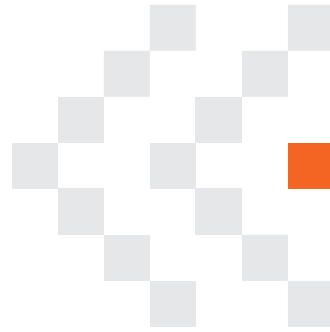


SOUTH AFRICAN RESEARCH CHAIR IN SOCIAL CHANGE



ASSESSING THE EXPERIENCES OF FOREIGN NATIONALS DURING THE COVID-19 PANDEMIC IN SOUTH AFRICA 2020 – 2022.

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Executive summary

This report discusses challenges faced by foreign nationals during the pandemic. These are categorized as protection, health, and socio-economic crises.

On the protection crisis, reckless statements from public figures catalyzed xenophobia, and there was lack of political will to combat the problem. Civil Society Organisations played a valuable role in addressing xenophobic sentiments and practice.

Even though the government extended the validity of documents that expired during the lockdown, some institutions did not honor this extension. In some instances, notably at border posts, foreign nationals were declared undesirable persons for overstaying in South Africa.

On the health crisis, foreign nationals' previous bad experiences with public health institutions discouraged many from accessing public healthcare, and, in consequence, they made use of private providers, at extra expense.

People defined as 'undocumented' were not provided with vaccinations, and while this affected many South Africans (those who had lost their IDs for example), it prevented a lot of foreigners from protecting themselves against the virus. This had the further effect of discouraging foreign residents more widely.

The government did little to ensure that information was accessible to foreign nationals. Failure to translate public health messages into foreign languages was a particular problem. This vacuum was filled by organisations like Lawyers for Human Rights and African Diaspora Forum.

Foreigners lost their jobs and faced challenges accessing the government's hunger alleviation programs and they had to get help from churches and their social networks, while others had to cut costs by reducing the size of their accommodation and the amount of the remittances sent home.

Overall, findings suggest a lack of political will from the government in helping to ensure that foreign nationals were catered for in its relief measures.

Contents

Executive summary	2
Author	6
Acknowledgments	6
Abbreviations	7
Chapter 1: The roadmap to experiences of foreign nationals in South Africa.	9
1.1 Background and introduction	9
1.2 Aim	10
1.3 Objectives	10
1.4 Research questions	10
1.5 Definitions	11
Chapter 2: Experiences of foreign nationals in other contexts	13
2.1 Protection crisis	13
2.1.1 Border control measures	13
2.1.2 Stranded migrants	15
2.1.3 Documentation	15
2.1.4 Othering' in times of crisis	16
2.2 Health crisis	17
2.2.1 Compromised access to health	17
2.2.2 Access to information	18
2.2.3 Practicalities of self-isolation	19
2.2.4 Access to the vaccine in Global North	20
2.2.5 Africa and the vaccine	22
2.3 Socio-economic crisis	25
2.3.1 Migrant workers during the COVID-19 pandemic	25
2.3.2 Remittances	28
2.4 International students	30
3. Chapter 3: Methodology	31
3.1 Introduction	31
3.2 Participants and sampling	31
3.3 Data collection and analysis	33
3.4 Ethical considerations	34
3.5 Methodological strengths and weaknesses	35

Chapter 4: Findings.....	37
4.1 Introduction.....	37
4.2 Part 1: The health crisis	37
4.2.1 Limited access to medical care	37
4.2.2 Vaccine rollout and non-nationals.....	40
4.2.2.1 Foreigners, CSOs, NGOs, and CBOs' views on vaccination of foreigners.....	44
4.2.2.2 Way forward for SA?	49
4.2.2.3 Vaccination of undocumented people in SA	50
4.2.3 Information, language, and non-nationals during the pandemic.....	51
4.2.5 Hunger and starvation	53
4.3 Part 2: The protection crisis	56
4.3.1 Xenophobia	56
4.3.1.1 Operation Dudula.....	59
4.3.2 Curtailed access to documentation	61
4.4 Part 3: The socio-economic crisis	66
4.4.1 Loss of employment and reduced income.....	66
4.4.2 Loss of accommodation	71
4.4.3 Remittances	73
4.5: Part 4.....	75
4.5.1 International students	75
4.5.1 Academic, tuition and study visa-related challenges.....	75
4.5.2 Upkeep and loneliness challenges.....	77
4.6 Non-nationals, CSOs, CBOs and NGO's views on the government's response to the pandemic.....	79
4.7 Solidarity, funding, and continuity	81
5. Chapter 5: Findings discussion, recommendations, and conclusions.....	83
5.1 The health issues.....	83
5.2 Protection crisis.....	85
5.3 Economic crisis	86
5.4 Recommendations.....	88
5.5 Conclusion: Building to exclude	88
Reference list	90
Appendices.....	101

Appendix A: Participant information sheet	101
Appendix B: Consent form	103
Appendix C: Interview guide for individual foreigners.....	105
Appendix D: Interview guide for NGOs and CSOs	106

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Abbreviations

ACMS	African Centre for Migration Services
ADB	African Development Bank
ADF	African Diaspora Forum
BRF	Business Relief Fund
CBOs	Community Based Organisations
CSOs	Civil Society Organisations
DHA	Department of Home Affairs
DoH	Department of Health
EC	European Commission
ECA	Economic Commission for Africa
EFF	Economic Freedom Fighters
ECLAC	Economic Commission for Latin America and the Caribbean
EU	European Union
EVDS	Electronic Vaccination Data System
GP	General Practitioner
GP	Gauteng Province
GSAX	Global South Against Xenophobia
HRW	Human Rights Watch
IEASA	International Education Association South Africa
ILO	International Labour Organisation
IOM	International Organisation for Migration
KAAX	Kopanang Africa Against Xenophobia
LHR	Lawyers for Human Rights

MBA	Masters in Business Administration
MRF	Mandela Rhodes Foundation
MTOs	Money Transfer Operators
MWASA	Migrants Workers' Association-SA
NGOs	Non-Governmental Organisations
NHS	National Health Scheme
OAU	Organisation for African Unity
SA	South Africa
SADC	Southern African Deelopment Community
SAHRC	South African Human Rights Commission
SALO	Southern African Liaison Office
SAPS	South African Police Service
SCCT	Scalabrini Centre of Cape Town
SRDG	Social Relief of Distress Grant
TAC	Treatment Action Campaign
UIF	Unemployment Insurance Fund
UK	United Kingdom
UJ	University of Johannesburg
UN	United Nations
US	United States
WC	Western Cape
WHO	World Health Organisation
ZiMSN	Zimbabwe Migration Support Network

Chapter 1: The roadmap to experiences of foreign nationals in South Africa.

1.1 Background and introduction

The department of Planning, Monitoring, and Evaluation, together with the Government Technical and Advisory Centre and the National Research Foundation led a process to develop a country report on the measures implemented to combat the impact of the coronavirus disease (COVID-19) in South Africa (SA). The country report focused primarily on the responses of the government, while its eighth chapter documented the responses of civil society. This report is a fleshed-out version of the compressed eighth chapter of the country report.

The COVID-19 pandemic has come at a time when the world is witnessing forced migration with the migrant population estimated to be more than 40 million. In 2019, more than 272 million people representing 3.5% of the world population lived outside their countries (UN, 2020). Among these, the International Labor Organisation (ILO) estimated that 164 million were migrant workers (Chowdhury and Chakraborty, 2021). SA has been a preferred destination for many African migrants, especially those from the Southern African Development Community (SADC) countries. Around two million migrants of working age (15–64) were living in SA in 2017, representing 5.3% of the SA labor force (African Centre for Migration & Society (ACMS), 2020). The foreign-born migrant population in SA today is estimated to be around 4.2 million (Garba, 2020).

The impact of the COVID-19 pandemic has never been seen before, due to the speed at which the virus spreads and the pre-existing high levels of global inequality. These migrants who have been excluded and marginalized were exposed to new vulnerabilities by the pandemic (Economic Commission for Latin America and the Caribbean (ECLAC), 2020). Migrants, refugees, and asylum seekers are a vulnerable group who often do not have adequate means to protect themselves from the pandemic and its aftermath. Their vulnerabilities include lack of access to health institutions. If living in refugee camps and reception centers, they live in close and confined spaces where social distancing is not possible (Solidar, 2020).

On the 23 of March 2020, President Cyril Ramaphosa announced a nationwide lockdown to help curb the spread of the COVID-19 epidemic in SA, and to enable the health systems to prepare for the increasing COVID-19 cases (Mukumbang, Ambe and Adebiyi, 2020). These lockdown measures have badly affected everyone living in SA, but migrants have been severely affected because of the pre-existing vulnerabilities affecting this population (Mukumbang *et al.*, 2020). The SA government has devised different measures intended to mitigate COVID-19's harm

on different sections of society. These measures included relief funds for businesses, the provision of shelter and food parcel schemes, and increasing the amounts of existing social grants (Ndebele & Sikuza, 2020). However, not much research has been done to show the impact of the lockdown on foreign nationals in SA and whether or not they have found it easy or difficult to qualify and access the government's relief measures (ACMS, 2020; Mukumbang *et al.*, 2020; Ndebele & Sikuza, 2020). This study contributes to a better understanding of the challenges that foreign nationals faced and the ways they dealt with such challenges.

1.2 Aim

- To provide a description and analysis of the experiences of foreign nationals during the COVID-19 pandemic and associated crises.

1.3 Objectives

- To describe the experiences of foreign nationals and their representative organisations in coping with the pandemic and lockdown.
- To include a description of the variety of experiences, including the impact of different kinds of employment and immigration status.
- To document relationships, positive and negative, with host communities and various parts of the state.
- To determine the extent to which pandemic-related organizing overlapped, reinforced, or was separated from other organizing initiatives among foreign nationals.

1.4 Research questions

1. What have been the particular problems experienced by foreign nationals (including exclusion from social relief)?
2. To what extent have these been conditioned by different immigration statuses and areas of employment?
3. Has mobilization of solidarity been based on existing organisations, have new associations emerged, and have these continued to function?
4. How have foreign nationals experienced their contact with ordinary South Africans (including xenophobia and solidarity)?
5. What has been the experience of engaging with wider civil society and with various parts of the state (including over benefits, international travel, and vaccine rollout)?

6. What views do foreign nationals and their organisations have about ways the government should have responded to the crisis and could in the future?

1.5 Definitions

A person that voluntarily moves from one place to another within his own country or internationally is called a migrant. International migrants choose to leave their country of origin and can return whenever they wish to, and their lives are not in danger if they return home (UNHCR, 2005). An undocumented migrant is a person who enters or stays in a country without the appropriate documentation (IOM, 2004). This includes, among others: a person (a) who has no legal documentation to enter a country but manages to enter clandestinely, (b) who enters using fraudulent documentation, (c) who, after entering using legal documentation, has stayed beyond the time authorized or otherwise violated the terms of entry and remained without authorization (IOM, 2004). A documented migrant is a migrant who entered a country legally and remains in the country under his/her admission criteria (IOM, 2004). According to IOM (2004), asylum seekers are persons seeking to be admitted into a country as refugees and are awaiting a decision on their application for refugee status under relevant international and national instruments. In case of a negative decision, they must leave the country and may be expelled, as may any alien in an irregular situation, unless permission to stay is provided on humanitarian or other related grounds (IOM, 2004).

Refugees are involuntarily displaced and they usually leave their countries because of persecution or justifiable fear of persecution. The definition of a refugee is found in the 1951 Convention on Refugees and its 1967 Protocol. These two documents state that a refugee is a person who (as a result of events occurring before January 1951) and, owing to logical fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion is outside the country of his nationality, and is unable or owing to such fear is unwilling to avail himself of the protection of that country. In addition, Article 1 also states that the events occurring before 1951 shall be understood to mean mainly events occurring in Europe. In the 1967 Protocol to the Convention on Refugees, which was signed by all member states, the scope of the 1951 definition of refugees was expanded to include people who were displaced after 1951 and who were in any geographical area. In 1969, the Organisation for African Unity (OAU) noted that the definitions of the 1951 Convention and the 1967 Protocol were still too rigid in the African context. As a result, Article 1 of the OAU Convention expanded the refugee's definition to include people displaced due to liberation wars and internal conflicts, thus all persons

displaced by general conditions of violence and not only political refugees as stated in the 1951 Convention.

Chapter 2: Experiences of foreign nationals in other contexts

This literature review looks at the impact of COVID-19 on migrants and the different measures implemented by various stakeholders (governments, NGOs, CSOs, and individuals) to mitigate the effects of COVID-19 on migrants. The impacts are divided into protection crisis, health crisis, and socio-economic crisis. The first section looks at the protection crisis and it is divided into border control measures, stranded migrants, documentation, and othering in times of crisis (xenophobia).

2.1 Protection crisis

2.1.1 Border control measures

In response to the COVID-19 pandemic, many countries effected border control measures aimed at preventing the spread of the coronavirus. These measures ranged from country-specific travel restrictions to complete border closures. As of 9 April 2020, different governments had issued around 46, 000 mobility restrictions and measures, and almost all international borders were closed for non-essential travel with additional measures in place to regulate special movements (Meer & Villegas, 2020). Meer and Villegas (2020) estimated that around 196 countries imposed restrictions. Furthermore, the International Organisation for Migration (IOM) assessed 2619 points of entry across 156 countries including border crossings, airports, sea border points, and internal transit points, and found that only 9% remained open (Meer & Villegas, 2020).

The travel restrictions and border closures affected migrant detention and deportation processes. The EU Returns Directive allows the detention of migrants awaiting expatriation for a maximum of 18 months. However, the Directive stipulates that if a reasonable plan of removal no longer exists, detention stops to be justified and the person concerned should be released immediately (Meer & Villegas, 2020). As such, travel restrictions and border closures have eliminated states' abilities to abide by the conditions of this Directive and this has brought into question whether migrants in detention should be released or not. The UK halted the detention of those liable for administrative removal to 49 countries, including Jamaica, India, Pakistan, Afghanistan, Iraq, Sudan, and Albania (Meer & Villegas, 2020). In the same vein, Belgium released immigration detainees and the number of detainees fell from 603 to 304 in March 2020. However, some of the released detainees were left homeless. Similarly, the Netherlands released migrants from detention on a case-by-case basis depending on whether they had criminal records or not (Meer & Villegas, 2020).

Border restrictions can be categorized as strong, moderate, weak, and open. Strong borders with few exceptions, which may include country citizens and legal permanent residents, and one immediate neighbor, characterize the strong border restrictions. This typology was exercised in nations like Australia, Canada, Chile, Czechia, Denmark, Germany, Greece, Israel, Latvia, Lithuania, New Zealand, Norway, Poland, Russia, Slovakia, Spain, Switzerland, and Turkey (O'Brien & Eger, 2020). The moderate type is restrictive but has several exceptions such as work permits and daily commuters, or restrictions may be limited to particular nationalities and/or travel histories (O'Brien & Eger, 2020). These restrictions were witnessed in Austria, Belgium, Estonia, Finland, France, Hungary, Iceland, Italy, Japan, Korea, Luxembourg, Netherlands, Portugal, Slovenia, Sweden, and the United States of America. The weak restrictions could be the use of one border or of one type of entry (such as seaports), and this was the case in Mexico. Open entry is restrictive and it was practiced in Ireland and the UK (O'Brien & Eger, 2020).

The government of Chile temporarily closed its points of entry and exit for foreigners except for those legally residing in the country. ECLAC (2020b) noted that all persons who arrived in Chile from abroad were given a COVID-19 immunity passport after completing a health affidavit and undertaking a health check. Similarly, Colombia stopped the entry of foreigners as well as the landing of arriving or connecting passengers on international flights. A procedure was put in place to screen COVID-19 suspected cases and those exposed to such cases (ECLAC, 2020b). In Uruguay, the government issued recommendations to returning travelers from countries with high COVID-19 transmissions, and the Ministries of Health, Foreign Affairs, and National Defense agreed on a protocol for a humanitarian corridor to evacuate individuals from the port of Montevideo to the airport (ECLAC, 2020b). In the same vein, Brazil closed its land borders prohibiting the entry of individuals from neighboring countries. Cuba suspended overseas travel, El Salvador closed its airport to passenger flights, and Paraguay banned the entry of non-resident foreigners (ECLAC, 2020b). However, Mexico is a special case as the government limited the number of crossings on its land border and suspended passage for non-essential reasons but it did not ban flights (ECLAC, 2020a). In Nicaragua, the government did not implement measures such as border closures or entry restrictions (ECLAC, 2020b). Lastly, foreign citizens returning to Morocco were put under a compulsory 20-day quarantine in a Rabat military hospital and screening was introduced at all entry points including airports in late January 2020 (Ozili, 2020). In addition, the government of Morocco banned all incoming and outbound travels to France and Spain and it officially declared a "Health State of Emergency" (Ozili, 2020).

2.1.2 Stranded migrants

One of the impacts of border closures due to the COVID-19 pandemic has been the millions of migrants who have been stranded, often in highly vulnerable situations. IOM (2020) estimated that the pandemic had left nearly three million people stranded abroad by mid-July 2020, and these included migrant workers, students, and tourists. Many of these stranded foreigners were left without any form of assistance, including support for their legal status in the country and basic needs, such as food and shelter (Sanchez & Achilli, 2020). In addition, stranded migrants faced different challenges depending on what point in the migration process they were at. Some people became stranded in areas of transit such as corridors used by migrant workers. For instance, Yemen introduced stricter border controls in March 2020 and this left nearly 1,200 Ethiopians stranded as they traveled through Djibouti towards the Arabian Peninsula (a number that subsequently fell to less than 500 migrants by mid-January 2021) (IOM, 14 January 2021). Similarly, in mid-March 2020, after Panama closed its borders, 2000 migrants (many from Haiti and some from African and Asian countries) were stranded in the jungle while traveling north (Zamorano, 2020).

Given the travel restrictions across sub-Saharan Africa, by July 2020, about 108,000 people found themselves stranded (Meghan, Batalova, Davidoff-Gore & Schmidt, 2021). In addition, as of July 2020, IOM estimated that 4% of stranded migrants globally were in the sub-Saharan region (Meghan *et al.*, 2021). In Djibouti, authorities feared that Ethiopian migrants stranded on their way to the Arabian Peninsula might contribute to the spread of COVID-19 and considered them a security risk. As a result, host communities have reportedly become less friendly forcing some migrants to go back to Ethiopia (Meghan *et al.*, 2021).

2.1.3 Documentation

The COVID-19 lockdowns have affected migrants' visas and residence permits, and many countries had to come up with measures to regulate foreigners' documents and documentation processes. For instance, Portugal granted temporary residence rights to all migrants and asylum seekers who had applications that were being processed. In March 2020, France extended the validity of all residence permits for three months; Italy gave migrants in agricultural or care work the opportunity to apply for residence permits and Spain allowed migrants without work permits to be employed as seasonal farmworkers (ECLAC, 2020b). Similarly, Chile extended the validity of identity cards issued to foreigners and this benefited documented individuals who had residence permits. However, those who had not submitted their applications or were waiting for their permits faced difficulties (ECLAC, 2020b).

Meer and Villegas (2020) write that the US dismantled its asylum processes at the southern border before the outbreak of the COVID-19 pandemic. Since January 2019, the Trump government operated under the “remain in Mexico” policy which required asylum seekers at the southern border to wait in Mexico while their application was being processed instead of being admitted into the US and waiting there (Christie & Baillot, 2020). Chowdhury and Chakraborty (2021) noted that in a plan to avoid mass deportations, the Prime Minister of Bangladesh facilitated the legalization of visas for about 150,000 illegal Bangladeshi migrants in Malaysia. In addition, 8000 more illegal migrants returned from Malaysia in the face of the crisis and about 5000 illegal migrants faced deportation from South Korea (Chowdhury & Chakraborty, 2021). The UK Home Office paused face-to-face asylum interviews, allowed in-country asylum claims to be registered in Glasgow and other locations around the UK, and paused the conditions for those refused asylum wishing to provide further submissions to their asylum claim in person at the Further Submissions Unit in Liverpool (Christie & Baillot, 2020).

Still in the UK, since the outbreak of COVID-19, the number of people held in immigration detention centers has reduced from 1225 as of 1 January 2020 to 368, with a further 340 people detained in prisons under immigration powers (Doctors of the World, 2020). The UK Home Office has committed to reviewing the cases of all people in immigration detention and has stopped new detentions of people. Under normal circumstances these people would be facing removal to one of the 49 countries to which removals are not currently taking place because of COVID-19 travel restrictions (Doctors of the World, 2020).

2.1.4 Othering’ in times of crisis

The closure of borders and the suspension of freedom of movement across the world is reasonable in this pandemic, but it can fuel xenophobia and open doors for far-right nationalistic leaders to use the measures to discriminate and exclude foreigners (Solidar, 2020). As such, Fernand de Varennes, the UN Special Rapporteur warned that “COVID-19 is not just a health issue; it can also be a virus that exacerbates xenophobia, hate, and exclusion” (UN News, 2020). Racist attacks were witnessed in Italy at the beginning of the COVID-19 crisis and these violations of civil liberties can be sneaked into the current COVID-19 policies and create a long-term culture of discrimination (Solidar, 2020). Currently, there is a new trend that has been brought by COVID-19 whereby people seeking protection are being forced to turn back in violation of international commitments.

Yamagata, Teragushi and Miura (2020) found that when COVID-19 pandemic cases increased in Japan, Japanese citizens showed higher tendencies toward infection prevention

behaviors and exclusionary attitudes towards foreigners. In addition, there have been reports of far-right leaders in Europe who took advantage of the anxiety caused by COVID-19 to strengthen anti-immigration attitudes by accusing foreigners of the spread of the virus (Hume, 2020; Reidy, 2020). For instance, former US President Donald Trump repeatedly referred to COVID-19 as the “Kung flu” and “Chinese virus” (Scott, 2020), while the Riley County Commission chairperson stated that “it’s not as big a problem here as elsewhere because there aren’t many Chinese people” (Dixon, 2020). Equally, US Senator John Cornyn blamed the Chinese for COVID-19 because of “the culture where people eat bats and snakes and dogs and things like that” (Shepherd, 2020). Thus, these politicians spoke of Chinese people in ways that can fuel xenophobia and exclusion. Research conducted in the UK and the Republic of Ireland found that in the first week of the lockdown, right-wing authoritarianism and threat perceptions anticipated adverse migration attitudes (Hartman *et al.*, 2020). Consequently, in the US, Trump’s government set the lowest limit ever on refugee admissions for 2021, citing the need to protect the safety and well-being of Americans during the pandemic (Kanno-Youngs & Shear, 2020).

2.2 Health crisis

2.2.1 Compromised access to health

The World Health Organisation (WHO) issued COVID-19 health guidelines in the European Region to guide healthcare providers in charge of refugees and migrants concerning COVID-19 in all types of settings. The guidance has seven recommendations rooted in a rights-based approach that all migrants have a right to health and it specifies the following:

Healthcare initiatives should include all migrants; control measures recommended should be afforded refugees and migrants without imposing unfounded testing or quarantine. Prevention, diagnostic, and infection control plans should include measures to reach marginalized or hard to reach groups. Information should be provided in the appropriate languages and governments should consider utilizing community-based organisations or ethnic/religious media to distribute information, as they may be trusted more. Involve members of refugee and migrant communities to check material for accuracy and cultural relevance; governments should consider appropriate technologies that may be more effective as they may not have online access (flyers, call centers, in-person channels, texting, or social media key messages. Make sure to address fears that may prevent migrants and refugees from seeking help; specific strategies for points of entry (provide prevention recommendation messages and practical information on how to access health services, collect health declarations at arrival, collecting contact details to allow for a proper

risk assessment and possible contact tracing should it be needed) (Meer & Villegas, 2020: 12).

In addition, on 17 March 2020, WHO, IOM, UNHCR, and IFRC co-published 'Guidance are on Scaling-up COVID-19 Outbreak in Readiness and Response Operations in Camps and Camp-like Settings'. This guidance may apply to internally displaced persons, asylum seekers, refugees, returnees, and migrants. The document covers eight focus areas namely: coordination and planning; risk communication and community engagement; surveillance, case investigation and outbreak rapid response team; individual health screening; laboratory system; infection prevention and control; case management and continuity of essential health services; and logistics, procurement, and supply management (Meer & Villegas, 2020).

In Saudi Arabia, King Salman announced that they would cover the treatment of anyone suffering from COVID-19 in the kingdom including foreigners. In Portugal, migrants and asylum-seekers were provided with full access to public services that permanent residents received for the duration of the state of emergency (Meer & Villegas, 2020; Groupe URD, 2020). This meant that all foreigners who applied for immigration status were treated as permanent residents and could access the National Health Scheme (NHS), welfare benefits, bank accounts, work, and rental contracts (Meer & Villegas, 2020). In Turkey, IOM has supported the Adana Governorship, where many Syrian refugees live with health items such as 11 disinfecting machines, 5000 liters of disinfection liquid, 70,000 masks, 13,000 single-use gloves, 300 manual back pumps, 5000 liters of hand sanitizers, and 2500 thermometers (Meer & Villegas, 2020). In Libya, blocked migrants numbering between 700,000 and one million did not have access to healthcare due to discrimination, lack of documentation, and growing insecurity in the country. As a result, human rights activists called for healthcare to be made accessible for all people in Libya (Groupe URD, 2020). On 29 January 2020, England added COVID-19 to Schedule 1 of the NHS Regulations. This means that there will be no charges to anyone including migrants for the diagnosis and treatment of coronavirus (Meer & Villegas, 2020; Doctors of the World, 2020).

2.2.2 Access to information

One of the challenges faced by migrants during the COVID-19 crisis is access to information about the pandemic and its associated safety measures. This lack of access has affected their health. Solidar (2020) noted that officials have not translated COVID-19 safety measures messages into languages understood by non-nationals. As a result, international organisations and CSOs have filled this vacuum and promoted access to information on the pandemic. For example, Volunteering Matters in the UK has deployed volunteers of its EU VOICE project to

translate the national safety guidelines into 20 languages for all non-English speaking UK residents (Solidar, 2020). Similarly, the IOM developed a leaflet translated into 26 languages to inform migrants about the best ways to behave in the pandemic. The UK government and NHS guidance have largely been published in English, which can be inaccessible to migrants whose first language is not English. Doctors of the World (2020) observed that even though some translations of the guidance have been published, the numbers of languages are limited and updates to these translations are behind the English guidance. Doctors of the World, the British Red Cross, and several other partners have translated the NHS guidance into 60 languages, including some audio versions. This has increased access to key COVID-19 related guidance for non-nationals. However, there is still a time lag between the publishing of English and translated guidance, and these translations do not capture the breadth of guidance being produced by the government at speed (Doctors of the World, 2020).

Christie and Baillot's (2020) study found that 75% of its respondents on questions on access to information on COVID-19 were confident that they had access to accurate information on COVID-19. Sources of this information were many and varied and they included the Scottish government, TV news, friends or family in the UK, online news, radio, YouTube, newspapers, housing or welfare officer, friends and family in the country of origin, charity, and social media. Notably, the Scottish Government had the highest number of respondents that used it to get information on COVID-19 indicating strong penetration into communities of public health messaging from official sources. Information sharing amongst family and friends living in the UK is another key resource pointing to the importance of social connections (Christie & Baillot, 2020).

The digital exclusion was a key barrier to access to information on COVID-19. Doctors of the World (2020) noted that digital exclusion was present for three main reasons, namely, lack of financial means to pay for broadband or mobile data, lack of access to the right technology, and lack of digital skills. The Say It Loud Club reported that half of the people who accessed their services during lockdown said that they faced digital barriers to accessing government information about COVID-19 (Doctors of the World, 2020).

2.2.3 Practicalities of self-isolation

The lack of adequate living conditions that can allow foreigners to self-isolate is among the health hazards that they have been faced with during the pandemic. Conditions for refugees and asylum seekers in Europe are usually inhumane, overcrowded, and associated with limited or no access to healthcare, which makes it difficult to practice basic hygiene (Solidar, 2020). Amnesty International (2020) reported that in Greece 37000 refugees and asylum seekers are staying in

camps meant to house 6095 people. These camps are characterized by poor access to food, toilets, showers, and insufficient medical staff to support migrants' needs. The inadequate system for processing asylums across Europe has led to many camps in Europe risking the lives of people who are already attempting to flee hardship in their home countries (Solidar, 2020). In Italy, the conditions of people in reception centers have been a cause for concern because these facilities are often situated in isolated buildings with low-quality standards. The consequences such conditions are difficulties in applying rules of social distancing, especially in the larger overcrowded centers (Sanfelici, 2021).

The Turkish-Greek border revealed the dangers that foreigners are subjected to as migrants got stuck at the border in unacceptable conditions during the COVID-19 outbreak (Solidar, 2020). To ameliorate the situation for refugees in Greece, Greece CSOs called for respect of human rights. On 6 March 2020, Greece CSOs wrote an open letter to the Prime Minister of Greece, the President of the European Parliament, the President of the European Council, and the President of the European Commission criticizing the new legislation on the reception of migrants and asylum seekers (Solidar, 2020). In the planning of the future EU budget, the Civil Liberties, Justice, and Home Affairs Committee in the European Parliament made a call for an increased budget for the Member States to secure better reception conditions, to improve asylum application procedures, and to improve migrants' livelihoods in the camps (Solidar, 2020). Outside Europe, AWO International has been running campaigns in developing countries providing hygiene kits to Syrian and Palestinian refugees in Lebanon and Isingiro refugee camp in Uganda to prevent the spread of the COVID-19 virus (Solidar, 2020).

2.2.4 Access to the vaccine in Global North

In 2017, an estimated 4.8 million undocumented migrants lived in 32 European countries. In this COVID-19 pandemic, many countries have excluded undocumented migrants from vaccination drives in policy or practice, and deep distrust of authorities among some migrant populations has caused complications for more inclusive vaccination campaigns (Parker, 2021). Undocumented migrants in the US are eligible to be vaccinated, and the federal government has said it will not conduct immigration enforcement operations around vaccination sites (Parker, 2021). The Netherlands' vaccination plan explicitly mentions that undocumented migrants are eligible for vaccination. In Portugal, the authorities created a registration platform for undocumented migrants to book vaccine appointments, and more than 19 000 had signed up as of June 2021 (Parker, 2021). Furthermore, everyone residing in Belgium is eligible to get the vaccine, and the Belgian government has specified that data collected during the vaccination process can only be used for

health purposes (Parker, 2021). In addition, the government has deployed mobile vaccination teams and worked with local authorities and civil society groups to reach migrant populations. In Brussels, public transportation to vaccination centers is free (Parker, 2021).

Other countries are making little or no effort to vaccinate undocumented migrants. For instance, in Hungary, it appears to be nearly impossible to register for a shot without proof of legal residence (Parker, 2021). Greece began vaccinating refugees living in camps in early June 2021, after what critics called a slow start. However, undocumented migrants still cannot access the vaccine registration platform (Parker, 2021). However, in some countries where everyone is theoretically entitled to receive the vaccine, administrative challenges remain an obstacle. For instance, coronavirus vaccines are free and available to undocumented migrants in the UK (Panara, 2021) but booking an appointment, often requires being registered with a general practitioner (GP), and some GPs routinely refuse to register migrants who cannot provide proof of address or ID (Parker, 2021). Similarly, the German government clarified that undocumented migrants could access the vaccine but a law requiring public authorities to report them to immigration officials remains in effect, and this results in undocumented migrants avoiding the medical system (Parker, 2021).

Furthermore, in countries that included undocumented migrants, language barriers and misinformation may be contributing to vaccine hesitancy (Parker, 2021). Moreover, those who are eager to get the vaccine may be hindered by issues such as long working hours or difficulties traveling to vaccination sites. Some NGOs and municipalities have taken the lead in addressing these concerns. For example, Doctors of the World UK has run information sessions across London, and with government support, it translated resources about the vaccine into roughly a dozen languages (Parker, 2021). In Italy, authorities planned to launch a mass vaccination drive at the end of June 2021 by injecting one million doses per day, but nearly 700 000 undocumented migrants applying for legal status will be excluded from the vaccination campaigns (Panara, 2021). These people are invisible to the administration, whose databases do not include foreigners living temporarily in Italy (Panara, 2021). Moreover, to make an appointment to be vaccinated in Italy, you have to go to an online platform and validate your registration by providing a tax code, which undocumented migrants do not have (Panara, 2021). These online platforms are managed by regions and as of July 2021, only the region of Emilia-Romagna did not require this code (Panara, 2021).

In Greece, receiving health services is complicated, and more than 50 000 undocumented migrants are deprived of access to health services because they are unable to provide a social

security number. This has prevented some migrants from receiving vaccinations (Panara, 2021). For undocumented migrants in France, getting vaccinated has become a little less complicated since May 2021. Since then, anyone can get a dose, whether or not he or she benefits from public health insurance, and no documents will be required (Panara, 2021). Panara (2021) noted that the age criteria has been abolished for those living on the streets and in shelters. Moreover, France held awareness campaigns through NGOs in partnership with the Ministry of Health in emergency shelters and migrant workers' homes (Panara, 2021). In Germany, authorities have vaccinated exiles directly in centers. In Serbia, vaccination campaigns were launched on 26 March 2021 in several migrant camps, and in Slovakia, after some migrants were denied access to vaccines because of their health insurance, the government proposed a new law that authorizes access to vaccines for everyone, without the need to provide a social security number (Panara, 2021).

This section has covered issues to do with foreign nationals' access to the vaccine in the global north. The next section will look at the vaccine rollout programs of various parts of Africa to see if they accommodated foreign nationals.

2.2.5 Africa and the vaccine

By the end of July 2021, the African continent had the lowest COVID-19 vaccination coverage globally with just 2% of the population having received at least one vaccine dose (Walker, Vearey & Maple, 2021b). Walker *et al.*, (2021b) argued that migrant populations have been ignored in vaccination rollout plans of many states and a few vaccine programs across Africa make it explicit whether or how various migrant groups will fit into the rollouts. The UN Refugee Agency (UNHCR) noted that there are indications that more than half of the countries in the Middle East and North Africa region will be including refugees and other persons of concern in national vaccination programs (Walker, Vearey & Maple, 2021a). However, due to phased approaches to vaccination in all countries, it is not clear how persons of concern will access the vaccine. In Tunisia, documented migrants technically have access to free emergency care, which includes vaccinations but migrants and refugees reported being excluded from healthcare services during 2020 (Walker *et al.*, 2021a). In Egypt, based on a joint advocacy approach between UNHCR, WHO, UNICEF, and other UN agencies, Egypt's national COVID-19 vaccination plan includes refugees and asylum-seekers registered with UNHCR. On 28 February 2021, the Ministry of Health and Population launched a website for Egyptians and non-Egyptians to register for the COVID-19 vaccination (Walker *et al.*, 2021a). The government of Libya is willing to cover the cost of rolling out a COVID-19 vaccination scheme for its refugees and migrants, but not the cost of

the vaccines (Walker *et al.*, 2021a). Therefore, the WHO and the Libyan government appealed to the Global Vaccine Alliance to cover the cost of vaccines through its Humanitarian Buffer Fund for an initial 16 200 refugees and migrants, who were previously identified by UNHCR and IOM as at high risk (Walker *et al.*, 2021a).

Kenya has planned its vaccination program in three phases set to include all vulnerable populations like those in congregated settings such as prisoners, refugees, and the elderly (Walker *et al.*, 2021a). However, simultaneous to the start of their vaccination campaign, Kenya has threatened to close two of its largest refugee camps Kakuma and Dadaab, which would significantly affect the protection of refugees in the context of COVID-19 and derail efforts to contain any spread of the virus (Walker *et al.*, 2021a). Walker *et al.* (2021a) cited a respondent who noted that lack of transparency is the key issue being faced in Kenya with the government and the health department failing to offer clarity on whether the President and other government officials have chosen to be vaccinated. This has created concern amongst the public and the uptake of the vaccine has thus far been low. In addition to the widespread skepticism amongst the public, there has also been little information shared on how migrants and refugees will be included in the vaccination program (Walker *et al.*, 2021a). In addition, refugees are fearful of coming forward and accessing state services such as public healthcare and a disconnect between policy and practice (Walker *et al.*, 2021b).

In Sudan, the government has indicated that people seeking asylum and displaced people will have access to the vaccine, while Rwanda was one of the first 20 countries worldwide to begin vaccinating refugees and asylum seekers alongside citizens as part of the national response plan (Walker *et al.*, 2021a). Like most countries, Rwanda established a tiered prioritization list for the vaccine that included frontline healthcare workers, the elderly, teachers, prisoners, refugees, and people with underlying chronic conditions. In the first phase of the rollout, 224 refugees categorized as 'high-risk' were residing in the Emergency Transit Mechanism center in Gashora, and 192 refugees in six refugee settlements were vaccinated (Walker *et al.*, 2021a). These migrants were categorized as high-risk because they were working on the frontlines of the pandemic as community health workers, cleaners, and security guards (Walker *et al.*, 2021a).

In Central and West Africa, the UNHCR continues to promote the inclusion of refugees and IDPs in national COVID-19 vaccine rollout plans, but as of June 2021, access to vaccines for migrants remained patchy. In many countries, eligibility for migrants depends on factors such as place of residence, migration status, age, employment status, and health history. In Senegal, refugees (mostly from Mauritania) have been included in the vaccination campaign from the

outset (Walker *et al.*, 2021a). In the Central African Republic, UNHCR had success in advocating for the inclusion of refugees in the state's vaccine rollout plans (Walker *et al.*, 2021a).

In the SADC region, there is little detail available on how and if migrant groups have been included in the vaccination programs. In Botswana, vaccinations started on 26 March 2021 and by 2 April 2021, 12 945 people had been vaccinated through the National Vaccine Deployment Plan (Walker *et al.*, 2021a). In Zimbabwe, the vaccine is being rolled out but public information was only disseminated after litigation against the government forced them to do so. Zimbabwe has a boost in vaccine tourism as foreign nationals have started arriving in the country to be vaccinated for a fee. This came in March 2021, after President Emmerson Mnangagwa said that visitors could get the jab in Zimbabwe if they were willing to pay. President Mnangagwa said, "Zimbabweans will get the vaccine for free, but for foreigners who come here, they will receive the vaccine at a cost. This is a human element, we cannot deny anybody the vaccine, but if you are not Zimbabwean, we will give you the vaccine at a cost" (Mazingaizo, 2021). Thus, Grant Evans, a local businessperson in Zimbabwe, brought over his extended SA family who were not eligible for the COVID-19 vaccine in SA. Evans stated that:

The COVID-19 vaccine rollout is slow in SA, and my extended family in Cape Town needed to get vaccinated. We decided to bring them to Zimbabwe to get vaccinated. The private clinics in Zimbabwe are charging foreign nationals \$70 for both jabs, we are happy to pay and it sounds reasonable (Mazingaizo, 2021).

In addition, in Zambia, doses of the vaccine procured via COVAX were received in April 2021 and were rolled out under the National COVID-19 Vaccine Deployment Plan, prioritizing frontline healthcare workers, essential workers (teachers, immigration, and police, religious and traditional leaders) and those with co-morbidities. In Mozambique, where cases of COVID-19 dramatically escalated with the second wave at the start of 2021, vaccines have been received from China and India, and the rollout began in March 2021. Healthcare workers were the priority, while the plan was to vaccinate the entire eligible population by 2022 (Walker *et al.*, 2021a). In the Indian Ocean Islands, there has been a clear push since early 2021 to reach 'herd immunity' amongst adult populations, particularly in Mauritius and Seychelles. Since Mauritius secured vaccines through COVAX and bilateral agreements with India and China, it has forged ahead with its vaccination program, and 55% of its population was vaccinated by July 2021 (Walker *et al.*, 2021a). However, concern has been raised about the inclusion of vulnerable groups such as prisoners and migrants in the rollout plans. Walker *et al.* (2021a) write that to access the vaccine in Mauritania, people are required to present a national identity card and migrants with a visa can

use the 'Mauritian Premium Visa' program to access the vaccine. However, there is no clarity on access for those with less regular status, and Mauritius risks excluding migrants who should be among those prioritized.

2.3 Socio-economic crisis

2.3.1 Migrant workers during the COVID-19 pandemic

The economic cost of COVID-19 is expected to reach between US\$5.8 trillion to US\$8.8 trillion globally, which is almost 6.4–9.7% of global GDP (Chowdhury & Chakraborty, 2021). The negative effects of the pandemic on jobs were noticeable during the second quarter of 2020 in the USA, UK, and Central Asia, especially for the migrant workers with declining working hours (World Bank, 2020a). The extent of the shocks to migrants' jobs depends on the sector they were employed in and the economic conditions of the host country. The COVID-19 pandemic is hitting the economies of both the host and the source countries of migrant workers, unlike other economic shocks that only have localized effects (Chowdhury & Chakraborty, 2021).

The COVID-19 pandemic has revealed the untapped importance of migrant professionals. Before COVID-19, the US had shortages in medical professions as shown by the Association of American Medical Colleges 2019 report stating that the shortfall was between 40,000 to 122,000 physicians, and 29,000 to 42,900 doctors in 2020 (Meer & Villegas, 2020). This issue is not unique to the US because in the midst of the COVID-19 outbreak WHO noted a worldwide shortage of 59 million nurses mainly in Africa, Southeast Asia, the Eastern Mediterranean, and Latin America. This has accidentally highlighted the importance of migrants trained in medical professions in their home countries but are not working in those fields due to accreditation problems (Meer & Villegas, 2020). For example, in the US there are roughly 263,000 migrants with qualifications in health-related fields that are not working or are doing other jobs.

The shortages of medical professions highlighted above have pushed other nations to tap and make use of migrant medical professionals. The Syrian Doctors in Germany Facebook group shows that 14,000 Syrian doctors are waiting for their qualifications to be approved. In addition, Bavaria and Saxony announced easier access to exam procedures and relaxation on qualification rules (Meer & Villegas, 2020). Bavaria declared that doctors without medical licenses would be given immediate permission to work for a year while the eastern state of Saxony issued a call for unlicensed foreign doctors on Facebook. Meer and Villegas (2020) observed that about 400 migrant medical experts showed interest in this call many of whom were unlicensed due to the accreditation process, which requires translations of previous work records and verification of

proficiency in German. To push doctors on the frontline, Saxony waived licensing requirements and fast-tracked the training of immigrant medics (Meer & Villegas, 2020).

In the UK, migrants make up 12% of the 1.9 million active health labor force. On 9 April 2020, the UK General Medical Council used its emergency powers to register over 30,000 doctors to support the government's reaction to COVID-19 (Meer & Villegas, 2020). In doing so, they initially focused on doctors who were once registered to practice but have also welcomed refugee doctors who passed English language tests and Plab exams. As of 9 April 2020, 100 refugee doctors had signed up for the scheme and 48 refugee doctors had chosen to take intensive English language courses so they could apply for the NHS role within three months. Consequently, many of the untapped healthcare professionals are surgeons from Syria, Sudan, Iran, Iraq, and Turkey and on average have 7.5 years of work experience (Meer & Villegas, 2020).

The COVID-19 pandemic has postulated certain industries as frontline which includes industries responding to needs created by the pandemic (healthcare, retail and wholesale) as well as those hardest hit by economic shut-downs (accommodation, food, and personal services) (Meer & Villegas, 2020). Migrants are overrepresented on both fronts. As the coronavirus brought the global economy to a halt, data began rolling in depicting the essential role that foreigners play in local economies, which is often invisible (Meer & Villegas, 2020). COVID-19 has changed the tale about low-skilled jobs such as grocery store workers, construction, sanitation services, and food supply chain careers such as agriculture and processing professions that are mostly occupied by migrants. In the US, six million migrant workers are in frontline jobs keeping US residents healthy and fed representing 19% of frontline workers (Meer & Villegas, 2020). Moreover, six million migrants are in industries affected by COVID-19 meaning together, 12 million migrants are on the frontline in terms of COVID-19 response and impact. Similarly, an average of 13% of key workers in the EU are migrants (Meer & Villegas, 2020).

The labor market has been affected by the coronavirus crisis and within it, undocumented migrant workers have been hit harder. Foreigners who depend on small income earnings to survive daily are seriously incapacitated by the crisis and this is made worse if they have to self-isolate. Solidar (2020) posits that everything will not return to normal once the crisis is over because the economy has shrunk, leading to layoffs in sectors such as tourism, hospitality, and other sectors in which migrants predominantly work. As a result, migrants will be left jobless thus affecting their residence permits and their stay in foreign countries. This uncertainty creates significant emotional stress among migrants in this precarious situation (Solidar, 2020). In addition, migrant women are overrepresented in sectors such as tourism, air transport,

entertainment, cleaning, and paid domestic and care work, which are most affected by COVID-19. Therefore, they have lost their sources of income, which translates to challenges of hunger and lack of remittances as well.

The COVID-19 lockdown measures in Italy were associated with severe economic problems like job losses, reduction in salaries, or no source of income at all. At the end of March, the Italian government transferred 400 million euros to all the municipalities to issue food vouchers and basic food necessities to families (Sanfelici, 2021). Local governments developed the criteria for allocating the vouchers and the amount to be distributed. Many municipalities distributed the vouchers to Italians and holders of long-term residence permits. This led to the exclusion of migrants without regular permits and work contracts (Sanfelici, 2021). In March 2020, the Italian National Institute of Social Protection approved the Ordinary Wage Guarantee Fund for over seven million workers (Sanfelici, 2021). In addition, a once-off 600 Euro bonus was paid to self-employed and professional workers. These measures were essential for the sustenance of millions of citizens and noncitizens but were subject to conditionality as they omitted all the irregular workers. Thus, the consequences for precarious migrants have been harsh (Sanfelici, 2021).

Travel restrictions have also prevented people with plans to migrate and look for work from doing so. In Bangladesh, an estimated 200,000 prospective migrant workers were unable to leave in the four months following the initial introduction of travel restrictions (Dhruba, 2020). Exit bans made it extremely difficult for migrant workers to leave their places of origin and pursue work abroad, even if they had visas. More so, when countries began to open up, a lack of traveling options and exit bans affected the usual migration corridors, such as the movement of Thai berry pickers to Sweden or of Moroccan seasonal agricultural workers to Spain and France (Benton, 2020).

Furthermore, seasonal workers in Africa were affected by travel restrictions and border closures, especially in West and Central Africa, where they make up 66% of intraregional migrants. For example, border restrictions stranded thousands of farm and gold mine workers in the area between Burkina Faso, Côte d'Ivoire, and Mali (Meghan *et al.*, 2021). Meghan *et al.* (2021) noted that governments have responded to these challenges in different ways. South Africa has offered a COVID-19 social assistance package for special permit holders, while Kenya and Uganda have introduced legal mechanisms to protect workers from COVID-19-related discrimination and unsafe working conditions. Other social protection measures have included free-of-charge or partially funded COVID-19 testing and health care for migrant workers in

Djibouti, Ethiopia, Kenya, South Sudan, Sudan, and Uganda, as well as the renewal of permits without holders having to leave the country in Seychelles (Meghan *et al.*, 2021).

2.3.2 Remittances

Remittances are monies sent back home by immigrants representing a share of their earnings from the host country (European Commission (EC), 2020). Remittances play a critical role for migrants' families in their countries of origin since they are typically used for education, health, household consumption, alleviation of credit constraints and starting small businesses and other investments (EC, 2020). In Africa, one in every five people sends or receives international remittances (IFAD, 2020). Since 2009, the flow of remittances to Africa has doubled and they now comprise more than 5% of GDP in 15 African countries. In 2019, migrant workers sent about \$85 billion to their relatives on the continent (World Bank, 2020). In 2019, \$554 billion was remitted to low and middle-income countries and these remittances were projected to increase to \$ 574 billion in 2020 (EC, 2020). Remittances to low and middle-income countries have exceeded the flow of foreign direct investment, portfolio investment, and official development assistance since 2018 and stood out as one of the most important income flows from abroad (Chowdhury & Chakraborty, 2021; Economic Commission for Africa (ECA), 2020).

The COVID-19 pandemic has severely impacted remittance inflows to Africa due to the situation that African migrants face in destination countries. Due to depressed economic activities in migrant destinations, the pandemic has reduced migrants' remittance capacities due to job losses, salary cuts, household expenditures, and increased healthcare costs. Based on World Bank predictions, the ECA projects that remittance inflows to Africa could decline by 21% in 2020, implying \$18 billion less will go to the people who rely on that money (ECA, 2020). Remittances have become a vital source of foreign financing for many African economies, accounting for more than 10% of GDP for Cabo Verde, Comoros, Gambia, Lesotho, Liberia, and Senegal (African Development Bank (ADB), 2020). These countries have been severely affected by COVID-19 shocks to remittances, especially in high-income economies where migrant jobs and incomes are threatened. Other countries that are highly vulnerable to a reduction in remittances include Egypt and Nigeria, which received on average \$21 billion between 2014 and 2018, making them the largest recipients in Africa (ADB, 2020). In Somalia, remittances amount to US\$1.4bn per year and comprise the largest category of external financial support. These have declined sharply and sub-Saharan Africa currently has among the highest remittance fees, averaging 9.1% per transaction (UN, 2020).

Since the world has been hit by COVID-19 and the associated economic downturn, remittance flows are more important than ever for the poor and vulnerable people without access to economic and social safety nets (ECA, 2020). The negative impact of the COVID-19 pandemic on remittances may come from three main drivers. The first driver is the economic driver due to unemployment or reduced income of the migrants which results in migrants having less money to send back home (EU, 2020). The second driver is the migration driver due to disruptions in the migration flows, migrants can no longer leave their home country as planned or need to return after losing their job and/or permit and therefore will not send remittances (EU, 2020). The last driver is the lockdown driver, which affected remittance services providers resulting in channels through which remittances can be sent being fewer, slower, and/or costly (EC, 2020).

The lockdown measures imposed by the EU Member States have affected migrants' physical access to remittance service providers, especially during March and April 2020. The permanent closures of Money Transfer Operators (MTOs) took place in France (EU, 2020). These disruptions are linked to the confusion during the first weeks of the pandemic on whether MTOs were essential services that should remain open or not. Belgium reported large decreases in remittances in the first two weeks of March 2020. As a result, EC (2020) recorded a decrease of over 50% in the value of remittances compared to 2019. France advocated for "bi-bancarisation" aimed at allowing migrant workers to have a bank account with the same bank in both the country of origin and the host country so that preferential pricing for remittance transfers would apply. In addition, France initiated a tax exemption for remittances sent to Africa while Germany reduced transaction costs on remittances to less than 3% by 2030 (EC, 2020).

Furthermore, remittance receiving countries have also taken measures to mitigate the reduction of remittances to their populations by introducing policies meant to encourage the flow of remittances. For instance, Jordan eased banking regulations by allowing Western Union to make remittances available online even for people who do not have bank accounts (EU, 2020). More so, Western Union money transfers in Jordan can be delivered to recipients' houses. Bangladesh and Sri Lankan authorities have boosted remittances through their central bank's exemption of incoming remittances from several existing regulations and taxes (EC, 2020). In addition, remittances have been encouraged in Nepal through a public call to use digital remittance transfers to bank accounts and by increasing the maximum amounts of transferable funds. In Pakistan, remittance regulations have been relaxed and a new remittance loyalty program was introduced in partnership with private sector actors aimed at incentivizing the use of digital channels for sending remittances (EU, 2020). In the private sector, many digital operators

of remittances have reduced or waived their operations fees. For example, Cebuana Lhuillier waived remittance fees for donations to relief operations in the Philippines while in Malawi, the President has requested banks and mobile money service providers to reduce fees on all electronic money transactions to promote the use of electronic money services (EC, 2020).

2.4 International students

The spread of COVID-19 has affected the international travel of thousands of students. Since late February 2020, travel restrictions to various locations, including China, Iran, South Korea, Italy, and later Argentina, Brazil, Spain, Panama, and Venezuela have impeded the flow of international students and university staff around the world (IESALC, 2020). International students usually stay in universities that are often thousands of miles away from their countries and families and this coupled with lockdowns due to the pandemic has created an explosive mix of emotions that often leads to increased stress or even depression (Misirlis, Zwaan & Weber, 2020).

3. Chapter 3: Methodology

3.1 Introduction

Researchers face unique opportunities and difficulties due to the disturbance of COVID-19. The COVID-19 pandemic offers an exceptional prospect to study the calamity and its associated challenges while lockdowns and the need for social distance affect the usual face-to-face research methods. Teti *et al.* (2020) noted that a pandemic is a social event that is disrupting our social order. Therefore, there is a need to study individuals' lived experiences in these difficult times. As such, this study focused on qualitatively documenting the experiences of foreign nationals in SA. Due to challenges posed by face-to-face methods of gathering data such as face-to-face in-depth interviews, the study adopted online data collection methods. These methods comes with their own concerns such as the security of the platforms, participant's confidentiality, and access to the internet and ICT equipment (computers and smartphones). This methodology section documents the study's sampling methods, data collection methods, data analysis, and ethical considerations.

This qualitative study was conducted in SA covering the period between March 2020 when the lockdown was announced and the end of March 2022. The study was designed to describe foreigners' experiences, using online interviews with non-nationals and leaders of NGOs, CSOs, and CBOs, and content analysis of media, NGOs, CSOs, and CBOs publications as well as government department documents.

3.2 Participants and sampling

The study participants were locals who are leaders of various organisations and foreign nationals from countries such as Zimbabwe, Malawi, Mozambique, Cameroon, and Kenya. 16 participants were interviewed. Eight participants were females (50%) while the other eight were males (50%). In addition, six of these participants were members of either a CSO, NGO or CBO, 10 were individual foreigners and four were students. The table below shows the breakdown of participants by their pseudonym, name of the organisation, nationality, gender, and provincial location. Purposive sampling was used to locate participants based on the category that participants fell under i.e. students, CBO, NGO or CSO leaders, province of location, etc. The sample size was increased through snowball sampling by asking participants to refer the researcher to other potential participants who would be able to participate in the study.

At the initial stages of data collection, I tried to locate participants, especially leaders of various NGOs by sending emails requesting interviews, and of more than 20 emails that I sent,

there were no responses. As a result, people who participated were people that were introduced to me by colleagues and agreed to participate based on trust and respect they had for the persons who introduced me to them. The individual foreigners that were interviewed were also referred to me by colleagues and friends, as well as people I knew personally.

Table 1: Participant's information breakdown

NAME	GENDER	NATIONALITY OR ORGANISATION	PROVINCE
Melody	Female	SA Lawyers for Human Rights	Gauteng
Tafadzwa	Male	Cameroonian	Western Cape
Lucy	Female	SA Landless People's Movement	Western Cape
Moses	Male	Malawian	Gauteng
Tabani	Male	SA Makause Community Development Forum	Gauteng
Kudzai	Male	Zimbabwean	Gauteng
Palesa	Female	Mozambican	Gauteng
Thoko	Female	SA Global South Against Xenophobia	Western Cape
Marcia	Female	Zimbabweans in SA	Gauteng
Lloyd	Male	Zimbabwean	Western Cape
Rumbidzai	Female	SA Voice of Azania	Western Cape
Thabile	Female	Zimbabwean	Gauteng
Marlon	Male	Zimbabwean	Gauteng
Kagiso	Male	Mozambican	Gauteng
Monica	Female	Kenyan	Gauteng
Musa	Male	Cameroonian	Gauteng

3.3 Data collection and analysis

Across research fields, online data collection is moving beyond the margins of surveys, electronic forums, chats, and instant messaging services. Video conferencing platforms such as Zoom, WebEx, GoToMeeting, Skype, and Microsoft Teams are being used by researchers due to the need for social distancing necessitated by the pandemic (Lobe, Morgan & Hoffman, 2020). In qualitative research, online interviews are emerging as a substitute for traditional face-to-face interviews as researchers and participants adapt to the conditions of COVID-19 (Nyashanu, Pfende & Ekpenyong, 2020). Video conferencing platforms allow us to maintain the face-to-face element of interviewing even when the researcher is not physically close to participants. In this study, data was collected using Zoom, WhatsApp calls, and normal calls. However, online interviewing can limit participation in research along the lines of the 'digital divide', i.e. lack of access to necessary ICT equipment. Access to the internet limits the feasibility of online interviewing mainly in the case of older or disadvantaged population groups (Foley, 2021). This meant that the researcher only managed to interview participants who had some form of a device be it a phone or computer. This may have left out useful stories of those who did not own any of the above.

Participants who agreed to participate in the study were asked to choose the interview medium that best suited them. Eight participants chose zoom, three chose normal calls because they did not have either a stable internet connection or a proper ICT device, while five preferred WhatsApp audio calls. In addition, for those who opted for zoom, bad connectivity led us to only using audio, thus the researcher lost the ability to capture non-verbal cues from participants through video usage. Interviews that were done on zoom were automatically recorded and saved on the researcher's laptop, while those that were done on WhatsApp and normal calls required the use of two devices, that is the one that was used to call and the other one to record. As a result, normal calls were carried out at the researchers' workplace using a landline telephone while being recorded on the researcher's mobile phone. WhatsApp calls were done using the researcher's laptop on WhatsApp web and were recorded on the researcher's mobile phone. All interviews ranged between 30 minutes to an hour, and they were conducted in English. An experienced transcriber who signed a confidentiality agreement with the researcher transcribed the recorded interviews. During interviews, non-nationals in SA were asked to explain their experiences during the COVID-19 lockdown and associated crisis. Similarly, leaders of various organisations were asked to detail the issues that affected foreigners that their organisations have

witnessed and the various initiatives that their organisations had done to mitigate such issues among other things.

In this study, data was also collected through an analysis of various documents that ranged from media, NGO, CSO, CBO, government reports, and academic literature. These various documents were located through methods like google search using keywords such as foreigners in SA and the COVID-19 pandemic, foreigners in SA and food parcels, foreigners in SA, and access to the vaccine among others. These keywords yielded a variety of materials, which were saved and analyzed. More so, some of the documents that were used in the study came from participants especially from the leaders of organisations who shared documents that their organisations had developed during the pandemic. In addition to interviews and document analysis, data was also collected through attending webinars that addressed issues to do with foreigners. Webinars were very useful as they served as focus groups for the researcher because different people attended with some presenting while others commented on a variety of issues. The various input were found to be useful data for the study.

In this study, analyzing and collecting data were not separate processes because interviews, webinars, and content analysis involved endless critical work that pointed to new questions and gaps that were explored through any of the three data collection methods. This was done in a way that as interviews unfolded, the researcher would identify similarities and patterns in participants' storylines and code them into different theme groups. Some of these themes would present gaps rather than answers, and the researcher would try to fill these gaps through document analysis and more interviews. In addition, webinars also raised interesting issues that the researcher would then go develop further a thorough reading of media documents and literature reviews. Should gaps still emerge after this, interviews with people who are well equipped on the issue would be done to enrich the findings. In the end, all the collected data were categorized into three broad themes (socioeconomic, protection, and health challenges/crisis) and these had their sub-themes.

3.4 Ethical considerations

Key ethical considerations for traditional in-person interviewing in qualitative research also apply when using online and phone calls to interview. As for traditional in-person interviews, consent is obtained before data collection. Information regarding withdrawal and debriefing is communicated before interviewing (Foley, 2021). Sensitive questioning on sensitive topics, timely interviewing, and researcher self-disclosure, are of equal importance when conducting interviews online and phone calls, as they are when conducting traditional in-person interviews (Foley, 2021). In this

study, all participants were informed about the details of the study mainly through WhatsApp messaging before they could agree to schedule an interview. Participation in the study was voluntary and participants could withdraw from the study without any consequences. The anonymity of participants was guaranteed by using pseudonyms. Before every interview, the researcher solicited participants' consent to be interviewed verbally, and since all interviews were done by either zoom, WhatsApp or normal call, voluntary withdrawal could have been easily accomplished, simply by disconnecting (Lobe, 2017). Fortunately, none of the participants logged out or dropped in the middle of an interview. Those that did not turn up for interviews were followed up on, but cautious of the fact that such acts may be expressions of lack of interest to participate. In instances where participants continued to not pitch for interviews, the researcher moved on to others.

3.5 Methodological strengths and weaknesses

- The key methodological advantage for the researcher was improved internet access and increased use of ICT, which facilitated online interviews. This was an advantage since the researcher sought to research foreign nationals in SA which might have needed much time and money should he have sought to travel around the country to conduct face-to-face interviews.
- Online interactions were more convenient in this study in that they managed to shift power imbalances by offering more flexibility and control in choosing the time, decreased transportation costs and time. They also offered the possibility to access participants with busy schedules as the researcher managed to get hold of some of the participants during their lunch breaks. In some cases, interviews were conducted late at night when participants were at home.
- The challenges had to do with participants' lack or limited access to broadband internet and ICT devices. This was mitigated by opting for normal telephonic calls. Moreover, these disadvantages also covered pauses, poor audio or video quality, and the inability to read nonverbal cues because of inconsistent and delayed connectivity. In addition, unlike zoom, WhatsApp and normal calls do not currently offer the ability to record sessions securely. Instead, they require the use of third-party providers. As such, the researcher had to use his mobile phone to record and store sessions.
- The other challenge with online and telephonic interviews was the difficulty of establishing a connection with the participants, owing to the lack of face-to-face communication. This made it difficult, if not impossible to ascertain or understand the mood of my respondents.

This was a disadvantage when trying to avoid or clarify any misunderstandings. This was made worse by the fact that due to connectivity issues, even those interviews that were done on zoom had to be done with videos off and I could not see any verbal cues from my participants.

Chapter 4: Findings

4.1 Introduction

This chapter presents findings on the experiences of foreigners and the ways NGOs, CBOs, and CSOs have responded to challenges that foreign nationals faced in SA. The chapter details how CSOs, NGOs, and CBOs have mobilized for funding and the areas in which they have collaborated. More so, it looks at the views of various organisations and individual foreign nationals on how the government has responded to the pandemic and how it should in the future. The findings are a product of document analysis and interviews with non-nationals and leaders of various organisations. The chapter is divided into four parts, namely: health, protection, and socio-economic crisis. Part one will look at the health crisis, which covers unsanitary health, crowded living conditions, compromised access to health services, and food security (UN, 2020). Part two focuses on the protection crisis, which refers to curtailed access to asylum, detention, forced returns, stranded migrants, family separation, and human smuggling (UN, 2020). Part three looks at the socio-economic crisis that covers rising unemployment, loss of livelihoods, and declining remittances (UN, 2020). Part four presents experiences of international students, CSOs, NGOs, and CBOs' solidarity and funding and views of participants on the government's handling of foreigners during the pandemic.

4.2 Part 1: The health crisis

4.2.1 Limited access to medical care

One of the major challenges faced by migrants before the pandemic was limited access to health and the pandemic only made this worse. In a webinar hosted by Maverick Citizen on 17 July 2020, social justice activists raised issues concerning the treatment of non-nationals in SA hospitals. Sibongile Tshabalala, the national chairperson of the Treatment Action Campaign (TAC), noted 'medical xenophobia' as one of the issues and unpacked medical xenophobia as a situation where African foreigners are discriminated against and not assisted at hospitals because they are not South Africans. She added that nurses often vow that, "I would give oxygen to a South African, but not to a non-South African" (Huisman, 26 July 2020). On the Daily Maverick discussion panel was Dr. Eric Goemaere of Medecins Sans Frontieres, who highlighted this on COVID-19 testing, "Initially there were too few tests available to us, but these days it has improved. However, the information on the test request form asks for an ID number. I think we need to work to make sure that everybody has access to a test if they are symptomatic" (Huisman, 26 July 2020). The need

for an ID number on the test form was also raised by Melody, a member of the LHR, in an interview with the researcher, who said they had to lobby against it because it was exclusionary.

Ndlela, an attorney with SECTION27, testified to having been overwhelmed by requests from non-nationals who were denied access to healthcare services. She pointed out that according to the SA Constitution, everyone, including non-nationals may access healthcare services (Mehlwana, 2021). However, the Minister and the MEC for health in the respective provinces can determine fees for the services. For example, under the Gauteng provincial regulations, non-nationals who qualify for subsidization may be subjected to a means test to determine their ability to afford healthcare services (Mehlwana, 2021).

Tafadzwa, a community organizer from the Western Cape, raised issues to do with the denial of healthcare services to individuals without South African IDs - mainly foreigners. Tafadzwa argued that healthcare workers often treat people with IDs better than those who hold passports or who do not possess any documents. He narrated an incident whereby a Cameroonian man had COVID-19 symptoms and called an ambulance. However, through his accent they could tell that he was not a local South African, and the ambulance did not come to help him. He added that they had to get a local South African to call a private ambulance, which luckily came to their rescue but the man's wife had to pay for the services. This all points to the denial of healthcare services to non-nationals during the pandemic. However, findings show that in some areas, non-nationals do not face challenges when accessing healthcare facilities. For instance, Lucy, a community organizer in the rural farms of the Western Cape with an organisation called the Landless People's Movement formed in 2000 by small-scale farmers, pointed out that non-nationals do get help at their local clinic without facing many problems. This might be due to the differences in the location of the health institutions, and perhaps those in rural areas are less bureaucratic compared to the city healthcare facilities. However, Lucy spoke about the use of traditional medicines amongst non-nationals in her community. She attributed the use of traditional medicines to cultural beliefs and their strength, compared to the medication that one gets in clinics. She also added that some are resorting to traditional medicines because of the fear of going to the hospital, since many people who go to the hospital catch COVID-19.

Ndlela stated that due to a severe backlog at the Department of Home Affairs (DHA), non-nationals often present documents that are no longer valid, and they then get turned away from healthcare facilities (Mehlwana, 2021). According to Jessica Lawrence, an attorney with LHR, many non-nationals could not renew their permits when DHA was temporarily closed. Although the DHA instructed that documentation that expired during lockdown would automatically be

extended until 31 March 2021, many healthcare facilities did not know about this automatic extension. Lawrence attributed this to a lack of communication between government departments and was concerned that this would result in non-nationals being excluded from the vaccine rollout (Mehlwana, 2021).

Furthermore, the chairperson of Zimbabwe Migration Support Network (ZiMSN), an organisation representing Zimbabwean nationals in SA, pointed out that accessing healthcare services even for medical emergencies is difficult without valid documents. ZiMSN chairperson Chris Mapingure alleged that many Zimbabwean nationals with medical conditions were refused treatment at local hospitals and clinics because they did not have valid documents since their permits expired during the lockdown. He added that some pregnant non-nationals were charged exorbitant fees to deliver their babies in public facilities. Mapingure singled out an incident whereby a Zimbabwean man was denied surgery in a hospital in Gauteng and was told to sign an admission of debt before they would perform any form of surgery (Mehlwana, 2021). These experiences often result in undocumented migrants being reluctant to seek medical assistance due to fear of possible indebtedness, arrest, detention, and deportation. Therefore, early detection, testing, diagnosis, contact tracing, and seeking care for COVID-19 becomes challenging for undocumented migrants, thus increasing the risk of outbreaks among migrants and the general population (Blumberg, Jassat & Mendelson, 2019). By not accommodating undocumented migrants, the government undermined its own efforts to curb the spread of the virus.

Many foreign nationals that were interviewed seem to be accessing healthcare through private healthcare facilities. This included both documented and undocumented foreign nationals, and even those who have lost their jobs. Most of them do not have medical aid, so they pay for their consultations each time they visit a healthcare facility. Their preference for private medical facilities is informed by fear of bad treatment from public hospitals. Moses, a married man from Malawi who was retrenched due to the pandemic and lost his medical aid in the process, explained that he is forced to resort to private health care facilities because public hospitals have poor service, mainly towards non-nationals. The two quotations below best capture the poor treatment of non-nationals in public hospitals:

I do not know if you are aware of it, but we are told that you will not get the best treatment if you are a foreigner and go to government hospitals because you will be the last one to be treated. So with that being said, I am not a fan of government hospitals. I would instead take my last money and go to a private doctor (Moses).

There is a former chairperson of the Cameroonian community in the Western Cape. He was sick and he went to a public hospital though he got an ID, the treatment was bad and he couldn't cope, but luckily, he got some money he had to go to a private hospital. He told us we should be very careful. We lost a lot of our people who died because of the situation so accessing health and public health if you were not a local like you don't have an ID or some money to go to a private hospital then you just die. A lot of people were also afraid when they got some symptoms. They had to do this concoction to do the ginger, garlic, and lemon grass to take because they had this tendency that when you go to a hospital you will be treated very badly. It was across the non-national population to be precise it's the refugees, asylum seekers, and the migrants or undocumented migrants. It was scary when somebody say they don't want to go to the hospital because the treatment is cruel. That is why when I break it down, I would say that is institutional xenophobia where you call it Afrophobia (Tafadzwa).

Kudzai is among those who accessed healthcare using private healthcare facilities through his medical aid. Kudzai explained that he once tested positive for COVID-19 in 2020 and he had to use his student medical aid to be tested at Lancet laboratories after getting authorization from his medical aid. Marcia, a leader of the organisation Zimbabweans in SA narrated that she had never seen anyone who had tested positive for COVID-19 in her community. She attributed this to the fact that people in her community were supposed to get tested at a cost, but they do not have money to do this in the townships since most people lost their jobs. Even if the test cost R100, they will not afford it. For her, this lack of money results in black Africans staying in the house and not going to the hospitals. She added that the ill-treatment of migrants in public hospitals and clinics demotivates them from going to seek any form of treatment. The quotation below captures her views on bad access to medical facilities.

For example, when you are a pregnant woman you get to the hospital, you are in labor and you are expected to pump I think it's around R5000. They don't even consider that there is a child's life that is at stake and now you are telling me I have to pump out that R5000 before my child is delivered by the doctors. What about the hospital bedding? I must pay for all those. Now I'm also at risk of getting Covid which they're also going to discriminate against me when it comes to the vaccines and all this stuff.

4.2.2 Vaccine rollout and non-nationals

The SA government aimed to vaccinate 41 million adults by the end of 2021. Phase one of the vaccine rollout program began on 17 February 2021 with over 270 000 frontline healthcare workers vaccinated by May 2021 (Walker *et al.*, 2021a). Phase two opened to individuals over

the age of 60 and phase three would be for all remaining eligible adults. All eligible adults are expected to register on the National Electronic Vaccination Data System (EVDS) developed by the Department of Health (DoH) that helps to create a national register for COVID-19 vaccinations to assist with the timing, procurement, and rollout of vaccines (Walker *et al.*, 2021a). Currently, the EVDS requires either an ID number, passport number, or permit number. There is no option for those without any of these forms of identification to register (Walker *et al.*, 2021a). The DoH and DHA have not clarified whether or how undocumented individuals will be able to register and get vaccination (Walker *et al.*, 2021a). Vearey, Gandar, Walker, de Gruchy, Hassan, Mofokeng, Mahlangu, Maple, Venter, and Ekambaram (2021) argued that the EVDS is becoming a barrier for undocumented people living in SA to being vaccinated.

There has been double and contradictory messages from the government on whether and how undocumented foreigners will be vaccinated. The former Health Minister Dr. Zweli Mkhize on SABC News on 30 January 2021 stated that the government had no vaccine plan for undocumented non-nationals. In a different incident, on 1 February 2021, President Cyril Ramaphosa, in his national address, announced the inclusion of non-nationals in the vaccine rollout without explaining how this would be undertaken. Then, at the end of February 2021, Dr. Mkhize told members of the National Council of Provinces that the government must draw up plans for the vaccination of undocumented non-nationals. Egwu (2021) has observed that irrespective of the President's promise, non-nationals still fear that they will be excluded from vaccine rollout due to their bad experiences when receiving healthcare in SA. He pointed out that the issue is not that the government's policies are anti-foreigner, but it is the poor service of the caregivers.

On 23 July 2021, the media asked the acting Health Minister how undocumented foreigners and an estimated 12% of South Africans without IDs can register in the country's vaccination program which is only possible through the EVDS. The then acting Health Minister Kubayi responded contrary to the President's promise made in February 2021 by saying that she would:

.... have to get guidance in terms of the unregistered because we are dealing within the government systems and provision of services. We follow the laws of the country. So you have to be a documented person in the country. If you are undocumented, it means you are illegal in the country. So it's a different case. We have a responsibility to those who are known to the state, by the state (Vearey *et al.*, 2021).

Vearey *et al.* (2021) criticized the Minister by arguing that her public statement fueled anti-poor foreigner sentiments and went against all globally accepted principles of public health risk. They added that it is also contrary to the guidelines for an effective pandemic response in which clear statements outlining the importance of including everyone have been made by the African Commission, the IOM, the UN Refugee Agency, and the ILO (Vearey *et al.*, 2021). On 7 August 2021, Cloete from the Saturday Star cited Cabinet spokesperson Phumla Williams saying that the issue of vaccination for undocumented foreigners had not served before Cabinet and she was not sure when it would serve. In addition, the DoH said it was waiting for guidance from the Cabinet on the issue of undocumented migrants (Cloete, 2021). The DoH spokesperson Popo Maja commented that:

"We don't know as yet. What I am saying is that this issue of undocumented migrants is beyond the national DoH. All I know is that there is no guidance on this issue now. From a public health standpoint, it is desirable to vaccinate everyone. The challenge with vaccinating people without having their details or their records is that in the case of adverse effects, we will not know which vaccine caused such adverse effects on them," (Cloete, 2021).

According to Eastern Cape DoH head Dr. Rolene Wagner, the latest national circular dated 19 August 2021 stated that undocumented people would be able to be vaccinated from October 2021 (News24, 27 August 2021). Wagner stated that in cases of undocumented people, a patient registry reference number could be used and this is expected to be available from October 2021. He also added, "We will only be able to vaccinate them after further guidance from the national department" (News24, 27 August 2021). The exact wording of the 19 August 2021 DoH national circular, as sent by Wagner to GroundUp, read:

Undocumented persons (both South African and foreign nationals) cannot currently be registered or vaccinated. This includes those with an old birth certificate that does not include an ID number. A solution that, will allow undocumented persons to be vaccinated using their HPRS number is currently being developed and is expected to be available from October 2021.

Vearey *et al.* (2021) noted that the foreign embassies of wealthy nations are vaccinating their citizens in SA, such that there is a need for SA to vaccinate everyone at risk, as recommended by the WHO and other expert bodies, to achieve global immunity. France is one of the countries that are vaccinating its citizens in SA. The decision to vaccinate French citizens came after French President Emmanuel Macron visited SA in May 2021, following which he

committed to offering vaccination to every French citizen, including those living outside of France by 31 August 2021 (Daniel, 2021). The French Embassy and the Consulates General of Cape Town and Johannesburg were instructed to organize a vaccination campaign in line with President Macron's commitment to vaccinate French citizens living abroad. Since the French rollout is an independent initiative, French citizens did not need to register via SA's EVDS but they would schedule an online appointment directly with the embassy and would receive an SMS confirming their appointment time and date (Daniel, 2021). The public announcement by the French Embassy to vaccinate its citizens in SA on 14 June 2021 was met with criticism because SA's vaccination rollout had been delayed by supply shortages owing, in part, to wealthier nations hoarding doses. Fatima Hassan of the Health Justice Initiative said on Twitter:

This is not right. The world knows it; France blocked the COVID-19 TRIPS waiver, which would allow countries to manufacture their vaccines, thereby mitigating the current imbalance of supply. We have less than 2 million people vaccinated here because of a supply crisis. But now we have G7 vaccine apartheid right here locally (Daniel, 2021).

Furthermore, the French drug policy watchdog, Observatoire Transparence Médicaments (Medicines Transparency Observatory), echoed Hassan's critique, adding that the French Foreign Minister had refused to support the lifting of patents requested in particular by SA (Daniel, 2021).

Southern African Liaison Office (SALO) webinar keynote speaker Zane Dangor, Adviser to the Minister of DIRCO argued that including non-nationals in the vaccine rollout is in line with international, regional, and local laws and that it is also socially and morally right. He added that it is scientifically valid because leaving large sections of society unvaccinated will not help break COVID-19 transmissions. This is because if others are excluded, new variants will emerge and lives will be lost, and the economy will continue to suffer. In his presentation, Dangor submitted that if SA denies non-national vaccines, it would be implementing its vaccine nationalism while there is international vaccine nationalism going on. Furthermore, Professor Jo Vearey, the director of Wits African Centre for Migration Services (ACMS), in the same webinar, argued that basic health principles should be at the center of the SA vaccine rollout, hence everyone should be involved in order for everyone to benefit. For her, the issue of vaccination should be a public health argument, not a human rights one. In addition, the vaccination of foreigners will be in line with the African Commission's resolution and the Joint Guidance Note on Equitable Access to COVID-19 Vaccines for All Migrants, which emphasizes the importance of an inclusive response to the pandemic that includes all foreigners (Vearey *et al.*, 2021).

4.2.2.1 Foreigners, CSOs, NGOs, and CBOs' views on vaccination of foreigners

On 23 February 2021, Global South Against Xenophobia (GSAX), LHR, and the South African Human Rights Defenders Network, in a press statement, called on the government to reveal its vaccine rollout strategy as required by international and domestic human rights obligations (C19 People's Coalition, 23 February 2021). These organisations argued that the unclear and contradictory communication on vaccines places the public's confidence and trust in the vaccine and its rollout at risk, which in the end risks exclusion of local and non-local populations from accessing the vaccine. Thus, clarity on how non-nationals, especially undocumented ones, will be vaccinated is essential in countering potential disruptions to vaccine rollout like xenophobia, and preventing unjust and unconstitutional exclusions from vaccine access (C19 People's Coalition, 23 February 2021). Melody and attendees of the SALO webinar both argued that there is a need to empower civil servants on issues that concern non-nationals because, as it stands, they do not have information on how to help non-nationals in this pandemic. For them, the consequence of this is the continuation of the gap between policy and implementation.

The issue of non-documentation does not apply to foreign nationals only since many South African citizens also lack access to IDs required for vaccination. In addition, CSOs emphasized the need to protect information obtained for vaccination not to be used in the management of migrants. This possibility and fear of information obtained for vaccination being used to manage migrants were seen as a potential impediment for undocumented migrants to take the vaccine for fear of being deported. One of the SALO webinar attendees submitted that solidarity should not be for foreigners only but everyone in SA because some locals will struggle to access the vaccine. He added that it should not be for foreigners' access to the vaccine only, but their access to the health system, and that covers being tested for COVID-19. This corroborates with Melody, who articulated that vaccine rollout should not be exclusionary like the initial COVID-19 testing form that required an SA ID and excluded foreigners. Participants in the SALO webinar showed differing views on how the EVDS can be used in ways that include everyone. In the same webinar, others suggested that it should use cellphone numbers, but the problem is that if one is to come for a second dose, it will be challenging to know if it is the same person who took the first dose.

Sibusisiwe Ndlela, an attorney with SECTION27, expressed concerns over the non-inclusion of undocumented foreigners in the COVID-19 vaccine rollout. Ndlela added that migrants must be included in the rollout because they are part of the SA population, and they have the same constitutional rights as citizens (Mehlwana, 2021). She added that it would be futile to arbitrarily exclude entire categories of persons to access the vaccine when the primary

goal is to immunize as many people as possible (Mehlwana, 2021). Lucy also lamented over the fact that as of May 2021, there was not much awareness of the vaccine rollout plan inside her community. She added that as an organisation, they are advocating for vaccines for all. The quotation below best captures their position as an organisation and the mood in the community.

We cannot discriminate against color, race, or nationality. So what we are saying is that we need vaccines for everybody. Currently, there is nothing, even for our local community. Some of the people say they will never take the vaccine because they will use indigenous medicine. Some people say that because many people are dying from this pandemic, they will not take the vaccine. However, currently for foreign nationals, there is no such thing that they will be included in getting the vaccines, so that is something that we need to speak to the government that they cannot discriminate against nationality but a vaccine for all.

Similarly, Tabani explained that as an organisation, they are also pushing for vaccines for all so that everybody, irrespective of nationality, can be vaccinated unless they choose not to. In explaining the vaccine mood in his community, he pointed out that it is not only on the side of non-nationals but even the locals as it is still confusing, and many people still do not know what they are dealing with. In shedding light on the confusion, Tabani saw the changes around the vaccine as a contributing factor. He had the following to say:

Previously it was the Johnson and Johnson that was stopped during the vaccination process; then, it was said to be having something that had to be checked. There was the Indian vaccine that came, and then it was said to be near to expiring, so all of those things are adding to the confusion in the community. Moreover, now there are those kinds of viruses that are being detected. It was in SA first, and then now it is in India. So all of those things are adding more confusion to the community to say, "What is it that will be relevant to cure all of those variants and everything?" So, it is not only the question of confusion on the side of migrants only; it is confusion in all the communities on the ground especially since people have to register online for this vaccine even the elderly, not only migrants, the elderly locals are confused with registering or not.

In addition to the confusion over vaccines on non-nationals and locals, Tabani argued that there is no transparency, accountability, and awareness in the form of popular education for the masses around vaccination from the government. He emphasized a need for awareness to be raised by those who have been vaccinated on how vaccination works. However, he expressed disappointment in the government, alleging that its officials would be talking on the media without engaging communities on the ground. He also noted that this would lead to a situation where many people will resist being vaccinated, influencing people who were prepared to take the vaccine to boycott it. For him, once locals boycott the vaccine, then non-nationals will not accept it.

Professor Jo Vearey argued that basic public health principles mean that for any vaccination program to succeed, no one should be left out and everyone has to be vaccinated. She added that this means developing an administrative system that allows those without valid documents to access the vaccine. She also pointed out that the registration system for vaccines speaks about the privacy of information and it indicates that information shared when registering will not be shared anywhere else. However, she worries that there is no government clarification of what that means. She assumed that this means that any information shared to register for vaccination would not be used for any purposes besides vaccination. Prof Jo Vearey noted that healthcare workers are not immigration officials hence they are not responsible for reviewing documents and determining whether one is in the country legally or not. More so, Prof Vearey explained that a big concern is the closure of refugee reception offices and the inability for individuals to renew asylum permits since March 2020. In addition, Vearey advised to copy what other countries have done with their vaccination programs when she explained that:

We also have to think that globally not every country requires citizens or others to hold an identity number and many countries don't have that system, yet they have effective vaccination programs. A temporary number or another form of registration process would work adequately. Why not be able to use somebody's name and date of birth and why not be able to use somebody's current address? What matters is that an individual received the vaccination, and that bile can be allocated to that individual one way or another and we need to find ways to address this because we are in an emergency. It is not the time for looking for ways to either exclude people or to accidentally exclude people and I do sympathize with the department. I don't think it's an easy job to undertake because it is filled with challenges but when we talk about global vaccine and equity, global vaccine nationalism and some research call it vaccine apartheid. We need to recognize that we have a responsibility within the country to ensure that we don't develop our form of vaccine nationalism. We need to ensure that everyone has access to a vaccine and there are ways to develop administrative systems that will facilitate that.

Migrants Workers' Association-SA (MWASA) chairperson Butholezwe Nyathi expressed concern over the government's failure to vaccinate undocumented migrants. Nyathi said health workers at some vaccination centers in SA were turning away undocumented foreigners (Pindula news, 31 July 2021). He added that there are concerns that some employers might demand proof of vaccination and that might lead to job losses. Nyathi reported that as MWASA they are grateful that those who managed to produce their passports with permits have been vaccinated without any problems. However, they are concerned that those who fail to produce any form of proof of

their legal status in SA might be excluded. Pindula News (31 July 2021) reported that Nyathi implored the SA government to allow private pharmacies to inoculate undocumented foreigners because there is no way SA's DoH can attain herd immunity without vaccinating migrants whether legal or illegal as they form a significant percentage of SA's communities. Furthermore, Zimbabwean Community in SA chairperson Ngqabutho Mabhena said requesting IDs from foreigners was contrary to the DHA Minister Aaron Motsoaledis's announcement that no one would be discriminated against (Pindula news, 31 July 2021).

LHR commented that the government is displaying a "lack of political will" in the vaccination of undocumented migrants and it said such an attitude flies in the face of SA's Bill of Rights (Cloete, 2021). According to LHR, there are approximately 3 million migrants in SA (90 000 refugees and 180 000 asylum seekers). Sharon Ekambaram, from the refugee and migrant rights program at LHR, said the South African government has a legal duty to vaccinate all non-citizens including the undocumented ones because access to health care is a human right guaranteed in the Constitution and other regional and international treaties that are binding on SA. She also added that:

Beyond the legal duty, it is of course in the public interest that access to the vaccine is determined by risk and need, and no documentation or immigration status. The virus does not distinguish between those who are documented and those who are not. It is problematic. While the President has stated in principle that there will be non-discriminatory and equitable access to the vaccine, the lack of any practical directives on how the government will ensure inclusivity for undocumented people compounded by the contradictory statements of some ministers demonstrates a lack of political will to honor this commitment (Cloete, 2021).

In the same vein, Rehad Desai, a member of the C19 People's Coalition, campaigning for COVID-19 vaccinations said, "the government says it needs to protect the vulnerable and one of the most vulnerable communities are people who do not have IDs. As C19 People's Coalition, we see no plan or commitment in the government for vaccinating these vulnerable" (News24, 19 July 2021). In July 2021, SA extended its COVID-19 vaccination program to the 35-49-year-old age group while many undocumented migrants over the age of 50 and 60, including homeless South Africans, were still unvaccinated. News24 (19 July 2021) reported that among those left out were about 20 undocumented Mozambicans over the age of 50 living in Magulule village in Makhado, Limpopo who were willing to be vaccinated but cannot register since none of them are documented. Mahlaule, a community leader in Magulule said the government should vaccinate

undocumented migrants for the health of the community. He added that "We shop at the same stores, our children play and go to schools with children of these migrants, and as a community, and this will be a challenge to us" (News24, 19 July 2021).

ADF an NGO representing migrants in SA appealed to the government to include undocumented migrants in the country's vaccination program. ADF spokesperson Amir Sheikh said that access to health has always been an issue in the migrant community and many still fear that they may face rejection if they present themselves with or without documentation (Nkgadima, 2021). Sheikh explained that "a lot of education and awareness is needed in migrant communities because there's a lot of fear and misconception surrounding the vaccine." He added that as ADF they are willing to work with the government to remove the misconceptions and ensure a smooth vaccination process. Sheikh emphasized that the fear of being caught and sent back is there but it is these myths and misconceptions that are blocking foreigners from getting the jab (Nkgadima, 2021).

Non-nationals interviewed showed varying views on whether they wanted to be vaccinated or not, and whether they believed that the government would allow them access to the vaccine. Marcia stated that due to the flawed vaccine rollout in SA, she was considering going to get her vaccine in Zimbabwe. Palesa attributed vaccine resistance to how mysteriously and fast COVID-19 came into the world as well as social media conspiracy theories. She pointed out that conspiracy theories were somehow successful because much skepticism about the vaccine arises from arguments raised on social media. She added that people wanted a vaccine as soon as possible, but when it came out, they became hesitant due to issues about its safety and side effects driven by videos on social media.

Due to religious beliefs, other chose not to go for it. For instance, Palesa laid out her views and her mother's beliefs on the vaccine in a citation below.

Myself, I do not know if I will. I think I will get it if it is compulsory to get it. For me, it is just the whole safety of it. The government says it is safe and all of that, but we do not always trust things from the government. My mom has a more religious perspective that COVID-19 is demonic, and the vaccine is demonic. So if she has that whole perspective, she is not getting it. I know foreign nationals that say that they will only be vaccinated if it becomes a travel requirement like yellow fever.

Musa also added that many people in his circles are not sure about taking the vaccine and he attributed this to concerns based on bad past experiences when accessing health services. As a result, he has observed that some people prefer social distancing and taking care of themselves rather than taking the vaccine. However, his personal opinion was that everybody

should be vaccinated. He also acknowledged that some foreigners are willing to take the vaccine when it becomes available. He commended the government's position that the vaccine will be taken by everybody irrespective of their nationality, but he was worried as to when the vaccine would be available for undocumented migrants. Tafadzwa noted that the vaccine controversy came from a lot of conspiracy around the first vaccine that came from India and did not work. He added that some people are very skeptical as to why the vaccine was rolled out in three phases. He added that some people resist because of the rumor that it is some kind of a depopulation agenda for the African population and that there are people who have taken the vaccine and died of its negative effects. Tafadzwa added that some vaccine resistance stems from the conspiracy theories stating that if you take the vaccine, it makes you unstable and will control you, or that it is the mark of the beast.

I for one was very skeptical that vaccines, making a vaccine takes a long time for a vaccine to be produced to go on trial. How come the vaccines for COVID-19 came out and there is a variety of them. Malaria has been killing a lot of Africans and HIV has no vaccine, so in my community people were questioning that there is something about this disease that is not all that clear. I for one will be the last in terms of taking the vaccine. I'm also very skeptical to take the vaccine because actually, I do not believe much in what these colonizers say. I was in the mountains hiking and I saw this German lady who told me that she is in her sixties but she is a flight attendant and said that this thing that the whites are doing to depopulate the world and that she would not take the vaccine because it's not healthy. I will be one of the last people to take the vaccine because people are saying it might be used as a traveling requirement, for people to travel to have taken the COVID-19 vaccine. In my community people are very skeptical about the vaccine because people who have taken it like when Johnson and Johnson came to SA started to have blood clots then it was suspended for some time.

4.2.2.2 Way forward for SA?

- There is a need to ensure that healthcare workers meet their responsibilities to patients under the National Health Act, including the reporting and treatment of Notifiable Medical Conditions, instead of acting as immigration officials (Vearey *et al.*, 2021).
- There is a need for a legal policy and humanitarian firewall that will protect all people without documents so that they can access vaccination sites without fear of being arrested or harmed in any way (Vearey *et al.*, 2021).
- There is a need to explore alternative forms of registration that includes the use of names and dates of birth or current addresses, as opposed to ID or passport numbers to solve the problem of undocumented people.

4.2.2.3 Vaccination of undocumented people in SA

The Gauteng Department of Health in partnership with the private sector has opened pop-up vaccination sites in Johannesburg. This program was initiated by Prof Basu and the University of Pretoria. Various teams are involved, including the Johannesburg District Office, Anova, MSF, and Wits RHI, which is a research health institute (Africa news, 2021). One of the vaccination sites that have been opened under this initiative is at Hillbrow Community Health Centre and it will be open for 6 months for undocumented migrants. Thereafter, the government will move all vaccinations to a permanent site. In addition, all doses administered to foreign nationals have been taken from the national vaccine batch (Africa news, 2021).

People living in SA must be registered on the EVDS to receive a vaccine and the system requires each person to have an identification number so that the government can track who was vaccinated, record which vaccine each person received, and follow up with an individual if needed. This program allows an undocumented person to be given a unique identifier to be vaccinated and tracked for health purposes only (Casim, 2021). In the Gauteng (GP), when undocumented residents are captured into the EVDS, they start with an invented number that starts with UD (undocumented); in the Western Cape (WC) they get one that starts with UC. In addition, in the WC, undocumented people are being vaccinated alongside the documented ones, but in GP they are only getting vaccinated as part of the UP program. On the other hand, in the WC they insert a lot of data in the vaccine information space, and that might be a deterrent, especially for undocumented foreign migrants. The WC health department circular H113/2021 of 29 July 2021 gives the procedure for vaccinating undocumented people as follows:

- Undocumented persons (those without valid identity documents) can be registered for vaccination using the paper-based registration form, EVDS Back capturing form v2.
- In the section “Identity number/Passport number”, it should be written “Undocumented”. All available information about the person is to be captured in the remaining sections of the form.
- Following this paper-based registration, the client can be vaccinated and their vaccination card completed by the vaccinator with “Undocumented” written in the section currently titled “ID number”. As the vaccination card is a medicolegal document, all sections must be completed and not left blank.
- These paper-based registration forms are to be kept at the vaccination site and the details captured on the Undocumented Vaccine Beneficiaries Excel spreadsheet are to be updated every Friday, and are password protected. This spreadsheet is to be sent to the

local district/substructure office vaccination program coordinator, who will forward these to Mthomasebe.Adonis@westerncape.gov.za and Jacqueline.Voget@westerncape.gov.za and Vanessa.Mudaly@westerncape.gov.za weekly.

- Given their vulnerable status, undocumented clients should be prioritized for Johnson and Johnson (J&J) vaccines according to the vaccination site's stock availability

Furthermore, the KwaZulu-Natal department of health has teamed up with the Denis Hurley Centre in Durban to vaccinate undocumented foreign nationals and homeless people. The center's director, Raymond Perrier stated that, "the department has come up with a system which enables them to log the information about someone, which is usually a person's name and date of birth" (Matlhare, 2021). The center has been vaccinating 40 to 50 people a day. Matlhare (2021) has noted that the Denis Hurley Centre was working with different community organisations and had plans of branching out in rural areas where there are large communities of undocumented people to make sure they have access to the vaccine.

4.2.3 Information, language, and non-nationals during the pandemic

One of the challenges that non-nationals encounter when seeking healthcare services in SA is the lack of proper information. Mehlwana (2021) noted that during the first days of COVID-19 in SA, there was no form of communication about non-nationals on whether they could test in government testing centers. This lack of accurate information about non-nationals' rights has barred many non-nationals from accessing healthcare services, assuming that testing centers were meant for locals only. Abdirizak Ali Osman, the secretary-general of the Somali Community Board of SA, noted that most non-nationals never tested for COVID-19 because they were not aware of their legal rights, while others feared arrest or deportation because their papers had expired (Mehlwana, 2021). Osman added language barriers as another challenge that non-nationals face when accessing healthcare services. Osman had this to say:

In most cases, foreigners and locals do not understand each other's languages, making it challenging to communicate. In healthcare facilities where indigenous South African languages are spoken, a migrant may find it challenging to communicate with healthcare workers, and this often leads to communication breakdowns that can affect the quality of healthcare received by foreign nationals. I think it is high time that the health department considers employing health workers who can speak foreign languages (Mehlwana, 2021).

When asked about the language problem, Mehlwana (2021) cited van der Heever to say that the Western Cape health department has a dedicated telephonic interpretation service

available at all times. He added that patients requiring consultation in their mother tongue could access it by informing the treating health personnel of this requirement. In the same vein, Modiba said the Gauteng health department is strengthening the information system in its facilities by communicating in line with the 11 official languages, and for those who do not understand local languages, English is used to communicate with them (Mehlwana, 2021). Melody stated that they have managed to promote access to information on COVID-19 for non-nationals through the Right to Know campaign. They developed information sheets translated into different languages through the help of the ADF and for Melody, their organisations had done an excellent job that the government failed to do. Tabani, one of the Makause Community Development Forum leaders in the East Rand, an organisation established based on forced evictions around 2007 to defend human rights, added to the idea of information and awareness on the pandemic. Tabani had the following to say about how his community responded to the pandemic:

The rise of COVID-19 last year did put us as an organisation in a very awkward position since there was no response or assistance from the government side or any institution that have to assist, so we were on our own. So we established the Makause COVID-19 Campaign on 5 March 2020 before the lockdown was declared, and that is when we were trying to come up with the strategies of how do we help one another in the fight against this pandemic and what we were facing, which is crucial; hunger, poverty, and starvation. We started by creating our leaflet to raise awareness about this pandemic and then realize that there is more than an awareness-raising campaign needed in the community.

Tabani expanded that their leaflet and the awareness campaign was not only about COVID-19, but it was also about raising the issue of assistance which was not coming forth from the state and making the community aware of the need to unite, depend and assist one another. They later collaborated with others when the C19 People's Coalition was formed around 23 March. The C19 People's Coalition became their potential partner with assistance with food parcels, sanitizers, soap, and other essential needs. Kagiso explained that his source of information during the pandemic was mostly the internet. He noted that besides the videos that were going around of people saying that there are people who want to kill us, he relied on what he was told at work, to always sanitize, wear a mask and stay at home. He added that some of the information that was circulating on social media was factual and some was based on opinions, such that it was up to him to choose what to listen to and to do self-introspection and take whatever that is right for him. The information that was circulating was scary and the quotation below captures how scared Kagiso was:

At one point I was scared not knowing which is which, what is it to take, or what is it not to take. I mean there was a time when I was supposed to go to work and they said we must

stay away from taxis you know so when I was in a taxi and I had someone cough and I thought, “Oh God here we die.” It’s based on the mentality and how you take things but my source of information is primarily from work because they used to communicate through emails and messages and yes.

4.2.5 Hunger and starvation

The SA government provided food hampers to those threatened by food insecurity, and migrants are part of the victims of food insecurity. The SA national ID or special permit were prerequisites for one to receive food parcels, which undocumented migrants do not have (New York Post, 2020). In this way, undocumented migrants could not get the food hampers. Sharon Ekambaram, who is in charge of migrants’ assistance at LHR, noted that due to hunger, their organisation had seen children being diagnosed as malnourished in hospitals (Eye Witness News (EWN), 2020). Melody noted that as LHR, they had received many hunger complaints from non-nationals, and they had to locate the communities in which the affected individuals stayed. They would then contact the community leaders and ask them to intervene, and they would work very well with them. Similarly, Thoko, a member of the GSAX, a working group of the C19 People’s Coalition, also alluded to receiving calls about non-nationals starving. The quotation below best captures how they handled non-nationals who were not receiving food parcels and reached out to them for help:

.....even though we did not have money, we did fundraising, we also checked where DSD or NGOs or charity organisations were providing food, and we put people in touch with them. We did this for non-locals like women in rural areas, and we got calls of people having fainted in the streets. We began hearing how communities that were giving food parcels were discriminating, there was fear, and non-locals ended up not asking for anything because of the hostility and xenophobia. What troubled me was that the government was not making available the information that its resources were open to non-locals. So we attempted to work nationally and in all provinces, and I developed good relationships with the DSD, particularly here in the Western Cape. The head of the DSD is a fantastic individual, he has been very responsive, and everybody who has been referred to him has ensured that they have been checked up on *et cetera*. I cannot say the same for other Departments.

The Mandela Rhodes Foundation (MRF) has helped foreigners during the lockdown by allocating some of its funds to supporting vulnerable African foreign nationals (DM, 2020). The MRF mobilized over 450 of its alumni from 26 African countries to nominate foreign national households in SA that were in need of help and donated money to provide supermarket vouchers that could be used to purchase the family's needs (DM, 2020). The MRF efforts have helped

affected families from 16 African countries residing in SA (DM, 2020). In addition, Jacobsen and Simpson (2020) have observed how unity has emerged among Zimbabweans, who are usually a divided community but managed to mobilize resources using social media groups like 'Zimbabweans in Cape Town' and helped each other to buy food and pay rent. In the same vein, the ADF has initiated a scheme of cooking food for the migrants since the beginning of the lockdown. The ADF provided 3,500 parcels and 750 meals each week (EWN, 2020).

Lucy stated that the start of COVID-19 in 2020 was a difficult period for non-nationals, especially those who work on farms because there was no protection for them. She explained that they were left without food; there were no food parcels for them, which brought them into a situation where they faced hunger with no government help. In Tabani's account, he noted that as an organisation, they realized that more was needed in their community, other than raising COVID-19 awareness, which was ending hunger and eradicating poverty since people were not working. He expanded that the lockdown restrictions worsened poverty, and the Makause COVID-19 campaign had to fundraise to make sure that they could intervene and assist the community where they could. Tabani argued that hunger is not something that started with COVID-19 but was worsened by COVID-19. The quotation below best captures how non-nationals fit in Tabani's community initiatives:

The situation is still the same, especially since we will be facing the third wave of COVID-19. It will be the same as level five of the COVID-19 in 2020, whereby any institution did not assist people. People will be looking upon us as an organisation, especially when you touch on the issue of the migrants whom no one assists, and they were excluded in many of those government schemes. So that was the position that the organisation played to make sure that we cover especially those that were excluded. As an organisation, we are anti-xenophobic in whatever we do; there is no discrimination, and we are accommodating everyone.

Tabani elaborated on how they located beneficiaries of the food hampers and any other things they distributed. He said that since they are in an informal settlement, they know each other. The settlement is divided into three sections, so they established volunteer groups that identified the beneficiaries. They have created categories of beneficiaries that they prioritize like the elderly, the sick, the most vulnerable women like single women raising kids on their own, as well as pregnant women. For him, if a non-national falls in any group that will be benefiting at any given time, they would help that person because they are an inclusive organisation.

Lloyd was of the idea that foreigners, whether documented or undocumented, were left out of the food hampers provided by SASSA, and lack of food was a significant challenge for many. Marlon, a student who researched the impact of COVID-19 on foreigners in the gig

economy explained that from the ten people that he interviewed, only one person received the COVID-19 food voucher. Some of his participants did not bother to apply for food hampers because they felt that the government was not going to cater for them based on their previous bad experiences when accessing government benefits. They also thought that the government would look after the needs of the locals first. Marlon added that some of his participants who were waiters told him that when restaurants were closed during level five, they were getting food parcels from their employers. Marlon interviewed a car guard who told him that when lockdown started, his regular clients whose cars he looked after realised that he might be in trouble, and they contributed money and bought groceries for him. Musa explained the initiatives they did as individual foreigners to make sure that they helped those who were affected by lockdown and COVID-19. He said:

So what we did was that monthly those of us who were fortunate to have a salary or source of income we identified those who needed some necessities like groceries, and we split up among ourselves. We were able to provide groceries monthly to some families and some we provided financial support and we did that for about six months in 2020. Then as soon as the economy opened up a bit, we stopped doing that, but we were able to support some of our brothers and sisters for a while. It wasn't a lot compared to the needs that they had.

Tafadzwa explained the difficulties that foreigners who applied for food aid went through especially in Cape Town where he stays. He pointed out that one had to apply, and the application goes to the City of Cape Town. However, if you are not a local, you would not receive the aid. He mentioned that he applied for many foreigners and it was difficult to get help. In June 2020, Tafadzwa and a group of activists had to write to the President to notify him that no aid was reaching non-locals because of this tendency of South Africans first and the rest can follow. In some communities, churches played a major role to help those who were starving. For instance, Tafadzwa who is involved in the Catholic Church argued that he contacted some of the Catholic churches in Cape Town CBD and the one in Woodstock asked for a list of those who needed help. He pointed out that these churches helped those who were in need by giving them food weekly, sometimes after two weeks or once a month. However, the food was not enough so they were forced to give priority to pregnant women or single-headed households. Apart from the help from the Catholic Church, the quotation below from Tafadzwa captures some of their sources of help.

I also had some friends who are Muslim they get me some food during Ramadhan, which was like for 30 people, and I had to distribute it. In my neighborhood just like 3 meters from where I stay there were a lot of street people that were suffering and they were taking

medication and I had, I took it upon myself to be like providing breakfast for them to take their medication. Then there was this international migrant organisation, which also try to organize, seeing the difficulties that migrants, refugees, and asylum seekers or all undocumented migrants were suffering. They had to mobilize also and get a voucher for R700 for these migrant families to go to the shop and get some food. What happened like there were soup kitchens and then people should like, migrants should go and get food from there, so when they contacted me, I said this very difficult because I for one I'm not used to, though I have been here for these years I am not used to the South African soup kitchen. We got our way that we do our soup so it will be difficult for you to make my soup and then I try to contact some of the Comrades who are in need to be coming to the soup kitchen daily so could they do it.

Marcia stated that when they were trying to source food, one of the very helpful organisations was the C19 People's Coalition. She elaborated that the C19 People's Coalition supplied them with mealie meal, vegetables, soups, and many other products. Marcia pointed out that foreigners could not get food hampers because community leaders were xenophobic and discriminatory since they were only registering people with South African IDs. Sadly, when Marcia sourced food for foreigners who had not received the government food parcels, the same community leaders who denied foreigners access to government food hampers were fighting to get that food. Marcia discovered that these community leaders had storerooms in their houses where they were keeping the food and selling it to spaza shops while poor people were languishing in hunger.

4.3 Part 2: The protection crisis

4.3.1 Xenophobia

Xenophobia is one of the challenges faced by non-nationals in SA before and during the COVID-19 pandemic. The Human Rights Watch (HRW) 2021 report noted that in 2020, SA witnessed xenophobic violence against non-nationals despite the government's launch of the National Action Plan to combat racism, racial discrimination, xenophobia, and related intolerance (NAP) in 2019. Government and law enforcement officials throughout the country not only failed to ensure justice for xenophobic violence, but also operated in discriminatory and abusive ways against non-nationals. Some public officials fueled xenophobia through discriminatory statements, while the SA Police Service (SAPS) and Metro Police used counterfeit goods raids as a cover to target foreign-owned shops (HRW, 2021). Victims in the Johannesburg CBD and Diepsloot alleged that the police then resold confiscated goods back to them (HRW, 2021). The DHA and SAPS conducted documentation raids in areas where many foreigners reside, to verify their legal

statuses. Thus, the 2019 NAP marked an essential step in recognising and addressing these abuses, but it has not ensured accountability for xenophobic crimes.

The public officials alleged to have encouraged xenophobic violence included Herman Mashaba, the former Mayor of Johannesburg, the SA First Mario Khumalo, the African Transformation Movement's Vuyolwethu Zungula, and Andile Mngxitama of the Black First Land First. Ndlela argued that xenophobic language and reckless comments by these public officials suggesting that non-nationals have overstrained the Gauteng provincial healthcare system are unproven (Mehlwana, 2021). Apart from xenophobic statements from these public figures, there was a project to drive xenophobia online through Twitter accounts with fake identities. This online movement was led by a Twitter account called @uLerato_pillay that spread hashtags like #PutSouthAfricansFirst, #ForeignersVacateOurJobs, #OpenRefugeeCamps, and #InfluxOfImmigrantsMustStop (Bornman, 2020). The account and the public figures have defended their xenophobic utterances as expressions of patriotism (Bornman, 2020).

Furthermore, the 2020 xenophobic wave resulted in at least 1,500 foreign nationals fleeing SA and the deaths of 12 foreigners and South Africans (eNCA, 2020). As a result, the UNHCR deployed staff, relief items, emergency shelter, psychosocial care, legal assistance, and support to work with the government and other partners to help ensure the refugees' safety (eNCA, 2020). Rumbidzai, one of the leaders of the Voice of Azania stated that locals have proudly distanced themselves from their foreign brothers and sisters. For her, in the Voice of Azania, they are voices of the voiceless. The quotation below captures some of her ideas:

We will burn the name *Kwerekwere*, like now in SA if you are called a *Kaffir* like *mina ndimuXhosa*. I am an Eastern Cape girl, so you cannot call me a *Kaffir*, so why should I feel like it is okay to call someone else a *Kwerekwere*. I do not know how you feel; you know I never pay attention to understand how you feel when embarrassing you like that; I never pay attention to understand your culture, language, and what made you leave your country.

Lucy explained that some community members had problems with non-nationals, yet they could not go to their countries due to the lockdown. This made it difficult for foreigners to move around looking for jobs because people around the community argued that "why are these people not going to their country instead of coming to our place here." Lucy added that to solve this issue, they had to sit down with their community members and explain that non-nationals are also human beings, and that they are their brothers and sisters. She added that she often uses herself as an example in explaining to community members because she has traveled to many African

countries, and nobody has threatened to beat her up for being in their country. Below are some of their approaches to dealing with xenophobia:

We called upon the guys from the EFF and asked them to assist us because they are known as very radical and militant to stand up and protect the right of migrants. However, most of the time, we as an organisation stand and say no to the community; we need to protect non-nationals because they are not a problem. We cannot call upon the police and say those people are a problem, so we as an organisation put our own lives in danger, but this is rural, so people are not so dangerous as in cities, so that is why it is easy for us also to speak to the community.

Thoko noted that whenever xenophobia happens, the government and media do not want to label it as xenophobia, and they claim that xenophobia is coming from poor communities. Melody echoed the point that the government does not acknowledge xenophobia as it is, and she stated that the government labels it as a criminal activity. Thoko asserted that, as GSAX, they believe that xenophobia happens due to competition for scarce resources, and they would like the government to understand that there are many good things like intermarriages between locals and non-locals. GSAX believes that the lack of politics will worsen xenophobia since there are no non-national integration policies from the top, and it is one of the goals they are pushing for. Thoko acknowledged that the churches and other religious organisations play a vital role in the integration of non-nationals. She noted that when the Put South Africans First Movement was planning attacks in Gauteng, GSAX got hold of the South African Human Rights Commission (SAHRC) and the national police. She commended the responsiveness of the SAHRC to issues affecting non-locals and pointed out that their capacity is far stretched and that there should be more investment in the SAHRC.

Lloyd from Zimbabwe stated that the question of hate against non-nationals is hidden and can be treated on a case-by-case basis. For him, not all South Africans are xenophobic, and not all foreign nationals have experienced xenophobia. He added that many good South Africans had stood up when foreign nationals were being attacked mainly by the government because of its discriminatory policies. He noted that in most cases at the grassroots level, foreign nationals collaborate with locals on funerals, form clubs, and marriages, and support each other. He however pointed out that this does not mean that there are no cases of xenophobia because in the workplaces, when locals face competition from foreign nationals, they threaten and even promise to kill them.

4.3.1.1 Operation Dudula

The 2022 wave of xenophobia emerged in mid-January 2022. It has been characterized by harassment of migrant traders in Soweto and Johannesburg by a group dubbed "Operation Dudula" ("to push" in isiZulu) (Mafata, 2022). This was preceded by a social media campaign in June 2020 calling for action against migrants under the Operation Dudula banner. The Dudula movement raided the Tsietsi Mashinini Refugee Centre which houses about 100 migrants in Soweto on 6 February 2022 (Naidoo, 2022; EWN, 19 February 2022). Sithulisiwe Chinora, a 22-year-old Zimbabwean, recounted how she started shaking violently with her infant wrapped on her back on the day of the raid. "I thought I was going to die that day", she told EWN (EWN, 19 February 2022). Father Paul Verryn, who founded the Centre said that the protesters, ".... are xenophobic activists targeting foreign nationals because they want them out" (EWN, 19 February 2022). The leader of the Operation Dudula movement Nhlanhla Lux Dlamini¹ said he is simply seeking to restore law and order because law enforcement is failing them.

Apart from raiding the Mashinini Centre, Dlamini led a protest outside a supermarket demanding the sacking of foreign workers employed there. He also justified his actions by saying that "there is nothing xenophobic about that, it's the law, any job that doesn't require skill in SA belongs to South Africans" (EWN, 19 February 2022). On a separate occasion, Nhlanhla Lux and his followers removed foreign traders from the Bara taxi rank where they misidentified some traders and evicted a few South African traders too (New Zimbabwe, 20 January 2022). In addition, on 12 and 13 February 2022, residents of Soweto and Alexandra marched to Hillbrow and Orange Grove under the Operation Dudula banner to remove foreigners claiming that undocumented foreign nationals were responsible for rising levels of crime and immoral acts such as drug dealing and prostitution (EWN, 19 February 2022). High rates of unemployment and lack of economic opportunities for South African nationals are some of the grievances of the group.

The Daily Maverick on 23 January 2022 reported that the unemployment crisis in SA has been made worse by the pandemic. The belief that migrants are "stealing jobs" intended for South Africans also provides an easy "scapegoat" for the country's problems. It added that this shallow view by the Dudula movement that foreigners are taking their jobs overlooks the systemic issues of corruption and capture that dismantled the South African economy. The Daily Maverick (23 January 2022) also noted that this line of thinking does not consider the ongoing failure of the state at all levels to provide hope and economic opportunity for the majority of South Africans. Additionally, this argument overlooks the reports of corruption and the inefficiencies of the DHA

¹ A man in his thirties from Soweto who often dresses in a military uniform and bulletproof vest. Nhlanhla Lux defended Maponya Mall in Soweto during the July 2021 violence.

in processing migrant, asylum, and refugee documents, as well as the role of the state in creating an environment that values human rights, integration, and the dignity of people irrespective of where they are born (Daily Maverick, 23 January 2022).

Furthermore, activists and organisations have rejected and criticized the views of the Dudula movement. For instance, Jay Naidoo, former member of the ANC NEC and the founding Gen Secretary of COSATU said anti-immigrant arguments did not hold up because even if they were to expel all the immigrants, the level of crime would not drop, nor will the level of joblessness (EWN, 19 February 2022). Similarly, activists and CSOs have formed Kopanang Africa Against Xenophobia (KAAX), an organisation rallying against xenophobia and encouraging ordinary people to come together and fight against xenophobic attacks (Pikoli, 2022). KAAX said in a statement on 18 February 2022 that it was making “a clarion call to all progressive individuals and organisations to stand in solidarity with migrants and echo the constitutional ideal that SA belongs to all who live in it” (Pikoli, 2022). On 19 February 2022, KAAX held a mass meeting at the Anglican Virgin Mary Cathedral in Johannesburg CBD to discuss ways to combat the xenophobic sentiment that has taken hold around the country. On the same day, Operation Dudula marched in Hillbrow, calling for foreigners to leave SA (Pikoli, 2022). In the same vein, President Cyril Ramaphosa said the authorities were closely watching “pockets of groupings that are trying to foment a type of negative attitudes” towards foreigners.

The DHA has been blamed for xenophobia in SA. This can be tied to the government’s decision to not renew special exemption permits for nearly 180 000 Zimbabweans living and working in SA who now face uncertainty regarding the renewals of their permits, currently valid until the end of 2022. These Zimbabweans have lived in SA for more than 10 years without recourse to naturalize and formalize their commitment to live and work in SA. KAAX leaders Trevor Ngwane and Dale McKinley had the following views on the role the DHA has had in stoking xenophobic tensions.

Ngwane had the following to say:

“Many Home Affairs officials are hostile to immigrants from north of the Limpopo, in particular, the working class and the poor. They treat them with contempt and disdain. The worst part is that these officials frustrate asylum applications, work permits, and visas. The South African government has discriminatory and contradictory immigration policies which are inconsistently applied, such as the threat to revoke Zimbabwean special permits last year and which it now says it will terminate in December 2022, leaving hundreds of thousands of migrants without documents.” (Pikoli, 2022).

McKinley was cited stating the following:

The role that Home Affairs has played is on numerous fronts. First of all the breakdown of the whole immigration system; the criminalization of immigrants; so many of the immigrants who are so-called illegal are simply that because of Home Affairs' incompetence, and inability to process people's papers and getting them on time and also the corruption and mismanagement within Home Affairs makes that even worse. Home Affairs, essentially, is an inept, dysfunctional department when it comes to immigration of [Africans] in particular and those crossing our land borders; and it's about trying to militarise or securitize that response, it's about doing it properly, procedurally, and getting it right (Pikoli, 2022).

Political opportunists have also been blamed for the 2022 xenophobia wave. For instance, the Economic Freedom Fighters (EFF) program to check the ratio of South Africans to foreign employees at restaurants has prompted a heated public discourse. Xenophobia is becoming a political football for populists. Former #FeesMustFall student leader and current EFF National Spokesperson Vuyani Pambo on a Radio 702 interview said that the party wanted a 60/40 ratio of locals to migrants. Action SA, EFF and Patriotic Alliance are responding to Operation Dudula in a way that can only fan the flames of hate and division. Similarly, the Patriotic Alliance combed through the Johannesburg City Council building, counting and threatening foreign-born staff (New Zimbabwe, 20 January 2022). Party leader Gayton McKenzie explained that the City of Johannesburg is full of foreigners working there whilst we have unemployed graduates sitting at home. He added that they have instructed their councilors to deal with this matter. McKenzie also pointed out that the Chief Whip for the City of Johannesburg has a Zimbabwean office manager. McKenzie threatened that 2022 will be the year of the campaign against migrants working in SA and the businesses that employ them (New Zimbabwe, 20 January 2022).

4.3.2 Curtailed access to documentation

The biggest problem faced by foreigners even before the pandemic is access to documentation. The lockdown came with the closure of the DHA offices which affected new applications and renewal of documents such that many foreigners were stuck without papers. The SA DHA committed not to penalize anyone whose permit expired during the lockdown period on the condition that they present themselves at a DHA office within 30 days when the lockdown ends. The visa extension sets aside the government's declaration of undesirability clause, which under normal circumstances punishes foreigners for overstaying in SA with expired visas (Business Insider (BI) SA, 2021). However, when SA moved to lockdown level four, migrants were allowed to repatriate from 6 May 2020. Surprisingly, some of those who were repatriated with expired visas were declared as "undesirable people" in terms of Section 30(i)(h) of the Immigration Act for overstaying by more than 30 days (Kavuso, 2020). Undesirability is usually associated with a five-year ban on re-entry into SA and the refusal of visas to visit other countries. The declaration

of undesirability was contrary to the DHA's assurances that foreign nationals whose visas had expired during the lockdown would not be punished.

Musa narrated that his only challenge during the lockdown was that he was not able to renew his children's passports and permits because of social distancing. He added that he had to wait for the restrictions to be pulled back and fortunate enough that the DHA and his embassy took into account the fact that the country was on shutdown. They helped him without issuing any penalties. Below is Rumbidzai's explanation of the toils of being undocumented:

When you stay in a country you are not documented, you become a laughing stock, you become a toy, you are undignified, your life becomes a mockery because it is so daunting in a sense. It does not matter how much research we do; no one understands the life of a refugee up until you are a refugee. I am a South African. I have an ID, but you will be surprised that my ID does not hold the same value as a South African woman married to a South African man. The constitution has sort of taken my rights away because I am married to an asylum man.

Lucy elaborated on the challenges that non-nationals faced due to lack of documentation or their expiry. She pointed out that when non-nationals had challenges that needed legal assistance, they could not get it because the pro-bono lawyers indicated that they do not work with people who are in the country illegally. She added that many non-nationals were locked up during the lockdown, irrespective of the government's announcement that they will extend their permits. Some of these arrests resulted in some people losing their passports, and a quotation below captures an incident that Lucy witnessed:

Whenever there is a problem, the police will search for papers, and we had this problem where foreign nationals' passports were taken when they were locked up in Northern Cape in Namaqualand. So since that day they are still looking for their papers, their passports did not receive it, so they are without passports.

Rumbidzai explained what her organisation has been doing to help undocumented foreigners. Their actions include having journalists in The Voice of Azania who have been writing letters to the President and the Minister of the DHA to speed up the documentation process. Apart from writing letters, they are collecting expired documents and capturing them in a database that they can give to the government or DHA. However, she noted that it is not easy to have a proper proposal or engagement with the DHA because they believe their system is better when it is not. Rumbidzai commented on whether their efforts to write to the President and Minister have been helpful or not, and below is her response:

No, they have not been positive because remember since the lockdown, the President announced that whoever had expired documents are deemed as valid until further notice.

However, we had cases whereby when people were going to the banks seeking services of withdrawing money from the ATM you find out that their cards are declined or when they are going inside the bank seeking a service they are turned around because their documents have been expired.

In trying to help those arrested, Lucy explained that they went to the DHA, and the DHA officials refused to talk to them because they alleged that they were interfering in the DHA business. The Scalabrini Centre of Cape Town (SCCT) is one of the NGOs working to address the conditions of asylum-seekers and migrants. The SCCT, in coordination with the central banks of SA managed not to freeze the bank accounts of migrants whose permits expired during the period of the national lockdown (Mukumbang *et al.*, 2020). This allowed them to have access to their money to buy food and other essential goods and services. Unfortunately, many migrants with expired permits reported that their accounts were frozen. More so, the SCCT has won a Court Order that allowed asylum-seekers and special-permit holders to apply for the COVID-19 Social Relief of Distress Grant (Mukumbang *et al.*, 2020).

Palesa, in explaining the status of her family in SA stated that she and her brother are documented as they are using study visas while her mother is undocumented. She pointed out that her mother has a passport without a permit. To stay in SA, Palesa's mother travels between SA and Mozambique monthly so that she can get the 30 days given to visitors at the border. Because of this routine, Palesa feels that her mother does not feel the need to be documented because she can always travel back and forth between Mozambique and SA. However, due to the lockdown, Palesa's mother could not travel between the two countries, and below is what she had to do to fix her passport:

Obviously, during COVID-19 time there is no way to travel out and have your passport stamped. I am not sure if I should say she was undocumented for that period. I am not sure I think it was around August or September 2020 when regulations were relaxed, and people could travel, so that is when she got someone to do it for her, you know as if she had been in Mozambique the whole time.

Marlon indicated that in his study, he asked foreigners whether they were documented or not and most of the participants were not comfortable with responding to the question. He then assumed that they might be undocumented because if they had documents, they would have indicated so. He attributed their being uncomfortable to disclose their documentation status to fear of being caught and deported for being undocumented. However, one of his participants, who was a car guard, told him that he only has a passport without a permit, and he has been staying like that for ten years without encountering problems with the police. Marlon added that his documented participants highlighted that their permits would expire in December 2021. Tafadzwa

mentioned that many people suffered due to the closure of home affairs, as they had to remain with expired documents while some government officials did not care about the automatic visa extensions. Below is her comment on how people with expired documents were treated during the lockdown:

It also spoke to the fact that as a government department sometimes works in isolation which is bad because there some Comrades of mine who because they were having six months from their refugee status, and they were automatically renewed for three months because it was gazetted. But when you go to the bank and some banks understood or when you go to the police station. When they look at it, they say no this thing is expired, and sometimes when you take your time to explain to some of the police officers that yes it has expired but it was automatically extended. Sometimes you have to be very calm not to get angry and sometimes you go with the gazette. Some will be very rude to talk to us and some understood. I went personally to renew, I was doing my study visa and I went to the police station and there was this lady, I started explaining and then she walked away then the colleague understood and took it and certified it. Also, in terms of documentation people like for example were sending, you could have your relatives from abroad to send you some money so you couldn't receive money with Western Union, Mukuru, or Money Gram.

4.3.3 Detention, forced returns, stranded migrants, family separation, and human smuggling.

The reopening of the borders during the 2020 festive season led to the flocking of many foreigners back to their home countries which brought about long queues at the border posts. For instance, the Beitbridge border post was associated with long lines between December 2020 and January 2021. These lines have led to the deaths of those in transit due to fatigue from standing in long lines. Limpopo provincial police spokesperson Brig Motlafela Mojapelo confirmed the deaths of five people and that the police had opened inquest dockets for the deceased, except for two people who had existing medical conditions (Sunday Times, 2020).

Lloyd highlighted that international and local travel was restricted at the beginning of the lockdown because Fly SA and Mango airlines were not allowing foreigners with expired documents to fly. For him, international travels were worse due to unclear traveling documents given to refugees. Lloyd asserts that the recently issued blue passport for refugees is unacceptable in EU member states. In addition, he has observed that maintaining contact with relatives and family in home countries was impossible since traveling was restricted, and many had to resort to mobile communication. He also mentioned that some migrants whose bodies could not be repatriated were buried in SA against their culture, which required that the dead be buried in their ancestral land. Musa expanded on how COVID-19 affected the usual routine of

foreigners' ways of mourning and burying their loved ones. Tafadzwa added that the difficulties were added by costs of living since repatriating corpses needs a lot of money. He gave an example that repatriating a corpse to Cameroon could cost up to R50 000 which many people could not afford. The quotation below from Musa best captures how foreigners have gone about burying their loved ones during the pandemic:

Many people would like to visit the resting place of their loved ones but I think what COVID did I could see the resilience of many members of the Cameroonian community and others, we all thought including those who lost loved ones this is a pandemic, it's nobody's fault, it's where we are as a community. They made the best out of a very difficult period. They said it is just okay it's unfortunate these have departed and there's no way in which we can pick them up so let's not cry over that. Let's not blame circumstances because there's nothing, we can do. What I also saw from the Cameroonian communities is that even during the funerals there was social distancing, a limited number of people. They cut down because with us we celebrate life whether it's a young person, we have lots of gatherings under normal circumstances. Lots of people, lots of different activities but for this period it was limited and then even the activities were limited. It was a simple ceremony with very limited people. Everybody came with their masks and of course after that to pay visits to the family you know again mindful of social distancing.

In the lockdown period, more than 700 stranded refugees lived in and around the Central Methodist Church on Greenmarket Square in Cape Town. The Home Affairs Minister Aaron Motsoaledi said the government's solution to the refugees was reintegrating them back to where they were before moving to the church while the refugees wanted to be moved to either Namibia or Canada (eNCA, 2020). The Minister added that both Namibia and Canada refused to take the refugees. This created a deadlock, which forced the City of Cape Town to approach the Cape Town High Court seeking an order to evict the refugees.

The lockdown has also led to a situation where many people could not visit their families. For example, Kudzai mentioned that since the beginning of the lockdown in 2020 he has not gone to Zimbabwe to see his family but before COVID-19 he used to go once every three or four months. Similarly, Kagiso could not travel back to Mozambique even for family emergencies. At some point, his grandmother had asked him to come home as a matter of urgency because there was a situation she wanted him to solve, but he could not go. Kagiso also witnessed a stranded person from Malawi who came to SA before COVID-19 in February 2020 and decided to go back since he could not support himself. In trying to help this man, Kagiso narrated that he communicated with his uncle who is in the UK who then sent him 145 Euros. He added that since

the man did not have valid documentation, his uncle had to put the money under Kagisos's name so that he could collect the money on his behalf. Kagiso's quotation below best captures the troubles they faced when they tried to negotiate with the police to write him an affidavit so he could travel back to Malawi:

He was told he couldn't travel because he was an illegal immigrant but we pleaded at the police station for them to write him a letter to say yes, we do understand that he was here illegally, but he now needs to get home because it's COVID-19. There are no jobs; he doesn't have money to pay rent, nothing. We explained to them that the more he delays because on those 145 Euros, he got something like R2500 that was enough for him to get to Malawi but we were told he is not going anywhere. They need to detain him at the concentration camps. We were like no man; you guys cannot do that he is already suffering now. He is crying. Have you ever seen an older person crying just to go home? So, I mean they didn't help us. He ended up staying and then when we were we had to give him food and pay for rent and so forth. During illegal immigrants or whatsoever if you want to go back to your country, they were supposed to say everyone who wants to go back to their respective country please you have a choice from this up until this time. Because they do know that in each country, there are illegal immigrants in that particular country, but you know how the system works and stuff, so he was denied to go back to his family and he had to stay.

4.4 Part 3: The socio-economic crisis

4.4.1 Loss of employment and reduced income

The COVID-19 lockdown resulted in the loss of employment or reduced income for many and that affected their livelihoods. Marlon conducted a study on the impact of COVID-19 on the lives of Zimbabweans in the informal sector in SA in 2020. His fieldwork was carried out during lockdown level three when things had eased a bit, and most sectors had started working. He interviewed ten Zimbabweans that are working in the informal sector as waiters, car mechanics, barbers, bakers, domestic workers, restaurant managers, and supervisors. During level three restaurants were allowed to operate but Marlon's participants who worked in restaurants were not yet working because their restaurants were closed. This was because their businesses were mainly centered around alcohol which was still banned. Marlon discovered that Zimbabweans who work in the informal economy were severely affected by the lockdown because most of them were not prepared for it. The quotation below best captures his participants' preparedness for the lockdown:

They said that the President only announced on 23 March 2020 that the government was going to implement the lockdown, and it would start on 26 March 2020, which was about three or four days away. They said that they were not given enough time to raise funds to take care of themselves during the lockdown. Some of them thought that it was for a very short time. They only thought that maybe the lockdown would last for 21 days that the President had spoken about, but to their surprise, it kept going on and on and they ended up struggling to survive. Even though they did not have enough time to raise funds to help them see through the lockdown, some of them also had very little savings. They survived using those savings, but they were very, very little.

Marlon stated that most of his participants were not working during the hard lockdown (level four and five) except for one woman (the Baker). He explained that she could do a little bit of baking of bread, buns, biscuits, and cakes that she was selling to people close to her because she could not travel long distances to meet some of her clients, as she was afraid of the police. To survive, some of Marlon's participants had to come up with side jobs and some had to get new jobs completely. As far as new jobs are concerned, Marlon met two waiters who were now working in the construction industry since restaurants were closed. Furthermore, Marlon interviewed a barber from Zimbabwe who did online adverts for people since people could not go and market their services outside. He was designing adverts that he would post on social media on behalf of people, and charging them. He added that another participant was a car guard before the lockdown earning around R2000 a month. During the lockdown, he had to ask one of his church members if he could work for him as a gardener in order for him to earn a living. He did that for a month, and luckily this person runs a medium-size company, and he ended up employing him to work in his warehouse as a loader.

To address the socio-economic needs that the lockdown measures have placed on people, the government adopted economic and hunger alleviation measures. These included the COVID-19 Social Relief of Distress Grant (SRDG) of R350, increased child and social support grant, Business Relief Fund (BRF) of R500 million, tax subsidies for small businesses and individuals, and lowering the Unemployment Insurance Fund (UIF) contributions (Mukumbang *et al.*, 2020). Foreigners who were formally employed and paid taxes before the lockdown struggled to get their UIF payments while South African employees received theirs. The excuse for not paying migrants' UIF was that the system used by the UIF does not recognize foreign passport numbers (BISA, 2020b). In addition, the ACMS 2020 report indicates that foreigners of working age living in SA are more likely to own a business. Unfortunately, most businesses owned by foreigners did not qualify for the BRF as the criteria required the business to be 100% South

African owned, at least 70% of employees must be South African, and that the recipients be tax compliant (BISA, 2020a).

SASSA Grants were accessible to SA citizens, those with refugee status and SA permanent residency status holders. To apply, a 13-digit ID number is required, and for those on refugee statuses, this 13-digit ID number is created only when a Refugee ID is applied. However, under lockdown, SASSA made a temporary provision to generate a unique 13-digit ID for those with refugee status but who do not have a 13-digit ID (SCCT, 2020). Following a court case by SCCT and Norton Rose Fullbright, some SA asylum-seekers and special-permit holders can apply for the COVID-19 SRDG just like any other persons subject to SASSA's eligibility criteria (SCCT, 2020).

Jacobsen and Simpson (2020) observed that many migrants work as Uber drivers and waiters, but at the beginning of the lockdown Uber services and restaurants were barred, leaving many people with no income. In addition, most spaza shops (informal convenience store) operators in the townships are Somalis and Ethiopians, and at the beginning of the lockdown, their services were also banned. However, when the Minister of Small Business Development announced which shops should remain open, it was only shops owned by SA nationals, and only they would be compensated for losses (Jacobsen & Simpson, 2020). This meant that immigrants struggled to raise money to rent the premises they occupied in townships. In some instances, there have been reports of homeless foreigners being turned away from shelters because they are not locals (DM, 2020).

Lloyd explained that most employers targeted non-nationals to reduce staff sizes in the face of the economic depression triggered by the pandemic. He added that since the outbreak of the COVID-19 pandemic, non-nationals had been excluded from accessing the COVID-19 relief grant, especially asylum seekers and undocumented migrants. He has also observed that even those on section 24 of the Refugee Act have not benefited from the Government COVID-19 relief grant contrary to the constitutional court's ruling that they must benefit. Lloyd pointed out that many asylum seekers did online applications for the R350 relief grant, but there was no positive response.

Moses is one of those who were affected by the COVID-19 pandemic as he ended up being retrenched in October 2020. He was working in Cape Town for a media company, and when the country went into lockdown in March, they worked from home up until October. He added that at the end of August 2020, they were informed that the company was thinking of doing Section

189 retrenchments, and unfortunately, he was one of the retrenched workers. Before moving to Cape Town due to work, Moses stayed in Johannesburg, and due to his retrenchment, he had to relocate back and stay in his parents' house. He explained that since he moved back to Johannesburg, he is doing jobs that he thought he would never do again, like part-time freelance gigs. Unlike Lloyd, who noted that companies chose to retrench non-nationals, Moses thinks they were retrenched because they are blacks not because of nationality. He highlighted that from his understanding, the company retrenched all black people and kept all white personnel. Moses explained that after retrenchments were finalized, the company gave them their pension fund (retrenchment package), and they had to apply for UIF, which he did not do because it is a tedious process for him. Below are his reasons for not applying for the UIF.

It is like you have people who do not follow the procedures, and they do not understand what they are doing, and that these services they are offering were meant to help people. They delay you, and when you are getting delayed, you have bills to pay. It becomes a bit of a difficult situation where one might say, let me just find a job instead of me waiting for something that I know I might not end up getting. However, I know a few people that have gotten it, but they did not get it to the duration that they were told that they were going to get it for, so in my personal opinion, it is not something that one can depend on.

Since Moses lost his employment, he has survived on his retrenchment package and income from his part-time freelance gigs. He stated that even the part-time jobs do not pay as much because they claim that COVID-19 has affected their business, so he ends up being paid half of what he used to get two years ago. However, due to his desperate situation, he said he cannot sit at home and do nothing so he accepts these part-time jobs while hoping for something better. Due to his job loss, Moses explained that he had to come up with ways to cut costs, and relocating to Johannesburg was one such measure since he does not need to pay rent anymore. Secondly, the school his daughter was going to in Cape Town and the school that she is going to in Johannesburg are different in terms of the quality of education, but because he is earning less now, he cannot afford to send her to an expensive school. Even though Moses had lost his job, he explained that he felt like he was better positioned than others since he had a retrenchment package. He gave an example of his cousin who lost her source of income and he had to intervene and help her. Below is what he shared concerning his cousin.

I have got a cousin here from Malawi who worked as a maid, so she could not work when this thing happened. I had to give her money like R1500 every month to help her sustain herself because she has a kid in high school. I had to give her money at least for three

months up until she had found a stable job. It was hard taking out money when I am not earning much money compared to what I used to earn, and my wife was not working.

While people like Moses chose not to apply for the UIF and other government benefits, participants who applied for the government benefits struggled to access them. For instance, Kagiso explained that he benefited from the TERS fund. He narrated that for the first four months he got his money on time but after that, he struggled to an extent that he had to stay for four months without getting it. He explained that when he followed up, he realized that there were many errors with his information but eventually it was fixed around January 2021. However, he questions the errors in his information because for the first four months, he got his money together with everyone but from the fifth month, only South Africans got their money. The quotation below from Tafadzwa cements the idea of foreigners struggling to access government benefits:

Even the UIF thing, when you look at it also it was discriminatory because locals had their UIF, but it was a battle. I do not even know of any of the non-locals that had their UIF, so this was difficult for people who are not locals from so many angles.

Palesa identified financial constraints as one of the significant challenges that people faced during the lockdown. She explained that her mother lost her source of income, and they had to rely on their family in Mozambique. She shared that other foreign nationals were severely affected by COVID-19, especially during the lockdown level five between March and June 2020. Some of these people are her close friends and family who were working as domestic workers and they had to help each other because, during that time, they were not working. In addition, some Mozambicans that she knew who worked in the informal economy as hairdressers and mechanics were also severely affected. Palesa also noted that one of her aunts worked as a house cleaner, and she lost her income such that they ended up giving her food and helping where they could. She also added that other people that she knew found ways to go back to Mozambique because they could not survive in SA during the hard lockdown. The quotation below contains Palesa's comments on non-nationals' access to government initiatives like food hampers:

I think many assistance programs were going on only catered to South Africans, and a lot of foreign nationals did mention that if we also received such assistance, we would be alleviated. It would not be the same pressures that we are feeling right now, so even if the assistance was extended to foreigners, it was documented foreign nationals. It did not include in any way undocumented. It was somewhat selfish; if I could say, they are aware that SA has many undocumented immigrants, and to exclude them, from any assistance

whatsoever was quite hectic. As you have seen in the informal economy, there are more foreign nationals, so most of them were affected. The business closed, they could not sell or do anything, so they needed some assistance from the government.

Musa explained that the biggest impact of COVID-19 on the Cameroonian community that he knows of was limited access to their sources of livelihood, particularly those who have small businesses in the city centre. The lockdown made it difficult for them to access their business sites. Kudzai is one of the small business owners who were affected by the lockdown and ended up closing down. He was the founder and CEO of a company called Vital Juices which had six employees. His company was based in Cape Town. He explained that before COVID-19, his company was running successfully supplying juices to hotels, restaurants, and supermarkets. During the alert level five hard lockdown they were affected in many ways because two Food Lovers Market shops that they used to supply in Cape Town closed down. The quotation below captures how his business was affected:

Those that remained open like spar supermarket there was a dramatic change in the pattern of demand. Where we used to supply for example 400 juices a week and they will all sell out, we saw a tragic decline from 400 a week to less than 15 juices a week until we realized that it's not sustainable. There is no way we can supply 20 juices in one restaurant or one supermarket and be able to meet our costs, pay the guys you know, meet all the basic and fixed costs. We decided within a month that we cannot continue operating like that and we completely closed down anticipating that perhaps maybe in the next few weeks or months things might change. The whole of 2020, of course, they tried to ease the alert levels of lockdown from level five, four, three, two until one but we never recovered from that, actually we ended up selling some of our assets so that we can meet some of our short-term obligations.

Kudzai elaborated that his company could not get the COVID-19 Business Relief Fund and he attributed this to the fact that he is a foreigner. He added that he tried with no success to apply for a loan with FNB because his company was banking with FNB. Due to the failure of his company, Kudzai has started selling houses and he started this with a company called Remax from October 2020 to March 2021. During 2020, he was also working as a part-time lecturer at a college that specializes in training accountants and financial managers.

4.4.2 Loss of accommodation

The lockdown came with loss or reduced income for many people resulting in them failing to pay rentals and later losing their accommodation. Melody alluded that their organisation received

many calls from non-nationals facing evictions due to failure to pay their rentals. Lucy witnessed non-nationals evicted from their accommodation, and being exploited by property owners who forced them to pay rent from R700 up to R1000 per person per month while staying in overcrowded backyard shacks that do not adhere to social distancing rules. In addition, Lloyd noted that property owners overcharged their tenants to cushion themselves during the pandemic. As a result, many foreign nationals lost their rented places and moved to overpopulated communities infested with crime and violence, while others had to reduce the size of the apartment rented. This resulted in overcrowded households where parents and children slept in the same room separated by a curtain. Kagiso is one of those who had to change the location and type of the apartment due to salary cuts necessitated by the lockdown. The quotation below captures his situation:

When we were told in March that we are going to have salary cuts, I was not staying here in Tembisa. I was in Rabie Ridge in an apartment, for which I was paying roughly R3500 per month. I think it was after the second month or the third month that I saw that I am now struggling because of the salary cut. I could not send what I used to send at home, and I mean the rent is now too much. I even had to give the landlord the letter for the salary cut to say, "please man I'm not going to pay the full rent amount," and what happened here, they did not scrap whatever balances that I was owing. What they said was it was accumulating. I had to look for a cheaper room you know. Where I am staying now it is a R1000.

However, some property owners understood the plight of foreigners during the pandemic. For example, Musa spoke about people he got in touch with at the height of the pandemic and they told him that their landlords either gave them a reduction in rent or asked them not to pay for one or two months. Marcia elaborated on the issue of rentals and noted that it was very sad because there are foreigners that are renting from South Africans. She added that before COVID-19, these people were paying their rentals on time, and during the lockdown, the property owners still wanted them to pay rentals on time even though they knew that they were not working due to the lockdown. She pointed out that she had witnessed some evictions and unfortunately, property owners did not understand. For her, the government should intervene in such situations because the lockdown was affecting everybody and no one was going to work.

A challenge for many non-nationals had to do with the practicalities of self-isolation and social distancing in their places of residence if they contracted COVID-19. This was because some of them had lost their accommodation due to their failure to pay rentals. Of the interviewed participants, Kudzai, a married man with two children from Zimbabwe, explained that he was infected with COVID-19, and as a result, he had to move out of his home and stay with a friend

who had been infected at the same time with him to safeguard his family. Similarly, Palesa from Mozambique said that early this year, her mother was infected with COVID-19, and fortunately enough for them, their house allowed her to self-isolate at home. Below is her explanation.

We stay in a three-bedroom, so she has her room, and she was able to isolate herself in her bedroom. We stopped my younger brother from going to school so that other people are not at risk, and later on, he and I were tested. We use the same toilet, so I would go in and sanitize all the time. I was the one giving her food, going to buy medication, and so we had a proper arrangement for isolation compared to many other people.

4.4.3 Remittances

Remittances are often an essential source of income for sending families, and any changes in the number of remittances they receive will directly affect the food security status, health, and well-being of families in the countries of origin (StatsSA, 2020). However, the closure of borders and loss of jobs during lockdown limited the number of money migrants could send home, and it prevented them from sending physical goods across borders. The StatsSA July 2020 report noted that less than one-fifth (18%) of migrants continued to remit during the lockdown. Even those who could send remittances could not remit in the same way as they used to do before the lockdown. In some instances, they had to receive remittances themselves as they could not sustain themselves. Lloyd pointed out that for some time, it was challenging to collect remittances sent by friends and relatives from abroad if one had expired documents.

Musa narrated that the pandemic resulted in many Cameroonians in SA being unable to help their families as much as possible and many had to prioritize food and health for those in Cameroon. He added that during the course of the pandemic, many people stopped looking at developmental projects and ensured that the parents at home had access to health facilities and food. For him, the pandemic made many people change their priorities due to low income or loss of it altogether since the pandemic affected the SA economy. He also sympathized with some Cameroonians who could not access their businesses because that also meant that those at home suffered because they depended on them for support for quite a long time.

Thabile, a Zimbabwean second-year Bachelor of Education student at the University of Johannesburg had to send money home to her mother who had lost her job due to COVID-19. She used her scholarship monthly allowance to send to her mother while surviving on the money she was getting from her makeup part-time job. Marlon stated that in his study, he learned that the majority of Zimbabweans doing informal work in SA were not able to send remittances. Only one person could send money home because her salary had increased. Some of his participants

had to tell people back home that they were not in a position to take care of them anymore and some had to advise their families who were in the city to go to the rural areas where the cost of living is lower. Moses used to send money for school fees for his cousins in Malawi, and for almost three months after losing his job, he could not send anything. He needed to stabilize his financial situation first, and when he started working part-time, the money he is sending now is less than what he was sending before. Similarly, Kagiso could not send money as he used to due to salary cuts at his workplace. Below is how bad his situation was:

That was a bit stressful for instance let's just say I used to send R2000 or R3000 home it was now cut R500. Back at home, the people who are depending on that money to buy food added that to like transport for the kids for school you know all of those things, so it was a bit straining. Sometimes you know I used not to sleep at night thinking of other ways of making money or other income and things like that but as a matter of fact that in terms of spending I had to cut the whole things.

Both Moses and Thabile used Mukuru to send money to Zimbabwe and Malawi since they could not send groceries due to border closures. Before COVID-19, Moses gave people that were going to Malawi money to deliver to his cousins. He added that these people were Malawians who would come to SA to stock up their business products. Then he would take advantage and give them money to deliver to his family for free, but because of the lockdown, they could not come to SA anymore. Unlike Thabile and Moses, who were sending money, Palesa stated that from level five until level three of the lockdown, and earlier this year when her mother got COVID-19, they depended on money from their family in Mozambique. She added that her family in Mozambique is better off than them, such that they could afford to send them money. Palesa also added that they never had to send money to her family in Mozambique even before COVID-19 and the exception below best captures her ideas:

I think contrastingly from most foreign nationals in SA, in my family, I would not say there are no higher degrees of poverty to the point where we should send money back home. It is never as if we are sending something back home; it is maybe because someone needs something from SA or vice versa, but it is not out of need. It is more of a want. My mom also got COVID-19 this year, and obviously, she could not work and stuff like that to protect others, so the same dynamic repeated itself. My family was the one providing for us, paying rent, buying her medication, medical consultations, and so forth.

Kagiso, like other participants, used Mukuru and M-pesa to send money to Mozambique. He explained that M-Pesa is like an e-wallet, where he would send money to someone who has

M-Pesa in Mozambique and they would receive it. However, during the lockdown these services were not operational, so he used to go to the trucks that were delivering goods and services in Mozambique and he would give the drivers the money to deliver at home. He added that he would write down the number plate of the truck and the contacts of the driver (SA and Mozambique numbers) and share them with people at home who would be receiving the money. He explained that for every R100 the driver takes R20 and that was quite expensive for him.

4.5: Part 4

4.5.1 International students

On 18 March 2020, university campuses in SA were closed, and a week later, the entire country was put under a strict lockdown. This meant that teaching, learning, and research activities in universities stopped and resumed, with many universities opting to deliver their teaching and learning online as an emergency measure (International Education Association South Africa (IEASA), 2020). International students, who made up almost 7 percent of the total student population in 2017 (Council on Higher Education, 2019), were on university campuses when the lockdown was announced (IEASA, 2020). When universities closed, they were requested to return home, and this request was given at short notice such that it created challenges for both local and international students. This was the case if traveling home was linked to fears of health risks, logistical and financial difficulties (IEASA, 2020). International students faced additional challenges caused by flight cancellations, border closures, and visa-related concerns, mainly for students who had applied for their visas and could not leave SA in fear of being declared undesirable and unable to return (IEASA, 2020). Therefore, due to these and other reasons, not all international students were able to travel, and whether they remained on campus or were moved to alternative accommodation off campuses, their host institutions were required to address issues of continued care and service provision for them (IEASA, 2020).

4.5.1 Academic, tuition and study visa-related challenges

The lockdown has affected foreign students' academics since most universities had to operate online which required them to have access to ICT devices among other issues. For instance, Thabile's academics were affected from the beginning of March 2020 until the end of June 2020 because she did not have a laptop, yet learning had been moved online. She resorted to using her phone and borrowing her friend's laptop because, at that time, students could not go to the university library or computer laboratories. She only managed to buy a laptop when she received her scholarship allowance in June 2020. Thabile was not aware that the university was offering

laptops to enable online learning to those who were disadvantaged like her. She stated that she could not know about the university laptops due to a lack of information on what was going on at campus since she was still a first-year student with only two months on campus. However, she managed to benefit from monthly learning data from the university.

Palesa, unlike Thabile, did cope well with the transition from physical classes to online learning because she was saving on transport and lunch costs as she was working from home. Like any other student, Marlon noted that COVID-19 delayed his schoolwork because he had to change his research topic and ways of conducting it by settling for online interviews and online surveys because of COVID-19 social distancing rules. Marlon's biggest challenge as a student was that he had applied for a study permit and it came out on 23 March 2020. However, the DHA closed on 26 March 2020 before he could collect his permit. This situation delayed his registration at the university but he ended up registering using the application receipt. It also affected his bank account because the bank wanted to update his permit status so that they would not freeze his account. Lastly, he had problems at work since he is employed as a tutor. The university human resources department needed a valid permit for him to receive his salary. This resulted in him not getting his salary for two months, but they understood his situation and allowed him to be paid. Monica, a Kenyan Ph.D. student, also experienced challenges with renewing her visa. Unfortunately, she had applied for a three-year study visa but she was given a year. The quotation below captures her visa challenges:

I started the Ph.D. program, which is three years but unfortunately, they gave me a permit for one year, so you see even this year I have to look for money for medical aid. I have to look for money for visa renewal and then transport back and forth. So that is just another budget on its own and Covid is still here. What I assumed was that maybe because of Covid and because the government is supporting its citizens probably, they want those who cannot sustain themselves here, maybe if you feel you can go back home. I don't know that was just my thinking but maybe I might be wrong.

Monica did not only have challenges with her visa but she also had challenges with paying her tuition fees. She attributed her tuition problem to the delay in her Master's results, which affected her ability to apply for scholarships and jobs within the university. Monica added that due to COVID-19 the university had limited scholarships that international students like her could apply. She added that the universities need to open up more funding opportunities for international students. The quotation below best captures the importance of funding for Ph.D. students for her:

It has been very challenging, and it comes at a point where you know when you are at such a level where you are doing your Ph.D. and you are expected to focus and produce. Your mind can't settle but for me, I would say I have a very supportive supervisor. I don't know what the future holds but I'm just thinking about how can someone stay without funding or scholarships and at the same time because as foreigners we are limited to looking for jobs. You can only work in the university and if nothing is coming through then the alternative or rather the signal is that you should go back to your country. I don't know how to explain it better than that. If things are not working, then the alternative is to go back you know.

Before explaining his challenges with tuition fees, Kudzai started by narrating his reasons for doing Masters in Business Administration (MBA). He tied his decision to pursue MBA to the need to run a vital juices company professionally and to be acceptable in the business fraternity. He added that the tuition was very expensive and he intended on paying his school fees from his business. The coming in of COVID-19 left Kudzai in a situation where he had to close the business and was asking himself why he should continue studying when the business is no longer there. Even if he continued studying, who was going to pay for his fees? When Kudzai closed down his business, he had paid about R20, 000 out of the R280, 000 tuition costs yet he was also facing a lot of financial pressure from his family bills. The quotation below captures Kudzai's academic challenges and how he paid his tuition fees:

I had missed about two assignments and two exams but luckily the business school management said to me just continue, forget about whatever that you're facing, forget about the financial stress, just focus on the studies, and don't worry about where you going to get the money to pay for fees of which that's what I did. Come registration time that's when I realized that now I am facing the reality. Everything else that I thought was a problem or that were problems was just a build-up to the real challenge on how to raise about R100,000 and pay because our fees will be split into two years with the first year and the second year. Through other means, I managed to sell some of my investment to be able to pay for my fees. So now, I'm left with two modules to complete my MBA. So now, I changed the focus, my focus was to do MBA to be able to run my business so now the focus is for me to do MBA to get a job. COVID-19 has changed a lot of objectives that I had before, or it has reshaped or transformed some of these objectives negatively though you may call it.

4.5.2 Upkeep and loneliness challenges

Thabile was new in SA doing her first year in 2020 at the time of the lockdown. She pointed out that it was tough because she needed to be familiar with the languages and adapt to lockdown

demands. During her first three months in SA, Thabile received an allowance from her parents, but when the lockdown started, it was tough for her parents and there was a point where she could not get anything from them. Before the lockdown, she was attending a church in Melville, and when the lockdown started, the church started giving students food parcels from April to November 2020. The church food parcels became Thabile's main source of survival, especially from April to the end of June 2020. After that, the Zimbabwe International Presidential Scholarship that is paying for her studies managed to start paying out their allowances in June 2020. Like Thabile, Monica also got support from her church that had a three months program from March 2020, when there was a total lockdown and the well-off church members had to support the less privileged in whatever way they could. Monica benefited money and emotional support from the church's program. She explained that her Pastor assigned people to call church members every week and find out how they were doing, if they needed anything, and if they were keeping safe. She also attributed her church's understanding of the plight of foreigners to the fact that it is a foreign church.

Thabile added that on top of their allowances, her scholarship gave them an extra R5000 to cater for their travel costs back home during holidays. She also perfected her skills in doing makeup, and during lockdown level three, she started working in a photo studio as a makeup artist. This part-time job was crucial in supplementing her income to the extent that she could help her parents who had lost their jobs. Thabile pointed out that her scholarship also supported them emotionally by sending them messages encouraging them to be strong and always remember why they came to SA. Apart from upkeep challenges, Thabile also suffered from loneliness because when the lockdown was announced, the university allowed international students only to remain on campus residences. The quotation below captures her experiences.

Yes, it affected me because, at that time, they said people should go home except for international students. We were the only people who were allowed to stay behind so I think in my Res we were just six girls only in a Res, which can stay about 500 people, so you know that you are all by yourself. The rules were changed like you could not even go outside. They said if you want to go to the mall, you have to register, and you were not allowed to be outside for more than three hours, so you could spend the rest of the day alone. We were depressed and anxious. We did not have anyone to talk to, and it created so much time to think a lot, so it was challenging. It affected us mentally. If you try to feel like I have to go maybe to visit, you could not sleep there. I even wanted to go home, but there was no means for me to go home. I had to call them and talk on the phone.

Marlon pointed out that when he had challenges, he was getting assistance from his siblings, and during level three of the lockdown, he got some part-time research jobs with organisations that were studying the impact of COVID-19. In 2020, Monica was working as a tutor so when COVID-19 kicked in she did not suffer as much as other people since she had an income. However, Monica's tutoring contract ended in October 2020 and the tutor salary was not something that she could save up from because she did not have a scholarship. Monica explained her challenges of sustaining herself from the tutor salary below:

You have your upkeep and even back home someone would call and say please can you help me. So by the time that contract ends you don't have any savings and whatever little that I had, I had to renew my visa. I needed R1000 for the visa application, there's police clearance, medical aid, and transport back and forth going for your appointment. So these are things that needed money, and this is a time where now my job had already ended. From there, what helped me is a job, a research job that my supervisor gave me, and paid me. So that is the money I used to do all these things.

4.6 Non-nationals, CSOs, CBOs and NGO's views on the government's response to the pandemic.

Many participants who were interviewed, especially CSOs leaders, strongly felt that the government had not done much to support foreign nationals. Rumbidzai stated that since the start of the pandemic, foreigners were non-existent in government programs. She saw a need for the government to set up a relief fund for foreigners, in the same manner that it did with the locals. She added that the government was also supposed to provide foreign nationals with food because they did not get the COVID-19 grant. Tabani agreed with Rumbidzai on the need to look after foreign nationals, and he elaborated that the government must take care of all the people residing in SA, regardless of their nationality. He added that in helping non-nationals, the government was supposed to collaborate with grassroots formations to assist with distributing and identifying the beneficiaries. He problematized the government's approach, which he said usually involves the police, making it awkward for migrants to come out because some do not have documents. Thus, collaboration with CBOs would be best because foreigners could feel comfortable coming out to them as they know community leaders. Tabani added that the government viewed CSOs as enemies, and thus it was difficult for it to work with them. He had the following to say:

.....even before the COVID-19 pandemic, our organisation was viewed as an opposition to the state. So you know, if you disagree with the ruling party, then obviously, whatever you might try to come up with, you will be sidelined, and they will support and assist their favorite organisations that are pushing their agenda. The other fight we were having is the

fight of excluding migrants because we were pushing that everybody should be benefiting. Nevertheless, whenever the government is providing something, it will use the political party associates who will identify their people and exclude migrants. So that was the fight that we were having with them so that they should be able to cover everybody.

Thoko also stressed the need for a cordial relationship, communication, and information flow between the government and CSOs. She disapproved of the current state of affairs where she said the government always came in to give instructions as they did when they consulted civil society about the vaccine. She pointed out that they were not given a chance to do their presentations on vaccines, yet they are sitting with valuable information. As such, the government is losing an opportunity to learn and gain from them. She emphasized that civil society is what is keeping SA's democracy afloat because it is not taking an oppositional stance since it understands that the most significant resource it has is the government. However, the government is refusing to understand that the biggest allies it has are CSOs. Similarly, Marcia felt that the government does not have poor people at heart. The quotation below captures his views about the government:

It's so sad because when they are making these decisions, they are only making these decisions from the rich person's point of view. There is a poor of the poorest person in the township. Somebody who cannot have afforded even half bread you understand that and COVID-19 has hit them it means they're grounded. I think the government also needs to apply its mind and bring in community leaders when they are making these decisions and yes. I think in simple terms the government is the xenophobic person number one. I say so because they discuss up there and make decisions that are discriminatory against foreign nationals and they come on media and play very holy. So now it looks like the institutions that are directly in contact with the people are the ones that are discriminating against people whereas those institutions are implementing policies that have been rolled on them by the national government.

Tafadzwa felt that the government could have done better by not flooding the media with discriminatory information because a human being is a human being. He added that it is not about being a local or foreign national but it is about humanity and being able to collectively come together and work as one people. He felt that the government was segregating and spreading xenophobic tendencies by limiting access to benefits to those with ID cards. Lloyd observed that many foreign nationals felt that the SA government focused on its citizens and excluded them, which was unconstitutional and inhuman. He added that in the future, the government must consult refugee-led organisations and, if need be, involve them in its programs. Unlike others who felt that the government could have done more to help foreigners, Musa and Monica argued that

there is nothing much the government could have done. Monica was sympathetic to the government because COVID-19 came as a surprise and the government has its citizens to take care of and prioritize. Musa stated that the government should not have done anything besides being more open when it comes to issues affecting refugees in different places because we are in a very challenging time even for the government. Below is a quotation of what he had to say:

I don't think there is anything that the government did that demonstrated any form of bias towards foreigners whether in terms of imposing lockdowns or any other things. I don't think there's anything more than the government could do because its hands are full. It's a pandemic like no other, so like I said at the beginning I speak from a privileged position, I may not be able to articulate the lived experiences of those who may be with communities.

4.7 Solidarity, funding, and continuity

Many CSO leaders that were interviewed identified lack of funding as a limitation in their quest to help foreign nationals and communities at large. Tabani mentioned that they did get once-off donations at the beginning of the lockdown, which they used to help others. The people and organisations that funded Tabani's organisation included a Professor at the Wits and the African Biodiversity Network. They got other funds from Tabani's friend in Germany whom the Wits Professor linked him up with. Tabani stressed that it was unfortunate that all these donations ended during the announcement of level one late in 2020 when restrictions were eased to open up for employment and other activities, and some people managed to go back to work. Tabani expressed concern that the country was facing a third wave in 2021, and people will look up to their organisation for help while they will not be able to do so.

Unlike Tabani's organisation, which at least got once-off funding, Rumbidzai noted that they do not get funding from anyone, and whatever they do as an organisation, they contribute to it amongst themselves as members. Rumbidzai has approached the Refugee Centre in the Western Cape for a possible collaboration on skills transfer between locals and non-locals. She explained that this move is informed by the idea that Africans are advanced when it comes to education, even though when they arrive in SA their education is not recognized. Rumbidzai explained that this skills transfer program will help to easily integrate foreigners with locals and break the "employment myth" that other Africans are here to steal jobs. Lloyd explained that in the COVID-19 period progressive and vibrant organisations of the left (representing the working class and the poor) emerged in an attempt to find solutions to their multifaceted challenges. He argued that the character of most of these organisations is inclusivity, involving locals and non-locals, and there was great solidarity from different groups of people across SA. He pointed out that some of the organisations that emerged include the GSAX, the SA Refugee Led Network,

Young African Youth Network, Justice and Advocacy, and Rent a strike SA. In addition, these organisations have grown in terms of membership and national coverage, others have affiliated themselves with more prominent organisations and others are registering their entities and fundraising. Tafadzwa spoke highly about the solidarity he witnessed in his community and his views are captured below.

It was kind of mixed like in my neighborhood there is this kind of solidarity was enhanced. I think if I want to be talking about me before talking about the broader community like my neighbors, in a small-scale way like in my neighborhood. It wasn't about me being a Christian or Muslim and stuff. Sometimes my neighbor who is a South African will knock and ask if I'm okay or do we need any assistance and stuff. I had assistance like food that I also have to give to other locals and non-locals. So, there was a level of solidarity within my hood and the neighborhood that I work with. It strengthened some solidarity, especially in the civil society sector. Sometimes we raise an issue that reaches Comrades in this particular area that needs assistance, and we have mobilization from the convener of the C19 Coalition in the Western Cape. Sometimes bank accounts were given, and money was collected and some of the locals or non-locals were assisted in that regard.

5. Chapter 5: Findings discussion, recommendations, and conclusions

This chapter presents discussions, conclusions, and recommendations for the study. The chapter does this by reflecting on the research questions, literature, findings, as well as the aims and objectives of the study. In doing so, the chapter looks at the similarities and differences between South African experiences of foreign nationals and those of foreigners in other parts of the world. The chapter is divided into 3 sections in the following order: health, protection, and socio-economic issues.

5.1 The health issues

According to Meers and Villegas (2020), nations like Saudi Arabia and Portugal gave foreigners full access to health facilities, irrespective of whether they were documented or not. Similarly, the SA constitution grants everyone access to healthcare but findings show that foreign nationals faced obstacles in enjoying the right to healthcare before and during the COVID-19 pandemic. For instance, Sibongile Tshabalala, the national chairperson of TAC, noted 'medical xenophobia' as one of the challenges faced by foreigners during the pandemic. In addition, Dr. Eric Goemaere of Medecins Sans Frontieres and Melody, a member of LHR pointed out that the COVID-19 testing form was exclusionary, as it needed an SA ID, which affected foreigners who do not have such documents. In the same vein, lack of documentation, which was necessitated by the closure of the DHA offices, meant that foreigners could not access healthcare without valid documents. As a result, they produced expired documents and were turned down from public healthcare facilities (Mehlwana, 2021), which was against the automatic visa extension granted by the DHA.

Furthermore, findings show that some foreigners like Moses did not attempt to seek public healthcare due to previous bad experiences, while those who attempted to do so faced bad service. This is evidenced by experiences shared by Tafadzwa about two foreigners - one who could not get public ambulance services, and another who went to a public hospital and got bad service before going to a private health care facility. However, foreigners in Lucy's community do not have challenges with accessing healthcare. This might be because she stays in a rural area as compared to experiences of people in the cities. Generally, individuals who got sick with COVID-19 had to access healthcare in private hospitals, which points out the fact that during the pandemic foreigners had challenges in accessing healthcare in public facilities.

Lack of access to information is a challenge that foreign nationals also faced during the pandemic. Just like other nations, the findings from this study indicate that the SA government did not take active initiative in translating COVID-19 related materials into the languages of

foreigners. This has resulted in foreigners being scared to go for COVID-19 testing especially those who had expired documents and those who were undocumented (Melwana, 2021). However, like in many other countries, CSOs have tried to fill this gap by translating COVID-19 related material into languages of foreigners to enhance access to information. A good example is the efforts of the LHR and the ADF in translating information into the languages of foreigners as indicated by Melody in an interview. CSOs like the C19 People's Coalition also tried to lobby the government to enhance access to information about vaccines by translating it into languages spoken by foreign nationals. This points to how CSOs were sympathetic and understood the challenges faced by foreign nationals compared to the government. This position corresponds with the efforts of CSOs in other countries where governments were reluctant to avail information in other languages spoken by foreigners. For instance, Volunteering Matters in the UK translated the national safety guidelines into 20 languages for non-English speaking foreigners (Solidar, 2020).

In this COVID-19 pandemic, many countries have excluded undocumented migrants from vaccination drives in policy or practice (Parker, 2021). This is the case with SA irrespective of the President's announcement that everyone in SA will access the vaccine. Undocumented foreigners in SA have struggled to access vaccines. The EVDS used to register for a vaccine in SA requires an ID number, passport number, or permit number, which has left out many undocumented foreigners (Walker *et al.*, 2021a). This is not the case in SA only as many other countries that have also committed to including foreigners in their vaccination programs but have left admin hurdles in place. For instance, in Hungary, it is difficult to register for a vaccine without proof of legal residence (Parker, 2021). Similarly, in the UK looking for a vaccine requires one to be registered with a general practitioner (GP), and some GPs refuse to register migrants who cannot provide proof of address or ID (Parker, 2021).

Furthermore, other countries that have committed to vaccinating foreign nationals have made it easy for foreigners to access the vaccine. For example, Portugal created a vaccine registration platform for undocumented migrants (Parker, 2021). Many in SA like Professor Jo Vearey worry that there is no government clarification about the privacy of information shared when registering for vaccines. Unlike SA, the Belgian government has specified that data collected during the vaccination process can only be used for health purposes (Parker, 2021). In addition, the Belgian government has worked with local authorities and civil society groups to reach migrant populations (Parker, 2021). However, in SA, CSOs leaders like Tabani complained that the government did not engage CSOs in everything it did and he alleged that many foreigners

feared the government. This may have led to hesitancy from foreign nationals to come out and access government benefits, including the vaccine.

While the SA's vaccine rollout program neglected foreigners, other countries like Rwanda prioritized them and vaccinated refugees and asylum seekers alongside citizens as part of the national response plan (Walker *et al.*, 2021a). In addition, Rwanda's prioritization list for the vaccine included frontline healthcare workers, the elderly, teachers, prisoners, refugees, and people with underlying chronic conditions. This type of vaccine rollout shows inclusivity and willingness to avail vaccines to all, while SA's first phase did not cater to foreigners but only to frontline healthcare workers.

Findings show that foreign nationals suffered from hunger and starvation as indicated by Lucy and Tabani who argued that the government left them vulnerable. Even though the SA government provided food hampers to those threatened by food insecurity, undocumented foreigners struggled to access them since the SA national ID or special permit were prerequisites for one to receive the food parcels (New York Post, 2020). However, CSOs like C19 People's Coalition and Makause C19 Campaign filled this vacuum, as they had to raise funds to make sure that they fed the starving foreign nationals.

5.2 Protection crisis

Findings show that SA witnessed xenophobia just like other countries during the pandemic. For instance, racist attacks were witnessed in Italy at the beginning of the COVID-19 crisis (Solidar, 2020). Political figures have fueled the 2020 xenophobic attacks in both SA and elsewhere through reckless political statements. For instance, President Donald Trump referred to COVID-19 as the "Kung flu" and "Chinese virus" (Scott, 2020). Similarly, SA public officials alleged to have encouraged xenophobic violence include Herman Mashaba, Mario Khumalo, Vuyolwethu Zungula, and Andile Mngxitama (Mehlwana, 2021). In addition, the SA government seems to not have done much in combating xenophobia during the pandemic yet, leaders of CSOs like Lucy had to sit down with community members and persuade them that foreigners are also human beings and are their brothers and sisters. The government was viewed to be complicit in xenophobic attacks, as it seems not to be bringing to book those involved in xenophobic attacks. Moreover, the government is seen to be in denial of the existence of xenophobia. For example, Thoko and Melody lamented that the government and media do not want to label attacks on foreign nations as xenophobia, but rather as criminal acts.

Findings indicated that SA automatically extended the validity of permits due to the closure of the DHA. This meant that the SA DHA was not going to penalize foreigners for permits that

expired during the lockdown. This was the case in other parts of the world such as in France, Spain, and Italy among others. France extended the validity of all residence permits for three months, Italy allowed migrants in agricultural or care work to apply for residence permits and Spain allowed undocumented migrants to be employed as seasonal farmworkers (ECLAC, 2020b). However, the experiences of foreigners whose documents expired during the lockdown in SA indicate that many of them were penalized for having expired documents. For instance, when foreigners were allowed to repatriate during lockdown level four, some of them were penalized at the borders for overstaying in SA. In some instances, police conducted documentation raids in areas where foreign nationals stay, while some foreigners struggled to apply for government benefits with expired documents. More so, some had their bank accounts frozen since their documents had expired. This shows a gap between policy and implementation, which is what Melody noted to be the biggest challenge in SA where the government needs to capacitate civil servants. However, some foreigners like Tafadzwa were fortunate enough not to encounter challenges related to documents.

The border control measures resulted in many foreigners being stranded in SA and other parts of the world. For instance, Yemen's border controls in March 2020 left almost 1,200 Ethiopians stranded as they traveled through Djibouti towards the Arabian Peninsula (IOM, 14 January 2021). Similarly, in mid-March 2020, after Panama closed its borders 2000 migrants were stranded in the jungle while traveling north (Zamorano, 2020). While in these instances the stranded foreigners were those who were in transit, in SA foreigners who reside in the country were also stranded as well as those who were in transit and those who wished to travel for the Christmas holidays to their country. For example, more than 700 stranded refugees lived in and around the Central Methodist Church on Greenmarket Square in Cape Town (eNCA, 2020). Similarly, foreigners who wished to travel were stranded mainly at the Beitbridge border post that was associated with long lines in December 2020 and in January 2021. This led to deaths due to fatigue from standing in the long lines (Sunday Times, 2020). Participants also noted that visiting families in their home countries was impossible since traveling was restricted during the hard lockdown, and many resorted to mobile communication. Some mentioned that some migrants who died were buried in SA against their culture, which required them to be buried in their home countries.

5.3 Economic crisis

The COVID-19 pandemic has accidentally highlighted the significance of unemployed migrants trained in medical professions in their home countries (Meer & Villegas, 2020). Thus countries

like the US and Germany had shortages of medical professionals, and the COVID-19 pandemic pushed them to make use of migrant medical professionals. For instance, the Syrian Doctors in Germany Facebook group shows that 14000 Syrian doctors are waiting for their qualifications to be approved (Meer & Villegas, 2020). However, this was not the case in SA since there was no incidence of any industry that had to hire previously disadvantaged foreigners due to strains posed by the pandemic. In addition, COVID-19 has postulated industries responding to needs created by the pandemic such as healthcare, retail, and wholesale as the frontlines (Meer & Villegas, 2020). Migrants are overrepresented in these industries and as such, COVID-19 has shown the essential role that foreigners play in local economies (Meer & Villegas, 2020). However, in as much as this was also the case in SA where many have seen the importance and role of the frontline workers in certain industries, there seems to be no signs of the appreciation of the role foreigners play in those sectors.

The COVID-19 lockdown measures were accompanied by severe economic difficulties like job losses, reduction in salaries, and loss of the source of income. As such, many governments had to come up with measures to ameliorate these lockdown-induced challenges. The Italian government transferred 400 million euros to all the municipalities to issue food vouchers and basic food necessities to families (Sanfelici, 2021). In March 2020, the Italian National Institute of Social Protection approved the Ordinary Wage Guarantee Fund for over seven million workers (Sanfelici, 2021). Similarly, in SA the government adopted measures like the COVID-19 SRDG of R350, increased child and social support grant, BRF of R500 million, tax subsidies for small businesses and individuals, and lowering the UIF contributions (Mukumbang *et al.*, 2020). These measures were essential for the sustenance of millions of citizens and noncitizens but, they were subject to conditionality and they omitted all the informal workers and undocumented migrants. Thus in both contexts, these efforts ended up falling short in helping all the affected persons due to administrative and bureaucratic hurdles. For instance, in Italy, many municipalities distributed the vouchers to Italians and holders of long-term residence permits which led to the exclusion of migrants without regular permits and work contracts (Sanfelici, 2021). In the same vein, in SA, foreigners struggled to get their UIF payments while South African employees received theirs because the system used by the UIF did not recognize foreign passport numbers (BISA, 2020b).

Foreigners who depend on small income earnings to survive daily are seriously incapacitated by the crisis and this is made worse if they have to self-isolate (Solidar, 2020). This was also the case in SA where many foreign nationals are undocumented and survive on small

income earnings. For example, Marlon's study on the impact of COVID-19 on the lives of Zimbabweans in the informal sector in SA in 2020 showed that his participants included waiters, car mechanics, barbers, bakers, domestic workers, restaurant managers, and supervisors. All these persons were severely affected by the COVID-19 pandemic which resulted in some of them having to cut their expenditures by either cutting the number of remittances they used to send home and also by cutting the size of their accommodation among other things.

5.4 Recommendations

- The government should ensure that everyone, whether documented or not, can easily access public services by coming up with measures to deal with administrative hurdles like the need for ID numbers.
- The government should work together with CSOs, CBOs, and NGOs to ensure that foreign nationals access government services rather than viewing them as rival groups.
- There is a greater need to capacitate civil servants such as nurses, the police, and border control officials on the changes in policy so that they can be able to render services to the public following policy changes and this can eradicate the gap between policy and practice.
- There is also need to hold civil servants accountable for human resources violations and unconstitutional behavior (xenophobia).
- The government should openly rebuke xenophobia and punish those who fuel and take part in it rather than window dressing the issue by labeling it as a mere criminal act.

5.5 Conclusion: Building to exclude

This report focused on the experiences of foreign nationals in SA during the COVID-19 pandemic and associated crisis. The report collected data qualitatively through interviews that were conducted by individual foreigners and leaders of various organisations online and telephonically. This data was supplemented by data collected from newspapers and government departments' publications. The data was analyzed for themes that were divided into three main categories namely socio-economic, protection and health crisis.

The report findings indicate that even though the government devised several measures to ameliorate the effects of COVID-19 on various populations in SA, foreign nationals were unable to access these measures easily. One could say that this was due to administrative challenges that they faced in registering, but the more convincing evidence points to a break in the very design of relief efforts, which were designed without the most vulnerable members of society in

mind. However, various organisations, churches, families, and friends were vital in enabling the affected foreigners to cope with the pandemic by mobilizing various kinds of aid such as food vouchers.

The report also found that many of the challenges experienced during the pandemic were not new but had been seriously worsened by the pandemic. For instance, hunger is a structural challenge in poor black communities affecting both locals and foreigners but the pandemic came with the loss of employment and reduced incomes, which worsened this issue. Similarly, poor access to healthcare and poor service in public healthcare facilities is another issue that has existed for decades but the pandemic worsened it to the extent that some foreign nationals had to avoid public healthcare facilities during the pandemic as they feared for their lives and livelihoods.

CSOs, CBOs, and NGOs have been found to have played a vital role during the pandemic with little help from the government. This has necessitated the need for the government to support and capacitate these organisations financially and to work closely with them in addressing the needs of all who live in SA.

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Appendices

Appendix A: Participant information sheet



**planning, monitoring
& evaluation**
Department:
Planning, Monitoring and Evaluation
REPUBLIC OF SOUTH AFRICA



Analyse
Assess
Activate
Strategic & Technical Advisory

National Treasury
REPUBLIC OF SOUTH AFRICA



National
Research
Foundation

Research Study: Development of a Country report on the implementation of measures to combat the impact of COVID-19 in South Africa

PARTICIPANT INFORMATION SHEET

Hi, my name is _____ and I am conducting a study on behalf of the Department of Planning, Monitoring and Evaluation (DPME) in collaboration with the Government Technical Advisory Centre (GTAC) and the National Research Foundation to support the writing of a COVID-19 Country Report. The COVID-19 Country Report aims to record and provide a storyline of measures and interventions adopted by South Africa to manage the pandemic and combat the spread and socio-economic impact of the COVID-19 pandemic. The information gathered will be used to improve the government's response to a similar pandemic in the near future.

We would, therefore, like to request your participation in the study. Participation will entail sharing information related to the governance adopted South African government during the pandemic. It will also entail reflections about the role played by social partners and other structures.

Participation is voluntary and you may withdraw your participation or refuse to respond to questions you feel uncomfortable with at any point of the study without any form of prejudice or disadvantage. A schedule of questionnaires will be shared before the interview. Information shared during the interviews will be kept confidential and will be accessible to the panel of interviewers and the research team involved in the study. Great care will be taken to protect your privacy and/or privacy of your institution and position. Data, any publication, report, or other research output will therefore not mention these to protect your privacy. Institutional references will only be used if you would specifically like them to be mentioned, other than that, there will be no reference. All documents, data, recordings, and/or transcripts, will be coded and anonymized and kept in a locked cabinet for five

years in the principal investigator's office and/or password-protected laptop to ensure that your privacy is protected.

We will also request your permission to audio record interviews. You may still participate even if you prefer not to be recorded, and notes will be drafted and may be referred back to you for verification purposes. Electronic copies of the interviews will also be stored in a password-protected laptop and would be accessible to the interviewers and research team responsible for drafting the Country Report. In an organisational group discussion setting, you are advised not to disclose information outside the research setting to protect the sensitive information of other participants within your organisation.

There are no foreseen benefits or risks of participation and researchers will ensure compliance and the application of ethical principles. Contributions will however be of value to the overall project and will enhance the outcomes of this report, further providing a point of reference that can be used shortly to respond and prepare for similar pandemics. Participants will be allowed to provide reflections at the end of the interview sessions. Arrangements will be made for those requiring further debriefing.

We would therefore like to request your participation in the study. Participation will entail an interview of about 1 hour 30 minutes. A panel of interviewers will be present and interviews will be conducted through an online platform to comply with the COVID-19 measures. There are no 'right' or 'wrong' answers to the question, therefore, we request that you share your experiences, views, knowledge, and opinions as openly and honestly as possible.

This study will be written up as Country Report and will be available online in different formats for private and public consumption. If you have any questions about the research or wish to receive a summary of the research report, please contact David.Makhado@dpme.gov.za; 012 312 0557/066 4846 143 and/or Marie.Kirsten@gtac.gov.za; 082 889 1930.

If you have any concerns or complaints regarding the ethical procedures of this study, you may contact the Research Ethics Committee and the Human Sciences Research Council's (HSRC), South Africa on the following contacts: 012-302 2012, (E-mail: research.ethics@hsrc.ac.za).

Appendix B: Consent form



**planning, monitoring
& evaluation**

Department:
Planning, Monitoring and Evaluation
REPUBLIC OF SOUTH AFRICA



National Department of Planning, Monitoring, and Evaluation
330 Grosvenor St,
Hatfield, Pretoria,
0028

**Research Study: Development of a Country report on the implementation
of measures to combat the negative impact of COVID-19 in South Africa.**

CONSENT STATEMENT

I hereby agree to participate in the research project aimed at contributing to the development of a COVID-19 Country Report. The study has been explained and I understand what my participation entails. I, therefore, volunteer my participation and understand that information shared during the interview will be kept confidential and that I can withdraw my participation at any point without being disadvantaged. I have been advised in confidence not to disclose information outside the research setting in group discussions to protect the sensitive information of other participants. I understand that this is a research project whose purpose is not necessarily to benefit me personally in the immediate or short term. I consent to participate in the study and agree that the information I share during the interviews be used anonymously.

.....

Signature of participant

Date:

CONSENT FOR PARTICIPATING

I have been requested to be audio recorded and informed that the recording and/or transcript will be kept safe and only accessed by the research team. I understand that the information that I provide will be stored in a pass-worded computer and/or safely enclosed cabinet and will be used for research purposes now or at a later stage. I

consent to be recorded and that information shared to be used anonymously for the study.

.....

Signature of participant

Date:

CONSENT FOR AUDIO RECORDING

Appendix C: Interview guide for individual foreigners

Tell me a bit about yourself (Age, gender, marital status, number of children, educational background, etc.)

How long have you been in South Africa?

Can you tell me about the kind of house that you are staying in?

Whom do you stay with?

How do you get information about coronavirus and lockdown? (Source and language)

Since the beginning of the Coronavirus lockdown, how have you and your family been surviving?

How easy or difficult has it been for you to get access/help at the clinic or hospital?

Have you or anyone in your family been affected by coronavirus? (If yes how have you been affected?).

What kind of a permit are you using?

What kind of work do you do?

Has coronavirus and the lockdown affected the work that you do? (If so how were you affected and how did you cope with the effects?)

Since the beginning of the lockdown have you managed to visit your relatives and family back home? (if yes how did you go? If not why?)

Is there an individual or organisation that has helped you in any way during the lockdown? (if yes who and what kind of help did you get?)

Did you benefit from the food hampers that were distributed by the SA government?

During lockdown did you manage to send money or groceries back home? (If no why?, If yes How did you send the groceries? How often did you send them and did you send the same amount and quantity as you used to do before COVID-19?

Did you get any government help or benefit from any government initiative during the COVID-19 lockdown?

Is there anything that you think could have been done or should be done to help foreigners in the COVID-19 time?

Appendix D: Interview guide for NGOs and CSOs

- a) Tell me a bit about yourself (Age, gender, marital status, number of children, educational background, etc.)
- b) Can you tell me a bit about your organisation (name, when was it formed, its aims, and objectives)?
- c) When did you join the organisation and what is your position/role?
- d) What are the major challenges that migrants faced due to COVID-19 that you as an organisation have witnessed? What has your organisation been doing to mitigate those challenges?
- e) How did your organisation locate the beneficiaries that you have helped?
- f) How did you mobilize the resources that your organisation has used to help people?
- g) Are there other organisations that you have worked in collaboration with? (If yes, what are those and on what issues did you work on)?
- h) Did you get any help from the government or work in collaboration with the government to help migrants? (If yes, what kind of help or what are the issues that you worked together on)?
- i) Is there anything that you can be done by the government 1) to help migrants, 2) to help you as an organisation in the kind of work that you do, and 3)?

