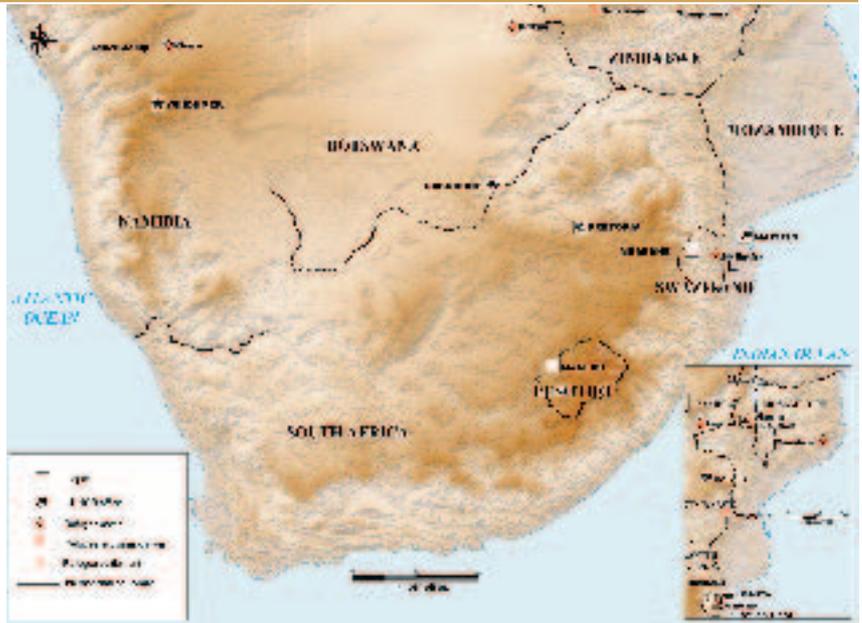


South Africa

Main objectives

- Contribute to creating an environment conducive to the local integration of refugees.
- Provide limited humanitarian assistance to vulnerable asylum-seekers and refugees, especially women and children.
- Help the Government, NGOs and partners to build capacity to respond more effectively to refugee needs.
- Seek alternative durable solutions for refugees.



Working environment

Recent developments

In the first five months of 2003, South Africa received 14,000 new arrivals, bringing the total number of persons of concern to 90,000 by June 2003, comprising 24,000 recognised refugees and 66,000 asylum-seekers. The backlog of asylum applications reached record proportions, with processing capacity no greater than the previous year.

In 2003, it became easier to quantify the gap between the needs of refugees and the levels of assistance delivered, following completion of the first phase of the baseline survey on the socio-economic situation of refugees commissioned by UNHCR in 2002. The survey showed that 30 per cent of refugee children of primary school age are not enrolled; 13 per cent of refugees have been refused access to emergency medical care; and 99 per cent do not hold a refugee ID card, effectively preventing them from taking up employment. This data has been used to prioritise programmes with a view to bringing about measurable improvements.

The HIV/AIDS pandemic continues to plague the Southern African region, with South Africa amongst the worst affected countries. The Government has shown an increased commitment to fighting HIV/AIDS, with the announcement in July 2003 of plans for the roll-out of a public sector anti-retroviral treatment programme. Until

Planning figures

Population	Jan. 2004	Dec. 2004
Persons of concern	99,300	120,300

Total requirements: USD 5,359,196 ¹

¹ This figure includes the budget related to regional activities implemented through the office in Pretoria.

now, refugee access to public HIV/AIDS prevention, care and support programmes has been problematic.

In partnership with the Royal Swazi Government and NGO partners, UNHCR has developed a plan to attain refugee self-reliance and, thereby, close the remaining refugee camp in Swaziland during 2004.

Constraints

The growing backlog of asylum applications has served to lengthen the asylum procedure, making it harder for refugees to find a place in South African society. This backlog is partly the result of high numbers of opportunistic asylum claims, which are clogging the system. The makeshift-looking refugee ID card, which has been issued to only a few recognised refugees is not respected or recognised by many institutions. These constraints represent a challenge to UNHCR in its efforts to channel limited resources to genuine persons of concern. They are compounded by high unemployment, over-stretched social services and widespread xenophobia, not merely among the local population but also among government service providers.

While UNHCR's policy on urban refugees is used as a guideline for providing material and social assistance, funding constraints dictate that this assistance is restricted to only the extremely needy. Many who would otherwise qualify for assistance under the policy are often turned away. There is still no specific government assistance programme for refugees. Furthermore, the vast distances between the major refugee areas in South Africa restrict UNHCR in the execution of its monitoring and co-ordination responsibilities.

In 2002, a regulation took away an asylum-seeker's right to work or study during the first six months of the status determination procedure. The Refugees Act states that the status determination procedure will be completed within 180 days, but in practice it can last years. During the initial 180 days, the vast majority of new arrivals have no means to secure shelter, food, health care and education for their children.

Protection and solutions

UNHCR's operational priorities for 2003 and 2004 are to issue ID documents, and facilitate access to education and health. Furthermore, UNHCR will intensify its focus on legal and institutional capacity-building. This will include the provision of support and training to the Department of Home Affairs (DHA). UNHCR will continue to support the DHA in ensuring the issuance of ID documents to all recognised refugees. Another priority area will be to promote the implementation of a more effective and efficient RSD procedure. UNHCR will work with the DHA to develop a more accurate, comprehensive database on refugees and asylum-seekers.

UNHCR will continue to develop a closer working relationship with the Department of Education with a view to securing the enrolment of more refugee children in primary education. As education policy has been decentralised to the provincial level, UNHCR will continue to strengthen its relations at this level. Promising contacts made during 2003 are expected to bear fruit in 2004. Together with the Department of Social Development, UNHCR will continue to promote access for refugees to disability allowances or grants for child care, or foster care.

The Department of Health recognises the right of refugees to access public health care services for a nominal fee, but at the local level refugees are often refused entry. In collaboration with an NGO partner, UNHCR has developed a training manual to educate health care providers on refugee health rights. UNHCR will carry out awareness raising training programmes to ensure that all asylum-seekers and refugees receive proper health care when needed.

UNHCR will continue to work with NGO partners to promote acceptance of HIV positive refugees within their own communities and within the wider local communities where they live. As refugees often do not have access to public HIV/AIDS prevention, care and support programmes, UNHCR will conduct HIV/AIDS education and information campaigns, while advocating for the inclusion of refugees in local care and support programmes.

In collaboration with its partners, UNHCR will implement a variety of prevention and response activities as outlined under its Plan of Action on Sexual and Gender-Based Violence (SGBV). These activities will include awareness raising in refugee communities on SGBV, remedial action to be taken through legal mechanisms, and sensitisation of local service providers and authorities to the special circumstances and rights of refugees. Training for relevant government departments on the rights of children and women will be a high priority.

Opportunities for voluntary repatriation have increased in the wake of positive developments in Angola and the Great Lakes region. UNHCR will actively promote mass voluntary return to relatively stable countries such as Angola and Rwanda. UNHCR will facilitate the voluntary repatriation of individuals to certain other countries, if and when conditions are conducive to a safe return.

Although the incidence of xenophobic attacks against refugees has diminished somewhat recently, it is important to support this trend by continuing the "Roll Back Xenophobia" public awareness campaign.

South Africa is becoming a centre of gravity for all-African politics and media. The Office will use the presence of media to inform international audiences on refugee situations in sub-equatorial Africa and explain UNHCR's role in resolving them.

UNHCR will liaise with regional institutions such as SADC to broaden moral and material support for its global mandate. The Office will continue to play an active role in negotiations, peace talks and conferences taking place in South Africa to raise awareness on refugee issues and the need for durable solutions.

In the Indian Ocean Island States (Comoros, Madagascar, Mauritius and Seychelles) UNHCR will continue to promote accession to the international instruments, the enactment of national legislation and the establishment of eligibility procedures to provide protection to persons seeking asylum. Prospects for the local integration of refugees will be pursued as an alternative to resettlement.



Mozambican refugee woman in Kangwane. UNHCR / F. Swai

organisations, and specialised local agencies working on behalf of women and children, and in the area of HIV/AIDS prevention, care and support.

In 2003, UNHCR recognised that there were refugees who were physically or mentally disabled to the extent that no amount of support or rehabilitation would result in their self-reliance. These seriously disabled, chronically or terminally ill refugees are in need of ongoing material support, which they cannot currently access through the government social grant programme. While UNHCR and NGO partners continue to advocate for coverage of this group by the public grant programme, the Office will provide them with a monthly allowance, equivalent to the government grant, to meet their basic needs. UNHCR will also continue to support home-based care programmes for chronically and terminally ill refugees, with the aim of integrating these programmes into the network of local service providers.

Building on lessons learned from previous years, UNHCR will support a limited but effective small business loan programme. Other programmes aimed at promoting the self-reliance of refugees will include vocational skills and language training.

Assistance

Efforts to give refugees access to public and civil society services are being pursued on a number of fronts. Until these reach a successful conclusion, UNHCR will continue to provide a limited package of assistance in the areas of basic livelihood needs, education, shelter and health care for needy new arrivals and vulnerable cases. Increasingly, the character of the assistance provided has been transformed to focus on finding solutions to the problems of vulnerable groups. Rigorous screening ensures that assistance is provided only to persons who are genuinely vulnerable and of concern to UNHCR. UNHCR will continue to broaden the assistance base for refugees through government services, charitable

Desired impact

The activities planned for South Africa in 2004 are intended to ensure that South African society (meaning both government and civil society) assumes greater responsibility for the protection and sustenance of asylum-seekers and refugees. Appropriate durable solutions will be identified for individual refugees and asylum-seekers, including voluntary repatriation, local integration and resettlement (of eligible candidates). Reducing the incidence of xenophobia will help to enable refugees to find their place in South Africa. For UNHCR, an exit strategy will be very difficult to implement in the near future, due to the fact that there are no self-sustaining organisations able to take over current activities on a permanent basis.

Furthermore, the root causes of refugee movements to South Africa have not been resolved. This will continue to affect the persons of concern in the country.

Organisation and implementation

Management structure

For 2004, UNHCR has a total of 28 staff: eight international staff, including two JPOs, and 20 national staff.

The Pretoria office oversees and supports the offices of the Chiefs of Mission in Botswana and Mozambique and gives administrative support to eight regional technical posts, as well as to the office of the Regional Co-ordinator for the Angolan Repatriation, and is directly responsible for the Swaziland country programme.

Co-ordination

UNHCR will continue to work with governmental and non-governmental implementing partners.

Co-operation is well established with UNHCR Liaison offices in Botswana and Mozambique and with UNDP offices in the Indian Ocean Island States; formal and informal consultations take place on a continuous basis with sector specialists based in South Africa. Since UNHCR's Liaison office in Swaziland was officially closed in September 2001, the office in Pretoria assumed responsibility for the programmes for the refugee population in Swaziland.

UNHCR participates in the UN Theme Group on HIV/AIDS. While practical co-operation with other agencies remains limited due to the relatively small-scale and rural locations of UN-funded development programmes, UNHCR will pursue 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 South Africa is in a position to play an influential and substantive role in the international humanitarian community.

Offices
Pretoria

Partners
Government agencies
Department of Education
Department of Health
Department of Home Affairs
Department of Social Development
NGOs
Agency for Refugee Education
<i>Bonne Espérance</i>
Cape Town Refugee Centre
Centre for the Study of Violence and Reconciliation
Jesuit Refugee Service Lawyers for Human Rights
Mennonite Central Committee
National Consortium for Refugee Affairs
Planned Parenthood Association of South Africa
Skills Training and Advocacy
South African Human Rights Commission
Others
IOM
UN Theme Group on HIV/AIDS
UNDP (Madagascar and Comoros)
University of Cape Town
University of the Witwatersrand

Budget (USD)	
Activities and services	Annual Programme
Country level	
Protection, monitoring and co-ordination	361,637
Legal assistance	18,770
Transport / logistics	451,230
Total Operations	831,637
Programme support	2,152,959
Total	2,984,596
Regional activities ¹	
Community services	274,093
Domestic needs	207,735
Education	504,313
Food	7,509
Health	81,094
Income generation	125,156
Legal assistance	294,118
Operational support (to agencies)	580,302
Shelter / other infrastructure	6,258
Transport / logistics	289,016
Water	5,006
Total Operations	2,374,600
Programme support	0
Total	2,374,600
Grand total	5,359,196

¹ Includes local integration of refugees, external relations and public awareness activities, scholarships for refugee students and strengthening emergency response capacity in Southern African countries.