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A truck at Limpopo Truck Stop, South Africa

FACT SHEET

October 2014

BLC's Migration Corridor Program: Meeting the HIV Prevention Needs of Mobile Populations

Background

Southern Africa has a long history of cross-border migration (movement of people across international borders) and internal migration (movement of people within a country). People migrate for political, social, and economic reasons. Highly mobile workers include farm workers, miners, domestic workers, migrant youth, cross-border traders, truck drivers, sex workers, and economic and political refugees - each with their own dynamics and vulnerabilities. The association between population mobility, migration, high risk sexual behavior, and HIV prevalence is well documented. Although data on HIV prevalence among these populations are scarce, existing data show that HIV prevalence among migrants and mobile populations is considerably higher than in national adult populations. Migrants and mobile communities are therefore identified as one of the priority populations needing targeted HIV prevention interventions.

Research indicates that it is not migration itself that puts people at risk of HIV; rather, the unsafe conditions under which people migrate, work, and live make them vulnerable or put them at risk. Separated from families, communities, and social support systems, migrants and mobile populations are more likely to be exploited and victimized, or engage in risky behavior that may result in HIV infection. Although countries in the region are signatories to multiple international treaties, exploitation, discrimination, and abuse, combined with limited access to health care and low levels of awareness of HIV and AIDS, continue to put migrant workers at increased risk of infection.



BLC Approach

The health needs of migrant populations are not addressed by most country programs. Moreover, since migration is a cross-border phenomenon, a holistic, regional approach is needed. In response to these challenges, the USAID-funded Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC) is implementing a multi-pronged approach. Between 2010 and 2014, BLC's activities related to migrant populations focused on:

- Establishing the framework and foundation for developing a **comprehensive HIV prevention approach** to strengthen the quality, reach, and sustainability of effective HIV prevention interventions focused on the specific needs of communities affected by migration.
- **Strengthening service delivery** to migrants through providing civil society organizations (CSO) with performance-based grants and improving their organizational and program capacity to deliver services which cater for migrants and communities affected by migration.
- **Working at a regional level** to create enabling environments for the provision of services and improve the conditions for mobile populations across countries in the southern African region.



loveLife youth coordinator, and a youth volunteer

Working with civil society

To strengthen service delivery and improve access to HIV prevention, care, treatment and support services to migrants in southern Africa, BLC selected five partners whose efforts are complementary in addressing the challenges faced by migrants in the region to receive one-year fixed obligation grants. Key elements in partner selection included that they should be an existing CSO providing HIV prevention and care services in an area with an influx of migrants or people in transit, with limited services available to migrant populations.

The five CSOs provide services which include:

- peer-led social and behavior change communication interventions
- condom education and distribution
- Community based HIV counseling and testing (HCT)
- referral to health facilities for further biomedical services including voluntary medical male circumcision (VMMC), prevention of mother-to-child transmission (PMTCT), sexual and reproductive health (SRH) services, and anti-retroviral treatment (ART)



BLC Migration Corridor Program Partners

Partner organization	Location of services	Services provided
Corridor Empowerment Project (CEP)	South Africa: Komatipoort in Mpumalanga province, Musina in Limpopo province, and Zeerust in North West province	CEP targets long distance truck drivers (LDTD), female sex workers, and border communities. CEP provides community HCT, condom education and distribution, and referrals to health facilities.
Hospice and Palliative Care Association of Zimbabwe (HOSPAZ)	Zimbabwe: Beitbridge, Plumtree, and Mutare	HOSPAZ is strengthening the capacity of four community-based organizations to provide HIV prevention, treatment, care, and adherence support services: FACT Mutare, Plumtree AIDS Project, Umzingwane AIDS Network, and Zimbabwe Red Cross Society. HOSPAZ targets cross-border traders, returnees/deportees, casual laborers, LDTDs, sex workers, and border communities.
New loveLife Trust (loveLife)	South Africa: Polokwane and Phalaborwa in Limpopo province	loveLife provides life development skills as well as HIV prevention, treatment, and care support to migrant youth.
Nkathalo Wellness	South Africa: Madibeng district and Rustenburg in North West province	Nkathalo Wellness provides community HCT, refers clients to health facilities as needed, and conducts condom education and distribution in mining communities.
Treatment Action Campaign (TAC)	South Africa: Mopani district in Limpopo province	TAC provides social and behavior change communication, condom distribution, and referrals for HCT, PMTCT, and VMMC to communities affected by migration.

Improved services

BLC's partners cover a diverse pool of beneficiaries and a broad geographical area. BLC supports the CSOs to strengthen their capacity in developing programs relevant to migrants and of good quality, and encourages partners to improve collaboration to solve joint challenges.

To date, BLC has trained its partners to:

- **Be migration sensitive** – BLC and the International Organization for Migration (IOM) trained partners on developing programs which provide migrant-specific services. This includes understanding the challenges migrants face, including: access to health care facilities and legal documentation; and structural drivers of HIV which particularly affect migrants.
- **Collaborate** – Through workshops and review meetings, BLC has developed a platform for partners to share tools and resources, as well as good practice and lessons learned. The workshops promote collaboration, such as referrals between CSOs and local health facilities to enhance access and uptake of HIV prevention, treatment, and care services among communities affected by migration.¹
- **Improve the quality of HCT services** – Nkathalo Wellness and CEP both provide community HCT to migrants and communities affected by migration. Having identified the need for quality assurance systems, BLC partnered with the National Institute for Communicable Diseases to facilitate a two-day HIV Rapid Testing Quality Assurance workshop. The workshop provided knowledge and skills to participants to perform HIV rapid tests accurately and reliably in a safe and professional manner. A post-test assessment demonstrated a significant increase in participant knowledge in five key areas after the workshop.²

1 Read more about the impact of this collaboration at: <http://www.hivsharespace.net/resource/success-story-hospaz-and-iom-collaboration-offers-treatment-adherence-solution-mobile>

2 The average score of the participants during the pre-test assessment in five key areas was 58.6%. After the training, the average post-test score increased to 91.6%.



Nurse and counselor at roadside wellness center in Limpopo province, South Africa

Enhanced systems

BLC's approach ensures that organizational capacity is developed through formal capacity building activities coupled with face-to-face mentoring, assessment, and quality verification. The specific needs and priorities of each CSO are first identified through the application of BLC's validated Organizational Capacity Assessment (OCA) in order to develop a customized capacity building plan.³

BLC's support has resulted in better CSO systems, including:

Improved referral tools - After their baseline assessments, several partners realized they did not have the capacity to provide a full package of services to migrants. BLC assisted these organizations to develop referral tools to monitor beneficiaries and the challenges they encounter.

"I found the referral tool useful and will use it as a point of reference." ~ workshop participant

Improved M&E and communications - BLC's monitoring and evaluation (M&E) and communications technical assistance has contributed to an improvement in data quality, including eliminating instances of double counting individuals served.⁴ In addition, partners are more engaged in sharing their successes and the impact on beneficiaries.

Improved stakeholder engagement - BLC partners now better appreciate that they need to engage and collaborate with other key stakeholders in the sector, such as government and traditional leaders, in order to have more effective programs.⁵

3 Developed by BLC in 2011, the OCA examines the strengths and deficiencies of various types of organizations working in HIV and AIDS. The tool is designed to measure an organization's capabilities before a capacity building program is implemented and gauge progress and improvement.

4 Read more about the results of BLC's M&E support to loveLife at: <http://www.hivsharespace.net/resource/case-study-blc-migration-corridor-project-strengthening-me-lovelife-0>

5 Read about the benefit of TAC's stakeholder engagement at: <http://www.hivsharespace.net/resource/success-story-tac-stakeholder-engagement-presents-opportunities-partnership> and loveLife's actions to better engage youth at: <http://www.hivsharespace.net/resource/success-story-lovelife-uses-ocat-assessments-improve-programming>

Launched in 2010, the USAID-funded Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC) strengthens government, parastatal, and civil society entities to effectively address the challenges of the HIV and AIDS epidemic.

Throughout the Southern Africa region and with specific activities in six countries, BLC provides technical assistance in organizational development, including leadership, management, and governance in three key program areas: 1) care and support for orphans and vulnerable children; 2) HIV prevention; and 3) community-based care.

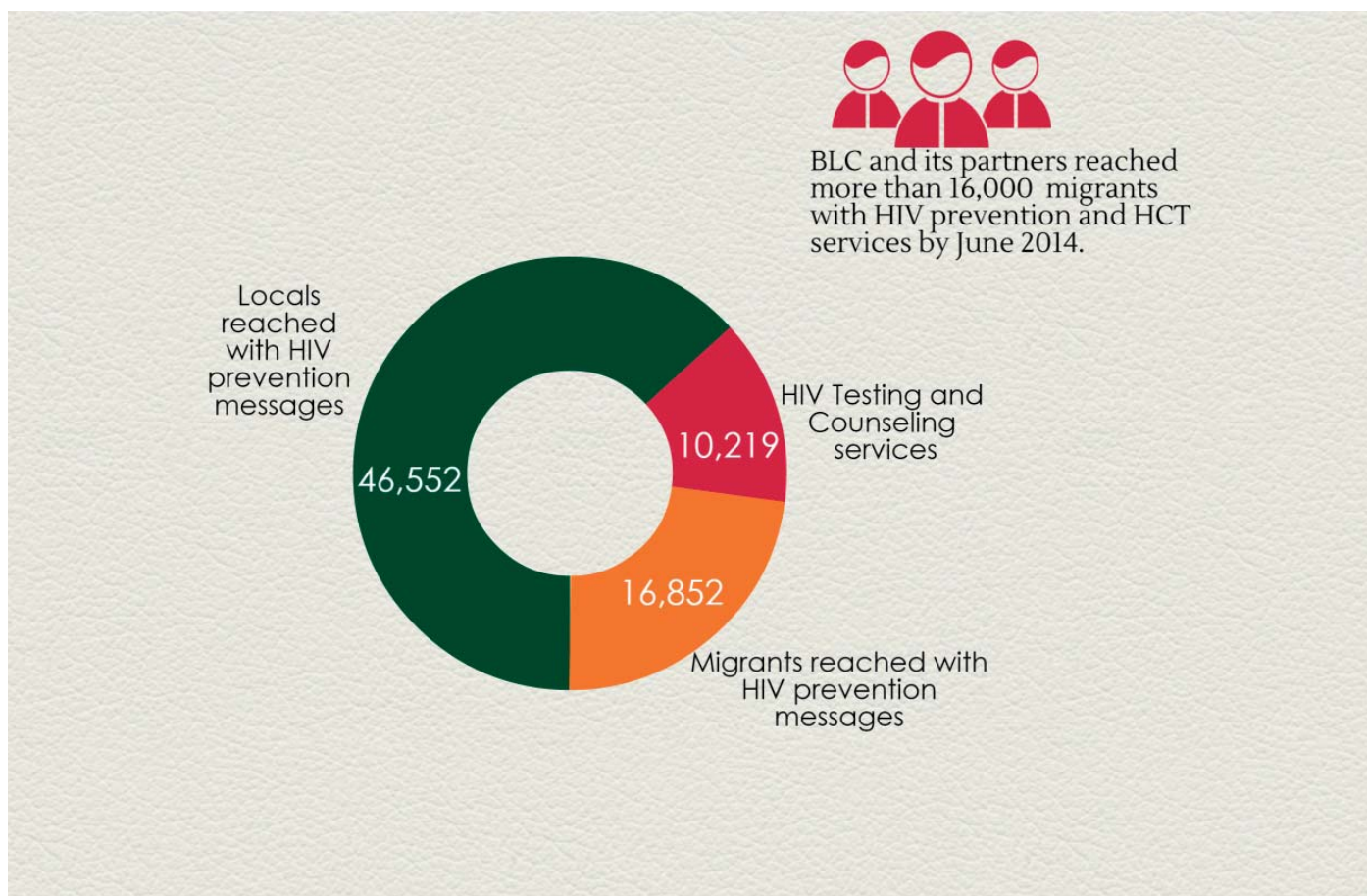
Supporting SADC to improve HIV services for mobile populations

BLC is also working at a regional level to improve services to migrants and communities affected by migration. Research shows that LDTDs and others living and working along large transport corridors, such as sex workers and traders, are vulnerable to HIV infection and experience high morbidity and mortality.⁶

⁶ Center for Communicable Diseases Control. HIV/AIDS Surveillance Report 2004, Vol. 16:2005. Available at www.cdc.gov/hiv/resources/reports ; Evian C. HIV Prevalence Survey in South African Transport Company, August 2000.

In response to this need, BLC, with support from USAID's Africa Bureau Health Division and Regional HIV/AIDS Program (RHAP), has partnered with the African Strategies for Health project to support the Southern African Development Community (SADC) HIV and AIDS Unit to establish regional minimum standards for HIV and other health services in the road transport corridors in southern Africa. A regional brand, including a logo, has also been developed to facilitate identification of wellness centers along the transport corridors. The Standards and brand will be presented to Member States for approval and implementation in November 2014.

Results to date (2012 - 2014)



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For more information contact:

Building Local Capacity Project (Regional Office)

Ditsela Place
1204 Park Street (Cnr Park and Jan Shoba Streets)
Hatfield, Pretoria, South Africa
Tel: +27 12 364 0400; Fax: +27 12 364 0416
blcsouthernafrika@msh.org; www.msh.org



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