

HEALTH VULNERABILITIES STUDY OF MIXED MIGRATION FLOWS FROM THE EAST AND HORN OF AFRICA AND THE GREAT LAKES REGION TO SOUTHERN AFRICA



EXECUTIVE SUMMARY FINDINGS FROM THE FORMATIVE STAGE



International Organization for Migration (IOM)

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Figure 1: Routes Identified from 2009 Study

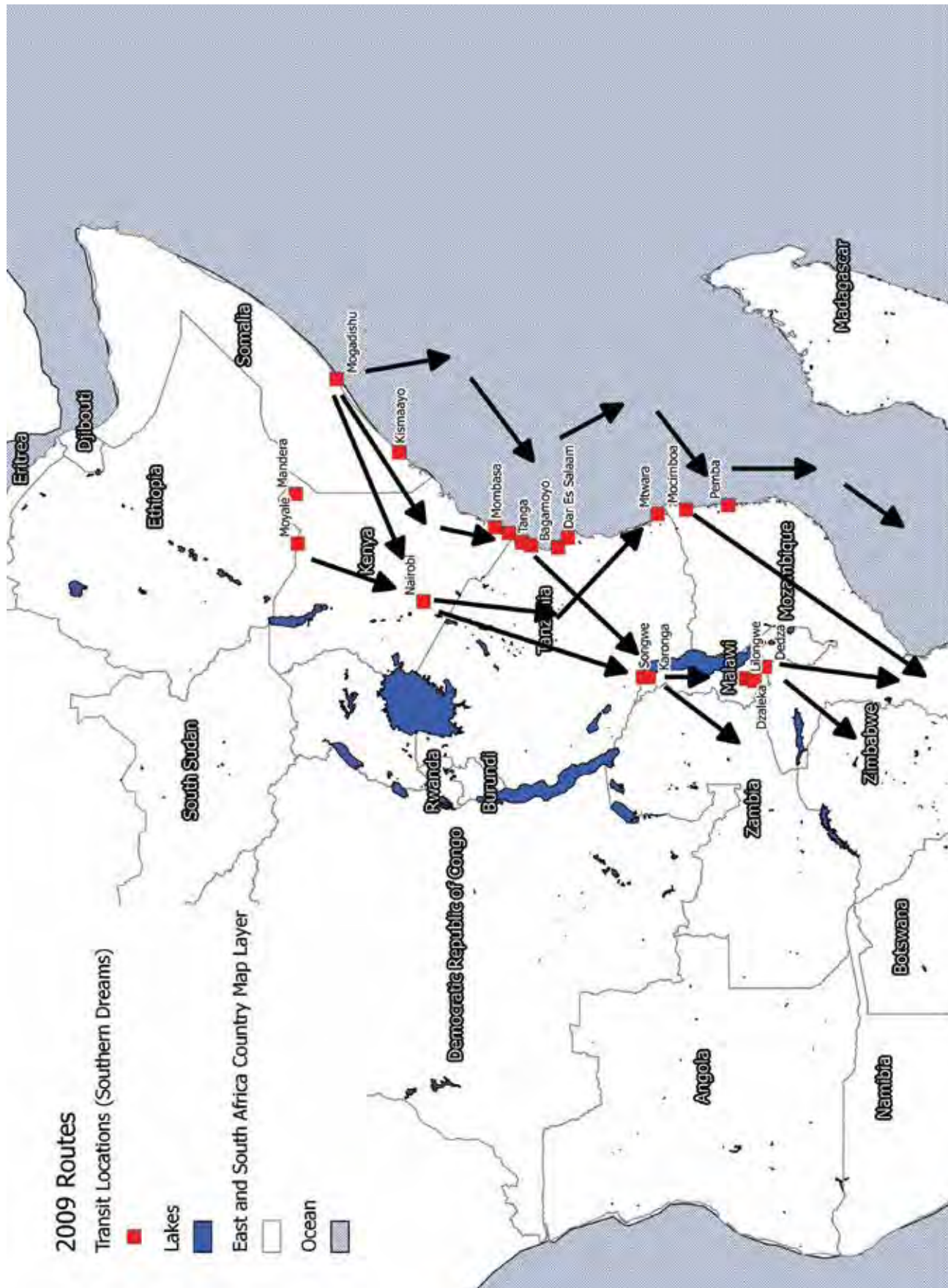
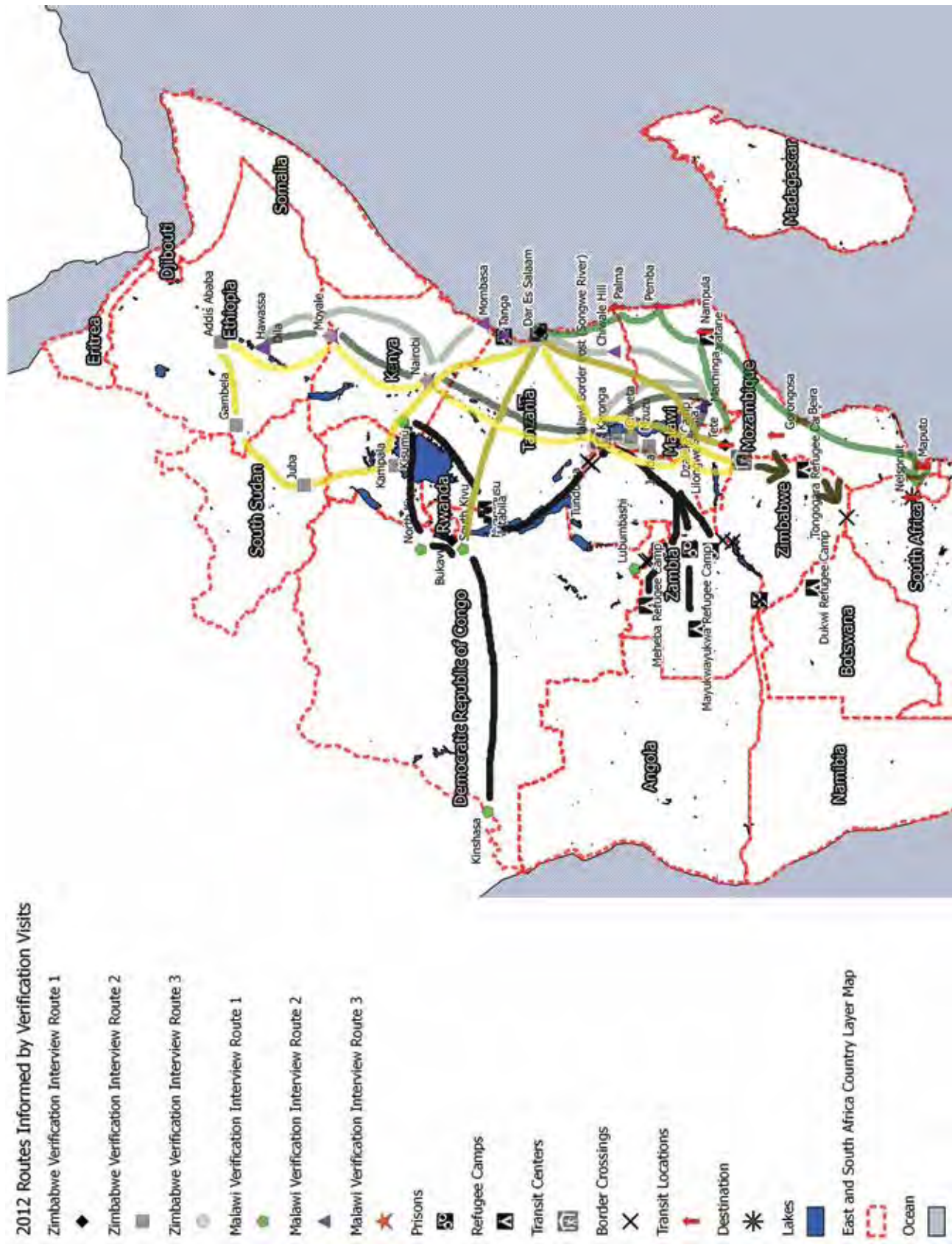


Figure 2: Routes Identified from Verification Visits



BACKGROUND

International migratory movements in Africa have become more complex in recent years and are increasingly mixed in character, involving groups such as asylum-seekers, refugees and irregular migrants, among others. These movements entail women, men and children leaving their homeland and seeking to take up residence in another country for a variety of reasons. The increasing phenomenon of mixed and irregular migration from the East and Horn of Africa and Great Lakes regions to Southern Africa is causing concern among the affected states, international and regional organisations and other stakeholders.

In response to such concerns, a regional conference on refugee protection and international migration on mixed movements and irregular migration from the East and Horn of Africa and Great Lakes regions to Southern Africa was held in the United Republic of Tanzania in 2010, with representation from 13 states. One of the objectives of the conference was to better understand the nature and underlying causes of these flows, examine the main challenges and form an action plan to respond to these challenges. One of the action plans agreed upon was to conduct research that informs policy through the collection and analysis of data on mixed migration flows at both national and regional levels.

Migrants who undertake the journey to Southern Africa face different social, economic, climatic and political determinants of health en route to their destination. In order to respond comprehensively to the needs of the men, women and children who go on this journey, governments, regional bodies and other stakeholders need to gain a better understanding of the different vulnerabilities, including health vulnerabilities, faced by mixed migrants, as this migration flow impacts sending, transit and destination countries.



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In response to growing phenomenon of mixed migration, IOM in August 2012 commissioned a study on the “Health vulnerabilities of mixed migration flows from the East and Horn of Africa and the Great Lakes region to Southern Africa”. One of the aims of the study is to update the findings of the 2009 IOM report “In Pursuit of the Southern Dream”¹, which assessed the potential trafficking of men and boys from Eastern Africa to Southern Africa and focused on populations migrating from Ethiopia, Kenya and Somalia. The current research will build on the knowledge gained from the previous study by expanding the target group to include mixed and irregular migrants from the Democratic Republic of the Congo (DRC); it will also better elucidate and generalize the experiences, health vulnerabilities and problems of irregular migrants in transit.

The study is designed to be conducted in two stages. Completed between October and December 2012, the first stage – the formative stage – had two objectives: 1) to update the findings of the 2009 study and 2) to collect information and identify “spaces of vulnerability”² through a desk review and verification visits to five transit countries. The second stage – a detailed field study – will be conducted within the first six months of 2013.

DISCLAIMER

The findings articulated in this brief are preliminary findings and are based on limited qualitative interviews and a desk review. Consequently, all statements herein should not be taken as conclusive. The detailed field study will provide more detail, in addition to more generalizable and substantiated findings.

- 1 S. Harwood, *In Pursuit of the Southern Dream: Victims of Necessity* (Geneva, International Organization for Migration, 2009). Available from http://publications.iom.int/bookstore/index.php?main_page=product_info&cPath=41_7&products_id=725 (accessed 17 February).
- 2 Spaces of vulnerability are areas where migrants and mobile populations live, work, pass through or originate. These areas may include the following: land border posts, ports, truck stops or hot spots along transport corridors, construction sites, commercial farms, fishing communities, mines, migrant communities and urban informal settlements, migrant-sending sites, detention centres and emergency settlements. The concept is based on the understanding that health vulnerability stems not only from individual factors but also a range of environmental factors specific to the unique conditions of a location, including the relationships among mobile and sedentary populations in the area. These factors must be taken into consideration when addressing migration health concerns, and interventions must take into account and target both migrants and mobile populations as well as the communities with which they interact, including families in migrant-sending communities.

SUMMARY OF FINDINGS IN THE FORMATIVE STAGE



TARGET GROUPS AND ORIGIN, TRANSIT AND DESTINATION COUNTRIES

The study was designed to investigate and analyse the mixed migration movements of populations from the Democratic Republic of the Congo (DRC), Ethiopia and Somalia in transit to Southern Africa. Malawi, Mozambique, Tanzania, Zambia and Zimbabwe were selected as the subjects of the formative study through a process that considered among others the number of irregular migrants transiting through these countries and the level of access to irregular migrants. While South Africa is still considered to be the traditional destination country for migrants moving south, countries such as Malawi, Mozambique and Zambia are increasingly being viewed as alternative destinations.

SIZE AND DEMOGRAPHIC OF MIGRANT POPULATIONS

The number of irregular migrants passing through the five aforementioned countries could not be determined during the verification visits; however, there are reliable reports in Malawi that approximately 500 irregular migrants from Ethiopia come through Dzaleka refugee camp per month. In Mozambique, approximately 16,000 “illegal migrants” were reportedly repatriated in 2012, but only to the point of entry instead of the country of origin. This suggests that actual numbers may be quite significant, considering the unknown number of successful transits. Furthermore, statistics from South Africa’s Department of Home Affairs show an overall increase in the number of migrants from the DRC, Ethiopia and Somalia over the past few years.³ However, these figures do not take into account the number of migrants who remain in transit countries. Evidence suggests that some migrants from Somalia and the DRC stay in Mozambique and join that country’s growing artisanal mining sector, or engage in trade that revolves around the booming mining economy⁴; others settle in Malawi or Zambia.

Evolving gender dynamics

The migrating population of Ethiopia and Somalia is mainly made up of young men between the ages of 18 and 35. However, it appears that a growing number of similarly aged females are travelling within Somali groups and some Ethiopian women with children are transiting alone through Mozambique by air. Migrating populations from the DRC tend to comprise more women, children and the elderly; they also tend to travel as family units than migrant groups from Ethiopia and Somalia. There is also evidence suggesting that unaccompanied minors are undertaking this journey.

3 Asylum Seeker Management Annual Report on Asylum Statistics (Chief Directorate, Department of Home Affairs, Republic of South Africa, 2011, 2010, 2009).

4 Artisanal and Small-scale Mining in Africa: Opportunities and Challenges. Available from www.saiia.org.za/diplomatic-pouch/artisanal-and-small-scale-mining-in-africa-opportunities-and-challenges.html.

PUSH-PULL FACTORS

While war, poverty, discrimination, violence and the promise of money and opportunity in South Africa continue to be the main push factors for all groups of irregular migrants, some of the Somali migrants interviewed for this study claimed that they had left their home country because they feared recruitment by radical/terrorist groups operating in Somalia. Migrants from the DRC, meanwhile, cited the ongoing conflict and violence in their country as the major reason behind their decision to leave. Based on the interviews conducted, some migrants appeared to have given little thought to organizing and planning their journey and had simply fled as an act of self-preservation in the face of danger and in search of a “safe place”. However, there is some anecdotal evidence suggesting a certain degree of planning and organization among migrants from the DRC who had transited through Mozambique.

ROUTES AND MODES OF TRANSPORT

The key findings from the formative stage indicate that while most of the routes used by Ethiopian and Somali migrants, as cited in the 2009 Southern Dream study remain active, some have decreased in importance or are now being used by other migrant groups, such as Pakistani, Bangladeshi and Chinese migrants.



The routes identified in the 2009 study were the following:

1. Air travel

a. Full air flight

A small number of migrants interviewed flew all the way to South Africa from their origin country of Ethiopia or Kenya.

b. Partial flight

For most irregular migrants, air travel only covered a portion of their route. Flights between the cities of Addis Ababa, Nairobi, Harare, Maputo, Lilongwe, Lusaka and Johannesburg were mainly used.

2. Sea travel

A substantial number of migrants interviewed travelled by water as part of their journey. The two main routes passed through the Indian Ocean and the lake. Transiting migrants took boats from places as far as Mogadishu and Mombasa to destinations as distant as Mozambique. The migrants who travelled by boat through the lake had aimed to secure entry into Malawi. Passages through the Indian Ocean and the lake have declined in popularity as governments have increased their efforts to prevent migrants from using these routes. Tragic incidents well publicized in the international media, such as the drowning of irregular migrants from Eastern Africa in the lake in June 2012, may have also contributed to the reduced use of previously busy routes.⁵



⁵ Migrants drown in the lake in Karonga District (BBC News Africa, 21 June 2012). Available from www.bbc.co.uk/news/world-africa-18531470.

3. Overland travel

The Ethiopian and Somali migrants who moved to Southern Africa used a variety of routes to cross transit countries in 2009.⁶ Since then, several new routes have opened up to supplement existing routes or to circumvent routes that have become more difficult to transit due to new legislation that allows imprisonment of people using these routes and the threat posed by immigration patrols or violence.

The most popular transit countries among migrants bound for Southern Africa include Kenya, Malawi, Mozambique, Tanzania, Zambia and Zimbabwe. While some migrants transit through Swaziland and Botswana, the majority use the aforementioned six countries as transit points for migrating south. As Congolese migrants were not part of the assessment for the 2009 study, it is not possible to assess any changes in their movement patterns. For the current study, Burundi, Mozambique, Rwanda, Tanzania, Zambia and Zimbabwe were identified as transit countries for migrants from the DRC migrating to Southern Africa.

MODES OF TRANSPORT



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6 The main routes used by the subjects of the 2009 *In Pursuit of the Southern Dream* study were the following:

- Ethiopian migrants
 - o 1st route: Moyale (Ethiopia) by road – Nairobi by road to Mombasa, by road to Tanga or dhows to Bagamoyo and then Dar es Salaam by road – Mbeya – by road to Malawi
 - o 2nd route: Moyale by road to Nairobi by road to Namanga-Arusha-Mbeya- Malawi
 - o 3rd route: Moyale (Ethiopia) by road –Nairobi by road to Mombasa by road to Taveta— on foot to Mwanga district or Sanya Juu in Hai District in Kilimanjaro- by road to Mbeya- Malawi
 - o 4th route: Moyale / Nairobi/Mombasa/Namanga/Dar es Salaam/Mtwara
 - o 5th route: Moyale/Nairobi/Sirari/Mwanza/Tabora/Sikonge/Mbeya-Malawi
 - o 6th route: Moyale /Nairobi/Mombasa by boat/ dhow to Mtwara
 - o 7th route: Moyale /Nairobi/Mombasa by boat to Mozambique and then return by road to Mtwara where they later travel by road to Malawi
- Somali irregular migrants travelled through Kenya and then took the following routes:
 - o 1st route: Mogadishu/Garissa / Nairobi/Mombasa/Namanga/Dar es Salaam/Mtwara
 - o 2nd route: Mogadishu/Garissa/ Nairobi/Mombasa/Tanga/ Dar es Salaam/Mtwara
 - o 3rd route: Mogadishu/Garissa/ Nairobi/Mombasa by boat to Mtwara
 - o 4th route: Mogadishu/Garissa/ Nairobi/Mombasa/ Pemba in Mozambique/Mtwara

As in 2009, container trucks, boats and travel on foot were the favoured modes of transport by Ethiopian and Somali migrants interviewed for the current study. Meanwhile, migrants from the DRC often travel on foot and frequently use commercial transportation such as buses and minibuses. Air travel, which was used to a lesser extent by Ethiopian and Somali migrants in 2009, appears to be used more frequently by Ethiopian and Somali migrants, particularly through Mozambique.

UNDERTAKING THE JOURNEY

For Ethiopian and Somali migrants, the route they took was normally selected by the smuggler facilitating their transit. The smuggler usually based this decision on his/her perceptions of safety along a specific route, factoring in levels of violence, ease of transfer to the next stop on the route and levels of corruption likely to be encountered. Migrants do not normally have a say on the routes designated for them. While migrants from the DRC did not appear to have used smugglers to assist them with their travel, their choice of routes was largely influenced by the push factors that had contributed to their exit from the DRC.

The pull of South Africa as a destination is the perceived higher level of safety and greater economic opportunities it provides migrants, as well as the protection the country offers for migrant rights. While the 2009 study found that Somali and Ethiopian migrants usually paid USD 1,750 to USD 2,000 for the route to South Africa, verification visits conducted for this formative study found that the minimum payment had increased to approximately USD 2,500 and to as much as USD 5,000 for the route through Zambia and Mozambique. Migrants from the DRC normally use public transport or walk long distances; as such, costs associated with their journey are likely incurred at checkpoints and borders.

The modus operandi of smugglers, in terms of the way they organize the transit of migrants, does not appear to have changed since the 2009 study. Transiting migrants from Eastern Africa to Southern Africa are transferred to different ‘facilitators’ along the route south. Facilitators for smugglers live or visit home villages in Ethiopia and Somalia and/or destination areas and take charge of a specific group of migrants. They make all the arrangements with their associates along the route, even supplying some migrant groups with a “code book”⁷ that contains phone numbers and meeting points along the journey. Various brokers within a specific country will work in collaboration with other brokers in the same country or in the next transit country to arrange logistics for different groups of irregular migrants from source countries such as Ethiopia and Somalia. They will assist with various local issues that need a hands-on approach, such as paying bribes and arranging guides for the migrants.

The entire process of facilitating migrant journeys seems to have become more efficient and organized. Transit time now appears to be faster, taking approximately six weeks, on average, compared with eight weeks in 2009. Safe houses in cities, towns and refugee camps, as well as other transit centres, are used along the journey south. Interviews with migrants in refugee camps revealed that safe houses operating within refugee camps are used by smugglers. Migrants have little to no contact with the refugee population. Migrants, for the most part, do not register with camp authorities and they move out of the camp unnoticed at night to continue their journey south.

Areas identified as frequent stops for transiting migrants include the Dzaleka refugee camp in Malawi and the Tongogara refugee camp and Nyamapanda reception centre in Zimbabwe. Migrants appear to use these waypoints to obtain services, generate income and make arrangements for the next stage of the trip. Congolese migrants interviewed for this study stated that they moved on foot and used local transportation (not smugglers) to get to waypoints along the route south, which include the same spaces of vulnerability used by smugglers for Ethiopian and Somali migrants. However, Congolese migrants are more likely to register

⁷ Immigration officers interviewed in Mozambique reported confiscating “code books” from young Somali women that allowed them to trace their routes and gave them numbers and names of people to call during their journey.

with camp authorities and to stay longer in the camps and reception centres before continuing their journey; they are also more likely to apply for refugee status somewhere along the route south.

The method of payment has also become more advanced. There is evidence suggesting that facilitators now operate in various home villages in Ethiopia and Somalia. The facilitators act as agents between the migrant and the smuggler(s) and make periodic cash instalments on behalf of the migrant who is in transit. This method was developed to thwart efforts by unscrupulous smugglers to extort money from migrants along the route and requires smugglers to guarantee the safe passage of the migrant prior to receiving payment from the facilitators. As a result, migrants now carry less money with them on their journeys. This development may have negative consequences for migrants' health as it increases their vulnerability to violence from other criminal elements demanding money along the route, and makes migrants more dependent on individual smugglers as they make their way to their destination.

While some migrants travel with legal travel documents such as passports, laissez-passer and border passes to facilitate parts of their trip or their entire journey, they also use forged travel documentation such as border passes, passports and visas which they claim are obtained with relative ease in some transit countries.

Technology plays a huge role in facilitating the transit of migrants; Internet and cell phone networks that provide cross-country coverage are widely used to facilitate such journeys. These technologies are used to make payments and arrange transport, among others. There were three fully functioning Internet cafes in the Dzaleka refugee camp at the time of the verification visit conducted for this formative study, and many of the migrants and migrant representatives had e-mail addresses that could be used for further contact.

CORRUPTION

Complicity and corruption along the smuggling routes appears to be common. The use of forged travel documentation such as border passes, passports and visas easily bought and obtained along the route were reported in many interviews with migrants and corroborated by immigration and border personnel in subsequent interviews. In addition, border guards and police at checkpoints are routinely bribed to facilitate the passage of undocumented migrants. Some of the transit countries have been working to identify corrupt border guards and police in an attempt to stem what they deem as "illegal migration".

HEALTH RISKS AND HEALTH CARE SERVICES

Migrants from all groups face various health risks. Travel in the back of container trucks – a common means of transport through Tanzania, Mozambique and Zambia – poses serious health risks to migrants. There have been reported cases of migrant deaths due to suffocation.⁸ Migrants routinely cross forests in order to enter various countries through unofficial borders. These unregulated routes are extremely dangerous because of the physical nature of the journey and the lack of essentials such as water, food and shelter along the route. Furthermore, migrants routinely suffer physical violence on these routes.

There are minors from the DRC who regularly travel alone or with an adult who is not a relative. This has raised concerns on the possible hazards of such travel as it is not clear whether the minors are travelling on their own free will.

⁸ In June of 2012, the bodies of 43 Ethiopian and Somali migrants were discovered dumped on the side of the road near a forest in Dodoma province, Tanzania; over 70 surviving migrants were also left abandoned in the area. Survivors reported that the driver of their truck abandoned them in the woods after he found out that people were suffocating to death in his truck. The report is available from www.bbc.co.uk/news/world-africa-18606620 (accessed 17 February 2013).



There are also risks to migrants' physical and psychological health due to their frequent contact with violence. The migrants from Ethiopia and Somalia reported being victimized by various persons they came into contact with during their journey, including the police, immigration officers, prison wardens, smugglers, community members and, in some cases, their travelling companions. The abuses reported include murder, rape, cavity searches, torture and muggings. In addition, interviews revealed both male and female migrants' concerns and experiences of sexual violence perpetrated by smugglers, prisoners, the police and even their own travelling companions along the route. According to Somali leaders in Dzaleka refugee camp in Malawi, some of the young women transiting the camp are arriving pregnant. The quantitative study will help determine if these reported pregnancies are the result of transit or a push factor for some of these young Somali women. While migrants from the DRC seem to escape some of the targeted abuse, they are also subject to similar violence, albeit on a smaller scale.

Imprisonment and detention also pose significant health risks for migrants, including exposure to tuberculosis (TB) and, in some cases, multi-drug resistant tuberculosis (MDR-TB). Currently, there are few, if any, screening programmes for TB in prisons in Tanzania. A pilot study in Zambia found MDR-TB cases in a prison there. Migrants who are imprisoned in Zambia and Tanzania, exposed to tuberculosis or MDR-TB and later released could spread TB and/or MDR-TB during their journey, posing a significant regional risk. Given that we were unable to document post-release screening of TB or treatment of prison-acquired TB, the scale of the danger posed by this disease remains unquantified.

RECEPTION IN TRANSIT COUNTRIES

There are mixed feelings towards migrants in various transit countries. In general, the protracted conflict in the DRC has resulted in most of the transit countries seeing migrants from the DRC as legitimate refugees compared with migrants from Ethiopia or Somalia. In Tanzania, the police has raised concerns about the plight of imprisoned migrants, while in Malawi there appears to be an official national campaign against irregular migrants, with pamphlets distributed by the Malawian police warning of the consequences of not reporting migrants.

The confusion over the status of specific migrant groups has brought hardship on many migrants. For example, migrants from Ethiopia and Somalia are regularly discriminated against throughout their journey and upon reaching transit countries, as their status as “real” refugees is not recognized. There are differences in opinion on how to handle “illegal migrants” in some countries. As a result, border police and immigration officers handle different groups of migrants in different ways; in some cases, even migrants with refugee claims are not allowed to apply for refugee status. The difficulties faced by migrants can be considerably reduced if the coordination mechanism and synergy between the various police, immigration and governmental bodies dealing with issues related to irregular migration and migrants is improved.

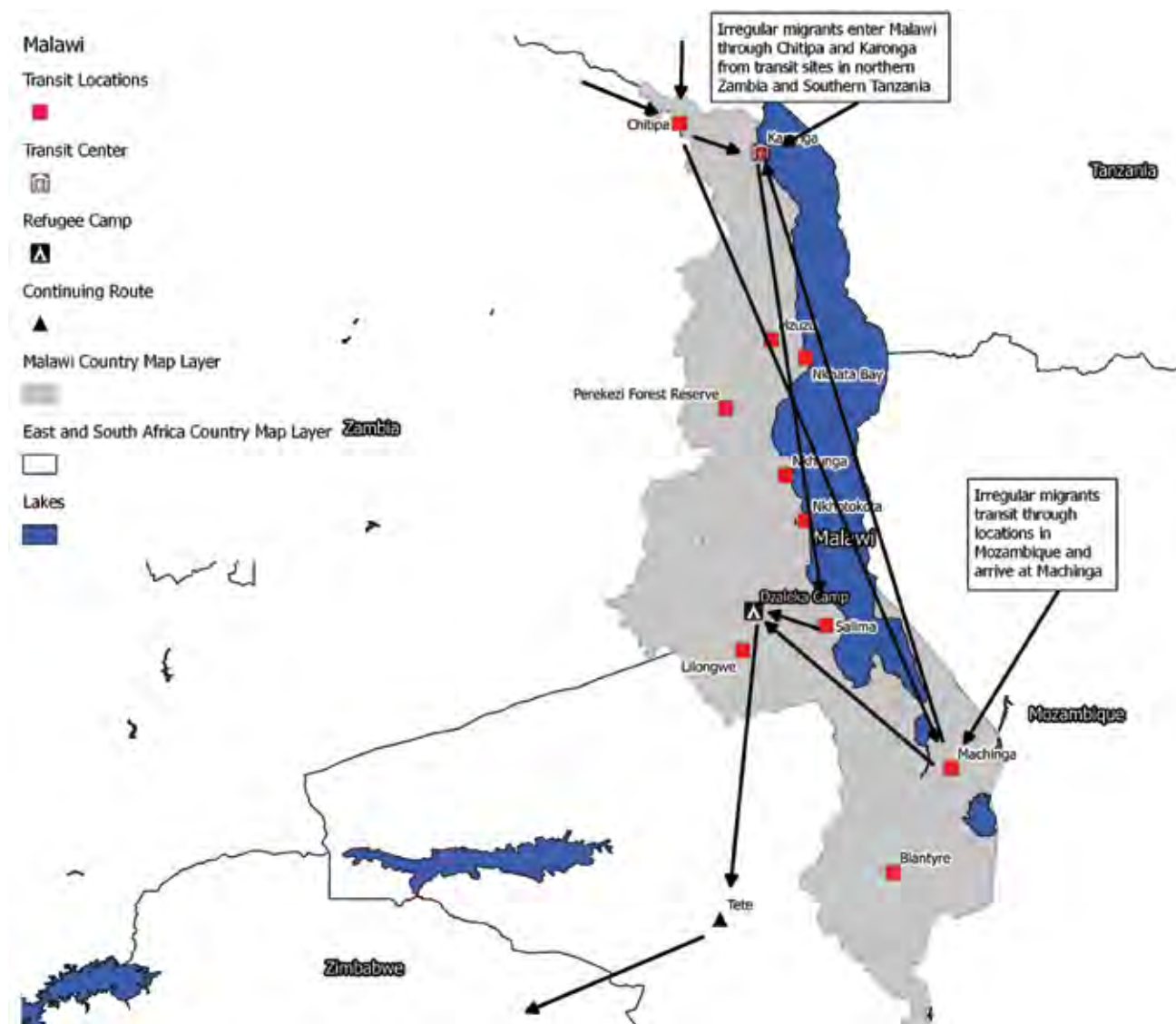


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COUNTRY-LEVEL FINDINGS

MALAWI

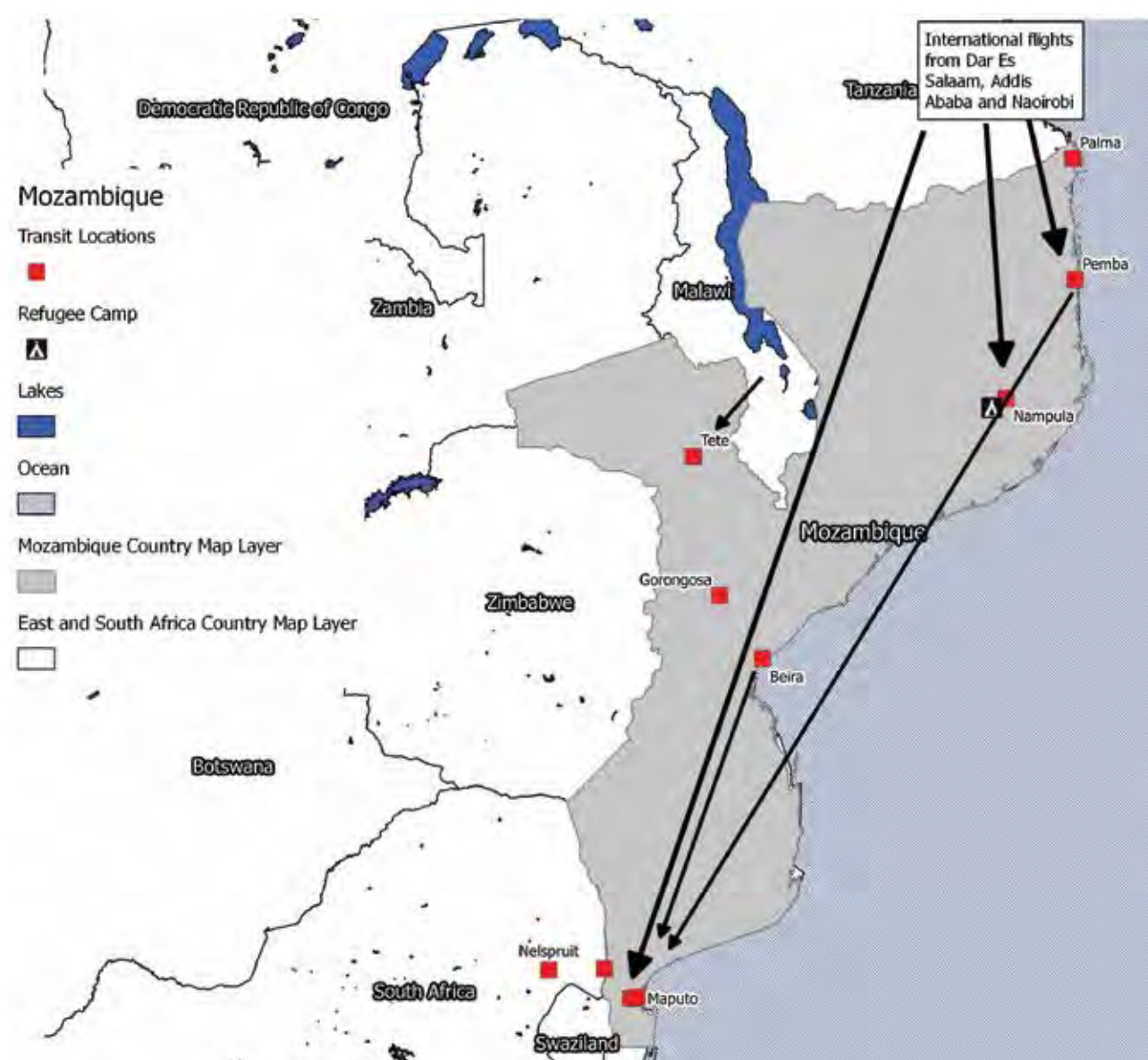
Transiting migrants in Malawi travel through the towns of Chitipa, Karonga, Selima and Machinga. They travel on foot, by boat and by truck to Dzaleka refugee camp, which is now one of the main transit hubs for migration to South Africa. Migrants are exposed to major health risks along way, including suffocation while on board trucks, drowning during boat journeys across the lake, and physical and sexual violence.



MOZAMBIQUE

While the entry points of Pemba, Tete and Palma, as documented in the 2009 study, remain, the demographics of migrants using these routes seems to have changed in the years since to include Pakistani and Bangladeshi nationals travelling in trucks from Tanzania. There appears to be an increase in the number of Ethiopians and Somalis using the international airports in Maputo and Pemba as entry points. By contrast, there appears to be fewer migrants transiting through Mozambique from the DRC compared with other routes; many of these migrants eventually end up in Mozambique as refugees. Congolese, as well as some Ethiopian and Somali migrants, using Mozambique as a transit point go through Tete en route to Zimbabwe; as in 2009, Somali and Ethiopian migrants continue to use the Ressano Garcia border to enter South Africa.

Migrants travelling through Mozambique face major health risks, including physical violence from personal attacks and poor conditions at various police squadron⁹ holding cells, which resulted in the death of at least one migrant in 2012. As a transit stop, the Maratane refugee camp in Nampula is decreasing in importance as airports now seem to be the transit points preferred by migrants from Ethiopia and Somalia.

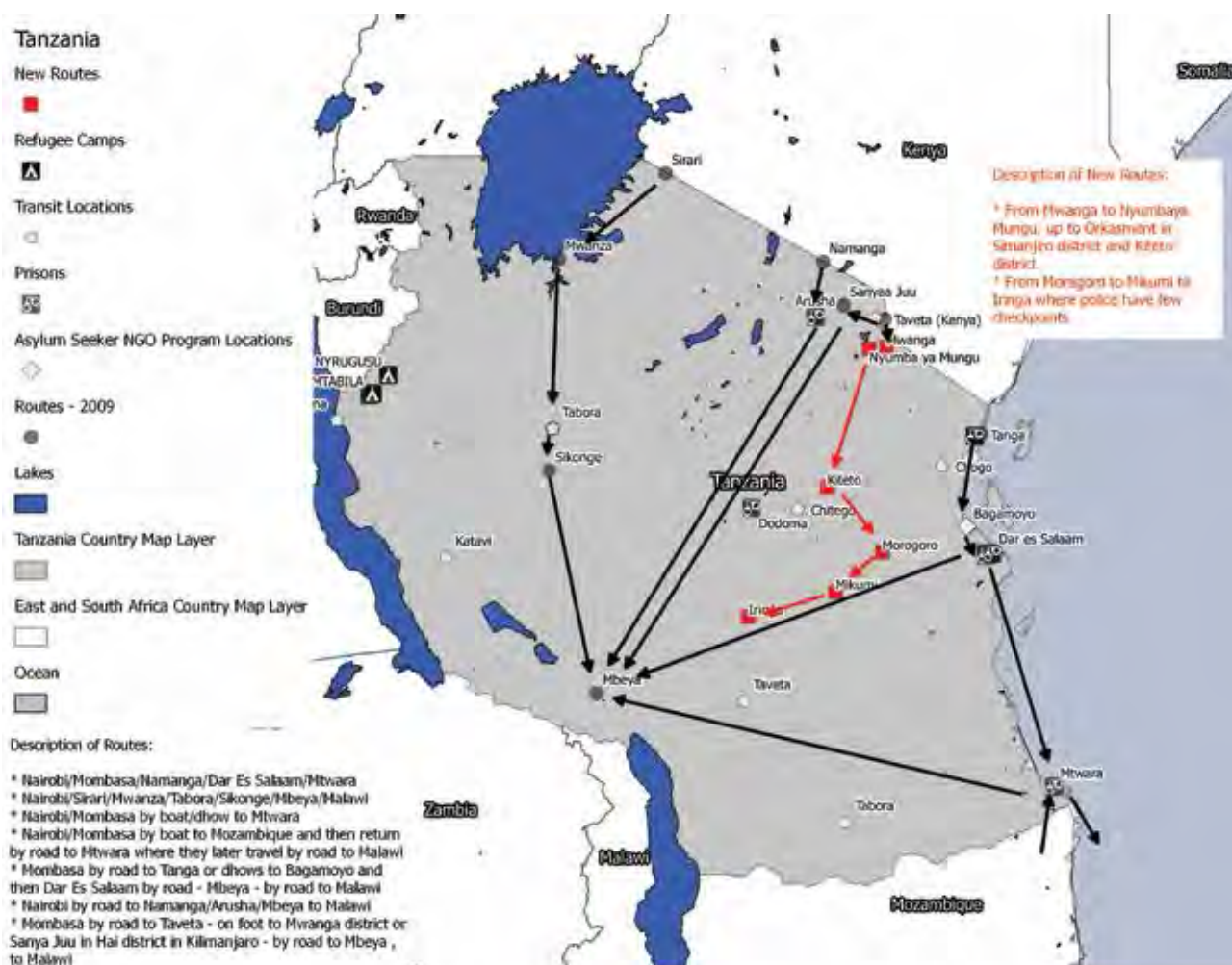


9 Police squadrons are abandoned police barracks that are now being used to house irregular migrants.

TANZANIA

Mtwara, Tanga, Bagamoyo, Pangani and Dar es Salaam are towns/cities used as transit points by migrants, especially those from the Horn of Africa region. The rising numbers of migrants transiting through these locations are also a cause of concern among the police and immigration officials.

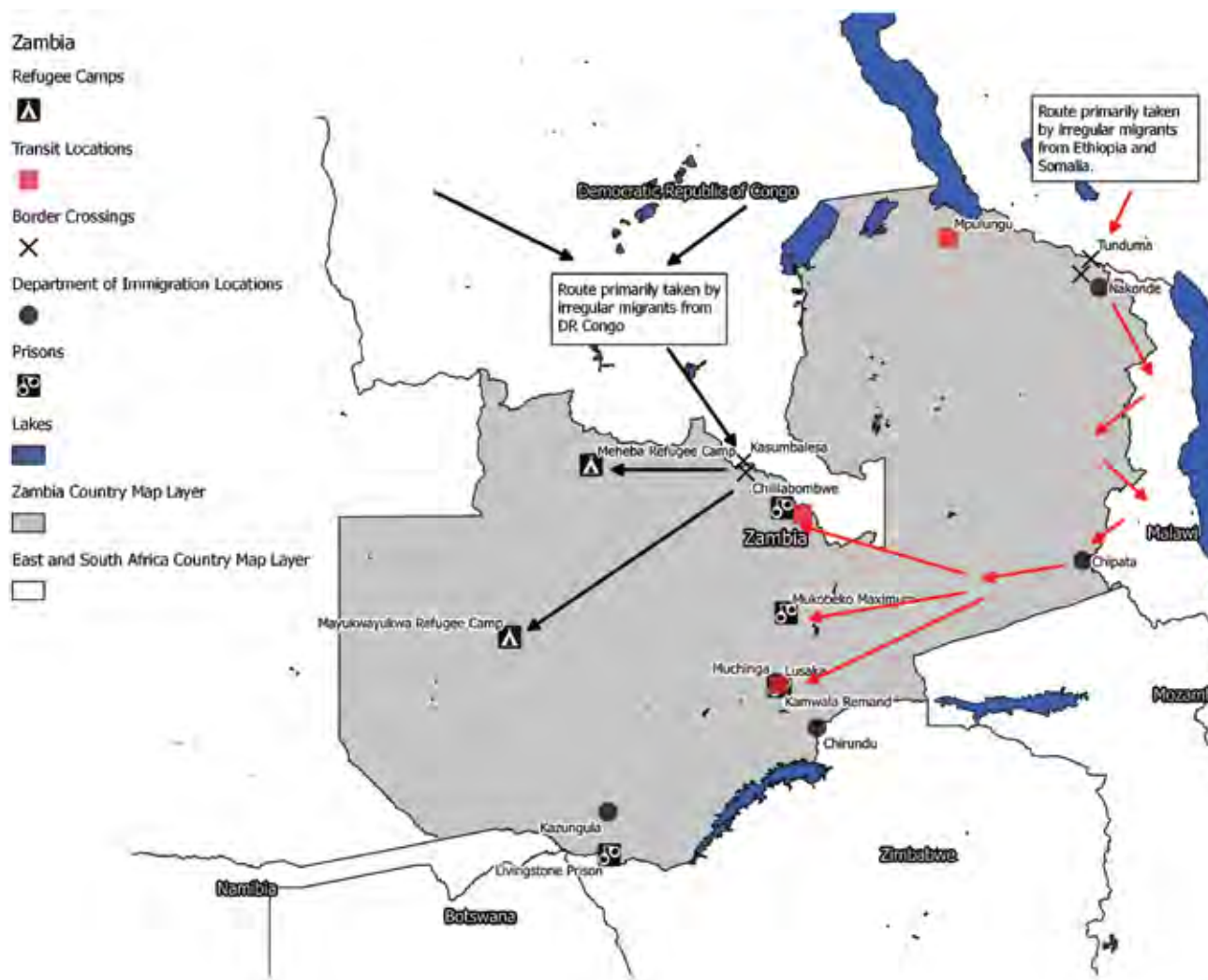
Migrants in Tanzania face increased risks to their health on two fronts. First, the criminalization of irregular migration in Tanzania has forced smugglers and facilitators to go underground, leading them to use increasingly onerous means to transport migrants; in June 2012, 42 migrants suffocated to death inside the container truck they were travelling in through Dodoma. Second, some migrants remain imprisoned despite finishing their jail sentences, due to the lack of funds to deport them.¹⁰ Their prolonged stay in prison means that these migrants' exposure to violence and diseases is also extended.



10 This information was gathered from interviews conducted with police officers in Tanzania.

ZAMBIA

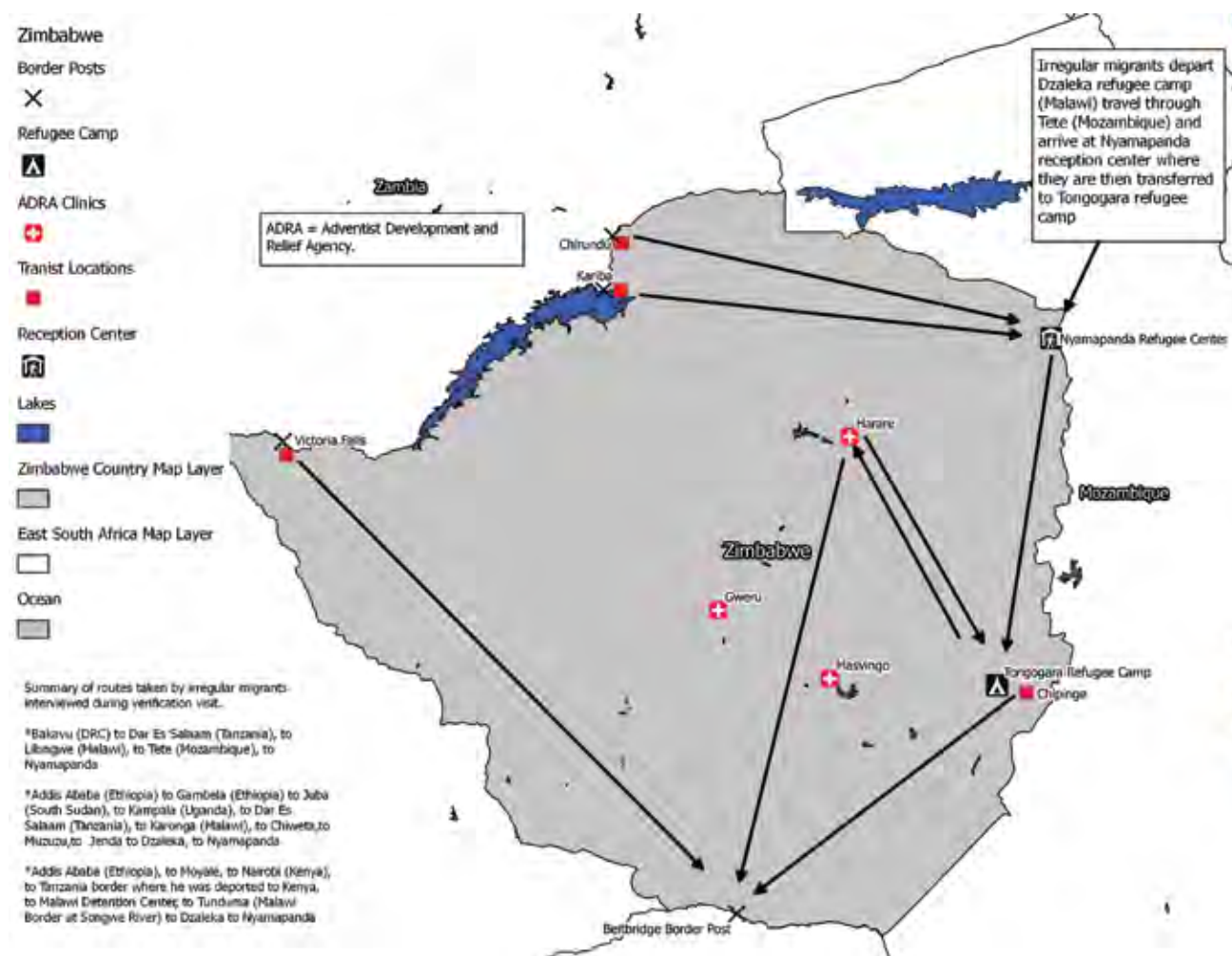
The cities of Lusaka and Ndola and the town of Nakonde are the main transit points in Zambia for migrants en route to South Africa. The towns of Chipata, Chirundu, Kazungula and Muchinga are also part of the route, which is characterized by criss-crossing routes (between unmanned or unofficial border posts) between Malawi and Zambia for migrants making their way south. While Ethiopian or Somali migrants do not seem to use the Maheba or Mayukwayukwa refugee camps as transit points, the field research aims to verify if the same is true for migrants from the DRC. Many migrants in Zambia end up in prison for immigration violations; the well-documented¹¹ inhumane conditions at Zambian prisons endanger these migrants' health and increases their risk of acquiring human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and MDR-TB.



11 Human Rights Watch, *Unjust and Unhealthy: HIV, TB and Abuse in Zambian Prisons* (United States, 2010). Available from www.hrw.org/sites/default/files/reports/zambia0410webwcover.pdf (accessed 17 February 2013).

ZIMBABWE

Migrants' main entry point to Zimbabwe is the Nyamapanda border post. Those who enter the country through this border post are directed to the Nyamapanda migrant reception centre, where they are registered and transported to the Tongogara refugee camp for verification of status. Migrants who enter through other border points risk running afoul of Zimbabwean immigration laws and ending up in prison, unless they contact one of the 65 regional offices of the Commission for Refugees to apply for asylum. Zimbabwe seems to be the preferred transit point for migrants from the DRC. Migrants entering Zimbabwe face the lowest health risks, as they get access to humanitarian assistance at the Nyamapanda reception centre. Their exit from the country, however, is fraught with difficulties. Migrants are routinely subjected to torture, muggings and rape by the "guma guma", a recognized criminal gang operating between the borders of South Africa and Zimbabwe. Migrants also risk drowning while crossing the Limpopo River.





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