

HEALTH CARE ACCESS AND SERVICES

for Urban Refugee
Communities

During the Covid-19 Pandemic:
Community Findings

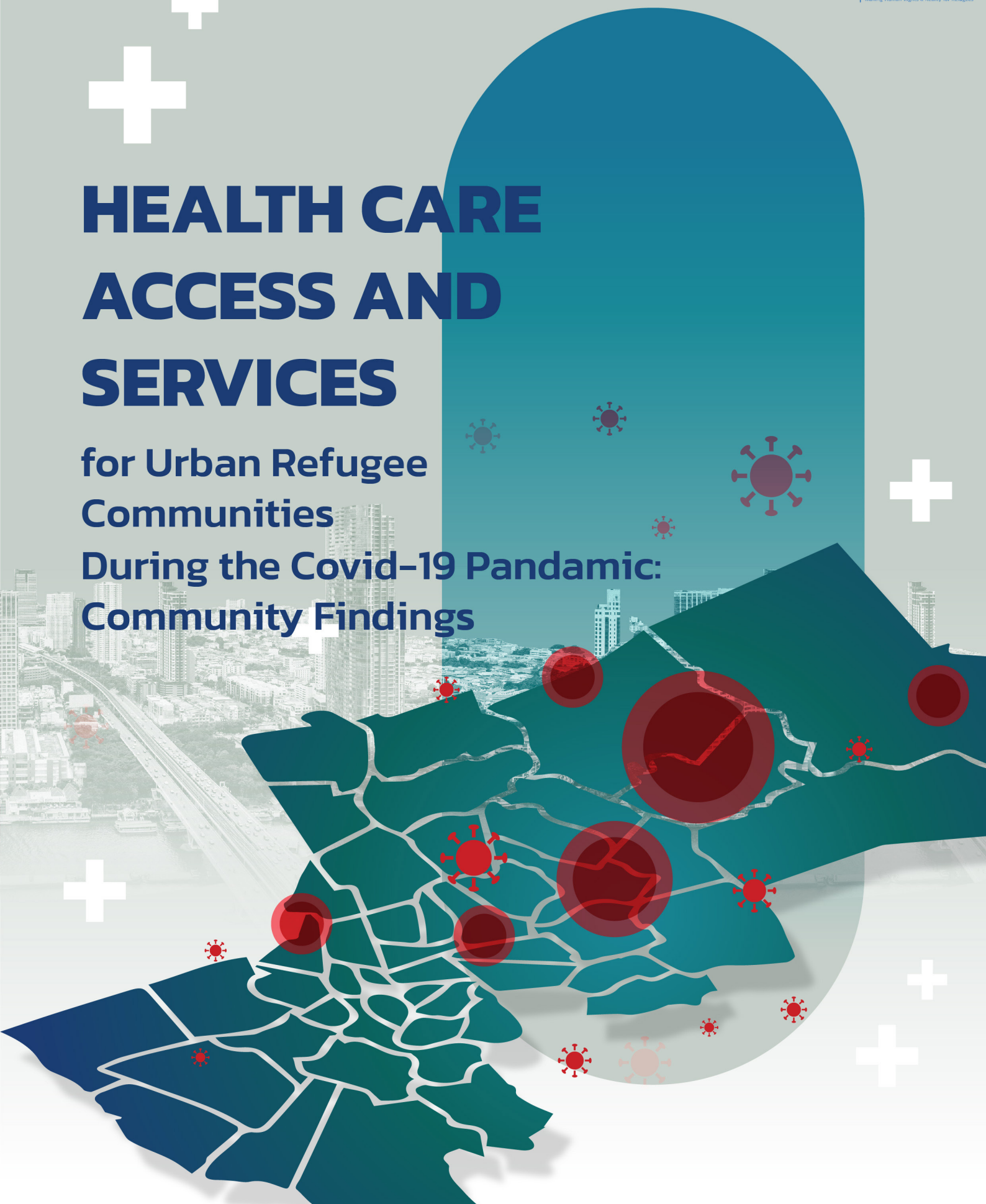
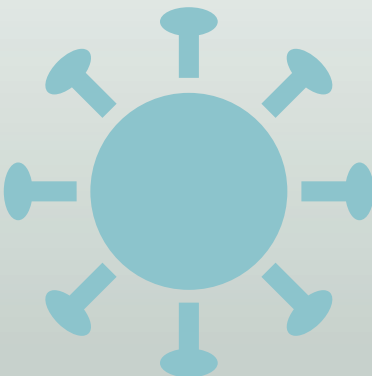
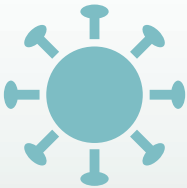


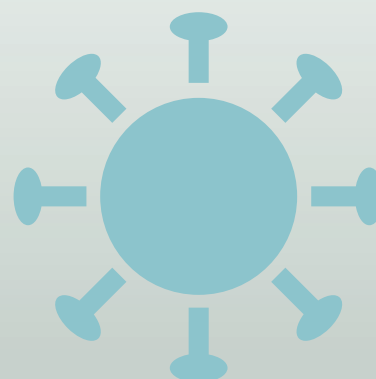
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LIST OF ABBREVIATIONS

PAR	Participatory Action Research Approach
POCs	Persons of Concern
NOCs	those who are not or no longer recognized by UNHCR
BRC	Bangkok Refugee Center
ATK	Antigen Test Kit
UNHCR	United Nations High Commissioner for Refugees
AAT	Asylum Access Thailand
CAP	Center for Asylum Protection
NGO	Non-governmental organization





INTRODUCTION

Thailand hosts approximately 5,000 urban refugees and asylum seekers from over 40 countries in the Bangkok Metropolitan Area (UNHCR, 2022) despite not ratifying the 1951 Convention Relating to the Status of Refugees and its 1967 Protocol. In the past several years, the Thai government has committed to assisting refugees and asylum seekers, hoping to provide them with more protection and access to fundamental needs (Tan and Yankittikul, 2020). However, assistance remains limited in reality. Forcibly displaced people in Thailand continue to experience obstacles in constructing livelihoods. Some are also arrested, detained, and at risk of getting deported.

The COVID-19 epidemic has made urban refugees in Thailand more vulnerable, endangering their physical and mental health. In August 2021, more than 50 percent of refugees in one neighborhood reported being infected by the virus. A study by the International Commission of Jurists (2021) found that many infected among the marginalized in Thailand did not seek health care support due to a lack of access to service and information, the high cost of testing, the fear of being arrested, discrimination, making it challenging to provide appropriate support and services. Accordingly, the extent of the health effects of COVID-19 across all refugee groups in Bangkok

remains obscure, leading to the need for impact assessment. A UNHCR report (2021) indicated that many forcibly displaced feel anxious due to pandemic and have experienced other health challenges. The main reasons for anxiety include fear of getting infected by COVID-19, losing a job, and not having access to health facilities.

This rapid study seeks to understand the extent of the ongoing health impacts of COVID-19 on urban refugee communities in Bangkok and health service access since the COVID-19 outbreak. It aims to answer the following questions: What is the status of refugees' access to healthcare and health services compared to the pre-COVID-19 period? How do refugee communities prepare and respond to the health impacts of the pandemic? How do the communities respond to COVID-19 infection? What is the vaccination situation of each community? The present study will provide baseline insights into the COVID-19 situation in each refugee community and how they prepare, manage, and respond to the pandemic.



METHODOLOGY

This report is based on a qualitative exploratory and descriptive research, guided by a participatory action research (PAR) approach. The study depends on the participation and engagement of the refugee community in the research, which “is led by, for and researched with vulnerable communities and that accepts experiences as legitimate sources of knowledge” (Martin and Burbach 2019, p. 297). This research approach allows urban refugees to engage in the research process and produce the study together. Refugees themselves have become a co-researcher. Adopting this approach not only breaks down the hierarchy between researchers and communities but also equips refugees with research skills that could be useful for their future career pursuits.

This study proceeds with the co-design between researchers and refugees. Representatives of refugee communities were invited for the online training in which the project was presented, and details of data gathering were given. The community representative was able to make suggestions about the research process and the appropriate methods of data collection. Through the consultation, the focus group discussion was recommended as a suitable research method. It was chosen on the basis that this method of data collection allowed people who share similar experiences to discuss a similar topic together. It enabled various opinions and ideas to be shared

and discussed, as well as some facts and information to be cross-checked. However, some refugee communities raised concerns that focus group discussion can affect data quality. Refugees and asylum seekers may refrain from sharing information because of pressure from people in their community. This caveat was addressed by the suggestion that community members who participated in the focus group discussion, which was conducted online, switch their cameras off and change their names. This concern, perhaps, became one of the factors affecting the discussion of some communities.

The present study was initially planned to involve 12 refugee communities in Bangkok, including Ahmadi Pakistani, Christian Pakistani, Afghan, Hmong, Vietnamese Jarai, Vietnamese Ede, Khmer Jarai, Khmer Krom, Srilankan, Somali, Iraqi, and Iranian communities. It was also planned to focus on both the persons of concern (POCs) to the UNHCR and those who are not or no longer recognized by UNHCR (NOCs). Due to the severity of the pandemic in early 2022, however, when the focus group discussions were conducted, several communities could not conduct the study as planned since the trained researchers were occupied with other tasks. Accordingly, the complete data set only comes from six communities of the persons of concern (POCs) to UNHCR and one community of the non-persons of concern to UNHCR (NOCs). This report, however, provides the result based on the community findings of six POC groups, including Afghan, Vietnamese Jarai, Khmer Jarai, Srilankan, Iraqi, and Iranian communities. The subsequent report will provide findings from NOC groups and an analysis of the similarities and differences between the experiences of POCs and NOCs.

COMMUNITY FINDINGS





Afghan Community

+ Healthcare Access and Services before COVID-19

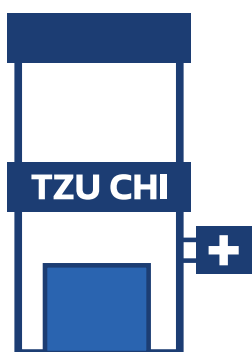
Most people in the Afghan community visited Rajavithi and Sirindhorn hospitals. However, Rajavithi hospital is located far away from the community. Thus, commuting there could be challenging and costly. Fortunately, the Tzu Chi clinic provides additional health access and some medicine; in some cases, Bangkok Refugee Center took them to the hospital. Some, however, also depend on the local health center to access service since the staff accepted the UNHCR card. Before the pandemic, healthcare access costs were covered mainly by organizations, including BRC, UNHCR, and Tzu Chi. Despite being able to access health services, refugees in the Afghan community experience challenges. There were language barriers, as the community members did not speak Thai, and some staff in health centers could not speak English, making the communication difficult.

+ Healthcare Access and Services During the Pandemic

Accessing services changed dramatically during the pandemic. Afghan refugee community members no longer visited health centers, public or private hospitals, or clinics. They also received no assistance from civil society organizations during this time, and most provided limited healthcare access. Some no longer responded to individual requests. The result of the focus group discussion indicated that most organizations cannot take patients to the hospital due to the COVID-19 situation, and they can only reimburse the bills. However, some community members could not even afford to pay the bill.

+ COVID-19 Awareness and Prevention

During the pandemic, the community obtained information about the COVID-19 situation and prevention from the Internet and friends. Some learned from the COVID-19 training of the Jesuit Refugee Service (JRS). Various organizations, including AAT, Tzu Chi, and Mirror Foundation, also provided masks and hand sanitizers to the community. Tzu Chi and Mirror Foundation also delivered food from time to time.





+ COVID-19 Infection, Testing, and Treatment

As of March 2022, none of the community members were infected with COVID-19. Besides, only a limited number of the community members have taken COVID-19 test, as nobody has had COVID-19 symptoms. Again, the test cost is relatively high, and nobody can afford it, especially the RT-PCR test.

+ Vaccination

Community members have been vaccinated through the UNHCR vaccination program, the Thai Red Cross Society, and the Bangkok Hospital - Pattaya. To access the UNHCR vaccination program and the Thai Red Cross society, Afghan refugees only needed to provide their UNHCR cards. Those taking the vaccine from Bangkok hospital Pattaya provide a valid passport for registration. No valid visa was required.

During the early wave of the COVID-19 pandemic, the only difficulty accessing vaccines was finding a vaccine as there were not many COVID-19 vaccine doses available. Since community members needed to search for a vaccination center that does not require a passport or a valid visa, many options are available. Community members eventually received different types of vaccines, most of them received Sinopharm, and some got the AstraZeneca vaccine.

+ Mental well-being

The COVID-19 pandemic has dramatically affected the mental well-being of all Afghan community members. Before the pandemic, immigration police were a significant threat to them, but nowadays, COVID-19 has become a bigger problem. Living in small rooms, some even with three children, and not being able to leave the room because of the pandemic affected the mental health of community members, including children. Some also got a warning from the property owners as their children were playing at home and making noises.

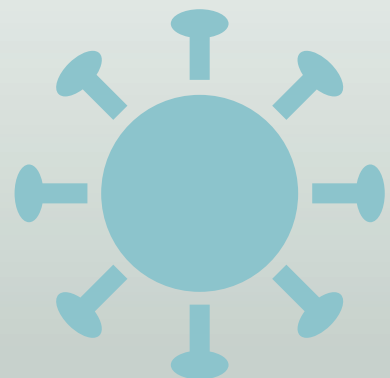


Iranian Community



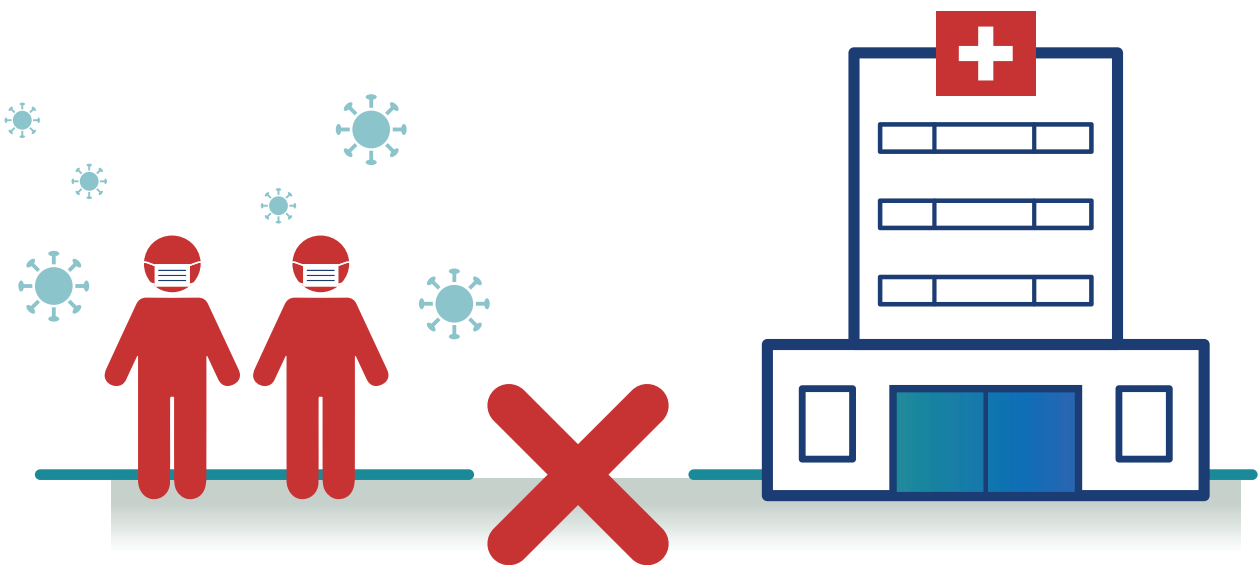
+ Healthcare Access and Services before COVID-19

Before the COVID-19 pandemic, the Iranian community sought healthcare services at hospitals, local health centers, and the Tzu Chi clinic. To access the hospital, the Tzu Chi staff and BRC accompanied patients to the hospital, providing an interpreter to communicate with the medical staff. BRC, Tzu Chi, and UNHCR covered the medical expenses for refugee patients. At the health center, patients must present a UNHCR card to access healthcare services. Community members pointed out language barriers between Thai-speaking medical staff and English-speaking refugee patients as a difficulty at the health center. Apart from public and private healthcare services, Tzu Chi provided free and accessible health services, including medication prescribing and regular doctor counseling. However, the transportation cost is at the community members' expense.



+ Healthcare Access and Services During the Pandemic

The COVID-19 outbreak has drastically changed the accessible healthcare services for the Iranian community. The community members can no longer seek healthcare services at any of the places mentioned above, including the hospital, the health center, and the Tzu Chi clinic. Community members reported that no civil society organizations currently provide the transferring-to-hospital service or cover medical costs. Community members with severe or underlying health conditions have requested support from organizations, yet no response has been made. Aside from the medical services mentioned earlier, other public and private hospitals none also available. However, the community members cannot access such services due to the high cost.



+ COVID-19 Awareness and Prevention

Iranian community members mentioned that the primary source of information related to COVID-19 for them is the internet. The information allows the community members to follow the preventive measures against COVID-19, including wearing masks and using hand sanitizers.

However, since the community has not received such material support from organizations, they bear the costs and prepare masks and hand sanitizers themselves. Similarly, no food assistance or financial assistance is provided.



+ COVID-19 Infection, Testing, and Treatment

Some Iranian community members reported that they had had similar symptoms to those of COVID-19. Yet, infections have not officially been confirmed since they cannot access a hospital or COVID-19 testing, especially the RT-PCR tests. The absence of support from organizations also prevents them from accessing medical services and COVID-19 testing. If community members have COVID-19 symptoms, they usually practice folk remedy and take herbal medicines such as ginger, lime, thyme, and garlic. However, they faced difficulty in home isolation. They could not care for patients by preparing healthy and sufficient meals.

+ Vaccination

The community members have been vaccinated free of charge at Thai government hospitals, the Rajanukul Institute, and the Thai Red Cross Society through the government vaccination scheme. In receiving vaccines, the community members must present their valid passports.

+ Mental well-being

The COVID-19 pandemic has negatively affected the mental well-being of Iranian community members. Before the pandemic, immigration matters, including legal status, were among the most significant threats, yet the cause of concerns and threat has shifted to COVID-19 infection. Some community members reported that they faced a variety of mental illnesses such as depression and insomnia. Losses of their relatives in their country of origin, Iran, make some fearful and anxious about the COVID-19 infection. As a result, they have been avoiding leaving home to a maximum extent, and it causes them to be depressed.





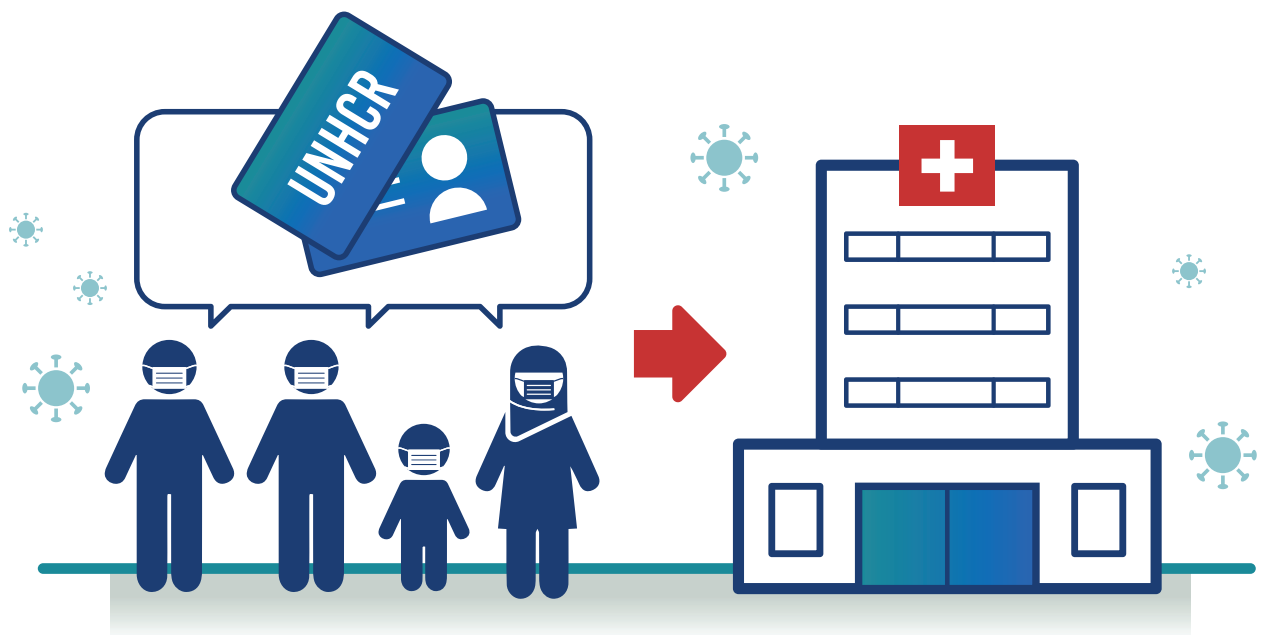
Iraqi Community

+ Healthcare Access and Services before COVID-19

Before the COVID-19 outbreak, the Iraqi community had various options for healthcare services at public and private hospitals, local health centers, and the Tzu Chi clinic. Among them, the primary healthcare service that the community members often used was the Tzu Chi clinic. The location of the Tzu Chi clinic was far, with a taxi costing approximately THB 150 or three bus lines costing THB 50. Community members have to cover the costs by themselves. However, regardless of the distance, the Tzu Chi clinic is free of charge, and only the UNHCR card is required for healthcare access. Thus, the community members preferred visiting the clinic. The Tzu Chi clinic transferred patients to the Rajavithi Hospital or the Sirindhorn Hospital for severe health conditions.

Community members reported that access to the two public hospitals was relatively smooth with only the UNHCR card since the Tzu Chi clinic arranged an appointment and provided an interpreter for communication with medical staff. In addition, all the costs were covered by the Tzu Chi clinic. The local health center was another option for them to access healthcare services since it was located 15 minutes away by foot from the community. They were required to present the UNHCR card and found no language barrier as some healthcare center staff were English speakers. Although the cost range would be between THB 100 and THB 1,500 depending on the treatment they received, the cost is low and affordable.

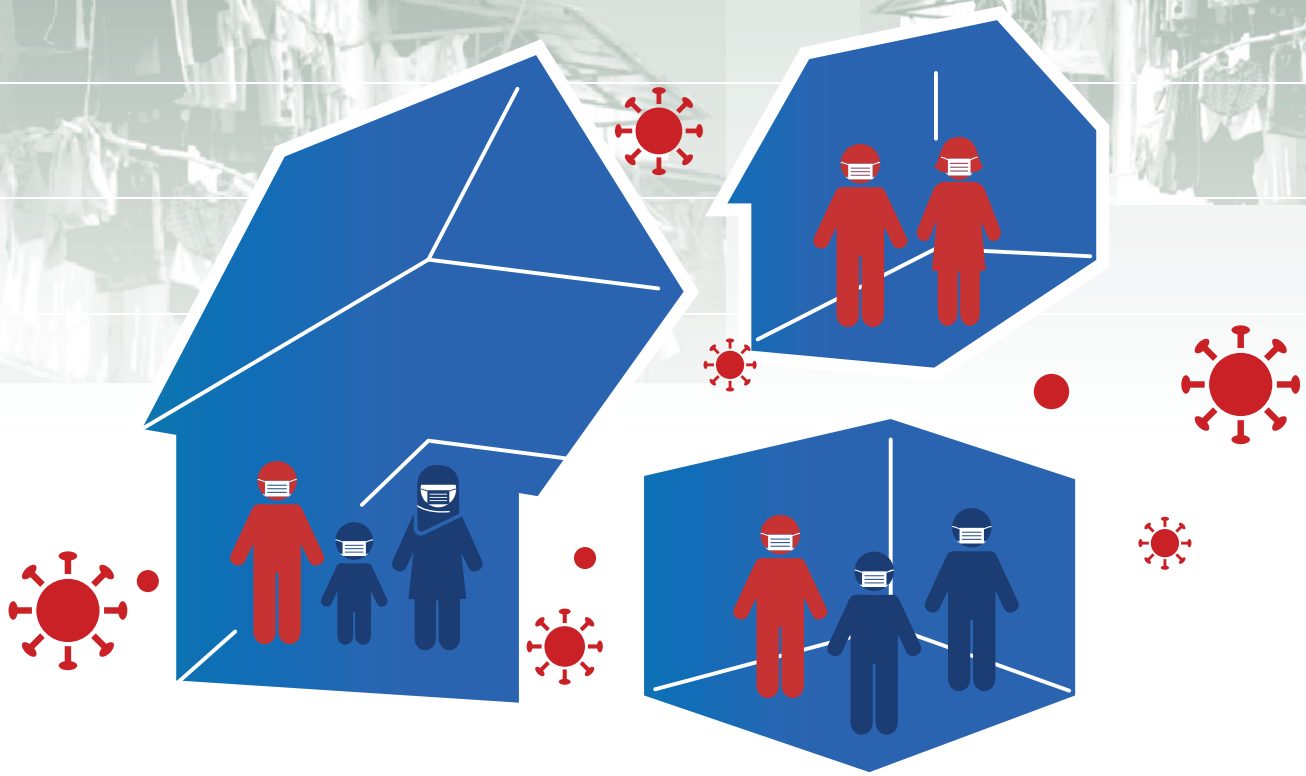
A private hospital was another option in case of emergency. It is located 5 minutes walk away in the Ramkhamhaeng 40 Alley. Similarly, the UNHCR card was accepted for medical services, but they struggled with language barriers in communication. Moreover, it usually costs more than THB 1,000, which is unaffordable for the community members. Some community members received medical bill reimbursement from CSOs, but this is not guaranteed.



+ Access and Services During the Pandemic

The COVID-19 pandemic has negatively impacted healthcare services for the Iraqi community. The community members could not receive medical assistance as before at the Tzu Chi clinic, which used to be their first choice. Along with the closure of the Tzu Chi clinic, they lost the support transferring them to Rajavithi hospital. However, they could still access medical services as long as they managed transportation arrangements, language barriers, and payment by themselves. Since the cost was unaffordable, they contacted some organizations attempting to receive financial assistance, yet no successful reimbursement was made up to the date. On the contrary, they still had access to the local health center, and its medical services remained the same as in the pre-COVID-19 situation in terms of quality and cost.





+ COVID-19 Awareness and Prevention

The primary sources for the COVID-19 information, including the situation and preventive measures, were social media and UNHCR. The community followed the preventive guidance such as wearing masks and using hand sanitizers which was sufficiently provided by BRC, Tzu Chi, and Cedar Learning Center. However, when it came to practicing social distancing, the community members understood the importance of the practice. Yet, the limited space of rooms with many family members was an obstacle for social distancing

+ COVID-19 Infection, Testing, and Treatment

Among the Iraqi community, the information on the number of infection cases was not shared with the community members, mainly due to the absence of communication while staying at home. Regarding COVID-19 testing, some community members had access to testing at the Tzu Chi clinic in the very early stage of the pandemic. However, they needed to purchase ATK kits themselves when necessary. The cost is not affordable, especially for a family with many family members. If the infection was detected, they first informed Tzu Chi and BRC and followed the advice on home isolation. Furthermore, they received medicines from BRC for treatment.



+ Vaccination

The Iraqi community members gained information on vaccination from UNHCR, Tzu Chi, and BRC. It was reported that every community member had access to Sinovac, Sinopharm, and AstraZeneca vaccines, as long as they could provide the UNHCR card.



+ Mental well-being

Community members faced sleeping problems, stress, worry, anxiety, and depression. They reported that the causes of these symptoms were immigration matters and legal status. They were also concerned about the surge of Covid-19 cases. They contacted some organizations to seek mental support but still did not receive responses.

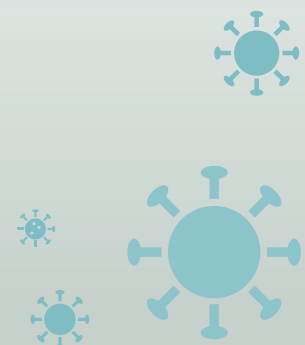
Khmer Jarai Community



+ Healthcare Access and Services before COVID-19

Before COVID-19, all community members could access healthcare services from different places such as public hospitals, private clinics, health centers, and through the Tzu Chi clinic. Most of them went to Phra Nang Klao hospital. It costed them around THB 60 to reach the hospital. The service cost depended on the treatment, but one went there and spent around THB 1000 to 2000. They can access the hospital easily because they accept the UNHCR card, but only one problem is language. It was difficult for them to communicate with doctors at that time.

Some community members went to private clinics for health access, to buy medicines, or to get minor treatments. The cost is around THB 100 to 300, which is affordable. Moreover, those private clinics are nearby their place. Language could be challenging for some community members since they cannot speak Thai well. Thus, they cannot communicate effectively with medical professionals. Tzu Chi clinic was also another service point. Community members received the medication and medical consultation from the clinic. Some can get food supply as well from there. The problem with the clinic is that it is located too far from the community.



+ Healthcare Access and Services During the Pandemic

During COVID-19, access to healthcare services was challenging. Only one person in the focus group discussion went to a public hospital. They required him to wear a mask and keep a social distance. For health access, community members usually went to a private clinic to buy medicine. The cost was still the same, but they required them to wear masks. Some people got help from Tzu Chi for food and medicine and continued to access some free services. Besides, Thai Care became another service provider for some community members.

+ COVID-19 Awareness and Prevention

The community members obtained information about COVID-19 from AAT and Facebook. During the pandemic, some organizations, including religious charities, provided masks and alcohol gel for everyone in the community. However, people in the community did not observe COVID-19 prevention well. Some neither wear masks nor practice social distancing. The district also received only limited financial support from churches.

+ COVID-19 Infection, Testing, and Treatment

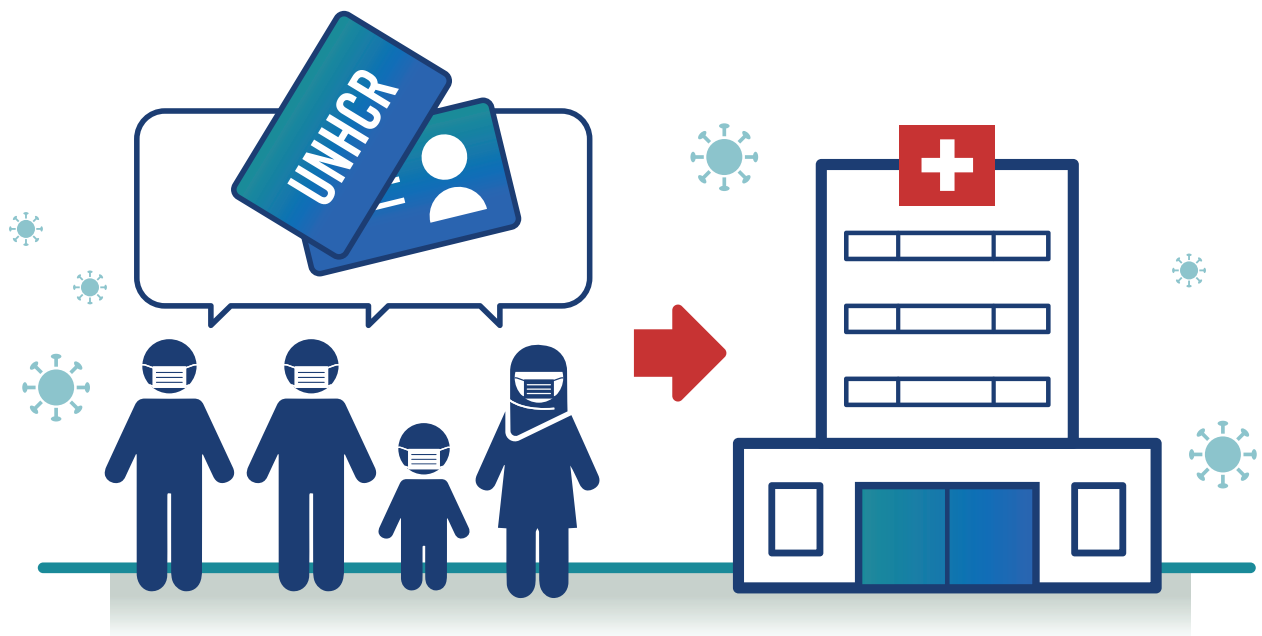
COVID-19 infected many people in the Khmer Jarai community. However, the exact number of infections was unclear since many people did not get tested. Some people in the community was sent to the hospital and had to be there for a few weeks, while the rest stayed home and practiced home isolation. However, the latter practice was challenging since food was not enough.

+ Vaccination

Community members obtained information about vaccination from BRC, UNHCR, and Facebook. They got vaccinated from different organizations such as UN, workplace, and public hospital. Some got two doses, and some got only the first one. They all got different vaccines, including Sinopharm and Sinovac, for free. To access vaccination, they needed to show a UNHCR card and, in some cases, paperwork from employees.

+ Mental well-being

Mental well-being was of concern in the early days of the pandemic. However, the morale of people in the community changed after they got vaccinated. One person said they feel normal with vaccination and did not seek help from any organizations.

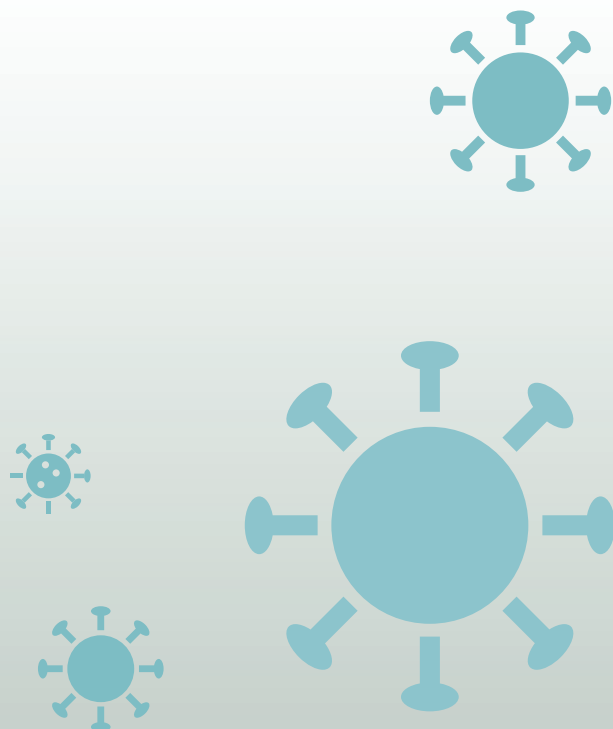


Khmer Krom Community

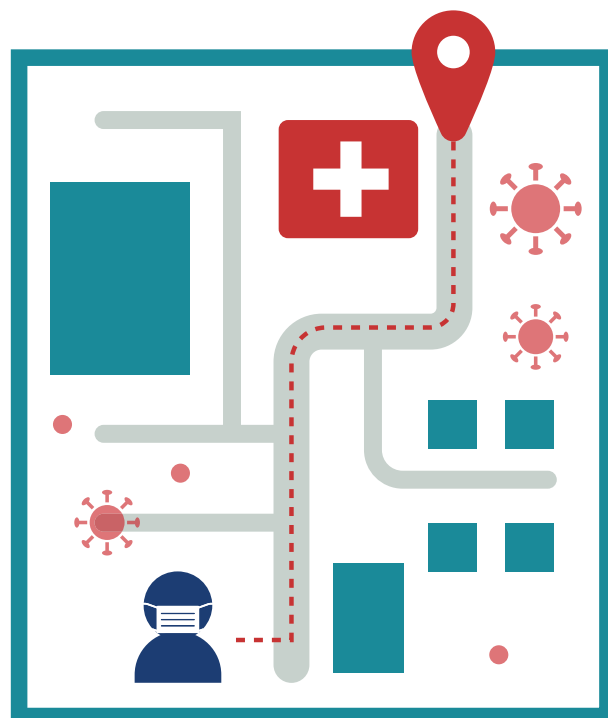


+ Healthcare Access and Services before COVID-19

Before the pandemic, the community members reported that they could access healthcare services through channels, including hospitals, health centers, private clinics, and civil society organizations. Many people usually go to Bhumibol Hospital for medical services since it is located nearby the community. The transportation fee costs them around THB 70 - 120 each time by taxi. The service cost is approximately THB 400 to 800, but it could be higher depending on the treatment. In some cases, a company of a Thai person is needed for traveling.



Some community members accessed medical services via the local health center, located around 2 kilometers from the community. The transportation fee costs them around 80 THB round trip by motorbike taxi. Besides, the service access is easy and relatively less expensive. Some members also went to a private clinic for treatment. The service access is easy but expensive. Both health centers and private clinics accepted UNHCR cards. If community members can speak Thai, there are no language barriers to accessing healthcare services.



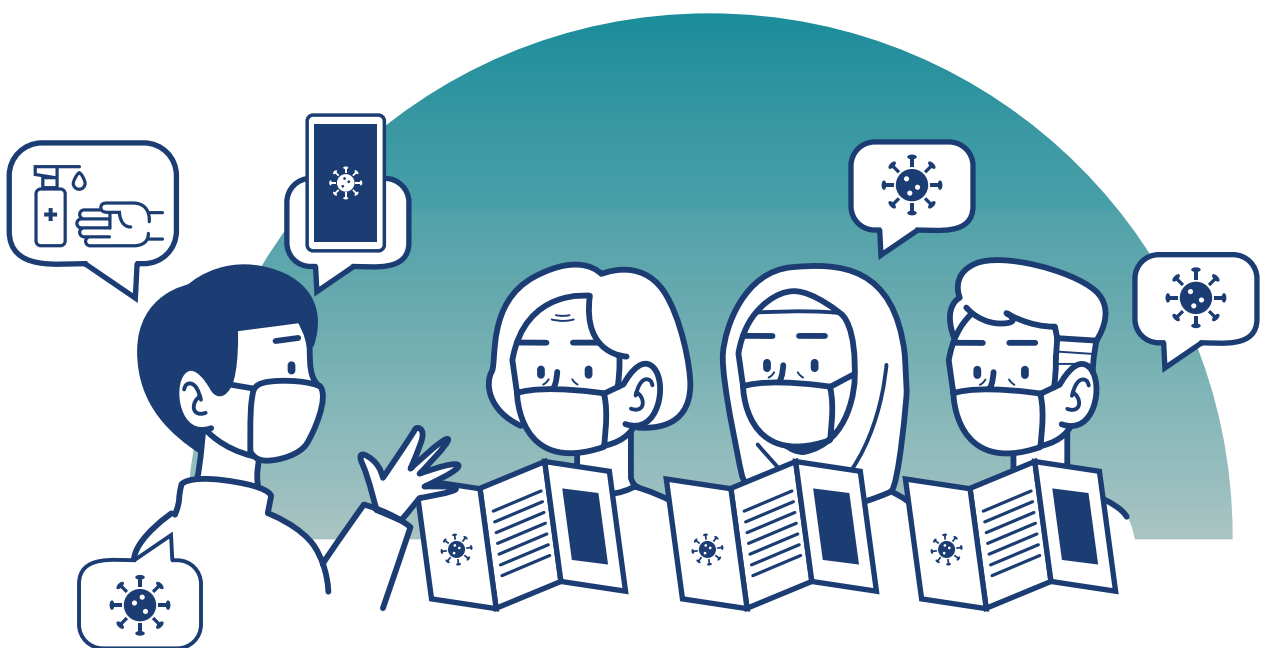
Furthermore, people also asked for assistance from Tzu Chi. The service access was relatively easy and free. However, they needed to cover their transportation by themselves.

+ Healthcare Access and Services During the Pandemic

The service access changed dramatically since the pandemic. The community members did not go to health centers or private clinics, but they went to the Bhumibol Hospital, which is not too far. However, rumors exist that the hospital didn't accept new patients during the pandemic. The community also received no services from civil society organizations during this time.

+ COVID-19 Awareness and Prevention

The community members received covid-19 information, including covid-19 prevention, from various channels, such as the Internet, UNHCR announcement, television, the nearby market announcement, local administration's car announcement, and CAP posters. During the pandemic, the community also sufficiently received masks and hand sanitizers to members, mainly from BRC, Tzu Chi, CAP, AAT, Vivam, Sopheak Mit Charity, churches, and the Mirror Foundation. Social distancing was also observed. However, it was difficult to practice since community members live in small rooms with several family members.



+ COVID-19 Infection, Testing, and Treatment

The community members did not know the exact number of infected patients. Besides, one case lived in the same home with five COVID-19 infected patients. For the treatment of infected patients, they informed organization like CAP or AAT and BRC after being learning about new infections. Then, the community senior passed the information to the church to get assistance for patients. For covid-19 testing, there was a group of medical staff who came to provide the covid-19 test in the market area, but they needed to wait for too long to get the test, around 5 to 6 hours, and they needed to pay 200 THB per person. Some people then chose to test with ATK kits, which costed them around 300 THB. Those who got COVID-19 positive results will get transfered them to the field hospital and Thanyak Hospital. If the situation or symptom worsened, they would move to Thanyarak Hospital. To test themselves with ATK kit, people must buy medicine and treat themselves at home. There was no difficulty for infected persons to access healthcare or treatment. But the obstacle they faced during home isolation was that they did not have enough food. However, sometimes they received material support and food boxes from BRC, Tzu Chi, and the Mirror Foundation.



+ Vaccination

The community members received the vaccination information from UNHCR, CAP, and BRC. Everyone had access to the vaccine. They were vaccinated with various vaccines: Sinovac, AstraZeneca, and Sinopharm. The vaccination program was accessible through BRC, UNHCR, and the church. Only a UNHCR card, passport, or any identification document was required.

+ Mental well-being

The community members experienced stress, worries, and anxiety as they have saw other people who got infected. They were worried that they would also get infected one day. Furthermore, they also had irregular diets because they did not have enough food to eat caused by home isolation.



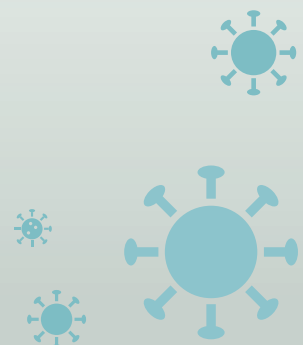
Sri Lankan Community



+ Healthcare Access and Services before COVID-19

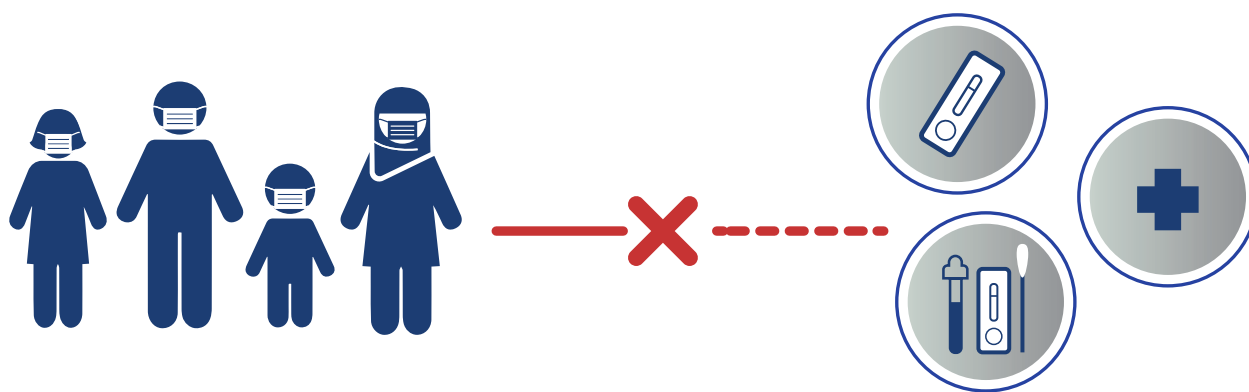
Before COVID-19, the community members had been going to public health care, such as Rajavithi Hospital, Sirindhorn Hospital, and Bhumibol Hospital, for treatments and other medical services, and they had avoided private clinics or health care for the reason that it is unaffordable. The community members often use their UNHCR cards for access since the hospitals allow them to use such an identification. There are no language barriers between the community members and the health care staff since the community members use translators or have children who can speak English or Thai.

The cost depended on the medical services acquired by the community members. The community members did not receive any support or assistance from BRC. Tzu Chi provided medical services and some financial support by paying the bills to the community members. Before the COVID-19, Tzu Chi sometimes provided medical services by bringing the community members to a hospital at their expense.



+ Healthcare Access and Services During the Pandemic

During the pandemic situation, access to healthcare and services became more difficult. The community members tried to avoid it as much as possible due to the fear of getting infected by hospitals and other healthcare providers. During the pandemic, the community members emphasized that some organizations did not help much with healthcare access and services.



+ COVID-19 Awareness and Prevention

The community members gained information about the daily new cases and deaths through friends, social media, and reading news. Since all the community members were parents, they pointed out that their children provided them with the new information regarding the Covid-19. They learned to carry out social distancing to prevent or reduce the chance of getting Covid-19. They followed basic guidelines for the pandemic, such as wearing masks and using hand sanitizer. Nevertheless, as refugees in Thailand, they could not do much other than hoping for the best and follow the simple guidance against Covid-19. They could not afford expenses that could help them avoid being infected by Covid-19; one example they provided was that they had to

live in the same area and building, even if infected people were in their apartment. They were indirectly coerced to live there and hope for the best.

Tzu Chi, the Mirror Foundation, and a church provide materials such as rice, noodles, and oil. Tzu Chi offered financial support for three months, and the amount varied depending on the number of family members. BRC also started giving out financial help to people; again, the amount depends on the family.



+ COVID-19 Infection, Testing, and Treatment

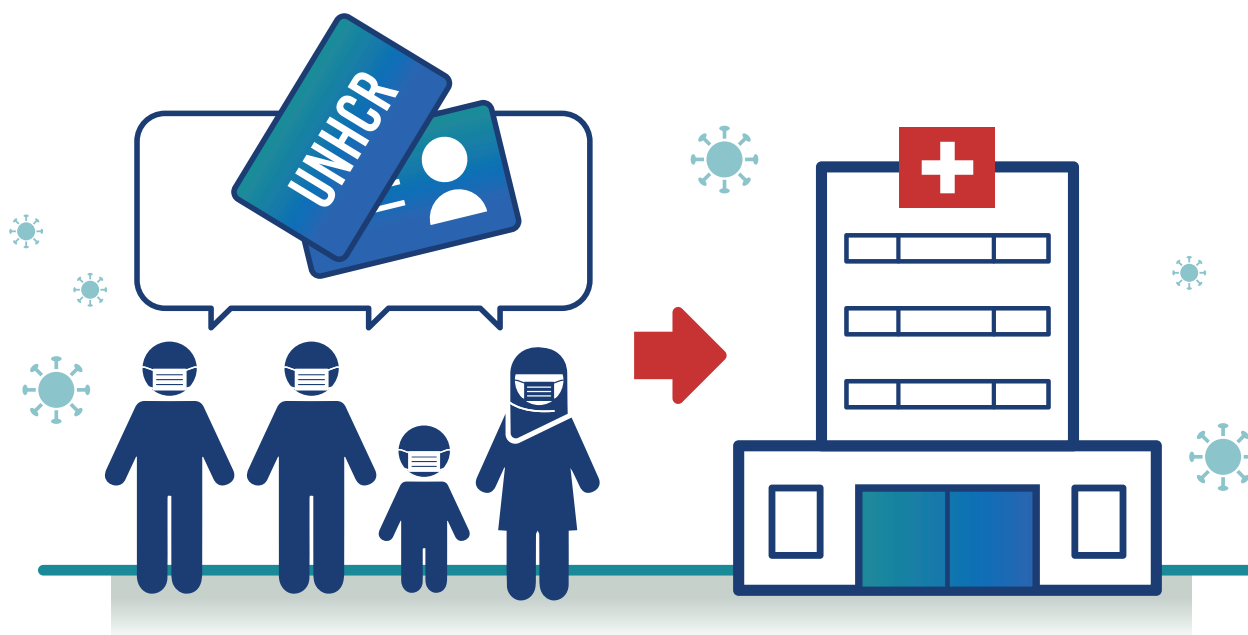
None of the community members were infected, and all were unaware of how many people in the community were infected by COVID-19. They also indicated that their family members had not been infected too. They stated their concern if one of the family members were infected. As refugees in Thailand, they cannot obtain the same treatment as citizens. Furthermore, if one were to be infected, they would be unable to practice social distance. All the community members live in small apartments where social distancing would be impossible. They, too, cannot afford to get better housing, so they would be forced to live together closely with the infected family member. For the treatments for infection of COVID-19, none of the community members were infected, so there is not much information given about the treatments for COVID-19. Some pointed out that somehow, they were able to access an ATK test, but again not all of them were able to.



+ Vaccination

Most of the community members gained information about vaccination through friends. All the community members have received vaccines, and they have received them from different places. The common places were Bang Sue Grand Station and Central Festival Pattaya Beach. The required document to get the vaccination is a passport or UNHCR card, so some of the community members had issues with their expired passports, but they managed to get the immunization through some explanations to the staff who were providing vaccines. The vaccination is sufficient for everyone. All the community members have at least got the first dose. The type of vaccine they received depended on what they preferred and what was available to them at the time: AstraZeneca and Pfizer.

For groups going to Central Pattaya to get vaccinated, they went there since it was hard for refugees to get vaccines in Bangkok at the beginning of the vaccination program. They hired a van to get there, costing them around THB 1800. They shared the price among them.



+ Mental well-being

The mental health of all the community members is unhealthy due to their situation in Thailand as refugees and asylum seekers. They are all worried about their future and have to live every day in fear of the immigration police. This results in depression among all the community members. The Covid-19 situation has made their mental health worse. According to the community members, the only way their stress, fear, and depression can be eliminated is through UNHCR. All community members in the focus group discussion stated that their mental health would improve if UNHCR tried to help them resettle in a third country and provide safety in Thailand from immigration police. The community members are unable to seek help for their mental health since it is unaffordable, and no organizations offer them help with mental health.





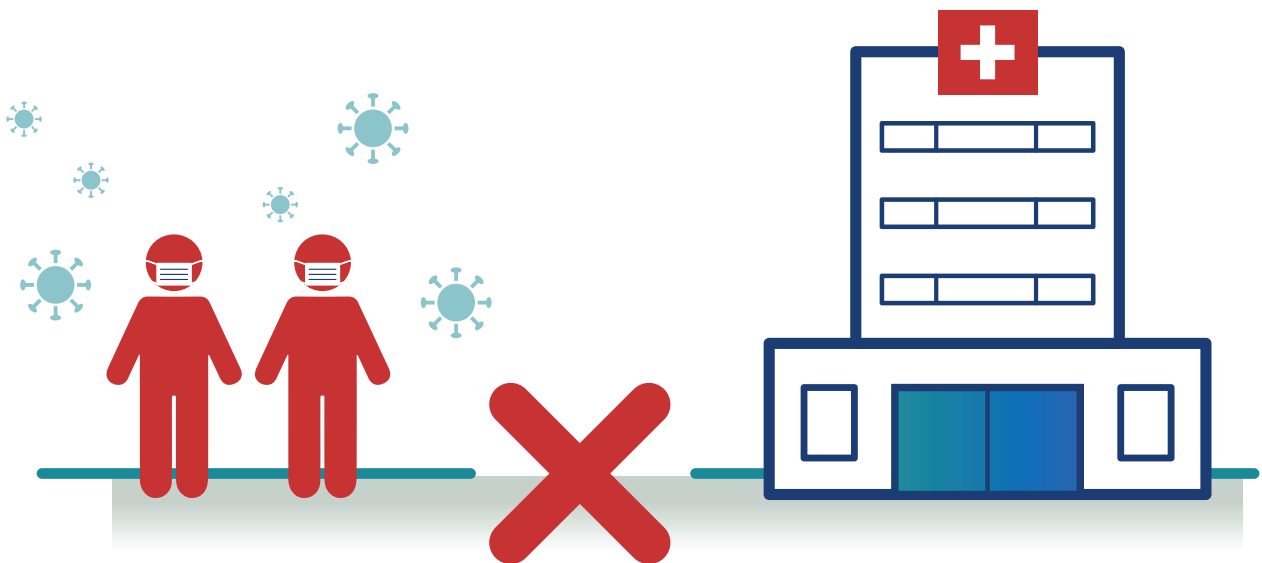
Vietnamese Jarai Community

+ Healthcare Access and Services before COVID-19

Before Covid-19, community members could access healthcare services via different channels, including hospitals, health centers, private clinics, and civil society organizations. Most people went to Bang Yai hospital, located around 200 - 300 meters from the community. It is easily accessible for community members to reach the hospital by taking motorbikes, taxis, and minibuses. However, the service cost is expensive and could be higher for specific treatments, especially for gynecological diseases. Besides, the hospital accepts UNHCR cards for people who are recognized as refugees. The common problems they usually experience are language issues, documentation requirements for some people, and the inability to pay for medical costs.

Nevertheless, some prefer getting medicine from pharmacy in their living area instead of going to hospital because it is cheaper and more convenient. Apart from that, they went to a private hospital for special treatment. They accepted UN documents and other documents. However, the service cost is expensive, and people need to pay themselves because some organizations deny reimbursing for it.

Furthermore, for the service of civil society organizations, many people received medical and food support from Tzu Chi which are free and easy to access. Tzu Chi staff support them directly by going to the community to collect the paper and register for receiving support. Nevertheless, some who have expired UNHCR cards would not receive help from them.



+ Healthcare Access and Services During the Pandemic

During the pandemic, the community members bought medicines from the pharmacy store around their living place instead of going to the hospital. There were rumors that the hospital did not accept new patients during the pandemic. One organization also stopped providing food support to the community during the pandemic because Thai police approached them on the day they distributed food to the community. Community members also received food from church and charities. BRC continued to provide monetary support to people via bank accounts.

+ COVID-19 Awareness and Prevention

The community members received COVID-19 information from various channels, including the Internet, UNHCR via SMS and Line, and Thai people in the community. Community members learned how to protect themselves by wearing masks and hand sanitizers. Social distancing was not easy to practice in the community. People did not go to the hospital, prepared medicines, and practiced folk remedies at home. Moreover, the community could not take the COVID-19 test as the cost was relatively expensive. Tzu Chi and the church provided the community with food support, masks, and sanitizers during the pandemic. Also, BRC supported those recognized as refugees financially.



+ COVID-19 Infection, Testing, and Treatment

Since the COVID-19 outbreak, most community members were sick. It was hard to identify the number infected cases in the community because people did not take the COVID test. This was caused by the rumors that the cost of taking COVID is expensive. Thus, instead of testing, everyone practiced home isolation and treated themselves at home by taking medicine. Unfortunately, there was one death in the community. Infected cases could access services at the hospital. Everything was free for all patients at that time.

+ Vaccination

There were many rumors about the adverse effects of vaccination in the community. It caused people to be panic and afraid of getting vaccinated. Some people refused to get vaccinated afterward. However, the rest of the community members agreed to get vaccinated because they learned that vaccination would help reduce the risk of infections in the lung. People registered for a vaccination program from the BRC organization. The BRC staff directly approached the community for the registration process. They accepted either registered person and unregistered person, either UNHCR cards or other documents. The vaccine was sufficient for everyone in the community.

People vaccinated at different vaccination centers, such as Bangyai Hospital, Sao Thong Hin Health Center, Bang Sue Station, etc. There is no side effect case after being vaccinated. Community members are usually immunized with Sinovac, Astra-Zeneca, and Pfizer. Children aged 12 to 18 years old are fully vaccinated with Pfizer.

+ Mental well-being

The community member encountered many mental problems such as sleeping problems, stress, anxiety, worries, and irregular diet during a pandemic. These symptoms were caused by their thoughts about daily life and survival ability in Thailand. To illustrate, they feared losing a job, rent payment, recovery ability, financial issues, illegal status in Thailand, and limited access to medical services. Furthermore, the community could not reach out to organizations during the pandemic, including BRC, Tzu Chi, and UNHCR. It caused more pressure on people to not feel good.

One community member raised one concern about resettlement. Some were afraid of not being able to get resettled. The community did not seek support from organizations regarding the mental health problem. Mainly, they did not know if any organizations provided this kind of support and did not know how to access it. They expected that organizations would disseminate more about psychological counseling services to the community in the future.







DISCUSSION AND CONCLUSION

1. Healthcare Access and Services before COVID-19

Based on the focus group discussions, most community members across all groups can access public hospitals if they have UNHCR cards. Some members can also receive service from private hospitals and clinics. However, the cost of the service for the latter is usually high. Refugees across all communities can access services from health centers in their areas as well. The Tzu Chi clinic is one of the healthcare providers that is accessible and offers free services for all communities. The organization provides medical services, financial support for medical treatment, food supply, and hospital referral cases without charge.

The language barrier is the main problem for refugees in accessing services. People in at least four communities encountered language obstacles. However, if they have a translator or children speaking Thai, they will access treatments easier. Transportation also causes some burden for community members, too. Because healthcare service is located far, commuting could be costly.

2. Healthcare Access and Services During the Pandemic

During the pandemic, all refugee communities have difficulty accessing healthcare

services from hospitals and organizations. Most refugees cannot access any services from public hospitals; only a few respondents received services at the Rajavithi Hospital and the Bhumibol Hospital. Even if they can access public hospitals, the service cost is so high, and organizations have not been able to reimburse the cost of their medical expenses.

There is little chance for community members to access the services for private hospitals because of the high cost. However, some private clinics remain available for members in their areas. Only members of one refugee community can access the service at the healthcare center during an outbreak; in contrast, most people depend on a pharmacy for medication. During the pandemic, new organizations such as Thai Care also emerged to support refugee communities.

For NGOs, all communities addressed that their members tried to contact organizations to support or access services, but there is a limited response. Although Tzu Chi continued to provide food supply and medicine to some communities during this period, refugees report that they face challenges in securing financial support for health services. All communities have reported not receiving reimbursement for medical expenses. The financial issue is perhaps the biggest concern for all refugee communities during the pandemic because it affects their healthcare access. Refugees also avoid traveling to hospitals by themselves because of the fear of COVID-19 infection and the rumor that hospitals do not accept new patients.

3. COVID-19 Awareness and Prevention

Most community members have gained covid-19 information from social media, announcements from NGOs, and the Internet. Some have learned about the COVID-19 prevention measures from friends and their children. Most communities have received preventive materials, including masks and alcohol gels, and food supplies from many NGOs, such as BRC, Tzu Chi, the Mirror Foundation, and AAT. Financial support has come from Churches, BRC, and Tzu Chi. However, not all communities receive financial assistance. During this time, community members reported that, it is difficult for especially social distancing because they have limited-small space.

4. COVID-19 Infection, Testing, and Treatment

COVID-19 has affected each refugee communities differently. Some communities reported high numbers of infected patients, while some communities have no information. For COVID-19 testing, most people do not have access since the RT-PCR is too costly, and the community members cannot afford it. Even if there is ATK testing available around their area, the test price is still too high, costing approximately THB 200 - 300 THB. Thus, there are people who do not know their infection status.

For some communities, COVID-19 patients were transferred to field hospitals. However, many refugees have been practicing home isolation following NGO advice and guidelines. They have depended on folk remedies, especially herbal medicine, for treatment. Some organizations also lend a hand to support a community if there is an infection. However, most communities do not receive much support from organizations and depend primarily on their resilience.

The challenge of home isolation is that it could not be pursued effective because refugee homes have limited space and usually lacks food. Moreover the COVID-19 testing was unaffordable due to high cost.

5. Vaccination

Based on the focus group discussion, most refugee communities have received vaccination information from UNHCR, Tzu Chi, BRC, CAP, etc. A vaccination campaign was operated by various organizations, including UNHCR, the Thai Red Cross Society, some public hospitals, and workplaces.

Besides, there is one example, some members went to Pattaya province to get the vaccine because they were afraid they would not get vaccinated in Bangkok. They need to cover transportation to Pattaya by themselves. However, access to vaccination is generally not difficult. Most people presented a UHNCR card or any identification documents for vaccination identification. Some vaccination locations request to show their paperwork from their workplace. Most communities are vaccinated with Sino-pharm, Sinovac, and AstraZeneca. They have received vaccines free of charge.

6. Mental well-being

The mental well-being of people in all refugee communities is affected significantly during the pandemic. Common symptoms include sleeping problems, stress,

anxiety, depression, and fear of infection. Some people also reported an irregular diet due to food insufficiency, which affects their mental state.

The reason behind these symptoms is not health-related only, but also the relationship between COVID-19 and other social consequences, including financial issue and being home. Staying home makes the community members feel more depressed with limited space. Some also are affected by the noises of children, which caused tensions between them and their neighbors. Despite these challenges, most urban refugees did not seek much assistance for mental health.



RECOMMENDATIONS

1) This report suggests that the Thai government must provide more robust healthcare support to the vulnerable refugees during the COVID-19 pandemic. It could devise a new policy framework for assisting refugees. The government needs to realize that COVID-19 affects all groups alike. Thus, providing no support to refugees will eventually make Thai citizens more vulnerable.

2) The government can set up a health fund to support refugees. The fund could be raised from various stakeholders within the society. Besides, this program could design along with the healthcare framework of other non-Thai groups as a low-cost health insurance package sold by the hospital.

3) Organizations working with refugees also need to do more to support refugees even if the COVID-19 situation seems to be gradually better. ATK kits should be distributed to refugee communities and a free RT-PCR test site could be set up to support them.

4) Since mental health has become of serious concern. Civil society organizations should implement hotline or online mental health visit sessions or one-to-one mental consulting sessions for refugees. Besides, civil society groups should develop a referral system and linkable cooperation with mental health facilities in order to provide effective mental support for refugees.



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