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EYE

on Migration & Health

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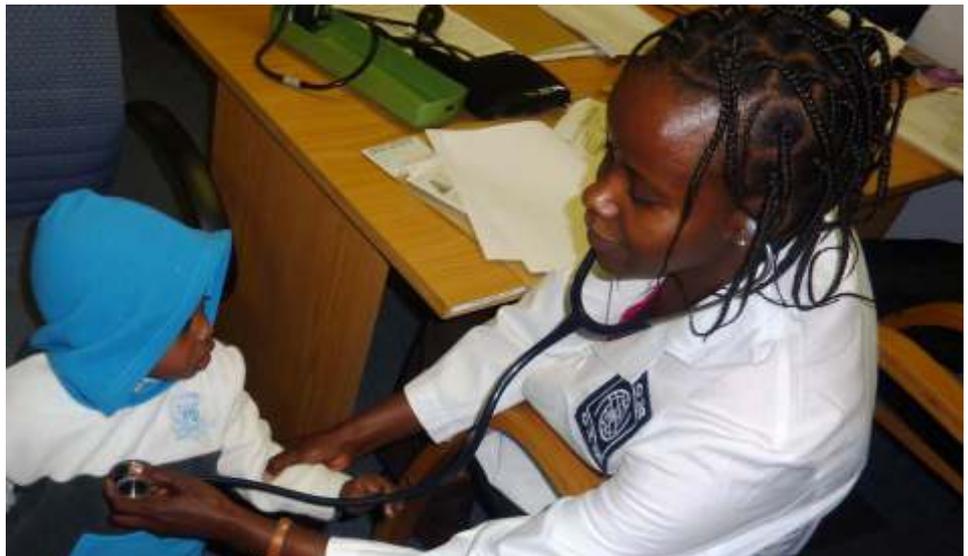
IOM South Africa Opens New Health Assessment Centre

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An IOM staff member conducting a health assessment

IOM in South Africa has opened a new medical health assessment centre.

The first of its kind in Southern Africa, the centre provides medical assessments, pre-departure medicals and fitness-for-travel checks for the United States Refugee Admission Programme (USRAP). The centre handles UNHCR referred refugees, mostly having been victims of xenophobic attacks. These vulnerable cases have no other local alternative other than resettlement to a third country, as the most durable solution.

It is a requirement of the USRAP

programme that refugees that have been approved for resettlement should undergo physical and mental health assessments to ensure that they do not pose a public health threat to the receiving country.

Health assessments include a medical examination, a review of the migrant's medical history, preventive treatment as well as counselling and health education. In cases where medical conditions are diagnosed, the refugees are referred to relevant experts for further treatment and necessary medical follow-ups.

Editorial



Dr. Erick Ventura
Regional Coordinator - Migration & Health

It gives me great pleasure to publish yet another issue of the Eye on Migration & Health.

It is estimated that there are more than 214 million international migrants worldwide and if this number continues to grow at the same pace as during the last 20 years, it could reach 405 million by 2050.

Health remains one of the greatest challenges of migration worldwide and international migrants are among the most affected by the lack of access to health services. Language or cultural differences, a lack of affordable health services, administrative hurdles, legal status and the fact that migrants often work extremely long and unsocial hours, are among their key barriers to healthcare.

IOM continues in our efforts to deliver and promote comprehensive, preventive and curative interventions

that promote healthy migrants in healthy communities.

In this issue, we bring you news of the opening of South Africa's new Health Assessment Centre; IOM's Response to the Drought in the Horn of Africa and we share a feature story on the Wives of Migrant Mineworkers in Mozambique.

We give an update on the IOM supported award winning film "Man on Ground" which has featured at prestigious film festivals such as the Toronto, Dubai, Berlin, Washington and Johannesburg Film Festivals.

We'd like to thank our donors, the: Swedish International Development and Cooperation Agency (SIDA), United States Agency for International Development (USAID), the Presidents Emergency Plan for AIDS Relief (PEPFAR). Our work would not be possible without your generous support, and we appreciate your commitment to the realisation of healthcare for all.

As always, we appreciate your feedback, so please get in touch the editorial team. You can also follow us on facebook and twitter.

Thank You,

Dr. Erick Ventura

Featured Publication

Key Populations, Key Solutions – A Gap Analysis and Recommendations for Key Populations and HIV in South Africa



This policy brief provides a comprehensive situational analysis of migrants, sex workers, men who have sex with men, transgender people, injecting drug users, and prisoners, and HIV in South Africa.

Approximately 3% of people residing in South Africa are estimated to be cross-border migrants. The migration process may increase the risk of acquiring HIV for some migrant groups as they often live in areas that are hard to reach by conventional HIV programmes.

In some cases, migrants often avoid going to clinics for fear of deportation or possible xenophobic attitudes of healthcare workers. This, coupled with other factors, makes them vulnerable to ill health and it's therefore not surprising why they are among the six key populations that are at a higher risk of HIV infection in South Africa.

The report includes an overview of completed research, current service provision gaps and recommendations for key populations.

IOM South Africa Opens New Health Assessment Centre

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Once the assessments have been cleared, and all pre-resettlement procedures completed, and the case declared travel-ready, IOM makes the necessary arrangements for resettlement such as booking of flights and coordination with transit and receiving countries. Refugees then undergo medical checks to ensure that they are fit for travel. In instances where a refugee may have a medical condition that needs assistance during travel IOM provides medical doctors to

provide medical care during travel. Since opening its doors in July 2011, the centre has performed close to 700 health assessments. It is well equipped with a waiting room, two consulting rooms and a classroom for training and cultural orientation. Supported by the medical team in IOM Nairobi, the centre has capacity to provide between 35 and 40 assessments each day. The health assessment centre employs a fulltime nurse that also provides support to other mobile health missions in the

Southern Africa region. "Being able to conduct medical assessments on site has simplified the health component of the resettlement process. It has greatly improved the turnaround time, making the process efficient, faster and cost-effective for the USRAP programme," says Dr. Erick Ventura, Regional Coordinator for the Migration Health Programme in Southern Africa.

IOM Awarded for Contribution to Improved Health Care



IOM South Africa was recently awarded a certificate of excellence by the Musina Hospital for contributing to a better and comprehensive healthcare for all.

The awards ceremony was organized by Musina Hospital to recognise individuals, government departments and civil society organizations that have made a remarkable contribution to improving healthcare in Musina. While this is an annual event, it is the first time that humanitarian organizations have been awarded. Médecins Sans Frontières were amongst the recipients for the award.

Since its establishment in 2008, the IOM office in Musina has been involved in a series of interventions aimed at raising awareness of migrant health issues; facilitating access to health services for

migrants; creating a favourable environment for migrants to maintain good health and wellness; and strengthening the local response to address the health and social needs of migrants.

Through the IOM initiated Migrant Health Forum in Musina, local government departments, international organizations, non-governmental organizations and civil society regularly meet to collaborate and coordinate efforts in ensuring access to services for all.

IOM has also piloted training aimed at improving migrant access to health in South Africa with healthcare workers at the Musina hospital. IOM hopes to expand this training to other hospitals and clinics when the pilot phase is completed.



“There are many barriers to accessing healthcare in South Africa that are experienced by both South Africans and cross-border migrants.

Healthcare providers have an important role to play in ensuring access to healthcare for all,” says Patience Sizani, Migration Health Training Coordinator for IOM in South Africa.

“We are encouraged by this award, and will continue in our efforts to promote healthy migrants living in healthy communities,” adds Mohamed Hassan, Head of Office at IOM Musina.



Mineworkers line up at the TEBA offices in Xai Xai to renew their contracts.

Wives of migrant mine workers in Xai Xai, Mozambique

Xai Xai District lies 200 kilometres north of Maputo, Mozambique. For more than a century men have been migrating from this district to work in the mines of neighbouring South Africa. Xai Xai is one of the most important mine-sending areas in Mozambique. It is also the capital city of Gaza Province, which has the highest HIV prevalence in the country – estimated at 25%. Many men born in Xai Xai become migrant mine workers, leaving their wives back at home with responsibility for raising children and running households single-handedly. The income generated from working in South Africa provides an important economic boost to Mozambican mine-sending families and communities. However, both the migrants and their families left behind face many challenges due to the social and cultural impact of this migration. IOM caught up with two women in Xai Xai, who have experienced the ups and downs of being married to migrant mine workers.

Gilda – A mineworker's widow

Gilda* was born in Mozambique in 1964. Her father was a farmer who also owned two shops in the area. He had eight wives and 48 children. Being a girl, Gilda was only allowed to attend primary school.

"I wanted to study further", says Gilda, "but my father told me that girls cannot go further as they will get married and then all the knowledge will be in their husband's pot."

At the age of 15 Gilda stopped attending school to help her mother on the farm. Her tasks included collecting water, working in the fields and grinding maize after the harvest.

In 1984 Gilda went to find a job in South Africa, and there she met and moved in with a Mozambican who was working on the mines. They married two years later. During the first years of their marriage they were not able to visit Mozambique due to the civil war, but after this ended in 1992 the couple visited home regularly. Using savings from the mine work, Gilda's husband built a house in

Xai Xai. Sadly, he was later diagnosed with TB and passed away in 2001.

Gilda began farming maize, beans, nuts and pumpkins to sell. She also raises and sells chickens. Apart from this she has no other source of income. She has no children of her own, but raises five orphaned nephews and nieces, the children of siblings who she says died of AIDS-related illnesses. While she is not well off, she at least has the large house that was built with her husband's earnings, and her income-generation projects which enable her to survive and send her adopted children to school.

Sandra – The neglected wife

Sandra* was born in Xai Xai District in 1965. She had one brother who would later become Gilda's husband. Their father was a mine worker in South Africa, while their mother stayed at home with the children and cultivated the family land.

Sandra and her brother did not see their father very often as he only returned home every 18 months to renew his contract.

"I missed my father a lot. His absence meant that ...it was difficult to buy clothes and books for school. He did not always send enough money". When Sandra was eight years old her father retired from mining and returned to Mozambique to farm. Sandra went to a local school and managed to complete primary school, but left high school at 16 to help her parents on the farm. She later found a part-time job near her home, selling drinking water to local residents. That was when she met and fell in love with a migrant mine worker who was home to renew his contract. She became pregnant and her boyfriend returned to South Africa, after which she did not see or hear from him for three years. When he returned, and after being pressured by his elders, he married Sandra and took her to live in his home. He continued to work as a mine worker in South Africa, only returning once a year to renew his contract. They had five more children together.

The daily struggles

Despite her husband's promises Sandra received very little support from him as the years went by. Not receiving much by way of remittances, Sandra has to support her family with the crops she grows on their plot and what little she can earn working in her neighbour's fields. She says she feels abandoned by her husband:

"I regret marrying him. In the old days, mineworkers would support their families nicely, but not today. They never have money and they leave us behind without support."

Sandra says she knows the reason why she has been abandoned by her husband:

"It's because of women most of the

time... A long time ago, he used to stay in the hostels, but now he stays outside because he has another woman: he could not remain in the hostel with his girlfriend and he did not want to be disturbed."

Since Sandra struggles to feed her children, Gilda, assists her by giving her odd-jobs in return for cash or in-kind payments. Fortunately, Sandra's two older children occasionally send her money from the jobs they do in Mozambique's capital, Maputo.

Perspectives on HIV and AIDS

Gilda is a change agent (peer educator) for the TEBA and IOM-run HIV outreach programme in Xai Xai District. Although she has also taken in a number of children who were orphaned due to AIDS, she was guarded when asked about HIV in the community – a sign perhaps of the stigma which still surrounds the illness in the community.

When asked if women who are not supported by their husbands look for other men to help them, she replied: "In the bush, it is difficult for women to look for boyfriends, but in town, yes."

Sandra talks about HIV in more personal terms, acknowledging that her health and wellbeing is affected by the risk of HIV. On her husband's lack of support and infidelity she says:

"It affects me a lot...especially when I think too much. It hurts me when I see how my children are suffering. They can't go to school and they have no food to eat. I also worry about all those diseases that I can contract."

Sandra has tried to ask her husband to use condoms when they have sex, but with little success:

"Sometimes I talk to him and tell him about condom use, but most of the time he does not want to. Most of the mine workers don't want to use condoms." She adds: "When you tell

them to use condoms they refuse because they say if you use condoms, it's because you have many boyfriends outside."

According to both Sandra and Gilda, many women have been left on their own – or are widows due to the fact that their husbands have died of AIDS. Sandra feels that there is little she can do to protect herself from getting HIV: "With my husband, it is tricky because I can become HIV positive at any time," she says.

When asked about the option of divorce she says she cannot consider it, as she still needs her husband to take care of the children. If they divorce she is afraid that what little he contributes towards the children will be lost. Sandra last tested for HIV five years ago. She acknowledges that she must test again soon so that she can take all necessary steps to protect her health.

Future hopes, dreams and aspirations

While employment on South African mines provides economic opportunities for Mozambican migrants and their families, there are disadvantages for migrants and those left behind. Gilda has her own house, but she lost her husband to a disease which has claimed the lives of many mine workers over the years. Sandra, meanwhile, has not enjoyed the benefits of her husband's income.

Both Gilda and Sandra have modest future ambitions. Gilda just wants her adopted children to grow up healthy and be able to attend school and make a good life for themselves. Sandra hopes to bring up her remaining children and give them better opportunities in life. She wishes that she could buy a plough to help her when she prepares her fields, which she currently does by hand. More importantly, she hopes to remain healthy and strong in order to be an effective breadwinner for her children.

**Names have been changed*



Although she has no children her own, Gilda looks after several orphaned children



The children assist with the household chores when they are not at school.

Tababar ka
 waxaan ka baxan
 sida looga hortago
 leyskaga iloobiyo
 iyo idaan looga fi
 HIV waxaan codsaa
 in lababrade
 haloobadiyo
 nooca ah
 sateekhocali
 Jaamae



IOM Sensitises Vulnerable Populations on HIV Prevention

HIV and AIDS: Rarely discussed

HIV and AIDS is rarely discussed in Somalia. Perceived as an “immoral disease,” HIV-related stigma remains a major challenge. Hussein Hassan, IOM’s National Health Programme Officer in Somalia states: “Many people think that HIV can be transmitted via water, food or the human touch. Misconceptions increase stigma and deter people from finding out their status.”

Awareness raising

Funded through the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), IOM and partners are sensitizing vulnerable populations on HIV prevention, sexual and gender-based violence and the right to health. In 2011, over 300 peer educators were trained across Somalia to target at-risk populations including port workers, truck drivers and female khat (a herbal

stimulant) sellers. Our voices must be heard

For vulnerable persons already living with HIV, IOM has partnered with the Youth AIDS and HIV Network (YAHAN) to provide a space where HIV positive men and women can share their experiences and advocate for stigma reduction. Known as the Network for People Living with HIV in Puntland, members are slowly gaining the confidence to discuss their HIV status. “We still have a long way to go to increase HIV awareness and curb stigma, but with IOM’s support, this forum is giving people back their dignity, and a new sense of community. They can now share their experiences openly with each other; they no longer need to feel so alone,” says YAHAN Director.

A HIV positive migrant member, who prefers to remain anonymous, adds: “I find it hard to tell people my status. I

hope one day our voice will be heard – that is the aim of this forum. Only God can kill me, not this HIV. I know my status, so now the only problem I have with my life is stigma.”

As many displaced women are sleeping outside, or in temporary shelters, sexual and gender-based violence is tragically common. IOM and partner, We Are Women Activists, are training vulnerable displaced and migrant women on micro-financing models. “Rape and physical violence is a big issue here, especially in the IDP camps. If we can offer women an income, we can empower them. They can then start to exercise their human rights,” said peer educator Shukri Farah Mohamed who has been trained by IOM.

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“When the nurse discovered I was HIV positive, she was too ashamed to call me back to the hospital. Instead, she told members of my community. I was immediately disowned. My neighbors forced me to leave my house – they thought I could infect them. They thought I had a ‘killer disease.’ Now I live alone; I am isolated,” Anonymous

IOM's Response to Drought in Horn of Africa

Worst drought in 60 years

It is hard living in Turkana. In addition to endemic poverty, recurrent droughts and floods, a poor state of infrastructure, and limited access to basic health care, the region is being ravaged by the worst drought in 60 years.

Turkana, nestled in north-west Kenya, has been hit hard by the drought. Two years of scarce rains have resulted in the driest season since 1950 and effects of the drought look set to continue into 2012. Loss of pasture and water has led to the death of thousands of cattle, a main source of livelihood for pastoralist communities, severely affected by the drought.

"I lost half my herd of goats this season; I have been here 55 years and lived through many droughts, but I have never seen anything this bad," says Ereng Nangiyo, one of the 12 million people (where) affected.

Weak health systems

Sprawling empty arid land stretches for miles. The nearest health centre is kilometres away, leaving pastoralist communities in remote areas of Turkana vulnerable. With limited access to safe drinking water and basic health care, waterborne and water-related diseases such as diarrhoea and cholera are ongoing challenges.

Worldwide, around 1.1 billion people lack access to safe water sources and 2.4 billion have no basic sanitation.

Waterborne diseases are a leading cause of preventable deaths around the world, and are among the five major causes of death in children under the age of five. Such diseases can be successfully treated with oral rehydration solution and antibiotics, but in regions like Turkana, health centres are rare, and those in existence lack basic supplies and trained human resources for provision of treatment and care.

Health promotion

"My nine children are consistently suffering from akirem (diarrhoea)," says Ereng.

Ereng and his children are one of many families who have received treatment for diarrhoeal diseases from the International Organization for Migration (IOM). In partnership with Kenya's Ministry of Public Health and Sanitation, IOM's mobile medical rapid response teams go to hard-to-reach mobile communities in Turkana. Equipped with re-hydration sachets, chlorine water purification tablets, de-worming tablets, and essential medications for treatment of common medical conditions, the teams distribute much-needed medication and conduct mass de-worming campaigns.

Small changes can have a big impact, which has been proven by health and hygiene promotion talks that IOM is running during the mobile team visits to hard-to-reach communities. Sensitive to sustainability and cultural practices, IOM's health promotion campaign complements local knowledge with

indigenous solutions. For example, communities are encouraged to wash their hands with ash, a local disinfectant that is free and easily accessible. 55,000 vulnerable members of the community are being targeted with IOM's outreach programme.

In 2009 and 2010, IOM dispatched four teams on similar missions to crisis-affected communities in Kenya's Rift Valley, Western, and Nyanza provinces that were struggling to prevent and fight against waterborne diseases. Over 492,000 people benefited.

According to Grace Khaguli, Field Coordinator for IOM's emergency project in Turkana: "Due to the scale of the drought, water is scarce. This makes people more inclined to drink dirty, unsafe water. The situation is now more critical than ever. The worry is residents use contaminated water, and the area has very few toilets, which contributes to improper waste disposal. Lack of safe water is the main driver of epidemic waterborne diseases."

Senior Elder Echepan Ngelecha, a community leader in Nadapal Village, northern Turkana, says: "In our culture, we divide illnesses into those caused by God and those caused by Ngidekesiney ka ekapilan (witchcraft). Thanks to IOM, we are now aware that we can do certain things to prevent illnesses. This partnership needs to be continuous because it takes time to change behaviour, like remembering to use ash when we wash our hands in order to prevent the spread of diseases."

SOMALIA - IOM Sensitises Vulnerable Populations on HIV Prevention *Continues from Page 6*

Filling the strategic data gap

With extensive experience in conducting quality research in conflict and post-conflict settings, IOM continues to fill the evidence gap to advise the national HIV response and advocate for targeted programming to be implemented at scale. Data gathered by IOM was used as an evidence base for Somalia's success in its GFATM

Round 8 application and has directly reshaped the national HIV response in Somalia.

Scale-up needed for HIV combination prevention

Awareness raising and reducing HIV stigma is an important first step, however, it must lead to more effective evidence-based programming. Chiaki

Ito, IOM's Health Programme Officer for Somalia, states: "Through our programming and research we have identified the target population and highlighted the programmatic gaps. Now we need to offer targeted male and female friendly services that combine biomedical interventions, behavioral change, and activities that address underlying determinants of risk behavior and service access."

Feature Film Highlights Plight of Migrants in South Africa

IOM has backed the production of a feature film titled "Man on Ground" with TOM pictures, which explores the complex themes of xenophobia, identity, fear and reconciliation. The film is centred on Ade, a successful Nigerian banker based in the UK and Femi, his estranged brother who lives and works in South Africa. Ade soon discovers that his brother has been missing for a week. He sets out to investigate Femi's mysterious disappearance, reconstructing the pieces of his everyday life and the cruel hardships he endured just to survive.

Through his search for his brother, the film takes the audience on a journey highlighting the joys and challenges of being a migrant in South Africa. One such challenge is accessing services such as health care. There is a gap between legal and practical access. While the South African constitution guarantees the right of migrants' to access health care, in some cases these rights are not met because of ignorance or xenophobic perceptions. IOM's research in 2010 found that in some of

the primary healthcare centres, security guards stationed at clinic entrances were the main gatekeepers, refusing entry to anyone who could not produce a green South African ID. While the healthcare staff may well be sensitive to the needs of migrants and their constitutionally guaranteed right to access healthcare, more communication and sensitisation is required for society in general.

"Even though the film is set in South Africa, the lessons are relevant and applicable globally. Through the film's portrayal of the day-to-day challenges faced by migrants, IOM hopes to raise awareness of the plight of migrants in their search for a better life," says Erick Ventura, Chief of Mission, IOM South Africa.

Man on Ground film has screened at film festivals in Canada, Dubai, Nigeria and Germany and was awarded Best Feature Film in the Johannesburg Film Awards in February 2012. It will be released in South Africa in May 2012.

The film has been produced mostly through crowd funding from individuals, companies and organizations, amongst them, 1Take Media, Rosie Motene Productions, ChrisDon Productions, and Hashayafric Productions in association with The National Film and Video Foundation of South Africa.

IOM's support was made possible through funding from the Swedish International Development Cooperation Agency (Sida), the Norwegian Ministry of Foreign Affairs (MFA), United States Agency for International Development through the President's Emergency Plan for AIDS Relief.

"The Man on Ground production team is very proud to be associated with IOM in our joint efforts to bridge the gap between migrants and host communities," says film director Akin Omotoso. "This film aims to foster a dialogue for people to understand that there is no 'them' and 'us' and that we are one and the same."



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