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World Vision Foundation of Thailand

# A Baseline Survey Report

## Empowering Civil Society Organizations for the Protection of Migrant Children (ECPMC Project)

**Institute for Population and Social Research**
**Mahidol University**

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**Project title:**

# A BASELINE SURVEY OF "EMPOWERING CIVIL SOCIETY ORGANIZATIONS FOR THE PROTECTION OF MIGRANT CHILDREN (ECPMC)" PROJECT, WORLD VISION FOUNDATION OF THAILAND

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# LIST OF ABBREVIATIONS

| | |
|---|---|
| ADRA | Adventist Development And Relief Agency |
| ANC | Antenatal care |
| BC | Birth Certificate |
| BR | Birth Registration |
| CBO | Community Based Organization |
| CI | Certificate of Identity |
| CRA | Civil Registration Act |
| CRVS | Child Registration and Vital Statistics |
| CSO | Civil Society Organizations |
| CVA | Citizens Voice and Action |
| DISAC | Diocesan Social Action Center |
| ECPMC | The Empowering Civil Society Organizations for the Protection of Migrant Children |
| ESAO | Education Service Area Office |
| FED | Foundation for Educational Development |
| FGDs | Focus group discussions |
| FRY | Foundation for Rural Youth |
| HIV | Human immunodeficiency virus |
| IDIs | In-Depth Interviews |
| IOM | International Organization for Migration |
| IPSR | Institute for Population and Social Research |
| LAs | Local Authorities |
| MHV | Migrant Health Volunteer |
| MHW | Migrant Health Worker |
| MoE | Ministry Of Education |
| MoPH | The Ministry of Public Health |
| MWG | Migrant Working Group |
| MW | Migrant Worker |
| NGO | Non-Governmental Organization |
| NV | Nationality Verification |
| OPD | Out Patient Department |
| PHO | Provincial Health Office |

| | |
|---|---|
| TB | Tuberculosis |
| TBAs | Traditional Birth Attendants |
| THPH | Tambon Health Promotion Hospital |
| TPHV | Thai Public Health Volunteer |
| WVFT | World Vision Foundation of Thailand |
| WVUK | World Vision United Kingdom |

# DEFINITION OF TERMS

**Birth Certificate (BC)**
The Thaw Raw 1/1 form, the document issued by a health facility either public or private one to certify the birth of a child who was delivered at the facility. Determined by the Civil Registration Act of Thailand, this document is compulsory to be issued by the health facility to all children who were delivered at the facility regardless of nationality or legal status of the child. Birth certificate is not a birth registration. It is, however, an important document for registering birth.

**Birth Registration (BR)**
The official recording of the birth of a child by the government. A birth certificate is the first legal recognition of a child identity, with information about the child's name, date of birth and place of birth, as well as the parents' details, such as names and nationalities. There are a variety of types of documentation of the cross-border birth or birth registration. If one of the parents has a passport (including one of the three nationalities with nationality verification) then the parent is deemed to be legally in country, and their child may receive the Thaw Raw 3 form. If the parents have temporary registration documents, then their child is eligible for the Thaw Raw 03 form, which has the 13-digit ID starting with "00.' If, however, the parents have no documentation and are otherwise outside the registration system, then the child receives Thaw Raw 031 with a 13-digit ID number with "0" as the first digit, specifying the status as "a person without registration status". In a fourth circumstance, if the father or mother of the newborn is a Thai national (who is legally married, accepts the child as his/her own, or as ordered by the court) the child is eligible for Thai nationality.

**Community Based Organization (CBO)**
These are local community based organisations, made up of migrants and Thais, most likely not to be formally registered who are committed to be working on migrant's issues and also to further organisational development and possible registration in future. Their description is in the concept note and elaborated on in the Sub-granting section.

**Civil Society Organizations (CSO)**
10-12 Thai CSOs (locally registered non-profit organisations in Thailand) will be selected to participate in the Action. They will not be entitled to apply for sub-grants but will receive capacity building on social accountability/CVA to address issues on BR. They will be members of the MWG to ensure the CSOs will support future efforts in addressing migrant issues and possible scale up of initiatives. The MWG includes focuses on health, education, trafficking, migration and child protection issues wherein about 4-5 CSOs specialise on BR.

**Local Authorities (LAs)**
Local staff of civil registration office, hospitals, schools and health centers, the district level staff at the Ministry of Public Health (MoPH) and Ministry of Education (MoE), as well as the village head men.

# EXECUTIVE SUMMARY

Specific objectives of the baseline survey are to provide baseline data and reference points (of situation) for guiding implementation to achieve the intended project outcomes and indicators.

The survey conducted field research in three locations of the ECPMC Project implementation in Tak (Mae Sot), Ranong and Chumporn provinces. It was designed to include 2 components - a quantitative survey and a qualitative study. The quantitative survey aimed to explore characteristics of migrant households in the project implementation sites, migrant household members with the focus on those aged 0-15 years old. It also measured knowledge and view towards birth registration of migrant children born in Thailand among members of migrant communities. In addition, the baseline data of access to birth registration of migrant children was also aimed to be assessed from the quantitative survey. A structured questionnaire (with an interviewer) was developed and used as a data collection tool. The quantitative survey was conducted with 604 migrant households in 12 sub-districts in Tak (Mae Sot), Ranong and Chumporn. The sampled households were selected by the Purposive Sampling Method. The selection criteria was set to target on households those have at least one migrant child born in Thailand aged between 0-15 years old.

The qualitative study aimed to correspond to the project's overall and specific objective indicators by exploring baseline situations of access to birth registration, health and education of migrant children. It also provided baseline context and information relevant to the ECPMC implementation from key stakeholders in the project sites including the CSOs, the CBOs, local authorities and other stakeholders. Existing key challenges that might constrain the implementation are identified with provision of some recommendations. The qualitative data was collected by in-depth interviews (IDIs) and focus group discussions (FGDs) with representative of the project implementation key stakeholders including representatives from CSOs (from the Migrant Working Group: MWG), CBOs, public health facilities, public schools, local governmental organizations and agencies. Approximate number of key stakeholders interviewed or discussed with in each province are 20 persons.

This report present findings in two parts – (1) the baseline status of the project's overall and specific objective indicators (mainly from the qualitative study) and (2) the findings from the quantitative survey and the qualitative study that are relevant to the project implementation and stakeholders in the implementation site.

About the project's outcomes and indicators, the ECPMC project's first overall objective indicator is the "percentage increase in the number of recorded births registered at District Office in target area(s)". Regarding to findings from the qualitative study, the number of migrant birth registered at District Office and Municipality Office in Mae Sot, Chumporn and Ranong were reported approximately 300-350 birth/month, 140 birth/year and 40-50 birth/month, respectively. As this indicator captures only the number of registered birth but not the number of total births or the new-born deliveries of migrant children at the considered period, the increase (decrease) in the number of registration cannot completely indicate the better (worse) access to birth registration of migrant children (i.e. the increase (decrease)

might be due to the more (less) number of migrant children born but not that they are more (less) accessible to the registration). The Baseline Survey research team suggests the project to also consider the "percentage of migrant children newly born in Thailand who registered the birth at District Office in target area(s)" when monitoring the first overall objective indicator. The second overall objective indicator of the project is "percentage of total number of local health centers or schools with active 'Agreements of Cooperation' between themselves and Thai CSOs, agreeing to allow access for migrant children". The Baseline Survey found that there is no ("0") bilateral Agreements of Cooperation yet between the local health centers or schools and Thai CSOs in the three project sites. However, in all sites, there is an official appointment of the committee to work with the ECPMC project which was appointed by the provincial governor and included committee members from representatives of the Thai CSOs, local administrative organization and government agencies (i.e. Provincial and District Administrative Office, Municipality Office, Provincial and District Public Health Office).

According to the specific objective indicator 1.1, "the percentage of CSO committee members actively involved in discussions on CRA 2008, CRVS, and/or other relevant policy issues on migrants with either LAs or national level government stakeholders", the baseline survey found that there was not an official committee of the CSOs yet in all sites. The baseline information on this indicator is thus "not available" or "N/A". At the survey time, apart from the WVFT and FRY, there were at least 3 CSOs expected to participate in the project implementation in Mae Sot, at least 3 CSOs in Ranong and none in Chumporn. Expectedly, about 1-2 members from each CSO might be representing the CSO in the project's CSO committee members when set-up. For the specific objective indicator 2.1, the "number of local authority officers partnering with CSOs to implement identified actions to support implementation of the CRA 2008, CRVS, and /or other relevant migrant policies", at the survey time, it was still not possible for the research team to identify exact number of local authority officers that get involving or partnering with the CSOs under this project. The baseline information on this indicator is also "not available" or "N/A". However, if defined the partnership at the organization level (not individual officer), the project implementation in all sites had progressed to some extents in creating the partnership with local authorities such as the civil registration office, hospital and health centers, Thai schools and headmen of the sub-district and the village. For the last specific objective indicator (indicator 3.1), the "number of CBOs facilitating constructive engagement between village level LAs, CSOs, and migrant communities", at the survey time, there was one, one and three CBOs that has submitted the activity proposal draft to the ECPMC Project in Mae Sot, Chumporn and Ranong, respectively. However, none of them ("0") had started facilitating constructive engagement between village level LAs, CSOs, and migrant communities yet.

The followings are findings from the quantitative survey and the qualitative study that are relevant to the project implementation and stakeholders in the implementation site. From the quantitative survey with 604 migrant household, a total of 1,370 household members was included - 495 in Tak (Mae Sot), 407 in Chumporn and 468 in Ranong. In Mae Sot, it was found that around 70.0% of births to migrant parents occur at the NGO-operated Mae Tao Clinic; 16.7% deliver at a public hospital, while 7.1% deliver at a private hospital and 6.2% deliver at home. Nearly all (93.6%) parents received the birth certificate. Overall, the situation of children born to migrants in Tak is rather good, but there is a need to ensure that those who deliver at home obtain birth certificates and register the birth. For the minority who did not register the birth, 37.5% said it was because they did not know where to go to do so, while one-fifth said either they didn't know they should or they did not have someone to accompany them. In Chumporn, most (88.8%) births to migrants in Chumporn are at a government

hospital; the remainder delivered at home. Three-fourths received a birth certificate, but only half went to register the birth. Of the half who did not register, 33.7% said they didn't realize that they should. An additional 17.4% said they had no one take them, while 12.8% said they did not know where to go. In Ranong, most (85.8%) of births to migrants delivered at a government hospital, while 14.2% delivered at home. Among all births, 69.2% received a birth certificate, and 71.5% registered the birth. The most common reason for not registering the birth was lack of knowledge of location of the registrar's office, followed by lack of awareness of the need to register. Most migrants in Ranong had health insurance and work permits.

In the three implementation sites, a number of migrant parents appear to know that a child born in Thailand is eligible to enroll in a Thai public school, though large proportion of them are not aware of this privilege. Also, a large number of the parents were not aware they could buy health insurance for a child under age seven years. This lack of knowledge also extends to the health insurance sold by public hospitals for those age seven or older. A high proportion did not know that foreign migrants could register and enroll in the Thai social security system.

In terms of recommendations from the quantitative survey, migrants need to understand that a birth certificate is not the same as a birth registration, and all migrants should know where the registrar's office is. Those who deliver at home should be visited to ensure they know how to obtain a birth certificate and register the birth. About health insurance, migrants need to be more aware of their access to health insurance for children under seven years. They need more information on what cards and benefits they and their children are eligible for in Thailand. Provision of such information should be done in conjunction with programs to increase birth registration of migrant children. All migrants should know that their child can enroll in Thai schools.

From the qualitative study findings, in Mae Sot, the local hospital delivers about 250 births per month. Of these, about 80 to 100 are to cross-border migrants. Apart from this, there are also approximately 250 deliveries to migrant women at the Mae Tao Clinic per year. Thus, nearly all (95%) of couples who deliver at Mae Tao register the birth in the Thai system. The Clinic has liaison staff to help with registration at the district office. At Mae Sot Hospital, currently there is the Mae Sot Hospital Legal Clinic (with support from the IOM) which helps ensure that all births are registered. In June 2016, of 96 migrant deliveries at the hospital, 93 received a birth certificate and 87 registered the birth. In Ranong, the provincial hospital has about 220-250 deliveries per month. Of these, about 100 are Thai and the remainder about 100 and over are those delivered to cross-border migrants. Only about half the non-Thai births are estimated registered. This low percentage of the registration is to some extents worrisome as the hospital does make extra effort to help the parents access registration services by stamping a reminder on the documents, providing maps to the registrar's office, and a translation of information and instructions into the native language of the parents. In Chumporn, the Pak Nam Chumporn Hospital delivers about 200 infants a year (about 50 Thais and 150 non-Thais). The Pak Nam Chumporn Municipality reports about 100 births registered to cross-border migrants per year, and nearly all were persons who delivered at the Pak Nam Chumporn Hospital. By contrast, in Pak Nam Lang Suan area, the Lang Suan registrar reports only ten birth registrations per year, while the Lang Suan District Office registers another 30 births per year.

In the three Project areas, project activities were launched during July to August 2016. Ranong and Chumporn set up task forces and a project committee for coordination at the provincial level. These are an extension of the World Vision committees and CSO in the network, along with local administrative organizations and other government agencies. The task forces and committees are up-dated on Project progress and assist with trouble-shooting. In Mae Sot, the ECPMC is integrated with the 4-Doctors Alliance task force. Each Project site prepares implementation plans and reports implementation progress to the task forces and network. The participating CBO and CSO meet every one or two months. Each Project area has identified a group of CBO who will join the project (at a ratio of 70% cross-border and 30% Thai personnel). Most of the Thai participants are Thai Public Health Volunteer (TPHV) with a history of working with the migrant population. Mae Sot has identified four CBO candidates but, at the time of data collection, only one has responded (by submitting an activity proposal to the project). Chumporn has two potential CBO partners (one has submitted the activity proposal). Ranong has four potential CBO (three has submitted the activity proposal), and the goal is to have a mutually-reinforcing implementation process through peer support in order to economize on costs of learning activities. Most of the CBO in the Project areas are in the process of developing proposals and producing action plans. But the CBO staff are still weak in skill of project development, and the Project is arranging capacity building for proposal writing.. In all areas, the Project staffs are identifying CSO to join the effort.

Field visits to the Project sites suggest that coverage of access to birth registration is better in Mae Sot than in Chumporn or Ranong. Mae Sot has the Mae Tao Clinic but there is some distance and military check points from the clinic (according to the new location of the clinic) to the place for birth registration. The IOM-supported the legal clinic at Mae Sot Hospital provides information and assistance in birth registration. The NGO network in Mae Sot is strong and its members are mutually supportive. In Chumporn, in terms of challenges and limitations, there was a gap between the end of the FRY-supported World Vision Project in 2014 until continuation activity could be re-started to assist children of cross-border parents. This involved recruiting the volunteers, forming the support network, and re-establishing relationships with local government agencies. Also, the distance between the Project sites of Pak Nam Chumporn and Pak Nam Lang Suan is rather far, and there is a dearth of NGOs to partner with. The Pak Nam Chumporn Municipality is quite supportive of the Project and improving access to birth registration. Ranong has the advantage of largely uninterrupted implementation and good relationships with local government counterparts, especially the Ranong Hospital which facilitates registration of births delivered in the hospital. There are several CSO working in the locality, and they collaborate well and meet often. There are also CBO in the Project area with rather strong capacity (e.g., SAFWA). These CBO have the potential to carry on the Project interventions in the future.

In terms of challenges, one of the first things the Project needs to do is to persuade the CBO to be concerned about, understand, and prioritize birth registration of migrant children so that they are motivated to actively participate in the Project activities. The Project needs to consider adequate budget for capacity building of CBO, prior to launching interventions. This capacity building could take some time, and that might disrupt the timeline of the Project and overall implementation plan. There are some challenges about birth registration of children born to cross-border families; for example, misspelling or inconsistency of spelled names and information of parents in different official document (in Thai language), data for the father of

the newborn is often incomplete, the parents have not named the newborn and, in some cases, the registrar assigns a proxy name which might become problematic later on if the names of the child contradict, most registrar's offices do not have an interpreter to facilitate communication with the migrants, some women who deliver in the hospital lose their way when going to the registrar's office especially those who are discharged on weekends when the registrar's office is closed. About cross-border migrant parents, some still do not see the importance of registering a birth in Thailand, while some misunderstand that the birth certificate is the birth registration document. Also, lack of appropriate knowledge, and misunderstanding or negative attitudes of involving stakeholders are still a big key challenge of the program.

The recommendations to the project implementation from the qualitative study include the followings. More importance needs to be given to funding capacity building of CBOs about proposal writing for sub-granting since these are the key to sustainability and sub-project proposal development. The CSO need to be consulted and shared by the World Vision to achieve common understanding of the principles and concepts of the Project so that all members of the network are on the same page (e.g., selection of CBOs, pattern of implementation, method of delivering learning activities, etc.). To work with the civil registration staff, there needs to be uniform interpretation of the law and regulations, including clear guidelines for birth registration of migrant children. There needs to be more collaboration with the health facility (especially the delivery unit and records department) to provide information and motivation for migrant parents to register the birth of their child. Learnt from the Ranong Provincial Hospital, there is literature in Burmese which describes the registration process and parents are given reminder stamps on the birth certificate and a map to the registrar's office so that they register within the 15-day deadline. Other sites should replicate this system, especially since many couples misunderstand that the hospital birth certificate is the birth registration document. There needs to be good relationships with local government and formation of support networks to help with the Project goals. Staff of the schools and centers meet with the parents of students periodically. Thus, the Project can use these forums as an entry point to provide education on rights, and the importance of birth registration. Migrant couples need better understanding of the process and importance of family planning and contraception, and education for their child. There should be a continuous process of contacting and monitoring cross-border women from the start of Antenatal Care (ANC) through delivery, followed by assistance with birth registration. Having intermediaries/guidelines for standardized spelling of migrants' Burmese names in Thai is important to avoid problems of inconsistency of information across forms. Accessing health insurance or social security for cross-border parents is an important facilitating factor to registering a birth. This is because insurance improves access for migrant women to enroll in the ANC, delivery and post-partum system of the Thai hospitals, which leads to assistance with timely birth registration.

# CHAPTER 1
# INTRODUCTION

## 1.1 BACKGROUND

### 1.1.1 About the ECPMC Project

The EU grant project "Empowering Civil Society for the Protection of Migrants Children (ECPMC)" is implemented by World Vision Foundation of Thailand (WVFT) in collaboration with World Vision UK and Foundation of the Rural Youth (FRY). The overall goal of the project is "Thai CSOs ensure that migrant children's rights to legal identity and access to equitable development are realized," it serves as WVFT's response to address the issue of statelessness especially children of migrant communities due to inaccessibility of birth registration services. The project embarks on organizational capacity building, training in the Community Voice and Engagement (CVE) approach and training on the CRA 2008/CVRS Regional Project Framework and other migrant relevant policies, in order to improve the environment and space for Thai CSOs to be actors in governance and accountability. This will pave the way for more effective advocacy for improved access to social services for migrants that are provided by the government in social and economic sectors, bringing migrants access to mainstream services (particularly migrant children birth registration), especially access to health services.

The ECPMC project focuses to implement at 3 target locations of 2 major migrants' transit location at Ranong and Mae Sot in Tak province and one of the destination locations at Chumpon province. The project will directly work on the issue of inclusion of marginalised migrants to access mainstream services, which will benefit the most vulnerable people, particularly women and young people, who will also be targeted in CVE activities. The Project will strengthen Thai CSOs, including FRY, who will themselves be trained before onward training and implementing CVE and CBO capacity building. The LAs will be sensitised about migrant's entitlements in social services, and a sound environment will be created for Thai CSOs to be effective and sustainable. The Project in itself is sustainable as it focuses on local capacity building in order to improve community development and government accountability. The best practices of the project will be captured, and further be replicated in the target areas beyond the issues of migrant rights and services as the Thai CSOs become confident in using and training the CVE approach for other sectors of social service provision. The Project will support knowledge dissemination and use of evidence as a basis for National advocacy and project, feeding back at policy level through the applicant and peer Thai CSOs. The Project also supports skill building for the CBOs and target groups in order to prepare them for different livelihood activities and employment. For the migrants in the target areas, whether they stay or move to another place for economic reasons, they will have the confidence and knowledge, thus reducing their vulnerability to trafficking and exploitation. Promotion of gender equality and equal opportunities is also included as the project aims to increase the participation of women within local CBOs.

The Project will include sub-granting to 3rd party Thai CBOs supporting the objectives of the Project to ensure that the investment on training and capacity building component provided to these CBOs, Thai CSOs and LAs are benefitting the target groups. Strengthening CBOs is one of the key focuses of the project to ensure local ownership and sustainability. The Project expects to sub-grant to 8-10 CBOs using more than 50% of the awarded grant and each sub-grant will range between Euro 30,000-60,000, and using a set criteria for sub-grant awards that follows the guidance and is approved of by the Contracting Authority.

### 1.1.2 The ECPMC Project's Objectives

The overall objective is "Thai CSOs ensure that migrant children's rights to legal identity and access to equitable development are realized".

The project has 3 main Specific Objectives (SO). SO1: Thai CSOs are equipped to effectively advocate for improved access of disadvantaged and excluded populations to quality mainstream social services from local to national level. At the national level, Thai CSOs will gain advocacy and collaboration skills through Community Voice and Engagement (CVE) training and increase their network strength and influence with the government at national and local levels in regards to BR laws.

SO2: Thai CSOs and Community Based Organization (CBO) capacity in increasing governance, public accountability and transparency on the implementation of relevant government policies related to migrant rights, are strengthened (including the provision and ability to deliver those rights already enshrined in law). At national level, CSOs will be strengthened in organizational and structure terms to enable them to sustainably keep building the capacity of local level CBOs and network with them from the national to local level, overall to ensure that migrant children's rights are realized and heard of at national level.

SO3: CBOs are empowered by Thai CSOs to become the voice of the community advocating for migrant rights especially for children's birth registration (BR) and right to basic social services. At the local level, selected CBOs will receive sub-grants and have their capacity built in social accountability/ advocacy (CVA) and organizational development, in order for them to address community issues related to BR and access to key services and pass their information to their CSO counterparts.

### 1.1.3 The ECPMC Project's indicators

The ECPMC Project includes to achieve 2 overall objective indicators, 3 specific objective indicators and 11 result indicators of, detailed as follows.

***Overall Objective indicators:***

Indicator 1: % increase in the number of recorded births registered at District Office in target area(s).

Indicator 2: % of total number of local health centers or schools with active 'Agreements of Cooperation' between themselves and Thai CSOs, agreeing to allow access for migrant children

***Specific Objective indicators:***

1.1: % of CSO committee members actively involved in discussions on CRA 2008, CRVS, and/or other relevant policy issues on migrants with either LAs or national level government stakeholders.

2.1: # of local authority officers partnering with CSOs to implement identified actions to support implementation of the CRA 2008, CRVS, and /or other relevant migrant policies

3.1: # of CBOs facilitating constructive engagement between village level LAs, CSOs, and migrant communities

***Result indicators:***

1.1.1: Establishment of contextualized CVA database for evidence gathering and sharing

1.1.2: # of advocacy activities related to improved implementation of the CRVS / CRA 2008 that CSOs have actively participated in with key national government stakeholders

1.2.1: # of coalition meetings convened between MWG and national government for purposes of strengthening policies and framework implementation.

1.2.2: # of MWG coalition campaign messages on migrant rights to BR and access to agreed services.

2.1.1: # of actions planned and implemented by CSOs and LAs to support improving BR and access to services for migrants.

2.1.2: # number of CSO initiated meetings with district level LAs (including: MoPH, MoE, Registrar) for purposes of implementing CRVS framework, CRA 2008 and relevant laws and policies on migrant issues

2.1.3: # of materials produced.

3.1.1: % of CBOs members able to articulate what social and developmental services are available for disadvantaged groups, especially migrants.

3.1.2: # of CBOs meetings with village or cluster of villages or local authorities (health centers, schools, community leaders).

3.2.2: % of target migrant population having participated in at least 2 community meetings to understand BR rights or process to access them with Thai CBOs

3.2.3: % of adults in target community able to articulate migrant and disadvantaged rights.

### 1.1.4 Migrant population and migrant children in three project sites

*Migrant population*

Table 1.1 presents the number of 3 nationalities migrant workers – from Myanmar, Laos, and Cambodia - who registered at the One Stop Service Center (OSSC) in 2014-2015. The total number of registered migrants in June 2015 was reported 1,103,728. Of this, about 40,000 were workers' dependents including migrant children.

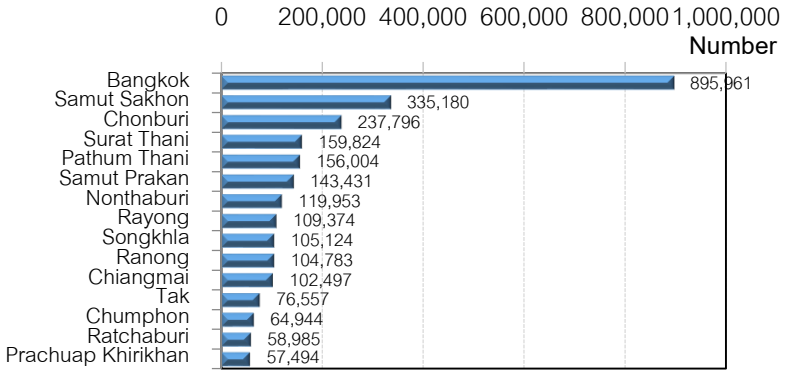
Other groups of migrant workers were those who have completed the nationality verification process and those who came to Thailand under the MOU agreement. These groups of workers were reported (table 1.2) to be 989,374 and 279,311 in 2015. These information made up the figure of total number of documented migrants in Thailand to be at around 2.4 million in 2015. This number was, however, anticipated to be much lower than the actual number of migrant workers and children who were living in the country. According to the migrant population estimation by Institute for Population and Social Research, Mahidol University, in December 2015, the total number of 3 nationalities migrant workers in Thailand was estimated to be 3,518,851 of which 2,782,880 were from Myanmar, 454,000 from Cambodia and 281,971 from Lao PDR. The number of workers' dependents was estimated to be 1,032,198 making up the total number of migrant to be 4,551,049 (Institute for Population and Social Research (IPSR), Mahidol University, 2015)

Table 1.1 Number of migrant worker registering with the One Stop Service Center (OSSC)

| Number of registration at OSSC (26 June – 31 October 2014) Total 1,626,235 | | Number of registration at OSSC (1 April – 30 June 2015) Total 1,103,728 | |
|---|---|---|---|
| Migrant worker | 1,533,675 | Migrant worker | 1,010,391 |
| Dependent | 92, 560 | Dependent | 38,935 |
| Myanmar | 40,801 | Myanmar | 18,114 |
| Laos | 9,150 | Laos | 3,961 |
| Cambodia | 42,609 | Cambodia | 16,860 |

Source: Database of the Bureau of Registration, Department of Provincial Administration

From the same estimation by IPSR, the number of migrant workers in Tak was estimated to be 76,557 (76,469 from Myanmar, 47 from Cambodia and 41 from Laos PDR) in Chumporn 64,994 (62,032 from Myanmar, 680 from Cambodia and 680 from Laos PDR) and in Ranong 104,783 (104,773 from Myanmar, 43 from Cambodia and 3 from Laos PDR). These three provinces which are the implementation sites of the ECPMC project are leading provinces in Thailand with high number of migrant workers based on finding from the IPSR's estimation (Figure 1.1)




Source of Institute for Population and Social Research, Mahidol University.2015

Figure 1.1 Top 15 provinces by absolute number of migrant worker as of December 2015

Table 1.2 Number of migrant worker who have work permitted in Thailand (2015)

| Province | Total | Section 9 | | | | Section 12 Investment promotion | Section 13 Minorities | Section14 Migrant worker (Day trip/seasonal) |
|---|---|---|---|---|---|---|---|---|
| | | Lifelong | general | NV | MOU | | | |
| Tak | 31,436 | - | 396 | 26,550 | 3,854 | 44 | 592 | - |
| Ranong | 48,711 | - | 83 | 48,506 | 15 | - | 107 | - |
| Chumporn | 23,142 | - | 73 | 13,733 | 9,327 | 6 | 3 | - |
| All the kingdom | 1,445,575 | 495 | 104,208 | 989,374 | 279,311 | 41024 | 29,062 | 2,101 |

Source: Foreign Worker Administration Office . (2015) Journal of the Statistics of the Number of Foreign Worker Remaining in the Kingdom of the year 2015.

About migrant children, the actual number of migrant children living in Thailand is still unknown and difficult to find any reference even for the estimated number. Referring to national Population and Housing Census in 2010, the number of population aged less than 15 years old who lived in Thailand with 3 nationalities were reported to be 140,684. Of this, 107,519 were Burmese, 22,799 were Cambodian and 10,365 were Laotian (Table 1.3)

Table 1.3 Number of migrants from Myanmar Cambodia and Lao PDR by age and sex resident in Thailand, Population and Housing Census 2010 (September 1, 2010)

| Age | Myanmar | | | Cambodia | | | Lao PDR | | | Total (Myanmar Cambodia Lao PDR) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| 0-4 | 23,900 | 22,947 | 46,848 | 5,193 | 4,989 | 10,182 | 1,928 | 2,021 | 3,949 | 31,021 | 29,958 | 60,979 |
| 5-9 | 15,979 | 14,270 | 30,249 | 3,410 | 3,227 | 6,638 | 1,496 | 1,275 | 2,771 | 20,886 | 18,772 | 39,658 |
| 10-14 | 16,843 | 13,579 | 30,422 | 2,879 | 3,100 | 5,979 | 1,946 | 1,700 | 3,645 | 21,668 | 18,379 | 40,047 |

## 1.2 OBJECTIVES OF THE BASELINE SURVEY

The purpose of the baseline survey was to establish baseline values for key identified project indicators. These values – representative quantitative and qualitative information will provide a foundation that Word Vision Foundation of Thailand will use to establish targets against which it will measure performance and impact of the three-year ECPMC Project. If necessary, World Vision Foundation of Thailand can also use the baseline as an opportunity to revisit and improve upon program design strategies and approaches, as well as inform other programmatic data needs.

The baseline survey results will be a fundamental part of ECPMC's evaluation strategy that includes a before-after assessment of ECPMC interventions. Findings of the Survey in project areas, as well as results of secondary data analysis will be compared with findings at mid-term and, more importantly, the "end-of-project" reports. The baseline will be used as the basis for measuring change through future evaluations.

Specifically, the baseline survey aims to:

1. Provide baseline status of the project's overall and specific objective indicators
2. Present quantitative and qualitative data that are relevant to the project implementation and stakeholders in the implementation site. This covers the followings.
    a. Characteristics of migrant households, migrant household members with the focus on those aged 0-15 years old.
    b. Knowledge and view towards birth registration of migrant children born in Thailand among members of migrant communities.
    c. Baseline information of access to birth registration of migrant children
    d. Access to health service and education of migrant children.
    e. Baseline context and information relevant to the ECPMC implementation from key stakeholders in the project sites including the CSOs, the CBOs, and local authorities
    f. Key challenges that might constrain the project implementation

## 1.3 METHODOLOGY

To compile and collect baseline data for the Empowering Civil Society Organizations for the Protection of Migrant Children (ECPMC) Project, this study conducted the field research in 3 focused locations of the ECPMC Project implementation in Tak (Mae Sot), Ranong and Chumpon provinces. It was designed to include 2 components - a quantitative survey and a qualitative study.

### 1.3.1 Quantitative Survey

The quantitative survey aimed to explore characteristics of migrant households in the project implementation sites, migrant household members with the focus on those aged 0-15 years old. It also measured knowledge and view towards birth registration of migrant children born in Thailand among members of migrant communities. In addition, the baseline data of access to birth registration of migrant children was also aimed to be assessed from the quantitative survey. A structured questionnaire (with an interviewer) was used in the field survey with migrants of 50 households in each sub-district of the project area. The total number was 600 migrant workers/households in 12 sub-districts in Tak (Mae Sot), Ranong and Chumporn provinces. The selection of respondents for the baseline survey used a purposive sampling method. Migrant household or family (including spouse and children) in Thailand and those who have at least 1 child born in Thailand or aged 0-15 years old were the prioritized targets of the survey. The questionnaire was produced in English and then translated into Burmese languages. The questionnaire development process involved a review by staff of World Vision Foundation of Thailand. The questionnaire contains list of questions about basic information of the worker and their household occupants, information of children age 0-15 years and information relevant to the project indicators that can be used to monitor and assess the project implementation.

The field survey teams consisted of a supervisor and interviewers who were field officer of World Vision Foundation in Tak, Ranong and Chumporn provinces. The supervisor and interviewers were trained to understand the content of the questionnaire by staff of the research team, Institute for Population and Social Research (IPSR). Data analysis was conducted by using a statistical package software. The field work was conducted during September and October of 2016. Table 1.5 shows the summarized number of respondents in 3 provinces.

Table 1.5 Actual number of migrant responding to baseline survey questionnaire

| Sites | Planned number of respondents | Actual number of respondents |
|---|---|---|
| Tak (Mae Sot) | 200 | 201 |
| Chumporn | 200 | 200 |
| Ranong | 200 | 203 |
| Total | 600 | 604 |

### 1.3.2 Qualitative Study

The qualitative study aimed to correspond to the project's overall and specific objective indicators by exploring baseline situations of access to birth registration, health and education of migrant children. It also provided baseline context and information relevant to the ECPMC implementation from key stakeholders in the project sites including the CSOs, the CBOs, local authorities and other stakeholders. Existing key challenges that might constrain the implementation are expected to be identified with provision of recommendations. The qualitative data was collected by in-depth interviews (IDIs) and focus group discussions (FGDs) with representative of the project implementation key stakeholders including representatives from CSOs (from the Migrant Working Group: MWG), CBOs, public health

facilities, public schools, local governmental organizations and agencies. Approximate number of key stakeholders interviewed or discussed with in each province are 20 persons. The qualitative field work was conducted during September and October of 2016. Table 1.6 shows the number of key stakeholders by group and provinces.

Table 1.6 Summarized number of responding by group and location

| Group | Tak | Chumporn | Ranong |
|---|---|---|---|
| Staff WV/ FRY | 1 | 1 | 2 |
| Public health | 7 | 2 | 10 |
| Public schools | 1 | 1 | 2 |
| LA | 2 | 5 | 3 |
| CSOs | 1 | - | 3 |
| CBOs | 12 | 9 | 8 |
| Learning center | - | 2 | - |
| Total | 24 | 20 | 28 |

### 1.3.3 Ethical consideration

The proposal together with all data collection tools and supplement document of the Baseline Survey of Empowering Civil Society Organizations for the Protection of Migrant Children (ECPMC) was submitted for research ethical reviews and granted the approval from IPSR-IRB Committee before the start of quantitative and qualitative fieldwork. The COA. No. is 2016/08-083 (see appendix 1.)

# CHAPTER 2
# FINDINGS: BASELINE STATUS OF THE PROJECT INDICATORS

This Baseline Survey Report presents findings in two parts. The first part, which is presented in this chapter is the findings on baseline information of the project indicators (2 overall objective indicators and 3 specific objective indicators). The second part is the findings from the quantitative survey and the qualitative study that are relevant to the project implementation and stakeholders in the implementation sites.

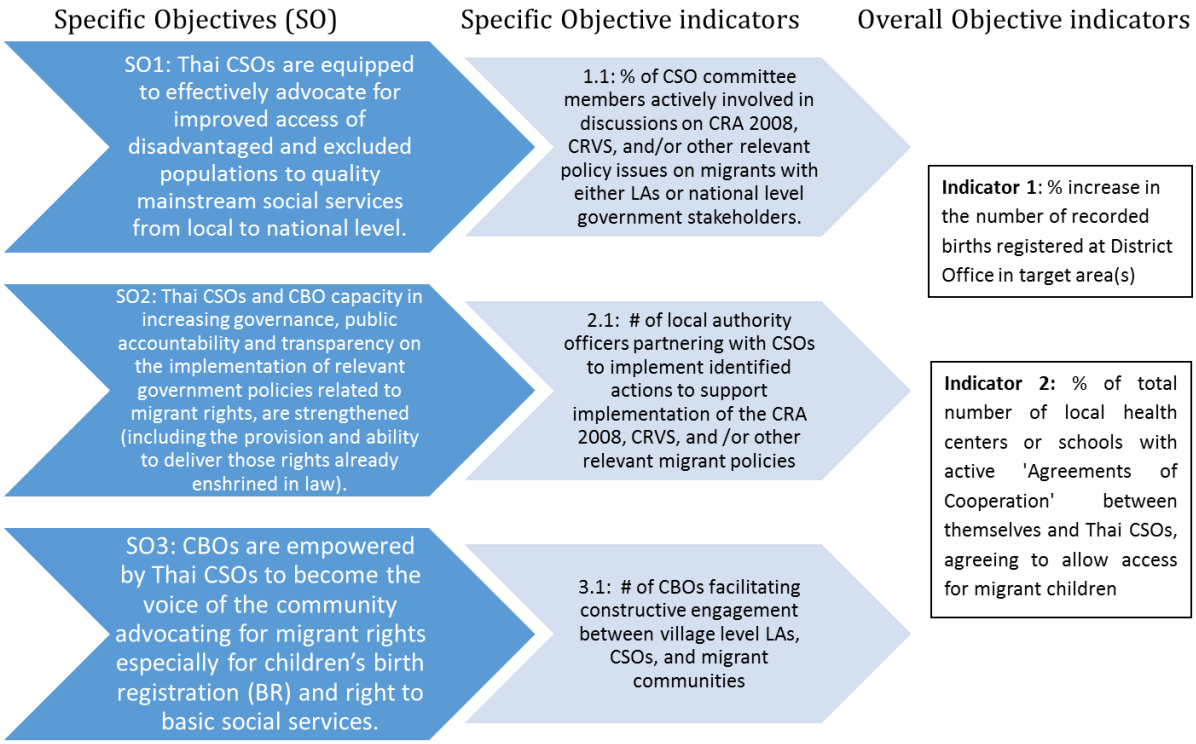



Figure 2.1 Specific objectives, specific objectives indicators and overall objective indicators of the ECPMC Project

About the project indicators, the ECPMC project has two overall objective indicator which are "**Indicator 1**: % increase in the number of recorded births registered at District Office in target area(s)" and "**Indicator 2:** % of total number of local health centers or schools with active 'Agreements of Cooperation' between themselves and Thai CSOs, agreeing to allow access for migrant children".

**Overall indicator 1:** % increase in the number of recorded births registered at District Office in target area(s)

Baseline status: Regarding to findings from the qualitative study, the number of migrant birth registered at District Office and Municipality Office in Mae Sot, Chumporn and Ranong were reported approximately 300-350 birth/month, 140 birth/year and 40-50 birth/month, respectively.

As the indicator captures only the number of registered birth but not the number of total births or the new-born deliveries of migrant children at the considered period, the increase (decrease) in the number of registration might not indicate the better (worse) access to birth registration of migrant children because that increase (decrease) might be due to i.e. the more (less) number of migrant children born but not that migrants are more (less) accessible to the registration. The Baseline Survey research team suggests the project to also consider the "percentage of migrant children newly born in Thailand who registered the birth at District Office in target area(s)" when monitoring the first overall objective indicator.

Table 2.1 Percentage of migrant children born in Thailand who registered the birth

| Sites | Findings from quantitative survey (% of MC born in Thailand with BR) | | | Findings from qualitative study |
|---|---|---|---|---|
| | Aged 0-15 years (n=656) | Aged 0-5 (N=399) | Aged 0-1 (N=72) | No. of birth registered / No. delivery (% of BR Coverage*) |
| Tak | 81% | 90.7% | 90% | Mae Sot Hospital (Aug.2016):<br>87/ 96 = the coverage is 90.6%<br>Mae Tao Clinic :<br>The coverage is about 95% of 200-250 deliveries per month |
| Chumporn | 57.1% | 58.9% | 69.4% | Pak Nam district:<br>about 100/ 150 deliveries per year (the coverage is about 67%)<br>Lang Suan district:<br>about 40/ UNKNOWN deliveries per year |
| Ranong | 71.5% | 78.6% | 76.9% | About 40-50 / 100-120 deliveries per month (at Ranong Hospital) (the coverage is about 40-50%) |
| Total | 70.1% | 73.2% | 73.6% | |

Note: * As data was obtained from different sources (number of deliveries from local hospitals and number of birth registration from the district office and municipality office), the percentage of birth registration coverage from the qualitative study is, thus, an approximate one. The BR coverage from the quantitative survey (among migrant children aged 0-1 year) and the qualitative study are similar for Mae Sot (around 90-91%) and Chumporn (around 67-69%) but significantly different for Ranong (around 74% and 40-50%). A hypothesis of explanation is that in Ranong there were a number of migrant mothers who crossed the border to deliver a child at Ranong Hospital and went back to Myanmar without registering the birth at the district office. This makes the number of deliveries at the hospital much higher than the number of birth registration. As the quantitative survey was conducted only to children who were born and living in Thailand at the survey time, the percentage of children born with a birth registration was thus found as high as 73.6%.

**Overall indicator 2**: % of total number of local health centers or schools with active 'Agreements of Cooperation' between themselves and Thai CSOs, agreeing to allow access for migrant children

Baseline status: The Baseline Survey found that there is no ("0") bilateral Agreements of Cooperation yet between the local health centers or schools and Thai CSOs in the three project sites. However, in all sites, there is an official appointment of the provincial committee to work with the ECPMC project which was appointed by the provincial governor and included committee members from representatives of the Thai CSOs, local administrative organization and government agencies (i.e. Provincial and District Administrative Office, Municipality Office, Provincial and District Public Health Office). Table 2.2 presents the number of local health centers, local hospitals and schools that the project currently collaborated with in each implementation site.

Tables 2.2 Number of collaborating local health centers, hospitals, and Thai schools

| Sites | No. of collaborating local health centers and hospitals | No. of collaborating schools |
|---|---|---|
| Tak | 6 Health centers*/Sub-district Health Promotion Hospitals<br>1 public hospital/ 1 NGO hospital | Not yet identified (August 2016) |
| Chumporn | 3 Health centers/Sub-district Health Promotion Hospitals<br>2 public hospitals | 3 Thai schools (collaborating with 2 learning centers) |
| Ranong | 6 Health centers /Sub-district Health Promotion Hospitals<br>1public hospital | At least 1 Thai school |

Note: Health centers in Thailand is equivalent to the Sub-district Health Promotion Hospitals

About the specific objective indicator, the ECPMC project has three indicators which are "Indicator 1.1: % of CSO committee members actively involved in discussions on CRA 2008, CRVS, and/or other relevant policy issues on migrants with either LAs or national level government stakeholders", "Indicator 2.1: # of local authority officers partnering with CSOs to implement identified actions to support implementation of the CRA 2008, CRVS, and /or other relevant migrant policies" and "Indicator 3.1: # of CBOs facilitating constructive engagement between village level LAs, CSOs, and migrant communities".

**Specific objective indicator 1.1**: % of CSO committee members actively involved in discussions on CRA 2008, CRVS, and/or other relevant policy issues on migrants with either LAs or national level government stakeholders

Baseline status: The baseline survey found that there was not an official committee of the CSOs yet in all sites. The baseline information on this indicator is thus "not available" or "N/A". At the survey time, apart from the WVFT and FRY, there were at least 3 CSOs expected to participate in the project implementation in Mae Sot, at least 3 CSOs in Ranong and none in Chumporn. Expectedly, about 1-2 members from each CSO might be representing the CSO in the project's CSO committee members when set-up.

Table 2.3 CSOs in each project implementation sites

| Sites | CSOs in the project site (not including WVFT and FRY) | | |
|---|---|---|---|
| | No. of CSOs | Directly working on access to BR of children | Working on migrant rights in other issues (i.e. health, education) |
| Tak | At least 3 CSOs (+ Mae Tao Clinic) | IOM (+Mae Tao Clinic) | ADDRA, FED |
| Chumporn | None (only WVFT and FRY) | - | - |
| Ranong | At least 3 CSOs | DISAC | IOM, Marist Asia Foundation |

Notes: There is no information about CSO committee member in each implementation site

**Specific objective indicator 2.1**: # of local authority officers partnering with CSOs to implement identified actions to support implementation of the CRA 2008, CRVS, and /or other relevant migrant policies"

Baseline status: At the survey time, it was still not possible for the research team to identify exact number of local authority officers that get involving or partnering with the CSOs under this project. The baseline status on this indicator is "not available" or "N/A". However, if defined the partnership at the organization level (not individual officer), the project implementation in all sites had progressed to some extents in creating the partnership with local authorities such as the civil registration office, hospital and health centers, Thai schools and headmen of the sub-district and the village.

Table 2.4 Partnership of the CSOs with local authorities in implementation sites

| Sites | Local organizations partnering with CSOs* | | | | |
|---|---|---|---|---|---|
| | Provincial committee | Registration office | Health center and Hospitals | Education (schools/learning center) | Sub-district/Village headman or representatives** |
| Tak | Setting up of a provincial committee appointed by the provincial governor/local alliance with committee members from local WVFT, CSOs, | 2 (Municipal and District Administrative Office) | 6 health centers<br>1 public hospital/ and<br>1 NGO hospital | N.A. | At least 2 villages (= number of CBOs, ) |
| Chumporn | | 3 (2 Municipal and 1 District Administrative Office) | 3 health centers<br>2 public hospitals | 3 Thai schools<br>2 learning centers | At least 2 villages (= number of CBOs) |

| Sites | Local organizations partnering with CSOs* | | | | |
|---|---|---|---|---|---|
| | Provincial committee | Registration office | Health center and Hospitals | Education (schools/learning center) | Sub-district/Village headman or representatives** |
| Ranong | local administrative organization and government agencies (i.e. Provincial and District Administrative Office, Municipality Office, Provincial and District Public Health Office) | 2 (Municipal and District Administrative Office) | 6 Health centers<br>1public hospital | At least 1 Thai school<br>N.A. learning center | At least 4 villages<br><br>(= number of CBOs) |

Note: * At the survey time, it is still not possible to identify exact number of local authority officers that get involving or partnering with the CSOs under this project; ** Sub-district and village headman are mostly informed about the project or appointed as the consultant of CBOs. However, many Thai members of CBOs are the Village Health Volunteer/ Village Security Committee who have a close relationship or are working with the headman.

**Specific objective indicator 3.1**: # of CBOs facilitating constructive engagement between village level LAs, CSOs, and migrant communities

Baseline status: At the survey time, there was one, one and three CBOs that has submitted the activity proposal draft to the ECPMC Project in Mae Sot, Chumporn and Ranong, respectively. However, none of them ("0") had started facilitating constructive engagement between village level LAs, CSOs, and migrant communities yet.

Table 2.5 CBOs in the project sites

| Sites | CBOs in the project site | |
|---|---|---|
| | Submitting 1st draft of proposal | Facilitating constructive engagement between village level LAs, CSOs, and migrant communities |
| Tak | 1 (out of 4 CBOs) | 0 |
| Chumporn | 1 (out of 2 CBOs) | 0 |
| Ranong | 3 (out of 4 CBOs) | 0 |

# CHAPTER 3
# FINDINGS: QUANTITATIVE SURVEY

The general information on the demographic and socio-economic characteristics of the cross-border migrant population provides a baseline picture of the situation and living conditions of this group while living in Thailand. This chapter is divided into the following five sections:

**Section 3.1** General information about the members of the cross-border population households, including sex, age, marital status, occupation, residence and work permit status, health insurance and ability to communicate in Thai.

**Section 3.2** General characteristics of the sample respondents including sex, age, marital status, education, occupation, residence and work permit status, health insurance, ability to communicate in Thai, movement within Thailand and intentions to migrate in the future and social integration.

**Section 3.3** General characteristics of children in cross-border population households age 0 to 15 years, including sex, age, place of birth, birth certificate, birth registration and education.

**Section 3.4** Characteristics of the domicile of the respondent.

## 3.1 HOUSEHOLD MIGRATION PROFILE

### 3.1.1 Sex of members of households

These data pertain to household members age 15 years or older. There was a total of 1,370 household members in the sample, including 495 in Tak, 407 in Chumporn and 468 in Ranong. The proportion of male and females in the household is about the same (Figure 3.1).

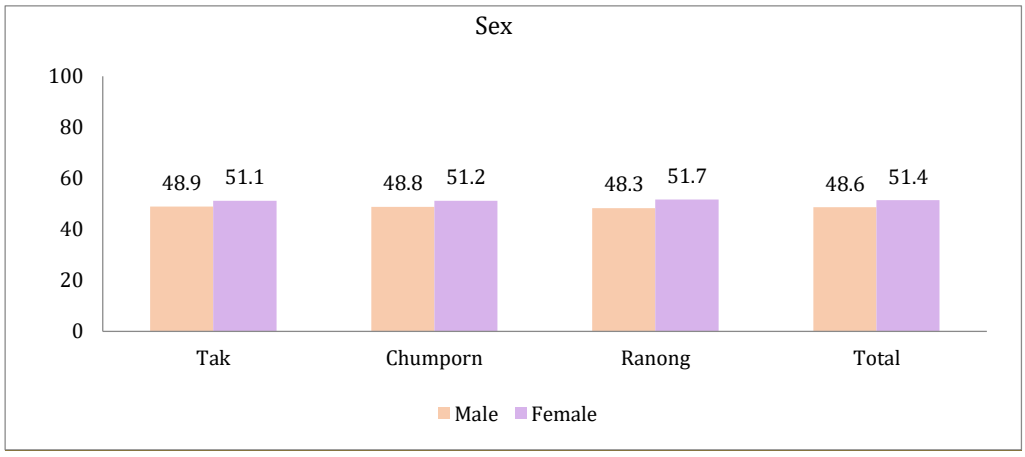



Figure 3.1 Sex of Migrants

### 3.1.2 Age of members of the households

Slightly over one-third (35.5%) of the household members were in the prime working age group of 25-34 years, followed by 35 to 44 years (27.9%) and 15 to 24 years (17.3%). About half of the household members in Chumporn were age 25-34 compared to 30.9% for those age 35 to 44 years and 12.3% for those age 15-24 years. Tak and Ranong had similar proportions of household members in the three age groups (Figure 3.2). The average age of household members was 35 years for the total sample.

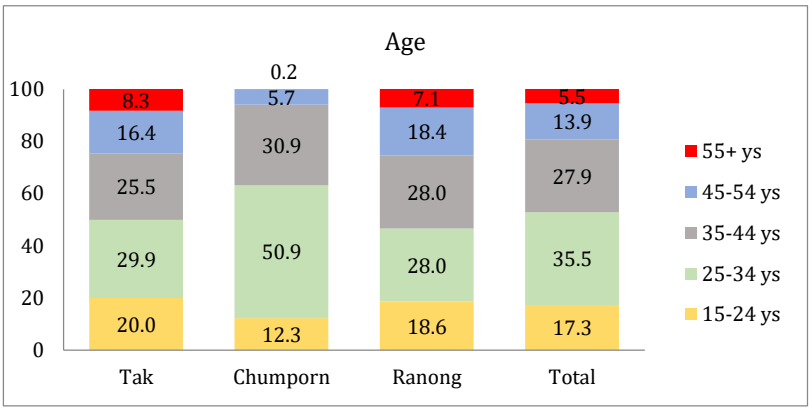



Figure 3.2 Age of Household migrant

### 3.1.3 Education of members of households

Fully 40.9% of household members had completed Burmese middle school, 34.3% completed Burmese primary school and 12.3% had completed Burmese high school. More of the sample in Chumporn and Ranong had completed middle school (57.6% and 39.0% respectively), while 22.2% and 35.9% had completed primary school. One-tenth of household members in each province completed high school. In Tak, 42.8% had completed primary school, while 28.9% had completed middle school, and 14.7% had completed high school (Table 3.1).

Table 3.1 Education by province (%)

| Education | Tak | Chumporn | Ranong | Total |
|---|---|---|---|---|
| No education | 6.5 | 6.7 | 0.6 | 4.6 |
| Learning Center/ Nursery | 0.2 | 0.7 | 1.5 | 0.8 |
| **Primary school (Myanmar)** | **42.8** | **22.2** | **35.9** | **34.3** |
| **Middle school (Myanmar)** | **28.9** | **57.6** | **39.0** | **40.9** |
| **High school (Myanmar)** | **14.7** | **10.6** | **11.3** | **12.3** |
| Primary school (Thai) | 0.4 | 0.2 | 3.9 | 1.5 |
| Junior high school (Thai) | 1.8 | 0 | 2.6 | 1.5 |
| High school/vocational school (Thai) | 0.8 | 0.7 | 2.8 | 1.5 |
| Diploma/High vocational certificate | 0.6 | 0.7 | 0.6 | 0.7 |
| Bachelor's degree | 2.9 | 0.2 | 1.7 | 1.7 |
| Other (B.S.) | 0.4 | 0.2 | 0 | 0.2 |
| **Total** | **100.0** | **100.0** | **100.0** | **100.0** |
| **N** | **491** | **406** | **462** | **1359** |

### 3.1.4 Marital status of members of the households

Most (85.9%) of the household members age 15 or over were married, 8.7% were single and 1.7% were widowed. By province, Tak and Ranong households had similar proportions (80% married) while nearly all the household members in Chumporn were married (Figure 3.3).

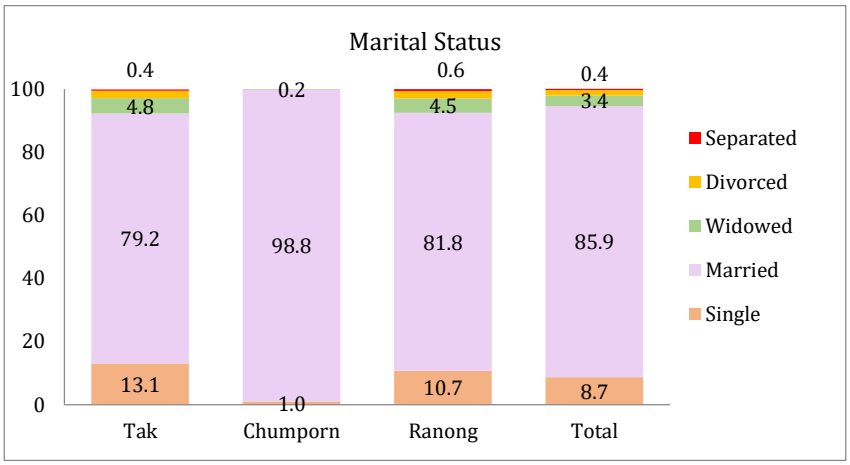



Figure 3.3 Marital Status of Household migrant (%)

### 3.1.5 Occupation of members of the households

Two-thirds (69.5%) were working with income, with 75.4%, 67.7% and 66.5% in that category for Chumporn, Ranong and Tak, respectively (Table 3.2).

Table 3.2 Occupation by province (%)

| Occupation | Tak | Chumporn | Ranong | Total |
|---|---|---|---|---|
| **Working (with income)/Employed** | **66.5** | **75.4** | **67.7** | **69.5** |
| Waiting for Seasonal Work | 6.5 | 5.2 | 8.6 | 6.8 |
| Unemployed/ Looking for work | 0.2 | 7.4 | 5.8 | 4.2 |
| Retired/Too old | 0.2 | 0.0 | 0.9 | 0.4 |
| Long-term illness and disabilities | 0.2 | 0.2 | 0.6 | 0.4 |
| Caring for other HH members | 22.0 | 6.7 | 11.6 | 13.9 |
| Going to school | 2.6 | 0.0 | 0.9 | 1.2 |
| Not working | 1.4 | 5.2 | 4.1 | 3.4 |
| Other | 0.4 | 0.0 | 0.0 | 0.1 |
| **Total** | **100.0** | **100.0** | **100.0** | **100.0** |
| **N** | **495** | **406** | **467** | **1368** |

### 3.1.6 Residence permit members of the households

Most of the household members had a pink card (validity of two years) while fewer had a passport, or temporary passport/CI (from NV) 37.0%, 18.6%, and 10.1% respectively (Table 3.3). Others had a 5-yeaer pink card, a 10-year white card, the Tor Ror 38/1 permit or a registration card. Over one-fourth had no residence permit. By province, Tak had a higher proportion of household residents without a residence permit (63.8%) while those who did were likely to have a 2-year pink card, a 10-year white card or a passport. In Chumporn, a mere 4.2% did not have a residence permit. About half had a 2-year pink card, followed by a temporary passport/CI, passport, Tor Ror 38/1 or a 5-year pink card. Over half in Ranong had a 2-year pink card followed by a passport.

Table 3.3 Document that allows to stay in Thailand (%)

| Document | Tak | Chumporn | Ranong | Total |
|---|---|---|---|---|
| No Document | **63.8** | 4.2 | 5.4 | **26.2** |
| Passport | 5.7 | 15.0 | **35.3** | **18.6** |
| Temporary passport/CI (from NV) | 2.8 | **27.3** | 2.8 | **10.1** |
| Registration Card | 0.4 | 0.5 | 0.0 | 0.3 |
| Tor.Ror 38/1 | 0.8 | 4.2 | 0.9 | 1.8 |
| **Pink Card (2 years)** | **17.6** | **43.8** | **51.6** | **37.0** |
| Pink Card (5 years ) | 0.6 | 4.9 | 0.6 | 1.9 |
| White Card (10 years ) | 7.7 | 0.0 | 0.2 | 2.9 |
| Expired document | 0.4 | 0.0 | 0.6 | 0.4 |
| no detail | 0.2 | 0.0 | 2.6 | 1.0 |
| **Total** | **100.0** | **100.0** | **100.0** | **100.0** |
| **N** | **495** | **406** | **467** | **1368** |

### 3.1.7 Work permit of members of the household

Figure 3.4 shows data for possession of a work permit among members of the household. Overall, two-thirds had a permit to work in Thailand (67.7%). By province, 94.8% had a work permit in Chumporn, 85.7% in Ranong, and only 28.4% in Tak.

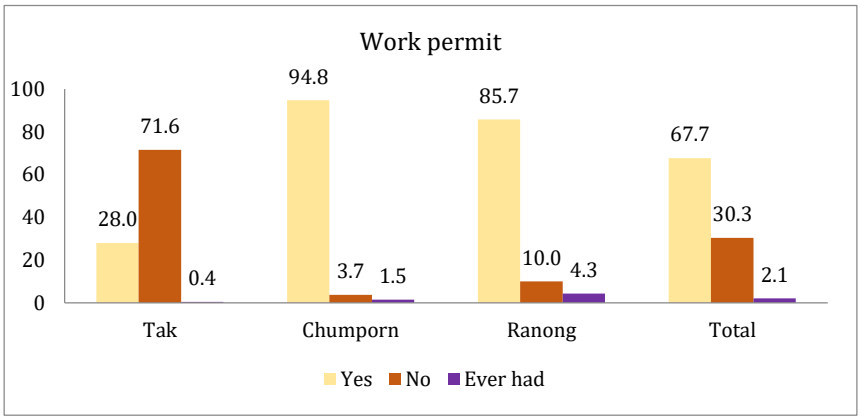



Figure 3.4 Work permit of Household migrant

### 3.1.8 Health insurance for members of the sample households

Over half of household members had health insurance (59.5%) while only 5.9% were covered by social security (Figure 3.5). About one-third had no health insurance. Tak had the highest proportion with no health insurance (79.7%) followed by 14.2% in Ranong, and 6.4% in Chumporn.

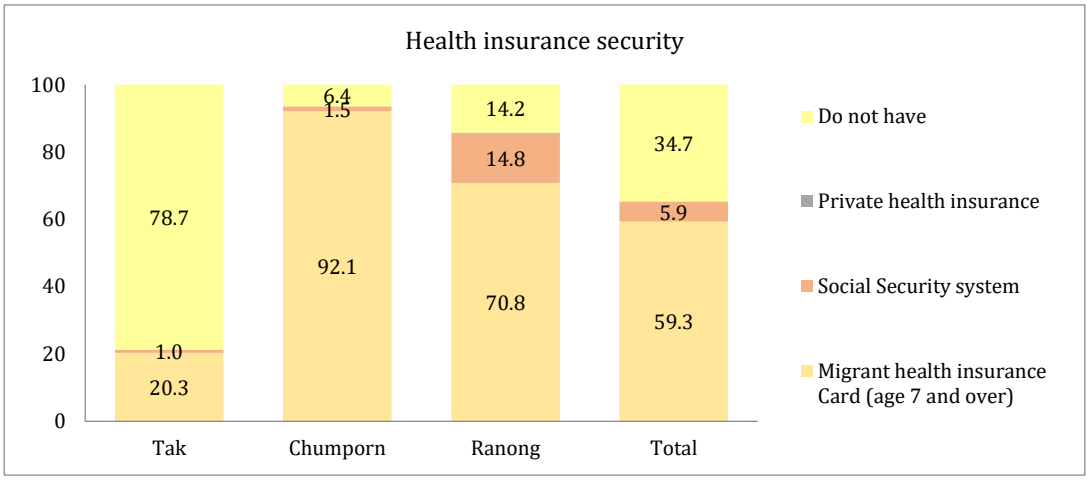



Figure 3.5 Health insurance of migrant household members

### 3.1.9 Ability to communicate in Thai by members of the households

About 40% of household members had a weak ability to communicate in Thai, while 28% had a sufficient ability, 8% had a good ability and 4% had a very good ability (Figure 3.6). One-fifth could not communicate in Thai at all. By province, more of the household members in Tak could not communicate in Thai, followed by Ranong and Chumporn (39.0%, 14.5% and 8.7%, respectively).

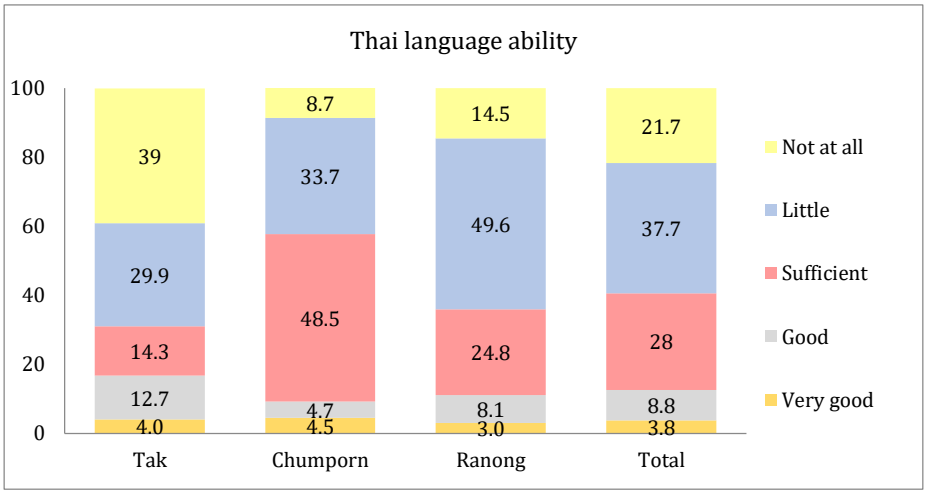



Figure 3.6 Thai language ability of Household migrant

## 3.2 General characteristics of the cross-border population sample

### 3.2 Individual data

In addition to the socio-demographic data, this section asked sample respondents about satisfaction with their life and living conditions, and whether they had suffered (or heard of) abuse or unfavorable discrimination against migrants. This sample includes 604 respondents (201 from Tak, 200 from Chumporn, and 203 from Ranong).

### 3.2.1 Sex

Overall, the sample had more women than men (58.3% and 41.7%) (Figure 3.7). By province, in Chumporn there were 92.5% female, in Tak there were 52.2% female, and 30.5% female in Ranong.

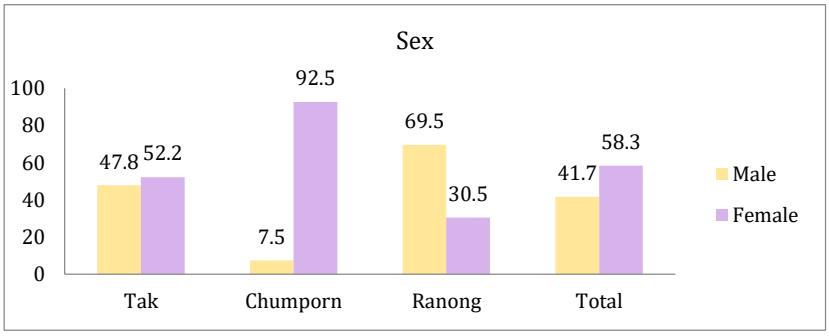



Figure 3.7 Sex of respondent

### 3.2.2 Age

As with the household member data, most of this sample is in the prime working ages of 25-34 and 35-44 years, while half as many are in the 45-55 years age group (35.2%, 21.3% and 16.4%, respectively) (Figure 3.8). About half the Chumporn sample are in the 25-34 year age group, while about one-fourth the sample in Ranong and Tak were in this age group. The average age of the sample was 37.0 years (39.9, 31.0 and 39.8 years for Tak, Chumporn and Ranong, respectively).

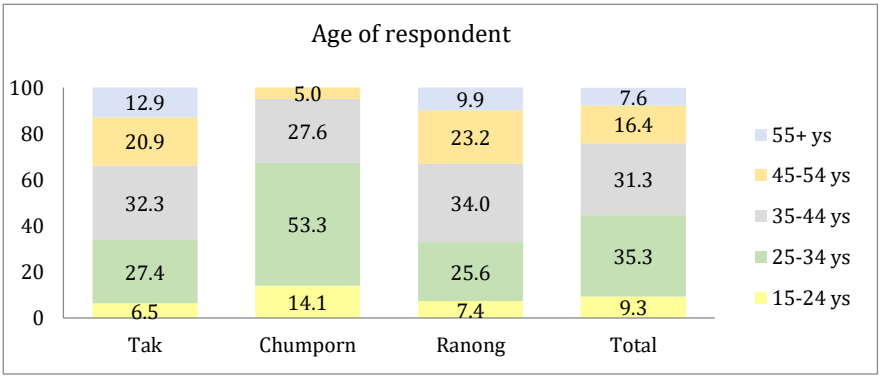



Figure 3.8 Age of respondent

### 3.2.3 Marital status

The majority of the sample (92.1%) was married, nearly all in Chumporn, 91.1% in Ranong, and 86.1% in Tak (Table 3.9).

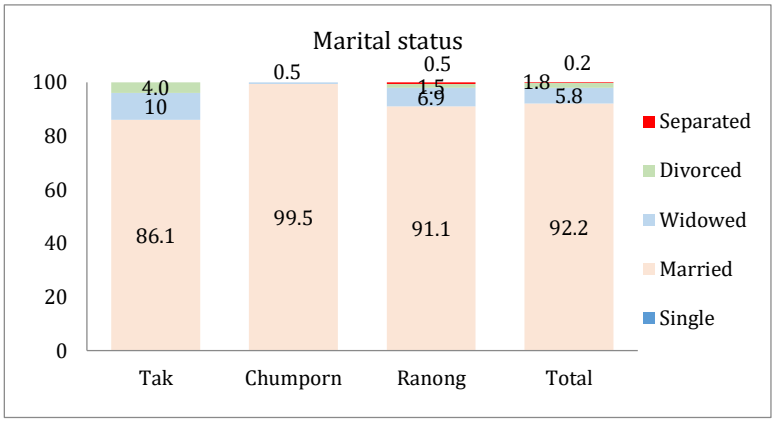



Figure 3.9 Marital status of respondent

### 3.2.4 Educational attainment

Table 3.4 presents data on sample for complete schooling (in Myanmar). Fully 39.9%, 35.1% and 11.5% had completed middle, primary, or high school, respectively. Only 5.2 % had not attended formal school. More respondents in Chumporn and Ranong had completed middle school, compared to primary school. By contrast, in Tak, more of the sample completed primary than middle school.

Table 3.4 Education of respondent

| Education of respondent | Tak | Chumporn | Ranong | Total |
|---|---|---|---|---|
| No education | 6.0 | 9.0 | 0.5 | 5.2 |
| Learning Center/ Nursery | 0.5 | 1.0 | 2.0 | 1.2 |
| Primary school (Myanmar) | 46.5 | 23.5 | 35.3 | 35.1 |
| Middle school (Myanmar) | 28.5 | 53.5 | 37.8 | 39.9 |
| High school (Myanmar) | 12.5 | 11 | 10.9 | 11.5 |
| Primary school (Thai) | 0.0 | 0.5 | 3.5 | 1.3 |
| Junior high school (Thai) | 0.5 | 0.0 | 1.5 | 0.7 |
| High school/vocational school (Thai) | 1.0 | 0.5 | 4.0 | 1.8 |
| Diploma/High vocational certificate | 1.5 | 0.5 | 1.0 | 1.0 |
| Bachelor's degree | 2.0 | 0.5 | 3.5 | 2.0 |
| Other | 1.0 | 0.0 | 0.0 | 0.3 |
| **Total** | **100.0** | **100.0** | **100.0** | **100.0** |
| **N** | **200** | **200** | **201** | **601** |

### 3.2.5 Occupation

Figure 3.10 presents data on occupation. About two-thirds are employed with income, 15.2% care for household members, while another 15% are unemployed or retired. These patterns are similar across the three provinces but twice the proportion in Tak live at home to care for household members compared to those in Chumporn or Ranong (23.9%, 11.5%, 10.3%, respectively).

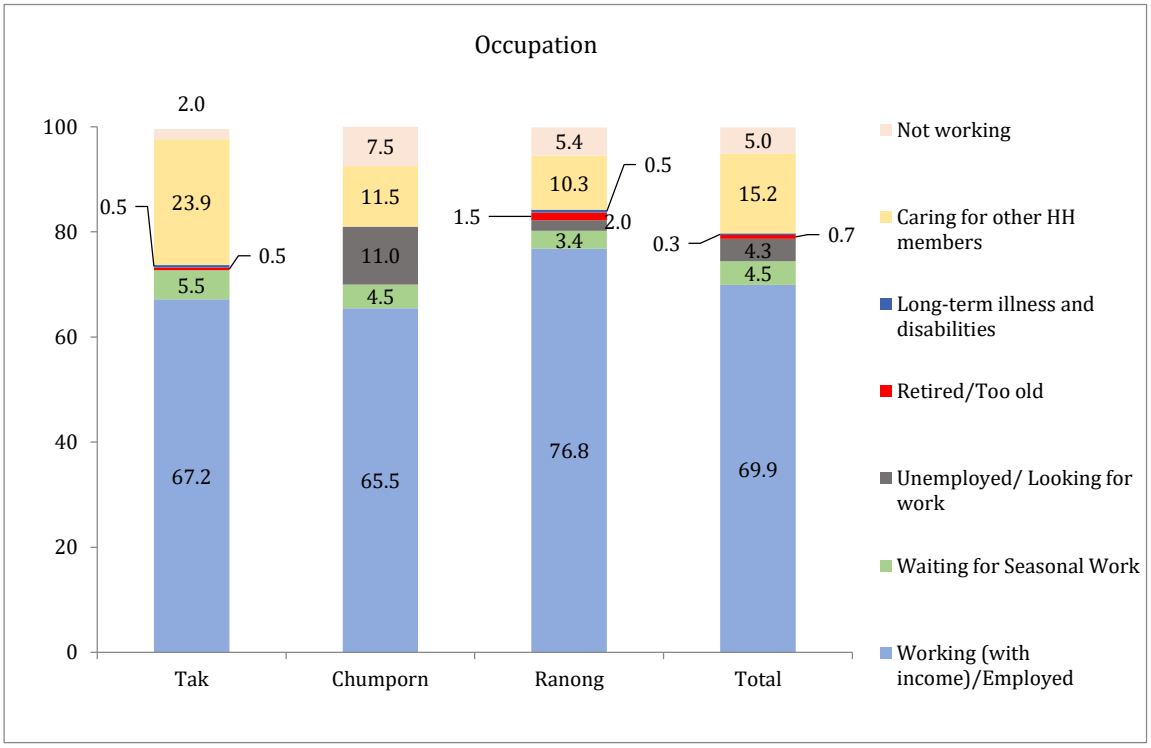



Figure 3.10 Occupation of respondent

### 3.2.6 Residence permit

Most of this sample had the two-year pink card, followed by a passport or temporary passport/CI (36.3%, 18.9% and 10.8%, respectively). The longer-term residence permits were rare, and 26% had no residence permit of any kind (Figure 3.11). Fully two-thirds of the Tak sample had no residence document, compared to trace levels in Ranong and Chumporn, where the two-year pink card was the most common permit.

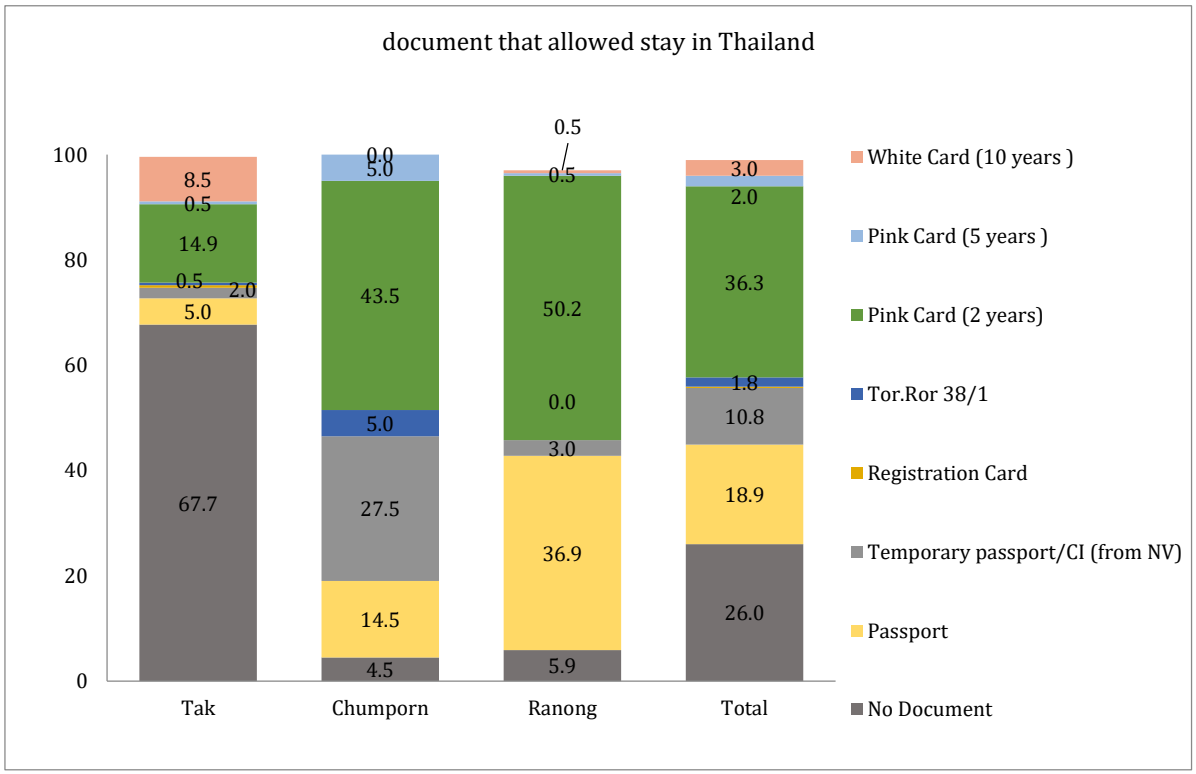



Figure 3.11 Having non-expired document that allowed stay in Thailand

### 3.2.7 Work permit

Over two-thirds of the sample had a work permit (68.7%). Nearly all (94.5%) in Chumporn had a work permit, followed by Ranong (86.2%) and only 25.0% in Tak (Figure 3.12).

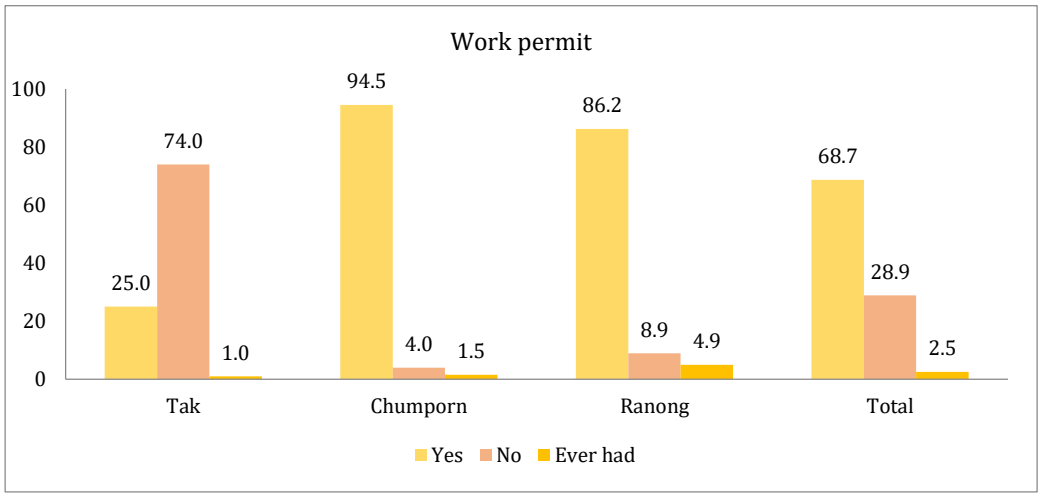



Figure 3.12 Having a non-expired work permit

### 3.2.8 Health insurance coverage

Figure 3.13 shows data on whether the sample had health insurance, by type. A majority (60.5%) had the migrant health insurance (for people age seven years or older), while 5.5% were covered by Thai social security. One in three had no health insurance. Once again, there are distinct difference for the Tak sample compared to the other two provinces. A large majority in Tak (80.5%) had no insurance compared to only 15.3% in Ranong and 7.5% in Chumporn.

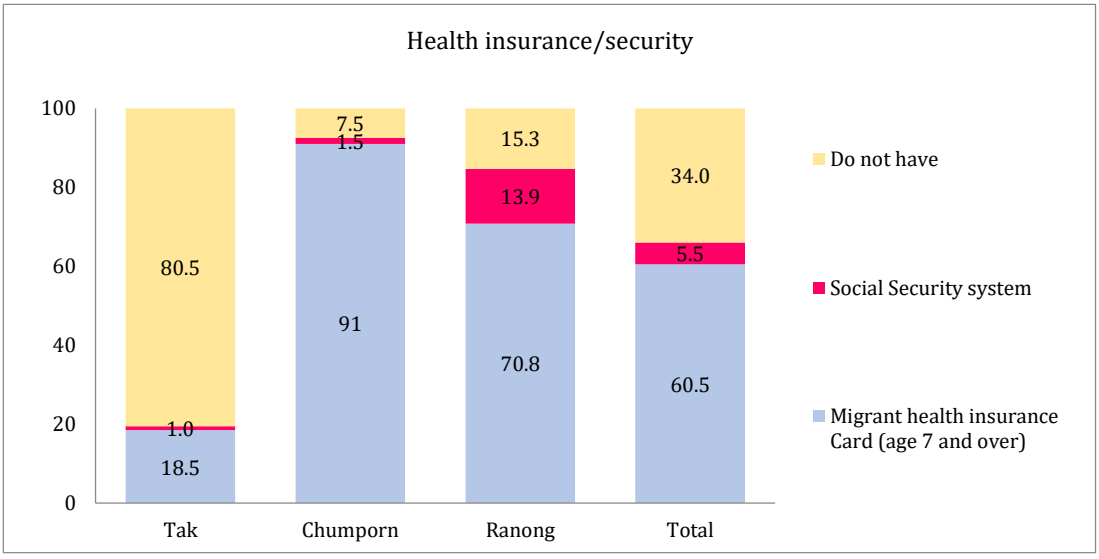



Figure 3.13 Having health insurance/social security

### 3.2.9 Ability to communicate in Thai

Respondents were asked to assess their ability to communicate in Thai from 'not at all' to 'little,' 'sufficient,' 'good,' and 'very good.' For the combined sample, the levels were 21.2%, 39.5%, 29.0%, 6.8% and 3.5%, respectively (Figure 3.14). Tak had the least facility in Thai with nearly three-fourths not able to communicate in Thai or very little ability. By contrast, nearly 60% in Chumporn had sufficient or better ability to communicate in Thai.

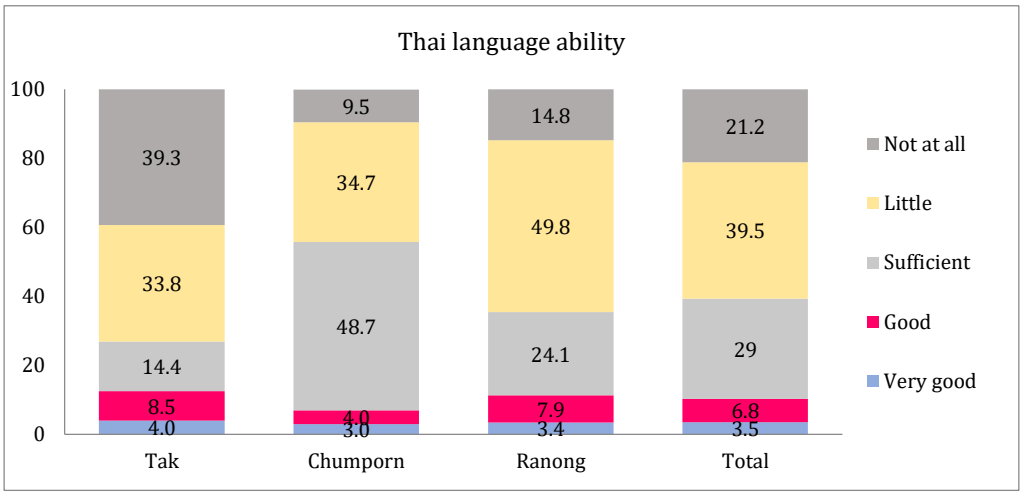
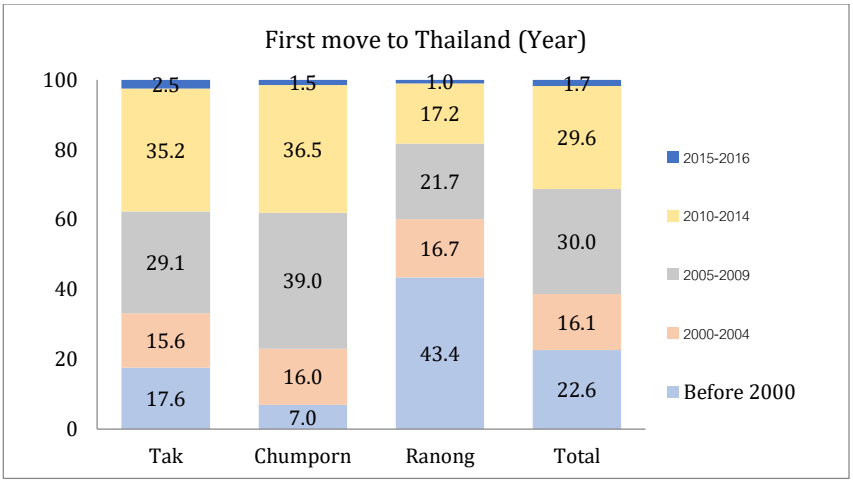
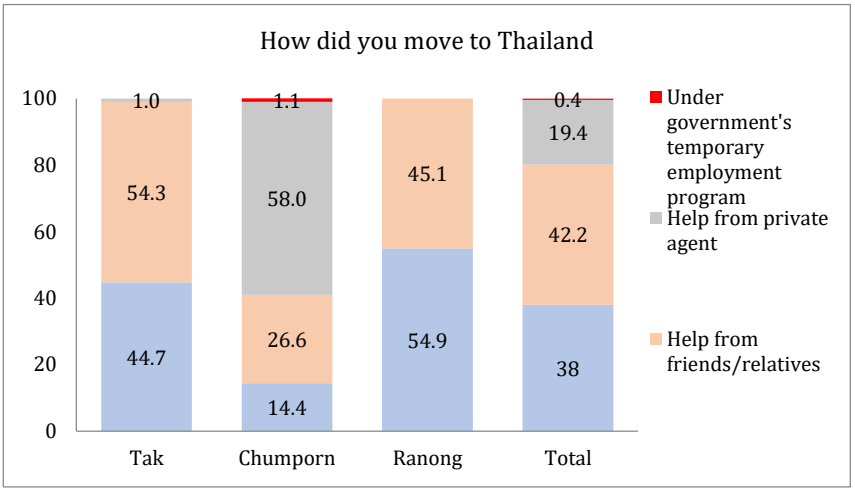



Figure 3.14 Thai language ability

### 3.2.10 Migration

Figure 3.15 shows data on history of migration to and within Thailand among the sample. Most of the respondents had migrated to Thailand during 2005-09, followed by 2010-14, and before 2000 (30.0%, 29.6% and 22.6%, respectively). Many said they had help from friends/relatives in making the move, followed by self-migration, or a private agent/broker (42.2%, 38.0% and 19.4%, respectively). Chumporn is quite distinct from the other two provinces in the proportion who used an agent/broker to assist with the migration (58.0% versus trace levels). Help from friends/relatives was the common mode of immigration for the Tak sample, and self-migration was common for Ranong migrants. Once the cross-border population moves to Thailand, most stay at the first point of settlement (74.4%). Respondents in Tak were more likely to move again after entering Thailand (42.3%) compared with Chumporn (27.6%) and Ranong (7.0%).



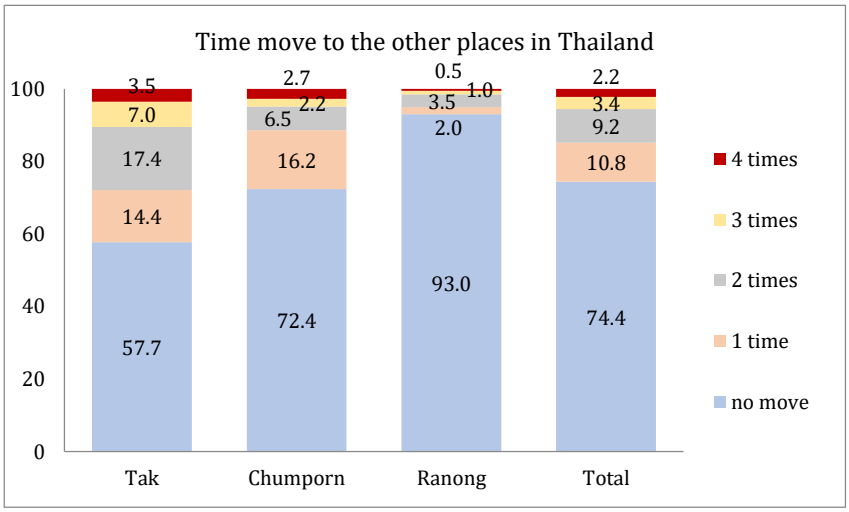




Figure 3.15 First move to Thailand (year) and means of migration

Figure 3.16 shows data for the year of the household move to the current community of residence. More households moved during 2010-14 (35.0%) followed by 2005-09 (26.4%) or before 2000 (19.5%). Distinctly more migrants in Ranong had moved to Thailand before the year 2000 compared to migrants in the other provinces.

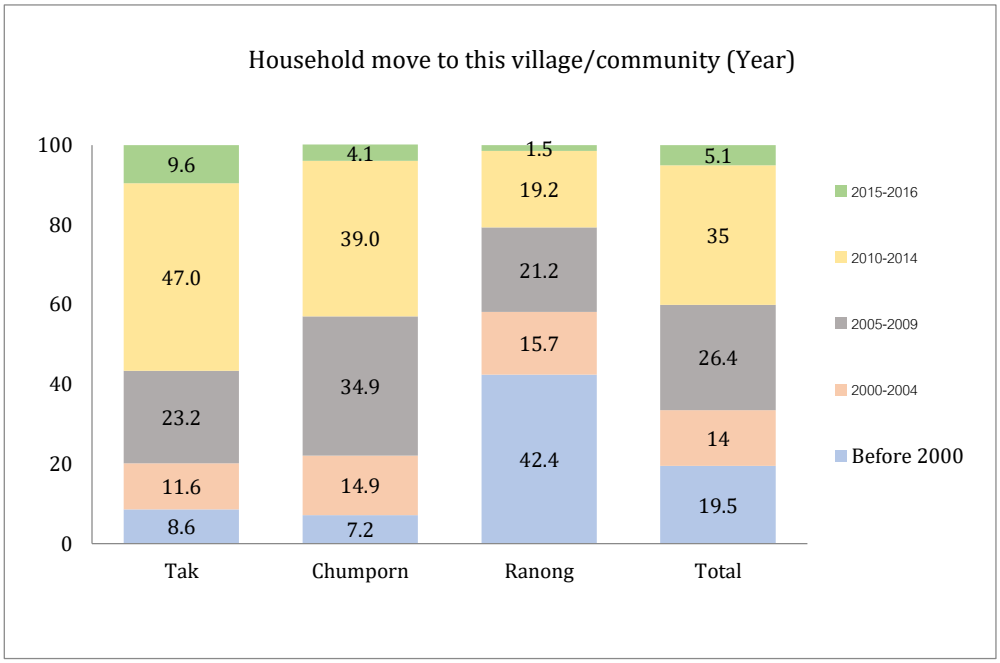
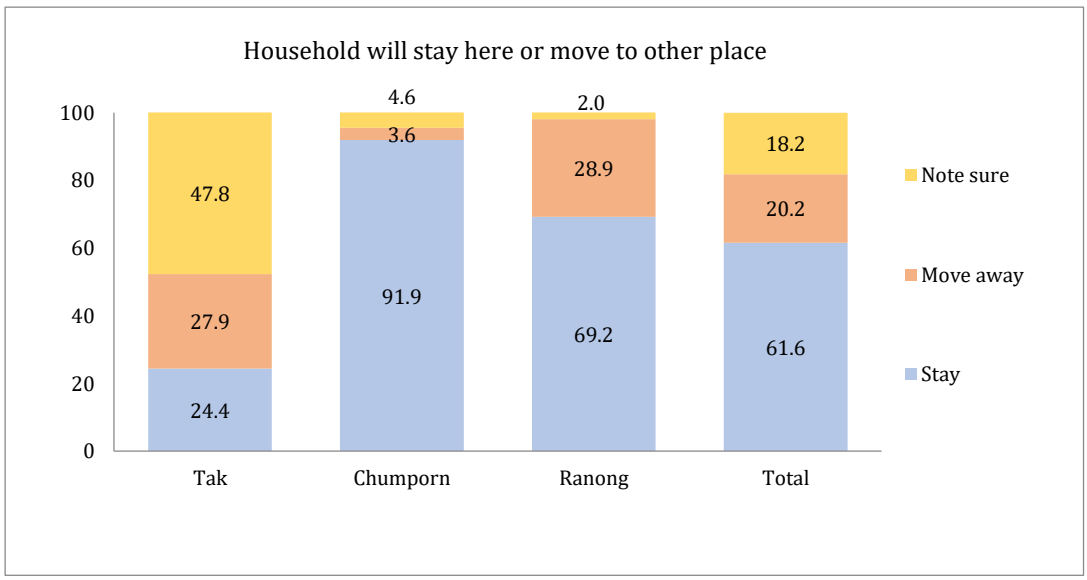



Figure 3.16 Year of household move to present community

Respondents were also asked about intention to move again in the future (Figure 3.17). The majority (61%) said they had no intention to relocate, while one-fifth intend to move while another fifth are unsure. Chumporn migrants seem to be the most rooted to their community as 91.9% intend to stay, while only one-fourth in Tak intend to stay. While for those who intend to move again, most in Ranong and Tak plan to return to Myanmar, while most in Chumporn plan to move to gain better income in Thailand.



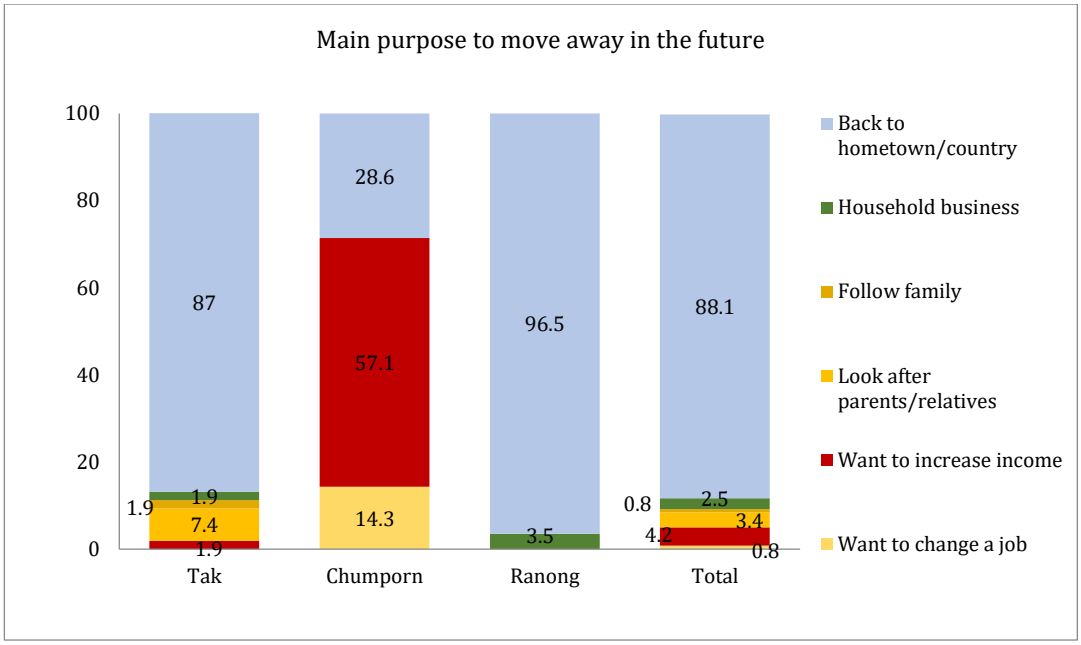



Figure 3.17 Household plans to stay or move and main purpose if move in the future

### 3.2.11 Social integration and satisfaction with life and surroundings

#### 3.2.11.1 Social Integration of migrants

Respondents were asked about social integration in Thailand using the following eight indicators: 1) Celebrate Thai, religious, and cultural events; 2) Celebrate own national, religious, and cultural events; 3) Participate in cremation ceremonies (Burmese/Thai); 4) Put food into the bowl of the Buddhist monks; 5) Participate in cultural activities (e.g., Burmese New Year, Mon New Year); 6) Attend social activities in the community (e.g., New Year's, Father's Day, Mother's Day, community sanitization drives, etc.); 7) Celebrate the King's birthday; and 8) Celebrate International New Year. Across these indicators, there is a clear preference by the Burmese migrants to spend cultural, social and religious activities with members of their own nationality (Table 3.5). The cross-border population in Ranong are the most ethno-centric in this regard, while respondents in Tak and Chumporn are less likely to participate in these activities at all, compared to their counterparts in Ranong.

Table 3.5 Social Integration of migrants

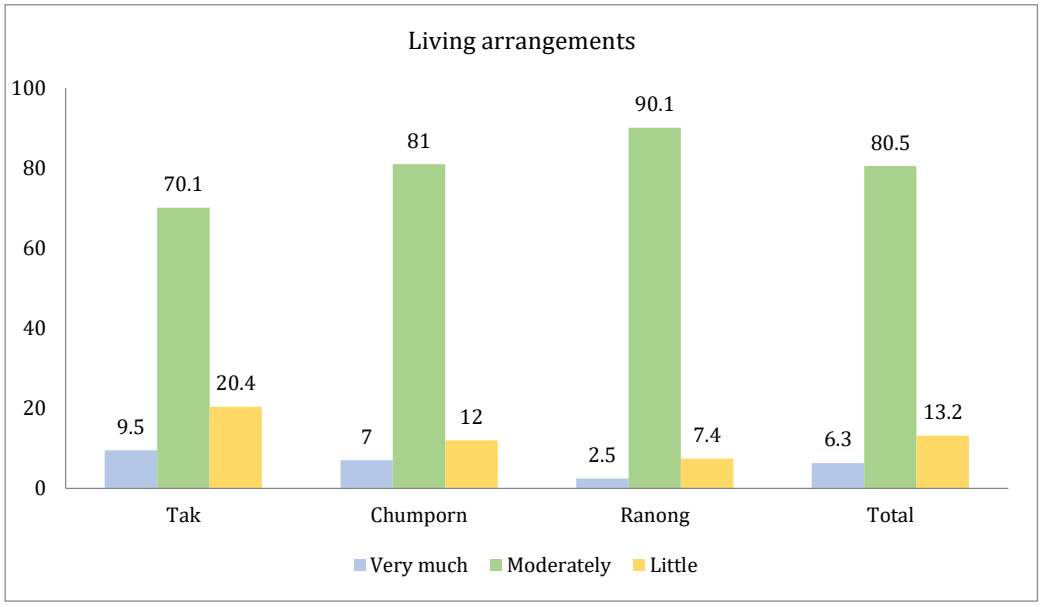
| Social Integration | Tak | Chumporn | Ranong | Total |
|---|---|---|---|---|
| **1. Celebrate Thai, religious, and cultural events.** | | | | |
| With Thais | 60 | 23 | 56 | 139 |
| % | 29.9 | 11.5 | 27.6 | 23 |
| With members of the same nationality | 108 | 87 | 163 | 358 |
| % | **53.7** | **43.5** | **80.3** | **59.3** |
| Do not participate | 89 | 104 | 37 | 230 |
| % | 38.7 | 45.2 | 16.1 | 100.0 |

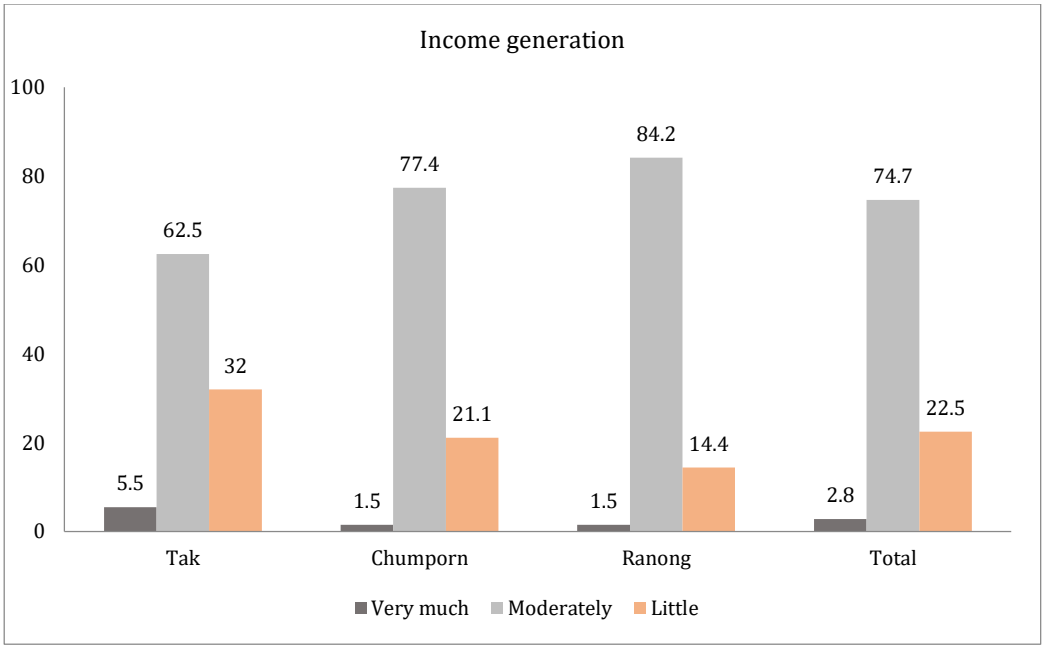
| Social Integration | Tak | Chumporn | Ranong | Total |
|---|---|---|---|---|
| **2. Celebrate own nationality, religious, and cultural events.** | | | | |
| With Thais | 72 | 8 | 53 | 133 |
| % | 35.8 | 4 | 26.1 | 22 |
| With members of the same nationality | 160 | 167 | 170 | 497 |
| % | **79.6** | **83.5** | **83.7** | **82.3** |
| Do not participate | 41 | 31 | 31 | 103 |
| % | 39.8 | 30.1 | 30.1 | 100.0 |
| **3. Participate in cremation ceremony. (self-tradition/ Thai)** | | | | |
| With Thais | 99 | 34 | 71 | 204 |
| % | 49.3 | 17 | 35 | 33.8 |
| With members of the same nationality | 160 | 116 | 166 | 442 |
| % | **79.6** | **58.0** | **81.8** | **73.2** |
| Do not participate | 41 | 67 | 27 | 135 |
| % | 30.4 | 49.6 | 20 | 100.0 |
| **4. Putting food into the bowl of the Buddhist priest** | | | | |
| With Thais | 80 | 9 | 65 | 154 |
| % | 39.8 | 4.5 | 32 | 25.5 |
| With members of the same nationality | 158 | 169 | 172 | 499 |
| % | **78.6** | **84.5** | **84.7** | **82.6** |
| Do not participate | 42 | 30 | 19 | 91 |
| % | 46.1 | 33 | 20.9 | 100.0 |
| **5.Participate cultural activities (i.e. Burmese New Year, Mon New Year)** | | | | |
| With Thais | 65 | 7 | 85 | 157 |
| % | 32.3 | 3.5 | 41.9 | 26 |
| With members of the same nationality | 150 | 145 | 170 | 465 |
| % | **74.6** | **72.5** | **83.7** | **77** |
| Do not participate | 51 | 55 | 5 | 111 |
| % | 45.9 | 49.5 | 4.5 | 100.0 |
| **6. Attending social activities in the community (New Year celebration, Father's day, Mother's day, community sanitization, etc.)** | | | | |
| With Thais | 66 | 14 | 60 | 140 |
| % | 32.8 | 7 | 29.6 | 23.2 |
| With members of the same nationality | 123 | 86 | 163 | 372 |
| % | **61.2** | **43.0** | **80.3** | **61.6** |
| Do not participate | 76 | 112 | 37 | 225 |
| % | 33.8 | 49.8 | 16.4 | 100.0 |
| **7.Celebrating King's birthday** | | | | |
| With Thais | 36 | 15 | 69 | 120 |
| % | 17.9 | 7.5 | 34 | 19.9 |
| With members of the same nationality | 95 | 64 | 161 | 320 |
| % | **47.3** | **32.0** | **79.3** | **53.0** |

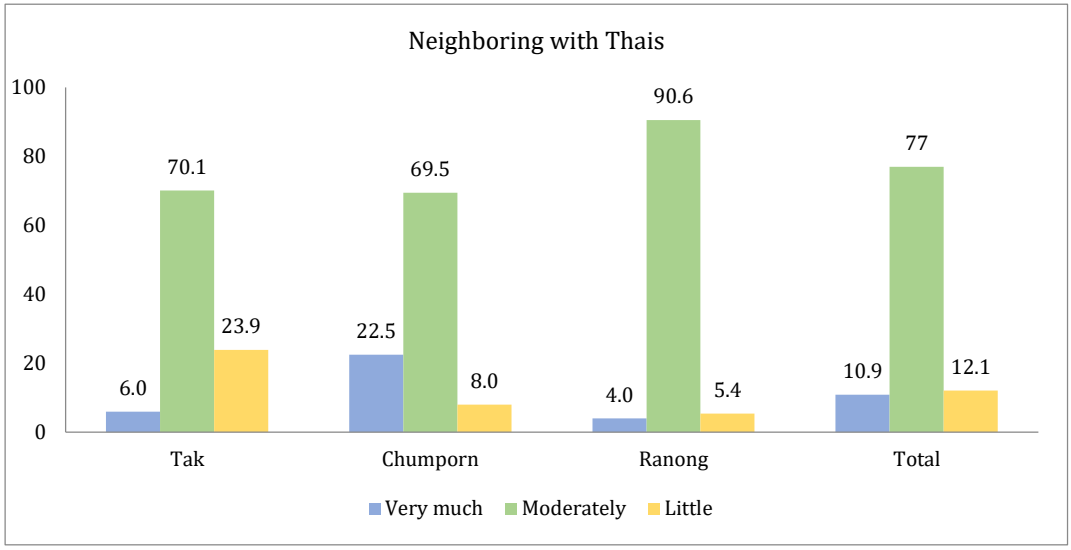
| Social Integration | Tak | Chumporn | Ranong | Total |
|---|---|---|---|---|
| Do not participate | 102 | 132 | 39 | 273 |
| % | 37.4 | 48.4 | 14.2 | 100.0 |
| **8. Celebrating International New Year** | | | | |
| With Thais | 22 | 13 | 48 | 83 |
| % | 11 | 6.5 | 23.6 | 13.8 |
| With members of the same nationality | 95 | 62 | 126 | 283 |
| % | **47.5** | **31.0** | **62.1** | **46.9** |
| Do not participate | 104 | 135 | 69 | 308 |
| % | 33.8 | 43.8 | 22.4 | 100.0 |

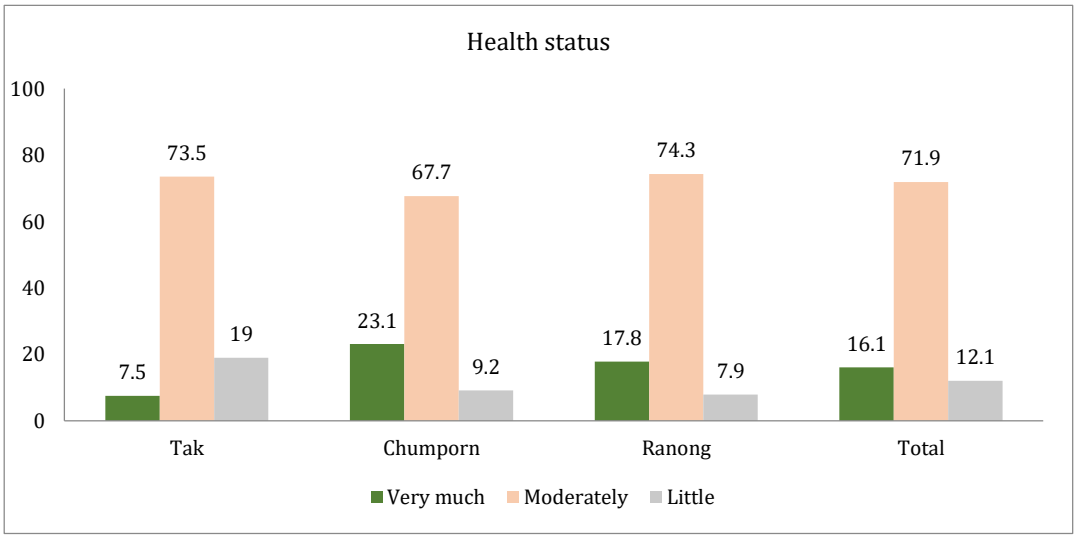
### 3.2.11.2 Satisfaction with life and surroundings

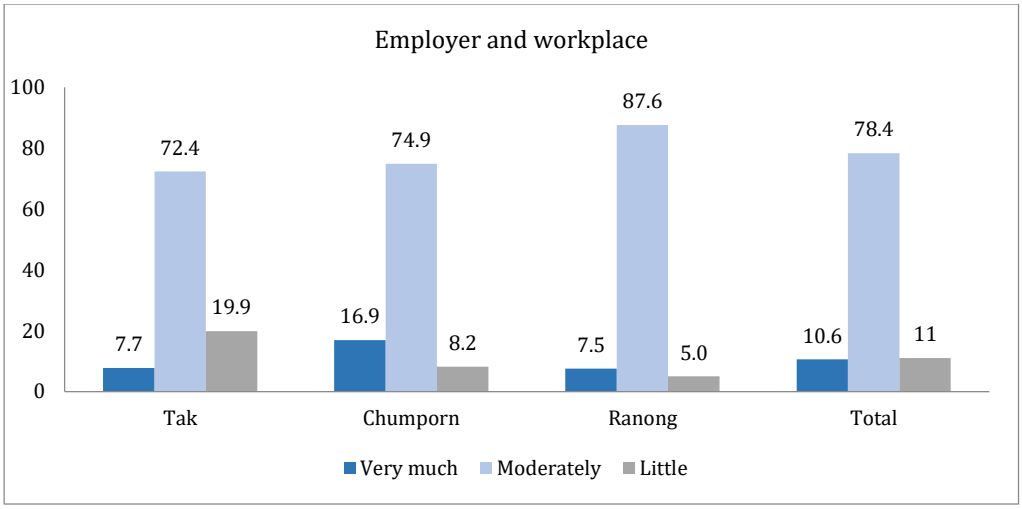
Overall, satisfaction of the sample with their daily life and living conditions ranged from 65% to 80% across the dimensions of living arrangements, health status, income generation, employer/workplace, friends/co-workers, neighboring with Thais, awareness of protections and right to security in life and property. The patterns are similar across the three provinces (Figure 3.18).

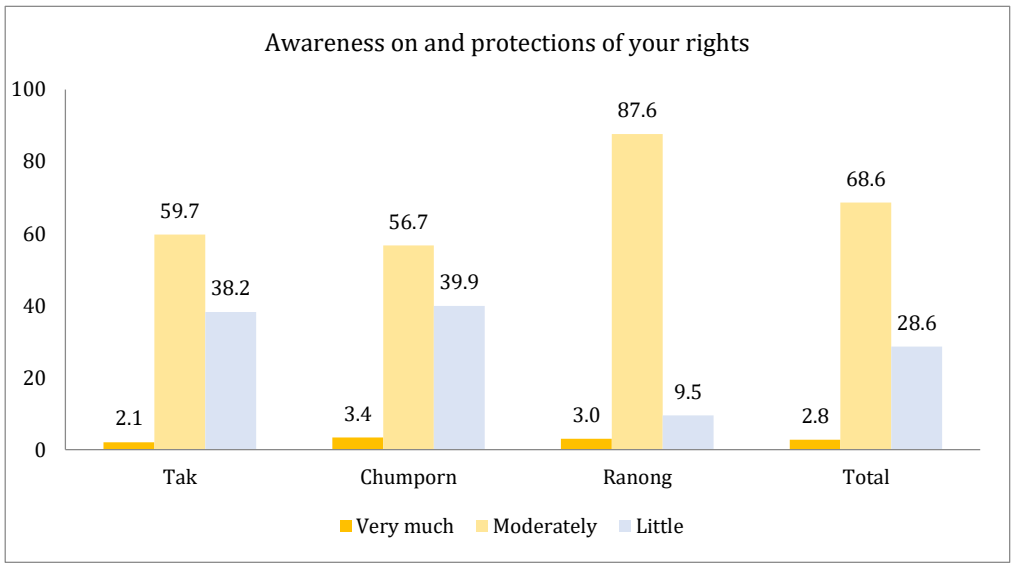



Income generation
100
80
60
40
20
0
5.5
62.5
32
1.5
77.4
21.1
1.5
84.2
14.4
2.8
74.7
22.5
Tak
Chumporn
Ranong
Total
Very much
Moderately
Little


Neighboring with Thais
100
80
60
40
20
0
6.0
70.1
23.9
22.5
69.5
8.0
4.0
90.6
5.4
10.9
77
12.1
Tak
Chumporn
Ranong
Total
Very much
Moderately
Little


Health status
100
80
60
40
20
0
7.5
73.5
19
23.1
67.7
9.2
17.8
74.3
7.9
16.1
71.9
12.1
Tak
Chumporn
Ranong
Total
Very much
Moderately
Little



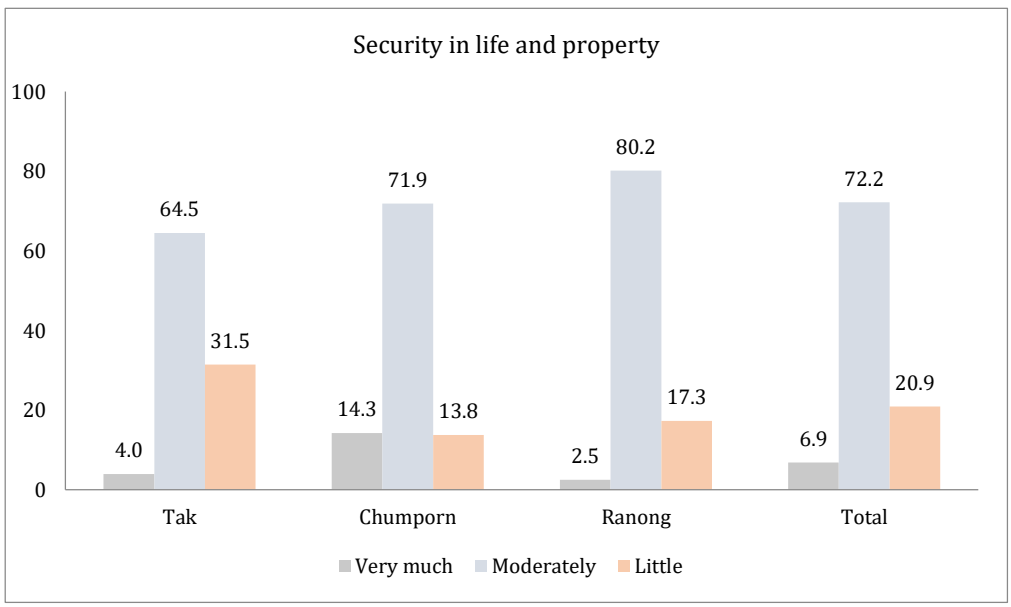




Figure 3.18 Satisfaction with life and surroundings

### 3.2.11.3 Ever witnessed or experienced abuse and discrimination of migrants

Experience of abuse or negative discrimination against respondents or their household members is not uncommon in this sample, but is least in Ranong compared to Tak and Chumporn (Table 3.6). Having witnessed cases of other migrants who suffered abuse is often twice as prevalent as having experienced it by themselves. Verbal abuse is more common than physical or sexual abuse.

Table 3.6 Ever witnessed or experienced abuse of migrants

| Witnessed or experienced abuse | Witnessed others | | | | Personal or family member experience | | | |
|---|---|---|---|---|---|---|---|---|
| | Tak | Chumporn | Ranong | Total | Tak | Chumporn | Ranong | Total |
| Physical Abuse (E.g., Spit at / Punched / Had things thrown at / Slapped / Pinched / Pushed) | 95 | 104 | 45 | 244 | 29 | 42 | 11 | 82 |
| % | **47.3** | **52.0** | **22.2** | **40.4** | **14.4** | **21.0** | **5.4** | **13.6** |
| Verbal Abuse (E.g., called names / threatened / yelled at) | 114 | 107 | 44 | 265 | 56 | 50 | 21 | 127 |
| % | **56.7** | **53.5** | **21.7** | **43.9** | **27.9** | **25.0** | **10.3** | **21.0** |
| Sexual abuse (E.g., touched without consent / unwanted sexual molestation / rape) | 74 | 42 | 14 | 130 | 8 | 10 | 2 | 20 |
| % | **36.8** | **21.0** | **6.9** | **21.5** | **4.0** | **5.0** | **1.0** | **3.3** |

Fully one-fourth the sample reported workplace rights violations such as withholding earned compensation or fining migrants for mistakes made on the job (Table 3.7). One-fifth report group segregation in the workplace.

Table 3.7 Ever witnessed or experienced discrimination against migrants

| **Witnessed or experienced discrimination** | **Witnessed for others** | | | | **Personal or family member experience** | | | |
|---|---|---|---|---|---|---|---|---|
| | **Tak** | **Chumporn** | **Ranong** | **Total** | **Tak** | **Chumporn** | **Ranong** | **Total** |
| Employment discrimination (E.g., recruitment/appointed position/lay offs/ promotion) | 84 | 72 | 25 | 181 | 54 | 33 | 19 | 106 |
| % | **41.8** | **36.0** | **12.3** | **30.0** | **26.9** | **16.5** | **9.4** | **17.5** |
| Peer discrimination (E.g., group segregation) | 54 | 80 | 23 | 157 | 37 | 56 | 17 | 110 |
| % | **34.2** | **40.0** | **11.3** | **28.0** | **23.4** | **28** | **8.4** | **19.6** |
| Public discrimination (E.g., being refused services) | 74 | 40 | 15 | 129 | 45 | 19 | 10 | 74 |
| % | **37.0** | **20.0** | **7.4** | **21.4** | **22.5** | **9.5** | **4.9** | **12.3** |
| Payment (E.g., payment deduction for mistakes /delayed payment) | 105 | 107 | 54 | 266 | 66 | 56 | 21 | 143 |
| % | **52.2** | **53.5** | **26.6** | **44.0** | **32.8** | **28.0** | **10.3** | **23.7** |
| Right and freedom at work (E.g., documents were kept by employer/ threatening to be reported to the authority by employers/being forced to work) | 104 | 97 | 51 | 252 | 60 | 28 | 12 | 100 |
| % | **51.7** | **48.5** | **25.1** | **41.7** | **29.9** | **14.0** | **5.9** | **16.6** |

### 3.2.11.4 Knowledge and attitudes toward birth registration, education, and other privileges.

In this survey we asked the cross-border population if they knew that a birth to a non-Thai migrant could be registered with the Thai civil registration system, and they could receive a birth registration form. Most (70%) were aware of this with more in Tak and Ranong aware, compared to Chumporn residents (where half thought that you could not register a foreign birth). Under half knew how to access the registrar and receive a report of a birth, with a quarter each who thought they probably could or could not at all (Figure 3.19).

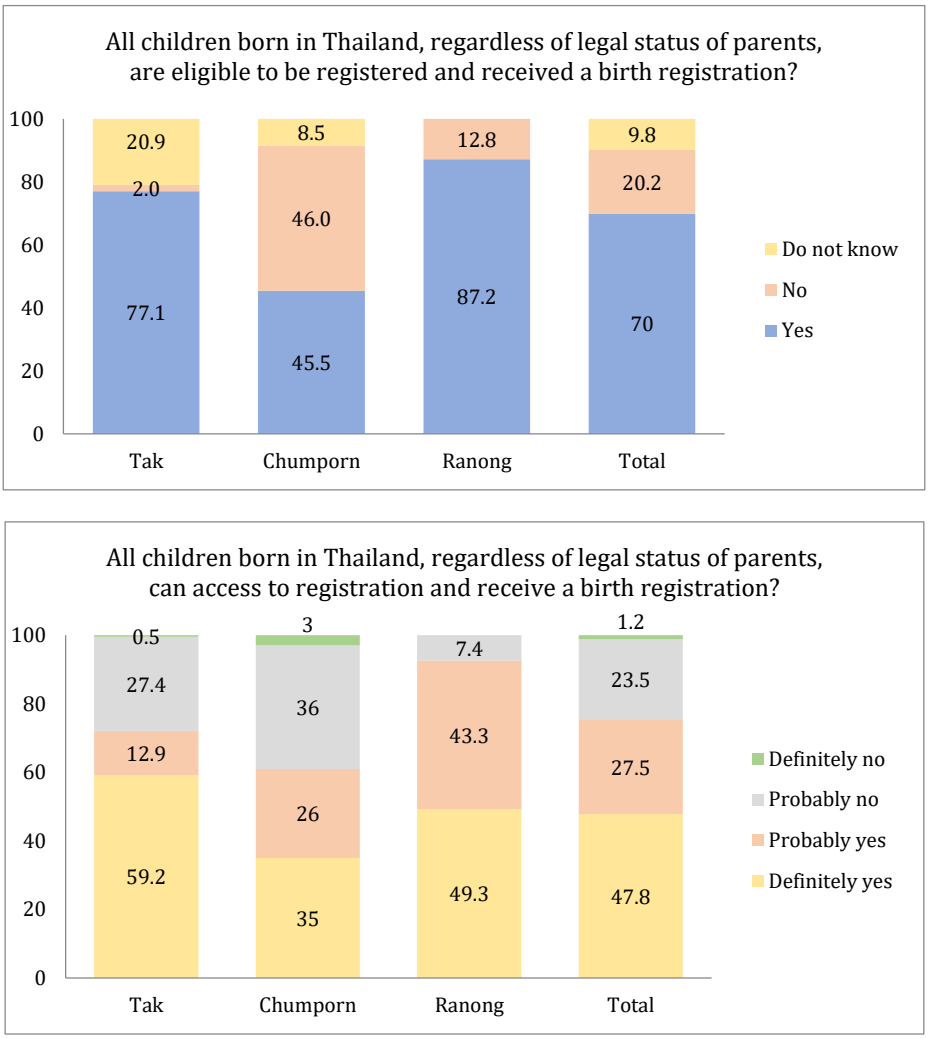
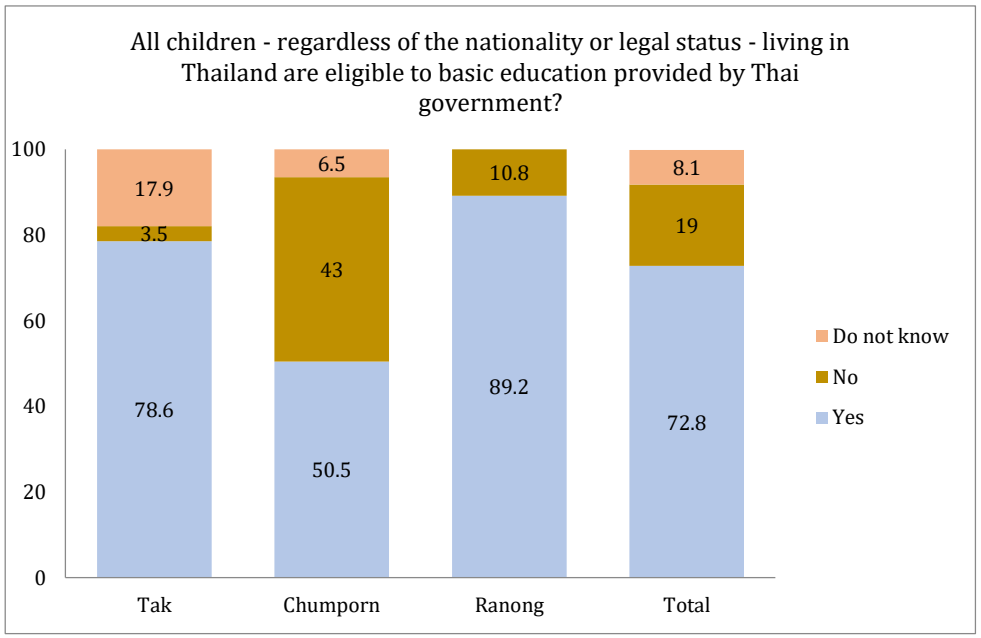



Figure 3.19 Knowledge and access to register a birth and receive a birth registration form

Respondents were also asked if they knew that children of migrants in Thailand were eligible to enroll in public primary education. Most (78.2%) were aware and, similar to the previous item, more migrants in Chumporn were not aware of this privilege compared to their counterparts in Ranong and Tak (Figure 3.20).



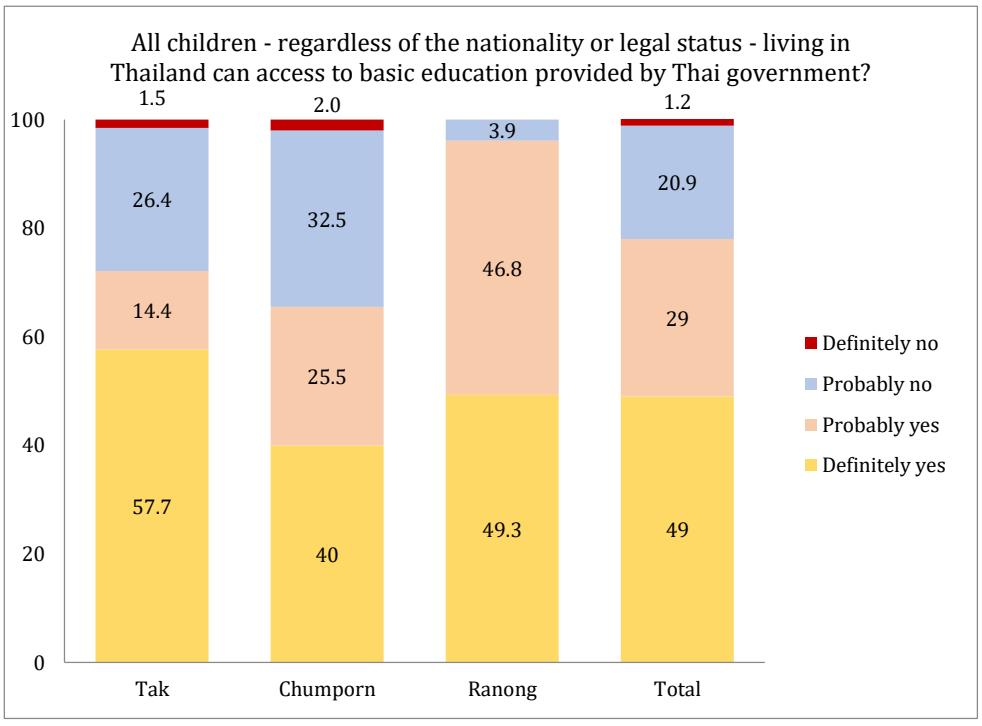
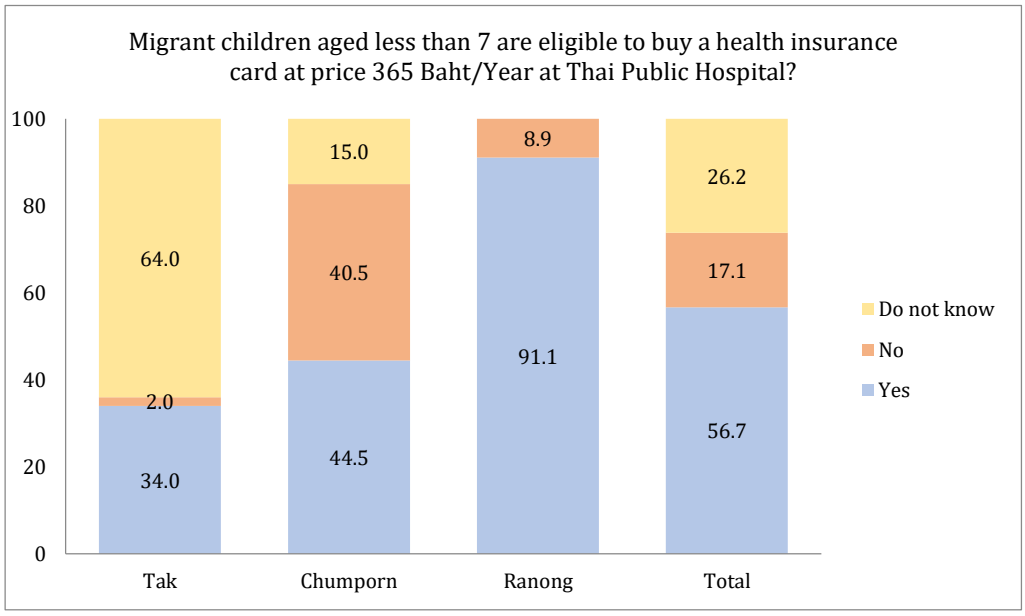




Figure 3.20 Knowledge and access to basic education

Children born to migrant parents under the age of seven years are eligible to buy health insurance from public hospitals. Over half (56.7%) of respondents were aware of this, 17.0% said they were not eligible and 26.2% were unsure. More Tak respondents were unaware of this privilege (64.0%) while 90.0% of Ranong migrants were aware they could buy the insurance for a child under seven years (Figure 3.21). For some MW, obtaining a work permit requires enrolment in health insurance. Most MW agree to do this. Some of those without work permits (including accompanying dependents) enroll in health insurance voluntarily and see the benefit of having insurance. However, the rather high annual cost of the insurance premium (which these MW must pay out of pocket) is a barrier to many MW who could benefit from the program. Others who feel strong and healthy don't see the need for health insurance and feel it is unfair that they have to subsidize others who are ill (or have HIV). (The Results of the External Evaluation of the AIDS Program, Under the GF-SSF Round Project: "Evaluation for migrants and ethnic minorities" 2015.)



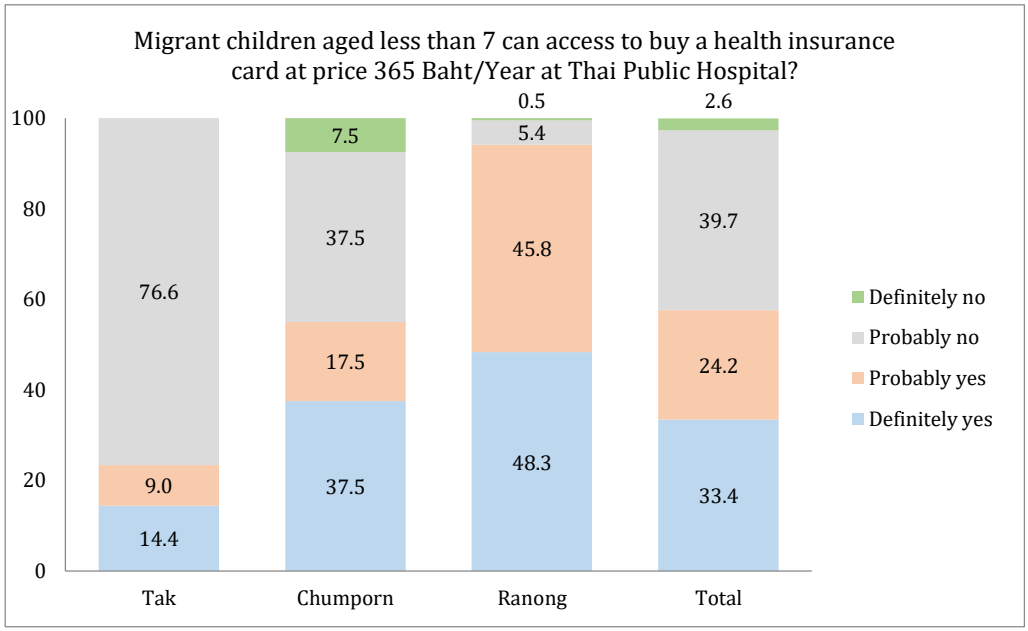




Figure 3.21 Knowledge and access to buy child health insurance at the price of 365 baht per year

Respondents were asked if they knew that migrants age seven years or older could buy health insurance from a government hospital. Over half knew they could, 17.1% said they could not and 29.2% were unsure. Once again, the migrants in Tak were less aware of this option than counterparts in the other two provinces (Figure 3.22).

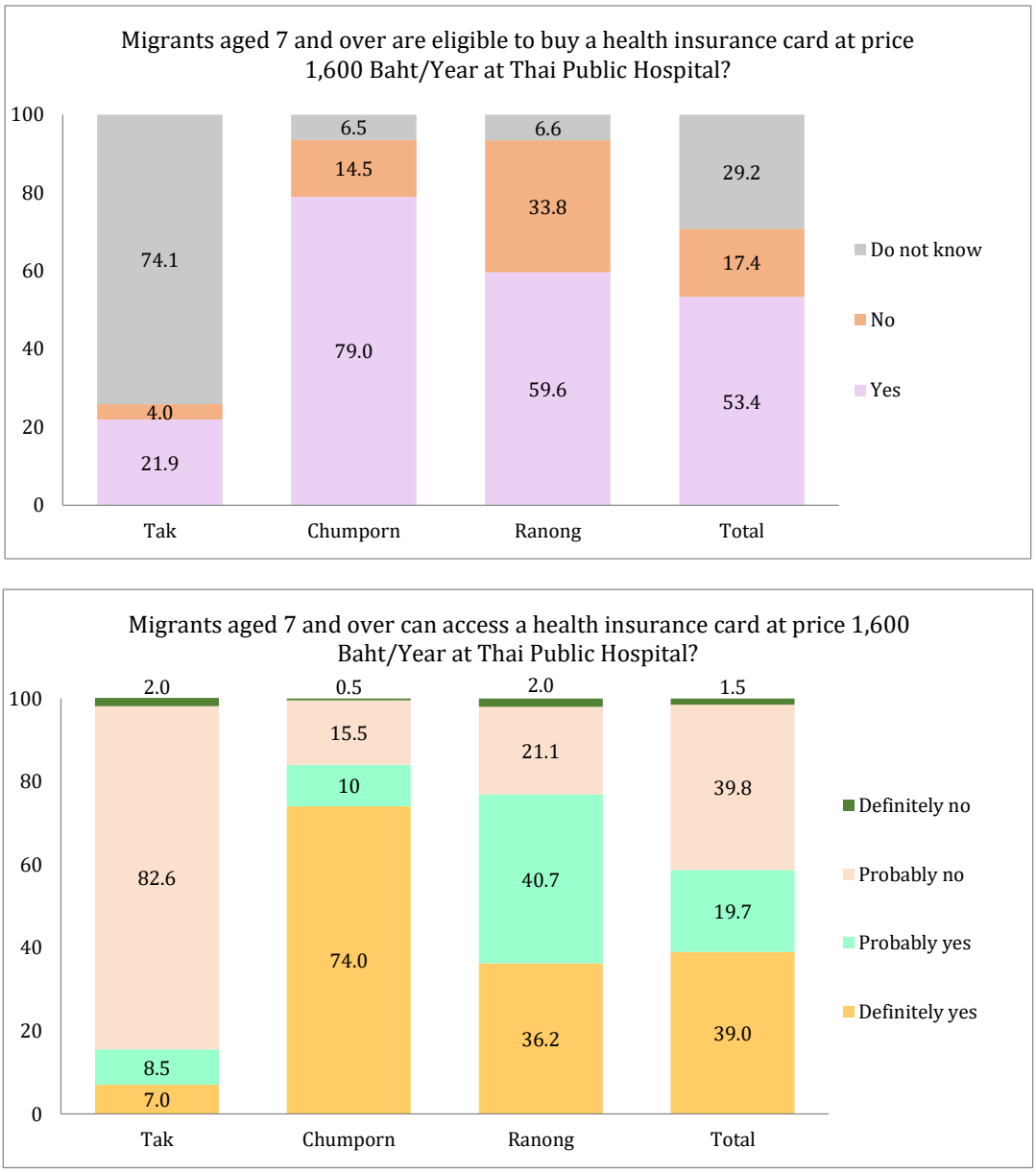



Figure 3.22 Knowledge and access to buy health insurance at the price of 1,600 baht per year

Respondents were asked if they knew that registered migrants with a work permit are eligible to enroll in the Thai social security system. About 40% each knew or did not know of this option, while 20% were unsure. Three-fourths of the Tak migrants did not know of this option compared to 43.5% in Chumporn and 2.5% in Ranong who did not know (Figure 3.23).

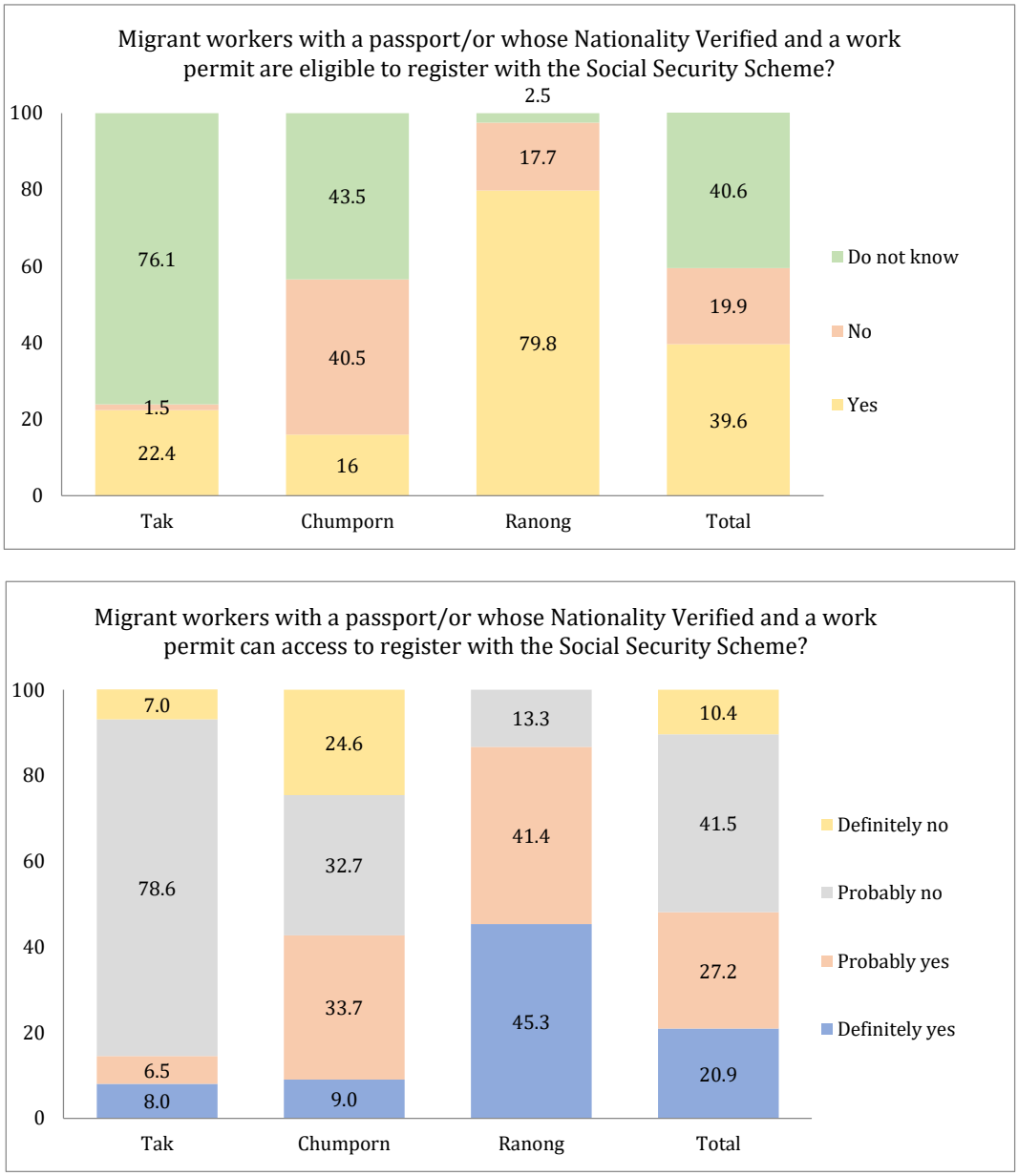



Figure 3.23 Knowledge and can access to register with the Social Security Scheme

## 3.3 MIGRANT CHILDREN AGE 0-15 YEARS

### 3.3.1 Sex

This study included a sample of 869 children age 0 to 15 years in migrant households. In Tak, there were 338 children (54.4% female); in Chumporn there were 231 children (50.0% female); and in Ranong there were 300 children (45.3% female) (Figure 3.24).

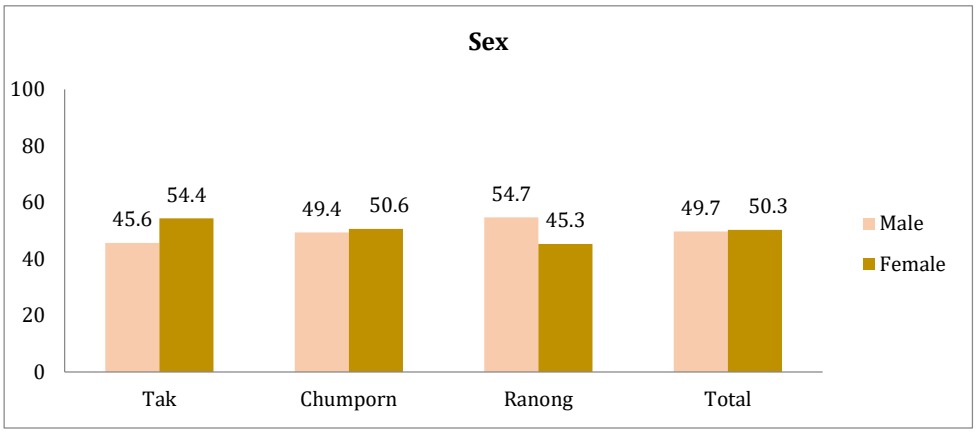



Figure 3.24: Sex of migrant children

### 3.3.2 Age

Just under half the children were age 1 to 5 years (46.6%), while 23.8% were age 6 to 10 years, and 29.0% were age 11 to 15 years. Under one-tenth (8.8%) were under 1 year of age. Chumporn had more infants than the other provinces (Figure 3.25).

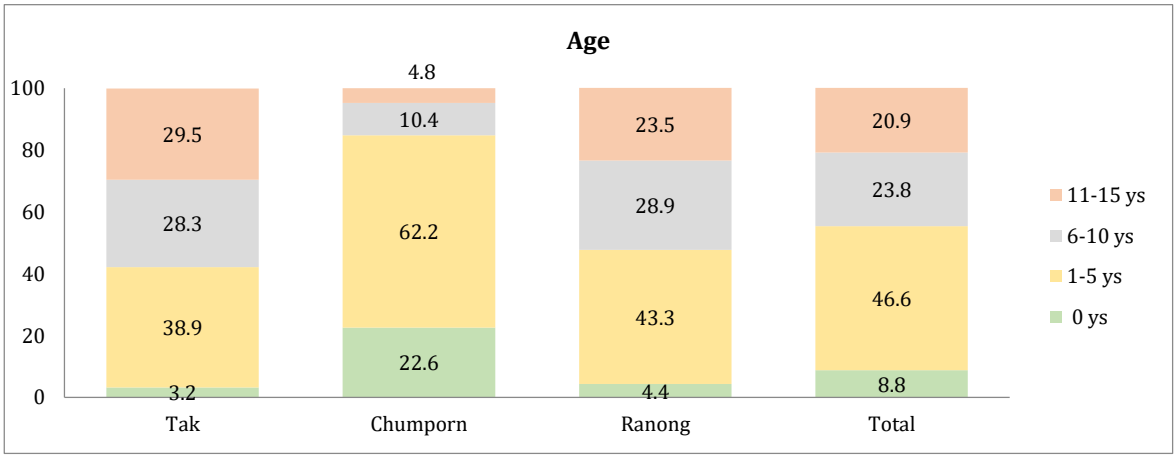



Figure 3.25: Age of migrant children

### 3.3.3 Health insurance

Three-fourths of the migrant children in this sample did not have Thai health insurance (Figure 3.26).

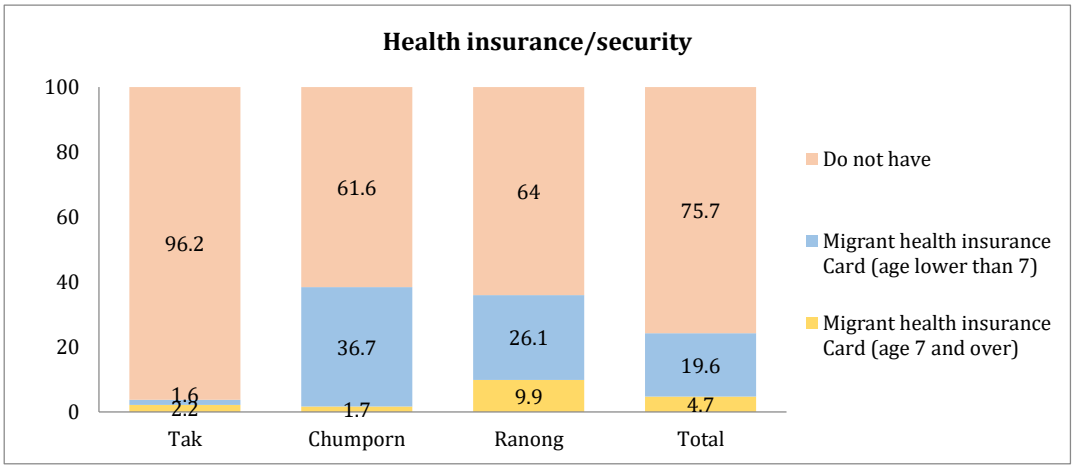



Figure 3.26 Health insurance/social security of migrant children

### 3.3.4 Where were migrants' children born?

Most of the migrants' children in this sample were born in Thailand; only 22.2% were born elsewhere. By province, 90% of children in Chumporn were born in Thailand, followed by 82% in Ranong, and 66% in Tak (Figure 3.27).

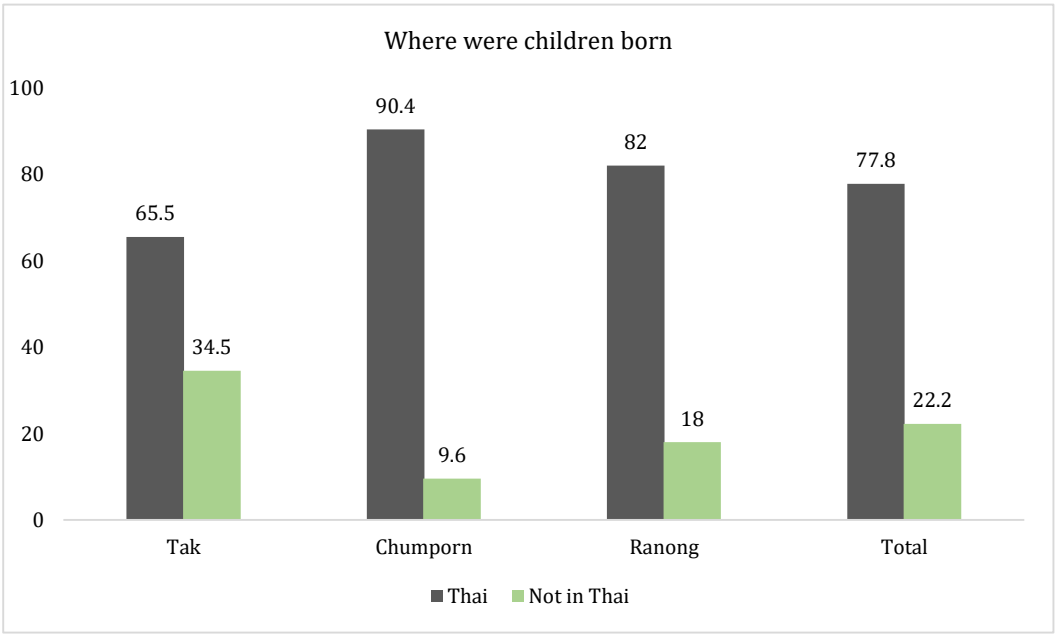



Figure 3.27: Percent migrants' children born in Thailand

### 3.3.5 What if the migrants' children were not born in Thailand?

This survey asked whether migrant parents of accompanying children born outside of Thailand registered the birth of their child with the Thai authorities. Nearly three-fourths (73.9%) said they had, and the levels were 73.9%, 72.9% and 63.2% for Tak, Ranong and Chumporn (Figure 3.28).

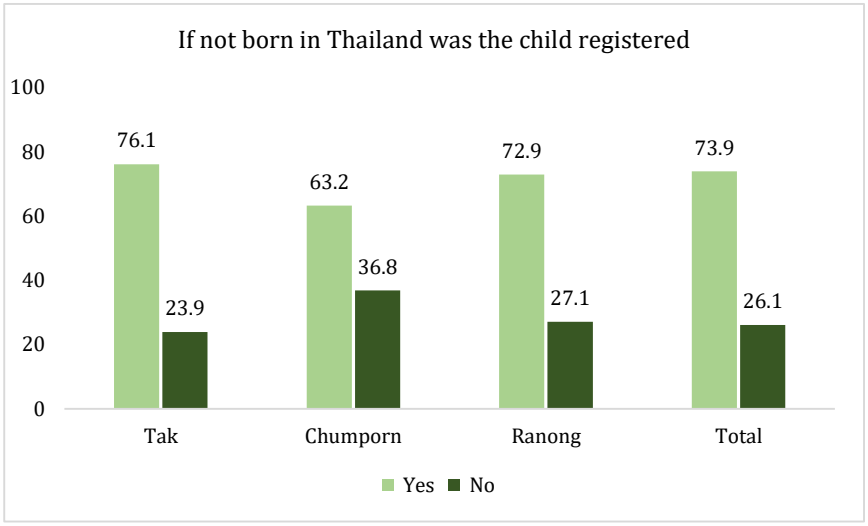



Figure 3.28: Percent of migrants' children not born in Thailand who registered the birth

### 3.3.6 If born in Thailand, where were the migrants' children delivered?

Births of children of migrants in Thailand mostly occurred in a public hospital, followed by an NGO health facility, while fewer still occurred at home or in the home community. Only 2.3% were delivered at a private hospital (Figure 3.29). Most (70%) of the migrant children in Tak were delivered at an NGO facility (Mae Tao Clinic), while over 85% of migrant births in Chumporn and Ranong were at a public hospital (Figure 3.29).

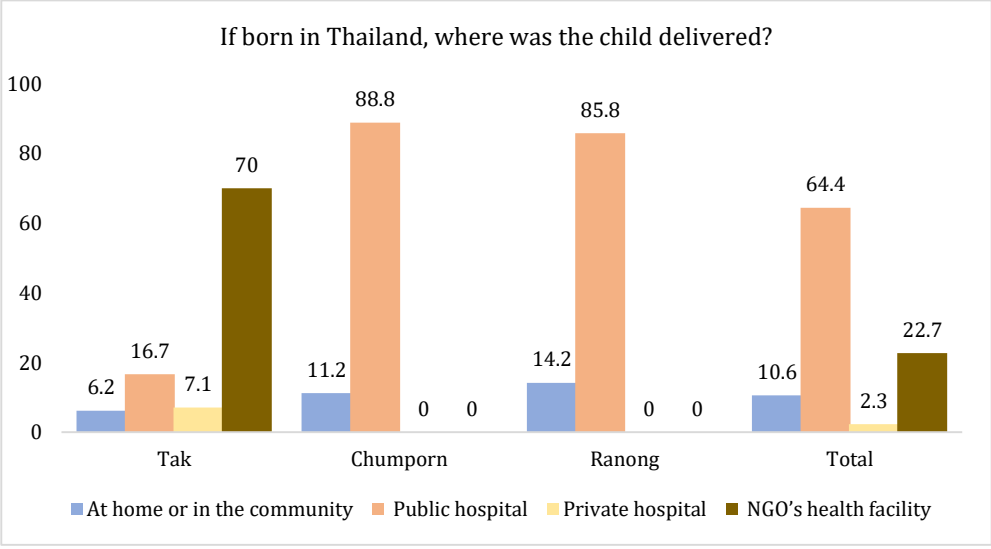



Figure 3.29: Place of birth of migrants' child in Thailand

Fully 79% of the migrant parents who had a child born in Thailand received a birth certificate, ranging from 90.0% in Tak to 75.1% in Chumporn and 69.2% in Ranong (Figure 3.30).

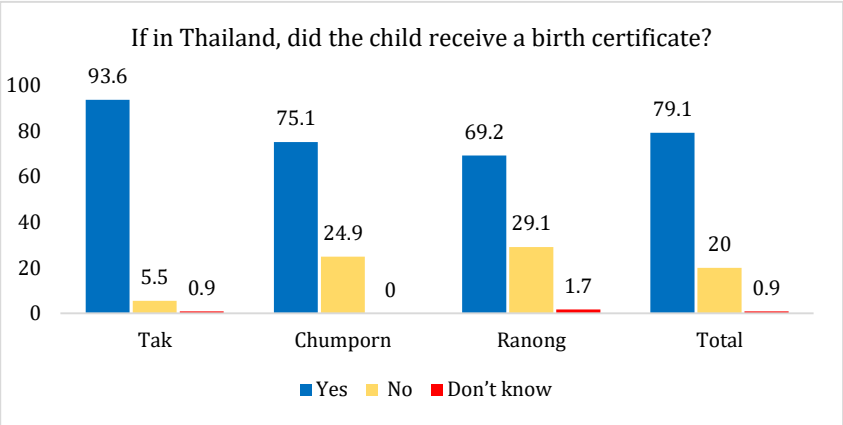



Figure 3.30: Percent of migrants' children receiving a birth certificate

Fully 70% of the migrant children with a birth certificate were able to register the birth with the local Thai registrar. This ranged from 81.0% in Tak to 71.5% in Ranong and 57.1% in Chumporn (Figure 3.31).

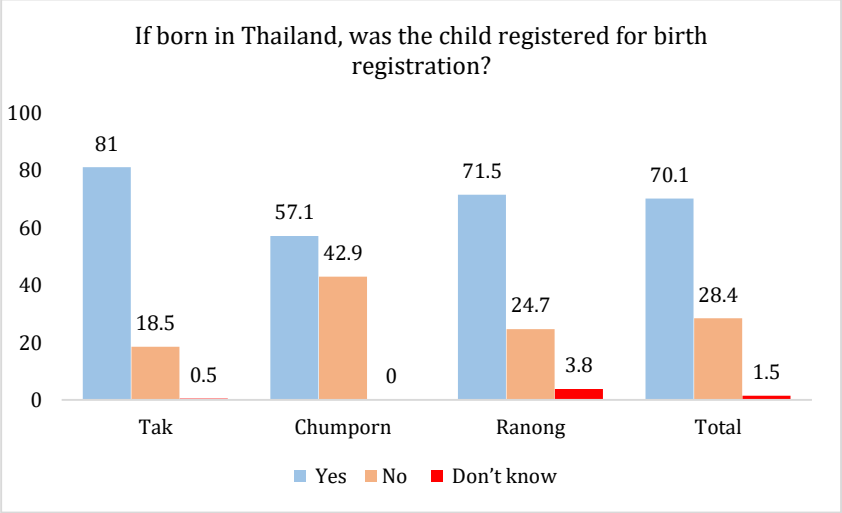



Figure 3.31: Reporting the birth or registering the birth of a migrant in Thailand

When asked who registered the birth, 83.0% of migrants said it was one or both of the parents, ranging from 90.0% in Ranong and Tak but only 47.3% in Chumporn. Other persons who registered the birth include relatives, friends or colleagues of the parents (Table 3.8).

Table 3.8: If yes, by whom? (person who processed the document at the civil registration office)

| | Tak | Chumporn | Ranong | Total |
|---|---|---|---|---|
| Parents (father or mother) | 92.6 | 47.3 | 97.0 | 83.1 |
| Grandparent | 4.6 | 2.7 | 3.0 | 3.5 |
| Relatives | 0.0 | 36.6 | 0.0 | 9.0 |
| Friends/colleagues of parents | 1.1 | 10.7 | 0.0 | 3.1 |
| Hospital staff | 0.0 | 2.7 | 0.0 | 0.7 |
| NGO | 1.7 | 0.0 | 0.0 | 0.7 |
| **Total** | **100.0** | **100.0** | **100.0** | **100.0** |
| **N** | **175** | **112** | **168** | **455** |

This survey asked migrant parents why they had not registered their child's birth. A common reason was that they didn't know they should (29.2%). One-fourth did not know where to go to register, 18.0% said there was a lack of personnel to assist them, and one-tenth could not speak Thai. In Tak and Ranong, one-third of parents did not know where to go to register the birth, whereas one-fifth of parents in Chumporn could not speak Thai and cited that as a reason for not registering the birth (Table 3.9).

Table 3.9 If not registered, why?

| | Tak | Chumporn | Ranong | Total |
|---|---|---|---|---|
| Registration place was too far | 0.0 | 4.7 | 1.9 | 2.8 |
| Parents are not registered or are undocumented | 5.0 | 4.7 | 1.9 | 3.9 |
| No transport/inconvenient transportation | 12.5 | 1.2 | 3.8 | 4.5 |
| No money | 5.0 | 2.3 | 3.8 | 3.4 |
| Lack of personnel assisting registration | 20.0 | 17.4 | 17.3 | 18.0 |
| **Don't know the places** | **37.5** | **12.8** | **36.5** | **25.3** |
| **Cannot speak Thai** | 0.0 | **20.9** | 0.0 | 10.1 |
| Not necessary | 0.0 | 2.3 | 5.8 | 2.8 |
| **Don't know** | **20.0** | **33.7** | **28.8** | **29.2** |
| **Total** | **100.0** | **100.0** | **100.0** | **100.0** |
| **N** | **40** | **86** | **52** | **178** |

### 3.3.7 Education of children of migrants

Standard education in Thailand extends from age 7 to 15 years. Most (over 80) of the children of migrants in Thailand are studying. Of these, about 80 are studying in a learning center operated by an NGO. By province, Tak and Ranong have high proportions of children in NGO learning centers while children in Chumporn are more evenly distributed between Thai public school and a learning center (Figure 3.32).

Children of migrants in Thailand are studying in a learning center because the Thai public education system. However, there is a condition that the child must be able to communicate in Thai to a certain level. Some schools give language tests to help place the foreign child at an appropriate level, but that is usually for the older children. No documentation for the child is required for enrollment at learning center operated by an NGO. Instead, some documentation of the parents is required. The centers collaborate with the formal Thai schools to help the foreign students to improve Thai language and academic skills for the transition to Thai school.

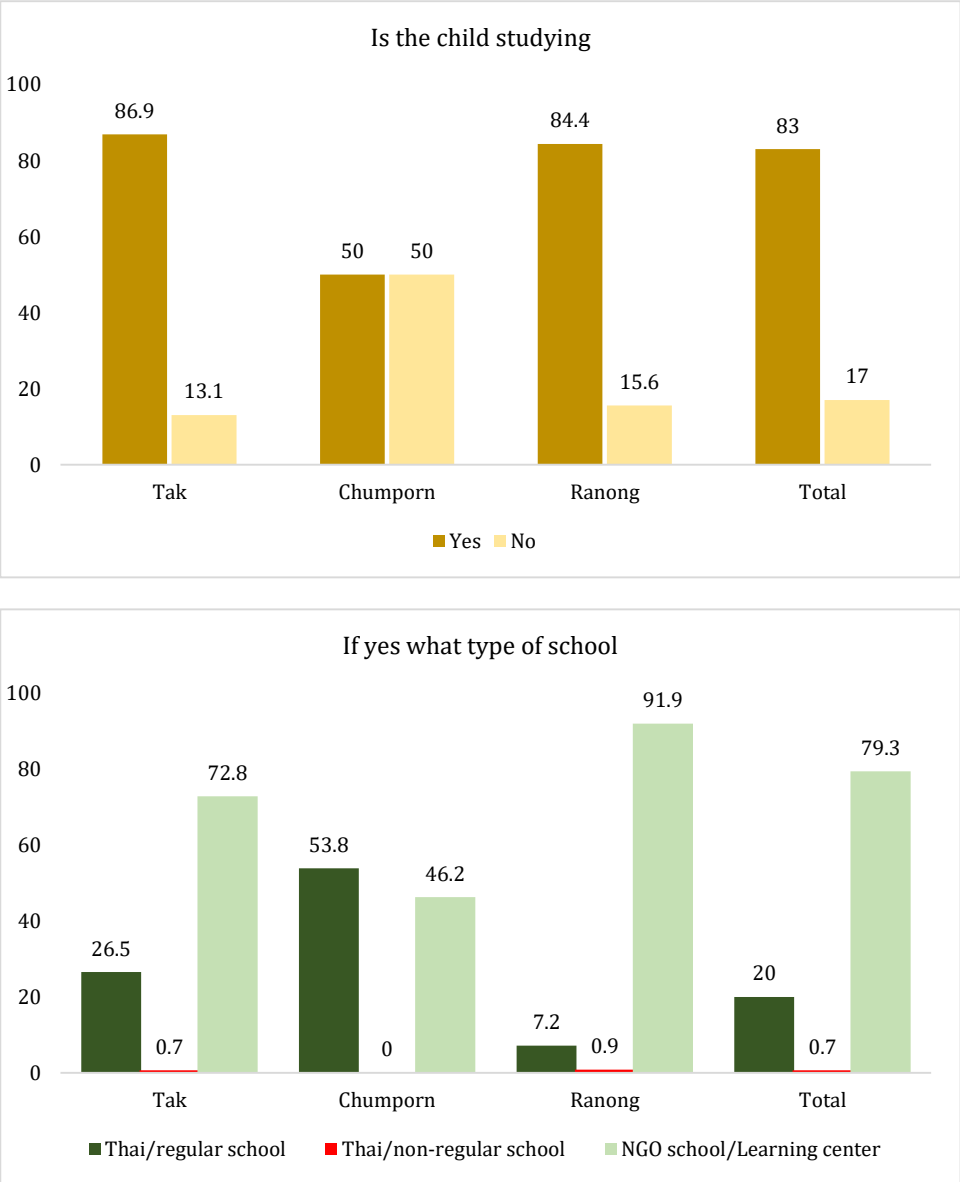



Figure 3.32 Education of migrant children

## 3.4 HOUSE CHARACTERISTICS

### 3.4.1 House type

Half the sample lived in block/shop housing, while 28.4 living in a single/twin house, 12.8 lived in a wooden row house, and 5.5 lived in a town house. Only 2.5 lived in a rented room inside a building (Table 3.10). In Tak, the majority (58.8) lived in a single/twin house, whereas migrants in Ranong and Chumporn mostly lived in a block/shop house (74.7 and 74.5).

Table 3.10: House type

| House type | Tak | Chumporn | Ranong | Total |
|---|---|---|---|---|
| Single House/ Twin-house | 58.9 | 10.0 | 16.7 | 28.4 |
| Home town / Townhouse | 8.6 | 4.5 | 3.5 | 5.5 |
| Block / Shop House | 2.5 | 74.5 | 74.7 | 50.8 |
| Rental room inside a house / building | 1.5 | 5.5 | 0.5 | 2.5 |
| Wooden rowed house | 28.4 | 5.5 | 4.5 | 12.8 |
| **Total** | **100.0** | **100.0** | **100.0** | **100.0** |
| **N** | **197** | **200** | **198** | **595** |

### 3.4.2 Material of the roof

Respondents were asked what material was used for the house. Common material includes tile, zinc, and cement (63.4, 19.4 and 11.0, respectively) (Table 3.11).

Table 3.11: Material of the roof

| material of the roof | Tak | Chumporn | Ranong | Total |
|---|---|---|---|---|
| CPAC monier | 0.0 | 0.0 | 0.5 | 0.2 |
| Tile | 28.5 | 66.0 | 96.0 | 63.4 |
| Zinc Plate | 53.5 | 1.0 | 3.5 | 19.4 |
| Elephant grass / nipa palm leaf | 15.0 | 0.0 | 0.0 | 5.0 |
| Cement | 0.5 | 32.5 | 0.0 | 11.0 |
| Used material | 2.5 | 0.5 | 0.0 | 1.0 |
| **Total** | **100.0** | **100.0** | **100.0** | **100.0** |
| **N** | **200** | **200** | **199** | **599** |

### 3.4.3 Material of the walls

Material for the walls of the domicile include concrete/brick/stone, followed by half cement, wood or tile (41.6, 20.9 and 12.0, respectively) (Table 3.12). Walls in Ranong and Chumporn migrant domiciles were mostly concrete/brick/stone or half-cement, while those in Tak were a range of types.

Table 3.12: Material of the walls

| material of the walls | Tak | Chumporn | Ranong | Total |
|---|---|---|---|---|
| **Concrete/Brick/Stone** | **26.4** | **27.3** | **71.4** | **41.6** |
| Tile | 8.0 | 9.1 | 19.1 | 12.0 |
| Zinc plate | 12.9 | 1.0 | 2.5 | 5.5 |
| Elephant grass/nipa palm leaf | 11.4 | 0.0 | 0.0 | 3.8 |
| Wood | 13.9 | 4 | 4.5 | 7.5 |
| **Half cement and wood** | **2.5** | **58.1** | **2.5** | **20.9** |
| Bamboo | 16.4 | 0.0 | 0.0 | 5.5 |
| Used material | 8.5 | 0.5 | 0.0 | 3.0 |
| **Total** | **100.0** | **100.0** | **100.0** | **100.0** |
| **N** | **201** | **198** | **199** | **598** |

### 3.4.4 Fence

Three-fourths of the migrants in this sample reported that there is no wall or fence around their domicile. This is truer for migrants in Ranong, followed by Chumporn and Tak (Figure 3.33).

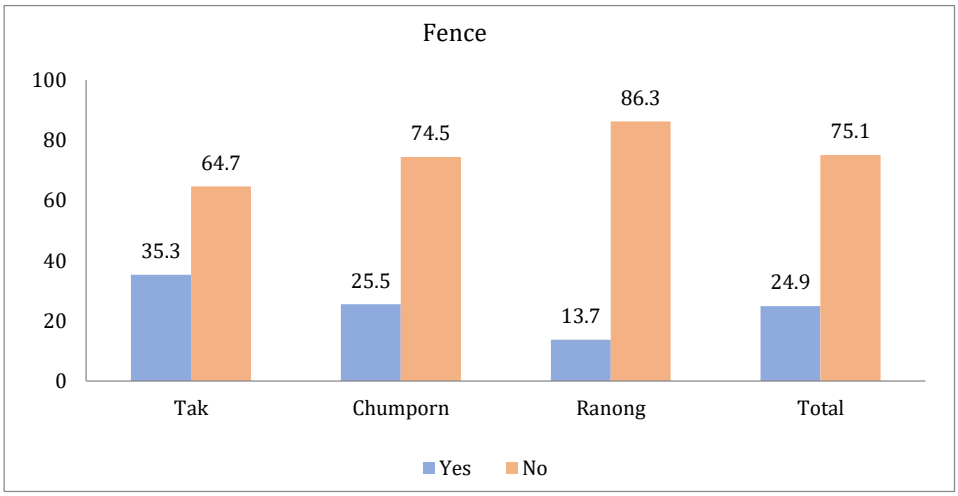



Figure 3.33: Fence

### 3.4.5 Air ventilation and sunlight in the house

Proper air ventilation and exposure to sunlight are considered indicators of quality domicile. Fully 61.1 of respondents said that their domicile was in good condition, while a third said that the condition was rather poor (Figure 3.34). Migrants in Chumporn had the lowest proportion living in a good condition, while the majority of migrants in Tak and Ranong lived in good conditions.

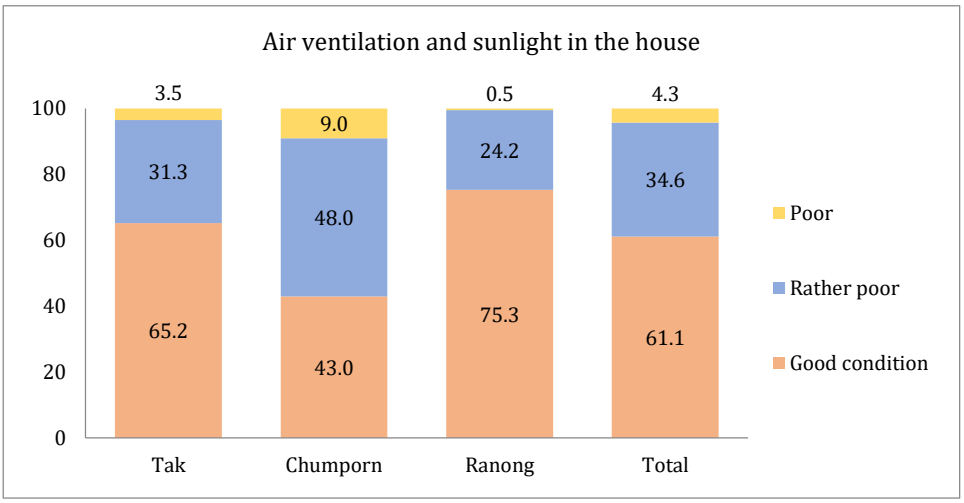



Figure 3.34: Air ventilation and sunlight in the house

### 3.4.6 Electricity

Nearly all the respondents lived in a domicile with electricity (Figure 3.35).

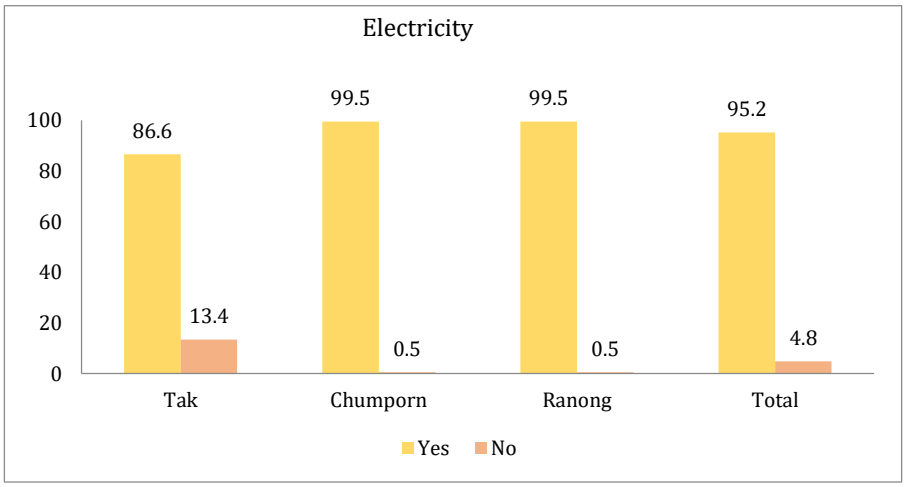



Figure 3.35: Electricity

### 3.4.7 Toilet

Three-fourths of the sample lived in a domicile with a private toilet. Nearly all (93.4) migrants in Ranong had a private toilet followed by 71.0 in Chumporn and 58.1 in Tak (Figure 3.36).

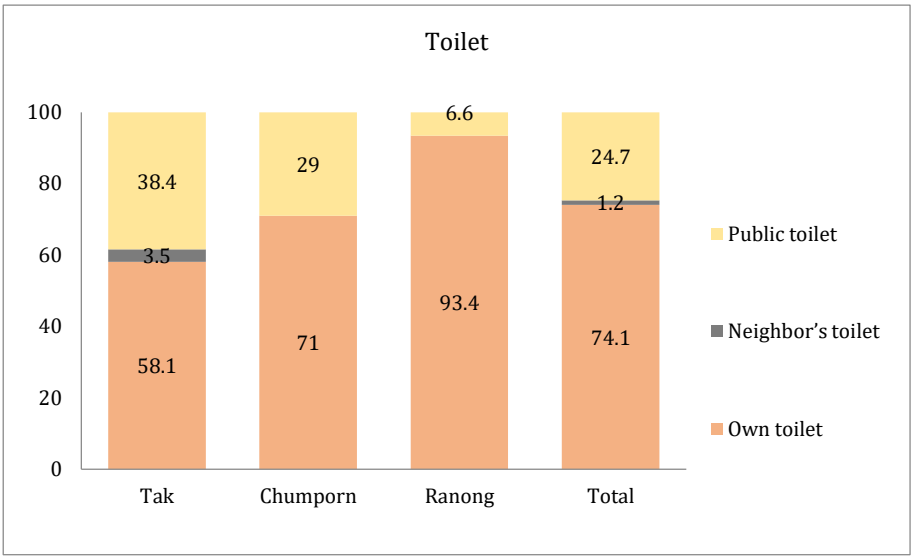



Figure 3.36: Toilet

# CHAPTER 4
# FINDINGS: QUALITATIVE STUDY

From the qualitative field study in three project sites, the research found that, in the past, there had been efforts to increase registration of births to cross-border parents in Thailand. These efforts were largely pushed by local Civil Society Organizations (CSO) and NGO. In any case, the efforts were case specific or focused on children in difficult circumstances. The CSO and NGO occasionally conducted orientation sessions on rights and knowledge in the target communities. Some of these efforts were successful while others were not. But the principal problem was lack of sustainability of the effort after the NGO left or turned to other priorities. Thus, the ECPMC Project was conceived to work with community-based organizations (CBO) to create a more grassroots effort which, in theory, should be more sustainable.

This chapter presents results from the qualitative data collection as a baseline for further monitoring and evaluation. These data should also be of use for implementation of the ECPMC Project. The data are divided into three sections: Baseline data on the situation of birth registration in the locality; ECPMC Project implementation (in the initial phase of operations). Finally, key challenges are presented for further consideration.

## 4.1 SITUATION OF BIRTH REGISTRATION

### 4.1.1 Procedures and stakeholders

Procedures

Thai law allows registration of the birth in Thailand to parents who are undocumented migrant workers and/or who entered the country and/or are working illegally. The 2008 law includes "The Central Civil Registration Department Procedures for Issuing ID cards for the Non-Thai Persons" which give tacit authority to proceed. However, in practice, there are numerous obstacles and limited access to the civil registration system.

The places for registering the birth are of two types: (1) The municipal registrar; and (2) Branch offices of the Department for Provincial Administration, usually located at the district administrative office. Under the ECPMC Project, the childbirths to cross-border migrants mostly occur at the local hospital. In that case, birth registration is at the municipal registrar's office. If, however, the report of birth is delayed, then it must be registered at the district administrative office. Documentation presented to the registrar must affirm that the birth occurred in Thailand.

If the "birth is in a hospital", then that facility issues a report of a birth or "birth certificate" (Thaw Raw 1/1), request form (Thaw Raw 31), and personal ID or passport of the parent(s) or affidavit of a local community leader. If the "birth occurs at home", then the village headman or Kamnan (sub-district chief) must sign a birth certificate or a statement verifying the birth. The required documentation may vary, based on the discretion of the registrar/clerk. Some sites require a photo of the newborn and parents, or a witness who attests to the birth (e.g., employer). Some municipal registrars ask the local health center staff to screen the supporting documentation as a basis for issuing a report of a birth. In other sites, staff of the registrar's office investigate the birth to confirm that it occurred in Thailand. Late reports of a birth may incur a fine of 100 to 200 baht. Also, the registrar may set up a committee to investigate the birth.

The requirement of the personal ID or passport of the parents is to ensure accurate recording of data (e.g., spelling of names and address). Even without these IDs for the parents, the birth may still be registered, though this may impact on the type of birth registration (Thaw Raw 03). If the parents without documentation had previously registered a birth, then that documentation can be used as a reference for the current birth. In Ranong Province, the registrar requires at least one supporting document, even if it has expired. Some other registrars require only valid documents (i.e., non-expired). Some offices will not register the birth if only one parent has identification documents but the other does not. This shows that there is inconsistent implementation of the birth registration regulations and guidelines (e.g., the 2008 law).

There are a variety of types of documentation of the cross-border birth or birth registration, depending on the type of the Thaw Raw 03 form. If one of the parents has a passport (including one of the three nationalities with nationality verification) then the parent is deemed to be legally in country, and their child may receive the Thaw Raw 3 form. If the parents have temporary registration documents, then their child is eligible for the Thaw Raw 03 form, which has the 13-digit ID starting with "00.' If, however, the parents have no documentation and are otherwise outside the registration system, then the child receives Thaw Raw 031 with a 13-digit ID number with "0" as the first digit, specifying the status as "a person without registration status". In a fourth circumstance, if the father or mother of the newborn is a Thai national (who is legally married, accepts the child as his/her own, or as ordered by the court) the child is eligible for Thai nationality.

It is important to note the following pathways to access birth registration of a child to cross-border parents, which have greater or lesser obstacles.

First, "place of delivery", delivery of the newborn is of two types: Born at a Thai hospital or Thai health facility (including non-Thai women who expressly cross the border to deliver in a Thai facility but do not intend to stay); born at home (which also includes births at special facilities set up by CSO, such as the Mae Tao Clinic in Mae Sot District of Tak Province). Most of deliveries at home are performed by a traditional birth attendant.

Second, "person(s) who issue the birth certificate", the report of a birth/birth certificate is a crucial document for completing the process of birth registration, since it provides proof that the birth occurred in Thailand. Births in Thai hospitals receive a birth certificate (Thaw Raw 1/1) and that can be used for birth registration. One cause of failure to register a birth in this

case is that the parents neglect to pick up a copy of the birth certificate at the hospital (and each hospital in the study areas insisted that they prepare a birth certificate for every cross-border delivery). Some parents do not understand the need for the birth certificate document or do not know that one exists. Many who cross the border solely for the purpose of delivery in a skilled clinical environment may be more concerned with having a healthy childbirth, rather than registering the birth in Thailand.

For those who deliver at home, then the local leader (village headman, Kamnan) issues a report of a birth (considered as a birth certificate). In some cases, an additional document is required from the employer of the parent(s) who are cross-border migrants. This group is at risk of not having their birth registered compared to those delivering in a hospital. Some parents may not know what is required or the importance of a birth certificate for registration. In some cases, the local officials do not fully cooperate with the birth certificate process or are slow in issuing the documents, thus causing the attempted birth registration to be beyond the deadline of 15 days. Late registering of birth are more complicated, requiring more documentation. Some of the pregnant migrant women do not deliver the child in a hospital (and not attended ANC facilities) in Thailand because of a variety of reasons – i.e. lack of documentation, personal ID, or health insurance. Also, usually, the migrant couples who give birth in Thailand have to cover the entire cost of delivery. There are also communication or language difficulties, and lack of knowledge about the distance to be travelled and the site for delivery located too far away (especially in the contexts of remote areas).

Thirdly, "commuting to the registration office", some of those who have delivered in a hospital and have the birth certificate are still missed by the civil registration system. One of the reasons is misunderstanding that the hospital birth certificate is, in fact, a birth registration. Thus, some of these people see no need to go to the registrar. Others may not know where to go to register the birth, or may not know the process and the documentation required. Finally, others may not see the importance of registering the birth in Thailand if they do not intend to remain, or are concerned of being accused of wrong-doing if they do not have complete documentation for themselves (e.g., legal entry, work permit).

Among those who could access to the registration office, some couples run into problems if the information on different sets of documents is inconsistent. A common problem is variation in the spelling of the names of the parents in Thai on the personal ID form (Thaw Raw 38/passport) and the birth certificate by the hospital. Also, as noted, some registrars require different supporting documentation before registering a birth. For those who did not submit their report of birth on time, they can be processed as a late registrant, but the process is quite more complex than if done in the required 15 days after delivery.

Involving stakeholders

The following are some of the key individuals involved in birth registration for children of cross-border migrants:

- *Civil registration office* – This includes the registrar, the public relations staff, the deputy district chief , the district chief
  - At Municipality office – for the birth delivered in municipal area
  - At District administrative office - for the birth delivered it other areas (in non-municipal area)

- *Hospital and public health staff*
  - At the hospital: This includes staff of the delivery unit, the attending practitioner, the person who fills out the birth certificate, the hospital records official, the staff of the community medicine and health insurance sections;
  - At the Tambon Health Promotion Hospital (THPH): The staff of the ANC and post-partum sections;
  - In the community: This includes people who provide essential information and support for the cross-border couple to help them access ANC, delivery and post-partum care at health facilities. In particular, this includes the Thai Public Health Volunteer (TPHV), Migrant Health Volunteer (MHV), and Migrant Health Worker (MHW);
- *Thai community leaders*: Including the Kamnan, village headperson, and village security personnel, who play a key role in signing a report of a home birth certificate;
- *Leaders of the community of cross-border migrant workers* (e.g., in Mae Sot) or informal leader of the migrants in their home community: These people play a key role in coordinating with their Thai counterparts, and may be peer leaders for migrant workers. Another local individual who plays an important role is the traditional birth attendant in migrant communities;
- *Other local authorities*, who play an indirect role in facilitating access to birth registration: These include staff of the provincial social development office, law enforcement personnel, immigration authorities, employment agents, and people from public and mass media. These individuals can help provide accurate and complete information about the birth registration process for Thai personnel in the locality so that they can properly inform those in need. For example, they could help correct the misunderstanding that registering a birth to the non-Thai migrant couple does not mean giving the child Thai citizenship. It also means correcting negative prejudice among Thai personnel who may discriminate against cross-border migrants;
- *Civil Society Organizations* (CSO) and NGOs who work with cross-border migrants;
- *Employers of cross-border migrants*: These persons play an important role in assisting and supporting cross-border migrants to register the birth of their child, in addition to helping regularize the parents' status with a work permit, health insurance for mother and child, and access to services which they have a right to.

### 4.1.2 Accessibility and coverage

In Mae Sot, the local hospital delivers about 250 births per month. Of these, about 80 to 100 are to cross-border migrants. Most of those who deliver at the hospital have an ID card. There are also approximately 250 deliveries to migrant women at the Mae Tao Clinic. (Note, data from 2015 show that 280 persons delivered at the Clinic, about half of whom were Burmese who crossed the border expressly to access ANC at the SMRU Clinic and deliver at Mae Tao.) The Mae Tao Clinic issues a birth certificate in conjunction with the affidavit of the village headman. Thus, nearly all (95) of couples who deliver at Mae Tao register the birth in the Thai system. The Clinic has liaison staff to help with registration at the district office. In the past, some post-partum women who are discharged on a weekend may miss the registration process. At Mae Sot Hospital, currently there is the Mae Sot Hospital Legal Clinic (with support from the IOM) which helps ensure that all births are registered. In June 2016, of 96 migrant deliveries at the hospital, 93 received a birth certificate and 87 registered the birth. Of the total, 35 cases received assistance from the Legal Clinic.

In Ranong Province in Southern Thailand, the provincial hospital has about 220-250 deliveries per month. Of these, about 100 are Thai and the remainder about 100 and over are those delivered to cross-border migrants. Only about half the non-Thai births are registered. The Ranong Municipality reported that, from January to October 2016, a total of 1,930 births were registered (Thai and non-Thai). The Municipality data indicate that about 40 to 50 deliveries per month are to cross-border couples. Nearly all the registered births are to children who were delivered at the hospital; a very small number were home deliveries or late reports at the civil registration office of the district office.

(Note: It is worrisome that the Ranong Hospital birth registration rate for cross-border deliveries is only 50. The hospital does make extra effort to help the parents access registration services by stamping a reminder on the documents, providing maps to the registrar's office, and a translation of information and instructions into the native language of the parents (including an interpreter if needed)).

In Chumporn Province, the Pak Nam Chumporn Hospital delivers about 200 infants a year (about 50 Thais and 150 non-Thais). The reason for the large proportion of women from Myanmar is that the hospital has interpreters on staff (who previously worked for a World Vision project). The Pak Nam Chumporn Municipality reports about 100 births registered to cross-border migrants per year, and nearly all were persons who delivered at the Pak Nam Chumporn Hospital. By contrast, in Pak Nam Lang Suan area, the Lang Suan registrar reports only ten birth registrations per year, while the Lang Suan District Office registers another 30 births per year.

At present, the civil registration system of the Department of Provincial Administration of the Ministry of Interior is able to link and access the registration data bases of hospitals of the Ministry of Public Health (from 2013-14). However, accessing to the database of the newly-born child delivered at the hospital (by the registrar) requires knowledge of the code of the document which the hospital officer used in inputting data of the child. Also, some of the key informants in the field said that the databases were not fully linked, while other personnel said they were.

### 4.1.3 Education of migrant children

There are two systems for educating children of cross-border parents in the project area.

First is through the Thai public education system. However, there is a condition that the child must be able to communicate in Thai to a certain level. Some schools give language tests to help place the foreign child at an appropriate level, but that is usually for the older children. The default grade for foreign new students is primary grade 1. This can create glaring disparities when older migrant children are required to sit in the first or second grade with much younger Thai students. The documentation required for applying to attend Thai school includes the ID document of the parent/guardian (if not available, then the Thai community leader or employer can vouch for the parent). Even though a child may not have a birth certificate, s/he may still attend school; indeed most migrant children do not have the certificate or a 13-digit ID card. The Ministry of Education will issue a student ID card for undocumented children with an ID number starting with the letter "G." This enables the school to be reimbursed for costs. In recent years, there has been a push to complete the Thaw Raw 38/1 form for non-Thai school-age children and, in the three project areas, there are campaigns to include these children into the database and assignment of an ID number starting with "089." Accepting a cross-border child into Thai school is up to the discretion of the school administration. But the schools in the project area indicate that they have capacity to accept more cross-border children if the demand is there. Those migrant parents who choose to enroll their child in a Thai school are the couples who intend to work and live in Thailand for an extended period. They believe that if their child has a Thai education the child will be able to find work more easily. Still, there remains some prejudice in mixing children of foreign migrants with Thai students and, mostly, this aversion is from the parents of the Thai students. Thus, in many schools and early childhood development centers, there is some segregation of Thai and non-Thai students. Some of the schools complained that budget support from the central government are calculated on the basis of a per capita student count. However, that doesn't take into account the extra expenses for the schools which have a significant number of foreign pupils. Some of these extra costs include language tutoring for both the foreign student and Thai teacher. Some schools felt that the local administrative organization and the employer of the migrant workers should provide more support, for example, in terms of funding, shuttle bus service, and preparation of the children for entering Thai school. Other schools suggested that there is need for guidelines in transferring credits from education centers to Thai schools, and from Thai to Burmese schools.

The second system for educating cross-border children is through learning centers managed by CSO in the locality. At present, the learning centers are under the monitoring of the Education Service Area Office (ESAO) of the province. The centers have to report their enrollment each year. However, these centers do not receive direct support from the ESAO. No documentation for the child is required for enrollment. Instead, some documentation of the parents is required. The centers collaborate with the formal Thai schools to help the foreign students to improve Thai language and academic skills for the transition to Thai school. Support for these centers from the CSO and their external donors is starting to decline. Thus, more centers are looking to the cross-border parents of the students to help pay for some of the costs. Some of the centers have issued special ID cards for the foreign students, and the police are cooperating by recognizing these. Some parents take advantage of this and merely

enroll their child to obtain the ID card, and then withdraw (as seeing no importance of the "education'). Few parents of migrant children attend meetings with the center staff. In Mae Sot, the centers are starting to link with counterparts on the Myanmar side, for the potential transfer of credits and qualifications. In Chumporn, students who complete the curriculum at the learning center can use their diploma to continue their studies in Myanmar without dropping a grade level. The converse is not applicable, in that the migrant children who have studied in centers/schools at home cannot transfer those credits to Thai schools due to the language difference.

## 4.2 ECPMC PROJECT IMPLEMENTATION

### 4.2.1 Progress

In the three Project areas, project activities were launched during July to August 2016. Ranong and Chumporn set up task forces and a center for coordination at the provincial level. These are an extension of the World Vision committees and CSO in the network, along with local administrative organizations and other government agencies. The task forces and committees are up-dated on Project progress and assist with trouble-shooting. In Mae Sot, the ECPMC is integrated with the 4-Doctors Alliance task force. Each Project site prepares implementation plans and reports implementation progress to the task forces and network. The participating CBO and CSO meet every one or two months. Each Project area has identified a group of CBO who will join the project (at a ratio of 70 cross-border and 30 Thai personnel). Most of the Thai participants are TPHV with a history of working with the migrant population. Mae Sot has identified four CBO candidates but, at the time of data collection, only one has responded (by submitting an activity proposal to the project). Chumporn has two potential CBO partners, and they have already conducted a community mapping and area baseline assessment. The assessment includes an inventory of the cross-border population, number of households, and number of children under the age of seven years who were born in the locality. The TPHV and CBO staff have prepared an action plan emphasizing works on four areas including education, general health, reproductive health, and the environment. The learning activity includes information on rights, status and birth registration. Ranong has four potential CBO, and the goal is to have a mutually-reinforcing implementation process through peer support in order to economize on costs of learning activities.

Most of the CBO in the Project areas are in the process of developing proposals and producing action plans. But the CBO staff are still weak in skill of project development, and the Project is arranging capacity building for proposal writing. In all areas, the Project staffs are identifying CSO to join the effort.

Field visits to the Project sites suggest that coverage of access to birth registration is better in Mae Sot than in Chumporn or Ranong. By contrast, implementation of the ECPMC Project in Ranong is more advanced than in the other two sites. Mae Sot has the Mae Tao Clinic but there is some distance and military check points from the clinic (according to the new location of the clinic) to the place for birth registration. The IOM-supported the legal clinic at Mae Sot Hospital

provides information and assistance in birth registration. The NGO network in Mae Sot is strong and its members are mutually supportive.

In Chumporn, in terms of challenges and limitations, there was a gap between the end of the FRY-supported World Vision Project in 2014 until continuation activity could be re-started to assist children of cross-border parents. This involved recruiting the volunteers, forming the support network, and re-establishing relationships with local government agencies. Also, the distance between the Project sites of Pak Nam Chumporn and Pak Nam Lang Suan is rather far, and there is a dearth of NGOs to partner with. The Pak Nam Chumporn Municipality is quite supportive of the Project and improving access to birth registration. The child development centers in the locality serve as nodes to connect cross-border families with services. However, without a structure of CBOs to build capacity, it is not clear whether the Project interventions can be sustained.

Ranong Province has the advantage of largely uninterrupted implementation and good relationships with local government counterparts, especially the Ranong Hospital which facilitates registration of births delivered in the hospital. There are several CSO working in the locality, and they collaborate well and meet often. There are also CBO in the Project area with rather strong capacity (e.g., SAFWA). These CBO have the potential to carry on the Project interventions in the future.

### 4.2.2 Players and partners

Community Based Organizations (CBOs) as the key player

CBO have arisen spontaneously by groups of cross-border migrants who try to address common problems which migrants face. The work is driven by a volunteer mind-set and the CBO are not formally registered. Some CBO which are more organized have formed cremation funds, revolving drug banks, community health outposts, and health savings funds. CSO who have worked with these CBO in the past encourage the CBO to be self-reliant and feel a sense of ownership of their group and its activities. That is the key to sustainability.

Staff of the ECPMC Project expressed the wish to further develop and strengthen the local CBO to serve as the intermediary for various activities with cross-border populations. The CBO are ideally situated to serve as a link between these populations with Thai CSO and government agencies. CSO staff observed that CBO which are formed by their members are more sustainable than those set up by an externally-funded project. It should be noted, however, that CBO working with the ECPMC Project are required to have a formal structure and clearly defined roles and responsibilities. In the independent CBO, members volunteer their services and expect no monetary compensation. However, CBO that are project-related may expect some funding for operating costs. However they are formed, the CBO members need capacity building. The CBO in Ranong conduct a variety of activities and are rather strong. However, this strength and independence means that some CBO do not easily collaborate with outside projects. Thus, some projects prefer to work with the newer CBO since they may need the collaboration more and may be willing to focus on birth registration issues for cross-border families. In Mae Sot, there are a fair number of strong CBO, but some need to be persuaded of

the need for capacity building. Further, the Project may not have allocated enough budget for capacity building.

One possible focus of the Project is to recruit CBO comprised of traditional birth attendants (TBA). The TBA already have a trusting relationship with cross-border migrant women, and they know who is pregnant or recently post-partum. It is also possible to include some of the Thai TPHV as members of the CBO or community security guards. These Thai members can help liaise with the Kamnan and village headmen, and protect the non-Thai members from scrutiny by law enforcement. Mae Sot is also characterized by good relationships between the Thai and migrant communities and their counterpart local leaders.

The CBO working with the ECPMC Project are expected to contribute to brainstorming sessions, implementation planning, and preparing sub-project proposals for funding by the Project. The CBO members are expected to provide education for the catchment population and collect data on the local situation, including birth registration. They could help to refer couples who are having difficulty registering a birth and serve as a link with CSO, service providers and Thai government officials. The CBO members meet regularly with their CSO counterparts to exchange experience and lessons learned.

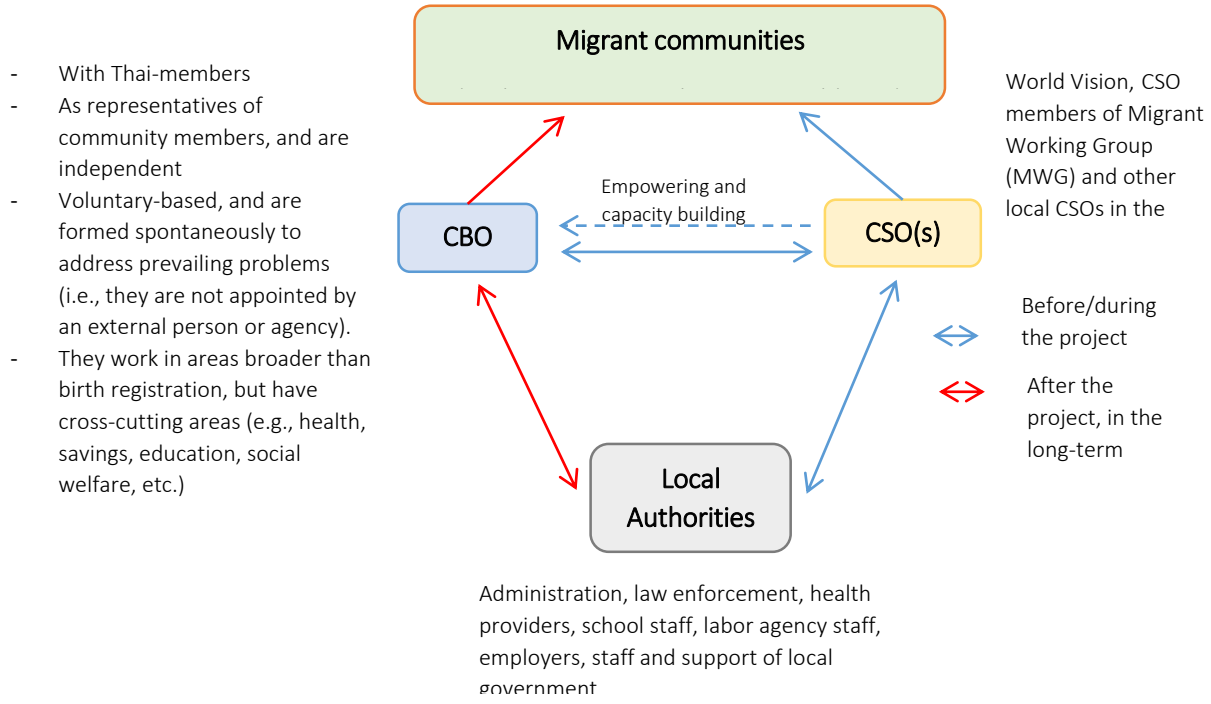



Figure 4.1: Players, partners and expected relationship before and after the project

*CBOs in project areas*

During field visits to the three Project sites, it was clear that the CBO were still mostly populated by non-Thai migrants, with some informal participation by Thai counterparts. In Mae Sot, Some of the CBO had received support from World Vision for a TB/HIV project. One of those CBO has ten board members and 88 general members who implement activities on a voluntary basis. Their work focuses on health and education, and they provide some material support to members for travel during emergencies. The CBO manages a cremation fund and a revolving loan fund, in additional to providing educational materials to children enrolled in learning centers for migrant dependents. Because the local Thais and migrants are mostly Buddhist, they share in merit-making activities, and this helps build and maintain harmony. The only limitation of the CBO is the demands on the time of its members, most of whom work in full-time jobs, and only help the CBO during spare time.

In Chumporn Province there are two CBO who intend to join the Project. These are both new CBO who formed the group by themselves. One CBO plans to work through the local learning center in order to reach parents of migrant children whose child's birth is not yet registered. They plan to provide basic education on the birth certificating and registration process. They also plan to reach out to pregnant women with assistance from the local TBA, some of whom are already CBO members. Migrant women will be encouraged to go to the local Thai hospital for ANC and delivery, while some prefer to be delivered at home by the TBA. All pregnant women will be informed of their right to birth registration.

The CBO in Ranong are rather strong and have a formal structure. However, nearly all the members are non-Thais, though they do have informal contact with Thai counterparts, e.g., TPHV. Thai outreach workers help with childhood vaccination, ANC, mosquito control, and maintaining a revolving drug bank. The Ranong Provincial Health Office (PHO) has provided funds to hire the migrant health volunteers at the rate of one per TPHV. The CBO have a social welfare fund to help children in difficult circumstances and orphans. There are scholarship funds for students, a cremation fund, a learning center (Burmese curriculum), and legal assistance (in case of accidents). A challenge of the CBO is the high turnover of members due to in- and out-migration from the area, and this interrupts the continuity of interventions.

*Civil Society Organizations (CSO) as the CBO's mentor*

The network of CSO in the Project area helps to fill gaps which World Vision is not able to cover, or issues not dealing directly with birth registration. These CSO provide basic information on health services and can help mentor the members of the CBO. The CSO conducts training of trainers so they can replicate the learning in the community. The Project has a plan to meet monthly with the local CSO in Mae Sot, and every other month in Ranong. (In Chumporn, the major player is World Vision in collaboration with FRY under the ECPMC Project.) The meetings are a forum to exchange data and information on the situation, problems, and solutions. In some locations, the organizations are using social media (e.g., Line) to form on-line groups.

Possible key constraints those were found include the followings. Because the CSO have their own separate mission, they cannot always be available for Project activities or lag behind in coordination. Some CSO may not fully understand the principles and concepts of the Project (e.g., selection of CBO partners, types of activities, etc.). There has not been adequate communication between World Vision and the CSO network on collaboration (which could be due to the early stage of the Project).

In Mae Sot, there are at least three CSO who are working with World Vision, including IOM, ADRA, and the Foundation for Educational Development (FED). The IOM focuses on the more vulnerable migrants (e.g., Muslims) and conducts needs assessments. IOM supports interventions in education and health. The role of the IOM in collaborating with the Project is the Legal Clinic located in Mae Sot Hospital (formed in May, 2016), with collaboration from doctors in Umpang, Pope Phra, Mae Ramat and Tha Song Yang Hospitals (the 4-Doctor Alliance). The legal clinic help with birth registration. ADRA focuses on general health and occupational health in the factory setting for migrant workers (including work on anti-human trafficking). The FED also supports interventions in general health, education, rights, reproductive health, learning centers, and support for migrant children and domestic workers. When observing the work of the CSO in Mae Sot, it is clear that they all share a common purpose and collaborate effectively. They work to empower the target population. World Vision focuses on community groups and strengthening CBO. An advantage of working in Mae Sot is the presence of the Mae Tao Clinic, which provides general health services, ANC, delivery, and information/referral for birth registration. (Note: A delivery at the Clinic is considered a home delivery and, thus, requires an affidavit from the local community leader.) The IOM Legal Clinic in Mae Sot Hospital has a Thai legal expert and interpreter to provide comprehensive support for the migrant mother and child, from the first ANC through birth, birth certificating, and instructions for birth registration.

In Ranong, there are three key players working with World Vision, including Disac (Diocesan Social Action Center), Marist Asia Foundation, and IOM. Disac provides legal counsel and rights information in collaboration with local CBO. Marist Asia Foundation supports primary education, and health, based in learning centers for migrant children. IOM has been working in the area for eight years and supports interventions in education and health for migrant Muslims, Rohingya and other vulnerable migrants. IOM produces educational media and collaborates with the CBO network in the locality. It is a member of the Provincial Anti-Human Trafficking Committee. IOM links with CSO in Myanmar and has prepared a directory of CBO and CSO stakeholders. The ECPMC project also get involvement of the Provincial Center for Assisting Migrant Workers of Ranong Department of Employment.

*Local authorities*

For the ECPMC Project to be a success in registering migrant births, it is imperative that Project staff collaborate effectively with Thai local authorities. However, in some areas, these relationships are still a challenge for some CSO and CBO. The interpretation of the 2008 law on birth registration for non-Thais is crucial in determining how a given registrar will act, especially toward parents who entered Thailand illegally. There is still inconsistency across registrar's offices on what supporting documentation is required for a birth registration, and

varying level of strictness of enforcement. Some municipal registration office still not yet confirmed to cooperate with the Project and share information on the number of registered births to migrants.

In the health sector (particularly the hospitals), the staff in the delivery room and hospital records office are key nodes in informing the migrant parents and explaining the importance of the birth certificate and registration process. Ranong Hospital has posters on the wall in Burmese which explain the process of birth registration, and provides a stamp reminder (in Burmese, behind the birth certificate) and map to the registrar's office. Some staff of the hospital and registrar's office are not always fully cooperative with migrant couples who want to register a birth or in checking to see whether the documentation is complete and correct. In Mae Sot, there have been suggestions to create a branch of the registrar's office in the hospital itself, but staff shortages are preventing implementation of this.

In addition to these key personnel (at registration office and in the health sector), collaboration of the project with personnel of law enforcement, staff of the local administrative organizations, and employers of the migrants is also crucially inportant. However, collaboration can be uneven at times.

## 4.3 CHALLENGES

*The work of the CBO*

1) One of the first things the Project needs to do is to persuade the CBO to be concerned about, understand, and prioritize birth registration of migrant children so that they are motivated to actively participate in the Project activities. Participation should not be related to anticipation of material compensation. As noted above, the CSO observed that CBO which are formed by their own founding members are more likely to be sustainable entities. If the ECPMC tries to create CBO to support the Project goals, there is the risk that some of these CBO might be expecting some compensation or salaries. Thus, the challenge is to recruit dedicated CBO with the heart to implement the mission and vision for the public good. The links between the CBO and the THPH through the participation of the TPHV is one strategy for sustaining the function of the CBO.
2) The Project needs to provide adequate budget for capacity building of CBO, prior to launching interventions. There is a need for brainstorming, improving ability to write proposals, preparing action plans and developing budgets. This lack of capacity has slowed the ability of World Vision to solicit sub-project proposals from CBO in the network. (Note: At this stage, there is a need for funding to cover travel, meeting room, compensation for training assistants, and capacity building of CBO personnel.)
3) This capacity building could take some time, and that might disrupt the timeline of the Project and overall implementation plan. One makeshift action could be the recruitment of bi-lingual CBO members whose constituents are migrant students in Thai schools or learning centers to help with coordination and proposal development, or even budgeting and other technical tasks.

*Birth registration of children born to cross-border families (at the Thai registration office)*

1) The report of a birth (or birth certificate) and application to register the birth require different information, which must be entered in Thai. This may lead to problems spelling the parents' names (e.g., transliterating from Burmese to Thai) which may be different than the spelling in other supporting documents of the parents (i.e. passport, work permit, Registration Card).
2) The data for the father of the newborn is often incomplete, whereas the mother's information is in the OPD card for those having ANC or delivering in the hospital setting. In some cases, the non-Thai parents may try to substitute a Thai father in order to gain citizenship for the child. Thus, this makes the registrar in some area even more strictly requiring the document of father - which sometimes result in inability to register for the birth of the migrant new-born. Undocumented migrant parents (both father and mother) are especially scrutinized and hardest to register a birth for.
3) Sometimes the parents have not named the newborn and, in some cases, the registrar assigns a proxy name. This could become problematic later on if the names of the child contradict. Mae Sot Hospital assigns a Thai first name to newborns with migrant parents, whereas Ranong and Chumporn assign a surname to the child for all those whose parents' last name is not listed as "Myanmar."
4) Most registrar's offices do not have an interpreter to facilitate communication with the migrants. In the past, the participating CSOs provided this service. In the absence of an interpreter on the Thai side, the migrant couple must bring their own translator.
5) Some women who deliver in the hospital lose their way when going to the registrar's office, especially those who are discharged on weekends when the registrar's office is closed.

*Cross border parents*

1) Some migrant parents do not see the importance of registering a birth in Thailand, or may not fully understand their rights and responsibilities (to properly keep the attained official document). This includes various government documents which the couple receives and which need to be safeguarded, but is not always the case. The problem might be due to the fact that all these official documents are in Thai only, and non-Thais who cannot read Thai may ignore them.
2) Some couples misunderstand that the birth certificate is the birth registration document. In Ranong, 90 of children at the learning center had a pink book (book record of the Ministry of Public Health with birth delivery certificate and immunization history), but most did not have a birth registration. In Mae Sot, the Community Child Protection and Promotion Child Rights Center does help prepare a birth certificate for migrant children (backdated if needed), and these forms are in both Thai and Burmese. However, these are not legal documents and this can be confusing to some parents and may be another reason why parents do not register the birth of their child.
3) Some cross-border parents lack interest or see no importance in having their child attaining education.
4) Some migrants still have high fertility norms, even though they cannot provide a quality life to all their children.
5) Others merely cross the border to deliver in a Thai hospital, with no intention of staying; thus, the need for a birth registration is not a priority.

*Lack of knowledge, and misunderstanding or negative attitudes*

Many stakeholders still do not clearly understand the birth certificate and registration process and requirement, nor rights of migrant population. They may not definitely understand about what supporting documents are needed. These compound other obstacles which the Project faces in registering cross-border births, such as the following:

1) *The registrar or his/her staff*: Some of these personnel have a good understanding of registering the newborn of the cross-border migrant while others are not so well-informed. Without an accurate understanding of the process and supporting documentation needed, these registration staff are bound to make mistakes or unfairly deny service to migrants. The 2008 law provides enough guidance on how to register a foreign birth. However, different offices and staff may interpret the regulations differently, and that results in the lack of a standard service.
2) *Hospital staff*: Some staff of the registrar section (of the hospital) and even nurses in the delivery room believe (incorrectly) that a child born to parents who illegally entered Thailand and do not have ID cards or work permits cannot be registered. Once they are told this, many couples may abandon the registration process.
3) *The general Thais*: Some Thais in general (including hospital staff and community leaders) still have the misunderstanding that registering a cross-border birth confers Thai citizenship to the migrant's child. These individuals may not facilitate – or even obstruct – attempts to register the birth of a non-Thai. A significant proportion of Thais in the locality do not know the nature of the rights and specifications for registering a cross-border birth.

*Cooperation from the local authorities*

1) As noted, some of the registrar's offices are not fully cooperating with the Project and, thus, data on migrant births for those sites is missing or incomplete.
2) Lack of collaboration between the hospital and civil registration office – especially in terms of checking for completeness of processing migrant children delivered at the hospital – creates a weak link and potential gaps in the birth registration process.

*Home delivery and delayed registration of the birth*

In some of the Project sites there are still cases of home delivery and late reports of birth. This complicates the birth registration process in those cases. A Thai witness is required to assert to the fact of the birth, and this could be a TBA (as the delivering personnel) and authorization by the Kamnan, village headman or employer. For infants born to migrant workers who are fishing boat crew, obtaining the information on the father is often difficult because the father is out at sea so often. Also, sometimes it is difficult to arrange a time for the local leader to authorize the birth and enter the accurate spelling of names.

The migrants who are more likely to deliver at home include those without health insurance, those with day border passes, those living/working in remote areas, and those working in the agriculture sector. Some hospitals will issue a birth certificate for a home delivery if the parents bring the newborn to the hospital within a day or two post-partum and assert that the delivery was in Thailand.

*Other challenges*

1) Employers of migrants in all Project sites play too small a role in helping with the birth registration process for their workers. This is especially true for employers who hired migrants illegally since they may fear arrest or fines.
2) In some locations, there is a problem of "abandoned children". Most of these cases are children born to undocumented migrants. Many of them are taken care of by children centers or learning center supported by the local CSO. With reduced external funding to the CSOs, the number of these centers is reduced and many were forced closed which affect this group of children.
3) There is a lack of essential data, for example, baseline data on the migrant community, social features, number of pregnant women by gestational age, access to ANC, number of births, place of birth, birth registration, and other data needed for planning and monitoring progress.

# CHAPTER 5
# RECOMMENDATIONS

Based on findings of the quantitative survey and qualitative study, there are some recommendations and points for consideration of the ECPMC project implementation as follows.

## 5.1 Summary and Recommendations from Quantitative Survey

The following summarizes findings and recommendations for birth registration of migrant children by Tak, Chumporn and Ranong Provinces.

### Tak

*Fully 70.0 of births to migrant parents in Tak occur at the NGO-operated Mae Tao Clinic; 16.7 deliver at a public hospital, while 7.1 deliver at a private hospital and 6.2 deliver at home. Nearly all (93.6) parents received the birth certificate, and 81.0 proceeded to register the birth with the Thai registrar. Overall, the situation of children born to migrants in Tak is rather good, but there is a need to ensure that those who deliver at home obtain birth certificates and register the birth. The migrants in Tak are also rather well-informed about the vital registration system. Over three-fourths knew they could register the birth and receive a birth certificate, but one-fifth were still unsure. For the minority who did not register the birth, 37.5 said it was because they did not know where to go to do so, while one-fifth said either they didn't know they should or they did not have someone to accompany them. The migrant parents also know that a child born in Thailand is eligible to enroll in a government school, though close to one-fifth are not aware of this privilege. Fully 64 of the parents were not aware they could buy health insurance for a child under age seven years. This lack of knowledge also extends to the health insurance sold by public hospitals for those age seven or older. A rather high proportion also did not know that foreign migrants could register and become eligible for social security.*

<u>Recommendations</u>

- Clearly, the migrants in Tak need more education on what cards and benefits they and their children are eligible for in Thailand. This education should be done in conjunction with programs to increase birth registration of migrant children.
- Migrants need to understand that a birth certificate is not the same as a birth registration (or birth certificate), and all migrants should know where the registrar's office is.
- All migrants should know that their child can enroll in Thai schools.
- Those who deliver at home should be visited to ensure they know how to obtain a birth certificate and register the birth.

## Chumporn

*Most (88.8) births to migrants in Chumporn are at a government hospital; the remainder delivered at home. Three-fourths received a report of birth, but only half went to register the birth. Of the half who did not register, 33.7 said they didn't realize that they should. An additional 17.4 said they had no one take them, while 12.8 said they did not know where to go. Only half of migrant parents knew that a child born in Thailand could enroll in Thai public school. Similarly, only half the parents knew that they could buy health insurance from the local hospital for children under seven, but more knew (79) about the option of buying health insurance for those age seven or older. A similarly large proportion did not know that foreign migrants could register and enroll in the Thai social security system.*

Recommendations

- Migrants in Chumporn need to be more aware of their access to health insurance for children under seven years;
- Migrants need to understand that a birth certificate is not the same as a birth registration (or birth certificate), and all migrants should know where the registrar's office is
- All migrants should know that their child can enroll in Thai schools.
- Those who deliver at home should be visited to ensure they know how to obtain a birth certificate and register the birth.

## Ranong

*Most (85.8) of births to migrants in Ranong delivered at a government hospital, while 14.2 delivered at home. Among all births, 69.2 received a birth certificate, and 71.5 registered the birth. The percentage of birth registration was higher than that of birth certificate in this case. The explanation might lie with the fact that some birth delivered at home were registered without a birth certificate from the hospital but with a document approved or signed by the village headman. Fully 87.2 of parents knew they could obtain a birth report and register the birth. The most common reason for not registering the birth was lack of knowledge of location of the registrar's office, followed by lack of awareness of the need to register. As high as 84.4 knew that they can enroll their child in a Thai public school. Nearly all (91.1) knew they could buy health insurance for their child under age seven, yet under half knew they could buy health insurance for family members age seven or older. Most (79.8) knew that migrants could register and then be eligible for social security. Most migrants in Ranong had health insurance and work permits.*

Recommendations

- For the Ranong migrants, it should be emphasized that the birth certificate is essential for birth registration, and they should know the location of the registrar and the importance of registering the birth.
- All migrants should know that their child can enroll in Thai schools.
- Those who deliver at home should be visited to ensure they know how to obtain a birth certificate and register the birth.

## 5.2 RECOMMENDATION FROM QUALITATIVE STUDY FINDINGS

1) The project should prioritize and put significance efforts on capacity building of CBOs since these are the key to sustainability and sub-project proposal development. Most of the current group of CBO are still new to the work and need more training in the following areas:
   - Skills in writing recommendations, Project evaluation, budget management, and proposal development. All these skills will be useful for CBO self-reliance after the Project ends.
   - Knowledge and data to be shared with the target population about birth registration.
   - Skills in community interventions and learning activities.
   - Knowledge and understanding of the context of the implementation area, and coordination with government counterparts.

2) The following are recommendations for ECPMC Project implementation with key stakeholders
   - CSO in the Project area: The CSO need to be consulted and shared by the World Vision to achieve common understanding of the principles and concepts of the Project so that all members of the network are on the same page (e.g., selection of CBOs, pattern of implementation, method of delivering learning activities, etc.). This will assure that all partners are working in the same direction and efficiently.

   - Civil registration staff: There needs to be uniform interpretation of the law and regulations, including clear guidelines for birth registration of migrant children. The stakeholders need to speak with the same voice on this process. The registrar's office needs to take the lead in this to ensure that migrants understand their rights and requirements. This needs to be echoed by the hospital and health staff, and community leaders. Some registrars currently deny birth registration to migrants with incomplete documentation of their status – and this is not correct, since all that is needed for birth registration is establishment that the birth occurred on Thai soil, regardless of parents' status. There should be consistency of the spelling of the parents' names on the various documents. Other registrar's require migrants to bring their employer or local leader to be presenting at the registration process to vouch for the parents, especially if their personal documentation is incomplete. This is also not in accordance with law and has created the myth among migrant communities that they cannot register a birth in Thailand if their documentation is incomplete. Thus, more births are missed by the system because of this misunderstanding.

   - In Ranong and Mae Sot, some offices request fees for service, and this discourages some migrants from going to register a birth. The registrars explained that the fees are for compensation to the volunteers and interpreters who help the migrants with the process, and that this is an important service. The Project should consider some support in this area to reduce the financial burden on the migrant parents or assist the registration offices.

- Hospitals/Health facilities: There needs to be more collaboration with the health facility (especially the delivery unit and records department) to provide information and motivation for migrant parents to register the birth of their child. At the Ranong Provincial Hospital, there is literature in Burmese which describes the registration process and parents are given reminder stamps on the birth certificate and a map to the registrar's office so that they register within the 15-day deadline. Other sites should replicate this system, especially since many couples misunderstand that the hospital birth certificate is the birth registration document. Parents should be encouraged (at the hospital, during the ANC or right after the delivery) to name their infant before birth to help clarify the information on the birth certificate.

- Local Governmental Organizations: There needs to be good relationships with local government and formation of support networks to help with the Project goals. Chumporn is a case example of very good relationships between the Project and counterparts in local government. The Pak Nam Chumporn Municipality even allowed the Project to set up a branch office in their facility, and this greatly helps with the coordination process. The Project also helps Municipal registrar's office with bi-lingual communication and advice for the cross-border populations on birth registration.

- Thai schools and learning centers: Staff of the schools and centers meet with the parents of students periodically. Thus, the Project can use these forums as an entry point to provide education on rights, and the importance of birth registration. The parents can then share this information with other couples in their community. It should be noted that some of the teachers in the Thai schools with migrant students have a misunderstanding about the birth registration process for non-Thai births (e.g., some believe that the birth certificate is equivalent to a birth registration).

- Cross-border parents: These couples need better understanding of the process and importance of family planning and contraception, and education for their child. Some of these migrant communities still have high fertility norms since they see children as an economic asset when they reach an age when they can perform odd jobs to contribute to the household income (e.g., as early as seven or eight years). While this may help the migrant family in the short-term, the long-term effects may be the opposite. Parents need to understand the trade-offs involved.
    - Too many children without adequate support could reduce the quality of child development;
    - Couples need to see the value of educating their child to the highest grade possible and how that will benefit the family;
    - Child labor laws prohibits the use of underage workers, even within the family business. Using child labor also eliminates the possibility of formal schooling after a certain age. This also poses risk to the child from neglect, and adolescent migrant children are at sexual risk and risk of unplanned pregnancy.

- Some Thais in border areas, including government officials, still have negative prejudice against the lower-income migrants who live in Thailand or use Thai public services. Some hospitals and registrar's office staff feel the large families of the migrants are burdening the Thai service system, at the expense of Thai clients. Some view the migrants as having more children than they can properly care for. Others see the influx of so many non-Thais as a threat to security, society and the local economy. These attitudes erect barriers to seeking birth registration by migrant couples.

- Network of TBAs (in the cross-border population communities): If the TBAs can be organized into a network to support the Project goals, then they would be a valuable mechanism for educating pregnant and post-partum women, especially those with high tendency to give birth at home, and referral to health facilities in complicated cases. The TBA can motivate the parents to register the birth within 15 days of delivery, and can link with CSO to help in this process (including the affidavit and late birth registration).

- Migrant health volunteers: These cadres have an important role as the go-between with the cross-border population and the Thai hospitals and civil registration offices.

3) There should be a continuous process of contacting and monitoring cross-border women from the start of ANC through delivery, followed by assistance with birth registration. The Legal Clinic and Mae Tao Clinic in Mae Sot are excellent examples of assisting with birth registration, despite the cost of having full-time staff to do this. Eventually, though, once the support system is established, especially at the community-level, it should be sustainable without external assistance. As noted, post-partum mothers who are discharged from the hospital on weekends are more likely to miss the birth registration process.

4) Having intermediaries/guidelines for standardized spelling of migrants' Burmese names in Thai is important to avoid problems of inconsistency of information across forms. Usually, the inconsistencies occur on the report of a birth by the hospital and at the registrar's office. Thus, there should be training in standardized spelling for staff in the delivery unit and registrar's office.

5) Accessing health insurance or social security for cross-border parents is an important facilitating factor to registering a birth. This is because insurance improves access for migrant women to enroll in the ANC, delivery and post-partum system of the Thai hospitals, which leads to assistance with timely birth registration.
   - Mae Sot: Health insurance policies are sold only on Wednesday afternoon, and only for children who have registered the birth and have an address in Thailand. The policy is for two years and costs one Baht a day. Mothers who wish to purchase their own health insurance must have documentation.
   - Ranong: Health insurance can be bought on Wednesday afternoon for newborns who do not have any diseases or illness, and have been registered as a birth in Thailand. The cost is one Baht per day. (Note: From a view of a health care provider, this amount does not fully compensate the hospital even only for cost of vaccinations)
   - Chumporn: The process and conditions are generally the same as the other two sites.

6) Addressing the problem of under-registration of migrant births requires a holistic approach, while improving access to health and education services, and regularization of individual and legal status. The CSO network in the locality helps with this integrated process. Occupational health and other health education can be delivered in tandem with education on birth registration. The degree to which integration of a variety of services is possible depends on the local context and skill set of the CSO and CBO. Minimal integration involves sharing information across agencies (e.g., current situation, lessons learned, directory of related agencies and stakeholders, and focal points).

Apart from the above recommendations from the research team, during the qualitative fieldworks, there were some suggestions raised by registration staff/registrar and the CBOs which can be useful for the project implementation as follows.

**Suggestions from the registration staff/registrar:**

- (For cross-border parents of newborns): Parents need immediate information and motivation to register the birth, and their related rights and responsibilities. They also need education on family planning and contraception.
- (For infants born in the community and still not registered as a birth): There should be a survey of the area (in migrant communities) to monitor and assist couples who have passed the deadline for birth registration. CBO probably need to facilitate this since staff of the registrar's office cannot do this.
- It is important that there is uniform understanding of the 2008 law, with guidelines for implementation. Currently, there are too many variations in implementation of the foreign birth registration process. A curriculum should be created for training the relevant staff and persons, or at least produce documents in the native language of the migrants about the process. The registrar's office needs to take the lead in this.

**Suggestions from CBOs:**

- There should be learning activities on child rights and responsibility of parents on birth registration for both Thais and the cross-border populations. This is possible in capacity of the CBO to do. However, some CBO may not yet feel confident enough to deliver this activity alone, and they need assistance or mentoring by Thai CSO or Thai government officials.
- It is important for the registration officials to provide continuous and up-to-date information and regulations relevant to birth registration to their constituent communities. This should include samples of the forms required for registration, checklist of required document (and what to do if not possessing that document) and how to fill them out. (Suggested by a Thai CBO member) The registrar's office should work with the Kamnan, village headmen and employers of cross-border couples more than is the case at present.
- Kamnan and village headmen should be more active in educating cross-border communities on their rights and responsibility for birth registration. This can be done in collaboration with the migrants' employer, and staff of the hospital and school. People need to understand that a birth certificate is not a birth certificate, and a certificate of a non-Thai birth is not equivalent to Thai citizenship.
- The employers of cross-border migrants should work with local government to support birth registration, education and health of the migrant children and their parents.

# APPENDIX

**IPSR-Institutional Review Board (IPSR-IRB)**

***Established 1985***

COA. No. 2016/08-083

# Certificate of Ethical Approval

Title of Project: ***A Baseline Survey: Empowering Civil Society Organizations for the Protection of Migrant Children (ECPMC), World Vision Foundation of Thailand***

Duration of Project: ***4 months (August - November 2016 )***

Principal Investigator (PI): ***Assistant Professor Dr. Chalermpol Chamchan***

PI's Institutional Affiliation: ***Institute for Population and Social Research, Mahidol University***

Approval includes:

***1) Submission form***

***2) Research proposal***

***3) Interview guideline***

***4) Questionnaire***

***5) Observation guideline***

***6) Participant information sheet***

***7) Informed consent document***

IPSR-Institutional Review Board (IPSR-IRB) met on 25th August 2016 and decided to issue the COA to the above project.

Signature

(Professor Emeritus Pramote Prasartkul)

Chairman, IPSR-IRB

Date: .. August 26, 2016 ….

IORG Number: IORG0002101; FWA Number: FWA00002882; IRB Number: IRB0001007

Office of the IPSR- IRB, Institute for Population and Social Research, Mahidol University, Phuttamonthon 4 Rd., Salaya, Phuttamonthon district, Nakhon Pathom 73170. Tel (662) 441-0201-4 ext. 228

# A Baseline Survey

## ကနဦး အခြေခံအချက်အလက်များ စာရင်းကောက်ယူခြင်း

**Empowering Civil Society Organizations for the Protection of Migrant Children (ECPMC)**
**Year 2016**
**ရွှေ့ပြောင်းကလေးများကို ကာကွယ်ရန် အရပ်ဖက်အဖွဲ့အစည်းများအား စွမ်းရည်မြှင့်တင်ခြင်း (ECPMC)**
**၂၀၁၆ ခုနှစ်**
**Institute for Population and Social Research, Mahidol University**
**လူဦးရေနှင့် လူမှုရေးဆိုင်ရာ သုတေသန အဖွဲ့အစည်း၊ မဟီဒေါတက္ကသိုလ်**

**World Vision Foundation of Thailand (ဝေါဖွီးရှင်း ဖောင်ဒေးရှင်း ထိုင်း)**

ID (အမှတ်စဉ်) ___ ___ ___

Province (ပြည်နယ်) ___ ___

District (ခရိုင်) ___ ___

Sub-district (မြို့နယ်) ___ ___

Village (ရွာ) ___ ___

Name of household head (အိမ်ထောင်ဦးစီး အမည်)……

Name of respondent (ဖြေဆိုသူအမည်) …….

Household No (အိမ်အမှတ်) …… Village No (ရွာနံပါတ်)…….……..

Village name (ရွာအမည်) ……..…. Sub-district (မြို့နယ်)…….……...…….

District (ခရိုင်) …… Province (ပြည်နယ်) ……..……..…….

Date of interview. (လူတွေ့ မေးမြန်းသည့်ရက်စွဲ) month (လ) …..……..

Start (စတင်ချိန်) …….End (ပြီးဆုံးချိန်) …….Total time (စုစုပေါင်းကြာချိန်)…… minutes (မိနစ်) …..

Result of interview (လူတွေ့မေးမြန်းမှုရလဒ်)

1. Complete (ပြည့်စုံ) 2. Incomplete (မပြည့်စုံ) 3. Can not interview (မေးမြန်းမှုမပြုလုပ်နိုင်)

Name of Interviewer (လူတွေ့မေးမြန်းသူ) ……..…….

Name of Field Supervisor (ကွင်းဆင်းကြီးကြပ်သူ)……..……..… D/M/Y (ရက်/လ/နှစ်)……

## Part 1: Basic Information on Household Occupants (အပိုင်း ၁၊ အိမ်ထောင်စုဝင်များ၏ အခြေခံ အချက်အလက်များ)

| 1.1 No. စဉ် | 1.2 **Name** Member who lived in this household for at least 3 month or more **အမည်** (ဤအိမ်တွင် အနည်းဆုံး ၃လနှင့် အထက် နေထိုင်သူများသာ) | 1.3 **Sex လိင်** 1. Male (ကျား) 2. Female (မ) | 1.4**Age** (year) **အသက်** (နှစ်) | 1.5 **Highest level of education** (See codes) **အမြင့်ဆုံး ပညာ အရည်အချင်း** (ကုတ်နံပါတ် ကြည့်ရန်) | 1.6 **Marital status**(See codes) **အိမ်ထောင်ရေးအခြေ အနေ** (ကုတ်နံပါတ် ကြည့်ရန်) 1. Single (လူပျို/အပျို) 2. Married (အိမ်ထောင်ရှိ) 3. Widowed (အိမ်ထောင်ဖက် ကွယ်လွန်) 4. Divorced (အိမ်ထောင်ကွဲ) 5. Separated (အိမ်ထောင်ဖက်နဲ့ အတူမနေ) | 1.7**Occupation** (အလုပ်အကိုင်) What does this person do? (type of job) (See codes) ဘာအလုပ် လုပ်သလဲ။ (အလုပ်အကိုင်အ မျိုးအစား) (ကုတ်နံပါတ် ကြည့်ရန်) | 1.8 **Having non-expired document that allowed to stay in Thailand** (See codes) **ထိုင်းနိုင်ငံတွင် နေထိုင်ခွင့် ပြုသော သက်တမ်းမကုန် သေးသောစာရွက် စာတမ်းရှိမှု။** (ကုတ်နံပါတ် ကြည့်ရန်) | 1.9 **Having a non-expired work permit? (သက်တမ်းရှိ သောအလုပ် ပါမစ် အထောက်အထား ရှိမှု)** 1. Yes (ရှိ) 2. No (မရှိ) **3.** Ever had (ယခင်ကရှိခဲ့ သည်။ ယခုမရှိတော့ ပါ) | **1.10 Having health insurance/ security?** (See codes) **ကျန်းမာရေး/လူ မှုရေး အာမခံ ထားရှိမှု** (ကုတ်နံပါတ် ကြည့်ရန်) | **1.11 Thai Language ability (overall) ထိုင်းဘာသာ စကားတတ် ကျွမ်းမှု** 1. Very good (အလွန်ကောင်း) 2. Good (ကောင်း) ၃. Sufficient (သင့်တင့်) ၄. Little (နဲနဲသာ) 5. Not at all (လုံးဝမတတ်) | **1.12 Relationship with head of household** (See codes) **အိမ်ထောင် ဦးစီးနှင့် တော်စပ်ပုံ** (ကုတ်နံပါတ် ကြည့်ရန်) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | | | | | | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
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| 8. | | | | | | | | | | | |
| 9. | | | | | | | | | | | |
| 10. | | | | | | | | | | | |

**Codes for 1.5 Education** (အမြင့်ဆုံး ပညာအရည်အချင်း– ကုတ်နံပါတ်များ)

1. No education (ကျောင်းစာမတတ်)
2. Learning Center, Nursery (မူကြို)
3. Primary school (Myanmar) (မူလတန်း/မြန်မာ)
4. Middle school (Myanmar) (အလယ်တန်း/မြန်မာ)
5. High school (Myanmar) (အထက်တန်း/မြန်မာ)
6. Primary school (Thai) (မူလတန်း/ထိုင်း)
7. Junior high school (Thai) (အလယ်တန်း/ထိုင်း)
8. High school/vocational school (Thai) (အထက်တန်း (သို့မဟုတ်) အသက်မွေးဝမ်းကျောင်း/ထိုင်း)
9. Diploma/High vocational certificate (ဒီပလိုမာ/အသက်မွေးဝမ်းကျောင်းအသိမှတ်ပြုလက်မှတ်ရ)
10. Bachelor's degree (ဘွဲ့ရ)
11. Other (အခြား) ……..……
12. Don't know (မသိပါ)

**Codes for 1.7 Occupation** (အလုပ်အကိုင်– ကုတ်နံပါတ်များ)

1. Working (with income)/Employed (ဝင်ငွေရသော အလုပ်အကိုင်ရှိ)
2. Waiting for Seasonal Work (ရာသီပေါ်အလုပ်လုပ်)
3. Unemployed/ Looking for work (အလုပ်ကိုင်မရှိ/အလုပ်ရှာနေဆဲ)
4. Retired/Too old (အငြိမ်းစား/သက်ရွယ်ကြီးလွန်းသူ)
5. Long-term illness and disabilities (နာတာရှည်ရောဂါ/မသန်စွမ်း)
6. Caring for other HH members (အိမ်တွင်သာ မိသားစုဝင်များအားစောင့်ရှောက်ပေးသူ)
7. Going to school (ကျောင်းတက်နေသူ)
8. Not working (အလုပ်မလုပ်)
9. Other (Specify) (အခြားရှိက ဖော်ပြပါ)…….

**Codes for 1.8 Document** (စာရွက်စာတမ်း– ကုတ်နံပါတ်များ)

1. No Document (စာရွက်စာတမ်းမရှိ)
2. Passport (ပတ်စ်ပို့ရှိ)
3. Temporary passport/CI (from NV) (ယာယီပတ်စ်ပို့ရှိ)
4. Registration Card (မှတ်ပုံတင်အမှတ်ရှိ)
5. Tor.Ror 38/1 (တော်ရော် ၃၈/၁)
6. Pink card (2 years) (ပန်းရောင်ကဒ်၊ ၂ နှစ်ခံ)
7. Pink card (5 years) (ပန်းရောင်ကဒ်၊ ၅ နှစ်ခံ)
8. White card (10 years) (အဖြူရောင်ကဒ်၊ ၁၀နှစ်ခံ)
9. Expired document, identify (သက်တမ်းကုန်၊ ဖော်ပြပါ …….……)
10. Other (အခြား) ……
11. Don't know (မသိပါ)

**Codes for 1.10 Health insurance/security** (ကျန်းမာရေး/လူမှုရေးအာမခံ**(ပကန်စန်ခုံး)**ထားရှိမှု– ကုတ်နံပါတ်များ)

1. Migrant health insurance Card (age 7 and over) ရွှေ့ပြောင်းလုပ်သား ကျန်းမာရေးအာမခံကဒ် (အသက် ၇ နှစ်နှင့် အထက်)
2, Migrant health insurance Card (age lower than 7) ရွှေ့ပြောင်းလုပ်သား ကျန်းမာရေးအာမခံကဒ် (အသက် ၇ နှစ် အောက်)
3. Social Security system (လူမှုဖူလုံရေးကဒ်ရှိ)
4. Private health insurance (ပုဂ္ဂလိက ကျန်းမာရေးအာမခံရှိ)
5. Other (specify) (အခြားရှိကဖော်ပြပါ)……..
6. Do not have (မရှိပါ)
7. Don't know (မသိပါ)
8. No response (မဖြေဆိုပါ)

**Codes for 1.12 Relationship with head of household** (အိမ်ထောင်ဦးစီးနှင့် တော်စပ်ပုံ– ကုတ်နံပါတ်များ)

1. Head of household (အိမ်ထောင်ဦးစီး)
2. Spouse (ဇနီး/ခင်ပွန်း)
3. Father (အဖ)
4. Mother (အမေ)
5. Father/mother-in-laws (ယောကျ်ွမ)
6. Son/daughter (သား/သမီး)
7. Sibling (မွေးချင်းမောင်နှမ)
8. Son-in-law (သမက်)
9. Employee (အလုပ်သမား)
10. Brother/sister (မောင်နှမ)
11. Daughter-in-law (ချွေးမ)
12. Great grandchild (မြေး)
13. Nephew/niece (တူ/တူမ)
14. Friend (သူငယ်ချင်း)
15. Relative (ဆွေမျိုး)
16. Other (Specify) (အခြား……)

1.13 When did you first move to Thailand?
(သင် ထိုင်းနိုင်ငံကို ဘယ်အချိန်ကတည်းက ပြောင်းရွှေ့လာခဲ့သလဲ)

1. …….. Month (လ) ……Year (နှစ်)
2. Don't remember (မမှတ်မိပါ)
3. No response (မဖြေဆိုပါ)

1.14 How did you move to Thailand (သင် ထိုင်းနိုင်ငံကို ဘယ်လို ပြောင်းရွှေ့လာကြသလဲ)

1. Self-Immigration (မိမိကိုယ်တိုင် ကိုယ့်အားကိုယ်ကိုး)
2. Help from friends/relatives (သူငယ်ချင်း/ဆွေမျိုးများအကူအညီဖြင့်)
3. Help from private agent (အကျိုးဆောင်/ပွဲစားများ၏ အကူအညီဖြင့်)
4. Under government's temporary employment program (အစိုးရ၏ ယာယီအလုပ်အကိုင်စီမံချက်အရ)
5. Other (specify) (အခြားရှိက ဖော်ပြပါ) …….

1.15 Prior to the interviewing day, how many times did you move to the other places in Thailand?
(အခု လူတွေ့မေးမြန်းမှု မလုပ်ခင်အထိ၊ သင် ထိုင်းနိုင်ငံအတွင်း အကြိမ်ပေါင်း မည်မျှလောက် ရွှေ့ပြောင်းခဲ့ပြီးပြီလဲ)
_____times (အကြိမ်အရေအတွက်)

1.16 When did your household move to this village/community? (Last migration)
(ဒီရွာ/နေရာကို သင်တို့မိသားစုရွှေ့ပြောင်းရောက်လာတာ ဘယ်နေ့ကလဲ) *(နောက်ဆုံး ပြောင်းလာချိန်ကိုယူပါ)*

1. …….. Month (လ) ……Year (နှစ်)
2. Don't remember (မမှတ်မိပါ)
3. No response (မဖြေဆိုပါ)

1.17 In the future, do you think your household will stay here or move to other place?
(အနာဂတ်ကာလမှာ သင့်မိသားစု ဒီနေရာမှာပဲ ဆက်နေနေမလား၊ ဒါမှမဟုတ် အခြားတစ်နေရာကို ရွှေ့ပြောင်းဦးမလား၊ သင်ဘယ်လို ထင်မြင်ယူဆပါသလဲ)

1. Stay (skip to Part 2) (ဒီနေရာမှာပဲ ဆက်နေမည်) ***(အပိုင်း ၂ သို့ တန်းသွားပါ)***
2. Move away (အခြားတစ်နေရာကို ရွှေ့ပြောင်းမည်) **မေးခွန်း ၁.၁၈ ဆက်မေးပါ**
3. Note sure (skip to Part 2) (မသေချာပါ) ***(အပိုင်း ၂ သို့ တန်းသွားပါ)***

1.18 Main purpose to move away in the future.
(အနာဂတ်မှာ အခြားတစ်နေရာကို ရွှေ့ပြောင်းချင်လိုတာ အဓိကဘာ အကြောင်းကြောင့်လဲ)

1. Looking for a job (အလုပ်ရှာဖွေရန်)
2. Want to change a job (အလုပ်ပြောင်းချင်လို့)
3. Want to increase income (ဝင်ငွေပိုရချင်လို့)
4. Job duty (အလုပ်တာဝန်အရ)
5. Studying (ပညာရေးကြောင့်)
6. Look after parents/relatives (မိဘနှင့်ဆွေမျိုးများအား စောင့်ရှောက်ဖို့)
7. Follow family (မိသားစုနှင့်အတူလိုက်ရလို့)
8. Household business (မိသားစုစီးပွားရေးလုပ်ငန်းအရ)
9. Back to hometown/country (ကိုယ့်နိုင်ငံ/ကိုယ့်ဒေသပြန်မှာမို့)
10. Other (Specify) (အခြားရှိက ဖော်ပြပါ) ……..

## Part 2: Information for children age 0-15 years (အပိုင်း ၂၊ အသက် ၀ – ၁၅ နှစ် ကလေးငယ်များ၏အခြေခံအချက်အလက်များ)

| Children name (fill in) ကလေးအမည် (ရေးသွင်းရန်) | **2.1 Where were children born? ဘယ်မှာမွေးလဲ။**<br>1. Thai (to Q2.3) (ထိုင်းနိုင်ငံအတွင်း ဖြစ်ပါက မေးခွန်း Q2.3 ကိုသွားပါ)<br>2. Not in Thai (to Q2.2) (ထိုင်းတွင်မဟုတ်ပါက မေးခွန်း Q2.2 ကိုသွားပါ) | **2.2 <u>If not in Thai,</u> Was the child registered for birth registration? ထိုင်းမဟုတ်ပါက– မွေးစာရင်း လက်မှတ် အတွက် စာရင်းရေးသွင်းခဲ့သလား**<br>1. Yes (လုပ်ခဲ့သည်)<br>2. No (မလုပ်ခဲ့ပါ)<br>3. Don't know (skip to Q2.8) (မသိပါက မေးခွန်း Q2.8 သို့ တန်းသွားပါ) | **2.3 I<u>f in Thai,</u> Where were the child delivered?** (See codes) **ထိုင်းနိုင်ငံအတွင်း ဖြစ်ပါက– ကလေးကို ဘယ်နေရာမှာ မွေးဖွား ခဲ့သလဲ။** (ကုတ်နံပါတ် ကြည့်ရန်) | **2.4 <u>If in Thai,</u> Was the child received birth certificate (usually, from the health facility where the delivery was taken place) ? ထိုင်းနိုင်ငံအတွင်း ဖြစ်ပါက– (ကလေးမွေးဖွားရာ ကျန်းမာရေးဌာနမှ) မွေးစာရင်း လက်မှတ် ရရှိခဲ့ပါသလား။ (ကျန်းမာရေးဌာနမှ မွေးကြောင်းထောက်ခံစာ)**<br>1. Yes (ရခဲ့သည်)<br>2. No (မရခဲ့ပါ)<br>3. Don't know (မသိပါ) | **2.5 <u>If in Thai,</u> Was the child registered for birth registration? ထိုင်းနိုင်ငံအတွင်း ဖြစ်ပါက– မွေးဖွားစာရင်း လက်မှတ်အတွက် စာရင်းရေးသွင်း ခဲ့သလား။ (မွေးစာရင်း သွင်း/ လုပ်ပြီးပြီလား)**<br>1. Yes (သွင်းခဲ့သည်)<br>2. No (မသွင်းခဲ့ပါ– မေးခွန်း Q2.7 **သို့သွားပါ**)<br>3. Don't know (မသိပါ) | **2.6 <u>If yes,</u> by whom?** (a person who proceeded document at the Civil Registration office) (Multiple answers are allowed) (See codes) **မွေးစာရင်းသွင်းခဲ့ လျှင် မည်သူသွင်းပေး လဲ။** (မှတ်ပုံတင်ရုံးတွင် လက်မှတ်ကို ဘယ်သူသွားယူခဲ့ တာလဲ) (အဖြေများစွာဖြေ ဆိုနိုင်သည်) (ကုတ်နံပါတ် ကြည့်ရန်) | **2.7 <u>If not,</u> why?** (See codes) **မွေးစာရင်းလက်မှတ် မယူခဲ့ပါက ဘာကြောင့်လဲ** (ကုတ် နံပါတ် ကြည့်ရန်) | **2.8 Is the child studying? ကလေး ကျောင်းတက် နေပြီလား။**<br>1. Yes (နေ)<br>2. No (မနေ) | **2.9 If yes, what type of school? ကလေး ကျောင်းတက်နေပါက ကျောင်းအမျိုးအစား။**<br>1.Thai/regular school (ထိုင်း/ပုံမှန်ကျောင်း)<br>2. Thai/non-regular school (ထိုင်း/ပုံမှန်မဟုတ် သောကျောင်း)<br>3. NGO school/Learning center (NGOကျောင်း၊ သင်ယူရေးစင်တာ)<br>4. Other (အခြား).....|
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**Code for 2.3 (မေးခွန်းနံပါတ် 2.3 အတွက် ကုတ်နံပါတ်များ)**

1. At home or in the community (အိမ်/ ရပ်ကွက်အတွင်း) 2. Public hospital (ပြည်သူ့ဆေးရုံ) 3. Private hospital (ပုဂ္ဂလိကဆေးရုံ)
4. Health center (ကျန်းမာရေးဌာန) 5. NGO's health facility (NGO များ၏ ကျန်းမာရေးဝန်ဆောင်မှုပေးသော နေရာ) 6. Other (အခြား)……..

**Code for 2.6 (မေးခွန်းနံပါတ် 2.6 အတွက် ကုတ်နံပါတ်များ)**

1. Parents (father or mother) (အဖေ/ အမေ) 2. Grandparent (အဘိုး/ အဘွား) 3. Relatives (ဆွေမျိုး) 4. Friends/colleagues of parents (သူငယ်ချင်းများ/ မိဘ၏သူငယ်ချင်းများ)
5. Hospital staff (ဆေးရုံဝန်ထမ်း) 6. Community leader (ရွာလူကြီး) 7. NGO (အင်ဂျီအို) 8. Other (အခြား)……

**Code for 2.7 (မေးခွန်းနံပါတ် 2.7 အတွက် ကုတ်နံပါတ်များ)**

1. Registration place was too far (မွေးစာရင်းဌာနက ဝေးလွန်းလို့)
2. Parents are not registered/undocumented (အဖေ၊ အမေတို့ကိုယ်တိုင်ကအထောက်အထားမရှိသူဖြစ်လို့)
3. No transport/inconvenient transportation (သွားရေးလာရေး မရှိလို့၊ အဆင်မပြေလို့)
4. No money (ပိုက်ဆံမရှိလို့)
5. Inconvenient opening hours (ဖွင့်ချိန်က အဆင်မပြေလို့)
6. Lack of personnel assisting for registration (လိုက်ပြီး အကူအညီပေးမယ့်သူ မရှိလို့)
7. Poor quality of registration services/bad experiences (ဝန်ဆောင်မှုပေးတာအရည်အသွေးညံ့လို့၊ အရင်အတွေ့အကြုံဆိုးလို့)
8. Don't know the places (ဘယ်နေရာကို သွားရမယ်မှန်း မသိလို့)
9. Cannot speak Thai (ထိုင်းစကား မပြောတတ်လို့)
10. Not necessary (မလိုအပ်လို့)
12. Don't know (မသိပါ)
13.Other (အခြား)…

## Part 3: Individual (အပိုင်း ၃ – တစ်ဦးချင်းဆိုင်ရာ အချက်အလက်များ)

| Q No. | Question & Filers | Coding Categories | Coding | Skip to |
|---|---|---|---|---|
| Q 3.1 | What ethnic group do you belong to?<br>(သင်က ဘာလူမျိုးလဲ) | Karen (ကရင်)<br>Mon (မွန်)<br>Burmese (ဗမာ)<br>Pa-O (ပအို့)<br>Shan (Tai Yai) (ရှမ်း)<br>Tavay (Da-Wei) (ထားဝယ်)<br>Yakai (Ra-khine) (ရခိုင်)<br>Kachin (ကချင်)<br>Kaya (ကယား)<br>Muslim (မွတ်စလင်)<br>Chin (ချင်း)<br>Other (အခြား)……<br>Don't know (မသိပါ)<br>No response (မဖြေဆိုပါ) | 01<br>02<br>03<br>04<br>05<br>06<br>07<br>08<br>09<br>10<br>11<br>12<br>98<br>99 | |
| Q 3.2 | How long have you lived in Thailand ?<br>*(Since first time you have come to Thailand)*<br>(ထိုင်းနိုင်ငံကို ပထမဆုံး စရောက်တဲ့အချိန် ကတည်းကနေ အခုချိန်ထိ ဘယ်လောက်ကြာပြီလဲ) (မေးခွန်း Q1.13 နှင့်ပြန်စစ်ရန်) | …….…….…… Year (နှစ်)<br>……..….. Month (လ)<br>Don't remember (မမှတ်မိပါ) | _ _<br>_ _ _ _<br>9998 | |

**Social Integration** (လူမှုရေး ပေါင်းစည်းခြင်း)

| | | | With Thai (ထိုင်း မိတ်ဆွေများနှင့်) | How many years does it take for you to start your participation? (အဲလို ဝင်ပါဖို့ နှစ်တွေ ဘယ်လောက်ကြာသွားလဲ) | With same nationality (ကိုယ့်နိုင်ငံသားများနှင့်) | Not participated (မပါဝင်ဖူးပါ) |
|---|---|---|---|---|---|---|
| Q 3.3 | Which of the following activities do your household participated?<br>(သင့်မိသားစု ပါဝင်ခဲ့ဖူးသော လူမှုရေးအလုပ်တွေကို ပြောပြပါ)<br><br>(Multiple response promptly- Read the categories)<br>(အဖြေမှာ တစ်ခုထက်မက ပိုနိုင်သည့်အတွက် မေးမြန်းသူမှ ဦးဆောင်မေးမြန်း သွားရန်) | A. | Celebrate Thai, religious, and cultural events.<br>(ထိုင်းလူမျိုးတို့၏ ဘာသာရေး၊ ယဉ်ကျေးမှုအခမ်းအနား/ ပွဲများတွင် ပါဝင်ခြင်း) | 1 | ___ | 2 | 3 |
| | B. | Celebrate own nationality, religious, and cultural events.<br>(မိမိနိုင်ငံ/ လူမျိုးတို့၏ ဘာသာရေး၊ ယဉ်ကျေးမှု အခမ်းအနား/ ပွဲများတွင် ပါဝင်ခြင်း) | 1 | ___ | 2 | 3 |
| | C. | Participate in cremation ceremony. (self-tradition/ Thai)<br>(ထိုင်း/ မိမိလူမျိုးတို့၏ နာရေး/ အသုဘ အခမ်းအနား ပွဲများ တွင်ပါဝင်ခြင်း) | 1 | ___ | 2 | 3 |
| | D. | Putting food into the bowl of the Buddhist priest<br>(ဗုဒ္ဓဘာသာ ဘုန်းကြီးများအား ဆွမ်းလောင်းခြင်း) | 1 | ___ | 2 | 3 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | E. Participate cultural activities (i.e. Burmese New Year, Mon New Year) (ရိုးရာယဉ်ကျေးမှုအခမ်းအနားများတွင် ပါဝင်ခြင်း – ဥပမာ၊ မြန်မာနှစ်သစ်ကူး၊ မွန်နှစ်သစ်ကူး) | 1 | ___ | 2 | 3 |
| | | F. Attending social activities in the community (New Year celebration, Father's day, Mother's day, community sanitization, etc.) (လူမှုရေး အခမ်းအနားများတွင် ပါဝင်ခြင်း– ဥပမာ၊ နှစ်သစ်ကူး အခမ်းအနား၊ အဖေများနေ့၊ အမေများနေ့၊ ရပ်ကွက်သန့်ရှင်းရေး စသဖြင့်) | 1 | ___ | 2 | 3 |
| | | G. Celebrating King's birthday (ဘုရင်ကြီးမွေးနေ့အခမ်းအနား များတွင် ပါဝင်ခြင်း) | 1 | ___ | 2 | 3 |
| | | H. Celebrating International New Year (အင်္ဂလိပ်နှစ်သစ်ကူးပွဲများတွင် ပါခြင်း) | 1 | ___ | 2 | 3 |

| | | | **Very much** (အလွန်ကောင်း) | **Moderately** (အသင့်တင့်) | **Little** (အနည်းငယ်) | **Not answer** (မဖြေပါ) |
|---|---|---|---|---|---|---|
| Q 3.4 | Currently living here, how are you satisfied with your life and surroundings? (လက်ရှိထိုင်းမှာ နေစဉ်ကာလမှာ၊ လက်ရှိဘဝနဲ့ လက်ရှိသင့်ပတ်ဝန်းကျင် အပေါ် ကျေနပ်မှု ဘယ်လောက်ရှိလဲ) (Read the categories.) (တစ်ခုချင်းစီအား မေးပါ) | 1. Living arrangements (နေထိုင်စားသောက်မှုအပေါ်) | 1 | 2 | 3 | 9 |
| | | 2. Income generation (ဝင်ငွေရရှိမှုအပေါ်) | 1 | 2 | 3 | 9 |
| | | 3. Health status (ကျန်းမာရေးအခြေအနေအပေါ်) | 1 | 2 | 3 | 9 |
| | | 4. Employer and workplace (အလုပ်ရှင်နှင့် လုပ်ငန်းခွင်အပေါ်) | 1 | 2 | 3 | 9 |
| | | 5. Friends/ co-workers (သင့်သူငယ်ချင်းများ၊ လုပ်ဖော်ကိုင်ဖက်များအပေါ်) | 1 | 2 | 3 | 9 |
| | | 6. Neighboring with Thais (အိမ်နီးချင်း ထိုင်းလူမျိုးများအပေါ်) | 1 | 2 | 3 | 9 |
| | | 7. Awareness on and protections of your rights (ကိုယ့်ရဲ့အခွင့်အရေးကို ကာကွယ်ရပိုင်ခွင့်နှင့် သိရှိထားမှု အပေါ်) | 1 | 2 | 3 | 9 |
| | | 8. Security in life and property (ကိုယ့်ဘဝလုံခြုံမှုနဲ့ ပစ္စည်းဥစ္စာ လုံခြုံမှု အပေါ်) | 1 | 2 | 3 | 9 |
| | | 9. Other (specify)……. (အခြား) | 1 | 2 | 3 | 9 |

| | | | **Witness from others** (အခြားသူ ဖြစ်တာ ကြုံဖူးခြင်း) | **Personal experience or family members** (ကိုယ်တိုင်၊ သို့မဟုတ် မိသားစုဝင် တစ်ဦးဦး ကြုံဖူးခြင်း) |
|---|---|---|---|---|
| Q 3.5 | Have you ever witness or experienced abuse of migrants (by Thais in the same community)?<br>(သင်ကိုယ်တိုင်ဖြစ်စေ၊ သင်မြင်တွေ့ဖူးလို့ ဖြစ်စေ၊ သင်နှင့် အတူရှိသော ထိုင်းလူမျိုးများက နှိပ်စက် ညှဉ်းပန်းတာမျိုး မြင်ဖူး/ကြုံတွေ့ဖူးပါ သလား) | A. Physical Abuse (Ex. Spit at / Punched / Had things thrown at / Slapped / Pinched / Pushed)<br>(ကိုယ်ထိလက်ရောက် ပြုမူခြင်း– ဥပမာ၊ တံတွေးထွေးခြင်း၊ လက်သီးဖြင့်ထိုးခြင်း၊ ပစ္စည်းဖြင့်ပစ်ပေါက်ခြင်း၊ ဆိတ်ဆွဲခြင်း၊ တွန်းထိုးခြင်း) | 1. Yes<br>2. No | 1. Yes<br>2. No |
| | | B. Verbal Abuse (Ex. Called names / Threatened / Yelled at)<br>(နှုတ်ဖြင့် ဆဲဆိုခြင်း– ဥပမာ၊ နံမည်ခေါ်ကာ ခြိမ်းခြောက်ခြင်း၊ အော်ငေါက်ခြင်း) | 1. Yes<br>2. No | 1. Yes<br>2. No |
| | | C. Sexual Abuse (Ex. Touch without consent / Unwanted sexual molestation / Raped)<br>(ကာယိ အိန္ဒြေပျက်အောင် ပြုမူခြင်း– ဥပမာ၊ အသားယူခြင်း၊ ထိတွေ့ပွတ်သက်ခြင်း၊ မုဒိန်းမှုပြုလုပ်ခြင်း) | 1. Yes<br>2. No | 1. Yes<br>2. No |
| | | D. No, I never witnessed or experienced<br>(မကြုံဘူး/မကြားဘူးပါ) | 1. Yes<br>2. No | 1. Yes<br>2. No |
| | | E. Other (Specify) (အခြား)……. | 1. Yes<br>2. No | 1. Yes<br>2. No |
| Q3.6 | Have you ever witness or experienced discrimination of migrants (by Thais in the same community)?<br>(သင်ကိုယ်တိုင်ဖြစ်စေ၊ သင်မြင်တွေ့ဖူးလို့ ဖြစ်စေ၊ သင်နှင့် အတူရှိသော ထိုင်းလူမျိုးများက သင်တို့အပေါ် ခွဲခြားဆက်တာမျိုး မြင်ဖူး/ကြုံတွေ့ဖူးပါ သလား) | A. Employment discrimination (Ex. Recruitment/appointed position/ lay off/ promotion)<br>(လုပ်ငန်းခွင်တွင် ခွဲခြားဆက်ဆံခြင်း– ဥပမာ– ဝန်ထမ်းခန့်ခြင်း၊ ရာထူးတိုးခြင်း) | 1. Yes<br>2. No | 1. Yes<br>2. No |
| | | B. Peer discrimination (Ex. Group segregation)<br>(လုပ်ဖော်ကိုင်ဖက် အချင်းချင်း ခွဲခြားဆက်ဆံခြင်း) | 1. Yes<br>2. No | 1. Yes<br>2. No |
| | | C. Public discrimination (Ex. Being refused to services)<br>(ပြင်ပ ဝန်ဆောင်မှုလုပ်ငန်းများတွင် ခွဲခြားဆက်ဆံခြင်း၊ ဥပမာ– ကိုယ့်အား ဝန်ဆောင်မှုပေးရန် လျစ်လျူရှုခြင်း၊ ငြင်းပယ်ခြင်း) | 1. Yes<br>2. No | 1. Yes<br>2. No |
| | | D. Other (Specify) (အခြား)……. | 1. Yes<br>2. No | 1. Yes<br>2. No |
| | | E. No, I never witnessed or experience<br>(မကြားဘူး/မကြုံဘူးပါ) | 1. Yes<br>2. No | 1. Yes<br>2. No |

| | | | | |
|---|---|---|---|---|
| Q3.7 | Have you ever witness or experienced exploitation of migrants (by Thais in the same community)? (သင်ကိုယ်တိုင်ဖြစ်စေ၊ သင်မြင်တွေ့ဖူးလို့ ဖြစ်စေ၊ သင်နှင့် အတူရှိသော ထိုင်းလူမျိုးများက သင်တို့အပေါ် ခေါင်းပုံဖြတ်မှုမျိုး မြင်ဖူး/ကြုံတွေ့ဖူး ပါသလား) | A. Payment (Ex. payment deduction for mistakes / Delayed payment) (လုပ်အားခ ခေါင်းပုံဖြတ်ခြင်း– ဥပမာ၊ လုပ်ငန်းခွင်အမှားအချို့အတွက် လုပ်အားခဖြတ်တောက်ခြင်း၊ လုပ်အားခ နောက်ကျမှပေးခြင်း) | 1. Yes<br>2. No | 1. Yes<br>2. No |
| | | B. Right and freedom at work (Ex. Documents were kept by employer/ threatening to be reported to the authority by employers/ being forced to work) (လူ့အခွင့်အရေးနှင့် ကိုယ်ပိုင်လွတ်လပ်ခွင့်အား ဖောက်ဖျက်ခြင်း– ဥပမာ၊ မိမိစာရွက်စာတမ်းများအား အလုပ်ရှင်မှ သိမ်းထားခြင်း၊ အာဏာပိုင်များထံ သတင်းပို့မည်ဟု ခြိမ်းခြောက်ထားခြင်း၊ အတင်းအကျပ် အလုပ်လုပ်ရန် ခိုင်းစေခြင်း) | 1. Yes<br>2. No | 1. Yes<br>2. No |
| | | C. Other (Specify) (အခြား)…….. | 1. Yes<br>2. No | 1. Yes<br>2. No |

| | **Do you <u>know</u> that?**<br>(သင် ဒါတွေသိပါသလား) | **Yes**<br>(သိ) | **No**<br>(မသိ) | **Do not know**<br>(မသိပါ) |
|---|---|---|---|---|
| Q3.8 | All children born in Thailand, regardless of legal status of parents, <u>are eligible</u> to be registered and received a birth registration?<br>(ထိုင်းနိုင်ငံအတွင်း မွေးဖွားသည့် ကလေးငယ်တိုင်းသည် ၎င်းတို့၏ မိဘများ ဥပဒေအရ တရားဝင်နေထိုင်ခြင်း မဟုတ်သော်ငြားလည်း မွေးဖွားစာရင်း မှတ်ပုံတင်ခြင်းနှင့် ရယူခြင်းများအား ပြုလုပ်ပိုင်ခွင့် ရှိလား။) | 1 | 2 | 3 |
| Q3.9 | All children - regardless of the nationality or legal status - living in Thailand <u>are eligible</u> to basic education provided by Thai government?<br>(ထိုင်းနိုင်ငံအတွင်း နေထိုင်သည့် ကလေးငယ်တိုင်းသည် နိုင်ငံသားကွဲပြား နေသော်ငြားလည်း၊ ဥပဒေအရ တရားဝင်နေထိုင်ခြင်း မဟုတ်သော်ငြားလည်း ထိုင်းအစိုးရမှ ဖွင့်လှစ်ထားရှိသည့် အခြေခံကျောင်းများတွင် ပညာသင်<u>ယူခွင့်</u> ရှိလား။) | 1 | 2 | 3 |
| Q3.10 | Migrant children aged less than 7 <u>are eligible</u> to buy a health insurance card at price 365 Baht/Year at Thai Public Hospital?<br>(ထိုင်းနိုင်ငံအတွင်း နေထိုင်သည့် အသက် ၇ နှစ် အောက်ငယ်သော ရွှေ့ပြောင်းကလေးငယ်များသည် ကျန်းမာရေးအာမခံကတ်အား တစ်နှစ်လျင် တန်ဖိုးငွေ ၃၆၅ ဘတ်ဖြင့် ထိုင်းပြည်သူ့ဆေးရုံတွင် ဝယ်ယူပိုင်ခွင့် ရှိလား။) | 1 | 2 | 3 |
| Q3.11 | Migrants aged 7 and over <u>are eligible</u> to buy a health insurance card at price 1,600 Baht/Year at Thai Public Hospital?<br>(ထိုင်းနိုင်ငံအတွင်း နေထိုင်သည့် အသက် ၇ နှစ်နှင့် အထက်ကြီးသော ရွှေ့ပြောင်းနေထိုင်သူများသည် ကျန်းမာရေးအာမခံကတ်အား တစ်နှစ်လျင် တန်ဖိုးငွေ ၁၆၀၀ ဘတ်ဖြင့် ထိုင်းပြည်သူ့ဆေးရုံတွင် ဝယ်ယူပိုင်ခွင့် ရှိလား။) | 1 | 2 | 3 |
| Q3.12 | Migrant workers with a passport/or whose Nationality Verified and a work permit <u>are eligible</u> to register with the Social Security Scheme?<br>(ထိုင်းနိုင်ငံအတွင်းရှိ တရားဝင်ပတ်စ်ပို့ရှိသော်သူ/ နိုင်ငံသားစိစစ်ခြင်း ပြုလုပ်ပြီးသူ/အလုပ်ပါမစ်ရှိသော ရွှေ့ပြောင်းလုပ်သားများသည် လူမှုဖူလုံရေးစနစ် (ပကန်စန်ခုံး) ရရှိရန် စာရင်းပေးသွင်း<u>နိုင်ခွင့်</u> ရှိလား။) | 1 | 2 | 3 |

| | **Do you think that, in practice?**<br>(တစ်ကယ့် လက်တွေ့မှာ၊<br>သင် ဘယ်လိုထင်မြင်ယူဆပါသလဲ) | **Definitely yes**<br>(လုံးဝ သေချာတယ်) | **Probably Yes**<br>(သေချာတယ်) | **Probably No.**<br>(မလုပ်ဘူး) | **Definitely No**<br>(လုံးဝ မလုပ်ဘူး) |
|---|---|---|---|---|---|
| Q3.13 | All children born in Thailand, regardless of legal status of parents, <u>can access</u> to registration and receive a birth registration?<br>(ထိုင်းနိုင်ငံအတွင်း မွေးဖွားသည့် ကလေးငယ်တိုင်းသည် ၄င်းတို့၏မိဘများ ဥပဒေအရ တရားဝင်နေထိုင်ခြင်း မဟုတ်သော်ငြားလည်း မွေးဖွားစာရင်းမှတ်ပုံတင်ခြင်းနှင့် ရယူခြင်းများအား လက်တွေ့တွင် *<u>ပြုလုပ်နိုင်သလား</u>*) | 1 | 2 | 3 | 4 |
| Q3.14 | All children - regardless of the nationality or legal status - living in Thailand <u>can access</u> to basic education provided by Thai government?<br>(ထိုင်းနိုင်ငံအတွင်း နေထိုင်သည့် ကလေးငယ်တိုင်းသည် နိုင်ငံသားကဲ့ပြားနေသော်ငြားလည်း၊ ဥပဒေအရတရားဝင်နေထိုင်ခြင်း မဟုတ်သော်ငြားလည်း ထိုင်းအစိုးရမှ ဖွင့်လှစ်ထားရှိသည့် အခြေခံကျောင်းများတွင် လက်တွေ့တွင် ပညာ*<u>သင်ယူနိုင်သလား</u>*) | 1 | 2 | 3 | 4 |
| Q3.15 | Migrant children aged less than 7 <u>can access</u> to buy a health insurance card at price 365 Baht/Year at Thai Public Hospital?<br>(ထိုင်းနိုင်ငံအတွင်း နေထိုင်သည့် အသက် ၇ နှစ် အောက်ငယ်သော ရွှေ့ပြောင်းကလေးငယ်များသည် ကျန်းမာရေးအာမခံကတ်အား တစ်နှစ်လျင် တန်ဖိုးငွေ ၃၆၅ ဘတ်ဖြင့်ထိုင်းပြည်သူ့ဆေးရုံတွင် လက်တွေ့ *<u>ဝယ်ယူနိုင်သလား</u>*) | 1 | 2 | 3 | 4 |
| Q3.16 | Migrants aged 7 and over <u>can access</u> a health insurance card at price 1,600 Baht/Year at Thai Public Hospital?<br>(ထိုင်းနိုင်ငံအတွင်း နေထိုင်သည့် အသက် ၇ နှစ်နှင့် အထက်ကြီးသော ရွှေ့ပြောင်းနေထိုင်သူများသည် ကျန်းမာရေးအာမခံကတ်အား တစ်နှစ်လျင် တန်ဖိုးငွေ ၁၆၀၀ ဘတ်ဖြင့် ထိုင်းပြည်သူ့ဆေးရုံတွင် လက်တွေ့ *<u>ဝယ်ယူနိုင်သလား</u>*) | 1 | 2 | 3 | 4 |
| Q 3.17 | Migrant workers with a passport/or whose Nationality Verified and a work permit <u>can access</u> to register with the Social Security Scheme?<br>(ထိုင်းနိုင်ငံအတွင်းရှိ တရားဝင်ပတ်စ်ပို့ရှိသောသူ/ နိုင်ငံသားစိစစ်ခြင်းပြုလုပ်ပြီးသူ/ အလုပ်ပါမစ်ရှိသော ရွှေ့ပြောင်းလုပ်သားများသည် လူမှုဖူလုံရေးစနစ် (ပကန်စန်ခုံး) ရရှိရန် *<u>စာရင်းပေးသွင်းနိုင်သည်</u>*) | 1 | 2 | 3 | 4 |

## Part 4 : House characteristics (Interviewer's observe)
## (အပိုင်း ၄ – နေအိမ်အချက်အလက်များ– မေးမြန်းသူက ကြည့်ရှုမှတ်သားရန်)

4.1. What is the house type? (အိမ်ပုံစံ)

1. Single House (လုံးချင်းအိမ်)/ Twin-house (နှစ်အိမ်တွဲ/ အိမ်နှစ်လုံးတွဲလျက်)
2. Home town/ Townhouse (တိုက်ခန်း)
3. Block/Shop House (**တိုက်ခန်းတွဲ/** ဈေးဆိုင်နှင့် တွဲထားသောတိုက်ခန်း– ဥပမာ၊ အိမ်ဆိုင်)
4. Rental room inside a house/building (အိမ်အတွင်းတွင် အခန်းငှားနေခြင်း)
5. Wooden rowed house/Boat house/Mobile car
(သစ်သားဖြင့် ဆောက်ထားသော လိုင်းခန်းတွဲ/ လှေပေါ်အိမ်/ ရွေ့လျားအိမ်ငယ်)
6. Other (specify) (အခြားရှိပါက ဖော်ပြပါ)……..……

4.2 What is the material that the roof is made of? (အိမ်ခေါင်မိုးအား သုံးထားသော ပစ္စည်း)

1. CPAC monies (အဆင့်မြင့် အမိုးပြား)
2. Tile (အုပ်ကြွပ်ပြား)
3. Zinc Plate (သွပ်ပြား)
4. Elephant grass /nipa palm leaf (မြက်/ ခနို/ သက်ကယ်/ အင်ဖတ်)
5. Bamboo (ဝါး)
6. Cement (ဘိလပ်မြေဖြင့် အင်္ဂတေကိုင်ထားသည်)
7. Used material (ပစ္စည်းဟောင်းသုံးထားသည်)
8. Other (specify) (အခြားရှိပါက ဖော်ပြပါ)……..……

4.3 What is the material the house walls are made of? (အိမ်နံရံများအား သုံးထားသော ပစ္စည်း)

1. Concrete/Brick/Stone (ကွန်ကရစ်/ အုတ်/ ကျောက်တုံး)
2. Tile (အုပ်ကြွပ်ပြား/ ကြွေပြား)
3. Zinc Plate (သွပ်ပြား)
4. Elephant grass /nipa palm leaf (မြက်/ ခနို/ သက်ကယ်/ အင်ဖတ်)
5. Wood (သစ်သား)
6. Half cement and wood (ဘိလပ်မြေတစ်ဝက်၊ သစ်သားတစ်ဝက်)
7. Bamboo (ဝါး)
8. Used material (ပစ္စည်းဟောင်းသုံးထား)
9. Other (specify) (အခြားရှိပါက ဖော်ပြပါ)……..……

4.4 Does the house have a fence? (အိမ်ခြံစည်းရိုး ရှိမှု)

1. Yes (ရှိ)
2. No (မရှိ)

4.5 How is air ventilation and sunlight in the house? (အိမ်အတွင်း လေဝင်လေထွက်နှင့် နေရောင်ရရှိမှု)

1. Good condition (ကောင်းသည်)
2. Rather poor (သိပ်မကောင်း)
3. Poor (ညံ့သည်)

4.6 Does this household have electricity? (အိမ်တွင် လျှပ်စစ်မီးရရှိမှု)

1. Yes (ရှိ)
2. No (မရှိ)

4.7 What is the source of ***drinking water*** in this household? *(can answer more than one source)*
(အိမ်ထောင်စုအတွက် သောက်သုံးရေကို ဘယ်ကနေ အဓိကရသလဲ) ***(အဖြေ တစ်ခုထက်မက ဖြေနိုင်သည်)***

1. Rain water (မိုးရေ)
2. Natural source (သဘာဝအတိုင်းရှိသည့် ရေ– ဥပမာ၊ ရေကန်၊ ချောင်းရေ၊ မြစ်ရေ)
3. Underground water (မြေအောက်ရေ)
4. Tap water (ရေပိုက်လိုင်း)
5. Shallow Well (ရေတွင်း)
6. Purchase drinking water (ရေဝယ်သုံး)

4.8 Where this household uses toilet? (အိမ်ထောင်စုအတွက် အသုံးပြုသော အိမ်သာ)

1. Own toilet (ကိုယ်ပိုင် အိမ်သာရှိ)
2. Neighbour's toilet (အိမ်နီးချင်းနားချင်း၏ အိမ်သာအား အသုံးပြု)
3. Public toilet (အများသုံး အိမ်သာ)
4. Other (Specify) (အခြားရှိပါက ဖော်ပြပါ) ……

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