

“ They are too quiet about migration ”

A scoping exercise exploring migration and disability in South Africa



Featuring “The Endless Journey”,
a photojournalism project
by James Oatway (with text by Jan Bornman)

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The *Endless Journey* project is available at <https://medium.com/the-endless-journey> (Instagram: @endlessjourney_sa)

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“ They are too quiet about migration ”

A scoping exercise exploring
migration and disability
in South Africa

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Featuring “The Endless Journey”,
a photojournalism project
by James Oatway (with text by Jan Bornman)



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“

So, it's a huge challenge generally for migrants to access public health care. But it's an even bigger challenge for those with disabilities in terms of how they get there and go through the processes if they don't have papers. ”

Faith-based organization representative, KwaZulu-Natal, South Africa

“

The migrants with disabilities that we assist are quite the same as other migrants in that they are quite reluctant to approach us for any services because when they see that we operate in association with the Department of Social Development, some mistake us for a quasi[-governmental body] or an extension of the Government. So, they are very worried because of their migration status, but when they do come, we assist them regardless of their status, whether they have got papers or not. If they need our services, we provide. ”

Civil society organization representative, Johannesburg

“

I never saw any paragraph or sentence [in the law] that speaks about migrants. Existing policies only address citizens. Nothing is mentioned in relation to disabled foreign nationals. Even at the international level, yes, there are policies addressing persons with disabilities but, still, they are too quiet about migration. ”

Chairperson of the Ehlanzeni Disability Forum

“

If you look at the migration profile of [people with disabilities in] South Africa, I would argue that it's probably very similar to migrants without disabilities. So, on the one hand, it's economic; on the other hand, it's safety and protection. ”

Civil society organization representative, Johannesburg



Acronyms

ACMS	African Centre for Migration and Society
CBO	community-based organization
COVID-19	novel coronavirus disease 2019
CRPD	Convention on the Rights of Persons with Disabilities
CSO	civil society organization
DHA	Department of Home Affairs
DPO	disabled people's organization
DSD	Department of Social Development
FBO	faith-based organization
HIV	human immunodeficiency virus
IOM	International Organization for Migration
NGO	non-governmental organization
NHI	National Health Insurance
RRO	Refugee Reception Office
SADC	Southern African Development Community
SASSA	South African Social Security Agency
SDG(s)	Sustainable Development Goal(s)
WHO	World Health Organization
UN DESA	United Nations Department of Economic Social Affairs
UNHCR	Office of the United Nations High Commissioner for Refugees
WPA	World Programme of Action (Concerning Disabled Persons)
WPRPD	White Paper on the Rights of Persons with Disabilities

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Definitions of selected terms

assistive devices and technologies

Assistive technology is an umbrella term covering systems and services related to the delivery of assistive products (including devices) and services. Assistive products maintain or improve an individual's functioning and independence, thereby promoting his or her well-being. (WHO, 2018)

asylum seeker

An individual seeking international protection. In countries with individualized procedures, an asylum seeker is someone whose claim has not yet been finally decided on by the country in which he or she has submitted it. Not every asylum seeker would ultimately be recognized as a refugee, but every recognized refugee was initially an asylum seeker. (UNHCR, 2006)

disability/person with disability

The International Convention on the Rights of People with Disabilities defines *persons with disabilities* as “those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others”. (United Nations, 2006, Article 1)

enabling environment

Consists of interrelated physical and other infrastructure, built environments, culture, laws, policies, information and communication technologies, and organizations that are or that must be in place to facilitate the socioeconomic development of persons with disabilities. (South Africa, Government of, 2016)

impairment

A perceived or actual feature in a person's body or functioning that may result in a limitation to or loss of activity, or restricted participation of the person in society, with a consequential difference in the physiological and/or psychological experience of life. (South Africa, Government of, 2016)

migrant

An umbrella term, not defined in international law, reflecting the common lay understanding as being a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for any of a variety of reasons. (Adapted from: IOM, 2019)

reasonable accommodation

A necessary and appropriate modification and/or adjustment that does not impose a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms. (United Nations, 2006, Article 2).

refugee

Any person who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his or her nationality and is unable or, owing to such fear, unwilling to avail the protection of that country. (Adapted from: United Nations, 1951)

Executive summary

This report presents the findings of a scoping exercise that aims to map key issues relating to migration and disability in South Africa, which will be used to inform the development of a research agenda on migration and disability in the country.

In this study, the term “migrants” refers to non-citizens, including those seeking asylum, refugees, undocumented migrants, and those with any of the various kinds of resident permits. The focus of the study was on migrants with disabilities – “those who have long-term physical, mental, intellectual or sensory impairments, which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others” (United Nations, 2006, Article 1) – who are reliant on the South African public health-care system and free services provided by non-profit organizations, meaning those without private medical insurance.

With a primary focus on cross-border migrants – that is, non-citizens who have travelled into the country from elsewhere – the study was undertaken in three areas known to host them: (a) Johannesburg, South Africa’s largest urban area, located in Gauteng Province; (b) Musina Local Municipality, in the Vhembe District of Limpopo Province, bordering Zimbabwe; and (c) Nkomazi Local Municipality, in the Ehlanzeni District of Mpumalanga Province, which borders Mozambique and Eswatini.

The study involved a desk review of literature and policies relating to migration and disability; semi-structured interviews conducted with key stakeholders involved in service provision to migrants and persons with disabilities; and a photojournalism project about migrants with disabilities.

Research objectives

The research aimed to generate empirical findings on the nature of the neglected relationship between migration and disability in South Africa.

Specifically, this report aims to:

- (a) Provide an overview of current evidence and policies relating to disability in South Africa, focusing on disabilities observed among the migrant population;
- (b) Understand and profile the migration trajectories of migrants with disabilities in South Africa;
- (c) Offer key recommendations for actions to improve the experience of migrants with disabilities in South Africa.

Research questions

The research objectives were guided by the following questions:

- (a) What policies are in place in South Africa to protect and address disability, with a focus on the needs of migrants with disabilities?
 - (i) To what extent are the policies implemented?
 - (ii) What forms of exclusion do migrants with disabilities face in terms of access to services and protection?

- (b) Where do migrants with disabilities come from, and how do they make it to South Africa?
- (i) When are/were the disabilities acquired (i.e. before, during or after migrating/moving)?
 - (ii) How do migrants with disabilities settle in South Africa?
 - (iii) What networks exist to assist migrants during the migration process?
 - (iv) What are the main drivers for migration for persons with disabilities? What are the barriers? What are the enablers?
 - (v) What experiences do migrants with disabilities go through?
 - (vi) What challenges do migrants face in terms of accessing services?
 - (vii) What disabilities are commonly found among migrants? How do these compare to those observed among South Africa's general population? Where do migrants living with disabilities live, work and socialize, among others?

Methodology

While the original plan was to conduct face-to-face interviews with migrants with disabilities, the restrictions put in place by the South African Government to address the COVID-19 pandemic prevented this happening. To ensure that the experiences of migrants with disabilities were captured, an experienced team undertook a photojournalism project, *The Endless Journey*. The experiences of migrants with disabilities, based on interviews, are captured in the images and text woven into this report.¹ We recommend that future research, cognizant of all ethical considerations, include migrants with disabilities.

A total of 39 semi-structured key informant interviews were conducted. Through a desk review, key stakeholders were identified and invited to participate in the research. Our inclusion criteria required key informants to have direct experience in policy development, implementation and/or service provision to migrants with disabilities. The 39 key informants included representatives of civil society actors involved in service provision to migrants and persons with disabilities (n=25), government representatives (n=10), and migration and disability researchers (n=4) in South Africa.

Key findings

The desk review indicates that South Africa has yet to develop and implement appropriate policies, strategies, guidelines and institutions that support migrants with disabilities. Regional and international policies that focus on migrants with disabilities are only partially implemented by the National Government. All major policy documents relating to migration or disability show little or no acknowledgement of the intersection between the two. The specific challenges that migrants with disabilities face are not acknowledged or highlighted in any of the policy documents reviewed.

The findings presented in this report reveal a lack of reliable data regarding the characteristics, profile and migration trajectories of migrants with disabilities in South Africa. Key stakeholders involved in service provision to persons with disabilities do not keep data disaggregated by migration status. Also, apart from a small number of organizations offering general social services to migrants regardless of their disability status, there are limited programmes and services available to migrants with disabilities in South Africa.

One of the most significant findings from the interviews with key informants is that migrants with disabilities are not a homogenous group. As with migrants without disabilities, there are different categories of migrants with disabilities residing in South Africa, including asylum seekers, refugees and undocumented migrants, among others. The most predominant forms of disability among migrants are visual impairment,

¹ All stories and images can be found on the project website at <https://medium.com/the-endless-journey>.

mobility impairment, and deafness or hardness of hearing. The stage of the migration process at which disability is/was acquired varies with the type of disability, the conditions that a migrant has experienced before, during and after migration, and from person to person. Most migrants with disabilities in South Africa originate from the African continent. Respondents suggested that majority of these migrants entered South Africa through irregular channels and are undocumented, although there is no available data to support this claim.

As with migrants without disabilities, the main drivers of migration for persons with disabilities in South Africa are complex and multifaceted. They move to South Africa and elsewhere across the globe for various political, social, economic and personal reasons. Respondents shared different views on whether they thought that migrants with disabilities travelled to South Africa for the purpose of accessing care and support. This mirrors findings from previous studies that explored migration and health in South Africa and highlights the need for further research to better understand the help-seeking strategies of migrants with disabilities.

The findings of this study echo evidence reported elsewhere² that highlights the multiple challenges faced by non-citizens sans disability living in South Africa. The challenges may be similar, but disability heightens these difficulties. The findings suggest that migrants with disabilities in South Africa are likely to suffer from poor living conditions, have limited access to social support networks, and struggle to access basic services such as food, water, shelter, health care and work. They are largely excluded from basic coverage under current social protection policies and programmes.

The findings of this study suggest that some migrants with disabilities engage in street-begging and are often subjected to violence, exploitation and abuse. While there are disability-specific needs, including assistive technical devices, medical treatment for chronic health conditions and rehabilitation services, most are somewhat generic. Migrants with disabilities face many challenges to accessing primary health-care services that are not exclusive to persons with disabilities but are commonly experienced by the general migrant population in South Africa. These include the fear of deportation, negative stereotyping, negative attitudes towards immigrants, disability stigma and denial of services on account of their insufficient documentation.

Conclusion and recommendations

Recommendations include generating quality and reliable data on migrants with disabilities and building a strong evidence base to, among others, improve understanding of the help-seeking strategies of migrants with disabilities. There is a clear need for migration-aware and mobility-competent policies and programmes; the mainstreaming of disability in asylum and refugee management systems; and improving public understanding of migration and disability in South Africa. Targeted efforts and interventions are needed to address the specific needs of migrants with disabilities in South Africa.

² See, for example: Vearey, 2018; Makandwa and Vearey, 2017; Vearey et al., 2018; Crush and Tawodzera, 2014.

Hope and Beauty



Hope draws herself with her two hands. © IOM 2020/James OATWAY

Beauty Ndlovu has learned to shrug off the stares from inquisitive eyes that she and her youngest daughter Hope attract as they walk down the streets of their Johannesburg suburb of Yeoville. But for little Hope, 8, it has not been as easy.

“You know, kids are naughty, and they tease each other sometimes,” says Beauty, 42, sitting on the steps leading to the house where the two of them live in a rented room in one of Johannesburg’s oldest suburbs, on the east side of the city.

“When we go [out in]to the streets, the kids who don’t know her, they will all say, “This child does not have a [right] hand,” and she would tell me, “You see, these kids are talking about me.” She will be very angry with them.”

Hope was born without a right hand. Beauty considers it a miracle that Hope survived at all because her twin was born severely deformed and died shortly after birth.

Beauty’s life was tough even before this loss. She came to Johannesburg in 1996 from Plumstead, Zimbabwe, looking for work and already a mother at age 18. Her first job was at a pizza shop and then as a domestic worker until her employer passed away. This left her unemployed and struggling for several years. She also contracted HIV at some point in her life but does not know exactly when. Battling to feed her two eldest children after falling ill with tuberculosis and being abandoned by her husband saw her doing sex work for some time.

These challenges have taught her resilience – a quality she hopes to instil in her daughter to enable her to live as normal a life as possible. It is a desire born of her fierce protectiveness of Hope. “What I don’t want with her, is if people see her like this, they go “Eish, this child.” That is what I don’t like. I get angry because they have to take her as a normal child,” Beauty explains.

“I don’t want anyone to feel sorry for her. If you come and ask me nicely what happened, I’ll tell you, I don’t have a problem. She was born like this; it is a “normal” disability. I am not shy [when I’m] with her. I go everywhere with her.”

Besides her physical disability, Hope has learning and cognitive disabilities as well. One of Beauty’s proudest moments was when her daughter first learned to write her name and count to 10.

In the nearly two years that Hope has been going to Forest Town School, she has made more progress than her mother ever thought possible.

In their room at home, Beauty has educational posters – which feature shapes, colours and farm animals – stuck on their peeling walls.

When Hope was born, Beauty feared that she would not be able to walk or talk. But Hope exceeded all of her mother’s expectations. She helps with the laundry, including hanging clothes on the line outside their house to dry, and makes her bed every morning. The only thing she needs help with when getting dressed is tying her shoelaces.

“When she was born, I was very worried that she wouldn’t be able to do anything. Because her growth was also slow, I worried if she was going to be like a normal person and if she was going to be able to do all the things she can do now,” Beauty said.

For the full story, please visit the Endless Journey virtual gallery (<https://medium.com/the-endless-journey/hope-and-beauty-24b30f8b0225>).



Hope is fortunate to have been accepted at a school where her needs are met. © IOM 2020/James OATWAY

“They are too quiet about migration”: A scoping exercise exploring migration and disability in South Africa

1. Background

Cross-border migrants have been described as a hidden and hard-to-reach population (Agadjanian and Zotova, 2012; Shaghghi et al., 2011). This is often due to their determination to integrate, or at least blend in, for fear of being deported, especially if they are irregular, which renders them “hidden” (Schweitzer, 2017; Vearey, 2010). Those living with disabilities are often not accounted for in national disability service planning and delivery; in addition, they suffer a heightened predisposition to exploitation and abuse. Meanwhile, studies have shown that migrants without disabilities, but with lower education and skill levels, have increased vulnerability to acquiring a disability through risks of exploitation (including by engaging in dangerous work) (Adhikary et al., 2017; Lewis et al., 2015; Orrenius and Zavodny, 2013; Rosano et al., 2012).

While there are legal frameworks and instruments that recognize the rights and needs of persons with disabilities – including the 2006 United Nations Convention on the Rights of Persons with Disabilities (CRPD) – our findings show that these do not adequately articulate the needs of migrants with disabilities. Globally, there is a lack of migration data disaggregated by disability status – a gap acknowledged by the United Nations Department of Economic and Social Affairs (UN DESA) (2019a and n.d.). Further to this, UN DESA notes that while international frameworks recognize the importance of addressing the needs of migrants, subgroups such as migrants and refugees with disabilities are often overlooked (ibid.).

The scarcity of migration and disability data in South Africa is a case in point of the data gap identified by UN DESA. For example, while the country’s Community Survey 2016 disaggregates disability prevalence (7.7% overall) by sex – 8.9 per cent among women and 6.5 per cent among men – and increases with age, with other 50 per cent of people aged 85 years and over reporting having a disability, it does not do so by migration status. It is therefore unclear how many of the 7.7 per cent disabled persons were cross-border migrants. As a result of this dearth in data, little is known about the link between migration and disability in the country.

Approximately 7 per cent (equivalent to 4.2 million) of South Africa’s total population of around 56 million is estimated to be foreign-born, with majority of international migrants in the country coming from the Southern Africa region (UN DESA, 2019b). Internal migration – the movement of South African citizens between provinces – is far more prevalent and, like international migration, unevenly distributed across South Africa’s nine provinces (Statistics South Africa, 2020).

In their countries of origin, migrants with disabilities often rely on State assistance or, in the absence of State-led mechanisms for support, on handouts from non-profit organizations and individuals, through begging (Katsande, 2014). Persons with disabilities are also at risk of becoming victims of exploitation or abandonment. In times of economic crises, such as that seen in Zimbabwe, persons with disabilities have been the hardest hit, with anecdotal evidence indicating that some of them have migrated to South Africa (ibid.). Media reports show that majority of blind beggars and women with children begging on the streets in Gauteng are from Zimbabwe. Those that have been interviewed indicated that they make between ZAR 100–200 a day. Some of the money made from begging is sent back home to assist the families they left behind (ibid.; Tolsi, 2011).

To illuminate the nature of migration and disability in South Africa, IOM, in partnership with the African Centre for Migration and Society (ACMS) at the University of the Witwatersrand, and with funding from the Irish Embassy in South Africa – conducted a scoping exercise to map key issues relating to

migration and disability in South Africa. The findings of this scoping exercise will support the continued work of IOM in ensuring that the needs and rights of migrants with disabilities are considered in policy and programming. This will, in turn, support alignment of policy and programming with the Sustainable Development Goals (SDGs), the National Strategic Plan for HIV, Tuberculosis and Sexually Transmitted Infections, and other key instruments.

Although the research primarily focused on the metropolitan areas of Johannesburg, Musina and Nkomazi, remote interviews were conducted with key informants from other cities in South Africa, including Pretoria, Pietermaritzburg, Cape Town and Durban. As such, respondents were drawn from five of South Africa’s nine provinces – Gauteng, Limpopo, Mpumalanga, Kwazulu-Natal and Western Cape. These sites were chosen because they attract large numbers of cross-border migrants from the Southern African Development Community (SADC) region.

2. Literature review: The intersection of migration and disability

While there is a growing body of theoretical and empirical literature exploring cross-cutting issues of gender, class and sexuality within the field of migration studies (Kofman and Raghuram, 2010; van Hear et al., 2018), very limited research has been dedicated to exploring the link between migration and disability. Through disability studies, however, scholars have started to explore the intersection of migration and disability, focusing on issues of identity, ethnicity, citizenship and access to education, health care, employment and social care (Burns, 2017; Pisani et al., 2016; Soldatic et al., 2014; Soldatic and Fiske, 2009). Trotter (2012), for example, examined the reciprocal relationship between migration and disability, show how the complex interactions of disability, immigration status, health and ethnicity shape the lived experiences of persons with disabilities. According to him, as migration affects the experience of disability, so is the experience of migration, in turn, altered by disability.

The desk review revealed a number of connections between conflict, displacement and disability. Research conducted in war-torn regions indicate that conflict and displacement can cause permanent physical disability either directly, that is, as a result of injury, or by preventing people with injuries from accessing health services and treatment (Berghs, 2015; Crock et al., 2017a).

2.1. The compounding effect of impairment on migration

Anecdotal evidence suggests that migrants with disabilities present similar concerns regarding basic needs as other migrant populations (Crock et al., 2012 and 2017b; Mirza, 2012 and 2014; Mirza and Heinemann, 2012; Pisani and Grech, 2017; Soldatic et al., 2017; Steel et al., 2005). These include inadequate shelter, little or no income, and limited access to basic health care, food and other household items. However, migrants with disabilities face increased vulnerability, including heightened risks of exposure to violence, illness and hunger, compounded by a lack of access to health care, including medicines and food supplies (Crock et al., 2012; Mirza and Heinemann, 2012; Soldatic et al., 2017).

Although the challenges faced by migrants and refugees with disabilities may be similar to those faced by the general population, the impacts of these challenges are often more severe on the health and living conditions of the former. In situations of displacement, access to assistive devices is limited, leading to reduced mobility and exacerbating hearing or visual impairment, thereby increasing dependency on others (Berghs, 2015). The family of a person with a disability also experiences increased challenges in supporting him or her during flight and once in the destination country.

2.2. Disability and the migration journey

In the area of disability studies and migration scholarship, research on the interaction of disability and migration – including the different experiences and challenges faced by persons with disabilities throughout the migration journey – remains in its infancy (Burns, 2017). However, anecdotal evidence

suggests that people with disabilities face many additional challenges prior to, during and after the journey. Persons with disabilities on the move are among the most overlooked category of migrants during flight, displacement and return; they face communication and/or physical barriers, negative attitudes and other obstacles depending on their individual disabilities (Crock et al., 2017b; Mirza, 2012 and 2014; Mirza and Heinemann, 2012; Pisani and Grech, 2017; Soldatic et al., 2017; Steel et al., 2005). There may be increased challenges associated with having a disability during the migration process as a whole, particularly due to changes in environment or lack of access to or availability of appropriate care and services (Crock et al., 2012; Pisani and Grech, 2017).

Apart from common challenges faced by diverse migrant groups, persons with disabilities on the move often face additional challenges during immigration or the flight stage of displacement, as in the case of asylum seekers and refugees (Berghs, 2015; Crock et al., 2017b). When confronted with displacement, persons with disabilities, who need assistance to move, are often left unaccompanied or unaided. Those with visual and hearing problems may not be able to see or hear early-warning messages – which can lead them being disoriented and thus separated from their families during flight (Berghs, 2015). Separation from or loss of a caregiver can have serious consequences for people with disabilities, especially if they are dependent on a caregiver to perform daily activities such as eating, moving or toileting (Crock et al., 2012; Shivji, 2010). In situations of conflict, persons with disabilities may be interrogated and sometimes detained at roadblocks because of communication barriers – as in the case of those who are deaf or blind – or because they may be thought to be former combatants (Shivji, 2010).

2.3. Shelter, water, sanitation and other infrastructure

As with all migrants in need of social support, persons with disabilities often find it difficult – and even more so – to access water and sanitation facilities, temporary shelters, and other necessary infrastructure to cater to their special needs (Crock et al., 2017b; Mirza and Heinemann, 2012). Those with physical and visual impairments often struggle to walk on uneven surfaces, go up and down stairs, and/or negotiate narrow passageways. In addition, the vast majority of social programmes and services rarely target undocumented migrants and asylum seekers with disabilities, and even those that cater to migrants and displaced people often fail to include the needs of people with disabilities (Burns, 2017).

2.4. Protection, psychosocial and information dissemination

Existing literature shows that persons with disabilities are extremely vulnerable to protection violations ranging from physical, sexual and emotional abuse, to lack of access to justice systems and documentation (Mirza, 2014; Mirza and Heinemann, 2012; Pisani and Grech, 2017; Soldatic et al., 2017; Steel et al., 2005). Exclusion and violations may result from several factors, including conditions that prevent access to complaint mechanisms, inability to run or call for help, or comprehend important messages (Soldatic et al., 2017). For many asylum seekers and refugees, finding appropriate language interpretation support is often difficult enough; sign language interpretation services – for those with a hearing impairment – are even more scarce. Given their limited access to broadcast messages and posters, persons with disabilities usually miss out on crucial information about protection systems, coping mechanisms and health promotion (Pisani et al., 2016). Those dependent on caregivers often face significant psychosocial distress in displacement contexts, with loss of social support and changes in their physical environment rendering them even more dependent than before (Crock et al., 2012; Shivji, 2010).

2.5. Access to mainstream and specialized services

Research demonstrates that the specific needs of persons with disabilities are rarely met in either destination or receiving countries (Gabel et al., 2009; Mirza, 2014; Olausson and Renzaho, 2016; Pisani et al., 2016; Pisani and Grech, 2017). Formal social protection is often difficult for undocumented migrants, refugees and asylum seekers to access in most countries (Crock et al., 2012 and 2017a; Mirza and Heinemann, 2012; Soldatic et al., 2017). Migrants and refugees with disabilities struggle to access specialized health care, including counselling services and psychological support (Crock et al., 2012; Fiddian-Qasmiyeh et al., 2014; Mirza and Heinemann, 2012; Shivji, 2010; Steel et al., 2005). In most cases, there is a real shortage of specialist doctors and specialized medicines; health clinics are often physically inaccessible; and no priority treatment is given to persons with disabilities, who have to wait in long queues (Berghs, 2015; Crock et al., 2017b).

2.6. Migration, disability and health

The relationship between health and disability has been a topic of continuous debate among researchers and activists (Chwastiak and von Korff, 2003; Goetzel et al., 2004; Halfon et al., 2012; Leonardi et al., 2010a and 2010b; Mont, 2007; Quintas et al., 2012; Rosenbaum and Stewart, 2004). Some disability rights activists have raised concerns about disabling practices and environments that persons with impairments encounter every day and face as a result of a “disabling society” (Aldred and Woodcock, 2008; Barnes and Mercer, 2003; Hemingway and Priestley, 2006; Park Nelson, 2018; Priestley, 2001). A review of the available literature indicates a strong relationship between disability and poor health, as persons with disabilities tend to experience poor health (Goetzel et al., 2004; Mont, 2007; Quintas et al., 2012; Rosenbaum and Stewart, 2004). While this relationship could be seen as proceeding from one direction, that is, as a result of disability emerging from chronic condition, the opposite is just as true: Persons with disabilities face an increased risk of developing chronic conditions.

In addition, research has also demonstrated that increased exposure to negative determinants of health may heighten the risk of health conditions and impairments associated with disability and poor health (Crock et al., 2017b; Rule and Modipa, 2013). Data from the World Health Organization (WHO) (2011) demonstrates that the health of people with disabilities can be compromised by disablist practices and the resulting barriers to health-care access. Migration – especially displacement – often interrupts the provision of essential health services, such as chronic disease medication and rehabilitation services, to persons with disabilities or hinder access to specific health items necessary for survival (Crock et al., 2017b; Kofman and Raghuram, 2010; Pisani et al., 2016).

Several studies have also demonstrated that migration can place people, especially women, in situations of heightened vulnerability to HIV infection (Amirkhanian et al., 2011; Crush et al., 2005; Decosas et al., 1995; Hirsch, 2014; Magis-Rodriguez et al., 2009; Yang and Xia, 2006). Despite facing an increased risk of contracting HIV, women with disabilities are often neglected in HIV/AIDS programmes and services. Evidence suggests that certain risk factors associated with HIV are stronger for individuals with disabilities (Andersson and Cockcroft, 2012; Hanass-Hancock et al., 2013). These include limited access to education and health care, lack of information and resources to ensure the practice of “safer sex”, increased risk of violence and rape, vulnerability to substance abuse, lack of legal protection, and social stigma.

2.7. Institutional and administrative barriers

Existing literature brings to light the institutional and administrative barriers faced by persons with disabilities in South Africa (e.g. Neille and Penn, 2015; Hussey et al., 2017; Kuper and Hannass-Hancock, 2020; Trani et al., 2020). While there is limited literature and research specific to migrants and refugees with disabilities in the country, there is a substantial body of evidence documenting the specific institutional and administrative challenges faced by asylum seekers upon entering South Africa (Amit, 2010 and 2012b; Carswell et al., 2011; Hamlin, 2014; Landau, 2006; Odunayo et al., 2017). Both the South African asylum and immigration systems are administered by the Department of Home Affairs (DHA), and it is well documented that the department struggles to provide efficient and effective immigration services.

Institutional gaps that the DHA faces include insufficient experienced staff to deal with asylum seekers and refugees, weak institutional capacity, limited resources, and a lack of political will or prioritization to improve asylum governance in the country (Walker and Vearey, 2019). These challenges are compounded by an unprecedented increase in the number of new asylum seekers, leading to a system characterized by inefficiency, backlogs and lengthy delays, poor decisions, and opportunities for corruption throughout the status determination and appeals processes (Amit, 2015; Wilhelm-Solomon, 2015). For migrants and refugees with disabilities, the first steps towards gaining entry into the asylum system and filling out claim forms are often complicated, if not impossible to take (Amit, 2015).

Refugee reception offices (RROs) receive significant numbers of new asylum applications every year and suffer from a severe backlog of asylum cases. A number of these RROs have closed down in recent times, putting asylum seekers and refugees with disabilities at an increased risk of non-documentation, deportation and, potentially, refoulement (Amit, 2012b). In addition to access to RROs being difficult for many asylum seekers and refugees with disabilities living in South Africa, there have been reports of migrants being turned away at border posts and denied entry into the country simply on the basis of their nationality. Such denial of entry frequently happens despite assurance by Refugees Act 130 of 1998 and its subsequent amendment (South Africa, Government of, 2008 and 2011) that no individual seeking asylum may, in any way, be refused entry at the border (Amit, 2012a).

Furthermore, asylum seekers arriving at RROs in South Africa often have little knowledge and understanding of the country's asylum system. To compound the problem, as evidence indicates, many of them receive little information assistance on asylum procedures from immigration officials (Amit, 2010 and 2012b; Segatti, 2011). Additional challenges that asylum seekers and refugees face when navigating the asylum and immigration system include the lack of language interpreters, difficulties with renewing and replacing lost or stolen asylum seeker and refugee permits, and corruption, with asylum seekers sometimes ending up paying officials just to gain access to RROs to obtain services (Amit, 2010 and 2012b).

Evidence also indicates that decisions made by refugee status determination officers remain largely questionable. Many asylum seekers complain about status determination decisions, claiming that these do not adequately consider or reflect the information they provided during status determination interviews. The results of several empirical surveys of asylum seekers have suggested that most of them did not understand how to appeal asylum claim decisions (Amit, 2012b). Processing times for asylum cases also cause considerable challenges for those attempting to navigate the asylum system. While the Refugees Act provides for the processing of an asylum claim within 180 days of receipt, in practice, however, asylum decisions, including on appeals, and reviews of rejected applications can take years, largely due to the backlogs.

The barriers described thus far are part of the experiences of most individuals seeking asylum in South Africa. These challenges may be heightened for those with disabilities.

2.8. Evidence gaps

Globally there is an urgent need for reliable and robust data about the number and profile of migrants with disabilities. The desk review highlights substantial and wide-ranging gaps in the current knowledge around migration and disability. In South Africa, specifically, there is clearly a lack of reliable information on the nature and prevalence of disability in general. Where data does exist, migration is not considered. The lack of available data on the profile of persons with disabilities has been attributed to limited government resources, the use of different definitions of “disability”, varying approaches to undertaking surveys, thus leading to contrasting results, and negative traditional attitudes towards persons with disabilities.

Another important gap identified in existing literature pertains to the extent to which rights instruments relating to persons with disabilities on the move are implemented. As far as we know, no prior research has identified policies in place to protect and address the needs of disabled migrants in South Africa. No known research has investigated the extent to which current South African legislation and policies for persons with disabilities, if any, have been developed and implemented.

Our desk review indicates that although there is a body of research exploring the experiences of various migrant populations across the globe, published literature documenting the experiences of migrants with disabilities remains limited. Little is known about the needs of persons with disabilities, including education, health and professional or skills training; their experiences of specific risks, such as exploitation, poverty and violence; and the availability of services and support systems in destination countries to promote their rehabilitation and integration. Research is needed to explore the ways in which the voices of migrants with disabilities can be included in national and international strategic planning.

3. Research aim, objectives and questions

Our research aims to generate empirical findings on the nature of the neglected relationship between migration and disability in South Africa.

3.1. Research objectives

The specific research objectives are as follows:

- (a) Provide an overview of current evidence and policies relating to disability in South Africa, focusing on migration and health and disabilities in health;
- (b) Understand and profile the migration trajectories of migrants with disabilities in South Africa;
- (c) Offer key recommendations for actions to improve the experiences of migrants with disabilities in South Africa.

3.2. Research questions

The above research objectives are achieved partly by answering these research questions:

- (a) What policies are in place in South Africa to protect and address disability, with a focus on the needs of migrants with disabilities?
 - (i) To what extent are the policies implemented?
 - (ii) What forms of exclusion do migrants with disabilities face in terms of access to services and protection?
- (b) Where do migrants with disabilities come from and how do they make it to South Africa?
 - (i) When are/were the disabilities acquired (i.e. before, during or after migrating/moving)?
 - (ii) How do migrants with disabilities settle in South Africa?
 - (iii) What networks exist to assist migrants during the migration process?
 - (iv) What are the main drivers for migration for persons with disabilities? What are the barriers? What are the enablers?
 - (v) What experiences do migrants with disabilities go through?
 - (vi) What challenges do migrants face in terms of accessing services?
 - (vii) What are disabilities commonly found among migrants? How do these compare to those observed among South Africa's general population? Where do migrants with disabilities live, work and socialize, among others?

4. Methodology

The study was undertaken in three areas known to host cross-border migrants (non-citizens who have travelled into the country from elsewhere): (a) Johannesburg, South Africa’s largest urban area, located in Gauteng Province; (b) Musina Local Municipality, in the Vhembe District of Limpopo Province, which borders Zimbabwe; and (c) Nkomazi Local Municipality, located in the Ehlanzeni District of Mpumalanga Province, which borders Mozambique and Eswatini. During the course of the research, additional key informants were identified in Cape Town (Western Cape) and Pietermaritzburg (Kwazulu-Natal).

The study targeted key stakeholders, who were interviewed in their professional capacities. They included migration and health experts; disability researchers; civil society actors involved in service provision to (a) migrants and (b) people living with disabilities; and government actors responsible for delivering services to persons with disabilities. A stakeholder mapping exercise was undertaken to identify a first set of key informants, who were asked to refer the research team to other key stakeholders and potential informants – a technique known as “snowball sampling”. Due to lockdown restrictions due to the COVID-19 pandemic, the majority of interviews were conducted via Skype and phone.

4.1. Interviews with key informants

It was originally planned for the study to include interviews with migrants with disabilities; however, the restrictions put in place by the South African Government to address the COVID-19 pandemic prevented this from happening. To ensure that the experiences of migrants with disabilities were captured, a photojournalism project was undertaken. The experiences of migrants with disabilities and insights from interviews with key informants are captured in the images and text woven into this report. We recommend that future research, cognizant of all ethical considerations, involve migrants with disabilities.

A total of 39 semi-structured key informant interviews were conducted. Through the desk review, key stakeholders were identified and invited to participate in the research. Our inclusion criteria defined key informants as those with direct experience in policy development, implementation or service provision to migrants with disabilities. The 39 informants included representatives of civil society actors involved in service provision to migrants and persons with disabilities (n=25), government representatives (n=10), and migration and disability researchers (n=4) in South Africa.

Table 1. Key informants interviewed

Organization	Location	Number of informants
Lawyers for Human Rights	Musina	1
Future Families	Musina	1
Musina Legal Advice Office	Musina	2
Musina Disability Centre	Musina	1
Musina Victim Empowerment Centre	Musina	1
Musina Refugee Reception Office	Musina	1
Musina Local Municipality Department of Social Development	Musina	1

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Organization	Location	Number of informants
Consortium for Refugees and Migrants in South Africa (CoRMSA)	Johannesburg	1
Statistics South Africa (Stats SA)	Pretoria	1
Jesuit Refugee Service (JRS)	Johannesburg	1
Médecins sans Frontières (MSF)	Brussels	1
Migration Unit, City of Johannesburg Metropolitan Municipality	Johannesburg	2
Centre for Emerging Researchers	Johannesburg	1
Community-based Rehabilitation Education and Training for Empowerment (CREATE)	Pietermaritzburg	1
Alexandra Disability Movement (ADM)	Johannesburg	1
Africa Disability Alliance (ADA)	Pretoria	1
Association for the Physically Disabled – Greater Johannesburg	Johannesburg	1
Dyslexia Network South Africa	Johannesburg	1
	Durban	1
Department of Social Development (Nkomazi office)	Nkomazi	1
Disability Action Research Team (DART), KwaZulu-Natal	Pietermaritzburg	1
African Human Mobility Review Editorial Office, University of the Western Cape	Western Cape	1
Governance and Compliance Rights of Persons with Disabilities: Department of Social Development	Johannesburg	1
National Council for Persons with Physical Disabilities in South Africa	Johannesburg	1
Mpumalanga Association of Persons with Disabilities (APD)	Nkomazi	1
Centre for Rehabilitation Studies, Stellenbosch University	Western Cape	1
Transversal Services, Nkomazi Local Municipality Office	Nkomazi	1
Disability Rights Unit, Centre for Human Rights	Pretoria	1
West Rand Association for Persons with Disabilities	Johannesburg	1
Persons with Disabilities Programme, Department of Social Development	Johannesburg	1
Ehlanzeni District Municipality Disability Forum	Nkomazi	1
Sophiatown Community Psychological Services	Johannesburg	1
Ehlanzeni Disability Forum	Nkomazi	1
Malamulele Onward	Johannesburg	2
Kwazulu-Natal Christian Council (KZNCC)	Pietermaritzburg	1
Gauteng Provincial Association for Persons with Disabilities	Johannesburg	1
Total number of key informants		39

The original plan was to conduct all key informant interviews in Johannesburg, Musina and Nkomazi face to face. However, only 15 of the 39 interviews had been scheduled prior to the announcement of a nationwide lockdown by South African President Cyril Ramaphosa on 23 March 2020 and were conducted this way. Accordingly, the research team had to make methodological adjustments to deal with fieldwork disruptions and ended up conducting more than half of the interviews (n=24) remotely, 22 by phone and 2 on Skype.

All potential informants were identified through stakeholder mapping, and consenting participants were interviewed in their capacities as experts in the area of migration and disability. Confidentiality and anonymity were guaranteed, with interviews undertaken virtually and in private. The participants were

asked questions about the origin, profile and needs of migrants with disabilities living in Musina; disability-related policies and programmes; ongoing collaboration with stakeholders; and recommendations for policy and service provision for migrants with disabilities. A total of 31 interviews were conducted, all in English and each lasting from around 20 minutes to 1 hour. Recordings of the interviews are stored on a password-protected computer and transcripts are available only to the research team. Most key informants did not consent to being named in this final report. As such, no identifying information is disclosed herein.

4.2. Research ethics clearance

Ethical approval for this study was obtained from the Non-medical Ethics Committee of the University of the Witwatersrand (protocol number: H19/09/10). In Mpumalanga Province, permission to conduct interviews at the provincial office of the Department of Social Development (DSD) was sought and obtained.

4.3. Study limitations

Several challenges were encountered throughout the duration of the research project. These included but were not limited to the following:

- (a) One of the most significant challenges that threatened the successful completion of this research was the COVID-19 pandemic. Before a full lockdown was announced in South Africa in March 2020, the research team had planned research trips to Musina and Nkomazi. Travel plans were quickly cancelled soon after the enforcement of lockdown restrictions and alternative plans were made.
- (b) While the initial plan was to conduct face-to-face interviews with key informants across all research sites, majority of interviews were conducted remotely due to the challenges posed by the pandemic.
- (c) Some government officers required permission from their supervisors prior to agreeing to be interviewed. This led to delays and missed opportunities to interview key government actors who had already indicated their willingness to participate in the study.
- (d) Some prospective informants did not respond to email invitations to participate in the remote interviews. Although attempts were made to reach them by phone, calls often went unanswered. To address this challenge, the research team kept trying until the most important stakeholders had made themselves available.
- (e) Last-minute cancellations were a constant problem throughout the data collection stage. Most of the reasons for missing appointments were work-related.
- (f) Some informants from government institutions refused to give consent to audio-recording the interviews. Even as this was not ideal, immediate field notes had to be made soon after those interviews to avoid losing important information.

5. Policy review

This section offers a review of existing international (global), continental, regional and national policies and frameworks relevant to analysing the South African response to issues of migration and disability. Beyond providing descriptions of the policies, this review aims to establish how responsive the policy instruments are to the situation of migrants with disabilities by examining the extent to which they are implemented and identifying any gaps that exist. It is important to note that this review is by no means exhaustive, as it includes only policies deemed to be the most important to the current research. The policies were identified through an Internet search using keywords such as “disability(-ies)”, “migrant(s)”, “policy(-ies)”, “protocol(s)”, “refugee(s)”, “asylum seeker(s)” and “convention(s)”, among others. This search process resulted in the list in Table 2. Key migration policy instruments³ were added to the list to highlight the absence of references to migrants with disabilities in these instruments.

Table 2. Summary of policies and their responsiveness to migrants with disabilities

Policy instruments	Mentions disability	Mentions migrants with disabilities
International		
United Nations World Programme of Action (WPA) Concerning Disabled Persons (United Nations, 1982)	X	X
United Nations General Assembly resolution 48/96 on the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (United Nations, 1993)	X	X
United Nations Economic and Social Council resolution 1997/20 on Children with Disabilities (United Nations, 1997)	X	
United Nations General Assembly resolution 61/106 on the Convention on the Rights of Persons with Disabilities and its Optional Protocol (United Nations, 2006)	X	
Conclusion on refugees with disabilities and other persons with disabilities protected and assisted by UNHCR (United Nations General Assembly document A/AC.96/1095) (UN DESA, 2010)	X	X
United Nations General Assembly resolution 70/1 on Transforming our world: the 2030 Agenda for Sustainable Development (United Nations, 2015)	X	
*United Nations General Assembly resolution 71/1 on the New York Declaration for Refugees and Migrants (United Nations, 2016)		
*The Global Compact on Refugees (United Nations, 2018a)		
*The Global Compact for Safe, Orderly and Regular Migration (United Nations, 2018b)		
Continental		
African Charter on Human and Peoples’ Rights (African Commission on Human and People’s Rights, 1986)	X	
African Common Position on Migration and Development (African Union, 2006a)	X	
African Union Agenda 2063 (African Union, 2015)		

³ Based on the Revised Migration Policy Framework for Africa and Plan of Action 2018–2030 (African Union, 2018a).

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Policy instruments	Mentions disability	Mentions migrants with disabilities
Revised Migration Policy Framework for Africa and Plan of Action 2018–2030 (African Union, 2018a)	X	
*Draft Common African Position on the Global Compact for Safe, Orderly and Regular Migration (African Union, 2017)	X	X
African Union Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa (African Union, 2018b)	X	
Regional		
Protocol on Health in the Southern Africa Development Community (SADC, 2004)	X	
*Southern Africa Development Community (SADC) Protocol on Facilitation of Movement in Persons (SADC, 2005)		
National		
Constitution of the Republic of South Africa, 1996 (South Africa, Government of, 1996)	X	
*Refugees Act 130 of 1998 (South Africa, Government of, 1998)		
*Refugees Amendment Act No. 11 of 2017 (South Africa, Government of, 2017a)		
*Immigration Act No. 13 of 2002 (South Africa, Government of, 2002)		
*Draft Immigration Amendment Act 13 of 2011 (South Africa, Government of, 2011)		
*Commencement of the 2011 Immigration Amendment Act (South Africa, Government of, 2014)		
*White Paper on International Migration for South Africa 2017 (South Africa, Government of, 2017b)		
Disability Rights Charter of South Africa 1997 (Disabled People South Africa, 1997)	X	
White Paper on the Integrated National Disability Strategy (INDS) (South Africa, Government of, 1997)	X	X
National Health Act No. 61 of 2003 (South Africa, Government of, 2003)	X	
White Paper on the Rights of Persons with Disabilities (WPRPD) (South Africa, Government of, 2016)	X	X
National Health Act: National Health Insurance (NHI) Policy (South Africa, Government of, 2017c)	X	

Note: * Key migration policy instruments.

Legend: Mentions disability without any reference to migrants
Mentions migrants with disabilities
No mention of disability whatsoever



5.1. International (global), continental and regional policies on migration and disability

This review begins by looking at international, continental and regional policies, protocols and agreements that address issues pertaining to persons with disabilities on the move, that South Africa has signed and adopted.

5.1.1. International (global) policies

World Programme of Action Concerning Disabled Persons (United Nations, 1982)

On 3 December 1982, the World Programme of Action (WPA) Concerning Disabled Persons was formulated and adopted by the United Nations General Assembly. The WPA is a global strategy that seeks to promote full participation of people with disabilities through the equalization of opportunities in all spheres of society. It draws special attention to the situation of displaced persons and calls for the removal of societal, physical and environmental barriers faced by persons with disabilities among refugee populations. In keeping with the provisions of the WPA, South Africa celebrates National Disability Rights Awareness Month annually from 3 November to 3 December. This period is regarded as a perfect opportunity to mobilize action towards the realization of full and equal enjoyment of all rights and freedoms by persons with disabilities.

The extent to which the WPA is implemented in South Africa, with specific reference to migrants and refugees with disabilities, is unknown. This is in part because migration has yet to be mainstreamed into national disability strategies and action plans. As such, although International Disability Rights Awareness Day may be widely celebrated across the world annually, migrants and refugees with disabilities remain largely excluded from South Africa's programmes for persons with disabilities.

Although the WPA does not pay adequate attention to the situation of migrants and refugees with disabilities as they move from origin to destination countries, it does, at least, draw attention to the additional burdens and hidden extra costs of living with a disability that a refugee might bear. As research has shown, undocumented migrants with disabilities are more likely to be sidelined from programmes and services by environmental, physical and societal barriers to access to information, health and rehabilitation services and human rights protection. In addition, refugees and asylum seekers face heightened risks of violence, caregiver exploitation, discrimination and exclusion from access to education, livelihoods, documentation and other public services.

United Nations General Assembly resolution 48/96 on the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (United Nations, 1993)

In 1993, the United Nations General Assembly adopted the Standard Rules on the Equalization of Opportunities for Persons with Disabilities. Rule No. 21 specifically urges that the equalization of opportunities of refugees with disabilities should be integrated into general development programmes.

Drafted against the backdrop of the WPA and drawing explicitly from the International Bill of Human Rights, the Standard Rules serve as an instrument for policymaking and as basis for technical and economic cooperation. They urge that special attention be paid to groups such as "women, children, the elderly, the poor, migrant workers, persons with dual or multiple disabilities, indigenous peoples and ethnic minorities". Refugees with disabilities are also highlighted as a group requiring special attention. While serving as a strong indictment and guide towards moral and political commitment from governments to take action to equalize opportunities for people with disabilities, the Standard Rules, which lack the character of a convention, however, are not legally binding.

A report by the Special Rapporteur of the Commission for Social Development, annexed to Note of the Secretary-General E/CN.5/2000/3, which assessed the implementation of the Standard Rules from 1997–2000, identified gaps and areas that required updating. Of particular interest to the current study is the report’s focus on gender and disabled refugees:

Some dimensions of disability policy have not been treated sufficiently. This is true concerning children with disabilities, in the gender dimension and for certain groups, mainly persons with developmental and psychiatric disabilities. It has been pointed out that the Rules do not include a strategy for improving living conditions of disabled people in regions with extreme poverty. Disabled persons in refugee or emergency situations are other areas that have not been dealt with... [T]he whole area of housing has not been included. Among other things, this means that there is no guidance concerning the handling of the institutions where a great number of persons with disabilities still spend their whole lives under miserable circumstances.

(United Nations, 2000)

United Nations Economic and Social Council resolution 1997/20 on Children with disabilities (United Nations, 1997)

In 1997, the United Nations Economic and Social Council adopted a resolution on children with disabilities. This resolution highlights the relevant legal provisions and significant actions to be taken by United Nations agencies, specialized bodies and non-governmental organizations (NGOs) in the area of disability, drawing particular attention to the fact that disability is not inability. Of importance here is the emphasis placed on the right of children with disabilities to the enjoyment of the highest attainable standards of physical and mental health. The resolution urges governments to ensure provision of equal access to comprehensive health services.

United Nations General Assembly resolution 61/106 on the Convention on the Rights of Persons with Disabilities and its Optional Protocol 2007 (United Nations, 2006)

In 2007, South Africa ratified the Convention on the Rights of Persons with Disabilities (CRPD). Regarded as the first comprehensive human rights treaty of the twenty-first century and a key international standard, the CRPD outlines a broad range of rights – including civil, political, social, economic and cultural rights – of persons with disabilities. In addition, the CRPD is one of the most rapidly and widely ratified rights documents globally, with a total of 165 signatory States, including South Africa. Article 18 of the CRPD calls upon all States Parties to promote, protect and ensure people with disabilities’ liberty of movement and right to choose their residence and nationality. Article 11 specifically addresses the protection of persons with disabilities in situations of risk, including armed conflict, humanitarian emergencies and natural disasters. It is important to note, however, that the CRPD does not make specific mention of migrants and refugees with disabilities. This reflects a prevailing tendency among international and national disability policies to lack a migration component. Despite the potential negative impacts of migration on the health and well-being of persons with disabilities, migration is rarely acknowledged in both national and international policies.

Conclusion on refugees with disabilities and other persons with disabilities protected and assisted by UNHCR (UNHCR, 2010)

In 2010, the United Nations High Commissioner for Refugees (UNHCR) adopted the document, “Conclusion on refugees with disabilities and other persons with disabilities”. Regarded as a “soft law” by UNHCR and its Member States, the Conclusion seeks to protect persons with disabilities against all forms of discrimination and provide sustainable and appropriate support to address all their needs. It also

urges all relevant partners to ensure swift and systematic identification and registration of refugees and other persons with disabilities, with particular attention to those who cannot communicate their own needs. Further, the Conclusion calls for the inclusion of refugees with disabilities in relevant policies and programmes in an accessible way.

United Nations General Assembly resolution 70/1 on Transforming our World: the 2030 Agenda for Sustainable Development (United Nations, 2015)

In September 2015, South Africa adopted the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs), crucially marking the first time that migration was integrated explicitly into the global development agenda. The 2030 Agenda acknowledges the development impact of migration and is relevant to all migrant groups, irrespective of whether they are migrating internally or across borders. In addition, it stresses the importance of empowering the most marginalized groups in society, including persons with disabilities. On reducing inequalities, SDG 10 embraces two distinct targets: (a) empower persons with disabilities and (b) facilitate orderly, safe, regular and responsible migration and mobility of people.

United Nations General Assembly resolution 71/1 on the New York Declaration for Refugees and Migrants (United Nations, 2016), the Global Compact on Refugees (United Nations, 2018a) and the Global Compact for Safe, Orderly and Regular Migration (United Nations, 2018b)

While there have been many critiques of the Global Compact on Refugees and the Global Compact for Migration, as well as questions relating to whether they engage with the political tensions associated with global discussions of migration, they do present opportunities for engaging with current debates in the field of global migration governance (see, e.g.: Mlauzi and Small, 2019; Kraly and Hovy, 2020; Pécoud, 2021). However, while the two Global Compacts encourage consideration of the rights of people who move, they do not address the issue of migrants with disabilities.

5.1.2. Continental policies

Migration crosses both national and regional boundaries. It is an issue that affects all policy areas – economics, politics, social policy and security. It has a strong international relations dimension. For these reasons, it should ideally be addressed at the regional or continental level. However, the results and impact will depend on the degree of engagement, implementation and enforcement at the national level. While it remains vital for the African Union to propose frameworks and set standards to encourage its Member States to become engaged, the implementation of these frameworks depends ultimately on the buy-in of Member States and the priority they attach to migration issues. The current operationalization efforts in the form of awareness-raising and capacity-building are the first steps on the long road towards a more migration-friendly Africa.

(Klavert, 2011, p. iv)

African Charter on Human and Peoples' Rights 1986 (African Commission on Human and People's Rights, 1986)

The African Charter deal with, among others, the rights of persons with disabilities, addressed specifically in Article 18(4)). It lays down, in detail, the right of older persons and persons with disabilities to “special measures of protection”, in keeping with their physical and moral needs.

African Common Position on Migration and Development (African Union, 2006a)

The African Common Position on Migration and Development recommends “creating legal frameworks for combating illegal migration; concluding cooperation agreements to manage migration; striking a balance between security for legal migrants, freedom of movement and the humanitarian obligation to protect [them]; setting up mechanisms to bring together national focal points on migration; promoting effective border controls; [and] encouraging the involvement of the diaspora” (Klavert, 2011, p. 5). No specific mention of disability, however, is made in this document.

African Union Agenda 2063 (African Union, 2015)

As outlined in its Call to Action, the African Union Agenda aims to “introduce an African passport, issued by member States, capitalizing on the global migration towards e-passports, and with the abolishment of visa requirements for all African citizens in all African countries by 2018” (African Union, 2015, p. 17). However, while the free movement of people is a key ambition of the Agenda, it is silent on migration and disability.

Revised Migration Policy Framework for Africa and Plan of Action 2018–2027 (African Union, 2018a)

The Revised Migration Policy Framework for Africa and its associated Plan of Action make reference to disability in these contexts: (a) the need for social protection for all labour migrants (Ibid., p. 17); (b) improving the availability of quality data that can be disaggregated by migration status and disability (pp. 14–15); and (c) “safeguard[ing] the human security and gender-differentiated needs of refugees”, paying specific attention to vulnerable groups, including the disabled (p. 35). The Policy Framework therefore provides opportunities to advocate for the inclusion of disability in the development of migrant labour protection mechanisms and in improved population statistics – two elements that are central to driving any policy or programme change.

Draft Common African Position on the Global Compact for Safe, Orderly and Regular migration (African Union, 2017)

The Common African Position serves as a guiding document for African Union States involved in negotiations relating to the Global Compact for Migration. Like the Global Compact, the Common African Position is non-binding, which means that there are no legal obligations for those who engage with it. The intention is to ensure a common voice in the negotiations, but since the African Union is a collective and not directly involved in the Global Compact negotiations, it is not really comparable.

Disability figures in the Common African Position in terms of the recognition of “vulnerable groups, including women, the elderly and those living with disabilities” (point 11 of Thematic Area 2). It suggests that assistance should be “gender- and age-specific in terms of adequate health care, education, shelter and protection from human rights violations”. Point 12 refers to the need to protect migrants in transit in countries in crisis or in conflict, while point 14(b) raises the importance of ensuring “adequate, appropriate and affordable access to health care and other social services, including security and legal services”. References to disability are general – that is, there is no mention of specific health-related disabilities.

African Union Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Persons with Disabilities in Africa (African Union, 2018b)

The purpose of this Protocol is to promote, protect and ensure the full and equal enjoyment of all human and people’s rights by all persons with disabilities, and to ensure respect for their inherent dignity.

(Ibid., p. 5)

The Protocol aims to combat continued marginalization, harmful traditional practices and social prejudices against people with disabilities, particularly the elderly, women and children, by providing for a range of rights, including the right to education, personal liberty and political participation, as well as the right to live in and among the community. People with disabilities include those with mental illness, who have little protection under both domestic and regional African laws, including the African Charter on Human and People's Rights. The Protocol also addresses intersecting issues, including poverty, systematic discrimination and risk of violence and abuse, that can more greatly impact persons with disabilities, particularly women and girls.

5.1.3. Regional policies

Protocol on Health in the Southern Africa Development Community (SADC, 2004)

While no specific mention of migrants is made, Article 5 of the Protocol indicates that "States Parties shall co-operate and assist one another to:

- (a) Promote effective measures to prevent and manage disabilities;
- (b) Increase access to improved technology related to assistive devices and the creation of a barrier-free environment for the equalization of opportunities for persons with disabilities;
- (c) Promote community-based rehabilitation programmes."

SADC Protocol on Facilitation of Movement in Persons (SADC, 2005)

The SADC Protocol on Facilitation of Movement in Persons seeks to fulfil the objective of the SADC Treaty to promote policies that eliminate obstacles to the free movement of persons in the region. This is also in line with efforts of the African Union to encourage the free movement of persons in African regional economic communities. A draft protocol on the free movement of persons was introduced in 1996 but was replaced by a more restrictive version in 1997, which responded to concerns by SADC member States concerning income disparities. The current version of the Protocol (from 2005) offers further revisions, which include a requirement for member States to grant visa-free entry, with lawful purpose and for a maximum of 90 days, to each other's citizens. There is no mention of health or an indication of being aware of the vulnerabilities and stressors faced by people crossing borders.

The Protocol has been adopted but is not operational due to the inadequate number of ratifications by SADC member States. Only Botswana, Mozambique, South Africa and Eswatini have so far signed and ratified the Protocol. Although not operational, member States can conclude bilateral agreements for visa exemptions, and most States have already exempted each other's citizens from visa requirements.

5.1.4. Analysis of international (global), continental and regional policies on disability

While existing international normative frameworks, to some extent, recognize the importance of addressing the needs of persons with disabilities, the migration component is still generally missing. Migrants and refugees with disabilities thus remain largely invisible in international and regional frameworks. Currently, international policies and instruments that pertain to or target migrants do not directly integrate a disability dimension into the normative language. Despite South Africa having signed a range of international and regional frameworks relating to migrants and refugees with disabilities, there remain clear gaps in implementation at the national level. Our findings show that regional and international policies are only partially implemented in the country and that there are no comprehensible or clear guidelines on how to implement global policies, frameworks, protocols and strategies, in particular, at the country level.

While there is repeated emphasis on the promotion and protection of the rights of migrants and refugees in the international and regional policies that South Africa has signed and ratified, its own national policies on migration and disability barely mention the rights of those on the move, as illustrated in the next section. Consequently, existing policies often result in little or no implementation on the ground.

5.2. Review of national policies relating to migration and disability in South Africa

The following national policies, procedures, guidelines and documents that relate to migration and disability in South Africa are identified and reviewed.

5.2.1. Overview of South African policies on migration

A discussion of the general immigration policy context of South Africa is necessary to provide a comprehensive analysis of policies and protocols addressing the needs of migrants and refugees with disabilities. South Africa is the destination of an increasing number of immigrants from different parts of the world (Chamunorwa and Mlambo, 2014). In the past few years, the country has been moving towards an increasingly restrictive approach to migration in both policy and practice (Amit and Kriger, 2014). As elsewhere around the world, international migration has become a highly politicized issue in South Africa, with the spread of populist discourse attributing social ills and inequality to low-skilled non-nationals. Despite the absence of evidence to support such assumptions, asylum seekers, refugees and undocumented migrants are often framed as “threats” to State and human security.

In line with global trends, migration governance in South Africa is increasingly gearing towards restricting mobility rather than enabling migration and protecting those who are on the move (Walker and Vearey, 2019). Despite efforts by the African Union and SADC to promote free movement across the continent, the perception of migration as a threat continues to dominate rhetoric, legislation and immigration policy (Walker and Vearey, 2019). According to Mbiyozo (2018, p. 2), “there is a serious disjuncture between South Africa’s desire to align its migration policies and practices with its African-centred foreign policy and its efforts to manage migration risks”. In her analysis of South African migration policies, she raises concerns around the prioritization of restrictive immigration measures by the DHA and its portrayal of asylum seekers and low-skilled Africans as an economic burden on South Africa despite lack of evidence.

Instead of addressing endemic issues that are deeply rooted in the history of government or public administration, recent policy developments have sought to cast the blame on immigration (Tati, 2008; Mbiyozo, 2018). A number of restrictive measures have been put in place to make the country’s refugee and asylum system as difficult as possible to navigate, to dissuade new applicants and force applicants to return to their respective countries of origin, in contravention of the United Nations Convention on Refugees (Amit, 2010; de Haas et al., 2016; Hopstock and Jager, 2011; Mbiyozo, 2018; Mwakikagile, 2008).

These measures include, among other things, the closure of RROs (as discussed in [Chapter 2](#), where it is also mentioned that asylum seekers must report directly on arrival in the country and renew their asylum seeker permits) (Amit, 2012b). As a result, migrants who are unable to access documentation often find it difficult to access their rights, exacerbating the risks faced by an already vulnerable group, as these restrictive measures heighten risks for migrants and refugees with disabilities (Amit, 2011 and 2012b; Jones and Houle, 2008; Maphumulo and Bhengu, 2019; Vigneswaran, 2008).

Despite their well-documented vulnerabilities (Berghs, 2015; Brandt and Pope, 1997; Chwastiak and von Korff, 2003; Crock et al., 2017b), the closure of some RROs means that this group of migrants is subjected to multiple forms of oppression and exclusion. As highlighted by Gandar (2019, p. 33), “(d)ecisions made by the Department of Home Affairs to close urban RROs ... has increased the vulnerability of women, children, and sexual or gender minorities. They are in an exponentially more vulnerable place, not only as asylum seekers, but as they are subjected to further oppression and vulnerability as a result of the intersection between class, race, gender and identity; they thus face triple (or quadruple) discrimination”. Disability further amplifies these existing forms of discrimination. Along with other migrant groups, persons with disabilities on the move face increased risks once they arrive in South Africa, as a lack of valid documentation can present further challenges to accessing positive determinants of health, including safe and secure housing, health care and a sustainable way of earning an income (Amit, 2011, 2012a and 2012b; Landau, 2006; Maphumulo and Bhengu, 2019; Mbiyozo, 2018; Vigneswaran, 2008).

This section provides a review of national policies and protocols relating to migration and disability in South Africa.

Constitution of the Republic of South Africa, 1996 (South Africa, Government of, 1996)

The Constitution of the Republic of South Africa, including its Bill of Rights, came into force in 1996. Regarded as the most important or supreme law of the country, no other law or government action can supersede the Constitution. According to section 27, “everyone” in South Africa has a right to have access to health-care services, basic services such as safe drinking water and food, social security, including if they are unable to support themselves and their dependants, and appropriate social assistance.

It remains unclear whether the term “everyone” can be understood to mean “all people” living in South Africa, including non-nationals. The South African Constitution guarantees and protects most internationally recognized human rights, and South African courts have confirmed that the rights set out in the Constitution provide for “all people” within the country, regardless of nationality or legal status.

In terms of disability, the Constitution of South Africa protects the rights and dignity of people with disabilities and promotes the full equalization of opportunities for people with disabilities and of their integration in society. Section 9 of the Constitution prohibits unfair discrimination on the basis of disability and allows for positive measures to be taken to promote the achievement of equality for categories of persons previously disadvantaged by unfair discrimination, which includes people with disabilities. Like the international instruments reviewed in the previous section, the Constitution draws no distinction between non-citizens and citizens for most of the rights guaranteed in its Bill of Rights.⁴

Despite these constitutional protections, however, concerns remain about the treatment of migrants, refugees and asylum seekers, and recurring outbreaks of xenophobic violence.

Refugees Act 130 of 1998 (South Africa, Government of, 1998) and Refugees Amendment Act No. 11 of 2017 (South Africa, Government of, 2017a)

The Refugees Act sets out rights for asylum seekers and refugees in South Africa. It states that refugees in South Africa have the same right to access health-care services as South African citizens. This right is widely interpreted to include asylum seekers as well. However, as is the case with international law, there is no certainty in South African law about the rights of asylum seekers and undocumented migrants to access socioeconomic rights.

⁴ Relevant cases in this regard include, for example: (a) *Khosa and Others v Minister of Social Development and Others* [CCT 12/03]; and (b) *Kiliko and Others v Minister of Home Affairs and Others* 2006(4) SA 114.

Further amendments were tabled under the Refugees Amendment Act, signed into law in December 2017. Since the draft regulations have not yet been finalized, it is currently unclear as to when and if the Amendment Act will be implemented. If implemented, it would mean fundamental changes for asylum seekers and refugees in South Africa, including the following: for asylum seekers, the removal of the automatic right to work and study; reduction of the 14 day-window to access RROs to just 5 days; expansion of reasons to deny refugee status to asylum seekers; and treatment of an asylum claim as abandoned should an asylum seeker not attend an RRO within a month after the expiry of his or her asylum permit. These tougher measures would make asylum seekers even more vulnerable to arrest and deportation, which would significantly impact their mental health, if they are unable to meet the new requirements.

The aforementioned amendments conflict with South Africa's commitment to the SADC Protocol on the Facilitation of Movement of Persons and the African Union's Common Position on Migration and Development, both of which call for the protection of migrant's rights while recognizing migration as a tool for development and greater regional cooperation.

Immigration Act No. 13 of 2002 (South Africa, Government of, 2002), Draft Immigration Amendment Act 13 of 2011 (South Africa, Government of, 2011) and Commencement of the 2011 Immigration Amendment Act (South Africa, Government of, 2014)

While Refugees Act 130 marked a significant and progressive change in South Africa's migration policy, South African Immigration Act 2002 (amended in 2004) has taken a more "protectionist" and "nationalistic" approach, emphasizing border control over migration facilitation (Segatti, 2011, p. 46). Amendments to the Immigration Act were made in 2004, 2007 and 2011. The 2004 amendment resulted in more migration challenges that have created daily stressors for migrants and which have been observed to have a visible impact on the well-being and health of asylum seekers.

White Paper on International Migration for South Africa (South Africa, Government of, 2017b)

The White Paper on International Migration was released by the South African Government in July 2017 and outlines the framework for future immigration law in the country. A close look at the White Paper reveals an attempt by the South African Government to link migration to security risks, corruption and trafficking (Scalabrini Centre of Cape Town and Sonke Gender Justice, 2019). There is no specific mention of migrants with disabilities, and it is unclear what should happen to migrants with disabilities living in South Africa. What is clear, however, is that an increasing focus on the securitization and restriction of migration – in a context where human rights violations persist – increases the risks faced by migrants and refugees with disabilities.

Disability Rights Charter of South Africa (Disabled People South Africa, 1997)

The Disability Rights Charter is a set of demands written by the South African Federation for Disability. There are 18 articles to the document. The language is non-nationalistic, referring to "all people" who live in South Africa. However, there is no mention of the specific needs of non-nationals with disabilities, including refugees and asylum seekers.

White Paper on the Integrated National Disability Strategy (South Africa, Government of, 1997)

The White Paper on an Integrated National Disability Strategy of 1997 facilitates the promotion and protection of the rights of people with disabilities. It provides guidance for disability considerations in policy and legislative reform and aims for the integration of disability issues in all government development strategies, planning and programmes.

In one section, the paper considers how “people with severe intellectual or mental disabilities” often fall “outside the ambit of development” and are often regarded as “helpless”. There is also mention of how a shift from institutionalization to community care can increase vulnerabilities due to people falling through the cracks, and that these vulnerabilities are heightened by the “lack of care, support and access” in rural areas. There is also reference to people with disabilities who have been displaced by violence and war, which can cause “injuries as a result of landmines and psychological trauma”. Migrants from neighbouring countries are included among the people referred to as having disabilities, with emphasis on physical ill health.

There is an important consideration of best practices and models in terms of providing support and recognition, as “the dependency created by the medical model disempowers disabled people and isolates them from the mainstream of society, preventing them from accessing fundamental social, political and economic rights”. However, like the White Paper on the Rights of Persons with Disabilities, there is no specific, in-depth mention of migrants, asylum seekers or refugees in terms of disabilities.

National Health Act No. 61 of 2003 (South Africa, Government of, 2003)

The National Health Act (NHA) sets out a framework for South Africa’s health-care system that delineates power and responsibility at the national, provincial and district levels across the whole country, and provides for public and private components to the system. As a member State of the World Health Assembly (WHA), South Africa is constitutionally mandated to ensure access to health care for internal and cross-border migrant populations, in line with the 2008 WHA resolution (Walls et al., 2015). Interpreted within the National Health Act, the NHA guarantees rights to access health care for everyone in South Africa and also provides for the right to dispute resolution.

Section 4(3)(b) of the NHA states that subject to any condition prescribed by the health minister, the State – through the clinics and community health centres that it funds – must provide all persons, except members of medical aid schemes and their dependents and persons receiving compensation for compensable occupational diseases, with free primary health-care services. In addition, all pregnant and lactating women and children under the age of six are entitled to free health-care services (at any level). This is in line with section 27(1) of the Constitution, which states that “everyone” has the right to have access to health-care services. Subsection 3 further states that “no one” may be refused emergency medical treatment. Refugees Act 130 also provides for access to basic health services by refugees – and, by implication, asylum seekers (South Africa, Government of, 1998).

In addition, a Department of Health 2007 circular also states that migrants, whether documented or undocumented, can access the same basic services as South African nationals. While primary health-care services are provided free of charge, higher levels of care are subject to charge, but the same test also applies to South African citizens. This is in line with the SADC Protocol on Health, which states that citizens of other SADC States, regardless of documentation, must be treated in the same way as citizens of South Africa.

In sum, the laws on access to health care are clear. However, there is still confusion and/or a refusal to apply what the law stipulates, as “ambiguity relating to the rights of non-citizen groups to accessing public health services, including antiretroviral therapy (ART), has prevailed” (IOM, 2010, p. 34). For undocumented migrants with disabilities, there is even less clarity, as disability is not mentioned in the NHA.

White Paper on the Rights of Persons with Disabilities (South Africa, Government of, 2016)

In 2016, the DSD launched the White Paper on the Rights of Persons with Disabilities (WPRPD), which takes its cue from the Constitution of the Republic of South Africa and a number of international instruments, including the CRPD and its Optional Protocol and the recently adopted SDGs reaffirming the human rights of persons with disabilities. The WPRPD calls upon government, civil society and private sector actors to work together to ensure the socioeconomic inclusion of persons with disabilities. It seeks to build a caring and inclusive society where all persons with disabilities enjoy the same rights as their fellow citizens.

Although the WPRPD is a crucial step towards protecting the lives of persons with disabilities, it is important to note that it does not address the specific needs of migrants and refugees with disabilities. In reference to “building socially cohesive communities and neighbourhoods”, the WPRPD states:

Displaced persons with disabilities, including refugees, asylum-seekers and migrants with disabilities form an integral part of communities. In the building of socially cohesive communities, it is important that their presence be acknowledged and that they are included in neighbourhood structures.

(South Africa, Government of, 2016)

However, migrants and refugees with disabilities are mentioned only briefly, with little attention paid to their specific needs.

National Health Act: National Health Insurance Policy (South Africa, Government of, 2017c)

The proposed National Health Insurance (NHI) Policy aims to ensure universal access to health care for all in South Africa – which, in a country with high levels of inequality and a two-tier health system, can be seen as a progressive development – building on and extending previous health-care policies. However, there are currently several concerns around the NHI, including that it further restricts access for migrants and, in particular, undocumented migrants. In fact, although the NHI appears mobility-aware, there is very little mention of migrants and migration. Continuity of care, for example, is only mentioned in terms of internal migrants: “to ensure continuity of care, access to health-care services covered will be portable. This will ensure that internal migrant populations visiting a different part of the country where they were not initially registered, can still access NHI health-care services. Migrant populations must provide notice to the NHI Fund prior to embarking on the journey” (ibid., p. 25).

In its Point 7.7 on “Special Populations”, there is no mention of asylum seekers, refugees or other migrant groups and no reference to disability. Overall, despite a comprehensive and progressive framework based on community- and district-based models of care and a commitment to ensuring prevention, promotion, treatment and rehabilitation services to meet the needs of all, there is little sense of how this would work given the realities of health care in South Africa, especially at the intersection of migration and disability.

5.2.2. Analysis of South Africa’s policies on migration and disability

While South Africa’s international and regional policies relating to migration and/or disability emphasize that the rights of migrants and refugees must be protected domestically. However, where existing policies are supposed to be executed, there remains a clear gap between these policies and their implementation. A key finding of this review is that South Africa’s current policies on disability barely mention the rights of people on the move. Consequently, no matter the strength of policies developed at the international level, the problem of policy implementation persists. The desk review results show that South Africa’s current policies on disability make no specific reference to migrants and refugees with disabilities.

From our findings, it is quite clear that South Africa has yet to put in place adequate policies, strategies, guidelines and institutions to support migrants and refugees with disabilities. Although a number of policies aimed at promoting and addressing the rights of persons with disabilities have already been put in place, they are silent on migrants with disabilities living in the country. As shown, all major policy documents relating to migration and disability show little or no acknowledgement of the intersection between migration and disability – in particular, the increased vulnerability of migrants and refugees with disabilities. In most cases, policy does not consider disability in relation to migration. It is worth noting that failure to recognize the needs of migrants with disabilities is not unique to South Africa, but instead reflects a global phenomenon. An increasing number of countries are adopting restrictive immigration measures, and little attention has been paid to the situation of migrants with disabilities in destination countries. Around the world, little has been done to integrate migrants with disabilities in national or domestic policies.

Our findings indicate that existing policies in South Africa do not engage with the negative impacts of mobility on disability, as the specific and unique challenges faced by migrants and refugees with disabilities are not acknowledged or highlighted in any of the country's policy documents. South Africa has yet to engage constructively with issues surrounding migrants and refugees with disabilities living in the country. It is evident that human rights only exist at the rhetorical level and that there is an inability to translate them into palpable benefits (Gebre et al., 2011). Consequently, most migrants and refugees with disabilities living in South Africa have little choice but survive through support from NGOs, informal networks and religious organizations (Hölscher, 2016).

“On the other side”



Mkukuli lives in a rickety shack in his brother's backyard. © IOM 2020/James OATWAY

Living in a rudimentary shack with a dirt floor in his brother's backyard, Shadrack Mkukuli, 58, still carries the physical and psychological scars of the civil war in Mozambique, which ended in 1992.

Mkukuli's leg was amputated after suffering from a horrific injury in an attack on a train in 1984. After the loss of a number of family members in the war, it was the murder of his brother that prompted surviving family members already living in the Nkomazi area in north-east Mpumalanga, South Africa to send a relative across the border and bring him to the country.

“I'm not feeling good. I don't have an income. I can't work, I'm suffering too much.”

In clear detail, Mkukuli describes the day of an attack on a train by the Mozambican National Resistance (Renamo) that left him maimed.

“In 1984, I was working at Spoornet [the South African Transport Services] in Mozambique. That's when I got injured. I was working on the train and Renamo planted bombs on the train. When it exploded, that's when I got injured. After the bombs exploded, they attacked the train with guns.”

Mkukuli is a quiet man with a gentle smile. But when he starts talking about that day, he straightens himself in his chair as his smile fades and his eyes widen. “Many, many people died that

day. But myself, I'm lucky, I just lost my leg," he said. "So many people died in [front of] my face. They shot them in front of me."

During the 15-year-long civil war, Mkukuli lost numerous family members, including his father, grandmother and an uncle. But it was the killing of his younger brother that had the biggest impact on him.

"I saw the attacks. I can't forget it. My brother, while he was sleeping, they came into the house and shot him to death while he was sleeping," Mkukuli said.

Only after he arrived in South Africa, in January 1989, was he able to get a prosthetic leg, having previously relied on crutches. He still uses the same prosthetic. It is old and cracked, but Mkukuli has been unable to get it replaced.

His legal status and the fact that he never applied for asylum on his arrival mean that he has been living on the periphery of society in Nkomazi, making it harder for him to access basic services such as health care. "I'm not feeling good. I don't have an income. I can't work, I'm suffering too much," he laments.

Mkukuli's case is not unique to this area in South Africa, where regional cross-border migration has been a feature of the social landscape for centuries. Bordered by Mozambique to the east and Eswatini to the south, Nkomazi comprises many cross-border communities.

For the full story, please visit the Endless Journey virtual gallery (<https://medium.com/the-endless-journey/on-the-other-side-nkomazis-transnational-families-3aca6c843c91>).

Mkukuli has used the same prosthetic leg for 31 years. © IOM 2020/James OATWAY



"They are too quiet about migration": A scoping exercise exploring migration and disability in South Africa

6. Study findings

This section presents a discussion of the data collected from key stakeholders through the face-to-face and remote interviews and subjected to thematic content analysis. To highlight key points of the analysis, verbatim quotations from the key informant interviews are shown. A range of interrelated themes emerged during the process of data analysis, namely: lack of accurate and reliable statistics, multifaceted drivers of migration, limited social support networks, poor living conditions, documentation challenges, begging, abuse and exploitation. Other common themes include health-care needs, challenges, access to support and exclusionary social protection mechanisms, as well as limited engagement with migration and exclusion from programmes. These themes will be discussed in further detail in this chapter.

6.1. Disability: A generally neglected issue in South Africa

Respondents acknowledge that migrants with disabilities in South Africa face specific challenges but emphasize that South African nationals with disabilities also face barriers that prevent them from fully enjoying their human rights. Echoing existing literature about the challenges faced by people with disabilities in South Africa (e.g. Capri et al., 2018; Hanass-Hancock and McKenzie, 2017; Mkabile and Swartz, 2020; Wrisdale et al., 2017), respondents note that little has been done to actively support the integration of persons with disabilities in society and development programmes throughout the country. Informants feel that the issue of disability has not been prioritized on the national health agenda.

Since you know that people with disabilities are neglected in our country, what I would like to say is that I like this [job]. I work on this initiative of doing research on people with disability because, really, they are neglected in this country. Maybe what you are doing will assist us better in future and you will take them [people with disabilities] into consideration. They will do whatever we need in the country, become better employed, taken seriously in our community – I think, yeah, okay. Although we haven't reached where we can say that, yes, now we get assistance from the Government and private companies – because they [still] haven't reached the 7 per cent employment rate for people with disabilities.

CSO representative, Nkomazi

As shown in the above quotation, persons with disabilities in South Africa and many countries across the world continue to be marginalized and excluded from full participation in society, including in terms of being able to access basic services such as education, health care, employment and infrastructure facilities.

6.2. Lack of accurate and reliable statistics on migrants with disabilities

One of the main objectives of the study was to investigate the profile of migrants living with disabilities currently residing in South Africa. Data gathered under this objective included migrants' countries of origin, information on how migrants with disabilities move to South Africa, their reasons for moving to South Africa and their migration status, the stage of the migration process that disability is acquired, how these migrants settle in South Africa, predominant forms of disability among them, and their survival strategies in the country.

Apart from a small number of organizations offering generic social services to migrants (i.e. regardless of their disability status), there is limited work on the ground, in terms of programmes and services, for migrants with disabilities. In addition, even though many organizations describe their services as “all-inclusive”, almost all civil society and government actors directly involved in service provision to persons with disabilities report that their engagement with migrants is very limited.

Majority of respondents have little information to share about the profile of migrants with disabilities in South Africa. Although many claim to be involved in service provision to migrants at the time of the interviews, few could provide in-depth information on the demographic characteristics and conditions of migrants with disabilities. Many admit having little or no first-hand experience with migrants with disabilities and were therefore unable to provide specific information about them. Some key informants identified from the desk review indicate that while they work with people with disabilities, they only work with South African citizens – leading them to decline from participating in the study.

In addition, representatives from CSOs and government institutions involved in providing services to persons with disabilities report that their organizations do not keep data disaggregated by nationality or migration status. A DSD representative from Johannesburg has the following to say:

In social development, what is it that we worry about? In every programme, we talk about “GYD” – gender, youth and disability. If anyone falls in any one of those categories, we can’t treat you separately. We don’t [take into account] your nationality or your status. So, I am saying there must be services; it’s [nationality and migration status] just not counted. The other thing with disability is that we ask whether the person has a disability or not. [But] we don’t check your legal status or your HIV status. All information is disaggregated in this department. I can show you my stats for everything. There’s female, male, disabled and what-not, but not migrant.”

DSD representative, Johannesburg

The stage at which disability is acquired varies with the type of disability, conditions experienced before, during and after the move, and from person to person.

It depends with the type of problem. If you talk of mental health problems and chronic illnesses, I would say it’s after they have moved to South Africa.

CBO representative, Johannesburg

While some are congenital disabilities or conditions present from birth, many informants reveal that they work with migrants who have war-related disabilities and chronic illnesses.

Yes, for some elderly people that I’ve worked with, they tell me, I’m like this because of war, because of these kinds of things. But, normally, most of them that I’ve met, they are there because...they were born like that and some is because of being hospitalized for a long time.”

Representative of a displaced people’s organization, Musina

“Well, some they’ve got disabilities that are maybe a result [of] other conditions that they have. So, probably it could have been a disability that has been caused by a stroke...and some of them they are old disabled...and some of them, they have various diseases probably as a result of HIV and – you know – so they end up having [a] kind of stroke and, hence, that’s the main kind of disabilities that they have.”

INGO representative, Johannesburg

It is underlined that exposure to negative and traumatic experiences upon arrival in South Africa and limited access to basic services, such as health care, may worsen the condition of migrants with disabilities.

I think it probably varies again. I would stay away from putting people in a dominant category, but I do think that migration to South Africa – depending where you come from and the context in South Africa – can worsen people’s conditions.

CSO representative, Johannesburg

Bemoaning the absence of reliable, disaggregated and accurate statistical data regarding migrants with disabilities in South Africa, some informants suggest that available data on the prevalence of disability among South African citizens (e.g. from Statistics South Africa surveys) is also largely unreliable.

Current national disability statistics are “badly flawed”. It’s even worse for migrants and refugees living in South Africa because there is no information at all on the number of people with disability living in South Africa irrespective of their migration status in the country.

Ehlanzeni Disability Forum

It is reported that there is no recorded data or information to help understand the profile and patterns of disability among migrants. Informants reiterate the need for reliable and accurate data on persons with disabilities that cover both nationals and non-nationals, to protect them and guarantee their best interests.

6.3. Countries of origin and main drivers of migration for migrants with disabilities

There is a wide consensus among key informants that most migrants with disabilities in South Africa originate from the African continent.

You know, because we are [near the] Zimbabwean border, we do have people from Zimbabwe, Burundi, Uganda, Mozambique, Malawi. So most of them, they come here, and most of them, when they come here, they look for shelter to stay for a day or a night [before they] cross over to other places.

DPO representative, Musina

DRC [Democratic Republic of the Congo], then Zimbabwe. Number one reason for coming to South Africa is to seek asylum, number two is for economic reasons.

FBO representative, KwaZulu-Natal

The majority are from DRC [Democratic Republic of the Congo], Rwanda, Burundi, Zimbabwe, the neighbouring countries. Those from countries like DRC ran away from war. There are others who also come for work. Some of them can’t qualify for asylum.

CBO representative, Johannesburg

“They are too quiet about migration”: A scoping exercise exploring migration and disability in South Africa

Key informants from Ehlanzeni involved in service delivery report that the two largest countries of origin for migrants (regardless of disability status) are Mozambique and Eswatini. Many from Musina and Johannesburg name Zimbabwe and the Democratic Republic of the Congo as two of the largest countries of origin.

Migrants with disabilities do come to our organization, but we are restricted by the Government because if the person is in the country unlawfully, we are not supposed to help. But if they have papers, there's no problem at all. Most migrants come from Zimbabwe.

CBO representative, Johannesburg

Few organizations are able to provide the exact number of migrants with disabilities that they are assisting at the time of the interviews, with many speaking only in approximate terms:

Most of our clients – you can say maybe 75 per cent of our clientele – are from the Congo. We do have Somalians as well, and Ethiopians. We do have a couple of people that come from Eritrea – they are just a few.

INGO representative, Johannesburg

Many participants reiterate the need for quantitative research to quantify the number of migrants with disabilities in South Africa:

In Musina, we do have migrants with disabilities, and the only thing we haven't done is to be able to "scale" them up to find out how many they are, but mostly we are getting those that are coming from Zimbabwe. There are those who are begging along the streets of Musina. We have an organization – it's a disability organization – called SANAP. We have two organizations, the Musina Disability Forum and SANAP. So we have requested them to do a scale-up of migrants with disability so that we know how many are they because at the moment we don't know how many are they and that is the challenge but there are those that we observe along the streets of Musina. As DSD we observe them inland and are therefore not able to tell how they get into the country whether they are documented or not, but [the Department of] Home Affairs may have this information.

DSD representative, Musina

Key informant responses indicate a lack of reliable data on the characteristics and profile of migrants with disabilities in South Africa. The exact number of migrants with disabilities in South Africa – whether in a regular or irregular situation – is not known.

Written responses obtained from Statistics South Africa to inquiries by the research team show that, based on census data, Mozambique, Lesotho, Zimbabwe, Eswatini, Malawi, India, the United Kingdom, Germany, Netherlands and Portugal are the top ten countries of birth for migrants with disabilities resident in South Africa. Although the research team is unsuccessful in getting more clarity about this information, it is indicated that:

All data that these answers are based on are publicly available in the form of microdata or via tabulation tools such as SuperCross. Both of these are freely available from Stats SA[’s website].

Statistics South Africa

According to key informants, the main drivers of migration for persons with disabilities in South Africa – as for those without disabilities – are complex and multifaceted. As is the case with persons without disabilities, people with disabilities move from one country to another for many different reasons ranging from political and social to, economic and personal. Economic and political factors are highlighted as the most prominent. This is captured in the following response:

Number one reason for coming to South Africa is to seek asylum, number two is for economic reasons.

FBO representative, KwaZulu-Natal

Most of our clients – I can say maybe 75 per cent – they moved from DRC [Democratic Republic of the Congo] because of finances, but the main reason is because of the unrest, the political situation in that country, so they are forced to migrate from their homeland to come to South Africa. Let's look at people from Zimbabwe. Most of them they are running away from – I mean there's that economic unrest in Zim[babwe], so people are moving from there looking for greener pastures here.

INGO representative, Johannesburg

Their problems are diverse. Some of them come here simply because they have families here. Some have personal [connections with] syndicates and that happens with persons with disabilities. Some of them are trafficked. People with albinism are being trafficked across borders, being mutilated and so on. The underlying causes of migration are quite diverse.

Investment Opportunities in Africa (IOiA), Pretoria

Interesting here is the reference to human trafficking as a reason why migrants with disabilities are arriving in South Africa. Although this is an issue that has attracted a lot of attention and is frequently discussed in relation to irregular migration, there is very little reliable data to suggest that human trafficking is widespread, or that people with disabilities, including albinism, are victims (Gould et al., 2010). As a number of researchers have pointed out, human trafficking is regularly conflated with other forms of irregular movement, including smuggling, and is talked about in highly sensationalist and exaggerated terms (Walker and Galvin, 2016; Gould et al., 2010; Gould, 2014). This underscores the importance of recognizing the complex and nuanced experiences of persons with disabilities who migrate and understanding them beyond the context of victimhood.

Regardless of disability status, a common thread emerging from the data is that the reasons why persons with disabilities move to South Africa are identical to those of the general migrant population:

I don't think there's a simple answer to that. I think, because if you look at the migration profile of South Africa, I would argue that it's probably very similar to migrants without disabilities. So, on the one hand, [it's] economic, on the other hand, safety and protection.

CSO representative, Johannesburg

Many informants draw attention to the movement of people with albinism from their countries of origin to South Africa and other countries across the globe due to fear of persecution:

There are people who move to South Africa because of this "disability" – from countries like [the United Republic of] Tanzania or Malawi where people with albinism are killed and often neglected. They end up trying to run away from that. With the Africa Disability Protocol – I have checked since the lockdown started some three months ago – but many countries have yet to ratify and domesticate it.

Disability researcher, Western Cape

Another informant from Musina who works with migrants with albinism expresses a bit of scepticism as to whether albinism can be classified as a disability, given its associations with visual impairment:

I don't know where you'd place albinism. Is it part of disability? Because like now I have two persons with albinism that I am attending to and they are here in Musina and when you listen to their story, they left because of persecution. I don't know – persecution of persons with albinism. Ja [Yes], so that I will believe. That lack of support as one of the drivers and if there's no support, then there.

CSO representative, Musina

One of the most important significant findings from the interviews with key informants is that migrants with disabilities are not a homogenous group. There are different categories of migrants with disabilities resident in South Africa. These include, but are not limited to, asylum seekers, refugees, undocumented migrants and temporary residents, among others. This is a clear indication that the drivers of migration vary from one person to another, as people with disabilities – like those without – move for various reasons.

6.4. Predominant forms of disability

Respondents identify visual impairment, mobility impairment, and deafness or hardness of hearing as the most common disabilities seen among migrants living in South Africa. While responses vary from one organization to another – of these three, informants in Musina and Johannesburg single out visual impairment as the most prevalent form of disability. Many report that they have observed several “blind migrants” begging in the streets:

Well, the majority of disabled people that come through, they are blind. Those that have got maybe one [missing] limb, you know, the majority of [them], they come through having been helped by others that are also coming here.

CSO representative, Musina

With regard to the population, I mostly interact with – almost on a daily basis – [those] with paralysis. Ja [Yes], being confined onto a wheelchair. It is physical disability and then the other one is blindness. And then there is one case – I haven't assessed that case – it's a new arrival. In there, one of the boys, we understand he's deaf. He's deaf and cannot speak.

CSO representative, Musina

6.5. Limited social networks for migrants with disabilities in South Africa

Informants reveal that migrants with disabilities have limited access to supportive social networks in South Africa. Majority of asylum seekers and refugees with disabilities arrive in the country having lost connection with and support from family members, friends or relatives in their country of origin. As their stay in South Africa continues, they meet fellow countrymen who help them connect with other persons with disabilities and social service providers. This was expressed in the following response:

Basically, the ones that come here – most of them, they actually don't have any networks at all and then they end up in areas that are mainly populated by people that are coming from the same area. Or people that are coming from their own countries, and then from then on that's when they start looking around, starting to

discover areas or networks that can actually enhance their survival. We have noticed that there are some [former] refugees and asylum seekers who are in South Africa that have been here for the past 10, 15, 20 years – they are already established. And then some people come from their homelands, they come straight. These are the people, [we] start showing them organizations like JRS who would actually link them with other services now so that they can be assisted.

INGO representative, Johannesburg

6.6. Poor living conditions among migrants with disabilities

Informants report that a large percentage of migrants with disabilities in South Africa live in poor living conditions. They struggle to access basic services such as food, water, shelter, health care, education and work. In Johannesburg, it is reported that most migrants with disabilities stay in abandoned, old buildings in the downtown area. Some of them stay in informal settlements (“squatters’ camps”) where they often struggle to access safe and affordable drinking water, electricity for lighting, flush toilets connected to sewerage systems and weekly refuse removal.

A central theme that emerges from the interviews with key informants across all research sites is the issue of poverty. Although migrants with disabilities are not a homogenous group, informants suggest that most of them have limited access to basic opportunities and services such as employment, health and education.

The findings of this study indicate that most migrants with disabilities struggle to access decent shelter and affordable accommodation in South Africa. The interviews with key informants highlight that access to appropriate housing remains a substantial issue for many migrants with disabilities. It is revealed by key informants across all research sites that many migrants with disabilities sleep on the streets or stay in old, poor-quality and unsafe buildings in the cities. Majority of them are undocumented and unemployed. In addition, they are excluded from social security programmes. This makes it difficult for them to stay in residential care facilities where residents are supposed to contribute towards rental and operation costs.

Except for a small number of refugees receiving disability grants, migrants with disabilities cannot afford to stay in residential facilities for persons with disabilities. In South Africa, migrants are excluded from most government or public housing programmes, such as housing subsidies. Access to these benefits is restricted to permanent residents and South African citizens. Undocumented migrants, asylum seekers and refugees – with or without disability – are often unable to find suitable accommodation or stay in residential care settings. Some informants emphasize that homelessness affects both South African citizens and migrants, with or without disability, who moved to South Africa for various reasons related to economic and sociopolitical challenges in their countries of origin.

6.7. The challenges of navigating the system without the necessary documents

One of the main themes that emerge from discussions with key informants is the issue of documentation. There is consensus among all informants that most of the challenges confronting migrants, with or without disability and from pre-migration to post-migration, revolve around identity documentation or the lack thereof.

I think for the migrants, it's why they are getting sidelined – because of their ID issues. Because in the country, before they can be assisted, they need their ID, so I think that's where the challenge is.

CSO representative, Nkomazi

For migrants to enter South Africa via safe and legal means, a valid and acceptable passport or travel document is required. The absence of such documents means some of them migrate through irregular channels, where they are exposed to harmful migration experiences such as extortion, torture and sexual assault on their way to South Africa.

Informants also highlight the challenges involved in obtaining asylum and refugee documentation for persons, with or without disability, moving to South Africa. Speaking about the challenges related to documentation, one of the migration researchers state that the asylum system in South Africa is inefficient.

When you look at the asylum framework, the system should operate in a more efficient manner. That is one thing – and in the refugee reception office, to try and streamline [procedures] and reduce the time that people have to wait before they get asylum. That's one aspect that can be done to make sure what is written on paper is applied because currently, NGOs are forced to challenge [the] Government in court because of lack of access to some of the socioeconomic rights. Refugees should enjoy the economic rights that they are entitled to by law and the South African Constitution – that will also include irregular migrants who do not have papers. Efficiency should be improved.

Migration researcher, Western Cape

Lack of documentation creates another source of vulnerability for migrants with disabilities.

6.8. Begging, abuse and exploitation

Although there are no concrete numbers, informants in Musina and Johannesburg report that there are many migrants with physical disabilities who could be seen begging and sleeping on the streets. The phenomenon of street begging by migrants with disabilities is described as very common and easily detectable in most South African cities, yet they are regarded as a “hidden” and hard-to-reach population. Informants report observing several persons with disabilities who beg on the streets, shopping mall entrances, railway stations, taxi ranks and outside supermarkets and restaurants.

Yes, in South Africa – because of what I have asked – some of these people [migrants] that come here who fail to go their places...they go around begging in the shops in town. They get ZAR 5 per shop, and sometimes they get a hundred per shop. It depends. The most interesting part is when they go to these other believers' churches, other believers' shops. So, they're given ZAR 100, ZAR 200. So, a person comes out maybe after doing collection for a day, they find [themselves] having ZAR 1,000 or [at least] ZAR 200 in one day. Every day, many of them that I have worked with, just after doing collections, they go Jo'burg, then they find transport.

CSO representative, Musina

Several respondents perceive that human trafficking of persons with disabilities takes place for the purpose of begging in South Africa.

Generally, we can just say this is a vulnerable group because sometimes they are being exploited by syndicates. They use them for their gain and stuff like that. Sometimes they even create disability, like the ones that you see on the streets making no money and food and stuff like that. Like, somebody is benefitting out of that. I was actually shocked that they have got what I would call “pimps” who put them on the streets. They come during lunch time, they drop a loaf of bread there and drinks, and then they come back to collect money.

Government representative, Johannesburg

So, there's an element of human trafficking. When we talk of exploitation, it's a migrant against another migrant because those.

Government representative, Johannesburg

I can tell you, we've got a lot of women and children from Zimbabwe who are begging on the streets – and those blinds ones! Because their stay there on the traffic lights is very fortunate to say, “Who dropped this person in the morning and who picks them up?” That's when you will see that there's somebody behind her. Somebody is benefiting [from this]. They will say, “Can you imagine if I own 10 of these women and each contributes ZAR 100 a day?” So, it's ZAR 1,000 on a daily basis. It's a lot of money. “Only a few Zimbabweans are seen without documentation who cross the border and come begging” – I don't know how true this is, but when I was in Pretoria, there was this rumour about this recruitment of these persons from Zimbabwe to come into South Africa...like there's a cartel. Like they are recruiting them to come beg in the streets, and then from the money they make, they have to give a small amount to those who recruited them. I don't know how true [this is]. Maybe you will find out, but the manner in which they come – obviously they are smuggled into the country. You can imagine, for Zimbabweans, maybe obviously because of the economic...situation, conditions in Zimbabwe, those could be the reasons why they are coming, you know, whether with or without documentation. That's another variation. That was the rumour. I think it was in 2017. Yes, that was the rumour that I heard, but I never confirmed it. That they're being brought to beg, ja [yes]. Like the way one can be trafficked for sex and then after you get like a hundred (rand). There's maybe like a commission to a person who has smuggled and whoever brought you.

CSO representative, Musina

Again, as mentioned above, “human trafficking” is a term often used without clarity and understanding of the real picture. What is clear from the statements from our respondents is that fear-based assumptions and unsubstantiated anecdotal stories are driving claims about trafficking – which range from pimps controlling beggars to trafficking for sexual exploitation. While human trafficking is a serious crime and violation of human rights, it is a term used extremely loosely and sometimes in a way that risks misrepresenting the experiences of migrants with disabilities. This means that there is a need for much more clarity when talking about the experiences and vulnerabilities of this group and also a better understanding of choice, agency and exploitation. Accordingly, several informants caution against believing unverified assumptions or rumours about persons with disabilities being trafficked, reiterating the need to conduct empirical studies with migrants with disabilities who engage in street begging before drawing any firm conclusions. Some informants, however, warn that most undocumented migrants with disabilities may be reluctant to participate in such research studies – one of the difficulties of conducting them. The reluctance is due to a variety of reasons, including the fear of being reported to immigration officials.

While both migrant men and women with disabilities are reported to be begging and sleeping on the streets, being subjected to violence, exploitation and abuse, several informants note that migrant women with disabilities are particularly vulnerable to sexual exploitation. Abuse is more likely to come from caregivers or certain people they knew, such as thugs and drug addicts.

A constant theme that emerge from the interviews is that, compared to their male counterparts, migrant women with disabilities are at a heightened risk of all forms of violence, made worse by little or no access to the South African criminal justice system.

Violence [against] people with disabilities is also a big issue in the community. I am talking about gender-based violence. Now these people don't always have the means to report it. What happens is that those people are so vulnerable and open to abuse – all forms of abuse, whether it's physical abuse, sexual or emotional abuse. I don't think if you were to do research on sexual abuse for people with disabilities, you'll not find a lot of statistics because it's not reported. They [migrants] are not able to go and report and no one is gonna believe them.

CSO representative, Johannesburg

The above quote highlights the layered vulnerabilities experienced by female migrants with disabilities. Where studies have shown the heightened risks faced by women and girls on the move (Walker and Vearey, 2019), it is clear that migrant women with disabilities face even greater risks. These also include being more susceptible to several health problems, including sexually transmitted diseases such as HIV/AIDS, syphilis and genital herpes.

6.9. Exclusionary social protection mechanisms

Regarding access to social security benefits, informants reveal that migrants, with or without disability, are largely excluded from basic coverage by current social protection policies and programmes. Speaking from her experience of conducting research among persons with disabilities in South Africa, one disability researcher reports that most migrants with disabilities struggle to get any form of assistance:

Because currently there is a serious gap. The person will go to, for example, SASSA offices – then the SASSA Law is very clear. One needs to be a citizen or a recognized refugee to access social assistance, so that's why you'll find lots of migrants in shopping complexes, in towns, just relying on donations from passers-by.

CSO representative, Musina

Most of them have no access to social support. They end up begging on the streets. Some would try to sell some stuff on the roadside to make a living because they wouldn't have any form of support in South Africa. So, the challenges are quite huge because there is no specific support when it comes to persons with disabilities when they migrate, especially when they travel without papers.

Disability researcher, Western Cape

Informants highlight the exclusions and challenges that non-South African nationals face in terms of access to social security services such as basic services, housing and social benefits. Such benefits are only available to the following categories of persons: South African citizens, recognized refugees and permanent residents.

Apart from a few individuals who have been granted refugee status or permanent residence in South Africa, undocumented migrants, asylum seekers and temporary residents are reported as not being eligible for social security benefits.

Several informants bemoan the exclusion of migrants with disabilities from social welfare grants administered by the South African Social Security Agency (SASSA). These include the disability grant,

child support grant, older persons grant and the so-called “social relief of distress” grant. Constant reference is made to the disability grant, as in the following quote:

I will give you an example of the SASSA Act, which excludes people with disabilities from other countries if they do not have the right papers or unless they have refugee status. Someone with a disability who just has a general work permit, which enables them to live and work in South Africa, does not qualify for benefits allocated through the SASSA Act. I am just giving you this as an example of where the shortcomings are within the existing policies and legislations with regard to persons with disabilities.

CSO representative, Johannesburg

Even in the few cases where eligibility requirements are met, most refugees and permanent residents struggle to convert their rights and entitlements into tangible benefits. Given the exclusions and vulnerabilities that they face around access to social protection schemes, respondents indicate that most migrants with disabilities depend on non-profit organizations and street begging for social and food assistance.

With the COVID-19 pandemic having a profound impact globally, it emerges from the remote interviews conducted with key informants across South Africa that migrants with disabilities, regardless of their documentation status in the country, are disproportionately impacted by the COVID-19 crisis. They are asked to share their views on how migrants with disabilities are affected by the pandemic and many are quick to point out how it is worsening the situation for these migrants and compounding their pre-existing vulnerabilities. It is reported that even prior to the local COVID-19 outbreak and the subsequent lockdown, many migrants with disabilities were already battling for survival and lacked adequate social support and access to health care.

I think, especially due to the lockdown, those who are begging on the streets – they were not allowed to go out because of lockdown regulations. I think it has impacted negatively on them because most of them, they rely much more on what they are getting on the streets. That poses challenges to them because their means of survival have been blocked.

DSD representative, Musina

Many informants raise concerns about the exclusion of migrants from receiving the so-called “social relief of distress” – a grant from the South African Government that profoundly impacts on levels of poverty and suffering among migrant families. These informants point out that life is becoming even more difficult for those with disabilities given the underlying health conditions that render them more susceptible to serious illness or death should they contract COVID-19. Some informants express shock, surprise and anger at the continued exclusion and marginalization of migrants in South Africa, and report that persons with disabilities on the move face a greater risk of contracting COVID-19 and other serious illnesses – and even of death, should they have pre-existing medical conditions.

It's such a great shame to see that migrants are being left out of [the] social relief of distress [grant] during a time like this when everyone is suffering. You fear for the homeless, undocumented migrants who have to go out in the streets to make ends meet for themselves. We are talking about one of the already most vulnerable groups here, [including] people with long-term illness struggling to survive in terrible conditions – and then there is corona. No one is safe from it, but those with pre-conditions are most vulnerable.

INGO representative, Johannesburg

6.10. Health-care needs, challenges and access to support

Responding to the question about the health-care needs of migrants with disabilities living in South Africa, informants indicate that most of their needs are very much like those of migrants without disabilities and the general population of South Africa. The rate of unmet health needs is, however, thought to be greater among migrants with disabilities:

We know that migrants are regularly denied access to health care and someone with that disability might need that health care more regularly or at specific intervals. Someone with disability might need health care more regularly or at specific intervals. Lack of access is detrimental – access to medication. So, I think a lot of issues that are explained generally in the health-care service would be related to migrants with disabilities. I think it's maybe at a more severe level because the need for the services is higher and stigmatization might be worse.

CSO representative, Johannesburg

While there are some disability-specific needs, including assistive devices such as technical aids, medical treatment for chronic health conditions and rehabilitation services, most needs are somewhat generic. Most of the health needs of migrants with disabilities overlap with those of the broader migrant or local population and include primary health services and mental health needs. It is highlighted that, contrary to the general assumption that persons with disabilities only visit medical health facilities for disability specific services, most of their needs fall within the category of mainstream health services. They are, however, at a greater risk of becoming ill.

Some informants suggest that like other persons with disabilities, migrants with disabilities live with chronic health conditions or illnesses such as diabetes, HIV/AIDS and other sexually transmitted diseases, heart disease, asthma, cancer, and back pain and other back problems, among others. Given their exposure to precarious living conditions on a regular basis, migrants with disabilities are vulnerable to developing multiple chronic conditions over time.

Informants bring attention to the diverse sexual and reproductive health needs of migrants with disabilities. Knowledge and access to sexual and reproductive health services is particularly poor among migrants with disabilities, who are more vulnerable to sexually transmitted infections.

Informants underline that migrants with disabilities often choose to stay in abusive relationships, especially if they are financially dependent on those who abuse them for day-to-day survival. In addition, many cases of abuse often go unreported, as migrants with disabilities have limited access to the medical, legal and social justice systems.

Informants also indicate the need for counselling and psychosocial services among migrants with disabilities resident in South Africa. Respondents make references to the traumatic events and hardships faced by refugees and asylum seekers with disabilities before and after migrating to the country, including persecution, war injuries, rape, depression and family separation.

They have chronic illnesses like diabetes, high blood pressure – very connected to stress. We have people with mental health problems. It can be schizophrenia, bipolar, depression.

CBO representative, Johannesburg

All these factors – coupled with the challenges of living with a disability in a country where negative attitudes towards migrants are widespread, can lead to higher levels of psychological stress and distress. The importance of paying attention to the mental health or psychological health well-being of migrants

with disabilities, along with their caregivers, is highlighted as an important area where more attention is required.

Regarding access to primary health services, informants note that migrants with disabilities face many challenges that are not exclusive to persons with disabilities but are commonly experienced by the general migrant population in South Africa. They, however, point out that migrants with disabilities may be more affected because of disability-specific needs. As captured in the following statement, disability amplifies the barriers and challenges commonly faced by migrants without disabilities in South Africa.

So, it's a huge challenge generally for migrants to access public health care. But it's even a bigger challenge for those with disabilities in terms of how they get there and go through the processes if they don't have papers.

FBO representative, KwaZulu-Natal

Key informants reveal that fear of deportation presents a substantial barrier to seeking health-care services for many undocumented migrants, with or without disability.

Immigrants themselves, they don't want to come forward. I can say it's a fear on their part. They think if they come forward, "These people will come and take us back home." Sometimes we try to reach out to them, but they resist due to fear of being deported. We do lots of awareness-raising with them, but only a few come forward. Sometimes, on our side, it's difficult to reach them.

DSD representative, Nkomazi

In Johannesburg, a community services manager based at a CSO that renders social services to persons with disabilities reveals that their work, in close cooperation with DSD, scares off undocumented migrants, who mistake the organization for a government institution.

The migrants with disabilities that we assist are quite the same with other migrants, in that they are quite reluctant to approach us for any services because when they see that we operate in association with the department of social development, some mistake us for a quasi-governmental [agency] or an extension of Government. So, they are very worried because of their migration status, but when they do come, we assist them regardless of their status. Whether they have got papers or not, if they need our services, we provide.

CSO representative, Johannesburg

Despite the availability of social services (at least those that do not require documentation) from government agencies and non-profit organizations, many informants underline that concerns about being undocumented – coupled with a lack of knowledge of their rights and the available services - is one the main barriers to help-seeking among migrants in general.

Everybody has the right to access social services. Most of them [migrants] keep themselves hidden thinking that "If I'm discovered – if they know I'm here – I'll be deported." Most of them do not access proper services, maybe because they are not documented. It takes a person who is knowledgeable of their rights – of which most of them are not. It becomes a problem because social services are available for migrants, but the problem is that they are at home and you rarely find them. You only find them when you go to their homes to do some profiling. Our role is actually to encourage migrants to go to the clinics and services. You cannot die because you are undocumented. Whether you have papers or not, they [service providers] can help you even if you're not documented.

DSD representative, Nkomazi

It is reported that most undocumented migrants, with or without disability, who are resident in South Africa keep themselves “hidden” or “invisible” when seeking health care because they are afraid of being reported to immigration authorities. They believe that seeking services would put them at risk of being arrested by immigration officials and deported to their countries of origin.

Despite the challenges discussed, community development practitioners taking part in the study across all research sites report that they are carrying out community awareness and home visiting programmes meant to mobilize migrants and educating them about their rights and available social services in South Africa.

We have an awareness [campaign] whereby we do community mobilization. We tell that “If you do have a person with a disability, let us know.” There are those awareness campaigns. We also have programmes meant to help build confidence in persons with disabilities. You know, whether one is a migrant or not, living with a disability affects self-esteem and stuff. So, we try to help them around that.

DSD representative, Nkomazi

Key informants report that migrants with disabilities have limited access to assistive devices and technologies – these include wheelchairs, orthotic and prosthetic devices, canes, crutches, spectacles, hearing aids, low-vision aids, computer and other electronic aids, household and cooking aids, writing and printing aids, and educational aids, among others. Given that migrants with disabilities are socially and economically marginalized, one of the key informants from Musina reiterate that most migrants with disabilities cannot afford to buy assistive devices on their own.

Like, in hospital. I do have a brother. He’s a migrant also. He works by Capitec there to sell the [mobile] starter pack and everything for Vodacom, MTN. He’s no longer able to go there [work] because ... the crutches that he uses are no longer safe for him to use. Now, with the situation at the hospital, they cannot give him crutches for free. He needs to pay ZAR 600 for those crutches. They’re expensive. It’s a person who does not have any crutches. So, when he comes to us, if he does not have those crutches, he cannot go to work. We feel that we wish we have crutches to assist that person.

DPO representative, Musina

Regardless of citizenship or immigration status, assistive devices are critical for performing normal day-to-day activities or tasks and carrying out hobbies. Informants highlight that in South Africa, migrants with disabilities do not qualify for free assistive devices issued by the Department of Health.

That is the first thing and then, secondly, the Department of Health, as you know, they provide most of the assistive devices to access buildings, artificial legs and limbs, wheelchairs, crutches and all that. And for one to access these devices, they have to be a South African citizen. So, migrants, in other words, they are unable to access assistive devices from the Government simply on the basis of their nationality. Their access to health care is quite limited in that regard.

CSO representative, Johannesburg

The interviews with key informants reveal that assistive devices are accessible only to South African citizens. As stated in the Uniform Patient Fee Schedule (UPFS), used as a standard by the Department of Health, non-South African citizens are categorized as full-paying patients at public hospitals. In order to get assistive devices, migrants with disabilities must pay the full UPFS fee (including facility and professional fees), as they do not qualify for subsidies.

The lack of access to assistive devices among migrants with disabilities worsens the condition of disability and can lead to secondary injuries or medical complications:

Health needs [include] assistive devices, depending on what type of disability you have. Physio[therapy], occupational therapy, and all of those things – we call them “specialized services”. Persons with disabilities, by implication – I think that most migrants come from poorer communities – which means that they stay in areas where there are high risks. For example, there’s a blind man – I was looking at my laptop now – that doesn’t have a walking stick and lives in a squatters’ camp. He falls into a hole. He falls...so those are those types of things. So, health-wise, he will now probably have a secondary injury because he doesn’t have assistive devices.

DSD representative, Johannesburg

As expressed in the above quotation, unmet needs for disability-specific services such as health-related rehabilitation services and adaptive aids can lead to long-term complications and further hinder access to mainstream health and social services, which should be available to everyone in South Africa.

An important theme that emerges from the interviews is the problem of language barriers in health-care facilities. As for migrants without disabilities in South Africa, key informants report that language barriers are one of the most common challenges faced when trying to navigate health and rehabilitation services in South Africa.

There are situations where migrants struggle to access clinics because service providers may have certain attitudes towards migrants. And [there are] also language and cultural barriers. So, the reasons why migrants struggle to access services are varied, but to respond to your question, the problem is in how all these legislations are applied in everyday life and practice.

Migration researcher, Western Cape

Poor communication between service providers and migrants with disabilities due to the absence of a common language can lead to compromises in the quality of care rendered by service providers. Due to their inability to speak local South African languages, migrants with disabilities are unable to effectively communicate their health problems and needs with service providers within different health-care settings.

Another significant barrier highlighted by informants relates to stereotyping, negative attitudes and the stigmatization of migrants with disabilities. Health-care professionals’ negative attitudes towards migrants with and without disabilities have serious implications on ability to access and utilization of services. Informants reported that most people with disabilities isolate themselves and avoid seeking health-care services due to fear of stigmatization.

There is also the problem of stigma. Some people who live with someone with a blind disability – you find that they lock them in the house when they go to work until they get back. It’s because the family doesn’t have enough capacity to take care of the person or to send them somewhere for care, so they lock them inside the house.

FBO representative, KwaZulu-Natal

In South Africa, migrants are generally regarded as a burden on the country’s stretched health-care system. Informants highlight that migrants with disabilities often avoid public health facilities as a result of the stigma attached to disability and the negative attitudes of health-care workers towards migrants.

On paper, I think there is sufficient policy framework to deal with disability, but at the [level] of practical implementation, that's where there are challenges. Because even the professionals that are required by law to provide these services – unfortunately some of them exhibit very negative attitudes towards migrants. Attitudes that I would characterize as xenophobic, you know. [But] you know, they are only human beings and they have got their own prejudices. So, all these things work to compound the challenges that migrants with disabilities are experiencing.

CSO representative, Johannesburg

Lack of identity documents, such as valid passports and permits, is highlighted as one of the most important barriers to accessing basic services, including health care, in South Africa. Many informants report that migrants are being turned away from health-care facilities on the basis of not having the required documents.

South African law clearly defines that if a person is not documented, they are illegal in the country. So, it is very difficult now for people who are not documented to access these services. Like in most hospitals, clinics, if a person doesn't have that asylum paper, it is going to be very difficult for them to access health care in South Africa. Inasmuch as it is said that health care is free for all on paper, in practice it's not done that way. I don't know whether the person, they don't know what to do or it's pure negligence of some sort. So, even if the person who is an asylum document holder, they cannot access secondary services. If I say "secondary", obviously I talk of those major operations.

INGO representative, Johannesburg

In Johannesburg, some informants from government agencies underline that denial of public health services to migrants on account of insufficient documentation is overstated. They point out that requesting patients to produce identity documents is not something uniquely applied to non-South African nationals, but to everyone in the country.

But we need also not to be biased. To say, for me as a South African, if I go to those institutions – to the clinics – one of the requirements [is identification]. If I don't have an ID, it will be a birth certificate. For whatever trace [tracking purpose], because the clinic or the hospital must have documentation of its clients. If I'm on treatment, there should be documentation. There's a system, once again, that is used ... If you go to the clinic, even if you don't have a card, you must go and register. So, they will want your details, ID, date of birth, what, what. So they must have trace [a way to keep track]...if you come back for a second time. With migrants, at some stage it becomes challenging.

Government representative, Johannesburg

It is highlighted that everyone in South Africa is routinely expected to provide a copy of their identity documents when dealing with public and private institutions. Asking patients to provide proof of identity has nothing to do with discrimination of migrants in health care, but something vital to good medical record-keeping and avoiding unnecessary duplication of services.

Some informants noted that South African health policies concerning the rights of migrants to access health care in public health institutions are inconsistent and contradictory. Although section 27 of the South African Constitution states that everyone in South Africa has the right to access health services, it was reported that circulars issued by the Department of Health are not in sync with the Constitution.

Such policy contradictions may cause discrepancies in service delivery, as health workers rely on their own judgement on whether they want to provide services to migrants or not. Consequently, health service accessibility often varies from one service provider to another.

6.11. Policy on disability: Limited engagement with migration and exclusion of migrants from programmes

Some informants report that they could not respond to questions around disability policies as they were not familiar with South Africa's policies on disability. There is consensus, however, among all respondents that current policies and frameworks on disability are inadequate when it comes to addressing the needs of migrants with disabilities.

Important to note is that the South African disability policy framework is not specifically designed for migrants, but South African citizens. As it stands, domestic policies on disability make little or no reference to non-South African nationals. Informants report that except for those who fall under the refugee category, South Africa's national policies on disability do not account for the needs of migrants with disabilities.

Well, I think like anywhere else in the world, policies are not meant to deal with foreigners per se [sic]. Policies are designed to be servicing the citizens of a country. So, they have not been tailor-made to make provisions for migrants with disabilities. I will give you an example of the SASSA Act, which [excludes] people with disabilities from other countries unless if they have refugee status. Someone with disability who just has a general work permit, which enables them to live and work in South Africa, does not qualify for benefits allocated through the SASSA Act. I am just giving you this as an example of where the shortcomings are within the existing policies and legislations with regard to persons with disabilities.

CSO representative, Johannesburg

When asked about the responsiveness of South African policies to the needs of migration and disability, one respondent notes that although South Africa's policies are generally progressive, greater mainstreaming of migration into national policies, plans and strategies is urgently required. Current policies on disability show little awareness of migration.

No. I mean, even if you were to look at employment policies, they don't speak specifically to migrants. Because I think it's like a double burden. We have policies that speak to migration and policies that speak to disability. But there's no kind of overlap in those policy spaces.

CSO representative, Johannesburg

Key informants report that in South Africa, there are no policies in place to protect migrants and refugees with disabilities. Responding to questions around current policies on migration and disability, a representative from the key stakeholder, Ehlanzeni Disability Forum, laments the absence of migration-sensitive policies in South Africa and notes that most policies are silent about migration:

I never saw any paragraph or sentence [in local policy] that speaks about migrants. Existing policies only address citizens. Nothing is mentioned in relation to disabled foreign nationals. Even at the international level, yes, there are policies addressing persons with disabilities but, still, they are too quiet about migration.

Ehlanzeni Disability Forum

Most NGOs report that they would like to provide services to non-South Africans but are struggling to do so at the moment due to limited funding. In one of the interviews with the manager of an NGO based in Johannesburg, it is revealed that they used to render services to migrants but had stopped a few years back after being instructed by donors to exclude migrants from service provision. This is in line with prevailing assumptions in South Africa about migrants being a burden on national resources and available services. They are generally regarded as a burden to the provision of basic services and distribution of resources in the country. Other challenges mentioned by non-profit organizations include lack of government support and funding and staff shortages.

6.12. Conclusion

This chapter provided a detailed presentation and discussion of the findings that emanated from the interviews with key informants. The findings show that there is a shortage of reliable and accurate statistics regarding migrants with disabilities in South Africa. It was discovered that most migrants with disabilities originate from African countries, including Zimbabwe and the Democratic Republic of the Congo. One of the most significant findings to emerge from this scoping study is that migrants with disabilities are not a homogenous group, and that persons with disabilities move to South Africa and other countries around the world for various reasons that are similar to those of persons without disabilities, including economic and sociopolitical challenges in their countries of origin.

The findings from the interviews with key informants demonstrate that – as for many South Africans with disabilities – migrants with disabilities in South Africa experience multiple challenges. For some migrants, these challenges are exacerbated due to an irregular migration status, which can manifest, for example, as homelessness or poor living conditions, difficulties having a secure income, and limited access to basic services, including health and education.

The results show that migrants, with or without disability, are largely excluded from basic social protection policies and programmes. In the absence of social protection schemes, informants report that many migrants with disabilities depend on non-profit organizations and street begging for social and food assistance. Lastly, the findings reveal that current policies and frameworks on disability do not sufficiently engage with the needs of migrants with disabilities.

7. Recommendations

Recommendations include building partnerships between sectors in order to generate, disseminate and utilize quality and reliable data regarding migrants with disabilities to inform policy and programming; developing migration-aware disability policies and programmes; promoting an enabling environment for civil society and strengthening the capacity of civil society organizations to engage in governance processes; mainstreaming migration into national planning; and the key need of promoting engagement and stakeholder consultation. The SADC region is currently developing its Regional Migration Policy Framework, offering possible strategic opportunities to emphasize these key issues (SADC, 2020).

For disabled migrants holding an irregular status, fear of arrest, detention or deportation results in fear of engaging with government services. To this end, developing formal “firewalls” to ensure that irregular migrants accessing health services are not reported to immigration authorities may reassure and encourage engagement with services (see, e.g.: Hermansson et al., 2020). However, until appropriate services are available, firewalls will do little to meet the needs of migrants with disabilities.

These recommendations are summarized in Table 3.

Table 3. Summary of recommendations

Duty-bearers	Recommendations
Department of Home Affairs (DHA)	<ul style="list-style-type: none"> Promote awareness and sensitivity to the needs of migrants with disabilities in asylum and refugee management systems. Provide easy access to RROs. Grant persons with disabilities enough time to submit their claims. Work with the national-level Department of Health and Department of Social Development to develop firewalls that will guarantee protection of irregular migrants when accessing government services, including health care.
Civil society organizations Department of Social Development (DSD)	<ul style="list-style-type: none"> Improve public understanding of migration and disability. Debunk myths, misunderstandings and negative stereotypes surrounding migration. Raise awareness around the issues affecting migrants with disabilities, their needs, rights, and abilities and the various forms of exclusion that they face. Organize public and private events specifically dedicated to the issues affecting migrants with disabilities in South Africa. Promote active engagement with local communities and migrants with disabilities and stakeholder consultation. Work with the DHA to develop firewalls that will guarantee protection of irregular migrants when accessing government services, including health care.
Donors	<ul style="list-style-type: none"> Ensure adequate and sustainable funding for targeted interventions addressing the specific needs of migrants with disabilities. Funding is needed for several services, including adapted housing, secondary health care, and purchasing assistive devices and technologies such as wheelchairs, prostheses, hearings aids, visual aids, and specialized computer software and hardware that increase mobility, hearing, vision and communication capacities.

“They are too quiet about migration”: A scoping exercise exploring migration and disability in South Africa

Duty-bearers	Recommendations
Researchers	<ul style="list-style-type: none"> • Quantitative and qualitative data regarding the situation of migrants with disabilities is urgently needed. • Generate reliable statistical, disaggregated data on the prevalence of disability and the demographic profile of migrants with disabilities living in South Africa. • Conduct ethnographic studies exploring the everyday life experiences of migrants with disabilities, including those engaging in street begging in South African cities. There is an urgent need for narratives and stories of migrants with disabilities that can be used in advocacy campaigns. • Share research findings with all role players and stakeholders.
Department of Health	<ul style="list-style-type: none"> • Ensure the rights to access health care are upheld for all in South Africa, including for individuals with an irregular documentation status. • Revise the Uniform Patient Fee System (UPFS) to ensure that migrants with disabilities have equal access to health services and assistive devices. • Ensure equal access to sexual and reproductive health services for migrants with and without disabilities including family planning services and HIV/AIDS programmes and services. • All programmes and services for persons with disabilities in South Africa should include migrants. • Work with the DHA and DSD to develop firewalls that will guarantee protection of irregular migrants when accessing government services, including health care.
South African Police Service (SAPS)	<ul style="list-style-type: none"> • Train police officers to respect and protect the inherent dignity of migrants with disabilities. Officers should be trained on the rights of migrants with disabilities in South Africa and capacitated to serve with compassion and respect as they interact with migrants with and without disabilities. • Efforts should be made to ensure that migration-related arrest, detention, and deportation measures are carried out in accordance with international and South African law and in close cooperation with the DHA. This includes assessing the implications of forced return to countries of origin, to ensure that such return does not contravene principles of refoulement or give rise to inhumane treatment. • Ensure the effective enforcement of laws that protect migrants with and without disabilities from sexual exploitation, abuse and harassment.

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