

## **CHAPTER V**

### **PRESENTATION**

This chapter presents the keynotes for presentation in the final examination. The presentation consists of main three parts: essay, data exercise, and project proposal.

The essay part contains introduction of the migrant workers situation and their vulnerability, Myanmar migrant workers in Thailand and their quality of life, and migrant workers in Tak province and Mae Sod district.

The data exercise part includes objectives, methodology applied, key findings of the study including discussion and conclusion of the study.

The proposal part presents the rationale, goal and objectives of the project including conceptual framework of the project intervention. The project description part includes target group, project strategies, evaluation with key indicators of achievement, and followed by activity timeline. The activity plan consists of preparation, implementation, and evaluation parts. Overall budget of the project are presented at the end of this part.

## Thesis Presentation

### Establish a Neighborhood Clinic to Increase Access to Basic Health Services for Myanmar Migrants in Mae Sod District, Tak Province, Thailand

Pattinee Suanprasert  
MPH, January 2000

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## Overview

- Essay
  - Migrant workers situation and vulnerability
  - Myanmar Migrant workers in Thailand & their QoL
- Data Exercise
  - Rapid needs assessment among migrant factory workers at the outskirts of Mae Sod
- Proposal
  - Establish a neighborhood clinic to increase access to basic health services for Myanmar migrants

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## Migrant Worker Situation

- 125 M people (2%) lived outside their countries
- Expanding 2 - 4% annually
- >90 M are migrant workers & families (legally/ illegally)  
*(Martin & Widgren, 1996)*
- Ones among world's most vulnerable people who are in urgent health needs *(Gardner & Blackburn in Population Reports, 1996)*
- Worse health status than native residents
- Various barriers in access to health care e.g. financial, language, cultural, racism, discrimination, lack of attention to needs of migrants within host health system  
*(Bollini, 1993, Bollini & Harald, 1995)*

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## Definitions in this study

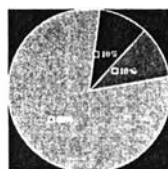
- **Migrant:** People who illegally entered the host country w/o passing through immigration procedures or enter legally but violated the conditions of stay
- **Documented migrant workers:**  
Migrants who registered for a temporary work permit

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## Myanmar Migrant Workers in Thailand

- > 2 M migrant workers in Thailand
- Majority (80%) are from Myanmar
- Only 1/4 (559,541) of estimated migrants registered in 2001
- ~ 80% (447,093) documented migrants are from Myanmar

(MLSW, 2003)



■ Myanmar ■ Cambodia ■ Lao

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## QoL of Myanmar Migrant Workers in Thailand

### Physical Health Problems:

*malaria, diarrhea, AIDS, injury, unexpected pregnancy*

### Psychological Problems:

*stress, anxiety, depression, drug abuse*

### Reduced Social Relationships:

*broken family, ignore others migrants' problems*

### Poor Environmental Conditions

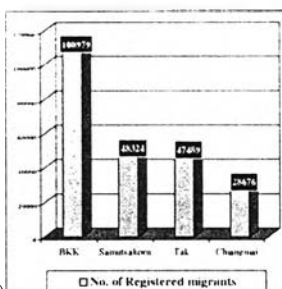
*insecurity, unsafe situation  
unhygienic living conditions  
excessive work hours  
Lack of access to health & public services*

(QoL WHO, 1997 and Literatures reviewed)

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### Migrant Workers in Tak & Mae Sod

- In Tak - the 3rd highest no. of registered migrants (~47,500)
- 84% registered in Mae Sod
- Estimated migrants in Mae Sod is ~ 100,000 (both registered + unregistered)
- ~100,000 Thai population in Mae Sod (Tak PHO, 2002)



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### Migrant Factory Workers in Mae Sod

- 210 factories in Mae Sod district
- A large number of factories are located at the outskirts of the district
- Majority of migrant workers in Mae Sod are factory workers (Tak-PHO, 2003)
- No prior study on needs of migrant factory workers in Mae Sod area was done

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### Data Exercise

- Rapid needs assessment among Myanmar migrant factory workers at the outskirts of Mae Sod District, Tak Province

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### General Objectives:

Assess needs and possible solutions among Myanmar migrant factory workers at the outskirts of Mae Sod district

### Specific Objectives:

- Identify perceived needs of social network members
- Explore possible solutions with social network members
- Prioritize potential solutions with migrant workers in selected factories

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### Methodology

#### Study Design :

Cross-sectional rapid assessment

#### Target Site:

Factories at the outskirts of Mae Sod District

#### Sample Population:

Migrant factory workers

**Method:** Qualitative: FGD

Quantitative: Survey

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### Methodology

#### Sampling

- Qualitative: Purposive sampling of migrant social networks members
- Quantitative:
  - » Purposively selected those factories where FGD participants came from
  - » Random sampling of factory workers from selected factories

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Summary of Methods Applied		
Method	Qualitative	Quantitative
Technique	FGD	Survey
Tool	FGD guidelines	Structured Questionnaire
		<ul style="list-style-type: none"> <li>Content validated with 2 experts</li> <li>Pre-test with 11 workers</li> </ul>
Samples	Migrant social network members	Migrant factory workers
Sample Size	8 from 3 factories	90 from 3 factories
Data Analysis	<ul style="list-style-type: none"> <li>Content analysis</li> <li>Outcome validated by crosscheck with participants</li> </ul>	Statistical descriptive analysis

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Findings from FGD	
<ul style="list-style-type: none"> <li><b>Needs / Problems</b></li> </ul>	
<b>Living conditions :</b> <ul style="list-style-type: none"> <li>illegal confinement</li> <li>unsafe shelter</li> <li>unsanitary shelter</li> </ul>	<b>Safety &amp; Security:</b> <ul style="list-style-type: none"> <li>not possess own work permit</li> <li>being arrested</li> <li>documents being confiscated</li> </ul>
<b>Working conditions :</b> <ul style="list-style-type: none"> <li>refused to pay wage</li> <li>forced to work excessively</li> <li>unable to change employer</li> <li>unable to communicate</li> </ul>	<b>Lack of access to health services</b> <ul style="list-style-type: none"> <li>language barrier</li> <li>distance</li> <li>security</li> <li>cost</li> </ul>

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Findings from FGD	
Most of problems could be solved by followings:	
<ul style="list-style-type: none"> <li><b>Possible solutions:</b> <ul style="list-style-type: none"> <li>+ Health care services</li> <li>+ Health Education</li> <li>+/- Ombudsman /Advocacy</li> <li>+/- Protesting</li> <li>+/- Learning Thai language</li> </ul> </li> </ul>	

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Findings from Survey	
<ul style="list-style-type: none"> <li>97% agree on the need of having a health service with a Burmese speaking health worker near their factories <ul style="list-style-type: none"> <li>45% will use the service &amp; will donate regularly</li> <li>48% will use &amp; pay for services</li> </ul> </li> <li>90% agree on the necessity of having HE in their factories <ul style="list-style-type: none"> <li>64% will attend all HE topics</li> <li>18% will attend only topics they are interested in</li> </ul> </li> </ul>	

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Findings from Survey	
<ul style="list-style-type: none"> <li>86% agree on the necessity to have someone to speak out for them to employers</li> <li>81% agree on the need to organize protests or strikes when there is disagreement with employer <ul style="list-style-type: none"> <li>48% will join if anyone got exploited by employer</li> <li>33% will join only if themselves/friends got exploited</li> </ul> </li> <li>69% agree on the necessity to learn Thai language <ul style="list-style-type: none"> <li>63% will learn if they have opportunity</li> <li>25% expressed less motivation</li> </ul> </li> </ul>	

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Findings from Survey	
<ul style="list-style-type: none"> <li>Need for health service ranked highest among respondents (96.6%)</li> <li>Need to learn Thai language ranked lowest among respondents (69%)</li> </ul>	

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## Discussion

### Study limitations

- **Illegal status of participants created difficulties in data collection**
  - Difficult to find safe place for FGD
  - Difficult to contact migrant workers
  - Excess work hours & no day off caused problems for workers to participate in the study

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## Discussion (cont.)

### Study limitations (cont.)

- **Study site:**
  - Factories are remote w/o public transport
  - Difficult to access most factories
  - Have to go to meet workers at factory in the evening, road is dark & not safe
- **Sample size survey**
  - Due to time, cost and access constraints, the appropriate sample size could not be applied, therefore findings cannot be generalized

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## Discussion (cont.)

### Triangulation of findings

- Responses from the questionnaire survey confirm the FGD findings

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## Discussion (cont.)

### Relation with reviewed literatures:

- **Problems of workers in Mae Sod similar to other workers in other parts of Thailand** (Caouette et al, 2000)
- **Barriers in access to health services in this study are the same as in other areas of Thailand** (Caouette et al, 2000)
- **A high proportion of respondents expressed to be willing to join strikes which is in line with several reports of strikes by Myanmar factory workers in Mae Sod, despite success** (Bangkok Post, 2003)

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## Conclusion

- **Most needs situate in the environmental component of QoL;**
  - Living condition
  - Working condition
  - Safety and security
  - Access to public services including health services
- **Participants perceived the need for a clinic and IIE as highest**
- **Participants expressed willingness to contribute to sustain health services in their neighborhood**
- **Although FGD participants perceived 3/5 solutions as challenging, the majority of questionnaire respondents perceived all important**

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## Proposal

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

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### Rationale

- Provision of essential health care, which can be accessed by the majority of a population is a PHC target (WHO, 1978 and WHO, 2000)
- Most health facilities are available in the inner Mae Sod town only
- RA findings indicate that access to health services is a priority for migrant respondents

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### Rationale (cont.)

- Lack of access to basic health care may result to complicated health problems, spreading of diseases then increase public health resources consumption & conflict with Thai society
- Migrant health NGOs in Mae Sod are willing to back up to ensure a referral system
- Aurora social support group is willing to extend its social support activities with health services
- One Aurora group member is a trained medic

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### Goal & Objectives

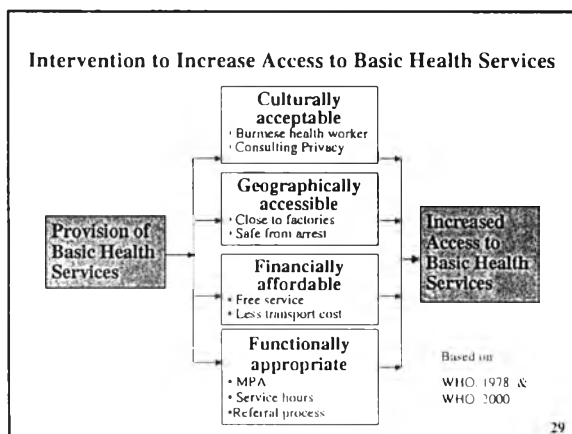
- **Goal:**  
Complement initiatives to improve QoL of Myanmar migrant factory workers at the outskirts of Mae Sod district.
- **General Objective:**  
Increase accessibility to basic health services for migrant factory workers in the outskirts of Mae Sod district.

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### Specific Objectives:

- Establish a social and cultural appropriate basic health care facility
- Decrease geographical barriers in access to health services
- Reduce financial burden of migrant health service users
- Ensure functional appropriate services through the provision of HE, Minimal Package of Activities (MPA) and a referral system

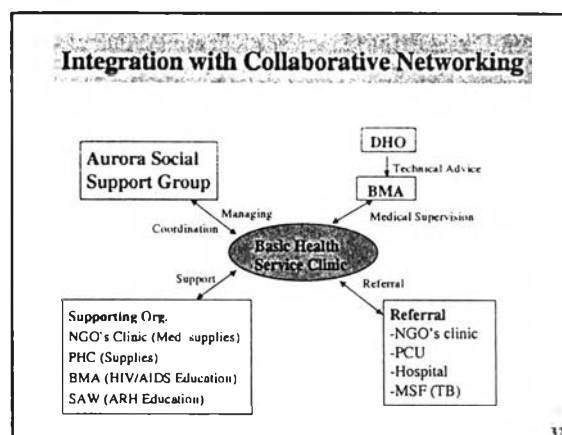
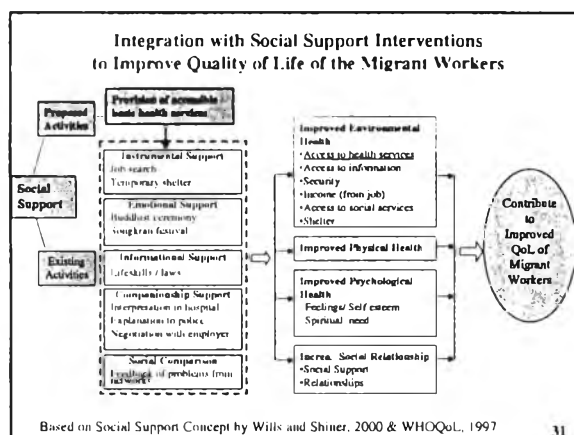
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### Project Description

- **Target group:**  
~8,000-9,000 migrant factory workers in 8 factories at the outskirts of Mae Sod
- **Strategy:**
  - Integration of social support interventions and collaborative networking
  - Decrease cultural, geographical, financial and functional barriers to access health services

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### Decrease Barriers to Access

- **Cultural**
  - Appoint Burmese health worker
  - Establish private consultations
- **Geographical**
  - Establish clinic within factories neighborhood
- **Financial**
  - Free consultation & treatment
  - Decrease transport cost (distance)

### Decrease Barriers to Access (cont.)

- **Functional**
  - Provide MPA based on Burma border guidelines
    - Primary curative consultations for common health problems e.g. ache, conjunctivitis, diarrhea, gastritis, anemia, malaria
    - Emergency care & simple surgery
    - Pre and postnatal care
    - Family planning
  - Clinic hours convenient for migrant workers
  - Refer complex cases to PCU, hospital and or NGOs
  - Facilitate health information sessions by NGOs with migrant networks
  - Regular supervision visits by Burmese Medical Association (BMA) & District Health Office (DHO)

### Evaluation of the Project

#### Evaluation:

- **Purpose:** Provide information on project achievement to guide decision-making on future direction
- **Objective:** Assess effectiveness of the project in terms of access to basic health services

### Evaluation of the Project (cont.)

#### Specific Objectives:

- Assess cultural appropriateness of health services
- Assess geographical barriers to health services
- Assess financial burden of health service users
- Assess functional aspects of services

### Key Indicators of Achievement

- Cultural appropriateness of health services:
  - % of clients speak health worker's languages
  - % of clients' satisfaction with health worker's attitude
- Geographical barriers:
  - Average travel time
  - No. of harassment reported
- Financial burden:
  - Average transport cost
  - Average wage loss
  - Average service cost & contribution

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### Key Indicators of Achievement (cont.)

- Functional appropriateness
  - No. of consultations per period
  - No. of days service provided per month
  - Total no. of referrals per period
  - No. of referrals per referral organization
  - Ratio referrals/consultations
  - No. of health education sessions per period
  - Average no. of attendants per health session
  - No. of supervision visits per period
  - Average time per supervision visit spent
  - Supervision reports/checklists

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### Activity Timeline (18 months)

Activity Plan	MONTH																	
	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. Prepare for coverage & tracing activities																		
Service Implementation																		
Providing health care services																		
Facilitating health information sessions																		
Mentoring																		
Prepare for supervision activities																		
Supervision schedule																		
Evaluation																		
Design and conduct evaluation																		

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### Budget

- Total estimated budget 600,000 Bahts
- Expect funding from subgranting NGOs, private donors or foundation
- In kind resources from BMA, NGOs, PHO

**THANK YOU**

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