What is HIV/AIDS?

AIDS stands for acquired immunodeficiency syndrome, a cluster of medical conditions caused by HIV, the human immunodeficiency virus, which weakens the body's immune system.

HIV spreads through sexual intercourse without a condom, transfusions of unscreened blood, contaminated needles, most frequently for injecting drug use, and from a woman to her child during pregnancy or breastfeeding.

It is preventable, but not curable. A person who has an established HIV infection has it for life.

HIV is a slow-acting virus. The majority of people with HIV look healthy and feel well for many years after infection; they may not even suspect they have HIV, though they can transmit it to others.

In individuals who do not get antiretroviral therapy, the time between contracting HIV and the development of the serious illnesses that define AIDS is around eight years, and most people do not survive much more than two years after the onset of AIDS.

Treatment with antiretroviral drugs can slow the progression of HIV infection, but these expensive medications are not available to most people in the developing world. Many succumb to serious opportunistic infections caused by the weakening of the immune system.

A laboratory blood or saliva test is the only certain way to determine whether an individual is HIV positive (HIV+). Testing should always be accompanied by pre and post-test counselling.

From UNAIDS Report, 1999

DON'T CALL ME A STRANGER

Don't call me a stranger
the colour of my passport is different
but the colour of our blood is the same

Don't call me a stranger:
the language I speak sounds different,
but the feelings it expresses are the same

Don't call me a stranger;
I toil and struggle in your land,
and the sweat of our brows is the same

Don't call me a stranger;
borders, we created them,
And the separation that results is the same

Don't call me a stranger;
I am just your friend.
But you do not know me yet.

Don't call me a stranger;
we cry for justice and peace in different ways,
but our God is the same.

Yes! I am a migrant
Don't call me a stranger

Poem courtesy
Child Workers in Asia
Bangkok, Thailand
Email: cwanet@loxinfo.co.th

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INTRODUCTION

This volume is the outcome of an extensive consultation process across the South Asian region to address the issues relating to migration, the rights of workers, and their vulnerability to HIV infection. The process has involved workshops and research at country levels, and a number of regional events, each of which have had their own distinct outputs.
Participants in the process have involved representatives of governments, international agencies, NGOs and CBOs, research institutions and migrant workers themselves. The UNDP Project on HIV and Development for South and Southwest Asia (UNDP HIV-SSWA) has been one of the agencies facilitating this process, together with UNDP country programmes, UNAIDS, IOM, CARAM Asia and others.

The time is appropriate to take stock of the collective thinking towards a regional strategy to address the HIV vulnerability of migrant workers in and from South Asia. This report serves to synthesise the outcomes of the thinking to date, with an analysis to further understand how mobility and migration are linked to HIV, and proposed elements for the development of a regional strategy on the subject.

The country reports offered in this volume are themselves each the result of a collective thinking process, including a workshop involving a range of stakeholders, some at national and some at sub-national levels. The papers have been prepared by local consultants or organisations that have led the consultation processes and compiled the outcomes.

The vulnerability of mobile populations is the core concern of each of the papers, though each addresses the issue in different ways and to varying degrees. This is reflective of the priorities of the authors and the stakeholders consulted. Though the extent of coverage of HIV as a subject differs in the papers, each sets the legal, economic and social context of the environment in which migrant labourers live and work and become vulnerable. Each paper also gives voice to the experiences of migrant workers themselves as they seek out livelihoods in places away from home.

Regional events which have contributed to the thinking incorporated in the analysis section of this document include:

Satellite Symposium at the Fifth International Conference on AIDS in Asia and the Pacific (ICAAP): Conducted in Kuala Lumpur, October 1999, this symposium organised by the UNDP HIV-SSWA project addressed the subject of HIV vulnerability and mobility, as well as legal and ethical issues.

Summit on Pre-departure, Post-arrival, and Reintegration Programmes for Migrant Workers: Organised by CARAM Asia in Malaysia in September 2000, this summit brought together government and civil society representatives from 14 countries. Representatives from India, Nepal, Pakistan, and Sri Lanka were supported by UNDP HIV-SSWA and from Bangladesh by IOM. The original versions of the papers herein

were presented at the summit. A generic manual is being produced by CARAM Asia as an outcome of this summit and subsequent work.

Regional Strategy Retreat on Migration and Vulnerability to HIV/AIDS: Organised by UNDP HIV-SSWA in Sri Lanka in January 2001, this activity furthered understanding on the links between HIV and migration drawing on the country papers and the reflections at the CARAM Asia Summit. The retreat participants identified common issues and concerns across the region, as well as within the context of each specific country, and drew up a preliminary regional strategy to promote safe mobility.

Regional Workshop on HIV/AIDS and Migration: The regional workshop was organised by UNDP HIV-SSWA and supported by UNAIDS to arrive at a proposed regional strategy for action to reduce the vulnerability of migrant workers to HIV. The workshop carried forward the spirit of the Migration Strategy Retreat and built on the preliminary strategy.

It is hoped that this document will serve as a tool for programme planners, governments and those actively working with migrant workers to further this process in each of the countries highlighted, as well as at a regional level.

▪▪▪

The Joint United Nations Programme on HIV/AIDS (UNAIDS): *UNAIDS has published a number of documents on migration and HIV, including a "Technical Update on Mobility and HIV/AIDS" as part of their Best Practice Collection. UNAIDS, its co-sponsors, which include UNDP, and other UN agencies are increasingly involved in advocating and supporting collaboration at regional and country level to improve the response to the problem of migration and HIV/AIDS.*

The United Nations Development Programme (UNDP): *UNDP has an overarching mandate to promote sustainable human development. In this context livelihoods and the search for work through migration is an important issue. The UNDP Regional Project on HIV and Development (UNDP HIV-SSWA) addresses the HIV vulnerability of migrant populations as a core focus area, through research, advocacy and pilot innovative responses.*

International Organisation of Migration (IOM): *The IOM internationally has addressed the issue of HIV vulnerability and migration through several publications. At a national level, IOM supports efforts throughout the region, particularly in Bangladesh, Sri Lanka and Pakistan. In Bangladesh and Sri Lanka IOM is providing technical capacity for managing labour migration.*

International Labour Organisation: *In addition to instruments relating to all workers, ILO has a number of instruments and mechanisms specifically for the protection of migrant workers. A Co-operation Framework was signed between ILO and UNAIDS in June 2001. In several countries of the region ILO is working with governments and other partners to address issues relating to migrant workers and to HIV in the world of work.*

Co-ordination of Action Research on AIDS and Mobility Asia (CARAM Asia): *CARAM Asia is a partnership of non-governmental organisations from across Asia, which works closely with migrant workers, focussing on their vulnerability in general, and specifically to HIV/AIDS. While CARAM Asia had an established partner in Bangladesh prior to the 1999 Summit, the organisations from India, Nepal, Pakistan and Sri Lanka represented in this volume have become associated with CARAM Asia through this consultation process.*

Facilitating Safe Mobility:
Towards a Regional Strategy

An Analysis of the
HIV Vulnerability of Migrant Workers
In and From South Asia

OVERVIEW

Experience of the HIV/AIDS epidemic across the world has shown that the spread of HIV is clearly linked to rapid economic transition, such as that being experienced by South Asian countries in the wake of globalisation. Changes such as growing social inequality, rural unemployment, greater poverty, increased mobility, break up of communities, and erosion of traditional values are increasing the vulnerability of large segments of the population of the region to HIV/AIDS. In the last four years South Asia has witnessed a 100 percent increase in the incidence of HIV infection, and according to UNAIDS, already has over 5 million people living with HIV/AIDS. HIV is primarily affecting the socially and economically productive age group of 15-49, massive numbers of whom are on the move within the region and beyond.

These people on the move are broadly described as migrants. They are people who move from one place to another temporarily, seasonally or permanently for a range of voluntary and/or involuntary reasons, including the search for livelihoods. Migration patterns across the region include internal and inter-country mobility, as well as migration to outside the region. The countries of South Asia include sending and receiving countries, as well as transit countries. All these countries are also experiencing large-scale internal migration: migration trends are not only from rural to urban areas but also rural to rural, urban to urban, and urban to suburban. An increased demand for female labour is also leading to an trend of feminisation of migration across the region.

A large number of people in the South Asia region are jobless and/or living below the poverty line. Those who are mobile are most often seeking opportunities to improve the living conditions for themselves and for their families. For many individuals and households in the South Asian region, migration has become an important survival strategy. The freedom to move for the enhancement of personal capabilities or livelihood opportunities is therefore an important freedom. Thus, HIV/AIDS prevention and intervention strategies need to be directed at reducing the vulnerability of migrants, not at reducing or controlling migration in itself.

If human development focuses on the enhancement of the capabilities and freedoms that the members of a community enjoy, human rights represent the claims that individuals have on the conduct of individual and collective agents and on the design of social arrangements to facilitate or secure these capabilities and freedoms.

Human Development Report 2000, Chapter 1,
Contribution by Amartya Sen

The freedom to move for the enhancement of personal capabilities or livelihood opportunities is an important freedom, and for many households in the South Asian region, is an important survival strategy. The freedom of all adults to exercise choice in their place of livelihood can be undermined if we do not take

care to ensure that HIV/AIDS prevention and intervention strategies are directed at reducing the vulnerability of migrants, not at reducing or controlling migration in itself.

The Process of Migration

Classical theories have viewed migration as a rational decision made by an individual to move from a less advantageous situation, to a more advantageous one after weighing risks and benefits. Recent analysts of the trends in the South Asia region have recognized that migration generally results from the decision making of collectives such as families or households. The risks associated with migration are therefore backed by the resources of the whole family, in the hope of future benefit to all. The decision is often based on little more than an ill-defined sense that life will offer more elsewhere, with very little information about the reality the migrant will face.

According to the IOM , migration and population mobility are best seen as a process with stages comprising:

i. *Source*: from where people come, why they leave, what relationships they maintain at home while they are away;

ii. *Transit*: the places through which people pass, how they travel, how they maintain themselves while they travel;

iii. *Destination*: where people go, the attitudes of people they meet when they get there, the living and working conditions in the new place;

iv. *Return*: the communities to which people return, their families, their resources (or lack thereof)

Much population movement is highly fluid, with people moving back and forth through these stages frequently, often over the course of days, weeks or months, and both within countries and between them. To be effective, HIV/AIDS responses must address the particular needs and vulnerabilities of mobile people at each stage of the mobility process and in a variety of different geographic locations.

MIGRATION AND MOBILITY IN AND FROM SOUTH ASIA

Migration and mobility patterns in the South Asian region include internal as well as inter-country movement, in addition to migration to outside the region. The countries of South Asia comprise sending, receiving and transit countries, some of which are both or all three. From most countries of the region, workers are going to the Middle East, and to destinations farther east, including Korea and Malaysia. Within the region, workers from Bangladesh are going to Pakistan and India, between India and Nepal, there is movement in both directions, as well as between Sri Lanka and the southern states of India. The Maldives receives large numbers of migrant workers, especially in the tourism industry. Within the countries of the region, rural-urban movement is increasing rapidly, and the established patterns of seasonal migration of farm labourers are becoming increasingly complex with changes in agricultural practices and productivity.

The migration trends depend largely on socio-economic factors as well as the past migration experience of the source community. The movements also rely on the availability of local livelihood options and proximity to metropolitan cities. An analysis in Nepal, for example, has identified various categories of migrants, in which destination of migration is linked to socio-economic conditions, education status, access to information and existing networks as well as the extent to which the migrant can harness resources to fund the migration.[2]

Across the region statistics for migration give a partial estimation of the scale of the movement of populations, based on official figures for recorded departures of migrant workers. These do not reflect the complex informal and undocumented migratory movements which are also taking place. Further, internal migration is omitted or poorly reflected in most census and sample surveys, although several countries in the region have taken steps to amend this in recent survey rounds. As for the relationship between migration and HIV vulnerability, though research has been limited to date, preliminary studies indicate direct linkages between migration and HIV vulnerability.

According to figures from the Bureau of Manpower and Employment and Training (BMET) of Bangladesh, the average number of documented migrant workers, both skilled and unskilled is about 200,000 per year. There is very little documentation of internal migrants, but the major cities have huge slums housing individuals from throughout the country as well as the region. The constant flooding of different parts of the country also lead to frequent population displacement.
The UNAIDS estimated HIV prevalence in Bangladesh in 2000 was 21,000. 41% of the detected cases are in migrant workers. This could be because this is the group most systematically tested.

According to the 1993 National Sample Survey in India, 24.68% of the population, or approximately 200 million people, were recorded as having migrated, either within India, to neighbouring countries or overseas. Recent studies have estimated the annual flow of workers overseas to be well over 100,000 people, 80% from the unskilled sector. An estimated 1.5 million Indians are in the Middle East. India also receives many migrants. It is estimated that anywhere between 1.8 and 3 million people from Nepal alone come to India for their livelihoods.
In terms of HIV infection, India has one of the largest populations of people living with HIV/AIDS in any country. Recent UNAIDS estimates suggest that 3.86 million people are living with HIV/AIDS in the country.
From Nepal, the Department of Labour has registered 52,170 overseas migrants since 1989, but this figure does not include the vast numbers of people crossing the open border into India on a daily, weekly and monthly basis. Within Nepal, there is a constant flow of movement from the hills to the plains in search of work. Reports of villages where there are no resident males of working age are further indications of this trend.
Over 18,000 people have been detected as HIV-positive, but it is estimated that there are more than 80,000 already infected. Drug use and migration are considered to be among the key factors contributing to the spread.

Figures provided by the Bureau of Emigration and Overseas Employment of Pakistan for 1999 record 2,790,221 nationals working abroad. Within the country's borders, all major cities host migrant populations from both within Pakistan and outside, and over a million Afghan refugees remained in Pakistan as of the end of 2000. Roughly 20% of the population of Karachi consists of individuals who have come from other provinces or are migrants from various countries.
According to UNAIDS, reported HIV cases in 1999 were 74,000. Out of a sample of 9000 individuals from high-risk groups who were tested for HIV in Karachi, 85% were positive. Of these, 44% were overseas workers, 8% were the spouses and children of overseas workers, and 9.3% were frequent travelers.

According to a 1999 report of the Government of Sri Lanka, 178,000 people are reported to have left Sri Lanka for employment abroad that year. The total number of Sri Lankans abroad is estimated to be around 788,000 of whom 90% are in the Middle East, Saudi Arabia, Kuwait and the United Arab Emirates. Of these, approximately 66% are housemaids.
Sri Lanka has been identified as a low prevalence country for HIV, with only 7,500 in 1999, according to UNAIDS. However, more than 65% of cases detected are said to have a connection to a foreign sexual contact. Further, among the females deemed positive, 50% are migrant workers. This could merely reflect the systematic testing of this group.

Migration is a reality for many individuals working or in search of work within the region. Due to economic hardships, lack of economic opportunities as well as exploitation and harassment, many migrant workers are faced with very harsh realities. The country reports in this publication describe these hardships and the difficult experiences faced by those who leave their homes in search of work. The majority are poor, do not have access to health services, and are exploited and neglected. Foreign workers may not be covered by the same legal protections as their national counterparts, and they are generally unaware of their rights as workers. Moreover, they have unstable lifestyles as they have insecurity in their jobs, are culturally alienated from the place where they work, and often lack access to social support systems. It is these very challenges that make these individuals more vulnerable to HIV infection.

Though theorists claim that migration is a rational and informed choice for individuals seeking improved living conditions, NGOs working with migrants question these assumptions. One study on movement between India and Nepal observes:

The suggestion that movement represents an entirely rational course of action that is taken in response to a reasoned and well-informed judgement about conditions elsewhere is questionable. Very often, people move more in obscure hope than definite expectation of finding a better life elsewhere. Some simply end up moving from one environment of poverty and exploitation to another.

A report on the study on mobile populations in and around Raxaul, Bihar (Indo-Nepal border). Bhoruka Public Welfare Trust, Calcutta, 1999

THE HIV VULNERABILITY OF MIGRANT WORKERS

> ***Being mobile in and of itself is not a risk factor for HIV infection. It is the situations encountered and the behaviors possibly engaged in during mobility or migration that increase vulnerability and risk regarding HIV/AIDS.***
>
> From UNAIDS Technical Update, Population Mobility and AIDS, 2001

Mobility and migration are not in themselves risk factors for HIV, but can create conditions in which people are more vulnerable. Migrant workers are not an economic tool or commodity in the international labour markets, though they are often treated as such. Many migrants work in low paid, unskilled jobs, in hostile environments. Their vulnerability to HIV arises largely from their human need for company, intimacy, and sex. Workers who are new to an area, either from a different part of the country or from another country altogether, are often already marginalised throughout the process of getting to their new place of work. Their differences, including language and cultural background, often subject them to alienation, discrimination, exploitation, and harassment. Further, these individuals have little or no legal or social protection in their host community. These factors increase their vulnerability to HIV infection as well as to the difficulties of living with HIV/AIDS.

Being away from their families, their home communities, and familiar socio-cultural norms can lead to isolation and loneliness, often exacerbated by discrimination. In some cases, the disconnection and alienation, as well as exhaustion and pain caused by dirty, dangerous and demeaning work (3D work) can lead migrant workers to turn to substances for solace. Reports from drug treatment centres have shown high numbers of migrant workers seeking treatment, indicating that migrant workers can be at risk of substance use and abuse, including injecting drugs. This in turn leads to higher risk of HIV exposure.

Vulnerability also arises from the social and economic conditions in which people live and work. These include the uncertainty about their employment and even their legal status. In India for example, 92% of workers are in the informal sector, largely unprotected by laws or unions, and the majority of these are migrants. The majority of migrant workers are placed in unskilled jobs and illiteracy is common.

Migrant groups often have poor living and working conditions, with no recreational facilities. Being in unfamiliar territory, they are also ignorant of the services available to them, as well as often being unfamiliar with the social norms prevailing in their host country. Given their lack of awareness, these migrant workers have little access to HIV information, health services, testing and treatment centres for sexually transmitted infections and means for HIV prevention. Cultural and linguistic barriers heighten their lack of access to the services that exist. They might not even know where or how to obtain a condom, even if available.

Women migrants are particularly vulnerable, and many face sexual exploitation and abuse from employers, middlemen, or even other migrants. The low socio-economic status of women in society across the region is exacerbated by being away from home

and from familiar systems of social protection. Many are deceived by traffickers who promise good jobs, only finding out that they have been trafficked once it is too late. Much trafficking of women and children is disguised as recruitment to the international labour markets. Well- intentioned attempts by governments to protect women by limiting or banning their migration through legal channels, ironically only heightens their vulnerability to trafficking, as women who seek to migrate are thus forced to move through illegal channels and to depend on dubious middlemen.

Both male and female migrants, especially those who have moved through illegal or unofficial channels, or have had their documents taken away from them by employers or others, may avoid attention from authorities, even if that attention is meant to provide health services, or to help improve their living conditions. They may also be uncomfortable or inexperienced in relating to the non-governmental or community-based organisations that may be in place to help them, and thus not approach them for assistance.

Poverty and lack of resources may force those moving from one place to another to increase their risk of HIV by trading or selling unprotected sex for goods, services and cash in order to survive and/or continue their travel.

Migrants in some countries may also face the possibility of being tested for HIV against their wishes or without their knowledge. Their HIV status may be revealed to authorities in their destination or source countries, or to their communities and families. Such breaches of confidentiality give rise to stigma, discrimination and rejection. On the other hand, deportation without being advised of HIV status, leads to anger, confusion and vulnerability of sexual partners.

The consultations reported in this volume, as well as studies by UNAIDS and others, have shown that migrants and mobile people are exposed to unique pressures, constraints, and living environments. Many are separated from their families and spouses or regular partners. They may feel anonymous, or they may also feel freed from the social norms that guided their behavior in their home family, community and culture. Their loneliness may provoke some to engage in behaviors they would not have otherwise.

In some settings, living and recreational environments for migrants and mobile workers are almost exclusively male. Coupled with attitudes relating to appropriate male behavior and peer pressure this can lead to the development of commercial sex services and the pressure to use them. It may also lead to increased sex among men. Further, it may also increase the use and abuse of illegal substances including alcohol and drugs, which in turn increase vulnerability and susceptibility to HIV infection.

For those workers who have left partners at their source community, visits home can become the means by which HIV infection is brought to otherwise unexposed communities. In many remote and rural areas in Asia and elsewhere, HIV incidence can often be directly linked to migration. For example, women testing positive for HIV from these otherwise isolated communities are largely wives or partners of migrant workers.

HIV Vulnerability at Source Areas

The vulnerability of migrants starts in the source community itself, where the decision to migrate is often guided by desperation, an absence of choices, misinformation and often unrealistic expectations. Generally, literacy levels are low and access to information to guide decision-making about migration, as well as information on HIV/AIDS, is very limited.

Shikkha Shastha Unnayan Karzakram (SHISUK) and HASAB, two Bangladeshi NGOs, have initiated an HIV/AIDS counselling and education pilot project for migrant workers. Started on World AIDS Day 2000 (1 December), the project has been working towards strengthening organisational capacity to provide counselling, education and referrals, providing migrant workers with access to information, education and support, as well as establishing a mechanism for pre- and post-departure follow-up. Using such innovative techniques as peer education, networking with key stakeholders, and ensuring follow up contact with the migrant worker, family and community, SHISUK and HASAB have been recording positive and exciting results. The organisations hope to share the lessons they have learned with others throughout the country and the region in an attempt to model the project in other communities in need of a similar programme.

The countries in the South Asian region have large percentages of their populations living in poverty with very few employment options. They are deeply affected by the rapid economic transition taking place within the region. People are exposed to growing social inequality, rural unemployment and poverty and break down of their communities and traditional value systems. Their state of anxiety and hopelessness makes them desperate for alternative options. Success stories from returning migrants, which most often exclude memories of suffering, entice those frantic for a change, and make moving appear a lucrative and desirable option.

People returning from migration are often unaware of whether they have been exposed to HIV and of the potential risk to their spouse and unborn children. Those returning

because of illness due to various opportunistic infections in most cases are not aware that HIV is the cause of their poor health, and many are deported without explanation if tested HIV positive. In the current climate of stigma and discrimination and absence of treatment, those who know that they are HIV positive rarely feel empowered to share this knowledge or to protect their partner or spouse. Most source communities therefore are not aware of the relation between HIV and the migratory process, or how migrants can protect themselves from infection. Some communities in Nepal, once made aware through the insertion of HIV messages into poverty alleviation programmes, have started letter-writing campaigns to their members who have migrated sharing the information with them.

Mark Lurie, an acclaimed journalist who has written extensively on the global AIDS epidemic, has written:
If you wanted to spread a sexually transmitted disease, you'd take thousands of young men away from their families, isolate them in single-sex hostels, and give them easy access to alcohol and commercial sex. Then, to spread the disease around, you'd send them home every once in a while to their wives and girlfriends.

(quoted in the *Village Voice*, Mark Lurie,
South Africa Medical Research Council, 1999)

In addition to the vulnerability of migrants themselves, spouses left behind may also be at risk of unprotected sex with other partners. Women who occupy a very low status in society are at risk of sexual exploitation, particularly when debts have been incurred by the migration and remittances fail to come. Girl children may be at an increased risk of sexual exploitation and exposure to traffickers recruiting for the sex industry in the region.

The lack of involvement of migrant returnees, spouses of migrants as well as migrant source communities overall in national HIV prevention responses adds to the vulnerability of migrant workers and their families. In Sri Lanka the government has recently expanded its pre-departure programmes for migrant workers to the community in a phased manner. The information on safe migration, HIV, and other issues is disseminated through innovative methods, to target children, adolescents, youth and the older population. In Bangladesh work in this direction is being carried out by various civil society organisations, offering some models for the region.

This kind of information can be especially useful to potential female migrants, especially young women. Family pressure can play an especially significant role in women's migration decisions. A study in Bangladesh has shown that families tend to urge women to migrate where they are perceived as a burden to the family, or are seen as of potential economic benefit. Through migration they can be instrumental in sharing the family's economic burden, including earning for the education of male members of the household. This is especially true because women are seen to be more reliable at sending back remittances than their male counterparts. At the same time, for some women, migration can provide an escape route from limitations imposed by traditional

societies, and abuse or violence at home. Thus the facilitation of safe migration can be viewed as a strategy for women to gain control over their lives.

Initiatives within source communities can inform and empower all groups of migrants, including those who will move within the country and those who will go farther, and can also be influential in preventing trafficking. The information provided can be tailored to the individual community on a needs basis depending on the prevailing patterns of migration from that community.

HIV Vulnerability in Transit

Many of the factors that pertain to vulnerability, including vulnerability to HIV, are related to the migratory process from the source community to the destination. In the case of overseas migration the lack of formal training, law enforcement or regulation of recruitment agencies and the system of middlemen make many migrants easy prey to fraud and exploitation. Where rigid emigration laws are imposed, both for migrants going overseas and internally within in the region, unregulated migration through informal channels flourishes. These migrants are at higher risk of being cheated and exploited as well as facing dangers en route, and in particular women become vulnerable to sexual harassment, exploitation and trafficking during the course of migration.

The Sri Lanka Bureau for Foreign Employment (SLBFE) has recently updated and expanded its pre-departure orientation programmes for out-migrants, which have been mandatory since 1996. They are designed for each destination region, and include curricula and orientation on financial management, health issues, personality development, counselling, cultural adaptation, basic language skills, problem solving, family arrangements, household equipment and home management. Gender, health and counselling training have also been included into their programme. Most significantly, the instructors are individuals with hands-on experience in the relevant countries.

For people on the move within the region the whole transit environment can be characterised as risky. Prevalence of HIV along the main transport routes has been reported as high, and migrants pass through junctions where commercial sex work and MSM behaviour are common. Being in a state of excitement, stress or anxiety with a little bit of money in the pocket can lead to having casual sex or being lured into substance use. Routes of migration also often follow the routes of organised crime such as trafficking of drugs, illegal goods, and women and children.

Women who start out as hopeful migrants without sufficient information, guidance or protective systems can find themselves trafficked into different kinds of bonded labour, including sex work, within or outside the region. Even women, who start out as legitimate migrants with documents and promises of jobs, may find themselves cheated or sold along the way where effective and powerful traffickers operate. What happens to these women does not remove the legitimacy of their desire to exercise the freedom of

mobility in search of livelihood opportunities, but only illustrates the urgent need for measures guaranteeing their safer migration.

Currently few effective responses to the needs of people who have taken the decision to migrate have been implemented. Sri Lanka is in the forefront with pre-departure training programmes, regulation of recruitment agencies, insurance and some support to migrants overseas. Over 41,000 unskilled female workers received pre-departure training in the year 2000. In other countries of the region the momentum to address trafficking has led to a number of recent initiatives, but much remains to be done in a concerted manner to mitigate the vulnerability of people on the move within the region and to outside. In addition would- be migrants to the Middle East and certain other countries face compulsory HIV testing, generally without their consent or knowledge.

HIV Vulnerability at Destination Area

For the most part, migrant labour is treated as an economic commodity by authorities, employers and the general public, with little provision for their human needs. Studies have revealed that the first contact migrants make in the destination area are crucial for their long-term social well being. This is important to keep in mind if migrants are to be empowered to protect themselves, their sex partners and their families from HIV infection. However, in many cases they are met with hostility and marginalisation. Migrants tend to be considered outsiders by local populations and poor people in the destination areas often see them as competitors for scarce livelihood resources. Lacking access to proper housing, they stay overcrowded slums with no proper facilities and are exposed to hazardous working environments. The vulnerability derived from the general lack of access to health care and other public goods is worsened by racial and cultural discrimination.

The Working Women's Support Centre, affiliated with the Lawyers for Human Rights and Legal Aid (LHRLA), Pakistan, provides legal aid, counselling, medical and psychiatric treatment, education and training programmes for women, and also conducts research and study programmes. They work with trade unions, NGOs, and government institutions to build AIDS-friendly workplaces.

The general experience is that when they arrive at overseas destinations they are abandoned by the recruiters, and the contracts that were presented to them prior to departure are changed or violated, against which they have no protection. There are many reports of migrant workers not being paid at all, and of others who are sent to detention centres for illegal migrants after removal of their papers by employers or others. While in many destination countries, as well as in export processing zones within the region, organisation of labour is banned, trade unions within the region traditionally have not addressed migrant workers as part of their mandate.

Against this background, disillusionment, insecurity and despair can make people vulnerable to increased risk behaviours, including unprotected sex and drug use. Community outreach work in Delhi has experienced that about two thirds of the injecting

drug users have come from outside the city. Many came to seek work and commenced drug taking after migration.

Loneliness, the disappearance of social control, peer pressure, lack of recreational outlets and normal sexual needs of young women and men who lack knowledge of sexual health or protection combine to make them vulnerable to HIV. In the Sri Lankan free trade zones studies have estimated the abortion rate to be 1-2% - a very significant indicator of unprotected sex. The non-availability of condoms and the criminal implications of being found with condoms, especially for women, aggravate the situation in many destination sites.

Women migrants, both in situations of prostitution as well as otherwise, are often victims of violence and harassment. Reports of sexual assault by employers and others are not uncommon both within the region from overseas and legal redress is rarely an option. Furthermore, family pressure for remittances and salaries far lower than promised can lead to supplementation of earnings through sex work, particularly where there is high demand from male migrants. In all these situations the negotiation power of the women for safer sex is extremely low even if they are aware that they might be exposed to HIV.

Awareness through Entertainment

An awareness raising event was organised by trade unions (AITUC, NFIW) and NGO, Centre for Education and Communication in Wazirpur, Delhi, and UNDP HIV-SSWA to mark the first International Migrants' Day, December 18th, 2000. Over 350 migrant workers and families were entertained by a streetplay, a film and a magician especially trained in HIV messages. Doctors and information specialists from the NAZ Foundation were present to provide immediate advice on STD, HIV and other health concerns. The International Labour Organisation (ILO) and UNAIDS contributed materials on migrant workers' rights and HIV.

The South Asian Research and Development Initiative (SARDI) has established a information centre on issues related to labour movement in South Asia, as well as an electronic information network to encourage collaboration among NGOs. Under a pilot project supported by the Solidarity Centre and UNDP HIV-SSWA SARDI will build the capacity of these NGO partners to work with trade unions to address the HIV vulnerability of migrant workers where they work and where they live. A process for information and experience sharing across the region is integral to the project. Key NGO partners in the initiative include:
Social Awareness and Voluntary Education (SAVE), (Tamil Nadu, India);
Nirman (Mumbai, India);
Working Women Support Centre (WWSC) (Karachi, Pakistan); and
Jana Setha Sahana Foundation (JSSF), (Biyagama, Sri Lanka).

TOWARDS A REGIONAL STRATEGY FOR ENSURING SAFER MOBILITY AND REDUCING THE HIV VULNERABILITY OF MIGRANTS AND MOBILE PEOPLE

There is an urgent need to develop and implement more effective responses to HIV/AIDS for migrants and mobile populations, which empower them to protect themselves against infection, reduce onward transmission of HIV, and provide care and support to those who are infected and affected.

Forming regional and national responses to address the vulnerability of migrant populations to HIV is not just about disseminating information about HIV/AIDS. The complexity of vulnerability factors demands a strong, holistic and integrated approach where migrant workers and mobile people are seen as human beings, rather than as economic tools. Further, families and communities must be included in the process and response. Effective action to facilitate safer migration, to curb the impact of HIV/AIDS on the region, and to provide care and support for those affected by the disease requires a rights based approach that pays special attention to the additional vulnerabilities arising from gender disparities.

The strategy will need to focus on what can be done within the region. In addition through activities of policy advocacy and documentation, and inter-government co-operation opportunities can be explored for the sending countries of the region to influence the protection of their workers in receiving countries in the Middle East and South East Asia, and elsewhere.

This approach will go beyond treating HIV/AIDS vulnerability among migrant workers as a health issue. The close links between HIV and livelihoods, social marginalisation and discrimination, dramatic cultural shifts in the environment and inhumane living and working conditions all need to be considered. Taking a rights based and gender sensitive approach in developing a regional strategy will reduce the stigmatisation of a vulnerable group that has all too often been blamed for the epidemic.

For operational effectiveness, the responses can be divided into initiatives that address source communities, the transit process and the major destinations for migration. These are however, closely interlinked and it will be necessary to ensure that a holistic view of the migration process is taken from source to destination. From this, a strong advocacy programme must also be developed to share lessons learned at every level and step in the process, and work towards a truly regional strategy that reinforces national efforts.

The Elements of a Strategy

The collective process of thinking has to date developed a framework within which a regional strategy could be developed.

Reaching migrants and their families in their source communities
In deciding to leave their home country or community, most migrant workers take their decision on the basis of very little and poor information, coupled with a desperate anxiety and need to leave. Many depart with unrealistic expectations, as well as ignorance about their risk to contract HIV and other infections and diseases. Rural development programmes in source communities can be involved in providing adequate information for those who wish to migrate. At the same time, the provision of more local economic opportunities can provide alternative options to migration. A commitment is needed on the part of local CBOs, NGOs, local authorities and government agencies to help migrant workers make informed choices, so that those who migrate are supported with full information and services in a way that is accessible and relevant.

Services and systems in the transit process
Many migrants, especially women, face increased vulnerability to HIV through the transit process from source to destination community. Pre-departure orientation programmes can reduce this vulnerability. Recruiting agencies, border and airport officials, migrant workers' associations and NGOs can be mobilised to further understand and respond to these risks and vulnerabilities. This needs to be supported by a review of regulations and their implementation, training for relevant government and civil society personnel and capacity building for NGOs and returnees associations. The development and adoption of a regional code of conduct for recruitment agencies could be beneficial. Information materials can be designed to reach people while in transit through the transport sector, where people stay and through information booths.

Programmes to reduce vulnerability of female and male migrants to HIV/AIDS in the destination areas
Once individuals have left their native place, they are often faced with an entirely new community, culture and living condition. This often results in alienation as well as loneliness, factors that can lead to high-risk behaviours. Community outreach programmes among migrant communities and workplace interventions can be instrumental in reducing the vulnerability of migrant workers to HIV and connecting individuals to one another. Players in making this happen can include trade unions, employers' associations, women's groups, NGOs and CBOs. Where programmes do not exist, training must be provided and solid networks created. Further, to effectively reach migrant workers themselves, innovative communication campaigns using print, audio, television and street theatre and other forms of creative media are needed.

CONCLUSION

Securing the protection of migrant workers within and from the region will require a concerted effort by governments, international agencies, trade unions and the private and NGO sectors to mobilise and support migrant communities in taking steps to limit their vulnerability in general and to HIV in particularly. An important beginning has been made with prominent initiatives taken by governments, NGOs and human rights groups across the region. The time is right to take this momentum forward, and the speed of the spread of the HIV/AIDS epidemic underlines the urgency of taking action.

The provision of information is required at all levels to mobilise potential and current partners. However, such advocacy cannot be effective in a vacuum, or in a wider environment of lack of respect for human rights and dignity. Efforts to protect the human rights of migrant workers and of people who are HIV-positive will have to be backed up by wider efforts within society as a whole to acknowledge and respect the rights and dignity of all human beings.

Individual countries can do much to address the HIV epidemic within their borders, and to ensure that policies, systems and programmes are in place to prepare their migrant workers for migration and facilitate their reintegration. Consensus and co-operation at the regional and sub-regional level can strengthen these national efforts with the mandate that comes from a shared vision, and the practical reinforcement that comes from sharing good and bad experiences. Some problems cannot be solved at the national level; a nation cannot protect its national overseas without the co-operation and goodwill of the receiving country. Regional fora and mechanisms for co-ordination can play a very important role in creating a climate of acceptance of principles and practices that facilitate such co-operation.

Partnerships are key in addressing these difficult and sensitive issues. No one department, agency or country can solve these problems alone. The importance of collaborative efforts cannot be overstated. This requires new ways of thinking and new mechanisms for doing business, and a strong will to search creatively for solutions. The steps that have been taken to date are part of an ongoing process. These will hopefully be followed by further steps that will take us forward towards the goal of ensuring safe mobility for all who choose to exercise this freedom.

ANNEXURE I

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