

## *COVID-19, food security and nutrition: Implications for vulnerable urban households in South Africa*

### **Summary**

For the period June 2019 to March 2020, there were 13 670 000 people in South Africa who were regarded as being food insecure (World Food Programme (WFP) 2019). Food and nutrition insecurity in impoverished urban and rural household settings has been a long-standing problem, although there had been a marked decrease between 1999 and 2008 (see Figure 1). The outbreak of the coronavirus (COVID-19) pandemic has exacerbated this situation, especially among vulnerable urban households whose rising poverty and unemployment levels have eroded their household income. The institution of a nationwide lockdown and its subsequent extension further worsened their plight. Workers were unable to exercise their right to engage in their informal, menial, and seasonal jobs. The lockdown also resulted in the disruption of entire food systems, especially those food value chain nodes that require intensive labour such as harvesting, processing and distribution. Food security and nutrition have not received adequate attention

during the COVID-19 lockdown. As a result, food access, food utilisation, and food stability have been negatively affected by the pandemic and associated lockdown measures. The intake of essential micro- and macro-nutrients has been compromised due to poor health diets, thereby predisposing children, the elderly, and those with chronic diseases to acute malnutrition and development of non-communicable diseases in the future. Current efforts by the government to relieve hunger and social distress in the form of increased child support grants, social relief grants, distribution of food parcels to over 250 000 homes and food assistance through vouchers and cash transfers will go a long way in ameliorating the situation. As the lockdown progresses, the impending challenge of severe food and nutrition insecurity among these households requires medium to long term planning. The emergence of food riots and protests in some of these urban settings is clear evidence of the ticking time bomb which may result in a nationwide protest, if not attended to.

Post-COVID-19, there is a need to develop national contingency strategies to deal with pandemics, strengthen local food systems, secure external funding, provide stimulus funding packages to strategic food producers, and to promote local, regional and international markets.

## Introduction

At the national level, South Africa is reported to be food secure (Labadarios et al. 2011). However, widespread hunger and malnutrition have been reported at the household level (Labadarios et al. 2011). According to the WFP (2019), about 13 670 000 people were considered to be food insecure in the period June 2019 to March 2020 in South Africa. The high unemployment level (29.1%) and the associated rising poverty levels in South Africa make urban dwellers more susceptible to the socioeconomic impact of COVID-19. The Human Coronavirus disease 2019 (COVID-19) is a severe, primarily respiratory illness caused by the coronavirus and characterised by fever, coughing, and shortness of breath. The state of food and nutrition insecurity in South Africa has been exacerbated both by the outbreak and by the associated control measures implemented by the government to contain the spread of COVID-19. As a result, vulnerable urban and rural communities continue to suffer from the outbreak of COVID-19. This is due to inadequate income, unemployment, and social protection that is limited to children, people with disabilities, and older people. The COVID-19 national lockdown has negatively impacted the urban poor through reduced income-generating activities, which has directly compromised their ability to purchase food. South African urban communities are not producing their own food. The only means of accessing food is through purchase from chain stores and food markets. This has resulted in acute food insecurity in urban households.

The government's Risk Adjusted Strategy and other associated COVID-19 intervention measures have a very limited analytical focus on food and nutrition at individual and household levels. Instead, the focus has been mostly on alleviating household hunger.

Since 1999, the majority of the people experiencing hunger in South Africa were those living in rural communities, as compared to urban areas. Nevertheless, food insecurity had decreased significantly in both urban and rural areas between 1999 and 2008. It decreased from 42.0% to 20.5% in urban areas, and from 62.0% to 33.1% in rural areas (see Figure 1). Regardless of having adequate food produced in the country, accessibility of food at household level remains inadequate, especially in the context of the COVID-19 pandemic. Food access problems were most common in the Eastern Cape, where over 45% of households had inadequate or severely inadequate food access (Stats SA 2016). This situation predisposes households in such areas to acute food insecurity and malnutrition during outbreaks of pandemics such as COVID-19.

Stages 4 and 5 of the COVID-19 lockdown in South Africa witnessed unprecedented protests over the distribution of food parcels in urban communities. The four-kilometre queues witnessed in Centurion, Gauteng, and the aggression, looting and protests for food that took place in Umthatha in the Eastern Cape and Mitchells Plain in the Western Cape demonstrate the severity of food insecurity in the country amid the COVID-19 pandemic.

This policy brief provides an overview of the implications of COVID-19 pandemic on food security and nutrition in South Africa, with a focus on urban households' food security and nutrition situation. It proposes short-term and long-term intervention measures that can be implemented to reduce the vulnerability of urban households to food insecurity. This calls for the re-evaluation of South Africa's social security system. This policy brief seeks to answer the following questions:

1. What is the level of food and nutrition insecurity among urban households, and how has the outbreak of the COVID-19 pandemic affected food systems in South Africa?

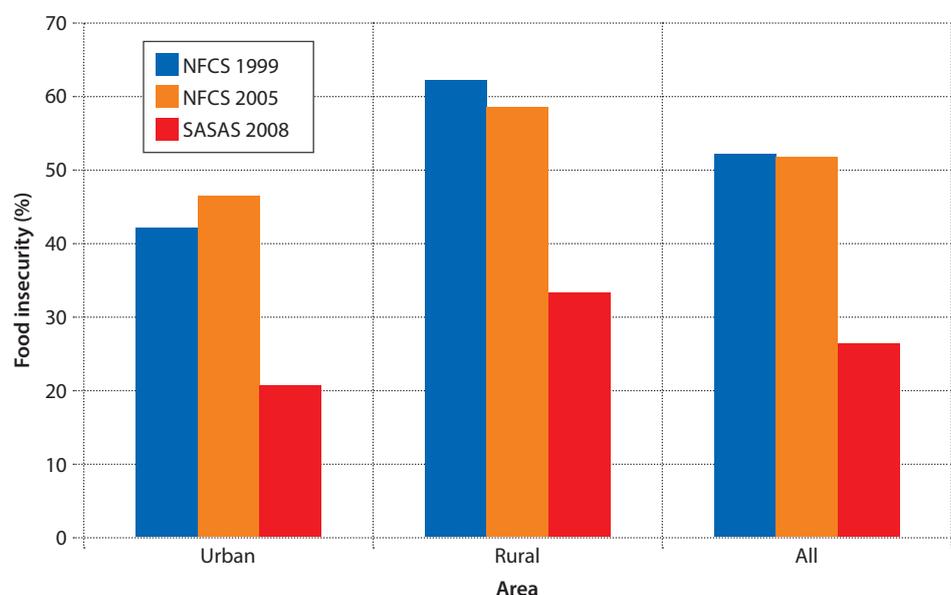


Figure 1: Food insecurity in South Africa 1999–2008 (Source: Labadarios et al. 2011)

2. How have the government-imposed restrictions and regulations against COVID-19 affected food systems in South Africa, and to what extent have ordinary urban household members been affected?
3. What interventions for enhancing food security and nutrition need to be adopted in the short and medium term during the COVID-19 pandemic?
4. Are there any lessons South Africa can learn regionally and globally on how to reduce COVID-19-induced food and nutrition insecurity at the household level?
5. Given the experiences gained from COVID-19, how can South Africa's food and nutrition security policy be adjusted such that urban areas are also given attention?
6. What measures, interventions and programmes can be developed post-COVID-19 to enhance food security and nutrition in both rural areas and vulnerable urban areas of South Africa?

The policy brief seeks to make available an informed analysis of the status of food insecurity and nutrition in the urban areas of South Africa.

### **The COVID-19 pandemic and its effects on food security and nutrition**

The coronavirus outbreak has been declared a national disaster, with over 767 679 confirmed COVID-19 positive cases and 20 903 deaths recorded (as of 22 November 2020). The subsequent institution of national lockdown measures intended to curb the spread of COVID-19 resulted in compromised food availability, food access and, to a lesser extent, food stability, with more pronounced effects on vulnerable communities. The isolation of COVID-19 patients has significantly affected the dietary consumption patterns of South Africans. It has had a pronounced nutritional impact on people, resulting in reduced intake of essential nutrients

such as vitamins, proteins, minerals, and fatty acids needed for a healthy body (Shahidi 2020). The inability of spaza shops, street vendors, and *shisa nyama* (South Africa's popular name for a barbecue) to operate left a larger portion of vulnerable urban communities exposed to food insecurity and nutrition, due to reduced access and availability. Nutritious, fresh foods are often more expensive than non-perishable staples, and during the lockdown there has been a spike in the price of nutritious foods, making them inaccessible to vulnerable households. Since the desire to buy goods at a higher price due to increased demand is less common in poorer urban communities, if prices of nutritious foods continue to rise faster than those of non-perishable foods, and incomes continue to decline, the result is lower overall spending on nutritious foods. Reduced access to nutritious foods could impact immune response in populations already exposed to COVID-19, including the elderly, those with comorbidities, and those who are already immune-compromised. In the long term, the COVID-19 pandemic is aggravating the existing crisis of undernutrition and leading to diet-related non-communicable diseases (NCDs), mainly obesity, diabetes, cardiovascular disease, and cancer, due to consumption of poor diets. In children, it is exacerbating the conditions of stunting, wasting, and obesity which have long-term negative effects on cognitive development.

The decision to classify farmworkers as essential service providers during the COVID-19 lockdown has ensured the continued provision of labour at the farm level. Despite this positive development, the disruption of food supply chains due to the closure of key sectors such as processors and distributors in food value chains has resulted in a contraction in both food supply and demand, which has resulted in a reduction in disposable income for

those who work in this sector. Agro-food value chains, particularly those that are labour-intensive, such as the vegetable, fruits, and meat industry, have been severely impacted (Cappelli & Cini 2020). For instance, a reduction in aggregate demand due to limited transportation especially for perishables resulted in losses since food that had to be harvested and stored, went bad. In the United States, dairy farmers had to dispose of millions of litres of milk, and potato farmers had to distribute their products to the public for free as a result of reduced demand. In South Africa, the COVID-19 pandemic has also affected the processing and transportation of food which is predominantly carried out by a migrant labour force that has not been mobile because of travel restrictions (subject to changes in lockdown regulations). This may result in medium to long-term food shortages and price hikes.

In response to the COVID-19 pandemic, the President of South Africa, in his national speech on 21 April 2020, announced the R500 billion COVID-19 economic and social relief measures grant fund for South Africa. This included a coronavirus grant in which R50 billion was channelled towards the most vulnerable and affected. Child grants were increased, and a special COVID-19 social relief of distress grant of R350 per month was introduced. Food vouchers and cash transfers to the vulnerable were managed through the South African Social Security Agency (SASA). In conjunction with SASA, the Department of Social Development distributed 250 000 food parcels across the country. While these government efforts are commendable, there is a need for tailor-made strategies that focus on children, especially those who used to receive meals at school. The food parcels themselves need to be evaluated to see if they meet the daily dietary guidelines for a healthy diet and nutrition. Furthermore, the cash

transfers and grants might not be used directly for the purchase of food. This represents a complex reality of food security and nutrition that has not been anticipated by policymakers. Figure 2 captures this complex reality, and demonstrates the causal relationship between COVID-19 and the economic, social and health aspects of food security in households. It illustrates that instituting the COVID-19 lockdown resulted in increased job losses, reduced income, and increased vulnerability for households in both urban and rural areas. What is clear from Figure 2 is that striking a balance between COVID-19 lockdown and food security at the household level is impossible, due to existing interlinkages between factors that drive household food security. Lack of balance or equilibrium between factors will translate into increased acute food insecurity and malnutrition, as well as a COVID-19 susceptible population. This calls for further re-evaluation of social protection and health nutrition programmes in South Africa.

### Lessons from other countries affected by COVID-19

In **China**, food delivery drivers kept the country running. However, after two weeks of national lockdown, most

households ran out of groceries. Rapid phone interviews were launched on 11–12 February 2020, and about 3 million motorcycles were delivering food to households, leading to a 400% increase in grocery deliveries (International Food Policy Research Institute 2020). In **Nigeria**, retail food outlets were opened for longer hours to enhance social distancing practices. Useful experiences can be drawn from **Malaysia**, where the  $\mu$ -Quota policy in COVID-19 is being implemented as a National Pandemic Contingency plan, based on the minimum household requirements of food, water, and medication. According to Ruiz Estrada (2020), a food, water, and medication storage quota policy is an integrated national strategy for monitoring the effective and potential production, storage capacity, and geographical distribution systems (logistics and channels) subject to the population concentration of a given country. However, despite these interventions food price inflation in Malaysia soared to about 35%. The **United States of America (USA)** has provided a stimulus package of 2 billion dollars (USD) to support farmers. **Indonesia** expanded its e-food voucher programme from 15 million to 20 million low-income

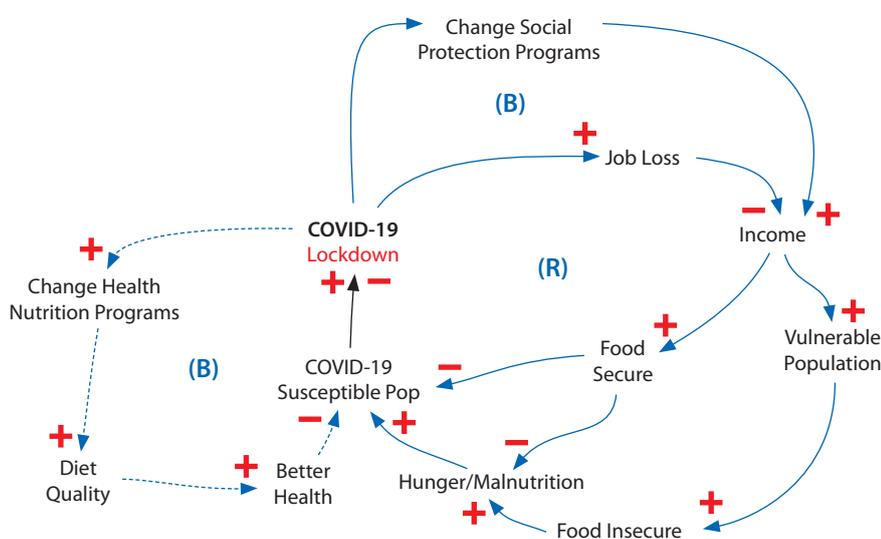
households in response to the COVID-19 pandemic.

It is against this background that similar strategic measures and interventions need to be instituted both in the short term and the long term in South Africa, to support food security and nutrition programmes. Learning from **Indonesia's** experience, the option for providing food aid may be extended to include electronic vouchers in the form of a debit card, which people can redeem for products from a vendor. This is similar to the promulgation of the Risk Adjusted Strategy by President Ramaphosa recently, albeit on a smaller scale.

### Recommendations

It is incontrovertible that the COVID-19 pandemic will have short-term and long-term effects on the food security system of South Africa. Recovery from this crisis will be slow. There is, therefore, a need to re-evaluate all interventions, plans and investment carried out in other countries in order to implement measures that improve food and nutrition security in South Africa. A new post-COVID-19 strategy needs to be developed. In a nutshell, such a strategy could consider the following:

1. Develop partnerships with the departments of Social Development and Health in implementing nutritional support particularly for vulnerable groups such as children, women and the elderly. Such support will require extensive educational campaigns on the importance of food security and nutrition among vulnerable urban households.
2. Prioritise the promotion of the notion of urban food gardens to increase household food security. This will help shorten food supply chains and enhance household dietary diversity at a much lower cost, thereby increasing food access.
3. Prioritise tax exemptions and removal of restrictions for local food



**Figure 2:** Causal Loop diagram: balance between food security and nutrition due to COVID-19 lockdown restrictions (B= Balancing loop, R = Reinforcing loop).

- purchases and food components aimed at humanitarian purposes, especially those targeting vulnerable households.
4. Adjust social protection programmes for food prices and eliminate value-added tax (VAT) and other taxes affecting food prices.
  5. Prioritise the increased use of cash transfers as opposed to food distribution through cellphone-based platforms. These have increased food access for people in most remote areas in Zimbabwe where the Econet wireless-based Ecocash money transfer and purchase platform is widely used. Cash-based responses work through markets. Well-targeted cash injections can re-stimulate demand, increase trust in the market chain along which stocks would be sold, unlock the flow of credit, and prevent the capture of the aid market by a few elite agents.
  6. Develop a School Food and Nutrition Framework in South Africa to augment the existing school feeding programmes. During times of school closure under lockdown, there was a need to package these food hampers and to distribute, with the help of community health workers, to the households in which the school children live. This is to avoid children having to go to their schools to receive cooked meals, which is likely to violate social distancing and lockdown regulations, and expose the children to infection.
  3. Avoid generalised subsidies for food consumers. Subsidies should be targeted at the most vulnerable groups such as children, the elderly and those with chronic diseases.
  4. Make use of limited strategic grain reserves to provide food to the needy.
  5. Explore the establishment of effective humanitarian food reserves.
  6. Mobilise external support to finance additional food imports to vulnerable areas.
  7. Develop a National Pandemic Contingency Plan for food security and nutrition in vulnerable urban and rural households.
  8. Provide a stimulus package for strategic food crops to both urban and rural farmers as reported by the President in his national speech on 21 April 2020.
  9. Build resilience of informal markets that are serving the vulnerable urban communities to avoid the disruption of affordable food supply and the loss in income generation during a pandemic or any other crisis.
  10. Promote urban farming through the adoption of smart and precision farming technologies. This will reduce the pressure on the food supply chain during the pandemic crisis.
  11. Develop an information system that will monitor food availability and supply in both rural and urban areas of South Africa. Such a system should be accessible to all departments responsible for social development and support.

### **Medium to long term measures**

1. Support subsistence farming through urban and peri-urban nutrition gardens to ensure immediate household food security and nutrition.
2. Review trade and taxation policy options and their likely impacts on food security and nutrition.
12. The ramifications of COVID-19 point towards the urgent need to provide enhanced institutional frameworks for continuous monitoring and assessment of food and nutrition security. Firstly, adopting the SADC Regional Vulnerability Assessment and Analysis (RVAA) Institutionalisation Index could

be one way of strengthening the National Vulnerability Assessment Committee (SAVAC), which would be instrumental in formulating intervention strategies. Continuous assessment and monitoring of food and nutrition security is a necessity, not an option. This requires strong institutional and financial support to provide the requisite baselines, surveillance, and assessments of both urban and rural vulnerable communities.

### **Conclusion**

There is no doubt that due to the COVID-19 pandemic, food security and nutrition are at a crossroads, especially in vulnerable urban households in South Africa. In the short term, there is pronounced limited food access and food utilisation because of the disruption of food production and supply chains. This is due to the closure of key actors and suppliers in food value chains as a result of the nationwide lockdown. The effects of the lockdown have been exacerbated by rising poverty and unemployment (29%) levels, which are more common in urban areas. In light of the COVID-19 lockdown, income levels for workers in informal and seasonal jobs, who constitute most vulnerable urban households, have been drastically reduced. This has ultimately resulted in limited food access among vulnerable households. These effects of the lockdown, combined with other measures such as isolation, have resulted in poor dietary intake that has led to the limited intake of vitamins, minerals, plant and animal protein, fatty acids, and other food supplements. Consequently, hunger and malnutrition will emerge, especially among vulnerable groups such as children, the elderly, people with HIV and/or AIDS, and those with other chronic diseases. As a result of the nationwide lockdown, there have been reported cases of food protests, civil unrest, and increased cases of domestic violence, mostly

among vulnerable urban households. The government must develop short, medium, and long term intervention measures that enhance food availability, access, utilisation, and stability. There is an urgent need to institute and scale up social protection programmes in urban households. Overall, the government needs to develop a National Pandemic Contingency Plan that incorporates food, water, and medication requirements as a strategy to deal with future pandemics and extreme climate events such as floods and droughts.

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