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

INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)
MAY 2020



DTM

IOM DISPLACEMENT
TRACKING MATRIX

BACKGROUND

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.

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 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.

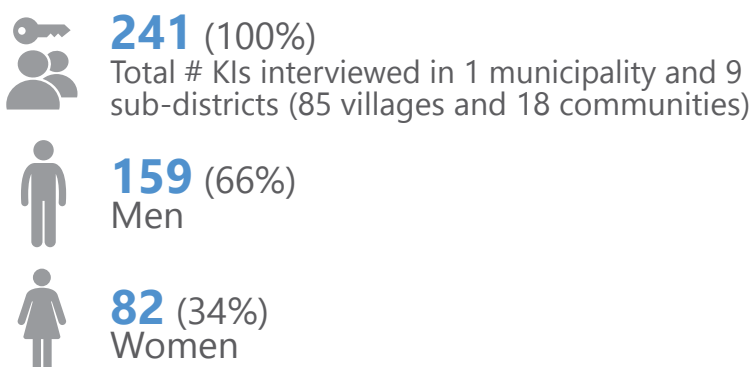
NOTES AND DEFINITIONS

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 SEX



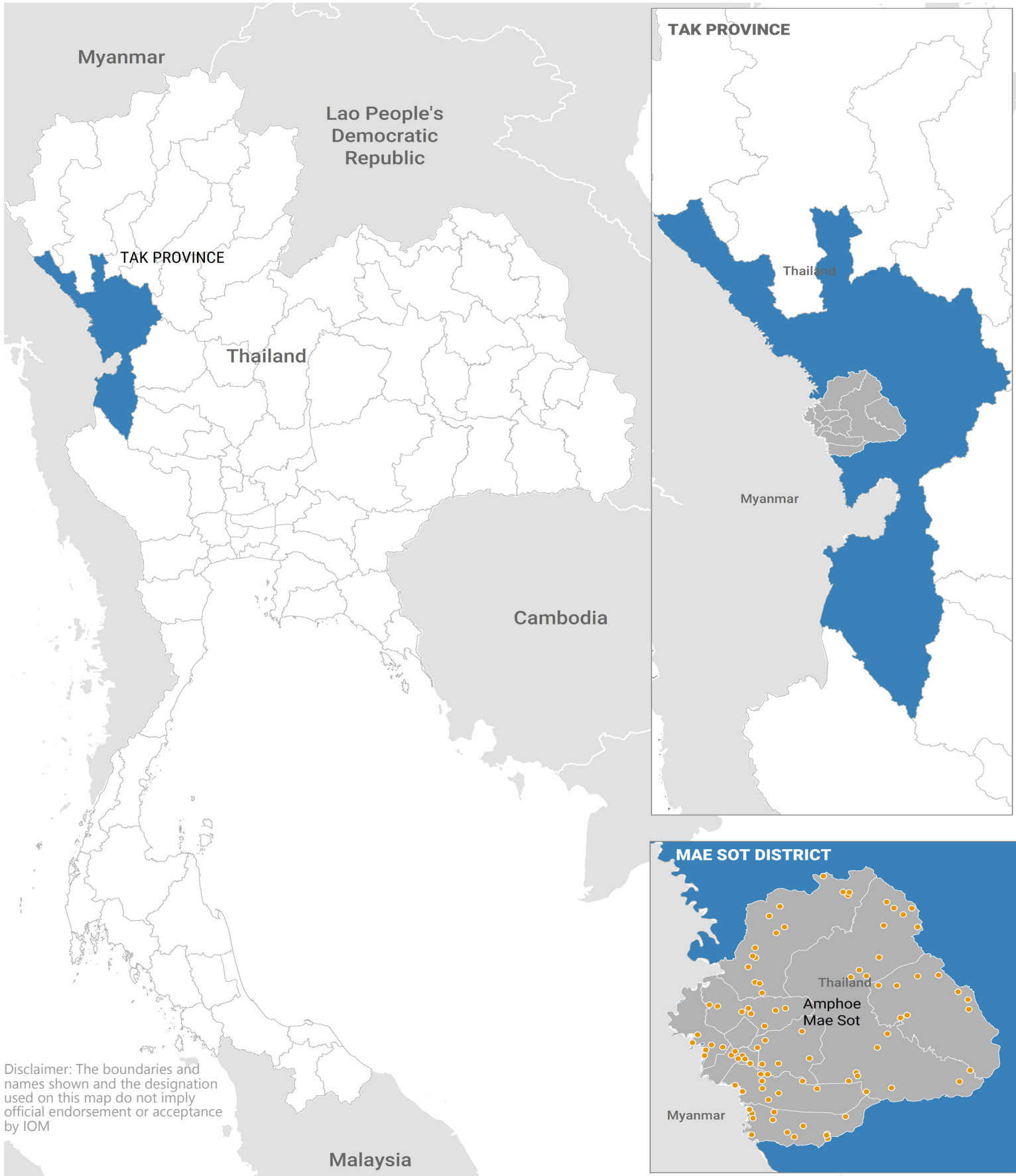
KEY INFORMANTS BY TYPE



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GEOGRAPHICAL SCOPE



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.**

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

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

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.**

MAIN CHALLENGES SINCE THE OUTBREAK OF COVID-19

Primary challenges	Secondary challenges
<ul style="list-style-type: none"> • Unemployment • Insufficient income 	<ul style="list-style-type: none"> • Debt • Wage reduction

MAIN CHALLENGES FOR CHILDREN SINCE THE OUTBREAK OF COVID-19

Primary challenges	Secondary challenges
<ul style="list-style-type: none"> • No access to education • Limited access to education 	<ul style="list-style-type: none"> • Insufficient food intake • No social interaction

SERVICES MOST AFFECTED BY COVID-19

 **Livelihoods**


 **Electricity**

 **Water**

 **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

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**

 **Community volunteers**

 **TV, radio, print media**


 **LINE**

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.


DAN MAE LAMAO SUB-DISTRICT


POPULATION


 **5,163*** (100%)
individuals living in 8 villages assessed


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

MIGRATION

The results of this assessment indicate that there are no stranded migrants in Dan Mae Lamao sub-district. In total, over the past 4 weeks, 135 migrants returned to their country of origin. Over 75 per cent of the migrants in Dan Mae Lamao are employed in agriculture and food preparation services. **The most commonly spoken language in the sub-district is Thai followed by Myanmar, Karen, Hmong, and Musa.**

* 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.

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

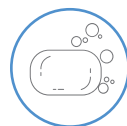
MAIN SOURCES OF WATER FOR DOMESTIC USES


 Primary source
Tap water


 Secondary source
River/ lake/ pond

SHARE OF PEOPLE WITHOUT DAILY ACCESS TO PERSONAL PROTECTIVE EQUIPMENT

 **Between 25% and 50%**
Masks

 **Less than 25%**
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 running water

Secondary barriers

- Lack of access to personal protective equipment

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

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 Lamao.

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.

INFORMATION SOURCES ON COVID-19

 **Public megaphone**

 **LINE**

 **Phonecall/text**


 **Community volunteers**


MAE KASA SUB-DISTRICT


POPULATION


 **14,186** (100%)
individuals living in 16 villages


VULNERABLE POPULATION**

 **577** (4%)
persons with vulnerabilities


 **1** (close to 0%)
persons with fever, cough, respiratory symptoms


 **510** (4%)
persons over 60 years old


 **55** (close to 0%)
persons with chronic diseases/ serious medical conditions

 **11** (close to 0%)
pregnant women

NON-THAI POPULATION

 **2,322** (16%)
non-Thai residents

 **2,240** (16%)
Myanmar migrants

 **82** (close to 0%)
other non-Thai residents

MIGRATION

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.**

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 3 villages.**

MAIN SOURCES OF DRINKING WATER

 Primary source
Bottled water


 Secondary source
Tap water

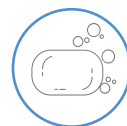
MAIN SOURCES OF WATER FOR DOMESTIC USES


 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

- Lack of access to running water
- Lack of access to personal protective equipment

Secondary barriers

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

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

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	Secondary challenges
<ul style="list-style-type: none"> • Insufficient income • Unemployment 	<ul style="list-style-type: none"> • Debt • No public events

MAIN CHALLENGES FOR CHILDREN SINCE THE OUTBREAK OF COVID-19


Primary challenges	Secondary challenges
<ul style="list-style-type: none"> • No access to education • Insufficient food intake 	<ul style="list-style-type: none"> • 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

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

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.


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

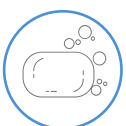
MAIN SOURCES OF WATER FOR DOMESTIC USES


 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

* 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	Secondary challenges
<ul style="list-style-type: none"> • Insufficient income • Unemployment 	<ul style="list-style-type: none"> • Fear of detention/arrest

MAIN CHALLENGES FOR CHILDREN SINCE THE OUTBREAK OF COVID-19


Primary challenges	Secondary challenges
<ul style="list-style-type: none"> • No access to education • Limited access to education 	<ul style="list-style-type: none"> • 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

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	

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.


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

NON-THAI POPULATION

 **3,852** (24%)
non-Thai residents

 **3,625** (23%)
Myanmar migrants

 **227** (1%)
other non-Thai residents

MIGRATION

The results of this assessment indicate that fewer than 25 per cent of migrants in Mae Pa would like to return to their country of origin but are unable to do so. In total, over the past 4 weeks, 158 migrants returned to their country of origin. Between 25 and 50 per cent of migrants in Mae Pa are employed in agriculture and food preparation services. **The most commonly spoken language in the sub-district is Thai followed by Myanmar 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 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

 Primary source
Bottled water


 Secondary source
Private water trucking

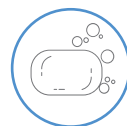
MAIN SOURCES OF WATER FOR DOMESTIC USES


 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 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

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

MAE PA 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**
Between 25% and 50% 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 8 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	Secondary challenges
<ul style="list-style-type: none"> • Insufficient income • Unemployment 	<ul style="list-style-type: none"> • Wage reduction • Debt

MAIN CHALLENGES FOR CHILDREN SINCE THE OUTBREAK OF COVID-19


Primary challenges	Secondary challenges
<ul style="list-style-type: none"> • No access to education • Insufficient food intake 	<ul style="list-style-type: none"> • Lack of access to healthcare

SERVICES MOST AFFECTED BY COVID-19

 Livelihoods	 Food
 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

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.

INFORMATION SOURCES ON COVID-19


 Public megaphone	 Community volunteers
 Car with speaker	 LINE

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.


MAE SOT MUNICIPALITY


POPULATION


 **20,775*** (100%)
individuals living in 18 communities assessed


VULNERABLE POPULATION**

 **1,727** (8%)
persons with vulnerabilities


 **11** (close to 0%)
persons with fever, cough, respiratory symptoms


 **1,568** (8%)
persons over 60 years old


 **112** (close to 0%)
persons with chronic diseases/ serious medical conditions

 **36** (close to 0%)
pregnant women

NON-THAI POPULATION

 **7,822** (38%)
non-Thai residents

 **7,790** (38%)
Myanmar migrants

 **32** (close to 0%)
other non-Thai residents

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.**

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
Public 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

 Less than 25%
Masks

 Close to 0%
Soap

 Less than 25%
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

* 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

Primary challenges

- Insufficient income
- Unemployment

Secondary challenges

- Lack of hope for the future

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



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

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.

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.

INFORMATION SOURCES ON COVID-19



Public megaphone



Television/radio/print



Community volunteers



Phonecall/text

MAE TAO SUB-DISTRICT

POPULATION



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

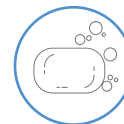


Secondary source
Private hand pump

SHARE OF PEOPLE WITHOUT DAILY ACCESS TO PERSONAL PROTECTIVE EQUIPMENT



Less than 25%
Masks



Close to 0%
Soap



Between 50% and 75%
Hand sanitizer



Between 50% and 75%
Alcohol for sanitizer purposes

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.

MAE TAO 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**
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.

MAIN CHALLENGES SINCE THE OUTBREAK OF COVID-19

Primary challenges	Secondary challenges
<ul style="list-style-type: none"> • Wage reduction • Unemployment 	<ul style="list-style-type: none"> • Debt • Insufficient income

MAIN CHALLENGES FOR CHILDREN SINCE THE OUTBREAK OF COVID-19


Primary challenges	Secondary challenges
<ul style="list-style-type: none"> • Limited access to education • Insufficient food intake 	<ul style="list-style-type: none"> • No social interaction

SERVICES MOST AFFECTED BY COVID-19

 Livelihoods	 Food
 Public services	

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

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.

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.

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.

INFORMATION SOURCES ON COVID-19


 Public megaphone	 Television/radio/print
 LINE	 Community volunteers


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	Secondary challenges
<ul style="list-style-type: none"> • Unemployment • Limited movement 	<ul style="list-style-type: none"> • Increase in food prices • Insufficient income

MAIN CHALLENGES FOR CHILDREN SINCE THE OUTBREAK OF COVID-19


Primary challenges	Secondary challenges
<ul style="list-style-type: none"> • Limited access to education • No access to education 	<ul style="list-style-type: none"> • 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

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.

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.

INFORMATION SOURCES ON COVID-19


 Public megaphone	 Television/radio/print
 Community volunteers	


PHAWO SUB-DISTRICT


POPULATION


 **5,361** (100%)
individuals living in 7 villages assessed


VULNERABLE POPULATION**

 **349** (6%)
persons with vulnerabilities


 **0** (0%)
persons with fever, cough, respiratory symptoms


 **294** (5%)
persons over 60 years old


 **51** (1%)
persons with chronic diseases/ serious medical conditions

 **4** (close to 0%)
pregnant women

NON-THAI POPULATION

 **503** (9%)
non-Thai residents

 **503** (9%)
Myanmar migrants

 **0** (0%)
other non-Thai residents

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

 Primary source
Tap water

 Secondary source
Bottled 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

 **More than 75%**
Hand sanitizer

 **Between 50% and 75%**
Alcohol for sanitizer purposes

MAIN BARRIERS TO COVID-19 RELATED SANITATION AND HYGIENE

Primary barriers

- 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

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 assessed villages. However, there were no reports of families having to make significant reductions to the amount of food they consume.

MAIN CHALLENGES SINCE THE OUTBREAK OF COVID-19

Primary challenges	Secondary challenges
<ul style="list-style-type: none"> • Wage reduction • Unemployment 	<ul style="list-style-type: none"> • Transportation

MAIN CHALLENGES FOR CHILDREN SINCE THE OUTBREAK OF COVID-19


Primary challenges	Secondary challenges
<ul style="list-style-type: none"> • Limited access to education • No social interaction 	<ul style="list-style-type: none"> • No access to home schooling

SERVICES MOST AFFECTED BY COVID-19

 Livelihoods	 Transport
 Education	

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

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.

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 hospitals and local health volunteers are identified as the primary points of contact.

INFORMATION SOURCES ON COVID-19

 Public megaphone	 Community volunteers
 Community leaders	 LINE

PHRA THAT PHA DAENG SUB-DISTRICT

POPULATION



6,850* (100%)
individuals living in 7 villages

VULNERABLE POPULATION**



387 (6%)
persons with vulnerabilities



0 (0%)
persons with fever, cough, respiratory symptoms



368 (5%)
persons over 60 years old



11 (close to 0%)
persons with chronic diseases/ serious medical conditions



8 (close to 0%)
pregnant women

NON-THAI POPULATION



2,478 (36%)
non-Thai residents



2,468 (36%)
Myanmar migrants



10 (close to 0%)
other non-Thai residents

MIGRATION

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.**

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

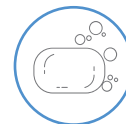


Secondary source
River/ lake/ pond

SHARE OF PEOPLE WITHOUT DAILY ACCESS TO PERSONAL PROTECTIVE EQUIPMENT



Between 25% and 50%
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

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

Secondary barriers

- Lack of access to personal protective equipment

* 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.

PHRA THAT PHA DAENG 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 5 out of 7 villages. **In 6 out of 7 villages, some families had to significantly reduce the amount of food they consume.**

MAIN CHALLENGES SINCE THE OUTBREAK OF COVID-19

Primary challenges	Secondary challenges
<ul style="list-style-type: none"> • Insufficient income • Increase in food prices 	<ul style="list-style-type: none"> • Unemployment • Wage reduction

MAIN CHALLENGES FOR CHILDREN SINCE THE OUTBREAK OF COVID-19

Primary challenges


- Limited access to education

SERVICES MOST AFFECTED BY COVID-19

 Livelihoods	 Transport
 Healthcare	

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

DISTRIBUTION OF COVID-19 INFORMATION AND COMMUNICATION MATERIALS

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.

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 village chiefs are identified as the primary points of contact.

INFORMATION SOURCES ON COVID-19

 Phonecall/text	 Public megaphone
 LINE	 Community volunteers

THA SAI LUAT SUB-DISTRICT

POPULATION



14,060 (100%)
individuals living in 7 villages

VULNERABLE POPULATION**



341 (2%)
persons with vulnerabilities



0 (0%)
persons with fever, cough, respiratory symptoms



340 (2%)
persons over 60 years old



1 (close to 0%)
persons with chronic diseases/ serious medical conditions



0 (0%)
pregnant women

NON-THAI POPULATION



5,133 (37%)
non-Thai residents



5,088 (36%)
Myanmar migrants



45 (close to 0%)
other non-Thai residents

MIGRATION

The results of this assessment indicate that fewer than 25 per cent of the migrants in Tha Sai Luat sub-district 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 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 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

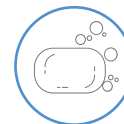


Secondary source
Private hand pump

SHARE OF PEOPLE WITHOUT DAILY ACCESS TO PERSONAL PROTECTIVE EQUIPMENT



Less than 25%
Masks



Close to 0%
Soap



Between 50% and 75%
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 running water
- Lack of access to personal protective equipment

Secondary barriers

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

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

THA SAI LUAT SUB-DISTRICT

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.**

MAIN CHALLENGES SINCE THE OUTBREAK OF COVID-19

Primary challenges	Secondary challenges
<ul style="list-style-type: none"> • Insufficient income • Unemployment 	<ul style="list-style-type: none"> • Debt • Lack of general services

MAIN CHALLENGES FOR CHILDREN SINCE THE OUTBREAK OF COVID-19


Primary challenges	Secondary challenges
<ul style="list-style-type: none"> • No access to education • Limited access to education 	<ul style="list-style-type: none"> • No social interaction • Insufficient food intake

SERVICES MOST AFFECTED BY COVID-19

 Livelihoods	 Water
 Electricity	 Food

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

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 missperceptions 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	 LINE
 Car with speaker	 Television/ radio/ print

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.

ANNEX

Missing data table

Geographical unit	Total # of villages/ communities	Total # of villages assessed	Total # of villages with missing data by variable and geographical unit							
			Total # of individuals in the village	Persons with fever, cough and respiratory symptoms	Persons over 60 years old	Persons with chronic diseases/ serious medical conditions	Pregnant women	Myanmar migrants	Other non-Thai residents	Returned migrants
Dan Mae Lamao	8	10	0	8	8	8	8	0	0	0
Mae Kasa	16	16	0	9	9	9	9	0	0	0
Mae Ku	12	12	1	6	6	6	6	1	1	0
Mae Pa	12	12	0	7	7	7	7	2	0	0
Mae Sot Municipality	18	20	0	2	2	2	3	7	0	9
Mae Tao	6	6	1	4	1	1	1	1	1	3
Mahawan	10	12	0	4	4	4	4	0	0	1
Pawo	7	9	0	4	4	5	4	0	0	1
Phra That Pha Daeng	7	7	0	4	4	4	4	0	0	1
Tha Sailuad	7	7	0	3	4	5	5	2	1	0
Mae Sot District (9 sub-districts, 1 municipality)	111	103	2	51	49	51	51	13	3	15



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