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Migration, Health and Dignity in South Asia

Lessons from the EMPHASIS project on migration, women's empowerment and HIV in Bangladesh, India and Nepal

David Walker, Nabesh Bohidar, Prabodh Devkota

Key messages

- Analysis of the five-year EMPHASIS project in Bangladesh, Nepal and India suggests that reaching cross-border migrants with information in their home countries and at their destinations can lead to safer mobility and positive health outcomes.
- Creating an environment that safeguards the rights of migrants and ensures access to services, requires the enlistment of diverse stakeholders to create and maintain a chain of partnership across migration corridors.
- Support for men's and women's solidarity groups across the mobility continuum can result in additional outcomes, including women's political and economic empowerment, and a reduction in gender-based violence.
- Health programming across borders and migration corridors – in South Asia and elsewhere - requires a robust and flexible monitoring system that is closely coordinated by all stakeholders and partners.
- Programmes for cross-border migrants need to be open to grassroots feedback so that they can be adapted to changing circumstances and local needs.
- Global stakeholders have a critical role to play in extracting and amplifying the core lessons gleaned from the EMPHASIS project, including re-thinking implementation methods for new or existing cross-border initiatives.

The EMPHASIS project (Enhancing Mobile Populations' Access to HIV and AIDS Services, Information and Support) has provided a diverse range of services to cross-border migrants in India, Nepal and Bangladesh over the past five years. From August 2009 to September 2014, the project, the only one of its kind in South Asia, adopted a comprehensive model to reach migrants across the mobility continuum (at source, during transit and at destination). The project, supported by The BIG Lottery Fund, UK, was designed to address vulnerabilities of cross-border migrants. The project was implemented through respective CARE country offices working with implementing partners in India, Nepal and Bangladesh. A regional secretariat in Kathmandu provided overall leadership and coordination and was governed through a CARE International Steering Committee. This initiative had three objectives:

- improve access to services across the mobility continuum
- reinforce capacities of the key stakeholders and the populations concerned (the impact populations)
- improve the policy environment on migration and mobility issues

In essence, the goal of the project was to reduce the vulnerability of mobile populations, particularly women, to HIV infection across selected cross-border zones in India, Bangladesh and Nepal. The core impact populations were Bengali-speaking and Nepalese migrants between the ages of 15 and 49. This report explores the project and the lessons it offers for both implementation and outcomes. It focuses, in particular, on women's empowerment and safe migration, as these are the two areas that emerged as cross-cutting themes that had a major impact on the agency of women who were, in turn, catalysts for change over the five years of the project.

There is a clear need for such initiatives across South Asia, given the considerable developmental implications and risks associated with the region's current migration dynamics and the lack of recognition of the economic and social value of migration itself.

First, it seems that the remittances sent home by migrants are, in general, making significant contributions to their national economies, as well as the incomes of their own families. Across the region, remittances in 2012 increased by 12.5% over 2011 to reach an estimated $109 billion and India became one of the top recipients of remittances worldwide, with officially recorded remittances of $70 billion (World Bank 2013). Remittances have become an important and increasingly sustainable source of income and are now higher than official development assistance (ODA) and/or foreign direct Investment (FDI) and other private flows. In Bangladesh and Nepal for instance, remittances are larger than national foreign-exchange reserves. However, it is also crucial to note that many of the benefits of these remittances are lost in intermediation, and that consumers are paying 'super taxes' for remittance charges that further undermine their capabilities (Watkins and Quattri, 2014).

Second, migrants make a huge contribution to the economy and culture of their destination / host countries by filling labour-market needs in high-skill and low-skill segments of the market, rejuvenating populations, improving labour market efficiency, promoting entrepreneurship, spurring urban renewal and injecting dynamism and diversity into destination countries and societies (ILO, 2010).

Third, a growing number of women in South Asia are migrating in search of better livelihood opportunities to support their families. By doing so, they are becoming economic actors (rather than dependent spouses) and financially independent (UN Women, 2013). In tandem however, gender-specific vulnerabilities associated with limited economic and political empowerment, as well as restricted social-capital networks and access to services, has – at least in part – driven the forced migration and trafficking of women and girls, exposing them to further risks and deprivations in the process (UNDP, 2009). For example, gender and origin influence the degree of harassment and violence that may confront migrant workers and research has shown that while most female migrants from Nepal and Bangladesh face multiple risks, those migrating from Bangladesh face even greater risks Previous research by the Overseas Development Institute (ODI) in support of the EMPHASIS project has found that these gendered risks also vary according to workplace – many women migrants from Nepal (50%) and Bangladesh (23%) work as housemaids and depend on their employers for wages and security (Samuels et al., 2012). Intra-household relationships – such as relationships between spouses – are also critical

gendered factors that have a direct impact on access to knowledge about the risks associated with migration (Samuels et al., 2014).

Fourth, migration trends, demographics and gender dynamics all intersect, creating a risk environment for the spread of HIV infection. In other words, the experience of migration for different groups involves crossing physical, cultural and emotional boundaries, and the conditions in which migrant workers – women in particular – find themselves, may expose them to HIV and other health risks. However, most-at-risk groups, such as injecting drug users, sex workers and their clients, men who have sex with men, and migrants and their spouses, also experience idiosyncratic shocks and stresses associated with their behavioural patterns, employment and environment.

Previous ODI-EMPHASIS-CARE research on knowledge and perceptions around HIV and AIDS within the Bangladesh short distance shipping industry, including within ports and a variety of crew types, showed limited understanding and discriminatory behaviours towards HIV and AIDS, and little knowledge of risk behaviours related to safe sexual practices (Samuels et al., 2013). Similarly, the experience of people living with HIV (PLHIV) shows that the barriers they face in accessing services are associated with stigma, low levels of knowledge and poor understanding in communities (Samuels, et al., 2013). The broader setting of HIV prevalence in South Asia, where migration and gender dynamics add to an already complex picture, is also an important justification for programmatic intervention. HIV prevalence rates in South Asia may be relatively low, but the absolute numbers of PLHIV, in India for instance are higher than in any other country.

Table 1 summarises HIV prevalence data for Bangladesh, India and Nepal. Overall HIV prevalence in Bangladesh is as low as 0.1%, but the rate of new infections increased by more than 25% in the space of just one decade, between 2001 and 2011 (UNAIDS 2012). This has led some to describe the HIV epidemic as latent rather than low, with the potential risk of spread of HIV from those currently identified as being at greatest risk to the wider population (Azim 2013). Experts also fear that the widespread discrimination experienced by people who test positive for HIV may leave infections unreported.

Table 1: HIV and AIDS estimates at source and destination

	Bangladesh (population:160 million)	India (population: 1,237 million)	Nepal (population: 27 million)
Number of people living with HIV	8,000 [3,100 - 82,000]	2,100,000 [1,700,000 - 2,600,000]	49,000 [39,000 - 65,000]
Prevalence rate among adults aged 15 to 49	<0.1% [<0.1% - <0.1%]	0.3% [0.2% - 0.3%]	0.3% [0.2% - 0.4%]
Adults aged 15 and above living with HIV	7,600 [3,000 - 80,000]	1,900,000 [1,600,000 - 2,400,000]	45,000 [36,000 - 60,000]
Women aged 15 and above living with HIV	2,700 [1,000 - 28,000]	750,000 [610,000 - 940,000]	14,000 [12,000 - 19,000]
Deaths as a result of AIDS	<500 [<200 - 2,300]	140,000 [100,000 - 170,000]	4,100 [3,100 - 5,600]

This paper outlines the broader programme development, implementation and adaptation issues of the EMPHASIS project, as well as its four major intervention areas and it's supporting cross-cutting advocacy initiatives. It draws on the EMPHASIS learning series (CARE, 2014). For each of these areas, the paper discusses the major results and lessons for actors working on these or related issues. The implication section provides suggestions for further research, M&E approaches specific to cross-border initiatives, and recommendations for various actors working at local, national, regional and global levels, including with respect to cross-cutting themes.

1 Project development, implementation and adaptation

The EMPHASIS project aimed to reduce vulnerabilities of cross-border migrants and their families, with a focus on HIV. Very early in the project, a vulnerability analysis underscored the range of vulnerabilities faced by the migrants. As the project was open to new ideas and feedback from the migrants, it was able to transform itself from a health focused initiative to a broader migration program covering diverse issues, such as addressing violence and discrimination, enabling access to services, ensuring safe mobility, encouraging financial inclusion and changing societal norms around menstruation and caste discrimination. This was achieved by (a) establishing a "Chain of Partnership", which entailed enlisting of stakeholders in enable a safe migration process; (b) layering an information network and a referral system over it, (c) working across the mobility continuum (at source, during transit and at destination), and (d) supporting solidarity groups of women and men.

The project enabled access to both health and non-health services by promoting positive changes in health-seeking behaviours and by linking migrants and their families to migrant-friendly services through a referral system. The key elements of the information network were: consistent messaging, identical social and behaviour-change communication (SBCC) materials, a focus on both location- and route-specific information, and peer education. Further, gender-specific capacity development work focused on providing women with skills and opportunities to take a lead on issues of importance to them. This element of the project included the facilitation of solidarity groups for both women and men.

In order to respond appropriately to the complex risk factors, stakeholders across the mobility continuum were identified and enlisted to support safe migration and health outcomes. The EMPHASIS project undertook several sensitisation and capacity building initiatives. These targeted service providers (government and private), security agencies, money transfer agencies, transporters, hoteliers and others and were centred on migrant's rights, on ensuring safe mobility and the prevention of HIV. There was also a focus on the strengthening of government and private health systems, with trainings provided on the treatment of sexually-transmitted infections (STI), infection prevention, universal precautions and migrant-focused services for voluntary counselling and testing (VCT). The capacities of implementing partners and other non-government and community-based organisations (NGOs/CBOS), were also strengthened to build a strong constituency that would enable the creation of a migrant-friendly environment.

1.1 Intervention model

Overall, the EMPHASIS initiative provided a comprehensive model for working with mobile populations across the mobility continuum. This was made up of a set of four interdependent focus areas: an information network; access to HIV and other-related services; the safe mobility of migrants; and women's empowerment.

First, the project developed an information network that extended across the continuum. Rather than focusing on the migration source or destination locations alone, a network of static service centres and mobile drop-in centres, community-led management committees, referral networks and cross-border reflection meetings enabled a more dynamic response system that reflected the diversity and complexity of migrants' needs and long-term interests. The scope, scale and impact of this network was expanded through social mobilisation events, such as the promotion of project activities by the Chamber of Commerce in Nepal, and engagement with Nepali CBOs and associations in India that enabled them to play an active role in lobbying for the acceptance of Nepalese identity documents for accessing services in India.

Second, the project promoted access to HIV and other health-related services to address the factors that underpin the risks of HIV infection among migrants. This stream of work was promoted through local, state and national-level AIDS authorities and health-service providers in Bangladesh, India and Nepal. Specific activities included the establishment of referral mechanisms for antiretroviral therapy (ART) across borders; collaborations with public health authorities for the strengthening services; facilitation of health camps and mobile clinics for populations unable or unwilling to access health services; enabling access of HIV positive migrants and their families to HIV-related services and community-based care; and addressing stigma and discrimination through inclusion strategies.

Third, a specific area of work was developed to address the safe mobility, security and dignity of

migrants – particularly women – through two mobility corridors: a) Far-west region of Nepal to Delhi / Mumbai and b) Western Bangladesh to Kolkata / Mumbai / Delhi. This thematic area focused on dual approaches: addressing violence and harassment while tackling economic aspects. The first approach aimed to monitor and address violence and harassment by, constructing messages about travelling safely, using stakeholders as allies, working with duty bearers to activate accountability mechanisms, and helping stakeholders pinpoint opportunities to play an active and productive role in addressing safe migration. The parallel focus on economic empowerment included the enabling of safe remittances and the development of a culture of saving to ensure that women had greater control over the remittances provided by migration. This included creating awareness of how banks and money transfer services could be engaged, how to build trust in the use of official money channels, and how to build and maintain a broader enabling environment for gender-aware banking systems. Women's groups were trained in skills for income-generation in both source and destination locations.

Fourth, women's empowerment was given a standalone focus to provide creative spaces where women could express themselves as agents of change. This was based on the recognition that the empowerment of women is critical for the promotion of gender equality and focused on identifying and redressing power imbalances and ensuring that women have more autonomy in decision-making and in managing their own lives. This aspect of the programme was implemented via partnerships with community-led women's groups and a cadre of peer educators that acted as a liaison between EMPHASIS staff and the groups themselves. The themes addressed included the importance of inter-spousal communication and the development of spaces where women could identify and address their specific needs and interests. In addition, external linkages were established with existing organisations to assess potential synergies to address responses to violence against women.

Finally, each of these four areas of work used mainstreamed and consistent advocacy messages and materials, in addition to their own focus on policy influencing for broader change. For example, the promotion of a wider political acceptance of cross-border migration was common theme across all four areas, while advocacy approaches for improved and gender-sensitive remittance services were more specific to focus areas three and four.

2 Results and lessons

2.1 Result: an information network extended throughout the mobility continuum

Main results

The project had reached over 340,000 individuals across all three countries by the end of its five-year timeframe in April 2014, including migrants, their families, plus some key stakeholders. Males accounted for 78% of those reached, while 22% were females. There was a steady annual increase throughout the five-year project in the number of migrant populations accessing the EMPHASIS service centres. Working across these populations, EMPHASIS established and enhanced chains of partnership to develop programme linkages that fostered collaboration across an array of stakeholders.

In total, the project established a network of more than 700 outreach workers, peer educators and volunteers who reached out to migrant families, civil-society organisations and communities, providing information about referral services and safe mobility, and thereby developing broader community support groups. In all, 27 community support groups worked in the same way at source locations in both Bangladesh and Nepal. These groups brought together women (and their children) who were HIV-positive and women who were not infected, all of whom shared a family history of migration. Similarly, 58 women's groups and men groups in both source and destination locations not only articulated their needs, aspirations and challenges, but also addressed many of them. These related to making the migration process safer by engaging with local police, landlords, village development councils and transporters. The project also facilitated access to services by creating a referral network with existing service providers across the mobility continuum.

The project worked closely with wider PLHIV networks, connecting with and across PLHIV networks in Bangladesh, India and Nepal. This was central to the project's efforts to reduce vulnerability to HIV, given that these networks have established rapport with governments and donors and are linked into national HIV and AIDS responses to HIV prevention and care as well as to the media. In India, for example, the North 24 Praganas Network of Positive People in Kolkata,

the NPM+ Network in Mumbai, and the Delhi Network of Positive People and the Haryana Network of Positive People in Delhi/National Capital Region (NCR) also facilitated access to antiretroviral (ARV) medication and enrolment in government-targeted intervention programmes. As well as referring HIV-positive migrants to PLHIV networks, EMPHASIS organised a regional PLHIV consultation that brought together PLHIV networks, government and civil-society actors from Bangladesh, India and Nepal to explore how the project could draw on the strengths of the PLHIV networks in each country to facilitate cross-country linkages, support access to health and related services for HIV-positive migrants and to strengthen cross-border ART linkages.

Main lessons

A major lesson from this focus area is the critical role provided by information networks that are embedded across a range of actors from transit points through to destination points. The first advantage was consistency: the information network included static and mobile service centres and outreach workers, peer educators and community-led groups (primarily women's groups) that shared consistent educational information about safe mobility. Within these networks, the referral mechanisms for treatment were effective as a result of the strengthening of existing service provision in both government and private sectors. The outreach/peer educator network played a key role, particularly during the initial stages, by providing the relatively immediate and accessible response that is crucial for mobile and often vulnerable migrants. As the project progressed over time, it focused increasingly on the non-health determinants of vulnerability and demonstrated that linking migrants and their spouses through the information network across the mobility continuum is not only key to reducing their vulnerability to HIV and AIDS, but also to promoting their safe mobility.

Previous research undertaken as part of the EMPHASIS project noted that these information networks penetrated only so far beyond the migration corridors (Samuels et al., 2014). However, the project has demonstrated that it is possible to set up information networks that are effective within these corridors, and such networks could and should be further amplified through advocacy.

2.2 Result: promoting access to HIV and health-related services

Main results

Significant results for this focus area included the systematisation of cross-border ART referral processes for migrants at both source and destination locations, the development of accurate and timely surveillance data that are now informing national statistics and supporting the government of Bangladesh in the establishment of two district-level 'best practice' VCT clinics.

In Bangladesh, a total of 2,184 people (752 of them women)[1] were able to access testing and counselling services: 2,577 individuals received treatment for STIs; 38 cases were identified as HIV-positive and referred for follow up. In terms of formal services, 93 health providers (government and non-governmental) received training in Jessore and Satkhira districts on the syndromic management of STIs, VCT, HIV and AIDS care and the rational use of ART, as well as sensitisation on migration issues. Overall, the EMPHASIS project referred over 21,000 people for STI and VCT services, and 58% of these were able to access them (Table 2).

Table 2: Referrals and access to voluntary counselling and testing (VCT) and sexually-transmitted infection (STI) services

	Total	Access %
Males referred	623	
Males who accessed services	422	67.7
Females referred	10422	
Females who accessed services	5990	57.5
Total referred	21577	
Total who accessed services	12437	57.6

The system for monitoring these statistics has reduced the likelihood of the double-counting of HIV cases at the regional level: cross-border migrants diagnosed as HIV-positive at destination and travelling without transfer certificates were counted twice at the regional level when tested again at destination. Support to the Government of Nepal to strengthen district-level VCT/ART case management – including support for the provision of accurate and timely surveillance data that are now informing national statistics, will improve

1 Project Monitoring Data Q3Y5 (April 2014)

coordination on targeting and access to health-related services.

In total, the EMPHASIS project reached a total of 622 migrants and family members with HIV, consisting of 149 in India, 330 in Nepal and 38 in Bangladesh. A further 105 people were linked successfully to ART services across borders, which entailed the portability of services. Box 1 provides an example of cross-border referral and its take-up even beyond EMPHASIS locations.

Box 1: Cross-border referral in action beyond EMPHASIS project locations

The Seti Antiretroviral Therapy (ART) Centre worked with EMPHASIS to orient other districts on how to adopt processes for cross-border ART referral. The scheme was subsequently adopted by the Bayalpata Hospital in Achham (which, at the time, had a caseload of 1,298 HIV-positive men and women, of whom 191 were receiving antiretroviral medication).

Prior to July 2013, the Bayalpata Hospital gave out ARV medications on Thursdays and Fridays only. This was inconvenient for many HIV-positive patients, some of whom had to travel long distances to reach the hospital. Others had travelled back from India to renew their prescriptions and needed to return to their places of work.

EMPHASIS advocated for opening of the ART centre at Bayalapata Hospital on all the days, so that HIV positive patients are able to access medicines whenever required. The counsellor from the Seti ART centre provided admirable support in this process and finally the ART centre is open on all official days. In order to support the counsellor at Bayalpata, two of the EMPHASIS project team members helped in record keeping and talking to patients about the importance of maintaining medication regimes

Main lessons

The project recognised that it would need to do more to ensure that the HIV and health-related services were utilised and sustained. Given the widespread discrimination towards people who test positive for HIV, the first concern was to promote uptake. Through its community engagement activities with women's self-help groups and community support groups, the project raised awareness of HIV and migration issues and encouraged women and men to come forward for counselling and testing. For women, this engagement included raising awareness of STIs as well as HIV, and similar but parallel activities occurred with truckers (in Bangladesh only) who were transporting goods regularly across the border.

In all three countries, the project worked within existing healthcare systems and built linkages to community-led groups and grassroots organisations, rather than create parallel systems for migrants. Support to people with HIV by facilitating their social inclusion and wellbeing was a focus of the project. Linking HIV-positive migrants to PLHIV networks at destination allowed them to access a wide range of government and non-government services and to benefit from counselling and group support.

Box 2: Sadia's story

"When I was diagnosed, my husband blamed me. Later my baby died, and I lost hope. My life was changed when I lost my child. I may have accessed treatment after that, but it was less to keep myself alive than to make some sense of all that tragedy. Sometimes I took my medicine, sometimes not.

[When I met the outreach worker] I was very unhappy. The first time we met, I told her: Go away, I don't have time to talk to you. She said: Just give me two minutes. [Laughing] I snapped back: I don't even have two minutes. She talked to me about why it was important to be regular. She said I could be healthy and live life like everyone else… Now I am taking my medication and I do feel well. I have a job as a domestic worker. I also do my peer educator activities. The role has given me courage and hope. I've shifted now. If I'm on the train and see a woman looking distressed I'll speak to her. I'm giving back now.

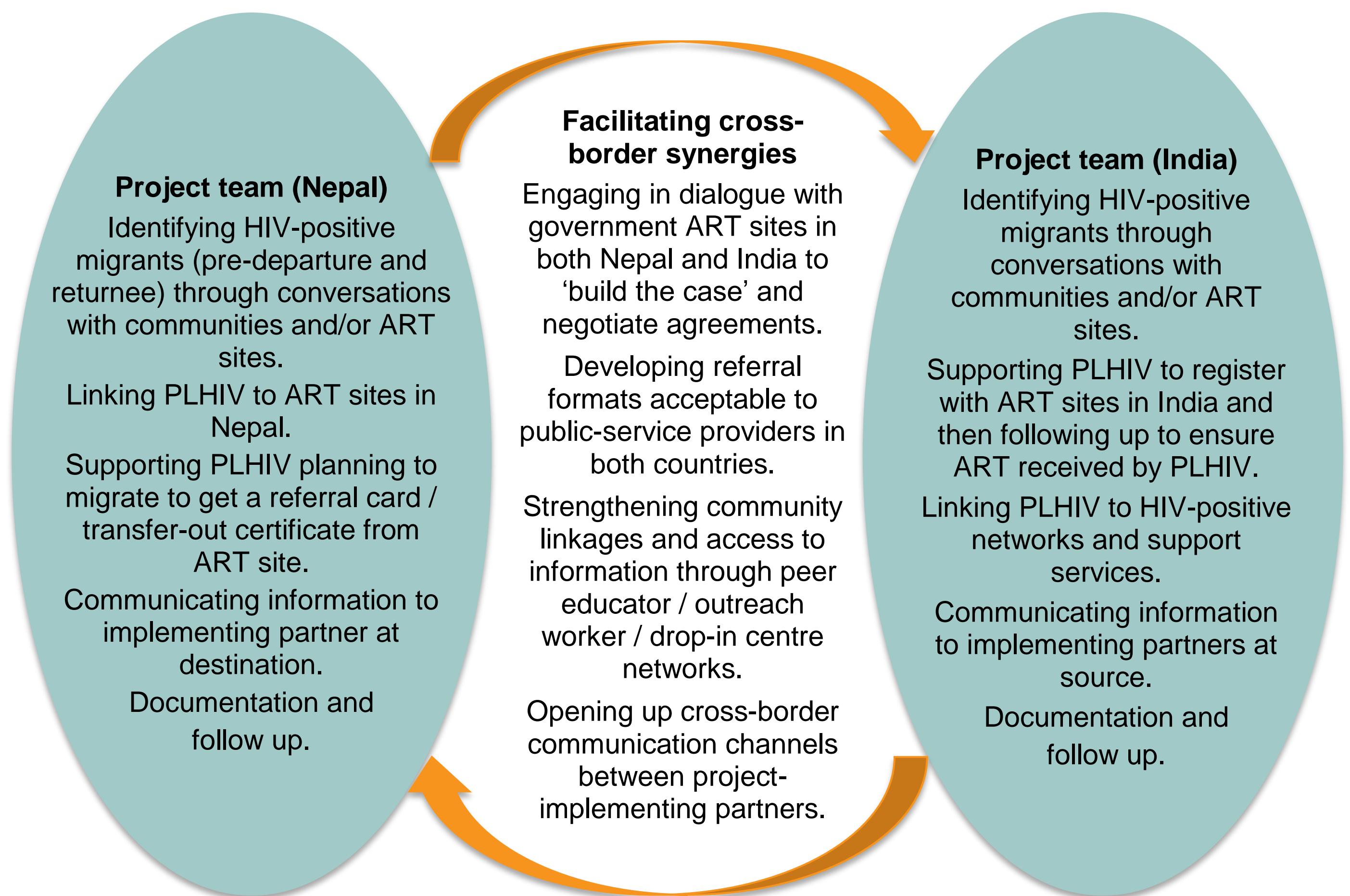
This EMPHASIS project has changed our community. The area was uninhabitable earlier, especially for young girls and women… frequent sexual abuse and dirty remarks followed us everywhere. Since the sensitisation workshops, awareness has been raised. We have grown into a habitable and decent society. I want to study further now, and help the young girls. I consider it a great achievement to be able to influence even one life"

[Sadia, female Bengali-speaking community in Mumbai].

The region-wide enabling and facilitation role provided by CARE was a key ingredient in the success of its EMPHASIS project and provides lessons on working with the public and private sectors. The cross-border referral pilot facilitated migrants' access to ART medication in India, without migrants having to repeat the HIV-testing process. The system involved establishing linkages

between implementing partners (local NGOs) in Nepal (Achham and Kanchanpur) and India (Delhi and Mumbai) and coordination with ART sites in Mumbai and Delhi in India and Kanchanpur and Achham in Nepal. Crucial to the success of this programme was the advocacy with government at ART sites in both Nepal and India to build the case and negotiate agreements, while developing referral formats that were acceptable to public-service providers in both countries, and sensitising them to the needs of migrant populations. The key processes are outlined in Figure 1.

Figure 1: Facilitating cross-border synergies



2.3 Safe mobility, security and dignity for migrants

Main results

The project provided several results that enhanced the access and control of resources for vulnerable migrant populations, as well as improved knowledge prevention and response to cases of sexual- and gender-based violence (SGBV).

Over 700 families at source and destination locations opened bank accounts for the first time. In the Achham and Kanchanpur districts of Nepal, 50% of 494 women surveyed in 2013 had opened accounts, while all 45 women belonging to a support group in Achham had done so. This, in turn, gave women greater control over resources – being the signatory on a bank account meant that women were able to receive remittances regularly and were more able to make decisions about how these remittances were used. As a result, the programme noted an improved culture of saving in target groups. In both Delhi and Mumbai there was a significant increase in the number of remittances and amounts being sent via formal channels. This finding is important, given the implication that being able to build up savings is a precursor to ensuring household resilience. However for undocumented Bangladeshi migrants, access to banking services was not an option. The most common informal channel for remittances was to send them via relatives and neighbours when they travel home or through brokers.

A coordinated intervention approach on the India-Nepal border ensured a change in the environment for migrants. Table 3 summarises work with the Rickshaw Association at the Banbasa transit point.

I always charged the Nepalese extra. I'd speak impatiently and sometimes use abusive language. I've changed now… and I am trying to talk to other rickshaw pullers [rickshaw puller at Banbasa, India].

As a result of peer education, cross-border information networks, and solidarity groups, notable results were also achieved on sexual and reproductive health. In Nepal, project data revealed that approximately 80% of the women in spouse groups reported that they had talked to their husbands about safe mobility and HIV prevention; nearly 70% of these women had accessed HIV counselling and testing services. Across the EMPHASIS project, self-help groups for women promoted the dual use of condoms for both family planning and STI prevention, and have promoted access to STI and VCT services. Being part of solidarity groups helped women to talk about HIV with their spouses when they came home and over the phone when their spouses were away.

Table 3: Enlisting the Rickshaw Association at Banbasa (India-Nepal) transit point		
Stakeholder / purpose	**The role of EMPHASIS**	**Results**
Stakeholder: The Uttranchal Rickshaw Association (Chalak Kalyan Samiti); 360 members. Purpose: ▪ to develop solidarity with the rickshaw pullers ▪ to enlist their support in addressing any violence and harassment perpetuated by the rickshaw pullers themselves.	▪ Facilitated monthly meetings to: - discuss the rights and entitlements of rickshaw pullers and migrants - Sensitise Association members on safe mobility, violence and harassment and HIV. ▪ Facilitated cross-border friendship meetings. ▪ Strengthened documentation and reporting capacity of the Rickshaw Association's management.	▪ Standard fares were fixed and Association members monitored compliance. ▪ 12 rickshaw pullers were enlisted as peer educators. ▪ Active participation in project activities such as folk media and infotainment. ▪ Increased coordination with the Police Department for compliance by rickshaw pullers and for anti- trafficking measures.

In addition, women's groups at both source and destination locations organised themselves to community support groups and traditional village structures. The community support groups – made up of local elected bodies, influential people, religious leaders and representatives of migrant workers – facilitated case management on the discrimination and humiliation experienced by migrant families.

Box 3: Rekha's story

"I live with my two children in Shalimar Garden. If any woman from our community went out in the evening there would be catcalls and lewd remarks. The male youth in the neighbourhood did this regularly. They would shout out: 'Look, look the Nepalan (Nepalese women) is going out ...who are you going to meet?' The only option was to look down and try to ignore… to say nothing, even though I felt ashamed. After we organised ourselves into a group, this was one of the first issues we decided to take up. One day we went out together and confronted them. We spoke reasonably, telling them about how we felt when they called out like that. After that, the catcalls stopped. This has made me feel confident about standing up for my dignity"

[Rekha, Nepalese, Delhi]

Programmatic linkages were also made: the Gender Resource Centre – a Delhi State Government initiative – worked with EMPHASIS to support women to monitor and address violence against them within their communities and provide counselling services when needed. Finally, significant attention was given to an analysis of the potential risks of engaging with some stakeholders such as 'brokers' on the borders, whereby the risk of further strengthening the position of the brokers who were in an asymmetrical power equation with the migrants, could not be ruled out. This was critical in the context of the Bangladeshi corridor, where the project maintained a 'first do no harm' approach.

Main lessons

One of the key lessons from interventions at transit points to ensure the safe mobility of migrants is that it is important to work with duty bearers to activate accountability mechanisms. This helps stakeholders, who are co-opted as allies, to identify opportunities to play an active role in addressing safe migration.

Broader lessons show that it is possible to promote safe remittances and provide women at source locations with greater control over remittances by: lobbying banks and money transfer services to develop migrant-responsive banking procedures, and working with migrant populations to build their trust in and encourage their use of official money channels. Furthermore, cross-border planning meeting by project staff from both sides of borders helped to foster the cross-border synergies that can enable safe migration, by providing regular opportunities for reflection and joint problem-solving. The border security (Nepal Prahari in Nepal and Seema Suraksha Bal in India) continue to meet together quarterly to discuss issues related to migration and security, under the banner of Indo-Nepal Friendship Meetings. The project demonstrated, therefore, that it is possible to work at the transit points and bring about positive change through a range of strategies to create awareness, strengthen groups of transporters and security personnel and document cases of harassment that can be shared with duty bearers for action.

The overarching driver of change was the ability of CARE to draw on its strong regional presence to work in the inter-border spaces and its willingness to engage with a variety of powerful stakeholders at all levels.

2.4 Result: women's empowerment and women as agents of change

Main results

The EMPHASIS programme facilitated the development of supportive structures for women's economic empowerment. These included gender-inclusive access to banks and other services that, while providing positive outcomes for women in themselves, also served as a baseline for multiplier effects. For example, 21 spouse groups in Nepal, with a total of 445 women, were supported on migration and HIV risk awareness on the basis that they had husbands or other family members working in India. As mentioned in section 2.3 (see main results), more than half of these women (245) opened bank accounts in the process of this engagement, and 146 (60% of those women with accounts) began to receive remittances regularly via the banks.

In India, the project facilitated a series of sensitisation meetings with migrant women that included discussion of their rights and entitlements as well as decent work. For example, in Delhi, domestic workers (migrant women) in *Nayi*

Seemapuri were being given less than the minimum wage and had longer working hours than the law permitted. Following on from this, joint employer-employee meetings on the topic of fair wages were set up by women's groups. At first, employers were not receptive, but after regular follow-up meetings and in the face of consistent arguments, they agreed to increase the women's monthly salary to $40. The women's groups moved on to tackle unresolved issues around the provision of medical facilities and insurance, and, with persistence, were able to build on the energy generated in the State elections in 2013 to publicise their situation to gather wider community support. After lengthy discussions, their pay was again increased to $65 per month and they were granted an eight-hour flexible working day. Thus over a period of 12 months, 74 domestic workers were able to negotiate flexible working hours and increased wages (from $30 to $65) with their employers.

Similarly, women groups developed through the EMPHASIS project were intent on addressing gender asymmetries. In two communities in Achham, they took on the issue of chhaupadi (menstrual quarantine) and subsequently declared their Village Development Committee chhaupadi-free. In addition, the initial focus at destination locations was on women alone, but the programme adapted over time as men's groups emerged and were seen to be critical in debates around the promotion of gender equality and measures to address violence at the household and community level.

'To open up the bank account we had to learn to read and to write our names. We realised that we can learn things, we can do things and we grew more confident.' [Female spouse from the 'Conscious' group in Ridikot, Achham, Nepal].

The EMPHASIS project facilitated the formation of new solidarity groups for women and strengthened existing groups by building their capacity and awareness on diverse issues such as safe mobility, HIV and the maintenance of financial records. However, many of their successes were the direct result of their own initiatives and strengths. A summary of their results can be seen in Box 2.

Box 4: Key achievements of women's groups participating in the EMPHASIS project

- Initiation of group savings and loans within groups, which freed women from the need to rely on exploitative money lenders.
- Women's groups led community activities during cultural and religious events. These gave them an increased level of agency. The management of these events, also led to talented cultural arts performers from the community earning money instead of expensive outsiders.
- 19 women groups started income-generating activities that contributed to family incomes.
- Women supported each other to confront perpetrators of violence and discrimination, both in the community as well as within their own homes. Some of these impacted on societal norms around diverse issues such as menstruation, exclusion of PWHIV / families and caste discrimination.
- Women lead the discussion within the community around living conditions, health and HIV as well as on the quality of public services.
- Additionally, women's groups in the destination, set up mechanisms for informal employment exchanges.

Main lessons

While it is difficult to isolate the precise attribution for these multiplier effects from the EMPHASIS project, one key lesson is that the supportive capacity and motivation that comes from combining health-related interventions from external actors with social issues (as identified by women's groups), provides a strong basis for integrated outcomes and wider transformation. A second major lesson for practitioners is that migrant men and boys play out their masculinity through 'proving' behaviours, such as sexual activity, drinking alcohol, staying on the job even when severely sick, or even through acts of violence. A better understanding of the nuances of gender roles and expectations allows projects like EMPHASIS to engage men more actively, and by doing so, to enhance their work with women.

2.5 Result: advocacy

Main results

Advocacy was a key programme strategy for the EMPHASIS project, which advocated on a range of issues, including HIV and related-health services, safety and dignity, workers' rights, violence against women, access to financial services, and stigma and discrimination. Advocacy efforts were supported by case stories generated by the migrants' own personal experiences, research studies and policy briefs commissioned by the project. In addition to regional- and national-level advocacy, there were focal points for advocacy efforts at the local level, including community-led advocacy, who linked actors with existing service providers.

EMPHASIS built a 'Chain of Partners' across the mobility continuum, from the local to the global, to highlight issues faced by the migrants and the possible solutions. Similarly, engagement with policy makers, governments, UN agencies, members of parliament, civil society and the media was instrumental in amplifying the project's advocacy agenda. Parallel efforts included a series of consultations at national and regional levels. The growing importance of the issue and the learning generated by the project ensured that the EMPHASIS team was invited to share its findings in various local, national, regional and global forums.

In 2013, for example, the Regional PLHIV Consultation brought together representatives from PLHIV networks and government and civil-society actors from Bangladesh, India and Nepal. The consultation explored how to draw on the strengths of PLHIV networks in each country to facilitate cross-country linkages to health and related services for HIV-positive migrants, and to scale up the cross-border ART model developed by EMPHASIS. As a result, the PLHIV networks agreed to meet quarterly to identify and solve problems related to HIV-positive migrants and develop strategies to realise cross-border support and service linkages.

At a broader level, EMPHASIS hosted a two-day regional consultation on migration in South Asia (also in 2013) that brought together senior government officials as well as representatives from migrant networks, UN agencies, international and local non-governmental organisations and civil-society organisations. This forum was instrumental in creating a regional space to enrich discourse and experiences around migration and development. A follow-up meeting in August 2013, was arranged with high-level government officials of the Indian National AIDS Control Organisation (NACO) and the Nepali National Centre for AIDS and STD Control (NCASC). Representatives from both bodies discussed strategic challenges and points of collaboration across their shared border and ways in which NACO and NCASC might formalise and scale up their ART cross-border referral mechanisms.

Similarly, the Regional Media Consultation on Migration in South Asia: Challenges and Vulnerabilities was organised, in May 2014, to engage with media, generating a rich dialogue among senior journalists and media professionals from South Asia on the issues of migration and development.

Main lessons

A key lesson emerging from the advocacy work of the EMPHASIS project has been the notable space for exploring policy and practice synergies across different contexts. For example, a common factor in all environments was the relegation of low-skilled labour migrants to the margins of society. With little or no access to minimum wages, leave or social-security benefits, and few options to unionise or to collectively bargain for their rights and entitlements, this insight paves the way for the exploration of further linkages between existing local CBOs, trade unions and labour movements that are addressing workers' right at destination locations.

2.6 Result: evidence, monitoring and evaluation (M&E) and outreach

Main results

The evidence base

The EMPHASIS project set out to build a knowledge base about migrant populations and their families and to promote wider recognition of the vulnerabilities faced by these populations, as well as provide solutions. The project drew on internal and external expertise to carry out various research studies and to develop policy briefs, generating 12 original research papers and 10 briefing papers (in partnership with ODI). At a time when global migration discourse needs significant data on migration, EMPHASIS has brought forth rich data

and learning, which can be useful to programmers and to policy makers. Further, based on the learning from the project, 18 oral and poster presentations have been shared at international conferences.

M&E and outreach

Given the uniqueness and cross-border complexity of the EMPHASIS project, several lessons on M&E and outreach emerge. One of the key aspects of the project's M&E was that it did not create parallel structures: collaboration with the government systems and the use of their existing guidelines was an important part of many project activities.

EMPHASIS supported the generation of robust data. In Bangladesh, for example, EMPHASIS supported the government in setting up two VCT centres in project districts. This has made such services more readily available and an analysis of the resulting data has revealed a disproportionately high burden of HIV infection among those with a family history of migration. Similarly, government-led district-level mechanisms were set up in Nepal to document missing migrants and to take action on this issue at a national level. Initiatives such as these are putting the focus on migrants and their needs across the region.

The project was also able to set up a robust and routine monitoring system to support the achievement of project objectives across all the three countries, with the resulting monitoring data utilised by the project at all levels. At the community level, monthly meetings were held with peer educators and migrants to review the project activities and plan ahead – an opportunity for migrants to be part of the learning and planning processes. The routine database of the project was able to provide a reliable sampling frame for the endline survey – a major benefit, given the challenges of working with a transitory population.

Simple formats were developed to monitor and address harassment, violence and rights abuses along the mobility corridors, with numerical data supplementing case histories to illustrate the extent of and types of harassment and violence experienced by migrants. Given the complexity of the project and the need for evaluation standards to remain consistent for its duration, the forms were simplified and capacity building efforts provided specific space to address technical and resourcing deficits in the M&E systems of CBOs and NGOs.

Main lessons

Looking ahead, the project has also identified two key areas for further research to support continued advocacy efforts. First, it is important to have an improved understanding of the positive and spillover effects of migrant contributions to the economies of their host countries. Second, research is needed on the economic impact of migration on families over the medium and long terms.

3 Conclusions and implications

The five-year EMPHASIS project has generated rich information and has provided a useful learning experience. The value of the project is immense and goes beyond the immediate context of cross-border migration and HIV prevention in South Asia to encompass the rights and needs of migrants at national, regional and global levels. This has implications for programmers and policy makers at all three levels, as shown below.

Cross-border migrants – programming at the national level

- The sensitive political environment that surrounds Bangladeshi migrants and the absence of high-level dialogue makes it extremely difficult to highlight the issues and concerns of this particular group. What has become apparent as a result of the EMPHASIS project is that large numbers of Bengali-speaking migrants are living and working in conditions of poverty and social instability that leave them vulnerable to HIV, tuberculosis and other health risks. Until there is committed dialogue and action on these issues, migration programming for Bengali-speaking mobile populations needs to continue to work through existing networks and people-to-people contacts.

- Public- and private-sector actors need to work together to provide mobile drop-in services to reach communities unable to access static centres because of work expectations or demands, or because of remoteness. This includes the specific tailoring of drop-in and VCT services for populations such as migrants, sailors, truckers and sex workers.

- Projects like EMPHASIS can contribute by providing evidence of the importance of greater lobbying for comprehensive pre-departure orientations and on-arrival programmes at destination locations; encouraging ethical recruitment and accountability from migration 'brokers'; providing access to justice for women migrant workers; safeguarding women's right to decent work; and enlisting law enforcement agencies to treat women migrants – both documented and undocumented – with dignity.

The need for greater coordination at the regional level

- The exploration of other entry points to insert migrants into policy agendas, e.g. a public-health perspective, could help to guarantee migrants equitable access to health care, with health promotion being a particularly sound and practical investment. Being healthy and staying healthy is a prerequisite for migrants to work, to be productive and to contribute to positive development outcomes. However, this message requires detailed nuancing and coordination across country contexts, as demonstrated by the work of CARE with several implementing partners to facilitate cross-border access to ART medication.

- A major lesson from the EMPHASIS project is the critical role provided by information networks that are embedded across the mobility continuum, from source and transit points right through to destination points. This broad 'systems strengthening' approach works within and across service providers and civil society, and improves the consistency and likelihood of uptake in messaging for individuals and service providers. This has further implications at the household level where interventions with spouses at both source and destination locations have been shown to improve dialogue and communication resulting, in turn, in a reduction of potential HIV-risk behaviours (Samuels et. al., 2014).

- In contrast to Indo-Nepal migration policy, the Indo-Bangladesh policy context is more challenging, largely because of the clandestine nature of migrational dynamics. As a result, one key entry-point to enhance dialogue is working with international civil-society organisations that operate in both contexts.

- There is an opportunity for Nepali community-based social and cultural organisations to pick up the work described here and to lobby both the Nepalese and Indian governments for action to protect migrants' rights. There is also an opportunity for the South Asian Association for Regional Cooperation (SAARC) to advance bilateral dialogues around all of these issues and to influence the adoption and implementation of regional migration policies that protect every SAARC citizen.

Maintaining momentum: the role of global stakeholders

- Global stakeholders have a critical role to play in extracting and amplifying the core lessons gleaned from the EMPHASIS project, including re-thinking implementation methods for new or existing cross-border initiatives, such as interventions that focus on the Horn of Africa and the Middle-East, as well the way in which cross-border lessons can be extrapolated into cross-regional migration dynamics.

- With post-2015 debates around migration and development, government, NGOs and civil society can take advantage of the lessons from the EMPHASIS project demonstrating multiplier impacts and inter-connectedness with respect to diverse policy and programme spheres, including women's economic empowerment, participatory governance, decent work, health systems strengthening and access to health services. Such an emphasis will provide more entry points to expand discussions on migration and development in post-2015 discussion spaces, while simultaneously enhancing the likelihood that more integrated targets are developed.

Cross-cutting implications

- One area that shows considerable promise is the value of scaling-up the considerable success demonstrated by the EMPHASIS project on gender and migrant-friendly banking and access to credit – emphasising the multiplier factors from remittances. Research and interventions can be broadened within the South Asia region, but also correlated with global experience from high-traffic migration areas – including the Middle East and South-east Asia. However, such initiatives should recognise that economic empowerment of this nature, while having several multiplier effects, can also put migrant women at greater risk of gender-based violence at household or community levels. Therefore, adequate scale-up requires broader, non-financial empowerment and support structures, such as measures to address concepts of masculinity and security sector capacities, as well as developing linkages with existing programme initiatives that aim to address gender issues.

- A core lesson of the EMPHASIS project is that its value lay not only in achieving its objectives in terms of project targets, but also in the way in which it catalysed changes that were not envisaged in the design phase, with its original focus on HIV prevention. By year three, the project was addressing a far wider range of interlinked issues, including safe migration and workers' rights; various forms of violence (particularly violence and harassment aimed at women); safe remittances (and access to financial services) and children's access to education; as well as the stigma, discrimination and lack of services that confront migrants living with HIV.

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Overseas Development Institute
203 Blackfriars Road
London SE1 8NJ
Tel +44 (0)20 7922 0300
Fax +44 (0)20 7922 0399

References

Azim, T. (2013) 'The relationship between migration and vulnerability to HIV – the Bangladesh perspective'. Presented at EMPHASIS Regional Consultation on Migration. New Delhi.

CARE (2014) 'Towards Safety, Dignity and Better Health of Migrants'. EMPHASIS Learning series. Kathmandu: EMPHASIS, CARE.

International Labour Office (2010) 'International Labour Migration: A rights-based approach'. Geneva: International Labour Office. Available at: http://migration.itcilo.org/en/resources/papers/international-labour-migration-a-right-based-approach (accessed 1 July 2014.)

Samuels, F., Sarin, E., Sultana, M., and Kaur, N. (2014) 'Fighting HIV on all Fronts: reducing vulnerability but targeting migrants, their spouses and families in source and destination countries'. ODI Project Briefing. London: Overseas Development Institute.

Samuels, F., Wagle, S., Sultana, M., Nokrek, P., Taher, A., Bohidar, N., Gautam, B., and Devkota, P. (2013) 'Pathways to health services for cross-border migrants living with HIV: Nepalese and Bangladeshis at home and in destination sites in India'. ODI Project Briefing No. 81. London: Overseas Development Institute.

Samuels, F., Wagle, S., Sultana, T., Sultana, M., Kaur, N., and Chatterjee, S. (2012) 'Stories of harassment, violence and discrimination: migrant experiences between India, Nepal and Bangladesh'. ODI Project Briefing, No. 70. London: Overseas Development Institute.

UN Women (2013) South Asian Inter-Governmental Group calls for greater efforts to ensure safe migration of women workers, UN Women, available at: http://www.unwomensouthasia.org/assets/Press-Release-Safer-Migration-of-Women-Workers-22-March-20131.pdf (accessed 26 December 2013)

UNAIDS (2012) "Regional Fact Sheet 2012: Asia and the Pacific". Available at http://www.unaids.org/en/media/unaids/contentassets/documents/

Watkins, K. and Quattri, M. (2014) Lost in intermediation: how excessive charges undermine the benefits of remittances for Africa. London: Overseas Development Institute.

World Bank (2013) Migration, Remittances, and Diaspora, available at:http://econ.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTDECPROSPECTS/0,,contentMDK:23554937~pagePK:64165401~piPK:64165026~theSitePK:476883,00.html (accessed 26 December 2013)

Author contacts

David Walker, Research Officer, ODI (d.walker@odi.org.uk), Nabesh Bohidar, Regional Monitoring and Knowledge Manager, EMPHASIS, CARE (nabesh.bohidar@co.care.org) , Prabodh Devkota, Senior Regional Project Director , EMPHASIS, CARE (prabodh.devkota@co.care.org)

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