

CHILDREN ON THE MOVE

Unaccompanied migrant children in South Africa

South Africa, as the economic powerhouse of a region characterized by high levels of poverty and inequality, has long been a magnet for migrants. Many of them are children who cross borders unaccompanied by families or other adult caregivers. Numbers are difficult to estimate, as almost all enter the country in an irregular fashion, and are not registered at border crossings.

As the crisis in neighboring Zimbabwe has deepened, the influx of unaccompanied children has reached proportions that resemble a humanitarian emergency. In the border town of Musina, for example, the Save the Children/UNICEF programme has assisted over 700 new arrivals in the first quarter of this year with an additional 800 plus children from Zimbabwe assisted through drop-in centres. In the Central Methodist Church in Johannesburg, there are approximately 150 unaccompanied Zimbabwean children who have sought shelter. There are probably hundreds or thousands in other locations across the country that we do not know about.

DANGERS OF CROSSING

- Risks involved in migrating to South Africa include:
- Perils of drowning in the Limpopo River.
 - Wild animal attacks in the bush.
 - Targeting by criminal gangs who, in the guise of "facilitating" the crossing, often to strip children of their money and possessions.

Upon arrival in South Africa, many lead precarious lives, characterized by:

- Sleeping rough in taxi ranks or in the bush.
- Illness and fear of seeking medical care.
- Doing odd jobs in the informal sector, where they are often subject to violence, abuse and exploitation.

Many of these vulnerabilities stem from their fear of authorities and lack of documentation, which deters them from reporting violence or seeking services.



Many children come to South Africa to continue with their studies

REASONS FOR MIGRATION

As "push" factors children cite poverty, hunger, lack of access to schooling at home, and are attracted by the stronger currencies, employment opportunities and possibility of education and adventure in South Africa.

The region also has the highest rates of HIV in the world, and this has resulted in the implosion of the family. Zimbabwe has faced a particularly acute crisis in the last year, where the combination of schools closure, cholera epidemic and political violence have all contributed to the massive influxes over the last six to twelve months.

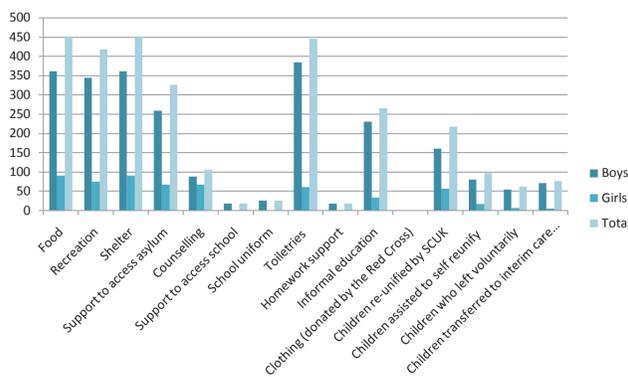


Children are exposed to many dangers when sleeping on the streets



Young children at a 'child-friendly' space in Musina

Services provided at Musina Transit Centre January – March 2009



CHALLENGES IN RESPONDING

The South African Government has a legislative responsibility to extend the same protective measures to foreign children as it would extend to any South African child. However, there are some challenges in fulfilling this duty:

- Due to fear of arrest and mistrust, many migrant children tend to avoid any contact with authorities or not try to access existing services – complicating the task of the State in guaranteeing their care and protection.
- The capacity of social workers able to do statutory work is already overstretched, as the burden of dealing with the consequences of HIV/AIDS and the high demand for foster care amongst South African chil-

dren has already created huge strains on the system.

- The network of temporary shelters and places of safety are inadequate to deal with a caseload that has reached emergency proportions.
- Separation is normally "voluntary"; and only a small minority accept to be repatriated and reunified with families in the country of origin.
- Some children have contacts who may be relatives and offer the possibility of a home. However, their family links to the child may be tenuous, and they themselves as migrants may be in precarious situations, perhaps undocumented and ill-equipped to provide care.
- Placement in alternative care must provide for, on one hand, the maintenance of relationships with their families in their countries of origin; or if that is not possible, with their community in South Africa.

LESSONS LEARNT

- Interventions have a higher chance of success if they are consistent with the child's own survival strategy and informal safety networks of the Zimbabwean community are explored and strengthened.
- Existing national care and protection systems need to be scaled up and streamlined to deal with caseloads of emergency proportions.
- Community-based approach to care of unaccompanied migrant children needs to be pursued and dignified integration of children in the larger society be facilitated – for those for whom family reunification options have been exhausted.
- Continued monitoring and advocacy is required to prevent discrimination on the part of professionals, denial of access to public services, and illegal detention and deportation.
- Strategies that allow unaccompanied migrant children to access some form of education are urgently needed. While the children seem keen to attend school, interventions that accommodate their primary need to earn money must be developed.

"I crossed the border on my own without the aid of the men who earn a living by helping Zimbabweans cross the border. I would love nothing more than to go to school and complete my high school education. I got as far as form four this year but had to drop out of school to make my way to South Africa" - Fungai (16)