

CATALYZING HEALTHIER LABOR MIGRATION

Working on health and development
**IN SOURCE COMMUNITIES IN CAMBODIA
AND DESTINATIONS IN THAILAND**



March 2010

Learning from the experience of the Prey Veng
Rayong Operation on Migration Dynamics and
AIDS Intervention (PROMDAN)

2000 - 2010



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In Cambodia, we are grateful for the guidance of the National Center for HIV/AIDS, Dermatology and STD (NCHADS) and the National AIDS Authority (NAA). We are also grateful to provincial, district, and local health personnel of Prey Veng and Kampong Cham provinces for their cooperation, facilitation, and services. In Thailand, we would like to acknowledge the hard work of Thai government health personnel in Rayong and Chonburi, who provide health services to migrants irrespective of their status, and also the staff of the Thai Ministry of Public Health for their involvement in cross-border discussions and collaboration.

Finally, we would like to thank community members of Prey Veng and Rayong, migrants and non-migrants alike, from whom we have learned so much, for having allowed PROMDAN activities into their lives.

FOREWORD

PROMDAN project partners are pleased to share with you Catalyzing Healthier Labor Migration: Working on Health and Development in Source Communities in Cambodia and Destinations in Thailand. Key implementing agencies of the project were Cambodian Women for Peace and Development (CWPD), the Center for AIDS Rights (CAR, later known as Foundation for AIDS Rights or FAR), and PATH. This document was prepared by Pratin Dharmarak in consultation with PROMDAN project partners.

PROMDAN is a partnership between agencies working in Thailand and Cambodia, formed in response to a situation of uninformed labor migration in Cambodia and the need to develop health services suitable for Cambodian migrants in Thailand. The project focused initially on HIV but quickly expanded its scope to address the root issues and contexts putting migrants in vulnerable positions. PROMDAN aimed to increase access to health services as well as making the experience of labor migration beneficial for migrants and their families.

Taking into account the full migration cycle, the project strategy focused on both source communities in Cambodia and destination sites in Thailand. To enable psychosocial support and a positive environment for migrants, multi-level linkages, communication, and coordination between source and destination were established.

This report documents the development and implementation of the project as well as its impacts, highlighting throughout the benefits of the source–destination strategy. Information was gathered from various project documents, relevant project reviews, and interviews with migrant workers and key individuals involved in the project.

As labor migration in the Greater Mekong Sub-region is set to continue, the implementing partners hope that learning from PROMDAN will contribute to the further development of health service systems and programming for migrant populations, making labor migration both healthier and more valuable with regard to the development of source and destination countries.

H.E. Chu Bun Eng

CWPD Executive Director

PROMDAN Project Manager

On behalf of PROMDAN partners

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CAR	Center for AIDS Rights, later FAR
CWPD	Cambodian Women for Peace and Development
DHSS	Department of Health Service Support (Thailand)
FAR	Foundation for AIDS Rights, formerly CAR
FHI	Family Health International
HIV	Human Immunodeficiency Virus
HSRI	Health Systems Research Institute (Thailand)
IEC	Information, Education, and Communication
IOM	International Organization for Migration
LSCW	Legal Support for Children and Women
MCH	Maternal and Child Health
MWG	Migrant Working Group (Thailand)
MoPH	Ministry of Public Health (Thailand)
MoU	Memorandum of Understanding
NAA	National AIDS Authority
NCHADS	National Center for HIV/AIDS, Dermatology and STD
NGO	Nongovernmental Organization
PATH	Program for Appropriate Technology in Health
PHAMIT	Prevention of HIV/AIDS Among Migrant Workers in Thailand (Global Fund)
PHO	Provincial Health Office
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PROMDAN	Prey Veng–Rayong Operation on Migration Dynamics and AIDS Intervention
RTF	Raks Thai Foundation
SHIELD	Support to Health, Institution Building, Education, and Leadership in Policy Dialogue (USAID)
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
VCCT	Voluntary Confidential Counseling and Testing for HIV
WHO	World Health Organization

EXECUTIVE SUMMARY

Labor migration from Cambodia to neighboring Thailand is characterized by a high volume of men traveling back and forth through “irregular” channels as undocumented migrants. These dynamics put Cambodian workers in a range of perilous scenarios, from crossing the border illegally to enduring unsafe working conditions and difficulties in accessing health care services in the destination country.

Country-, disease-, and component-specific funds often limit the scope of development projects aimed at improving health and human security. As such, the source–destination model is rare. In this case, regional funding and flexible donor support allowed partners to design and implement a unique project.

The Prey Veng–Rayong Operation on Migration Dynamics and AIDS Intervention (PROMDAN) was the first source–destination health and development program for migrant workers in Asia to address broader contextual vulnerabilities throughout the cycle of migration. In addition to providing safe migration education to residents in Prey Veng on the reality of being migrant workers, and encouraging them to plan their journey in advance in order to maximize the experience, the project provided health education, HIV-related services, and legal support at destination in Rayong, Thailand. The support to migrants went on until they returned home.

Pre-migration and HIV/AIDS education conducted in rural villages and communities of Prey Veng and Kampong Cham provinces heightened awareness of the health, social, and safety implications related to irregular labor migration. The movie “No home too far” had resounding success in reaching Cambodians through culturally appropriate edutainment. The movie continues to be a key communication tool for HIV/AIDS programs working with Cambodian migrants in Cambodia and Thailand today. Support from staff and volunteers helped women and families access local health services and prepared them for the return of their family members. Advocacy work in Cambodia stimulated dialogue on “rights of movement” among undocumented migrants and collaborative work toward better migration policy.

In Rayong, involving and empowering migrants to reach and help their fellow countrymen in a foreign environment generated a sense of self-worth and pride. Cambodian fishermen and their families received health education related to HIV prevention, work safety, and relevant health services. Outreach and mobile clinics addressed health needs in the early stages before a referral system was established. The children’s vaccine initiative of the Provincial Health Office (PHO) in Rayong made access to free vaccinations for migrant children born in Thailand a reality, showing how the government’s provision of health services can be implemented at community level.

Although migrant workers contribute to the host country economy, myths and misperceptions persist. Advocacy and networking increased migrants’ voice, and education to employers and employees on labor rights, coupled with legal support, helped migrant workers better negotiate for their entitlements and compensation. Additionally, government and nongovernmental partners at local and national level worked together to develop more health services suitable to the needs and situation of migrant workers.

PROMDAN made a small but significant contribution in terms of helping reduce disparity as a step toward making the Greater Mekong Sub-region a more integrated and equitable society. Enabling disadvantaged Cambodians to obtain information and services on both migration and health issues from source through to destination was an empowering process. Cross-border partnership and collaboration among agencies in Cambodia and Thailand served to increase understanding and respect between the people of the two countries.



1

BACKGROUND AND CONTEXT

- ❖ Push and pull factors bringing migrant workers into Thailand
- ❖ Irregular, risky migration
- ❖ Health care needs of Cambodians in Rayong in 2000

Push and pull factors bringing migrant workers into Thailand

Migrant workers have flowed into Thailand from neighboring countries since the mid-1990s. This has been a result of both push and pull factors, in other words the movement of people has been caused by structural dynamics (World Bank, 2006).

Poverty, lack of employment opportunities, political instability, and aspirations for a better life, as seen or heard about from others, all encourage the working-age population to leave their villages and communities and migrate to work elsewhere.

Meanwhile, in Thailand there is a demand for low-skilled workers, resulting from a strong economy, an upgrading of skills in the workforce, an expansion in labor-intensive industry, and declining population growth. In particular, migrant workers have filled needs in sectors that have become unattractive to Thai workers: fishing and other seafood industries, construction, and agriculture. The comparatively high wages for these jobs in Thailand draw workers from neighboring countries, especially Myanmar, Cambodia, and Laos.

In late 2009, the Thai Ministry of Interior reported that 1.5 million migrants had applied to stay in the country. Nongovernmental organizations (NGOs) working with migrant workers in Thailand estimate the actual number to be two to four times higher than the reported figure. Many of these migrants have crossed the border into Thailand without documentation or are unregistered and are known as “irregular” migrants.

Being irregular leaves migrants vulnerable to abuse and exploitation, complicates their access to health care, and limits their recourse to complaint mechanisms and compensation for occupational risks.

Cambodians make up the second largest group of migrant workers in Thailand. They work mostly in fishing, construction, and agriculture. It is estimated that at least 200,000 Cambodians were living in Thailand in 2009. The period of stay in Thailand varies from a few months to more than ten years, although most return home periodically.

Irregular, risky migration

From the late 1990s until 2005, most Cambodians left their rural villages for Thailand uninformed, putting their fate in the hands of unauthorized brokers, who might or might not have secured jobs for them. The situation has improved in recent years, with many migrants making use of social and familial networks at destination in a pattern known as “chain migration.”

The Thai government allows a limited number of undocumented workers to apply for work and residency registration on an annual basis. Registration must be carried out by employers, who have to pay registration fees in advance. As a result, most employers do not register all of their employees.

In 2003, Thailand signed a Memorandum of Understanding with Cambodia to promote legal migration. The MoU also invited the Cambodian authorities to conduct a “nationality verification” of Cambodian workers already in the country.

However, most academics and researchers into labor migration between the two countries agree that policies and regulations on migrant labor management in Thailand are inconsistent and ineffective (Rukumnuaykit, 2009), whereas those in Cambodia are restrictive, too costly for workers, and managed by institutions with inadequate capacity (Sophal, 2009).

The number of Cambodians arrested while trying to cross the border using clandestine arrangements increased from 98,268 in 2005 to 196,798 in 2006 (Vasuprasert, 2008). Although some people may have been arrested more than

one time, policy to date has clearly not met the scale or speed required to stem the flow of undocumented migrants.

As the two governments have been slow to take appropriate action, a number of questions remain for both sending and receiving communities, on how to help Cambodians make the most of their journey, how to help travelers minimize their risks, and how to protect the rights of all migrants, including the right to health care in a country whose systems and services have not been designed for them.

The PROMDAN project from 2000 to 2009 was a joint effort by the people of the two countries to address these questions, focusing on the strategic locations of Rayong in Thailand and Prey Veng in Cambodia.

Health care needs of Cambodians in Rayong in 2000

In the past few years, outbound migration from many Cambodian provinces has been increasing. A considerable number of migrants are from Prey Veng, a province in the southeast of Cambodia that is among the country's poorest. Rayong is an economic hub in eastern Thailand, with over 100 km of shoreline and an extensive fishing industry. It is the top destination for migrants from Prey Veng.

In 2000, prior to the start of the PROMDAN project, an estimated 5,000 to 20,000 Cambodians were in Rayong, living around the piers and docking stations. Most were men, although many women had also moved there with their husbands. Some young women had come to find jobs on their own, and a number of children had been born in Thailand.

In Thailand, only registered migrants with health insurance have the right to access services, which caused difficulties for unregistered migrants and their families. Fear of arrest also deterred migrants from seeking health care at public facilities. Most of them struggled to find the money to pay upfront fees for treatment at hospitals. Many delayed seeking health care until their condition became serious. Lack of knowledge of the health system and lack of Thai language skills served as a barrier even for those who were registered. As a result, most migrants resorted to self-treatment: buying medicines over the counter.

The health care needs of Cambodian migrants came to the attention of Rayong health officials in 2000, when they conducted outreach clinics and visited households in port communities. Issues common among migrants included work-related injuries, sexually transmitted infections (STIs), and lack of medical care, including appropriate vaccinations for mothers and newborn children.

Irregular labor migration, lack of labor rights, and difficulties in access to health care are interconnected. Effective interventions to improve the situation of migration require a cross-disciplinary approach and elements spanning many levels.



2

SITUATION ASSESSMENT AND HIV RISKS

- ❖ Fishing: A most-at-risk occupation for HIV
- ❖ The HIV epidemic in Thailand and Cambodia
- ❖ Situation assessment in Rayong
- ❖ Situation assessment in Prey Veng

Fishing: A most-at-risk occupation for HIV

Although mobility and migration are not health risks in themselves, a number of factors may precipitate migrants to engage in risky sexual activities. These may include being alone in an unfamiliar environment, access to income, limited health education, being far from a regular partner, peer pressure, lack of a social structure, and easy availability of sex services.

Most employment opportunities are in fisheries or on fishing trawlers and, as such, many men from Cambodia head to the eastern Thai provinces of Trad, Chanthaburi, Rayong, and Chonburi. Some move further to Samutprakan near Bangkok, and some travel down to the southern coast (Songkhla and Pattani).

Fishermen have emerged as a particular mobile group with high HIV prevalence. Drinking and frequenting sex work establishments while on shore are common ways to relax after the harsh work at sea (Press, 2004). Additionally, fishermen in the Gulf of Thailand and the Andaman Sea practice penis enlargement and implant beads in the foreskin, both of which involve piercing the foreskin, thereby increasing risk of HIV transmission. A survey on HIV and related risk factors conducted among 818 fishermen in the Gulf of Thailand and the Andaman Sea in 1998 (582 Thai, 137 Burmese, 99 Cambodian) found an HIV prevalence of 15.5 percent. When broken

down by nationality, prevalence was 14.6 percent among Thais, 16.1 percent among Burmese, and 20.2 percent among Cambodians (Entz et al., 2000). Visiting sex workers was one of the risk factors reported, and was significantly more common among Cambodians (40%) than among Thais and Burmese (12%).

The HIV epidemic in Thailand and Cambodia

With a high number of men frequenting sex workers, and low and inconsistent condom use, sexual activity has been a major route of HIV transmission in both Thailand and Cambodia. HIV prevalence is high among sex workers in both countries, and men often pass the virus on to their wives.

Thailand's 100% Condom campaign has been heralded as a huge success, putting HIV and STI infection rates into decline as from 1995. HIV prevalence among sex workers has remained high, however, and higher in coastal and some border provinces, including Rayong. At the same time, Prey Veng has one of the highest HIV rates in Cambodia, although this too has been decreasing. Improving statistics in both countries owe to a combination of HIV-related mortalities and fewer new infections (because of safer sex habits) at a time when both countries had yet to introduce a national antiretroviral therapy (ART) program.

HIV prevalence in Prey Veng, Cambodia, Rayong, and Thailand in 1998 to 2002

	Direct sex workers (%)				Indirect sex workers (%)				Antenatal clients (%)			
	1998	1999	2000	2002	1998	1999	2000	2002	1998	1999	2000	2002
Prey Veng	29.3	7.3	17.4	17.2	34.0	31.0	11.4	12.5	2.8	2.8	2.6	2.4
National: Cambodia	42.6	33.2	31.5	28.8	19.2	19.8	18.8	14.8	2.7	2.8	2.8	2.7
Rayong	22.0	24.0	21.6	22.9	11.0	4.6	0.9	4.1	5.4	4.4	4.1	3.1
National: Thailand	21.1	16	18	12.2	7.1	7.0	6.0	4	1.5	1.8	1.5	1.6

Source: NCHADS and MoPH data.

Situation assessment in Rayong

In late 2000, development organizations and health officials from the two countries carried out a joint site assessment in Rayong and Prey Veng. Interviews and focus group discussions found that migrant workers in Rayong had limited interaction with the surrounding Thai community.

They reported dangerous working conditions, unfair contracts, and high fees for sending money home (for those who were able to send any money home at all).

Access to health services was very limited. Fishermen were brought to hospital only in cases of severe injury or illness. Thai health officials reported an increasing number of pregnant women in migrant communities, probably because contraception was unavailable to Cambodians. Newborn children went without routine vaccinations (PATH Thailand, 2000).

Knowledge and awareness of HIV and AIDS were low among migrants. Many did not use condoms because of a perceived lack of risk, a misconception that HIV was treatable, and doubts as to the actual existence of HIV, which was also perceived to be a disease of the Thai. Drug store personnel suspected increasing STI rates among Cambodian men, who visited the stores to buy antibiotics for themselves. Thai sex workers reported that Cambodian fishermen did not want to use condoms and offered more money for sex without or tore the tip of the condom. Cambodian migrant workers said:

"If we have sex with Cambodian sex workers, we do not need to use condoms."

"We have heard about AIDS but don't know how AIDS is transmitted."

"Accidents always happen during work. We don't have gloves or anything and always get cut by rope or fish bones, or fall down on the slippery floor. The heavy pulley hauling the fishnet could fall down on us."

Situation assessment in Prey Veng

In late 2000, records from local authorities stated that over 4,000 people had left Prey Veng to work in Thailand. Assessment in the province was carried out in four districts known to be source communities. Meetings and focus group discussions were held with village and commune leaders, returned migrants, families with members in Thailand, and owners of telephone shops involved in money transfer.

Most families that had sent someone to Thailand were poor and had done so in the hope that the family member would find a job with good pay.

Sending someone to Thailand was expensive, however, and return was not guaranteed. Families of migrants reported paying US\$100-180 in local currency for the cross-border journey to me khchol (brokers). Many families had taken loans with a 12-15 percent interest rate in order to be able to pay these brokers, who were generally



Many factors encourage the working-age population to leave Prey Veng and migrate to work elsewhere

Cambodians with connections in Thailand. Some had paid before leaving the village and others had paid at the border, before being handed to Thai smugglers who took them to Rayong. Some brokers cheated, dumping people at the border and disappearing.

Once in Thailand, many migrants were unable to save money. Some spent their wages on drinking and sex workers, some were arrested, some were cheated by boat owners, and some got sick and had to pay hospital fees. When migrants could save money, they send it home through remittance brokers linked with telephone shops in Prey Veng, but charges were high, ranging from 5-30 percent.

Those who were able to save said they had had a clear objective, for example building a house or paying off a loan. Some employers helped keep money for workers so they could send it home as a larger sum.

“Some who are still in Thailand cannot get enough money. They are too embarrassed to contact their family or return to Cambodia empty handed.”

Returned migrant

“Some people are poorer because they took a loan to go and take a risk in Thailand.”

Community leader

Many relatives and family members of migrants said they had not heard from their sons or husbands for two to three years. They did not know where they were or how to contact them and

wanted help to send letters or communicate with their loved ones. Families had heard that migrant life was difficult, but had little information about living and working conditions and only hoped that their relatives would find kind-hearted employers. The experience of many returned migrants had not been positive, however, and waiting family members were often worried.

“My husband went to Thailand almost three years ago now and I have not heard from him.”

Community member

In rural Prey Veng, people had heard about AIDS but had limited knowledge about it. One community leader said that he had heard of four cases of AIDS in his district. A woman mentioned that she had a skin disease and that she suspected that her husband might have AIDS. Most returned migrants interviewed during the assessment admitted that they had frequently gone out for drinks and commercial sex while away. Many returnees suffered from poor health, owing to exhaustion from hard work, work-related injuries, and, for some, long-term disabilities.

“When we first got there, seasickness was very bad as we had not worked in the sea before. After a month or so we got used to it. Other sicknesses were high fever, STIs, diarrhea, malaria, and losing weight. Some are addicted to drugs [amphetamines].”

Returned migrant

Local community leaders were ambivalent about whether migrating to work in Thailand was beneficial.



Most employment opportunities for migrants are in fisheries or on fishing trawlers



3

THE PROMDAN MODEL FOR HEALTH AND DEVELOPMENT IN THE AGE OF LABOR MIGRATION

- ❖ The source–destination continuum
- ❖ From HIV to a more integrated program approach
- ❖ One project with two arms: A joint Cambodian–Thai effort
- ❖ Goal, objectives, and strategies
- ❖ The four phases of PROMDAN

The source–destination continuum

Programs addressing health and HIV-related risks among migrant and mobile populations have been implemented in Asia since the mid-1990s. The majority have sought to influence risky behaviors at the individual level, particularly those of mobile men as they stop in or move between places with easy access to sex services but limited availability of condoms and STI care and treatment.

PROMDAN planners took a broader view and aimed to reduce contextual vulnerabilities affecting migrants' lives, from the pre-migration stage, through their overseas work period, up to (and including) when they returned to their home province. Empowering and assisting migrants throughout the source–destination continuum is key to achieving positive health outcomes.

From HIV to a more integrated program approach

Thailand implemented its bold 100% Condom campaign for HIV prevention in the 1990s. Thai health personnel at the time were aware that Thai fishermen were engaging in higher-risk behaviors and were a community with high HIV prevalence. They were also concerned about how to help Cambodian fishermen in Rayong protect themselves from HIV. Recognizing that this group did not speak Thai, had limited access to information, and had few resources to pay for health care, staff of Rayong PHO approached PATH to discuss ways to address the situation.

Focusing only on HIV/AIDS would have neglected other health issues and also would have overlooked the lack of rights among migrant workers. This would not have facilitated much improvement in their quality of life or that of their families. PROMDAN's development and evolution were instead guided by a rights-based, integrated program approach of improving health and human/labor rights together.

One project with two arms: A joint Cambodian–Thai effort

The word *promdan*, employed as the acronym for the Prey Veng–Rayong Operation on Migration Dynamics and AIDS Intervention, literally means “border” in both Thai and Khmer. PROMDAN was conceptualized as one project with two arms – one in Prey Veng and the other in Rayong – as a joint effort to address a shared problem of the two countries.

The planners saw migrant fishermen in their role as members of families that had been left behind in Cambodia. These workers were seen as having taken a risk in migrating to Thailand in the hope that increased earnings would allow them to improve the lives of their family members back in Cambodia. Knowledge of the situation at both source and destination points enabled a deeper understanding of the population known as “migrant workers,” which in turn enabled better interventions in both countries.

Working just with migrant men in Rayong, or just with their family members in Prey Veng, would have amounted to addressing only one side of the equation, reducing the project's potential for successful outcomes. Instead, regular communication, coordination, and sharing between the two sites allowed for improvements and adjustments corresponding to the changing needs and dynamics of migration over time.

The design and development of PROMDAN took into account the following issues:

- Lack of information and pre-migration planning among most Cambodians in source communities
- High irregular and circular migration of Prey Veng residents to Rayong and back
- Need for HIV intervention both in Prey Veng and in Rayong
- Difficulties in accessing health services in Thailand
- Isolation and marginalization of Cambodians in Thailand
- Lack of a rights protection mechanism for migrant workers in Thailand
- Need for collaboration and linkages between agencies working in Thailand and those in Cambodia

PROMDAN involved health authorities and national HIV/AIDS actors from both countries in program activities and kept them abreast of new developments throughout the project's life. The project benefited from good collaboration with the AIDS Division of the Thai Ministry of Public Health (MoPH), Cambodia's National Center for HIV/AIDS, Dermatology and STD (NCHADS) and the Cambodian National AIDS Authority (NAA).

Goal, objectives, and strategies

The overall goal of the project was to improve the lives and health of Cambodian migrant workers and their families.

The two objectives were:

1. To make labor migration a positive and productive experience that was beneficial to migrants and contributed to the development of Cambodia
2. To make HIV prevention and other essential health services available and accessible to migrant families at source and destination

Activities to achieve these objectives were implemented under five key strategies. Strategies 1 and 2 were implemented in Cambodia, Strategies 4 and 5 were implemented in Thailand, and Strategy 3 served to link and support implementation in the two sites.

Strategy 1:

Reduce migration risks and promote productive migration through pre-migration education and family support in Prey Veng

Strategy 2:

Increase HIV and health awareness and access to local health services for families in Prey Veng

Strategy 3:

Create an enabling and supportive environment through psycho-social support for migrants and multi-level linkages and coordination between Cambodia and Thailand

Strategy 4:

Develop health services suitable for migrant workers and families in Rayong

Strategy 5:

Improve labor rights and policies through networking and advocacy

As PROMDAN represented a novel approach with regard to targeting hard-to-reach migrant fishermen in Thailand, one with limited funding, project implementers sought to pilot the model and record lessons learned. Rather than a strict quantitative plan for monitoring and evaluation, the project relied on qualitative methods such as participatory learning and action, focus group discussions, and in-depth interviews. Qualitative information was gathered at the start of the project and periodically afterwards, in order to characterize needs, measure progress, and identify areas for improvement. This information was then funneled back into activities throughout the project's life.

PROMDAN implementing partners and roles

Cambodia	Thailand
<p>PATH staff in Cambodia worked closely with their counterparts in Thailand to provide technical support to Cambodian Women for Peace and Development (CWPD) and to build capacity. This included training project staff and volunteers and monitoring project progress. PATH also facilitated the development and sharing of many information, education, and communication (IEC) materials in Khmer for project use in Cambodia and Thailand.</p> <p>CWPD was founded from a national women’s network with strong experience in community development and HIV/AIDS education. CWPD conducted pre-migration education in Prey Veng and Kampong Cham to reduce risks related to migration and HIV and helped rural families receive health care services. In the last phase of PROMDAN, CWPD expanded its target audience from potential migrants to the general public. Staff worked closely with community leaders and local authorities, transferred the responsibility of pre-migration education to them, and continued to advocate for better migration policy and management at the national level.</p>	<p>PATH provided technical training in both Thailand and Cambodia in addition to cross-border linkages to facilitate the exchange of information between sites. PATH was key in developing culturally appropriate communication materials and tools. Staff worked closely with Thai health systems to develop suitable health services for migrants.</p> <p>The Center for AIDS Rights (CAR), later known as the Foundation for AIDS Rights (FAR), has extensive experience in networking and advocating for the rights of laborers and people living with HIV/AIDS (PWLHA).</p> <p>CAR established working relationships with employers, conducted outreach education for migrant fishermen, gave legal advice, and mediated on behalf of migrant workers in disputes and legal cases.</p> <p>Rayong PHO provided oversight support to government health facilities in Rayong. A strong working relationship with PROMDAN and increased understanding of the migrant situation and needs led to the development of migrant-friendlier health services in Rayong.</p>

The four phases of PROMDAN

Phase I (2000-2002)

Cambodia: Main activities were pre-migration education, HIV/AIDS prevention and education, and referral to health services in five high-migration districts of Prey Veng. Other activities included small-scale income generation support for poor families and the launch of the movie “No home too far.”

Thailand: In Rayong, partners focused on HIV/AIDS education through outreach and a drop-in center. Rayong PHO provided mobile clinics and PATH and CAR advocated for the rights of migrant workers at local, national, and regional levels.

Sources of funding: United States Agency for International Development/Family Health International (USAID/FHI) via the IMPACT project, PATH

Phase II (2003)

Cambodia: HIV and migration education, support for migrant families, and referral to health services continued in five districts of Prey Veng. Maternal health, child vaccination, and family planning were added into community education and training.

Thailand: HIV prevention activities and legal support continued for migrants and their families. Partners worked closely with Thai health facilities to develop accessible maternal health, vaccination, and family planning services for Cambodian migrants. A cross-border follow-up system was implemented to ensure a complete set of vaccinations for all children under five.

Sources of funding: The Rockefeller Foundation, the World Health Organization (WHO), the Bill & Melinda Gates Foundation

Phase III (2004-2007)

Cambodia: Public education and family support continued in the original five districts and expanded to two more districts in Prey Veng. Community education began in three districts of Kampong Cham, focusing on HIV/AIDS, migration facts, and life planning. Community leaders were involved and trained in public education, while partners advocated for a better migration policy framework.

Thailand: HIV outreach education in Rayong continued with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria. PATH worked with the Raks Thai Foundation (RTF) and other Global Fund partners to include migrant health services in provincial health plans and to advocate for maximum use of health insurance fees paid by migrants. Funds from The Rockefeller Foundation and the Global Fund also supported cross-border meetings between Cambodian and Thai health authorities.

Sources of funding: The Rockefeller Foundation

Phase IV (2008-April 2010)

Cambodia: In this final phase, the project set up information posts for potential migrants in Prey Veng and Kampong Cham and worked to transfer the responsibility for pre-migration education in the two provinces to community leaders and local authorities. Training and mentoring support were provided to local leaders. CWPD continued advocating for safe migration and an improved migration framework at national level, collaborating with the Ministry of Labor and Vocational Training and worker recruitment agencies.

Thailand: HIV education, follow-up support for tuberculosis cases, and referrals for health services continued in Rayong with funding from the RTF/Global Fund to CAR. The Cambodian Task Force was formed under the Migrant Working Group (MWG) to advocate for migrant rights and to educate the Thai public on the contribution of migrants to the country's economy.

Sources of funding: The Rockefeller Foundation



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IMPLEMENTATION OF PROMDAN STRATEGIES

- ❖ Reduce migration risks and promote safe and productive migration
- ❖ Increase HIV awareness and access to health services
- ❖ Reduce HIV risk and develop health services suitable for migrant workers
- ❖ Improve labor rights, policy, and advocacy
- ❖ Create an enabling and supportive environment through psycho-social support for migrants and multi-level linkages between Cambodia and Thailand

Reduce migration risks and promote safe and productive migration

Situation and approach

In Prey Veng, poverty and a lack of employment opportunities have led many people from poor families to look to Thailand to improve their living standards. They migrate with very little information about work prospects, living conditions, and the risks involved. PROMDAN called for a pre-migration education campaign to equip potential migrants and their families with relevant information about migration to Thailand. The objectives were to stimulate discussion of the pros and cons of labor migration and to encourage families to hold their own discussions and plan the journey together. In this way, travelers would be able to minimize migration and HIV risks and maximize the benefits

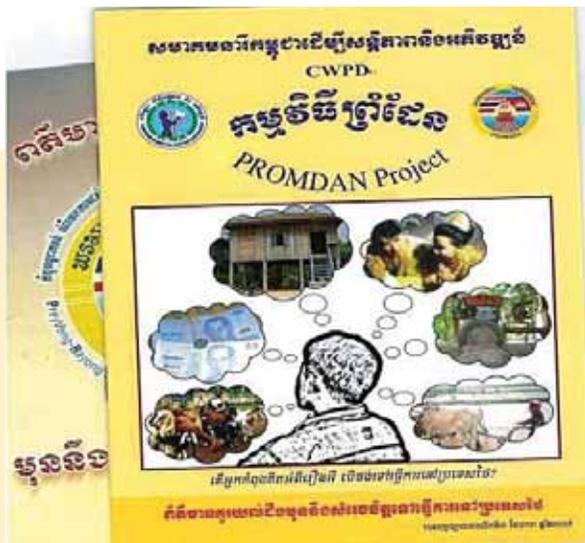
of their time spent in Thailand. Families at home were encouraged to participate in income-generating activities during their absence, rather than waiting helplessly.

Promoting safe migration through pre-migration education

CWPD's implementation of this activity in Cambodia was continually adapted in order to respond to the evolving dynamics of migration. In Phase I, teams of trained volunteers conducted education through group sessions at homes and in communities. Community events on World AIDS Day and International Women's Day served as additional opportunities for public education and participation. Volunteers received training in communication skills, migration issues, and key health topics, including HIV/AIDS and other STIs. Emphasis was given to increasing knowledge about migration and HIV risks in high out-migration areas and among groups of migrant families.

In Phase II, the scope of health education was broadened to include maternal and child health (MCH), immunization, and family planning. A booklet entitled "What you should know before deciding to go to work in Thailand" reviewed "migrant facts". CWPD used this as a key communication tool in discussions with potential migrants. The booklet also contained contact information for CAR and a description of its services for migrants in Rayong.

Participatory learning from "success" and "failure" stories stimulated discussion and encouraged families to consider their migration plans carefully. CWPD staff and volunteers encouraged potential migrants and their families to develop an objective or a "life plan" prior to leaving home (build a house, save capital for a small business, save up for marriage, etc), along with discussing how to save money, how much money should be sent home, and for how long. Migrants were also encouraged to maintain contact with their family members while in Thailand, thus encouraging adherence to the plan. PROMDAN partners found that a life plan was a major factor in successful migration.



"What you should know before deciding to go to work in Thailand"

was produced by CWPD and provided potential migrants with information about regulations, registration requirements, and wage levels, and other information about migrant workers in Thailand. Working closely with PATH and CAR on the Thailand side ensured that the information was updated regularly.

“No home too far”: The talk about Chet continues

During PROMDAN’s implementation, PATH and CWPD worked together to ensure that all communication materials and tools produced were culturally appropriate and relevant to Cambodians. Mirroring the rural folk culture of Cambodia, a feature-length drama film entitled “No home too far” was created to help Cambodians

gain an understanding of the life of fishermen in Thailand. After six months of research in Cambodia and aboard fishing trawlers in the Gulf of Thailand, the film was shot in Thailand and Cambodia under the direction of an award-winning Thai filmmaker. CWPD was involved with script preparation, selection of the Cambodian cast, and shooting. The result was a professional movie that captured the audience with relevant messages.



“No home too far”

portrays a young Cambodian named Chet. After marriage, Chet crosses the border to Thailand illegally to become a fisherman alongside other Cambodians. While some of his fishermen friends get carried away with their newfound freedom and are infected with HIV, Chet remains faithful to his wife, resisting temptation and enduring hardship to return to Cambodia safely.

“No home too far” has been shown widely in Cambodia and in migrant communities in Thailand, and has also featured on Cambodian national television several times. It always attracts huge crowds across Prey Veng and Kampong Cham. CWPD uses the film as an educational tool, asking viewers to pay full attention. Those who answer questions correctly after the film ends are eligible to win small gifts.

The edutainment approach has been a resounding success, with former migrants stating that it accurately covers all of the important aspects of migrant life. Families are able to understand the challenges of making money in Thailand and are therefore more careful about spending these hard-earned funds. The move has dispelled the myths associated with migrating to Thailand.



PROMDAN's advocacy meetings raised awareness, called for better migration policy, and engaged local leaders and authorities to take an active role in safe migration education.

PROMDAN also employed songs, storytelling, and narration to reach Cambodians with safe migration messages. CWPD developed karaoke songs and VCDs about men away from home or families longing for their loved ones. Songs were interspersed with discussions on the lives of migrant workers. These were distributed widely in Cambodia.

Transferring safe migration education to community leadership

During Phases III and IV, PROMDAN expanded its coverage to all 12 districts of Prey Veng and to 3 high-migration districts of Kampong Cham. In response to changing migration trends, the target audience was expanded to include Cambodian women and secondary school students. CWPD worked to transfer the skills of and responsibility for pre-migration education to local authorities and community leaders through a mentoring process, in order to promote a sustainable educational system for this growing population.

Trainings on HIV, migration, and advocacy were provided to community leaders, including school heads, commune and village chiefs, head monks of temples, and senior laypersons. After three months

of working in their respective communities, these community leaders attended a workshop to share their experiences and to make plans to continue their activities. The leaders utilized community meetings, public events, school gatherings, and religious ceremonies to inform their constituents and highlight migration issues.

PROMDAN's advocacy meetings raised awareness, called for better migration policy, and engaged local leaders and authorities to take an active role in safe migration education. As project activities wrapped up, community ownership became the exit strategy for PROMDAN.

Increase HIV awareness and access to health services

Situation and approach

Cambodia's post-war health system was flailing, despite large-scale international support beginning in the early 1990s. The table below shows how this is reflected today in a lack of access to quality MCH services in comparison with Thailand.

Key health indicators in Cambodia and Thailand

Indicator	Cambodia	Thailand
Maternal mortality ratio (per 100,000 live births)	437.0 (2004)	24.0 (2002)
Infant mortality ratio (per 1,000 live births)	96.0 (2002)	22.0 (2002)

Source: UNICEF (2007)

Poor health status has resulted from a lack of services, low capacity among providers, high costs, long distances to facilities and no adequate means of transport, misperceptions about health conditions, and hesitance to approach services on the patient side. The role of NGOs with regard to linking up with the government system, providing health education to families, promoting healthy behavior, and facilitating rural health care has been crucial to the evolution of Cambodia's health system.

Conduct HIV-related education and facilitate referral to health services

HIV had already spread to Prey Veng by the time PROMDAN began, but public understanding of the virus and its transmission routes was limited. HIV/AIDS information channeled through the media can create fear and misunderstanding if it is not coupled with sustained and comprehensive education activities. PROMDAN staff recounted an incident in which Buddhist monks went to pray at the funeral of a rural man who had died of AIDS but opted to sit in a neighbor's house rather than the victim's, for fear of acquiring HIV. Community education, particularly around modes of transmission, was therefore a main component of PROMDAN from the start.

Project staff trained a cadre of village-based volunteers to run health education sessions, conduct home visits, and refer community members to health centers when needed. Initially, most volunteers were women but later in the project more men, including returned migrants, were recruited and trained to work with men. A total of 57 volunteers were trained over the course of the project.

Volunteers mapped out their assigned villages and located families with migrating member(s). They also developed village profiles, documenting population, sex ratio, age, living conditions, and occupations, for further follow-up and support activities. Project staff and volunteers made the point of visiting known HIV-positive persons and patients with HIV-related illnesses to show that PLWHA can live among others in the community. These visits helped generate a shift away from cases such as children being prohibited from playing together and villagers refusing to take water from the same well as PLWHA.

Education sessions on HIV/AIDS and other STIs were held separately for male and female participants so as to reduce embarrassment, particularly when talking about male and female reproductive organs and condom use. Getting rural women to see and touch a condom for the first time was a major breakthrough, as most of them had previously viewed condoms as dirty or disgusting. The response from community members was positive. They said that face-to-face communication had given them the opportunity to ask questions, whereas messages they heard from television had left them unclear.

The active on-the-ground network of CWPD was vital to building credibility and strong relationships with health centers in every district. Staff were able to convince health authorities to develop an STI treatment package for local health centers. PROMDAN referral slips were used to facilitate referrals for information and treatment during the early period and were later phased out as villagers became more confident in approaching health center staff on their own. Volunteers formed a crucial link between local health service providers and villagers.

Support and prepare for reintegration of returned family members

PROMDAN partners also promoted voluntary confidential counseling and testing (VCCT) for HIV and distributed information about HIV disease progression. When husbands who had migrated returned home, spousal communication on the sensitive issues of condom use and HIV testing was important. Many returnees agreed to use condoms and to take an HIV test prior to resuming sexual relations with their wives.

Others told their wives that they had been tested for HIV in Thailand as part of the worker registration process and that the results were negative, thereby enabling their registration. Communication with PROMDAN partners in Rayong revealed that an HIV test was not included in health screening for migrant worker registration. CWPD subsequently included information in the migration facts booklet on the eight health conditions involved in the registration screening in Thailand. Increased awareness about HIV and the potential risky behaviors of migrants while away from home prompted many women in Prey Veng to ask their prospective grooms to take an HIV test prior to getting married.

Improve maternal and child health and implement follow-up support

Migration was also affecting MCH. During PROMDAN Phase II, when there were many Cambodian children in Rayong, over 30 percent of Cambodian mothers and of children under five years old were found not to have received a complete set of vaccinations. In addition, over 60 percent of Cambodian women in Rayong did not have access to contraception (PATH Thailand, 2003). The situation required PROMDAN to widen the health focus of the project, in both Rayong and Prey Veng, to include MCH and family planning.

Many rural Cambodian women deliver babies at home with the assistance of traditional birth attendants. A large number in the project did not understand the benefit of various immunizations. PATH worked with CWPD to develop a video and a “talking poster” in Khmer to facilitate learning and discussion on MCH, vaccinations, and family planning. From 2003 onward, family planning and contraception were made available to migrant families.



PATH and CWPD in Cambodia provided follow-up support to young children who had traveled from Thailand back to Cambodia. The project's cross-border linkages ensured that all of these children received the full course of vaccination. PROMDAN staff also provided follow-up support to migrants forced to return home because of illness or accident. These cases had been flagged up by CAR staff in Rayong beforehand.



The water exchange game, utilizing sodium hydroxide solution and water, shows participants how HIV can be passed on inadvertently and helps dispel myths about HIV transmission. Education sessions also included core messages, such as that multiple partnering and unprotected sex are a good way to spread HIV.

Communication materials and tools like “No home too far” were both used in Cambodia and sent to CAR in Rayong, to help Cambodians feel connected to home.

CAR set up a drop-in center to serve as a safe space for all migrant workers. Here, they could receive counseling on health issues, referrals to health services, condoms, and legal advice, or they could participate in discussions about saving money and making life plans. In addition, migrants could watch Khmer videos, read Khmer magazines, cook their own food, and take a shower, making the drop-in center a second home for many.

Volunteer peer educators were recruited from among Cambodian fishing crews and trained in outreach education. Because of high mobility and turnover in the fishing industry, the project subsequently selected Cambodians in the community who could speak Thai to work as these outreach workers, known as “migrant health volunteers.” Volunteers held health education sessions, made referrals, and accompanied migrants to health facilities (serving as interpreters if required), and conducted home visits and follow-up support as needed.

A comprehensive list of topics was included in the educational sessions as part of an aggressive strategy to reduce STI incidence and increase understanding about HIV/AIDS. Fishermen and

their families learned about the routes of HIV transmission, assessing personal risk, prevention measures, HIV testing, HIV disease progression, positive living, opportunistic infections, and ART. Education sessions held around the pier, in the community, and at the drop-in center delivered core messages tailored to the time available. Extra activities were scheduled during the full moon period, when fishing trawlers docked at the ports and fishermen had some rest.

Correct and consistent condom use and early treatment of STIs were also emphasized. Education was extended to entertainment workers in karaoke bars, where fishermen often spent time during shore leave. Condoms were made available through outreach workers, at the drop-in center, and at condom distribution points in the community, on boats, and at karaoke bars.

Make vaccines accessible to migrant children

The discovery that newborn children in migrant communities were not receiving a complete set of vaccinations alarmed Rayong PHO. Thailand has long held a provision that all children born in Thailand are entitled to a free complete course of vaccines according to national guidelines. However, limited understanding about the benefits of vaccines, fear of being arrested, the language



Cambodian vaccine card of a girl born in Prey Veng in February 2002. After birth, she received the BCG vaccine and in 2007 received the OPV, DPT, and HBV vaccines. This girl continued her vaccinations in Rayong with a Thai health care provider in 2009, receiving immunization against Japanese Encephalitis and boosters for DPT and polio.

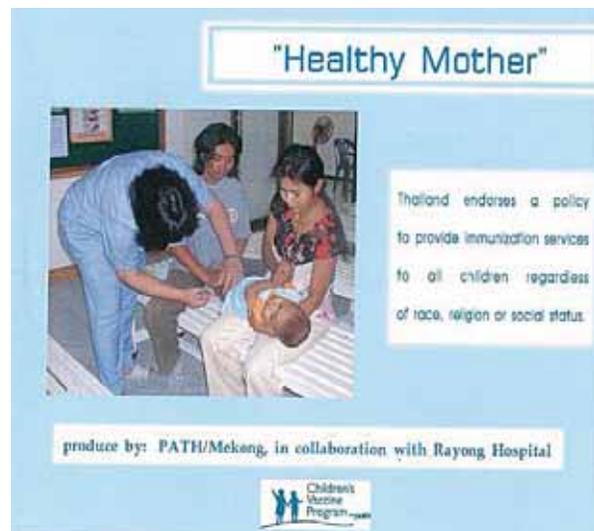
barrier, and a lack of knowledge about the health system often deterred mothers from taking their children to Thai health facilities.

At the start of PROMDAN, mobile clinics arranged by the PHO provided vaccinations to pregnant women and children they came across. With increasing numbers of Cambodian women and young children in Rayong, however, it was necessary to take action to ensure consistent access to appropriate care. In Cambodia, vaccinations were carried out through Immunization Day events, during which public announcements were made for parents to bring in their children for vaccination on particular days in particular places. Mothers in Thailand needed to understand the benefits of vaccination for themselves and to learn how to take their children to health facilities for appointments.

Service provision was complicated by a lack of bilingual outreach workers. PATH worked closely with Rayong Hospital to develop a Khmer-

language video to teach women about antenatal care and important vaccines for pregnant women and children. PROMDAN's bilingual outreach workers held education sessions, provided counseling and support, and reminded or escorted families to go to the health center on appointment dates indicated on the Thai "Mother and child health" booklet.

For children under five returning to Cambodia, PATH developed a bilingual vaccination recording card in Thai and Khmer similar to the one used in Cambodia. The card was for hospital and PROMDAN use, to record information from the Thai booklet on the vaccines the child had already received. PROMDAN partners nevertheless encouraged parents of young children to keep their children either in Thailand or in Cambodia to receive a complete course of vaccinations, rather than traveling between the two countries. For those who chose to travel, PATH and CWPD in Cambodia conducted follow-up support to ensure children received a full course of vaccinations by the age of five.



PATH worked closely with Rayong Hospital to develop a Khmer-language video to teach women about antenatal care and important vaccines for pregnant women and children.

Engage Thai health systems

At the time of PROMDAN's inception, PATH was already working to strengthen health systems in Thailand. Building on this experience, in 2000 PATH and CAR began working with other NGOs, civil society organizations, the Thai MoPH, and relevant stakeholders to increase access to health care services for the migrant population.

At national level, the government introduced the migrant worker health insurance scheme in late 2001. As part of the worker registration process, migrant workers or employers were to pay an annual insurance fee of 1,300 baht (US\$40) for health services at a designated local hospital involved in migrant health. Over the course of the year, migrants could access unlimited outpatient visits and medicines at the rate of an additional 30 baht (US\$1) per visit. All pregnant women were entitled to free prevention of mother-to-child transmission (PMTCT) services.

After an initial period of mobile clinics in the community, PATH and CAR worked closely with Rayong Hospital to develop longer-term solutions, clarify the entitlements of migrant workers, and implement a system of referral of both insured and



Nurses at Rayong Hospital held health education session with Cambodian women with assistance from PROMDAN outreach workers. Bilingual health education materials such as flip charts were developed for use by Thai and Cambodian workers.

uninsured workers to health care services. A key obstacle to providing needed health services was a labor restriction barring migrants from working in Thai health care settings. This meant that Cambodians who shared a common language and culture with migrant workers could not be trained or employed to deliver appropriate health care services to fellow community members. PROMDAN staff and bilingual outreach workers became the link between migrants and public health services, providing basic health information, making referrals, and accompanying migrants to health appointments to act as translators. A Provincial Migrant Health Committee was set up in Rayong to assess health care needs and plan and monitor services provided.

Subsequent support from the Global Fund PHAMIT 1 project (Prevention of HIV/AIDS Among Migrant Workers in Thailand) from 2003-2008 allowed PATH to continue the process of engaging the Thai health system to improve its services for migrants, which had begun during PROMDAN Phase 1. PATH began working with the Department of Health Service Support (DHSS) at the Thai MoPH and with local authorities in seven provinces to integrate a migrant health strategy into official provincial health plans. The ensuing close working relationship led to the development of a training curriculum for migrant health volunteers and workers, issued by DHSS. Eventually, through additional advocacy and at the request of DHSS, the employment restrictions on migrants in health care settings were also lifted.

PATH is continuing its work to improve access to health care for migrant workers living in Bangkok and nearby provinces through its role in the USAID SHIELD project from 2008-2010 (Support to Health, Institution Building, Education, and Leadership in Policy Dialogue) and in Bangkok AIDS, funded by the Thai Health Systems Research Institute (HSRI). Other current activities include advocacy for better management of migrant health insurance fees, for which contributions and uptakes remain misaligned.



Families of boat crash victims came from Prey Veng, accompanied by CWPDP staff, to receive compensation in Rayong in 2006. The claims process took three years to close as a result of inadequate documentation and family registration records on the Cambodian side.

Improve labor rights, policy, and advocacy

Situation and approach

Without a labor attaché at the Cambodian embassy in Thailand, migrant workers were virtually without protection or representation. Over the past 15 years, NGOs have been working on behalf of migrants, representing their voice, promoting understanding of their place in and contribution to Thai society, and advocating for their rights. A rights-based approach toward advocating for human and labor rights has been key to overcoming the notion of “us versus them.” NGOs have also promoted use of the phrase *raeng-ngarn kam chart* in Thai, meaning “transnational worker,” to replace *raeng-ngarn tangdao*, which means “alien worker” and which was often used in government language.

Improve rights to health care and legal assistance

Both CAR and PATH worked to improve access to health care by promoting health rights and to represent and give legal assistance to migrant workers in employment disputes.

Many registered migrants covered by the migrant-specific health insurance did not know the entitlements covered by the 1,300 baht fee. Likewise, many uninsured migrants were unaware that they could access health services by paying a fee upfront to the hospital. CAR and PATH trained outreach workers on these health rights, who then conveyed the information to fellow migrants. PROMDAN’s health activities for workers went on to help build respect and collaboration from employers.

During the life of PROMDAN, CAR rendered legal assistance to migrant workers on a range of issues, including work-related accidents. A well-known case was the 2003 crash between a Thai fishing

trawler and a cargo ship bearing the flag of Panama near Rayong. Twenty-three Cambodians and one Thai fisherman out of a crew of 34 perished. Working in conjunction with CWPD on the Cambodian side and with the Thai Border Coordination Committee in Aranyaprathet, CAR managed to claim compensation for loss of life from the cargo ship's company. Families also received reparations from the Thai employer (Malikaew, 2009).

PROMDAN established its position and credibility among key stakeholders for migrant fishermen, including the Fisheries Association of Rayong and law enforcement agencies (police and immigration). CAR held meetings with the Fisheries Association to inform them that the Thai Labor Protection Act, which establishes protocol for minimum wage and overtime pay, covers migrant workers irrespective of their legal work status. CAR also trained volunteers and outreach workers on human rights and worker entitlements according to Thai labor laws and explained the Thai legal process (PATH Thailand, 2002). Numerous staff lawyers at CAR's head office in Bangkok provided training and back-up support as needed.

Policy, advocacy, and networking for migrants' rights in Thailand

The fact that employers hire migrant workers regardless of their legal status indicates that migrant workers are beneficial to the Thai economy. In spite of this, the policies of many successive Thai governments toward migrant workers have been incoherent and restrictive. This is because the management of labor migration in Thailand has been conceived of through a national security lens (Rukumnuaykit, 2009). These policies have resulted in an increase in the number of irregular migrants in Thailand and have also perpetuated a system lacking protection and fair employment standards for workers.

Furthermore, although some Thais are tolerant or sympathetic to the plight of migrant workers, many are of the opinion that migrant workers take jobs away from Thais or are a burden on Thai society. The media often portray migrants as a disease-bearing population.

Partnerships and alliances are important ways to strengthen policy affecting migrants. From the start of the project in 2000, PROMDAN partners



PROMDAN coordinated informal coalitions to advocate for the rights and fair treatment of migrants.

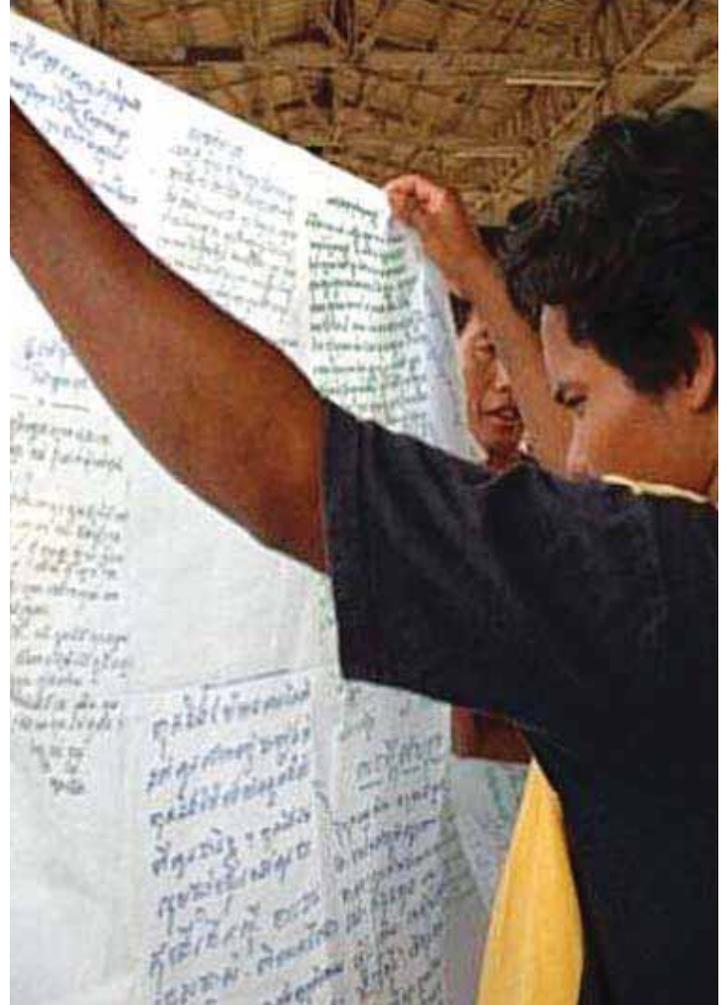
networked and worked with academic institutions and government, nongovernmental, and international agencies active in migrant work and human rights. Together, these informal coalitions advocated for the rights and fair treatment of migrants, conducting activities in Thailand and Cambodia and at regional forums. A unified voice strengthened the impact and penetration of core messages.

The MWG in Thailand emerged in 2006 from the partnerships formed among the implementing organizations of PROMDAN, PHAMIT 1, and SHIELD. The MWG's objectives were to increase migrant access to health care and education, promote labor rights, and improve public understanding on migrant-related issues. It collaborated with DHSS to improve the status and training of migrant health workers and volunteers, to monitor the implementation of a worker registration process, to convene the annual National Migrant Health Conference, to press for the integration of migrant children in Thai schools, and to coach the media on unbiased reporting of news on migrants. Priority objectives in improving policies affecting migrant workers and stateless people in Thailand were outlined in a rights-based policy framework. To continue work on issues related specifically to Cambodian migrants, a Cambodia Task Force was formed under the MWG.

Create an enabling and supportive environment through psycho-social support for migrants and multi-level linkages between Cambodia and Thailand

Situation and approach

Factors affecting the well-being of Cambodian migrant workers and families cover all levels, from personal to structural. In Prey Veng, many families were waiting for news from their loved ones, and in some cases had been doing so for many years. Meanwhile, in Rayong most migrants were living in enclaves, isolated from the host population.



PROMDAN staff ran an informal communications service, utilizing a piece of white cloth as an open letter to migrants in Rayong.

Connecting migrants with their families back home was seen as a way to support both migrants and family members. It was also expected that regular contact from home would motivate migrant men to be faithful in their marriages, practice less risky behaviors, and follow through with their "life plans." Boat owners in Rayong played an influential and direct role in the lives of migrant fishermen. These employers were curious about where their workers had come from and had questions about Cambodian people. Similarly, Thai health care personnel had heard about the post-war situation in Cambodia but had not had the opportunity to learn more about it. PROMDAN staff in both Thailand and Cambodia, meanwhile, needed a better understanding of the context and living situation of migrants at source and destination. As a result, they began to facilitate connections and communication at multiple levels. The result was increased cross-border understanding and enhanced ability to implement project activities.

Facilitate family communication

At the beginning of PROMDAN, communication between Prey Veng and Rayong was difficult. Telephone calls were expensive and reached only the major districts of Prey Veng; mobile phones were not yet available. Furthermore, many women



A family in Prey Veng was pleased to receive a letter from Rayong delivered by CWPDP staff.

knew only that their sons or husbands had gone to Thailand – they did not know exactly where. To trace family members in Thailand, PROMDAN began running an informal communications service, utilizing a piece of white cloth as an open letter. Staff travelled frequently between Prey Veng and Rayong and announced their trip plans to Prey Veng community members, who would gather to write messages on the cloth. When staff arrived in Rayong the cloth was unfolded, allowing migrants to receive news of home and reestablish contact with family members.

In 2002, PATH and CWPDP developed two sets of three postcards each, one set for Prey Veng and the other for Rayong. The Prey Veng set bore Cambodian graphics and Prey Veng landmarks, whereas the Rayong set depicted scenes of fishermen's lives. PATH and CWPDP encouraged Cambodians on both sides to write notes on the postcards and transported the mail back and forth. Delivery of mail ceased at the end of 2003, when mobile phones became available and prices dropped for calls between Thailand and Cambodia.

Promote understanding between the people of Rayong and Prey Veng

In Rayong, PROMDAN organized activities to promote interaction between the Cambodian and Thai communities. These activities took the form of participation in local festivals and fairs and occasional community clean-up days.

Because both countries share the Theravada Buddhist tradition, PROMDAN organized cross-border religious/social events around *bon phka*, as it is known in Khmer, or *thod phapa* in Thai. This ceremony is usually conducted by people from one community who donate money to build or support temples in another area. *Bon phka* was held twice during the course of PROMDAN, in 2003 and 2005. Key figures from Rayong, including members of the Rayong Fisheries Association, boat owners, government health officials, community members, and PROMDAN staff, visited Prey Veng, where they were ceremoniously received by representatives of the Cambodian Parliament, provincial and district governors, health officers, community leaders, and local residents. The visits served as a gesture of goodwill and friendship between the two communities and helped raise understanding between Thais and Cambodians.



Bon phka from Rayong to Prey Veng in 2005, led by the President of the Rayong Fisheries Association. The Fisheries Association has become a strong collaborator in PROMDAN.



Meetings and site visits were coordinated in both countries to increase sharing of information and lessons learned.

Promote understanding between Cambodian and Thai health authorities

Senior government health officials of Cambodia and Thailand at national and provincial levels were supportive of the PROMDAN cross-border project from its inception in 2001. Several meetings and site visits were coordinated in both countries to facilitate learning about each other's health care system and service delivery and to increase sharing of information and lessons learned.

Cambodian health officials visited Rayong to learn about Thai health service delivery and its relationship to migrants there. They left with a greater understanding of the situation and of the health needs of migrant workers in Thailand. The parallel visit of Thai health officials to Cambodia enabled a better understanding of the health system at source to which migrants would return. Accepting

and understanding the differences and limitations of each system led to careful consideration about service provision for migrants in both Cambodia and Thailand.

Efforts were made to discuss and explore the options for treating migrants with chronic illnesses, such as tuberculosis or AIDS. As a result of these exchanges, NCHADS in Cambodia made a provision for border provinces to provide an up to three-month supply of antiretroviral drugs to HIV-positive patients working in Thailand, instead of the usual one-month supply at a time for PLWHA in-country. The visits led to closer collaboration between official agencies in border provinces, for example the provinces of Banteay Meanchey and Koh Kong in Cambodia and Srakaew and Trat in Thailand. This networking led to improvements not only in HIV/AIDS activities but also in other cross-border health interventions.



5

TOWARD HEALTHIER LABOR MIGRATION AND EQUITABLE DEVELOPMENT

- ❖ Multiple-level achievements
- ❖ The advantage of source–destination programming
- ❖ Lessons learned and recommendations
- ❖ Concluding remarks

Multiple-level achievements

The goal of PROMDAN was to improve the lives and health of migrant workers and their families. Activities implemented in Cambodia and Thailand were designed to effect change at four major levels:

1. **Individual and family level** by directly targeting potential migrants in Prey Veng and migrant workers in Rayong
2. **Community level** by engaging local leadership in Prey Veng and advocating for integration of migrants in Thai communities
3. **Health service delivery level** by increasing availability of suitable services for migrants and
4. **National level** by influencing migration policy in both countries

After ten years of implementation, PROMDAN had generated considerable change at all of these levels.

In Cambodia and Thailand, PROMDAN became well known for working at the **individual and family level** to improve well-being in labor migration. By the end of 2009, CWPD's extensive pre-migration education had reached community members in all nine high out-migration districts of Prey Veng and three districts of Kampong Cham. These activities empowered rural people to make educated decisions by utilizing migration facts, life planning exercises, and counseling support. The process built a "resilient community" of individuals and families able to deal with issues related to labor migration and HIV. Complementary activities in Rayong reinforced messages delivered in Cambodia and resulted in workers following their life plans and engaging in safer sexual behaviors.

According to Dr. Bruno Maltoni, an expert on Cambodian migration and Project Coordinator for the International Organization for Migration (IOM) in Cambodia,

"PROMDAN is very well known in Prey Veng and Rayong. The project has addressed information needs among Cambodian migrant workers going to Thailand. It has helped Cambodians to learn how to behave abroad and provided a lot of support to families. More than 90 percent of migrant workers are irregular. Those who are with connections in Thailand can get information.

Those without connections do need the information. Now Cambodians are more aware of exploitative employers. Local community leaders have very high trust and respect for CWPD."

At the end of Phase III in 2007, information for a project review was gathered from 288 people, including returned migrants, migrant families, and potential migrants in Prey Veng and Kampong Cham. The review found that potential migrants were informed about Thai labor regulations, the worker health insurance system, prevention of STIs including HIV, and the risks of irregular labor migration, such as police arrest, work-related accidents, and employer deception. Health center staff and volunteers reported a substantial reduction in the number of STI cases among Prey Veng community members over the course of the PROMDAN project.

In addition, over 80 percent of families with members currently working outside the country had developed a life plan prior to their departure; 90 percent of potential migrants in Prey Veng had developed a life plan with family members (PATH Thailand, 2008). Most families communicated with relatives working in Rayong by telephone. They talked about health issues and reminded each other about the objectives of migration or the life plan.

The impact of PROMDAN on the lives of community members is reflected in the following excerpts from interviews with returned migrant workers and family members in Prey Veng in late 2009:

“PROMDAN gave me the facts to think in detail before I decided to go to Thailand. This helped me to be careful before I went and while I was in Thailand.”

“PROMDAN helped me to have a life plan and gave me encouragement that my journey would be successful. I overcame many difficulties, and the livelihood of my family has improved.”

“PROMDAN helped me to have an objective and have a clear savings plan. I was able to send money home and did not spend time on entertainment that put me at risk of HIV.”

“PROMDAN helped me to know clearly how to protect myself from HIV and STIs and how to use a condom correctly.”

“PROMDAN gave clear information about HIV and STIs. This made me brave enough to take an HIV test before I got married.”

“PROMDAN encouraged us returned migrants to take HIV tests so that we can receive ART.”

Local women of Prey Veng also reported positive changes:

“When my husband returns from Thailand I will ask him to use a condom. I will ask him to take an HIV test before I sleep with him without a condom.”

“In the past I disliked people with HIV. They play around and have careless fun [I thought]. But now I feel sympathy for them.”

“PROMDAN volunteers helped me to understand that young children need to get six types of vaccinations to prevent sicknesses.”

“PROMDAN helped me to understand that breast milk is the best food for infants, and that women should give only breast milk to their newborns for six months.”

The above statements are consistent with the findings of an evaluation of PROMDAN Phase I, which found the project to be effective in the following five areas (Lowe and Yongpanichakul, 2003):

- Improved knowledge on HIV and a personalization of risk among the target group, with a high level of self-reported safe behavior
- Improved knowledge on correct condom use and improved access to condoms
- Increased realistic expectations among potential migrants of the reality of life for Cambodian migrants in Rayong
- Increased partner communication on risk reduction among women in Prey Veng and
- Improved access to health services

At the **community level**, by training village and commune leaders and engaging them in subsequent activities, the project set the stage for a continuation of pre-migration education beyond early 2010, when PROMDAN phased out. Training not only raised knowledge about migrant needs but also mobilized leaders to prioritize migration as a community issue. These leaders also developed mechanisms and a service structure to monitor the migrant family situation and provided as much support as possible.

On the Thai side, education efforts, the mobilization of migrant outreach volunteers, and activities at the CAR drop-in center not only improved access to health services in Rayong but also highlighted the contribution and needs of migrants in Thai communities. The Thai Human Rights Committee recognized CAR's years of work with migrants in Rayong by bestowing on the organization the National Award for Outstanding Services for Migrant Women and Children in 2008. This acknowledgment also showed a good degree of acceptance of migrants as a part of Thai society.

PATH achieved substantial gains in terms of migrant health by working at the **health service delivery level**, mostly in Thailand. The integration of migrant health volunteers and workers into the local health system was a major milestone with

regard to recognizing the potential of migrants in Thailand and empowering them to provide health services to their community. PROMDAN partners also worked to improve the migrant health insurance mechanism and developed materials to equip both Cambodian and Thai health personnel to reach out to migrants and provide suitable services.

At the **national level**, CWPD's sustained advocacy on working with irregular migrants resulted in the Cambodian Ministry of Interior and Ministry of Labor and Vocational Training developing a more suitable migration policy framework and procedures. These authorities had long viewed migrants as committing an offense against the state by traveling abroad without documentation. Now, the Ministries are establishing a system to monitor migration trends and to stay informed on the changing dynamics. They are also mobilizing resources from government and nongovernmental sectors to mitigate any problems that arise. As not many agencies in Cambodia work with irregular migrants, these Ministries continue to call on CWPD and its wealth of grassroots experience for consultation.

Mr. Mom Sok Char, Project Manager of Cambodian Legal Support for Children and Women (LSCW), an agency working on safe migration in Cambodia, praised PROMDAN and CWPD, saying

“CWPD has been successful in changing the attitude of Cambodian government entities to pay attention to irregular migrants in high-level discourse and dialogue on the population’s right of movement. Mme. Chu Bun Eng of CWPD has been key in linking civil society with the government and in bringing the views of civil society forward. The video ‘No home too far’ is the best communication tool for Cambodians inside and outside the country. It shows the real life of migrants to people here. Many migrants thought that once they left the country they would be disowned by their family and community; the movie helped them to know that families back home are waiting for them.”

The government’s changing attitude toward irregular migrants has also resulted in the active cooperation of Cambodia in the nationality verification process to bring undocumented migrants into the legal work process. A good relationship has been established between the staff of the Cambodian Embassy in Bangkok and the MWG. Cambodia is now in the process of preparing a labor attaché to be posted at the Bangkok Embassy.

Several changes are visible on the Thai side as well. PATH’s collaboration with relevant government agencies, NGOs, and other stakeholders involved in migration enabled an alliance strong enough to lobby the Thai Ministry of Labor in 2006 to stop its initiative to collect levies from employers who hired migrant workers. The MoPH included health services for migrant workers in its Round 2, 6 and 8 proposals to the Global Fund, demonstrating its commitment to migrants and to finding ways of making health services more suitable and available.

Migrant health has received increasing attention from both government and nongovernmental agencies, resulting in new initiatives. The Thai Health Promotion Foundation, an independent state agency directly funded by tobacco and alcohol taxes, has developed a plan to improve the lives of migrants and stateless people in Thailand and has been funding research and activities toward this objective. PROMDAN activities in Rayong are serving as a “learning laboratory” for this increased interest in migrant health programming in Thailand. The model of outreach education coupled with a drop-in center has subsequently been replicated in 21 other provinces through the Global Fund’s PHAMIT 1 project.

While concrete improvements in migration policy in Cambodia and Thailand have been slow to come, the implementation of PROMDAN has shown that cross-border collaboration can improve the lives of migrants and achieve a great deal.

The advantage of source–destination programming

From a program management perspective, the source–destination model for working with migrants is ideal. Both arms of the program work in tandem, supporting and complementing one another to advance the program agenda. The PROMDAN project relied on cross-border sharing of information and resources and identified the following additional advantages:

- In-depth knowledge of the situation at both ends informed critical program strategies and activities to address the real needs of migrants at all stages of the migration cycle.
- Regular and frequent communication between the two sites enabled partners to respond to news and changes and to update information as needed. This meant high credibility and trust among migrants and among family members receiving information and services from the project.
- Health education messages presented in source communities were repeated and reinforced at destination, resulting in greater impact and uptake of services. This cross-border messaging also meant that family members were aware of the scenario in Thailand and were able to refer to issues accordingly.
- Continuing support to migrants returning home with health conditions and to children who had not yet received a complete set of vaccinations was possible because partners on the Thai side felt confident that agencies in Cambodia would follow up on referred cases.
- Close collaboration between PROMDAN partners in Thailand and Cambodia made possible the development of all communication materials in Khmer using culturally appropriate media.

Lessons learned and recommendations

In reviewing PROMDAN, it is necessary to bear in mind that this experimental project was implemented at limited scope in the context of increasing regional migration. Despite the progress

outlined here, improved migration management procedures and better living and working conditions for migrant workers and their families are still much needed. A number of organizations continue to work on these issues. In the meantime, the PROMDAN project has the following recommendations to offer:

Individual and family level

- **Empower potential migrants in source communities with information and support rather than trying to deter them from migrating.** The financial incentive to work abroad will remain until the economy of Cambodia grows enough to offer gainful employment to all citizens. Those desperate enough will find a way to migrate regardless of the risks involved.
- **Encourage migrants to complete medical treatment in one place.** PROMDAN attempted to facilitate the continuation of treatment across borders through interventions such as the bilingual vaccination card, but this remains difficult. Extensive medical training and the cooperation of health staff and policymakers on both sides will be necessary if change is to be possible here. Until then, to prevent disruption of children’s vaccination schedules or of care for chronic illnesses such as tuberculosis, migrants should be encouraged to stay in one place to complete their medication course.

Community level

- **Place health issues in a geographical context rather than attributing them to populations or people.** HIV and other sensitive health issues are sometimes construed as “the other’s disease.” Such misperceptions can give a false sense of security to groups with limited knowledge. Attaching health issues to specific communities or people also perpetuates discrimination and stigma.
- **Invest in well-researched grassroots edutainment efforts.** One of the most successful and long-lasting of PROMDAN’s interventions was the film “No home too far.” Although it was produced at a relatively high cost, the film became an important communications tool and a worthwhile investment in that it reached and engaged large audiences.

- **Leverage human rights to find common ground among the various actors in the migration cycle.** The “us and them” mentality is a theme throughout the migration cycle. A rights-based approach in PROMDAN interactions with employers, employees, and health care personnel in Thailand helped overcome this, because parties were encouraged to think about the perspectives and the needs of others. This approach also helped build the support of leaders in Cambodia who previously shunned migrants.
- **Support the organization of industries into partners.** For example, fishermen comprise a most-at-risk group, enduring harsh working conditions and spending long periods at sea. The fisheries industry in Thailand should be formally regulated to help protect the welfare, safety, and rights of migrant fishermen.

Health service delivery level

- **Promote integrated primary care services for migrants.** Workers who confront barriers such as cost, language, and fear of legal action are unlikely to access health services with frequency or on a regular basis. Integrated care better meets the needs of these populations than disease- or component-specific interventions. However, integrated care will require the building of additional skills among migrant health personnel. For example, difficulties in terms of access to family planning and reproductive health services remain for migrants in Thailand because of a lack of training in these arenas among migrant health personnel.
- **Recognize contextual limits in order to identify feasible objectives.** When working in source countries, the ideal situation is not always a realistic outcome within the timeframe of a given project. PROMDAN partners researched and shared information regarding health systems and service delivery in both source and destination. This practical knowledge helped both sides understand each other’s limitations and identify realistic goals and strategies for accomplishing them.

- **Develop the health system to introduce long-term solutions.** Within the introduction of health services suitable for migrants, efforts at health system strengthening and development have proven crucial. Supporting and improving the existing health system improves the chance that migrant services will remain in place even after NGO and project infrastructure is gone. Furthermore, government health providers appreciated PATH’s work toward long-term solutions.

National level

- **Consider a cross-sector partnership.** For PROMDAN, collaboration between government and NGOs has worked well. While NGO partners can access hidden and often inaccessible populations, this reach is most useful when coupled with government infrastructure. Working within government health services was critical to the project’s successful outcomes and offered a better chance of sustainability.
- **Advocate for improved regulatory procedures.** Undocumented migration will continue and increase until official migration processes become better or cheaper than those of smugglers. Putting an end to irregular migration will take the efforts of both source and destination countries. Regulatory procedures of both countries need to be appropriate for the type of work migrants do, allow for some worker mobility, and be affordable.
- **Encourage the development of systematic banking services by banking professionals.** It is difficult for migrants to open bank accounts, and sending money through brokers involves high fees. Safe deposit of money and low transfer commissions can help maximize the benefits of migration but are not yet available. The ideal builders of such infrastructure are banking professionals who have both the capacity and the incentive to serve their clients.

Concluding remarks

PROMDAN has achieved its objectives of equipping Prey Veng residents with needed information and support and of making HIV prevention and essential health services available and accessible to migrants and their families.

The Cambodia-to-Thailand migration experience has become more positive, and the number and proportion of families with successful migration stories have increased. Networking and advocacy in the two countries have resulted in a movement toward better health services for migrants and improved migration management.

However, making labor migration fully beneficial for the development and economy of both source and destination countries will require additional structural efforts from the governments of Cambodia and Thailand. Cooperation from employers and health personnel will also be critical to overcoming the many challenges that still remain.

PROMDAN staff and volunteers are proud of their contribution toward improving the lives of migrant workers and their families.

“We might have started with HIV concerns and then expanded to deal with other health issues. But along the way we realized that this is all about ‘humanity.’ We have been promoting a culture of peace, building a global community where all races can survive, healthy and respectful of each other, no matter how different we are in so many ways.”

PROMDAN workers

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Annex 1: List of PROMDAN collaborators

Cambodia

Government organizations

1. Chrey Health Center, Prey Veng Operational District
2. Kampong Cham Department of Women's Affairs
3. Kampong Cham Provincial AIDS Office
4. Kampong Cham Provincial Labor and Vocational Training Office
5. Ministry of Labor and Vocational Training
6. National AIDS Authority of Cambodia
7. National Center for HIV/AIDS, Dermatology and STD
8. Popus Health Center, Prey Veng Operational District
9. Prey Pnov Health Center, Pea Raing Operational District
10. Prey Veng Department of Women's Affairs
11. Prey Veng Provincial AIDS Office
12. Prey Veng Provincial Labor and Vocational Training Office

Nongovernmental and international organizations

1. International Labour Organization
2. International Organization for Migration
3. Legal Support for Children and Women
4. United Nations Development Fund for Women
5. Women's Organization for Modern Economy and Nursing

Thailand

Governmental organizations

1. Bureau of Public Health Management (former Division of Health Service System Development), Office of Permanent Secretary (transfer from Department of Health Service Support), Ministry of Public Health
2. Chonburi Provincial Health Office
3. Committee of Illegal Migrant Workers Management, Ministry of Labor and Social Welfare
4. Division of AIDS, Tuberculosis and Sexually Transmission Diseases (former Division of AIDS), Department of Disease Control, Ministry of Public Health
5. National Security Office, Prime Minister's Office
6. Rayong Hospital
7. Rayong Labor Protection and Social Welfare Office
8. Rayong Municipal Office
9. Rayong Provincial Health Office
10. Royal Embassy of Cambodia, Thailand
11. Satahip District Health Office
12. Satahip Kilometer 10th Hospital

Other entities

1. National Human Rights Commission
2. Thai Lawyer Council
3. Fisheries Association of Rayong

Nongovernmental and international organizations

1. Agir pour les Femmes en Situation Précaire
2. American Center for International Labor Solidarity
3. Center for AIDS Rights, later Foundation for AIDS Rights
4. Cross Ethnic Integration in Andaman
5. Federation of Trade Unions – Burma
6. Foundation for Education and Development
7. Foundation for Rural Youth
8. Friends International
9. Friends of Woman Foundation
10. Human Rights and Development Foundation
11. International Labour Organization
12. International Organization for Migration
13. International Rescue Committee
14. Jesuit Refugee Service
15. Labour Rights Promotion Network Foundation
16. Living Water Center
17. Médecins Sans Frontières – Belgium
18. Migrant Worker & Their Family Organization
19. National Coalition Government of the Union of Burma
20. Oxfam Quebec
21. Raks Thai Foundation
22. Sathirakoese–Nagapradipa Foundation
23. Save the Children UK
24. Seafarers' Union of Burma
25. Thai Action Committee for Democracy in Burma
26. Thai Labour Campaign
27. The Mirror Foundation
28. US Committee for Refugees and Immigrants
29. United Nations Development Fund for Women
30. United Nations Inter-Agency Project on Human Trafficking
31. Voluntary Service Overseas
32. World Education
33. World Health Organization
34. World Vision Foundation – Thailand

Regional migration organizations and networks

1. Asian Migration Center
2. Mekong Migration Network
3. Migrant Forum in Asia
4. Migrant Working Group

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