

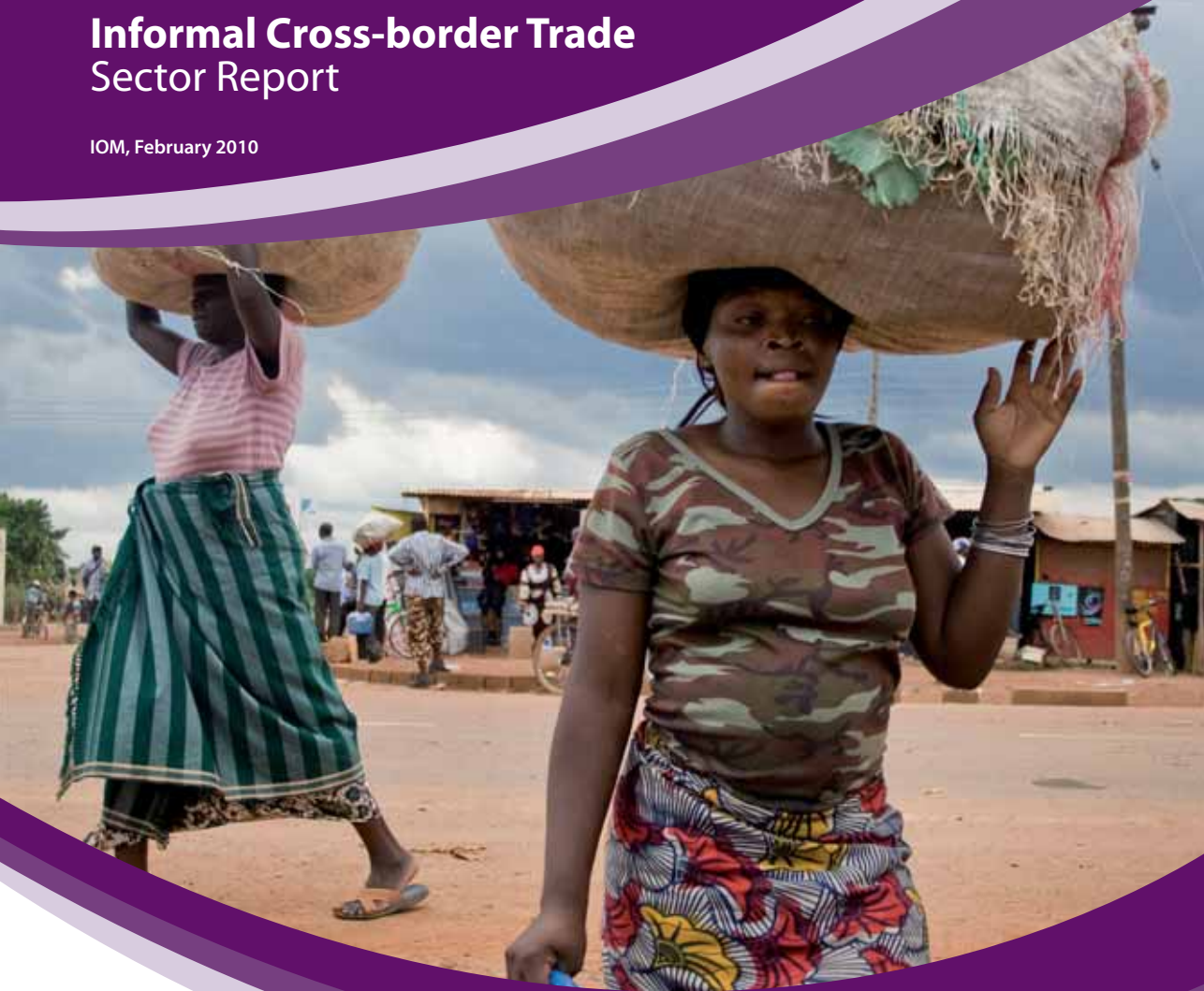


IOM International Organization for Migration
OIM Organisation Internationale pur les Migrations
OIM Organización Internacional para las Migraciones

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

Informal Cross-border Trade Sector Report

IOM, February 2010



USAID
FROM THE AMERICAN PEOPLE



Table of Contents

List of Abbreviations	2
1 Summary	5
2 HIV Vulnerability in the Informal Cross-Border Trade Sector in Southern Africa	7
2.1 Informal Cross-border Trade in Southern Africa	7
2.2 HIV Vulnerability of Informal Cross-border Traders	7
3 Policies Relevant to HIV in the Informal Cross-border Trade Sector in Southern Africa	9
4 Assessment Findings	10
4.1 Sector-specific Vulnerabilities	10
4.2 HIV-prevention Services and Programs	12
4.2.1 Regional Programs and Services	12
4.2.2 National Programs and Services	13
5 Gaps, Challenges and Corresponding Recommendations	15
6 Localized, Detailed Mapping of Services	18
7 Migrant Stories	20
8 References	22

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

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

1. Summary

This sector report forms part of a regional assessment commissioned by USAID 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 assessment was conducted from August to September 2009.

The assessment examined informal cross-border traders (ICBTs) in the following countries: Lesotho, Malawi, South Africa, Swaziland and Zambia. This report investigates the specific challenges which mobile populations working in the ICBT sector in these countries face when trying to access HIV-prevention services. It 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 within which they interact.

In summary, the assessment makes the following specific recommendations:

Policies and Regional Coordination:

- Southern Africa Development Community (SADC) countries need to coordinate to provide accessible health facilities and HIV-prevention programs. These programs should include harmonized Antiretroviral Therapy (ART) systems which create uniform protocols recognized within all SADC countries.
- SADC should consider introducing a card system, recognized within the region that would provide access to ART. This would allow cross-border traders to access treatment at home, in transit and at their destination.
- SADC should standardize customs clearance procedures at border posts to reduce waiting time of cross-border traders and other mobile populations.
- At the national level, all governments should sign, ratify and domesticate the *United Nations (UN) International Covenant on the Protection of Migrant Workers and their Families*.
- Implementation of the *World Health Assembly Resolution 61.17 on Migrants Health* should be promoted (see Section 8 of the Regional Assessment Report).
- Healthcare workers (government and Non-governmental Organizations) should be trained and educated on the rights and vulnerabilities of migrants.

Awareness Raising and Information Dissemination:

- NGOs, Community Based Organizations (CBOs) and Faith Based Organizations (FBOs) should introduce HIV-prevention service centers and health clinics that are open after hours in high-risk areas where cross-border traders are found.
- Governments and NGOs should increase condom distribution in all high-risk areas where cross-border traders are found.
- In isolated migrant-sending communities, the government and private sector should establish partnerships focusing on HIV prevention and treatment in order to ensure that sufficient HIV-prevention services are provided to migrant's families who remain at home.
- Governments and NGOs should create key HIV

messages targeted at migrants in appropriate languages on HIV, and on the laws and regulations of the host country. These messages should be made available before departure.

Programs and Services:

- Governments and NGOs should roll out mobile services to remote migrant sites and ensure that highly mobile populations such as informal cross-border traders are reached before departure, in transit and at destination.
- Governments and NGOs should create key HIV messages targeted at migrants in appropriate languages on: HIV, services available in the destination country, and on the laws and regulations of the host country, preferably before departure.
- Governments should introduce comprehensive HIV/AIDS policies that cover the specific vulnerabilities faced by cross-border traders, including access to healthcare.

- Governments and NGOs should introduce comprehensive HIV/AIDS programming that targets the specific vulnerabilities faced by cross-border traders.

Research:

- More research should be conducted on the various determinants of HIV in the informal cross-border trade sector, such as the nature of sexual networks and the level of concurrent sexual partnerships that exists.

Others:

- Governments should improve and expand statistical data collection on migration, disaggregated by age, sex and country of origin.
- Donors should strive to harmonize their funding strategies in the area of migration and HIV.

2. HIV Vulnerability in the Informal Cross-Border Trade Sector in Southern Africa

2.1 Informal Cross-border Trade in Southern Africa

Informal cross-border trade (ICBT) forms a substantial percentage of economic activity in the southern African economy even though it is almost entirely undocumented (Nduru, 2004). Informal cross-border traders in southern Africa are called 'informal' because, generally, they travel with their goods, operate on a relatively small scale, do not access preferential tariff agreements, often buy and/or sell in informal-sector markets, do not always pass through formal import and export channels and may be involved in smuggling (Peberdy, 2002).

There are various factors driving the growth of ICBT in southern Africa, including: growing poverty, shrinking formal-sector employment, unequal development, declining living standards, rigorous (and often cumbersome) import controls imposed on formal businesses, low commodity prices, poor road/rail networks within countries, and ease of movement among those living along border areas (Tekere et al., 2000). In the face of mounting poverty, deteriorating socio-economic conditions and unemployment, ICBT has become a key source of livelihood, mainly for women who originate in poor communities.

Although they contribute immensely to socio-economic activity in the region (IOM, 2007), informal cross-border traders are often not formally recognized nor included in policy formulation. This is partly because they are

largely fragmented. In many countries, there are no formal associations representing informal cross-border traders and where they exist they are relatively weak (IOM, 2005c).

Given the importance of the ICBT sector in the Southern African Development Community (SADC) region in terms of regional economic trade and social integration, direct and indirect employment creation, socio-economic upliftment of women, and the role it plays in food security, HIV and AIDS are likely to have a devastating impact on the sector. The circulatory nature of migration of informal cross-border traders, and the paucity of HIV and AIDS interventions targeting them could increase the HIV vulnerability of this mobile group of workers.

2.2 HIV Vulnerability of Informal Cross-border Traders

Immigration laws: Informal cross-border traders are often not acknowledged in this region and have no official work permits that allow them to conduct business. Thus, in most cases they travel on holiday or tourist visas, which render them vulnerable as they may be apprehended by authorities in borders or host countries, and may be subjected to sexual and other exploitation.

Gender inequalities: In general, women have limited access to social and economic resources. Consequently, the majority of women are poor, economically dependent on men and have

limited decision-making powers. The majority of informal cross-border traders in the SADC region are women, and they may engage in transactional sex with those who may facilitate their migration process (truck and/or taxi drivers, immigration and customs officials, police and security forces), and there are even reports of sexual harassment and rape (FHI, 2004; IOM, 2005c). In such instances, female traders are often powerless to negotiate safe sex, and become vulnerable to contracting HIV.

Extended periods of time spent in high transmission areas: Informal cross-border traders pass through, and often spend extended periods of time, in high transmission areas such as border towns due to unforeseen delays (IOM, 2003c). While the reasons for the delays are varied, they often result in the individual being forced to wait overnight. With little or no affordable accommodation available at border crossings, informal cross-border traders either sleep in the open or negotiate their own, alternative arrangements.

In this type of environment, there exists an intricate web of sexual relationships among informal cross-border traders, uniformed personnel (customs officials, immigration officials and customs clearing agents), sex workers, truck drivers, money-changers, local border-town residents and deportees, which could potentially increase HIV vulnerability for all involved (IOM, 2005c).

Firstly, those who command authority such as border officials may sexually exploit those in weaker positions, such as informal cross-border traders. Secondly, in some cases the sexual

liaisons are in response to the loneliness arising from being away from families and supportive social networks, or boredom. Lastly, in many cases the sexual relationships are for economic reasons, such as female informal cross-border traders sleeping with truck drivers in exchange for transport or even just for the opportunity to sleep overnight in the trucks.

Accommodation and transport: Most informal cross-border traders are self-employed, often surviving on meager resources, and cannot afford quality accommodation. Consequently, some of them sleep in the open or, in the case of male traders, at homes of commercial sex workers. In some cases female informal cross-border traders develop long-term relationships with truck drivers with whom they frequently travel during their trips. The truckers provide accommodation (on the trucks), and cheap means of transport in exchange for sex. In other instances, traders maintain a 'small house' in the town, and a semi-permanent relationship with a resident of the opposite sex in the border town (IOM, 2005c). The trader resides at the 'small house' every time s/he is in the border post on business and has sex with the resident. Generally, people in such unions develop 'trust' and do not use condoms when having sex, thus increasing the vulnerability to contracting HIV (IOM, 2005c).

Limited access to healthcare services and lack of HIV and AIDS interventions: In various countries in the region, locals pay a nominal/subsidized fee to access healthcare services at public institutions, while foreigners pay the full cost. Because of their meager resources, most informal cross-border traders do not

seek treatment in foreign countries, but would instead wait until they get home where they can access subsidized treatment (IOM, 2005c). Such delays in treatment, particularly for STIs, leads to increased HIV vulnerability, as STIs are a major contributory factor to HIV infection (Grosskurth et al., 1995).

Low HIV and AIDS knowledge and risk perception: In general, knowledge about HIV and AIDS is low amongst informal cross-border traders; many believe in myths, have misconceptions about HIV and AIDS and doubt the efficacy of condoms in preventing HIV infection.

3. Policies Relevant to HIV in the Informal Cross-border Trade Sector in Southern Africa

Informal cross-border traders are often not formally recognized or included in policy formulation, including policies on HIV and AIDS. In southern Africa specific policies that guide the implementation of HIV interventions in this sector have not been developed. As a result, people in this sector only benefit from

national HIV policies which tend to be broad in scope and do not address the unique realities of ICBT. In Lesotho, Malawi, Swaziland and Zambia, there are formal trade associations for informal cross-border traders. However these associations do not have specific HIV policies or programs.



4. Assessment Findings

4.1 Sector-specific Vulnerabilities

Based on the field findings, the following factors make informal cross-border traders vulnerable to HIV:

<p><i>Extended periods of time spent in high HIV-transmission areas</i></p>	<p>Informal cross-border traders regularly spend long periods of time in high HIV-transmission areas such as border posts and adjacent settlements. Many borders have inadequate facilities and staff to handle the high numbers of vehicles and people trying to pass through them, leading to long delays. In addition, some borders are not open 24 hours a day, which exacerbates the delays and may cause people to have to overnight in such places. There is limited affordable accommodation available so people often have to sleep in the open, where they might be at risk of robbery or sexual abuse. Borders generally host a mixture of mobile populations, including informal cross-border traders, sex workers, truck drivers, bus and taxi operators, customs and immigration personnel and others. The nature of this environment contributes to an 'intricate web of sexual relationships' (IOM, 2007: 8) among members of these groups, making all of them particularly vulnerable to HIV.</p>
<p><i>Duration of time away from home</i></p>	<p>The process of obtaining visas, bottlenecks at border crossings and limited knowledge of where to find particular goods can lengthen the amount of time an individual spends away from home. Long periods of separation from family and friends may induce informal cross-border traders to resort to casual sex and/or substance abuse to relieve their boredom and loneliness, which in turn may also lead to risky sexual behavior.</p>
<p><i>Access to health services</i></p>	<p>Informal cross-border traders can face difficulties in accessing healthcare because of their irregular status. This can be exacerbated by the language barrier, and a lack of knowledge of the services that are available. During a focus group discussion in Zambia one of the respondents said: 'we are scared that we will be arrested'.</p> <p>Unfriendly hours of operation at medical clinics also present a challenge to informal cross-border traders. The hours of their work and the threat of losing a day's income often ensure that informal cross-border traders will not access medical clinics in the destination country.</p>
<p><i>Lack of HIV-prevention services</i></p>	<p>Generally, there are few HIV-prevention interventions that target informal cross-border traders. Field reports from multiple locations indicate that HIV-prevention services are not readily available at locations frequented by informal cross-border traders. As a result, informal cross-border traders have difficulty in accessing condoms and other basic HIV services.</p>

<p>Gender inequalities</p>	<p>The majority of informal cross-border traders in the SADC region are female and as a result are subject to unique vulnerabilities. Gender-based violence, including rape and sexual assault, as well as engaging in transactional sex in order to secure transport, accommodation and food are not uncommon. A South African informant stated that ‘women are at great risk. Young women (often) find themselves in a compromising situation with truck drivers and other manipulative men’, while another said, ‘most truck drivers and border officials are taking advantage of many young ladies’. A recent IOM (2009) report also found that Zimbabwean women who cross the border illegally into South Africa are extremely vulnerable to groups of criminals who patrol the bush along the border in order to prey on migrants.</p>
<p>Exploitation and abuse</p>	<p>Informal cross-border traders are often vulnerable to exploitation and abuse (sexual, physical, verbal), in part because of their (often) irregular migration status. Without the correct documentation they are not afforded the same protection as those who travel legally. Sexual exploitation can mean that female traders are at a greater risk of contracting STIs or HIV. Some respondents during a focus group discussion narrated that they had suffered exploitation at the hands of law-enforcement officers, when found to be without the necessary documentation (FGD, Chirundu). This, they said, has decreased, however, compared to the situation two years ago.</p>
<p>Frequency of movement</p>	<p>The nature of this sector dictates that informal cross-border traders undertake frequent trips resulting in limited time spent in their destination location. This transient nature makes them difficult to reach with HIV-prevention programs, prevents them from gaining an understanding of available services, and limits their ability to form support networks. One HIV service provider lamented that the greatest challenge they face in service provision is the mobile nature of their clients: ‘the greatest challenge we face is making follow-ups on our clients when they leave here, due to their nature of always being mobile’ (KII, Corridors of Hope, Chirundu). Also, a Western Cape Health Department official noted that mobility is a major challenge for ART follow-up and monitoring.</p>
<p>Economic power</p>	<p>Due to their restricted financial situation many informal cross-border traders do not seek treatment in the destination country. The sector report from Lesotho indicated that many informal cross-border traders do not access healthcare in their destination country because of ‘bread and butter issues’, while the report from Swaziland showed that Informal cross-border traders, because of their meager earnings, often wait until they return home where they can access subsidized healthcare.</p>

4.2 HIV-prevention Services and Programs

This section, while not a comprehensive list, mentions some of the well-known programs and services in the ICBT sector. These programs are specifically targeted and designed to cater to the needs of migrant and mobile populations

and their families working in the ICBT sector.

4.2.1 Regional Programs and Services

The assessment found only one regional program addressing HIV vulnerability in the ICBT sector in southern Africa.

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 ICBT sector, PHAMSA has been active in advocacy activities such as the Back and Forth photography project on informal cross-border traders in southern Africa (see www.iom.org.za) and the development of the 'Regional Guidelines on HIV and AIDS for the ICBT Sector in the SADC Region' (see Annex 1 for details).



4.2.2 National Programs and Services

The assessment reviewed the ICBT sector in five countries. While a few specific examples of programs targeting informal cross-border traders could be found, the reviews largely reported that programs targeting informal cross-border traders were non-existent. However, while specific

programs were found to be lacking, informal cross-border traders could gain access to health programs designed for the general population. Following below are some examples of programs targeting informal cross-border traders and those that are not specifically targeted, but that informal cross-border traders can access.

Specific programs available to informal Cross-border traders

Cross-border Traders Association of Zambia:

Cross-border Traders Association of Zambia: There is generally a paucity of healthcare facilities in border areas. Informal cross-border traders can face difficulties in accessing healthcare because of their irregular status. This can be exacerbated by the language barrier, and a lack of knowledge of the services that are available. One of the respondents during a focus-group discussion said: 'we are scared that we will be arrested'. Further, their limited earnings may force them not to seek treatment in Zambia because, unlike Zambian residents, they need to pay to access health services. The Cross-Border Traders Association of Zambia, formed in part to address this issue, identified the medical care levy imposed on non-Zambians as a big challenge. This is one issue the association hopes to tackle; it has stated that any person belonging to the association will be able to access medical facilities provided through the association free of charge (KII, ICBT). A member of the association explained that traders who need medical attention often wait until they get home where they can access subsidized healthcare. This can lead to medical conditions going untreated, including Sexually Transmitted Infections (STIs). As symptoms worsen, this puts sexually active individuals at greater risk of contracting (or transmitting) HIV.

Programes not specifically targeting Informal Cross-border Traders

Lesotho: Lesotho's generalized approach to HIV/AIDS prevention means that mobile populations are included in interventions which target the general population rather than being specific targets themselves. Nationally, HIV prevention in Lesotho is achieved through Behavior Change Communication (BCC), Prevention of Mother-to-Child Transmission (PMTCT), condom use and management, HIV testing and counseling, Post Exposure Prophylaxis (PEP), prevention strategies in the workplace, blood safety, and treatment of STIs. The Ministry of Health and Social Welfare is the main implementer for HIV Testing and Counseling, PEP and treatment of STIs. PMTCT, ART and PEP services are provided for free in all ten districts in government facilities. There is limited access to HIV prevention at the country's busiest border post, where condom dispensers are often empty and the only health facility is a single cubicle erected in 2009 in an attempt to control swine flu cases in Lesotho.

Malawi: Various health facilities provide HIV Counseling and Testing while condoms are available from public and private health facilities, shops or groceries. District hospitals provide ART PEP and PMTCT. However, although district health providers reported providing PEP, very few cross-border traders were aware that such services existed.

South Africa: Informal cross-border traders who seek health services in South Africa mostly use the government clinics in the areas close to where they stay. Most of these report that they provide a range of HIV-prevention services free of charge to people of any nationality, including: condoms, IEC materials, VCT and PEP. They refer patients to state hospitals for PMTCT and ART. An HIV NGO in Cape Town, Refugee HIV Awareness & Management Project (an initiative of the Whole World Women Association), provides HIV-education workshops and counseling to migrants and refugees but refers to public health facilities for HIV testing.

Swaziland: A multi-sectoral approach has been adopted, led by the Ministry of Health and Social Welfare. Other stakeholders, including USAID and the UN, provide technical support to facilitate action in terms of HIV prevention. The Swaziland National AIDS Program, working together with National Emergency Response Council on HIV and AIDS and other implementing partners, under the Ministry of Health and Social Welfare, focuses on thematic areas of HIV/AIDS, which include: ART, VCT/HIV counseling and testing, PMTCT, STI, HBC, male circumcision, condom promotion, BCC, IEC, workplace programs, psychological care and support, and blood safety.

Zambia: While the Cross-Border Traders Association is a specific example of programming targeting cross-border traders, there are several other non-specific programs operating within the country which are highlighted in Section 6 of this report.

5. Gaps, Challenges and Corresponding Recommendations

The following table summarizes the gaps and challenges identified during the assessment, as well as the corresponding recommendations. It should be

noted that there are few programs (government, NGO and private sector) that directly target migrants and HIV in the five countries covered in this assessment.

Gaps/Challenges	Recommendations
Policies and Regional Coordination	
<p>Lack of uniformity in ART regimes: Informal cross-border traders who initiate ART in their home country may encounter adherence problems at their destination as there is currently no regional collaboration in the creation and implementation of national ART regimes.</p>	<ul style="list-style-type: none"> SADC countries need to coordinate to provide accessible health facilities and HIV-prevention programs. These programs should include harmonized ART systems which create uniform protocols recognized within all SADC countries. SADC should consider introducing a card system, recognized within the region, that would provide access to ART. This would allow informal cross-border traders to access treatment at home, in transit and at their destination.
<p>Travel documents: In order to access health services, medical professionals often require the client to produce travel documents. Some informal cross-border traders enter their destination country without legal documentation, and their inability to present travel documents may result in arrest or deportation.</p>	<ul style="list-style-type: none"> Government and civil society should educate healthcare workers (government and NGO) on the rights and vulnerabilities of migrants.
<p>Limited legal protection, for migrant and mobile workers, including undocumented workers.</p>	<ul style="list-style-type: none"> 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. Implementation of the World Health Assembly Resolution 61.17 on Migrants Health should be promoted (see Section 8 of the Regional Assessment Report).

Gaps/Challenges	Recommendations
<p>Long delays at border posts: Informal cross-border traders often encounter long waits at border posts as they clear their commodities through customs. With limited facilities at these hot spots, they often establish arrangements with truck drivers who can offer them food and a place to sleep. As the majority of informal cross-border traders are female with limited financial resources, it is common for traders to engage in transactional sex to meet their needs.</p>	<ul style="list-style-type: none"> SADC should standardize customs clearance procedures at border posts to reduce waiting time of informal cross-border traders and other mobile populations. (A 'one-stop' border initiative is currently being piloted in Chirundu, at the Zambia/Zimbabwe border.)
Advocacy and Awareness Raising	
<p>Limited services in the native language of informal cross-border traders: For some informal cross-border traders language is a barrier as IEC materials are not written in their native languages. Even when they do find materials that are in their language, service personnel at medical clinics still may not be able to communicate with them.</p>	<ul style="list-style-type: none"> Governments and NGOs should create key HIV messages targeted at migrants in appropriate languages on HIV, and on the laws and regulations of the host country. These messages should be made available before departure.
<p>Lack of services provided to partners and families: Even though informal cross-border traders may be reached with HIV and healthcare programs, their partners and families at home may not. As a result, even after receiving treatment informal cross-border traders may become re-infected by untreated partners at home.</p>	<ul style="list-style-type: none"> In isolated migrant sending communities, the government and private sector should establish partnerships focusing on HIV prevention and treatment in order to ensure that sufficient HIV-prevention services are provided to migrant's families who remain at home.
<p>Clinics providing health services are not open during hours that are convenient to informal cross-border traders: Informal cross-border traders work during normal clinic operating hours and often do not have the time during the day to access healthcare services. Due to limited financial resources encountered by many traders, they are often not willing to miss a day's income in order to receive medical treatment.</p>	<ul style="list-style-type: none"> NGOs, CBOs and FBOs should introduce HIV-prevention service centers and health clinics that are open after hours in high-risk areas where Informal cross-border traders are found. Governments and NGOs should increase condom distribution in all high-risk areas where Informal cross-border traders are found.

Gaps/Challenges	Recommendations
Programs and Services	
<p>Lack of HIV policy and/or programs that target Informal cross-border traders.</p>	<ul style="list-style-type: none"> • Governments should introduce comprehensive HIV/AIDS policy that covers the specific vulnerabilities faced by informal cross-border traders, including access to healthcare. • Governments and NGOs should introduce comprehensive HIV/AIDS programming that targets the specific vulnerabilities faced by informal cross-border traders.
<p>Limited personal knowledge of available services: The transient nature of informal cross-border traders and the limited amount of time that they spend in one location often leaves traders unaware of what services are available to them.</p>	<ul style="list-style-type: none"> • Governments and NGOs should create key HIV messages targeted at migrants in appropriate languages on HIV, services available in the destination country, and on the laws and regulations of the host country, preferably before departure.
<p>High mobility: Many informal cross-border traders are highly mobile and only stay in one place for a short period of time. As a result they are hard to reach with both HIV and STI prevention and care programs.</p>	<ul style="list-style-type: none"> • Governments and NGOs should roll out mobile services in locations that experience high volumes of informal cross-border traders to ensure that they are reached with HIV as well as other medical services.
Research	
<p>Limited amount of research conducted on informal cross-border traders: Although some research has been conducted amongst informal cross-border traders, there is still a general lack of adequate data on HIV in this sector.</p>	<ul style="list-style-type: none"> • More research should be conducted on the various determinants of HIV in the ICBT sector, such as the nature of sexual networks and the level of concurrent sexual partnerships that exist. • Further research is needed, especially on sero-prevalence linked to behavior and other socio-economic indicators, in migrant-sending and receiving areas to further understand the vulnerabilities of migrants and mobile populations and the communities within which they interact.

Gaps/Challenges	Recommendations
Others	
<p>Difficult to project numbers of informal cross-border traders: The informal and unregulated flow of informal cross-border traders makes it difficult to project numbers to be targeted. Funding for HIV programs, as well as healthcare provision, is often calculated based on the size of the resident population, but since cross-border traders are highly mobile, they are often not included in program planning and budgeting.</p>	<ul style="list-style-type: none"> • Governments should improve and expand statistical data collection on migration, disaggregated by age, sex and country of origin.
<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"> • Donors should strive to harmonize their funding strategies in the area of migration and HIV.

6. Localized, Detailed Mapping of Services

Chirundu is a border town (Zambia–Zimbabwe) located in Zambia’s Lusaka Province. Both a transit and destination town, Chirundu is characterized by high levels of Zambian and Zimbabwean migrants looking for business opportunities, often in the form of informal cross-border trade. It also harbors numerous long-distance truck drivers, awaiting clearance of their goods through customs as well as commercial sex workers who mostly obtain their clientele from the truck drivers but also from the resident community in Chirundu.

Chirundu has one hospital, the **Mutendere Mission Hospital**, established in 1964, which provides healthcare services to Chirundu residents. Services at the hospital are also accessible to both the local and migrant community in Chirundu. Nevertheless, while locals may access healthcare free of charge, migrants have to pay an access fee of K25,000 (roughly 5 US dollars). If they have been admitted and have spent a night in the hospital, migrants pay K70,000 (roughly 14 US dollars). Locals have to pay for overnight stays as well, but only K30,000 (roughly 6 US dollars). The hospital offers a number of HIV-related services, including CD4 counts, ART and STI screening and treatment.

Below is a table of other service providers in Chirundu:

NGO/Institution	HIV-related services offered	Target group (in Chirundu)	Are services offered to non-Zambians? (Are they free of charge?)
Corridors of Hope	VCT and STI treatment	Local community and migrants (male and female)	Yes: Zambians, migrants and transitory personnel (i.e. long-distance truck drivers)
Afya Mzuri/Northstar Foundation	General wellness services, VCT/STI treatment	Local community and migrants; most-at-risk populations (MARPs), including commercial sex workers and truck drivers	Yes
Mtendere Mission Hospital	ART/VCT/STI treatment	Local community and migrants (male and female)	Yes, but not specifically designed for non-Zambians
Kapululira Community Health Centre	VCT and STI treatment	Local community and migrants	Yes

Other service providers in Chirundu include:

- **Corridors of Hope**, which offers VCT and STI screening and treatment, PMTCT education sessions, and awareness and individual counseling, and works with most-at-risk populations, such as sex workers, truck drivers, money changers and uniformed personnel;
- **Afya Mzuri/Northstar foundation**, which offers general wellness services including VCT and STI screening and treatment;
- **Kapululira Community Health Centre**, which offers VCT and STI screening and treatment and works in partnership with CoH in providing

support for people living with HIV, free of charge; and

- **International Organization for Migration Chirundu Migrant Support Centre**, which offers counseling and information on HIV, as well as distribution of male and female condoms. Centre staff make referrals to Corridors of Hope for STI screening and treatment, as well as the Mtendere Mission Hospital for other medical ailments. The Chirundu Migrant Support Centre is designed specifically to target mobile and migrant populations, but the Chirundu resident community also benefits from its services.

'We have a lot of truck drivers that come here to get condoms and some of them request for STI screening...'
(Afya Mzuri/Northstar foundation – Chirundu).

'We get a number of Zimbabweans who come here to get condoms and STI screening, some of them come on their own and some are referred here by IOM...'

(Corridors of Hope – Chirundu).

7. Migrant Stories

Below are two stories of migrants working in the ICBT sector:

Migrant Story: Female Zimbabwean Informal Cross-border Trader working in Zambia

Sophia (not her real name) is a 47-year-old ICBT in Chirundu. She comes from Harare, Zimbabwe. She first came to Zambia about five years ago to sell fertilizer, at a time when it cost less to buy fertilizer from Harare and was more profitable to sell it in Chirundu. Sophia was married but her husband passed away 10 years ago and there was no one to take care of her and her three children. Her parents, while still alive, do not have the means to support her and her family so she has to care for herself.

Five years ago, when the economic situation in Zimbabwe was deteriorating, she decided to start bringing fertilizer to Chirundu to sell. She used the proceeds to support her family. Her business was doing fine until recently when fertilizer became equally expensive in Harare as in Lusaka, and it is now currently cheaper in Lusaka. Since she was no longer making a profit from the business she stopped selling fertilizer. After this, she started visiting Chirundu to do piece-work, for example washing people's clothes and drawing water for people that were building houses. She says: 'that is the only job that is left here now'.

She continues to speak about her early visits to Zambia as an ICBT. 'We would go to the river (Zambezi) to bath and Zambian men would go there to watch us and we couldn't bath properly because we had to bath with our clothes. No matter how early you went, you would find them. Sometimes people could find crocodiles at the river and it was dangerous to go there.' She also narrates how there was no place to sleep and they would have to sleep in the open, even when it was raining. Sophia would stay in Chirundu for between two weeks and three months at a time before returning to Harare where her children were. In time, she became used to traveling to Chirundu frequently.

As her trips became more frequent, she met a man who expressed interest in her. 'When I came here this side I met a certain old man and he told me that he loved me. I asked him so many questions about his life and he told me he was divorced with his wife and told me he had children. When I asked him, what about me, if I say yes I love you? Then he said I can look after you. Then I asked him what he would do about my problems (children) and he said he would take care of them. So you see, when I was coming here I was bringing fertilizer but ended up finding someone to take care of me and maybe I can take some money back to Zimbabwe to take care of my children.'

Now Sophia stays in Chirundu between three weeks and three months and travels back to Harare to see her children, the youngest of whom is currently completing his O-Level studies. She stays there for about a month and goes back to Chirundu to her new husband. She still does small jobs like washing and fetching water. She complains of the lack of facilities in Chirundu and the high rates one has to pay to use bathing/washing facilities. She also complains about the lack of accommodation for her Zimbabwean friends who come and go; there are no permanent houses in Chirundu. 'Sometimes people are forced to sleep at the market, where it is cold and not very safe because someone can just come and rape you', she says. While she is slightly advantaged by her ability to speak English, some of her Zimbabwean friends are incapable of speaking the local language and find it difficult to access various services like healthcare.

(One-on-one interview, Chirundu, Zambia, September 2009)

Migrant Story: Female Zimbabwean Informal Cross-border Trader working in Zambia

Zodwa (pseudonym) is a 40 year-old ICBT from Fairview, Manzini. She is a single mother of three daughters from different fathers. Back in the 1990s, she heavily relied on transactional sex for subsistence as she had to take care of her children in the absence of a husband. But as her children grew older, it became a challenge because she had to pay school fees. She then decided to join other Swazi women in ICBT in October 1995.

Initially, Zodwa traded from Daveton Market in Johannesburg before she moved to Rustenburg. When the industry got flooded around 2006 by people from Zimbabwe, Mozambique and other Swazis, she decided to go to Qwaqwa in Free State. She thinks Informal cross-border traders do not frequent this part of South Africa although there are people from Lesotho. Zodwa has been selling handicraft goods, mats and traditional Swazi dresses ever since she joined the industry. At the border, she has to pay duty for her goods and she usually pays around E1000 (approximately 135USD) for handicraft goods alone, depending on the quantity. Her goods are sometimes confiscated when she fails to pay the duty. When traveling, Zodwa uses buses which cost her E300 (approximately 40USD) per single trip. Hence, she heavily relies on cross-border trucks which she pays through transactional sex, and the rule of the game is 'strictly no condom'.

While in the Free State, she rents a room in Qwaqwa and pays R250 (approximately 34USD) for rentals every month even if she is not there. Every trip lasts 2 to 3 weeks but largely depends on how good business is. For instance, people take her stuff on credit promising to pay her on certain dates such as month ends and some fail to honor their word. Zodwa has to stay even if she has nothing to sell, specifically to collect money from her debtors. It is during such trips that she engages in transactional sex because she will be idle and there are no recreational facilities available. This exposes her to infections as she often has unprotected sex. Although health seeking is not a priority due to limited time and also because there is no one to run the business for her, she has been treated several times for STIs at Monapu clinic where she only paid R20 (approximately 2.70USD) for consultation.

Back home, Zodwa can name almost all the private and government hospitals and clinics in Manzini but she does not know much about the services that are provided in relation to HIV prevention. She knows that ARVs and condoms are for free in Swaziland, but she does not use any of the two. She says, 'although I have never been tested for this HIV they always talk about on television, I feel vulnerable. Like any Muswati woman, I do not have power over these men as I can not tell them to use condoms which are everywhere in the country; at border posts, public toilets, hospitals and clinics'.

(One-on-one interview, Swaziland, September 2009)

References

- Family Health International (FHI) (2004). *Women who engage in transactional sex and mobile populations in southern Africa*. Academy for Educational Development.
- Grosskurth, H., Mosha, F., Todd, J. et al. 1995. 'Impact of improved treatment of sexually transmitted diseases on HIV infection in rural Tanzania: Randomized control trial', *Lancet* 346: 530–36.
- International Organization for Migration (IOM). 2002. *IOM Position Paper on HIV/AIDS and Migration*. Geneva: IOM.
- IOM. 2003a. *IOM position paper on psychosocial and mental well-being of migrants*, MC/INF/271, 86th Session, 10 November 2003.
- IOM. 2003b. *Mobile Populations and HIV/AIDS in the Southern African Region: Desk Review and Bibliography on HIV/AIDS and Mobile Populations*, Pretoria: IOM.
- IOM. 2003c. *Mobility and HIV/AIDS in Southern Africa: A Field Study in South Africa, Zimbabwe and Mozambique*. Pretoria: IOM.
- IOM. 2003d. *Seduction, Sale and Slavery: Trafficking in Women and Children for Sexual Exploitation in Southern Africa*. Pretoria: IOM.
- IOM. 2004a. *HIV/AIDS Vulnerability among Migrant Farm Workers on the South African/Mozambican Border*. Pretoria: IOM/JICA.
- IOM. 2004b. *UNAIDS/IOM Statement on HIV/AIDS-related Travel Restrictions*. June 2004.
- IOM. 2004c. *International Law: Glossary on Migration*. Geneva: IOM.
- IOM. 2004d. *HIV/AIDS Vulnerability among Migrant Farm Workers on the South African–Mozambican Border*. Pretoria: IOM.
- IOM. 2005a. *HIV/AIDS Population Mobility and Migration in Southern Africa: Defining a Research and Policy Agenda*. Pretoria: IOM.
- IOM. 2005b. *International Dialogue on Migration. No. 6. Health and Migration: Bridging the Gap*. Geneva: IOM/WHO/CDC. <www.iom.int/jahia/Jahia/pid/8/RedBook6_ebook.pdf>.
- IOM. 2005c. *Mission Report on HIV/AIDS among Informal Cross-border Traders in Botswana, Zambia and Zimbabwe*. Pretoria: IOM.
- IOM. 2006a. *Breaking the Cycle of Vulnerability: Responding to the Health Needs of Trafficked Women in East and Southern Africa*. Pretoria: IOM. <<http://www.iom.org.za>>.
- IOM. 2006b. *HIV Vulnerability among Informal Cross-border Traders in Southern African Towns*. <<http://www.iom.org.za>>.
- IOM. 2006c. *IOM Capacity Statement on Tuberculosis*. June 2006.
- IOM. 2006d. *Long-distance Truck Drivers' Perceptions and Behaviors towards STI/HIV/TB and Existing*

Health Services in Selected Truck Stops of the Great Lakes Region: A Situation Assessment. Nairobi: IOM.

IOM. 2006e. *Mapping HIV Vulnerability along Northern Maputo and Nacala Transport Corridor in Mozambique.* Pretoria: IOM.

IOM. 2006f. *Ships, Trucks and Clubs: The Dynamics of HIV Risk Behaviour in Walvis Bay Namibia.* Paper presented to International Conference Responding to HIV and AIDS in the Fishing Sector in Africa.

IOM. 2007a. *Briefing Note on HIV and Labour Migration in Lesotho.* Pretoria: IOM.

IOM. 2007b. *Briefing Note on HIV and Labour Migration in Namibia.* Pretoria: IOM.

IOM. 2007c. *Briefing Note on HIV and Labour Migration in South Africa.* Pretoria: IOM.

IOM. 2007d. *Health and Human Trafficking.* Geneva: IOM.

IOM. 2007e. *HIV and People on the Move: HIV and Vulnerabilities of Migrants and Mobile Populations in Southern Africa.* Pretoria: IOM.

IOM. 2007f. *International Migration Law No. 10: Glossary on Migration.* Geneva: IOM.

IOM. 2007g. *IOM Strategy: Report of the Chairperson,* MC/2216, 93rd session. Geneva: IOM.

IOM. 2007h. *Migrant Health Annual Report 2006.* Pretoria: IOM.

IOM. 2007i. *Migration HIV and Gender Briefing Note.* Pretoria: IOM.

IOM. 2007j. *Regional Guidelines on HIV and AIDS for the Commercial Agriculture Sector in the SADC region.* Pretoria: IOM.

IOM. 2007k. *Regional Guidelines on HIV and AIDS for the Construction Sector in the SADC Region.* Pretoria: IOM.

IOM. 2007l. *Regional Guidelines on HIV and AIDS for the Informal Cross-border Trade Sector.* Pretoria: IOM.

IOM. 2007m) *Regional Workshop on HIV in the Road Transport Sector in Southern Africa.* Pretoria: IOM.

IOM. 2008a. *Cross-border HIV/AIDS Prevention and Vulnerability Reduction for Angolans in Zambia and Angola.* Pretoria: IOM.

IOM. 2008b. *Global Eye on Human Trafficking.* Geneva: IOM.

IOM. 2008c. *HIV Hot-spot Mapping and Situational Analysis along the Kampala: Juba Transport Route.* Kampala: IOM.

IOM. 2008d. *IOM Gender and Migration News: Issue 31.* Geneva: IOM.

IOM. 2008e. *IOM Health and HIV Framework for Africa and Middle-East.* Geneva: IOM.

IOM. 2008f. *Migrants' Right to Health in Southern Africa.* Pretoria: IOM.

IOM. 2008g. *Migration and Health: IOM's Programmes and Perspectives: Towards a Multi-sectoral Approach.* Standing Committee on Programmes and Finance, 2nd Session. SCPF/12, Geneva. <www.iom.int>.

- IOM. 2008h. *No Experience Necessary: The Internal Trafficking of Persons in South Africa*. Pretoria: IOM.
- IOM. 2008i. *The Impact of Irregular Migration in Chirundu*. Zambia: IOM.
- IOM. 2008j. *World Migration Report 2008: Managing Labour Mobility in the Evolving Global Economy*. Geneva: IOM.
- IOM. 2009a. *Baseline Survey Executive Summary Draft Report*. Not yet published.
- IOM. 2009b. *Caring for Trafficked Persons: Guidance for Health Providers*. Geneva: IOM/LSHTM/UNGIFT.
- IOM. 2009c. *HIV Integrated Biological and Behavioural Study (IBBS) Results: Hoedspruit Commercial Farming Area*. South Africa: IOM.
- IOM. 2009d. *Migrants' Needs and Vulnerabilities in Limpopo Province, Republic of South Africa*. Report on Phase 1: November–December 2008. Pretoria: IOM.
- IOM. 2009e. *Migrants' Needs and Vulnerabilities in Limpopo Province, Republic of South Africa*. Report on Phase 2: February–March 2009. Pretoria: IOM.
- IOM. 2009f. *Migrants' Right to Health in Southern Africa*. Pretoria: IOM.
- IOM. 2009g. *Mixed Migration Task Force Update – Somalia*. No. 7, 15 June to 15 August 2009.
- IOM. 2009h. 'Wolves in Sheep's Skin': *A Rapid Assessment of Human Trafficking in Musina, Limpopo Province of South Africa*, Revised Draft as of 2 November, 2009.
- Nduru, M., 2004. 'Women who engage in transactional sex and mobile populations in southern Africa', *Academy for Educational Development*.
- Peberdy, S. 2002. *Hurdles to Trade? South Africa's Immigration Policy and Informal Sector Cross-border Traders in the SADC*. Paper presented at SAMP/LHR/HSRC Workshop on Regional Integration, Poverty and South Africa's Proposed Migration Policy, Pretoria.
- Tekere, M., Nyatanga, P. and Mpofo, S. 2000. *Informal Cross-border Trade: Salient Features and Impact on Welfare: Case Studies of Beitbridge and Chirundu Border Posts and Selected Households in Chitungwiza*. Harare: Friedrich-Ebert-Stiftung/Trade & Development Studies Centre.

Annex 1: IOM Regional Guidelines on HIV and AIDS for the ICBT Sector in the SADC Region

The 'Regional Guidelines on HIV and AIDS for the ICBT Sector in the SADC Region' (April 2007) was developed by IOM with the aim to: (1) highlight and raise the awareness of stakeholders in the sectors to the factors that increase HIV vulnerability among its workers; (2) provide stakeholders in the sector with

practical recommendations for action to address HIV vulnerability among their workers; (3) provide stakeholders with tools to advocate for HIV and AIDS programs and policies in the sectors; and (4) contribute to the development of regional/national policies on HIV and AIDS in the sectors by policy

makers making use of the recommendations from the guidelines in regional/national HIV and AIDS strategic plans and policies.

The guidelines were developed through a participatory process of field visits, interviews with key informants and a consultative regional workshop, with support

from the European Union (EU) Regional Funds, channeled through the SADC HIV and AIDS Unit.

The complete guidelines can be found on IOM's website (www.iom.org.za). The specific recommendations that were made in the Guidelines are summarized below.

Recommendations	Stakeholders
Coordination, collaboration, dialogue and technical resource	
<p>Initiate and coordinate regional dialogue on informal cross-border traders and HIV: Being a regional body, SADC is well positioned to initiate, coordinate and monitor HIV and AIDS related initiatives (policies, programs and research) on informal cross-border traders in collaboration with stakeholders, including informal cross-border trader associations. This could be affected through the creation of a regional standing committee on ICBT and HIV and AIDS, which would be replicated at national and local levels. These bodies could also play a leading role in advocating the cause of informal cross-border traders regionally, nationally and locally.</p>	<p>SADC Governments of SADC member states</p>
<p>Promote regional HIV and AIDS initiatives: SADC should promote and strengthen cross-border HIV and AIDS initiatives in border areas/high transmission areas targeting informal cross-border traders and other vulnerable groups (customs/immigration officers, customs clearing agents, commercial sex workers, truck drivers, money-changers, local border-town residents and deportees), and include mobile and migrant workers (including informal cross-border traders) in regional HIV and AIDS policies and programs.</p>	<p>SADC</p>
<p>Establish a focal point on migration: A focal point for migration should be established at the SADC Secretariat, focusing on issues related to labor migration, preferably located within the Social and Human Development Unit. The role of the focal point should focus on increased bilateral and multilateral arrangements that pertain to the management and regulation of cross-border migration.</p>	<p>SADC</p>
Policy development and implementation	
<p>Recognize and facilitate the work and movements of informal cross-border traders: Informal cross-border traders should be officially recognized and allowed to conduct business in the region, which would in turn facilitate formulation and implementation of supportive policies and initiatives for the sector. This may entail: (1) introducing preferential import tariffs within the framework of the SADC Trade Protocol; (2) introducing business permits or multiple entry visas that allow freer movement, and eventually a common SADC passport for SADC nationals, which would facilitate movement of people across-borders; (3) simplifying and expediting customs clearance procedures through computerization and harmonization procedures at border posts (for example, introduction of one-stop border posts); (4) opening busy border posts for longer hours; and (5) training uniformed personnel (immigration and customs officials) periodically on customer care.</p>	<p>SADC Governments of SADC member states</p>

Recommendations	Stakeholders
<p>Actively advocate for the implementation of the SADC Protocol on Health: Following this protocol, policies should be harmonized ensuring access to treatment for various diseases, including HIV and AIDS and STIs, for all people in the SADC region, regardless of their country of origin or legal status.</p>	<p>SADC Governments of SADC member states</p>
<p>Ratify international human rights treaties: National governments should ratify relevant international conventions on migrants' human rights, especially the UN International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (2003) and the ILO Convention No. 97 (Migration for Employment).</p>	<p>Governments of SADC member states</p>
<p>Include migration-related issues in the national AIDS response: National AIDS councils and ministries of health should advocate for the inclusion of policies and programs for reducing the HIV vulnerability of informal cross-border traders in national multi-sectoral AIDS response strategies.</p>	<p>Governments of SADC member states</p>
<p>HIV and AIDS responses</p>	
<p>Initiate, coordinate and monitor HIV and AIDS initiatives: In collaboration with neighboring countries, governments should promote and implement cross-border HIV and AIDS initiatives in border areas/high transmission areas, targeting informal cross-border traders and other vulnerable groups (customs/immigration officers, customs clearing agents, commercial sex workers, truck drivers, informal traders, money-changers, local border-town residents and deportees).</p>	<p>Governments of SADC member states</p>
<p>Promote HIV and AIDS education, in particular addressing low HIV and AIDS knowledge and low risk perception: Develop HIV and AIDS education materials in appropriate languages and levels of education. Education should include gender, substance abuse and life skills, particularly in relation to how to address the day-to-day challenges faced by informal cross-border traders.</p> <p>ICBT associations should establish a social welfare or HIV/AIDS arm within the structure of the association that would (in collaboration with HIV and AIDS service providers) initiate and spearhead HIV and AIDS activities for members, including awareness raising and promotion of behavior change.</p>	<p>Governments of SADC member states ICBT associations</p>
<p>Identify and train HIV peer educators among cross-border traders: An effective method of education would be to identify and train HIV and AIDS peer educators among informal cross-border traders. The peer educators would also be responsible for condom distribution among traders.</p>	<p>ICBT associations, NGOs, CBOs and other service providers</p>
<p>Capacity building of ICBT sector</p>	
<p>Strengthen capacities and activities of ICBT associations: Organization of the ICBT sector is often weak and fragmented. Given the potential benefits of strong organization in addressing HIV and AIDS in the sector, it is imperative that informal traders and relevant development agencies establish and/or build capacity of national ICBT associations and a regional federation of ICBT associations that would articulate the needs of, and advocate for the cause of informal cross-border traders nationally and regionally.</p> <p>Facilitate growth of informal cross-border traders: Governments should provide infrastructure and other services supportive to the growth of the ICBT sector.</p>	<p>Governments of SADC member states ICBT associations, NGOs, CBOs and other service providers</p>

Recommendations	Stakeholders
<p>Provide services to informal cross-border traders: Associations should consider providing cost-cutting and time-saving services to members, such as the following:</p> <p>Source and warehouse goods on behalf of members in order to reduce/eliminate the need for informal cross-border traders traveling long distances/crossing borders to source goods. Further, maintain database with information on where to source particular goods in the region.</p> <p>Network with counterpart associations in the region so that traders can link up with such associations in foreign countries for assistance on various issues, such as information on accommodation, transport, suppliers of goods, where and how to access local social services, etc.</p> <p>Educate traders on customs-clearing procedures, tariffs for various types of goods, restricted goods, etc.</p> <p>Establish and maintain discussion forums with immigration/customs authorities to address members' concerns about the latter's 'ill-treatment/abuse' of informal cross-border traders.</p> <p>Negotiate for cheaper and more convenient transport and accommodation rates for members with respective service providers. This may be possible if associations make block bookings for their members. Further, consideration could be given to providing accommodation and/or transport as a service to members at affordable rates.</p> <p>Link up with micro-credit institutions (or initiate own micro-credit facility) and increase traders' access to credit.</p>	<p>ICBT associations, NGOs, CBOs and other service providers</p>
Gender	
<p>Actively advocate for inclusion of gender in policies and programs: SADC should continue to focus on and increase awareness on gender issues to decrease gender stereotyping and discrimination in the region. The SADC Gender Unit along with relevant partners should continue to monitor the gender commitments of SADC member states under relevant international and regional treaties, and advocate for the adoption of new and existing relevant international and regional human-rights treaties.</p>	<p>SADC</p>
<p>Adopt and implement the SADC Code on the Equality of Women and the reduction of risk of HIV infection: The proposed SADC Code on the Equality of Women and the Reduction of Risk of HIV Infection should be finalized, adopted and implemented after the necessary input and consultation by member states. It is also recommended that HIV and AIDS be mainstreamed in the SADC Declaration on Gender and Development (1997) and that a SADC Charter on Gender be developed.</p>	<p>SADC</p>
<p>Ratify and implement human rights treaties on women's rights: For example, the 1979 UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which all SADC member states have ratified, needs more vigorous implementation.</p>	<p>Governments of SADC member states</p>

Recommendations	Stakeholders
<p>Provide public education on gender issues: Governments should continue to focus and increase awareness on gender issues so as to decrease gender stereotyping and discrimination. Governments should advocate for the mainstreaming of gender with all stakeholders in the ICBT sector, including employers, trade unions, schools, media, churches and other civic organizations. It is important to include men in all gender interventions.</p>	<p>Governments of SADC member states</p>
<p>Promote safer sexual practices: Governments should put in place policies and programs that make male and female condoms available and affordable at all times at different geographical locations, including border posts.</p>	<p>Governments of SADC member states</p>
<p>Advocate for gender equality: ICBT associations, NGOs, CBOs and other service providers should advocate for and ensure gender equality. Further, they should monitor progress on SADC member states' commitments on gender. NGOs could provide gender education to government officials/leaders, businesses, trade unions, media, churches, youth organizations, schools and other civic bodies. Focus areas for training should be on the feminization of poverty and sexual harassment. CBOs and NGOs should advocate for strengthened laws and implementation of existing laws on sexual and gender-based violence.</p>	<p>ICBT associations, NGOs, CBOs and other service providers</p>
Migrants' rights	
<p>Protect migrants' right to health: Both human rights law and public-health imperatives require that migrants' right to health be protected and promoted by governments and employers. Firstly, international human rights instruments explicitly recognize that human rights, including socio-economic rights and specific health-related rights, apply to all persons – migrants, refugees and other non-nationals. Secondly, policies and strategies in migrant-receiving countries should acknowledge that HIV transmission (as with any infectious disease) is bi-directional. Failure by a host country to offer health services to migrants will impact negatively on the public health of that country. Foreigners (legal or irregular) should therefore have access to health services, including STI treatment, VCT and HIV and AIDS prevention and care programs, indiscriminately.</p>	<p>Governments of SADC member states</p>
<p>Engage in education and awareness programs: Governments at national and local levels should undertake public education and information campaigns to reduce xenophobia and discrimination towards foreign migrants and develop and enforce national laws criminalizing expressions of xenophobia.</p> <p>Trade unions should advocate with governments and employers to increase their understanding of migration issues. Semi-skilled and unskilled migrant workers, especially if undocumented, will most likely not belong to trade unions. However, unions should be trained on migration issues, recognize this group of workers, and advocate for legal protection and minimum standards for them.</p> <p>Further, trade unions should provide education and awareness on women's rights, workers' rights, general human rights and prevention of sexual exploitation. In particular, healthcare providers, shop stewards and workers should be educated on workers' labor and human rights with the aim of mitigating xenophobia and discriminatory practices towards migrant workers.</p>	<p>Governments of SADC member states</p> <p>ICBT associations, NGOs, CBOs and other service providers</p>