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EYE

on Migration & Health

Issue 7, Sept 2012

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

IOM and USAID/PEPFAR Launch Expanded Ripfumelo II



IOM and USAID, with funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) are expanding to 2016 the Ripfumelo project addressing HIV vulnerability of farm workers in South Africa's Limpopo and Mpumalanga provinces.

The US\$ 7.1 million Ripfumelo II project, which will cover selected districts in Gauteng and KwaZulu-Natal provinces, aims to scale up HIV prevention and care interventions for mobile and migrant populations, including labour migrants, mobile workers and irregular migrants, and the communities that they interact with. Ripfumelo means 'believe' in Tsonga.

Thousands of migrants flee political and

economic turmoil in neighbouring countries to find a better life working on South African farms. But many are vulnerable to exploitation and have limited access to health care. Health risks include overcrowded living conditions and few recreational outlets, which increase their exposure to infectious diseases, including HIV/AIDS and tuberculosis.

More than 20,000 migrants have gained access to health services through the US\$ 4.6 million Ripfumelo project since it started in 2009. The extension to 2016 will aim to reach more hard-to-reach migrant farm workers and new geographical areas, while accelerating TB and AIDS prevention, counselling and testing. *Continues on Page 2*

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Editorial



Dr. Erick Ventura
Migration Health Regional Coordinator
and Acting Chief of Mission, IOM South Africa

I am happy to present to you yet another Issue of Eye on Migration and Health, Issue 7, a bulletin of news and information on IOM Migration and Health activities in East and Southern Africa.

In this issue it gives me great pleasure to announce the expansion of the IOM and USAID Ripfumelo II project aimed at reducing HIV vulnerability of farm workers in South Africa's Limpopo and Mpumalanga provinces.

The expanded project will now reach out to vulnerable migrants in Gauteng and KwaZulu-Natal provinces, and also scale up HIV prevention and care

interventions for migrant population including labour migrants, mobile workers and irregular migrants.

Work has already begun and recently the Ripfumelo team hosted a Migration Sensitisation workshop for South African local government officials and counsellors in Mpumalanga province to enhance their understanding of migration.

We also bring you feedback from the International AIDS Conference held in Washington recently where IOM hosted a satellite session aimed at digging for solutions to end TB in the Southern African Mining Sector. We thank our partners SADC and Stop TB Partnership for the continued support and efforts towards the implementation of the SADC Declaration on TB in the Mining Sector.

Recently the media reported of 42 migrants that were found dead in the back of a truck in Tanzania. These migrants are part of a larger group of people fleeing drought and conflict in Somalia and Ethiopia, in search for a better life in South Africa.

IOM is conducting a study to assess the health vulnerability of migrants making

their way from the East and Horn of Africa and the Great Lakes, towards Southern Africa.

We believe the outcomes of this study will assist affected countries to comprehensively respond to challenges brought about by such mixed and irregular migration flows.

We also bring the story of a migrant female sex worker from Tanzania, living and working in Nairobi, Kenya.

We are grateful to our donors for their generous support and commitment to the realisation of healthy migrants living in healthy communities.

As always, we welcome your feedback. You can follow our activities by visiting our website at www.iom.org.za or follow us on Facebook (IOM Southern Africa) and Twitter (@IOMSouthAfrica).

Thank you,

A handwritten signature in black ink, appearing to read 'Erick Ventura'.

Dr. Erick Ventura

IOM and USAID/PEPFAR Launch Expanded Ripfumelo II

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"The new project supports the Government of South Africa's National Strategic Plan (NSP) to reduce HIV and TB incidence and mitigate related impact to achieve the ultimate goals of Zero New Infections," says USAID Activity Manager Mathata Madibane.

The NSP identifies migrants as a key population to target with HIV, STI (Sexually Transmitted Infections) and TB programmes, due to their high risk of communicable diseases and challenges in accessing health services.

"Ripfumelo did good work in the commercial farming sector to provide comprehensive HIV& AIDS prevention

and care services. But it will take our collective efforts to overcome this AIDS pandemic," says Community Service Manager at Vhembe District Municipality Alex Nemaleke.

"The Ripfumelo project is a strategic partnership with NGOs and government at all levels that facilitates access to health services and programmes, specifically HIV, STIs and TB prevention, care and support services. It addresses structural barriers to reduce vulnerability and generates strategic information for evidence-informed policy development and programming," says IOM Migration Health Regional Coordinator and Acting Chief of Mission

in South Africa Dr Erick Ventura.

"Although South Africa has inclusive policies and programs, implementation of those remains a challenge at local level. Ripfumelo II will contribute to bridging that gap between policy and practice. Over the past three years, USAID and PEPFAR have supported IOM to build extensive networks and collaboration with various stakeholders, including government, to ensure accessibility and availability of services and programmes to hard-to-reach populations such as farm workers," concludes Ms. Madibane.

Digging for Solutions: Implementation of the Declaration on TB and HIV in the Mining Sector in Southern Africa



IOM, in partnership with the Southern African Development Community (SADC) and the Stop TB Partnership, hosted a satellite session titled “Digging for Solutions: Implementation of the Declaration on TB and HIV in the Mining Sector in Southern Africa” at the 18th International AIDS Conference in Washington, DC on the 24th of July 2012.

The session provided delegates with a platform to share expertise and experiences as well as find solutions to address TB and HIV in the mining sector of the SADC region.

The SADC Declaration on TB in the Mining Sector, which was signed by the SADC Heads of States in August 2012, outlines the priority areas for urgent action on TB, HIV, Silicosis and other occupational respiratory diseases in the mining sector.

Speakers presented an overview of the challenges and opportunities in the implementation of this Declaration in Southern Africa and how to achieve Zero TB Deaths.

“If all our efforts are strategically directed at supporting these priority actions, it will contribute greatly to achieving the World Health Assembly Resolution 61.17 on Health of Migrants which calls upon Member States to ‘promote equitable access to health promotion, disease prevention and care for Migrants’”, says Dr. Erick Ventura, Regional Migration Health Coordinator and Acting Chief of Mission, IOM South Africa.

Mine workers in Southern Africa have some of the highest rates of TB in the world, which is caused by high levels of HIV-infection, crowded living conditions and exposure to silica dust. TB rates can be three times higher among workers with silicosis.

As the Swaziland's Minister of Health, Honourable Benedict Xaba pointed out at the session “TB is a crisis in the mining industry. It is a disease that respects no borders, requires no visas or passports and has a huge impact particularly in the

SADC region. However, TB is preventable and treatable, and no one should die of the disease.”

TB in the mining sector is a regional issue; the mining industry in South Africa is heavily dependent on migrant workers from neighbouring countries. Men travelling to work in the mines are at the greatest risk of contracting TB, and their families back home are also at risk of contracting these contagious diseases as mine workers travel back and forth between work and home.

At the conference, IOM also participated at other sessions, sharing best practices to address the specific HIV vulnerabilities affecting migrants and mobile populations. This included an analysis of key determinants of HIV along two transport corridors in Mozambique; Sharing experiences from coordinated response to HIV in the Vhembe District, South Africa; and HIV Response during Emergency Settings in Kenya.

A day in the life of Esther Kayumba*, a migrant female sex worker

* Name changed to protect identity

Esther Kayumba is a 43-year-old Tanzanian sex worker living in Nairobi, Kenya. For the last 20 years she has been working for less than one dollar a day. We hear her story...

“I came to Kenya from Tanzania for a better life but I have been sitting on this stool for 20 years selling sex.”



Photo © IOM 2012

A man alights at Majengo from the Matatu bus stop. Everyone stares at him; they know he has come here for sex. He manoeuvres around fragile tin houses, dodges the sewage, and walks to where “the women on stools sit.” He sees a woman on her stool, walks into her home, and ten minutes later they exchange money. He leaves; she takes a soda, and awaits her next client. That is how life is here.

20 years as a sex worker

Esther Kayumba should know. At the age of 43, she has spent the last 20 years as a sex worker in Majengo, an area in Nairobi heavily populated by Tanzanian migrants. “In Majengo, men know they can get cheap sex. Some girls get a flat

rate of 100 KES (\$1), but I have worked for 50 KES,” says Esther. “We have a mixture of clients, but businessmen from other countries are always the good ones. Lots of our clients do not work; young people around here have nothing to do, no job, no education. They just sit around during the day, or wash cars for a few shillings, and then mug people at night. These clients have threatened me with a knife, or just abuse me until I have sex with them for free.”

Men who have HIV don't care about protection

Following her mother's death, Esther travelled from Bukoba in Tanzania to look after her younger siblings in

Nairobi, Kenya. Arriving in Majengo, Esther had no money to support her family. Her Tanzanian friends told her the only option was sex work, and at the age of 23, Esther found herself with her first client.

“Men who have HIV don't care about protection,” says Esther. “Men will pierce a condom without you knowing, I don't know why they do it. Maybe it feels better? I was young and didn't know that men were doing this. Men would also pay you more money if they didn't wear a condom. When I was pregnant with my third child, I found out my status. I was HIV positive. A year later, in 2003, I went on ARVs (anti-retroviral treatment for HIV).”

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Esther's husband died from AIDS two years ago: "He was in denial and refused to accept that he was HIV positive. He did not want help, or ARVs. I think that is why he died. We need intensive counselling here in Majengo, we need free condoms, and we need money so we don't have to sit on the stools anymore. Here we must have the highest number of sex workers living positively with HIV in Nairobi. It could be as high as 500."

1,275 female sex workers enrolled

Esther travels to neighbouring Eastleigh, another urban migrant region in Nairobi, to access services by Uma and the National Organisation of Peer Educators, two community-based organizations collaborating with the International Organization for Migration. Esther is one of 1,275 female sex workers enrolled in a pilot urban female sex worker programme where she can now access health education, HIV counselling and testing, free sexually transmitted infection screening, and English language classes. "The programme has given me hope," says Esther during her English class. "It has helped me to accept my HIV status, and given me the chance to learn English.

Most businesses are conducted in English, so only understanding Swahili reduces my chance of getting proper work."

With ongoing lifeskills support from the pilot programme, Esther has started her own vegetable stall: "Now my children don't come home from school and ask why I am sitting on a stool anymore. I just wish these services were available in my community so all the other sex workers I know in Majengo can access them easily."

IOM Partners with TEBA Development to Address Health Vulnerabilities in Mine-Worker Sending Communities



IOM Mozambique is partnering with TEBA Development Mozambique to address the health vulnerabilities of mine-worker sending communities. The programme will be implemented in the three southernmost provinces – Gaza, Maputo, and Inhambane – which are adversely affected by HIV and experience high levels of migration, especially of men who travel to work in mineral mines in South Africa.

The IOM/TEBA partnership aims to strengthen mine-sending communities' capacities in the areas of HIV prevention, treatment and care, gender, TB, nutrition and OVC support. The partnership is an integral part of TEBA Development's USAID-PEPFAR funded Community Based Responses to HIV and

AIDS in Mine-Sending Communities. IOM Mozambique is a technical partner on the project.

The programme builds on the IOM/TEBA "Txivirika" project that has been in operation since 2007 in 3 de Fevereiro, a community just outside Xai-Xai in Gaza Province.

A baseline assessment, undertaken in three mine-sending communities in Gaza Province in early 2012, found that there are specific socio-cultural dynamics related to migration which pose a barrier for community mobilisation, including a perceived breakdown of traditional systems of governance. The assessment also found that there are many misconceptions

related to HIV modes of transmission, which, linked with the high levels of multiple partnerships, and low use of condoms, could be an explanatory factor in the high HIV prevalence in the Province.

To address these and other challenges, the programme will facilitate community-based responses to beneficiary groups including current and ex-mineworkers, their families and those they interact with, through interventions in HIV prevention, Home-Based Care, and OVC support. It uses IOM's Service Delivery and Capacity Building (SDCB) framework which is based on health promotion and community development theory.

Southern African Countries Join Forces to Eliminate TB in the Mines

Two years of efforts by a formidable trio of health ministers have culminated in a pledge by 15 Southern African governments to address one of the region's most daunting health issues: the raging tuberculosis (TB) epidemic among mine workers. In a major step, the Declaration on TB in the Mining Sector was approved and signed at the 32nd Session of the Summit of the Heads of State and Government of the Southern African Development Community (SADC) held in Maputo, Republic of Mozambique on 17th and 18th August 2012.

"For more than one hundred years, legions of miners in the Southern African region have been suffering from and dying of tuberculosis. This declaration gives us the opportunity to change this lamentable situation, and the Stop TB Partnership is fully committed to supporting an action plan to realize the aims of the declaration," said Dr Lucica Ditiu, Executive Secretary of the Stop TB Partnership.

Three members of the Stop TB Partnership Coordinating Board have been the driving force behind the initiative that led to the Declaration: Dr Aaron Motsoaledi, Minister of Health of South Africa; Dr Mphu Ramatlapeng, Vice-Chair of the Global Fund Board and former Minister of Health of Lesotho; and Mr Benedict Xaba, Minister of Health of Swaziland. The three ministers raised the issue of TB and mining to the

SADC agenda in November 2011. This was followed in March 2012 by a SADC stakeholders meeting in Johannesburg coordinated by the SADC Secretariat and supported by the International Organization for Migration, the Stop TB Partnership and other partner organizations - at which representatives from governments, trade unions, the private sector, nongovernmental organizations and donors provided their input. The Declaration was subsequently approved by SADC Ministers of Health and Labour.

"Addressing TB in the mines is crucial to progress against the epidemic in Southern Africa, and we congratulate the SADC heads of state for cementing their commitment to moving towards zero TB infections, zero TB deaths and zero TB stigma," said Dr Mario Raviglione, Director of the World Health Organization Stop TB Department.

Mine workers in South Africa currently have the highest rate of TB in the world; and an estimated one-third of TB infections in the Southern African region are linked to mining activities. Recent research has estimated that 3% to 7% of miners are becoming ill with the disease each year. Because the mining industry in South Africa is heavily dependent on migrant workers from surrounding countries - particularly Lesotho, Mozambique and Swaziland - the mines serve as a wellspring for infection. Each migrant worker who returns home with

TB spreads the disease to an estimated 10 to 15 people in his community.

"IOM remains committed to support SADC member states to address TB and HIV in the mining sector. Promoting the health of migrants benefits both sending and receiving countries as well as employers, their families, and society as a whole. The signing of this Declaration is a step in the right direction towards the realisation of healthy migrants in healthy communities," says Dr. Erick Ventura, Regional Migration Health Coordinator and Acting Chief of Mission, IOM South Africa.

A preliminary World Bank analysis on the South African mining sector, performed at the request of SADC, has identified five interventions needed to address TB among mine workers, former mine workers, their families, and communities: Look actively to find people with TB and provide them with prompt treatment; eliminate conditions that lead to high rates of TB in the mines; improve TB treatment; actively seek former mine workers who could have TB; and create a legal and regulatory framework that provides compensation for occupational disease among miners. The estimated annual cost of the TB epidemic in the South African mining sector is more than US\$ 880 million; while taking these steps would cost US\$ 570 million - a third less.



IOM Sensitises Local Government Officials in Mpumalanga on Understanding Migration



IOM, in partnership with the South African Local Government Association (SALGA) and Department of Social Development Mpumalanga facilitated a Migration Sensitisation workshop “Understanding Migration” targeted at municipal councillors and managers in Mpumalanga province on 23 July 2012. The purpose of the workshop was to strengthen participants' understanding of migration health, management, development and human trafficking.

The workshop was attended by the Office of the Premier, Executive Mayors, Councillors, Members of the Mayoral Committee (MMCs), Municipal Managers, SALGA Mpumalanga and Mpumalanga Department of Social Development (DSD) and Department of Health.

While migration contributes to economic development, it also impacts on state-financed services and programmes, posing challenges on development planning, especially at the local level.

Through this workshop, IOM empowered key government stakeholders at local level on migration issues so they can best assess migration issues within their communities and better plan programmes that respond to migration challenges and opportunities.

IOM will also support the Mpumalanga province, SALGA and DSD to conduct research that will assess and profile migration dynamics in the province and its municipalities. This follows specific requests to IOM by municipalities for assistance with managing migration in the province.

The research will be critical to inform policy and programmes to effectively and efficiently respond to opportunities and challenges that come with migration. It will also strengthen the evidence base and broaden evidence application to migration policy making at local government.

“IOM remains committed to providing technical expertise to the province throughout the process. We are confident the workshop contributed to enhanced knowledge and understanding of migration” says Dabea Gaboutloeloe, IOM South Africa Migration Health Coordinator.

“I have realized today that answering the question how many is not enough. The following questions are also crucial in understanding migration in a specific context: Where do migrants move to and from? What are the trends and dynamics? How does it link to development? Who is involved? Why do migrants move?” said Ms. Elize Botha, Director Population and Research Unit – Department for Social Development, Mpumalanga.

“Today I have learnt a lot, especially that migration has positive effects in our community”, added Councillor Mafika Nkosi, Provincial Chairperson – SALGA Mpumalanga.

IOM to Conduct Study on Health Vulnerabilities of Migrants from the East and Horn of Africa and the Great Lakes to Southern Africa

IOM Regional Migration Health Team for East and Southern Africa will conduct a study to analyse the Health vulnerability of men, women and children migrating from the East and Horn of Africa and the Great Lakes to Southern Africa.

The study which begins in September will be led by Lawry Research Associates International and is expected to be completed by July 2013. It will provide basis for evidence-based policy making among countries affected by mixed migration flows along this route in order to comprehensively respond to challenges brought by these mixed and irregular migration flows.

This study is a response to the recommendations of the 2010 Regional Conference on Refugee Protection and International Migration hosted in Dar es Salaam where delegates from the East and Horn of Africa, the Great Lakes region and southern Africa agreed to work more closely in responding to the challenges of mixed migratory flows in the region.

Increasing mixed and irregular migration from the East and Horn of Africa and the Great Lakes regions to

Southern Africa is causing concerns among sending, transit and destination countries.

Migrants encounter different forms of protection and health vulnerability en route to their destination countries. These range from abuse, exploitation, detention, physical and sexual violence to basic needs such as clothing, shelter, and food, all of which contribute to poor health including communicable and non-communicable diseases.

Health is a factor that impacts on the vulnerability of migrants during their journey. Conditions under which many migrants are transported or detained pose serious health risks to the migrants.

"Inter-state cooperation is very important among countries affected by these migratory flows, we believe the study will provide a basis for evidence-based policy making and improve policies and programs that address the health and protection of these vulnerable migrants," says Dr. Erick Ventura, IOM South Africa Regional Migration Health Coordinator and Acting Chief of Mission.

This study will also trace the route and means of transportation used by migrants towards Southern Africa, estimated numbers, modus operandi of smugglers, estimate of income generated to criminal groups and/or how the trip is financed, types of abuse and exploitation faced by migrants and protection issues in transit and destination countries among others.

The study builds upon the 2009 IOM Study, *"In pursuit of the Southern Dream: Victims of Necessity"* (IOM, 2009) which examined the extent of human trafficking taking place and also documented the reasons, methods and characteristics of large-scale movement of men from East Africa and the Horn toward South Africa.

The study is part of the Partnership on Health and Mobility in East and Southern Africa (PHAMESA) funded by the Swedish International Development Cooperation Agency (SIDA) and the Norwegian Agency for Development Cooperation (NORAD).

Featured Publication

HIV "Hot-Spot" Mapping of Two Transport Corridors in Mozambique

This IOM commissioned study obtained information on the trucking sector, sex work, and HIV through an analysis of social and behavioural patterns at 14 sites along the Beira and Tete transport corridors in Mozambique. This study is intended to help government and partners to develop customised HIV prevention, treatment, care and support programmes for communities along the main transport corridors.



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