SUSTAINING SAFETY ACROSS BORDERS:

The Enduring Impact of **COVID-19** on Social Protection for Cambodian Migrants in Thailand and at Home











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Key Summaries

Cambodia's economic mobility is tightly bound to cross-border migration to Thailand. The COVID-19 pandemic exposed—and the post-pandemic period has confirmed—persistent gaps in social protection, documentation, health access, and grievance redress for migrant workers and their families. This study examines how Cambodian migrants navigated these systems during and after the COVID-19 pandemic, with attention to gender equality, disability, and social inclusion (GEDSI), and how local institutions can translate evidence into action through Commune Investment Plans (CIPs).

Methods & Sample, and Study Sites

A mixed-methods, youth-led design combined a large quantitative survey ($n\approx319$) with qualitative interviews and focus groups. Sub-samples included migrants living in poverty ($n\approx177$) and persons with disabilities (PWDs) ($n\approx37$). Youth researchers were trained on research design, digital data collection, and ethics, then collected data in border communes. Data were collected in communes along the Cambodian–Thai border—where cross-border mobility is high and services like migration resource centres, border police, and document brokers are within daily reach. These locations are ideal to observe real-time interactions between migrants and frontline institutions.

Limitations include the use of convenience sampling methods that reduced control over sample balance across gender and vulnerability groups and the time constraints that hindered the ability to adequately pair training with the required fieldwork.

Key Findings

Migration patterns (COVID vs. post-COVID): During the COVID-19 pandemic, many poor migrants returned to Cambodia while a larger share of PWDs remained in Thailand. Post-COVID, most migrants have returned to Cambodia, though of those Cambodian migrants remaining in Thailand men are still more likely than women to remain abroad.

Documentation & regularization: Roughly half of those surveyed reported possessing no formal migration documents. Among document holders, passports were the most common; work-permits and border passes were less frequent. Many obtained documents at border police offices, reflecting localised arrangements rather than national channels.

Health access & costs: Awareness of available health services was moderate to good, but actual use was reported by only about one-third, and a notable share paid out-of-pocket, particularly PWDs—signalling affordability and eligibility barriers. In Thailand, health cards—when accessible—were mostly facilitated by employers, not authorities.

Social protection (NSSF): The National Social Security Fund (NSSF) coverage is very low overall amongst the respondents (single-digit to low-teens percentages across the sub-samples). In some sites, the Kamrieng Migration Resource Center (KMC) was a major facilitator linking migrants to NSSF; in others, none of the respondents reported using NSSF-indicating uneven outreach. Of note, only the NSSF agency issues cards; other actors function as information/referral points.

Government assistance: A majority of those surveyed reported no government support during COVID-19. Of those who indicated support, assistance was basic (rice/food/some salary support) and uneven across groups. Post-COVID, direct support remains limited.

Problems & help-seeking: Common problems reported included withheld wages, cheating, and serious sickness. Migrants sought help from employers and informal networks (family, friends, foremen) but relied mostly on family/friends when problems materialised. Formal recourse (Thai police, Cambodian embassy, NGOs) was rarely used.

GEDSI insights: Women were more likely to return home and had slightly better awareness and use of health services. PWDs tended to migrate later and stay longer, with higher health-related needs and costs. Children and elderly dependents experienced indirect impacts such as income instability and caregiver burden.

Implementation Gaps

- *Fragmented entry points*: Heavy dependence on border-level fixes, employers, and brokers; weak links to national systems.
- *Inaccessible health entitlements*: NSSF and health entitlements are not recognised or usable across borders.
- *Thin grievance pathways*: Workers rarely use formal dispute channels; trust, cost, and distance are deterrents.
- *Uneven outreach*: Migration resource centres (e.g., KMC) are impactful where active but are not available evenly.
- *GEDSI barriers*: Women face care burdens and gender-based violence (GBV) risks; PWDs face higher costs and access hurdles; children left behind need consistent support.

What This Means

Without stronger accessibility, enforcement, and last-mile facilitation, migrants will keep relying on informal fixes that do not build resilience and can increase exploitation. Border-to-village coordination and CIP integration are pivotal: evidence must flow into local plans, budgets, and services—especially for women, children, and PWDs.

Summary Recommendations

- 1. Make NSSF and health access usable across the border (accessible, affordable, simple).
- 2. Enforce fair recruitment and wage payment with penalties and rapid grievance channels.
- 3. Stand up provincial/commune help desks to register cases, refer to NSSF/health/legal aid, and track outcomes.
- 4. Scale consistent outreach via migration resource centres and commune councils.
- 5. Target GEDSI bottlenecks (GBV-safe services for women; disability-inclusive care and cost offsets for PWDs; school continuity and nutrition for children).
- 6. Use CIPs to budget practical, evidence-based services and monitor them.

In short, Cambodian migrants remain vital to household wellbeing and national development, yet they operate in a protection gap that includes low documentation, low NSSF coverage, employer-dependent health access, and minimal formal redress. The COVID-19 pandemic magnified these weaknesses and so far the post-COVID period has not structurally closed them. The path forward is clear: make protections more accessible, services affordable and reachable, grievance systems credible and fast, and outreach consistent—with explicit attention to women, children, and PWDs. Embedding these reforms into provincial planning and CIPs will convert evidence into local action and durable resilience.

List of Acronyms

ACF Arbitration Council Foundation

ADIC Analyzing Development Issues Centre
ASEAN Association of Southeast Asian Nations

BLA Bilateral Labour Agreement

CCWC Commune Committee for Women and Children CDC Council for the Development of Cambodia

CIP Commune Investment Planning
COVID-19 Corona Virus Diseases 2019

CT-PWYC Cash Transfer Programme for Pregnant Women and Children Under 2

GBV Gender Based Violence

GIZ Deutsche Gesellschaft für Internationale Zusammenarbeit

ID Identity

ILO International Labour OrganizationKMC Kamrieng Migrants Reception CentreLCMS Labour Case Management System

MoSVY Ministry of Social Affairs, Veterans and Youth Rehabilitation

NGO Non-Governmental Organisation
NSPC National Social Protection Council

NSPPF National Social Protection Policy Framework

NSSF National Social Security Fund

OHCHR Office of the High Commissioner for Human Rights

OHS Occupational Health and Safety

PWD Person with a Disability

SWS) Single Window Social Protection Portal UYFC Union of Youth Federations of Cambodia

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I. Background

The migratory context within the Association of Southeast Asian Nations (ASEAN) is shaped by economic disparities among member nations, with countries like Thailand, Singapore, and Malaysia facing labour demand due to aging populations, while Cambodia, the Philippines, and Indonesia have surplus working-age individuals but struggle with quality employment options. As a result, many Cambodian workers, particularly women, migrate abroad seeking economic opportunities, driven by financial hardships. Despite Cambodia's legal framework for migrant worker prevention, protection, and reintegration, gaps persist, especially for undocumented migrants.

A study conducted in 2023 by the Analyzing Development Issues Centre (ADIC) shed light on the multifaceted experiences of migrant workers, with a focus on those in Cambodia. The study included 80 migrant respondents, predominantly female, ranging in age from 15 to 58. A significant number of these individuals are from IDPoor households (the poor and poorest households who receive assistance through a government-provided programme), though many reported their IDPoor cards had expired. Most respondents were married and migrated as couples, often leaving their young children with relatives. These demographic insights provide a crucial backdrop to understanding the broader socio-economic dynamics affecting migrant workers.¹

The primary motivations for migration were rooted in economic necessity. Key push factors included the lack of decent local job opportunities, high levels of indebtedness, and insufficient income from agricultural activities. The decision to migrate was frequently influenced by the support and information provided by already migrated family members and peers. This network effect highlights the importance of community connections in migration decisions and underscores the role of social capital in economic mobility.²

The impact of the COVID-19 pandemic on migrant workers was profound. The pandemic led to significant disruptions in employment opportunities, resulting in job losses, reduced income, and food shortages. While documented migrants had access to health insurance and services in Thailand, undocumented migrants faced severe challenges in accessing healthcare due to financial constraints and the lack of IDPoor status in Cambodia. This disparity underscores the vulnerability of undocumented migrants in times of crisis.³

Social assistance during the pandemic was another critical area of focus. Returning migrants received varying levels of support upon arrival in Cambodia, including access to quarantine facilities and healthcare, and the effectiveness of this support was uneven. ID Poor cardholders benefited from additional financial aid and free healthcare, while non-cardholders often did not receive any assistance. This discrepancy highlights the need for more inclusive and equitable social protection mechanisms.⁴

¹ Oeur, I. and Nil, D. (2023). Exploring the social well-being of migrants and families on the Cambodian-Thai border in the period of Covid-19 Pandemic, Research Report, Phnom Penh: Analyzing Development Issues Centre; https://policypulse.org/wp-content/uploads/2024/05/Research-Report ADIC-3.pdf

² Ibid.

³ Ibid.

⁴ Ibid.

The report raises several key recommendations aimed at improving the conditions for migrant workers. It calls for the universalisation of social protection to cover all migrant workers, regardless of their documentation status. Enhancing information and awareness campaigns to inform migrants about their rights and entitlements is crucial. Strengthening collaboration among stakeholders, improving access to healthcare, and enforcing labour laws to protect migrant workers' rights are also vital steps. These recommendations emphasise the need for a comprehensive and coordinated approach to support migrant workers, particularly in the context of the ongoing challenges posed by the pandemic.

Therefore, this research is significant because it addresses critical gaps in understanding the intersection of social protection and labour policies in Cambodia, particularly as they relate to vulnerable groups such as migrant workers, children, the elderly, and people with disabilities. By employing a mixed-methods approach—combining a relatively large-scale survey with qualitative sources for deeper contextual insights—this study provides both breadth and depth of evidence. It builds upon earlier research that relied primarily on qualitative data from limited samples, thus strengthening the analysis with more comprehensive findings while still retaining rich, nuanced perspectives. The study explores how policies intersect, how enforcement mechanisms function in practice, where knowledge and capacity gaps persist, and what barriers limit access to social protection. It also investigates how coordination among government, civil society, and other stakeholders can be strengthened to ensure that labour migration and social protection systems are more inclusive, effective, and responsive.

II. Cambodia's Social Protection and Labour Laws in the Context of Cross-Border Migration

2.1 The National Social Protection Policy Framework

2.1.1 Overview and Objectives

The National Social Protection Policy Framework (NSPPF) 2016–2025, adopted in March 2017 by the Royal Government of Cambodia (RGC), provides the strategic direction for building a comprehensive and inclusive social protection system. Led by the National Social Protection Council (NSPC), and chaired by the Minister of Economy and Finance, the NSPPF aims to protect vulnerable populations, promote social equity, and enhance human capital across the life cycle.

The framework aligns with key national priorities under the Rectangular Strategy Phase IV, the National Strategic Development Plan (NSDP) 2019–2023, and international commitments including the Sustainable Development Goal (SDG) 1.3 (social protection systems) and SDG 3.8 (universal health coverage). The NSPPF is structured around two core pillars:

1. Social Assistance

This pillar addresses the needs of the poor and vulnerable populations. Key schemes include:

• Cash Transfer Programme for Pregnant Women and Children Under 2 (CT-PWYC): Launched in 2019 and scaled up in 2023 to cover all IDPoor equity card holders, this programme provides a monthly stipend ranging from 80,000 to 120,000 Riels, along with lump-sum support for antenatal care and vaccinations. As of April 2024, the programme had reached over 330,000 women and children nationwide (UNICEF

Cambodia, 2024; Ministry of Social Affairs, Veterans and Youth Rehabilitation – MoSVY, 2024).

- Education Support for Poor Households: Children from IDPoor families receive 20,000–30,000 Riels per month depending on school level (primary or lower secondary). This education incentive aims to reduce school dropout and improve retention among disadvantaged children (Khmer Times, 2024).
- Support for Persons with Disabilities and People Living with HIV/AIDS: Eligible persons receive 28,000 Riels per month, with implementation coordinated by the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) and local social affairs departments. As of 2025, approximately 54,000 individuals receive disability or HIV-related assistance (NSPC, 2025).
- IDPoor System⁵ Phase 4: The latest version of the IDPoor programme was launched in 2023 with a real-time, on-demand registration option. By the end of 2024, over 700,000 households were verified and issued Equity Cards, enabling access to health and social benefits (Ministry of Planning & GIZ, 2023).
- Emergency Relief Assistance: Through partnerships with the National Committee for Disaster Management (NCDM) and the World Food Programme (WFP), emergency food and cash assistance were delivered to over 100,000 families affected by the 2023 floods and 2024 droughts (NCDM Annual Report, 2024).

2. Social Security

Administered primarily through the **National Social Security Fund (NSSF)**, this pillar offers contributory schemes to workers, including formal, informal, and migrant labourers.

- NSSF Health Insurance: This scheme was expanded in January 2024 to allow voluntary enrolment for informal workers, with premiums subsidised by the government for IDPoor groups. As of May 2025, over 4.2 million members were covered under NSSF health insurance (NSSF, 2025).
- Work Injury Insurance: Mandatory for all private employers, this scheme recorded a 13% decline in work-related injuries in 2024 due to strengthened labour inspection and compliance (MoLVT Annual Labour Report, 2024).
- Mandatory Pension Scheme (Formal Sector): Implemented under Sub-Decree No. 32
 ANKr.BK (2022), the contributory pension covers formal workers aged 18–60,
 requiring combined monthly contributions of 4% (2% each from employer and

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⁵ The **Identification of Poor Households Programme (IDPoor)** is Cambodia's official national system for identifying poor and at-risk households to support poverty reduction and ensure fair access to social assistance. Established in 2006 and mandated by Sub-Decree 291 (2011), it serves as the government's standard tool for targeting pro-poor measures across the country. Implemented by the Ministry of Planning with support from development partners such as BMZ, DFAT, GIZ, and UNDP, IDPoor uses a unified, community-driven proxy means test to classify households into four categories: Poor Level 1 (very poor), Poor Level 2 (poor), At-risk, and Non-poor. Poor households receive **Equity Cards** to access free or subsidized services, while at-risk households are recognized for monitoring and support to prevent them from falling into poverty. Since 2020, IDPoor has operated continuously and on-demand nationwide using digital systems, making data available through APIs and its website to government agencies, NGOs, and development partners for use in social protection interventions. https://idpoor.gov.kh/en/about/ retrieved on 1 August 2025.

employee). In 2024, contributions totalled over 150 billion Riels from 3,500 registered enterprises (NSPC, 2024).

- Pilot Pension Scheme for Informal Workers: Approved for 2025 rollout in five provinces, this voluntary scheme aims to extend old-age protection to self-employed persons and returning migrants (ADB Cambodia Social Protection Dialogue, 2024).
- Cross-Border Social Security Portability: In collaboration with ASEAN, Cambodia is negotiating bilateral agreements with Thailand and Malaysia to recognise work-related benefits for migrant workers, including health and pension entitlements (ILO–ASEAN Social Protection Review, 2024)
- Digitalisation of Social Protection: The government launched the Single Window Social Protection Portal (SWS) in 2023, allowing citizens to register, verify eligibility, and track benefit disbursements online. This has streamlined access and reduced processing time by over 60%, particularly in rural districts.

2.1.2 Relevance to Cross-Border Migration

The NSPPF has direct implications for migrant workers, as many Cambodians employed in foreign countries, particularly in Thailand, South Korea, and Malaysia, face limited access to social security benefits. The framework aims to:

- Expand NSSF coverage to Cambodian migrant workers through bilateral agreements with host countries.
- Facilitate social security portability, allowing migrants to transfer benefits between Cambodia and the host country.
- Improve financial literacy and pre-departure training, ensuring that migrants understand their rights and social protection options (ASEAN, 2019).

However, implementation remains weak, as most Cambodian migrants do not contribute to NSSF and face barriers in accessing social services upon their return. For example, migrants returning from Thailand often struggle to reintegrate into the national healthcare system due to lack of documentation and awareness (ILO, 2023).

3.2 The Cambodian Labour and Employment Law

The Cambodian Labour Law, originally promulgated by Royal Kram No. Chbab/RKM/0397/01 on 13 March 1992, remains the cornerstone of employment regulation in Cambodia. The law governs individual and collective labour relations, working conditions, occupational health and safety (OHS), dispute resolution mechanisms, and protections for both local and migrant workers.

To reflect the evolving economic and labour market landscape, several updates have been introduced through sub-decrees, ministerial regulations (Prakas), and amendments. These recent changes aim to enhance workers' rights, align with international labour standards (ILO conventions), and promote a balanced framework between economic competitiveness and decent work.

2.2.1 Legal Protections for Workers

The Cambodian Labour Law offers comprehensive legal protections to workers in both formal and (to a lesser extent) informal sectors. Key updated provisions include:

1. Fair Wages and Compensation

- Minimum Wage: As of January 2024, the minimum wage for garment, textile, and footwear workers has increased to USD 204/month, up from USD 200 in 2023 (Prakas No. 303/23). The minimum wage is reviewed annually through a tripartite negotiation mechanism involving government, unions, and employers.
- Overtime and Severance: Workers are entitled to 1.5 times the normal wage for overtime, and double time for work on weekly rest days or holidays. Severance pay is mandated for terminated contracts under Article 89 and Article 91 of the Labour Law.
- Wage Payments: Prakas No. 443 MEF.BrK (2019) requires that all enterprises pay wages twice a month and must provide pay slips for transparency and legal compliance.

2. Occupational Health and Safety (OHS)

- The Occupational Safety and Health Master Plan 2023–2030, launched in March 2023, outlines a national strategy to reduce workplace injuries and enhance factory safety inspections. Cambodia currently has about 800 trained OHS inspectors, and a new OHS law is under review by the Ministry of Labour and Vocational Training (MoLVT) with International Labour Organization (ILO) support.
- Enterprises are legally required to maintain a safe and hygienic work environment under Articles 229–230 of the Labour Law and Prakas No. 147 on Workplace Safety and Sanitation.

3. Leave Entitlements

- Maternity Leave: Female workers are entitled to 90 days of maternity leave (Article 183), with full wage replacement if they have worked at least one year continuously. NSSF supports maternity payments for those enrolled in social insurance.
- Sick Leave: Article 172 allows for sick leave with medical certification, though payment depends on company policy or collective agreements.
- Annual Leave: Workers earn 1.5 days of paid annual leave per month, equivalent to 18 days per year, with increases for seniority (Article 166).

4. Non-Discrimination and Gender Equality

- The 2021 Law on the Prevention of Domestic Violence and Protection of Victims, and the Labour Law's Articles 12 and 250, prohibit gender-based discrimination and harassment in the workplace.
- MoLVT issued Guidelines on Gender Equality in the Workplace (2022), calling for inclusive recruitment, promotion practices, and the establishment of gender focal points in medium and large enterprises.
- As of 2024, the female labour force participation rate stands at 78%, and Cambodia has committed to promoting women's leadership through the ASEAN Gender Mainstreaming Strategy and its national gender equality roadmap.

5. Dispute Resolution and Labour Rights Enforcement

- Workers have the right to form and join trade unions under the Law on Trade Unions (2016), and to engage in collective bargaining.
- The Arbitration Council Foundation (ACF) has resolved more than 3,500 labour disputes since its establishment, with a compliance rate of over 70%.

 A 2023 digital reform initiative by MoLVT introduced the Labour Case Management System (LCMS), allowing faster handling of complaints, especially from remote areas and industrial zones.

2.2.2 Relevance to Cross-Border Migration

Although primarily focused on domestic workers, the Cambodian Labour Law influences cross-border migration governance through provisions that regulate:

- 1. Recruitment of Migrant Workers The law requires that all Cambodian workers migrating abroad do so through licensed recruitment agencies, ensuring they receive proper contracts, pre-departure training, and legal protections.
- 2. Rights of Returnee Migrants Migrant workers who return to Cambodia should be reintegrated into social security programmes, though many face documentation challenges that prevent them from claiming NSSF benefits.
- 3. Legal Protections in Destination Countries The law mandates that recruitment agencies provide legal assistance if migrants face exploitation or abuse abroad. However, enforcement is weak, and many migrants remain unprotected due to informal employment arrangements (ILO, 2023).

Despite these provisions, migrant workers continue to face labour rights violations, unpaid wages, and unsafe working conditions in destination countries. Weak enforcement and lack of coordination between Cambodian and foreign labour authorities exacerbate these challenges (Amnesty International, 2022)⁶.

2.3 Challenges in Social Protection for Migrant Workers

Despite the legal frameworks in place, migrant workers continue to face significant barriers in accessing social protection. These challenges include:

Exclusion from Social Security Benefits: The NSSF primarily covers formal workers, leaving migrants and informal workers without pensions, health insurance, or unemployment benefits; and many migrants do not contribute to Cambodia's social security system, making them ineligible for benefits upon returning (GIZ, 2022).

Limited Awareness and Legal Support: Many Cambodian migrants lack knowledge of their labour rights in host countries; and recruitment agencies often fail to provide adequate legal training, leaving migrants vulnerable to contract violations and wage theft (OHCHR, 2021)⁷.

Weak Bilateral Agreements: Although Cambodia has signed labour agreements with Thailand, Malaysia, and South Korea, enforcement is inconsistent; and many Cambodian workers remain undocumented, limiting their ability to claim benefits or seek legal recourse⁸.

⁷ **OHCHR Cambodia Reports**. The Office of the High Commissioner for Human Rights (OHCHR) has published various reports on the human rights situation in Cambodia, including annual reports and analyses of specific laws affecting migrant workers.

⁶ Amnesty International Report 2022/23: The State of the World's Human Rights.

⁸ **ILO Report on Cambodian Labour Migration**. (2023). International Labour Organization. Retrieved from https://www.ilo.org

III. Research Gaps and Framework

- **Integration of Policies:** There is a need to identify how the National Social Protection Policy Framework and the Cambodian Labour and Employment Law intersect and complement each other, particularly regarding the prevention, protection, and support of vulnerable populations, including migrant workers.
- Implementation and Enforcement Mechanisms: There is further need to assess the effectiveness of mechanisms for implementing and enforcing the labour and social protection laws, especially concerning child labour, categories of child abuse, child exploitation, occupational risk management, and ensuring proper working conditions.
- Capacity Building and Awareness: There is a need to identify where there are gaps in the knowledge, skills, and awareness of commune councils, employers, and workers/labourers regarding their rights and responsibilities/obligations under the currently existing policies, particularly with reference to labour migration.
- Access to Social Protection: There is a need to investigate and recognise the barriers/obstacles that prevent vulnerable groups from taking advantage of social protection programmes, including people with disabilities, the elderly, and migrant workers, from accessing social protection schemes and to identify strategies to overcome these barriers.
- Coordination and Collaboration: There is continued need to explore opportunities to enhance coordination and collaboration between government agencies, civil society organisations, and other stakeholders involved in implementing social protection and labour laws, especially in the context of labour migration and cross-border issues.

IV. Objectives and Research Questions

The research focused on the following objectives:

- Examine how the two policy documents, the National Social Protection Policy Framework and the Cambodian Labour and Employment Law, align and complement each other in enhancing migration governance, particularly in delivering benefits to migrants and their households.
- Assess the effectiveness of existing enforcement mechanisms in upholding policy provisions, migrants' access to social protection services, challenges they face, and strategies to improve service delivery.
- Investigate gaps in understanding rights and responsibilities among commune councils, employers, and migrants, while exploring opportunities to strengthen institutional cooperation for improved social service provision.

The specific research questions were as follows:

- How have the two policy documents, the National Social Protection Policy Framework and the Cambodian Labour and Employment Law, complemented each other, that specifically articulate the benefits for migrants and their households?
- How have the existing enforcement mechanisms worked that uphold policy provisions to respond to migration issues?

- What are the knowledge gaps on rights and responsibilities of commune councils, employers, and migrants related to the two relevant laws?
- How have migrant workers sought social protection services? What are notable obstacles and ways they have overcome challenges?
- What are the potential opportunities to strengthen cooperation in improving social services provisions?

V. Research Methodology

The research employed a mixed-methods approach, incorporating both quantitative and qualitative data collection. Quantitatively, structured questionnaire surveys were used with returned migrants using digital devices to ensure accuracy and efficiency in data collection. Qualitatively, in-depth key informant interviews were carried out with commune authorities, non-governmental organisations (NGOs), and local companies operating in the study areas to gain deeper insights into migration policies, enforcement mechanisms, and social protection challenges. This combination allowed for detailed analysis of both statistical trends and contextual experiences related to migration governance.

However, the limitations of this study are twofold. First, the research team combined training for high school students in research design and digital data collection with the actual fieldwork, and this process required more time than originally anticipated in the design stage. With additional time, the research team could have created more opportunities to reflect on both the findings and the data collection processes, which would have allowed for adjustments during the fieldwork period and further enriched the students' understanding—one of the key purposes of this research project. Second, due to the use of convenience sampling, students approached community members who happened to be available—particularly those returning from Thailand. This approach yielded participants based on availability rather than design, which limited the ability to ensure a balanced representation across gender, and to ensure inclusion of underage children engaged in migration, people with disabilities, and other key groups.

5.1 Site Selection

ADIC and its partners have identified significant gaps in Cambodia's legal framework and policies aimed at managing and protecting migrant workers, particularly in ensuring adequate social protection for undocumented cross-border migrants. These gaps highlight the vulnerabilities faced by migrants who lack legal documentation, leaving them without access to essential services and legal safeguards.

In response to these challenges, this research has been focused on Kamrieng district, specifically Ou Da and Boeng Reang communes, where undocumented migration rates are notably high. This decision is based on findings from ADIC's previous research under Ponlok Chomnes Phase I and early consultations with local authorities. Additionally, strong interest and commitment from the local high school management, teachers, and students in Kamrieng presented an opportunity to engage youth in the research process. Moreover, ongoing engagement with Caritas Switzerland staff working in the area further reinforced the relevance of this study, providing clear direction on understanding migrant conditions and exploring the potential integration of research findings into Commune Investment Plans (CIP) for better policy alignment and intervention strategies.

The demographic data from Boeng Reang and Ou Da communes, both located along the Cambodian—Thai border where cross-border mobility for employment is common, highlight a combined total of 6,856 households with a population of 22,213 individuals (13,869 males and 13,769 females). In Boeng Reang commune, eight villages reported 4,399 households with 9,380 males and 9,044 females, of which 569 are female-headed households. Doung village is the largest, with 1,445 households and over 5,863 people, while Phnom Chap is the smallest, with just 243 households. In Ou Da commune, ten villages reported 2,457 households with 4,489 males and 4,725 females, including 269 female-headed households. Lamphat village is the most populated with 1,582 people across 435 households, while Kandal and Thmei are the smallest, with fewer than 100 households each. Overall, the data show that female-headed households represent a significant proportion of the total. These dynamics underscore important considerations for community planning, gender-responsive interventions, and social protection programmes, particularly given the high prevalence of migration and vulnerability in border areas.

Table 1: Population of the two study communes

Commune	Village	Households (HH)	Population (Male)	Population (Female)	Female- headed HH
	Doung	1445	3006	2857	291
	Ou Da Leu	698	1753	1661	50
	Ou Krouch	335	841	637	20
D	Boeng Reang	274	466	402	28
Boeng Reang	Svay Thum	263	640	634	39
Realig	Prahpout	311	591	592	22
	Svay	830	1607	1774	96
	Phnom Chap	243	476	487	23
	Total	4399	9380	9044	569
	Kandal	91	133	152	10
	Svay Chrum	210	355	317	30
	Ou KoKir	328	571	572	36
	Ou Da	222	415	375	38
	Thmei	91	162	166	8
Ou Da	Lamphat	435	674	908	23
	Manaskal	249	388	424	10
	Tangyou	372	784	772	42
	Samroung	220	521	503	51
	Kampanglay	239	486	536	21
	Total	2457	4489	4725	269

Source: Commune Database, 2024

5.2 Project Stages

The project is structured around four fundamental stages, illustrated in the accompanying narrative and flow chart. This report is the direct outcome of completing Stages 1 and 2, which focused on research design, youth capacity building, and data collection. The subsequent Stages 3 and 4 will build upon these foundations, using the research findings to strengthen youth advocacy in local policy planning and integration into the Commune Investment Plans (CIPs).

Stage 1: Research Design and Capacity Building

In this initial phase, ADIC's core team developed the research framework while building the capacity of youth participants. Training and resources were provided to strengthen their research knowledge and digital skills, ensuring they were well-prepared to engage in the subsequent stages.

Stage 2: Data Collection and Research Reporting

With the groundwork in place, youth carried out field data collection using the selected methodologies. The findings were then analysed and synthesised into this research report, which presents key insights and recommendations. This report therefore reflects the outcomes of both the design and training process as well as the actual data collection and analysis.

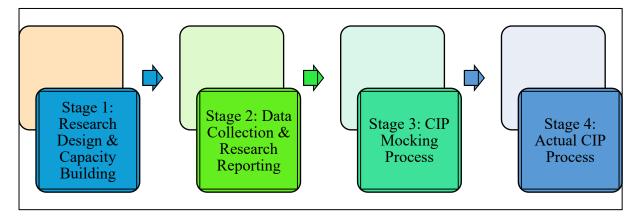
Stage 3: CIP Simulation (Mock Process)

The next phase will focus on capacity building through a simulation exercise, where youth will rehearse how to apply influencing skills by integrating research findings into a mock CIP. Supported by commune council representatives, this stage will help them anticipate and address potential challenges.

Stage 4: Integration into the Actual CIP Process

Finally, youth will move from simulation to practice, presenting and advocating for the inclusion of their research findings and recommendations into the actual CIP discussions. This stage will ensure the research informs local policy planning and empowers youth to contribute directly to community development.

Figure 1:Stages of the project



5.3 Capacity Building and Data Collection According to Stages 1 and 2

The study employed a mixed methodology covering both quantitative and qualitive aspects. Apart from literature reviews on related research issues, the survey questionnaire was developed and pre-tested to make sure that all questions were appropriate and accepted by interviewees, mainly migrants. Also, the qualitive interview guides were developed to accompany in-depth interview with key stakeholders from government as well as from CSOs. A few selected migrants in each commune were approached for in-depth interviews, too, to understand their detailed life stories (See Appendix 2).

Box 1: Capacity building on Participatory Action Research

Through support from The Asia Foundation under the Ponlok Chomnes programme Phase II, ADIC and its partners identified significant gaps in Cambodia's legal framework and policies intended to manage and safeguard migrant workers, particularly in providing adequate social protection for cross-border migrants without proper documentation. Recognising this gap, they focused their investigation on the Kamrieng district, specifically Ou Da and Boeng Reang communes, where undocumented migration rates are high.

In cooperation with Kamrieng High School and local authorities, ADIC selected and trained 30 youth (40% female) in participatory action research. As a result, 90% of the selected youth were able to conduct interviews with returning migrant workers and prepared a brief report.

The training programme began with an introduction outlining the training objectives, timeframe, roles and responsibilities of participants, and a self-introduction segment. The next section provided an overview of research, covering definitions, the research problem, objectives, and research questions. Sampling techniques were also discussed, including both qualitative and quantitative methods. In terms of data collection tools, the training detailed how to create questionnaires for both qualitative and quantitative research, along with preparations and processes for data collection and information gathering. Finally, the data analysis section taught participants how to describe findings, identify root causes and key issues, write analyses, draw conclusions, and generate recommendations.

After the training was finished, the youth trainees conducted the interviews with more than 300 recent returnees. The interviews sought to uncover the underlying causes of unsafe migration and the degree of available social services in the two mentioned areas. This initiative aims to address these critical gaps and enhance the protection and support for migrant workers in Cambodia.

Youth selection: In cooperation with Kamrieng High School and local authorities, ADIC selected and trained 30 youth (40% female) in participatory action research. As a result, 90% of the youth were able to conduct interviews with returning migrant workers and prepared a brief report (See Appendix 3).

Box 2: Mock Meetings with Commune Council (more in Appendix 3)

With support from The Asia Foundation under the Ponlok Chomnes programme Phase II, ADIC aims to build youth capacity in participatory research for engaging in sub-national development planning on safe cross-border migration from Cambodia to Thailand, focusing on Kamrieng District, Battambang Province. The implementation process was managed in three phases: capacity building on participatory research, arranging mock testing scenarios with the commune council, and finally conducting actual mock tests with the commune council at the commune office.

During the mock meeting, 15 youths participated, including 10 females. They used the brief report they created after gathering community data. Participants included local authorities, NGOs, and high school representatives. The youths aimed to gain insights and understand the dynamics of the meeting through their observations.

During the mock meeting with the commune council, three key issues were raised: the need for the council to hold more awareness sessions for villagers and returning migrants on safe migration; the importance of providing social assistance to low-income returning migrants while informing the community about the process to prevent jealousy and misunderstandings; and the request for opportunities to volunteer at the commune office to gain experience in local governance.

In response, the commune council agreed to collaborate with relevant stakeholders and development partners to hold awareness sessions on safe migration for the community. These sessions will also provide information on how to request social assistance. Additionally, the council committed to seeking emergency support packages for impoverished returning migrants. They also highlighted their ongoing practice of notifying the district office and high school director to recruit volunteer youth to assist the commune council in developing the CIP, thereby providing young people opportunities to learn and gain experience.

5.4 Data Analysis and Report Writing

Keeping in mind the research framework and key questions, the collected data was analysed using SPSS software to process quantitative data and generate descriptive statistics, following the questionnaire outlined in Appendix 4. Key aspects were selected for analysis with a gender-sensitive approach, allowing for a comparative perspective on differences between male and female migrants. Additionally, the analysis examined differences between 'old' and 'new' migrants, categorising them based on their length of migration experience to assess variations in challenges, access to social protection, and overall conditions.

For qualitative data, a separate analysis section was developed, compiling insights from field notes and qualitative interviews to identify patterns and emerging themes in response to the research questions. Field notes were sorted by codes, enabling a structured approach to detecting key trends. Following the analysis, the field team leader will support selected youth participants in identifying relevant data on migrant conditions and crafting key messages for presentation to commune councilors and other stakeholders during the workshop or the upcoming CIP process.

VI. Key Findings

6.1 General Characteristics

Gender Distribution: The dataset in Table 1 reveals a notable gender disparity among respondents, with women (64.3%) comprising the majority of the sample, compared to men (35.7%). This suggests that female migrants may play a crucial role in cross-border labour migration, possibly due to higher demand in sectors such as domestic work and factory employment in Thailand. It could also indicate that women are more available or willing to participate in surveys, or that their migration experiences are of growing significance in shaping household economic security.

Age Distribution: The largest proportion of migrants (54.5%) fall within the 30–45 age group, emphasising that migration is most common during peak working years when financial obligations, such as supporting a family, are at their highest. The 18–29 age group (19.1%) represents younger migrants who may be entering the workforce or seeking better economic opportunities abroad. Notably, only 0.6% of respondents were under 18, suggesting that while child migration exists, it is relatively rare in this dataset. Meanwhile, the presence of older migrants (46–59 years: 19.1% and 60+ years: 6.6%) indicates that migration continues to be an option for some individuals well into later life, possibly driven by economic necessity.

Household Composition and Ethnicity: The dataset does not specify exact household sizes but includes age breakdowns of household members, which can provide insights into family structure. Given that the majority of migrants are within working-age brackets, it is likely that migration decisions are influenced by household dependents, including children and elderly family members. In terms of ethnicity, 99.1% of respondents identified as Khmer, with a small minority (0.9%) identifying as Islam.

Education Levels: The educational attainment of respondents highlights low levels of formal schooling, with 53.3% having only completed primary school and 21.6% reporting that they never attended school. This means that nearly three-quarters (74.9%) of respondents have only basic or no education, which may significantly limit their access to skilled jobs and confine them to low-wage, labour-intensive employment sectors. Only 4.4% of respondents completed upper secondary school, and an even smaller fraction (0.3%) attended university, reinforcing the idea that most migrants are drawn from low-education backgrounds.

Table 2: General characteristics of respondents

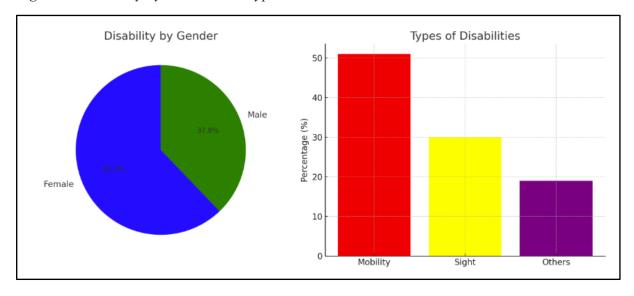
Particular	Freq.	Percent
Gender		
Female	205	64.3
Male	114	35.7
Total	319	100.0
Age Groups of respondents		
Under 18	2	0.6
18 – 29	61	19.1
30 – 45	174	54.5
46 – 59	61	19.1
60+	21	6.6
Ethnicity		

Khmer	316	99.1
Islam	3	0.9
Education		
Not attend school	69	21.6
Primary School	170	53.3
Lower Secondary School	65	20.4
Upper Secondary School	14	4.4
University	1	0.3
Others		
Total	319	100.0
Marital status		
Single	25	7.8
Married	263	82.4
Separated/Divorced	3	0.9
Windowed	28	8.8
Disability		
Female	23	11.2%
Male	14	12.3%
Total	37	11.6%
Type of disability		
Mobility	19	51%
Hearing	3	8%
Speech	4	11%
Sight	11	30%
Organs	7	19%
Others	9	24%
Poverty status		
No ID Card	142	44.5
Equity Cards	177	55.5
Total	31	9

Marital Status: The majority of respondents (82.4%) are married, reflecting the role of migration as an economic survival strategy for families. Migration often occurs to improve household income, support children's education, or secure better living conditions for family members. The proportion of widowed individuals (8.8%) and separated/divorced individuals (0.9%) is relatively low, but their presence suggests that migration may sometimes be associated with family separation, loss of a spouse, or financial strain. Meanwhile, only 7.8% of respondents identified as single, further reinforcing the idea that migration decisions are frequently tied to family responsibilities.

Disability and Social Inclusion: Among respondents, 11.6% reported having a disability, with a slightly higher proportion among males (12.3%) compared to females (11.2%). The most commonly reported disabilities were mobility impairments (51%), followed by vision impairments (11%) and hearing impairments (8%). The presence of persons with disabilities in labour migration raises critical concerns about accessibility, workplace conditions, and social protection mechanisms. Many migrants with disabilities may face discrimination, fewer job opportunities, and limited access to healthcare. Additionally, some disabilities may have been acquired due to physically demanding work conditions or poor occupational safety measures in Thailand.

Figure 2: Disability by Gender and Types



Poverty and Access to Social Protection: A significant proportion of respondents (44.5%) reported having no IDPoor Card, meaning they are not formally classified as impoverished under Cambodia's social assistance system. However, 12.9% hold an IDPoor 1 card, 21.0% have IDPoor 2, and 11.6% possess Equity Cards, which provide various levels of social benefits. This makes up a total of 145 of the respondent households. The remaining 10.0% fall under other unspecified categories, potentially including informal or unregistered poor households. The high percentage of migrants without social protection coverage suggests that many Cambodian workers seeking opportunities abroad lack access to government support, making them highly dependent on informal networks and remittances to sustain their livelihoods.

6.2 Migration Trends

Age of First Migration

The data in Table 2 on the age of first migration reveals that a significant portion of migrants begin their journey at a young age. Notably, 24.5% of the total respondents migrated under the age of 18, with women representing 24.9% and men 23.7% in this category. This early entry into migration raises concerns about the vulnerability of young individuals, who may face challenges related to education, legal protection, and exploitation. The largest segment of migrants, however, is found in the 18–29 age group, constituting 40.1% of the total. This suggests that many individuals make the transition from adolescence to adulthood by entering the labour market abroad, likely driven by economic necessity. Additionally, 27.6% of respondents reported migrating between the ages of 30–45, which may reflect a later life decision influenced by family responsibilities or the need for greater financial stability. Migration among older age groups (46–59 and 60+) is considerably lower, at 7.5% and 0.3% respectively, indicating that migration is predominantly a phenomenon of the youth and early-to-mid adulthood.

Duration of Work in Thailand

The duration of work in Thailand among Cambodian migrants varies significantly. Approximately 27.9% of respondents have been working in Thailand for less than 12 months, suggesting that a considerable segment of migrants may engage in short-term or seasonal work. A smaller portion, 23.2%, worked for a period of 13–36 months, indicating mid-term employment durations that might be tied to fixed-term contracts or specific project needs. Notably, a substantial 42.3% of the total migrants have been employed in Thailand for more than 50 months, with a higher percentage among men (49.1%) compared to women (38.5%). This suggests that male migrants are more likely to establish long-term employment arrangements in Thailand, possibly transitioning into permanent labour migration, whereas female migrants may be more likely to engage in temporary or seasonal work.

Place of Last Work in Thailand

The geographic distribution of work among Cambodian migrants is predominantly rural. A majority, 63.6%, reported their last work location as being in rural areas of Thailand, which is consistent for both women (64.4%) and men (62.3%). This strong rural focus indicates that many migrants are employed in sectors such as agriculture, fisheries, or construction, which are characteristic of rural labour markets. In contrast, urban areas are less frequented: only 10.7% of respondents worked in Bangkok, while 14.7% were employed in other towns or cities. Additionally, 10.7% of respondents identified "other" as their work location, and a negligible 0.3% were unsure of their workplace. This distribution underscores the concentration of Cambodian migrant labour in rural settings, where job opportunities are typically found in labour-intensive, low-skilled sectors.

Table 3: Migration history by gender

Destinates	F	emale	Male		Total	
Particular	Freq.	Percent	Freq.	Percent	Freq.	Percent
Age of first migration						
Under 18	51	24.9%	27	23.7%	78	24.5%
18 – 29	78	38.0%	50	43.9%	128	40.1%
30 – 45	62	30.2%	26	22.8%	88	27.6%
46 – 59	13	6.3%	11	9.6%	24	7.5%
60+	1	0.5%	0		1	0.3%
	205	100.0%	114	100.0%	319	100.0%
Total period of working in Thailand						
Less than 12 months	57	27.8%	32	28.1%	89	27.9%
13 – 36 months	52	25.4%	22	19.3%	74	23.2%
37 – 50 months	17	8.3%	4	3.5%	21	6.6%
More than 50 months	79	38.5%	56	49.1%	135	42.3%
Place of your last work						
Bangkok	18	8.8%	16	14.0%	34	10.7%
Another town or city in Thailand	34	16.6%	13	11.4%	47	14.7%
Rural area in Thailand	132	64.4%	71	62.3%	203	63.6%
Others	20	9.8%	14	12.3%	34	10.7%
Don't know	1	0.5%	0		1	0.3%
Total	205		114		319	

Table 4 displays migration characteristics separately for people with disabilities and those identified under poverty status, noting that the goal was not for direct comparison. Among people with disabilities, most began migrating later in life, with 40.5% starting at ages 30–45 and nearly 60% working abroad for more than 50 months, primarily in rural Thailand (59.5%). For those with a designated poverty status, the majority also migrated in adulthood, with 62.7% starting at ages 30–45 and a large share (64.4%) last working in rural areas. These figures highlight the predominance of adult migration and the strong reliance on rural employment in Thailand.

Table 4: Migration history by disability and poverty status

Deschartes	People with	Disabilities	Poverty status		
Particular	Freq.	Percent	Freq.	Percent	
Age of first migration					
Under 18	0	0	1	0.6%	
18 – 29	0	0	20	11.3%	
30 – 45	15	40.5%	111	62.7%	
46 – 59	13	35.1%	30	16.9%	
60+	9	24.3%	15	8.5%	
Total period of working in Thailand					
Less than 12 months	6	16.20%	49	27.7%	
13 – 36 months	8	21.60%	51	28.8%	
37 – 50 months	1	2.70%	8	4.5%	
More than 50 months	22	59.50%	69	39.0%	
Place of your last work					
Bangkok	3	8.1%	18	10.2%	
Another town or city in Thailand	2	5.4%	24	13.6%	
Rural area in Thailand	22	59.5%	114	64.4%	
Others	9	24.3%	20	11.3%	
Don't know	1	2.7%	1	0.6%	
Total	37		177		

6.3 Documents and Legal Status of Cambodian Migrants in Thailand

Holding Legal Documents

The data in Table 3 indicates that 47.0% of Cambodian migrants in Thailand lack legal documentation, with a slightly higher proportion of men (50.9%) than women (44.9%) falling into this category. This means that nearly half of the migrant population faces legal insecurity, potential risks of arrest, and difficulties accessing labour rights and social protection. The prevalence of undocumented migration reflects barriers in legal migration pathways, costs of documentation, and employer preferences for informal hiring.

Among those who do hold formal documents, passports are the most common form of documentation, held by 47.3% of migrants. Women (48.3%) are slightly more likely than men (45.6%) to possess a passport, suggesting a greater inclination or opportunity among female migrants to pursue legal migration channels. The presence of work permits (17.9%) and border

passes (13.5%) indicates that while some migrants enter through legal means, many may not renew their documentation or struggle with complex bureaucratic processes.

Where Documents Were Obtained

The most frequently reported location for obtaining legal documents is the Border Police Office (40.8%), which is the primary site for issuing border passes and temporary work permits. A significant proportion of migrants also acquire documentation through private companies (32.0%), which may include labour recruitment agencies or direct employment sponsorships. Additionally, 16.6% of respondents obtained documents from labour recruitment agencies, which play a role in facilitating legal migration but are often associated with high recruitment fees and risks of exploitation.

Interestingly, only 15.4% of respondents obtained their documents from Cambodia's official passport department, indicating that many migrants do not go through formal government channels before migration. The Cambodian embassy in Thailand was used by 13.6% of migrants, mainly for obtaining legal status post-migration, while the General Department of Migration and the General Department of Identification had a very low percentage of applicants (1.2% and 4.1%, respectively). This suggests that most Cambodian migrants do not complete their legal paperwork through official government structures before traveling to Thailand.

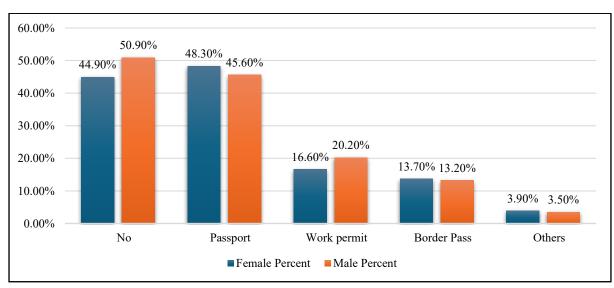


Figure 3: Formal documents being held

Table 5: Place where documents were obtained, by gender

Particular	Fe	Female		Male		`otal
	Freq.	Percent	Freq.	Percent	Freq.	Percent
Labourer recruitment agency	18	15.9%	10	17.9%	28	16.6%
Private company	38	33.6%	16	28.6%	54	32.0%
Border police office	48	42.5%	21	37.5%	69	40.8%
Passport department	16	14.2%	10	17.9%	26	15.4%
General department of identification	1	0.9%	1	1.8%	2	1.2%
General department of migration	6	5.3%	1	1.8%	7	4.1%

Cambodian embassy	16	14.2%	7	12.5%	23	13.6%
Kamrieng Migration Resource Center	2	1.8%	1	1.8%	3	1.8%
(KMC)						
Others	13	11.5%	8	14.3%	21	12.4%
Total	205		114		319	

Table 6 suggests that a large proportion of migrants—51% in both groups—do not hold any formal documentation, leaving them in a state of legal and social vulnerability. Even among those who do hold documents, coverage remains limited: only 41% of people with disabilities and 44% of those in poverty have passports, while smaller shares report work-permits (22% and 16%) or border passes (16% and 12%). In terms of access points to obtain these documents, the border police office dominates as the main channel, used by 83% of people with disabilities and 54% of poor migrants, while fewer accessed documents via recruitment agencies, private companies, or embassies. Notably, official national mechanisms such as the passport department or the general department of migration account for less than 15% of cases. These patterns suggest that most migrants depend on localised or semi-formal arrangements, reflecting barriers of cost, distance, or awareness in accessing national systems, and leaving many exposed to risks of irregular status and exploitation.

Table 6: Possession and type of migration documents, by disability and poverty status

Particular		e with pilities	Poverty status		
	Freq.	Percent	Freq.	Percent	
Holding formal documents					
No	19	51%	90	51%	
Passport	15	41%	78	44%	
Work permit	8	22%	28	16%	
Border Pass	6	16%	22	12%	
Others	1	3%	4	2%	
Place where documents were obtained					
Labourer recruitment agency	2	11%	16	18%	
Private company	3	17%	25	29%	
Border police office	15	83%	47	54%	
Passport department	0	0%	12	14%	
General department of identification	1	6%	1	1%	
General department of migration	0	0%	4	5%	
Cambodian embassy	3	17%	8	9%	
Kamrieng Migration Resource Center (KMC)	0	0%	0	0%	
Total	37		177		

Migration Documents by Duration of Stay

The relationship between documentation status and the length of stay in Thailand highlights important migration trends (see Table 4):

- Short-term migrants (less than 1 year) have the highest rate of being undocumented (57.3%), indicating that many enter Thailand informally for seasonal or short-term work.
- Migrants who have been in Thailand for 13–36 months show the highest percentage of passport holders (56.8%), suggesting that those who stay longer are more likely to formalise their status.
- Work permits are most common among those who have been in Thailand for over 50 months (20.0%), reflecting that long-term migrants are more likely to seek formal employment contracts.
- Border passes are more frequently held by migrants who have stayed for 37–50 months (19.0%), likely due to frequent cross-border work arrangements.

This data suggests that the longer a migrant stays in Thailand, the more likely they are to secure proper documentation, though a significant proportion remain undocumented even after several years.

Place of Document Issuance by Length of Stay

There are notable differences in where migrants obtained legal documents based on how long they have been in Thailand:

- Short-term migrants (less than 1 year) are most likely to rely on the Border Police Office (44.7%) and private companies (28.9%). This suggests that many enter Thailand through informal labour arrangements that do not involve national government agencies.
- Mid-term migrants (13–36 months) are the most likely to obtain documents through private companies (40.0%), reflecting the role of employer-sponsored documentation for longer stays.
- Long-term migrants (more than 50 months) show a greater reliance on the Cambodian embassy (16.4%) and passport departments (16.4%), indicating that long-stay migrants attempt to formalise their legal status over time.

One notable trend is that migrants who have been in Thailand for 37–50 months show the highest reliance on the Cambodian embassy (30.8%) and Kamrieng Migrant Resource Center (KMC) (15.4%), suggesting that these institutions play an important role in legalising status for mid-term migrants. However, the General Department of Migration and Identification remains minimally used across all groups, indicating the need for further improvement of government-led migration facilitation.

Table 7: Migration documents (old vs. recent migrants)

Particular	<1 year	13-36 months	37-50 months	>50 months
Holding formal documents	%	%	%	%
No	57.3%	39.2%	38.1%	45.9%
Passport	36.0%	56.8%	57.1%	48.1%
Work permit	13.5%	20.3%	14.3%	20.0%
Border Pass	10.1%	12.2%	19.0%	15.6%
Others	3.4%	4.1%	4.8%	3.7%
Place where documents were obtained				
Labourer recruitment agency	21.1%	17.8%	30.8%	11.0%
Private company	28.9%	40.0%	30.8%	28.8%
Border police office	44.7%	44.4%	23.1%	39.7%
Passport department	26.3%	8.9%	0.0%	16.4%
General department of identification	0.0%	2.2%	0.0%	1.4%
General department of migration	2.6%	11.1%	0.0%	1.4%
Cambodian embassy	7.9%	8.9%	30.8%	16.4%
KMC	0.0%	0.0%	15.4%	1.4%
Others	10.5%	11.1%	15.4%	13.7%
Total				

6.4 Awareness Raising in Cambodia

Awareness of Safe Migration and Legal Documents

Capacity building efforts related to migration in Cambodia focus on raising awareness and providing training to potential migrants. The data in Table 5 shows that only 37.9% of respondents participated in safe migration awareness programmes before migrating, with women (40.5%) slightly more likely than men (33.3%) to have attended such programmes. This suggests that while efforts exist to educate migrants about migration risks and rights, the majority (62.1%) had no prior awareness training, leaving them more vulnerable to exploitation, legal issues, and poor working conditions once in Thailand.

Despite the low participation in awareness programmes, 90.9% of respondents knew at least one document required for legal migration, indicating that while official training may be lacking, migrants often gain information through social networks, recruitment agencies, or informal sources. The most well-known document was the passport (85.3%), followed by the work permit (46.1%), and the border pass (40.1%). However, only 8.2% of respondents were aware of additional documentation requirements, highlighting potential gaps in knowledge regarding migration processes, labour rights, and visa regulations.

Consultation and Training Before Migration

A considerable proportion (69.3%) of respondents sought advice on migration documents before traveling to Thailand, with women (72.2%) more likely than men (64.0%) to seek consultation. This suggests that women may be more cautious or reliant on external guidance when navigating migration processes. However, despite the high rate of

consultations, only 27.9% of migrants received any form of job training before migrating, indicating a critical gap in pre-departure skill development programmes.

Among those who received training, the duration of training was mostly short, with 37.1% attending sessions lasting less than one day, followed by one-day sessions (29.2%). Only 5.6% received training for two days, and 28.1% attended sessions lasting more than two days. The predominance of short-term training suggests that capacity-building efforts may be insufficient in adequately preparing migrants for work in Thailand.

Sources of Training

Training was provided by various stakeholders, with the most common being team leaders (57.3%) and Thai employers (44.9%). This suggests that most training happens at the workplace rather than before departure, meaning migrants may not be fully equipped with knowledge of their rights or labour conditions before arriving in Thailand. Government institutions such as the Cambodian police (7.9%), labour recruitment agencies (7.9%), and commune or district councils (12.4%) played a minor role, indicating that formal state-led predeparture training remains limited. Notably, NGOs and the Kamrieng Migrant Resource Center were not reported as training providers, highlighting the lack of civil society involvement in capacity-building programmes.

Topics Covered in Training

Among those who received training, the most common topics included working hours (69.7%), wages and salary (59.6%), workload (48.3%), and job security (32.6%). However, critical issues such as labour rights (11.2%), managerial support (7.9%), health insurance (12.4%), and interpersonal relationships (13.5%) were less frequently discussed. This suggests that training programmes focus more on basic job-related concerns rather than broader worker protections, labour rights, or workplace safety.

A notable gender difference exists in training topics, with men (35.3%) receiving slightly more information about job security compared to women (30.9%). Meanwhile, women (14.5%) were more likely to receive information on health insurance compared to men (8.8%), possibly reflecting gendered work conditions in Thailand, where female workers may have different concerns or vulnerabilities in employment settings.

Table 8: Participation in awareness sessions in Cambodia, by gender

Dantianlan	Fe	male	Male		Total	
Particular Particular	Freq.	Percent	Freq.	Percent	Freq.	Percent
Join any awareness about safe migration	83	40.5%	38	33.3%	121	37.9%
Aware of the type of document needed for	188	91.7%	102	89.5%	290	90.9%
legal migration						
Passport	176	85.9%	96	84.2%	272	85.3%
Working permit	96	46.8%	51	44.7%	147	46.1%
Border pass	76	37.1%	52	45.6%	128	40.1%
Others	16	7.8%	10	8.8%	26	8.2%
Consult with anyone for securing legal	148	72.2%	73	64.0%	221	69.3%
documents						
Join any training before taking up the job	55	26.8%	34	29.8%	89	27.9%

If yes, duration of the training						
Less 1 day	22	40.0%	11	32.4%	33	37.1%
one day	17	30.9%	9	26.5%	26	29.2%
two days	0	0.0%	5	14.7%	5	5.6%
more than 2 days	16	29.1%	9	26.5%	25	28.1%
Total	55	100.0%	34	100.0%	89	100.0%
Agency provided the training sessions						
Thai employer	24	43.6%	16	47.1%	40	44.9%
Foremen	29	52.7%	22	64.7%	51	57.3%
Cambodia police	5	9.1%	2	5.9%	7	7.9%
Labourer recruitment agency	5	9.1%	2	5.9%	7	7.9%
Commune council	7	12.7%	4	11.8%	11	12.4%
District council	1	1.8%	0	0.0%	1	1.1%
KMC	0	0.0%	0	0.0%	0	0.0%
NGO	0	0.0%	2	5.9%	2	2.2%
Others	3	5.5%	2	5.9%	5	5.6%
Training topics covered						
Working environment	19	34.5%	10	29.4%	29	32.6%
Working hours	41	74.5%	21	61.8%	62	69.7%
Wages and salary	35	63.6%	18	52.9%	53	59.6%
Workload	25	45.5%	18	52.9%	43	48.3%
Overtime arrangements	7	12.7%	10	29.4%	17	19.1%
Holiday entitlement	15	27.3%	10	29.4%	25	28.1%
Working benefits	8	14.5%	8	23.5%	16	18.0%
Interpersonal relationship	6	10.9%	6	17.6%	12	13.5%
Managerial support	5	9.1%	2	5.9%	7	7.9%
Disciplinary procedure	10	18.2%	6	17.6%	16	18.0%
Job security	17	30.9%	12	35.3%	29	32.6%
Labourers' right	8	14.5%	2	5.9%	10	11.2%
Labourers' responsibility	6	10.9%	3	8.8%	9	10.1%
Health insurance	8	14.5%	3	8.8%	11	12.4%
Others	0	0.0%	2	5.9%	2	2.2%

6.5 Awareness Raising in Thailand

Training Before Employment

The data indicates that 40.1% of Cambodian migrants received training before starting their jobs in Thailand, with women (40.5%) and men (39.5%) showing similar participation rates. This suggests that workplace training is somewhat available but remains limited to less than half of the migrant workforce, leaving a significant portion of workers unprepared for workplace conditions, labour rights, and safety measures.

Duration of Training in Thailand

Among those who received training, the length of training varied significantly:

- 30.5% received training lasting less than one day, indicating that a substantial portion of training is brief and likely insufficient to provide comprehensive workplace knowledge.
- 23.4% had a one-day training, while only 7.8% received two full days of training.
- The most extensive training sessions—lasting more than two days—were attended by 38.3% of migrants, with men (44.4%) receiving longer training durations compared to women (34.9%).

This suggests that while some migrants benefit from structured, multi-day training, the majority receive very short or minimal instruction, which may not adequately prepare them for workplace challenges or help them understand their labour rights in Thailand.

Who Provided Training?

The majority of workplace training was conducted by Thai employers (67.2%) and team leaders (57.0%), indicating that training is primarily employer-driven and takes place on the job rather than in formal pre-employment settings. The role of Thai police (6.3%) and labour recruitment agencies (0.8%) in training was minimal, while local Cambodian authorities (commune and district councils) and NGOs played virtually no role in training provision.

The absence of Cambodian government agencies, NGOs, and labour rights organisations in the training process suggests a lack of formal institutional support for migrants, leaving them dependent on their employers for skill development, which may not always align with their best interests.

Training Topics Covered

The training content focused on basic employment conditions and workplace requirements, with working hours (75.0%) and salary/wage information (59.4%) being the most frequently covered topics. Other common topics included workload expectations (48.4%), safety at the workplace (32.8%), and discipline (28.1%).

However, critical labour rights and benefits topics were covered less frequently:

- Workers' rights (12.5%) and employment benefits (25.0%) were not widely included in training programmes, suggesting that migrants receive limited knowledge about their legal protections and entitlements.
- Health insurance (18.0%) and employer support (14.8%) were also rarely addressed, meaning that many workers may not be fully aware of available healthcare options or employer responsibilities toward them.
- Interpersonal workplace communication (16.4%) and living arrangements (11.7%) were covered in very few training sessions, despite these being important aspects of migrant integration into the workplace and community.

Gender Differences in Training Topics

There were some gender variations in training content:

- Men (33.3%) were more likely than women (24.1%) to receive training on holiday entitlements and employment benefits.
- Women (31.3%) received slightly less training on workplace safety compared to men (35.6%), raising concerns about gender disparities in occupational safety education.
- Men (22.2%) were more likely than women (18.1%) to receive training on workplace responsibilities, indicating that employers may place different expectations on male and female workers.

Table 9: Participation in awareness sessions in Thailand, by gender

D (: 1	Female		Male		Total	
Particular	Freq.	Percent	Freq.	Percent	Freq.	Percent
Join any training before taking up the job	83	40.5%	45	39.5%	128	40.1%
If yes, duration of the training						
Less 1 day	23	27.7%	16	35.6%	39	30.5%
one day	24	28.9%	6	13.3%	30	23.4%
two days	7	8.4%	3	6.7%	10	7.8%
more than 2 days	29	34.9%	20	44.4%	49	38.3%
Total	83	100.0%	45	100.0%	128	100.0%
Agency provided the training sessions						
Thai employer	4	4.8%	4	8.9%	8	6.3%
Foremen	55	66.3%	31	68.9%	86	67.2%
Cambodia police	48	57.8%	25	55.6%	73	57.0%
Labourer recruitment agency	1	1.2%	0	0.0%	1	0.8%
Commune council	0	0.0%	1	2.2%	1	0.8%
District council	0	0.0%	1	2.2%	1	0.8%
KMC	0	0.0%	0	0.0%	0	0.0%
NGO	0	0.0%	0	0.0%	0	0.0%
Others	4	4.8%	2	4.4%	6	4.7%
Training topics covered						
Working condition	15	18.1%	12	26.7%	27	21.1%
Working hours	62	74.7%	34	75.6%	96	75.0%
Salary or wage	53	63.9%	23	51.1%	76	59.4%
Workload	38	45.8%	24	53.3%	62	48.4%
Overtime	19	22.9%	10	22.2%	29	22.7%
Holiday entitlement	20	24.1%	15	33.3%	35	27.3%
Employment benefits	17	20.5%	15	33.3%	32	25.0%
Communication in workplace	13	15.7%	8	17.8%	21	16.4%
Support of employers	12	14.5%	7	15.6%	19	14.8%
Living arrangement in Thailand	11	13.3%	4	8.9%	15	11.7%
Disciplines	25	30.1%	11	24.4%	36	28.1%
Safety at workplace	26	31.3%	16	35.6%	42	32.8%
Workers' rights	10	12.0%	6	13.3%	16	12.5%
Responsibility of the worker	15	18.1%	10	22.2%	25	19.5%
Health Insurance	15	18.1%	8	17.8%	23	18.0%
Others	2	2.4%	0	0.0%	2	1.6%

6.6 During COVID-19 – When Staying in Cambodia: Challenges, Support Systems, and Coping Mechanisms of Cambodian Migrants

Stay During COVID-19:

A majority of both female (70.7%) and male (60.5%) migrants stayed in Cambodia during the pandemic, indicating that men were more likely to remain in Thailand (39.5%) compared to women (29.3%). This signifies that women were more inclined or able to return home, while men continued to work abroad even under restrictive conditions.

Access to Social Protection:

Awareness of healthcare services was slightly higher among women (60%) than men (53.6%). Similarly, use of healthcare services was greater for women (35.8%) than for men (28.9%). This suggests women had slightly better access to health information and services, though overall utilisation remained low for both groups (only one-third accessing services).

Government Support:

Most migrants reported not receiving government support (65.5% of women and 78.3% of men). Among those who did, women were more likely than men to benefit across nearly all categories, including receiving uncooked rice (20% of women vs. 14.5% of men), food (18.6% of women vs. 8.7% of men), and cooking ingredients (13.1% of women vs. 7.2% of men). Salary support was modest but slightly higher among women (17.9%) than men (14.5%). These findings suggest men were less likely to receive assistance overall, possibly due to their higher likelihood of being abroad during the crisis.

NSSF Coverage:

Access to the National Social Security Fund (NSSF) remained extremely limited, with only 9.7% of women and 8.7% of men holding a NSSF card. While the NSSF agency is the sole institution authorised to issue NSSF cards, other sources reported in the survey—such as commune councils or employers—should be understood as intermediaries providing information or encouragement for migrants to obtain cards directly from the NSSF agency. Overall, commune councils appear to have played, despite proportionally low, the most visible role in linking migrants to NSSF information (4.4% overall), but actual registration and issuance always occur through the NSSF agency itself. The absence of NGOs or Kamrieng Migration Resource Center (KMC) involvement further underscores the limited outreach and institutional gaps in extending NSSF coverage.

Table 10: Access to social protection during COVID-19 (2019-2022) in Cambodia, by gender

Particular		Female		Male		Total	
		Percent	Freq.	Percent	Freq.	Percent	
Stay in Cambodia or Thailand during COVID-19							
Cambodia	145	70.7%	69	60.5%	214	97.7%	
Thailand	60	29.3%	45	39.5%	105	47.9%	
Total	205		114		319		
Access to social protection							
Aware of the healthcare services	87	60.0%	37	53.6%	124	57.9%	
Use to get healthcare services	52	35.8%	20	28.9%	72	33.6%	
Sources of Support from Government							
No	95	65.5%	54	78.3%	149	69.6%	
Salary	26	17.9%	10	14.5%	36	16.8%	
Uncooked rice	29	20.0%	10	14.5%	39	18.2%	
Food	27	18.6%	6	8.7%	33	15.4%	
Cooking ingredient	19	13.1%	5	7.2%	24	11.2%	
House repairing	2	1.4%	0	0.0%	2	0.9%	
Water purifier	2	1.4%	0	0.0%	2	0.9%	
Others	2	1.4%	1	1.4%	3	1.4%	
n= (migrants who stayed in Cambodia)	1	145	69		214		
Holding NSSF	14	9.70%	6	8.70%	20	9.30%	
Sources of obtaining NSSF							
Commune council	8	3.90%	6	5.26%	14	4.39%	
NSSF agency	5	2.44%	2	1.75%	7	2.19%	
Employers	3	1.46%	0	0.00%	3	0.94%	
NGO support	0	0.00%	0	0.00%	0	0.00%	
KMC	0	0.00%	0	0.00%	0	0.00%	
Others	1	0.49%	1	0.88%	2	0.63%	
n= (regardless of where migrants stayed)	205		114		319		

During the COVID-19 pandemic, the experiences of migrants with disabilities and those living in poverty showed both similarities and differences. While most poor migrants (69.5%) returned to Cambodia, more than half of people with disabilities (54.1%) remained in Thailand, suggesting different constraints and coping strategies. Awareness of healthcare services was relatively high in both groups, yet actual use fell to about one-third, highlighting persistent barriers such as costs, availability, or eligibility despite general awareness.

Access to government support was limited, with the majority receiving no assistance—71% of people with disabilities and 60% of poor migrants. For those who did, support was fragmented, mostly in the form of salary support and/or uncooked rice or food, with very few accessing other forms of aid. Formal protection through the NSSF remained negligible, with only around 8% coverage in both groups. Together, these findings underline the limited reach and inclusiveness of Cambodia's social protection mechanisms during the crisis, leaving many vulnerable migrants without adequate support.

Table 11: Access to social protection during COVID-19 (2019-2022) in Cambodia, by disability and poverty status

Particular	People Disab		Poverty status		
	Freq.	Percent	Freq.	Percent	
Stay in Cambodia or Thailand during COVID-					
19					
Cambodia	17	45.9%	123	69.5%	
Thailand	20	54.1%	54	30.5%	
Total	37		177		
Access to social protection					
Aware of the healthcare services	11	64.7%	72	58.5%	
Use to get healthcare services	6	35.3%	40	32.5%	
Sources of Support from Government					
No	12	71%	74	60%	
Salary	5	29%	33	27%	
Uncooked rice	2	12%	26	21%	
Food	1	6%	22	18%	
Cooking ingredient	1	6%	16	13%	
House repairing	0	0%	2	2%	
Water purifier	1	6%	2	2%	
Others	0	0%	3	2%	
n= (migrants who stayed in Cambodia)	17		123		
Holding NSSF	3	8.1%	15	8.5%	
n= (regardless of where migrants stayed)	37		177		

6.7 During Post-COVID-19 – When Staying in Cambodia: Challenges, Support Systems, and Coping Mechanisms of Cambodian Migrants

Stay During Post-COVID-19:

Most migrants reported staying in Cambodia after COVID-19, with 81.5% of women and 75.4% of men remaining in the country. A smaller proportion continued to stay or work in Thailand (about 21% overall). This suggests that return migration may have increased compared to the pandemic period, though men were still slightly more likely than women to remain or return abroad.

Access to Healthcare Services:

Use of healthcare services remained modest, with only about 32% overall reporting they accessed healthcare, and just 13.8% paying fees for those services. The similar percentages between women and men suggest both groups face common barriers such as affordability and access, despite being back in Cambodia.

Government Support:

Direct support from the government was relatively limited and fragmented. The most common forms of assistance were uncooked rice (13% overall) and food (12.3%), followed by cooking ingredients (7.9%). Other types of aid such as house repairs, water purifiers, or miscellaneous support were minimal, showing that post-COVID government assistance was narrow in scope and coverage.

NSSF Coverage:

Formal protection through the NSSF remained very low, with only 6.6% overall holding NSSF cards. Importantly, while the NSSF agency is the sole authority for issuing cards, migrants most often cited the Kamrieng Migration Resource Center KMC as their source of linkage (59.2% overall), suggesting it played a critical role in outreach, information, and facilitation. Commune councils and employers contributed marginally, while other channels were rarely reported.

Table 12: Access to social protection post-COVID-19 (2023-now) in Cambodia, by gender

D (* 1	Fem	ale	Male		Tot	al
Particular	Freq.	Percent	Freq.	Percent	Freq.	Percent
Stay in Cambodia or Thailand during post- COVID-19						
Cambodia	167	81.5%	86	75.4%	253	79.3%
Thailand	38	18.5%	28	24.6%	66	20.7%
Total	20:	5	114		31	9
Access to social protection						
Used healthcare services	53	31.7%	26	30.2%	79	32.2%
Paid any fees for healthcare services	25	15.0%	10	11.6%	35	13.8%
Sources of Support from Government						
Uncooked rice	26	15.6%	7	8.1%	33	13.0%
Food	23	13.8%	8	9.3%	31	12.3%
Cooking ingredient	16	9.6%	4	4.7%	20	7.9%
House repairing	4	2.4%	1	1.2%	5	2.0%
Water purifier	1	0.6%	0	0.0%	1	0.4%
Others	2	1.2%	2	2.3%	4	1.6%
n= (migrants who stayed in Cambodia)	16	7	86		6 253	
Hold NSSF card	14	6.8%	7	6.1%	21	6.6%
Sources of obtaining NSSF						
Commune council	6	2.9%	3	2.6%	9	2.8%
NSSF agency	4	2.0%	3	2.6%	7	2.2%
Employers	4	2.0%	1	0.9%	5	1.6%
KMC	121	59.0%	68	59.6%	189	59.2%
Others	20	9.8%	9	7.9%	29	9.1%
n= (regardless of where migrants stayed)		205		114		319

In the post-COVID-19 period (2023–now), both PWDs and those living in poverty continue to face limited access to social protections in Cambodia. While around 40–43% of respondents reported using healthcare services, a significant proportion still had to pay fees, especially people with disabilities (37.8%). Formal protection through the NSSF remains very low, though slightly higher among PWDs (16.2%) compared to the poor (10.2%). A majority reported receiving no government support (59.5% and 52%, respectively), and when assistance was provided, it was largely restricted to basic needs such as rice, food, or cooking ingredients, with very few receiving other forms of aid. These findings highlight ongoing gaps in the inclusiveness and effectiveness of Cambodia's social protection system for vulnerable groups.

Table 13: Access to social protection post-COVID-19 (2023-now) in Cambodia, by disability and poverty status

Particular	People with Disabilities		Poverty	y status		
	Freq.	Percent	Freq.	Percent		
Access to social protection						
Used healthcare services	16	43.2%	72	40.7%		
Paid any fees for healthcare services	14	37.8%	51	28.8%		
Hold NSSF card	6	16.2%	18	10.2%		
Sources of Support from Government						
None	22	59.5%	92	52.0%		
Uncooked rice	5	13.5%	26	14.7%		
Food	3	8.1%	25	14.1%		
Cooking ingredient	3	8.1%	16	9.0%		
House repairing	0	0%	4	2.3%		
Water purifier	0	0%	1	0.6%		
Others	1	2.7%	2	1.2%		
Total	3	7	17	177		

6.8 During COVID-19 – When Staying in Thailand: Challenges, Support Systems, and Coping Mechanisms of Cambodian Migrants

Cambodian migrants in Thailand faced numerous challenges during the COVID-19 pandemic, with 14.7% reporting difficulties. Of those who reported difficulties, these included cheating (38.3%), employers withholding salaries (38.3%), serious illness (40.4%), arrest by police (14.9%), and traffic accidents (8.5%). The most concerning issues were financial exploitation and health risks, which highlight the lack of adequate worker protections and employer accountability. Women (17.9%) were more likely than men (10.5%) to report arrests by Thai police, possibly due to documentation issues or stricter enforcement in specific employment sectors. The prevalence of wage-related problems and serious sickness further suggests that migrants operated in precarious conditions, with limited healthcare access and unreliable employer relationships.

When facing difficulties, migrants relied primarily on Thai employers (35.1%), followed by family members (20.1%), friends and neighbours (15.4%), and team leaders (15.4%). Men (36.8%) were slightly more likely to receive support from employers than women (34.1%), while women relied more on family members (19.5%) and relatives (13.7%). Formal support systems, such as the Thai police (8.8%) and the Cambodian embassy (3.4%), played a minimal role, and NGOs provided virtually no assistance (0.3%). This indicates that migrants had to navigate challenges largely through informal networks rather than structured institutional support. Alarmingly, 42.0% of respondents reported receiving aid from unspecified sources, which could imply community-based assistance or reliance on informal work agreements.

When seeking help, migrants turned primarily to Thai employers (51.1%), especially men (63.2%), reinforcing their dependence on workplace-based support rather than external advocacy or legal structures. Family members (34.0%) and friends (29.8%) were also key sources of support, particularly for women, who may have faced additional vulnerabilities in their work environments. Notably, very few migrants sought assistance from Thai police (4.3%) or the Cambodian embassy (2.1%), suggesting a possible lack of trust in formal institutions or fears of legal repercussions. The complete absence of support from NGOs and labour recruitment agencies underscore the isolation of Cambodian migrants in Thailand, where employer dependency is their primary means of survival.

The findings illustrate significant gaps in labour protections, access to support systems, and institutional engagement for Cambodian migrants in Thailand. Without access to strong worker advocacy groups, structured employer oversight, and government-backed legal protections, migrants remain highly exposed to financial insecurity, health risks, and employment exploitation. Strengthening migrant access to legal aid, enhancing employer accountability, expanding social protection programmes, and fostering organised labour networks would greatly improve the security and working conditions of Cambodian migrants in Thailand.

Table 14: Access to social protection during COVID-19 (2019-2022) in Thailand, by gender

Particular	Fe	male	Male		Total	
Farticulai		Percent	Freq.	Percent	Freq.	Percent
Persons or agencies they intend to seek support from if facing problems						
Friend and neighbours	31	15.1%	18	15.8%	49	15.4%
Family member	40	19.5%	24	21.1%	64	20.1%
Relative	28	13.7%	16	14.0%	44	13.8%
Foremen	35	17.1%	14	12.3%	49	15.4%
Thai employer	70	34.1%	42	36.8%	112	35.1%
Thai police	14	6.8%	14	12.3%	28	8.8%
Cambodian embassy	7	3.4%	4	3.5%	11	3.4%
NGO	0	0.0%	1	0.9%	1	0.3%
Cambodian informal network in Thailand	1	0.5%	1	0.9%	2	0.6%
Labour recruitment agency	0	0.0%	0	0.0%	0	0.0%
Border police or soldiers	3	1.5%	1	0.9%	4	1.3%
KMC	0	0.0%	0	0.0%	0	0.0%
Others	88	42.9%	46	40.4%	134	42.0%
Type of problems encountered						
Cheating	11	39.3%	7	36.8%	18	38.3%
Employers do not release the salary	9	32.1%	9	47.4%	18	38.3%

Arrest by police	5	17.9%	2	10.5%	7	14.9%
Traffic accidents	3	10.7%	1	5.3%	4	8.5%
Serious sickness	10	35.7%	9	47.4%	19	40.4%
Others	6	21.4%	5	26.3%	11	23.4%
Persons or agencies they sought support						
from						
Friends and neighbours	9	32.1%	5	26.3%	14	29.8%
Family member	11	39.3%	5	26.3%	16	34.0%
Relative	9	32.1%	2	10.5%	11	23.4%
Foremen	7	25.0%	6	31.6%	13	27.7%
Thai employer	12	42.9%	12	63.2%	24	51.1%
Thai police	2	7.1%	0	0.0%	2	4.3%
Cambodian embassy	0	0.0%	1	5.3%	1	2.1%
NGO	0	0.0%	0	0.0%	0	0.0%
Cambodian informal network in Thailand	0	0.0%	0	0.0%	0	0.0%
Labour recruitment agency	0	0.0%	0	0.0%	0	0.0%
Border police and soldiers	1	3.6%	0	0.0%	1	2.1%
KMC	0	0.0%	0	0.0%	0	0.0%
Others	2	7.1%	2	10.5%	4	8.5%
In Thailand, any health service	43	21.0%	31	27.2%	74	23.2%
In Thailand, pay for health services	27	62.8%	22	71.0%	49	66.2%
In Thailand, pay for treatment	13	48.1%	13	59.1%	26	53.1%
In Thailand, have health cards	40	19.5%	21	18.4%	61	19.1%
In Thailand, agency issued health cards						
Thai authority	7	17.5%	2	9.5%	9	14.8%
Thai health agency	2	5.0%	6	28.6%	8	13.1%
Employers	30	75.0%	13	61.9%	43	70.5%
Others	1	2.5%	0	0.0%	1	1.6%
In Thailand, support received						
None	193	94.1%	106	93.0%	299	93.7%
Salary	1	0.5%	2	1.8%	3	0.9%
Uncooked rice	7	3.4%	5	4.4%	12	3.8%
Food	9	4.4%	6	5.3%	15	4.7%
Cooking ingredient	5	2.4%	3	2.6%	8	2.5%
House repairs	0	0.0%	2	1.8%	2	0.6%
Water purifier	1	0.5%	1	0.9%	2	0.6%
Others	1	0.5%	0	0.0%	1	0.3%

The data in Table 15 below shows that when migrants face problems, both PWDs and those in poverty mainly rely on Thai employers and informal networks such as family members, relatives, friends, and foremen for support. Very few turn to formal institutions such as the Thai police, Cambodian embassy, or border authorities, and no one reported seeking help from NGOs or Cambodian informal networks in Thailand. This pattern suggests that migrants depend heavily on immediate and familiar sources of assistance, even though these often lack the authority or capacity to resolve serious issues.

The types of problems encountered also differ between groups. For PWDs, serious sickness (50%) was the most common issue, while among the poor, salary withholding (42%) and cheating (39%) were most prevalent. Despite these risks, migrants still primarily

sought help from Thai employers, with only minimal engagement with formal channels. Overall, the findings highlight a strong reliance on informal and employer-centred coping strategies, reflecting both the limited accessibility and the weak role of formal protection systems in addressing the challenges migrants face.

Table 15: Access to social protection during COVID-19 (2019-2022) in Thailand, by disability and poverty status

Particular		ole with bilities	Poverty status		
	Freq.	Percent	Freq.	Percent	
Persons or agencies they intend to seek support from if					
facing problems					
Friend and neighbours	5	14%	31	18%	
Family member	9	24%	40	23%	
Relative	8	22%	24	14%	
Foremen	7	19%	28	16%	
Thai employer	14	38%	66	37%	
Thai police	1	3%	18	10%	
Cambodian embassy	0	0%	7	4%	
NGO	0	0%	0	0%	
Cambodian informal association in Thailand	0	0%	0	0%	
Labour recruitment agency	0	0%	0	0%	
Border police or soldiers	2	5%	2	1%	
KMC	0	0%	0	0%	
Others	14	38%	68	38%	
Type of problems encountered				2070	
Cheating	2	33%	12	39%	
Employers not releasing salary	1	17%	13	42%	
Arrest by police	0	0%	4	13%	
Traffic accidents	0	0%	4	13%	
Serious sickness	3	50%	11	35%	
Others	2	33%	9	29%	
Persons or agencies they sought support from	_				
Friends and neighbours	1	17%	9	29%	
Family member	2	33%	14	45%	
Relative	2	33%	8	26%	
Foremen	0	0%	7	23%	
Thai employer	3	50%	18	58%	
Thai police	1	17%	2	6%	
Cambodian embassy	0	0%	1	3%	
NGO	0	0%	0	0%	
Cambodian informal association in Thailand	0	0%	0	0%	
Labour recruitment agency	0	0%	0	0%	
Border police and soldiers	0	0%	0	0%	
KMC	0	0%	0	0%	
Others	1	17%	2	6%	
Ouicis		37		177	

6.9 Post-Covid-19 – When Staying in Cambodia: Challenges, Support Systems, and Coping Mechanisms of Cambodian Migrants

In the post-COVID-19 period, Cambodian migrants continued to face structural vulnerabilities, especially for those without legal documentation. Testimonies from in-depth interviews illustrate dependence on informal arrangements—relying on employers or foremen for documentation, housing, and visa extension support—due to limited access to formal social protection. At the same time, NGOs stepped in to fill these gaps by providing legal aid, psychosocial support, and emergency relief. This dual reality confirms that migrants' coping mechanisms in Thailand are largely shaped by informal employer networks and NGO interventions, while trust in formal institutions such as the Cambodian Embassy remains low.

Sources of Support When Facing Problems

In the post-COVID-19 period, Cambodian migrants in Thailand relied primarily on employers, family, and informal networks when facing problems. Thai employers (31.0%) were the most common source of assistance, with men (32.5%) slightly more likely than women (30.2%) to turn to them. Family members (24.5%) and friends/neighbours (20.7%) were also major sources of support, indicating that social networks played a crucial role in assisting migrants during difficulties.

However, formal institutions such as the Thai police (9.4%) and the Cambodian embassy (1.6%) provided limited assistance, showing a lack of official mechanisms for migrant workers to seek help. Notably, NGOs (0.3%) and Cambodian informal associations in Thailand (0.3%) were almost absent, suggesting a critical gap in community-based or organised support systems for migrants. The largest proportion of respondents (42.9%) listed "Other" as their source of support, which may indicate informal workplace networks, religious groups, or unidentified local sources of aid.

Problems Faced by Cambodian Migrants

Only 6.6% of respondents reported facing problems in Thailand after COVID-19. Among those who faced problems, the most common issues included:

- Employers not releasing salaries (47.6%), which was more frequent among women (54.5%) than men (40.0%).
- Cheating (38.1%), where migrants were deceived by brokers, employers, or recruitment agencies.
- Serious illness (33.3%), which was more commonly reported by men (40.0%) than women (27.3%).
- Arrest by police (14.3%), indicating potential documentation issues or labour rights violations.
- Traffic accidents (9.5%), primarily affecting women (18.2%).

These findings highlight that wage exploitation remains one of the biggest issues for Cambodian migrants, with nearly half of those facing problems struggling to receive their earnings.

Coping Mechanisms: Who Migrants Sought Help From

When encountering difficulties, 57.1% of migrants turned to family members, particularly women (63.6%) compared to men (50.0%), reflecting a stronger reliance on familial support among female workers.

- Friends and neighbours (47.6%) were another key source of assistance.
- Foremen (33.3%) and Thai employers (28.6%) were also approached, showing that workplace relationships played a role in problem resolution.
- Only one respondent sought help from the Thai police (4.8%), demonstrating low trust in law enforcement or fear of legal repercussions.
- No respondents sought help from the Cambodian embassy, NGOs, or migrant organisations, underscoring the lack of institutional protection mechanisms for migrant workers.

Healthcare Access and Social Security in Thailand Post-COVID-19

Only 12.2% of migrants were aware of health services in Thailand, and of those, 74.4% had used healthcare services, showing that awareness remains a major barrier to accessing medical care. Men (92.3%) were more likely than women (65.4%) to have sought treatment, possibly due to higher risks of workplace injuries in male-dominated sectors like construction and agriculture.

When it came to paying for medical treatment, 44.8% of migrants had to cover their healthcare expenses, with men (50.0%) facing slightly higher out-of-pocket costs than women (41.2%). Only 12.2% of respondents reported having a health card, primarily provided by employers (84.6%). Employer-based health coverage remains the dominant model. However, given that most migrants were informal workers, the overall rate of health insurance access was extremely low, leaving many without financial protection against medical expenses.

Lack of Government Support for Migrants

Regardless of the status of Cambodian migrants, a striking 97.5% of Cambodian migrants reported receiving no aid from the Thai government in the post-pandemic period. This demonstrates that migrant workers were largely excluded from Thailand's COVID-19 relief efforts, despite their contributions to the economy. Among the few who received assistance, 1.9% received food aid, while 1.3% received uncooked rice, 0.9% received cooking ingredients, and only 0.3% received salary support.

Table 16: Right to have access to social protection in post-COVID-19 (2023-now) in Thailand, by gender

Particular	Fe	Female		Male		otal
Particular	Freq.	Percent	Freq.	Percent	Freq.	Percent
Persons or agencies they intend to seek support from if facing problems						
Friends and neighbours	44	21.5%	22	19.3%	66	20.7%
Family member	50	24.4%	28	24.6%	78	24.5%
Relative	34	16.6%	20	17.5%	54	16.9%
Foremen	41	20.0%	21	18.4%	62	19.4%
Thai employer	62	30.2%	37	32.5%	99	31.0%

Thai police	14	6.8%	16	14.0%	30	9.4%
Cambodian embassy	3	1.5%	2	1.8%	5	1.6%
NGO	1	0.5%	0	0.0%	1	0.3%
Cambodian informal association in	1	0.5%	0	0.0%	1	0.3%
Thailand						
Labour recruitment agency	0	0.0%	0	0.0%	0	0.0%
Border police or soldiers	1	0.5%	0	0.0%	1	0.3%
KMC	0	0.0%	0	0.0%	0	0.0%
Others	92	44.9%	45	39.5%	137	42.9%
Problems encountered	11	5.4%	10	8.8%	21	6.6%
Type of problems encountered						
Cheating	4	36.4%	4	40.0%	8	38.1%
Employers not releasing salary	6	54.5%	4	40.0%	10	47.6%
Arrest by police	2	18.2%	1	10.0%	3	14.3%
Traffic accidents	2	18.2%	0	0.0%	2	9.5%
Serious sickness	3	27.3%	4	40.0%	7	33.3%
Others	2	18.2%	3	30.0%	5	23.8%
Persons or agencies they sought support						
Friends and neighbours	5	45.5%	5	50.0%	10	47.6%
Family member	7	63.6%	5	50.0%	12	57.1%
Relative	4	36.4%	3	30.0%	7	33.3%
Foremen	3	27.3%	4	40.0%	7	33.3%
Thai employer	3	27.3%	3	30.0%	6	28.6%
Thai police	0	0.0%	1	10.0%	1	4.8%
Cambodian embassy	0	0.0%	0	0.0%	0	0.0%
NGO	0	0.0%	0	0.0%	0	0.0%
Cambodian informal association in	0	0.0%	0	0.0%	0	0.0%
Thailand						
Labour recruitment agency	0	0.0%	0	0.0%	0	0.0%
border police and soldiers	0	0.0%	0	0.0%	0	0.0%
KMC	0	0.0%	0	0.0%	0	0.0%
Others	1	9.1%	2	20.0%	3	14.3%
Aware of healthcare services	26	12.7%	13	11.4%	39	12.2%
In Thailand, any healthcare service	17	65.4%	12	92.3%	29	74.4%
In Thailand, pay for health services	7	41.2%	6	50.0%	13	44.8%
In Thailand, have health cards	29	14.1%	10	8.8%	39	12.2%
In Thailand, agency issued health cards						
Thai authority	0	0.0%	1	10.0%	1	2.6%
Thai health agency	1	3.4%	0	0.0%	1	2.6%
Employers	25	86.2%	8	80.0%	33	84.6%
Others,	3	10.3%	1	10.0%	4	10.3%
In Thailand, support you got						
None	197	96.1%	113	100.0%	310	97.5%
Salary	1	0.5%	0	0.0%	1	0.3%
Uncooked rice	4	2.0%	0	0.0%	4	1.3%
Food	6	2.9%	0	0.0%	6	1.9%
Cooking ingredient	3	1.5%	0	0.0%	3	0.9%
Others	1	0.5%	0	0.0%	1	0.3%

The data in Table 17 below shows that both PWDs and poor migrants in Thailand primarily intended to seek support from Thai employers and informal networks such as family members, relatives, friends, and foremen if they faced problems. Very few mentioned formal institutions like the Thai police, Cambodian embassy, or NGOs, while no one identified border police or labour agencies. A notable share also chose "Others," reflecting uncertainty or the absence of clear, trusted support channels. In practice, however, when problems occurred—most often salary withholding and cheating among poor migrants—actual support was sought mainly from family, friends, and relatives rather than employers, showing a gap between intended reliance and real coping strategies.

Access to healthcare and formal support in Thailand was also very limited. Only a small proportion reported being aware of healthcare services, and fewer held health cards, which were usually issued through employers rather than Thai authorities. Almost all respondents (97%) reported receiving no structured support while in Thailand, with only rare instances of food or rice aid. These findings highlight the fragile protection environment for Cambodian migrants, where reliance on employers and informal networks dominates, and formal systems—both Cambodian and Thai—play only a marginal role in providing assistance or safeguarding rights.

Table 17: Right to have access to social protection in post-COVID-19 (2023-now) in Thailand, by disability and poverty status

Particular		ole with bilities	Poverty status		
	Freq.	Percent	Freq.	Percent	
Persons or agencies they intend to seek support from if facing problems					
Friends and neighbours	5	14%	41	23%	
Family member	7	19%	50	28%	
Relative	6	16%	33	19%	
Foremen	7	19%	35	20%	
Thai employer	10	27%	63	36%	
Thai police	3	8%	16	9%	
Cambodian embassy	1	3%	3	2%	
NGO	1	3%	1	1%	
Cambodian informal association in Thailand	1	3%	1	1%	
Labour recruitment agency	0	0%	0	0%	
Border police or soldiers	0	0%	0	0%	
KMC	0	0%	0	0%	
Others	17	46%	70	40%	
Problems encountered	0	0%	14	8%	
Type of problems encountered					
Cheating	0	0%	6	43%	
Employers not releasingsalary	0	0%	8	57%	
Arrest by police	0	0%	2	14%	
Traffic accidents	0	0%	2	14%	
Serious sickness	0	0%	4	29%	
Others	0	0%	2	14%	
Persons or agencies they sought support from					
Friend and neighbours	0	0%	7	50%	

Family member	0	0%	10	71%
Relative	0	0%	6	43%
Foremen	0	0%	3	21%
Thai employer	0	0%	4	29%
Thai police	0	0%	1	7%
Cambodian embassy	0	0%	0	0%
NGO	0	0%	0	0%
Cambodian informal association in Thailand	0	0%	0	0%
Labour recruitment agency	0	0%	0	0%
Border police and soldiers	0	0%	0	0%
KMC	0	0%	0	0%
Others	0	0%	0	0%
Aware of healthcare services				
In Thailand, any healthcare service	7	19%	20	11%
In Thailand, pay for health services	2	5%	6	3%
In Thailand, have health cards	8	22%	19	11%
In Thailand, agency issued health cards				
Thai authority	0	0%	0	0%
Thai health agency	1	3%	1	1%
Employers	7	19%	17	10%
Others	0	0%	1	1%
In Thailand, support you received				
None	36	97%	171	97%
Salary	0	0%	1	1%
Uncooked rice	1	3%	2	1%
Food	1	3%	3	2%
Cooking ingredient	0	0%	1	1%
Others	0	0%	1	1%
Total		37	1	.77

6.10 Access to Informal Social Safety Nets

Cambodian migrants frequently navigate their social protection needs through informal safety nets, particularly in the absence of legal documents. Many negotiate directly with Thai employers for work authorisation, housing, or basic healthcare access, as documented in field interviews. NGOs support informal safety structures by collaborating with Commune Committees for Women and Children (CCWCs) and local actors to implement community-based awareness and support activities, including small grant initiatives. These informal mechanisms represent a crucial stopgap, albeit insufficient, in the broader migration support ecosystem.

Limited Engagement in Informal Migrant Networks in Thailand

The data indicates very low participation in migrant networks, with only 3.4% of Cambodian migrants in Thailand joining any form of network during COVID-19. Women (2.9%) and men (4.4%) participated at similarly low rates, reflecting a general lack of engagement in organised migrant support groups. This suggests that Cambodian migrant workers in Thailand largely operated independently, without strong formal or community-based associations to support them.

Post-COVID-19, participation in networks further declined to just 1.3%, with only women (2.0%) reporting any involvement, while no men reported continued engagement.

Types of Contributions to Networks only during the COVID-19 Period

Among the few migrants who participated in networks, their contributions varied:

- Providing meals was the most common form of support (54.5%), with slightly more men (60.0%) contributing than women (50.0%). This indicates that food assistance was a key way migrants supported each other during the crisis.
- Monetary contributions (18.2%) were also present but limited, possibly due to financial constraints among migrants.
- Participation in meetings was more common among men (80.0%) than women (16.7%), suggesting that male migrants may have been more actively involved in decision-making or coordination efforts.
- Supporting other activities (18.2%) and seeking support from others (18.2%) were exclusively reported by men, hinting at gendered differences in how men and women engaged in mutual aid networks.
- No migrants reported contributing daily living materials or participating in cultural activities, suggesting that these networks were primarily focused on immediate survival rather than community-building efforts.

Table 18: Migrant Engagement in informal social networks in Thailand, by gender

Don't colon	Fen	Female		Male		tal
Particular	Freq.	Percent	Freq.	Percent	Freq.	Percent
During COVID-19: Joined any	6	2.9%	5	4.4%	11	3.4%
networks in Thailand						
Type of contribution to the network						
Provide meal	3	50.0%	3	60.0%	6	54.5%
Provide money	1	16.7%	1	20.0%	2	18.2%
Provide daily living materials	0	0.0%	0	0.0%	0	0.0%
Join meeting	1	16.7%	4	80.0%	5	45.5%
Support other activities	0	0.0%	2	40.0%	2	18.2%
Join ceremony and cultural activity	0	0.0%	0	0.0%	0	0.0%
Seeking support from others	0	0.0%	2	40.0%	2	18.2%
Others	3	50.0%	1	20.0%	4	36.4%
Post-COVID-19: Joined any	4	2.0%	0	0.0%	4	1.3%
networks in Thailand						
	20	05	1	14	319	

6.11 Prospects for Migration

In reference to Table 12 above, Cambodian migrants who expressed an intention to migrate again to Thailand (30.72% of all respondents) exhibit several common socio-economic and demographic characteristics. A significant portion of these prospective re-migrants are female (63 individuals or 10.97%), though males still constitute a notable proportion (35 individuals or 19.75%). Most had initiated migration at a young age: 37% under 18 years old and 41% between 18 and 29, highlighting early exposure to transboundary labour migration. The overwhelming majority are separated or divorced (83%), indicating that family fragmentation or lack of spousal obligations may facilitate or necessitate repeated migration.

The data shows the relationship between poverty status (measured by possession of ID Poor or Equity Cards) and the intention to return to Thailand for work.

- **No ID Poor Card**: 40 respondents (40.82%) indicated they would consider going back to Thailand. Of these, males accounted for 17 (17.35%) and females 23 (23.47%). This suggests that lack of an ID Poor card may be a barrier to accessing opportunities at home, making migration a more viable option.
- Equity Card holders: 58 respondents (59.18%) reported intentions to return. Among them, 18 males (82.65%) and 40 females (76.53%) fell into this group. This indicates that even households with government support (Equity Cards) still show a strong inclination to migrate, though slightly more among women.

In terms of employment aspirations, the most preferred jobs include labour work (43%), agriculture (20%), and gardening (11%), reflecting a concentration in low-skilled, labour-intensive sectors. This choice is consistent with their long prior experience abroad—45% had worked in Thailand for more than 50 months—suggesting they have established networks and familiarity with the job environment despite its precarity.

A smaller subset of respondents with disabilities (9 in total) also showed intent to re-migrate, particularly those with mobility, sight, or organ-related impairments, accounting for 88% of disabled re-migrants. This group's willingness to re-enter potentially high-risk labour markets indicates limited domestic livelihood options and an urgent need for targeted social protection and reintegration support. Overall, the data points to a cohort of repeat migrants who are economically marginalised, socially fragmented, and occupationally concentrated in physically demanding jobs—underscoring the need for enhanced safe migration training, skills certification, and bilateral protection mechanisms.

Table 19: Characteristics of respondents who intend to migrate again, by gender

Particular	M	ale	Fer	nale		Γotal
rarucular	Freq.	Percent	Freq.	Percent	Freq.	Percent
Given the current family condition						
(in respondent's own view), would						
you consider going back to						
Thailand for work?						
Yes	35	19.75%	63	10.97%	98	30.72%
No	63	19.75%	130	40.75%	193	60.50%
Type of disability						
Mobility	2	33%	0	0	2	22%
Hearing	0	0	0	0	0	0%

Speech	0	0	0	0	0	0%
Sight	2	33%	2	67%	4	44%
Organs	2	33%	0	0	2	22%
Others	0		1	33%	1	11%
Total	6	100%	3	100%	9	100%
Age of first migration						
Under 18	13	37%	23	37%	36	37%
18 – 29	17	49%	23	37%	40	41%
30 – 45	5	14%	16	25%	21	21%
46 – 59	0	0%	1	2%	1	1%
60+	0	0%	0	0%	0	0%
Marital status						
Single	0	0%	0	0%	0	0%
Married	8	23%	4	6%	12	12%
Separated/Divorced	26	74%	55	87%	81	83%
Windowed	1	3%	4	6%	5	5%
Poverty status						
No ID Poor Card	17	17.35%	23	23.47%	40	40.82%
Equity Cards	18	82.65%	40	76.53%	58	59.18%
Hold formal documents						
No	15	15.31%	22	22.45%	37	37.76%
Passport	17	17.35%	37	37.76%	54	55.10%
Work permit	0	0	4	4.08%	4	4.08%
Border Pass	0	0	0	0	0	0
Others	3	3.06%	0	0	3	3.06%
Kind of jobs you are seeking						
Agriculture (farm, animal raising)	4	4.08%	16	16.33%	20	20.41%
Factory	1	1.02%	8	8.16%	9	9.18%
Fishing	0	0	0	0	0	0
Small business	0	0	1	1.02%	1	1.02%
Domestic work	0	0	0	0	0	0
Construction	3	3.06%	5	5.10%	8	8.16%
Gardeners	3	3.06%	8	8.16%	11	11.22%
Labour work	19	19.39%	23	23.47%	42	42.86%
Others	5	5.10%	2	2.04%	7	7.14%
Total period of working in						
Thailand, how long have you been working in Thailand?						
Less than 12 months	10	10.20%	16	16.33%	26	26.53%
13 – 36 months	6	6.12%	16	16.33%	22	22.45%
37 – 50 months	1	1.02%	5	5.10%	6	6.12%
More than 50 months	18	18.37%	26	26.53%	44	44.90%

VII. Conclusion and Recommendations

7.1 Concluding Remarks

Migration between Cambodia and Thailand remains a cornerstone of livelihoods for rural households. For many families, migration is not a choice but a necessity to meet daily needs, repay debts, and support children's education. Yet, the evidence from this study shows that migrant workers continue to operate in a fragile protection environment where basic rights—fair recruitment, safe working conditions, access to healthcare, and social protection—are unevenly realised.

The COVID-19 pandemic starkly revealed these vulnerabilities. Poor migrants often returned home in large numbers, while many people with disabilities remained abroad with limited support, exposing them to health risks and economic insecurity. Post-pandemic, the majority of migrants are back in Cambodia, but gaps in service provision, social protection, and grievance handling remain unchanged. Documentation continues to be fragmented, with heavy reliance on local brokers, border police, or employers rather than transparent and standardised processes. Health service awareness is relatively high, but actual utilisation remains low, mainly due to cost, eligibility, and accessibility barriers.

Government assistance during COVID-19 was sporadic, fragmented, and often insufficient. While some households received rice, food, or salary support, the majority—especially the most vulnerable—received nothing. Formal coverage through the NSSF remains critically low at around 7–10%, leaving migrants almost entirely dependent on employers, informal networks, or ad hoc government handouts. Even when migrants expressed intent to seek support from employers or relatives in times of crisis, the actual help received was minimal. Formal institutions such as the Thai police, Cambodian embassies, or NGOs were rarely engaged, reflecting lack of trust, accessibility, and responsiveness.

Additionally, GEDSI considerations further deepen the challenges. Women were more likely to return to Cambodia, bearing increased caregiving responsibilities with limited income. Children may be left behind in precarious conditions, often without adequate nutrition or consistent schooling. People living with differing types of disabilities face higher health costs, reduced bargaining power with employers, and face fewer mobility options. These groups require targeted policies and tailored interventions, not one-size-fits-all measures.

A central conclusion is that migrant protection is still overly dependent on informal and local fixes, rather than institutionalised, rights-based systems. Without portable social protection, enforceable labour rights, and functioning grievance mechanisms, migrants will continue to shoulder risks individually. Provincial planning and CIPs represent key opportunities to translate evidence into localised, budgeted action. However, these mechanisms require stronger political will, dedicated resources, and coordination across ministries and levels of government.

Ultimately, migration will remain an enduring feature of Cambodia's economic landscape. The real question is whether it will continue to be marked by vulnerability and informality, or whether coordinated reforms can turn migration into a safer, more dignified, and development-positive pathway.

7.2 Recommendations

Ministry of Labour and Vocational Training (MoLVT)

- Fair recruitment enforcement: Introduce strict monitoring of recruitment agencies, cap or ban worker-paid fees, and create public blacklists for violators.
- **Portable protection**: Negotiate bilateral agreements with Thailand for NSSF and healthcare portability, including recognition of Cambodian cards in Thai clinics.
- **Pre-departure and returnee services:** Expand training on contracts, rights, and grievance channels; establish "re-entry desks" for returnees to access reintegration support.

Ministry of Interior (MoI)

- **Mobile ID services:** Deploy mobile teams in border communes to issue national IDs, passports, and birth certificates. Bundle these with NSSF registration.
- One-stop border desks: Integrate services for safe migration, regularisation, and grievance reporting at crossing points.

Provincial Governments

- **Provincial Migration Taskforce**: Establish a multi-stakeholder body (DoLVT, DoP, commune councils, NGOs) to review cases monthly and coordinate support.
- **Service hubs:** Scale Migration Resource Centers (MRCs) with standardised services including NSSF enrolment, health navigation, and legal referrals.

Commune Councils

- **CIP Integration:** Allocate a dedicated sub-program for "Migrant & GEDSI Services," with indicators such as number of NSSF enrolments, health referrals, and grievance cases resolved.
- **Proactive outreach:** Organise seasonal awareness campaigns on documentation, health access, and safe migration before peak migration periods.

National Social Security Fund (NSSF)

- **Simplified enrolment:** Co-locate sign-up points at commune halls, border crossings, and markets; offer SMS reminders and mobile app access to benefits.
- **Fee relief:** Introduce temporary subsidies for poor households and PWDs to offset premium costs.

Ministry of Foreign Affairs and International Cooperation & Labour Attachés

- **Mobile consular services:** Increase outreach through periodic missions to Thai provinces where migrants work, offering documentation and grievance services.
- **Joint inspection protocols:** Negotiate with Thai counterparts to allow bilateral inspections of high-risk worksites.

GEDSI-Specific Measures

- **Women:** Establish safe housing standards, strengthen GBV grievance channels, and provide childcare support in migrant-sending communities.
- Children: Provide school stipends, meal programmes, and monitoring for left-behind children; ensure proper ID documents for access to services.
- **People with Disabilities:** Prioritize NSSF enrolment, cover transport costs for health visits, and expand inclusive skills training for accessible livelihoods.

Appendices

Appendix 1: Framework for data collection and analysis

Stakeholders	Key Questions	Type of Data Required	Sources of Data	Data Collection Methods	How do you analyse?
Integration of Policies (1)	How have the two policy documents complemented each other, that specifically articulate the benefits for migrants and their households?	Prevention (risks, training), Protection (child labour) and Support (domestic vs overseas)	The two policy documents, policies in Thailand.	Review its intersectional ity and complementa rity	Identify key provisions of the laws (domestic and overseas) which are relevant for migrants and their households.
Implementation and Enforcement Mechanisms (2)	How have the existing enforcement mechanism worked that uphold policy provisions to respond to migration issues?	Prevention, Protection and Support, its effectiveness/imp act (domestic vs overseas)	Research reports sub-national authorities (provincial officials and Dept of Women's Affairs, Labour), KMC, NGOs.	Literature reviews Key informant Interviews	Analyse how various agencies work together in accordance with the provisions of the laws above? Effective? If not, why not? This reflects (1)
Capacity Building and Awareness (3)	What are the knowledge gaps on rights and responsibilities of commune council, employers, and migrants related to the two relevant laws?	Awareness and exercise of their rights	Commune councils, KMC, (possibly, CAMControl, and Border police). Migrants/househ olds	Key informant interviews	To what extent do various stakeholders understand their rights and responsibilities stated in the laws or other relevant rules? This is related to (1) & (2)
Access to Social Protection (4)	How have migrants' workers sought social protection services? Obstacles and ways to overcome?	Paths for seeking services – social assistance, and health cares (domestic & overseas) Obstacles in accessing to services and ways to overcome (domestic & overseas)	Commune Councils, health centres Migrants/househ olds	Key Informant interviews Survey Selected In- depth interviews	Despite the existing mechanism, how have their access to social services changed during and post-Covid period? Why? This justifies (1) & (2)
Coordination and Collaboration (5)	What are the potential opportunities to strengthen cooperation in improving social services provisions?	Gaps in current enforcement mechanism, and potential innovative approach for collaboration.	sub-national authorities (provincial officials and Dept of Women's Affairs, Labour), KMC, NGOs	Key informant interviews	Areas for improvement. This helps to explain more of (2)

Appendix 2: Recruitment and Selection Processes of Youth

i. Introduction:

Young people have a right to know about safe conditions in society and to participate in decisions that impact their lives. The Young People's Strategic Partnership seeks to establish a culture in all partner organisations wherein youth are respected as equal participants in ADIC's work and have the chance to be fully engaged. Additionally, the Young People's Strategic Partnership has pledged to include youth in issues about migration.

Involving youth in the hiring and selection of new employees is essential to guaranteeing that they receive services, have an opportunity to learn from and experience relevant migration workers, and are treated as equal participants in the provision of services. Engaging youth in the hiring and selection process gives services important insights into what youth need and increases the likelihood of finding the best candidates to work on an ADIC project. In addition, the process gives young people a worthwhile and empowering experience and demonstrates to them that their opinions are valued.

In order to identify young people who are interested in working on a project, school directors, local authorities, students, students out of schools, members of the commune council, the Union of Youth Federations of Cambodia (UYFC), and students themselves must collaborate. This will help to define experienced migrant workers to understand their seriousness and challenges and support any professionals or service that wishes to work with young people in the recruitment and selection process to work on the process and needs of ADIC. It includes tasks, exercises, and illustrations of best practices.

ii. Key Principles:

- When involving young people in recruitment and selection, ADIC must ensure that their participation is:
- Meaningful Young people need adequate training and should be clear about how much influence they will have before the process begins.
- Transparent There should be a clear process and selection that incorporates all elements of the recruitment and selection process so that young people can see how their essential tasks influence the final decision before they start working with ADIC.
- Honest Young people meet with the ADIC team and be part of an open and honest discussion about who should get the job and why.
- Accessible Young people should be supported to participate in discussions with school directors and the commune council.

iii. How to select youth to participate:

- Young people should be invited to take part by an impartial adult as a teacher, caregiver/ parent who will support them through the process. The impartial adult is someone who supports young people but does not influence the decision-making process. The

- impartial CCWC and teacher/ school director must have guidance and instruction in recruitment and selection processes as well as experience supporting young people.
- Young people should have some direct experience with the agency that is recruiting through local authorities and school directors.
- Young people should have a good understanding of what their involvement will be before they decide if whether they want to take part.
- Young people should be chosen based on their ability to understand how migrant workers/ society will affect young people.
- Youth people would be selected as students, students out of school, members of the commune council, and the Union of Youth Federations of Cambodia (UYFC).

iv. Taking part in the interview process:

- ADIC empowers school directors and local authorities to select potential young people
- The young people should be supported by impartial adults such as parents/caregivers and teachers before decision-making.
- Directors and local authorities inform accurately about benefits that they can receive and the amount of training and field data collection.
- ADIC tells them the main tasks and other activities that they need to participate in activities of project and draft a report to submit to ADIC.
- Young people are data collectors and will be invited to participate in raising Commune Investment Plan (CIP) meetings of mandating commune meetings.

v. Who are the young people and what are their roles?

- The impartial young people must engage in training with ADIC so that they all have a clear understanding of the process of gathering data.
- During the training, the ADIC team helps the young people to develop appropriate questions for working and test question to make sure that they can be clear for gathering data/information from the community.
- During the interviews, the ADIC team must take detailed notes of all the candidates' responses. Training for young people needs to be tailored to meet their needs and must be appropriate to the ability of the young people who will be selected. ADIC should advise training that is inclusive of all needs and encourage young people who may be harder to engage to take part.
- The ADIC must, as the only qualified and fully trained person in the instruction/guidance of young people, support young people to make fair judgments and should understand the rationale and be able to explain any decisions made by the young people at a future date if required.

vi. Selection Phases to be Followed by ADIC

a). Before the selection and recruitment:

- ADIC an appointment with the local authority and school director to discuss and seek support for youth recruitment and to explain that they will be data collectors to gather data about migrants in Kamrieng district under management by ADIC
- Young people need to be required to at least academic study in 9th grade.
- They have a willingness to work on a project and self-development.
- Youth people would be selected as students, students out of school, members of the commune council, and the Union of Youth Federations of Cambodia (UYFC) and engage members of CCWC.

b). During the selection process:

- Support ideas and join observations on how to be selected and provide more inputs to support the school director and CCWC during the youth selection and recruitment process
- Prepare a list of youth by name, age, position, and telephone number to keep updating and maintain daily information if ADIC needs to provide information.

C). After selection:

- Check and verify that the selected satisfy the requirements.
- Screen and make a list of youth that has gender balance and includes young people from different institutions.
- Organise capacity training for the next step.

Appendix 3: A case study of youth engagement in research and local planning

Mocking for Change: Youth-Led Participatory Action Research on Safe Migration and Policy Integration

1-Introduction

With the objective of providing training for capacity building and technical support to community youths in participatory action research on both safe and unsafe migration, and to enhance active engagement with local councils to influence development policy debates on safe migration for potential integration into commune investment plans, mocking serves as the initial mechanism.

Mocking, in the context of social components, refers to creating simulated social scenarios or interactions to test the behaviour of systems, individuals, or policies. This technique allows youth to collaborate with local governments to simulate the way in which the research findings and recommendations can be influenced for integrating into commune investment plans.

Analyzing Development Issues Center (ADIC) used to have this experience through cooperation with 3 Rivers Protection Network (3SPN) and Non-Timber Forest Product (NTFP) Organization in 2007 and 2019, respectively, to empower community youth researchers to engage with their village follows in responding to community issues, namely illegal fishing and forest clearance, through participatory action research (PAR) at Ratanakiri, Stung Treng, and Preah Viher province. PAR is a cyclical process of reflection, planning, action, evaluating and back to step one again.

The result indicated that participants completed the PAR with satisfaction regarding their knowledge, skills, and attitudes. Most participants have changed their behaviours to talk more or have become more courageous in expressing what they understood. They do not only act as participants in classroom activities but also engage in fieldwork and constant exchanges in the Social Media Group.

In addition, their capacity improvement has changed the way they lead their daily lives and has impacted observed changes in the communities and at the policy level in respective areas. They also applied the PAR approach to address various issues, as demonstrated by real cases in the areas of the rice market, vegetable growing, land encroachment, forest destruction, drought or climate change, water resource management, village health and sanitation, education of children, livelihood development, and small enterprises.

In fact, PAR runs across all steps, including the mocking process to enhance participants' capacity which include data gathering, data presentation to authorities, and action monitoring.

2-Mocking Process

Based on the ADIC experience at the grassroots level, to improve public services, strengthening policy implementation and integrating community needs into the commune

investment plan, mocking serves as an acceptable approach, which creates an atmosphere for mutual understanding.

Firstly, participants should receive capacity building on participatory action research, which is a collaborative approach that involves community members, in this case youth, as coresearchers throughout the entire research process. The goal is to understand and address community issues through collective inquiry and action. Some key aspects of PAR include collaboration, action orientation, reflection, and empowerment by involving community members, including youth and women.

Secondly, community members, especially youth and women, who already have knowledge about PAR begin to gather data from their community through data collection, data analysis, and reporting, while also looking for suitable solutions. Through this action, they do not only have enough evidence to share with local authorities but also gain the confidence to advocate for community benefits.

Thirdly, participants need to cooperate with local authorities and other relevant stakeholders to share evidence and advocate for suitable solutions. They can join the monthly meetings of the commune council, participate in public consultation forums between local authorities and citizens, attend commune investment plan data-gathering meetings, and engage in other community development activities conducted by relevant partners.

Lastly, participants need to monitor and follow up on the implementation plan that they have already integrated into the commune investment plan or community development plan. The monitoring should not only involve direct observations but also focus on the efficiency and effectiveness of the planning. They should also report the results of the implementation plan, including the advantages, disadvantages, and areas for improvement, to local authorities or relevant stakeholders with whom they work.

3-Results from the field

To select 31 youths (18 female), ADIC cooperated with the high school director, commune council, director of the Kamrieng Migrant Center, village chiefs, and relevant stakeholders, with funding from Ponlok Chomnes Program.

After that, those youths received capacity building on PAR through both classroom instruction and field practice. The training covered the PAR process, the commune development plan process, and the topic of safe migration. The methodology for this training included topic presentations, group discussions, field visits, and guest speaker presentations. A comparison of the pre- and post-tests indicated that participants improved their capacity in PAR from 60 percent to 85 percent.

The data gathering from the community was conducted over 5 days using a quantitative questionnaire by youths. They interviewed more than 300 people who had experience migrating to another country, both formally and informally. The reflections from the fieldwork indicated that all youths clearly understood the process of data collection, the code of conduct, data recording, and how to cooperate with local authorities in order to select individuals who have experience with migration.

Before providing capacity building on brief report writing using data from the community, the ADIC team trained youths in descriptive data analysis. Among them, 10 youths who are commune volunteers, village volunteers, and Cambodian Red Cross volunteers reported that through this process, they gained valuable experience and clearly understood how to use data in reports. They promised to utilize this knowledge during the commune development planning process.

The youth used the brief report they prepared to present to the commune council during the monthly meeting. The issues that the youths presented during the meeting included a lack of safe migration awareness in the community, social assistance services for poor migrant workers, and information on vocational skill development. As a result of this participation and presentation, the commune council agreed with the youths to integrate all points into the commune investment plan for the fiscal year of 2025.

Appendix 4: Survey Questionnaire for Returned Migrant Workers

(People group aged 15-65 years)

Guidance for introducing yourself	and the purpose of the interview:
My name is	and I work for ADIC for this survey.

Your household has been selected by chance from all households in the area for this interview. The purpose of this interview is to obtain current information about households in this area and the well-being of community in the area of basic rights and support service of relevant partners in the target community. The survey is voluntary and the information that you give will be confidential. The information will be used to prepare reports, but will not include any specific names. There will be no way to identify that you gave this information. Participation in this interview will not guarantee any benefits from ADIC Could you please spare some time (around 30 minutes) for the interview?

Consent given □	
I. Demographic (Completed by Interviewer)	
D1. Date of Survey	D2. Interviewer ID
D3. Supervisor ID	D4. Provincial
D5. District	D6. Commune Code
D7. Village Code	D8. HH ID
D9. Respondent Gender □0. Female □ □1. Male □	D10. Family Status 0. Single □ □ 1. Married □ 2. Separated/Divorced □ 3. Windowed □
D11. Age of respondent	D12. Ethnicity
D11. MVF Family Status 0. No □ □1. Yes □	D12. Poor HH Identification 0. Non poor family □1. Poor 1 □ □2. Poor 2 □
D13. Poverty Status 1. (IDPoor Card/Equity Card Holders) □ 2. (Non-IDPoor Card/Equity Card Holders) □	
D14. Education Level □0. No Schooling □ □1. Primary School □ 2. Lower Secondary School □ 3. Upper Secondary School □ 4. University □	D15. Migration Duration 1. Less than 1 year □ 2. 1 – 3 years □ 3. 4 – 6 years □ 4. 7 years and above □

D116	6. Age you first migrated:	D17. Official Identity
	5.1.180) 5.0. 11121 1111Broneau	1. National ID Card □
		2. Birth Certificate □
		3. Family Book □
		4. Residence Book □
		5. Passport □
		6. Visa □
		7. Other □
D18.	Number of times you have migrated to Thailand:	D19. How long a migrant?
D21	Which sector do you currently work?	D22. Where do you currently
	griculture	work in Thailand?
1	actory	work in Thanana:
l l	•	
	shing	
	ale at Market / Home Shopping	
\square M		
D23.	Do you have a disability, please specify:	
D24.	Your children and children under your care (under	18):
		,
II. Ba	asic Information	
N	Question and Answer	
BI1	How many members of your family are staying at	home?
	0. No □	
	1. $1-3$ members \square	
	$2.4-6$ members \square	
	$3.7-10$ members \square	
	4. 10 -15 members □	
BI2	Which group is this your family's member fit to?	
	1. 0 - 5 years	
	2. 6 - 17 years	
	3. 18 - 24 years	
	4. 25 - 34 years	
	5. 35 – 44 years	
	1	
	6. 45 – 54 years	
1	1 / 11 - 04 (11 - 04 Vears)	

III. Capa	acity building
Q1	Do you know the human basic rights?
	0. No □ 1. Yes □ 77. Not Respond □
Q2	Have you ever heard of or understood the following of human rights?
	 1. The right to life and liberty 0. No □ 1. Yes □
	2. Freedom from slavery and torture
	0. No □
	1. Yes □
	3. Freedom of opinion and expression
	0. No □
	1. Yes □
	4. The right to work and education
	0. No □
0.2	1. Yes □
Q3	Do you used to join any awareness about safe migration? 0. No
	1. Yes □
Q4	Do you know what document you should have for legal migration?
	0. No ☐ (If no skip to 7) 1. Yes ☐
Q5	If yes, what are they (can select more than one answer)?
	□- Passport
	□- Working visa
	□- Working permit
	□- Border pass
	□- Family book
	□- ID card
	Have you ever attempted to secure legal documents before you migrated?
Q6	0. No □ 1. Yes □

Q6-1	If yes, who did you consulted to secure legal documents?
	□- Fiend/neighbours
	□- Family members
	□- Labourer agency
	□- Village chief
	□- Commune council
	□- District council
	□- KMRC
	□- Commune police
	□- Border police/solider
Q7	Do you have the legal documents now?
	0. No ☐ (If no skip to 8) 1. Yes ☐
Q7-1	If no, who should you consult with if want to have it later?
	□- Fiend/neighbours
	□- Family members
	□- Labourer agency
	□- Village chief
	□- Commune council
	□- District council
	□- KMRC
	□- Commune police
	□- Border police/solider
Q7-2	If you want to have it, where would you secure the document for legal migration?
	□- Labourer recruitment agency
	□-Private company
	□- Police office
	□- Passport department
	□- General department of identification
	□- General department of migration
	□- Cambodian embassy
Q8	Do you get any orientation before starting your last or current job in Thailand?
	0. No ☐ (If no skip to 9) 1. Yes ☐
Q8-1	If yes, who provide the orientation to you? (can select more than one answer)

	□- Thai police
	□- Thai employer
	□- Team leader
	□- Cambodia police
	□- Labourer recruitment agency
	□- Commune council
	□- District council
	□- KMRC
	□- NGO
Q8-2	If yes, please indicate (can select more than one answer)
	□- Working environment
	□- Working hours
	□- Working patterns
	□- Wages and salary
	□- Workload
	□- Overtime arrangements
	□- Holiday entitlement
	□- Working benefits
	□- Support for working parents
	☐- Interpersonal relationships
	☐- Inclusion and diversity
	☐- Managerial support
	☐- Communication
	☐- Job training
	☐- Development opportunity
	□- Social culture
	☐- Disciplinary procedure
	☐- Job security
	□- Labour law
	□- labourers' right
	☐- Labourers' responsibility
	☐- Living condition
	□- Health insurance
Q8-3	If yes, how many days do you get this orientation?
	□- Haft day
	□- One day
	□- Two day
	□- Three day
Q9	In case you face any issue during working in Thailand, who do you seek assistant?
	□- Friend/neighbours
	□- Family member
	□- Relative
	☐- Team leader
	☐- Thai employer
Ī	

	☐- Thai police
	□- Cambodian embassy □- Commune council
	□- NGO
	☐- Cambodian informal association in Thailand
	□- Labour recruitment agency
	□- Border police/soldiers
	□- KMRC □- Others (specify)
010	
Q10	Do you used to join any activity with Cambodian informal association in Thailand?
	0. No ☐ (If no skip to 12) 1. Yes ☐
Q11	If yes, what activities (can select more than one answer)
	□- Provide meal,
	□- Provide money, □- Provide daily living materials,
	□- Flovide daily fiving materials, □- Join meeting,
	□- Support other activities,
	□- Join ceremony/cultural activity,
	□- Seeking support,
III- Acc	ess to Social Protection (during and post-Covid period)
III- Acc	ess to Social Protection (during and post-Covid period) Who can you request IDPoor card?
	Who can you request IDPoor card?
	Who can you request IDPoor card? □- Village chief
	Who can you request IDPoor card? □- Village chief □- Commune/district council
	Who can you request IDPoor card? □- Village chief □- Commune/district council □- Laboure recruitment agency
	Who can you request IDPoor card? □- Village chief □- Commune/district council □- Laboure recruitment agency □- KMRC
	Who can you request IDPoor card? □- Village chief □- Commune/district council □- Laboure recruitment agency □- KMRC □- NGO
Q12	Who can you request IDPoor card? □- Village chief □- Commune/district council □- Laboure recruitment agency □- KMRC □- NGO □- Employers
Q12	Who can you request IDPoor card? □- Village chief □- Commune/district council □- Laboure recruitment agency □- KMRC □- NGO □- Employers Who do you seek support to get heath service? (Social Insurance)
Q12	Who can you request IDPoor card? □- Village chief □- Commune/district council □- Laboure recruitment agency □- KMRC □- NGO □- Employers Who do you seek support to get heath service? (Social Insurance) □- Fiend/neighbour
Q12	Who can you request IDPoor card?
Q12	Who can you request IDPoor card? □- Village chief □- Commune/district council □- Laboure recruitment agency □- KMRC □- NGO □- Employers Who do you seek support to get heath service? (Social Insurance) □- Fiend/neighbour □- Family member □- Relatives
Q12	Who can you request IDPoor card? □- Village chief □- Commune/district council □- Laboure recruitment agency □- KMRC □- NGO □- Employers Who do you seek support to get heath service? (Social Insurance) □- Fiend/neighbour □- Family member □- Relatives □- Village chief
Q12	Who can you request IDPoor card? □- Village chief □- Commune/district council □- Laboure recruitment agency □- KMRC □- NGO □- Employers Who do you seek support to get heath service? (Social Insurance) □- Fiend/neighbour □- Family member □- Relatives □- Village chief □- Commune/district council

	□- NGO
	□- Employers
	□- Team leaders
Q14	Do you need to pay health treatment fee for public health service?
	0. No ☐ (If no skip to 16)
	1. Yes □
Q15	What obstacles to assess public health service?
	□- Treatment fee
	□- Health serving service
	□- Transportation
	□- Road condition
	□- Health staff
Q16	Do you have NSSF card?
	0. No ☐ (If no skip to 17)
	1. Yes □
Q16-1	If yes, how can you get it? (can select more than one answer)
	□- Commune council
	□- NSSF agency
	□- Employers
	□- NGO support
	□- KMRC
Q17	What assistance to you get from government? (Social Assistance)
	□- Monthly salary from 34,000 Riel
	□- Uncooked rice
	□- Food
	□- Cooking ingredient
	□- House repairing
	□- Water purifier
	□- None as mentioned
Q18	Do you/family members used to get vocational skill training with any TVET?
	0. No ☐ (If no skip to 19) 1. Yes ☐
010 1	If you do not have fit on halory (non called your fit on the control of the contr
Q18-1	If yes, do get benefit as below (can select more than one answer):

	□- Without payment school fee
	□- Monthly salary of 280000 Riel
	□- Accommodation
	□- Apprenticeship
	□- None as mentioned
Q19	Who did you approach for job information or vocational skill training
	opportunity?
	□- Fiend/neighbour
	□- Family member
	□- Relatives
	□- Village chief
	□- Commune/district council
	□- Laboure recruitment agency
	□- Labour broker
	□- KMRC
	□- Job centre
	□- NGO
Q20	Have you applied the learned vocational skill?
	0. No ☐ (If no skip to 22) 1. Yes ☐
Q21	What kind of learned vocational skill have you applied?
	□-Hospitality sector
	□-Construction sector
	□-Other
Q22	Have the application of vocational skill helped you/your family earn more income?
	0. No 🗆
	1. Yes □
IV- Pros	spect for Migration
Q23	Given the current family condition (on respondent's own view), would you consider going back to Thailand for work?
	0. No ☐ (If no skip to finish) 1. Yes ☐
	
Q24	If yes, would kind of jobs you like to do?

Appendix 5: Key Informant Interviews Guide

For Sub-national Authorities (Provincial Officials and Dept of Women's Affairs, Labour):

- Effectiveness of Current Mechanisms:

- o How effective have the existing enforcement mechanisms been in upholding policy provisions related to migration issues?
- o Can you provide examples of successful enforcement of migration policies at the provincial level?

- Challenges and Gaps:

- What are the major challenges you face in implementing and enforcing migration-related policies?
- Are there any specific gaps in the current enforcement mechanisms that need to be addressed?

- Domestic vs. Overseas Impact:

- o How do the enforcement mechanisms differ in their impact on domestic migration issues versus overseas migration?
- Which areas (domestic or overseas) do you think require more robust enforcement mechanisms?

- Prevention, Protection, and Support:

- How effective are the current prevention, protection, and support measures for migrants?
- o Can you share any data or research reports that highlight the impact of these measures?

- Coordination and Collaboration

o Current Coordination Efforts:

- How do you currently coordinate with other governmental and non-governmental organizations to address migration issues?
- What are the strengths and weaknesses of the current coordination efforts?

Opportunities for Improvement:

- What opportunities do you see for strengthening cooperation to improve social services provision for migrants?
- Are there any successful models of coordination that can be replicated or scaled up?

o Innovative Approaches:

 Can you suggest any innovative approaches or practices that could enhance collaboration between different stakeholders?

For NGOs:

- Role in Enforcement:

- What role do NGOs play in supporting the enforcement of migration policies?
- o How do you collaborate with government authorities to enhance enforcement mechanisms?

- Effectiveness of Support Programs:

- How effective have the support programs initiated by NGOs been in addressing migration issues?
- o Are there any success stories or case studies that you can share?

- Challenges and Recommendations:

- What challenges do NGOs face in the implementation and enforcement of migration policies?
- What recommendations do you have to improve the current enforcement mechanisms?

- Collaboration with Authorities:

- How do NGOs collaborate with sub-national authorities to address migration issues?
- o What are the key challenges and successes in these collaborative efforts?

- Identifying Gaps:

- What gaps exist in the current coordination and collaboration mechanisms?
- o How can these gaps be effectively addressed?

- Potential for Innovation:

- o Are there any innovative approaches that NGOs have implemented which could be scaled or replicated to improve social services for migrants?
- How can these innovative practices be integrated into the broader coordination framework?

- Existing Research and Data:

- What existing research reports or data can you share that evaluate the effectiveness of current enforcement and coordination mechanisms?
- How do these reports highlight the challenges and successes in policy implementation and enforcement?

Appendix 6: In-depth Interviews Guide

Access to Social Protection Services

- Understanding Access:

- Can you describe your experience in accessing social protection services since migrating?
- What types of social protection services have you sought since migrating (e.g., social assistance, health care)?
- o Have you accessed these services domestically or overseas?

- Awareness and Information:

- o How did you learn about the social protection services available to you?
- Were you provided with any information or guidance on how to access these services before or after migrating?

Obstacles in Accessing Services

- Challenges Faced:

- What challenges have you faced in accessing social protection services in the destination country?
- Were there any specific barriers related to language, documentation, or legal status?

- Community Support:

- How have local institutions, such as commune councils or health centres, supported or hindered your access to social protection?
- Have you received any assistance from community organizations or migrant support groups?

Ways to Overcome Obstacles

- Solutions and Strategies:

- What strategies have you used to overcome obstacles in accessing social protection services?
- Can you share any successful approaches or resources that helped you navigate these challenges?

- Suggestions:

- What suggestions do you have for other migrant workers seeking social protection services?
- How can local and international institutions improve the accessibility of social protection services for migrant workers?

- Personal Experiences:

- Can you share a detailed account of a time when you or someone you know faced a significant obstacle in accessing social protection services and how it was resolved?
- What impact has accessing or not accessing social protection services had on your well-being and that of your family?

