

Chasing Dreams





INTERNATIONAL ORGANIZATION FOR MIGRATION

IOM is a dynamic and growing inter-governmental organisation, with 125 member states as of May 2009 committed to the principle that humane and orderly migration benefits migrants and society.

Established in 1951 and now active in over 290 field locations worldwide, IOM works with partners, governments and civil society to:

- Assist in meeting the operational challenges of migration and mobility;
- Advance understanding of migration issues;
- Encourage social and economic development through migration; and
- Uphold the human dignity and well-being of migrants and mobile populations.

IOM's regional office for Southern Africa is based in South Africa and caters to IOM activities in the entire SADC (South Africa Development Community) region. IOM also has offices in Angola, Democratic Republic of Congo, Madagascar, Mauritius, Mozambique, Zambia and Zimbabwe.

IOM's programmes in the region include:

- Movements and assisted returns;
- Counter-trafficking;
- Migration health;
- Migration and development;
- Counter-xenophobia;
- Emergencies and humanitarian assistance; and
- Migration management and policy.

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Partnership on HIV and Mobility in Southern Africa



Within Southern Africa, livelihoods are increasingly based on mobility, with the search for income opportunities in different locations and sectors seen as a sound risk management by many. Poverty and exploitation, separation from regular partners and social norms, and a lack of access to HIV prevention and care services and programmes make labour migrants and mobile workers vulnerable to HIV infection. Mobility, and the loneliness and isolation this generates, contributes to the phenomenon of multiple concurrent sexual partners, which is arguably one of the leading drivers of HIV in southern Africa.

In order to address the HIV vulnerability of labour migrants in southern Africa, IOM developed the Partnership on HIV and Mobility in Southern Africa (PHAMSA), which aims to reduce the HIV incidence and impact of AIDS among migrant and mobile workers and their families. Active since 2004, PHAMSA implements HIV prevention projects in sectors that are characterised by high levels of population mobility. These are; construction, maritime, transport, mining commercial agriculture and cross border sites.

PHAMSA's programme approach is to focus on the individual risk factors of HIV infection as well as the structural and environmental factors that influence individual behaviour. This approach is based on evidence that individual choices about sexual behaviour are dependent on the socio-economic and cultural environment in which migrants live and work. Migrants and mobile workers often live and work under difficult circumstances, where preventing STIs or HIV is not perceived as a priority.

PHAMSA has four programme components:

- 1) Advocacy for Policy Development;
- 2) Research and Learning;
- 3) Regional Coordination and Technical Cooperation;
- 4) Pilot Projects.

MAIN CHARACTERS IN ORDER OF APPEARANCE



Nangula is a young fieldworker working at the Walvis Bay Multi-Purpose Centre.



Ndanyengwa is a female migrant from the north seeking work in Walvis Bay.



Charmaine is an experienced counsellor and VCT programme manager working at New Start.



Kamati is a fisherman in his 30s. Him and his friend, Philip, came from the north many years ago.



Natasha is a 16 year-old school girl. She lives with her mother and is poor.



Philip is Kamati's friend.



Tio is also a 16 year-old school girl and is friends with Natasha. The fisherman, Philip, is her boyfriend. She wishes Natasha could enjoy the same benefits she does.



Lucas is a young fisherman who came from the north just over a year ago.



Ashley is an experienced sex worker, living in town. She is streetwise.



Kenneth is a Human Resources manager in a fishing company



Antonius is an ex-fisherman who is living with HIV. He is taking ARVs.

Chasing Dreams



At last. A shower, a few cold beers and then my darling Tio.



I'm looking for something new. Something young and fresh.

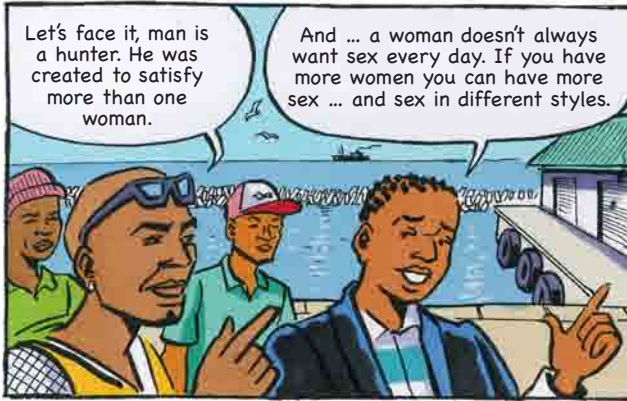
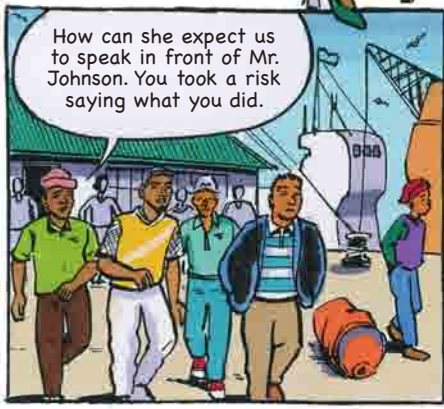
You got bored with the last one eh?



You guys can shower but don't forget you have to attend an HIV workshop before you go.



What's that? We only have three days before going out again for another month - and they want us to waste our time in their workshop.





The workshop was such a failure. The fishermen didn't want to be there and nobody would talk in front of Kenneth.

That HR manager who has the hots for you?



Please! I doubt he is impressed with me after that performance.

Don't be so hard on yourself. I made so many mistakes when I started.

Maybe next time you should ask Kenneth to leave... and take an ex-fisherman with you. Someone who is living with HIV and on ARVs.

He can share his story. The fishermen will relate to one of their own.



Oh look home-made cookies. I must get some for the kids at home.

I'll take a packet ... Thanks.

Surprise Natasha!

I can't believe you are still selling cookies. I still think you need a sugar daddy like me. You deserve so much more. And we have to do something about the hair.

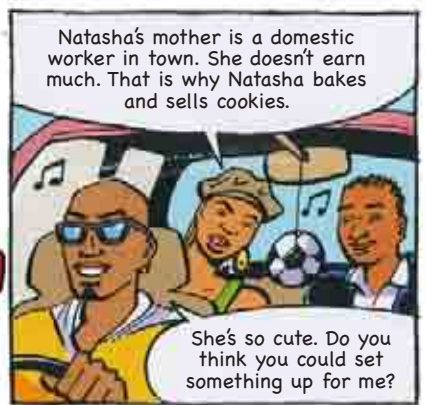
Oh ... OK Tia.



Philip! You're back.

Aren't you going to introduce me to your friend?

This is Kamati. He works with Philip.





Hey! Do you have a death wish or something?!

Are you OK?

I'm just tired. I had to sleep in the taxi rank. I'm supposed to meet an old school friend in Tutaleni.

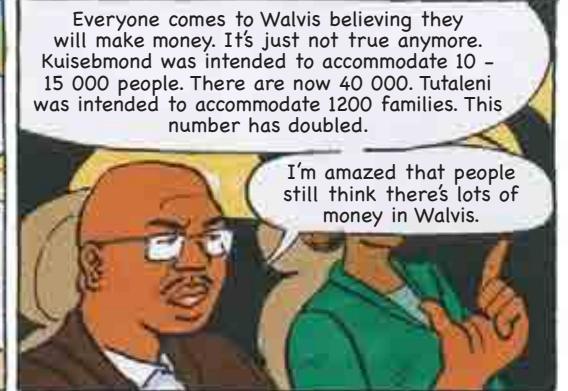
Josephine
36 Mars rd.
Tutaleni
Walvis Bay



Kenneth, It's not far out of our way. We can give her a lift.

It's in the opposite direction on the other side of town.

Look at her!



You are a real sucker for people in distress aren't you?

She needed help.

You're not at work anymore. You should let these things go.

How can you be so heartless?

Everyone comes to Walvis believing they will make money. It's just not true anymore. Kuisebmond was intended to accommodate 10 - 15 000 people. There are now 40 000. Tutaleni was intended to accommodate 1200 families. This number has doubled.

I'm amazed that people still think there's lots of money in Walvis.

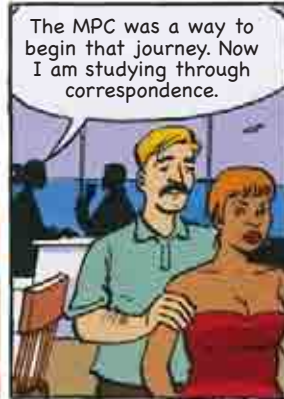


The fishing industry isn't what it used to be.

Is that because of over-fishing?

No, it is partly because the world-wide demand for fish has gone down. I blame it on the popularity of fast food.

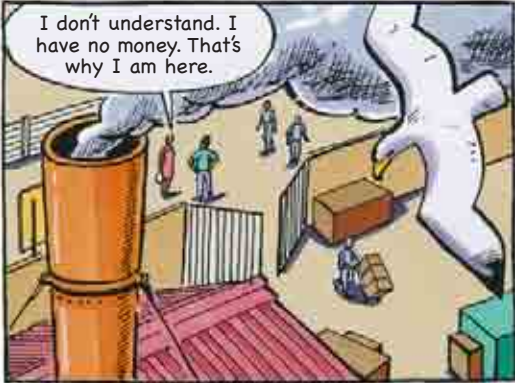
The fishing industry has also been negatively affected by the rising price of fuel.



CHAPTER TWO



You can get a job, if you have N\$200.



I don't understand. I have no money. That's why I am here.



Well what else can you offer me if I ... do you this favour?



I have nothing.



Nothing? A sexy woman like you.

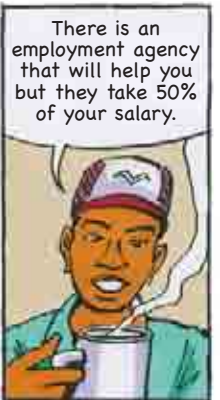


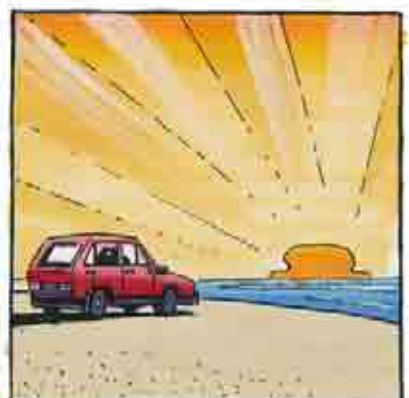
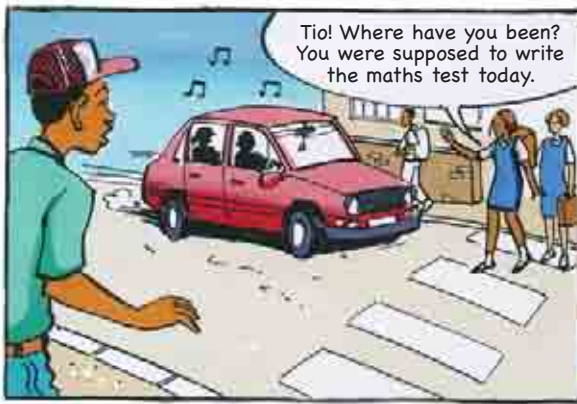
What do you mean?



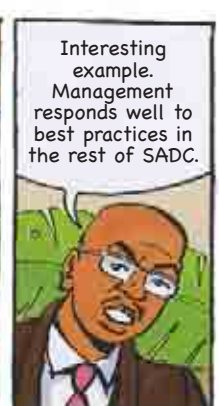
Oh I think you know exactly what I mean. Think about it. I'll be here if you change your mind.

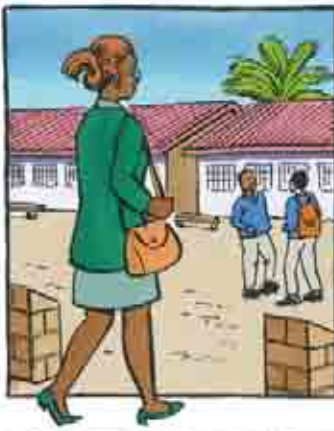












Any activity in which someone's blood or sexual fluids can enter your bloodstream is a risk.

What if my ears are pierced with a needle that has just pierced the ears of a person with HIV?



Apply the principle: Can their blood or sexual fluids enter your blood stream?

Well, if the needle was not cleaned I suppose some of their blood could enter my blood stream.

Yes. You are right. Ear piercing equipment can carry HIV. But the most common way people get infected is through unprotected sex.



But what if you can see there's nothing wrong with him.

HIV can live silently in his blood for many years.



We hear people complaining about all the drinking and sex young people have, but our parents are also getting drunk and having many partners.

I think there is so much drinking and sex because there is nothing else to do.



Exactly! We don't have a cinema, or a mall or a swimming pool in this neighbourhood.



What's up? Is it my breath?

No. I forgot something.





Martha? What's going on. Ndanyengwa is here in Walvis and she tells me you are sick.



You haven't called for so long and I have been very ill. Can't you come and visit me? I can't talk about everything on the phone. I need you here.

You know I can't come.



I need money for transport to go and see a doctor and for medicine. I don't know what's wrong with me.



What were you thinking bringing Ndanyengwa to me like that?

How am I supposed to keep track of who you are having sex with?



It's not my fault that you spend all your money on bainiers (local Walvis Bay people) and then do not have enough to send home.



Have you ever thought that your wife might have to sleep with other men just to survive?



Hey!



I am sorry Lucas. This job changes a person.

How come you are such a straight guy? You don't drink. You don't womanize. You go to church during shore leave. How do you do it?



On my very first fishing boat I discovered that I had caught a disease from a woman I had sex with. You know ... down there. I was in such pain.



The skipper couldn't speak much English and I didn't want anyone to translate for me.



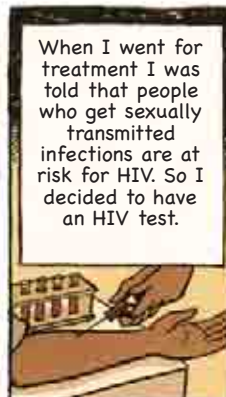
When I eventually got access to the boat's medical kit it had only the legal minimum of supplies. I had to suffer silently for a whole month.



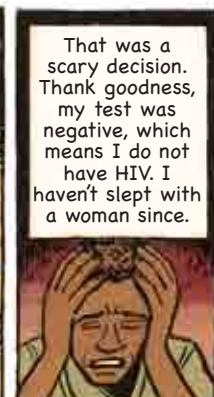
By the end of the month I could hardly walk.



When I got on shore I got treatment, but the company wouldn't help me pay for medical attention because I was just a casual with no contract or benefits.



When I went for treatment I was told that people who get sexually transmitted infections are at risk for HIV. So I decided to have an HIV test.



That was a scary decision. Thank goodness, my test was negative, which means I do not have HIV. I haven't slept with a woman since.

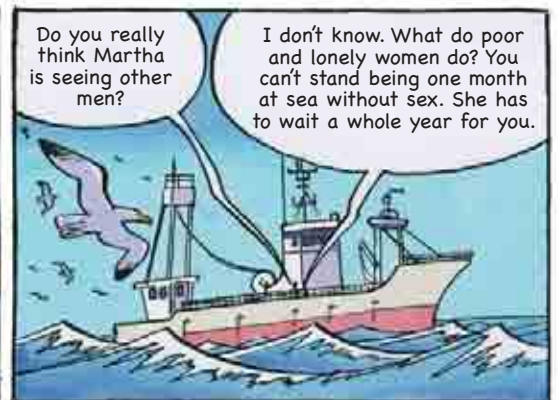
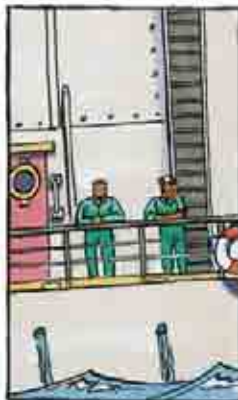


And when you find a woman you like?



Then we will both get tested before we commit to each other.

I don't know how you do it.



Do you really think Martha is seeing other men?

I don't know. What do poor and lonely women do? You can't stand being one month at sea without sex. She has to wait a whole year for you.



You treat your family so badly ...

No, that's nonsense. I'm doing this for them ...



If that was true you would save as much money for them as possible ...

I have to make a plan. I'll make a list of all the ways I can help them ...



You'll do that even if your wife is cheating on you? ...

Is my wife cheating on me? ...

You're cheating on her.

CHAPTER THREE



So, you want to work from the club?



I haven't done this before. It is the only way that I am going to survive in this town.

If you want to keep a factory job you have to have sex anyway. You might as well earn more just having sex.



This is not a job I would tell anyone to do. There are many risks. Girls get sick, beaten up and lose all their connections with their family. I have to live in town and have lost many of my township friends.



I don't know what else to do.

Can you walk away from the money if a man refuses to wear a condom?



Would you like a drink? I have to go to work soon and I can't pretend without alcohol going through my brain.



How did it get to this?



The way we live in this town is the result of years of desperate migrants.



... chasing dreams, finding nightmares.



The boat has arrived. Showtime!



I wanted to have a word with you about the sexual 'perks' you and some of management seem to think you can enjoy.



In this town, sooner or later, everyone makes a plan.



It's unethical and unprofessional. If I ever see you bringing girls into the office again ...

Don't speak to me. Speak to your bosses. Do you think they want me to stop finding them girls? Be careful what rock you decide to look under.



I ... I'm not finished with this.



This is Antonius. He has agreed to speak to the men.

Thank you Antonius.



I was just like you guys. Alcohol and girls.



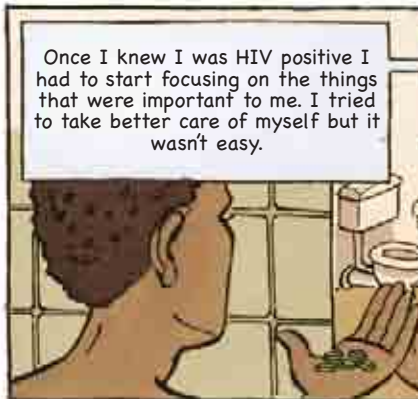
I used to make lists just like you ... lists of all the responsible things I was going to do with my money and my time. But the lists were always lies.



The truth was the alcohol and girls ... well ... alcohol and girls ... and HIV.



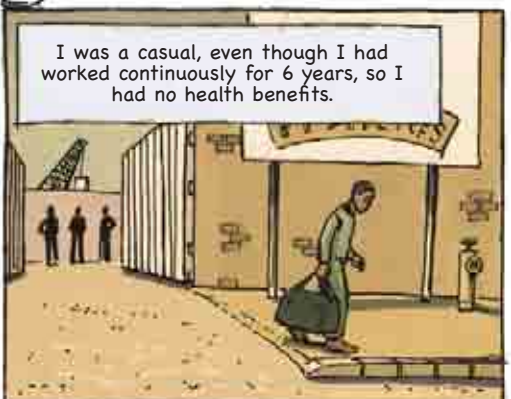
I never believed it would happen to me. I always lived in the moment and never thought about the future.



Once I knew I was HIV positive I had to start focusing on the things that were important to me. I tried to take better care of myself but it wasn't easy.

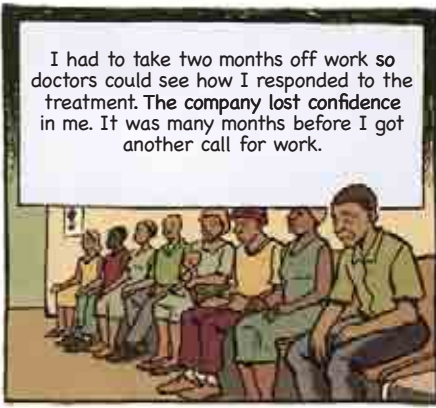


The real challenge came when I had to start taking ARVs.



I was a casual, even though I had worked continuously for 6 years, so I had no health benefits.

I had to take two months off work so doctors could see how I responded to the treatment. The company lost confidence in me. It was many months before I got another call for work.



I was so poor I had to sell my clothes so I could pay the \$2 service charge at the hospital and the taxi to get there.



The side-effects of the ARVs were worse than normal because I couldn't afford nutritious food.



I did eventually get my job back, but it was very difficult to take my medication when I was back at sea. It took a lot of planning to get enough medication for three months - and to get it on time. Then I had to take it regularly without raising suspicion or being forced to share what I called 'my vitamins'.



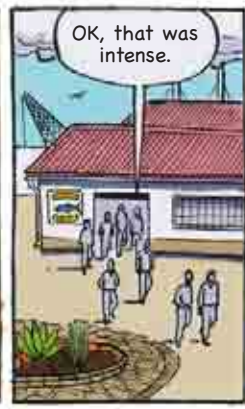
I didn't tell the company that I was HIV positive because I was afraid they would not renew my agreement.



This meant that I couldn't explain to the boat cook what foods I needed for my immune system and to prevent side effects of the ARVs.



OK, that was intense.



I think I am going to get tested.



And if you find out you have HIV? What are you going to do then? Change your whole life? I would rather not know.

That was what I call a reality check. I am going to get a copy of the agreement I signed. I think I should actually read it.



Good luck with understanding it Lucas.



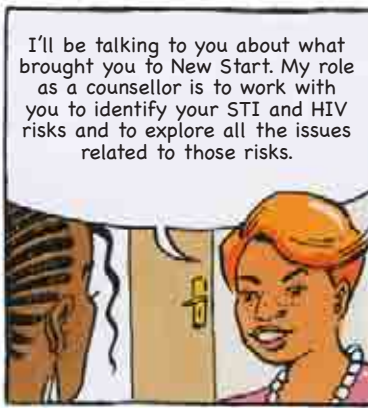
You'll have to ask Mr Johnson to explain it to you.

No way. He will get suspicious and I will lose my job.

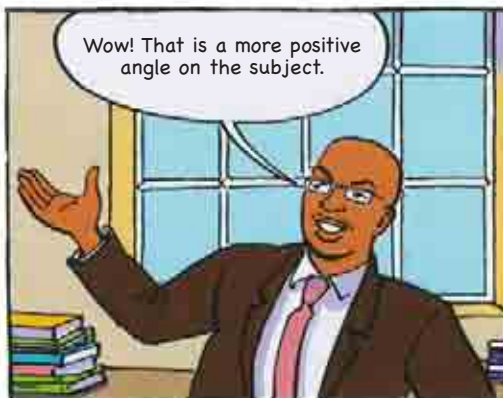
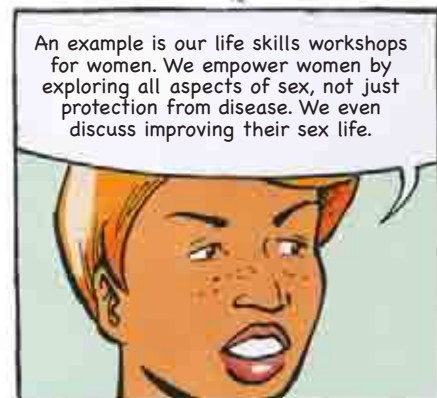


You can't even speak to the trade union. They're not very effective.











Kamati, the test result is positive, indicating that you are infected with HIV. This does not mean that you have AIDS and does not indicate when you may become ill from the virus.

How do you feel about this result?



Everything has changed just like that ... I'm not the same man who woke up this morning.



As I said before the test, there are many people who are infected with HIV and are living well. Positive living means, good nutrition, regular follow-up medical care,



TB prevention medication, exercise, emotional support from friends and positive thinking.



Before the test I asked you who you'd tell if you were positive. How do you feel about it now?



How can I tell my wife over the phone? How can I tell my girlfriend? She will leave me.



You told me that you have sex with your wife when you go home. This means she is at risk.

Well ... she has been sick for so long ... she can't even come to the phone ... maybe she has HIV?



If she's so sick she must have got it before me and infected me.



She would need to be tested first to know if she is infected. Just because she is sick doesn't mean she got infected first. Different people's bodies respond in different ways.



Who is going to look after my children?

If I go home I won't get the medication that is here in Walvis.



So what did you do today?

Nothing.



I'm going to be late tonight. I'm going to go to a workshop on women's sexual health.

Don't come back with any weird ideas.



How do you pleasure yourself when your husbands and boyfriends are away?



Hey! We weren't taught to think like that. It is not part of our tradition.



I don't care about tradition. I don't cheat for the hell of it. I'm the one bringing money into the house. If I need extra I must make a plan. If my husband isn't supporting me I must find another man who can.



Yes. My husband just eats and sleeps with me and never gives me any money.



We all agree that we need more romance in our lives. Are you prepared to try something new?



Well if I try to do something new in bed my boyfriend just gets angry and says, "Where did you learn this?"



Well maybe you can say, "I went to a life skills workshop because I wanted to learn how to make our relationship the best it can be."



If you and your partner can learn to talk openly about sex, you can become great lovers and safe lovers.



Ladies, we have to find ways of pleasuring ourselves and our partners that do not put us at risk.

What Happened Next?

The story you have just read contains snippets of the lives of our characters. You might be wondering what happened next. Here follows a brief summary of the challenges they continue to face and the choices that will determine their futures.



Nangula: Nangula often feels frustrated with the small changes she sees as a result of her work. She has begun to realize that she cannot rescue or save anyone, but that she can empower them and inspire them to take more control of their lives. She has proposed to the MPC management that all fieldworkers receive proper supervision and regular debriefing to help them deal with the emotionally stressful encounters they experience.



Kenneth: Kenneth is still trying to convince the fishing company owners to adopt an integrated wellness programme. Such a programme would equip employees with all the skills they need to take control of their health. Company owners fear that this will empower employees and expose sensitive workplace issues. Kenneth is also drafting a sexual harassment policy, which is making some of his colleagues nervous.



Charmaine: Charmaine's workshops with women are very popular. Everyone is talking about them. Women in the community are starting to support each other and stand together against domestic violence, sexual abuse and neglect. Positive discussions about their sexual pleasure have spilled over into the community and are slowly involving the men. Many men are experiencing the value of more open communication and are more open to try new things.



Ashley: Ashley is waiting for a foreign fisherman to sweep her off her feet and marry her. No offers so far. Until then she uses condoms every time she sees a client. As a matter of principle, she is tested regularly for HIV and other STIs. Because of her sexual knowledge and streetwise attitudes Charmaine has asked her to become a peer educator and help with the sexual health workshops. This has made Ashley feel like she is growing again.



Tio: When Philip discovers that Tio is pregnant he begins cheating on her. Tio is devastated. In a moment of irrational grief, Tio burns down the shack of Philip's new girlfriend. The fire spreads to nine other shacks and she is arrested for arson. When Tio's baby is born in prison it is very ill. Tests show that Tio and her baby are HIV positive. Natasha tries to visit her as much as she can.



Natasha: Natasha is so inspired by her Girl Power group and the sexual health workshops at the Multi-Purpose Centre that she decides when she leaves school she wants to become a volunteer at the Multi-Purpose Centre. She wants to end her relationship with Kamati and have a relationship that is not based on dependence – but she is not ready to do that yet. She continues to support her mother and brother in every way she can.



Kamati: When Kamati's wife passes away he is unable to go to her funeral because he has to go to sea. He now attends a support group and experiences real value in it. He realizes he has to change his own behaviour, especially with regards to long-term family commitments and with regards to his sexual habits. Martha's mother is raising his five children. Natasha convinced him to try a condom once. He has now started using condoms regularly.



Lucas: Decides to visit Walvis Bay Ministry of Labour office to find out whether the agreement he has signed with the company is meaningful and fair. He and Ndanyengwa are growing closer. He finds a lot of satisfaction in making sure that she has enough to eat and is building up the courage to ask her out on a date. His friendship with Kamati is growing and they talk honestly about the challenges that relationships are faced with.



Ndanyengwa: Ashley convinced Ndanyengwa not to become a sex worker. She continues to struggle finding work. She gets work from time to time, when she doesn't have to 'pay for the favour.' With the support she is getting from her community, Ndanyengwa decides it is better to be poor in Walvis Bay than be poor anywhere else in Namibia. She like many other migrant workers lives in the precarious in-between spaces of life. For now, she is still chasing dreams.

Partner Organisations



The Swedish/Norwegian Regional HIV/AIDS Team for Africa is responsible for Sweden/Norwegian's contributions to international development cooperation and they are funding IOM's Partnership on HIV and Mobility in southern Africa (PHAMSA). For more information: www.sida.org



The Walvis Bay Multipurpose Centre trust was launched in July 2001 under the partnership between:

- Walvis Bay Municipality; US Department of Defence; USAID/FHI; USPeaceCorps; Community Stakeholders.

The WB MPC renders the following services to the Walvis Bay community:

- Soup kitchen for OVCs
- Support group for people living with HIV/AIDS (PLWHA) and those affected by the epidemic.
- Home based care and counselling provided by Catholic AIDS Action.

- Social Marketing Association (SMA) – marketing and distribution of condoms.
- Drama and cultural groups.
- HIV/AIDS education and training, focusing on outreach to the community and the corporate world.
- Environmental Projects supported by Local Agenda 21: Green Corner and Gardening Project.
- “New Start” VCT Centre.
- Computer centre for youth.



SADC was established by SADC Member States represented by their respective Heads of State and Government to spearhead economic integration of Southern Africa. The vision of SADC is one of a common future, within a regional community that will ensure economic well-being, improvement of the standards of living and quality of life, freedom and social justice; peace and security for the peoples of Southern Africa.

Chasing Dreams

Chasing Dreams aims to raise awareness of the challenges facing migrants, mobile workers and the communities with whom they interact. Of particular significance is their vulnerability to HIV.

While the story is set in Walvis Bay, Namibia, the themes are relevant to service providers, managers and policy makers throughout southern Africa and around the world. Walvis Bay, with its harbour, fishing industry and two major highways linking Namibia with the rest of southern Africa is an attractive prospect for migrant workers. The jobs they find in the fishing industry separate them from their families for long periods at a time placing extreme stress on relationships. The employment contracts of fishermen are often unfair and unreadable. The relationships between them and their managers or officers are plagued by poor communication, unfair labour practices and a lack of respect and dignity. The existing vulnerability of the local community leads to relationships of transactional sex, including the relationships between foreigners and sex workers, and between moneyed fishermen and poor children. Female migrants who cannot find jobs often have to turn to the sex industry for an income.

Chasing dreams aims to encourage policy makers in government and the private sector to make decisions that reduce the HIV vulnerability of migrant and mobile populations and the communities with which they interact.

A participatory methodology of workshops and interviews with fishermen, sex workers, school children, public service officials, management from fishing companies and Walvis Bay community members was used to capture real life stories and issues faced by each group. As part of the project's commitment to building local capacity for educational media development,

we also facilitated a two-day comic development workshop with students at the Katutura Community Art Centre in Windhoek. The output of this workshop inspired much of the character development.

Acknowledgements:

A great debt of thanks goes to all the seafarers and the people of Kuisebmond and Tataleni that generously shared their hearts and minds with us.

We would also like to express our appreciation for the assistance of Neil Verlaque-Napper; **Walvis Bay Multi-Purpose Centre:** Olivia Namkomba, Teopolina Titus, Diamantina Somses, John Arinaitwe, Natalia Pieters, Julia Kaluwapa, James Itana, Manfred Likoro, Immanuel Mwilima, Jafet Andreas & Cecelia Clarke; **New Start:** Doriana Dausa; **Catholic AIDS Action:** Lucy Marcil & Daniel Kaveta; **Desert Soul:** Hertha Muukua, Finelda Khuruses & Ingrid Kgobetsi; Tusano: Herlyn Uivas; **Sibambene Development Communications:** Janine Simon-Meyer; **University of Toronto:** Mike Callaghan; **Kuisebmond High:** Nazalie Adams; **Walvis Bay Municipality:** Kevin Adams; **Legal Assistance Centre in Windhoek:** Gabriel Augustus & Amon Ngaventene; **Katutura Community Art Centre:** Erik Schnack, Deon Katzao, Nathan Koopman, Hage Mukwendje, Wilka Mumanjeni, Harold Namakalu, Wellington Ngweya, Sheena Schwartz, Nbandula Sheuyange, Paulus Shitveni, Ismael Shivute, Renche Tjiroze, Foibe Amundaba, Petrus Amuthenu, Actofel Ilovu, Marina Indongo, Fillemon Kapolo, Josef Kashipunge, Helao Mathew, Nicodemus Nangombe, Ndahambelela Shilongo, Abniel Enkali, Walter Kariko, Petrus Kewowo, Ali Mvula, Annie Mwanza, Sebastian Namaseb, Immanuel Nicodemus, Penda Shingwandja, Robert Simson, Elizabeth Shina, Mark Grove, Jennifer Amos, Granville Cloete, John Christiaan, Dieter Haus, Queen Johannes, George Shiwayu, Lailinda Tomas, Lissony Njembo, Benson Zaombo, David Ephraim, Samwele Kamati & Nestory Hili-filwa; **IOM:** Sikhulile Ngqase, Reiko Matsuyama, Nosipho Theyise, Julia Hill-Mlati & Barbara Rijks