



Beneficiaries of the Finca Sana project wait for medical attention (Photo: IOM)

Summary

Between 2007 and 2009, IOM worked in close collaboration with Costa Rican public health authorities, coffee producers and the Ngöbe-Buglé indigenous population, to implement a project that improved health among indigenous migrant farm workers and their families from the Ngöbe-Buglé population.

The project, funded by the World Bank, also called “Finca Sana” (Healthy Farms) was based on four principles:

1) public-private partnerships; 2) decentralised health services; 3) traditional healers; and 4) personal accountability and health self-sufficiency.

The project trained traditional healers and other leaders within the migrant population so they could carry out health promotion and encourage sound health practices. These health promoters (or “cultural navigators”) had regular contact with local health authorities, ensuring that they got support even if they were on an isolated farm. The project also supported ongoing visits by mobile teams of the Costa Rican health authorities. When the migrant families moved to new farms along with the coffee harvest, the health system moved with them.

The project also benefited the farm owners, who spend a lot of money each season to provide emergency medical care and lose worker productivity due to injury and

HEALTH PROMOTION AMONG THE NGOBE-BUGLE LABOR MIGRANTS IN COSTA RICA

disease. By enrolling in the Finca Sana programme, farms received health education for workers, assessments of community health needs, and improved communication with local health authorities to respond to emergencies.

Though the pilot project came to a close at the end of 2009, health promotion activities continue. They are now part of the authorities’ approach as the local health services have maintained the modality of working at the farms and border sites with cultural advisors. From IOM, new efforts are underway to expand the project into a “Healthy Migration Route” project to also include coffee farms within Panama and other locations.

Background

Despite its relatively high quality of life, Costa Rica is home to an indigenous migrant population that is often excluded from social services. The Ngöbe-Buglé are a diverse and culturally rich indigenous population, with communities in Costa Rica and Panama, and a migrant population that travels between the two locations to earn a living as seasonal workers on farms in Costa Rica.

Each year, of the 200,000 Ngöbe-Buglé living on the indigenous

territory in Panama, around 12,000 migrate into Costa Rica to pick coffee. These labour migrants follow centuries-old migration routes across the border, moving in family groups and travel hundreds of miles over several months as the coffee ripens at different altitudes. At these routes, they have minimal access to potable water, cooking areas, or sanitation facilities. In addition, the living conditions on many farms is poor.

The estimated 12,000 indigenous Ngöbe-Buglé who migrate annually into Costa Rica have very poor health. Medical teams have discovered alarming rates of diseases of low vaccination coverage, preventable occupational injury, and high levels of infant mortality due to lack of access to obstetrical care. Existing medical services do not reach these highly mobile migrants and emergency evacuation is slow or unavailable.

Objective

The objective of this project was to contribute to improved health and human development among migrant indigenous workers of the Ngöbe-Buglé population who travel into Costa Rica from Panama following the seasonal coffee harvest,

IOM IS COMMITTED TO
THE PRINCIPLE THAT
HUMANE AND ORDERLY
MIGRATION BENEFITS
MIGRANTS AND SOCIETY



IOM International Organization for Migration
OIM Organisation internationale pour les migrations
OIM Organización Internacional para las Migraciones

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through public private partnerships and a decentralized, community-based approach that focuses on occupational health, child health, maternal health, and medical emergencies including evacuation.

Activities

- Train indigenous health promoters in first aid, hygiene, nutrition, maternal health and injury prevention;
- Establish “hogares comunitarios” (community homes), a multipurpose community space on each farm which will be the location for health-related activities;
- Establish a health network linking isolated farms to the local health infrastructure;
- Establish an emergency transport system;
- Support indigenous health promoters along the migration route via radio communication and meetings with local health authorities;
- Coordinate with stakeholders – the Ngöbe-Buglé people, governmental institutions, civil society and other partners, Costa Rica and Panama's health authorities and health partners

Outputs

At the end of the project the following outputs, had been achieved:



Members of the mobile health team (Photo: IOM)

- Enhanced knowledge and understanding among regional/local authorities about Ngöbe-Buglé migrants' health needs;
- Medical assistance and check-ups for 3,000 Ngöbe-Buglé from the visiting mobile health team;
- 1500 farm workers received Healthy Worker Card;
- 40 Ngöbe-Buglé health promoters (or “cultural navigators”) trained in medical attention;
- Increased knowledge among Ngöbe-Buglé community members on medical attention in emergencies;
- Increased understanding of sound health practises among Ngöbe-Buglé community members, including the prevention of illness and injury;
- Networks of health promoters established, serving as guides for local health authorities concerning the health needs of the Ngöbe-Buglé

Future Activities

Advocacy is done with Public Health Authorities to replicate Finca Sana’s model in nine health areas located on the migration route between Panama and Costa Rica.



Banner used for the project in Spanish and in Ngöbe-Buglé

A new three year plan is being presented by IOM to potential donors to replicate and maximize the Finca Sana experience.

The three year plan now includes a bilateral approach, working with the Ngöbe-Buglé population in their home communities in Panama, improving conditions during the migration route as well as increasing the number of beneficiary communities receiving assistance on destination in Costa Rica.

IOM's Migration Health Division (MHD) aims to meet the needs of Member States in managing health related aspects of migration, and to promote evidence-based policies and comprehensive preventive and curative health programmes which are beneficial, accessible, and equitable for vulnerable migrants and mobile populations.

The Migration Health Division works in five interconnected strategic functions to address the migration health challenges throughout the migration process: Advocacy; Health Policy Development; Health Service Delivery; Capacity-Building and Research and Dissemination