



NOWHERE ELSE TO GO

MSF in Johannesburg

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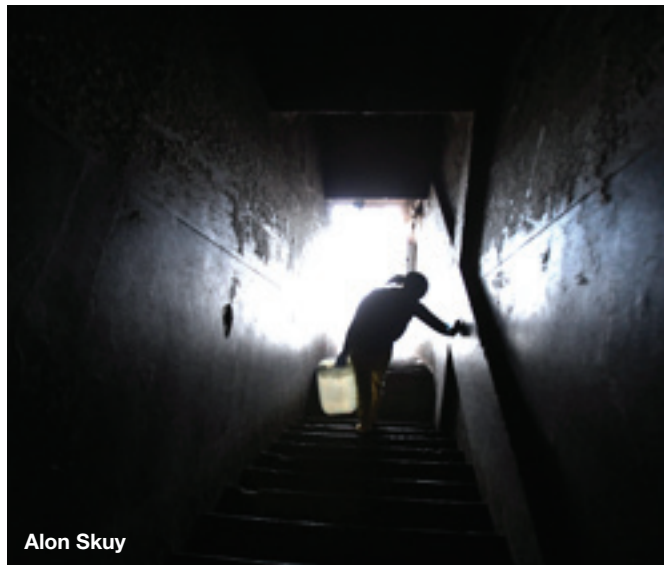
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Cover photo by Alon Skuy, The Times

Zimbabweans and other survival migrants and refugees forced by circumstances to live in slum buildings in inner-city, Johannesburg February 2011

Médecins Sans Frontières/Doctors Without Borders (MSF) is an international, independent, medical humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, health care exclusion and natural or man-made disasters. The organisation works in more than 60 countries throughout the world and has been working in South Africa since 1999. In South Africa, MSF provides HIV/AIDS and tuberculosis (TB) treatment in Khayelitsha in the Western Cape. MSF also successfully handed over a rural HIV/TB programme in Lusikisiki in the Eastern Cape in 2006 and a project providing emergency medical care for survivors of sexual violence in Khayelitsha in 2009.

Since 2007, MSF has also been providing medical and humanitarian assistance for Zimbabweans and other survival migrants and refugees seeking refuge in South Africa through two projects – one in central Johannesburg and another in Musina, along the border with Zimbabwe. In Johannesburg, MSF runs a clinic in the inner-city next to the Central Methodist Church (CMC), which provides primary health care,



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mental health support, and referrals to hospitals and specialised facilities, including for chronic conditions such as HIV and TB. Initially the MSF clinic adjacent to the CMC was primarily frequented by newly arrived Zimbabweans temporarily resident in the CMC next door. Today, only 10-15% of clinic attendees come from the CMC. A large proportion of people now come from the numerous slum buildings situated in the inner-city of Johannesburg. An MSF survey conducted in 2010 showed that the majority of newly arrived Zimbabweans tend to move directly into the slum buildings of the inner-city on arrival in Johannesburg.

These buildings were largely abandoned in the post-Apartheid era by (white) landlords and occupied by poor (black) South Africans who lived communally to save rent. More recently, the buildings have become largely inhabited by Zimbabweans and other vulnerable migrants and asylum seekers. There are also a large number of children (some of whom are unaccompanied) present in the buildings.

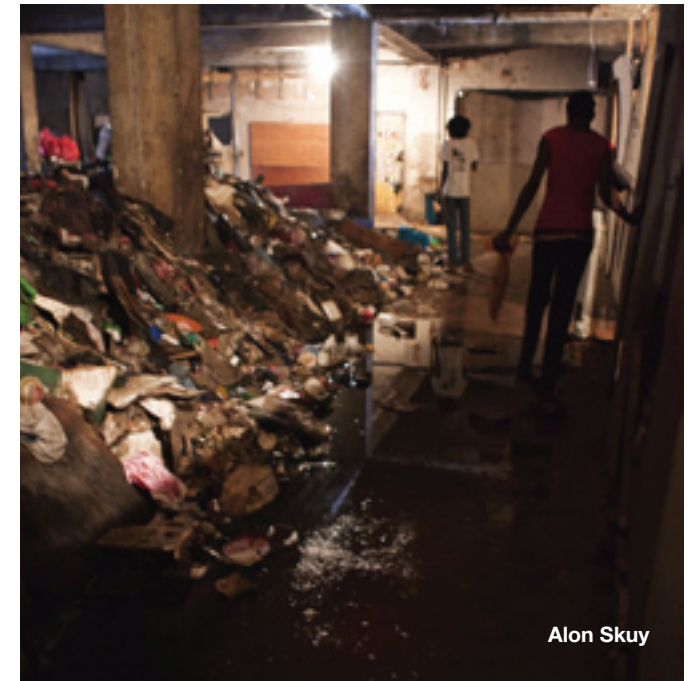
Many of these buildings have been hijacked by criminals or controlled by slum lords whose interest is to extract maximum profits from tenants while little or no maintenance work is done and basic water and sanitation services are in shambles or non-existent. This exploits vulnerable people who cannot afford any other accommodation or shelter in the city.

*The City of Johannesburg has identified 1305 slum buildings with an estimated population of more than 250,000.

Appalling living conditions

During health promotion outreach activities in 2010, MSF has independently identified 82 slum buildings in the inner-city where an estimated 50-60,000 people live in appalling conditions. These spaces are overcrowded with subdivided rooms in warren-like conditions. There is very poor or non-existent sanitation, people have difficult or no access to water, and they lack proper waste management and disposal.

MSF's 2010 survey confirmed previous perceptions of extremely poor living conditions of vulnerable migrants in these buildings. These findings were compared to the minimum standards fixed by certain international humanitarian organisations and agencies for refugee camps in major humanitarian emergencies:



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- **Access to water:**
 - 38% below the minimum standard of sharing a water tap with more than 200 people.
 - 7.5% have no access to water at all in their building.
- **Sanitation:**
 - 71% below the minimum standard of sharing a toilet with more than 20 people.
 - 49% below the minimum standard in an acute emergency of sharing a toilet with more than 100 people.
 - 5.3% do not have any toilet in their building.
- **Living space and overcrowding:**
 - 84.5% are living below the minimum standard of 3.5 m² per person.
 - 22% are living with less than 1 m² per person.
 - 17% sleep on the floor without a mattress.

*Estimated based on 800-2000 people living in each building of the 1305 slum buildings identified. No official record of the estimated population is currently available.

MSF is successfully working with the residents in five of the slum buildings to actively improve waste management in the buildings. Removal of waste is critical for the health of the hundreds of people living in each of these buildings. The residents have formed building committees to run cleaning teams. This is no small task for the residents to take on the existing waste. In any one of these buildings it is estimated at more than 200 m³ which has accumulated on different floors of a building with limited access to the street other than the main staircase.

MSF has provided cleaning materials and equipment, which the cleaning teams used to remove the waste from the inside of these buildings. In one building, MSF provided further assistance to have the waste removed from the outside of the building where it remained uncollected for weeks by the Johannesburg municipal services.

Health needs of vulnerable inner-city migrants

Since the opening of the MSF clinic at the CMC in 2007, the number of consultations have steadily increased, starting with 750 patients per month in early 2008 and reaching an average of 2,300 consultations per month in 2009 and 2010. The main



pathologies seen at the MSF clinic are HIV, respiratory tract infections (including TB), diarrheal and gastro-intestinal conditions, sexually transmitted infections (STIs), skin conditions and stress-related ailments. Many of the diseases treated in the clinic are directly linked to unhygienic and overcrowded living conditions.

Through outreach activities in the slum buildings, the MSF health promotion teams have identified a large population who are in need of, but do not seek, health care. The perception of the beneficiaries, often reinforced by their own experiences, is that xenophobic attitudes in the clinics create a barrier to access. They also prioritise other survival matters before health, such as the fear of losing their job. The impact of appalling living conditions also has an impact on mental health, which reduces health-seeking behaviour. For many Zimbabweans, the impact of the living conditions on their mental health is added to the traumatising experiences from the past – life in Zimbabwe and the border crossing.

In addition to providing primary health care at the CMC clinic and health promotion in the slum buildings, over the past year, MSF has started piloting intensive general health screenings in a number of the slum buildings. It has identified a number of serious public health concerns during these screenings, including high rates of HIV (16% amongst the 500 residents who tested), high rates of untreated STIs and limited uptake of antenatal care services by pregnant women. MSF refers those who require further follow up to its clinic or to the closest public sector facility.

MSF is planning in 2011 to work with the City of Johannesburg's health department to provide increased outreach involving health promotion and screenings in the slum buildings, effective referral systems to public sector clinics and supporting public sector clinics to provide health care services to Zimbabweans and other vulnerable migrants and refugees.

Legal status and the threat of deportations

The presence of Zimbabweans in South Africa continues to be largely characterised as "voluntary economic migration." However, this migration dynamic is a matter of survival, given the severe deterioration of the humanitarian situation in Zimbabwe since 2000, increased political violence and turmoil during the 2008 elections, and MSF's understanding that many people fleeing Zimbabwe to South Africa are doing so for a



complicated mixture of economic, political and personal security reasons. The government of South Africa has refused to grant asylum to massive numbers of Zimbabweans applying for asylum. Prior to April 2009, Zimbabweans were regularly deported back to Zimbabwe.

In April 2009, the Department of Home Affairs (DHA) announced a moratorium on deportations, which enabled Zimbabweans to obtain legal documents to stay in South Africa (via 90-day visas, which required a valid passport, or via asylum-seeking application). For most, however, it was still very difficult (cost prohibitive) to get a Zimbabwean passport and many still cross the border between Beitbridge and Musina informally, facing violence, including sexual violence, robbery from 'guma gumas,' and harassment from police.

Also in April 2009, DHA announced that it would explore the possibility of implementing an exemption visa for Zimbabweans that would allow Zimbabweans to work and study in South Africa for 12 months. While deportations stopped, the implementation of such an exemption visa never materialised.

In August 2010, DHA announced a new special dispensation, which allowed Zimbabweans formally employed or studying prior to 31 May 2010 to apply for and obtain work or study permits. However, this dispensation will regularise only a small fraction of the estimated 1.5 million Zimbabweans in South

Africa (275,762 Zimbabweans submitted applications by the 31 December 2010 deadline), mostly those with verifiable employment in the formal sector. It excludes the overwhelming majority of whom are unemployed, self-employed or employed informally. The moratorium on deportation was lifted on 31 December 2010 with a recent civil society negotiated extension until 1 August 2011 to allow DHA to complete processing all special dispensation applications.

The South African government has also recently passed the Amended Immigration Act. This will make it increasingly difficult for people to apply or qualify for asylum in South Africa and imposing harsher penalties, including lengthy imprisonment for infringement. The lifting of the moratorium and an increasingly



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restrictive asylum seeking process will come at a time when reports are abounding that planned elections in Zimbabwe in 2011 are already beginning to give rise to political violence. Just when many Zimbabweans may again feel compelled to flee their country to escape potential violence and intimidation, South Africa will be 'shutting the door.' The government of South Africa as well as United Nations agencies adopted a discourse of 'normalisation' regarding the situation in Zimbabwe, which may turn out to be premature, at best.

Police harassment and 'Operation Duty Calls'

Zimbabweans and other vulnerable migrants and refugees in Johannesburg continue to face the threat of police violence and harassment. In MSF's 2010 survey conducted in the slum buildings, 69% of migrants who had experienced acts of violence against them reported the perpetrators of such violence to be the South African Police Service (SAPS) including the Johannesburg Metro) and the South African National Defence Force. The South African national police commissioner, General Bheki Cele, announced the implementation of 'Operation Duty Calls' in mid-October 2010. He marketed the operation as 'crime prevention' targeted at criminal activities prior to the Christmas festive season. However, the inner-city, where the majority of residents are Zimbabweans and other vulnerable foreign migrants and refugees, was the area targeted. SAPS were accompanied in their clean-up operation by a large DHA contingent.

On 28 October 2010 in one of the slum buildings in Hillbrow where MSF has been working this year, MSF witnessed the SAPS and DHA fingerprinting Zimbabwean and other foreign nationals in the building. Vulnerable migrants and refugees without legal documentation from countries other than Zimbabwe were arrested and were told that the police "would be back for them" in January 2011. Those arrested did not appear in Hillbrow Magistrates Court but were transported to Lindela, the DHA deportation centre in Johannesburg.

MSF is concerned that 'Operation Duty Calls' may be a harbinger of a more aggressive strategy aimed at arresting and deporting Zimbabweans, but carried out in the name of 'cleaning up crime' in the inner-city. Treating Zimbabweans and other vulnerable foreign migrants and refugees as criminals could fuel further outbreaks of xenophobic violence.



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Conclusion: Fears for the future

As a medical organisation, MSF is gravely concerned about the appalling conditions in the slum buildings of the inner-city where Zimbabweans and other vulnerable migrants and refugees are forced by circumstance to live. These conditions have a direct impact on personal and public health, including a significant effect on mental health.

For those fleeing political persecution or violence in Zimbabwe; a renewed deportation strategy, combined with the lack of legal status and a dysfunctional asylum-seeking process, will exacerbate the inability of this group to claim the rights and assistance to which they are entitled under international law and under the South African Constitution. The fear of deportation also means that many Zimbabweans may try to protect themselves by remaining invisible and going 'underground' as they did in 2007-2008, heightening again their vulnerability to abuse by criminals, police, immigration officials, employers, etc

In 2008-2009, during the period of deportations and violent xenophobic attacks in South Africa, people were forced to exist 'below the radar', MSF saw increasing numbers of people who had their treatment or chronic medical conditions such as HIV and TB interrupted, few women accessed ante-natal care, few mothers brought their babies for immunizations and survivors of sexual and other forms of violence did not seek medical care or psychosocial support.

MSF is deeply concerned that the small gains made in improving access to public sector primary health care services in recent years and promoting health-seeking behaviour amongst Johannesburg's inner-city survival migrants will be substantially diminished.

MSF is calling on the South African government to extend the moratorium on deportations of Zimbabweans, scheduled to end on 31 July 2011. MSF further calls on the South African government, UN agencies, other international actors and South African civil society role players to:

- recognise the appalling conditions in the slum buildings of inner-city Johannesburg where thousands of Zimbabweans and other vulnerable migrants and refugees are forced by circumstance to live; and
- discuss practical solutions for assisting and partnering with slum building residents to address their needs, including access to health care, clean water, sanitation, waste removal and where necessary, alternative shelter.



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