Responses to COVID-19 by Internal Migrants in South African Cities

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Abstract

This paper explores the disproportionate impact of COVID-19 on internal migrants in the urban centres of Cape Town and Johannesburg, South Africa. Focusing on the socio-economic and livelihood challenges faced by this population, the research utilizes a survey conducted in 2023 to investigate how the pandemic exacerbated existing vulnerabilities. Results highlight significant disruptions in employment, increased economic hardship, and heightened health risks among migrants, particularly those living in low-income neighbourhoods. Despite the hardships, very few migrants intended to permanently return to their rural origins, indicating a complex interplay between economic necessity and pandemic-induced constraints. The findings underscore the unique challenges faced by internal migrants during health crises and suggest the need for targeted policy interventions to address the specific needs of this group within urban pandemic responses.

Keywords

COVID-19 pandemic, internal migrants, urban centres, return migration, South Africa

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Cover Image

In August 2020, people line up in Cape Town to receive COVID-19 relief funds. Photo credit: Chadolfski/Shutterstock

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Introduction

The COVID-19 pandemic created large-scale distress and economic turmoil throughout the world, including in South Africa. Lockdowns and shutdowns of economic activities caused a loss of income for many migrant workers and were especially difficult for those whose livelihoods depend on daily wages and employment and self-employment in the informal economy. In South Africa, considerable attention has been paid to the social and economic consequences of the pandemic for international migrants, asylum seekers, and refugees in the country (Angu et al., 2022; Mukumbang et al., 2020; Mutambara et al., 2022). Research has shed light on issues such as the disruptive impact of pandemic-related unemployment and income shocks (Blaauw et al., 2021; Mbeye et al., 2020; Visser, 2023); mobility restrictions and return migration to countries of origin (Chekero et al., 2023; IOM, 2021; Moyo, 2022; Mushomi et al., 2022); pandemic precarity and increased food insecurity (Odunitan-Wayas et al., 2021; Ramachandran et al., 2024; Tawodzera & Crush, 2022); the shift from informal to digital remittance channels (Cirolia et al., 2022; Crush & Tawodzera, 2023; Sithole et al., 2023); and the exclusion of migrants from government pandemic relief measures (Kavuro, 2021; Khan & Kolabhai, 2021). In sharp contrast to the growing body of research on the plight of international migrants during the pandemic, to date, there has been little research on the impact of the COVID-19 pandemic on the millions of internal migrants in South African cities.

Some studies have shown that pandemic vulnerability and impacts differed between urban and rural areas, but do not directly address the consequences for rural-urban migrants per se (Shifa et al., 2022; Visagie & Turok, 2021). Recent surveys of the economic impact of COVID-19 in South Africa also do not capture the socioeconomic conditions and specific experiences and challenges of internal migrants during successive waves of the pandemic (Espi et al., 2021; Fraym, 2021; Hart et al., 2022). However, there are indicators in a small number of research studies that the pandemic may have had a disruptive impact on migrant behaviour and employment more generally. In July 2020, for example, Statistics South Africa conducted a non-probability sample survey that captured 1,300 South African-born migrants (SSA, 2020). The survey found that 6% of these internal migrants had changed their provincial residence during the national lockdown in April and May 2020, most moving between the announcement and the start of the lockdown. The main reasons for interprovincial travel were to attend funerals or to provide essential services (both allowable reasons for travel). Less than 20% of the migrants remitted during lockdown, and one third of these remitted less than usual.

Another study of a migrant-sending rural community in the northeast of the country reported that the share of rural residents initiating a migration move decreased by 11% in 2020 (Ginsburg et al., 2022). The share of returning to the community increased from 8% to 13% and three-quarters of these return migrants were no longer employed. Of the return migrants, 49% had lost their jobs, 25% were on unpaid leave, and 18% experienced reduced pay. The proportion of migrants remitting money or goods declined from 45% to 32%. Furthermore, continuously employed migrants had five times higher odds of continuing to remit than those who were unemployed. A third report on 'moving during times of crisis' addresses whether adults moved to a different household in March and/or May 2020 (Posel & Casale, 2021). The total number of 'movers' in the telephone survey of 7,000 adults was around 16%. The study identified three types of movers: first, some moved in anticipation, or at the start of the lockdown, and did not move again (8% of adults). Approximately half of these moves were interprovincial. Second, some adults (5%) only moved in May at the end of the initial lockdown. And third, there were 'double movers' who moved in March and May 2020 (3% of adults). Although these studies are indicative, there remains a significant knowledge gap around the impacts of COVID-19 on the large internal migrant population of the country.

This paper presents the results of a 2023 survey of internal migrant households in the South African cities of Cape Town (the capital of Western Cape Province) and Johannesburg (the capital of Gauteng Province). The country's COVID-19 pandemic was primarily an urban phenomenon and these cities were at the geographical epicentre of the pandemic. Within both cities, there was considerable spatial variation in COVID-19 cases and mortality with the highest incidence in low-income residential neighbourhoods, where most internal migrants reside. To contextualize the research findings, the first section of the paper provides an overview of the extent and nature of pre-pandemic internal migration. The next section focusses on the geography of the pandemic with reference to Cape Town and the Western Cape and Johannesburg and Gauteng. The paper then turns to the survey methodology and findings and concludes with observations on the significance of the survey findings.

Internal Migration in South Africa

South Africa is one of the most urbanized countries in Africa, with almost 70% of the population of 62 million living in cities and towns. At the same time, many urban dwellers maintain close connections with rural homes where members of immediate and extended families (particularly the young and elderly) reside (Bank et al., 2020; Bakker et al., 2020; Posel & Hunter, 2022). The South African provinces of Gauteng (GP) and Western Cape (WP) are the major destinations of all interprovincial internal migrants. Data from Census 2022 show that the Eastern Cape province is the main source area for migrants to the Western Cape (1.1 million or 68% of the total). Gauteng, the industrial heartland of South Africa, has a more varied internal migration profile, but the Eastern Cape is also an important source for that province (Table 1).

Table 1: Interprovincial Migration in South Africa				
Origins	**Destination**		**Destination**	
	Western Cape	**%**	**Gauteng**	**%**
Western Cape			98,519	2.5
Eastern Cape	1,134,674	67.8	495,494	12.4
Gauteng	241,313	14.4		
KwaZulu-Natal	89,660	5.4	738,399	18.5
Northern Cape	76,481	4.6	64,947	1.6
Free State	60,247	3.6	342,952	8.6
North West	26,411	1.6	375,556	9.4
Mpumalanga	24,395	1.5	501,190	12.5
Limpopo	21,591	1.3	1,378,304	34.5
Total migrants	1,674,772		3,995,361	
Source : SSA (2023)				

Pandemic Geographies

South Africa experienced five waves of COVID-19 infection. On 1 October 2023, the country had 4,072,533 confirmed cases of COVID-19 and 102,595 deaths, making it the worst-affected country in Africa. In August 2022, South Africa (with 4·4% of Africa's population) represented 37% of COVID-19 cases and 42% of COVID-19 deaths recorded on the continent (Madhi & Nel, 2021; Madhi et al., 2022). Infection and mortality figures are widely regarded as under-counts. In Gauteng Province, the number of SARS-CoV-2 infections from a seroprevalence study was nearly 8 times higher than the recorded number of COVID-19 cases (Mutevedzi et al., 2022). Excess deaths data suggest that official COVID-related mortality figures may have been undercounted by up to 70-80% (Bradshaw et al., 2022).

Two of the provinces most affected were Gauteng and the Western Cape, which are also the most urbanised. In the early weeks of the pandemic, the Western Cape and the City of Cape Town were the epicentre with two-thirds of new cases nationwide. By July 2020, Gauteng and Johannesburg had become the national pandemic hotspot. In Gauteng (with a population of 16 million) 19% of the population was seropositive for SARS-CoV-2 in January 2021. Later in 2021, two thirds of the unvaccinated individuals were seropositive. In Cape Town, the seroprevalence of SARS-CoV-2 increased from 39% in July 2020 to 68% in November 2021, and only 10% of seropositive individuals had a positive SARS-CoV-2 test on record (Hussey et al., 2022). A national household population SARS-CoV-2 serosurvey in people 12 years and older in South Africa in late 2020 found seropositivity rates of 41% in Western Province, 36% in Gauteng and 51% in the Eastern Cape (Moyo et al., 2022).

Within cities, the spread of the virus was spatially uneven, with some residential neighbourhoods more severely affected than others. In Cape Town, the COVID-19 standardized death rate (SDR) varied considerably between the eight subdistricts of the city, from a low of 920 per million in wealthier neighbourhoods to a high of 2,686 per million in low-income Khayelitsha (Hussey et al., 2021). Furthermore, there was a linear positive relationship between the increase in COVID-19 SDR in a subdistrict and (a) the percentage of unemployment and (b) the percentage of low-income households in that subdistrict. Another sample survey found that seropositivity was significantly associated with living in informal housing, residing in a subdistrict with low household income, and having a low-earning occupation (Shaw et al., 2021). In Johannesburg, a similarly uneven spatial distribution of seroprevalence and mortality from COVID-19 occurred (Maree et al., 2021). In November 2020, Johannesburg's overall seroprevalence was 24%, with a range from 15% in wealthy neighbourhoods to 43% in low-income areas and informal settlements (Mutevedzi et al., 2022).

Survey Methodology

The survey was conducted in Cape Town and Johannesburg in 2023. Although migrants from every ethnic and language group can be found in both cities, for the purposes of comparison we focused on migration from the Eastern Cape Province. Because Eastern Cape migrants reside in suburbs, townships, and informal settlements in both cities, we targeted the three areas in both cities. In the largest settlements known to house many Eastern Cape migrants, our goal was to target 150-200 households. In other areas of both cities, we targeted 50-100 households. In all, we sampled 9 different areas in each city. Because there was no sampling frame, we used a modified random sampling approach. At each of the 18 sites, we chose a starting point, usually a street on the edge of the settlement, and assigned numbers to the first six households on the street. To determine the location of the first household to be selected, the enumerators rolled a dice. Subsequently, they threw the dice to determine the selection of the second household for the interview, repeating the process until a sufficient sample size was reached. If a selected household was not from the Eastern Cape, they interviewed the next household from the Eastern Cape on that street. The breakdown of households by sample area of each city is shown in Table 2. The final sample comprised 1,733 completed household surveys (Johannesburg N = 892, Cape Town N = 841). Respondents were either household heads or their representative. For the purposes of the analysis in this paper, we have combined the responses for the two cities.

Table 2: Distribution of the Survey Sample in Cape Town and Johannesburg		
	N	**%**
Cape Town		
Langa	143	8.3
Dunoon	122	7.0
Nyanga	96	5.5
Joe Slovo	96	5.5
Gugulethu	88	5.1
Imizamo Yethu	81	4.7
Khayelitsha	75	4.3
Delft	60	3.5
Philippi	55	3.2
Other	2	0.1
	818	100.0
Johannesburg		
Thembisa	191	11.0
Alexandra Park	151	8.7
Orange Farm	121	7.0
Tshepisong	93	5.4
Soweto	84	4.8
Cosmo City	82	4.7
Randburg	65	3.7
Benoni	56	3.2
Edenvale	48	2.8
Other	24	1.5
	898	100.0

Survey Findings

The migrant survey respondents were 54% men and 46% women, which is indicative of the fact that migration from the Eastern Cape has become more feminised since the end of apartheid and comprises roughly equal numbers of men and women (Table 3) (Hall & Posel, 2019). The survey sample was dominated by individuals of working age between 30 and 50 years (62% of the total). A further 28% were under the age of 30 years. Only a few migrants (12% of the total) were over the age of 50 with just 2% over the age of 60. Despite the relatively mature age profile, two-thirds were unmarried with only 17% married and another 8% co-habiting. Almost all migrants had some level of schooling, with 70% having attended and 41% having completed high school. Post-secondary education was relatively rare, although 8% had some tertiary education.

Table 3: Demographic Profile of the Internal Migrant Population	
Sex	**%**
Male	53.9
Female	46.1
Age	**%**
<20	0.1
20-29	27.3
30-39	40.5
40-49	20.1
50-59	9.4
60+	2.2
Marital status	**%**
Unmarried	65.0
Married	16.6
Living together/cohabiting	8.3
Divorced	3.4
Widowed	2.7
Separated	2.5
Abandoned	0.9
Highest education	**%**
No formal schooling	1.0
Some primary school	4.3
Primary completed	4.1
Some high school	28.9
High school completed	41.2
Postsecondary qualification	12.2
Some university	4.3
University completed	3.6
Post-graduate	0.4

The survey captured households who live in various types of accommodation, including shacks in informal settlements (30%), brick houses in township areas (27%), and flats (apartments) (11%) (Table 4).

Most of the respondents had migrated for the first time to Cape Town or Johannesburg in recent years (Table 5). Nearly 40% had migrated in or after 2015 and another 28% had migrated between 2010 and 2014. Very few were long-term migrants who had been in the cities for more than 20 years. When taken with the age profile of the sample, this suggests that older migrants tend to return to the Eastern Cape once they have retired or are no longer economically productive.

Table 4: Accommodation for Migrants		
	N	%
Informal hut/shack	525	30.3
House	469	27.1
Room in the backyard	216	12.5
Flat	186	10.7
Room in the house	120	6.9
Traditional dwelling/homestead	61	3.5
Room in flat	37	2.1
Hostel/compound	83	4.8
Town house	20	1.2
Hotel/boarding house	12	0.7
Mobile home	1	0.1
Other	3	0.2
Total	1,733	100.0

Table 5: Year of Migration from Eastern Cape	
	%
2015-Present	41.3
2010-2014	28.9
2005-2009	12.1
2000-2004	15.8
Pre-2000	1.9

When the COVID-19 lockdown was imposed in March 2020, 94% of the survey respondents were in Cape Town or Johannesburg. During the lockdown in 2020, only 14% of the respondents returned to the Eastern Cape (Table 6). Thus, there was no mass exodus from the two cities as happened in other countries, which may be a testament to the effectiveness of the policing of interprovincial mobility and movement controls. Among the small group that returned home, most travelled by bus (43%) or minibus taxi (36%) following their normal pre-pandemic practice. Being with family was easily the most important reason (mentioned by 69% of returnees), followed by fear of catching COVID-19 (20%). Economic hardship did not cause a significant level of return, other than for the small number who cited unemployment, job loss, or no income. Some engaged in income-generating activity while at home, but most did not. Around 90% stayed home for a month or less, suggesting that they returned as soon as the initial lockdown was relaxed in April or, in the case of 32%, even sooner.

A total of 15% of the migrant sample said that they had tested positive for COVID-19 and 13% had household members who had tested positive (Table 7). Although COVID-19 in South Africa has been characterised as an urban disease, up to 18% of migrants had family members in the more rural Eastern Cape who had tested positive for COVID-19. At the time of the survey, more than 70% of the respondents had at least one vaccination. South Africa has a highly unequal public and private healthcare system of two levels. The majority of the population (around 70%) relies on government-funded clinics and hospitals. The COVID-19 pandemic disproportionately affected under resourced government health clinics and hospitals. They were also the facilities that migrants relied on for treatment. Almost all migrants and household members who had received treatment had gone to a government clinic or hospital.

Respondents were asked if they agreed or disagreed with a series of statements about the impact of COVID-19 on themselves, their households, and their communities or neighbourhoods in the city (Table 8). The negative economic, social, and psychological impact of the pandemic was captured by almost 90% of migrants who agreed that the COVID-19 pandemic had a very negative effect on their lives. More than 71% of the migrants recalled that many people in their neighbourhood had COVID-19 and 65% that many had died. These statements confirm that migrants were on the front line of exposure to COVID-19 and vulnerability to its devastating health impacts. Almost 94% of the respondents agreed that the pandemic lockdown had caused great hardship for the people of their city and 91% that the pandemic had caused significant economic hardship for them and their family. One of the main impacts felt by migrants was related to the increase in food insecurity, with 88% agreeing that food had become more expensive and 86% saying that it was more difficult to access food during the pandemic. As many as 81% said that the economic conditions of the home were worse than before the pandemic. An indicator of the economic hardships experienced in the city was that more than two-thirds of households had reduced their remittances to the Eastern Cape.

Table 6: Return Migration to the Eastern Cape		
	N	%
Reasons for return		
To be with family	163	69.4
Scared of catching COVID	47	20.0
Look after sick relatives	27	11.5
Unemployment/lost my job	18	6.0
No income	10	3.4
No food to eat	3	1.3
No housing/shelter	2	0.9
Total	298	100.0
Length of time away		
1-2 weeks	60	32.4
3-4 weeks	108	58.4
>6 months	17	9.2
Total	185	100.0
Economic activities while home		
None	169	64.0
Farming	47	17.8
Look for work	22	8.3
Employed full-time	8	3.0
Bought and sold goods	7	2.7
Employed part-time	2	0.8
Other	9	3.4
Total	264	100.0

Table 7: Health Impact of COVID-19 on Migrants		
Migrants with COVID-19	**No.**	**%**
Yes	261	15.1
No	1,472	84.9
Household member(s) with COVID-19		
Yes	217	12.5
No	1,516	87.5
Family members in the Eastern Cape with COVID-19		
Yes	314	18.1
No	1,419	81.9
Vaccination status of migrants		
Two or more doses	747	60.0
One dose	498	40.0
Medical treatment for COVID-19		
Government clinic	227	13.1
Government hospital	104	6.01
Private doctor	25	1.4
Traditional healer	24	1.4
Private hospital	10	0.6
Religious healer	2	0.1
N=1,733		

Table 8: Impacts of COVID-19			
	Agree %	**Disagree %**	**Neither %**
Health-related impacts			
COVID-19 has had a very negative effect on my life	87.9	6.0	6.0
Many people in my neighbourhood or community got sick with COVID-19	71.1	25.0	3.9
Many people in my neighbourhood or community died because of COVID-19	65.1	29.0	5.9
Economic impacts			
The lockdown and stay at home order caused great hardship to people	94.1	3.9	2.0
The pandemic has caused great economic hardship for my family and I	90.7	5.2	4.1
Food became much more expensive during the pandemic	88.4	8.8	2.8
It was more difficult for my household to access food during the pandemic	85.9	8.7	5.4
The economic conditions of my household are worse now than before COVID-19 came	80.8	12.6	6.5
I sent less money home to the Eastern Cape because of the pandemic	69.5	11.0	19.5

The economic hardships of the pandemic were not limited to the 27% of migrants who lost their jobs during 2020 (Table 9). The main reasons for job loss were retrenchments (39% of those who lost jobs) and business closures (36%). Almost 17% of those who lost jobs were victims of the shutdown of informal sector operations by the government. Virtually all those who became unemployed were out of work for more than one month, with two thirds being unemployed for more than four months and 33% for more than six months.

Unemployment had a significant impact on income. When comparing current income with prepandemic income, 33% of those surveyed indicated that it had declined, with 13% noting that it had declined by more than 50% (Table 10). Only 16% said that their income had increased, most by less than 25%.

More than 90% of the respondents felt that the government's imposed pandemic lockdown lasted too long (Table 11). At a more general level, nearly 60% thought that government policies toward COVID-19 were ineffective in achieving their stated goals. As a result and a clear sign of their desperation, 56% said they had disobeyed the lockdown, and a third had specifically done so because they had to access food to eat. Although civil disobedience was widespread and mass arrests and fines were commonplace in the two cities, only 14% reported being arrested or fined for breach of regulations

Table 9: Migrant Unemployment during 2020		
	N	**%**
Loss of employment in 2020		
Yes	468	27.0
No	1,265	73.0
Main reason for losing job (n=468)		
Employer retrenched employees	182	38.9
Employer closed their business	170	36.3
Not permitted to operate my informal business	77	16.5
Became ill with COVID-19	16	3.4
Household members became ill with COVID-19	7	1.5
Because I returned home	4	0.9
Other	12	2.6
Length of unemployment		
More than 6 months	158	34.3
4-6 months	150	32.5
1-3 months	153	33.2
<1 month	0.0	0.0

Table 10: Comparison of Current and Pre-Pandemic Income		
	N	**%**
Decreased by 50% (more than half)	232	13.4
Reduced by 25% (a quarter)	150	8.7
Decreased by 10% (small amount)	165	9.5
Stayed the same	916	52.9
Increased by 10% (small amount)	157	9.1
Increased by 25% (a quarter)	71	4.1
Increased by 50% (a half)	33	1.9
Increased by 100% or more (doubled)	9	0.5

Table 11: Migrant Attitudes to Government Pandemic Policy			
	Agree %	**Disagree %**	**Neither %**
The lockdown went on for much too long	92.9	4.8	2.3
Government policies towards COVID-19 were not effective	57.9	31.1	11.0
Many people in my neighbourhood/community did not obey the lockdown	55.9	34.3	9.8
We were forced to disobey the lockdown to get food to eat	35.4	54.9	9.8
I or members of my family were arrested/fined for not staying at home during the lockdown	13.6	81.1	5.4

Government pandemic relief measures for households in straitened circumstances were constrained by logistical and other obstacles, such that they failed to reach the neediest households (Bhorat et al., 2021). Up to 55% of the migrants surveyed reported receiving no assistance whatsoever (Table 12). Government food packages reached less than 4% of migrant households. Some households saw a temporary increase in the payment of their child support grants. However, only 14% of households ever received the government's COVID-19 social relief of distress grant. Civil society has been praised for picking up the government slack, but the proportion of these migrant households receiving assistance from non-governmental sources was very small, with self-help groups such as savings clubs being a little more active and helpful.

Table 12: Access to Pandemic Relief Measures*		
	N	**%**
No help	964	55.6
COVID-19 grant from government	248	14.3
Increase in government child grant	119	6.9
Cash from a savings club	67	3.9
Government food package	61	3.5
Cash/food from a church	21	1.2
Cash/food from an NGO or charity	14	0.8
Cash/food from a political party	4	0.2
** Multiple responses*		

Despite the hardships of this very urban pandemic, very few of the migrants surveyed intended to permanently return to the Eastern Cape in the foreseeable future. Only 2% said that they would leave within the next year and 13% within the next five years. Almost half (47%) planned to stay for more than 10 years, but only 23% saw Johannesburg and Cape Town as their permanent home. Eighty percent said that they would return to the Eastern Cape if and when they left the city. These migration intentions indicate, first, that the pandemic has not precipitated significant return migration to the Eastern Cape, and second, that any lessons learnt about how to better respond to future pandemics are going to continue to be of relevance to internal migrants in the two cities.

Conclusion

The COVID-19 pandemic constituted an unprecedented shock and challenge to the normal functioning of South African society. South Africa is one of the most heavily urbanised countries in Africa and one of the most unequal. Both factors shaped the trajectory of the pandemic and many of its social and economic impacts. While residents of high- and middle-income neighbourhoods in cities across the country were able to protect themselves from the virus in their single-family houses and mansions, the reality of the pandemic for migrant residents of overcrowded low-income informal settlements and townships with high rates of unemployment and underemployment, overcrowded living conditions, reliance on public transport and without easy access to PPE and food outlets was very different.

There is substantial evidence that the pandemic experience for international migrants in South Africa was worse than that of many local residents. What research has largely overlooked to date is the reality that the country's main cities host much larger numbers of internal migrants from some of the country's poorest provinces. Therefore, this paper focused its attention on the neglected question of how internal migrants in cities were negatively impacted by the pandemic. The survey data do not claim to be nationally representative or generalizable to all urban centres, but they provide new information on the relationship between COVID-19 and internal migration in the country's two major migrant destinations (Cape Town and Johannesburg) and between migrants from one of the main areas of origin for internal migration, the Eastern Cape.

In countries such as India, the advent of COVID-19 precipitated a mass movement of migrants from cities to the countryside (Rajan et al., 2020). This survey does not provide evidence that a similar phenomenon occurred in South Africa. Only 14% of the respondents in Cape Town and Johannesburg returned to the Eastern Cape during the lockdown, most electing to remain in the cities either by choice or because of the effectiveness of the policing of interprovincial mobility and movement controls. The small group that returned home did so for non-economic reasons to be with family, to care for sick relatives, to attend funerals, or because they were afraid of catching COVID-19. However, the pandemic clearly caused significant economic disruption and hardship for migrant households in both cities.

Many of those surveyed received no food or financial help from government relief programming during the pandemic. This raises the question of the adequacy and reach of pandemic relief for migrants and, more broadly, the attitudes of migrants towards government policies towards COVID-19. Migrants generally criticized the government's pandemic response. More than 90% said that the lockdown lasted too long and nearly 60% said that many people in their community disobeyed the lockdown. A similar number said that they were forced to disobey the lockdown to access food. Negative perceptions of government policy raise the obvious question of what lessons have been learnt and how a more effective management and policy planning response could be put in place to deal with future shocks of this nature to the lives and livelihoods of South African residents in general and internal migrants in particular.

References

Angu, P., Masiya, T., Gustafsson, K., & Mulu, N. (Eds.) (2022). *South African-Based African Migrants' Responses to COVID-19: Strategies. Opportunities, Challenges and Implications* (Cameroon: Langaa RPCIG).

Bakker, J., Parsons, C., & Rauch, F. (2020). Migration and urbanization in post-apartheid South Africa. *World Bank Economic Review*, 34, 509-532

Bank, L., Posel, D., & Wilson, F. (Eds.) (2020). *Migrant Labour After Apartheid* (Pretoria: HSRC Press).

Bhorat, H., Oosthuizen, M., & Stanwix, B. (2021). Social assistance amidst the COVID-19 epidemic in South Africa: A policy assessment. *South African Journal of Economics*, 89(1), 63-81.

Blaauw, D., Yu, D., & Schenk, R. (2021). COVID-19 and day labourers in the South African economy: The impact on their lives and livelihoods. *Tydskrif vir Geesteswetenskappe*, 61.

Bradshaw, D., Dorrington, R., Laubscher, R. et al. (2022). COVID-19 and all-cause mortality in South Africa: The hidden deaths in the first four waves. *South African Journal of Science*, 118, 13300.

Chekero, T. (2023). Borders and boundaries in daily urban mobility practices of refugees in Cape Town, South Africa. *Refugee Survey Quarterly*, 42, 361-381.

Cirolia, L., Hall, S. & Nyamnjoh, H. (2022). Remittance micro-worlds and migrant infrastructure: Circulations, disruptions, and the movement of money. *Transactions of Institute of British Geographers*, 47, 63-76.

Crush, J., & Tawodzera, G. (2023). Digital disruptions in the South Africa–Zimbabwe remittance corridor during COVID-19. *Migration and Development* (Online).

Espi, G. et al. (2021), *Age, Employment and Labour Force Participation Outcomes in COVID-era South Africa*. NIDS-CRAM Report, Cape Town.

Fraym (2021). *South Africa COVID-19 Economic Effects on Vulnerable Groups* (Arlington VA: Fraym).

Ginsberg, C., Collinson, M., & Gómez-Olivé, F. (2022). The impact of COVID-19 on a cohort of origin residents and internal migrants from South Africa's rural northeast. *SSM-Population Health*, 17, 101049

Haferburg, C., Ahovi, P., & Ossenbrügge, J. (2022). Urban fragmentation and COVID-19 in the Gauteng City Region: Diverging vulnerabilities, infections and policies. *Erdkunde*, 76, 93-110.

Hall. K., & Posel, D. (2019). 'Fragmenting the family? The complexity of household migration strategies in post-apartheid South Africa. *IZA Journal of Development and Migration*, 18, 1-20.

Hart, T. David, Y., Rule, S., Titivanhu, P., & Mtyingizane, S. (2022). The COVID-19 pandemic reveals an unprecedented rise in hunger: The South African government was ill-prepared to meet the challenge. *Scientific African,* 16, e01169.

Hussey, H., Zinyakatira, N., Morden, E. et al. (2021). Higher COVID-19 mortality in low-income communities in the City of Cape Town: A descriptive ecological study. *Gates Open Research*, 5, 90.

Hussey, H., Vrede, H., Davies, M-A. et al. (2022). Epidemiology and outcomes of SARS-CoV-2 infection associated with anti-nucleocapsid seropositivity in Cape Town, South Africa. *medRxiv*, doi: 10.1101/2022.12.01.22282927.

IOM (2021). *Socio-Economic Survey on the Impacts of COVID-19 Pandemic on Zimbabwean Returnees* (Harare: IOM).

Irudaya Rajan, S., Sivakumar, P., & Srinivasan, A. (2020), The COVID-19 pandemic and internal labour migration in India: A 'crisis of mobility'. *Indian Journal of Labour Economics*, 63, 1021-1039.

Kavuro, C. (2021). The COVID-19 pandemic and socio-economic protection for refugees in South Africa. *South African Journal on Human Rights*, 37, 466-491.

Khan, F., & Kolabhai, M. (2021). Bureaucratic barriers to social protection for refugees and asylum seekers during the COVID-19 disaster in South Africa. *African Human Mobility Review*, 7, 74-94

Maree, G., Fatti, C., Götz, G. et al. (2021). *Effects of the COVID-19 Pandemic on the Gauteng City-Region*. GRCO Data Brief No. 11, Johannesburg.

Mbeve, O., V Nyambuya, V., Munyoro, A. et al. (2020) The challenges faced and survival strategies adopted by Zimbabwean informal traders that live in Johannesburg inner-city, during the COVID19-induced lockdown in South Africa. *Journal of Social Development in Africa* (COVID Special Issue), 31-64.

Madhi, S., & Nel, J. (2021). Epidemiology of severe COVID-19 from South Africa. *The Lancet*, 6(9), E524-E526.

Madhi, S., Kwatra, G., Myers, J. et al. (2022). Population immunity and Covid-19 severity with Omicron variant in South Africa. *New England Journal of Medicine*, 386: 1314-1326.

Moyo, I. (2022). COVID-19, dissensus and de facto transformation at the South Africa–Zimbabwe border at Beitbridge. *Journal of Borderlands Studies*, 37, 781-804.

Moyo, S., Simbayi, L., Zuma, K. et al. (2022). Seroprevalence survey of anti-SARS-CoV-2 antibody and associated factors in South Africa: Findings of the 2020–2021 population-based household survey. *PLOS Global Public Health*, 3, e0002358.

Mukumbang, F., Ambe, A., & Adebiyi, B. (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, 141.

Mushomi, J., Palattiyil, G., Bukuluki, P. et al. (2022). Impact of coronavirus disease (COVID-19) crisis on migrants on the move in Southern Africa: Implications for policy and practice. *Health System Reform*, 8, e2019571.

Mutambara, V., Crakshaw, T., & Freedman, J. (2022). Assessing the impacts of COVID-19 on women refugees in South Africa. *Journal of Refugee Studies*, 35(1), 704-721.

Mutevedzi, P., Kawonga, M., Kwatra, G. et al. (2022). Estimated SARS-CoV-2 infection rate and fatality risk in Gauteng Province, South Africa: A population-based seroepidemiological survey. *International Journal of Epidemiology*, 51, 404-417.

Odunitan-Wayas, F., Alaba, O. & Lambert, E. (2021). Food insecurity and social injustice: The plight of urban poor African immigrants in South Africa during the COVID-19 crisis. *Global Public Health*, 16, 149-152.

Paleker, M., Tembo, Y., Davies, M-A et al. (2021). Asymptomatic COVID-19 in South Africa: Implications for the control of transmission. *Public Health Action*, 11, 58-60.

Posel, D. & Casale, D. (2021). Moving during times of crisis: Migration, living arrangements and COVID-19 in South Africa. *Scientific African*,13, e00926.

Posel, D. & Hunter, M. (2022). 'Living alone in the age of freedom: The paradox of solo-households in post-apartheid South Africa.' *Population, Space and Place*, 28, 2593.

Rajan, I., Sivakumar, P., & Srinivas, A. (2020). The COVID-19 pandemic and internal labour migration in India: A 'crisis of mobility'. The Indian Journal of Labor Economics, 63, 1021-1039.

Ramachandran, S., Crush, J., Tawodzera, G., & Onyango, E. (2024). Pandemic precarity, crisis-living, and food insecurity: Female Zimbabwean Migrants in South Africa. In M. McAuliffe & C. Bauloz (Eds.), *Research Handbook on Migration, Gender, and COVID-19* (Cheltenham: Edward Elgar), pp. 180-195.

Shaw, J., Meiring, M., Cummins, T. et al. (2021). Higher SARS-CoV-2 seroprevalence in workers with lower socioeconomic status in Cape Town, South Africa. *PLoS One*, 16, 0247852.

Shifa, M., Gordon, D., Leibbrandt, M. & Zhang, M. (2022). Socioeconomic-related inequalities in COVID-19 vulnerability in South Africa. *International Journal of Environmental Research and Public Health*, 19, 10480.

Sithole, S., Tevera, D. & Dinbabo, M. (2023). *Emerging Digital Technologies and Cross-Border Food Remittances of Zimbabwean Migrants in Cape Town, South Africa, During the Early COVID-19 Pandemic*. MiFood Paper No. 9, Cape Town and Waterloo.

SSA (2023). *Census 2022: Statistical Release* (Pretoria: Statistics South Africa).

SSA (2020). *Social impact of COVID-19 (Wave 3): Mobility, Migration, and Education.* Report-00-08-04 (Pretoria: Statistics South Africa).

Tawodzera, G., & Crush, J. (2022). *Pandemic Precarity and Food Insecurity: Zimbabwean Migrants in South Africa During COVID-19.* MiFOOD Paper No. 4, Cape Town and Waterloo.

Visagie, J., & Turok, I. (2021). Rural–urban inequalities amplified by COVID-19: Evidence from South Africa. *Area Development and Policy*, 6, 50-62.

Visser, M. (2023). *The Impact of Covid-19 on South African Migrant Wage Workers and the Self-Employed*. ILO Working Paper No. 88, Geneva.