

603

Number of confirmed
Batswana cases

401

Active cases
(Batswana)

199

Number of recoveries
(Batswana)

3

Deceased

Above figures are as of 22 August.

COVID-19 and Refugees, Migrants and People on the Move



Following the 11th March 2020 announcement by the World Health Organization declaring COVID-19 a pandemic, the government of Botswana subsequently implemented measures sought to curb the spread of the virus in the country. A State of Emergency was declared with the main implication being a 28-day extreme social distancing effective 2nd April 2020. Resultantly, all ministerial departments effected changes to their operations including those that oversee the management of the migrant (regular and irregular) community, specifically, the Ministry of Defense, Justice and Security and the Ministry of Nationality, Immigration and Gender Affairs.

To date, the Government of Botswana has announced a total of 298 positive COVID-19 cases with 243 being transferred out of the country by virtue of being cases of foreign nationals.¹ The figures illustrated reflect the growing numbers of possible migrants who continue to contract the virus during transit between countries.

Restrictions implemented at the time of announcement of State of Emergency, to date, continue to drastically affect the movement and sustenance of the migrant community in transit to and from Botswana and those resident in the country. Below is a detail on the impact of COVID-19 on the affected community and interventions that the International Organization for Migration (IOM) and United Nations High Commissioner for Refugees (UNHCR) have independently and collaboratively sought and continue to implement whilst ensuring the lowest rate of COVID-19 infections amongst migrants and the greater community of Botswana.

¹ <https://covid19portal.gov.bw/?v=202005211151> dated 3/07/2020



COVID-19 impact on the migrant population in Botswana: Government decisions/regulations directly affecting migrants

There is an obvious risk of contagion in movement of people. Movements include people moving from outside of Botswana into the country and out of it, movement of Botswana and residents within the country and outside of it, and movement of people within and beyond their villages or residences. These movements include people who have had to flee their countries of origin for refugee related reasons seeking protection in Botswana, migrants that continue to move for

economic and other reasons (e.g. essential service providers, 'border jumpers'), and people who may have been smuggled or trafficked into the country. Non-citizen residents of Botswana in urban areas, especially those who are without permits to reside in the cities, have found themselves especially vulnerable. They have no right to movement, no access to work, no income, no proper residential accommodation, and most importantly, no access to medical attention and care.



Government implemented rules during & post extreme-social distancing

1. Extreme social distancing resulting in inability of non-essential service workers to continue regular forms of employ or trade;
2. Complete shutdown of all entry/exit points in Botswana excluding for the return of Botswana citizens for the movement of essentials goods;
3. 14-day mandatory quarantine for all arriving individuals;
4. Deportation of all foreigners to country of origin or countries of transit upon entry into Botswana;
5. Restriction of movement locally without movement permits;
6. Distribution of food relief excluding non-nationals;
7. Wage subsidy excluding non-nationals.

All the above decisions by the government of Botswana continue to have direct and indirect impact on the wellbeing and or livelihoods of the migrant community situated or entering Botswana.

How does the coronavirus outbreak affect refugees?

Refugees and other displaced people belong to the most marginalized and vulnerable members of society. They are particularly at risk during this coronavirus disease outbreak because they often have limited access to water, sanitation systems and health facilities. Over 80 per cent of the world's refugees and nearly all the world's internally displaced people are hosted in low- and middle-income countries. They frequently face specific challenges and vulnerabilities that must be taken into consideration in COVID-19 readiness and response operations. Keeping the most vulnerable safe means keeping everyone safe.

Highlights

There is currently a population of **1054** persons of concern in Botswana, comprising of asylum seekers, refugees and others.

Since the announcement of COVID-19 as a pandemic by WHO, below is the assistance UNHCR Botswana has provided:

- In the urban areas, there are **5 households** (comprising of 15 individuals) that have received masks and sanitizers by end of March;
- Between May and July 2020, there was a total of **27 households** (comprising of a total of 42 individuals) who received cash-based assistance (CBI), food ration and PPE in the form of masks. This category of individuals is those that have left the camp and are residing in urban areas. They are self-sustaining and would ordinarily not receive the assistance of the organization whilst living in urban areas. The organization made provision for them as they were unable to return to the camp to receive assistance during the period of lockdown;
- In the camp, **1150 masks** have been distributed to the Person of concern community including children below the age of 12;
- **148 youths** enrolled in higher education institutions have been provided with data bundles to allow for online access to their learning material;
- **150 households** in the camp (comprising of 890 individuals) received supplementary handwashing soap in the form of 250 x 5liter bottles & 400 x 1liter bottles;
- **429 bottles** of sanitizers distributed to the households present at the camp and 28 bottles donated to the clinic situated in the camp;
- **953 individuals** reached with risk communication through WhatsApp messaging, billboards and house to house information sharing.

While governments across the region continue to take precautionary measures to limit the spread of the virus, including lockdowns, closure of borders, schools and shops, and movement restrictions, these measures are gradually being eased in many countries of the region, in spite of increasing case numbers. Slowness of COVID-19 testing remains a concern, due in part to shortages of test kits and limited laboratory capacity. This is having a negative impact on the transmission chain, especially in areas where people live in close proximity to one another, such as in camps and in some low-income urban areas.

Further, COVID-19 restrictions have had severe economic impacts on vulnerable populations, including refugees, asylum-seekers and internally displaced persons. Lost income as a result of limitations on movement and economic activity has meant that the number of people requesting assistance from UNHCR has increased significantly, notably among those who had previously been self-sufficient, as they now struggle to put food on the table. UNHCR is working with the Government, World Health Organization (WHO) and other UN agencies and NGOs to secure the inclusion of people of concern – refugees, internally displaced persons and other marginalized communities – in preparedness and response measures for

COVID-19. UNHCR and partners have also committed to a 'stay and deliver' approach, continuing to provide critical services and assistance while adopting social distancing and other COVID-19 mitigation measures. This includes implementation of strict health protocols at distribution points, the use of hotlines to report protection issues and assistance needs, and support to virtual and distance learning and capacity building. UNHCR has also been expanding its outreach efforts in the region with the support of partners and community volunteers to spread the message among persons of concern and their host communities about COVID-19 prevention and services.

Challenges

For urban refugees, and camp-based refugees in Botswana who continue to receive basic assistance, the lifeline of cash payments has come to a temporary halt. These one-off payments supported refugees, asylum seekers and members of the host community who had lost their jobs as a result of the pandemic and were struggling to feed their families and pay rent. Without urgent new funds, vulnerable members of refugee and hosting communities risk going without enough to eat and being evicted from their homes.



Photo: UNHCR Botswana





COVID-19 impact & challenges on the migrant community in Botswana

Regular Migrants

Irregular Migrants
(Asylum Seekers, Refugees, Displaced & Stateless)

- Limited national preparedness and response plans inclusive of risk communication and community engagement efforts to reach migrants who face marginalization or inability to access main-stream social media platforms.
 - Challenges in timeously accessing basic and quality healthcare, particularly for chronic conditions, as healthcare systems face the possibility of being over-stretched or individuals find themselves unable to travel to regular service providers
 - Inadequate plans to include non-nationals in the testing, care, and treatment for COVID-19, particularly where public healthcare services may systematically exclude them.
 - Non-inclusive strategies to cater for communities alongside borders which generally see high volumes of daily cross border traffic and are part of complex circular migratory paths.
 - Forced integration of varying groups (returnees, IDPs, stranded migrants, migrants, asylum seekers, deportees and host community) in regulated or protection and assistance-based centers such as shelters and detention centers which contributes to health-risks, stigma, xenophobia and violence.
 - Increased entry through ungazetted entry points due to desperation.
 - Adequate access to personal protective equipment (PPE).
 - Stigma by host community as there is an elevated perception of migrants being carriers of the COVID -19 virus.
- Vulnerability, stigmatization, and exclusion during economic decline and possible recession.²
 - Job losses and limited to no access to job security.
 - Migrants in the informal sector are the highest at risk of economic struggle during the pandemic.
- Heightened entry through ungazetted entry points results in the inability to adequately monitor asylum seekers entering the country. These individuals consequently face possible refoulement.

² Employment is largely informal in Southern Africa—with estimates on the average size of the informal economy as a percentage of GDP, ranging from under 30% in South Africa to 60% in Zimbabwe (UNECA and IZA). Many migrants are employed in the informal sector including in services and manufacturing activities, retail, and ranges across a spectrum of survivalist businesses and enterprises, but also in other widely unregulated sectors, such domestic services and agriculture (SAMP; UNCTAD). While workers in the formal sector are more likely to benefit from safety nets and insurance against sudden loss of income, workers in the informal sector have no savings as they rely on their daily work to survive, often live from hand-to-mouth, and lack social protection coverage and support mechanisms to sustain them in case of sudden livelihood loss. Lockdown measures have de facto frozen informal businesses around the region and especially across urban centers in receiving countries, which house large numbers of migrants. As a result, many migrants in the informal sector suddenly find themselves jobless, without means to maintain payments of shelter, food and to support dependents, while being unable to return to their own country due to travel restrictions.

Strategies to address challenges faced by migrants during COVID-19



Taking into account the above context, the United Nations in Botswana makes the following recommendations for the protection of migrants and refugees.

Strategic priority 1: Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality.

1.1: Prepare populations for measures to decrease risks, and protect vulnerable groups, including the elderly and those with underlying health conditions, as well as health services and systems.

1.2: Treat and care for individuals who are at the highest risk outcomes and ensure that older patients, patients with comorbidities³ and other vulnerable people are prioritized, where possible.

Strategic priority 2: Decrease the deterioration of human assets⁴ and rights, social cohesion and livelihoods.

2.1: Preserve the ability of people most vulnerable to the pandemic to meet their food consumption and other basic needs, through their productive activities and access to social safety nets and humanitarian assistance.

2.2: Ensure the continuity and safety from risks of infection of essential services like health (immunization, HIV care, reproductive health, psychosocial and mental health, nutrition, gender-based violence services), water and sanitation, protection, and education for the population groups most exposed and vulnerable to the pandemic.

Strategic priority 3: Protect, assist and advocate for refugees, IDPs, migrants and host communities particularly vulnerable to the pandemic.

3.1: Advocate and ensure that refugees, migrants, IDPs, people of concern and host population groups who are particularly vulnerable to the pandemic are protected, included in national surveillance and response planning for COVID-19, and receiving information and assistance.

3.2: Enhance awareness and understanding of the COVID-19 pandemic at community level to prevent, anticipate and address risks of violence, discrimination, marginalization and xenophobia towards refugees, migrants, IDPs and people of concern.

³ Comorbidity is the presence of more than 1 distinct condition in an individual.

⁴ Human assets refers to experience and skills.