



RAPID GENDER ANALYSIS FOR COVID-19



Gendered Impact of the COVID-19 Pandemic on
Migrants in Thailand

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Rapid Gender Analysis for COVID-19: Gendered Impact of the COVID-19 Pandemic on Migrants in Thailand

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Authors:

Nisane Chaiprakobwiriya, Sawinee Phuengnet, Nicha Phannajit, Sunwanee Dolah

Program Quality Department, Raks Thai Foundation, A Member of CARE International

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Disclaimer:

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Raks Thai Foundation

185 Soi Pradipat 6, Pradipat Rd.,

Samsennai, Phayathai

Bangkok, Thailand 10400

Tel: +(66)02-0890680 ext. 45

For more information: dme@raksthai.org

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Executive Summary

A novel coronavirus was first identified based on a cluster of pneumonia cases reported in Wuhan, Hubei Province, China, in late December 2019. In January, the first officially recorded COVID-19 case identified outside China was in Thailand. Thailand stands with 3,085 cumulative confirmed cases, of which 2,968 cases have recovered and 58 have died. (Center for COVID-19 Situation Administration, 2020).

According to Thailand's situation updates by the Emergency Operations Center, Department of Disease Control, the total number of cases officially reported as of 4th of June 2020 for all nationalities was 3,085 cases, of which 2,747 cases are Thai, 56 are Burmese, 20 are stateless Rohingya, 4 are Vietnamese, 2 are Laos, 3 are Cambodian, 240 are Others and 14 are Unknown. Although identifying only 82 migrant cases in total (CCSA, 2020), on 19 June 2020, Myanmar found 23 positive COVID-19 cases among migrants deported from Thailand (The Irrawaddy, 2020).

Although a number of reports on migrants have recently been released, these have mostly been based on secondary data and stakeholder perspectives, whereas this study aims to **give voice to migrants** through primary data collection and seeks to provide migrants an opportunity to directly address their struggle during the COVID-19 pandemic. Thus, this Rapid Gender Analysis utilizes a qualitative methodology to identify the differing impact on male and female migrants.

Being away from home during this pandemic, migrants in Thailand are likely to lack access to support services. Furthermore, the aftermath of the COVID-19 pandemic is likely to affect migrant women disproportionately due to harmful gender norms of the host country.

Key findings

- Approximately, migrants lose 50% of their income due to COVID-19 pandemic; female migrants are impacted by cuts to working hours more than male migrants.
- Indebtedness among migrants is remarkably rising due to job losses, working hours being cut and accumulated debt from shark loan charging 20-35% interest rate.
- Employers do not put enough effort to roll out health and safety measures in response to COVID-19
- Fishermen's housewives are among the most vulnerable because of their tendency to lack documentation, COVID-19 has threatened their family's health and well-being.
- Female migrant's experiences, especially those with pre-existing health conditions and documentations find the quality of health services in Thailand deteriorating.
- Pregnant migrant women are disproportionately affected by the fear of the virus topped with traditional gender responsibility.
- Border closure causes frustration and financial burden for migrants, especially pregnant women who desperately wish to return home due to job loss and health issues.
- Existing voluntary repatriation programs are neither affordable, inclusive nor gender-responsive; migrants without considering diverse vulnerabilities such as age, sex, employment status, reproductive health and documentation.
- Migrants' voice out their emergency needs including PPEs, food supplies and migration policy change to ease the difficulty of finding an employer.

Key Recommendations

This Rapid Gender Analysis is an integral component of COVID-19 pandemic response and recovery for female and male migrant workers in Thailand. Therefore, policy recommendations are categorized into three key areas, gender responsiveness, emergency response and economic and livelihood recovery and policy dialogue.

Gender specific recommendations

1. Mainstream gender responsive active case finding¹ and testing in at-risk communities
2. Enhance women's access to COVID-19 and health-related information through community outreach sessions
3. Build capacity of migrant women to become a champion in COVID-19 health communication and well being
4. Prioritize pregnant migrant women for health access and voluntary repatriation
5. Provide mental health support and awareness on gender-based violence in the light of the COVID-19 pandemic for male and female migrants

Recommendation for emergency response

6. Provide basic needs such as food supplies and temporary housing for migrants in need
7. Embrace “the new normal” by providing personal protection equipment (PPE) and ensure that occupational health and safety in response to COVID-19 is in place
8. Foster a formal mechanism for inclusive repatriation through collaboration between host and sending country governments
9. Enable non-discrimination health access for migrants with pre-existing health conditions regardless of their health and legal status
10. Donor institutions and NGOs should provide emergency cash and vouchers assistance (CVA) to support their urgent financial assistance

Recommendation for economic recovery and policy dialogue

11. Establish post-pandemic economic recovery measures, including labor skill matching to tackle the issue of labor shortage and unemployment
12. Build long-term resilience by bridging a gap in social security schemes to ensure migrant worker's access to healthcare and compensation benefits

¹ Active case detection or finding is an approach where health workers reach out to the community and systematically screen the population to find cases. On the contrary, passive case detection means patients seek care for their illness from health facilities on their own. For more information, visit:

<https://www.who.int/tb/areas-of-work/laboratory/active-case-finding/en/>

Background

A novel coronavirus was first identified based on a cluster of pneumonia cases reported in Wuhan, Hubei Province, China, in late December 2019. In January, the first officially recorded COVID-19 case identified outside China was in Thailand. In March 2020, following transmission to many countries, the World Health Organization (WHO) classified the COVID-19 outbreak as a pandemic. Coronavirus and its impacts have continued to rapidly spread across the globe with 6,287,771 cases and 379,941 deaths recorded as of 3rd June 2020 (WHO, 2020). The widespread impact of COVID-19, including social and economic disruption, has affected peoples' way of life and brought forward challenges in adapting to a new way of living.

Government of Thailand's responses to the COVID-19

The Government of Thailand responded to the COVID-19 outbreak by imposing a State of Emergency Order from 26 March 2020 to 30 June 2020 which prohibits public gatherings, imposes a nation-wide curfew, and sensors certain aspects of media and communications. Thailand stands with 3,085 cumulative confirmed cases, of which 2,968 cases have recovered and 58 have died. (Center for COVID-19 Situation Administration, 2020).

The Center for COVID-19 Situation Administration (CCSA), established in response to a public announcement on COVID-19 by the Prime Minister, oversees rapid and unified national response planning (CCSA, 2020). Under this mechanism, Thai authorities distributed preventive commodities for disease control across the country, as well as established emergency assistance packages that included loans with low interest rates, soft loans for entrepreneurs, financial assistance of 5,000 Baht (US \$160) for 3 months for people with temporary employment or self-employed, unemployment benefits for laid-off and end-of-contract workers, and other stimulus to affected workers (CCSA, 2020).

Migration situation in Thailand

In April 2020, the Foreign Workers Administration, Department of Employment reported that there are 2,589,353 foreign workers across Thailand including 2,340,247 migrant workers from Myanmar, Laos, Cambodia, and Vietnam. According to Thailand's situation updates by the Emergency Operations Center, Department of Disease Control, the total number of cases officially reported as of 4th of June 2020 for all nationalities was 3,085 cases, of which 2,747 cases are Thai, 56 are Burmese, 20 are stateless Rohingya, 4 are Vietnamese, 2 are Laos, 3 are Cambodian, 240 are Others and 14 are Unknown. Although identifying only 82 migrant cases in total (CCSA, 2020), on 19 June 2020, Myanmar found 23 positive COVID-19 cases among migrants deported from Thailand (The Irrawaddy, 2020).

The Cabinet of Thailand approved visa extensions for migrant workers from Cambodia, Laos, and Myanmar under an MOU, giving them the right to remain in Thailand until 31st May (International Labour Organization, 2020). Registered migrant workers under Article 64 can extend their visa and work permit until 31 July in order to mitigate potential labor shortages as the country's economy re-opens² (Foreign Workers Administration Office, 2020). The Government of Thailand also supported migrant workers through a collaborative initiative between the Ministry of Public Health Thailand, WHO Thailand and Raks Thai Foundation by launching a COVID-19 Migrant Hotline to provide COVID-19 health and policy information in 3 languages (Laos, Khmer and Burmese) (Department of Disease Control, 2020). Despite these commendable efforts, the Social Security Fund remained a point of

² See the Extension of Duration of the Declaration of an Emergency Situation in all areas of the Kingdom of Thailand (2nd Extension).

controversy as many migrant workers were unable to access benefits despite ongoing contribution to the economy of Thailand. This was particularly troubling since many businesses were closed due to government policy measures. As a result, a large flow of external migration was seen from Thailand back to origin countries. Since then, in recognition of continuously low transmission rates of COVID-19 and according to the Third State of Relieve Measure announcement, restrictions have started to lift that include the re-opening of malls, markets, gyms, sport venues, conference halls, cinemas, massage parlors and beauty salons (Emergency Decree to Control Pandemic, 26 March 2020).

Impact of COVID-19 on migrants

Migrant workers are hit hardest, especially those living and working in Bangkok and the greater Bangkok area. In light of COVID-19 outbreaks in Thailand, migrant workers are facing a new set of challenges and vulnerabilities in accessing health services and government compensation packages (International Labor Organization, 2020; IOM, 2020). The greatest challenges faced by migrant workers and non-Thai workers relates to their legal status and insufficient income to sustain daily food supplies and personal protective equipment (PPE).

A recent International Labor Organization (ILO) report on the impact on migrant workers and response in Thailand, mentions that migrant workers in Thailand disproportionately suffered from the impacts of COVID-19 and associated government preventive measures (ILO, 2020). Migrants are more at risk of losing employment, being under or unpaid, and have increased difficulty in accessing healthcare, food, and safe housing. The containment measures imposed business closures since 21 March, 2020, which impacted workers' jobs and income. Travelling between provinces was also banned which stranded workers without income. The IOM Rapid Assessment Report also highlights common barriers for non-Thai workers, in particular their access to sanitation and hygiene, and the high cost of PPE (IOM, 2020).

Objective of the study

A recent gender power analysis for the project, "Stop TB and AIDS through RRTTR" (STAR 2), commissioned by Raks Thai Foundation demonstrated that migrant women have less decision-making power in their families (Nguyen et al., 2020). Further, the study indicates that this could obstruct their access to health or gender-based violence (GBV) services (Nguyen et al., 2020). This key finding aligns with the UN Women's Policy Brief: The Impact of COVID-19 on Women, highlighting that the COVID-19 pandemic has deepened social and economic tensions among migrant couples and families (UNWomen, 2020). For migrant women, they had to deal with economic tension from insufficient income, job loss and increasing unpaid care work. For women with abusive partners, lock down measures force them to spend more time with their abusers, creating a harmful environment for gender-based violence to occur.

Raks Thai's extensive experience of connecting migrant communities and our expertise in health communication and community outreach, enables us to gain trust and access hard-to-reach populations like migrants from Laos, Cambodia and Myanmar. Therefore, there is an urgent need to assess their living condition during the COVID-19 pandemic in order to provide an appropriate intervention. Raks Thai Foundation led a quantitative "Rapid Situation Assessment on Migrants Living in Thailand", which was conducted during the initial phase of the COVID-19 Pandemic (Shaw et al., 2020). To complement the Rapid Situation Assessment, this Rapid Gender Analysis utilizes a qualitative methodology to identify the differing impact on male and female migrants. Although a number of

reports on migrants have recently been released, these have mostly been based on secondary data and stakeholder perspectives, whereas this study aims to **give voice to migrants** through primary data collection and seeks to provide migrants an opportunity to directly address their struggle during the COVID-19 pandemic. This Rapid Gender Analysis specifically aims to:

1. Assess the gendered impact of the COVID-19 pandemic on migrant workers from Myanmar and Cambodia in Pattani and Samut Sakon province
2. Echo migrants' voice in the COVID-19 response and post-pandemic recovery
3. Provide policy recommendations that reflect the different needs of migrant men and women

Data collection methods³

The Rapid Gender Analysis (RGA) for COVID-19 presents information about the different needs, risks, capacities and coping strategies of women, men, boys, and girls in the COVID-19 crisis. The Rapid Gender Analysis is built up progressively throughout the crisis using a range of primary and secondary information to understand gender roles and relations and how they may change as a result of a crisis. It provides practical programming and operational recommendations to meet the different needs of women, men, boys, and girls and to ensure we 'do no harm.'

The research has been undertaken from April 2020 to June 2020. Primary Data Collection was conducted from 21-24 May 2020 on-site in Samut Sakon and 26-28 May 2020 in Pattani via Zoom application. Research methods included:

- Secondary data review
- Face-to-face semi-structured interviews
- Remote semi-structured interviews

Sampling and demographic profiles

Purposive sampling was employed to target specific groups due to their vulnerability during the COVID-19 pandemic. Migrants from both occupations were disaggregated by sex, marriage status and parenting status. The table below summarizes the number of migrants interviewed in this study.

Occupation	Single (single or no-co-habitation With partners)		Married/co-habitation with partners)		Single mom (widow/ Divorced)	Housewife (no paid work)	Pregnant/with infant children
	Female	Male	Female	Male	Female	Female	Female
Samut Sakon							
Fishery (10)		4		2		3	1
Seafood processing (10)	3	1	1	2	1	1	1
Pattani							
Fishery (6)		1		1		1	3
Seafood processing (3)	1		1				1
Total (29)	4	6	2	5	1	5	6

³ Refer to annex 1 for detailed data collection

This disaggregation was based on a number of observations, including⁴:

- Marriage status was an important factor signifying the amount of responsibility, burden, or factors that migrants had to consider in their life.
- Female-headed household including migrant women who were divorced or a single mother were more likely to have felt the impact of the COVID-19 as they had to bear the burden of discrimination, double load of unpaid and paid work as well as stigma and gender discrimination from being 'leftover women'.
- Data from a previous gender analysis by Raks Thai Foundation (Nguyen et al., 2020) indicates that migrant housewives were likely to be undocumented, were more at risk of abuse and had multiple responsibilities within a household, yet often lack decision making power due to a lack of contribution from paid work.
- Pregnant women or women with young child were a risk group as they may have required access to pre and post-natal health services during the pandemic.

Data analysis

Comparative analysis of how different groups cope with the crisis helped us understand gendered aspects and inclusion of emergency response in the context of migration in Thailand. From our fieldwork, we found that there was no straightforward method to examine migrants' impact based on a single characteristic as many had multiple vulnerabilities such as divorced female migrants with children, who was also a housewife and an undocumented migrant. Intersectionality was a key analytical framework guiding data analysis. This is captured in Crenshaw's (1991) concept of intersectionality which highlights the need to address the multiple identities of minority women when investigating women's oppression and argues that a feminist analysis of discrimination is not complete if only considering the dimension of gender. Intersectionality is useful when examining the complex interaction of multiple and intersecting identities of male and female migrants in the light of COVID-19 pandemic.

Moreover, we used a data analysis matrix that cross-analyze sub-groups of migrants (housewives, fishermen, male and female seafood workers and pregnant women) with each sub-topic to better understand factors of vulnerability and need of each group. As mentioned above, an intersectional lens was therefore de-constructed according to the questions posed but at the same time, we also factored in diverse identities that comes with each group into the analysis.

⁴ All the above groups represent a diverse reality of migrant workers during the COVID-19 crisis. Age of migrants participating in this study range from 18-63 years-old. Raks Thai recruited a total of 29 migrants, 9 from Pattani, 20 from Samut Sakon. Of this sample, 3 were from Cambodia and 26 were from Myanmar, with diverse ethnic background including Mon, Dawei, Burmese and Ka-yaw. For sex disaggregation, there were 11 male and 18 female migrants included in the study. Of the total migrants participating, 16 migrants were from the fishery industry, including fishermen's housewives who resided in Thailand, and 13 migrants were from the seafood processing industry. Raks Thai opted to include a question on migration status. Although highly sensitive, Raks Thai's presence in the provinces, relationship with migrants and comprehensive consent process created an environment where migrants were able to feel comfortable to voluntarily disclose their status. In Pattani, both male and female migrants interviewed were with some sort of legal documentations and hold the document themselves. In Samut Sakon, there was more complexity related to documentation; six fishermen interviewed informed us that they had correct documentation, but their employers retained their documents. Of 20 migrants interviewed in Samut Sakon, four were undocumented, all female, including one pregnant woman, two fishermen's wives with infant children and an elderly migrant woman.

Ethical considerations⁵

When conducting this RGA for COVID-19, a number of practical, logistical, and ethical considerations were identified. A 'Do No Harm' approach was taken and prioritized throughout the process⁶. This involved mitigating risks; both direct risks for staff and the community associated with the virus, as well as ensuring essential human, financial and logistical capacity were not diverted away from the immediate needs and direct response to COVID-19.

Limitations

The research had several limitations including time constraint, and restriction on travel and social gathering. Poor internet connection was also a major challenge for remote interview as some migrant field officers who acted as interpreters did not have the most updated devices, mobile phones or computers. Thus, in Pattani, all interviews were done through a video call.

Context of the Study

Samut Sakhon and Pattani provinces were included in this study because Raks Thai observed obvious impacts on migrant workers in the fishery and seafood processing industries caused by the pandemic situation, and despite both being Thailand's seafood hubs, their differences in terms of level of development could offer diverse insight into migrant workers' experience. That is to say, migrant workers in these two provinces tend to feature different characteristics or have different experience regarding their way of living and access to services. From our observation, regarding the way of living, migrant workers who live in urbanized Samut Sakhon tend to live alone or form only a nuclear family while those who are in rural Pattani mostly live as an extended family in larger household. For access to services, due to the province's more developed infrastructure, especially public transportation, workers in Samut Sakhon tend to be able access to public facilities, such as hospital, more easily than those in Pattani.

Within these two provinces, different contextual factors influence female migrants' experiences. Women in conflict settings, as is Pattani, have more difficulty accessing services and basic goods (Woraniuk, 2002 as being cited by Sukka, 2014, p.7). Furthermore, during this pandemic they have a greater challenge in accessing protection equipment for their families. Although women in urban environments like Samut Sakhon have better mobility and greater access to services, they still face inequities and insecurities (Pamela Pozarny, 2016, p.2). In urban settings, migrant women are particularly vulnerable to violence and exploitation due to their status (Klayhiran & Chirawatkul, 2013, p.394). Ultimately, even though this study does not aim to identify provincial differences per se, it is important to investigate how the pandemic affect migrant workers who live in different contexts.

Samut Sakhon

Samut Sakhon, as a part of Greater Bangkok, is a peri-urban province and one of Thailand's most important hubs for the fishery and seafood processing industries. With extended economies and a large industrial area, it is a home to 245,737 migrant workers, which include 128,300 men and 117,437 women (Foreign Workers Administration Office, 2020). The province's economic activities were disrupted by the outbreak of the COVID-19 pandemic and associated nation-wide emergency decree and provincial-level restrictions. Despite a relatively low number of cases being found, accounting for 14 people, Samut Sakhon provincial regulations were considered extremely strict (The

⁵ Refer to annex 2 for detailed ethical considerations

⁶ Refer to annex 4 for consent form

Department of Disease Control, 2020). For example, in Samut Sakhon, if a person does not wear mask, they will be fined 20,000 Baht (US \$650) (Samut Sakhon Province Directives, 2020). The economic disruption, along with strict regulations, were reported to cause migrant workers more burden. Business closure and economic downturn led to lay-offs and income loss, and most migrants had to be responsible for their own protection equipment, for which prices rose.

Pattani

Similar to Samut Sakhon, Pattani is one of Thailand's most important hubs for the fishery and seafood processing industries. Pattani is a rural province near the southern border between Thailand and Malaysia. While its businesses are mostly medium- or small-sized, the province is a fishery hub with around 1,000 registered vessels. According to the Foreign Workers Administration Office (2020), it hosts 9,874 migrant workers, consisting of 7,239 men and 2,653 women, most of whom work in the fishery and seafood processing sector. During the pandemic, being near a national border generally put Pattani at risk of disease transmission from migration. Considering this factor together with high number of COVID-19 cases found in many districts, accounting for 92 confirmed cases, the provincial administration announced strict lockdown measures (The Department of Disease Control, 2020; Pattani Province Directives, 2020). In April 2020, some ports were closed temporarily for 2 weeks, adversely impacting the province's fishery and seafood processing businesses. Consequently, many migrant workers reported to be financially affected by the port closure. Some of the fishermen even reported to be stuck in Malaysia as the border was closed.

Changes due to COVID-19 pandemic

As the main objective of this RGA is to assess the gendered impact of COVID-19 on migrants in Thailand, types of impact are categorized based in consultation with Raks Thai field staff in the research provinces, and with the Migration and Design, Monitoring, Evaluation and Learning (DMEL) teams at Raks Thai Headquarters in Bangkok. This consultation narrowed the areas of impact to focus on paid and unpaid work, access to health services and information, decision making, concerns and vulnerability, and a need assessment.

Gender division of labor: paid and unpaid work

Since the start of the COVID-19 pandemic, the crisis intensified vulnerabilities of migrant workers through the existing socioeconomic burdens that reflect difficulties of migrant workers living in Thailand. In ILO's working paper series no. 86, titled "The unpaid care work - paid work connection", Antonopoulos (2009) defines paid work as "Paid work refers to time contracted out that receives remuneration." (p.2), while unpaid work "includes all non-remunerated work activities and it is safe to say that it lacks social recognition" (p.3). The concept of economic productivity and the reproductive roles of migrant men and women is important for this gender analysis to determine how structural gender inequality has played out in migrant's working life. Reproductive roles often influence an individual's access to paid work, and can limit women to caring, cooking, cleaning and childbearing roles. This provides a basis for analysis in this RGA. Differences between male and female unpaid and paid work tell us gender perspective of changes in workload as a result of the COVID-19 pandemic.

Changes in paid and unpaid work

The pandemic affected migrants tremendously, particularly on a reduction of income. Migrants, especially women migrants, tend to remain in insecure employment or lose employment, while also seeing an increase in unpaid care work and domestic work. It affected migrant workers in

Samut Sakon and Pattani in several ways including income reduction, changing work shifts, getting suspended, being in debt, and losing jobs as demonstrated in the table below.

Occupation (# of interviewee)/Type of time spending in a day	Fishery (16)		Seafood Processing (13)	
	Fishermen(8)	Housewives(8)	Male(3)	Female (10)
Paid Work (Average)	15 hrs/day	9 hrs/day *	12 hrs/day	10 hrs/day**
Unpaid Work (Average)	Less than 1 hr/day	5.2 hrs/day	2 hrs/day	2.1 hrs/day
Notes: *Only one housewife has paid work, **Some of female seafood processing workers had a reduction in the number of workdays				

The table (above) demonstrates differences in paid and unpaid work based on interviews with male and female migrants in Pattani and Samut Sakon during the COVID-19. Fishermen spend almost 15 hours a day working at sea and contributed little to domestic tasks like cleaning or cooking due to employment of a worker on ships for this purpose. On shore, their wives spend their time mostly at home taking care of domestic unpaid tasks for unpaid work, housewives spend 5 hours on average per day completing household chores and childcare, accounting for 35 hours of unpaid tasks per week, while fishermen are contributing minimally to these tasks. Thus, fishermen's housewives had less opportunity to find a paid job due to their domestic responsibility and tendency to rely completely on their husband's income.

Male seafood processing workers work on average 12 hours (including overtime) a day, while female workers work approximately 10 hours (including overtime) a day. There is minimal difference between male and female seafood processing workers time spent on housework, averaging 1-2 hours per day. However, it should be noted that female seafood workers were more likely to experience cuts in their work hours during COVID-19 compared to men. Two of the female seafood processing workers said that their working days were cut by 1 – 2 days per week which resulted in income loss. Another undocumented female seafood processing worker working at a small factory (20 workers) who got paid based on commission, did not have a contract, received fewer working hours and got paid less than her husband who worked at the same factory. Based on an interview with a female seafood processing worker, her employer recognized that female workers worked faster and were paid by the amount of work (by the kilo) completed, yet male workers received a steady income with a promise of health benefits if unwell and were on monthly salaries regardless of the amount of work completed. This demonstrates gender discrimination in workplaces resulting in female migrants facing income insecurity and a lack of health benefits, particularly health benefits related to reproductive health or pregnancy. Accordingly, the number hours of unpaid and paid work can tell us about the gender aspect of work, and in addition, gender-biased employment structures in the seafood processing industry and working patterns of fishermen push female migrants to become particularly unstable during a COVID-19 crisis.

Unpaid care works

Wives of fisherman tend to stay home and usually take care of household matters more than other groups. Reasons for staying home usually included not being able to renew their passport, some had lost employment and could not pay for visa processing, some were unemployed due to illness, and some lost legal identification. For these reasons, they were more dependent on their husbands. Emerging data from the field suggested female migrants' unpaid caring responsibility could get in the way of their work and even contribute to losing employment. One of the Cambodian housewives

revealed that before she was unemployed, she worked at a small bakery in Pattani while still carrying a baby. After giving birth, she had to look after her child as he got sick quite often, requiring her to take a lot of leave. The employer fired her based on an assumption that she did not want to work without considering her burden of being a mother of a 6-month-old newborn baby. She has remained unemployed since the beginning of 2020 and is now a fulltime housewife doing domestic work and taking care of her children all day.

Migrant workers also raised concerns about the care work burden during the COVID-19 pandemic. This not only includes the usual care that they have to take, but the additional challenges associated with closure of shops and schools. Many housewives mentioned that their housework was more laborious than usual. They also emphasized an increase of household expenditure as prices of the daily groceries and commodities increased, especially protective equipment such as face masks. Migrants reported that the price of face masks, especially the disposable ones, were fairly high ranging from 20 to 40 Baht (US \$0.65-\$1.30) per piece – a significant financial burden for low income earners.

Income reduction

Based the Rapid Situation Assessment, 71% of respondents indicated that their salary had decreased, with female migrants adversely impacted, and 92.47% of migrant workers who reported a decreased salary, also indicated that their daily living expenses had either remained the same or increased (Shaw et al., 2020). Migrants rated income reduction and loss of employment as their biggest concerns resulting from COVID-19. 67.46% of female migrants indicated income reduction was a concern compared with 57.53% of men. Among fishermen that we have interviewed, 5 out of 10 said that their salaries were reduced, 2 out of 10 mentioned that their salaries did not change, while others remained unemployed due to factory closure, suspended from work without income or had changes to their shifts.

Most of the fishermen expressed that they were not able to go offshore due to various reasons provided by their employers such as a need to repair the boat, decreasing demand for fish and involuntarily extended holidays. This circumstance caused them to live without payment for approximately 1 – 2 weeks and most of them are now paid less than 50% of their regular wages. As a fisherman in Pattani points out, his salary had been decreased since the pandemic due to fishing suspension. His income was reduced from 12,000 – 13,000 Baht (US \$390-420) to 6,000 Baht (US \$195) per month. Due to a reduced demand of seafood, migrant workers face reducing working hours and even those who retained their employment faced financial challenges as their household members often had decreased income. One of the male seafood processing workers mentioned that he got suspended because the factory was closed. Meanwhile, the housewives also earned less than usual, however, almost all housewives, 7 out of 8, have no paid work and rely on their husband or family members' income.

Indebtedness

During the COVID-19 pandemic, financial struggle, particularly inability to pay rent, due to abrupt loss of income was the one of the major findings. One interviewee revealed that she had to stop working for three years now because she was diagnosed of having HIV and she had severe side-effect from antiretroviral therapy. This means she must depend on her husband and her eldest son. During the COVID-19 pandemic, her husband was also suspended from work and her son could not get to work either. Her family had to bear with high debt as a result of rent and visa repayment schemes.

This situation forced them get a loan from their employer who charged them with an additional 20% interest rate

A majority of migrants interviewed have also suspended sending money back home, despite being one of the primary reasons for migration. This financial tension creates an environment conducive to domestic conflict. For example, a fishermen's housewife points out that she was desperate due to the small amount of money her husband has given to her since the pandemic. She received only 200 Baht (US\$6.50) for the month, which was not enough to pay rent or even buy food while she had to take care of her 3 children, one of which has a disability. As a result, she had to take a loan to pay the rent and expenses.

Employer Support

A key finding of Raks Thai's Rapid Situation Assessment indicated that workplaces made little effort to incorporate protection measures to protect their employees (Shaw et al., 2020). Less than 20% of workplaces imposed social distancing, provided masks or alcohol-based hand sanitizer, checked temperatures or rotated employee schedules to minimize close contacts. This finding provides some grounds for understanding migrant workers' workplace conditions, as well as employers' roles in response to COVID-19 which were also reflected in the interview results. In a large seafood processing factory in Samut Sakon, there were health and safety measures put in place such as setting up a temperature check point, and providing soap and face masks for migrant workers. However, small scale seafood processing shops demanded migrants to wear face masks but refused to provide one.

Protective Equipment

Based on interviews with migrant workers, many fishery employers helped with supplying face masks and gel sanitizers for fishermen once they returned to the shore. However, half of the seafood processing female workers interviewed did not receive any support from their employers. They indicated that they had received assistance in other forms such as food supplies from their landlord, accommodation in factory areas, and prevention knowledge from local NGOs.

Access to health services

According to a recent Rapid Situation Assessment led by Raks Thai Foundation, it was found that 85.23% of migrants were confident that they could access testing and treatment for COVID-19 (Shaw et al., 2020). However, findings from qualitative data revealed much more complex issues related to migrants' access to health services and information.

Access to health information

The study did not initially intend to focus on access to information related to COVID-19, however an emerging finding suggested startling unequal access to information and communication devices based on sex and occupation. Fishermen and their unemployed wives tended to have less access to information as many relied on their friends' mobile phone to communicate with their family and receive COVID-19 news. Whereas, a majority of male and female migrants in seafood processing seemed to own a mobile phone. Moreover, the perception that migrants now have access to internet and social media may be misleading. An undocumented female migrant from Samut Sakon who had three children revealed that she knew about COVID-19 from Facebook but she did not own a mobile phone. Instead, she received information from her neighbor's mobile phone. This example reflected economic and gender disparity in accessing important health information during the pandemic. Moreover, this finding is in alignment with data from the quantitative analysis of the Rapid Situation Assessment conducted by Raks Thai Foundation which found that 71.73% of migrants' access

information online (Shaw et al., 2020). Of which, the statistical data showed male migrants were significantly more likely to access to COVID-19 information online compared to female migrants. In addition, undocumented female migrants are the ones who may have the most limited access to COVID-19 information as Thai law required all mobile phone's owner to have a valid identification. Therefore, undocumented female migrants in Thailand seem to have limited access to health information during the COVID-19 pandemic. More health information is needed in accessible formats to reach vulnerable migrant women.

Access to health services, border closure and documentation

The Rapid Situation Assessment informed us that 12.86% of migrants thought they were unable to access COVID-19 test and treatment due to legal restrictions and 8.57% indicated that they would face stigma and discrimination if they accessed services (Shaw et al., 2020). Similarly, data from the interviews suggested that approximately 14% of migrants interviewed were undocumented, of which all of them were women and children. For documented migrants, they were confident that they could receive treatment if they fell ill from COVID-19. For undocumented migrants, they chose to go to a private clinic which costs approximately 1,000 Baht (US \$32) per visit.

Relating to migrant documentation, at the end of March 2020, many migrants returned home to re-apply for their work permit. This circumstance caused delays in many migrants returning to Thailand as they waited for borders to reopen or for clearer Thai migration policies. This happened to at least four migrants interviewed in this study both in Pattani and Samut Sakon.

However, for migrant women who were pregnant or with children, not having proper documentation and health coverage is a matter of life and death. One of the female migrants we interviewed in Samut Sakon reflected on this. A six-month pregnant 21-year-old female migrant from Myanmar has been living in Thailand for more than 10 years. Her father and step-mother married her off to a Burmese man, now ex-husband, when she was 13-year-old. During her childhood, she was hospitalized due to forced sexual intercourse with her ex-husband. When she fell out with her father, he burned her passport, birth certificates and important documentation resulting in her lacking the legal documents required for staying in Thailand. She then remarried and moved to Samut Sakon and delivered her first child. During childbirth, the doctor was unaware that she was pregnant with twins resulting in loss of one of her children. Her other child was safe but grew up with partial blindness and weak health. Since she was undocumented, she ended up paying over 20,000 Baht (US \$650) for the childbirth and was in 50,000 Baht (US \$1600) debt, of which the interest rate was 35 percent. Currently, her and her husband work at a small seafood processing factory of 20 workers. With her second pregnancy during the COVID-19 pandemic, she was highly concerned with the childbirth and risk of her child contracting the virus. Though undocumented, her husband was the only one with a promise of health care benefit. Therefore, reproductive health of undocumented migrant women is especially concerning during the pandemic.

Migrants with pre-existing health conditions

Migrants with pre-existing health conditions are another group that may feel the impact of COVID-19 more than others. While most male migrants were not aware of the health risks associated with the COVID-19, one male migrant fishermen who was a former Tuberculosis (TB) patient did express concerns. When he contracted TB, he had to take care of the expenses himself. This health risk and his experience spending money on TB treatment helped him to understand the importance of

disease prevention. This implies that migrants, if they have not experienced health problems in the past, could disregard important COVID-19 prevention behaviors.

A husband of a female seafood processing worker in Samut Sakon got tested for COVID-19 which forced him to pay increased attention to the COVID-19 pandemic. During an interview with the wife, she told us that her husband had a severe cough and his employer paid for the COVID-19 test, which costed approximately 5,000 baht (US \$160). Fortunately, the test for COVID-19 was negative, however her husband was diagnosed with pneumonia. This incident encouraged her to become extra cautious when at work and going around town. She also shifted her diet to focus on eating vegetable for fear of contamination from meat products.

Another example of migrants with major health concerns was a case of a fisherman's wife in Pattani, who was seven-months pregnant and was living with HIV. She is 42 years old and has had three children, with this pregnancy being her fourth child. Starting from her second trimester, she started to go to hospital once a month in addition to separate visits to an HIV clinic, accompanied by one of Raks Thai's volunteer interpreters. As health coverage is tied to documentation status, she registered as an employee with a fake company in order to gain a work permit. Since the COVID-19 pandemic, she mentioned that the service at hospital has been deteriorating. Previously, nurses would ask her a lot of questions, but now they do not. She also noted that the nurses were rude to her, as a migrant from Myanmar. This exemplifies that challenges are faced by migrants with health problems having more difficulty in accessing the services than others and therefore may suffer from deficient immune systems and become more vulnerable to COVID-19. Pregnant migrants' reproductive health support was also put at risk during the crisis due to increased restrictions and barriers to accessing services. Further, documentation is a key factor hindering access to health for migrants in Thailand, particularly migrant women with reproductive health concerns.

Decision making

A majority of both male and female respondents (21 migrants) indicated that the wives, or mother of the family were the ones who made decisions regarding household matters, including the management of spending and saving. The answers of most male respondents, regardless of their occupation, were that they let their wives manage household finance, but the couple still had a discussion when deciding on important matters, such as sending money back home or debt payment. One of the male respondents said that he could decide on such matters without a need to ask his wife. Most of female migrants mentioned that they had to or preferred to consult with their husbands or other family members before making any decision. Moreover, only few female respondents indicated that they had complete decision-making power when it came to such important matters such as buying land, paying debt, or purchasing expensive goods.

Decision-making and degree of dependency

The extent of migrant women's decision-making power tends to depend on the degree of dependency on their partners. We observed that single women who lived alone or married women who were working seem to be more confident about their power to decide on things compared to those who had no paid work or were pregnant. One housewife, who said that she had lost her job, had to talk with her husband about every household matter. Among the six pregnant female workers and the women with small children we interviewed, three women expressed their need to consult with their male counterparts, two women decided not to bother their husbands even though they were

struggling with certain issues, such as insufficient income to pay for rent, and only two female respondents, a single working women and a widow, confidently said that they did not have to consult others. Therefore, decision making of female migrants varied based on their marital status and financial dependency. For women financially dependent on others, they tend to have less decision making power, while women with financial independence tend to have more power to decide on important issues.

Dilemma of returning to home country VS. border closure

When asked about their desire to go back to their home countries during the pandemic, 34.5% of migrant respondents that did not have a plan to return to their home countries during the pandemic and 17.2% of respondents did not mention about going back home at all. Meanwhile, 48.3% of respondents said that they did want to go home but constraints such as indebtedness, fear of COVID-19 and border closure prevent them from doing so. Among migrant workers who wanted to go home, there were a few notable cases. One female respondent who was pregnant wanted to be with her family in Cambodia, especially during the time that her husband was stuck in Malaysia due to border closures. Her worry was not only that she was pregnant but also that her income decreased during her maternity leave. Although she felt insecure about her well-being and financial status, she decided not to go home as she feared contracting COVID-19 during travel and feared spreading the disease to her family. She also noted that her husband disagreed with her plan to travel as he still had a job to support her and it was too dangerous to travel during COVID-19. This case highlights the structure challenges which exist with pregnant woman becoming more financially dependent on their husbands and having limited decision making power and mobility.

Issues of unemployment, income loss, and the fear of COVID-19 have been observed by Raks Thai field staff as the reason migrant workers wanted to go back to their home countries. According to Raks Thai's Rapid Situation Assessment on Migrants Living in Thailand during the initial phase of the COVID-19 Pandemic, around 30% out of 474 respondents mentioned that they had concerns about their ability to return home even if they want to (Shaw et al., 2020). Although cross-border travel restrictions have now relaxed at some immigration points, migrants still found it difficult due to either compulsory quarantine rules in their home countries or the high cost of returning back through repatriate services.

To elaborate more on repatriation, Raks Thai field officers reported that the recruitment agencies played a major role in providing such services. However, many cases ended up being overcharged and not reaching the border as agreed. During field data collection in Samut Sakon, Raks Thai had an opportunity to observe a repatriation service for migrants. The Embassy of Myanmar in Thailand, together with Thai authorities, provided a repatriation service for Burmese workers to travel from the Bangkok Bus Terminal (Chatuchak) to Mae Sot Boundary Post, starting from 22nd May to 20th June 2020. According to the Embassy, Burmese workers could either register via the embassy website or Facebook page and then pay the operation fee of 1,200 Baht (US \$39). However, our field officers indicated that many workers could not access such registration platform nor could afford the operation fee.

During the fieldwork in Samut Sakon, the data collection team observed that the repatriation service was only available to migrants in the central region of Thailand. This is based on two key assumptions. The first is that Thailand's central region, particularly the greater Bangkok area, is more developed with public infrastructure and thus, more accessible for migrant workers. The second assumption was that the demand for repatriation mostly came from workers in Bangkok and other

surrounding cities. This is likely due to the comparatively higher living costs in these areas and migrant workers therefore more financially impacted by the COVID-19 crisis. From Raks Thai's observation during the repatriation operation in Samut Sakon, at least 10 pregnant women were among the migrants waiting to board busses. This indicated that there was interest by pregnant women to return to their home country during the crisis. Further, through consultation with authorities it was clear that migrants using the repatriation service were required to have proper documentation, highlighting a gap for other migrants who did not hold proper documents and were essentially trapped in Thailand.

Decision to Participate in Community Response

Only a few migrant workers participated in community response activities during the pandemic. There were two main reasons that most of them decided not to take any action. First, and most often mentioned by the group of fishermen, was that they were rarely in their communities as they usually were on a boat where prevention measures could hardly be applied. The second was that they had to take care of their families first, given that most of them had being affected by the situation. At the same time, we found that the factors behind those who decided to help their community mostly resulted from their status of membership in certain community-based groups. Such status did not only enable them to work collectively with their peers but also fostered their sense of empathy and responsibility toward their communities. There was one male seafood processing worker, who is also a community-based volunteer who said that the reason he shared protection equipment, household supplies and provided health education about COVID-19 to his neighbors was because he cared about their well-being. For most females, they mentioned they were struggling themselves with exception of two female migrants who said they tried to help out others even though they were not well-off.

Concerns and vulnerability

Source of Stress During the Pandemic

According to our quantitative survey on migrant workers, the top 3 areas of concern are loss of employment (62.38%) and insufficient income (62.38%), followed by being infected with COVID-19 (57.94%) (Shaw et al., 2020). In-depth interviews identified similar concerns, albeit prioritized differently by each subpopulation, as demonstrated in the table below:

Group	Top 3 – Sources of Concern / Stress		
Fishermen	Infected with COVID-19	Job loss / insufficient income	Unable to return home
Fishermen Housewives	Family well-being	Restriction on mobility	<input type="checkbox"/> Job loss / insufficient income <input type="checkbox"/> Infected with COVID-19
Seafood Processing (M)	Infected with COVID-19	Family and community well-being	<input type="checkbox"/> Restriction on mobility <input type="checkbox"/> Job loss / insufficient income
Seafood Processing (F)	<input type="checkbox"/> Infected with COVID-19 <input type="checkbox"/> Family well-being	Job loss / insufficient income	
*Three participants indicated that they did not have any specific concerns			

While fear of being infected with COVID-19 is the most common, concerns about family well-being were found to be the main source of stress among housewives and married women. Such concerns included the health of family members and their employment security. Those who are pregnant or have small children were especially stressed about their children's vulnerability to COVID-19 infection. In households that have experienced varying degrees of income shortage, women also struggled to make ends meet, either by reducing spending or by borrowing from other people. Meanwhile, male respondents were more concerned about work-related issues and rarely mentioned household challenges. According to our quantitative finding, there is no statistically significant association between sex and concerns (Shaw et al., 2020), however women's role as a family's caretaker and provider of everyday needs led to increased stress.

Additionally, the three pregnant women mentioned that they felt even more insecure or stressed during this situation, particularly when their partners were not around. While two of them mentioned lack of communication or intimacy as a source of stress, the third person said that she was mainly worried because her husband was stuck in Malaysia for almost three months without any indication when he could return to Thailand. She requires him to be with her when she delivers her child. These cases demonstrate that dependency on their partners is associated with women having increased stress or anxiety.

Most Impacted Groups – Migrant's Perspectives

Most of respondent agreed that migrant workers who did not have job or income security would be impacted the most by the pandemic. This is mainly because they would not get paid and therefore could not make ends meet. Particularly impacted groups include those who are already unemployed, day workers, and women. One respondent reinforced that women would be more affected by the crisis answering that, *"it would be more difficult for women to find job unlike men, because men can work everywhere"* (interview with fisherman, Samut Sakon). This answer implies that women have less employment opportunities, especially during this economic downturn. Thus, this opinion was consistent with our quantitative findings that women were more likely to lose employment and experience income shortage (Shaw et al., 2020).

Conflict, Disagreement and Social Discrimination

Thailand also suffers from the burden of sexual violence and HIV prevalence. A gender analysis on gender-based violence and access HIV/TB services in migrant workers in Thailand revealed migrant women tend to tolerate violence due to their economic dependence, reducing their ability to negotiate safe sex, sexual pleasure, sexual violence, and access to support services (Nguyen et al., 2020). The COVID-19 pandemic is likely to increase migrant women's risk to abuses, especially sexual violence and infectious diseases. In alignment with the above study, seven respondents mentioned they had fought with their partners, family members or colleagues, four of which were directly related to COVID-19. Three people specifically mentioned income loss or household's financial shortage as a cause of disagreement, while one person said that they fought because of stress over the COVID-19 situation without mentioning any specific cause. The fights were only verbal disagreement and never escalated into physical violence. From this, despite not being able to identify which group to was more likely to disagree, we could see that the issue of income loss and financial shortage were the main sources of stress that could lead to conflict among migrant's household.

Regarding social discrimination, there were four respondents who indicated that they had experienced forms of social discrimination from people in the community where they lived. Two respondents, both in Pattani, mentioned that they were discriminated against, and sometimes were verbally assaulted because of their status as migrant workers. From their experience, people in Pattani feared that migrant workers would spread COVID-19. Furthermore, two respondents from Samut Sakhon were looked down on because of their economic status. These cases of discrimination represent different forms of social discrimination against migrants depending on the context, likely intensified by COVID-19.

Under increasingly stressful situations where migrants struggle with financial loss and fear of contracting COVID-19, conflict between migrant couples has increased. While there were no reports on physical violence, this does not mean that gender-based violence including physical violence was not taking place and potentially exacerbated during covid-19. It is essential that relevant stakeholders take action to ensure stress and conflict does not escalate and become other forms of gender-based violence like physical, emotional or sexual abuses. Due to the sensitive nature of the topic, data may not emerge from the assessment since this RGA are not designed to focus on gender-based violence.

Need assessment

In relation to the Rapid Situation Assessment, compensation for lost income was rated as most needed (38.40%) with migrant women prioritizing this issue more than men (Shaw et al., 2020). The second priority was related to prevention supplies (e.g. masks and alcohol gel) with men selecting this area of support as greater priority than migrant women. This is partly correlating with interviews which found that a majority of participants highlighted a need for financial assistance and employment related support. Food and protective equipment such as face masks and alcohol-based sanitizers were also frequently mentioned by all groups. One seafood processing worker mentioned that they wanted to see the price of face masks and hand sanitizers regulated due to their current overpricing. When comparing occupation groups, the majority of fishermen and their wives emphasized a need for financial assistance and food supplies, while, seafood processing workers, both men and women, prioritized employment opportunities and a review of migration regulations.

Financial assistance

Income reduction was the most severe COVID-19 impact among migrant workers in all sectors with female migrants being more concerned with financial matters. Due to their family debt and insufficient income, many female workers asked for cash support in order to buy food, clear debt, and purchase supplies to care of their children.

Employment and related regulations

Employment and regulations related to migrant workers were discussed among all of the groups, except fishermen. Seafood processing workers seem to pay more attention to their rights and want changes in relation to their ability to change employment without being sent back home, support if employers threaten to terminate their contract or do not approve holidays, extension of employment regulations for more than 15 – 30 days that will help migrant workers to stay legal, renewing their passport, and social security rights information. Female migrants also discussed employment support, particularly so that they can apply for other second jobs to gain additional income

Prevention supplies

Personal protective equipment such as alcohol-based sanitizers and face masks are essential for migrants' work, especially seafood processing workers, because nearly all of employed migrants were required to wear protective face masks during work. Some respondents were given face masks from the employers, but it is still insufficient as they have to use it daily and the cost of disposable face masks is fairly high.

Food suppliers

Most migrant workers were struggling to live on a tight budget with insufficient income. Thus, a lot of migrant workers had to reduce their expenditure due to the higher price of goods and daily-essential supplies. Therefore, food assistance, including rice or cooking oil, has been requested more from fishermen and housewives.

Conclusion and Recommendations

This Rapid Gender Analysis will be an integral component of COVID-19 pandemic response and recovery for female and male migrant workers in Thailand. Therefore, policy recommendations are categorized into three key areas, gender responsiveness, emergency response and economic and livelihood recovery and policy dialogue.

Gender specific recommendations

1. Mainstream gender responsive active case finding and testing in at-risk communities

COVID-19 is a health crisis that has a potential to create widespread impact on the health security of Thailand as a host country, and on Myanmar and Cambodia as sending countries. While the number of infected cases is diminished, Myanmar and Cambodia have limited access to testing equipment. If not controlled appropriately, infection is likely to re-emerge especially in underprivileged populations such as migrants. Gender responsive and active case finding in migrant and border areas is integral to contain the disease by empowering women to become community health leaders to promote health/WASH for family members as well as increasing the number of female case finders or contact tracers. NGOs should facilitate leadership building particularly for the vulnerable groups such as undocumented female migrants and housewives.

2. Enhance women's access to COVID-19 and health-related information through community outreach sessions

There were gender differences in the medium used to access information. Female migrants were less likely to use social media or the internet to access COVID-19 related information compared to male migrants. The interview results found that female migrants had less opportunity to access information through social media as they had less access to mobile phones than males. It is thus recommended for civil society organizations to target women, especially those who are undocumented, in existing outreach sessions to provide them with information on COVID-19 and relevant healthcare.

3. Build capacity of migrant women to become a champion in COVID-19 health communication and well being

As the finding of this Rapid Gender Analysis suggests, women are at the forefront of family well-being during the COVID-19 pandemic in migrant communities. Migrant women's

motivation to ensure financial and health needs of their family should be encouraged through capacity building, leadership development and community participation.

4. Prioritize pregnant migrant women for health access and voluntary repatriation

As evidenced in this Rapid Gender Analysis, pregnant women and newborns experience physical and developmental changes that can make them vulnerable to viral respiratory infections. This, plus a disruption to health services significantly impact pregnant women. Male partners of pregnant women should be encouraged to assist pregnant partners with domestic work. Moreover, the finding reveals that pregnant women often wished to return to their home country during the crisis. Thus, specific support for voluntary repatriation should prioritize pregnant women. Therefore, donor institution and NGOs should prioritize specific support for them including reproductive health education, language support, pregnancy care support and other emergency basic needs.

5. Provide mental health support and awareness gender-based violence in the light of the COVID-19 pandemic for male and female migrants

Financial tensions and fear of infection due to the COVID-19 pandemic has shown to trigger conflict in migrant households. It is thus recommended to NGOs working with migrants to incorporate mental health services into community outreach activities and to provide safe spaces for migrants to share their distress and concerns. Furthermore, capacity building on couple counseling and family financial management will be an appropriate solution to build their resilience during crisis. The lockdown has isolated migrant women from friends and family, and they become at risk of being abused by their abusers. The COVID-19 pandemic has reminded us to put more effort to become pro-active in gender-based violence (GBV) prevention. NGOs working with migrant communities should seek collaboration with women's rights organizations to raise awareness of GBV in migrant communities in Thailand.

Recommendation for emergency response

6. Provide basic needs such as food supplies and temporary housing for migrants in need

Aligning closely with ILO and IOM reports on the COVID-19 pandemic and migrants in Thailand, the findings of this study confirms that migrant workers face significant income reduction and thus have difficulty in making ends meet. Individual and institutional donors, as well as civil society organizations, should ensure that migrants are provided with basic needs, including food supplies and temporary housing, and prioritize female migrants who are survivors of violence.

7. Embrace “the new normal” by providing personal protection equipment (PPE) and ensure that occupational health and safety in response to COVID-19 is in place

Every employer, regardless of their scale of business, should provide migrant workers with sufficient PPE. We call for support from multi-national supply chains to small scale employers who hire migrants to act in solidarity with local NGOs in providing support on occupational health and safety and PPE, as well as monitoring factory standards on hygiene and social distancing. Further, in recognition that Thailand is a host country where migrant workers significantly contribute to the economy, the Thai government should also encourage private sector to scale-up their COVID-19 knowledge and occupational health and safety by providing them with training, support or subsidies.

8. Foster a formal mechanism for inclusive repatriation through collaboration between host and sending country governments

Despite the fact that there has already been coordination between Thai and Myanmar governments for repatriation, the process itself is not yet inclusive. From our findings and observation, vulnerable groups such as undocumented workers, pregnant women and children are not yet well-addressed by the existing intergovernmental mechanism. Therefore, effort should be made by each bilateral sending-receiving country mechanism to develop more inclusive repatriation practices and prioritize groups with specific needs.

9. Enable non-discrimination health access for migrants with pre-existing health conditions regardless of their health and legal status

Migrants with health problem face difficulty in accessing health services during the COVID-19 pandemic due to ‘othering’ stigma and pre-existing illnesses such as Tuberculosis (TB) and HIV which are recorded in this study. Health service providers, especially in areas where migrants are populated, should provide migrant friendly and non-discrimination services for this vulnerable subgroup. Hospitals and community health centers should provide quality and sufficient Khmer and Burmese language interpreters to ensure inclusiveness of migrants in Thailand. Findings also suggests need to ensure female migrants access to migrant-friendly Sexual and Reproductive Health and Rights (SRHR), particularly pregnant migrants.

10. Donor institutions and NGOs should provide emergency cash and vouchers assistance (CVA) to support their urgent financial assistance

The COVID-19 crisis has deepened the existing indebtedness among migrant workers due to insufficient income caused by work suspension and business closure. Moreover, the economic stimulus packages provided by the Thai government did not cover migrant populations, and

the unemployment compensation provided by Thailand's Social Security Fund does not cover migrant workers in the informal sector such as domestic workers or fishery industry. Therefore, financial assistance is needed in a form of humanitarian assistance to support migrant workers, especially those without documentation. Importantly, any CVA program should be based on further analysis and ensure a GBV risk mitigation approach is included to ensure CARE's commitment to do no harm and mitigate any unintended consequences of the programming.

Recommendation for economic recovery and policy dialogue

11. Establish post-pandemic economic recovery measures, including labor skill matching to tackle the issue of labor shortage and unemployment

The COVID-19 crisis disrupted economic activities as it caused many business closures. Migrant workers became unemployed and those who went back to their home countries got stuck there. Consequently, while migrant workers had lost their jobs, businesses in Thailand also face a labor shortage after the pandemic. The Thai government should collaborate with sending countries' government and private sector for economic recovery measures, including labor skill-matching to respond to the private sector's demand. Based on the findings, female migrants with children who lose their job during COVID-19 are in need of childcare support to reduce their reproductive burden and gain paid employment. Employers should take a leading role in providing childcare assistance to ensure male and female migrants are able to equally contribute to Thai economy.

12. Build long-term resilience by bridging a gap in social security schemes to ensure migrant worker's access to healthcare and compensation benefits

The COVID-19 crisis has revealed invisible groups of migrants in Thailand who were not covered by national social security during and after the pandemic. There are two major causes: 1) some worker's undocumented or unemployed status, especially housewives and pregnant women; and 2) employers using recruitment agencies to avoid registering migrant workers to the social security system. As rights to universal health coverage is fundamental and should be accessible by anyone regardless of their nationality, sex, age and legal status, the Thai government is recommended to de-tangle association between documentation and migrant rights to social security coverage. Furthermore, the gap in migration laws and regulations that allows employers to avoid registering migrant workers to the social security system should be amended.

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Annex 1 Detailed data collection

1. Secondary Data Review

A secondary data review aims to provide an overall picture of the COVID-19 situation in Thailand with specific aspects related to migrant populations. Documents such as reports from United Nations agencies, relevant research studies, news articles, government documents, project documents (progress reports, need assessment, situation updates and meeting minutes) were used to capture the scale of COVID-19 impact on migrants in Thailand.

2. Semi-structured interviews

Semi-structured interviews were employed to collect information using a consistent protocol, with built-in probes and follow-up questions. To understand local context that can influence programmatic work, Raks Thai interviewed 29 female and male migrants in Pattani and Samut Sakon provinces to assess the impact of COVID-19 and their needs during and after the crisis. In Samut Sakon province, Raks Thai's provincial office and Drop-in centers (DIC) were used as venues to conduct 20 interviews; 10 interviews were conducted at Tha Chalom DIC and another 10 were conducted at Samut Sakon office. The reason to choose face-to-face interviews was due to low number of COVID-19 cases during the fieldwork and close proximity to Bangkok, where Raks Thai headquarters is located (within 40 minutes' drive).

3. Remote semi-structured Interviews

Raks Thai conducted remote semi-structured interviews with 9 migrant workers in Pattani through Zoom application. Due to travel restrictions and a high number of COVID-19 cases in Pattani province, the team opted for remote interviews to ensure health and safety of our staff and research participants. Prior to fieldwork, the team ran a trial with 2 migrant workers and found that a video call was a more effective way of communication than voice interviews as it maintained research participants' attention and focus on the interview sessions. On site, a migrant field officer (FOM) took a leading role in selecting appropriate participants, based on instruction and sampling criteria. However, we found that most FOM were not familiar with Zoom application and therefore we conducted a training on Zoom and the consent process prior to commencing interviews. Poor internet connection was another challenge for remote interviews and intermittent disconnection caused a delay for some interview sessions. For Khmer speaking migrants, the team sought help from an experienced female FOM from Rayong province to interpret the conversation via a three-way call with Khmer migrants in Pattani, interviewers in Bangkok, and the interpreter in Rayong. The data collection teams also ensured flexible schedules to suit the availabilities of the research participants and interpreters.

Annex 2 Detailed ethical considerations

- Secondary data was prioritized for statistical data to minimize contact between data collectors and research participants.
- Where remote primary data or in-person field data collection was conducted, social distancing and PPE was employed at all times.
- Since migrants are a vulnerable population who may or may not be documented, attention needed to be given to format and environment to ensure the location where the interview was conducted was conducive to conversation, non-threatening to the respondent, and established a level of comfort between the data collector and the respondent. Raks Thai's Design, Monitoring, Evaluation and Learning (DMEL) team provided technical leadership to develop interview protocols including consent forms (verbal and written) and participant information sheet. Data collectors ensured interviewees knew that they can refuse to answer any questions without endangering their relationship with any entity related to the program. Name or identity of participants was anonymized or given a code to protect their privacy. Through migrant interpreters, the data collection team requested participants to sign a consent form and verbal consent prior to all interviews.
- Regarding language issues, Raks Thai worked with migrant interpreters to ensure migrants could communicate in their mother tongue. Migrant field officers served as interpreters. Migrant language interpreters were trained in "back interpretation," where interpreters could practice interpreting migrant languages into Thai and then having another interpreter interpret back into the original language. The interpreters were also trained in the consent process, understanding of the objectives of the study, and interview questions.
- This RGA was designed to be gender-sensitive. When possible, we used interpreters who were the same sex as the research participants to provide a safe and open atmosphere to share any private or gender-sensitive information.

Annex 3 Interview questions

1. Personal info (age, sex, marriage status, ethnicity, number of people in the same household/living spaces)
2. Changes due to COVID-19
 - What are changes in your life since COVID-19 pandemic
 - What are changes in your livelihoods?
 - What is the most severe impact on you? (differences between women and men)
3. Paid and unpaid work
 - Since the pandemic, have there been any changes on workload (paid and unpaid work) for you and your household? What are those changes?
 - Have your employers provided any support? Or did you try to look for help somewhere else?
4. Access to health services
 - Since the pandemic, what are health services that you can still access?
 - For pregnant women/women with a child less than 1 year-old, what are health services that you can still access/ What do you do if you cannot see doctor?
5. Decision making
 - Who is in charge of decision making regarding access to support services, income, going outside, do you need to consult anyone before doing the above activities?
 - Have you thought of going back home or moving to other provinces? why? Who decide?
 - How do women participate in COVID response in community?
6. Concerns and vulnerability
 - Has COVID-19 pandemic cause you/family members more stress? In your community, who get impacted the most?
 - Has COVID-19 pandemic cause any conflict, disagreement either be verbal, physical or emotional between you and your family members? What is the cause?
 - In your community, do you think the pandemic cause any discrimination toward any particular groups? if yes, who are the victims of such discrimination?
7. Need assessment
 - What type of support do you need the most during and after the pandemic?

Annex 4 Consent form

CONSENT TO USE MY LIKENESS AND INTERVIEWS – ADULT

Location: _____ Sub-district _____ Province _____

Date: _____ Month _____ Year _____

I give the Raks Thai Foundation (“Raks Thai”), its representatives and agents, the absolute right and permission, as described below, to use:

Information and other materials, including without limitation, my name, address, age, my statements, a personal interview, my image, and any voice recording, including excerpts of such information. This information is known as my “Materials”.

My Materials may be used and adapted, by Raks Thai and, with Raks Thai permission, OTHER COMPANIES, PERSONS OR GROUPS that partner with Raks Thai to monitor and evaluate projects in order to promote Raks Thai’s mission.

My Materials will be used for particular purposes, including: Health services improvement and emergency assistance regarding to COVID-19 outbreak and summarize the analysis results in the form of assessment report and recommendation.

Information for participant:

Raks Thai Foundation with support of Freedom Fund will conduct a rapid assessment related to COVID-19 impact among migrant workers in order to understand your needs and opinion to improve Raks Thai services where Raks Thai can recommend on policy regarding to this issue. The interview will take approximately 1 hour.

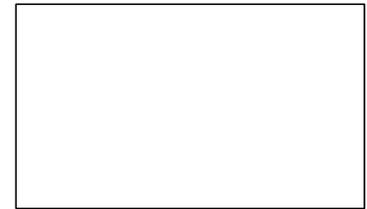
Further acknowledgements:

- My Materials may be used for program’s service improvement and final analysis for assessment report only.
- My Materials will be use without identifying my name, my address, or my hometown.
- I only allow photo when it is not a straight face photo and only see my back/my side.
- I allow audio recordings and the recording tape will be confidential and use only for analyzing information for improving services only.
- I understand that I will not review or approve the draft or final product resulting from the use of my Materials.
- Raks Thai Foundation does not have to send draft analysis or any product of “My Materials” to me for a review or approve before publish.
- I understand the possible risks and benefits from this participation.
- I understand that my participation is voluntary and I can withdraw at any time.
- I understand that my Materials will be kept confidential if requested.
- I understand that I can provide complaints or feedback relating to the work of Raks Thai Foundation or the Consultant team. I can reach Nisaneer via telephone number 02-0890680 (ext.45) or e-mail address nisaneer@raksthai.org.
- I understand that I can inquire for COVID-19 information through 1422 Hotline
 - Press 81 for Cambodian
 - Press 82 for Laotian
 - Press 83 for Burmese

- I am of adult age (more than 18 years old) and have every right to make a contract with Raks Thai Foundation.
- I have read, or have been read, this Consent before signing it/fingerprinting, and I understand this Consent.
- I have read and I understand this Consent. I sign or fingerprint for an evidence for me or my representatives will not ask for any compensation in all cases.

Signature: _____ Interviewee

Printed Name: _____



Participant's Fingerprint

Interviewer confirmed that "My Materials" will be kept confidential and will only be used for service improvement and emergency assistance only without identifying "my" identification.

Signature: _____ Interviewer

Printed Name: _____

Interpreter confirmed that "My Materials" will be kept confidential and will translate messages with honesty, no distorting/shortening/editing/adding personal opinion into "My Materials"

Signature: _____ Interpreter Thai-(Burmese/Khmer/Shan/Mon)

Printed Name: _____