



IOM International Organization for Migration  
OIM Organisation Internationale pur les Migrations  
OIM Organización Internacional para las Migraciones

Regional Assessment on HIV-Prevention Needs  
of Migrants and Mobile Populations in Southern Africa

## Fisheries Sector Report

IOM, February 2010



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## List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
AU-NEPAD	African Union-New Partnership for Africa's Development
BCC	Behavior Change Communication
CBO	Community Based Organizations
CDC	Center for Disease Control
CIDB	Construction Industry Development Board
CoH	Corridors of Hope
CoL	Change of Lifestyle
CRS	Catholic Relief Services
DRC	Democratic Republic of Congo
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EU	European Union
FBO	Faith Based Organizations
FGD	Focus-group discussion
FHI	Family Health International
GDP	Gross Domestic Product
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HAMSET	HIV/AIDS, Malaria and Tuberculosis Control Project
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counseling
ICBT	Informal Cross-border Trade
ICAP	International Center for AIDS Care and Treatment Programs
ICMM	International Council on Mining and Metals
ICSW	International Committee on Seafarer's Welfare

<b>IEC</b>	Information, Education, Communication
<b>IFC</b>	International Finance Corporation
<b>ILO</b>	International Labor Organization
<b>IMHA</b>	International Maritime Health Authority
<b>INLS</b>	National Institute to Fight HIV and AIDS (Angola)
<b>IOM</b>	International Organization for Migration
<b>ISF</b>	International Shipping Federation
<b>ITF</b>	International Transport and Workers Federation
<b>JHU</b>	John Hopkins University
<b>KII</b>	Key Informant Interview
<b>MARP</b>	Most-at-risk population
<b>MCP</b>	Multiple and Concurrent Partners
<b>MHSS</b>	Ministry of Health and Social Sciences
<b>MoH</b>	Ministry of Health
<b>MOHSW</b>	Ministry of Health and Social Welfare
<b>MOU</b>	Memorandum of Understanding
<b>NAAF</b>	National HIV/AIDS Action Framework
<b>NABCOA</b>	Namibia Business Coalition on AIDS
<b>NAC</b>	National AIDS Commission
<b>Nasoma</b>	National Social Marketing Program
<b>NBCRFI</b>	National Bargaining Council for the Road Freight Industry
<b>NGO</b>	Non-governmental Organization
<b>NSF</b>	North Star Foundation
<b>NSO</b>	National Statistics Office
<b>NSP</b>	National Strategic Plan
<b>OHEAP</b>	Occupational Health Education and Awareness Program

<b>OSBP</b>	One Stop Border Post
<b>OVC</b>	Orphaned and Vulnerable Children
<b>PEP</b>	Post-exposure prophylaxis
<b>PHAMSA</b>	Partnership on HIV and Mobility in Southern Africa
<b>PMTCT</b>	Prevention of mother-to-child transmission
<b>PPP</b>	Public Private Partnership
<b>PSI</b>	Population Services International
<b>RSSC</b>	Royal Swazi Sugar Company
<b>SADC</b>	Southern Africa Development Community
<b>SCC</b>	Social Change Communication
<b>SMA</b>	Social Marketing Association
<b>SRH</b>	Sexual and Reproductive Health
<b>STI</b>	Sexually transmitted infections
<b>TB</b>	Tuberculosis
<b>UN</b>	United Nations
<b>UNAIDS</b>	Joint United Nations Program on HIV/AIDS
<b>USAID</b>	United States Agency for International Development
<b>USD</b>	United States Dollar
<b>VCT</b>	Voluntary Counseling and Testing
<b>WBCG</b>	Walvis Bay Corridor Group
<b>WBMPC</b>	Walvis Bay Multi Purpose Center
<b>ZBCA</b>	Zambian Business Coalition on AIDS
<b>ZHECT</b>	Zambia Health Education and Communication Trust

## 1. Summary

This sector report forms part of a regional assessment commissioned by USAID and funded by PEPFAR Southern Africa Prevention Initiative, entitled *Regional Assessment on HIV-prevention Needs of Migrants and Mobile Populations in Southern Africa*, which examines the migration patterns and the HIV vulnerabilities faced by migrants and mobile workers in the southern African region.

The Regional Assessment examined the fisheries sector in the following countries: Namibia and South Africa. This report investigates the specific challenges faced by mobile populations working in the fisheries sector in accessing HIV-prevention services. It is important to note that for the purpose of this assessment we have only reviewed the fisheries sector as it pertains to commercial fishing along major ports of southern Africa. Furthermore, as it pertains to vulnerabilities in port communities, the assessment includes information on other sectors such as the maritime sector.

The assessment identifies opportunities for programming and prioritizes key activities that should be pursued in the region so as to lessen the overall HIV vulnerabilities of migrants, mobile workers and the communities with which they interact.

In summary, the assessment makes the following specific recommendations:

### Policies and Regional Coordination

- At the national level, all governments should sign, ratify and domesticate the *UN International Covenant on the Protection of Migrant Workers and their Families*.

- Relevant national departments or ministries should facilitate policies that address HIV-prevention for fisheries and the maritime sector, and offer HIV-prevention services to both seafarers and the port communities with whom they interact.
- Government should explore ways to extend legislation and better regulate workplace programs to ensure that all employers (large, medium and small-scale) provide access to HIV-prevention services to all employees, including casual workers.

### Awareness Raising and Information Dissemination

- HIV education and condoms should be provided on board vessels for seafarers.
- HIV education targeting foreign seafarers should be implemented in the appropriate languages and at accessible points for seafarers who only stay for short periods on shore.
- An evidence-based behavior and social change communication (BCC/SCC) strategy with appropriate communication messages and materials that are linguistically and culturally appropriate should be developed and implemented.

### Programs and Services

- On ships, health services including information about HIV and AIDS and/or treatment for STIs should be provided to all workers.
- On land, health and HIV services should be provided for seafarers and should be accessible in terms of location, time of operation and language/cultural appropriateness.

- Condom distribution should be scaled up in all high-risk areas, including ports.
- Creative programs to reach seafarers need to be implemented, such as utilization of peer educators at the sites they spend most of their time (on vessels and at entertainment venues on land).
- Government, the private sector and NGOs/FBOs should establish alternative entertainment facilities at high-risk zones, such as ports/harbors. They should implement programs to encourage healthy lifestyles and bring down the abuse of alcohol.
- Specific efforts should be made by national authorities and employers to reach families of seafarers in their places of origin.

**Research:**

- More research should be conducted on the various determinants of HIV among seafarers, and sedentary populations with whom they interact. Such research may assess the nature of sexual networks and the level of multiple concurrent sexual partnerships that exist in port communities.

## 2. HIV Vulnerability in the Fisheries Sector in Southern Africa

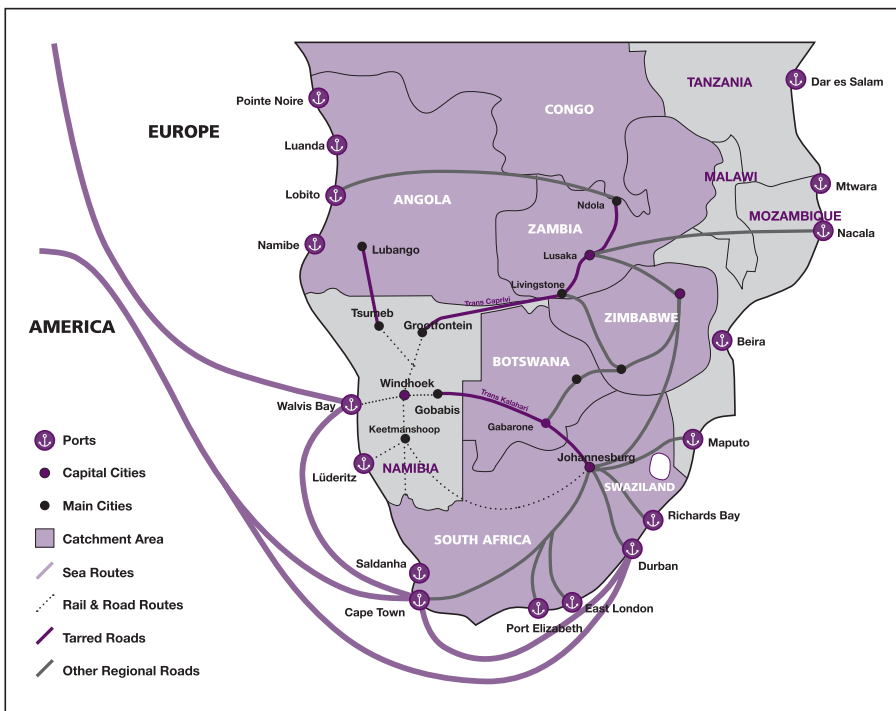
### 2.1 Seafarers and Port

#### Communities in Southern Africa

Southern Africa (from Angola through to Tanzania) has approximately 18,000 kilometers of coastline<sup>1</sup> with approximately 15 major ports, with an estimated 156,000 people employed in fishing and aquaculture.<sup>2</sup> These ports with their lucrative fishing and maritime-based industries attract large numbers of local

and foreign seafarers (working on cargo and fishing vessels), who are constantly arriving and interacting with the local community. For example, throughout the region foreign sea-going personnel arrive on a regular basis from Europe (especially Spain, Russia) and Asia (especially China).

Figure 1: Southern Africa Corridor Routes



Source: IOM, 2007d

1 [www.earthtrends.wri.org](http://www.earthtrends.wri.org) – approximate distance taken from various sources.  
 2 Earthtrends – estimated number for the year 2000.

**Table 1: Major Ports in Southern Africa**

<b>Angola</b>	
Lobito	<ul style="list-style-type: none"> <li>• A deep-sea water port</li> <li>• Located in southern Angola, near Benguela</li> </ul>
Luanda	<ul style="list-style-type: none"> <li>• Angola's principle port</li> <li>• Major investment for new port facilities</li> </ul>
Namibe	<ul style="list-style-type: none"> <li>• Located in southern Angola, close to the Namibian Border</li> </ul>
<b>Namibia</b>	
Walvis Bay	<ul style="list-style-type: none"> <li>• Namibia's largest commercial port</li> <li>• Attracts numerous foreign seafarers (on average there are 28 foreign fishing vessels and 40 foreign cargo vessels per month)</li> <li>• Important transport hub linking the Trans-Caprivi and Trans-Kalahari highways.</li> <li>• Business is also growing beyond the fishing industry, attracting both internal (mainly from northern Namibia) and external migrants to Walvis Bay and surrounding areas. Areas of development are mining (uranium), port expansion and an oil refinery project</li> </ul>
Luderitz	<ul style="list-style-type: none"> <li>• Located in southern Namibia</li> <li>• Traditionally a fishing port, serving the needs of the Namibian fishing industry</li> <li>• More recently the port caters for the needs of the offshore diamond industry</li> </ul>
<b>South Africa</b>	
Saldanha	<ul style="list-style-type: none"> <li>• The deepest and largest natural port in southern Africa</li> <li>• In 2007 Saldanha handled 470 ships, of which 25 were foreign fishing vessels and 22 were SA fishing trawlers</li> <li>• Approximately 4,000 seafarers dock in Saldanha each month, of which 2,000+ are cargo ships (mainly Filipino, Chinese, Russian and from other Eastern European countries) and 2,000 are local seafarers from surrounding areas in the province</li> </ul>
Cape Town	<ul style="list-style-type: none"> <li>• Cruise, container and fishing port</li> <li>• In 2007 Cape Town handled 3,025 ships, of which 636 were foreign fishing vessels and 278 were SA fishing trawlers</li> <li>• Large Asian fishing fleets are using Cape Town as a repair base</li> </ul>
Mossel Bay	<ul style="list-style-type: none"> <li>• Mossel Bay has always been a fishing port with limited commercial cargo activity</li> <li>• More recently, however, it has started to service the oil industry</li> <li>• In 2007 Mossel Bay handled 1,785 ships, of which 142 were foreign fishing vessels and 1,210 were SA fishing trawlers</li> </ul>
Port Elizabeth	<ul style="list-style-type: none"> <li>• The fifth largest port in South Africa</li> <li>• Mainly a cargo port, of which most of the cargo is destined for the Eastern Cape. However, some cargo is transported by rail and road to and from the Free State and Gauteng</li> <li>• Strong link to the South Africa motor industry, handling large volumes of containerized components and raw materials for the industry</li> <li>• In 2007 Port Elizabeth handled 1,309 ships, of which 11 were foreign fishing vessels and 330 were South Africa fishing trawlers</li> </ul>

East London	<ul style="list-style-type: none"> <li>• South Africa's only river port serves as the gateway to the entire Border-Kei area, as well as other southern and central countries</li> <li>• In 2007 East London handled 307 ships, of which 1 was a foreign fishing vessel and 10 were South Africa fishing trawlers</li> </ul>
Durban	<ul style="list-style-type: none"> <li>• The busiest port on the African continent</li> <li>• Largest container terminal in the southern hemisphere. Handles an average of 83,000 containers per month</li> <li>• The port directly employs 6,000 people but approximately 30,000 people are dependent upon the port and its activities</li> <li>• In 2007 Durban handled 4,608 ships, of which 214 were foreign fishing vessels and 64 were South African fishing trawlers</li> </ul>
Richards Bay	<ul style="list-style-type: none"> <li>• Physically the largest port in South Africa</li> <li>• Has expanded rapidly and now handles the largest number of cargo vessels in South Africa</li> <li>• In 2007 Richards Bay handled 1,648 ships, of which 1,119 were bulk cargo carriers, 20 were foreign fishing vessels and 22 were South Africa fishing trawlers</li> </ul>

### **Mozambique**

Maputo	<ul style="list-style-type: none"> <li>• The largest port in Mozambique</li> <li>• The start of the Maputo Corridor which runs through one of the most highly industrialized and productive regions of southern Africa</li> </ul>
Beira	<ul style="list-style-type: none"> <li>• The second largest port in Mozambique</li> <li>• Beira has always been essentially a transit port, handling the import and export cargoes from Zimbabwe, Malawi, Zambia and other countries in the region</li> <li>• Transport links to Zimbabwe and Zambia by road and rail networks, and currently to Malawi by road only</li> <li>• During 2004 a total of 208 ocean-going ships called at Beira in addition to 80 coastal vessels</li> </ul>
Nacala	<ul style="list-style-type: none"> <li>• Located in northern Mozambique</li> <li>• Railroads link Nacala to Lichinga, in Niassa Province and to Malawi's rail network. This route, called the Nacala Corridor, was intended to provide Malawi with a shorter, more reliable connection to the sea</li> </ul>

### **Tanzania**

Dar Es Salaam	<ul style="list-style-type: none"> <li>• Tanzania's principal port</li> <li>• Handles about 95% of the Tanzania international trade</li> <li>• The port is the departure and end point of the Tazara corridor to Lusaka</li> <li>• The port serves the landlocked countries of Malawi, Zambia, Democratic Republic of Congo, Burundi, Rwanda and Uganda</li> <li>• Strategically placed to serve as a convenient freight linkage not only to and from east and central African countries but also to the middle and Far East, Europe, Australia and America</li> </ul>
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Tanga	<ul style="list-style-type: none"> <li>• Tanzania's second biggest sea port</li> <li>• Located in northern Tanzania, near the Kenyan border</li> <li>• Strategically located to serve rich agricultural regions of northern Tanzania</li> <li>• Highways and a rail network link the port with the remote hinterland</li> <li>• Large shipping network with destinations in Germany, Japan and the Middle East</li> <li>• The port is an integral part of a rail-marine corridor Tanga-Arusha-Musoma-Port Bell/Jinja (Uganda)</li> </ul>
Mtwara	<ul style="list-style-type: none"> <li>• The smallest Tanzanian sea port, built between 1948 and 1954</li> <li>• Located in southern Tanzania, near the Mozambique border</li> <li>• Development of the deep-sea port was accompanied by railway construction from Mtwara and Nachingwea. With the failure of the groundnut scheme, the railway line fell into disuse and is now defunct</li> <li>• Port is underutilized</li> </ul>

The ports in southern Africa are also the first or last port of call for the main southern Africa transport corridors:

- Beira and Zambezi Development Corridors
- Limpopo Development Corridor
- Lobito Development Corridor
- Maputo Development Corridor
- Mtwara Development Corridor
- Nacala Development Corridor
- North-South Development Corridor (also known as the Durban Corridor)
- Tazara Development Corridor (also known as the Dar es Salaam Corridor)
- Walvis Bay Development Corridor

### 2.2 HIV Vulnerability in Port Communities<sup>3</sup>

In assessing the vulnerabilities of migrant workers in the fisheries sector ('seafarers', which may include those engaged in fishing and cargo transport), it is imperative to examine the unique dynamics of port communities. These impact on the HIV vulnerability of community members including sex workers

and the mobile workers who stay at the ports for relatively short periods of time. The sexual web between sea-going personnel or those working in the fisheries sector, truck drivers and sex workers creates a triangle of high-risk sexual behavior. Given the mobility of truck drivers and foreign seafarers, ports are an important node in an international web of risk behavior. This web consists of both high-prevalence areas (southern Africa) and low-prevalence areas (Spain, Russia and China). Since truck drivers and foreign sea-going personnel sometime share the same sexual partner whilst in port communities, infections picked up along any of the main transport routes could be carried all the way around the globe to cause new infections, often with new strands of the virus. Conversely, infections picked up elsewhere in the world can be brought to southern Africa.

**Foreign Seafarers:** Vulnerability to HIV stems from a number of factors. Foreign seafarers on short-term shore leave may engage in once-off unprotected sex and high-risk sexual activities with sex workers, or may engage in medium-term relationships with unfaithful

<sup>3</sup> Information sourced from the following research: IOM & World Fish Center (2006), IOM (2006).

partners (sex workers as girlfriends). There may be abuse of alcohol, which adds to the risk. Furthermore, foreign seafarers may have limited HIV knowledge and encounter difficulties accessing local services. They are unlikely to receive HIV education prior to arrival in southern Africa as they typically come from countries with low prevalence where there is little attention to HIV education. Once at the ports, not only do their short stays make them hard to target but language and cultural barriers make it difficult for them to access information and services.

**Local Seafarers:** Vulnerability to HIV among local seafarers may stem from similar factors to those that make other migrant/mobile workers vulnerable. This includes time spent away from home with limited communication with family members, hard working and living conditions that make health and protection from contracting HIV low priorities, limited access to health services while at sea, working on casual contract with no benefits, frequent abuse of alcohol, and multiple sexual partnerships including risky sex with sex workers or women who have transactional sex. Local seafarers do not frequent the same clubs and bars as the foreign seafarers, although some of the sex workers might move between the clubs and the bars. Therefore, it is possible that local and foreign seafarers could have sex with the same sex worker.

**Truck Drivers:** Depending on the port and the type of cargo, truck drivers often stay in town for only short periods of time (at most a couple of days at a time) whilst freight is loaded or offloaded; it is during this time that they frequent shebeens/clubs and meet sex workers. Truck drivers' vulnerability stems from a number of factors including: constant mobility causing highly unstable relationships, frequent sexual activity with a high-risk group (commercial sex workers), unwillingness to internalize HIV messages and change behavior, low levels of education and frequent alcohol abuse.

**Sex Workers:** The presence of foreign seafarers and truck drivers provides additional incentives for commercial sex workers based at the ports, which in turn creates a potentially high-risk environment. Research has shown that around ports sex work can take various forms: high-end, full-time commercial sex work; low-end, part-time commercial sex work and transactional sex. Many sex workers are young (between 18 and 30 years old), poor and have dependents.

Often, sex workers are aware of the risks involved as they have had quite extensive exposure to HIV-education programs. However, due to cultural and gender practices that reduce their ability to negotiate safe sex; exposure to violence, alcohol and drug abuse; and possibly due to language barriers, sex workers often remain vulnerable.

### 3. Policies Relevant to HIV in the Fisheries Sector in Southern Africa

In addition to the regional and national policies and legislation pertaining to migrant workers in general mentioned in the Regional Report, the following is a short list of some of the policies relevant to the fisheries sector.

In southern Africa, countries that have ports are: Angola, Namibia, South Africa and Mozambique. None of these countries have specific policies addressing the vulnerabilities to HIV and AIDS in the fisheries or maritime sectors, although they all recognize the special vulnerability of mobile and migrant populations in general. In Malawi, there is a policy for the fisheries sector.

- **Angola:** Angola's National Strategic Plan for Sexually Transmitted Infections HIV/AIDS (2003–2008), in its guiding principles, calls for targeting of priority social groups that are most vulnerable to HIV infection and the impact of AIDS, including high mobility populations. *(Refer to Regional Report for more detail.)*
- **Malawi:** There is a Fisheries HIV and AIDS Strategy (2007–2011) which is linked to the Malawi National HIV/AIDS Policy (2003).
- **Namibia:** The Republic of Namibia's National Strategic Plan on HIV/AIDS Third Medium-term Plan (2004–2009) identifies mobile populations as a vulnerable group and mentions them under

prevention, care and support interventions. Furthermore, the Namibian National Policy on HIV calls upon government and partners to identify, address and take such steps as are necessary to reduce the vulnerability of all mobile populations to HIV/AIDS, including their living and working conditions. *(Refer to Regional Report for more detail.)*

- **South Africa:** The Republic of South Africa's HIV & AIDS and STI Strategic Plan (2007–2011) identifies population mobility and labor migration as two of the drivers of the AIDS epidemic, and recognizes the vulnerability of mobile populations to HIV. The NSP provides an HIV-prevention framework that seeks to promote the adoption of behavior change curricula for different target groups including higher risk groups. It also provides a framework for the increased roll-out of comprehensive customized prevention packages to higher risk occupational groups, including access to VCT and provision of male and female condoms, STI symptom recognition and STI services. *(Refer to Regional Report for more detail.)*
- **Mozambique:** The Republic of Mozambique National Strategic Plan on HIV/AIDS (2005–2009) also recognizes certain groups as vulnerable to HIV infection. *(Refer to Regional Report for more detail.)*

## 4. Assessment Findings

### 4.1 Sector-specific Vulnerabilities

Based on the field findings, the following factors make workers vulnerable to HIV in the fisheries sector:

<p><b><i>Dangerous and stressful working conditions</i></b></p>	<p>Seafarers often spend long periods of time away from their families, with employment stints lasting between three and six months. The sometimes dangerous and stressful and at other times monotonous and unrewarding working conditions for seafarers often makes them seek relief with sex workers while on shore-leave, especially after being away from women for extended periods. The dangerous nature of much of the work also causes such men to attach a low risk to HIV since they are generally so preoccupied with everyday survival matters that they perceive HIV as a distant threat.</p>
<p><b><i>Casual contracts, distrust of management</i></b></p>	<p>Many local seafarers are on casual labor contracts with limited job security and no benefits, including health insurance. Furthermore, the relationship between local seafarers and vessel owners and/or management is often one of general distrust or non-communication (especially when vessel-owners are foreign), making any workplace interventions difficult.</p>
<p><b><i>Time spent in 'hot spots'</i></b></p>	<p>'Hot spots' can be generally defined as locations where alcohol is served and where sex is negotiated or takes place. The areas surrounding harbors such as Durban and Walvis Bay are host to numerous bars, clubs and liquor outlets and are well known as places frequented by sex workers. The high consumption of alcohol combined with the presence of sex workers makes for a high-risk environment in which condoms are not used as much as they should be.</p> <p>Seafarers, while on short-term shore leave at 'hot spot' ports may engage in once-off unprotected sex and high-risk sexual activities with sex workers, or may engage in medium-term relationships with unfaithful partners (sex workers as girlfriends).</p> <p>The frequency with which ships dock at various ports may also have implications for the workers' vulnerability. In Durban, where there are mainly cargo ship crews, the risk of HIV spread is higher than in ports where fishing trawlers are primary (e.g. Walvis Bay). This is because, unlike trawlers, container ships make stops at many ports, allowing sailors to engage with sex workers in many locations.</p>

<p><b><i>Lack of knowledge among foreign seafarers</i></b></p>	<p>Foreign seafarers coming to southern African ports such as Durban and Walvis Bay usually come from countries where HIV prevalence is not as high, and thus they usually have had limited exposure to HIV information in their countries of origin. They receive minimal HIV education or condom provision on board their vessels, although those coming to Durban were reportedly better provided for than those in Walvis Bay.</p> <p>Furthermore, they seldom receive any HIV education while on shore in port cities, due to language and accessibility problems. Local programs often cannot afford to provide information in different languages, and accessing foreign seafarers during their short time on shore is also very difficult. In all, foreign seafarers may not have as much knowledge of the virus or realize how serious a risk they face.</p>
<p><b><i>Limited access to health services</i></b></p>	<p>Health and HIV services for seafarers are often limited in availability and accessibility. Where local facilities exist, they are usually difficult for seafarers to access (especially foreign seafarers) due to location, time of operation or language/cultural barriers.</p>
<p><b><i>Low and inconsistent condom use</i></b></p>	<p>Often, even where the risks are known, there is a high desire for unprotected sex among seafarers, and sex workers are prepared to have unprotected sex with repeat clients or those who pay more (see Trotter, 2008: 188).</p> <p>‘The Chinese do not like condoms and do not want to pay so they have high-risk sex with low-level prostitutes; other foreigners have high-end girls but also do not want to use condoms, while the local guys have girlfriends in Kuisebmond so they are not using the prostitutes as much, but they go out and look for other women’ (Interview with an NGO peer educator, cited in IOM, 2006).</p> <p>At the Durban port, cultural beliefs around sexuality and gender relations augment other HIV vulnerability factors. Zulu and Mozambican men in particular saw nothing wrong with having multiple and concurrent partners. Even though informants claimed to use condoms with sex workers or casual partners, condom use with regular partners is low as men do not perceive a high risk with them.</p>
<p><b><i>Lack of workplace policies and programs</i></b></p>	<p>Apart from workplace HIV programs, there are few HIV-prevention services specifically targeting workers or mobile populations associated with ports. Casual workers in particular are left out because they are not given access to company clinics, HIV-education sessions or medical aid. Smaller companies, sub-contractors and labor brokers do not provide any health-related services to their workers, who are mostly employed on a casual shift-by-shift basis. In Durban, for example, of the 30,000 workers associated with the port, an estimated 10,000 or more are particularly vulnerable to HIV as they have no access to workplace HIV-prevention services.</p>

## 4.2 HIV-prevention Services and Programs

This section, while not a comprehensive list, mentions the most well-known programs and services that specifically target migrants and mobile populations and their families in the fisheries sector.

The assessment found only one regional/national program addressing HIV vulnerability in the fisheries sector in southern Africa (IOM) and hardly any national programs addressing HIV specifically for seafarers or port-based communities. Mission to Seafarers do specifically target seafarers, but have no

specific HIV program, while the other organizations (e.g. Walvis Bay Corridor Group, Trucking Wellness, PSI) have HIV programs but do not specifically target seafarers. A summary of a relatively new global initiative targeting the maritime sector (the Global Partnership on HIV and Mobile Workers in the Maritime Sector) is presented at the end of this section. Although it is not specifically for the southern African region, the pilot phase will include activities in Durban, South Africa.

### 4.2.1 Regional Programs and Services

#### ***International Organization for Migration (IOM): Partnership on HIV and Mobility in Southern Africa (PHAMSA)***

In order to reduce the HIV incidence and impact of AIDS among migrant and mobile workers and their families in southern Africa, IOM has been implementing the regional PHAMSA program since 2004. PHAMSA targets six sectors with high levels of migrant and mobile workers (commercial agriculture, construction, cross-border trade, maritime, mining and transport) and has four main program components: (1) advocacy for policy development; (2) research and learning; (3) regional coordination and technical cooperation; and (4) pilot projects.

Specifically in the fisheries sector, PHAMSA has been active in advocacy (via development of various advocacy material such as the 'Chasing Dreams' comic stories or the 'Working across Borders' radio documentaries) and in piloting a project in Walvis Bay, Namibia in collaboration with local implementing partners (see section on Namibia below).

#### 4.2.2 National Programs and Services

At the national level, the assessment reviewed programs and services in the fisheries sector in two countries: Namibia and South Africa.

### *Namibia*

#### **Government:**

The Namibian government has adopted a 'blanket approach' to prevention, and has 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, for the first time the government has taken the first steps towards drawing up a prevention strategy by producing a comprehensive review of the drivers of the HIV epidemic in conjunction with partners (see De la Torre et al., 2009).

#### **Public-private Partnerships:**

- In Namibia, the **Walvis Bay Corridor Group** (WBCG) is a public-private partnership (PPP) of the Namibian Government and logistics providers.<sup>1</sup> It has been operating an HIV and AIDS Help Desk for trucking companies in Walvis Bay, together with the Namibia Business Coalition on AIDS. The Help Desk, through the services of an external HIV/AIDS agency, provides the following services to member companies: legal advice, support for terminally ill employees, access to socially marketed condoms and HIV/AIDS treatment options. While bigger sea and road transport companies have signed up to the WBCG and/or NABCOA, many of the medium and small ones are yet to buy into the idea of workplace HIV policies (PwC, 2007: 11–12).

#### **Non-governmental Organizations:**

- **Mission to Seafarers**, formerly called Missions to Seamen, is a missionary society of the Anglican Church which cares for the spiritual and practical welfare of all seafarers regardless of nationality or faith. The Mission is 50 meters away from the port of Walvis Bay. Although they do not have specific HIV programs, they do hand out IEC materials and free condoms to seafarers who visit their center.
- The **Walvis Bay Multi Purpose Centre** (WBMPCC) is an NGO in Walvis Bay whose goals are to provide youth-friendly services to the Walvis Bay community, reduce the rate of HIV infection in Walvis Bay, decrease stigmatization, as well as increase care and support for people living with HIV. Through its partnership with IOM, WBMPCC has initiated activities targeting local and foreign seagoing personnel particularly in the fishing sector. These include awareness-raising among seafarers as well as company management, gender workshops and social change communication.

## South Africa

### **Government:**

In South Africa, public healthcare by law is free to all citizens and non-citizens. However, it has been well documented that migrants face a range of challenges in accessing even basic healthcare. Allegations of discrimination and xenophobic attitudes by healthcare staff ranked as one of the leading barriers to healthcare reported by migrants interviewed by Human Rights Watch (2008: 55). Even though the law states that no identity documentation is required, migrants are often asked for their identity documentation before they can be seen by a medical officer (FGD, Durban, August 2009).

### **Public-private Partnerships:**

- **Trucking Wellness** runs 15 Wellness Clinics throughout the country, primarily targeting truck drivers, but accessible to others from the community including seafarers. There are three Wellness Clinics in the port towns of Durban, East London and Port Elizabeth. These Wellness Clinics aims to raise awareness on STIs, including HIV, and promote health-seeking behavior

### **Non-governmental Organizations:**

- **Population Service International (PSI)** has an HIV/AIDS program in South Africa which started in 1992 and is partially funded by the South African Department of Health. Although not specifically targeting seafarers, the program provides VCT services (both fixed and mobile) in South Africa's three largest cities – Johannesburg, Durban and Cape Town – as well as some border towns, and distributes condoms to vulnerable groups including migrants.
- In Cape Town, the **Refugee HIV Awareness & Management Project** provides HIV-education workshops and counseling to migrants and refugees but refers people to public-health facilities for HIV testing.
- The **Sonke Gender Justice Network**, through its Refugee Health and Rights project, targets both refugees and migrants with gender sensitization programs, and focuses on facilitating access to health services in Johannesburg and Cape Town.
- Another service, which does not primarily target migrants but which is available to them along with local beneficiaries, is the mobile clinic called the **Tutu Tester**, of the **Desmond Tutu HIV Foundation**.

### ***Global Partnership on HIV and Mobile Workers in the Maritime Sector***

The Global Partnership is an initiative dedicated to reducing new HIV cases among seafarers made up of seven international networks and organizations: IOM, the International Transport Workers' Federation (ITWF), the International Committee On Seafarers' Welfare (ICSW), the International Labour Organization (ILO), the International Maritime Health Association (IMHA), the International Shipping Federation (ISF), and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The Global Partnership is developing a program with four interrelated project components:

- (1) Change HIV risk behaviors among seafarers;
- (2) Increase access to HIV-related services for seafarers at destination ports;
- (3) Decrease the vulnerability of seafarers to HIV through increased ownership among key stakeholders; and
- (4) Promote best practices in HIV voluntary counseling and testing (VCT) in the context of seafarer recruitment.

Pilot activities are currently under development to target Filipino seafarers throughout their mobility: pre-departure, on ship, in the port of Durban and upon return.

## 5. Gaps, Challenges and Corresponding Recommendations

The following table summarizes the gaps and challenges identified during the assessment, and makes corresponding recommendations for future activities.

<b>Gaps/Challenges</b>	<b>Recommendations</b>
<b>Policies and Regional Coordination</b>	
Limited legal protection for migrant and mobile workers, including seafarers.	<ul style="list-style-type: none"> <li>At the national level, all governments should sign, ratify and domesticate the UN International Covenant on the Protection of Migrant Workers and their Families. This would afford migrant and mobile workers increased legal protection, such as better living and working conditions and access to health.</li> </ul>
Limited national policies addressing HIV for seafarers and the port communities with whom they interact	<ul style="list-style-type: none"> <li>Relevant national line departments or ministries should facilitate policies that address HIV prevention for seafarers, and offer HIV-prevention services to both seafarers and the port communities with whom they interact.</li> </ul>
Limited workplace policies, particularly among smaller sized companies	<ul style="list-style-type: none"> <li>Government should explore ways to extend legislation and better regulate workplace programs to ensure that all employers (large, medium and small-scale) provide access to HIV-prevention services to all employees, including casual workers.</li> <li>Government should enforce greater regulation over smaller/less formal employers or provide incentives for them to implement workplace policies and/or provide regular access for all their employees to other HIV-prevention services.</li> </ul>

Gaps/Challenges	Recommendations
<b>Awareness Raising and Information Dissemination</b>	
<p>Lack of knowledge among foreign seafarers: Foreign seafarers usually have limited HIV knowledge and do not recognize the seriousness of the risk they may face while in southern Africa.</p>	<ul style="list-style-type: none"> <li>• HIV education and condoms should be provided on board vessels for seafarers</li> <li>• HIV education targeting foreign seafarers should be implemented in the appropriate languages and at accessible points for seafarers who only stay for short periods on shore.</li> </ul>
<p>Limited behavior and social change communication targeting foreign and local seafarers: The existing material is having a limited impact on behavior change. For some migrants, language is a barrier as IEC materials are not in their home languages. This challenge is particularly acute for foreign seafarers who do not speak local languages.</p>	<ul style="list-style-type: none"> <li>• An evidence-based behavior and social change communication (BCC/SCC) strategy should be developed and implemented, with appropriate communication messages and materials that are linguistically and culturally appropriate.</li> </ul>
<b>Programs and Services</b>	
<p>Health and HIV services for seafarers are often limited in availability and accessibility, both at sea (on ships) and on land (in ports).</p> <p>Also, service providers may face difficulties in actually targeting seafarers as they are on shore for relatively short periods of time and are often preoccupied with other survival needs/concerns.</p> <p>Lack of education, HIV awareness and enduring stigma and misconceptions about HIV means that even if HIV-prevention facilities are available some seafarers may not want to make use of them.</p>	<ul style="list-style-type: none"> <li>• On ships, health services should be provided to all workers, and should include information about HIV and AIDS and/or treatment for STIs.</li> <li>• On land, health and HIV services should be provided for seafarers and should be accessible in terms of location, time of operation, and language/cultural appropriateness.</li> <li>• Condom distribution should be scaled up in all high-risk areas, including those in ports.</li> <li>• Creative programs to reach seafarers need to be implemented, such as utilization of peer educators at the sites they spend most of their time (on vessels and at entertainment venues on land).</li> </ul>

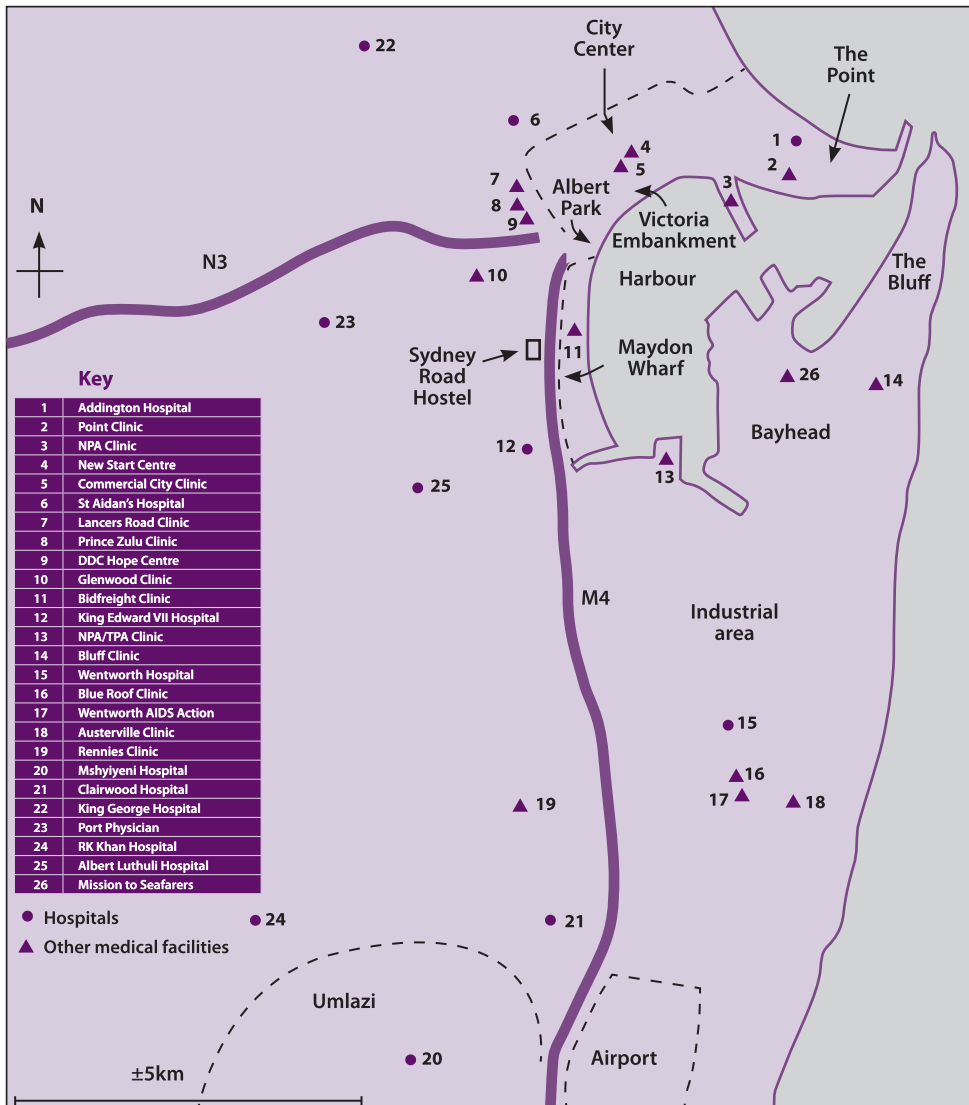
<b>Gaps/Challenges</b>	<b>Recommendations</b>
<p>Time spent in 'hot spots': The areas surrounding harbors such as Durban and Walvis Bay are host to numerous bars, clubs and liquor outlets and are well known as places frequented by sex workers. The high consumption of alcohol combined with the presence of sex workers makes for a high-risk environment in which condoms are not used as much as they should be.</p>	<ul style="list-style-type: none"> <li>Government, the private sector and NGOs/FBOs should establish alternative entertainment facilities at high-risk zones such as ports/harbors, and implement programs to encourage healthy lifestyles and bring down the abuse of alcohol. Such facilities might include soccer fields, gyms or swimming pools, or establishments where seafarers can socialize or relax.</li> </ul>
<p>While reaching mobile seafarers may be a challenge, targeting their families may present an even greater challenge, especially if the seafarers come from countries with low prevalence and little attention to HIV education. There may also be issues around HIV-related stigma present in these countries that exacerbate the difficulties.</p>	<ul style="list-style-type: none"> <li>Specific efforts should be made by national authorities and employers to reach families of seafarers in the places of origin. This may be particularly important in cases where the seafarers come from countries with low prevalence and little attention to HIV education. Such efforts should also take into consideration issues related to stigma and discrimination.</li> </ul>
<b>Research</b>	
<p>With the mobility of foreign seafarers and truck drivers, ports are an important node in a regional and international web of risk behavior. However, there is currently very little research on these sexual networks and the level of concurrent sexual partnerships that exist among sex workers, truck drivers and sea-going personnel, as well as very few interventions targeting port communities.</p>	<ul style="list-style-type: none"> <li>More research should be conducted on the various determinants of HIV among seafarers and the sedentary populations with whom they interact. Such research may assess the nature of sexual networks and the level of multiple concurrent sexual partnerships that exist in port communities.</li> </ul>
<b>Others</b>	
<p>Funding is identified by most role players as a challenge in reaching migrants. Most programs are funded year by year so there is no certainty or continuity of effort.</p>	<ul style="list-style-type: none"> <li>Donors should strive to harmonize their funding strategies in the area of migration and HIV.</li> <li>Non-traditional funding sources (e.g. private sector) should be explored.</li> </ul>

## 6. Localized, Detailed Mapping of Services

The Durban port in South Africa was chosen as the location for the mapping of health services. As can be seen on the map (below), there are a range of private, public and non-governmental, faith and community-based

HIV services in the area of the port and the industrial and residential areas to the south of the port. Not every health facility is represented on the map, particularly the private facilities, which are unlikely to be affordable to migrant workers. Instead, the map represents health facilities most accessible to migrant workers/seafarers or

Health services available to migrants near the Durban port



those mentioned by migrants as important facilities where they access healthcare or HIV-prevention services.

The most accessible healthcare options for the port community are the **government-run clinics and hospitals**, which provide (mostly) free services for all. There are seven clinics relatively close to the port,<sup>4</sup> which provide VCT, treatment of STIs, PEP, PMTCT, and hand out condoms and IEC materials. They do not administer ARVs at this point but refer HIV-positive patients to the district hospitals for ART. Government hospitals (Addington Hospital and King Edward VIII Hospitals are close to the port) also offer VCT, PEP, PMTCT, STI treatment and distribute condoms and IEC materials. In addition, they provide ART as well as support and adherence monitoring. The staff at these hospitals say that foreigners can access treatment like anybody else, but admit that without documentation, getting onto ARVs is difficult. Migrant informants complained that they had experienced xenophobic attitudes from nursing staff and long queues at King Edward Hospital, and had been refused treatment without a refugee permit at Addington Hospital.

There are a number of **non-governmental, community and faith-based organizations** (NGOs, CBOs and FBOs) offering HIV-prevention services to the general public, and although they are not specifically targeting migrants, they are located in areas where the port community may access them. The Durban New Start Centre in the city centre provides VCT and distributes government IEC materials and condoms. The center also has a mobile testing unit that visits prisons, malls, churches and

other places which request their services. Also close to Durban central is the DCC Hope Centre, which offers free VCT and CD4 counts, distributes condoms and IEC materials. Neither of these centers provides STI treatment, PEP, PMTCT or ART. Although the centers do not specifically target migrants, many foreigners particularly from Mozambique, Zimbabwe, Nigeria and Zambia access their services.

There are also two NGOs that provide HIV services, located in the industrial zone where many port-related businesses are based, as well as some hostels where migrant workers reside. The Blue Roof Wellness Centre is a project of the international NGO Keep a Child Alive, and provides VCT, condoms, IEC materials, PMTCT, PEP and ART free to all comers. Foreigners, however, must produce some form of identification papers to access these services. The Wentworth AIDS Action Group is a CBO sponsored by the Department of Health, providing free VCT, condoms and HIV education.

Specifically regarding **foreign seafarers**, according to the port physician and Durban Port Chaplaincy (which includes 10 faith-based outreach programs to seafarers), the majority of ships visiting Durban do now have basic HIV-prevention programs which provide condoms and HIV education to seafarers. The various faith-based groups visit ships daily, where they provide information on health matters, but it does not appear that HIV is specifically prioritized over other more immediate needs such as dental and smoking-related problems. Seafarers who need treatment of any kind are referred to the port physician, who is based at Entabeni Hospital. He does HIV testing and treatment of STIs.

4 The Point Clinic, Commercial City Family Planning Clinic, Lancers Road Clinic, Prince Cyril Zulu Communicable Disease Centre, Glenwood Clinic, the Bluff Clinic and Austerville Clinic.

**Truck drivers** who visit the port do not have access to any dedicated services in the port area but can visit the Ethekeeni Wellness Centre, run by Trucking Wellness, at the truck port in Mariannhill on the N3 highway. Many drivers go to this truck stop to wait until their trucks are ready to be loaded. It is operated at convenient times for drivers (4pm–10pm) by a trained nurse and offers treatment for all the usual ailments faced by drivers as well as HIV prevention and care (condom/IEC material distribution, STI treatment, VCT and ART referrals to CareWorks for those who are registered with the National Bargaining Council for the Road Freight Industry).

Lastly, for **port workers**, the Transnet companies (National Ports Authority and the Port Terminals) as well as the large private-sector companies

(Rennies, Bidvest and Grindrods) all have workplace health programs, including comprehensive HIV prevention and care for all permanent workers (HIV education, VCT, condom distribution, treatment of STI and administration of ART). Workers on fixed-term contracts are typically covered for the duration of their contract, but the casual workers are usually excluded except for access to condoms and IEC materials. Smaller and less formalized companies, most of whose labor is casual, tend not to have workplace HIV programs since they cannot afford the extra costs. Of the almost 30,000 workers employed in jobs connected to the port, it is probable that more than a third are not receiving HIV-prevention services through workplace programs since they are casual workers or working for small companies.

## 7. Migrant Stories

Below is one story of a migrant working in the fisheries sector:

### ***Migrant Story: Tanzanian migrant worker in Durban, South Africa***

Ali (not his real name) is a 23-year-old Tanzanian migrant worker who came to Durban in 2007 to look for work at the port.

He completed two years of high school in Tanzania, after which he did odd jobs, including assisting a mechanic to repair motor vehicles. A combination of bad luck and the desire to find better working opportunities made him decide to leave Tanzania. He witnessed a crime about which he did not want to testify for fear of repercussions, so he left suddenly for Mozambique without documentation.

Having jumped the border into Mozambique, Ali hitchhiked southwards in the hope of finding work. However, he found it very difficult to earn money in Mozambique and had to walk long distances because he had no cash. Ali decided to continue on to South Africa, where his older brother was already working. Again, he jumped the border, this time into northern KwaZulu-Natal, and proceeded to Richards Bay. When he finally arrived in Durban he fortunately could stay with his brother in a flat near the Durban harbor. He still lives there today.

Ali also found work opportunities difficult to come by in Durban, but found that the most readily available work was casual shift work unloading cargo from ships. He spends a lot of time hanging around in Albert Park in town, waiting for the labor brokers to come and recruit young men like him when extra labor is needed. He is paid per shift and does not sign a contract or enjoy any benefits from this work. Having arranged to acquire some papers from the Home Affairs Department he feels more secure, but still complains of harassment by the Municipal Police.

Because work is so sporadic, Ali started his own small business, which involves procuring and delivering paper to small companies around the city center.

Despite having a girlfriend back in Tanzania, Ali regularly uses the sex workers who hang around the Victoria Embankment. He knows that HIV can be deadly, but claims he always uses a condom when sleeping with sex workers. Ali has never visited a health facility since arriving in South Africa, but says Addington Hospital is the nearest to where he lives. He does not know whether they provide HIV-prevention services.

*(One-on-one interview, Durban, South Africa, August 2009)*

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**(Footnotes)**

- 1 Walvis Bay Port Users Association, Namibian Association of Freight Forward, Namibian Road Carriers Association, Namibian Ports Authority, Transnamib, Namibian Chamber of Commerce and Industry, Municipality of Walvis Bay, Ministry of Trade and Industry Investment Center, Ministries of Finance, Works, Transport and Communication.