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A rapid situation assessment on migrants living in Thailand during the initial phase of the COVID-19 pandemic

Report prepared by
Alistair Shaw, Monthiporn Punya and Wasurat Homsud

Based on technical lead by the
Design, Monitoring, Evaluation and Learning Team and Migration Team
Program Quality Department, Raks Thai Foundation

With contribution and support from partner agencies of the Migrant Working Group who assisted with data collection.

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1.0 Executive Summary

Raks Thai Foundation conducted a rapid situation assessment (RSA) on migrants living in Thailand during the start of the COVID-19 pandemic. The purpose was to understand the situation and impact of COVID-19 and to inform the development of guidelines and strategies which support migrant populations in Thailand.

The study framework and questions were designed through collaboration between the Design, Monitoring, Evaluation and Learning (DMEL) team and the Migration team within Raks Thai Foundation's Program Quality Department. The study collected and analysed primary data using quantitative methods in 22 provinces covering the North, Northeast, Central, South and Deep South regions of Thailand. In total, the study reached 474 respondents (233 female and 241 male) who were migrant workers from Myanmar (including Karen and Mon ethnicities), Lao PDR and Cambodia, and included diverse occupations and ages. This research followed standard ethical principles including voluntary participation, informed consent, confidentiality, privacy, the right to skip questions or to stop at any time during the research and to refuse to participate in this research without bearing any consequences.

The survey had 24 multiple-choice and multiple-select questions with predefined answers offering respondents the possibility to choose and rank among several options, or the possibility to grade on a pre-defined scale. Questions were designed to capture some of the main dimensions of the COVD-19 situation and was organized along three thematic areas: access, understanding and impact.

Based on the data analysed, Raks Thai Foundation identified five key findings and recommendations in alignment with objectives of this study. It should be noted that although five recommendations have been included, each should be viewed through a lens which considers the varying challenges faced by differences in sex, age and nationality, and thereby implemented through targeted approaches rather than a generalised manner. The five recommendations include:

- **Strengthen social security and livelihood support for migrant populations**
- **Encourage employers to support their employees during the COVID-19 situation**
- **Utilize appropriate channels for communication and community mobilization**
- **Improve migrants' access to health services through insurance and friendly services**
- **Target prevention activities according to populations at greatest risk of exposure**

As a next step, the Design, Monitoring, Evaluation and Learning team and the Migration team within Raks Thai Foundation's Program Quality Department are conducting a Rapid Gender Analysis (RGA) on migrant populations living in Samut Sakhon and Pattani provinces and will include migrants primarily working in the fishery and seafood processing sectors. This qualitative research will further strengthen understanding of the challenges faced by migrants and opportunities for future interventions, and will complement or substantiate some of the findings of this study.

2.0 Background and Objectives

The COVID-19 pandemic has significantly impacted an increasingly globalised world. Many countries and health systems were caught off-guard and have seen significant population morbidity and mortality. As of 29 April 2020, there had been 3,018,952 confirmed COVID-19 cases globally, including 207,973 deaths. Thailand has been a model country with only 2,947 identified cases across the country prior to initiating data collection. This increased to 3,017 (+2.38%) by the end of the data collection period compared to global increase of 38.14% during the same period. COVID-19 transmission has been seen in 68 out of Thailand's provinces with the highest number of cases seen in Bangkok. However, the Greater Bangkok area and areas with high migration and tourism have also seen hotspots emerge.

During the early stages of the COVID-19 pandemic, Thailand took swift action to limit transmission and exposure across the country. This included a nationwide state of emergency that restricted various levels of human movement, including closures of the Thai-Myanmar border – one of the largest economic and migration corridors in Asia. Despite the best of intentions, these restrictions of movement and the health impacts of COVID-19 on migrant workers (documented and undocumented) are further marginalizing and exacerbating poverty as migrants continue to lose paid work and suffer an increasing variety of protection issues. As Thailand continues on a COVID-19 trajectory toward zero cases, there is an increasing need to ensure that all people living within Thailand's borders are covered by quality health care, including the rapid testing of COVID-19, contact tracing and case management. Various case studies in Thailand and the region, including migrant dormitory hotspots in Songkhla and Singapore, have highlighted the importance of including and prioritizing migrant populations in the health system to ensure health security for the whole population.

Raks Thai Foundation has extensive experience and strong connections with migrants in Thailand, including those from Cambodia, Lao PDR, and Myanmar. This experience and trust, as well as presence within many high migration provinces of Thailand, has allowed Raks Thai Foundation to facilitate this survey of migrant workers in Thailand from the 29th of April 2020 to 13th of May 2020, with the aim to:

- **Assess the situation and the impact of the spread of COVID-19 and associated policies on the diverse migrant populations in Thailand.**
- **Inform the development of guidelines and response strategies to further limit transmission and provide support services for migrant populations in Thailand**

This study will also build on previous research by Raks Thai Foundation, which highlighted specific challenges face by women migrants who disproportionally lack legal documentation and are often trapped in insecure, low income jobs with worsening working conditions and without social protection. COVID-19 will likely further compound migrants' challenges in accessing health service, intensifying the impact on the estimated 3.9 million registered and 0.9 million undocumented migrants in Thailand.

3.0 Methodology

The methodology design involved all staff within the Design, Monitoring, Evaluation and Learning (DMEL) team and all staff within the Migration team in the Program Quality Department of Raks Thai Foundation. This ensured that there was a high level of technical input from all relevant staff, and a good understanding of the contextual factors which influence the research activities.

This study used a quantitative methodology, conducted by standardised surveys for a two-week period between Wednesday 29th April 2020 to Wednesday 13th of May 2020. Surveys were selected as they allow us to rapidly understand and learn more about the situation and are relatively simple tools to measure demographics, attitude, knowledge and behaviours. Surveys are also low-cost and allowed for rapid roll-out across Thailand, which is critical during a health emergency. Further, due to restrictions on movement and a shift toward remote work, online and community-driven surveys were the most ethical and practical method of data collection.

Design

The survey was developed and translated into migrant languages and shared using unique links for each migrant language. Links were shared within the Thailand network of NGOs working with migrant populations including non-Thai staff working within each organization, to be forwarded within their respective networks for broader reach. Each survey was then either completed independently by the respondent using their personal device after receiving the survey link or facilitated by non-Thai outreach workers in instances where personal devices were not available, or respondent literacy levels limited participation.

The survey (Appendix A-D) had 24 multiple-choice and multiple-select questions with predefined answers offering respondents the possibility to choose and rank among several options, or the possibility to grade on a pre-defined scale. For most questions, an ‘other’ option was provided. Questions were designed to capture some of the main dimensions of the COVD-19 situation. The questions were organized along three thematic areas (access, understanding, and impact) and subcategorized as follows:

- General Demographics
- Access - Access to information on COVID-19
- Access - Access to preventative measures
- Access - Access to health systems
- Understanding - Risk assessment
- Understanding - Behaviour
- Understanding - Concerns
- Impact - Changes to employment
- Impact - Changes in income and expenditure
- Impact - Required support

Sampling

The geographical coverage of this study included 22 provinces hosting the largest populations of Myanmar, Laos and Cambodian migrants in Thailand, and where Raks Thai Foundation and partners are currently implementing projects relating to health, labour rights and anti-trafficking. These provinces include Bangkok, Samut Prakan, Nonthaburi, Pathum Thani, Nakhon Pathom, Samut Sakorn, Chonburi, Rayong, Trat, Kanchanaburi, Prachuap Kiri Khan, Chiang Mai, Tak, Si Sa Ket, Ubon Ratchathani, Phang Nga, Phuket, Surat Thani, Ranong, Chumphon, Songkhla and Pattani. These provides cover all geographic regions of Thailand which are the North, Northeast, Central, South and Deep South.

Based on the total number of registered migrants by the Ministry of Labour (Nov 2019), recorded as 2,295,873 migrants, a target sample size of 384 was calculated according to 95% confidence level and 5% margin of error, and then stratified according to the number of migrants registered in each province. All provinces received clear guidance for selecting participants and targets. Participants were selected based on random and convenience sampling, either through sharing of the online survey links, or through facilitated surveys by non-Thai outreach workers who identified participants within their respective communities and networks. The total number of participants completing the survey was 474, well above the target sample size. However, the provinces of Bangkok, Nonthaburi, Pathum Thani, Tak, Phuket and Chumphon were underrepresented relative to their population size. Informal sex and nationality targets were also set for each province to increase representation from each migrant sub-group.

Analysis

During the first stage of analysis, data was validated to ensure that surveys were completed according to the set criteria, and without any bias. This involved reviewing timestamps and IP addresses for duplicate or false data entry as post-screening, and conducting follow-up calls with some respondents to confirm responses. In the second stage, raw data was edited to clear any invalid data entry or formats. Data that was edited included age (from string to decimal) and number of contacts (from a range to the highest number in the range). Further, one respondent's occupation was missing, and that record was removed from any analysis involving occupation, and 27 respondent's total household size was recorded as zero or less than the age disaggregated figures and therefore were removed from any analysis involving household size. Data was then coded, particularly to categorize 'other' data entered by the respondents in any multiple choice or multiple select question, to group ages into age bins of under 18, 18-24, 25-39, 40-54 and over 55, to group the number of close-contacts into bins of 5, and to assign numeric values to binary responses (1=yes, 0=no)

Once validation, cleaning and coding was completed, data was analysed using a variety of statistical methods to describe the data and determine independence between categorical variables. Firstly, this involved the use of descriptive statistics according to each question, and through crosstabs for disaggregation. These statistics are represented throughout the analysis using n for sample size, $\tilde{x}$ for median $\bar{x}$ for mean and SD for standard deviation. The second stage was an inferential analysis of specific questions using the Pearson Chi Squared test to determine dependence and/or association between multiple variables or responses. These tests are represented in the analysis using p for probability value which indicate either significant association (<0.05) or non-significant association (>0.05).

Ethical Considerations

Raks Thai works with a number of marginalized populations who are often vulnerable to exploitation. When working with marginalized populations, it is critical to consider factors which influence their participation in research. Considerations for this research included legal documentation status and right to work, and agency, structure and relationships affecting women's participation, and the health and legal implications of participating in research activities during the national State of Emergency which included restrictions on movement and enforcement of social distancing.

Raks Thai Foundation took into consideration the following ethical principles in implementing this study:

- **Equity**: In designing data collection methods, Raks Thai identified opportunities to increase representation by multiple populations, including those that may be vulnerable or marginalized, by considering equitable participation opportunities and well-designed sampling methods. In doing this, we collect sex, age and nationality disaggregated data as a minimum standard and have strategies for considering gender within processes. Surveys were also designed to be translated in migrant languages of Myanmar and Khmer, as well as Thai.

- **Do no harm**: Raks Thai Foundation always analyse the intended and unintended impacts of our research, encourage honest learning, and take action to prevent and respond to any unintended harms. This includes limiting any exposure to risks associated with research or research outcomes. The survey purposefully excluded questions relating to documentation status and excluded questions which could mislead or promote harmful health and social behaviours relating to COVID-19.

- **Respect and privacy**: In accordance with Raks Thai's research principals, we are often required to process data, including personal data, to understand situations and improve the quality of interventions. In complying with standards of respect and privacy, Raks Thai requested free, informed and prior consent from all participants before they participated in the survey, ensuring that their participation was truly voluntary and understood, particularly with consideration of the power imbalances that may exist between Raks Thai Foundation and participant as well as language and age limitations. The first question of the survey included an explanation on the purpose of the research, how information will be collected, viewed, analysed and shared, and a request for their permission. This was included in Thai, Khmer and Myanmar languages. The survey was designed so that any participant who declined were unable to continue completing the survey.

Limitations and Disclaimer

The study was funded and conducted by Raks Thai Foundation with participation from non-government organizations working at a sub-national level across Thailand. A number of limitations existed both in the design and data collection stages of the study:

- Sampling identified participants through established migrant networks across Thailand, and therefore respondents living in more disconnected settings were likely to be underrepresented. Further, some high population provinces were underrepresented compared to their population size.
- The survey was translated into two languages (Myanmar and Khmer) however Laos respondents were required to use a Thai version, likely limiting complete understanding of all questions.
- Although surveys were available in Myanmar and Khmer, some respondents elected to complete the Thai survey, which noticeably led to some data entry errors which had to be corrected or excluded.
- Due to the COVID-19 restrictions, surveys reached individual with access to smart devices, therefore likely to underrepresent migrants living with the lowest salaries or disposable income.
- Occupational differences between all respondents could not be determined as categories were not clearly defined or able to be clearly defined during data cleaning. This reduced the sample during any occupational analysis that was conducted.

4.0 Results

Profile of Respondents

The study included 474 respondents. In the first set of questions, respondents were asked to indicate their province, age, sex, nationality and occupation. Respondents were from varying backgrounds, representing many different migrant sub-populations across Thailand. The sex distribution of respondents reflected similar proportions to registered male and female migrants in Thailand (Nov 2019), with 233 (49.16%) females and 241 (50.84%) males completing the survey. No respondents identified as gender diverse despite being included as an option in the survey. The nationality distribution also reflected similar proportions to registered migrants in Thailand, with 374 (78.90%) people from Myanmar, 80 (16.88%) people from Cambodia and 20 (4.22%) people from Laos completing the survey. It is worth noting that 43 of the 374 Myanmar respondents preferred to be identified as one of Myanmar's ethnic minority groups, however were grouped into the Myanmar category in accordance with Thailand's Ministry of Labour Work Permit classifications. Finally, the migrants included in the study were mostly between 20-49 years of age ($\tilde{x}$ = 34, SD = 10.08), with the lowest respondent a child 9 years of age, and oldest 76 years of age. Respondents under the age of 18 (n=4) were excluded from analysis.

Respondents were from a wide array of occupations. The largest occupation group was General Services (n=124), followed by Seafood Processing (non-factory) and Seafood Processing (factory) (combined n=84), Construction (n=47) and Agriculture (n= 44). Respondents indicating other occupations were grouped into "other-skilled" which include an electrician, government employees and a medical professional, and "other-unskilled" which included sex workers and tour operators. One respondent did not complete their occupation and therefore was excluded from any subsequent analysis involving occupation disaggregation.

Finally, respondents (n=453) were asked to describe their household sizes, including the number of people in high risk categories above 70 years of age or with chronic health conditions. The average household size was 3.262 (SD: 1.745) with the largest identified as a 15-person household. Only 11 respondents (2.43%) identified living in a household with someone above the age of 70, and 82 respondents (18.10%) lived in households with residents who have chronic health conditions that are shown to increase the risk of serious complications from COVID-19

Access

There were six primary messages shared with Thai and migrant populations across Thailand to interrupt transmission and mitigate some of the impact of COVID-19. A large majority of migrants received and understood that they should stay home where possible (73.42%) and that there was a strict curfew between 2200 and 0400 (76.37%). However, very few respondents were aware of government support services relating to their employment (16.03%) or policies relating to temporary extensions of stay and registration (29.54%). There was mixed understanding relating to protection, including (a) only 42.85% of migrants having received information about wearing masks when outdoors, and (b) only 51.69% were aware of messages around social distancing and hand washing. It is worth noting that there was a significant association between nationality and hearing these protection measures ($p=0.000$, $p=0.005$ respectively), with Myanmar populations having received the least amount of prevention information (33.69%, 48.93%) followed by Cambodians (75%, 56.25%) and Laotians (85.00%, 85.00%)

Information had been disseminated using a variety of mediums. Online and social media was the most commonly identified source of information for migrant populations (71.73%) however men were significantly more likely to access COVID-19 information online or through social media compared with women ($p=0.038$). There was also a significant negative association between age and access to social media with the percentage of respondents accessing social media decreasing with each increasing age group. Further, there was a positive association between age and reliance on word of mouth. As age increased, so too did a reliance on friends, family and the community for information. All other mediums were proportionally used by each sub population, however, were not used as much as social media. 54.54% respondents accessed information through television, followed by NGO outreach and word of mouth (29.96%) and employers (28.69%). However, messages through government outreach (10.55%), radio (7.81%) and community notices (5.27%) rarely reached migrants. It is worth noting that migrants from Myanmar were found to have received less information through employers compared to other nationalities ($p=0.000$), and migrants from Laos significantly less information through the radio ($p=0.036$)

When asked about whether they believed that they could access to health services (testing and treatment) if they were suspected or confirmed to have COVID-19, 85.23% of respondents indicated ‘yes’, however Cambodian and Laotian migrants were less confident about their ability to access services ($p=0.000$). Of those who indicated that they were unable to access services ($n=70$), 95.71% attributed this to lack of affordability and lack of access to insurance coverage, while only a small number of respondents indicated that they were legally restricted (12.86%), or would face stigma or discrimination if they accessed services (8.57%).

Regarding access to personal protection products, the survey asked about access to masks and alcohol-based hand sanitizers or soap. Only 56.33% of respondents had a sufficient supply of face masks, with male migrants having comparatively less access compared to female migrants ($p=0.021$). Remaining respondents had some but often did not have enough for children. Reasons for not having masks included the price being too expensive (56.04%) and not finding somewhere to purchase masks (37.20%). Even less migrants (42.83%) had access to an alcohol-based hand sanitizer or soap, which was particularly low for migrants from Laos compared with other migrant nationalities ($p=0.048$). Reasons for not having access to alcohol-based hand sanitizer or soap included the price being too expensive (55.56%) and being unable to find somewhere to purchase hand sanitizer or soap (25.27%). For both products, there were people who indicated that they did not believe masks or hand sanitizer were necessary (13.04% and 18.28%, respectively).

Understanding

Questions asked also gained insight into migrants' understanding of the complexities and potential impacts around the COVID-19 situation, and were primarily used as a self-assessment of their concerns relating to any aspect of their lives, be it employment, health, travel, lifestyle etc. Respondents could select from four options; not concerned, a little concerned, very concerned, extremely concerned. A majority of respondents indicated that they were very or extremely concerned (57.93%) with the current COVID-19 situation compared to 42.07% who had little to no concern. Only 9.70% of respondents indicating no concern about the current COVID-19 situation. The level of concern was proportionally distributed across all subpopulations with no statistical dependence recorded between sex and ($p=0.799$), nationality ($p=0.394$), age ($p=0.363$) or occupation ($p=0.214$) and the level of concern.

When asked about their behaviour should they identify symptoms of COVID-19, 89.45% of migrants indicated that they would isolate for 14 days, compared to only 6.96% isolating for less than 14 days, and 3.59% not isolating themselves. Further, for those who indicated that they would isolate for 14 days, 79.48% recognized that they should avoid family or other household members during this time.

The survey also asked five key questions about adopting behaviours which prevent the spread of COVID-19, including avoiding close contact, wearing a mask, not touching their face, frequent handwashing, and avoiding sharing of food and utensils. 71.52% of migrant respondents indicated that they always wear a mask, with data also demonstrating significantly higher proportions in Lao population ($p=0.000$) and those between the ages of 25-54 ($p=0.000$) compared to other subpopulations. 60.87% of migrants indicated that they always avoid sharing meals and utensils, however Cambodian and Laos migrants demonstrated a much lower rate compared to Myanmar migrant ($p=0.000$). Over half of the respondents indicated that they always wash their hands after touching other substances (56.65%). Less than half of respondents were able to always avoid close contact (43.25%) and avoid touching their face (43.67%). Surprisingly, migrants under the age of 25 demonstrated the poorest adoption of preventative behaviours compared to older age groups when considering handwashing, sharing of foods, wearing masks and touching faces($p=0.000$-0.016)

To understand whether migrant workers had made changes to their lifestyle based on their understanding of the situation, the survey asked about their behaviour during the day preceding being surveyed. 46.84% of respondents stayed home without any visitors, however over half of respondents (53.16%) either travelled to see another person or had visitors come to their home. Reasons for travelling outside of home included going to work (57.77%), running errands (52.79%), and to a lesser extent for social reasons (9.68%) and boredom (4.11%). For those who did travel outside their home or have visitors, the median number of close contacts was 5, noting several large outliers due to contact from some employment obligations. The survey also asked people who left their homes about the forms of transport they used throughout the day, with 71.14% using private transport, 22.16% walking and 13.70% using public transportation. Although the median number of close contacts was 5 for all migrants surveyed, those who took public transportation had more close contacts ($\tilde{x}=6$) compared to those who walked ($\tilde{x}=3.5$) and those who used private transportation ($\tilde{x}=3$).

Impact

Respondents were also about challenges or difficulties that they are currently facing as a result of the COVID-19 pandemic. A large number of respondents indicated that they were suffering from insufficient income (63.92%), had lost their employment (44.09%) or were unable to return to their home country (29.75%). It is worth noting that women were more likely to lose employment ($p= 0.0297$) and have insufficient income ($p=0.0215$) but responses were not dependent on nationality. Increasing age was also an influencing factor on job loss ($p=0.0003$), with 36.93% of respondents under the age of 25 losing employment, compared to 44.19% and 50.00% in age groups 25-54 and over 50 years, respectively. Very few respondents expressed challenges in accessing information (5.06%), social exclusion (4.22%) or family problems (1.69%).

The survey also asked migrants about their financial situation as a result of the COVID-19 pandemic and the associated restrictions in Thailand. When asked about how their income has changed, 71.10% of respondents indicated that their salary had decreased, with female migrant salaries more adversely affected ($p=0.007$) yet no difference between age or nationality. Further compounding this issue, 92.47% of migrants who reported a decreased salary also indicated that their daily living expenses had either remained the same or increased.

Building on the financial situation, migrants were asked about specific changes to their employment during the COVID-19 situation in Thailand. Based on evidence collected, there were minimal changes identified within workplaces, with only 13.29% of migrants mentioning that their workplaces imposed social distancing measures, 16.24% provided prevention equipment to employees, 18.35% checked the temperature of employees before starting work and 20.91% created a work time rotation system to limit the number of staff at worksites. Cambodian migrants benefited more (0.000-.0001) from workplace adjustments compared to other nationalities.

Finally, respondents were given an opportunity to prioritize areas of support. Compensation for lost income was highlighted as most needed (38.40%) with women identifying this as a priority much more than men ($p=0.023$), which reflects the sex differences in income and job loss. Laotian migrants also indicated that compensation for income loss was a higher priority (60%) compared to Myanmar (41%) and Cambodian (20%) ($p=0.000$). The second most demanded area of support was prevention supplies (e.g. masks and alcohol gel) with males selecting this area as a greater priority than female migrants ($p=0.023$). Only 6.96% of migrants did not request any form of support.

5.0 Key Findings and Recommendations

Based on the data analysed, Raks Thai Foundation has identified five key findings and recommendations in alignment with objectives of this study, which were to understand the situation and impact of COVID-19 and to inform the development of guidelines and strategies which support migrant populations in Thailand. It should be noted that although five recommendations have been included, each should be viewed through a lens which considers the varying challenges faced by differences in sex, age and nationality, and thereby implemented through targeted approaches rather than a generalised manner.

1. **Strengthen social security and livelihood support for migrant populations**

Findings demonstrated that a significant number of migrant workers in Thailand have lost their employment during the COVID-19 pandemic, without any indication about when or whether their employment would resume. Female migrants and older migrants were disproportionately impacted by these job cuts. Further compounding this problem, a large percentage of migrants, particularly female migrants, including those still employed, had their salaries reduced and were simultaneously facing an increase in their daily living expenses. Although there were diverse requests for support, compensation and support for livelihoods was by far the most requested and relevant to migrants in Thailand. Organizations working with migrant populations should work toward integrating livelihood and social security-based measures into existing commodity distribution and community education activities, as well as advocating to the Social Security Office and Department of Labour Protection and Welfare, Ministry of Labour to strengthen labour protection policies to cover non-Thai employees.

2. **Encourage employers to support staff during the COVID-19 situation**

The survey allowed migrants to indicate the extent to which changes were made within their workplaces in response to the COVID-19 pandemic. Based on data collected, workplaces have made little effort in incorporating additional protection methods for their employees, with, generally, less than 20% of workplaces imposing social distancing, providing masks or alcohol-based hand sanitizer, checking temperatures or rotating employee schedules to minimize close contacts. Although some measures may be impractical, there are areas for improvement. Organizations working with migrant populations should take a multi-sectoral approach through inclusive engagement of CSOs, private sector and relevant government authorises. Specifically, organizations should more proactively engage employers and work with the Employers' Confederation of Thailand, the Federation of Thai Industries, the Board of Trade of Thailand and other business associations, to protect employees and reduce the level of concern about continuing employment. Lessons drawn from concentrated epidemics in Singapore and Yala migrant housing also point toward a need for additional protection measures against workplace transmission being applied within company-sponsored housing and hostels.

3. **Utilize appropriate channels for communication and community mobilization**

Almost all respondents indicated that they had received information relating to COVID-19 and associated policies through at least one channel of communication. However, there were communication channels which were most successful at reaching migrant populations and therefore should be prioritised for future communication and community mobilization. A large majority of respondents identified online and social media as the most used source of information, however there were observable differences in sex, with men more likely to use this medium, and younger migrants were significantly more likely to use internet-based systems to seek information. However, although internet use decreased as age increased, as age increased so too did a reliance on friends, family and community through word-of-mouth for information. For external influence, non-government organizations and employers were identified as a source of information significant much more than government outreach services. Radio and text-based community notices were rarely used to gain information about the COVID-19 and therefore should not be prioritised.

4. **Improve migrants' access to health services through insurance and friendly services**

The survey results highlighted that a large majority of migrants were confident that they could access health services (testing and treatment) if they were unwell, specifically with COVID-19. However, migrants from Cambodia and Lao PDR were less confident compared to Myanmar migrants. Ongoing community education and support activities should prioritise migrants from Cambodia and Laos to fill any gap in their understanding of their rights to accessing health services. Further, for those who were not confident to access health services, the primary reason was related to affordability, and therefore efforts should be made, in collaboration with the Division of Health Economics and Health Security, Ministry of Public Health, to promote migrant health insurance schemes or low-cost migrant-friendly health services

5. **Target prevention activities according to populations at greatest risk of exposure**

In light of the COVID-19 restrictions and public health measures to limit community transmission, all people in Thailand have been requested to minimize the number of close-contacts. Less than half of migrant respondents were able to always avoid close contacts. Social distancing is challenging, particularly for low-income earners who do not have the luxury of alternative forms of transport or work-from-home arrangements. The study showed that those who use public transport had, on average, twice as many contacts than those who use private vehicles or motorcycles. Further, migrants working in the unskilled and construction sectors had more close contacts than other occupations. Cost was a prohibiting factor for the use of face masks, alcohol-based hand sanitisers and soap, and social distancing. Raks Thai Foundation and partners should prioritize COVID-19 services and commodity distribution to high-contact occupations, less financially secure migrants, and those with limited options for social distancing. All community distribution activities should involve awareness raising for improved personal hygiene and public health, prioritising migrants from Cambodia and Lao PDR who adopted good prevention behaviours the least, as well as younger populations who similarly indicated poorer preventative behaviours compared to older migrants. To further improve effectiveness and sustainability, organizations working with migrant populations should also empower migrant communities to take control of their own health outcomes and facilitate the establishment of community surveillance systems.

6.0 Appendices

Appendix A: Survey Questions (Thai)

Appendix B: Survey Questions (Myanmar) (translated)

Appendix C: Survey Questions (Khmer) (translated)

Appendix D: Survey Questions (English) (translated)