



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

## **“Developing Regional Guidelines on HIV and AIDS in the Informal Cross-Border Trade Sector in the SADC Region”**

**Pretoria, 19-20 May 2005**



## **Partnership on HIV/AIDS and Mobile Populations in Southern Africa (PHAMSA)**

PHAMSA is supported by the European Union (EU) Regional funds through the SADC Secretariat



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## **LIST OF ABBREVIATIONS**

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AIDS	Acquired Immune Deficiency Syndrome
ASO	AIDS Service Organisation
BCC	Behaviour Change Communication
CBO	Community Based Organisation
COH	Corridors of Hope
COMESA	Common Market for Eastern and Southern Africa
EU	European Union
HIV	Human Immunodeficiency Virus
ICB	Informal Cross-Border
ICBT	Informal Cross-Border Trade
IOM	International Organization for Migration
KAP	Knowledge, Attitude and Practices
NGO	Non-Governmental Organisation
PHAMSA	Partnership on HIV/AIDS and Mobile Populations in Southern Africa
RISDP	Regional Indicative Strategic Development Plan
SADC	Southern Africa Development Community
SAMP	Southern Africa Migration Project
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNAIDS	United Nations Joint Programme on AIDS
VCT	Voluntary Counselling and Testing

## 1. INTRODUCTION

The workshop, "***Developing Regional Guidelines on HIV and AIDS for the Informal Cross-Border Trade Sector in the SADC Region***" was held from May 19 to 20 in Pretoria, South Africa. This workshop is one of the many activities that the International Organization for Migration (IOM) is implementing under the Partnership on HIV/AIDS and Mobile Populations in Southern Africa (PHAMSA).

PHAMSA is a three-year (2004-2006) regional programme, managed from IOM's regional office for Southern Africa based in Pretoria. The programme aims to reduce the HIV vulnerability of migrants and mobile populations in Southern Africa and has five project components:

1. Research

Conduct qualitative and quantitative research on linkages between HIV and AIDS and mobile populations in migrant sites and migrant-sending sites;

2. Information Dissemination

Disseminate information on mobile populations and HIV and AIDS to relevant stakeholders through the PHAMSA website that includes an electronic literature database and a regional electronic discussion forum;

3. Prevention and Care Programmes

Develop HIV and AIDS prevention and care programmes in migrant sites and migrant-sending sites;

4. Advocacy

Implement advocacy programmes that increase the awareness of policy makers to HIV vulnerability of mobile populations in the SADC region by using different media channels and lobbying national governments and national AIDS councils;

5. Regional HIV/AIDS Guidelines

Develop regional guidelines on HIV and AIDS for sectors employing mobile workers (in the construction sector, commercial agricultural sector and informal trading sector) by organising regional workshops with stakeholders from the private sector, government, unions and experts on HIV and AIDS and migration.

The PHAMSA programme is in line with the overall objectives and strategic areas of focus of the SADC "*HIV/AIDS Strategic Framework and Programme of Action - 2003-2007*". It especially contributes to the strategic areas of Policy Development and Harmonisation and Facilitating Resource Networks, which have been identified as priorities within the SADC HIV/AIDS Strategic Framework. PHAMSA is financially supported by the Swedish International Development Cooperation Agency (Sida) and the European Union (EU) Regional Funds through the SADC Secretariat.

This workshop "*Developing Regional HIV and AIDS Guidelines for the Informal Cross-Border Trade Sector in the SADC Region*" is organised under the fifth

component of PHAMSA. Under this component, PHAMSA is developing regional HIV and AIDS guidelines for the Commercial Agriculture, Informal Cross-Border Trade (ICBT) and Construction Sectors.

Committed to the principle that humane and orderly migration benefits both individual migrants and society in general, IOM's work covers all types of movement of people, regardless of the motives of migration (economic, family reunion, war, political unrest etc.), legal status (irregular migration, controlled emigration/immigration), or direction (internally and/or cross-border). In aiming to reduce the HIV vulnerabilities of migrant workers in Southern Africa, the sectors mentioned above (i.e. Commercial Agriculture, ICBT and Construction Sectors) are particularly relevant due to the high levels of population mobility involved in these sectors.

In order to develop regional HIV and AIDS guidelines for sectors employing migrant and mobile workers, IOM has produced background papers for each sector, based on desktop review, country visits and interviews with key stakeholders. These background papers form the basis for the discussions during the consultative workshops. The participants of the consultative workshops are drawn from the SADC Secretariat, relevant government ministries, the private sector, trade unions, NGOs, international organisations, research institutions, and other experts from the SADC region. The workshop recommendations will form the basis for the final guidelines, which will be available for use by different role-players (SADC, employers, governments, etc.) to develop relevant HIV and AIDS policies and interventions in the various sectors.

## **1.1 DEVELOPING REGIONAL HIV AND AIDS GUIDELINES FOR THE INFORMAL CROSS-BORDER TRADE SECTOR IN THE SADC REGION**

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To establish the main factors of HIV vulnerability in the ICBT sector, the PHAMSA project focused on three countries, namely Botswana, Zambia and Zimbabwe. PHAMSA staff consulted with relevant stakeholders such as representatives from AIDS service organisations, immigration and customs officials and informal cross-border (ICB) traders. Despite the focus on these three countries, the issues, challenges and opportunities are common to most other SADC Member States; therefore the recommendations are largely applicable to the region as a whole.

The background paper "*Addressing HIV and AIDS in the Informal Cross-Border Trade Sector in Southern Africa*" provides an overview of the magnitude of HIV and AIDS in the SADC region; a background to the ICBT sector, its characteristics, magnitude and importance in the region; a critical analysis of the current HIV and AIDS interventions in the ICBT sector; and explores factors that aggravate the spread of HIV amongst ICB traders in the SADC region.

The sector background paper formed the basis for discussion at the workshop which was held on 19 and 20 May 2005 at the Farm Inn in Pretoria, South Africa. The workshop brought together representatives from stakeholder organisations in the ICBT sector from Botswana, Namibia, South Africa, Zambia and Zimbabwe. These included representatives from relevant government departments, ICBT associations and ICB traders. A list of workshop participants can be found in Appendix 1.

The objectives of the workshop were to:

- Facilitate a deeper understanding of HIV and AIDS vulnerabilities of mobile workers in the ICBT sector, particularly in relation to the three levels of HIV and AIDS causation and intervention, that is, the individual, environmental and structural levels;
- Share experiences and lessons learned from past and existing interventions by government and ICBT associations;
- Identify gaps in past and current HIV and AIDS responses/interventions and make recommendations for the future, particularly related to the three levels of HIV and AIDS causation;
- Identify areas of future operationalisation, collaboration and cooperation in implementing HIV and AIDS interventions amongst stakeholders in the ICBT sector; and
- Provide a discussion and networking platform for key stakeholders during the workshop and through an email network after the workshop.

Based on the recommendations of the workshop, the PHAMSA project team will draft HIV and AIDS guidelines for the ICBT sector in the SADC region. There will be an opportunity for different stakeholders to input into the draft guidelines before they are officially launched in the second quarter of 2005. During the consultation process, PHAMSA will engage with different stakeholders on how best to take the guidelines forward and ensure that they are adopted in national AIDS policies and other relevant national and regional policies and programmes.

## **2. SUMMARY OF PRESENTATIONS**

### **2.1 WELCOME REMARKS, INTRODUCTION OF PARTICIPANTS AND STRUCTURE OF THE WORKSHOP**

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*Mr. Peter Mudungwe, PHAMSA Senior Consultant, IOM Regional Office for Southern Africa*

*Ms. Reiko Matsuyama, PHAMSA Project Officer, IOM Regional Office for Southern Africa*

Officially opening the workshop, Mr. Peter Mudungwe welcomed participants and led the introductions.

Ms. Reiko Matsuyama reviewed the materials in the participants' folders, highlighting particularly the draft background paper on "Addressing HIV and AIDS in the Informal Cross-Border Trade Sector in Southern Africa".

### **2.2 (MIGRANT) ICBT WORKERS AND HIV AND AIDS**

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#### **2.2.1 Introducing the ICBT Sector Background Paper**

*Mr. Peter Mudungwe, PHAMSA Senior Consultant, IOM Regional Office for Southern Africa*

Mr. Mudungwe summarised the background paper and highlighted the magnitude of the HIV epidemic in Southern Africa, the characteristics of the ICBT sector and general dynamics leading to increased cross-border trading, and the factors leading to increased HIV vulnerability amongst ICB traders. The paper also describes the three different levels of causation of the HIV epidemic: the individual, environmental and structural levels.

At the **individual** level, issues relating to sexual and health seeking behaviour determine the individual's HIV risk profile. Individual factors that may exacerbate HIV vulnerabilities amongst ICB traders include: lack of HIV and AIDS knowledge and high levels of belief in myths related to HIV and AIDS which may lead to low perceptions of HIV risk; low self-worth and experiences of xenophobia; risky sexual practices including casual sexual encounters; and lack of availability of condoms and improper condom use. Programmatic interventions at the individual level focus mainly on education and prevention, which includes HIV and AIDS education, awareness raising, condom promotion, Voluntary Counselling and Testing (VCT) and treatment of sexually transmitted infections (STIs). The focus is on behaviour change and the clinical aspects of HIV and AIDS as they relate to the individual.

While an individual ICB trader has the freedom to make personal choices in terms of sexual behaviour, her/his choices are to a large extent shaped by what is going on around her/him, in other words the **environment**. It is during transit and/or at the point of destination that migrants are faced with an environment that renders them vulnerable to HIV infection. Environmental factors include socio-economic conditions including living and working conditions, social pressures, lack of or limited recreational facilities, and access, or lack thereof, to resources and opportunities.

Poor working conditions include lengthy periods away from home; poor quality accommodation or no accommodation at all, especially at border posts, which may result in some ICB traders engaging in transactional sex with truck drivers, border officials or local residents in order to secure accommodation. Delays at border posts also contribute to increased vulnerability to HIV as traders have to find accommodation and food. The working and living conditions of uniformed personnel such as customs and immigration officials and clearing agents increase their vulnerability to HIV infection. Due to a number of reasons, most uniformed personnel at border posts are unaccompanied by their spouses and/or families, a situation which may increase the likelihood that they will engage in casual sex.

The interrelatedness of groups and individuals in high transmission areas (for example, ICB traders, truck drivers, money-changers, uniformed personnel, local border town residents and commercial sex workers) and conditions at border posts unavoidably results in sexual exploitation and/or liaisons, often based on power dynamics and the need for economic survival. Any HIV intervention would have to take this reality into account.

The conditions that aggravate the spread of HIV at the environmental level are often created by **structural** factors. These include:

- Increasing poverty, economic decline and a decrease in formal sector employment, which has led to the growth of informal cross-border trade; uneven development; rigorous import controls imposed on formal businesses; low commodity prices; and poor road/rail infrastructure in some SADC countries.

- The legal framework (including customs duties and immigration laws that do not acknowledge ICB traders) increases ICB traders' vulnerability to HIV infection. ICB traders travel on holiday/tourist visas and this renders them vulnerable to abuse by authorities and others who can exploit their precarious situation and status in the country. In addition, ICB traders have problems obtaining multiple entry visas and they must negotiate each entry and may have to travel to a primary city to obtain a visa, which increases the time that they spend away from home, and their vulnerability to abuse and exploitation. In many cases, ICB traders negotiate with truck drivers to carry goods across the border in an attempt to avoid paying customs duties and have to "pay back" the truck drivers, often with sex.
- Further, ICB traders may lack the required amount of money to enter a country, and may have to engage in transactional sex with money-changers, uniformed personnel, truck drivers or other local men in order to raise the required amount in foreign currency, and to secure decent overnight accommodation for the duration of their stay.
- Gender constructs, unequal access to social and economic resources for men and women, and paternalistic traditional customs have created a situation in which women are more likely to be excluded from formal employment, hence their over representation in the informal sector. Further, economic marginalisation pushes women into transactional sex while social marginalisation results in women being less able to negotiate safer sex.
- The higher costs of STI treatment and health care for non-nationals in some SADC countries results in ICB traders waiting until returning to their home countries to access treatment for STIs. This increases their vulnerability to HIV as STIs increase the probability of HIV infection.

Although the sexual behaviour of the individual is largely determined by environmental and structural factors, the focus of the majority of HIV and AIDS interventions has been on behavioural change of the individual i.e. HIV prevention programmes focusing on education and awareness, condom distribution, VCT, etc. Although these interventions are important, the structural and environmental factors that increase HIV vulnerability are also of fundamental importance; individual behaviour is a function of the environment and circumstances under which an individual may find herself/himself. In other words, the broader political, economic and social environment largely determines the sexual behaviour of an individual.

## **2.3 EXISTING HIV AND AIDS INTERVENTIONS IN THE ICBT SECTOR IN SOUTHERN AFRICA**

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### **2.3.1 Corridors of Hope: Responding to HIV and AIDS amongst ICB Traders – Opportunities and Challenges**

*Ms. Priscilla Musanhu, Corridors of Hope (COH) Coordinator, Population Services International (PSI)/Zimbabwe*

Ms. Priscilla Musanhu provided a background to the Corridors of Hope (COH) Programme of the PSI. The COH was established in 2000, along the Durban



(South Africa) and Lusaka (Zambia) corridor, and has since expanded to eight countries in Southern Africa, with activities focused at border towns in these countries. The HIV prevention programme recognises the link between mobility and vulnerability to HIV infection, and thus targets mobile populations including truck drivers, sex workers, ICB traders, uniformed officials and youths. The goal of COH is to reduce HIV prevalence amongst high-risk target groups along major transit corridors, and encourage the adoption of safer sexual practices amongst the target groups. The COH is funded by the USAID's Regional HIV/AIDS Programme (RHAP).

The COH activities include:

- Distribution of highly subsidised male and female condoms;
- Interpersonal (peer education) and mass media communication. Peer educators include former or current commercial sex workers and hairdressers in the border towns (84 hairdressers have been trained as peer educators to date);
- Drop-in centres at three locations;
- Promotion of early treatment of STIs through a branded network of local clinics. COH STI clinics, six in total, also stay open until 10pm in order for mobile populations to be able to access their services;
- VCT services (mobile or stand alone clinics); and
- Special 'edutainment' events (for example, sports tournaments, Miss Hope Pageant, and Mr. Smart Pageant).

The PSI/Zimbabwe partners with two regional groups to implement the programme: Development Aid from People to People (DAPP), which provides technical services and personnel to the COH and which runs two community health stations and outreach activities; and Project Support Group (PSG) which implements COH through partnerships with local authorities at six sites.

Ms Musanhu highlighted the achievements of the COH in Zimbabwe as follows:

- The regional programme ensures that there is continuity across the borders, and that all border towns in Zimbabwe are involved;
- Local authorities are increasingly "buying-in" and supporting the HIV prevention activities, which enhances sustainability;
- Key high-risk groups are targeted; and
- Peer educators have access to high quality products and services, including male and female condoms, STI treatment, VCT and information.

Despite its achievements, the COH also faces many challenges including the need for a constant review of its programme with shifting focus areas; a highly mobile population which does not stay in one place very long, impacting on ongoing education, and monitoring and evaluating of the effectiveness of the interventions; and the focus on the border towns only, which limits the access to the target group as they move inland. There are also many issues facing ICB traders that make them vulnerable, which COH is not in a position to address, such as inadequate accommodation, inadequate or low quality health care and

lack of STI medication at border posts; lack of recreational facilities and/or use of alcohol as entertainment at border posts; easy access to transactional or commercial sex; and border bureaucracies which impact on the amount of time that IBC traders must spend at border posts and the consequent risks associated with that.

Other challenges for the COH programme include the following: there is insufficient research on the ICBT sector to determine emerging needs and trends; there is no specific targeting of ICB traders in HIV prevention messages; ICB traders are too busy for peer education activities, either as audiences or as educators; and there is often a language barrier that needs to be overcome to effectively communicate HIV prevention messages.

These challenges also create a unique opportunity for an expansion of COH and HIV prevention activities, including:

- Scaling up of activities along the 'corridor' for follow through;
- Increasing the number of drop-in centres;
- Providing VCT services through stand alone clinics or routine outreach activities, coupled with the provision of post- test services;
- Shifting peer educators away from being conveyors of information to being facilitators of dialogue.

In conclusion, Ms Musanhu pointed out that for a successful regional HIV prevention programme for the sector, there is a need for targeted messaging to accommodate the nuances of each group; and for behaviour change to occur, consistent and reinforced messages are required. Regional coordination requires ongoing dedication and focus, and an integrated approach is imperative i.e. in products, services and information, as is the need to strengthen and build on the existing HIV prevention programmes in place in the country.

### **2.3.2 ICBT Associations' Responses to HIV and AIDS – Opportunities and Challenges: The Case of the Victoria Falls Informal Cross Border Trade Association**

*Mr. Misheck Mpfu, Chairperson, Victoria Falls Informal Traders Association, Victoria Falls, Zimbabwe*

Mr. Mpfu outlined that the Victoria Falls Informal Traders Association was formed in January 2003 and currently has 650 members (400 men and 250 women) who are primarily curio vendors in and from Victoria Falls Town. The organisation was formed after the realisation that the prevalence of HIV in Victoria Falls Town was second only to one other town in Zimbabwe. Its vision is to "reduce the rate of HIV and AIDS infection through workplace education and prevention programmes, and to ensure workplace protection and guarantee human rights of individuals affected and infected by HIV and AIDS."

In order to achieve its vision, the organisation's objectives include:

- To come up with an HIV and AIDS policy for the informal sector by December 2004 so as to reduce stigma and discrimination. This Policy is now in place;

- To reduce the spread of HIV in the informal sector in the Victoria Falls Town;
- To undertake HIV and AIDS programmes that target the informal sector, including home based care and peer education;
- To disseminate up-to-date information on HIV and AIDS to the informal sector through posters, pamphlets, t-shirts and caps; and
- To promote positive living for the members living with HIV and AIDS.

To achieve its objectives, the Victoria Falls Informal Traders Association collaborates with many governmental and non-governmental organisations, including the Victoria Falls District AIDS Action Committee, Victoria Falls Municipality, Ministry of Health and Child Welfare, Hwange/Victoria Falls AIDS Project, Mfelandawonye Herbal Garden, New Start Centre, Zimbabwe Red Cross Society, Zimbabwe Traditional Healers Association, Chinotimba Clinic and Community Working Group on Health. Until recently, the main funder of the Association was the US based Academy for Education which was funding training for peer educators, home based care, condom procurement and promotion, and administration. However, funding from this agency has now ended, for various reasons, and Mr. Mpofu expressed his concern about the continuation of the project. The other funder has been the Victoria Falls District AIDS Action Committee, which has supported some training and awareness campaigns.

Mr. Mpofu highlighted that the Association has been able to make a significant impact through various interventions, including:

- Training peer educators (A total of 54 educators, 20 men and 34 women, were trained);
- Engaging in information dissemination and awareness raising on HIV and AIDS related issues through talks, drama and song;
- Promoting consistent and correct condom use;
- Conducting an awareness campaign on the importance of VCT;
- Promoting positive living, wellness and nutrition, and stress management for those infected and affected by HIV, including, when possible, the distribution of food parcels; and
- Engaging in home based care (32 members of the Association were trained in home based care techniques).

The impact of the interventions has been a reduction in stigma and discrimination levels against people living with HIV and AIDS, an increased demand for condoms, and an increased willingness of members to participate in home based care programmes. The New Start Centre, one of the partners of the Victoria Falls Informal Traders Association, has reported an increase in the number of people coming for VCT. Importantly, Mr. Mpofu noted that the latest antenatal clinic survey of HIV prevalence shows a decrease in the prevalence rates for HIV and other STIs in the town.

Other positive outcomes and opportunities include networking with other organisations that are involved in HIV prevention, effective peer education and home based care programmes in place and the increased willingness of members

to come forward and live openly and participate in HIV and AIDS programmes, thus decreasing the stigma and discrimination associated with HIV and AIDS.

Despite its successes, there are many challenges that are facing the programme. Stigma and discrimination, although reduced, still persists and prevents people from coming forward and seeking testing, treatment and support. The challenge of constantly seeking funding is very real as is the need to formalise the organisation by employing staff rather than relying on volunteers or having to hire expensive consultant(s). As the economy of Zimbabwe encounters more problems, informal traders are affected and there is less time to focus on issues beyond economic survival; this impacts on the volunteer base of the organisation.

Other problems associated with the economic situation include the loss of health professionals who immigrate seeking better opportunities elsewhere. Mr. Mpofo indicated that this was a fact in Victoria Falls Town, with the one doctor who assisted the organisation and informal traders recently leaving Zimbabwe. Other practical problems include that the peer educators are sometimes not taken seriously, as they are mainly young men and women or former sex workers; defacing of information posters by the public; lack of transport to reach the outer areas of the town despite requests from local chiefs to provide training to people living in those areas; and a lack of computers, office and storage equipment.

Mr. Mpofo concluded by highlighting the lessons learned by the Association through the implementation of the programme. He emphasised the importance of involving the target group in the formulation and implementation of any programme, in order to ensure ownership and sustainability. Further he emphasised the need to empower the target group to reduce levels of poverty in order to address issues of HIV, the need for properly trained employees and volunteers who are committed to the programme, and the need for collaboration with other organisations to ensure sustainability and ongoing support.

## **2.4 FIGHTING HIV AND AIDS THROUGH ORGANISATION AND ADVOCACY**

### **2.4.1 The Role of the CORN Network in Facilitating the Establishment and Capacity Building of Cross-Border Trade Associations: Implications for Advocacy and HIV and AIDS Interventions**

*Mr. Enoch Moyo, Economist, Friedrich Naumann Foundation, Harare, Zimbabwe*

*Mr Shepard Zvigadza, Communications Programme Officer, ZERO Regional Environment Organisation, Harare, Zimbabwe*

Mr. Moyo and Mr. Zvigadza stated that the Community Organisation Regional Network (CORN) grew out of a meeting of academics, researchers and civil servants which was held in 1987 to examine and challenge North-dominated development policy formulation and interpretation. The gathering noted that, despite years of development work, little impact was felt on the ground in African communities. Thus in 2002, CORN was formed to challenge and address the traditional developmental paradigm, and stimulate, provide support and catalyse communities to organise and take ownership of their own development.

CORN, through its regional secretariat ZERO, aims to strengthen national associations in the seven SADC countries in which it operates, namely Angola,

Botswana, Malawi, Mozambique, South Africa, Zambia and Zimbabwe. Its focus is primarily on CBOs in rural communities. CORN facilitates the emergence of national associations, brings regional perspectives to support local initiatives and undertakes joint activities and lobbying at regional level.

The key issues for CORN include health and HIV and AIDS, and structural issues such as food (in)security and land, wealth creation, regional integration and informal trade. CORN's thrust is to enhance and strongly promote regional integration and the recognition of informal trade at country and regional levels. However, there are challenges such as trade policy issues, tariff measures and traditional attitudes towards ICB traders. These work against the interests, practices and ultimately the success of those in the ICBT sector.

The presenters noted that the real issue is poverty eradication, and CORN is involved with informal trade at the regional level through the Regional Trade Facilitation Programme and the SADC Trade Protocol, and at the continental level through the New Partnership for Africa's Development (NEPAD), Common Market for Eastern and Southern Africa (COMESA), the ACP/EU Cotonou Trade Agreement, and the Africa Growth and Opportunity Act. It is clear that all of these are "top-down" initiatives and do not reflect realities and needs in local communities and in the ICBT sector. Thus, one of the questions that must be addressed is how local communities can drive wealth creation or sustainable development through trade. To begin to address this issue, CORN through ZERO, convened a workshop in 2004 which brought together SADC Trade Attachés and other senior government officials, ICB traders, CBOs, CORN national secretariats and regional trade experts. One of the major outcomes was the formation of a National Multi-Stakeholder Committee on Trade; this committee was replicated in all SADC countries. It was agreed that the Multi-Stakeholder Committees would lobby SADC governments to revisit their trade policies to recognise, promote and safeguard cross-border trade.

In conclusion, the presenters noted that the key challenges for the region were to: make SADC a community of people, rather than an institution for elites; transition the "have-nots" into "haves"; develop conditions to change the way that people can transact; invest in human capital; understand the world of government and business; and to develop strategies and empower CBOs at national level to be able to understand and challenge business and government on its trade policies.

## **2.5 ADDRESSING THE STRUCTURAL ISSUES**

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### **2.5.1 Towards Trade Liberalisation and the Movement of People in the SADC Region – Implications for the ICBT Sector**

*Mr. Happhas Kuzvinzwa, Customs and Trade Facilitation Advisor, Trade, Industry Finance and Investment Directorate, SADC Secretariat, Gabarone, Botswana*

Mr. Kuzvinzwa provided a brief introduction to the background and formation of SADC, including the initial creation of the Southern African Development Coordination Conference in 1980, to the formation of SADC in 1992. SADC was restructured in 2001 to better address the challenges facing the region by moving towards a centralised approach with all sectors brought together under a Secretariat with different directorates. This has been complemented by the Regional Indicative Strategic Development Plan (RISDP), which is the tool for restructuring of SADC, provides clear strategic direction for all of SADC's

programmes and policies and provides Member States with a consistent and comprehensive programme for long-term economic and social policies.

The focus of SADC is on such regional issues as sustainable development, poverty reduction, equal opportunities and peace and security. To attain these goals, all Member States of SADC have become parties to the SADC Treaty, which is based on the principles of:

- Sovereign equality of Member States, despite the economic or other power of any State;
- Solidarity, peace and security;
- Human rights, democracy and the rule of law;
- Equity, balance and mutual benefit from all policies; and
- The peaceful settlement of disputes.

The areas of cooperation for Member States in the SADC Treaty include: food security; infrastructure, service and tourism (for example, the creation and maintenance of cross-border nature reserves); trade, industry, finance, investment and mining; human resources development and science and technology; natural resources and environment; social welfare, information and culture; and politics, defence and security.

The SADC Protocol on Trade clearly falls under the mandate of the SADC Treaty and has an impact on ICB traders. The Protocol was concluded on 24 August 1996 in Maseru, Lesotho. It focuses on trade in goods, customs procedures, trade laws, investment related matters and institutional arrangements, and the free movement of "factors of production" throughout SADC Member States.

The objectives of the Protocol on Trade are to:

- Further liberalise intra-regional trade in goods and services on the bases of fair, mutually equitable and beneficial trade arrangements complemented by other protocols;
- Ensure efficient production within SADC, taking cognisance of the dynamic comparative advantage of some Member States;
- Enhance economic development, diversification, industrialisation and foreign investment;
- Initially, a goal was to establish a Free Trade Area by 2008; this has been replaced with the establishment of a Customs Union by 2010 and a Common Market by 2015 in the RISDP, as the benefits of a Customs Union outweigh those of the Free Trade Area.

The Protocol is complemented by the RISDP, which provides strategic direction for efficient implementation and delivery of the SADC Programme of Action over a period of 15 years, aligns the overarching long-term integrated development goals and objectives with discrete policies and priority intervention areas such as poverty alleviation, combating HIV and AIDS, addressing gender imbalances etc, and enhances and strengthens inter-sectoral linkages and synergies. The sectoral cooperation and integration intervention areas of the RISDP include trade/economic liberalisation and development, infrastructure support for regional integration and poverty eradication, sustainable food security and human and social development.

Mr. Kuzvinzwa highlighted that for trade/economic liberalisation and development, SADC has identified several pillars that need to be addressed including tariff phase down; Rule of Origin; and customs cooperation and trade facilitation. The negotiations at SADC started in 2000, and while there has been some progress, the discussions are ongoing in the three areas/pillars identified.

Negotiations have taken cognisance of the realities in Member States such as the asymmetrical nature of development in the region; equity would require the highly developed Member States to fast-track issues related to trade liberalisation such as categorising more products as Category "A" products, which requires immediate liberalisation, rather than in Category "B" which allows for gradual liberalisation, Category "C" which allows for delayed liberalisation, or Category "S" which covers sensitive products which are not included at present in the process, but will be included in the future.

The Rule of Origin has also been subject of negotiation; the determination of the origin of a specific produced or processed product is dependent on various criteria that have been enumerated through negotiations. There may be different tariffs depending on where a product is deemed to have originated in SADC. Manufacturers are required to register in a Member State, register originating products and obtain a certificate of origin by a competent authority in the Member State and have the products verified for origin in order to qualify for trade tariff reductions or exemptions. At present, ICB traders cannot participate in this process.

In customs cooperation and trade facilitation, the goal is to develop common performance measures, to cooperate in enforcement matters and to develop institutional arrangements to enable effective cooperation amongst Member States. It is recognised that the simplification and harmonisation of customs procedures must be undertaken in accordance with internationally accepted standards, norms and principles of customs regimes.

Importantly, there is an attempt to prevent, investigate and suppress immigration and customs offences through:

- Exchanging lists of prohibited goods at borders;
- Exchanging contact lists for officers at borders;
- Establishing common border facilities and controls;
- Correlation and coordination of working hours;
- Undertaking surveillance and making enquiries on behalf of other Member States;
- Exchanging enforcement information as a matter of course;
- Exchanging/providing documents relating to offences;
- Producing of documents authenticating declarations or proving of lawful export out of or importation into the Member State.

There is a focus on simplifying documents such as customs declaration forms, rules of origin certificates and origin verification procedures and drafts of these simplified documents have been developed but are not yet in use.

The SADC Organ on Politics, Defence and Security has been responsible for drafting a protocol on the free movement of people within SADC, which has taken several years and several drafts to develop; the latest is the Draft Protocol on the Facilitation of Free Movement of Persons, dated 8 May 1998, which has yet to be adopted by Member States. The Protocol proposes a phased approach to the eventual free movement of persons between SADC Member States, including the right to be employed and seek employment, and to reside in any Member State.

Mr. Kuzvinzwa noted that in the majority of cases the ICB traders would not benefit from the trade/economic liberalisation and development. The Protocol on Trade does not cover ICB traders; it is focused on formal trade only, despite a growing recognition of the role of informal trade in poverty alleviation in Southern Africa. In addition, ICB traders are currently perceived by customs officials as suspicious; they are seen to be people who do not want to comply with customs rules and regulations. The difficulties associated with differentiating an ICB trader and a normal traveller is also a reality that customs and immigration officials must deal with and which results in negative perceptions of ICB traders.

In order for ICB traders to have a voice in the negotiations, Mr. Kuzvinzwa recommended that traders form strong associations at national and regional levels. The associations can then engage with SADC to ensure that their concerns, such as on issues of the simplification of verification procedures, are raised and addressed. Additionally, it is important for ICB traders to be "above board" when dealing with customs officials in order to be taken seriously.

## **2.6 REGIONAL ISSUES**

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### **2.6.1 International and Regional Commitments on HIV and AIDS**

*Ms. Barbara Rijks, PHAMSA Programme Manager, IOM Regional Office for Southern Africa*

Ms. Rijks highlighted the importance of building programmes and linking current programmes with the existing instruments and commitments that countries have made to reduce HIV vulnerability of migrant workers and mobile populations in general. She provided a briefing on existing international frameworks, including:

- *The UN Millennium Declaration (2000)*, which commits to taking "...measures to ensure respect for the protection of the human rights of migrants, migrant workers and their families."
- *The UN General Assembly Special Session on HIV/AIDS (UNGASS) (2001)*, which is committed to "...develop and begin to implement national, regional and international strategies that facilitate access to HIV and AIDS prevention programmes for migrants and mobile workers, including the provision of information on health and social services by 2005." All SADC governments have signed the UNGASS Declaration. Monitoring of the Declaration is through a report that is to be submitted every two years on indicators and policy development; the questionnaire that has been developed to assist countries to report has a few questions that are relevant for migrants and mobile populations.
- *The Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases (2001)* acknowledges the vulnerabilities of migrants to the spread of infectious diseases, and notes that "...special attention should



be given to migrants, mobile populations, refugees and internally displaced persons in national and regional policies."

- *The SADC Declaration on HIV/AIDS (also known as the Maseru Declaration, 2003)*, article 3(c), highlights the need for "Enhancing the regional initiatives to facilitate access to HIV and AIDS prevention, treatment, care and support for people living along our national border including sharing of best practices."
- *The SADC Code of Practice on HIV/AIDS and Employment (1997)* states in paragraph 8.3 that "Under conditions where people move for work, government and organisations should lift restrictions to enable them to move with their families and dependants." In paragraph 8.4, it states "People who are in an occupation that requires routine travel in the course of their duties should be provided with the means to minimise the risk of infection including information, condoms and adequate accommodation." This is a very important document that is underused generally.
- *The UN International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families (2003)*, in article 23 states that "migrant workers and members of their families shall have the right to receive any medical care that is urgently required for the preservation of their life or the avoidance of irreparable harm to their health." However, none of the SADC states have signed or ratified this Convention.

### *Regional HIV and AIDS Guidelines Roadmap*

Ms Rijks presented the participants with a brief overview of PHAMSA, including objectives and components of the project. She informed the participants about the process of developing the regional HIV and AIDS guidelines in the ICBT sector and highlighted the different steps that would be undertaken to develop and operationalise the guidelines. There are various steps in the process, as follows:

1. Development of a background paper which formed the basis for discussions during the workshop;
2. Workshop on "***Developing Regional Guidelines on HIV and AIDS for the Informal Cross-Border Trade Sector in the SADC Region***", 19 - 20 May 2005. The recommendations from the workshop will form the basis for the development of the draft guidelines;
3. Draft Guidelines will be developed (July 2005) and be made available for comments and inputs from all stakeholders;
4. Finalisation of the Regional Guidelines on HIV and AIDS for the ICBT Sector (August 2005);
5. The Regional Guidelines will be distributed to all relevant stakeholders such as ICBT associations, civil society organisations, SADC, national, provincial, and local governments, etc.
6. Operationalisation of the guidelines will occur through policy development, for example, through the development of a SADC protocol on HIV and the ICBT sector, national policies on HIV and ICB traders, adoption by National AIDS Councils and national HIV/AIDS plans, workplace policies and memorandums of understanding between countries, and associations, etc.

The guidelines will be made available in the SADC languages, namely English, French and Portuguese. The translation into other local languages will be reviewed and partners and stakeholders may be requested to assist with this activity.

### 3. DISCUSSION POINTS

Workshop participants were given the opportunity to discuss and comment on the presentations in plenary at various points of the workshop. Some of the discussions were general and extended beyond the issues related to HIV and AIDS in the ICBT sector; many questions sought clarification on various issues raised in the presentations.

The following are the highlights, salient issues and comments from the discussions:

**(a) It is clear that the lack of information on the ICBT sector makes it particularly difficult to have effective HIV interventions. More research is needed.**

While several presentations highlighted the nature of the sector (for example, the time spent away from home, the reliance on truck drivers and others, the inadequate accommodation and delays at border posts etc.), all recognised the dearth of information on the sector and on people engaged in informal trading. This lack of information makes sustainable HIV interventions and monitoring and evaluation very difficult. There is a need for more research on the sector to be able to make informed decisions and inputs.

**(b) Research that is being undertaken by the Southern Africa Migration Project (SAMP)**

Dr. Sally Peberdy of SAMP provided a background to the work of the organisation. SAMP is a research partnership/network which covers eight countries in Southern Africa, namely Botswana, Lesotho, Namibia, Malawi, Mozambique, South Africa, Swaziland and Zimbabwe. The Project works on regional migration issues, and has done work for PHAMSA in the past on the vulnerability of farm workers.

Dr. Peberdy informed participants that SAMP will be engaging in research on the ICBT sector; the research will involve 500 ICB traders in Harare (Zimbabwe), Blantyre (Malawi), Johannesburg (South Africa), Francistown (Botswana) and Maputo (Mozambique). It will primarily be a questionnaire-based survey examining areas such as demographics, business activities, partners, access to health care, access to social networks etc.; information from questionnaires will be supplemented with focus groups discussions. She called on the assistance of the participants in making the research a success.

In response to the presentation of Mr. Kuzvinzwa and specifically the fact that the ICBT sector was not taken into consideration during trade liberalisation discussions at SADC level, Dr. Peberdy stated that SAMP would focus also on the regulatory framework that limits or encourages cross-border trade within the region.

**(c) There is a need to focus on female ICB traders as they are often the most vulnerable to exploitation.**

As the first presentation noted, female ICB traders may engage in transactional sex in order to deal with a myriad of issues such as lack of foreign exchange or accommodation. However, it is important also to realise that the conditions around border posts, with the long delays and lack of adequate accommodation and other facilities, and being exposed late at night means that women are more susceptible to sexual violence and abuse. Thus, in many cases it is not ICB traders who are willingly engaging in sex, but are forced or coerced through violence or threats.

Further, there needs to be a specific focus on female traders since, as was noted in Mr. Mudungwe's presentation, the majority of traders are women who are trying to uplift themselves and their families out of poverty.

**(d) While many ICB traders enter into trading due to poverty, it may be that some enter out of choice (as "entrepreneurs") rather than out of necessity.**

The presentation by Mr. Moyo indicated that many traders enter trading as a business venture as entrepreneurs, out of choice, rather than out of necessity. This was however questioned by some participants. It is clear that more information is required on the sector in order to be able to make definitive statements on the motives of ICB traders.

In any case, whether ICB traders enter the business out of necessity or out of entrepreneurial spirit, new traders often underestimate the barriers that are in place and that inhibit their chances of success.. Mr. Moyo stressed that, whichever the case, ICB traders and associations need to lobby governments to make the environment conducive and reduce the risks associated with trading. The assessment of risk needs to be "bottom-up" from the ICB traders themselves as they are best placed to identify the problems and recommend solutions to the problems. This can be best addressed through national and regional associations.

It is also clear that vulnerability to HIV is not limited to poor ICB traders, but may actually increase when traders are successful and have more disposable income. Ms. Mulomo (an informal cross-border trader from Zambia) indicated that she had witnessed this first hand in Zambia, where female traders who were relatively wealthy, often overstayed on their visits and spent time and money engaging in casual sexual relations.

**(e) There is a need to involve ICB traders as actors in any HIV interventions, including in peer education programmes. There is a need for NGOs and programmes to focus on their relative strengths; networking with other NGOs and organisations should be encouraged to ensure that the target group has the maximum benefit of the interventions.**

In order to be successful, the ICB traders need to be involved in the conceptualisation, implementation and monitoring stages of any HIV intervention.

The use of peer educators, for example in the COH project, has proved very successful as people feel comfortable speaking to those from similar social status and backgrounds. While there has been no formal evaluation of the COH peer education programme, generally monitoring and evaluation of peer education programmes has shown them to be more effective than if "outsiders" come and disseminate information on HIV and AIDS. For example, PSI also runs national workplace programmes where peer educators are used, and evaluations have shown that the use of peer educators is appreciated, accepted and effective. In

the workplace, PSI in Zimbabwe did an analysis nationally and found that in the workplaces that have adopted the peer education programmes, there was increased knowledge and reported change of HIV-related risk behaviours.

Participants noted with appreciation the work of PSI and challenged PSI to expand its target group to the civil service in Zimbabwe and other countries such as Botswana and Zambia, as many civil servants are becoming involved in informal cross-border trade as a means of supplementing their incomes. Often, they are left in charge of orphans of relatives who have passed away, and cannot make ends meet as the value of their salaries continues to decrease with a declining economy.

COH does not currently have any home based care programmes in place. It was suggested that the COH engage in referrals to appropriate organisations with which it has links, rather than create a separate programme for home based care. This would allow for an effective use of resources and networking with other NGOs/CBOs to use their relative strengths.

**(f) Many ICBT associations and organisations are operating with very limited donor funding, which can be discontinued by the donor at any time, and this impacts on the sustainability and effectiveness of HIV interventions and programmes.**

As was highlighted in Mr. Mpofu's presentation, many organisations and associations for ICB traders are operating with funding that is tenuous. In the case of the Victoria Falls Informal Traders Association, for example, the core funding has ended and the future of the Association is uncertain. The reliance on donor funding and the use of volunteers impacts on the quality and sustainability of interventions. Volunteers are often dealing with their own survival and they cannot commit the necessary amount of time to the programmes, or they move on to seek other opportunities that will feed them and their families resulting in a loss of the volunteer base.

There is a need to strengthen the capacity and professionalism of the associations so that they are truly able to engage at national and regional levels to address concerns and issues relevant to ICB traders, including HIV prevention, care and support, and treatment.

**(g) There is a need to focus on uniformed officials as they are also vulnerable to HIV infection.**

As was highlighted in the presentations, uniformed officials such as immigration and customs officials are usually unaccompanied by their families at border posts due to lack of proper accommodation; lack of schooling and other facilities; required rotation every three to five years; and lack of employment opportunities for their spouses, amongst other reasons. In many cases, they are more likely to engage in casual sexual encounters which may increase their vulnerability to HIV infection. The issue of salaries, which are generally low and may result in corruption, needs to be reviewed. Also, the power that they are accorded and the precariousness of situation of traders at cross-border posts makes uniformed officials able to exploit traders sexually.

Mr. Mugwadi, Chief Immigration Officer in Zimbabwe, noted that the concerns raised with respect to uniformed officials had been acknowledged in Zimbabwe; in fact, he noted that last year in Zimbabwe, about 14 officers had passed away and this impacted on the level of service and level of morale in the Department. Several solutions to begin to address the problem were proposed; Zimbabwe has

developed three, five and ten- year strategic plans to address these problems. This includes increasing the number of comfortable accommodations for married officials so that they are able to bring their families with them to the posting, which, depending on availability of resources, is anticipated to be addressed by 2006; the involvement of local government authorities to assist with building and maintaining accommodation for travellers, and schools and clinics around border towns; and one-stop border posts in an attempt to deal with delays. He also reinforced the need to establish strong ICBT associations that would be in a position to lobby their respective governments for easy travel between countries in Southern Africa thus reducing the amount of time spent waiting to cross borders.

**(h) There is a lack of visibility of HIV interventions at the border posts.**

It was noted that, while the HIV interventions such as COH were important and could be very effective at border posts, there is very limited visibility in terms of disseminating information about these programmes. For example, there is a lack of posters about COH or information on the location of the VCT clinics. Mr. Ghosh of PSI explained that in the past posters had been placed in visible areas at border posts. However, the high visibility of the programme was linked to individuals in the Department rather than a Department policy; as a result, when individuals changed, the posters were taken down. Thus, there is clearly a need to institutionalise the programmes into Department policies so that there are consistent and clear messages being disseminated at all times that cannot be discontinued due to the wishes of particular officials.

There is a need for creative and innovative ideas to ensure that people receive information. The ICBT sector should also look at how to use technology to ensure that the messages are reaching ICB traders and others.

**(i) There is a need for the formal recognition of the ICBT sector by governments and regional entities.**

At present, informal traders are not formally recognised by SADC or by national governments, despite the role that they play in the economies of Southern Africa. There was discussion about the need for governments to formally recognise this sector, so that laws and policies dealing with ICB traders can be harmonised at a regional level. This can only be done with strong national representation in the form of organised associations that must lobby their respective governments to recognise the sector; after recognition at national level, the associations would lobby at regional level to ensure harmonisation and inclusion in such SADC initiatives as the trade liberalisation negotiations.

Mr. Zulu, Secretary-General of the Cross Borders Traders Association in Zambia, noted that his organisation had already engaged in a consultative process to develop a draft constitution for ICBT associations in both SADC and COMESA countries. This document is available to others to use to begin to lobby their respective governments or to approach donors for funding of activities.

Mr. Zulu reemphasised the importance of strengthening the capacities and professionalism of the associations to act as strong advocacy and lobby groups. To create a voice for ICB traders through associations, there is need for technical support, capacity building of the associations and their members, focus on a regional vision and open and genuine negotiations between associations, all of which are currently lacking. Associations, when they do exist, tend to be suspicious of each other and try to undermine the success of other associations to

ensure that their members are advantaged. There is a need to re-examine the current business model which encourages this type of behaviour.

## 4. RECOMMENDATIONS

After the presentations on the first day, participants broke into groups and were requested to discuss the different levels of HIV vulnerability experienced by ICB traders and to think about possible responses and recommendations to address HIV and AIDS in the sector. On the second day, in plenary, the participants reported back and were asked to identify the main stakeholders that would initiate or benefit from these responses.

The suggestions and recommendations that came out of the group work as well as the presentations have been summarised in the following sub-sections in four categories: 1) Overall recommendations; 2) Individual level recommendations; 3) Environmental level recommendations; and 4) Structural level recommendations. These suggestions and recommendations will feed into the regional guidelines.

### 4.1 OVERALL RECOMMENDATIONS

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#### **Research and Data**

There is, in general, lack of information on labour migration in SADC, particularly in the ICBT sector. There is thus a need for more data and research in order to make informed decisions, policies, and interventions.

#### **Strengthened ICBT Associations are Required at National and Regional Levels**

Without strong associations, the voices and concerns of ICB traders will not feature at national and regional levels. For example, SADC, in its trade liberalisation negotiations, has not included those issues that are of concern to informal traders. Without a strong voice at national and regional levels, these issues will continue to be ignored, despite the growing importance of informal trading to Southern African economies.

In addition, many issues such as transport for traders, sourcing and warehousing of goods resulting in less time spent away, etc. can be addressed through organised associations.

The national associations should come together to form a strong regional association, or to collaborate regionally to ensure that there is harmonisation in policies and laws related to ICB traders in SADC. Countries that do not have ICBT associations are encouraged to form such associations.

#### **Mechanisms for Implementation**

Various recommendations were made on the mechanisms and methods by which HIV and AIDS interventions should take place, including:

- *Building on existing interventions:* There is a need to build on existing HIV interventions in a country. Presently, such interventions are failing to reach ICB traders due to their mobility.;
- *Implementing HIV and AIDS interventions through associations:* In order to ensure effective targeting and ownership, there is need for ICBT associations to initiate and implement HIV and AIDS interventions for their members.
- *Geographical location:* HIV interventions must not only focus on border posts, but also on surrounding communities and more inland areas as ICB traders are constantly on the move throughout the country.
- *Collaboration and cooperation amongst different stakeholders:* Various stakeholders such as truck drivers and their unions, uniformed officials, ICB traders, commercial sex workers, money changers etc. must be committed to working collaboratively in the fight against HIV and AIDS, as they have complex relationships and interdependencies which increase their vulnerabilities to HIV infection.
- *Monitoring and evaluation:* It is important to monitor and evaluate interventions to ensure their effectiveness. While this is difficult with a population on the move, it is imperative in order to see whether interventions are effective and where/how changes need to be made.
- *Peer education:* Effective HIV interventions should include peer education which has proved to be a successful programme in various contexts.

### **Mainstream Gender in all Interventions**

All education activities must include both women and men, and must address the gendered dimensions of HIV and AIDS and the factors that increase women's HIV vulnerabilities (biological, socio-cultural and economic). This requires solid training on the concept of gender, how gender is constructed, and how gender constructions impact on a person's life and on society in general. In the ICBT sector, which involves more women than men, this gender mainstreaming is imperative.

## **4.2 INDIVIDUAL LEVEL RECOMMENDATIONS**

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At the individual level, the causes of HIV infection relate to individual sexual practices and beliefs, which determine the individual's HIV risk. In general, an individual's HIV risk profile is determined by her/his sexual practices and beliefs. In particular it is determined by:

- (a) The extent to which she/he has multiple/concurrent sexual partners and the use of condoms. Condom use is determined by availability and ability to make proper use of condoms and beliefs/myths about condoms.
- (b) An individual's health seeking behaviour in relation to STIs. Early treatment of STIs reduces the probability of HIV infection.
- (c) HIV and AIDS education and awareness. The above factors (a) and (b) are determined by an individual's knowledge and awareness about HIV and AIDS, that is, an individual's sexual behaviour and practices and health seeking

behaviour is partly determined by her/his knowledge and awareness about HIV and AIDS.

Individual factors of relevance in the ICBT sector include the following:

Causes of increased HIV vulnerability in the ICBT sector in the SADC region	Possible Responses to reduce HIV vulnerability for ICB traders in the SADC region
<p><b>Ignorance, lack of knowledge</b></p> <ul style="list-style-type: none"> <li>• There is ignorance and low level of knowledge, in general, regards to HIV and AIDS issues. There is also a relatively high level of misconceptions and myths surrounding HIV and AIDS</li> <li>• Lack of availability and knowledge on the proper use/storage of condoms</li> <li>• Low perceptions of risk of HIV vulnerability</li> <li>• Resistance to behaviour change</li> </ul>	<ul style="list-style-type: none"> <li>• Provide peer education programmes on HIV, AIDS, gender issues, substance abuse, etc.</li> <li>• Segment HIV awareness programmes so that they target particular groups' needs. In other words, differentiate training programmes for ICB traders (female and male), truck drivers, uniformed officials, etc.</li> <li>• Develop educational and advocacy materials in appropriate languages and target appropriate levels of education. Use visuals, interactive debates, and other adult learning techniques. Test messages to ensure that they are internalised as intended.</li> <li>• HIV/AIDS education to include life skills training (incorporating Behavior Change Communication). Comprehensive BCC that concentrates on the developing skills needed for life such as communication, decision-making, negotiating skills, managing emotions, assertiveness, self-esteem building, resisting peer pressure and relationship skills (empowering women so that they have skills to make use of all types of information, whether it be related to HIV and AIDS, STIs, family decision making, safe motherhood, or other health issues).</li> <li>• Provide or expand VCT facilities at border posts</li> <li>• Make sure condoms are available and accessible to ICB traders and ensure consistent messages about condom use/storage.</li> </ul>
<p><b>Reluctance amongst ICB traders to access healthcare services or knowledge on healthy lifestyles and behaviour</b></p> <ul style="list-style-type: none"> <li>•</li> <li>• ICB traders may not have access to health care clinics due to their long working hours, or legal status in a foreign country</li> </ul>	<ul style="list-style-type: none"> <li>• Mobile and other clinics trained to assist ICB traders, including opening longer hours to accommodate their schedules</li> <li>• Harmonise the basic fees for health care for nationals and non-nationals</li> <li>• ICBT Associations could provide more information and referrals for health clinics and positive living</li> </ul>



Causes of increased HIV vulnerability in the ICBT sector in the SADC region	Possible Responses to reduce HIV vulnerability for ICB traders in the SADC region
<p><b>Strongly held traditional beliefs, particularly around sexuality and gender</b></p>	<ul style="list-style-type: none"> <li>• All HIV interventions should include raising and consolidating awareness on gender issues</li> <li>• There is a need to challenge and address the traditional notions of “masculinity” and “femininity”</li> </ul>
<p><b>Travelling alone increases loneliness, and vulnerability to violence and abuse</b></p> <ul style="list-style-type: none"> <li>• Due to competition amongst ICB traders to sell their goods and earn a sufficient income, they often travel and work alone</li> <li>• Travelling alone and the harsh conditions at border posts, where there are often long delays and insufficient accommodation, may result in increased sexual harassment and violence against women</li> <li>• ICB traders may engage in casual sexual relations due to loneliness</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage ICB traders, especially women, to travel together and engage in a “buddy” system to ensure that everyone is safe</li> <li>• Engage in training on sexual harassment and exploitation for ICB traders (male and female), with truck drivers and other stakeholders such as uniformed officials</li> <li>• Strengthen laws that protect women and law enforcement mechanisms, and hold those that engage in sexual exploitation and other corrupt practices accountable</li> <li>• The creation of associations of ICB traders would make anonymity less likely, increase contact with other ICB traders and thus decrease engaging in sex to combat loneliness</li> </ul>

### 4.3 ENVIRONMENTAL LEVEL RECOMMENDATIONS

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While individual ICB traders have the freedom to make personal choices in terms of sexual behaviour, her/his choices are to a large extent shaped by what is going on around her/him, in other words the environment. It is during transit and/or at the point of destination that migrants are faced with an environment that renders them vulnerable to social ills, including HIV infection. The table below highlights some of the environmental factors that increase ICB traders' vulnerability to HIV.

<b>Causes of increased HIV vulnerability in the ICBT sector in the SADC region</b>	<b>Possible Responses to reduce HIV vulnerability for ICB traders in the SADC region</b>
<p><b>Lengthy periods away from home creates isolation from family, social structures, traditional and cultural norms, limited communication /connection with families back home</b></p> <ul style="list-style-type: none"> <li>• Isolation creates a feeling of anonymity, with limited sense of accountability or responsibility. Isolation also creates feeling of loneliness and boredom</li> <li>• The combination of anonymity with loneliness may then induce the individual to behave in ways s/he otherwise would not under normal circumstances</li> <li>• This would include abusing alcohol and/or drugs, as well as engaging in risky sexual behaviours, such as commercial or casual sex, and multiple sexual partners</li> </ul>	<ul style="list-style-type: none"> <li>• Simplify the processes to obtain visas to minimise the amount of time away from home</li> <li>• Simplify the procedures to cross borders in order to reduce the amount of time waiting at border posts</li> <li>• Make members in an association accountable to each other, by travelling together and using a "buddy" system</li> <li>• Associations could play a role in "sourcing" and warehousing goods in order to save time spent on such activities by any individual</li> </ul>
<p><b>Conditions at border posts i.e. limited accommodation, food and transport, and limited recreational activities</b></p> <ul style="list-style-type: none"> <li>• There is limited cheap accommodation at border sites which results in ICB traders sleeping in the open, or with truckers, or maintaining "small houses"<sup>1</sup> to keep costs of accommodation and food down</li> </ul>	<ul style="list-style-type: none"> <li>• Build cheap and safe accommodation and improve existing accommodation facilities</li> <li>• Associations can build cheap guesthouses for their members, or negotiate with hotels/lodges for discounted rates for block bookings for members.</li> <li>• Decrease the delays at border posts allowing for easier and quicker movement of ICB traders so that their time waiting is minimised</li> </ul>

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<sup>1</sup> This is a situation whereby an informal trader develops a long-term intermittent relationship with a local resident of the opposite sex in a locality that s/he (the informal trader) frequents. The trader resides with the local resident every time s/he is in the locality on business. The rationale for such a relationship is that it substantially reduces the cost of food and accommodation

<b>Causes of increased HIV vulnerability in the ICBT sector in the SADC region</b>	<b>Possible Responses to reduce HIV vulnerability for ICB traders in the SADC region</b>
<p><b>Working conditions of uniformed personnel such as customs and immigration officials and clearing agents</b></p> <ul style="list-style-type: none"> <li>• Single sex accommodation, lack of schools and other amenities, and lack of jobs for their spouses results in uniformed officials being unaccompanied at their postings</li> <li>• Little or no recreation facilities or activities for uniformed personnel exists at border posts</li> </ul>	<ul style="list-style-type: none"> <li>• Build and maintain suitable accommodation for uniformed personnel and their families</li> <li>• Build recreational facilities for uniformed personnel</li> <li>• Engage in training on acceptable and unacceptable behaviour (e.g. sexual harassment) and ensure that uniformed officials are accountable for their behaviour (e.g. dismissal if they are exploiting women for sex)</li> <li>• Train uniformed officials on HIV and AIDS and focus interventions on this target group</li> </ul>
<p><b>Delays at border posts results in long periods spent waiting to cross borders</b></p> <ul style="list-style-type: none"> <li>• Inefficiencies and long procedures result in ICB traders being delayed at borders for some time</li> <li>• Inconsistent transport arrangements may result in late arrivals at the border, resulting in delays in crossing or having to stay overnight</li> <li>• Lack of information on how to fill in forms may result in increased delays at border posts and increased vulnerability to exploitation by uniformed officials</li> </ul>	<ul style="list-style-type: none"> <li>• Increase the number of staff at border posts</li> <li>• Computerise and harmonise operations at both sides of the border</li> <li>• Open busy border posts for longer hours, preferably 24 hours, to allow for traffic to continue to move</li> <li>• National ICBT associations can facilitate transport across borders for their members</li> <li>• Simplify forms and procedures for ICB traders to facilitate easier movement across borders</li> </ul>

Causes of increased HIV vulnerability in the ICBT sector in the SADC region	Possible Responses to reduce HIV vulnerability for ICB traders in the SADC region
<p><b>Limited access to services such as health care, limited condom availability and limited access to STI treatment</b></p> <ul style="list-style-type: none"> <li>• HIV interventions do not target ICB traders</li> <li>• Often ICB traders do not speak local languages</li> <li>• Condoms are not available at border posts</li> <li>• Due to high hospital/clinic fees for foreigners, ICB traders wait until they go to their home country to access treatment, especially for STIs</li> </ul>	<ul style="list-style-type: none"> <li>• Provide clinics, condoms and healthcare services at border posts, including VCT (can also use mobile clinics)</li> <li>• Clinics should be open later to allow for the long working hours of ICB traders</li> <li>• Provide targeted HIV interventions in commonly spoken languages at border posts</li> <li>• Equal fees and treatment for foreigners at all clinics</li> <li>• Consider free treatment of STIs in the region.</li> <li>• Increased education and awareness on healthy lifestyles and positive behaviours, which should be part of any intervention and can be facilitated by strong national associations</li> </ul>

#### 4.4 STRUCTURAL LEVEL RECOMMENDATIONS

Migration is the result of a number of push factors in migrant sending countries, and pull factors in receiving countries. Push factors include lack of economic development, poverty, inadequate or unfair legal frameworks, etc. The existence (real or perceived) of economic opportunities in the receiving countries (the pull factors) is a major factor in motivating people to move even for a short period of time, such is the case in the ICBT sector. Therefore, it is important to address the root causes of migration, i.e. the push and pull factors, in order to reduce the need for migration. Some of these structural factors are discussed below.

Causes of increased HIV vulnerability in the ICBT sector in the SADC region	Possible Responses to reduce HIV vulnerability for ICB traders in the SADC region
<p><b>Economic Imbalances and Decline, Poverty and Unemployment</b></p> <ul style="list-style-type: none"> <li>• Economic imbalances and decline has resulted in more people entering in informal trade in order to earn a living</li> <li>• Increasing poverty has resulted in women engaging in informal work to support themselves and their families</li> </ul>	<ul style="list-style-type: none"> <li>• Income generation projects targeting specific groups such as women, and rural development projects and agriculture</li> <li>• Empowerment of women e.g. small land communally to grow and sell, keep livestock for selling</li> <li>• Access to credit and training on how to manage and run a small business</li> </ul>

<b>Causes of increased HIV vulnerability in the ICBT sector in the SADC region</b>	<b>Possible Responses to reduce HIV vulnerability for ICB traders in the SADC region</b>
<p><b>Legal and regulatory frameworks (e.g. customs duties and immigration laws) that are unfriendly to ICB traders</b></p> <ul style="list-style-type: none"> <li>• ICB traders may have difficulty acquiring the required amount of foreign exchange to be able to cross into a country, and to make up for the shortfall, may engage in transactional sex (for example with truck drivers or money changers or customs and immigration officials)</li> <li>• Visa restrictions result in ICB traders being turned away, told to come back after a period of time, and/or open to exploitation by uniformed officials</li> <li>• ICB traders may (try to) cross illegally which places them in a precarious and vulnerable situation</li> <li>• Lack of communication with uniformed officials results in fear and intimidation</li> </ul>	<ul style="list-style-type: none"> <li>• Creation of legal and regulatory frameworks, including foreign exchange requirements, that are friendly to ICB traders and allows for easier movement across borders</li> <li>• Educate ICB traders and uniformed officials on the system and frameworks, and how to communicate with each other in order to reduce the fear and mistrust amongst the groups</li> <li>• Hold uniformed officials accountable for corruption and sexual exploitation</li> <li>• Relax visa restrictions and/or create a special category/visa for ICB traders</li> <li>• Relax laws that prohibit “hawking”</li> <li>• Minimise and/or harmonise customs duties for traders</li> <li>• Allow selected products and goods to be customs free</li> <li>• Increase access to credit for traders to deal with shortfalls in required amounts of foreign exchange</li> <li>• Create a common SADC currency which would eliminate the need to acquire foreign exchange which is in short supply in some countries.</li> <li>• Lobby for the creation of a common SADC passport which would allow for free movement of people across borders</li> </ul>

<b>Causes of increased HIV vulnerability in the ICBT sector in the SADC region</b>	<b>Possible Responses to reduce HIV vulnerability for ICB traders in the SADC region</b>
<p><b>Gender Inequality</b></p> <ul style="list-style-type: none"> <li>• Gender inequality increases the likelihood for women to engage in transactional sex</li> <li>• Due to cultural and traditional norms, women are less able to negotiate safer sex</li> <li>• Women often do not have access to education</li> </ul>	<ul style="list-style-type: none"> <li>• Empower women and promote gender sensitivity and economic equality. Involve men in gender intervention programmes</li> <li>• Income generating projects for women</li> <li>• Educate female and male ICB traders on safer sexual practices and how to negotiate safer sex</li> <li>• There is a need to unite female ICB traders and for strong lobbying, networking and advocacy on gender issues to be taken into consideration in all policies and activities</li> <li>• Focus on girl-friendly education policies to ensure girls enrol and are retained in schools</li> <li>• Begin gender training at primary school level to break down gender stereotypes</li> <li>• Strengthen laws and law enforcement systems that protect women</li> </ul>
<p><b>Lack of recognition of ICBT sector and the role it plays.</b></p> <ul style="list-style-type: none"> <li>• There is a lack of recognition and formalisation of the ICBT sector. For example, the SADC Trade Protocol does not take into consideration the ICBT sector</li> <li>• There is lack of instruments on HIV and ICBT sector.</li> <li>• Lack of formal associations of ICB traders at national level in some Member States, and regional levels</li> </ul>	<ul style="list-style-type: none"> <li>• Develop national and regional associations for ICB traders</li> <li>• Integrate concerns and issues of ICB traders in the SADC Trade Protocol and trade liberalisation negotiations</li> <li>• Put in place protective policies for the ICBT sector</li> </ul>

## 4.5 STAKEHOLDERS

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In plenary, important stakeholders in the ICBT sector were identified as crucial for making a difference to the impact of HIV and AIDS in the sector. These stakeholders were seen as important to engage in activities to mitigate the impact and incidence of HIV for ICB traders. The stakeholder analysis was conducted at a broad level, with the understanding that each participant would review and identify as many relevant organisations and institutions at the national level as possible. In addition, it was recognised that despite the identification of stakeholders, it is really only strong national and/or regional associations that will be able to take any of these issues forward.

The guidelines that will be developed will be disseminated to the following to facilitate action on the various issues concerning ICB traders' vulnerability to HIV.

### **Regional and International Organisations**

- Regional NGOs/federations (cross-border trade related)
- SADC – The Trade, Industry, Finance and Investment Directorate, Organ on Politics and Defence, Directorate for Social and Human Development and Special Programmes (HIV and AIDS and Gender units)
- Southern African Regional Police Coordination Organization (SARPCO)
- South Africa Research and Documentation Centre (SARDC) - information dissemination
- Regional programmes/interventions (e.g. PHAMSA)
- Association of central banks
- SADC - Business Lobby Forum
- Media
- NGOs with a regional focus
- Donors
- Common Market for Eastern and Southern Africa (COMESA)
- Southern African Customs Union (SACU)
- Regional economic summits
- Legal forums
- SADC Parliament
- African Union (AU)
- New Partnership for Africa's Development (NEPAD)
- World Trade Organization (WTO)
- International Organization for Migration (IOM)
- International Trade Centre (ITC)
- International Labour Organization (ILO)
- World Bank
- World Economic Forum

- UNAIDS
- United Nations Conference on Trade and Development (UNCTAD)
- United Nations Industrial Development Organization (UNIDO)
- World Vision International (WVI)

### **National**

- NGOs – CBT associations
- Faith-based organisations
- Government departments (trade, health, home affairs, foreign affairs, customs/finance, labour)
- Micro lenders / financial institutions / central banks
- Private sector institutions that provide services to exporters/importers
- Trade and industry associations (e.g. South African Council of Businesses)
- Donors (e.g. World Bank, African Development Bank, USAID)
- Clearing agents
- Academia
- Training institutions
- Media
- People living with HIV and AIDS

### **Community Level**

- Individual ICB traders
- CBOs – cross-border trade associations at local level
- Local government – municipal level
- Faith-based organisations
- National government departments at community level (e.g. District AIDS Action Committees)
- Trade unions – truck drivers (individual and company)
- Bus and transport associations
- Local health authorities
- International NGOs operating at local level (e.g. PSI)
- Media
- People living with HIV and AIDS



## **5. THE WAY FORWARD**

- A draft workshop report will be circulated to participants for comments and input by early June.
- The Workshop Report will be finalised by mid June, incorporating all suggestions and recommendations made at the workshop, and will be circulated to workshop participants.
- On the basis of the workshop recommendations, IOM will draft the regional HIV and AIDS guidelines for the ICBT sector in Southern Africa and circulate the draft to all relevant stakeholders for comment (July 2005). The guidelines will be finalised in August 2005.

**APPENDIX 1. WORKSHOP PARTICIPANTS LIST**

	<b>NAME (Title, first, LAST)</b>	<b>DESIGNATION</b>	<b>ORGANIZATION</b>	<b>TEL/FAX/E-MAIL</b>
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## **APPENDIX 2. WORKSHOP PROGRAMME**

**Workshop on Developing Regional Guidelines on HIV and AIDS for  
the Informal Cross Border Trade Sector in the SADC Region  
19-20 May 2005  
Farm Inn, Pretoria, South Africa**

### **OBJECTIVES**

- To facilitate deeper understanding of HIV/AIDS vulnerabilities of mobile workers in the Informal Cross Border Trade (ICBT) sector particularly in relation to the three levels of HIV/AIDS causation and intervention, that is, the individual, environmental and structural levels;
- To share experiences and lessons learned from past and existing interventions by government, and ICBT associations;
- To identify gaps in past and current HIV/AIDS responses and make recommendations for the future;
- To recommend possible responses/interventions in regard to the three levels of HIV/AIDS causation.
- To identify areas of future operationalisation, collaboration, and cooperation in implementing HIV/AIDS interventions amongst stakeholders in the ICBT sector; and
- To provide a discussion and networking platform for key stakeholders during the workshop and through an email network after the workshop.

### **EXPECTED OUTPUTS**

- Increased awareness of all participants on the HIV vulnerabilities of migrant workers in the ICBT sector;
- Draft HIV/AIDS guidelines for the ICBT sector with recommendations for future interventions; and
- A strategy for operationalising the ICBT sector regional HIV/AIDS guidelines.

## Organisation/Facilitators

Facilitators:	Ms. Barbara Rijks (IOM/PHAMSA)
	Mr. Peter Mudungwe (IOM/PHAMSA)
Administration/Logistics:	Ms. Reiko Matsuyama (IOM/PHAMSA)
Overall organisation:	Ms. Reiko Matsuyama (IOM/PHAMSA)
Time Keeper:	Ms. Julia Hill (IOM/PHAMSA)
Rapporteur:	Ms. Farhana Zuberi (Consultant)

<b>DAY 1</b>			
<b>Thursday, May 19, 2005.</b>			
<b>REGISTRATION: 08:00 – 08:45</b>			
<b>OFFICIAL OPENING</b>			
08:45 – 09:00	15 min	Welcome Remarks and Introductions Structure of the Workshop Administrative Issues	Peter Mudungwe, IOM/PHAMSA.  Peter Mudungwe, IOM/PHAMSA.  Reiko Matsuyama, IOM/PHAMSA.
09:00 – 09:15	15 min	Introduction to the Partnership on HIV/AIDS and Mobile Populations in Southern Africa (PHAMSA)	Barbara Rijks, IOM/PHAMSA.
<b>Introduction: (Migrant) ICBT workers and HIV/AIDS</b>			
09:15 – 09:45	30 min	Introducing the ICBT Sector Background Paper	Peter Mudungwe, IOM/PHAMSA.
<b>Existing HIV/AIDS Interventions</b>			
09:45 – 10:30	45 min	Corridors of Hope: Responding to HIV/AIDS among ICB Traders, Opportunities and Challenges.	Priscilla Musanhu COH Coordinator, PSI/COH Zimbabwe
<b>10:30 – 11:00 BREAK (30 minutes)</b>			
11:00 – 11:30	30 min	ICBT Associations' Responses to HIV/AIDS – Opportunities and Challenges: The case of	Mr. Misheck Mpofu, Chairperson, Victoria Falls



		the Victoria Falls Informal Traders Association.	Informal Traders Association, Victoria Falls.
<b>Fighting HIV/AIDS through Organization and Advocacy</b>			
11:30 – 12:00	30 min	The Role of the CORN Network in facilitating the establishment and capacity building of Cross Border Trade Associations: Implications for advocacy and HIV/AIDS interventions.	Enoch Moyo, Country Representative, Friederich Naumann Foundation, Harare.
12:00– 12:30	30 min	Discussions  <i>Participants will be given the opportunity to ask presenters questions and comment on the presentations.</i>	Peter Mudungwe, IOM/PHAMSA.
12:30-13:00	30 min	Group Work: Recommendations for Regional Guidelines  <i>Participants will break into groups and (on the basis of the morning presentations and their own experiences) discuss and suggest issues that should be included in the regional guidelines. Participants will have the whole evening to prepare their presentations (which will be in the morning of Day 2)</i>	Peter Mudungwe, IOM/PHAMSA.
<b>13:00 – 14:00 LUNCH (1 hour)</b>			
14:00 – 17:30  (Break 15:30-15:45)	3½ hrs	Group Work (cont'd)	Peter Mudungwe, IOM/PHAMSA.

**DAY 2**

Friday, May 20, 2005.

**Report Back by Groups**

08:30 – 10:00	1½ hrs	Group Reports  (15 min per group for report and response to questions/comments)	Peter Mudungwe, IOM/PHAMSA.
<b>10:00 – 10:20 BREAK (20 minutes)</b>			
<b>Regional Issues</b>			
10:20 – 10:50	30 min	International and Regional Commitments on HIV and AIDS	Barbara Rijks, IOM/PHAMSA.
<b>Addressing the Structural Issues</b>			
10:50 – 11:20	30 min	Towards trade liberalisation and the movement of people in the SADC Region; Implications for the ICBT Sector ( <i>Including discussion</i> )	Happias Kuzvinzwa, Customs & Trade Facilitation Advisor, Trade, Industry Finance & Investment Directorate, SADC Secretariat, Botswana.
11:20 – 11:45	25 min	Discussion	Peter Mudungwe, IOM/PHAMSA.
11:45 – 12:45	1 hour	Plenary Work: Operationalisation Strategy  <i>In the context of the Group Reports and SADC presentation, participants will discuss the appropriate strategy with which to advocate for the adoption and operationalisation of the suggestions they made during the previous day, focusing on important stakeholders and partners.</i>	Julia Hill-Mlali, IOM/PHAMSA.
12:45 – 13:00	15 min	Wrap up and Way Forward  Official Closing	Peter Mudungwe, IOM/PHAMSA.
<b>13:00 – 14:00 LUNCH</b>			