



IOM Farm Worker Study Reveals Highest HIV Prevalence ever Reported among a Working Population in Southern Africa



A farm worker mans a tractor at a farm in Malelane, Mpumalanga

A recent study commissioned by the International Organization for Migration (IOM) has found a high HIV infection rate among farm workers in South Africa's Limpopo and Mpumalanga provinces.

Conducted over three months (March to May 2010) on 23 commercial farms in the Malelane, Musina and Tzaneen areas, this Integrated Biological and Behavioural Surveillance Survey (IBBSS) involved 2810 farm workers and was carried out by Maromi Health Research.

On the whole, the survey found that 39.5 percent of farm workers who anonymously gave blood specimens for testing are HIV positive. This is twice the national prevalence of 18.1 percent* in South Africa.

HIV prevalence was significantly higher among female employees with almost half of the women (46.7%) testing positive compared to just under a third (30.9%) of the male workforce.

At district level, the Malelane site recorded the highest prevalence with nearly half of the workforce (49.1%) testing HIV positive. This is much higher than the district prevalence of 34.9 percent** among the general population in the Ehlanzeni district. Malelane shares borders with Mozambique and Swaziland and the farm worker population in the area is roughly 60 percent South African, 24 percent Mozambican and 14 percent Swazi.

The Musina site, which borders Zimbabwe, registered an HIV prevalence of 28.1

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percent, also higher than the surrounding Vhembe district's HIV prevalence of 14.7 percent**. The workforce in the Musina site is made up of mostly cross border migrants with roughly 60 percent being Zimbabwean nationals and 38 percent South African.

Tzaneen recorded the lowest prevalence of 26.3 percent, which is slightly higher than that of the general population in the district (25.2%).** The site in Tzaneen employs mostly internal migrants and roughly 96 percent of the workforce is South African and the rest is Mozambican.

According to Dr. Mark Colvin who led the overall research, this is the highest HIV prevalence ever reported amongst a working population in southern Africa.

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Editorial



Dr. Erick Ventura
Regional Coordinator for Migration Health - Southern Africa

Dear Reader,

Greetings from IOM's Regional Coordinator for Migration Health in Southern Africa.

I am pleased to present another issue of the *“Eye on Migration Health”*. As you will see in the articles covered in this issue, Migration Health is more than just a focus on diseases among mobile populations.

In this issue we look at the outcomes of an Integrated Behavioural and Biological Surveillance Survey that was conducted on commercial farms in South Africa. In Zambia, IOM continues to make strides in their Gender Training Programme, having taken more than 1000 mineworkers through the Gender, HIV and Migration Curriculum. In Lesotho, food insecurity and good nutrition is being addressed through the Keyhole garden initiative which has seen the planting of more than 200 vegetable gardens feeding many families in the Leribe district.

IOM continues to advocate for the development of migrant friendly health policies and to this end have convened a few regional and country consultations to facilitate dialogue between governments, National Aids Councils (NACs) and relevant stakeholders.

We would like to congratulate the Zambian government for drafting and launching a new HIV and AIDS policy for the transport sector in Zambia.

We are delighted to announce the new Partnership on Health and Mobility in East and Southern Africa (PHAMESA) programme, which will continue to 2013, and expand our regional coverage to East Africa.

Finally we would like to extend our sincere gratitude to our donors: United States Agency for International Development (USAID), the President's Emergency Plan for Aids Relief (Pepfar), the Swedish International Development Cooperation Agency (Sida) and the Norwegian Ministry of Foreign Affairs.

We welcome your feedback, so please contact us with any comments and suggestions to eyemhpry@iom.int

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“While new HIV infections among adults and young people have dropped nationally, it is very worrying that the epidemic remains shockingly high in the commercial agricultural sector. There is a clear need to intensify HIV prevention efforts in spaces of vulnerability such as farms,” says Dr. Erick Ventura, IOM's Regional Coordinator for Migration Health.

The study further found that HIV prevalence was similar among all participants, regardless of whether they were migrants or non-migrants and that all participants were more vulnerable to HIV infection when on farms compared to corresponding districts. Cross border migrants showed an HIV prevalence that was double, in some cases triple, that of their countries of origin. For example, Mozambican farm workers had an HIV prevalence of 41.5 percent which is

three times higher than the national infection rate of 13 percent.

The study could not pin-point a single factor causing this high rate of HIV infection on these farms and concludes that the collective multitude of factors such as multiple and concurrent partnerships, transactional sex, irregular condom use, presence of STIs and/or TB, high levels of sexual violence, amongst other factors, could be the cause of the high HIV prevalence.

The report makes several recommendations, amongst them: increasing farm worker access to healthcare, identifying spaces of vulnerability in the region and implementing positive prevention programmes that go beyond awareness-raising, addressing gender norms that increase risky behaviour and vulnerability of

farm workers, as well as tackling the growing need for workplace health policies to cater for both permanent and seasonal farm workers.

USAID Southern Africa's Director, Jeff Borns says, “IOM's study reveals important information about this highly vulnerable migrant population group.”

The complete report can be accessed from the IOM website: www.iom.org.za

*UNAIDS Epidemiological Fact Sheet on HIV and AIDS 2008 Adults aged 15 to 49 prevalence

** Data from the National department of health website: www.doh.gov.za



Introducing the Partnership on Health and Mobility in East and Southern Africa

Following the successful implementation of the Partnership on HIV and Mobility in Southern Africa (PHAMSA), IOM, through funding from the Swedish International Development Cooperation Agency (Sida) and the Norwegian Ministry of Foreign Affairs (MFA) recently extended the programme to 2013 and expanded the geographical reach to include East Africa.

The new "Partnership on Health and Mobility in East and Southern Africa" (PHAMESA)*, incorporates broader migration health issues and is aimed at assisting countries in East and Southern Africa to address migrant vulnerability to ill health including HIV. Labour migrants, mobile and migrant workers, forced migrants and irregular migrants, as well as their families and the communities they interact with, will be targeted by the programme throughout all stages of the migration process.

PHAMESA offers a comprehensive health approach, while placing emphasis on HIV prevention, treatment and care, as well as related conditions such as tuberculosis (TB) and sexual and reproductive health, including Sexually Transmitted Infections (STIs).

With funding of US\$9million, the programme will over the next three years, assist countries in identifying and responding to the health needs of migrants and affected communities through:

- **Service Delivery and Capacity Building.** Communities affected by

migration will be equipped to address the health vulnerability of migrants and mobile populations. by facilitating migrant friendly services in different migrant settings such as cross border communities and "hot spots" along transport corridors. Due to their mobility, migrant workers often face many barriers to accessing healthcare facilities.

- **Advocacy for Policy Development at regional, national and sectoral levels.** This will be accomplished by supporting and facilitating a conducive environment for the development of migrant friendly health policies, through awareness raising and providing technical assistance to governments and other partners.

- **Undertaking Research and Information Dissemination.**

Producing evidence and strategic information will highlight the link between migration and health as well as forming partnerships to strengthen the capacity of academic institutions to research Migration and Health.

- **Facilitating Regional Coordination internally among IOM country offices**

and externally with regional partners in order to maximise resources through partnerships and collaboration.

- **Ensuring transparent Governance and Control** of the PHAMESA programme through monitoring and evaluation.

Being regional in its approach, PHAMESA will bring together national and regional stakeholders to share lessons and experiences, as well as to increase coordination and cooperation among key technical partners and stakeholders in East and Southern Africa.

"By harnessing the collective capacities, skills and knowledge of IOM staff working at country and regional levels across East and Southern Africa, this harmonized programme will assist both government and civil society partners to deliver high quality health services to communities and individuals affected by migration" says Reiko Matsuyama, Migration Health Officer at IOM.

PHAMESA carries forward lessons learnt from the successful implementation of the PHAMSA programme since 2004, which include the need to look at migrants within the public health context and to develop programmes that target both migrants and the communities with whom they interact in "spaces of vulnerability." This approach recognises that migrants do not live in isolation, but rather within workplaces and in communities that they share with members of indigenous populations.



Photograph: IOM/MPW Photography Project - 2006 Moshe Sekiti

VIENNA: Spaces of Vulnerability – Moving Beyond Stigmatizing Migrants

IOM highlights Plight of Migrants in Accessing Healthcare at the 18th International AIDS conference in Vienna, Austria

Often the places where migrant workers live, work or pass through are high-risk "spaces of HIV vulnerability". The presence of many different migrant and mobile populations and interaction with local communities in places such as land border posts, ports, construction sites, informal settlements, farm compounds and mines creates a fluid social environment where social norms regulating behaviour are ignored and a sense of anonymity and limited accountability are expanded, which can lead to high risk sexual behaviour.

Moreover, poverty and unemployment in the communities surrounding such places encourages many women (both migrants and locals) to engage in transactional and commercial sex with those who have resources or disposable incomes.

To understand HIV in spaces of vulnerability, it is important to begin to understand the ways in which migrants and mobile populations interact with local communities, including sex workers and other sexual partners in an environment conducive to multiple and

concurrent sexual partnerships or higher-risk sex.

At the 18th International AIDS Conference in Vienna, Austria (July 2010), IOM organised a satellite session titled "Spaces of Vulnerability: Moving Beyond Stigmatizing Migrants" in which the latest research, lessons learned on the ground, and the way forward were explored, to reduce HIV vulnerability and risk behaviours among populations living and working in spaces of vulnerability.

Amongst stakeholders present to share their research and experiences at the session were representatives from: Thailand's Chulalongkorn University who shared research on Migrant Workers in Thailand; The Southern Africa Development Community (SADC) Secretariat who elaborated on their innovative approaches to prevention through their HIV Cross-Border Initiative; and The International Transport Workers Federation who introduced the new Global Partnership on HIV and Mobile Workers in the Maritime Sector.



Ms. Reiko Matsuyama, Migration Health Officer at IOM's Regional Office for Southern Africa, presenting on Spaces of Vulnerability .

Scene Around...



Dr. Jeff Borns (middle) pictured with the Khanyisas / Change Agents in Malelane, Mpumalanga

USAID Mission Director for South Africa, Dr. Jeff Borns recently visited the farms in Mpumalanga where the Ripfumelo Prevention and Care Project is being implemented by IOM in partnership with Agri-IQ.

During his visit, Dr. Borns spent time with the Khanyisas (Change Agents) on the ground getting to know the Khanyisa Wellness Programme for farm workers.

Dr. Borns also met the Executive Mayor of the Ehlanzeni district, as well as the local, district and provincial officials from the Department of Health



SOUTH AFRICA: IOM Implementing Partner Clinches Second Impumelelo Innovations Award



The "Hlokomela - Farm Workers Care for Each Other" project which is being implemented in Limpopo, South Africa by IOM in partnership with Hoedspruit Training Trust (HTT) has been honoured with a second Impumelelo Innovations StarAward.

The annual Impumelelo Awards recognise community projects that render African solutions to African problems and in particular, projects that offer exceptional public service delivery based on community-brewed remedies.

Out of the 240 projects that were entered for the prestigious sustainability awards for 2010, the IOM/HTT Hlokomela project was one of only 33 projects that received a Star Award.

The IOM/HTT Hlokomela partnership started in 2005 with the aim to reduce the HIV risk of farm workers, their families and communities with whom they interact. Initially implemented on 16 farms, the project has been expanded to reach 59 agricultural businesses in the Hoedspruit area and offers a comprehensive response to the HIV epidemic including access to health services, peer led communication, gender interventions and social and behavioural change communication. The success of this project is also evident in reduced employee absenteeism, employee turnover, and loss of productivity that was experienced before.

In almost five years of implementation, the

IOM/HTT Hlokomela partnership has received numerous awards, including a Silver Impumelelo Award for innovative work in 2008, and an "Investing in Life Award" for contributing to the wellbeing of society and investing in people in 2009.

Based on the success of this partnership with HTT on the Hlokomela project, with funding from the United States Agency for International Development (USAID) IOM has replicated this Health Promotion and Service Delivery model in three other farming areas in the Limpopo and Mpumalanga provinces. Known as Ripfumelo, the project involves partnerships with local Implementing Partners (IPs) and reaches 20 000 farm workers and their families on 120 farms.

ZAMBIA: One Man Can Protect His Family

More than 1 000 mineworkers in Zambia have gone through IOM's Gender training programme, under the theme "One Man Can Protect His Family". The curriculum – based on IOM's Gender, Migration and HIV manual - was introduced in Zambia in April when IOM and the Comprehensive HIV/AIDS Management Programme (CHAMP), conducted trainings of trainers in Lusaka and the Copperbelt.

"You cannot talk about HIV without talking about gender. Where there is gender inequality there is HIV. Everything is interrelated," says Mercy Halwiindi, one of

the participants at IOM's Gender, Migration and HIV training workshop.

First Quantum Minerals Limited (FQML) - the operator of Kansanshi mine in Solwezi - has embraced this challenge through providing Gender, Migration and HIV training programmes to its male mineworkers. The trainings ran for six weeks consecutively in July and August, and by the end a total of 1,247 mine workers had participated.

Through this, FQML has demonstrated commitment to encouraging gender equity. All expenses for the trainings were covered

by the company, including venue, facilitator, VCT on site, production of chitenges (traditional Zambian material) and overtime payment for the mine workers who attended the workshop.

FQML printed over 3,600 chitenges, each one depicting a traditional mining family next to the slogan: "One Man Can Protect His family".

"The idea was that each participant should present the chitenge to his spouse or partner as a sign that he had learned better ways of treating his partner," says Musa Temba, IOM's Migration Health Programme Assistant. *Continues on Page 7*



IOM Hosts Country Consultations on HIV and Mobility in Three Southern African Countries



Delegates at the National Consultation on Migrants' Right to Health in South Africa

In the past year, IOM, together with various partners have hosted three successful country consultations on HIV and Mobility on selected economic sectors of Mozambique, South Africa and Tanzania. These consultations brought together stakeholders from Government, private sector, workers associations, NGOs and academia and raised awareness, shared experiences and challenges in order to promote increased coordination in future interventions and activities.

The South African consultation titled “Realising Migrants’ Right to Health in South Africa” was held in April and co hosted with the National Department of Health (NDoH), the Forced Migration Studies Programme (FMSP), University of Witwatersrand, and UNAIDS.

This consultation revealed an overlap in stakeholder activities, reinforcing the reality that achieving good health for all is a cross-cutting issue. The general consensus was that the biggest challenge to improving migrants’ access to healthcare in South Africa was not in the development of new legislation or policies but rather, in the correct and consistent implementation of the policies and strengthening existing health care structures already in place. This needs to be done through increasing communication and cooperation across disciplines and at all levels, national, provincial, district and health facility level. Key lessons have been mainstreamed into

the recommendations, and include ensuring that migrants and migrant communities are involved in health and migration responses, and the need to recognize the various types of migration: circular, linear, internal and cross-border.

This was followed by a consultation in Mozambique, which was held in May and focused on HIV dynamics and responses in the road transport sector. It was held jointly with the Government of Mozambique’s Ministry of Transport and Communications, International Labour Organization (ILO) and UNAIDS.

With improvements to Mozambique’s road and rail infrastructure and the establishment of new transport corridors to neighbouring countries, there has been increased traffic at border posts due to the number of trucks passing through. There are now long delays for truck drivers in particular who may spend up to two days awaiting cargo clearance. This has resulted in some truck drivers going to nearby bars to kill time and possibly engaging in transactional sex and multiple concurrent sexual partnerships, which increases the risk of HIV infection.

This consultation culminated in the establishment of a multi-sectoral working group to develop an action plan for short and long term interventions to HIV in Mozambique’s transport sector.

In June, a consultation was held in Tanzania on the HIV vulnerabilities faced by mobile

populations and border communities in the country. Bordering eight other African countries, Tanzanian border areas experience large movements because of conflicts and wars, but also due to common trade routes for businessmen, truck drivers, fishermen and other vendors.

This consultation was co hosted by the Government of Tanzania’s Ministry of Home Affairs’ Immigration Department and the Tanzania Commission for AIDS (TACAIDS), and attracted key players from the government, regional economic communities, civil society, UN agencies and development partners in Tanzania and the region, to interrogate best practices in responding to HIV in mobile populations and border areas. IOM also shared findings from assessments that revealed a higher HIV prevalence and frequency of multiple and concurrent partnerships among adults living or working in border communities of Tanzania.

The consultation recognised the need for further comprehensive research on population mobility and HIV to determine the extent to which mobile populations are vulnerable. Additional recommendations included the need to incorporate issues related to migration health in the National HIV and AIDS Policy, which was under review at the time; increased awareness-raising within the specified targeted mobile groups; and defining the role of the private sector in the national response to HIV.



ZAMBIA: HIV and AIDS Policy for the Transport Sector goes into Action



IOM Zambia Chief of Mission, Dr Andrew Choga, at the launch of the new HIV and AIDS policy for the transport sector, 1 October 2010. Panelists in the background (from left to right): NAC Director General; Permanent Secretary Ministry of Transport; Minister of Transport.

Following more than two years of extensive collaboration with IOM, the National AIDS Council (NAC), and partners from the public and private sectors, the Zambian government's Ministry of Communication and Transport (MCT) launched a new HIV and AIDS policy for the transport sector in Zambia.

The new policy aims to provide guidelines and strategic direction for the coordination, implementation, monitoring and evaluation of all workplace programmes in the transport and related sectors, according to the Minister of Communications and

Transport, Professor Geoffrey Lungwangwa.

With a national HIV prevalence rate of 15.2 percent among people aged 15-49 years, the Zambian government has highlighted mobility as one of the six key drivers of the HIV epidemic in the country and in response, has established a national campaign to initiate, revitalise and scale-up innovative HIV prevention programmes for mobile populations.

The HIV and AIDS Policy for the transport sector is designed to help meet this goal, as

well as to assist the government in reaching its Millennium Development Goal of arresting and continuing to reverse the spread of HIV in the country by 2015.

The new policy targets people who are employed in building, maintaining and operating transportation and related infrastructures, including railways, roads, airlines and maritime services.

"This policy is a great achievement for the Zambian government and is expected to have a significant positive impact on the lives of migrants, both in Zambia and beyond," said IOM Chief of Mission in Lusaka, Dr. Andrew Choga.

The new policy targets people who are employed in building, maintaining and operating transportation and related infrastructures, including railways, roads, airlines and maritime services.

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One Man Can Campaign

The One Man Can Campaign was launched in 2006 by Sonke Gender Justice Network, and has been implemented in various African countries. The ideology behind it is that every one of us can make a difference, and men especially are encouraged to individually and collectively advocate for gender equality.

IOM in Zambia has integrated One Man Can into its health programmes, and in partnership with the Comprehensive HIV and AIDS management programme (CHAMP) and the Global Development Alliance (GDA), has carried sensitisation on Gender, Migration and HIV to instill social and behaviour change and limit the negative impact that traditional gender roles make on HIV vulnerability.

Gender norms make it difficult for women to protect themselves against HIV and abuse. Social and cultural definitions of masculinity mean that men often have the power to initiate and dictate the terms of sex. Cultural norms may influence sexual behaviour, including the occurrence of multiple and concurrent partnerships, which, along with migration, is one of the six key drivers of the HIV epidemic in Zambia.

Men also suffer the consequences of rigid gender norms which could jeopardise their health and wellbeing. In some cases men are encouraged to associate violence, alcohol and substance use, the pursuit of multiple partners with 'manliness'. Contemporary gender roles also decrease the likelihood that men will seek HIV testing services or access medical services until they are already very ill. For this reason IOM's gender training programme focuses

on the role of men as agents of change.

IOM's Gender, Migration and HIV trainings seek to provide information and skills for social and behaviour change. "In this way it has been successful," states Temba after his visit to Solwezi during the trainings at Kansanshi mines. "Two of the participants called me later in the evening to thank me for the new knowledge which they had acquired, and another one asked where he could go for HIV test," adds Temba

"One participant met me at one of the hangout places and said the programme had changed his perception on gender and gender roles, and that he would treat his partner differently," recalls Temba, proving that change has been achieved through the trainings.

As another participant put it, "It [change] can take a decade. But what is important is to begin somewhere, and we have begun."



Keyhole Gardens Help Reduce Impact of HIV and AIDS in Lesotho's Leribe District

The Leribe district in Lesotho is one of the worst affected by HIV, drought and poverty. Many families in this district rely on salaries earned by male migrant labourers in the South African mines to supplement the living they make from subsistence agriculture. The effects of climate change have become more pronounced, making subsistence farming unreliable and greatly reducing the staple maize crop.

To reduce the health and HIV vulnerability of this migration affected community to adverse health including HIV and AIDS, IOM with partner Teba development is implementing a keyhole garden intervention for food security and livelihood. Keyhole gardens are round vegetable gardens of about two metres in diameter which are waist-high. This makes them easy to maintain for the sick and elderly people who are unable to bend down to a conventional garden plot.

Keyhole gardens are built with readily available and affordable materials such as leaves, manure, ash, grass and stones. These gardens are resistant to cold and dry weather and provide fresh vegetables all year round. They can be watered using waste water, which helps households conserve their limited water supplies.

Although the gardens are quite small, they are highly productive and can yield substantial amounts of nutritious vegetables such as spinach, lettuce, rape, onions, carrots, beetroot, radish, turnips and garlic. With their ease of use and nutritional value keyhole gardens

are an excellent solution for poverty and are particularly useful to households that have been weakened by HIV and AIDS.

Since 2008 when the IOM/TEBA project started, over 200 gardens have been built in the Leribe district, feeding approximately 1000 people daily. Some households have even clubbed together to sell some of their surplus vegetables. One school in the district has built several keyhole gardens in the school yard to raise funds for orphaned and vulnerable children. This intervention not only encourages good nutrition but also imparts agricultural skills, entrepreneurship and a sense of unity amongst the beneficiaries and the greater community.

"This initiative was undertaken as a direct response to the needs of the Leribe community. HIV prevention efforts often fail to consider structural factors such as poverty and unemployment, which increase the vulnerability to HIV. We need to introduce more of such multi-pronged approaches in future," says Maria Moreriane, IOM's Migration Health Project Officer.

This project was implemented under IOM's Partnership on HIV and Mobility in Southern Africa (PHAMSA) through funding from the Swedish International Development Cooperation Agency (Sida).

TEBA Development is the development arm of TEBA Ltd. Its purpose is to play a leading role in improving the living conditions and livelihoods of communities that have provided labour to the mining industry.



The making of a keyhole garden



An elderly woman tends to her family keyhole garden in Leribe district - Lesotho



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