

# CARE for the Mobile Population in Nepal

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The EMPHASIS project (Enhancing Mobile Populations' Access to HIV and AIDS Services Information and Support), undertaken by CARE International in 2009, and sponsored by the Big Lottery Fund, UK is being implemented across three different neighbouring countries – Nepal, Bangladesh, and India. In Nepal, the project is coordinated from the Regional Secretariat located in Kathmandu and is implemented through respective CARE District offices. CARE International is a non-profit, non-governmental organisation functioning in numerous countries across the globe. It has a continuously positive history of implementing different programs in Nepal over 35 years, and it has deep roots and cooperation networks among local people, and all of the participants and target population were extremely supportive of the project and ready to share any information and personal experience.

The project analysed below was constructed with its initial goal of demonstrating successful modelling of the initiatives providing safer experiences to the mobile population in Nepal, stressing among other pressing issues their vulnerability to HIV and AIDS. In order to implement changes to help migrants and their families, the project utilizes methods of **campaigning and advocacy**, using proven effective modern intervention schemes involving multi-level activities. EMPHASIS operates at the grassroots, village, district, and cross-border levels, aiming to reach out to as many actors as possible and to engage people across different administrative and official positions, including media, local NGOs, state border officials, and state development program members. It also keeps close cooperative links with the project implementing points at the destination – Mumbai and Delhi.

There are three main trajectories of the project's activities:

- **advocacy** for the universal accessibility of **HIV and AIDS** related services;
- protection and advocacy for **migrants' rights**;
- empowerment of women.

However, the work concentrating on migrants' dignity and harassment issues only analyses those targeting the mobile population.

The Far Western Development Region (FWDR) is one of the poorest areas of the country, ranking fourth among the five regions of Nepal in terms of the Human Development Index (HDI) (UNFCO 2011: 2). Here 94% of all households own a piece of land suitable for agriculture, but surprisingly only 14% of wage earners are fully involved in agriculture, whereas the rest of the men of employment age and state are working in 'construction, manufacture, trade, and transport' (UNFCO 2011: 6). Around 40% of all households reported having at least one member in their family as a breadwinner in India, and the FWDR accounts for 44% of the overall number of Nepalese migrants (Wagle et al. 2011: 2). It might be apt to outline here that there is a significant gap in official and real numbers of those going away, and both estimations might not be precise as the process is undocumented making data approximate. Undoubtedly, for this region migration is no less important than agriculture, and as suggested by Bruslé (2008) can represent one of several cases elsewhere in the world of the 'agrimigratory' household strategy. The author states that here 'the status of temporary migrant worker is passed down from father to son, just as the status of farmer is' (2008: 241). In most cases, the decision to migrate is taken on the family level, not the individual level, when people feel they have no choice but to migrate in order to provide for their household and prove their masculinity and status as family

head. According to Thieme, around 99% of all migrants from this region go to India (2006: 9). A fact that can be explained not only by the open border treaty between India and Nepal, but also by the proximity of the major cosmopolitan cities of India as compared to Kathmandu. Suffice to mention here that the EMPHASIS Baseline Report states that 99% of migrants coming from the FWDR to India are male<sup>1</sup> and most of them are between 18 and 33 years old. Among them 98% are Hindu, with 40% belonging to one of the highest castes – Chhetri (Wagle et al. 2011: vi).

While travelling and working in India migrants face a row of obstacles and troubles putting their lives and welfare at risk. To explore the reasons of migrants' suffering we might need to approach not only those manifestations of direct violence lying on the surface, but look deeper into the very social system that entails these manifestations. The existing social structure functions in a way that poor people always find themselves oppressed and humiliated, even more importantly politically excluded. It becomes even more evident during the mobile process when at the destination unskilled and uneducated migrant labourers are economically exploited and socially excluded. The moment a Nepalese villager leaves his locality and becomes a migrant, attitudes towards him change both in his native village and elsewhere. On the way to India and once there, he is bound and even expects to face certain difficulties that could be explained as resulting from the structurally and institutionally embedded violence defined by Farmer as 'violence exerted systematically –

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<sup>1</sup> Although occasionally it is possible to meet Nepalese women working as housekeepers or factory workers in Delhi or Mumbai, most of them travel with their husbands. Another way women might get to India is through human trafficking and further resale to brothels. The number of women trafficked from the FWDR is constantly declining as there are numerous NGOs addressing this particular problem and tracking suspicious people travelling with women right on the border points. For example, one of them working in coordination with EMPHASIS is the local NGO 'Three Angels'.

that is indirectly – by everyone who belongs to a certain social order' (2004: 307).

The system of social and institutional oppression functions as long as each side, oppressor and oppressed, play their roles according to the rules implanting social suffering and subordination of one to the other. Being part of the structure, the migrant performs his role according to the scenario, where owing to suppression he is ready to be treated as subaltern on the border, face discrimination, and be exploited at the destination. Many of those interviewed did not see violence and physical and verbal abuse at the border as something to be complained about. They stated facing no troubles, but at the same time admitted being forced to pay in order to cross the border. This might be explained by what Quesada et al. called 'symbolic violence' meaning the 'embodiment of subordinated status' (2011: 340). The very appearance, clothes, conduct, and language give away the status of the traveller and worker. This very traveller in his turn does not see anything wrong in the attitude towards him making 'the everyday violence of imposed scarcity and insecurity understood as natural and deserved' (Quesada et al. 2011: 340). The problem is deeply-rooted in the very culture of those migrating for generations, and it might take decades to change the existing perceptions and self-perceptions, thereby stigmatizing and putting at constant risk those considered subaltern.

In analysing the dangerous environment and underprivileged conditions that migrants from the FWDR face today, their risky sexual behaviour demands separate careful research. Although admitting individual responsibility for taking the risk while often being aware of possible consequences, the study emphasizes the previously mentioned social, structural, and institutional components of the problem. Addressing health-related injustices among underprivileged communities without strategically comprising the whole social and

cultural context has been empirically proven as ineffective<sup>2</sup>. As stated by Walter et al. treating illness only clinically is approaching only one side of the problem, which 'is shaped by specific cultural patterns rooted in globally structured political economic power relations' (2004: 1160). Despite the fact that the argument rests on the studies developed in the context of Latin America and the Haiti experience, these theories could provide the basement for further research within the Nepalese cultural specificities. In the light of this, in Nepal lack of health care might be seen as the tip of the iceberg; activities supported exclusively by a clinical approach seem shallow and do not bring an in-depth change to the whole system that entails suffering and discrimination. The threat of HIV/AIDS and lack of relevant information and facilities is the main problem faced by the mobile population from the FWDR of Nepal, adding to all of the stigmatization and suffering of this group. In the impact region that is discussed below, besides social negligence and structurally embodied discrimination, the lack of care and appalling underdevelopment of the health system contribute to the problem. The only way to approach this multi-faceted urgent issue 'is to link anthropology to epidemiology' (Farmer 2004: 305), while emphasizing convergence of interest between social research and development practice.

The world system – as manifested in the political, economic, and social functionality of the global society – continuously moves towards sophistication and complexity. Today, this embodies among many different positive and negative orders, the social fact that is usually called 'structural violence'. This means that the system allows or rather entails certain attitudes towards poor and oppressed people, invoking for some reasons disgust and hatred towards them. This system is neither ideal nor functions smoothly, but as it is under constant change

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<sup>2</sup> For further details see Farmer, Walter et al., Quesada et al.

and development, there is a way through a cross-disciplinary approach not only to provoke behavioural change, but also to challenge the existing order shaping this particular behavioural model.

Turning towards the particular cases of distress resulting from the migrants' vulnerability to the 'social illnesses' and social suffering, we need to consider individual and external stimuli contributing to the problem. Among the main instigators of risky behaviour faced by migrants in India Shahi (2013) emphasizes:

- Individual characteristics;
- Social isolation;
- Economic marginalisation;
- Peer influence;
- Lack of social control.

These general areas of vulnerability almost identically resemble those defined by the EMPHASIS Baseline Report (2011). All of the issues that undermine migrants' dignity and put their welfare and lives in danger, including direct and indirect violence can be listed as follows:

- *physical and mental harassment and bribery on the border;*
- *poisoning, beating with the purpose of looting during transit;*
- *marginalization at the destination due to lack of education;*
- *lack of information on safe money transfer and investment;*
- *lack of information on relevant rights and status at the destination;*
- *peer pressure and loneliness leading to dangerous sexual behaviour and alcoholism;*
- *lack of health-related information provision, vulnerability to HIV and AIDS;*
- *lack of relevant skills training for better employment opportunities;*
- *patterns of employment with unskilled labour performance expectation.*

Among the major challenges in the UN Field

Coordination Office review of the FWDR, lack of employment, high seasonal migration to India, and the high prevalence of HIV/AIDS among migrants ranked second, giving way only to the 'prevalence of gender and caste based discrimination' (2011: 2). This fact with all of the issues raised above emphasizes the necessity of addressing the urgent problems of the region in question and opens a new perspective on the importance of CARE's program.

One of the main problems of pressing humanitarian concern is migrants' HIV vulnerability due to their risky sexual behaviour. As estimated by BMC Public Health in 2010, mounting cases of HIV infected people among migrants from the Far Western Nepal to India were undermining otherwise overall positive picture of HIV statistics in the country. Significant growth of the number of PLHIV would have resulted in '7,000 HIV infected individuals returning from India by 2015, and 12,000 labor-migrants living with HIV in India' (Vaidya and Wu 2011). Despite a high HIV awareness - an average of 88% among those interviewed at the destination (Delhi, Mumbai) - the pitfall here is a number of common misconceptions regarding the way the infection is transmitted, such as mosquito bites (55% of migrant respondents) or through shared utensils, hugging, and kissing (40%) (Wagle et al. 2011: 3). According to the National Centre for AIDS and STD Control (NCASC), 27% of all HIV cases in the country in 2011 were among labour migrants to India (NCASC 2012), and in 2012 7% (5,000 people) of the national HIV prevalence was found in Achham, one of the districts in the FWDR. Here, due to the fact that the main destination of migrants is Mumbai, a cosmopolitan Indian city with a high HIV prevalence status and easy access to cheap sex services, HIV became known as the 'Bombay disease', with 1.7% of Achham's population diagnosed as positive (IRIN 2011). Besides struggling for their life, those tested positive face condemnation inside their family and community and are not allowed to use shared water and cooking

facilities. They are discriminated against and ostracized mainly owing to the common perception of HIV and STDs as a manifestation of wrongful and filthy behaviour. Risky behaviour resulting in the 'social diseases' like HIV and alcoholism could be triggered by many different external causes.

With the slogan 'a commitment to promote safe mobility', EMPHASIS prioritizes migration-related problems, drawing on different dimensions of the mobile process, as well as the grievances and obstacles faced by migrants and their families. Here are briefly mentioned main activities of the project, that have been in progress for the last four years, but the majority of them are relevantly new dating back no more than a year. Despite the evident success of these interventions, for the more profound impact to surface, a longer period of intervention might be needed. Many initiatives instigated recently resulted from the change in the staff of the project, i.e. the arrival of the new Team Leader and several team members. To a certain extent, the expansion of the project's impact spheres and the deepening of positive interference occurred due to the personal abilities and commitment of the new EMPHASIS regional head, considering the fact that before his assignment the program had been under interim leadership for three months.

EMPHASIS in Nepal has two main impact districts in the FWDR: **Kanchanpur** (451,000 people) and **Achham** (257,000 people) ([www.statoids.com/ynp.html](http://www.statoids.com/ynp.html) - accessed on 21 April 2013). However, as one of the two main mobility roots lies partly in **Kailali** district (775,000 people) ([www.statoids.com/ynp.html](http://www.statoids.com/ynp.html) - accessed on 21 April 2013), the area is also being touched by the project initiatives, so as to control the main points used to enter India: Gaddachauki and Gaurifanta. These two crossing facilities are used not only by people from the FWDR's nine districts, but also by migrants from 47 districts all over the country who come here to cross the Indian border. Therefore, the

scale and importance of the issues on the border here are of pressing concern for both India and Nepal and should be addressed in close cooperation between the relevant policy-makers and state officials. In Achham, EMPHASIS operates only in ten out of 75 villages, but due to the lack of a communication system, sometimes project volunteers have to walk for two days to reach some of the destinations. In Kanchanpur, EMPHASIS actively operates in 11 Village Development Committees (VDCs) and one district municipality.

According to state law, any INGO is not authorized to implement any programs without direct cooperation with local government officials and native NGOs. Following this, there are two main partner-NGOs that are being trained and supported by EMPHASIS to implement planned programs through their networks. Moreover **involving local NGOs**, conducting staff training, and building their capacity to continue addressing migrants' issues are also among the main initiatives of the project, thus contributing to its sustainability. Currently, there are two main local partners for the project: Gangotri Rural Development Forum (GaRDeF) in Achham and Nepal Environment and Education Development Society (NEEDS) in Kanchanpur.

EMPHASIS in Nepal narrowed its target population to people of both sexes:

- in the age group 15-49;
- migrants (circular – both short-term and long-term, returnee, migrants-to-be);
- spouses of migrants.

The core activities of EMPHASIS in labour-exporting Nepal are aimed at **providing information** to migrants and especially, as operating at source districts, to migrants' families to:

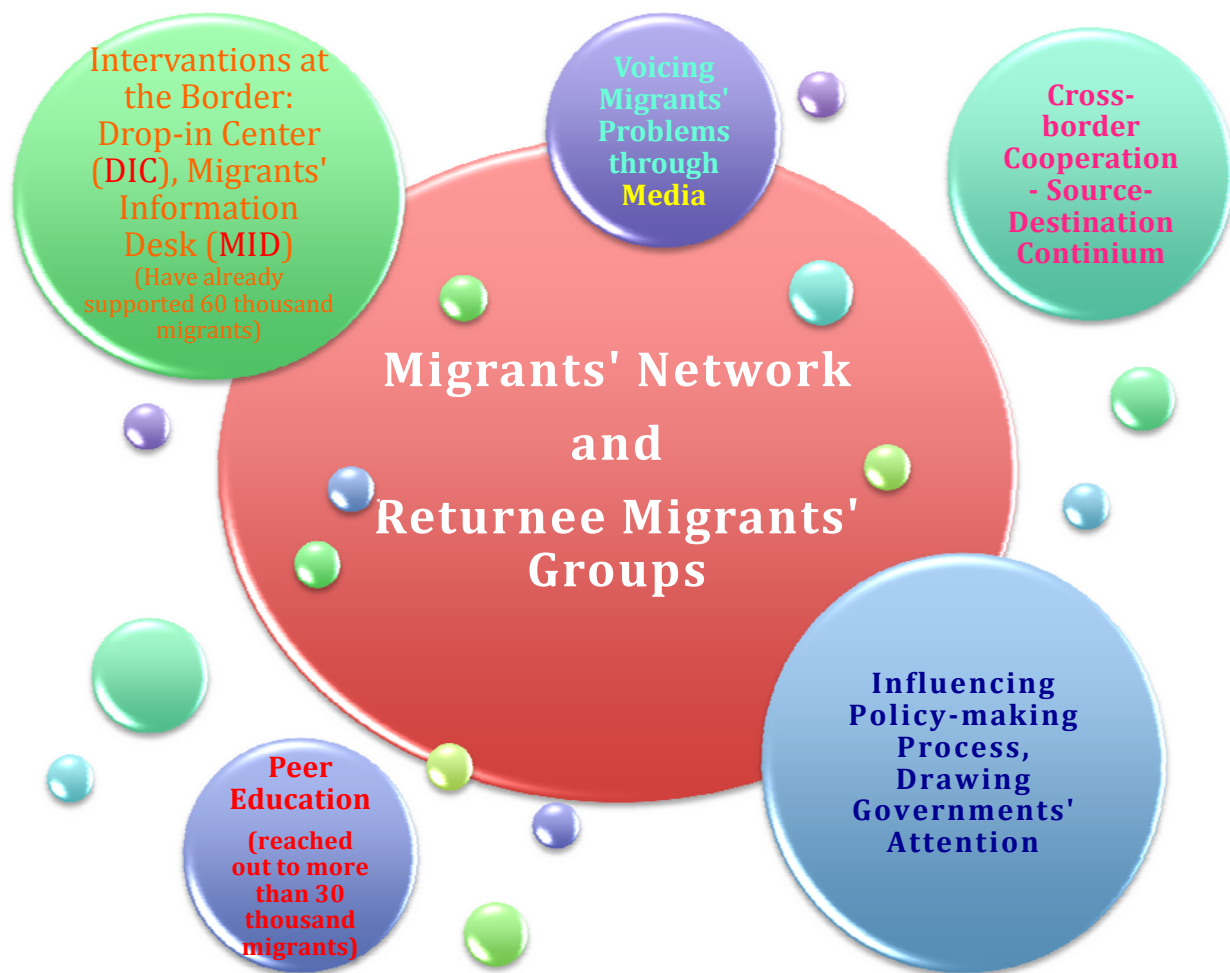
- make them aware of migrants' rights in Nepal, in India, and while crossing

the border;

- help them understand the mounting threat of HIV and its consequences;
- show how to protect oneself from HIV and treat AIDS and STDs;
- make them aware of the location of the main testing sites and in some cases cover travel expenses;
- disseminate information on safe money transfer;
- help PLHIV to overcome stigma and discrimination and sometimes help them start small-scale business projects;
- involve government representatives and media to demonstrate the necessity and ways of addressing migrants' issues;
- build cooperation networks among different population groups, so as to address the problem across all impact populations;
- ensure the continuation of the successful initiatives after the end of the project.

One of the most important trajectories of the program is to **advocate for migrants' rights** to the state authorities, so as to influence the policy-building process. Activities of the project are constrained by time and material limits; therefore, the main aspiration is to accumulate enough evidence to be able to **address state policy** towards migrants, and involve Indian and Nepalese border officials in the dialogue on benefiting migrants at the source and destination. Moreover, one of the most important issues stressed by EMPHASIS is **migrants' vulnerability to HIV and AIDS** and their growing role as a bridge population between the HIV-prevalent areas in India and low-risk groups in the FWDR. In order to address all of the problems in their interrelation, EMPHASIS has constructed different enterprises based on the approaches existing in the modern development field, which are presented below.

## EMPHASIS's Ground Initiatives



EMPHASIS is quite a unique demonstrative project initiated by CARE addressing vitally important and urgent problems, attempting to help people in such a situation where the central government is rendered weak for an uncertain period of time. Although undoubtedly there are consequences to face when the state is becoming more and more dependent on foreign funding, it might be claimed that EMPHASIS-like initiatives are the only chance for millions of people to move towards a more dignified and secure life. The article provides a view of the possibility by conflation of social and cultural denominations of migration, the concept of

structural violence, and health-sensitive migrants' issues to analyse the significance of CARE's EMPHASIS project. This perspective illuminates the claim that the project's approach of balancing social anthropology, epidemiology, and grassroots initiatives to address simultaneously structurally embodied social injustice and direct violence might yet open one more chapter in modern development studies.

Stemming from all of the above is the idea that because it took some time for the project to accumulate momentum, as it was one of the first attempts to deliver this type of

information provision and activities in this region, incredible results surfaced during the last six months. These results suggest that it would be highly productive for CARE to facilitate similar enterprises in the region to ensure state-run programs and local NGOs

are able to continue implementing similar practices and sustain solid links with the Indian side to act in cooperation to secure the migration process and prevent the violation of basic human rights on the border.

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