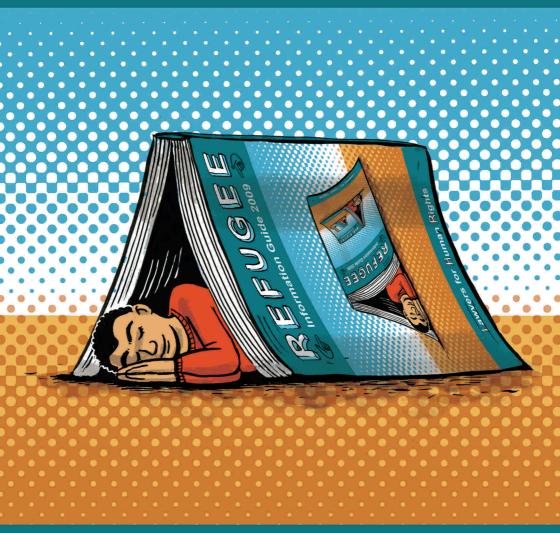
REFUGEE Information Guide 2009



Lawyers for Human Rights



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How to use this guide

The Guide is divided into two parts:

The first part provides important information on how to apply for asylum and seek legal assistance, where to find material assistance, how to access social assistance such as health, education, employment, trauma- and psychological support both from government and non-governmental sources. It also provides general information about South Africa.

The second part consists of a detailed directory of the relevant government departments, international organisations, non-governmental organisations (NGOs), and community-based and religious organisations offering assistance to the refugee community in South Africa.

Please note that the South African government's policies and practices may change. Please check the Lawyers for Human Rights (LHR) website, www.lhr.org.za, for the most up-to-date information.

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Acronyms and definitions

Acronyms

DHA → Department of Home Affairs

ICRC → International Committee for the Red Cross

RRO → Refugee reception officer

Definitions

- → Asylum seeker: A person who has lodged an asylum application with the Department of Home Affairs and who is waiting for a decision on refugee status
- → Department of Home Affairs (DHA): The South African government department responsible for the administration of asylum applications and refugee matters
- → Durable solution: Long-term solutions to problems experienced by refugees, generally involving movement back to home country or third country of asylum or integration locally
- → Eligibility determination form (form BI-1590): The form you have to fill out the first time you report to any of the seven refugee reception offices in the country
- → Family reunification: The bringing together of members of the same nuclear family with the help of the UNHCR and/or the ICRC after approval by the DHA
- → Family tracing: The attempt to locate and link up members of the same nuclear family (father, mother, brother and sister) with or without the help of the UNHCR and/or the ICRC
- → Immigration Act: The new law that has replaced the Aliens Control Act. This law regulates who may enter South Africa and how and also covers deportations
- → Non-refoulement: The fundamental principle that prohibits states from returning asylum seekers or refugees to countries where their lives and freedoms may be threatened
- → Permanent resident: A person who has been given permission to live in South Africa on a permanent basis
- → Persecution: Severe violation of human rights for reasons of race, religion, nationality, political opinion or membership of a social group
- → Prohibited person: A person without any legal documents allowing him or her to stay in South Africa lawfully. It can also cover people who are not allowed in SA such as deportees or people with infectious diseases
- Recognised refugee: A person who has been granted refugee status in terms of section 24 of the Refugees Act
- Refugees Act No.130 of 1998: Law passed by the parliament of South Africa that governs the treatment of refugees in the country

RSD0 → Refugee status determination officer

LHR → Lawyers for Human Rights

UNHCR → United Nations High Commissioner for Refugees

- → Refugee: A person who is forced to flee his/her country due to a well-founded fear of persecution or disasters of human origin such as armed conflicts, civil upheavals and generalised violence
- → Relocation: An internal transfer of a refugee or asylum seeker from one part of South Africa to another, with the help of the UNHCR
- Resettlement: The relocation of a refugee from South Africa to a second country of asylum with the approval of the UNHCR and the country of resettlement
- → Section 22 permit: Temporary, renewable permit, described in Section 22 of the Refugees Act, which is issued to asylum seekers while they await a decision on their asylum application and allows the bearer to reside in South Africa and to work and study
- → Section 24 permit: Renewable permit, issued in terms of Section 24 of the Refugees Act, which grants refugee status to the bearer and allows him/her to reside in South Africa for a period of two years
- → Temporary resident: Person with a legal permit that allows him or her to stay in the country for a limited period of time. Tourists, foreign students and business people would typically apply for temporary resident permits
- → The Standing Committee for Refugee Affairs: Committee that reviews any refugee applications that have been rejected on the basis of being manifestly unfounded and that provides certification that a refugee will remain a refugee indefinitely for the purposes of applying for permanent residence
- → Unaccompanied minor: A child under the age of 18 who is in South Africa without the company of his/her parents or guardians
- → Undocumented migrant: A person who is not in possession of the requisite visa or residence permit that is required to be in the country legally
- → UNHCR: The United Nations High Commissioner for Refugees is an international organisation mandated to provide international protection to refugees and to promote long-term durable solutions to their problems
- Voluntary repatriation: Voluntary return of refugee from country of asylum to country of origin

Health services



South Africa's health-care system consists of a private and a government-managed system. Asylum seekers and refugees often find private health care expensive. Health care provided by the government is generally offered at minimal cost. It is sometimes difficult to access public-health services as hospital workers do not always know the rights of refugees and asylum seekers; these staff members might also fail to recognise asylum seeker and refugee permits as valid forms of documentation.

Whenever you have a health problem, first go to the nearest local clinic for examination, except in emergency cases. If the

clinic is unable to treat you or you need care that the clinic cannot provide, the clinic will give you a referral letter for a specific government hospital.

- → Except in emergency cases, you must always first go to the clinic closest to where you live before you go to a hospital. If necessary, the clinic will give you a referral letter to go to a hospital.
- Only in emergency cases can you go directly to a hospital for assistance.

Local clinics

Local clinics provide primary health-care services for children and adults. The government runs these clinics, and, for the most part, all consultations and treatment offered at clinics are free of charge. You need to locate the clinic closest to the place where you live. You need to make an appointment for all consultations, except for emergency cases. Even if you have made an appointment, you should be prepared to wait for a while before your consultation.

When you go to a clinic, you have to take your valid Section 22 asylum seeker permit or Section 24 refugee permit. If you have not received your Section 22 or Section 24 permit, go to one of the NGO service providers listed in this directory to get a letter to give to the clinic.

After the examination, the clinic will provide you with any necessary medicines, which are free of charge. If you need further medical attention or treatment that the clinic cannot provide, you will be given a referral letter to go to a nearby hospital.

Hospitals

Except in an emergency, you will need a referral letter from a local clinic to access a government hospital. You must also take your Section 22 or Section 24 permit with you. At the hospital, you will be asked to pay a fee upfront.

If you do not have the money needed to pay for medical attention at the public hospital, you will either need to get an affidavit from the nearest police station stating why you are unable to pay or get help from one of the NGO service providers listed in this directory. These service providers can ask the hospital in writing to waive the fees. You will need to take the affidavit or the letter back to the hospital.

If you decide to get medical attention from a private doctor or a private hospital, you will be responsible for the payment of any fees.

Trauma assistance

Individuals who have suffered a traumatic event — such as a natural disaster, abuse or a violent incident — may be in need of professional assistance, especially if they suffer from post-traumatic stress disorder. This disorder could develop in individuals who are exposed to severe trauma.

There is a wide range of common reactions to traumatic incidents; these reactions are known as post-traumatic stress responses and can include difficulty in sleeping, nightmares, health problems such as headaches, difficulty in concentrating, flashbacks, anxiety and feelings of helplessness or fear. They are normal responses to an abnormal event

How can I get help?

Go for councelling — this is where you get to speak to a professional about what happened to you and your feelings surrounding the incident/s. It is a space where you can start exploring and understanding the personal effects caused by the traumatic event. Counselling can take place on an individual, couple, family or group basis.

The Trauma Clinic in Johannesburg and the Trauma Centre for Survivors of Violence and Torture in Cape Town offer counselling and therapy for people suffering from post-traumatic stress and other trauma-related difficulties. See the directory section for contact details and further information about other trauma clinics.

HIV/AIDS

A person who is infected with HIV can look and feel healthy for up to 10 years or more before signs of AIDS appear. HIV steadily weakens the body's defence (immune) system until it can no longer fight off infections such as pneumonia, diarrhoea, tumours and other illnesses. That is why it is important for you to find out whether you might be HIV-positive as early as possible so that you can begin treatment. There is no cure for HIV or for AIDS, but there are treatments available to manage HIV, which can help you to lead a normal life. To get the right treatment, you need to know your HIV status.

HIV is passed – or transmitted – from one person to another only in very specific ways. These are:

- through sexual intercourse;
- → through infected blood, which may be present on unsterilised needles and syringes; and
- → from an infected mother to her baby, either when the baby is still in the womb, during childbirth, or during breastfeeding.

HIV DOES NOT SPREAD THROUGH CASUAL, EVERDAY CONTACT RETWEEN PEOPLE

This means that it is okay to play sports and work together, shake hands, hug friends or kiss them, sleep in the same room, breathe the same air, share drinking and eating utensils and towels and use the same showers or toilets.

Testing for HIV

To find out whether you are infected with HIV and to receive treatment that can help you lead a healthier, more productive life if you are infected, you need to have a blood test. Most public-health facilities test for HIV. The test is free.

Before being tested, you will receive counselling. You will also receive counselling when the result comes back, irrespective of whether you are HIV-positive or HIV-negative. In most facilities, two tests are done, and it takes about 20 minutes to get the result. In some complicated cases, a sample of your blood might have to be sent to a laboratory, in which case it could take a few days to get your result back. HIV tests are very accurate.

There are also a number of organisations, including private doctors, who offer consultation, counselling and HIV testing. The Treatment Action Campaign website (www.tac.org.za) provides information about places where you can get counselling, get tested and get treatment. Also see the directory section of this guide for further information.

Prevention of mother-to-child transmission

If a woman is pregnant and has tested HIV-positive, public-health facilities offer Nevirapine, a drug that can significantly lessen the chances of infection from mother to child.

Nevirapine is an anti-retroviral (ARV) drug that is given to prevent the transmission of HIV from the infected mother to the unborn child during birth. For more information on the treatment and to find the nearest health facility that offers this treatment, please contact an NGO service provider or the UNHCR, or go to the Treatment Action Campaign website (www.tac.org.za) for a list of public-health facilities that provide ARV treatment.

Treatments

Medicines known as ARVs now help people with HIV live normal lives. You will only begin taking ARVs when you develop a serious HIV-related illness (known as an opportunistic infection), or when your CD4 count drops below 350. For most people with HIV, this happens on average eight to ten years after infection, but there are many exceptions. It is therefore important that you consult a doctor about the best treatment for your specific case.

Refugees and asylum seekers have a right to get free ARV treatment at public hospitals.

Treatment for rape and sexual assault victims

In cases of rape or sexual assault, it is government policy to provide a 28-day course of anti-retrovirals to victims in order to prevent the transmission of HIV. This is known as post-exposure prophylaxis. If you choose to take post-exposure prophylaxis you need to do so within 72 hours of being raped or sexually assaulted. This treatment is indicated only if you were HIV-negative before you were raped/assaulted.

Contact one of the following rape crisis numbers for assistance:

Bloemfontein → 051 447 6678 Cape Town → 021 447 9762 Durban → 031 312 2323 East London → 043 743 7266 Johannesburg → 011 728 1347 Kimberlev → 053 831 1715 Mafikeng → 018 384 4870 Nelspruit → 013 755 3606 Polokwane → 015 297 7538 Port Elizabeth → 041 484 3804 Pretoria → 012 342 222

Alternatively, contact one of the following help lines:

loveLife 0800 121 900 Aids Help Line 0800 01 23 22 Aids Hot Line 0800 11 06 05

Or report the incident to the nearest police station, which should be able to assist you.