



IDM 2014-Migration and families

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Background



- Lesotho is land –locked by RSA
- Lesotho population 1,880,661
- 39% aged 0-14 years
- 56% aged 15-16 years
- 4.7% aged 65 and above
- 35% active male work in the RSA mines
- 58% live below poverty line
- Water as a major resource, agriculture and diamonds
- Life expectancy at birth in 2006 was estimated at 41 years
- per capita US\$1,664
- 23% HIV prevalence
- TB Prevalence of 428per 100,000 population and incidence of 630per 100,000 pop.



Theme for this IDM



- IDM plans to discuss reality of family migration in the era of the greatest human mobility impact of migration on families
- social and economic well-being, intra-family gender roles, separation from family members
- Children and elderly left behind, increasing awareness of this increasing trend (especially of the latter), increasing awareness of their protection challenges
- Improving protection of children of migrant workers
- Transnational families



Global Migration as Reality



According to IOM there are approximately **214 million cross-border migrants** (around 3% of the world's population) and **740 million internal migrants** globally.

- Africa contributes about 17 mln of which 18% are refugees
- Approximately 3% of Southern Africa region estimates 3% cross-border migrants.
- In South Africa over 3% of the total population are cross-border migrants (around 2 million people).
 - Gauteng alone harbours around 580,000 (5-6% while 3.9 million South Africans have migrated from another province within the country).



Migration Typology



Forced Migration (affected by conflict or natural disasters):

Includes Internally Displaced Persons (IDPs), Asylum Seekers, Refugees, Returnees, development (dams constructions, roads may require that families relocate- LHDA)

Labour Migration: Includes Seasonal and permanent workers, internal migrants, undocumented migrants, skilled & unskilled.

Sectors with high levels of migrant and mobile workers:

Commercial agriculture/fishing, Mining, Construction, Transport, Cross Border Trade, Domestic work.

Irregular Migration: Includes none documented migrants inclusive of children, victims of trafficking/ smuggling, migrants in detention centres, deportees, stranded migrants



Migration in Lesotho



- Exact numbers not known but major destination for but estimated that almost a quarter of population lives outside the country for different reasons including economic reasons
- Reduced employment opportunities (29% unemployment and as high as 47.4% among the youth)
- Migration brings for about 25% Lesotho GDP from remittances
- ~32,000 Basotho miners working in SA mines contribute a significant portion (~12% of all miners in South Africa)
- Illegal mining is fast growing and numbers are not known, farms, domestic work even human trafficking has emerged



Families



- Remittances sustain families and contribute to the economic growth
- Brain gain especially among professionals, better skills mix, improved governance
- With fathers away wives immediately takes role of husband, upbringing of children, elevation of woman in the family
- Conversely migration can bring bitter results to the state and families
 - Emotional
 - Strain on children, who sometimes head families if mothers have died
 - Paying school fees becomes a challenge
 - Seeking health, making families vulnerable to disease



Families



- Husbands at work, wives remaining at home are vulnerable to social pressures- communicable diseases emerge
- Family disruption and breakups
- Psychological effects on children go long way
- Often young girls resort to early marriages
- Livelihoods for widows and families in case of death
- Difficulty getting compensation
- Property grabbing by family members



Regional Efforts

- Bilateral agreement between Lesotho and SA
- Harmonized Clinical Management of Drug Susceptible TB in the Mining Sector including HIV
 - TB screening HIV and counseling for all employees, and/or dependents
 - Testing services respect the rights, voluntariness and confidentiality of men and women workers.
 - Services to be on site or in collaboration with public or private institutions. Cross border initiate through SADC HIV grant (Reach out to long distant drivers, CSW etc.)
 - This greatly facilitates the identification of TB and HIV cases in mining workplaces.



Policy Framework



- Draft '*Policy Framework' for Population Mobility and Communicable Diseases in the SADC Region'*
- **Purpose:**
 - The SADC Protocol on Health lays emphasis on the control of communicable diseases.
 - At the same time other SADC protocols emphasise the free movement of people and goods across the region.
 - To make migration to be risk free in terms of accessing health services



Challenges

- Dealing with none documented/informal/illegal migrants remain
- Need for policy frameworks to be developed (skills development, creation of employment within Lesotho including retention strategies.
- Delays in finalizing the SADC frame work (enhance access to services and benefits, sharing of data, protection of migrants)
- Exportation of Basotho mine workers to other countries,
- Delays in revising migration and labour laws- and also adopting new policies to address inherent dynamics of migration in the 21st century
- Accessing benefits and compensation
- Beef up efforts for Lesotho Diaspora programme
- Enhance proper remittances channels for development of Lesotho and maximizing benefits on the existing ones
- Strengthen Social Protection for the vulnerable (children, elderly, disabled)



e.g. Lessons from interventions on the ground



**TB Screening in the banking halls of
TEBA increases access to services**



**Thank you to IOM
team and to you for
listening so attentively!**