



EXECUTIVE SUMMARY

HIV Vulnerabilities Faced by Women Migrants: from Asia to the Arab States

From silence, stigma and shame to safe mobility with dignity, equity and justice



UNAIDS
LEADY UNITED NATIONS PROGRAMME ON HIV/AIDS

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IOM International Organization for Migration



Caritas
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Migrants Centres



United Nations Development Fund for Women
UNIFEM

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This publication is the Executive Summary of a qualitative research study undertaken by UNDP Regional HIV and Development Programme - in partnership with UNAIDS, the International Organization for Migration (IOM), the United Nations Development Fund for Women (UNIFEM), Coordination of Action Research for AIDS and Mobility in Asia (CARAM Asia), and the Caritas Lebanon Migrant Center (CLMC) - on the HIV vulnerabilities of Asian migrant women in Arab states. The study covered four countries of origin: Bangladesh, Pakistan, Philippines, and Sri Lanka; and three host countries: Bahrain, Lebanon, and the United Arab Emirates (UAE).

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It is our collective hope that this study will contribute to generating more responsive policies and programmes that will ensure the safe movement of Asian migrant women to HIV prevention, care, and support services throughout the full cycle of migration.

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Acronyms

| | | | |
|------------|---|--------|---|
| ACHIEVE | Action for Health Initiatives, Inc. | MoEWOE | Ministry of Expatriate Welfare and Overseas Employment |
| ARV | Anti-Retro Viral | MoHFW | Ministry of Health and Family Welfare |
| ASEAN | Association of South East Asian Nations | MoPH | Ministry of Public Health |
| BEOE | Bureau of Emigration and Overseas Employment (Pakistan) | NACP | National AIDS Control Program |
| BMET | Bureau of Manpower, Employment and Training (Bangladesh) | NAP | National AIDS Control Program (Lebanon) |
| CFO | Commission on Filipinos Overseas | OUMWA | Office of the Undersecretary for Migrant Workers Affairs |
| CLMC | Caritas Lebanon Migrant Center | OEP | Overseas Employment Promoters (Pakistan) |
| CWA | Community Welfare Attaché | OFWS | Overseas Filipino Workers |
| CARAM-Asia | Coordination of Action Research for AIDS and Mobility in Asia | OWWA | Overseas Workers Welfare Administration |
| DFA | Department of Foreign Affairs | OKUP | Ovibashi Karmi Unnayan Program |
| DSWD | Department of Social Welfare and Development | PLHIV | people living with HIV |
| FGD | focus group discussions | PNAC | Philippine National AIDS Council |
| GAMCA | GCC Approved Medical Centres Association | POEA | Philippine Overseas Employment Agency |
| GCC | Gulf Cooperation Council | POLO | Philippine Overseas Labor Office |
| HASAB | HIV/AIDS and STD Alliance Bangladesh | PDOS | pre-departure orientation seminar |
| IDI | in-depth interviews | RCC | Regional Consultative Processes |
| IDU | injecting drug users | STI | sexually transmitted infections |
| ILO | International Labor Organization | SAARC | South Asia Association for Regional Cooperation |
| IOM | International Organization for Migration | SLBFE | Sri Lankan Bureau of Foreign Employment |
| KABP | Knowledge, Attitude, Behaviors, and Practices | UAE | United Arab Emirates |
| KII | Key informant interviews | UFDWRS | United for Foreign Domestic Workers' Rights |
| LMRA | Labor Market Regulatory Authority (Bahrain) | UNAIDS | Joint UN Programme on HIV/AIDS |
| MOA | Memorandum of Agreement | UNIFEM | United Nations Development Fund for Women |
| MOU | Memorandum of Understanding | UNDP | RCC United Nations Development Programme-Regional Center in Colombo |
| MSM | men who have sex with men | VCT | voluntary counseling and testing |
| MWPS | Migrant Workers Protection Society (Bahrain) | WHO | World Health Organization |

Executive Summary

Background

The Arab States are the primary destinations for many migrant workers from various countries in Asia, including Bangladesh, Pakistan, the Philippines, and Sri Lanka. Of these migrants, many are women: in 2005, 59 percent of Sri Lankan migrant workers were women, of which 90 percent were domestic workers, largely in the Arab States. Since 2000, women have comprised 90 percent of yearly deployment of new hires¹ for service workers in the Philippines, of which 30 percent are employed as domestic help. A similar preference for the Arab States is observed in the case of Bangladesh, where between 1991 and 2007, 60 percent of female migrants left to find employment in the Arab States.

Female migrants from the region generate substantial economic benefits both to their countries of origin and their host countries. Remittances from Filipinos working in the Arab States in 2007 amounted to \$2.17 billion. In Bangladesh, migrant workers sent back close to \$1.4 billion from Saudi Arabia and \$637 million from the UAE. Current remittances by migrant workers from Sri Lanka amount to \$3 billion. In terms of benefits to the host countries, female migrant workers supply much needed assistance in the domestic help sector while contributing to the countries' wealth generation process.

Despite this substantial contribution, migrant workers, especially women, often migrate under unsafe conditions, live in very difficult circumstances, and are targets of sexual exploitation and violence. In addition, in all host countries studied domestic workers are formally discriminated against, falling outside the ambit of local labor laws that protect the rights of migrant workers in other sectors. Hence, legislation and enforcement governing the scope of work, number of working hours, minimum wages, and leave and other entitlements of these domestic workers are practically non-existent. Unsafe migration, duress in the workplace, sexual exploitation (both in the home and host country), lack of legal coverage, and limited or no access to health and social services tend to make female migrants, especially in the domestic sector, particularly vulnerable to HIV.

As it is often the case in countries with low HIV prevalence such as Bangladesh, Pakistan, Philippines and Sri Lanka, migrant workers

often figure in the national HIV registry, as a result of compulsory HIV testing. Cases of HIV among domestic workers have been recorded in a number of migrant-sending countries such as the Philippines, Sri Lanka, and Indonesia, among others.

The Commission on AIDS in Asia 2008 Report notes that migration and mobility are among the driving factors in several of Asia's HIV epidemics.² While migration is not a direct risk factor for HIV infection, there are economic, socio-cultural, and political factors in the migration process that make migrant workers particularly vulnerable.

In August 2007, the United Nations Development Programme (UNDP), in close partnership with the Coordination of Action Research for AIDS and Mobility in Asia (CARAM-Asia), the Caritas Lebanon Migrant Center, and development partners such as the Joint UN Programme on HIV and AIDS (UNAIDS), International Organization for Migration (IOM), and the United Nations Development Fund for Women (UNIFEM), conducted a qualitative study to deepen understanding on the nexus between migration and HIV. The specific focus of the study was on the vulnerabilities faced by women migrant workers in four countries of origin: Bangladesh, Pakistan, the Philippines, and Sri Lanka; and in three host countries: Bahrain, Lebanon, and the United Arab Emirates (UAE). For Pakistan, where women make up only 1 percent of migrant workers, the study focused on male migrant workers and the impact on their spouses upon their return.

By analyzing the economic, socio-cultural, and political factors that influence the HIV vulnerability of migrant workers - especially female migrant workers - the study aims to aid the design of appropriate rights-based HIV prevention programmes. It also is intended to identify emerging challenges and trends in the response to HIV and migration issues in host countries, particularly in the area of human rights and public health.

Objectives

- 1) Generate indicative data on migrant workers, including demographic and economic profiles and sexual and health-related behaviors of women migrant workers.

¹ "New hires" refer to Overseas Filipino Workers who have new employers.

² Commission on AIDS in Asia, "Redefining AIDS in Asia: Crafting an Effective Response" (Oxford University Press: India, 2008).

Table 1: Breakdown of Responses

| | In-country respondents | Dubai, UAE | Bahrain | Lebanon | PLHIV returnees | TOTAL |
|--------------|------------------------|------------|------------|-----------|-----------------|---------------------------|
| Bangladesh | 125 | 22 | 28 | 20 | | 195 (female) |
| | | 15 | 15 | 15 | | 45 (all male respondents) |
| Philippines | 34 | 18 | 21 | 16 | 4 | 93 (female) |
| Sri Lanka | 100 | 15 | 15 | 15 | 15 | 160 (female) |
| Pakistan | 48 | 25 | 24 | | | 97 (all male respondents) |
| TOTAL | 307 | 95 | 103 | 66 | 19 | 590 |

- 2) Generate data on existing HIV responses, gaps, and challenges in the host countries.
- 3) Identify links between migration conditions and HIV vulnerability as well as gaps in current responses, in both origin and host countries, with regard to prevention, testing, and care.
- 4) Propose research, policy, and programme recommendations related to HIV prevention, testing of, and care for women migrant workers.

Methodology

This regional study utilized qualitative methods in data collection and analysis. Initial desk reviews were undertaken by the in-country research teams to compile existing literature on migration, including those identifying HIV and AIDS patterns and trends among female migrant workers to the Arab States. Relevant national policies, legislation, and programmes were also compiled. This was followed by focus group discussions (FGDs) and one-on-one in-depth interviews with 448 female migrant workers and 142 male migrant workers over a period of nine months. These interviewees included migrants living with HIV who had returned from the Arab States. In addition, key interviews were conducted with senior officials of the ministries of Health, Labor, and Foreign Affairs, as well as representatives of the National AIDS Authority, Bureau of Foreign Employment, and the various embassies. Other key informants interviewed included service providers, relevant NGOs, and recruitment

agencies in both origin and host countries. The above table illustrates the breakdown of respondents.

The overall research included two technical meetings with the researchers and development partners to, first, develop the research design and tools, and, second, to discuss preliminary findings and themes for the analysis of the data.

The key challenge faced by the researchers was the limited access to women migrants in the host countries and countries of origin, as well as to officials and agents. Women migrants are not organized and do not necessarily hail from a common locality, making access difficult. The situation was even more difficult in host countries because migrants were largely confined to their workplace and were restricted by their contracts. The researchers sought the support of NGOs wherever they existed. The reluctance to speak on record by officials and agents in some locations also inhibited access to information for this study.

Key Findings

Limited preparedness and poor access to information and services render migrant women vulnerable to HIV.

Knowledge about HIV and AIDS among migrants was found to vary from country to country. Over 50 percent of the Sri Lankan respondents believed that HIV could be transmitted by mosquitoes and over 25 percent did not know that condoms could provide protection from HIV. Among the Filipino migrants interviewed

Box 1: UNITED ARAB EMIRATES & DOMESTIC WORKERS

- A new unified contract to regulate the rights and duties of domestic workers came into effect in April 2007. Some of its features are:
 - A contract will be valid for two years.
 - There will be three copies of a contract (in Arabic and English), with each party having one copy and a third residing with the Residency Department of the host country.
 - Each two-year contract will include a month's paid leave and medical aid provisions.
 - The Residency Department will host a unit to arbitrate disputes.
 - A one-way ticket to the home country will be issued at end of the contract. If the contract is ended by the sponsor prior to its expiration, a ticket and a month's salary shall be paid to the worker. If it is ended by the worker prior to expiration, he or she will be charged for the return ticket.
 - Employers will facilitate contact with workers' families back home.
 - Disputes not settled within two weeks will be referred to the courts.
 - A worker's legal rights will be forfeited if he or she absconds from an employer.
 - Fees charged by recruiting agencies will be checked through coordination with the consulates of labour in the exporting countries.
 - In case of death of a domestic worker, the employer is responsible to repatriate the body of the deceased and all personal belongings.
 - Heavy fines of up to 50,000 dirhams (\$14,000) will be imposed for hiring illegal domestic maids.
- A new labour law to protect domestic workers has been drafted by a taskforce as per a Cabinet decree in October 2007, and will be sent to the relevant government bodies for amendments and revisions before promulgation by the UAE President.
- Since January 2008, sponsors of housemaids in Dubai who abet maids in carrying out illegal work will be charged with the crime of human trafficking and face 10 years in jail or more. Previously, sponsors who released their housemaids for a fee to carry out jobs illegally were charged with the crime of selling visit/residence visas.

Source: "Combating Human Trafficking United Arab Emirates Annual Report 2007";
http://www.uaeinteract.com/docs/Full_text_of_UAEs_annual_report_on_combating_human_trafficking/30166.htm

onsite, 84 percent were aware that HIV is sexually transmitted and that using condoms can prevent it. However, 14 percent also had misconceptions, e.g. that HIV can be transmitted through kissing or mosquito bites. Ninety-six percent of Bangladeshi domestic workers interviewed onsite did not receive training on HIV before they left the country. While half of them had heard of HIV from the media or from co-workers, none still had in-depth knowledge on HIV prevention and safer sex practices. In Pakistan, 88 percent of respondents did not have any information related to HIV and AIDS before traveling abroad.

The study found out that the four countries of origin required migrant workers to go through a pre-departure training or briefing before they emigrate. However, only 70 percent of respondents

in Sri Lanka and 71 percent in the Philippines attended the pre-departure training/orientation. In Bangladesh, only nine per cent of the respondents attended the pre-departure briefing, while in Pakistan, 83 percent of the respondents said that they had not undergone any pre-departure orientation.

Excessive recruitment fees and poor wages push them into debts traps that often lead to sexual exploitation.

Migrant workers are often charged illegal and excessive fees by recruiting agents and sub-agents which pushes them into debt. In Pakistan, the majority of respondents shared that the hiring agents charged them an enormous sum of money for their visas. The cost of overseas employment depends on the type of visa and the nature of work. A company-sponsored visa to Saudi Arabia,

could cost as much as US\$2,900, whereas an open visa (or Azad visa) would cost around US\$1,450. The latter, usually arranged through friends and relatives, is said to leave migrants at a risk of deportation or harassment by law enforcement agencies, given its legality is circumspect.³ In Sri Lanka, a large majority of the women were unaware of the legal cap of US\$50 fixed by the Sri Lankan Bureau of Foreign Employment (SLBFE) on fees charged by hiring agents. Some women reported paying as much as US\$ 345 for the “opportunity” to work abroad. For Filipino domestic

workers, the placement fees ranged from US\$62.50 to as high as US\$375 to go to Bahrain. For those who went to Dubai, the range was from US\$50 to US\$500. However, those without valid work permits paid more exorbitant fees, starting from US\$2,000.

The high cost of migration is not matched by sufficient wages, and often the migrants find it hard to save enough to pay off their debts and send money home. Such situations, make them highly vulnerable to sexual exploitation. Several respondents of

BOX 2: PHILIPPINES - LEGAL AND INSTITUTIONAL FRAMEWORK FOR MIGRATION MANAGEMENT
The combination of a strong legal framework on migrant labor and comprehensive migration management institutions contribute to the relatively enhanced protection of human rights of Overseas Filipino Workers (OFWs) vis-à-vis migrant workers of other nationalities overseas. The legal framework has its roots in:

Constitutional provisions that:

- “values the dignity of every human person and guarantees full respect for human rights” (Art. II, sec. 11);
- “recognizes the role of women in nation-building, and shall ensure the fundamental equality before the law of women and rights” (sec. 14);
- affirms labor as a primary social economic force. It shall protect the rights of workers and promote their welfare.” (sec. 18).

Republic Act No. 8042 (RA 8042), or the Migrant Workers and Overseas Filipinos Act of 1995, which provides the main legal framework for the Philippine labor export system,

- and states that “(t)he existence of the overseas employment program rests solely on the assurance that the dignity and fundamental human rights and freedoms of the Filipino citizens shall not, at any time, be compromised or violated.” (sec. 2 (c));
- designates state agencies responsible for promoting the welfare and protecting the rights of OFWs and creating new mechanisms, including the establishment of a legal assistance fund and emergency repatriation fund;
- sets the criteria for countries to which Filipino migrant workers can be deployed;

- defines acts constituting illegal recruitment and penalties thereof;
- sets mandatory periods for the resolution of illegal recruitment cases;
- provides for free legal assistance and preferential treatment of victims of illegal recruitment under the witness protection program;
- requires gender-sensitive labor migration policies, programs, and services.

Key migration management institutions:

The Philippine Overseas Employment Administration in the Department of Labor and Employment, licenses private recruitment agencies;

- informs potential overseas workers of agencies that have issued false contracts or have not complied with rules during the deployment process;
- publishes on their website an updated list of overseas job openings, recruitment agencies’ contact information, and the number of vacancies available;
- provides a quality control service by rating the status of private recruitment agencies;
- works with the Philippine Overseas Labor Offices overseas to monitor the treatment of Overseas Filipino Workers, verifies labor documents, and assists OFWs in employment and labor-related disputes.

The Overseas Workers Welfare Administration, an attached agency of the Department of Labor and Employment, is the lead government agency tasked to protect and promote the welfare and well-being of Overseas Filipino Workers and their dependents. Its programs include insurance and health care programs services, education and training benefits, family welfare assistance, and worker assistance and on-site services.

Source: Verghis and Conda 2008; Ruiz NG 2008; <http://www.owwa.gov.ph/>

³ Migration - Trafficking Nexus. The Case of Pakistan, The research study by Sattar, Adnan. 2007



the study mentioned that they have been coerced into sexual relationship by economic necessity. In some cases, this is also driven by emotional and physical needs. Several respondents have also reported that they have been forced into sex by employees, male members of the employee-households, other migrants and hiring agents in the host countries. Around 15 and 20 percent of respondents from Sri Lanka and the Philippines, respectively, stated that they were sexually active during the course of their overseas employment.

Most of these sexual relationships are unsafe because of poor condom use. None of the 160 Sri Lankan migrant workers who participated in the study reported regular condom usage. Only

one of the 20 Filipina respondents, who were sexually active, reported condom use, that too sporadically. About 82 percent of Pakistani migrant workers participating in the study affirmed that they had sexual relations with female sex workers, but condom use was negligible. Several factors including lack of accessibility, awareness, inability to negotiate condom usage, and inherent negative attitudes towards condoms contribute to the unsafe sexual practices common to migrant workers.

Mandatory HIV testing both in countries of origin and host countries is not migrant friendly.

The Arab States require migrant workers to pass an HIV test as a prerequisite for a work permit. Often, the testing happens



without counseling and informed consent. If the workers are tested and diagnosed with HIV in the host country, they are subjected to deportation. In the Philippines, 62 percent of respondents interviewed onsite⁴ underwent an HIV test prior to departure. Those who went through other visa schemes, such as a sponsorship or visit visa, did not go through HIV testing prior to departure but still underwent medical testing when they applied for a work permit in the host country.

Abusive and exploitative working conditions and lack of redress mechanisms trap women in a vicious cycle of poverty and HIV vulnerability.

While domestic and non-domestic workers are subject to similar requirements and testing processes in the pre-employment phase, unlike the latter group the domestic workers are insulated from the protective cover of local labor laws in the host countries included in this study. This anomaly is attributable to a reluctance on the part of host governments to regulate the private behaviors of residents within their homes. As a result, domestic workers often complain of an excessive workload and disproportionate pay. The Sri Lankan country report noted that 33 percent of the respondents suffered from non-payment or underpayment of wages as well as physical abuse. Almost all Filipino domestic workers interviewed were not allowed days off; the most common abuses reported were long working hours, excessive workload, low salary, inadequate food, late and non-payment of wages,



verbal and physical abuse, and sexual harassment. Bangladeshi migrant workers reported irregular payment of salaries, long working hours, physical beating, and sexual abuse.

Migrant workers who flee abusive working conditions are immediately rendered “illegal” by host countries, as mandated by the *Kafala* sponsorship programme. Illegal/Irregular status increases the potential for systematic abuse of these workers; the study found that many are sexually exploited and some are coerced into sex work. The Sri Lankan respondents and NGO officials reported that these “runaway” women who lack valid work or residence permits are especially susceptible to being abused by taxi drivers, other migrants, or even organized crime. Since their legal status deprives them of access to judicial protection or redress mechanisms, these workers are often at the mercy of the people from whom they seek support or shelter.

In the absence of local mechanisms within host countries to address abuses of migrant workers, embassies and consulates can play a critical role. However, often, where they exist, they are understaffed or ill-prepared to address the range of migrant needs. At the time of this research, there were 80 women in the shelter in the Philippine Overseas Labor Office in Bahrain and 54 in Dubai, UAE.

⁴“Onsite” refers to the place of employment or the destination site. For the purpose of this research, it collectively refers to the three host countries: Bahrain, Lebanon, and UAE.

BOX 3: LEBANON - LAW GOVERNING MONITORING OF RECRUITING AGENTS

Decree law number 1/70 issued by the Ministry of Labor in 2003, regulating the responsibilities of recruiting agents in Lebanon, stipulates that:

- Any recruiting agent must have a license to perform such service. This license is issued and approved by the Minister of Labor provided all conditions for such request are in order and respected.
- Any license can be retrieved at any time by the Ministry of Labor, if the recruiting agency does not abide by the laws. In fact, in 2004-2005, more than 11 agencies were closed because they were not in conformity with existing laws.

To qualify for a license the agency must:

- provide a deposit of 50,000,000 LBP (equivalent to \$33,000) as a warranty at the Housing National Bank (affiliated with the Lebanese Government);
- present a formal commitment before a notary testifying to abidance of the laws and regulations of the Ministry of Labor and acknowledging responsibility in the case of infringement;
- have a clean judicial record for the owner and any other partner.

One license only may be delivered per recruiting agent, and it cannot be bequeathed to another person or sold or lent. Recruiting agents are forbidden from presenting any request under a fictitious sponsor to bring a migrant worker in view of making them work on a daily or monthly basis or in companies.

Recruiting agents must draw up a schedule to call periodically the sponsor and migrant worker in order to assess the migrant worker's performance and to ensure that she is well treated and benefiting from all her rights (monthly payment of wages, sufficient rest per day, no mistreatment or abuse of any kind, an acceptable place to sleep, and the provision of medicine, food, and clothing). In case the sponsor fails to respect these provisions, the latter will be subject to judicial pursuit. The recruiting agent must then inform the complaint desk at the Ministry of Labor for problematical cases.

The recruiting agent must not abuse the migrant worker; and in case of disagreement or conflict between them (agency/sponsor/ migrant worker) a complaint can be filed before the Ministry of Labor's Complaint Desk

The recruiting agent must keep a record whereby information of all migrant workers with their sponsor name and address/ number of work permit/date of entry to Lebanon. These are kept and regularly updated, and the record is reviewed and stamped by the Ministry of Labour.

In case the migrant worker did not receive a work permit within two months of her entry, the RECRUITING AGENT must call the sponsor and inform her/him of this mandatory obligation. In case of non-compliance by the sponsor within 3 months, the RECRUITING AGENT must inform the Ministry of Labour.

The monitoring of RECRUITING AGENT's work is among the Ministry of Labour responsibilities (work inspection sector). The latter must present a comprehensive report on the recruiting agent's status once every 6 months. Any non-compliance by a recruiting agent to the above will lead to legal pursuit and retrieve of license. There are possible penalties.

On the other hand, there is a black list of recruiting agents at the General Directorate of the General Security. The General Security is the government institution providing entry visa and residency permits to migrants. They also have certain authority over the recruiting agents and could use that to refuse any visa for migrants recruited by any black listed recruiting agent.

Deportation of HIV-positive women by host countries and absence of reintegration programmes in countries of origin exacerbate their misery.

There is little or no assistance for returning HIV-positive migrants to reintegrate into their countries of origin. There is minimal institutional or systematic effort to ensure that these migrants have access to counseling and HIV-care services or to guide them towards alternative income generation opportunities. Mandatory deportation of migrants who are HIV-positive imposes substantial economic costs on the affected worker owing, primarily, to a loss of livelihood. In addition, they are often stigmatized and discriminated against by their families, fellow migrant workers, and their immediate communities. One such Filipino participant in the study reported having been refused surgery by a doctor in the Philippines on account of her HIV status. The impossibility of returning HIV-positive migrants to migrate again by regular channels, coupled with the disconnect from their communities, puts them at substantial risk of being trafficked. This study identified a huge lacuna in terms of efforts to reintegrate returning migrant workers, a gap that government agencies and civil society organizations (CSOs) are well positioned to fill.

Host countries and countries of origin have an equal responsibility to provide protective policies and programmes.

The study also showed that the degree of vulnerability among the migrants also depends on the involvement and policies of the countries of origin. Women from countries with protective policies and programmes are better equipped to deal with the challenges they are apt to face than women from other countries. The bilateral agreements on migrant welfare between countries of origin and host countries are especially important for the protection and wellbeing of woman migrants. There are a number of good practices among the countries studied that others can learn from. However, it was also noted that there is considerable room for improvement.

The Philippines, for example, has enacted legislation to protect the rights of Filipino migrant workers as well as to make mandatory the inclusion of HIV orientation in the pre-departure training. It has also signed on to various international declarations, such as the 1990 UN Convention for the Protection of Migrant Workers

and Members of their Families. Since 2004, all its foreign service personnel are required to undergo an HIV and AIDS seminar conducted by ACHIEVE in partnership with the Foreign Service Institute, the training arm of the Department of Foreign Affairs. To support migrant workers in need, the government also maintains a 24-hour hotline at the Overseas Workers Welfare Administration. Other measures to protect migrant workers, such as the Memorandum of Understanding (MOU) between the Philippines and the UAE for the standardization of the recruitment and placement of Filipino manpower in the UAE, have been recently instituted. Yet another recent development has been the establishment of the National Center for Reintegration, which is tasked to address the reintegration needs of migrant workers.

Host countries have also shown a resolve to strengthen the protection accorded to migrant workers in general and domestic workers in particular. In April 2007, the UAE issued a standardized contract for domestic workers that explicitly spells out their rights and entitlements. (See Box 1). In addition, a new labor law to protect domestic workers from potential abuse was issued in October 2007. In Bahrain, the newly established Labor Market Regulatory Authority has amended existing laws to accord greater freedom to migrant workers in the changing of jobs following completion of their initial contracts. Similarly, in Lebanon a 2003 Ministry of Labor Law regulates practices of recruitment agents by requiring them to be licensed; licenses can be obtained and maintained only upon the satisfaction of stringent performance criteria. (See Box 3). Other positive responses include the recognition by the Jordanian Government of domestic work in its labor laws, and the development of standard employment contracts for domestic workers. (See Box 4).

Less positive are the so-called protectionist policies of origin countries, such as restrictions on the movement of women. While these may be aimed at protecting women from potential harm, they can also push women into illegal channels of migration and thereby heighten HIV vulnerability. For instance, in Bangladesh such policies did not deter women from leaving the country, with the result that they became illegal migrants, the cost of their migration increased, and it became more difficult for them to seek justice and get help in times of crisis.⁵ Nepal encountered

⁵Therese Blanchet, "Doing Bidesh: Cross Border Labour Migration and Trafficking of Women from Bangladesh" (Dhaka, November 2003).



similar problems when it banned the movement of women migrants in 2007. Even the ban of Filipino workers to Iraq and Lebanon has not stopped the irregular inflow of migrants into these countries.

In order to address HIV and AIDS issues among women domestic workers in the Arab States, there is a need to address the major economic, socio-cultural, and political factors that render them vulnerable. Thus, the thrust of any policy and/or programmatic response to HIV issues among female migrant workers should be to make their migration safe, wherein the migrants make their decisions based on informed choices and are protected from various forms of exploitation. Safe migration also entails access

to information and services that will protect migrants from HIV and any related stigma or discrimination during all phases of the migration cycle.

Recommendations

Countries of origin

Countries of origin must lobby for bilateral or multilateral agreements with host countries for the standardization of contracts for their migrant workers, especially those working as domestic help.

HIV awareness and prevention programmes must be scaled-up during the pre-departure orientation of potential migrant

workers. It is also imperative that the rates of attendance at these orientation sessions be boosted beyond existing levels. Initiatives must be undertaken to promote safe and informed migration, and greater advocacy is needed to promote better social acceptance of migrant women workers.

Recruitment agents must be monitored more comprehensively, and there must be stricter enforcement of existing laws to prevent economic and physical exploitation of prospective migrant workers. Placement fees need to be standardized, and knowledge of these fees must be effectively disseminated among the potential migrant population.

Government agencies and CSOs must urgently address the need for effective reintegration mechanisms for returning migrant workers. Such reintegration programmes need to be holistic, encompassing the economic, social, and psychological concerns that returning migrants face.

Policies banning migration must be critically reviewed in light of the evidence that such restrictions on mobility deepen the potential for abuse of female migrant workers and enhance their vulnerability.

Host countries

Embassies of countries of origin must proactively protect the rights and promote the well being of their migrant workers. Embassy staff must be trained to be sensitive to the needs of female migrant workers, especially those who test positive for HIV.

Urgent reforms to existing labor laws must be made to bring domestic workers' rights and working conditions on par with migrant and native workers employed in other sectors. The standardization of domestic worker contracts, explicitly outlining the rights and obligation of the worker, will minimize the potential for abuse.

Legislation must be enacted to outline the responsibilities of recruitment agents. Systematic monitoring and enforcement will reduce the exploitation of female migrant workers by agents in the host country.

The merits of mandatory testing of migrant workers needs to be carefully reviewed. Regional dialogue with the vision of promoting voluntary counseling and testing (VCT) of migrant workers must be initiated and intensified, and confidentiality of test results must be protected.

The *Kafala* sponsorship programme, which renders a domestic worker's status "illegal/irregular" if she is living outside her sponsor's home, needs to be critically assessed. Accordingly, appropriate policy reforms must be suggested, debated, and implemented.

Host countries must advocate for better social acceptance of migrant women workers and encourage their governments to recognize domestic work as professional work.

Initial Country Findings - Countries of Origin and Host Countries

Overview

Each country report presented in this section examines the situation of female migrants and their vulnerability to HIV infection in both origin and host countries. It also analyses the laws, policies, programmes, and practices that are in place to protect female migrants from abuse and discrimination. Special focus has been placed on identifying deficiencies and gaps (both in origin and host countries) in existing mechanisms to ensure the safety of migrant workers and to minimize their risk of contracting HIV. In addition, host country reports highlight and examine the various perceptions of key stakeholders on the issues particular to women migrants and the efforts undertaken by origin and host governments, embassies, and NGOs to protect female migrants against any form of human rights violation.

It is envisaged that the generation of data on the HIV vulnerabilities of migrant workers, with specific focus on women, and on existing responses in the host country will highlight the need for the development of new, and/or the scaling-up of existing, HIV responses.

1. BANGLADESH

Introduction: Migration and HIV

Data from the Bureau of Manpower, Employment, and Training (BMET) shows that from 1976 to January 2007, the total number of Bangladeshis working abroad as short-term migrants stood at 5,613,752. In 2007 alone, 832,609 migrants left Bangladesh and sent back \$6.5 billion in remittances. Between 2006 and 2007, an estimated 18,000 women migrated from Bangladesh, compared to approximately 14,000 in 2005-2006. From 1991 to 2007, the majority of Bangladeshi women migrated to Saudi Arabia and UAE.

Between 1991 and May 2007, BMET listed a total of only 69,967 women who migrated to Asian countries and the Arab States. Of these, 22,826 went to Saudi Arabia, while 20,482 went to UAE. The next major destinations of Bangladeshi women migrants are Kuwait, Jordan, Malaysia, and Bahrain. From 1981 to 1998, the Bangladeshi Government repeatedly banned or restricted the outflow of women considered “unskilled,” which resulted in

women migrants accounting for just 1 percent of the total flow of migration up to 2003. With the lifting of the ban and restrictions in 2003, the official flow of female migration rose to 6 percent in 2006. This official figure might be lower than the actual number as it is estimated that only 40 percent of women migrant workers migrate through recruitment agencies, while 60 percent leave in cooperation with relatives and friends who reside in the host countries.

According to the Ministry of Health and Family Welfare (MoHFW), there were a total of 1,207 registered HIV cases in December 2007. This was a sharp increase from only 363 registered cases in 2003. Overall, the prevalence of HIV in the general population is low, at under 0.1 percent.⁶

In Bangladesh, migrant workers account for a significant number of HIV cases. This in part might be because they are subjected to mandatory HIV testing. It has been estimated that 51 percent of the 219 confirmed cumulative HIV cases in 2002 were among returning migrant workers.⁷ According to the International Centre for Diarrhoeal Disease Research (ICDDR), 47 of the 259 cases of people living with HIV during the period 2002-2004 were infected. Of these, 29 were returning males from abroad, seven were wives of migrant workers, and four were children of HIV-positive migrant workers. In 2004, data from the National AIDS/STD (Sexually Transmitted Disease) Programme of the MoHFW showed that 57 of the 102 newly reported HIV cases were among returning migrants.

The links between migration and HIV and AIDS is an area that needs further investigation in Bangladesh, especially since statistical data fails to provide adequate insight into this complex connection.

Research Methodology

The qualitative research in Bangladesh included interviews with 125 women returnee migrant workers. In the host countries, 53 domestic workers were involved in the study: 18 in Bahrain, 15 in Dubai, and 20 in Lebanon. An additional 17 women migrants, including garment workers, hotel-based sex workers, and bar

⁶ UNGASS Country Report 2008 Bangabandhu Sheikh Mujib Medical University (BSMMU).

⁷ Bangabandhu Sheikh Mujib Medical University (BSMMU).

BOX 4: MIGRANT DOMESTIC WORKERS AND CONTRACTS: GOOD PRACTICES

Jordan:

As per a Memorandum of Understanding between the Jordanian Labor Ministry and UNIFEM in 2001 concerning the sending countries of Nepal, India, Indonesia, the Philippines, and Sri Lanka, a “Special Working Contract for Non-Jordanian Domestic Workers” includes the following protections:

- The employer is fully responsible for the establishment and maintenance of the work and residence permits [in most countries of the region the worker is legally responsible and will be arrested for any irregularities].
- The employer “has no right to withhold the passport or any other related personal document.”
- Wages must be paid within 7 days of the due date, and receipts signed by both parties must be kept [there are even recorded cases of workers being paid up to 6 years late].
- One day of rest per week, although not allowing the employee to leave the residence “without the permission of the employer.”
- Minimum wages for domestic workers in line with the wages paid for equivalent work by Jordanian nationals.
(Baldwin-Edwards 2005)

Singapore:

The Ministry of Manpower of Singapore has issued a “Guide for Employers” of foreign domestic workers in four main languages to enable employers to “develop a close and cordial relationship with your foreign domestic worker” and to highlight some important work permit requirements as well as other employer obligations.

South Africa:

South Africa legislation for domestic workers, which covers domestic workers, gardeners, drivers, and persons who take care of children, the elderly, and the disabled, became effective in 2003 and provides domestic workers with all labor rights and standards, including: minimum wage setting, working hours, over-time, annual leave, maternity leave, sick leave, etc. The legislation includes a mandatory annual wage increase of 8 percent from all employers. It also obligates employers to register workers with the Unemployment Insurance Fund and pay a monthly contribution to the Fund. Finally, every new immigration policy and legislative issue is subjected to the test of its potential gender impact.

Canada:

The Canadian Government has been integrating gender concerns into its national immigration programme, and a model of gender-directed immigration policy-making has been developed. Following a gender-based analysis matrix, every new immigration policy and legislative issue is subjected to the test of its potential gender impact.
(Kawar M. 2007)

Philippines and the UAE

A Memorandum of Agreement between the governments of the Philippines and the UAE provides for the drafting of standard labor contracts that clearly state the rights and obligations of the worker.



and nightclub workers, were interviewed, as were some 45 male migrants who were either boyfriends or customers of sex workers.

The snowball sampling⁸ method was followed to identify participants for the FGD. Migrant women peer educators, trained by OKUP, were engaged to identify the returnee women migrants based on a set criteria - for example, country of employment, period of employment, employment category, income, and geographic origin.

In Bangladesh, the research team conducted key informant interviews with stakeholders from government agencies, such as the Ministry of Expatriate Welfare and Overseas Employment (MoEWOE), BMET, and Immigration. Other key informants included recruiting agents; international organizations, such as UNIFEM and IOM; local NGOs, such as HIV/AIDS and STD Alliance Bangladesh (HASAB); and people living with HIV (PLHIV) self-help groups, especially Mukto Akash Bangladesh and Ashar Alo Society. Onsite, the team conducted interviews with the consular

officers in the Bangladesh missions and with migrant support organizations in all three host countries where the research took place.

Policies and Laws

External migration in Bangladesh is regulated by the Emigration Ordinance of 1982, which allows only persons with valid travel documents to emigrate. It also empowers the government to disallow emigration of persons of a particular occupation, profession, vocation, or qualification in the public interest. In 2002, this ordinance was revised and became Emigration Rules, which, among other things, states the need “to provide briefing to the outgoing overseas employees before issuance of emigration clearance.” Moreover, the Code of Conduct of Recruiting Agencies and License Rules, also enacted in 2002, requires recruiting agents to ensure that migrant workers attend pre-departure briefings, and that recruitment agents must arrange for medical examinations.

⁸ “Snowball sampling” is a non-probability method of survey sample selection that is commonly used to locate hidden populations. This method relies on referrals from initially sampled respondents to other persons believed to have the characteristic(s) of interest.



From 1981 onwards, the Bangladeshi Government repeatedly banned or restricted the out-migration of so-called “unskilled” women. In early 1981, a Presidential Order stated that professional and skilled women could migrate as “principal workers” (that is, primary bread winners). Semi-skilled and “unskilled” women could also migrate as principal workers, but they could not go overseas without a male guardian. In 1988, the government withdrew the ban but imposed a restriction on the migration of “unskilled” and semi-skilled women⁹. In 2003, an announcement was made that the employment of Bangladeshi women as domestic workers in Saudi Arabia will be permitted, provided they were above 35 years old, preferably married and accompanied by their husband.

In September 2007, Gazette Notification was made by the Government of Bangladesh on women migration, applicable only to female domestic workers bound for Saudi Arabia and other countries in the Arab States. This notification provided for particular rules regarding the issuance of a work permit, visa processing, and mandatory training and briefing at the pre-departure stage. It also stated that a database management had to be maintained and or controlled by recruiting agencies, embassies, and the Bangladesh Missions. It also set 25 as the minimum age of outgoing women domestic workers.

⁹Siddiqui, T., “Transcending Boundaries: Labour Migration of Women from Bangladesh (Dhaka: The University Press Limited, 2001).

With regards to HIV and AIDS, the National Policy developed in 1998 provides that HIV testing should be confidential or anonymous and that counseling services will be made available in all places where individuals are to be notified of test results. The policy further states that screening for HIV infection or other STDs will not be mandatory for travelers or migrants into or out of the country. However, such is not the case for Bangladeshi migrant workers going to many countries in Asia and the Arab States, as it is required by their employers.

In 2006, the Government of Bangladesh developed the National HIV/AIDS Communication Strategy 2005-2010, involving all relevant government ministries, NGOs, the UN, and other development agencies. The Communication Strategy identified high-risk populations - sex workers, drug users, men having sex with men (MSM), and mobile populations (emigrants, people crossing borders regularly, transport workers, factory and other mobile workers), prisoners, uniformed forces, and street children - as priority groups for HIV prevention, and also recognized the need to involve these vulnerable groups in policy dialogue and formulation.

Research Findings

Sixty percent of respondents interviewed onsite and in Bangladesh migrated through private channels, that is, through “individual contracts” facilitated by their relatives and other middlemen. In these cases, hiring agents are usually involved only for paper processing, including BMET clearance, ticketing, and so forth. There is no mechanism to identify and regulate the middlemen who are recruiting domestic workers.

At the time of this study there were 762 known recruiting agencies in Bangladesh, but an unknown number of agents, sub-agents, and middlemen are also engaged in recruiting prospective domestic workers throughout the country. There is no specific record of agencies that recruit for a particular host country. Thus, there is no mechanism to efficiently monitor agents, sub-agents, and middlemen.

There is no minimum standard wage for Bangladeshi domestic workers either in Bahrain or in Dubai. Domestic workers in

Bahrain are paid less than \$100 a month, and earn just about \$100 in Dubai. In Lebanon the domestic workers are usually paid \$125, as stipulated in their work contract.

Only 9 percent of those interviewed in Bangladesh attended the official pre-departure briefing. The BMET runs only one pre-departure briefing center for the country, and there are also a few accredited private pre-departure briefing centers run by the recruiting agencies. The weak monitoring mechanism, the inability to reprimand defaulting recruiting agents, and loopholes in existing laws all contribute to continued violations of the compulsory pre-departure briefing policy.

The Pre-departure Briefing Module includes the rules and regulations that migrant workers are supposed to abide by in their host countries, and domestic workers are taught how to perform their household tasks. Relevant health information is not adequately provided, and women receive only limited orientation on sexually transmitted infections (STIs) and HIV. Ninety-six percent of Bangladeshi domestic workers interviewed onsite did not receive training on HIV before they left the country. Half of them had heard of HIV from the media or from co-workers, but none had in-depth knowledge on HIV prevention and safer sex practices.

On-site, women face numerous hardships, including irregular payment of salaries, long working hours, physical beating, and sexual abuse. Even for some of the more common illnesses, they seldom have the time, knowledge, or resources to visit a physician, and thus tend to treat themselves for such maladies as back pains, colds, headache, fever, gastric pain, and menstrual cramps. Pregnancy is a major concern as it is considered a crime for unmarried women in the UAE and Bahrain. Since abortion is officially prohibited in many countries in the Arab States, unmarried domestic workers are sent to a detention camp, or even jail, if they are discovered to be pregnant. In order to avoid such a situation, some take the risk of undergoing unsafe, clandestine abortions.

Sexual relationships between domestic workers and their male co-workers take place. As human beings, they have sexual desires

and have the right to fulfil them. The study learned, however, that female domestic workers can be taken advantage of by their male co-workers. Domestic workers are also victims of sexual exploitation by abusive employers and their relatives. Incidents of rape and group rape, either by local nationals or male migrant workers from other nationalities, have been reported in the host countries. Usually, the domestic workers do not disclose incidents of sexual exploitation for fear of losing their jobs and to avoid stigma and discrimination.

There is no mechanism in place to address sexual abuse and exploitation of domestic workers. Since domestic work is not covered by labor laws in the host countries, domestic workers have scant protection when their rights are violated. In the face of abusive situations, domestic workers sometimes resort to running away, which increases their vulnerability to other forms of exploitation, including forced sex work.

Domestic workers engage in sexual relations for a variety of reasons, including physical needs and economic and material benefits. All domestic workers interviewed in Dubai shared that sexual activity is easier for women migrant workers who do not live within the home of their employer, and who therefore enjoy full freedom once they are off-duty. They also have days off and are able to own and use mobile phones, which facilitate easy contact.

In contrast, many live-in domestic workers are kept under strict control. Usually, they are not allowed any days off, and they are forbidden contact with other men. Despite this restriction, some women still find the opportunity to get involved with a male migrant worker with whom they might come in contact, such as a driver, electrician, plumber, etc. Occasionally, they may have sexual relationships with their brokers, or even enter into a fake marriage in order to maintain a relationship.

Home-based and hotel-based sex workers, as well as women working as servers in bars and nightclubs, also get involved in sexual relations. In these situations, low condom use and lack of knowledge regarding HIV and safer sex practices were reported by the respondents. Among the Bangladeshi male migrant workers interviewed onsite, 80 percent said they had sexual relations, and of these only 5 percent said they used condoms.

Regarding HIV knowledge and safer sex practices among domestic workers the research revealed that: first, there is lack of knowledge of safe sex practices; second, access to purchase condoms is limited as many women are not allowed to leave their places of employment; and, third, the use of condoms is usually dependent on the willingness and consent of the male partner. The research also found that hotel-based sex workers in Dubai consistently use condoms with their clients, whereas it found laxity among home-based sex workers in Bahrain. The incidence of condom use is also low among those domestic workers in Lebanon who live with a boyfriend on a temporary basis.

All the research participants in the three host countries said that they had no knowledge about support services provided either by the Bangladesh Embassy or other agencies. Very few domestic workers approach the embassy for support, even if they need it.

Recommendations

Women migrant workers must be provided access to accurate and relevant information on migration and HIV prevention during pre-departure and post-arrival stages.

Treatment and care services must be made available for deported migrant workers living with HIV. In addition, legal support and social and economic reintegration programmes should be established.

Collaboration among NGOs, self-help groups, and networks of HIV-positive people within the country is necessary and should be established. Support linkages and referral systems between origin and host countries also need to be established.

Policy advocacy at the national and international level needs to be strengthened to mainstream HIV issues among migrant workers.

Comprehensive policies that protect women migrants need to be developed, including providing safeguards and protection during the recruitment process.

Bilateral agreements and/or MOUs for the protection of migrant domestic workers have to be developed with all host countries.

2. PAKISTAN

Introduction: Migration and HIV

Since the oil boom of the 1970s, millions of Pakistani men have migrated to the Gulf States in search of better employment opportunities. Similar to most labor-sending countries, the migration patterns are characterized by a two-step process. First rural to urban (internal) and then urban to overseas (external). Data from the Bureau of Emigration and Overseas Employment (BEOE) shows that the majority of the Pakistani migrants working in the Gulf countries are between the ages of 20 and 30 years. Most of them are unskilled, and uninformed about health issues, including HIV.

What is not similar to most labor-sending countries, however, is the ratio of men and women workers traveling abroad. While there is little data on the migration flows of Pakistani women to the Arab States, according to the BEOE, of the more than 700,000 Pakistanis who migrated overseas during the last five years, only 1,200 were women.

The global stock of migrant Pakistani workers was estimated to be around four million in 2001. During the period 2005-2007, the Government of Pakistan, through the Overseas Employment Promoters (OEP), has sent some 615,403 persons abroad. These included doctors, engineers, nurses, teachers, accountants, managers, agriculturists, and skilled technical workers such as welders, masons, and the like. In 2007, 280,279 Pakistani migrant workers were registered by the BEOE, with almost half going to the United Arab Emirates (UAE). Today, some migrant workers do not go abroad through such conventional channels as government offices, overseas employment agencies, or other agents. Rather, the new trend is to use the social networks that the migrants themselves have facilitated during their travel overseas, thus relying on the assistance of friends, relatives, fellow tribesmen, etc. The majority travel on visitor visas and end up staying irregularly in the host countries until they are discovered and deported.

Pakistan benefits from the foreign exchange earnings brought by its overseas workers. At its peak in the mid-1980s, remittances from overseas workers constituted half of the country's foreign

exchange earnings. In the fiscal year 2006-2007, foreign remittances reached around \$8 billion.

According to Pakistan's National AIDS Control Program (NACP), there are approximately 4,000 registered HIV/AIDS cases in Pakistan. UNAIDS and WHO estimate the figure at around 70,000-80,000, with cases among women at 15,000. Data analysis indicates that most infections occur among Pakistanis between the ages of 20 and 44 years, with men outnumbering females by a ratio of 5:1. UNAIDS estimates that 0.1 percent of the population is infected with HIV, although the number of cases reported by the NACP suggests less. Official numbers may be underreported, due to the social stigma associated with the disease, the limited voluntary counseling and testing systems available, as well as the lack of HIV/AIDS knowledge among the general population and health practitioners.

Many of the positive HIV cases are found among low skilled Pakistani workers deported from the Gulf States. In the period 1996-1998, 58 returned migrant workers with HIV represented 61 percent to 86 percent of reported cases in those years. During that same period, five wives of returning workers were identified with HIV.

Research Methodology

The research team undertook a desk review of existing data and information on migration and HIV/AIDS in Pakistan, which proved to be challenging as the data on these issues was scanty and difficult to obtain. The team also faced other challenges in the preparatory phase of the research, such as the difficulty in getting the support and interest of concerned government ministries and departments. In addition, the research commenced at a time when the political situation in Pakistan was particularly unstable, thus hampering the execution of some of the data gathering activities.

Migrant workers formerly working in Bahrain and Dubai are spread throughout Pakistan. Through various sources, the research team identified clusters of these populations where the majority of the household heads (men) had been previously employed by construction companies in Bahrain and Dubai.



Through these contacts, it was possible for the research team to identify the target community and to collect data, especially with PLHIV. In order to accomplish the latter, AMAL held several meetings with NGOs working on HIV/AIDS issues, and with families, friends, and relatives of PLHIVs. The team initially had a difficult time in getting the migrants to share their experiences about working and being abroad. Even people who were not HIV-positive and had been working in Arab countries refused to meet the research team because of the stigma surrounding the issue of HIV/AIDS.

Despite these difficulties, the research team was able to conduct five focus group discussions (FGDs) in the country, including one with PLHIV, for a total of 46 participants. Participants included both professionals, such as bank workers, factory managers, etc., and laborers or those considered “unskilled,” such as construction

workers, factory workers, etc. Two FGDs in Bahrain involving 16 participants and two FGDs in Dubai with 17 participants were also carried out. In addition, the research team conducted in-depth interviews with eight participants each in Bahrain and Dubai. Two case studies of former migrant workers living with HIV were also completed. Finally, AMAL conducted key informant interviews with 12 respondents from various government ministries and departments, UN agencies, recruitment agencies, testing centers, NGOs, and PLHIV.

Policies and Laws

In Pakistan, the legal framework that safeguards the rights of overseas workers and regulates the activities of overseas employment promoters and recruiting agents is contained in the Emigration Ordinance (1997) and the Emigration Rules (1997). Overseas employment is regulated under Section 8 of

the Emigration Ordinance, which grants vast powers to the Director General of the BEOE, the Protector of Emigrants, and the Community Welfare Attaché/Labor Attaché, who, among them, deal with all matters pertaining to overseas employment of Pakistani workers.

The Emigration Ordinance regulates the activities of overseas employment promoters and agencies by establishing procedures for licensing and recruitment, and provides for the protection of workers against malpractices and for the redress of workers' grievances. The BEOE is the central organization for regulating labor emigration from Pakistan and administratively comes under the Ministry of Labor, Manpower, and Overseas Pakistanis. Its mandate has two main goals: to reduce unemployment within the country, and to earn foreign exchange through salary remittances from workers abroad.

The BEOE functions through the Protector of Emigrants, located in seven regional offices. The Protector of Emigrants directly supervises the activities of overseas employment promoters; processes their requests for workers; inspects their offices; and receives such reports as may be required by the Director General. The Community Welfare Attaché (CWA), the equivalent of the Labor Attaché in other countries, is responsible for the promotion of overseas employment of Pakistani workers and for their welfare while abroad. At present, Pakistan has CWAs stationed in Bahrain, Kuwait, Libya, Oman, Qatar, Saudi Arabia, the UAE, and the United Kingdom.

According to Emigration Rule 27, all workers recruited for employment abroad are required to appear at the Protector of Emigrant's office prior to departure for orientation and briefing along with the overseas employment promoter or his authorized representative. During this visit they are supposed to be briefed about the laws of the host country, the terms and conditions of their contract, and their rights and obligations while they remain employed abroad. According to the law, no one can leave Pakistan for overseas employment on an employment visa unless they are registered in the office of Protector of Emigrants and have a certificate of registration stamped on their passport.

Pakistan currently has no law regarding HIV/AIDS, but in the National HIV/AIDS Strategic Framework (2001-2006) migrant workers were considered a vulnerable group with regard to HIV transmission within the country. This attention was brought about by the cases of mostly male Pakistani migrant workers deported from the Gulf States after being found HIV-positive. Without proper counseling, these returning migrants could pose a significant risk to their spouses and partners.

Research Findings

The research found that the pre-departure orientation provided to migrant workers is inadequate, especially on topics related to policies, laws, rights, working conditions, health hazards, and other vulnerabilities in the host countries. In Bahrain, almost all respondents interviewed stated that they received no orientation session before their departure. In Dubai, all the migrant workers interviewed said that they were unaware of the country's laws, rules, and culture. With most Pakistani migrants lacking formal education and coming from remote rural areas, they face a significant risk of exploitation by the recruitment agencies or independent agents both while in Pakistan and in their host country. Eighty-three percent of respondents did not go through pre-departure orientations from any concerned government department, and 16 percent received no information from the official government department on policies, rights, working conditions, issues related to health, and other vulnerabilities. However, prior to departure most migrants received informal information from their friends, relatives, and/or colleagues.

In terms of HIV/AIDS, 88 percent of respondents did not receive any information prior to traveling to host countries, but all the professional migrants interviewed had some previous knowledge about HIV/AIDS.

Sixty-three percent of respondents said that they traveled to host countries through hiring agents. The rest traveled either through a relative-sponsored visa or through friend-sponsored visa. Those who traveled through agents were charged a large sum of money. In Pakistan, a company-sponsored visa to Saudi Arabia could cost as much as \$2,900, whereas an open visa (or Azad visa) would cost around \$1,450.

Pre-departure registration of migrant workers at the private and government levels remains weak. There is a lack of coordination between various departments and stakeholders to facilitate regular migration and to address irregular migration from Pakistan. Policy-makers and programme implementers have yet to systematically address the issues and concerns that migrant workers face, particularly at the pre-departure and post-arrival phases.

All registered migrant workers, especially those going to the Arab States, undergo mandatory HIV testing. However, pre- and post-counseling are often not provided by the HIV testing centers in Pakistan.

In the host countries, Pakistani migrants - especially low-skilled and "unskilled" laborers and those irregularly documented - often experienced sub-standard or hazardous living and working conditions. Sixty percent were subjected to long working hours, had no fixed salary, and were often deprived of rest, days off, and recreation. In addition, they had limited access to health facilities, orientations, and check-ups, which further aggravated their health risks and vulnerabilities. Eight of the respondents were diagnosed with HIV by the medical officials in host countries. They were arrested by the police, ill treated and forcefully deported to Pakistan without being informed about their HIV-positive status nor able to collect the wages their employers owed them.

Seventy percent of respondents were living in their employers' camp sites during the entire duration of their stay in the host countries. Thirty percent were living outside the camp and paying expensive rent, which meant sharing the accommodation with at least eight to ten persons in a room. The savings realized from this shared rent enabled them to communicate with their families approximately once a week, as well as to spend money on sexual activities with sex workers.

Eighty-two percent of Pakistani migrant workers engaged in sexual relations with female sex workers during their stay in the host countries. Those who engaged with sex workers cited three reasons: 1) Pakistani men do not have easy access to female sex workers in their home country; 2) as migrant workers who

are away from their wives for a long time, they need to fulfill their sexual needs; and 3) it is relatively easy for young migrant workers, who tend to be sexually active, to engage with sex workers. Eighty-six percent of the respondents, especially those classified as "unskilled," had little or no knowledge about safer sex practices, including condom use, whereas the majority of professional migrants responded that they did.

Many migrants in Bahrain suffer from tuberculosis (TB) and figures indicate that the number is currently increasing, although there is no formal system of detection or treatment by employers. A chest x-ray is mandatory for an employee entering Bahrain, and workers are deported if they are found to be infected with TB. In some cases treatment is offered, depending on the position and the status of the worker. Given their unhygienic and substandard living conditions, migrants suffer from a variety of health issues, including diarrhea, Hepatitis A, and other infectious illnesses.

Most of the Pakistani migrant workers who were interviewed in Bahrain, Dubai, or upon their return to Pakistan were not in contact with the Pakistani Embassy in host countries. The embassy does not handle any cases related to sexual abuse, rights violations, and health issues such as HIV/AIDS because it has no organized policy to provide help to migrant workers. Even in deportation cases due to HIV infection, the embassy is not informed by any local official because there is no policy to exchange information regarding the situations and conditions of migrant workers, particularly as related to HIV.

Recommendations

Advocacy efforts from civil society, such as AIDS service providers and women's rights groups, are needed to ensure gender-based migration policies and the inclusion of HIV/AIDS within key ministries. Pre-departure briefings by emigration sub-offices need to provide basic information to migrant workers on migrants' rights and HIV vulnerabilities.

Bilateral agreements between Pakistan and host countries should be developed to avoid exploitation and abuse of Pakistani migrant workers during pre-departure procedures and during their stay in host countries.

The Pakistan Bureau of Emigration should improve its capacity for the registration of migrant workers. Coordination among major stakeholders, including agents, promoters, and government bodies, needs to be strengthened for purposes of accountability and transparency in pre-departure and on-arrival phases.

The Pakistani Embassies in Bahrain and UAE need to maintain assistance units for Pakistani migrants. They should be centrally located, easily accessible, and open after migrant work hours. In collaboration with host country governments, they also need to support and facilitate the creation of workers' unions to protect migrants' rights.

Cooperation mechanisms need to be put in place among government ministries/departments, UN agencies, NGOs, community-based organizations, and the National Commission on the Status of Women to promote workers and women's rights, and to address the vulnerability of migrants to HIV.

In-depth qualitative data on the nexus of gender, migration, and HIV/sexually transmitted infections (STIs) should be gathered and studied. Advocacy to reduce the vulnerabilities faced by spouses upon return of the migrant workers should be developed and carefully disseminated. Information should be collected from referral and support centers as well. Referral and support systems should be built as well as reintegration programmes for HIV positive migrants.

3. THE PHILIPPINES

Introduction: Migration and HIV

The Commission on Filipinos Overseas (CFO), a government agency mandated to uphold and promote the interests and well-being of overseas Filipinos, estimates that the number of Filipinos outside the country reached 8,233,172 in December 2006. Of this figure, 3,556,035 (43 percent) are immigrants or legal permanent residents abroad; 3,802,345 (46 percent) are contract workers (who are also referred to as Overseas Filipino Workers, or OFWs); and 874,792 (11 percent) are irregularly documented migrants.¹⁰

Since 2000, women have comprised 90 percent of the yearly deployment of new hires for service workers from the Philippines,

of which 30 percent are household workers. In 2006, 184,454 women migrated in search of work, and about half of these found employment in domestic service. Such figures do not represent the total stock of female migrants abroad, as these exclude rehires, those with ongoing work contracts, and those who are undocumented. That same year, the top ten host countries for domestic workers were: 1) Hongkong, 2) Kuwait, 3) Saudi Arabia, 4) United Arab Emirates, 5) Lebanon, 6) Qatar, 7) Jordan, 8) Singapore, 9) Oman, and 10) Cyprus.

In 2007 the Bangko Sentral ng Pilipinas (Central Bank of the Philippines) reported that OFWs remitted a total \$14.4 billion back to the country. These contributions make up about 13 percent of the country's total gross domestic product (GDP). Remittances from land-based workers comprised 85 percent, or \$12.2 billion.¹¹

Classified as a "low-prevalence" country, as of July 2008 the Philippines had a cumulative total of 3,358 cases of HIV infections dating back to 1984. A total of 796 (24 percent) are AIDS cases, and of these 310 (39 percent) have died.

Since the start of the decade, the National HIV Registry of the Department of Health has been recording and reporting the continued incidence of HIV cases among OFWs. Of the total number, OFWs make up 34 percent (1,142). Such figures have to be looked at as a function of mandatory HIV testing for overseas employment, which is required by most destination countries such as the Gulf Cooperation Council (GCC). As of December 2007, women domestic workers comprised 17 percent of HIV cases among OFWs.

Research methodology

The ACHIEVE research team undertook preliminary data gathering through a desk review of existing literature covering the topics related to migration, gender, and HIV and AIDS. Meetings were held with the Executive Director of the Office of the Undersecretary for Migrant Workers Affairs (OUMWA) of the Department of Foreign Affairs (DFA), and with the specific focal persons/officers handling the three countries identified as the research sites, to discuss the research design. The DFA provided valuable technical support, which enabled the research

¹⁰ Philippine Overseas Employment Administration (POEA). 2006. OFW Global Presence: A Compendium of Overseas Employment Statistics. Philippines,

¹¹ Bangko Sentral ng Pilipinas (BSP). Overseas Filipinos Remittances (<http://www.bsp.gov.ph/Statistics/keystat/ofw.htm>).

team to conduct the research in Bahrain and Dubai in the UAE. A consultant from UNDP-Regional Center in Colombo (RCC) conducted the data gathering activities in Lebanon.

Utilizing qualitative data-gathering methods, such as focus group discussions (FGDs) and in-depth interviews (IDIs), the team interviewed a total of 93 women - 38 in the Philippines and 55 in the host countries (21 in Bahrain, 18 in Dubai (UAE), 16 in Lebanon). The majority of the respondents were domestic workers staying in the Philippine Overseas Labor Office shelter in Bahrain and Dubai, UAE. Eight waitresses were also interviewed. Of the 38 women interviewed in the Philippines, four were HIV-positive who had previously worked in the UAE.

The research team conducted key informant interviews with various stakeholders and individuals in Bahrain, the UAE, Lebanon, and the Philippines. These included officials from foreign missions, such as the Philippine Embassy/Consulate, Overseas Workers Welfare Administration (OWWA), and the Philippine Overseas Labor Office (POLO). Other professional OFWs (journalist, nurses, and a Filipino physician licensed to practice in Dubai) were also interviewed. In the Philippines, the key informants interviewed were government officials from the OUMWA-DFA, the Philippine National AIDS Council, the Department of Social Welfare and Development, migrant support NGOs, AIDS service providers, and the association of people living with HIV.

Policies and Laws

There are two main laws that are relevant to migrant workers and HIV and AIDS issues. The first is Republic Act (RA) 8042, or the Migrant Worker and Overseas Filipinos Act of 1995, a law envisaged to protect and promote the rights and welfare of OFWs. The law makes explicit its aim to “uphold the dignity of Filipino migrant workers” and “afford full protection to labor, local and overseas, organized and unorganized, and promote full employment and equality of employment opportunities for all and provide adequate and timely social, economic, and legal services to Filipino migrant workers.” It aims to provide safeguards against illegal recruitment, respond to labor rights violation of OFWs onsite, and provide for reintegration services. Lastly, it also makes the pre-departure orientation seminar (PDOS) mandatory.

The second piece of relevant legislation is Republic Act 8504, or the Philippine HIV/AIDS Prevention and Control Act of 1998, a law that provides the policy backdrop for the country’s national HIV and AIDS response, as well as protection for people living with and affected by HIV. A provision that applies specifically to OFWs is Article 1, Section 7, which reads, “All Overseas Filipino Workers, diplomatic, military, trade, and labor officials and personnel to be assigned overseas shall undergo or attend a seminar on the cause, prevention, and consequences of HIV/AIDS before certification for overseas assignment.” Because of this, all departing OFWs, as well as foreign service personnel, are required to undergo HIV orientation during the mandatory PDOS. Another important provision of this legislation is the prohibition of compulsory testing for HIV.

In 2007, the Philippine Overseas Employment Agency (POEA) Governing Board took steps to try to reduce the abuses and maltreatment experienced by female domestic workers abroad through the issuance of a reform package for domestic workers. This package consists of: a minimum age requirement of 25; an entry-level minimum wage of \$400 per month; prohibition of collection of placement fees; pre-qualification of recruitment agencies under the POLO; the securing of a pre-qualification certificate from employers; and mandatory verification by POLO of individual contracts and subsequent job orders. It remains to be seen, however, if such steps are adequate to alleviate the vulnerability of domestic workers, rather than fuel the proliferation of illegal recruitment agencies that have become resourceful in subverting government restrictions and regulations on labor migration.

In August 2007, the Philippine Government entered into a Memorandum of Agreement with the Government of the UAE, setting standards for the recruitment and placement of Filipino manpower in that country. According to this agreement, the worker “shall perform work for the employer and shall be recruited through selection according to the needs of the UAE, and shall be given protection pursuant to the labor laws and regulations in force in both countries.”

The Philippines has signed on to key international instruments and agreements, such as the 1990 International Convention on



the Protection of the Rights of All Migrant Workers and Members of Their Families, the Association of South East Asian Nations (ASEAN) Declaration for the Protection of the Rights of Migrant Workers, and the ASEAN Declaration of Commitment on HIV/AIDS.

Research Findings

Like many Filipinos who decide to work overseas, the participants in this research opted to work abroad mainly to alleviate their families' financial condition. The participants paid a range of amounts to their agents that supposedly covered placement fees, agent fees, payment for medical examinations and trainings, and even payment for the airport official who accompanied them through Immigration. Twenty-seven percent of the domestic

workers in this study said that they already signed contracts before leaving the Philippines. Upon arrival at the host country, 60 percent of them were made to sign a different contract. Twenty-two percent said that their new contracts were written in Arabic, which they could not understand.

While all OFWs are required to undertake the PDOS, only 71 percent of the participants in this research went through it. Of these, 54 percent remembered that it included an HIV orientation. Under the law, the PDOS should include information on a variety of migration realities, as well as on HIV and AIDS. However, the module on HIV and AIDS is not uniformly or even regularly implemented. Because the PDOS is viewed as just another requirement, many of the participants seem to have ignored

much of it and, thus, their lack of clear recollection on the topics discussed. Various sectors have deemed the PDOS as inadequate in preparing domestic workers for the actual situations they encounter abroad. Further, those who are irregularly documented or who migrate through sponsorship visas, as in the case of those in Dubai, do not go through the PDOS at all.

Participants of the research who were interviewed onsite, only 62 percent underwent a medical examination before departure. However, those who went on sponsorship visa, such as the waitresses interviewed in Dubai, needed to undergo the required medical examination when applying for a work permit onsite. The fact that 82 percent of those screened were unsure of whether they were tested for HIV or not demonstrates that HIV testing is being conducted without pre-test and post-test counseling. Most medical testing facilities are not cognizant of the pre- and post-test requirement of HIV testing or they view this as an added “burden” in the medical testing process.

This issue of the PDOS and HIV screening reflects a larger flaw in the system, that is, the inability of the government to regularly monitor the implementation of the relevant provisions of RA 8042 and RA 8504.

At the individual level, the level of knowledge on HIV and AIDS – its modes of transmission and how it can be prevented - can lead to unsafe sexual practices that put migrant workers in danger of HIV infection. Eighty-four percent of the women interviewed onsite were aware that HIV is sexually transmitted and that using condoms can prevent it. However, 14 percent of the participants also had misconceptions – for example, that HIV can be transmitted through kissing or mosquito bites. Twenty percent of the participants interviewed onsite admitted engaging in sexual activities but only one said she sometimes used condoms with her boyfriend.

According to the comments of the research participants, the relatively high cost of migration and the need to provide for the needs of their families at home have pushed women migrant workers to engage in economically-beneficial relationships while working abroad, within which safer sex may have been difficult to assert. For example, six domestic workers interviewed in

Lebanon stated that they did not use condoms in their sexual relationships, citing that one of the reasons was that their male partners did not want to use them. Other reasons included not liking the feel of the condom; they used other forms of birth control; and that they were not sexually active at that time. Even if they were aware of the consequences of unprotected sex, they were hard-pressed to assert protection with their partners in the context of such relationships. In many cases, the participants did not take proactive steps to protect themselves; but the worst consequence of their economic vulnerability is the fact that some actually opted to endure sexual exploitation in exchange for money.

This situation is aggravated by the fact that salaries for domestic workers in most Arab State countries are not high (as compared to Hong Kong, for example) and are often subject to delays. The monthly income of a domestic worker is approximately \$125-150 in Bahrain, \$187-375 in Dubai, and \$200-400 in Lebanon. These salaries are not in compliance with the POEA reform package, and one reason for this is the practice of contract substitution, i.e., migrant workers are made to sign a different contract that stipulates lower wages once they reach the host country.

Thirty-two of the research participants interviewed onsite reported experiencing various health conditions, including common respiratory illnesses, poor nutrition, urinary tract infections, and skin rashes and blisters. They also reported cases of unwanted pregnancy, unsafe abortions, and STIs among their peers. Accessing medical services was not easy for most domestic workers because it depended on whether their employers allowed it.

A common thread running through the stories of domestic workers who were interviewed in the POLO shelters is the experience of verbal, physical, and sexual abuse and maltreatment. Almost all of them were overworked, going through the day without rest and adequate food. Many of them did not get their salaries on time or did not get their salaries at all. In some cases, the agencies onsite also inflicted violence on the domestic workers.

Eight women shared experiences of sexual abuse from their male employers, ranging from sexual harassment to rape. The women who worked as waitresses in hotels also experienced sexual harassment perpetrated by their boyfriends and/or strangers.

The harshness of their working and living conditions force some domestic workers to flee from their employers and, in the process, they may become vulnerable to sexual abuses en route to the embassy or consulate. The Philippine Embassy/Consulate and the POLO in all three research sites have been overwhelmed with various cases of women OFWs who have escaped from their employers and have filed complaints or cases of maltreatment. At the time of the research, there were 80 women in the shelter in Bahrain and 54 in Dubai, UAE. Understandably, the embassies and consulates are unable to attend to and provide adequate support to all cases, given their limited personnel and resources. In addition, they are unaware of HIV cases among OFWs, including those who are detained and deported, because the host countries do not inform them of such cases.

Loneliness and isolation also motivate women domestic workers to engage in intimate relationships with men who show them care and concern, and who are able to provide for their material needs. In Dubai, all those interviewed shared that the most common reason for engaging in a relationship was to have someone provide them with phone credits so they could call their families. For 58 percent of domestic workers in this study, not having any days off made it difficult for them to engage in relationships. But they also shared that it was still possible to engage in sexual relations, notably with men who do odd jobs for their employers, such as electricians, drivers, and gardeners.

Sexual relationships between men and women who are not married to each other are prohibited by law in the Arab States. In Bahrain and Dubai it is common for the embassy or consulate to provide assistance to OFWs who are charged with 'love' or 'boyfriend' cases. According to 40 percent of the respondents who had engaged in relationships onsite, sex is almost always part of the relationship; and those engaging in sexual experiences admitted that their sexual encounters were mostly unprotected. However, those who have boyfriends but are confined in the

homes of their employers or in the POLO shelters may not be as vulnerable to HIV infection, because they do not have the opportunity to engage in sex. The only potential threat comes from male members of their employers' households.

Although there is very limited data that points to the actual prevalence of HIV infection among Filipino domestic workers from Bahrain, Dubai, and Lebanon, the findings of this study show that the vulnerability of these workers to HIV infection is real. It must also be noted that compared to other countries in the Arab States, there are more known cases of OFWs deported from Dubai due to HIV. While the majority of these cases have been men, there have also been women who have been forced to return after being diagnosed HIV positive.

Recommendations

The government, particularly the POEA, needs to exert more vigilance in regulating private recruitment agencies to ensure that domestic workers are properly recruited, documented, and protected once deployed. Corollary to this, there should be stiffer penalties for recruitment agencies that fail to diligently follow procedures set forth in the recruitment guidelines of the POEA.

The Department of Health needs to develop and enforce implementing guidelines for the proper conduct of HIV screening among OFWs, one that includes signed consent as well as pre-test and post-test counseling.

The government, through the Department of Foreign Affairs and the Department of Labor and Employment, should step up efforts in initiating and engaging in bilateral agreements with host countries in the Arab States for the protection of migrant workers, particularly women domestic workers.

Efforts should also be undertaken by various stakeholders to engage international organizations, such as the International Labor Organization, for a global campaign that would result in the recognition of domestic work as "work." This should be accompanied with the development of appropriate labor standards.

Regional and international bodies, such as ASEAN and the UN, as well as origin and host countries, should begin discussions on HIV testing among migrant workers with the goal of removing mandatory testing and making it voluntary in the future.

Another proactive measure to monitor the human rights of migrant workers is the maintenance of an updated database of recruitment agencies, brokers, agents, and employers by the POEA and OWWA, especially those who engage in acts that violate the human rights of migrant workers.

HIV preventive education should be intensified. Since the PDOS is clearly inadequate as an avenue for HIV awareness-raising, it should be supplemented by more information, education, and communication (IEC) and behavior change communication (BCC) materials in strategic locations where OFWs congregate: for example, in medical testing facilities, airports, recruitment agencies, training centers, and the like. Community-based education also needs to be undertaken, especially for women migrants coming from rural areas.

The Philippines posts abroad should reinforce HIV awareness by sponsoring regular outreach HIV-prevention activities for OFWs. These can be integrated into ongoing outreach activities undertaken by the embassy or consulate or by Filipino organizations abroad.

The Philippines should also pursue negotiations with the Immigration Department or the Ministry of Health of host countries to ensure that the current practice of HIV-related deportation is coursed through the embassy or consulate. In this way, the posts can assist the OFW in the repatriation process and can refer her or him to appropriate agencies and NGOs in the Philippines for counseling and support.

4. SRI LANKA

Introduction: Migration and HIV

Sri Lanka has an active policy of promoting emigration of its female citizens for work to several destinations around the world, including the Arab States and affluent South-East Asian nations, such as Singapore and Malaysia. Over the past three decades the number of Sri Lankan migrant workers has increased steadily, as

has the proportion of women in the emigrant group. Today, an estimated more than one million female Sri Lanka citizens earn their livelihood abroad in the Arab States.

In 2007, the number of Sri Lankan who emigrated stood at 21,500, the majority (58 percent) of whom were female. Furthermore, 70 percent of the female emigrants in that year left to work as domestic workers. Within the last ten years, women leaving to work as housemaids comprised half to two-thirds of all work-related migration out of Sri Lanka. The rise in emigration - especially of females - owes itself to several factors. In addition to the economic incentive of a higher wage in the receiving country (which can range from two to more than ten-times the local salaries) and the corresponding anticipation of an increase in standard of living, the social and political uncertainties precipitated by the nation's ongoing civil war provide a strong push for migration.

An increasing number of migrant workers in the Arab States are being detected with HIV infections. The costs of being detected positive are substantial for these workers: deportation leads to a loss in income, and their return to Sri Lanka is fraught with anxiety about being socially ostracized and discriminated against.

Migrant workers, especially female, are vulnerable to systematic abuse throughout the migration process. Such abuse could be economic (including extortion and non-payment of wages), sexual (including harassment and rape), or mental (including harsh working conditions and the trauma of dislocation). All these factors point to the need to strengthen the evidence linking high-risk behavior of migrant workers to structural deficiencies in the migration process. It is envisaged that generating data on the HIV vulnerability of migrant workers, with specific focus on women and on responses in both origin and host countries, will provide insights for the development of new and/or the scaling-up of existing HIV programmatic responses.

Sri Lanka has historically been a low HIV/AIDS prevalence nation. Since the first AIDS case was reported over 20 years ago, a plethora of factors - including high literacy rates, high socio-economic status of women, widespread access to health care services, and comprehensive HIV education programmes - have contributed to

keeping HIV incidence at manageably low levels. Cumulative HIV cases at the end of 2006 were reported to be at 838, increasing by the end of 2007 to 957. UNAIDS, however, considers these figures conservative; after taking into account that the fear of HIV and the stigma associated with it might contribute to non-testing and consequent non-detection in certain HIV positive cases, it considers 3,500 as a more accurate estimate of the total number of persons living with the virus in Sri Lanka. It is worth noting that more than 96 percent of HIV infections in Sri Lanka are acquired through unprotected sex. Emigrates who go abroad to work temporarily are considered to fall into a high-risk group in terms of susceptibility to HIV infection.

Research Methodology

Research for this report was commissioned by the UNDP Regional Center, Colombo, Sri Lanka, between June 2007 and March 2008. During this period, 145 Sri Lankan migrant women were interviewed, both on a one-to-one basis and within focus group discussions. Of these women, 100 had returned to Sri Lanka from the Arab States within the past three years, having worked in Bahrain, Jordan, Kuwait, Lebanon, Qatar, Saudi Arabia, and the UAE. All of the women - 15 of whom were HIV positive - came from five districts with high rates of female migrant workers: Colombo, Kurunegala, Kandy, Polonnaruwa, and Batticaloa.

In terms of the host countries, 15 workers were interviewed in each of Bahrain, Dubai, and Lebanon. The majority of the women were economically marginalized, were married with two or three children, and were educated at the fifth to sixth-grade level. In Sri Lanka, interviews were conducted with NGO representatives, trade union leaders, hiring agents and sub-agents, and government officials, including those from the Sri Lankan Bureau of Foreign Employment (SLBFE) and the Ministry of Labor. In the Arab States, Sri Lankan embassy and consular officials, NGO representatives, social club representatives, and hiring agents participated in the study. The interview team was comprised of three women and one man representing diverse backgrounds, including civil society, government, healthcare, and academia. In accordance with the preference expressed by the interviewees, the interviews were either taped or documented via note taking.

Policies and Laws

Government policies play a substantial role in encouraging migration, until recently primarily of women. The government's enthusiasm for sending female workers abroad stems from the economic benefits of such migration: currently, migrant remittances amount to over \$3 billion per year, making it one of the largest sources of foreign exchange. These remittances help support five million Sri Lankans - roughly a quarter of the total population. Migration also makes possible fiscal savings on the part of the government, since low-income families become ineligible to receive governmental welfare transfers once a member of the family migrates.

Sri Lanka has publicly committed to stemming the proliferation of HIV infections and reversing the trend by 2015. In 1992, the National AIDS Council in conjunction with the National AIDS Committee started the national STD and AIDS Control Programme to collect and consolidate HIV-related data nationwide; and to design and implement, in partnership with provincial directors of health services, STD clinics, and the National Blood Transfusion Service, effective strategic responses for prevention and control. In addition, several NGOs are making concerted attempts at improving public awareness of HIV-related issues in order to eliminate the social stigma attached to persons living with HIV and to curb discrimination against such persons.

It is acknowledged in regulatory circles that a successful strategic response to HIV must take into consideration the high rates of HIV prevalence in migrant women (various reports assert that of all women living with HIV in Sri Lanka, 20 to 48 percent are returning migrants). To this end, in 2005 the SLBFE began offering HIV education as part of the pre-departure training that domestic migrant workers are required to attend. SLBFE operates 34 training centers around the country; in 2006 it established eight migrant desks to disseminate information to potential migrants, and to aid returning migrants to reintegrate into society both economically and psychologically.

Research Findings

SLBFE currently conducts 12-13 day training programmes to aid female migrant workers departing for the Arab States. Such programmes typically consist of instruction on usage of household cleaning and cooking equipment, child and elderly care, banking and financial matters, multicultural communication, basic Arabic, and health and HIV issues. However, only approximately 70 percent of the 145 people sampled for this study attended the full duration of the programme. The remaining 30 percent attended a shorter version or did not attend at all.

Approximately 90 percent of the women informed family members and their husbands of their decision prior to migrating, making arrangements for their children to be cared for by fathers, grandparents, or other relatives. The 10 percent who left without informing their kin migrated under duress, typically caused by domestic violence or crippling domestic responsibilities.

Approximately 80 percent of the women made arrangements, through banks or private channels, for remittance of their foreign income to Sri Lanka. However, 40 percent complained about mismanagement of these monies by their beneficiaries in Sri Lanka.

A large majority of the women were unaware of the legal cap - fixed by SLBFE at \$50-100 - on fees charged by hiring agents. Some women reported paying as much as \$345 for the "opportunity" to work abroad. Extortionary practices on the part of unscrupulous hiring agents were found to be pervasive.

In most cases, the women needed to make long trips, often overnight, from remote villages to training centers and to the airport. During this phase, the women were routinely exposed to sexual harassment, rape, or blackmail. Several women complained of being robbed on return to Sri Lanka.

In the Arab States, some women attempt to escape their employers' homes - a practice known as "jumping" - either after having become aware of a better employment prospect or to avoid being abused or exploited by their employer. Often, women who "jump" end up in a more precarious position and are robbed and/or raped and/or forced into sex work.

Ten of the interviewed women who were outside the stipulated 18-45 age group reported having used the passport of a friend or relative to migrate to Lebanon, known for its lax immigration policy. Furthermore, 19 women working in the Arab States had irregularities in their immigration status: nine of these women had expired visas, and ten lived outside their sponsor's home (a practice illegal in the majority of the Arab States). An irregular immigration status amplifies the potential for abuse, as these women avoid accessing even the minimal channels of relief and redress that exist for fear of imprisonment.

Sri Lankan migrant workers earn \$100-140 per month in the Arab States, while being exposed to a multitude of abuses and indignities. An overwhelming majority (89 percent) reported confiscation of their passports, and 35 percent of the women had access only to limited communication with family and friends and were denied permission to leave the employer's home. Thirty-three percent of the participants complained about non- or under-payment of wages, many were physically abused, 17 percent were sexually harassed, and 5 percent reported having been raped.

Blood and urine tests (for HIV and pregnancy, respectively) are mandatory for legally migrating women prior to their departure. The test results are provided directly to the agents, and many of the interviewed women admitted to being in the dark about the nature of these tests. Clinics performing the tests, administered at the request of the hiring agents, also were reported to administer contraceptives (either orally administered birth control pills or the injectable medroxyprogesterone) to potential migrants, who were not always aware what they were taking. Interviewed women reported abortions as being common amongst Sri Lankan migrant workers in Bahrain, Dubai, and Lebanon despite their being illegal in all three countries.

The interviewed women displayed a low level of awareness concerning the transmission and prevention of HIV. Over 50 percent believed that HIV could be spread through mosquitoes; over 25 percent did not know that condoms could protect against HIV infection; and over 50 percent believed that an HIV-positive person could not look healthy. None of the 15 HIV-

positive participants in the study had heard of the virus prior to contracting it, and nearly half were uncertain about how they could spread it. None of the women reported using condoms in their current practice, and most were unsure about the availability or legality in their countries of domicile.

The majority of the women disclosed that opportunities for leisure and access to recreational amenities and social support groups were minimal.

Any migrant worker in Lebanon can seek assistance from the Afro-Asian Migrant Center or Caritas, both located in Beirut. In the Budaya Club in Bahrain where 30 percent of whose 300 members are domestic migrant workers, serves as a focal point for social and cultural interaction. In addition, the Migrant Workers Protection Society operates a safe-house and deals regularly with women, primarily Sri Lankan, who have “jumped.” A similar function is provided in Dubai by the Dubai Foundation.

The interviewed women with work experience in Dubai and Lebanon revealed their lack of confidence in Sri Lankan embassy or consular support, citing overcharging of fees by officials and complacency towards the migrant workers’ plight. In Bahrain - where Sri Lanka doesn’t have a formal embassy or consulate - the 12,000 Sri Lankan migrant workers have to depend on a part-time Consul, who volunteers his services.

Interviewees reported that migrants commonly engage in sexual relationships with Arab nationals and other migrants for a variety of reasons, including a desire for companionship, for protection, or to share living expenses; invariably, there are also those who are coerced into such relationships. Consensual relationships come in a multitude of forms, ranging from short and long-term monogamous relationships to sex work. Non-consensual relationships were reported to include sexual harassment (10 percent), forced to work as sex surrogates for young Arab males in the employer’s home (1 percent), and rape (5 percent). Informants and NGOs in host countries reveal that some Sri Lankan migrant women engage in transactional sex for survival. Whether coerced or voluntary, sex work further marginalizes these women and puts them at risk of HIV infection.

Recommendations

The Ministry of Labor needs to negotiate reasonable salaries for its migrant workers with the Arab countries. At the same time it should initiate dialogue with other sending countries to negotiate the same wages for all migrant workers, regardless of nationality.

SLBFE needs to look into opening more training centers to cater to women in remote areas. This will lower the cost of training for women and eliminate the long journeys that provide an opportunity for harassment.

SLBFE needs to enforce the cap on recruitment fees that hiring agents charge potential migrants by blacklisting the errant agencies. Undercover monitoring of agencies can help expose violations of the cap. At the same time, sub-agents who exploit migrant workers’ ignorance of other migration-related costs should be brought under the ambit of the legal system in order to ensure better monitoring and greater accountability.

SLBFE officials stationed at the airport should be made responsible for ensuring the safe and harassment-free arrival and departure of migrant workers.

SLBFE should have clear guidelines concerning the medical tests that prospective migrants must undergo. It must make confidential pre- and post-test counseling mandatory and ensure that the women, and not the agencies, receive their test results. Administration of contraceptive medication must be made conditional upon consent.

Pre-departure training programmes for domestic migrant workers need to be lengthened beyond the current 12-13 day period and made more comprehensive. Apart from increasing the scope of language training, HIV awareness, and condom usage campaigns, the trainings should inform prospective migrant workers about recruitment fees, airport procedures, and medical test procedures.

It must also identify proper channels for workers to register their grievance against harassment and for seeking redress. Training

programmes should be conducted 1-3 months prior to departure in order to increase their effectiveness, and should include accurate information - preferably provided first-hand - about the various vulnerabilities that women are likely to face during their time abroad. This will allow women to make a more informed decision to migrate.

Grassroots (village)-level education on HIV/AIDS should take place, preferably through a cultural medium, so as to reduce the social stigma and superstitions associated with migrant workers living in those communities who have tested HIV-positive.

5. BAHRAIN

Introduction: Migration and HIV

Following the oil boom of the 1970s, Bahrain experienced rapid economic growth. As a consequence, the government embarked on massive redevelopment projects encompassing the construction, public health, and public education sectors. Of the large number of jobs that were created, those towards the relatively lower end of the skill spectrum were sought by immigrants from several Asian countries. Today, migrant workers fill Bahrain's labor gaps, primarily in the manufacturing, construction, entertainment, and domestic work sectors. As a whole, migrant workers comprise 38 percent of Bahrain's total population. Women migrant workers in Bahrain are characterized as either "regular" or "unskilled"; regular workers include professionals (engineers, bankers, nurses, etc.), and the bulk of unskilled workers consist of domestic help. Women migrants in Bahrain are primarily of Indian, Sri Lanka, Filipino, Bangladeshi, Ethiopian or Thai origin.

The oil boom significantly increased family incomes and the number of working Bahraini women, thereby fueling the demand for domestic help. Even though domestic workers do not come under the ambit of local labor laws in Bahrain, employers of domestic help need to obtain work permits for helpers - granted for a two-year period but renewable - to facilitate their entry into the country. Despite the Bahraini Government's efforts to equip locals with the skills to work in areas currently monopolized by migrant laborers, the trend towards an increase in the number of foreign domestic help is likely to continue owing to the

reluctance of Bahrainis to hire other Bahrainis. Commonly cited reasons for this antipathy include anxiety about possible romantic relationships between a Bahraini worker and a family member, privacy concerns, and the threat of retaliation in the event of maltreatment of the Bahraini worker. Accordingly, between the fourth quarter of 2005 and the third quarter of 2007, 66,054 new work permits were granted, up from the 36,678 recorded in the corresponding period between 1999 and 2001. At the end of the third quarter of 2007, Bahrain was employing 49,503 legally documented migrant workers - of which 34,766 were women. In addition, between 2004 and 2006, approximately 48,000 migrant workers had irregular status, that is, were either holding expired work permits, had left their original employer without consent, or were working in places or occupations other than those listed in their work permits.

Although Bahrain has a relatively low prevalence of HIV/AIDS, transmission increased from 1986 (when the first case was recorded) to 1000 in 2005. Even after ignoring the problem of underreporting, the overall growth rate of new cases in 2005 was 10 percent. Prevalence was highest among injecting drug users (up 69 percent), and there was a marked increase in transmission through heterosexual activity (23 percent). Transmission through blood transfusions, homosexual contact, and mother-to-child were at 4, 3, and 1 percent, respectively. Demographically, the 15-35 age group is most susceptible to HIV infection as a consequence of high-risk behavior, which includes the use of injectable drugs and low condom usage (it is reported that only a quarter of the 90 percent of sexually active injecting drug users (IDUs) had used condoms). Amongst the migrant population, HIV cases have increased from 52 to 68 between 2002 and 2007. Testing positive for HIV leads to the deportation of a migrant worker - without any counseling - within three to seven days.

Research Methodology

This study was undertaken in Bahrain with the assistance of the UNDP Country Office and the head of the Bahrain National AIDS committee. Qualitative data was collected through meetings, interviews, and discussions with key stakeholders including representatives of ministries, embassies, health centers, and relevant NGOs. In addition, a comprehensive literature review



was undertaken to assess and analyze the vulnerabilities encountered by female migrants in Bahrain. In the case of interviews and discussions, a set of guiding open-ended questions was employed to initiate the dialogue. Even though discussions were initially recorded, this practice was later abandoned in an attempt to put the discussants at ease. For the literature review, over 40 documents of various kinds and from various sources were analyzed.

Policies and Laws

To regularize and monitor the labor market, the government established the Labor Market Regulatory Authority (LMRA) on 31 May 2006. Since July 2008, all work permits except for domestic workers are issued by the LMRA; and from January 2009, LMRA will start issuing work permits to domestic workers as well.

The Ministry of Labor and Ministry of Interior will no longer be responsible for providing work permits. The new work permits are valid for a two-year period and renewable for subsequent periods. LMRA is maintaining a database of all expatriates in the Kingdom, and also monitoring the recruitment agencies, employment offices, and business practices of self-sponsored expatriates. The National AIDS Committee, established in 1986, is the highest government body in Bahrain addressing HIV/AIDS. Four subcommittees assist it to design, coordinate, and implement policies with regard to awareness and counseling, research, treatment, and public health. However, even though HIV-related topics form an integral part of high school curriculums and significant effort is expended on peer education activities, a section of the migrant community, including domestic and construction workers - vulnerable groups in terms of HIV

transmission - continue to remain uninformed. Amongst another high-risk group, IDUs, there are no comprehensive behavioral change or condom promotion campaigns. There is optimism, however, that this might change under the National Strategic Framework on HIV/AIDS - a blueprint intended to guide the national response to HIV between 2008 and 2010.

To protect women migrants from abuse, the government distributes multilingual brochures containing information on worker's rights and in-country resources to incoming migrants. It also provides a 60-bed shelter offering medical, psychological, and legal care for female victims of abuse. Training programmes in abuse-sensitization are run for the police, whose referral is necessary for a migrant to obtain a place in the government shelter. On the NGO front, the Migrant Workers' Protection Society, established in 2002, handles cases of abuse and runs a shelter for up to 20 people. More generally, migrant issues including the granting of permits for all categories of workers, regulation of recruitment agencies, and the monitoring of expatriate business practices, come under the purview of the recently established Labor Market Regulatory Authority (LMRA).

Summary of Findings

Officials in the embassies of the Philippines, Bangladesh, and India concurred that despite the efforts of the Bahrain Government, female migrant domestic workers suffer from multiple forms of abuse including non/under-payment of wages, harsh working conditions, and physical and sexual abuse. Embassies provide dispute resolution support between employees and employers, arrange documents for those in need, and facilitate the repatriation of those migrant workers who wish to return. The Embassy of the Philippines runs a shelter providing legal, medical, and social support to migrants, and monitors and regulates recruitment agencies.

Embassies reported that upon arrival in Bahrain migrant workers are often forced to accept terms of employment, that are different from the terms in the pre-departure contract. Additionally, contracts are in Arabic, which leave workers unaware of the terms that they are accepting. The Embassy of the Philippines also reported employers holding on to the keys to the rooms of the domestic help, thus engendering conditions rife for abuse. The

problem of unscrupulous taxi drivers exploiting runaway migrant workers by forcing them into sex work was also mentioned. The same source suggested that bringing domestic help within the ambit of local labor law might minimize the potential for such abuse and provide victims with access to mechanisms of redress.

Senior Bahrain health officials, including the head of the National AIDS Committee and the head of the hospital responsible for the pre-employment medical examination of migrant workers, defended mandatory testing for HIV by citing that greater migrant knowledge of their HIV status will better enable them to seek appropriate treatment and care. Nevertheless, both agreed that without access to community-based support networks and post-detection counseling, mandatory testing might be counterproductive as it might provide incentives to evade testing and lead to discrimination against, and ostracism of, those who test positive. Within government circles it was believed that HIV-positive migrants should be deported, given the inadequate care and treatment infrastructure for the local population. However, even though treatment services will continue to be denied to migrants, the Head of the National AIDS Committee elaborated that migrant workers will benefit from a targeted information campaign - including training for correct and consistent condom use - under the new National HIV/AIDS Strategic Framework. However, he warned that bottlenecks would likely delay implementation of the activities planned under the new framework.

Interviews with ministry officials confirmed that abuse of domestic migrant workers exists, and that some recruitment agencies contributed to the problem. These officials considered it difficult to cover domestic workers by the provisions of local labour laws as this would constitute interference by the government in the family life of Bahrainis. Officials were also adamant that systems are in place for potential and actual victims of abuse, saying that abused migrant workers should seek - and embassies should proactively encourage their members to do so - local police and public prosecutor support, and not merely check themselves into shelters.

The spokesperson for the Migrant Workers Protection Society (MWPS) asserted that one of the biggest areas of concern in terms of the abuse of migrant domestic workers is the role of recruitment agencies. Women from remote areas in the sending country are lured with promises of lucrative jobs but are not provided any details about the nature of employment. In some cases, women migrate without even knowing which country they are migrating to; and many of these women - some unable to speak the language of their employers - fail to communicate effectively and struggle to perform their jobs, creating conditions rife for abuse. It was stressed that recruitment agency practices should be scrutinized in order to create a more stringent regulatory framework in which they operate.

It also came to light that in most cases when abused domestic help complained to female members in the employers' households, the complaints were disregarded.

The spokesperson for the MWPS, in noting the lack of a Sri Lankan embassy in the country, mirrored the government's views on the need for the relevant embassies to be more proactive in protecting the rights of their migrant workers and ensuring redress for those who have been abused.

The MWPS spokesperson mentioned not having encountered any migrants living with HIV but admitted that as HIV/AIDS is not a focus area for MWPS, its members and volunteers have not undergone any training in this area.

Recruitment agencies insisted that the reports of actual abuse of female migrant workers and the threat of potential abuse were exaggerated. It was suggested that the agencies are instrumental in ensuring that women have access to substantially higher wages and a better standard of living as compared to that in their home countries. Officials representing the various agencies claimed to help the migrant workers by negotiating, on their behalf in terms of wages and by settling disputes that might arise between workers and employers.

Recommendations

The scope of national labor law needs broadening to ensure that even domestic migrant workers have rights within their places of work.

The regulatory framework within which recruitment agencies operate has to be made more stringent to prevent exploitation of migrant workers. Binding guidelines on recruitment practices should be set, and monitoring for guideline violations should be intensified.

A coordination team comprising officials from the sending and receiving governments, relevant embassies, and concerned NGOs should work to address the problems and issues that migrant workers face.

Embassies should organize orientation sessions for all new workers, taking care to include existing workers in the process. During such sessions, information about local culture, law, hotline numbers, and emergency services should be disseminated.

Local women's organizations should work in tandem with concerned embassies to sensitize employers towards the needs of domestic migrant workers. In the same way, international agencies such as UNDP and IOM should organize similar programmes for policy makers on a regular basis.

The government should institute formal victim identification procedures, allow victims to refer themselves to the government shelter (the current practice is for police referral only), and allow victims of sex trafficking access to the facilities at the shelter.

Migrant workers who test positive should be provided post-detection counseling and information on organisations and services available in their home countries. The help of concerned embassies should be recruited to link victims with their respective national AIDS control bodies.

6. UNITED ARAB EMIRATES

Introduction: Migration and HIV

The Emirate of Dubai, given its high per capita income, open and growing economy, and small national population, has been a destination of choice for migrant workers from throughout South and East Asia. Of Dubai's total population of 1.4 million, a large majority, 1.12 million, are expatriates. A striking anomaly in demographic statistics in Dubai is the predominance of males. Nearly 75 percent (989,305) of Dubai's population is male, with trends projecting even more skewed gender representation by 2010 (1.5 million males to 420,430 females). In addition, there are substantial gender-based discrepancies in job profiles and working conditions; male migrants are more likely to occupy the relatively higher paying jobs, with greater skill requirements, while female migrants often work in traditionally female sectors, such as domestic service.

The majority of professional workers (engineers, bankers, doctors, nurses, etc.), regular workers (those working in hotels and bars), and unskilled workers (those working as domestic help) come from a variety of countries, including Bangladesh, Ethiopia, India, Indonesia, the Philippines, Sri Lanka, and Thailand. Official statistics on the number of migrant workers in Dubai are likely to be underestimated in light of the fact that the Emirate has a large number of undocumented workers – those whose work permits have expired, those who have “run away” from their sponsor/employer's residence, and those who have vocations other than what is listed on their work permit. One indicator of the magnitude of the problem is the 350,000 people who chose to leave the UAE - of which Dubai is part - during the recently granted amnesty to all undocumented workers in the country.

Domestic workers currently constitute 5 percent of the UAE's population. Such is the demand for domestic workers that between 1975 and 2005 the number of work permits issued for domestic workers grew from 1,340 to 218,000. In Dubai alone, 83,600 new visas for domestic workers were granted in 2007, bringing the total spending on domestic help to close to \$3 billion. The majority of domestic workers in the UAE are from Sri Lanka, Indonesia, and the Philippines. Some 80 percent of all Sri Lankan female migrants choose the UAE for overseas work, while

the corresponding figure for the Philippines stands at 40 percent. Furthermore, despite a ban on female migration to the Emirates both in Bangladesh and Pakistan, Bangladeshi and Pakistani female domestic workers continue to travel to the Emirates to work.

UNAIDS characterizes the UAE as a low-prevalence country for HIV. By the end of 2006, the country had a total of 466 recorded cases of persons testing positive for HIV, all of whom were UAE nationals. The corresponding figure at the end of 2007 was 540. However, even though the number of people with HIV increased, new infections in the same period dropped from 42 to 35. The government has also instituted the practice of mandatory premarital HIV testing. A large majority of new infections in both years were detected in men (33 and 29, respectively). HIV transmission has commonly occurred through heterosexual activity and injecting drug use. The problem with sexually transmitted infections (STIs) is more acute. In the 16 months prior to the research, 650 cases of STIs were reported, mostly among young women who were infected by their husbands. (It is notable that the government has recently instituted mandatory premarital HIV testing.) The bulk of the recorded cases are UAE nationals; the corresponding figures for migrant workers are not available publicly.

Research Methodology

The research for this study was conducted in Dubai by a team consisting of a lead researcher and a research assistance, with support from the UNDP Country Office. The study was qualitative in nature; data was collected via in-depth interviews, meetings, and discussions with key stakeholder such as embassy officials from sending countries, officials in the relevant Dubai ministries and government departments, doctors from hospitals entrusted with the pre-employment medical examination of migrant workers, relevant NGOs, and officials representing the recruitment agencies. Prior to the discussion itself, a guiding questionnaire was designed to initiate discussions with the participants. A conscious decision was made to take notes (as opposed to recording) during interviews and discussions in light of the experience in Bahrain, where interviewees appeared uncomfortable in expressing their opinions while being recorded.

In addition to this primary research, over 30 migration and HIV-specific documents from various ministries and national and international organizations were studied for an updated view of migrant and HIV statistics and the problems faced by migrant women.

Policies and Laws

Domestic workers are outside the purview of local labor laws (falling under the jurisdiction of the Ministry of Immigration rather than the Ministry of Labor). Nonetheless, in April 2007 the UAE passed a separate domestic worker law, which governs working conditions, leave allowances, medical care, and salary issues. This is in addition to the bilateral agreements signed in December 2007 with prominent labor supplying countries such as Bangladesh, India, Nepal, Pakistan, and Sri Lanka to regulate migration flows and streamline labor contracts. The agreements envision a future where contracts would be processed by the labor ministries of the supplying countries, thus bypassing recruitment agencies. Earlier in the same year, in a reform to the *Kafala* sponsorship programme, domestic workers were permitted to change jobs conditional on their being able to produce a no-objection certificate from their original sponsor. Finally, in a recent attempt to bolster legal cover for migrant domestic workers, sponsors who facilitate domestic workers in working illegally are, since January 2008, liable to be charged with human trafficking and face a minimum jail term of ten years.

Other recent efforts in ensuring the well being of such workers have been the establishment of a dispute resolution unit to iron out employee-employer discord and the setting up of an electronic system for wage payments to foreign workers. In addition, to prevent abuse the Dubai police maintain a 24-hour hotline and website for the lodging of complaints. The police also employ human rights and social support offices to provide assistance to women who are victims of abuse.

Migrant workers are required to be tested for HIV upon each renewal of their work permit and to be deported if they are found HIV positive. Tests are also conducted for Hepatitis and TB, and a positive test in either case is likewise followed by deportation. For TB, however, if it can be shown that a migrant worker contracted

the disease during a stay in Dubai, he/she receives access to treatment and is not liable to be deported.

The National AIDS Prevention Programme, under the Ministry of Health, carries out awareness campaigns - including the distribution of literature published in English and Arabic - focusing on youth. It also provides free care, support, and treatment services to all UAE nationals. There is no preventive campaign targeting migrant workers in particular, who are also excluded from the curative infrastructure. The nation's first Voluntary Counseling and Testing Center (VCTC) facility, intended exclusively for use by nationals, is also in the pipeline.

Research Findings

Two hospitals, both under the Ministry of Health, are responsible for conducting pre-employment checks for migrant workers. The checks are conducted for each migrant worker before the first approval of his/her work permit and for every subsequent renewal. The cost of administering each test, which is borne by the migrant worker, is approximately \$136, and each year approximately 1.1 million migrant workers are tested.

In the event of a positive test result, confidentiality is not maintained. Rather, the results are sent to the Ministries of Labor, Immigration, and Health as well as to the employers, and the deportation process starts immediately. Both hospitals, however, do not make the worker's HIV status explicit on the test result, opting to mark the worker simply as either "fit" or "unfit" on the report. The hospital also provides treatment for opportunistic infections to the needy prior to starting the deportation process. The consolidated data related to HIV incidence amongst migrants is not made available to the public by the Ministry of Health.

Interviews with officials from the embassies of Pakistan, the Philippines, and Sri Lanka revealed a wide range of abuse and deprivation faced by female migrant workers. The Embassy of the Philippines reported that most Filipino women domestic workers - complained of maltreatment by employers in terms of physical and verbal abuse, long working hours, and restriction on freedom. Many of the women are not allowed to keep mobile phones, and some are locked in their room when their employer leaves home.

An official at the Philippine Embassy conceded that no one in the embassy had received any specific training to handle HIV-related problems, or any information on care and support services available in the Philippines for HIV-positive persons. The official from the Sri Lankan Embassy reported that the most significant complaint of female migrant workers from Sri Lanka revolved around discrepancies in the payment of salaries. In such circumstances, the official claimed that the embassy assists migrant workers, in cooperation with the Dubai police. The Pakistani official informed the interviewers that most Pakistani women in Dubai are housewives, while a handful are hired by hotels on visit visas as entertainers.

Officials from all three embassies were unanimous in their view that many women enter or stay in Dubai illegally, hindering attempts to reach or be of assistance to them. They also insisted that measures were in place for regular monitoring of recruitment agencies and to take appropriate action in the event of any detection of malpractice. The Filipino and Sri Lankan Embassies revealed that it was common practice for employers to withhold the passports of their domestic help, despite the fact that this is in clear violation of Dubai law.

Officials in the Ministry of Labour highlighted that domestic migrant workers often sign employment contracts - written either in Arabic or English - without taking due care to understand the provisions outlined in the contract. This increases the potential for exploitation and limits the migrants' access to protection services. Even though these officials insisted that the government has established mechanisms to safeguard the rights of migrant workers, they envisioned greater participation in future from both the embassies and the recruitment agencies that represented the workers.

Within the Ministry of Health there was consensus that migrant workers who tested positive for HIV should be deported. The lone dissenting voice belonged to a doctor from a local hospital, who suggested that the fear of deportation is a disincentive for migrants to seek testing, which in turn delays diagnosis and could culminate in further transmission of the virus. A top official from one of Dubai's hospitals suggested encouraging prospective

migrants to test themselves in their home country prior to migration in order to avoid wasteful expenditures. Another Health Ministry official disclosed that migrant HIV statistics are not made public in order to prevent public antagonism toward migrant workers.

The Dubai Foundation for Women and Children - established in October 2007 - supports women and children who are victims of abuse regardless of whether they are nationals or migrants. An official of the foundation revealed that to date more expatriates than nationals have sought the foundation's assistance. There was consensus amongst the foundation's officials that government measures against the exploitation of female migrant workers were adequate; nonetheless, it was agreed that their interests would be better served by more proactive embassies and recruitment agencies. Officials also conceded that, owing to the foundation being relatively new, staff members have yet to acquire HIV-related training.

Officials from recruitment agencies were adamant that the situation of domestic female migrant workers is not as precarious as it is made out to be. The interviewees stressed that workers represented by the agencies are safe, and that agencies try their utmost to match migrant domestic workers with households where they would be comfortable. In addition, agencies provide these workers with support in terms of salary negotiations and the resolution of disputes that might arise between employers and employees. Agency officials also asserted that unsafe sexual behavior on the part of the migrants was a phenomenon that migrants themselves were responsible for.

Recommendations

Labor laws should be amended to cover domestic work to ensure that female domestic migrant workers are accorded the same level of legal protection against exploitation as migrant workers in other vocations.

Best practice guidelines and benchmarks need to be developed for recruitment agencies, and effective monitoring mechanisms should be developed jointly by governments and embassies to enforce the guidelines.

A coordination team composed of representatives of the sending and receiving governments, the relevant embassies, recruitment agencies, and related NGO groups should be formed to engage with workers' problems and issues.

The AIDS Prevention Committees of origin and destination countries should be linked in order that migrant workers who test positive for HIV can receive counseling, as well as information regarding care and support facilities in their home country, prior to deportation.

Embassies should organize orientation sessions for all new workers, taking care to include existing workers in the process. During such sessions, information about local culture, law, hotline numbers, and emergency services should be disseminated.

Local women's organizations, in conjunction with embassies and agencies, should make an effort to sensitize employers regarding the needs and rights of domestic migrant workers. This has the potential for preventing inadvertent abuse of the migrant worker, such as the withholding of their passports.

The National AIDS Programme in Dubai, with help from the corporate sector and NGOs, should try to reach out to migrant workers with target specific literature on HIV prevention in an effort to discourage high-risk behavior of this vulnerable group.

Recruitment agencies should ensure that employment contracts signed by domestic migrant workers are, in addition to being in English and Arabic, in a language that the worker can understand - preferably the worker's native language. This will ensure that workers understand the provisions that they undertake to be obligated by and, thus, will enable them to ask for amendment or deletion of any clause they might find unfair or exploitative.

7. LEBANON

Introduction: Migration and HIV

Despite continuing political uncertainty, Lebanon is a prime destination for migrant workers from all over Asia. Statistics from the Ministry of Labor confirm that the influx of migrant workers is steadily trending upward: between 2006 and 2007,

the total number of work permits issued increased from 107,568 to 121,375. During the same time period, the number of new migrants increased from 31,468 to 42,218. A large proportion of these new migrants in both years (20,713 in 2006 and 37,104 in 2007) came to Lebanon to work as housemaids. Since the official statistics do not enumerate the number of migrant workers who arrive/live in Lebanon irregularly, and given the large number of migrants working in the informal sector, the numbers provided by the Ministry of Labor are likely to be underestimated.

Female migrant workers employed as domestic workers in Lebanon can be classified in one of the three categories: live-in workers, freelancers, or runaways. Women in the first group reside within their employer's household, and the latter is responsible for the costs of paperwork, health insurance, food and clothing, and a return airfare at the end of the employment period. In addition, it is the employer's responsibility to renew work and residency permits and health insurance. Freelancers, on the other hand, have their own accommodations and usually work for multiple employers on an hourly basis. Both these groups of migrants require a Lebanese sponsor. Runaways comprise workers who, for a variety of reasons - including non-payment of wages and abuse - flee an employer's household to seek refuge in embassies, with friends or NGOs, or live independently to pursue freelance work. Should a domestic helper become a runaway, employers are required to notify the authorities immediately.

Lebanon is characterized as a low HIV/AIDS prevalence country, with a total number of 1,056 reported cases at the end of November 2007. Of these, 42 percent are asymptomatic carriers of the virus and approximately 41 percent are living with the disease. Ministry of Health statistics reveal that sexual activity is the highest mode of transmission (68 percent), while transfusion and injecting drug use contribute 7 and 6 percent, respectively. Prenatal transmission accounts for roughly 3 percent.

According to a 1996 study by the National AIDS Control Programme (NAP), unsafe sexual practices such as multiple partners and low condom use contribute to making sexual activity a high-risk behavior. In terms of gender, an overwhelming majority of those living with HIV are males (82 percent), with most infections

recorded in the 31-50 age group. Migrant workers along with sex workers and injecting drug users (IDUs) are identified by most studies as a high-risk group in terms of exposure to and contraction of the disease.

Migrant workers are vulnerable to contracting HIV for a variety of reasons. Socio-economic marginalization, low-levels of education, the lack of legal access, the trauma of cultural dislocation, and the potential for harassment and abuse are amongst the many factors that dispose migrant workers to engage in high-risk behavior that makes them particularly vulnerable to HIV infection. Many female migrant workers who are runaways are often either coerced into sex work or voluntarily decide to do so. In either instance, they are ill-equipped to enforce condom use. In addition, the economic and social costs (and consequent deportation) of being detected HIV-positive constitutes a significant disincentive for migrant workers to opt for testing, with the unfortunate result that they are deprived of adequate and specialized care, support, and treatment. Limitations of language and culture further inhibit the dissemination of preventive information.

Research Methodology

The primary information used in this study was generated via in-depth interviews with all major stakeholders of migrant welfare and the HIV situation in Lebanon. This includes officials from embassies of the sending countries, various government departments and ministries, NGOs, recruitment agencies, testing centers, and the ILO. All interviewees were sent a preliminary questionnaire outlining the major issues that would be addressed during the interview.

Policies and Laws

As the private home is generally viewed to be outside the jurisdiction of the State and furthermore is not viewed as a place of employment, domestic work is not covered under local labor laws in Lebanon. This means that domestic workers can be denied the right to minimum wage, time off, maximum working hours, vacation time, accident or end-of-work compensation, or the freedom to organize through labor unions. However, the Lebanese Government in recent years has taken some positive steps to protect domestic workers and other migrants.

In 2000 the government established a formal complaint procedure for migrant workers, allowing them to register their complaint directly with the Ministry of Labor. Most notably, as a consequence of this procedure some hiring agencies have had their licenses suspended for improper conduct. In terms of the private sector, some Lebanese NGOs, and particularly the Caritas Migrant Center, have had some success relying on criminal law to prosecute employers and hiring agents who have exploited workers.

In addition, as early as 1998 the government computerized the names and addresses of all sponsors and foreign workers. This has made it easier to trace sponsors through the ministry if a domestic worker, particularly in the case of a runaway, is filing a complaint. The Lebanese Government has also at various times granted amnesty to migrant workers. Most recently, in July 2006 migrant workers who were in an illegal/irregular status were permitted to leave without financial penalties. Generally, the aim of the amnesties is to lower the number of illegal foreign workers and lower the governmental expenses involved when a worker is apprehended. Finally, Lebanon requires that all migrant workers, including domestic workers, have health insurance.

In 1989, Lebanon created the National Aids Control Programme (NAP), which is jointly instituted by the Ministry of Public Health and the World Health Organization. NAP's plans and actions are based on the local epidemiological situation, needs assessments, KABP (Knowledge, Attitude, Behaviors, and Practices) studies, and WHO directives. The government's commitment towards stemming the spread of the disease and providing specialized care to nationals living with HIV has been crystallized in efforts to formulate multi-sector strategies to combat the disease. This has involved capacity building in several ministries and increased partnerships with NGOs and the private sector in order to increase awareness amongst high-risk target groups, ensuring adequate social support and care for people living with HIV/AIDS (PLWHA), and increasing the availability of Anti-Retro Viral Treatment (ARV).

The National AIDS Policy does not make it mandatory for Lebanese citizens to undergo testing for HIV, but testing is

compulsory for blood donors. In 2007, all units of donated blood were tested via quality assured processes. Even though the renewal of work permits for migrant workers does not require screening for HIV, in accordance with Lebanese labour laws, all new migrants are required to submit negative HIV and STI lab test results along with their applications for the work permit. Migrant workers testing positive are deported and in accordance with the law, repatriation costs are borne by the recruitment agency. However, as of 2007, in such cases foreigners are given access to ARV treatment prior to deportation.

Research Findings

According to officials in the Bangladeshi, Filipino, and Sri Lankan Embassies, common abuses faced by their respective migrant workers include non/under-payment of wages, long working hours, inadequate nutrition, lack of private accommodation, sexual abuse/rape, and prohibitions on returning home. There was a general consensus that while male migrant workers mainly encountered problems related to illegal entry, overstaying, or expiration of entry visas, women migrants were more often susceptible to physical and sexual abuse. While the Sri Lankan and Filipino Embassies provided social, medical, and legal services to their expatriates, actions of the Bangladeshi Consulate focused primarily on wage related disputes between migrant workers and their employers in collaboration with recruitment agencies.

While officials of the Filipino and Bangladeshi diplomatic missions reported having undergone training to handle HIV/AIDS related cases, the Sri Lankan officials admitted to being unequipped to do so. Officials at the former two missions considered migrants' sexual behavior as the primary risk factor in terms of contracting HIV, and were unanimous in asserting the need for comprehensive awareness programmes for both Lebanese and migrant populations. In addition, the Philippines Consul suggested that HIV-positive workers be deported only with the worker's consent, while the Bangladesh Consul suggested making an HIV test mandatory for renewal of work permits (current practice is to insist on the test only for new work permits).

The interviewed official from the Ministry of Social Affairs revealed that the bulk of the Ministry's efforts were targeted at

increasing awareness amongst women and the youth population on best practices concerning reproductive health. In so far as migrant workers were concerned, the official was in favor of more comprehensive screening prior to the granting of work permits. The NAP representative mentioned that no records of migrants testing HIV-positive are kept; in order to foster better awareness and adherence to preventative practice. NAP, in conjunction with local NGOs, runs nationwide campaigns as well as campaigns at the company level, targeting migrant workers directly and indirectly. The representative from the Ministry of Labor corroborated the embassies' perception that female migrant workers are more susceptible to abuse than their male counterparts, though most workers, regardless of gender, are exposed to some form of infringement of their human rights.

The Labor Ministry's perception is that women migrant workers contract HIV primarily through sexual relations; employer discretion is paramount in reporting HIV-positive cases to authorities once the initial work and residency permit has been granted. Relevant ministry officials receive training on HIV/AIDS-related issues; and the ministry is in favor of lobbying the government to let migrant workers continue to work in Lebanon regardless of their HIV status. The relevant department in the Interior Ministry reported that most detained migrant workers, regardless of their nationality, lacked requisite papers or were runaways or had had their contracts terminated. This ministry supported the deportation of workers who had tested positive, citing the benefits to the migrants of comprehensive social and family support back home and the prohibitive costs of ARV treatment. While conceding that women with irregular immigration status were prone to infection, the official admitted that security agents within the ministry have no HIV-related training.

Testing centers that were responsible for HIV screening of prospective migrant workers acknowledged that there was a lack of confidentiality involving the test results of migrant workers. In 99 percent of cases, test results were provided directly to either the employer or the recruitment agency; additionally, no pre- or post-test counseling was provided to the tested worker.

Both NGOs selected for this study worked with PLWHA and offered a comprehensive array of services that included VCT (as per NAP guidelines), pre- and post-test counseling, psycho-social support for family member of persons living with HIV, skills-building for a variety of income generating activities, etc. Migrant workers who turned to these NGOs were not discriminated against in terms of further access to their facilities, confidentiality issues in terms of test results were respected, and active lobbying for recognition of the rights of the PLWHA were conducted. NGO representatives expressed the opinion that migrant workers who test positive could continue working in Lebanon. It was also suggested that the pre-departure test for HIV be conducted in the countries of origin (rather than post-arrival screenings in the host country) to spare the expenses that prospective migrant workers incur in terms of travel cost to and from - and the test cost in - Lebanon.

Recommendations

HIV/AIDS awareness amongst migrant populations (especially women) should be raised to reduce high-risk behaviors. In this light, migrant workers should be directly targeted. Preventative literature - brochures, posters, talks, etc. - have to be made "migrant specific" in order to be effective.

Policy-makers need to acknowledge that any sustainable strategy for combating HIV/AIDS must be based around prevention rather than cure. The ability to provide treatment to persons living with HIV is dependent on keeping the rates of new infection low.

In the countries of origin, there need to be broad efforts both at the level of policy formulation and programme design and implementation to empower women. Multi-dimensional empowerment encompassing increases in women's social, political, and economic clout will make them stake-holders in an HIV-free society. To this end, legislation is required to ensure the protection of women's rights and to reduce gender-skewed access to resources.

Pre-departure orientation sessions for migrant workers in the countries of origin are often too general. Other host countries should follow the lead of the Caritas Lebanon Migrant Center's (CLMC) in drafting (in conjunction with partners in the countries

of origin) a comprehensive, destination-specific set of guidelines that outline the rights of migrant workers to access testing, counseling support, and care facilities. Such country-specific information in the pre-departure orientation session will enhance the preparedness of migrant workers and reduce the potential for their abuse.

Current efforts by the CLMC to lobby government entities to introduce migrant-friendly legislation needs to be scaled-up. One aspect that is in particular need in this regard is the right of migrant workers who have tested positive for HIV to continue to stay on and work in Lebanon. Continuous and effective lobbying to amend current laws requiring the deportation of such workers is required.



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