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.
GEOGRAPHICAL SCOPE

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by IOM.
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

<table>
<thead>
<tr>
<th>IMPACT OF LOCKDOWN ON EMPLOYMENT</th>
<th>SHARE OF MIGRANTS WHO ARE UNABLE TO FULFILL THEIR BASIC NEEDS</th>
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<tbody>
<tr>
<td>4,655 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.</td>
<td>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.</td>
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<tr>
<th>IMPACT OF LOCKDOWN ON FOOD CONSUMPTION</th>
<th>MAIN TYPES OF FOOD ASSISTANCE NEEDED</th>
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<tr>
<td>1,330 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.</td>
<td>Rice  Cooking oil  Tinned fish  Instant noodles  Eggs</td>
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<tr>
<th>IMPACT OF LOCKDOWN ON HYGIENE AND SANITATION</th>
<th>MAIN TYPES OF HYGIENE ITEMS NEEDED</th>
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<tr>
<td>2,380 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.</td>
<td>Detergent  Toothbrushes</td>
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**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 are able to access medical treatment.

**MAIN TYPES OF MEDICINES NEEDED**

The medical items flagged by KIs as 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.

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.

**MAIN CONCERNS MIGRANTS ARE FACING SINCE THE LOCKDOWN**

- Economic/financial problems
- Insufficient food/water
- Fear of detention arrest/deportation and discriminatory treatment

(Top 3 answers only)
ACCESS TO INFORMATION ON COVID-19

DISTRIBUTION OF COVID-19 INFORMATION AND COMMUNICATION MATERIALS

25%

MAIN TYPES OF INFORMATION AND COMMUNICATION MATERIALS NEEDED

COVID-19 test results

13%

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.

ASSISTANCE RELATED TO COVID-19 LOCKDOWN

88%

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)

71% Food and water

57% Information about COVID-19

43% Hygiene and sanitation items