Humanities, Arts and Social Sciences Studies

Research Article

Humanities, Arts and Social Sciences Studies
https://so02.tci-thaijo.org/index.php/hasss
ISSN (Online): 2630-0079

SYSTEMS AND MECHANISMS TO DEVELOP MIGRANT HEALTH VOLUNTEERS TO IMPROVE THE MIGRANT WORKFORCE HEALTH: A CASE STUDY IN SAMUT SAKHON PROVINCE, THAILAND

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Received: *13 October 2020*
Revised: *1 April 2021*
Accepted: *1 April 2021*
Published: *25 July 2022*

Citation:
Suvarnathong, P., Chai-Aroon, T., Jiawiwatkul, U. and Intoo-Marn, P. (2022). Systems and mechanisms to develop migrant health volunteers to improve the migrant workforce health: a case study in Samut Sakhon Province, Thailand. Humanities, Arts and Social Sciences Studies 22(2): 397-412.

ABSTRACT

The study aimed to investigate the systems and mechanisms to develop migrant health volunteers (MHVs) to improve the health of the immigrant workforce in Samut Sakhon Province. This qualitative study obtained data from document research, in-depth interviews with 13 participants including personnel working on MHVs development in public health organizations, nongovernmental organizations (NGOs) and MHVs. Data were collected from May to October 2017. Our results showed the development of MHVs originated from health problems caused by large flows of migrant workers into the province. This situation prompted NGOs in Samut Sakhon Province to seek translators and MHVs for projects. Later, public health organizations led by the Samut Sakhon Provincial Public Health Office became aware of how MHVs mattered to the health system. Being grounded in primary health care, MHVs had four systems to ensure development. These systems included volunteer selection, training and knowledge management, welfare management and budget support. By driving development through the committee under the mechanisms of the Provincial Public Health Office with NGOs and network partners. In fact, MHV development is subject to Provincial Public Health Office authorities. The findings and knowledge gained from this study would be applied to establish systems and mechanisms at provincial level to develop health volunteers and improve the migrant workforce health. The Provincial Public Health Office and concerned NGOs can employ their contexts to benefit all stakeholders in health volunteer development for immigrant health.

Keywords: Migrant workforce; health volunteers; Samut Sakhon

1. INTRODUCTION

The "migrant workforce" or what is formally called "alien workers" is a phenomenon of migration of labor from one country to another. Migration is also related to another society or culture through employment. This phenomenon is common worldwide, especially in today's world where telecommunication is not a barrier to travel with faster and more complicated changes in the economy, society, politics and culture. The migrant workforce is a phenomenon under globalized capitalism. In Thailand, cross-border migration between two countries, such as Thailand and Myanmar, Thailand and Lao PDR, Thailand and Cambodia, and Thailand and Malaysia, has continued to occur since ancient time. Overall, the migrant workforce is a social phenomenon accompanied with social, economic and cultural changes in the modern world where speed and complexity are beyond control. Migrant workforces from neighboring countries, namely, Myanmar, Lao PDR and Cambodia (Malaysia is exceptional and imports a migrant workforce due to its better economic and higher minimum wage than Thailand) is significant for Thailand's economic strength (Department of Health Service Support, 2014a).

The majority of migrant workforces from Myanmar, Lao PDR and Cambodia in Thailand works for the low-skilled production sector as allowed by Section 13 of the Working of Alien Act, B.E. 2551 (2008). Many are construction laborers and housekeepers. These jobs pay low wages and have workplaces where information and services are often inaccessible. Normally, migrant workers' occupations rely upon the geographical and economic characteristics of the provinces where they reside. An influx of migrants from bordering countries has resulted in migrant communities in Thai areas or neighboring areas where migrant employment is available. Their accommodations vary by work pattern. They may rent houses, stay temporarily in some places or reside in employers' houses or accommodations provided by employers. Nonetheless, most accommodations are crowded with terrible sanitation posing potential health problems (Tangmunkong, 2009). Overall, the sector requiring the lowest skilled workforce putting migrants at greater health risks than other sectors. This is particularly true in the case of severe health problems caused by inaccessibility to health care, lack of knowledge about disease prevention and treatment and hazards from new working environments. The critical health problems among migrant workers include the spread of communicable diseases and work-related illnesses (Buadaeng, 2009).

In Thailand, the health service system in addition to the rights and welfare of migrant workers are under the responsibility of government agencies, international and non-governmental organizations (NGOs) including the Raks Thai Foundation, the World Vision Foundation, the Path Health Foundation and many more. Importantly, all of their efforts are geared toward providing friendly health services while addressing problems in communication and rights and welfare for migrant workers. Some practices represent very concrete improvements. In Samut Sakhon, NGOs prepare translators to help migrant workers with communication and perform proactive tasks in their communities. Generally, two types of translators are involved. Professional translators from the country of origin and translators hired by hospitals and NGOs who are suitable to the border areas with commuting migrants. Community translators are people from migrant communities who have been trained to be translators. These translators have lived in Thailand for years and are able to communicate in Thai. They do translation and coordination with health facilities and communities. Overall, without translators, it would be extremely hard to understand service users and gain access to migrant communities.

Service providers and users perceive health services differently because of different cultures and social perceptions. Hence, the understanding between migrant workers and service providers must occur first to ensure that the proactive approach is practical. Considering the role of translators, they are the best link between migrant workers, communities and health personnel for the betterment of migrant workers and communities. Translators have been transformed to "migrant health volunteers" or MHVs according to primary health care principles. The transformation is part of migrant health management undertaken by the Ministry of Public Health and NGOs that hold to the belief in migrant's capacity. To them, migrants should share their part in health care for themselves, family members and communities. Therefore, MHVs are a vital mechanism for proactive health care in locations where huge numbers of migrant workers exist.

Migrants' participation in health care is an innovation aimed at addressing health problems among migrant workers. Migrants can solve health problems in the dimension of health and well-being (Nursing Division, 2015a). This means health care is achievable in migrant families and dependents in communities. To have migrant participation, migrants go through capacity building to become "MHVs", whose self-health care could serve as a model for migrant communities for better self-health care. MHVs transfer knowledge and offer primary health services, including health promotion, disease prevention,

treatment and rehabilitation. To perform these actions, MHVs use methods appropriate to culture and needs. In other words, all actions are performed by migrants for migrants. MHVs also coordinate with Thai village health volunteers (VHVs) for health promotion in migrant communities. The coordination facilitates both Thais and migrants to obtain coverage and quality of service for their better health. In addition to solving problems in health care and service accessibility, coordination assists the progress of migrant management, including registration, health checks, disease control, addressing drug problems, crime prevention and collaboration with government units for peace and order (Nursing Division, 2015b). For public health organizations, MHVs are currently integral to the work for migrant workers. As forecasted, Thailand will continue to have a need to develop more MHVs quantitatively and qualitatively because health problems among these workers vary according to the potentially increasing number of workers in the future. In 2016, the number remained at 3.7 million and is expected to climb to 4.3 million by 2021 (Prasatkul, 2015).

Major issues regarding MHVs' development include retention and sustainability. This development has existed in some areas and provinces. Such worrisome situations have prompted the researchers to explore systems and mechanisms of MHV development for the migrant workforce in Samut Sakhon, a province that has continued to develop health volunteers in this population group. This province has also adjusted activities to suit its contexts. In the development process, the selection system involves a system of knowledge management of primary health care, a system of welfare and moral enhancement and a system of resource and budgetary support. Relevant mechanisms such as organizations under the Ministry of Public Health, NGOs and other policy supporters also play a part in development. Success in health volunteer development is derived from applying knowledge and experiences. Knowledge development from case studies, systems and mechanisms in Samut Sakhon Province is not only useful, but essential and can be applied to the systems and mechanisms for volunteer development to work with the migrant workforce.

2. LITERATURE REVIEW

2.1 The principles of primary health care

The 1978 Alma-Ata Declaration defined primary health care (PHC) as the essential health services for people's living based on sciences, living contexts and social recognition. PHC should be accessible to communities, families and individuals and open to their participation. PHC can be improved on the grounds of self-dependence and self-decision-making. Importantly, the nationwide health service system should combine PHC with social and economic development of communities. By combining both systems, health services will be accessible to people in residential and work areas (Department of Health Service Support, 2014b).

PHC is health care essential for people's good health and supports people to enjoy their lives. The state contributes practical methods and technologies supported by scientific evidence. They should fit the contexts, but remain flexible to problem solving and acceptable to all people that will provide collaboration. PHC arrangements, on a noncostly basis, should be available and easily accessible to people and families in communities. The arranged health care together with people's self-decision-making and self-reliance can further advancement at all levels. Combining PHC and the country's health service system, with social and economic development systems result in health care accessibility everywhere.

Saengsurin (2008) said that PHC considers the concept, the strategy and the goal that use VHVs as the key to everybody's heath care accessibility in no time and at inexpensive cost. Accomplishing this, the PHC can reach its stated goals "Every person is equipped with fundamental knowledge needed for living a good life. They are able to prevent themselves from health threats and depend on themselves in time of illness". He proposed the conceptual framework of VHV development in the 4th decade (2008-2017) for the future systematic development as shown in Figure 1.

PHC requires people's participation. Health volunteer development is administered by people based on their community's health problems and existing capacity. The goal is to achieve self-reliance of people, families and communities. To achieve this, people should be involved in health care for all, including migrant workers in Thailand. Self-care through MHV development uses the same approach as Thai VHVs. Therefore, migrant workers are encouraged to use their capacity for self-care and then serve as health volunteers for migrant workers. This attempt promotes health service accessibility among migrants. The objective of MHV development is to provide migrant workers knowledge of concrete health care, the ability to transfer such knowledge to other migrants, awareness of self-care among themselves, families and communities and the ability to deliver primary care.

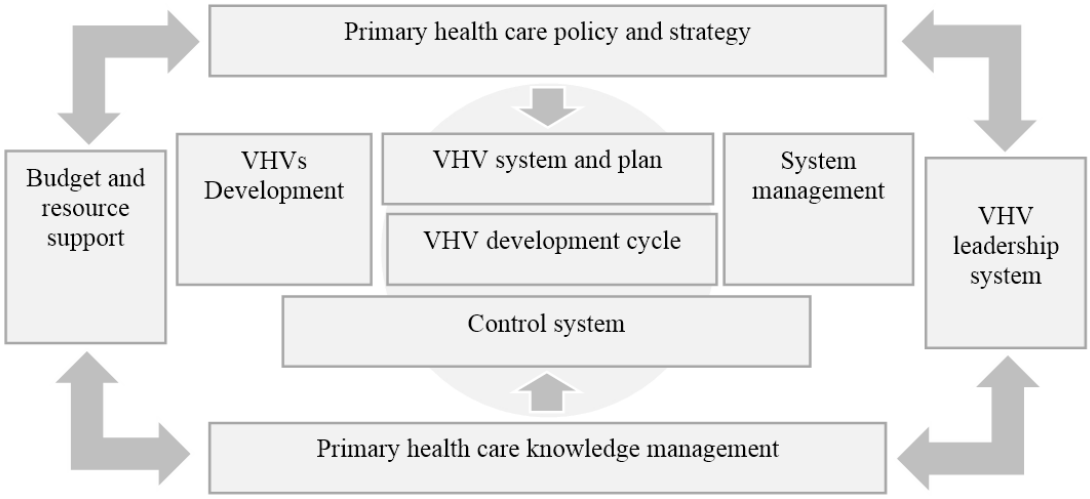

Figure 1: Conceptual Framework of VHV Development
Source: Prayuth Saengsurin "VHV Development in the 4th Decade (2008-2017)" (2018)

2.2 Development of MHVs in Thailand

The Department of Health Service Support (2014a) has defined the meaning of volunteers, as follows:

Volunteering is an action involving the free will in the notion that it should be conducted for social responsibility. Volunteering is not a duty, but accomplishing health goals while expecting nothing in return.

VHVs mean individuals selected by the village or community, trained under the VHV course according to the Ministry of Public Health Regulation on Village Health Volunteer, B.E. 2554.

MHVs are individuals of non-Thai nationality selected by the migrant community and trained under the MHV course as required by the Central Committee, Ministry of Public Health.

The idea of MHV development in Thailand came from the endeavor to solve problems regarding health service accessibility among migrant workers whose numbers have risen every year. In fact, Thailand has managed a health service system for migrant workers for years. However, the service is inaccessible to many workers due to language barriers which became the source of subsequent problems (Archavanitkul and Wajanasara, 2008). By learning about these, concerned organizations, both public health units and local NGOs, have attempted to address them.

At the beginning, migrant translators helped with communication and interventions in migrant communities. They acted as coordinators for health facilities and communities so that health personnel could respond to the situation without delay and prevent the spread of communicable diseases. Without translators, it would be impossible to reach migrant communities. As is generally known, proactive public health initiatives in migrant communities require an understanding among migrants and health personnel as both groups have different backgrounds. Social perceptions, in addition to cultures, differ between service providers and service recipients. For these reasons, translators play a leading role in linking migrant communities and local people, and "MHVs" were developed thereafter. The final goal under the PHC principle was to promote and improve the quality of life of migrants and their communities. The Ministry of Public Health and NGOs believed that migrant workers had capability and thus should participate in their health care, as well as that of families and communities.

The research framework was adjusted from the PHC principles to align with the concept of health volunteer development for the immigrant workforce health as well as the Department of Health Service Support's to implement MHV development. At the provincial level, the system to develop health volunteers for migrant health incorporates the selection of potential volunteers, knowledge management of PHC, welfare and moral enhancement and resource and budget support. In provinces, significant mechanisms to move health volunteer development include government organizations under the Ministry of Public Health (Provincial and District Public Health Offices, hospitals and health promoting hospitals); private organizations (local NGOs); others that promote policy implementation (concerned government offices such as local administrative organizations) and provide other mechanisms feedback that will benefit the development of health volunteers at the provincial level, see Figure 2.

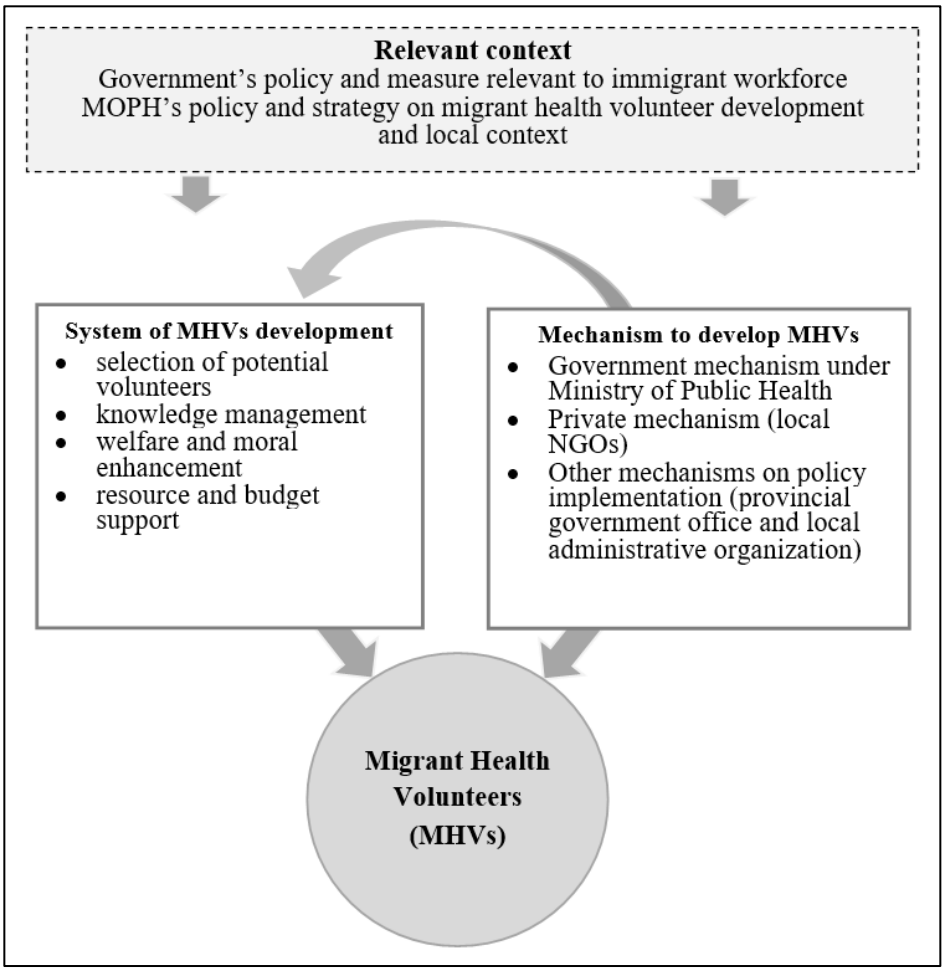

Figure 2: Systems and Mechanisms to Develop Health Volunteers for the Immigrant Workforce Health

3. MATERIALS AND METHODS

In an endeavor to meet the research objectives, this study used a qualitative approach to obtain data from documented research and in-depth interviews with people involved at the policy and provincial levels who were working to develop health volunteers to improve the migrant workforce health. Multiple methods could cover contents and the studied groups in current provincial systems and mechanisms for developing health volunteers to improve migrant workers' health.

3.1 Participants

This study used purposive selection of 13 participants including personnel working on MHV development in public health organizations, NGOs and MHVs in Samut Sakhon Province. The criteria in selecting participants are presented below.

1. Three staffers with at least three years' experience in MHV activities, from the Samut Sakhon Provincial Public Health Office.
2. Five staffers with at least three years' experience working with MHV activities from community hospitals or Subdistrict Health Promoting Hospitals in Samut Sakhon Province.
3. One staffer with at least three years' experience in MHV activities from local NGOs in Samut Sakhon Province.
4. Four MHVs with at least one year's experience working to improve the migrant workforce health in Samut Sakhon Province.

The informants in this study were as follows: three health personnel from the Samut Sakhon Provincial Public Health Office; five staffers from community hospitals or sub-district health promoting hospitals; one staffer from NGOs and four MHVs (see Table 1).

Table 1: Characteristics of Participants in Samut Sakhon Province

Code	Sex	Age (yr)	Education	Occupation	Affiliation	Work experience (yr)
SSJ01SKN	Male	58	Master	Civil servant	Samut Sakhon Provincial Public Health Office	34
SS002SKN	Male	52	Master	Civil servant	Samut Sakhon Provincial Public Health Office	32
SS003SKN	Male	45	Master	Civil servant	Samut Sakhon Provincial Public Health Office	24
HOS01SKN	Female	57	Bachelor	Civil servant	Samut Sakhon Hospital	35
HOS02SKN	Female	30	Bachelor	Civil servant	Samut Sakhon Hospital	5
HOS03SKN	Female	28	Bachelor	Civil servant	Samut Sakhon Hospital	4
HOS04SKN	Male	45	Bachelor	Civil servant	Baan Kampra Subdistrict Health Promoting Hospital	25
HOS05SKN	Male	40	Bachelor	Civil servant	Baan Kampra Subdistrict Health Promoting Hospital	12
NGO01SKN	Female	38	Bachelor	NGO Staff	Raks Thai Foundation	15
MHV01SKN	Male	41	Diploma	Workforce from Myanmar	Migrant health volunteer, Bang Ya Prak Subdistrict	8
MHV02SKN	Male	57	Elementary	Workforce from Myanmar	Migrant health volunteer, Bang Ya Prak Subdistrict	3
MHV03SKN	Male	23	Diploma	Workforce from Myanmar	Migrant health volunteer, Mahachai Subdistrict	2
MHV04SKN	Female	28	Grade 12	Workforce from Myanmar	Migrant health volunteer, Mahachai Subdistrict	4

3.2 Research instruments

This qualitative study employed the researchers as a key informant who explored research methods and conducted a literature review that provided the idea for the following research instruments. The in-depth semistructured interviews comprised detailed contents regarding systems and mechanisms for developing health volunteers to improve the migrant workforce health and determine the factors influencing the development.

3.3 Data collection

Multiple data collection methods brought forth the inclusion of data that would answer every research question. The methods included those listed below.

1. Literature Review and Analysis of the Case Study Contexts, Backgrounds of Systems and Mechanisms, Policy Implementation and Detailed Processes: This method facilitated an understanding before undertaking fieldwork. The method laid out the observation and question design for the interview.
2. In-depth interviews were conducted with personnel working on MHV development in public health organizations, NGOs and MHVs in Samut Sakhon Province, including data and audio recordings. Data was validated by employing a cross-verification technique (triangulation) from various sources including interviews, observations, onsite data recordings and double-checking against all relevant documents. The data were collected until reaching saturation (Yoddamnoen and Tangcholthip, 2009).

3.4 Ethics considerations

This study was approved by the Committee for Research Ethics (Social Sciences), Faculty of Social Sciences and Humanities, Mahidol University (No.2017/106.0205) on May 2, 2017. The researchers were committed to protecting the confidentiality and process of informed consent under the rule of research ethics.

3.5 Data analysis

The researchers searched for statements that implied or indicated the studied phenomena; interpreted or gave meaning to the aforementioned statements and classified the statements with similar meanings in the same category of topics. Next, the researchers wrote down detailed descriptions of the phenomena under each topic. By doing so, any irrelevant data were excluded. The details of all phenomena were consolidated together for further analysis and synthesis to obtain a thorough understanding in accordance with reality (Yoddamnoen and Tangcholthip, 2009).

4. RESULTS

4.1 Context of MHVs development in Samut Sakhon Province

This section reveals the chronological period of health volunteer development for the migrant workforce health from past to present.

This province is a big fishery economy where plenty of fishery and fish processing businesses are located. Factories and agricultural businesses, such as fruit and flowers farms, also have grown up considerably. The growth of labor demand in Samut Sakhon attracts thousands of migrant workers, especially Burmese nationals that make up over 80% of total migrant workers. Cambodian nationals are ranked the second, followed by Laotians respectively. Originally, migrant workers, such as Burmese and Cambodian nationals, spent a life of toil on fishing vessels. Later, they made their ways to work in the fishery processing industry, from family-size businesses to large factories. In 2013, the National Council for Peace and Order implemented the policy on migrant worker registration which caused many Cambodian workers to return home and, subsequently, the greatly reducing Cambodian numbers. At present, the remaining Cambodian workers are used for their labor on fishing boats and in large construction sites. When categorizing migrant workers by district, Muang District has most workers in the fishery and fish processing industries where most are from Myanmar. Kratum Baen District has most workers in industries, like rubber and electronics, and in the agricultural sector where many employees work on flower farms. In Baan Paew District, migrant workers prefer jobs on fruit farms.

> *"...In the first period, many Burmese migrants worked in the fishery industry. Then they worked in fishery and fish processing industries and others. Now they work in all sectors. Samut Sakhon has three districts; two are industrial zones. The industries in Muang District are fishery and fish processing. Kratum Baen District mainly has rubber and electronic factories. Baan Paew has no factory, but farms"* (Provincial Public Health Office staff)

Migrant workers from neighboring countries have different types of accommodation. Cambodian workers construct temporary accommodations in construction sites and keep moving to new construction sites. Burmese workers rent houses within working areas and live as groups in Thai communities. Some workers live in factory apartments. In the past 4 to 5 years, over one thousand workers from Myanmar moved into Aue Arthorn apartments as Thai apartment owners granted them leases. Living together as groups results in a big migrant community, leading to the zoning policy launched by the province. This means migrants' accommodations will be zoned in one specific area. Large factory owners understand about the policy's importance and so they manage to rent accommodations for their workers in the zoning area with transportation services to their factories. However, this initiative is possible only in certain areas. The majority of migrant workers reside live in Thai communities, in all subdistricts and nearly all villages. This original pattern of residing has existed for many years before zoning.

The first year Samut Sakhon had MHVs in the public health system was 1998. This initiative was funded by the Global Fund to fight AIDS, TB and other health threats. Communication barriers and inaccessibility to migrant workers were big obstacles to the Global Fund's mandate. This raised the idea of developing MHVs to solve these problems. At the time, migrant volunteers simply carried out assigned tasks only, such as jobs concerning AIDS projects. This was the first period at the start of collaborating between NGOs and government health organizations concerning migrant health volunteer development in Samut Sakhon.

The development was continued, mostly by local NGOs, with funds to address health issues among migrant workers. Each project normally involved MHVs for the project's mission. Volunteers benefited health projects as they could ease language problems while reaching targeted migrants. These are reflected in the following statement:

> *"...MHVs in Samut Sakhon during that period were built by projects concerning AIDS problems. They received funding support from the Global Fund. Raks Thai Foundation was the grantee, along with the Ministry of Public Health. The Ministry transferred funds to the provincial public health office for joint MHV development.* [...]" (NGO staff)

In 2007, the Samut Sakhon Provincial Public Health Office also tried to develop MHVs for general health assignments, not dealing with certain tasks assigned by NGOs. The Provincial Public Health Office, its units and divisions developed 700 new MHVs who completed the MHV training. NGOs such as the Raks Thai Foundation assisted with selecting qualified migrants for the training. This training was organized every year afterwards. By excluding those volunteers trained by NGOs, approximately 2,300 MHVs successfully passed the training held by the Provincial Public Health Office and its units. This number counted volunteers in communities and factories.

The Samut Sakhon Provincial Public Health Office planned for more yearly trainings to cover its jurisdiction and replace volunteers who quit. The main reason for those who quit was moving to new locations because they found a new job, wanted to find a better job, moved with their family and other personal reasons.

The continued training prompted the Provincial Public Health Office to have its own training curriculum for MHVs. The office finalized the curriculum and a bilingual manual (Thai-Burmese) in 2013. The bilingual manuals were distributed to volunteers after the training as reflected in the following statement:

> *"...The training curriculum had been revised many times. The final revision was completed in 2013. It constituted a book. The curriculum development used the provincial budget, and the Samut Sakhon Provincial Public Health Office did everything. [...]"* (Provincial Public Health Office staff)

Posttraining knowledge management is an important issue. Continuous annual meetings are held for experience sharing between VHVs and MHVs. The province has one MHV school located in Kam Pra Subdistrict Health Promoting Hospital, Muang District. The school is a learning center and location for health activities for MHVs. Furthermore, Samut Sakhon Hospital organizes learning experiences every Sunday at the Non-Formal Education Center, Wat Pom Wichien Chotika School as reflected in the following statements:

> *"...At school, MHVs can receive the manual and perform activities together. When the training to revive knowledge is organized, we will go there. [...]"* (NGO staff)

> *"...Now, the Nonformal Education Center at the temple is not far from migrant communities. So, many migrant workers come to school on Saturday and Sunday. Our hospital turns this advantage by offering them informal education. When interested, they can attend classes every Sunday. [...]"* (hospital staff)

The aforementioned development can be summarized in that the first attempt of MHV development commenced in Samut Sakhon in 1998. The reason for the development was associated with NGO projects aimed at addressing health problems such as TB and AIDS in the migrant workforce. The NGOs obtained funding support from the Global Fund that opened collaboration between NGOs and government health organizations. Following the first attempt, MHVs were developed continuously, despite NGOs for the most part.

NGO MHV development has contributed benefits to health services for migrant workers as MHVs eased language obstacles and reached targeted workers. In fact, the Samut Sakhon Provincial Public Health Office also planned to develop MHVs for the overall health system, not just for certain tasks in NGO missions. Every year since 2007, the Provincial Public Health Office has taken the lead in MHV training. The office has even developed its own training curriculum and the bilingual manual. Apart from the training, MHVs can upgrade their posttraining knowledge through various learning channels such as annual meetings among VHVs and MHVs. MHVs can also visit the MHV school for learning activities. Finally, they can enhance their knowledge at the Nonformal Education Center on Sundays.

4.2 Systems and mechanisms of MHVs development in Samut Sakhon Province

The two findings described in this part are the systems and mechanisms of health volunteer development. the system section details, the systems for selecting MHVs development, knowledge management on PHC of MHVs development, welfare management and moral enhancement of health volunteer development, and resource and budget support of health volunteer development. The section on mechanisms describes in detail the mechanisms under the Ministry of Public Health, the private sector (local NGOs), and other supporting mechanisms.

Systems for selecting MHV development

This section describes health volunteer qualifications and the selection process.

1) Qualifications

The required qualifications written in Samut Sakhon's MHV training manual are the same as those in the Ministry of Public Health's training manual for MHVs. Health volunteers are required to meet the following criteria: aged 18 years and over, residing in their current community or village for at least six months, ability to communicate in two languages (Thai and migrant's languages, namely, Burmese, Laotian or Cambodian), willingness and devotion to participate in public health works. Nonetheless, recruiting migrant workers who meet all requirements is not easy, particularly concerning reliability, willingness and Thai skills. Samut Sakhon sometimes puts the strict requirements aside by choosing volunteers who are unable to communicate in Thai as reflected in the following statements:

> *"...The training manual for MHVs states about migrant trainees. It uses criteria similar to that stated in the Ministry of Public Health training manual. When it comes to selection, finding people with all of the required qualifications and Thai competency is really hard. [...]"* (Provincial Public Health Office staff)

> *"...The selected migrant trainees must represent people from their communities. The trainees should be widely known, willing and devoted, because the job is unpaid. We may sometimes recruit people unable*

to speak Thai. Some of our health staff at Subdistrict Health Promoting Hospital can speak Burmese. So, there really is no obstacle. […]" (Subdistrict Health Promoting Hospital staff)

2) Selection process

Samut Sakhon has two selection practices based on housing pattern. The first practice targets migrant workers residing in communities. The selection is made upon the qualifications agreed by NGOs and public health organizations. Migrant workers in that community are asked to select and vote for their representatives. As it turns out; however, one migrant volunteer may have to take care of the whole migrant community, meaning that they have many more households under their care than VHVs. The second practice targets migrants residing in factory areas. They are selected by employers and responsible public health offices as reflected in the following statement:

"...We have MHVs in communities and factories. As for migrant volunteers in communities, we ask workers to select their representatives. The foundation also helps with seeking leaders. As for those in factory areas, we contact the provincial industry office for collaboration from factories to select migrant workers for the training.[…]" (Provincial Public Health Office staff)

Training and knowledge management systems regarding basic health care

To follow the principles of PHC, Samut Sakhon uses training and learning activities to change migrant workers' attitudes and achieve expected abilities with satisfactory performance. The following sections reveal two findings: training methods and training curriculum.

1) Training method

The knowledge management system in Samut Sakhon involves training that teaches MHVs to perform assigned tasks. The training method is built upon local contexts and enables trainees to learn from theory and practice at community hospitals or Subdistrict Health Promoting Hospital. The program is managed by the Provincial and District Public Health Offices, hospitals and health promoting hospitals. They work together to ensure the efficiency of the program by assigning trainers and facilitating training staff and locations. Training evaluation is compulsory to assess whether the training can equip trainees with necessary knowledge and abilities. Each training takes three consecutive days facilitated by trainers from the Provincial Public Health Office, community and Subdistrict Health Promoting Hospitals. The organizer uses their meeting rooms as training venues where trainees can travel conveniently.

The Provincial Public Health Office organizes the post-training knowledge management in annual meetings where VHVs and MHVs exchange knowledge and experiences. Samut Sakhon has one MHV school located in the area of Kam Pra Subdistrict Health Promoting Hospital. The school is a learning center and place for activities. Moreover, further learning on Sundays, held by Samut Sakhon Hospital, is also accessible at the Non-Formal Education Center as reflected in the following statements.

"...The training takes three days. We hold it continuously until the training is complete. The content contains lectures. There are some practice sessions. For example, using the blood pressure meter is practiced at Subdistrict Health Promoting Hospitals. […]" (Subdistrict Health Promoting Hospital staff)

"...As it happens, Wat Pom Wichien Chotika School offers nonformal education similar to Thai nonformal education. Many topics are taught in different classrooms. We teach on Sundays and the same contents are taught on different days. For example, Sukhothai Thammathirat Open University offers the same courses in different periods. People who cannot complete the courses can come back, because we still teach these courses. MHVs attend our classes, too. […]. (Hospital staff)

2) Training curriculum

Samut Sakhon uses its own developed curriculum to train MHVs. Before curriculum development, the Provincial Public Health Office had been training these volunteers every year since 2007. The continued training had tried to cover more migrants and trained new volunteers as replacements for those quitting the job. This later triggered the need to formulate the training curriculum. The formulation process started then. In 2013, the Provincial Public Health Office released the final revised curriculum, which has been utilized until the present. Apart from the curriculum, the bilingual manual in Thai-Burmese is produced for the units involved to train MHVs health volunteers as reflected in the following statements:

"...From 2007 onward, Samut Sakhon organized the MHVs health volunteer training every year in order to involve in volunteers from all areas and to replace resigned volunteers. We kept revising the training curriculum until 2013, the year we finalized the training curriculum for MHVs health volunteers. It has been used until today. […]" (Provincial Public Health Office staff)

"...In the MHV training, we now have a manual about most-frequently encountered diseases in migrant workers. It is a bilingual manual in Thai and Burmese distributed to MHVs. […]" (Subdistrict Health Promoting Hospital staff)

Samut Sakhon's own developed curriculum contains eight courses. Table 2 shows the comparison between this curriculum and Ministry of Public Health 2015 curriculum.

Table 2: Comparison of Samut Sakhon's Own Developed Training Curriculum and the 2015 Training Curriculum Designed by The Ministry of Public Health

2015 Training Curriculum for MHVs, Ministry of Public Health	Samut Sakhon's Developed Training Curriculum
7 Core Courses 1. Fundamental Knowledge about Thai Society 2. Important Laws for Migrants 3. Essential Skills for MHVs 4. Giving Aid to Thai Public Health Personnel in the Public Sector Based on PHC 5. Living Healthy 6. Essential Health Services 7. Health Communication **3 Elective Courses** 1. Prevention, Control and Surveillance of Communicable Diseases in Communities 2. Prevention of Noncommunicable Diseases in Communities 3. Preparation and Management in Crisis	1. Roles and Duties of Health Volunteers for Migrant Workers 2. Community Survey and Assessment 3. Benefits under Migrant Health Insurance Cards 4. Knowledge about Communicable Diseases Including Dengue Fever, Elephantiasis, Avian Flu, Diarrhea, Tuberculosis, AIDS and Sexually Transmitted Diseases 5. Health Promotion 6. Knowledge about Narcotics 7. Maternal and Child Health 8. Family Planning

Samut Sakhon's curriculum has the following five courses with similarities to the courses in the Ministry of Public Health curriculum: Roles and Duties of Health Volunteers for Migrant Workers; Community Survey and Assessment; Benefits under Migrant Health Insurance Cards; Knowledge about Communicable Diseases Including Dengue Fever, Elephantiasis, Avian Flu, Diarrhea, Tuberculosis, AIDS and Sexually Transmitted Diseases and Health Promotion. However, Samut Sakhon's curriculum has the following three courses dissimilar to the courses in the Ministry of Public Health curriculum: Knowledge about Narcotics, Maternal and Child Health and Family Planning. In the Ministry's curriculum, four courses do not appear in Samut Sakhon's curriculum. These courses are Fundamental Knowledge of Thai Society, Health Communication, Prevention of Noncommunicable Disease in Communities, and Preparation and Management in Crisis.

Welfare management and moral enhancement of health volunteer development

The honorarium, discounted medical fees, special booking of patient rooms and scholarships for children are normal welfare benefits for health volunteers. They also obtain moral support through certificates or medals and acceptance from communities.

1) Welfare

Like MHVs in other provinces, volunteers in Samut Sakhon are required to meet qualifications and selected to carry out assigned tasks for migrant workers. By principle, all migrant volunteer tasks are volunteer-based. Thus, volunteers are unpaid workers. No regulations exist on welfare provision for these migrant volunteers. Therefore, they are not entitled to any of the above welfare benefits belonging to VHVs. This is because the program was designed to boost the health care benefits of all migrant workers; therefore, any migrant worker meeting the qualification is welcomed to join the program. Without social welfare, MHVs are still willing to work for the benefit of their community to ensure that their family members and others are healthy. This is because they realize the importance and benefits of their roles to their own community. However, some small benefits are used to cover burdens occurring from the duty including travelling allowance and bicycles as reflected in the following statements:

> *"...welfare benefits for migrant volunteers... include things like bags, bicycles and shirts. We do not pay for other welfare benefits. We do not have honorariums for them."* (Hospital staff)

2) Moral enhancement

As a substitute for the inaccessible welfare benefits, MHVs receive moral enhancement that builds self-esteem. Such moral support comes in the form of certificates, medals, community acceptance, volunteer T-shirts, free meals at events and small gifts from health personnel. However, no migrant volunteer can have the volunteer card, unlike VHVs, to prevent the agitation about their migrant status as reflected in the following statement:

> *"...They are not entitled to medical fee reimbursement. The regulation says so. What they do is grounded on the volunteer spirit. We give them T-shirts, the green ones for everyone. We invite them to the annual meeting. [...]"* (Provincial Public Health Office staff)

Resource and budget support for health volunteer development

In general, in the development of health volunteers, the Provincial Public Health Office uses the budgets allocated by the Ministry of Public Health. The sources of these budgets are various, including migrant health insurance, budgets for epidemic prevention and control and re-emerging diseases, budgets from the border health program, local administrative organizations, subdistrict health funds, the private sector, regional academic centers, NGOs, regional health service providers and other sources.

With respect to Samut Sakhon Provincial Public Health Office, the development initially receives budgetary funds from four sources. The first source is the Provincial Public Health Office's regular operating budget allocated by the Ministry of Public Health. The second source is the budget from migrants' health insurance, which is used for migrant worker management. The budgets from the first two sources are approved under the project on MHV development. Therefore, the training, material and manual development, supervision and follow-up use these two budgets. The third source is local public hospital subsidies for MHVs activities requiring equipment and supervision. The last source is from NGOs that support MHVs development as reflected in the following statements:

> *"...We have money to develop MHVs -. It is the regular budget. We prepare a project under the strategy and request some grants. The other budget is the budget on migrant worker management activities such as registrations. The Provincial Public Health Office receives the transferred budget. The office has quite enough budget for this management while other provinces may not. [...]"* (Provincial Public Health Office staff)

> *"...In the past, we organized training for our MHVs by using the project budget for addressing health problems among migrant workers. We have not organized the training in recent years, but assisted the Provincial Public Health Office with trainee recruitment and supported migrant volunteers' tasks. Mostly, we give support for printed health materials. [...]"* (NGOs staff)

Mechanisms of health volunteer development

The Ministry of Public Health and its agencies, the private sector and other involved VHVs are the mechanisms for developing health volunteers for the health of the migrant workforce. Within the Ministry of Public Health structure, Samut Sakhon's development of VHVs and MHVs belongs to the Quality Development and Service Unit responsible for the PHC system. The development needs parties to be actively involved, resulting in establishing a provincial committee. The committee comprises responsible staff from units under the Provincial Public Health Office. Their responsibilities deal with coordinating, overseeing, monitoring, following up, supervising and developing the MHVs curriculum. On a smaller scale, the provincial hospital, district hospitals, district health offices and Subdistrict Health Promoting Hospitals to deliver support for health volunteer development.

Private sector organizations such as NGOs focus on health as the main mechanism. Their continued support is integral to development. The cooperative attempt between the government and private sectors is noticeably close. Other supporting mechanisms take in government organizations under other ministries. Some organizations, such as local administrative organizations, may show insignificant roles in the development, but would be ready to accommodate health activities in their jurisdiction.

Samut Sakhon is a province with large scale employment of migrant workers from Myanmar, Lao PDR and Cambodia. Workers from these countries live in Thailand long term and prefer living together as migrant groups in Thai communities. As with most ethnic minorities, workers from Myanmar encounter language difficulties and are unable to understand Thai. This situation brings up the demand for MHVs to oversee this population group's health. The health volunteer development program in this province could benefit from many existing advantages, thanks to the local NGOs and government organizations. The existence of local NGOs is centered on migrant health, extensive experience and substantial staff contributions to development through support given to government organizations. Plus, the Provincial Public Health Office is in charge of both VHVs and MHVs. These two groups of volunteers are assigned with tasks to promote better public health for all residents, both Thai and migrants. The authorities will make sure that public health policies are followed. Despite serving different target groups, MHVs and VHVs need to exchange knowledge and experiences which they can do in posttraining sessions, annual meetings and at the MHVs school. After years of working with migrant workers, the attitudes of government staff remain positive about this population. The health centers visited by many migrant patients treat Thais and non-Thai patients equally. Staff with skills in migrant languages are recruited to work in diverse ethnic groups. These are reflected in the statements listed below:

"...The Quality Development and Service Unit and Primary Health Care Unit under the Provincial Public Health Office are responsible for both VHVs and MHVs. In developing MHVs, many parties are involved. The Provincial Public Health Office established a committee to oversee the policy and work direction. […]" (Provincial Public Health Office staff)

"...At present, we coordinate information and recruit people to the MHV training in collaboration with the Provincial Public Health Office. This is because the MHVs developed by us are the same individuals developed by the Provincial Public Health Office. […]" (NGOs staff)

"…Hospitals have so many patients these days. More migrant workers come for jobs in the province. So, hospitals are increasingly crowded with Thai and non-Thai patients. However, we do not discriminate against foreigners or Thais. We deliver them the same services. Anyone who arrives at the hospital will receive services first. Large numbers of migrant workers use services. When it involves antenatal care or vaccination in children, they give attention to these and arrive early morning. […]" (Hospital staff)

5. DISCUSSIONS

According to the objectives of MHVs development for the health of the migrant workforce, Samut Sakhon Provincial Public Health Office builds MHVs with knowledge and capabilities to deliver care to migrant workers. These objectives endeavor to adhere to the PHC approach.

1. Reporting health news and information, giving recommendations and disseminating information on health insurance registration, benefits, responsibilities, policies on workers, health service access and appointments, reporting irregular situations and communicable diseases in communities to people and health personnel. MHVs play a major role in news and knowledge dissemination to migrant workers. By gaining information from government organizations and NGOs and receiving trainings, volunteers can always inform about health insurance registration, insurance benefits, health service access and medical appointments. These roles are feasible anytime in communities. Having the same nationality also builds trust among volunteers and migrant workers with a wider coverage of information dissemination as reflected in the statement below:

"...After the training, the doctor gave us leaflets about diseases and manuals in Burmese about disease prevention. The doctor sometimes calls for meetings and asks us to disseminate news. […]". (MHV staff)

2. Being a change agent in healthcare toward health behavior modification in migrant communities and promoting cohabitation among people. MHVs are coordinators for migrant workers and public health personnel. Volunteers residing in communities and community residents know them. Volunteers can help migrant workers involved in health activities and services such as the medical mobile units, health checks and hospitals' disease prevention programs. Hospitals experience good collaboration with migrant communities when organizing activities as reflected in the statement below:

"..In the past, we barely knew why doctors came here. Sometimes, we went out and doctors did not see us. So, doctors would ask MHVs to inform all households about the doctors' visits. […]" (MHV staff)

3. Organizing health promoting activities, conducting surveillance, prevention and control of health problems and health threats in communities and migrant workers, and surveying health situation, health care and environment. MHVs play their part in health activities, disease control and prevention in addition to addressing health problems and threats. Consequently, MHVs are equipped with knowledge from these activities and information to support their community's health care. The particular focus is on surveying migrant workers in communities. Frequent migration in and out of Thailand makes the survey vital, even though volunteers know much about migrant workers' information. The collaboration of volunteers and health personnel on occasional surveys of migrant workers in communities is useful for the surveillance of disease and health problems. Data from the migrant worker surveys contribute to health promotion program planning based on local contexts as well as migrant workers' health conditions, lifestyles and needs. The needs of occasional surveys of migrant workers in communities are reflected in the following statement from in-depth interviews.

"...People who come to work here have very frequent in-and-out migration. We must survey to find out who has newly moved in, any ill people, pregnant women and the number of children that need vaccinations. Some people do not know what to do and we will tell them. Sometimes, the doctors do the survey and we take them to children and pregnant women at their houses. […]" (MHV staff)

4. Providing proactive and reactive health services with first aid, surveillance and observation, reporting of irregular incidents in communities, screening, recommendations, health service appointments, home visits and coordinated referrals. The roles in first aid and patient referrals are unnoticed as migrant

communities are close to both public and private health service providers, which makes it convenient for migrant workers to use their services. The most noticeable roles are in surveillance of irregular illnesses, reporting of health personnel and informing about health services and home visits as reflected in the statement below:

> *"...In the training, the doctor told us about our duties and gave us recommendations. They taught us first aid skills. Here, ill people go to see doctors by themselves, because health service facilities are not far away. Mostly, we and the doctors visit households in the community together and we keep doctors informed when dengue fever emerges. [...]"* (MHV staff)

The development of MHVs in Samut Sakhon revealed other valuable outcomes. Volunteers were proud of being MHVs who could provide care for migrant workers, which is worthwhile, despite giving them first aid only. It might also be challenging to determine whether volunteers could maintain this feeling for further improvement. They work with various public health offices and have positive attitudes toward each other. Volunteers are recognized as an important component of a harmonized community. Even when they move out from the community and so quit the work, they still have this health care knowledge to benefit themselves, their family members and others in a new community.

6. CONCLUSION

The first launch of MHV development in the public health system was not prompted by the government's policy and mechanisms, but health problems and inaccessibility to health care among migrant workers, primarily because of their large flow into Thailand. In addressing these problems, NGOs on health and welfare for migrant workers stepped in with aid programs such as health volunteer development as a method to ease problems in communication and reach targeted migrant workers. NGOs recruited migrant worker representatives and trained them concerning certain health issues based on projects such as those involving TB and maternal and child health. Volunteers trained by the NGOs worked as interpreters and project assistants during that period. Volunteers in this first period were called differently as HIV/AIDS volunteers, TB volunteers, migrant health staff and MHVs. For years with increasing numbers of migrant workers in Thai provinces, public health organizations became aware of the importance of having MHVs in Thailand's public health system. This started off with MHV development for health care in accordance with the PHC principles among migrant workers in the provinces.

At present, the Ministry of Public Health is trying to push for policy on MHV development implementation in all provinces. The ministry expects all government health organizations to progress in the same direction. This attempt has not succeeded yet. In fact, Samut Sakhon Province had its own health volunteer development before the Ministry's policy. The success of MHV development in Samut Sakhon would not have been possible without any of the four development systems run by mechanisms, local NGOs and government organizations. The first system is the volunteer selection aiming to ensure that MHVs are qualified and properly selected. The second system is training and knowledge management to guarantee efficiency of the training method and curriculum as well as continuing to improve the MHVs' health care knowledge through a number of posttraining sessions. Welfare management and moral enhancement is the third system. This strategy endeavors to support MHVs with some benefits as they are not entitled to any, unlike VHVs, and to enhance their morality and spirit. The last system is resource and budget support to fuel the program to run continuously.

In other countries, various health volunteer development programs were launched to continuously support health care of citizens and migrants as described below:

1. Singapore has HealthServe, a nonprofit organization that develops health volunteers for the migrant workforce. Their volunteers are professionals with expertise from various fields, including medical doctors, dentists, nurses and pharmacists. HealthServe's funding is donation-based, mostly from general public and financial institutions. HealthServe delivers services including health care, legal aid, social support and recreation for targeted migrant workers in migrant communities. Newly recruited volunteers pass the orientation annually (HealthServe Organization, 2017).

2. The USA has a nonprofit organization called Global Volunteers that runs the international volunteer service. The organization is open for all professionals to apply for volunteer work worldwide. International volunteers are guaranteed safety, food, accommodations and transportation. They are trained on specific knowledge and expertise before beginning services. Training contents are customized to project requirements such as psychosocial aspects, drinking water and sanitation, girls' education, HIV/AIDS, deworming, malaria and dengue prevention, health education, nutrition and hygiene, energy saving stoves, nutritious supplements and child nutrition (Global Volunteers, 2017).

3. In the UK, the Office of the Third Sector (OTS) recruits volunteers representing the volunteers' communities. By living in the same community, volunteers know about the health situation and can provide health care and recommendations satisfactorily. All volunteers are trained before taking part in volunteer activities with consistent support from project coordinators (McLeish and Redshew, 2017).

The abovementioned shows multiple patterns and components of volunteer development in Samut Sakhon Province where the development of health volunteers for migrant health was revised to suit migrant workers in the province. In fact; however, health volunteer development in Thailand and overseas varies by organization objectives. HealthServe in Singapore deploys volunteers who are professional experts to deliver health services to migrant workers. The US's Global Volunteers offer international volunteer services in various countries. Volunteers from different fields are committed to health activities and education. However, these nonlocal volunteers encounter language barriers as well as discontinuity of projects. The UK's Office of the Third Sector (OTS) selects volunteers who are community people to work with the target population. The only obstacle for these volunteers is knowledge, which may be enhanced at a later time. According to the abovementioned, volunteer development comes with advantages and disadvantages, but both can be applied in other countries. Based on the findings in this study, the development method should not be fixed. The study also notes that the systems and mechanisms at the provincial level in developing health volunteers for migrant workers simply follows policies from the governing body or, occasionally, ministerial orders. This can make a forecast on the development's instability and unsustainability. This study highly recommends that the Ministry of Public Health integrate the systems and mechanisms of health volunteer development in services at hospitals. Importantly, the systems of monitoring and evaluation are highly recommended for health volunteer development for migrant workers in the future.

In 2021, however, Thailand was hit by the second wave of the COVID-19 pandemic. New cases of Covid-19 originated at a fresh seafood market in Samut Sakhon Province in December 2020. In all, 211,975 Burmese legal labors work and reside in Samut Sakhon (PPTV Online, 2020a). Many thousands of Burmese migrants in this province tested positive for COVID-19. As of January 2021, this nationality group was reported as having the majority of confirmed cases in this second wave of the pandemic in Thailand. Consequently, MHVs have been acting on the frontline to help public health organizations cope with the COVID-19 situation in migrant communities. They have been working intensely and proactively to screen suspected cases in their communities and report to the authorities. Moreover, MHVs are the only groups of people who can instantly and efficiently disseminate the information related to COVID-19 to migrant workers (PPTV Online, 2020b). However, the curriculum and training of the MHV development program should be adjusted as COVID-19 is new to them and so to all people. Thus, MHVs must have more health care practice and knowledge about preventing this fatal disease. This is a new challenge for all responsible parties of the program.

7. RECOMMENDATIONS

Unavoidably, Thailand has to rely on migrant workers for the country's development. More complexities will arrive sooner in the near future. Thailand has migrant workers of various nationalities and aims attention at those from Myanmar, Lao PDR and Cambodia. All three countries share borders with and have large numbers of nationals working in Thailand. Both short-term and long-term strategies on migrant workers are the core of policies and other strategies. The current government has announced policy on migrant worker management to combat migrant problems concretely. This has caused great impact on migrant worker-related missions. The Foreign Worker Management Royal Decree, B.E. 2560 (2017) systematizes the management of migrant workers efficiently. The law prescribes regulations on importing migrant workers to work for employers in Thailand. Law enforcement is strict, which may affect the migrant worker situation considerably. Although illegal migrant workers will become fewer in number, this situation will return positive impacts to the development of health volunteers who will know about the exact numbers and workplaces of migrant workers who are required to register. Their registration and social security applications increase the country's revenue while more will be covered by health insurance purchases. Generally speaking, increasing budgetary funding will result in improved welfare support and solutions to health problems. All of the abovementioned provide tremendous opportunity to developing systems and mechanisms to develop health volunteers for the migrant workforce health. The key findings from this study are summarized below:

1. The systems and mechanisms of health volunteer development should be integrated in the routines of Subdistrict Health Promoting Hospitals such as the development of VHVs. The integration is significant to the sustainability and standard implementation of health volunteer development nationwide.

2. Knowledge management of PHC should place importance on the standard knowledge of MHVs. This means provinces should adopt the Ministry of Public Health training curriculum for MHV development and apply it to their respective contexts.

3. Post-training knowledge management should have more channels for learning. Post-training learning involves capacity building of volunteers to maintain learning and provide channels for volunteers to conduct activities with health personnel.

4. Inequality exists in welfare support and moral enhancement. VHVs are entitled to welfare benefits such as an honorarium and other privileges, whereas MHVs are not. There should be compensation for these welfare benefits for migrant volunteers to keep them volunteering for health work.

To sustainably maintain the systems and mechanisms of health volunteer development for migrant workers for the future, the Primary Health Care Division, Department of Health Service Support, as the major responsible organization for MHV development at the ministerial level, should play the leading role in directing health volunteer development toward sustainability and implement the following strategies:

1. Advocating for the development of health volunteers for the health of migrant workers to be integrated in the routines of organizations under the Ministry of Public Health. For example, all should have the systems and mechanisms for the development of VHVs. This makes the development a sustainable initiative and be carried out nationwide.

2. Appropriate planning for budgeting for the Provincial Public Health Office to develop health volunteers. The plan should consider each province's migrant worker data and include monitoring methods for budget spending.

3. Promoting capacity development among the Subdistrict Health Promoting Hospital personnel, so they could perform the work for migrant workers' health as a routine task.

4. Setting up measures and guidelines for organizations that develop MHVs to apply the Ministry of Public Health's training curriculum to their local contexts.

5. Advocating for the amendment of regulations on welfare for MHVs to receive the same welfare or honorarium as VHVs.

8. RECOMMENDATION FOR FUTURE STUDIES

This study investigated the systems and mechanisms for developing health volunteers for the migrant workforce in various contexts. The study recommends the issues described below for further investigation.

1. Budgetary support and development of personnel for health volunteer development in the migrant workforce health.

2. Local database of the migrant workforce that is reliable and updated.

3. Provincial-level assessment of performance in developing health volunteers for the migrant workforce health.

4. The role of MHVs to control and prevent COVID-19 disease in Thailand.

5. Research and development in communities where Thais and migrant workers reside together: The objective would be to construct public policies at local level for health promotion activities, e.g., education, health issues, social welfare and the like with participation by all. These activities should emphasize how to initiate health promotion simultaneously with learning about self-health care (or Build before Repair).

ACKNOWLEDGEMENT

The authors would like to sincerely thank all the local people who participated in this study. Their acceptance, support and allowance of learning in the community made the study a success.

REFERENCES

Alien Working Act B.E. 2551. (2008, February 22). Section 13, *Royal Thai Government Gazette* No. 125 (37a). [Online URL: https://www.doe.go.th/prd/assets/upload/files/BKK_th/a18e983e252f5e0a89acbd9c11ecf423.pdf] accessed on July 17, 2017. [in Thai]

Archavanitkul, K. and Wajanasara, K. (2008). *Research Report on Employment of Migrant Workers According to The Foreigners' Working Act, B.E. 2551 with the Preparation of a List of Foreigners' Occupations.* Bangkok: International Organization for Migration. [Online URL: http://www.tako.moph.go.th/takmoph/download/resc/research.pdf] accessed on May 12, 2017. [in Thai]

Buadaeng, K. (2009). *Migrant Workers' Right to Health Services: Case Studies of Workers from Myanmar in Chiang Mai and Mae Hong Son Province.* Bangkok: Office of the National Research Council of Thailand.

Department of Health Service Support. (2014a). *Standard Training Course for Migrant Health Volunteers year 2014*. Nonthaburi: Ministry of Public Health. [Online URL: https://phc.moph.go.th/www_hss/data_center/ifm_mod/nw/Training_the_volunteers.pdf] accessed on July 17, 2017. [in Thai]

Department of Health Service Support. (2014b). *The four-decade development of primary health care in Thailand; 1978-2014*. Bangkok: The War Veterans Organization of Thailand Under Royal Patronage of His Majesty the King (Office of Printing Mill).

Global Volunteers. (2017). *Volunteer Worldwide: Push beyond Your Boundaries and See What a Difference You Make.* [Online URL: https://globalvolunteers.org/volunteer-worldwide/] accessed on May 17, 2017.

HealthServe organization. (2017). *Health Serve Is a Non-profit Organisation Dedicated to Providing Healing and Hope to Migrant Workers.* [Online URL: https://www.healthserve.org.sg/] accessed on April 19, 2017.

Huget, J. W., Chamratritthirong, A. and Natali, C. (2012). *Thailand at a Crossroads: Challenges and Opportunities in Leveraging Migration for Development.* [Online URL: http://www.migrationpolicy.org/research/Thailand-Leveraging-Migration] accessed on April 19, 2017.

Institute for Population and Social Research. (2013). *Thai Health 2013: Power Reformation for Citizen's Power.* Nakhon Pathom: Institute for Population and Social Research, Mahidol University.

McLeish, J. and Redshew, M. (2017). A qualitative study of volunteer support for very disadvantaged pregnant women and new mothers. *Midwifery* 45: 36-43.

Nursing Division, Ministry of Public Health. (2015a). *Summary Report of the Implementation of the Program for Development of the Training Program for Migrant Health Workers and Migrant Health Volunteers (MHVs) to Enter the Main Thai Health Service System to Supports the ASEAN Community.* Nonthaburi: Ministry of Public Health. [in Thai]

Nursing Division, Ministry of Public Health. (2015b). *A Guidebook for Migrant Public Health Volunteers Training.* Bangkok: Thepphenvanish Printing. [in Thai]

PPTV Online. (2020a). 2*.5 Million of Foreign Workers. Where are They? And What are They doing?* [Online URL: https://www.pptvhd36.com/news/เศรษฐกิจ/138715] accessed on February 14, 2021. [in Thai]

PPTV Online. (2020b). *MHVs: Public Health Volunteers Who Help Screening Foreign Workers for COVID-19* [Online URL: https://www.pptvhd36.com/news/สังคม/137178] accessed on February 14, 2021. [in Thai]

Prasatkul, P. (2015). *Complete Report Research and Development Projects, Survey and Housing Needs Forecast in Thailand During the Economic Development Plan; and National Society Vol.* 12 (2017-2021). Nakhon Pathom: Institute for Population and Social Research, Mahidol University. [in Thai]

Saengsurin, P. (2008). *Development of Volunteers in the 4th Decade (2008-2017).* Khon Kean: Klungnana Vitthaya Press. [in Thai]

Sutheravut, T., Niemsri, P., Satianpak, P., Kerdmongkol, A. and Suwanna, D. (2015). *Policy Recommendations on Employing Migrant Health Staff.* Bangkok: Thep Phen Vanish Printing. [in Thai]

Tangmunkong, T. (2009). *Burmese Migrant Workers: A Harmonious Way of Living for Marginalized People Samut Sakhon Province.* Master's Thesis. Department of Cultural Sciences, Mahasarakham University, Thailand. [in Thai]

Yoddamnoen, B. and Tangcholthip, K. (2009). *Qualitative Data Analysis: Data Handling Interpretation and Definition*. Nakhon Pathom: Institute for Population and Social Research, Mahidol University. [in Thai]