



# **MIGRATION IN RELATION TO SERVICES**

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# OUTLOOKS FOR THE REGION?

**South Africa is the leading edge** of social and demographic change for the continent – trends appear first here

- South Africa has about 400 000 citizens in the OECD countries, but is becoming the key destination for **large population flows from Africa**
- *Botswana is now employing most of its own citizens* due to mining and Namibia is following –
- But Zimbabwe's economy is in collapse, and reports of **1-2 million Zimbabweans now in SA** look plausible

SADC accounts for most SA cross-border migration, but destinations in the north are being overwhelmed due to *declining household farming livelihoods*

South Africa is emerging as the main African destination for these overflows in the medium to long term

Rising **cross-border migration offers needed skills**, but is *starting to trigger conflict*

**Future trends** depend on economic events in source countries

# MIGRATION AND THE SPACE ECONOMY

The South African space economy is acutely unequal –  
and it is **now post-agrarian**

**Urban labour absorption** is still the strongest in Africa, but  
*agriculture faces globalization and is declining fast*

- Big **income differentials** drive urban migration
- As of 2001, *migration into large towns was highest at 11%, then the metros at 8.5%, secondary cities at 8%, small towns at 6%*

*From our research:*

- A new trend appears to be **SA youth migrating on their own**
- **Black households are shrinking fast**, risking collapse
- And **women living on social grants** have become household heads –  
*these households are very fragile and precarious*

Migration feeds these trends in the urban sector –

***What happens with services delivery will be a controlling factor***

# STATE OF THE NATION?

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Migration feeds these trends in the urban sector –

*Migration is the process that moves people into communities and into housing*

**Services and infrastructure delivery** pulls people in –



# SERVICES DELIVERY

Government is attempting to **change spatial inequality** through directed investment –

- NSDP policies aim investment into areas with both **need** and **potential**
- But re-direct spending in areas of low potential **away from infrastructure** and toward human capital

*This policy strongly promotes urban migration –*

With 4 % of the population, the former homelands are the main demographic reservoir of poverty in South Africa

- **Population has been flooding out** since 1991, into areas with formal local government and infrastructure delivery
- Communities tend to see infrastructure as an entitlement – they will **resist the NSDP through the political process**

The coming struggle between state and communities over locating services access will go far to **determine migration trends in the next 10-15 years**

# LOOKING AT TRENDS

*South Africa does not now have a high urbanization rate by international standards –*

- **Urbanization rates** for the 9 biggest cities align with most of the developed world, under 2 % for 1996-2005, and falling
- But **migration into Johannesburg** has been estimated at 3 % yearly – most projections show urban migration rising

*World-wide, the goals of urban planning focus on **land use and development** –*

*With migration and demographics always in the background*

*In South Africa, this picture is complicated by government's heavy **reliance on local municipalities for actual delivery** of anti-poverty services*

*Because of the suddenness of this demand, there is risk of **bottlenecks in local planning around delivery** –*

# POLICY IMPLICATIONS?

High rates of migration inside South Africa and into South Africa drive rapid **loss of social capital** and **social cohesion** – W

- *People wanting work* are trapped in shack settlements without transport they can afford
- *Women alone* are often trapped in poverty and *don't do as well as men when they urbanize*

As the *rural* sector declines, the cities will struggle to fund business infrastructure vs the needs of the arriving poor – **job creation** is uncertain

*Land reform has had little impact so far and its future impact is questionable – we have no good solution for rural employment demands*

The size of the **urban population transfer**, and whether it goes to cities or to smaller centres, will be a major issue

*Spatial distribution of infrastructure and services delivery will be key –*

**Government's institutional capacity** to manage population shifts is in question, and *weakest at local government level*

# TOWARD SCENARIOS?

*Constructing the future is difficult due to the number of uncertainties between now and 2030 –*

*A high-road outcome* might be moderate cross-border migration with “high-quality” migrants who can offer skills

- With *SADC and Africa migrants* in a majority, commercial activity would intensify throughout Southern Africa
- Such an outcome could follow **more open South African policy** toward hiring foreigners
- And would be helped by careful and incentive-based *management of internal migration*

*A low-road scenario* could follow from serious economic reversals or conflict outbreaks in the Southern Cone –

*A low-growth path* in SA combined with very high levels of unqualified, extra-legal cross-border inflow could result in **bitter and violent competition**

*A very bad dystopia* could mean cross-border migrants establishing **armed enclaves of non-citizens** on the borders and in cities, competing with the unemployed to **demand access to state resources**

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# MOVEMENT ON THE NORTHERN BORDER?

*Seeing these risks – who is coming across to South Africa?*

What can we say about the **future prospects for cross-border inflows** in relation to the demand for services?

*What is the relation of services demand to **migration activity**?*

*And specifically, how does migration relate to **health services** on South Africa's northern border?*

The situation on the Limpopo border seems to be heating up –

Beyond Zimbabwe's economic spiral and the threat of cholera, the **world financial crisis** is now a looming threat to livelihoods across Africa

- There's been acute stress on the Zimbabwe border crossing – conditions have been alarming
- BBC reported crowding building up at the Musina crossing point, with numbers of rapes and suspicions of child trafficking

# THE CONTEXT FOR MIGRATION PLANNING?

The *new migration and health report* from Limpopo DSD and Department of Health (Kironji 2008) has been released into this complex policy situation

- With **cross-border migration** set to rise steeply
- And the **economic situation** poised to deteriorate

Not easy to deal with – Limpopo's report gives indications of how it can work

*Once their full data collection process is final and regularized, the planned analysis will be very useful to the country and perhaps to SADC*

And this **migration monitoring initiative** – and others like **it linked to services data** – need to go forward with speed and determination as recommended

# MORE MIGRATION COMING FROM AFRICA?

Let's look at the ***policy context*** for the Limpopo migration and services report –

We can anticipate a **rise in cross-border migration** from SADC and from Africa as the world financial crisis bites into the continent –

- Results from the African Migration Alliance research network indicate *rural-to-urban migration* in many African countries is **overwhelming regional absorption capacity**
- Regional boundaries are dropping – rising migration flows have **broken through national and regional borders** in East, West and Central Africa
- The resulting overflow has **started to turn to the south** –
- AMA research (2006) reflects Africa starting to function as a **single continent-wide migration arena**

*South Africa looks like becoming the hotspot destination country for the entire continent*

# LIMPOPO AND THE FINANCIAL CRISIS?

These demographic flows will be *driven harder by the hardship effects of the world financial crisis on Africa's rural and urban sectors* –

- It means the **present regional overflows may rise** very rapidly and result in new cross-border flows coming here
- Also, these flows will be lifted by the **new Africa convention** which facilitates free movement of peoples
- For cross-border migration into South Africa, **a perfect-storm outcome of much higher inflow** is clearly possible
- The **share of migrants** in the total South African population may be **much higher in 5-10 years** –

But the implications for Limpopo's cross-border flows are not fully clear

- *People from nearby countries may come overland through Limpopo – others may come by ship, or fly in over other borders*
- **Impacts already identified on the provincial health system may become much more acute**



# TOWARD DEMOGRAPHIC PROFILES?

*To find out how acute, we need to find out much more about Limpopo's migrant population –*

As the Limpopo migration and health report recommends, **we need a profile of this population**

- The data coming in does not yet sustain socio-demographic profiling
- The report's point about establishing *indicators for uniform data collection* is right

It will also be important to **relate the in-migrant population to the local-born citizen population**

And to draw out *contrasts and similarities* that determine service needs

**This migrant population needs to be planned for**

And it is not the same as the local-born citizen population

# COST FACTORS: INFRASTRUCTURE & SERVICES

Stresses around perceptions of in-migration often rest on the **cost of spending for migrants**

- on infrastructure
- and on human services, health, education, welfare

There are conflicting studies about whether the host country gains or loses money from in-migration

*Most seem to show a net loss – more spending on migrants* than economic contribution coming from them

But studies that include the second generation show a **net gain to the host country**

- Especially from *legal migration* that comes in through border controls
- *Extra-legal, informal migration* is often unskilled and more problematic if unskilled jobs are limited

South Africa has a large share of extra-legal migration and the **question of migration costs and government spending is very inflamed**

# MIGRATION & SERVICES ?

In South Africa, **services and infrastructure attract migration**

*- from the 1999-2000 migration study for the National Spatial Development Perspective –*

**People don't only migrate to find jobs –**

- Services and infrastructure strongly attract migrants from areas where service delivery is still weak
- And in time periods when there are haves and have-nots for services access

*Around 1994, there was a lot of migration toward:*

- *Water delivery*
- *Transport access*
- *Electricity*

**And now also toward health and education services –**

When jobs are not available, people can move toward other attractions

**Delivering services well can result in more migration?**

# MIGRATION AND THE HEALTH COST TO GOVERNMENT?

*More recent studies show people **migrating for access to social grants and housing** more than jobs*

If people can't get urban jobs, many move toward services and housing instead –

There seems to be a **big migration demand for health services** and for education

*What causes chronic policy concern is whether people in underserved areas are **migrating across borders for health services***

**Or worse – migrating temporarily across borders to use health services and then going back**

*Either way, the district providing health services to non-residents can lose money*

**National health budgets do not compensate districts** for health services used by non-residents and not documented



# A HEALTH MIGRATION QUESTION IN LIMPOPO?

For Limpopo, a possible **health and migration priority** could be, what *percentage of public health service users* are foreign migrants – ?

- In 1999, *Western Cape* mounted a major provincial migration study to catch Eastern Cape migrants using their health services
- They were aiming at obtaining **compensation from national government for non-resident users**
- Results were inconclusive –

Other questions might be

Where **people in different demographic categories** migrate to, and why? *What results for health service access?*

What **demographic categories** are underserved for health services? *Do they migrate?*

What are the **health priorities and service needs of different demographic categories?** *Where are they located?*

*We can't yet answer these questions fully*

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# FROM THE HEALTH & MIGRATION REPORT

From here, we can review the some important conclusions of the health and migration report –

- Yes, *there is a need for **full data coverage** and for **uniform data collection** – establish uniform indicators*
- Yes, *identify where the migrant population makes most use of the **services that use up resources***
  - Output services, women giving birth, unclaimed funerals
  - **These costs can be uncouncted in budgets**
  - Ensure these services are compensated
- Yes, *profile the demographic population that uses services so as to **predict health demand trends relative to migration***
  - And from there **understand future budget needs**

The report finds that **Limpopo health services finances are strained** when numbers of unclaimed migrants die, have to be followed up and then buried months later –

*This is really important for the health budget – knowing this makes it possible for **policy to address compensation***

# SOME IMPLICATIONS

The report's most important finding may be in the **age distribution** –

The *migrant population using health services* is mainly young adults of working age

- Including numerous **pregnant women**
- Not many **children** reported, few **elderly** –

This has implications for migration and health + welfare delivery in Limpopo

If so, then Limpopo will mostly avoid budget cost effects from the provisions of the **Children's Act**

Which will provide that **all children in South Africa under age 18** are entitled to the same social services

At the same time, it seems clear that ***elderly people are not commonly migrating across the South African border*** in order to settle closer to hospital care

**Nor are they moving back and forth to use Limpopo hospitals** on an undocumented non-resident basis

*Instead, this is a **working-age population** that we may need to keep*

# FURTHER IMPLICATIONS?

However: it does look fairly likely that **women may be crossing the border to give birth**

- *Either to use Limpopo hospitals*
- *Or to provide their children with South African citizenship*

This second trend, if it is substantiated on any scale, could have **definite demographic effects on the composition of the population**

- And would also entitle the **children to claim** social and economic benefits paid for by government

*This trend can be seen against international trends –*

- **Birth tourism** is a trend that Ireland and Britain are grappling with, and is also reported from other EU countries

It leads to the question of whether the availability of Limpopo's **health services may be pulling migration across the border**

And to whether this happens on a temporary basis, or establishes contacts that can lead to **long-term or permanent migration**



**THANK YOU!**

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