

A map of Southern Africa with an orange background. The outlines of the countries are shown in a darker orange. Lesotho and Swaziland are highlighted with white rectangular boxes. Lesotho is located in the center, and Swaziland is located to its east. The Indian Ocean is visible to the east of the landmass.

Lesotho and Swaziland

HIV/AIDS Risk Assessments
at Cross-Border and Migrant
Sites in Southern Africa

Prepared by David Wilson
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Harare, Zimbabwe
and
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Arlington, Virginia, USA
for
The United States Agency for International
Development



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Terms and Abbreviations

Basutho	person indigenous to Lesotho
Bottle store	small store selling alcoholic beverages and other foodstuffs and a place where men and women meet
Currency	\$1 = approximately 8 rand (Republic of South Africa) or 7 maloti (Lesotho)
FHI	Family Health International
IMPACT	Implementing AIDS Prevention and Care Project
LDS	Lutheran Development Service
M	maloti, Lesotho's currency
NGO	non-governmental organization
PLA	participatory learning and action
PRA	participatory rural assessment Retrenched miners miners who have been repatriated to their country of origin
SACU	South African Customs Union
SADC	Southern African Development Community
SAR	South African Revenue Services
SFH	Society for Family Health
Shebeen	local shop that functions like a bar in low-income areas
SNAP	Swaziland National AIDS Program
STD	sexually transmitted disease
STI	sexually transmitted infection
TEBA	The Employment Bureau of Africa
USAID	United States Agency for International Development
VCT	voluntary counseling and testing
WHO	World Health Organization

Lesotho



Summary

Lesotho Assessment

This assessment is the second in a series conducted for the USAID Southern Africa Regional Program on HIV/AIDS. Through these assessments, USAID and prevention program managers learn more about the risk environments of border crossings and trade towns along the roads connecting countries in southern Africa. The findings are used to help prioritize sites according to risk environment and importance in sub-regional HIV transmission.

The first assessment was conducted in 1999 along the Durban-Lusaka corridor, which transects South Africa, Zimbabwe and Zambia. The results were summarized in *Corridors of Hope in Southern Africa*, a monograph published by IMPACT.¹ The second assessment took place in mid-2000 and focused on the Lesotho-South Africa nexus. It is the subject of the first half of this

¹ *Corridors of Hope in Southern Africa: HIV Prevention Needs and Opportunities in Four Border Towns*. Arlington, VA: IMPACT Project, Family Health International, 2000.

report. A third assessment, conducted in late 2000 to explore the routes connecting Swaziland, Mozambique and South Africa, will be discussed later in this report.

The Project Support Group recruited a 12-person team to conduct the assessment in 10 border areas and two major dam construction sites of the Lesotho Highlands Water Project (in the country's central mountainous areas). The assessment covered the following sites (the first five of these are Lesotho border crossings; the latter five, their corresponding sites in South Africa):

- Butha-Buthe (Caledonspoort Bridge)
- Maputsoe (Ficksburg Bridge)
- Maseru (Maseru Bridge)
- Mafeteng (Van Rooyens Gate)
- Quthing (Tele Bridge)
- Katse Dam
- Mohale Dam
- Fouriesburg (Caledonspoort Bridge)
- Ficksburg (Ficksburg Bridge)
- Ladybrand (Maseru Bridge)
- Wepener (Van Rooyens Gate)
- Sterkspruit (Tele Bridge)

The research team used the structured assessment guides developed as part of the Corridors of Hope initiative. The team also sought to use multiple data collection methods to enrich understanding and to help validate findings.

The team began by conducting a literature review of Lesotho's sociocultural and epidemiological data. Detailed inventory guides were prepared to gather information, including demographic, residential and employment data. Team members used the guides to compile information about the average number of miners and other migrant workers, truckers and taxi drivers crossing and parked overnight at borders; the average duration of border stops; the overall duration of truckers' and miners' trips; and the guest

houses, bars and streets patronized by migrant workers and truckers. The team obtained similar information about informal traders and sex workers², as well as information about other major economic activities at all of the targeted sites. They also collected data on educational institutions and health services, including management of sexually transmitted infections (STIs), numbers and categories of STI patients seen, and major impediments to effective STI management.

Ethnographic studies of the sexual risk context at border sites focused primarily on migrant men and women, including miners, male and female traders, commercial sex workers, truckers, and bus and taxi drivers.

Findings and Recommendations

There is exceptional HIV vulnerability at each of the sites investigated, a sociocultural context of casual and commercial sex exacerbated by profound mobility. Truckers, bus and taxi drivers, traders, soldiers, migrant laborers and transient sex workers move from town to town, putting partners at risk by engaging in unprotected sex.

Interventions are urgently needed to introduce HIV/AIDS projects at every site. Sex worker peer-education interventions exist only in Maputsoe. No other projects are firmly established at other sites.

The sites identified as most at risk were:

- Maputsoe
- Maseru
- Katse Dam
- Mohale Dam

In Maputsoe and Maseru, miners, taxi drivers and truckers are important bridge populations in the sexual network, linking transient and residential communities. Interventions are

² For the purposes of this study "sex worker" is defined as a person who accepts cash for sex on more than one occasion.

needed among residential communities linked to such bridge populations.

The HIV vulnerability of young women — including schoolgirls and young vendors who seek income from commercial or casual sex with truckers, taxi drivers and older men of means — is high. Both urban and rural communities express concern about young women (particularly schoolgirls and dropouts) forced to take up sex work to survive or support their families.

Men in occupations other than trucking also visit commercial sex workers and thus share the sexual networks of sex workers and truckers. Likewise, low-income women at the sites may share sexual networks with sex workers, further widening the overall network.

In Maseru, HIV prevalence in the antenatal clinic is reported to have risen to 34 percent in 1994. HIV prevalence in Maputsoe and Butha-Buthe is also said to have risen sharply over the past six years. These are among the most pressing needs:

- Strengthen³ STI care services. (Only four of the 12 sites offer care services at present: Maseru Bridge, Ficksburg, Fourisberg and Maputsoe).
- Train health workers in STI syndromic management.
- Improve drug supplies at health care centers.
- Create outreach and communication initiatives that tailor STI care to meet patients' needs.
- Provide access to diagnostic tests and presumptive treatment, along with initiatives to improve services provided by private and traditional

healers, since taxi drivers, miners and truckers with symptoms may avoid care or visit healers.

It may also be worthwhile taking STI care to truckers and other target groups in primarily male occupations, such as taxi drivers, farm workers, miners and soldiers, by establishing services at the sites and times they prefer.

To reach young people, especially girls, friendly reproductive health services are essential. All of these services will require intensive behavioral change communication to generate demand. Since there are no targeted media or community mobilization initiatives at any of the sites, such efforts could be used to promote an enabling environment for behavior change, condom use and STI prevention and care-seeking.

There is also potential at the sites for improving promotion and availability of both free condoms and condoms for sale. Free condoms are distributed by health services and NGOs, but social marketing is needed to cover all groups in Lesotho and South Africa who might be exposed to STIs.

In Lesotho, miners and taxi drivers should be specific targets of condom distribution campaigns, since they travel regularly to other countries and have a higher risk of being infected and bringing back the diseases to their partners.

Spouses of migrant workers should be made aware of the importance of using a condom as a means of preventing STIs and pregnancies. Large-scale male condom distribution is vital in both urban and rural Lesotho. At present, an initiative of the Lesotho Planned Parenthood Association (funded by the Japanese) to distribute the female condom in rural areas is popular and may have expansion potential.

³ By "strengthen" the authors mean: 1) training/ retraining health workers in syndromic management of STDs; 2) improved drug supply systems; 3) cheaper consultation and prescription fees for low-income patients; and 4) free condoms more widely available, more accessible and more vigorously promoted.

Comparative Analysis of Regional Cross-Border Sites

When viewed collectively, the findings of this assessment and those of others in this series — Durban-Lubumbashi and South Africa-Mozambique-Swaziland — reveal contrasting risk dynamics. For instance, at the South Africa-Mozambique-Swaziland borders there were relatively few sex workers and truckers or contexts of elevated HIV vulnerability compared to the Durban-Lubumbashi borders. There are several reasons for this:

- Whereas the Durban-Lubumbashi corridor is almost 3,000 kilometers

long and takes several days to drive, the Johannesburg-Maputo, Johannesburg-Manzini, Durban-Manzini and Manzini-Maputo routes can be driven in a morning. There is no need for intermediate stops along these routes.

- Whereas major cities in the Durban-Lubumbashi corridor are at least a day's drive from the border, those along the Lubombo route (which transects Mozambique, Swaziland and South Africa) are just one or two hours from the border. This obviates the

Summary of data from selected Lesotho border sites

	BUTHA-	MASERU	MAFETENG BUTHE	OUTHING BRIDGE	MAPUTSOE
SITE DATA(approximate numbers)					
Sex workers	10	170	0	0	1,000 ⁴
Truckers	50	355	47	6	300
People employed in urban formal workplaces	200	204	3,015	2,500	817
People employed in urban informal sector	1,500	11	1,800	890	10,000
Farm employees	N/A	N/A	N/A	N/A	N/A
Youth in school	5,001	2,100	3,004	6,807	920
Youth out of school	501		1,850	N/A	[?]
Hospitals	1	1	1	1	[?]
Clinics	1	1	1	2	2
Public condom outlets	1	1	1	1	1
Private condom outlets	10	3	4	4	2

HIV PREVENTION ACTIVITIES					
STI care	Yes	Yes	Yes	Yes	Yes
Public condom distribution	Yes	Yes	Yes	Yes	Yes
Private condom distribution	N/A	N/A	N/A	Limited	Limited
Sex worker projects	No	No	No	No	No
Trucker projects	No	No	No	No	No
Urban workplace projects	No	No	No	No	No
Farm projects	No	No	No	No	No
In-school youth projects	Yes	Yes	Yes	Yes	Limited
Out-of-school youth projects	No	No	No	No	No

⁴ This estimate includes female textile factory workers who reportedly trade sex during periods of low factory production. The figure is thus not directly comparable with other sites.

need to rest at the borders before going on to the major cities.

- Whereas the Durban-Lubumbashi corridor passes through four countries with very different and complex border formalities, resulting in processing delays, the Lubombo route links three countries with harmonized, simple and rapid border procedures.
- Whereas the Durban-Lubumbashi corridor links four countries with diverse distributors and divergent inventories, the Lubombo route links three countries with the same distributors and harmonized inventories, making cargo transfer more rapid.

For these reasons, the South Africa–Mozambique–Swaziland regional HIV risk contexts were projected beyond borders to the major cities. Swaziland and Mozambique’s major cities lie in their countries’ interiors, rather than near the borders. This is not to suggest there are no shared inter-country risks, but that significant regional risks are not concentrated at borders.

Lesotho presents a different challenge. There are profound risks at Maputsoe and Maseru, two of its major border sites, and some risk at smaller ones. Lesotho’s population is three times greater than Swaziland’s and even more dependent on South Africa. Unlike Swaziland’s urban settings, all of Lesotho’s six major towns lie on the South African border and have South African sister towns on the other side. Many Basutho work during the day or week in South

Africa and return to Lesotho at night or on the weekend. Mobility is much greater at Lesotho’s major borders.

Lesotho thus represents a high priority for regional programming. Maputsoe and Maseru are among the most active border sites for HIV transmission in southern Africa and therefore constitute a logical first tier for prevention.

In addition, construction sites inside Lesotho have immense regional significance. They are built for South Africa’s needs, are partly owned by South Africa and employ many South African expatriates. They have created an exceptional risk in remote rural areas. They constitute a vital second tier for interventions.

Finally, South African mines are Lesotho’s greatest source of employment and revenue. The migrant labor that fuels the mining industry readily transplants HIV risk from the mining camps to rural Lesotho. Therefore mines employing foreigners constitute an equally important third tier for regional programming.

The Lesotho assessment identified major regional programming needs and opportunities and broadened the awareness of regional risk. This assessment and others in the series reinforce the importance of attacking the HIV epidemic in southern Africa from a sub-regional perspective. In other words, bilateral efforts will achieve only limited and unsustainable success unless population mobility and risk distribution across national boundaries are fully taken into account.

Lesotho Assessment

Purpose

The purpose of this assessment was to describe the context of HIV/STI transmission at 12 sites, listed below, in Lesotho and South Africa. Of these sites, 10 are on the Lesotho–South Africa border and two are construction sites at the major regional dams that supply South Africa with water. The first five are border sites in Lesotho; the last five, their corresponding sites in South Africa.

- Butha-Buthe (Caledonspoort Bridge) shares a border post with Fouriesburg in South Africa.
- Maputsoe (Ficksburg Bridge) shares a border post with Ficksburg in South Africa. It is the main route from South Africa to Maseru, Butha-Buthe and Katse Dam. It is also a major thoroughway from areas in Lesotho such as Hlotse, Peka, Teyateyaneng and Mapoteng to a number of large South African cities, such as Qwaqwa, Johannesburg and Durban. The border here is open around the clock.
- Maseru (Maseru Bridge) shares a border post with Ladybrand in South Africa. As with the Maputsoe–Ficksburg border post, the Maseru–Ladybrand crossing is open around the clock.
- Mafeteng (Van Rooyens Gate) shares a border post with Wepener in South Africa. It is a relatively small site, used mainly by people from Mafeteng who are crossing to shop for groceries in Wepener. Van Rooyens Gate becomes busy toward Christmas and New Year's, when Basotho shoppers and migrant workers return home from various parts of South Africa. These people use the crossing to avoid the more congested bridges at Maseru and Ficksburg.
- Quthing (Tele Bridge) shares a border post with Sterkspruit in South Africa. Tele Bridge has far less traffic than Van Rooyens Gate. Both Quthing and Sterkspruit are small compared with other sites.
- Katse Dam is in central Lesotho. While not a border post, it is fully regional in character because of the sizable number of South Africans employed at the site, which supplies water to South Africa's Gauteng Province. The site is particularly important because it is the first phase of the Lesotho Highlands Water Project. The dam provides water to the Vaal River by means of a 45-kilometer transfer tunnel to an underground power station and 86-kilometer delivery tunnel.
- Mohale Dam is the second phase of the Lesotho Highlands Water Project providing water to South Africa. It is the largest infrastructure project under construction on the African continent.
- Fouriesburg (Caledonspoort Bridge), 30 kilometers from Butha-Buthe, is the nearest town to Caledonspoort Bridge, which connects Lesotho and South Africa.
- Ficksburg (Ficksburg Bridge) is a small town 10 kilometers from Maputsoe. It is the settlement closest to the border at Maputsoe–Ficksburg.

- Ladybrand (Maseru Bridge) is a predominantly white town about 10 kilometers from Maseru Bridge.
- Wepener (Van Rooyens Gate) is also a predominantly white town. It shares Van Rooyens Gate, a border bridge, with the Lesotho town of Mafeteng.
- Sterkspruit (Tele Bridge), in the South African province of Eastern Cape (the former Transkei), shares the Tele border bridge with Quthing in Lesotho.

Research Team

The Project Support Group sent a 12-person team to assess the 10 border areas and two sites of the Lesotho Highlands Water Project. The team of field interviewers received intensive training in inventory, survey, participatory learning appraisal, mapping and ethnographic research from the team leader and research coordinators.

Methodology

The team used the structured assessment guides developed earlier during the Corridors of Hope initiative. The team also used multiple data collection methods with the aim of enriching understanding and validating findings.

Data Review

The team began with a literature search and desk review. These focused on:

- National socioeconomic, health status, STI and HIV/AIDS data
- Local socioeconomic, health status, STI and HIV/AIDS data
- National, district and NGO AIDS policy documents, situation analyses, plans and reports
- Project progress, lessons learned and best practice reports on STI management, condom promotion and

distribution, and workplace, trucker, uniformed service, and sex worker interventions

Policymaker Interviews

Team members also interviewed policymakers in Lesotho, including donor representatives and officials from the ministries of health and education, the National AIDS Program, Lesotho Network of AIDS Service Organizations (LENASO), CARE Lesotho and the Lesotho Catholic Bishops' Conference.

Field Research

The largest component of the assessment was field research, which took place in and around each of the 10 border sites and two dam construction sites. The research included site inventories, in-depth interviews, focus group discussions, ethnographic observation and analysis, participatory rural and learning appraisals, mapping and behavioral surveys.

Site inventories

An important part of the assessment was the careful recording of infrastructure, resources, agencies and communities at each of the sites. The inventories were completed by gathering data from official district and municipal records and by interviewing district and municipal staff; mine officials and miners; business owners; union officials and employees; truck and freight companies and truckers; taxi owners' associations and taxi drivers; members of the uniformed services; police, immigration and customs officials; health workers; sex workers; bar patrons; and informal traders. Information from the various sources was compared to verify findings.

Interviews and group discussions

The structured, highly formal inventory data were augmented by information from detailed, semi-structured key informant interviews. In

Data collection methods used in the assessment

Desk reviews and literature search and review

Interviews with regional, national and provincial policymakers

Field research

- Site inventories
- Key informant interviews
- Participant in-depth interviews
- Focus group discussions
- Ethnographic observation and analysis
- Participatory rural and learning appraisals
- Mapping
- Behavioral surveys

Site inventory dimensions

Demographic

Demographic features of each site, including gender and age breakdowns

Residential characteristics, including number of formal and informal settlements

Average house occupancies

Socioeconomic

Socioeconomic characteristics

Economic activities

Employment profiles

Economic

Major workplaces, together with employment data

Army and police bases, together with employment data

Informal work sites, such as taxi ranks, together with approximations of employment data

Education

Primary, secondary and tertiary educational institutions, together with enrollment figures

Sex work

Number of sex workers at normal and peak periods

Nightclubs, sex worker residential areas, bars, shebeens (drink shops where alcohol and other retail items can be purchased) and streets where sex workers meet clients

Socioeconomic status of sex workers

Sex work fees charged and services provided

Miners

Number of miners crossing and sleeping at borders

Destinations of miners and average duration of miners' journeys to each destination

Average duration of miners' border stays and areas where miners sleep at night

Bars, streets, and neighborhoods where miners meet sex workers

Truckers

Number of truckers crossing and sleeping at borders

Destinations of truckers, goods carried and average duration of truckers' journeys to each destination

Trucking companies using the route and trucking and freight companies with offices at the borders

Average duration of truckers' border stays and areas where trucks park at night

Bars, streets and neighborhoods where truckers meet sex workers

Taxi drivers

Number of long-distance taxi drivers sleeping at taxi ranks (South Africa)

Average duration of taxi/bus stays at taxi ranks at night

Bars, sheebens, and other locations frequented by taxi drivers

Average age of taxi/bus drivers having sex with schoolgirls (Lesotho and South Africa)

Informal traders

Number of informal traders crossing and sleeping at borders

Trading places and goods traded

STI and HIV

STI and HIV data

STI and HIV programs

Health facilities

Number and locations of hospitals and clinics

Monthly number of patients and STI patients

STI drug supply and training in STI syndromic management

NGOs

NGOs working in development in general and health in particular

NGO HIV/STI activities

Condoms

Outlets and brands stocked

these interviews, team members did not focus on collecting quantitative data but rather sought to understand the social and sexual contexts of risk behavior at border sites. The interviews addressed casual, transactional and commercial sex, with particular reference to sex workers, miners, taxi drivers, informal traders, truckers and other mobile men.

Key informants included formal and informal commercial sex worker leaders, mine worker leaders, mine officials, experienced truck drivers, bus and taxi drivers, informal traders, bar owners, health workers, and police, immigration and customs officials. Interviews with these key informants provided

an important source of information for comparing and confirming data.

In addition to asking experienced informants about other people's behavior in the key informant interviews, team members conducted semi-structured, in-depth interviews about each participant's own behavior. Detailed interviews were held with sex workers, miners, taxi drivers, informal traders, truckers, customs and immigration officials, and members of the uniformed services.

Focus group discussions were a useful addition to individual interviews with key informants or participants. Such discussions

between sex workers and the research team took place at each border site.

PRA/PLA

The research team also used participatory rural appraisal (PRA) and participatory learning and action (PLA) techniques. For example, researchers took walks with peer educators, sex workers, mine workers, taxi drivers and informal traders to see the community through their eyes, identify key sites and learn more about what happens at each site.

Mapping

Community members also participated in community mapping exercises in which they identified dangerous or risky places, sexual meeting places and sex work neighborhoods. They also identified places in their communities where people seek health care, including care for STIs.

Data analysis

Key informant interviews, participant in-depth interviews, focus group discussions, ethnographic observation and participatory rural and learning appraisals were summarized and integrated to provide a comprehensive ethnographic analysis.

Socioeconomic Overview

Lesotho

Lesotho is a small, landlocked country entirely surrounded by South Africa. Known as the Mountain Kingdom, the whole country lies at an altitude of greater than 1,000 meters. Its population is approximately 2.4 million, about 75 percent of whom live in rural areas.

Lesotho's major assets are its migrant workers and water. Many Basutho, especially in rural areas, have long depended on miners' remittances coming from South Africa. At one time, money sent home by workers abroad accounted for 30 percent of Lesotho's gross national product (GNP). The recent decline in demand for outside labor in South Africa has dealt a harsh blow to the economy of its tiny neighbor. Through the Highland Water Project, however, Lesotho has started harnessing its other major resource — water — for export to South Africa's densely

populated industrial heartland.

Lesotho's adult literacy rate is 55 percent among women and 38 percent among men. Only 23 percent of men and 34 percent of women enter secondary schools. Educational inequality is particularly evident in comparisons based on geographic location. In the mountain zone, nearly 75 percent of people 16 and older have had no formal education or failed to complete primary school. This compares with 59 percent in lowland zones.

Lesotho's ability to achieve its development objectives will be closely linked to its evolving economic and political relationship with its only neighbor, South Africa. South Africa provides 90 percent of Lesotho's imports and absorbs about 50 percent of its exports. Lesotho's currency, the maloti (M), is pegged on a one-to-one basis to

the South African rand. Instability of the rand vis-a-vis major currencies thus severely restricts Lesotho's monetary policy options.

The unemployment rate in Lesotho is an estimated 49 percent, consisting mostly of retrenched miners and school dropouts.

With 25 percent of Lesotho's population working in South Africa's formal and informal sectors, South Africa's HIV/AIDS problems also affect Lesotho. Basutho men working in South Africa usually leave their families at home, and many have extramarital relationships in South Africa.

The World Bank estimates that as of 2000, 240,000 adults in Lesotho were infected with HIV. The estimates of HIV prevalence among adults (between 15 and 49) range from 8 percent to 24 percent, depending on year and data source. Half of adults infected with HIV are women. Since the beginning of the HIV epidemic in Lesotho, 9,500 children have lost either their mother or both parents to AIDS, and 17,000 people have died from the disease. Lesotho's health indicators are still lower than in Botswana, Swaziland and Zimbabwe, despite major progress during the past decade. HIV is destroying the most valuable resource Lesotho has: its people.

South Africa

About 52 percent of the 11 million people in South Africa between 16 and 30 are unemployed. Half of these are classified as marginalized, with few prospects of formal-sector employment. Given this situation, young people understandably value short-term survival over long-term well-being. Short-term survival strategies often include exchanging sex for schooling, employment, money or shelter. According to the Development Bank of South Africa, in 1991, 56.4 percent of women 15 years and older had no income of any sort, constituting the most deprived sector of the

population.

South Africa's per capita GNP of \$2,500 masks the disparities within the society. Thirteen percent of the population (about 5.4 million people) live in First World conditions, while 53 percent (about 22 million) live in Third World conditions. Among the latter group, only 25 percent of households have access to electricity and running water, only half have a primary school education, and more than a third of the children are chronically malnourished. The legacy of apartheid is closely entwined with poverty and thus with HIV.

Migration and HIV in Rural Lesotho

Virtually every country in the Southern African Development Community (SADC) has migrants who work in South African mines. Lesotho, Swaziland, Mozambique and Botswana have been the longstanding sources of these migrants. Zimbabwe and Malawi have been occasional sources of migrant labor for Lesotho.

The Employment Bureau of Africa (TEBA), the mining industry's recruiting organization in Lesotho, reports that in previous decades miners from SADC countries were allowed to return home only once a year to see their families but they can do so more often now. The researchers for this study, with the help of immigration officers in Maseru and Maputsoe, estimated that 11,317 Basutho miners visit home at least weekly. More than 60 percent of miners return to Lesotho at least monthly, and another 25 percent return at least every three months, mostly to visit families in rural Lesotho.

Most migrant workers in Lesotho are not permanent. The frequent movement of workers could result in a more rapid spread of STIs and HIV/AIDS.

Chiefs and villagers in Lesotho's rural

areas generally say the sexual behavior of men working outside their home areas differs significantly from that of men who stay home with their families, due to increased freedom and decreased exposure to their home communities' disapproval. The wives of these migrant workers are therefore exposed to a higher incidence of STIs and HIV/AIDS. Often these women also have extramarital relationships while their husbands are away, infecting their partners with whatever STIs they may have. Villagers complain that they receive very little information from formal sources, such as local governments or NGOs, about HIV/AIDS and the effect of migration on its transmission.

Lesotho's Antenatal HIV Seroprevalence

Estimates of adult HIV prevalence in Lesotho are based HIV sentinel surveillance among women attending antenatal clinics and sero-surveys of select groups of the population. The following table is extracted from the government's report of the 2000 surveillance results.

Clearly, the HIV epidemic in Lesotho rivals that of its nearest neighbors, Swaziland and South Africa. Prevalence is highest in the busiest border towns, but HIV has also penetrated the remote highlands in the western part of the country, as evidenced by double-digit prevalence in Mokhotlong. HIV prevalence among STI patients is approximately 50 percent in both urban and rural areas. Trends over time show consistent and even accelerating increases in HIV in some sites (e.g., Maseru and Quithing).

HIV prevalence among antenatal clinic clients

SITES	AREA	1991	1992	1993	1994	1996	2000
Maseru	Urban	5.5%	5.1%	6.1%	31.3%	20.6%	42.2%
Mafeteng	Periurban	3.5%	5.0%	4.0%	10.8%	34.8%	19.0%
Leribe	Periurban	2.2%	1.8%	11.4%	8.7%	29.3%	26.0%
Quthing	Rural	0.7%	8.4%	3.4%	9.1%	15.8%	22.8%
Maluti	Rural	1.8%	1.4%	4.2%	5.0%	21.3%	19.0%
Mokhotlong	Rural						12.3%

HIV prevalence among STD clinic patients

SITES	AREA	1991	1992	1993	1994	1996	2000
Maseru	City	5.8%	13.3%	11.1%		39.2%	65.2%
Mafeteng	Periurban	7.1%	11.3%	15.2%	48.3%	34.9%	50.9%
Leribe	Periurban	4.8%	9.5%	16.2%	21.0%	63.5%	47.6%
Quthing	Rural		11.7%	12.3%	30.7%	38.3%	46.6%
Maluti	Rural	5.1%	14.9%	21.3%	30.3%	58.9%	49.0%
Mokhotlong	Rural						39.4%

Socio-demographic Impact

The research team examined the impact of HIV/AIDS on various socio-demographic factors in Lesotho. These factors included health care demand, housing, employment and education.

AIDS obviously increases health care demand. As formal health services ration care, most AIDS patients need home care. Only one home-based care program operates in Lesotho; managed by the Catholic Church, it works with about 200 patients. But the number of people with AIDS who require formal home-based care in Lesotho is estimated at 3,000 and is expected to grow exponentially. Moreover, the home-based care center is located in the capital city of Maseru and does not reach those in rural areas who need its services. Most rural residents are elderly or young children. Most terminally ill patients discharged from the hospital receive care from their immediate and extended families.

According to various estimates, AIDS is projected to increase infant mortality twofold and child mortality threefold, erasing gains made in child survival and care over the past 50 years. The declines in infant and child survival will be steepest in Lesotho by 2010. Because many women have children before

Infant and child mortality in Lesotho and South Africa (per 1,000)

	Infant mortality		Child mortality	
	1998	2010	1998	2010
Lesotho	96	112	139	199
South Africa	36	52	69	99

Life expectancy in Lesotho and South Africa

	1990	1995	2010
Lesotho	65	58	45
South Africa	63	57	48

they develop AIDS, the epidemic's effect on population growth is attenuated. In Lesotho, where exceptionally high prevalence coincides with lower fertility, population growth may actually decline by 2010.

AIDS also affects population structure: It distorts the population pyramid by removing adults of sexually active age, leaving children and the elderly. This will increase the dependency ratio (proportion supported by economically active population) in southern Africa from an already high 48 percent to 60 percent.

If the 1980s was the decade of HIV and the 1990s the decade of AIDS, the first decade of the new century will be an era of orphans (defined as children younger than 15 who have lost a mother or both parents). More than 90 percent of the estimated 10 million children orphaned by AIDS worldwide live in sub-Saharan Africa. In Lesotho an estimated 14,300 children have been orphaned by AIDS; by 2010, as many as 30 percent of children under 15 may be orphans.

Orphans in Lesotho and South Africa

	Estimated orphans in 1998	Estimated orphans by 2010
Lesotho	14,300	28,500
South Africa	180,000	2,000,000
Total	189,500	2,028,500

Barriers to HIV Prevention

Barriers to Behavioral Change

Despite the efforts of national governments and NGOs, southern African populations have been slow to adopt safer sex practices. The reasons for the insufficient level of behavior change are complex. Contributing factors include male migration, conservative cultures, mistrust of mass media, women's lack of power, and the prevalence of violence. Male migration is a particularly notable factor in Lesotho, since most Basutho men work in the mines and on the plantations of South Africa.

Mining and agriculture make up a substantial part of the economies of South Africa and Lesotho. Customs officials report that approximately 25 percent of legal migrant laborers from Lesotho work in mines and on farms in South Africa. These industries rely heavily on migrant labor from within the southern region and other neighboring countries. It is generally believed that men who live away from their families and home communities are more likely to have multiple sex partners than those who remain at home.

Among migrant workers, a certain fatalism about contracting AIDS is often present. AIDS is considered a distant threat compared to the more immediate dangers some of them face in their jobs. In Lesotho, migrant workers interviewed by the researchers were mainly miners, who cited lack of safety in the mines. At work they can be killed in a moment by the collapse of a mineshaft. Working in such perilous surroundings, with the specter of death hovering over them, they perceive AIDS as “better” because the disease may take years to end someone's life, allowing those infected to enjoy living and to plan for their families' future.

In many southern African cultures, women are conditioned to be submissive to their male partners and give them sex when they demand it, regardless of whether a condom is used. This is especially true for the partners of returning migrants, who are at high risk of contracting HIV and other STIs. Because women have fewer educational and economic opportunities, more of them also resort to commercial or transactional sex work for their economic survival.

In addition, most southern African cultures are conservative about sex and discourage open discussion of sexuality. In this context, changing sexual practices is particularly difficult.

Access to Condoms

While behavioral change is the most significant part of the problem of preventing HIV transmission, basic condom availability is also a critical issue in many parts of southern Africa. In South Africa, the National Department of Health buys more than 50 million condoms annually, but distribution to local health departments is extremely inefficient; the result is large overstocks in some areas and shortages in others. Since distribution points for these condoms are all within the public health infrastructure, it is particularly difficult for mobile high-risk-behavior groups to obtain them.

Lesotho buys far fewer condoms than South Africa — typically one million annually. Social marketing helps to fill the gap by making condoms available through both formal and informal outlets that are accessible to mobile target populations along the transport corridor. For example, 24-hour

service stations are obvious outlets, since many provide secure overnight truck stops where high-risk sex is often practiced.

During an initial site visit to Lesotho and South Africa, representatives of the Society of Family Health (SFH), an NGO, found that traders were generally willing to stock condoms. Some were selling the free supplies provided irregularly by the ministries of health. Others, although aware of demand, failed to stock condoms but were eager to do so when they were offered. Sex workers and truckers congregate at certain key sites and

truck stops where there is a great need for condoms and interpersonal interventions advocating their use.

Especially in the busy border sites of Maputsoe and Maseru, other issues limit efficient and reliable access to condoms. Some retailers still perceive a stigma attached to stocking condoms, and some cite religious beliefs. In most Lesotho sites, few outlets for condoms exist at border posts. Penetration of these sites cannot be won by means of mass media alone and will require interpersonal communication.

Ethnographies

Ethnographies of the sites in this assessment appear in the following order: The first three Lesotho profiles — Butha-Buthe, Maputsoe and Maseru — are paired with their companion South African sites — Fouriesburg, Ficksburg and Ladybrand. The next two profiles pair the Lesotho and South African sites — Mafeteng-Wepener and Quthing-Sterkspruit. The section concludes with a profile of the Katse and Mohale dam sites.

Butha-Buthe (Caledonspoor Bridge)

Situated in northern Lesotho and sharing a border with the South African town of Fouriesburg, Butha-Buthe is 124 kilometers from Maseru, Lesotho's capital. Caledonspoor Bridge near Butha-Buthe is a border bridge between Lesotho and South Africa.

Butha-Buthe has about 3,000 people, of whom only about 200 are formally employed. The rest survive mainly by hawking fruits and

vegetables in the informal sector. A number of local residents between 18 and 40 work in Maputsoe, Katse, Maseru or Mohale as drivers, shop clerks or housemaids. These workers come home once a week or month, depending on type of work and income. Drivers and shop clerks usually go home most often, since they are paid relatively well (M900-M1,500 a month).

Limited sex work goes on in Butha-Buthe. Because the town is very small, commercial sex workers prefer to go to Maputsoe, Katse, Mohale or other towns where they are unknown. The researchers estimate that Butha-Buthe has at least 10 permanent sex workers. In an interview, one of these commercial sex workers said more than 200 transient sex workers operated out of Butha-Buthe during the Katse Dam construction because there were many customers paying a lot of money. These transient sex workers were mostly younger girls who dropped out of school because their parents had either been

retrenched from the mines or died of AIDS. Since the dam's completion, most transient sex workers migrated to Mohale, where another dam is under construction. The average age of sex workers is 20. The youngest is 15; the oldest, 35.

In Butha-Buthe, sex workers seek clients chiefly at the two bars. Some sex workers also report that they have regular clients who come to their homes for sex and pay quite a lot. Regular clients, especially truck drivers from Johannesburg, pay as much as M200, particularly if a condom is not used.

Most of the clients are truck drivers, although some sex workers also admit sleeping with locals for gifts of fruits, drinks and food. Sex workers say they prefer dealing with truck drivers because it is easier to ask for payment from men they do not know or do not know well. With local men whom they know, it is harder to ask for payment, since the relationship is harder to define as purely a matter of business.

Butha-Buthe has one private clinic. Staff is trained in STI management, but while the clinic stocks frontline STI drugs, they are not government-subsidized and therefore very expensive. Condoms are not readily accessible, but sex workers are willing to use them, and in fact insist on their use. Truckers resist using condoms with sex workers, saying they cannot pay for something “they did not taste” — even though many truckers appear knowledgeable about the advantages of condom use. The commercial sex workers also complain that most of the time the drivers, especially from the Durban route, leave them with STIs.

In summary, Butha-Buthe is an example of a low-transmission area for HIV, since only limited sex work takes place there. HIV prevalence, which has risen sharply in recent years, seems for now to have tapered off. But, with the opening of a tourism area associated

with the Highlands Project, it is poised to increase again.

Fouriesburg (Caledonspoort Bridge)

Fouriesburg, the South African town nearest the Caledonspoort Bridge, is 30 kilometers from Butha-Buthe. It has a population of about 10,000.

Truckers usually unload in Fouriesburg and then proceed to Lesotho. They generally do not use the same route to return to South Africa, as they prefer the more efficient Ficksburg or Maseru Bridge border posts. Migrant workers pass through Fouriesburg to Lesotho but do not sleep over. They use the route to find transportation to places in Lesotho, including Butha-Buthe, especially if they are traveling along the Durban route.

Most of the town's informal traders sell papa, meat and vegetables. Peak selling tends to occur when pensioners from rural Lesotho receive their benefits and cross the border to buy groceries, making for large crowds and long queues. Although there are no overt commercial sex workers in the area, people frequently engage in casual relationships that are mostly transactional. Nonetheless, the town does not currently face a great risk of HIV transmission.

Maputsoe (Ficksburg Bridge)

Maputsoe, in the north of Lesotho, shares the border with Ficksburg, a small town in the north of the Free State. Maputsoe is about 3 kilometers from the border and about 85 kilometers from Maseru, Lesotho's capital.

About 25,000 people live in Maputsoe. The town has roughly 3,000 middle-income households averaging six persons each. About 500 houses belong to the government and are occupied mainly by police, customs and immigration officials. The area's approximately 800 informal settlements

consist primarily of dung huts, with an average occupancy of three to five.

Approximately 10,000 of the residents of Maputsoe and neighboring areas are engaged in formal employment. About 9,000 residents work in factories, the town's main source of income. Shops and service stations in Maputsoe and neighboring areas employ about 1,000 people as assistants and attendants. The researchers observed that many of the women around the Maputsoe border are involved in hawking or subsistence farming at their homesteads.

The Maputsoe border is the busiest crossing between Lesotho and South Africa, and was the busiest in Lesotho even before the introduction of a 24-hour border post. Maputsoe has long been popular because of the famous Sekekete Hotel, which features entertainment ("song birds") from South Africa every Friday. Miners and truck drivers frequent the hotel.

The research team estimated that Maputsoe has at least 800 permanent, full-time sex workers, and that another 200 transient sex workers visit the post on weekends, at holidays and at months' end. The busiest days tend to be these last, when most miners come home.

The youngest sex worker observed was 15 years old; the oldest was about 40. Most sex workers rent rooms near the border and live in groups of about four, depending on rent. Sex workers reported paying up to M100 per month.

Although commercial sex workers are still found in large numbers at the Sekekete Hotel, they also now frequent the taverns and bars that are sprouting up in the area and competing with the hotel as entertainment spots. The transient sex workers are mostly from other towns.

The permanent sex workers interviewed believe that transient sex workers from outside

Maputsoe might also have formal employment in other districts as (for example) sales assistants, since these women dress expensively and buy luxury goods such as cosmetics, mobile phones and clothes. Since the permanent sex workers often are not formally employed, they generally engage in sex to pay for basic commodities such as food and rent, but some work in bars and some are informal traders who supplement their income with sex work.

Commercial sex work in Maputsoe is geographically concentrated because of the high level of activity at the border. The sex workers' main customers are miners and truckers coming to Lesotho or returning to South Africa, to whom they charge M10 per session. Sex workers who have regular clients can earn as much as R150 or R200 a month.

Truckers, usually on their way to different parts of Lesotho, say they have sex with commercial sex workers from Maputsoe because it is harder to get sex workers elsewhere in Lesotho. Miners claim that after what could be weeks of dangerous and difficult work in the mines and a long, uncomfortable journey from the mining areas of South Africa, they need to relax and enjoy themselves before reaching home. Since most of them come from the mountains, where roads are bad and efficient transportation is lacking, it takes almost a day to reach their destinations. They say they either book a room at the Sekekete Hotel or sleep at the sex workers' places. Often, they say, their goods are stolen in the process.

Sometimes clients refuse to pay after sex, or refuse to pay the full rate. Often they seek to justify paying only M10 by claiming they would have bought the sex workers meat or beer the previous night. Or they might pay with food or beer outright. The women are in no position to refuse, since they have no other form of income. If a sex worker asks a client

to pay before having sex, the client usually refuses, saying he cannot pay for something he has not seen or tasted.

Sex workers informed the research team that neither truck drivers nor miners pay well, but the women have no choice but to accept what they can get. Permanent sex workers said that although Maputsoe is always busy, the competition is stiff, since transient sex workers from other towns can be aggressive in soliciting clients.

Both the sex workers and their clients (again, usually truck drivers and miners) reported engaging in commercial sex without condoms. The truckers and miners said that because they usually get to town after the shops have closed, it is difficult to acquire condoms — and, besides, the garage and most bars in Maputsoe do not stock them. The commercial sex workers say the truckers and miners often make excuses for not using condoms even if the sex workers offer to provide them. One of the men's most frequent excuses is that condoms give them rashes. When sex workers insist on using a condom, occasionally a client will refuse to pay on the grounds that he had sex with plastic, not with her.

The commercial sex workers said truck drivers from Durban usually have STIs. Although the men refuse to use condoms, the sex workers continue having sex with them because they pay better than drivers from Qwaqwa and Johannesburg. Durban truckers are usually willing to pay M50.

Commercial sex workers often cannot afford treatment at the Maputsoe Clinic, which is the area's only private health facility. An office visit costs about M70 and medication is expensive. Nevertheless, sex workers say they prefer the clinic to the cheaper government hospital (where an office visit is M15), because they do not believe the government hospital offers treatment of equivalent quality;

it has neither enough doctors nor enough drugs. The sex workers complain that medication from the government hospital does not treat their symptoms. They believe this is because the medication is often past its expiration date.

Instead, the women frequently turn to traditional healers, whom the women pay less than M5 if they are cured and satisfied. The sex workers mentioned the need for a 24-hour walk-in clinic where they can obtain condoms and treatment. They also stressed the need for posters and pamphlets to teach truckers and miners the importance of using condoms. The research group did not see a single billboard on HIV/AIDS or condom use in the border area.

In summary, Maputsoe is an extremely busy border post, with high levels of commercial sex work and very poor health services. Because of the high-risk environment, the post has great potential for the rapid spread of HIV.

Ficksburg (Ficksburg Bridge)

The South African town of Ficksburg is about 10 kilometers from the bustling Lesotho town of Maputsoe, with which it shares a border bridge.

There are no clinics, schools or homes at the Ficksburg border. The area's shops and shebeens cater mainly to travelers on their way to South Africa. There are about 300 workers and 2,000 informal traders; the latter sell fruits, vegetables and beer at night after the shops have closed. Because the researchers did not receive police clearance, they were unable to obtain statistics on the number of people employed by the police, army, customs and immigration.

Truckers usually bypass Ficksburg and cross into Lesotho to find sex workers. Normally these men are targeted by the South

African informal traders in the Ficksburg area seeking a free ride to Qwaqwa and Durban, where they can buy and sell goods.

The number of overt sex workers in the Ficksburg area is difficult to determine, since most of the sex work appears to be transactional. Commercial sex workers are hard to identify, but appear to be mainly schoolgirls and dropouts living in the general area.

The women work only at night. Their sex partners are mainly long-distance taxi drivers sleeping at the border. Most drivers sleep and have sex inside their taxis. Although sleeping inside the border perimeter is prohibited, police often turn a blind eye, since they understand that the high rate of car theft forces drivers to stay in their cabs overnight. Given these conditions, the risk of HIV transmission to young girls who practice unsafe sex is high.

Maseru (Maseru Bridge)

Maseru Bridge is on the west side of Lesotho's capital city, Maseru. Most residents of Maseru work in the informal sector, selling handicrafts, traditional foods, traditional sticks (such as walking sticks and whips for men to use on "cattle and women") and fruits and vegetables. But there is also a formal sector of government offices, shops, hospitals, hotels and private companies. There are three hospitals in Maseru: Queen Elizabeth II Government Hospital, Thetsane Private Hospital and Makoanyane Hospital. Makoanyane Hospital caters mainly to soldiers and their immediate families.

Maseru is Lesotho's only urban area. Between 1991 and 1993, 6 percent of women at antenatal clinics there tested positive for HIV. By 1998, that number had grown to 31 percent.

As both the country's only city and the

principal gateway for travelers arriving from most parts of South Africa, Maseru has high levels of commercial sex work. Commercial sex work at Maseru Bridge itself is limited, but activity rises significantly in the city's hotels, restaurants and discotheques.

Maseru has a vibrant mixture of African, Asian and European cultures. Unlike Maputsoe and other areas with significant commercial sex work, in Maseru the clients include the area's more affluent Asians and Europeans. Often these men are owners of factories and businesses in Maseru and Ladybrand, and they can spend as much as M300 a night. Few commercial sex workers in the hotels, restaurants and discotheques target black truckers, since these men cannot pay as much.

Sex workers also say they tend to prefer European and Asian clients because they insist on using condoms. In addition, the women say they feel that sex in hotels is safer and more "professional" than in (for example) trucks.

City sex workers operating out of the discotheques range in age from about 13 to 22. Many of the girls are school dropouts who had gone to school in Johannesburg but left to earn money. Most of the girls have a good command of English and come from relatively affluent backgrounds but do not stay with their parents, who disapprove of what they are doing. The youngest sex worker the researchers interviewed said her parents had disowned her; now she stays with friends who are also sex workers.

According to one trucker, the least expensive sex worker he could find in the city demanded M200 for a session.

In contrast to their counterparts in the city, sex workers at or near the bridge accept just M5 per session and are not particular about where the sex takes place. Truckers, especially those who produce the proper

documents and have the money to pay duty on their goods, say they experience no delays in crossing the border, so they rarely have reason to spend the night near the bridge.

Many of the informal traders interviewed by the research team also said the truckers sleep with commercial sex workers in Maseru or Mphahlele.

The informal traders themselves engage in casual sex with mine workers, since often the miners arrive at night and cannot find transportation home. The traders refer to these mine workers as *mokhotsi* (friend) or *lekhooa* (white man), because the men have money and can buy them food and beer.

Most of the informal traders say they do not use protection. The women see no need for condoms, they say, because “unlike sex workers,” they do not change clients. They have regular partners (albeit as many as four), and some even said they married a former “boyfriend.” In addition, they fear that if they insist on using protection, their “boyfriends” might suspect them of being infected and leave them.

Many of the overt commercial sex workers and informal traders at Maseru Bridge admitted having been treated recently for an STI. The informal traders at the border who were interviewed said they are well aware that the main hospital (Queen Elizabeth II) offers HIV/AIDS tests, but none acknowledged having taken the test. They did not want to know their status, they said, because they still feel fit. They believe if they discovered they were HIV-positive, they would die sooner from the misery of knowing.

In summary, sex work in Maseru falls into three main categories: commercial sex workers whose clients are mostly Asian and European; commercial sex workers whose clients are mostly truckers and miners; and informal traders engaging in mostly transactional sex work.

Ladybrand (Maseru Bridge)

Ladybrand is a predominantly white South African town 10 kilometers from Maseru Bridge, which it shares as a border post with Maseru in Lesotho. It has one private clinic, one discotheque and one retail shop, located at the main taxi stand. There are no schools at the actual border site; children go to school in Ladybrand. There are about 30 houses owned or occupied by police officers and customs and immigration officials who stay in Ladybrand.

Area taxi drivers proved to be the most useful informants. There are approximately 16 overt commercial sex workers who see clients mainly at night and live behind the small rooms at the taxi stand. The drivers say they usually meet the women at the discotheque. People in the community generally believe that the women work for the discotheque’s owner, who appears to protect them from police harassment and refused the researchers entry to the compound. The sex workers charge at least R200, depending on whether the clients use a condom.

The border clinic has only one doctor and one nurse. It treats at least 30 people a day. From January to April 2000, the clinic treated about 300 people with STIs — mainly taxi drivers, commercial sex workers, border controllers and a few individuals from Lesotho. The price at the clinic for a consultation and medication (which is in good supply) is R10 for South African citizens and R15 for others. The border clinic does not distribute condoms. Although sometimes sold at the Border Box Shop, condoms are accessible mainly through the Ladybrand Family Clinic, which is further away than Ladybrand Hospital.

In summary, the South African side of Maseru Bridge appears particularly vulnerable to HIV/AIDS because of the high

rate of STI infections and limited access to condoms.

Mafeteng and Wepener (Van Rooyens Gate)

The town of Mafeteng, Lesotho, shares the border bridge of Van Rooyens Gate with Wepener, South Africa, which, like Ladybrand, is predominantly white. Van Rooyens Gate is about 17 kilometers from Mafeteng and 95 kilometers from Maseru. The site draws considerable cross-border traffic, including informal traders, miners, taxi drivers and some truckers.

Although little commercial sex work takes place in Mafeteng, casual sex is frequent between female informal traders and the taxi drivers and miners. Key informants reported extensive casual sex at the Mafeteng-Wepener border. Encounters between shop and bar employees and mobile men (usually taxi drivers and miners) occur around Van Rooyens Gate. It is hard to call these women sex workers, since sometimes they do not ask for payment in the hope the men will invite them to Gauteng Province, South Africa, when they return to the mines.

The miners and taxi drivers interviewed did not use condoms with either their wives or their girlfriends. They admitted having had STIs and not telling their wives. The men in the area appear to have little HIV/AIDS awareness.

Very few truckers pass through this border post, and most do not stay overnight in the area. The distance between Wepener and Mafeteng is short enough for truckers to return to Wepener at night or sleep over in Mafeteng, where commercial sex is more available.

Mafeteng attracts people from as far away as Maseru. Miners arriving at night in Mafeteng often spend the night at one of the hotels before going home or back to their mines the following morning. The few sex

workers in Mafeteng were mostly between 14 and 20 and reportedly had dropped out of school for financial reasons.

Quthing and Sterkspruit (Tele Bridge)

Tele Bridge is 21 kilometers from Quthing in southern Lesotho. Quthing is about 180 kilometers from Maseru, the capital. It has about 3,000 people employed in the formal sector and about 900 in the informal sector. Tele Bridge itself is quiet, with little happening at the border. Researchers estimated that only about three trucks a day cross to Quthing, perhaps because the road via the bridge is poorly made.

Because Quthing is small and very traditional, the people in the area know each other well. Quthing's two hotels are used mainly by tourists and government employees on duty. No sex work occurs at the border post, and the people of Quthing say they never go to the hotels except for wedding parties because "only people of loose morals go there." Because of the town's lack of development, most area youth seek work in Maseru after completing school.

Sterkspruit is about 40 kilometers from Tele Bridge. There are no houses or shops on the South African side of Tele, and the researchers saw no evidence of commercial sexual activity.

Katse and Mohale Dams

Katse Dam, in Lesotho's central mountains, was completed in 1997. The project was mainly sponsored by the World Bank in conjunction with the governments of Lesotho and South Africa. Most of the workers were from Lesotho, although skilled labor came mostly from South Africa and Europe. During the dam's construction both contract workers and skilled laborers lived in camp houses.

The dam is in the village of Katse, which

is perhaps Lesotho's main tourist destination. Although some of the local fields were destroyed by dam construction, men continue to stay in the area with their families and work in South African mines. The women and girls are housewives or field workers.

Most of the commercial sex workers in Katse are women from other areas, and the villagers criticize them vehemently. Many believe the village's cows are dying and its crops growing poorly because "some of these prostitutes sleep with men during the day in their cars."

Since the completion of Katse Dam, the number of commercial sex workers in Katse has dropped dramatically; most of these women have migrated to Mohale, where construction of a second dam is taking place. At the current construction site there are about 160 commercial sex workers daily between the ages of 15 and 35. The number swells significantly at month's end.

The Mohale Dam, scheduled for completion in 2017, is 91 kilometers from Maseru. The approximately 2,300 formal workers there are mostly migrants from other

parts of the country who were previously employed on the Katse project. There are 2,000 low-income residences, (each housing an average of five to seven people); approximately 1,800 dung huts (each also with an average of five to seven people); and 80 middle-income houses (each with an average of five people).

The community in the Mohale area is very traditional. A few of the men work in mines, but most either look after their cattle or have menial, unskilled jobs at the construction site, earning about M1,000 per month. Local women are either housewives or field workers.

Truckers who come to Mohale are charged M50 per session if they agree to use a condom, although the sex workers do not insist on it. If the men refuse, the sex workers charge up to three times as much. A common feeling among the women is that STIs are treatable, so that losing income for insisting on a condom is foolish. The women are aware of HIV/AIDS, but they argue that dying of AIDS takes time, whereas death from hunger can come more quickly.

Health and Social Services

Butha-Buthe

Butha-Buthe has both a religious hospital and a private clinic. St. Paul Health Clinic has no inpatient facilities, but the clinic staff have all been trained in STI management. The facility also has an adequate supply of frontline STI drugs, although they are not government-subsidized and therefore expensive. The staff sees an average of four to 19 outpatients a day, two to six of whom have STIs.

The government initiated its first peer educator programs in Lesotho about 10 years ago. The ministry of health has youth peer health educators in most of its 19 Health Service Areas, teaching life skills and leadership skills and holding discussions on adolescent and family life. The peer educators have strong links with counterparts from NGOs (such as CARE), who perform considerable work. There is no free distribution of condoms in Butha-Buthe, but two hotels offer a complimentary supply in the rooms. The hotels get them from the CARE peer educators. Condoms are also sold at some shops, bars and garages, including A.A. Anaway Super Market, Shell Garage, Busy Bee Tavern and Blue Sky.

In Fouriesburg, on the South African side, the nearest health facility is the Reitumetsi Clinic, which has one doctor and four professional nurses. The clinic is adequately stocked with drugs and treats an average of 180 people on an outpatient basis daily. It has no inpatient facility (the nearest hospital is 45 kilometers away) and lacks facilities for HIV/AIDS testing. About 224 STI cases were treated between January and April 2000. The clinic distributes approximately 1,400 condoms a month.

Butha-Buthe has five primary schools

Schools in Butha-Buthe

	Males	Females	Total
Butha-Buthe LEC	420	840	1,260
St. Cyprians	377	410	786
St. Paul	384	770	1,154
Butha-Buthe Community	30	60	90
Center of Hope	14	26	40
St. Paul HS	177	400	577
Butha-Buthe HS	263	365	628
St. Cyprians HS	155	310	463

(grades 1 through 7). The schools have an estimated 3,391 pupils (2,166 girls and 1,225 boys). Three secondary schools (forms 1 through 5, comparable to grades 8 through 12), have approximately 1,670 pupils (1,075 girls and 595 boys).

Maputsoe

Maputsoe has two clinics: the Maputsoe Government Clinic and the private Maputsoe Seventh Day Adventist Clinic. The government clinic often lacks drugs because the government cannot afford them regularly. Neither medical setting has HIV testing facilities, and facilities for voluntary counseling and testing (VCT) are unavailable elsewhere in the town.

The private clinic has a professional nurse trained in syndromic management of STIs. The private clinic has adequate supplies of drugs for treating STIs; its patients are mainly truck drivers and teenage girls. The nurse at the station said most of these girls, who are 14 or 15, go out with businessmen ("sugar daddies") and taxi drivers in exchange for money or taxi fare. With the money they can buy cosmetics and clothes. Boyfriends may also give them money for a visit to the private clinic, which costs M70.

In the past, the clinic asked girls who were underage to bring their parents along. Then the staff discovered that the girls would either pay someone on the street to pretend to be a parent or seek treatment in a nonprofessional setting. The staff therefore no longer insists that the girls be accompanied; it simply offers treatment and encourages the girls to use condoms at all times.

Few HIV/AIDS prevention activities take place in Maputsoe. The nurse at the government clinic gives awareness talks during a monthly antenatal clinic day. CARE, based in Maseru, holds outreach programs in Maputsoe in which peer educators talk to youth and sex workers. Free condoms are distributed at the Maputsoe Government Clinic, which is about 10 kilometers outside of town, but this is too far for many people who might otherwise go there, according to commercial sex workers, miners, taxi drivers, truckers and others. Condom outlets include the Maputsoe Seventh Day Clinic and the Maputsoe Government Clinic.

Maputsoe has four primary schools (grades 1 through 7) with a total estimated 4,209 pupils (2,806 females, 1,403 males). There are three secondary schools (forms 1 to 4, comparable to grades 8 to 11), which have an estimated 1,028 pupils (771 females, 257 males). All the schools are located about a kilometer outside of town.

Maseru

On the Lesotho side of Maseru Bridge there are no health services. People can cross to a South African clinic about 5 kilometers from the border. The clinic charges R30 for a consultation and medication. There is also a government clinic in the city, but because it costs only M10 for consultation and medication, it is typically full and often has no medication.

The effectiveness of HIV/AIDS awareness

Schools in Maseru Bridge

	Males	Females
Hoohlo	480	620
Maseru Central HS	360	640
Total	840	1,260

campaigns at Maseru is difficult to assess. Private companies have put a few posters around Maseru, mostly in English. Lesotho has four radio stations, two of them private. The Catholic Church owns the third. The fourth and largest, reaching most parts of the country, is the state station, which broadcasts mainly in Sesotho, the native language. All four broadcast AIDS programs, but there is room for more. Most of the radio plays that are broadcast on special occasions like AIDS Day and sponsored by NGOs such as Christian Care, CARE Lesotho and some businesspeople are aimed at children.

Most HIV/AIDS programs are run by the government through the Queen Elizabeth II Government Hospital, but red tape limits their effectiveness. The Red Cross and CARE Lesotho are the main distributors of condoms in Maseru. The Red Cross mainly covers workplaces, while CARE Lesotho uses peer educators to cover the city and villages around the main district towns. Condoms are sold in supermarkets, bottle stores and small garage (convenience) stores.

There is only one primary school serving Maseru Bridge, with 1,100 children (620 females and 480 males), and one secondary school, with 1,000 children (640 females and 360 males). The rest of the schools are in the city, requiring village children to get there by bus. Most parents in the area have trouble affording the daily bus fare (M3.60).

Mafeteng

The Mafeteng/Van Rooyens border has no health facilities. The closest are in Mafeteng, in Lesotho, or Wepener, in South Africa.

At the time of this study, the government clinic in Mafeteng was closed, apparently due to lack of drugs⁵, which had been supplied by the main government hospital. The clinic was also often unable to provide its staff with protective clothing, such as gloves. Before it closed, the clinic had treated about 200 STI patients a year, although it had no staff trained in syndromic management.

Prevention programs operate at both the Mafeteng border post and the town itself, including the Health Corner, for adolescents; an active HIV task force; public awareness campaigns; plans for a support group; social mobilization programs; and syndromic management of STIs. The largest facility in the area providing prevention and care services is Mafeteng Hospital. The Red Cross sometimes gives out pamphlets about HIV/AIDS and its transmission. The Red Cross is the main distributor of condoms; it distributes an estimated 2,000 monthly.

Mafeteng has five primary schools (grades 1 through 7), with a total enrollment of 2,269 (1,229 females and 1,040 males). It has four secondary schools, with a total enrollment of 3,004 (2,011 females and 993 males). There are no vocational or tertiary schools.

Quthing—Tele Bridge

There are no health services at the Tele border post. Residents use the health facilities in Quthing, which is about 21 kilometers

away. The Red Cross also distributes free condoms in town. There are no development or health NGOs working in Tele.

In Quthing, the Red Cross is the main NGO working in AIDS, distributing free condoms and conducting awareness campaigns. It is also erecting health information billboards in town.

There are also no schools at Tele Bridge. Children usually go to Quthing, which has five primary schools, with a total of 4,068 pupils (2,089 males and 1,979 females), and five high schools, with a total of 2,749 pupils (1,171 males and 1,528 females). There is also one technical school, which serves 187 pupils (169 males, 18 females).

Katse and Mohale Dams

Katse has one private clinic. The clinic does not test for HIV/AIDS but does offer syphilis testing to antenatal mothers and treats most STIs. Clinic nurses report discussing the use of condoms with patients who come in for STI treatment. The clinic gives out free condoms every Friday, supplied by the Lesotho Highlands Water Project; workers are given a pack of 10. Billboards have been erected to offer information on condom use and HIV/AIDS.

Mohale has no schools and just one clinic, which is attached to the dam construction project.

⁵ The clinic in question is the Mafeteng Lower Housing Co-operation Filter Clinic

Mobile Populations

Butha-Buthe

Trucking

About 1,500 trucks representing 16 companies cross the border daily. None of the companies has an office at the crossing, and very few truckers sleep there.

On the rare occasions that truck drivers do spend the night in Butha-Buthe, they sometimes stay at the Crocodile Inn or the Butha-Buthe Hotel. Most prefer to sleep in their trucks, since it is cheaper. When they leave Butha-Buthe, drivers often continue onward to places such as Katse, a journey that may take two days or longer because of bad roads.

Sources of income in Butha-Buthe

Economic sector	Number employed
Shops and stations	100
Customs and immigration	32
Police	22
Post office and government offices	58
Formally employed	202
Total	414

Days truckers spend away from home

Destination	Days spent away
Butha-Buthe	0-1
Katse	4-5
Maputsoe	1-2

Truckers' cargo and destinations

Goods	Destination
Furnishings, timber	Butha-Buthe, Hlotse, Maputsoe, Maseru Teyateyaneng, Quthing
Cosmetics	Butha-Buthe, Maputsoe, Maseru
Groceries	Butha-Buthe, Leribe, Maputsoe

On three days chosen at random in August 2000, the researchers counted the number of trucks either crossing the border or parked there. Those numbers follow. According to customs, immigration and border officials, the border is busiest at month's end.

Informal traders

Limited cross-border informal trading goes on at Butha-Buthe. Most of it involves fruit and vegetable hawking by married women whose husbands have been retrenched from the South African mines. In the same three-day period, the researchers found from five to seven informal traders crossing the border each day. None of these traders slept at the border, since it is near home and they usually finish their business in Fouriesburg early.

Truckers crossing or parked at the Butha-Buthe border

	16 August 2000	17 August 2000	18 August 2000
Crossing border	10	30	10
Parked at border	0	0	0

Informal traders crossing or sleeping at the Butha-Buthe border

	16 August 2000	17 August 2000	18 August 2000
Crossing border	7	5	7
Parked at border	0	0	0

Maputsoe

Trucking

An estimated nine trucking companies use the Maputsoe route daily. None of these companies has offices at the border.

Every month approximately 2,028 trucks cross the border here. In most cases, truckers

Trucking companies using the Butha-Buthe route

Nalko
Mount Timber
Cool Foods
Gomma Gomma
Pillay Horseshoe Road
Umka Product
Meadow Feeds
Dama Dairies
Ngay Transport
Willards
National Distributors Services
General Foods
Leisure Wood
Cool Foods
Road Way Transport
Leisurest Birds

Trucking companies using the Maseru Bridge

Unitrans (Lesotho)
Ramdel
Zippel
Top Five
Simba
Frasers
OK Truck
Nthane Transport
Easy Gas
Thulo Trans
Mobil
Shell
BP
UCS

Truckers crossing or parked at the Maputsoe border post

	21 August 2000	22 August 2000	23 August 2000
Number crossing border	16	15	17
Number parked at border	5	5	5

prefer to sleep in the town of Maputsoe (parking in town, outside bars or at the Sekekete Hotel) rather than at the border, even though the border is close and relatively safe. Truckers usually sleep at the border only when they are especially tired or encounter mechanical problems. They report finding it inconvenient to sleep there, because the police do not allow their “girlfriends” (most often, commercial sex workers) to stay with them.

On three days chosen at random in August 2000, the researchers counted the number of trucks crossing or parked at the border. These numbers appear above. The border is busiest at month's end.

The truckers' major destinations are Butha-Buthe and Katse. Butha-Buthe has many furniture shops and Asian-run grocery stores, and in Katse the truckers supply the Katse Motel with groceries. Truckers also make deliveries in Maputsoe itself, brining corn to Maputsoe Milling and fruits to various wholesalers.

Informal traders

Very few informal traders cross at the border post into South Africa. Most of the farmers bring their fruits, vegetables and meat to Maputsoe. Similarly, few informal traders buy their clothes in Johannesburg, Durban and

Days truckers spend away from home

Destination	Days spent away
Maputsoe	1
Maputsoe/Butha-Buthe	2
Katse	1

Truckers' cargo and destinations

Goods	Destination
Furniture	Katse, Maputsoe/Hlotse/Butha-Buthe
Fruits and vegetables	Katse, Maputsoe
Corn	Katse, Maputsoe/Maseru
Sand and coal	Katse, Maputsoe/Butha-Buthe
Groceries	Katse, Maputsoe

Informal traders crossing or sleeping at the Maputsoe border

	21 August 2000	22 August 2000	23 August 2000
Crossing border	10	6	15
Sleeping at border	0	0	0

Qwaqwa; they prefer the factories in Maputsoe, since price and quality are the same as in South Africa and they can avoid the expensive trip and harassment by customs officials.

Maseru

Trucking

An estimated 14 trucking companies use the Maseru Bridge border daily.

Maseru Bridge is open 24 hours a day, but because of customs, truckers usually find themselves sleeping at the border, especially at month's end. On three days chosen at random in April 2000, six, five and four truckers, respectively, parked at the border and slept there. The drivers said that, unless

Sources of income in Maseru

Economic sector	Number employed
Informal traders	1,278
Shops	8
Army	-
Police	-
Customs and immigration	15
Rural development officers	23
Total	1,324

their destination was the city of Maseru, they preferred to park and sleep at the border because they believe the border post to be safe from thieves and hijackers and because commercial sex workers there do not charge as much as those in the city.

Informal traders

The informal traders at Maseru Bridge mainly sell handicrafts, traditional foods and fruits. They sometimes cross the border to sell their food but do not sleep over, since their homes are in the area.

Most informal traders at the Maseru Bridge border are women, although a few men sell whips and crafts. The traders gather at the market outside the border post gates, where minibuses travel to and from the city.

Truckers' cargo and destinations

Goods	Destination
Gasoline	Mohale/Maseru
Groceries	Maseru
Construction equipment	Mohale
Iron and steel	Maseru
Gas	Maseru/Mohale
Clothes and textiles	Maseru/Mafeteng/Quthing
Fruits and vegetables	Maseru
Turbines and electronic equipment	Mohale

Days truckers spend away from home

Destination	Days spent away
Maseru	1
Mohale	4

Truckers crossing or parked at the Maseru Bridge border

	11 April 2000	12 April 2000	14 April 2000
Crossing border	14	10	17
Parked at border	6	5	4

Informal traders crossing or sleeping at the Maseru border

	11 April 2000	12 April 2000	14 April 2000
Crossing border	3	5	10
Parked at border	0	0	0

Mafeteng

Trucking

The researchers canvassed the area for trucking companies using the Mafeteng/Van Rooyens Gate route. No trucking offices were found at either the border or in town.

The research team also counted the number of trucks either crossing or parked at the border on three consecutive days chosen at random in August 2000. The number crossing ranged from 10 to 20 daily.

The truck drivers' major destinations are Mafeteng and Quthing. Many trucks return from Quthing and Mafeteng with empty loads and proceed to South Africa to pick up equipment, foodstuffs and textiles.

Although a number of hotels operate along the main road to Maseru, truckers frequent just two in particular, where they seek casual or commercial sex partners. But in most cases, truckers prefer spending the night at the sex

Trucking companies using the Mafeteng/Van Rooyens Gate route

Supreme
Econo Foods
ICJ
Afrox Foods
A.A. Wholesalers
Maluti Foods
Ferro Steel
Pick A Chicken
Zastron Butchery
HBC
BP
Quality Coffins
Frasers

Sources of income in Mafeteng

Economic activity	Number employed
Immigration	730
Customs	180
Shops and bars	880
Informal trade	1,100
Total	2,890

Trucking companies using the Tele Bridge route

Bokomo
Zastron Butchery
Pick A Chicken

Truckers crossing and parked at the Mafeteng/Van Rooyens Gate border

	18 August 2000	19 August 2000	20 August 2000
Crossing border	17	10	20
Parked at border	4	1	2

Informal traders crossing or sleeping at the Mafeteng/Van Rooyens Gate border

	18 August 2000	19 August 2000	20 August 2000
Crossing border	0	0	0
Parked at border	0	0	0

Days truckers spend away from home

Destination	Days spent away
Mafeteng	1-2
Quthing	3-5

workers' homes because the hotels charge approximately M100 a night for lodging and commercial sex workers charge as little as M50.

Informal traders

The informal traders in Mafeteng mainly sell fruits and vegetables. During peak times, such as month's end, Easter and Christmas, they sell papa, braai and beer. Some traders who were formerly miners sell whips and walking sticks.

Informal traders — mostly wives of retrenched miners and some former miners themselves — gather chiefly along the main road or at the market just beyond the Van Rooyens border control gates to do business with farmers.

Quthing—Tele Bridge

Trucking

An estimated three trucking companies use the Tele route. No trucking company has offices at the border.

Every month about 50 trucks cross the border at Tele. On three days chosen randomly in August, the researchers counted the number of trucks crossing the border and the number parked there.

The truckers' chief destinations were Quthing and Qachasnek, where they deliver groceries and furniture from South Africa to shops and wholesalers.

Days truckers spend away from home

Destination	Days spent away
Quthing	1
Qachasnek	2-3

Truckers' cargo and destinations

Goods	Destination
Foodstuffs	Quthing/Qachasnek
Clothing and textiles	Quthing/Qachasnek

Informal traders

Because of a badly maintained road and a lack of transportation, there are no informal traders crossing the Tele border post into Lesotho or Sterkspruit.

Truckers crossing or parked at the Tele border post

	18 August 2000	19 August 2000	20 August 2000
Crossing border	2	1	3
Parked at border	0	0	0

Swaziland



Swaziland Assessment

This assessment is the third in a series conducted for the USAID Southern Africa Regional Program on HIV/AIDS. Through these assessments USAID and prevention program managers learn more about the risk environments of border crossings and trade towns along the roads connecting countries in the southern Africa sub-region. The findings help prioritize sites according to their risk environment and importance in sub-regional HIV transmission.

The first assessment was conducted in

1999 along the Durban-Lusaka corridor, which transects South Africa, Zimbabwe and Zambia. The results were summarized in *Corridors of Hope in Southern Africa*, a monograph published by FHI's Implementing AIDS Prevention and Care (IMPACT) Project. The second assessment, which took place in mid-2000 and focused on the Lesotho-South Africa nexus, was discussed in the first half of this report.

The third assessment, described in the following pages, was conducted in late 2000.

Data collection methods used in the assessment

Desk reviews and literature search and review

Interviews with regional, national and provincial policymakers

Field research

- Site inventories
- In-depth interviews
- Behavioral surveys
- Ethnographic observation and analysis

It explored the routes connecting Swaziland, Mozambique and South Africa in the Lubombo Spatial Development Region, which encompasses Mpumalanga and northern KwaZulu-Natal in South Africa; Swaziland; and southern Mozambique. The specific border crossings assessed were Ngwenya-Oshoek and Lavumisa-Golela, between Swaziland and South Africa; Lomahasha-Namaacha, on the Swaziland-Mozambique border; and Komatipoort–Ressano Garcia on the South Africa-Mozambique border.

Purpose

The assessment sought to describe the general environment for HIV/STI transmission at the following borders:

- Ngwenya-Oshoek (Swaziland–South Africa), which borders Mpumalanga and is the entry point for people coming into Swaziland from Johannesburg
- Lavumisa-Golela (Swaziland–South Africa), which borders KwaZulu-Natal, a potentially important transit route to and from Durban
- Lomahasha-Namaacha (Swaziland-Mozambique), the entrance to Maputo and Goba, which will open soon
- Komatipoort–Ressano Garcia (South Africa-Mozambique), the gateway between Johannesburg and Maputo and an important trade route for Mozambique

The Research Team

From April to September 2000, six field interviewers conducted assessments in each of the aforementioned border areas. Team members were chosen partly for language competency, and included speakers of all three major languages spoken at the eight border sites: SiZulu, Siswathi and Portuguese.

Field interviewers received intensive

training in inventory, survey, participatory learning appraisal, mapping and ethnographic research from the team leader and research coordinators.

Methodology

The research team used the structured assessment guides developed as part of the Corridors of Hope initiative. Multiple data collection methods were used, enriching understanding and enabling the team to compare and validate findings.

Data Review

The team began by reviewing existing data. The desk review consisted of an extensive search and review of the academic and non-academic literature, including the electronic literature. The literature search and review focused on:

- National socioeconomic, health status, STI and HIV/AIDS data
- Local socioeconomic, health status, STI and HIV/AIDS data
- National, provincial, district and NGO AIDS policy documents, situation analyses, plans and reports
- Project progress, lessons learned and best practice reports on STI management, condom promotion and distribution, and workplace, trucker, uniformed service and sex worker interventions.

Policymaker Interviews

Team members also interviewed provincial policymakers in the three countries, including donor representatives, health care workers, AIDS program staff and NGO staff.

Field Research

The largest component of the assessment was the field research, which took place at each of the selected sites in the three countries. It

included site inventories, in-depth interviews and ethnographic observation and analysis.

Site inventories

An important part of the assessment was the careful recording of infrastructure, resources, agencies and communities at each site. Team members developed, pilot-tested, revised and finalized a structured site inventory, which was used at each site to collect demographic and socioeconomic data, as well as information about vulnerable populations and HIV/STI services.

These inventories were completed by gathering data from official district and municipal records and by interviewing district and provincial staff, head teachers, business owners, members of the uniformed services, health workers, sex workers, truckers, bar patrons, informal traders, youth (including those who have dropped out of school) and police, immigration and customs officials.

Interviews

The structured, highly formal inventory data was augmented by information from detailed, semi-structured informant interviews. In these interviews, team members sought to understand the social and sexual context of risk behavior at border sites, rather than focus on collecting quantitative data. The interviews addressed casual, transactional and commercial sex, with particular reference to sex workers, informal traders, truckers, other mobile men, low-income women and youth who are in or have left school. Key informants included sex workers, informal traders, miners, bar owners, health workers, and police, immigration and customs officials.

Ethnographic and data analysis

Detailed inventory data were tabulated for each site, analyzed individually and compared. Key informant interviews and

ethnographic observation were summarized and integrated to provide a comprehensive ethnographic analysis.

Summary of Findings

There are relatively few sex workers and truckers or situations facilitating greater HIV vulnerability at the borders compared to those at the Durban-Lubumbashi borders. There are several reasons for this:

- The Durban-Lubumbashi corridor is almost 3,000 kilometers long and takes several days to drive. By contrast, the Johannesburg-Maputo, Johannesburg-Manzini, Durban-Manzini and Manzini-Maputo routes can be driven in a morning, eliminating the need for intermediate stops.
- Reaching major cities in the Durban-Lubumbashi corridor requires a day or more of driving from the border. By contrast, major cities along the Lubombo route lie one or two hours from the border, obviating the need to rest at the borders before continuing.
- The Durban-Lubumbashi corridor passes through four countries with very different and complex border formalities, resulting in processing delays at the border. By contrast, the Lubombo route links three countries with simple, similar and rapid border procedures.
- The Durban-Lubumbashi corridor links four countries with diverse distributors and divergent inventories. By contrast, the Lubombo route links three countries with the same distributors and similar inventories. This makes cargo transfer more rapid.

For these reasons, the regional HIV risk contexts are projected beyond borders to the

major cities. The major cities of Swaziland and Mozambique lie inside the countries' interior, not near the borders. This is not to suggest there are no shared inter-country risks; however, while the risk of accelerated HIV spread is substantial, it is concentrated within countries rather than at the borders.

In large part, this risk arises because of longstanding trade and employment patterns. For instance, many Mozambicans travel to Nelspruit and Lomahashu for informal trade. A significant number of Mozambicans work at Swaziland's large sugar estates, Simunye and Mhlume.

As many as 40,000 Mozambicans work in South Africa's mines, and up to 1 million work on South Africa's sugar plantations, especially in the provinces of Mpumalanga and Kwazulu-Natal. More Swazis work in the mining, sugar and timber industries of South Africa than do in Swaziland. Hence, the regional risks are projected beyond the borders and pegged instead to the informal trade and employment magnets in each country, such as mines and plantations. The regional risks are profound.

These risks extend to mitigation. Many Mozambicans and Swazis working in South Africa are "retrenched" (returned home) when they become ill. Thus, South Africa absorbs their vigor and their home countries their illness; the social costs of migrant labor are transferred to the home countries. Mitigation programs are urgently needed to help countries cope with infections acquired in South Africa's migrant labor system.

Interpretation of Findings

Major regional risks exist in the Lubombo area, but they are not concentrated at the borders.

The Swaziland assessment calls for a more complex regional set of categories. Trucking and border posts are important

regional risks at some borders but not at others. The criteria for such borders are identifiable: large ports, major landlocked countries with large populations, long routes, impenetrable borders and large volumes of bulk goods hauled by road instead of rail. It is possible to identify other regional risk categories and develop criteria for such contexts.

Other potential typologies include:

- Informal trade and transit migration
- Mining migration
- Agro-industrial migration

Examples of the geographic networks by category include:

Informal trade and transit migration

- Luapula-Mufulira area
- Lusaka-Lilongwe
- Livingstone-Victoria Falls-Francistown
- Bulawayo-Francistown
- Lobotse-Mafikeng
- Lomahasha-Namaacha
- Mulange-Milange

Mining migration

- Maseru-Maseru Bridge
- Maputsoe-Ficksburg

Agro-industrial migration

- Mozambique-South Africa
- Mozambique-Swaziland
- Swaziland-South Africa.

There are also numerous examples of mixed typologies, including the Komatipoort-Ressano Garcia and Swaziland-South Africa borders, which mix informal trade and transit, mining and agro-industrial migration. Generally speaking, the greater the mixture, the greater the risk for acquiring HIV.

HIV/STI Data

Estimates of adult HIV prevalence in Swaziland, Mozambique and South Africa are based on data from women attending antenatal clinics, which approximates data on the sexually active adult population. Swaziland has one of the world's highest adult prevalence rates (31.6 percent), surpassing Mozambique's 14.5 percent and South Africa's estimated 22 percent or more.

Swaziland's HIV/STI Epidemic

Available HIV surveillance data show an astonishing increase in HIV prevalence here, from 3.9 percent in 1992 to 31.6 percent in 1998. Those most affected are aged 25-29 (see chart), but those 20-24 also face a high incidence. Especially disturbing is the incidence among those between 15 and 19.

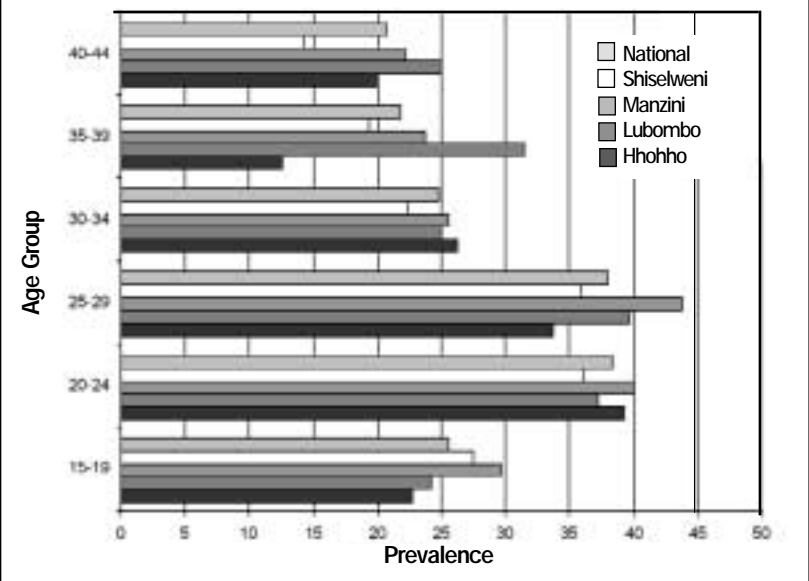
Slight regional variations appear to exist. The more industrialized regions — Manzini, Lubombo and Hhohho — have higher prevalence than less industrialized areas, such as Shiselweni.

The epidemiology of STIs in Swaziland is poorly documented, since it is grouped there under a broad category called "genital disorders." Furthermore, diagnosis is typically made without laboratory support. Notwithstanding, Swaziland appears to have exceptionally high STI rates, especially in the age groups mentioned in connection with HIV. The Ministry of Health has only recently decided to adopt the syndromic management approach.

Mozambique's HIV/STI Epidemic

According to estimates in a 1998 report issued by the Mozambique Ministry of Health, overall seroprevalence of HIV/AIDS is 14.5

HIV Prevalence in Swaziland (1998) by Region



percent. The highest rates are found in Mahonica, Tete, Sofala, Zambezia, Maputo, Inhambane, Gaza and Beira provinces — the country's central and southern regions, where proximity to transportation corridors, border zones and large cities are contributing factors.

HIV sentinel surveillance at antenatal clinics began in Maputo, a major urban area, in 1988. Detailed age data is available for various years between 1988 and 1998. HIV prevalence among antenatal clinic clients under 20 rose from 1 percent in 1988 to 9 percent in 1998. In 1998 Mahonica was added to the sentinel surveillance; there, 13 percent of women checked at antenatal clinics tested positive for HIV.

HIV prevalence information on women at antenatal clinics outside the major urban areas has been available since 1992; since that time the number of sites has increased from one to six.

In 1994, a median of 11 percent of outpatients at antenatal clinics in Nacala, Chimoio and Tete tested HIV-positive. These three areas are near Mozambique's borders with Zambia and Zimbabwe, where high HIV prevalence has been reported. In 1998, 17 percent of clients at six antenatal clinics in those areas tested HIV-positive.

According to detailed age data available for Beira, Tete and Chimoio for 1998, 20 percent of women under the age of 20 who were tested for HIV at antenatal clinics proved positive. No information is available on HIV prevalence among sex workers in Mozambique.

HIV prevalence among male STI clinic patients tested in Maputo rose from 3 percent in 1987 to 20 percent in 1996. Among female STI clinic patients tested in Maputo, HIV prevalence increased from 5 percent in 1993 to 8 percent in 1997. Elsewhere in Mozambique, HIV prevalence among male STI clinic patients was 37 percent in 1998. Among female patients at STI clinics in 1997 the rate was 26 percent. Nationwide, the prevalence of HIV in STI cases rose from 21 percent in 1994 to 38.4 percent in 1998.

Factors that have been identified as contributing to the growing epidemic in Mozambique include high-risk behaviors, such as unprotected heterosexual intercourse, particularly with casual partners, and alcohol consumption. Epidemiological correlates include a high incidence of STIs, particularly in the younger population, coupled with poor diagnosis and treatment.

In conclusion, Mozambique, which remains one of the world's poorest countries, offers an environment conducive to the spread

of HIV/AIDS. In addition to poverty, factors contributing to the epidemic include disproportionately high rates of STIs among the young; a limited health infrastructure; and significant population displacements to neighboring countries with high HIV seroprevalence, such as Zimbabwe, South Africa and Swaziland.

South Africa's HIV/STI Epidemic

South Africa has the world's fastest growing HIV epidemic. National HIV prevalence rates from 1990 to 1998 grew from less than 1 percent to more than 22 percent.

South Africa's HIV epidemic has clear provincial and regional trends. Provincial data show that HIV prevalence is higher in the north and east and lower in the south and west. It is also lower in the deeply rural Northern (11.5 percent) and Eastern Cape (15.9 percent) provinces. Even there, HIV grew rapidly from 1997 to 1998, by 40.2 percent in the Northern Province and 26.2 percent in the Eastern Cape.

Within each province, HIV rates are highest in highway, border, mining, plantation, migrant and informal settlement areas. Examples include KwaZulu's Empangeni highway and plantation area, Mpumalanga's Secunda highway and mining town, Gauteng's Carletonville mining town, Free State's Welkom mining town, the northwest's Rustenburg mining town and the Northern Province's Messina highway and border town.

HIV is growing fastest among youth. From 1997 to 1998, prevalence rates grew by 65.4 percent among those under 20, by 32.5 percent among those age 20-24, and by 47.8 percent among those age 25 to 29.

Ethnographies

Ngwenya, Swaziland

Ngwenya is in the Manzini province, on the border with South Africa, 26 kilometers southeast of Mbabane. Ngwenya's population is about 8,000.

An estimated 2,800 people are economically active in Ngwenya. The major local employers are Ngwenya Glass (a glass manufacturing company), Ferrodor (an international tire manufacturing company), customs, immigration and an assortment of shops and service stations. About 30 people, mostly middle-aged women, are employed in informal sector activities (primarily vending and hawking). The remaining population survives on subsistence farming.

The majority of employed residents commute daily to work in Mbabane, many as shop assistants and clerks.

Ngwenya has an estimated 600 houses in formal settlements, primarily for employees of Ngwenya Glass and Ferrodor, customs and immigration officials and other government personnel. Dwellings in the formal settlements are typically three-to-five-room brick houses that might house two or three persons each. In informal settlements (villages) there are about 1,750 traditional Swazi huts; average occupancy here is four-to-six persons.

Only limited sex work takes place in Ngwenya, since most truck drivers seeking commercial sex pass through the post and go directly to Mbabane or Manzini.

The researchers estimated that Ngwenya has about six permanent sex workers, most of whom are vendors or maids during the day. Another 20 to 25 transient sex workers come to meet truck drivers late on Friday, Saturday and Sunday evenings, just before the border

closes. Most of these women have prearranged appointments with truckers who are going to destinations other than Manzini or Mbabane. Others say they come to wait for truckers at the border in order to "beat the tough competition" in Manzini or Mbabane.

The average age of the sex workers is 20; the youngest is 16, the oldest 23. The women meet clients primarily at the border and the local bar. Some of the women also said they see regular clients who come to their private homes.

While most clients are truckers, the sex workers also admitted to sleeping with locals. But they say they prefer the truckers because it is easier to secure payment from them. By contrast, locals tend to be people they know, so the nature of the relationship is ill-defined.

Condoms are relatively accessible. Sex workers are willing to use them and are able to insist on their use. The truckers tend to be well educated on the advantages of condoms and say they prefer to use them, believing that Swaziland has very high HIV rates. When asked whether they were carrying condoms, several truckers took them out to show to the team.

Oshoek, South Africa

The border point of Oshoek is in the northeast region of Mpumalanga, one of South Africa's poorest provinces. Oshoek is some 325 kilometers northeast of Johannesburg and 26 kilometers west of Mbabane, the capital of Swaziland.

According to the Central Statistical Service, the Oshoek border post and the area's two other towns (Biskop and Lochiel, both within a 36-kilometer radius of the border

post) have a total population of about 8,000. An estimated 800 to 1,200 people live at the border.

There are about 35 high-income households in Oshoek; average occupancy is three. These houses belong to the South African Revenue Services (SAR) and the Ministry of Home Affairs and are occupied by customs, police and immigration officials. There are about 300 informal settlements in the area, consisting mainly of dung huts, typically with three to five occupants each.

Approximately 1,028 of the residents of Oshoek and contiguous areas are employed in the formal sector. A major source of income is forestry; 650 people work at Mondi Paper and Pulp, one of the largest paper and pulp companies in South Africa (offices and factory are in Warbeton, 25 kilometers away). Those who work for Mondi Paper and Pulp are less poor than those in the country's other struggling provinces.

The other major source of revenue is subsistence farming.

The SANDF (South African National Defense Force) army base at Zonstraal, about 35 kilometers from the border, houses 80 soldiers. SAR and the South African Ministry of Home Affairs employ 98 people. Shops and service stations in Oshoek and contiguous areas employ 40 people as salespeople and attendants. Many of the women are involved in hawking or subsistence farming at their homesteads.

The Oshoek border ranks as South Africa's sixth busiest crossing. However, there is only limited commercial sex in Oshoek, because a large number of its women are formally employed. Since most residents prefer drinking at home or visiting Warbeton for diversion, the taverns and bars in Oshoek, Lochiel and Biskop are not busy. Another reason that commercial sex activity in the area is limited is that truckers rarely spend the

night, preferring to stop over in Mbabane, Swaziland, or Ermelo and Warbeton (in South Africa). Among places where truckers do seek commercial or casual partners are the customs truck park and an area about 100 meters before the border post.

On average, the truckers spend two or three days away from home. Most of the men using the Oshoek route are in their late thirties and married. Those most likely to sleep with sex workers are younger men who meet women in such locales as Club Y2K and Sibebe in Manzini; the Why Not Hotel in Mbabane; and several bars in Warbeton and Ermelo. The younger drivers, who are mostly single, told the research team they had girlfriends in Manzini, Mbabane or back home in South Africa. The older truckers are often accompanied by their wives.

Through head counts in bars and streets and interviews with health workers, research team members estimated that Oshoek has at least 10 permanent sex workers and 20 transient sex workers, who visit the post at peak times. The youngest are 18 years old; the oldest are 27. Most of them live in Lochiel, Biskop and Hankoms.

The permanent sex workers work mostly as maids at the homes of customs and immigration officials and engage in sex work to supplement their income. The transient sex workers are mostly hawkers and subsistence farmers. What truckers they meet, they find at the service station and the area just outside the customs and immigration post.

They meet soldiers at bars in Biskop and Lochiel. The principal clients come from the Zonstraal army base and are charged \$8 to \$10 a session. The women earn \$150 to \$200 monthly. Generally the busiest times are weekends, when most of the soldiers are off duty.

The sex workers and both their trucker and soldier clients report using condoms

during commercial sex. Some senior officers at the Zonstraal base told the team that condoms are freely available and that there have been no rumors or gossip concerning promiscuous soldiers.

Asked about the reputation of truckers in Oshoek, most residents say they rarely have a chance to interact, since the truckers do not often stay for more than two or three hours. About the sex workers, the soldiers say they regard them more as “girlfriends” than as sex workers. These relationships are ill defined and sometimes concealed.

Lavumisa, Swaziland

Lavumisa is located in Shiselweni region, in southern Swaziland, about 175 kilometers from Mbabane. According to documents provided by the town council, Lavumisa has an estimated population of 12,000 (10,000 of whom live in rural Lavumisa).

There are approximately 80 high-income houses in Lavumisa, with an average occupancy of five. There are also 20 low-income brick-under-tile houses (owned by the Royal Swaziland Police and the post office), with an average occupancy of two. Lavumisa’s other residents live in traditional Swazi homesteads, with an average occupancy of six.

An estimated 4,100 people are economically active in Lavumisa. The major source of income is sugar cooperatives and farms, which employ about 4,000 people. Most women work as shop assistants, as maids and on farms. Entertainment is limited to the Lavumisa Hotel bar and the Lavumisa bottle store.

Lavumisa is one of Swaziland’s busiest border posts, opening at 6 a.m. and closing at 10 p.m. Most of the traffic is made up of South African and Swazi truckers, but many tourists pass through as well. Since Swaziland is a member of the South African Customs Union (SACU), trucks are rarely delayed

longer than a few hours.

The research team estimated that Lavumisa has at least five permanent sex workers. Another 25 transient sex workers visit the border post to pick up truckers on Friday and Saturday evenings just before closing time. The average age of the sex workers is 18.

In addition to the border post, sex workers seek clients at the town’s two bars. The hotel bar is the town’s most popular drinking place, and its only venue for live performances. In the evenings the ratio of men to women there is 4 to 1. The majority of the women there are sex workers.

During the week, the permanent sex workers’ primary clients are local men; on weekends, when most truck drivers stay at the hotel, the women try to lure truckers, who generally pay better. The women sleep with the truckers either at the hotel or, for those who cannot afford a room, in the cabs of their trucks. On the weekends many sex workers from Manzini and Mbabane hitchhike to Lavumisa in the hope of being picked up at the border post or the hotel. Truckers refer to these women as “takeaways.”

Sex workers charge \$6 to \$10 per session, depending on the client, and locals get the best deals. The women are often vendors or saleswomen during the day, and engage in sex work to subsidize their income.

All of the sex workers were carrying condoms when they were interviewed and said it was not difficult to insist on their use, especially with Swazi drivers. They said South African drivers tend to prefer “live” sex, for which they were willing to pay as much as double. This makes both the women and the truckers vulnerable to STIs, and almost all the sex workers interviewed admitted having had them. (One trucker asked the research team to describe STI symptoms, and then acknowledged that he might have an STI. He

was advised to see the appropriate health official as soon as he reached his final destination.)

Golela, South Africa

The border point of Golela is in the southeast region of KwaZulu-Natal, about 275 kilometers from Richard's Bay, one of South Africa's major trading ports. It is the second-busiest border post linking Swaziland and South Africa.

Golela has a population of about 300. The major sources of formal employment are the Pongola nature reserve and game park, which employs 30 people, and Spoornet (South African Railways), which employs 13. There are approximately 26 high-income households and 10 low-income households, all of which belong to the staff of the nature reserve and railway. Average occupancy is two. The area has no informal settlements. Spoornet also employs some women; others are domestics and sales clerks.

There appears to be no sex work at the border post. The research team discovered that casual and commercial sex work takes place either in Pongola (about 48 kilometers away) or across the border in Lavumisa, Swaziland. When the research team visited Pongola, they found a truck stop along the way where drivers meet sex workers for both casual and commercial sex. Based on observation and conversations with both patients and workers at the Pongola Clinic, the research team estimates that there are 15 of these sex workers.

Clients include local residents as well as truckers. Although sex work there is not very profitable, many of the women use it to supplement their incomes as maids and sales clerks.

Lomahasha, Swaziland

Lomahasha is in the country's Lebombo region, approximately 153 kilometers southeast of Mbabane, the capital. The estimated population is 7,900.

The town has approximately 1,318 informal settlements, largely traditional homesteads with an average occupancy of six. Lomahasha has an economically active population of between 2,000 and 3,000; the majority hold informal jobs. By far the largest source of informal employment is cross-border trade, which occupies about 1,500 people. Most of Lomahasha's women are involved in cross-border trade and vending.

The largest sources of formal employment, employing most of the men, are the Simunye sugar estates, about 25 kilometers from the border post. There are also numerous butchereries and retail shops that cater to the many cross-border traders from neighboring Mozambique. There is one clinic, which averages between 190 and 200 outpatients a day.

The researchers found no permanent or transient sex workers operating in Lomahasha or its surrounding area. This finding was corroborated by truckers using the route and by male employees of the Simunye sugar estates. There is one bottle store/bar in Lomahasha, but women do not normally go there. If they do, they are accompanied by their husbands.

Several factors contribute to the dearth of commercial sex in Lomahasha. Truck drivers say they experience no delays in crossing the border and do not spend the night there. Many of the male informal traders said they sleep with commercial sex workers in Manzini and Mbabane, if they spend the night there, or back home in Maputo if business has gone well enough that they can return on the same day.

Another possible explanation for the lack of sex work in Lomahasha is that the majority of men and women there are married. After finishing school, younger girls take jobs at the sugar estates or move to Manzini, Big Bend and Mbabane in search of work.

Lomahasha is a small, tight-knit community where everyone knows what everyone else is doing. It is hard for women to engage in commercial sex without being stigmatized.

Namaacha, Mozambique

Namaacha (pronounced “Namasha”) is about 150 kilometers west of Mozambique’s capitol, Maputo. About 32,000 people live in the Namaacha district, with an estimated 7,000 around the border post and the area referred to as “Namaacha urban.” Some 2,000 people are economically active, the majority as informal traders. The largest sources of urban informal income are cross-border trade, vending and smuggling, which occupy about 1,200 people. Most women also rely on cross-border trade and vending. About 900 people rely on subsistence farming.

Namaacha’s chief source of formal income is the Ministry of Internal Affairs, which employs the army, police, and customs and immigration officials.

There are an estimated 3,000 formal settlements, consisting largely of dilapidated colonial houses with an average occupancy of three. There are about 700 informal settlements, consisting mainly of homes sheltering about five persons each.

The culture of Namaacha is open and liberal — the opposite of its neighbor, Lomahasha, where the traditional Swazi culture and the tight-knit community ensure that commercial sex work is either nonexistent or well hidden.

In Namaacha, health staff and other informants told the research team there is

considerable sexual activity. They said they were referring mainly to casual sex; single men tend to have numerous “girlfriends,” and married men don’t stay married for long.

The researchers estimated that Namaacha has approximately 30 permanent sex workers and 20 or more transient sex workers, who visit at peak periods, such as month’s end, when the border is busiest. Sex workers seek clients primarily at the bars at the border post, typically earning \$3 to \$5 per session. Clients are principally informal traders and smugglers. Truckers also use their services from time to time, but few trucks pass through. The sex workers say they prefer truckers, however, because they pay better than do the informal traders and smugglers, and also because truckers with whom they have more regular relationships help smuggle their goods across the border.

Truckers told the research team that they rarely sleep with sex workers in Namaacha, preferring to sleep with “more beautiful ‘puta’” in Maputo. Those truckers who do sleep with the permanent sex workers said they do so either in the trucks or at the women’s homes.

The sex workers said the truckers and informal traders have no qualms about using condoms, but that smugglers tend to resist them.

Komatipoort, South Africa

Komatipoort is located in Mpumalanga province, 150 kilometers east of Nelspruit, the provincial capital. The economy is supported by sugar farming in nearby Malelane and by many retail shops.

According to the town council’s latest estimate, Komatipoort has about 3,500 residents, with an equal number of men and women.

Komatipoort has 200 high-income houses, inhabited primarily by whites, Indians, black

customs officials and members of the police force. Most low-income residents live in Naas, 35 kilometers away. A few live in Holland, 5 kilometers away. Fewer still live in back cottages in Komatipoort.

Komatipoort's major sources of employment are trading, retail, the sugar estates and informal trade. On an average day, some 7,000 people work in town and 600 work on nearby farms. Komatipoort relies heavily for its work force on commuters from Naas.

The largest sources of formal income in urban Komatipoort are wholesale, freight clearance, police, customs, immigration, the municipality, the postal service and banks. There are also supermarkets, lodges and bottle stores. Most women in Komatipoort work in street vending, in shops or as maids.

The freight clearing agents in this area operate from the border gate, and can themselves be clients for commercial sex workers at night. But, compared to other border towns, Komatipoort is not very busy. The majority of transit traffic is related to informal trade.

Naas has 300 formal middle- to low-income settlements and 500 "mkukus," or informal settlement houses, made of metal or asbestos sheeting. Some are made of mud and thatch. In Holland, people live in mud huts and low-quality brick structures. Average occupancy in the low-income and informal settlements is four or five people per house.

The women who engage in commercial sex work in Komatipoort tend to come from Naas, which has a few late-night bars, or Holland, which has no recreational facilities and depends on Komatipoort for most of its entertainment.

The sex workers' chief clients are truckers, customs officials and ordinary citizens, whom they charge from R35 to R50 per session. With even one client a day, a sex

worker can earn more than R1,000 a month, roughly the same as the salary of someone working in a retail store.

Most of the sex work in Komatipoort goes on at the border gate, where some truckers who do not make it across the border before it closes spend the night. However, most drivers tend to sleep at the airport, where they clear their goods or drive straight through to Maputo.

Through observation, head counts in bars and streets and interviews with health workers and peer educators, the research team estimated that Komatipoort has 30 or more sex workers between the ages of 15 and 35. Most of these women live in the informal settlements or low-income suburbs of Naas and Holland and travel to town to solicit both truckers at the taverns and locals. The two most active meeting places are the Komati Tavern (the busiest bar in general) and the Sondela bottle store. The Komati Tavern is where most of the taxi drivers, truckers, informal traders and residents of Ressano Garcia go for drink and barbeque.

Komatipoort bars are open from 8 a.m. until 11 p.m. during the week and until 2 a.m. on weekends. Most of the sex workers' clients are truckers, locals and customs officials. Of these, truckers are the most popular because they pay well. Customs officials seldom pay cash; however, in exchange for sexual favors they may exempt women from paying duties.

Some women whose primary source of income is sex work at night earn money during the day by selling vegetables or cooked foods to people at the taxi stand or border gate. Truckers who offer them free lifts help them avoid paying duties, but most truckers say they do not want to get involved. There are also many taxis going to the border gate and beyond, as far as Johannesburg and Maputo.

About 90 percent of the informal traders

in Komatipoort commute more or less daily from just across the border in Ressano Garcia. Three or four times a month they may also travel to other parts of South Africa. Most of the informal traders interviewed said that customs officials and policemen at the border gate pressure them for some of their produce or sexual services.

Truckers in Komatipoort range from 25 to 54. Most have only been driving the Komatipoort route for two to three years, although some of the older men have been driving for 20 years. Most acknowledge seeking sex workers; on their route they say that sex workers can be found easily in Maputo and Moamba, where truckers sometimes stop for the night. These places are also considered safer from theft than the borders.

Ressano Garcia, Mozambique

Ressano Garcia is on the Mozambican border with South Africa, 100 kilometers northwest of Maputo and 43 kilometers from Moamba. A 1997 estimate of the town's population is 8,782, about half of whom (4,407) are female.

About 150 formal settlements house customs officials and railway staff. The dwellings are mainly two- or three-room brick houses. More of the population lives in informal settlements consisting primarily of mud huts and shacks. Average occupancy in the middle-income area ranges from three to five per house, while occupancy in the informal settlements is much higher.

Residents of Ressano Garcia organize themselves in an extended family system in which a large fence surrounds a group of huts and shacks, each of which houses an immediate family unit. The units share common facilities, including a bathroom and water, and occupancy might be six per hut. The only recreational facilities in the area are bars and soccer fields.

An estimated 900 people are economically active in Ressano Garcia, and another 3,000 come regularly to find jobs in South African mines through TEBA, South Africa's mining employment exchange. The major sources of formal employment (freight, retail, construction, customs and police) employ about 500 people. Informal sector activities (primarily vending and cross-border trade) employ about 400, including women. Many women also engage in illegal foreign currency exchange at the border gate. Often they have transactional relationships with truckers and customs officials so they can bring goods into Mozambique free of charge.

Many locals travel daily to South Africa to buy goods for resale in Ressano Garcia and the rest of Mozambique. The fact that Ressano Garcia is not just a border town but also close to Maputo might seem to make it particularly HIV-vulnerable. In fact, however, not much sex work goes on there. Although hundreds of truckers travel through the border post every month, few stay overnight. Among the reasons are relaxed and efficient customs procedures and their belief that locals steal diesel fuel and spare tires.

Sex workers and other informants confirmed that truckers pass through town too quickly to be good customers. The only way for these women to do their work, they say, would be to join the truckers as they clear their goods at the border, travel with them for some additional part of the journey and make separate arrangements to return to Ressano Garcia — hardly a profitable venture.

Instead of Ressano Garcia, the truckers go on to Moamba or directly to Maputo, where their companies have offices and there is a proper truck stop — and more commercial sex. The truckers said they can spend as many as four days there unloading and reloading goods.

Another reason that Ressano Garcia does not attract many sex workers is that the local

men are not well-off enough to afford even the R10 or R20 that the women charge them. (Truckers sometimes pay as much as R60.)

The researchers estimated that Ressano Garcia has approximately 30 permanent sex workers, who range in age from 19 to 30. They seek clients at bars and bottle stores and on the street. Many say they do the work only to

supplement their income from informal trade.

Ressano Garcia has attracted limited business investment, but it remains very poor, and economic desperation is evident among some inhabitants. The only well-built structure in the town is the Bank International de Mozambique. The rest of the town still bears scars from a devastating civil war.

HIV/AIDS Prevention Activities

Ngwenya

Ngwenya's only resident HIV/AIDS activities are two high school anti-AIDS clubs. The Swaziland National AIDS Program (SNAP) staff also comes to the area once a month to carry out AIDS awareness programs.

Oshoek

At the moment there are only limited HIV/AIDS prevention activities in Oshoek. The local clinic conducts mobile outreach work — largely educational campaigns, when time on rounds permits. A targeted sex worker peer education program, based in Lothair, 60 kilometers away, serves the small timber and highway town of Warbeton, which is 20 kilometers from the border. Health workers say that only Mondi employees get regular HIV/AIDS information and education.

Lavumisa

The Lavumisa town council coordinates a very active HIV/AIDS prevention program, although the council told the research team that it has been experiencing funding problems and has made a request to the Lutheran Development Service to help with financing. The local high school also has an active AIDS prevention club.

Golela

There appear to be no HIV/AIDS prevention activities in Golela.

Lomahasha

Lomahasha is small and remote, and HIV activities have been limited to erratic AIDS awareness promotions held by SNAP. Health workers use syndromic STI management. Publicly distributed and socially marketed condoms are available.

Komatipoort

Komatipoort's only HIV/AIDS support program is aimed at residents of the town. Most of the people there — that is, people who only work there but live elsewhere — are ignored. Health workers have been trained in syndromic management of STIs. There are no workplace peer education projects in any of the town's small-scale retail shops, so people depend largely for AIDS information on the clinic and on hearsay.

Ressano Garcia

AIDS prevention activities in Ressano Garcia are largely limited to a few posters at the local health center advising people to use condoms.

Health and Social Services

Ngwenya

Ngwenya's single health facility, the Motshane Clinic, was built in 1984 with World Health Organization (WHO) funds. The clinic has no inpatient facilities but sees an average of 60 outpatients per day, six to 10 of whom are STI clients. Staff members have all been trained in STI management, and the facility has an adequate supply of frontline STI drugs, although it encounters shortages when drugs are not delivered from the Swaziland Ministry of Health medical stores.

The clinic distributes about 3,000 condoms a month free. In 1999, health workers told researchers, they distributed 30,000. In addition, Lovers Plus and Macmed brands are sold at the garage, lodges and bottle store.

Ngwenya has two primary schools (grades 1 through 7) serving an estimated 1,246 pupils. Two secondary schools (forms 1 to 5, or grades 8 through 12) have a combined enrollment of about 760.

Oshoek

The Haartebeeskop Clinic, located in Biskop, approximately 25 kilometers from the border post, is used by the residents of Biskop, Oshoek and Lochiel. It is the area's only medical facility, and it also runs a mobile clinic.

Schools in Ngwenya

	Males	Females	Total
Motjane Primary	238	358	596
Ngwenya Central	240	410	650
Motshane High	226	242	468
Londunduma High	130	162	292
Total	834	1,112	1,956

The main facility has four beds and averages 34 patients daily, one of whom typically presents with STI. In 1999 the clinic treated 439 cases of STIs, 379 at the permanent facility and 60 at the mobile clinic. All staff members have been trained in syndromic management of STIs and can dispense the appropriate drugs, which are available in sufficient supply. Most clients presenting with STIs are pregnant women in antenatal care. The facility does not see any truckers or sex workers.

The clinic distributes about 2,000 condoms monthly. They are made available, for free, through bottle stores and customs and immigration offices.

Oshoek, Lochiel and Biskop have six primary schools (grades 1 through 7) with a total estimated student population of 2,900. Three high schools (grades 8 to 12) serve an estimated 2,500. All of the schools are in the villages.

Lavumisa

Lavumisa has two health facilities: a local clinic catering to the urban population and a health center serving both rural and urban populations. Cases that cannot be treated at the local clinic are referred to the health center, which is 12 kilometers west of the border post.

The clinic and health center together distribute about 12,000 free condoms a month, making them available as well at all stores and bars, the border post, the high school and the offices of the town council.

Lavumisa has one primary school, with an enrollment of about 540 pupils. There is one secondary school (forms 1 through 5) with about 770.

Schools in Oshoek

Ekuphumuleni Primary
Holeka High
Litjelebube
Lochiel Primary
Madzanga Primary
Masakhane Primary
Mbalanhle Primary
Mlondozi Primary
Sisukumile High

Health Facilities in Lavumisa		
	Lavumisa Clinic	Matsajeni Health Center
Number of beds	0	57
Outpatients seen per day	25	60
Trained staff in STI care	Yes	Yes
Number of STIs seen daily	2-3	10
STIs seen in 1999	467	938
Are STI drugs available?	No (refer clients to health center)	Yes
Is VCT* offered?	No	Yes

*voluntary counseling and testing

Schools in Lavumisa		
	Males	Females
Ga Mgampondo	370	400
Lavumisa Primary	250	290
Total	620	690

Golela

There are no health services in Golela. Residents use the health facilities in Pongola, about 48 kilometers away, or cross to Lavumisa. Customs and immigration offices distribute free condoms to anyone who requests them. They are provided by the Lavumisa clinic.

Golela's one primary school has an enrollment of 30 pupils, all of whom are children of the staffs of the Pongola nature reserve and Spoornet.

Lomahasha

The Lomahasha Clinic, staffed by three state-registered nurses, is the town's only health facility. On average the clinic sees 190 to 200 outpatients a day, two of whom present with STIs. All health workers have been trained in syndromic management of STIs. The clinic is also a sentinel surveillance site for SNAP, although the most recent sentinel survey took place in 1996.

Lomahasha Clinic distributes approximately 500 condoms monthly. The

Schools in Lomahasha		
	Males	Females
Lomahasha Central	287	254
Lomahasha High	231	319
Nkalashane	247	262
Sidloko	211	160
Total	976	995

number is low, researchers were told, because many locals use private brands (Lovers Plus, JeitO and Malkuers), which they buy at stores and other outlets.

Lomahasha has three primary schools, with 1,421 pupils in all, and one high school, with 550. It has no vocational or tertiary schools.

Namaacha

The 40-bed Namaacha Health Center, Namaacha's only health facility, sees an average of 200 outpatients a day, of whom typically five present with STIs. Staff members responsible for treating STIs have all received training in syndromic management from Ministry of Health officials in Mozambique.

The facility is well stocked with STI drugs; staff informed the research team that it has had no shortages in a very long time.

The health center serves the entire Namaacha district. During 1999, it treated 1,460 clients with STIs. Given that the center's service area has a total population of 32,236, the team concluded that in 1999 the district had an average of only 45 cases per 1,000 population.

Only one brand of condom, JeitO, is socially marketed in Namaacha. The health center distributes an average of 3,000 condoms monthly for free.

Namaacha has one primary school (grades 1 through 8). It has an enrollment of 500. There is also one secondary school, with 360 pupils. There is also a teacher training

college, with an enrollment of 60, and an Agriculture Training College.

Komatipoort

Komatipoort has one clinic offering public health facilities. Council-run and located on the main road in the town center, the clinic has four beds and sees an average of 50 outpatients daily. The clinic treats more than 150 cases monthly.

Staff members have been trained in syndromic management of STIs. They say they are supplied with appropriate drugs, albeit erratically, and have particular problems getting Ciprofloxacin and Doxycycline. The town has three private doctors who also serve the clinic on a consulting basis.

The clinic distributes about 800 condoms a month. Commercial condom sales are limited, available at only three outlets.

Komatipoort has one primary school (grades 1 through 7) and one high school, which have a total of 101 students. Both schools are in low-density areas.

Ressano Garcia

Ressano Garcia's local health facility, the Ressano Garcia Health Center, has 20 beds. It deals with an average of 50 outpatients a day, of whom typically three or four present

Schools in Ressano Garcia

	Males	Females	Total
Escola Comunitaria	358	129	487
Escola Primera de Ressano Garcia	285	244	529
Escola Primera Secunda Grau	384	300	684
Scalabrini Missionary	54	46	100
Total	1,081	719	1,800

with STIs. Staff members have been trained in STI management and have STI drugs, although some of those drugs, such as Cotrimoxazole, are reportedly hard to get.

Free condoms are more readily available than are socially marketed ones (JeitO brand), but neither type is distributed widely. The free condoms are supplied by the Ressano Garcia hospital, which has community health volunteers distribute them at the taxi stand, the high school, TEBA, the border post and a local night club ("Costa Pereira"). Condoms also can be purchased at the Bar da Estação in the railroad station.

Ressano Garcia has three primary schools (grades 1 through 7), with an estimated 1,116 pupils. The area high school, Escola Primera Secunda Grau de Ressano Garcia, has 684 pupils.

Mobile Populations

Ngwenya

Trucking

About 800 trucks a month cross the border here. Very few truckers stay overnight. An estimated 17 trucking companies use the Ngwenya-Oshoek route, but none has offices at the border.

At night, most drivers prefer to sleep in their trucks, parking primarily at the Ingwenabala bottle store and Sparks' general dealers (a grocer). Those who prefer indoor quarters stay at either the Ingwenabala Lodge or Sparks' Lodge.

Trucking companies using the Ngwenya-Oshoek route

Cargo Carriers
CARS
Chilly Charters
Chrisloa Transport
Minaar
Mr. Price Delivery Vehicles
Oosthuizen Transport
Parsons Transport
Spar Delivery Vehicles
Tanker Services
Terre Blanche Transport
TransHaul
Tulf Transport
Unitrans South Africa
Unitrans Swaziland
Western Carriers

Sources of income in Ngwenya

Economic sector	Number employed
Shops and stations	90
Immigration, customs and police	63
Manufacturing services	2,000
Post office	8
Formally employed in Mbabane	500
Total	2,661

Days truckers spend away from home

Destination	Days spent away
Mbabane	2-3
Manzini	2-3
Maputo (Mozambique)	7-10
Matsapa	2-3
Johannesburg	2-3

Truckers' cargo and destinations

Goods	Destination
Coal	Swaziland/Mozambique
Waste paper	Swaziland
Steel and equipment	Swaziland/Mozambique
Textiles	Swaziland
Industrial raw materials	Swaziland/Mozambique
Foodstuffs	Johannesburg

On three days chosen at random in April, the researchers counted the trucks crossing the border and the number parked there. The border is busiest at month's end, when the next month's imports are cleared.

Informal Traders

There is limited cross-border informal trade at Ngwenya; what little there is consists of fruit and vegetable vending and hawking. The researchers counted from five to seven informal traders crossing the border on each of three days in April. None slept at the border.

Truckers crossing or parked at Ngwenya border post

	3 April 2000	4 April 2000	8 April 2000
Crossing border	30	25	28
Parked at border	3	3	6

Informal traders crossing or sleeping at the Ngwenya border

	3 April 2000	4 April 2000	8 April 2000
Crossing border	7	5	7
Sleeping at border	0	0	0

Oshoek

Truckers

An estimated 17 trucking companies use the Oshoek-Ngwenya route. None has offices at the border.

Every month about 800 trucks cross the border at Oshoek. Because Swaziland is part of SACU, trucks are rarely delayed more than 30 minutes. Truckers do not sleep at the border post, preferring to proceed to Mbabane or Manzini.

Truckers crossing and parked at the Oshoek border

	4 April 2000	6 April 2000	7 April 2000
Crossing border	25	30	26
Parked at border	0	0	0

On three days chosen at random in April, the researchers counted the trucks crossing the border or parked there. The border is busiest at month's end, when the next month's imports are cleared.

The truckers' chief destinations are Manzini, the second-largest urban area in Swaziland, and Mbabane, the country's capital. Other destinations include the sugar plantations in Swaziland, where the truckers deliver equipment and spare auto and machine parts. The average length of the trip is two days if the truckers are going to Manzini or Mbabane, or three days if they are driving further inland. The major goods they carry are foodstuffs, clothing, chemicals, equipment and fuel. The busiest delivery days are Tuesdays and Thursdays.

Informal Traders

Very limited informal trading takes place in Oshoek; what activity there is consists mainly of selling fruit near the service station. This is explained by the fact that Swaziland and

Days truckers spend away from home

Destination	Days spent away
Mbabane	2
Manzini	2
Other destinations in Swaziland	2-3

Truckers' cargo and destinations

Goods	Destination
Foodstuffs	Swaziland
Clothing and textiles	Swaziland
Chemicals	Swaziland
Equipment	Swaziland
Fuel	Swaziland

Informal traders crossing or sleeping at the Oshoek border

	4 April 2000	6 April 2000	7 April 2000
Crossing border	19	27	12
Sleeping at border	0	0	0

South Africa are both members of SACU, which provides for free trade. Since all major South African retailers and manufacturers can sell their goods in Swaziland, they can deliver them more cheaply than could any informal trader.

Lavumisa

Trucking

An estimated 14 trucking companies use the Lavumisa route; none has offices at the border. About 1,150 trucks cross the border per month. Because Swaziland is part of SACU, trucks are rarely delayed more than 30 minutes. Truckers do not sleep at the border post; they prefer to go on to Mbabane or Manzini.

At night, truckers are allowed to park only at the truck stop beside the Lavumisa Hotel; generally, however, they prefer picking up "takeaways" at the border. When truckers do stay over, they sleep at the Lavumisa Hotel, the only accommodation in town.

On three days chosen at random in April, the researchers counted trucks crossing the border or parked there. The border is busiest at month's end, when the next month's imports are cleared.

Trucking companies using the Lavumisa route

Cargo Carriers
CARS
Chilly Charters
Chrisilda
Javelin Trucking
Parsons Transport
Swazi Marine International
Tanker Services
Trans Cape Express
TransHaul
Unitrans Freight
Unitrans South Africa
Unitrans Swaziland
Western Carriers

Sources of income in Lavumisa

Economic sector	Number employed
Shops and stations	30
Immigration, customs and police	60
Farms	4,000
Post office	7
Railway station	39
Total	4,136

Days truckers spend away from home	
Destination	Days spent away
Richard's Bay	3-4
Durban	5-6
Manzini	2-3
Mbabane	2-3

Truckers' cargo and destinations	
Goods	Destination
Coal	Swaziland
Wood	Richard's Bay
Sugar	Richard's Bay/South Africa

Truckers crossing or parked at the Lavumisa border post			
	6 April 2000	8 April 2000	10 April 2000
Crossing border	47	36	52
Parked at border	6	9	11

Trucking companies using the Lomahasha-Namaacha route:

Cahamas Transport
Chilly Charters
Chrisilda
GDC Mozambique
Kawena Trucking
RAU Mozambique
Tanker Services
Transpro
Truck Africa
Unitrans Swaziland

Informal Traders

No cross-border informal trade takes place in Lavumisa.

Golela

Trucking

The same 14 trucking companies use the Lavumisa-Golela route, delivering the same cargo to the same destinations. Their truckers spend the same amount of time away from home. On three days chosen at random in April, the researchers counted trucks crossing

Truckers crossing or parked at Golela border			
	7 April 2000	8 April 2000	9 April 2000
Crossing border	50	36	27
Parked at border	0	0	0

Informal traders crossing or sleeping at the Golela border

	7 April 2000	8 April 2000	9 April 2000
Crossing border	3	7	4
Sleeping at border	0	0	0

the border or parked there. The border is busiest at month's end, when the next month's imports are cleared.

Informal Traders

Very few informal traders cross the Golela border post into Swaziland.

Lomahasha

Trucking

About 10 trucking companies use the Lomahasha-Namaacha route, none with offices at the border.

On three days chosen at random in April, the researchers counted from seven to 14 trucks crossing the border. On these three days, the team counted the trucks parked at the border after the post closed. On two of the days none parked there; on the third there was one. Customs officials and residents corroborated that truckers rarely spend the night at the border. Instead they go on to Maputo, Gaza and Inhambane provinces in southern Mozambique, or via Maputo to Johannesburg.

Informal Traders

Informal trading is a major source of income in Lomahasha. Whether they live there or are simply passing through, many women and men rely on informal cross-border trade for survival. They gather primarily at the market outside the border post gates, where there are

Formal sources of income in Lomahasha

Economic sector	Number employed
Simunye sugar estates	1,500
Shops	240
Army	25
Police	20
Customs and immigration	16
Rural development work	23
Total	1,824

Truckers crossing or parked at the Lomahasha border

	11 April 2000	12 April 2000	14 April 2000
Crossing border	8	14	7
Parked at border	1	0	0

Truckers' cargo and destinations

Goods	Destination
Petroleum	Maputo, Inhambane, Gaza
Tanks	Maputo/Beira
Aluminum	Johannesburg
Iron and steel	Maputo, Matola Rio
Plastics	Maputo
Clothing and textiles	Maputo
Foodstuffs	Maputo
Turbines	Kabora Bassa
Cashews and coconuts	Johannesburg

minibuses to and from Manzini park. They export items to be sold in Maputo.

The researchers counted the informal traders crossing or sleeping at the border on three days chosen at random in April. Since the major destination, Maputo, can be reached the same day, none of the traders sleep over at the border.

Informal traders crossing or sleeping at the Lomahasha border

	11 April 2000	12 April 2000	13 April 2000
Crossing border	123	114	119
Sleeping at border	0	0	0

Namaacha

Sources of income in Namaacha

Economic activity	Number employed
Immigration	9
Customs	17
Army	26
Shops	40
Hotels and inns	13
Informal trade	1,200
Subsistence farming	900
Total	2,305

Trucking

The researchers found 12 trucking companies using the Namaacha route, none of which had offices either at the border or in the town.

The research team counted trucks crossing or parked at the border on three days chosen at random in April. The number crossing ranged from nine to 23; the number parked, from two to eight.

Truckers seek casual and commercial sex partners at two bars and taverns along the main road to Maputo. Namaacha has no guest houses and its only inn (the Lembombo) charges a prohibitively expensive \$100 a night. Therefore most drivers spend the night in their trucks along the road beside the market or parked near the main tavern, which is just outside the border post.

Informal Traders

Most residents of Namaacha rely on informal trade as a means of subsistence. They import beef, Coca-Cola and clothing from Swaziland

Trucking companies using the Namaacha route:

Autonet
Cahamas Transport
Chilly Charters
Chrisilda
GDC Mozambique
Kawena Trucking
RAU Mozambique
RFB Transport
Tanker Services
Transpro
Truck Africa
Unitrans Swaziland

Truckers crossing or parked at the Namaacha border

	10 April 2000	11 April 2000	13 April 2000
Crossing border	9	23	17
Parked at border	3	8	2

Informal traders crossing or sleeping at the Namaacha border

	10 April 2000	12 April 2000	13 April 2000
Crossing border	164	114	119
Sleeping at border	3	1	0

for sale in Mozambique. Mozambique's restrictions on importing beef from Swaziland makes cross-border meat smuggling lucrative and popular.

The researchers identified between 114 and 164 informal traders crossing the border on three days chosen randomly in April 2000. Few were sleeping at the border, since most of the informal traders live in Namaacha and since the town is only a three-hour trip to Manzini. Informal traders gather primarily along the main road or at the market just beyond the Namaacha border post control gates.

Komatipoort

Trucking

About 50 trucking companies use the Komatipoort route, none with offices at the border.

Every month about 3,500 trucks cross the border at Komatipoort and about 600 of the drivers stay the night.

On three days chosen at random in June 2000, the researchers counted truckers crossing the border and the trucks parked there. The total number of trucks estimated to park in Komatipoort is approximately 20 per night. Border officials confirm the border is busiest at month's end, when the next month's imports are cleared.

The truckers' chief destinations are Maputo, Mozambique; Swaziland; Lesotho; and South Africa. The truckers carry soft drinks, flour, fruits and vegetables to Maputo proper; construction

equipment on the N4 highway to Maputo; and metals to South Africa. The average length of trip varies on destination

Truckers seeking casual and commercial sex partners at night park mostly at the airport, where they clear their goods during the day, or at the border gate. One or two park outside the Sondela bottle store.

Informal Traders

Many Mozambican women rely on informal cross-border trade for survival, importing consumer goods for resale. Since Ressano Garcia has virtually no infrastructure of its own and imports the great majority of the goods it uses, its residents must go to Komatipoort daily to buy even staples, such as groceries.

The researchers counted 228 informal traders crossing the border on three days chosen at random in June 2000. The number who slept at the border ranged from 11 to 25. Truckers also sleep at the railroad station and, during the day, can be found at the railroad station and taxi stands.

Truckers crossing or parked at the Komatipoort border

	21 June 2000	22 June 2000	23 June 2000
Crossing border	109	113	135
Parked at border	19	20	19

Days truckers spend away from home

Destination	Days spent away
Johannesburg	14
Maputo	20
Swaziland	20

Truckers' cargo and destination

Goods	Destination
Soft drinks	Maputo
Fruits and vegetables	Maputo
Construction equipment	N4 construction site
Metals	White River

Trucking companies using the Komatipoort route:

Altrans
Bolt
Cargo Carriers
Corredor Transporters
GDC
Howard Hall Co.
JMC
MSC
Silverdove International
Steffanutti and Bressan
Transportes Lalgy
Transpro
Triangle Truck Hire
Truck Africa

Informal traders crossing or sleeping at the Komatipoort border			
	22 June 2000	23 June 2000	24 June 2000
Crossing border	91	74	63
Sleeping at border	25	11	13

Ressano Garcia

Trucking

Every month about 1,800 trucks cross the border and at least 90 truckers sleep there. An estimated 10 trucking companies use the Ressano Garcia route.

The researchers counted truckers crossing the border and trucks parked at the border on three days in June 2000. The number of truckers parking at the border ranged from one to five. Border officials confirm the border is busiest at month's end, when the next month's imports are cleared. It is least busy on public holidays.

Truckers' major destinations are South Africa, Lesotho and Zimbabwe. The average length of trip varies from 15 days (to Lesotho) to 28 days (to Zimbabwe).

The research team found no guesthouses in Ressano Garcia and no dealings between truckers and sex workers. Both truckers and sex workers say this is because the drivers rarely stay at the border post overnight.

Informal Traders

A substantial portion of Mozambique's population relies on South Africa for survival. Thus, there is good business for informal traders who go to South Africa daily to buy goods for resale in Mozambique. Some Mozambican women also buy and sell foreign currency on the South African side of the border gate.

The researchers counted from 36 to 74 informal traders crossing the border on three

Sources of income in Ressano Garcia	
Economic sector	Number employed
Farming and agriculture	0
Construction	200
Uniformed government services	180
Other government services	50
Retail shops	40
Shipping	0
Fishing	0
Tourism (hotels, lodges, motels, etc.)	12
Total	482

Truckers crossing and parked at the Ressano Garcia border			
	18 June 2000	19 June 2000	20 June 2000
Crossing border	31	74	67
Parked at border	1	3	5

Days truckers spend away from home	
Destination	Days spent away
Lesotho	15
Mozambique	20
South Africa	20
Zimbabwe	28

Truckers' cargo and destination	
Goods	Destination
Foodstuffs	Maputo
Furniture	Maputo, Inhambane
Equipment	Matola, Pessene, Boane, Maputo
Humanitarian relief	Maputo, Gaza, Inhambane

Traders crossing or sleeping at the Ressano Garcia border			
	17 June 2000	18 June 2000	19 June 2000
Crossing border	36	57	74
Sleeping at border	19	13	8

Trucking companies using the Ressano Garcia-Maputo route

G.D.C.
Haul King
International Transport Corporation
J.C. Lowbed Service
Jackson
Kamji Freight
Mogas Transport
Motorvia Trucking Services
Trans International Freight
Link
Truck Africa

days randomly chosen in June. The fewest crossed on the first of those days, which was a Sunday immediately after a South African national holiday. The number of traders sleeping at the border ranged from 8 to 19. Most informal traders who use the Ressano Garcia border live there and cross the border when it opens at 6 a.m. They gather at the border gate and taxi stand, where they get taxis to Maputo and elsewhere.

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