

Findings from a needs assessment survey of labour migrants among people who use drugs in the pilot regions of Kyrgyzstan and Tajikistan

Project: 'Bridging the Gaps: Health and rights for key populations 2.0'



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0_ACKNOWLEDGMENTS

As part of the project 'Bridging the Gaps: Health and rights for key populations 2.0', implemented with financial support from the Ministry of Foreign Affairs (MoFA) of the Netherlands and co-financed by the Joint United Nations Programme on HIV and AIDS (UNAIDS) Country Office in Tajikistan, the republican public organisation *AFEW-Tajikistan* (hereafter, *AFEW-Tajikistan*) implemented a needs assessment related to labour migration among 600 drug users in the cities of Osh and Bishkek (Kyrgyzstan) and in the Khatlon region (Tajikistan).

Acknowledgment of implementation support for this project extends to:

- Department of Migration Service, Ministry of Labour, Migration and Employment of the Population of the Republic of Tajikistan for the Khatlon Region;
- Department of Health and Social Protection of the Population of the Local Government Executive Body of the Khatlon Region;
- Committee for Biomedical Ethics within the Academy of Medical Sciences, Ministry of Health and Social Protection of the Population of the Republic of Tajikistan;
- Narcological Centre, Khatlon Region;
- Public foundation AIDS Foundation East–West in the Kyrgyz Republic;
- Public foundation 'Plus Centre'; and
- Public organisation 'SVON Plus'

I_BACKGROUND

Title of the study:

'Needs assessment of labour-related migration among people who inject drugs.'

Survey objective:

To collect information related to the level of labour-related migration among injecting drug users and to analyse the social, legal and health needs of the pilot group when planning, remaining in and returning from a period of labour migration.

Survey tasks:

1. To identify problems that occur when planning labour migration within and beyond the home country
2. To assess problems faced by people who use drugs during periods of labour migration
3. To identify problems arising among the target group upon their return from a period of labour migration

Geographic areas covered by the survey:

Field surveys were conducted in the cities of Bishkek and Osh in the Kyrgyz Republic and in the cities of Kurgan-Tube, Kulyab, Sarband and in the districts of Bokhtar and Vakhsh of the Khatlon Region of the Republic of Tajikistan.

The survey sites included households, drug rehabilitation centres and the offices of public organisations.

Survey respondents and sampling techniques:

The respondents of the survey consisted of 600 people who use drugs, 400 of whom were in the Kyrgyz Republic and 200 of whom were in the Republic of Tajikistan.

We applied the snowball sampling technique to select respondents, relying on the contacts of existing clients of harm reduction and HIV prevention projects currently operating in the region.

Specialists involved in the survey:

Interviewers included:

- Elmira Kazaeva, Monitoring & Evaluation Specialist, Public foundation 'Rans Plus', Kyrgyz Republic;
- Ravshan Majitov, Director, Public foundation 'Plus Centre', Kyrgyz Republic;
- Saodat Oripova, Coordinator, Representative office in the Khatlon Region, *AFEW-Tajikistan*;
- Tursunpulod Norkulov, Project Specialist, *AFEW-Tajikistan*;
- Kurbongul Alimova, Social Worker, *AFEW-Tajikistan*;
- Shodi Khakimov, Social Worker, *AFEW-Tajikistan*.

The project supervisors were:

- Bahrom Ibrahimov, Project Specialist, *AFEW-Tajikistan*;
- Dinara Madybaeva, Monitoring & Evaluation Specialist, AIDS Foundation East–West in the Kyrgyz Republic'.

The team leader and report author was:

- Dilshod Pulatov, Project Manager, *AFEW-Tajikistan*.

Funding

Financial support for this survey was provided through the budget of the project 'Bridging the Gaps: Health and rights for key populations 2.0', funded by the Ministry of Foreign Affairs of the Netherlands. Additional financing agreements with *AFEW International* as of 1 July 2017 and with the UNAIDS country office in Tajikistan as of 31 July 2017 helped finance the survey.

I_BACKGROUND

Planning

In September 2016, specialists from *AFEW-Tajikistan* developed a survey protocol, tools and a plan for survey implementation. The survey methodology and tools were reviewed and approved by the Committee for Biomedical Ethics of the Academy of Medical Sciences under the Ministry of Health and Social Protection of the Population of the Republic of Tajikistan (protocol №6 dated 20 April 2017 and protocol №7 dated 4 May 2017).

A description, survey tools and plan for fieldwork as well as the regions to be covered by the survey were agreed upon with key agencies responsible for this region. Specifically, these included:

- The Department of Migration Service of the Ministry of Labour, Migration and Employment of the Republic of Tajikistan for the Khatlon Region (letter № 1714/316 dated 23 September 2016 and the fieldwork plan dated 23 August 2017);
- The Department of Health and Social Protection of the Population of the Local Government Executive Body of the Khatlon Region (letter №760 dated 26 September 2016 and fieldwork plan dated 31 May 2017.)

The management of AIDS Foundation East–West in the Kyrgyz Republic took responsibility for aligning all issues related to survey implementation in the Kyrgyz Republic.

Implementation

The survey period was 14 months (from 20 September 2016 to 20 November 2017). The fieldwork portion of the survey began in early August 2017 upon completion of all agreement activities. The period from 21 August to 16 October 2017 concentrated on completing the interviews, data entry, data analysis and processing. Fieldwork was carried out through the involvement of six (6) specialists from the staff of *AFEW-Tajikistan* and representatives from partner organisations from the Kyrgyz Republic.

Monitoring

To prevent any technical errors when completing the questionnaires, only five interviews were completed in each region during a single day. Supervisors verified the forms, and after receiving their conclusions the interviewer team continued their fieldwork.

In addition, quality control and monitoring processes were carried out in compliance with the survey protocol.

The quality of the survey fieldwork was assessed between 17–27 October 2017 in two areas of the Khatlon Region of the Republic of Tajikistan. This assessment focused on compliance with ethical standards provisions, compensation to respondents and notification about the disclosure of confidential information. Five (5) participants from each region who agreed to share their experiences during the interviews were invited to assess the quality of survey.

II_FINDINGS

AGE AND GENDER GROUPS

A total of 400 respondents in Kyrgyzstan and 200 respondents in Tajikistan were interviewed, yielding 600 respondents altogether. The average respondent age was 41 (range 18 to 79 years). For Kyrgyz respondents, the median was 41 years (range 21 to 79 years), while for Tajikistan the median was 40 years (range 18 to 70 years).

Table 1. Respondent age

Age by country	Kyrgyzstan	Tajikistan	Total	Per cent
18-25	12	6	18	3.0%
26-49	329	171	500	83.3%
50-59	53	19	72	12.0%
60+	6	4	10	1.7%

In Kyrgyzstan, we interviewed 341 men and 59 women (14.75%) while in Tajikistan, we interviewed 194 men and 6 women (3%). Thus, in Kyrgyzstan, the proportion of women included in the survey was 4.5 times higher than that for Tajikistan. In total, 65 women participated in the survey (10.8% of the total number of participants).

Table 2. Respondent gender

Gender by country	Men	Women	Total	Per cent
Kyrgyzstan	12	6	18	3.0%
Tajikistan	329	171	500	83.3%
Total (percent)	53	19	72	12.0%

REGION

Among the respondents who participated in this survey, the majority of people who use drugs in Kyrgyzstan fell under two administrative centres: Bishkek (207) and Osh (140). In general, the number of respondents from these two cities totalled 347 people or 86.75% of the total number of participants in Kyrgyzstan.

In the Khatlon Region of Tajikistan, the majority of respondents were from Kulyab (91) and Kurgan-Tube (84). That is, 175 respondents or 88% of total number of participants in Tajikistan were from the Khatlon Region.

Table 3. Place of birth of respondents

Place of birth, Kyrgyzstan	Tajikistan	Total	Per cent
Bishkek	207	Bokhtar	4
Osh	140	Vakhsh	11
Jalalabad	6	Kurgan-Tube	84
Karakol	5	Kulyab	91
Batken	4	Nosiri Khusrav	0
Naryn	3	Sarband	2
Talas	1	Other	8
Other	34		

II_FINDINGS

EDUCATION

In both countries, 69.7% of people who use drugs completed secondary or vocational education (degree), 15% completed primary school or had an incomplete secondary education, 6.2% had an incomplete higher education and 9.2% completed higher education.

In Kyrgyzstan, 75% of respondents completed secondary or vocational education, 8.3% completed primary school or had an incomplete secondary education, 7.3% had an incomplete higher education and 9.5% completed higher education.

In Tajikistan, 58.5% of respondents completed secondary or vocational education, 29% completed primary school or had an incomplete secondary education, 4.0% had an incomplete higher education and 8.5% completed higher education.

Table 4. Respondent education

Education by country	Kyrgyzstan	Tajikistan	Total	Per cent
Primary school or incomplete secondary education	33	57	90	15.0%
Secondary or vocational education	300	118	418	69.7%
Incomplete higher education	29	8	37	6.2%
Higher education	38	17	55	9.2%

MARITAL STATUS

Amongst respondents from both countries, 53.5% were married, 29.5% were single, 5.5% were widowed and 11.5% indicated their marital status as 'other' in the questionnaires.

In Kyrgyzstan, 48.5% of respondents were married, 35.3% positioned themselves as unmarried, including 2% of whom identified themselves as widowed. Another 16.3% did not indicate their marital status.

In Tajikistan, 64% of respondents were married, 36% were unmarried, including 22% who reported their status as single and 13% of whom reported being widowed. Another 2% did not indicate their marital status.

Table 5. Marital status of respondents

Marital status	Kyrgyzstan	Tajikistan	Total	Per cent
Married	194	127	321	53.5%
Single	133	44	177	29.5%
Widow/Widower	8	25	33	5.5%
Other	65	4	69	11.5%

II_FINDINGS

PLANNING AND INTERNAL MIGRATION EXPERIENCE

Amongst 600 respondents, 35.2% reported that they planned to move to another city within their respective countries in order to earn an income; 27.2% mentioned that they had experience traveling to other cities within their own respective countries to earn an income.

Table 6. Planning and internal migration experience

Country	Planned to move to another city	Moved to another city
Kyrgyzstan	150	115
Tajikistan	61	48
Total (%)	211 (35.2%)	163 (27.2%)

In Kyrgyzstan, 37.5% of 400 respondents reported that they planned to move to another city within the Kyrgyz Republic with the objective of earning an income; 28.8% mentioned that they already had experience moving to another city in the country. Amongst 115 people who use drugs with internal labour migration experience, 46.1% travelled to Bishkek and 11.3% moved to Osh.

Table 7. Destination of labour migrants, Kyrgyz Republic

Destination	# of migrants
Bishkek	53
Osh	13
Jalalabad	5
Tokmok	4
Other	40
Total	115

In Tajikistan, 30.5% of 200 respondents reported that they planned to move to another city within the country with the objective of earning an income; 24.0% of people who use drugs, in turn, reported travelling to another Tajik city to earn an income. Among 48 respondents with internal labour migration experience, 79.2% travelled to Dushanbe to earn an income and 6.3% travelled to Khujand.

Table 8. Destination of labour migrants, Tajikistan

Destination	# of migrants
Dushanbe	38
Kulyab	1
Khujand	3
Other	6
Total	48

II_FINDINGS

PLANNING AND EXTERNAL MIGRATION EXPERIENCE

Amongst all 600 respondents, 377 or 62.8% reported planning to migrate as a labourer outside their home country. In addition, 251 or 41.8% of people who use drugs reported already having migrated outside their home country to earn an income, 86.9% of whom travelled to the Russian Federation and 10.8% to the Republic of Kazakhstan.

Table 9. Planning and external migration experience

Country	Planned to travel outside home country	Travelled as a labour migrant
Kyrgyzstan	262	164
Tajikistan	115	87
Total (%)	377 (62.8%)	251 (41.8%)

In Kyrgyzstan, 262 of 400 respondents (65.5%) reported planning to migrate outside their home country as a labourer; 164 people who use drugs (41.0%) reported that they had travelled beyond the Kyrgyz Republic with the objective of earning an income. Among these, 81.7% travelled to the Russian Federation and 14.6% to the Republic of Kazakhstan.

Table 10. Countries Kyrgyz respondents travelled to as migrant labourers

Recipient country	# of migrants
Russian Federation	134
Kazakhstan	24
Uzbekistan	0
Europe	0
Other	6

In Tajikistan, 115 (57.5%) of 200 respondents reported planning to migrate beyond their home country as a labourer, whilst 87 (43.5%) people who use drugs reported already travelling beyond their home country with the objective of earning an income. In total, 96% of those who migrated externally travelled to the Russian Federation and 3.4% to the Republic of Kazakhstan.

Table 11. Countries Tajik respondents travelled to as migrant labourers

Recipient	# of migrants
Russian Federation	84
Kazakhstan	3
Uzbekistan	0
Europe	0
Other	0
Kyrgyzstan	0

II_FINDINGS

NEEDS, REQUIREMENTS AND BARRIERS RELATED TO PLANNING LABOUR MIGRATION

To clarify the needs, requirements and barriers related to planning labour migration, we asked people who use drugs to answer 18 questions with 10 sub-items.

According to the responses, respondents from Kyrgyzstan (164) and Tajikistan (87) (n = 251) with experience of labour migration identified the most serious problems related to the planning stage as follows: a lack of information, financial resources, their profession, fear of disclosing their disease status and complications related to social issues during the absence of the family's primary breadwinner.

More specifically, 82.1% of respondents reported an absence of information about organisations providing assistance to labour migrants in the recipient countries. In addition, 77.7% people who use drugs mentioned that they did not have information about local organisations providing assistance to labour migrants before departure from their home country.

Furthermore, 73.3% of respondents reported a lack of money to purchase air or railway tickets, 54.6% indicated at lack of money to obtain a foreign-travel passport and 56.5% people who use drugs faced difficulties obtaining a certificate from a drug rehabilitation centre, again related to a lack of money.

We also found that 62.3% of people who use drugs acknowledged difficulties faced obtaining a certificate from a drug rehabilitation centre due to a fear of disclosing their status.

A total of 59.8% of respondents mentioned a lack of documents confirming their secondary or vocational educational training; 57.8% of people who use drugs mentioned not possessing a secondary or vocational education and documents confirming their work experience.

For 50.2% of people who use drugs, providing family members with food during the first two (2) months following their departure for labour migration posed a problem.

The table below provides a complete list of questions with the percentage of respondents answering 'yes' to each item (n = 251).

Table 12. Percentage of respondents answering 'yes' on individual items when planning migration

Q9. Difficulties due to a lack of money necessary to obtain or reinstate an internal passport	39.0%
Q10. Difficulties due to a lack of money necessary to obtain a foreign-travel passport	54.6%
Q11. Difficulties due to a lack of money necessary to purchase an air or railway ticket	73.3%
Q12. Difficulties related to caring for a child (if applicable)	31.9%
Q13. Difficulties providing family members with food during the first two (2) months following departure as a labour migrant	50.2%
Q14. Lack of language skills, knowledge of traditions, history and culture of the recipient country they planned to travel to as a labour migrant	33.1%
Q15. Lack of information about local organisations providing assistance to labour migrants before departure from the home country	77.7%
Q16. Lack of information about organisations providing assistance to labour migrants in recipient countries (where you plan to travel to)	82.1%
Q17. Difficulties due to a lack of money to undergo a complete medical examination and obtain a health status certificate	53.8%

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Q18. Difficulties due to a lack of money to undergo an HIV test and obtain a health status certificate specifically related to HIV	23.1%
Q19. Difficulties during HIV testing and obtaining an HIV status certificate due to other reasons:	12.7%
Q19A. Difficulties during HIV testing and obtaining an HIV status certificate due to stigma	28.1%
Q19B. Difficulties during HIV testing and obtaining an HIV status certificate due to a fear of disclosing one's HIV status	46.9%
Q19C. Difficulties during HIV testing and obtaining an HIV status certificate due to the inaccessibility of a centre	15.6%
Q20. Difficulties due to a lack of money to obtain a tuberculosis (TB) diagnosis and certificate regarding one's TB status	21.9%
Q21. Difficulties during TB testing and diagnosis due to other reasons	13.5%
Q21A. Difficulties during TB testing and diagnosis due to stigma	38.2%
Q21B. Difficulties during TB testing and diagnosis due to a fear of disclosing one's TB status	35.3%
Q21C. Difficulties during TB testing and diagnosis due to the inaccessibility of a TB centre	8.8%
Q22. Difficulties when obtaining a certificate from a drug rehabilitation centre	27.5%
Q22A. Difficulties when obtaining a certificate from a drug rehabilitation centre due to stigma	42.0%
Q22B. Difficulties when obtaining a certificate from a drug rehabilitation centre due to a lack of money	56.5%
Q22C. Difficulties when obtaining a certificate from a drug rehabilitation centre due to a fear of disclosing one's drug use status	62.3%
Q22D. Difficulties when obtaining a certificate from a drug rehabilitation centre due to the inaccessibility of a centre	0.0%
Q23. Difficulties related to the lack of a profession	45.4%
Q24. Difficulties due to the absence of specialist vocational education or training	57.8%
Q25. Difficulties due to the lack of documents regarding one's specialist vocational education or training	59.8%
Q26. Difficulties due to the lack of work experience	33.1%
Q27. Difficulties related to the lack of documents confirming work experience	57.8%
Q28. Other	
Long-term holding in PoD ¹	0.2%

NEEDS, REQUIREMENTS AND BARRIERS RELATED TO LABOUR MIGRATION

This section summarises responses on 33 fixed-choice and three (3) open-ended questions regarding the needs and problems faced by people who use drugs during periods of external labour migration.

The analysis of responses from Kyrgyz (161) and Tajik (82) (n = 243) respondents confirms that during the period of labour migration common problems faced by people who use drugs include a lack of information, limited access to medical services, difficulties with registration at the place of residence, obtaining work permits and a risk of death.

¹ PoD – Place of Detention

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Specifically, 76.1% of people who use drugs mentioned a lack of medical insurance as their primary problem, while 63.8% of respondents faced financial difficulties when undergoing complete medical examinations and obtaining a health certificate.

In addition, 70.8% of respondents mentioned that they found no information about public organisations providing assistance to labour migrants in the recipient country, while 66.3% of people who use drugs could not access public organisations providing services and assistance.

A total of 68.7% of people who use drugs faced difficulties obtaining a work permit, while 56.0% faced difficulties when looking for a job.

Furthermore, 64.6% of respondents faced difficulties registering at the place of residence, while 55.6% of people who use drugs feared deportation.

Finally, 50.2% of people who use drugs mentioned risking death during the labour migration period.

The table below provides a complete list of questions with the percentage of respondents answering 'yes' to each item (n = 243).

Table 13. Percentage of respondents answering 'yes' on individual items related to periods of external labour migration

Q32. Difficulties with accommodation	60.5%
Q33. Unfavourable accommodation conditions	60.9%
Q34. Difficulties registering at the place of residence	64.6%
Q35. Difficulties during exams on language skills, and regarding knowledge of the customs, history and culture of the recipient country	21.0%
Q36. Difficulties due to a lack of money to undergo a complete medical examination and obtain a health certificate	63.8%
Q37. Difficulties when looking for a job	56.0%
Q38. Difficulties obtaining a work permit	68.7%
Q39. Lack of a special uniform (protective gear) required by a job	42.0%
Q40. Lack of acceptable working conditions	45.3%
Q41. Lack of medical insurance	76.1%
Q42. Low salary or wages	49.0%
Q43. Delays in the payment of salary or wages	41.6%
Q44. Salary or wages not paid by the employer	28.0%
Q45. Lack of occupational safety during job training	43.6%
Q46. Violence by the employer	16.5%
Q47. Violations of one's human rights	39.9%
Q48. Involuntary larceny	14.4%
Q49. Misuse of narcotic compounds and alcohol	59.3%
Q50. Disclosure of HIV status	8.6%
Q51. Fear of deportation	55.6%
Q52. Risk of infectious diseases	51.9%

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Q53. Difficulties continuing HIV treatment (antiretroviral therapy)	9.1%
Q54. Lack of access to syringes and condoms	29.6%
Q55. Difficulties continuing opioid replacement therapy (methadone)	18.1%
Q56. Lack of access to the services of public organisations	66.3%
Q57. Lack of information about public organisations providing services and assistance	70.8%
Q58. Difficulties with hospitalisation	30.0%
Q59. Lack of access to legal consultations	28.8%
Q60. Lack of access to an attorney for consultations	26.7%
Q61. Stigma and discrimination	42.4%
Q62. Inequality between men and women	6.2%
Q63. Risk of death	50.2%
Q64. Other	
Bureaucracy related to documents	0.2%
Quit of using drugs without external medical assistance	0.2%
Was not employed because of nationality (citizenship)	0.2%
Difficult to find a job	0.2%

NEEDS, REQUIREMENTS AND BARRIERS UPON RETURNING FROM EXTERNAL LABOUR MIGRATION

This section summaries responses to 13 fixed-choice and three (3) open-ended questions regarding the needs and problems faced by people who use drugs upon their return home following periods of external labour migration.

The analysis of responses from Kyrgyz and Tajik respondents (n = 243) revealed the primary issues faced by people who use drugs upon returning home following labour migration. These issues included their own health, as well as a lack of finances and employment, limited access to medical services and violations to their basic human rights.

Specifically, 90.5% of people who use drugs indicated that upon their return they began misusing narcotic compounds and alcohol again.

Furthermore, 86.8% of respondents specified that their primary problem was a low salary or wages, and 81.1% faced problems related to employment upon returning home.

In addition, 65.4% of respondents faced problems related to a lack of money needed to treat other diseases, while 62.1% mentioned difficulties related to a lack of money for drug treatment for dependency and undergoing a complete medical examination.

Finally, 53.5% of people who use drugs mentioned violations to their basic human rights.

The table below provides a complete list of questions with the percentage of respondents answering 'yes' to each item (n = 243).

II_FINDINGS

Table 14. Percentage of respondents answering 'yes' on individual items related to difficulties faced upon returning from periods of external labour migration

Q67. Lack of employment	81.1%
Q68. Lack of understanding by family members and relatives	33.3%
Q69. Low salary or wages	86.8%
Q70. Lack of a profession	56.8%
Q71. Lack of specialist vocational education	56.0%
Q72. Involuntary larceny	33.7%
Q73. Involuntary misuse of narcotic compounds and alcohol	90.5%
Q74. Difficulties due to a lack of money to treat drug dependency	62.1%
Q75. Difficulties due to a lack of money to undergo a complete medical examination	62.1%
Q76. Lack of money to treat other diseases	65.4%
Q77. Stigma and discrimination	49.8%
Q78. Inequality between men and women	8.6%
Q79. Violations to one's human rights	53.5%
Q80. Other	
Deportation from Kazakhstan	0.2%
Unemployment	0.2%
Health-related problems	0.2%
Stigma in communication	0.2%
Frequent bribery	0.2%
Problems based on ethnic descent	0.2%

III_CONCLUSIONS

To conclude, we have reached the objectives of this survey and completed all related activities, as demonstrated by the creation of a comprehensive database that includes the key issues raised through this research.

The responses to the key issues included in this survey are as follows:

- People who use drugs engage in labour migration as a source of income.
- Both internal and external migration take place.
- In total, 27.2% of respondents migrated to other cities within their home country in search of work.
- In total, 41.8% of respondents travelled abroad for work.
- Overall, 86.9% of respondents who previously engaged in labour migration travelled to the Russian Federation.

Our analysis points to a set of problems related to information, as well as social, legal and education issues. People who use drugs face these same problems whilst planning, remaining in and returning from periods of labour migration.

Given that 86.9% of people who use drugs have already engaged in labour migration to the Russian Federation, it seems appropriate to compare the survey data here to data on labour migration among general population from Kyrgyzstan and Tajikistan in the Russian Federation.

People who use drugs have limited access to information about local organisations that provide specialised services in their home country as well as about similar organisations in the recipient country. In addition, people who use drugs engaging in labour migration reported almost no access to the services of public organisations in general, including civil society organisations in recipient countries which focus on drug use-related issues.

The limited access to information and counselling as well as support from public organisations represent the reasons identified for difficulties accessing preventive services, as well as adequate medical and social assistance for people who use drugs. Respondents confirmed a lack of specialised support, which potentially increases the risk of violations to their human rights and contributes to deteriorating health amongst people who use drugs. These factors strengthen their fears and lead to the misuse of drugs and alcohol during and following periods of labour migration.

Furthermore, a lack of finances and social vulnerability represented key problems faced by migrants when planning their labour migration. A lack of finances hampers access among people who use drugs to complete medical examinations through primary healthcare facilities, HIV testing and TB diagnosis in order to obtain the necessary certificates, including those from HIV centres, drug rehabilitation centres and TB control institutions. Due to financial difficulties, people who use drugs cannot obtain or restore their internal or travel passports nor cover the cost of their travel expenses. As such, one-third of people who use drugs reported difficulties providing their families with food during the initial months of their labour-related migration periods. Some had no one with whom to leave their children when they migrated.

Stigma, self-stigma and a fear of disclosing their status prevented people who use drugs from seeking HIV or TB testing, including obtaining status certificates from primary healthcare institutions as well as certificates from drug rehabilitation centres.

III_CONCLUSIONS

Low levels of professional education among people who use drugs planning periods of labour migration combined with inadequate access to professional orientation services and vocational training reduced employment opportunities. In addition, such issues diminished the possibility of receiving a decent salary for their work abroad. As a result, people who use drugs faced difficulties finding work, obtaining official permission to work or simply being hired for low pay, under difficult and harsh working conditions.

A lack of access to adequate legal support in their native country makes it difficult for people who use drugs to plan labour migration vis-à-vis registering or restoring documents confirming work experience, as well as passports and travel documents. In turn, this lack of specialised legal support, counselling and information-sharing services in the recipient country increased the vulnerability of people who use drugs in terms of violations to their rights and freedoms. As a result, people who use drugs reported violence by an employer, violations to their human rights, stigma and discrimination, bad working conditions, a lack of work safety trainings and medical insurance, delayed payment of salaries or unjustified deductions.

Finally, a lack of knowledge of the language, traditions, history and culture of the recipient country represented another significant problem for people who use drugs when entering the country and working as a labour migrant. As a result, people who use drugs faced difficulties passing language, tradition, history and culture exams upon arrival to the recipient country.

IV_RECOMMENDATIONS

Given global processes of integrating and reducing financing for HIV-related programmes in Eastern Europe and Central Asia, we offer stakeholders a set of practical recommendations aimed at removing barriers that limit the ability of people who use drugs to access services they need when planning, remaining in and returning from periods of labour migration. These recommendations are as follows.

Using the experience gained and available materials, it is quite important to provide low-cost *interventions, extending access to information resources and organisations for people who use drugs*, specifically by providing specialised services to labour migrants. In particular, special focus should be placed on information about local and Russian organisations providing services to labour migrants, including people who use drugs or other key populations. Contact information for organisations and services available to key populations should be posted and made available. For instance, information should be tailored to those in labour migration to the Russian Federation and placed on the websites of countries sending and receiving labour migrants, and posted at training centres, specialised centres providing migration services as well as on the websites of public organisations in the recipient country.

Whilst strengthening cooperation between public organisations in the home countries of labour migrants and those in the Russian Federation, it is important to establish *information sharing between partners and provide social support to labour migrants*, particularly people who use drugs. Here, opportunities to access prevention services, alongside adequate medical and social services should be provided during their stay and upon returning from periods of labour migration. Creating a database of HIV-related service providers, non-profit organisations focused on key populations in the Russian Federation and setting up partnerships with Russian organisations and organisations of national diasporas willing to provide services to key populations made up of labour migrants represents one practical step in addressing the abovementioned problems.

Given the limited financial resources and the requirements outlined by current legislation in specific countries, scaling up awareness-raising and educational work among people who use drugs and organising *training to develop their skills on preparing, planning and budgeting during all stages of labour migration* would prove beneficial. Peer counselling, individual training workshops and group work could become effective methods in assisting people who use drugs and their families to plan trips, and to save sufficient money to pay for services, to obtain certificates and documents and to purchase air or railway tickets, as well as to save money to support family members during the initial months following departure for labour migration.

Targeted interventions aimed at *reducing stigma and discrimination directed at people who use drugs* should form a part of extending cross-sectoral partnerships. Regular updates to healthcare specialists regarding current legislation on health protection could provide practical support that enhances access to specialised services within a network of healthcare institutions, specifically for people who use drugs. Introducing peer-consultant staffing units to state health facilities may also facilitate interaction between healthcare specialists and clients, ultimately leading to respect of equal rights and opportunities to protect the health of key populations. In addition, establishing hotlines for the counselling of key populations in labour migration involving specialists with specific language skills may also be considered as a practical solution.

Setting up cooperation between migration services, public organisations and specialised adult education and employment centres would allow for the organisation of short-term courses and the introduction of a system of referral *to professional orientation and vocational training* in those institutions for motivated people who use drugs.

IV_RECOMMENDATIONS

Following intergovernmental agreements, the provision of lawyers to ensure legal support and the protection of labour migrants representing key populations in destination countries and in the Russian Federation should be facilitated. Whilst inviting cooperation between public organisations and organisations of national diasporas in the recipient country, organising a system of *legal information, referral and legal representation and support* for those who seek assistance when their rights and freedoms are violated should also be established. Based on our analysis of available information and educational materials, it is important to develop a legal support guide in a user-friendly language and provide its broader distribution among people who use drugs and other key populations.

Available resources regarding the culture, history and language centres 'Russian World', adult education centres and Russian-language courses provided by the migration office could serve as effective solutions to organising Russian language and Russian history training courses. Volunteers could be involved in the organisation of trainings for people who use drugs provided through public organisations.

The low awareness of people who use drugs about available resources and existing legislation, and the limited access to services and support are the result of the inadequate capacity of and low level of collaboration between service providers and public non-profit organisations working with people who use drugs or labour migrants. Therefore, it is important to provide interventions aimed at the professional development of staff at medical and social care facilities on service integration, social support, counselling and training for key populations to meet their needs when planning, remaining in and returning from periods of labour migration.

Finally, establishing cooperation between public organisations, labour migrant sending and receiving centres, the healthcare institutions of two Central Asian countries — namely, the Kyrgyz Republic and Tajikistan — and the Russian Federation could become the basis for the introduction of effective, low-cost strategies providing informational, social and legal support to target groups planning to leave for work in the Russian Federation.

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