CHAPTER IV

PROJECT PROPOSAL

Establish a Neighborhood Clinic to Increase Access to Basic Health Services for Myanmar Migrant Factory Workers in Mae Sot District, Tak Province, Thailand

4.1 Introduction

A considerable number of migrant workers from Myanmar living in Thailand are extremely vulnerable and in high need for health and social services (Caouette, Archvanitkul and Pyne, 2000 and Caouette, 2002). Disruption from family and society, different characteristics between migrants and Thai hosts, difficulties in gaining access to health and social services and exploitation have effect on the physical, psychological, socio-economic and environmental aspects of the quality of life of these migrant factory workers. Their vulnerability is often overseen and has been outweighed by perceiving of their high number as a threat to nation's security, taking jobs from Thai laborers and spreading diseases.

Despite UN General Assembly on 1 July 1999 called for a comprehensive approach to deal with international migration to protect human rights and dignity of migrants irrespective of their legal status including providing effective protection, basic health care and social services, the Thai government has responded to the migrant worker issue by controlling rather than providing protection and service. The government has tried to control the number of migrant workers, their places of work, types of occupation and disease transmission by allowing migrant workers from 3 neighboring countries, Myanmar, Lao and Cambodia to register for temporary work permits with a temporary stay including medical check up and health insurance (Caouette, Archvanitkul and Pyne, 2000).

Mae Sod district of Tak province is one of the destinations for most migrant workers from Myanmar. The number of registered or documented migrant workers in Tak province in 2001-2002 is the third highest among documented migrant workers of all 76 provinces of Thailand (Raks Thai, 2001). The number of undocumented migrant workers in the province was estimated at the same number by Tak Public Health Officials while Mae Sod district has the highest concentration of both documented and undocumented migrant workers, as it ringed by over 200 Thai and foreign-owned factories. Most of these migrants were reported on work for substandard wages in inhumane conditions (Fabel, E. et al., 2001).

The term "migrants" used throughout this project proposal refers to people who illegally entered the host country without passing through immigration procedures and those who entered legally but violated the conditions of entry such as overstaying the

visa. These include migrant workers, their family members, but exclude officially displaced persons who live inside the refugee camps. The term "documented or registered migrant workers" refers to migrants who register for a temporary work permit allowed by Thai government.

4.2 Background

4.2.1 Background of Myanmar Migrant Workers in Thailand

Number of migrants from Myanmar in Thailand has accelerated since 1996 as they fled economic hardship, lessening funds for public health and education, and gross human rights violation committed by their military government (ILO, 1999) to seek their livelihood in Thailand. Most of them accepted hard jobs that Thai labors do not want to do with low wage and no benefit nor security. Their cheap labor becomes an important driving force of Thailand's economy and Thailand needs them for its development (ILO, MOLSW and IOM, 2002).

The total number of Myanmar migrant workers in Mae Sod district, both documented and undocumented, may reach 100,000 as estimated by Tak Public Health Officials in 2002, which is similar to 105,228 Thai population in Mae Sod during year 2000 (Tak Provincial Statistical Office, 2000). This high number of migrants may due to many jobs available, being a diverse city and the main border pass for both countries. Jobs available for migrant workers in Mae Sod include factory work, water transportation, general labor, construction work, domestic work, shop helper, service industries and farmer. Despite routine crackdowns and deportation of undocumented

migrant workers to various locations, its high number is still persisting as migrants could simply cross the long and permeable border to Mae Sod.

Factory workers are the majority of migrant workers in Mae Sod as there are approximately 210 factories, mainly garment business, which rely on cheap labours, located in this district (Ekachai, 2003). Although the law entitles registered migrant workers to receive a minimum wage, most of these workers received only half of it. Despite the low pay, their wages were cut every month to pay for registration fees, for food and medicines that factory provided, and for tax in some factories. Many workers expressed their concerns on prison or slave-like conditions in the factories. They were normally forced to work for long hours with little pay in confined, unsanitary work environments without regular days off. Most of them have to live in cramped living quarters provided by factories, which often are unsanitary and inadequate of water supply. Sometimes they could not stop working even though they were sick and might even be ignored by supervisors to take them to the health center. Nonetheless, most workers couldn't travel freely as employers do not let them keep their original work permits (Ekachai, 2003). All of these exploitation forms affect physical, psychological, environmental health and social relationship of these migrant workers.

Being away from their homeland, migrants are disrupted from support of traditional values, families, friends and ways of life; causing stress and directly effecting their psychological health. The differences of language, race, culture, socioeconomic status with Thai host people create obstacles for migrant workers to ask for assistance and to adapt to the host communities. Despite qualified for free treatment

under the health insurance scheme, many documented migrant workers face various difficulties in accessing health services due to distance to health center, language barrier, risk of being arrested while travelling, and costs for transportation, expenses for being released from arrest, and sometimes for an interpreter or accompany. In addition, undocumented workers are discouraged to access service due to treatment cost. This further leaves them in health risks as well as risk for spreading diseases without control. Although Thai public health officials provide necessary health services to all migrants on humanitarian ground regardless of their legal status, the quality of service for these migrants is often inadequate due to limited resources.

Besides employers and people who get benefit or advantage from these migrant workers, most of other Thai people do not welcome these migrants especially those from Myanmar as they are historical Thai's enemy. Budget and services that Thai public health spent for these migrants both for treatment and prevention have raised displeasure to both public and health service providers. Recognizing that migrant situation is inevitable, the Thai government has called for assistance from international organizations to manage this issue, particularly health problems from cross-border migration. However, limited funds received could cover only a few areas.

A comprehensive approach is needed to alleviate problems of these migrant workers. Although several unofficial groups initiated by Burmese-in-exile, a few local and international NGOs, and the Mae Sod Public hospital have provided health and some social services for migrant workers in Mae Sod, their activities are limited to a small proportion of migrant workers in the inner town only. In the meantime, a lot of

migrant factory workers, who are living at the factories at the outskirts of the district, are left in need of those services.

The Aurora Migrant Worker Association is one of the small initiative groups formed in Mae Sod in recent years by 4-5 migrant workers from Myanmar who used to be employees and are now self-employed. The group leader has been very enthusiastic in helping and offering support to many migrant workers in Mae Sod for a few years before forming this group. The Aurora group has been informally providing temporary shelter and food for unemployed migrant workers, assisting some workers who were arrested in the police station, and helping referral and interpretation for migrant patients with the hospital. It recognized the needs of migrant workers in its networks, who are working and living in the factories at the outskirts of Mae Sod district, especially their difficulty to access health care services and would like to lessen these problems.

The project proposes the provision of basic health services to increase access to health services for the migrant factory workers at the outskirts of Mae Sod. The group expects that these planned activities together with other existing social support activities will lessen problems among these workers. Migrant factory workers and their social networks would play key roles in facilitating these activities to improve quality of life of all migrant workers in the target area.

4.2.2 Background of Project Site

This project will be implemented in the area of Ban Mae Tao Mai and Pra Tad Pha Daeng sub-districts at the outskirts of Mae Sod district, about 10-15 km from Mae

Sod town. The only mean of transportation to the town for migrant workers is motorcycle taxi, which costs them about 50-100 Baht one way, similar to the wage they earn for a day of work. There are eight medium to large scaled factories in this area that are the target of this project. Some factories are in the center of the villages and others are located next to the rice fields.

There is one public health center not far from this area. This center was upgraded to be primary care unit (PCU) following recent public health care reform. One medical doctor and health staff from Mae Sod hospital are scheduled to assist in this unit. Due to adjusting process, its activities especially outreach activities are focusing to Thai people, and not ready to have preventive and curative outreach activities specific for migrants. The PCU accepts migrant patients under health insurance scheme and also on humanitarian basis. However migrant workers reported barriers on language with Thai health providers and a military checkpoint on the way between most factories and the PCU scares most migrants to use this way.

4.3 Rationale

Provision of essential health care facilities, which can be accessed by the majority population, is one of Primary Health Care (PHC) features according to the Alma-Ata declaration on PHC. Accessibility implies continuing and organized of care that is geographically, financially, culturally and functionally within easy reach of the whole community. The care has to be appropriate and adequate in content and in amount to satisfy the essential health needs of people, and methods acceptable to them (WHO, 1978). In the situation of remote migrant factory workers, access to basic health

care services is not financially, geographically, culturally and legally within their reach. This proposed project provide an appropriate intervention of a neighborhood clinic to increase access to basic health care services of migrant factory workers concentrated in the area far from existing public health services.

Early needs assessment done among migrant factory workers in some factories at the outskirts of Mae Sod district reveals their poor quality of life. These migrant workers have to live in poor working and living conditions, being exploited by employers, and being extorted by officials. Most of them, either documented or undocumented, have difficulties to access health services due to various barriers. Most workers expressed the needs to have health care services near their places with health worker who speak their language and many of them would support the activities.

As most health and social services activities for Myanmar migrant workers provided by NGOs and initiative groups are limited inside Mae Sod town, the Aurora group is willing to extend its social support activities with health services at the outskirts of Mae Sod. It proposes an initiative to improve accessibility to basic health services for these workers by establishing a neighborhood clinic. The NGOs and initiative groups are willing to back up the clinic to ensure its functions and a referral system.

The strength of Aurora group is that it understands the situation of these workers well. Its informal social support activities are flexible enough to work within the complex and sensitive situation of these migrants and require less administrative

cost. Migrant workers within the Aurora group's networks are working and living in eight target factories. These networks are widely known by other workers in their factories as they often assist other fellow workers. They could be mobilized and strengthened for other social interventions.

One of Aurora group's members is a Burmese medic who would understand Burmese cultural values and context without language barrier, which will be more acceptable by target migrant workers. This medic was trained by one NGO's clinic in Mae Sod town run by Burmese-in-exile health professionals. This clinic has been providing health care services free of charge for both out and in-patient migrants over 14 years. It also functions as a medical training center that has trained health personnel from various ethnic people of Myanmar. Its activities are unofficial but acknowledged by international, national and local communities. This NGO's clinic also agrees to provide technical support to Aurora group, as requested.

This pilot project will establish basic health care facilities at a location that could be reached easily by all target migrant workers. The Burmese health worker from the Aurora group would provide health care free of charge as well as health information with technical support and necessary resources from the NGO's clinic. The service would meet all criteria in terms of accessibility, acceptability, affordability, and functional appropriate. The project would also test out the strategy in this district and if it is acceptable by migrant factory workers and the host community including public health officials, it could be replicated in other areas and/ or integrated with the public health system. In addition, if this group becomes well recognized, it would be easier to

integrate other activities to improve well-being of all migrant workers with possibly financial support from workers' contribution to help sustain the project with less funding from outsiders.

It is foreseen that if no action has been taken, not only the health of the workers would be more deteriorated, their health problem may spread to Thai host community in case of communicable diseases. Severe illness due to delay treatment would increase treatment cost and health staff workload at the hospital for tertiary care. Altered health would reduce workforce then decrease productiveness to the factories. Having increased depression from ill-feeling with official and employers may indirectly induce social problem such as crime, revenge. The project aims to get funding out of Thai government budget and resource, so it would have less conflict with Thai society.

4.4 Goal and Objectives

4.4.1 Goal

Complement initiatives to improve quality of life of Myanmar migrant factory workers at the outskirts of Mae Sod district.

4.4.2 General Objective

To increase accessibility to basic health services for Myanmar migrant factory workers in the outskirts of Mae Sod district.

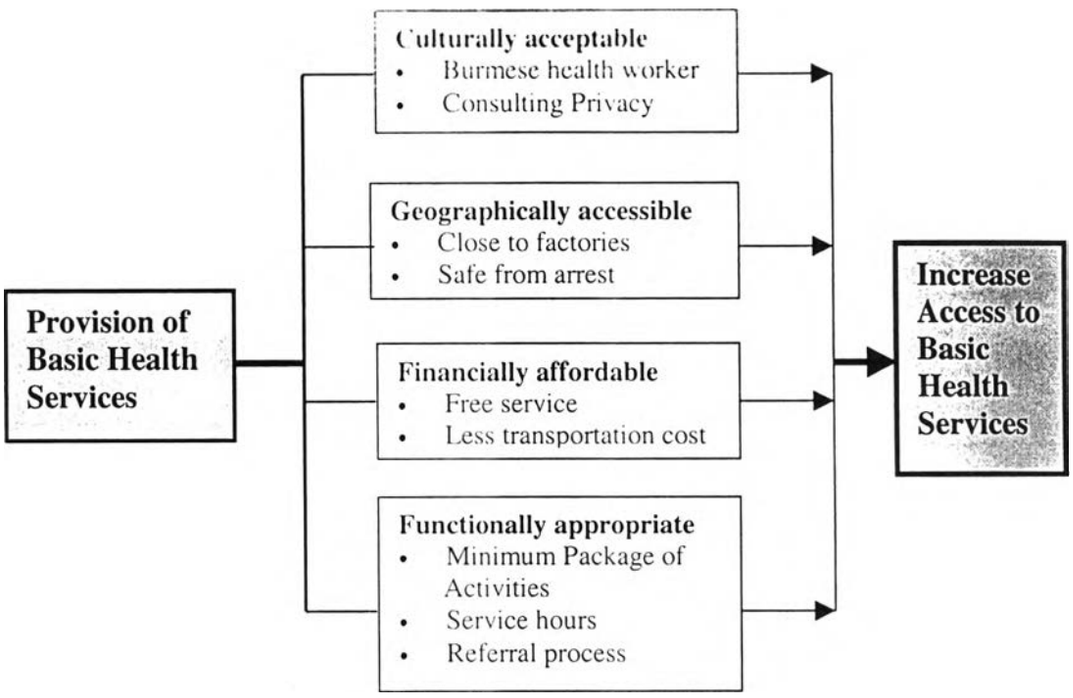
4.4.3 Specific Objectives

1) To have established socially and culturally appropriate basic health care facility available to targeted migrant factory workers
2) To decrease geographical barriers in access to health services by targeted migrant factory workers
3) To reduce the financial burden of health service users among targeted migrant factory workers
4) To ensure functional appropriate services through the provision of Health Education, Minimum Package of Activities (MPA) and a referral system for targeted migrant factory workers

4.5 Conceptual Framework

The health care accessibility as identified by WHO, 1978 are defined in four aspects of cultural, geographical, financial, and functional accessibility. Figure 4.1 presents conceptual framework of main intervention to increase access to basic health services based on these 4 aspects. The provision of basic health care services that is culturally acceptable, geographically accessible, financially affordable, and functionally appropriate by targeted workers will increase their access to basic health services.

Figure 4.1: Intervention to Increase Access to Basic Health Services of Migrant Factory Workers (adopted from WHO, 1978 & WHO, 2000)



4.6 Project Description

4.6.1 Target Group

The project covers specific 8 factories in the Southern outskirts of Mae Sod district in Tak province located in Mae Tao Mai and Phra That Pha Daeng sub districts. The target groups are approximately 6,000 migrant factory workers who are working in these 8 factories.

4.6.2 Strategy

The main strategies for this project are;

- Integration of the basic health services or neighborhood clinic project with existing social support activities informally provided by Aurora social support group

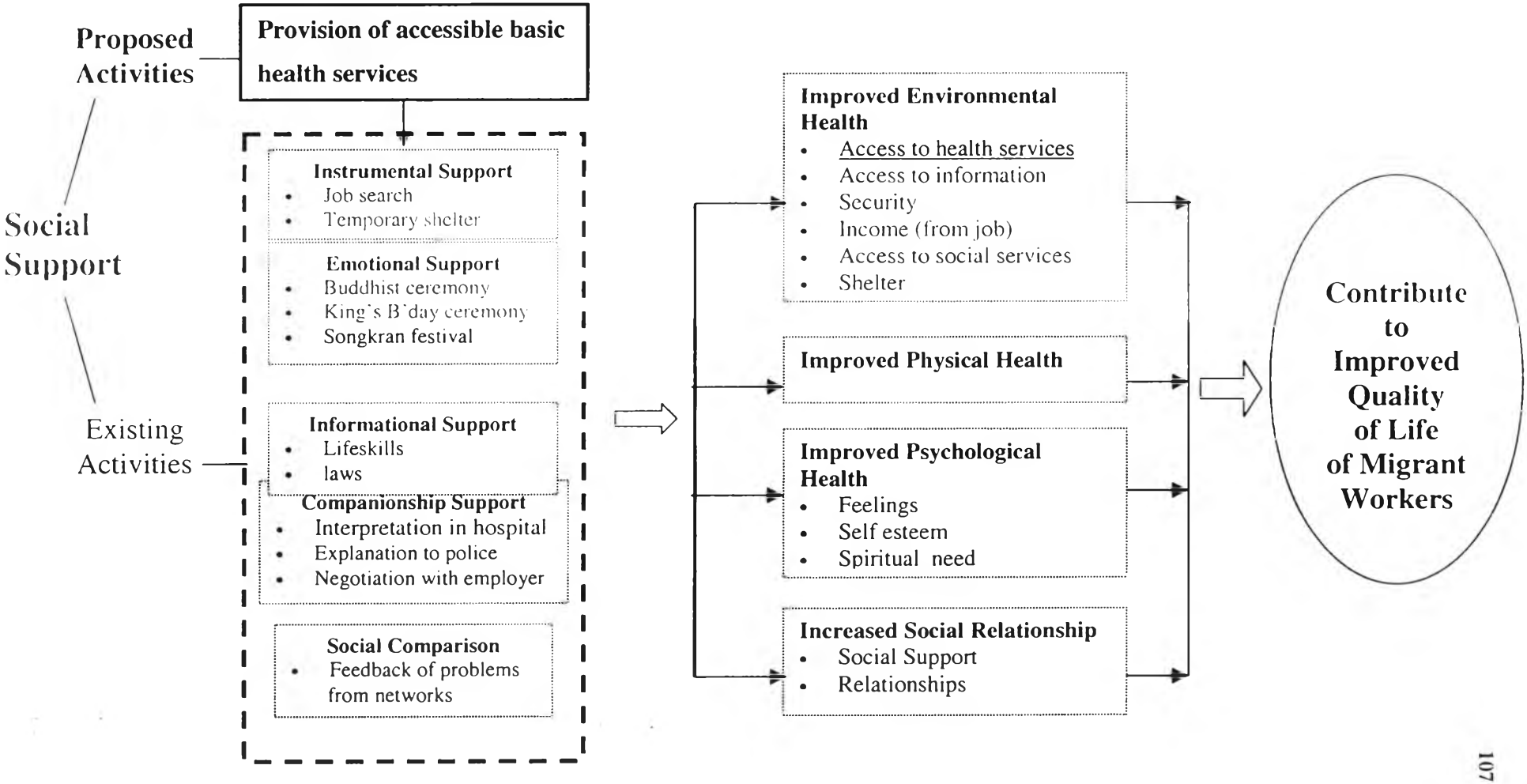
- Integration with collaborative networking of the project
- Decrease cultural, geographical, financial and functional barriers to access health services among all target migrant factory workers

4.6.2.1 Integration of Social Support Interventions

The holistic framework in figure 4.2 presents the overall social support interventions of the Aurora support group anticipating to respond to physical health problems, social relationships, and mainly psychological problems of migrant factory workers, which are affecting their quality of life. Social support concept have been adopted and informally conducted to address the needs of these migrants with existing activities, while the proposed project would be added based on a needs assessment.

Figure 4.2: Integration with Social Support Interventions to Improve Quality of Life of the Migrant Workers

(Based on Social Support Concept by Wills and Shiner, 2000 and WHOQoL, WHO, 1997)



Social support is the measure that is provided to one by other people (Berg and Piner, 1990), which could refer to activities that migrant support group has provided to other migrant workers. It also was described by Leatham and Duck (1990) as interpersonal resources mobilized to deal with the strain inherent in living. In this migrant situation, the migrant support group has mobilized migrant networks to cope with their stress due to various problems they face in daily life in Thailand.

Wills and Shiner (2000) summarized social supportive functions into 5 types as instrumental support, emotional support, informational support, companionship support and social comparison, in relating to situations (emergency incidence or daily life) and demands of support seekers. The existing social services of job search and temporary shelter are instrumental support for migrants in need. The proposed project by provision of health services falls in this instrumental support. Social events, such as community cleaning-up activity on King's birthday or celebrating of water festival, provide emotional support to all migrants who disrupt from their society in Myanmar. Disseminating informal messages about labor and immigration laws including general lifeskills provides informational support to migrants to cope with their problems from different laws and custom. Activities like, interpreter in hospital, police station or factory, when migrants get extorted by officials or exploited by employers would be companionship support for migrants who are in trouble. Information regarding problems that social support group received from its migrant networks, such as taxation and exploitation, provides social comparison of problems. All of these social support interventions contribute to improve the main four domains of Quality of Life (QoL) of migrant factory workers.

Within this above holistic framework, the proposed project will provide accessible basic health services. which will increase access to basic preventive and curative services for targeted migrant factory workers. The health access is classified as part of environmental health according to the QoL concept.

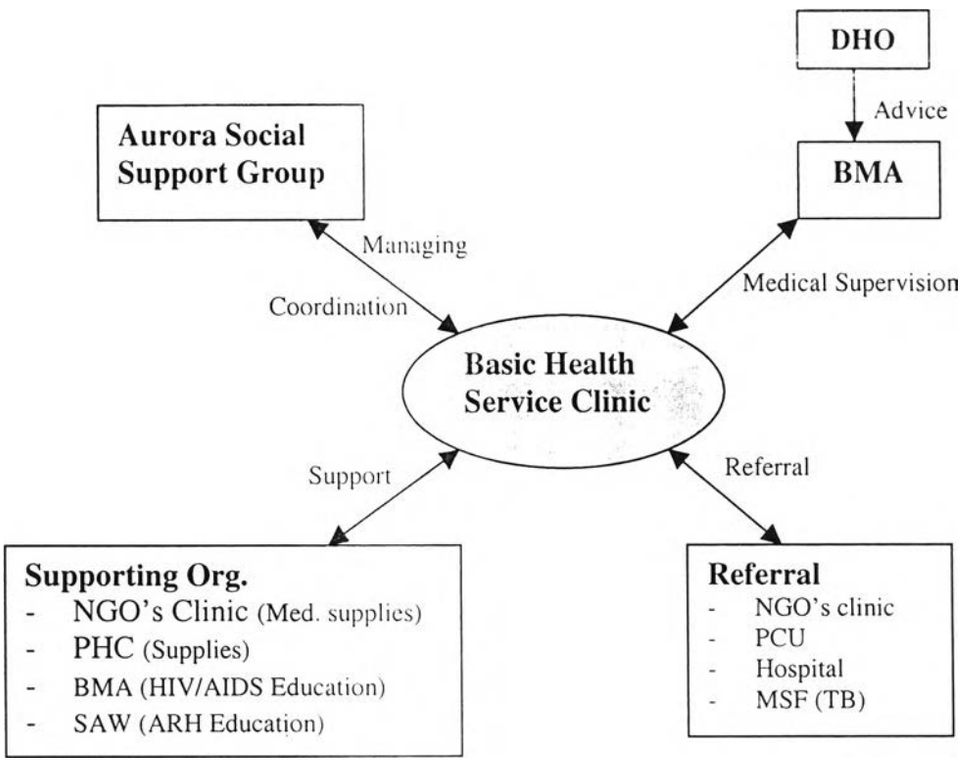
4.6.2.2 Integration with Collaborative Networking

Recognizing that dealing with migrant workers issues is sensitive, commitment from involving stakeholders is very essential for the success of the project.

The Aurora social support group was informally organized in recent years. Its supporting activities are acknowledged among migrant population in its networks. The group has been in the area and understands the situation well and has commitment to help these target people. It will form its migrant worker networks from 8 target factories as a networking group. These networks will be the contact points that also help facilitating the on-going activities of the support group. It is expected that this networking group would be able to develop their capacity for better support to their peers and wider migrant workers in the future.

The Aurora social support group will implement the project in collaboration with local NGOs, Burmese Medical Association (BMA), Mae Sod District Health Office (DHO), Mae Sod hospital, local PCU and migrant networking group. The coordination and functional lines of the project are presented in figure 4.3.

Figure 4.3: Coordination and Functioning Lines of the Proposed Project



Roles of main 5 stakeholders for implementing the project are as follows;

Roles of Aurora Social support group:

Aurora group' s leader will be in charge of the project and will take responsibility for coordination with other stakeholders including donors as well as writing project report. The overall roles of the group are;

- Establish infrastructure for the clinic
- Develop standard and level of care
- Provide health worker and care and health information
- Assure logistics in terms of supplies, drug and equipment
- Mobilize networking group

- Raising funds for the project
- Integrate the project with other existing activities for migrants
- Coordination with local NGOs providing health education sessions to migrants from Myanmar in and around Mae Sod area, such as Medicine San Frontier – France (MSF) for Tuberculosis session, BMA' s HIV Education and Prevention Program for HIV/AIDS, Social Action for Women (SAW) for Adolescent Reproductive Health (ARH).

Roles of NGO's Clinic:

This clinic will support the project with some resources, technical assistance and referral of patients.

- Health worker training
- Advice on clinic activities
- Support available resources as requested

Roles of BMA:

Burmese Medical Association (BMA) will support the project with technical assistance. The BMA advisory board composes of Burmese-in-exile health professionals, mainly residing in Mae Sod. It has been organizing health-related training and seminars, as well as providing supervision to several health activities conducted by Burmese groups in and around Mae Sod town. Its roles for this project are as follows:

- Health worker training and seminars
- Supervision of health worker and clinic activities

- Monitor the project on-going

The BMA member will supervise the diagnosis, treatment and recording system activities and guide the health worker based on Burma Medical Guidelines. Record of health information training sessions would be checked by BMA during clinic visits. Project reporting will be advised by BMA and NGO's clinic. Supervision checklist will be prepared for the supervision visit by BMA.

Observation of patient consultation during visit and review patient recording book will be checked. Regular meeting of project team, regular activity report including health information sessions will be overseen at the same time.

Roles of District Health Office (DHO)

It might be difficult for District Health Office (DHO) to formally recognize the project activity based on policy, regulations and language limitations. However, decentralization of health authority to local health center allows DHO to oversee the project's activities using the term "migrant health volunteer" in the same level as "village health volunteer" under Thailand's primary health care system. While this migrant volunteer would be a paid worker instead of unpaid volunteer like in public health system, because of their situations are different. This clinic could imitate a "Community Primary Health Care Center" of public health system. DHO would be responsible for coordinating referral system with PCU near the project area, especially for documented workers who pay health insurance. If possible, the DHO would be able to supply some basic medicines to the clinic by using the budget from the health

insurance for documented migrant workers. It would be upon the decision of the DHO in taking a supervision role to the clinic and that would be done through BMA.

The public health officer from Mae Sod DHO is expected to take supervision visit to the clinic and give advice to BMA for standard treatments or technical concerns.

Roles of Migrant Networking Group

The project will work closely with migrant networking group, whom is assumed to represent the target population. This group's roles are important in every step from planning, implementing, monitoring and evaluating the project. During migrant networking group meetings, the networking group is expected to give feedback on health services and health information sessions that the group receives from service users in their networks. The group would also mobilize target population to participate in overall activities conducted in the area.

4.6.2.3 Decrease Barriers to Access Health Services

Another main strategy of this project is to decrease four barriers to access health services as follows;

- **Cultural barriers**

Health care services including health information will be provided by a Burmese migrant health worker from Aurora group with less language and cultural barriers. Private consultation will also be provided to make the migrant workers feel comfortable to services.

- **Geographical barriers**

The health care facility with standard services will be available in the location that migrant workers can reach by any traveling mean within one hour from all targeted factories. The facility and location will be selected and rented according to migrant networking group's consensus. The place should be reached without passing typical police/military checkpoint. This will overcome the geographically constraints from far distance, which would save them from being arrested.

- **Financial barriers**

The reduction in distance will save workers' time, which in turn save their work loss and transportation cost. In addition, free service or a minimal contribution will create financially affordable service.

- **Functional barriers**
  - Provision of Minimum Package of Activities (MPA): basic set of Primary Care Services will be established based on MPA to respond to the essential health needs of the target population as followings (adapted from the MPA for Health Centers of Cambodia Ministry of Health).
    - Primary curative consultation for treating the most common health problems in Mae Sod area, which are malaria, sexual transmission infections, diarrhea, conjunctivitis, respiratory tract infection, gastritis, anemia, ache, nutritional advice, etc. based on the Burma Border Treatment Guidelines which was recently reviewed and

updated by NGOs providing medic training and medical treatment to patients from Myanmar along Thailand-Myanmar border.

- Emergency care and simple surgery
- Consultation for healthy infants aged under 5 years old
  - Vaccination – refer to NGO's clinic or PCU or collect clients and appoint PCU or NGO's clinic to come
  - Prevention of vitamin A deficiency
- Care for pregnant women
  - Antenatal and postnatal care
  - Anti-tetanus vaccination - refer to NGO's clinic or PCU or collect clients and appoint PCU or NGO's clinic to come
  - Prevention of anemia
  - Delivery and referral of complicated cases
- Family planning services
  - Consultation, Oral contraceptive pills, Depo injection and condom

- Refer patients for diagnosis, or complex management reasons to Primary Care Unit (PCU) or Mae Sod hospital or NGO's clinic or to other NGOs such as Medicine Sans Frontier (MSF) for TB/leprosy suspects, diagnosis and treatment with assistance from the networking group, factory manager or PCU referral system
- Outreach activities if necessary

- Facilitate health information sessions, which will be organized by migrant networking groups and conducted by other NGOs or working groups depending on the topic.
- The clinic hour will be discussed with consensus of networking group.
- Regular supervision visits will be conducted by BMA and Mae Sod DHO. It will help to solve local problems and make sure that guidelines are followed in diagnosis, treatment, recording and that quality services are being maintained.

As a result, this intervention will be geographically accessible, culturally acceptable, financially affordable and functionally appropriate for migrant factory workers.

4.6.3 Evaluation of the Project

Project evaluation will be conducted at the end, 18th month of the project.

4.6.3.1 Evaluation Purpose:

The purpose is to provide information on project achievement to guide decision-making on the future direction of the project. It is planned to be conducted by an external consultant.

4.6.3.2 General Objective:

The main objective of the evaluation is to assess effectiveness of the project in terms of access to basic health services.

4.6.3.3 Specific Objectives:

1) Assess cultural appropriateness of health services

2) Assess geographical barriers to health services

3) Assess financial burden of health service users

4) Assess functional aspects of services

4.6.3.4 Key Indicators of Achievement:

1) Cultural Appropriateness

- *Language* - % of clients speak health worker's language
- *Interpersonal communication* - % of clients' satisfaction with health worker's attitude (consulting privacy / ensuring confidentiality)

2) Geographical Barriers

- *Distance* – Average travel time to the clinic by all service users
- *Security*- No. of arrestment/harassment on the way to/from using the services

3) Financial Burden

- Average travel cost
- Average wage loss
- Average service cost and financial contribution for the clinic

4) Functional Appropriateness

- Number of consultations per period

- Number of days service provided per period
- Total number of referrals per period
- Number of referrals per referral organization
- Ratio referrals/consultations
- Number of health education sessions per period
- Average number of attendants per health session
- Number of supervision visit per period
- Average time per supervision visit spent
- Supervision reports/ checklists

4.7 Activity Timeline

The project activities contain of 4 main parts; preparation, implementation, monitoring and evaluation. These plan activities will take one and half years (18 months) as presented in table 4.1.

4.8 Other Beneficiaries in Catchment Area

Although this clinic is aimed to serve the migrant workers from 8 target factories, it is most likely that migrants who are living outside these factories would come to use the services as well. In order to get an idea of the catchment area of this clinic for future planning and for evaluation, the residential area of all patients will be recorded.

Table 4.1: Activity Timeline

Activity Plan	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Preparation																		
Step 1. Consultation																		
Step 2. - Forming networking group																		
- Mobilizing networking group																		
Step 3. Establishment of basic health services																		
Step 4. Preparation for delivery of services																		
Step 5. Preparation for management and training activities																		
Service Implementation																		
- Providing health care services																		
- Facilitating health information sessions																		
Monitoring																		
Prepare for supervision activities																		
- Supervision schedule																		
Evaluation																		
- Design and conduct evaluation																		

4.9 Sustainability

- **Financial:** It is most likely that the project would be able to receive some financial support from migrant workers' contribution to continue its activities. Had the project proved to be effective, more support would be received from the expanding networks as well as from Thai public health system. On-going activities may need to negotiate with Public Health Office to allocate some budget from migrant health insurance to support the clinic.
- **Organizational:** Experience gained from implementing this project would enhance capacity Aurora group's members on project management and their activities would be more formalize and tangible. All project staff have commitment in helping their migrant networks as they have been providing social support informally without support from outsiders. This project was brought up by themselves, so they have sense of belonging to the project and would make it sustain as much as they could.
- **Legal:** The level of treatment and care by Burmese health workers in this project must be agreed by DHO who responsible for health activities in the district. The voluntary work of staff and free health services provision reflects its activities as humanitarian not for business, so it would not against commercial laws. The project staffs have hold work permit or other permission for temporary stay in Thailand issued by immigration office or district office.
- **Partnerships:** Most partner organizations have strong commitment to support the project and to help Myanmar migrants. Their capacity in the

health field would enhance Aurora support group in implementing its activities in the location that they could not cover.

4.10 Required Resources

4.10.1 Human Resources

The project will be implemented within existing management and manpower of Aurora and other stakeholders. There will be no need to hire extra personnel or form new management team for the project. The existing personnel working in implementing the project and coordination level will be mobilized for better structure. Migrant networking group is voluntary to help facilitating migrant workers in their factories. Training will be supported by BMA or other groups conducting the training for migrant workers and health worker from Myanmar. Supervision will be in-kind service from BMA. Only evaluation activity will be conducted by hired external consultant.

4.10.2 Financial Resources:

Additional budget is needed for administration cost, stipends of health staff, evaluation cost, and incentives for networking group when participating in the networking group meetings. Some supplies are supposed to be contributed by DHO and the NGO's Clinic, others need budget from donor. Funding might be received from NGO, Foundation or Private funder, who interested in the issues of vulnerable migrants in Thailand.

Table 4.2: Estimated Budget for Project Activities

Budget Item	Unit Cost (Baht)	No. of Units	Total Amount (Baht)
Project Administration			
• Transportation (motorcycle rent +petrol)	3,500/mth	18	63,000
• Communication (post, phone, fax)	1,500/mth	18	27,000
• Stationary	1,000/mth	6	6,000
• Clinic rent & fixing	3,000/mth	16	48,000
• Office rent (shared)	500/mth	18	9,000
• Utility	1,000/mth	18	18,000
• Furniture	10,000	1	10,000
Personnel			
• Health worker	4000/mth	18	72,000
• Support staff (2 persons)	1000/mth	36	36,000
Meeting expense			
• Refreshment for coordination meeting	500	6	3,000
• Refreshment for networking group meetings	500	6	3,000
• Transportation for networks to meeting	1,000	6	6,000
Supplies			
• Medicines	30,000/3 mth	5	150,000
• Medical supplies	10,000/3 mth	5	50,000
• Transportation for supplies	500/3mth	5	2,500
Maintenance			
• Equipment, furniture, building, vehicle	5,000	1	5,000
Supervision			
• Personnel	In kind		
• Transportation	800/visit	7	5,600
• Meal	200/visit	7	1,400
• Report	500/visit	7	3,500
Evaluation			
• Evaluator team and expenses	52,000	1	52,000
Miscellaneous	5,000	1	5,000
Total			**576,000**
Inflation and contingency fund 4%			24,000
Grand Total			**600,000**

Table 4.3: Logical Framework of the Project

	Intervention logic	Verifiable Indicators	Sources of verification	Assumptions
Goal	Contribute to improve QoL	-	-	
General Objective	Increase access to basic health services	1. % of clients satisfied cultural factors 2. % of clients living within targeted area 3. % of clients satisfied with costs services 4. % of clients satisfied with service hours	1. Record 2. Survey 3. Survey 4. Survey	Supportive Thai government migration policy
Specific Objectives	1. Establish social & cultural appropriated health services	1. % of clients speak health worker's languages 2. % of clients' satisfaction with health worker's attitude	1. Record 2. Survey	
	2. Decrease geographical barriers	1. Average travel time 2. No. of reported harassment	1. Survey 2. Survey	Collaboration from factory managers
	3. Reduce financial burden	1. Average transport cost 2. Average wage loss 3. Average service cost and contribution	1. Survey 2. Survey 3. Survey & Record	
	4. Ensure functional appropriated	1. No. of consultations 2. No. of health education sessions 3. Average no. of attendants per health session 4. No. of days service provided/ month 5. Total no. of referrals 6. No. of referrals / each referral org. 7. Ratio referrals/consultation	1. Record 2. Record 3. Record 4. Record 5. Record 6. Record 7. Record	
Activities	Obj. 1. 1.1 Establish clinic at outskirts of Mae Sod Obj. 2. 2.1 Appoint Burmese health worker Obj. 3. 3.1 Provide free services Obj. 4. 4.1 Offer MPA 4.2 Organize referrals	Human • Medical supervisor • Health worker • Support staff • Evaluator Materials • Medicines • Medical supplies • Clinic equipment Facility • Clinic infrastructure • Office infrastructure Networks: • Aurora social support group • BMA • DHO • PCU • Hospital • NGOs	Budget 500,004 B In-kind supervision & medical supplies	Supportive local government policy
				Pre-condition: Proposal approved Commitment of networks

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