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African Human Mobility Review

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Through the publication of original research, policy discussions and evidence-based research papers, AHMR provides a comprehensive forum devoted exclusively to the analysis of current migration trends, migration patterns and some of the most important migration-related issues.

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SIHMA Physical address
47, Commercial St, 8001 Cape Town – South Africa
Tel. 0027 021 461 4741
Email: ahmr@sihma.org.za
Webpage: www.sihma.org.za

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Editorial

Professor Mulugeta F. Dinbabo
Editor-in-Chief, African Human Mobility Review (AHMR)
University of the Western Cape
Email: editor@sihma.org.za

This issue consists of five articles. The first article by **Aklilu Asha** and **Matlou Nkwana** is entitled "Complexities in the Case Management of Unaccompanied Minors: Perceptions of Social Workers Practicing in the Polokwane Child and Youth Care Centres". Using a rights-based approach as a theoretical framework, this empirical research probes the underlying factors that make the administration of unaccompanied children challenging. The participants of the study constituted primarily social workers practicing within the two Centres, including the supervisors and coordinators. These groups were selected purposively because of their extensive knowledge of and involvement in the activities of the Centres. The findings of this research highlight that most of the unaccompanied minors were in dire need and lacked proper documentation. The research argues that a number of perilous child protection challenges existed in the management of the cases of unaccompanied minors. These include the limited capacity of social workers, lack of intersectoral integration and collaboration, and insufficient allocation of resources to tackle the multiple dilemmas that affect unaccompanied minors in the Centres. The research concludes that despite the solid international legal framework and South Africa having a relatively well-developed legal and policy framework governing child protection, there are several critical child protection gaps that exist in terms of the implementation of these frameworks for unaccompanied or separated foreign children, by government officials.

The second article by **Terry-Ann Jones** and **Tamara Last** is entitled "European Immigrants in Johannesburg: Perceptions, Privileges and their Implications for Migration Experiences". The research examines the experiences of privileged migration and strategies adopted by European immigrants to navigate South Africa's immigration regime. Drawing on qualitative data from two independent studies on South African attitudes towards immigrants and European immigration to South Africa, the study also critically explores the interplay of social recognition and legal authorization in relation to privileged migrants. The study discovered that European privileges, such as international mobility and access to resources acquired in and by European governments, are reflected in the opinions of European immigrants in South Africa, which are contextualized in experiences and legacies of the apartheid regime. Furthermore, European immigrants' beliefs define their privileged experience and enable their social mobility in a deeply unequal country by exempting them from

migration politics and xenophobia and facilitating their economic integration.

The third article by **Joseph Inyama** is entitled "Economic and Risk Perceptions Motivating Illegal Migration Abroad: Port Harcourt City Youths, Nigeria". The study adopted a qualitative research methodology to collect data from Port Harcourt City youths on the lived experiences of irregular migrants in selected countries abroad. Using the Theory of Reasoned Action and the Cultural Theory of Risk Perception, this study investigates the economic and risk perceptions related to the livelihood of male and female youths of Port Harcourt City about migration to Europe through the Sahara Desert and across the Mediterranean Sea. The outcomes of this study reveal that the prospect of a better life and a steady income motivates people to undertake dangerous migratory journeys abroad, regardless of the hazards. Besides, the survey found that the majority of teenagers who go on perilous excursions lack a thorough understanding of the perils of traveling through the desert and across the sea, including the difficulties of living abroad as undocumented migrants. This empirical study suggests that government agencies and international community partners work together to undertake long-term interventions that will strengthen youngsters' resilience to illegal migration.

The fourth article by **Fatima Khan** and **Mikhail Kolabhai** is entitled "Bureaucratic Barriers to Social Protection for Refugees and Asylum Seekers during the COVID-19 Disaster in South Africa". The COVID-19 pandemic represents a major public health challenge with serious economic and social impacts. This research considers the situation of refugees and asylum seekers during the pandemic, as well as their social protection status. The findings of this study reveal that decades of asylum mismanagement have left asylum seekers and refugees without protection at a time when they need it most. The research suggests the reframing of asylum administration as a critical disaster readiness infrastructure and vital service that could help to catalyze the significant reforms needed to protect these vulnerable groups and guarantee that their safety is prioritized.

The fifth article by **Paul Asquith**, **Richard Neetzow**, **Julia von Freeden** and **Paul Schütze** is entitled "The Link between Documentation Status, Occupation Status, and Healthcare Access for African Migrants: Evidence from Kenya, Nigeria, and South Africa". With the objective to examine the link between registration status, employment or occupation status, gender, and (perceptions of) access to healthcare, empirical data was collected from three selected countries in East, West and Southern African regions. To look into the effects of these various traits, a variety of statistical tests and models were used. The findings of this research show that throughout the three sample countries, access for people without any documentation is lower than other groups, not only by means but also within the linear models. As a result, the researchers strongly propose that, even if only temporarily, extending regularization paths in African states would be an effective policy lever for improving migrants' access

to healthcare and, by extension, migrants' health. They further note that the effects of employment status and gender on access to healthcare were more ambiguous, and further research in African contexts is required to clarify their impact.

With effective presentations, good organization, and critical argumentation, the writers have created analytical and scientific research outcomes. I believe that the African Human Mobility Review, Volume 7, Number 2, 2021, will be a useful resource for researchers, practitioners, and students.

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Complexities in the Case Management of Unaccompanied Minors: Perceptions of Social Workers Practicing in the Polokwane Child and Youth Care Centres

Aklilu Asha* and Matlou Nkwana*

* University of Limpopo, South Africa

Post-apartheid South Africa has become a preferred destination for migrants and refugees from across different parts of the globe, particularly the African and Asian continents. The influx of foreign nationals into the country has contributed to an increase in the number of unaccompanied refugee minors as they either travel alone or become separated from caregivers or parents once they have entered the country. This situation has complicated the management aspects of the cases of unaccompanied minors at the local level. The purpose of this article is to explore the experiences of social workers in the management of the cases of unaccompanied refugee minors in the Child and Youth Care Centres (CYCCs) in the Polokwane area. Qualitative data was collected by employing face-to-face interviews as well as observation techniques and data was analysed by applying the qualitative thematic approach. The findings highlighted that most of the unaccompanied minors were in dire need and lacked proper documentation. It was also revealed that a number of perilous child protection challenges existed in the management of the cases of unaccompanied minors. These include the limited capacity of social workers, lack of intersectoral integration and collaboration, and insufficient allocation of resources to tackle the multiple dilemmas that affect unaccompanied minors in the CYCCs. The study concludes that despite the solid international legal framework and South Africa having a relatively well-developed legal and policy framework governing child protection, there are a number of critical child protection gaps that exist in terms of the implementation of these frameworks for unaccompanied or separated foreign children, by government officials.

Keywords: migration, unaccompanied minors, social workers, child and youth care centres

INTRODUCTION

The migration of unaccompanied minors represents a trend which affects many countries from across the globe. Children who are unaccompanied minors constitute the majority of the world's refugees (Swart, 2009). The United States, for instance, experienced a rapid growth in the number of unaccompanied children entering the country through the US/Mexican border between 2011 and 2014 (Rosenblum, 2015). A report by the UNHCR (2015) indicates that half of the refugees who entered South Africa during the reporting period, were children.

After 1994, the democratic South Africa has become the preferred destination for many migrants and refugees from across the African continent. Many children travel independently or become separated from the care-giving adult once reaching the country; they are then referred to as unaccompanied minors. Mothapo (2017) notes that many unaccompanied migrant children in the country do not have an asylum claim but that they are economic migrants, and often children are in need of care and protection. Most of these unaccompanied minors are often undocumented, as they entered the country illegally. Their cases are dealt with in terms of this country's Children's Act (RSA, 2005) so that they are protected from deportation by obtaining an order from the Children's Court.

In the Limpopo province, the migration of citizens of other African states into the province has caused an increase in the number of unaccompanied minors within the child protection system, particularly in the Child and Youth Care Centres (CYCCs), and it needs a collaborative intervention. The CYCCs accommodate unaccompanied minors who remain in the system for more than two years, as the stipulated time in relation to section 159 of the Children's Act 38 of 2005 (Mothapo, 2017). The CYCCs are full to capacity and there are also delays in finalising the cases of unaccompanied minors due to several challenges. These challenges include the lack of identifying particular, untraceable families from the country of origin for reunification purposes; non-finalisation of placement; infrastructure; and other related problems (Rosenblum, 2015). Against this background, the article aims to explore the experiences of social workers in the management of the cases of unaccompanied minors, particularly the strategies and challenges in the process of case management

LITERATURE REVIEW

This section critically engages with the concept of unaccompanied refugee minors, the processes and procedures pertaining to the case management of unaccompanied minors, and the challenges related to the case management of unaccompanied minors. The section also presents the rights-based approach as a theoretical framework.

Unaccompanied refugee minors (URMs)
An unaccompanied refugee minor is a child who seeks refuge on his or her own

without any family or company, while undocumented children refer to both accompanied and unaccompanied children (Van der Burg, 2009). The reasons these children are outside of their country of origin without caregivers are diverse: they seem to be mainly fleeing prosecution or conflict, are victims of trafficking, or are in search of economic opportunities or schooling (DSD, 2009). Moreover, these unaccompanied and separated children often face discrimination and difficulty in accessing basic services and are at high risk of violence, exploitation and abuse. Currently, social welfare services are experiencing huge challenges in safeguarding care and protection of children (DSD, 2009).

Sobantu and Warria (2013) emphasise that unaccompanied minors in South Africa are protected by the Constitution of the Republic of South Africa (RSA, 1996), the Children's Act No 35 of 2005 (RSA, 2005), the Refugees Act No 130 of 1998 (RSA, 1998) and the Immigration Act No 13 of 2002 (RSA, 2002). Section 28 of the Constitution sets out the rights of all children in South Africa, including the right to family or parental care or to suitable alternative care when removed from the family environment. It also stipulates the right to basic necessities and social services as well as the right to be protected from maltreatment, neglect and abuse (RSA, 1996).

The Refugees Act No 130 of 1998, also provides for the reception into South Africa of asylum seekers' relevant international statutory instruments, principles and standards relating to refugees (RSA, 1998). Section 32 of the Refugees Amendment Act of 2008 refers to the Children's Act in cases where unaccompanied children are found in need of care. The children's court may order that the child who appears to qualify for refugee status be assisted with the application for asylum in terms of the Act, but practically obtaining the documentation for unaccompanied children in the asylum process remains a challenge. A significant proportion of these children remain undocumented because the authorities refuse to grant them access to the asylum process without the assistance of a parent or guardian. This is because South African laws regard children below the age of 18 as lacking the full capacity to interact with the law when not duly assisted by their parents or guardian. This approach fails to take cognisance of the child's specific claims and that children can be persecuted and that any of the grounds for asylum in Section 3 can be applicable to children (Bhabha, 2008). On the other hand, once social workers and police officials have removed a child from a harmful environment and placed them in temporary safe care, and obtained the court order from the Children's Court, they consider their work complete (Willie and Mfubu, 2016).

The Children's Act No 38 of 2005, equally gives effect to the right of the children as stipulated in the Constitution, and it sets out principles in relation to care and protection of children. The aim of this Act is to promote and preserve families and give effect to the constitutional rights of children. However, the Children's Act is silent about unaccompanied minors; it does not identify particular vulnerabilities of foreign children like unaccompanied minors and separated refugee children, and hence there is a tendency of social workers and magistrates to focus only on social

welfare.

Case management of unaccompanied minors

It is important for social workers who work with unaccompanied minors to bear in mind that these children have generally been through traumatic situations. Therefore, clarity in roles among stakeholders could reduce the overlapping of roles and also fill the gaps that could be created by performing roles of others and minimise possible harm (Ambrose-Miller and Ashcroft, 2016). The Department of Social Development (DSD) has developed guidelines on separated and unaccompanied children outside their countries of origin. The aim of the guidelines is to assist the staff of the department in fulfilling their obligations with regards to separated and unaccompanied foreign children in South Africa. The guidelines (DSD, 2012: 5) specify a number of responsibilities on the part of social workers and other stakeholders, as follows:

- Identification of an unaccompanied or separated child: it can be done by anyone including police, immigration officials, social workers, NGOs and the community. Children who are identified should then be referred to a social worker or a police official.

- Assessment and documentation: the child will be assessed by the social worker within 72 hours, gathering information and the circumstances around the child and the child should be registered and documented.

- Tracing and investigation of the biological parents, family or any other person who is the caregiver to the child, from the country of origin.

- Temporary placement: children must immediately be placed in temporary safe care.

- Formal placement and options for durable solutions: the social worker should investigate the child's situation and compile the report within 90 days before the child is brought to the Children's Court. The social worker must then present recommendations for formal placement or a durable solution for the child, which is the permanency plan, taking into consideration the views of the child.

In line with the aforementioned process, social workers should play a critical role in ensuring effective management with the cases of unaccompanied minors. Wright (2014) concurs that social workers can play a key role in the initial screening, supervision and support in placement and where required, social workers can prepare unaccompanied asylum-seeking children to be returned to their countries of origin. In practice, however, there are some challenges that social workers face in implementing the procedures and process as outlined in the guideline.

Challenges in managing the cases of unaccompanied minors

Managing cases of unaccompanied minors within the child protection system is an important process, but how to do it, becomes a problem to most social workers. The lack of legal documentation delays the process and in addition, the lack of adequate knowledge – on the part of social workers and magistrates – of the legal framework and procedures relating to unaccompanied foreign children, contribute to this problem (Schreier, 2011). The area of social work figures prominently within the continuum of care for unaccompanied refugee minors (Lee, 2012). However, there is a gap in the literature to explore refugee and migrant issues from a social work perspective. The National Association of Social Workers (NASW, 2008) requires the profession to take responsibility for the ethical practice and research activities relevant to unaccompanied refugee minors (URMs).

Competence is a key capability required of social workers engaging with URMs. Therefore, an evidence-base of knowledge and skills that inform best practices requires ongoing research. Hence, this research was undertaken, in order to study the effectiveness of the services of social workers to unaccompanied minors and the challenges that they encounter. Although all social workers are placed at risk, there is global recognition of the particularly demanding nature of a designated social worker (Bradbury-Jones, 2013). Regardless of the inadequate knowledge base of unaccompanied minors' cases, child protection social workers have to make decisions and act. They have to predict the underlying picture and make decisions about the safety of the children involved. Their statutory responsibilities mean they have limited time and resources to investigate and reflect and the need for speed is another constraint.

Mahmoudi and Mothapo (2018) argue that language barriers present the main challenge in assisting the children, especially if they are very young. Furthermore, translation resources are limited and informal mechanisms to assist with translation are used, which is certainly not ideal when dealing with vulnerable persons. On the contrary, Westwood (2012) contends that when language is a barrier, social workers worry if the children are getting accurate information from the interpreters. The survey conducted suggests that a large percentage of the children originate from French-speaking African countries (Burundi, the Democratic Republic of the Congo and Rwanda) and language is also an obstacle in the way of family tracing and reunification, since reunification efforts in the country of origin would entail liaison with French-speaking counterparts or relatives (SCCT, 2019).

The reality of migrant children is that they enter their host countries with no proper documentation, which is difficult insofar as identity and age assessments go (Westwood, 2012). Research suggests that the South African refugee system is ill-equipped to deal with age assessments, creating a gap in the system when it comes to the identification of applicants as minors (Haidar, 2017). Research indicates that a social worker may conduct an age assessment of a child by visiting a doctor, but whether children are given the option to consent or not is unknown and no case law

was found that may shed light on this topic (Westwood, 2012). Social workers felt that the migration agency did not do enough in making an allowance for the cases of unaccompanied minors; they called for the holistic assessment of cases; and they also felt that they do not have much influence on decisions made by the migration agency (Zwebathu, 2018). Tham (2018) shows that doing social work with unaccompanied minors presents a high job demand with low control, which may lead to work-related stress.

Rights-based approach as a theoretical framework

A theoretical framework refers to a structure that summarises concepts and theories from previously tested and published knowledge to provide a synthesis of a theoretical background or a basis for data analysis and interpretation (Kivunja, 2018). Accordingly, this study deemed the theory of a rights-based approach (RBA) to be relevant because much emphasis has been given to RBA to address the issues and challenges related to child protection (Dinbabo, 2013). The RBA consists of seven steps, as described below (adapted from Dinbabo, 2013: 274; Dinbabo and Carciotto, 2015: 165):

- Universality and inalienability: Human rights are universal and inalienable, and the entitlement of all people everywhere in the world. An individual cannot voluntarily give them up. Nor can others take them away. As stated in article 1 of the Universal Declaration of Human Rights, "All human beings are born free and equal in dignity and rights".

- Indivisibility: Human rights are indivisible. Whether civil, cultural, economic, political or social, they are all inherent to the dignity of every person. Consequently, they all have equal status as rights and cannot be ranked in a hierarchy.

- Interdependence and interrelatedness: The realisation of one right often depends, wholly or in part, on the realisation of others. For example, the realisation of the right to health may depend on the realisation of the right to information.

- Equality and non-discrimination: All individuals are equal as human beings, and by virtue of the inherent dignity of each person, are entitled to their rights without discrimination of any kind. A rights-based approach requires a particular focus on addressing discrimination and inequality. Safeguards need to be included in development instruments to protect the rights and well-being of marginalised groups.

- Participation and inclusion: Every person and all peoples are entitled to active, free and meaningful participation in, contribution to and enjoyment of civil, economic, social, cultural and political development, through which human rights and fundamental freedoms can be enjoyed.

- Empowerment: Empowerment is the process by which people's capabilities to demand and use their human rights grow. They are empowered to claim their rights rather than simply to wait for policies, legislation or the provision of services.

- Accountability and respect for the rule of law: A rights-based approach seeks to raise levels of accountability in the development process by identifying "rights holders" and corresponding "duty bearers" and to enhance the capacities of those duty bearers to meet their obligations.

As indicated above, the RBA was adopted as a theoretical framework of this study, which demonstrates the importance of human rights principles to unravel challenges and issues in the arena of migrant child protection. The focus of this paper is to explore the experiences of social workers in the management of the cases of unaccompanied minors in the Child and Youth Care Centres in the Polokwane area, Limpopo province. In this regard, the RBA assists in understanding the complexities in the management of cases of unaccompanied refugee minors.

METHODOLOGY

A qualitative case study design was adopted to explore the complexities in the case management of unaccompanied refugee minors from a social work perspective. It was conducted in two CYCCs in Polokwane, namely, the Polokwane Welfare Complex and the Samaritan Children's Home. The Polokwane Welfare Complex is a government-owned institution, consisting of four units: temporary safe care, children's home, secure care, and Khuseleka one-stop centre. The Samaritan Children's Home is a registered child protection organisation in Polokwane. These centres accommodate unaccompanied refugee minors.

The participants of the study constituted primarily social workers practicing within the two CYCCs, including the supervisors and coordinators. These groups were selected purposively because of their extensive knowledge of and involvement in the activities of the two centres. Accordingly, eight social workers, two supervisors and two coordinators were selected for this study. The total sample size for this qualitative study was 12, based on the data saturation.

The qualitative data was collected using interviews and observation. The one-on-one interview schedule was used as a guide to collect first-hand information from the social workers. The data analysis involves an inductive thematic analysis technique which involves transcribing the field notes, followed by coding the data using codes identified from the data. The coded data was classified into themes and sub-themes. The interpretation was then provided and cross-examination was done with the relevant literature. The findings are presented in the form of a textual report and direct quotations.

FINDINGS AND DISCUSSIONS

This section provides biographical profiles of the respondents. Regarding the gender of participants, 92% of the participants were female while 8% were male. As a helping profession, social work is often regarded as a woman-dominated field. With regard to work experience, 90% of the participants had 5 to 10 years of experience practicing as a social worker. Fewer than 10% of the respondents had more than 10 years' experience as social workers and they held senior positions, such as social work supervisors, and district and provincial coordinators of programmes.

The next section provides the findings and discussions using the themes derived from the study. These include: the overall situation of unaccompanied minors; the management of cases of unaccompanied minors; perceptions on case management; and challenges faced by social workers in the management of cases of unaccompanied minors in the study area.

The overall situation of unaccompanied refugee minors

Child protection, including for unaccompanied refugee minors, has been promulgated in different legal and policy frameworks in South Africa. Despite the existence of a plethora of legislation, the evidence suggests that unaccompanied minors are still exposed to exploitation and they are in a situation of hopelessness (Magqibelo et al., 2016). This study sought to establish the overall situation of unaccompanied minors in the study area. The findings show that unaccompanied minors are generally in a dire situation as they live on the streets, begging, stealing and are mostly exposed to abuse and exploitation by adults and some might be involved in criminal activities like stealing for survival. According to the participants of the study, the cases of unaccompanied minors are increasing around the Polokwane area. These minors are normally found roaming the streets of the city. This situation puts them in a vulnerable state as they are mostly unprotected against abuse and mistreatment. According to the IOM (2012), children who leave their homes, communities and countries are at risk of economic or sexual exploitation, abuse, neglect and violence. Moreover, these unaccompanied minors often face discrimination and difficulty in accessing basic services, and are at high risk of violence, exploitation and abuse (Van der Burg, 2009). The following extracts from participant responses confirm this harsh reality:

> The situation is dire in that there are a lot of those cases of unaccompanied minors in Polokwane. They live in places and leave in the morning to come and beg in the street and go to the same place to sleep (P3 social worker, 27 April 2019).

> These children are normally found roaming the street in the cities. They survive through begging, stealing and are mostly exploited by adults. This puts them in a vulnerable state as they are mostly exposed to abuse and exploitation. Most

of these children are of Zimbabwean nationality, which is a challenge because they don't qualify as asylum seekers. They are here for economic reasons (P11 provincial coordinator, 09 May 2019).

The findings also revealed that the majority of unaccompanied minors are Zimbabwean nationals, which disqualifies them as asylum seekers. They left their countries, usually without their families' knowledge, due to economic and political instability. The major reasons for migration were extreme household poverty and exposure to various vulnerabilities including starvation, lack of/threatened education, financial difficulties, abuse/victimisation and lack of adult protection (Adefehinti and Arts, 2019). The literature shows that South Africa is home to thousands of unaccompanied child migrants from neighbouring countries, especially Zimbabwe (UNICEF, 2011). Most of these children are often undocumented as their entry into the country is irregular (Westwood, 2012; Mothapo, 2017), which makes intervention by social workers difficult.

Since the majority of these children are from Zimbabwe, they are located in quite big numbers in Musina, a town next to the Zimbabwe/South Africa border. They are also found in the streets of Polokwane city for survival mechanisms, mainly through begging. It is evident that they entered the country without their parents or guardians, while others came to South Africa with their relatives and parents, and at a later stage became separated from them, for various reasons. According to the participants of the study, they lack documentation, which becomes difficult in terms of managing their cases. As a result, the unaccompanied minors cannot access basic education at schools and remain without a birth certificate, making it more complex to be transferred to foster care and to facilitate access to social grants. It should be emphasised that the rights-based approach requires a particular focus on addressing discrimination and inequality in order to safeguard the rights and well-being of marginalised children, including unaccompanied refugee minors (Dinbabo, 2013).

The management of cases of unaccompanied minors

According to Greenff and Chetty (2018), case management refers to linking the identified migrating child with systems that provide him/her with the needed services and/or resources to facilitate a safe transit and initial placement during their migratory journey. These authors further state that case management involves steps such as: identifying and documenting an unaccompanied minor; assessing the needs of the minor; developing an individual case plan for the minor; starting the case plan by making use of direct support and referral services; following up and review; and finally closing the case (Greenff and Chetty (2018). In South Africa, the Children's Act of 2005 provides clarity on the case management of vulnerable children. As the implementing agency, the Department of Social Development (DSD) guidelines also stipulate the procedures and roles by officials in managing the cases of vulnerable children, including unaccompanied refugee minors to ensure access to effective child

protection services.

This study engaged participants to determine the efficiency of case management procedures for unaccompanied minors. According to the respondents, these children are mostly found by the police during patrols in the city or else when they are arrested for petty crimes. The police will then take them to the CYCCs and after that the case will normally be referred to the social worker for further attention or to a probation officer if the child has committed a crime. The documentation should be done as a priority, as stipulated in the DSD guidelines for unaccompanied and separated minors outside their country of origin (DSD, 2015). Once the case has been reported, a social worker has to seek a temporary placement for the child. To effect this, a social worker takes the case to a court and places the child in a CYCC, depending on the age of the child. If the birth of the child has not been registered, the social worker needs to approach the Department of Home Affairs (DHA), the department responsible for birth registrations. In most cases, because the children are undocumented, the matter has to be referred to the Department of Health (DoH) for age estimation before the DHA issues a hand-written registration of birth. The following extracts capture participant responses:

> The first thing that I must do as a social worker, once the case has been reported, is to seek temporary placement for the child. I have to go to court and place the child in CYCCs depending on the age of the child. Also, if the birth of the child is not registered, one needs to involve Home Affairs and, in most cases, because they are undocumented, you have to go to the Department of Health for age estimation before Home Affairs issues a hand-written registration of birth (P2 social worker, 13 April 2019).

> Mostly they are found by police when they are patrolling in the cities, or else they are being arrested for petty crimes. The police will then take them to CYCCs and after that they will normally refer the case to the social worker for further attention or to a probation officer if the child has committed a crime (P11 social worker, 09 May 2019).

According to the respondents of this study, after the placement of the minors into CYCCs, they are interviewed to obtain more information regarding their status. Some difficulties during interviews, include: the children provide incorrect personal details required to trace families; some children have been known to go home (Zimbabwe) for Christmas – while having claimed not to have a family – and then return to South Africa. This prevents reunification efforts made by social workers (Mahmoudi and Mothapo, 2018). Despite this challenge, the social workers interview the children in order to gather information about their background that will assist at a later stage for tracing of the family. Respondents further highlighted that it is very difficult to get the truth from these minors as their stories always change, which

make it difficult to win their trust. In addition, this complicates the situation and the families are untraceable because of inconsistent information. However, in practice there are several challenges, including a highly restricted immigration system, an overburdened and poorly functioning asylum system, and an under-resourced, unsuitable child protection system, leaving the minors extremely vulnerable to arrest, detention, exploitation and abuse (Andersen et al., 2016).

Perceptions of case management

The rights-based approach (RBA) seeks accountability and respect for the rule of law in terms of the management process and promotes an integrated and comprehensive approach towards ensuring the rights of people in general and more specifically child protection (Dinbabo, 2013). The authors of this paper argue that it is important to build the capacity and empower various implementing agents. However, the respondents of the study are of the opinion that the cases are not well managed, based on the fact that social workers do not know how to handle these cases. Participants also revealed that there is a delay by International Social Services (ISS) to attend to these cases, let alone to give either feedback or updates to social workers about the status of the case. In practice, there is no proper communication between service providers and ISS nor acknowledgement of receipt and feedback about the cases referred, which indicates that there is a gap in the implementation of policies.

Schreier (2011) concurs that the lack of sufficient knowledge by social workers and magistrates of the legal framework and procedures pertaining to unaccompanied foreign children, contributes directly to the delay in the finalisation of these cases. The evidence also reaffirmed the DSD's guidelines on separated and unaccompanied children outside their country of origin in South Africa, which states that action to assist separated and unaccompanied children who are outside their country of origin, requires long-term commitment, often lasting years, by the stakeholders involved (DSD, 2015).

Below are extracts from participants' perceptions of case management:

> Cases are not well managed. I submitted a case of a child from Nigeria in January 2019 to the ISS and even to date no response, feedback or update received. It is now three months; when making a follow-up, you only get one sentence: "We are still busy with the case." DSD is actually contributing towards not assisting these children according to the norms and standards of the Children's Act (P10, social worker, 26 March 2019).

> I don't think they are well managed, there is a lot of mismanagement, and cases are not well managed as we do not have direct contact with ISS or the person referring the cases. There is a lot of red tape between the social worker and ISS. Many a time the information does not reach the manager, only when follow-up is made by the case manager, they are then told they used the wrong

format or the social worker from the other country or ISS is no longer working there. If a social worker can have direct contact with the counterpart from the other side, maybe this process will be less complicated (P1, social worker, 14 March 2019).

Perceptions of the effectiveness of the case management system

According to Magqibelo et al. (2016), there are several legislative frameworks to ensure that unaccompanied minor refugees have access to the most basic human rights, which include regional, national and international declarations pertaining to children. These include, the United Nations Convention on the Rights of the Child (UNCRC) (1989), the African Charter on the Rights and Welfare of the Child (ACRWC) (1990), and the Children's Act (Act 38 of 2005) as amended by the Children's Amendment Act (Act 41 of 2007). However, the authors argue that a number of protection gaps, especially in terms of implementation of these frameworks, still exist (Willie and Mfubu, 2016; Magqibelo et al., 2016) due mainly to the lack of sufficient legal paths for the documentation of foreign minors, lack of coordination between the various state departments, and lack of knowledge about the relevant laws.

Participants of this study also expressed their disappointment regarding the effectiveness of the system. Despite a few successful cases, most participants believed that the case management processes and procedures governing unaccompanied minors are not effectively implemented because most of the social workers lack awareness about the system and that there is inadequate collaboration between the ISS and social workers. As a result of the lack of progress and delays, the executions of cases by the social workers were inefficient. One of the participants of this study indicated that they wished for social workers to be given the authority to directly trace the families of the children or find a suitable family so that the child can be raised in the family set-up rather than remaining for long periods in the CYCCs. In line with this finding, Andersen et al. (2016) pointed out that despite the legislation and guidelines that provide a comprehensive system of protection and care for children in South Africa, there still remains a profound gap in the ability of social services to meet their statutory duties to vulnerable children. The following extracts from participant responses concur with the literature:

In my opinion I don't think it is because the cases are still not moving. There is no progress yet, and in my opinion, I would wish if things can be done differently, in the sense that if social workers can be given the authority to not work via the ISS which takes a very long period. If they can be given the authority to trace the families of the children themselves or if there is no one coming forth, maybe we find a suitable family for this child so that they can be raised in South Africa to prevent them remaining in the CYCCs and disadvantage them from the opportunity to grow up in a family setting (P1,

social worker, 14 March 2019).

> In my opinion, the system is there, but it is not working. There are few successful cases. Social workers will end up stuck with these cases because they will not be solved. Maybe if the ISS can be decentralised up to the provincial level, maybe it might work because it might be that they are having high caseloads or insufficient human resources (P2, social worker, 13 April 2019).

Challenges faced by social workers

The study found that there are numerous challenges that are hampering service delivery to unaccompanied children. Among other challenges mentioned by respondents, is the fact that these children are undocumented. According to Sobantu and Warria (2013), numerous unaccompanied children do not possess documents because of the circumstances which led to them leaving their homes, with documents being confiscated by immigration offices or police, or getting lost during the trip, or becoming illegible because of travelling conditions. These children are undocumented and the relevant department does not show full cooperation and commitment to deal with the matter. As a result, children are not attending school and are not getting other important services, simply because of having no documentation. The following extracts from participant responses bear testimony to this unfortunate reality:

> They do not have documents and then it becomes a big challenge with us because at the end you don't know what to do with this child. The child can't be registered at a school; they can't get a birth certificate where you can say these children can be fostered and get a grant; you get stuck (P8 supervisor, 14 March 2019).

> These children are undocumented. The Department of Home Affairs is not cooperative, nor willing to assist with the issue of documentation. Children are not attending school due to lack of documentation (P9 social worker, 26 March 2019).

The second challenge, as identified by participants, is that these children often do not tell the truth about their background, which causes their cases to take long before being finalised. On the other hand, the ISS takes time to give feedback of cases referred for family tracing. Tracing the families is also a challenge, as the ISS is not effective, because many cases are not finalised. The fact that the cases are active for a very long time and there is no progress, is like a back-and-forth kind of a situation and is a challenge on its own. The fact that this child is in limbo, the child does not have a family that they can be linked to, and the child is staying in a CYCC, is a challenge on its own. This implies that the best interest of the child is not really given priority in the situation, which is a massive challenge, as confirmed by these

interview extracts:

> Sometimes children are not willing to cooperate, not willing to either participate or give information. There is a lack of resources like telephones, so phoning other countries is a hassle; there are no landlines and sometimes one has to go to other offices to make calls (P3, social worker, 27 April 2019).

> Tracing the families is also a challenge, as ISS is not effective because many cases are not finalised. Capacity-building was last conducted in 2012 and it was not on unaccompanied children in particular, but it was on case management, of cases in CYCCs and the management board of CYCCs, on Chapter 13 on their roles as the board (P9 social worker, 26 March 2019).

Thirdly, there is lack of knowledge on the part of social workers, which suggests that they are not well-capacitated and lack adequate support from management. There is also a lack of support by their supervisors, and the children themselves are often not willing to cooperate, or to participate and provide information. Additionally, there is lack of resources like telephones, so phoning other countries is a problem; there are no landlines and sometimes social workers have to go to other offices to make calls. Hence, it would help if the department could do more to capacitate social workers on policies around unaccompanied minors in particular, and on migration in general, and not capacitate only social workers who are dealing with the cases, but all social workers.

CONCLUSION AND RECOMMENDATIONS

It can, therefore, be concluded that the cases of unaccompanied minors are not well managed and there are challenges with regards to the management of these cases. Regardless of the solid international legal framework and South Africa having a relatively well-developed legal and policy framework governing child protection, there are a number of critical child protection gaps that exist in terms of the implementation of these frameworks for unaccompanied or separated foreign children by government officials. Furthermore, social workers and other stakeholders are not capacitated on dealing with cases of unaccompanied minors. Lack of intersectoral collaboration and social workers without resources aggravate the challenges. The following recommendations are drawn, based on the findings:

- The respective government departments should allow unaccompanied asylum-seeking minors to apply for permits under section 31(2) (b) of the Immigration Act, which will be a sustainable solution, which will ultimately lead to a permanent solution for these minors.
- The concerned government department should provide social work resources in order to render services and implement guidelines for the benefit of the foreign children whom they are obligated to protect.

- The relevant social workers and care workers should be capacitated on different legislations that deal with unaccompanied and foreign children in order to ensure proper implementation of the law.
- The responsible department should make an amendment to the Children's Act to include unaccompanied minors in section 150 of the Act.
- The concerned government department should develop a practice note that will effectively provide guidance in relation to the Refugees Amendment Act to its officials on procedures to follow when dealing with unaccompanied and foreign children.
- There should be coordination and integration of services among the relevant government departments wherein each stakeholder plays their role, as mandated by their respective departments, to ensure that the rights of unaccompanied children of migrants and refugees are protected.

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European Immigrants in Johannesburg: Perceptions, Privileges and their Implications for Migration Experiences

Terry-Ann Jones* and Tamara Last**

* Lehigh University, USA
** University of the Witwatersrand, South Africa

This paper presents qualitative data from two independent studies on South African attitudes towards immigrants and European immigration to South Africa, respectively. The data demonstrates that many South Africans perceive Europeans to be unproblematic and even contribute to the country, and that European immigrants in Johannesburg enjoy a privileged experience of immigration, especially as compared to their African counterparts. The visible outcomes of European privileges such as international mobility and access to resources accumulated in and by European states, contextualized in experiences and legacies of the apartheid regime, are reflected in perceptions of European immigrants in South Africa. Moreover, perceptions of European immigrants shape their privileged experience and enable their social mobility in a deeply segregated country by exempting them from migration politics and xenophobia and facilitating their economic integration.

Keywords: racial hierarchies, xenophobia, whiteness, visa regimes, borders

INTRODUCTION

South Africa, also called Mzansi, hosts millions of immigrants from all over the world, the majority from southern Africa. Immigration is integral to South Africa's economy (OECD and ILO, 2018; StatsSA 2019). Yet, immigration policies are increasingly restrictive, promoting – like many immigration countries – temporary, skilled international migration while seeking to exclude 'unwanted' migrant groups (Crush and Tshitereke, 2001; Peberdy, 2001; Madue, 2015; Pokroy, 2015). A considerable concentration of foreigners (and South Africans) live in Gauteng Province, around Johannesburg and Pretoria, which is also a region with high reported incidences of xenophobic violence (Mlilo and Misago, 2019). Everyday xenophobia and repeated eruptions of xenophobic violence – including an outbreak during the time of the research presented in this paper – is the subject of fierce debate in South Africa, with explanations on a continuum from disavowal of xenophobia as a factor in eruptions of violence to recognition that South Africa contends with extreme xenophobia, which manifests in violence (Crush and Ramachandran, 2014). Xenophobic violence has been variously explained by legacies of colonial group relations (Matsinhe, 2011), local governance structures, denialism on the part of political leadership (Neocosmos, 2006), micro-political economies of violence (Misago, 2017; 2019) and proximity of outsiders to disadvantaged South Africans who are still struggling for economic freedom (Tewolde, 2020). Predominantly African and Asian immigrant communities, employees and businesses are targeted (Dube, 2018; Moyo et al., 2018; Tewolde, 2020); white, European immigrants appear to be spared.

According to 2020 estimates, a quarter of a million European immigrants are recorded as residing in South Africa, making up just under a tenth of the country's documented migrant stock (UNDESA, 2020).[1] South Africa is a well-established destination for European migrants. A former settler colony,[2] various waves of European migration since the late 1600s have established the largest national population of people with European origin in sub-Saharan Africa.[3] Long after formal decolonization, so-called 'white South Africans' benefited from white minority rule, and still enjoy significant socio-economic power today. Since democracy was attained in 1994, majority democratic rule, revoking discriminatory legislation and introducing Broad-Based Black Economic Empowerment (BBBEE) policies have not (yet) significantly reconfigured social, spatial and economic inequality and distribution of resources in post-apartheid South Africa (see e.g., Nnadozie, 2013; Wa Azania, 2014; Shai et al., 2019). For instance, South Africa's labor market is

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[1] However, Statistics South Africa (StatsSA, 2020) estimates that a significantly higher number of foreign-born people live in South Africa.

[2] A settler colony, in contrast to a resource/extraction colony, includes the intention to establish a permanent non-military community. European settlements were established in many African lands. South Africa's began with the Cape Colony, initially designed as a refueling post for the Verenigde Oos-Indiese Kompanjie (VOC, Dutch East India Company).

[3] The so-called 'white' population stabilized at just under 20% of the South African population, but has declined since 1994 – in 2020, the 'white' population group was estimated at around 8% of the total population (StatsSA, 2020). Compared to settler colonies on other continents (e.g., USA, Australia), empire migration to South Africa was considered unsuccessful because the European population never reached a majority (Harper and Constantine, 2010: 111-112; 122-131).

still characterized by racial dualism and low mobility between a minority, formally educated and wealthy, 'white' elite, and a tightly controlled, disempowered, 'black' majority providing a profitable surplus labor reserve (Cassim, 1982; Burger and Jafta, 2006; Naidoo et al., 2014).

In comparison to historical migrations of Europeans and contemporary migrations of, especially, Africans, trends, characteristics and experiences of contemporary European migration have not been widely researched. This is a gap this paper aims to contribute towards. Drawing on two qualitative studies conducted in Johannesburg in 2019–2020, described in the following section, this paper discusses European immigrant experiences in South Africa and South Africans' perceptions of European immigrants, exploring the interplay of social recognition and legal authorization (Ambrosini, 2015) in relation to privileged migrants. We question how perceptions reflect and shape lived experiences of European immigrants in Johannesburg, and the ways in which they are spared injustices associated with the enforcement of restrictive immigration. The South African and European participants in the two studies presented in this paper demonstrate an awareness of racial hierarchies and often use 'black'/'white' interchangeably with 'African'/'European', especially to refer to polarized figures and experiences. While South Africa is home to a 'rainbow' of peoples, 'black' and 'white' are co-constructed racialized identities (Gartushka, 2020), often juxtaposed in ways that obscure the complex racial hierarchy entrenched in the South African economy. As a population described by the geopolitical continent of their citizenship/nationality, European immigrants do not necessarily identify as 'white' nor do they have homogenous experiences of immigration or privilege. Although European immigrants' experiences are nuanced, we interrogate whether unchecked positive perceptions of them grant them exemption from xenophobia and border policing, facilitate their economic integration and preserve their privilege.

SOURCES OF DATA AND METHODS

This research paper presents an analysis of findings from two qualitative studies derived from 88 interviews in 2019–2020 in Johannesburg. Both studies were conducted in English and underwent formal ethical review.

Over the course of 15 months, Jones conducted in-depth, semi-structured interviews with 68 individual participants and one focus group of five participants, all of whom self-identified as South African. The questionnaire was divided into sections that address the following overarching questions:

1. How do South Africans feel about the presence of immigrants in South Africa?
2. Do South Africans' attitudes toward immigrants vary according to the immigrants' nationality, race, ethnicity, occupation, or socio-economic class?

3. Do South Africans' attitudes toward immigrants vary according to their own race, ethnicity, occupation, or socio-economic class?

4. Are there consistencies in attitudes across certain South African demographic groups?

The questions focused specifically on the context of the Johannesburg metropolitan area. The sample included diversity in race, ethnicity, socio-economic class, and occupation. Of the 73 participants, 30 were women and 43 were men. The majority of the participants (52) self-identified as black, 11 coloured, seven white, and three Indian. The participants ranged in age from 19 to 83 years. The participants were primarily identified using the snowball sampling technique, although a conscious effort was made to maintain racial, regional, and socio-economic diversity. The participants were interviewed in locations of their choice.

Between July 2019 and March 2020, Last conducted 15 semi-structured interviews with European immigrants (people who entered South Africa on a passport issued by a European Union/European Economic Community Member State) living in Johannesburg. The aim was to explore experiences of privileged migration and strategies adopted by European immigrants to navigate South Africa's immigration regime. The researcher is herself a European immigrant to South Africa and the participants were recruited through convenience sampling, including three friends, six professional and social acquaintances, one referral by a participant and five referrals by friends and acquaintances who did not participate in the study themselves. The participants are nationals-from-birth of Germany, Belgium, Luxembourg, the United Kingdom (UK), Italy, Spain, Denmark and Bulgaria. While all participants migrated to South Africa in adulthood, the length of time spent in South Africa at the time of interview ranged from six months to over two decades.

The participants were interviewed alone or with their partner, in locations of their choice. Last began each interview with, "I like to start with your 'origin story': How did you come to live in South Africa?" After the participants' opening narratives, the interviews became conversational. The researcher asked questions of clarification that followed from the opening narrative and shared relevant experiences and emerging ideas to co-create narratives around topics that are relevant to immigration, such as passports, visa applications, embassies, borders and immigration enforcement.

Through conversation, the complementary nature of the two studies became apparent. Jones analyzed transcripts of interviews from her study to identify perceptions of European immigrants among South Africans in Johannesburg. These perceptions served as themes in the analysis of transcripts of interviews from Last's study – the aim being to explore ways in which perceptions reflected and shaped participating Europeans' experiences and strategies of immigrating to South Africa.

SOUTH AFRICANS' PERCEPTIONS OF EUROPEAN IMMIGRANTS

When asked about their perceptions of immigrants, the majority of South African participants referred to immigrants from other African countries, their assumption being that immigrants entered South Africa primarily from these countries. Europeans are largely absent from South Africans' imagined identity of an immigrant. In discussions of South Africans' perceptions of immigrants, the participants were not explicitly asked how they feel about white immigrants or the white population in general. However, the inclusion of their sentiments toward these groups in their narratives offered some insight into the widely accepted view of European immigrants as generally unproblematic.

A black South African woman offered an explanation for why xenophobic violence primarily targets Africans:

> I think in general we have a tendency as South Africans to potentially view European immigrants as potentially OK and non-European immigrants as different, and that for me is a construct of competition for scarce resources, more than anything else because the resentment that a lot of the lower class – when I say lower class, I don't mean it in a bad way, you know what I mean, low socio-economic income people – feel towards foreign nationals – African foreign nationals – it's really because of the fact that they compete for the same resources more than anything else, whereas most of the Europeans who come in here are people who are competing at a different level and I don't think they experience the same kind of discrimination. I mean, there's a lot of multinational companies in this country and people always export talent and more often than not you've got a CEO who is either American or British. It's not frowned upon. They get treated differently.

A white South African man shared a similar expression that Europeans are perceived to be superior, although he added that this perception is a legacy of colonialism:

> From my understanding, immigrants from other countries, particularly European countries, are seen as like a boon, they're seen as bringing their skills to enrich Africa and that, once again, is part of the brainwashing that we've endured, of colonial is better, Europe is better, Europe is superior.

A black South African woman, explained that white immigrants were less likely to be seen as an economic threat because their professional positions are deemed to be out of the reach of the black population and as such, they are contributing to the country's economy rather than being in direct competition with the majority of workers:

> For the most part, most of them come here with a job, with a set-up, so their presence here is less impacted on the people who are already here. So it's not

often felt like, "that French guy took my job", because often it's the thought that I don't know whether I was eligible for the job that the French guy was doing.

A black South African woman expressed her praise for European immigrants, whom she considers to be beneficial to South African society, in juxtaposition to African immigrants, whom she associates with illegality, corruption, tax evasion, and the general degradation of South African society:

> Why are we not attacking those people from Europe? It's not because we are scared of them. They are not here to come and corrupt our country. They are here to try and come and at least improve our economy. They are doing things according to the book. You will not find a company that is owned by a person from Europe or any other country except for Africa whereby you find they are invading [sic] tax, and, and, and. They are here and they try to do things in the legal way, so they are trying to come and help us, you know, better South Africa. But unfortunately for us, these African countries, they are the ones that are messing up our country. It is not fair!!

An unemployed black South African man was adamant that European immigrants make positive contributions to South African society by virtue of their 'right' approach to entering South Africa and doing business here, in contrast to the presumed unauthorized access that African immigrants gain, and their consequently malevolent actions:

> When the Europeans came here it was in a good manner, they decided to do business in a good manner, in a right manner, for a longer period. Even though maybe right now the statistics may say maybe they are doing wrong, because of how they approve first and how they [are] cooperating with us, they gain trust in us and they gain loyalty in us. So the difference in how others came here from their start to how their intention was… Even if statistics may come out that they [Europeans are] doing wrong, it would be so hard for me to believe because how they came from the start was right.

Across race and class in South Africa, white European immigrants are seen to have positive social and economic impacts, to be entitled to elite, white spaces and positions, and to associate with the white South African population and benefit from their status. Even if the ease of their integration is presumed, Europeans are enabled to navigate and bridge different spaces and are shielded from discrimination and xenophobia. The inflated view of European magnanimity and the legitimacy of their presence in South Africa is compounded by the particular ostracism that African immigrants face (Matsinhe, 2011; Dube, 2018).

EXPERIENCES OF EUROPEAN IMMIGRANTS IN JOHANNESBURG

Contributing to South Africa as a driver of European immigration

Like most migration projects, the drivers that influence European migration to South Africa are multi-faceted, relational and fluid. Drivers are often articulated in terms of social relations and employment, but family and labor are the dominant legal migration pathways (Massey et al., 1993; Bauer and Zimmerman, 2018) and so immigrants may be inclined to present their motivations in these terms.

A Belgian man, whose temporary residence permit is based on his fluency in Dutch, deemed a 'critical skill' for call centers operating in South Africa, argued that the multinational corporation he works for takes advantage of foreigners searching for a South African residence visa for a myriad of reasons:

> They know, from experience, from years, that they will always find some adventurous people who want to come down. I sat next to a lawyer. I sat next to a person who is now working in Belgian Home Affairs, in Pretoria […]. I sit with a pilot – he just needed to be here because he was finalizing his commercial pilot license. Because, as expensive as it is here, it's cheaper here than in Europe. That was his reason. People who just fell in love with someone and wanted to be here – I'm one of those. You would have to look hard. If you take twenty people, you'll find three or four who are here for IT experience, the company, the CV credentials … very, very rare, all the other ones, different reasons. Whatever it takes.

Thus, diverse aspirations to migrate are enabled by employers able to secure visas for employees. Families may also support aspirations to migrate. For instance, a German man was enabled to search for work in his chosen profession in South Africa by his parents:

> I knew I want to be carpenter, already [...] I tried to find a job, was not so successful. […] I met a lot of people here. I met my girlfriend just in the last 4 months before my leaving in 2011. And yes, I was in Germany for a year, working. I have been working, but actually also been struggling to find a job. […] My parents said, if you want, we will support you for a while, if you want you can go to South Africa and try your luck there.

South Africa may not initially be a planned destination for some immigrants, but aspirations can evolve once someone has spent time in the country. For instance, a British woman reluctantly settled for Johannesburg when there were no research projects available in East Africa to complete her London-based Master's degree. Now she does not imagine ever leaving South Africa permanently:

> I was supposed to come for just 6 weeks and then I ended up doing an internship [for] just 6 months and then that became a year, then 18 months, then 2 years. And then I decided to apply for a PhD, ended up doing the PhD here and then I just stayed. So it was not intended. Sixteen years. […] And it is that weird thing, like, 16 years is quite long now and […] my adult life really began here.

A few participants described wanting to make a contribution to South Africa, but as a justification, not as a driver. For instance, a Catalan-Spanish man described his ongoing struggle to gain residency status that would permit him to work, having accompanied his South African girlfriend (now wife) when she "decided to come back". Later in the interview, he justified his aspirations:

> I'm just a simple man who tries to get married, to reside with my spouse and work and pay taxes here. I just want to pay taxes. I want to pay taxes and contribute to the country.

Paying taxes is presented as a financial contribution to the South African economy, but on the understanding that it secures a status accruing citizenship rights via financial levies by the state (OECD, 2015).

Aspirations to contribute to South Africa were communicated in the context of immigration barriers that participants felt prevented them from utilizing their skills. A Belgian woman with a degree and years of experience in social work thought her skills could help to "uplift" the sector in South Africa, but "they don't give visas for that". A skilled bicycle mechanic without status in South Africa expressed a similar sentiment, returning to the figure of the taxpayer:

> If I had the chance, if I had the status, as a permanent resident – not as citizen, even, as [a] permanent resident – I would give a job to 2 people. [...] For this period of time I interacted with the suppliers and I can order parts, I can do the whole process from the beginning to the end. And it can involve another 2 even 3 people to give a job because of this. So who is … who loses? The government loses because, first, I don't pay taxes for all this period of time, which I'm repeating, and now, I've reached the maturity to give a job to people, to South Africans.

Although contributing to South Africa emerges more as a justification for staying than a reason to come, many Europeans are structurally facilitated to take up positions that could be viewed as 'helping' or 'bringing skills and expertise'. For instance, capital flows from the Global North to the Global South, in the form of development and humanitarian aid or foreign investment, create jobs for European consultants and via European companies and organizations. In another instance, a German

man first came to South Africa as a volunteer assistant carpentry teacher, funded by the German government as an alternative to military service. Also, a British man described his struggle in the South African labor market as being partly due to a relative lack of overseas development aid, as compared to other African countries, "so you don't have that grant [sic] swell of development aid-funded project-based positions" that he relied on to work and live in Africa.

The organizations and companies creating these positions, usually with a view to their being taken up by foreigners, also have the governmental connections and administrative capacity to facilitate the immigration process, even when the positions are contentious. For example, a Belgian woman, who developed a strong affinity with South Africa and its peoples through youth exchange programmes, waited years to immigrate. The opportunity finally came in the form of being 'eyes on the ground' for European funds dedicated to South African youth development projects:

> I loved it, I loved the culture, I loved how people were open and optimistic and whatwhat. Then I always wanted to come back. [...] I was searching, searching, searching to come here, which is not easy, as you know, to find work and [a] permit and what. But I kept being involved [...] Anyway, then after a few years [the Flemish government] wanted somebody here, because they didn't trust the new leadership [in South Africa]. So they asked me, "Do you want to go?" Ja! That was, like, quite an obvious question, [and] answer. I was waiting for that for years, so I was totally excited. [...] I remember the day I left, my parents were at the airport. I still got an email about them [Flemish and South African governments] fighting about me going. My parents were like, "Come on, do you really need to leave like this?" I was like, "Ach, I don't care, we'll see." Because I really wanted to go.

Access to positions and experience which can be viewed as contributing to South Africa's development and to legal migration channels, mask myriad pertinent factors driving contemporary European migration to South Africa, including social ties, dynamic economic opportunities and a higher standard of living than Europe. However, such positions provide for temporary residence only. Pathways to status become more obscure once an immigrant aspires to stay in South Africa. Thus, a British man, who first came to South Africa on "the 3-year merry-go-round" of international development consultancy and then married a permanent resident and "decided no, this is the place, we're going to buy a house, we're going to settle here", emphasized repeatedly how this decision "changed everything".

European immigrants navigating immigration barriers and exclusion

Most European participants reported struggling to overcome challenges associated with obtaining status and with restrictions imposed by visa conditions, especially those who were looking to stay. Those participants who have been navigating South

African immigration for many years noted that it has become more difficult to secure status since the Government began reforming migration policy in the mid-2010s (Madue, 2015). As one woman described, "it's not like it's a thing that it's only Africans struggling, everybody's struggling now". A German participant described the precarity European immigrants experience with status as both a vulnerability to and unfamiliarity with power dynamics:

> I know people who have had to go for some periods of time onto a spousal visa or a partnership visa with a South African boyfriend – and those things then just get anxiety-inducing because of the power dynamic. And then you have to go do that silly thing about going on holiday to Swaziland for a weekend to come back in. Like, you know, those things are real. […] it's also that sort of – if you've never had to deal with it in your own country or anywhere else – there's that sense of being a bit incensed, like, "What? There's this institution that has some ability to tell me what to be, where to be?!"

In a bureaucratic, restrictive immigration environment, European immigrants rely on their economic and social capital, as well as the international mobility granted by their European passports, to pursue their aspirations in South Africa. For instance, by leaving South Africa for a few days and re-entering, many European immigrants take advantage of the 3-month visa waiver available for European nationals entering South Africa to extend their stay in the country. Although in recent years the Department of Home Affairs has become more prohibitive with regard to so-called 'visa runs'. This has predominantly affected land borders and not international airports and information on strategies and routes is shared within immigrant communities. A few participants reported sustaining a temporary but legal status in South Africa this way for years on end, despite the challenges this pathway presents in terms of access to the South African labor market, banking, expenses and organization. In navigating the preferable, regular pathways to residence, European participants often relied on assistance – paid or through privileged social networks – to resolve immigration issues ranging from changing visa conditions in-country to revoking the five-year entry ban imposed for overstaying.

Success in South Africa's formal labor market determines access to employment-related pathways to status. But success in South Africa's formal labor market is also dependent on residence status. A Spanish man described his struggle with this circularity in the context of job-seeking:

> I'm a software developer. I have, I know, I can see now, I have critical skills that are very scarce here, I could get a job very easy [sic]. The problem was, how I can tell companies that I am from Spain, I don't have a work permit, I'm married to a South African, I don't have a work permit but to get one I need an offer of employment. So, if you go through all the processes and you want

to hire me – and the whole process can take 2 weeks to one month – at the end of this long process, we need to apply for my work visa, which is 6-8 weeks, probably 8 weeks. How can I say a company that wants to hire me, they need to wait 8 weeks for me to start working?

In addition to non-permanent status, European participants cited Broad-Based Black Economic Empowerment (BBBEE) policies as significant obstacles to their employment in the formal South African labor market. BBBEE policies are aimed at transforming the South African economy after apartheid to "enable the meaningful participation of the majority of its citizens" (see RSA, 2003), thus creating a barrier for non-citizens. As a British man with permanent residence explained:

> To get to the crux of the matter, [...] as a black – I class myself as black – but as a foreigner, permanent resident, in terms of BBBEE legislation you are invisible, you are a zero, you don't count. [...] for certain positions, employers are looking for… black female is top, followed by black male, then coloured female, then Indian female… there's actually a hierarchy in terms of BBBEE status and BBBEE points. So, yeah, for me, [...] the real issue is not my residency status, it's about the BBBEE legislation and the effect that it has on the number and types of jobs that are open to me. [...] Your foreignness becomes a barrier.

Many European participants relied on their social capital to gain employment in the formal labor market. A British man "was already in discussion with another company" through a professional contact when he resigned from his employer to avoid a transnational intra-company transfer that would take him away from South Africa. A Belgian woman who was struggling on a South African salary, was informed by a friend who was leaving South Africa that her job with a Belgian non-governmental organization (NGO) was going to become available before it had been advertised, so she could inquire in advance. A German woman described how her 20-year career in South Africa was facilitated by her social capital:

> My best friend, who I had studied with in London at the LSE, who was American, [...and her Argentine partner] were both sitting at the [employer], running this research program and phoned me up and said, "We desperately need a researcher. Don't you want to come join us? We'll fiddle the [employer], kind of, recruitment process, so that we can hire you." So there you go! A perfect example of how it works, right? [...] my contract just got renewed and extended and eventually made permanent and I was there. Then after my maternity leave, I chose to come back part-time and then consult. And I was largely consulting for the UN and the international NGOs, so, again, nationality was not an issue. And then, when I was fed up with that and decided, OK, I need a job – my one chance of getting hit with that – I applied for this job with [employer]

and the person who had the job before me and was essentially selecting her successor, was a white American. And she took one look at this thing and said, "OK, I recognize this, I think." You know, educational background, writing style, choosing to be here, all of those things. […] She was like, "OK, here is somebody I can recognize." [...] I think [she] basically said, "Here, this is the person you need. You like me, she'll be another me." [Employer] said, "OK, fine." And that was that. Department of Labor doesn't come into that kind of suggestion. And then I got recruited out of that job by [current employer], who, [did the] same thing, […] we got on so well, and we're essentially sort of clones of each other, or I'm like a mini-[her], essentially. So she said, "I'll hire you, it'll mess with my BBBEE but I'll do it anyway."

Thus, those participants who have progressed in the formal labor market are reliant on their social networks and social capital to bypass barriers for foreigners that seemingly arise when responding to publicized job vacancies. As a Belgian woman noted:

I'm scared to job hunt. That's [the] only thing I'm scared of. If I have to job hunt, it's not going to be easy, I think. […] As a permanent resident, OK, but still, you're not a South African, not a black South African, and there's a thing you can't change much about.

Those participants for whom career progression was not dependent on formal employment, and who had acquired status through their relations, were enthusiastic about opportunities for (informal) entrepreneurship in South Africa. For instance, a British woman married to a South African said she knew she could "make a plan" when she arrived:

This has just been very organic, it's been word-of-mouth, people finding me, people speak to people, they come see me, and yeah, I'm in the process of formalizing [an arrangement]. But [I'm] enjoying that I didn't have to formalize before. In the UK, it would have been: I've got to have a company, gotta register, gotta, you know, all that kind of stuff that gives me the heebie-jeebies. Things here can be done a bit more informally.

European immigrants encounter obstacles in the formal labor market, but not in other areas where foreigners typically encounter bordering, such as health care and education. In general, European immigrants have the money – or employment package – to go for "private, parallel everything", as a German woman put it. A British man explained that "going private" takes you out of competition with South Africans:

I have never really had to access South African public sector resources. […]

> Other than the jobs I've been employed in, I've never been in a situation where one might say but you're taking an opportunity, or a place, or a resource away from a black South African who deserves it more. Private health care, private schooling, you know?

Not all European immigrants can afford private health insurance and some prefer not to spend their money that way. Nonetheless, several participants stated clearly that they would always avoid South African public hospitals. As a Belgian woman said after describing the experience of visiting a friend at a public hospital: "I was very clear in my head: I'll never be here. Then, I'll rather pay." A Luxembourgish man also "decided to just pay cash, [for] most of the things", but he also maintains his Luxembourg health insurance:

> … for more complicated … I mean, in the case of a surgery or something […], because, I know, if something really bad happens and I'm not covered – that really goes into the hundreds of thousands of Rands, you know? So at least I know that I'm insured.

A Danish man also made the decision to save on the health insurance payments that were "eating" into his funds, with the idea that, "I can always take a flight back home. I don't have to go to hospital, as such." Thus, in different ways, European immigrants rely on their privileged access to funds, to European health systems and their international mobility to reduce their vulnerability to exclusion.

It is questionable whether European immigrants would face exclusion from public health care on the basis of their foreignness or lack of residence status. Especially white Europeans may experience privileged treatment in public health care facilities because of how they are perceived in the South African context. As a white, middle-class German woman described:

> I did go and get a particular service at the local hospital, namely, my contraception. […] And they would run because they assumed I was a sort of Department of Health monitor or somebody from the [employer] medical system that was checking on whether they knew how to do it right, as a sort of oversight thing, right? That would just be … whether or not I said anything, I would just walk in and they would immediately … I could just see that, in their heads, why else would this person possibly be here? She must be here to check on us. And therefore, we now have to provide the best service, so that bad things don't happen to us.

The power to "go private" is an economic freedom. The exchange rate from Euros or Pounds to Rand inflates Europeans' wealth in South Africa, so that even those who would struggle financially in Europe can live comfortably in South Africa.

Income or savings in hard currencies are a crucial aspect of strategies for navigating immigration, including facilitating 'visa-runs', overcoming exploitative sectors, hiring professional help with immigration procedures, and social security. For instance, a Belgian woman who grew tired of visa runs found a job that would secure her a visa but did not pay enough to cover her living costs, so she bought a house "with what I saved from home" so as not to lose money on rent, and she went back to work in Belgium for a few months so as to be able to afford a car and save on transport. For another example, a Danish artist without residence status in South Africa returns to Denmark at regular intervals to renew his South African visitor's visa and to "collect some funds" to pay the rent on his studio in Johannesburg, by selling paintings for Euros. And a German woman explained that she was able to afford to pay fees to obtain a PhD from a UK university because she qualified for European part-time fees as a German national and enjoyed reduced living costs in South Africa.

Indeed, many participants demonstrated awareness of the fiscal advantage of having access to hard currencies and took steps to maintain funds in Europe, even if they were invested in living in South Africa long-term. A Belgian woman maintains a minimal amount in a Belgian bank account as an insurance ("a little pot") for unexpected costs that a South African salary cannot cover, such as "if something happens to my parents, I want to be able to fly back". A British man nearing retirement has invested in a property and a pension scheme in the UK – in addition to his property and pension scheme in South Africa – that "generates some sterling income so there's some pounds sitting in a bank account that I use to run various expenses". Describing his UK investments led him to raise his uncertainties about his future retirement in South Africa. A British woman also raised her British bank account in the context of maintaining a connection to the UK:

> It's quite funny how there is something about wanting to make sure that there is a kind of connection, I guess? Because, you know, I've got friends there, I've got, you know, I still pay my social security […]. I still have a couple of bank accounts, I still keep my registration with the NHS going, I'm registered with an NHS dentist, you know, because I pay my thing so I don't really, I don't think I'm cheating the system, right? […] just keeping some of those things going.

In sum, while European immigrants have felt the restrictive turn in South African immigration policy, as a German participant put it, "it's like one continuous white privilege story, which is sort of the South African story, I suppose, the global story". Europeans have significant unearned advantages in international migration: their passports grant them international mobility and access to territories; their access to European currencies, markets and resources ensures their relative wealth; and their networks are generally powerful (Leonard and Walsh, 2019). Furthermore, white Europeans in South Africa benefit from the presumption of their superior societal

positions. Europeans utilize their privilege to navigate formal and informal systems in South Africa. Thus, these advantages – and perceptions based on their outcomes – ensure Europeans an immigration experience to South Africa that is rarely violent and, in many ways, privileged.

Comparing Europeans to other immigrant groups

Privilege is made more visible through comparison with non-privileged groups. As some have argued (Dube, 2018; Moyo et al., 2018) and South African participants demonstrated, the politicized and securitized 'immigrant' in South Africa is African. Many European participants described stressful immigration experiences, but went on to express awareness – in varying degrees – that they were nonetheless privileged in contrast with experiences of African immigrants. As one participant described,

> I've got a colleague now who's Zimbabwean. Extremely… been here for many, many years, you know, super highly qualified. He's still on a work permit. His daughter, who's spent her entire life here, her permit in South Africa is fine, but her Zimbabwean passport expired. […] So he was getting told that she would have to leave. And, you know, that then becomes incredibly stressful. Whereas those aren't the kind of stories I've ever heard from my network of Europeans.

A man who identifies as Ghanaian but only recently obtained a Ghanaian passport (so as to enter Ghana without a visa and work for the African Union), explained that, in South Africa, it is better for him to operate on his British passport:

> That's the South African paradox: that it's easier to get in here as a Brit or an American, than as a black African from somewhere north of the Limpopo. If you're doing it officially, of course. […] It's this idea that as a Brit … you're coming here to contribute something and as a Ghanaian you're coming here to take away something. That's the, kind of, underlying sentiment behind it.

During the data collection period, in the winter of 2019, another outbreak of xenophobic violence in Gauteng Province grabbed headlines. No European participant had direct experience of xenophobic violence, but the outbreak came up as a topic of conversation in relation to their foreignness. The following quotes of European participants, from a white man, a white woman and a black man, respectively, illustrate how race, wealth and gender factor into indirect experiences of xenophobia:

> I live in Hillbrow,[4] I'm not afraid of anyone. I can … They're not going to do *me* any harm.

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4 Inner-city neighborhood in Johannesburg, home to many immigrants.

I don't know if I want to stay here anymore … it had a really big impact on me. […] I felt like I'm not yet a target, but if they finish there, they'll come. And it was the first time that I felt – because I'm white, I'm a girl, I'm a woman, and I'm a foreigner … so everything that you can be. When you come from Belgium, I have never been in the minority of a group and now I'm in everything the minority or the victim or … so it was very confronting.

You know, if there's something happening in Braamfontein or Jeppestown[5] or whatever – we're in Rosebank,[6] 8-ft walls, electric fence, five dogs on the property, armed response – it doesn't really touch us. It may do one day. But to be honest – and I've said this to some South Africans, black South Africans in the ANC[7] – I said, "If they're coming for us in Rosebank, it's because they're coming for *you*. They've finally realized that we're not the problem, you are, and they're coming for you. […] And when they do come to the rich suburbs, they're coming for everybody, they're coming for the rich," I'd say. So, no, the xenophobia thing hasn't really impacted us, physically.

Thus, as others have pointed out (Tewolde 2020), European immigrants' experience and general exemption from xenophobia is intertwined with their positions in South African society. Not all European immigrants experience privileges associated with being European. Which nationalities count as 'European' is also subject to geopolitical dynamics, which change over time. A Bulgarian man argued that his immigration experience is similar to that of African immigrants because of how he came to South Africa:

I was in my mid-20s to early-30s when it came in my mind to emigrate, because in Eastern Europe we had one social system, or one economical system, […] and that system, it didn't work, it collapsed. So, but, exactly in this moment, when it collapsed, it has become like a turmoil, anarchy […] let's say, my generation – we decided to go wherever, where you can live and have a decent way of living. You know, in dignity and prosperity. And I tried in different places and from a distance was always hard to obtain straightforward immigration permission, to call it, or to obtain a visa with which you can easily go and emigrate and settle down. […] So what we did was, we bought as low as possible visa which you can use and you just go there, which is not very correctful [sic] wherever you go, because you jumped and you say, "OK, I want to stay here." [...] And I'm one of those guys who did this. I didn't want to do it, you need to have a little bit of courage […] I haven't managed to go back because I haven't obtained any permanent status in South Africa still. […] I think I'm not the only one. Not only Eastern Europeans. I would say I don't

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[5] Inner-city neighborhoods in Johannesburg.
[6] A suburban neighborhood north of Johannesburg's city centre.
[7] African National Congress, the ruling party in South Africa since the first free elections in 1994.

think there is that huge difference between Eastern Europeans and African emigrants. Because they … because as soon as you arrive here you have the same issues. You know. We have different issues *outside* of South Africa, … but when we are here, we are emigrants, and we have the same, you know, to be adopted here and how to happen and what to happen [sic]. So that makes us one thing, a group of people with similar issues or yes, yeah … the same problems.

However, he went on to report that he had never been targeted by police and associated this with how he is perceived and his association with white South Africans:

Not directly. Not brutally, not the way how some African people, some African emigrants already had an issue. […] African immigrants had a severe issue with their own, South African-African people. […] They can stop me, I'm not saying I've got immune[ity]. But no … I'm fortunate, put it this way, I'm lucky. […] The cops, they are aware, they know me. Not in person, but they know, they know that I'm productive. If they stop me, there's somebody who – from the local people – to protect me maybe. As long as I don't do anything wrong, they're comfortable with me, I think.

A Danish-German man and an Italian woman, after describing their administrative struggles and immigration strategies as being similar to those of many immigrants who live in their respective inner-city neighborhoods in Johannesburg, also pointed out policing as an important difference:

Here in Joburg, in the CBD,[8] we're all on the same level. Except some people are more leveled than others. For example, [African immigrants] are always very aware that the police are out to get them. They always have to have 50 rand handy, for bribes.

In terms of security, in terms of, you know … I can easily walk and be OK. It's not the same for many [African immigrants]. You know, the cops stop them, it's a disaster, even if they've got the document. Cops don't stop me. Well, they do, but in Yeoville[9] they actually don't.

Even when European immigrants are stopped by police or other South African authorities, interactions are predominantly straightforward, privileged by nationality and race. One of the common scenarios in which European immigrants come into contact with South African police is when they are stopped by traffic officials and are asked to produce their driver's license. Many European participants, including

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[8] Central Business District, inner-city Johannesburg.
[9] An inner-city neighborhood in Johannesburg.

those who have lived in South Africa for over a decade, drive in South Africa on a European driver's license, even though they know that they are supposed to have an international or South African license. A German woman had "one little conversation about that" with a policeman on one occasion who, she suspected "had just been through some training or something", because:

> … everyone else, as soon as they want to fine me and then I pull out the German license, they'll say: "Well, never mind. It's just too complicated. OK, just go away." […] So it's a get-out-of-jail-free card.

A British woman suggested that she could just pretend she had just arrived in South Africa:

> No one quite seems to know and [...] I kind of also, maybe, get a bit naughty, like, "Oh yeah, whatever, you know?" Which I wouldn't do in the UK, I would be much more by the book. Because I have to be. If I don't have to be, I won't.

Another British woman, who also feigned ignorance or accepted the minor fines, flagged that her race and nationality, as well as experience in the country, facilitate her interactions with police:

> I think if I had a different skin color and a different passport it would potentially be different. I think I can joke my way out of things in a very different way.

Non-policing of Europeans is in dramatic contrast to experiences of (non-elite) African immigrants, who are routinely harassed with regard to their status, even when they have all the requisite papers and permits (Moyo and Nshimbi, 2020). As a Belgian woman married to a Nigerian man described:

> [*Any interactions with police?*] No. I can't … no. [Husband] gets stopped and asked, of course, but I don't. Yeah, [husband], they'll even look in his phone and what what, sometimes. Ah, it's crazy. […] Because they'll say, "Ah, you're one of these internet fraud people." Like, because Nigerians are known for that. Then they start looking, […] Ja, there you see the difference in treatment, obviously. He also *often* gets stopped, I *never* get stopped, I don't know why – but he gets stopped … Anyway, he's got mostly a good way of dealing with them. And mostly it's just like a friendly encounter. Not always. Like, the last time, they searched his whole car, from top to bottom, thinking they will find drugs or something. But ne, they didn't find. It's like, we went once to emergencies with [husband] – anyway it doesn't have anything to do with papers but – he had such pain, here, in his stomach. [...] I had to go out when the doctor wanted to talk to him. Ja, afterwards I thought maybe they feel he's

my gardener or something, he doesn't know I'm his wife. I had never even thought, because I was stressed – then his thing was, he had an overdose of cocaine and he had a heart attack. […] I'm like, "Heart attack? But you have pain in your stomach!" [...] And they did all these ECGs and what and yeah, we were waiting for a blood test, that's why we were there for hours, to get the results, to see the cocaine levels in his blood. Of course, there was nothing. Oh, yeah, it wasn't a heart attack. I'm like, "I could have told you that 4 hours ago and R7000 ago […]" [*You said it's nothing to do with papers, but then what is it?*] Well, it's nationality. Well, yeah, it's based on nationality, no? Like, "Oh, he's Nigerian, so it's an overdose of cocaine. And he's got a heart attack." Ja, that was like … He was a black doctor. So, you see the prejudices. Crazy.

In sum, the European participants often qualified and compared the immigration experiences of European immigrants with those of African immigrants. While people from both groups share common experiences of encountering exclusionary/nationalist administrative barriers, European immigrants are spared the violence of immigration enforcement, policing and xenophobia that African and other non-white immigrant groups regularly face, and demonstrate awareness of this difference.

DISCUSSION: PERCEPTIONS, REFLECTING AND SHAPING OUTCOMES OF PRIVILEGE

While immigration is often a stressful, frustrating and expensive experience, European immigrants rely on their privileges to find ways to pursue their aspirations in Johannesburg and, therefore, their struggles with status in South Africa are experienced as predominantly bureaucratic and administrative. The data presented in this paper demonstrates two types of privilege that Europeans have when immigrating to South Africa: the unearned advantage of European nationality (from birth) that grants privileged access to financial and social resources accumulated in and by European states through colonial and capitalist ventures, and the exceptional privilege of being spared the injustice of securitized exclusion on the basis of racialized identity and legal status. These privileges do not uniformly benefit all European immigrants as race, class and gender also play important roles. For instance, white and middle-class European nationals may benefit from better access to skilled employment, financial and social capital, and other resources than their black and working-class counterparts. Nonetheless, while not all individuals will reap benefits from their privileges – as exemplified by the Bulgarian man who has lived in limbo in Johannesburg for 22 years – the privileges nonetheless exist (Johnson, 2001) and, in the case of this participant, manifest in non-policing of his irregular presence in the country.

Beneficiaries of privilege tend to discount the experiences of those who suffer injustice and the structural conditioning of their unearned advantages (McIntosh, 1989), a syndrome described as 'white innocence' (Baldwin, 1963; Wekker, 2016).

Steyn (2018) describes the phenomenon as, 'constructing innocence,' a process that involves claiming ignorance of the atrocities that accompanied apartheid. She argues that white South Africans' claim to innocence relieves them of any responsibility to forge relationships with the black population, cultivating persistent racial segregation. Despite enduring poverty and unemployment that is largely concentrated among blacks, Steyn (2018: 11) maintains that white South Africans reject accountability and discount their privilege by positioning themselves as victims, particularly of affirmative action. While the European participants demonstrated a similar 'innocence', several – especially those who had integrated into mixed or black communities in South Africa – demonstrated awareness and understanding of privileges associated with their European passports and as European foreigners in contrast to other people in South Africa.

Outcomes of privilege reflect in perceptions among South Africans of European immigrants' wealth, legality, skills, and contributions to South Africa. European immigrants are not problematized and are rarely associated with immigration in political debates. They are not associated with the figure of the migrant as law-breaking, poor, low-skilled, and driven by political and economic underdevelopment or persecution. They can pass for white South Africans and enjoy access to white spaces in Johannesburg, and also gain access to black South African communities and spaces because their foreignness distinguishes them from white South Africans. They are not perceived as a threat to the South African labor market and economy, but rather as a boon. The European participants reported no policing of their status and no violent experiences of xenophobia or policing, demonstrating sustained racialization of law enforcement and violence (Newham et al., 2006; Saucier and Woods, 2014; McKaiser, 2020) and illustrating how racial hierarchies manifest in European exceptionalism.

Bonds and Inwood (2016: 715-716) argue that in former settler colonies, white supremacy is the "animating logic of racism and privilege" that ensures not only "individual social conditions of whiteness", but also the "enduring structures of white power". We suggest that perceptions of European immigrants in Johannesburg are informed by white supremacy as well as the visible outcomes of unearned advantages. We argue that such privileged perceptions reproduce outcomes of white supremacy and further enhance European privileges in South Africa by affording them freedom from the political economy of violence of xenophobia (Misago, 2017), immigration enforcement and policing that target non-white foreigners.

Furthermore, European immigrants are not burdened by the trauma of, or culpability for, the apartheid regime – an added dimension of their privileged exceptionalism that expands their social capital and capability to access racialized and classed spaces in South Africa in ways that even nationals cannot. Instead, European immigrants benefit from the kind of global and social mobility previously associated with empire migration – the migration of Europeans around the world under colonial regimes (Harper and Constantine, 2010). Global and social mobility facilitate

European immigrants' access to employment in South Africa, which improves their chances of gaining status as well as their perceived desirability. Access to resources in Europe help them to overcome exploitative practices, job precarity, social insecurity and obstacles to employment, such as transport and formal qualifications of skills.

Recognition of European immigrants' 'skills' also derives from "gendered and racialized biases of existing approaches to skills definition" in immigration regimes (Boucher, 2020). One outcome of this is accessibility of privileged immigration pathways such as permits for 'critical' (previously 'exceptional') skills. Thus, European immigrants tend to enter into South Africa's primary or 'white' labor market sector (Cassim, 1982; Burger and Jafta, 2006), an outcome of their privilege which may influence perceptions about Europeans' superiority and further enhance European immigrants' position in the labor market and society in general. If "the desirability of immigrants has come to correspond to their rank in the labor market" (Ellermann, 2020), European immigrants benefit from colonial and apartheid legacies in South Africa's labor market, in which differentiated streams of migration are a central feature, "deliberately so engineered and structurally related" (Harper and Constantine, 2010: 5).

Anti-immigrant sentiments and violence against foreigners prevailing in contemporary South Africa are the subject of much debate. We argue that the discourse surrounding the exclusion of immigrants should also consider the privileges accompanying European immigration, that inform perceptions of their magnanimity and allow them to integrate into South Africa in ways that African immigrants especially are denied.

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Economic and Risk Perceptions Motivating Illegal Migration Abroad: Port Harcourt City Youths, Nigeria

Joseph Inyama*

* Van Hall Larenstein University of Applied Sciences, the Netherlands

This study contributes to the understanding of the economic and risk perceptions that motivate illegal migration among youths. Using the Theory of Reasoned Action and the Cultural Theory of Risk Perception, this study investigates the economic and risk perceptions related to the livelihood of male and female youths of Port Harcourt City about migration to Europe through the Sahara Desert and across the Mediterranean Sea. Qualitative research techniques were used to source data from Port Harcourt City youths on the lived experiences of irregular migrants in selected countries abroad. A thematic content analysis of the data revealed that the perception of many of the participants on opportunities for decent work abroad is informed by what they see in western films and read on social media platforms. The anticipation of a better life and the hope of earning a stable income motivate them to undertake unsafe migration journeys abroad, regardless of the risks. The study further established that the majority of the youths who embark on dangerous journeys lack in-depth knowledge of the associated risks of traveling through the desert and across the sea, including the dangers of living abroad as undocumented migrants. Based on these findings, the study recommends the need for more awareness-creation and enlightenment of the youths to fully understand the risks and negative aspects of the illegal movement. It also recommends that government agencies and stakeholders in the international community collaborate towards implementing sustainable interventions that will build the resilience capabilities of youths against illegal migration.

Keywords: trans-Saharan migration, Nigerian diaspora, African-EU mobility, resilient capabilities.

INTRODUCTION

The Platform for International Cooperation on Undocumented Migrants (PICUM, 2015) notes that the terms "illegal" and "irregular" migration have been indifferently used by both state and non-state organizations depending on the context of the situation. According to Morehouse and Blomfield (2011), the term "illegal" is considered problematic by many humanitarian organizations because the adjective has a negative connotation and suggests an involvement in a crime. Thus, the European Union Parliamentary Assembly (2006) issued Resolution 1509 to address issues related to the human rights of irregular migrants. It states that the parliament prefers to use the term "irregular migrant" rather than "illegal migrant" or "migrant without papers" as this term is more neutral and does not carry, for example, the social stigma of the term "illegal". It is also the term increasingly favored by international organizations working on migration issues. The resolution further states that "illegal" is preferred when referring to status or process, whereas "irregular" is preferred when referring to a person. Hence, this study sustains the term illegal migration abroad because it examines the process that irregular migrants choose to make their journey abroad. The objective focuses on investigating and understanding the economic and risk perceptions that motivate Port Harcourt City (PHC) youths to take the illegal route of traveling abroad through the Sahara Desert and across the Mediterranean Sea.

A study conducted by the International Organization for Migration (IOM, 2017) shows that international migration from countries in sub-Saharan Africa to Europe and the United States has grown dramatically in the past decade. However, the study further notes that the proportion of emigrants relative to Africa's total population is one of the lowest in the world, and the numbers of African nationals arriving irregularly by sea to Italy in 2016 represented a very small share of the total migrant population in the country. Similarly, United Nations Human Development Report (2004, cited in Edwards, 2005) shows that the Middle East region recorded the world's highest share of the irregular migrant population, with Qatar, United Arab Emirates, Kuwait, and Jordan emerging as the top ten countries.

Okunade (2018) shows in his work that the movement across the Sahara Desert endangers the life of migrants, due to the series of attacks and humiliating treatment by smugglers and pirates on these transit routes. The UNHCR (2015) and the IOM (2017) note that the movement from Africa to Europe has attracted more global attention since the outbreak of the so-called migrant crisis in 2015. In this sense, it pertains to the period in 2015 where many migrants arrived in Europe through Italy and Spain, across the Sahara Desert and the Mediterranean Sea. Furthermore, the report shows that migrants of Nigerian descent top the list of sub-Saharan African countries whose nationals reach Italy by sea, from where they move to other parts of Europe. Missing at the Borders (2020) reports that this unsafe journey often puts migrants in dire and unfortunate situations as boat mishaps in the Mediterranean Sea leaves many dead and injured, thereby creating an additional burden to the

families of these migrants who have invested so much, and also hoped that a family member crossing the Mediterranean Sea to Europe will positively influence the economic fortune of the family. In Nigeria, several publications have shown that environmental degradation resulting from decades of oil exploration around Port Harcourt and the Niger Delta at large has been a major cause of violence, and youth restiveness, resulting in the forced migration of many families. Akpan and Akpabio (2003), and Jike (2004) note that productive lands and rivers that families depend on for their daily livelihoods have been lost due to years of oil exploration activities and spillage in the region, resulting in rising unemployment, and violence. Hence, many youths have been forced to leave their primordial homes in search of greener pastures abroad, while some have become environmental refugees. Bates (2002) notes that a degrading environment seriously affects the quality of life and has a direct influence on human migration.

THEORETICAL AND CONCEPTUAL FRAMEWORK

An international migrant is defined by the United Nations Department of Economic and Social Affairs (UNDESA, 1998) as a person who stays outside their country of usual residence for at least a year. Guided by the Theory of Reasoned Action and the Cultural Theory of Risk Perception, this study investigates the economic and risk perceptions that motivate youths to leave their country of origin and move illegally abroad through the Sahara Desert and across the Mediterranean Sea.

Although migration intention is a very debatable concept in migration studies, the Theory of Reasoned Action, according to Ajzen and Fishbein (1980) and Ajzen (1985; 2005) aims to explain the nexus between attitudes and behaviors within human action. The theory suggests that an individual's intention and decision to engage in a particular behavior is based on the outcome the individual expects will come as a result of engaging in such behavior. Thus, in relation to migration across borders, the perception that a particular behavior will lead to the intended outcome is the driving force behind a migrant's decision to engage in irregular movement abroad through unsafe routes. Similarly, in explaining the Cultural Theory of Risk Perception, Douglas (1978), Douglas and Wildavsky (1982), and Thompson et al. (1990) argue that risk perception is largely determined by how people perceive and act upon the world around them. Hence, despite the risks involved, individuals could be motivated to engage in unsafe migration abroad if such a person anticipates better economic opportunities for income maximization in the destination country. Regarding Nigeria, recent publications and reports have also indicated a growing population, unemployment, followed by rising poverty among Port Harcourt youths, and Nigerian youths in general as the main drivers of illegal migration of youths abroad. The Brookings Institute (2014) notes that the high population of Nigeria has resulted in a state of unemployment, especially for the youths. Punch (2019a) highlights that the Ijaw Youth Council (IYC) has described the rate at which Port Harcourt youths in particular, and Nigerian youths, in general, leave the country to

other parts of the world in search of better jobs and increased income, as worrisome. Similarly, The Cable (2017), Punch (2019b), and World Population Review (2020) all note that rising unemployment, poverty, and the increasing population in Port Harcourt City, have been major causes of illegal migration among the youths. Thus, given the above conditions in Port Harcourt City, the interaction of these theories combine to facilitate the understanding of the behaviors that inform the decision-making processes of male and female youths to embark on these unsafe journeys abroad.

LITERATURE REVIEW

Illegal migration

Baldwin (2008), characterizes illegal migration as an undocumented or irregular movement of individuals from one location to live and work in another area. In his work, Papademetriou (2005), identifies four common forms of illegal migration, namely, unauthorized entry, fraudulent entry (i.e., with false documents), visa overstays, and violation of the terms and conditions of a visa. Papademetriou further describes unauthorized entrants, as citizens of different countries who enter another state illicitly, many of whom cross the land and sea boundaries, very often in a desperate attempt to reach their destination. This characterization of unauthorized entrants closely defines the condition of many migrants who engage in illegal movement through the Sahara Desert and across the Mediterranean Sea to Europe. It is important to recognize in this research that throughout history people have often engaged in different kinds of movement, both legal and illegal migration, in search of a better life. Thus, Baada et al. (2019) state that migration has been established as an important avenue for livelihood improvement, as evidenced by its inclusion in the United Nations Sustainable Development Goals (UN SDGs). SDG 10 identifies migration as one way of reducing inequalities between and within countries. Similarly, Deotti and Estruch (2016) argue that migration is a complex phenomenon, but a key component of livelihood strategies in rural households, which focus on minimizing risks and diversifying household income. As a livelihood strategy, many people globally have increasingly engaged in rapid migration to escape hardship. In this sense, Port Harcourt City, and Nigerian youths at large thus engage in this irregular movement through these unsafe routes to escape the loss of livelihood opportunities resulting from environmental degradation, violence, and unemployment. Consequently, the IOM (2018), cited in Afrobarometer (2018) states that Nigerians made up the largest migrant population entering Italy and Greece. Nigerians have also been identified as the largest cohort of migrants trapped in Libya in the protracted Mediterranean migrant crisis. The IOM (2018) reported that between May 2017 and January 2018, more than 6,700 Nigerian migrants were returned home from Libya through the efforts of Nigerian and international agencies.

Economic perceptions of Port Harcourt City (PHC) youths about migration to Europe

Harris and Todaro (1970) argue that the motivation to migrate is heavily influenced by job opportunities available to the migrant at the initial stage and expected income difference in the destination country. Highlighting the illusions of achieving economic emancipation abroad, Etika et al. (2018) argue that the public perception of economic freedom in Europe has increased the quest for migration to countries such as Spain and Italy, and this feeble perception has resulted in the death of many Nigerian youths who embarked on this deadly journey through these unsafe routes; little did they know, they will not get to their destination. In a recent report, the United Nations Development Programme (UNDP, 2019) revealed that in the context of global inequality, the prospect of being able to transform the economic situation of family members left at home through remittances, is, of course, a huge factor shaping motivations and drivers of migration from Africa to Europe. Reflecting on the circumstances that influence irregular migration abroad among PHC youths, Bayar and Aral (2019) note that some movement of migrants may not have been motivated by the need to pursue better job opportunities abroad but is the result of forced migration due to threats to life and livelihood, natural or man-made causes such as movements of persons displaced by conflicts, as well as people displaced by chemical or environmental disasters.

Risk perceptions and decision-making processes of youths to embark on illegal migration

Perceptions of risk play a vital role in the decisions that individuals make to either stay back or undertake the unsafe journey to Europe. Jaeger et al (2007) note that an individual's attitude towards risk perception has a direct effect on their tendency to engage in cross-border migration. Townsend and Oomen (2015) assert that understanding how migrants perceive risk and what attitude motivates them to undertake perilous journeys, are incomplete without paying detailed attention to both their pre- and post-departure decision-making processes. In this regard, Kuschminder et al. (2015) reveal that depending on the situation, illegal migrants of African descent take different routes to reach Europe with no prior knowledge of the risks involved. In terms of risk exposure along the traveling routes, the UNHCR (2019) reports that the journey across the desert to Libya involves multiple horrific experiences of violence. The report highlights how both male and female migrants have been severely tortured, raped, and kidnapped for ransom by different networks of smugglers operating along these routes. Thus, by the time that migrants step onto a boat en route to Europe, many would have died. Similarly, the UNHCR's Central Mediterranean Risk Mitigation Strategy (2017) shows that the increasing influx of migrants from Nigeria and other West Africans through the desert to Libya has resulted in the rapid proliferation of illegal detention, human warehouses, and connection houses run by smugglers and traffickers. Thus, had migrants been aware of the grave hazards involved in crossing the desert, many of them would not have

made the dangerous journey to Libya. Frouws et al. (2016) argue that although the rise in the use of online communication media such as Twitter and Facebook has improved the way migrants share delicate information on safe routes related to their journey across the desert and the sea, it has also helped smugglers and traffickers to adopt new strategies to lure unsuspecting members of the public into making these dreadful journeys.

Williams and Baláž (2012) shows that migrant movements are usually associated with exposure to risk and uncertainty from the beginning of the journey, along the traveling routes, the destination, and the life abroad. Thus, irregular migrants' predictability about the future involves some level of uncertainty given that the probabilities of a particular outcome cannot be known for certain and in some cases, these uncertainties expose them to dangerous situations. To further highlight the dangers that irregular migrants face abroad, Nos Nieuws (2020) notes the rising incidence of the disappearance of Nigerian irregular migrants and asylum seekers to unknown destinations. The report further notes that the Netherland Central Agency for Reception Asylum Seekers (COA) confirmed that between 2014 and 2019 about 1,231 irregular migrants who received asylum qualification disappeared to an unknown destination. In January 2020, another 128 irregular migrants disappeared. These incidents have been linked to activities of criminal trafficking organizations such as the Black Ax, and the Vikings mafia groups who threaten these irregular migrants and force them into drug peddling and prostitution. Minaye and Zeleke (2017) note that in order to understand the decision of migrants, it is crucial to comprehend the attitude that informs their choices and decision-making. Hence, if the attitude and spiritual belief of migrating youths are such that God has predetermined their fate, they may not bother about the risky or safety implication of the decision they make concerning unsafe migration. Also, personal factors such as age, gender, and religion; social factors such as media, and family influence further shape the attitudes, beliefs, and decisions of youths to embark on illegal migration abroad. Highlighting the influence of family on a migrant's decision to move abroad, Massey et al. (1993) and Stahl (1995), argue that, unlike individuals, households are in a position to control risks to their economic well-being by diversifying the allocation of household resources such as labor. While some family members can be assigned economic activities in the local market, others may be sent to work abroad where wages and employment conditions are relatively better. Hence, if the local economic conditions deteriorate and activities fail to bring insufficient income, the household can rely on migrant remittances for support.

Study area, research strategy and methodology

Port Harcourt City (PHC) is in the Niger-Delta region of Nigeria and is the capital of Rivers State. It covers an area of 109 square kilometers. Port Harcourt City has a population of 3,171,076 (World Population Review, 2021) and it is the largest city in the Niger-Delta region of Nigeria.

Figure 1: Map of Port Harcourt City

Source: ETSI ArcGis online by SIHMA

This is a cross-sectional qualitative study involving different categories of participants, among whom were youths in Port Harcourt City, policymakers, a diplomat, a banker, regular and irregular migrants abroad who were from Port Harcourt City, and from other parts of Nigeria. To gain a deeper understanding of the lived experiences of migrants trying to cross the desert and the sea, as well as the realities of living abroad as irregular migrants, the study also considered the views of other irregular migrants of African descent who had the same historical experience with Nigerian irregular migrants abroad. The snowball sampling technique was used through the referrals from the key informants to recruit other participants from both Port Harcourt City and abroad, for this study. Given that the research took place during the global coronavirus health pandemic, the fieldwork interviews with participants in Port Harcourt City were conducted through remote methodologies like using social media, WhatsApp, Google meet, local research moderators, and an online survey. Also, considering the sensitivity of the topic, the interviews with irregular migrants in different asylum-seeking centers in Europe took place online using WhatsApp, while keeping an eye on the sensitivity of the topic and hesitance of respondents to share experiences.

Given the complex nature of illegal migration through the Sahara Desert

and across the Mediterranean Sea, a well-designed semi-structured interview guide was developed. It explored issues like the current conditions of youths in Port Harcourt City, perceptions of livelihood opportunities in both Port Harcourt City and abroad, knowledge of risks involved in traveling along the desert and across the sea, lived experiences that irregular migrants encounter while living without proper documents abroad, access to networks, as well as the influence of family members on the decision to embark on this unsafe journey. For a profile of all the participants in this study, see Tables 1, 2, 3, 4, and 5.

The study objectives, possible risks, and exposures were explained to potential participants. Hence, participation in this study was voluntary and participants had the right to either consent or decline to participate in the research without suffering any prejudice to their basic human rights. Given that the study included tragic and dehumanizing lived experiences of some irregular migrants, pseudonyms were used in the excerpts from the interview transcripts. In doing this, all participants were assigned codes in other to protect their identity in any report or publication from these findings. There were no payments for participation in the research. However, during the focus group discussions (FGDs), participants were provided with some refreshments at the end of the meetings. Also, interviews were conducted in the preferred language of the respondents (Nigerian pidgin, and English). Recorded interviews were transcribed verbatim into English and edited for analysis. All transcribed and edited interviews were saved and accessible only to the researcher and were deleted from the laptop device after the research supervisors approved the study. This was done to ensure no identity of the respondents can be traced through their voices. Overall, the study had a population size of 95 participants, 31 of whom were in-depth interview respondents drawn from both Port Harcourt City and abroad.

Thematic analysis based on the research sub-questions formed the basis of the analysis. This helped the researcher to carefully identify commonalities and differences across the dataset while interpreting the data from the perspective of the respondents in the study. The analysis commenced while the fieldwork was ongoing, starting with listening to electronic recordings at the end of each interview to transcribe and code the responses in line with the themes drawn from the study sub-questions. This helped the researcher to gain a comprehensive picture of perceptions, lived experiences, and motivations of male and female youths in Port Harcourt City on migration abroad. These results were presented using a narrative tool supported by quotes from respondents, to provide some evidence without sounding too poignant and exaggerative. To improve the quality of the study report, the researcher further used in-depth triangulation of the main findings from the key informants, and individual interviews to compare other existing literature works reviewed in this study.

PROFILE OF ALL THE PARTICIPANTS IN THIS STUDY

Table 1: Profile of key informant respondents

Code	Respondent	Organization	Portfolio	Gender	
				Male	Female
KI1 Bank	Banker	GTBank	Credit and Loan Service		1
KI2 YLDPHC	Youth Leader	Abuloma Village	P.R. O	1	
KI3 YLGPHC	Youth Leader	Elelenwo	Speaker Democracy Africa Parliament	1	
KI4 YLCPHC	Youth Leader	Elekahia	Entrepreneur	1	
KI5 YMJPHC	Irregular Migrant	PHC Resident	Irregular Migrant in Libya	1	
KI6 YMEGBR	Irregular Migrant	Nigerian	Irregular Migrant in Germany	1	
KI7 YMLBE	Irregular Migrant	Nigerian	Irregular Migrant in Belgium	1	
KI8 PHALGAS	Government Official	Port Harcourt Local Government Council	Council Secretary	1	
KI9 DA-NLD	Policymaker	African Diaspora Policy Centre	Director	1	
KI10 AMB-ON	Diplomat	Nigerian Embassy, the Netherlands	Head of Delegation	1	
KI11 DNLD-NLD	Regular Migrant resident in the Netherlands	United Nigeria Platform, the Netherlands	Chairman	1	

Table 2: Profile of individual interview respondents in PHC

Code	Respondent	Status	Portfolio	Gender	
				Male	Female
II1 SNGR	PHC Resident	Today FM	Journalist	1	
II2 ALANGR	PHC Resident	Entrepreneur	Small-scale Telecom Business	1	
II3 AMYNGR	PHC Resident	University Graduate	Freelance Writer		1
II4 AKNGR	PHC Resident	University Graduate	Unemployed Youth	1	
II5 GPNGR	PHC Resident	University Graduate	Unemployed Youth	1	
II6 DSPNGR	PHC Resident	University Graduate	Unemployed Youth	1	
II7-EVANGR	PHC Resident	Entrepreneur	Small-scale Farmer	1	
II8-VICNGR	PHC Resident	University Graduate	Freelance Content Developer		1
II9-VICNGR	PHC Resident	University Graduate	Data Analyst	1	
II10-LAWNGR	PHC Resident	Medical Doctor	Freelancing and Volunteering	1	

Table 3: Profile of individual respondents abroad

Code	Respondent	Status	Portfolio	Gender	
				Male	Female
II1 SNGR	Nigerian Immigrant in the UK	Accountant	Working	1	
II2-EZYNLD	Nigerian Migrant in the Netherlands	Water Engineer	Working	1	
II3-JACNLD	Ugandan Migrant the Netherlands	University Graduate	Working		1
II4-JAMNLD	Congolese Refugee in the Netherlands	Resident	Working	1	
II5-KLAGBR	Nigerian Migrant in Germany	University Graduate	Working	1	
II6-MRACA	Nigerian Migrant in Canada	University Graduate	Working	1	
II7-NNAGBR	Nigerian Migrant in Germany	Freelance IT Engineer	Working	1	
II8-SIU.USA	Nigerian migrant in the United States	PR Specialist	Working	1	
II9-SoloITA	Ghanaian Refugee in Italy	In the Asylum Centre, Arnhem	Seeking Asylum	1	
II10-PATNLD	Nigerian Refugee in the Netherlands	In the Asylum Centre, Arnhem	Seeking Asylum		1

Table 4: Profile of FGD 1 participants in Okuru-Ama village, PHC

Code	Respondent	Status	Portfolio	Gender	
				Male	Female
FGDO1	Okuru-Ama Youth, PHC	Okuru-Ama Village, PHC	Unemployed Undergraduate	1	
FGDO2	Okuru-Ama Youth, PHC	Okuru-Ama Village, PHC	Small-Scale Fashion Designer	1	
FGDO3	Okuru-Ama Youth, PHC	Okuru-Ama Village, PHC	Unskilled Unemployed Youth	1	
FGDO4	Okuru-Ama Youth, PHC	Okuru-Ama Village, PHC	Small-Scale Phone Technician	1	
FGDO5	Okuru-Ama Youth, PHC	Okuru-Ama Village, PHC	Underemployed Graduate	1	
FGDO6	Okuru-Ama Youth, PHC	Okuru-Ama Village, PHC	Unemployed Artisan	1	
FGDO7	Okuru-Ama Youth, PHC	Okuru-Ama Village, PHC	Freelancer	1	
FGDO8	Okuru-Ama Youth, PHC	Okuru-Ama Village, PHC	Unemployed Graduate	1	

Table 5: Profile of FGD 2 participants in Diobu village, PHC

Code	Respondent	Status	Portfolio	Gender	
				Male	Female
FGD-D1	Diobu Youth, PHC	Diobu Village, PHC	Small-Scale Hairstylist		1
FGD-D2	Diobu Youth, PHC	Diobu Village, PHC	Small-Scale Graphic Designer		1
FGD-D3	Diobu Youth, PHC	Diobu Village, PHC	Unskilled Unemployed Youth		1
FGD-D4	Diobu Youth, PHC	Diobu Village, PHC	Waitress		1
FGD-D5	Diobu Youth, PHC	Diobu Village, PHC	Underemployed Graduate		1
FGD-D6	Diobu Youth, PHC	Diobu Village, PHC	Unemployed Youth		1
FGD-D7	Diobu Youth, PHC	Diobu Village, PHC	Undergraduate Student		1
FGD-D8	Diobu Youth, PHC	Diobu Village, PHC	Skilled Unemployed Youth		1
FGD-D9	Diobu Youth, PHC	Diobu Village, PHC	Graduate and doing Small-Scale Business		1
FGD-D10	Diobu Youth, PHC	Diobu Village, PHC	Fashion Designing Apprentice		1
FGD-D11	Diobu Youth, PHC	Diobu Village, PHC	Small-Scale Hairstylist Business		1
FGD-D12	Diobu Youth, PHC	Diobu Village, PHC	Underemployed Nurse		1

RESULTS

Table 6: Gender variation of research participants

Gender	Key Informants	Individual Interview in PHC	Individual Interview Abroad	Online Respondents	Focus Group Discussions
Male	10	8	8	18	8
Female	1	2	2	26	12

Source: Fieldwork, 2020

Accessing decent jobs and opportunities to start small-scale businesses in Port Harcourt City

The study gauged participants' views to better understand opportunities for a decent job and the feasibility of starting a sustainable small-scale business that can provide youths with a stable income to meet their daily essential needs. For many of the respondents, youths find it difficult to access decent jobs due to high practices of nepotism, and lack of social connection to the upper class in the society. This obnoxious norm has affected mostly youths in the lower class who often represent a

majority of the youth population, from accessing fairly decent jobs to meet their daily essential needs. One of the respondents said:

> I have graduated from university for over 5 years, but I have not gotten a job. There is a lot of nepotism, and corruption in the system. Even farming is a challenge due to harsh agrarian land. As an average youth in Nigeria, you must know someone who knows someone for you to get a decent job. Some female youths are sexually exploited for them to get a chance at a job. So, you can see why the motivation is high for youths in Nigeria to move to Europe in search of a better life through these dangerous routes (Port Harcourt youth resident).

Similarly, as indicated in the figure below, due to the strict collateral conditions, most of the youths expressed difficulty in accessing credit from banks and other credit houses to start a small-scale business.

Figure 2: Access to credit from the banks for small-scale businesses in PHC
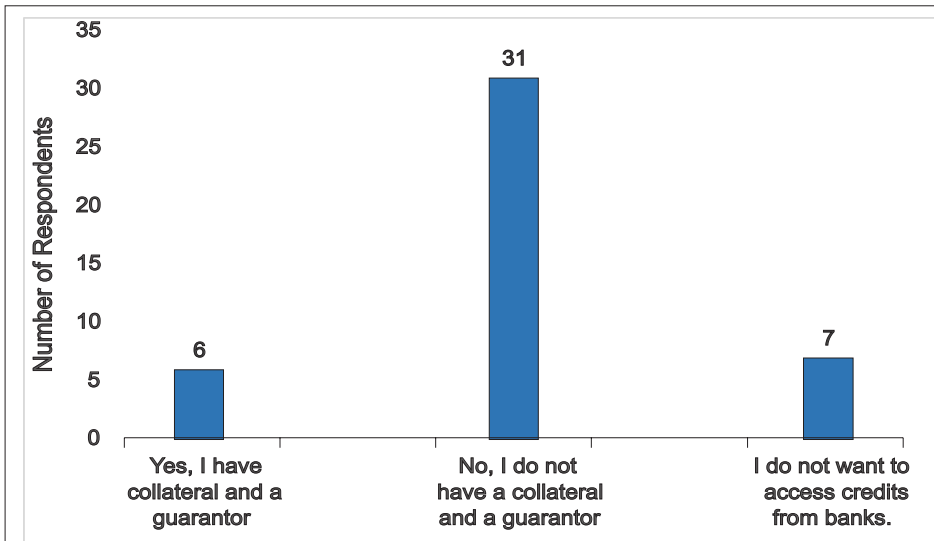
Opportunities for decent jobs for irregular migrants abroad

Generally, different factors influence the perceptions of youths in many sub-Saharan African countries about unlimited work opportunities abroad. In this study, the views of Port Harcourt City youths were explored to understand what informed their knowledge about living and getting a decent job abroad as irregular migrants. Most of the results showed that the perceptions of youths in PHC on decent work opportunities abroad was informed mostly by their interpretation of western films and information obtained from various social media platforms. According to one of

the respondents:

> I read in the news about how government abroad creates job opportunities and supports business start-ups among youths, hence I have this perception that there are more chances to get a job abroad. Also, western movies further highlight how people abroad easily find a job. So, I think if I get the chance to move to Europe or America, I will find a decent job (female youth, Port Harcourt City).

Similarly, interviews revealed that the sending of remittances to their families back home, by peers who moved abroad through irregular means, further strengthened the perceptions of youths in the community that there are enough job opportunities with better income abroad. This perception further motivated male and female youths to decide on accepting the risk of traveling abroad through any available irregular routes in the hope of getting a stable job that supports them to also send money towards improving their family conditions back home. In contrast, irregular migrants living in Europe painted a picture of a flashy environment, rosy images, a free-flowing easy life and opportunities for decent jobs with better income perceptions about Europe. This motivated their decisions to risk their lives through the desert and across the sea, but circumstances sadly changed a few months after their arrival. Also, the language difference in many of the European countries hindered their smooth integration. According to one respondent:

> I heard Europe was a nice and good place to hustle, but when I arrived, I realized that success in Europe is dependent on your status. Without a residency that offers a work permit, you cannot work or access the opportunities you imagined about Europe while you were in Africa. The unskilled job I got, did not meet my expectation; I was just working to survive. Even at that, things were so rough for me in Macedonia, with no money on me, I had to trek to Greece where I had to seek asylum. From there I moved again to Germany (Nigerian irregular migrant, Germany).

According to a key informant:

> The views of these youths are borne out of frustration and the hostile environment that exists in the country. For those moving for security reasons, it is justified. But for economic migrants moving through these dangerous routes, their movements are borne out of a desperate mirage. I have seen irregular migrants that have come to seek support to return home because things did not work as they had initially imagined. Many of these migrants who were deceitfully lured into making these journeys are so ashamed to return home because of the failure of not making it as they had initially perceived after making a huge sacrifice of crossing the desert and the Mediterranean Sea

(Nigerian Ambassador to the Netherlands).

Knowledge of the risk implications of illegal migration to Europe through the Sahara Desert and across the Mediterranean Sea

Findings from the in-depth interviews with respondents revealed that male and female youths traveling through the desert and across the Mediterranean Sea have constantly been exposed to various dangerous encounters ranging from heatwaves to attacks by bandits and traffickers. In many circumstances, these attacks often result in the deaths of hundreds of migrants. Also, many youths who make this journey do not have an in-depth knowledge of the nature of the risks involved in the journey. Hence their decision to risk their lives on the journey. According to one respondent:

> [The] majority of the youths have no idea of what crossing the Sahara Desert and the Mediterranean Sea looks like in real life, while some just have a shallow knowledge of what the journey entails. For instance, I know someone in the community with an average knowledge of the risks, yet, he made up his mind to accept the risks involved in the journey because of the depressing economic condition of his family. He believed this journey was a stroll to death, but he said to me, "If I die, I die; if I perish, I perish" (male youth, Port Harcourt City).

However, interviews with irregular migrants who undertook these journeys revealed that there was a strong belief in predestination among migrants who made the journey. Many of the migrants who survived this dangerous endeavor, were willing to risk it in the belief that God would protect them from the dangers if they were not destined to die in the desert or the sea.

According to some respondents:

> I did not know the risk will be this dangerous; many persons died in the desert, but a few of us survived. My friend did not clearly explain to me the dangers involved; he told me that the journey to Libya will be smooth and easy, and not through the desert. So, the information I received was so easy for me to opt into the idea of embarking on the journey. It took me three weeks to travel from Port Harcourt to Libya. While on transit, I was spending money to save myself from being taken into captivity by the desert warriors and rebels each time we were attacked. I spent about $2,000 to make the journey to Libya, and now I cannot continue to cross the Mediterranean because my money finished in the desert. So, I am now hustling in Libya to raise money for a boat [trip] to reach Europe (Port Harcourt irregular migrant in Libya).

> I met some Eritreans, Somalians, Ethiopians, in the asylum-seeking center who shared their horrific experiences with me. They told me they were not aware of any dangers involved in the journey. Everything seemed well when they set out for their journey from Eritrea; everything changed on the Mediterranean Sea

en route to Europe. They said their friends whom they made the journey with, all died at sea, but they were lucky to make it to Italy, and then to the refugee camp in the Netherlands (Congolese migrant in the Netherlands).

More results revealed that many of the male and female youths who travel along these routes come out mentally and psychologically damaged due to the terrible daily experiences, including torture, abuse and sexual exploitation that takes place on the journey. According to one respondent:

> For days I journeyed with no water and food. On one of the nights, we got to a well, and we noticed there was some water; we all drank from it only to wake up in the morning to notice there was a dead body inside [the well]. Still, we fetched [water] from it to continue the journey because we had no choice. For female migrants whose money finished along the way, they had to pay with their bodies, some were also raped despite paying. When I got to Libya, I was arrested, and taken to prison by Libyan authorities. While I was there, many of the girls were sexually assaulted on a daily basis; and if you are sick, they would give you abortion pills, because the assumption is that you might be pregnant. It was devastating because my family did not know where I am, or what I am going through. Then the journey across the sea was another difficult experience, but at this point, I had made up my mind if I die, so be it. We used a balloon or floater to cross the sea. While on the journey, some of us [fellow migrants] died and were thrown into the sea. After some days, we were in the middle of nowhere. Luckily, we got rescued by a ship. When we arrived in Italy it was terrible there. Then I escaped to France; my asylum was rejected there. Again, I left for the Netherlands, where I am now in the refugee camp seeking asylum here. Now in Europe, to survive and get by every day, I have had to be exposed to the risk of meeting very dangerous people, and the police. I live each day watching my back. I have been in this refugee camp for two years hoping that my asylum request will be granted someday, so I can live a normal life (Nigerian refugee in the Netherlands).

Further findings indicated that youths who are more open to risk-taking will most likely embark on these dangerous journeys to Europe even if they are not certain about their chances of surviving the crossing of the desert and the sea. However, one of the respondents said:

> My journey was not about the willingness to take a risk because making the cross is like having a close conversation with death. My situation was very terrible, so I had to find a way to help myself. I was an auto mechanic, but the job did not provide enough income to take care of my needs. So, I met a friend who shared the information to travel to Europe by road, and together we set

out on the journey. It was a terrible experience for me. I saw lots of death; I do not wish anybody to go through the journey; 150 of us were packed at the back of the truck with each of us carrying about 150 liters of water. Your survival is dependent on that water because no one will share theirs with you. On the journey, some fell off and died and they were buried in the desert sand. If you are unlucky to be attacked by rebels and desert warriors, they will torture, rape, and kidnap people, so due to these dangers, the journey took me 3 weeks in the desert. Crossing the Mediterranean was between life and death. I saw a lot of dead bodies floating in the sea. The 12-meter size fishing boat was carrying 51 of us on board. We struggled a lot with the waves; eventually, it changed our direction. We floated for days before a naval ship passing came to our rescue. But for the rescue, we would not have made it to cross the sea because the boat was already sinking. Based on these horrible experiences, I could not have signed up to take such a risk. I will not even make the journey again should the situation arise. Looking back, I do not think the opportunities in Europe are worth the risk of the journey. I am now considering returning to Nigeria because the green pastures are not the way we thought. As an illegal migrant, you have no dignity (Nigerian irregular migrant in Germany).

The influence of peers and family on the decision to accept the risks involved in illegal migration abroad

The results revealed that the desire to improve the living conditions of families in the country of origin, underlines the willingness to accept the risks involved in crossing the desert and the sea to Europe. Similarly, many families with large households will easily decide to support a member who decides to embark on this journey. They contribute money and even sell the family assets or mortgage them for a loan to fund this journey. Also, the influence of one's age and marital status influences one's decision to make this unsafe journey. One of the respondents said:

I think from age 18, youths are more audacious to make these journeys, and the idea is that they could still have the strength to withstand the challenges involved in the journey. In terms of marital status, mostly married men are likely to make the decision, because the belief will be, "If I move, I will be able to provide a life for my family." The women are most likely going to consider the children before deciding to make the move (Ugandan migrant in the Netherlands).

In terms of the influence of peer pressure, the majority of the respondents said that youths living in the same neighborhood are more likely to accept the decision to make this journey if they know an associate from the same environment who traveled abroad through these routes and made it to support his family through remittance. Also, on access to information related to making these journeys, one of

the respondents said:

> I know people who arrange this kind of movement, in local name, they are called "the journeyman". It is a big network. You don't just wake up to make the journey. So, from what I know, when you want to make the journey, you go to the journeyman, they plan the trip, they know all the transit routes and have their networks there. It takes months of planning before you make the journey. Usually, they make the trip during the summer period, when the sea is calm and less turbulent, precisely between May and September (Nigerian migrant in the United States).

Figure 3: Access to information related to illegal migration through the desert and across the sea
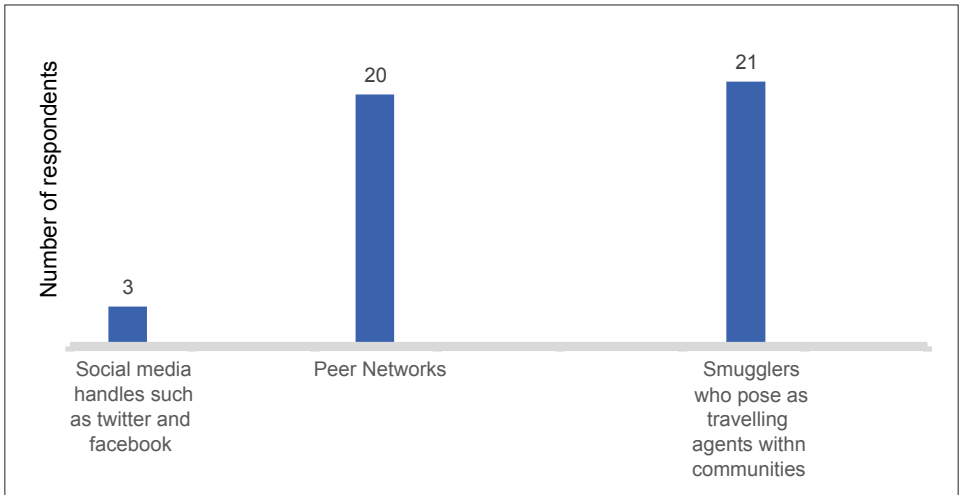
Source: Fieldwork, 2020.

DISCUSSION

This study aimed to understand the economic and risk perceptions related to the livelihood of youths about Port Harcourt and Europe that motivates their decision to embark on illegal migration through the desert and the sea. In line with the existing theories explored in this research which provided insights into the behaviors that shapes irregular migrant's intention and risk perception regarding making the unsafe journey, the findings suggest that migrants' intended outcome in many situations outweighs the thorough analysis of the perceived risk involved in making irregular movement across borders. Thus, during decision making, migrants consider the risks as an opportunity as long as it does not limit their freedom to move.

The ILO (2020) describes decent jobs to be productive work for women and men in conditions of freedom, equity, security, and human dignity. As indicated

by the findings in this study, many of the youths in Port Harcourt City (PHC) are currently without decent employment that can provide them stable income to meet their daily essential needs. This is consistent with the National Bureau for Statistics (2016) report which notes that 34.9% of youths in Nigeria are currently without jobs. Hence, the rising incidence of illegal migration of male and female Port Harcourt City youths abroad, through these unsafe routes as an alternative livelihood strategy. The study established that without a strong social connection to elite members in the city, one will hardly get a decent job. This lack of connections to the upper echelon makes many average youths in PHC feel that they are treated like the precariat without rights and privileges which other members of the society enjoy. Imhonopi and Urim (2015, cited in Imhonopi et al., 2017), state that the precariat is a class with members who consist of impoverished youths belonging to lower-class families, including frustrated educated youths who do not like existing socio-economic conditions before them. Hence, the imagination of a better life outside Nigeria becomes the prism through which male and female youths in the city see the world, due to the polluted environmental conditions, and the rising unemployment in Nigeria.

More so, findings revealed that most of the youth's perceptions of the availability of better working opportunities abroad are informed by what they see in western films and other news media platforms. Etika et al. (2018) argue that the public perception of economic freedom in Europe has increased the quest for migration to countries such as Spain and Italy. Thus, many Nigerian youths embark on this deadly journey through these unsafe routes but, little did they know, that some of them will not get to their destination.

However, the study found that the transnational flow of money through remittances from migrants abroad has contributed immensely towards the improvement of the living conditions of many migrants' families and their communities in countries of origin. As a result, this study established that migrants' remittances in support of household income is a major motivation for these movements along these dangerous routes. Supporting the above findings towards addressing illegal migration and poverty reduction, the British House of Commons International Development Committee's Report on Migration and Development 2004, cited in Vertovec (2007), suggests that the UK Government should explore the potential development benefits which might be gained from more circular migration, and alongside its developing country partners should examine different ways in which such circular migration might be encouraged. The Committee's advice also goes beyond the government to other agencies by suggesting that circular migration schemes could act as an incentive for sending countries to assume more responsibility for countering illegal migration.

Knowledge of the risk involved along the traveling routes, as well as uncertainty about the realities of living abroad, were found to be major gaps that result in the death of migrants along the desert and at sea. Williams and Baláž (2012) show that irregular migrants rarely have full knowledge about the current living conditions

in the destination countries. Hence, their movement is often associated with uncertainties. Also, their perception of risk is formed based on partial knowledge of the destination country. Similarly, the hope for a better life and the belief in God's protection when making this dangerous journey to Europe in many circumstances beclouds the migrant's perception of the risk involved along the journey route. The perception of God's protection is corroborated by the work of Minaye and Zeleke (2017) who argue that if the attitude and spiritual belief of migrating youths are such that God has predetermined their fate, they may not bother about the risk or safety implications of their decisions concerning unsafe migration. This, therefore, implies that in order to understand migrants' decisions and their acceptance of the risks involved in undertaking this dangerous journey, it is crucial to comprehend the attitude that informs their choices and decision-making.

Given that migration offers an alternative livelihood strategy for vulnerable groups, it was very evident in the study that at the core of the decision to undertake this risky journey across the desert and the sea, lies the motivation to improve their family's economic situation. As a result, many families in Port Harcourt City often support the decision of a member to embark on this journey, which they strongly consider a necessary sacrifice to liberate one's family from the shackles of deprivation and poverty.

In relation to peer influence and access to information, this study established that activities of covert agents who live within the same community with these youths, provide easier access to information related to undertaking illegal migration abroad through these unsafe routes. Klabunde and Willekens (2016) conclude that individuals are likely to make a journey if there is an available social network within the prospective migrant's reach, as social networks support the movement of a potential migrant to a destination country.

Although issues related to harsh climatic conditions and the degradation of the environment did surface during the fieldwork, however, it was beyond the scope of the research to explore these areas and their consequences on cross-border migration.

CONCLUSION AND RECOMMENDATION

The different accounts of the respondents in this study showed that the human mind is unstoppable when desperate for economic survival. Despite the efforts of the European Union (EU) through its funding of border externalization projects in Niger and Libya, as long as youths remain unemployed and have no sustainable means of livelihood, migrants from the Western route of the Sahara Desert will still find a way to maneuver the border checks to make their way into the desert and across the sea to fortress Europe. Therefore, based on the various findings, the study concludes that addressing the problem of illegal migration of youths abroad through these unsafe routes requires a practical intervention geared towards building the resilience and capabilities of youths for economic self-reliance. In relation to irregular migration,

when it rains in Africa, it thunders in Europe. It is therefore recommended that the Nigerian government facilitate a global multi-stakeholder partnership involving relevant stakeholders in the international community to develop a mechanism that builds the capability of youths against unemployment and poverty.

The study further recommends that Rivers State and the Federal Government of Nigeria partner with the IOM to ensure that returned migrants are encouraged to share the real story on the risks involved in crossing the desert and the Mediterranean Sea. Also, given that many youths have a significant presence on social media, the study recommends the use of mass media and various social media platforms to share and disseminate insights from the experiences of migrants. This will be vital in discouraging other youths from making the journey through these unsafe routes. Additionally, it is recommended that Rivers State, in collaboration with the Nigerian government, partner with relevant international bodies to design an ecopreneur project to train Nigerian youths in climate-resilient farming and plastic recycling business enterprises; this is particularly important given the increasing weather variabilities. This will help create more jobs and a stable income source that will build the resilient capabilities of youths against illegal migration. Furthermore, future research is needed to explore whether climate variabilities could spur mass migration across borders.

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Bureaucratic Barriers to Social Protection for Refugees and Asylum Seekers during the COVID-19 Disaster in South Africa

Fatima Khan* and Mikhail Kolabhai*

* University of Cape Town, South Africa

The economic fallout of the coronavirus pandemic could be minimized by social protection instruments such as unemployment insurance and distress relief grants. This paper assesses the ability of refugees and asylum seekers to access these instruments in South Africa. In general, the bureaucratic system of asylum documentation acts as a barrier to access social protection, as exemplified by the administration of the Unemployment Insurance Fund and the Social Relief of Distress grants during the pandemic. While this problem has traditionally been articulated in terms of equality and socio-economic rights, this paper proposes that asylum administration should also be prioritized as a disaster preparedness and management infrastructure, as well as an essential service. This is to ensure refugees and asylum seekers' need for protection is not neglected in a disaster.

Keywords: disaster management, socio-economic rights, documentation, asylum administration

INTRODUCTION

The first diagnosed cases of COVID-19 in South Africa were reported on 05 March 2020 (National Institute for Communicable Diseases, 2020). Ten days later the Minister of Cooperative Governance and Traditional Affairs declared a 'national state of disaster' in terms of the Disaster Management Act (DMA) (CoGTA, 2020a). A further ten days later she promulgated regulations under the DMA which brought the country into a national lockdown that has persisted at fluctuating levels of stringency (CoGTA, 2020b). At the time of writing, we are approaching 500 days of continuous lockdown, more than 2.3 million total reported cases, and 70,000 deaths (DOH, 2021). In the quarter immediately following the imposition of the lockdown, the number of employed people fell by around 2.2 million; 640,000 of these losses were in the informal sector (Statistics South Africa, 2020a). In April 2020 alone, 47% of households reported running out of money to buy food, possibly double the already-high rate reported for the previous year. The full weight of the crisis represented by these numbers is startling and necessitated a relief response by the government.

The same regulations that initiated the lockdown also made provisions for government ministers to issue directives, among other objectives, to "alleviate, contain and minimise the effects of the national state of disaster" (CoGTA, 2020b: reg 10(8)(c)). The directives resulted in a set of relief and assistance programs to the public. The purpose of this paper is to outline the state of refugees and asylum seekers in South Africa during the coronavirus pandemic, and their status in relation to these social protection mechanisms during the disaster.

According to the United Nations High Commissioner for Refugees (UNHCR), South Africa is host to 266,694 refugees and asylum seekers (UNHCR, 2020).[1] For reasons explained later in this paper, this number may be under-reported. Most refugees and asylum seekers in South Africa are from Ethiopia, Somalia, Zimbabwe, and the Democratic Republic of the Congo (Parliamentary Monitoring Group, 2019). Their stay in South Africa is likely to be protracted due to either inefficiencies in the asylum-seeker process or to ongoing instability in their home countries, or both. South Africa's Auditor-General (2020: 7) estimates that the backlog at the initial asylum application stage is seven months, and at the review and appeal stages, one year and sixty-eight years, respectively — all assuming no new asylum applications are received. Asylum seekers can wait anywhere between one to ten years to have their claim to asylum finalized, which usually results in final rejection considering the 96% rejection rate (Amnesty International, 2019) of asylum applications.

South Africa's laws provide for an urban asylum policy as opposed to one of encampment. While an asylum seeker's claim is being adjudicated, and while a refugee enjoys asylum, they are entitled to live independently. This is evidenced by

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[1] Figures at January 2020.

their constitutional and statutory rights to freedom of movement[2] and to work,[3] although for asylum seekers the latter right is no longer automatic and must be 'endorsed' on their visas (RSA, 1998 – Refugees Act, section 22). The effect of the urban policy is that save for appeals to organizations such as the UNHCR for aid, refugees and asylum seekers are self-reliant. This is a good thing, but only if self-reliance is possible, which is to say, only if the individual rights afforded to refugees and asylum seekers are realizable.

The Department of Home Affairs (DHA), which administers the asylum system in South Africa, suspended its asylum services at the start of the lockdown. Despite its resumption of civic and other immigration services as the lockdown has eased (such as birth registration and visa services for foreign travelers into the country), asylum services remained suspended to 30 September 2021 (DHA, 2021). Refugee Reception Offices (RROs) are closed: the government cannot field new asylum applications, process and adjudicate pending applications, or properly renew asylum seeker visas.[4] Under direction of the Minister of Home Affairs, asylum seeker visas and refugee permits which were valid when the national state of disaster was first declared are deemed to remain valid until the DHA resumes its asylum services. This is a small comfort as holders of these documents are nonetheless forced to negotiate with incredulous people and institutions (landlords, banks, bosses, etc.) who are unwilling to accept the risk of relying on permits which are, on paper, expired.[5] This says nothing of the asylum seekers who had yet to acquire an asylum seeker visa prior to the lockdown, or of the 946,000 asylum seekers (as of January 2017) who may or may not (the DHA does not know) still reside in the Republic since their permits have expired (Auditor-General of South Africa, 2020: 6). These latter groups remain undocumented and invisible in the eyes of the state and other institutions (Khan and Lee, 2018).

The situation is untenable in the best of times: in a disaster context it can become literally unlivable (Mukumbang et al., 2020). Refugee and asylum seeker populations are, on average, more vulnerable to disaster than citizens are. For four out of six COVID-19 vulnerability indices identified by Statistics South Africa, there are proportionally more vulnerable people in migrant populations than in non-migrant populations. These indices are being 60 years or older, being unemployed, having informal work, and living in informal dwellings (Statistics South Africa, 2020b). From their already precarious socio-economic positions, it is likely that many refugees and asylum seekers cannot absorb the shock of a health crisis and an economy buckling under a state of disaster.

The stakes of social protection are raised during and after a state of disaster.

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[2] Sections 27(b) and 27A(c) of the Refugees Act 108 of 1998 afford refugees and asylum seekers, respectively, all the rights in the Bill of Rights which are available to non-citizens. See particularly s21 of the Constitution of the Republic of South Africa (RSA, 1996).

[3] For refugees see s27(f) of the Refugees Act; for asylum seekers see s22 of that Act (RSA, 1998).

[4] In May 2021 the Department of Home Affairs began extending permits by email request.

[5] In 2020 the UCT Refugee Rights Clinic assisted approximately 250 refugees and asylum seekers with explanations of the blanket permit extension to employers, banks, and the Labour Department.

Inherent in South Africa's legal definition of disaster, is that the disaster event is:

> … of a magnitude that exceeds the ability of those affected by the disaster to cope with its effects *using only their own resources* (RSA, 2002a – Disaster Management Act, section 1; emphasis added.)

Ideally, social protection mechanisms — such as social insurance, social transfers, and legislative protection — would narrow the gap between refugees' and asylum seekers' critical needs and their insufficient personal resources. Yet this has not been the case during the pandemic. Neither social insurance (for example, pay-outs from the Unemployment Insurance Fund) nor social transfers (for example, Social Relief of Distress (SRD) cash and food assistance, as well as ordinary social grants) have been entirely forthcoming to refugees and asylum seekers. This is for two reasons. The first is deliberate exclusion by the government of either or both groups from social protection, such as from the SRD grant. The second is the crisis of the bureaucratic identification system (including documents, computer systems, and human actors) which hinders access to social protection even when it is legally available. Legal access (the extension to refugees and asylum seekers of the right to social protection) and administrative access (the ability to materially exercise that right) are inseparable; the former is useless without the latter.

Legal access to social protection by refugees and asylum seekers is a tentatively settled issue, mostly so due to the piecemeal victories by civil society challenging regulations in court, both before and during the pandemic.[6] For this reason, the larger focus of this paper is on administrative access to social protection. The argument is that the inefficiencies in the asylum documentation and identification system amount to breaches of international, constitutional, and statutory law obligations. Although similar arguments could have been made before the pandemic, this paper suggests that the threat and realization of disaster create their own, singular, and immediate obligations, or at least attenuate the existing ones. Hence, the conceptual framework is one of disaster preparedness and management over and above the usual framework of socio-economic rights and refugee treaty law. The effect is to raise the legal stakes of the social protection obligation in a manner commensurate with the heightened real-world stakes by reframing asylum bureaucracy as an essential service and critical disaster *preparedness* and *management* infrastructure. The intention is to revive attention to the asylum system not simply as mundane, routine government administration but as a crucial, life-saving mechanism. Social protection is just one demonstration of the power and necessity of a functioning asylum administration.

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[6] See Khosa and Others v Minister of Social Development and Others; Mahlaule and Others v Minister of Social Development and Others 2004 (6) SA 505 (CC), and Scalabrini Centre and Another v Minister of Social Development and Others 2021 (1) SA 553 (GP) discussed in this paper.

DOCUMENTATION, IDENTIFICATION AND THE CRISIS OF ASYLUM BUREAUCRACY RECRUITMENT PROCESSES FOR DOMESTIC WORKERS

Asylum is a form of international protection afforded to persons whose home states are unwilling or unable to protect them (UNGA, 1951, art 1(A)). The protection relationship between host state and refugee is primarily determined by the refugee's need for protection on the one hand, and by the host state's ability to provide that protection, on the other. However, in practical terms, the controlling, decisive force which actually produces the protection/unprotection is the bureaucratic asylum system. No matter the greatness of the need for protection, nor the magnanimity of the state's offer to protect, in the contemporary state everything turns ultimately on a piece of paper, a computer system, and a civil servant. In South Africa, asylum bureaucracy is hindering the protection of refugees.

The focus of this paper is the failed system of asylum documentation and identification. The type of bureaucracy at issue here is generally called 'identity management', a term used to describe the systems and protocols for the collection, storage, maintenance, and accessibility of identity registers. In South Africa identity management has a history of prejudice and exclusion: in fact, it was apartheid minister Hendrik Verwoerd's grand, modern vision of universal and all-encompassing identity registers and passes (the infamous *dompas*) which allowed the state to exercise control over the native Black population by limiting freedom of movement, undermining security of tenure, and exposing Black Africans to constant surveillance and threat of detention (Breckenridge, 2005). Today the vision of a universal population register remains, as in the proposed Draft Official Identity Management Policy (DHA, 2020a), but less as a means of control and more as a means of enabling effective governance. In the modern bureaucratic state, identity documents are essential to access education, banking, employment, housing, and to register births of children. As Boshoff (2016: 44) puts it, identity documents are "needed for every kind of public transaction imaginable" and legitimates claims to rights. The identity document mediates the personhood of the individual in its interaction with the state (Boshoff, 2016: 44). Without one, a person is unrecognizable, illegible in the eyes of the state and the consequences are dire. An additional proposition made in this paper is that in the production of civil identity, some documents are marginalizing asylum documents, even if duly possessed, and act as tools of exclusion.

The struggle to access asylum documents in South Africa can be demonstrated through a series of cases undertaken against the DHA, the government department responsible for the issuance of these documents. In *Kiliko and Others v The Minister of Home Affairs and Others* 2006 (4) SA 114 (C), and *Tafira and Others v Ngozwane and Others*, 12 December 2006, unreported, Case No. 12960/06, the High Court in the Western Cape and Gauteng, respectively, held that the DHA did not adequately capacitate the RROs, hence denying access for refugees to asylum, leaving them undocumented and vulnerable to arrest and deportation. In *Kiliko*, one of the first cases dealing with the right to documentation, the Court at paragraph 7 explained

the significance of the right to documentation appropriately thus stating:

> Until an asylum seeker obtains an asylum-seeker permit in terms of s 22 of the Refugees Act, he or she remains an illegal foreigner and, as such, subject to the restrictions, limitations and inroads enumerated in the preceding paragraph, which, self-evidently, impact deleteriously upon or threaten to so impact upon, at least, his or her human dignity and the freedom and security of his or her person.

Another significant policy decision was the decision to close the RROs across South Africa, which resulted in deterrence from the asylum system. In almost every city where this happened, litigation was launched to challenge this decision. In *Minister of Home Affairs and Others v Somali Association of South Africa Eastern Cape and Another* 2015 (3) SA 545 (SCA), and *Scalabrini Centre, Cape Town and Others v Minister of Home Affairs and Others* 2018 (4) SA 125 (SCA) the Supreme Court of Appeal ordered that the decision by the DHA to close the Port Elizabeth RRO and the Cape Town RRO in order to reduce the presence of refugees in the major metropolitan areas and move them to the borders, was declared unlawful and ordered to reopen. Only in 2019 did the Port Elizabeth office reopen while the Cape Town office remains closed to new applications. Consequently, refugees can only make new asylum applications in Durban, Pretoria, Musina, and Port Elizabeth, thus restricting access to the asylum system. With the additional closure of the Johannesburg RRO, the Durban and Pretoria RROs had indicated that they had been unable to cope with the number of applicants since the closure of the three RROs (eNCA, 2013). After judgment in 2015, only in 2019 did the Port Elizabeth office reopen, with human rights lawyers reporting backlogs for applications of asylum of up to a year. In 2016 the DHA closed the Tshwane Interim RRO, one of only two in Pretoria (Amnesty International, 2019: 22). The Cape Town RRO remains closed to new applications, while the Western Cape High Court has in 2021 ordered the DHA's compliance with the 2018 *Scalabrini* order under the continual supervision of a judge (*Scalabrini Centre, Cape Town and Others v Minister of Home Affairs and Others*, 18 May 2021, unreported, Case No. 7687/18).

After the closure of the three RROs, the DHA decided to not allow asylum seekers to renew their permits at RROs other than at the office of the first application. Litigation ensued in the Cape Town High Court in *A v Director-General of the Department of Home Affairs and Others* (7705/2013) [2015] ZAWCHC 131 (27 February 2015) and *Nbaya and Others v Director General of Home Affairs*, unreported, Case No. 6534 /15, which held that the Cape Town RRO must renew all asylum permits regardless of the office of the first application. The applicants had been unable to afford to travel to renew their permits, and remained on expired documents despite making their homes elsewhere in South Africa, some for up to 7 years. To date, many still have been unable to renew their permits and face the

risk of arrest and deportation (Washinyira, 2021). This practice compels the affected refugees to live only near the city where they first applied, thereby curbing their freedom of movement. It has also meant that refugees in these categories have only managed to remain documented because of legal intervention.

In 2013, the DHA introduced a requirement that asylum permits would be extended no more than twelve times. This practice was introduced even though asylum permit extensions are done at the behest of the DHA. This arbitrary practice left many asylum seekers with expired documents and formed the basis of *Bahamboula and Others v Minister of Home Affairs and Others* 2014 (9) BCLR 1021 (WCC). After the case was launched by the University of Cape Town (UCT) Refugee Rights Clinic, the 316 applicants were documented, and the practice withdrawn.

In *Mwamba and Others v The Department of Home Affairs and Others*, unreported, Case No 14820/15, the practice of the DHA to leave refugees undocumented whilst the DHA conducted investigations into irregularities picked up on its computer system (regarding fingerprinting, identity photographs, duplication of files or other administrative errors) was challenged. Once again, large numbers of refugees were left undocumented and only legal intervention led to the abandonment of the practice. The practice however returned in early 2019.[7]

These cases demonstrate that despite having the legal right to documentation, refugees are failing to access these documents due in large part to various *ad hoc* administrative practices at the DHA. These restrictive and exclusionary policies and practices have contributed towards the creation of a mass population of hidden and undocumented refugees and asylum seekers, which forces many to remain in the country undocumented and unprotected (Khan and Lee, 2018).

How are we to begin thinking about this state of affairs? It is not enough to identify rights on the one hand and the breach thereof on another: we must understand what lies between the two. Strictly legal analyses are insufficient, so we turn to sociology and anthropology to diagnose the problem and offer a new (or revised) solution.

One way of analyzing the (in)adequacy of services intended for refugees is with street-level bureaucracy theory. According to this theory, the analytic lens is directed at the organizations tasked with implementing social policies, and specifically at the workers who come into direct contact with clients who are the recipients of service. By examining the day-to-day work of public and private human service agencies, or street-level organizations, street-level theory seeks to explain how social policies take shape at this intersection of worker and client. Drawing on the work of Lipsky (1980), Brodkin and Marston (2013), and others, the street-level framework draws attention to both the formal dimension of social policy, which provides the parameters for street-level work, and the informal dimension, in which street-level workers give meaning to the formal policy through their everyday work.

Street-level theory assumes that workers will respond to the constraints and

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[7] Experience from the UCT Refugee Rights Unit.

opportunities created by the organizational context in which they are embedded by using their discretion to make practice-choices in their work with clients. These discretionary choices are adaptive responses to a particular organizational context, which is made up of the unique set of resources, incentives, and demands within the street-level organization (Darrow, 2015). Ultimately, informal policy is (re) created at the street-level when workers use their discretion in both authorized and unauthorized ways in order to adapt to their organizational context, and when these adaptive practices become routine (Darrow, 2015).

The issue of the documentation of refugees in South Africa has been described by Amit and Kriger in terms of the 'street-level organizational approach', which emphasizes how administrative practices, including those relating to documentation, shape politics and create policy (Amit and Kriger, 2014). The essence of the street-level organizational approach is the recognition that administrative practices may determine who gets access to organizational benefits and who is excluded (Amit and Kriger, 2014). These practices are often hidden from public view, and thus tend to be less transparent than legislative processes that are conducted in the open (Brodkin and Marston, 2013) Indeed, as Hoag (2010) suggests, due to poor funding and poor communication practices, there are perceptions of 'magic' (inscrutability and unpredictability) between the public and the DHA workers, and the DHA workers with their superiors.

The work of asylum administration is mired in confusion, miscommunication, and suspicion between all parties (Hoag, 2010). While our position is critical of asylum administrators, it is not fair to suggest that they work in perfect conditions and should therefore produce perfect outcomes. Importantly, the street-level approach does not assume that administrative exclusion, the denial of benefits to those who are eligible, is necessarily the product of intentions (Amit and Kriger, 2014). Instead, it highlights how administrative exclusion often occurs due to the work practices, intentional or not, employed by those who interpret and apply eligibility criteria as they adjudicate claims for benefits. Administrators are caught in a volatile "double relationship" (Kalir and Van Schendel, 2017) between their superiors and their clients, in a severely constrained working environment, and through non-uniform decisions become part of the system that results in non-recorded, illegible asylum seekers or refugees.

Around the time of writing this article, the DHA began renewing asylum seeker and refugee permits online via email while its asylum offices remained closed to the public during the lockdown. In theory this could solve the pre-pandemic problems of long queues at RRConts and costs of having to return to the office of first application. What remains to be seen is whether access to renewal in this manner will be equitable, as the poorest refugees and asylum seekers may not have access to internet data, computers/cell-phones or their own email address, or the technical knowledge of how to use these resources.

THE 'ORDINARY' TIME AND LAW OF ACCESS TO SOCIAL PROTECTION

In this section we introduce the ordinary socio-economic rights and equality paradigm used to argue for access by refugees and asylum seekers to social protection. While no standard definition exists for social protection, its elements are easily identified. It usually comprises contributory schemes (social *insurance* such as unemployment insurance), non-contributory schemes (social *transfers* or *assistance* such as distress relief grants, child maintenance grants, etc.), labor market schemes (such as basic conditions of employment legislation or public works programs) and social care services (such as children's homes and safe houses) (Carter et al., 2019). Differing views exist on the exact purpose of social protection, particularly in developing countries, but the main explanations are that it addresses social risks, responds to basic needs, or implements basic human rights (Barrientos and Hulme, 2009). While these different purposes might explain different structures of social protection schemes across the world, for the purpose of arguing for the expansion of social protection, risks, basic needs, and human rights are confluent considerations. Although our analysis proceeds from legal rights, notions of social risk and need are also indispensable, particularly in the disaster context.

The legal argument for equal access to social protection mechanisms is typically founded in the constitutional rights to equality (s9), human dignity (s10) and access to social security (s27(1)(c)) (RSA, 1996). These rights apply to 'everyone' (RSA 1998 – Refugees Act section s27A(c)), not only to citizens, and so apply to asylum seekers. Dignity, equality, and social security are the recurring legal motifs of social protection cases discussed in this paper. They tend to flow into one another. An argument that a certain group has a right to social security will naturally produce an equality argument if that group is excluded. The unfair discrimination argument itself relies on there being some affront to human dignity before 'discrimination' can be proven over mere differentiation (*Khosa and Others v Minister of Social Development and Others; Mahlaule and Others v Minister of Social Development and Others* 2004 (6) SA 505 (CC)). And finally, the relationship between dignity and protection from abject poverty (and hence access to socio-economic rights) is both obvious and legally recognised in *Minister of Home Affairs and Others v Watchenuka and Others* 2004 (4) SA 326 (SCA). Together the trifecta forms what we could call the *ordinary legal argument* for ensuring that refugees and asylum seekers, and non-citizens more broadly, have access to social protection.

The constitutional provisions governing equal access to social security can be read as domestic expressions of South Africa's international law obligations both under the International Covenant on Economic, Social and Cultural Rights (ICESCR) (UNGA, 1966) and the United Nations Convention Relating to the Status of Refugees (hereafter the UN refugee convention) (UNGA, 1951). South Africa is a state party to both. Article 9 of the ICESCR states that:

> The States Parties to the present Covenant recognize the right of everyone to social security, including social insurance.

This was also expressed in the Universal Declaration of Human Rights (UNGA, 1948), arts 22 and 25(1), which latter article provides that:

> Everyone has … the right to security in the event of unemployment, sickness, disability, widowhood, old age or other *lack of livelihood in circumstances beyond his control* (emphasis added).

As the United Nations Economic and Social Council's General Comment (ECOSOC, 2008: para 4) on the right to social security confirms, the phrase 'social security' should be interpreted widely to include not only social security in the strictest sense of contributory security, but also non-contributory social assistance.

In addition, the UN refugee convention, in articles 23 and 24(1)(b), obliges state parties to "… accord to refugees lawfully staying in their territory the same treatment with respect to public relief and assistance as is accorded to their nationals" and "in respect of social security" which includes legal provisions in respect of unemployment.

These international instruments which oblige South Africa to provide access to social security/assistance mechanisms, equally between nationals and refugees, thus find domestic expression in the constitutional rights to equality and social security. Together with the right to dignity, these rights ground the ordinary legal argument for equal access to social security and assistance.

As case examples we outline two illustrative social protection mechanisms, one contributory (unemployment insurance), and one non-contributory (distress relief grants). These are to demonstrate how the ordinary legal argument operates in the 'ordinary' time, so that the argument can be tested against the extreme circumstances of the time of disaster. The proposition is that while ordinary discourses of equality and socio-economic rights are laudable and generative, a disaster-oriented approach to the issue of asylum documentation should be used to complement and 'speed-up' the achievement of a sound and just asylum administration. The social protection mechanisms in South Africa relevant to this paper have two main sources, namely the Unemployment Insurance Act 63 of 2001 (RSA, 2001) and the Social Assistance Act 13 of 2004 (RSA, 2004) and their respective regulations.

The Unemployment Insurance Act

The Unemployment Insurance Act (UIA) establishes the Unemployment Insurance Fund (UIF), as outlined in section 4. Its stated purpose is "to alleviate the harmful economic and social effects of unemployment" (section 2) by allowing employees who are contributors to the fund to receive compensation in the event of their unemployment or their inability to work due to illness, maternity leave, parental

responsibility, or child adoption responsibility. Contributions to the Fund are mandatory for both employers and employees, as stipulated in the Unemployment Insurance Contributions Act, sections 5 and 7 (RSA, 2002b) and all contributors have a right to receive compensation from the Fund (RSA, 2001: section 12). Compulsory contribution coupled with compulsory entitlements render the UIF a strong form of social protection for those in the ambit of its cover.

However, when it comes to refugees and asylum seekers, that ambit is not very broad. The UIA applies to relations between an 'employer' and an 'employee' who make registered contributions to the fund. Yet due to existing barriers to access the formal employment sector such as untrusted documentation, complete lack of documentation, and xenophobic sentiment, many refugees and asylum seekers find themselves pushed to the margins of employment in precarious and informal work (Smit and Rugunanan, 2014). These workers do not ordinarily contribute to the Fund (such is the nature of informality) and so are not entitled to its benefits. In addition to informal employment, refugees and asylum seekers may turn to independent trading, which in addition to being extremely difficult and even dangerous (Crush et al., 2017), also does not afford them unemployment insurance. In sum, the UIF may not be able to protect the poorer and more precarious among the refugee and asylum seeker populations; nevertheless, it is a strong form of social protection for those under its cover.

The administration of the UIF produced an important pre-pandemic case study on access to social protection in the matters of *Saddiq v Department of Labour*, unreported, Case No. EQ04/2017 in the Equality Court at Vereeniging, and *Musanga and Others v Minister of Labour*, unreported, Case No. 29994/18 in the High Court at Pretoria – two unreported but consequential cases. Both cases dealt with the fact that asylum-seeker employees who *had* contributed to the Fund were unable to claim compensation due to the nature of their documentation. The computer system could not recognize applicants' asylum seeker permits as valid forms of documentation. Neither case produced a court judgment (the Department of Labour in each case conceded to all material arguments and the applicants' relief was granted), but the effect of the court orders in each case was to compel the Department of Labour to recognize asylum-seeker documents for the purpose of compensating UIF contributors. Although we do not have the benefit of court dicta, the applicants' and respondents' arguments as detailed in a recent case note (Singo, 2020) on *Musanga* are illustrative of how cases of exclusion from social protection are being formulated and structured in legal argument.

In *Musanga* the applicants sought a declaration of constitutional invalidity of UIA regulations and Department of Labour practices which (inadvertently or otherwise) prevented asylum-seeker contributors to the Fund from claiming their compensation. They proposed the ordinary legal argument based on the constitutional rights to human dignity, equality and to access to social security (Singo, 2020: 410–413). The respondents responded evasively. Firstly, they argued

that instead of approaching the court, the applicants should have first exhausted internal departmental appeal processes — to which the applicants countered that this was a challenge to regulations and not simply an appeal of a decision (Singo, 2020: 413). Secondly, respondents argued that the Department of Labour had already begun corrective amendments and measures to the law and practice — to which applicants countered that such promises had been made for a decade prior with no progress (Singo, 2020: 415). Finally, respondents argued that the appropriate remedy was for the Minister to utilize a "deeming provision" in the UIA to deem asylum seekers as "contributors" within the definition of the Act — to which applicants countered that asylum seekers already *are* contributors to the Fund, and to "deem" them as such would be logically impossible (Singo, 2020: 415–417). Merely deeming asylum seekers as contributors would also not itself remedy the technical barrier in the system which did not allow for identity numbers other than the 13-digit South African ones.

Observe here how, in the face of judicial scrutiny and an argument made on socio-economic rights, the state actors in the matter chose not to engage at all with the ordinary legal argument on its terms. No arguments were made, for example, as to the justifiable limitation of the rights to equality or social security, or as to the reasonableness of the limited access to the Fund. Instead, the state sought to reframe the issue as one entirely within the state's domain through the notions of internal appeals, internal policies, and Ministerial deeming provisions.

Ultimately the respondents conceded to the application and an order of constitutional invalidity was granted. In February 2020 the UIA regulations were amended to conform to the order and allow all refugees and asylum-seeker claimants to submit claims (DOL, 2020). That was before the pandemic.

During the pandemic, the situation did not improve. Neither the UIF nor the government's coronavirus Temporary Employment Relief Scheme (TERS), paid from the Fund to employees whose wages had been diminished by the lockdown, were wholly accessible to refugees and asylum seekers. Though the measures themselves did not specifically exclude asylum seekers or refugees, their administrative systems were indirectly exclusionary. Despite *Musanga*, refugees and asylum seekers were unable to make applications for TERS or UIF due to the failures in the online application system. The Department of Labour's system excluded refugees (without identity numbers) and all asylum seekers as the online application system only recognised the 13-digit ID numbers of South African citizens, permanent residents and those recognised refugees possessing a 13-digit ID document. Refugees and asylum seekers who could not access or receive the pay-outs were not provided with any information as to how the issue should or would be resolved. Bureaucrats and administrators were not equipped with information to explain why the system would reject applications from applicants who did not have a 13-digit ID number.[8] Nor were they able to provide alternative methods for rectifying this.

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[8] Experience from practice in the UCT Refugee Rights Unit.

After the initial hiccup, the DOL requested persons who could not make applications online, i.e., those without a 13-digit ID, to approach a DOL office in person. The UCT Refugee Rights Clinic reported long delays and few responses from the Department, which created further delays in receiving relief. In addition to this, the Clinic reported that refugees and asylum seekers who were able to approach DOL offices were turned away for expired permits. This is despite the directives by the Department of Home Affairs to extend the permits by operation of the law (DHA, 2020b). Officials at the Department of Labour lacked information and thus excluded asylum seekers and refugees or wanted legal authority to confirm the current state of expired permits. 'Verification' of asylum documents is a recurring barrier. Even when asylum documents are accepted, the DOL insists on verifying the veracity and validity of the documents with the DHA. Yet the DHA's asylum services have been closed for the entirety of the pandemic. The DHA's identity management systems are not integrated, nor are they currently always accessible by other government departments, either directly or through correspondence with the DHA. Extraordinary waiting periods for verification of documents were observed even before the pandemic (Rosenkranz, 2013). During the pandemic, the systems infrastructure was simply not capable of functioning to ensure that refugees and asylum seekers were protected. This is over and above the general system incapacity at the UIF, even for South African citizens — by November 2020 it was backlogged by 440,000 emails while its call centre's staff of 40 managed around 77,000 calls per day (Business Insider SA, 2020).

Observe also how an effective social insurance mechanism may be exclusionary at both ends due to documentation: firstly, it hampers access even to the opportunity to qualify for benefits (by channeling insufficiently documented people into informal work); and secondly, it hampers access for those who do have a sure claim on social security.

The Social Assistance Act

Terminologically, social assistance refers to support from the state, which is not contingent upon a person making any contributions or having employment. South Africa provides several grants which are governed by the Social Assistance Act (RSA, 2004), including child support, disability, and older person's grants. The Act's 1992 predecessor was subject to a constitutional challenge in a landmark case on socio-economic rights — the matter of *Khosa and Others v Minister of Social Development and Others* 2004 (6) SA 505 (CC). In that case the Constitutional Court held that a provision in the Social Assistance Act of 1992 that only South African citizens are eligible for certain social grants, was unconstitutional. Since section 27(1)(c) of the Constitution (RSA, 1996) affords 'everyone' the right to social assistance, the Act could not in that case exclude permanent residents from eligibility. Mokgoro J's judgment reasoned through the ordinary argument, based explicitly on the rights to social security and equality, and with regular reference to dignity. In the wake of the

judgment, the Social Assistance regulations regularly stated that a person is eligible for a grant who "is a South African citizen, permanent resident or a refugee' (DSD, 2008 as amended in 2012).

At the advent of the pandemic, the government announced the provision of a Social Relief of Distress (SRD) grant to those in desperate need because of the pandemic and lockdown (DSD, 2020a). The SRD would take the form initially of food parcels, and then a R350 cash payment. The DSD, through its subsidiary Social Assistance Security Agency (SASSA) were responsible for its provision. Both forms of the SRD were problematic.

The criteria for the food parcels did not limit provision to citizens only but did not specifically include refugees and asylum seekers either. The DSD workers, however, without authority, required persons to produce a 13-digit ID book to register for a food parcel. The UCT Refugee Clinic received many reports from undocumented and documented asylum seekers being unable to access food parcels without a 13-digit ID document. The exclusionary practice drew the censure of the Human Rights Watch (2020). Persons being forced to rely on food parcels are probably some of the most vulnerable persons affected by the lockdown regulations, and yet front-line officials prevented access to such a service merely based on documentation.

The SRD cash payment, announced toward the end of April 2020, was a temporary provision of assistance intended for persons in such dire material need that they are unable to meet their families' most basic needs. The directions for the payment of this grant limited payment to "South African citizens, permanent residents or refugees registered on the Home Affairs database" (DSD, 2020). On an urgent basis, the directions were challenged in the High Court case of *Scalabrini Centre Cape Town and Another v Minister of Social Development and Others* 2021 (1) SA 553 (GP). In this case the ordinary argument was presented to the court: the directions infringed the rights to social assistance, equality, and dignity. The court accepted the argument on all accounts. Its short and principled judgment makes explicit the interrelatedness of those rights, which "cannot be overemphasised" (paragraph 40) and which the state needs to bear in mind. The order was for the DSD to extend SRD eligibility to special permit holders and asylum seekers whose permits were valid at 15 March 2020, the date of the declaration of the state of national disaster. Considering the tens of thousands of asylum seekers resident in South Africa, this judgment is a significant victory.

Yet by its nature a court victory is only a partial one. The court must respond to the circumstances before it and not make grand, sweeping orders. As such the court narrowed its reasoning to the pandemic, as the irrationality of the exclusion of asylum seekers to financial assistance only arose in this specific context. In other, non-emergency times, such exclusion may have been a reasonable limitation of the social assistance right. The court also limited eligibility to asylum seekers who had valid documents at the start of the pandemic — but as has been discussed, the

asylum administration system has failed to adequately document the true extent of the asylum-seeker population.

It must be noted that issues arose in accessing grants that refugees already had access to. Refugees whose permits expired during the lockdown struggled to have the social grants paid out to them by the DSD due to their expired permits. This was despite the directive extending the permits of refugees. The UCT Refugee Rights Unit reported that recipients who queried why they were not receiving their grants were not given a clear answer but rather told to contact the Department of Home Affairs, who is responsible for the issuance of refugee documentation. With the DHA closed, refugees were unable to resolve the issue themselves. The Refugee Rights Unit, after consulting with clients who were unable to receive their grants, contacted the DSD and discovered that various state departments were unaware or had no communication with the DHA regarding the fact that they were closed and that they had extended the permits by operation of law.[9]

DOCUMENTS AND DISASTER TIME

At this rate, the provision of social protection to refugees and asylum seekers will remain woefully deficient indefinitely. The availability of generous international law protections and justiciable constitutional rights, while crucial, is not likely ever to be enough to repair the system on all fronts, immediately, and at every level. Socio-economic rights need only be progressively realized (RSA, 1996: section 27(2)) and in any case the courts have neither the authority nor the capacity to affect change to the system as a whole. The practical exercise of the ordinary legal argument for equal access to social protection is generally reactive rather than proactive, and piecemeal rather than complete. By the time disaster strikes, time has already run out: something else is needed. In this final section we begin to recast the asylum administration system as a critical disaster preparedness and management infrastructure, and an essential service. The effect is that, firstly, the national government has an immediate and urgent obligation to remedy the deficiencies in the system, and in a state of national disaster may not cease asylum administration operations.

For this proposition we follow Bowker et al.'s (2010: 98) definition of infrastructure as "pervasive enabling resources in network form". This definition expands the understanding of infrastructure from the traditional brick-and-mortar forms to include systems, protocols, and human actors. In this sense the entire asylum administration — including the computer systems, civil servants, RROs, and, crucially, the documents — are seen as system infrastructure which enable the protection of refugees and asylum seekers. The reason for recasting asylum administration as an infrastructure is to ensure that the integrity of the system is prioritized, properly funded, maintained and protected both before and during a national disaster, in the same way, for instance, that healthcare infrastructure would be. In the parlance of disaster management, this is 'emergency preparedness', which

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[9] Experience from practice in the UCT Refugee Rights Unit.

is defined in the Disaster Management Act (RSA, 2002a: section 1) as:

> … a state of readiness which enables organs of state and other institutions involved in disaster management, the private sector, communities and individuals to mobilise, organise and provide relief measures to deal with an impending or current disaster or the effects of a disaster.

The national government is responsible for the management of national disasters, whether or not a disaster has been declared (RSA, 2002a: section 26(1)). Each organ of state must have a disaster preparedness plan and co-ordinate with other organs of state in its implementation (RSA, 2002a: section 25). The Disaster Management Centre is obligated to do

> … all that is necessary (section 14) … [to] promote an integrated and coordinated system of disaster management, with special emphasis on prevention and mitigation, by national, provincial and municipal organs of state, statutory functionaries, other role players involved in disaster management and communities (RSA, 2002a: section 9).

What we have here is a co-operative system of disaster management actors — beyond simply the DHA — which has a better chance of properly equipping the asylum administration for a disaster situation. It is suggested that by reframing asylum management in disaster management terms, a more sophisticated, accountable, and urgent government response to its failures could emerge. A failure of asylum administration is not merely a failure, but a disaster-in-waiting.

Similarly, we propose that when disaster strikes, the asylum administration should not cease operations. During the lockdown certain 'essential services' were still allowed to function (CoGTA, 2020c: Chapter 2). The Labour Relations Act (RSA, 1995) defines an essential service in its section 213 as,

> … a service the interruption of which endangers the life, personal safety or health of the whole or any part of the population.

When the DHA suspended its asylum services, thereby rendering asylum seekers unable to lodge applications, or for permits to be properly extended, or for permits to be verified by other state departments, it placed in danger the entire refugee and asylum-seeker population which is reliant on proper documentation to access social protection and other services. For some, this literally meant the difference between having food to eat or not any at all. Surely this amounts to an interruption which endangers life? It is inconceivable that an already-failing system could simply suspend operations when that system was most needed to ensure people's survival.

Expressing the problem in disaster management terms is not a panacea, nor on

the other hand should this paper be read to argue that international and constitutional law rights are wholly inadequate. What is proposed is that the state view asylum management not only in strictly legal, human rights terms (which have not yet been enough to ensure proper administration), but also as a pressing obligation to reduce disaster risks *now*. This is due to the unique centrality of identity management to relief efforts. Even if the argument for inclusion of asylum management in disaster management discourse is not accepted, nevertheless the argument is provocative and should, in any case, act as a shock to revive South Africa's political will to protect refugees.

CONCLUSION

This paper addressed the state of refugees and asylum seekers during the COVID-19 pandemic and their status with respect to social protection during the COVID-19 pandemic. The picture is dismaying. Decades of asylum maladministration have excluded asylum seekers and refugees from protection when it is most needed. This is exemplified by the case studies of the UIF and Social Relief of Distress grant before and/or during the pandemic. South Africa is a long way away from fulfilling its international and constitutional law obligations to provide equal access to social protection. As the pandemic has shown, the consequence of maladministration, particularly in identity management, is devastating: the "unspoken inequality" (Mukumbang et al., 2020) in bureaucratic treatment of refugees and asylum seekers can deprive them of the basic necessities of life. It is hoped that reframing asylum administration as a critical disaster readiness infrastructure and essential service could galvanize the profound changes required to protect these vulnerable groups and ensure their protection is elevated in priority.

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The Link between Documentation Status, Occupation Status, and Healthcare Access for African Migrants: Evidence from Kenya, Nigeria, and South Africa

Paul Asquith*, Richard Neetzow**, Julia von Freeden** and Paul Schütze**

* Centre of Rural Development, University of Humboldt in Berlin, Germany
Centre of African Studies, School of Oriental & African Studies (SOAS), University of London, UK
** Centre of Rural Development, University of Humboldt in Berlin, Germany

The link between migrants' legal and employment status, access to health and health outcomes is widely explored in the academic literature on migration and health. However, there are few, if any, studies examining this link within African states. In this article we present survey data collected from refugees and people in refugee-like situations in Kenya, regular (labor) migrants in Nigeria, and irregular migrants in South Africa to examine the link between registration status, employment or occupation status, gender, and (perceptions of) access to healthcare. A range of statistical tests and models were applied to examine the effects of these different characteristics. A consistent finding throughout the three sample countries is that access for people without any documentation is lower than other groups, not only by means but also within the linear models. This strongly suggests that extending regularization pathways in African states, even if on a temporary basis, would be an effective policy lever to improve migrants' access to healthcare, and by extension migrants' health. However, the effects of employment status and gender on access to healthcare were more ambiguous, and further research in African contexts is required to clarify their impact.

Keywords: migration, access to healthcare, Africa, African Union, refugees, regular migrants, irregular migrants, health policy, migration policy, health systems, migrant registration status

INTRODUCTION

The impact of migration on health, and of the link between migrants' health status and their registration status is an area of growing interest and importance amongst scholars and policy-makers alike. There is already a substantial body of literature that examines the linkages between migrants' health outcomes, and states' migration policies, especially where these are restrictive or exclusionary, as well as the impact of registration status on health outcomes and access to health services (see, inter alia, Juárez et al., 2019, Wickramage et al., 2019).

However, as Castañeda et al. (2015) note, the vast majority of these articles focus on migrants' health or access to health in high-income countries, with only 3% covering the World Health Organization (WHO) African region. Moreover, many also consider the impact of exclusionary, xenophobic, or racist policies and practices on migrants to high- or medium-income countries from other regions (Martinez et al., 2015; Venkataramani et al., 2017; Filges et al., 2018). Whilst this is an important area for further research and for policy focus, and there is undoubtedly some evidence of xenophobic or racist attitudes towards African migrants in other African countries, it is likely that this is mediated and experienced differently in intra-African rather than extra-African migration contexts (cf. Crush and Ramachandran, 2009; Akinola, 2018; King, 2019).

In this article we consider the impact of African migrants' registration status on migrants' own perceived health status in Kenya, Nigeria, and South Africa, based on primary data collection in these countries. The goal of this article is to identify differences of health access based on different characteristics. This informs our research question, which is, "does gender, occupation or documentation status affect perceived access to healthcare among migrants?"

It is often assumed that migrants' registration status affects their health and access to health services, and data from other regions supports this hypothesis, which has also underpinned advocacy efforts from international agencies and non-governmental organizations (NGOs) for increased regularization of migration (Kossoudji, 2016; Kraler, 2019; Freier, 2020). Logically and experientially, this would appear to be the case, but we were interested to test this assumption by analyzing data from different sub-categories of migrants in three heterogeneous African contexts.

In 2020, a research team at the Centre for Rural Development (SLE) at the University of Humboldt in Berlin undertook a research project for the African Union Commission (AUC) and the Gesellschaft für Internationale Zusammenarbeit (GIZ) examining migration and health policy and practice across Africa. The objective of this research was to survey migration and health policy and practice at the continental, regional, and national levels. This was complemented and enriched by primary data collection in Kenya, Nigeria, and South Africa from migrants and refugees, health workers, as well as regional and national officials from the African Union (AU) and agency staff from the United Nations (UN).

The project was divided into two main phases of data collection. The first

phase comprised of a scoping study of relevant policy and governance frameworks for migration and health at the continental, regional, and Member State levels (15 AU MSs were selected, three from each of the five African regions), as well as a literature review of relevant scientific and academic literature. The second phase comprised of primary data collection on three migrant sub-groups in three African countries: refugees and people in refugee-like situations in Kenya; regular (labor) migrants in Nigeria; and undocumented migrants in South Africa (AUC and SLE, forthcoming). Primary data collection included surveys of the migrant sub-groups in each of the three countries, complemented by semi-structured key informant interviews and focus group discussions with migrants, government officials, and health workers in each country (AUC and SLE, forthcoming).

A review of available secondary data identified in the study showed that there is a lack of research on intra-African migration patterns and trends, especially at the regional and continental levels, and a lack of routine data collection on migrants' health, specifically (AUC and SLE, forthcoming). Primary data collected in the second phase of the study indicated that migrants from all three sub-categories reported being in good health before their departure from their country of origin, upon arrival in their country of settlement, and at the time of data collection (AUC and SLE, forthcoming). It also suggested a positive correlation between health status and access to health services, and between registration status and health status (AUC and SLE, forthcoming).

In addition, the data showed that the majority of respondents enjoyed at least a degree of social coverage – i.e., they were able to access some health services – in the three countries concerned, either as a result of their registration status (in Nigeria and Kenya) or due to policies and programs that enable undocumented migrants to access health services (in South Africa and Kenya) (AUC and SLE, forthcoming).

In this article we seek to examine the effects of registration status on respondents' perceived (perceptions of) health status through statistical analysis of the survey data collected from the three study countries. We argue that across these heterogeneous contexts the data shows that registration status, even temporary registration, has an impact on migrants' health as well as their access to healthcare. Our discussion about these characteristics will be enriched by additional data about potential variations. We hope that policy-makers will find this evidence useful for more informed decision-making to enhance health access for migrants.

The structure of this article is as follows: first we present key theoretical frameworks on migration and health, and an overview of migration and health policy and practice in the three study countries; we also provide a common understanding of the most important terms in this paper by defining them and briefly presenting drivers for them. Second, we describe the data collection process and its analysis along with the methodology. Third, we present the findings within the data. This is followed by a broader discussion, which informs the recommendations and conclusion of this article.

THEORETICAL BACKGROUND AND DEFINITIONS

In this section we explore the theoretical background and common understanding of migrants' health status and access to healthcare. We also define and discuss key terms used.

Theoretical frameworks on migration and health

The systematic scoping review of the literature conducted as part of the AUC/SLE study identified the main theoretical frameworks used in research on migration and health. Perhaps the two most common of these – othering and health inequalities approaches, and cultural frameworks / acculturation hypotheses – are widely found in the literature and have influenced both research and policy-making in migration over recent decades (Hossin, 2020).

In the first of these, migrants (among other social minority or out-groups) are affected, as Grove and Zwi (2006: 1931) argue, by a "a variety of mechanisms by which refugees, asylum seekers and irregular migrants are positioned as 'the other' and are defined and treated as separate, distant and disconnected from the host communities in receiving countries". Different migrant sub-groups are further affected in this regard, for example "othering effects" are likely to be experienced more severely by forced migrants or refugees (Grove and Zwi, 2006: 1931).

In the second of these models, cultural differences (which also influence lifestyle and other factors underpinning health) affect migrant groups, with health effects and inequalities in theory reducing as acculturation in the country of destination increases over time, whether in a migrant's lifetime or across generations (Viruell-Fuentes, 2007).

Acculturation models have been criticized for their inability to adequately address the structural underpinnings of culture, race, and racism, as well as potentially problematic constructions of 'acculturation', which is sometimes seen in rather binary terms (Hossin, 2020). Indeed, one argument for using structural or othering and health inequalities approaches is that these are better able to account for structural factors underpinning health inequalities (Ingleby et al., 2019). However, both frameworks described above were largely developed out of research into patterns of migrant health and immigrant experience in the Global North, which may limit their applicability in other contexts (Wickramage et al., 2018).

The global strategic frameworks for health and development (notably the Sustainable Development Goals (SDGs), but also for our purposes the Global Compacts on Refugees and Safe, Orderly, and Regular Migration) are grounded in a 'leave no-one behind' approach to public health and give expanding Universal Health Coverage (UHC) a central role in improving health outcomes for all (UNGA, 2017; UN, 2018). There is a significant body of public health research and policy-making on using rights-based approaches to identify and reduce health inequalities, often to achieve better health outcomes (Lougarre, 2016). Rights-based approaches have thus

influenced research, policy formulation, and implementation in the development sector, including migration and migrants' health (Sweileh et al., 2018). Rights-based approaches can be especially valuable in relation to health advocacy for migrants, who are often excluded from UHC (whether wholly or in part) when this is interpreted to pertain to national citizens only (Abubakar et al., 2018).

Social determinants of health (SDH) approaches are favored by the WHO and the International Organization for Migration (IOM), and stress that definitions of health need to incorporate the broader social dimensions underpinning health, such as (access to) employment, education, family status, etc. (WHO, 2011; Braveman and Gottlieb, 2014; Wallace et al., 2018). Moreover, migration itself is increasingly seen as a determinant of health (Davies et al., 2009; IOM, 2017; Chung and Griffiths, 2018). However, SDH approaches have been criticized for inadequately considering migration (especially in their earlier iterations), and for focusing on socio-economic status at the expense of other determinants such as race, gender, and legal status (Ingleby et al., 2019).

A further set of theoretical frameworks revolve around the health status of migrants and how migration affects migrants' health before, during, and after the migration journeys. One common example cited above is the 'selectivity model', often described as the 'healthy migrant effect', which posits that migrants as a self-selecting group tend to be healthier than those who do not migrate (Constant et al., 2018). Another framework, and in some ways its reverse image, is the 'negative impacts' model, which looks at the negative health impacts of migration in the home country pre-departure (such as malnutrition), difficult migration processes (such as forced migration or risky journeys), and difficult conditions in the country of residence or transit (such as lack of employment) (Attanapola, 2013).

More recently, intersectional approaches have become popular due to their usefulness in exploring inequalities in and between social groups, and their suitability for explaining inequalities in health status among groups, especially migrants (Viruell-Fuentes et al., 2012; Green et al., 2017). These originated in black feminist scholarship and consider the multiple ways in which aspects of an individual's identity – such as race, class, or gender – intersect to affect their life experiences (Carbado et al., 2013). Hossin (2020: 4) notes that "conventional structural and cultural frameworks have limited utility in explaining the multifactorial health disadvantages" faced by migrants, and argues that intersectionality can incorporate and highlight both pre- and post-migration contextual factors affecting migrants' health.

The two principal approaches to incorporating intersectionality in social research identified in the literature are the traditional fixed effects approach, which examines interactions between social categories or variables, and more complex multilevel models, such as the Multilevel Analysis of Individual Heterogeneity and Discriminatory Accuracy (MAIHDA) approach (Evans et al., 2020). While the former is best suited to research where the number of aspects of identity and other variables under consideration are relatively limited, the latter is preferred for where

the number of identity and other variables under consideration is large (Green et al., 2017).

Wickramage et al. (2019) argue that a focus on migrants' health according to different typologies of migrants is essential to understand the complex interlinkages between international (and internal) migration and health, and to avoid the exceptionalization of migration and migrants. They propose two areas of research focus: (a) exploring health issues across various migrant typologies; and (b) improving understanding of the interactions between migration and health to achieve better public health for all (Wickramage et al., 2019).

KEY TERMS AND DEFINITIONS

Migrants

For the purpose of this article, we use the umbrella term 'migrant', which even though it has no universal legal definition, reflects the common understanding of a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons (IOM, 2018: 132). However, this article does not consider 'internal migrants', including internally displaced people and rural-urban migrants in-country, as the focus of the research is on transnational intra-African migrants.

The main groups of interest to this article were international regular (labor) migrants, refugees, as well as irregular migrants and people in refugee-like situations, in Nigeria, Kenya, and South Africa. Table 1 in the Appendix sets out definitions used (adapted from Zimmerman et al., 2011). It should also be noted that these categories are not necessarily constant. People's status and categorization imposed on them by international law and states' application of these may change repeatedly on their journeys, a phenomenon which is increasingly termed 'mixed migration' (Mixed Migration Centre, 2021).

Migrants and refugees are often marginalized in their communities and countries of settlement and can face multiple barriers in accessing entitlements and services (O'Donnell et al., 2016; Mphambukeli and Nel, 2018). Reasons for this can include having a different mother tongue, differing cultural backgrounds, restrictive policy environments, or just the challenges of adapting to living in a new society (Flahaux and De Haas, 2016; Helgesson et al., 2019). Disadvantages may be intensified depending on the manifestation of other characteristics, such as gender, documentation status, or occupational situation.

Access to healthcare

Economic accessibility, also referred to as affordability,

> … is a measure of people's ability to pay for services without financial hardship. It takes into account not only the price of the health services but also indirect

and opportunity costs (e.g., the costs of transportation to and from facilities and of taking time away from work) (Evans, Hsu, and Boerma, 2013:1).

Accessibility of healthcare can also refer to the appropriateness of service provision to specific groups (e.g., whether services or information are available in community languages commonly used by service users). Information accessibility also refers to "the right to seek, receive and impart information and ideas concerning health issues" without compromising patient confidentiality (WHO, 2002: 13).

Access to healthcare may reflect how well a group is embedded in society. If variations arise based on socio-demographic characteristics, it may be considered as unequal treatment (Nørredam and Krasnik, 2011). Many possible proxies could be used to measure health access, for example clinical measurements such as mortality (e.g. excess deaths) or length of stays in clinics (Nørredam et al., 2007). However, such approaches require large samples to control for all necessary covariates that influence health access.

Besides access to the health system, the need for migrant-sensitive health systems has been identified as necessary by the 61st World Health Assembly (WHO, 2018a). Therefore, workforce training (e.g., about mental health issues) or, reduction of barriers such as communication, may enhance the perceived health access (WHO, 2018a).

The notion of access to healthcare used within this study is based on self-perception. Therefore, migrants were asked to rate their access to health on a scale from 1 (=non-existent) to 10 (perfect) (see Appendix 5). The use of this measurement of health access makes the migrants' voices heard. At the same time, it is important to note that it cannot be seen as completely objective. To assess health access, survey participants were asked the question, "How do you rate the general access to healthcare provision where you currently live? (10=excellent, to 1=non-existent)" as an indicator of health access.

Gender

Female migrants can be more vulnerable than other groups. Examples are the exploitation in low-paid domestic work or trafficking (WHO, 2018c). A bias exists as most data is based on men and thereby health needs of women are neglected (Perez, 2019). As a result, humanitarian action or laws can be designed for male migrants rather than for females. For example, the support of women who have become victims of gender-based violence along the migration route, is likely to be disregarded as there are few, if any, safe or private spaces to share their stories or complaints (Women's Refugee Commission, 2016). Furthermore, the majority of victims of human trafficking are females (UNODC, 2009: 11). Thus, health needs of women are different and not always adequately met. This is why the SDG 5 is focused on gender equality and indicator 5.2.2 measures the violence against women and girls (UNDESA, 2020).

Occupation

Health disparities may arise based on migrants' occupation or employment status. Moyce and Schenker (2018) emphasize environmental exposure (e.g. pesticides), working conditions (e.g. physical hazards) or trafficking and forced labor in general as potential disadvantages. Hargreaves et al. (2019) conclude that because of such existing higher risks, accessible and affordable healthcare are important to cope with special health needs. In line with this, SDGs 8.7 and 8.8 aim to prevent human trafficking and to protect labor rights, respectively (UNDESA, 2020).

Documentation status

The legal status granted to different sub-groups of migrants by states, often on the basis of their reasons for migrating and their migration journeys, defines their residence status. Potential groups of migrants in this category will be people with permanent documentation (e.g. labor migrants), migrants with temporary documents (e.g. refugees, asylum seekers or students) and migrants without a legal status (e.g. undocumented migrants).

International and national laws categorize migrants into different groups, giving them different rights in their countries of residence (AUC and SLE, forthcoming). The application of these laws may affect access to national healthcare. SDG 10.7 aims to ensure well-managed migration policies and measures, for example migrants' right to healthcare (UNDESA, 2020). Several studies have identified different rights in access to healthcare according to their documentation status (Pace, 2009). As a result, irregular migrants seek medical assistance less than the normal population or migrants and in doing so, they are neglected in vaccinations, pregnancy care or safe childbirth (IOM, 2011).

MIGRATION AND HEALTH POLICY AND PRACTICE IN KENYA, NIGERIA, AND SOUTH AFRICA

Before setting out the conceptual framework used for this article (and the broader study it forms part of) it is perhaps useful to briefly discuss the migration and health policy frameworks in place in the three study countries, the mix of health services available, and how these impact on eligibility to access healthcare.

Kenya

Kenya has recognized the need for a unified and mainstreamed approach to the area of migration and health and has undertaken several actions. In 2016, the government launched the National Coordination Mechanism on Migration (NCM), which drafted the country's first unified National Migration Policy in 2017, containing comprehensive migration management guidelines, in line with the UN Sustainable Development Goals (IOM, 2018).

The Refugees Bill (Republic of Kenya 2019), which promises special protection

and attention to health needs of women, children, people with disabilities, and other vulnerable groups, extends this tendency to mainstream migration in health provision. The Bill also calls for health screening of all refugees and asylum seekers who enter Kenya to stop the spread of contagious diseases. Furthermore, it stipulates the equal treatment and integration of refugees as well as the sensitization of host communities of the presence of and coexistence with refugees.

Migrants residing in Kenya can access healthcare through various channels. Those who officially reside in Kenya, i.e., those who have legal status or are registered as refugees, may access the National Hospital Insurance Fund (NHIF) (WHO, 2018a; IIED, 2019). It provides unrestricted secondary and tertiary healthcare to subscribers. Initially, non-nationals were only allowed to subscribe when presenting a work permit or student visa (WHO, 2018a; IIED, 2019). As work permits are virtually inaccessible to refugees, they were driven into informal labor markets without healthcare (Hargrave et al., 2020). Even migrants with theoretical access to this fund are often excluded due to missing documentation. Newly arrived migrants in particular may have to wait for their documents for extended periods of time, while there have also been cases of migrants waiting for years for their documentation to be processed by the agencies (IIED, 2019).

Concerning other barriers that migrants face when trying to access health services, an important distinction between the locations they reside in has to be made. This is especially true for refugees. In 2014, after a series of attacks in Kenya by the terrorist organization Al-Shabaab, Kenyan politicians changed course in their refugee policy. Therefore, many refugees were required to relocate to camps, such as the Dadaab Refugee Complex, hosting 220,000 refugees – and as at 2020 one of the largest such complexes in the world – and the Kakuma Refugee Camp, hosting almost 200,000 refugees. These numbers are so large that the Kenyan government relies on significant assistance in the management and support of the camps by the UNHCR (UNHCR, 2020a; 2020b).

Another significant population of refugees of 60,000 is located in Nairobi. These are mainly refugees from Somalia who reside in a community named Eastleigh, where there is already a large diaspora community of Somalis. Several United Nations organizations are active there, led by the efforts of the IOM, providing care to refugees and locals alike in a model facility at the Eastleigh Community Wellness Centre (ECWC), in collaboration with the Kamukunji Sub-County Health Management Team (WHO, 2018b: 9). This facility provides treatment for HIV, sexual and reproductive health services, maternal and child health services, immunization and growth monitoring, nutrition services, health promotion through community mobilization and health outreach, and interpretation services for disease prevention (WHO, 2018b: 9).

Nigeria

Key policy frameworks in Nigeria include the 2015 National Migration Policy

(Federal Republic of Nigeria) and the National Policy on Labour Migration (Federal Republic of Nigeria, 2014). The former plays a crucial role in governing migration in Nigeria and covers a broad range of issues such as migration and development, border management, statelessness, and information management. Migrants' health is treated as one of several cross-cutting issues as seen in one of the NMP's objectives which aims to "facilitate migrants' access to health services in the same way as those of nationals" (Federal Republic of Nigeria, 2014: 60). Another objective states that persons wishing to enter Nigeria must meet the national standards of health (Federal Republic of Nigeria, 2014: 60), without further defining what this entails precisely.

The healthcare of migrant workers is further addressed in the 2014 National Policy on Labour Migration (NPLM) which aims to improve the protection of migrant workers and promotion of their and their families' welfare, including the promotion of the right to decent work and access to social protection, ensuring equality of treatment and non-discrimination for all workers, as well as labor standards and code of ethics for employment of migrant workers (Federal Republic of Nigeria, 2014: 6).

Unlike employment policies and legislation, Nigerian health policies and legal frameworks do not explicitly address migrants. For instance, the 2016 National Health Policy deploys terminology which excludes non-citizens (Federal Republic of Nigeria, 2016: Art. 3.3). The 2017 National HIV/AIDS Strategic Framework 2017-2021 uses the exclusive term "Nigerians" and inclusive terms "populations" or "people living with HIV" interchangeably, though not addressing migrants explicitly (Federal Republic of Nigeria, 2017).

Several of the regular migrants interviewed for the AUC/SLE study stated that they did not have any experience of using the national health insurance system, while others were covered through health insurance plans through their employers in the form of Health Management Organisations. Hence, the extent to which migrant workers can benefit from the Nigerian National Health Insurance Scheme (NHIS), if not directly through their employment schemes, appears to depend on their ability to pay for it (AUC and SLE, forthcoming).

South Africa

The National Health Act, No. 61/2003 of 2003 (RSA, 2003) provides for free healthcare services for all pregnant and lactating women, free primary healthcare for all, and free emergency care at the point of use for all. According to a clarification by the National Department of Health, this includes both documented and undocumented migrants as well as refugees and asylum seekers (IOM, 2009; Matlin et al., 2018). Accordingly, in theory at least, no documents are required for accessing services.

Nevertheless, in contradiction to this, the Immigration Act, No. 12/2002 of 2002 (RSA, 2002) and its Amendment, No. 8/2016 of 2016 (RSA, 2016) state in Art. 16 that medical staff must find out the legal status of patients before providing care, with the exception of emergency healthcare.

The National Health Insurance Bill of 2019 states, "[a]n asylum seeker or illegal foreigner is only entitled to—(a) emergency medical services; and (b) services for notifiable conditions of public health concern" (RSA, 2019: Section 4.2). However, to access these services, migrants must register as a user of the fund and in order to do that, they need to provide biometrics (including fingerprints, photographs, proof of habitual place of residence) and—(a) an identity card; (b) an original birth certificate; or (c) a refugee identity card, which irregular migrants often do not possess. Due to fear of being arrested and deported, many undocumented migrants tend to avoid public healthcare services in general (Crush and Tawodzera, 2014). The need to register therefore may exacerbate already existing access barriers.

COMPARATIVE OVERVIEW OF MIGRANT HEALTH POLICIES AND PROGRAMS IN THE STUDY COUNTRIES

While all three countries show important differences in terms of local context and historical development of health provision, there are also some broad similarities across the three countries that are worth noting. Firstly, health service provision in all three countries consists of a mix of public, private, and voluntary sector provision.

Secondly, international agencies such as the UNHCR and the IOM play an important role in service provision for refugees and migrants. However, this provision is not always well-integrated into country health systems overall (AUC and SLE, forthcoming). Thirdly, while migrants and refugees do enjoy some access to health services, this is often dependent on the ability to pay and/or register with national health insurance schemes; only in the South African example were undocumented migrants eligible to access health services. It should also be noted that citizens in each of the study countries can also face similar barriers to accessing – and paying for healthcare – that migrants experience.

Finally, while health policies in place in each country do offer degrees of access to different migrant groups, this also depends on the implementation of such policies, as well as the knowledge of health workers of these policy frameworks. In practice, this means that there can be real barriers to migrants accessing health services.

CONCEPTUAL FRAMEWORK

The diverse theoretical approaches identified in the scoping review were used to inform the conceptual framework and methodology developed by the research team for the study. Following Wickramage et al. (2019), this included surveying three different sub-groups of migrants in three different AU Member States, and centered on migrants' health and access to health services in each country.

Given the challenges inherent in surveying respondents in three different locations over a short time period, the research team decided to avoid more complex multi-level models and opted for a more traditional fixed-effects approach using a more limited set of variables drawn from the surveys, complemented and contextualized by data from interviews and focus groups.

In light of these considerations, the study deployed a conceptual framework that is set out in Figure 1. As can be seen, this focuses on the migration and health nexus at the policy-framework level, as well as the implementation of these relative to the needs and health status of migrants.

Figure 1: Conceptual framework of the study
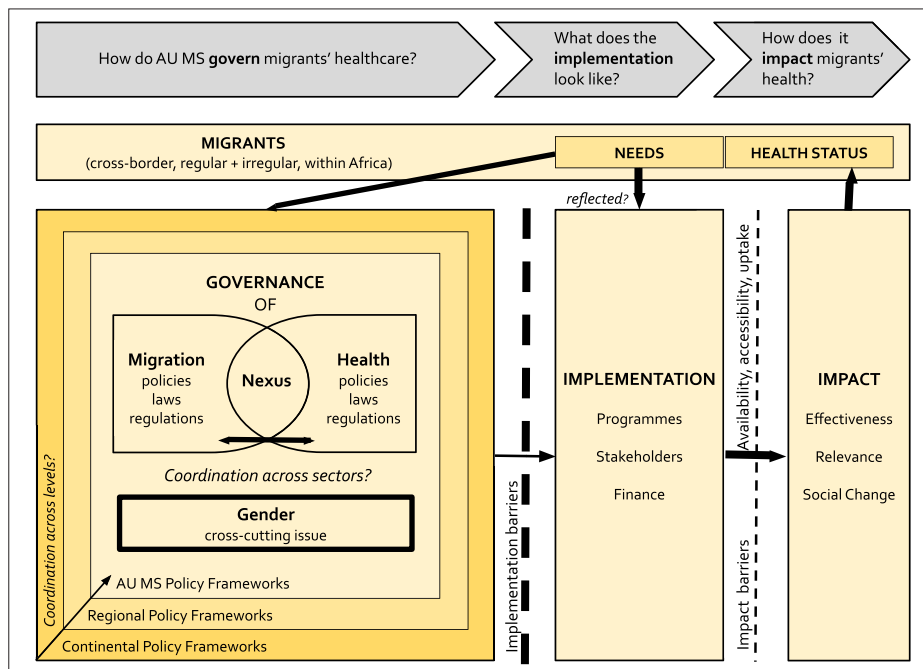
(Source: Authors' illustration)

METHODOLOGICAL APPROACH

The goal of this article is to identify differences in access to healthcare based on different characteristics. This informs our research question, which is, "does gender, occupation or documentation status affect the perceived access to healthcare of migrants?" Thus, the hypothesis is:

> H1: No differences exist in self-perceived access to healthcare between the different manifestations in (a) gender; (b) occupation; (c) documentation status; and (d) residence status; while alternatively the average group access to healthcare is rated as distinctive.

In order to be able to make a statement on this hypothesis, our procedure is as follows: (a) setting/population; (b) questionnaire creation; (c) data collection; (d) data cleaning; (e) formulation of assumptions; and (f) data analysis. Finally, we list

the limitations of the methodology. In the following paragraphs we describe the procedure in more detail.

Setting / population

The AUC/SLE study collected primary data from different migrant sub-groups based in three African states, namely: regular (labor) migrants in Nigeria (to reflect the existing patterns of free movement across the Economic Community of West African States (ECOWAS) space); people in refugee-like situations in Kenya (to reflect the significant refugee flows to the country from neighboring states, especially the Horn of Africa); and undocumented (irregular) migrants in South Africa (to reflect the significant irregular migration flows on the 'southern route'). Due to the global COVID-19 pandemic, travel restrictions in place in these countries, as well as challenges of time and resources, surveying these three groups was limited to major urban centers (see limitations section below).

Questionnaire creation

A survey was conducted in order to collect quantitative data on migrants' health and access to health services. Existing surveys from the Health on the Move Project and relevant WHO surveys were adapted towards the specific needs and context of this project.[1] The survey targeted different cohorts in the three study countries, in order to cover many migrant groups. As a result, in Kenya most of the respondents were refugees, in Nigeria most of the respondents were labor migrants and in South Africa most of the respondents were irregular migrants.

Data collection

Data collection was done as part of a study on the healthcare of different groups of migrants in Africa (AUC and SLE, forthcoming). The questionnaires were distributed by partner researchers, both digitally and also in print format, among the specific groups of migrants. Surveys were distributed in English and translated into local languages by partner researchers. Surveys included multiple selection, single selection, ranking and open answer fields. Quantitative data collection ran from November to December 2020. Respondents could fill out questionnaires if they had the link to the survey, which was provided by research teams and distributed among migrant networks in each country. Most answers were collected through field teams, where the data collectors went through the surveys with participants question-by-question. The survey thus deployed purposive sampling to recruit participants.

Data cleaning

Surveys were excluded if the respondents did not live in any of the three countries or if they were not from the African continent. Based on these criteria, seven respondents

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[1] Available at: https://www.surveymonkey.com/r/MyHealthMigrantsRefugeesNeeds?lang=en and https://www.aparttogetherstudy.org/

were withdrawn from the dataset. A total of 965 eligible surveys were acquired, with South Africa n=310, Nigeria n=355, and Kenya n=300. People who did not meet these criteria above were not included within the linear model.

Formulation of assumptions

The necessary assumptions used to apply this model, such as heteroskedasticity and uncorrelated independent variables, were checked – Appendix 2 and Appendix 3 provide the results.

Survey responses were collected using purposive sampling, rather than using random sampling. In order to ensure that potential differences are not entirely based on different covariates between the groups, we use a Kruskal-Wallis test to determine if differences exist (Kruskal and Wallis, 1952), even in the cases where normal distribution is absent. As this test is used to identify differences between groups of more than two, it is only applied to the variables of residence status and occupation, and the results of the test are presented in Appendix 4.

Data analysis

Based on this data, we identify differences of access to healthcare within the different sub-groups, which are characterized through different answers. Therefore, the question "How do you rate the general access of the healthcare provision where you currently live? (10=excellent, to 1=non-existent)" will be used as an indicator of access to healthcare. In order to identify different groups within the data, the survey asks for gender, residence status, and occupation. Only one response was possible for each question and it was not mandatory to reply to them.

To examine the different groups, we calculate the means of the groups and use a t-test to check if the differences are significant. We only consider groups consisting of at least 10 people. Comparisons are only made between different groups within the same country, to ensure fixed country effects are not responsible for the measured impacts. Additionally, a least squares linear regression model is calculated. The variable characteristics in each category are used as a dummy to indicate its effect on the self-rated access to healthcare, when controlled for the other variables. Appendix 5 contains the question and the possible answers. In addition to the quantitative evidence, migration and health experts were interviewed for further insights, regarding access in general, restrictions, or the health system, via online semi-structured interviews. Calculations and table drawings were made in RStudio and LaTeX.

Survey and data limitations

As noted above, the scope of the research study, as well as the selection of participants and sites, and the survey design, present certain limitations on the data generated, and the conclusions that can be drawn.

Firstly, focusing on different migrant sub-groups in each country raises issues of comparability of the datasets from each country. This is why no comparisons

between countries are made, just within different cohorts and groups within the same country.

Secondly, the sample sizes are relatively small, and were based on the limited data collection available in major urban centers. This was necessary given the travel and other restrictions imposed by the COVID-19 pandemic to protect researchers' and participants' health. Moreover, recruiting migrants as research participants is always challenging, especially at scale, as these may have very good reasons not to want to participate, especially if they are concerned it might affect their personal circumstances. This is particularly the case for undocumented migrants and refugees. As a result, the data cannot be understood as representative of all migrants, but nevertheless it does suggest some important trends.

Thirdly, as noted above, the study was based on migrants' own perceived health status and healthcare access, which are not an objective measure. Nevertheless, in the absence of access to clinical data (which fell outside the scope and limitations of the study), self-perception is still a useful proxy indicator, and while survey participants may well exaggerate or not be entirely truthful in their assessments, there is nonetheless value in asking about their experiences.

Fourthly, while the research used SDH approaches to understanding migrants' health, one of the challenges inherent in the SDH framework is that it is very difficult to include, and control for, broader social determinants of migrants' health in a comprehensive way. As noted above, the SDH framework has been criticized for prioritizing socio-economic factors over others. This being the case, the research used a few limited variables (such as employment status, educational level, gender, and age) as proxy indicators of SDH.

FINDINGS

The following table describes the effects of the individual manifestations of the cohorts for the countries Kenya, Nigeria, and South Africa.

Table 1: Association of gender, residence status and
occupation on self-rated access to health services

		Dependent variable:		
		Kenya	Nigeria	South Africa
		(1)	(2)	(3)
Gender				
	Male	0.019	0.340**	0.001
		(0.234)	(0.172)	(0.217)
Residence status				
	None	-0.370	-0.265	-1.928
		(0.750)	(0.362)	(1.323)
	Work	0.918	0.865***	-1.552
		(1.337)	(0.305)	(1.378)

		Dependent variable:		
		Kenya	Nigeria	South Africa
		(1)	(2)	(3)
Residence status				
	Prefer not to say	-0.402	-1.061**	-5.083***
		(1.123)	(0.436)	(1.857)
	Temporary (Asylum)	-0.940*	0.245	-0.930
		(0.528)	(0.344)	(1.337)
	Temporary (Refugee)	-0.233	0.482	-1.903
		(0.369)	(0.392)	(1.423)
	Temporary (Education)	0.724	0.976***	-0.382
		(1.082)	(0.333)	(1.504)
Occupation				
	Self-employed	-0.394	-0.383	1.231
		(0.673)	(0.311)	(1.084)
	Unemployed	-0.080	0.331	1.398
		(0.677)	(0.413)	(1.091)
	Full-time work	0.043	-0.091	2.049*
		(0.824)	(0.336)	(1.087)
	Part-time work	-0.212	-0.080	2.951***
		(0.733)	(0.323)	(1.099)
	Work without contract	1.107	-0.704	0.227
		(0.973)	(0.619)	(1.175)
	Other	0.436	0.853	
		(1.255)	(1.403)	
	Retired		0.853	
			(1.403)	
Constant		8.507***	8.073***	7.768***
		(0.642)	(0.356)	(1.714)
Observations		277	278	306
R2		0.052	0.193	0.204
Adjusted R2		0.005	0.150	0.172
Note: *p<0.1; **p<0.05; ***p<0.01				

Table 1 reveals how different the manifestations of the groups can be associated when we look at the different countries. We strongly recommend withholding comparisons between countries, as different groups were targeted. In general, one could say that the average access to health services is rated high, which is visible through high values for the constant of each country (ranging from 7.8 to 8.5). In Kenya, where most of the respondents were refugees, people who were asylum seekers rated their access to health services by 0.9 points lower on average. Potentially their residence status, with slightly fewer rights or more uncertainty for the migrants could affect their experience – and lower their rating – about access to health services. On the contrary, however, in South Africa where most of the respondents were irregular migrants without documentation, people who were able to work, rated their access to health services by 3 points (part-time work) and 2 points (full-time work) higher. Thus, managing the challenge to find work, despite the fact that they may not be allowed to, suggests that this enhances access to health services.
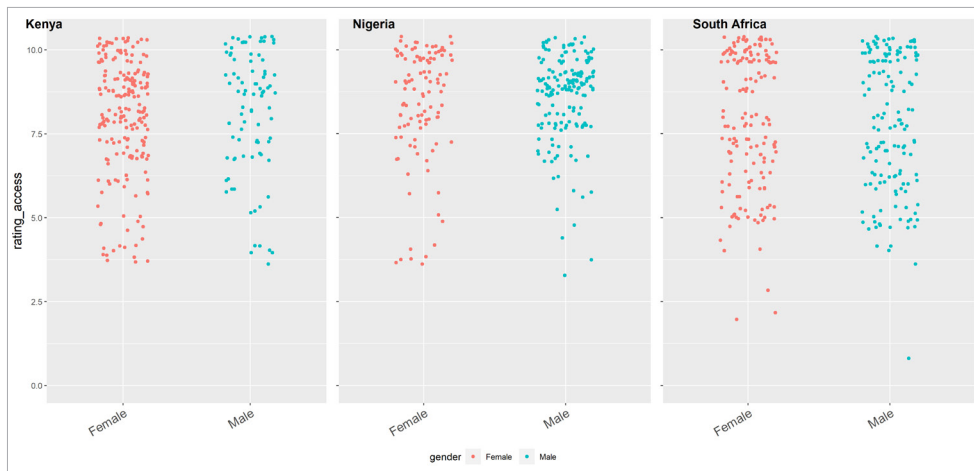
Gender

Table 2: Mean access to healthcare in Kenya, Nigeria,
and South Africa, grouped by gender

	Kenya		Nigeria		South Africa	
	Female	Male	Female	Male	Female	Male
	A	B	A	B	A	B
rating_access						
Mean	8.0	8.1	8.4	8.6	7.9	7.8
Std. dev.	1.7	1.8	1.7	1.3	2.1	2.0
Unw. valid N	200.0	87.0	108.0	170.0	158.0	148.0

Table 2 above and Figure 1 below represent the self-assessed access to healthcare in different ways: Table 2 displays the overall average with its standard deviation and number of people for each cohort. Figure 1 represents one dot for each survey respondent's rating. Small vertical and horizontal shifts occur, so the same rated values do not overlap completely, hence Figure 1 is only an approximated representation of access to healthcare. However, the scatter plot aims to give an impression about distribution and sample size of each cohort. People who did not answer the question regarding their gender or responded, "prefer not to say" are excluded from both illustrations, to ensure clarity. While this could feasibly result in bias, the small numbers of respondents excluded on these grounds mean that the effect on our analysis is not likely to be significant.

Figure 2: Scatterplot of rating of access to healthcare in Kenya, Nigeria, and South Africa, grouped by gender cohorts

Gender has an ambiguous impact on the average access to healthcare. However, the differences are not particularly significant – in Kenya and Nigeria male respondents rated their access to healthcare by 0.1 and 0.2 points higher. To the contrary, in South Africa female respondents rated it by 0.1 points higher. It is likely that the effects are not clear, due to other underlying factors. When we control for occupation and residence status, male migrants in Nigeria rate their access significantly better than females by 0.34 points, while the two cohorts in Kenya and South Africa rated their health status quite similar.

In Nigeria, the focus was on labor migrants; thus, specific disadvantages faced by women within labor migration and within labor markets could be a reason for this effect. For example, they work in less secure jobs, often without health insurance. However, it could also be due to a country or context effect of the Nigerian sample that female migrants are particularly disadvantaged in accessing healthcare. If this effect of better access to healthcare in Nigeria for male migrants is a recurrent finding in other studies, further research is needed to explain it.

Apart from this, the data does not reveal many significant differences based on gender, contrary to expectations from the literature and also statements from the interviews. This could be because of sampling bias or survey design, but equally it could just be that the differences in perceptions of access to healthcare are smaller than expected. That does not mean that health services do not need to be more responsive to the needs of female migrants, as this relates to their experience of these services, which can be(come) a barrier; it means that the effect of gender differences is perhaps less pronounced in terms of access to healthcare or perceptions of health.

Occupation

Table 3: Mean access to healthcare for Kenya (3.1), Nigeria (3.2)
and South Africa (3.3), grouped by occupation[2]

Table 3.1. Mean health status in Kenya, grouped by occupation							
	#Total						
	I am a student	I am self-employed	I am un-employed	I work full-time	I work part-time	I work without a contract	Other (please specify):
	A	B	C	D	E	F	G
rating_access							
Mean	8.6	7.8 < F	8.2 < F	8.5	8.0 < F	9.5 > B C E	8.8
Std. dev.	1.6	1.9	1.6	1.2	1.7	0.8	1.3
Unw. valid N	12.0	146.0	83.0	11.0	25.0	6.0	4.0

Table 3.2. Mean health status in Nigeria, grouped by occupation								
	#Total							
	I am a student	I am self-employed	I am un-employed	I work full-time	I work part-time	I work without a contract	Other (please specify):	I am retired
	A	B	C	D	E	F	G	H
rating_access								
Mean	9.1 > B C	8.1 < A E	8.5 < A	8.5	8.8 > B	7.5	9.0	9.0
Std. dev.	1.3	1.7	0.8	1.5	1.1	2.0		
Unw. valid N	57.0	89.0	34.0	48.0	42.0	8.0	1.0	1.0

Table 3.3. Mean health status in South Africa, grouped by occupation						
	#Total					
	I am a student	I am self-employed	I am un-employed	I work full-time	I work part-time	I work without a contract
	A	B	C	D	E	F
rating_access						
Mean	7.0	7.3 > F < D E	7.4 < E	8.2 > B F < E	9.0 > B C D F	6.3 < B D E
Std. dev.	1.4	1.8	2.2	2.1	1.8	1.8
Unw. valid N	4.0	116.0	38.0	70.0	65.0	15.0

Table 3 above and Figure 2 below represent the self-assessed access to healthcare in different ways: Table 3 displays the overall average with its standard deviation and number of people for each cohort. Figure 2 represents one dot for each

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[2] Please note, that capitalized letters indicate significant differences (either < or >) between cohorts (α=5%). For example, in Table 3.1 "I am self-employed", column B, the entry "7.8 < F" reveals, that this cohort is significantly smaller than the cohort of the column F, "I work without a contract".

survey respondent's rating. Small vertical and horizontal shifts occur, so the same rated values do not overlap completely; hence, Figure 2 is only an approximated representation of access to healthcare. However, the scatter plot gives information about the distribution and sample size of each cohort. People who did not answer the question regarding their employment status or responded, "other" or "I am retired" are excluded from Figure 2, to ensure clarity.

Figure 3: Scatterplot of rating of access to healthcare in Kenya, Nigeria and South Africa, grouped by occupation cohorts
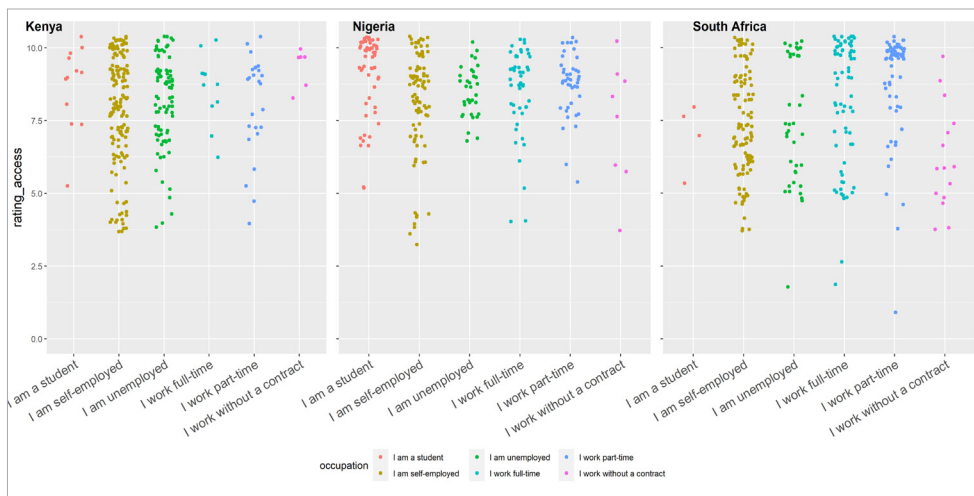
Employment status provides mixed effects on access to healthcare. Self-employment has a negative effect in all three countries and is significantly lower than in other groups. However, this is no longer the case in South Africa once gender and residence status are included into the calculation. It is possible that people are self-employed due to their residence status and therefore have reduced access to healthcare. In Kenya and Nigeria for example, unemployed people rate their access higher than self-employed ones. Thus, being unemployed does not necessarily mean having less access, which might have been expected due to fewer financial resources.

Part-time and full-time workers seem to position themselves in a higher-rated access. However, this effect only holds true for South Africa within the linear model. When people migrate for educational reasons, they rate their access to healthcare higher than most other groups of occupation.

This suggests that the effects of occupation are neither intuitive nor consistent, which is discussed further below. However, the Kruskal-Wallis test indicates that the groups do not rate their access to healthcare equally in Nigeria and South Africa. This result underlines the fact that different types of employment relationships correspond to different experiences of access to healthcare, and that this effect was

not caused by the differently distributed covariates. This cannot be said for the Kenya dataset.

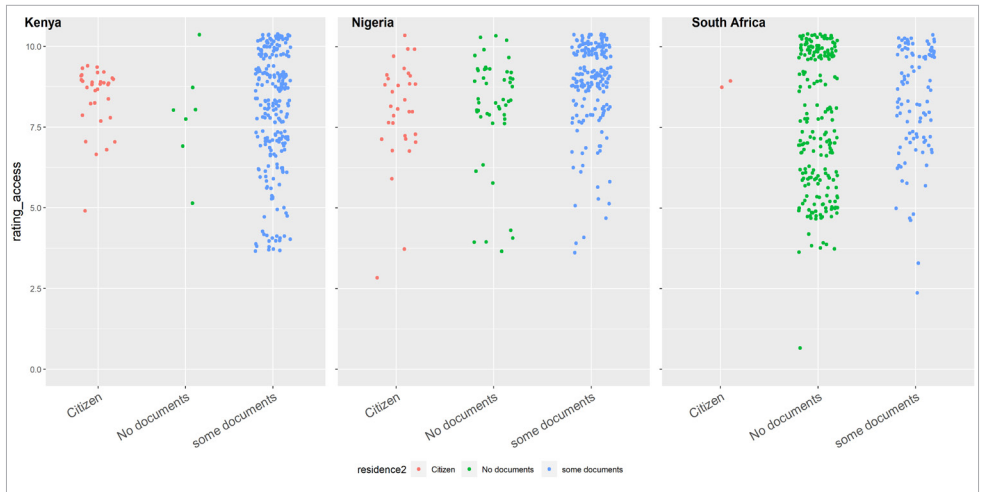*Documentation and residence status*

Table 4: Mean access to healthcare in Kenya (4.1), Nigeria (4.2)
and South Africa (4.3), grouped by documentation status[3]

Table 4.1. Mean health status in Kenya, grouped by documentation status				
	#Total			
	Citizen	No documents	Prefer not to say	some documents
	A	B	C	D
rating_access				
Mean	8.4 > D	7.9	8.0	8.0 < A
Std. dev.	0.9	1.6	1.0	1.8
Unw. valid N	32.0	7.0	3.0	239.0
Table 4.2. Mean health status in Nigeria, grouped by documentation status				
	#Total			
	Citizen	No documents	Prefer not to say	some documents
	A	B	C	D
rating_access				
Mean	8.0 > C < D	8.0 > C < D	7.0 < A B D	8.9 > A B C
Std. dev.	1.6	1.7	1.0	1.3
Unw. valid N	32.0	49.0	14.0	185.0
Table 4.3. Mean health status in South Africa, grouped by documentation status				
	#Total			
	Citizen	No documents	Prefer not to say	some documents
	A	B	C	D
rating_access				
Mean	9.0 > B D	7.6 < A D	4.0	8.3 > B < A
Std. dev.	0.0	2.1	2.8	1.7
Unw. valid N	2.0	202.0	2.0	102.0

Table 4 above and Figure 4 below represent self-assessed access to healthcare in different ways: Table 4 displays the overall average with its standard deviation and number of people for each cohort. Figure 3 represents one dot for each survey respondent's rating. Small vertical and horizontal shifts occur, so the same rated values do not overlap completely. Hence, Figure 3 is only an approximated representation of access to healthcare. However, the scatter plot aims to give an impression about distribution and sample size of each cohort. People who did not answer the question regarding their residence status or responded, "Prefer not to say" are excluded from Figure 3, to ensure clarity.

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[3] Please note that in this table capitalized letters indicate significant differences (either < or >) between cohorts (α=5%).

Figure 4: Scatterplot of rating of access to healthcare in Kenya, Nigeria, and South Africa, grouped by documentation cohorts

In general, documentation status can be associated with different access to health services. Therefore, aggregated data from respondents' answers about their residence status and three groups were considered: people with some kind of documentation (e.g. refugees, educational migrants), people without any kind of documentation, and citizens. Evidently, in South Africa and Nigeria, people with some documents rate their access to health services significantly higher by 0.7 and 0.9. The findings are consistent with the negative effect of the linear model.

As the undocumented sample in Kenya is below 10 people, the analysis of effects is not representative and is not included.

To allow for a more detailed interpretation, we disaggregate the documentation status into the categories of a working status, an asylum status, a refugee status, and an educational status – see Table 5 and Figure 5 below.

Table 5: Mean access to healthcare in Kenya (5.1), Nigeria (5.2), and South Africa (5.3), grouped by residence status[4]

Table 5.1. Mean health status in Kenya, grouped by residence status							
	#Total						
	Citizen	No documents	Permanent documents (work)	Prefer not to say	Temporary documents (Asylum)	Temporary documents (Refugee)	Temporary documents (Education)
	A	B	C	D	E	F	G
rating_access							
Mean	8.4 < C	7.9 < C	10.0 > A B E F	8.0	7.6 < C	8.0 < C	9.2
Std. dev.	0.9	1.6	0.0	1.0	2.2	1.8	1.5
Unw. valid N	32.0	7.0	2.0	3.0	20.0	213.0	4.0
Table 5.2. Mean health status in Nigeria, grouped by residence status							
	#Total						
	Citizen	No documents	Permanent documents (work)	Prefer not to say	Temporary documents (Asylum)	Temporary documents (Refugee)	Temporary documents (Education)
	A	B	C	D	E	F	G
rating_access							
Mean	8.0 > D < C G	8.0 > D < C G	9.0 > A B D E	7.0 < A B C E F G	8.4 > D < C G	8.5 > D	9.1 > A B D E
Std. dev.	1.6	1.7	0.9	1.0	1.4	1.7	1.3
Unw. valid N	32.0	49.0	57.0	14.0	36.0	22.0	70.0
Table 5.3. Mean health status in South Africa, grouped by residence status							
	#Total						
	Citizen	No documents	Permanent documents (work)	Prefer not to say	Temporary documents (Asylum)	Temporary documents (Refugee)	Temporary documents (Education)
	A	B	C	D	E	F	
rating_access							
Mean	9.0 > B E F	7.6 < A E	8.0	4.0	8.6 > B F < A	7.5 < A E	8.4
Std. dev.	0.0	2.1	2.2	2.8	1.6	1.6	1.2
Unw. valid N	2.0	202.0	20.0	2.0	60.0	13.0	9.0

Table 5 above and Figure 5 below represent the self-assessed access to healthcare in different ways: Table 4 displays the overall average with its standard deviation and number of people for each cohort. Figure 3 represents one dot for each survey respondent's rating. Small vertical and horizontal shifts occur, so the same rated values do not overlap completely. Hence, Figure 3 is only an approximated representation of access to healthcare. However, the scatter plot aims to give an impression about distribution and sample size of each cohort. People who did not answer the question

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[4] Please note that in this table capitalized letters indicate significant differences (either < or >) between cohorts (α=5%).

regarding their residence status or responded, "Prefer not to say" are excluded from Figure 3, to ensure clarity.

Figure 5: Scatterplot of rating of access to healthcare in Kenya, Nigeria, and South Africa, grouped by documentation cohorts
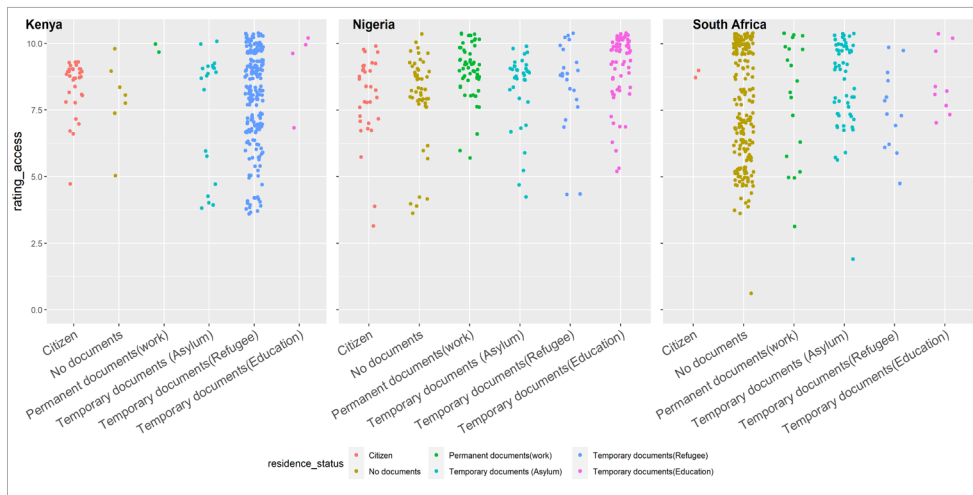
A consistent finding throughout the three sample countries is that self-assessed access for people without any documentation is lower than the other groups, not only by means but also within the linear models. In particular, the sample in South Africa, where undocumented migrants were targeted, the effects were almost 2 points in the linear model. In Kenya, refugees and asylum seekers rated their access lower than other groups by 0.4 and 0.8 points respectively. The effects remain similar in the linear model.

In Nigeria, refugees reported having greater access than citizens by 0.5 points and asylum seekers by 0.4 points more. Thus again, having refugee status seems to have a slightly more positive effect on perceived access to health services than for those in the process of seeking asylum.

This was not the case in South Africa, where refugees rated their access as one of the lowest and asylum seekers rated it quite high, with a 1.1 points difference in access to healthcare when refugees are compared to asylum seekers. This may appear counter-intuitive, as registered refugees typically enjoy greater social coverage than those seeking asylum by virtue of their registration status. However, one possible explanation for this could be linked to expectations of improved access to healthcare and the extent to which these are met once registration has been granted.

If respondents had work permits or the right to work, their access to healthcare was generally high. In Nigeria, the access to healthcare of this cohort was the second highest after educational migrants and significantly better than the four

other groups. Although people with work visas in South Africa also described their access to healthcare as good, the effects here are not as strong and negative in the multivariate model.

Interestingly, the analysis indicates that the groups do not rate their access to healthcare equally in Nigeria and South Africa. This result underlines the fact that having a certain residence status corresponds to a different access to healthcare, and that this effect was not caused by the differently distributed covariates. This cannot be said for Kenya, which did not show an effect for groups bigger than ten respondents for the tests on different averages.

DISCUSSION

Findings

The most consistent result across groups and models is that migrants without documentation have worse access than those with documents. This provides evidence for the disadvantage of this former group due to irregular or illegal residence status, which was anticipated in the literature, including in other world regions (Juárez et al., 2019, Spitzer et al., 2019). It also strongly suggests that extending regularization pathways in African states, even if on a temporary basis, would be an effective policy lever to improve migrants' access to healthcare, and by extension migrants' health.

Our findings in regards to occupation remained diverse. In South Africa, where our sample targeted irregular migrants, it was evident that a full-time or part-time occupation was associated with a higher access to health services. In Kenya, where our sample targeted refugees, the rating suggests that being self-employed is very common for refugees and seems to be associated with less access to health services. In Kenya, where our sample targeted labor migrants, once again, self-employed migrants rated their access to health services lower than those in regular employment (full- and part-time), but also being a student can be associated with higher rating in access to health services.

Apart from the clear trend in documentation, other effects, such as the ones through occupational differences, remain unclear across samples and models. There are many possible reasons for this, as discussed below.

Limitations to the findings

Firstly, the survey targeted different groups across countries, cohorts therefore resulted in different group sizes and may not be normally distributed covariates. Moreover, the data set used was not originally designed for this type of examination. Perhaps this is most evident in relation to employment and occupation status, because being self-employed or even unemployed can sometimes be the result of a conscious choice, which in turn has an impact, depending on residence status. This could explain the effects of the regression model. In South Africa, where we focused mostly on irregular migrants, for this group of people any form of employment has

a positive effect on healthcare, because they become financially independent and would otherwise fall through the safety net. In Kenya and Nigeria, refugees and labor migrants are already within the safety net, but employment conditions often include precarious working conditions and obligations that make accessing healthcare more difficult. This would be reflected in the negative coefficients, but further research is required to clarify the relationship between migrants' occupation and health status.

Secondly, the contexts of the countries and groups studied were diverse, which leads to variable overall healthcare access. Examples of this may be language differences in neighboring countries, nationality, traveling alone or in a group, network at the new location of residence, and many more. In order to mitigate this heterogeneity, we applied intra-country comparison only. However, responses like part-time work or full-time work may have different meanings and implications in different settings. For example, it is not known how safe the working environment is, and if people consciously choose a reduction of working time or this may be an indication of precarious employment conditions.

Thirdly, potential answers may not have been sufficiently distinct. Self-employment and full-time work are not exclusive from one another. Evidence that people did not always know where to categorize themselves is provided by the absolute numbers of answers to the question of occupation status, 'student' compared to the residence status, 'education': in Kenya the difference was 8 responses, in Nigeria 13 and South Africa 5. Potentially, people obtain educational residence status but work part-time, thus categorizing themselves differently. While this is a common issue with surveys, a clearer distinction or explanation could have mitigated the effects. Potentially, this also explains why documentation has the most consistent findings, as no documents vs some documents could be seen as very clear-cut.

Fourthly, it can be argued   that self-rated access to healthcare is not adequate to identify actual access to healthcare. Waiting times to see the doctor were reported by some interviewees and survey respondents as worse for migrants, and this should be the subject of further research. Nevertheless, a rating scheme is normally easy to understand, and corresponds to the subjective feeling of migrants, thus taking into account their perception of integration. Furthermore, it allows for numeric comparisons within groups, for which the literature still lacks evidence in many regards.

Fifthly, data collection was affected by the social-distance measurements of the COVID-19 pandemic. This potentially also introduced some sample bias as a result. Consequently, the non-parametric Kruskal-Wallis test was used additionally to check for differences in the groups. Here the Kenyan sample, unlike in the other models, did not seem to differ. A possible explanation could be the data collection process: in Kenya, respondents mostly completed the surveys in the Eastleigh Health Centre in Nairobi. As this institution delivers health services irrespective of status, and does not charge money or require documentation, the sample may not be representative of the entire migrant population throughout the country, especially since most refugees

live in the two camps of Dadaab and Kakuma, which are situated in rural border areas of the country.

Overall, in all three countries the data collection was conducted primarily in urban hubs, thus representativity may suffer because of this factor. This also limits the ability to generalize the findings. To overcome this issue, the sample size would have to be increased, or fewer groups regarded for this study. It will be useful for future research in this area to undertake larger-scale, and more longitudinal, studies on migrant health in the African context that include both clinical data and data on migrants' experiences and perceptions of healthcare access.

Finally, policy implementation and delivery of healthcare services may differ considerably. This means that perceived access to health services may differ based on the facility and the healthcare workers that migrants encounter in accessing treatment. This is difficult to control for statistically, for example, it may be the case that a clinic in Nigeria specializing in migrant health, and where staff are more used to treating migrants, makes treatment more accessible to migrants. Other factors might include the financial and time resources required to travel to a health facility. Such unobserved factors may bias our calculation.

Despite the named weaknesses and unclear effects within the groups, the data presented in this paper still provides evidence of existing differences between different cohorts. From this we can deduce that the groups would benefit from different measures to reduce, or ideally eliminate, barriers to accessing healthcare.

CONCLUSION AND RECOMMENDATIONS

Certain manifestations of gender, occupation, documentation, and residence status can result in higher or lower access to healthcare for migrants. Clear negative effects are evident for non-documented migrants, while impacts of other characteristics remain ambiguous. However, several tests verified that access to healthcare is different among the groups investigated in the survey.

There are various policy levers that African policy-makers can use to improve migrants' access to health, including national social coverage or health insurance schemes. However, most such schemes are restricted to documented migrants and refugees. Whilst it may be politically challenging for African states to provide long-term registration status to irregular migrants, there are various options for extending registration status on a temporary basis. These include temporary and short-term registration, for example on public health grounds, as well as time-limited amnesties for undocumented migrants.

Our findings suggest that the linkages between migrants' occupation and access to healthcare in African states are less clear, and require further research. However, there is also a strong case for increasing irregular migrants' economic participation – for example, by providing the right to work or own a business – in order to increase their ability to pay for healthcare and medicine, as well as to make contributions to government tax revenues and minimize inequalities.

In the African context, measures such as these will help to achieve delivery of the African Union Agenda 2063, which aims to increase regional and continental integration to improve prosperity and livelihoods for African citizens. In global contexts, such steps are also important for achieving SDG targets but also for realizing the ambition of Article 25 of the Universal Declaration of Human Rights (UNGA, 1948), which defines adequate access to health and social determinants of well-being as a human right.

Finally, at a time of the global COVID-19 pandemic, it is worth stressing that enhanced access to healthcare for vulnerable groups of migrants, also promises to benefit the health of the broader population as a whole.

Based on these findings, we make the following recommendations for African Union Member States, Regional Economic Communities, and the AUC:

- AU Member States should introduce or extend pathways to regularization for migrants. Governments should consider implementing temporary registrations and amnesties during the current COVID-19 pandemic.

- Enabling greater economic participation for migrants in settlement countries promises to improve their access to healthcare and health outcomes.

- States should strengthen workplace protection for migrants, including ensuring that all staff, including migrants, have access to health insurance schemes.

- Healthcare authorities in AU MS should consider the benefits of more mixed, integrated healthcare provision for migrants and local citizens, instead of treating them as separate categories.

- The equitable access to healthcare services for refugees and migrants, in accordance with national and international laws and practice shall be acknowledged as a vital step to reduce inequalities and achieve the SDGs, for example, by considering them in health plans and policies.

- Policy-makers need to recognize different health needs for different genders and, respectively incorporate these in policy reforms.

- Researchers should improve data collection on migrants' health and occupations, and conduct more research, including longitudinal studies assessing migrants' health status pre-departure, upon arrival, and post-arrival, for which a forthcoming policy brief of the AUC will provide recommendations for action ("Multidimensional approaches towards migrants health").

- States should use existing guidelines to enhance migration and health governance, such as SDG 10.7, the Migration Policy Framework for Africa, African Health Strategy, and the AU's Agenda 2063.

- Beyond these recommendations, policy-makers should develop policies and programs that address the broader SDH affecting peoples' access to, and experience of, healthcare, such as education, employment, and access to water, sanitation and hygiene (WASH).

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APPENDICES

Appendix 1: Categories of migrants

Table 6: Definitions of migrant categories

Migrant category	Definition
International migrants	Individuals who remain outside their usual country of residence for at least one year (UNDESA)
International labour migrants	Individuals engaged in remunerated activity in a state of which he/she is not a national, including persons legally admitted as a migrant for employment (ILO)
Irregular / undocumented migrants (sometimes also referred to as "illegal migrants")	Individuals who enter a country, often in search of employment or other opportunities, without the required documents or permits or who overstay the authorised length of stay in the country (UN Population Division)
	* There are few reliable data sources on numbers of irregular migrants
People in refugee-like situations	Similar to refugees below, but this category is broader as it includes people who have been forced to leave their country of origin but who lack legal status as refugees and who have not registered claims for asylum. Typically, this latter group are irregular migrants (UNHCR)
	In this report, 'people in refugee-like situations' is used as an umbrella term that includes registered/ legal refugees, asylum-seekers, and irregular migrants who have been forced to flee their country of origin.
	* There are few reliable data sources on this broader category
Refugees	Individuals who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, are outside of the country of their nationality, and are unable to, or owing to such fear are unwilling to, avail themselves of the protection of that country, or return because of fear of persecution (UNHCR)
	The term refugee is typically used in a precise legal sense – i.e. someone who has been granted legal status as a refugee – as well as in a broader, more abstract sense.
Asylum seekers	Individuals who have sought international protection and whose claims for refugee status have not been determined (UNHCR)

(Source: Adapted from Zimmerman et al., 2011)

Appendix 2: Multicollinearity

Multicollinearity within the independent variables is checked by variation inflation factor (vif) and describes how much the variables correlate. If it is detected, the linear model suffers large variances and its estimators shall be used cautiously only (Mansfield and Helms, 1982). A rule of thumb is that the variance inflation factor (vif) should be below 5, which is introduced by Hair et al. (2011). In our datasets, for all factors this is the case. However, in the Nigerian sample, residence status and occupational status are approximately 4, which suggests a moderate collinearity and consequently the results from the linear model created for Nigeria should be used more cautiously.

Table 7: Variance inflation factor

Variance inflation factor / degrees of freedom (df)			
	Kenya	**Nigeria**	**South Africa**
Gender	1.091133 / 1	1.083923 / 1	1.051230 / 1
Residence Status	2.641129 / 6	4.032341 / 6	1.452490 / 6
Occupation	2.538441 / 6	4.048248 / 7	1.499908 / 5

Appendix 3: Heteroskedasticity

The error terms of a linear model shall be distributed equally, to ensure a best unbiased efficient estimator. If heteroskedasticity is identified, hypothesis testing may be wrong, as the prediction relies on some high variance observations, which is not optimal. Nevertheless, the estimator remains unbiased. A Breusch-Pagan test can be used to check the hypothesis if the error terms are uncorrelated (Breusch and Pagan, 1979).

When we apply the Breusch-Pagan test to the error terms of our data sets, we have to reject our hypothesis of uncorrelated error terms for the Nigerian sample, as the p-value is 0.014. Consequently, results from the linear model created for Nigeria should be used more cautiously. This is not the case for the data in Kenya and South Africa with p-values of 0.077 and 0.359 respectively.

Table 8: Breusch-Pagan test

	Kenya	**Nigeria**	**South Africa**
Breusch Pagan	20.802	27.953	13.143
df	13	14	12
p-value	0.07694	0.01443	0.3587

Appendix 4: Kruskal-Wallis test

The Kruskal-Wallis test can be used to check if the medians of two or more groups are different from each other. As a non-parametric test, it can be implemented regardless of the distribution of the sample. This is important, as not fully random data collection and heteroskedastic error terms of the Nigerian sample. The hypothesis of the Kruskal-Wallis test is that the mean ranks of the different factors are equal ($p > 0{,}05$). If this is rejected ($p < 0{,}05$), the data provides evidence that outcome (access to healthcare) is unequal based on the factors (occupation and residence status).

Calculation of the Kruskal-Wallis test reveals differences in South Africa and Nigeria in both categories. This is not the case for the data in Kenya.

Table 9: Kruskal-Wallis test

	Kenya		**Nigeria**		**South Africa**	
	Occupation	Residence	Occupation	Residence	Occupation	Residence
Chi²	9.4883	7.7864	21.92	56.948	47.602	16.334
df	6	6	7	6	5	6
p-value	0.1479	0.2542	0.002622	1.871e-10	4.282e-09	0.01207

Appendix 5: Questionnaire

The data was generated by respondents who answered the questions captured in Figure 6, which were part of a bigger health and migration study.

Figure 6: Survey questions used for this article

1. What is your gender?
- ○ Female
- ○ Male
- ○ Other
- ○ Prefer not to say

2. What is your residence status in this country?
- ○ Citizen
- ○ Permanent documents (e.g. unlimited working permit, etc.)
- ○ Temporary documents (Asylum seeker, e.g. asylum seeker certificate)
- ○ Temporary documents (Recognized refugee, e.g. alien card)
- ○ Temporary documents (Educational stay)
- ○ No documents/ without legal documents (e.g. working permit or refugee status denied)
- ○ Other (please specify):
- ○ Prefer not to say

3. What is your current occupational situation?
- ○   I work full-time
- ○   I work part-time
- ○   I am self-employed
- ○   I work without a contract
- ○   I am a student
- ○   I am unemployed
- ○   I am retired
- ○   Other (please specify):