

COVID-19 Social Protection and Exclusion Nexus Narratives of Women Refugees in Durban, South Africa

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Abstract:

Globally, most governments have come up with COVID-19 social relief and protection measures to render expedient and effective assistance to vulnerable populations, ranging from nationals to foreigners. This study utilizes narratives of 15 refugee women and 5 South African women to interrogate whether the South African national COVID-19 social protection and relief policies (such as wage subsidies, social grants and unemployment benefits) have been inclusive. While the South African government has made efforts to meet the obligation of its Refugee Act 130 of 1998, the views of participants reveal that the government's COVID-19 response policies have been prejudiced into excluding and vilifying refugees and asylum seekers based on the perception that they are outsiders or foreigners. This has increased migrants' vulnerability to poverty and social disintegration. The study warns that by giving sub-optimal attention to the plight of migrants with regards to combating the COVID-19 pandemic, the South African government risks exacerbating devastating impacts of COVID-19 to both refugees and South Africans alike.

Keywords:

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Introduction

Since the dawn of democracy in 1994, South Africa has made significant progress in ensuring that all its citizens meet their basic needs. However, Okoi and Bwawa (2020) contend that the current impacts of the coronavirus pandemic (COVID-19) have exposed how the country continues to be dogged by stark inequalities, especially access to basic needs among the majority of its black population. Similarly, Finn and Kobayashi (2020) argue that the lack of access to basic needs by the majority of the black population as a result of COVID-19 has made it not to be ruled out that in modern-day South Africa, locals' experience of unemployment and poverty still very much depends on where they are born, how wealthy they are, and the colour of their skin. As South Africa continues to grapple with the devastating impacts of COVID-19, an influx of migrants, especially those from the African continent, remains a thorny issue the country is struggling with. Musoni (2020) and Makanda (2021) say that South Africa attracts African migrants because it is one of the most developed African countries with better migration, refugee and asylum seeking policies in the continent. For instance, in South Africa, refugees do not live in camps, are allowed to work, study and do business in any part of the country. This is contrary to countries like Kenya, Uganda and Tanzania where refugees still live in camps or demarcated areas (Loescher 2014). Still, South Africa is one of the countries in the continent with an inclusive Refugees Act (130 of 1998) meant to protect and uphold the rights of forced migrants such as refugees, asylum seekers and stateless persons. According to Kleinsmidt and Manicom (2010), the Refugees Act 130 guarantees refugees and asylum seekers entitlement to services such as healthcare, education, employment, legal protection, and housing. The Refugees Act also stipulates that refugees and asylum seekers should integrate and reside within and amongst locals anywhere in the country. In this study, refugees and asylum seekers refers to persons who have been forcibly displaced due to persecution or conflict, human rights violations, environmental and political upheavals in their countries of origin (Republic of South Africa, 1998).

South Africa reported its first confirmed case of COVID-19 on 5 March 2020. Three weeks later, President Cyril Ramaphosa declared a national state of disaster starting on the 15th of March, and a week later, the national lockdown was enacted from 27 March 2020 (Le Grange, 2020) to combat the spread of the virus. In its attempt to address the impacts of COVID-19, like other countries, authorities in South Africa put in place a national lockdown that involved the closure of public places and the country's borders, social distancing, stay home except for emergencies and banning of public transport. Authorities also instituted several public health measures such as washing hands often with soap and water for at least 20 seconds (especially after being in public places, or after blowing or sneezing and coughing), using hand sanitizers (containing 60% alcohol) and to avoiding touching of eyes, nose, and mouth with unwashed hands (Department of Health, 2020). Further measures were mandatory quarantine of suspected cases and people with recent travel history. While the foregoing measures were broadly thought

to be effective against the pandemic, they carried some risks particularly for vulnerable groups such as the poor, sick, refugees and asylum seekers. The COVID-19 pandemic has been seen to magnify pre-pandemic issues for various groups including women, minorities and refugees, as such, these ameliorative attempts can easily intensify discrimination, stigma, poverty, unemployment and gender-based violence for the same. It is because of the foregoing reasons that the African Union, in particular, is concerned that lockdown restrictions in many African countries were going to make it difficult and further exclude vulnerable populations such as refugees and internally displaced persons in accessing attendant human rights protected in the international law (Wadvalla, 2020).

Before the COVID-19 pandemic, refugees, asylum seekers and undocumented migrants worked mostly in the informal sector in the main cities of Johannesburg, Cape Town and Durban (Makanda, 2021). Still, Mulu and Mbanza (2021) note that most of these migrants live in inadequate accommodation facilities, crowded, without access to water, sanitation and hygiene facilities for good hand washing and practices that reduce transmission and exposure to the COVID-19.

As part of instituting a nationwide lockdown, the South African government introduced a generous R500 billion economic relief package aimed at supplementing the existent social safety nets and buffering the economic sector from the impending effects of COVID-19. This included a 6-month temporary top up for all existing social grants and a new grant—COVID-19 Social Relief of Distress—which targeted those who were vulnerable, unemployed and were not previously receiving other forms of government assistance (de Villiers, 2020). Like other South Africans who work in the informal sector, refugees and asylum seekers were among the first to lose their employment and source of incomes. Although most locals who lost their jobs were able to access the mentioned government relief services, Jain et al. (2020) noted that many refugees and asylum seekers were initially excluded. As a result, the impact of lockdown restrictions due to the COVID-19 pandemic has hindered migrants' capacity to eke a living. Currently, the government is in the processes of vaccinating all people who live in South Africa against COVID-19. However due to lack of proper communication from authorities, according to Oxford Analytica (2021), there is fear that most refugees, asylum seekers and undocumented migrants may not come forward due to fear of detention or deportation. This may become a health risk and thwart the government's efforts of curbing the spread of COVID-19.

To this end, this study utilises social exclusion theory to empirically critique access to the South African government COVID-19 social relief and protection services such as wage subsidies, unemployment benefits or social security and social protection measures by refugees and asylum seekers. To do that, the study investigates the narratives of twenty (20) women from Durban, South Africa (15 migrants and 5 South Africans). The main aim of the study is to unpack how migrants' access, or lack of, to



government COVID-19 relief policies in South Africa has exacerbated the exclusion of those whom they are supposed to protect because they are perceived as “foreigners or outsiders”.

Social Exclusion Framework

French policymakers, René Lenoir and Jacques Delors, were among the first scholars to coin and systematically develop the concept of social exclusion in the 1970s as a paradigm of explaining social relations and institutions that prevents one group of individuals from full access to various rights, opportunities and resources in a particular society (Abrahamson, 1995; Silver, 2019). Saunders (2015) say that the concept’s central referents can be traced to several political philosophies that were and are still influential in Europe, in particular, French Republicanism, social Catholicism, and social democracy. From the French Republicanism, social exclusion has been associated with the way the French population was not protected by social security and thus constituted an excluded class. In Britain, Levitas (2004) say that social exclusion emerged after a 1979 publication by Peter Townsend on the prevalence of poverty in the United Kingdom. Townsend had argued that in the United Kingdom poverty was a relative term arrived at after a comparative analysis of certain factors. These factors were the resources of one family, compared to those commanded by the average family unit living in the same setting. Such a comparison helped to ascertain whether those individuals were excluded from the ordinary living patterns, customs, and activities respective to their context (Townsend, 1979). During 1980s and 1990, social exclusion and poverty gradually became interrelated and closely associated within a framework that identified poverty as part of a wider pattern of social inequality in the UK (Levitas, 2004).

More recently, social exclusion has been used in Latin America as an extension of the studies of “marginalization” (Galabuzi, 2004). Consequently, social exclusion has become a guiding framework on a wide range of research on deprivation and inequalities in the global South. For instance, Silver (2007) says that social exclusion has become a paradigm of analysing multidimensional processes of progressive social rupture that detaches one group or groups and individuals from social relations and institutions. These detachments prevent one/groups from full participation in the normatively prescribed activities of the society in which they live. In this regard, social exclusion exists in three primary dimensions; i) disengagement (a lack of participation in social and community activities), ii) service exclusion (unable to access key services), and iii) economic exclusion (restricted access to employment, economic resources and a capacity to derive an income).

There are two major devastating impacts of social exclusion. Firstly, exclusion of one or more group/s of persons in a particular society affects their quality of life and the general equity and cohesion of society as a whole. Secondly, social exclusion causes the

unobtainability of not only political participation but also representation. Within a specific context, it can be argued that social exclusion not only encroaches upon the demand for social justice, but it also reduces social solidarity. This means that the absence of social solidarity is normatively negative because in its absence, the interests of the excluded are likely to be opposed and obscured in the interests of the included (who may or not usually be the majority).

From the preceding paragraphs, social exclusion is a paradigm that is designed to highlight the role of both institutional structures and community attitudes in creating barriers that lead to exclusion and denial of social and constitutional rights to a particular group of people within the same state/society. Some of the key tenets of social exclusion are redistributive state policies and the strength of familial, group, and social ties and obligations. As a theoretical framework, social exclusion is concerned with explaining social ills not as clearly delimited social problems, but as part of the most fundamental social relations—that of belonging or not belonging to one's society. Accordingly, social exclusion underscores that rupture within any social bond leading to social ills such as abandonment, segregation, assistance, marginalization, and discrimination. Hence, social exclusion paradigm is concerned mainly with identifying the constituent elements of a particular policy that may proffer exclusion of an individual or groups of people within a particular society. For instance, in one policy, some people can only be excluded or included relative to others. Still, social exclusion can be said to be a framework of analysing the tendency of policy makers whose focus is mainly on those who are “excluded” to the relative neglect of the “included.”

In relation to this study, South Africa has one of the most progressive constitutions and an enabling migration policy (Refugees Act 130) in the world. As a result, the country continues to attract an influx of migrants popularly known as “foreign nationals”. When South African authorities instituted the countrywide lockdown in a bid to reduce the spread of COVID-19, like in other countries, these efforts disproportionately affected those sections of society reliant on the informal market, most of whom are foreign nationals (illegal immigrants, refugees, and asylum seekers). These groups, including many South Africans, mostly depend on the informal economic activities, such as tailoring, hairdressing, trading in precious and scrap metals, and vending food and second-hand clothes (Makanda, 2021). As such, the South African government lockdown directives, and the constituent stimulus package, while aiding the informal sector, only targeted South African-owned activities and citizens (Republic of South Africa, 2020), leaving foreign nationals in the same sector vulnerable to the negative impacts of lockdown. Countrywide lockdown was perceived as a general problem in most low-income countries. However, given the high rate of unemployment in South Africa, where locals also struggle to eke a living, the situation is worse for refugees and asylum seekers who lack contingency livelihoods and social support networks that can serve as shock absorbers and coping resources (Mukumbang, Ambe and Adebiji, 2020). Still, lockdown



has further aggravated the negative effects of COVID-19 on social support networks for forced migrants in South Africa. For instance, it is argued that unlike their South African counterparts, refugees and asylum seekers who lost their livelihoods due to COVID-19 lockdown restrictions are yet to gain access to government's COVID-19 relief and protection services. Hence, the focus of this study is on the implementation of the COVID-19 response policies by the South African government and the question of barriers that lead to the exclusion and the denial of the social and constitutional rights to refugees and asylum seekers.

Methodology

Data was collected from 20 women participants – 15 refugee women and 5 South African women. Women were selected for this study as they compose the majority of the global refugee and asylum population. According to the World Bank Report (2019), women and children form over 60 percent of the global refugee population. All the participants interviewed had been employed in the informal sector, for example as childminders, hairdressers, nail technicians, or car guards, jobs that were already precarious and open to exploitation pre-COVID-19. With the start of the lockdown their workplaces were closed, resulting in loss of jobs and income. One rebuttal that can be raised against this study is that 20 participants cannot be generalised to represent all the views of women refugees and asylum seekers in Durban or entire South Africa. However, given the narrative nature of this study, it is hoped that the views of participants gave a glimpse of the thinking of refugees and asylum seekers on the topic under investigation. Thus, the sample chosen is hoped to have yielded the required empirical data that can fill in the gaps and to a scarce body of knowledge on the impact of COVID-19 policy responses and the question of exclusion of refugees and asylum seekers. Among the participants, there were 7 Burundians, 5 Congolese, 3 Eritreans and 5 South African women. While the study's main target were women refugees and asylum seekers, it was important to include South African participants so as to determine whether or not the implementation of COVID-19 policy responses impacted more on migrants than their local counterparts or vice versa. In addition, refugee participants' diverse origin presented a higher probability for independent individual responses to the interview questions. All migrant participants interviewed were documented and had rights to work, live and access to social protection from the South African state as stipulated in Refugees Act 130 of 1998.

Durban was chosen for this study due its proximity to the researcher; it was cheaper and an easier and interesting case for investigating the views of participants. Still, the city of Durban is also known for its growing population of migrants from different countries, especially African migrants from Malawi, Nigeria, Burundi, Zimbabwe, and Democratic Republic of Congo among others. Oni (2018) says that in South Africa,

migrants prefer to congregate within major cities and towns such as Johannesburg, Cape Town and Durban.

Participants were purposively sampled taking note of their country of origin and migration status (15 women refugees and 5 South African women) in South Africa. The interview-guiding questions were elaborated in English and translated into most migrant participants' languages. This is because not all 15 migrants were able to speak English. The semi-structured interviews included questions on:

- i. The impacts of COVID-19 lockdown restriction to participants well-being
- ii. Access to government's COVID-19 social relief and protection services.
- iii. Different ways participants felt included/excluded
- iv. COVID-19 relief services, its implication to their livelihood

Prior to interviews, all participants were informed of the purpose of the study and granted their willingness to participate and permission to be audio recorded. It is also important to note that the study was conducted upon the issuance of an ethical clearance certificate by the University of Johannesburg and after the consent of participants. All names used in the study are pseudonyms to protect participants' identity and for confidentiality. Interviews were later translated into English, transcribed and analysed and presented as themes.

Results

Lack of information on national response plans

Limited access to information with regards to COVID-19 and government response plans was acknowledged as one of the major components of the nationwide lockdown among most narratives of migrant participants. Most participants argued that limited access to information due to the language barrier exacerbated their risk to COVID-19. Specifically, all the 15 migrants interviewed specified that most information about COVID-19 was communicated in English and other South African languages, which they struggled to understand. For example, Shosho (40 years old Burundian) said:

I arrived in South Africa in January 2020. I only understand Swahili, Kirundi and some French. I am poor in English and I can't understand any other South African language. Because I don't know English, I do not know what to do during this COVID-19 times.

Shosho's views reveals how most refugees and asylum seekers speak other languages (such as French, Swahili, and Arabic among others) other than those spoken in South Africa. As such, this limits their comprehension of the governmental directives, public health messages as well as information, education and communication messages.



Another participant Jugu (32 yrs old Eritrean) said:

It is a pity that due to COVID-19 lockdown, we do not have interpreters to help us who are still learning English.

Bobo (43 yrs Congolese) added:

There was a humanitarian organisation that used to help us with languages. But now since their staff cannot move easily because of lockdown, I do not understand what they...meaning government.... are saying about COVID-19.

On the contrary, all 5 South African participants said they could understand all communication from the government especially on COVID-19 social grant among other social relief services that were available. For instance, Pretty (34 yrs South African) said;

I am well informed on what to do in case I come in contact with COVID-19 or if I feel “fluish”. I also know where to go if I am to get my COVID-19 grant.

Linking COVID-19 to the question of exclusion of refugees and asylum seekers, the views of Shosho, Jugu and Bobo reveal that refugees’ right to information concerning prevention and protection from pandemics and disasters is curtailed by language and communication barriers. Moreover, South Africa’s strategic response to the pandemic is based on self-reporting based on the occurrence of symptoms (Department of Health, 2020). This is challenging for migrant participants as they seemed frightened of approaching health providers and local authorities due limited knowledge of English and other local languages. For instance, Faustina (28 yrs Congolese) narrated how she felt extremely sick during lockdown but could not go to the nearest government hospital because she did not know how to explain to the doctor.

The fact that most migrant participants interviewed do not understand English and the major South African local languages means that they did not get first-hand and timely information about COVID-19 and national response plans that were announced by the president on monthly basis. This is purported to have exposed them to the risk of getting inaccurate information regarding COVID-19 from peers and other secondary networks. It also might have excluded them from the on-going efforts to prevent and control the pandemic. Yet, as argued by the World Health Organisation (WHO, 2020), lack of culturally and linguistically accessible information and services related to COVID-19 may increase risks of contracting and spreading the virus among vulnerable populations.

Local Authorities and Isolation of Migrants

Migrant participants narrated how in most cases they felt isolated and stigmatized by police, health personnel and other local authorities. This is similar to the findings of the United Nations (2020) that the COVID-19 pandemic had increased social stigma and social isolation of migrants, especially refugees and asylum seekers in African and Asian worlds. Research indicates that stigma limits compliance with established control measures, health-seeking, and access to services and may lead to further spread of COVID-19 (Manderson and Levine, 2020: 4). For instance, Aweje (26 yrs Burundian) said:

I met this policeman who told me that I must not walk around spreading COVID that I came with from Africa, meaning my home country. I felt so ashamed of being in this country.

Furthermore, Lolo (32 yrs Congolese) narrated how some of her foreign colleagues were being arrested falsely for breaking COVID-19 protocols and for minor offenses during the lockdown. According to Lolo, most foreigners in her area were being denied bail unless they bribed the police. What can be said here is that the COVID-19 lockdown has also exposed how the South Africa's progressive legislative systems continues to be dogged by stark inequalities in legalising and recognizing the rights of forced migrants.

In relation to access to health care, Miche (36 yrs Eritrean) narrated:

One day I went to a private clinic along the street. The doctor was wearing just a mask while attending to South Africans. When my turn came to consult him, he wore protective apron all over his body and a face shield. I felt very bad. It was as if I am the one who was spreading COVID.

Asked on whether she has visited a clinic or a health facility during COVID-19 lockdown, Sane (24 yrs South African) said, "yes, I have visited the nearest clinic twice and I was attended to without any problem."

The views of Aweje and Miche reveal how during lockdown in South Africa COVID-19 was perceived as "imported": coming from foreigners and authorities are suspicious of foreigners including refugees. What this means is that refugees and asylum seekers are among those perceived as potential carriers or transmitters of COVID-19. Hence, they risk being discriminated and stigmatized against by the local people and authorities (such as police, community leaders and health workers). This is regardless of reports by the government stressing that refugees and asylum seekers who are already in South Africa would receive the support and solidarity consistent with the Department of Health directives.



Migrants Access to Social Services

Most participants in this study rely heavily on social services that are provided by humanitarian and civil society organisations. Hence, another pertinent issue revealed at the time when this study was being conducted is that the nationwide lockdown in South Africa had reduced access to services (such as reproductive, maternal, new-born and child health interventions and psychosocial support services) provided by several humanitarian and civil society organisations. For instance, Buru (a 29 yrs Burundian) argued that she was relying on one humanitarian organisation for food and medicine. Buru said;

Am an asylum. Am in the process of acquiring my refugee papers. Ever since I came here, one organisation has been providing me with food parcels and when I am sick, I could collect medicine from their offices. Now that there is a lockdown, I am struggling to get food and medicine since their offices are closed.

Buru's view reveals how humanitarian and civil society organisations still play a pivotal role in the providing livelihood to refugees and asylum seekers. However, from Buru's view, it is evident that during the nationwide lockdown, migrants' humanitarian and civil society organisations were not classified as essential service providers. Still, from Buru's view, it can be argued that the personnel working for most migrants' humanitarian and civil society organisations were not accorded special travel permits. Consequently, the closure of public transport posed an enormous challenge for humanitarian workers, who faced increasing travel restrictions.

While it is essential for the government to put in measures to reduce exposure and prevent the spread of the COVID-19, not classifying migrants' humanitarian and civil society organisations as essential service providers is problematic for most vulnerable refugees and asylum seekers such as women and children who have limited options in South Africa. Moreover, refugees, including adolescents, children, pregnant women and those with chronic illnesses, such as those living with HIV and AIDS, are at risk of reduced access to medicines and care. Although the government had put in place the capacity of frontline workers such as health care staff and other social care workers (such as social workers) to understand the specific needs of locals, closure of migrants' humanitarian and civil society organisation that could deliver appropriate protection to refugees was an exclusionary measure.

The COVID-19 Social protection/migrant exclusion nexus

South Africa has instituted social protection as an agenda for reducing vulnerability and risk of low-income households concerning basic consumption and services so as to address the impacts of COVID-19's lockdown in the country. The government adopted

various economic and hunger alleviation measures. Firstly, the government announced social grant of 350 South African rand (ZAR), food support/distribution to the vulnerable populations, unemployed including those who lost their jobs as a result of the COVID-19 pandemic for a period of 6 months from May to November 2020. Secondly, the South African government increased the value of the child and social support grants until October 2020. Thirdly, the country began to provide tax subsidies for small businesses and individuals and lowering contributions to the Unemployment Insurance Fund (UIF).

While the South African government is to be lauded for providing social relief to those most vulnerable to the impacts of COVID-19 lockdown, the 5 South African respondents argued that the 350 ZAR and food support/distribution they were being given by the government was not sufficient to meet their basic needs. Sthe says;

What can one do with 350ZAR? I have four kids and this is too little. This government is not serious. They...meaning government...should just open the country so that I fend for myself.

While Sthe complained that the 350ZAR she was receiving was not enough, unfortunately, all 15 migrant participants were not able to access it. For example, all the 15 migrant participants faulted the targeting criteria for entitlement to the social grant of 350ZAR and food support/distribution to the vulnerable populations affected by COVID-19. It was narrated that the targeting criteria for entitlement to the social grant and food parcels did not explicitly target refugees and asylum seekers. For instance, all 15 migrant participants said that the ongoing food and financial distribution required people to present national identification cards, which refugees and asylum seekers do not have. For instance, Mulolo (28 yrs Burundian) says;

I heard that the government was giving R350 as a relief grant for all those who are unemployed due to the COVID-19 pandemic. However, when I went to apply for it, I was asked for the green book South African ID even though I was carrying my refugee papers.

Ahinate (33 yrs Eritrean) added;

I am a legal refugee in this country. My business had employed about 20 South Africans. I lost my business due to COVID-19. I tried to apply for tax subsidy for my business but I was told that it was only meant for South Africans not foreigners.

While the Refugee Act 130 of 1998 in South Africa guarantees forced migrants' entitlements to social protections just like locals, at this point, Ahinate's view reveal how the COVID-19 social relief and protection was only meant to benefit of South African citizens and not immigrants. All the 15 migrant participants were not benefiting from the COVID-19 food distribution, social grant and tax subsidy which is jeopardizing their wellbeing and coping capacities. Unlike refugees, all the 5 South African participants said



that they were able to access social protection, especially social assistance instituted by the government. What this means is that the COVID-19 lockdown restrictions have rendered refugees and asylum seekers and their families more vulnerable to lack of food and its associated consequences including starvation and malnutrition. It is also increasing refugees and asylum seekers' anxiety, stress, and psychosocial problems (United Nations, 2020a, 2020b, 2020c, and 2020d). Instead of addressing their wellbeing, Mulolo and Ahinate's views show how COVID-19 response policies are driving refugees and asylum seekers in South Africa to abject poverty and misery.

At this point, this study argues that when the South African government announced the state of disaster in March 2020, both local and migrant who work in the informal sector were among the first to lose their sources of income and livelihood. As a result, the government came up with COVID-19 relief and social protection policy that was specifically tailored to assist vulnerable groups; poor locals, refugees and asylum seekers. At this point, it can be said that the government response was silent on the plight of refugees and asylum seekers. This is because foreigners, especially refugees and asylum were not able to access the available social relief and protection at the time when this study was being carried out. Inaccessibility to COVID-19 social relief and protection services by refugees and asylum seekers in South Africa reaffirms Abrahamson (1995) argument that social exclusion is a process of social disaffiliation, whereby a particular group is disfranchised from the publicly available social protections and social security.

Discussions and Implication of the Findings

The key desire of migrant participants in this study is an end to the practice of government exclusionary measures. Implicitly, all 15 participants expressed that while the South African government had made efforts to meet the obligation of Refugee Act 130 of 1998, the implementation of the current COVID-19 response policies have been prejudiced into excluding and vilifying them based on the perception that they are foreigners. Hence, while the effects of COVID-19 have affected South Africans and foreigners alike, it has increased migrants' vulnerability to poverty and social disintegration, isolation and stigmatized them in South Africa. Against this backdrop, it can be argued that the COVID-19 pandemic has revealed that there still exists institutional structures and community attitudes that continue to create barriers that lead to exclusion and denial of social and constitutional rights to refugees and asylum seekers in the country. This is against the tenets of the South Africa's Refugees Act 130; that is meant to protect and uphold the rights of forced migrants such as refugees, asylum seekers and stateless person just like those of South Africans.

One important finding of the study is that when the South African government declared a national state of disaster on 15 March 2020 to combat the spread of the novel coronavirus (COVID-19), most scholars' concern was on the impact of government's policy responses, such as national lockdowns, on the economy of the country. Some scholars have acknowledged lockdown's efficacy in combating the spread of COVID-19 but argue that it has had devastating impacts on the economy and livelihoods. It has to be reiterated how scholars in the mainstream migration studies are still preoccupied with two main theoretical constellations; i) how South Africa is grappling with an increasing influx of migrants and, ii) various enactments of surviving and active livelihoods strategies by migrants in cities and townships in South Africa. As a result, few studies have empirically explored the issue of policy implementation and migrants' inclusion or exclusion in South Africa. For instance, it is easily argued that migrants are responsible for social ills that the country is experiencing. In this regard several scholars argue that competition for scarce socio-economic opportunities between locals and foreign nationals is the greatest challenge that South Africa must deal with (Marschall, 2017; Musoni, 2020; van der Walt and Whittaker 2020). In retrospect, the foregoing scholars argue that South African state need to come up with a proper migration policy if it is to address the issue of xenophobia caused by competition for scarce socio-economic services.

What has been moot are empirical studies on how the South African government COVID-19 containment policies could be socially excluding refugees and asylum seekers in the country. Here, what most migration scholars in South Africa have paid attention to is the theoretical speculation on how pandemics have led to the implementation of policies that socially exclude migrants in countries such as China and the US. Most of these theoretical studies have emphasized on migrants' need for both psychosocial and humanitarian help to cope with the impacts of COVID-19 lockdown (Mukumbang et al, 2020). While Refugees Act 130 allows refugees and asylum seekers to set up businesses, offer labour services for others, and move freely in different spaces in the country, at the time when this study was being conducted, there was dearth of empirical scholarship that was unravelling how government COVID-19 social protection policies were adversely leading to a multiplicity of risks and limiting refugees and asylum seekers' living opportunities in South Africa. As a result, despite its well-known humanitarian orientation, the findings of this study reveal that South Africa is joining a league of countries that are adopting structural anti-migrant policies that are excluding and internalizing the oppression and marginalization of refugees, asylum seekers and stateless persons. Similar scenarios have been observed in the United States and India. It is also argued that anti-immigration legislation is probably one of the main driving forces behind the United Kingdom's election to leave the European Union.

This study also reveals other negative consequences emanating from social isolation and stigmatization of migrants; social exclusion's capacity to cause the unobtainability



of refugees and asylum seekers not participating and represented within the South African polity. For instance, when South Africa implemented hard countrywide lockdown, migrants' humanitarian and civil society organisations were not recognized as essential service providers. This limited migrants' representation in the country and made refugees and asylum seekers more vulnerable to the local authorities, especially the South African Police. For instance, Kolo (41 yrs Congolese) said:

How was I going to see my brother who had been arrested for breaking COVID-19 regulations? The organisation that used to helping to bail foreigners who are arrested had closed its offices because of COVID-19. Police are mostly targeting us saying that we must not hover around. It is tough without organisations that help us. Does this mean that foreigners do not deserve to live in South Africa?

Kolo's views raise a serious cause for concern (in relation to the demands of the Refugee Act 130). This is because lack of migrants' representation during COVID-19 lockdown not only encroaches upon refugees and asylum seekers' rights but also reduces their demand for social justice and social solidarity. While Saunders (2013) and Jinnah (2017) concur that the absence of social solidarity is normatively negative, the interests of the excluded are likely to be opposed and obscured in the interests of the included whom are usually in the majority. This was revealed by the views of participants who were denied food parcels, social grants, and tax subsidies simply because they are foreigners. Exclusion, isolation and stigmatization of migrants by authorities that are made to protect them is probably what re/constructs anti-migrant sentiments among locals who blame refugees, asylum seekers and other migrants for their misfortunes. The re/construction of anti-migrant sentiments among locals because of exclusionary government policies, in some instances, have supported prejudices and behaviour that reject, exclude and often vilify most forced migrants simply because they are foreigners. While the COVID-19 government relief policies were ideally expected to render expedient and effective assistance to all vulnerable populations, ranging from nationals and foreigners, views of participants reveal that they have to some extent intensified discrimination, stigma and poverty among refugees and asylum seekers. This is against what the government intended in its COVID-19 responses (Republic of South Africa, 2020).

What the findings of this study points to is the scholarship on ubiquitous understanding of government policies and their link to social exclusion or inclusion of forced migrants. For instance a study done by Umana-Taylor (2004) and Tholen (2017) established how racism, discrimination and dialectal differences were impediments to forced migrants' social inclusion and integration in Australia. According to the scholars, social, symbolic and cultural capital were found to be important in the reinforcement of social inclusion and exclusion in relation to group identities of migrants in Australia. In this regard, once a dominant group identity is established (through policy), and in a bid

to increase their competitive advantage, they often monopolise resources, restricting access to outsiders based on their race, language, social origin, religion and so forth. Similarly, in the current study, faced with social exclusion from the South African formal labour market, most refugees and asylum seekers are forced into informal sector and engage themselves in domestic or farm work, petty enterprises, street trading, hawking, private security industry and so forth. Their exclusion from accessing government's COVID-19 relief such as wage subsidies, unemployment benefits or social security and social protection measures stems from the fact that they are firstly, foreigners and secondly, that the dominant need of the locals is yet to be met. For instance, the fact that all information regarding COVID-19 and government relief plans was communicated in English and other local South African languages – which most participants did not understand - meant that the government was concerned with satisfying the needs of locals first before anyone else. This meant that refugees and asylum seekers were excluded from the government's efforts to prevent and control COVID-19. On contrary, lack of policies that pay attention to refugees and asylum seekers in relation to COVID-19 response plans does not only exacerbate the devastating impacts of COVID-19 on migrants but also poses greater risks and challenges to the South Africans.

Still, the findings of this study points to other studies that underscore a plethora of deprivations among forced migrants in Brazil and South Africa. In Brazil for instance, a study done by Marió and Woolcock (2008:13) discovered that most forced migrants failed to penetrate the Brazilian formal labour market simply because “they were not protected by any social benefits, nor by labour legislation in this sector”. In a similar vein, Masuku and Rama (2020:9) established that there were “legal structural agentive processes of obstruction that significantly inhibited Congolese refugees in Pietermaritzburg, South Africa from participating in the South Africa's formal economy. In retrospect, some of these exclusionary legislations and actions in South Africa have recently been exemplified by the views of the leader of the Economic Freedom Fighters (EFF), Julius Malema. On April 16, 2021, Malema said that the government needed to ensure that all migrant workers, who are yet to be recognised by labour laws, who lost their jobs due to COVID-19 are able to access UIF and other relief services that were being accorded to those who are in the formal sector (Eyewitness News 2020). The views of Malema indicate that there are different ways of understanding social integration/disintegration in relation to government's COVID-19 response policies. According to Malema, it is an inclusionary goal, implying equal access to COVID-19 relief services by all workers, including migrants. In the case of this study, becoming more integrated implies refugees and asylum seekers being able to access wage subsidies, unemployment benefits or social security and social protection measures from the government just like their South African counterparts. To others, however, increasing integration and advancing refugees and other forced migrants rights to the South African national COVID-19 policy responses conjures images of an unwanted imposition of uniformity to both South African citizens and forced migrants.



Conclusion

The COVID-19 pandemic has revealed the vulnerabilities that participants who are refugees and asylum seekers in South Africa are facing. Although they are few in numbers, their narratives are indicative of what other forced migrants in South Africa are experiencing. Using social exclusion framework, the study reveals how it is difficult for most forced migrants to transcend the pre-existing structural obstacles that determine their inclusion or exclusion within the South African society. One argument of this study is that although South Africa has put in place a globally respected Refugees Act 130, the COVID-19 pandemic has exposed how refugees and asylum seekers remain at the peripheries of the social capital order where they have been exposed to vulnerability, poverty and socioeconomic disaffiliation. For instance, the South African government's COVID-19 social relief and protection (services such as wage subsidies, unemployment benefits or social security and social protection measures) were meant to offer expediency to all indiscriminately. On the contrary, the findings of this study reveal how socially excluded forced migrants are in South Africa. In the end, the study offers semiotic signposts and compels one to consider the possible ways in which different government policy responses to pandemics may socially include or exclude those who are voiceless before implementing them.

Given the paucity of government-led services to contain the epidemic, the paper recommends that for holistic response to this pandemic demands appreciation and recognition of the psychosocial and socio-economic impact of COVID-19 to all vulnerable groups; locals, refugees and asylum seekers. The paper argues that contingency planning must involve refugees, other migrants, and their communities to access government relief and social protection.

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Conflict of Interest

The author hereby declares that no competing financial interest exists for this manuscript.

Notes on Contributor

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