

## ***Evaluating System Efficiencies and Service Delivery of Immigrant Population in South Africa and United States***

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### ***Abstract***

*Recently, global issues on the migration and development discourse have re-emerged and the literature has been expanding rapidly. However, most of the research has not taken into account the connection between the migration-development nexus in the context of social service delivery. In general, discussions and systematic reflections on the international comparison between South Africa and United States is completely absent or rarely found in the academic debates. Both countries were selected as sites for this study given the high migrant populations. Using a quantitative research methodology this study assessed and evaluated the system efficiencies and service delivery of immigrant population in South Africa and United States of America. Structured questionnaires were administered to selected African immigrants in the two case study areas (Cape Town, South Africa and Columbia, Missouri). The surveys provided data for a range of indicators that helped in evaluating the system efficiencies and service delivery of immigrant population. The result of this empirical study clearly indicates that non-inclusiveness and anti-immigrant feelings continue to militate against the well-being, emancipation, human rights and resilience of immigrant populations. This research recommends that avenues for intervention and investigation of service deliveries to the immigrant population should be designed to address current irregularities that range from the role institutionalized discrimination play in systems to actual and perceived service disparities.*

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**Introduction**

In recent times, migration issues have become a very sensitive debate in national and international developmental discourse (Dinbabo & Carciotto, 2015; Dinbabo, 2017). The substance of this global phenomenon is often politicised to a very large extent (Herbst, 1990). South Africa and the United States (U.S.) are not immune to this global trend. The movement of people has taken various shapes and has been characterised in different ways. Irrespective of the motivation, South-North migration (SNM) poses great pressure on the already scarce resources in the destination countries due to the global financial crisis of the past decade. Despite the fact that some countries have signed international treaties to support migrant communities, this rhetoric is often unsupported by action. The majority of governments have failed or are not able to provide support to migrant communities in terms of funds and social services, although they are legally responsible for such assistance. As such, in most instances, international relief agencies and non-governmental organisations (NGOs) provide support in this respect.

It has been estimated that between the years 1980 and 2010, the movement of people across international boundaries increased more than 100%, from 103 million to 220 million. In 2013, the figure stood at 232 million and has currently been projected to hit over 400 million by 2050 (Martin, 2013). The literature tends to focus on SNM; however, it has been estimated that the number of migrants that traversed between the boundaries of developing countries is equally as large as the number of migrants moving from southern to northern countries (Ratha & Shaw, 2007). South Africa is a destination country for such cross-border migration in Africa. For example, in 2017, African countries as a whole hosted 24.7 million immigrants, which was a 28% increase from 19.3 million in 1990. Almost all of these immigrants were born in Africa (OECD, 2018).

The global economic challenge, and its debilitating effect on the majority of people in both the global south and north, has led to mass movement of people across international boundaries in search of greener pastures and economic stability. In sub-Saharan Africa, women are increasingly entering the workforce in a context in which urbanisation is forecasted to increase from the current rate of 40% to 58% by 2050 and the current population of 1.05 billion is expected to double to 2.2 billion by 2050 (Gagnon, 2018). In this context,

South-South Migration (SSM) is likely to continue to rise. These changing demographics have and will continue to worsen the challenges of migrants across the globe. This mass movement of migrants across international borders poses great pressure on the resources of destination countries.

### ***Background/Contextualization***

Issues of immigration in both South Africa and U.S. have been debated since time immemorial. While there were deliberate immigration policies in both countries to regulate access to government welfare programmes or services over the years, in the past three decades, the context, as well as the content, of these policies has been significantly altered. Generally, migrants are faced with a number of political, social and economic challenges, and there are numerous opinions regarding how to approach and manage SSM and (South North Migration) SNM dilemmas (Samet, 2013; Mphambukeli & Nel, 2018). A key component of these challenges is migrants' access to social services in the destination countries. Principally, the provision of social services by either the government or non-governmental organisations (NGOs) is to protect the interest of the recipients. This provision remains one of the primary responsibilities of all governments to their residents. Social services include but are not limited to healthcare, housing, social security, education and social work (Spicker, 2013: 1). The exclusion of some individuals' from the enjoying the benefits of these services due to their citizenry status may greatly impact their socio-economic welfare (Ile & Boadu, 2018). According to Townsend (1976: 28), "social services are those means developed and institutionalized by society to promote ends which are wholly or primarily social."

### ***Migrant Community Access to Social Services in South Africa***

The challenges involved in managing migrant communities are not specific to South Africa. Given the socio-economic implications of migration for destination countries, much like other advanced countries, such as the U.S., Germany, the U.K. and France, the South African state regulates the movement of migrants and their access to government social services. However, very little is known about how these government social services are provided, evaluated and monitored for the benefits of the migrant communities. The lack of proper monitoring and evaluation systems has hampered the existing government's social intervention services (Boadu & Ile, 2018). The narrative is that destination countries have difficulties providing adequate resources to meet the demands of their citizenry (Ranchod, 2005) and South Africa is no exception. Thus, there is a need for all-encompassing monitoring and

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evaluation systems to ensure that both nationals and migrants maximise the benefits of these services (Boadu & Ile, 2017). In recent years, South Africa has witnessed unimaginable xenophobic violence against migrants from neighbouring economically-deprived countries (Crush, 2001), such as Zimbabwe, the Democratic Republic of Congo (DRC), Nigeria and Zambia. This pattern of violence has traumatised most migrant communities and has compounded the daily challenges they face in their attempt to accessing social services (Araoye, 2015).

The United Nations (U.N.) Universal Declaration of Human Rights (1948) assured adequate housing as a fundamental human right to all persons living in any state party to the treaty. Moreover, Chapter 2 of the South African Constitution reaffirmed this right, stating that, “Everyone has the right to have access to adequate housing” (The Constitution of the Republic of South Africa, 1996). The country’s Refugee Act (130 of 1998) and the amended Act also provide this right to refugees and asylum seekers as stated in Chapter 2 of the Constitution. In practice, migrants encounter many difficulties in their attempts to pursue this right (Greenburg & Polzer, 2008). The South African national and provincial government provide housing subsidies to South African nationals; however, the National Housing Code does not allow migrants to access housing subsidies (Greenburg & Polzer, 2008).

### ***Migrant Access to Social Services: The U.S. Perspective***

In economically advanced nations such as the U.S., migrants are still faced with significant challenges in their quest to access social services such as healthcare, education, social security and housing. Migrants in the U.S. confront daily discrimination with regards to some basic civil, political, economic, social and cultural rights, as is noted in the Immigration Working Group Human Rights Network Report (2007). The report further argued that the U.S. has implicitly or explicitly failed to know the various international conventions regarding the rights of migrants or immigrants from being discriminated against on the basis of race, ethnicity, gender and national origin. The report concludes that migrant women have suffered restrictions to access to basic healthcare by citing the Deficit Reduction Act of 2005, which has imposed stringent citizenship requirements for migrants to benefit from Medicaid coverage (Kaiser Commission on Medicaid, 2007).

Prior to this Act, the existing eligibility requirements for a migrant to access healthcare for their children were even stricter; however, most federal law over the years has allowed for automatic Medicaid coverage for all children

born in the U.S. (Kaiser Commission on Medicaid, 2007). The Illegal Immigration Reform and Immigration Responsibility Act of 1996 unfortunately put a timeframe on migrants' eligibility for social services, such as Medicaid and the State Children's Health Insurance Program (SCHIP), stating that one may be eligible five years after his/her entry into the country (Immigration Working Group Human Rights Network Report, 2007). California Immigrant Policy Centre (2006) stressed that the new regulations of the Centres for Medicare & Medicaid Services (CMS) regarding access to medical aid by migrant women for their newborn babies was illegitimate in the sense that it requires the citizenship status of the baby before the mother can access even emergency medicaid services. In contrast, Article 5(e)(iv) of the Committee on the Elimination of Racial Discrimination (CERD) convention that the U.S. is a party to, promises all persons "without distinction as to race, colour, or national or ethnic origin," the right to "public health, medical care, social security and social services" (CERD, 1969: 4). Nonetheless, a migrant in the U.S. suffers from eligibility requirements and therefore struggles to access basic healthcare, unlike their non-immigrant counterparts (U.S. Department of Health and Human Services, 2005).

Migrants in the U.S. are more likely to live in deprived housing facilities due to their low earning powers; thus, they are susceptible to receiving government welfare services (Hanson, 2005). The Temporary Assistance for Needy Families (TANF) and Supplemental Security Income (SSI) are government social service programmes that provides migrants with food stamps, healthcare, housing and energy subsidies as well as cash benefits (Borjas, 1999). In addition, persons born to immigrant parents in U.S. tend to have low levels of education and approximately 1.8 million children suffer from the decision their parents took years ago without their knowledge, as is argued by Gonzales (2011). The author further argued that although these children recognise the U.S. as their home country, they are faced with many eligibility obstacles in their attempts to access college funding for their education and in seeking a decent job. Moreover, the discourse on immigration issues in the U.S. tends to ignore the challenges of undocumented migrants and their inability to access financial aid and decent employable work, which has prohibited over 90% of such children from attaining a college degree (Gonzales, 2011). Migrants' access to national or state welfare services has always generated political tension (Facchini & Steinhardt, 2011; Kerwin, 2017). While some argue that migrants contribute positively to the national economy, which tends to improve the national income for native workers, others opined that

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such contributions are not equally distributed, in that the inflow of migrants tends to decrease income for native workers because of high labour supply (Hanson, 2005).

In summary, acknowledging these complexities within and among migrant communities may be the first step to unravelling the copious challenges that confront migrants in South Africa and the U.S. What are their experiences and to what extent are they able to access the varying national or provincial government welfare services? To what extent can domestic/national governments or the international community shape immigration policies in order to favour migrant communities in their quest to access social services, such as healthcare, education, housing and jobs?

### ***Legislative Frameworks/Policies***

Movement of people from one region to the other is common in the global political, economic and social system. The world has witnessed a remarkable growth in international migration since the 2008 global economic meltdown (United Nations, 2013). The number of international migrants has increased from 154 million in 1990 to 244 million in 2015, an increase of nearly 100 million people (United Nations, 2013). In addition to international migration policies and frameworks, country-specific policies and frameworks abound in both South Africa and the U.S. Both origin and destination countries have migration policies. Domestic governments are noted for focusing on different types of migrants and services they intend to provide for such individuals. The general assumption is that effective policies and a proper regulatory framework in both countries of origin and destination ensure that the movement of people from one region to the other occurs in a well-organised manner and prevents the abuse of migrants' rights.

The U.N. supports the making of policies and legislative frameworks for regulating people's movement from their home country (origin) to destination regions. In 2006, the organisation affirmed that "international migration could be a positive force for development in both countries of origin and countries of destination, provided that it was supported by the right set of policies" (United Nations General Assembly, 2006). In 2013, the organisation reiterated that the Member States should continue to "promote and protect the human rights of all migrants, regardless of their migration status" (United Nations General Assembly, 2013).

In line with the U.N. approach to migration policies, South Africa and the U.S. have promulgated extensive legislation and a number of immigration policies. The pre-apartheid migration policies discriminated against certain individuals and groups on the basis of race, colour and language, and are prevented them from accessing basic social services. The U.N. Committee on the Elimination of Racial Discrimination (CERD) (1965) greatly frowned upon this policy. Immediately after independence, the post-apartheid government amended some of these policies in the Legislations-Aliens Control Act No. 96 of 1991, and in their place a number of legislative instruments were promulgated: Aliens Control Amendment Act (1995), Green Paper on International Migration (1997), White Paper on International Migration-Immigration Act No. 13 of 2002, Refugee White Paper, of 1998, Immigration Act of 2002, Immigration Amendment Act of 2004, Refugees Amendment Bill of 2008 and Refugees Amendment Bill of 2015 (Siddique, 2004; Madue, 2015; Mphambukeli & Nel, 2018). The continuous amendment of some of the immigration and refugee bills attest to the complicated nature of immigration issues in South Africa.

Immigration has been one of the key subjects for policymakers since the birth of the U.S. However, in the past three decades, the country has implemented various immigration policies to curb the inflow of persons from other nations. These legislations include but are not limited to the Immigration Reform and Control Act (1986), the Immigration Act (1990), the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRaIRA). After the 9/11 terrorist attack in 2001, stricter immigration measures were put in place through the Enhanced Border Security and Visa Entry Reform Act (2002), the REAL ID Act (2005) and the Deferred Action for Childhood Arrivals (DACA) Dream Act of (2012) (Hanson, 2005; Scaperlanda, 2009; Facchini, Mayda & Mishra, 2011; Facchini & Steinhardt, 2011; Kerwin, 2017). These pieces of legislation have various mandates, yet they are wholly premised on regulating the activities of individuals from different nations in the world.

### ***Implementation of Legislation***

Important legislation regarding immigration issues in both South Africa and the U.S. have been implemented in recent years. Additionally, both countries have signed many U.N. conventions and declarations that guide immigration policies and legislative frameworks. In keeping with the U.N. conventions on human rights and discrimination acts, both South Africa and the U.S. have sought to align their immigration policies with these international

conventions. Crush, Williams and Peberdy (2005) argue that the post-apartheid government passed over 200 new pieces of legislation with little attention on immigration legislation up until 1998, when the Refugee Act of 1998 and subsequently the Immigration Act of 2002 were implemented. The implementation of the Refugee Act of 1998 and subsequent amendment acts have received mixed responses from both migrant communities and native residents. While some consider the legislation progressive because it allows any person who wishes to apply for asylum status the opportunity to do so without discrimination whatsoever, others argue that it increased the number of xenophobic attacks on migrants and asylum seekers (Palmer, 2004). Xenophobic attacks took place the same year the act was promulgated (Palmer, 2004).

Implementation of immigration policies in the U.S. has also received stringent opposition in some instances. The recent attempt by the Trump government to abolish the Deferred Action for Childhood Arrivals (DACA) Dream Act of (2012) was met with some misgivings. As a result of the human rights approach towards the immigration issues at the international and domestic level, implementation of immigration policies that seek to protect destination origins to the detriment of migrants has also come under some severe criticism (Araoye, 2015).

### ***Challenges in the Implementation of Legislation***

Immigration is one of the many contested issues in both South Africa and the U.S. Citizens in both countries are divided; some argue in favour of migrants' contribution to the socio-economic development of the host countries, while others recognise the dents migrants produce in the already scarce resources in these countries. In recent time, migrants' accessibility to social services in South Africa and the U.S. has become a source of contention. South Africa has seen rampant xenophobic attacks on migrants who are nationals of other African nations, and the assumptions underlying these attacks are that migrants have deprived the South African nationals of their rightful jobs and other social services (Crush, 2001; McConnell, 2009).

Both South Africa and the U.S. have numerous immigration policies. Inferences from these policies reveal some of the loopholes inherent within them. Juxtaposing domestic immigration policies to those of the U.N. conventions has always been a challenge that tends to restrict both countries from stricter implementation of their immigration policies. However, failure to implement these policies may also have some social, political, economic and security

implications. This necessitated the regular amendments, restructuring, and promulgation of new legislation in both countries, because ignoring immigration issues can be deadly in nature and in character. In the U.S., there is a significant gap between U.S. citizens and immigrants in term of educational attainment, due to the countries immigration policies that prevent migrants from accessing school funds. This lack of legal status and no or low-level schooling has a ripple effect on accessing some social services, such as healthcare and decent jobs.

South Africa grants migrants access to primary healthcare, jobs, education and, in some provinces, government subsidised housing. However, the unfortunate situation is that the majority of the migrants in South Africa are undocumented, which makes it difficult for them to access these social services. To curb this situation, in 2010, the South African authorities started issuing special permits to some undocumented migrants from neighbouring countries (Bimha, 2017). The illegal status of most migrants in South Africa and the U.S. has contributed to their inability to obtain a good paying job. For instance, in South Africa, the majority of migrants are found in the informal sector of the economy running small-scale businesses in townships (Crush & McCordic, 2017).

The court systems in both countries have also provided challenges regarding immigration policies. Although these immigration policies tend to exclude migrants from accessing government welfare programmes, some courts in the U.S., for instance, have ruled in favour of migrants' access to government social services meant for citizens, such as emergency medical care (Hanson, 2005). Court rulings with such implications have rendered state government welfare systems inefficient due to the high patronage of migrants. Over the years, states such as California and Texas have opted to provide migrant communities with preventive healthcare services that are less costly than emergency medical care (Robison, 2003).

### ***Literature Review***

While they embrace the doctrines of human rights in principle, South Africa and the U.S. encounter inadequacies in service deliveries, welfare and protection to immigrant populations – including migrant workers, asylum seekers, refugees and their children. Migration policies, security, social protection and the human rights of immigrant populations are major issues that constantly dominate immigration discourse. As migration and the rights of immigrant populations are protected under international humanitarian law,

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the call for improving the systems and service deliveries to migrant populations has also gained wider attention. Thus, major threats to the well-being and rights of immigrant populations as global citizens include challenges to their treatment abroad, especially in terms of documentation, security, human rights, housing, education, exclusion from national development policies and priorities, segregation and poor services rendered to them by state institutions in their recipient countries. Against this backdrop, some extant literature on system efficiencies and service delivery to the immigrant populations in South Africa and the U.S. are hereby reviewed.

Open migration policy and enhancing immigrants' capabilities forms part of the new thinking for Africa's development (Gatune, 2010; Bernstein, 2014; Dinbabo & Carciotto, 2015; Dinbabo & Nyasulu, 2015), especially as growing intolerance of migrants and refugees, who are often confused for economic migrants, continue to inhibit their welfare and rights to quality services abroad (McGranahan et al., 2009). The adoption of open migration policy for skilled migrants and provision of essential services, such as low-fee schools, tertiary education, friendly labour laws and creation of special economic zones, are conceived in Bernstein (2014) as necessary conditions for economic inclusion and social stability for both citizens and migrant populations in South Africa. This cogitates Gatune's (2010) demand for a justice system based on inclusiveness, diaspora participation and immigrant entrepreneurship as veritable tools for springing larger social capital and success in international trade for Africa. McGranahan, et al. (2009) analysed the efficacies of well-thought-out national and regional policies to harness the potentials of migration for economic transformation. The authors identified local government capacities and the provision of basic infrastructure mediated between national and regional institutions as sustainable solutions and efficient services for the welfare of immigrants.

Secondly, achieving universal access to healthcare as a basis for addressing current problems of inequality, including non-inclusion of immigrant populations, requires fundamental improvements in the healthcare system in South Africa (Ataguba & McIntyre, 2013; Reynolds, 2017). The South African healthcare system performance in relation to its benefit incidence and health service distribution among socio-economic groups reveals a high-level disparity between the poor and the rich. As this exists, poorer socio-economic groups, including immigrants, benefit less in comparison with wealthier socio-economic groups from both private and public-sector health services (Ataguba & McIntyre, 2013). Consequently, Reynolds (2017) argues for the imperative

of a multi-stakeholder involvement in South Africa's National Health Insurance process towards achieving universal access to healthcare for everyone. Three fundamental principles of the National Health Insurance (NHI) are central to this goal: a Constitutional right to access to affordable and acceptable quality health services, the state's responsibility for the progressive implementation of the right to health for all based on the objective of universal coverage, and equitable funding of health services to promote social solidarity. These goals require innovations in the healthcare system and the elimination of underlying socio-economic inequality and inefficiencies of primary health care (Ataguba & McIntyre, 2013; Reynolds, 2017).

Regarding the security and human rights protection of immigrants, the 'state of exception' of immigrants was grounds for inclusion and exclusion in post-apartheid South Africa, and is illustrated in the violent exclusion of foreigners as one of the key designs of the new South African political community. Meanwhile, uneven service delivery to immigrants is reflected in the state's entrenchment of extra-legal and open illegal treatment of foreign nationals (Dodson, 2010; Mosselson, 2010). The May 2008 xenophobic violence in South Africa is symptomatic of politics of belonging and citizenship contestation in post-apartheid South Africa and has made immigrants the targets on whom some members of the citizenry assert their own political rights to belong (Mosselson, 2010). Experiences of African immigrants in Cape Town as expressed in Dodson (2010), further testify that anti-immigrant dispositions and actions from "ordinary South Africans" toward African immigrants are entrenched and systemic. Police brutality, indiscriminate arrests of suspected black immigrants, and the Lindela Deportation Centre's numerous rights abuses against foreign nationals have all revealed inadequacies in security and human rights protection of immigrant populations, especially African immigrants. Again, the extreme vulnerability of immigrants to exploitation from the institution of the state and civilian population is rife, especially by employers of unskilled labour. Hence, addressing injustices against immigrants and improving their socio-economic, security and legal services as ought to be enjoyed by citizens have been identified as rightful steps against the exclusionary treatment mandated by post-apartheid immigration policy's "alien-control" in South Africa (Dodson, 2010; Mosselson, 2010).

In a similar vein, the dearth of research on the settlement of immigrants in the U.S. informed Pendall and Hoyem's (2009) investigation of the growing residential patterns of foreign-born immigrants within the framework of local government jurisdictions. Analysis of the three metropolitan conurbations

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referred to as “polycentric regions” – San Francisco Bay Area in the U.S., Emilia-Romagna in Italy, and Randstad in the Netherlands – illustrates the complexities of the regions in respect to their different immigrant and ethnic compositions, housing, market structures and histories of social welfare policies. The authors adduced cases of multifamily and rental housing patterns that influence the livelihood and mobility of immigrant populations. This comparative framework gave preliminary indications of future challenges and opportunities in housing strategies in polycentric regions toward an efficient service delivery as a way of making immigrants’ opinions count. The municipal administration’s policy settings to improve housing services and welfare of immigrants illustrated priorities for land use planning, subsidised housing policy and urban renewal. As the authors revealed, the municipal or local administrations are an important arena for efficient service delivery, political incorporation and socio-economic integration of immigrants.

Moreover, access to healthcare, health insurance policy and Medicaid in the U.S. are crystallised by disparities in service delivery to the poor, vulnerable persons and immigrant populations, and are a defining factor of social injustice and growing inequalities, as policies of exclusion continue to determine immigrants’ health vulnerabilities and access to of health services in the U.S. (Ku & Matani, 2001; Horton, 2006; Owen, 2009; Sargent & Larchanché, 2011; de Bocanegra et al., 2012). Immigration status is an essential determinant of racial and ethnic disparities in access to healthcare and insurance coverage in the U.S. Even when insured, it is acknowledged that non-American citizens (foreigners, undocumented immigrants, refugees, asylum seekers and migrant workers) and their children (even U.S. born) among other underserved groups in the U.S. have more limited access to healthcare than insured American citizens (Ku & Matani, 2001; de Bocanegra et al., 2012). Hence, policy changes, mostly in recent time, have limited immigrants’ access to insurance and healthcare even while insured, including ambulatory and emergency care. Few immigrant populations and their families, mostly Latino and black immigrants, have Medicaid or job-based insurance, while the majority remain uninsured in comparison with American citizens and their children. Thus, de Bocanegra et al.’s (2012) analysis of the factors of Title-X and other Family Pact providers in quality medical services for the underserved population in California also indicates disparate services, including in family planning for low income people in the U.S.

Furthermore, disparities in the U.S. healthcare services delivery to the immigrant population can be examined against the backdrop of the tension

between an agitation for strengthening market reforms to preserve a commercial health insurance industry and a strong state involvement in a universal health insurance plan. This tension forces the private sector to drift on fiscal austerity and enhancing workforce productivity in health service delivery (Horton, 2006; Owen, 2009). A review of past works on human service bureaucracies presages that a rise in demands for worker efficiency and system accountability often leads to shortcuts where individuals are treated as mass categories. Horton's (2006) ethnographic study of a Latino mental health hospital in the northwestern U.S. illustrates that the private-sector drive for productivity negatively impacts Latina clinicians whose invisible work subsidises the system against the groups of uninsured and immigrant patients experiencing acute psychosocial difficulties. In effect, clinicians' neglect for uninsured patients and dismissal of irregular ones was widespread as a ploy to cushion the effects of the reforms on patients. The consequences of abandoning the entrenched practices of risk pooling healthcare expenses in most U.S. communities in favor of consumer-driven health care practices yield major accessibility and affordability challenges (Owen, 2009).

More importantly, owing to their engagement in temporary and low-skill jobs involving dangerous environmental conditions and the use of hazardous equipment and machinery, migrant workers are often vulnerable to work-related injuries or accidents. Exploitation and poor labour conditions also impact the wellbeing and health of their households (Holden, 2002; Benavides et al., 2006). Low-quality housing, a direct outcome of migrant workers' low-wages, combined with dangerous and exploitative working environments, constitute grave health risk factors, particularly among migrant workers and seasonal farm workers (Holden, 2002). Similarly, extensive working hours required of migrants to meet their daily responsibilities and utilities constitute major threats to consistent child care. Hence, children of migrant workers are often prone to domestic and traffic mishaps, injuries, accidents and, in some cases, deaths (Benavides et al., 2006).

Globalisation and global movement of people are significant contributors to the transmission of diseases and the vulnerability of immigrants to health risks. This further reveals why it is in a host country's best interests to promote inclusive healthcare to impoverished populations, including both citizens and immigrants. Meanwhile, health challenges and services to immigrants are a product of local, national and global dynamics (Sargent & Larchanché, 2011). A constructive analysis of mental and reproductive health,

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labor and health risks, and chronic and infectious diseases shows that underlying political and socio-economic structures promote particular forms of health and disease. The above elucidate the existence of policies of exclusion as a determinant of immigrants' vulnerabilities to disparate access to healthcare, labour, housing and education. Meanwhile, inhuman treatments, limited opportunities and inefficient services further affirm the prevalent inequality and social injustice against immigrants in most parts of the world. The specific cases of the U.S. and South Africa as major global immigrant-receiving countries, leave much to be desired.

### ***Data Analysis and Findings***

This analysis considers the system efficiency of migrants in the U.S. and South Africa. In the analysis, we used empirical data from the two countries in a bid to understand the structural challenges faced by migrants living in both countries and to identify lessons that can be learned. The results are presented and discussed below. Using a structured survey questionnaire, a sample of 132 respondents, representing 19 countries, were successfully interviewed. The countries represented were Burundi, Cameroon, Congo Kinshasa, the DRC, Eritrea, Ethiopia, Ghana, Iraq, Jordan, Kenya, Libya, Nigeria, Pakistan, Rwanda, Saudi Arabia, Somalia, Sudan, Vietnam and Zimbabwe. Four countries – Somalia, Nigeria, Eritrea and Nigeria – make up over 50% of the sample. Eritrea was the country most represented in the U.S. with 26%, while Zimbabwe was the country most represented in South Africa, with 23%. The results show that men continue to dominate in the flow of migrants. Males were comprised 75% of the sample, while females comprised 25%. However, male migrants in the U.S. constituted 34% compared to 41% in South Africa. The majority of these migrants (76%) were age 26 to 45 years. In addition, refugee status was by far the dominant documentation possessed by the migrants.

Access to documentation for most migrants remains a major challenge worldwide. Table 1 below illustrates that the proportion of refugee status was 38% for the U.S. and 14% for South Africa. People with refugee status constituted 52% of the sample. The proportion of other documentation in South Africa is very high (21%) compared to other documentation in the U.S. sample. Undocumentation of migrants is one of the major issues in international migration. Though this paper does not seem to show strong evidence in the existence undocumentation, from observation in the field, the research found that migrants who are undocumented generally used the term

‘other documents’ rather than ‘undocumented’. The term ‘undocumented’ carries a certain level of stigma and non-acceptance, with which migrants do not wish to associate themselves. South Africa, in particular, showed clear evidence of stigmatisation of undocumented migrants; thus, providing rationale for the high percentage of participants who selected ‘other documents’.

Besides the issues of documentation, the results show that 60% of the sample have lived in the destination country for 1–5 years. While for the U.S. sample the majority of migrants have lived there for between 1–5 years, the duration of stay in South Africa was rather evenly spread between 1–15 years.

	US		SA		Total	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
<b>Gender</b>						
Male	43	34%	53	41%	96	75%
Female	19	15%	13	10%	32	25%
Total	62	48%	66	52%	128	100%
<b>Age groups</b>						
15-25	12	9%	6	5%	18	14%
26-35	21	17%	31	24%	52	41%
36-45	24	19%	21	17%	45	35%
46-55	4	3%	6	5%	10	8%
55+	1	1%	1	1%	2	2%
	62	49%	65	51%	127	100%
<b>Duration of stay</b>						
1-5	52	42%	23	18%	75	60%
6-10	5	4%	21	17%	26	21%
11-15	2	2%	16	13%	18	14%

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16-20	1	1%	4	3%	5	4%
21+	1	1%	0	0%	1	1%
Total	61	49%	64	51%	125	100%
<b>Legal status</b>						
Refugee Status	49	38%	18	14%	67	52%
Asylum seeker	1	1%	11	9%	12	9%
Work/business visa	0	0%	9	7%	9	7%
Undocumented	12	9%	1	1%	13	10%
Other	0	0%	27	21%	27	21%
Total	62	48%	66	52%	128	100%

Source: authors' analysis field survey (2018).

***Migrant Access to Social Services***

In this section, we evaluate the perception of migrants vis-à-vis their access to basic services, such as the healthcare, education and transport. The purpose was to identify key service areas where migrants face challenges due to system inefficiencies. Thus, we explored the frequency with which migrants access basic services, system information awareness, documentation needed to access information, the ease of access to services and migrants' level of satisfaction with the services rendered.

The results indicate that more migrants in South Africa (54%) have access to basic services compared to migrants in the U.S. (46%). The proportion of frequency of access to these services, however, varies with the countries. In the U.S., the majority of migrants (31%) accessed services once every two weeks compared to the majority of South African migrants (34%) who accessed services less than once every six months. Considering the economic and social circumstances of both countries, it is not surprising to see U.S. migrants accessing services more frequently.

Migrants were also asked to state the channel through which they receive healthcare information. The results indicate that migrants in the U.S. rely on NGOs for information regarding access to basic services, whereas migrants in South Africa, rely on family members, friends and sometimes government

offices. For the sample as a whole, NGOs constitute 41% of the source of information while family members and friends together form 40%.

	US		SA		Pooled	
	N	%		N	N	%
<b>Frequency of Accessing services</b>						
Less than once every six months	8	7%	37	34%	45	41%
Quarterly (once every three months)	1	1%	8	7%	9	8%
Once a month	7	6%	7	6%	14	13%
Once every two weeks	34	31%	3	3%	37	34%
Once a week	0	0%	4	4%	4	4%
Total	50	46%	59	54%	109	100%
<b>Knowledge of services</b>						
Government office	2	2%	12	11%	14	13%
NGOs	42	38%	3	3%	45	41%
Friends	0	0%	16	14%	16	14%
Family members	10	9%	19	17%	29	26%
church members	1	1%	6	5%	7	6%
Total	55	50%	56	50%	111	100%
<b>Documents needed to access service</b>						
Refugee Status	44	37%	20	17%	64	54%
Asylum seeker	2	2%	10	8%	12	10%
Work/business visa	1	1%	13	11%	14	12%

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Undocumented	7	6%	22	18%	29	24%
Total	54	45%	65	55%	119	100%
<b>Ease of obtaining relevant documents</b>						
<b>Yes</b>	48	41%	37	32%	85	73%
<b>No</b>	5	4%	27	23%	32	27%
<b>Total</b>	53	45%	64	55%	117	100%
<b>Satisfaction with service</b>						
<b>Very Dissatisfied</b>	0	0%	10	9%	10	9%
<b>Dissatisfied</b>	8	7%	13	12%	21	19%
<b>Neither</b>	17	15%	7	6%	24	22%
<b>Satisfied</b>	20	18%	20	18%	40	36%
<b>Very Satisfied</b>	6	5%	9	8%	15	14%
<b>Total</b>	51	46%	59	54%	110	100%

Source: authors' analysis field survey (2018).

### ***System Efficiency and Inefficiency***

System efficiency was measured in terms of the level of satisfaction of migrants with services offered and accounted for the challenges migrants face with respect obtaining the documentation required to access basic social services such as healthcare services. An efficient system is revealed in the satisfaction of migrants when accessing services through governments and NGOs. The results in Table 3 show that about 49% were satisfied with services received while 46% were dissatisfied. The majority of U.S. migrants (36%) were either satisfied or very satisfied with services compared to the majority of South African migrants (36%) who were either dissatisfied or very dissatisfied. It should be noted, however, that such satisfaction was mostly related to healthcare services. On the other hand, dissatisfaction was generally associated with access to documentation, such as delays in issuing asylum seeker permits, work permits or refugee status. Many migrants face challenges with documentation and this research corroborates such shreds of evidence.

From Table 3 below, it can be seen that migrants continue to face challenges in accessing proper documentation that could help them improve their livelihoods.

Migrants' perceptions of destination countries have always been rooted in hope for improved livelihoods. Most African migrants tend to move with a firm conviction that life will be better in the destination country. In this regard, we investigate the opinion of migrants to better understand how they perceive their destination country after migration with respect to its available resources. For migrants in both South Africa and the U.S., the results show that there was no difference in opinion on whether the host country has the resources necessary to deal with migrant's problems.

	US		SA		Pooled	
	N	%	N	%	N	%
<b>Satisfaction with service</b>						
<b>Very Dissatisfied</b>	1	1%	24	22%	25	23%
<b>Dissatisfied</b>	10	9%	15	14%	25	23%
<b>Neither</b>	0	0%	6	6%	6	6%
<b>Satisfied</b>	34	31%	12	11%	46	43%
<b>Very Satisfied</b>	5	5%	1	1%	6	6%
<b>Total</b>	50	46%	58	54%	108	100%
<b>Areas of Challenges</b>						
<b>Documentation</b>	3	3%	47	43%	50	45%
<b>Employment</b>	30	27%	6	5%	36	33%
<b>Education</b>	13	12%	1	1%	14	13%
<b>Medical services</b>	6	5%	0	0%	6	5%
<b>Safety and security</b>	0	0%	2	2%	2	2%
<b>Others</b>	0	0%	2	2%	2	2%

<b>Total</b>	52	47%	58	53%	110	100%
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Source: authors' analysis field survey (2018).

### ***Comparative Assessment of U.S. and South African Migrants***

Table 4 shows an association of system efficiencies and inefficiencies using the derived variables of the U.S. and South Africa. It shows the areas of common characteristics or similarities in terms of access to services and system inefficiencies. We applied the Pearson Chi Square statistical technique, which measures the level of association between two categorical variables. The Pearson Chi-Square, measured at less than 0.05, shows that there was a strong association of these variables for both countries. For age, gender and education, there was no significant difference, which generally corresponds to the literature on the age and level of education for most migrants (Dinbabo, et al., 2017). Based on this, our hypothesis was that there is no difference in system efficiency and migrant access to basic services.

From a nationality perspective, there was clear evidence that some countries were more represented than others in the survey. Somalians constituted 61% of the sample of migrants in the U.S. compared to 39% in South Africa. In the sample, 70% of Nigerians were living in South Africa compared to 30% living in U.S. Eritreans were 93% in the U.S. compared to 7% living in the South Africa. According to the South African Department of Home Affairs (2015), the exact number of African migrants in South Africa is not known. However, the Department ranked the top 15 migrant-sending countries as follows: Zimbabwe, Ethiopia, Nigeria, the DRC, Malawi, Somalia, Ghana, Burundi, Mozambique, Uganda, Congo-Brazzaville, Cameroon, Tanzania, Lesotho and Senegal.

The duration of stay was also significant. We found that migrants who have stayed in the host country for less than 6 years were more in the U.S. (69%) than the South African sample (31%). Whereas, those who have stayed for 6–10 years were more in the South African sample (80%) than in the U.S. sample (20%). These results may support the findings of many studies that show that South Africa is a transit country for many Eritrean and Somali migrants (Settler & Mpofu, 2017)

System efficiency, as previously mentioned, was measured in terms of access to documentation, legal status and access to basic services, such as housing, education and healthcare. We found that obtaining refugee status was easier

for migrants in the U.S. than those in South Africa. The South African Department of Home Affairs has taken tougher stands in its recent White Paper on refugee and asylum seeker permits. Our results show that 73% of migrants in the U.S. sample had successfully obtained refugee status, while only 27% of migrants in the South African sample had done so. In addition, besides obtaining refugee status, more South African participants (84%) stated that access to documentation was generally difficult. This calls for policy improvement and monitoring and evaluation of the documentation process in South Africa.

As illustrated in Table 4, measuring system efficiency in the form of ease of obtaining documents, satisfaction with services, challenges in accessing services, documentation challenges and community engagement contributes to our knowledge of how migrants in both countries see their host countries' immigration systems and challenges thereof. The significance of these measurements corroborates other studies that have shown that migrants face significant challenges in terms of acceptability and recognition. In the U.S., being a citizen does not automatically exonerate children of migrants born in the U.S. from the invisible hand of U.S. migration policies. Persons born to immigrant parents have the lowest level of education and often suffer from the decision their parents took years ago without their knowledge (Gonzales, 2011).

**Table 4: Comparative Analyses of U.S. and S.A. Migrants**

	<b>N</b>	<b>Coef</b>	<b>P-value</b>
<b>Gender</b>	128	2.0437	0.153
<b>Age</b>	127	4.4547	<b>0.348</b>
<b>Nationality</b>	117	58.2810	0.000
<b>Duration in the host country</b>	125	34.6964	0.000
<b>Legal status</b>	128	67.9256	0.000
<b>Educational level</b>	128	3.0274	<b>0.387</b>
<b>Access to services</b>	109	53.7295	0.000
<b>Knowledge of services</b>	111	63.3035	0.000
<b>Documents needed to access services</b>	119	31.6311	0.000

<b>Ease of obtaining documentation</b>	117	15.6527	0.000
<b>Satisfaction with services</b>	110	15.4571	0.004
<b>Challenges in accessing services</b>	108	40.9807	0.000
<b>Documentation challenges</b>	110	74.9013	0.000
<b>Community engagement</b>	113	12.6598	0.000

Source: authors' analysis field survey (2018).

Furthermore, we assess system efficiency by looking at the challenges that migrants encounter while in the destination country. It is intriguing to note that 57% of migrants in U.S. reported having challenges with employment, compared to 10% of migrants in South Africa. Whereas, 81% of migrants in South Africa migrants reported challenges in documentation. Thus, in terms of challenges faced by both countries, the result was statistically significant at  $P < 0.05$ . It seems to us that migrants in South Africa are most likely to be employed if having the right documentation. This is supported by other studies showing that migrants in South Africa who hold refugee or asylum seeker permits are able to access educational institutions and get employed (Marchand et al., 2017). These differences indicate that country-specific migration challenges must be addressed.

We conclude this section by pointing out that there is clear evidence from this study showing that there is a systemic gap in both countries in their approach to migration and migrants' access to basic services. Looking at the Table 4 above, it can be seen that, given a significance level of  $< 0.05$ , most of the variables were significantly different for both countries. However, education levels and age of migrants were not different for both countries, which is consistent with the literature as discussed in the following section.

## ***Discussion***

Recent developments in international migration have again raised worldwide international concerns on the movement of people, especially from the Global South to the Global North. This mass exodus of people is affecting national and international political discussions and influencing policies on the movement of people and their access to basic services. The challenges of international migration have not been sufficiently studied, especially from migrants' perspectives, and even less so in the form of comparative analyses. Given that most destination countries are beginning to raise systemic barriers to

migrants, these barriers are translating into physical walls, as in the case of the border between the U.S. and Mexico.

The main objective of this study was to evaluate system efficiency in the form of access to basic services such as healthcare, education and housing. The management of migrant communities is not peculiar to South Africa. Many developed economies, such as the U.S., Germany, the U.K. and France, are experiencing significant influxes of migrants, which impacts the resources of these countries. While many countries tend to be protective of social services, access to these services by migrants is critical for their health and wellbeing, especially in their newcomer years.

The results of this study indicate that migrants have positive perceptions of the destination countries. About 50% of migrants generally believe that the destination countries have the necessary resources to assist migrants. However, many of these destination countries themselves have difficulties in providing adequate resources to meet the demands of their citizenry (Ranchod, 2005). In the case of South Africa, in recent years, anti-migrant protests have sparked violence, in some cases leading to the death of refugees and asylum seekers, many who were fleeing economic and political persecution in their home countries.

Our findings demonstrate that access to healthcare services was by far the dominant service that migrants access in South Africa. In the U.S., food stamps and education, mostly through the work of NGOs, characterised the services to which migrants have easy access. In addition, the majority of the sampled population was generally satisfied with medical services and access to healthcare services were highly appreciated.

In addition, lack of documentation continues to act as a barrier to these important services. In the U.S., migrant women suffer from a number of restriction in their attempt to access basic healthcare services due to the citizenship requirement imposed by the Deficit Reduction Act of 2005 (Kaiser Commission on Medicaid, 2007).

According to the Consortium for Refugees and Migrants in South Africa (CoRMSA), the Department of Health in South Africa allows asylum seekers and refugees, and other immigrants to have access to public health facilities (CoRMSA, 2008). They further argued that despite the fact that there are good social service systems in South Africa in terms of healthcare, migrants from neighbouring countries such as Zimbabwe tend to go to their home countries

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for medical care (CoRMSA, 2008: 40). However, our study shows that such viewpoints have long changed. Zimbabweans constituted 23% of the South African sample and all used the South African healthcare system.

Furthermore, service delivery may be a function of national policies, political activism and public attitudes toward immigrants. In this context, migration has often elicited discourses of illegitimacy, non-acceptability or paranoia that immigrants are opportunists. They are often blamed by state institutions or the political class for overstressing public utilities or outcompeting citizens in opportunities or benefits, such as jobs, education and marriage. This is a critical challenge to immigrants' welfares, security and inclusiveness in South Africa (Dodson, 2010; Mosselson, 2010). Again, immigrants' with disproportionately low incomes and who are uninsured constitute a large and growing section of the American society and their status has wider implications for the improvement of services, especially healthcare and public utilities, nationally and across the U.S. (Ku & Matani, 2001). For instance, the social construction of diverse immigrant populations by dominant groups in receiving societies impacts the services rendered and opportunities given to them, while their wellbeing, in turn, influences their contribution to national economic transformations. This is exemplified in the culturally conceived notions of state, citizen and 'illegal alien', which engender hierarchies in which Latinos, African Americans and immigrant populations exist at the tail of social stratification in the U.S. (Briggs, 2005: 282 cited in Sargent & Larchanché, 2011).

Meanwhile, a balance between market competition and consumer responsibility, including collaboration of public and private sectors, should be maintained to enhance basic protections for all citizens, in which essential services (such as healthcare, housing, employment and social protection) for immigrants and other underprivileged members of society assume human right status (Owen, 2009). As de Bocanegra et al. (2012) maintain, equal opportunities and adequate funding can improve the welfare of immigrants, and quality safety net provisions can yield valuable knowledge on serving special and marginalised populations. Additionally, municipal administrations or local governments are an important arena of efficient service delivery to immigrant populations (McGranahan et al., 2009; Pendall & Hoyem, 2009). Their political incorporation and socio-economic integration through inclusive policies and welfare services can yield efficient and positive outcomes for municipal or local jurisdictions across a wider range of immigrant receiving communities (Pendall & Hoyem, 2009). Hence,

considerable amends at the level of policy formulation, legislation and service management, including international partnerships, can help enhance the welfare, service delivery and opportunities for immigrant populations (McGranahan et al., 2009). Finally, adoption of open migration policies for skilled migrants, provision of low-fee schools, engagement in critical skills, relaxation of labour laws and creation of special economic zones are necessary conditions for economic inclusion and social stability for both citizens and migrant populations. Taking a cue from Bernstein (2014), the threats of high level unemployment, shortage of skills, degrading education systems and negative effects on the labour market and union regulations would gradually disappear if immigrant populations are fully integrated into national development and efficiently served to realise their potentials.

### ***Conclusion and Recommendations***

Migration has long been a crucial factor in cross-cultural relations, national and regional integration and global socio-economic development. However, non-inclusiveness and anti-immigrant feelings continue to militate against the well-being, emancipation, human rights and resilience of immigrant populations, including migrant workers, refugees, asylum seekers, immigrants and their children, in most parts of the world. These challenges are deep-rooted in the national and local policies and attitudes of the receiving societies towards immigrants' access to health, education, labour, decision-making power and housing services, among other essentials. Hence, the treatment of migrant populations as a case of inclusions and exclusions in service deliveries and system efficiencies can also be conceived from the general perception of their acceptability and varying socio-political conditions dominant in different countries in the world. For example, issues ranging from open migration policy and supports for immigrants' wellbeing, healthcare, security and rights protection are captured in extant studies. While inadequacies in housing services, access to healthcare, social injustice and questions of inequality against immigrants (documented and undocumented) and their children deserve to be at the forefront of academic discourse and policy formulation.

Studies have shown that avenues for intervention and investigating service deliveries to the immigrant population can be approached through an analysis of the roles institutionalised discrimination plays in systems and service disparities. While several studies have examined systemic forms of inequality, it is also important to realise that reduced funding for public utilities and social security leads to heightened institutional demands on providers and, in

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several cases, may lead to aggression against the vulnerable immigrant populations as well as other underprivileged groups in the society. Thus, analysis of disparities should take into account the milieu within which immigrant minorities disproportionately receive treatments and service inadequacies. In addition, real-time monitoring and evaluation (M&E) systems at the national and local levels could be of great help towards the appraisal and delivery of such social services. Further studies could critically explore an electronic based (e-based) M&E system that could capture extensive data over time in order to curb some of the disparities and challenges to ensure efficient service delivery systems.

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