



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

New Clinic Offers Roadside Health Care for Mobile Populations in Kenya



Reproductive health kits, donated by UNFPA, are delivered to the clinic

IOM in partnership with the Government of Kenya have launched a free healthcare clinic targeting hard-to-reach populations on the Kenyan/Ugandan border.

The health centre, located in the heart of a trailer park in the border town of Busia, in Kenya's Western province, aims to address the health needs of mobile populations, by providing free tuberculosis, malaria and HIV treatment. Managed by the Ministry of Public Health and Sanitation and initially funded by The Great Lakes Initiative on AIDS (GLIA) through the National AIDS Control Council (NACC), IOM upgraded the clinic

as a pilot funded by the Joint UN Programme of Support on AIDS (JUPSA).

"This is just a beginning," says Professor Alloys Orago, Director of the National AIDS Control Council. "Working with IOM and the Kenya National AIDS/STD Control Programme, we aim to pepper the entire transport corridor with free health care clinics specifically designed for hard-to-reach populations." These include truck drivers, civil servants and female sex workers who, due to their deprived social and economic environment, are particularly prone to engaging in risky sex and, therefore, vulnerable to HIV.

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Editorial



Dr. Erick Ventura
Regional Coordinator - Migration & Health

It gives me great pleasure to present the first issue of the *Eye on Migration and Health* for 2011. This year marks IOM's 60th anniversary, and as we celebrate 60 years of promoting Healthy Migrants in Healthy Communities, we also realise that migration today is not what it was 60 years ago. There are far more people moving within and between borders today than there were in 1951, for an array of reasons. This continues to have an impact on the health of migrants and as well as that of countries and communities where they live.

I am pleased to announce that the Partnership on Health and Mobility in East and Southern Africa (PHAMESA) programme is now in full swing and implementation is rolling out. Let me also take this opportunity to welcome our new audiences and stakeholders in East Africa. I would like to congratulate the Ministry of Public Health and Sanitation in Kenya for convening a National Consultation on Migration and Health in May. We commend your efforts and commitment to ensuring

accessible, affordable and non discriminatory healthcare for all and we look forward to more collaboration in future.

In this issue, we look at the health vulnerabilities of migrants in the ports of Mozambique, Namibia and South Africa. We also bring you news on Kenya's new 24 hour clinic for mobile populations and Zimbabwe's medical escort programme. There are a few new publications, most notably an Analysis of Migration and Health in Kenya and the Emerging Good Practices in Migration and HIV Programming in Southern Africa.

IOM's Migration and Health Department remains dedicated to promoting accessible and equitable health services to vulnerable migrants, mobile populations and host communities alike. We look forward to carrying out more migration and health assessments, health promotion interventions, and technical assistance for the next 60 years.

I would like to thank our donors for the generous support they have given us throughout the years and the dedicated partners and staff members in East and Southern Africa, without whom, our programmes and services would not be possible.

Thank you,

Dr. Erick Ventura

New Publications

Migration and Health in SADC

A review of published literature relating to migration and health in the Southern Africa Development Community. The review covers literature published within the last 10 years.

Emerging Good Practices in Migration and HIV programming in SADC

A report that assesses and documents on-the-ground pilot projects implemented by IOM and partners in Swaziland, Mozambique, Lesotho, South Africa and Zambia.

An Analysis of Migration Health in Kenya

An analysis of Migration and Health in Kenya, derived from an extensive literature review and interviews conducted with key informants, including the Government, United Nations agencies and Non-Governmental Organizations.

Mozambique Ports Assessment

An assessment of health vulnerabilities among migrant and non-migrant workers in the ports of Maputo, Beira and Nacala in Mozambique.

Visit www.iom.org.za for more publications.

New Clinic Offers Roadside Health Care for Mobile Populations in Kenya

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The opening of the Busia Trailer Park Wellness Centre and Clinic has provided a platform for cross border health discussions between Kenyan and Ugandan Government officials who have now met to discuss ways to offer a common healthcare package for mobile populations on both sides of the border.

"We see the Busia Trailer Park Wellness Centre and Clinic as a first step," says Greg Irving, IOM Health Programme Officer. "We need to focus more on prevention; behavioural and clinical services must be put in place and scaled up to secure meaningful impact for

migrants and mobile populations who are currently not being catered for by health services. Strengthened partnerships, capacity building, accountability, coordination and financial commitment will ultimately prevent new HIV infections."

Providing Medical Escort Services to Medically Unfit Zimbabwean Migrants



IOM successfully reunited this injured man with his mother in Zimbabwe

In the past three years IOM in Zimbabwe has been providing medical escort services to irregular migrants returning from South Africa and Botswana. More than 140 migrants have been assisted, recovering from varied medical conditions ranging from severe physical injuries sustained from car accidents or work related accidents, HIV and AIDS as well as psychiatric disorders. Medical escort services are also provided to women in the last trimester of pregnancy.

In most cases where IOM has provided medical escort assistance, the migrants had either developed the medical condition while in the host country or an existing condition had worsened, due to lack of continued medical treatment in the host country. Recent research by IOM found that irregular migrants face particular health vulnerabilities in that they generally avoid accessing health services in the host country because they fear being turned away or even deported by authorities. As a result, they may delay seeking treatment for otherwise treatable conditions until it is too late.

On the other hand, the economic situation in Zimbabwe has negatively affected social services such as health. As a result, some nationals have migrated to neighbouring countries in

search of better health care. In most instances however, it is poor health in host countries that lead to migrants desiring to return home for family and social support.

IOM in Zimbabwe operates two Reception and Support Centres in Beitbridge and Plumtree, which receive returned irregular migrants from South Africa and Botswana. The centres provide humanitarian support to migrants in the form of food, temporary shelter and family tracing/reunification for protection cases, HIV and AIDS and counter-trafficking information. In specific cases both centres also provide primary health care and psychosocial support for survivors of sexual and gender-based violence through referral to other health service providers. Fitness-for-travel medical screenings are also conducted and those who are not medically fit but stable enough not to warrant immediate hospitalisation are escorted by IOM nurses, in line with the IOM policy on assisted movement's guidelines. In coordination with the relevant ministries for Immigration and Social Services in South Africa and Zimbabwe, IOM facilitates family tracing and reintegration processes, and ensures that the family is informed and willing to accept the returnee, prior to their respective movements.

Jointly Tackling Common HIV Challenges in the Transport Sector

Being the largest sub-sector in southern Africa, transport is vital to development of the region. However, HIV continues to impact negatively on this sector, threatening future development. IOM in partnership with the International Labor Organization (ILO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), International Transport Workers' Federation (ITF), and the Health Economics and HIV and AIDS Research Division (HEARD), University of KwaZulu Natal, held a sub-regional workshop in Johannesburg from the 29th to the 30th of March 2011.

The workshop brought together stakeholders from the region including transport ministries, National AIDS Councils, civil society, development partners and representatives of the employers' and workers' organisations, from Botswana, Kenya, Malawi, Mozambique, Namibia, South Africa, Tanzania, Zambia, and Zimbabwe.

Workshop objectives were to: Review current evidence on HIV and TB in the transport sector and identify research gaps in order to strengthen evidence; Review and assess the status, coverage and effectiveness of existing policies and programmes in light of the new international standards; and Develop country plans and regional action plans on HIV for all transport sectors.

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Southern Africa Ports as Spaces of HIV Vulnerability

Scenarios from South Africa and Namibia

Fishing and sea-based industries contribute greatly to the economies of Southern Africa.

Major ports along the southern African coast are the start and end points of most of Africa's transport corridors, and contribute to economic growth. The ports also link transport corridors and port communities with seafarers from all over the world.

Port communities have unique dynamics that impact on the HIV vulnerability of the local community, including sex workers and mobile workers such as seafarers and land transport workers who stay at the ports for relatively short periods of time.

The implications and consequences of unsafe sexual practices within the sexual network of mobile workers and local populations affect not only the workers and their partners in the ports, but also the broader port communities and the families of mobile workers thousands of miles away.

Durban Port, South Africa

The Durban Port is the biggest and busiest port in Africa and employs more than 25,000 workers of whom at least a quarter are casual labourers. Most workers are migrants from rural Kwa-Zulu Natal and they live either in nearby townships like Umlazi and KwaMashu, or in former same-sex hostels closer to the harbour. The port also attracts

foreign workers, from Mozambique, Zimbabwe and even Tanzania.

Mobile populations at the port include seafarers from diverse countries including America, Britain, China, Croatia, Germany, India, Indonesia, Japan, Korea, Pakistan, Poland, Russia, Senegal, Spain and Ukraine. Thousands of truck drivers from all over southern Africa visit the port every week, often sleeping in their trucks along the side of the harbour.

An IOM study from 2009 found generally high levels of risky behaviour and poor levels of HIV knowledge among mobile workers at the port. Respondents believed that having multiple partners or engaging with sex workers was acceptable behaviour for men. Whilst most reported condom use, they did not use them in longer-term relationships, as they "trusted" their partners.

On the whole, the study revealed vulnerabilities such as: Separation from families or regular partners for long periods which encourages interaction with sex workers and the formation of multiple partnerships; Cultural beliefs around gender and sex; Sense of anonymity and limited accountability, leading to high-risk behaviour including alcohol abuse; and lack of education in general and HIV awareness in particular.

The study found very few HIV

prevention services targeting mobile workers associated with the port. Casual workers, in particular, had no access to company clinics, HIV education sessions or medical aid. This proved to be a major challenge for casual workers, whose only other alternative is government health clinics and hospitals. Accessing government health care was found to have challenges especially for casual and foreign workers due to poor service and long wait-times, fear of possible anti-foreigner attitudes, and language barriers.

"These girls, I think they are helping the fishermen. ... Because, one thing is that we fishermen do not have enough time to find a girl that is not paid for sex. Sometimes we come in here in the morning and then you will go back in the sea in the afternoon the same day. ... You don't really have time to struggle for a normal girl. That is the only option you have to be able to be with a woman."

A Namibian Fisherman

Walvis Bay, Namibia

Walvis Bay is Namibia's only deep-water port and attracts job seekers from all over Namibia as well as other southern African countries. In addition, Walvis Bay has two major highways that link Namibia with Angola, Zambia, Botswana and South Africa – the Trans-Caprivi Highway, and the Trans-Kalahari Highway.

Walvis Bay also attracts many foreign fishermen from international vessels who arrive regularly from Europe (Spain, Russia) and Asia (China). The presence of seafarers and truck drivers provide additional incentives for sex workers, creating complex sexual networks that stretch between mobile workers and the local community.

Truck drivers often stay in Walvis Bay for only short periods of time while freight is loaded or off-loaded. During this time they may frequent bars and meet sex workers. Depending on where they are from they may have had some HIV education, but there is often an unwillingness to internalise HIV messages and change sexual behaviour.

Foreign seafarers are often on three to six-month employment contracts with

short-term shore leave as short as two days at times. While on shore they may engage in once-off unprotected sex and high-risk sexual activities with sex workers, or may establish medium-term relationships with local partners who may have other sexual partners (sex workers as "girlfriends"). They are unlikely to receive HIV education prior to arrival in southern Africa, as they typically come from countries with low prevalence where there is little attention to HIV education. Once at the ports, not only do their short periods of stay make them difficult to target, but also language and cultural barriers make it difficult for them to access information and services.

As with foreign seafarers, there is widespread alcohol misuse among local seafarers, which may be driven by a lack of recreational activities while on shore leave, separation from family, and the inability to communicate with family and loved ones while on the ships.

Sex work links truck drivers, fishermen and sex workers in a triangle of risk. Transactional sex further ties sedentary populations (local girlfriends, other clients of sex workers) to this sexual network, linking Walvis Bay to other locations in southern Africa and in other parts of the world.

Conclusion

In order to respond effectively to the HIV pandemic, Namibia and South Africa must target their response to those populations and settings where HIV infection risks and vulnerabilities are highest, as part of a rights-based framework. Even in countries with generalized epidemics, sub-populations are often overlooked and not sufficiently included in programmes and policies designed to ensure universal access to HIV prevention, care, treatment and support. There is increasing recognition that migrants and mobile populations are being left out of HIV responses, despite potentially playing an important role in the sexual networks of multiple and concurrent. Efforts to ensure HIV prevention and treatment among migrants is further complicated by problems they face in accessing health services overall.

The full article can be accessed on www.iom.org.za

With funding from the SADC HIV and AIDS Special Fund, IOM will over the next three years undertake further research in the ports of Mozambique, Namibia, South Africa and Tanzania.



Addressing the Healthcare Needs of Migrants and Mobile Populations in Kenya

“Migrants and mobile populations deserve to live healthy lives among us. We must accommodate them in our laws, policies and health care systems. It is our duty to show strong leadership in the area of migration health.”

Hon Beth Mugo EGH, MP, Minister for Public Health and Sanitation, Kenya



Dr. James Gesami, Assistant Minister for Public Health and Sanitation, Kenya

The Ministry of Public Health and Sanitation, in partnership with IOM and the World Health Organization, hosted a National Consultation on Migration and Health to reach common consensus on securing quality and equitable health services for migrants and mobile populations in Kenya.

The National Consultation, held in Mombasa from 4 to 6 May 2011, was attended by various ministries, including Immigration and Registration of Persons, Foreign Affairs, Special Programmes and the National AIDS Control Council. Attendees also included non-governmental organizations, academic institutions, migrant representatives and embassies.

Migrants and mobile populations face many obstacles in accessing essential health care services. This is due to a number of factors including irregular immigration status, language barriers, a lack of migrant-inclusive health policies, and inaccessibility of services due to inopportune opening times. Such disparities are impacting upon the well-being of migrants, mobile populations, and Kenya as a whole. The consultation challenged current inequities to draw a common action plan for providing accessible, affordable, and non-discriminatory health care.

The National Consultation also acted as a platform to materialize the World Health Assembly Resolution 61.17 on Health of Migrants, a resolution passed in 2008 by the 61st World Health

Assembly which calls upon Member States to promote migrant-sensitive health policies, ensure equitable access to health promotion and to urge information sharing and best practices for meeting the health needs of migrants.

Recommendations from the consultation include: Mainstreaming migration and health into all legislation, policies and programmes that are related to health and development, as well as into the National Strategic Plan for the health sector in Kenya; Advocating for increased resource allocation in order to implement effective migration and health initiatives; and Developing effective mechanisms to measure and evaluate migration and health initiatives.

Jointly Tackling Common HIV Challenges in the Transport Sector *Continues from Page 3*

There was common consensus on the need for a clear regional transport HIV policy framework from which countries can develop common initiatives and interventions. Also highlighted, was the need for workplace policies as well as the negotiation of collective bargaining agreements with employers to create comprehensive HIV and AIDS programmes.

Action plans were developed by the countries represented at the workshop and IOM and ILO, together with other partners will work with focal points in relevant countries and organizations to monitor the progress.

The full report from this workshop can be downloaded from: www.heard.org.za/downloads/transport-workshop-brief.pdf



Law Enforcement Officers attending the Workshop

Building the Capacity of Law Enforcement Officers to Better Manage the Incidence of Sexual and Gender Based Violence

IOM in collaboration with the Vhembe District Municipality and the Limpopo Office of the Premier Official Development Assistance (ODA) carried out training on managing Sexual and Gender Based Violence for law enforcement officers in Musina on the 23rd of March 2011.

Aimed at sensitising the South African Police Service and the Army personnel to the delicate issues faced by irregular migrants, the training also ironed out the proper procedures to be followed when dealing with the incidence of sexual and gender based violence. The training was also attended by representatives from the Department of Home Affairs, Department of Social Development and other government departments.

Topics covered by the training included migrants' rights and responsibilities, human trafficking, health and HIV as well as protection issues, protocols and procedures within the South African Justice system.

Irregular migrants who enter South Africa from Zimbabwe are the main concern as they are frequently exposed to violent crimes including rape. Their

“Women migrants are particularly vulnerable to sexual harassment, sexual exploitation and they struggle to access vital services such as healthcare.”

treatment is often complicated by their legal status and transient lifestyle and such crimes are under reported in Musina and surrounding areas. This could be due to a lack of resources on the ground and the absence of clearly

defined standard operating procedures on managing Sexual and Gender Based Violence cases.

“Women migrants are particularly vulnerable to sexual harassment, sexual exploitation and they struggle to access vital services such as healthcare. They sometimes do not report crimes because they are afraid they will be locked up. It is very important to have these trainings regularly in order to encourage harmonized processes among healthcare, law enforcement and the justice system,” explains Dabea Gaboutloeloe, Country Coordinator for Migration and Health at IOM, South Africa.

IOM hopes to expand similar training workshops to other parts of the province and beyond in future in order to lift the hurdles that prevent migrants from receiving essential medical assistance and opening of criminal cases in the whole of South Africa.

HIV Vulnerability among Mobile Populations in the Ports of Mozambique

A focus on the Beira Port

IOM recently conducted research on Health and HIV vulnerabilities of port users in Beira, Maputo and Nacala in Mozambique. The study found that port users are vulnerable to HIV, with high levels of multiple partners and transactional sex being recorded. More than half (55%) of the total number of respondents interviewed were migrants, and of the three sites, Beira Port recorded the largest mobile population with more than half of port users coming from outside Beira, including neighbouring Malawi and Zimbabwe.

The Port of Beira is the second largest port and urban centre in Mozambique and serves as a key transportation point for Malawi, Zimbabwe and Zambia. Truck drivers make up the majority of the “highly mobile” population in Beira and often live 300 to 700km away from the Beira corridor, and so rarely see their families.

Beira’s hot spots include truck driver parking areas which attract sex workers at night and over the weekend. IOM’s recent “hot spot” mapping of transport corridors in Mozambique shows that in Beira, sex workers stay in contact with truck drivers on cell phones and often catch rides and sometimes stay with truck drivers as they pass through an area.

While the majority of port users interviewed had good knowledge of HIV transmission, this has not necessarily led to a change in behaviour to reduce vulnerability to HIV. Although condoms are free and readily available in most ‘hot spot’ communities, only about 40%



IOM staff member facilitates an activity session in Beira

of truck drivers reported using a condom during their last sexual encounter. Some sex workers reported not accessing health services due to a sense of shame, stigma and the fear of losing clients, some of whom are the health services providers.

The study concludes that ports of Mozambique can be considered “spaces of vulnerability,” for both migrants and host communities. It further recommends the promotion of behaviour change programmes such as gender sensitisation interventions, life skills, peer education and recreation.

To respond to this, IOM, in partnership with EcoSida, and the Beira Port authority has kick-started the implementation by conducting a four-day gender sensitisation session with 30

HIV focal points from companies working in the port. The training was aimed at building the capacity of attendees to enable them to sensitise their fellow peers on Gender, HIV and Mobility as it relates to port users.

Following the training session IOM and EcoSida are developing a strategy to carry out similar sensitisations in the corridors in future. EcoSida will also incorporate Gender, HIV and Migration components into their existing curriculum for peer educators in companies and for service providers with whom they work.

The full assessment report of health vulnerabilities among migrant and non migrant workers in the ports of Mozambique can be downloaded from IOM’s website: www.iom.org.za



For more information please contact:

Nosipho Theyise
IOM Regional Office for Southern Africa
tel: +27 (0)12 342 2789 fax: +27 (0)12 342 0932
email: nttheyise@iom.int
web: www.iom.org.za