



The View From A Migrant Clinic At Thai - Myanmar Border

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Overview

- Objectives
- Introduction
- Backgrounds
- H5 and H1 Vs Migrants
- Conclusion



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Objectives

- To provide information on a real situation of vulnerable population at Thai-Myanmar Border.
- To explore the suitable ways to prevent the migrant from H5N1 and H1N1.

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Introduction

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- Over one million people displaced internally in Burma
 - 9 official refugee camps along the eastern Burma border hosted approximately 140,000 refugees
 - Over one million migrant workers working in Thailand
 - Every month, an estimated 2,000 to 3,000 Burmese cross the border into Thailand

Mae Tao Clinic Background



- Established in 1989, located in Mae Sot District of Tak Province, Thailand
- Catchments area of approximately 150,000 migrant workers in Thailand and 50,000 internally displaced person who cross the border from Burma
- Provide comprehensive health services, train health workers and support community outreach health education
- In 2009, 200 inpatient bed facility, 300 Burmese health volunteers, and 10 international volunteers



BURMA MEDICAL ASSOCIATION

- Established in 1991, Catchments area of approximately 200,000 internally displaced person inside Burma
- Provide technical , financial support and capacity building to local ethnic health organization,



Health Education and Literacy Project Background

- Established in 2009, located in Mae Tao Sub-District, Mae Sot District of Tak Province
- Catchments area of approximately 55,000 Migrant Workers in Thailand
- Provide Health Education, Family Planning, Outreach Health Care
- In 2009, 20 Burmese Volunteers, 44 Health Talks, 3 Health Education Campaigns, 2 Polio Campaigns, 24 Mobile Medical Trips

How H5 and H1 affected migrants?

H5N1 and H1N1 epidemic on migrant is at high risk of recurrence due to the multi-factors.

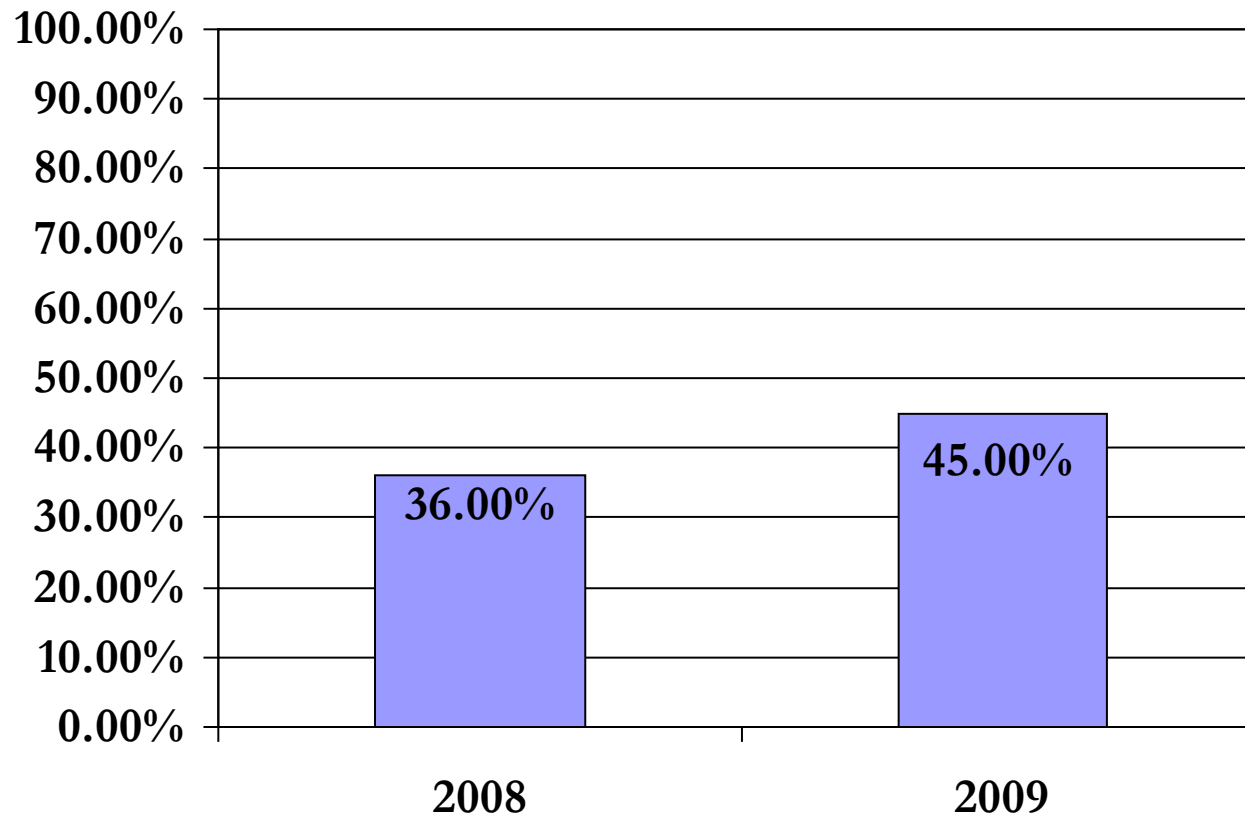


Behaviors of Migrants

■ Personal Hygiene



Assessment of hand-washing practice among the Migrants' Students



Migration of Migrants

Seasonal Migration, Cross Border



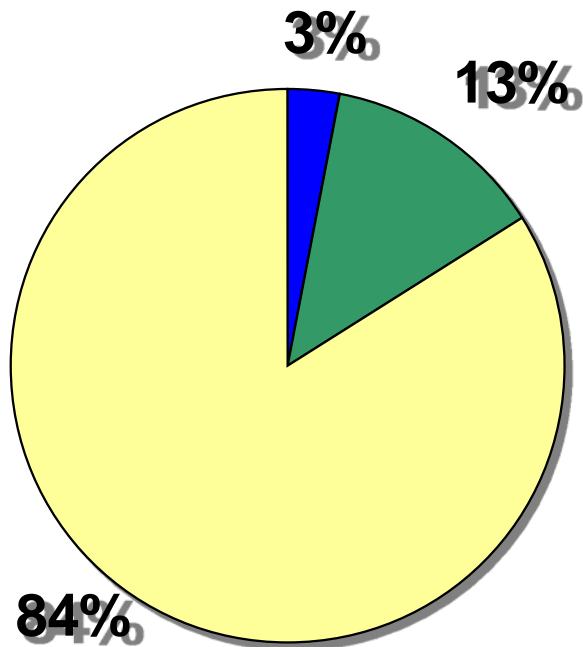
Unreachable for Health Care Provider /



Lack of Health Care



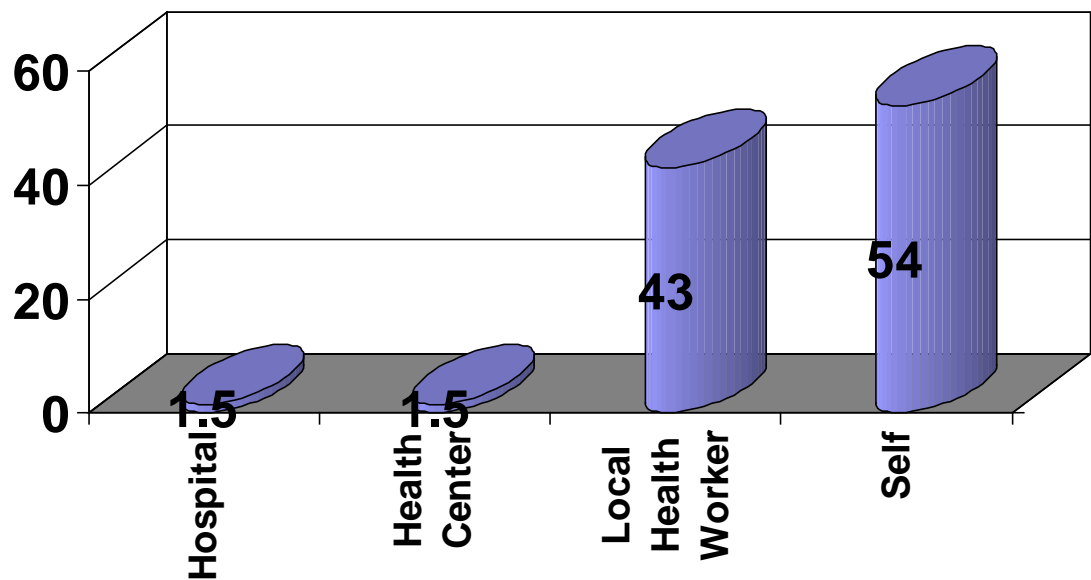
Assessing the Health Knowledge of the Migrant in Influenza



■ Right ■ Wrong ■ Don't Know

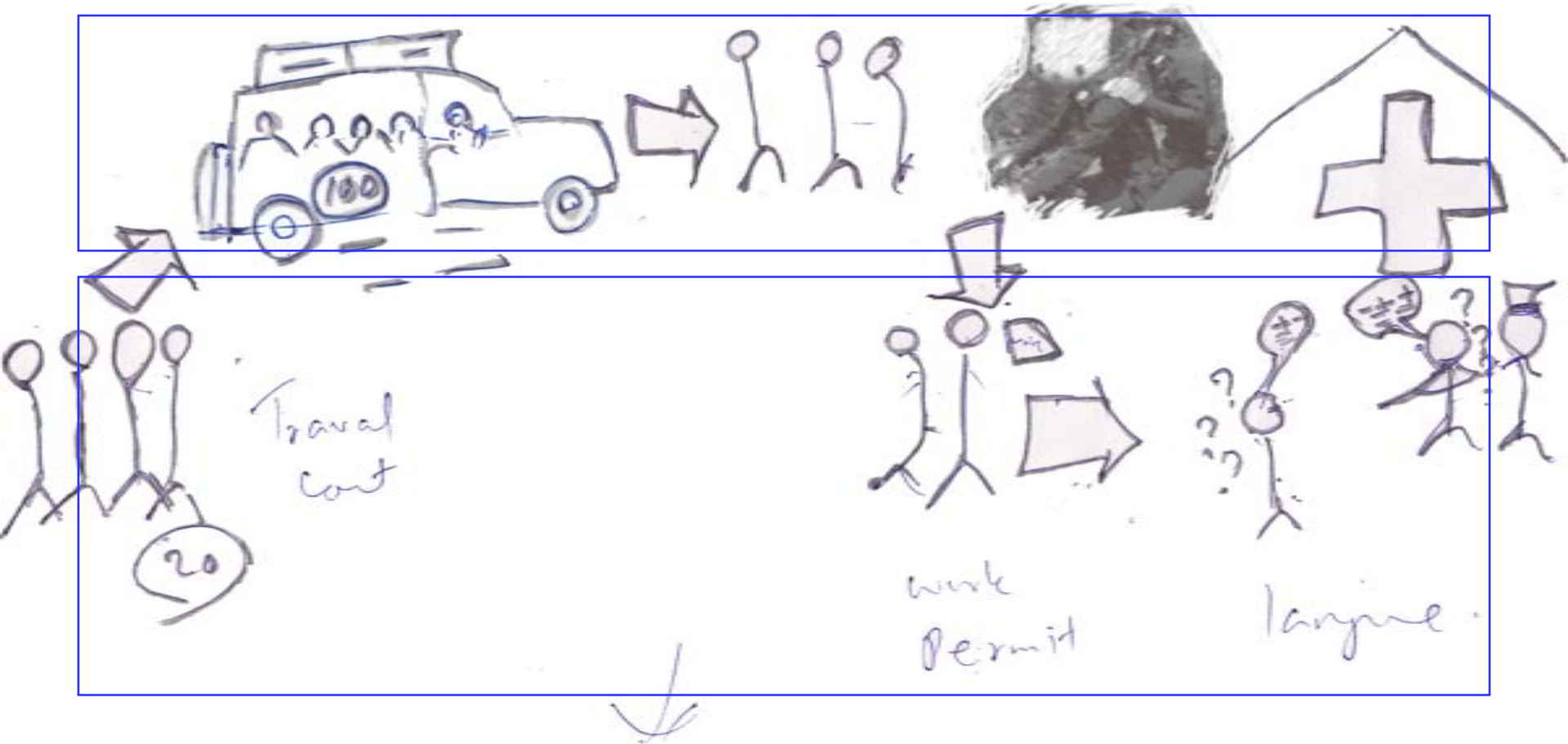
Health Service Utilization Among the Migrants

- Type of Health Service utilized for illness



Under five complete immunization less than 50% (Ref: Mae Sot Hospital, Community Health Protection Unit, Survey of Migrants community in Mae Sot, 2002)

----- Airport -----



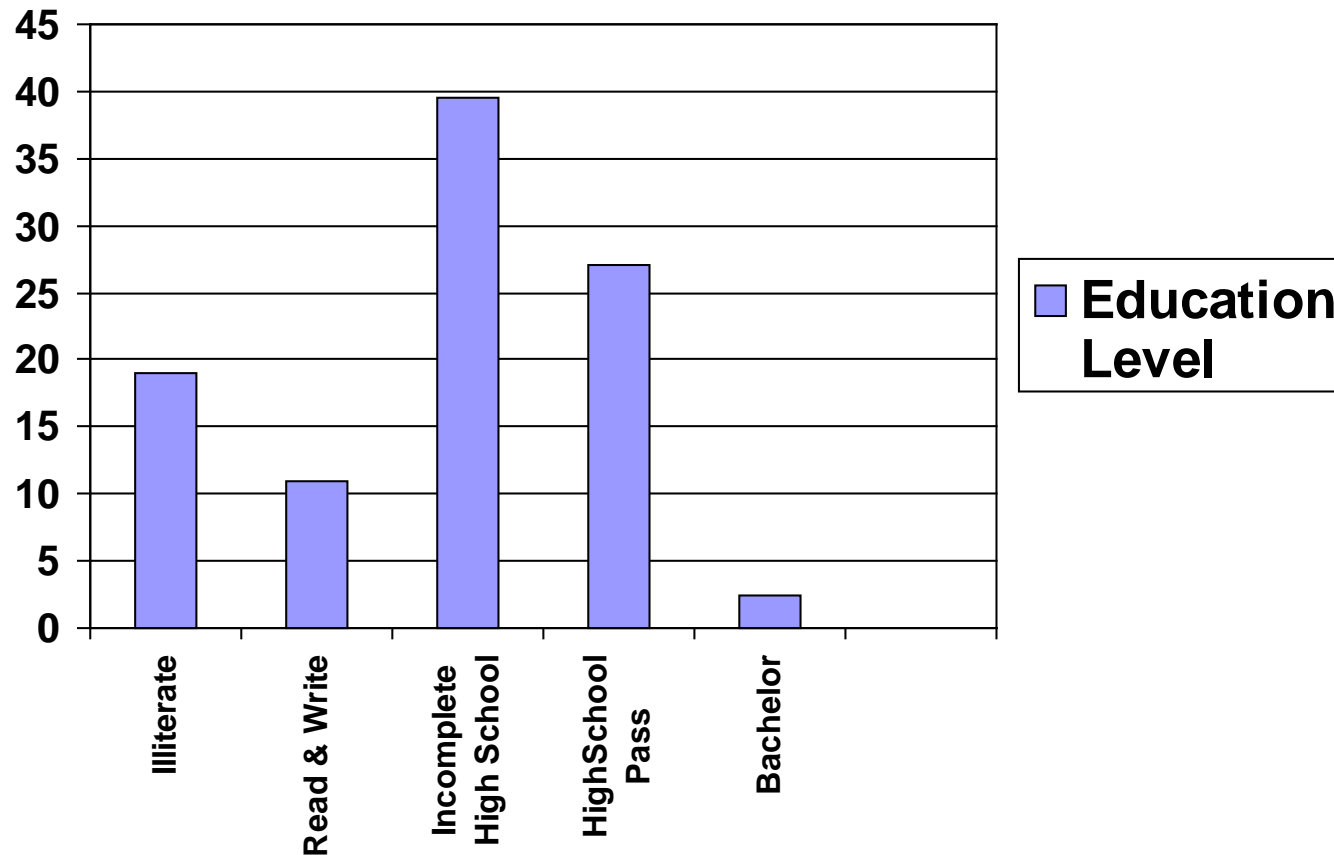
Socioeconomic Conditions of Migrants

Poverty

- ❑ Less / Irregular Income
- ❑ Low Percapita Income
- ❑ Poor Housing
- ❑ Poor Work Conditions (Overcrowded Factory)
- Poor access to social services

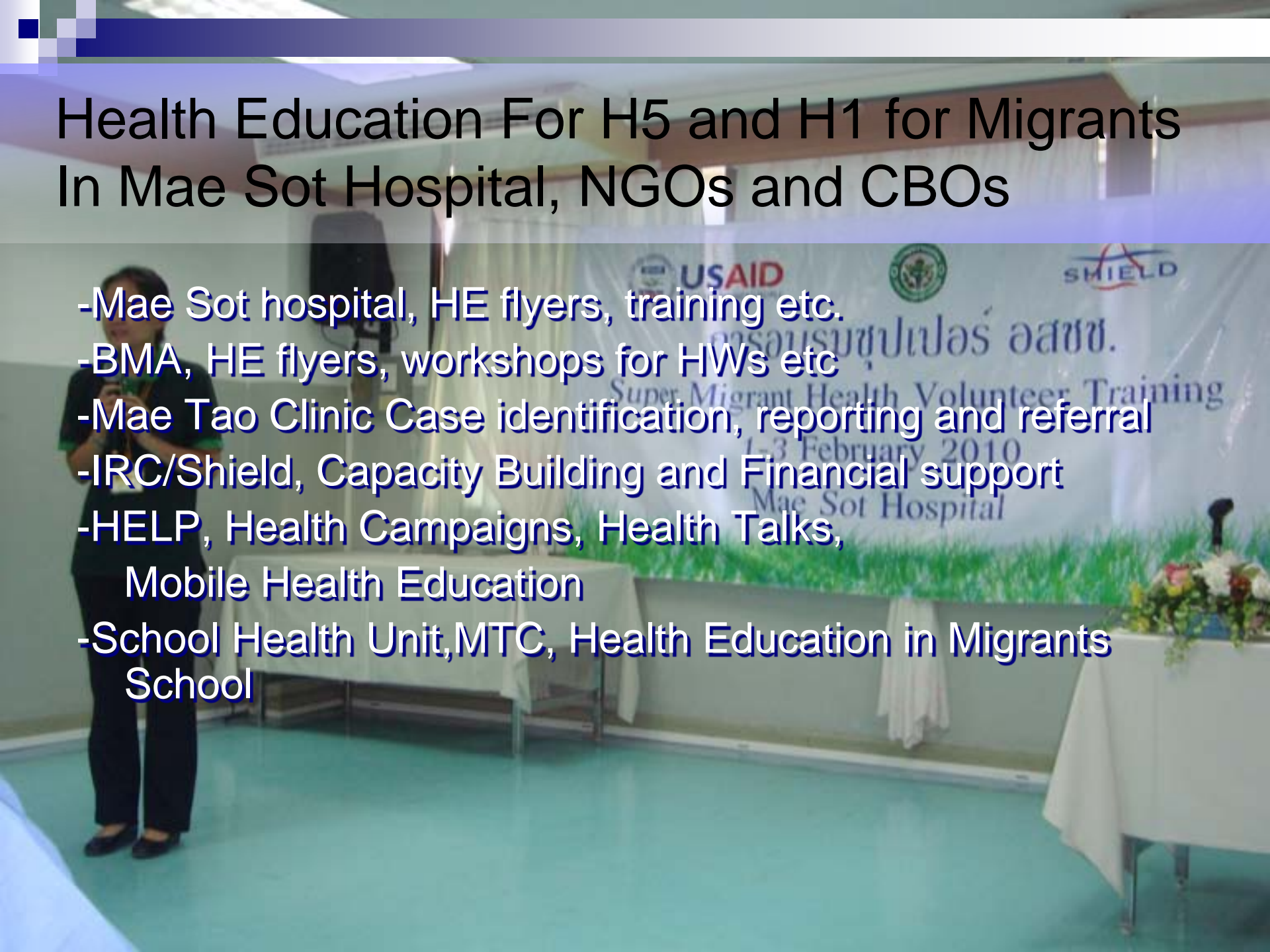


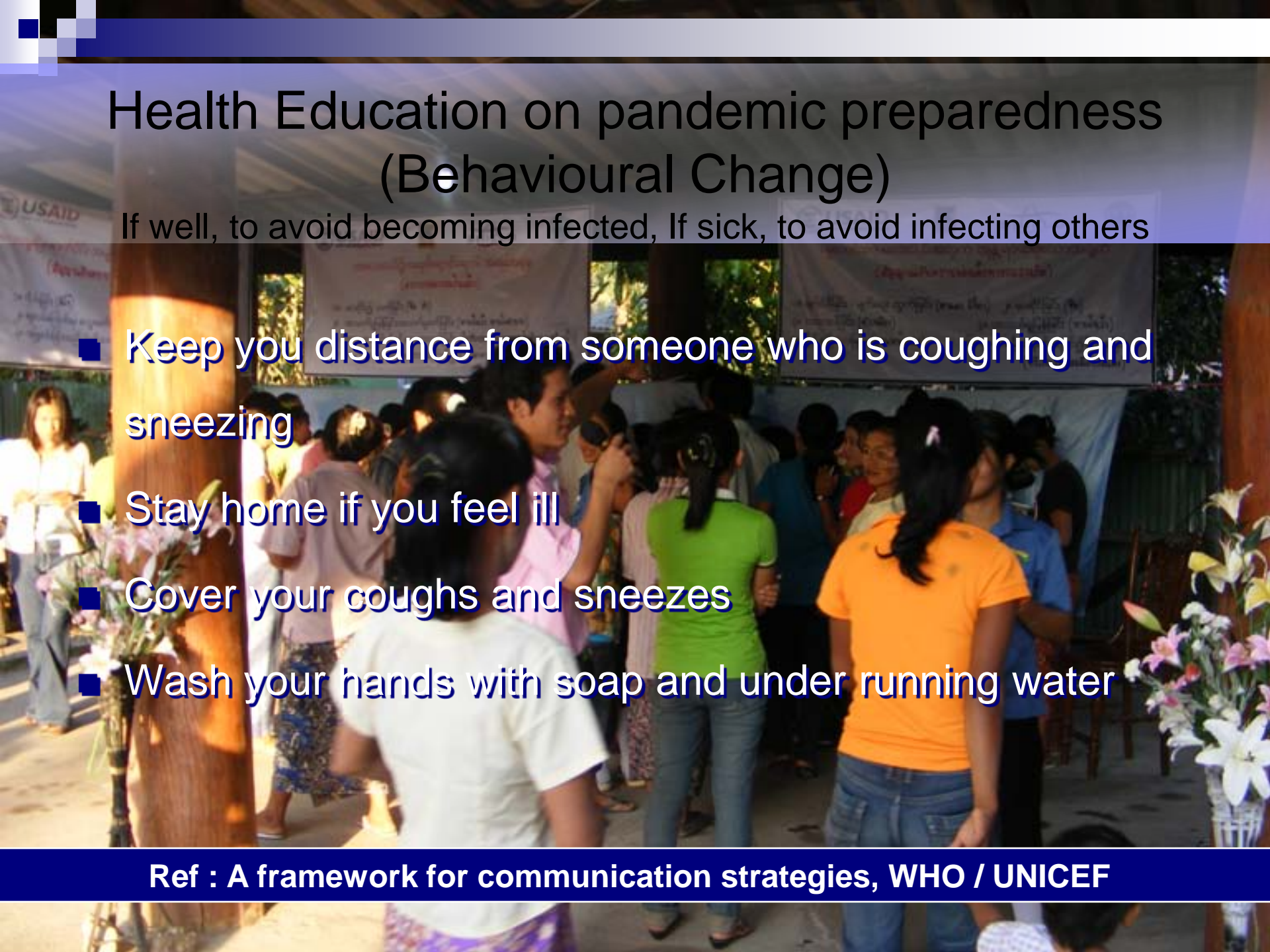
Education Level Among the Migrant Family Members



Health Education For H5 and H1 for Migrants In Mae Sot Hospital, NGOs and CBOs

- Mae Sot hospital, HE flyers, training etc.
- BMA, HE flyers, workshops for HWs etc
- Mae Tao Clinic Case identification, reporting and referral
- IRC/Shield, Capacity Building and Financial support
- HELP, Health Campaigns, Health Talks,
Mobile Health Education
- School Health Unit, MTC, Health Education in Migrants
School





Health Education on pandemic preparedness (Behavioural Change)

If well, to avoid becoming infected, If sick, to avoid infecting others

- Keep you distance from someone who is coughing and sneezing
- Stay home if you feel ill
- Cover your coughs and sneezes
- Wash your hands with soap and under running water

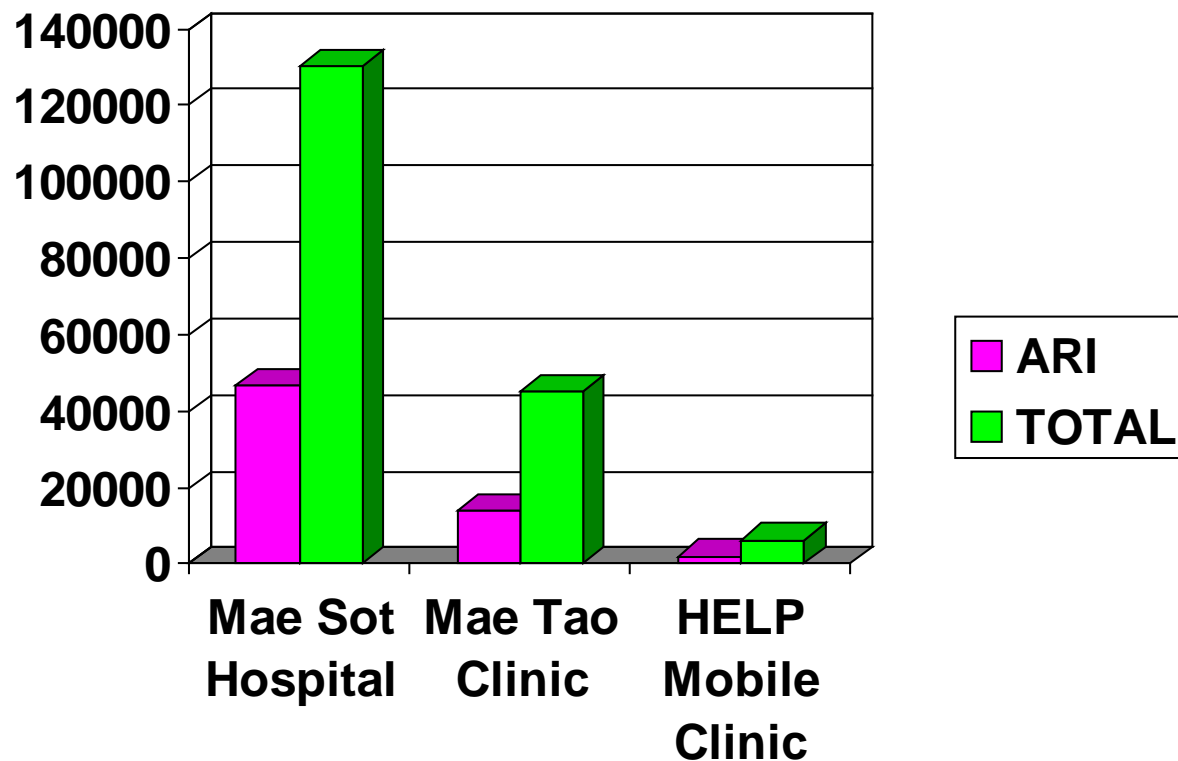
Ref : A framework for communication strategies, WHO / UNICEF

Health Education on pandemic preparedness (Behavioural Change)

Protect caregivers and other family members from infection

- Give sick people a separate space at home
- Assign a single caregiver to a sick people
- Give plenty of fluid to the sick people
- Recognize danger sign and sick prompt care

ARI Vs Total Case Load among the Migrants in 2009



H1N1 / H5N1 case 0

Ref ; HIS Mae Tao Clinic, CDC Mae Sot Hospital, HELP

Vulnerability

- respiratory etiquette , E.g. sneezing to the air
- facility, E.g. insufficient water supply and soap
- space, E.g. overcrowded in home, factory, work place
- income, E.g. worker on daily wages
- Permission form Employers E.g. factory workers



Challenges

- Legal status of Migrants Health Workers, eg. Travel restriction for Health Education
- Harassment from authorities from both sides
- Fear of deportation
- Fear of punishment in Burma side



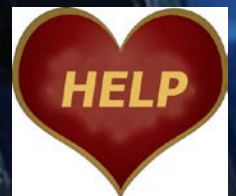
Conclusion

- Burmese migrants are highly vulnerable to H5N1 and H1N1
- Need Bilateral -Government commitment on National and local level strategies of cross border collaboration



Recommendation

- Making preparation for prevention measure
- Increase community involvement
- Coordination and co-operation between government, NGOs and CBOs



For more information:

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Thank you