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contributin ot policies and porgrammes against HIV/AIDS”

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Toward a Higher Quality of Life for Migrant Populations

Strengthening Linkages between Source and Destination Communities

Tussnai Kantayaporn, PATH, Thailand Office

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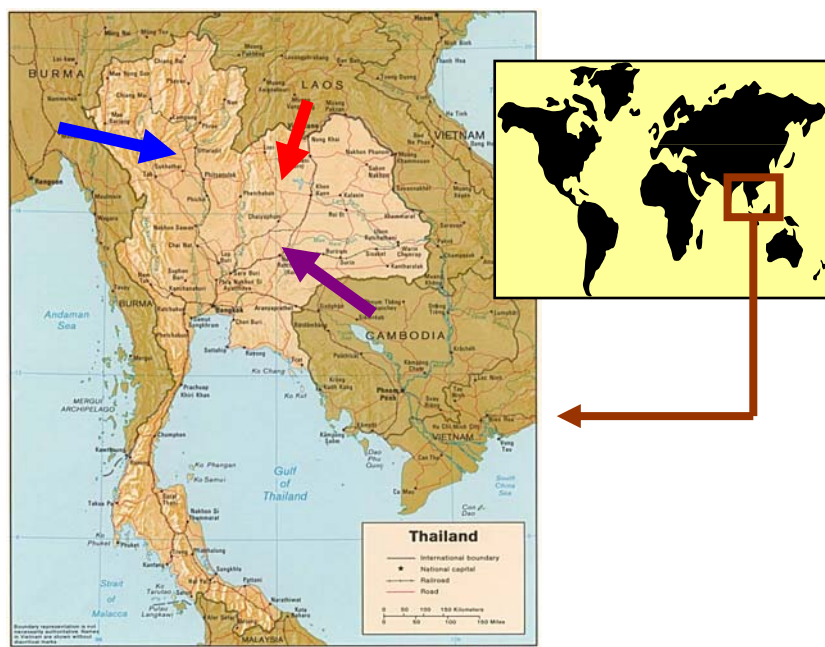
The purpose of this paper is to describe a three-phase, cross-border (Cambodia-Thailand) project to prevent HIV and improve quality of life for migrants and their families. The Program for Appropriate Technology in Health (PATH) and several partners implement this project, called Promdan. Family Health International, PATH, the Rockefeller Foundation, the World Health Organization, and the Global Fund to Fight AIDS, Tuberculosis and Malaria have provided funding for this work.

Background

Thailand is located on the mainland in Southeast Asia. It is bordered by China, Lao PDR, Cambodia, Malaysia, and Myanmar (figure 1).

The most economically productive and politically stable country in the Mekong Region, Thailand nevertheless is both a sender and receiver of migrant workers. People migrate to countries outside of the region—Japan, for example—that offer higher wages. This migration has caused a labor shortage in Thailand in many labor-intensive industries such as fisheries, agriculture, construction, light industry, and domestic work. Thailand has therefore become a major “receiver” of low-skilled laborers from lower-income neighboring countries.

Figure 1: Thailand and surrounding countries



Migration context

A foreign labor agreement between countries in the region is not yet complete, and most workers migrating to Thailand come without a passport or proper work documentation. To address the social issues that come with hosting so many people with illegal status and to address the country's labor shortage, the Thai government began registering undocumented migrants and issuing temporary work permits in 2001. The registration process, however, proved difficult for many migrants, and the work permits were expensive. Thus, a number of migrants—especially women and children—remain in Thailand illegally.

Most migrant workers come from Myanmar. In 2003, according to the registration numbers, 85.8% of migrating workers were from Myanmar, 7.4% were from Lao PDR, and 6.8% were from Cambodia.

Migrant workers are usually men and women of reproductive age, and they travel to Thailand with relatives, friends, or “agents”—people who, for a fee, help them get into the country and/or find work. Many migrants leave their families behind. Often the migrants leave their families in debt or with savings spent for the cross-border journey.

Once in Thailand, the migrants may encounter unsafe working conditions, unethical employers, and unethical police. They are also at risk of health problems—including HIV and AIDS. It is often difficult for migrants to consistently choose healthy behaviors because they are experiencing new situations and pressures—often without family or social support. In addition, migrants find it difficult to access health services because of their illegal status.

Policy environment

The region has a way to go in creating an effective system of regional cooperation on migration. The Thai government has created a long-term plan to address labor migration by signing intercountry Memoranda of Understanding (MOU) on employment of foreign workers with Lao PDR (2003), Cambodia (2003), and Myanmar. The MOUs agree to the deportation of illegal workers; however, they do not address the punishment that individual countries may impose on returned migrants (Asian Migrant Center Ltd. and Migrant Forum in Asia 2004).

HIV and AIDS context

A UNAIDS report released in December 2002 stated that Asia is now second to Africa in the total number of HIV cases (Report on the Global AIDS Epidemic, 2002). These data indicate that Myanmar, Cambodia, and Thailand have some of the highest HIV rates in the region—possibly a result of population movement within the region.

Overview of Promdan project

In 2000, PATH initiated a project to prevent HIV and AIDS and to improve the quality of life among Cambodian migrant workers in Thailand and their families. Building on PATH's strategic position with offices in both Cambodia and Thailand, the project linked prevention activities at the migrants' sending, or source, community in Cambodia (Preyveng Province) with activities at the receiving, or destination, community in Thailand (Rayong Province).

PATH named the project “Promdan” because the word means “border” in both Cambodian and Thai and thus reflects the project’s cross-border orientation. Promdan has been implemented in three phases.

Province selection

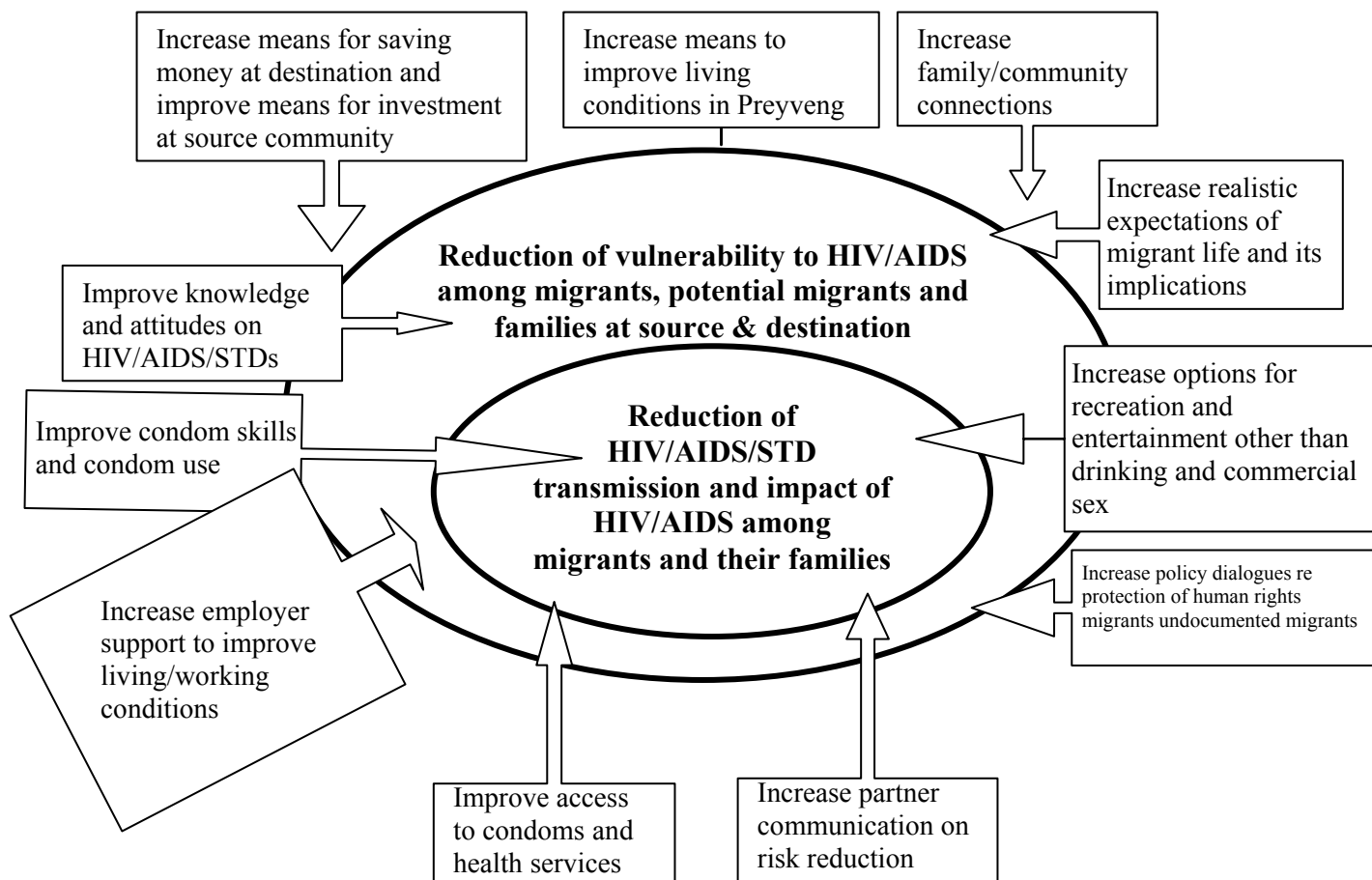
The Promdan project identified Rayong province as a major migration destination in Thailand. Rayong is close to the Thai-Cambodian border, and it is the economic hub and center of industry for eastern Thailand. With the over 100 kilometers of coastline, Rayong has an extensive fishing sector and related industries, including 1,230 fishing boats and 1,312 business owners. The province also has a large number of fruit orchards. These fishing, agricultural, and related industries in Rayong generate an annual revenue of over US\$6,900 million (<http://www.rayong.go.th>). Businesses in Rayong require intensive labor, but Thai laborers are often in short supply. Labor demands are met by workers from neighboring countries, especially Cambodia.

Promdan project staff identified Preyveng province as a source for Cambodian migrants after an initial assessment in Rayong in 2000. Preyveng is located in southern Cambodia near the border with Vietnam. The majority of the population in Preyveng are farmers growing rice and raising cattle. The province ranks as the poorest province in Cambodia. Workers migrate the long distance to Thailand to escape poverty or to improve their family’s economic situation by sending money home.

Promdan phase one: Preventing HIV

Promdan is the first effort to reach out to the Cambodian migrants in Thailand and their source communities in Cambodia. Public health workers in Rayong observed an increase in HIV among Thai commercial sex workers as a result of labor migration to the province, and the Rayong Provincial Public Health Office contacted PATH to develop a strategy for HIV prevention among this community. Family Health International (FHI/IMPACT) supported an initial assessment that identified provinces and strategies.

Figure 2: Promdan phase one



The first phase of Promdan (2001–2002) consisted of interventions addressing the personal, environmental, and policy levels in HIV and AIDS prevention (figure 2). The interventions included:

- Personal enabling strategies to increase individual knowledge and skills in HIV and AIDS prevention, STI prevention, and assessment of risks associated with migration. Project staff conducted outreach education to migrant fishermen on boats or piers in Rayong and to migrant families at their villages in Preyveng. The outreach included developing and showing a movie, *No Home Too Far*, to help create realistic expectations of migrant life and its implications. The movie depicted the experiences of one young migrant and his family.
- Environmental strategies in both source and destination communities to directly reduce vulnerabilities to HIV and AIDS and to indirectly influence migration patterns by improving living conditions in the source community. In Preyveng, project staff promoted income-generation activities. In Rayong, project staff provided recreation activities at a

migrant drop-in center as an alternative to drinking and commercial sex. In both locations, staff increased family connections by creating postcards, helping migrants and their families write messages on them, and facilitating the delivery of postcards.

- Strategies to encourage policy dialogue between the Cambodian and Thai governments to deal constructively with migration issues and build respect for human rights. The project supported regular field visits of key stakeholders and exchanging of health staff.

These strategies were implemented in close collaboration with government organizations and nongovernmental organizations (NGOs) in Preyveng (sending community) and Rayong (receiving community). PATH worked in Preyveng with the Cambodian Women's Association for Peace and Development, a local NGO with the vision to build a Cambodian society that promotes peace, development, and respect for the equal rights of men and women. In Rayong, PATH worked with Center for AIDS Rights, a Thai grassroots NGO aiming to strengthen the rights of workers.

According to an evaluation of phase one, in the initial eighteen-month period, the project team improved knowledge of STIs (including HIV), condoms, and the realities and HIV-related risk of the migration process among Cambodian migrants (Lowe and Yongpanichkul 2003). Access to condoms increased, attitudes toward people living with HIV improved, and prejudice against Cambodian migrants was also reduced. The evaluation recognized that one of the key strengths of the model was the rapid establishment of credibility with gatekeepers and health service providers in both source and destination communities. However, the project evaluation indicated that environmental factors had not been substantively addressed. The environmental factors requiring greater attention included bonding between migrants and their families, means of saving and sending money home, income-generation activities that would minimize the need for migration, policy dialogue, and sharing knowledge and experience between both sites.

In addition, project staff observed that an increasing number of dependent family members—primarily women and children—traveled with migrants. (Due to legal restrictions on bringing dependents to Thailand, even among registered migrants, most migrants did not report their dependents, and no official data were available.) Women and children who were in Rayong illegally needed both health care and access to sexual and reproductive health information and services.

Promdan phase two: Improving quality of life

Promdan project planners realized that achievements in disease prevention would only be sustained if the quality of life of migrants and their families were improved; therefore, the second phase of Promdan (2003) incorporated a more holistic and humanitarian approach to health and well-being. Interventions focused on livelihood and social well-being at five levels: the individual, the family, communities at both source and destination (Preyveng and Rayong), organizational systems in both Cambodia and Thailand, and regional networks (figure 3). PATH's Children's Vaccine Program, the Rockefeller Foundation, and the World Health Organization funded this second phase.

Figure 3: Promdan phase two



Promdan project staff continued to focus on HIV risk and expanded to address the overall vulnerability of migrants and their families. For example, to improve maternal and child health and build stronger linkages between the two countries, the project strengthened health service links through the development of bilingual vaccination cards (“yellow cards”) for children of Cambodian migrants. The cards could be used in both Cambodia and Thailand. Exchanges of health personnel also helped to increase cross-cultural understanding and improve service delivery.

A bicultural event called a bunphka, or flower ceremony, increased understanding and respect among stakeholders in Preyveng and Rayong. Bunphka is a religious ceremony held by Buddhists. Through a bunphka held in Preyveng, the project collected donations from migrants, employers, health care providers, NGOs, and local residents to construct a pagoda in the Preyveng community. Many Thai stakeholders traveled the long distance from Rayong across the border to participate in the ceremony and present donations. The event built good relationships between people in the two countries and contributed to the success of the project.

Promdan has also contributed to a more effective migrant policy in Thailand. A key achievement to date has been official recognition that the Cambodian fishermen whom Promdan targets are labor migrants important to the economy of Thailand. The establishment of an office designated to address the concerns of migrants from Cambodia, Myanmar, and Lao PDR, demonstrates this recognition. However, there remains an important need to provide information and promote migrants' human rights among local and higher levels of government. In addition, there is a need to develop concrete examples of how collaboration can achieve better management of migration.

Promdan phase three: Strengthening linkages

With over three years of experience in the implementation of a source-and-destination model, Promdan project staff are encouraged in the third phase of the project (2004–2007) to integrate the project's strategies into the intercountry employment system. Further, although intercountry health and social systems were addressed in the previous phases, linkages are not yet fully in place. Experience also confirms the need to deal with the circle of migration, including the phases of pre-migration (also known as pre-departure), migration (includes transit, post-arrival, and life at destination), and post-migration (includes return and re-integration into the source community).

The next challenge for Promdan will be to advocate for the development of integrated systems addressing health services, social support, and labor recruitment and retention throughout the migration cycle. This advocacy work will take place at both local and central levels of government.

In Cambodia, the focus will be on pre-departure orientation and health screening for potential migrants, along with health referrals and life-planning exercises, income-generation activities, and investment activities. These activities will be targeted to potential migrants, returned migrants, and their families.

In Thailand, the health care system needs to be adapted to provide registered migrants with accessible services and a system to refer them back to their host country health care services when needed. Because the migrant labor registration process will take some time to become truly effective, managers of health promotion and care services will also have to develop clearer strategies to reach unregistered migrants. In addition, systems need to be developed for transferring money back to source communities and into savings to support the life plans of migrants and their families.

Promdan will also advocate for an analysis of labor demands and development of a clear registration process that will ensure migrants' steady, safe employment and labor rights. The labor system between Thailand and Cambodia must ensure a regular labor supply through effective recruitment, registration, and work orientation—including occupational safety and prevention of communicable disease.

The Rockefeller Foundation and the Global Fund to Fight AIDS, Tuberculosis and Malaria are funding this third phase of the project.

Conclusions

To date, work on the Promdan project offers several key lessons and insights on migrant issues and cross-border work. To develop and implement health programs within the context of human mobility, project managers and implementers should have an in-depth understanding of migration and its implications for health, social well-being, and human rights. They should also have the ability to analyze the connections across these three domains and to address consequences of migration in both source and destination communities. Health professionals may need to shift their thinking from a disease-based approach to a more humanitarian orientation.

Human mobility is a complex process, and it requires multidisciplinary and multilevel approaches. Advocacy directed to policymakers at different levels is therefore critical. Both government organizations and NGOs can play advocacy roles, but they must be equipped with the knowledge and skills to address the complex issues of migration. Funding agencies with a commitment to addressing migrant health also need to understand the issues in order to allocate resources in a more integrated manner. Finally, all migrant health stakeholders, especially policymakers of the sending and receiving countries, must come to view low-skilled labor migrants on equal footing with other types of migrants—for example, expatriates that migrate for professional positions. An integrated image of migration is needed to achieve sound and fair migration-management policies.

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