enced workplace injury while abroad, while 34 percent reported to have ended up with a physical disability as a result of that injury, says a survey of the International Centre for Diarrhoeal Disease Research (ICDDR,B). "This diminished their usual level of activity," concludes ICDDR,B.

They come home sick, too. "Many of the migrants who lived illegally in the UK and were forced to return suffering from breathing problems, asthma, high blood pressure or diabetes," says Quamrun Naher, programme officer of Caritas. Others go through severe bouts of depression. "They don't understand what has happened to them and become perplexed," she explains.

Migrant workers also run the risk of being infected with serious diseases. In the Middle East countries, migrants must prove that they are healthy in order to get a visa extention. People who are pregnant, infected with HIV or suffer from tuberculosis are sent back immediately, says Anita Davies, chief migration health officer of IOM.

Often, the ill migrants are not informed about the exact reason for their return and come back without any knowledge of their health problems, she adds. Due to absence of health insurances, the majority of the returned ill migrants cannot afford a proper medical treatment – neither abroad nor at home. In the case of HIV, the unawareness is also very dangerous for the wives or husbands of the infected persons, she emphasises.



PHOTO: ZAHEDUL I KHAN



PHOTO: STAR FILE

After unimaginable hardship women migrant workers may return home where they are no longer welcome.

At the end of 2011, the ministry of health and family welfare (MOHFW) reported 2,533 registered HIV cases in Bangladesh. Over half of the infections in 2011 were migrant related – either returning migrant workers, their spouse or partners. Besides these official statistics, experts estimate a growing number of unreported cases.

"All migrants should have access to affordable pre- and post-departure health assessments and treatments when requested," claims Davies. At the moment, IOM is analysing the situation and – in cooperation with the Bangladeshi government – is developing a national health strategy for migrants. Among other conclusions, IOM recommends strongly that migrants have comprehensive health insurance coverage.

If 28-year-old domestic worker Sharifa had had a health insurance, her life would be much easier now. Sharifa went to Lebanon as a domestic worker in 2009. "My husband sent me to Lebanon after a thief had stolen all his property," Sharifa says.

The domestic help was working in Lebanon for three years, when the accident happened: she fell from a ladder and got badly injured. For the surgery of her leg and her back Sharifa spent all the money she had earned before. Due to the injury Sharifa could not stay in Lebanon and came back to Bangladesh.

"We still have to pay back the whole loan," she