



REPORT

RAPID ASSESSMENT ON GENDERED SITUATION AND COVID-19 IMPACTS IN CHIANG KHONG, CHIANG RAI

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I. Introduction

This report is produced under the consultancy – Women’s Empowerment to Prevent Human Trafficking and Improve Socio-economic and Livelihood in Communities in Chiang Khong, Chiang Rai Province, Thailand” during October 2020 – March 2021. Objectives of this consultancy are:

1. To provide information on how the livelihoods and circumstances of women in Chiang Khong District are affected by COVID-19.
2. To economically empower women affected from COVID-19 and GBV in Chiang Khong District.
3. To document success and lessons learned of the economic empowerment of women in Chiang Khong District who have been affected by GBV and COVID-19.

The aim of the survey, falling under objective 1 of the consultancy which is to provide information on how the livelihoods and circumstances of women in Chiang Khong District are affected by COVID-19. The results of the survey will also inform the design of economic empowerment programme to respond to the crisis and advocacy to improve the well-being of women and girls – during and post pandemic.

II. Methodology

2.1 Data collection methods

To assess gender situation and COVID-19 impacts, the methodology which comprise both qualitative and quantitative methods. Data collection methods are: 1) desk review 2) survey questionnaire 3) Focus group discussion 4) Key informant interviews.

1) Desk review

Desk review is conducted to obtain overview and trends of the situation on COVID-19 pandemic and its impact on the Thai women. Documents reviewed include:

- Related studies and research on impacts of COVID-19 on women in Thailand
- News reports on impacts of COVID-19 on women in Thailand

2) Survey questionnaire

The questionnaire or survey tool is aimed at rapidly taking stock of changes experienced at individual and household levels as a result of COVID-19. As a rapid assessment, the focus is therefore not on exact measures, but rather relative change since the onset of COVID-19.

The questionnaire is short and concise to minimize respondent fatigue. The general aim is for the respondent not to take longer than 15 minutes to complete the questionnaire. The questionnaire is adapted from a reference questionnaire (based on UNWOMEN Guidance: Rapid gender assessment surveys on the impacts of COVID-19¹)

The questionnaire covers the following common themes:

- Characteristic of the respondents
- Impact on employment, incomes and economic
- Impact on social and health
- Impact on access to basic service and assistance
- Long-term impact and coping mechanism

3) Focus group discussion and individual interviews

Focus group discussion will be conducted among selected target women to obtain quality and in-depth information on how COVID-19 pandemic has impacted women's life and their well-being. Testimonials of women shall be derived.

4) Key informant interviews

Selected key authorities at provincial and district level having mandates to provide services to the population to relief impact of COVID-19 will be interviewed to obtain their perspectives on COVID-19 impacts on the population, services and assistances provided to the affected people, gaps and

¹ UNWOMEN (2020). Rapid gender assessment surveys on the impacts of COVID-19 GUIDANCE DOCUMENT. Online at https://data.unwomen.org/sites/default/files/documents/Publications/COVID19survey_Guidance.pdf (Retrieved 30 October 2020).

challenges, and recommendations. Key government officials are: public health, labour & employment and social welfare sectors.

2.2 Sampling and target population

Sampling method used is a simple random sampling technique. The sample should be representing a variety aspect of population – by age, ethnicity geographical location, and to the extent possible, education.

1) Survey questionnaire to conducted with 350 women (50 women from each of the 7 sub-districts) including:

- Women leaders
- Ethnic women
- Migrant women
- Women of vulnerable groups including women with disabilities, stateless women

2) Group discussions and interviews with 15 women representatives from each of the 7 sub-districts) including: Women leaders, Ethnic women, Migrant women, and Women of vulnerable groups including women with disabilities, stateless women.

3) 3 – 4 Key informant interviews with District/provincial level officials in public health, labour & employment, social welfare, etc.

2.3 Phases of Rapid Assessment

Preparatory work

- Preparation and planning for data collection by coordinate with the CFG’s women network to identify research participants and schedule data collection in the field
- Conduct training for data collectors
- Conducting desk review

Data collection

Collecting data for the assessment by coordinating with target women in 7 sub-districts of Chiang Khong including the following:

- Survey questionnaire to conducted with 350 women
- Group discussions and interviews with 15 women representatives
- 3 – 4 Key informant interviews with District/provincial level officials in public health, labour & employment, social welfare, etc.

Data analysis and key findings

- Conduct analysis of data collected from the tools. A set of analysed data will be presented in the forms of statistics, graphs, tables and narratives & testimonies.
- Develop the Assessment Report on gendered situation and COVID-19 impacts for distribution and future actions by CFG and relevant agencies.

III. Impact of COVID-19 on Women in Thailand – A Desk Review

COVID-19 pandemic poses a threat to women’s engagement in economic activities which leads to social and economic consequences for women and girls which includes unemployment, increased unpaid care work and limited access to services. Vulnerable groups namely women employed in informal sector, women in conflict affected areas, women in rural areas, women migrants and ethnic groups tend to suffer the most from limited movements and reduction of incomes. It is for this reason that addressing the needs of vulnerable groups is a matter of priority and urgency.

Women have higher risk and have been affected economically more than men

According to the Report of UN on general economic impacts, Thailand’s GDP will be 5 per cent lower in 2025 than if the COVID-19 pandemic had not occurred. Economic security is of concern as nearly half of the labour market has seen disruptions. Though, women and men are affected equally, women are likely to experience a higher social and economic risks. The COVID-19 Economic Impact Assessment for Thailand suggests that unemployment among women would rise to 4.5 per cent, while unemployment in the general population would hit 3.1 per cent in 2020².

Vulnerable women were hit hardest

While the economic downturn has been felt at all income levels, the poor and less educated have been hit the hardest. 70% of the national workforce has seen their monthly income decline, with an average contraction of 47%. More than 84 percent of people with only a primary education have seen their incomes decline—by an average of 63%. By comparison, 36% of people with advanced degrees have lost income, and the average decline is 21%. This regressive economic impact reflects the country’s high levels of inequality.

According to the UNDP Resident Representative in Thailand, COVID hit the most vulnerable people the hardest, further highlighting existing inequalities. Vulnerable populations, such as people with disabilities, LGBTI and ethnic community members are severely affected. Women will be at higher risk of unemployment, as many are employed in worst-hit sectors such as tourism. Informal workers account for more than half of the labour force and they are also strongly impacted, as they do not qualify for social security or entitlements at workplaces, such as wage subsidies, paid leave or sick leave³.

In Thailand, various vulnerable groups are faced with different social and economic impacts. Social distancing and lockdown measures may not be realistic options for some vulnerable groups. While the economic and social impacts on society are severe, they are more so for women, especially those in the informal economy such as market vendors and agriculture with lack of social security⁴.

² UNICEF Thailand (2020). A UN report highlights the disruption from the pandemic on Thailand’s progress in reaching the Sustainable Development Goals Success will depend on the policies implemented now - during the crisis (26 June 2020). Online at: <https://www.unicef.org/thailand/press-releases/un-report-highlights-disruption-pandemic-thailands-progress-reaching-sustainable> (Retrieved 30 October 2020).

³ UNICEF Thailand (2020), Ibid.

⁴ Ketunuti V. and other (2020). Against the Odds: Stories from women in Thailand during COVID19. Online at: <https://asiapacific.unwomen.org/en/news-and-events/stories/2020/06/against-the-odds-stories-from-women-in-thailand-during-covid19> (Retrieved 30 October 2020).

Impact on women as informal workers

According to the Informal Employment Survey by the National Statistical Office in 2019, there were approximately 20 million workers in the informal sector in Thailand, of which, 9 million or 44 percent are women. Jobs in the informal sector include vendors, shop assistants, massage therapists, domestic workers and caregivers which rely heavily on daily income streams. Many of them are facing a reduction of income, no income or unemployment, and have been left with limited eligibility to social security schemes and stimulus packages by the Government⁵.

Impact on older people

Many older people in Thailand have limited access to preventive items and have difficulty following basic control measures because of their economic and living conditions. Many live in poverty or just above the poverty line, struggling to meet their basic needs and the COVID-19 pandemic has exacerbated their situation.

One of the main income sources of older Thais, particularly women and those of advanced age, is family support. This is often not enough, however, because their children struggle to meet the needs of their own immediate family, particularly as a result of reduced incomes caused by the pandemic⁶.

Impacts on migrant workers

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.

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 employer⁷.

Impact of losing income on social and wellbeing

Women typically shoulder a greater burden of care. Women also have a greater responsibility with domestic tasks as they tend to live with other vulnerable groups including children, elderly, people with disabilities and those who are bedridden. During the COVID-19 pandemic, women are

⁵ Ketunuti V. and other (2020), Ibid.

⁶ Khiewrord U. (2020) Thailand needs to do more to support older people from the impact of the COVID-19 pandemic (Source HelpAge Posted 8 Jul 2020). Online at: <https://reliefweb.int/report/thailand/thailand-needs-do-more-support-older-people-impact-covid-19-pandemic> (Retrieved 30 October 2020).

⁷ Care International. Rapid Gender Analysis for COVID-19: Gendered Impact of the COVID-19 Pandemic on Migrants in Thailand – June 2020. Online at: <https://reliefweb.int/report/thailand/rapid-gender-analysis-covid-19-gendered-impact-covid-19-pandemic-migrants-thailand> (Retrieved 30 October 2020).

disproportionately bearing the burden of providing unpaid care and domestic work. 26% of young women reported an increase in unpaid adult care (compared to 16% young men), and 41% of young women reported increases in unpaid childcare (compared to 28% of young men). Single mothers may be forced to spend less time with their children, as they cannot share the burden of domestic work⁸.

A study on impacts of COVID-19 on vulnerable mothers and children conducted by a network of NGOs⁹ during April to July 2020 found that 5,289 families have requested the network for survival kits and asked for supports on following items:

1. Food, milk, cloths and other necessities for children
2. Diapers for elders
3. Surgical masks and alcohol gel
4. Dried food including rice, eggs, instant noodles and canned food
5. Cash for repaying informal debts, electricity and water supply bills, and rents
6. Seeking for jobs¹⁰

Stress and depression

This study also found that decrease of incomes caused increased stress and worsen family relations. 79% of the women reported family quarrels resulting from stress. 80% of the women said that they could not do anything with the situation because there was nowhere to go. Only 1% of women experienced domestic violence ran away to stay with their original family or friends. Women were also stressed because of fear of infecting COVID-19 and spread it to the children. Stress was also resulted from taking care of their children for 24 hours. Single mothers had higher level of stress than other women because of extra burdens as parent and breadwinner of the family. 5% of them mentioned suicide because they could neither feed their children nor find their way out of the situation.

Domestic violence is likely to get worse

World Health Organization research shows violence against women tends to increase in every kind of emergency, including epidemics. United Nations and human rights reports emphasize how the COVID-19 pandemic impact is leading to a global rise in new and pre-existing abusive behaviour and violence.

In some countries, domestic abuse amid the crisis has risen by 20-30% and as a result, rapid response units have been set up for victims.

Domestic violence situation in Thailand

Data indicate that the number of clients appearing at One Stop Crisis Center units in hospitals in April 2020 more than doubled from a year earlier, from 85 to 183. These walk-ins include violence both inside and outside the family. But the Ministry of Social Development and Human Security's 1300 hotline, which was dedicated to violence against women in 2013 and was considered a major

⁸ Ketunuti V. and other (2020), Ibid.

⁹ Include: Friends of Women Foundation, Alliance Anti Traffic, Foundation for Child Development, Raks Thai Foundation, Thai Community Foundation, and Women's Network to Stop Violence and Promote Peace.

¹⁰ สำนักข่าวอิศรา. ฝยรายงานผลกระทบแม่และเด็กช่วงล็อกดาวน์ เครียด-ตกงาน-ความรุนแรงในครอบครัวเพิ่มสูงขึ้น (20 กรกฎาคม 2563). ออนไลน์ - เข้าถึงจาก <https://www.isranews.org/article/isranews-news/90514-womanissue.html>

step forward in the government's response, registered a significant drop in family violence reports for March and April, compared with a year ago¹¹.

During 2004 – 2018, 247,480 women and children sought help from the One Stop Crisis Centers (OSCC) that was based on district-level hospitals countrywide. 119,331 are women and 121,860 children. These clients are victims of domestic violence, sexual abuses and neglect¹².

According to the Women and Men Progressive Movement Foundation (WMP), cases of domestic violence against women rose by 50% between January and June 2020, compared to the same period in 2016. In the first half of this year, many of which were driven by various factors such as extramarital affairs, financial woes, alcohol and/or substance abuse¹³.

367 cases of domestic violence have made the headlines in the first seven months of 2020. Of these cases 242 resulted in death. This means 65.9 per cent of domestic-violence cases in the period involve murders. The percentage had gone up from 48.5 per cent two years ago. Alcohol consumption and drug abuse are key factors in the murder of family members, and that motives behind the fatalities were usually jealousy, fury and money¹⁴.

Impact of COVID-19 on victims' access to help

The women's advocates in Thailand believe that the fear of infection and the financial uncertainties related to the pandemic may have women across Thailand choosing to wait and endure the abuse until the outbreak is over.

As the pandemic interrupted people's livelihoods and earnings with unpaid bills and sometimes nothing to eat, other grievances grew. The 24-hour helpline was flooded with more than 28,000 calls in March and April – more than double for that period a year earlier. But most of the calls were complaints or inquiries about government relief. As a result, those who experience domestic violence may have difficulty accessing the hotline during COVID-19.

In Thailand, domestic violence cases are often reported by outsiders, such as teachers and friends who notice signs of abuse, according to Boonwara Sumano, a researcher with the Thailand Development Research Institute. In lockdown at home, this first line of support is now largely cut off, and abusers can keep their spouse or partner from reaching out for help.

¹¹ Annelie Langerak. Thailand's Silent Pandemic: Domestic Violence during COVID-19 (1 July 2020). Online at: <https://th.boell.org/en/2020/07/01/covid-19-domestic-violence> (Retrieved 30 October 2020).

¹² ปัญหาความรุนแรงครอบครัว ภัยเงียบในวิกฤตโรคโควิด 19 (จดหมายข่าว มุมมองสิทธิ ปีที่ 19 ฉบับที่ 4 เมษายน 2563) ออนไลน์ เข้าถึงได้จาก: <http://www.nhrc.or.th/getattachment/774d6a06-4348-414b-ba9c-f03b984aa4e2/ปีที่-19-ฉบับที่-4-เมษายน-2563.aspx> (Retrieved 30 October 2020).

¹³ Charoensuthipan, P. (2020). Domestic violence surges on back of lockdown curbs – Bangkok Post 11 August 2020. Online at <https://www.bangkokpost.com/thailand/general/1965955/domestic-violence-surges-on-back-of-lockdown-curbs> (Retrieved 30 October 2020).

¹⁴ The Nation Thailand. Foundation urges people to step in as domestic violence cases rise - Aug 23, 2018. Online at: https://www.nationthailand.com/national/30352831?_cf_chl_jschl_tk_=b5e035c249148cd17d6bf8aed0d48c846e231199-1604540979-0-AdS3jGUU8zDsXqkY712JCwtJ1jYkKec6Vw5DkXsamDLScbMyJiVX7ufDVo18YYMzPPEtiD9DogTO27JGq8EsD0mYf5_Zfept-DVmHgvEh5ezgjKJ0HdkqJVvwhsY997iA_8f8exdeyZrGoTD0RX7qL2vCvkX_vahTvqzBQHBhVwXaS5hmoPFjNflrV5ABldqDa71rdYwdh7iU-thfLHPis8Txp1kRpYAG-vr-fbRq110uJl7mv-K9lq917nhzy-jf22ilUHpEyBEt-55ZyKgDq37Tr9BCsFBxLsRvvBBXF (Retrieved 30 October 2020).

Additionally, the threat of virus infection likely scared many people from seeking hospital care. Government and private shelters for women and children have had to take preventive COVID-19 measures and limit the number of people staying under their roof or shut down their service.

If the abuse happens at night, the curfews imposed by the authorities became another possible barrier to seeking help. In some provinces, roads have been blocked to prevent people from traveling.

Societal attitudes a major impediment to seeking help

With or without a pandemic, a major barrier to women reporting violence in Thailand has long been and remains societal attitudes. Domestic violence in Thailand is seen as the family's business or a private issue, and no one should interfere. Some women even believe that admitting the abuse is to admit they have failed their marriage. According to the WMP, up to 94.9 per cent of people witnessing domestic violence decided not to intervene, which reflects that this was time for Thai society to change its attitude¹⁵.

An NGO representative finds that the social prominence of the perpetrators (a husband or boyfriend typically) and a prevalent attitude that victims rather than abusers are to be blamed further prevents women from speaking up. "Women do not have the courage to ask others for help because they are afraid no one will believe them," she says.

Reflections from women who have faced domestic violence¹⁶

A woman, who identified herself only as "B", said her husband became stressed and often resorted to violence after his tattoo parlour was closed down because of Covid-19. He stayed at home, so arguments broke out more often than usual.

After the easing of the lockdown measures, her husband went out drinking with friends and assaulted her, sometimes in front of their nine-year-old son, when he was drunk, she said. Another victim of domestic violence, "A", said that her husband even threatened to kill her after a night out. She said she could not afford to leave her job at a textile factory even though her child wanted to run away with her.

Foreign migrant women and violence

Ma Phyu came to Thailand from Myanmar for a better life. Her husband's abusive behaviour ramped up as his earnings from motorbike taxi driving disappeared due to the lockdown. "He blames me for the miserable situation we are in," she says. "He yells at me that I am useless and often threatens to kill me and the children. He kicks me and attacked me with a knife three times in April." She holds up her scarred fingers.

His rages were sporadic before the COVID-19 pandemic but have become daily. "We receive some food donations, but I need to borrow money from people in the neighbourhood to get by," says Ma Phya, who has lived in the Mae Sot area for 22 years. After every physical attack, she sought out the support group for her only relief. But the women were prevented from gathering during the lockdown.

¹⁵ The Nation Thailand, Ibid.

¹⁶ Charoensuthipan, P. (2020), Ibid.

Failure to access assistance

The Thai Government's one of the response measures aiming to increase liquidity for labor in affected industry. This include cash support of THB 5,000 a month for three months starting April to June 2020 for approximately three million workers not covered by the Social Security Fund (SSF). In addition, cash support of THB 5,000 for 3 months starting May to July 2020 was approved for farmers.

The NGO's study, however, found that lots of populations did not access to this scheme due to many reasons. Since qualifying for the cash grant is based on a set of criteria and uses information in the existing government databases which often contain out-of-date information, exclusion resulting from errors on file has become a major challenge. Many people have not heard about the scheme and could not register within the deadline. Some did not have their names in the housing registration paper that they presently reside. In addition, many people struggle to use the online application process because of their lack of IT skills or equipment. Some did not have a bank account and did not have money to open the bank account.

Long term impact

According to a survey conducted by Asia Foundation, with widespread layoffs and plummeting personal incomes, there is growing skepticism that a rebound is coming. The surveys show that just 38 percent of Thai workers are confident that they can weather the crisis without running out of money or options. Sixty-seven percent of women and 70 percent of informal workers said that they cannot last a full year, and when asked these respondents how long they could hold on, the average answer was two and a half months before they ran out of savings¹⁷.

With regards to coping mechanism, according to a research conducted by a network of informal workers¹⁸, money lenders, pawn shops, and loans among relatives and friends are important sources for the poor to cope with the situation.

¹⁷ Park T. (2020). The Future of Work: Another Storm on the Horizon for Thailand (August 19, 2020). Online at: <https://asiafoundation.org/2020/08/19/the-future-of-work-another-storm-on-the-horizon-for-thailand/> (Retrieved 30 October 2020).

¹⁸ โควิด-19' ซ้ำเติม แรงงานหญิง เสี่ยงควมวญ 'คนถูกลืม' มติชน 21 กรกฎาคม 2563 (ออนไลน์) เข้าถึงได้จาก <https://news.trueid.net/detail/G6jk05JY2Oe1>

IV. Impact of COVID-19 on Women in Chiang Khong

This Chapter presents the findings from online survey responded by 377 women and field study which include interviews and focus group discussions with 15 women and 3 district level government representatives. The finding is laid out along the following sub-headings: 1) Demographic characteristics of respondents 2) impact on employment, incomes and economic status 3) impact on social and health concerns, 4) impact on access to basic service and assistance and 5) Long-term impact and coping mechanisms.

4.1 Demographic Characteristics

Age

The majority of the respondents are in their working age and middle age. More than half (59.41%) of them are 41 – 60 years, and 26.34% are 25 – 40 years (Table 1).

Figure 1: Age of respondents

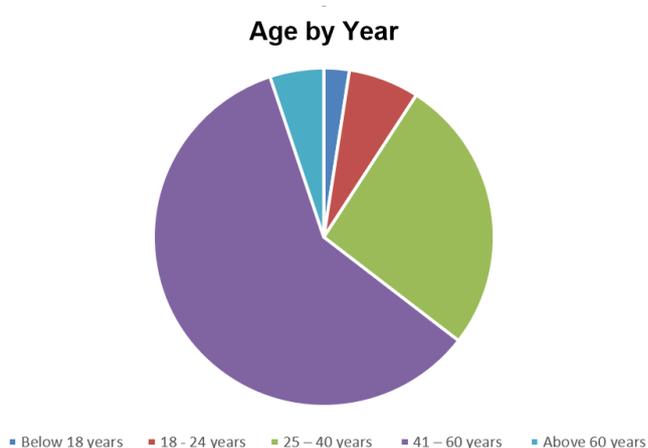


Table 1: Age of respondents

Age	Responses	
Below 18 years	2.42%	9
18 - 24 years	6.72%	25
25 – 40 years	26.34%	98
41 – 60 years	59.41%	221
Above 60 years	5.11%	19
	Answered	372
	Skipped	5

Marital status

The majority of the respondents are married (58.49%) or living with partner/cohabiting (11.05%). 16.71% of the respondents reported that they were single.

Approximately 12% of the respondents said that they used to be married (2.43% separated and 9.97% were widowed or divorced). Information retrieved from interviews and focus group discussions with women reflected that women who are single mothers and bear burdens of breadwinners of the families without spouses' supports have been affected more during the COVID-19 pandemic (Table 2). Details will be discussed further in 4.2 – 4.5.

Figure 2: Marital status of respondents

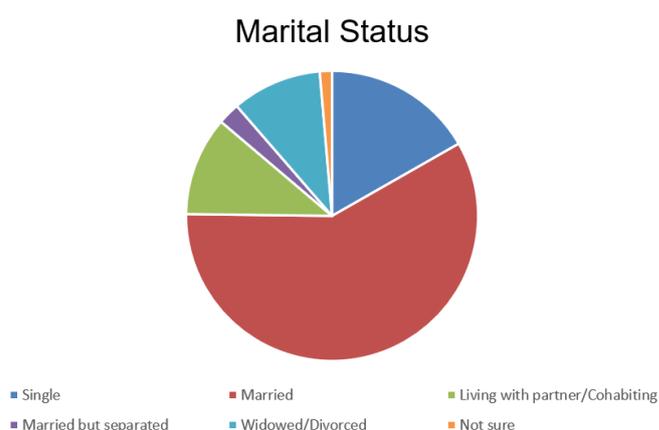


Table 2: Marital status of respondents

Marital status	Responses	
Single	16.71%	62
Married	58.49%	217
Living with partner/Cohabiting	11.05%	41
Married but separated	2.43%	9
Widowed/Divorced	9.97%	37
Not sure	1.35%	5
Answered		371
Skipped		6

Education

Highest level of education attended by majority of the respondents are secondary school (42.20%) and follow by primary school (30.91%). Only Some women have tertiary or higher education (17.2%) and higher (1.61%). It is also noteworthy that 2.96% of the respondents have not had attended school (Table 3).

Figure 3: Education of respondents

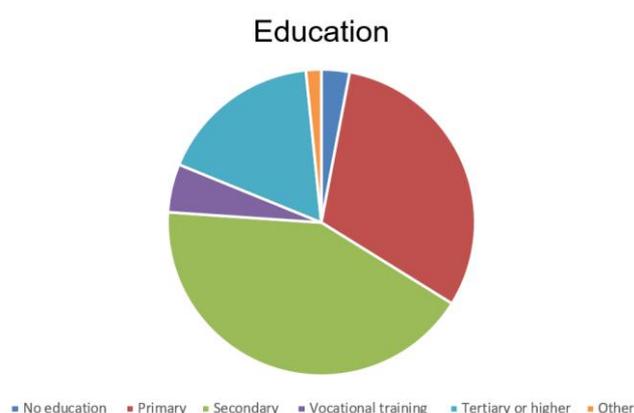


Table 3: Education of respondents

Education	Responses	
No education	2.96%	11
Primary	30.91%	115
Secondary	42.20%	157
Vocational training	5.11%	19
Tertiary or higher	17.20%	64
Other	1.61%	6
Answered		372
Skipped		5

Current nationality

The majority of the respondents are Thai. As much as 95.41% of them said that they have Thai ID card with Thai nationality. However, almost 5% of them have ID card with other nationalities, have no ID card, or have an ID card of other nationalities (Table 4).

Lacking Thai nationalities have worsened the situation of the women and their family – in normal situation or during COVID-19 pandemic, according to the interviews and focus group discussions. Details will be discussed in the following sessions.

Figure 4: Nationality of respondents

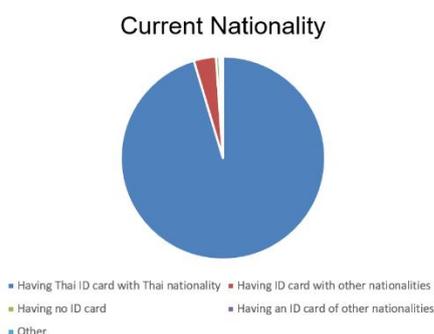


Table 4: Nationality of respondents

Current Nationality	Responses	
Having Thai ID card with Thai nationality	95.41%	353
Having ID card with other nationalities	3.51%	13
Having no ID card	0.54%	2
Having an ID card of other nationalities	0.27%	1
Other	0.27%	1
Answered		370
Skipped		7

4.2 Impact on employment, incomes and economic

Employment status prior to the spread of COVID-19

The majority of respondents identified themselves as a farmer (28.80%). Secondly, another large group of the women (27.18%) run their own small business - 18.21% said that they had their own business but did not employ other people, and 8.97% had their own business/freelanced and employed other people. Thirdly, some women worked for a person/company/household (21.74%). 8.15% of the women did not work because of different reasons (Table 5).

Figure 5: Employment status of respondents

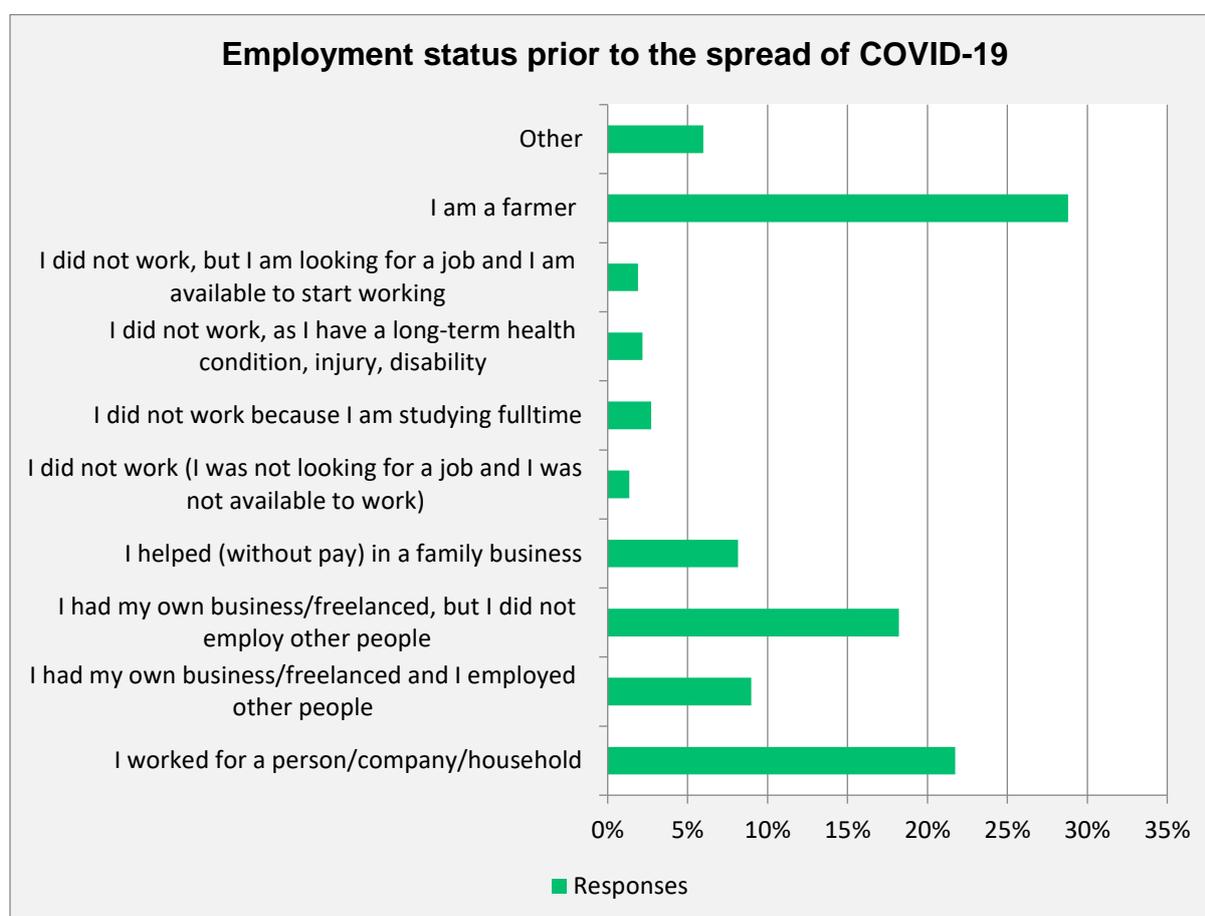


Table 5: Employment status of respondents

Employment status prior to the spread of COVID-19	Responses	
I am a farmer	28.80%	106
I worked for a person/company/household	21.74%	80
I had my own business/freelanced, but I did not employ other people	18.21%	67
I had my own business/freelanced and I employed other people	8.97%	33
I helped (without pay) in a family business	8.15%	30
I did not work because I am studying fulltime	2.72%	10
I did not work, as I have a long-term health condition, injury, disability	2.17%	8
I did not work, but I am looking for a job and I am available to start working	1.90%	7
I did not work (I was not looking for a job and I was not available to work)	1.36%	5
Other	5.98%	22
	Answered	368
	Skipped	9

Impact on personal resources

When asked “how the women’s personal resources have been affected as a result of COVID-19, they reflected the following:

Sources of incomes

Most incomes are from farming, paid jobs, and earnings from family businesses.

The sources of supports that women identified as not relevant to their situation are: money or goods received from relatives/friends both living elsewhere in the country (69.12%) or living in another country (44.37%), income from rental properties, investments or savings 48.12%, pensions or other social payments (62.32%), and support/charity from non-governmental organizations, civil society organizations, or other non-profit organizations (63.67%). This reflects that women do not get sources of supports from elsewhere apart from what they and their immediate family members earn by themselves.

Impacts on resources and incomes

According to respondents, five sources of incomes that are decreased most are as follow:

1. Income/earnings from own farming (79.01%)
2. Income/earnings from a paid job (76.03%)
3. Income/earnings from family business (other than farming) (75.71%)
4. Income from a piece/odd jobs (63.67%)
5. Food for consumption from own farming/animals/fishing (62.66%)

There are a few sources of incomes that are unchanged, according to respondents. The sources of income that are unchanged are generally support from Government (36.09%) and pensions or other social payments (17.25%). Some respondents said that food for consumption from own

farming/animals/fishing is unchanged (12.66%). A small number said that their income/earnings from a paid job is unchanged (10.41%).

According to the respondents, very little replied that the resources from any sources have increased accepted the support from government (14.24%). The other sources are support/Charity from non-governmental organizations, civil society organizations, or other non-profit organizations (3.81%) and money or goods received from relatives/friends living in another country (3.41%) – which are not sources of incomes of most respondents (Table 6).

Reflections from interviews and focus group discussions

According to the data collected from interviews and focus group discussions, the interviewed women have different jobs including farmers, employees, and vendors. They all have affected by the COVID – 19 pandemics. Some testimonials of the women described their situation in further details as follow:

Losing a paid job

“Due to COVID-19, I lost my job as a cleaner at a local temple in Chiang Khong earning 200-300 baht per day - as there was no tourists coming to the temple due to lockdown measures and border closures.”

Earning less income from selling food

“I sell food in the market before COVID-19. The income reduced because of less customers and costs of products are higher. At the same time, family expenses have increased”.

The crop price drop

“Most women work in agriculture including orange plantation. This year the orange price dropped, as well as the rice price. COVID-19 makes our situation worse”. A women from Khamu tribe.

In addition to decreased income, women cannot find a new job or alternative ways to earn income.

“Before COVID-19, there was more opportunity to find a job. You can just go out of the village and look for someone to hire you. After COVID-19, it has been difficult to leave the community and employers do not hire workers for fear of infecting COVID-10”- A women from Khamu tribe.

Figure 6: Impact of COVID-19 on personal resources

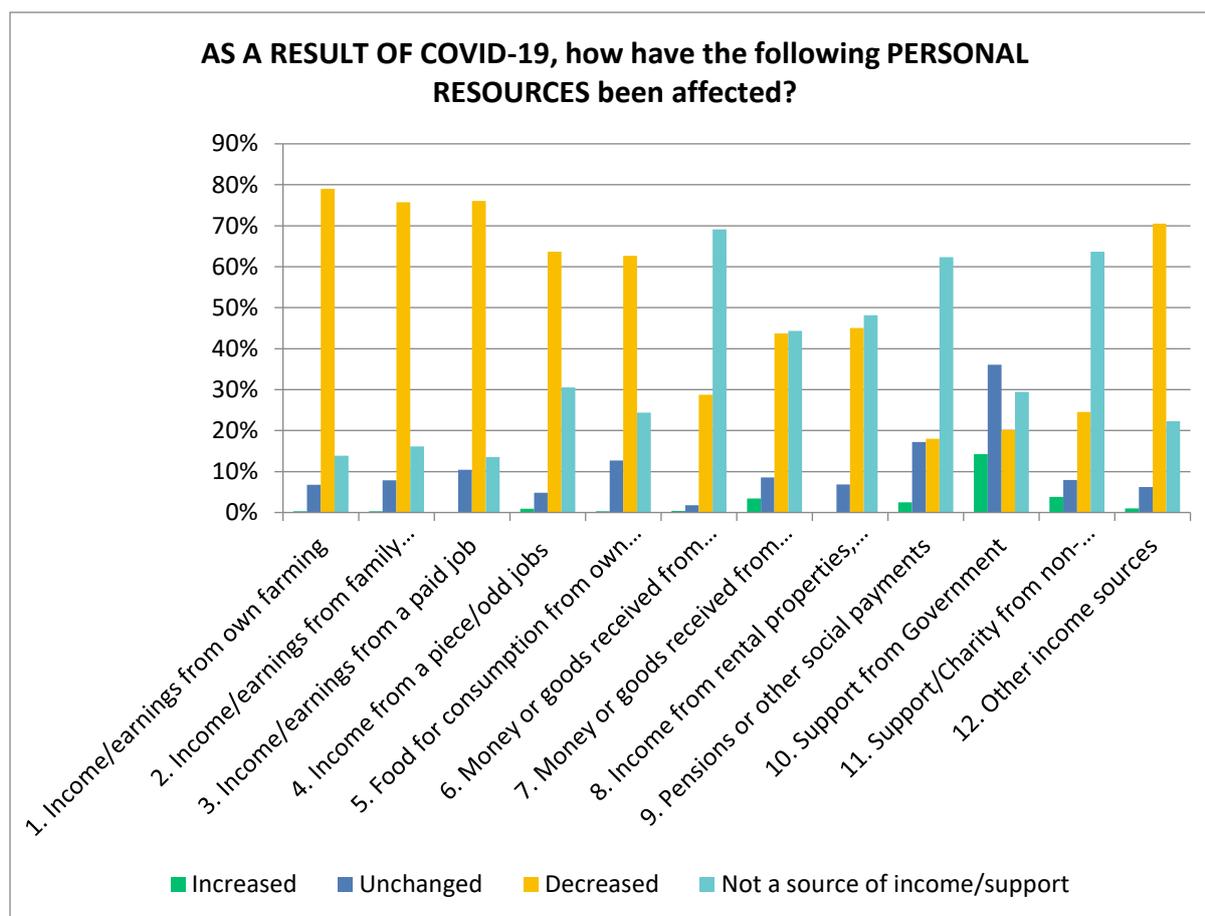


Table 6: Impact of COVID-19 on personal resources

	Increased		Unchanged		Decreased		Not a source of income		Total
	%	Count	%	Count	%	Count	%	Count	
1. Income/earnings from own farming	0.31%	1	6.79%	22	79.01%	256	13.89%	45	324
2. Income/earnings from family business (other than farming)	0.32%	1	7.89%	25	75.71%	240	16.09%	51	317
3. Income/earnings from a paid job	0.00%	0	10.41%	33	76.03%	241	13.56%	43	317
4. Income from a piece/odd jobs	0.96%	3	4.82%	15	63.67%	198	30.55%	95	311
5. Food for consumption from own farming/animals/fishing	0.32%	1	12.66%	40	62.66%	198	24.37%	77	316
6. Money or goods received from relatives/friends living elsewhere in the country	0.35%	1	1.75%	5	28.77%	82	69.12%	197	285
7. Money or goods received from relatives/friends living in another country	3.41%	10	8.53%	25	43.69%	128	44.37%	130	293
8. Income from rental properties, investments or savings	0.00%	0	6.83%	20	45.05%	132	48.12%	141	293
9. Pensions or other social payments	2.46%	7	17.25%	49	17.96%	51	62.32%	177	284

10. Support from Government	14.24%	43	36.09%	10 9	20.20%	61	29.47%	89	302
11. Support/Charity from non-governmental organizations, civil society organizations, or other non-profit organizations	3.81%	11	7.96%	23	24.57%	71	63.67%	184	289
12. Other income sources	0.98%	3	6.23%	19	70.49%	215	22.30%	68	305
Answered									335
Skipped									42

4.3 Impact on social and health

Impact of COVID-19 on social and health concerns

Impact that respondents personally experienced are: schools of their children were cancelled and reduced (79.81%) and psychological mental and emotional health were affected (78.83%). Some respondents said that they were unable to perform usual personal care/health routines (48.14%).

Physical illness is another impact felt by some respondents (20.62%), as well as illness of a family/household member (3.80%) and death of a family/household member (14.51%), although it could not be confirmed that if these are directly resulted from COVID-19 pandemic.

Respondents did not experience migration as an impact from COVID-19. Only 3.16% said that they have seen incidence of migration within the country and 0.32% migrated/moved to a different country (Table 7).

Reflections from interviews and focus group discussions

It is worth to note that the women's economic situation before the pandemic of COVID-19 was already difficult. Many said that they did not have a good and secured job, burden with debts, having no Thai nationalities, being a single mother and a breadwinner of the family. Therefore, impact of COVID-19 doubled the hardship. Some of the women's testimonials are as follow:

Stress and worries

"Decrease of income and losing jobs create a lot of stresses and worries."

"I thought so hard about what to do but could not find the way out."

Jobs and living condition were already insecure

"I sell food in the market and earn income by day. COVID-19 makes my earning much less because people do not dare to leave home and buy food from outside. My family – my three children, my husband and I, is living in a rented house. What I worried most is that we would not be able to pay the rent and would have nowhere to live, and that I would not be able to afford my children's education."

"For daily workers, women earn less than men. Male workers earn 300-400 THB per day, while female earn 200 – 300 THB. We also aren't get hired everyday. Some days we have to stay home."

Having to take care of sick family members

“I live with my son and my father who is paralised. We do not have jobs and the only incomes we have is monthly cash assistance for disability 800 THB per month, and monthly child support grant for 600 THB per month. I am worry about my child future because I don’t know how I can support him. I am worry if I can afford to send my children to secondary school. His father did not support at all.”

Facing domestic violence

“I fought with my husband a lot during COVID-19. He always hit me violently so I decided to break up with him because I could no more stand it.”

Being the breadwinner of the family

“My husband had an accident a long time ago so he could not do hard work. Therefore, I have to work for the whole family.”

Having health problem

“In addition to having less customers buying food, I also have problem with my knees as they hurt a lot because of my age.”

Being a single mother

“I already have two children before marrying my second husband and have another 2 children. Then I found out that he was having another wife, so I decided to get divorce. Decrease of income and having such burden of taking care of the children creates a lot of stresses and worries. My ex-husband didn’t provide regular supports to the kids.”

Being stateless

“Having no Thai national card makes life more difficult. We do not access to government welfare or assistance whether short or long term. We wait longer when going to see the doctor.”

Figure 7: Impact of COVID-19 on social and health concerns

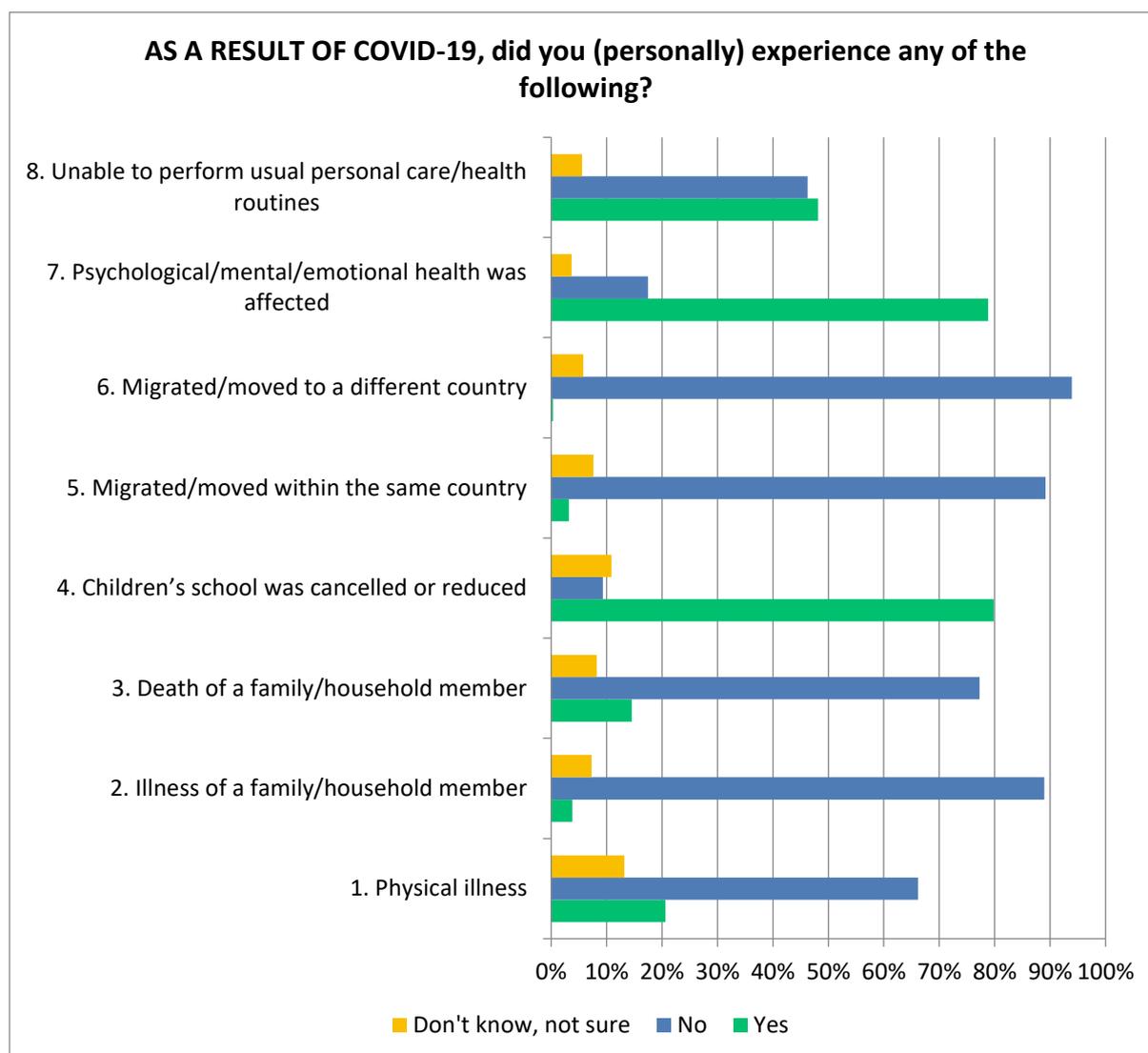


Table 7: Impact of COVID-19 on social and health concerns

	Yes		No		Don't know, not sure		Total
1. Physical illness	20.62%	67	66.15%	215	13.23%	43	325
2. Illness of a family/household member	3.80%	12	88.92%	281	7.28%	23	316
3. Death of a family/household member	14.51%	46	77.29%	245	8.20%	26	317
4. Children's school was cancelled or reduced	79.81%	257	9.32%	30	10.87%	35	322
5. Migrated/moved within the same country	3.18%	10	89.17%	280	7.64%	24	314
6. Migrated/moved to a different country	0.32%	1	93.91%	293	5.77%	18	312
7. Psychological/mental/emotional health was affected	78.83%	257	17.48%	57	3.68%	12	326

8. Unable to perform usual personal care/health routines	48.14%	155	46.27%	149	5.59%	18	322
Answered							332
Skipped							45

Safety issues

With regards to feeling safe, most of the respondents said that they feel safe in their own home (81.29%). The feeling of safety dropped when walking alone in their community during the day (38.46%), and further decreased when walking alone in their community at night (29.60%). Still, 10.43% of respondents said that they did not feel safe in their own home (Table 8).

The feeling of safety is being further discussed in the next session related to crime and social problems including violence against women.

Figure 8: Impact of COVID-19 on safety

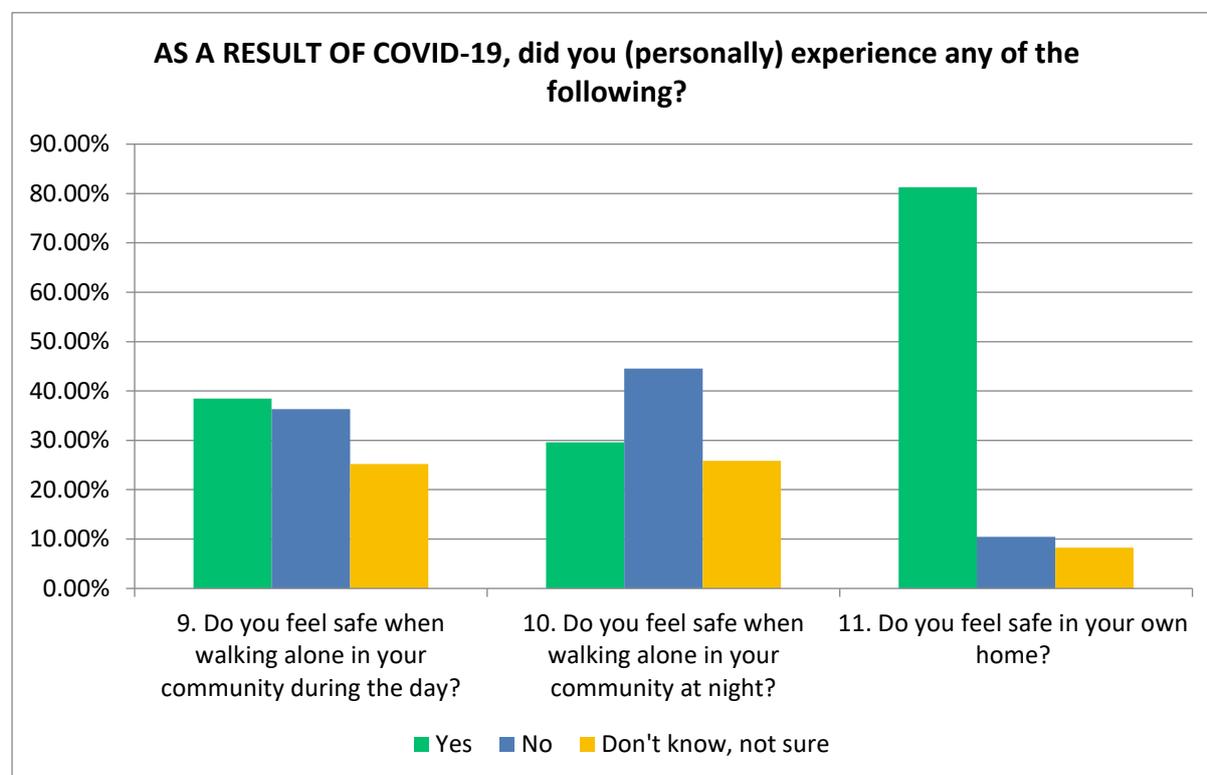


Table 8: Impact of COVID-19 on safety

	Yes		No		Don't know, not sure		Total
9. Do you feel safe when walking alone in your community during the day?	38.46%	125	36.31%	118	25.23%	82	325
10. Do you feel safe when walking alone in your community at night?	29.60%	95	44.55%	143	25.86%	83	321
11. Do you feel safe in your own home?	81.29%	265	10.43%	34	8.28%	27	326

	Answered	332
	Skipped	45

Social problems as a result of COVID-19

From the respondents' perspectives, COVID – 19 pandemic may have resulted in some of the social problems. More than half (50.46%) thought that crimes in their areas has increased. Up to 41.69% thought that labour migration has increased. And only 22.96% thought that domestic violence has increased. And as high as 66.35% said that it did not happen.

Respondents seem to not aware of human trafficking problem as 31.66% of them said that there is no increase of human trafficking problem in their locality, while 51.10% replied that they do not know or not sure about it (Table 9).

Reflections from interviews and focus group discussions

The women feel that thefts are common crimes found in the community. Domestic violence is also cited as one of community problems existing even before the COVID-19 pandemic. The women did not see impact of COVID-19 pandemic on labour migration and human trafficking.

On petty crime

"In the community, there were people stealing fruits from the plantation. But later when they could not sell and the price is not good, they stop doing it."

Domestic violence

"My husband did not work, and always hit me".

"In the community, fighting between husbands and wives are common. It has been increased because of men drink alcohol more than before."

Labour migration and human trafficking

"These are not problems because the government measure is very strict and community leaders are active on surveillance"

Figure 9: Impact of COVID-19 on social problems

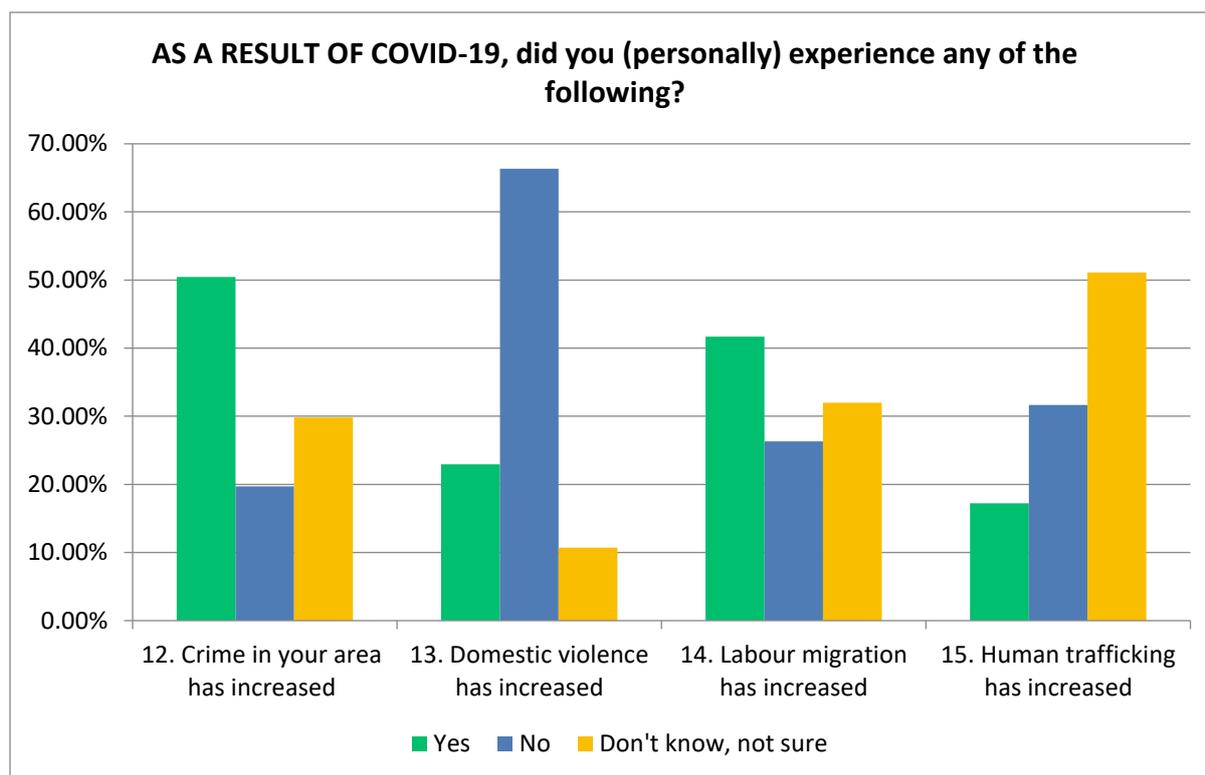


Table 9: Impact of COVID-19 on social problems

	Yes		No		Don't know, not sure		Total
12. Crime in your area has increased	50.46%	164	19.69%	64	29.85%	97	325
13. Domestic violence has increased	22.96%	73	66.35%	211	10.69%	34	318
14. Labour migration has increased	41.69%	133	26.33%	84	31.97%	102	319
15. Human trafficking has increased	17.24%	55	31.66%	101	51.10%	163	319
	Answered						332
	Skipped						45

4.4. Impact on access to basic service and assistance

Difficulties in accessing basic goods and services

The women have experienced difficulties in accessing the basic goods and services in all areas. Longer wait at medical facilities is felt the most, followed by access to medical supplies, food product and supply and public transport.

When asked, if they experienced difficulties in seeking general medical care, only 19.24% of the respondents replied yes to this question. However, as much as 60.82% said that they have had

longer wait times to visit doctors/seek general medical care, which reflected that there is shortage of personnel and services at the health facilities.

52.94% respondents replied that they were unable to access or lack of medical supplies/PPEs (e.g., gloves, masks, etc.), 47.52% unable to access public transport, and 44.79% said that they were unable to access or lack of food products/supply.

Some women (26.40%) said that they are unable to access or lack of Hygiene and sanitary products (e.g., menstrual products, baby diapers, soap) (Table 10).

Reflections from interviews and focus group discussions

Findings from interviews and focus group discussions reflected that access to medical care has been more challenging for people without Thai nationality, especially during COVID-19 pandemic, as one woman said:

“When I got sick, I need to ask for a letter from the village headman to certify that I am a resident of this village and not just arrive from other country. Without this letter, the hospital will not treat us. This process takes long time and we always have to wait until all the Thai patients are treated before we get to see doctor.”

Assistance and supports received

Most respondents did not access to any supports or assistance since the spread of COVID-19. When asked, if they receive any in-kind support from the Government, the non-governmental organization, or other non-profit organizations (food, health supplies, etc.), the majority of participants replied that they did not receive any supports or assistance. 70.89% replied that they did not receive any assistance in the form of daily essential items, 61.32% did not receive any food, 52.90% did not covered by health insurance, and 44.24% did not receive supplies for prevention (gloves, masks, sanitizer, etc.)

For those who have accessed to supports and assistance during COVID-19, the major sources of supports and assistance are the government. Respondents said that the majority of supports from the government is cash (67.51%). Some respondents (39.03%) mentioned health insurance as support they received from the government – which reflects the governmental social protection scheme that cover a wide range of population even before the COVID-19 pandemic. 32.09% of respondents also mentioned that they received supplies for prevention (gloves, masks, sanitizer, etc.) (Table 10).

Reflections from interviews and focus group discussions

Information from interviews and focus group discussions with the women reflected that those who are Thai nationals can access the government’s cash support of THB 5,000 THB a month for three months during April to July 2020 for workers not covered by the Social Security Fund (SSF) and farmers. One woman said that she received an amount of 3,000 Thai Baht as cash assistance. Local government or sub-district administration organisations played a small role in providing surgical masks to the people.

Center for Girls have played roles in supporting some women on providing various kinds of assistance to the women based on their specific needs to mitigate the impact of COVID-19 pandemic. According to the women, supports include rice and dried food, necessity goods, cloths, milk for children as well as surgical masks. Some women said that Center For Girls gave time a used

refrigerator and used motorcycle so that they can sell food. Some were provided with scholarships for children.

Figure 10: Impact of COVID-19 on access to basic service and assistance

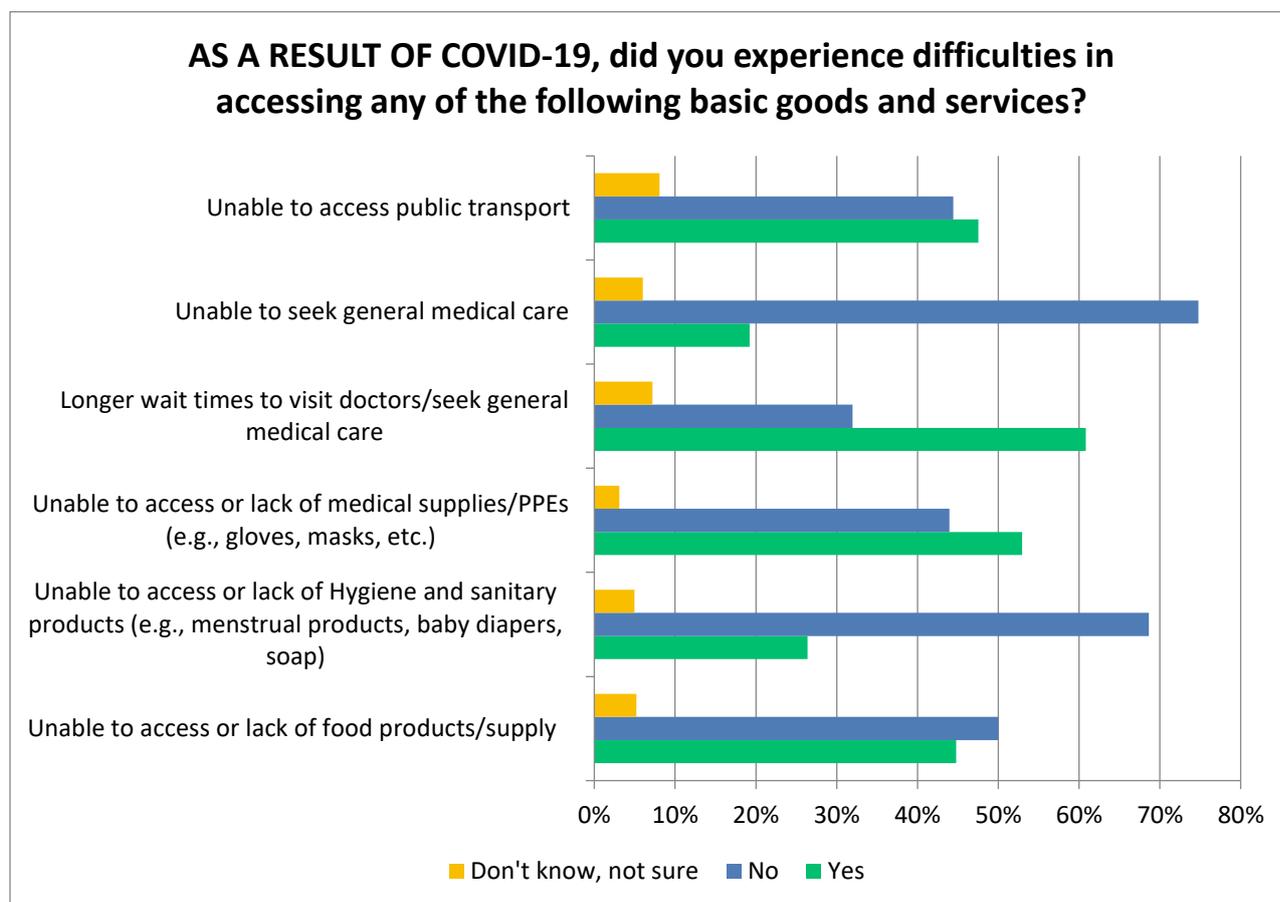


Table 10: Impact of COVID-19 on access to basic service and assistance

	Yes		No		Don't know, not sure		Total
	%	Count	%	Count	%	Count	
Unable to access or lack of food products/supply	44.79%	146	50.00%	163	5.21%	17	326
Unable to access or lack of Hygiene and sanitary products (e.g., menstrual products, baby diapers, soap)	26.40%	85	68.63%	221	4.97%	16	322
Unable to access or lack of medical supplies/PPEs (e.g., gloves, masks, etc.)	52.94%	171	43.96%	142	3.10%	10	323
Longer wait times to visit doctors/seek general medical care	60.82%	194	31.97%	102	7.21%	23	319
Unable to seek general medical care	19.24%	61	74.76%	237	5.99%	19	317
Unable to access public transport	47.52%	153	44.41%	143	8.07%	26	322
Answered							328
Skipped							49

Figure 11: Assistance and supports received since the spread of COVID-19

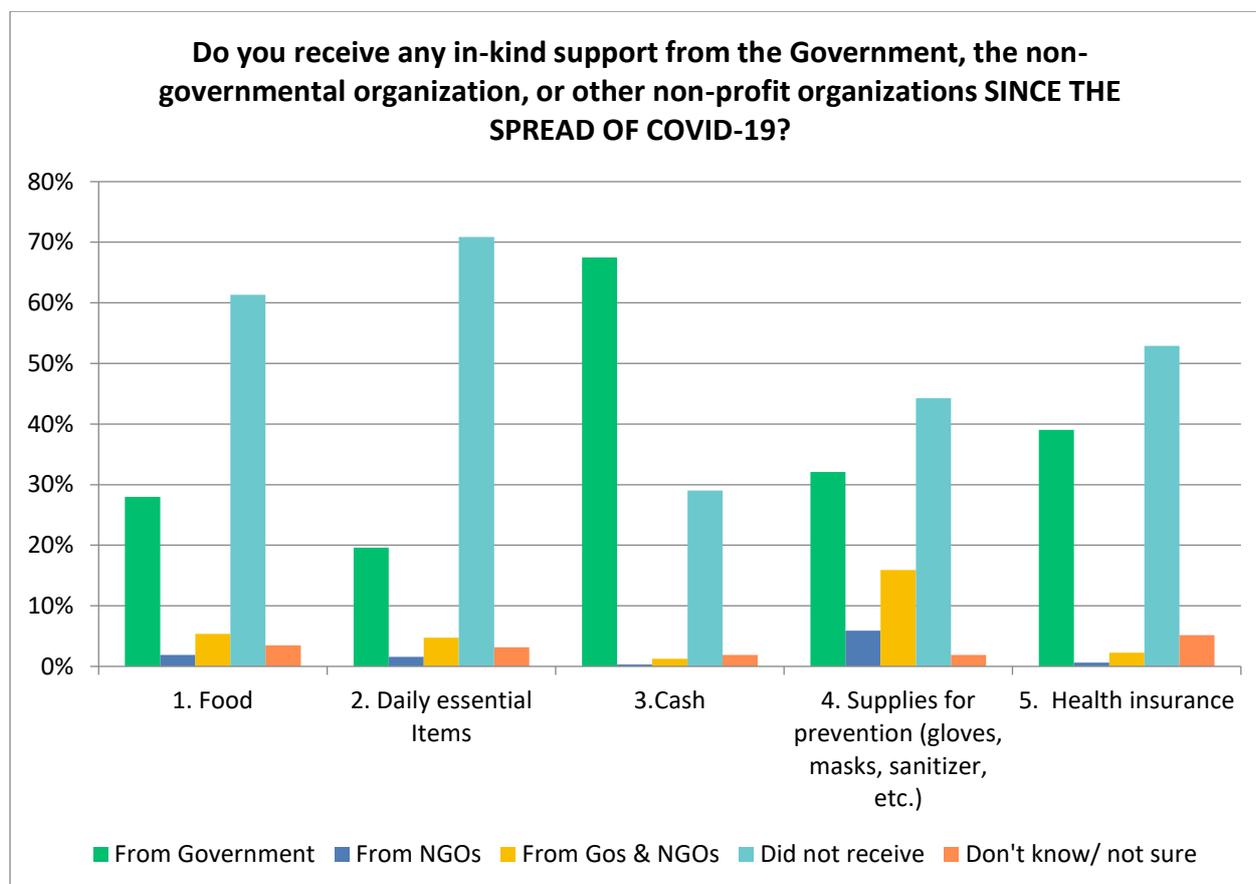


Table 11: Assistance and supports received since the spread of COVID-19

	From Government		From NGOs		From GOs & NGOs		Did not receive		Don't know / not sure		Total
	%	Count	%	Count	%	Count	%	Count	%	Count	
1. Food	27.99%	89	1.89%	6	5.35%	17	61.32%	195	3.46%	11	318
2. Daily essential Items	19.62%	62	1.58%	5	4.75%	15	70.89%	224	3.16%	10	316
3. Cash	67.51%	214	0.32%	1	1.26%	4	29.02%	92	1.89%	6	317
4. Supplies for prevention (gloves, masks, sanitizer, etc.)	32.09%	103	5.92%	19	15.89%	51	44.24%	142	1.87%	6	321
5. Health insurance	39.03%	121	0.65%	2	2.26%	7	52.90%	164	5.16%	16	310
Other											1
Answered											323
Skipped											54

4.5 Long-term Impact and coping mechanism

Long term impact on financial situation

Results of the survey shows that the impact of COVID-19 pandemic will affect the food security and well-being of the vulnerable women and their family in the long run.

When asked, if the spread of COVID-19 continue, what most likely would happen to their financial situation, the women know for sure that first thing that would be affected is food, money to pay for rent and utilities, and basic expenses.

Most respondents (81.37%) said that they have to save on food. 54.09% of the respondents thought that it will be difficult for them and their family to pay for rent and utilities, and 47.66% thought that it would be difficult to keep up with basic expenses (food, hygiene products, etc.).

Healthcare seems to be the least affected, as only 22.96% said that they would have to stop seeking health services/assistance as a result of a chronic pandemic of COVID – 19 (Table 12).

Reflections from interviews and focus group discussions

In addition, the women reflected during interviews and focus group discussions that they worried most about their stability of income, inability to find a job, and continued crop price drop. They also worry about not having enough money to invest in their small business. These would finally result in inability to cover household expenses especially those related to the well-being of their children such as food, milk, and school expenses.

Chronic impact on income security may result in stress and domestic violence:

“Husbands and wives would fight because of not having enough money to spend on necessities, cannot find a job, and government agencies could not provide enough assistance.”

Coping mechanism

According to the survey, coping mechanisms undertaken by the women in response to economic impact of COVID – 19 pandemic are: asking for help from the local authorities (64.17%), followed by taking out a loan (48.29%), and asking for help from relatives and friends (34.38%) respectively (Table 12).

Reflections from interviews and focus group discussions

Preparedness for crisis is essential, but women do not have resource to do so

The women interviewed and those participated in focus group discussions reflected **some lessons that they learned from coping with impacts from COVID-19 that life needs preparedness, both in terms of income generation and personal life, to face crisis.**

“We need to work harder and be prepared. It is not a good idea to marry young and have kids when not yet having a secured job.”

“Spending too much and having no saving plan make your life difficult in crisis. We need to be better prepared for a crisis like this in the future.”

Even said that, **the women do not have sufficient resources or capitals for preparedness plan or saving.** Women did not identify alternatives to mitigate impacts from COVID-10 in the longer run. As they said:

“I just live my life as the same because I don’t know what else to do. Each day, I take care of my kids and send them to school.”

“I cannot plan for the future and I have no hope.”

“There is no use to plan ahead because we could never achieve it because we are so poor and have no Thai nationality. What I hope for the most is that my child can study as high as possible so that she doesn’t have a difficult life like mine.”

Therefore, women rely on herself with their limited resources and alternatives

All the women interviewed said that their coping mechanism is to rely on themselves: saving more and work harder on the same jobs that they have done without knowing any alternative to help them cope better, to increase income or to make life more secured.

“I tried to look for work, but nobody hired me because everybody was affected. I then tried to rely on myself by picking vegetables from the forest and sell them in the market. My family also had to save as much as we can. I will also plant a vegetable garden and raise chicken in my backyard. I don’t know though how much that can help. I just have to do my best and hope that someone will hire me again.”

“I have to work more, sell food in other markets, and have other family members to work to increase household income.”

“Save more and spend less.”

“Teach my children to save.”

Figure 12: Long-term Impact of COVID-19 on respondents’ financial situation

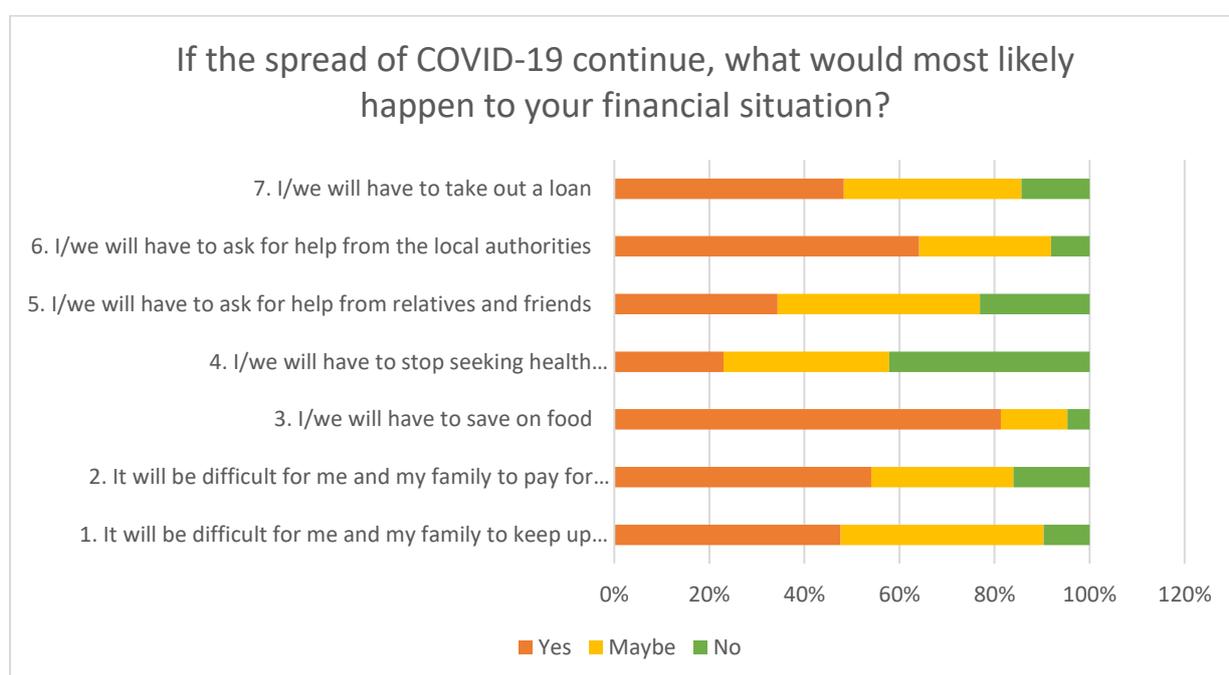


Table 12: Long-term Impact of COVID-19 on respondents' financial situation

	Yes		Maybe		No		Total
1. It will be difficult for me and my family to keep up with basic expenses (food, hygiene products, etc.)	47.66%	153	42.68%	137	9.66%	31	321
2. It will be difficult for me and my family to pay for rent and utilities	54.09%	172	29.87%	95	16.04%	51	318
3. I/we will have to save on food	81.37%	262	13.98%	45	4.66%	15	322
4. I/we will have to stop seeking health services/assistance	22.96%	73	34.91%	111	42.14%	134	318
5. I/we will have to ask for help from relatives and friends	34.38%	109	42.59%	135	23.03%	73	317
6. I/we will have to ask for help from the local authorities	64.17%	206	27.73%	89	8.10%	26	321
7. I/we will have to take out a loan	48.29%	155	37.38%	120	14.33%	46	321

V. Conclusion and Recommendations

Conclusion

COVID-19 pandemic poses a serious threat to well-being of the women and their families in many ways which includes unemployment, increased unpaid care work and limited access to services. Vulnerable groups namely women employed in informal sector, women in conflict affected areas, women in rural areas, women migrants and ethnic groups tend to suffer the most from limited movements and reduction of incomes. It is for this reason that addressing the needs of vulnerable groups is a matter of priority and urgency.

This rapid assessment aims to reflect on impact of COVID – 19 Pandemic on women in Chiang Khong District of Chiang Rai Province – which is the district where Center for Girls have been based and work for many years. The rapid assessment will also inform the design of economic empowerment programme to respond to the crisis and advocacy to improve the well-being of women and girls – during and post pandemic.

Findings for desk review

Findings from desk reviews reflected that women have higher risk and have been affected economically more than men. COVID – 19 hit the most vulnerable people the hardest, further highlighting existing inequalities. Studies revealed that in Thailand, various vulnerable groups are faced with different social and economic impacts including women as informal workers, migrant workers, and older women.

Impact of losing income on social and wellbeing are also reflected. During the COVID-19 pandemic, women are disproportionately bearing the burden of providing unpaid care and domestic work. A study also found that decrease of incomes caused increased stress and worsen family relations. Single mothers had higher level of stress than other women because of extra burdens as parent and breadwinner of the family.

In addition, domestic violence is likely to get worse. The fear of infection and the financial uncertainties related to the pandemic may have women across Thailand choosing to wait and endure the abuse until the outbreak is over. In lockdown at home, abusers can keep their spouse or partner from reaching out for help.

The Thai Government provides cash support of THB 5,000 a month for three months for workers not covered by the Social Security Fund (SSF) and farmers right after the COVID-19 pandemic. However, found that lots of populations did not access to this scheme due to many reasons.

With regards to coping mechanism, money lenders, pawn shops, and loans among relatives and friends are important sources for the poor to cope with the situation.

Findings from the survey and field data collection

The majority of respondents are farmers, running their own small business and working as employees.

Impacts on income has been felt the most by participating women. According to respondents, five sources of incomes that are decreased most are: income/earnings from own farming, a paid job, family business (other than farming), piece/odd jobs, as well as food for consumption from own farming/animals/fishing.

Social and health impacts are also felt including interrupt of schools, public transportation, longer wait at medical service facilities. From the respondents' perspectives, COVID – 19 pandemic may have resulted in some of the social problems including crimes and domestic violence, while human trafficking problem was not much of an issue.

It is worth to note that the women's economic situation before the pandemic of COVID-19 was already difficult. Many said that they did not have a good and secured job, burden with debts, having no Thai nationalities, being a single mother and a breadwinner of the family. Therefore, impact of COVID-19 doubled the hardship.

When asked, if they receive any in-kind support from the Government, the non-governmental organization, or other non-profit organizations (food, health supplies, etc.), the majority of participants replied that they did not receive any supports or assistance. For those who have accessed to supports and assistance during COVID-19, the major sources of supports and assistance are the government in the form of cash.

Results of the survey also shows that the impact of COVID-19 pandemic will affect the food security and well-being of the vulnerable women and their family in the long run, and their coping mechanism include requesting for assistance from the government, raising a loan as well as depending on oneself such as working harder and saving more.

Recommendations to mitigate impacts of COVID-19 Pandemic on women

Recommendations from desk review

Findings from desk review have yield the following recommendations for the government to mitigate impact of COVID-10 on women especially those from vulnerable groups:

- Prompt stimulus measures can offset some of the effects of the pandemic
- Vulnerable families needed particular attention during the recovery period. It is important to make sure that vulnerable families, including those working in the informal sector are receiving direct support.
- Policy responses should also put in place forward-looking and long-term measures to strengthen social protection systems to ensure that no one will ever have to worry if they can put food on the table at the end of month.
- There should also be further investment in human capital to upskill workforce, starting with young people. This will define the future success of Thailand's economy.
- A contingency fund or loan for mother and child who are affected by the pandemic of COVID-19 should be established
- Establish a provincial level plan to generate income in the community including a scheme to hire female workers and jobs that single mothers can work while taking care of their children
- Establish a mechanism to handle domestic violence especially during COVID-19 pandemic
- Establish or improve the database of female informal workers to provide benefits and assistance
- Promote income generation schemes and provide vocational trainings with focus on jobs that have potential to generate incomes in the near future.

Recommendations from the assessment participants.

From interviews and focus group discussions, most women need support to guide them to a more secured job and earning stable income. This can be done by providing advices on jobs that are demanded by market, building job skills, and provide seed money for starting up small business.

“Women should learn how to be self-sufficient. We want to know the principle and how to do it. We need to learn some new skills to produce new products such as handmade bags and detergents, etc.”

“I want support on low interest loans.”

Other assistances needed by the women are:

- Security in life and living
- Scholarship for children
- Thai national identity cards – as not having one prevent them from access to public welfare services, being taken advantage of, and subject to discrimination
- Emergency assistance for victims of domestic violence including rescue and safe shelter.

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Annex

Questionnaire on Impact of COVID-19 Pandemic on women in Chiang Khong, Chiang Rai Province

1. Demographic Characteristics

Q 1. What is your age, in years?

1. Below 18 years
2. 18 - 24 years
3. 25 – 40 years
4. 41 – 60 years
5. Above 60 years

Q 2 What is your marital status?

1. Single
2. Married
3. Living with partner/Cohabiting
4. Married but separated
5. Widowed/Divorced

Q 3. What is the highest level of education you attended?

1. No education
2. Primary
3. Secondary
4. Vocational training
5. Tertiary or higher
6. Other

Q 4. What is your current nationality?

1. Having Thai ID card with Thai nationality
2. Having ID card with other nationalities
3. Having no ID card
4. Having an ID card of other nationalities
5. Other

2. Impacts on income, employment and livelihood resources

Q 5. How would you best describe your employment status during a typical week PRIOR to the spread of COVID-19?

1. I worked for a person/company/household
2. I had my own business/freelanced and I employed other people
3. I had my own business/freelanced, but I did not employ other people
4. I helped (without pay) in a family business
5. I did not work (I was not looking for a job and I was not available to work)
6. I am retired/a pensioner
7. I did not work because I am studying fulltime
8. I did not work, as I have a long-term health condition, injury, disability
9. I did not work, but I am looking for a job and I am available to start working

10. Other

Q 6. AS A RESULT OF COVID-19, how have the following PERSONAL RESOURCES been affected?

	Increased 1	Unchanged 2	Decreased 3	Not a source of income/ Support 3
1. Income/earnings from own farming				
2. Income/earnings from family business (other than farming)				
3. Income/earnings from a paid job				
4. Income from a piece/odd jobs				
5. Food for consumption from own farming/animals/fishing				
6. Money or goods received from relatives/friends living elsewhere in the country				
7. Money or goods received from relatives/friends living in another country				
8. Income from rental properties, investments or savings				
9. Pensions or other social payments				
10. Support from Government				
11. Support/Charity from non-governmental organizations, civil society organizations, or other non-profit organizations				
12. Other income sources				

3. Social and health impact

Q 7. AS A RESULT OF COVID-19, did you (personally) experience any of the following?

	YES 1	NO 2	Don't know, not sure 3
1. Physical illness			
2. Illness of a family/household member			
3. Death of a family/household member			
4. Children's school was cancelled or reduced			
5. Migrated/moved to different geographical area within the same country			
6. Migrated/moved to a different country			
7. Psychological/mental/emotional health was affected(e.g. stress, anxiety)			
8. Unable to perform usual personal care/health routines			

9. Do you feel safe when walking alone in your community during the day?			
10. Do you feel safe when walking alone in your community at night?			
11. Do you feel safe in your own home?			
AS A RESULT OF COVID-19, did you experience any of the following?			
12. During the time period of COVID-19, do you think crime in your area has increased?			
13. During the time period of COVID-19, do you think domestic violence has increased?			
14. During the time period of COVID-19, do you think labour migration has increased?			
15. During the time period of COVID-19, do you think human trafficking has increased?			

4. Impact on access to basic goods and services

Q 8. AS A RESULT OF COVID-19, did you (personally) experience difficulties in accessing any of the following basic goods and services?

	YES 1	NO 2	Not applicable 3
1. Unable to access or lack of food products/supply			
2. Unable to access or lack of Hygiene and sanitary products (e.g., menstrual products, baby diapers, soap)			
3. Unable to access or lack of medical supplies/PPEs (e.g., gloves, masks, etc.)			
4. Longer wait times to visit doctors/seek general medical care			
5. Unable to seek general medical care			
6. Unable to access public transport			

Q 9. Do you receive any in-kind support from the Government, the non-governmental organization, or other non-profit organizations SINCE THE SPREAD OF COVID-19?

	Receive any from government 1	Receive any from non-profit organisations 2	Did not receive 3
1. Food			
2. Cash			
3. Supplies for prevention (gloves, masks, sanitizer, etc.)			
4. Unemployment cash assistance			
5. Health insurance			
6. Other please specify			

5. Coping mechanism

Q 10. If the spread of COVID-19 continue, what would most likely happen to your financial situation?

	YES 1	Maybe 2	NO 3
1. It will be difficult for me and my family to keep up with basic expenses (food, hygiene products, etc.)			
2. It will be difficult for me and my family to pay for rent and utilities			
3. I/we will have to save on food			
4. I/we will have to stop seeking health services/ assistance			
5. I/we will have to ask for help from relatives and friends			
6. I/we will have to ask for help from the local authorities			
7. I/we will have to take out a loan			