COMMUNITY RIGHTS AND GENDER ASSESSMENTS IN SOUTHERN AFRICAN COUNTRIES

(ANGOLA, BOTSWANA, ESWATINI, MADAGASCAR, MALAWI AND ZIMBABWE)

A CALL FOR COLLABORATION AND MULTI-SECTORAL ACCOUNTABILITY AND CHANGE TOWARDS THE FIGHT TO END TB – A REGIONAL SNAPSHOT

INTRODUCTION:

In the Southern Africa region, the mining sector contributes a disproportionately high burden of TB, TB/HIV and occupational lung diseases. The 2012 SADC Declaration on TB in the Mines addresses this with its strategic goal being to achieve zero new TB and HIV infections, Silicosis and other occupational diseases; zero stigma and discrimination; zero deaths from TB, HIV, Silicosis and other occupational diseases, through the creation of safe and healthy working and living environments for mine workers, ex-mine workers, their families and mine-linked communities. Despite national TB programmes having scaled up their efforts to respond to the Declaration and the Global Plan to End TB 2023 - 2030

Through the regional Tuberculosis in the Mining Sector in Southern Africa (TIMS) initiative, the East Central and Southern Africa Health Community (ECSA-HC) has supported 5 SADC countries, i.e., Angola, Botswana, Madagascar, Malawi and Eswatini to conduct Community Rights and Gender (CRG) Assessments; develop recommendations to overcome the Human Rights, Gender and socio-economic related barriers for improving the TB response in the mines; and develop costed country-specific action plans from said recommendations for use as a roadmap for implementation for countries.

The Objective of the CRG Assessments in the targeted mine specific sites in the above countries was to provide evidence that can be actioned to advance human rights and gender equality; meet the needs of the TIMS Key Populations, who are: miners; ex-miners; their families; and the mining communities living around mining sites.

THE KEY FINDINGS

Our findings focus on key thematic areas that were observed in all 5 countries.

1.Stigma and Discrimination:

- Structural – The Occupational Health Centres and Clinics serving miners and ex-miners are located separately from the main clinic/hospital sections which leads to stigmatization. These structures have not been incorporated as part of the general health service delivery in most countries. In all 6 countries, there were no comprehensive national guidelines and standard operating procedures for Occupational Health and Safety particularly related to TB prevention and control in the mining sector. Health Care workers reported to have received some training on stigma but that no policies existed within their facilities.

- Perceived - Miners experience a high level of stigma (three times more than the general population) from the health care workers and the community. If a family member is suspected to have TB, the household is automatically shunned by the community. This has led to exacerbated levels of self-stigma, anticipated and secondary stigma, resulting in reluctance in seeking health services. The health care workers have exhibited a high level of stigmatization through unconscious and systematic bias, towards miners and ex-miners specifically. This was mostly expressed through verbal abuse, avoidance of physical contact, and disclosure of disease to unrelated persons.

"Miners are more stigmatised by the community and health care workers. Health care workers are afraid of contamination from miners which leads to discrimination. The stigma experienced is three times more for miners." [Key informant, National Aids Control Program, Angola]

2.Geographic Coverage:

- 83% of the respondents reported that their nearest health facility was more than 8KMs away. Even worse in the case of Madagascar, where health facilities were over 15 KMs away from mining communities.
- There was a disproportionate distribution of TB health facilities located in urban areas vis a vis, rural areas where this distribution favoured people living in urban areas.

3.Gender Inequality and child protection:

- Women reported that they had to seek permission from their partner/husband to attend health facilities. However, in all 6 countries, men were reported to have a higher vulnerability to TB infection and experienced a higher mortality rate than women. This was reported to be exacerbated by structural barriers to accessing TB services such as the cultural attitudes towards health seeking behaviours and insufficiently tailored healthcare services targeted at men in health facilities.

- Widows of ex-mine workers lacked a voice and experienced power imbalances when seeking social security and compensation benefits on behalf of their deceased spouses. For instance, a widow in Botswana reported that she was demanded sexual favours while seeking compensation. Complex compensation claims processes and procedures act as a main barrier for them to claim their rights and entitlements especially with regards to compensation claims across borders to South Africa.

- Child labour was observed as a major problem in the mining sector, particularly in the artisanal and small-scale mining where young children were observed carrying rocks and infants sitting/laying around the mining sites. The informal character of mining activities and its illegality in some of the countries like Angola, results in a lack of effective implementation and enforcement of health and safety standards as well as a lack of human rights protections.

"5 km is still acceptable...several communities are more than 15 km from a health centre and it is difficult for them" [a key informant from the Ministry of Health, Madagascar]

Countries such as Botswana have not ratified key international conventions such as: the International Covenant on Economic, Social and Cultural Rights (ICESR); Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (ICRM); International Convention on the Rights of the Child (ICRC); and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa; which may have resulted in inconsistent and unclear approaches to occupational health and safety, gender inequality, limited access to resources, human rights contraventions with limited access to justice for violations and potential lost opportunities for cooperation.

"The other thing about our government is that it does not treat us like its own citizens. The government sometimes calls us (ex-miners) to discuss and see if we have been compensated well, it promises to help us and after the meeting nothing happens. One other thing is that if you fall sick, you will suffer with the illness until you die and not receive any compensation even though you contract the disease in the mine. Your wife will not even receive the benefits after your demise and she will also end up dying and your child will be left with nothing, and you ask yourself if the government really cares about ex-miners" [Focus Group Discussion, Ex-miners, Botswana]

"The importance of the mining sector to the economy is recognized, the imminent risk of mine workers, their families and communities to TB is also recognized; but TB cannot be made to stand-out alone in isolation of all the other competing priorities Government has to address" [key informants from Ministry of Mines; Finance and the Parliamentary TB caucus, Malawi]"

"TB has got woman's face they are the most affected. If husband is ill you took care of him, if you are sick you may lose your marriage. This is why us women are at the fore front because we're caregivers" - [KII, CSO - Zimbabwe]

4. Community Engagement, Awareness and Advocacy:

- **Inadequate awareness of mining related health risks, particularly occupational diseases, by a majority of the Key Population, health care workers and national policy stakeholders was reported. Most mines have not undertaken independent assessments of personal workplace respirable crystalline silica dust levels or have outdated reports with minimal to no monitoring for accountability by national government stakeholders.**

- **There are platforms for engagement of communities, mining companies, miners and ex-miners but they are not fully utilized for meaningful engagement due to financial and technical capacity barriers.**

"I have worked in the Catoca Diamond Mines for over 13 years, and I can tell you that there are a lot of women employed there. People lived in hostels and were contracted for 6-month periods where you would work for 3 months straight then get 15 days off and return for the remainder of your contract. Contracting HIV was very normal as about 180 people tested HIV+ at that time because sharing of sexual partners was a normal thing" [An ex-miner and representative from the Association of Miners of Angola, a KP organisation, Angola]

"When I was injured last week, it wasn't the company that looked after me, but I went to the hospital and the doctor looked after me" [A miner, Madagascar]

LOOKING FORWARD-RECOMMENDATIONS

- Support a comprehensive approach with matching political will and funding for implementing the SADC Declaration on TB in the Mines and the SADC Code of Conduct for TB in the Mines at both regional and country specific level towards eradicating TB by 2030.

- Leverage gains already made through implementation of the TIMS project, other key projects, and country initiatives by ensuring sustainability of such efforts. This can include support to implementation of the Cross Border Referral System (CBRS); and development and financing of the Multi-sectoral Accountability Framework (MAF) for country coordination efforts.

- Support the implementation of the CRG Action plans developed in the 6 countries and scale up by supporting the other SADC countries to develop CRG action plans that address UHC wholistically.

- Develop a comprehensive and coordinated regional stigma and discrimination reduction plan that can be adopted and customized by countries based on needs and priorities of KPs at community and facility levels.

- Intensify policy and regulatory frameworks in countries to support a rights-based, gender sensitive and gender transformative response by e.g., intentionally targeting women in mining, spouses of miners in both the formal and informal mining sectors.

- Strengthen partnerships with key stakeholders including communities and the private sector by specifically mobilizing resources and accountability among mining companies and their role in the END TB strategy.

- Promote community-led monitoring (CLM) for evidence-based decision making and prioritisation in the SADC countries.

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