Mapping HIV vulnerability along Northern Maputo and Nacala transport corridor in Mozambique

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# Table of Contents

Executive Summary ........................................................................................................................................ 3  
Acknowledgements .................................................................................................................................. 6  
Abbreviations ........................................................................................................................................... 7  
1. Introduction ............................................................................................................................................. 9  
   2.1. Statement of the Problem .................................................................................................................. 9  
   2.2. Rationale of the Approach ............................................................................................................... 10  
   2.3. Objectives of the study .................................................................................................................... 10  
   2.4 Research Questions ........................................................................................................................... 10  
   2.5 Research methodology ....................................................................................................................... 11  
3. Background to HIV and Migration in Mozambique ........................................................................... 15  
   3.1 Setting the Scene: HIV and AIDS ..................................................................................................... 15  
   3.2 History of migration and movements ............................................................................................. 15  
   3.3 Key aspects of the socio-economic environment in Mozambique ................................................. 17  
4 General Findings ...................................................................................................................................... 19  
   4.1 Population movements within and across the Mozambican border ................................................. 19  
   4.2 Access to Information and Health Services .................................................................................... 20  
   4.3 Community Responses on HIV Prevention and Care ..................................................................... 24  
   4.4 High vulnerability areas in Inhambane and Nacala Corridor ......................................................... 24  
   4.5 Attitudes towards HIV risk ................................................................................................................ 28  
5. Mobile Populations ............................................................................................................................... 30  
   5.1 Informal traders ................................................................................................................................. 30  
   5.2 Secondary School Children ............................................................................................................. 37  
   5.3 Army recruits and Trainee Teachers ............................................................................................... 42  
   5.4 Truck drivers ..................................................................................................................................... 44  
   5.5 Miners and miners’ families ............................................................................................................ 48  
   5.6 Sex workers ...................................................................................................................................... 50  
7. Future developments for the transport corridors ................................................................................. 52  
9. Recommendations ................................................................................................................................. 54  
   9.1 General: Accessing the different mobile population groups ............................................................ 54  
   9.2 Informal Traders ............................................................................................................................... 54  
   9.3 Truckers .......................................................................................................................................... 55  
   9.4. School Children ................................................................................................................................ 55  
   9.5 Miners’ wives .................................................................................................................................... 55  
   9.6 Sex Workers ..................................................................................................................................... 55  
   9.7. Trainee Teachers ............................................................................................................................ 55  
References/Bibliography .......................................................................................................................... 56
EXECUTIVE SUMMARY

The following report presents the findings from a study carried out in Mozambique in 2005 as part of the APPLE project. The research was carried out amongst mobile populations in Inhambane Province in the south of Mozambique (Northern Maputo Corridor) and the Niassa Province and Nampula Province in the north (Nacala Corridor) from August to November 2005. The mobile populations that cooperated in the study were: informal traders; truck drivers; boarding school children and teachers; military recruits and staff at the Military Institutes; trainee teachers and staff at the training colleges; miners and miners wives. Segments of the sedentary populations were also interviewed, including sex workers; staff in roadside bars and restaurants, boarding houses; staff at health clinics, teachers; government administrative staff; and market workers. These groups were included in order to understand fully the interaction between mobile and sedentary populations. The results of the discussions were mapped in order to spatially indicate the following: basic service provision for high risk groups; geographic areas of sexual risk taking; the dynamics of movement of the various populations (traders and truck drivers); the origins of boarding school children, military recruits and trainee teachers; and the areas where migrant workers are recruited to work in the mines in RSA. Schools and training institutions were targeted as key contact points for transitory populations, namely school children, trainee teachers and military recruits.

The maps provide a visualization of the movements around the country and illustrate potential areas of sexual risk taking among populations living or moving through the selected transport corridors. The maps provide information about the circular and temporary nature of the movement of the mobile groups; showing numerous and varied journeys, well trodden routes, and the heterogeneity of the mobile groups.

The maps illustrate the inadequate general health services for rural populations and the virtual non-existence of Voluntary Testing and Counseling services for either sedentary or mobile populations on the two transportation routes covered in the study. The study found that most people view the future threat of ill health and early death as less imperative than immediate risks to livelihood, security or short-term family well-being. Knowledge of the risks of HIV transmission is high among the mobile populations and key sedentary groups.

Condoms are widely available in the markets and in the health centres but are not always openly displayed and people need to request them. Generally only women and adolescents access the condoms in the health centre as men rarely use the official health services. People can buy condoms at the chemist, hotels, rooms and boarding houses.

1 The Apple (Aids Prevention, Positive Living And Empowerment) project is funded by the EU and is implemented by different partners in Mozambique and Malawi with the aim of decreasing the vulnerability of mobile populations on the Nacala corridor and in the north of Inhambane.
However, truckers usually do not carry enough condoms with them, sex workers often do not insist on condom use, school children report not having access to condoms in sufficient quantities, and traders have access to condoms but choose not to use them.

There are also attitudes to condom use that are very difficult to challenge, the main one being that you do not use condoms at home. “At home” may be a relative concept as seen by the male traders from Nampula in Maxixe who have at least two if not three homes, and the truck driver in Mandimba who had stopped using condoms because he visited the same woman he had sex with on a casual basis and now felt he was safe. So the concept of “at home” refers to feeling safe and not to having only one partner.

However, the use of condoms is reported as inconsistent and the use of other risk aversion strategies virtually non existent. Sex workers often do not use condoms with clients. Truck drivers often use condoms with casual sexual partners but not with regular partners (even when the regular partners are sex workers) or school children. Male traders originating from the north of the country reported not using condoms with either casual or regular partners. Female traders were inconsistent; with some casual partners they insisted on condoms but this was not the norm. Sexually active school children reported using condoms with same age partners but lacked the skills to negotiate condom use with older partners. Migrant mine workers spend considerable lengths of time away from home, which increases the risk of HIV transmission to both the miner and their spouses.

The heterogeneous group of informal traders varies with their gender, age and cultural setting. The traders generally have a high awareness of HIV but the danger from HIV is not the first preoccupation of the group when discussing how they earn their livelihoods. They are generally more worried about the possibility of robberies, violence on the road, losing their goods – than about STIs. This group has one foot in their home communities and the other constantly on the road.

Factors that make informal traders vulnerable are:

- The number and frequency of the buying trips that are carried out as there are no whole sale distribution networks and the capital they have to invest is low (this frequent trips)
- The length of the trips (the shortest been 3 days and the longest 4 months)
- The costs of transportation, storage etc, that eats into profit margins and encourages the use of sex as a way of reducing costs and increasing profits
- Extremely low regular use of condoms with casual partners
- No use of condoms in the home

The challenge is how to decrease susceptibility factors, such as the length of time on the road that traders spend procuring goods, how to increase profit margins that do not involve risky sexual behaviour, and how to put into place policies and practice that protect vulnerable school children.

The findings of the study show that the complexity of the lives of mobile populations should be reflected in programmes aimed at these groups. Recommendations from this study include that HIV prevention
programmes be scaled up at major towns along these two transport corridors including the provision of information and condoms to both mobile and sedentary populations. Also health services need to be flexible and cater to the needs of both isolated sedentary populations and mobile populations.

Population mobility will not decrease within the next twenty years although the patterns will change, sex will still be a major part of all human interaction, and it is unlikely that the threat of HIV in Mozambique will decrease dramatically. We need to engage the complexity that characterizes working with mobile populations, work with the enterprise apparent in these groups and throw resources at creating flexible structures that can respond to needs.
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- Cartographer Sergio Malo and the students from the University of Eduardo Mondlane who reconstructed maps from the numerous field sketches and notes.
- Government officials who spoke openly of the challenges they face in their various areas of work, health, education and administration.
- Non Governmental Organizations working in the two transport corridors, especially CARE and GOAL, and the Media Support Group in Nampula for their support in the carrying out of the research.
- All the people that were interviewed who spent time to draw maps explain the complexity and hardships of their lives and provided the valuable information that we have tried to capture faithfully in this report.
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>APPLE</td>
<td>Aids Prevention, Positive Living and Empowerment</td>
</tr>
<tr>
<td>ANSA</td>
<td>Food Security and Nutrition Association</td>
</tr>
<tr>
<td>CSW</td>
<td>Commercial Sex Worker</td>
</tr>
<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
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<tr>
<td>EIU</td>
<td>Economic Intelligence Unit</td>
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<tr>
<td>FDC</td>
<td>Community Development Foundation</td>
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<tr>
<td>FEWSNET</td>
<td>Food Early Warning Systems Network</td>
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<tr>
<td>IAF</td>
<td>Household Budget Survey</td>
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<tr>
<td>INE</td>
<td>National Statistics Institute</td>
</tr>
<tr>
<td>IOM</td>
<td>International Organization for Migration</td>
</tr>
<tr>
<td>KABP</td>
<td>Knowledge Attitudes Behaviour and Practices</td>
</tr>
<tr>
<td>MT</td>
<td>Metric Ton</td>
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<tr>
<td>NGO</td>
<td>Non Governmental Organizations</td>
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<tr>
<td>PLWHA</td>
<td>People Living with HIV and AIDS</td>
</tr>
<tr>
<td>RSA</td>
<td>Republic of South Africa</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>SETSAN</td>
<td>National Technical Secretariat for Food Security and Nutrition</td>
</tr>
<tr>
<td>TEBA</td>
<td>The Employment Bureau of Africa</td>
</tr>
<tr>
<td>UEM</td>
<td>University of Eduardo Mondlane</td>
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Map 1. Map of Mozambique
1. INTRODUCTION.

The populations studied in the Corridors of Mozambique are highly mobile. Geographically their dispersal is great, with extensive North-South movement, journeys inside and outside of the country, and between districts and provinces. Temporally the groups are also extremely mobile with some groups traveling at least once a year for extended periods and many people moving at least three times and up to twelve times a year for periods of between two days to two months. Socially and culturally the groups are mobile; moving from extended family structures to formal institutions; moving from head of household status to single person on the road; moving from the matrilineal and mainly Muslim north of the country to the patrilineal but largely female-headed household south of the country; moving from one language group to another and across national boundaries. The study maps the geographical and temporal movement of people, and attempts to capture graphically peoples behaviour as they step out on their journeys.

The research describes how people in the identified mobile groups view their vulnerability to HIV and how they behave and lastly outlines strategies for reaching different mobile population with information, messages and services.

In 2004, IOM was asked by CARE International (Mozambique) to implement this study as part of a larger project APPLE (AIDS Prevention, Positive Living and Empowerment), which is coordinated by CARE and funded by the European Union. One of the focus areas of IOM, under its regional project Partnership for HIV and Mobility in Southern Africa (PHAMSA) is to map HIV vulnerability among mobile populations in transport corridors. Therefore, IOM decided to match the APPLE funding so that the study can comprehensively focus on two transport corridors: the Nacala corridor (which runs from Nacala Port in Mozambique to Blantyre in Malawi) and the Northern Maputo corridor (which runs from Inhambane to South Africa).

2.1. Statement of the Problem

At present there is very little knowledge of the determinants and characteristics of HIV vulnerability in the context of population mobility in Mozambique, which limits the development of effective mitigation strategies. The study aims to provide a spatial framework that represents the layers of risk of HIV based on socio-economic, infrastructural, and locally produced definitions of risk. The work will concentrate on two geographic areas with high potential for the accelerated spread of HIV. One of the areas is the Nacala corridor in Northern Mozambique which links the Indian Ocean port of Nacala to the Provinces of Nampula and Niassa, and provides access to the countries of Zambia, Malawi and Zimbabwe. The second area under study will be in the north of Inhambane in Southern Mozambique that has an extensive coast line suitable for

In many ways the national boundaries are the least problematic as the fluidity of the crossing points exists superimposed on the formal border crossings.)
tourists and links the south of Mozambique to the central region where HIV prevalence is high. Inhambane also has a long tradition of migrant labour to South Africa.

2.2. Rationale of the Approach

Based on the fact that although there have been a multitude of Knowledge Attitude Behaviour and Practice (KABP) studies, there has been little attempt to place such research findings in spatial relations to social and economic structural factors that contribute to HIV vulnerability. Therefore, this study aims to map HIV vulnerability in Mozambique, which is likely to provide insight and enhance understanding of the issues, thereby improving future action.

2.3. Objectives of the study

The objectives of the proposed study were to:
- Understand and describe local sites of HIV vulnerability;
- Develop local site maps of HIV vulnerability factors;
- To produce a visual and spatial framework that can explain patterns of HIV vulnerability; and
- Present the findings and recommend future responses to HIV vulnerability along transport corridors characterised by population mobility.

2.4 Research Questions

The study focused on possible factors for HIV vulnerability such as:
- Infrastructural factors such as the number, location and accessibility of hospitals and clinics; access to services (VCT, STI treatment etc) and condoms; access to health promotion information and HIV programmes; access to other services such as police and social services;
- Presence of truck stops, military bases, and schools; the spatial distribution of formal and informal settlements; and the location and number of nightclubs, bars and other liquor outlets.
- Attitudes and location of sex workers, the number of trucks or fishing vessels coming through the site, as well as the length of time truck drivers or fishermen away from home; informal sector traders; and alternative employment possibilities.
- Social factors such as levels of poverty; exposure to crime and violence; alcohol consumption; food security; and cultural perceptions of HIV vulnerability;
- Factors such as accommodation, recreational activities and structural amenities for migrants and/or mobile populations; transportation and migration routes; border posts; regular and irregular migration; and patterns of interaction between stable, sedentary populations and migrant and mobile populations;

The research will also determine the perceptions of the local population and migrants by asking informants to map HIV vulnerability factors such as sexual risk-taking sites, as well as HIV preventive factors such as, available health care, location and availability of condoms, and available sources of sexual health information;
The research will target the main groups working, living and passing through the research sites, such as truck drivers, sex workers, informal traders, custom officials, military, boarding school children, restaurant owners and bar staff.

**2.5 Research methodology**

Existing data was compiled and mapped prior to field visits in order to begin the process of research site identification. Guidelines were developed for interviewing key informants from the different identified target groups.

The research team undertook a preliminary visit to two transport corridors to discuss with key informants the location of the research sites. Also, meetings were held with IOM, CARE and GOAL to discuss the scope of the research to be carried out, including geographical and demographic emphasis.

Three research areas were identified on the Nacala corridor, namely, Nacala port, Nampula city and Mandimba border crossing. In Inhambane five sites were visited namely; Maxixe, Morrubene, Massinga, Vilanculos (Pambara) and Mabote.

The research team consisted of two field site coordinators and six interviewers (4 in Nampula and two in Inhambane) who worked for 30 days in the each of the identified areas. The interviewers were matched to the major language group in each site, while the field site coordinators were senior researchers experienced in qualitative data collection and ethnographic data techniques. The work was carried out in the months of October and November 2005.

**Northern Inhambane.** The area mapped includes tourist hot-spots on the coast, sending areas of migrant labour and road-side stops for long-haul drivers.

**Nacala corridor** The area mapped includes the port area and the border post, road-stops for long-haul drivers and identified areas of inter-provincial trade.
The following mobile and sedentary groups were interviewed:

**Mobile populations**
- Truck drivers and assistants
- Informal traders
- Miners
- Children attending boarding school
- Military staff
- Police recruits (in training)
- Railway workers

**Sedentary populations**
- Traders
- Sex workers
- Bar owners and workers
- Miners' wives and community members in mine-sending areas
- Staff at health and education facilities

In each of the selected sites the research teams decided to concentrate on one or two of the mobile populations in order to understand thoroughly the dynamics of each of the groups. This does not mean that data was not collected from other mobile groups in the area but more in-depth investigation was carried with
the identified groups per area. Data collected is therefore indicative of trends rather than statistically significant.

2.5.1 Principle mobile groups representation by area

**Inhambane**

Maxixe  Markets traders, truckers, boarding schools and institutions 
Morrumbene  Market traders 
Massinga  Miners and miners' families, truckers 
Vilanculos  Tourists, sex workers, 
Pambara  Truck drivers and sedentary populations (bar and restaurant staff and sex workers) 
Mapinane  Boarding school children 

**Nacala Corridor**

Nacala port  Sex workers, traders, truck drivers, school children
Nampula  Road and railway workers, traders and sex workers
Mandimba  Border crossing staff, sex workers and traders.

2.5.2 Data analysis

Data collected in the field was returned to the overall research coordinator in Maputo and an extensive de-briefing was carried out with each team. The final site maps were drawn with a mapping technician from the University of Eduardo Mondlane who worked closely with the two field site supervisors. Information from key informant interviews and the two mapping exercises was triangulated in order to create a range of maps reflecting HIV vulnerability in each site and graphically describe the intensity of movement by different groups and how this affects sexual behaviour and HIV risk.

2.5.3 Description of field work

Some of the problems faced by the researchers were due to the long distances between work sites, problems with accessing mobile populations, in particular, miners in Inhambane (this was not the time of year when the majority are on holiday) and the truckers due to their tight working schedules. It was less problematic than previously thought to talk to sex workers who were in fact prepared to sit and discuss their business with the researchers. Also no problems were encountered discussing with the informal traders their trading patterns. The information contained in the report is illustrative of patterns of behaviour of different groups and does not claim to present an exhaustive (or statistically representative) view of all behaviours by the mobile groups studied.

2.5.4 Secondary data search and key partner meetings.

Secondary data was collected from the following sources; IOM, FDC (Mozambican NGO), CARE, Goal and the Technical Secretariat for Food Security and Nutrition (SETSAN). General information about the geographic areas under study has been accessed from the; Household Budget Survey (IAF, Ministry of
Planning 2004), the Demographic and Health Survey (DHS, Ministry of Planning 2004), SETSAN; and the Institute for Statistics in Maputo.

### 2.5.5 Capacity building in qualitative research techniques and mapping

The research has provided the opportunity to train some junior researchers from Apple partners and non-Apple partners. The contract with the University of Eduardo Mondlane to carry out the mapping also includes students under the supervision of a senior cartographer.

### 2.5.6 Mapping

A cartographer, with a team of students from the Geography Department of UEM has prepared the maps; working with the researchers to take the information from the flip-charts to the maps. The mapping programme used was ArcGIS, version 8.

Considerable challenges were met in the mapping exercise, namely:

- Lack of digitized detailed base maps for the towns in the study. The mapping team used scanned hard copy maps;
- Accurate graphic interpretation of hand-drawn maps. Future exercises for mapping may consider using GPS as a way of improving accuracy of information; and
- Lack of geographic information for key infrastructures in the country.

Working with a team of students has also proved to be a challenge as the level of detail required for the exercise and the interpretation of the written interviews and hand-drawn maps required constant vigilance from the field work supervisors and the senior cartographer. The analysis took longer than expected due to these problems.
3. BACKGROUND TO HIV AND MIGRATION IN MOZAMBIQUE

3.1 Setting the Scene: HIV and AIDS

The estimated HIV prevalence amongst adults in Mozambique has risen from 3.3% in 1992, to 14.9% in 2004 and the most recent figures give the prevalence for the whole country as 16.1% (UNAIDS). Of the 1,258,000 adults (15-49 years) living with HIV, 62% are women. Epidemiological data indicates that the HIV epidemic in Mozambique has particular regional characteristics, and that estimates of prevalence are higher in younger women. The gender disparity is striking within the age group of 20-24 years where women living with HIV outnumber men by three to one.

The determinants and characteristics of the evolution of the AIDS epidemic are extremely important and, as yet, not fully understood. For example, there is an assumption that the higher levels of HIV prevalence experienced in the provinces of Manica and Sofala are a result of returning refugees after the end of the war in 1992 and specific migratory labour patterns along main trading corridors. Another critical factor under discussion is the impact of livelihood systems and the range and likelihood of different risks to populations due to livelihood options. Thus for example, different livelihood systems in urban and rural areas will have different levels of exposures to multiple risks.

Population mobility due to migration, trade, educational opportunities, and livelihood strategies are some of the key determinants in HIV vulnerability in Mozambique. A spatial understanding of risk (including risk as perceived by communities) is extremely important in terms of increasing knowledge of the determinants of the epidemic and assisting in the design of effective mitigation programmes.

3.2 History of migration and movements

Population mobility in southern Mozambique is characterized by pre-colonial, colonial and post independence economic dependence on neighbouring countries. Formal cross-border labour migration between South Africa and Mozambique dates back to the mid 1800s when South African diamond and gold mines were founded. The effect on this migration on the Mozambican population has been profound.

“In Mozambique 29 percent of the adult population has been to South Africa for work, 53 percent had parents that worked in South Africa, and 32 percent had grandparents that worked in South Africa” – (Crush 2005).

Irregular migration pre-dates these formal arrangements and continues to this day. During the 17 year civil war in Mozambique both legal and illegal border crossings continued. Some changes occurred in terms of the gender dynamics of migration as women began to move across the borders and outside of their...
communities in order to trade and seek safety (during the war). At the height of the war more than 1.3 million Mozambicans were refugees in neighbouring countries and between 4 to 5 million were judged to be internally displaced people (Baden 1997).

Map 3: Origins of Migrant Workers to South Africa

Some patterns of movement are changing in the south of Mozambique with legal short-term migration to South Africa now very easy due to the lifting of visa restrictions. Over the last ten years there has been constant downsizing of the mining operations in South Africa, however, there are still over 46,000 miners employed legally in the mines from Mozambique, down from the 57,000 employed in the year 2000 (Teba).
In addition to the continual cross border movement to South Africa the post war period has seen intense movement within Mozambique in the area studied in Northern Inhambane. A variety of mobile groups, including traders, truck drivers (internal and cross border), school children in boarding facilities and trainees in various institutions are found there. With the improvement of the infrastructure people are reaching ever more remote places in the country.

In the North of Mozambique the Nacala corridor serves Mozambique, Zambia and Malawi. In the 1890s the vast majority of Malawian trade passed through Mozambique to Nacala or Beira. However, this changed due to political pressures and the war. The railway link was developed in the 1970s before independence and originally served the port of Nacala and the province of Nampula. The line was then extended to take advantage for the agricultural surplus in Niassa province and trading opportunities in Malawi. The war in Mozambique effectively closed trade between the countries using the railway line, but resulted instead in the movement of Mozambicans and displaced people and refugees to Malawi and Zambia. With the end of the war, the extensive road and rail rehabilitation programme, and the agricultural recovery, meant that the Nacala corridor is once again a busy route for goods from the hinterland to the port and vice versa. Traders from the Nacala corridor trade deep into the south of the country as well across the border in neighbouring countries. The area covered by the study is characterised by low off-farm employment opportunities, increasingly improved agricultural production and incipient agro-processing industries. However, the extremely weak marketing infrastructure continues to limit livelihood expansion. In Niassa there is vast potential of both agricultural production and exploration of natural resources but the province continues to battle with poor basic infrastructures, low population density and no marketing infrastructure.

3.3 Key aspects of the socio-economic environment in Mozambique

3.3.1 Changes in the geopolitical situation in the Southern African Region.
As mentioned in the previous paragraph the end of the apartheid regime in RSA provided new opportunities for trade and investment across borders. South African industries are increasingly investing in Mozambique in the last decade. For example, the development of the sugar industry in Gaza and Sofala provinces, the establishment of a large aluminium plant in Maputo province and the gas pipeline from Inhambane to South Africa. Formal employment of Mozambicans in the South African mines has remained steady in the last decade although much lower than in the 1970s. The relaxation of visitors visas between Mozambique, Swaziland and South Africa has meant that informal trade has burgeoned with petty trade becoming one of the mainstays of thousands of households in the South of Mozambique. Trading relations with Zimbabwe and Malawi have changed since 1992, exemplified by the fact that Mozambique is now a maize exporter (informal market) to Malawi (FEWSNET et al 2005), and Zimbabwean migrant workers are working in the tourist and farming sectors in Inhambane province and Manica province.4

3 Geographically the Nacala Development Corridor extends from Mchinji in the west of the central region of Malawi and runs east across the country to Machinga and south to Nsanje. It covers the central and southern part of Malawi and extends eastwards into Mozambique to the coast at the port of Nacala. It also includes the Cuamba-Lichinga railway line to Lake Niassa.

4 There are no figures for the number of Zimbabwean workers that are employed in either the tourist or farming sector although they tend to be employed in businesses run by fellow Zimbabweans. Zimbabwean commercial farmers are investing heavily in Manica Province and the majority of the lodges and hotels in Inhambane province are joint ventures with Zimbabweans or South Africans.
Gender and mobility
The increased mobility of women that started through forced displacement during the war has changed in nature since 1992; women are now active in the areas of informal trade making numerous visits per year (Baden 1997). It was clear from the study that women take an active role in all forms of trade both within the country and across the border. This is particularly true of women in Southern Mozambique but the evidence from the study points to increased participation of women from Nampula and Niassa in trading activities (although generally within a narrower geographical range).

Natural Disasters
From 1992 to 2005 there have been a series of extreme weather events that have led to both large scale population movement (exemplified in the 2000 floods) and temporal and circular movement of people during the severe droughts in the early 1990s and the growing seasons of 2002/3 2003/4 and 2004/5. 5 Mozambique was especially hard hit by the floods and the drought cycle that began in 2002.

Infrastructure development in Mozambique
Since the end of the war in 1992 there has been extensive road building programmes that have restored the post-independence (post war) road structure in the country.6 In addition, all of the major ports and railways have been re-established and/or expanded. No new railways have been built. With the advent of peace and the extensive infrastructure rehabilitation, movement of people and goods has steadily improved, although transportation costs are still stated to be the highest transaction cost for traders, industries and travellers.

5 In 1992/3 there was a severe drought in the Southern Africa Regions, in 1999 there were floods in Inhambane province, in 2000 there was extensive flooding in the southern and central regions of Mozambique, from 2002-2005 there has been a severe drought that has affected the southern and central parts of Mozambique, as well as affecting neighbouring countries of RSA, Zimbabwe and Malawi.

6 Personal communication from engineer at the National Road Administration. There are no published comparative studies on the infrastructure rehabilitation.
4 GENERAL FINDINGS

4.1 Population movements within and across the Mozambican border

Population mobility has been a feature of pre-colonial, colonial and post colonial Southern Africa, with movement in response to climatic changes, wars, and economic pressures.

Notable during the study was the intensity of population movement originating from a vast range of age groups and involving both women and men. The mobility can be generally characterised as “circular and temporary” rather than permanent (Gould, 2004), with the exception of the established refugee camp in the northern town of Nampula.

The populations living on the corridor in the North of Inhambane is fluid with movement between districts, between provinces and to and from neighbouring countries. The movement can generally be characterised as circulatory, with people moving to study, trade or as part of their work schedule and returning to a home base. Both men and women are mobile in the north of Inhambane in terms of informal trade. Formal contract labour, mainly in the mining sector in RSA, is still dominated by male migrant labour although there are some indications that the wives of the younger generation of miners are now regularly travelling to South Africa to be with their husbands for short periods of time. School children and trainees include adolescents of both sexes and make up another visible mobile population group in Northern Inhambane.

Although there has been a severe drought in the area for four growing seasons (from 2002-2005) there has not been any breakdown in the normal social structures, although there was more than the usual short-term movement of men and youths out of the interior areas in search of temporary work. In Northern Inhambane people would generally expect to earn on-farm income from piece work at the time of the study. However, due to the four-year drought there is no farm labour work available and people have been forced to seek alternative forms of income generation, often involving seeking work outside of their home area. There were some unsubstantiated reports of whole families moving in search or work or food.

Many of the mobile population groups in the Nacala corridor fall into the same categories as the groups in the Northern Inhambane corridor. However, there are a few groups that are specific to each area, namely, miners in Inhambane and port workers, sailors and railway workers along the Nacala corridor. Informal traders in the North of the country travel long distances for considerable periods of time, both within the country and to neighbouring countries. The longer distance traders tend to be men from the North of the country. Women traders are usually from Nampula and are less likely to be long distance traders although they are increasingly making shorter buying trips to supply their market businesses.7

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7 From field observations in Nampula/Niassa during the research – there are no formal statistics for female traders from Nampula and Niassa.
In general the length of journeys on the corridors range between ten days and four months, with the exception of miners who spend the vast majority of the year in the mines with only thirty days leave a year. Generally miners will return to Mozambique at the end of the year (end of the contract period), although increasingly, due to improved transport between Mozambique and South Africa they will return for short visits at Easter and for long holiday weekends.

Traders go to other provinces in the country and neighbouring countries in order to buy and sell, taking up to four months per trip; truckers described trips of between ten days to two months; and school children and trainees returning home three times a year.

Through extensive discussions with many of the market traders and the truck drivers it was reported to the researchers that sexual activities takes place on nearly all trips. There was no reluctance to discuss this issue. Population groups who are away from their homes for longer periods of time, such as military personnel and boarding school children are reportedly involved in high risk sexual behaviour including multiple casual partners and unprotected sex. Even though condoms are generally available and people are aware that condoms protect you from HIV, overwhelmingly people are not using condoms during sexual intercourse, even when there is a perceived risk.

4.2 Access to Information and Health Services

The study found that reaching mobile populations with messages, information or services is challenging on two levels.

Firstly there are problems of communicating with people on the move. For instance long distance truck drivers that arrive at their destination for the day at 9pm in the evening simply want to relax for the evening before they move on again at dawn which means that the opportunities to access these groups with information, education and communication during the journey are limited. Regular meetings or opportunities for peer education are also complicated with informal traders moving at irregular intervals (when they need more money, when they have sold their stock, when they hear of new opportunities). School children and adults living in communal accommodation are, in theory, easier to target, however, the attempts made to date do not seem to have addressed the specific nature of each of these populations and has proved to be largely ineffective.
Secondly, the nature of the mobile population groups places them constantly in new “communities” where different norms may apply. It is difficult to achieve dialogue as people are “exploring strategies for survival and coping” outside of their own cultural and societal norms and practices. This is one of the major challenges that requires taking a nuanced and complex view of people’s realities and discuss new forms of discussing behaviour change.

Access to health facilities is limited in much of the country. The Demographic Health Survey (DHS) of 2002 stated that only between 30 and 50% of the population had adequate access to health facilities (lived within 10km of a health centre or hospital).

Researchers found that health infrastructures responding to the HIV crisis are inadequate in the Northern Inhambane corridor and on the Nacala corridor; there are few testing and counselling centres, and the existing facilities are poorly staffed. There are few adolescent friendly services; and no health facilities catering to people with unusual working hours (truck drivers, sex workers etc). Many of the interviewees reported having had sexually transmitted diseases (STIs) and there were also high reported levels of unwanted pregnancies among school children.
Interviews with the staff at health service facilities in the areas studied reflect the frustration they feel in not providing an adequate health services which lack in laboratory facilities, qualified staff and flexibility to respond to the specific needs of the different mobile population groups. There are plans to carry out outreach activities but there are no funds or resources to put these plans into action.

Health workers indicated that when Voluntary Counselling and Testing (VCT) centres are established they are well received with an ever increasing number of people going to be tested, however, there are very few facilities available and the distances that people need to travel to be tested are prohibitive.

Map 5: Health Facilities and Voluntary Testing and Counselling Centres (Nampula)

Some of the problems indicated by health staff in terms of testing and access to treatment for opportunistic infections are listed below:

- Distance and transport: people cannot reach the health posts;
- Poor health status in general: people have high levels of malaria, anaemia, respiratory infections and infectious diseases;
- High population mobility making service delivery difficult to predict; health facilities placed in areas of high concentration of transient populations have difficulties assessing the needs of the populations in terms of management of medical supplies, prevention campaigns; opening hours and levels of service provision;
• Health services are not adapted to work with young adolescents and generally do not have the resources to establish an outreach service. There are no school programmes focusing on health and sexuality issues with school children in the areas of the study;

• Migration to South Africa – whether legal or illegal - presents problems to the health staff in the areas of the research in Inhambane. The influx of returning migrant workers make the local population swell at certain times of the year especially at the end of the year. There are also problems with lack of male involvement in preventive health care programmes (ante-natal, vaccinations etc) and follow-up consultations for TB and STIs as they are largely absent throughout the year;

• Widespread polygamy in both Inhambane and Nacala is common as it is a traditional practice in all of the rural areas of Mozambique and is sanctioned under traditional customary law. Polygamy takes a number of different forms but usually involves women having their own plots of land and working on a communal family plot that is managed by the husband. Men will generally not use condoms or use any form of protection for pregnancies or STIs with their (multiple) wives;

• The Influx of migrants from Zimbabwe and Malawi into Inhambane and the Nacala corridor which according to some informants puts pressure on the free health facilities in the district capitals and in the areas of concentration on the corridors. This is seen by the health workers to deplete medical supplies, although there is no clear indication from health statistics on the health seeking behaviour of migrant workers in Mozambique. Statistics for the use of health facilities is weak and does not reflect the real flux of patients or the origins of the patients.

As can be seen from the information presented in this section one of the major challenges facing Mozambique is the critical lack of health services to serve a vast country with a dispersed settlement pattern. Basic health coverage is stretched to the limit. It is therefore difficult to consider the provision of flexible services that can cater for the different mobile population groups on a nationwide scale.

Perhaps most importantly in this respect are the long distance truck drivers whose work schedule is unremitting and who have little time to attend a clinic. Public or private clinics should be available at convenient locations in or near truck loading depots and truck stops and be open at all hours of the day to accommodate the needs of these mobile men

Two other groups that require specific attention with regard to accessing health services are school children and sex workers. There is a policy in the country to provide adolescent friendly health services – this should be extended to all of the areas that have boarding school facilities in order to support the schools in providing a caring environment for the children.

In a number of cities (for example in Beira and Manica) night clinics have been established to serve sex workers and other night shift workers such as port workers and transport workers. Health workers from

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8 Various wives may live within the same compound or each wife may have separate dwellings with their children. It is common practice for sisters or female relatives of the first wife to be co-wives.
these clinics consider the work to be valuable even though they work under extremely difficult circumstances with a lack of resources dedicated to the service.

Providing flexible and responsive health services is a luxury usually only afforded by well-resourced public sectors. However, even in resource poor environment, not providing services that reach these high-risk groups will have far reaching effects on the whole population as shown by the numerous maps indicating stopping off points, hot-spots for high risk encounters and the origins of the student and trainee populations.

4.3 Community Responses on HIV Prevention and Care

In general the study finds that there is sparse coverage of community volunteers and/or PLWHA associations in both of the areas covered. The best served area is the north of Inhambane, namely Vilanculos and Mabote where the NGO CARE has mobilised not only specific community volunteers to work with HIV, but also agricultural extension officers, farmers associations and women’s savings groups. There are also a number of faith based groups working in Northern Inhambane advocating abstinence coupled with food distribution programmes for drought affected communities such as Samaritans Purse with food provided by WFP.

In Nampula there are a number of groups working with specific populations—such as Save the Children (US) and World Vision working on HIV prevention projects, including VCT and treatment of opportunistic infections with refugee populations in the camp and Salama, a Mozambican NGO, working on the railways between Nacala port and the border of Niassa and Malawi with the railway passengers. Salama has developed a number of songs and theatre pieces that are performed on the train throughout the journey to entertain and educate the passengers. CARE has been working to support the associations of PLWHA in Nampula city and developing a Home Based Care programme in key areas along the corridor.

All interviewees, both from the community and the health service providers, were enthusiastic about the use of volunteers from the community and in particular peer educators but, as stated previously, coverage was low and people were not confident that the work would continue without outside support.

The work of the multiple education campaigns, radio coverage, activists work, work by community leaders and the government is reflected in the high levels of awareness about HIV and the way in which HIV can be contracted. However, there appears to be a critical disconnect between awareness and any form of behaviour change which reflects the trend throughout the region.

4.4 High vulnerability areas in Inhambane and Nacala Corridor

As can be seen from the following maps the main vulnerability areas in the two corridors are concentrated geographically close to the road and the markets, around secondary school boarding facilities and in open spaces such as park land and beaches. In Nacala port the areas of risk were concentrated around the
Commercial and transactional sex is practiced in the bars and boarding houses in the city with emphasis on the areas closest to the port. The maps indicate areas that were highlighted by a number of informants representing different population groups but do not pretend to act as an exhaustive guide to all places where sex between mobile and sedentary populations take place.

There are a wide range of options for people in terms of places for sex, including rooms rented by the hour in restaurants, boarding houses, hotels, houses specifically rented for sexual encounters and in the cabs of trucks... There are no substantial differences between many of the mobile population groups and their choice of places for sexual encounters, the only exception being school children who often do not have sufficient money to hire rooms and so will use open spaces on beaches, waysides and parks.

**Map 6: Places of Sexual Encounters and Risk, City of Nampula**

The study identified some geographical areas of high risk and vulnerability:

- **Nacala port and railway.** The sex workers in Nacala port are frequented by both transient populations from the port and railways and the resident population in town. The high levels of trade through the port and the railways make Nacala Port one of the key risk and vulnerability areas on this northern transportation corridor.

- **Ribaue trading and railway stop.** In a number of the interviews with truck drivers and traders in the Nampula and Nacala it was stated that Ribaue was one of the key stop over points and an area

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9 Unfortunately after extensive efforts to source a map of Nacala port we were unable to find a street map. It was therefore impossible to translate the field map to meaningful map of areas of risk.

10 Information about Ribaue was collected through the truck drivers, traders and accounts from the CARE staff. No primary research was carried out in Ribaue.
where there was a great deal of transactional sex taking place. Truck drivers mentioned the girls from Secondary School as one of the main sources of transactional sex in Ribaue.

- Mandimba border post, the border post with Malawi, in the province of Niassa, is a busy crossing point for traders and constitutes one of the areas where sex workers are attracted to the town in order to earn their living. The main customers for the sex workers are the traders, truck drivers, male residents without their families such as border officials and people who go to Mandimba for seminars and workshops.\(^{11}\)

- Alto Malocue and Nicuadala,\(^{12}\) a crossing point for traders and truckers in the province of Zambezia are small towns and transit points for traders and truck drivers. Traders stated that there is an active sex workers trade in both of the towns.

- Inchope in Manica Province\(^{13}\) is a pivotal point in Mozambique’s transport network. It is the locality that links the corridor from Maputo to Manica/Zimbabwe, the Beira corridor from Beira to Zimbabwe, and the Maputo traffic going to the north of the country (and vice versa). The area is a fuelling stop and is replete with small informal restaurants, bars and sleeping accommodation.

Map 7: Places for sexual encounters and risk, Pambara, District of Vilanculos

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11 These people often have per diems for participating in the workshops and the sex workers stated that the male participants were good customers.

12 No primary research was carried out in these areas. Information was provided by truckers and traders.

13 See footnote 22
- Pambara is one the cross roads for Vilanculos on the Inhambane corridor and has grown considerably as a trucking stop.

- Vilanculos was considered by the researchers to be an area of high risk and vulnerability mainly due to the influx of tourists to the area that has attracted sex workers from outside of the town and fuelled the increase in numbers of local sex workers. In addition to tourists there are a considerable number of migrant workers from Zimbabwe who work in the holiday resorts and who are clients of the sex workers.

Map 8: Places for Sexual Encounters and Risk, Vilanculos, Inhambane

- Massinga trading area in Inhambane is the main trading centre for second hand cars and consumer goods from South Africa. The district is also one of the main recruitment areas for miners to work in the mines in RSA.

- Maxixe trading centre is the main trading centre for Inhambane and is home to a number of trainee institutions and boarding schools. The busy town was recognised by the people interviewed in the study as one of the main areas where transactional sex takes place in Inhambane.

Country-wide traders and truckers reported that school children are vulnerable as they travel to and from school three times a year. School children are generally unaccompanied in the journeys to and from school and will generally travel alone or with fellow pupils, i.e. not accompanied by adults. There is no special
provision to transport school children, for instance by buses at certain times of the year, thus adding another level of risk to an already vulnerable group of adolescents.

**Map 9: Places for Sexual Encounters and Risk, Madimba, Nampula**

### 4.5 Attitudes towards HIV risk

The study found a common theme throughout all mobile and sedentary population groups which is that the risk of contracting HIV constitutes just another risk among many other, often more immediate risks that they face daily. This is especially true for the adult mobile populations that face severe economic stress and whose principle concern is to maintain their families in the immediate future.

Younger sex workers and adolescents at schools are more aware of the dangers – but are often more concerned with satisfying immediate sexual or material needs then worrying about an already uncertain future. The lack of control over their own futures seems to lead to a fatalistic view of how their lives will turn out.

In the work carried out with the young sex workers in Nampula it was clear that the money made was used for buying expensive clothes, make-up and having elaborate hair procedures. The young women were not saving or investing money but using all their earnings on today’s pleasures. Older sex workers in Nampula were more concerned with providing for their children, educational opportunities, clothing and health care.
Boys in boarding schools were aware of the risks of HIV infection but still felt they had to have sex and would risk infection by having unprotected sex with sex workers at the lower end of the market rather than not have sex at all.

Older and financially stable men in the mobile groups express their masculinity through sexual encounters and status is attached to men who have more than one partner. All this leads to risk taking in an environment where the STI may turn out to be fatal.
5. MOBILE POPULATIONS

5.1 Informal traders

Due to the years of conflict and former underdevelopment of the rural distribution network, informal trade continues to be the main form of trade that support the rural agricultural producers and the rural and peri-urban households. Although there are no official figures, it is clear from the literature that informal traders make up a high percentage of overall trade in the country and in the region. There are examples of the informal maize trade in the north of the country where in 2002/3 130 MT and 2004/5 700 MT of maize was exported from Mozambique to Malawi through informal small scale traders, which made up the bulk of maize trade between the two countries (FEWSNET et al, 2005).

Map 10: Traders routes from Mercado Novo in Maxixe and market in Morrumbene, Inhambane
During the colonial period in Mozambique that ended in 1975, the rural trading mechanisms were under developed and relied on Portuguese shop keepers in rural stores (cantinas) as both the purchasers of agricultural produce and the suppliers of basic consumer goods. After independence the economic sectors were nationalised and national agricultural purchasing boards were established. The 17-year civil war destroyed both the production base and the commercial network in the country. During the civil war trading continued but in an unregulated, transient and informal setting. One of the major changes noted during the war was that women began to be involved in trade (Baden, 1997). After the war the trend continued and women expanded into trading in many and varied commodities. At the end of the war in 1992, people moved back and re-established on the land, but maintained links to the urban areas of refuge and the neighbouring countries which led to a further intensification of trade relations between dispersed communities (Baden, 1997).

In the north of the country the war led to the isolation of rural communities and a drastic reduction in agricultural production. The railway was virtually paralysed, Nacala port under used, and the Nacala corridor unsafe for travel.
The research covered two relatively small areas of the country and interviewed a diverse range of traders. The research does not represent the trading patterns of the whole country or represent all the goods that are traded nationally, however, the information collected is an indication of the intensity and the typology of trade that is practiced in the country and offers interesting insights into trading patterns and increased risk of HIV transmission.

Commercial Distribution Network
Due to the lack of a commercial distribution network in the country, goods are moved around the country by individual traders. There are thousands of small traders that move within the country and outside of the country to buy stock or sell produce. This greatly increases the number of mobile people along the corridors.

Poor infrastructure and transport possibilities increases the length of time that people are forced to spend on the road in order to keep their stock and low investment businesses means that the trips are frequent as they do not have enough to invest in bulk purchases. The majority of these traders are working outside any fiscal or legislative framework and are therefore offered little labour protection and have low access to formal loans.
High transport costs

One of the highest costs for the small informal trader is transport, due to the length of the journeys involved and the lack of an organised wholesale network. Informal traders use commercial passenger transport or take rides with truckers. It is estimated that at least 10-15% of costs involved in the maize trade is due to transportation. There are many reports, both in this study and in other literature that women will trade sex for reduced transport tariffs.

Gender dynamics of informal trading

Discussions with female traders revealed that their businesses are undercapitalised and they need to make frequent buying trips as they cannot afford to invest large amounts of capital in stock. The study showed that the majority of the traders in areas studied in Inhambane were women and they tended to be linked to the cheaper end of the market rather than high value consumer goods. These ranged from the tomato vendors that buy just enough to sell for 2-3 days and then return on the 250 km journey to Chokwe, in the province of Gaza, to re-stock, to women buying beans and groundnuts who travel thousands of kilometres to Tete, Zambezia and Nampula to buy supplies for up to 3-4 months trading.

Similar discussions with the male groundnut and beans traders working in Inhambane, but originally from Nampula province, revealed that they generally have a larger capital base and make less frequent trips. They will often stay in the north for prolonged period, partially due to the fact that they have wives and children in the province.

Some gender analysis of informal trading stresses both the liberating effects of informal trading for women and the inherent dangers of trading especially for women (Baden, 1997; Watchirs, 2003) who report that they could earn their living and enjoyed moving and learning more about the world. However, they did not down play the daily problems they faced in terms of crime and corruption, and the dangers of carrying out this business.

Box: Female Traders and Sexual Behaviour

What makes the female traders resilient to risky sexual behaviour?
- Trade increases the livelihood strategies of the households, women are often more independent and street wise, and this may lead to the possibility of negotiating safe sex
- Independence and openness allows more informed discussion of the identification of danger spots and ways of protection
- Status in the community can make them good peer educators

What makes female traders more susceptible to risky sexual behaviour?
- The lengths of time that are spent on the road and the dangers of a the journey such as engaging in unprotected sex with border officials to clear goods with customs
- The small profit margins of the trade means they look for ways to increase their profit margins and as travel costs are one of the major costs they may have sex in return for transport.
- Lack of access to cash and capital means that women are mainly confined to those activities which have low entry costs and low skills requirements, which tend to be the most competitive and least profitable
Movement of the traders originating from the two corridors

Below is a summary table of some of the products traded and the frequency of the purchasing trip. Mobility by informal traders can be divided in short frequent visits, frequent long visits, and occasional very long visits. The lengthy discussion held with traders of all ages and both sexes revealed that all the different types of trading have similar potential for contracting HIV through risky sexual behaviour. Even in the shortest of journey - in time or distance - they report having sexual relations outside of the stable relationship.

### Table 1: Informal traders: A sample of trading patterns

<table>
<thead>
<tr>
<th>Product</th>
<th>Sex / Age of traders</th>
<th>Where goods are purchased</th>
<th>Where goods are sold</th>
<th>Length of journey Days</th>
<th>Frequency Per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beans and Maize</td>
<td>Male</td>
<td>Nampula</td>
<td>Maxixe market</td>
<td>30-60</td>
<td>2-3</td>
</tr>
<tr>
<td>Beans and ground nuts</td>
<td>Female 18-45</td>
<td>Nampula/Cabo Delgado/Zambezia</td>
<td>Maxixe market</td>
<td>10 - 30</td>
<td>5</td>
</tr>
<tr>
<td>Garlic</td>
<td>Female 18-45</td>
<td>Tete</td>
<td>Maxixe</td>
<td>10</td>
<td>3-5</td>
</tr>
<tr>
<td>Tomatoes</td>
<td>Female 18-45</td>
<td>Chokwe, Gaza</td>
<td>Maxixe</td>
<td>2-3</td>
<td>24</td>
</tr>
<tr>
<td>Clothes and basic and manufactured <em>(South)</em></td>
<td>Female 18-45, Male 18-25</td>
<td>South Africa, Maputo City, Beira</td>
<td>Maxixe, Morrumbene</td>
<td>2-5</td>
<td>24</td>
</tr>
<tr>
<td>Clothes basic and manufactured * (north)</td>
<td>Male (often non Mozambican)</td>
<td>Malawi, Tanzania, Zambia</td>
<td>Nampula, Nacala, Mandimba (Nissas)</td>
<td>7-21</td>
<td>12</td>
</tr>
<tr>
<td>Coconuts sold – dried fish bought</td>
<td>Male 18-45</td>
<td>Cabo Delgado/Nampula</td>
<td>Morrumbene</td>
<td>60-150</td>
<td>2</td>
</tr>
<tr>
<td>Coconuts</td>
<td>Men 18-45</td>
<td>Zambezia</td>
<td>Nacala Nampula</td>
<td>60-150</td>
<td>2</td>
</tr>
</tbody>
</table>

* The goods referred to range from hair care products, personal and domestic hygiene products, pots and pans to electric domestic goods at the higher end of the market.

The market in Maxixe in Northern Inhambane provides us with rich examples of the multiple trading strategies that exist in the country.
Northern traders (male) settled in Maxixe (Focus Group Discussion)

There is a group of traders from the north of the country that comes to trade in maize and beans. Many of these have now settled in Inhambane with frequent trips back to the north to buy produce and visit family left behind. In conversation with this group (a relatively wealthy group of men) they reported that normally they will have a partner and children in their home province who they visit during buying trips two to three times every year; they have a partner and children in Maxixe where they live for most of the year, and if they are particularly successful they may be involved in polygamous marriages in Inhambane. Alongside these stable relationships they are involved in sexual relations with causal partners and will often attract young girls from the boarding schools as they are seen as being easy to persuade and not as expensive as sex workers,
The traders in this focus group discussion reported that they rarely use condoms as they feel that when they pay for sex then they have a right not to use condoms and with the school children it is not necessary – the girls are rarely in a position to demand the use of condoms. At their home(s) they do not use condoms. This focus group was also particularly vocal in their disbelief related to HIV and AIDS issues. They believed that HIV was a conspiracy invented in order to control their sexuality that they equate with their masculinity, one “jokingly” said that AIDS meant “SIDA – Sistema Internacional de Diminuicao de Amizades/Amantes!” which translates as “AIDS stands for the International System for Decreasing Lovers!” and therefore they did not believe that AIDS exists.

Female traders in Maxixe
Trading alongside the male groundnut and beans traders are female traders of the same produce, some of whom also trade in garlic from Tete. They are generally from Inhambane province and will make frequent trips to the north and centre of the country to buy supplies. On the long trips they will usually travel in pairs or groups of three. The women will sleep in warehouses in order to save money and guard their goods. They report being sexually active on these trips with fellow travellers, taking a “friend” but never their partners or husbands with them, or paying for sex. The women usually fall into the age bracket of 18-35 years old. This group of women are report exchanging sexual favours with transporters to reduce transport costs as this makes up a large percentage of their profit margin. The women said they would use condoms in the casual relationships but not at home.

Another group of, largely female, traders trade in tomatoes that are purchased in Chokwe an estimated 250 Km from Maxixe. They have no storage facilities and they do not join together to hire transport or carry out bulk buying. Each trader will go to Chokwe to buy their own stock. As they have neither large amounts of capital, transport or refrigeration facilities they will make these trips every ten days. The trip takes between 3-4 days including travel and purchasing time. The women will sleep in warehouses or with family members. The women interviewed reported that they are sexually active during their buying trips. The women interviewed stated that they do not use condoms.

Consumer durables and younger men
Both male and female traders trade in basic consumer goods and clothes that are bought in South Africa, Maputo or Beira. The length of the trips depends on the destination. Once again, these trips are more frequent because of the small amounts of capital that the traders have to invest in produce and the lack of transport for carrying larger quantities of clothing or consumer goods. The male traders in this business are generally in the age bracket of 18-25 years old, the women are between 18 and 35 years old. Although this group were less explicit about their sexual activities, they indicated that they were sexually active during the trips. The younger men often have girlfriends at home but are sexually active on the trips. They do not
generally use condoms even though they are aware of the dangers of sexually transmitted disease including HIV infection.

**Possible responses to reduce HIV vulnerability of informal traders**

Traders were the most heterogeneous group studied in this research as they cover a wide range of age groups and both sexes. This makes the type of messages that can be passed to this “mobile population” very complex. For example, women between 30 and 50 years old need different types of counselling than girls of 18-25, young boys or married men. Peer education should take into consideration the dynamics within each trading group; leaders of these traders could be effective educators while on the road and at home. They represent a spirited and ground-breaking group ideal for leading change.

Tackling some of the structural problems of the informal trade sector will not only improve the livelihoods of the traders but drastically reduce their risk exposure, namely; reduce travel time through improved infrastructure; reduce the frequency of the trips through increasing capital and warehousing facilities; encourage collective buying to reduce the number of people moving; understand more about the reasons for the lack of a distribution network for basic goods and institute measures to activate an efficient wholesale distribution system.

**5.2 Secondary School Children**

Secondary school facilities in Mozambique are generally located in district capitals or larger towns and. Many of these secondary schools have boarding facilities and those without formal boarding facilities have informal systems where the children rent accommodation near the school or stay with family members. In Inhambane alone there are 21 boarding facilities.

The reach of the boarding schools is shown by the series of maps showing where the children come from in order to go to school. The maps graphically demonstrate the extent of the potential problem of the spread of HIV as the school children are at school from February to October/November and return home at least three times a year.
The study found that especially young females student attending secondary school to be extremely vulnerable to HIV as they are the focus of attention of other mobile populations such as informal traders and in particular truck drivers. Although there has been a drive to establish counselling services (but not testing) in the secondary schools, fundamental flaws in the design of the services has meant that they are under used and in some cases the services are not functional. For example, in all the schools visited in Inhambane the trained counsellors were teachers or directors in the schools, making it unlikely that the children would confide in these people or discuss their problems.

Unfortunately the state boarding schools are often in a woeful condition due to the lack of resources in the education system and years of neglect during the war. Some of the schools are now run by religious missionaries but generally they are under the care of the education authority. Mozambican education policy emphasises the need for girls to have an equal opportunity to access secondary school education and the policy is supported by the major donors in the education sector. Although this policy has had patchy results more young people are now attending these facilities and are having to leave home in order to this.
Informants at one boarding school on the Nacala corridor reported that there had been 11 pregnancies in the last school year (2004) including girls as young as grade 5 (estimated between 11 and 14 years old).

During discussions held with the informal traders and truck drivers in Inhambane they admitted to have had sex with the school girls and also highlighted the fact that school girls are seen as attractive and easy" sexual partners.

*The structural and contextual reasons for the high risk of the boarding school children*

The majority of the children in the boarding schools come from low income households, with the exception of Maphinane in Inhambane where some of the children had considerable spending money. The boarding school in Mandimba on the Malawi border was one the poorest of the schools visited. During focus group discussions with the girls (aged 11-17 years old) attending boarding school in Mandimba cases of rape and physical abuse were reported by men in the surrounding villages. Also, the conditions at the school were well below minimum standards as there were no eating or cooking utensils and no bedding or mattresses for the girls to sleep on. The girls at the school had very little money with which to satisfy even the most basic of hygiene and personal needs.

**Map 15: Origins of the students at Boarding School, Nampula**
The girls in Mandimba spoke about abstinence as an ideal taught by the nuns, however in the small focus group, two of the girls reported having had STIs and all reported being sexually active and having both boyfriends (sexual partners) near the school and at home.

All of the schools visited by the field researchers had policies on HIV that covered basic knowledge of HIV, HIV prevention messages and school counsellors that had minimal training on discussing issues related to sexuality. However, in the majority of the schools the trained counsellors were authority figures in the school, for example the teaching director or the head teacher. The students in all of the schools visited stated that they did not use the school counsellors to discuss their problems.

All of the boarding schools visited stated that condoms were made available to students, but some pupils reported that most schools that did not make condoms available at weekends when the children had free time and were more likely have sex with other students or people in the community.

Map 16: Origins of the students at Boarding School in Chambone

Some of the policies in the schools put girls even at increased risk, for example one school in Maxixe, Inhambane closes their boarding facilities when at the end of each year girls who need to retake their final year exams are not able to continue staying over, leaving them for a period of around 15 days with out lodgings. Information about this practice first came to light when discussing with truck drivers about their
sexual practices and they spoke of this period of the year when the girls were ‘easy pickings’. At this time of the year the girls seek lodgings in the community or are supported by the truckers in exchange for sex.

Box: Risk factors identified by research workers through focus group discussions with the school children teachers and mobile populations.

- Children are at the age of experimenting and discovery including sexual experimentation
- They are away from home with few adults to control or place limits on behaviour
- School organization is not conducive to maintain discipline, in particular the question of leading by example when male teachers have sexual relations with pupils.
- Many of the children are on the poverty line and have problems of meeting basic needs (soap, toothpaste, and other hygiene products)
- Prevalent attitude of older males that relationships with the school girls are both desirable and legitimate
- Young adolescent boys with no money turn to risky sex with the low cost end of the range of sex workers
- Girls who are known to be sexually active are often sought after as they are seen to be sexually experienced, this may increase the risk of infection for the girl and her partners
- High levels of STIs and unwanted pregnancies were reported among school children increasing the risk of contracting HIV, and there are no dedicated health services to cater for their needs
Possible responses to reduce HIV vulnerability of school children

In order to decrease the vulnerability of school children, the positive aspects of having the children in one institutional setting should be taken advantage of for instance:

- Harnessing the energy and creativity of the children in theatre, sports, debate and discussion on sexuality
- Creating a supportive environment with rules that protect and not just discipline the children
- Meeting basic needs and providing minimum social and health services
- Investment in staff that can be seen as counselors and are not authority figures
- Attitudes of men in relation to school girls, including teachers

5.3 Army recruits and Trainee Teachers

Another group that was identified through the study as high risk was the group of young adults that are in various military training institutions in the country.

Map 17: Students Travel Routes to and from school and areas of risk

Map 18: Origin of Military Recruits at the Military School in Nampula
The army recruits have strong HIV prevention programmes in place including access to condoms and regular lectures and talks on HIV. In an interview with teachers in the military academy in Nampula it was clear that they were aware of the risks of HIV from unprotected sex with casual partners. They are often without their families for long periods up to two years and the majority of the people interviewed at the military college had extra-marital relations with members of the local population. The use of condoms is limited to relations with sex workers and does not include relations with regular extra-marital partners.

The training colleges for teachers in the areas researched have both male and female students. Relationships exist between students and with the local populations. As with the military colleges the majority of students in the colleges and institutions are aware of HIV including ways to prevent HIV infection.

During their careers these teachers, military, and police will be transferred frequently. Working with these young people during the training period is a window of opportunity to reduce risky sexual behaviour during their education and later on.
There is a need to include life skills as a core discipline in the training curriculum. The introduction of a professional ethics module as a requisite for graduation plus an enforceable professional code of conduct should be priorities for the armed forces and the education sector.

**Map 19: Origins of the Technical Students in Nacala**

5.4 Truck drivers

As the road network in the country has been rehabilitated and trading increased, truckers have become an important part of the mobile population groups in the country. The researchers found particular difficulties when trying to interview this group as they have extremely tight working schedules, working long hours and with quick turn around times, which makes it difficult to reach this group with prevention messages or for them to access health services. The truckers that work on the Inhambane corridor were interviewed at the depots in Maputo.

**Map 20: Truck drivers routes from the company Super Steel - Maputo**
The maps show clearly how far the truck drivers reach within the country, and that their journeys are not merely linear on the major north to south or east to west corridors. It should be remembered that the maps illustrate the routes taken by the truck drivers interviewed in the main starting points in the two survey areas and does not represent all trucking routes, suggesting an even greater coverage of the countries’ by-ways and highways than represented in the maps.

Map 21: Truck drivers routes from the City of Nampula
The truckers report a number of different sexual networking patterns during their journeys, all of which are potentially high risk. They report:

- Having regular sexual partners at trucking stops who are often the regular partners of more than one trucker;
- Taking a partner on the journey in the cab. This cuts down on the number of partners along the route but the travelling partner is not always the same person and is almost certainly not their wife or regular spouse;
- Casual sex at different places

Condoms are often not used with “regular partners” and travelling companions. Truckers claimed that they are sometimes used with causal partners.

Sometimes they get condoms at the border or they buy condoms either from commercial brands or the “jeito” brand that is part of a nationwide social marketing network to provide cheap condoms. Condoms can be accessed free at health centres but the truck drivers stated that they did not use this source of supply. The truckers report little or no contact with regular health services.

Map 22: Truck drivers routes from IFUKIL - Nacala
There is a high degree of knowledge on HIV among truck drivers and many mentioned that they have seen or heard of fellow truck drivers who have died of AIDS. However, many mentioned other risks as more immediate, such as losing their jobs, having accidents, robbery and other illnesses such as malaria that prevent them from working.

Researchers carried out some observations in Pambara, at the cross-roads with Vilanculos and the EN1.\textsuperscript{14} This was previously the main stop off point for the long-distance drivers in Northern Inhambane, however, they were told that truck drivers have moved 50 km up the road to stop as the security situation in Pambara was deteriorating with fuel stolen from trucks during the night and an increase in robberies. It is clear that if the trucking stop shifts, the small businesses for food, drinks and rest will also spring up on the new site. The risk of robbery was a much more important reason for changing of habits than any perceived risk of HIV.

The truckers interviewed in Nampula reported similar behaviour as the truck drivers in the southern parts of the country with very little use of condoms even though many of them reported having had STIs. They also confirmed that they differ in the way they pay for sex; they will pay around 50,000mt for women in town and a soda bottle full of petrol or a bar of soap for the girls in the rural areas.

\textsuperscript{14} National Highway 1 that runs from Maputo to the Cabo Delgado.
The truck drivers reported that the reasons for not having sex was more related to perceptions that girls in a certain area are “bad-luck”, for instance that they cause accidents or may cause them to lose their jobs through magic.

**Responses: reducing HIV vulnerability of truck drivers**

The majority of drivers carry a medical kit with them in the cabs for treating malaria and other infections. This may provide an opportunity for giving out a regular supply of condoms as, at present, they are not part of the kit.

Condoms should be available at all truck stops along the main corridors, including border posts. Also, the employer can provide condoms when the drivers receive their allowance for the trip. It was also suggested by the drivers themselves that as they spend all day in their cabs reaching them through music and radio; radio spots, debates, songs, have more chance of success than pamphlets or talks.

### 5.5 Miners and miners’ families

The number of Mozambican migrants working in the mines in South Africa has fallen since the 1970s but is still significant.

There are around 46,000 Mozambican miners formally employed in South Africa through the mining recruitment agency TEBA. Official sources said that there were 2,500 deaths of Mozambican miners in 2005 of which 140 were from mining accidents. The overwhelming feeling in the rural areas where there are high concentrations of miners’ families is that many miners return home to die. These are likely not to be captured in any official data as they merely become too sick to return to work and do not renew their contracts. One study by Helen Epstein (Epstein, 2001) states:

> “One TEBA official admitted that pensions and compensation money are owed to at least 10,000 miners. TEBA has not been able to localise them in order provide the pensions”.

There have been increasing attempts to register returning miners by TEBA and begin associations of PLWH. There are now three associations registered in the Inhambane area.

In one of the interviews with miners’ wives in Mabote, Inhambane Province, the extent of the impact of the migrant workers on the households in northern Inhambane was clearly shown when a woman explained that her husband was a long term miner who returned home for 30 days a year, and that all of her four brothers

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15 TEBA, Maputo office 2005

16 TEBA, Maputo Office 2005
were also in South Africa. All of her brothers have left wives and children in Mozambique as they come and go to South Africa

*Sexual Behaviour of migrant workers in South Africa.*

There have been many in-depth studies (Epstein, 2001) that have looked at the sexual behaviour of the migrant miners in the South African mines and considerable efforts have been made by the mining companies to make information (and condoms) available to the workers. Also many of the mines have workplace policies that include the treatment of opportunistic infection during the contractual period.

Miners stated that they generally used condoms while having sexual relations in South Africa but do not use condoms when they return home. At home they will often have more than one partner as they are on holiday and have the resources to have “fun” before returning to the mines.

One ex-miner stated that the social environment in the South Africa mines was complex:

“Men would have relations with the prostitutes that live near the hostels, or they would have homosexual relations with other miners. In recent years some miners have been allowed to take their wives or have asked their wives to visit them regularly. When they return home they often have an active sex life as they are relatively well off and they have a lot of free time.”

Ex-miner in Massinga, Inhambane.

*Miners’ wives*

The situation of the wives of mine workers is complex. Most women report to be faithful to their husbands and are dependent on them economically and socially. Most men send money home to their wives, if they don’t do this then the women are expected to borrow from the wives of other miners, creating a debt which is paid off when the husband returns. If the woman has not created this debt, she has to explain to her husband how she has managed to live for months without funds. There was a suggestion by the women that they “create” debts in order to allay the fears of their husbands. This is done with the support of the wives of the other miners. The men try to control the movements of the women and sometimes don’t allow them to trade or get involved in market work. For example, in the case of the miners’ wives in Mabote, they stated that it was the practice in the area for the children to go to the market on their way home from school rather than women as their husbands did not like them mixing with other men in the market place. 17

However, the women reported that they do have extra-marital partners, usually outside of their own villages, as in the village they are watched by other miners’ wives, family and neighbours. Sexual relations are reported to take place on visits to the capital of the districts or while visiting relatives.

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17 Information from a locality in Mabote, Inhambane
The miners’ wives interviewed individually reported that in their extra-marital relations they usually insisted on the use of condoms. They say that if the men are not willing to use condoms they end the relationship as they can always find other men.

“When I go out I take condoms with me, I take them from the health centre, and the men here do not refuse to use condoms because they know about the illness, it is not worth being shy to take the condom out – I just say here it is.”
Miner’s wife in Mabote. Inhambane. 2005

Women reported that the younger wives now visit their husbands on the mining compounds in South Africa which wasn’t the case for their mothers or grandmothers... One of the reasons for the change maybe the relaxing of the visitors visas to South Africa as well as better road infrastructure and increased movement of people after the war.. The women reportedly visit their husbands up to three times a year and the husbands usually move out of the hostels and stay in guesthouses when they visit.

In the two areas where the majority of the women were interviewed – Mabote and Massinga districts in Inhambane – a number of women are HIV positive and are now taking ARVs. The women did not know if their husbands had been tested but stated that many of the miners are returning home very sick. They do not discuss the issue with their husbands. They have become increasingly aware of this problem in the last ten years.

A traditional leader in Mabote mentioned that In Inhambane province the practice of sexual purification after the death of a spouse is widespread. The rites of sexual purification vary from community to community but always involve the widow having sex to purify herself after the death of her husband. If she does not go through this ritual she will fall sick and die. In some communities the women must have sex with a member of the husband’s family; in other communities she must have sex with someone from outside of the family. Some communities believe that it is not only the widow who will fall sick if she does not perform the purification rite but also all other family members. Only after she has had sex can other family members resume normal sexual relations without fear of become ill. The traditional leader mentioned that this rite is no longer being adhered to, not due to fears about HIV but because of increasing economic independence of women, especially the miner’s widows who receive pensions in their own names. With the advent of a widows pension one of the reasons for submitting to the sexual purification, namely the economic protection of the dead husband’s family, has been removed. These women are already fairly self-sufficient socially due to the long absences of their husbands throughout the year and now have a way of becoming economical independent.

5.6 Sex workers

Sex workers interviewed during the study served both the mobile populations and the sedentary populations of the areas where they lived. Some groups of sex workers mainly had clients from mobile populations such
as the sex workers in Mandimba on the Malawi border (see box below); Nacala, where the women worked with truckers and the sailors; Pambara, the trucking stop in Northern Inhambane; and Vilanculos where the clients were Zimbabwean migrant workers and tourists. The group of sex workers in Nampula generally worked with the sedentary population.

**Focus Group Discussion with sex workers in Mandimba (Border Mozambique/Malawi)**

The majority of the sex workers interviewed in Mandimba were Mozambicans from other districts in the province of Niassa. Some of them had arrived with their parents, others with husbands who have died and others who arrived looking for economic opportunities. Their clients include contract workers for the railways and construction industry, truckers, and border officials, including policemen and immigration officials. Another lucrative group for the sex workers are people who go to seminars run by the government or NGOs. The sex workers interviewed also have other small businesses, generally vegetable selling to help supplement their income as they do not earn enough from their sex work.

**Focus Group Discussion with sex workers in Nampula**

The situation described by a group of young sex workers in Nampula is quite different from the women working in Mandimba. The girls interviewed lived at home with their mothers or fathers; lived with their siblings; or rented apartments together. They were all from Nampula; many had regular customers and found other clients in the bars and discotheques in the city.

The girls were all aware of the risks they run of becoming infected with STIs, and many had already been treated, three had been treated for syphilis and one had lost her baby because of syphilis. However, they did not use condoms and neither did they have any price differential for condom and non condom use. They were aware of the risk of HIV but felt that it was more important to earn money for their clothes and entertainment than to think about a future illness. When asked about the things they liked and disliked about their work the possibility of becoming infected with HIV was not raised.

The study found one group of sex workers in Nacala who were all single mothers organised in an association called AMORA, a Mozambican association supporting Sex workers with children. These women were fighting to get better access to health care.

There was no evidence that women were controlled or organised by men who procured clients for them, and they did not live in brothels or closed houses. Many of the women had multiple income earning ventures, but for all of them the most lucrative and steady work was sex work.

Men interviewed reported inconsistent condom use with sex workers. Many referred to the fact that Tanzanian, Malawian and Zimbabwean sex workers would not have sex without protection but in Mozambique it varied. Many admitted to paying more for having unprotected sex.
7. Future developments for the transport corridors

In general the perspective for the two areas in the study is that there will be increased and improved road coverage within and between the provinces, further encouraging trade between communities and across border.

Map 23: Main Development Projects

There are a number of developments that might increase the number of people coming into the area and increase the possibilities of high risk sexual activities in Mozambique:
• In line with the Mozambican Poverty Reduction Strategy (PARPA), the Nacala Development Corridor will continue to emphasize the exploration of the agricultural potential of the area, raise the quality and distribution of the road and rail network and improve basic services, in particular electrification and improved water supply.

• The South African company SASOL (South African Petro-chemical company) will begin a process for the exploration of natural gas along the coast of Inhambane (at present only inland gas is being extracted). This will likely attract construction workers and service industries. Also, it might mean that local fishermen will no longer be able to fish due to the sonic sounding that will be carried out by SASOL. A social and environmental impact study is currently being carried out but high levels of disruption are expected, resulting in displacement of fishing communities and the influx of construction and skilled works in the gas industry.

• In Jangamo District, in the southern part of the Inhambane Province a graphite mine is expected to open in 2006 that will attract migrant workers to the area.

• The road bridge near the town of Caia over the Zambezi River that connects the provinces of Zambezia and Sofala and the bridge over the River Rovuma (northern border with Tanzania) will also have an impact on road traffic as it will increase the traffic along the Northern Inhambane road and the Nacala corridor.

• Tourism is still a vastly untapped market in Mozambique, in particular in the northern provinces of Nampula and Cabo Delgado. In the north of Mozambique there are also historical sites such as Mozambique Island, that are part of world heritage that are slowly coming to life in terms of international tourism. Over the next ten years this will evolve and change as the commercial infrastructures improve.
9. RECOMMENDATIONS

9.1 General: Accessing the different mobile population groups

- On the maps produced for this report there are clearly indicated stopping off points, restaurants and bars, and boarding houses which can be targeted. Not marked on the maps but identifiable locally are the warehouses where some informal traders sleep when they are buying goods and the transport collection areas where people congregate. All these are ideal places for the distribution of condoms, pamphlets, and posters and other behaviour change communication programmes. The pamphlets and posters should be renewed regularly to stimulate discussion and interest.

- Also, it could be useful to identify and use leaders in the different groups and target them for behaviour change:- to pass on positive messages for risk reduction in sexual relations. Nuanced and not standardized training sessions are needed to carry out this type of work. The main skill needed is the ability to listen to and work with the experiences that the groups have, thereby arriving at realistic strategies for risk reduction.

- Provide flexible medical facilities that cater to the needs of sedentary and transient mobile populations which should include Family Planning Services, STI screening and treatment and VCT. Health services should be friendly and welcoming to adolescents. Also, mobile clinics could be used to service sedentary and mobile populations in key areas of vulnerability. These mobile clinics should keep flexible working hours plus trained counselors on HIV.

9.2 Informal Traders

- Programmes should be developed to encourage shared investment in warehousing, refrigeration, and communication technology to reduce the trading costs and reduce the number of trips made by each of the traders;

- Identify the constraints to wholesaling in Mozambique and propose concrete measures to fill the wholesale gap, including discussion of credit facilities and transportation costs;

- Encourage consistent use of condoms by informal traders on buying in trips in order to decreased number of STIs and unwanted pregnancies in female traders. This could be achieved by:
  a. identifying leaders in the groups of female traders and persuade her to become a HIV counselor;
  b. Invest in training of these leaders in prevention and condom use;
  c. Distribute condoms in the warehouses where people sleep while on buying trips;
  d. Distribute female condoms and encourage discussion among women of the use of female condoms
9.3 Truckers

- Encourage consistent use of condoms on long-haul trips in order to decrease the risk of STIs among truck drivers. Condoms can be distributed in per diem packages before each trip and at all the border crossings with neighboring countries.
- Train personnel staff in trucking companies to respond to queries about condom use and preventive messages;
- Train waiters/bar staff in preventive messages and encourage them to actively sell condoms in the bars/restaurants;

9.4 School Children

- To reduce the likelihood of boarding school children to engage in unsafe sexual behaviour by lobbying government and donors on social protection mechanisms for boarding school children, for example, child support grants (for school children);

9.5 Miners’ wives

- Carry out a detailed study on the lives and livelihoods of miner’s widows, paying particular attention to kinship and family relationships after the death of the husband; and to livelihood options taken by the widows. Use control groups of widows with pensions and widows without pensions. Draw conclusions on social protection and risk taking to add to the debate on social protection measures for vulnerable groups.

9.6 Sex Workers

- Provide health services that are accessible to sex workers and provide a non judgmental environment in order to increase sex workers’ health seeking behaviour; early treatment and diagnosis of STIs; and voluntary testing for HIV. The experiences of night clinics in Beira and Manica should be evaluated and, if successful, replicated in the port town of Nacala, in the city of Nampula, Maxixe, and Vilanculos;
- Provide social and economic protection for the children of sex workers as a means to reducing risk taking behaviour of sex workers and increase the consistent use of condoms. This can be achieved by raising awareness and encouraging female sex workers to enroll children in crèches and schools and to dedicate social workers to provide support to single mothers (including sex workers) on rights of their children; and lobbying for single mother child support grants.

9.7 Trainee Teachers

- Raise the awareness of teachers in order to decrease STIs and relationships between pupils and teachers. Modules should be developed that challenge trainees in terms of ethical standards, sexuality, gender and empowerment. The module should use real life case studies and scenarios to discuss how trainees should deal with difficult situations they might face. In addition, counseling services should be provided in training colleges and condoms should be available to the trainees.
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