

# UNAM Cares meets the needs of Migrants amidst the COVID-19 pandemic in response to Disaster Risk Reduction

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Launch of Migrant Assistance Grant Agreement – UNAM Windhoek: 26 November 2020

L-R: Ms Frauke Stegmann Lecturer, Visual and Performing Arts (UNAM), Dr Maggy Beukes-Amiss, Director, Centre for Innovation in Learning and Teaching (CILT) (UNAM), Dr Rachel Freeman Head of UNAM Cares (UNAM Cares), Ms. Florence Situmbeko, Head of IOM Namibia Mission, H.E. Sinikka Antila, Ambassador of the European Union (EU) to Namibia, Prof Dr Kenneth Matengu Vice Chancellor (UNAM), Mr Shahid Dickson Assistant Director, Corporate Engagement and International Relations (UNAM)

## INTRODUCTION

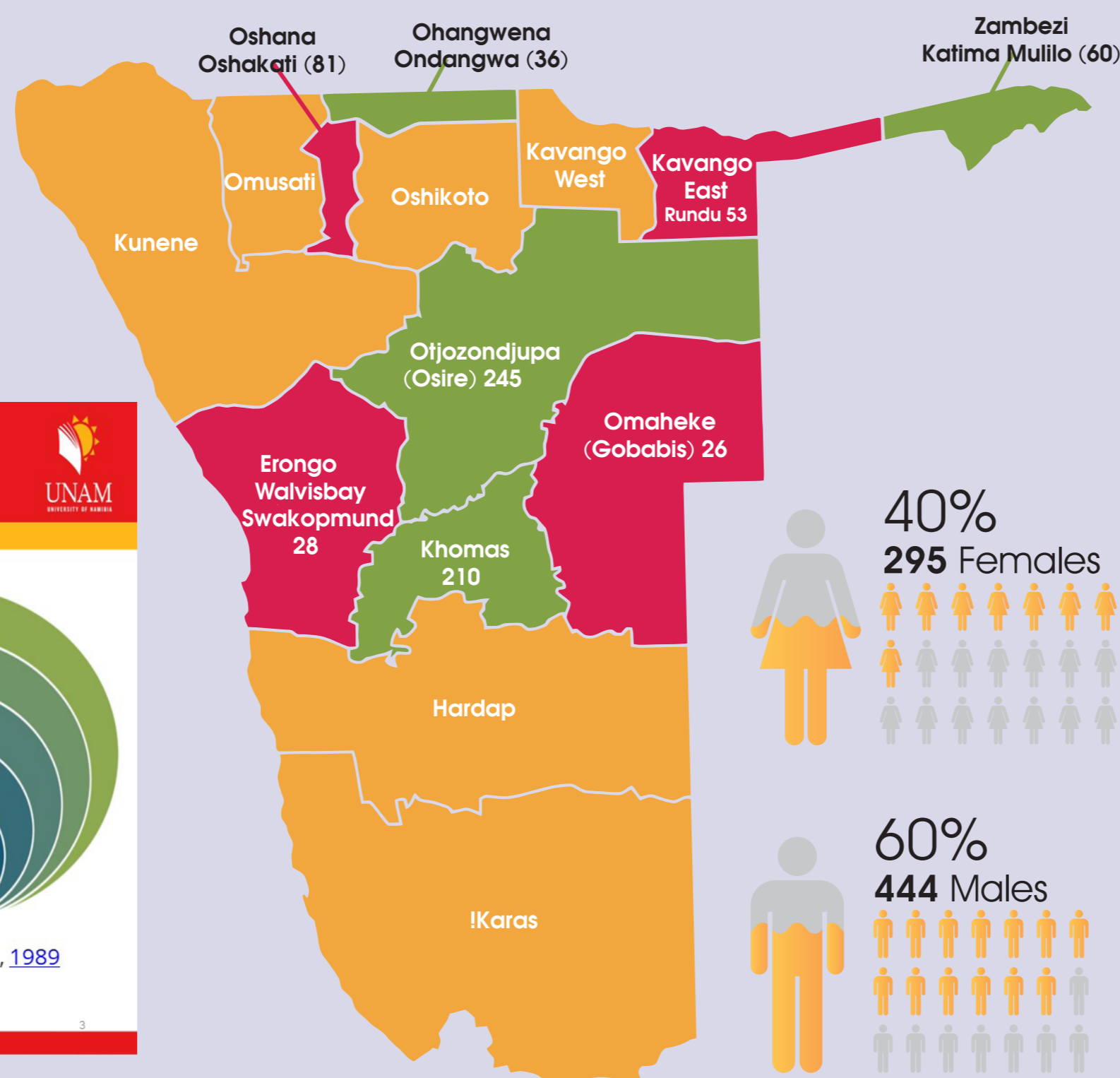
The inescapable impact of the novel coronavirus disease of 2019 (COVID-19) pandemic on global health and human mobility caused by travel restrictions, closing of borders and lockdown measures to curb the spread of the virus, left 99 893 migrants stranded in Southern Africa, and Namibia is no exception (IOM, 2020). The COVID-19 health emergency connected the University of Namibia (UNAM) as a Higher Education Institution (HEI) in an unprecedented way to be relevant and responsive to the needs of migrants during the COVID-19 pandemic. In response to disaster risk reduction, UNAM, through UNAM Cares as part of its moral imperative, conducted a rapid assessment on the needs of migrants during the COVID-19 pandemic. This was sponsored by the Southern Africa Migration Management Project of the International Organization for Migration (IOM) and the European Union.

## RESEARCH QUESTIONS

What are migrants' needs? What are their socio-economic vulnerabilities? What are their vulnerabilities to violence, exploitation and abuse?

## METHODOLOGY

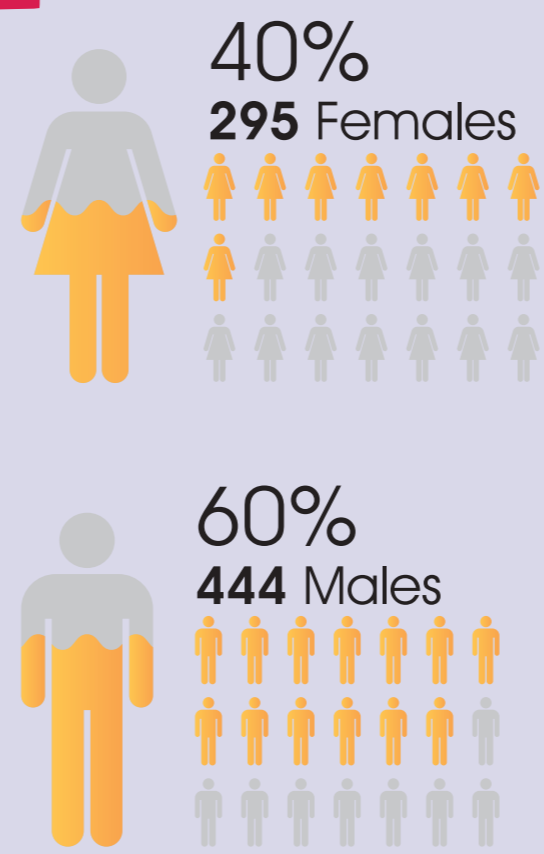
Data collection included qualitative face-to-face interviews and quantitative questionnaires with 739 stranded and vulnerable migrants across Namibia. The analysis is based on qualitative and quantitative data collected by identifying the type of problems, needs and vulnerabilities that have emerged as a result of the COVID-19 pandemic.



### Engagement Strategies

- Employed Socio-Ecological Systems approach:
  - Key stakeholder consultations meetings with 5x regional Governors,
  - 9 x Policy & Decision-Makers & Law Enforcement officers of Ministry of Home Affairs, Immigration, Safety and Security (MHA/ISS) for Amnesty
  - 4x Embassies: Angola, Botswana, Zimbabwe & Zambia
  - 10x Ministry of Health and Social Services officials
  - 5x Ministry of Poverty Eradication Gender Equality and Social Welfare (MPEGESW) officials,
  - 10 x regional Social Workers
  - 25 x leaders: Council of Churches in Namibia (CCN)
  - Communicate through web arenas, emails, WhatsApp & Facebook posts, posters,
  - Individual face-to-face interviews with Migrants

Bronfenbrenner, 1989



## Migrants per nationality

Angolan	74	Congolese (Brazzaville)	3	Pakistani	3
Botswana	2	Congolese (DRC)	255	Rwandese	5
Bangladesh	6	Cuban	2	Sierra Leone	1
British	1	Egyptian	3	South African	2
Burundian	11	Indian	4	Tanzanian	1
Cameroonian	3	Kenyan	4	Ugandan	2
Central African Republic	2	Malawian	2	Zambia	29
Chinese	5	Malian	1	Zimbabwe	318

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Members of the Outreach Team @ Osire Refugee Settlement

## FINDINGS:

The preliminary findings of the rapid survey echoed three inter-locking crises for migrants:

- 1) a health crisis,
- 2) a socio-economic crisis, and
- 3) a protection crisis as described by the UN Secretary (2020).

Findings on Risk Factors	Findings on Disaster Risk Reduction among Migrants
<b>Lockdown / closed borders:</b> Stranded migrants / job / financial losses. <b>Communication Barriers:</b> Language barriers (lack of translation / interpretation services) not access essential services. <b>Irregular / Undocumented Status:</b> Led to fear / risk of arrest and detention. Fear of being reported to immigration authorities, losing one's job / support.	<b>Rapid Baseline Survey on Migrants Needs</b> <ul style="list-style-type: none"> <li>Qualitative face-to-face interviews with 739 migrants</li> </ul> <b>Services offered</b> <ul style="list-style-type: none"> <li>Offered public health education sessions: 739</li> <li>COVID-19 screening, testing &amp; counselling services</li> <li>Pre-departure medical screenings, migrant vulnerability to violence, exploitation &amp; abuse screening.</li> </ul> <b>Psychosocial Support</b> <ul style="list-style-type: none"> <li>Psychosocial support offered (incl. PPE, e.g. masks, sanitizers, toiletries) transport, accommodation, meals &amp; airport transfer.)</li> </ul> <b>Counselling services</b> <ul style="list-style-type: none"> <li>Trauma Counselling offered by UNAM, MHSS &amp; MPEGESW social workers &amp; Private Psychologists.</li> </ul> <b>Repatriation of Migrants</b> <ul style="list-style-type: none"> <li>250 x repatriation packages offered, financially supported by IOM &amp; European Union in Namibia.</li> </ul>
<b>Legal stay in foreign country:</b> Loss of income / resources led to expired travel docs. Fear / risk of arrest / detention. <b>Lack of social support systems:</b> Migrant spend 10 days in Namibia without any support system. <b>Labour exploitation / poor working conditions:</b> Several cases of labour exploitation reported. <b>Poor living conditions:</b> Stayed in crowded / over-crowded / unsafe and unsanitary conditions. Female migrants locked up, physical, emotional & sexually abused by husband. <b>Financial barriers:</b> Costs of services led to inability to pay for assistance. Costs related to missing work or travelling to a health center. <b>Limited to no access to essential services:</b> Lack of awareness by health professionals / administrative staff & migrants themselves about health entitlements.	<b>At risk of violence:</b> Several reported physical violence. <b>Stigma &amp; discrimination:</b> Discrimination on nationality, religion, ethnicity / race, income, education level, disability, sex / health status. <b>At risk of infections:</b> Overcrowded households led to COVID-19 infections.



Field Visit @ Osire Refugee Settlement

Left: Ms. Florence Situmbeko, Head of IOM Mission Namibia, Middle: Dr Selma Lendelvo, Research Lead, UNAM & Right: Dr Rachel Freeman, Head UNAM Cares and Project Lead



Dr Rachel Freeman Interviewing Migrant

## CONCLUSION

The poster concludes and recommends that HEIs & key stakeholders in Namibia and globally do more:

- Scientific research & information consolidation on the early warning signs & earlier action to be taken on the impact of any disaster (e.g. COVID-19) on migrants.
- Early action for all will assist governments, parastatals & private sector to collaborate with communities and nations to become resilient.
- It will assist to inform and develop a better understanding of the evolving needs of migrants towards (re)designing and adaptation of tailored policies & practice interventions in meeting migrants' needs.
- Ensure access to health services for all migrants.
- Engage local communities in Disaster Risk Reduction as scientific laboratories to inform policies & tailor response interventions