

Assessing the impacts of COVID-19 on women refugees in South Africa

VICTORIA M. MUTAMBARA

HEARD, University of KwaZulu-Natal, Durban 4041, South Africa and ,

TAMARYN L. CRANKSHAW

HEARD, University of KwaZulu-Natal, Durban 4041, South Africa and , and

JANE FREEDMAN 

CRESPPA, Université Paris 8, Paris 75017, France

jane.freedman@cnrs.fr

revised MS received November 2020; revised MS received February 2021

The global COVID-19 pandemic and subsequent lockdowns and restrictions have had uneven impacts on populations and have deepened many pre-existing inequalities along lines of race, ethnicity, class, gender. Refugees have been shown to be particularly negatively impacted in many countries, with existing structures of violence and insecurity worsened by the immediate consequences of the pandemic through policy responses which largely ignore their needs whether by excluding them from targeted COVID-19 mitigation measures, or by imposing restrictions which directly impact on their well-being. Our research with refugee women in Durban, South Africa, illustrates the ways in which COVID-19 has exacerbated their insecurities and intensified structural violence which renders them vulnerable. More importantly, it seems that the impacts of COVID-19 are not just short term but will deepen the violence and insecurities experienced by these women in the longer term if these are not addressed by government and relevant NGOs and civil society organizations.

Keywords: COVID-19, Women, Refugees, South Africa

Introduction

The global COVID-19 pandemic and subsequent lockdowns and restrictions have had uneven impacts on populations and have worsened many pre-existing inequalities along lines of race, ethnicity, class, gender, etc. (Finn and Kobayashi 2020; Guadagno 2020). Refugees have been shown to have been particularly hard hit in many countries, with existing structures of violence and insecurity worsened by the immediate impacts of the pandemic and by policy responses which largely ignore their needs whether by excluding them from

targeted COVID-19 mitigation measures (Bukuluki *et al.* 2020; Dempster *et al.* 2020; Orcutt *et al.* 2020) or by imposing stricter lockdown conditions which in some cases have included closing refugees in camps (Raju and Ayeb-Karlsson 2020; Veizis 2020). Refugees often live in precarious, crowded and insalubrious conditions, where social distancing, access to water for regular handwashing and other hygiene measures recommended to prevent the spread of COVID-19 are not available, and where they may not be able to follow recommendations on social isolation or quarantine measures (Kluge *et al.* 2020). Further, because of legal and economic structures of inequality, they are often unable to work in the formal sector and are pushed into precarious or exploitative informal employment. This means that they have been hardest hit by increasing unemployment and loss of income (Guadagno 2020). Lack of valid legal residence documents also means that many refugees have been unable to access benefit schemes which may have been put in place to mitigate against the negative economic impacts of the pandemic (Dempster *et al.* 2020). Temporary closures of immigration administrations during the pandemic has prevented asylum seekers and refugees from obtaining or renewing residence permits, or from making asylum claims (Armstrong 2020). Finally, increasing xenophobia which has been noted in various countries during the pandemic has also exacerbated their vulnerability to discrimination and even physical violence (Devakumar *et al.* 2020; Oryem 2020). In South Africa there are fears that the government is instrumentalizing the pandemic to push a securitized and militarized immigration policy, evidenced by the construction of a wall along the South Africa-Zimbabwe border to prevent 'illegal' immigration and keep out 'infected persons' (York 2020).

COVID-19 has also had unequal impacts on women around the world (Ryan and El Ayadi 2020). For refugee women these impacts exacerbate already existing vulnerabilities which exist due to the intersection of structural gender inequalities in countries of origin, transit and destination with the structures of violence and discrimination which face refugees (Freedman *et al.* 2020). Our research with refugee women in Durban, South Africa, illustrates the ways in which COVID-19 has exacerbated their insecurities and deepened structural violence which renders them vulnerable. More importantly, it seems that the impacts of COVID-19 are not just short term but will worsen the violence and insecurities experienced by these women in the longer term if these are not addressed by government and relevant NGOs and civil society organizations.

Methodology

The article is based on research carried out with women refugees in Durban South Africa between July and October 2020. Following an initial contact established through Refugee Social Services (RSS), a not-for-profit organization that provides social services primarily for refugees and asylum seekers in the KwaZulu-Natal Province, women were recruited via a snowball sampling method. The first contacts with women were obtained through RSS, and then we used a snowball method to contact further potential participants. In view of the conditions

imposed by the COVID-19 pandemic, potential participants were contacted by telephone or Whatsapp messenger and informed about the nature and objectives of the research. If they agreed to participate, they were then re-contacted by telephone at a time suitable for them, and when they could be in a place where they could speak confidentially to the researcher. Women gave their verbal consent to participation in the research and were then interviewed by telephone. All conversations were recorded and then transcribed for analysis by the three researchers. In total, twenty-six women were interviewed, 16 from the Democratic Republic of Congo, 7 from Burundi, and 3 from Rwanda. The age ranges of women interviewed were from 18 to 50 years old, and they were in a variety of marital situations, with and without children. All of the women interviewed had been forced to flee from their country of origin and were at various stages in the asylum process which is long and complicated in South Africa (Freedman *et al.* 2020).

As Long argues, the rigid categorization of refugees has in fact proved to be counter-productive in many instances (Long 2013: 5), and various scholars and policymakers have called for the revision of this distinction and for the abandonment of this ‘fetish of categorisation’ (Crawley and Skleparis 2018). We have therefore deliberately chosen to employ the term refugee in this article to denote the fact that all of those women interviewed been forced to migrate, often to flee war and other forms of serious persecution and violence and were seeking international protection in South Africa.

Aware of the ethical challenges of data collection with vulnerable populations, particularly during the COVID-19 pandemic (Calia *et al.* 2021), we employed a feminist approach to ensure that the research was carried out in a fully gender-responsive and ethical manner (Singh *et al.* 2021). By a feminist approach we understand a research approach which is concerned with tackling unequal power hierarchies based on gender, race, class, etc., and on revealing aspects of the world that are ‘unavailable from dominant perspectives’ (Crenshaw 1991). Our research was thus planned and carried out taking into account the needs of the women, and the potential difficulties and risks involved in participation, and also the ways in which the research results could benefit them.

The Context of COVID-19 in South Africa

South Africa has had the highest number of COVID-19 infections on the African continent, recording more than 700 000 cases and 19 500 deaths as of early November 2020 (SA COVID-19 Portal, 2020). The first case of COVID-19 was confirmed in South Africa on 5 March 2020. To mitigate the exponential increase in infections and to enable the health system to prepare for an increase in the number of cases, the South African government imposed a nationwide lockdown on 26 March 2020 which lasted for five weeks (Arndt *et al.*, 2020). The lockdown was strict, with all non-essential travel being banned, businesses closed, and alcohol and cigarette sales prohibited, bringing the economy to a standstill with the exception of essential services (Bhorat *et al.*, 2020b). These containment measures visibly highlighted the already existing income inequalities that characterize the

country's economy (Nwosu and Oyenubi 2020). In particular, low-income households were particularly hard-hit by the lockdown as most were working in the informal sector with no labour law protections resulting in cessation of income entirely (Stiegler and Bouchard, 2020). Food insecurity became a deepening and serious challenge for many of these households (Van der Berg *et al.* 2020). Increases in the number of reported gender-based violence cases were also noted (Eyewitness News 2020).

In an attempt to mitigate the negative economic impacts of the COVID-19 pandemic, the South African government introduced a number of economic support measures for business and individuals (Bhorat *et al.* 2020a). Significantly, on the 21st of April 2020 the President announced a ZAR500-billion economic recovery stimulus package and ZAR50 billion was set aside for social assistance in the form of direct financial transfers through existing transfer programmes (National Treasury 2020). The transfer programmes 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 unemployed and were not previously receiving other forms of government assistance (The Presidency of the Republic of South Africa 2020). Whilst negative impacts have been felt across the country, little is known about the situation of asylum seekers and refugees.

Increasing Economic Insecurities

Our research highlights the ways in which the COVID-19 pandemic, and the subsequent responses involving lockdowns and limited movement, have exacerbated already existing structural inequalities and vulnerabilities faced by refugee women in South Africa. The economic insecurities of the women were evident before COVID-19, linked to their precarious employment situation and migration status (Freedman *et al.* 2020). Lack of legal status makes it almost impossible for these women to find jobs in formal employment, irrespective of skills levels, and previous research has shown that refugee women have less choice and more difficult access to informal employment than their male counterparts (Crankshaw *et al.* 2021 forthcoming). Prior to COVID-19, many of the women 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. With the start of the lockdown their workplaces were closed, resulting in loss of jobs and income:

I was doing beauty, fitting nails and eyelashes by the (name of a shopping complex), that was my job and it was affected because I could not even go to work. Participant 18 (DRC, 18 years old)

Other women had been involved in buying and selling various products or clothing items on the streets and in markets, and the lockdown meant that they were no longer able to go out to sell; their customers were also all under lockdown:

For people like us who are self-employed and into buying and selling goods it was difficult because we could no longer sell our products because

everyone was now locked up in their houses. Participant 11 (Burundi, 36 years old)

I was selling some cosmetics like face powder and some things for women and that was really, umm, people were not coming outside of the streets, especially where I stayed it was very quiet and I was not getting any income. Participant 4 (DRC, 29 years old).

The women remarked that because they had been living day to day based on their earnings before the lockdown, they had no savings to fall back on and were thus quickly pushed into desperate financial situations. In some cases, because of the informal nature of their employment they were also owed wages by their employers which they did not receive when their workplace was closed:

I was working at this factory where we were packing plastics. For us it was already difficult because we had gone for 3 months without working and we were not being paid and when they said lockdown that was it, they never paid us. Participant 22 (Rwanda, 35 years old)

Women who were single, and who were single parents expressed the difficulties of the economic shock caused by the COVID-19 lockdown:

We had no food most of the time and I had no pampers for my 1 year 6 months child. For us the less privileged who have children and have no husbands we are the mothers and we are the fathers and for me I cannot lie it was very difficult. Participant 16 (DRC, 25 years old)

However, although women living in single households might be seen to be more vulnerable to economic shocks because of their sole income, financial difficulties were also evident for those women living with partners, because their partners had also lost employment and income:

It's also difficult even if the people are in partnership because the men are also not working. So, it's just the same. There is no guarantee that because you are married that you are sorted, because the man also is not working, they don't have a paper (*This participant indicated that neither she nor her husband had valid residence permits*). Life is just hard everywhere. Participant 9 (DRC, 38 years old)

The data suggests that the economic and livelihood impacts of COVID-19 on these women may be long-lasting. Following the end of lockdown, many women were not able to return to their previous employment and faced permanent job losses, or severely reduced working hours leading to continued loss of income. Those who had been involved in commercial activities also reported that business was slow and not back to normal levels, because people were scared to go out, and were reluctant to spend money.

I used to do car guard and during the lockdown you don't have to work anywhere. Eish [sighs] it was very hard for me. It was very bad. It is still affecting me because also the car guards now when you go to work, you don't get anything because

nobody can give you money now because everybody is saying, ‘oh sorry it’s difficult this time, some of us we are not working also’. Participant 10 (Burundi, 36 years old) I was working at the hair salon and even now we have tried to open but then there are no customers because they also do not have money and we still have to pay rent for the salon. Corona really affected our work. Participant 30 (Burundi, 24 years old).

Increased police presence on the streets to enforce the COVID-19 regulations for the post-lockdown period also affected the women’s ability to re-start their businesses, especially for those who were selling goods on the street and did not have a permit to do so. They noted that there were more police on the streets and that they felt particularly targeted by law enforcement officers who would chase them away as soon as they started to try and sell. As one woman told us:

Another challenge is in the streets. You know some refugees are surviving from selling in the streets but when you put something like your peanuts and avocados in the street. The police also come and chase you or take your stuff. So, I was trying also to sell the avocado because there is a friend of mine, she taught me where to buy and sell the avocado, but now the police are too much in the streets. Participant 23 (DRC, 36 years old).

This account is in line with various reports which have emerged around the country of police particularly targeting migrants and refugees for arrest for breach of COVID-19 related regulations (Garba 2020). This is particularly problematic in the face of many of these women’s inability to renew their legal residence permits and resulting legal insecurities as we will discuss further below.

Following pressure to regulate ‘informal food providers’ during the COVID-19 pandemic, the government issued a directive classifying these as ‘essential service providers’ meaning that they could stay open. However, the Department of Small Business Development subsequently issued a follow-up directive stating that this would only be applicable to providers who had a business permit, something which is available only to South African citizens and others with legal residence status. As Skinner and Watson (2020) argue, these regulatory requirements which favour South African citizens over non-citizens are a ‘dangerous stimulant to xenophobia’ (Skinner and Watson 2020: 6), and act to worsen economic insecurities for the refugee women we studied.

Loss of employment and income has led to food insecurity, with most of the participants explaining that they had not had enough money to buy sufficient food for themselves and their children. For example:

I was very shocked, very shocked. I was thinking how am I going to survive with my children? I don’t have money in any account, I don’t have food, my children were eating only porridge. I would just cook porridge and eat with my children. From the morning until in the evening when I get some beans, I make the beans and then cook with some pap (thickened porridge made from mealie meal) for my children. Sometimes we don’t even have beans, my sister it was very bad. Participant 13 (Rwanda, 38 years old).

I do not even have money to buy food to eat with my daughter. It was very hard and those first 21 days were difficult for us because I didn't have money and sometimes, we would just sleep on bread only. Participant 19 (Burundi, 29 years old).

Another severe impact of economic insecurity was not being able to pay rent. Many of the women interviewed raised this as a challenge and their fears over losing their accommodation. In some cases, this has led to the real threat of being evicted from their housing by landlords. Two of the women we interviewed explained that were facing homelessness following failures to pay rent:

Since my husband died in March, the violence that I have been facing right now is not being able to pay rent and since the lockdown I have never paid rent. They are kicking me out now with the children, they felt sorry for me the first few months and now they are saying that now everyone is working, and I have to pay rent, or they will kick me and the children out. It is really a problem. Participant 20 (DRC, 50 years old)

I could not even pay the rent of the little space that I was renting in town and the owner was telling me that we are all struggling and there is nothing that he can do but to kick me out. Participant 4 (DRC, 29 years old)

And although most of the other interviewees had not reached the stage of being evicted, an inability to pay rent was a serious source of insecurity, not only because they felt worried about possible evictions, but also because of violent behaviour they experienced from landlords who used intimidatory tactics to try and force them to pay the rent. For women, especially those living alone or alone with their children, these violent threats from landlords were particularly intimidating:

He was really giving us a hard time and he would sometimes shout and scream at us. I understand that we had not paid our rent and everything but yeah, the landlord was really something else. We pleaded with him and He let us stay but I feel like he violated us. Participant 14 (DRC, 27 years old)

He wanted his money and he came, and he cut our water and electricity, so we were really suffering. I was sleeping in the dark with my child. Participant 19 (Burundi, 29 years old)

A fund for rental relief for tenants in affordable formal accommodation was set up by the South African government, but most refugees would not qualify for this aid as they were undocumented and did not have recognized tenancy agreements (Cloete *et al.* 2020). Their lack of legal status and fear of police xenophobia also means that they have little or no recourse against abusive landlords (Crea *et al.* 2017). The pressures on women refugees who can no longer pay their rents in the wake of COVID-19 and the subsequent lockdown, add to already existing and well-documented barriers for refugees in accessing decent housing in South African cities (Greenburg and Polzer 2008). In the longer term this could create significantly increased insecurities for these women, who may find themselves homeless or forced into exploitative relationships in order to secure

accommodation (Freedman *et al.* 2020), and thus exposed to the risks of violence linked with homelessness (Mutambara *et al.* 2021 forthcoming).

Lack of Documentation and Legal Insecurities

Economic insecurities and violence are compounded by legal and political insecurities faced by refugee women linked to their lack of legal documentation. Whilst in theory South Africa has a relatively inclusive asylum and refugee policy, in practice there are serious barriers to claiming asylum and getting legal residence papers (Schockaert *et al.* 2020). Prior to COVID-19, asylum seekers were waiting months or even years even to get a first appointment with a Refugee Reception Office (Amit 2015). The closure of some of the country's main Refugee Reception Offices, including those in Cape Town and Johannesburg, which was allowed by the Refugee Amendment Act of 2017 meant that an asylum seeker may have had to travel a large distance to get to an office, and if they did then gain a Section 22 permit, they would have then had to travel back to the same office to renew it after six months. A failure to do so will mean that they lose their permit and become undocumented (Johnson 2015; Crush *et al.* 2017). And additional barrier for many women was that their files were attached to their husband's asylum claim which leads to legal dependency and frequently to a loss of legal status if the couple separate (Mutambara *et al.*, forthcoming 2021). With the closure of Refugee Reception Offices during the South African lockdown (Refugee Reception Offices have been closed since the start of lockdown. The validity of expired documents was recently further extended to 31 March 2021), the government announced that legal documentation that had expired would remain valid, however, interviewees expressed concern over the fact that their documents had expired and recounted experiences where their expired documents were not accepted in various situations, including when they tried to access banking services or food aid:

When you get a status, you have to get an ID and it usually takes 3 months and now with the home affairs locked it has been a challenge for people to get their ID's and permits. Even if they say that they have extended the expiry dates it's still a challenge when you go to the banks because they would still need a valid ID or permit. Participant 5 (DRC, 20 years old).

Because my papers expire in April and whenever you go, they want a document of which mine is expired. Participant 9 (DRC, 38 years old).

I am worried about it because there are some people who can help and when they need to help you, like you are going to ask for some food, they ask for your paper and when they find that your paper has already expired they will tell you that your paper is expired. When you try to explain they will say: 'No! We need the valid paper'. So, it is also very difficult. Participant 10 (Burundi, 36 years old).

These experiences mirror those reported in a recent newspaper report which showed that during lockdown banks froze many refugees' accounts because their permits had expired, and with an inability to renew these permits it is unclear when

they will be able to access their accounts again (Mengistu 2020). Again, these challenges would appear to be not just short-term difficulties posed by the COVID-19 pandemic, but long-term issues linked to underlying structures of legal violence. The dysfunctional nature of the Refugee Reception Offices and Home Affairs offices, and the long waits to obtain valid permits before COVID-19 seems to indicate that these women's problems with expired documents will not be quickly resolved even with the easing of restrictions as the pandemic is brought under control.

Experiences of Gender-Based Violence?

There is general evidence that lockdowns initiated in response to COVID-19 have led to an increase in intimate partner violence against women (John *et al.* 2020; Phalaetsile 2020). However, few of our interviewees mentioned physical violence from their partners as a result of lockdown. This could in part be attributed to the difficulties in speaking about such violence, particularly in a telephone interview, although as explained in the methodology section above, we took every precaution to ensure that the interviewees were in a safe place where they could not be overheard when we spoke to them. Only two participants mentioned having overheard incidents of domestic violence in neighbouring households. But although they did not talk about having experienced physical violence from their partners, women did talk about the mounting levels of stress and tensions in their households as a result of the lockdown, resulting in increasingly violent arguments between couples. Men who had previously been working and out of the house were now locked down at home with their partners and the economic difficulties faced in lockdown seemed to precipitate domestic disputes. These arguments and the psychological impacts on couples were often compounded by men's alcohol consumption, or on the contrary by their inability to buy cigarettes and beer, due to COVID-19 restrictions. One woman explained that her partner spent the lockdown drinking beer.

The man is just drinking beer all the time. If you ask where did you get money to buy beer when we do not even have money for food, it will be trouble, they just want to drink beer and the other thing is that because they are not working and they are having pressure, all the pressure they direct at us - the women. So, we as women, we are suffering. Participant 29 (Burundi, 31 years old).

Another participant attributed the tensions and violent attitudes of men during lockdown to the absence of alcohol and cigarettes whose sale was prohibited during the lockdown. In some cases, this led to violence towards children in the household, as this woman explained:

No cigarettes, no beer, the men became more violent and they would beat the children in the house. They were more violent because of this lockdown. It was a big problem for us especially for those with men who smoke. Participant 28 (DRC, 28 years old).

This woman expressed the idea that she would have liked to leave her partner because of his violent behaviour towards their children, but as she explained, there was nowhere for her to go because of the lockdown and her lack of economic resources:

Where would I go? We just had to stay in the house together because of lockdown. If I left where would I go and stay with the children? With what money was I going to manage to pay rent for another space? That is why I said it's something that affected us women psychologically. Participant 28 (DRC, 28 years old).

This example shows the difficulties of women experiencing or fearing domestic violence during the lockdown, with the lack of services for survivors of domestic violence being magnified by lockdown conditions. The fact of not being a South African citizen and/or being undocumented limits even further any access to services for those who are experiencing domestic violence.

Thus, although we did not find strong evidence of increased levels of physical violence suffered by the women in our sample, a feeling emerged of tense and psychologically violent relationships within couples, which could lead to physical violence. The fact that domestic violence is often under-reported in research (Cullen 2020; Jewkes *et al.* 2000), together with the fact that the COVID-19 pandemic limited us to only carry out telephonic interviews may also suggest that some of the women we spoke to would have been reluctant to reveal physical violence even if they had experienced it.

Impacts on Women's Mental and Physical Health

Various studies worldwide have shown the impacts of the COVID-19 pandemic in amplifying existing barriers to healthcare for refugees, and for refugee women in particular (Germain and Yong 2020). In South Africa previous research has pointed to existing barriers to healthcare for refugees based on problems with legal status and xenophobia amongst healthcare staff (Crush and Tawodzera 2014; Zihindula 2017). These problems in accessing healthcare have been particularly noted for women refugees (Munyaneza and Mhlongo 2019). Findings that emerged from our own research confirmed these difficulties and show that the pandemic has had both direct effects on women's mental and physical health, and secondary effects in restricting even further than previously their access to healthcare services.

One of the evident direct effects of the pandemic was on women's mental health. In line with studies elsewhere which have pointed to the impacts of COVID-19 on mental health (Cerbara *et al.* 2020) and specifically on refugees' mental health (Basok and George 2020; Choudhari 2020), a large majority of interviewees expressed feelings of fear, stress and anxiety about COVID-19 and about the impacts of the lockdown on their livelihoods and security. Women spoke about depression, stress and fear that they felt in reaction to the pandemic and to the imposition of the lockdown. For example:

When I heard about Corona it affected me so much. I can tell you that it did something to me because I was shaking, and I had so much fear. It affected me and my

family because it's something that we were not expecting, and it shocked us a lot. Participant 21 (DRC, 34 years old).

Corona affected my life; it just gave us pain because we were not working. It affected me mentally because I panicked especially when they said that there is going to be a lockdown. I thought that this is just going to be the end of the world and there is no future. Participant 30 (Burundi, 27 years old).

As well as the fear of becoming ill with COVID-19 and stress about the impacts of the lockdown, women also explained that they were afraid of being diagnosed as positive with the virus for other reasons. South Africa instigated a strict quarantine system for those tested positive for COVID-19, who were in some cases mandated to go to government approved isolation sites (Moodley *et al.* 2020), and this discouraged many of the women we interviewed from going to get tested even when they felt that they might have symptoms. These women were scared that they would be forced into quarantine in isolation, away from their families and children. Women who were single parents particularly feared this enforced isolation due to worries about who might look after their children while they were away:

And who was I going to leave my children with? I could not leave my children going to the hospital whilst we are suffering and there is no food to eat, who is going to make food for them. Participant 13 (Burundi, 29 years old).

The only thing is that I was very sick. I was having a strong flu, me and my baby. I can't go to the hospital; they will put me in quarantine. Participant 16 (DRC, 35 years old).

Fear of COVID-19 also appeared to prevent those with chronic health issues, such as high blood pressure, diabetes, etc. from going to hospitals, and in many cases meant that these women stopped attending their regular appointments or did not get the treatment which they needed:

It brings fear, this Corona affected us with fear, there is a fear to even go and get medication for blood pressure at the hospital because I will be thinking that maybe if I go there and get into contact with one person who has Corona then I will die. Participant 29 (Burundi, 31 years old).

My mum has been suffering with Blood Pressure and it has been years now. Even (name of refugee services organisation) used to help her because my mum can't really work hard because BP is chronic, so she has to be operated on. However, the problem with the public hospital is that the waiting list for those who need operations is quite long and it was a bit stressful and the doctors told her that you need to wait because they are people with the same situation who are also waiting for the same operation. Participant 1 (DRC, 22 years old).

In other cases, women reported that they had tried to access health services during the pandemic, but had been turned away or sent home by clinic or hospital staff:

I had a very sharp stomach pain and I went to the clinic but the way the nurses received me. They said that they cannot help me because they only have to treat

people for Coronavirus. They never attended to me and I was just sitting there in deep pain and then had to go back home. Since then, I have been sick, I was having flu. I never went back to the hospital and then I used lemon, ginger and garlic, that is what I used. I never went back to the hospital because I was scared of how the nurses would treat me because the last time, they were even rude to me. Participant 19 (Burundi, 29 years old).

These various fears of going to clinics or hospitals also meant that for a large number of women in our study, it was preferable to take home remedies if they thought that they might have COVID-19. As one woman explained:

I just prayed and said that I do not want to go to the clinic, I don't want to go to the hospital. I just take warm water and I make a different mixture and after that I take a blanket and cover myself with the pot inside and then I will heal myself. Participant 13 (Burundi, 29 years old).

Medical xenophobia and lack of legal status have already been shown to be important barriers to refugee women accessing health care in South Africa, including sexual and reproductive health care, and health services for their children. The COVID-19 pandemic has reinforced these barriers to healthcare and has thus increased these women's risk of poor health outcomes.

Accessing Support

In order to mitigate some of the negative economic and social impacts of the pandemic and lockdown, the South African government put in place a range of support programmes, including a COVID-19 Social Relief of Distress (SRD) grant of 350 ZAR (USD20) to all South Africans who were unemployed, including those who had lost their job as a result of the pandemic. This grant was to be available for six months from May 2020. However, as [Mukumbang *et al.* \(2020\)](#) reported, refugees were unable to access these funds because they did not have South African citizenship. A legal challenge resulted in a ruling by the Pretoria High Court on 18 June 2020 that asylum seekers and special permit holders should be eligible for the SRD grant. However, this did not help those who did not have valid residence papers which continued to be the case for many, including those whose documentation had expired during lockdown as discussed above. Further, of all our interviewees who did hold valid papers, only one person was able to access this SRD grant. Others explained that they had applied for a grant but had not been successful, in some cases being refused because they were not South African citizens:

I did apply for that grant for refugees, they said it's a relief. But they didn't even answer me, they didn't even reply to me. Nothing! The municipality we applied to, they said they are giving food but us foreigners we never get it. They said that it's wrong people, they were too much people there and they were giving South Africans. Participant 10 (Burundi, 36 years old)

These women were therefore unable to benefit from the SRD grant even following the ruling that it should also be open to non-citizens.

For those who lost their jobs due to COVID-19 restrictions, the Government also proposed increased support through the Unemployment Insurance Fund (Carlitz and Makhura 2021). For the large majority of the women we spoke to they were not eligible for this support because they work in informal employment as do the majority of women refugees. However, even our respondents who were documented and working in formal employment told us that they had been unable to access this fund even though their South African co-workers did get money from the same fund. They believed this was because they were not South African citizens. One woman from the DRC, for example, explained that in her workplace, her employer had told workers that they could apply for support from the Unemployment Insurance Fund as he was forced to terminate their employment. When she explored the possibilities of this, however, she realized that she was not eligible because she was not a South African citizen. This problem was also highlighted by another woman interviewed.

When the lockdown started my boss told me that we were going to apply for the unemployment insurance fund. Unfortunately, when I tried to apply, I realized that it was difficult for foreigners and refugees. Participant 1 (DRC, 22 years old).

There was also a problem with the Unemployment Fund it did not come out so that was a problem. Participant 3 (DRC, 27 years old).

As they could not access official relief funds, the women interviewed found themselves dependent on aid from civil society organizations and in particular church groups which are noted as an important source for material and spiritual support for refugees in South Africa (Kenge 2017). Our research showed that churches again played an important role in supporting refugees and in distributing monetary and food aid to those in need during the COVID-19 lockdown. Participants remarked though, that the aid they received from churches was usually in the form of one-off donations of food or small amounts of cash, which was not enough to sustain them or their families in more than the very short term:

The only help that I have probably received was help from the church where I go to. They helped me with a 1000 Rand which I have used to buy food for me and my son. Now I don't know what I am going to do because they can't help you all the time. It's like a one-time thing. Participant 4 (DRC, 29 years old).

It was only the church which was helping me. It was different churches that helped me with food. Participant 16 (DRC, 25 years old).

I received some help. After the first 21 days of the lockdown I got support from one NGO, I am not sure about the name, If I remember the name, I will tell you. They gave us some food, cooking oil and soap. Participant 27 (DRC, 35 years old).

Whilst churches and other civil society organizations have played an important role in responding to emergency issues of hunger and food insecurity, they could not, and cannot be expected to take the place of more sustainable and systematic responses to these issues. The impacts of COVID-19 will be felt for a long time,

and a sustainable long-term solution for those pushed further into poverty and insecurity should be envisaged.

The creation of COVID-19 relief measures was also an opportunity for various types of corruption in South Africa (Oliver 2020). As Naudé and Cameron (2020: 3) report in their account of the lockdown and its impacts: ‘At the time of writing, around 600 corruption cases involving the COVID-19 relief grant are being investigated’. Several of the women we spoke to had been solicited by unnamed NGOs to provide their names and details in order to receive assistance but had then heard nothing more and in several cases been blocked from re-contacting the organization. It might be suspected that the women’s names and details were used to fraudulently collect aid by these organizations. As some of the women explained:

There is this Non-Profit organization, I don’t recall their name. I contacted them seeking help and they took my details and whatnot, my asylum and all and only for me to realize that they never helped me with anything. And when I tried to WhatsApp them, I realized that they had blocked me on their number, and I went and looked for their social media page and they had also blocked me. Participant 4 (DRC, 29 years old).

Yes, we did receive emails from this other organization where they were asking about our addresses, names and all the details and we submitted those emails. But we never received any outcome since we applied. Participant 15 (DRC, 35 years old).

There was this person who took my name, my ID number and everything but I was receiving nothing out of that. Participant 16 (DRC, 25 years old).

These accounts suggest that various unscrupulous organizations were using refugees’ data to fraudulently claim relief. The women’s already vulnerable situation meant that they did not feel in a position to follow up or to challenge these practices. The fact that this type of corruption occurred again highlights the ways in which effects of COVID-19 deepened pre-existing vulnerabilities and insecurities in South African society.

Conclusions

The COVID-19 pandemic and the national, regional and international responses to it will have long-term impacts around the world. South Africa is no exception to this. Our research has shown how the pandemic and the subsequent lockdown measures have reinforced and worsened already existing structures of inequality and insecurity faced by women refugees. The fact that they were already working in precarious, informal and often exploitative employment sectors meant that they were exposed to immediate economic insecurity and had little or no capital or savings on which to fall back. Food and housing insecurity were common outcomes of the pandemic for these women and seem likely to continue in the future as they feel the effects of increasing marginalization and inequality. Access to adequate healthcare has also been made more difficult, and the fact that many women did not get treatment for chronic illness also points to long-term negative

impacts for them. In general, policies to help those impacted by COVID-19 have not been accessible for refugees, and this has widened the gap between citizens and non-citizens in South Africa. The direct and indirect impacts of COVID-19 on individuals according to their social location have reinforced intersecting drivers of marginalization and exclusion. Unless a gender-sensitive and intersectional approach is adopted both to understanding the impacts of the pandemic, and to designing responses to these, marginalization and exclusion will continue to grow. Women refugees are amongst those who are already the most marginalized in South Africa, as elsewhere around the world. In order to ensure that COVID-19 does not continue to increase this marginalization and exclusion in the medium and longer-term, policy responses which prioritize solidarity and human rights over national citizenship, and which consider the impacts of the pandemic on all individuals in differing social locations and positions, must be sought by national, regional and international policymakers and institutions.

- ARMSTRONG, A. B.** (2020) 'Co-Opting Coronavirus, Assailing Asylum'. *Georgetown Immigration Law Review* 35(2): 45.
- ARNDT, C., DAVIES, R., GABRIEL, S., HARRIS, L., MAKRELOV, K., ROBINSON, S.** et al. (2020) 'COVID-19 Lockdowns, Income Distribution, and Food Security: An Analysis for South Africa'. *Global Food Security* 26: 100410.
- BASOK, T. and GEORGE, G.** (2020) Migrant Workers Face Further Social Isolation and Mental Health Challenges during Coronavirus Pandemic. *The Conversation*. Available at: <https://theconversation.com/migrant-workers-face-further-social-isolation-and-mental-health-challenges-during-coronavirus-pandemic-134324> (Accessed 10 November 2020).
- BHORAT, H., OOSTHUIZEN, M. and STANWIX, B.** (2020a) Social Assistance Amidst the COVID-19 Epidemic in South Africa: An Impact Assessment. Africa Portal.
- BHORAT, H., KÖHLER, T., OOSTHUIZEN, M., STANWIX, B., STEENKAMP, F. and THORNTON, A.** (2020b) The Economics of COVID-19 in South Africa: Early Impressions. Africa Portal.
- BUKULUKI, P., MWENYANGO, H., KATONGOLE, S. P., SIDHVA, D. and PALATTIYIL, G.** (2020) 'The Socio-Economic and Psychosocial Impact of COVID-19 Pandemic on Urban Refugees in Uganda'. *Social Sciences & Humanities Open* 2(1): 100045.
- CALIA, C., REID, C., GUERRA, C., OSHODI, A.-G., MARLEY, C., AMOS, A.** et al. (2021) 'Ethical Challenges in the COVID-19 Research Context: A Toolkit for Supporting Analysis and Resolution'. *Ethics & Behavior* 31(1): 60–66.
- CARLITZ, R. D. and MAKHURA, M. N.** (2021) 'Life under Lockdown: Illustrating Tradeoffs in South Africa's Response to COVID-19'. *World Development* 137: 105168.
- CERBARA, L., CIANCIMINO, G., CRESCIMBENE, M., LA LONGA, F., PARSİ, M. R., TINTORI, A. and PALOMBA, R.** (2020) 'A Nation-Wide Survey on Emotional and Psychological Impacts of COVID-19 Social Distancing'. *European Review for Medical and Pharmacological Sciences*.
- CHOUDHARI, R.** (2020) 'COVID 19 Pandemic: Mental Health Challenges of Internal Migrant Workers of India'. *Asian Journal of Psychiatry* 54: 102254.
- CLOETE, A., DAVIDS, A. and REDDY, P.** (2020) Leaving No One Behind During Covid-19: Relief Workers' Concern for Migrants, Refugees and Asylum Seekers.
- CRANKSHAW, T. L., FREDMAN, J. and MUTAMBARA, V. M.** (2021, forthcoming) 'Examining the Gendered Experiences of Migrant and Refugee Women in Southern Africa'. In Aggleton, P.,

- Bhana, D. and Crewe, M. (eds.), *Sex, Sexualities and Sexual Health in Southern Africa*. New York: Routledge.
- CRAWLEY, H. and SKLEPARIS, D.** (2018) 'Refugees, Migrants, Neither, Both: categorical Fetishism and the Politics of Bounding in Europe's 'Migration Crisis'. *Journal of Ethnic and Migration Studies* 44(1): 48–64.
- CREA, T. M., LOUGHRY, M., O'Halloran, C. and FLANNERY, G. J.** (2017) 'Environmental Risk: Urban Refugees' Struggles to Build Livelihoods in South Africa'. *International Social Work* 60(3): 667–682.
- CRENSHAW, K.** (1991) 'Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color'. *Stanford Law Review* 43(6): 1241.
- CRUSH, J. and TAWODZERA, G.** (2014) 'Medical Xenophobia and Zimbabwean Migrant Access to Public Health Services in South Africa'. *Journal of Ethnic and Migration Studies* 40(4): 655–670.
- CRUSH, J., SKINNER, C. and STULGAITIS, M.** (2017) 'Rendering South Africa Undesirable: A Critique of Refugee and Informal Sector Policy'. *SAMP Migration Policy Series* 79: 40.
- CULLEN, C.** (2020) *Method Matters: Underreporting of Intimate Partner Violence in Nigeria and Rwanda*. Washington, DC: The World Bank.
- DEMPSTER, H., GINN, T., GRAHAM, J., BLE, M. G., JAYASINGHE, D. and SHOREY, B.** (2020) Locked Down and Left Behind: The Impact of COVID-19 on Refugees' Economic Inclusion. Center for Global Development, Refugees International, and International Rescue Committee. Available at: <https://www.refugeesinternational.org/reports/2020/7/6/locked-down-and-left-behind-the-impact-of-covid-19-on-refugees-economic-inclusion> (Accessed 8 November 2020).
- DEVAKUMAR, D., SHANNON, G., BHOPAL, S. S. and ABUBAKAR, I.** (2020) 'Racism and Discrimination in COVID-19 Responses'. *The Lancet* 395(10231): 1194.
- EYEWITNESS NEWS.** (2020) It Just Got Worse: Domestic Violence Surges under SA Lockdown. Available at: <https://ewn.co.za/2020/04/29/it-just-got-worse-domestic-violence-surges-under-sa-lockdown> (Accessed 7 November 2020)
- FINN, B. M. and KOBAYASHI, L. C.** (2020) 'Structural Inequality in the Time of COVID-19: Urbanization, Segregation, and Pandemic Control in Sub-Saharan Africa'. *Dialogues in Human Geography* 10(2): 217–220.
- FREEDMAN, J., CRANKSHAW, T. L. and MUTAMBARA, V. M.** (2020) 'Sexual and Reproductive Health of Asylum Seeking and Refugee Women in South Africa: understanding the Determinants of Vulnerability'. *Sexual and Reproductive Health Matters* 28(1): 1758440.
- GARBA, N. W. F.** (2020) Covid-19 in South Africa: Whither Migrants? African Arguments. Available at: <https://africanarguments.org/2020/06/17/covid-19-in-south-africa-whither-migrants/> (Accessed 10 November 2020).
- GERMAIN, S. and YONG, A.** (2020) 'COVID-19 Highlighting Inequalities in Access to Healthcare in England: A Case Study of Ethnic Minority and Migrant Women'. *Feminist Legal Studies* 28: 301–310.
- GREENAWAY, C., HARGREAVES, S., BARKATI, S., COYLE, C. M., GOBBI, F., VEIZIS, A. and DOUGLAS, P.** (2020) 'COVID-19: Exposing and Addressing Health Disparities among Ethnic Minorities and Migrants'. *Journal of Travel Medicine* 27(7): e113.
- GREENBURG, J. and POLZER, T.** (2008) 'Migrant Access to Housing in South African Cities'. *Migrant Rights Monitoring Project* 2: 1–15.
- GUADAGNO, L.** (2020) 'Migrants and the COVID-19 Pandemic: An Initial Analysis'. International Organization for Migration, Migration Research Series 60.
- JEWKES, R., WATTS, C., ABRAHAMS, N., PENN-KEKANA, L. and GARCIA-MORENO, C.** (2000) 'Ethical and Methodological Issues in Conducting Research on Gender-Based Violence in Southern Africa'. *Reproductive Health Matters* 8(15): 93–103.
- JOHN, N., CASEY, S. E., CARINO, G. and McGovern, T.** (2020) 'Lessons Never Learned: Crisis and Gender-Based Violence'. *Health* 49(S1): 7–13.
- KENGE, E. L.** (2017) 'The Experience of Congolese Women Refugees in South Africa: A Church Response'. *Journal of Theology Volume* 98: 1–13.

- KLUGE, H. H. P., JAKAB, Z., BARTOVIC, J., D'Anna, V. and SEVERONI, S.** (2020) 'Refugee and Migrant Health in the COVID-19 Response'. *The Lancet* 395(10232): 1237–1239.
- LONG, K.** (2013) 'When Refugees Stopped Being Migrants: Movement, Labour and Humanitarian Protection'. *Migration Studies* 1 (1): 4–26.
- MENGISTU, E.** (2020) Being a Refugee During the Pandemic. Daily Maverick 29 April 2020. Available at: <https://www.dailymaverick.co.za/article/2020-04-29-being-a-refugee-during-the-pandemic/>. Accessed 31 January 2021.
- MOODLEY, K., OBASA, A. E. and LONDON, L.** (2020) 'Isolation and Quarantine in South Africa during COVID-19: Draconian Measures or Proportional Response?'. *SAMJ: South African Medical Journal* 110(6): 1–2.
- MUKUMBANG, F. C., AMBE, A. N. and ADEBIYI, B. O.** (2020) 'Unspoken Inequality: how COVID-19 Has Exacerbated Existing Vulnerabilities of Asylum-Seekers, Refugees, and Undocumented Migrants in South Africa'. *International Journal for Equity in Health* 19(1): 1–7.
- MUNYANEZA, Y. and MHLONGO, E. M.** (2019) 'Medical Xenophobia: The Voices of Women Refugees in Durban, Kwazulu-Natal, South Africa'. *BioRxiv*, 603753.
- MUTAMBARA, V. M., CRANKSHAW, T. L., FREEDMAN, J.** (2021, forthcoming) 'Gendered Insecurities: Exploring the Continuum of Sexual and Gender-Based Violence Experiences of Refugee Women in South Africa'. In Freedman, J. et al. (eds.), *The Gender of Borders*. London: Routledge.
- NAUDÉ, W. and CAMERON, M.** (2020) *Failing to Pull Together: South Africa's Troubled Response to COVID-19 (No. 13649)*. Bonn: Institute of Labor Economics (IZA).
- NATIONAL TREASURY** (2020, 28 April) *Economic Measures for COVID-19*. National Treasury, Pretoria. Available at: http://www.treasury.gov.za/comm_media/press/2020/20200428_COVID_Economic_Response_final.pdf (Accessed 7 November 2020)
- NWOSU, C. and OYENUBI, A.** (2020) COVID-19: how the lockdown has affected the health of the poor in South Africa. Available at: <https://www.biznews.com/thought-leaders/2020/08/25/income-health-inequalities> (Accessed 7 November 2020)
- OLIVER, G.** (2020) South Africa's COVID Relief Fund Dogged by Delays and Corruption.
- ORCUTT, M., PATEL, P., BURNS, R., HIAM, L., ALDRIDGE, R., DEYAKUMAR, D.** et al. (2020) 'Global Call to Action for Inclusion of Migrants and Refugees in the COVID-19 Response'. *The Lancet* 395(10235): 1482–1483.
- ORYEM, R.** (2020) Xenophobia and behavioural responses to COVID-19 in Uganda. *Africa at LSE*. http://eprints.lse.ac.uk/104744/1/Africa_2020_05_01_xenophobia_and_behavioural_responses_to_covid_19_uganda.pdf (Accessed 10 November 2020).
- PHALAETSILE, G.** (2020) COVID-19: A Challenge for the fight against GBV. *Jacaranda FM*. <http://www.jacarandafm.com/news/news/covid-19-challenge-fight-against-gbv/> (Accessed 8 November 2020).
- RAJU, E. and AYEB-KARLSSON, S.** (2020) 'COVID-19: How Do You Self-Isolate in a Refugee Camp?'. *International Journal of Public Health* 65: 515–517.
- RYAN, N. E. and EIAYADI, A. M.** (2020) 'A Call for a Gender-Responsive, Intersectional Approach to Address COVID-19'. *Global Public Health* 15(9): 1404–1412.
- SCHOCKAERT, L., VENABLES, E., GIL-BAZO, M. T., BARNWELL, G., GERSTENHABER, R. and WHITEHOUSE, K.** (2020) 'Behind the Scenes of South Africa's Asylum Procedure: A Qualitative Study on Long-Term Asylum-Seekers from the Democratic Republic of Congo'. *Refugee Survey Quarterly* 39(1): 26–55.
- SINGH, N., LOKOT, M., UNDE, C.-C., ONYANGO, M., MORGAN, R., HARMER, A., FREEDMAN J.** et al. (2021) 'Research in Forced Displacement: guidance for a Feminist and Decolonial Approach'. *The Lancet* 397(10274): 560–562.
- SKINNER, C. and WATSON, V.** (2020) 'Planning and Informal Food Traders under COVID-19: The South African Case'. *Town Planning Review* 1–7.
- STIEGLER, N. and BOUCHARD, J. P.** (2020) 'South Africa: Challenges and Successes of the COVID-19 Lockdown'. *Annales Medico-Psychologiques* 178(7): 695–698. (Vol. No.

- THE PRESIDENCY OF THE REPUBLIC OF SOUTH AFRICA** (2020) Statement by President Cyril Ramaphosa on Further Economic and Social Measures in Response to the COVID-19 epidemic. April 21, 2020. Available at: <http://www.thepresidency.gov.za/speeches/statement-president-cyril-ramaphosafurther-economic-and-social-measures-response-covid-19> (Accessed on 7 November 2020).
- VAN DER BERG, S., ZUZE, L. and BRIDGMAN, G.** (2020) Coronavirus, Lockdown and Children: Some impacts of the current crisis in child welfare using data from NIDSCRAM Wave 1. Available at: <https://cramsurvey.org/wpcontent/uploads/2020/07/Van-der-Berg-Coronavirus-Lockdown-and-Children-1.pdf> (Accessed 7 November 2020).
- VEIZIS, A.** (2020) 'Commentary: "Leave No One behind" and Access to Protection in the Greek Islands in the COVID-19 Era'. *International Migration* 58(3): 264–266.
- YORK, G.** (2020, 22 March) Coronavirus Triggers Xenophobia in Some African Countries. *The Globe and Mail*. Available at: <https://www.theglobeandmail.com/world/article-coronavirus-triggers-xenophobia-in-some-african-countries/> (Accessed 10 November 2020).
- ZIHINDULA, G., MEYER-WEITZ, A. and AKINTOLA, O.** (2017) 'Lived Experiences of Democratic Republic of Congo Refugees Facing Medical Xenophobia in Durban, South Africa'. *Journal of Asian and African Studies* 52(4): 458–470.