An integrated approach to address mobile people's vulnerability to HIV and migration: EMPHASIS experiences in a nutshell

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Key messages

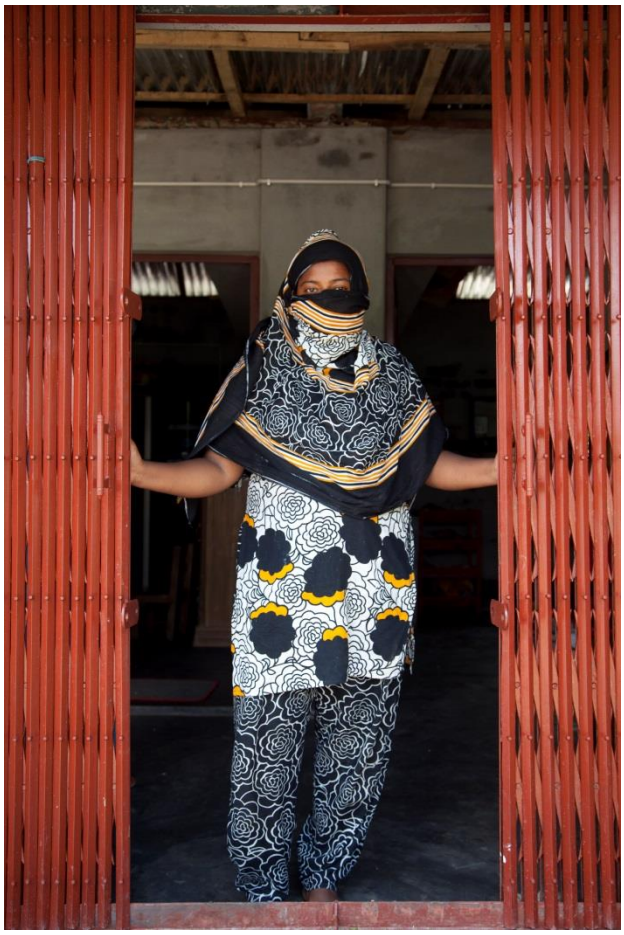
- A comprehensive and context-specific approach is required to tackle migrants' vulnerabilities including addressing issues related to safety and dignity, rights and entitlements, as well as HIV and broader health-related challenges.
- To maximise impact, projects targeting migrants should plan interventions at source, transit and destination with both migrants and their spouses.
- Migration projects should include components that focus on women migrants' specific vulnerabilities, such as harassment, violence, stigma and discrimination, as well as their vulnerability to HIV and other health problems.

HIV and AIDS continue to affect the lives of many people in Asia, including cross-border migrants – a category of most-at-risk-population (MARP) that continues to be relatively neglected within HIV-related service provision. With this population in mind, the EMPHASIS (Enhancing Mobile Populations' Access to HIV and AIDS Services, Information and Support) project, led by CARE International UK, was set up, designed specifically to address vulnerability to HIV among migrants moving from Bangladesh and Nepal to India, with a special focus on women.

This five-year project started with a baseline survey in 2009, and has ended in 2014 with an endline survey and evaluation study to explore its impacts.[1] Both the endline and evaluation reports indicate that EMPHASIS has been an innovative and experimental project, which has generated learning that could strengthen the global discourse on migration and development. As indicated in the evaluation report, *'the innovation of the EMPHASIS approach, using the continuum of mobility across source, transit and destination sites, has been the most compelling and unique feature of the model'*.

Over the five years, EMPHASIS has experienced various challenges and opportunities; however, as a learning project, it was successful in generating knowledge and innovations that were informed by realities on the ground, adapting activities as it went along. As an operations research project, EMPHASIS tested service delivery models with a focus on HIV and migration. Among other things, the learning from the project demonstrates how focusing on HIV and migration can open up pathways to a range of other vulnerabilities related to migration, including: safety and dignity; workers' rights; violence against women; stigma and discrimination; access to finance, savings and remittances; and access to health and other social services.

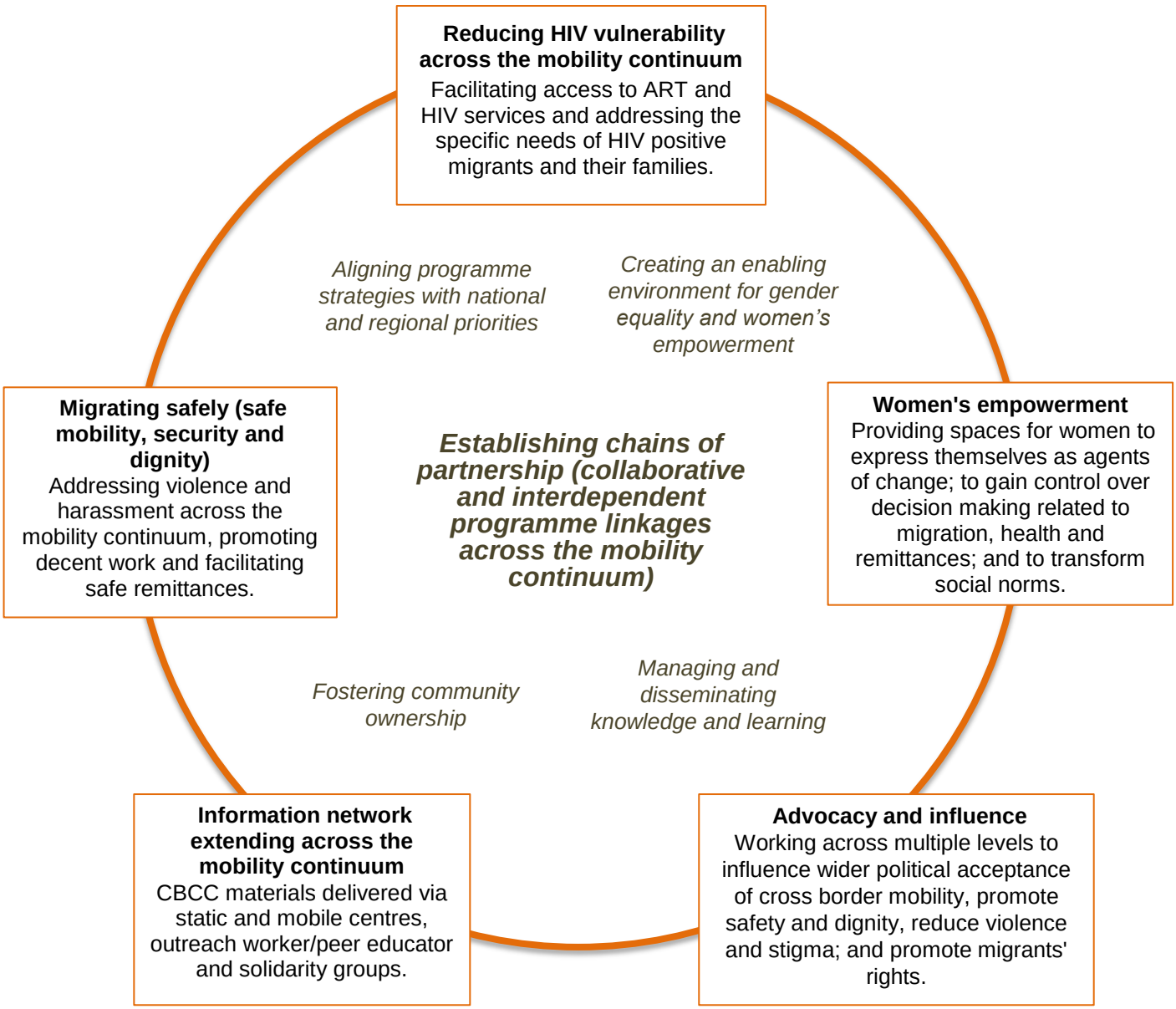
The evaluation findings suggest that a comprehensive and context-specific approach is necessary to address the full range of migrants' vulnerabilities. As described in detail elsewhere (Storer, 2014; Walker et al., 2014), the EMPHASIS learning series developed a model for such an approach. This model (see Fig 1) shows the pathways that are needed to establish this integrated and context-specific approach. A central component of the model – and what makes it work – is the advocacy and partnerships with a range of different stakeholders, leading to synergies and linkages at different stages. Focusing on women as change agents is a critical component, as is developing context-specific strategies to address HIV prevention, care and support, as well as promoting safer mobility, and protecting rights and dignity.



Drawing on the final evaluation report as well as various documents and research reports produced during the project, this briefing highlights key aspects that have proven critical to the project's achievements. It demonstrates that a multitude of pathways or components are necessary to establish a comprehensive approach to addressing the migration and health-related issues faced by migrants and their families across the continuum of mobility. As will become apparent, adopting such an approach is not easy, and any one project or programme is unlikely to address all vulnerabilities. Hence, as well as requiring commitment from a range of different stakeholders, effective collaborations and partnerships are also vital to build on the comparative advantages of each.

1 For full details of the studies please see Drinkwater, 2014; Ravesloot and Banwart, 2014; and Samuels et al., 2014a

Figure 1: A comprehensive model for working with mobile populations across the mobility continuum



Source: Storer, 2014

1 Innovative approaches to address HIV issues throughout the migration cycle

EMPHASIS interventions were designed to address migrants' vulnerability to HIV through the provision of a wide range of innovative services. These included HIV-prevention services at source, transit and destination, and context-specific services and approaches.

1.1 Successful prevention services

As shown in the project's endline quantitative survey, which used a quasi-experimental design (see Ravesloot and Banwart, 2014), EMPHASIS has been able to demonstrate an effective cross-border model of increased awareness around HIV prevention: populations exposed to the programme have increased knowledge about HIV and AIDS compared to respondents in the control areas; they also report being better able to discuss HIV and

AIDS and negotiate condom use with their spouses. Additionally, the evaluation report states that the cross-border approach – using the concept of a continuum of mobility across source, transit and destination sites – was an innovative and unique feature, allowing the project to reinforce messages at different points along the continuum (Drinkwater, 2014).

There were similar findings in a qualitative study comparing Nepalese migrants who received services at destination along with their spouses/other family members who also received services at source, with those who received services either at source or destination only. This study revealed that reaching both spouses with prevention activities increases verbal communication and condom use – both of which can reduce women's vulnerability to HIV and ultimately lead to more equitable conjugal relationships (Samuels et al., 2014b).

To achieve this increased awareness and communication, a range of intensive prevention interventions took place. More than 700 peer educator and outreach workers provided services, either going from door-to-door or at drop-in or community-based resource centres (37 static and mobile, 4 to 5 times a month). They reached a total of 351,423 people at source, transit and destination locations.

1.2 Context-specific services and approaches

To increase migrants' access to health services, project services were strengthened or mainstreamed within the existing health system. Furthermore, the project initiated and systematised cross-border services between India and Nepal and India and Bangladesh.

Mainstreaming and strengthening HIV-related services through existing systems

Not only has EMPHASIS mainstreamed HIV-related services for migrants by providing services through existing government facilities and staff, but it has done so in a sustainable and low-cost manner, also building the capacity of service providers at different levels.

Given the low HIV prevalence in Bangladesh (less than 0.1%) (UNAIDS, 2013), HIV-related services have traditionally targeted high-risk groups such as sex workers and drug users. However, with the knowledge that migrant populations are also vulnerable to HIV, EMPHASIS piloted a range of services for migrants through existing structures. It established two voluntary counselling and testing (VCT) centres at government facilities in Jessore and Satkhira (Samuels et al., 2013). As well as providing services through existing health centres, the project also built the capacities of district- and union-level government health workers for diagnosis and treatment of sexually transmitted infections (STIs), which in turn helped to develop a referral mechanism for VCT for potential STI clients from union level to district level. As of June 2014, a total of 40 HIV-positive cases were identified – all except one with a family history of migration. Box 1 gives an account of one HIV-positive woman who is now accessing government HIV services as a result of the project's intervention.

Box 1: VCT centres linking HIV-positive migrants to related services

I went to India with a broker in 2000. Before that I was married twice, but neither of the marriages worked out: the first husband's family's dowry demand was not fulfilled and the second husband was mentally unwell. Although the broker initially promised me a good job in India, he sold me to a brothel.

After working as a sex worker for four years, I married a Bangladeshi client. Soon after that, my husband and I were diagnosed as HIV positive. Three months later, we came back to Bangladesh. We didn't disclose our status to anyone. Six years later my husband fell ill and we had no choice but to go to Satkhira Sadar Hospital. Both of us were referred to the VCT centre and diagnosed as HIV positive. My husband died one month later. Through the VCT counsellor, I was linked to ART and other services.

(Hasina, Satkhira, Bangladesh)

EMPHASIS has also built the capacity of community health care providers (CHCPs) in 52 community clinics[2] in Bangladesh. Their main responsibility is to provide information on infectious diseases and provide treatment with authorised medications at village level. Now, as a result of EMPHASIS, the CHCPs will also provide HIV information to migrants in source villages in

2 Community clinics are government health facilities at village level, i.e. the grassroots-level health service provider. For each 6,000 population, a community clinic is established to provide access to safe motherhood and basic health services.

Bangladesh. In addition, the project sensitised government health staff and non-governmental organisation (NGO) health workers at union, *upazilla* and district levels on issues around HIV and migration.

To fill a gap in existing service provision, EMPHASIS provided certain services directly. These included STI satellite clinics in Bangladesh at community resource centres, mobile STI and VCT camps in Nepal, and a mobile integrated counselling and testing centre (ICTC) in India.[3]

EMPHASIS organised HIV-related services in places where the range of existing services was limited, particularly for migrant populations. These were examples of need-based service arrangements, which people were able to access relatively easily.

ART cross-border referral between Nepal and India

In order to ensure that migrants on anti-retroviral therapy (ART) could continue accessing it when crossing borders, the project established linkages with local-, state- and national-level AIDS authorities and health service providers in India, and with district- and national-level authorities in Nepal.

An ART referral mechanism was established and EMPHASIS facilitated 100 cross-border referrals (as of March 2014) whereby HIV-positive migrants were able to continue accessing ART without disruption. Technical, financial and capacity-building support was provided in some instances to create or fill the requisite staffing positions at ART sites in order to support the process of cross-border referrals. Additionally, the EMPHASIS team in Nepal shared their experiences with other major ART service providers in the country, and these centres are now providing transfer certificates to clients planning to go to India.

The development of a formal ART transfer certificate process between Nepal and India was only possible because of the existing 1950 friendship treaty between the two countries (Storer, 2014; Samuels et al., 2013). Box 2 gives an account of how the ART transfer certificate works.

Box 2: Cross-border ART linkage between Nepal to India

Ram Bahadur had been living in India since 1988. He was diagnosed as HIV positive in Nepal in 2007, and started ART. After three years, he returned to India. He used to go to Nepal every two months for ART, which was a considerable financial strain.

Ram's brother, Ranjit, was one of the EMPHASIS outreach workers in Delhi. Ranjit got in touch with the partner NGO working in Nepal with the help of the India EMPHASIS country team. The partner NGO in Nepal arranged an ART transfer certificate for Ram, and sent it to the India team. With his test results, ART transfer certificate, and reference from the partner NGO, Ram was able to go to the Guru Teg Bahadur (GTB) hospital in Delhi, where he had a CD4 test and resumed ART.

Initiating cross-border ART referrals between India and Nepal has been heralded as one of the biggest achievements of EMPHASIS. This would not have been possible without collaborations and agreements within government institutions in both India and Nepal (Drinkwater, 2014).

ART referral between Bangladesh and India

The EMPHASIS team also provided informal linkages to ART services for Bangladeshi migrants in destination and source communities, through working with partner NGOs in both countries. To continue this informal process, EMPHASIS organised a regional consultation workshop for people living with HIV. It is hoped that through mobilising networks of people living with HIV in the three countries, this informal support can be continued and developed further.

3 Mobile STI and VCT camps in Nepal were organised in collaboration with the District Public Health Office. In India, EMPHASIS collaborated with AIDS Control Society (SACs) to organise mobile ICTC.

2 Addressing migrants' broader vulnerabilities

In order to address other kinds of vulnerabilities faced by migrants, the project developed a number of interventions, including activities to ensure safe mobility at transit points, an emergency fund, and ways to ensure safer remittances. Safe mobility interventions at transit points were only applicable for Nepalese migrants, who – thanks to the long-standing friendship treaty between Nepal and India – are recognised as a legal workforce in India.[4] In Bangladesh, information on safe mobility was part of peer education and victims of violence and harassment were referred for psychosocial counselling or linked with other services on a case-by-case basis. Due to the undocumented status of Bangladeshi migrants in India, support could only be provided on a very small scale.

2.1 Safe mobility at transit

To complement information that was provided through door-to-door outreach in source locations, multilingual and context-specific information on migrants' rights and safe mobility was provided through peer education and drop-in centres at transit points. But perhaps more important was the work with rickshaw pullers, hoteliers and law enforcement agencies at transit locations, because prior to the project, many of these stakeholders were actively engaged in harassing, exploiting and abusing migrants. Thus, while previously rickshaw or 'tanga' pullers would harass migrants by charging high rates or stealing from them, the project's engagement with the rickshaw/'tanga' pullers' union has resulted in a journey rate chart being posted on walls around transit areas (e.g. at bus and train stops). The union also engaged in monitoring its own members; unique code numbers were allotted to each vehicle, which made it possible to identify individual rickshaw and tanga drivers, and made it easier for migrants to lodge complaints.

EMPHASIS also initiated schemes such as the Danpatra box (Nepal transit) and the Akshaya Patra fund (India transit), whereby migrants and others could contribute to a fund to help migrants who had been robbed or harassed and needed money to get back home. These emergency funds have continued beyond the project and are managed by community members who decide when to release funds (Storer, 2014). Box 3 shows a story of a migrant who was robbed.

Box 3: Migrants' experiences of theft

Prem had been to Punjab in India for health treatment and was returning home to Doti in Nepal. On the bus travelling to Banbasa (the transit point on the Indian side of the border crossing), a fellow passenger offered Prem something to eat. Prem had heard about doping, so he declined. But the man must have slipped something into his water, as the next thing Prem remembers is waking up lying on the roadside. He lost 10,000 Indian rupees (US$160), his shoes and a mobile phone. He told some people he met about what had happened, and they gave him 200 rupees, which he used to buy new shoes. He then walked to the Banbasa border crossing.

2.2 Safe remittances

Crossing borders between Nepal and India and carrying bundles of cash puts migrants in a very vulnerable position, not only in terms of risk of theft but also the risk that the cash will be confiscated by border officials. In order to address these risks, the project developed a number of safe remittance initiatives:

1. providing peer education information on safe remittance to migrants at transit points, and to their family members/spouses in source communities
2. forming spouse groups and supporting them to open bank accounts
3. embarking on advocacy with banks and financial institutions

Banks and money transfer services were lobbied in source and destination countries to develop migrant-responsive banking procedures, such as simplifying identity requirements and other procedures. Another element of the project's work was building trust among migrant communities in the use of official money channels – for example, through training in financial literacy and negotiation skills. Early adopters were supported to open bank accounts, and then enlisted to encourage other migrants to open accounts (Storer, 2014).

In Nepal, EMPHASIS helped to form 21 women/spouse groups; among other activities, these groups received support to open bank accounts. For

4 This bilateral treaty allows Nepalese and Indians to work across the border and be treated like native citizens.

instance, NEEDS, the implementing partner in Kanchanpur, reports that of 556 women spouses in the 11 groups they have formed, more than 500 now have a bank account (Drinkwater, 2014).

The evaluation report highlighted the project's safe remittance approach as another significant achievement. The support provided to spouses to open bank accounts, through arrangements with both Indian and Nepali financial institutions, allowed large sums of money to be remitted safely. This in turn gave spouses a greater say in decision-making on expenditures, with many reporting that they talked with their husbands by mobile phone about how remittances should be used (Drinkwater, 2014).

2.3 Women's empowerment

Although perhaps indirectly initially, women have emerged as critical to the achievements of EMPHASIS; not only have they been empowered by the project's activities, but they have acted as pivotal agents of change both in source and destination countries. While the project helped women to form their own groups (21 in Nepal, 9 in Bangladesh and 12 in India) to address (among other things) women's vulnerability to HIV, their role as change agents among migrant communities is clearly visible in three areas:

- Women's involvement as spouses opening bank accounts in Nepal has facilitated safe remittances.
- Women's groups have tackled broader social issues – for example, the practice of 'Chaupadi' (forcing menstruating women to sleep in animal sheds) in Nepal, or sexual harassment against spouses left at home in Bangladesh.
- Women not only have greater awareness of their vulnerability to HIV, but now report being able to talk more openly with their partners about safe sex practices (Drinkwater, 2014).

Box 4 gives an example of how one women's group tackled social issues collectively.

While there were context-specific differences between migrants' concerns at source (Bangladesh and Nepal) and destination (India), (e.g. the safe remittance initiative in Nepal was not possible to replicate in Bangladesh due to the undocumented status of Bangladeshi migrants in India), in each case, women's involvement was essential to allow changes in socio-cultural norms and/or to break down structural barriers to address both HIV and migration-related issues.

Box 4: Women's groups addressing HIV and other social issues

My husband was away in India, and some people in the community were taking advantage of his absence. They threw stones on my roof during the night and banged on my door. I went first to my in-laws and then the union office but they didn't want to help.

I thought a prominent community member was responsible and I shared my story in the self-help group. The group facilitated a non-confrontational but out-in-the-open discussion without directly accusing the man. This allowed everyone to resolve the problem sensibly, without further confrontation… the harassment stopped.

(Riya, migrant spouse in Bangladesh)

3 Advocacy

Advocacy has been a critical part of the project and initiatives have taken place at local, national and regional levels. Local-level actors and stakeholders (e.g. influential members of the community, local leaders and religious leaders) were engaged with the project from the initial stages. They created an enabling environment, helped to reduce the stigma attached to migrants and people living with HIV, and ensured that migrants could access their rights and entitlement at destination locations. Stakeholders at transit were also directly involved in reducing harassment and in providing support to victims of theft or harassment.

At national level, EMPHASIS experiences and advocacy work contributed to the development of a national strategy on migration and HIV in Bangladesh. The ART transfer certificate mechanism developed in Accham and Kanchanpur in Nepal through EMPHASIS was replicated by other ART service providers.[5] Furthermore, 30 Memorandums of Understanding (MoUs) have been established with different institutions from government, media, the private sector and civil society in all three countries to promote sustainability of initiatives beyond the end of the project – which is also a result of national- and local-level advocacy and engagement.

The evaluation report highlighted some of the project's successful advocacy efforts. Local- and community-level advocacy efforts have succeeded in engaging local officials, creating community support groups, and improving coordination with local government services in all three countries and across source, transit and destination sites. In Nepal, a supportive environment was created through working with transit stakeholders, while engaging with local village development committees (VDCs) proved an effective way of mobilising funds to provide VCT or ART for people living with HIV. The establishment of an ART cross-border referral mechanism was possible as a result of dialogue with the Ministry of Health and health service providers at regional and district levels. Advocacy with banks in both Nepal and India (especially ICICI Bank in India) also resulted in agreements on money transfer through bank accounts from India to Nepal (Drinkwater, 2014).

According to the evaluation report, the project's major advocacy success in India was the dialogue with parliamentarians organised by the EMPHASIS advocacy partner Women Power Connect, in which they discussed human rights issues facing Bangladeshi migrants in India. As suggested by the evaluation report authors, this is a kind of formal recognition that the dignity and basic rights of any individual should be protected on human rights grounds, even if their status is undocumented (Drinkwater, 2014).

5 EMPHASIS shared referral experiences with other ART sites as such Tikapur ART site in Kailali and Lumbini Zonal Hospital in Rupandehi district. These two hospitals are outside the EMPHASIS working areas but are now providing ART transfer certificates to HIV-positive migrants moving to Mumbai or Delhi.

4 Conclusions and recommendations

This brief has highlighted the pathways and synergies that have led to successful interventions to address migrant vulnerabilities within a broader and more comprehensive approach. This includes negotiating effective cross-border collaborations, establishing context-specific partnerships and linkages, and providing direct technical support to develop more sustainable and strengthened health service provision at government facilities. All of these have been facilitated by an enabling environment, which has created space for women to address the wide range of issues – including, importantly, structural barriers – that underlie women's vulnerability to HIV and migration. The EMPHASIS model provides evidence that a comprehensive approach is essential, as is an approach that can accommodate context-specific interventions. Although the achievements highlighted in the three countries are different, the common thread is the need to address Nepalese and Bangladeshi migrants' vulnerabilities along the mobility continuum, at source, transit and destination.

The project's final evaluation report, as well as other reports and documents, highlight key learning points from the EMPHASIS experience. Among other things, it recognises EMPHASIS as an innovative initiative working within a cross-border context, which offers new insights to the wider development discourse. The report identifies achievements as well as recommendations that are applicable to a range of stakeholders working on issues of migration and development at all levels. The main achievements are as follows:

- increased knowledge of HIV and AIDS
- increased spousal communication on HIV, AIDS, and condom use
- cross-border ART referral mechanism between Nepal and India
- informal ART referral mechanism between Bangladesh and India through people-to-people connection/networks
- facilitation of ART referral from other ART sites outside EMPHASIS working areas
- health system strengthening in Bangladesh
- context-specific approaches to providing direct HIV-related services
- creating an enabling environment at source and destination
- EMPHASIS contribution to developing an HIV and migration strategy in Bangladesh
- increased safety for Nepalese migrants at transit points
- addressing structural barriers to reduce women's vulnerabilities in source communities
- addressing broader issues affecting migrant populations (such as safe remittances, migrant children's access to school in destination country, women's empowerment, stigma and discrimination, and violence and harassment) along the mobility continuum
- strengthened advocacy efforts at local, national and regional levels, creating an enabling environment for cross-border migrants in the region.

Recommendations emerging from these results include the following:

- A comprehensive approach covering source, transit and destination has strategic significance for a migration programme.
- A comprehensive and context-specific approach is important to address the range of vulnerabilities affecting migrant populations, such as safety and dignity, health issues, structural barriers to reducing women's vulnerability, and safe mobility.
- To reduce women's vulnerability to HIV and migration, projects should include a component that addresses the social and structural causes of women's vulnerability.
- To address migrants' specific vulnerabilities to health problems, migrant-friendly services should be available at source and destination.
- Not only is it important for CARE International UK and other partners to continue the momentum and learning generated by EMPHASIS, but this learning can contribute to the global migration discourse, with evidence on what works and what does not.

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Pictures

Page 2: 'I was stigmatized due to migration …but it helped me to provide education to my children' © John Spoul, EMPHASIS, Jessore, Bangladesh, 2011

Page 5: 'My husband works as a night watchman' © Chris Martin, EMPHASIS, India 2012

Page 7: 'I am happy to be able to go to school' (girl linked with school by EMPHASIS in India) © John Spoul, EMPHASIS, Satkhira, Bangladesh,2011

Page 8: 'I am an outreach worker …I work with Bangla Speaking Population' © Chris Martin, EMPHASIS © India 2012

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