



E NEWS LETTER ISSUE 01

OCTOBER 2010

# EMPHASIS

Enhancing Mobile Populations' Access to HIV&AIDS Services, Information, and Support



LOTTERY FUNDED

## From the Director

I am pleased to launch this first issue of the EMPHASIS eNews letter. The newsletter is intended to share information about EMPHASIS and to contribute to national and international dialogues on HIV and mobility.

Enhancing Mobile Populations' Access to HIV&AIDS Services, Information, and Support (EMPHASIS) is CARE's five year project aiming to explore, document, and mitigate the vulnerabilities that mobile populations have to HIV and to advocate for policies to reduce those vulnerabilities. EMPHASIS works with people from Nepal and from Bangladesh who move to India for work. We also work in source communities, with the families of mobile workers and with potential mobile workers, and with service providers along the mobility continuum.

EMPHASIS is funded by the Big Lottery Fund (BIG), the largest distributor of the United Kingdom (UK) National Lottery funding. BIG is responsible for giving out half the money raised for good causes by the National Lottery: it is committed to bringing real improvements to communities and the lives of people most in need and has been rolling out grants to health, education, environment and charitable causes across the UK since June 2004.

We, the EMPHASIS team, hope that our project will raise questions about mobility and HIV&AIDS and challenge established conceptions of risk and vulnerability in the context of international migration. Future issues of the eNews letter will feature results of a quantitative baseline survey and qualitative vulnerability study, and provide insights and updates on the work of EMPHASIS. This issue introduces EMPHASIS, where and how we work, and what we hope to achieve.

Audrey Swift



## MOBILITY AND HIV

The movement of people across international borders in search of employment is an age-old phenomenon. UNDP estimates that, globally, 200 million people work outside their home countries (and a further 740 million are mobile within their home country). While migration has many benefits - for the mobile worker, for his or her family left at source, and for the local population at destination - it also poses risks and vulnerabilities. The association between mobility and HIV infection is, till now, not clearly elucidated but data are emerging that point to mobility as a factor increasing vulnerability to HIV. For example, the Commission on AIDS in Asia estimates that 50% of all Nepalis living with HIV have a history of international migration. Similarly, HIV prevalence is high among Bangladeshi returnees.

High mobility currently exists between the bordering countries of Bangladesh, Nepal and India. Poverty, high unemployment, political instability, and differential economic opportunities amongst the three countries, all contribute to cross border mobility from Bangladesh and Nepal to India. Bangladesh and Nepal are amongst the poorest countries in the world and suffer from low levels of education, literacy and gender equality.

Social, economic and political factors in origin and destination countries influence the risk of HIV infection among international labor migrants. These include separation from spouses, families and familiar social and cultural norms, language barriers, substandard living conditions, and exploitative working conditions, including sexual violence. The resulting isolation and stress may lead migrant workers to engage in behaviors, e.g. unsafe casual or commercial sex, which increase HIV risk. This risk is exacerbated by inadequate access to HIV services and fear of being stigmatized for seeking HIV-related information or support. While overall HIV prevalence is low in Bangladesh and Nepal there is a growing concern that vulnerable mobile populations are forming a bridge from high prevalence areas of India back to Bangladesh and Nepal. India, with 2-3 million people infected with HIV, has a higher prevalence rate than either Bangladesh or Nepal, with pockets of much higher prevalence in the cities.

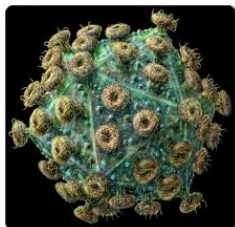
United Nations Development Program Human Development Report (2009) *Overcoming Barriers: Human Mobility and Development* available at <http://hdr.undp.org/en/reports/global/hdr2009/>  
UNAIDS (2008) *Redefining AIDS in Asia: Crating an Effective Response: Report of the Commission on AIDS in Asia* available at [http://data.unaids.org/pub/Report/2008/20080326\\_report\\_commission\\_aids\\_en.pdf](http://data.unaids.org/pub/Report/2008/20080326_report_commission_aids_en.pdf)  
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## CONTACT US

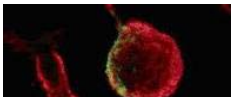
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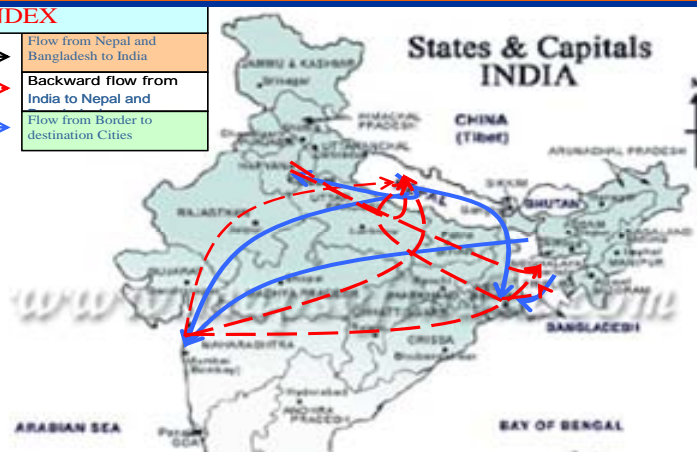
HIV virus



## Mobility Route Map

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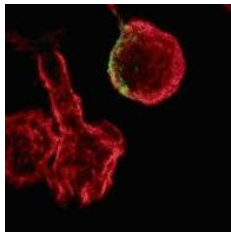
- Flow from Nepal and Bangladesh to India
- Backward flow from India to Nepal and
- Flow from Border to destination Cities



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## EMPHASIS PROGRAM

*Enhancing Mobile Populations' Access to HIV&AIDS Services, Information, and Support*

The goal of EMPHASIS is to reduce vulnerability of mobile populations (particularly women) to HIV infection across selected cross border regions within India, Bangladesh and Nepal. To do so, we provide, or link to, services to reduce vulnerability to HIV and AIDS among our impact population, build capacities of service providers (health providers, NGOs, government agencies, border forces, etc) to address HIV and mobility, and advocate with policy-makers to establish or enforce policies that protect mobile workers from HIV infection. Many countries have interventions for mobile populations and the risk of HIV and AIDS. EMPHASIS differs from most of these in two major ways:

We address HIV in a coordinated manner across the mobility continuum of source, transit, destination, and back to source. EMPHASIS teams in Nepal and India work together to provide services for Nepalis at source (Achham and Kanchanpur), transit (Gaddachowki and Gaurifanta), and destination (New Delhi and Mumbai). Similarly, EMPHASIS in Bangladesh and India work with Bangladeshi mobile workers at source, transit, and destination (Jessore and Satkhira, Benapole, and Kolkata and Mumbai, respectively.)

We focus on vulnerability to HIV, as the context in which risk behavior occurs. For EMPHASIS, vulnerability is defined from two perspectives: vulnerability resulting from exploitation and violence; and, vulnerability associated with attributes of self (psychological and social), services, politico/legal, socio/economic, religious/cultural, and the micro and macro environment (e.g., person and environment)

Vulnerability associated with exploitation and violence is a consequence of power imbalances, such as inequalities of gender social status, and economic/financial status, leading to physical or sexual abuse and the risk of HIV infection.

Vulnerability related to intrinsic (personal characteristics) or extrinsic factors comprise circumstances, over which the individual has little control, that may increase the HIV risk behavior of an individual, susceptibility to HIV of an individual, and/or the negative impacts of HIV or AIDS on the individual or community.

As vulnerability to HIV entails both personal and external aspects, the EMPHASIS intervention strategy relies on community mobilization methodologies such as the AIDS Competence Process (<http://www.communitylifecompetence.org/en/>) as well as skills-building for the individual. Traditional interventions such as condom use and promotion are part of EMPHASIS but we also aim to improve the skills of mobile workers and families to cope with stress and the pressures they face and thus reduce their vulnerability to HIV and AIDS.

EMPHASIS comprises country teams in Bangladesh, India, and Nepal, and a regional Secretariat based in Kathmandu. We have local NGO implementation partners at source, transit, and destination sites, and are developing strategic partnerships especially for advocacy. The research component, necessary to build the evidence base of advocacy, is guided by our partner Overseas Development Institute (ODI).







