10 YEARS OF IOM IN MYANMAR (2005–2014)

International Organization for Migration (IOM)
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Publisher: International Organization for Migration
17 route des Morillons
P.O. Box 17
1211 Geneva 19
Switzerland
Tel: +41 22 717 9111
Fax: +41 22 798 6150
E-mail: hq@iom.int
Website: www.iom.int

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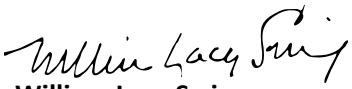
Foreword

This year, Myanmar and the International Organization for Migration (IOM) celebrate 10 years of partnership. Beginning in 2005, the collaboration has grown to include a rich and diverse range of programmes in seven states and regions in Myanmar, with some 550 staff. Activities range from providing shelter, food and other supplies during emergencies to life-saving treatment for HIV, tuberculosis (TB) and malaria. More recently, IOM has provided technical support to assist Myanmar in developing vital policy and legislative reforms in areas such as counter-trafficking, labour migration and safe migration.

To illustrate the impact of IOM's work with the Government of Myanmar and civil society and international partners, we are pleased to present this special publication: *10 Years in Myanmar (2005–2014)*. This publication provides a broad overview of IOM's work in nine areas – malaria, TB, HIV, maternal and child health, disaster risk reduction, humanitarian response, migrant protection, labour migration and research – to showcase IOM's support for migrants and their communities, including successes in reducing risk and vulnerability and supporting safe migration.

IOM looks forward to continue working with its partners in Myanmar in the coming years.



William Lacy Swing
Director General
International Organization for Migration


Safe Migration Training

Chapter 1: Malaria

Results – Malaria (2006–2014)

Number of long-lasting insecticide nets distributed	194,947
Number of bed nets retreated/treated with insecticide-treated net pills	285,721
Number of beneficiaries suspected of having malaria who received a parasitological test (blood slides)	58,895
Number of beneficiaries suspected of having malaria who received a parasitological test (rapid diagnostic testing (RDT))	129,931
Number of people with confirmed malaria treated in accordance with national guidelines	18,774
Number of severe and complicated malaria cases referred to the nearest health facilities	159
Number of volunteers trained on malaria diagnosis and treatment	422
Number of beneficiaries reached through awareness-raising sessions	225,853
Number of beneficiaries reached through mobile clinic activities	45,099
Number of migrant beneficiaries given protection with mosquito repellents	41,902
Number of mosquito repellents (tubes) distributed to migrants and village-based forest goers	101,433

IOM has been implementing malaria containment and control strategies in south-eastern Myanmar since 2006, with current activities in Mon and Kayin states. Our malaria programming is strongly targeted towards migrants in rubber plantations, gold mines and other hard-to-reach settings where migrants live and work, as well as transit sites such as bus stations and temples. At larger worksites, rapid diagnostic testing (RDT) volunteers are identified, trained and deployed to provide health education, offer testing 24 hours a day, treat non-severe cases and refer severe cases to hospitals, and distribute long-lasting insecticide nets and repellents. Smaller worksites and harder-to-reach locations are serviced by mobile malaria teams and further diagnostic services are provided by stationary sputum microscopy units. All services are supported by the community through cluster or village-based mobility working groups.

The efforts of IOM, the National Malaria Control Programme (NMCP), and other partners to increase access to malaria prevention and prompt diagnosis and treatment are evident in malaria positivity rates, with recent project areas demonstrating declines from 14 per cent in 2012 to just 5 per cent in 2014.

IOM continues to work closely with the NMCP and local Vector-borne Disease Control teams in identifying and providing services in malaria hotspots, with enhanced emphasis moving forward on surveillance and management of drug-resistant plasmodium falciparum malaria cases.

Ma Hnin Mon Hlaing in Mon State

Ten years ago, my family moved to a village covered with deep forests and mountains, on the border of Mon and Kayin states. Most villagers are Karen people, but there are other groups such as Mon and Burmese. In our village – being a remote place – there were few educated persons and the security condition was not good at that time.

One day, the IOM malaria mobile team came to my village. I knew about IOM and their activities but didn't get any news of their arrival. At that time, the IOM team had to go back because the villagers didn't accept them. As soon as I heard of their arrival, I went to the house of the village head and explained all I knew about IOM's activities to the village elders. When they understood, they changed their mind so I contacted the IOM staff based in Thanbyuzayat, and IOM returned and opened a clinic in our village.

Most of the villagers didn't have health knowledge and depended on local remedies when they became ill, causing severe problems and even death. I wanted to help them so I attended IOM's volunteer training, but when I came back to my village I faced many difficulties, as the village head and the villagers didn't trust me. I did not despair but won their acceptance by discussing health topics with them, holding health education sessions in the village and providing as much health-related help as I could.

I am now well-known in my own village and in nearby villages. I have treated many non-severe malaria cases myself and referred severe cases to a hospital in Thanbyuzayat for appropriate treatment. As a result, there are fewer malaria patients in my village now and I am also very satisfied to see the villagers have improved their health knowledge. The villagers and I want to thank IOM for all their support.

Chapter 2: Tuberculosis

Results – Tuberculosis (2007–2014)

Number of beneficiaries suspected of having tuberculosis (TB) referred by outreach health workers for diagnosis through sputum microscopy	30,181
Number of sputum smear positive cases identified	2,702
Number of beneficiaries suspected of having TB referred by outreach health workers for diagnosis through chest X-ray	18,082
Number of chest X-ray positive cases identified	7,206
Number of notified TB cases (all forms) contributed by community health workers and community volunteers	13,269
Number of TB patients supported to attend hospital	212
Number of TB patients tested for HIV and who know their HIV status	3,718
Number of community health workers trained and actively involved in TB case finding and treatment at the community level	778

Myanmar is one of the highest burden countries for tuberculosis (TB) in the world, with a significant proportion of TB cases believed to be undiagnosed. Migrants can be particularly vulnerable for example, as a result of overcrowded living and working conditions. IOM has been implementing community-based TB awareness, detection, diagnosis and treatment in six mobility-affected townships in Mon state and one in Kayin state, covering approximately 400,000 people in total, with plans to extend to an additional township in Mon state in 2015.

IOM trains and supports outreach health workers to provide health education to community members and encourage patients to be tested and diagnosed where TB symptoms are present. Further cases are identified by conducting testing among contacts of positive TB cases and conducting active case findings in collaboration with the National TB Programme (NTP). Through these efforts, it was found that there was a 27 per cent increase in the number of new sputum smear positive TB cases identified, from 360 in 2012 to 494 in 2014.

After diagnosis, TB patients are referred to township TB teams for initiation of treatment. Outreach health workers provide directly observed therapy, and IOM further supports prompt diagnosis and treatment adherence by providing nutritional support during treatment and transport and food allowances for hospital visits. Treatment success rates of up to 86 per cent have been achieved in some areas.

Multidrug-resistant tuberculosis (MDR-TB) is an ongoing concern, and at the request of the NTP, IOM is supporting a growing number of MDR-TB patients with treatment, care and support. IOM will also focus in the coming years on intensification of TB case finding efforts among migrants in urban areas such as Yangon.

My name is Shine Win Htut. I have been an outreach health worker for IOM since 2013 in Myawaddy, on the Thailand–Myanmar border. In Myawaddy, most people are migrants from southern and central Myanmar. Their daily income is only about 3,000–5,000 Myanmar kyats and many live with their families in small crowded rooms where poor ventilation and nutritional status can facilitate the transmission of TB.

When I met Nan Muu, she had recently returned from Thailand and was experiencing bouts of coughing (sometimes with blood), weight loss and sweating at night time. She was very thin and could not walk well, and – with limited income and four children to support – could not afford to access health care in Thailand.

"While we worked in duck husbandry at Saraburi town in Thailand, we were living with many people within a small room with poor sunlight and ventilation. Some people were always coughing," Nan Muu said.

As a result of my training from IOM, I knew her symptoms were those of TB and arranged to collect and test her sputum. As it turned out, Nan Muu had already taken anti-TB drugs for two months last year but didn't understand she needed to take the full course and had no one supporting her to complete treatment. So when her fever and cough subsided, she discontinued drugs and returned to Thailand for work. This time it was clearly explained that she needed to take treatment for eight months, and she is receiving treatment adherence support from IOM. Despite experiencing some side effects in the beginning, Nan Muu is now more than two months into her anti-TB treatment, her symptoms have resolved and she is back at work selling flowers around the village.

"Now I feel totally better than last two months. I don't have cough, fever and I can even work well. We should work harder and earn money so that my elder son can start schooling when the schooling season comes."

We need to find all the hidden TB cases we can, so they can be treated and cured. As a staff member of a humanitarian organization, I pledge to implement TB control activities as much as I can so our community and country can be free of TB.

TB health education at a brick factory in Kwan That village, Mon state.

Chapter 3: HIV

Results – HIV (2007–2014)

Number of persons reached by HIV-prevention programmes	59,257
Number of female sex workers reached by HIV-prevention programmes	2,932
Number of men who have sex with men reached by HIV-prevention programmes	2,145
Number of mobile and migrant population reached by HIV-prevention programmes	18,930
Number of youth (15–24 years old) reached by HIV-prevention programmes	2,097
Number of condoms distributed free of charge to most at-risk populations	3,360,974
Number of voluntary confidential counselling and testing	14,586
Number of persons with advanced HIV infection provided with antiretroviral therapy (ART)	1,873
Number of persons with TB-HIV co-infection provided with anti-TB drugs and ART	334
Number of people living with HIV/AIDS who received facility- or home-based care	2,766
Number of self-help groups formed	17
Number of community health workers trained for HIV-related service provision	165

HIV can pose a significant issue for migrant and mobile populations, with most recent IOM data showing of those tested for HIV in this group, 18 per cent were positive for HIV. IOM currently provides a full range of community-based HIV prevention, diagnosis, treatment, care and support services in seven townships in Mon state and in one township – Myawaddy – in Kayin state. IOM is the only organization supporting the National AIDS Programme (NAP) in HIV service delivery in Myawaddy at present.

IOM trains outreach health workers and peer educators to provide health education, awareness-raising, and condom distribution to support protective behaviour and encourage referral to testing among key affected populations. HIV testing is conducted by the township sexually transmissible infections (STI) team, while outreach health workers and IOM staff provide pre- and post-test counselling and, for patients found to be HIV positive, antiretroviral therapy (ART), treatment adherence counselling, referral for treatment of opportunistic infections, TB screening, and home-based care and nutrition packages. Treatment adherence levels exceeding 85 per cent have been achieved in both Mon and Kayin states.

IOM's HIV programme continues to evolve, with greater focus on preventive activities among key populations in HIV hotspots along the Thailand–Myanmar border at Myawaddy, and further support to NAP in decentralizing ART provision and providing continuity of treatment, care and support to migrants diagnosed with HIV returning from Thailand to Myanmar.

Clinic follow-up at IOM Mawlamyine office.

My name is Yi Yi. My hometown is Warkayu village in Thanbyuzayat township, Mon state. I got married at 21 and had two sons. I worked as a tailor and my husband was a fisherman, but in 1996, my husband passed away. I didn't know what exactly caused his death. I left with my two sons to start a new life in Thailand, but after one year, my health worsened. I frequently got high fever, headaches and loose motions, and couldn't work. Any money earned was spent on my poor health. I tested positive for HIV and was rejected by my employer when he learned about my status. I returned to my village as my health condition worsened.

After seeing other people living with HIV receiving ART, I contacted IOM in Mawlamyine and started receiving treatment, care and support from them. I was also diagnosed with TB and treated with anti-TB drugs for six months. My health improved, and I returned to Thailand to work in 2010 but ran into difficulties accessing treatment, as at the time ART was not included in the health service package provided by the Thai Government for Myanmar migrant workers.

Luckily, my workmate was taking ART through IOM. After talking to her, I contacted the responsible persons at IOM Myawaddy and sent my clinical histories and register to IOM Myawaddy via pouch. One month later after contacting them, I finished my passport extension and went back to Myawaddy. After registration, examination, investigation and counselling, I started to receive treatment free of charge from IOM in Myawaddy.

I am now healthy and working in Su Yet, Thailand, and trying to make sure all people living with HIV/AIDS have access to treatment like what I had.

Chapter 4: Maternal and Child Health

Results – Maternal, Newborn and Child Health (2010–2014)

Number of basic health staff trained	246
Number of auxiliary midwives trained	561
Number of community health workers trained	383
Number of joint (basic health staff + IOM) supervision visits conducted	873
Number of beneficiaries reached through health education sessions	89,352
Number of children under 1 immunized with DPT3/Penta 3	20,358
Number of children under 1 immunized against measles	22,017
Number of women attended to at least once during pregnancy by skilled health personnel for antenatal care	53,090
Number of births attended by skilled health personnel	28,973
Number of emergency child care referrals	1,910
Number of emergency obstetric care referrals	6,701

The Ayeyarwaddy delta is remote. Transport is only available by boat, and as a result people often present late for health services – after their condition has deteriorated – leading to avoidable deaths.

Since 2012, IOM has been working in Mawlamyinegun and Bogale townships in the delta region where many seasonal migrants and itinerant boat people live, particularly by supporting the health departments of the two townships in the delivery of maternal and child health services. This includes joint training and supervision of the basic health staff, voluntary health workers and midwives to promote community demand for, and provide, antenatal care, skilled birth attendance and immunization.

Emergency referral systems for severe and complicated obstetric cases from the community to the hospital level have been established, and community members receive financial support to attend hospital through fund schemes managed by village tract and village health committees. IOM is also helping to upgrade facilities at the township and village levels and supporting the collation and analysis of routine surveillance data.

Promising results have been observed to date, including an increase of almost 80 per cent in emergency obstetric referrals between 2012 and 2014, and a decrease in the annual number of maternal deaths from 33 to 20 over the same period. IOM has recently expanded this successful approach to working in seven new townships in Kayah state in eastern Myanmar, and is conducting research to inform possible expansion of the role of voluntary health workers in providing maternal, newborn and child health services to migrants in areas where there are workforce shortages.

Nga Kwet Ah Shea is a sub-health centre beside the Yae Win creek, in Bogale township. This sub-centre provides services to 12 villages, including in some hard-to-reach areas. Daw Yee Yee Cho, the assigned midwife in the area, said:

"I want to get one community health worker from Tae Tae Ku village because there is no one participates at my EPI [Expanded Programme on Immunization] activities and I have a difficulty to deal with those villagers."

When the IOM team arrived in Tae Tae Ku, the group saw that the villagers were not interested in their health. One senior villager said:

"Most of our villagers are migrants and have shifted from other places. They stay in other people's compounds and daily survival is difficult. So they are not interested in any other affair."

After urging the village leader and the villagers to support the health programmes, a young man named Mg Yan Aung was chosen and trained to become a community health worker for 28 days by the Department of Health (DoH) trainers. with topics including community health concept, attitudes, roles and responsibilities. A few months later, when the IOM team visited Nga Kwet Ah Shea again, Daw Yee Yee Cho said:

"I'm very pleased with the CHW in Tae Tae Ku village because he can help in my activities and can change his villagers' health concept. Now, getting good participation of the villages in EPI activities is easy."

For the team, the public health-care programme of the DoH is like a building, and volunteers are bricks essential for the building. The team believes that IOM can support more bricks for the building.

IOM supported to deliver triplet babies and for new-born care.

Chapter 5: Disaster Risk Reduction

Results – Disaster Risk Reduction (2012–2014)

Number of beneficiaries in 80 target villages	121,006
Number of beneficiaries (migrants) in 80 target villages	22,927
Number of communities participating in community-based disaster risk reduction (CBDRR) activities in 80 target villages	5,777
Number of communities receiving DRR awareness in 80 target villages	4,262
Number of communities receiving pre-monsoon awareness in 60 villages	2,466
Number of village disaster management committees, first aid subcommittees, and search and rescue committees in 80 target villages receiving CBDRR training of trainers	978
Number of village disaster management committees in 80 target villages receiving standard operating procedure/TOT training	2,638
Number of first aid kits and DRR kits distributed to 80 target villages in Mon and Kayin states	240
Number of pamphlets distributed in 80 target villages in Mon and Kayin states	2,800
Number of communities participating in flood and cyclone drill exercises	632
Number of township government staff participating in disaster management courses	166

IOM has been implementing community-based disaster risk reduction (DRR) in south-east Myanmar since 2012, with current activities in Mon and Kayin states. The programming is strongly focused on migrants, seasonal workers, and communities in the fields, along the rivers and coastal areas and close to mountains, where they are at high risk of floods, river erosion, landslides, strong winds, urban fires and cyclones.

IOM works closely with village heads, village-based committees, communities with different backgrounds, township and state authorities, and other stakeholders to support sustainable DRR programmes and help build resilience among migrants and communities. Activities include increasing awareness of DRR, establishing village disaster management committees (VDMCs), training of trainers (TOT), hazard mapping and rapid damage assessments. VDMCs have been established in each target village, and based on discussion, assessment and planning with communities, a comprehensive village action plan for migrants and the communities has also been developed.

For effective emergency response, IOM further provided DRR and first aid kits to target villages, non-target villages and Township Disaster Management Committees. The organization has also distributed different tools such as resource maps, seasonal calendars, hazard profiles, standard operating procedure manuals, TOT and Google Maps done by VDMC members.

Pho Wa Thein village, in Bilin township, Mon state, is one of IOM's target villages. The village experiences flooding during the rainy season every year. Some villagers need to evacuate to the high land by themselves and some stay in their house during flooding. Most do not know how to prepare in advance and have no DRR awareness.

Based on recommendations from the township authority and the results of IOM's assessment, Pho Wa Thein was selected to implement the DRR project in 2012. IOM staff facilitated different activities such as participatory hazard vulnerability and capacity assessment, establishment of Village Disaster Management Committee (VDMC), production of a village action plan, DRR awareness campaigns and regular meetings. Since then the village has established VDMCs and has set standard operating procedure for disaster preparation and response.

Many villages – including Pho Wa Thein – and township wards experienced flooding in August 2014. U Tin Nwe, one of the first responders, said that based on radio news about heavy rains, VDMC members had prepared DRR kits, first aid kits and other resources they might need in case of flooding. When flooding occurred, the VDMC kept villagers informed and helped the elderly, the disabled and pregnant women evacuate from low land areas to safe places. The VDMC also helped the villagers evacuate their animals and household assets. The Committee also did damage and loss assessment during and after the flooding and submitted the report to the township authority. According to the assessment, compared with the previous year, there was much less damage and loss as a result of this more recent flooding.

DRR training, Hpa'An township, Kayin state.

Chapter 6: Humanitarian Response

Results – Humanitarian Response (2008–2014)

Number of households reached with shelter assistance packages	9,206
Full	761
Partial	8,445
Number of carpenters receiving disaster risk reduction training and other capacity-building training in appropriate construction techniques	342
Number of tool kits distributed to households to enable ongoing maintenance of rehabilitated shelters	2,616
Number of rural health centres and sub-rural health centres reconstructed/repaired and equipped	9
Number of water and hygiene kits distributed	5,767
Number of long-lasting insecticide nets distributed for prevention of malaria	3,500
Number of patients receiving emergency medical assistance	49,751
Number of people receiving education on health and hygiene	6,225

Myanmar is exposed to multiple natural hazards including cyclone, storm surge, flooding, fire, forest fire, earthquake, tsunami, drought and landslide. Its western and southern coastlines are exposed to cyclones, storm surges and tsunamis, while major parts of the country are also exposed to earthquakes and fires.

Cyclone Nargis hit the delta region in May 2008, affecting the lives of 2.4 million, with an estimated loss of about 140,000 lives, while cyclone Giri which hit the Rakhine state in October 2010 affected approximately 260,000 people. In both instances, IOM played a key role in providing emergency shelter and medical assistance and supporting post-disaster recovery. Activities include supporting households affected to return to their communities and rebuild their homes through provision, for example, of roof materials and timber posts and tool kits to facilitate ongoing maintenance. Household vulnerability and shelter needs assessments are crucial to ensuring assistance is tailored to the community and targeted to those most in need.

IOM's health assistance in the context of emergencies includes both meeting the immediate health-care needs of those affected through the provision of primary health care (e.g. treatment of conditions such as diarrhoea and dysentery) as well as longer-term actions such as rebuilding and equipping health facilities and training basic health staff and midwives on topics such as maternal and child health and community-based health care.

I am just an 82-year-old man and my wife is 76 years old. Being an old man, I'm not physically strong enough anymore for any paid job and in poor health. We have been living in the village peacefully, taking care of each other and surviving with the food contributed by our neighbours for years. We owned a small shelter which was just good enough to sleep and with limited living and cooking spaces. It was our only property, and we regularly maintained the shelter every year before the monsoon season.

When cyclone Giri struck, we ran away to a safer place and when we checked our shelter at dawn, we found that everything was lost. Fortunately, the younger brother of my wife who was also an old man but was still quite strong to work helped us to collect shelter materials and constructed a tiny temporary living space for us. It definitely was not able to protect us from rain and wind, and it made my health worse. We were very desperate as we understood that neighbours were also in similar conditions and could not help each other much. Unexpectedly, we heard that IOM would come and provide shelter assistance to cyclone-affected households in the village. It was with great hopes that we were waiting if we could have a new shelter. And the wishes came true, as our village leader informed me that we would be getting a new shelter with the support of IOM.

Since IOM came to our village, many families in our village have been busy carrying shelter materials that they received from IOM to renovate their shelters. They were helping each other and the Community Shelter Committee distribute the materials and construct the shelters. It took about six days to complete my new shelter and fortunately my health condition has improved. Now I do not need to worry about heavy rains or strong winds, as I am sure there will no longer be rain water leaking from the roof and cold wind coming through the wall. I believe that my new shelter will last about 10 years. I find that IOM's shelter assistance to the community has helped very much, as the people no longer have to worry about spending their money on reconstructing their shelters but instead allocating them for other things. It was like a gift dropped from the sky for us and I will live happily for a long time in the new shelter.

Non-food item distribution after cyclone Nargis, Bogalay township, Ayeyarwaddy division.

Chapter 7: Labour Migration

Results – Labour Migration (2006–2014)

Number of ASEAN meetings/forums supported to promote migration agenda and protection of the rights of Myanmar migrant workers abroad	26
Number of meetings promoting bi-lateral cooperation with Thailand and Malaysia on employment of Myanmar migrant workers	11
Number of capacity-building workshops with Union and State/Region government officials	21
Number of government officials participating in IOM's capacity-building workshops	420
Number of Migrant Resource Centres launched	4
Number of Safe Migration booklets printed and distributed to potential migrants	60,500
Number of safe migration training sessions facilitated by CSOs, local partners of IOM Myanmar	127
Number of potential migrants reached by safe migration training	250,000

Myanmar is the largest migration source country in the Greater Mekong Subregion, with an estimated 10 per cent of Myanmar's population migrating internationally. The key trends include short- to midterm migration to countries in the region, mostly by irregular means; midterm deployment of migrant workers to ASEAN countries and further afield through legal channels; and longer-term migration of Myanmar nationals across the globe including Thailand, Malaysia, China, India and the Middle East. Regular and irregular migrants are exposed to many abuses including extortion, debt bondage and physical exploitation, and their protection is a national priority for the Government.

Since 2006, IOM has taken various initiatives to build the institutional labour migration management capacity of the Government of Myanmar and in particular the Ministry of Labour, Employment and Social Security. IOM has enhanced services for migrants by: building the capacities of government officials at various levels in migration management and migrant protection; developing models of migrant resource centres for migrant-friendly recruitment and pre-departure orientation, and establishing migrant resource centres across the country; providing technical and financial support for dialogues on migration at national, bilateral and multilateral levels; and generating data and knowledge on critical migration issues in Myanmar, resulting in key recommendations for improved labour migration management.

Safe migration training delivered by a partner community-based organization in Mon state

IOM and its local partners' pre-decision safe migration campaigns were well received by potential migrant workers residing in the high outmigration areas of Mon and Kayin states. A total of 7,800 potential migrant workers received these safe migration training sessions between July and October in 2014. Many participants in the safe migration training, especially parents, commented:

"We wish our children had received such training and information prior to their decision and migration to Thailand. Their only resource of information and help were relatives and brokers. No wonder many of them faced problems in Thailand as undocumented migrants and some parents even lost contact with their children."

In addition to the pre-decision and post-arrival safe migration training curricula, IOM Myanmar – in collaboration with other IOM country offices – developed a guide book on safe migration to Thailand. In Myanmar, a total of 42,500 booklets had been printed in the Myanmar language, and of these approximately 7,800 were distributed at safe migration training sessions offered by IOM Myanmar. The bulk of the remaining booklets – approximately 34,800 – were distributed by IOM's wide network of outreach health workers and village health volunteers who worked in several hundred villages in Mon state, as part of IOM's programming for HIV, TB and malaria prevention, diagnosis and treatment in the state. Of these, approximately 7,800 booklets were also distributed at the Myawaddy border crossing with Thailand.

During the migrant booklet distribution, one mother said:

"This kind of training and information-sharing session should have been delivered in our village a long time ago!"

Parents also found the safe migration booklet so informative and useful that they said they would send these booklets to their children working in Thailand.

Chapter 8: Migrant Protection

Results – Migrant Protection (2005–2014)

Number of trafficking victims repatriated (2005–2014)	
Male	7
Female	1,250
Number of total beneficiaries supported by IOM (2008–2014)	
Male	409
Female	22
Number of training delivered	50
Number of government staff trained	300
Number of civil society organizations trained	50
Number of Myanmar–Thai Bilateral Case Management Meetings	15
Number of case-worker visits to shelters in Thailand	24
Number of workshops organized to develop national standard operating procedure on protecting Myanmar victims of trafficking	3

Myanmar is the primary source country for victims of trafficking in the Greater Mekong Subregion, with Thailand, China and Indonesia as key destinations. Annually, 250–350 Myanmar nationals are identified as victims of trafficking in neighbouring countries, trafficked primarily for purposes of forced labour, sexual exploitation, forced marriage and begging. Increasing numbers of Myanmar men are trafficked into the fishing industry, in which they experience exploitation aboard fishing vessels in the territorial waters of Thailand and Indonesia.

Since 2007, IOM has been cooperating with the Government of Myanmar to combat trafficking in persons with the Central Body for the Suppression of Trafficking in Persons, the Ministry of Home Affairs, and the Ministry of Social Welfare, Relief and Resettlement. IOM has focused its efforts on improving the technical capacity of key government agencies to provide support to repatriated Myanmar victims of trafficking, and to strengthen Myanmar's cross-border operational cooperation on victim assistance with Thailand, China and other countries in the region.

IOM's interventions target assistance to victims of trafficking, unaccompanied minors, stranded migrants, and internal migrants vulnerable to exploitation and abuse, specifically along Myanmar's long eastern border regions with Thailand and China. IOM is presently aiming to increase assistance to Myanmar men trafficked for forced labour aboard fishing vessels, assistance to victims of trafficking in conflict-affected zones of Myanmar, and an expansion of rehabilitation services to victims of trafficking by building the capacity of Myanmar's emerging civil society organizations in actively addressing the protection needs of vulnerable migrants and trafficked persons.

Repatriation of victims trafficked on fishing boats

Twenty-year-old Min grew up in Ayeyarwaddy region with his parents. He lost his father when cyclone Nargis hit the country in 2008. His mother tried to earn to make a living, but it was hard so finally, when he was 17, they decided to migrate to Kawthaung, where he got married and started working in an oil field. It was hard and he did not hesitate to leave to go to Ranong in Thailand irregularly when promised a job as a billiards ball collector with good salary.

He was locked up in the broker's relative's house for three days and later sold for a job on a fishing boat where he had to work for six months without any salary. He was forced to work almost every day with as little as four hours rest, lack of proper meals and psychological abuse for being "lazy" when he was tired.

After working on the boat for six months, the captain changed their fishing spot to Indonesian waters, where they were intercepted by the Indonesian Water Police. He was not quite sure of the reason why they were sent back to Ranong after spending only one night on police boat, but upon reaching Ranong, he had no choice but to go back to the broker's house and felt quite unsecure about his status there. His broker arranged him to get a job in a factory, where he worked for 10 days. He then asked his boss to let him visit Myanmar for a while to see his family and fortunately he was allowed to go back, but he never returned to Ranong.

In Myanmar, he approached the Anti-trafficking Task Force and asked for help. Due to his active involvement in the criminal justice process, his broker was arrested and sentenced to jail though he has never received any compensation up to now. He continued to work in a palm oil plantation and planned to settle down in Kawthaung with his family, but he struggled to earn enough money to renovate his so-called home, which only had shelter and no walls. He was quite worried about the upcoming monsoon season, and although he had been identified as a victim of trafficking, he had never received any assistance.

As part of IOM's reintegration support to victims of trafficking, the Organization provided a grant to Min so he could have his house renovated. A bright smile lightened up his face when told that he no longer had to worry about renovation expenses. He shared with IOM that with this support from the Organization, he would like to open a small grocery in his house with the money he can now save, to generate an additional income for his family.

Chapter 9: Research

Results – Research (2010–2014)

Research and evaluation underpins IOM's approach to policy and advocacy on issues affecting migrants, as well as programme implementation in the communities where the Organization works. Specific studies and publications include:

Post-cyclone Nargis displacement in Myanmar's Ayeyarwaddy delta region: Report on the locations and living circumstances of displacement-affected persons (2010)

This assessment was aimed at locating and identifying displaced persons by cyclone Nargis, following their departure from camps and settlements, and at assessing either their integration into new communities or their return to their own communities. The assessment informed ongoing delivery of recovery assistance by identifying:

- the villages and tracts where highest concentration of displaced persons were (and therefore where efforts should be targeted);
- the priority needs of internally displaced persons, including the construction of shelter, extension of microcredit, and provision of boats and fishing equipment; and
- the need for continuing rollout of durable shelter.

Results of the assessment were shared with partners during the protection and coordination meetings at the local level, and with the Inter-Agency Standing Committee (IASC) and the IASC Protection Cluster.

Mapping of Population Migration and Malaria in the South-eastern Region of Myanmar (2012)

This study – conducted in 21 south-eastern townships identified as having high levels of malaria transmission and drug resistance – utilized mapping tools and key informant interviews to identify and estimate the size of mobile and migrant populations, their migration patterns, and factors related to malaria risk and vulnerability. Findings indicate that about 55 per cent of mapped migration and mobile population clusters worked in high-risk environments such as plantations and mining areas.

Recommendations from the mapping study were used in the development of IOM's Guidelines on the Prevention and Control of Malaria for Migrants in Myanmar. Intended for use by migrant employers, officials of Myanmar's Department of Health, and other national and international partners, the guidelines offer suggested approaches to working with different types of migrants and effectively targeting malaria prevention and control, including through improving equitable access to health services for migrants and partnership and coordination.

Evaluating Village Health Funding Mechanisms in Mawlamyineguyn Township (2013)

This study assessed the implementation of village fund schemes in 60 villages in Mawlamyineguyn township. A key component of the scheme is a revolving fund, whereby village households can provide financial contributions to the fund and members can take out loans at low interest rates for emergency health needs or investment. The evaluation found that after withdrawal of development partner support, 30 out of 60 villages were still running activities with the fund, and that good communication, adherence to commitments and taking into account benefit of the whole village were needed for sustaining fund growth. Additional technical support and flexibility in managing and utilizing funds was recommended to ensure such schemes could help meet the health and development needs of the communities.

Data Mapping for Public–Private Partnerships in Malaria in Mon State, Myanmar (2014)

This mapping exercise was conducted in five townships in Mon state to understand who is doing what and where, as well as the opportunities for malaria public–private partnerships in local areas. It was found that knowledge about public–private partnerships was limited in both public and private sectors, and it was important to raise awareness of the risk of malaria and drug resistance and the benefits of reducing malaria incidence and deaths to the country's workforce. Recommendations include developing local policy and frameworks for public–private partnerships and further developing the role of the private sector in addressing malaria, including through provision of support such as transport, logistics, and organizing and supervising their workforce for any health-related activities.

An Assessment of Regular Channels for the Recruitment of Migrant Workers in Cambodia and Myanmar for Employment in Thailand (2014)

This research report offers policymakers and practitioners in the region a foundation of up-to-date information, through documentation of procedure for regular recruitment and assessment of formal recruitment channels against internationally recognized benchmarks for ethical recruitment. The report finds that the development and implementation of memorandums of understanding (MoUs) between sending and receiving countries is an important achievement in managing labour migration between Thailand and its neighbours. Shortcomings – including the need for workers to pay their own recruitment costs – are identified, which need to be addressed before the MoU process can replace irregular channels as the main route of employment.

Study on HIV Vulnerability and Service Availability in Mobility Settings of Myawaddy and Kawkareik

This study aimed to inform HIV prevention and control policies and programmes in areas in south-eastern Myanmar where infrastructure developments are planned. The study found a skew towards private services with limited HIV service availability in study areas. The study also found that 60 per cent of migrants surveyed experienced at least occasional difficulties in accessing health services. Results of the study also showed that there were continuing misperceptions about HIV and issues in the quality of health information and testing and counselling provided. Findings and recommendations will be shared with partners, including the National AIDS Programme and the Asian Development Bank, in order to address HIV vulnerabilities or risks which may be a result of economic corridor development and increased mobility.

International Organization for Migration (IOM)
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IOM Mission in Myanmar
No. 318 (A) •Ahlone Road •Dagon Township• Yangon • Myanmar
Tel: +95 1 210 588; Fax: + 95 1 210 588 (ext: 5010)
E-mail: iomyangon@iom.int • Website: http://www.iom.int