

MIGRATION AND COVID-19

NEW AND CONTINUING CONCERNS WITH SOUTH
AFRICA'S RESPONSE TO THE PANDEMIC

On behalf of the Researching Migration and
Coronavirus in Southern Africa (MiCoSA)

ISSUE BRIEF #4

This is the fourth in a series of issue briefs that explores the implications of Covid-19 and the South African response to the pandemic on migration and for migrant and mobile communities in South Africa.

This issue brief was prepared by Aron Tesfai and Thea de Gruchy on behalf of MiCoSA. This brief, a summary of it and others in the series, can be found on the Migration and Health Project (maHp) website – mahpsa.org

maHp is research programme at the African Centre for Migration & Society (ACMS), University of the Witwatersrand - www.migration.org.za

We thank the following members of MiCoSA for their time in reviewing and contributing to this issue brief: Nick Maple and Jo Vearey.

About this issue brief

This issue brief is based on research undertaken by MiCoSA (see below). It draws on an ongoing literature and policy review and analysis; media monitoring; participant observation of MiCoSA events since March 2020; and six key informant interviews specifically conducted for this issue brief. Given the fluid and rapidly changing context surrounding Covid-19 and migration governance in South Africa, the findings and recommendations in this issue brief reflect the state of the pandemic and responses to Covid-19 during the most recent period of research (June – September 2021) and at the time of writing (October 2021).

About MiCoSA

The Researching Migration and Coronavirus in Southern Africa Coordination (MiCoSA) project is hosted by the Migration and Health Project Southern Africa (maHp) at the African Centre for Migration & Society (ACMS), Wits University, Johannesburg. MiCoSA co-ordinates an informal network of migrant-led organisations, non-governmental organisations, international organisations, civil society, activists, lawyers, researchers, government officials and policy advisors. Through an online platform and virtual meetings under Chatham House rule, MiCoSA brings together national and SADC regional partners who are concerned with the health and well-being of asylum-seekers, refugees and migrants during the current Coronavirus pandemic. To date, MiCoSA has over 150 members; to join this network, please sign up [here](#).

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Summary : Key findings and recommendations

Key concerns

- **The exclusion of non-citizens from South Africa's preparedness plans and responses to the current Covid-19 pandemic and the various socio-economic and psychological impacts of the lockdown.** This has and continues to affect documented and undocumented migrants, refugees, asylum seekers and internally displaced persons (IDPs), including children and young people, formal and informal migrant workers, migrant sex workers and LGBTIQ+ migrants, asylum seekers and refugees.
- **The exclusion of those who are undocumented from the vaccine roll-out** and failure on the part of the Department of Health (DoH) to implement a legal firewall to protect those who are undocumented from the Department of Home Affairs (DHA) at vaccination sites.
- **The lack of engagement with migration in health system and social development responses.** The implications of the lack of migration-aware and mobility-competent policies and programmes prior to the pandemic have been exacerbated during the current pandemic response. Non-citizens face challenges accessing preventative and curative healthcare services, in addition to facing challenges accessing Covid-19 vaccines.
- **Difficulties in accessing documentation in order to regularise movement and stay.** The restrictions associated with the Covid-19 pandemic have resulted in multiple challenges for non-citizens, including asylum seekers, who need to access and/or renew their documentation. Although blanket extensions have been issued and an online renewal system has been created for those with asylum and refugee permits by DHA, many non-citizens are not covered by these responses. The inability to access documentation limits access to healthcare, education, food parcels, banking services, unemployment benefits, social grants, and, at times, freedom of movement.
- **Interruptions in established disease control programmes and access to treatment for chronic conditions, including cross-border initiatives addressing malaria, HIV and TB.** This has implications for the management of malaria, HIV and TB with negative implications for individuals and communities.
- **Ongoing xenophobia and xenophobic violence** has been reported throughout the pandemic and has been inadequately addressed by the South African government.
- **The closure of international borders and even provincial borders** (with the exception of the transportation of goods, and formalised repatriation programmes by in-country consulates and embassies) **creates challenges for those whose livelihoods and access to food are dependent on mobility.** At the time of writing (October 2021), most travel restrictions have been removed.

However, concerns remain about the continued use of travel restrictions and border closures in responding to the pandemic.

Ways forward

The Covid-19 pandemic has exacerbated many of the challenges that non-citizens already faced in South Africa, in addition to creating new ones. Consequently, the following recommendations build on a significant body of literature on the importance of migration-aware and mobility-competent health systems that developed prior to Covid-19, in addition to work conducted specifically on the Covid-19 pandemic. Recommendations have been organized by stakeholder and are followed by specific recommendations for the vaccine roll-out.

Department of Home Affairs

- Work with the DoH to develop and implement a legal firewall around Covid-19 health services, including vaccines, so that non-citizens can safely access care and the vaccine without fear of arrest.
- Ensure that future blanket extensions for visas and permits are adequately communicated not only to affected non-citizens, but also to other government departments, services providers, and employers.
- Ensure that other government departments, service providers, and law enforcement are aware of what asylum and refugee documentation issued through the online system looks like so that refugees and asylum seekers are not incorrectly accused of having fraudulent documentation and denied services.
- Issue an amnesty for those who are currently undocumented, and provide avenues for non-citizens, including asylum seekers, to either renew their documentation or apply to regularise their stay.
- Reopen Refugee Reception Offices (RROs) and DHA offices for immigration services.
- Put corrective measures in place to respond to police harassment, deportation, and corruption from DHA officials related to the blanket extension of expired documents and online renewal processes.
- Work with DoH to test and vaccinate detainees and deportees for Covid-19.
- Reassess the efficacy of border closures as a response to the spread of Covid-19, particularly in relation to the adverse effects it has on local economies.
- A moratorium on detention and deportation for immigration offenses is needed due to the inability of many to regularise their stay in South Africa at this time and as conditions of detention and deportation continue to be conducive to the spread of Covid-19

Department of Health

- Work with the DHA to develop and implement a legal firewall around Covid-19 health services, including vaccines, so that non-citizens can safely access care and the vaccine without fear of arrest.
- Ensure that those without documentation, including undocumented non-citizens, have access to the Covid-19 vaccine.
- Implement outreach strategies within migrant communities and provide those who are particularly mobile or hard-to-reach with vaccines that only require one dose.

- Ensure frontline health providers are up to date regarding recent directives from DHA, including the blanket extension of documents, so that non-citizens are not turned away from vaccination sites or healthcare facilities.
- Ensure that testing and care for Covid-19 remains accessible to non-citizens, including through outreach strategies.
- Given the effect that the pandemic has had on routine healthcare and continuity of care for chronic conditions, it is imperative to engage in outreach strategies to provide healthcare to those who have not been able to access services due to the pandemic.
- Ensure that non-citizens are correctly means-tested in line with the Uniform Patient Fee Schedule when accessing care.
- Work with DHA to test and vaccinate detainees and deportees for Covid-19.
- Develop a National Migration and Covid-19 Task Team (NMCTT) to ensure that current and future responses to the pandemic are migration-aware and mobility-competent.
- Bilateral and regional collaboration is needed between Departments/Ministries of Health in the region to ensure that vaccination rollouts are synchronized and that vaccine certificates issued across the region are accepted in South Africa.
- Improve communication about the vaccine, its importance, and the ways in which non-citizen populations can access it. Such efforts should use community and religious leaders, in addition to leveraging local organisations and fora like Migrant Health Forums.

Department of Social Development

- Ensure that barriers non-citizens face when trying to access the Social Relief of Distress (SRD) grant and Temporary Employer-Employee Relief Scheme (C19 TERS) are resolved.
- Ensure that future grants – including the proposed Basic Income Grant – include all in South Africa, regardless of nationality or immigration status.
- Include non-citizens, regardless of immigration status, in social housing programmes.

Civil society

- Engage collectively with all government departments to ensure that all departments implement migration-aware and mobility-competent policies and programming.
- Funders and donors should consider adapting their approach to ensure that civil society organisations can use funding to assist those without documentation and that organisations can be flexible and responsive in their programming.

Recommendations specific to the vaccine roll-out

On 25 August, MiCoSA held a High-level dialogue on vaccine access for migrant and mobile populations. The dialogue brought together nearly 40 participants, under Chatham House Rule, representing various sectors including government departments, international organisations, civil society groups and researchers. The results of the dialogue are framed in five take home messages that South Africa's covid-19 vaccine program needs to consider, these are:

1. Be cognisant of the xenophobic climate in the country:

- Non-citizens have been turned away by nurses and site administrators, reportedly due to being foreign nationals. This cannot be tolerated and clear communication is needed from the NDOH to this effect.
- However, ensuring that non-citizens are included in the country's vaccination programme should not draw unnecessary attention to migrant populations:
 - Approaches that separate non-citizens from citizens are not recommended, rather **non-citizens must be integrated into existing responses**.
 - **Networks trusted** by non-citizens should be actively involved in supporting vaccination registration and roll-out. This includes:
 - Community leaders, religious organisations, and NGOs
 - Community Health Workers who understand the dynamics within the communities that they serve
 - NGOs and CSOs who work with migrant and mobile communities
 - Migrant Health Forums – Ehlanzeni, Musina, Waterberg, Johannesburg
 - International organizations including UNHCR and IOM

2. Improve communication for vaccination teams and non-citizens

- Communication of current and future policies and system changes **to vaccine roll-out teams** is imperative – including about policies and legislation regarding the rights of non-citizens to access the vaccine.
- Communication in appropriate languages **about the vaccine is needed to counter misinformation**.
- **Communication in appropriate languages about the ways in which non-citizen populations can access the vaccine** is needed.

3. Engage bilaterally and regionally on complementary vaccination programming across SADC

- **Synchronised regional programmes** are needed, including **clear communication about what vaccine certificates (will) look like** from other countries to avoid non-citizens being accused of fraud if they accessed their vaccine elsewhere.
- **Cross-border spaces are key sites for vaccine roll-outs:**
 - These are areas in which many mobile and migrant groups are found
 - Healthcare workers are often well-equipped to understand the needs of migrant and mobile groups in these areas and how to reach them
- What happens in SA has implications for the region and SA needs to be cognisant of this in its approach to integrating non-citizens, specifically those who are undocumented, in the roll-out in the coming months.

4. Develop and implement a legal Firewall

- Inter-departmental communication and collaboration between the NDOH and the DHA is key to implementing a **respected legal firewall that ensures undocumented non-citizens or those with expired documents can access the vaccine** without facing any penalty.

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- This should include an agreement that the DHA will not access vaccination sites and that staff at vaccination sites should provide services regardless of documentation status

5. Work with the DHA to improve access to documentation

- **Fear of being arrested is a key deterrent to accessing vaccines**
- **Timely access to documentation is a key priority for non-citizens**
- The reopening RROs and DHA offices are key

Migration and Covid-19 : New and continuing concerns with South Africa's response to the pandemic

The Covid-19 pandemic has affected the lives of all in South Africa, including migrant and mobile populations. Key responses to the pandemic – including travel bans and the requirement for individuals to have documentation in order to access vaccines¹ – have further affected the lives and livelihoods of both internal and cross-border migrants.

In July 2020, the Research Migration and Coronavirus in Southern Africa (MiCoSA) project published its first issue brief – *Migration and Covid-19: Emerging concerns with South Africa's response to the pandemic*² – which outlined the ways in which South Africa's response to the pandemic was affecting migrant and mobile populations and made several recommendations. Drawing on an updated review of literature, interviews with key informants, and inputs from civil society during MiCoSA calls and consultations, this issue brief builds on the findings and recommendations presented in that first issue brief. In doing so, it presents data from the first eighteen months of the pandemic, including updated recommendations, and provides a robust picture of the ways in which migrant and mobile populations are affected by the pandemic in South Africa.

Global context

Globally, as the Covid-19 pandemic spread, responses to it by-and-large failed to include migrant and mobile populations or take into account the realities of human mobility, reflecting concerns about the exclusion of such groups from pandemic preparedness plans more broadly.³ In recognition of the exclusion of documented and undocumented migrants, refugees, asylum seekers and internally displaced persons (IDPs), including children and young people, formal and informal migrant workers, migrant sex workers and LGBTIQ+ migrants, from responses to both contain the virus and provide social relief and support, a significant number of calls for action to include such populations in responses have been published.⁴ The International Organization for Migration's (IOM) institutional statement on Covid-

¹ At the time of writing, the Nation Department of Health has indicated that it will launch a system using unique identifier numbers which will over-ride the need for documentation. However, there is currently no clarity on the role of Department of Home Affairs nor a guarantee that undocumented migrants will be protected - Baloyi, T. (2021, August 3). *Vaccine latest: Undocumented migrants urge for jabs*. The South African. <https://www.thesouthafrican.com/news/vaccine-latest-undocumented-migrants-urge-for-jabs/>

² Benavides, R., de Gruchy, T., & Vearey, J. (2020). *Migration and Covid19: Emerging concerns with South Africa's response to the pandemic* (Issue Brief No. 1; Migration and Coronavirus in Southern Africa Co-Ordination Group (MiCoSA)). The African Centre for Migration and Society, University of the Witwatersrand. <https://www.mahpsa.org/migration-and-covid-19-emerging-concerns-with-south-africas-response-to-the-pandemic/>

³ Wickramage, K., et al., 'Missing: Where Are the Migrants in Pandemic Influenza Preparedness Plans?', *Health and Human Rights* 20, no. 1 (June 2018): 251–58.

⁴ Zard, M., et al., "Leave No One behind: Ensuring Access to COVID-19 Vaccines for Refugee and Displaced Populations." *Nature Medicine* 27, no. 5 (May 2021): 747–49.; Beyrer, C., et al., "Human Rights and Fair Access to COVID-19 Vaccines: The International AIDS Society–Lancet Commission on Health and Human Rights." *The Lancet* 397, no. 10284 (April 24, 2021): 1524–27.; Al-Oraibi, A., Martin, C. A., Hassan, O., Wickramage, K., Nellums, L. B., & Pareek, M. (2021). Migrant health is public health: A call for equitable access to COVID-19 vaccines. *The Lancet Public Health*, 6(3), e144. [https://doi.org/10.1016/S2468-2667\(21\)00031-1](https://doi.org/10.1016/S2468-2667(21)00031-1)



19 and mobility (29 May 2020) clearly outlines how migrants, refugees, and asylum-seekers face unique challenges as these populations are more likely to live in places where social distancing is difficult or impossible, and work and travel in ways that increase the likelihood of contracting Covid-19.⁵

Since early 2021, such calls have had renewed urgency. Despite the success of several vaccines developed in the course of 2020 against Covid-19, inequitable access to vaccines – often referred to as vaccine apartheid – has come to dominate the geopolitical landscape. Vaccine apartheid has manifested in two ways: the inequitable access to vaccines between the global north and global south; and the exclusion of certain groups from vaccine roll-outs within countries globally.⁶ Those excluded from national vaccine roll-outs globally include, with few exceptions, non-citizens.

The South African context

In South Africa, the pandemic has affected everyone, regardless of citizenship or migration status. Social relief schemes have been insufficient⁷; job losses from the initial hard lockdown have not been recuperated⁸; routine healthcare has been disrupted⁹; and the vaccine roll-out has been consistently undermined by administrative and political problems. However, for non-citizens this has been compounded by their exclusion from social relief schemes and the vaccine roll-out; ongoing xenophobia, including the looting of foreign-owned shops, police brutality against non-citizens, and the proliferation of xenophobic rhetoric on social media platforms; uncertainty around documentation; the continued closure of Refugee Reception Offices (RROs) and Department of Home Affairs (DHA) offices; and arrest, detention and deportation, or fear thereof.¹⁰

South Africa's response to migrant and mobile populations during the pandemic has mirrored the state's pre-existing approach to migration - one that is characterised by a lack of migration-aware and mobility-competent policies,¹¹ with implications for both non-citizens who move into South Africa and for South Africans who move internally¹²; xenophobia; and the securitisation of movement into and out of the country. This kind of response is, however, not unique to South Africa, fitting squarely within global trends of nationalism and securitisation.¹³

⁵ IOM. (2020). COVID-19 and Mobility. *International Organization for Migration Institutional Statement*. .

⁶ Vearey, J., de Gruchy, T., and Maple, N. 'Global Health (Security), Immigration Governance and Covid-19 in South(Ern) Africa: An Evolving Research Agenda', *Journal of Migration and Health*, 25 April 2021, 100040, <https://doi.org/10.1016/j.jmh.2021.100040>.

⁷ Mlambo, Victor H., and Nonoxlo Nomfundo Khuzwayo. "COVID-19, Food Insecurity and a Government Response: Reflections from South Africa." *Technium Social Sciences Journal* 19 (May 8, 2021): 1–14.

⁸ Statistics South Africa . (2021): Quarterly Labour Force Survey (QLFS)-Q1: 2021. Stats SA.

⁹ Hofman, K., & Shabir, M. (2020). "The Unanticipated Costs of COVID-19 to South Africa's Quadruple Disease Burden." *SAMJ: South African Medical Journal* 110, no. 8, 689–99. <https://doi.org/10.7196/SAMJ.2020.v110i8.15125>.

¹⁰ Vearey, J., et al. "OP-ED: Leave No One Behind: We Must Urgently Address Vaccination of Undocumented Migrants and Asylum Seekers." *Daily Maverick*, July 26, 2021. <https://www.dailymaverick.co.za/article/2021-07-26-leave-no-one-behind-we-must-urgently-address-vaccination-of-undocumented-migrants-and-asylum-seekers/>.

¹¹ Vearey, J., Modisenyane, M., & Hunter-Adams, J. (2017). Towards a migration-aware health system in South Africa: A strategic opportunity to address health inequity. In: A. Padarath & P. Barron (Eds.), *South African Health Review 2017* (Durban: Health Systems Trust, 2017), pp. 89-98. <http://www.hst.org.za/publications/south-african-health-review-2017>.

¹² Vearey, J., de Gruchy, T., Kamndaya, M., Walls, H. L., Chetty-Makkan, C. M., & Hanefeld, J. (2016). Exploring the Migration Profiles of Primary Healthcare Users in South Africa. *Journal of Immigrant and Minority Health*, 20, 91-100. <https://doi.org/10.1007/s10903-016-0535-7>.

¹³ Vearey, de Gruchy, and Maple, 'Global Health (Security), Immigration Governance and Covid-19 in South(Ern) Africa'.

Methods

This issue brief is based on research undertaken by MiCoSA, a project based at the African Centre for Migration & Society (ACMS), Wits. It draws on an ongoing literature and policy review and analysis; media monitoring; participant observation of MiCoSA events since March 2020; and six key informant interviews specifically conducted for this issue brief. Interviews, in line with the Covid-19 restrictions, was conducted virtually. Clearance was obtained from the Wits Non-Medical Research Ethics Committee (REC) HREC/NM21-04-125. Potential participants were invited to participate via email and an information sheet and consent form was shared and signed electronically before the interviews began. Interviews were transcribed and analysed thematically.

A lack of migration inclusive responses

The pandemic has exacerbated many of the challenges traditionally faced by migrant and mobile populations in South Africa, in addition to creating new ones. As such, non-citizens continue to face challenges accessing preventative and curative healthcare services, employment or secure livelihood activities (including in the informal sector), food security, and economic and social support. In addition, most non-citizens have been excluded from relief schemes specifically implemented to assist those most affected by the pandemic and, as noted above, face exclusion from South Africa's vaccine roll-out.

1. Covid-19 screening and testing

Little is known about how many non-citizens have accessed Covid-19 testing or tested positive since March 2020. The requirement for identification – a passport or thirteen-digit identity number, as well as a copy of the document – to access testing were raised as a concern early on in the pandemic. Few non-citizens appear to have been denied a test or treatment, however, civil society and service providers remain concerned about the lack of testing among migrant and mobile populations, and suggest that concerns about being traced – and potentially deported – are at the root of many non-citizens avoiding testing. Reports indicated that, where possible, non-citizens have preferred to access private facilities. Due to the heterogenous nature of migrant communities, even those with valid documents may avoid getting tested for fear of exposing others in their community to track and trace processes or surveillance. Even where non-citizens have accessed testing and tested positive, there appears to be a reluctance to accept the severity of Covid-19 within communities. Concerns about Covid-19 being a conspiracy and the idea that religion will assist are common and are compounded by the lack of information available in local languages or efforts at outreach by the state.

Concerns were also raised early on in the pandemic about the national Tracing Database and the risks that this posed to the constitutional rights of citizens and non-citizens, particularly with regards to privacy.¹⁴ To date, few of these initial concerns have been realised. However, as the state continues to

¹⁴ Klaaren, J., Breckenridge, K., Cachalia, F., Fonn, S., & Veller, M. (2020). South Africa's COVID-19 Tracing Database: Risks and rewards of which doctors should be aware. *South African Medical Journal*, 0(0), Article 0. <http://www.samj.org.za/index.php/samj/article/view/12983>



use the pandemic to further securitise its management of migration, it is essential that the risks posed by the Database are guarded against.

2. Covid-19 vaccine roll-out

South Africa began its vaccine roll-out on the 17 of February 2021 and – as of 10 October 2021 – over nine million individuals have been fully vaccinated. Unfortunately, the approach taken by the South African government has by-and-large failed to include hard-to-reach populations, including non-citizens.¹⁵ While President Cyril Ramaphosa indicated that all in South Africa ‘regardless of their citizenship or residence status’ would have access to the vaccine,¹⁶ as the roll-out has been implemented it has become evident that more efforts could be made to include non-citizens. Both former Minister of Health Zweli Mkhize and former acting Minister of Health Mmamoloko Khubayi indicated a reluctance to develop systems to include non-citizens, specifically those who are undocumented. Khubayi went as far as saying in a press conference in July 2021 ‘...if you are undocumented, it means you are illegal in the country. So it’s a different case. We have responsibility to those who are known to the state, by the state.’¹⁷

The inclusion of the requirement of a 13-digit ID, passport or refugee or asylum-seekers permit number to register on the Electronic Vaccination Data System (EVDS) suggested early on that while there would be barriers to access for those who were undocumented – including South Africans without identity documents – non-citizens with immigration documentation would be able to register. Yet, examples, including the inability of non-citizen teachers in Limpopo to register, indicate that even documented migrants are struggling to register.¹⁸ As of 1 October, the DoH have been piloting a new system designed specifically to improve access for those without documentation. However, little information about this system or its rollout is available.

Although vaccine hesitancy has been raised as a key concern among migrant and mobile populations, it is unclear whether vaccine hesitancy among non-citizens in South Africa is particularly rampant or simply reflects vaccine hesitancy among the general population.¹⁹ Given the hesitancy among non-citizens to access healthcare more broadly during the pandemic due to fears of being tracked and deported, and institutional xenophobia within the healthcare system, it would not be surprising if non-citizens were hesitant to access the vaccine over fears of being turned away or reported. Regardless, a legal firewall is needed to ensure that those who are undocumented face no penalties when accessing the vaccine, and improved communication and information about the vaccine is imperative.²⁰

¹⁵ Vearey, J., et al., ‘OP-ED: Leave No One Behind: We Must Urgently Address Vaccination of Undocumented Migrants and Asylum Seekers’, Daily Maverick, 26 July 2021, <https://www.dailymaverick.co.za/article/2021-07-26-leave-no-one-behind-we-must-urgently-address-vaccination-of-undocumented-migrants-and-asylum-seekers/>.

¹⁶ SAnews. “President Outlines COVID-19 Vaccine Rollout Plan,” February 1, 2021. <https://www.sanews.gov.za/south-africa/president-outlines-covid-19-vaccine-rollout-plan>.

¹⁷ Jo Vearey et al., ‘OP-ED: Leave No One Behind: We Must Urgently Address Vaccination of Undocumented Migrants and Asylum Seekers’

¹⁸ Ngqakamba, S. “Covid-19 Vaccination: Health Dept to Monitor Reports That EVDS Is Not Picking up Foreign Teachers.” News24. Accessed August 10, 2021. <https://www.news24.com/news24/southafrica/news/covid-19-vaccination-health-dept-to-monitor-reports-that-evds-is-not-picking-up-foreign-teachers-20210701>.

¹⁹ Burger, R., et al., “National Income Dynamics Study (NIDS) – Coronavirus Rapid Mobile Survey (CRAM),” n.d., 9.

²⁰ ‘A firewall...provides legal protection in a situation where an undocumented person may face arrest, detention, or deportation....Such an approach...ensures that undocumented migrants face no penalties when accessing state services; any

3. Exclusion from social relief schemes

Non-citizens have, broadly speaking, been excluded from the state's responses to the pandemic, specifically the Social Relief of Distress (SRD) Grant and Covid-19 Temporary Employer-Employee Relief Scheme (C19 TERS).

In May 2020, the SRD grant – a grant specifically developed to alleviate some of the economic pressure of the pandemic on the poor – was launched and provided monthly payments of R350²¹ until April 2021. After a brief hiatus, the grant was reintroduced on 25 July 2021 and is expected to run until March 2022. Initially, only citizens, permanent residents and refugees were eligible. However, following litigation by the Scalabrini Centre in June 2020, asylum seekers and holders of special permits became eligible.²² Although many more non-citizens were now eligible and submitted applications shortly after the successful litigation, many only received their grant payments in January 2021, as the Department of Social Development (DSD) and South African Social Security Agency (SASSA) waited for DHA to verify applicants documents. Others faced further barriers as Post Office staff dispersing the grants were unfamiliar with the documentation presented by successful applicants. For some non-citizens the SRD grant has provided a lifeline. However, undocumented non-citizens and holders of other kinds of permits and visas remain excluded from the relief scheme and most acknowledge that the payments of R350 have done little to curb widespread food insecurity.

Similar issues have also been reported in the dissemination of C19 TERS payments, through the Unemployment Insurance Fund (UIF). C19 TERS was initially operational from March 2020 until March 2021 and provided unemployment insurance to South Africans and some non-citizens. Non-citizens with the appropriate documentation permitting them to work legally in South Africa, who were formally employed (not on a temporary contract) and who worked more than 24 hours a month prior to the pandemic are eligible.²³ Initially, employees also had to have been registered for UIF through their employer, however The Department of Labour (DoL) issued amendments to the regulations, which entitled employees whose employer had not registered them with UIF to apply for and, if all eligibility requirements were met, receive TERS. During the third Covid-19 wave in South Africa, in June 2021, C19 TERS was reintroduced.

Early reports during the initial phase of C19 TERS indicated that while South Africans were receiving TERS pay-outs, their foreign counterparts were not, echoing long-standing problems non-citizens have faced when attempting to access UIF.²⁴ These problems were eventually addressed, and some received pay-outs. However, non-citizens without documentation or with uncertain employment status are less

information collected would be used by the health system only, and any requirement to report an undocumented person to immigration authorities would be over-ruled.' (de Gruchy & Vearey (forthcoming) Left behind: why South Africa must develop migration-aware responses to Covid-19 and future pandemics)

²¹ Approximately 24 US Dollars on 26 July 2021.

²² Scalabrini. (2020). Press Release: Victory in COVID-19 Social Relief Grant Court Case. *News*. <https://scalabrini.org.za/news/victory-in-COVID19-social-relief-grant-court-case/>.

²³ Scalabrini. (2020). Unemployment Insurance Fund: An Explainer. *Resources*. <https://scalabrini.org.za/resources/unemployment-insurance-fund-explainer/>.

²⁴ Business Insider SA. (2020). UIF coronavirus payouts: 700,000 applications have not been paid due to this error. *Business Insider South Africa*. <https://www.businessinsider.co.za/uif-unpaid-claims-2020-6>.



likely to try and claim as it would mean that they are exposing both themselves and their employer to the DoL.

Access to documentation

Prior to the pandemic, access for non-citizens to documentation to regularise their movement into or stay in South Africa had become increasingly difficult.²⁵ Unfortunately, responses to the pandemic – including the closure of Refugee Reception Offices (RROs) and poorly communicated blanket extensions – have compounded these existing challenges.

Since the declaration of the State of Disaster in March 2020, the DHA have issued blanket extensions for those with immigration documents that expired following the declaration of the State of Disaster.²⁶ The most recent extension was announced on the 28 September and runs until 31 December 2021.²⁷ While this has been welcomed, for various reasons these blanket extensions have created a myriad of problems. Those whose documents expired just prior to the lockdown, but who were unable to renew their status, have been left without protection. In addition, the blanket extensions have been poorly communicated in two ways. Firstly, they are often only announced a day or two prior to the expiration of the previous extension – leaving many anxious about their position. Secondly, they have been poorly communicated to key stakeholders including other government departments, service providers like SASSA who have in some instances suspended the payment of child support grants to non-citizens, banks,²⁸ employers, the South African Revenue Service (SARS) who have blocked access to those with “expired” documents, and pension funds. This has meant that many whose stay is in fact regularised under the blanket extensions, have been denied services or faced barriers to access.

In addition, since 15 April 2021, the DHA have opened an online service through which asylum seeker visas and refugee status permits can be renewed. This service allows the holder of an asylum seeker permit (section 22) or a refugee status permit (section 24) to request an extension of validity through email without having to physically go to a RRO.²⁹ Refugees and asylum-seekers whose permits have expired since the lockdown are eligible to apply. Applicants are requested to email their application, including a copy of their expired documents and proof of residence or police affidavit, to the RRO at which they initially applied for asylum or where their most recent documents were issued.

²⁵ Moyo, K., and Zanker, F. ‘Political Contestations within South African Migration Governance’ (Arnold-Bergstaesser-Institut, December 2020), https://www.arnold-bergstraesser.de/sites/default/files/political_contestations_within_south_african_migration_governance_moyo_and_zanker.pdf.

²⁶ Disaster Management Act 57 of 2002, Amendments issued 10 June, Section 4.19.

²⁷ Department of Home Affairs. (30 September 2021). *Home Affairs Minister Dr Aaron Motsoaledi extends the validity period of different categories of temporary visas*. <http://www.dha.gov.za/index.php/statements-speeches/1481-home-affairs-minister-dr-aaron-motsoaledi-approves-the-resumption-of-identity-document-id-applications-and-extends-the-validity-period-of-different-categories-of-temporary-visas>

²⁸ Banking Association of South Africa. (2020) Letter to the Scalabrini Centre Re: Restriction of Asylum Seeker and Refugee Bank Accounts, 26 May 2020.

²⁹ Department of Home Affairs. (2021). *The Department of Home Affairs provides an update on the online extension of asylum seeker visa and refugee status*. <http://www.dha.gov.za/index.php/statements-speeches/1436-the-department-of-home-affairs-provides-an-update-on-the-online-extension-of-asylum-seeker-visa-and-refugee-status>

While some refugees and asylum-seekers have received renewed documents, civil society indicate that the process is very slow and has created several challenges. The online system should help to limit the spread of Covid-19 and save applicants time and money that they would previously have had to spend on travel to RROs and queuing. However, the online system requires computer literacy and access to technology that many do not have. This has effectively meant that frontline services that should be provided by the RROs free of charge have been outsourced to internet cafes, who are reportedly charging between R1000 and R1500³⁰ to assist applicants, and NGOs. In addition, applicants need to be able to continuously access the email account from which they sent their application, which is unrealistic for many in this context.

Many who have applied using this new system have not received a response – sometimes even after a month – with the DHA now encouraging applicants to re-apply if they do not receive feedback from the department after two weeks. While some of the delays are the result of a lack or mismatch of information from the applicant's side, other delays can be directly traced to the department's operations. For example, the Desmond Tutu RRO in Pretoria (Marabastad) experienced technical problems accessing applications sent to them between April and May 2021 and had to request that those who applied during this time resend their applications. In addition, some refugees and asylum seekers have received phone calls from DHA staff asking for money to ensure that their application is successful.

For those who have been fortunate enough to receive renewed documents, challenges remain. The printouts of their new documents often appear fraudulent to service providers and have 'Covid-19' written across them in red – causing frustration among document holders. Again, there has been insufficient communication to service providers, other government departments, and key stakeholders about what to expect from the new documentation. The DHA has set up an email address for requests to verify the authenticity of documents. However, there is little indication that this is being used and instances of services being denied due to "fraudulent" documentation are being reported.

For those who are newly arrived in South Africa, or have not been covered by the blanket extensions, there have been no avenues for engagement with DHA as the offices remain closed and no new applications have been accepted since March 2020.

Interruptions in continuity of care

Since the onset of the pandemic, the 'covidisation'³¹ of health services – i.e. the reorientating of health systems to focus exclusively on responding to the pandemic – has had implications for the provision of routine healthcare, including continuity of care for chronic conditions.³² Across South Africa, access to testing and care for HIV, TB and malaria have all been affected, as has access to sexual and reproductive

³⁰ Approx 67 – 101 USD at time of writing (July 2021)

³¹ Pai, M. (2020). Covidization of research: What are the risks? *Nature Medicine*, 26(8), 1159–1159. <https://doi.org/10.1038/s41591-020-1015-0>

³² Dorward, Jienchi, et al., "The Impact of the COVID-19 Lockdown on HIV Care in 65 South African Primary Care Clinics: An Interrupted Time Series Analysis." *The Lancet HIV* 8, no. 3 (March 2021): e158–65.



health (SRH) services.³³ Although limited data exists on how this has affected migrant and mobile populations, given the realities of mobility in the region – particularly the ways in which it intersects with health seeking behaviours – there are concerns about how those who travel to access healthcare, or access healthcare while traveling, have fared during the pandemic. Those who, for example, rely on accessing antiretroviral therapy (ART) from their home communities, but have been unable to travel home due to travel bans and restrictions.

In addition, due to job losses, the expense of health seeking has become prohibitive for many who do not have the funds to pay for transport to a facility or the luxury of taking a day off work. In addition, food insecurity is an additional barrier for those whose medication needs to be taken at mealtimes.

Hesitancy to go to facilities has also been reported as people worry about being exposed to Covid-19 at facilities and healthcare providers encourage patients to stay at home unless absolutely necessary. In addition, healthcare workers have reported concerns about migrants giving incorrect information and moving between healthcare facilities to access care, including chronic treatment, over fears of being tracked and deported.

There have also been reports of non-citizens with expired documents being denied routine healthcare.³⁴ Even though their presence in South Africa has in fact been regularised by the blanket extensions, this appears to have been insufficiently communicated to healthcare workers. In Gauteng specifically, refugees, asylum seekers and other non-citizens are being classified as ‘private patients’ and charged as such under the amendment of Regulation 1958 in June 2020. This ordinance regulates the classification of patients and payments of fees. According to the Uniformed Patient Fees Schedule (UPFS), provincial governments are empowered to regulate health care tariffs for admission and fees paid to the hospital. According to the UPFS, all citizens, refugees, asylum seekers and non-citizens from SADC should be means tested to determine how much they are charged for non-primary healthcare. However, under the amendment, refugees and asylum seekers are treated as private patients and charged disproportionately. For some new mothers, this has meant a R7 000 bill for a natural birth or R15 000 bill for a caesarean section (C-section), with birth certificates reportedly being withheld until payment has been made and hospital administrators refusing to provide sufficient information for patients to approach DHA and ask for clarification around their documents to be issued.

Border closures and restrictions

Border closures and the securitisation of borders have been one of the primary ways in which states have chosen to respond to the pandemic, even as travel bans and restrictions have proven largely ineffective

³³ Govender, D., Naidoo, S., and Taylor, M. ‘Don’t Let Sexual and Reproductive Health Become Collateral Damage in the Face of the COVID-19 Pandemic: A Public Health Perspective’, *African Journal of Reproductive Health* 24, no. 2 (2020): 56–63; Hofman, K., and Madhi, S. ‘The Unanticipated Costs of COVID-19 to South Africa’s Quadruple Disease Burden’, *SAMJ: South African Medical Journal* 110, no. 8 (August 2020): 689–99, <https://doi.org/10.7196/SAMJ.2020.v110i8.15125>.

³⁴ Mehlwana, L. (2021, March 9). SPOTLIGHT: COVID-19: Foreign nationals speak out on unfair health treatment. *Daily Maverick*. <https://www.dailymaverick.co.za/article/2021-03-09-foreign-nationals-speak-out-on-unfair-health-treatment/>

at containing the spread of the virus.³⁵ Although many livelihoods and local economies in the region are dependent on mobility, including cross-border mobility, little consideration has been given to this in the response to Covid-19.³⁶

At the time of writing (October 2021), few international travel restrictions are in place in South Africa. However, experiences from periods when international travel restrictions were in place suggest that the requirement for a "Covid certificate" – proof of a negative PCR test – in order to cross into or out of South Africa acted as a deterrent to regular or documented mobility due to the cost. Within this context, documented and regularised cross-border mobility has decreased significantly. Some have suggested that this has led to an increase in undocumented migration, while others suggest that while some who would previously have used formal border crossings are now crossing irregularly, on the whole there has been a decrease in mobility regardless of whether or not it has been regular or irregular.

Inconsistencies between travel restrictions and regulations implemented by South Africa and Zimbabwe also meant that the Beitbridge border was closed for longer than necessary at the end of 2020. Following its brief reopening in December 2020, delays due to Covid-19 regulations led to the deaths of 15 Zimbabweans who were waiting to cross the border.³⁷

1. Repatriation and quarantine

Given the additional difficulties faced by non-citizens in South Africa during the pandemic, civil society have reported an ongoing interest in repatriations. Throughout 2020, several consulates, including the Zimbabwean and Malawian consulates, worked with the IOM to assist in the repatriation of Zimbabwean and Malawian citizens respectively.³⁸ Between April 2020 and early 2021, the IOM report having assisted 5000 migrants with voluntary repatriation.

Initially, all returnees were expected to quarantine upon arrival, although now it appears – in Beitbridge (Zimbabwe) at least – that returnees and deportees are only expected to quarantine should they test positive for Covid-19 upon arrival. Concerns have consistently been raised about the conditions at quarantine facilities and the repatriation process. These include the lack of disability-sensitive measures such as braille and sign-language services, reports of blind returnees being expected to walk distances of several kilometres to quarantine facilities, rumours of required payments of R500/R600³⁹ for transport from Johannesburg, and reports of insufficient food being provided to those in quarantine.

³⁵ Emeto, T. I., Alele, F. O., & Ilesanmi, O. S. (2021). Evaluation of the effect of border closure on COVID-19 incidence rates across nine African countries: An interrupted time series study. *Transactions of The Royal Society of Tropical Medicine and Hygiene*. <https://doi.org/10.1093/trstmh/trab033>; Vearey, de Gruchy, and Maple, 'Global Health (Security), Immigration Governance and Covid-19 in South(Ern) Africa'.

³⁶ Carciotto, Sergio. "On the Move: Mobility and Governance in Southern Africa." ISS Southern Africa Report 2020, no. 42 (October 1, 2020): 1–32. <https://doi.org/10.10520/ejc-issar-v2020-n42-a1>; Mitchley, Alex. "Beitbridge Deaths: Motsoaledi Denies Claims Drivers Died Due to 'Horror Conditions.'" News24. Accessed August 30, 2021. <https://www.news24.com/news24/southafrica/news/beitbridge-deaths-motsoaledi-denies-claims-drivers-died-due-to-horror-conditions-20201230>.

³⁷ Death toll rises to 15 at chaotic S/Africa-Zimbabwe border post. (2020, December 25). APANEWS. <http://www.apanews.net/en/news/death-toll-rises-to-15-at-chaotic-safrica-zimbabwe-border-post>

³⁸ International Organization for Migration. (2021, July 16). *IOM Facilitates Return Home for Growing Trend of Irregular Migration between Malawi and Zimbabwe*. International Organization for Migration. <https://www.iom.int/news/iom-facilitates-return-home-growing-trend-irregular-migration-between-malawi-and-zimbabwe>

³⁹ 33 - 40 US Dollars on 12 October 2021.



Furthermore, returnees have reportedly faced stigma in their home communities and struggled to return to South Africa for work when needed.⁴⁰

2. Arrest, detention and deportation

A moratorium on the arrest, detention and deportation of non-citizens remains a priority as conditions of detention and deportation continue to be conducive to the spread of Covid-19.⁴¹

The closure of RROs has meant that many newly arrived asylum seekers are undocumented, which has resulted in imprisonment for many.⁴² In addition, the South Africa Police Services (SAPS) have continued to use police stations and jails for detention purposes, facilities that are in poor condition and which provide inadequate health care.⁴³ Reports also suggest that police officers are extorting bribes and preying on migrants, particularly women, whose documents are expired or who are undocumented.⁴⁴

Although only 14,859 individuals were reported to have been deported for the financial year 2020/2021, a significant decrease from the 29,375 who were deported in 2019/2020, concerns have been raised about who is being deported and to where. Official documentation indicates that deportations have been made to both the Democratic Republic of the Congo (DRC) and Palestine, raising questions about whether these deportations are in contravention of the international principle of non-refoulement.⁴⁵

There is some concern about whether those who are deported are tested for Covid-19 prior to deportation. At present, data is inconsistent, but it appears as though Covid-19 tests for deportees need to be paid for by the consulate of their country of origin, which some consulates, like the Malawian consulate, are doing, but others, like the Zimbabwean consulate, are not. In the case of Zimbabwe, tests are only being done once detainees arrive in the Beitbridge.

3. Lindela Repatriation Centre

Since the start of the pandemic, civil society organisations have expressed concerns about conditions at Lindela Repatriation Centre, including access to Covid-19 testing and vaccines. Since May 2020, little

⁴⁰ Mujuru, L. (2020, November 4). *Suspicion Greets Returning Migrants During Pandemic*. Big News Network.Com. <https://www.bignewsnetwork.com/news/266885089/suspicion-greets-returning-migrants-during-pandemic>

⁴¹ *Immigration Detention in South Africa: Stricter Control of Administrative Detention, Increasing Criminal Enforcement of Migration*. (2021, June 28). Global Detention Project | Mapping Immigration Detention around the World. <https://www.globaldetentionproject.org/immigration-detention-in-south-africa-stricter-control-of-administrative-detention-increasing-criminal-enforcement-of-migration>

⁴² Global Detention Project. (2021, July 2). *South Africa Immigration Detention Profile*. Global Detention Project. <https://www.globaldetentionproject.org/countries/africa/south-africa>

⁴³ Global Detention Project. (2021, June 28). *Immigration Detention in South Africa 2021*. Global Detention Project | Mapping Immigration Detention around the World. <https://www.globaldetentionproject.org/immigration-detention-in-south-africa-stricter-control-of-administrative-detention-increasing-criminal-enforcement-of-migration>

⁴⁴ Mutandiro, K. (2021, February 2). "Passport cops" blackmail immigrants. *GroundUp*. <https://www.groundup.org.za/article/passport-cops-blackmail-immigrants/>

⁴⁵ Republic of South Africa. (2021, May 28). *Question No. 1625 National Assembly—Question for written reply—Internal question paper 15 2021*. https://www.parliament.gov.za/storage/app/media/Docs/exe_rq_na/690f0f57-634f-44ff-94e9-8623a33ecd75.pdf

information has been forthcoming about the number of tests being conducted in the Centre or how detainees are faring if they test positive.⁴⁶

4. Camps and shelters

In April 2020, police and law enforcement forcibly removed migrants protesting at Greenmarket Square in Cape Town and relocated them to a tented camp in Belville called Paint City. A second group of protesters, who had been situated near to the City Centre, were removed to a site known as Wingfield.⁴⁷ Early reports raised concerns about the conditions in the camps, indicating that access to hygiene products was limited and social distancing was difficult due to cramped spaces.

A year later, on April 19 2021, the DHA released a press statement indicating that the camps were to be dismantled.⁴⁸ Camp residents were given the option to either reintegrate or to be voluntarily repatriated. In May, the City of Cape Town removed the fence separating the camp from the Bellville taxi leaving those who were refusing to leave the camp or had no means to do so additionally vulnerable.⁴⁹

Xenophobia

In addition to the various ways in which institutional and structural xenophobia has been exacerbated by the pandemic – through the exclusion of non-citizens from relief schemes and the vaccine roll-out, for example – ongoing xenophobia and xenophobic violence have been reported across the pandemic. In August, Xenowatch reported 43 incidents of xenophobia and 20 deaths from xenophobic violence since the start of 2021.⁵⁰

As the socioeconomic burdens of Covid-19 further impoverish local communities, particularly ahead of local elections, political and community leaders have turned on non-citizens. Social media sites have seen a proliferation of xenophobic sentiment,⁵¹ while in Durban – as well as in other cities - street

⁴⁶ Mitchley, A. (2020). 37 illegal immigrants escape from Lindela Repatriation Centre, Motsoaledi claims 'inside job.' *News 24*. <https://www.news24.com/news24/SouthAfrica/News/37-illegal-immigrants-escape-from-lindela-repatriation-centre-motsoaledi-claims-inside-job-20200506>.

⁴⁷ Parliamentary Monitoring Group. (2020). Briefing by the DHA on the removal and movement of refugees in Cape Town Central Business District during the lockdown period. *Minutes: 28 April Meeting of the Portfolio Committee on DHA services rendered during COVID-19*. <https://pmg.org.za/committee-meeting/30113/>; Parliamentary Monitoring Group. (2020). Discussion. *Minutes: 28 April Meeting of the Portfolio Committee on DHA services rendered during COVID-19*. <https://pmg.org.za/committee-meeting/30113/>.

⁴⁸ Department of Home Affairs. (2021, April 19). *Department of Home Affairs—Minister of Home Affairs Dr Aaron Motsoaledi provides an update on the matter of protesters who are living in shelters in Paint City and Wingfield in Cape Town*. <http://www.dha.gov.za/index.php/statements-speeches/1433-minister-of-home-affairs-dr-aaron-motsoaledi-provides-an-update-on-the-matter-of-protesters-who-are-living-in-shelters-in-paint-city-and-wingfield-in-cape-town>

⁴⁹ Stoltz, E. (2021, May 21). Fence at Cape Town refugee camp removed, leaving people vulnerable. *The Mail & Guardian*. <https://mg.co.za/news/2021-05-21-fence-at-cape-town-refugee-camp-removed-leaving-people-vulnerable/>

⁵⁰ Xenowatch. "Statistics Dashboard." Accessed August 11, 2021. <https://www.xenowatch.ac.za/statistics-dashboard/>.

⁵¹ Chenzi, V. (2020). Fake news, social media and xenophobia in South Africa. *African Identities*, 1-20.



vendors and shop owners report being repeatedly harassed and looted by mobs, preventing many from operating their businesses.⁵²

Food insecurity and psychological wellbeing

The Covid-19 pandemic has not only created new challenges and barriers to health and well-being for non-citizens in South Africa, but also exacerbated longstanding challenges and frustrations. Within this context it is unsurprising that many migrants are struggling in a number of ways.

Looking at the psychosocial challenges, three key issues have emerged: (1) livelihood insecurity; (2) lack of access to social support; and (3) poor mental health outcomes.

In relation to livelihoods, non-citizens are often reliant on the informal economy for work as they do not have the documentation to access work in the formal economy. In addition to lacking job security and access to a pension funds and other benefits,⁵³ this sector was hard hit by the initial hard lockdown in March and April 2020.⁵⁴ Although various attempts have been made at ‘reopening’ the economy, too few jobs exist, and many do not have resources to develop livelihoods activities.

In addition, many of these non-citizens have been unable to access support through the SRD Grant and C19 TERS – the latter due to their informal work status. The loss of income and inability to access support has meant that many non-citizens are food insecure. Civil society organisations report widespread hunger, which has been compounded by recent political unrest, and an increase in the number of people needing assistance to access food. One organisation has found that migrant children often only have access to one, or at most two, meals a day.

A recent study among Congolese women in Cape Town found that refugee and asylum-seeking women who were engaged in survivalist businesses were more vulnerable to extreme poverty and malnutrition, irrespective of their marital status when compared to women who were employed in the formal economy. Their survivalist means of living has been exposed and undermined by Covid-19, rendering them additionally vulnerable.⁵⁵

⁵² Singh (2021) “Durban’s Foreign Street Vendors ‘warned’ Not to Return to Work Face Financial Plight.” Accessed August 30, 2021. <https://www.iol.co.za/mercury/news/durbans-foreign-street-vendors-warned-not-to-return-to-work-face-financial-plight-8a5540bd-2c2d-40ec-b112-39563e68ff6c>.

⁵³ Dempster, H., Ginn, T., Graham, J., Ble, M. G., Jayasinghe, D., & Shorey, B. (2020). Locked down and left behind: the impact of COVID-19 on refugees’ economic inclusion. Center for Global Development, Refugees International, and International Rescue Committee.

⁵⁴ Stiegler, N., & Bouchard, J. P. (2020, September). South Africa: Challenges and successes of the COVID-19 lockdown. In *Annales Médico-psychologiques, revue psychiatrique* (Vol. 178, No. 7, pp. 695-698). Elsevier Masson.

⁵⁵ Mulu, N., & Mbanza, K. (2021). COVID-19 and its Effects on the Lives and Livelihoods of Congolese Female Asylum Seekers and Refugees in the City of Cape Town. *African Human Mobility Review*, 7. https://www.researchgate.net/profile/Ngwi-Mulu/publication/351303697_COVID-19_and_its_Effects_on_the_Lives_and_Livelihoods_of_Congolese_Female_Asylum_Seekers_and_Refugees_in_the_City_of_Cape_Town/links/60910576299bf1ad8d771ddf/COVID-19-and-its-Effects-on-the-Lives-and-Livelihoods-of-Congolese-Female-Asylum-Seekers-and-Refugees-in-the-City-of-Cape-Town.pdf

Given the wide-ranging impact of the pandemic on life in South Africa, there are serious concerns about the effect of the pandemic and responses to it on mental health,⁵⁶ with growing concern that the pandemic could lead to a 'shadow pandemic' of mental health issues.⁵⁷ According to a UNHCR report released in July 2021, psychological distress caused by COVID-19, acute malnutrition, fear of infection, confinement and isolation measures, stigma, discrimination, loss of livelihoods and uncertainty about the future constituted major threats to refugees' health and well-being.⁵⁸ In South Africa, the realities of xenophobia and chronic uncertainty around status create additional concerns for non-citizens.

The role of civil society during the pandemic

In line with South Africa's refugee protection policy, urban refugees and asylum-seekers do not receive welfare either from the government or the UNHCR.⁵⁹ Within this context, many turn to and receive basic support from non-governmental organisations, community-based, faith-based and refugee-led organisations. This sector plays an essential role, from advocacy and lobbying for the rights of non-citizens, to providing psychosocial and economic support and filling gaps created by the lack of responses from the state.⁶⁰ Despite challenges such as a shortage of funds, restrictions placed on the use of funds by funders, and movement restrictions, civil society organisations working with non-citizens played a significant role during the pandemic in advocating, education, providing psychological support and reducing food insecurity among vulnerable groups.⁶¹

In addition, civil society organisations often act as a conduit between the government and non-citizens to deliver information. Departments have, however, come to rely on these actors, effectively outsourcing their responsibility to communicate directly with non-citizens with regards to both asylum and refugee applications, immigration regulations and documentation more broadly, and the ways in which non-citizens can exercise their rights. While civil society organisations report good bilateral engagement with some government departments, they also report limited tangible results or changes from this engagement, specifically from the DHA and the DoH. Furthermore, departments often employ a siloed approach to civil society with the Department of Education, for example, exclusively consulting with

⁵⁶ Semo, B., & Frissa, S. M. (2020). The Mental Health Impact of the COVID-19 Pandemic: Implications for Sub-Saharan Africa. *Psychology Research and Behavior Management, Volume 13*, 713-720. <https://doi.org/10.2147/PRBM.S264286>; Payne, S. (2021, July 19). PANDEMIC IMPACT: Covid-19 is exacerbating hunger and mental health problems in young people, WC legislature hears. *Daily Maverick*. <https://www.dailymaverick.co.za/article/2021-07-19-covid-19-is-exacerbating-hunger-and-mental-health-problems-in-young-people-wc-legislature-hears/>

⁵⁷ Martin, M. (2021, July 9). COVID-19 could trigger mental health 'shadow pandemic' and 'tsunami of cancer,' local doc warns. *Kitchener*. <https://kitchener.ctvnews.ca/covid-19-could-trigger-mental-health-shadow-pandemic-and-tsunami-of-cancer-local-doc-warns-1.5503531>

⁵⁸ United Nations High Commissioner for Refugees. (2021, July 1). *Refugee health challenges remain high amid COVID-19*. UNHCR. <https://www.unhcr.org/news/press/2021/7/60dda08e4/refugee-health-challenges-remain-high-amid-covid-19.html>

⁵⁹ Tesfai, A. (2020). Exploring Migration Experiences and Mental Health among Refugees and Asylum-seekers in Durban, South Africa: Guidelines for Mental Health Promotion Interventions. (Doctoral thesis).

⁶⁰ Pincock, K., Betts, A., & Easton-Calabria, E. (2020). The Rhetoric and Reality of Localisation: Refugee-Led Organisations in Humanitarian Governance. *The Journal of Development Studies*, 1-16. <https://doi.org/10.1080/00220388.2020.1802010>

⁶¹ Johnston, J., Aluri, K. Z., Kuhnert, K. L., Job, N., & Prober, C. (2020). The Role of Non-governmental Organizations in Community-based COVID-19 Education: A Qualitative Study in South Africa and Zambia. <https://doi.org/10.21203/rs.3.rs-113780/v1>



education-focused organisations. This often means that the rights of non-citizens and particular problems that non-citizens face in this regard are not acknowledged or responded to.

Ways forward

The Covid-19 pandemic has exacerbated many of the challenges that non-citizens already faced in South Africa, in addition to creating new ones. Consequently, the following recommendations build on a significant body of literature on the importance of migration-aware and mobility-competent health systems that developed prior to Covid-19, in addition to work conducted specifically on the Covid-19 pandemic. Recommendations have been organized by stakeholder and are followed by specific recommendations for the vaccine roll-out.

Department of Home Affairs

- Work with the DoH to develop and implement a legal firewall around Covid-19 health services, including vaccines, so that non-citizens can safely access care and the vaccine without fear of arrest.
- Ensure that future blanket extensions for visas and permits are adequately communicated not only to affected non-citizens, but also to other government departments, services providers, and employers.
- Ensure that other government departments, service providers, and law enforcement are aware of what asylum and refugee documentation issued through the online system looks like so that refugees and asylum seekers are not incorrectly accused of having fraudulent documentation and denied services.
- Issue an amnesty for those who are currently undocumented, and provide avenues for non-citizens, including asylum seekers, to either renew their documentation or apply to regularise their stay.
- Reopen Refugee Reception Offices (RROs) and DHA offices for immigration services.
- Put corrective measures in place to respond to police harassment, deportation, and corruption from DHA officials related to the blanket extension of expired documents and online renewal processes.
- Work with DoH to test and vaccinate detainees and deportees for Covid-19.
- Reassess the efficacy of border closures as a response to the spread of Covid-19, particularly in relation to the adverse effects it has on local economies.
- A moratorium on detention and deportation for immigration offenses is needed due to the inability of many to regularise their stay in South Africa at this time and as conditions of detention and deportation continue to be conducive to the spread of Covid-19

Department of Health

- Work with the DHA to develop and implement a legal firewall around Covid-19 health services, including vaccines, so that non-citizens can safely access care and the vaccine without fear of arrest.
- Ensure that those without documentation, including undocumented non-citizens, have access to the Covid-19 vaccine.
- Implement outreach strategies within migrant communities and provide those who are particularly mobile or hard-to-reach with vaccines that only require one dose.

- Ensure frontline health providers are up to date regarding recent directives from DHA, including the blanket extension of documents, so that non-citizens are not turned away from vaccination sites or healthcare facilities.
- Ensure that testing and care for Covid-19 remains accessible to non-citizens, including through outreach strategies.
- Given the effect that the pandemic has had on routine healthcare and continuity of care for chronic conditions, it is imperative to engage in outreach strategies to provide healthcare to those who have not been able to access services due to the pandemic.
- Ensure that non-citizens are correctly means-tested in line with the Uniform Patient Fee Schedule when accessing care.
- Work with DHA to test and vaccinate detainees and deportees for Covid-19.
- Develop a National Migration and Covid-19 Task Team (NMCTT) to ensure that current and future responses to the pandemic are migration-aware and mobility-competent.
- Bilateral and regional collaboration is needed between Departments/Ministries of Health in the region to ensure that vaccination rollouts are synchronized and that vaccine certificates issued across the region are accepted in South Africa.
- Improve communication about the vaccine, its importance, and the ways in which non-citizen populations can access it. Such efforts should use community and religious leaders, in addition to leveraging local organisations and fora like Migrant Health Forums.

Department of Social Development

- Ensure that barriers non-citizens face when trying to access the Social Relief of Distress (SRD) grant and Temporary Employer-Employee Relief Scheme (C19 TERS) are resolved.
- Ensure that future grants – including the proposed Basic Income Grant – include all in South Africa, regardless of nationality or immigration status.
- Include non-citizens, regardless of immigration status, in social housing programmes.

Civil society

- Engage collectively with all government departments to ensure that all departments implement migration-aware and mobility-competent policies and programming.
- Funders and donors should consider adapting their approach to ensure that civil society organisations can use funding to assist those without documentation and that organisations can be flexible and responsive in their programming.

Recommendations specific to the vaccine roll-out

On 25 August, MiCoSA held a High-level dialogue on vaccine access for migrant and mobile populations. The dialogue brought together nearly 40 participants, under Chatham House Rule, representing various sectors including government departments, international organisations, civil society groups and researchers. The results of the dialogue are framed in five take home messages that South Africa's covid-19 vaccine program needs to consider, these are:

6. Be cognisant of the xenophobic climate in the country:

- Non-citizens have been turned away by nurses and site administrators, reportedly due to being foreign nationals. This cannot be tolerated and clear communication is needed from the NDOH to this effect.
- However, ensuring that non-citizens are included in the country's vaccination programme should not draw unnecessary attention to migrant populations:
 - Approaches that separate non-citizens from citizens are not recommended, rather **non-citizens must be integrated into existing responses**.
 - **Networks trusted** by non-citizens should be actively involved in supporting vaccination registration and roll-out. This includes:
 - Community leaders, religious organisations, and NGOs
 - Community Health Workers who understand the dynamics within the communities that they serve
 - NGOs and CSOs who work with migrant and mobile communities
 - Migrant Health Forums – Ehlanzeni, Musina, Waterberg, Johannesburg
 - International organizations including UNHCR and IOM

7. Improve communication for vaccination teams and non-citizens

- Communication of current and future policies and system changes **to vaccine roll-out teams** is imperative – including about policies and legislation regarding the rights of non-citizens to access the vaccine.
- Communication in appropriate languages **about the vaccine is needed to counter misinformation**.
- **Communication in appropriate languages about the ways in which non-citizen populations can access the vaccine** is needed.

8. Engage bilaterally and regionally on complementary vaccination programming across SADC

- **Synchronised regional programmes** are needed, including **clear communication about what vaccine certificates (will) look like** from other countries to avoid non-citizens being accused of fraud if they accessed their vaccine elsewhere.
- **Cross-border spaces are key sites for vaccine roll-outs:**
 - These are areas in which many mobile and migrant groups are found
 - Healthcare workers are often well-equipped to understand the needs of migrant and mobile groups in these areas and how to reach them
- What happens in SA has implications for the region and SA needs to be cognisant of this in its approach to integrating non-citizens, specifically those who are undocumented, in the roll-out in the coming months.

9. Develop and implement a legal Firewall

- Inter-departmental communication and collaboration between the NDOH and the DHA is key to implementing a **respected legal firewall that ensures undocumented non-citizens or those with expired documents can access the vaccine** without facing any penalty.

- This should include an agreement that the DHA will not access vaccination sites and that staff at vaccination sites should provide services regardless of documentation status

10. Work with the DHA to improve access to documentation

- **Fear of being arrested is a key deterrent to accessing vaccines**
- **Timely access to documentation is a key priority for non-citizens**
- The reopening RROs and DHA offices are key

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