**Migrant Access to Healthcare and Education in South Africa**

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**Introduction**

- South Africa shelters one-fifth of all asylum seekers in the world, with a processing system described as ineffective. (Fassin, et al. 2017).
- The South African Bill of Rights states everyone is equal before the law, has the right to access healthcare services, and a basic education. Views of South Africans on foreign migrants to access these rights contradicts legal guarantees (Crush and Tawodzera, 2013).
- This project is a literature review in progress with a focus on the issue of healthcare and education access for cross border migrants.
- Cross-border migrants must apply and be accepted for asylum to have a legal existence in the country. Many end up as undocumented migrants.

**Objectives & Methods**

- Explore cross border migrant access to healthcare and education in South Africa and examine the quality.
- Due to limitation of the pandemic, the data is collected as a literature review of seven scholarly articles from 2000-2020. This data is supplemented with interviews of social workers who provide services to migrants.

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**Results**

- To access public healthcare, migrants need documentation proving legality. This process is entwined with obstacles: very costly in terms of time and money, takes up to seven years for a decision, temporary permits need to be renewed often and can only be renewed at the place of issue. (Crush and Tawodzera, 2013), & (Fassin, et al. 2017), & (Landau, 2006).
- Most who seek asylum will be refused. At the Pretoria Refugee Reception Office 6,000 applicants were rejected each month. Without documentation, almost any act becomes illegal. Undocumented migrants face arrest, deportation, extortion, and denial of medical treatment. (Landau 2006), & (Fassin, et al. 2017).
- Non-nationals may not only be refused services but are subjected to additional fees and longer wait times (Landau, 2006). Some facilities operate in two queues, one for locals and the other for foreign nationals, everyone in the first queue is seen before the second queue is seen. (Crush & Tawodzera, 2013).
- Two-thirds of South Africans in a 2006 national survey said that migrants ‘use up’ resources and half claimed that they bring diseases when they come here (Crush 2009 & 2013).
- The Suitcase Project centered around unaccompanied migrant youth ages 6–18 living in informal shelters. These children designed suitcases to express their lives as migrants through art. Many of them lived in fear without papers (faced arrest), experienced lack of physical safety and certainty, witnessed extreme violence, had missed some years of school; and a few had no schooling at all. (Clacherty, 2016). The biggest barriers to access education are school fees and transportation. (Landau 2006).
- At one organization, Migrant Support Center in Hillbrow, there is about a 300–500 student backlog waiting to be admitted to school. Additionally, A 2000 study on the Somali refugee community in Johannesburg, found that 70% of Somali refugee children were not going to school (Peberdy and Majodina 2000).
- Reports further suggest that many refugee children are denied access to school due to their age, language skills, or ignorance on the part of school staff (Landau, 2006).

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**Conclusions & Significance**

- Migrants face numerous obstacles with obtaining documentation. Often, they are left in limbo with a right to protection but hindered access to it, due to system designed to make them struggle.
- Migrant youth are significantly disadvantaged in terms of education, they are increasingly exposed to trauma and violence.
- The quality and access of migrant healthcare and education needs improvement. The Department of Home Affairs needs a more effective asylum claims processing system.
- COVID-19 has further heightened many of these struggle’s with DHA offices currently closed.
- Dangerous living conditions and the clash between laws and policy signal the need for further research on treatment of migrants and access to care.

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**References**

- Clacherty, G. (2016). Understanding Trauma and Trauma Intervention in New Ways Through an Examination of the Suitcase Project, a Project for Unaccompanied Refugee Children in Hillbrow, Johannesburg.

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**Figure 1.** Child’s illustration of himself on the document he wants to have – refugee permit from Home Affairs. The Suitcase Project (Clacherty, 2016).

**Figure 2.** Child’s illustration of experience with Home Affairs. Shows long lines with impatient people, security guards ask some migrants for money before allowing them to enter. The Suitcase Project (Clacherty, 2016).

**Figure 3.** Trauma results of migrant and non-migrant youth: cross-sectional study across six countries. The study found that across all site’s migrants reported higher number of traumatic events and South Africa adolescents had the highest mean number of traumatic events from past year (Gatt et al. 2020).

**Figure 4.** Migration statistics 96% rejection rate of asylum applications. (Scaulabint Centre of Cape Town, https://www.scaulabint.org.za/resources/migration-statistics/).