COVID-19 in 1 village.** In this village some people spread fake news through LINE.
### POPULATION

<table>
<thead>
<tr>
<th>VULNERABLE POPULATION**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>387</strong> (6%) persons with vulnerabilities</td>
</tr>
<tr>
<td><strong>0</strong> (0%) persons with fever, cough, respiratory symptoms</td>
</tr>
<tr>
<td><strong>368</strong> (5%) persons over 60 years old</td>
</tr>
<tr>
<td><strong>11</strong> (close to 0%) persons with chronic diseases/serious medical conditions</td>
</tr>
<tr>
<td><strong>8</strong> (close to 0%) pregnant women</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NON-THAI POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2,478</strong> (36%) non-Thai residents</td>
</tr>
<tr>
<td><strong>2,468</strong> (36%) Myanmar migrants</td>
</tr>
<tr>
<td><strong>10</strong> (close to 0%) other non-Thai residents</td>
</tr>
</tbody>
</table>

### WASH

**SHARE OF PEOPLE WITHOUT ACCESS TO WATER**

The number of people without daily access to drinking water and water for cleaning and other domestic uses is close to 0 per cent.

**MAIN SOURCES OF DRINKING WATER**

- **Primary source**: Bottled water
- **Secondary source**: Tap water

**MAIN SOURCES OF WATER FOR DOMESTIC USES**

- **Primary source**: Tap water
- **Secondary source**: River/laundry/pond

**SHARE OF PEOPLE WITHOUT DAILY ACCESS TO PERSONAL PROTECTIVE EQUIPMENT**

- **Masks**: Between 25% and 50%
- **Soap**: Close to 0%
- **Hand sanitizer**: Between 25% and 50%
- **Alcohol for sanitizer purposes**: Between 25% and 50%

**MAIN BARRIERS TO COVID-19 RELATED SANITATION AND HYGIENE**

- **Primary barriers**
  - Garbage disposal/waste management
  - Lack of knowledge on sanitation and hygiene practices

- **Secondary barriers**
  - Lack of access to personal protective equipment

---

The results of this assessment indicate that there are no stranded migrants in Phra That Pha Daeng sub-district. In total, over the past 4 weeks, 340 migrants returned to their country of origin. More than 75 per cent of migrants in Phra That Pha Daeng are employed in agriculture and food preparation services. The most commonly spoken language in the sub-district is Thai followed by Myanmar and Karen.

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*Note: According to June 2019 registration data, the total population in Phra That Pha Daeng is 8,000.

**Please refer to the annex for missing data points.
In all villages, information and communication materials are being distributed by government sources, the UN, NGOs/CBOs, and local hospitals. This material is being understood by the population. The KIs reported that there are some myths and misperceptions on COVID-19 in 1 village. Some people have misperceptions on the ways in which COVID-19 is transmitted.

**Access to Information on COVID-19**

<table>
<thead>
<tr>
<th>Knowledge and Awareness on COVID-19</th>
<th>Distribution of COVID-19 Information and Communication Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aware of symptoms</td>
<td>In all villages, information and communication materials are being distributed by government sources, the UN, NGOs/CBOs, and local hospitals. This material is being understood by the population.</td>
</tr>
<tr>
<td>Aware of hygiene and sanitation</td>
<td>The KIs reported that there are some myths and misperceptions on COVID-19 in 1 village. Some people have misperceptions on the ways in which COVID-19 is transmitted.</td>
</tr>
<tr>
<td>Aware of handwashing practices</td>
<td></td>
</tr>
</tbody>
</table>

**Impact of COVID-19 on Income**

<table>
<thead>
<tr>
<th>Partial loss of income</th>
<th>Primary challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between 50% and 75% of the population</td>
<td>Insufficient income</td>
</tr>
<tr>
<td>Total loss of income</td>
<td>Increase in food prices</td>
</tr>
<tr>
<td>Between 25% and 50% of the population</td>
<td>Secondary challenges</td>
</tr>
<tr>
<td>Unable to meet basic needs</td>
<td>Unemployment</td>
</tr>
<tr>
<td>Less than 25% of the population</td>
<td>Wage reduction</td>
</tr>
</tbody>
</table>

**Impact of COVID-19 on Food Consumption**

Over the past 4 weeks, concerns about not having enough food to eat due to the impacts of the COVID-19 pandemic were reported in 5 out of 7 villages. In 6 out of 7 villages, some families had to significantly reduce the amount of food they consume.

**Impact of COVID-19 on Education**

<table>
<thead>
<tr>
<th>Primary challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited access to education</td>
</tr>
</tbody>
</table>

**Services Most Affected by COVID-19**

- Livelihoods
- Transport
- Healthcare

**Impact of COVID-19 on Food Consumption**

<table>
<thead>
<tr>
<th>Partial loss of income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between 50% and 75% of the population</td>
</tr>
<tr>
<td>Total loss of income</td>
</tr>
<tr>
<td>Between 25% and 50% of the population</td>
</tr>
<tr>
<td>Unable to meet basic needs</td>
</tr>
<tr>
<td>Less than 25% of the population</td>
</tr>
</tbody>
</table>

**Impact of COVID-19 on Employment**

<table>
<thead>
<tr>
<th>Wage reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between 50% and 75% of the population</td>
</tr>
<tr>
<td>Unemployment</td>
</tr>
<tr>
<td>Between 25% and 50% of the population</td>
</tr>
</tbody>
</table>

**Impact of COVID-19 on Transportation**

- Phonecall/text
- Public megaphone
- Community volunteers

**Impact of COVID-19 on Healthcare**

- Private hospitals
- Public hospitals
- Health centers
- Medical clinics
- Community health volunteers

**Impact of COVID-19 on Education**

- Primary schools
- Secondary schools
- Colleges
- Universities

**Impact of COVID-19 on Livelihoods**

- Agriculture
- Fishing
- Animal husbandry
- Small-scale industry
- Small-scale trade
- Employment in tourism

**Impact of COVID-19 on Transport**

- Roads
- Waterways
- Airports
- Railways

**Impact of COVID-19 on Energy**

- Solar energy
- Wind energy
- Hydro energy
- Coal energy
- Gas energy

**Impact of COVID-19 on Communication**

- Mobile phones
- Fixed-line phones
- Satellite phones
- Internet
- Radio

**Impact of COVID-19 on Agriculture**

- Crops
- Livestock
- Poultry
- Fish
- Aquaculture

**Impact of COVID-19 on Fishing**

- Small-scale fishing
- Industrial fishing

**Impact of COVID-19 on Animal Husbandry**

- Cattle
- Pigs
- Sheep
- Goats
- Chickens

**Impact of COVID-19 on Small-scale Industry**

- Textiles
- Handicrafts
- Agro-based products
- Food products

**Impact of COVID-19 on Small-scale Trade**

- Retail trade
- Wholesale trade
- Online trade

**Impact of COVID-19 on Employment in Tourism**

- Hotels
- Restaurants
- Tour operators
- Taxi drivers

**Impact of COVID-19 on Private Hospitals**

- Facility closure
- Reduced services
- Staff shortages

**Impact of COVID-19 on Public Hospitals**

- Facility closure
- Reduced services
- Staff shortages

**Impact of COVID-19 on Health Centers**

- Facility closure
- Reduced services
- Staff shortages

**Impact of COVID-19 on Medical Clinics**

- Facility closure
- Reduced services
- Staff shortages

**Impact of COVID-19 on Community Health Volunteers**

- Reduced services
- Staff shortages

**Impact of COVID-19 on Private Schools**

- Facility closure
- Reduced services
- Staff shortages

**Impact of COVID-19 on Secondary Schools**

- Facility closure
- Reduced services
- Staff shortages

**Impact of COVID-19 on Colleges**

- Facility closure
- Reduced services
- Staff shortages

**Impact of COVID-19 on Universities**

- Facility closure
- Reduced services
- Staff shortages

**Impact of COVID-19 on Agriculture**

- Crop failures
- Animal deaths
- Reduced harvest

**Impact of COVID-19 on Fishing**

- Reduced catches
- Market closures
- Reduced sales

**Impact of COVID-19 on Animal Husbandry**

- Reduced livestock
- Animal deaths
- Reduced milk production

**Impact of COVID-19 on Small-scale Industry**

- Reduced production
- Market closures
- Reduced sales

**Impact of COVID-19 on Small-scale Trade**

- Reduced sales
- Market closures
- Reduced profits

**Impact of COVID-19 on Employment in Tourism**

- Reduced tourism
- Reduced revenue
- Reduced employment

**Impact of COVID-19 on Private Hospitals**

- Reduced patients
- Reduced revenues
- Reduced profits

**Impact of COVID-19 on Public Hospitals**

- Reduced patients
- Reduced revenues
- Reduced profits

**Impact of COVID-19 on Health Centers**

- Reduced patients
- Reduced revenues
- Reduced profits

**Impact of COVID-19 on Medical Clinics**

- Reduced patients
- Reduced revenues
- Reduced profits

**Impact of COVID-19 on Community Health Volunteers**

- Reduced activities
- Reduced funding
- Reduced volunteers

**Impact of COVID-19 on Private Schools**

- Reduced enrolment
- Reduced revenue
- Reduced profits

**Impact of COVID-19 on Secondary Schools**

- Reduced enrolment
- Reduced revenue
- Reduced profits

**Impact of COVID-19 on Colleges**

- Reduced enrolment
- Reduced revenue
- Reduced profits

**Impact of COVID-19 on Universities**

- Reduced enrolment
- Reduced revenue
- Reduced profits
### THA SAI LUAT SUB-DISTRICT

#### POPULATION

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>14,060 (100%) individuals living in 7 villages</td>
</tr>
<tr>
<td><strong>Vulnerable Population</strong></td>
<td></td>
</tr>
<tr>
<td>Persons with vulnerabilities</td>
<td>341 (2%)</td>
</tr>
<tr>
<td>Persons with fever, cough, respiratory symptoms</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Persons over 60 years old</td>
<td>340 (2%)</td>
</tr>
<tr>
<td>Persons with chronic diseases/ serious medical conditions</td>
<td>1 (close to 0%)</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

#### WASH

**SHARE OF PEOPLE WITHOUT ACCESS TO WATER**
The number of people without daily access to drinking water is close to 0 per cent while the share of people without daily access to water for cleaning and other domestic uses is less than 25 per cent. In 2 villages the share of people without daily access to water for domestic uses is between 25 and 50 per cent.

**MAIN SOURCES OF DRINKING WATER**

- **Primary source**
  - Bottled water
- **Secondary source**
  - Private hand pump

**MAIN SOURCES OF WATER FOR DOMESTIC USES**

- **Primary source**
  - Tap water
- **Secondary source**
  - Private hand pump

**SHARE OF PEOPLE WITHOUT DAILY ACCESS TO PERSONAL PROTECTIVE EQUIPMENT**

<table>
<thead>
<tr>
<th>Item</th>
<th>Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masks</td>
<td>Less than 25%</td>
</tr>
<tr>
<td>Soap</td>
<td>Close to 0%</td>
</tr>
<tr>
<td>Hand sanitizer</td>
<td>Between 50% and 75%</td>
</tr>
<tr>
<td>Alcohol for sanitizer purposes</td>
<td>Between 25% and 50%</td>
</tr>
</tbody>
</table>

**MAIN BARRIERS TO COVID-19 RELATED SANITATION AND HYGIENE**

**Primary barriers**
- Lack of access to running water
- Lack of access to personal protective equipment

**Secondary barriers**
- People are aware of sanitation and hygiene practices but do not follow them

**MIGRATION**
The results of this assessment indicate that fewer than 25 per cent of the migrants in Tha Sai Luat subdistrict would like to return to their country of origin but are unable to do so. In total, over the past 4 weeks, 75 migrants returned to their country of origin. Between 25 and 50 per cent of migrants in Tha Sai Luat are employed in agriculture and food preparation services. The most commonly spoken language in the subdistrict is Thai followed by Myanmar language.

**NON-THAI POPULATION**

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Thai residents</td>
<td>5,133 (37%)</td>
</tr>
<tr>
<td>Myanmar migrants</td>
<td>5,088 (36%)</td>
</tr>
<tr>
<td>Other non-Thai residents</td>
<td>45 (close to 0%)</td>
</tr>
</tbody>
</table>

**Please refer to the annex for missing data points.**
### Impact of COVID-19

#### Impact of COVID-19 on Income
- Partial loss of income: Between 25% and 50% of the population
- Total loss of income: Between 25% and 50% of the population
- Unable to meet basic needs: Less than 25% of the population

#### Impact of COVID-19 on Food Consumption
Over the past 4 weeks, concerns about not having enough food to eat due to the impacts of the COVID-19 pandemic were reported in all villages. **In all villages, some families had to significantly reduce the amount of food they consume.**

### Access to Information on COVID-19

#### Knowledge and Awareness on COVID-19
- Aware of symptoms: More than 75% of the population
- Aware of hygiene and sanitation: More than 75% of the population
- Aware of handwashing practices: Between 50% and 75% of the population

#### COVID-19 Points of Contact in Case of Illness
The overall knowledge and awareness level of the population on COVID-19 is rated as good. The population is aware of who to contact in case they get sick. The village chiefs and local health volunteers are identified as the primary points of contact.

#### Distribution of COVID-19 Information and Communication Materials
In 2 out of 7 villages, information and communication materials are not being distributed. This material is being understood by the population and is being distributed by government sources and NGO/CBO. The KIs reported that there are some myths and misperceptions on COVID-19 in 3 villages. People have some misperceptions on the ways in which COVID-19 is transmitted, its risks and in the ways in which it can be prevented. Some people believe that COVID-19 is the same thing as cholera.

#### Information Sources on COVID-19
- Public megaphone
- Car with speaker
- Television/radio/print
- LINE

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**THAI SAI LUAT SUB-DISTRICT**

**Impact of COVID-19**

<table>
<thead>
<tr>
<th>Impact of COVID-19</th>
<th>Main Challenges since the Outbreak of COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partial loss of income</td>
<td>Primary challenges: Insufficient income, Unemployment</td>
</tr>
<tr>
<td>Total loss of income</td>
<td>Secondary challenges: Debt, Lack of general services</td>
</tr>
<tr>
<td>Unable to meet basic needs</td>
<td>Main Challenges for children since the Outbreak of COVID-19</td>
</tr>
<tr>
<td></td>
<td>Primary challenges: No access to education, Limited access to education</td>
</tr>
<tr>
<td></td>
<td>Secondary challenges: No social interaction, Insufficient food intake</td>
</tr>
</tbody>
</table>

**Impact of COVID-19 on Food Consumption**

Over the past 4 weeks, concerns about not having enough food to eat due to the impacts of the COVID-19 pandemic were reported in all villages. **In all villages, some families had to significantly reduce the amount of food they consume.**

**Access to Information on COVID-19**

<table>
<thead>
<tr>
<th>Knowledge and Awareness on COVID-19</th>
<th>Services Most Affected by COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aware of symptoms: More than 75% of the population</td>
<td>Livelihoods</td>
</tr>
<tr>
<td>Aware of hygiene and sanitation: More than 75% of the population</td>
<td>Water</td>
</tr>
<tr>
<td>Aware of handwashing practices: Between 50% and 75% of the population</td>
<td>Electricity</td>
</tr>
<tr>
<td></td>
<td>Food</td>
</tr>
</tbody>
</table>

**Impact of COVID-19 on Income**

- Partial loss of income: Between 25% and 50% of the population
- Total loss of income: Between 25% and 50% of the population
- Unable to meet basic needs: Less than 25% of the population

**Main Challenges Since the Outbreak of COVID-19**

- Primary challenges: Insufficient income, Unemployment
- Secondary challenges: Debt, Lack of general services

**Main Challenges for Children Since the Outbreak of COVID-19**

- Primary challenges: No access to education, Limited access to education
- Secondary challenges: No social interaction, Insufficient food intake

**Services Most Affected by COVID-19**

- Livelihoods
- Water
- Electricity
- Food
## ANNEX

### Missing data table

<table>
<thead>
<tr>
<th>Geographical unit</th>
<th>Total # of villages/communities</th>
<th>Total # of villages assessed</th>
<th>Total # of villages with missing data by variable and geographical unit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Total # of individuals in the village</td>
</tr>
<tr>
<td>Dan Mae Lamao</td>
<td>8</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Mae Kasa</td>
<td>16</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>Mae Ku</td>
<td>12</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>Mae Pa</td>
<td>12</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Mae Sot Municipality</td>
<td>18</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Mae Tao</td>
<td>6</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Mahawan</td>
<td>10</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Pawo</td>
<td>7</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Phra That Pha Daeng</td>
<td>7</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Tha Sailuad</td>
<td>7</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td><strong>Mae Sot District (9 sub-districts, 1 municipality)</strong></td>
<td><strong>111</strong></td>
<td><strong>103</strong></td>
<td><strong>2</strong></td>
</tr>
</tbody>
</table>