

IOM study reveals migrants and migrant affected communities around the port of Dar es Salaam have multiple and complex sexual networks



Caption: All the truck drivers interviewed during the qualitative study had established sexual relationships with partners at truck stops whom they considered as permanent or as second wives they call 'Maponzo'. Photo: IOM

The study "Health vulnerabilities of mobile populations and affected communities at the port of Dar es Salaam" has revealed that key populations working around the Port have a higher risk of contracting HIV and AIDS and STIs due to the complexities of sexual networks within their environment. The report was launched on the 22th September in Dar es Salaam and it is commissioned by the International Organization for Migration (IOM) in partnership with the South African Development Community (SADC) and the support of Tanzania Commission for Aids (TACAIDS).

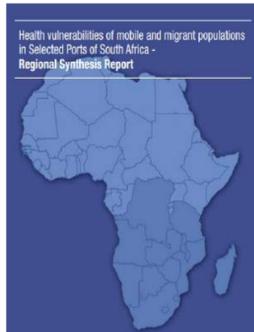
"We have different types of clients here, foreigners from Rwanda, Congo and Zambia and Tanzanians of both sexes. Some of them come here with their partners", said a respondent from the study. All the truck drivers interviewed during the qualitative study had established sexual relationships with partners at truck stops whom they considered as permanent or as second wives whom they call Mapoza.

The report comprises one of four studies carried out in the SADC region with the aim to contribute to the reduction of HIV incidence and impact of AIDS among migrant workers and their families, and the communities with which they interact in selected port communities in southern Africa.

Migrants face serious health challenges in both disease prevention and accessing health care services. The study found evidence to indicate a concentration of disease transmission within and between populations who worked in and passed through ports. Interventions targeting commercial sex workers (CSWs) as key populations are necessary; for instance, providing appropriate health services at night, during the weekend or by establishing mobile clinics. "The regional scale of the sexual networks due to the mobility of truck drivers and CSWs means that involvement of national and regional government agencies in revising health policies and programmes," highlighted Dr Erick Ventura, IOM's Regional Coordinator for Migration Health, Southern Africa.

The study, which is the first of its kind to include personnel in four of the largest ports within the SADC region showed evidence to suggest that sedentary populations such as food traders, policemen and port officials who engage in commercial and transactional sexual relationships are becoming 'high risk' populations. "Tanzania will use the study findings as a platform for HIV and AIDS interventions for migrant populations in ports as well as associated transport corridors", explained Dr. Jerome Kamwela, Director of monitoring and evaluation at TACAIDS. The study will also be used to inform various ongoing interventions along the Dar es Salaam Mbeya transport corridor.

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IOM supports decentralized planning for the HIV & AIDS response in Zambia

IOM and the Government of Zambia have launched HIV Investment strategic plans for three border districts in the country aimed at guiding the national response to "a nation free from the threat of HIV".

The three districts (Sesheke, Kazungula and Chililabombwe) serve as gateways into the neighbouring countries of Namibia, Botswana and Democratic Republic of Congo. According to the 2013-2014 Zambia Demographic and Health Survey, Zambia's HIV prevalence amongst mobile people who spent nights away from home for various reasons was high at 15.1% compared to the national prevalence of 11.3% for all men. Similarly for women, the national average was 15.1% compared to 17.3% amongst those who had spent nights away from home.

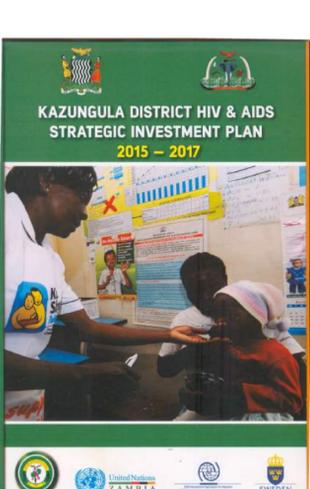
The strategic plans developed have been aligned to the National HIV and AIDS Strategic Framework (NASF 2014 – 2016) and focus on high impact interventions including key populations. The plans have a strong shift towards "leaving no one behind" and seek to strengthen mechanisms to reach the 'hard to reach' populations including migrants.

Western Province Minister, Mr Poniso Njeulu, IOM staff and other stakeholders from the three districts gathered in Sesheke to witness the launch of these strategic plans.

Through these plans the districts under the leadership of the National AIDS Council, aim to make significant inroads in reaching the national vision of "a nation free from the threat of HIV".

Speaking at the launch, IOM Zambia Chief of Mission, Ms. Abibatou Wane highlighted the need to "target and reach out to all key populations in the HIV response, as a sound investment towards ending the pandemic". She reiterated IOM's continued support to the efforts of the Government of the Republic of Zambia in ending the threat of HIV by 2030.

"We are at that point in the HIV response where we cannot afford to leave anyone behind. Key populations represent a critical component of our HIV response, and I am pleased to note that migrants and mobile populations amongst other key populations such as women, youths, sex workers and their clients are specifically targeted in our planning," she said.



Caption: The strategic investment plan is aligned to the Zambian National HIV and AIDS Strategic Framework.

Betty Namuyiga, a champion of hope and determination

At 8.00 am in the border between Uganda and Tanzania in Mutukula, the small dusty town is a bee hive of activities with traders eager to make earnest sales for yet another day. In a small corner shop in one of the streets a tall, fair skinned lady walks up wishing a good morning to her companions who are getting started with the day's business, her bright smile a clear indication of her readiness to conquer yet another day.

Betty Namuyiga, operates a shop where she prepares and sells liquid soap for home and commercial use. As soon as she is open for business two ladies come in to purchase some of her merchandise and Betty is very happy to serve them. As they get talking in the local Luganda language Betty explains to one of them about a training she attended that has enabled her to run her business successfully for several months.

"Prior to the training I did not know anything about running her business, I always had business ideas but I did not know how to go about establishing one or even running one. With the little formal education I had I was not successful in getting a job so I opted to engage in sex work. It paid very well, I was able to cater for myself, my children and even send money home regularly to my aging parents. But I always wanted more for myself and I do not want my children to do the same kind of work I was doing", explained Betty.

IOM through it's PHAMESA programme has been conducting a series of trainings for commercial sex workers through the District Health Officer. The key objective of this training is to equip the sex workers with basic entrepreneurial skills so that they can venture into entrepreneurship and generate more income for their families as well as to encourage them to lead better and safer lifestyles.

Since her exit from commercial sex work Betty is not only an entrepreneur but serves her community as part of the village health team and is a member of the Mutukula Women's trading Association, a self-help development organization that works to strengthen women's economic situation and promote women participation in society.



Caption: Betty Namuyiga, an etrepreneur in Mutukula. Photo: IOM

MEET THE TEAM

NAME: ANGELINE WAMBANDA

JOB POSITION: MIGRATION HEALTH COORDINATOR, IOM KENYA

IN PHAMESA SINCE MAY 2014

• In your opinion, what has been or still is the most successful or unique action that you have worked in to improve migrants' right to health?

The successful convening of the second national consultation on migrant health in 2014, which brought together an array of stakeholders such as focal points of key Ministry of Health (MOH) departments as well as other related sectors including immigration, labour, and human rights commission, academic institutions and civil society organizations to take stock of progress made since the inaugural consultation in 2011. It was fulfilling to see the head of policy and planning commit to facilitate revision of the draft health policy to reflect the needs of all people in Kenya, unlike the current that language was drafted to reflect the needs of Kenyan citizens only.

• What do you love most about your job?

Meeting the beneficiaries of projects supported by IOM, and realizing that I have made an impact to their lives. Knowing that my contribution ensures that a little baby from a migrant family will have the same survival rate as a Kenyan child, despite their different circumstances, because they will both have equal access to that lifesaving polio immunization, growth monitoring and other services, is a lifetime fulfilment.

• What has been the most challenging aspect of it?

The most challenging part of my job is convincing stakeholders and getting their buy in on migration and health. Migration health is often a misunderstood field with migrants not being seen as a priority in national programmes. Migrants are often seen as bearers of diseases and exclusionary policies are pursued. Thus my challenge has been to change the mindset of policy makers and their approach to addressing public health in the context of migration.