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RAPID ASSESSMENT: COVID-19 RELATED VULNERABILITIES AND PERCEPTIONS IN SUK SAMRAN DISTRICT, RANONG PROVINCE, THAILAND

INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)
MAY 2020



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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 Suk Samran district, in Ranong province, Thailand, where a total of 45 KIs were interviewed across Suk Samran's two sub-districts and 15 villages.

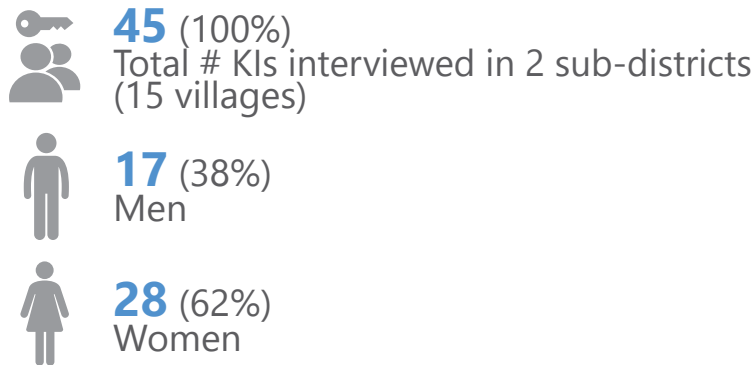
NOTES AND DEFINITIONS

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.

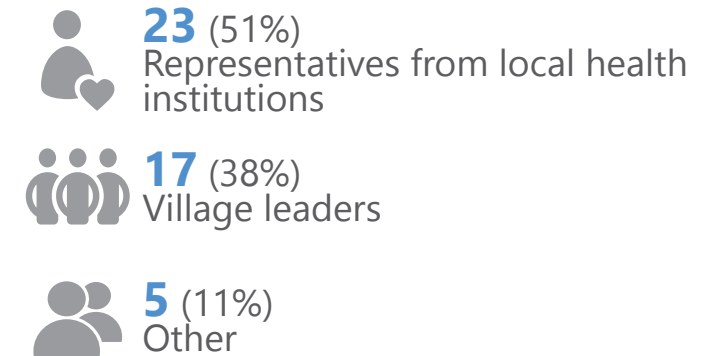
Statistical note: When an asterisk is found next to the total number of individuals it indicates that the estimate of this rapid assessment differ by more than 10 per cent from the total number of individuals reported in official registration data as of February 2020.

KEY INFORMANTS

KEY INFORMANTS BY SEX



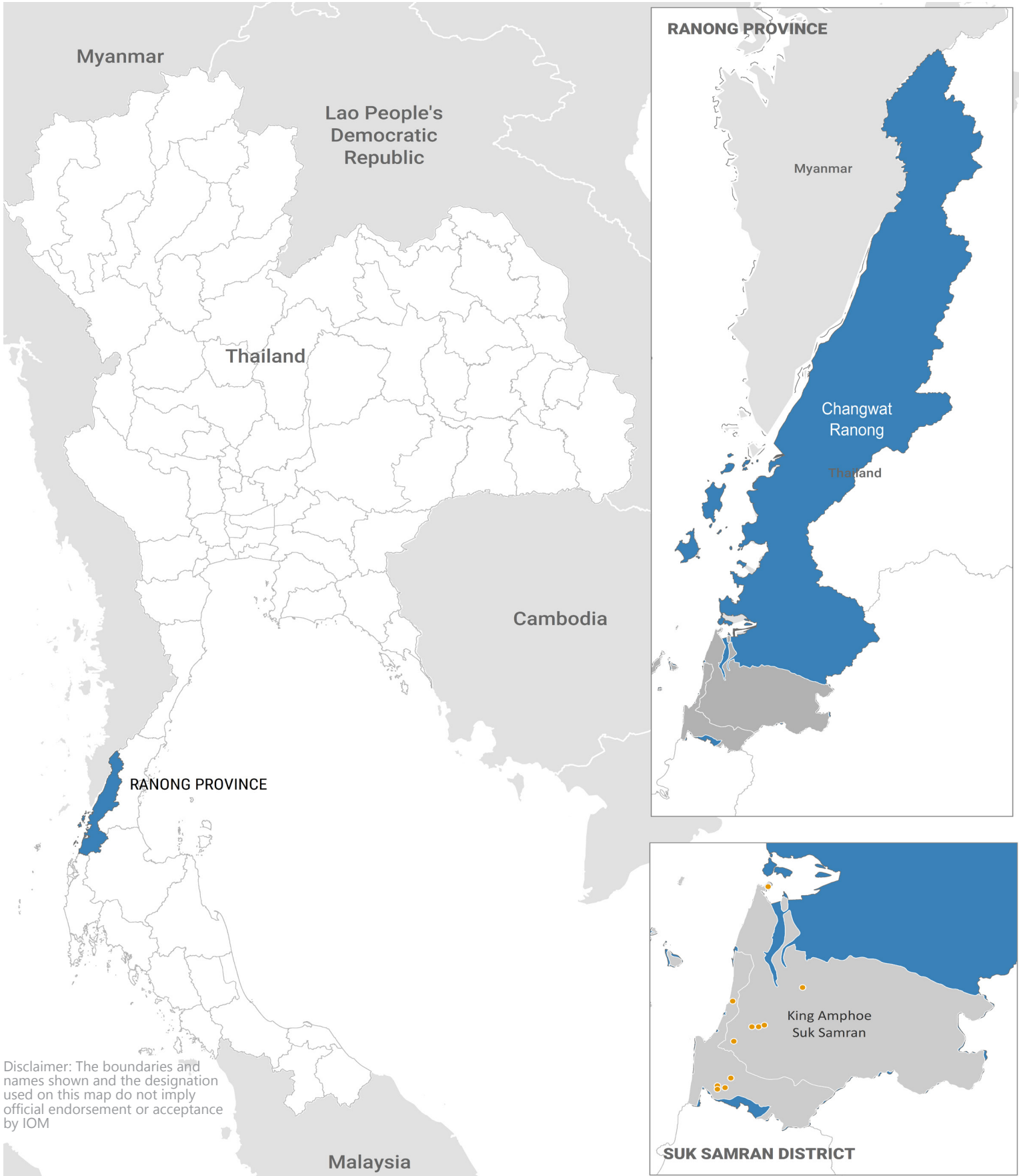
KEY INFORMANTS BY TYPE



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GEOGRAPHICAL SCOPE




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


SUK SAMRAN DISTRICT


POPULATION

 **12,383*** (100%)
individuals living in 2 sub-districts
further divided into 15 villages


VULNERABLE POPULATION**

 **989** (8%)
persons with vulnerabilities

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


 **534** (4%)
persons over 60 years old


 **350** (3%)
persons with chronic diseases/ serious
medical conditions

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

NON-THAI POPULATION

 **1,192** (9%)
non-Thai residents

 **619** (6%)
Myanmar migrants

 **573** (3%)
other non-Thai residents

MIGRATION

The results of this assessment indicate that less than 25 per cent of the migrants in Suk Samran district would like to return to their country of origin but are unable to do so. In total, over the past 4 weeks, 92 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 commonly spoken language in the 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 population without daily access to water for cleaning and other domestic uses is below 25 per cent.**

MAIN SOURCES OF DRINKING WATER

 Primary source
Bottled water


 Secondary source
River/ lake/ pond

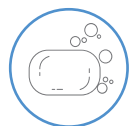
MAIN SOURCES OF WATER FOR DOMESTIC USES


 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

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

Secondary barriers




- Lack of access to personal protective equipment

* According to February 2020 registration data, the total population of Suk Samran is 14,250. ** Please refer to the annex for missing data points.

SUK SAMRAN DISTRICT

IMPACT OF COVID-19

IMPACT OF COVID-19 ON INCOME

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

MAIN CHALLENGES SINCE THE OUTBREAK OF COVID-19

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

MAIN CHALLENGES FOR CHILDREN SINCE THE OUTBREAK OF COVID-19

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

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 14 out of 15 villages. **In 13 out of 15 villages, some families had to significantly reduce the amount of food they consume.**

SERVICES MOST AFFECTED BY COVID-19

- | | |
|--|--|
|  Livelihoods |  Transport |
|  Safety and security |  Food |

ACCESS TO INFORMATION ON COVID-19

KNOWLEDGE AND AWARENESS ON COVID-19

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

DISTRIBUTION OF COVID-19 INFORMATION AND COMMUNICATION MATERIALS

8 out of 15 villages are not receiving information and communication materials on COVID-19.

Information and communication materials are being understood by the population and are being distributed by local government, NGO/CBOs, and by local hospitals. The KIs reported that **there are some myths or misperceptions on the ways in which COVID-19 is transmitted in 2 villages.**

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.

INFORMATION SOURCES ON COVID-19


- | | |
|--|---|
|  LINE |  Community volunteers |
|  Community leaders |  TV, radio, print media |
|  Facebook |  Public megaphone |


KAMPHUAN SUB-DISTRICT


POPULATION

 **6,103*** (100%)
individuals living in 7 villages


VULNERABLE POPULATION**

 **116** (2%)
persons with vulnerabilities

 **13** (0%)
persons with fever, cough, respiratory symptoms


 **68** (1%)
persons over 60 years old


 **34** (1%)
persons with chronic diseases/ serious medical conditions

 **1** (0%)
pregnant women

NON-THAI POPULATION

 **656** (11%)
non-Thai residents

 **263** (4%)
Myanmar migrants

 **393** (7%)
other non-Thai residents

MIGRATION

The results of this assessment indicate that fewer than 25 per cent of migrants in Kamphuan would like to return to their country of origin but are unable to do so. In total, over the past 4 weeks, 31 migrants returned to their country of origin. Between 25 per cent and 50 per cent of migrants in Kamphuan 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 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 two villages.**

MAIN SOURCES OF DRINKING WATER

 Primary source
Bottled water


 Secondary source
River/ lake/ pond

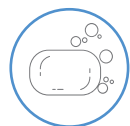
MAIN SOURCES OF WATER FOR DOMESTIC USES


 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 50% and 75%**
Hand sanitizer

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

MAIN BARRIERS TO COVID-19 RELATED SANITATION AND HYGIENE

Primary barriers

- People are aware of sanitation and hygiene practices but do not follow them
- Lack of access to running water

Secondary barriers


- Lack of access to personal protective equipment

* According to February 2020 registration data, the total population of Kamphuan is 6,889. ** Please refer to the annex for missing data points.

KAMPHUAN SUB-DISTRICT

IMPACT OF COVID-19

IMPACT OF COVID-19 ON INCOME

 **Partial loss of income**
More than 75% of the population

 **Total loss of income**
More than 75% 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

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

SERVICES MOST AFFECTED BY COVID-19

 Livelihoods	 Transport
 Food	

ACCESS TO INFORMATION ON COVID-19

KNOWLEDGE AND AWARENESS ON COVID-19

 **Aware of symptoms**
Between 50% and 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

3 out of 7 villages are not receiving information and communication materials on COVID-19. Information and communication materials are being understood by the population and are being distributed by government sources and by NGOs and CBOs. The KIs reported that **there are misperceptions on how COVID-19 is transmitted in two villages.**

COVID-19 POINTS OF CONTACT IN CASE OF ILLNESS

The overall knowledge and awareness level of the population on COVID-19 is rated as average. 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.

INFORMATION SOURCES ON COVID-19


 LINE	 Community leaders
 Community volunteers	 TV, radio, print media
 Facebook	


NA KHA SUB-DISTRICT


POPULATION

 **6,280*** (100%)
individuals living in 8 villages


VULNERABLE POPULATION**

 **873** (14%)
persons with vulnerabilities

 **35** (1%)
persons with fever, cough, respiratory symptoms


 **466** (7%)
persons over 60 years old


 **316** (5%)
persons with chronic diseases/ serious medical conditions

 **56** (1%)
pregnant women

NON-THAI POPULATION

 **536** (9%)
non-Thai residents

 **356** (6%)
Myanmar migrants

 **180** (3%)
other non-Thai residents

MIGRATION

The results of this assessment indicate that there are no stranded migrants in Na Kha sub-district. In total, over the past 4 weeks, 61 migrants returned to their country of origin. Close to 100 per cent of the migrants in Na Kha 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 population without daily access to water for cleaning and other domestic uses is below 25 per cent. In one village, over 75 percent of the population lack access to water for domestic uses.**

MAIN SOURCES OF DRINKING WATER

 Primary source
Public hand pump


 Secondary source
Bottled water

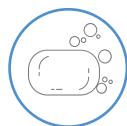
MAIN SOURCES OF WATER FOR DOMESTIC USES


 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

 **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 knowledge on sanitation and hygiene practices
- Cannot afford to buy personal protective equipment

Secondary barriers




- Lack of access to personal protective equipment

* According to February 2020 registration data, the total population of Na Kha is 7,361. ** Please refer to the annex for missing data points.

NA KHA SUB-DISTRICT

IMPACT OF COVID-19

IMPACT OF COVID-19 ON INCOME

-  **Partial loss of income**
More than 75% of the population
-  **Total loss of income**
Between 50% and 75% 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 7 out of 8 villages. **In 6 out of 8 villages 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 | <ul style="list-style-type: none"> • Unemployment • 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"> • No outdoor activities |

SERVICES MOST AFFECTED BY COVID-19

-  **Livelihoods**
-  **Transport**
-  **Safety and security**

ACCESS TO INFORMATION ON COVID-19

KNOWLEDGE AND AWARENESS ON COVID-19

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







DISTRIBUTION OF COVID-19 INFORMATION AND COMMUNICATION MATERIALS

5 out of 8 villages are not receiving information and communication materials on COVID-19. Information and communication materials are being understood by the population and are being distributed by local government and by local hospitals. The KIs reported that there are no myths or misperceptions on COVID-19 in Na Kha.

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.

INFORMATION SOURCES ON COVID-19

- | | |
|---|---|
|  LINE |  Community leaders |
|  Facebook |  TV, radio, print media |
|  Public megaphone |  Community volunteers |

ANNEX

Missing data table

Geographical unit	Total # of villages	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
Kamphuan	7	7	0	4	4	4	5	0	0	0
Na Kha	8	8	0	2	2	2	2	0	0	0
Suk Samran District (2 sub-districts)	15	15	0	6	6	6	7	0	0	0



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