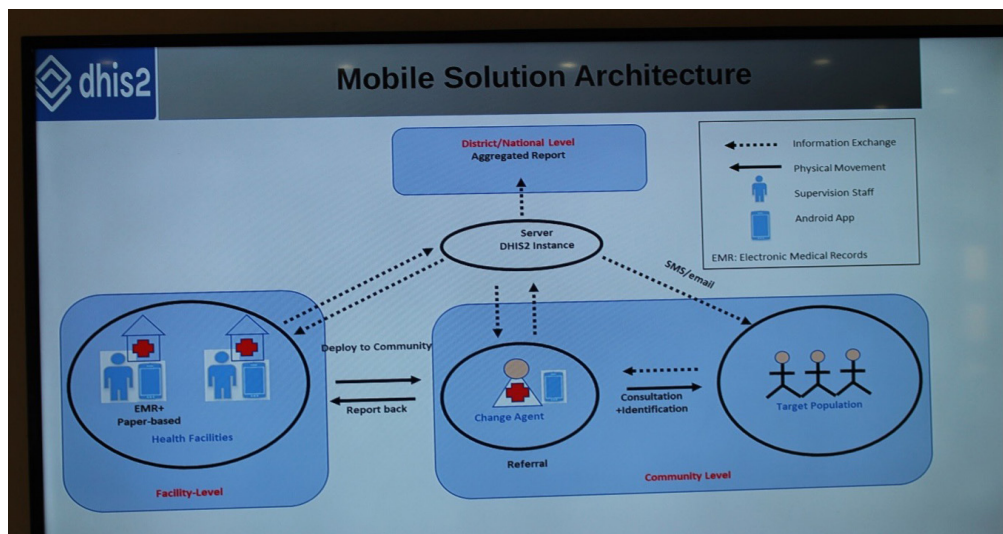


Mobile App enhances data tracking for migration affected populations

Responding to and understanding the impact of not accessing SRH and HIV services is dependent upon collection of quality and well analyzed data. However, without having the right tools and systems to use in collecting and reporting timely and reliable information, SRH and HIV service acquisition by migrant and mobile populations can only be a dream.

In order to help address this gap, the International Organization for Migration (IOM), with support from the Government of the Kingdom of the Netherlands, piloted a mobile technology App called DHIS 2 tracker in the cross-border community of Malawi (Mchinji) and Zambia (Chipata). This electronic tool has enabled the

project to strengthen community health data management systems which has improved migration data capture, analysis and use as well as to disseminate messages to target community using the DHIS 2. The DHIS 2 tracker serves as a precursor for the development of DHIS 2 system which the SRHR – HIV Knows no borders project has adopted as a data management tool. The DHIS 2 is used worldwide and it covers more than 30% of the world population. Prior to the pilot-testing of the mobile App (DHIS 2 tracker), many beneficiaries who were being referred by the project Change Agents were reluctant to present their referral slip at the health facilities due to various personal reasons and were, therefore, treated as new clients by the facilities. The app also reduces duplication of capture of client information as this is captured on first contact by the change agent and upon arrival at the health facility, the health worker updates the already existing information. Further, the app serves as an entry point for access to services for migrants and sex workers, some of whom may be hesitant to share these personal details with health workers, for fear of stigmatisation. This meant that very often, the referral loop from the Change



Participants during the DHIS II Mobile App and data tracking for migration affected populations training in Chipata.

Agents would remain incomplete. However, with the introduction of the mobile App, this discrepancy has finally been resolved, and accurate referral-to-feedback data has been reported in the pilot health facilities. The use of the DHIS2 tracker by Change Agents has over the last 15 months of the pilot project enabled improvements in referral completion, client follow-ups and increased the number of people accessing healthcare services. The rate of referral completion has been reported to have increased from 55% before October 2018 to 75% by May 2021.

As part of the roll out, 120 Change Agents

from Chipata, Katete and Chanida border in Chadiza have been trained in the management of the App as well as in M & E management tools on the tracker. The Change Agents have been equipped with ultra-modern tablets for data entry, processing and referrals to health facilities for various SRH – HIV services that migrants, Sex workers and Young and Vulnerable People may require.

Working in partnership with local Community Based Organizations, Chisomo Community Programme and Young Happy Healthy and Safe, IOM launched and deployed the DHIS 2 tracker to help capture timely, accurate information and make timely referrals to deliver impact at community level through the mobile App.

Without data systems, we will not know whether we are on track or not, most especially during this time of the COVID 19 pandemic.

COVID-19 exacerbates Trafficking in Persons in Zambia



IOM empowerment to identified victims of trafficking and their families in Petauke district, Eastern Province.

COVID-19 has created new risks and challenges in the fight against Trafficking in Persons in Zambia by exacerbating pre-existing vulnerabilities and creating new ones as well as pushing people caught up in difficult economic circumstances into risky and exploitative situations.

Anecdotal evidence indicates that more and more young girls and women have been pushed into sex trafficking due to dire socio-economic conditions and not being able to go to school. There are reports of an increase in families sell-

ing young female family members into brothels or other forms of servitude. Between January and March 2021, the Government of the Republic of Zambia (GRZ) with support from IOM and UNICEF rescued over 400 young and adolescent girls from brothels where they were being sexually exploited. Over the past year, IOM has witnessed an increase in the numbers of victims of trafficking as well as reports of migrants that have become stranded in and outside Zambia due to travel restrictions put in place to mitigate the spread of the COVID 19

pandemic. Others have become destitute, having lost their means of support or income making them unable to meet their basic needs. Such vulnerable migrants are often targets for human trafficking networks who take advantage of their vulnerability and desperation to lure, force and coerce them into various forms of exploitation.

IOM and UNICEF provided reintegration, protection, and psycho-social support to ensure that the young girls who were being sexually exploited in brothels were not only rescued but provided with the necessary support to go back to school or attain meaningful livelihoods and cushion them from being re-trafficked into sexual exploitation and other forms of servitude and modern-day slavery.

Moreover, an analysis of trafficking trends in the country shows that the majority of victims of trafficking were children trafficked internally from the rural to urban or peri-urban areas to work as domestic servants or to be sexually exploited in brothels.

The victims are subjected to mental, physical,

and sexual abuse with the risk of contracting sexually transmitted diseases as well as unplanned pregnancies.

In addition to supporting direct assistance to the victims of trafficking and other vulnerable migrants, IOM support the provision of infection prevention and control commodities such as personal protective equipment to shelters that provide protection assistance to migrants as well as access to healthcare and provision of food.

Furthermore IOM, supported over 100 Ethiopian vulnerable and stranded migrants with return assistance to their country of origin. All the vulnerable migrants were males aged between 12 and 40 years. In addition to the Ethiopian nationals, return and reintegration support was also provided to five stranded migrants to return to their home countries

including South Africa, Malawi, Congo, and Rwanda. IOM provided voluntary return and reintegration assistance to over 10 Zambian nationals that were stranded in other countries as they lacked resources to return home.



*IOM empowerment to identified victims of trafficking and their families in Sioma, Western Province.*

To reduce the risk of re-trafficking and increase household resilience, IOM supported 92 identified child victims of trafficking and their families with reintegration assistance. Further, the reintegration support contributed towards resilience and improved livelihoods through helping families to become self-sufficient with capacity to meet their basic needs. In addition, the assistance also helped to reduce the numbers of children being forced in brothels and other exploitative conditions and simultaneously increase numbers of children going to school and reducing the vulnerability of the victims and their families from falling into exploitative vices such as forced labor, sexual exploitation, debt bondage and trafficking networks.

## The Importance of Fostering Strong Migration Policy Development Processes



*Draft Migration Policy Drafting Retreat 2, Chisamba ©IOM 2020*

International migration has grown in scale, scope and complexity to become one of the defining realities of the contemporary world. The Sustainable Development Goals (SDGs) clearly communicate migration's potential to serve as an effective and multifaceted engine for development. However, this potential cannot be unlocked without in the absence of deliberate migration policy, institutional and governance frameworks.

The Government of the Republic of Zambia recognizes that effective migration governance is essential to promoting the benefits of migration while reducing its costs. There is consensus that well-governed migration brings profound benefits to both "receiving" and "sending" countries whilst poorly managed migration may lead missed opportunities, harm, danger and insecurity.

In response to the multifaceted, unique and complex migration challenges experienced in Zambia, which include, but not limited to, brain drain, irregular migration, human trafficking and smuggling, forced displacements, the Government of the Republic of Zambia prioritized the development of a comprehensive national migration policy. The development of the migration policy is consistent with SDG target 10.7 which calls upon Governments to facilitate safe, orderly, regular and responsible migration by implementing planned and well-managed migration policies.

IOM, through the Africa Regional Migration Programme, funded by the United States Department of State Bureau of Population, Refugees and Migration, supported the GRZ with



*Draft Migration Policy validation, Kafue ©IOM 2020*



*Finalization workshop for the draft Migration Policy ©IOM 2021*

the financial and technical assistance to develop and validate the national migration policy. It is noteworthy that the policy development process was a government led, consultative, participatory and evidence-based process that benefited from a whole of government and whole of society approach. The draft migration policy has been submitted for official review and consideration by the Government.



Agnes Jere, 41

Agnes is a 41-year-old retired sex worker who has now become a change agent to the younger women who are entering or are still in the sex work business. She is a single mother of three children whose highest level of education is the ninth grade.

Getting Infected: “When my husband got sick we did not know that this was the arrival of AIDS. He used to get sick often, but we did not know what he was really suffering from. Eventually, he passed away, but it took 8 years before I could learn what had killed him. On a certain day, I remember feeling like I had malaria, so I went to the clinic where they asked me to undergo VCT. The results were positive, but I ignored them and just moved on with my life. A few months later I got “malaria” again but this time around it was more serious which made my relatives curious. So, they started interrogating me on whether I had undergone an HIV test which I eventually admitted and told them

about my status. I was basically living in denial but later they convinced me to get started on ARVs.”

Life as a sex worker: “When my husband died, I was only 22 years old and he left me with four children (one died later) with no education or skills to fall back on. My children and I were living under very desperate conditions so three years after my husband died I decided to accept the invitations from my friends to join the sex work business. One of my children has even completed high school from the income I was making through sex work.”

When she decided to become a queen mother it was not voluntarily but rather due to the competition she was facing from the new entrants: “What made me stop was that the younger women had taken our space. It was becoming hard to compete with them as the clients prefer younger women. I then took a decision to become a queen mother. A queen mother functions as a leader and manager for the younger sex workers. I had about twenty sex workers under me as a queen mother. My role as queen mother involves giving the younger sex workers tips on the business, supporting them when clients do not want to pay, encouraging them to take their medication or report cases of assault to the police. Those with young children often leave their children with me when they go out to work.

There is not prescribed fee for the role of a queen mother. On average each sex worker would give me K20 – 30 out of their daily earnings.

Joining the HIV Knows no Borders project: “I became a change agent amongst my fellow sex workers when a group of young people from Young Happy, Healthy and Safe came to visit me at home. They told me about the project and the role of change agents. At that time I had already acquired some knowledge and was taking my ARVs, but I have received further training on sexual reproductive health and rights under this project. Since I started volunteering as a change agent, I have also set up a hub to distribute sexual and reproductive health commodities such as condoms and oral contraceptives to fellow sex workers. In addition, I provide them reproductive health information, I have been able to encourage more consistent use of contraceptives amongst the young ladies, leading to less unwanted pregnancies, which in the past would lead to unsafe abortions. I also escort the girls to the clinic when they have sexually transmitted infections because they fail to go on their own due to fear of stigma especially when testing for HIV. For the girls who are HIV positive, I also help them collect their ART drugs and encourage them to take them consistently. I also support the girls to report cases of gender based violence to the police. In terms of financial literacy, I encourage the girls to open mobile money accounts to help them save money which they can use for emergencies.”

Looking to the future: “I would just appeal that we get more trainings from the project and some funding to get the girls alternative sources of incomes. The entrepreneurship trainings without start up capital are not viable .”



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