

PHAMIT Achievements: Five-year review in brief

January 2009



Migrant Situation

There are over 2 million migrant workers in Thailand. Approximately eighty percent are from Myanmar (Burma), with the rest coming from the countries of Cambodia and Laos PDR. In 2004, an open registration allowed 1,284,920 migrants and their dependents to register with a general ID, of which, 849,552 registered with a work permit. As of 2008, the number of migrants with a work permit is less than half a million. Approximately 87,400 migrant workers from Laos and Cambodia are registered under the MOU system, of which only 17,000 have entered the country directly under this system. Migrants from Burma still rely on the annual registration because fears of registering with their government have hampered a similar MOU system.

The PHAMIT Program

The PHAMIT Program (Prevention of HIV/AIDS among Migrant Workers in Thailand) supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is a program that aims to reduce the number of new HIV cases at the country and regional level through HIV prevention measures for migrant workers and by strengthening health systems.

Objectives of the PHAMIT Project:

1. Migrant workers and related populations use condoms consistently during casual sex and practice reproductive health care.
2. Health system is favorable for migrant workers to receive health prevention and treatment services that are suitable for migrant workers.
3. There is a supportive psychosocial environment for migrant workers and their dependents.
4. Political factors support migrant workers health and treatment at the national and inter-country level.

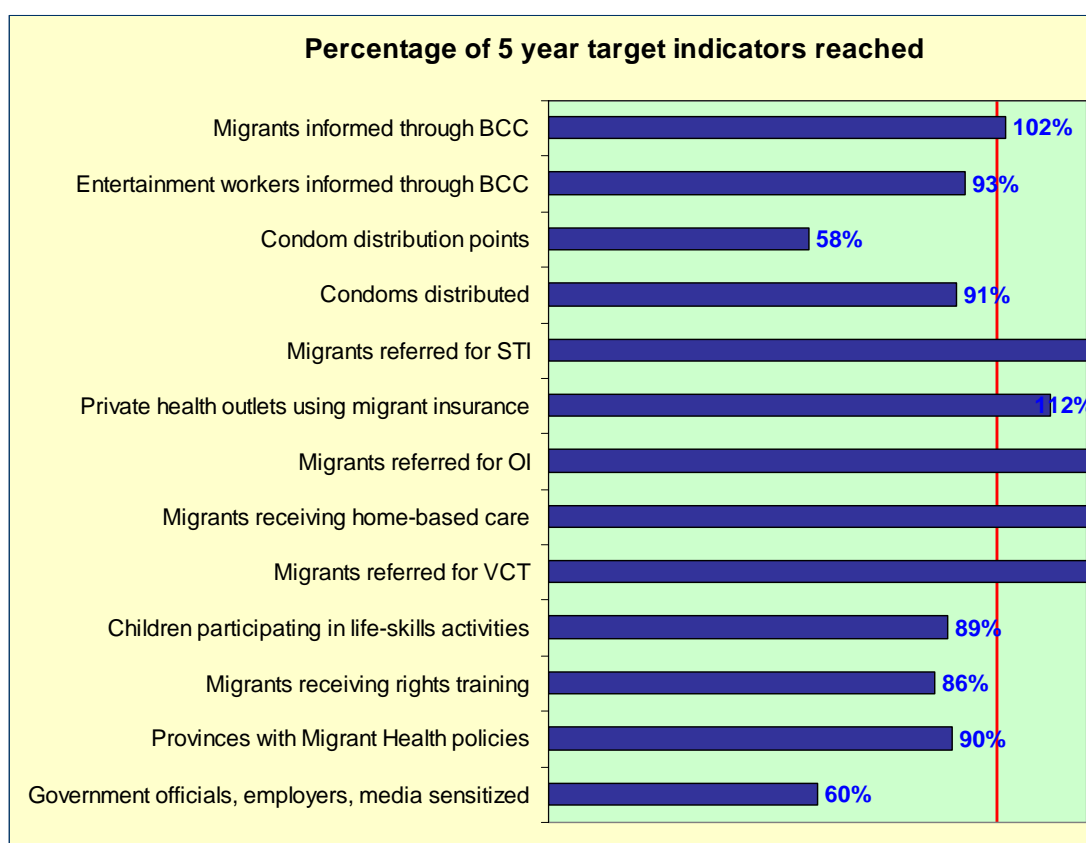
PHAMIT has eight NGO partners: Raks Thai Foundation (*the Principal Recipient of the fund*), World Vision Foundation of Thailand, Foundation for AIDS Rights (FAR, formerly CAR), MAP Foundation, Stella Maris Center, Empower Foundation (Chiang Mai), Pattanak Foundation and PATH (contracted as a technical consultant). Each implementing partner was chosen because they were already actively providing HIV prevention activities with migrants at their respective sites. This allowed partners to scale-up activities quickly, with some partners expanding activities into adjacent provinces. As part of the PHAMIT Program, a partnership has also been forged with the Ministry of Public Health's Department of Health Services Support (DHSS) to develop "migrant-friendly" health services.



Over the course of the first phase of the program (2003-2008), PHAMIT partners have been implementing activities in nineteen coastal provinces and three non-coastal provinces along the border with Burma. Activities have mainly focused on migrant workers and their families from the countries of Burma and Cambodia. Migrants working in the fishing and seafood processing industry are the primary participants in activities in coastal provinces, while those working in other kinds of factories, construction, and agriculture are the main participants in non-coastal provinces. At all project sites there is also a special focus on sex workers and entertainment workers, a group that included cross-border migrants as well as Thais, depending on the province's location.

Activities and Outputs from 2003-2008

PHAMIT partners have conducted a number of activities to reduce migrants' vulnerability to HIV and improve access to health services. The table below shows some of the results of the program over the last 5 years.



Outreach and Behavior Change

To support the main objectives, PHAMIT partners have utilized a broad strategy of developing community networks to act as a linkage to information and services.

Networks of volunteers, supported by Thai and Migrant field workers, reach out to migrants at their workplace, living quarters and entertainment centers. They also help distribute a variety of behavior change and educational materials produced by PHAMIT partners on a range of topics in migrants' languages, including printed materials and audio-discs as well as video-movies and karaoke. Through these networks, the PHAMIT program has reached over 442,000 migrants and more than 20,800 entertainment workers with information about HIV and reproductive health.

Condom distribution has also been a primary activity. Over 6,878,500 condoms have been distributed over the course of this phase of the program through outreach activities and through 1,920 distribution points.

Drop-in centers play a key role in PHAMIT's strategy by providing a convenient place for migrants to access information and services. These drop-ins provide a "safe" place for migrants, especially fishermen, to go to meet or spend free time. Informational and recreational materials in migrants' language are also available, and activities on HIV and health are given. At the end of the program's first phase, thirty-eight PHAMIT drop-in centers are operating in twenty provinces.

Increasing Access to Health Services

Referral to health services are provided through networks of community volunteers and at drop-in centers. By overcoming the obstacles of transportation and language barriers, these referral mechanisms have assisted over 7,400 migrants and entertainment workers in receiving proper testing and treatment of sexually transmitted infections (STI). At some sites, mobile health clinics visit communities or set up at drop-in centers to give general and preventative health services to migrant workers and their families.

Increasing access to health services also means increasing the quality of services. PHAMIT, through a partnership with the Department of Health Services Support and PATH, has been working with hospitals to create "migrant-friendly" services. A crucial aspect of this strategy is the establishment of "Migrant Health Assistants," which has been facilitated through the development of a clear set of criteria for recruitment and a training package. These assistants provide translation between migrants and Thai health personnel and make health outlets less intimidating to migrants. Through its partners, PHAMIT has also developed and launched a training module for Migrant Health Assistants on HIV voluntary and confidential counseling and testing (VCCT) that has led to the provision of VCCT to over 2,760 migrants.

As more migrants with HIV started coming forward for assistance, PHAMIT partners increased the scope of their services. Just in the past couple of years, Migrant Health Assistants along with volunteers and field officers have provided home-based care to 1,940 PLHIV migrants, and 1,750 PLHIV migrants have received treatment for opportunistic infections.



PHAMIT partners have also been working with the Department of Health Services Support and provincial health facilities to promote more systematic changes. Using a health systems strengthening approach, ten “focus” provinces have been designated as a pilot project to demonstrate how “migrant friendly services” can be implemented.

Migrant Community and Rights

PHAMIT partners have also been implementing activities to assist migrant communities with broader quality of life issues. Although by law all children in Thailand have the right to education, there are many practical barriers that prevent children of migrant workers from entering Thai schools. To reduce the chances that these children go unattended or end up assisting their parents in the workplace, PHAMIT partners have provided life-skills and basic education, such as Thai and indigenous language instruction, to over 27,460 migrant children, and twenty children centers have been established, some of which share space with drop-in centers.

Improving migrants’ rights focuses on increasing the knowledge and awareness of those on both sides of policy implementation. Activities have been provided to over 155,080 migrant workers, giving them information on health and labor rights, including regular updates about the migrant registration policy. While on the other hand, to promote proper implementation of policies and reduce discrimination, over 13,330 government officials, employers and journalists have been sensitized on migrants’ rights issues and policies through PHAMIT activities.

Government Policy Advocacy

PHAMIT partners have been advocating for changes in the political environment to support “Migrant Friendly Health Services.” At the broad policy level, some successes have included the inclusion of migrants as a major population group under the National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation 2007 – 2011, and the drafting of the Ministry of Public Health’s “Migrant Health Policy.”

At the implementing level, PHAMIT’s most important on-going advocacy issue is to have “Migrant Health Assistants” recognized as an official occupation. PHAMIT has been working to secure formal employment status for these migrants to allow them to register properly with the Ministry of Labor, and thus, secure a key element of “Migrant Friendly Services.” Specific to HIV issues, PHAMIT has successfully advocated for Antiretroviral Treatment (ART) to be made available to all migrant workers with HIV at no cost – a policy that came into effect in late 2007, and that uses funds from GFATM.

The Way Forward

While PHAMIT is considered a successful program in changing behaviors to reduce HIV vulnerability among migrants and in paving the way for greater access to health services, there is still a long way to go before migrants can obtain full health coverage. A major policy shift is required in favor of greater inclusion of migrants in the health system as well as under other welfare systems. To address these and other lingering issues, PHAMIT partners have developed a second phase of the program that will add greater emphasis on systematic and policy changes while maintaining and expanding its current implementation strategies.



**Table 1 and 2:
Self-reported through baseline and final assessment findings -
Institute for Population and Social Research, Mahidol
University, 2008**

