



# Health and Care for Migrants and Displaced Persons

Case studies from the Asia Pacific region

## About the International Federation of Red Cross and Red Crescent Societies

The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest volunteer-based humanitarian network. With our 190 member National Red Cross Red Crescent Societies worldwide, we are in every community reaching 160.7 million people annually through long-term services and development programmes, as well as 110 million people through disaster response and early recovery programmes. We act before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. We do so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions.

Guided by Strategy 2020 – our collective plan of action to tackle the major humanitarian and development challenges of this decade – we are committed to saving lives and changing minds. Our strength lies in our volunteer network, our community-based expertise and our independence and neutrality. We work to improve humanitarian standards, as partners in development, and in response to disasters. We persuade decision-makers to act at all times in the interests of vulnerable people. The result: we enable healthy and safe communities, reduce vulnerabilities, strengthen resilience and foster a culture of peace around the world.

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This collection of case studies highlights the diversity and strength of Red Cross Red Crescent action to provide health and care for migrants, for displaced persons and others affected in the context of migration and displacement. The collection includes practices from all parts of the Asia Pacific region – from the Pacific, from South East Asia, from East Asia and from South Asia. This collection also highlights work with diverse groups of labour migrants, irregular migrants, refugees and asylum seekers, internally displaced persons (IDPs), stateless persons, returnees and persons who have been trafficked.

Our sincere thanks and appreciation to the Red Cross Red Crescent Asia Pacific Migration Network (APMN) for their support and encouragement throughout the development and finalisation of this report.

Finally, our deep and sincere thanks to the Swedish Red Cross, and to our dear colleagues Ewa Jonsson and Karin Levenby Bovy who had the vision, commitment and expertise to support and drive this project from inception through to the important resource we have today.





## Overview

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There are more people on the move now than ever before in recorded human history. The United Nations estimates that there are 1 billion migrants – 250 million who have crossed international borders and 763 million who have moved within their own countries.<sup>1</sup> This includes 65 million forced migrants – refugees, asylum seekers and IDPs<sup>2</sup> – the highest number recorded since World War II. An additional 24 million persons are newly displaced each year by disaster, a number projected to rise as the impacts of climate change intensify.<sup>3</sup>

In the Asia Pacific region, migration is dynamic and diverse. The region includes major countries of origin, transit, destination and return. The region hosts a quarter of all international migrants, and almost a third of all international migrants globally originate from the Asia Pacific region. The Asia Pacific region hosts large numbers of irregular migrants, stateless migrants and forced migrants – including refugees, asylum seekers and IDPs. There are significant concerns related to people smuggling, bonded labour and human trafficking. Increasing human mobility trends in the region are linked to urbanisation and climate change.

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<sup>1</sup> World Health Organisation, Refugee and Migrant Health: <http://www.who.int/migrants/en/>.

<sup>2</sup> United Nations High Commissioner for Refugees, Figures at a Glance: <http://www.unhcr.org/figures-at-a-glance.html>.

<sup>3</sup> Internal Displacement Monitoring Centre, Global Estimates 2015: People displaced by disasters: <http://www.internal-displacement.org/library/publications/2015/global-estimates-2015-people-displaced-by-disasters/>.

Many migrants across the Asia Pacific region and indeed globally thrive in their new communities and bring critical economic, societal and cultural benefits to their communities of origin and their new communities. The benefits of migration have been clearly recognised in the *2030 Agenda for Sustainable Development*. In the words of the former United Nations Secretary-General, Ban Ki-Moon:

*“Migration is an expression of the human aspiration for dignity, safety and a better future. It is part of the social fabric, part of our very make-up as a human family”.*

However, many other migrants face considerable humanitarian challenges – including abuse, violence, discrimination, exploitation, formal and informal barriers to accessing basic services, lost family, community and social connections, the fear and reality of arrest and detention, and an inability to access protection and justice. These humanitarian concerns are often amplified for particularly vulnerable migrants, including women, unaccompanied and separated children, the elderly, marginalised ethnic and other groups, and migrants with disabilities.

One of the key humanitarian concerns for many migrants in the Asia Pacific region is the ability to live and work in safe and healthy conditions and to enjoy access to health services and expect health outcomes similar to those of the rest of the population.

In the Asia Pacific region, health concerns for migrants may arise at any or all points of a migrant’s journey. Prior to departure, migrants fleeing persecution may have faced or experienced trauma, war, human rights violations, torture or sexual violence. This can have a profound and lasting impact on physical and mental health. During the migratory journey – especially irregular journeys – health needs may arise due to the mode of travel, the duration of the journey and as a result of any traumatic events. For example, during the 2015 Andaman Sea crisis, many of the migrants experienced acute health needs, including beriberi (caused by thiamine (vitamin B1) deficiency), dehydration and severe malnourishment. In countries of destination, health concerns may arise because of abuse, violence, exploitation, inadequate working conditions, inadequate living conditions, poor nutrition, sexual violence, or as a result of the conditions of immigration detention.

These health concerns for migrants may also be compounded by formal and informal barriers to accessing health services. Formal barriers include legal and policy restrictions on migrants accessing health services – especially for irregular migrants. Informal barriers may include cost, awareness, language or cultural barriers, including pre-existing health beliefs and practices or the fear of arrest and detention if migrants make themselves known at health facilities.

## Health and Care for Migrants and Displaced Persons

Case studies from the Asia Pacific region

In this context, Asia Pacific Red Cross Red Crescent National Societies undertake a range of diverse and strong programmes to address the health needs of migrants. These programmes address the needs of a wide spectrum of people on the move – including persons who have been trafficked, asylum seekers, refugees, labour migrants and IDPs. Drawing on the strength of presence of the Red Cross Red Crescent in 190 countries across the globe, including 38 countries across the Asia Pacific region, these programmes are undertaken in and across countries of origin, transit, destination and upon return.

This collection of case studies from the Asia Pacific region highlights a selection of these programmes and activities.

We hope you find these case studies interesting, and inspiring.

For more information on any of these case studies, please feel free to be in touch with any of the National Societies highlighted or the Asia Pacific Regional Office of the International Federation of Red Cross and Red Crescent Societies (IFRC).

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## The Role of Red Cross Red Crescent National Societies in Addressing Health and Care for Migrants and Displaced Persons

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The IFRC has a globally recognised and trusted role in addressing the humanitarian needs of migrants,<sup>4</sup> irrespective of their legal status. This includes a range of activities and programmes to address the health needs of migrants – including asylum seekers, refugees, IDPs, labour migrants, stateless migrants and others. This work occurs in a diverse range of settings – in countries of origin, transit, destination and upon return, and during both migration ‘crises’,<sup>5</sup> and during ongoing community and development work.

In working to address the health needs of migrants, the main operational directions for Red Cross Red Crescent National Societies are:<sup>6</sup>

- <sup>4</sup> In order to capture the full extent of humanitarian concerns related to migration, the IFRC description of migrants is deliberately broad: “Migrants are persons who leave or flee their habitual residence to go to new places – usually abroad – to seek opportunities or safer and better prospects. Migration can be voluntary or involuntary, but most of the time a combination of choices and constraints are involved”, see: IFRC, Policy on Migration (2009).
- <sup>5</sup> The IFRC defines Population Movement as “Large movements of migrants, refugees or Internally Displaced Persons (IDPs) who have been forced or obliged to flee or to leave their country or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters. Such movements may involve mixed flows of people, whether different categories of people with varying needs who move for different reasons while using similar routes.”
- <sup>6</sup> IFRC Operational Framework on Health and Migration (2016). <http://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2016/12/Operational-Health-Framework-on-Migration.pdf>



1. **Health Education, Promotion and Prevention:** Health information (what to do), promotion (how to do it) and prevention (how to protect yourself against disease).
2. **First Aid:** Emergency care or treatment given to an ill or injured person before regular medical aid can be obtained, e.g. rescue actions, CPR, putting bandages on simple injuries, immobilizing a sprained ankle.
3. **Mental Health and Psychosocial Support (PSS):** A range of activities to prevent distress and development of more severe conditions to help people to better cope with, and become reconciled to, everyday life.
4. **Basic Health Care, including Referral:** Provision of basic health care, in reception areas and/or at borders or in temporary settlements: any activities with the provision of medical cure, therapy administration and referral.

In all of work with and for migrants, including addressing health and care concerns, the IFRC is guided by *Fundamental Principles* and a range of Red Cross Red Crescent Movement policies and commitments, including the *IFRC Policy on Migration, 2009* (see boxed text).

### **The IFRC Policy on Migration 2009**

Each National Society and the International Federation shall take into account and adopt the following approach on migration:

1. Focus on the needs, capacities and vulnerabilities of migrants.
2. Include migrants in humanitarian programming.
3. Support the aspirations of migrants.
4. Recognise the rights of migrants.
5. Link assistance, protection and humanitarian advocacy for migrants.
6. Build partnerships for migrants.
7. Work along the migratory trails.
8. Assist migrants to return.
9. Respond to the displacement of populations.
10. Alleviate migratory pressures on communities of origin.

National Societies and the IFRC have a responsibility to ensure that their activities and programmes are carried out in compliance with this policy; that all staff and volunteers are aware of the rationale and content, and that all relevant governmental, intergovernmental and non-governmental partners are adequately informed about it.



the  
power of  
humanity



# Bicultural Community Health Program in Tasmania

Australian Red Cross believes all people made vulnerable through migration, irrespective of their legal status, deserve to have their health, dignity and wellbeing protected.

Across Tasmania, we work to achieve positive health outcomes for people from a range of refugee backgrounds and their communities<sup>7</sup> through the Bicultural Community Health Programme.

The programme, funded by the Department of Health and Human Services, engages community health workers from refugee backgrounds (bicultural community health workers) to listen and respond to the specific health needs, concerns and aspirations of migrant communities.

The Australian Red Cross works to develop community knowledge of the local healthcare system and how to access services. Activities involve a range of partners, designed in collaboration with bicultural community health workers, migrant communities and mainstream healthcare professionals. These include:

- Cultural sensitivity training for mainstream healthcare professionals.
- Community seminars and workshops to reduce aggressive behaviour and violence.<sup>8</sup>
- Promotion of healthy eating habits and nutrition in schools and communities.<sup>9</sup>
- Community conversations on suicide, mental health and wellbeing.
- Research and data collection on domestic and family violence.<sup>10</sup>
- Community education on preventing and managing diabetes.
- Developing women's health programmes and shared definitions of community health.
- Hosting men's groups in collaboration with local torture and trauma counselling services.
- Consultation with community leaders on female genital mutilation/cutting and support for those affected to make informed choices and access referrals.
- English language lessons for students on health topics such as preparing for the Tasmanian winter, diabetes, cancer, sexual health and family planning, etc.
- Community gardening projects.
- A learn-to-swim program specifically designed for Muslim women.<sup>11</sup>

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<sup>7</sup> Including Afghan/Hazara, Bhutanese, Burmese, Chin, Ethiopian, Eritrean, Karen, and Syrian refugee communities.

<sup>8</sup> Alternatives to Violence Project: <http://avp.international>.

<sup>9</sup> What's in your lunchbox project: <http://www.tascanteenassn.org.au/news-events>.

<sup>10</sup> Promoting community-led responses to violence against immigrant and refugee women in metropolitan and regional Australia. The ASPIRE Project: Research Report, December 2016: [http://media.aomx.com/anrows.org.au/Aspire\\_Horizons\\_FINAL.pdf](http://media.aomx.com/anrows.org.au/Aspire_Horizons_FINAL.pdf).

<sup>11</sup> In collaboration with the Northern Migrant Resource Centre.

- Creating mother-tongue, talking book resources to gather traditional knowledge on healthy lifestyle practices.<sup>12</sup>

### Lessons learned:

- It takes time to recruit quality bicultural community health workers who are impartial.
- Prioritising partnerships is key when operating on a small budget.
- Engage community health workers in all project phases (design, monitoring and evaluation).
- Identify ways to obtain meaningful, cross-cultural data for evaluation.
- Each community is unique. Groups may have different priorities or approaches to learning.
- Embrace the healthy traditional practices communities bring to Australia.
- Use community health workers as champions within mainstream stakeholder services.
- Be flexible and community-driven.

*“This is the first time in my life that I have engaged with a group of people without judging or being judged. I could engage with safety.”*  
– Client testimony

*“The family have independently accessed hospital emergency twice after I walked them through the process on the first incident. They are proud to share their new skills with me.”* – Bicultural Community Health Worker.

For more information on the work of Australian Red Cross with and for migrants, please contact: **Vicki Mau**, National Manager Migration Support Programs, Australian Red Cross.  
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**BRUNEI**  
RED CRESCENT



**Health and First Aid  
for Labour Migrants**



Brunei Darussalam, is a tiny kingdom, situated in the north west of Borneo on the South China Sea coastline. The total population of Brunei is 406,000 people.

Brunei relies heavily on foreign labour with almost 40% of the workforce being made up of foreign workers. Many of these migrants are in lower-skill and lower-paying positions with approximately 12,000 migrants working in construction, wholesale, retail trade and in professional, technical, administrative and support services. Many low-skilled workers in Brunei are migrants from Bangladesh, India, Indonesia, Malaysia, and the Philippines. Brunei Red Crescent Society (BRCS) provides services for migrant workers, including:

- First Aid training, knowledge and skills.
- Health and safety awareness programs.

Target groups for the training programmes are construction workers, domestic helpers, care assistants for the elderly, nannies and childcare assistants.

The message of the Brunei Red Crescent Society is that it's great to have a job and it's exciting to start a new one, but workplaces can be dangerous. Injuries can happen, but they don't have to, so be aware!

Workers can be injured, fall ill or even suffer fatalities on the job. These are some of the situations that the BRCS are trying to prevent, through training and awareness-raising programmes.

Experienced workers tend to have fewer injuries than less experienced workers. This might be due to lack of proper training or because new workers are not aware of potential workplace hazards.

All workers in Brunei have legal rights that protect their health and safety. However, often workers are not aware of their rights. Many workers are afraid or embarrassed to ask questions, afraid to "rock the boat" at work, or to appear incompetent. The BRCS awareness programme on health and safety for labour migrants provides knowledge on the rights and responsibilities of both the employer and the employee. These include that the employer must establish a health and safety policy programme, provide required training, provide information, instructions, and supervision for safe job performance, provide necessary safety equipment, provide information on hazards in the workplace, display important health and safety information where everyone can see it and keep employee health and medical records. Employees responsibilities including obeying the law, using machines and work equipment safely, wearing required personal protective equipment, reporting hazards to their supervisor, working safely at all times and not "fooling around on the job".

The employee has the right to know about dangers in the workplace, to receive an induction training before starting the job, to receive on-the-job training, work supervision and hazard information to be able to perform the job safely.

Even though not all hospital visits can be avoided, occupational first aid and basic cardiac lifesaving training can reduce the morbidity, disability and mortality of workers. BRCS has been providing free First Aid and CPR training and certification to labour migrants since 2015.

In Brunei, First Aid and CPR are rarely taught in the workplace. However, since 2015 BRCS has been providing free First Aid and CPR training and certification to labour migrants. Having employees trained in First Aid and CPR can make a substantial difference in their ability to maintain a safe working environment. Employees will be able to respond faster and more effectively when medical emergencies occur. As staff become more prepared and responsive, they also become more aware of their surroundings and more likely to spot potential hazards.

The BRCS Health awareness programme also includes information on non-communicable diseases (NCD) including hypertension, diabetes, heart attack, cardiac arrest and cancer, as well as information on communicable/outbreak diseases such as Zika, Chikungunya, Influenza (H1N1) and Malaria.

To date, approximately 500 labour migrants have been trained by the Brunei Red Crescent Society and this training will go a long way to ensuring the health and safety of migrant workers.

For more information on the work of Brunei Darussalam Red Crescent Society with and for migrants, please contact:  
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Korean Red Cross 



Healthy Neighbour Centre  
in Seoul



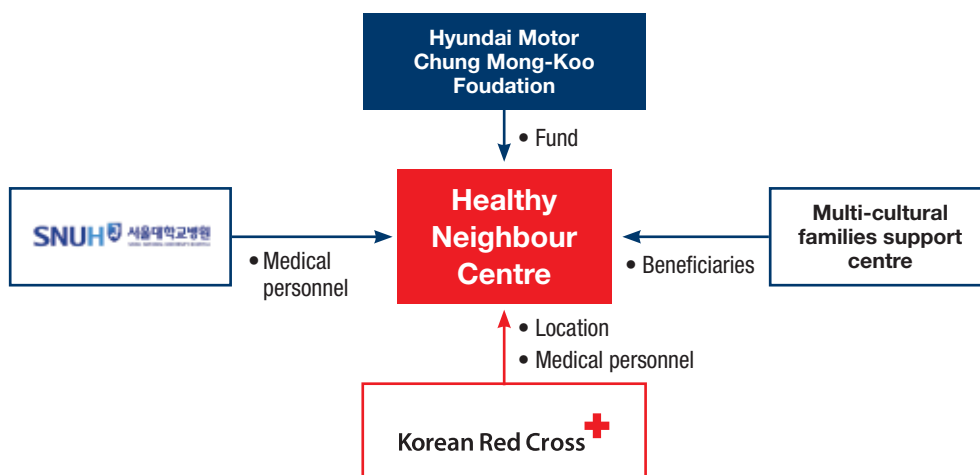
## Introduction

More than 2 million foreigners,<sup>1</sup> or nearly 4%, of the population live in the Republic of Korea. There are a further 211,320 irregular migrants. More than half of the registered foreigners are migrant workers, with only 4.6% in highly skilled sectors. Many migrant workers are employed in unskilled and so-called 3D sectors – dangerous, dirty and difficult. This means that many foreign workers and undocumented workers in factories and farms endure low salaries, and poor working and living conditions. The majority of migrants come from Asian countries, including Bangladesh, Cambodia, China, Indonesia, Japan, Mongolia, Myanmar, Nepal, the Philippines, Sri Lanka, Thailand and VietNam.

## Healthy Neighbour Centre

In order to address the limited access of many vulnerable migrants to health care, in June 2012, the Republic of Korea National Red Cross (KNRC) established the Healthy Neighbor Centre in its Seoul Red Cross Hospital. The Health Neighbour Centre was established based a tripartite Memorandum of Understanding (MoU) between the KNRC, Seoul National University Hospital (SNUH) and Hyundai Chung Mong Koo Foundation. The aim of the Healthy Neighbour Centre is to improve the quality of health and care for vulnerable persons, including migrants.

Each party to the tripartite MoU contributes their own resources and expertise to run the Health Neighbour Centre; Hyundai Chong Mong Koo Foundation provides financial support, the SNUH provides a high quality of medical personnel and the KNRC provides facilities and space for the Centre and medical personnel. The KNRC also cooperates with local communities and INGO/NGOs and the UNHCR to ensure that persons in need are able to utilise the services of the Healthy Neighbour Centre.



<sup>1</sup> 2,024,813 (as of 30 April 2017), Monthly report on statistics of foreign immigrants in Korea, Korea Immigration Service, Republic of Korea Ministry of Justice.

The Healthy Neighbour Centre provides affordable or free medical services for vulnerable labour migrants – irrespective of their legal status – refugees, asylum seekers, marriage migrants and other vulnerable groups. Migrants who stay in Korea more than 90 days and submit medical records and other required documents are eligible for medical services. On an exceptional basis, people in the process of applying for asylum can be granted benefits from the Healthy Neighbour Centre regardless of the length of their stay.

The Healthy Neighbour Centre has five departments, including family medicine, gynecology, internal medicine, pediatrics and psychiatry. Other types of medical treatment are provided by Seoul Red Cross Hospital and SNUH.

From 2012 to 2016, 41,943 people benefited from medical services provided by the Centre.

### Statistics on number of beneficiaries

Period	No. Beneficiaries
Jun to Dec 2012	3,165
Jan to Dec 2013	8,067
Jan to Dec 2014	11,948
Jan to Dec 2015	8,999
Jan to Dec 2016	10,364

Furthermore, the Centre provides basic health education for multi-cultural families, delivery items, milk powder and diapers for refugee mothers and children, and free vaccination for migrant workers at their workplaces.

The Centre also provides basic health knowledge and information on other international and local organizations helping vulnerable migrants through its website ([www.hncenter.or.kr](http://www.hncenter.or.kr)).

As of 2017, the KNRC runs 5 Healthy Neighbour Centers within its 5 Red Cross Hospitals across the nation.

### Lessons Learnt

Through the Healthy Neighbour Centers, the KNRC can cover a blind health spot where the government and other organizations cannot reach the most vulnerable. Also, the KNRC can strengthen partnerships with relevant authorities and other stakeholders.

However, the KNRC still has many challenges to overcome:

- Promoting services to irregular migrants.
- Providing health and care to undocumented people.
- Securing sustainable funding and partnerships.
- Language barriers – it can be difficult to explain medical terminology to patients when they cannot understand Korean or English.

For more information on the work of the Republic of Korea National Red Cross with and for migrants, please contact:

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Maldivian Red Crescent



## Health and Care for Migrants in The Maldives



Migrants in the Maldives comprise approximately a quarter of the country's total workforce,<sup>13</sup> with the majority originating from South Asian countries, including Bangladesh (58%), India (24%) and Sri Lanka (10%).<sup>14</sup>

Many migrant workers are engaged in low-skilled labour in the construction and tourism industries.<sup>15</sup> In the Maldives, a developing country where much of the growth is through development of infrastructure and construction, migrant workers are often exposed to various vulnerabilities. This situation is further exacerbated by the very centralized and overwhelmed basic resources and services in the country. Poor living conditions, inadequate regulatory frameworks and issues relating to human trafficking have further compounded concerns for the health and safety of migrant workers.

A study into the life of Bangladeshi workers in Maldives observed that an alarming 78% were unaware of health and safety issues. Furthermore, 56% of migrant workers reported being dissatisfied with their living, working and relationship conditions – including concerns linked to sexual and reproductive health.<sup>16</sup>

Additionally, through anecdotal and observational data, it is clear that the poor living and working conditions for migrant workers often exacerbate their health and safety vulnerabilities. This also leads to the prevalence of communicable diseases, including vector borne diseases such as Dengue and Chikungunya. Previous emergency response operations by the Maldivian Red Crescent (MRC) have shown that foreign workers are often marginalised in these operations, particularly those who do not hold a valid work permit.

## The Work of the Maldivian Red Crescent Society

Within this context, the MRC has undertaken several activities to address issues concerning the health and safety of migrant workers. MRC also has a special focus on migrant workers' welfare during disasters and other emergencies.

In August 2016, MRC undertook a two-month project on increasing awareness of migrant rights, dissemination of information on communicable diseases, public health and human trafficking through a project partnership with the International Organisation for Migration (IOM). Through this project, MRC Male' Branch reached out to the migrant population to recruit MRC volunteers who are migrants themselves.

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<sup>13</sup> National Bureau of Statistics (2014): Maldives Population & Housing Census (2014) Statistical Release: IV Employment

<sup>14</sup> Transparency Maldives (2015): Maldives Migrant Worker Systems Assessment Report.

<sup>15</sup> Shamsi & Al-Din (2016) 'Lifestyle of Bangladeshi Workers in Maldives', World Journal of Social Sciences, Vol. 6 No.02

<sup>16</sup> Shamsi & Al-Din (2016) 'Lifestyle of Bangladeshi Workers in Maldives', World Journal of Social Sciences, Vol. 6 No.02

This resulted in new MRC volunteers from Bangladesh, India, Nepal and Sri Lanka who expressed an interest in participating in branch activities.

In total, 12 public awareness campaigns have been conducted so far, seven of which were conducted in Male', one in Hulhumale (a separate island considered to be part of Male' City), and two each in Villimale (another separate island included in Male' City) and Thilafushi (an industrial island where the majority of the workforce is made up of migrants). Through these awareness campaigns, a total of 1,580 migrant workers were reached, including through the distribution of 838 leaflets about HIV and 577 leaflets about Dengue.

At the end of 2016, an event to “Celebrate Diversity” was held in conjunction with International Migrants Day. The purpose of the event was to celebrate the diverse cultures and nationalities of people living in Male', by creating an environment where migrants and locals can meet and socialise. Several government agencies and foreign embassies participated in the event, including the Maldivian Health Protection Agency, Department of Immigration and Emigration, Ministry of Economic Development Police Service, Labour Relations Authority, Human Rights Commission of Maldives, Transparency Maldives, the Society of Health Education (NGO), as well as the Embassies of China, India and Sri Lanka. Highlights of the event included the sharing of food, music and dances of different migrants' groups, as well as free HIV testing, and information about legal aid services for migrants. An estimated 1,000 people attended the event, including the Minister of Health as the Chief Guest, the Indian and Chinese Ambassadors and other dignitaries.

One of the biggest achievements of the MRC has been the recruitment of volunteers from migrant communities, and the relationship built with these groups. The benefits of a truly diverse volunteer base were clearly seen when the Maldives experienced an outbreak of the H1N1 Influenza virus in March 2017. Reports showed that throughout the country, more than 185 people tested positive for H1N1 and four people died from the virus. In response, the Maldivian authorities declared a national alert (level 3) to prevent the spread of the virus, and MRC staff and volunteers supported the national efforts by developing and disseminating information, including to migrants, on protecting themselves from infection. This was done by developing a communications package which included flyers, posters and videos. Materials were also developed in nine languages commonly used by migrants, including Bengali, Chinese, Filipino, Malayalam, Nepali and Tamil. Volunteers from migrant groups were involved in the development, translation, dissemination and explanation of the information, education and communications (IEC) materials. The Male' Branch of MRC also established an Information Dissemination Centre in the capital and volunteers contacted 98 private companies where migrant workers were employed to assess their health status and information needs. These companies were also provided with IEC

materials for dissemination amongst their staff. MRC emailed the communications packages to more than 500 companies (including 60 tourist resorts). With the proactive efforts of MRC, more than 4,500 migrant workers were contacted through the outreach efforts, and more than 12,690 flyers in different languages were distributed from MRC branches throughout the Maldives via the mobilisation of more than 150 volunteers.

## Lessons learned

The H1N1 prevention activities highlighted the many challenges and barriers migrants in the Maldives face in accessing health services. MRC had been working with the Policy level of the Ministry of Health and other Government partners to develop a regular service that can cater to the health needs of the migrants.

## Challenges

- Migrant volunteers have constraints on their available time for MRC activities.
- Unfavourable policy environment for working with irregular migrants.
- Lack of resources and skills in the MRC to work with migrants.
- Reaching migrants in more remote islands.
- Limited data available on migrants and their health and social wellbeing.

For more information on the work of Maldivian Red Crescent with and for migrants, please email: [info@redcrescent.org.mv](mailto:info@redcrescent.org.mv)



MONGOLIAN RED CROSS SOCIETY



# STI/HIV Prevention Among Mobile and Most at Risk Populations – A Cross Border Project





Mongolia is the third most sparsely populated country in the world, with a total population of 3,130,000 people and is located in Central Asia, bordering Russia and the People's Republic of China.

The Mongolian Red Cross Society's (MRCS) 'STI/HIV Prevention Among Mobile and Most At Risk Populations' project started in 2012 and finished in 2016. The project was supported by the Luxembourg Government and UNFPA Mongolia.

The aim of the project was to decrease the risk of STI/HIV infection among youth, female sex workers, mobile populations and people living in border regions, by conducting promotion of behaviour changing activities. A cross-border agreement was reached so that staff and volunteers from MRCS could work in the city of Erlian in the People's Republic of China. The population of Erlian is approximately 100,000 people, of whom 40,000 are permanent residents and 60,000 are temporary residents staying in the city for trade and business purposes. Erlian, is the main economic and trade border town between Mongolia and the People's Republic of China. There is a constant movement of people from Mongolia as well as different provinces in China to Erlian, for the purpose of trade and business.

Sex work is illegal in China; however, sex work is conducted in a relatively organized manner, with established networks with hotels in Erlian. The focus group for the project was female sex workers in the city, with the aim being to prevent STI/HIV infection, raise awareness of safe sex and condom use and mobile voluntary counseling/testing (VCT) and treatment service. MRCS staff and volunteers visited Erlian every two months with a team comprised of doctors and lab technicians from the National Communicable Disease Centre. In 2016, MRCS delivered mobile voluntary counseling, testing, treating and condom promotion to 614 female sex workers.

Challenges related to the project:

- In terms of medical services, MRCS did not have their own capacity to conduct all services needed and therefore had to cooperate with external actors. There were challenges to accessing female sex workers in Erlian city, because prostitution is illegal and performed in hidden locations.

Project activities and achievements:

- Distribution of IEC materials.
- SRH/STI/HIV prevention awareness sessions.
- Voluntary counseling.
- Peer to peer education.
- Advocacy to local authorities.
- Establishment of a project supporting group.



- Cooperation with the National Centre of Communicable Disease, Local Health centres to conduct mobile VCT in Erlian.
- Cooperation with private clinics and Centre for Disease Control in Erlian.
- Quarterly and bi-monthly visits to Erlian for VCT.
- Pre-visit information to target population.
- Blood and rapid test for most common STIs and HIV, collect pap smear.
- Test results given to female sex workers.
- Start treatment and provide medication, free of charge.
- Provide female and male condoms.
- Re-testing and follow up visits for clients with positive test results.
- Monitor for re-infection.
- Client confidentiality.
- Surveillance for the “bridge” population.
- Syphilis cases among female sex workers decreased by 60% between 2014 and 2016.
- During the cross-border programme, no HIV positive cases were detected and syphilis prevalence has decreased dramatically since 2014.

For more information on the work of the Mongolian Red Cross Society with and for migrants, please contact: **Dr Gantulga Batbyamba**, Health Manager, Mongolian Red Cross Society. Email: [gantulga.b@redcross.mn](mailto:gantulga.b@redcross.mn)  
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# Addressing Migration and Displacement Issues Along the Thailand-Myanmar Border





Following decades of conflict between the Myanmar military and armed ethnic groups in the south-east of Myanmar, 102,412 people remain in refugee camps on the border with Thailand.<sup>17</sup> Throughout the conflict, an additional 400,000 people were reportedly displaced internally (8,767 are currently living in IDP camps) in the south-east of the country and there are an estimated 4 million undocumented Myanmar migrants living abroad (mainly in Thailand and Malaysia),<sup>18</sup> many of whom come from the southeast border regions of Myanmar. With a long and porous border, this region is characterised by high levels of in and out migration which includes cases of human trafficking and smuggling.

Communities in the south-east of Myanmar are socially and economically marginalised and suffer low access to basic services, particularly health and education. The pervasive presence of landmines makes many areas inaccessible, further limiting economic development opportunities for remote agricultural communities. With the reduction in hostilities and signing of ceasefire agreements in the 1990s, coupled with increasing democratisation since 2011, there has been growing interest in the possibility of the return of IDPs and refugees from Thailand.

In 2016, 71 refugees opted for a United Nations High Commissioner for Refugees (UNHCR)-facilitated return and left the refugee camps in Thailand to restart their lives in south-eastern Myanmar. While the wider peace process and security concerns are still at the centre of many refugees' reluctance to return, the low levels of health social service delivery and poverty in the south-east of the country are also considered to be barriers. Myanmar Red Cross Society (MRCS) has been working with its partners to address these chronic challenges, so that people who were forced to migrate can return peacefully and sustainably to their communities. A large part of MRCS's contribution to this goal has been around health and care.

For over 13 years, MRCS has partnered with UNHCR to raise the health and education status of vulnerable communities in the southeast. Specifically, since 2004 MRCS has worked in over 1,000 villages to:

- Build 79 rural health sub-centres.
- Train over 45,000 people in life skills, health, and water and sanitation and hygiene (WASH) practices.
- Construct 93 primary schools in remote locations.
- Construct 212 latrines in schools.
- Conduct over 250 Mine Risk Education (MRE) sessions.

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<sup>17</sup> Population Map, Refugee and IDP Camps: <http://www.themimu.info/node/53282>

<sup>18</sup> <http://www.moi.gov.mm/moi:eng/?q=news/29/09/2016/id-8561>





In addition, MRCS maintains up to date records of spontaneous IDPs and refugee returns, facilitated go and see visits for prospective returnees and has supported the livelihoods of vulnerable groups including returning IDPs and refugees.

In 2016, as part of a UNHCR-facilitated refugee pilot programme, MRCS assisted with the reintegration of 44 out of a total 71 refugees from Thailand in four villages. Health, nutrition and livelihoods are key concerns for returnees. MRCS supported returnees with establishing livelihoods through livestock breeding or homestead gardening which also contributed to improved family nutrition. Additionally, 152 vulnerable community members in the same return location were also provided with this assistance as well as solar lamps.

In partnership with the ICRC, MRCS manages the Hpa-An Orthopaedic Rehabilitation Centre which provides prosthetics, orthoses, wheelchairs and physiotherapy to landmine victims and people with disabilities. To date, over 6,000 people have been provided with artificial limbs. In addition, with support from the ICRC, MRCS has provided 500 people with Mine Risk Education (MRE) to reduce further exposure to landmines. This is particularly important in the context of returning IDPs and refugees who may not be aware of the location and impact of the landmines.

MRCS and their partner, the Australian Red Cross (including funding from Swedish Red Cross), are working on “Building Resilient Communities” in 28 locations in the south-east of Myanmar expected to see high numbers of returning refugees and IDPs. The project has a specific focus on improving health, nutritional and income status of vulnerable households (over 16,000 people), and strengthening resilience in rural communities in Kayin State. Strengthening community governance mechanisms will also contribute to enhanced capacity of the community to accept returning refugees and IDPs. Two thirds of all those displaced to camps along the Thailand-Myanmar border are said to have come from Kayin State.

Overall impact and lessons learned:

- Inadequate access to basic healthcare in south-eastern Myanmar is a significant constraint to refugee returns.
- Community-based approaches have been positive – communities are empowered and have become focal points for protection. Forming Community Based Organisations (CBOs) has led to community self-management, local ownership and sustainability.
- Health-seeking behaviour has significantly increased among participating communities.
- Children have improved access to basic education.
- Landmine victims were identified for immediate response.



Considerations:

- Integrate migration and displacement issues into wider MRCS health and resilience programmes in areas with high population movements.
- Promote safe labour migration and raise awareness of dangers of irregular migration.
- Further integrate protection issues such as SGBV/child protection/trafficking into work with displaced populations.
- Assess MRCS capacity to support durable solutions for IDPs and refugees elsewhere in Myanmar.

For more information on the work of the Myanmar Red Cross Society with and for migrants, please contact: **Su Su Lynn**, Director, Restoring Family Links Department, Myanmar Red Cross Society.  
E-mail: [susulynn@redcross.org.mm](mailto:susulynn@redcross.org.mm)



NEW ZEALAND  
**RED CROSS**  
RIPEKA WHERO AOTEAROA



# Refugee Trauma Recovery Services

People from refugee backgrounds are ordinary people who have faced extraordinary circumstances. With their lives disrupted by conflict or persecution, refugees simply seek a safe environment in which they can resettle and freely engage in society. Each year, New Zealand resettles 1,000 people through a refugee quota. New Zealand Red Cross (NZRC) is the lead resettlement service providing support to refugees for the first 12 months after arrival.

Former refugees are resilient, having survived persecution and conflict and been forced to flee from their homeland. Families and individuals have generally had to leave their homes quickly and under extremely stressful conditions. The experience can be both traumatic and one of great loss as they've often left behind belongings, homes, jobs, friends and family members.

The journey to settlement in New Zealand is often long and treacherous and it can take months or, more often, years to reach New Zealand. During this time, refugees may cross several borders or continents and spend time in various refugee camps.

Former refugees may have endured or been exposed to organised violence, torture, harassment, imprisonment, war conditions and civil unrest. People who have experienced torture or trauma may carry the effects of these experiences for many years. A small number of people who arrive through the refugee resettlement quota require specialised mental health support due to these experiences.

## Refugee Trauma Recovery

The Refugee Trauma Recovery (RTR) team provides specialist mental health services for former refugees who have experienced trauma and torture. Comprised of psychotherapists, psychologists, counsellors and social workers, the team provides multidisciplinary support for clients to help them move towards wellness and enabling them to integrate into their new community.

What makes RTR unique compared to mainstream mental health services is that it provides a cultural competent to its service through the use of interpreters, cultural advisors and practitioners specially trained in refugee experiences and resettlement.

Treatment methods are tailored to an individual's needs and can include:

- Cognitive behavioural therapy (CBT), a structured, short-term, present-oriented psychotherapy for depression, directed toward solving current problems and modifying inaccurate and/or unhelpful thinking and behaviour.
- Gestalt therapy, a form of psychotherapy that emphasises personal responsibility, focusing upon an individual's experience in the present.
- Narrative therapy, a form of psychotherapy using narrative.



- Problem solving approaches.
- Eye Movement Desensitization and Reprocessing (EMDR) trauma therapy, useful with clients who have suffered for years from anxiety or distressing memories, nightmares, insomnia, abuse or other traumatic events.
- Body Therapy.

The RTR team works with approximately 120 people each year who are presenting with severe symptoms related to torture or trauma, the refugee journey or the resettlement experience. The process includes screening, assessment, treatment, community care coordination and referral to other services.

Beyond treatment, the service also provides social work assistance, advocacy and coordination of support to other services as required.

Referrals are not accepted for people who present with:

- Acute mental health issues including psychotic illness. People in acute, critical conditions and at high risk of self-harm and harm to others will be referred to crisis intervention teams.
- Alcohol and drug problems.
- Domestic violence and other marital issues unless they are clearly the consequence of torture and trauma and not an acute presentation.

NZRC have had many positive interactions with clients who having used the service are able to manage their lives successfully and integrate into the community:

*“I feel a great burden has fallen off my shoulders and that feeling of depression is gone. You have helped me make that positive step toward the future and given me a sense of hope.”*

*“You have a very hard job, because it is your job to put the soul back in the body.”*

*“I thank you from the bottom of my heart for helping me with my sorrow. Because of you, I now lead a normal life”.*

Challenges:

- As with many health services, funding remains a key challenge. The Refugee Trauma Recovery work is fully funded by through a contract with the New Zealand Government Ministry of Health. This contract historically has not been enough to provide adequate support and additional fundraising has occurred to cover the gap.

- The cross-cultural nature of this work can also be a challenge. The understanding of health and wellbeing is different across cultures, and the provision of counselling is primarily based on western concepts of wellbeing. The cross-cultural interactions require both in-depth professional development of the cultures that practitioners are engaging with as well as the use of professional interpreters.

Opportunities:

- While funding remains a challenge, there is also the potential for this work to provide opportunities for supporters to give generously. This work has attracted and financial supporters who feel passionate about rehabilitation and recovery from torture and trauma.
- For the NZRC, RTR provides the opportunity to for greater dignity and care in the provision of health care.
- We have the opportunity when sharing about this work to highlight the resilience of former refugees, which contributes to our strategy of social cohesion. As workers, we also experience vicarious resiliency through supporting people who have demonstrated courage to overcome significant challenges.

For more information on the work of the New Zealand Red Cross with and for migrants, please contact: **Rachel O'Connor**, Head of National Refugee Programme. Email: [rachel.oconnor@redcross.org.nz](mailto:rachel.oconnor@redcross.org.nz)



PALANG  
MERAH  
INDONESIA



2015 Andaman  
Sea Crisis

In May 2015, boats with migrants and refugees from Myanmar and Bangladesh entered Indonesian territorial waters. The migrants had been on the sea for months, with very limited food and water and were in a dire health situation. They were gradually rescued and sheltered in different locations in Aceh and North Sumatera Provinces.

Indonesian Red Cross (PMI) was among the first responders to support the evacuation of the migrants from the boats and to bring them food, water and other essential services and supplies, including clothes, blankets and baby kits.

One of the most pressing humanitarian concerns for the migrants was their health and care. To support the health needs of the migrants, PMI deployed three doctors, seven paramedics and 21 volunteers to work with other organizations to provide medical services in the shelters where the migrants were staying. PMI teams also conducted health and hygiene promotion sessions for the migrants, including hand-washing and other advice on how to stay healthy.

The migrants had no contact with their loved ones for months and the Restoring Family Links (RFL) service of PMI responded to an important need that was not covered by other organizations. The joint PMI and ICRC RFL team provided a free phone call service to family members. Most of the family members contacted were located in Myanmar and Malaysia. In response to the RFL services of PMI, Salam (not his real name), a fifteen years old boy said:

*“It has been months since I left my village and lived on the boat. I am happy that I could finally call my family and tell them that I am alive”*

One of the challenges that PMI/ICRC faced in terms of delivering the RFL service for migrants during the Andaman Sea Crisis of 2015 was the need to rely on interpreters able to speak the local languages used by the migrants from Myanmar and Bangladesh.

Cooperation with other stakeholders was critical to delivering humanitarian assistance to the migrants. To support this cooperation, on 19 June 2015, PMI signed a MoU with the UNHCR to strengthen collaboration between the two institutions in the humanitarian field, especially in delivering health services to migrants and helping reunite them with their families through RFL activities.

For more information on the work of Palang Merah Indonesia (Indonesian Red Cross) with and for migrants, please contact:  
**Andreane Tampubolon**, Head of Restoring Family Links Sub Division,  
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Philippine Red Cross



## Supporting Returning Migrant Workers



Since the start of 2017, there has been a rapid increase in the number of migrants returning from Sabah in Malaysia and arriving in Zamboanga City, and island provinces of Tawi-Tawi, Basilan, and Sulu in the island of Mindanao, Philippines. Most of the returnees are coming from the eastern part of Sabah.

Although repatriation has been common in the past, the sinking of a vessel that transported the returnees prompted the suspension of the exercise in September 2016. This led to a backlog of approximately 7,000 undocumented Filipino migrant workers in Sabah, Malaysia. Repatriations resumed in February 2017, after a staggered repatriation of the 7,000 undocumented Filipino migrants had been agreed upon.

The Philippine Red Cross (PRC) chapters in Zamboanga City, Basilan, Tawi-Tawi, and Sulu have been supporting the provision of health, safety, sanitation, and welfare services to the returnees, complementing the assistance provided by the public authorities. These Chapters have also identified a need to enhance their capacity to respond to the anticipated increase in returnees.

To further support the PRC Chapters' activities, financial support from the IFRC Disaster Relief Emergency Fund (DREF) was requested in March 2017. Based on assessments conducted through key informant interviews with returnees, immediate needs of the returnees upon arrival included access to basic health services, welfare and safety information, temporary accommodation, food and water, sleeping materials, and hygiene kits.

Between February and July 2017, almost 4,000 migrants returned to the Philippines and were provided with essential services, including provision of hot meals, first aid, psychosocial support (PSP). Red Cross medical technicians are also present with an ambulance on stand-by to undertake triage before referring cases requiring medical assessment and assistance to the government health authorities. Free phone calls to send 'safe and well' messages to families (both locally and internationally) are offered to the returnees, through PRC's RFL programme. People who do not originate from Zamboanga City are support with onward transportation arrangements. PRC Chapters in other provinces stand-by to receive returnees and provide them with support.

Aside from access to their basic services, returnees are also provided with non-food items like sleeping materials, and hygiene kits. Alongside the distribution, hygiene promotion activities have been conducted and clothes were distributed to people in need. An additional estimated 3,000 returnees are expected to arrive in Zamboanga during August 2017.

By collaborating with different actors on the ground, and with the support of the IFRC, the PRC has been able to deliver its services in provincial Chapters with the help of trained Red Cross Volunteers.



At the field level, PRC Chapter in Zamboanga City, where most of the returnees arrive, is coordinating closely with the Department of Social Welfare and Development (DSWD) on the provision of immediate relief and with the health authorities on medical assessments and assistance. The National Society is coordinating with relevant public authorities in Manila (through its National Headquarters) and local government units in Basilan, Sulu, Tawi-Tawi and Zamboanga City (through its Chapters) to advocate for adequate support by the authorities for returnee reintegration, while the PRC National Headquarters is coordinating and collaborating with the Department of Foreign Affairs through its Office of the Undersecretary for Migrant Workers' Affairs (OWWA) in Manila.

- **Language barriers**, especially in providing psychosocial support. Most of the returnees speak Malay, Tausug and Yakan and there are only several Red Cross volunteers and staff who can speak one or both.
- **Timing of arrivals**: The schedule of arrival of the returnees is irregular and usually falls between midnight and dawn. PRC Chapters are only informed of the schedule seven hours before arrival of the vessel carrying the returnees in Zamboanga City. One of the challenges faced by the Chapters is having too little time to inform volunteers and having very limited time to prepare the necessary ingredients (from purchase to preparation) for the hot meals.
- **Coordination** with the local government agencies could be improved. Availability of naval transportation to ferry returnees from the state of Sabah to the Philippines.

*“I haven’t heard from my family for ten months. When I found out that the Red Cross had free phone call and tracing services, I immediately asked for their assistance. I cried when I finally heard my son’s voice over the phone.” Michelle*

*“The first thing they do when they arrive at the terminal is ask where the nearest phones are. After they call their loved ones to let them know they are safe, well, and alive, they pull out pieces of paper where some of the returnees still waiting for their turn in Sabah have scribbled down the numbers to call to assure their loved ones that they will be home eventually.” Mary Ann Bernardo, PRC Zamboanga Chapter Service Representative*

For more information on the work of the Philippine Red Cross with and for migrants, please contact: Welfare Services Department, Philippine Red Cross National Headquarters. Email: [welfare@redcross.org.ph](mailto:welfare@redcross.org.ph)





Thai Red Cross



สภาประชาไทย  
The Thai Red Cross Society



## Dental Services for Migrants and Refugees in Thailand



The Thai Red Cross (TRC) Relief and Community Health Bureau has an ongoing programme providing dental services and clinics for migrants and refugees. The services are provided in three locations: (i) Samkut Sakorn province; (ii) Ban Mai Nai Soi Temporary Shelter, Mae Hong Son province, and (iii) Tham Hin Camp, Ratchaburi province.

## **Samut Sakorn province**

The TRC Relief and Community Health Bureau has been providing dental care services in Samut Sakorn province on a monthly basis since 2003. In 2003, the Raks Thai Foundation (Care International) requested the TRC to assist in providing dental care for migrants. Samut Sakorn was selected because of the high number of migrants living there. It is estimated that there are more than 10,000 migrants in Samut Sakorn Province who do not receive adequate healthcare. Raks Thai Foundation is the only organisation which provides basic health care via a doctor from Myanmar and under the supervision of the Samut Sakorn Public Health Department.

The TRC dental team members consist of 8 health personnel: 2 dentists, 1 nurse (for health screening process and registration), 2 dental assistants, 2 drivers, 1 general worker, as well as 2 or 3 staff from Raks Thai including an interpreter. The Mobile Dental Clinic Project provides dental services to approximately 200 migrants per year at a rate of 20-25 cases per working day). The dental services are provided through the Samut Sakorn Reproductive Health Migrant Workers Centre.

Many migrants have cavities and gum disease which are causing them pain and the likelihood of loosening their teeth because of a lack of regular dental check-ups and dental care. The TRC is providing regular dental care such as fillings, extractions and cleaning of teeth. For complicated cases, when the TRC dentists are not able to help, they advise patients to go to other health facilities, such as the public/provincial hospital or private clinics.

## **Ban Mai Nai Soi Temporary Shelter, Mae Hong Son Province**

At the request of the International Rescue Committee (IRC), in 2009 TRC began providing dental services to migrants from Myanmar living in Ban Mai Nai Soi Temporary Shelter in Mae Hong Son province. The services provided by the TRC include extraction of teeth, fillings and oral prophylaxis. The mobile dental clinic visits on an occasional basis and upon the request of the IRC, but usually visits the temporary shelter in November or December each year (the drier season in Thailand).

## **Tham Hin Camp, Ratchaburi Province**

In 2012, TRC began providing dental care in Tham Hin Camp, Ratchaburi province. Specifically, dental services are offered to children aged between 7 and 11 years old.

The services provided include extraction, fillings, oral prophylaxis and preventive care and oral health instructions provided by dental hygienists. As with the Ban Mai temporary shelter, the mobile dental clinic visits the Tham camp on an occasional basis and upon the request of the IRC, usually in November or December each year (the drier season in Thailand).

Common challenges in all three sites include:

- Patients with poor dental hygiene routines, habit of chewing betel nut, eating sugary snacks and candy.
- Language barriers.
- No follow up processes/services available.
- No patient records/out-patient cards are issued by clinics.
- Complicated/severe cases need to be referred to other health facilities.
- Difficulty for the mobile dental clinic to access the sites due to poor road conditions.

In Ban Mai Nai Soi Temporary Shelter and Tham Hin Camp there are additional challenges such as:

- High volume of patients presenting for treatment, e.g. up to 100-150 cases per day.
- Uncertainty over sustainability of the project.
- Electricity shortage/power cuts.

## Lessons learned

- There are high numbers of undocumented migrants in Thailand and many have very poor dental health status, which means that they present with complicated cases. There is a gap in the Thai law which means that migrants cannot access services provided by the government for Thai nationals, for example government clinics. Thus, patients must pay high fees to be seen by a private dentist.
- Another challenge, especially for people living in Samut Sakorn who work in the fishing industry, is that they are living on a daily wage and their income often fluctuates depending on the fishing season. During the peak season, their employer will prefer them not to take leave, and migrant workers may prefer to work rather than losing their daily wage to go to the clinic.
- TRC is the only organisation currently providing basic dental services to migrants free of charge.
- TRC advises that severe cases seek dental treatment in other health facilities, but there is no follow-up action/process to monitor this.

For more information on the work of Thai Red Cross Society with and for migrants, please contact: **Dr Thitima Sukkasem**, Dental Team Leader, Relief and Community Health Bureau, Thai Red Cross Society. Email: [sukkasem\\_th@yahoo.com](mailto:sukkasem_th@yahoo.com)

## The Fundamental Principles of the International Red Cross and Red Crescent Movement

**Humanity** The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

**Impartiality** It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

**Neutrality** In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

**Independence** The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

**Voluntary service** It is a voluntary relief movement not prompted in any manner by desire for gain.

**Unity** There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

**Universality** The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

