INDIA

Intervention on HIV and AIDS by Trade Union

CONTEXT: HIV risk among migrant construction workers in India is especially high. A 2008 study in Panvel, Maharashtra revealed that 25 per cent of workers reported having unprotected sex with sex workers and low or inconsistent condom use. A number of women reported facing regular sexual harassment at work and engagement in sex work as a result of force or coercion. Nirman Mazdoor Sanghtna (NMS), an Indian trade union, has taken up a project in collaboration with the ILO in order to organize construction workers, and improve their conditions of employment, welfare, social security and enhance their access to health care.

PRACTICE: Prevention strategies included behaviour change communication, condom promotion and management of sexually transmitted infections, along with improving access to care and support services through a referral network in collaboration with the Maharashtra State AIDS Control Society. It has also formed workers' committees, through which peer education sessions and comprehensive training enhance workers' knowledge and awareness of HIV prevention, treatment and care strategies.

RESULTS: This intervention reached construction workers and their families in six *nakas* (market places), three *bastis* (workers communities) and six construction sites. By 2009, 6,598 workers had been enrolled under the insurance scheme of the Government. From October 2008 to May 2009, 566 workers were referred for treatment of sexually transmitted infections, 354 workers were referred for counselling and 5 workers started to receive free antiretroviral therapy. This union-led intervention on HIV and AIDS served as an inspiration for other ILO projects in India under the grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria (e.g. in Andhra Pradesh and in Delhi). In Delhi, the project works in close collaboration with a non-governmental organization that carries out interventions with sex workers. The union-centred approach enables participating organizations to reach out to the clients of sex workers, most of whom are employed at nearby construction sites. The National Policy on HIV and AIDS and the World of Work (2009) covers both internal as well as international migrants.[3]

(Source: Promoting a Rights-based Approach to Migration, Health, and HIV and Aids: A Framework for Action; International Labour Office – Geneva: ILO, 2016)

MALDIVES

Improving communication and counter xenophobia

CONTEXT: Migrants in the Maldives comprise approximately a quarter of the country's total workforce, with the majority originating from South Asian countries, including Bangladesh (58%), India (24%) and Sri Lanka (10%). Many migrant workers are engaged in low-skilled labour in the construction and tourism industries. Migrant workers are often exposed to various vulnerabilities. This situation is further exacerbated by the very centralized and overwhelmed basic resources and services in the country. Poor living conditions, inadequate regulatory frameworks and issues relating to human trafficking have further compounded concerns for the health and safety of migrant workers. A study into the life of Bangladeshi workers in Maldives observed that an alarming 78% were unaware of health and safety issues. Furthermore, 56% of migrant workers reported being dissatisfied with their living, working and relationship conditions – including concerns linked to sexual and reproductive health. Poor living and working conditions for migrant workers often exacerbate their health and safety vulnerabilities. This also leads to the prevalence of communicable diseases including vector borne diseases such as Dengue and Chikungunya. Previous emergency response operations have shown that foreign workers are often marginalised in these operations, particularly those who do not hold a valid work permit.

PRACTICE: In 2016, the Maldivian Red Crescent (MRC) undertook a two-month project on increasing awareness of migrant rights, dissemination of information on communicable diseases, public health and human trafficking through partnership with IOM. Through this project, MRC Male' Branch reached out to the migrant population to recruit MRC volunteers who are migrants themselves. This resulted in new MRC volunteers from Bangladesh, India, Nepal and Sri Lanka who expressed an interest in participating in branch

[3] ILO: Reaching out to migrant construction workers in India (1 January 2009) http://www.ilo.org/aids/good-practices/WCMS_161169/lang--en/index.htm [accessed 25 September 2015].

activities. A key achievement has been the recruitment of volunteers from migrant communities, and the relationship built with these groups. The benefits of a truly diverse volunteer base were seen when the Maldives experienced an outbreak of the H1N1 Influenza virus in March 2017. Reports showed that throughout the country, more than 185 people tested positive for H1N1 and four people died from the virus. In response, the Maldivian authorities declared a national alert (level 3) to prevent the spread of the virus, and Maldivian Red Crescent staff and volunteers supported the national efforts by developing and disseminating information, including to migrants, on protecting themselves from infection. This was done by developing a communications package which included flyers, posters and videos. Materials were also developed in nine languages commonly used by migrants, including Bengali, Chinese, Filipino, Malayalam, Nepali and Tamil. Volunteers from migrant groups were involved in the development, translation, dissemination and explanation of the information, as well as the education and communications (IEC) materials. The Male' Branch of MRC also established an Information Dissemination Centre in the capital and volunteers contacted 98 private companies where migrant workers were employed to assess their health status and information needs. These companies were also provided with IEC materials for dissemination. MRC emailed the communications packages to more than 500 companies (including 60 tourist resorts). With the proactive efforts of MRC, more than 4,500 migrant workers were contacted through the outreach efforts, and more than 12,690 flyers in different languages were distributed throughout the Maldives.

At the end of 2016, an event to "Celebrate Diversity" was held in conjunction with International Migrants' Day. The purpose of the event was to celebrate the diverse cultures and nationalities of people living in Male', by creating an environment where migrants and locals can meet and socialise. Several government agencies and foreign embassies participated in the event, including the Maldivian Health Protection Agency, Department of Immigration and Emigration, Ministry of Economic Development Police Service, Labour Relations Authority, Human Rights Commission of Maldives, Transparency Maldives, the Society of Health Education (NGO), as well as the Embassies of China, India and Sri Lanka. Highlights of the event included the sharing of food, music and dances of different migrants' groups, as well as free HIV testing, and information about legal aid services for migrants. An estimated 1,000 people attended the event, including the Minister of Health as the Chief Guest, the Indian and Chinese Ambassadors, and other dignitaries.

Lessons learned and challenges: The H1N1 prevention activities highlighted the many challenges and barriers migrants in the Maldives face in accessing health services. MRC had been working with the Policy level of the Ministry of Health and other Government partners to develop a regular service that can cater to the health needs of the migrants. Challenges include: migrant volunteers have constraints on their available time for MRC activities, unfavourable policy environment for working with irregular migrants, lack of resources and skills in the MRC to work with migrants, reaching migrants in more remote islands, and limited data available on migrants and their health and social wellbeing. ***(Source: Maldivian Red Crescent)***

MYANMAR

Promoting refugee and migrant health

CONTEXT: According to the UNOCHA report in 2017, there are about 644,000 migrants and internally displaced people in Myanmar due to natural disasters and conflicts. Most of them are in conflict affected Rakhine, Kachin and Shan (North) States, and flooding-affected Regions like Ayeyarwaddy, Mandalay, Magway and Bago Regions. Economic City Yangon also has migrant populations in slum areas.

Promote refugee- and migrant-sensitive health policies, legal and social protection and programme interventions

PRACTICE: Health Care Management Working Committee has addressed the highest attainable standard of physical and mental health, equality and non-discrimination of refugees and migrants. A Disaster and Public Health Emergency Response Unit under Department of Public Health has been established as a focal point to manage the health aspect of disasters including social disaster and internally displaced persons' camps. The unit takes guidance from health care management, receives reports from State and Regional Health Departments and disseminates guidelines, policy and standard operation procedures, cooperates with other government and non-government sectors and develops immediate, short- and long-term plans for refugees and migrants.

Lessons learned and challenges: There are limited technical, human and financial resources.