

COUNTRY OPERATIONS PLAN

Country: South Africa

Planning Year: 2003

Prepared by: BO Pretoria

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Part I: Executive Summary

(a) Context and Beneficiary Population

UNHCR Branch Office South Africa (BOSA) is based in Pretoria, with regional coverage and responsibility for protection, programme and administrative activities in South Africa, Mozambique, Botswana, Swaziland, Lesotho, Madagascar and the other Indian Ocean Island States.

The population of concern in the Republic of South Africa (RSA) is some 30,000 persons (18,600 recognised refugees and 11,400 asylum seekers)¹ from various countries; approximately 15% of this population is female. Although the Office has previously referred to the cumulative number of some 65,000 asylum applications launched in South Africa since 1994, the more accurate planning figure of 30,000 has been calculated based on new information obtained through the 2000-2001 project to clear the back log in asylum claims, and a resultant better understanding of the statistics compiled by the government. There were over 4,000 new arrivals during 2001, a 57% increase over the previous year. In addition to being more in number, the Office recognised that these new arrivals were in far greater need of basic assistance as a result of the prohibition on work for asylum seekers introduced by the government in April 2000.

The vast majority of the population of concern, regardless of their background, reside in urban and peri-urban areas; there are no refugee camps in South Africa. In 2001, the population of refugees and asylum seekers assisted by UNHCR and its partners originated from the following countries: DRC (47,5%); Angola (12,7%); Burundi (10,7%); Rwanda (9,9%), and Somalia (5,4%).

Over the past three years, UNHCR's assistance programme in South Africa has been based on a number of assumptions related to the changing legal and social environment in the post-apartheid era:

- that lobbying and advocacy efforts would result in an environment in which refugees and asylum seekers would be able to exercise their socio-economic rights as guaranteed under the South African Constitution and other national and international instruments;
- that local social services, in both the public and private sectors, would have the increasing capacity and political will to extend their services to needy refugees and asylum seekers;
- that the implementation of a more effective, streamlined eligibility procedure as provided for under the new Refugee Act would ensure timely, appropriate legal status for genuine asylum seekers;
- that the issuance of refugee ID cards, also provided for under the Refugee Act, would guarantee access to necessary local services, such as health care; and that the issuance of IDs would provide an opportunity for the Office to obtain accurate bio-data on the refugee population.

In practice, many of these assumptions have been proven to be false. A number of factors have prevented refugees from exercising their socio-economic rights: the absence of a specific government assistance programme for refugees; a lack of familiarity with refugee rights, the overwhelming burden placed on government and local service providers to re-dress the imbalances left over from the apartheid regime, precluding their consideration of refugee needs; and the non-standard form of the new refugee ID, which to date has been issued to only a few recognised refugees and is not recognised by many institutions.

Compounding these challenging conditions was the issuance in April 2000 of a Regulation in terms of the new Refugee Act that took away the right to work or study for asylum seekers during the status determination procedure². Under the Refugee Act, the status determination procedure should be completed within 180 days, but in practice it can last months or even years longer. This delay is due in part to a lack of capacity at the Department of Home Affairs to

¹According to the latest government statistics as of 31 December 2001.

² After intense lobbying by UNHCR partner Lawyers for Human Rights, the prohibition on attending school for the children of asylum seekers was lifted.

adjudicate claims effectively and efficiently and to some reluctance of the government to adhere to the stipulations contained in the Refugee Act. Should the period of 180 days pass without a decision on an asylum claim, applicants can apply for a waiver of the prohibition on work on an individual basis. For the most part, these waivers have been granted.

However, during the initial period of 180 days, the vast majority of new arrivals have no immediate means to secure basic needs such as shelter, food, health care and education for their children. As mentioned above, there is no government sponsored assistance programme for asylum seekers and refugees, and local service providers are stretched to the limit with the needs of the local population. Due to funding constraints, UNHCR's limited emergency assistance programme has been provided on an *ad hoc*, reactionary basis to only a fraction of the most vulnerable of refugees and asylum seekers; according to one partner's estimation, UNHCR funded programmes have provided assistance to only 30% of the genuinely needy population of concern. Aside from reaching only a limited number of individuals, again due to funding constraints, assistance has been limited to a three month period, which in no way correlates with the 6 month prohibition on work during the RSD; nor is the time frame sufficient to meaningfully link basic assistance to self-reliance programmes, a logical process which would eventually phase out dependency on UNHCR support. As a result, the impact of the *ad hoc* system of assistance is very short term: at the end of the 3 month assistance period beneficiaries find themselves in exactly the same desperate situation. Worryingly, the Office has received reports from the Western Cape which suggest that desperate refugee women may be turning to prostitution as a means to make ends meet. Another important trend related to the implementation of the prohibition on work and the limited emergency assistance available was a significant increase in the number of violent outbursts and threats from frustrated refugees directed towards partners and the Office.

The inadequate nature of the *ad hoc* basic assistance programme was further highlighted by the recent inspection conducted by the Office of the Inspector General, which recommended that BO South Africa re-evaluate the current level and scope of the programme. BOSA has since conducted such a re-evaluation with all implementing partners in March 2002. Based on this exercise, to ensure that the basic needs of the population of concern are adequately addressed, in 2003 BO South Africa will provide a time-limited, comprehensive basic assistance package for a) 1,200 needy new arrivals and b) 1,500 vulnerable cases among the existing population of concern. This package has been designed in accordance with the principles governing minimum standards contained in the Sphere project's "Humanitarian Charter and Minimum Standards in Disaster Response" (2000), which underline the importance of ensuring adequate provision of shelter, food/ nutrition and primary health care services as an important mechanism to help develop self-reliance. While this more comprehensive, systematic approach to emergency assistance translates into a substantial increase in budgetary provisions, we believe it is critical to establish a foundation from which recognised refugees can pursue meaningful self-reliance.

The six-fold increase in the emergency assistance budget, which incorporates the new assistance package, is a result of:

- a tripling of the estimated number of needy beneficiaries (from 925 in 2002 to 2,700 in 2003) which is based on the increasing rate of new arrivals (4,294 new arrivals in 2001 compared to 2,728 in 2000) and an estimated number of 1,500 existing vulnerable cases.
- a logical linking of the duration of assistance for needy new arrivals to the duration of the RSD, i.e., 7 months as opposed to 3 months as provided for in 2002. This longer period of assistance would alleviate some of the hardship imposed by the prohibition on work for asylum seekers.

Amongst the new arrivals, the package will only be provided to needy women and children³, single-headed households, chronically ill, disabled and elderly asylum seekers, comprising an estimated 1,200 persons. In light of budgetary considerations, assistance for the remaining number of needy new arrivals (an estimated 2,300 persons, mostly single males), who would also be adversely affected by the prohibition to work, has been budgeted under "Tier 2". It must be noted that should the Tier 2 provision not be funded, the Office will not be able to

³ assistance for unaccompanied minors is provided for under a separate sector

meet the basic needs, in accordance with minimum standards, of this group, which represents a substantial number of the population of concern. The impact of the new assistance package on the quality of life of needy beneficiaries will be carefully reviewed at mid-year.

To ensure the appropriateness and acceptability of all assistance programmes, UNHCR South Africa will seek closer and more regular interaction with the refugee community and actively promote their participation in protection and programme activities. The absence of consultation between UNHCR and the refugee community was noted in the Inspection Mission report and was further highlighted at the 2003 strategic planning meeting held with implementing partners. To gain further insight into the situation of refugees, the Office is commissioning a baseline survey in 2002 to gather critical baseline demographic data which is not currently captured or recorded by the government. This data will be used to better target programmes and resources to the various needs of refugees and to obtain a better understanding of the coping mechanisms refugees use to survive in South Africa.

To complement the basic assistance package and the self-reliance programme, UNHCR South Africa will continue to focus on legal and institutional capacity building. This will include providing country of origin information to the Department of Home Affairs and relevant partners, promoting the implementation of a new and streamlined refugee status determination procedure, ensuring timely issuance of identity cards to recognised refugees, and lobbying government departments dealing with health, education, housing and social welfare to open their programmes to needy asylum seekers and refugees. The Office will also offer much more systematic support to implementing partners through training, regular monitoring missions and individual case review.

The "Roll Back Xenophobia" public awareness campaign, which was launched in 1998 in cooperation with the South African Human Rights Commission, has made significant progress towards raising the profile of refugees issues within the media, health and education sectors. While acknowledging these achievements, it is now necessary to review and revise the campaign in order to reach a broader audience and to stimulate civil society to assume the responsibility for eradicating xenophobia. The overall goal of the campaign will retain its important protection function: to reduce the incidence of xenophobic attacks and related discriminatory practices but through new and innovative approaches developed and implemented in cooperation with refugees. To this end, a review of the lessons learned and experience to date will be conducted in 2002, and new, innovative approaches, developed in cooperation with refugees, will be piloted in 2002/ 2003.

Requests for voluntary repatriation in the countries covered by BOSA have begun to increase recently due to promising developments in Angola and the DRC and the opening up of new travel routes to Somalia. The 2003 regional volrep programme therefore provides for an increased number of beneficiaries (735 individual cases compared to 480 in 2002). The 2003 project also foresees the voluntary repatriation of some 1,500 Namibians from Botswana. However, the Office assumes that any larger scale promotion of repatriation in the region would be covered through additional funding secured by UNHCR Headquarters.

Resettlement activities covered under the regional resettlement project administered by BOSA will continue to focus on women at risk and security cases, with double the number of beneficiaries in 2003 (90) compared to 2002 figures (45). This increase is based on the High Commissioner's prioritisation of resettlement as a durable solution, and the anticipation of increased capacity in the BOSA resettlement unit with the posting of a Resettlement Officer. Furthermore, in light of the Nairobi experience and comments made by the recent inspection mission vis-à-vis case management, the reinforcement of the resettlement unit will ensure more streamlined, systematic screening and processing of resettlement cases.

Finally, in terms of health, of primary concern in South Africa, and indeed, the region, is the HIV/AIDS pandemic. Prevalence rates are world leading in both countries of origin and in the country of asylum, with refugees particularly vulnerable to exposure before and during flight, and upon arrival in South Africa. Access to treatment for nationals is a hotly debated subject, while education and prevention programmes in the country are strong but have limited reach. With funding from the Ted Turner/ UNF in 2000-2002, competent, experienced national NGO

partners working in the field of reproductive health (RH) and HIV/AIDS have been engaged to specifically target refugee populations with their education and prevention programmes. Through this programme, networks of peer educators have been established, a number of health care service providers have been oriented on the special situation of refugees, support groups for survivors of sexual and gender based violence have been formed (accompanied by trauma counseling services), and RH educational materials have been translated and distributed in the refugee communities. However, the need for this type of targeted intervention will continue until government and other local programmes reach a capacity to incorporate refugees into their programmes. These on-going activities, and any other needs identified in the final year of the Ted Turner/ UNF funding, will be incorporated under the local settlement project in 2003. In addition to prevention and education programmes, UNHCR will also work closely with initiatives such as the Catholic Bishop's Conference fund for HIV/AIDS care and support, which recently funded a home based care training programme for refugees through JRS Johannesburg.

In 2003, UNHCR will work with more than 20 implementing partners in RSA. The capacity of partners varies, as does their experience in the refugee sector. The majority of partners are new (since 1999) and very few have the capacity to supplement UNHCR funded activities with their own funding. However, the Office will continue to seek to broaden the assistance base for refugees through renewing contacts with charitable organisations such as churches and other faith based organisations, specialised local agencies working on behalf of women and children and in the area of HIV/AIDS prevention, care and support.

In terms of inter-agency cooperation, UNHCR will continue to participate in the UN Theme Group on HIV/AIDS. Unfortunately, the UN Theme Group on Gender is currently non-functional. While practical cooperation with other agencies remains limited due to the relatively small scale and rural locations of UN funded development programmes, UNHCR will continue to play an active role in UNDAF deliberations and contribute to the drafting of the CCA document. UNHCR will also continue to engage South African institutions in broader humanitarian efforts, as the potential for South Africa to play a more influential and substantive role in the international humanitarian community was clearly illustrated during the recent contingency planning exercise related to the developments in Zimbabwe.

Full co-ordination and co-operation is established with the LOs in Botswana and Mozambique as well as with relevant UNDP offices in the Indian Ocean Island States; formal and informal consultations take place on a continuous basis with sector specialists based in BOSA. The Office will continue to provide timely and effective support to these country programmes throughout 2003.

In addition to the support and oversight provided to the LOs and countries mentioned above, in October 2001, BOSA assumed the responsibility for protection and programming on behalf of the refugee population in Swaziland (over 1000 persons, of whom 150 reside in a camp), as the UNHCR Liaison Office in Mbabane was officially closed in September 2001 as a result of "Action 2".

(b) Selected Programme Goals and Objectives

Name of Beneficiary Population Theme: refugees and asylum seekers in RSA	
Main Goal : Refugees attain appropriate durable solutions, mainly through engaging in self-reliance activities	
Principal Objectives	Related Outputs
Strengthened legal and social framework which allows refugees to become self-reliant	<ul style="list-style-type: none"> • time limited basic assistance package provided to needy new arrivals and vulnerable refugees, linked to self-reliance assistance • comprehensive self-reliance programme implemented • design and implementation of special programmes for refugee women's

	<p>development</p> <ul style="list-style-type: none"> • comprehensive care and support for unaccompanied minors • UNHCR/IP training and support to DHA and other government officials • new and innovative public awareness events • regular training and support for implementing partners, particularly the network of legal counselors • training and advocacy with relevant government departments and local service providers (health, education, social development) • collection, maintenance and dissemination of relevant statistical data • effective case/file management system operational at BOSA • 26 needy and deserving refugees receive support to attend local Universities • training for refugees on safe reproductive health practices and HIV/AIDS prevention
Voluntary repatriation of ICs in the region in safety and dignity	<ul style="list-style-type: none"> • All ICs requesting voluntary repatriation assisted within a reasonable time frame to return in safety and dignity
Resettlement of deserving cases in all countries covered by BOSA in accordance with existing resettlement policy	<ul style="list-style-type: none"> • ICs fulfilling criteria for resettlement are assisted to resettle within a reasonable time frame