

FACT SHEET: ECONOMIC EMPOWERMENT AND HIV VULNERABILITY REDUCTION PROJECT

Due to their inadequate wages workers are unable to hedge against impact of unemployment brought by recession. South Africa lost close to 1 million jobs last year sinking millions of people into unemployment and poverty. Lack of income leads to poverty which increases the risk of exposure and the spread of HIV and other illnesses. Transport corridors display a range of socio-economic characteristics which make both those users and communities living along them exposed to risk of contracting and spreading diseases such as HIV/AIDS and Tuberculosis.

POVERTY IS A HEALTH ISSUE

Addressing poverty as part of the continuum of care and illness prevention is important, especially for people living with and vulnerable to HIV. Poverty, income, social and psychosocial issues should be taken into consideration when examining HIV transmission and epidemiology, treatment and disease management. When examining the evidence of the relationship between HIV and income, three trends are noticeable:

- As a social determinant of health, living in poverty is a key factor causing people to be vulnerable to HIV infection.
- People diagnosed with HIV face many barriers when attempting to gain, maintain, or establish economic security.
- PLWHIV/AIDS who experience poverty or economic insecurity are at risk of having their disease progress quickly, and of having a lower quality of life.

The Economic Empowerment and HIV Reduction Vulnerability Project started in 2010. This project is implemented by International Labour Organisation and funded by the Swedish International Development Agency (SIDA).

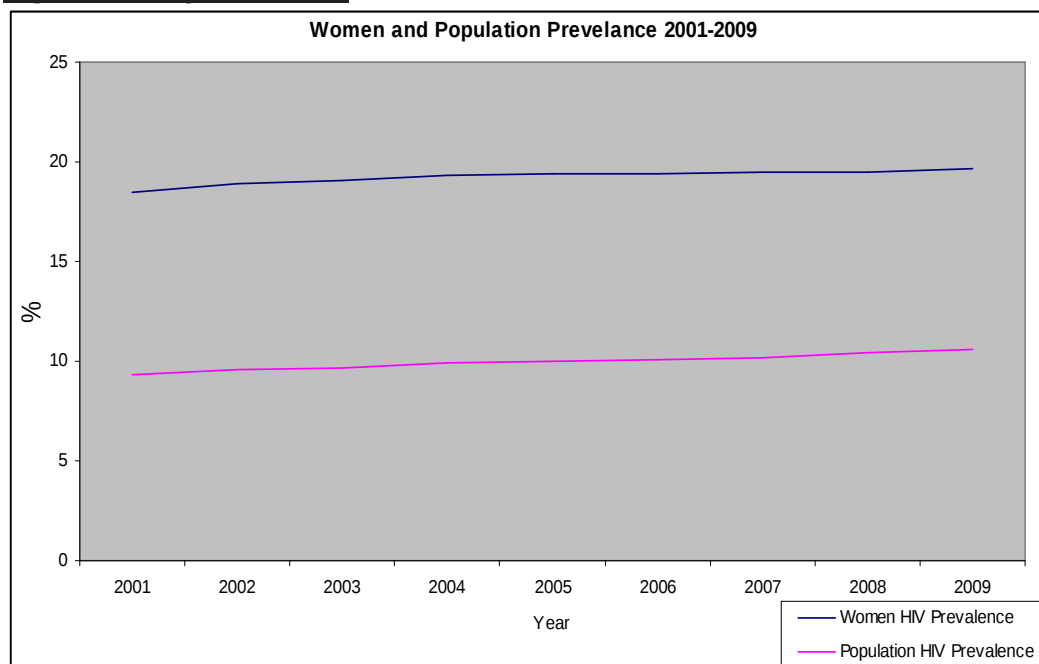
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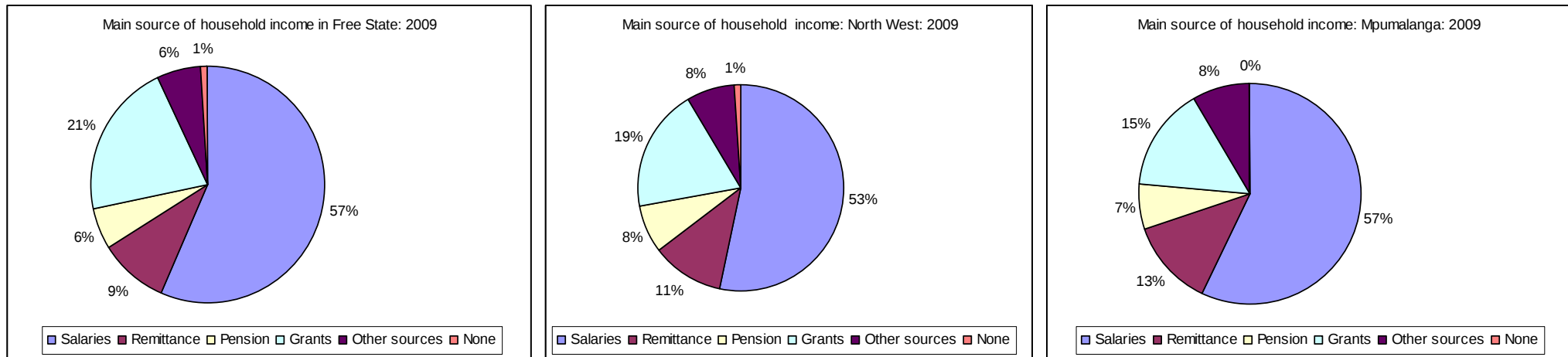
Figure: HIV prevalence



The HIV prevalence level has been increasing since 2001. Women prevalence is higher than the population prevalence since 2001. This demonstrates that women in South Africa still bear the brunt of the HIV and AIDS epidemic

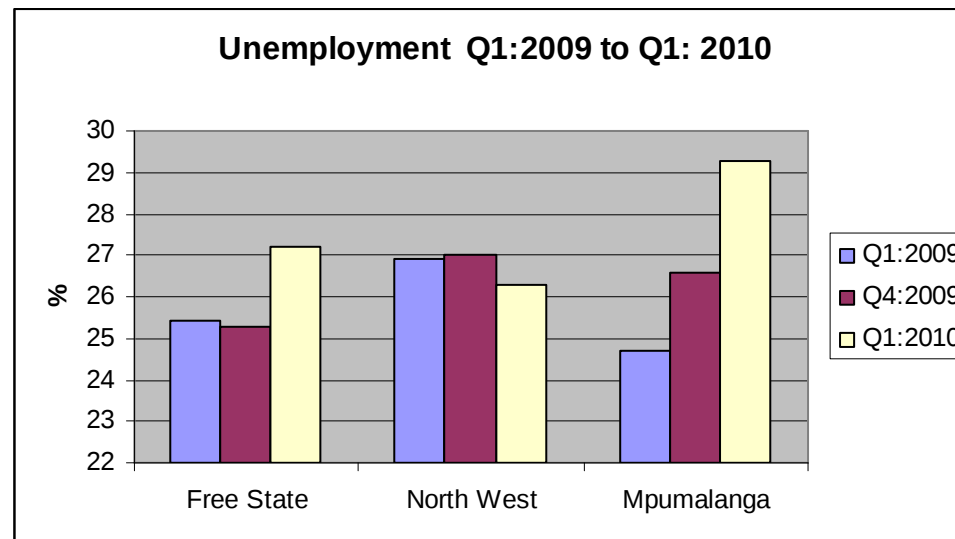


Figure 2: Main source of income in Free State, Mpumalanga and North West



As depicted by the graphs above, besides salaries main sources of income in the three provinces are grants, remittances and pension which on average contribute to over 35% of household income. Salaries contribute just over 50%.

Figure 3: Unemployment in Free State, North West and Mpumalanga



The level of unemployment in the three provinces just like the national figure is still unacceptably high and most of the unemployed are women and girls. These levels of unemployment leads to 33% of people in Free State not having access to adequate food services; in Mpumalanga almost 20% have inadequate access to food. In Free State has more than 850 000 indigent household, Mpumalanga 931 000 and 974 000. The three provinces have more 2.7 million impoverished people.

The International Labour Organisation have realised that in addition to prevention and behaviour change interventions, people need resources and incentives to adopt less risky behaviours hence it is important to design strategies that will give the poor incentives that will make it easy to adopt such practices. Hence the inception of the Project on **HIV prevention and economic empowerment along transport corridors in Southern Africa**.

The programme identified areas along transport corridors and cross borders characterised by high HIV prevalence rate, low labour absorption rate, high poverty levels and interaction between the local communities and mobile populations. The following areas were identified for project implementation

Table 1. Project Sites and their characteristics

Town/Village	Cross Border town?		Name of Transport Corridor	District HIV prevalence	Poverty level	Truck Stop		Unemployment rate	Total population	Number of trucks/month	% of women in the population (provincial)
	Yes	No				Yes	No				
Ventersburg		✓	N1	37%	55.1%	✓		47%	500 000 (District Municipality)	10 000	52%
Naas/Lebombo	✓		N4	36.1%	57.7%	✓		57.7%	486 435 (District Municipality)	8460	53%
Skilpadhek	✓		N4	26.9%	52%		✓	27%	141 122 9 (District municipality)	2000	52%

The programme will adopt a two pronged strategy in addressing HIV along transport corridors:

- (1). Prevention; focusing on providing information on HIV&AIDS and encourage people and transport workers to go for VCT and treatment.
- (2). Focus on vulnerable groups and provide them with business skills and resources that will enable them to make independent sexual choices by improving their income.

Reducing economic vulnerability alone will not address the HIV epidemic but using pragmatic, context relevant strategies and interventions that understand the local epidemic and through social dialogue with all partners in the targeted areas will be able to make impact