



IOM and USAID Announce HIV Prevention and Care for Farm Workers



The International Organization for Migration (IOM)'s Regional Office for Southern Africa and the United States Agency for International Development (USAID) have launched a new programme to reduce HIV vulnerability of farm workers in South Africa's Limpopo and Mpumalanga Provinces.

The IOM/USAID Ripfumelo project is funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) to address high levels of unsafe sexual behaviour among farm workers as revealed by IOM's recent in-depth study. The study's main findings include extremely low condom use in casual sex and high levels of multiple, concurrent sexual partners. This report guided the development of an HIV prevention outreach to the high risk farm workers population.

The IOM/USAID Ripfumelo project, which means "believe" in xiTsonga, targets 20,000 seasonal, temporary and permanent farm workers in South Africa, including documented and undocumented migrant workers. The three-year project involves USAID-PEPFAR funding of more than R50 million (\$5.1 million) to increase the technical capacity of its implementing partners: Agri-IQ, CHOICE and the Hoedspruit Training Trust, to provide sustainable HIV prevention and care services to

farm workers.

Julia Hill-Mlati, IOM PHAMSA's regional project manager, reports, "HIV prevention efforts often focus purely on medical issues and fail to consider interrelated factors that affect people's vulnerability to the AIDS virus. This reason prompts our USAID Ripfumelo project to address the contextual issues such as workplace policies, improving life skills, financial literacy and promoting healthy recreational activities."

"One prevention program doesn't fit all people's needs. Farm workers face higher risks of getting and spreading HIV than many other groups. Our prevention efforts tackle their vulnerabilities, including alcohol abuse, that arise from many factors related to poverty and the transitional lifestyle of migrant workers," adds USAID's Southern Africa Director, Dr. Carleene Dei.

The project will develop a network of stakeholders working specifically on HIV-related issues to reduce the high incidence and impact of AIDS on farm workers, their families and their communities. Partnerships are encouraged among local, provincial, and national government agencies, as well as between public/private entities.

Inside this issue

EDITORIAL

Introducing PHAMSA

Country consultations
on HIV and mobility in
Southern Africa

IBBS STUDY

HIV prevalence and
vulnerability of
farm workers

ZAMBIA

IOM migrant support
centre in Chirundu

NAMIBIA

HIV programme to
target Seafarers

ANGOLA

An evaluation of the
impact of cross-
border HIV projects

IN THE REGION

Migrant stories
from southern
Africa



IOM International Organization for Migration
OIM Organisation Internationale pour les Migrations
OIM Organización Internacional para las Migraciones





EDITORIAL

Dear Reader,

Welcome to the very first issue of the newsletter, **“Eye on Migration Health”**, from the International Organization for Migration’s (IOM) Regional Office for Southern Africa. This newsletter will keep you up to date with IOM’s activities in the field of Migration Health in Southern Africa, and will be published twice annually.

It is important to focus on the health of the migrants, as within southern Africa, livelihoods are increasingly based on mobility, and the search for income opportunities in different locations and sectors is seen as a sound risk management by many.

While in normal circumstances migration itself is not a risk to health, conditions surrounding the migration process can place some migrants in a position of increased vulnerability. Migrants are often faced with poverty; discrimination and exploitation; alienation and a sense of anonymity; limited access to education, health and legal services; separation from families and partners; and separation from the socio-cultural norms that guide behaviour in stable communities.

Thanks to IOM’s global network of offices and partnerships with governments, civil society and international agencies, IOM’s Migration Health Department (MHD) is in a position to respond to

the health needs of migrants throughout all phases of the migration process, as well as the public health needs of host communities. MHD contributes to the strengthening of national health systems and the development of evidence-based policies and practices.

IOM’s Regional Office for Southern Africa has been implementing a number of migration health projects since 1999 in the region. Most notably, since early 2004, IOM has been implementing the Partnership on HIV and Mobility in Southern Africa (PHAMSA), which aims to reduce the HIV incidence and the impact of AIDS among labour migrants and mobile workers and their families. In addition to PHAMSA, IOM is implementing a number of other migrant health projects in the region and this newsletter will keep you updated on these.

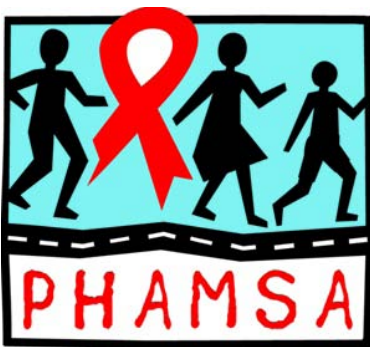
I would like to thank our various donors for their financial support, most notably the Swedish/Norwegian Regional HIV/AIDS Team for Africa, USAID/PEPFAR and UNAIDS.

I hope you will enjoy the newsletter and please send us feedback!

Hans Petter Boe,
IOM Regional Representative for Southern Africa

Introducing the Partnership on HIV and Mobility in Southern Africa

The Partnership on HIV and Mobility in Southern Africa (PHAMSA) was established in 2004. The programme responds to the HIV vulnerability of migrant and mobile workers in southern Africa. Overall it aims to contribute to the reduction of HIV incidence and impact of AIDS among migrant and mobile workers and their families in selected sectors in the Southern African Development Community (SADC) region.



PHAMSA implements HIV prevention projects in sectors that are characterised by high levels of population mobility. These sectors include construction, road transport, commercial agriculture, fisheries, mining, and informal cross-border trade. The PHAMSA approach is based on the understanding that HIV

vulnerability and the impact of AIDS is caused by more than just individual choices and behaviours. It is also driven by contextual and social forces which very often shape and constrain the choices available to individuals.

PHAMSA has four distinct, yet inter-related, components:

Advocacy for Policy Development:

Working with National AIDS Councils, SADC and United Nations partners, PHAMSA helps to integrate population mobility and migration into different national HIV and AIDS plans and policies. Advocacy on issues related to population mobility and HIV is also conducted by working with the print and broadcast media and by

developing information and communication materials to highlight the complex relationship between migration, population mobility and HIV.

Research and Learning:

Understanding the links between population mobility and HIV is investigated with a focus on concurrent sexual partnerships and sexual networking patterns, to gain a better understanding on the issue and to inform programme and policy development. PHAMSA also proactively tries to integrate migration and mobility into academic and vocational courses.

Regional Coordination and Technical Cooperation:

This component aims to strengthen partnerships amongst organisations working on issues of HIV and mobility in southern Africa, with the view of enhancing the quality of HIV responses in the region. IOM organizes regular regional workshops on HIV responses in the different target sectors and has fostered partnerships with regional partners like the UNAIDS Regional Support Team for East and Southern Africa, International Labour Organization (ILO), Soul City, World Food Programme (WFP), North Star Foundation (NSF) and the Human Rights Development Initiative in order to share best practices on HIV and mobility.

On-the-Ground projects:

Whilst PHAMSA works at national and regional policy level, its on-the-ground projects aim to implement and showcase an integrated HIV prevention and care project model that can effectively target mobile and migrant workers in different migrant settings. These projects provide not only services to migrants but also on-the-ground evidence that can be used to raise awareness and influence policies.

For implementation of **On-the-Ground projects** IOM works



Continued from page 2

together with the following project partners:

CHAMP, a private, non-profit indigenous company dedicated to combating the HIV/AIDS epidemic in Zambia. CHAMP works in all areas of HIV prevention, care and treatment, IEC material development, VCT and ART service delivery. The IOM/CHAMP project targets migrant and mobile workers in one mining site in (Solwezi, in the North West of the country) and one commercial agriculture site (Katete, in the Eastern Province).



Hoedspruit Training Trust (HTT), a community development initiative based in South Africa that focuses on local community development with a strong emphasis on health. The IOM/HTT "Hlokomela" project targets seasonal and permanent farm workers on 38 farms in the Hoedspruit area, Limpopo Province (www.htt.org.za)



Royal Swaziland Sugar Corporation (RSSC), the largest employer in Swaziland, with more than 3,600 permanent employees and large numbers of seasonal and temporary workers, with operations in

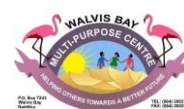


Mhlume and Simunye sugarcane estates. The IOM/RSSC project aims to strengthen especially RSSC's capacity to respond to the vulnerabilities of its seasonal and temporary workers. www.rssc.co.sz

TEBA Development, as the development arm of TEBA (The Employment Bureau for Africa), 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 IOM/TEBA project works with labour sending communities namely, Tres de Fevereiro in Mozambique and the Leribe district in Lesotho. www.teba.co.za



The Walvis Bay Multi Purpose Centre (WBMP), an NGO in Namibia whose goals are to provide youth friendly services to the Walvis Bay Community, reduce the rate of HIV infection in Walvis Bay and decrease stigmatization, as well as increase care & support for people living with HIV. The IOM/WBMP project targets foreign and local sea-going personnel and the community with which they interact. www.mpc.org.na



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

During the course of 2008 IOM, together with various partners organised three successful country consultations on HIV and Mobility in Namibia, Malawi and Zambia. These consultations brought together stakeholders from Government, private sector, workers associations, NGOs and academia in order to: raise awareness, share lessons learned, identify existing gaps and challenges, facilitate networking and increased coordination, and outline the way forward for future interventions and activities.

The first country consultation was held in February 2008 in Windhoek, Namibia, in partnership with the German Organization for Technical Cooperation (GTZ), the Government of Namibia and the United Nations Joint Programme on HIV/AIDS (UNAIDS) to formulate an HIV intervention strategy for Namibia's road transport sector, which, like most other countries in southern Africa has been greatly affected by HIV and AIDS. All stakeholders present drafted and agreed to adopt a revised country framework to improve HIV responses in the transport corridors of Namibia.

The next country consultation was held in May 2008 in Lusaka, Zambia in collaboration with UNAIDS, the Zambian Government and the National AIDS Council, to formulate an HIV intervention strategy for Zambia's road transport sector. The meeting placed great emphasis on stakeholders to strengthen partnerships with those conducting studies on HIV in the transport sector and to share resources and information, in order to inform the mid-term review of Zambia's National HIV/AIDS Strategic Framework (NHASF).

The country consultation in Lilongwe, Malawi, was held in September in cooperation with the Government of Malawi, UNAIDS, and the Food and Agriculture Organization of the United Nations (FAO). The consultation was split in two meetings, one focused on HIV responses in the commercial agriculture sector of Malawi, and the other on transport corridors and cross border sites in Malawi. The meetings identified existing gaps and challenges, before drafting and adopting a new framework for future HIV interventions.



Malawi's Minister of Transport, Public Works and Housing, Honourable Henry Chimunthu Banda, addresses delegates at the meeting

A recurring issue that came out of the country consultations was the need for increased coordination and future cooperation among relevant stakeholders working on HIV responses.

All three country consultations were part of a larger process which began with a regional workshop on HIV responses in the road transport sector in Swaziland in 2007 that provided the impetus to scale-up an integrated and harmonised programme of HIV prevention, treatment, care and support by addressing the specific health related needs of workers in the road transport sector in Southern Africa.

Future country consultations are planned for Mozambique, South Africa and Tanzania.



Study Highlights HIV Prevalence and Vulnerability of Farm Workers

In January 2008, IOM with its partner the Hoedspruit Training Trust (HTT) undertook an Integrated Biological and Behavioural Study (IBBS) on 10 farms in the Hoedspruit area in the Limpopo Province, South Africa. This was the first such study conducted with farm workers in southern Africa. It thus provides employees, employers and policy makers with a more accurate picture of the epidemic in the agricultural sector and will assist HTT to focus their efforts where it's most needed.

The study involved 1500 farm workers and managers who all volunteered to participate. The study found that farm workers are highly vulnerable to HIV: 28.5% of the farm workers surveyed are infected with HIV. Female workers were significantly more at risk than their male counterparts (32.5% vs. 21%).

The anonymous HIV prevalence survey was linked to a behavioural questionnaire so as to better understand the relationship between HIV and various social, economic, mobility factors that are prevalent on commercial farms.

Dr. Clive Evian, who conducted the survey, said that the results were indicative of a "serious epidemic" and highlighted the need to strengthen the current HIV testing, care and support services. Key findings from the IBBS are:

Mobility and Migration

The study found that the relationship between HIV vulnerability and mobility/migration is a complex one. Two issues were explored – long commuting time (living away from the workplace) and living away from family members. First, the study found that 32% of the female employees who live away from the workplace are HIV-positive, which is significantly higher than their male counterparts (17.9%). Second, women living away from their families appear to be at higher risk of HIV infection than men, with prevalence rates of 35% and 25.7% respectively.

Sexually Transmitted Infections (STIs)

The prevalence of STIs appears to be an important determinant in the prevalence of HIV infection, as a high proportion of employees (19%) who reported having an STI in the past year have a significantly higher prevalence of HIV than employees



Christine du Preez founder and coordinator of Hlokomela seen here with Dr. Clive Evian who conducted the research

who did not report an STI event. Although many more male workers than female workers reported an STI event, female workers with an STI have a higher HIV prevalence than their male counterparts, which confirms that females are at increased vulnerability to HIV infection.

Marital and Relationship Status

Seventy-seven percent (77%) of all employees are married or in a long-term relationship. The study shows that marriage and long-term relationships have an impact on HIV risk. Married males were found to have a higher HIV prevalence than unmarried males. On the other hand, single female workers have a higher HIV prevalence than married females. Single females have a significantly higher HIV prevalence than single males (43.5% and 12.8% respectively).

Knowing your HIV Status

A very low proportion of employees (38%) know their HIV status. The study found that employees who know their status have a higher HIV prevalence than those who do not. Only 44% of the HIV-positive employees know their status, which indicates that there are a significant number of HIV-positive people who do not know their status.

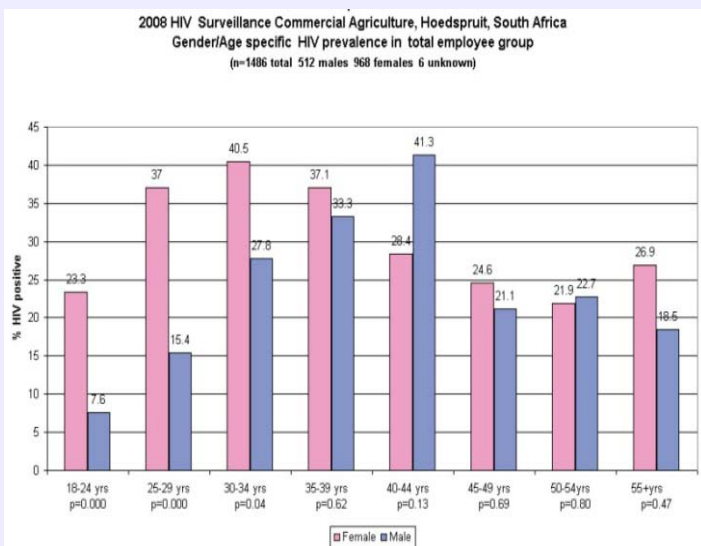
Condom Use

Reported condom use was found to be low; of all employees, a quarter reported never using a condom, and 22% of these people are HIV-positive. A high proportion (25%) of HIV-positive employees who know their status reported never using a condom (compared to 38% of HIV-negative employees).

Male Circumcision

Almost 80% of the male employees reported to have been circumcised, 51% as a child and 28% as an adult. The study supports the contention that male circumcision provides some protection against HIV transmission, but only for those who were circumcised as a child. There was no significant protective effect for those circumcised as an adult.

Dr. Evian emphasized that since the farming community comprises of a high percentage of young, female employees "addressing issues affecting young women is critical."





IOM Opens Migrant Support Centre in Chirundu

IOM has opened a Migrant Support Centre at the Zambia-Zimbabwe border town of Chirundu. The first of its kind in Zambia, this centre has been operational since August 2008 and offers humanitarian services to vulnerable migrants crossing the

Zambia-Zimbabwe border.

Most vulnerable migrants – mainly from Zimbabwe – are in Zambia for a few days, often for the purpose of informal trading and to buy supplies to take home. However, their presence has led to reports of heightened levels of xenophobia and fragmentation of host communities, prompting the government to stabilize areas which are destination points for migrants.

Migrants are vulnerable to abuse and exploitation, and are often unable or unwilling to access basic social services and health care due to lack of funds and their illegal status in the country, which further increases their vulnerability.

Shupe Makashinyi, a counselor at the Migrant Support Centre, says that the centre is visited by approximately 40 people a day (mostly women from Zimbabwe and sometimes Malawi and Zambia). The informal traders from Zimbabwe often get border passes for two to four days, to enable them to sell their goods at the market. However, they usually do not have access to accommodation and are forced to sleep in the open market. As a result, they do not have access to water and proper sanitation.

IOM has responded to this by establishing and offering services at the Migrant Support Centre in close collaboration with local partners. These services include clean water and sanitation (toilets, showers and basic laundry facilities), provision of mosquito nets, and a comprehensive HIV prevention campaign including condom distribution, education sessions, and social change communication that targets the migrants as well as the host community. The Centre also provides referrals to local health services which are accessible and safe for non-Zambian citizens, including HIV testing.

The Migrant Support Centre, which is funded by UNAIDS and DFID, addresses the immediate needs of migrants, and at the same time encourages long-term changes in the health seeking behaviour of migrants and the host community.

Furthermore, IOM will be undertaking gender sensitization activities aimed at reducing violence against women with local partners and border officials.

The IOM Migrant Support Centre is open five days a week from Monday to Friday, from 09h00 to 16h30 and can be contacted on +260 211 515199.



Zimbabwean trader Elizabeth Chikava (left) talks to Melody Gwatidzo while she washes her clothes at the IOM office in Chirundu. (Davina Jogi)

Walvis Bay HIV Programme to Target Seafarers

IOM's PHAMSA programme, in partnership with the Walvis Bay Multi-Purpose Centre and other stakeholders, has introduced a programme that aims to reduce HIV vulnerability among foreign and local seagoing personnel that live and work in Walvis Bay, Namibia.

Walvis Bay, due to its lucrative fishing industry, attracts a large number of vessels who dock there. Most of the fishermen are locals, others arrive on a regular basis mainly from Europe (Spain, Russia) and Asia (China). The town also has a large number of sex workers that regularly interact with both foreign and local fishermen.

Fishermen, because of the nature of their work, spend more time on the ships than on land. As a result of this, most HIV prevention and support options are not available to them, which make them more vulnerable to HIV. Furthermore, HIV positive employees on treatment could miss out on some of their scheduled doses of anti-retrovirals (ARVs) due to their extended length of stay at sea.

This programme addresses the identified needs of seafarers in terms of access to information and education on HIV and AIDS as well as voluntary counselling and testing.

Maria Moreriane, regional project officer for PHAMSA says that the



lessons learnt through the implementation of this project will be shared and replicated throughout the southern African region and will inform relevant policies and strategies dealing with HIV prevention among seagoing personnel.



Cross-Border HIV Prevention and Vulnerability Reduction Programmes Improve HIV Knowledge

In 2007/2008 IOM conducted an evaluation of its cross-border HIV Prevention Project that was implemented jointly by IOM Angola and IOM Zambia. The project has provided targeted education campaigns to Angolan refugees during their time in refugee camps in Zambia, at departure centres before return, and in returnee communities in Angola since August 2004.

The evaluation was conducted in areas of Angola that refugees settled in following the end of the conflict. More than 2,500 Angolans were interviewed, including returnees (those that had been refugees) and non-returnees (those that had remained in the country throughout the war).

The main findings of the survey were:

1. Forced displacement makes people vulnerable to sexual behaviour which puts them at high risk of HIV. This includes:

- Transactional sex (the exchange of sex for food, money or gifts), which is more common among returnees than those who have never been refugees (19% versus 4%);
- Forced sex, which is higher among returnees than others (22% versus 8%);
- Age of sexual debut: 59% of returnees first had sex at age 15 or below, compared with 43% of those who have never moved.

2. Returning refugees are more knowledgeable about HIV than those who remained in Angola, as are people who live in areas where IOM has conducted awareness programmes:

- 75% of returnees are able to correctly answer at least two out of three questions about HIV transmission, compared with just 39% of those who did not move;
- 60% of people living in areas where IOM conducted awareness programmes are able to correctly identify at least two out of three modes of transmission, versus 33% of residents of areas where IOM has not conducted programmes.

3. Returnees are more likely to have had an HIV test, as are residents of areas where IOM has conducted awareness campaigns:



Interviewers preparing for data collection Huambo

- 14% of returnees have had an HIV test, compared with just 6% of others;
- 11% of those living in areas where IOM conducted awareness programmes have had an HIV test compared with 5% of others.

4. Knowledge and use of condoms is higher among returning refugees and those who live in IOM's targeted programme areas:

- 24% of returnees say they used a condom at least once in the past 12 months (compared to 6% of others);
- 22% of respondents living in areas where IOM conducted awareness programmes say they have used a condom at least once during the past 12 months (compared to 16% of others).

The evaluation concludes that targeted programmes which are designed for refugee and returnee populations as well as communities in areas of return, can increase knowledge and understanding of HIV, and lead to safer sexual practices.

Upcoming Events...

- **March/April 2009:** Southern Africa AIDS Conference in Durban South Africa, from 31 March - 3 April 2009
- **May 2009:** IOM will hold an "Emerging Best Practices Workshop" with selected PHAMSA implementing partners in Pretoria, South Africa.
- **June 2009:** The Migration Dialogue for Southern Africa (MIDSA) Workshop, "Promoting Health and Development: Migration Health in Southern Africa" will be held in Tanzania



Scores of people wait inside the departure terminal at Road Port, Zimbabwe, where busses leave and arrive from South Africa & Botswana. (Tsvangirayi Mukwazhi)



Traders of different nationalities meet to discuss their future, after rail authorities threaten to evict them from the station in Durban, South Africa, where they operate many stalls. (Lerato Maduna)

Back and Forth: A Photography Exhibit of Informal Cross Border Traders in Southern Africa

These images are the outcome of "Back and Forth", a photo documentary project of IOM/PHAMSA, in collaboration with the Market Photo Workshop (MPW)'s Photojournalism and Documentary Photography Programme (PDP). Through the medium of photography, the project aims to depict the socio-economic living and working conditions of informal cross border traders in southern Africa.



Trucks with vegetables from South Africa queue along the street at Fajardo market in Maputo, Mozambique. (Moshe Sekete)



Passengers wait to board a Gaborone-bound train in Francistown, Botswana. The train leaves at night, arriving in the capital the following day at sunrise. (Shabba Kgotlaetsho)



Vendors sell refreshments to travellers during a stop close to the Zimbabwean border. (Tsvangirayi Mukwazhi)



This young girl travels with her mother to buy supplies for their small shop in Harare. Here, she's waiting for goods to be loaded onto a bus. (Lerato Maduna)



Migrant Stories from Southern Africa

There are immense challenges facing labour migrants in southern Africa, which range from poverty and hunger, transportation difficulties, job insecurity, accommodation issues, documentation concerns, disrupted family connections, vulnerability to HIV and other health problems, to the difficulty in accessing basic healthcare from their host countries.

In an attempt to highlight the plight of migrants, PHAMSA, in partnership with the Center for Digital Story Telling and Market Photo Workshop, have produced a series of short digital video stories. The DVD "A Better Life than Me," is a compilation of eight stories on southern African migrants, highlighting the issues and consequences of labour migration, including HIV and gender-based violence. These stories have been created and are self-narrated by migrants.

Through these digital stories, IOM seeks to educate the public about the realities of labour migration and the effect this has on labour migrants, their families and their communities.

Says Reiko Matsuyama, regional project manager for PHAMSA at the IOM: "The goal of the project was two-fold. First, we wanted to create a safe atmosphere in which labour migrants and family members could share their stories with their peers and gain a clear sense of individual achievement and group solidarity. Second, we aimed to develop a collection of short-form media pieces appropriate to raise awareness on the realities of labour migration."



Migrant workers producing their own stories for the documentary

The documentaries can be viewed at:

<http://www.youtube.com/user/iompretoria>

See one of the stories below about an undocumented labour migrant who has crossed the Zimbabwe-South Africa border many times.

He is one of many Zimbabweans who, every day, face starvation, dangerous animals, the Limpopo river floods, thugs, and diseases, all in an attempt to make a living for themselves and their families. This story was originally created in the Shona language:

"A better life than me"

"It is November 2005. I am at home in Zimbabwe for only three weeks after being deported from Lindela, "the repatriation centre." I am recovering from a strange flu that I contracted there. Money is out of my pocket and my wife is suffering from the drought and food shortage. I don't have an option other than going down to South Africa again.

I am wearing long trousers, a t-shirt, a shirt, and a jacket. I have an Awake magazine in my hand. My friend Moses has offered me \$300,000 Zimbabwean dollars to get to the border post.

I am with four other guys now, travelling on foot to cross the border. Not through the formal entrance, of course. Our company is important for a night-time journey of more than 40 kilometres through thorny thickets, game wires, and over mountains. The next morning, I say farewell to my colleagues and find a place to hide in the neighboring farm. Wandering for three days without food, I arrive finally at a mango plot across the border.

I arrive finally at a mango plot. I am harvesting mangoes for ten Rand a day. Accommodation and food are major problems, and getting employment has been very difficult.

Farmers are required by law to hire people who have South African ID books.

A few weeks have gone by. I have found a job as a farm security guard. My work mate Jonas is the only other Zimbabwean. We are desperately looking for girlfriends to provide shelter, love, and belonging. We are having unprotected sex and contract STIs for the first time in our lives. Going for treatment is a challenge because we do not know the local language, and we are afraid of being deported once again.

Ten months later, and it is November 2006. So much, in only a year. I feel lucky now. I have brought my wife from Zimbabwe, and my working conditions have improved greatly. My friend has not been so lucky, he tested HIV positive.

I think often about the difficult times and bad treatment we faced. I think of the hundred other Zimbabweans who are taken to Lindela every day to wait for deportation. They face starvation, dangerous animals, the Limpopo river floods, thugs, cruel farmers, and diseases, all in an attempt to make a living on the other side."



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