

Programme Achievements

2019
to
2021

Prevention & Advocacy on Migrant's HIV
Issues, Enhancing Access to Health Services
and Promoting HIV Positive Migrant's Rights
in Asia



CARAM ASIA
Co-ordination of Action Research on AIDS and Mobility

Developed by:
CARAM Asia

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Developed by:
Secretariat, CARAM Asia

Project: Prevention & Advocacy on Migrant's HIV Issues, Enhancing Access to Health Services and
Promoting HIV Positive Migrant's Rights in Asia

Grantee: CARAM Asia

Donor: RCF

Project Partners: OKUP, POURAKHI, SPEAK Trust, ACHIEVE and CDS

Project Partner Countries: Bangladesh, Nepal, Pakistan, Philippines, and Sri Lanka

This Document: Programme Achievement

Period: January 2019 to December 2021

Donor | Robert Carr Fund (RCF)

The Robert Carr Fund (RCF)¹ is the world's leading international fund organization focused on funding regional and global networks involving and serving Inadequately Served Populations (ISPs).

As a cooperative effort of donors and civil society, the RCF is structured to maximize participation, empowerment, equity, transparency, and accountability in fundraising and grant-making. The RCF works to mobilize and deliver core and strategic funding for regional and global networks to achieve four outcomes:

1. Protecting and promoting human rights;
2. Improving access to HIV services;
3. Mobilizing and monitoring national and international funding for human rights and health; and
4. Building capacity of civil society and community networks.

Grantee | CARAM Asia

CARAM Asia² is a non-profit and Non-Governmental Organisation (NGO), founded in 1997, it educates, promotes, and protects migrants' labour and health rights with a focus on HIV/AIDS issues. CARAM Asia works with its partners to bring focus and change to the labour and health rights of migrants in Asia.

CARAM Asia is a regional network of 42 members in 18 origin and destination countries spanning across Asia and the Middle East.

CARAM Asia's task forces are prioritised in line with four key thematic areas:

1. Migrant worker's rights
2. Migration, health, HIV and well-being
3. Migration, development, and globalisation
4. Migration climate change and humanitarian crisis



¹ <https://robertcarrfund.org/>

² <http://www.caram-asia.org/>

Project Partners Profiles



OKUP is a community-based migrant workers' organization in Bangladesh. OKUP, founded in 2004, is a platform of returnee migrants. OKUP believes that the unity of migrant workers enhances their empowerment and contributes to the protection of their rights and dignity. The vision of OKUP is to create enabling environment for migrant workers across borders, and irrespective of gender and legal status. OKUP works for promoting informed migration by choice, ending labour trafficking, forced labour and slavery.

Nepal ⁴	<p>POURAKHI</p>  <p>An Organization of returnee women migrant पुरासित वैदेशिक रोजगार, हामी सबैको साझा संरक्षक</p>	<p>POURAKHI is a pioneering organization of women migrant workers. It was established in 2003 by a group of returnee women migrants. It has objectives of ensuring the rights of women migrant workers in the entire process (pre-employment, pre-departure, employment stage, post-arrival support programmes) and labour migration.</p>
Pakistan ⁵	<p>SPEAK Trust</p>  <p>SPEAK</p>	<p>SPEAK Trust was founded during February 2018 as a non-profit organization. SPEAK is the pioneer organization addressing HIV vulnerabilities of migrant workers, women and children. SPEAK ensures meaningful youth engagement and gender equality in all the initiatives and firmly stands against discrimination based on sex, disease, caste, creed, ethnicity, nationality, or any other factor.</p>
Philippines ⁶	<p>ACHIEVE</p>  <p>ACHIEVE</p>	<p>ACHIEVE develops and implements evidence-based programmes on HIV and AIDS, tuberculosis, migration, health, gender, sexuality, and reproductive health. Using rights-based and participatory approaches, ACHIEVE endeavors to directly involve communities in the planning, implementation, monitoring, and evaluation of HIV and TB initiatives.</p>
Sri Lanka ⁷	<p>Community Development Services (CDS)</p>  <p>CDS FOR A BETTER LIFE</p>	<p>CDS was founded in 1978 as a family planning service provider complimenting the government's population control programme. From family planning to sexual and reproductive health interventions, to strategies for the poor, CDS continues to work for the rights and protection of sex workers, female and male low-skilled migrant workers, youth in the plantation sector, adolescent and secondary school youth, and HIV/ AIDS.</p>

³ <http://okup.org.bd/>

⁴ <https://pourakhi.org.np/>

⁵ <https://speak.org.pk/>

⁶ <https://achieve.org.ph/>

⁷ <https://give2asia.org/cds/>

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List of Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral Therapy
BE&OE	Bureau of Emigration and Overseas Employment
BMET	Bureau of Manpower, Employment, and Training
CARAM	Coordination of Action Research on AIDS and Mobility
CDS	Community Development Services
CSOs	Civil Society Organizations
DL&E	Department of Labour and Employment
FGDs	Focus Group Discussions
FIA	Federal Investigation Agency
FSW	Female Sex Workers
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
HePSeD	Health Promotion and Service Delivery
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
IOM	International Organization for Migration
ISP	Inadequately Served Populations

LEAHN	Law Enforcement and HIV Network
MHH	Migration, Health and HIV
MLM	Male Labor Migrants
MoEW&OW	Ministry of Expatriates Welfare and Overseas Employment
MoH	Ministry of Health
MSM	Men having Sex with Man
NACP	National AIDS Control Programme
NGO	Non-Governmental Organisation
NRCO	National Reintegration Center for OFWs
NSACP	National STD/ AIDS Control Programme
OFW	Overseas Filipino Workers
OKUP	Ovibashi Karumi Unnayan Program
OLTCC	Overseas Land-based Tripartite Consultative Council
OPF	Overseas Pakistanis Foundation
OWWA	Overseas Workers Welfare Administration
PACP	Provincial AIDS Control Programme
PAR	Policy Advocacy and Research
PE	Protectorate of Emigrants offices
PEOS	Pre-Employment Orientation Seminar
PIA	Philippines Investigation Agency
PLHIV	People Living with HIV/ AIDS
PMHN	Philippine Migrant Health Network
PMTCT	Prevention of Mother to Children Transmission
PNAC	Philippines National AIDS Council
POLO	Philippine Overseas Labor Offices
PWID	People Who Inject Drugs
RCF	Robert Carr Fund
REFRAME	Recruitment Framework of Labour Migration
SLBFE	Sri Lanka Bureau of Foreign Employment
SOGIE	Sexual Orientation and Gender Identity Expression
SRH	Sexual and Reproductive Health
STD	Sexually Transmitted Diseases
ToT	Training of Trainers
TRA	Transitional Readiness Assessment
TWG	Technical Working Group
UN	United Nations
UNAIDS	United Nations Programme on HIV/ AIDS
UNICEF	United Nations Children Fund
USD	United States Dollar
VCCT	Voluntary Confidential Counseling and Testing
WB	World Bank
WHO	World Health Organization

1. Background

In the developing countries, there has been a surge of migrants to other parts of the world for livelihoods. Migration plays a huge role in country's economy such as for Bangladesh, Nepal, Pakistan, Philippines, Lebanon, Thailand, Sri Lanka, etc. Most of the migrants are half skilled or unskilled labour workers who seek employment as domestic servants, construction workers, labourers, etc. in other countries to make livings for their families. These migrants are usually unaware about their physical needs which often leads to adopt risky behaviour in the destination country. Having a lack of self-awareness, these migrants are also most vulnerable to catching infectious diseases including Human Immunodeficiency Virus (HIV)/ Acquired Immunodeficiency Syndrome (AIDS) and its further transmission. There is not any robust mechanism to cater to the health needs of the migrant population. With regards to HIV/ AIDS, the migrant population and migrant returnees are not considered as a key population by many countries.

Founded in 1997, Coordination of Action Research on AIDS and Mobility (CARAM - Asia) is a regional network of 42 members from 18 sending and receiving countries across Asia and the Middle East. CARAM Asia is a Non-Government Organization (NGO), with its Secretariat office in Kuala Lumpur, Malaysia and have special consultative status with the Economic and Social Council of the United Nations (UN). CARAM Asia was set up in response to the growing global phenomenon of migrations' health and is committed to educate, promote and protect migrant's labour and health rights with a focus on HIV/ AIDS issues.

In the migration cycle, migrants' rights including health issues are largely ignored by both the sending and the receiving country. There is a need to advocate for the prevention and awareness of HIV/ AIDS issues among migrants. Using various human and health rights frameworks, CARAM Asia developed Migration, Health and HIV (MHH) programme. The objective of MHH programme is to promote the health rights of migrants through reforms of discriminatory policies and equity in provision and access to the health services for migrant workers, including Sexual and Reproductive Health (SRH) and HIV/ AIDS.

Under this MHH component, CARAM Asia is focused to address the issues relating to stigma and discrimination associated with HIV and People Living with HIV (PLHIVs), HIV testing for migrants, access to treatment for HIV positive migrants, mental health of migrants, SRH rights of migrants, policy provisions in the relevant government programmes, etc.

CARAM Asia for its MHH component, with Robert Carr Funds (RCF)'s support, has intensively worked in Bangladesh, Pakistan, Nepal, Philippines and Sri Lanka to ensure that migrant workers have access to HIV information, prevention, and care services. CARAM Asia has collaborated with five Civil Society Organizations (CSOs) under a project '**Prevention & Advocacy on Migrant's HIV Issues, Enhancing Access to Health Services and Promoting HIV Positive Migrant's Rights in Asia**'. The five partner CSOs include: i-Ovibashi Karim Unnayan Programme (OKUP); ii-POURAKHI; iii-SPEAK Trust; iv-ACHIEVE; and v-Community Development Services (CDS).

This document intends to discuss the key outcomes, achievements and learnings emerged as a joint working of CARAM Asia and its five project partners. This programme achievement document is largely based on CARAM Asia and project partners databases and reports of 2019, 2020 and 2021. To supplement this information, key informant interviews with partners were also conducted to have their feedback and experience of working on the rights of migrants for HIV/ AIDS prevention in their respective countries.

According to World Health Organization (WHO), HIV is an infection that attacks the body's immune system and more specifically weakens a type of white blood cells known as CD4 cells. HIV destroys these CD4 cells, weakening a person's immunity against opportunistic infections (infections that are most likely to occur in the body with weak immunity), such as tuberculosis and fungal infections, severe bacterial infections and some forms of cancers.

2. Country Context

An overview of each country in relation to migration and HIV/ AIDS is discussed as under.

2.1 Bangladesh

Bangladesh has a population of 168.2 million population⁸. The prevalence of HIV is low among general population which is 0.01%, however, the prevalence rate among the key population is relatively higher i.e., 3.9%. The total estimated number of people living with HIV/ AIDS is 14,000⁹. In 2019, total 919 people were identified as HIV positive and among them around 20% were either migrant workers themselves or one of their family members were migrant.

Labour migration is a key driver of economic growth in Bangladesh. According to Bureau of Manpower, Employment and Training (BMET), more than 12 million Bangladeshis are migrants and are working outside Bangladesh. In 2019, more than 700,000 people went to different destination countries to earn livelihoods. In Bangladesh, women migration is also increasing day by day. In 2019, total of 104,786 women migrated outside country. Last year migrants' remittance was more than 18 billion United States Dollar (USD) which is almost 13% of Bangladesh's Gross Domestic Product (GDP¹⁰).

Each year thousands of Bangladeshi migrants return from the country of destinations. There is no national level mechanism to know the number of migrant workers who are infected with different diseases while they were abroad including HIV.

2.2 Nepal

Nepal is a country with population of 30.3 million¹¹. The estimated national HIV prevalence among the age group (15-49) was 0.13% with an estimated number of 29,503 people living with HIV¹². There is a low prevalence of HIV infection in the general population but a higher prevalence in specific subpopulations such as People Who Inject Drugs (PWID), Men having Sex with Man (MSM), Transgender People (TG), Male Sex Workers (MSW), Female Sex Workers (FSW) and Male Labour Migrants (MLM) as well as their spouses.

Nepal also has a huge number of labour migrants who seek employment in other countries. During 2020, the remittances of migrant workers were 23.5% of their GDP¹³.

Nepal government needs to make labour agreements with destination countries to ensure fair treatment and the rights of migrants with access to quality health services.

2.3 Pakistan

Pakistan has become fifth most populous country of the world. According to the national census conducted by Pakistan Bureau of Statistics, Pakistan had 207.7 million people in 2017 which has now increased to 230 million making it world's fifth populated country¹⁴. In Pakistan, the national prevalence of HIV/ AIDS is less than 0.1% among general population. In 2021, there were 200,000 people living with HIV/ AIDS¹⁵. According to National AIDS Control Programme (NACP), 53,714 people were registered for treatment until June 2022.

In Pakistan like other developing countries, many workers (semi-skilled and un-skilled) move to various countries to seek employment and earn livelihoods. According to Bureau of Emigration and Overseas Employment (BE&OE), from 2019

Pakistan do not have a national mechanism to screen returnee or deported migrants at the international airports in Pakistan for communicable diseases including HIV/ AIDS. There is also no system to refer to advice returnees to undergo a complete checkup. There had been testing facilities at the airport on a temporary basis for COVID-19 testing, and monkeypox screening.

⁸ <https://www.worldometers.info/world-population/bangladesh-population/>

⁹ UNAIDS 2018

¹⁰ According to Wikipedia, GDP is a monetary measure of the market value of all the final goods and services produced and sold in a specific time period by countries

¹¹ <https://www.worldometers.info/world-population/nepal-population/>

¹² UNAIDS 2019

¹³ <https://nepaleconomicforum.org/6767-2/>

¹⁴ <https://www.worldometers.info/world-population/pakistan-population/#:~:text=Pakistan%202020%20population%20is%20estimated,year%20according%20to%20UN%20data.>

¹⁵ <chrome-extension://efaidnbmnnnibpcapggpcjlefndmkaj/https://www.aidsdatahub.org/sites/default/files/resource/pakistan-country-card-sep2021.pdf>

until August 2022, more than one million workers migrated for employment. There are no evident efforts of the government to control spread of HIV/ AIDS through migrant returnee workers in Pakistan.

2.4 Philippines

The current population of the Philippines is 112.7 million¹⁶. The country has 0.1% prevalence of HIV among general population who are estimated to be HIV-positive. According to United Nations Programme on HIV/ AIDS (UNAIDS), during 2021 in Philippines, there were 140,000 people living with HIV/ AIDS¹⁷. However, the disease is spreading fast. According to Department of Health, Epidemiology Bureau Philippines, during February 2022, 1,054 cases were reported with an average of 33 cases being reported on daily basis¹⁸.

Philippines is a low HIV prevalence country but the rate of increase in infections is one of the highest. More than 90% of the disease transmission is through sexual contact. The Philippines workers seek employment in almost all parts of the world. According to International Labour Organization, there are more than 10 million Philippines working in other countries with a surge of one million each coming year.

The Philippine labour is among the world's largest with around nine million people or 10% of its population working outside the country¹⁹. According to World Bank (WB), in 2021, the top five remittance were made to India, China, Mexico, the Philippines, and the Arab Republic of Egypt²⁰.

2.5 Sri Lanka

The current population of Sri Lanka is 21.6 million²¹. According to an estimate in 2021, 3.6 thousand people²² were living with HIV/ AIDS in Sri Lanka²³. The prevalence of HIV/ AIDS is less than 0.1% among general population.

In Sri Lanka, there are 1.7 million migrant population²⁴. In recent years, the ratio of migrations is increasing. Almost, 110,000 migrated towards end of 2021²⁵ while according to Sri Lanka Bureau of Foreign Employment (SLBFE) until June 2022, 140,701 persons were migrated for employment opportunities outside Sri Lanka²⁶. There is no mechanism to undertake screening of migrant returnees to check their health status including testing of HIV/ AIDS. Though, SLBFE in Sri Lanka includes HIV/ AIDS in their pre departure training programme, the issue of HIV still persists among migrant and their families.

Though Sri Lanka has low number of HIV/ AIDS positive cases, but the risky behaviour of the general population makes it highly vulnerable country which may result converting the diseases into pandemic.

HIV can be transmitted via the exchange of a variety of body fluids from infected people, such as blood, breast milk, semen and vaginal secretions.

¹⁶ <https://www.worldometers.info/world-population/philippines-population/#:-text=The%20current%20population%20of%20the,the%20latest%20United%20Nations%20data>

¹⁷ <https://www.unaids.org/en/regionscountries/countries/philippines>

¹⁸ chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.aidsdatahub.org/sites/default/files/resource/eb-harp-february-aidsreg2022.pdf

¹⁹ <https://www.lowyinstitute.org/the-interpreter/filipino-migrants-are-agents-change>

²⁰ <https://blogs.worldbank.org/peoplemove/global-remittance-flows-2021-year-recovery-and-surprises>

²¹ <https://www.worldometers.info/world-population/sri-lanka-population/>

²² <https://www.statista.com/statistics/701861/sri-lanka-estimated-number-of-people-living-with-hiv/>

²³ <https://www.unaids.org/en/regionscountries/countries/srilanka>

²⁴ <https://www.colombotelegraph.com/index.php/migrant-workers-can-be-repatriated-sri-lankan-govt-has-abandoned-them-at-their-hour-of-greatest-need/>

²⁵ <https://www.dailynews.lk/2021/12/21/local/267998/over-100000-lankans-migrated-overseas-employment-2021>

²⁶ https://www.dailymirror.lk/business_main/Outward-labour-migration-in-1H-tops-2021-full-year-figure/245-242236

3. Key Outcomes

CARAM Asia along with its project partners OKUP, POURAKHI, SPEAK Trust, ACHIEVE and CDS maintained a momentum for migrants' vulnerabilities to HIV/ AIDS and access to health services. Some of the key outcomes accomplished in past three years by the project are discussed in this section.

Over the years, through consistent efforts and activities for migrant communities, the project partners have become the leading organizations in their respective countries committed to promote migrants' rights in context of HIV/ AIDS. All the partners have the acceptability and recognition to be included in the key policy and programme discussions pertinent to migrants' health rights in their respective countries. It can be said that the issues of migrants' health rights particularly for HIV prevention was brought to discussion only by these CSOs who are implementing CARAM Asia Project. There are many other organizations working for migrants in context of fair treatment, labour laws, employment concerns, unfair treatment, exploitation and for civil rights, etc. but there was very little attention to consider migrants vulnerabilities to HIV/ AIDS and access to health services.

With the support of CARAM Asia, OKUP has become a very prominent organization in Bangladesh. The two key government offices i.e., Ministry of Health (MoH) and Ministry of Expatriates Welfare and Overseas Employment (MoEW&OW) recognizes OKUP as a key stakeholder for HIV/ AIDS in Bangladesh. OKUP has very functional and active relationship with these two key government departments. For any key consultations that these government offices undertake, OKUP is always included and invited. This is a big achievement as OKUP participate in policy discussions, can share feedback, raise concerns of migrants, etc. to protect migrants' HIV/ AIDS and health rights. Through continuous advocacy and meetings with government counterparts, Bangladesh government has extended the treatment and care services for the PLHIV for free of cost. Government established 13 Antiretroviral Therapy (ARV) and service centers at the divisional level. Previously this was done by CSOs under the leadership of Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). OKUP is now putting efforts to include pre and post counseling along with the medication to PLHIVs.

SPEAK Trust in Pakistan is also very well-known and recognized organization who is being consistent in its effort for migrants' HIV/ AIDS and health rights. SPEAK Trust has established good relations with MoH, National AIDS Control Programme (NACP), Provincial AIDS Control Programme (PACP), Federal Investigation Agency (FIA) and Bureau of Emigration and Overseas Employment (BE&OE). SPEAK Trust has been advocating with BE&EO for having a database of deportee and returnee migrants and for the screening mechanism at the airports. SPEAK Trust organized various meetings with BE&OE and emphasized on the need to adapt a comprehensive HIV content in local languages for outbound migrants. The request got approved and a letter was circulated along with a brochure to all seven Protectorate of Emigrants' Offices (PEOs) at provincial level for adaptation in the pre-departure briefings. This created awareness among outbound migrants with regards to HIV, its transmission and prevention and reached out to an estimated 0.5 million migrant families.

ACHIEVE also has a vigilant presence at various national level forums in Philippines for migrants' rights and HIV/ AIDS prevention. There are multiple organizations aggressively working on the labour issues of migrants in Philippines, however, only ACHIEVE is actively working for migrants' health rights and concerns. Since 2011, ACHIEVE is a member of Philippines National AIDS Council (PNAC) which is the highest policy making body in the country. ACHIEVE's presence and acceptance as a key stakeholder places the organization in the best position to register the feedback and take up the issues relating to migrants' vulnerabilities and HIV/ AIDS prevention. At PNAC forum, ACHIEVE bring forwards the issues of Overseas Filipino Workers (OFWs) and OFWs living with HIVs to play its role effectively for the prevention and treatment of HIV. ACHIEVE is a member of the Steering Committee, the Health Promotion and Service Delivery

(HePSeD) Technical Working Group (TWG), and co-head of the Policy Advocacy and Research (PAR), TWG. ACHIEVE is also a member of Philippine Migrant Health Network (PMHN) and the Overseas Land-based Tripartite Consultative Council (OLTCC). ACHIEVE regularly attends meetings organized by the Steering Committee HePSeD and PAR TWG to work for the rights of migrants' health. ACHIEVE also enjoys good working relations with PNAC, DoH, Department of Labour and Employment (DoLE), Philippines Information Agency (PIA). ACHIEVE has constant engagement with PNAC as part of CARAM Asia's advocacy work. ACHIEVE provide inputs on HIV, emerging diseases like COVID-19 and mental health of OFWs, for the improvement of the online Pre-Employment Orientation Seminar (PEOS), etc. There are many occasions where ACHIEVE provided technical and policy inputs such as ACHIEVE participated in the consultations held to ensure that the PEOS module is comprehensive and understandable for migrants including adequate information about HIV/ AIDS prevention.

CDS is also a very active and familiar organization working for the health and HIV/ AIDS rights of migrant communities in Sri Lanka. Over the years, CDS has been advocating with MoH, National STD/ AIDS Control Programme (NSACP) and Ministry of Foreign Employment and Sri Lanka Bureau of Employment. CDS works to advocate for policy provisions and reflections in the relevant programmes to ensure that migrants HIV/ AIDS rights are protected, and migrants are aware about HIV/ AIDS prevention. The policy makers at MoH and NSACP now realizes the risk of contracting HIV among migrant workers is high and there are gaps in providing needed HIV related services to the migrant community. MoH stated that they would include CSO's when developing a mobile health app for migrant workers which is planned in near future.

HIV/ AIDS was considered as a hateful disease and talking about HIV was a big taboo. There were many religious, social and cultural barriers which strained discussion about HIV/ AIDS transmission and its treatment. But in recent years after continuously working for so many years through the support of CARAM Asia and with combined actions of all concerned stakeholders, HIV/ AIDS is a much more tolerable and open issue among people and key stakeholders which can be discussed.

Through the support of CARAM Asia, OKUP has access to more than 80 migrants' forums from Bangladesh. This migrants' forums work for the rights of migrants. Migrants and their families are its active members. OKUP arranged various capacity building sessions for migrants and their families to raise awareness about HIV/ AIDS diseases, its prevention, transmission, and treatment. As a result, these forums now refer the positive cases to OKUP and other HIV testing and counseling facilities for proper treatment and care. The access to these forums is an effective means for OKUP to directly link with migrant communities from different areas of Bangladesh.

SPEAK Trust was able to mobilize the returnee migrants and their families for HIV testing. Not only that, SPEAK also offered pre and post counseling services to the returnee migrants and later the positive cases were referred for proper treatment. Taking a step further, SPEAK Trust is now working with the PLHIVs in minimizing and reducing the stigma and discrimination associated with PLHIVs. Keeping in view the context of local culture and norms, this is a great achievement that PLHIVs share their stories and socialize with each other to minimize their stresses. This is paving ways for other PLHIVs to come forward and seek proper treatment.

CDS, being the Secretariat of a CSOs coalition, keep very consistent communication with member CSOs about migrant's health and HIV. CDS conducts regular meetings and shares updates about migrants and HIV. This has not only given awareness to CSOs but have also mobilized them to advocate for this issue. Many CSOs now put efforts with the government to consider migrants as key population. These member CSOs are also connected with GFATM and task force for HIV/ AIDS key population. Having connected with these two forums, CSOs have now witnessed a change in the mindsets of policy makers and other stakeholders. Previously, migrants were not discussed at all with regards to HIV transmission and prevention. But in recent years, migrants are considered as vulnerable population and all the policy maker realizes that migrants are to be

included in the discussions and policy reviews & provisions, etc. when it comes to HIV/ AIDS awareness and prevention. This itself is a great achievement and change which has taken years to happen through consistent and continuous efforts of CDS.

Each country has its own AIDS Control Programme managed by the respective governments. These national AIDS control programmes had been receiving funds from GFATM. Recently, GFATM is planning to phase out and the countries need to timely respond to that in order to avoid the hollow it will create. CARAM Asia came forward and planned interventions for advocacy of HIV financing for the migrant workers. CARAM Asia organized a regional capacity building workshop for its partners on ways and need for HIV financing and importance of advocacy for HIV financing with the respective governments in each country. This was followed by national level capacity building workshops with key stakeholders and government counterparts conducted by the project partners in each of the five countries. Another related step towards ensuring a fully financed HIV programme for migrant workers was to build the capacity of CSOs and/ or CSOs platforms working for migrants rights. Thus, partners established or revitalized CSOs coalitions and developed action plans which coalitions will take up for advocacy on the HIV financing with the relevant government offices.

OKUP is a treasurer of a 'Community Forum', which is a platform of all key population groups in Bangladesh. OKUP is now taking lead to apply for formal registration to have its legal status. It is also decided that structuring of the divisional level Community Forum will be done after registration process is complete. This forum has very high significance in bringing the day-to-day challenges of PLHIVs and the strategies needed for HIV/ AIDS prevention.

POURAKHI formed a group of the like-minded organizations to advocate for migrant's health including of HIV. The coalition members nominated POURAKHI as Secretariat of this CSOs platform for the effective implementation of the advocacy plan.

The support of CARAM Asia in Sri Lanka resulted in formation of a CSOs coalition named as 'Life Integrators Coalition'. This coalition was formed to bring the voice of civil society and the communities on table. Total 24 CSOs got together to advocate for the rights of migrants and underserved communities most at risk to HIV. This coalition has a working group comprising seven members while CDS acts as Secretariat of this coalition. Since GFATM is planning to phase out from Sri Lanka, this coalition has very high significance and this is an outcome of the efforts made through the support from CARAM Asia. CDS also mobilized this coalition to advocate with the policy makers about this concern as well as about health rights of migrants. Some member CSOs of Life Integrators Coalition also make representation at the technical working group for HIV testing. CSOs who were given awareness by the efforts of CDS, now advocates about having a mechanism for the testing of migrants upon their return in Sri Lanka.

SPEAK Trust organized CSOs and developed a CSOs Coalition aimed for working on HIV vulnerabilities of migrants. Then there was a need to mobilize CSOs working on migration and HIV issues; brought them together in the form of a group who could jointly advocate for sustainable HIV financing in Pakistan. SPEAK Trust organized a training session for these CSOs. As a result of this training, coalition members developed a plan for integrating migrant workers into their existing projects and an action plan to do advocacy for sustainable HIV funding for migrants. SPEAK Trust and the CSOs coalition now work hand in hand to address the on-ground issues and do advocacy for migrants health rights.

CARAM Asia partners being Secretariat or as a lead member of the CSOs coalitions in their respective countries are in good position to create awareness among the member CSOs. The partner CSOs such as SPEAK Trust, CDS, OKUP capitalizes on each interaction with the coalition member CSOs by giving them awareness on the issues of migrants' health and HIV/ AIDS. This is result of this awareness that now all the member of CSOs of respective coalitions are paying attention to migrants' health and HIV vulnerabilities. Many CSOs have started integrating this

topic in their other routine community awareness sessions while some CSOs have made this part of their other planned training events. Ultimately, there is a large task force available in the form of CSOs in each country who is aware and willing to work for HIV/ AIDS and migrants' health rights.

As a result of the efforts of CDS, NSACP is planning to do a pilot initiative of testing of returnee migrants in one district (*Gampaha*) in Sri Lanka. This has been linked with healthy lifestyle clinics which are present in every public sector hospital to cater the health needs of 30 years or above. The returnee migrants will be referred by *Grama Niladhari* officers and midwives to attend these clinics to undertake clinical documentation along with HIV testing. This pilot is expected to start from November 2022. This is one of the great achievements for which CDS had been putting efforts since long. Now CDS is aiming to keep a close coordination with NSACP to witness and monitor this pilot testing exercise.

Stakeholders and policymakers have also realized that migrants cannot be ignored when it comes to HIV/ AIDS awareness, prevention, and treatment. Migrants are now considered as at risk and vulnerable population for HIV/ AIDS. In Pakistan the policy document Pakistan 'AIDS Strategy IV (2021 – 2025)' refers to migrants as vulnerable population for HIV/ AIDS. In Sri Lanka, the National HIV/STI Strategic Plan, Sri Lanka (2018 – 2022) refers to migrants as a risky population for HIV/ AIDS transmission. Now, there is a need for coordinated efforts, strong political will and timely actions to retain the success made so far by CARAM Asia and its partners in Bangladesh, Nepal, Pakistan, Philippines and Sri Lanka.

AIDS is the late stage of HIV infection that occurs when the body's immune system is badly damaged because of the virus.

4. Programme Achievements

CARAM Asia along with its five project partners carried out multiple interventions to address migrants' health. In the journey of working for migrants' health particularly HIV/ AIDS, project partners made some remarkable achievements discussed hereafter.

4.1 Enhance access to health, HIV/ AIDS related services for migrant workers

CARAM Asia had placed continuous efforts to enhance access to health services for migrant workers. In all the partner countries there is no robust mechanism in place to screen returnee migrants for HIV along with referral. In these countries migrants' health is neither a prime concern for the sending country nor it is fully catered by the receiving countries. CARAM Asia and its partner CSOs are committed to raise this issue and advocate for the health rights of migrants. All the project partners advocate for the policy change and subsequent actions required for the protection of migrants' health rights including of HIV/ AIDS.

OKUP is very well connected at field level with migrant communities and PLHIVs. OKUP closely works with 80 different migrant forums (network of migrants and their families) and NoP+ (a PLHIV network) for migrants' health and HIV rights. These two forums always refer the PLHIVs and other migrants for HIV testing to OKUP. OKUP then refers such individuals to government managed HIV testing and counseling facilities. In addition to this, all the Information, Education and Communication (IEC) material and informational leaflets developed by OKUP provides information about HIV testing and treatment facilities to ensure linking migrants and PLHIVs with the treatment facilities.

OKUP also developed a wall calendar with information of government run HIV counseling and testing centers and with the addresses of ARV centers. These wall calendars were distributed to the key stakeholders, NOP+ members, self-help groups of PLHIVs, and members of migrant forums.

SPEAK Trust approached and encouraged returnee migrants in Swat (a district of Khyber Pakhtunkhwa²⁷) to participate in voluntary HIV testing in order to know their HIV status and that of their families. There is no such system established at the airports which ensures returnee migrants' HIV testing and refer them for treatment, if found HIV positive. Swat is a district with huge number of people going abroad every year for labour and there is a lack of information about HIV.

This is coupled with the fact that there is much stigma associated with HIV testing and then discrimination with people who test positive. During last three years, 52 migrants (32 males, 19 females and one child) were found living with HIV in Swat district. SPEAK Trust also provided pre and post HIV test counseling to returnee migrants to increase adherence to treatment and reduce the likelihood of further transmission of HIV to their spouses. **SPEAK Trust also formed self-help support groups to manage the stigma and discrimination against PLHIVs.** The support group devises strategies to combat stigma in their communities and promote HIV testing and treatment, with a focus on returnee/ deported migrants. In continuation to these efforts, meetings were conducted with members of self – supports group of migrants living with HIV to educate them on HIV transmission, precautionary measures and migrants' vulnerabilities.

Figure 1: Meeting with Self Help Groups – SPEAK Trust



Most people with HIV do not develop AIDS because taking HIV medicine as prescribed stops the progression of the disease.

²⁷ It is a very conservative province of Pakistan where the local, cultural and religious norms are very strong. Communication regarding disease transmission and risky behaviours for HIV/ AIDS is extremely challenging.

In Sri Lanka, CDS also conducted HIV tests of returnee migrants in collaboration with mobile healthy lifestyle clinics managed by the government. CDS along with testing, also organized awareness talks on reducing misconceptions about HIV. CDS mobilized government sector doctors and other staff to conduct these sessions. Having this experience of interaction with the returnee migrants, NSACP has planned to launch a pilot HIV testing programme for returnee migrant workers. **This is a great achievement as the results of this pilot may push the agenda of having testing facilities of all the returnee migrants in Sri Lanka.**

ACHIEVE regularly arranges stakeholders' forum meetings. This forum has 25 representatives from government agencies, CSOs, PLHIV support groups, OFW, National Reintegration Center for OFWs (NRCO) of the Overseas Workers Welfare Administration (OWWA), PNAC Secretariat, DL&E, DoH (migrant health unit), and the Public Employment Service Office. The forum is an opportunity where the recommendations gathered from the community are brought on table and it also gives an opportunity to understand the existing services provided by various government agencies.

ACHIEVE also organized a dissemination forum for CSOs, migration centered organizations, government agencies, OFWs, etc. to present the findings of the rapid assessment (qualitative research study conducted by ACHIEVE to analyze OFWs mental health). This forum became an opportunity to get some feedback from these stakeholders. There was a very strong recommendation that the government social workers in some Philippine Overseas Labor Offices (POLOs) should be more proactive in dealing with OFWs onsite, knowing that have to deal with the issues such as loneliness, depression, anxiety, etc. This forum raises such types of issues and feedback from OFWs which needs attention by the implementors and the policymakers.

ACHIEVE also took lead in developing a concept note to map existing health policies and services for OFWs and their families. There are many OFWs and potential migrants who lack information about available health facilities and related policies. There is a need to connect and improve access and provision of OFWs and the available health services. **This is also a result of continuous support from CARAM Asia that ACHIEVE provided insights in ensuring that the national action plan is gender-responsive and include strategies to address HIV and mental health of OFWs with different Sexual Orientation and Gender Identity Expression (SOGIE).**

ACHIEVE also did consultations with 139 PLHIVs from different regions of the country. The participants were asked to share their experiences abroad and after they were diagnosed with HIV and when they returned back to Philippines. Participants were also asked to identify needs and concerns and the level of impact these have on them. From the identified needs and concerns, ACHIEVE was able to draw out recommendations for programmes and services that should be put in place to respond to the identified needs of PLHIVs.

ACHIEVE also provided financial assistance for OFWs affected by the COVID-19 pandemic to ensure their access to health services and treatment of HIV. The provision of financial assistance started because when the community got quarantined and the availability of medications including ARVs became a pressing concern for PLHIVs particularly for those living in more remote areas. ACHIEVE provided financial assistance to cover either the costs of the actual medications or cost of courier services, or both, for former or current OFWs affected by COVID-19 response protocols.

CDS designed and developed a pocket calendar on World AIDS Day 2021 with the objective of highlighting the importance of testing and reducing the fear of testing for HIV. It also contained the National STD/ Clinic helpline number for further information to enhance access to HIV services. Total 12,300 calendars were distributed among 22 partner CSOs (Life Integrators Coalition²⁸) in 11 districts from across the country. These calendars shared information about HIV treatment and its prevention among the communities living in the 11 target districts. This also helped in building the teamwork and trust among the partner CSOs of the Life Integrators Coalition. In all the activities related to giving awareness on HIV, CDS has shared information about where to get HIV testing and treatment. It was noted that many target groups did not know about the places for HIV testing. In addition to this, CDS has also tried to minimize the stress and fear associated with undertaking the test. There is a general misconception that HIV positive is most likely to die. Such misconceptions were also addressed by having the counseling sessions for PLHIVs.

²⁸ A CSO coalition formed with the efforts of CDS to advocate for the rights of migrants and underserved communities most at risk to HIV.

4.2 Eradicate stigma and discrimination associated with PLHIVs and awareness raising

In all the partner countries, PLHIVs are faced with discrimination in all spheres of life. The life becomes hard for PLHIVs in terms of seeking medical care, treatment, employment and socialization. This stigma is not limited to the communities but in some instances medical and paramedics staff also distinguish their behaviour with PLHIVs. Having this background, the partner countries carried out activities to minimize this discrimination so that more and more returnees can undertake the HIV test and follow the treatment, if positive.

In Pakistan, PLHIVs also face stigma from health care staff at different levels. The HIV positive community connected with SPEAK Trust also revealed being stigmatized by paramedics, healthcare staff and even by the qualified doctors. SPEAK Trust printed 13,000 brochures and 213 posters on guidelines for medical and paramedics staff on ethical treatment of PLHIVs. This material was distributed to hospitals and laboratories from Islamabad, Rawalpindi and Swat. **SPEAK Trust has also organized four HIV sensitization sessions to orient hospital administration and staff on HIV stigma and ethical treatment of PLHIVs.** The pre-session results showed lack of HIV knowledge and the myths associated with HIV among the participants. It is aimed that after these sessions' healthcare staff will not discriminate patients on the basis of their HIV status.

Upon the request of NACP, SPEAK Trust also organized HIV sensitization session for 50 medical and paramedics staff at Polyclinic Hospital in Islamabad to inform participants, particularly hospital administration and staff, about stigma and discrimination associated with HIV & AIDS and how to ethically deal with HIV positive patients. This session was aimed to sensitize healthcare staff to improve quality and ethical treatment of PLHIVs. This session was helpful in further strengthening of SPEAK's relationship with NACP. Based on this session, SPEAK Trust also got approval by the hospital administration to display IEC material regarding HIV at the hospital premises. SPEAK Trust was used to arrange such sessions and awareness raising on a regular basis, after COVID-19 hit SPEAK trust adopted digital means to continue these efforts.

SPEAK Trust in Pakistan also utilized the mainstream and social media to reach migrants and the general population for awareness raising on the issues of migration and HIV/ AIDS. In 2020 and 2021, 15 posts were made and around 5.1 million people were reached through social media. SPEAK Trust appeared in three TV shows, which were broadcasted live on Pakistan Television²⁹, to talk on HIV issues among general population and migrants. About 140 million population gained awareness on HIV transmission and HIV related precautionary measures along with raising awareness for the need of establishing a HIV referral mechanism at the airports for returnee migrants.

Six radio shows were on-air live on FM 101³⁰. SPEAK Trust planned two Radio shows on World AIDS day (1st December 2021) and International Migrants' Day (18th December 2021). These shows were instrumental for sharing information about HIV/ AIDS, its transmission and contraction. In one of the Radio shows, the challenges faced by Pakistani labour migrants at all stages of migration, including pre-departure, during stay, and after arrival, were discussed along with women migrants' rights. At the end of each show, recommendations for the government were shared for establishing a HIV/ AIDS referral mechanism at airports for returnee migrants and their families. About 50 million migrants were reached through the Radio shows conducted by SPEAK Trust as many people in far-flung areas use radio.

SPEAK Trust printed and distributed around 10,000 brochures among partner CSOs to distribute amongst key population at their outreach areas.

Individuals cannot become infected through ordinary day-to-day contact such as kissing, hugging, shaking hands, or sharing personal objects, food or water.

²⁹ National television channel of Pakistan which has the most reach in rural and far-flung areas of Pakistan and it was the most viewed channel of the year 2020.

³⁰ Third most heard in Pakistan with largest coverage.

CDS based on their research, observed that most of the PLHIVs were distressed and needed support to regain their confidence. There are medical treatment facilities for HIV positive but there is no system for their psychological support. CDS along with its two partner organizations arranged telephonic psychosocial support sessions for 105 PLHIVs. Many of the PLHIVs were found under mental stress due to the impacts of COVID-19 and their poor economic condition. To help such PLHIVs, CDS were able to find employment for five of the participants. Some participants had lack of information as how to access ARV and treatment for opportunistic infections. **PLHIVs were also linked with the STD clinics which resulted in ensuring access of PLHIVs for their ARV medication and getting proper treatment.** This exercise proved to be effective in reducing stress levels and engaging PLHIVs in various social activities such as visiting a temple, beach, social gatherings, etc.

CDS designed a workshop for PLHIVs to enhance their skills on entrepreneurship and financial management. This workshop was aimed to build capacity of 10 targeted PLHIVs who had background of business and were most likely to benefit from the training. Of the 10 PLHIVs trained, many of them got motivated and found skills to enhance in their existing businesses. For example, one PLHIV was engaged in agribusiness, after the training, started thinking of growing papaya fruit and had thought of many other ideas to grow his business like buying a tractor, leasing more land to use his knowledge of cultivation, etc. One of the PLHIVs who had stopped doing business of flowers after a heart attack, but he got motivated to restart his business rather than sitting idle at home. Another training participant was motivated to learn new skill of sewing school bags to add a new variety of product in his shop, he was linked with Divisional Secretariat to receive a free training. Another participant was connected to a loan scheme to meet his business needs. **The training in nutshell motivated participants to think outside the box for keeping themselves and take small steps to increase their businesses.**

CDS arranged two Voluntary Confidential Counseling and Testing (VCCT) clinics at two drug rehabilitation centers. Many of the young people in these centers were potential migrants. Total 72 participants were provided awareness on HIV along with information on HIV testing and its importance. The participants were then given free HIV rapid test strips with guidance as how to undertake self-test using their saliva. All 72 young people agreed to undergo the rapid test and none of them tested positive. This activity was effective in reducing stigma attached to HIV, fear of testing and prevention of catching with HIV infection.

International health days were celebrated in cooperation and coordination with stakeholders and the district network of POURAKHI within Nepal. It helped to arrange awareness raising activities on human rights, HIV migrant's rights and existing provisions. POURAKHI also raised awareness on HIV/ AIDs prevention among migrants through different communication channels such as interactions with NGOs, use of mass media; publications; and use of social media.

With CARAM Asia support, ACHIEVE as member of Steering Committee, actively provided guidance and inputs to Philippine Migrant Health Network (PMHN) in development of Inter-agency Medical Repatriation Assistance Programme (IMRAP) which helped OFWs needing medical care and attention to return to the Philippines". ACHIEVE in Philippines organized a community consultation on the needs and concerns of 59 OFWs living with HIV who shared their experiences of being abroad and coming back to the country with status of HIV positive. From the identified needs and concerns, ACHIEVE was able to draw out recommendations for programmes and services that should be put in place to respond to the actual needs of OFW.

ACHIEVE also did a rapid assessment of the mental health of OFWs to look into the concerns of OFWs and developed recommendations for policy and programme development. ACHIEVE reached to 114 participants to discuss and include the provision of onsite psychosocial assistance as well as during the process of reintegration. This assessment equipped ACHIEVE with first-hand information about the issues of OFWs related to their mental health which was useful in making policy recommendations and feedback during participation in various regional, national and sub-national level meetings and consultations.

Since it was analyzed that many OFWs were suffering from psychological issues due to multiple stresses such as lockdown, economic situation, etc. ACHIEVE organized series of online psychosocial

assistance to migrants during COVID-19 lockdowns through a certified psychologists which assisted 41 OFWs (including two TGs) and particularly those living with HIVs. This was an offshoot of a series of debriefing sessions for ACHIEVE staff and other stakeholders when the pandemic hit. Later, ACHIEVE extended these sessions to accommodate OFWs living with HIV, and then eventually to other OFWs. The purpose of the activity was to help the OFWs cope with the effects of COVID-19 pandemic and manage their stress levels.

4.3 Efforts for the prevention of HIV among outbound/ potential migrants

The migrants' health is not considered as a priority by national actors. And migrants are also not considered as key population for HIV/ AIDS. Migrant returnees do not have awareness about testing facilities, why there is a need for testing, importance of treatment, etc. There is a big stigma associated with talking about the issues of HIV/ AIDS and communities are not very receptive of an open talk about using protection while engaging with the partner(s), risky behaviours, etc. Though, government arranges an orientation of migrants at pre-departure, but this lacks a comprehensive session on HIV/ AIDS and in some countries this information is completely missing, and the orientation is completed without giving any awareness about HIV and risky behaviours. To address these issues, partner CSOs arranged various awareness raising sessions and workshops for communities, migrants and potential migrants in their countries.

Under CARAM Asia's regional plan; thousands of potential/ outbound migrant workers are receiving orientations on HIV prevention in all countries through its partners. OKUP has arranged many pre-departure orientation sessions with outbound migrants. OKUP has reached to more than 918 outbound migrants in last three years. These pre-departure sessions covered migrants' vulnerabilities to HIV with especial focus on modes of HIV transmission and prevention, SRH along with mental stress management issues. These sessions were followed by distributing leaflets on HIV/ AIDS prevention. As an outcome of these sessions, it is expected that migrants will adopt safe behaviours and healthy practices to avoid risk of catching infectious diseases including of HIV.

OKUP developed two types of IEC material for the targeted beneficiaries. A brochure on HIV/ AIDS was developed for the potential outbound migrant workers who attended pre-departure orientation sessions. This brochure contained the primary health information, HIV risks, modes of HIV transmission, misconception about HIV/ AIDS etc. A wall calendar was also developed with the information of government run HIV counseling and testing centers for migrant communities.

In Pakistan, a pre-departure orientation session is usually arranged for all migrants by BE&OE PEOs Offices, but these sessions lack information about HIV/ AIDS. The sessions are usually managed and arranged in a very haphazard manner with very basic information about rules of the destination country and Dos and Don'ts. There is no information regarding health including HIV and STDs in these sessions. Moreover, handouts are placed at all PEOs which are neither distributed nor picked up by the migrants. And there are many migrants who cannot read the national language in which the handouts are printed. To immediately address this issue, SPEAK Trust in Pakistan, arranged 12 pre-departure awareness raising sessions in Swat district of Khyber Pakhtunkhwa province, for 389 males who had secured jobs abroad. These sessions enhanced their knowledge on HIV and its modes of transmission, reducing the risk of HIV. The informative brochures were also distributed to further enhance their knowledge and understanding about HIV in local language. During the times of COVID-19, SPEAK uploaded HIV/ AIDS prevention and response awareness videos on its social media platforms and promoted them in hotspot areas of potential migrants. Total 50,000 brochures were distributed to overseas employment promoters in Swat, Rawalpindi and Islamabad. This was aimed to prevent this HIV infection among migrants and their families.

SPEAK Trust developed brochures, standees and banners to sensitize migrants about HIV/ AIDS, risky behaviours and its prevention. SPEAK Trust got this material approved from BE&OE. Later BE&OE also requested SPEAK to organize training of briefing officers to enable them to effectively sensitize migrants about HIV/ AIDS and its prevention.

Myth: HIV/ AIDS can only be transmitted by having sexual relationships or having multiple partners.

SPEAK Trust has provided posters to PEOs in Peshawar and Malakand, as well as 18 standees for PEOs in Karachi, Lahore, Multan, Rawalpindi, Quetta, Dera Ghazi Khan, Sialkot along with Islamabad Airport, Overseas Pakistanis Foundation and BE&OE's Head office in Islamabad. SPEAK Trust has also developed a short, animated video on HIV awareness which BE&OE has agreed to display at all its Protectorate offices for which SPEAK is keeping a follow up with BE&OE.

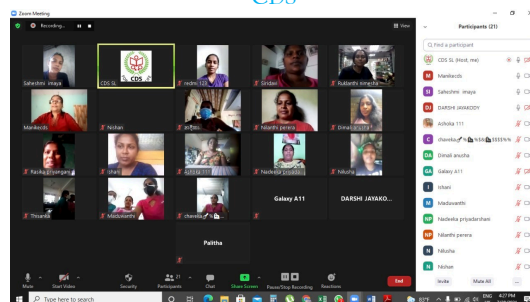
Another outcome of the advocacy meetings is that BE&OE approved inclusion of a comprehensive HIV content in local languages for outbound migrants and this was also intimated to all seven PEOs at provincial level for adaptation in pre-departure briefings. BE&OE also agreed to display an informative animated video on HIV/ AIDS prevention developed by SPEAK Trust at their protectorate offices.

ACHIEVE organized debriefing sessions for OFWs affected by the COVID-19 pandemic, led by a registered psychologist. These sessions provided an outlet for the participants to interact with others since face-to-face interactions had been limited due to the lockdowns. These sessions were instrumental in reducing and managing stress level of migrants.

CDS also arranged multiple workshops for youth in vocational training institutes and drug rehabilitation centers and were able to educate a total of 294 young people. The purpose of these workshops was to aware young people about HIV and its prevention. The students at these vocational training institutes were likely to migrate for work, thus these sessions were highly relevant to provide them with firsthand information about HIV/ AIDS, its prevention and risky behaviours. The workshops included information about HIV/ AIDS and other STDs, transmission and prevention of HIV/ AIDS, migrants risky behaviours, testing of HIV and managing stigma and discrimination faced by PLHIVs. As a result of these workshops, youth showed commitment to share this information with their peers. From one of the drugs rehabilitation centers, eight young people became proficient trainers to conduct similar session in the center.

Another similar series of nine workshops were conducted for 164 potential migrant women. CDS partner CSOs helped to find the target groups for these sessions. These workshops were conducted with the help and support of the development officers of foreign employment based in Divisional Secretariats. Many participants stated that it was for the first time that they learned about the HIV rapid test. They also expressed if they suspect contracting HIV, they would be using the rapid test privately to avoid stigmatization.

Figure 2: Sensitization for Migrants Domestic Workers - CDS



Three virtual workshops were conducted for 76 MSM on prevention of HIV. These workshops were useful for MSM to adopt safe sexual practices and opt for HIV testing and treatment if positive. After the workshops, VCCT test and a mobile clinic was also organized for these MSMs.

The two partner organizations working with CDS highlighted the need for counseling of PLHIVs. Thus, workshop was organized for 60 PLHIVs to improve their knowledge about new medications, side effects of medicines and the importance of regularly taking ARV's and how taking ARV can improve and prolong their life. The relationship between the PLHIV and the STD clinic staff greatly improved as it gave them an opportunity to interact with each other and clarify their questions. The two local partner organization have continued this as a regular feature, and they offer support to PLHIVs who visits them and require counseling.

ACHIEVE also provided education and awareness seminars for 35 OFWs prior to their deployment overseas about HIV/ AIDS prevention, risky behaviours and its mode of transmissions. A total of eight HIV prevention sessions were conducted for 194 FSW, TGs and MSM communities. These sessions aimed to inform participants about HIV/ AIDS, its prevention, high risky groups, right behaviors and ways to minimize the risks. These sessions also provided information about testing and treatment of

HIV. The sessions helped the participants to encounter and manage risky situations, many participants showed interest for the testing of HIV while some MSM expressed that this information will be useful for them when they migrate and will help them to avoid risky behaviours.

4.4 Commence capacity building of key stakeholders at national level

CARAM Asia works very closely with all relevant partners, CSOs, stakeholders, government and the communities. Programme partners organized various meetings, forums, workshops and capacity building events in accordance with the country needs to build capacity for migrants' health and HIV/AIDS.

With support from CARAM Asia, OKUP arranged various capacity building events. OKUP arranged two Training of Trainers (ToT) for 59 'Migrant Forum' members on the pre-departure orientation for outgoing migrant workers on HIV/AIDS. As a result of this ToT, trained migrants were able to conduct pre-departure orientation sessions at government run centers. Trained migrants were also committed to disseminate this information to the migrant community.

OKUP also arranged capacity building sessions for 'Community Forum'. These sessions were aimed to increase the capacity of this forum on professional networking, organization development, community mobilization, etc. As a result of this, Community Forum started getting projects independently for financial sustainability as well as the organization is knowledgeable to bring the issues in the advocacy level discussions and meetings.

Many PLHIVs are found distressed due to discrimination and stigmatization. [The engagement of these PLHIVs in social and economic activities is equally important as their treatment. OKUP in cooperation with NoP+ \(national network of PLHIVs\) trained 122 PLHIVs and returned migrants on life skills.](#) This activity aimed to minimize stress levels of PLHIVs by giving them confidence and guidance for engagement in daily life activities.

SPEAK Trust formed a CSOs coalition by grouping like-minded non-government and non-political organizations. The purpose of developing this coalition was to put joint efforts towards HIV and migrant population. SPEAK Trust organized a training workshop for seven CSOs representatives on HIV, migrants' rights and key HIV population. Capacity building of all CSO partners was done to make CSOs understand migrants' HIV vulnerabilities and to mobilize CSOs to put efforts for advocacy for sustainable HIV financing on migrants. Senior government officials from Integrated HIV, Hepatitis & Thalassemia Control Programme, Khyber Pakhtunkhwa also participated in the training. Participants' knowledge on funding landscape of HIV and SRH of migrants was enhanced through discussions and sharing of the research findings. As an outcome of the training, participants developed an action plan for: i-integrating activities for migrant workers awareness into their existing projects; and ii-advocacy for sustainable HIV funding for migrants. Due to this coalition and the training event, new connections were developed which explored more areas of work and potential partnerships.

ACHIEVE arranged HIV orientation for 26 new Foreign Service Officers of Department of Foreign Affairs, who were expected to be deployed to the different embassies and consular offices overseas. This interaction presumably provided the officers a clearer understanding of the issues and concerns of OFWs living with HIV. The orientation not only provided information about HIV/AIDS, but it also gave the opportunity to interact with and learn from the experiences of former OFWs.

With the support of CARAM Asia, SPEAK Trust arranged a capacity building workshop for 19 participants from 10 CSOs. The workshop aimed to cover topics such as SRH, the current situation regarding HIV, national policies, technical knowledge on HIV, migrants' risk to contracting HIV and the testimony of a PLHIV. As a result of the information given in this workshop, many CSOs pledged to integrate HIV/AIDS in their other on-going projects. One of the CSOs, working on uplift the life skills of young people, used this knowledge to educate those young people about HIV and SRH issues.

Reality: HIV/AIDS can be transmitted by unprotected sex, multiple uses of same syringe, blood, breast milk, mother to newborn.

CDS also arranged total nine workshops for 301 local level government officers on HIV prevention. The workshops educated a range of officers working in the field such as Village Development officers, Economic Development officers, Entrepreneurship Development officers, *Grama Niladari* officers, Development officers, Community Rehabilitation officers, Social services officers, counselling officers, Women Development officers and Development Officers of Foreign Employment. All the government officers expressed willingness to utilize this knowledge. Women Development Officers stated that they meet a lot of women migrant workers in their field work and that this knowledge will be beneficial for sharing with other women.

4.5 Ensure inclusion of migrants' health rights with focus on HIV/ AIDS and wellbeing in national plans and policies

CARAM Asia and its project partners remained committed to highlight issues for migrants' health and HIV/ AIDS with the governments. The project partners established relationships with the relevant government officers for smooth communication. This helped the partners to conduct multiple advocacy meetings at various occasions to talk about on-ground issues and challenges which needs attention. The objective was to facilitate government in taking corrective actions in the relevant national and sub-national programmes and policies for migrants' health and prevention of HIV/ AIDS.

Over past few years, OKUP has conducted multiple advocacy meetings with MoH, MoEW&OW, BMET to raise the issue of migrants' health, comprehensive orientation of outbound migrants, HIV testing of migrants, etc. *As a result of these advocacy meetings, OKUP has become an active and credible organization committed for the rights of migrants' health particularly in context of HIV/ AIDS.*

Figure 3: Advocacy Meeting for Rights of Migrants and HIV/ AIDS – OKUP



OKUP also observes World AIDS Day along with government and other key stakeholders at national level. OKUP also celebrates International Migrants Day with national and local government departments. During 2019, OKUP along with other NGOs, government, stakeholders and activists arranged a colorful rally to mark the World AIDS Day 2019. As migrants' health is one of the core programmes of OKUP, the banner for 2019 was: "Migrant Workers Rights are just Human Rights". These events are marked to advocate and remind the stakeholders about migrants' rights and that OKUP is an active organization working for this cause.

With the support of CARAM Asia, OKUP engaged Community Forums to build their capacity on networking, organizational development, etc. Community Forums consists of like-minded organizations that work towards preventing HIV infection. The members of these forums include MoH, Bangladesh Police and Country Focal Point of Law Enforcement and HIV Network (LEAHN), UNAIDS, United Nations Children Fund (UNICEF), government hospitals, relevant NGOs, PLHIV network members, self-help group of PLHIV, etc. These community forums actively work for the health rights of migrants and reintegration of PLHIVs. OKUP organized various meetings with community forum members reaching to 288 members.

In Nepal, POURAKHI advocated for the translation of relevant law provisions in the Nepalese Constitution, National Planning Commission and international declaration/ national laws. In addition to that, referral guide was also translated in Nepali languages. POURAKHI organized a meeting to discuss the migrant's health & HIV rights and effective rapid mechanisms to address the health issues during the COVID_19 pandemic. This advocacy meeting mobilized policymakers to provide targeted and integrated support in order to mitigate impact on migrants' health, financials and social wellness crises.

In past few years, SPEAK Trust was able to keep close liaison with MoH, NACP and PACP. Multiple advocacy meetings were held with these government offices to address HIV vulnerabilities of Pakistani labour migrants. As a result of these meetings all the relevant stakeholders were sensitized on migrants HIV issues and have shown commitment to work in this regard.

SEAK Trust also conducted various advocacy meetings with FIA Immigration Wing, BE&OE and Overseas Pakistanis Foundation (OPF) to advocate for the display of IEC material to sensitize returnee/ deported migrants on HIV/ AIDS at the airport. The material will aware them about the modes of transmission and if they were at risk in destination countries than they should get tested for HIV. This is pending owing approval from MoH and NACP but SPEAK Trust along with other stakeholders is putting consistent efforts for that. Pakistan needs to maintain database of deportees with respect to health and HIV. SPEAK found that FIA is not maintaining any database of deportees who inbound the country after working in some other country. Thus, SPEAK Trust has been advocating with FIA to streamline the deportation process and incorporating the reason for deportation into the FIA database. In response to meetings and consultation, FIA is convinced but according to them maintaining such a database would require time, resources and proper system in place. This is also subject to approvals from other concerned government offices such as Ministry of Interior, NACP and MoH. Hence, SPEAK Trust has started to advocate with these government offices to develop a working group which will support in establishing a referral mechanism streamlining the deportation process.

SPEAK Trust, as part of its mandate, also made recommendations to the Ministry of Overseas Pakistani and Human Resource Development for new National Emigration Policy. The recommendation was regarding HIV vulnerabilities of migrants to be included and considered in the new emigration policy.

Advocacy meetings were also done with International Labour Organization (ILO) and as a result of which the SPEAK's developed IEC material became part of their Global Action to improve the Recruitment Framework of Labour Migration (REFRAME) programme. The material was developed for potential migrants which was earlier shared with BE&OE. The material included HIV modes, its transmission, preventive measures and the importance of HIV for potential migrants. ILO also approached SPEAK Trust when they were organizing a training workshop for Briefing Officers of PEOs. ILO also adopted SPEAK Trust material for developing their training manual. SPEAK also led a session in ILO's event, building capacity of briefing officers on pre-departure orientation of potential migrants regarding HIV/ AIDS.

ACHIEVE is a member of PNAC which is the highest body for policy making with regards to HIV/ AIDS in Philippines. Being member of PNAC, ACHIEVE is in the best position to make policy recommendations and to protect migrant's health rights. [ACHIEVE brings the issues of OFWs and OFWs living with HIV at PNAC and help PNAC understand the ground issues.](#)

The Philippines HIV/ AIDS Policy Act was enacted in 2018. In the amendment in the old law, it is ensured that there is a comprehensive package for the OFWs living with HIV. During 2019, ACHIEVE initiated consultations with OFWs living with HIV for stigma free reintegration programme which is a part of the HIV/ AIDS policy act 2019. ACHIEVE also started consultations with the government agencies who should led the reintegration programme. Though due to the transition in the government, national elections and the creation of a department of migrant workers, the development of this reintegration programme is still pending but ACHIEVE will take part in it once it is finalized.

Recently, this year ACHIEVE as member of PNAC, started developing AIDS medium term plan, which is a kind of blueprint of AIDS programmes of the country for next six years. ACHIEVE made sure that migrant workers and there are exclusive consultations for migrants' health and concerns. ACHIEVE will make sure that in the final phase of developing that blueprint, migrant workers are included in the validation and approval of the blueprint document.

ACHIEVE also closely works with DoL&E for the migrants' health. ACHIEVE provided inputs on HIV, emerging diseases like COVID-19 and mental health of OFWs, for the improvement of online PEOS which OWWA led. Three consultations were conducted to make sure that the PEOS module is comprehensive and easy to understand. The improved PEOS module will be launched during the year 2022. The network also initiated the need to map existing health policies and services for OFWs and

Project partners believe that sensitization and awareness among migrants will decrease the spread of disease, will interrupt disease transmission and particularly families of migrants will remain safe.

their families. ACHIEVE provided inputs in the development of the concept note for the said activity. After mapping out existing health policies and services, the network, with support from International Organization for Migration (IOM), will develop an online library of these which will be accessed from the websites of members.

ACHIEVE also participated in various meetings and consultations of stakeholders' forum. This forum has representation from key government agencies, CSOs and PLHIV support groups that have programmes and services for OFWs and PLHIVs. The agencies represented include NRCO, OWWA, PNAC Secretariat, DOL&E, Department of Health (migrant health unit) and the Public Employment Service Office. The forum was an opportunity to present the recommendations gathered from the community through the consultations to be considered for the policymakers.

ACHIEVE was able to present the findings of the rapid assessment to stakeholders in migration and health, including migration centered CSOs, government agencies, recruitment agencies, and OFWs themselves. Among other concerns echoed during the forum was for the government to also take the issue of mental health more and to include activities to address mental health concerns as part of the government response, especially in the times of COVID-19 pandemic. It was also recommended that the government social workers in some POLOs should be more proactive in dealing with OFWs onsite, knowing that OFWs in the destination countries are not only facing employment-related issues but also have to deal with issues of loneliness, depression, anxiety, etc.

The research forum, organized by PMHN, was another opportunity to get feedback from other entities other than partner government agencies and CSOs because the forum was also attended by members of the academia and private organizations. The active participation of ACHIEVE in the council and network meetings also contributed to the sustaining of partnership with relevant stakeholders which is a boost to the advocacy on HIV and migration issues. [HIV issues are now institutionalized among government partners such that the health concerns of migrants \(especially HIV\) have become a major consideration in policy development.](#)

With regards to advocacy with policy makers, CDS kept coordination and meetings with MoH, NSACP, Ministry of Foreign Employment and Sri Lanka Bureau of Employment.

Three virtual advocacy discussion meetings conducted with CSO's and key population (MSM, CSW, PLHIV) on the Transitional Readiness Assessment (TRA) report recommendations of the GFATM. The CSO's and the key population community were educated and empowered about the recommendations of the TRA report through these meetings. They used this knowledge to give input for the GFATM 2022 onwards country proposal for Sri Lanka.

CDS participated in a meeting organized by UNAIDS amid phasing out of GFATM and highlighted the issues of migrant workers. CDS, as a member of the technical working group, raised importance for HIV testing of returnee migrants as a means to control the transmission of the disease. All such consultations were aimed to raise the issue of migrants' health and risk of contracting HIV.

4.6 Enriching the knowledge base through Participatory Action Research

Research was also an embedded feature of the projects supported by CARAM Asia through RCF funds. All the project partners conducted a study aimed to explore and assess the sufficiency of government budget allocation for HIV and SRH interventions, policies, outcomes for migrant workers. The research was also aimed to recognize the remaining obstacles in the protection of migrants' health rights, specifically towards migrants who are HIV positive. This research design was primarily utilized secondary-research or a "desk research" method. Additionally, Focus Group Discussions (FGDs) and interviews (face-to-face, written, and oral telecommunication) were incorporated to supplement the primary data and draw analysis.

OKUP carried out similar research study in Bangladesh. According to this study, the country's health-related policies are not inclusive, and migrants are never considered as a target population for most of its budgetary allocations. Government's lack of attention is deliberate for migrants health, given the enormous significance of migrants' remittances in the economy of Bangladesh. It is also observed that there is a widespread lack of information regarding SRH, including HIV/ AIDS issues, especially at the

community level. The study has given various suggestions such as more effective resource allocation, resource allocation in the health budget should be proportionate to the contribution of migrants to Bangladesh GDP, multi-sectoral collaborations to fight stigma and discrimination, improve services for treatment of HIV and develop inclusive policies. The research report was shared with MoH and UNAIDS to utilize this research for policy and operational planning.

SPEAK Trust carried out a research study to review HIV/ AIDS related budget allocations and compiled information about any related interventions in place in Pakistan, its results and outcomes. This research also explored legal obstacles in protecting HIV positive migrant's health rights. SPEAK Trust used the research findings for advocacy at national and regional level. Research findings were also helpful in organizing training of CSOs, advocating with duty bearers and formulating awareness messages. SPEAK Trust utilizes the research findings and reports in its ongoing advocacy efforts.

During 2021, SPEAK conducted another research on HIV and SRH awareness among labour migrants to find out whether the migrants were sensitized by the government about HIV before departure. The questionnaire included questions about respondents' basic knowledge of STDs and HIV, methods of transmission and basic information about available health facilities. The questionnaire was filled by 1,502 respondents, 99.9% were men with majority of the respondents falling between the ages of 31 and 35. The results of the research indicated an alarming lack of awareness among overseas Pakistanis regarding SRH awareness and transmission of STDs like HIV. SPEAK actively utilizes its research as evidence in its' advocacy, service delivery and awareness related initiatives.

The Philippines Migrant Health Network was established in 2014. ACHIEVE's research studies fed for the development of this network.

CDS conducted qualitative research to identify the employment situation of the PLHIVs and the needs for any new skills for their economic uplifting. The research findings were circulated to a large group of stakeholders including WHO, United Nations Sexual and Reproductive Health Agency (UNFPA), UN Resident Coordinator, MoH and ILO. This research report is being used by two partner organizations as a basis of their different proposals to seek donor funding. While UNFPA will use the findings for their annual planning and may also plan interventions for PLHIV based on the findings of this research.

4.7 Advocacy for HIV Financing on Migrants HIV/ AIDS

Recently in response to the news of GFATM closeout, CARAM Asia organized a regional capacity building workshop for its partners on the need for and importance of HIV financing. After this workshop, CARAM Asia partners organized national level workshops in their respective countries engaging key stakeholders, CSOs and the government counterparts to raise importance of HIV financing. Another related step towards ensuring a fully financed HIV programme for migrant workers was to build the capacity of CSOs. Thus, partners established or revitalized CSOs coalitions and developed action plans which coalitions will take up for advocacy on the HIV financing with the relevant government offices.

In continuation of the CARAM Asia's efforts for advocacy on sustainable HIV financing, CDS arranged a national virtual consultation meeting for developing an advocacy plan in HIV financing for the migrant worker's community with participation of 17 CSO's and policy makers from the NSACP, MoH and GFATM. **Policy makers acknowledged that migrants are at high risk to contracting HIV and that they should be more adequately covered in national policies, programmes and budgets.** The policy makers of the MoH and NSACP realized the behaviours that increase the risk of contracting HIV among migrant workers and the remaining gaps in providing needed HIV related services for the migrant community. **MoH stated they would include CSO's when developing a mobile health app for migrant worker communities.**

To support CARAM Asia's regional efforts in lieu of the news of GFATM phasing out, ACHIEVE conducted 'HIV financing advocacy training' for CSO members of PNAC. It was the first kind of workshop on financing needs of HIV. Apparently for most of the participants, it was their first time to know about gaps in HIV financing and thus appreciated the significance of the training. Some of the

participants expressed their interest to continue working with ACHIEVE while some organizations agreed to use this knowledge for advocacy for HIV financing as they have representation at various other related forums.

4.8 COVID-19 Response

CARAM Asia partners continued its efforts and activities during the COVID-19 lockdowns and tough situation. Each partner country redesigned the activities according to the situation of its country and need of the migrant workers.

During COVID-19 breakdown, in Bangladesh, migrants were falsely stigmatized for spreading the virus from the beginning of the pandemic. There were incidents of attacking returnee migrant workers. In rural parts of Bangladesh, migrants were prohibited from entering local shops and their houses were marked with red flags. Airport authorities printed a seal mentioning their quarantine time on returnees' forearms. That was the beginning of formal stigmatization and discrimination with the migrant returnees.

In these hard times to support migrants and to normalize the circumstances, OKUP launched an information campaign titled #Stayhome in Bangladesh through social media. Various posts and other published materials reached to 500,000 unique users. Among them, 35% of people engaged in certain ways with page post. The campaign aimed to reach migrant workers, their families, and general community with a message of hope. While in Bangladesh, social networks became a source of fear and anxiety for migrant workers.

ACHIEVE in Philippines arranged multiple online counseling sessions for OFWs and those living with HIV to help with cope with the mental stress and situation of COVID-19 lockdowns. During first few months of the pandemic, ACHIEVE launched an online awareness campaign on COVID-19 prevention. ACHIEVE also provided financial assistance for OFWs whose access to their treatment hubs and other medical services was severely affected by the restrictions to travel.

In the context of COVID-19, Nepali women migrants experienced a number of negative emotions such as stress, fear, restless, and anxiety. This was coupled with economic problems, family concerns, fear of being exposed to the virus, lack of social support, and language barriers during the pandemic. POURAKHI advocated with the government to make the embassies accountable to respond to the issues of migrant workers. Human Right Commission should take initiatives to coordinate with local NGOs and human rights organizations in the destination countries to provide needful support to migrant workers in their difficult situation. POURAKHI also mobilized CSOs/ NGOs committed to spread awareness on adoption of healthy behaviours, following safety measures, existing support system, information on repatriation, shelter, quarantine, treatment and testing through social media and other networks. The virtual advocacy meeting made solidarity among the stakeholders and to provide targeted and integrated support in order to mitigate health, financial and social impacts on the wellness and lives of Nepalese migrants during crises.

5. Best Practices

Some of the best practices noted by the project partners are discussed below.

In Bangladesh, there is a national PLHIV network known as NoP+. OKUP mapped this network during 2015 and being the organization working for the rights of migrants, OKUP remained associated with this network. Though the network was present but in order to make it effective and functional, OKUP came forward and have placed efforts for the uplifting of this network and raised its profile. Under the CARAM Asia project, OKUP organized various capacity building training sessions for the uplifting of this network and have trained its executive and divisional committee members on communication skills, advocacy skills, organizational development, etc. As a result of these capacity building and training sessions, this network (NoP+) is now financially sustainable it has recently secured funds from GFATM and Save the Children. It is a very good practice to strengthen the local organizations and help them flourish and work hand in hand on the social issues.

Another best practice was the flexibility to adopt and redesign the project in lieu of emerging situations in each country and particularly in context of COVID-19. The partner CSOs was found really appreciative of the fact that RCF allowed a very timely and needed re-allocation of the some interventions and budget allocation which seemingly became redundant due to lockdowns and with COVID-19 spreading and turning into a pandemic. Accordingly, CARAM Asia and all the five partner CSOs did consultations and meetings to see how best the activities can be redesigned without losing its overall objective. One such example is that during COVID-19 and lockdowns, SPEAK Trust quickly mobilized its staff and diverted its efforts for digital media engagement to continue its efforts in raising awareness for HIV/ AIDS. Keeping in view the tense situation and overseeing the effects of COVID-19, SPEAK Trust did awareness raising through talk shows on TV and radio. SPEAK Trust through mainstream and social media reached to more than 103 million people and raised awareness on HIV/AIDS, its prevention and response.

SPEAK Trust has a very effective strategy in place to keep themselves associated and attached with the PLHIVs. Recently, SPEAK Trust appointed two board members who are HIV positive. Other than that, in the communities, SPEAK Trust is known as a credible organization with whom PLHIVs share their issues and look for support. This is beneficial for the organization in two ways. Firstly, it helps SPEAK Trust to gather feedback from PLHIVs about the available services and secondly it also helps to know the issues and challenges faced by these PLHIVs. The stories of PLHIVs also provide a basis to SPEAK Trust to develop their awareness material accordingly.

ACHIEVE, just like the government and other civil society organizations, shifted attention to contributing to the COVID-19 response and re-directed available resources. ACHIEVE diverted efforts towards the community of OFWs including those living with HIV. During first few months of the pandemic, ACHIEVE launched an online awareness campaign on COVID-19 prevention. ACHIEVE also provided financial assistance for OFWs whose access to their treatment hubs and other medical services was severely affected by the restrictions to travel. ACHIEVE also redesigned the activities to continue engaging with the community and other stakeholders using online forums which later became a norm for all businesses and offices. ACHIEVE's timely response to COVID-19 particularly aligning the activities for the OFWs and PLHIVs emerged as a good practice. Event later ACHIEVE continued offering psychosocial support sessions.

CDS through the funds of CARAM Asia has done institutional strengthening and capacity building of two of its local partners. The local partner's capacity was built on the issue of HIV among migrants, has now taken up the issue and has continued to work towards the health rights of migrants and particularly for the prevention of HIV. Working through the local partners has ensured sustainability of CARAM Asia work. These two partner organizations also helped in delivering psychosocial sessions for the PLHIVs. Another leading positive outcome is that now NSACP contacts them when they need assistance to deliver ARV's to PLHIV who cannot come to the STD clinic or in lockdown situations due to the Covid-19.

CARAM Asia has helped CDS to work consistently for the migrants HIV issues. During last few years, CDS has arranged various capacity building events for local government officers. This has been an effective approach in two ways: i-it has ensured sustainability, the government officers are present in the field with migrant communities, families and prospect migrants and can best utilize the knowledge beyond the project period; and ii-it helped CDS to gain credibility and get recognized for the organization working for migrants HIV issues. This ultimately opened communication and established relationship with the government officers for other similar interventions. CDS is now recognized at both national and subnational levels for its work and is in a better position to advocate for migrants' health rights including HIV/ AIDS.

6. Lessons Learnt

Some of the lessons learnt by the project partners are discussed under this section.

OKUP has learnt that to minimize the stigma associated with PLHIV and to help them, the reintegration activities are really important and predominant element. It is really effective to engage PLHIVs in jobs and other economic activities rather than just providing them counseling. OKUP with the support from other development partners provided emergency relief to 600 vulnerable migrants and their family members. At the same time OKUP provided unconditional cash grants to the 1,025 most vulnerable migrants and their family members. OKUP also provided helpline counseling to around 3,000 returnee migrant workers, families of the current migrant workers, and outbound migrants. OKUP with the help of the migrant forums submitted a list of 2,000 needy returnee migrant workers to the local administration for their inclusion in the government relief fund. As a result of these efforts, more than 1,900 enlisted vulnerable migrants received government provided emergency relief. At some stage, it is also important to give some tangible benefits to migrants and their families alongside working at the advocacy and policy level.

OKUP has realized the importance of keeping a track and follow up with the participants who receive any training and participate in any orientation session. This will help to cater the feedback and monitor the outcomes of the activities. OKUP is planning to integrate this component in its future interventions and looking for the options and tools to have the feedback registered.

When ACHIEVE organized and conducted the FGDs for the rapid assessment of mental health concerns of OFWs with the aim to make recommendations for appropriate and functioning policies and programmes. ACHIEVE learnt that mental health is always a low prioritized concern of OFWs. Even though the FGDs were not exactly meant to offer psychological support, participating OFW appreciated for having such discussion. As a result of which ACHIEVE organized numerous sessions of OFWs, PLHIVs and migrant communities.

Over the years working with different government offices and other forums, ACHIEVE has realized that there is a need to bridge gap between CSOs and the government. There is still a need to create an acceptability of CSOs as an important stakeholder.

CDS has learnt that while working with PLHIVs and ensuring access to HIV treatment, it is really important to offer them psychosocial support. Many PLHIVs are found suffering from mental stress due to stigma and discrimination associated with testing HIV positive as well as fear of death. The counseling sessions helped to minimize their stress levels as well as motivate them to continue their medication and complete the treatment.

During COVID-19, SPEAK Trust digitalized its HIV/ AIDS material and information. SPEAK started making and uploading HIV awareness videos aimed to target potential migrants when in-person awareness sessions could not be conducted. This helped SPEAK learn that adaptability in routine activities is fruitful.

7. Challenges

One of the challenges to progress towards HIV is lack of integration and coordinated efforts between concerned government departments. In each country, there are multiple independent government organizations which have policies and programmes impacting migrants. For example, health policy is a concern of MoH, pre-departure orientations are related with immigration offices and changes in the pre-departure sessions is a joint matter of MoH, AIDS control programmes and immigration offices. Then there are independent AIDS control programmes at national and sub-national levels.

For instance, in Bangladesh when the issue of migrants' health and HIV/ AIDS is discussed with MoEW&OW, it is communicated that this comes under the ambit of MoH. While MoH believes that the three days pre departure is more than enough to raise awareness for health and HIV among migrants. The orientation is based on a manual for outbound migrants which is not sufficient. Information related to HIV/ AIDS is not comprehensive. In addition to this, government cannot reach to all migrants who outbound from the country.

In some countries raising the issue of HIV among migrants contradict with their national immigration policy and contribution of migrant's remittances in their GDP. For example, it is found very challenging to in Bangladesh to advocate migrants' awareness on HIV/ AIDS and having screening for outbound and returnee migrants. Government is not deliberately focusing on this issue because this coincides with Bangladesh's migration policy. According to Bangladesh Five Year Plan (2020-2025), Bangladesh is aiming to send about one million people every year for work in other countries. Thus, government is not focused on the issue of migrants' health and are not in favour of screening HIV/ AIDS among returnee migrants. And creating awareness about HIV and its transmission might create fear among potential migrants which may impact the annual migration targets of the country.

The public sector data are not easily accessible for private sector organizations and CSOs. In Sri Lanka, one of the government officers believe that civil society organizations might label data according to their own agenda so data can't be shared with everyone. The data may negatively impact migration and may create fear among potential migrants. This will affect migration of the country and ultimately the foreign exchange may reduce. In Pakistan, government restricts access of draft policies, planning of policies, monitoring of interventions and oversight of budget allocations to CSOs and private sector. These restrictions limit roles of CSOs and restrain CSOs from making policy recommendations.

In Bangladesh, the returnee migrants and migrant PLHIV are not included in the social SafetyNet programme of the government. OKUP along with other CSOs and NGOs are trying to advocate with the policy makers to include them in the social SafetyNet programme.

According to OKUP, a functional database of returnee migrant workers is very much necessary to plan a good and effective model of economic reintegration of the returned migrant including migrant PLHIVs. It is very challenging to plan activities for migrants, track migrants and PLHIVs without a database. In Sri Lanka, there is no authentic evidence to make the case that migrants are highly vulnerable to HIV because there is no data available and there is no mechanism to test migrants for HIV upon return.

In Bangladesh, HIV positive people are facing stigma and discrimination in the society. Even professionals including physicians, family members carry a discriminatory behaviour based on HIV status. So, PLHIVs are facing identity crisis in the society. In last five years it is found that more than 30% of newly infected or affected HIV positive persons are either migrants or their family members have migration history. There is still a huge gap to aware and educate potential migrants on health issues particularly before migration.

When the COVID-19 global pandemic was declared by the WHO in March 2020, government agencies shifted their focus to the COVID-19 response. And as a result of this, many activities were put on hold including ACHIEVE's plan of action for the rights of migrants. For instance, since the enacting of the Philippine HIV and AIDS Policy Act, ACHIEVE was working with relevant stakeholders for the development of a comprehensive reintegration programme. The efforts were concentrated to make the policy responsive to the actual experiences of OFWs and concerns. Unfortunately, this, too, was put

on hold as the government agencies involved had to deal with more pressing issues involving OFWs that were affected by the pandemic.

In Philippines the transition in the government (establishment of a new and independent Department of Migrant Worker) is challenging and time taking process. ACHIEVE's relationship with some of the government offices is problematic due to only one person in charge. Though ACHIEVE has good relations with department of health and PNAC comes under the department of health. But the person in charge of the Secretariat of PNAC is found reluctant to take CSOs feedback as CSOs are not considered as a key player by that one person. This makes it difficult for ACHIEVE to push the advocacy agenda forward. Nonetheless ACHIEVE is committed to continue its mission and registers its issues and complaints directly with department of health.

Though the transmission of HIV and its relationship with risky behaviour has been included in all the awareness raising sessions, capacity building and other workshops. The immediate results of these events are captured through post knowledge tests and group discussions. However, it is very challenging to analyze the outcomes or to capture the changes in the behaviours of the target groups. It is more likely that people may not share whether they adopted a safe behavior or not, they also cannot share that they are having multiple partners, etc. Having said that, project partners are considering different options to collect data on outcomes and behavioral change in the future.

CDS found it challenging to work on this cause without a long-term funding source. Being known for this work, sometimes partner organizations, volunteers and government officers place a request for any specific activity (depending on the needs of communities) which requires resources. Thus, for a physical presence and field work, one needs to have a continuous funds.

Pakistan does not have an enact emigration policy. An Emigration Ordinance (1979) is present, but it doesn't include the health vulnerabilities of migrants. Migrants are also excluded in the HIV interventions in Pakistan because the country faces a concentrated epidemic focused only on key populations and migrants are not considered as key population. This needs to be discussed at multiple forums and to aware policy makers about the migrants' vulnerability towards HIV/ AIDS.

Pakistan is an abject to political instability which also result in frequent changes in the officials of government departments like NACP. This hinders advocacy efforts of SPEAK Trust as with every change in the government official, the efforts need to be initiated from the start again. With change in key positions at the government offices, all the previous work go in waste.



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