EYE on Migration Health

A Bulletin of News, Information and Analysis on Migration Health in Southern Africa

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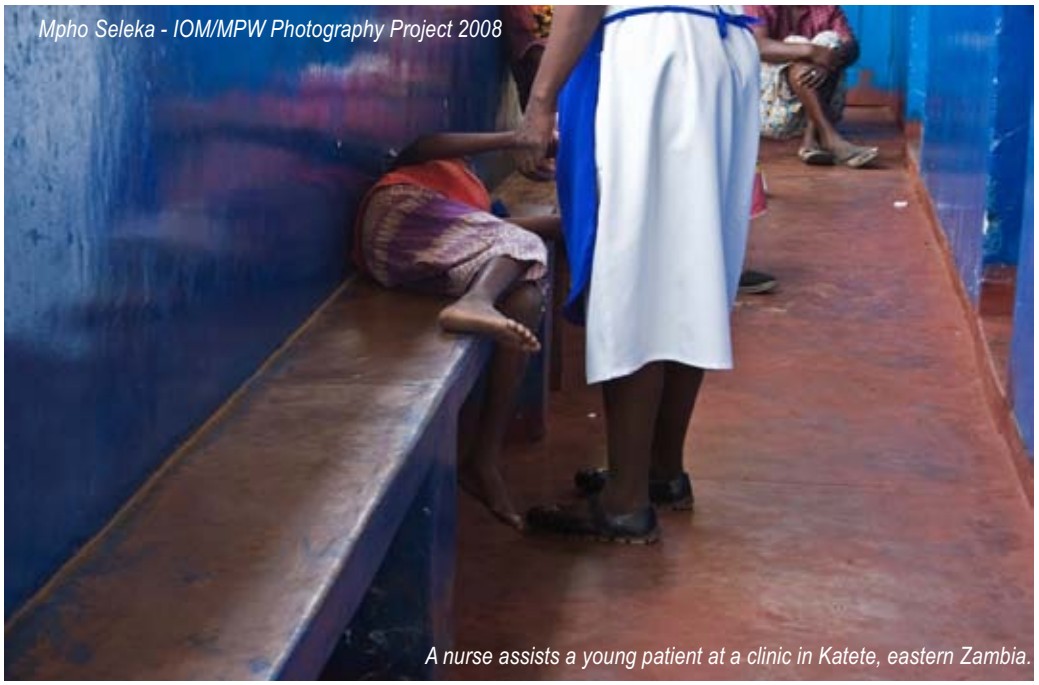
HIV Prevention and Treatment Not Accessible to Migrant Workers in Southern Africa



Mpho Seleka - IOM/MPW Photography Project 2008

A nurse assists a young patient at a clinic in Katete, eastern Zambia.

A recent IOM study has found that migrant workers in southern Africa have relatively limited and inadequate access to HIV prevention services, although they face increased vulnerability to infection.

The findings are based on a regional assessment of the HIV vulnerabilities of migrants and mobile workers in the southern Africa region commissioned by the U.S. Agency for International Development (USAID) and funded by the Southern Africa Prevention Initiative of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

Conducted in eight countries (Angola, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland and Zambia) over a five-month period from July to November 2009, the assessment focused primarily on labour migrants employed in the commercial agriculture, mining, transport, construction, domestic work, informal cross border trade and the maritime sectors. Irregular migrants were a secondary focus.

The study found that numerous factors contribute to the increased HIV vulnerability of migrant workers, mobile populations (and the communities that they interact with), including:

- Boredom and loneliness resulting from the long periods of time spent away from home;
- Poor social environments in which alcohol and sex are the only forms of entertainment;
- Multiple and concurrent sexual partnerships including commercial and transactional sex;
- Low HIV knowledge and inconsistent condom use;
- Limited access to HIV prevention services; Low coverage of social and behaviour change communication programmes.>>> *Continues on page2*

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

NORWEGIAN MINISTRY OF FOREIGN AFFAIRS

NORWEGIAN MINISTRY OF FOREIGN AFFAIRS

USAID
FROM THE AMERICAN PEOPLE

Editorial

Bernardo Mariano,
IOM Regional Representative
for Southern Africa

Dear Reader,

Southern Africa is a region with notably high mobility; an increasing number of labour migrants are moving to find employment and economic opportunities in both formal and informal sectors. During their journey, many migrants encounter difficulties in accessing healthcare and services. Factors that contribute to this challenge include poverty, stigma, discrimination, social exclusion, language and cultural differences, separation from family as well as financial and administrative hurdles.

This issue of "Eye on Migration Health," looks at the outcomes of a regional assessment on HIV prevention needs of migrants and mobile populations in southern Africa. We present preliminary findings of ongoing research into the practice of Multiple and Concurrent Partnerships in Zambia. The plight of migrants in the border town of Musina, South Africa is also brought to light. The issue also contains migration health updates from other countries such as Angola, Tanzania and Zimbabwe.

The underlying theme in the newsletter is the increasingly important need to look at migration and health in a regional context, and for countries within the region to coordinate and collaborate to provide accessible health facilities and HIV prevention programmes to migrants and the communities that host them. When migrants are healthy, they are able to work better and contribute more to the economic growth of the host country.

Access to healthcare is a basic and universal right. Addressing the health needs of migrants benefits migrants and host communities alike, facilitates integration and contributes to social and economic development and security in the region.

We welcome your feedback, so please do contact us with comments and suggestions.

HIV Prevention and Treatment Not Accessible to Migrant Workers in Southern Africa *continues from page 1*

Additionally, the study also found that irregular and undocumented migrants face special health vulnerabilities as they often avoid accessing public health services, citing reasons such as the high cost of healthcare services; fear of being deported; language barriers and possible xenophobic attitudes of healthcare providers.

Sector-specific findings and recommendations:

Commercial Agriculture Sector

Poor living conditions, seasonal mobility, boredom and loneliness, lack of access to health services and gender inequalities amongst other things, contribute to the increased vulnerability of farm workers to HIV. In some cases, because farm workers work on a "no-work-no pay" system, they do not take time off work to seek medical attention for otherwise treatable conditions until it is too late.

It is recommended that agricultural businesses should conduct periodical onsite medical checkups which include voluntary STI/HIV screening. NGOs are also encouraged to support governments in reaching isolated agricultural settlements with adequate basic healthcare including HIV prevention services.

Construction Work

Construction workers typically live in temporary accommodation on construction sites and often in remote areas. This separation from families, coupled with limited recreational activities or entertainment in remote sites makes them vulnerable as they may engage in transactional sex with members of the local communities. They also lack access to healthcare services because of the often remote location of construction sites.

Recommendations for this sector are that, in cases where local healthcare services are not available, all construction workers should be given access to on-site mobile health services. Additionally, all new construction projects should conduct social impact assessments on how proposed construction developments would affect social dynamics of nearby communities in the short and long term.

Domestic Work

Domestic workers are vulnerable to HIV often because of their poor living and working conditions; possible unlawful labour practices by employers; time spent away from home; possible sexual and gender based violence; and general lack of access to healthcare services.*>>>Continues on Page3*

Recommendations for the domestic work sector include the formalization of domestic work by National Governments to limit unlawful labour practices; greater enforcement of regulations over individual employers and providing them with incentives to enable regular access to HIV prevention information and services for their employees.

Fisheries

Seafarers spend most of their time at sea, which limits their access to healthcare services. Alcohol misuse, linked to high risk sexual behaviour with sex workers when on shore increase their HIV vulnerability.

The report recommends that in addition to the provision of health services in HIV 'hot spots' like harbours/ports, on board health services should also be provided to all workers.

Mining Sector

Some of the factors influencing the HIV vulnerabilities of mine workers are dangerous working conditions and masculine identities; living away from families; limited access to healthcare; mine settlements being in isolated and often deserted and inhospitable places; and impoverished mineworker-sending communities.

Recommendations made for this sector include: HIV workplace programmes should be available to all mine-workers, regardless of their contractual status (permanent or non-permanent); development and implementation of evidence based and culturally sound social and behaviour change communication interventions; and the introduction of mine worker-friendly healthcare services that are accessible after hours.

Transport Sector

The job of a truck driver is a lonely one. They often experience long delays at ports and border posts where they can spend up to five days waiting for documentation. Some truck drivers often go to nearby bars to kill time, and may engage in transactional sex. Additionally, because they are always on the road with expensive cargo to protect, they are reluctant to leave their trucks unattended for more than a few minutes. This means that truck drivers seldom seek healthcare while on the road. This contributes to their HIV vulnerability.

The report recommends amongst other things, the standardization of customs clearance procedures at border posts in the region in order to reduce the waiting time; and greater coordination amongst SADC countries to provide accessible health facilities and HIV prevention services in all countries in the region.

Informal Cross-border Trade

Like truck drivers, informal cross-border traders spend long periods of time at border posts. They spend limited time with their families because of their frequent cross border movements, and due to their restricted financial situation, they may not be able to afford accommodation and healthcare in destination countries. This makes them vulnerable to HIV infection, as they may engage in transactional sex in exchange for such things as accommodation, transportation or even food.

Recommendations are made that NGOs and governments should introduce HIV-prevention service centres and health clinics that are open after hours in high-risk areas where informal cross border traders are found.

On the whole, the assessment revealed that despite an increase in HIV prevention services provided by governments and NGOs, migrant workers, their families and the communities around them still have inadequate access to HIV-prevention services and treatment.

The report makes a number of comprehensive recommendations to help reduce the HIV vulnerability of migrant workers and mobile populations such as the need to look at migrants within a public health context, and developing programmes for migrants and the communities with whom they interact, in particular "spaces of vulnerability" such as border posts and transport corridor hot spots; the need for further research to examine sexual behavioural patterns within the migration process; and the need for governments to introduce comprehensive HIV/AIDS policies that cover the specific vulnerabilities faced by migrants, in particular access to healthcare at their work place and along major transit corridors.

The report also encourages governments to enforce stiffer regulations to ensure that all companies, including smaller companies, provide workplace policies and regular access to HIV prevention services for all employees, regardless of their contractual status.

USAID's Southern Africa Mission Director, Mr. Jeff Borns, said, "USAID supported this valuable research to find out how susceptible the migrant workers are to HIV and AIDS, and to gain valuable guidance for those seeking to address the needs of such a vulnerable and underserved group."

The complete report titled Regional Assessment on HIV-prevention needs of Migrant and Mobile Populations in Southern Africa can be downloaded from:

www.iom.org/publications

Sector-specific reports can also be downloaded from this link and Country-specific reports will be available by at the end of April.

TANZANIA: Border Sites Show Higher HIV Prevalence and Vulnerability

Tanzania shows large geographical disparities to HIV infection, with prevalence rates at border-sites estimated at 20 percent, compared with the national average of 5.7 percent.

In an effort to better understand the HIV vulnerability of such populations at border sites, IOM, in close collaboration with the Ministry of Home Affairs(MoHA)'s Immigration Department and with support from the National Aids Commission of Tanzania (TACAIDS), is currently conducting a rapid field assessment of border communities on land, lake and ocean borders. The assessment has been designed to gauge the Knowledge, Attitude and Practices (KAP) on HIV among uniformed personnel at border areas, as well as communities around them, such as truck-drivers, fishermen, seafarers and informal cross-border traders.

Preliminary findings of the field assessment have confirmed that there are significant HIV knowledge gaps, high risk behaviours and a general lack of access to healthcare services among the fishing communities living on the shores of Lake Tanganyika as well as among fishermen coming from other parts of Tanzania, Congo and Burundi.

Truck-stops at Kigoma (Kabanga on the border to Burundi and Rusumo on the border to Rwanda) seem to be the HIV "hot spots" with high levels of sex work and transactional sex occurring between the community living around the border sites and pass-by businessmen and truckers who pass by.

Trucks wait for clearance at the Tanzania - Rwanda border

While HIV awareness among Tanzanian border communities is relatively higher than that of truck drivers, risky behaviour remains high in both communities with sex work being driven mainly by poverty. The assessment has also found indication that mobile populations (fishermen, cross-border traders and truckers) from war-torn countries with weak infrastructure have relatively low levels of HIV knowledge which makes them highly vulnerable.

The field assessment will be completed by the end of April 2010 and the findings will be shared during a national consultation meeting on "Migration and Health in Tanzania: Border Communities and Mobile Populations", to take place in Dar es Salaam on the 1st and 2nd of June 2010.

The complete findings of the assessment will be published in the next edition of the "Eye on Migration Health"

ANGOLA: IOM Promotes Malaria and HIV prevention in the Returnee Populations of Kuando Kubango and Moxico Provinces

A training session in Menongue at the Kuando Kubango province of Angola

In an effort to reduce the number of new malaria infections in selected municipalities in Moxico and Kuando Kubango, IOM with partner and funder Exxon Mobil is raising awareness on malaria prevention and distributing impregnated bed nets (ITNs) to selected households. Through this project, IOM, in coordination with the National Programme to Control Malaria has produced and disseminated information, education and communication (IEC) materials to hospitals, schools health posts and other communities in the area.

The project was informed by a rapid participatory community assessment which was carried out to identify local needs regarding malaria prevention and control, as well as to determine priority areas of intervention. This was followed by the distribution of mosquito nets to highly vulnerable population groups such as pregnant women and children under the age of five years.

IOM has also been strengthening the capacity of the communities through the continuous training of "Malaria Monitors" who assist in local awareness-raising; education on the correct use of the mosquito nets as well as providing information on how to lower malaria infection risks and related environmental conditions such as waste management and elimination of mosquito breeding sites.

Since the beginning of the project in 2008, 35,000 mosquito nets and 94,000 IEC materials have been distributed to communities in Moxico and Kuando Kubango.

IOM is also rolling out an HIV prevention project in these communities aimed at reducing the risks of HIV infection. Through this project, teachers, community activists, NGO members and local government officers are trained to deliver strong advocacy messages aimed at reducing the stigmatization of returnees, who are often perceived to be carriers of HIV from neighbouring countries that have a higher HIV prevalence than Angola. Additionally, IOM works in close collaboration with the Ministry of Education (MoE) and the Ministry of Assistance and Social Insertion (MINARS), to incorporate HIV and AIDS awareness into the national school curriculum as well as to sensitize the communities.

Both these Malaria and HIV Prevention projects are aimed at supporting Angola to reach the Millennium Development Goals as well as contributing to the reduction of Malaria by 2015.

ZIMBABWE: IOM and Americares Committed to the Improvement of Health Services

Minister of Health and Child Welfare receiving the donation from IOM.

IOM and Americares have donated much needed medical supplies and nutritional supplements valued at over US$500,000 to the Ministry of Health and Child Welfare in Zimbabwe.

The medical supplies, which include antibiotics, topical antiseptics, a variety of analgesics, nutrition supplements, intravenous solutions and hygiene items, were delivered to the Harare Central Hospital and Mutare Provincial Hospital on the 3rd of November 2009. These supplies will go a long way in assisting patients suffering from acute infections, injuries and chronic diseases, as well as providing pre-natal vitamins for pregnant women. The hygiene items will help curb the spread of water-borne diseases such as cholera, which claimed the lives of 4,288 people in Zimbabwe between August 2008 and July 2009.

This donation forms part of the IOM–Americares partnership in Zimbabwe, aimed at improving health services that have been adversely affected by a number of challenges in the past, including the exodus of skilled health professionals and the lack of adequate medicine. IOM and Americares have made similar donations in the past to health centres and clinics serving mobile and vulnerable communities and border areas.

IOM and Americares have a long standing global agreement for receiving, distributing and dispensing "gift-in-kind" medicines and supplies to organizations and health care institutions serving vulnerable and often underserved populations globally.

"IOM is committed to improving the health delivery system in Zimbabwe and we hope that this donation will assist in reducing the suffering, restoring health and saving lives at the two health care institutions," says Marcelo Pisani, Chief of Mission at IOM Zimbabwe.

IOM Distributes High Energy Biscuits to Asylum-Seekers in Musina

Musina in Limpopo, South Africa, which is located some 18 kilometres from the Zimbabwean border continues to experience a significant number of mostly Zimbabwean migrants and asylum-seekers who transit the Limpopo province to travel to bigger cities such as Johannesburg.

On a daily basis, the Department of Home Affairs (DHA)'s Refugee Reception Centre in Musina receives about 300 new asylum seeking migrants. Most of the asylum-seekers are penniless when they reach Musina, having used their money for food and transport, or having been robbed by thugs along the way.

In an effort to reach out to these migrants, the IOM office in Musina is distributing high energy biscuits to those migrants that have been issued temporary asylum permits at the DHA. The aim of the biscuit distribution is to provide sustenance for the long journeys that migrants often travel after being issued with permits. Some migrants walk distances of 100 to 200 kilometres to Makhado and Polokwane respectively, with no respite as they usually have no money for transport. Once they reach Makhado, they can get another five-day supply of biscuits at the Jesuit Refugee Centre.The biscuits are also being distributed at other sites both in Musina and Makhado as one time assistance per person per site.

According to Sheika Ali, Operations Officer at IOM: "There is little social perspective for people entering South Africa as undocumented migrants. Many are literally living from hand to mouth, often depending on help from well-wishers and NGOs to sustain their livelihoods."

"With a week's supply of biscuits, the migrants can save whatever cash they might have for other important necessities," adds Ali.

To date, about 10,000 boxes of biscuits have been distributed to over 40,000 migrants since the inception of the project in August 2009.

The project is funded by the United States Agency for International Development (USAID).

ZAMBIA: New Research reveals that Mobility, Alcohol Consumption and the Need for Money contribute to Multiple Concurrent Partnerships

Early findings from a national gender and multiple concurrent partnerships study in Zambia have been released and preliminary results indicate high levels of overlapping concurrency. The study was conducted by a research team from the Tropical Diseases Research Centre (TDRC) with scientific and technical leadership provided by Family Health International (FHI) and funding and technical support from the National Aids Council (NAC), the United Nations' family including IOM, UNAIDS, UNICEF, UNFPA, WHO, and the United States Agency for International Development (USAID).

With the aim of producing context-specific information on the practice of multiple concurrent sexual partnerships in the context of stable relationships, 301 in-depth interviews were conducted with men and women between the ages of 16 and 49, from seven different sites in Zambia. The study sought to highlight community perceptions and understanding of HIV risk; to strengthen evidence-based community dialogue on HIV prevention within stable relationships; and to strengthen the monitoring systems that track behavioural trend data which influence the HIV epidemic in Zambia.

The preliminary results indicate prevalent overlapping concurrency among both married and unmarried men and women. More than half of the participants interviewed reported having had overlapping concurrent relationships in the past 12 months, with figures being approximately 82% for men and about 46% for women. Almost all of those who reported more than one sexual partner in the past 12 months had concurrent, rather than sequential, partners.

The findings further indicate that need and desire for money, alcohol consumption and mobility are contributing factors to concurrency. Just over half (51%) of males interviewed and a quarter (26%) of the female participants who testified to "overlapping concurrency" reported one or more partners whose primary residence was different from their own.

Participants reporting overlapping concurrency expressed inconsistent condom use and noted a variety of reasons for not using condoms including: lack of pleasure, medical or health reasons and a distrust of condoms. About half of the women and men who said they were in monogamous relationships indicated "no condom use" while one-quarter reported inconsistent condom use. This may have to do with condoms representing contrary trust issues within stable relationships, linked to perceived cultural gender roles.

The final research report which will include recommendations for the NAC will be available in July 2010. Such research on the practice of having multiple and concurrent sexual partners within the context of stable relationships will be helpful for the design of future HIV-prevention programmes in Zambia

UPCOMING EVENTS

27 April 2010
IOM will hold a meeting to disseminate country-specific findings of the regional assessment on HIV prevention needs of Migrants and Mobile populations in Lesotho

28 April 2010
IOM with partner USAID will hold a meeting to disseminate country-specific findings of the regional assessment on HIV prevention needs of Migrants and Mobile populations in the mining, commercial agriculture and informal cross border sectors of Swaziland

12th May 2010
IOM will host a country consultation Meeting HIV responses in the Road Transport Sector in Mozambique

26 - 28 May 2010
IOM will host a Regional workshop in Mozambique on HIV responses among mine workers, their families and affected communities.

NEW PUBLICATIONS

MIDSA Report – Report and Recommendations of the Migration Dialogue of Southern Africa Workshop on: "Promoting Health and Development: Migration Health in Southern Africa", Dar es Salaam, Tanzania.

Regional Assessment on HIV Prevention Needs of Migrants and Mobile Populations in Southern Africa - A report of findings from an eight-country assessment of the HIV prevention needs of migrants and mobile populations in the SADC region. The assessment focused primarily on labour migrants employed in the agriculture, mining, transport, construction, informal cross border trade and the maritime sectors, as well as irregular migrants at a secondary level.

Chasing Dreams Facilitator's Guide - An introduction to using Chasing Dreams comic as a medium for education, providing ideas and stimulating discussions about challenges facing migrant workers.

All publications can be downloaded from: http://www.iom.org.za

Promoting Inter-Country Collaboration in Disease Prevention and Control *"Lessons from the cholera outbreak Zimbabwe"*

Migration, inadequate and inefficient health service delivery, and lack of coordination in the implementation of disease control strategies contribute to the spread of communicable diseases such as HIV and AIDS, tuberculosis, malaria, cholera and influenza along international borders.

Zimbabwe experienced an unprecedented cholera outbreak between August 2008 and July 2009, which swept across 55 of the 62 districts and quickly spread to other neighbouring countries in the region including Angola, Botswana, Malawi, Mozambique, Namibia, South Africa, Swaziland, and Zambia. This experience clearly demonstrated the importance of cross-border collaboration on disease prevention and control.

By the time the outbreak was brought back under control in July 2009, close to 99 000 people were infected while 4 288 had died. Zimbabwe was by far the most affected of all the countries in the region. It is widely believed that population movements played a major role in the geographic spread of cholera, in addition to the primary risk factors such as lack of safe water supply, poor sanitation conditions and the rainy season. Cholera cases reported in the immediate border towns of Musina (South Africa), and Francistown (Botswana) are believed to have been spillovers from the cholera outbreak in Zimbabwe.

One of the major issues faced during the cholera outbreak was the lack of collaboration at the local level (district-to-district) which has been adversely affected by the socio-economic and political challenges in Zimbabwe. Consequently, regular cooperation in such programmes has been difficult to coordinate and finance. Furthermore, disease control and prevention is particularly complex in border areas, as the neighboring districts do not always use the same case definitions, diagnostic criteria, or surveillance methods, making it difficult to compare information on disease incidence and outbreaks. Administrative and political constraints also restricted information sharing across borders, as did the differences in health policies (e.g. the availability of specific drugs or the cost of treatment) which induced residents to travel across the borders for specific health services. This in turn caused difficulties for the port health workers to fully implement cross border disease control measures as stipulated in the International Health Regulations promoted by the World Health Organization.

To address these issues, IOM provided technical and financial support for interactive inter-country district-level meetings where public health officials and other technical persons from the Emergency Preparedness and Response teams in affected border districts shared experiences on the cholera outbreak. Experiences and lessons learnt were amassed with the aim to reduce future

A training session for community volunteers conducted by IOM during the cholera outbreak in 2009.

spread of cholera across the borders, and to develop joint strategies and plans of action for dealing with future cholera outbreaks in border areas.

The inter-country meetings resulted in practical, tangible collaboration between counterparts responsible for disease surveillance and control in border districts. This led to coordinated social mobilization campaigns and mechanisms for sharing information on disease trends. IOM provided logistical support in the form of human resources, medical supplies, drugs and IEC material to border districts with the greatest needs. Additionally, a mutual agreement was reached to suspend all user/patient fees during future outbreak situations.

A valuable lesson gained from this experience is the importance of maintaining such collaboration between Zimbabwe and neighbouring countries in order to strengthen disease surveillance, prevention and control, and information sharing for diseases of regional and international concern.

Facilitating district-to-district cross-border projects requires sustained work with national and local officials and should be facilitated by organizations that have a presence in countries affected.

Collaboration remains key towards strengthening national capacity to detect and respond to disease outbreaks and to comply with the International Health Regulations in reporting diseases of international concern and collaborating in the response.

MIGRANT STORIES FROM SOUTHERN AFRICA

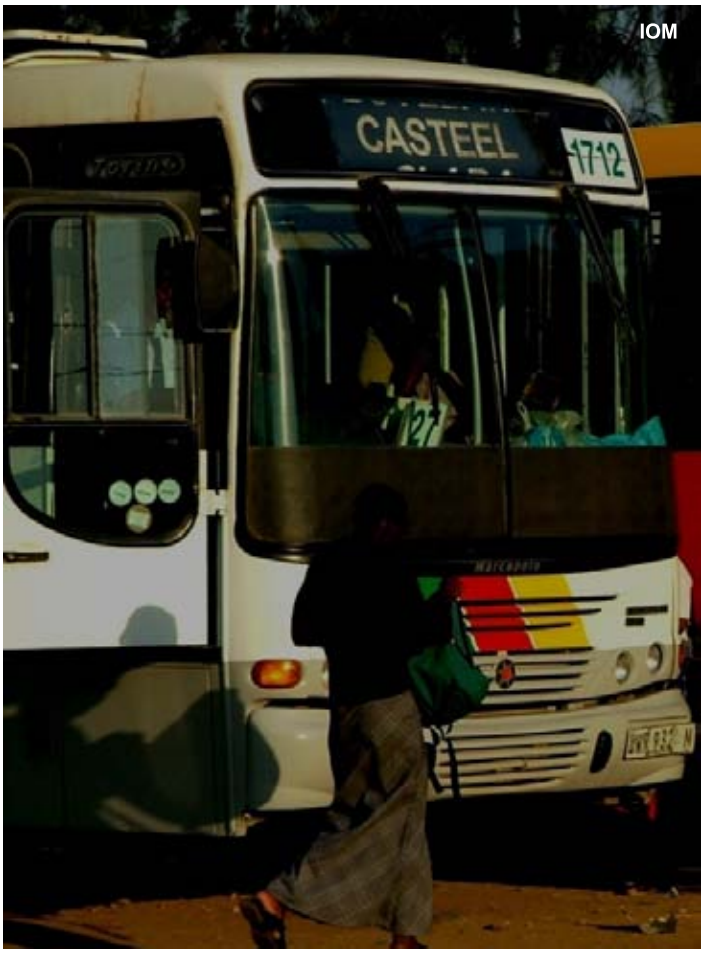
*Meet Ntsebo,*a migrant farm worker from Lesotho, whose story was captured by one of the IOM researchers in Quthing, Lesotho, during the 8-country assessment of HIV prevention needs of migrants and mobile populations.*

Ntsebo (not her real name) is a 36-year-old farm worker from Quthing in the south of Lesotho. She was diagnosed with HIV in 2006. Faced with unemployment and limited livelihood options, she decided to cross over to work on the farms in South Africa. In 2006, through the district labour office in Quthing, Ntsebo got her first contract to work at an onion farm in Cape Town. Upon arrival, Ntsebo was instructed to identify a partner as this was said to be the 'farm culture', a strategy employed by farmers to avoid fights over partners. She thus got involved with a fellow male farm worker to whom she did not reveal her HIV status.

Being a Basotho seasonal worker, Ntsebo was supposed to return to Lesotho to renew her contract. However, after her first contract expired in 2008, she did not return home. Instead she was illegally transferred to a tomato farm in Cape Town, where she worked with people from Zimbabwe, Mozambique and South Africa (mainly Xhosas, Coloureds and Vendas).

Ntsebo then got 'married' to a South African man who was working as a farm security guard. They shared a single 'container' – used for accommodating workers – with three other couples and their children. In this container, she discovered that their husbands have sex with fellow roommates' wives in their absence; this has happened to her several times. Due to alcohol abuse, there are many conflicts and fights between couples, which Ntsebo has been caught in the middle of several times. She has observed even worse circumstances for unmarried workers who share small rooms in groups of ten, divided according to gender depending on the availability of containers.

Ntsebo is angry about the exploitative nature of work, as senior management does not care about the well being of workers as long as the job is done. As an HIV-positive farm worker, Ntsebo is mainly worried about the lack of health facilities as there are no clinics or hospitals in the vicinity. Moreover, administrative procedures that include a 'no work no pay' policy and transport costs of R190 per trip deter her from using healthcare facilities and going for crucial medical checkups. HIV-related information and VCT services are also inadequate as Ntsebo can only access them through nurses who visit the farm once a week. Although Ntsebo did not reveal her status to workmates, she feels that she is discriminated against on the basis of her status as she has



clear signs and symptoms of HIV. The only people she finds friendly are other HIV-positive farm workers who happen to know her status as they travel together to access ART at hospitals and clinics.

Unfortunately, Ntsebo was recently dismissed for being too vocal over her mattress, which was given to another female employee by the supervisor in return for sexual services. She desperately wants to be recruited so that she can reunite with her husband and also resume ART in South Africa, where she believes medical services are better compared to Lesotho.

**Not her real name.*

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