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Country Assessment

on HIV-prevention Needs of Migrants and Mobile Populations

Namibia

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FROM THE AMERICAN PEOPLE



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Cover Photograph

Tutungeni Township, otherwise known as 'Sand Hotel' for obvious reasons.

Table of Contents

1	Acronyms	3
2	Glossary of Terms	5
3	Executive Summary	7
4	Background	9
4.1	Introduction	9
4.2	Methodologies.	9
4.2.1	<i>Timeframe and Set-up</i>	9
4.2.2	<i>Rationale for choice of sectors</i>	9
4.3	National migration trends	10
4.4	Sector-specific trends.	11
4.4.1	<i>Transport sector</i>	11
4.4.2	<i>Mining sector</i>	12
4.4.3	<i>Fisheries sector</i>	12
5	HIV Vulnerabilities: Migrants' Perspective	13
5.1	Transport sector	13
5.2	Mining sector.	14
5.3	Fisheries sector.	14
6	HIV-Prevention Policies Relating to Migrants/Migration	15
6.1	The National Policy on HIV/AIDS	15
6.2	The National Strategic Plan (NSP) on HIV/AIDS, Third Medium-term Plan (MTP III) 2004–2009	15
7	Findings From Fieldwork: HIV-Prevention Services and Programs in Selected Sectors	16
7.1	Mining sector.	16
7.2	Transport sector	16
7.3	Fisheries sector.	16
8	Gaps, Challenges and Recommendations	17
9	Mapping	19
9.1	Localized, detailed mapping of services	19

Table of Contents

10	Migrant Stories	21
10.1	Mining sector	21
10.2	Transport sector	22
11	List of Key Contacts in Namibia	23
12	Annexes	25
12.1	Annex 1	25
-	<i>Number of Focus Group Discussions (FGDs)</i>	25
-	<i>Number of Key Informant Interviews (KIs)</i>	25
-	<i>Number of One-on-One Interviews</i>	25
13	References	26

1 Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ARC	AIDS-related complex
ART	Antiretroviral Therapy
ARV	Antiretroviral
CBO	Community Based Organization
DED	Deutscher Entwicklungsdienst (German Development Service)
FBO	Faith Based Organization
FGD	Focus Group Discussion
EPZ	Export Processing Zone
GDP	Gross Domestic Product
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation)
HIV	Human Immunodeficiency Virus
IEC	Information, Education, Communication
ILO	International Labour Organization
IOM	International Organization for Migration
M&E	Monitoring and Evaluation
MTCT	Mother-to-child transmission
MTP III	Third Medium-term Plan
MTP IV	Fourth Medium-term Plan
NABCOA	Namibian Business Coalition on AIDS
NAMPORT	Namibian Port Authority
NGO	Non-governmental Organization
NSP	National Strategic Plan
OHEAP	Occupational Health Education and Awareness Programme
PEP	Post-exposure prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief

PMTCT	Prevention of mother-to-child transmission
SADC	Southern Africa Development Community
SMA	Social Marketing Association
STD	Sexually transmitted diseases
STI	Sexually transmitted infections
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WBCG	Walvis Bay Corridor Group

2 Glossary of Terms

<i>Communicable diseases</i>	Any condition which is transmitted directly or indirectly to a person from an infected person through the agency of an intermediate person, host or vector, or through the inanimate environment. Communicable diseases include, but are not limited to: influenza, tuberculosis, conjunctivitis, acquired immune deficiency syndrome (AIDS), AIDS-related complex (ARC) and positive HIV antibody status, and sexually transmitted diseases.
<i>Contract workers</i>	A worker who is employed by a company that is contracted to provide certain services to the mother organization. The worker may be employed as a permanent, temporary or seasonal worker (IOM, 2007b).
<i>Cross-border traders</i>	Migrants who move across an international border for the purpose of trade.
<i>Displacement</i>	A forced removal of a person from his/her home or country, often due to armed conflicts or natural disasters (IOM, 2007b).
<i>Drivers of the HIV epidemic</i>	The term driver relates to a key factor that increases people's vulnerability to HIV infection (UNAIDS, 2008a).
<i>Feminization of migration</i>	The growing participation of women in migration. While the proportion of migrants who are women has not changed greatly in recent decades, their role in migration has changed considerably. Women are now more likely to migrate independently, rather than as members of a household, and they are actively involved in employment.
<i>Gender</i>	Refers to the socially constructed roles, behaviors, activities and attributes that a given society considers appropriate for men and women (i.e. society's idea of what it means to be a man or woman). These attributes can change over time and from society to society.
<i>High-risk zones</i>	Generally defined as places where a large number of mobile people pass. Examples might be truck stops, train and bus stations, market places, harbors, construction sites and customs zones (UNAIDS, 2001: 8).
<i>HIV prevalence</i>	Usually given as a percentage, HIV prevalence quantifies the proportion of individuals in a population who have HIV at a specific point in time.
<i>HIV vulnerability</i>	Vulnerability results from a range of factors that reduce the ability of individuals and communities to avoid HIV infection. These may include (1) personal factors such as the lack of knowledge and skills required to protect oneself; (2) factors pertaining to the quality and coverage of services, such as inaccessibility of services due to distance, cost and other factors; (3) societal factors such as social and cultural norms, practices, beliefs and laws that stigmatize and disempowers certain populations (UNAIDS, 2008b).
<i>Informal cross-border trade</i>	Is defined as largely unrecorded trade of goods and services, passing through, and in the neighborhood of the established customs points along the borders of countries (in the Southern Africa Development Community region in this case).
<i>Internal migration</i>	Internal movement of people from one area to another within the same country. This movement may be temporary or permanent.
<i>Irregular migrant (also known as undocumented migrant)</i>	Someone who, owing to illegal entry or the expiry of his or her visa, lacks the legal status in a transit or host country (IOM, 2007c).
<i>Labor migration</i>	The movement of persons from their home country to another or within their own country of residence for the purpose of employment.
<i>Migrant</i>	Person who freely chooses to move location (within a country or across an international boundary) for the reasons of 'personal convenience' and without intervention of an external compelling factor (IOM, 2004).

<i>Migrant/Mobile worker</i>	According to International Migration Law, a Migrant Worker is a person who is to be engaged, is engaged or has been engaged in a remunerated activity in a state of which he or she is not a national (IOM, 2007b). However, within southern Africa, internal and cross-border migrants have similar vulnerabilities and within the scope of this report, no distinction is made between cross-border and internal migrants.
<i>Migration</i>	The process of moving either across an international border or within a state. It encompasses any kind of movement of people, whatever its length, composition and causes; it includes migration of refugees, displaced persons, uprooted people and economic migrants (IOM, 2004).
<i>Mobile population</i>	People who move from one place to another temporarily, seasonally or permanently for a host of voluntary and/or involuntary reasons (IOM Position Paper on HIV and Migration).
<i>Multiple and Concurrent Partnerships (MCP)</i>	Overlapping sexual partnerships where sexual intercourse with one partner occurs between two acts of intercourse with another partner (UNAIDS, 2009a).
<i>Regular migration (also known as documented migrants)</i>	Refers to people who migrate through recognized, legal channels.
<i>Seasonal migrant worker</i>	A migrant worker whose work by its character is dependent on seasonal conditions and is performed only during part of the year (IOM, 2007b).
<i>Sex worker</i>	Female, male and transgender adults and young people who receive money or goods in exchange for sexual services, either regularly or occasionally, and who may or may not consciously define those activities as income-generating (UNAIDS, 2009b).
<i>Smuggling of persons</i>	The procurement, in order to obtain, directly or indirectly, a financial or other material benefit, of the illegal entry of a person into a state of which the person is not a national or a permanent resident. Smuggling, contrary to trafficking, does not require an element of exploitation, coercion or violation of human rights (IOM, 2007b).
<i>STIs (sexually transmitted infections)</i>	Disease resulting from bacteria or viruses and often acquired through sexual contact. Some STIs can also be acquired in other ways (blood transfusions, IV drug use, MTCT). The term STI is slowly replacing STD in order to include HIV infection (IPPF, 2009).
<i>Trafficking in persons</i>	The recruitment, transportation, transfer, harboring or receipt of persons by means of the threat or use of force or other forms of coercion, abduction, fraud, deception, abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation (Protocol to Prevent, Suppress and Punish Trafficking in persons, especially women and children, supplementing the United Nations Convention Against Transnational Organized Crime, 2000).
<i>Transactional sex</i>	Sex in exchange for something such as food, shelter, transportation or permission to go across borders (UNAIDS, 2008b).

3 Executive Summary

This country report is part of a regional (southern Africa) assessment commissioned by USAID and funded by PEPFAR. The regional report aims to provide policy makers, donors and civil society with a regional overview of migration patterns and the HIV vulnerabilities faced by migrants and mobile workers, as well as the HIV-prevention services available to them. It also identifies opportunities and challenges for programming and prioritizes key activities that should be pursued.

This country report has been generated by data gathered in eight SADC countries to inform the assessment. It was gathered from existing literature, fieldwork research with migrants and interviews with key stakeholders such as government officials, healthcare providers and international HIV organizations. In addition, a mapping exercise was performed to illustrate the availability of HIV-prevention services to migrant populations in selected sites.

Namibia has a population of two million people, mostly based in the rural north. Its present-day migration patterns are influenced by its colonial and apartheid history, which established a system of circular¹ labor migration to mines, farms, ports and urban areas in the central and southern regions.

From seven sectors in which migrants are typically found in Namibia, three were chosen for assessment, namely the mining, transport and fisheries sectors. These were chosen because of their importance to Namibia's economy and the number of migrant or mobile workers found in them.

The main factors found to increase vulnerability to HIV infection for migrant workers (and the communities with which they interact) were similar in all three chosen sectors. These are:

- long periods away from home
- dangerous working conditions
- single-sex accommodation
- boredom and loneliness

- impoverished social environments in which alcohol and commercial and transactional sex are the only forms of entertainment
- multiple and concurrent sexual partnerships
- lack of access to relevant IEC materials (especially for foreign sea-going personnel, who often come from countries with low HIV prevalence and have little or no access to HIV information on board their ships before they arrive in Namibia)

There is an increasing presence of HIV workplace programs and HIV-prevention services provided by government, NGOs and even private sector companies in the mining, transport and fisheries sectors. Despite this, however, migrant workers and the many individuals living in the informal communities close to the mines, transport routes and ports, still have inadequate access to HIV-prevention services and treatment.

Several interventions are recommended to target the vulnerabilities faced by migrant workers in the above sectors, as well as existing gaps in HIV-prevention services available to them.

Policy-related recommendations

- Greater coordination is needed between SADC countries to provide accessible health facilities and HIV-prevention programs in all countries in the region.
- SADC should standardize customs clearance procedures at border posts to reduce waiting time of transport workers.

Program-related recommendations

- Donors should strive to harmonize their funding of best-practice HIV prevention programs for migrants to ensure that they have the maximum long-term impact.
- Public-private partnerships focusing on HIV prevention and treatment should be established in isolated communities of migrants in order to ensure that sufficient HIV-prevention services are provided.

¹ **Circular Migration:** In the most literal way, the term refers to the process of leaving and then returning to one's place of origin. This is the basic understanding of circular migration in the academic literature on urbanization and internal migration (UNDP, 2009:6).

- NGOs, CBOs and FBOs should introduce HIV-prevention service centers which are open after hours in 'spaces of vulnerability'² where migrant workers are found (such as borders, ports, mines, transport routes and construction sites).
- Government, the private sector and NGOs/FBOs should establish alternative entertainment facilities in 'spaces of vulnerability', and implement programs to encourage healthy lifestyles.
- Education for foreign fishermen on the risks of HIV needs to be intensified. This could be spearheaded by the newly formed Global Partnership on HIV and Mobile workers in the Fisheries Sector (for which IOM Geneva provides the Secretariat).
- Condom distribution by government and NGOs should be scaled up in all 'spaces of vulnerability' where migrants are found.

² **Spaces of Vulnerability:** Often the places in which migrant workers live, work or pass through are high-risk spaces of vulnerability. The presence of many different migrant and mobile populations and interactions with local communities at such places as land border posts, ports, construction sites, informal settlements, farm compounds and mines creates a fluid social environment in which social norms regulating behaviour are usually not followed and migrants may feel a sense of anonymity and limited accountability, which can lead to high risk sexual behavior. Poverty and lack of job opportunities in the communities surrounding such places also induces many women (both migrant and local) to engage in transactional and commercial sex with those who have resources or disposable incomes.

- Centers that provide HIV-prevention (and other) services to truckers (and the immediate community) should be re-established.
- The Namibian government should incorporate HIV messaging into the licensing process for transport operators and insist that taxis and buses display clear HIV-related information.

Research-related recommendations

- More research should be conducted on the nature of sexual networks and the level of concurrent sexual partnerships that exist in port communities.
- Research is needed on the socio-economic situation, culture and behavior of informal gemstone miners in Namibia, with emphasis on their HIV-related needs.

4 Background

4.1 Introduction

This country report is part of a regional (southern African) assessment of migration patterns and HIV vulnerabilities, commissioned by USAID, funded by PEPFAR and undertaken by IOM.

The objective of the assessment is to provide policy makers, donors and civil society with a regional overview of the different patterns of migration and the associated HIV-related vulnerabilities of migrants. Furthermore, it identifies opportunities and challenges for programming and prioritizes key activities that should be pursued.

These aims were achieved through the identification of socio-cultural and behavioral risks and vulnerabilities faced by migrants in specific sectors. In addition, a mapping exercise of services was performed (one per country) for various mobile and migrant populations to ensure that approaches are tailored to the distinct needs of different sectors and groups of migrants. Each country report includes a synthesis of existing data from multiple sources (such as the UN, government, NGOs and migrants themselves) to ensure the use of data-driven interventions that could be measured in terms of implementation, outcomes and impact. In particular the assessment acknowledges the SADC regional HIV strategies, specifically the draft Policy Framework for Population Mobility and Communicable Diseases in the SADC Region that is currently under review. The assessment primarily focuses on labor and irregular migrants as these are the biggest migrant groups seen in southern Africa.

4.2 Methodologies

- A desktop review of existing and current research on migration and HIV in Namibia was conducted, as well as a review of existing legislation relating to migrant's rights to health and HIV services;
- Field work was conducted in Namibia between 30 August to 11 September 2009. During this mission, key informants such as representatives from government, migration and health NGOs (national and international) and representatives of relevant sector and employers' organizations were interviewed using a standardized interview guide;

- Focus group discussions were carried out with migrants and one-on-one interviews were conducted with the mobile or migrant workers, from whence testimonials were drawn and recorded;
- Interviews with key regional stakeholders (e.g. ILO, UNAIDS) were carried out either in person or through telephonic discussions;
- Finally, a mapping of key HIV-prevention services (government, NGO and private) was conducted at one site in Namibia, namely the rapidly growing mining settlement of Rosh Pinah (in the Karas region in the extreme south of the country).

4.2.1 Timeframe and Set-up

This assessment took place between July and November 2009. The field work and literature review was carried out by an IOM-contracted consultant during a 2 week period in August-September 2009. The data analysis from the field was undertaken in November 2009. Key informant interviews, focus group discussions and one-on-one interviews were conducted in Walvis Bay port, Windhoek and Rosh Pinah.

4.2.2 Rationale for choice of sectors

At a regional level, this assessment targets eight SADC countries (Angola, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland and Zambia) and seven labor sectors. It explores the traditional migrant sectors (commercial agriculture, construction, mining and transport) and also looks at sectors that have to-date been somewhat ignored/overlooked by researchers (namely domestic workers, fisheries and informal cross-border traders). In addition, the assessment pays special attention to Zimbabwean migrants (regular and irregular) living in South Africa and other countries bordering Zimbabwe.

The choice of sectors in each country is based on the economic importance³ of the sector to the respective target country and the relative percentage of the migrant population within the

3 Measured in terms of their contribution to GDP

sector. Between two and four sectors were chosen per country. The sectors chosen for examination in Namibia were the mining, transport and the fisheries sectors.

Mining was chosen because it is the traditional backbone and is still the main driver of Namibia's economy (Chamber of Mines, 2007–8: 4). Furthermore, the majority of its workforce consists of migrant laborers from the north of the country who have left home to work on the uranium and gold mines in central Namibia, or the diamond and zinc mines in the south.

Similarly, the fisheries sector was chosen because of its importance to Namibia's economy, both in terms of the fishing industry and the growing regional importance of the port of Walvis Bay as a sought-after link to overseas markets (LeBeau, n.d.: 23). Foreign and local fishermen, cargo vessel crews, dock workers and fish-processing factory workers are some of the mobile and migrant populations associated with the fisheries sector.

The transport sector was chosen because of its rapidly growing importance in conveying goods for import and export to and from southern African countries (see E-corridor, March/April 2009). Namibia now has three important transport corridors into southern Africa, which are utilized by both local and foreign transport companies. The high mobility and duration of time spent away from home by workers in this sector make them particularly vulnerable to contracting HIV. Furthermore, busy transport routes and border crossings have long been associated with factors of transmission and high HIV prevalence.

4.3 National migration trends

With a population approaching two million and a land area of 824 000 km² (NPC, 2004: 3), Namibia is one of the largest countries in southern Africa, and certainly the most sparsely populated. At least 60% of the population live in the rural areas. The more fertile and wet areas in the north of the country are home to more than 50% of the population (Frayne and Pendleton, 2002: 1). Made up of more than 10 ethnic groups, Namibia's population is young, with 40% below the age of 15 (De la Torre et al., 2009: 2).

Present-day migration patterns in Namibia are influenced by the history of the country, which gained its independence in 1990 after almost 100 years of external domination. The colonial and apartheid state created ethnically specific black 'homelands' or communal areas in the north, while a large white homeland occupied the inland central plateau on which the most fertile commercial farmland and the capital city were located (ibid.). Black Namibian men were largely unable to stay permanently in white urban or commercial farming areas due to a number of restrictive laws. Needing work opportunities outside their increasingly impoverished communal areas, these men engaged in circular labor migration to towns, mines and farms, which separated them from their families for long time periods (LeBeau, n.d.: 19).

With the lifting of these restrictions after independence came a substantial increase in rural–urban migration, predominantly from the north to the central urban centers of Windhoek, Walvis Bay and Swakopmund (NPC, 2004: 3). This migration was driven predominantly by population pressure in the north, poor agricultural productivity, drought, the desire to earn money and the attraction of an urban lifestyle (Pendleton and Frayne, 2000: 276–82). Windhoek remains the largest and fastest growing urban centre due to this migration pattern, with most of its growth concentrated in Katutura township (Frayne and Pendleton, 2002: 8). Walvis Bay and Swakopmund are, however, quickly catching up due to the growth in the tourist and fishing industries and the establishment of an EPZ (Export Processing Zone) near the port. Northern rural towns such as Oshakati have also grown significantly due to in-migration from surrounding rural areas.

Frayne and Pendleton (2002: 10–11) have identified three further major migration patterns at work in Namibia. Firstly, there has been a great deal of **rural–rural** migration between former homeland areas, accounting for more than 50% of all lifetime migration. Today, rural–rural migration continues as people move, increasingly on a seasonal or short-term basis, to work on commercial farms on the central plateau or elsewhere. Secondly, there is **urban–urban** migration, especially between other towns and Windhoek. Lastly, there is **urban–rural** migration as people born in urban areas move back to the rural north. It must be noted that these migration patterns are cyclical and complex rather than unidirectional and permanent (LeBeau, n.d.: 20).

The most significant **cross-border** migration takes place in the north along the borders with Angola (Nangulah and Nickanor, 2005) and Zambia (LeBeau, n.d.: 48), where people on both sides of the border share much in common, such as language, culture and family ties. Namibia was host to Angolan refugees during the Angolan Civil War (1975–2002), but they were repatriated when the war ended. Currently, it is common for Angolans to cross the border into Namibia in order to buy various goods unavailable on their side of the border. Young Angolan men also commonly cross the border to seek work in the farming areas of northern Namibia (Nangulah and Nickanor, 2005: 23), while Angolans and Zambians of both sexes come to Namibia to work as informal traders, domestic workers or bar tenders (LeBeau, n.d.: 49). Similarly, in recent years more Zimbabweans have come into Namibia to work in restaurants, as informal traders or in skilled jobs in sectors such as medicine or mining. Women from neighboring countries who are engaging in

sex work are also common in towns and border areas in the north (ibid.: 36), where high volumes of traffic create great potential for such opportunities.

Indeed, the increasing feminization of migration observed throughout the SADC region has established itself as a trend in Namibia (Frayne and Pendleton, 2002). 'More and more women are travelling as traders, agricultural workers, or moving to urban areas to seek jobs, often as domestic workers' (De la Torre et al., 2009: 37). Key informant interviews revealed that in Namibia, female sex workers migrate strategically to areas where men with disposable income are found. Such women move between Walvis Bay during busy shipping times, commercial farms in the agricultural season and various mines, transport routes and construction sites when it suits them. Thus, in each of the male-dominated sectors discussed below, seemingly 'invisible' groups of migrant sex workers are also found in high numbers.

4.4 Sector-specific trends

4.4.1 Transport sector

General sector information: Namibia's road and rail transport infrastructure has improved markedly since independence and the country's subsequent integration into the regional economy (UNAIDS/GTZ/IOM, 2008: 7). The port of Walvis Bay has become a regionally sought-after link to global markets and commodities, spawning the development of major road links to other SADC countries in the form of the Trans-Caprivi, Trans-Kalahari and Trans-Kunene highways. Road freight companies are responsible for hauling most of the commodities transported along these corridors, using long-distance trucks.

It is estimated by the Walvis Bay Corridor Group (WBCG) that there are between 60 and 70 companies engaged in the transportation of road freight in Namibia. Many of these are small companies (employing fewer than 100 people) while larger companies tend to be subsidiaries of companies whose headquarters are in South Africa. Most road transport companies are based in Windhoek, although larger companies may also have depots in various areas around the country.

Workforce: Typically, more than 60% of the employees of road transport companies are office based, while the rest are truck drivers. Drivers tend to be married men in their later 30s and 40s (LeBeau, n.d.: 41). Most drivers come from the north of the country to work for the transport companies based in Windhoek, but some may be recruited in their home areas by companies based outside Windhoek. They then become mobile workers travelling all over Namibia and beyond to other SADC countries.

Work environment: While a truck driver's job is highly mobile in nature, it also involves periods of immobility, long waits and boredom in unfamiliar and often inhospitable environments. This is because drivers have to wait, often for a day or two while loading or unloading at ports and, due to paperwork delays, sometimes for a week or more, depending on the border post (ibid.). These places of waiting seldom have adequate facilities for drivers to use and they typically sleep in their trucks. This is both to avoid paying for accommodation and often a way to protect their vehicles from theft. Truck drivers from other SADC countries such as Zambia, South Africa and Angola also come into Namibia to collect or deliver freight, and experience similar mobility patterns and conditions.

Bus and taxi industry: There are more than 1,700 Namibian-owned buses operating in the country, and a steady stream of foreign busses from South Africa, Zimbabwe and Zambia (according to the Namibian Bus and Taxi Association). In addition, there are approximately 12,000 taxis plying their trade in the country.

Namibian buses and taxis typically ferry migrants between the central urban areas and their northern homes, with most activity taking place in the months around the Christmas holidays. Most Namibian companies have yet to take advantage of cross-border opportunities, which are dominated by foreign operators. Drivers in the bus and especially taxi sector tend to be young men in their 20s and 30s. Long-distance bus and taxi drivers also face long journeys, time away from home and lengthy delays while clearing border posts, although these are more likely to be for a few hours rather than days.

4.4.2 Mining sector

General sector information: Mining is the most significant contributor to the economy, accounting for 12.4% of the GDP (Chamber of Mines, 2007–8: 4). Namibia has about 14 large mining operations producing diamonds, gold, uranium, zinc, salt and fluorspar, as well as a gemstone sector in which many small/informal miners operate.

Workforce: While mining is estimated to employ only about 2% of the national workforce (Institute for Public Policy Research, 2006), most of its workers consist of migrant laborers from areas other than where the mines are located (predominantly from the north). Furthermore, the skills shortage in the mining sector (see Afrol News, 2 October 2008) means that a high proportion of expatriate workers are hired to fill skilled positions. There is also ongoing work for sub-contractors of various sorts in and around mines (e.g. general labor, transport, cleaning, catering, construction, security), most of whom are also migrant workers.

Work environment: Senior permanent workers are often allowed to bring their families to live at the mine, and are provided with family accommodation. Some do not bring their families to live with them, however, as mines are often located in isolated and harsh environments. Shift workers are usually housed in single rooms which they are not allowed to share. At Skorpion Zinc mine they work two weeks on, two weeks off. Since there is not enough accommodation, they are obliged to leave their rooms when they are on leave. Transport is provided back to Windhoek, but many do not take further transport back to their home areas, preferring to lodge in town.

Small-scale gemstone miners: In the Erongo region alone, it is estimated by government officials that there are more than 6,000 small miners living in the mountains, most of whom are from outside the region. They typically stay in the mountains for several weeks until they have found enough gemstones, whereupon they go into nearby towns to sell their stones and spend their newfound riches.

4.4.3 Fisheries sector

General sector information: The maritime sector is the second highest contributor to the Namibian economy. In 2004, the maritime/fishing sector contributed 7% to the country's GDP and produced 530,000 tonnes of fish (Ministry of Fishing and Marine Resources 2004: 24).

Workforce: The maritime industry is also a source of considerable employment in Namibia. The Ministry of Fishing and Marine Resources estimates, of the industry's workforce, that total employment is in the range of 14,500 to 15,000 people. 'On-shore workers are predominantly Namibian; of the current 8,000 to 8,500 workers, at least 95% are Namibian' (ibid., 24).

There are two types of fishermen found in Walvis Bay: foreign fishermen from Europe and Asia and local Namibian fishermen. Typically these foreign fishermen come from areas with low HIV prevalence, and hence have low awareness of and knowledge of the virus. They frequent night clubs and discos close to the harbor area for entertainment and for contact with high-end commercial sex workers (IOM, 2006a: 2).

Local fishermen are usually permanent residents of Walvis Bay, and hence spend more time on shore than the foreign fishermen. They frequent the numerous taverns in Kuisebmond (a township close to the port) and have sexual relations with the low-end sex workers who also frequent these establishments, and with women who engage in transactional sex. Local fishermen do not frequent the same clubs and bars as the foreign fishermen, although some of the sex workers might move between the two sets of locations. It is, therefore, quite possible that local and foreign fishermen could have sexual relations with the same sex worker (ibid., 4).

Work environment: The foreign fishermen do not reside in town other than for short periods of shore leave. Their overall stints of employment in Namibian waters usually last between three and six months, interspersed with short period of shore leave, usually only a couple of days depending on the reasons for port calls (ibid., 2). Local fishermen are usually permanent residents of Walvis Bay, and hence, spend more time on shore than the foreign fishermen (ibid., 4).

5 HIV Vulnerabilities: migrants' perspective

According to the latest sentinel survey conducted by the government in 2008, the overall HIV prevalence in Namibia stands at 17.8% (MHSS, 2008). The prevalence varies widely by region, being at its highest in the north, especially in towns along transport corridors, such as Katima Mulilo (with a prevalence of 31.7%). It is also above the national average in areas with high numbers of migrants, such as Katutura township in Windhoek (21.7%) and Walvis Bay (21.4%).

There are a number of vulnerabilities faced by migrant workers in the identified sectors.

5.1 Transport sector

The time spent on the road by long-distance truck drivers is a serious vulnerability factor identified by drivers themselves. Recent regional studies on migration and HIV have found that people who spend **time away from home** are much more likely to have multiple sexual partners than those who remain in home areas, putting migrants and mobile populations at great risk of HIV infection (De la Torre et al., 2009: 34). Drivers are often away for weeks at a time, increasing the probability that they will engage in high-risk sexual activity to assuage the boredom, loneliness and stress of their jobs.

Being away from normal community structures also serves to create a **sense of anonymity** and decreased responsibility, which increases the likelihood of risky sexual activities. Most truck drivers said that even if they did not intend to have sex with sex workers, there are many temptations – they are constantly approached by sex workers at truck stops, border posts and ports.

Many drivers who come to Windhoek to work for transport companies establish 'second homes' with new wives in the city while their first wife remains behind in the rural north. The risky sexual practices of many drivers while on the road make their **multiple and concurrent partners** especially vulnerable to HIV infection (De la Torre et al., 2009: 19).

The places where truck drivers are forced to wait mostly lack any entertainment facilities apart from clubs and bars, where the only human interaction on offer is with sex workers (LeBeau, n.d.: 42). Because alcohol is often

consumed to excess in these venues, the occurrence of **unprotected and high-risk sex** is greatly increased (IOM, 2006a: 10).

Poverty and unemployment in local communities along transport routes drives young women to engage in **transactional sex and commercial sex** work with those who have money, such as truck drivers (LeBeau, n.d.: 41; PwC, 2007: 13). It is reported that some women hitch lifts back and forth along the trucking routes, sleeping with each of the drivers. Because most of the truck drivers are men in their later 30s and above, while many young women engaging in transactional sex or sex work are in their teens or early 20s, the character of the sexual interactions are predominantly inter-generational. **Inter-generational sex** has been identified as one of the drivers of the epidemic in Namibia since young people are at greater risk of contracting HIV from older partners than from their age-mates given the higher HIV prevalence in older age groups and the probability that older partners have had more sexual encounters (De la Torre et al., 2009: 24).

Despite the availability of free condoms, their use is still reported to be low and inconsistent (ibid.: 30). Some truck drivers in focus group discussions complained that the government-issued condoms were 'too lubricated', 'caused rashes' and commonly burst. They said they did not like using them but **could not afford to buy quality condoms**.

While husbands are away on the road, their wives may engage in **extra-marital sexual relationships** with other men or resort to transactional sex if they are not being provided for by their husbands. As indicated by one peer educator: 'If the money that was supposed to be sent home is used up by the man on alcohol and sex, the wife will have to find money elsewhere.'

Drivers do not have time to go to clinics and there is a huge lack of health facilities along transport routes, especially facilities open at hours which are convenient for truck drivers. Many of the drivers thus only report to the clinic when they are already quite ill and beyond help. The fact that drivers **do not have easy access to voluntary counseling and testing (VCT) and other**

prevention services increases their vulnerability to HIV infection and the risk of spreading the disease.

5.2 Mining sector

Most mines in Namibia are located in isolated areas, so mine workers spend **months away from home** at a time. Furthermore, mine workers are mostly accommodated in **single-sex compounds**. Even in rare instances where they can bring their families to the mine, they often do not do so since the living conditions are unsuitable. This puts workers in danger of forming multiple partnerships or engaging in casual sex while away for extended periods.

While accommodation at the mine may be acceptable the settlements which spring up near mines tend to be informal, overcrowded and dirty with a highly fluid social environment (e.g. Tutungeni informal settlement in Rosh Pinah). These settlements form because of the influx of sub-contractors and other people looking for work at the mine or hoping to provide services to those working at the mine. Many young women who arrive at such settlements find no employment or livelihood opportunities available to them other than **transactional sex or sex work**.

Many of the shacks in such settlements double up as taverns and there are high levels of alcoholism. Mine workers and sub-contractors go into these areas to drink when they are not working. This tendency is augmented by the fact that there are typically very **few alternative entertainment facilities available** around the mine, and those which are present are normally reserved for permanent mine employees.

Shift workers at certain mines (e.g. Skorpion) work shifts around the clock for two weeks and then get two weeks off. Because of accommodation shortage, they have to vacate their quarters during their two weeks leave. Free transport is provided as far as Windhoek, but most of these workers reportedly do not proceed on to their homes, preferring to find lodgings in Tutungeni, Keetmanshoop or Windhoek for the duration of their leave. Many of them lodge with **'girlfriends'** during this time, which increases their vulnerability to HIV infection. When they return to the mines it is likely that their 'girlfriends' have found other partners.

The occupational hazards, and **dangerous and stressful working conditions** experienced by many miners can result in them not taking the risk of HIV seriously as

they perceive themselves to be facing more immediate dangers (IOM, 2006b; De la Torre et al., 2009: 29). In addition, residents of Tutungeni informal settlement, for example, note that when they are drunk, many mine workers or sub-contractors look for young women to sleep with and do not want to use a condom since they feel their risk of contracting HIV is low (a common driver of HIV spread – see *ibid.*: 28).

Men and women who migrate to mountainous areas in search of gemstones spend **months away from home** at a time, living in unhealthy and squalid conditions. This sector is not regulated and is **not provided with any HIV-prevention services**. When these miners come to towns to sell their stones, many of them engage with sex workers, who wait eagerly for them to arrive. According to informants, such miners are known by sex workers as 'Namdebs', after the biggest diamond company in Namibia.

5.3 Fisheries sector

Fishing results in mobility of workers within the country; they can be **away from home** for days, weeks or months at a time. The highly mobile environment of the fisheries sector has made sea-going fishermen particularly vulnerable to HIV. In fact, some AIDS organizations often encounter **difficulties in actually targeting fishermen**, as they are constantly on the move, preoccupied with survival needs (IOM, 2007a: 7).

Many foreign fishermen employees come from areas with low HIV prevalence levels. As such, many have not had any HIV education prior to their stay in Namibia. They also frequently engage in **unprotected sex with high-risk sexual partners** (sex workers) when they are stationed at the port (IOM, 2006a: 3).

Foreign fishermen **do not receive any HIV education** in Namibia. This is partially due to language and accessibility problems, which have serious economic implications for local educators. Educating foreign fishermen inside Namibia is also problematic given their relatively short period of residence.

Whilst at sea, 'fisher folk have **limited access to health care services**, including information about HIV and AIDS and/or treatment for STIs. As STIs are a contributing factor for HIV, such delays in treatment are a major contributing factor leading to increased HIV vulnerability' (IOM, 2007a:7).

6 HIV-Prevention policies relating to migrants/migration

6.1 The National Policy on HIV/AIDS

Namibia's National Policy on HIV/AIDS was launched in March 2007. Its goal is to guide current and future health and multi-sectoral responses to HIV/AIDS, including the participation of civil society (UNGASS, 2008: 10). The policy is based on the promotion of human rights and as such recognizes that because sex workers and mobile populations suffer from discrimination, they are more vulnerable to HIV and less able to access prevention, care and support services. It therefore promotes special attention for these groups.

The National Policy commits the government to identifying, addressing and reducing the vulnerability of mobile populations to HIV, including vulnerabilities caused by their living and working conditions. It also commits the government to protect the rights of refugees to HIV prevention, treatment and support services and to collaborate with regional institutions such as SADC and the IOM in developing regional responses that address the vulnerability of mobile populations.

6.2 The National Strategic Plan (NSP) on HIV/AIDS, Third Medium-term Plan (MTP III) 2004–2009

The NSP on HIV/AIDS (MTP III) identifies mobile populations as a vulnerable group. Mobile populations are defined as people who spend long periods away from home and their families; these include migrant workers, long-distance truck drivers, uniformed services and extension staff. Miners, farmers and sex workers are mentioned throughout the NSP but are not included in the definition of vulnerable groups.

The MTP III undertook to implement the following prevention interventions, which had relevance for migrants and mobile populations:

- Train service providers to develop outreach programs to serve the communities and vulnerable populations, such as mobile workers;
- Research the socio-economic conditions of mobile workers and their families which make them vulnerable to HIV/AIDS in order to develop appropriate behavior change interventions;

- Develop targeted behavior change communication and interventions for mobile workers, including information, education and communication (IEC) materials and male and female condom provision, voluntary counseling and testing (VCT), and post exposure prophylaxis (PEP);
- Provide IEC to vulnerable groups, such as the prison inmate population and sex workers, about HIV/AIDS and STI treatment, care and support programs, especially TB as an opportunistic infection, and increase treatment literacy for people infected and those affected by HIV/AIDS; and
- Establish management and coordination mechanisms to support workplace programming in the public and private sector.

Migrants and mobile populations are mentioned in the following care and support interventions:

- Establish mobile VCT services which also reach mobile and vulnerable communities; and
- Ensure mobile and migrant workers have access to treatment, care and support including access to anti-retroviral treatment (ART) and prevention of mother-to-child transmission (PMTCT).

In reality, the government has adopted a 'blanket approach' to prevention, with weak responses to local variations in the epidemic or specific needs of vulnerable groups (UNGASS, 2008: 13). In addition, the government has, to date, concentrated more resources on treatment and support than prevention. Most prevention activities have therefore been carried out by civil society, and no national HIV-prevention strategy exists as yet (ibid.: 14). However, the government, in conjunction with partners, has taken the first steps towards drawing up a prevention strategy by producing a comprehensive review of the drivers of the HIV epidemic (see De la Torre et al., 2009).

By detailing the ways in which mobility and migration are driving the epidemic, this review is feeding into the development of the National Strategic Plan on HIV/AIDS, the successor to the MTP III, which will be launched in 2010.

7 Findings from Fieldwork: HIV-Prevention Services and Programs in Selected Sectors

7.1 Mining sector

The site chosen for mapping of health services in Namibia was Rosh Pinah in the southern Karas region. The two large zinc mines in the area (Rosh Pinah and Skorpion) house their workers in the town. It is estimated that more than 11,000 people now live at Rosh Pinah. While most permanent workers live in formal mine accommodation, many of the contractors and all others stay in a growing informal settlement on the outskirts of the town. HIV-prevention programs are available to permanent workers and sub-contractors at the two mines, through their employee wellness programs (which facilitate VCT, condom distribution, training, peer education and information dissemination). Permanent workers, their families and others who can afford it make use of the Sidadi private clinic for all their health needs, including ARVs.

However, the majority of people living in the township are not reached by the employee wellness programs, nor able to afford Sidadi Clinic. Apart from some occasional outreach by the mines (condom and information distribution), the only prevention and treatment service available is the small and understaffed Rosh Pinah government clinic. While this does offer services to all comers free of charge it does not have the capacity to reach most of the township residents and it is not located close to them either. There are no NGOs or other HIV-prevention services available to people living in Rosh Pinah. It is likely that this situation is to be found in all other mine settlements that are located in isolated regions.

7.2 Transport sector

While bigger sea and road transport companies have signed up to Walvis Bay Corridor Group (WBCG) and/or Namibian Business Coalition on AIDS (NABCOA), many of the medium and small companies are yet to buy into the idea of workplace HIV policies (PwC, 2007: 11–12). Out of an estimated 70 transport companies, only 14 have signed up to WBCG so far. Thus, big companies such as TransNamib and NAMPORT are providing HIV-prevention services and medical aid to their workers, but smaller ones are not. The taxi and bus industry is still unregulated and characterized by small businesses

which are not providing any HIV-prevention services. Those who are not covered by workplace policies can at least access HIV-prevention services through civil society and state facilities in centers such as Windhoek and Walvis Bay. Unfortunately, the North Star Foundation's wellness centre, which was focusing specifically on truck drivers in Walvis Bay, is not presently operating, while the funding for the Social Marketing Association's 'Corridors of Hope' program is due to end in March 2010 (although a similar project will be continued by the donor, USAID). There are indications, however, that the South African private-sector initiative Trucking Against AIDS will take over North Star Foundation's HIV services in Namibia from 2010.

For truck or bus drivers on the road, there are a dearth of HIV-prevention facilities, especially in smaller towns, truck stops and border posts. This situation is similar or worse throughout the SADC region where the drivers travel. WBCG is trying to address this problem by providing HIV toolkits containing condoms and IEC materials, which drivers can keep.

7.3 Fisheries sector

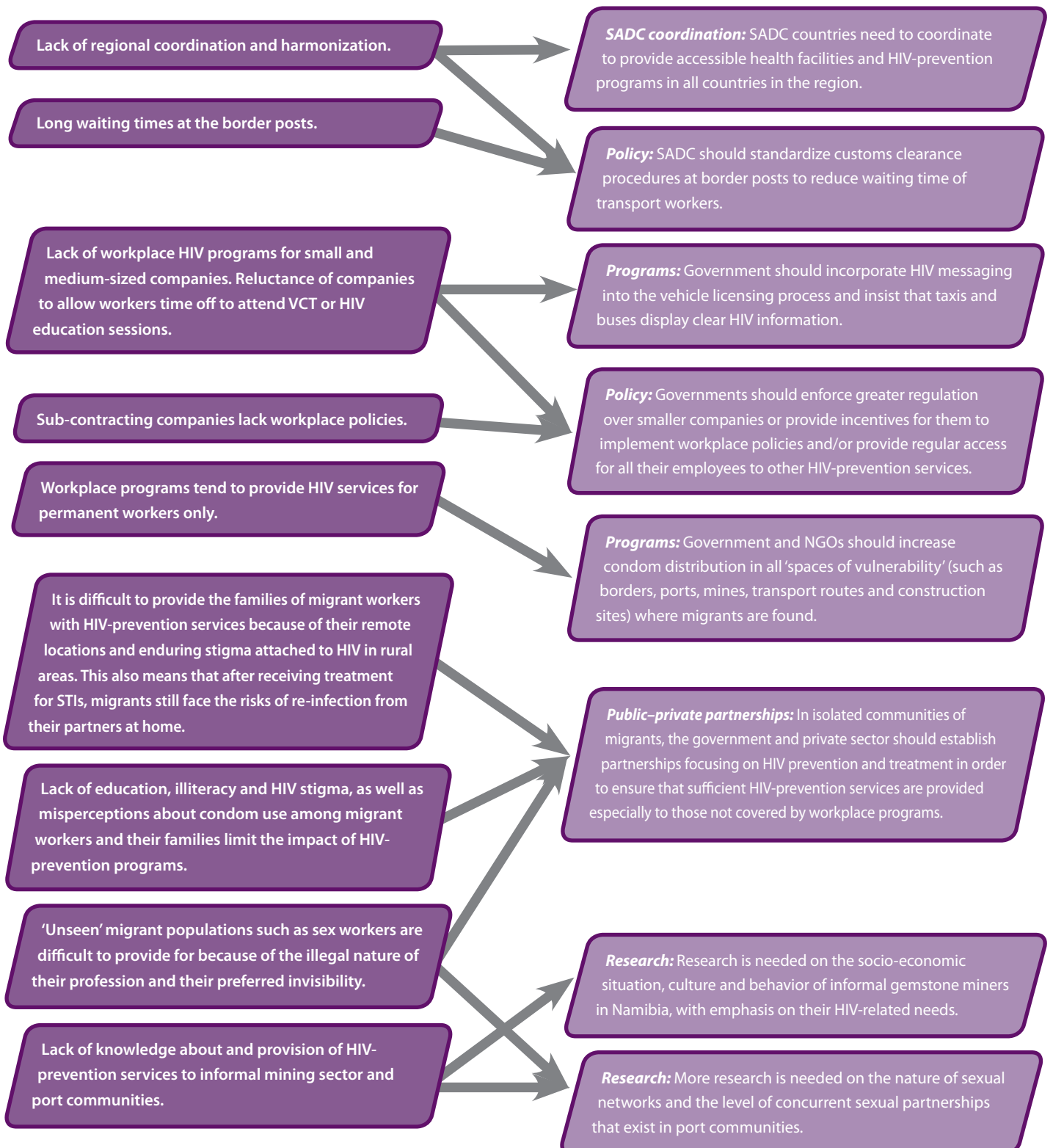
By contrast, in Walvis Bay, there are considerably more HIV-prevention services available. Most migrant workers live in the Kuisebmond township. This township is a mixture of different migrants, including local fishermen, local dock workers, transport workers, mine workers and sex workers. Walvis Bay has a state hospital and three clinics available free of charge. In addition, there are several NGOs, most of which are based in Kuisebmond, offering various HIV-prevention services. These are SMA, Walvis Bay Multipurpose Centre, New Start Centre, Catholic AIDS Action, Nawa Life Trust, National Social Marketing Programme, Change of Lifestyle and Mission to Seafarers. Some FBOs are also providing counseling and home-based care.

Foreign fishermen live on board their ships and therefore usually access health services on board. However, the findings from research in this area have found that the health services on ships is inadequate, with low free condom distribution, inconsistent treatment for STIs and ARV medications often unavailable (IOM, 2006a: 10).

8 Gaps, Challenges and Recommendations

Gaps & Challenges

Recommendations



Gaps & Challenges

The remote areas in which many mines and transport hot spots are found do not have sufficient health care and HIV-prevention services from either government or NGOs.

Lack of HIV-prevention services along transport routes and at ports and borders due to low numbers of health facilities and incompatible opening hours for migrant workers.

While many migrant workers have basic HIV knowledge, few translate their knowledge into safe sexual practices.

Lack of behavior change approaches targeted at migrants.

Lack of information provided to foreign seafarers on HIV and lack of good-quality health services.

Language is a barrier for some migrant workers or mobile populations (such as sea farers), which prevents them from understanding HIV messaging.

Lack of culturally appropriate materials on HIV prevention in languages understood by migrant workers at ports.

Inadequate and insecure funding is a challenge for most HIV service providers.

Recommendations

Programs: Government, the private sector and NGOs/ FBOs should establish alternative entertainment facilities in 'spaces of vulnerability,' and implement programs to encourage healthy lifestyles.

Programs: NGOs, CBOs and FBOs should introduce HIV-prevention service centers open after hours in 'spaces of vulnerability' where migrant workers are found.

Programs: Priority should be given to the re-establishment of centers that provide HIV-prevention (and other) services to truckers (and the immediate community) such as the North Star Wellness Centres.

Programs: All organizations offering HIV-prevention services should move beyond simply providing information and focus on social and behavior change.

Programs: Education for foreign fishermen on the risks of HIV needs to be intensified. This could be spearheaded by the newly formed Global Partnership on HIV and Mobile workers in the Fisheries/Maritime Sector.

Funding: Donors should strive to harmonize their funding of best-practice HIV prevention programs for migrants to ensure that they have the maximum long-term impact.

9 Mapping

9.1 Localized, detailed mapping of services

The site chosen for mapping of health services in Namibia was Rosh Pinah in the southern Karas region. The town was established in 1969 when Rosh Pinah Zinc mine began operations. It is still maintained and serviced by a private company called Roshcor. Today, there are two large zinc mines in the area (Rosh Pinah Zinc and Skorpion Zinc), which house their workers in the town. It is estimated that more than 11,000 people now live at Rosh Pinah, which has grown rapidly since the second mine, Skorpion Zinc, was opened nearby in 2001 (see *The Namibian*, 2 April 2004). While most permanent workers live in formal mine accommodation, many of the sub-contractors and others who live in Rosh Pinah stay in a growing informal settlement (known as Tutungeni or 'Sand Hotel') on the north-western outskirts of the town.

Both mines have an employee wellness program through which they do regular VCT, distribute condoms and IEC materials, hold training workshops and use peer educators to pass HIV-related messages to other workers. They are both part of the Chamber of Mines' Occupational Health Education and Awareness Programme (OHEAP), which provides them with training and materials.

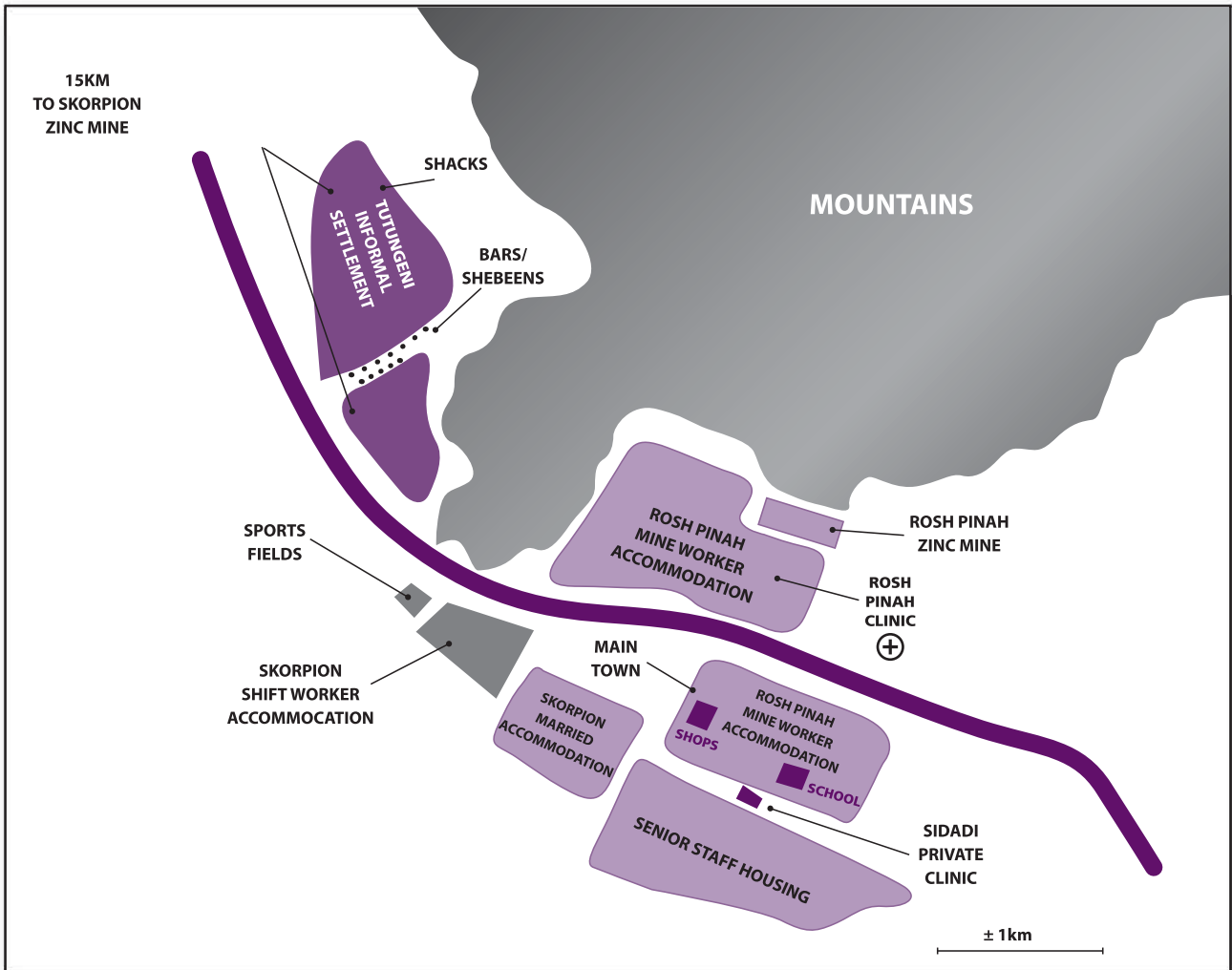
There are only two health facilities available to the residents of Rosh Pinah. The first is the Sidadi Clinic, which was established by the two mining companies and is a private operation for which users pay. All permanent mine employees are on medical aid and can therefore access their treatment at this clinic. If workers need VCT or treatment of any kind, they are referred there. Most of those workers who have brought their families to live

in Rosh Pinah have included them on their medical-aid policies or earn enough to make use of Sidadi clinic. While the clinic does distribute condoms and HIV-awareness materials in the wider community from time to time, its services are mostly inaccessible to those living in Tutungeni as they cannot afford treatment there.

The only other available facility is the Rosh Pinah Clinic, located amongst the housing provided for Rosh Pinah mine workers. This is a small government clinic with limited facilities and staff. A doctor comes once a month from the nearest big centre (more than 300 km away) but it is usually staffed by two nurses. In addition a Red Cross counselor works at the clinic to provide VCT and other needs but there is no dedicated office in the small building for counseling patients. Despite being more than 2 km away, most residents of Tutungeni (already more than 7,000 people in 2004) have no choice but to make use of this clinic for all their health needs. The clinic does provide VCT, condoms, multi-language IEC materials, ARVs, PMTCT and PEP to everyone for free (or a small nominal fee that is often waived), but given the lack of staff and facilities, it cannot provide much of an HIV-prevention outreach service to the residents of Tutungeni. Furthermore, the clinic does not have its own vehicle to fetch drugs and equipment, which are often sporadically available as a result.

There are no NGOs or other HIV-prevention services available to people living in Rosh Pinah. Thus, the area of greatest risk in this mining settlement (Tutungeni) has no HIV-prevention services of any kind located there and the residents of this area are unable to access adequate services at the facilities which are available in the town.

Sketch map of services in the Rosh Pinah town



10 Migrant Stories

10.1 Mining Sector

Jan (not his real name) is a 44-year-old Nama-speaking man from Karasburg, which, while in the same region as Rosh Pinah, is still more than 500 km away by road. He is not married but has a partner and two children who are living in Karasburg with the rest of his family.

Jan left school at 16 and started work in the construction industry. He gradually built up his skills and managed to become a trained stock controller. Such positions, however, are not readily available and he has had to make do with general construction-related work when times are hard.

Jan came to Rosh Pinah at the beginning of August 2009, having heard from a friend that there were opportunities for sub-contractor work. Rosh Pinah zinc mine was extending its operations, and there was a need for builders and artisans to make the necessary alterations. He was given a six-month contract with the firm doing the alterations. Since his job back in Karasburg was not paying well Jan was happy to seek out what he called the 'greener pastures' of Rosh Pinah.

According to Jan, in Rosh Pinah nobody harasses you and crime is low. The only trouble is with people quarreling when they are drunk. He lives in the town's informal settlement, Tutungeni, where he rents a brick room. Jan thinks that Tutungeni is an acceptable place to live, but finds it too noisy since 'everyone is opening a shebeen'. He explains that 'you walk out of one bar and right in front of you is another'.

Jan has observed problems in Tutungeni with the social environment, which puts people at risk of contracting HIV. He says alcohol is the biggest problem since it can change your mind even if you do not want to engage in promiscuous behavior. Also, he says, there are not many jobs available for the women who live in the township. They consequently target recently arrived men in the hope of sleeping with them for cash or other rewards. 'The problem is that new people are coming here all the time,' explains Jan. 'They do not know the local women and they go out with them not knowing that they are after something'. He also says that mine workers come to Tutungeni from the compounds 'to buy young women things to take them to bed'.

The company which is employing Jan does not offer him any medical aid or HIV-prevention services. He would have to use the local government clinic for his health needs, but he says it is under too much pressure and the queues are too long. Jan would not be able to afford the private clinic but notes that they do have HIV education days in Tutungeni occasionally and that they distribute condoms to the local bars.

Jan plans only to visit home every two months as he cannot afford to go more often. At the end of his contract he hopes to get another six-month contract in Rosh Pinah as the pay is good.

10.2 Transport Sector

Richard (not his real name) is a 50-year-old truck driver from Okakarara in the north of Namibia. He completed a few years of high school but worked on the family farm after leaving school aged 16. Richard has been married several times and has eight children from six different women. Although he describes multiple partners as 'dangerous' and 'exhausting', he also says: 'there is nobody who is having only one partner: our fathers had many wives so why not us?'

At the age of 35, Richard decided to become a truck driver, and has been doing this job for the last 15 years. His current wife and children remain in Okakarara, while his other children and various ex-partners are in various locations in the north.

The truck Richard drives transports containers from the port at Walvis Bay to various locations in southern Africa, particularly Angola, Zambia and Botswana. He works on six-month contracts and, like others who transport containers, is paid per delivery. He does not get any extra benefits, such as medical aid, and the small transport company he works for has never provided him or his colleagues with condoms, HIV education or HIV-training courses. What he knows about HIV he has heard on the radio or seen in adverts for the New Start Centre.

When Richard and his fellow drivers arrive in Walvis Bay they typically have to wait for several days to pick up a new load of containers. They park their trucks near a service station and wait for their bosses to call them to give them instructions of where to go next. Richard is never sure where he will be sent. While Richard waits, he spends the days chatting to other drivers or sleeping in his truck. At night, he might go to a shebeen or a club to have some drinks and meet women. He says that women like truck drivers because they perceive them as having lots of money.

While he is parked in Walvis Bay, Richard has to use the service station toilets as there are no other facilities available. If he wants a shower, he occasionally makes use of a friend's place, but he normally goes for three days without a bath.

At the border posts, conditions are even worse. He normally waits for a week for a departure permit and he once had to wait a whole month. The border between Namibia and Zambia is the worst in his experience.

On the routes traveled by Richard he has never seen a place which offers HIV prevention or treatment. He only knows of the New Start Centre in Walvis Bay and the clinic in his home town. In the other countries he has visited he has also never come across HIV-prevention services although he confides that he 'does not even think of such things' when he is traveling outside Namibia.

11 List of key contacts in Namibia

Sector	Organization	Person	Contact details
All	Ministry of Health and Social Services	Abner Xoagub: Head of the Expanded National AIDS Response Support	Tel: +264 61 203 2825 Email: xoaguba@nacop.net
All	Erongo Regional AIDS Coordinating Committee	Kleria Autanga: Regional AIDS Coordinator	Tel: +264 64 410 5700 Email: kleria@erongorc.gov.na
All	USAID/Namibia	Karla Fossand: Deputy Director HIV/AIDS and Health Office	Tel: +264 61 273 712 Email: kfossand@usaid.gov
All	USAID/Namibia	Todd Koppenhaver: Strategic Information Advisor	Tel: +264 61 273 740 Email: tkoppenhaver@usaid.gov
All	UNAIDS Namibia	Robert Benoun	Tel: +264 61 2046 223
All	PACT Namibia	Nelson Prada: Program Manager	+264 61 303 793/4 Email: nelsonp@pactnamibia.org
All	Social Marketing Association (SMA)/ Population Services International (PSI)	Maria Nangolo Rukoro: Deputy Managing Director	Tel: 264-61-244 936 Email: nangolo.rukoro@sma.org.na
All	National Social Marketing Programme Namibia (NASOMA)	Theopolina Kweyo: Behavior Change Manager	Tel: +264 61 256 427 www.nasoma.com
All	Namibia Business Coalition on AIDS (NABCOA)	Valery Niingungo-Mbandi: Project Coordinator	Tel: +264 61 37 8777 Email: valery@nabcoa.org
All	C-Change	Dr Elizabeth Burleigh: Director C-Change Namibia	Phone +264 61 232 990 Email: elizabeth.burleigh@gmail.com
All	Walvis Bay Multi-Purpose Centre	Natalie Pieters: M&E Expert	Tel: +264 64 200 219 Email: ms.npieters@gmail.com
Transport	Ministry of Works and Transport/DED	Jurgen Ehrmann: Technical Advisor	Tel: +264 61 208 8003 Email: juergen.ehrmann@ded.de
Transport	Walvis Bay Corridor Group	Edward Shivute: Project Coordinator – HIV/AIDS Help Desk	Tel: +264 61 251 1669 Email: edward@wbcg.com.na
Transport	Namibian Transport and Allied Workers Union	John Kwedhi: General Secretary	Tel: +264 61 217 244 Email: natau@mwweb.com.na
Transport	Namibian Bus and Taxi Association	Magnus Nangombe: General Secretary	Tel: +264 61 211 314 Email: nobleinvestment@iway.na

Sector	Organization	Person	Contact details
Transport	TransNamib Holdings	J.J. Mbandi: Manager – Health, Safety and Loss Control	Tel: +264 61 298 2262 Email: jmbandi@transnamib.com.na
Mining	Ministry of Mines and Energy	Elise Garises: Training Officer	Tel: +264 61 284 8239 Email: egarises@mme.gov.na
Mining	Chamber of Mines	Theo Machoko: Coordinator – Occupational Health Education and Awareness Programme	Tel: +264 61 237 099 Email: theom@mweb.com.na
Mining	Skorpion Zinc Mine	Nadula Kapiye: Human Resources, Health and Safety	Tel: +264 63 271 2144 Email: nkapiye@skorpionzinc.com.na
Mining	Exxaro Rosh Pinah Zinc Mine	Sopia Januarie: Wellness Coordinator	Tel: +264 63 274 318
Mining	Walvis Bay Salt and Chemicals	Elizabeth Puis: Wellness Coordinator	Tel: +264 64 213 350
Mining	Mineworkers Union of Namibia	Tommy Kaereho	Email: tjkaereho@mweb.com.na
Mining	Rosh Pinah Clinic	Sister Shilongo	Tel: +264 63 274 918
Mining	Sidadi Clinic	Anton Meintjes: HR Manager or K. Sipapela (HIV)	Tel: +264 63 274 911 Email: ksipapela@roshcare.com

12 Annexes

12.1 Annex 1

Number of Focus Group Discussions⁴ (FGDs)

Sectors	Namibia		
	Number of FGDs	Female	Male
Mines	1	0	4
Transport	2	2	38
Ports/Maritime			
TOTAL	3	2	42

Number of Key Informant Interviews (KIIs)

KIIs	Namibia

Number of One-on-One Interviews

Sectors	Namibia		
	Number of one-on-one interviews	F	M
Mines	5	0	5
Transport	2	1	1
Ports/Maritime			
TOTAL	7	1	6

⁴ Participants in the FGDs and the one-on-one interviews were between the ages of 25-50 years old.

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