



# Cross-border Cooperation on Migrants Living with HIV/AIDS

## Report of the Lessons Learnt Workshop

*Friday 29 January 2021*

### Introduction

The prevalence of HIV among documented and undocumented migrants in the Mekong sub-region is believed to be high, especially for migrants without health insurance<sup>1</sup>. It is clear however, that limited access to health services is a major challenge for migrants in the sub-region. Having consulted with Migration and Health experts from international organizations and community-based organizations in discussions led by the Asian Red Cross Red Crescent HIV/AIDS (ART) Network, a pilot project was launched in 2019 to support migrants living with HIV/AIDS (MLWHA) through cross-border cooperation between three countries, namely Cambodia, Lao PDR and Thailand. The project aimed to engage migrants or prospective MLWHA, irrespective of status. It focused on prevention, testing and treatment for HIV/AIDS in countries of origin and destination; safe migration awareness raising; coordination with health stakeholders; referrals for migrants' to access HIV treatment and support; reducing HIV stigma and discrimination; and capacity building of National Societies' volunteers at the local level. The project also focused on enhancing the capacity of Red Cross staff and volunteers who would provide outreach services including awareness on general health and care, reducing HIV/AIDS stigma and discrimination, safe migration, and referral mechanism for migrants to access to continuous ART treatment and care while they move between the countries.

An online Lessons Learnt workshop on the implementation of this project was held on 29<sup>th</sup> January 2021 with participation from the National Societies of Cambodia, Laos and Thailand as well as the IFRC's Bangkok based Country Cluster Delegation (CCD). The IFRC Migration and Displacement team and IFRC CEA and RCCE Officer also supported the discussions. This report details the outcomes and outputs from this one-day online workshop (as participants could not travel due to COVID-19 related travel restrictions). The agenda and list of participants are in Annex 1 and 2, respectively.

<sup>1</sup> Guinto RLLR, Curran UZ, Suphanchaimat R, et al. Universal health coverage in 'One ASEAN': are migrants included? *Global Health Act*. 2015;8:25749 cited in "Health equity and migrants in the Greater Mekong Subregion": <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5328359/pdf/zgha-10-1271594.pdf>



## Achievements of the Project

Summary of the project's key achievements:

1. The role and activities of the Lao Red Cross on Migration have by the Lao government been recognised through the invitation to Lao Red Cross join the government-led National Migration Network which meets on quarterly basis to exchange information related to migration;
2. Good cooperation and coordination with various external partners at the national and local levels.
3. Strengthened support of NS Leadership on migration, through increased awareness and dialogue on migration issues. Notably, migration has now been incorporated into Lao RC's Strategic Plan
4. A comprehensive training curriculum was developed and in use on the IFRC principles and approach to working with and for migrants and displaced people, including related to Health.
5. A total of 82 Red Cross volunteers (RCVs) and staff (in two/three locations) were trained on the RCRC role and approach on migration and displacement, health and HIV, as well as essential skills to provide outreach services.
6. A booklet was developed titled "Know before you go", which provides prospective migrants with information and tips to consider in preparation for travelling abroad including contact details for National Societies in Cambodia, Laos, Myanmar and Thailand in the event that they need to seek assistance. The booklet is available in five languages - Khmer, Lao, Thai, Myanmar and English.
7. Positive recognition by other partners on the work done by National Societies in particular the ability of RCVs and staff at community level to provide outreach services to migrant workers and migrants living with HIV/AIDS in particular.
8. At least 13,865 people have accessed education and awareness sessions and IEC materials on how to migrate safely through outreach activities which were carried by trained staff and volunteers.
9. 54 MLWHA have been assisted by referrals to accessing to ARV treatment in the three countries of Thailand, Laos and Cambodia.



## Thematic Focus Areas

### National Societies' capacity strengthening

#### Key learnings:

- A good start has been made in terms of adapting the training curriculum to local contexts in Cambodia, Laos and Thailand. All three NSs have translated some parts of the IFRC training module into their national languages for training RCVs and staff.
- NSs are ready to incorporate more relevant topics such as Mental health & PSS; counselling and HIV/AIDS into the material.
- In Laos, there has been good support from the NS Leadership which influenced the NS key strategic priorities. LRC has incorporated migration into its Strategic Plan 2021-2025.
- Lao RC's work has been recognized by the Migration Network in the country.

#### Recommendations / next steps:

- It is suggested that a refresher training on Migration and Displacement for NS focal points should be organized by IFRC.
- Trained volunteers from the community should be conducting trainings at the community level.
- Additional trainings on relevant topics such as mental health & PSS, CEA, HIV/AIDS should be provided so that National Society staff and volunteers are familiar with cross-cutting and specific issues related to migration.
- National Societies should administer a survey to assess what specific information and skills are needed by their staff and volunteers. Funding should be secured to translate training materials into Khmer, Lao and Thai so that it becomes an official training curriculum in the future.
- More advocacy is needed with NS's leadership to set aside some financial support toward capacity building for the NS's staff and volunteers on migration and displacement as well as support given to migrants living with HIV/AIDS.

### Cooperation and collaboration among NSs and other stakeholders

#### Key learnings

- NSs gained experience in coordinating with key stakeholders among government agencies and at the community level.
- The involvement of government agencies such as Ministry of Health, Ministry of Labour, Ministry of Social Welfare, district offices, as well as with community leaders are very useful and must be continued.
- Collaboration with INGOs and local NGOs is important for sharing knowledge and materials and must be continued.

#### Recommendations / Next steps

- NS's are keen to strengthen their communication and information sharing among NSs and external partners and consistent follow-up throughout project implementation.



- The coordination of the referral process needs to be improved so MLWHA can be better supported by NS's when they in transit or returning to their home countries.

## Supporting MLWHA through referrals and access to ARV treatment

The referral process had many challenges, and much needs to be improved and adapted for it to work, as not having a coordinated referral process poses a high risk of doing harm. Some of the challenges mentioned were:

### Key Learnings

- Thailand has a QR code-based system of generating referrals whereas Laos does not have a similar system. Laos has a paper based 'Referral Slip' system. Due to this disconnect between the systems in the two countries, it is very difficult to locate and follow-up with migrants referred from either side of the border.
- One instance where five migrants were referred by TRCS to LRC was discussed. Because of the different methods of referrals in the two countries, the migrants who went from Thailand to Laos were not traced by the LRC team and consequently did not receive any follow-up support.
- Lack of communication between TRCS and LRC was cited as another reason for this situation where the five migrants were not supported adequately.
- Currently the Referral Slip of Thailand has text in English and Thai. This is not a problem in Cambodia as all local doctors can read English, whereas in Laos – Thai language works easily. However, there is a suggestion to include text in Khmer as well.

### Recommendations

- One way to unify this could be that TRCS can send a screenshot of the referral slip details to LRC and CRC and also give a printout to the migrant to carry along with them.
- This referral system needs to be fine-tuned and concerned staff must be oriented on it, so that all staff members and volunteers involved in the project are aware of it. All NS's involved in the project need to have a clear understanding of the referral pathway so that migrants are not left unsupported mid-way.
- The referral slip should have put contact details – so that the migrants know who to contact when they go back to their countries.
- It is critical to have regular meetings among the NS's to improve coordination and collaboration. Line and Whatsapp groups can be established for quick communication.
- Across the Thailand- Cambodia border, the referral service needs to be expanded to more provinces as Cambodian migrants move across to Thailand from multiple provinces.
- CRC requested TRCS's support to refer undocumented migrants to the Cambodian embassy in Thailand so that the migrants can be issued with proper identification papers and not risk falling into an irregular status in Thailand.



## Working across program areas and cross cutting themes

An important component of the cross-border project was to enhance collaboration with various departments working on issues relevant to the project, such as Health, Migration, RFL, Livelihoods etc. Ensuring effective implementation of IFRC cross cutting approaches, such as Community Engagement and Accountability (CEA) and Protection, Gender and Inclusion (PGI) was also a priority.

### Key Learnings

- There was limited engagement with both CEA and PGI process and tools. This could have been a result of limited communication with PGI and CEA colleagues at the national level, or uncertainty regarding how to adopt some of these approaches in National Society activities.

### Recommendations / Next steps

- In future projects, PGI and CEA principles should be introduced from the beginning including in introductory training to ensure that the affected people are at the centre of our actions, and so that any specific risks, vulnerabilities or protection needs can be identified as early as possible.
- Through better utilising CEA tools and approaches, there is an opportunity to strengthen engagement with migrants, host communities and other people who received support or information from National Societies, and this should be considered in phase two of the project.
- Training and the use of IEC materials are needed for staff and volunteers on topics such as protection, community engagement etc. This would be useful to ensure cross-cutting issues are understood by staff and volunteers so that they can be effectively integrated into their work with MLWHA.



## Recommendations and Next Steps

### Overall recommendations:

- For the next phase, a survey or FGD that identifies new areas for expansion of the project should be conducted. This can include Myanmar depending on the capacity and willingness of the NS
- Feedback and perspective from all stakeholders, including migrants and National Society staff and volunteers is critical to understand what is working, what should change, how they prefer to receive information, training gaps
- The referral process requires a significant review to ensure it is a coordinated and effective process that does not increase risks for people seeking HIV support and care
- Refresher training on migration and displacement is needed for National Societies. It is suggested that a 2–3-hour online session be held specifically with project leads to refresh key concepts and topics, as well as identify knowledge gaps and questions.
- More effective cross border collaboration and coordination is needed between National Society branches and partner organisations.
- Strengthening collaboration and cooperation between Cambodia RC, Lao RC and Thai RC should be top priority for any next phase of project.
- There needs to be commitment and technical support from the IFRC Health team for any further phase of the project.
- NS leads are encouraged to work cross departmentally with RFL, Health, Migration, PGI, CEA colleagues in phase two.
- Support should be provided to National Societies who have taken steps to include migration within strategic plans, providing guidance and technical support as needed.
- Stronger data collection and data protection is needed at all stages of the project to ensure that the needs of affected people are being addressed and generating the intended impact.
- Opportunity to strengthen internal engagement within Cambodia Red Cross, including closer collaboration between the health team, and the work of the migration and RFL lead in other border areas



### Annex 1 : Agenda

| Time          | Session Description   | Objectives   | Speakers/participants   |
|---------------|---|--|---|
| 09:00 – 09:30 | Session 0: Introduction   | Welcome remarks<br>Introduction of workshop objectives, process and expected outputs             | ART Network’s Chair<br>Hung Ha Nguyen- IFRC Programme Coordinator |
| 09:30- 10:45  | Session 1: Setting the scene  | To share major achievements of the project by each NS (PPT is recommended)                       | Facilitator: Jessica Van Son                                      |
| 10:45 – 11:45 | Session 2: Strengthened National Societies’ capacity to provide outreach services | To reflect and identify key capacity elements which the initiative has made and learning points. | Facilitator: Hung Ha Nguyen                                       |
| 11:45- 13:00  | Coffee & lunch break  |  |   |
| 13:00 – 14:00 | Session 3: Improved collaboration between community networks and stakeholders.    | To identify good practices and cooperation and collaboration among NSs and other stakeholders.   | Facilitator: Dr. Soulany Chansy                                   |
| 14:00 – 15:00 | Session 4: Referral and access to ARV treatment                                   | To identify current practices and learning points for future replication.                        | Facilitator: Dr. Somsri Tantipaibulvut                            |
| 15:00 – 16:00 | Session 5: Cross-cutting  | To discuss on how cross cutting issues have been   | Facilitator: Helen Brunt  |



|               |                         |  |                             |
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|               | issues (PGI, CEA etc)   | applied during the project interventions.            |                             |
| 16:00 – 16:30 | Session Looking forward | 6: To identify key takeaways and future expectations | Facilitator: Va Sopheak     |
| 16:30 – 17:00 |                         | Conclusion, AOB and final words                      | Facilitator: Hung Ha Nguyen |





## Annex 2. List of Participants

| Sl. No | Name                      | Designation  | National Society/ CCD                             | Email  |
|--------|---------------------------|--|---|--|
| 1.     | Va Sopheak Va             | Head of Communicable/Non-communicable Disease Sub-Department                                 | Cambodian Red Cross (CRC)                         | <a href="mailto:vasopheak666@gmail.com">vasopheak666@gmail.com</a>               |
| 2      | Mom Chanthy               | Deputy Director of Health Department   | CRC   | <a href="mailto:chanthymom@online.com.kh">chanthymom@online.com.kh</a>           |
| 3      | Mam Daro                  | Deputy Head of Restoring Family Link Sub-department, Communication Department                | CRC   | <a href="mailto:mam_daro@yahoo.com">mam_daro@yahoo.com</a>                       |
| 4      | Dara Dy                   | Project Officer  | CRC   | <a href="mailto:darady@online.com.kh">darady@online.com.kh</a>                   |
| 5      | Soulany Chansy            | Deputy Director Health Department  | Lao Red Cross (LRC)                               | <a href="mailto:Soulanychansy279@gmail.com">Soulanychansy279@gmail.com</a>       |
| 6      | Kaithong Sisavath         | Health Officer   | LRC   | <a href="mailto:kaithong_lrc@hotmail.com">kaithong_lrc@hotmail.com</a>           |
| 7      | Vilayphone(Dam) Duangmany | Program Officer  | LRC   | <a href="mailto:vlpduangmany@gmail.com">vlpduangmany@gmail.com</a>               |
| 8      | Somsri Tantipaivulbut     | Chief of Psycho-Social and Behaviour Group, The Thai Red Cross Society, AIDS Research Center | Thai Red Cross Society (TRCS)                     | <a href="mailto:juniorpam@yahoo.com">juniorpam@yahoo.com</a>                     |
| 9      | Puthita Phoungchum        | Project Manager  | TRCS  | <a href="mailto:puthita.ph@gmail.com">puthita.ph@gmail.com</a>                   |
| 10     | Rasmey Mony Lak           | Program Coordinator  | IFRC Programmes and Coordination Office, Cambodia | <a href="mailto:rasmey.monylak@ifrc.org">rasmey.monylak@ifrc.org</a>             |
| 11     | Rommanee Klaeotanong      | Disaster Risk Reduction Officer  | IFRC Country Cluster Delegation (CCD), Bangkok    | <a href="mailto:rommanee.klaeotanong@ifrc.org">rommanee.klaeotanong@ifrc.org</a> |
| 12     | Warongrong Tatrakom       | Disaster Risk Reduction Officer  | IFRC CCD Bangkok                                  | <a href="mailto:Warongrong.TATRAKOM@ifrc.org">Warongrong.TATRAKOM@ifrc.org</a>   |
| 13     | Helen Brunt               | Asia Pacific Migration & Displacement Coordinator (interim)                                  | IFRC Asia Pacific Regional Office (APRO)          | <a href="mailto:Helen.BRUNT@ifrc.org">Helen.BRUNT@ifrc.org</a>                   |
| 14     | Jessica Van Son           | Senior Migration and Displacement Officer (interim)  | IFRC CCD Bangkok                                  | <a href="mailto:Jessica.VanSon@ifrc.org">Jessica.VanSon@ifrc.org</a>             |
| 15     | Hung Ha Nguyen            | Program Coordinator  | IFRC CCD Bangkok                                  | <a href="mailto:hungha.nguyen@ifrc.org">hungha.nguyen@ifrc.org</a>               |
| 16     | Siripan Wandee            | Risk Communication and Community Engagement & Accountability Officer for COVID-19            | IFRC CCD Bangkok                                  | <a href="mailto:siripan.wandee@ifrc.org">siripan.wandee@ifrc.org</a>             |



### Annex 3. Individual NS feedback and reflections

#### Lao Red Cross

- National Societies agreed that regular group meetings should be held between teams that are implementing the project if there is a second phase of the project.
- Translation of the training curriculum into local languages so that RCVs and staff could further disseminate to their peers.

#### Cambodian Red Cross

- Strengthen cross country collaboration and coordination by expanding the project's areas to more border crossing points to have larger impact.
- A survey on effective communication channel as well as preferable information should be conducted in all three countries to inform proper communication channel.
- There is a need to continue strengthening coordination and collaboration with other partners working on migrant workers' rights to synergy resources.
- Refresher trainings for volunteers should include psychological support for volunteers.
- Continue to maintain flexibility in project implementation as was done during the pandemic which was very helpful.

#### Italian Red Cross

- No limitation on the geographic focus of the project. Hence it will be good to conduct a survey or FGD that identifies new areas for expansion of the project including Myanmar depending on the capacity and willingness of involved NS.
- There will not be much change in the budget for the next phase, but it may allow for some replication or diversification where needed.