

**THE STATUS OF POPULATION, FOOD SECURITY, NUTRITION AND
SUSTAINABLE DEVELOPMENT DURING THE COVID-19 AND LOCKDOWN
PERIOD IN SOUTH AFRICA**

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ACRONYMS AND ABBREVIATIONS

ANC	African National Congress
BIG	Basic Income Grant
BMI	Body Mass Index
COVID-19	Coronavirus Disease 2019
CSG	Child Support Grant
DALRRD	Department of Agriculture, Land Reform and Rural Development
DBE	Department of Basic Education
DEFF	Department of Environment, Forestry and Fisheries
DFDC-SA	Deciduous Fruit Development Chamber of South Africa
DOH	Department of Health
DSD	Department of Social Development
ECD	Early Childhood Development
FNS	Food and Nutrition Security
GDP	Gross Domestic Product
GHS	General Household Survey
HFNSS	Household Food and Nutrition Security Strategy
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
INP	Integrated Nutrition Program
NGOs	Non-Government Organisations
NIDS	CRAM - National Income Dynamics Study - Coronavirus Rapid Mobile
NPOs	Non-Profit Organisations
NSNP	National School Nutrition Programme
PAYE	Pay As You Earn
PMTCT	Prevention of Mother to Child Transmission
SASSA	South African Social Security Agency
SME	Small to Medium Enterprise
SMME	Small, Micro to Medium Enterprise
SARS	South African Revenue Service
SDGs	Sustainable Development Goals
SRD	Social Relief of Distress
TERS	Temporary Employee Relief Scheme

TORs	Terms of Reference
UIF	Unemployment Insurance Fund
UNCPD	United Nations Commission on Population and Development

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CHAPTER SUMMARY

The South African social and economic context, which was already beset by high levels of poverty and unemployment pre-COVID-19, took a huge hit from the pandemic and the attendant lockdown period in 2020. Notably, South African economy was already in a technical recession prior to the pandemic and the lockdown, with real GDP growth estimated at 0.3% and 0.9% for 2019 and 2020 respectively. About 20% of households in the country were already considered food insecure in 2019 (before the pandemic). The poorest and richest income groups remained largely stable over the April-June 2020 period. Several institutions and academics have endeavoured to track and assess the impacts of the pandemic on the population and on food and nutrition security, but there are still gaps vis-à-vis a comprehensive qualitative and quantitative assessment of the availability and accessibility of food, particularly among the most vulnerable in the context of the pandemic and the lockdown. There is also not much systematic analysis on how households have responded to the pandemic and lockdown measures towards meeting basic food needs, nor is there a comprehensive picture of the prevalence of food insecurity by province in the context of the pandemic. This chapter therefore filled in these crucial gaps by examining the state of Food and Nutrition Security (FNS) during the first wave of the COVID-19 pandemic and lockdown period using, mainly, results from the National Income Dynamics Study (NIDS)-Coronavirus Rapid Mobile (CRAM) longitudinal survey as well as a thorough review of relevant literature. In this study, the food and nutrition security indicators used were self-reported hunger and perceptions of food inadequacy. In addition, variables that were supplemented included measures of child food access at school, household poverty, and other correlates of food insecurity.

Key chapter insights include:

- *High frequency of food poverty levels during the first wave of the pandemic as well as hunger experiences.* A substantial proportion of South Africans experienced hunger during the first wave of the pandemic. Among households that experienced hunger, about a third indicated that someone went to bed hungry every day. Also, one of the drivers of hunger was as a result of inadequate financial resources as some households ran out of money to buy food during Level 5 lockdown period. As a result, government grants appeared to be important in shielding the poor from hunger.

- *High impact on child nutrition and health.* Child nutrition and health were affected by disruptions to school feeding schemes and delays in health care seeking behaviour such as routine immunisations and vaccination service, child nutrition services, breastfeeding support, and Prevention of Mother to Child Transmission (PMTCT) of HIV programmes. As a result, these disruptions and delays made it harder to prevent, identify and treat children at risk of severe acute malnutrition and can possibly lead to the re-emergence of childhood illnesses which were previously eradicated. Routine immunisation coverage dropped during the first wave of the pandemic in South Africa.
- *Various social relief interventions were rolled out.* These included: direct food parcels (around 323 000 food parcels were distributed during the 1st wave of the pandemic); agricultural support for subsistence farming (targeting farmers with a turnover between twenty thousand rand and R1m per year inclusive of women, youth and people with disabilities); Wage support (i.e. tax relief, SAFT, Temporal employee/Employer relief scheme); and Basic income grant conversation (the R350 Social Relief of Distress (SRD) grant was proposed to be a long term intervention by economists, civil society groups and academics). There were issues of coordination between and among state and non-state actors in the administering of the social relief interventions, which hampered the smooth and effectual implementation of the programmes. There also lacked a clear policy position on dealing with undocumented foreign nationals particularly vis-à-vis food aid and social assistance especially during the hard lockdown period.
- *Realising South Africa's SDGs (particularly SDG#2) in the context of the pandemic requires urgent investments in agile FNS institutions coupled with high-frequency FNS data for proactive anti-hunger targeting.* Intuitive reasoning and simple logic point to an inverse relationship between the Covid-19 pandemic and the food and nutrition status of the most vulnerable sections of the population. This inverse correlation has a direct bearing on monitoring the realisation of food and nutrition security targets in the SDGs. Whilst the Covid-19 pandemic and the lockdown measures to curb the spread of this respiratory virus have added to higher levels of hunger, the lack of detailed statistics to update SDG reports have made it difficult to quantify impacts on hunger status with pinpoint accuracy.

1. INTRODUCTION

1.1. Background

This chapter is a follow-up from the Human Sciences Research Council's (HSRC's) Comprehensive Status Report on Population, Food and Nutrition Security and Sustainable Development in South Africa, prepared for the Department of Social Development (DSD) to be used by South Africa's delegation to the 53rd United Nations Commission on Population and Development (UN CPD) meeting that took place in April 2020. The 2020 report provided the country's insights on the Food, Nutrition and Security (FNS) status of different demographic groups. It also served as a key basis for South Africa's statement to the UN CPD, which was anticipated to help in the monitoring, review and assessment of global progress vis-à-vis important issues such as food security, water and climate change.

Amid COVID-19 and the different levels of lockdown that occurred in South Africa since the outbreak of the pandemic in March 2020, the Government of South Africa made extensive efforts to pre-empt and mitigate a number of the food and nutrition challenges, prioritising food access to poor and vulnerable families. Food parcels, food vouchers, and various social grants were made available to families in need, based on a set of pre-determined criteria. The DSD played a major role in the administration of most of the COVID-19 relief packages, working together with other government departments, non-profit and non-government organisations (NPOs and NGOs), and other food relief agencies. Despite these efforts, there were concerns over whether the most affected households were being reached, considering poor coordination in terms of distribution and issues around the inadequate supply of the food parcels.

It is within this context that the DSD contracted HSRC to prepare a chapter which explores the status of Population, Food Security, Nutrition and Sustainable Development during the period of the first wave of the COVID-19 pandemic and the lockdown in South Africa. From this chapter, the DSD seeks to bridge the information gap regarding the cause and effect of food insecurity during the COVID-19 crisis and the ensuing lockdown. In this chapter, the HSRC used purposeful desktop review of literature, administrative data, and surveys. As a result, the literature review and secondary document analysis provides a synthesis of how varied interventions (ranging from social grants and other relief of socioeconomic distress measures) countered the effects of the pandemic on sustainable development in South Africa.

1.2. Chapter purpose and objectives

Following the Terms of Reference (TORs), the aim of this chapter is to discuss the status of the population, food security and nutrition during the first wave of the COVID-19 pandemic at different levels of lockdown and implications for sustainable development and future disasters in South Africa.

In pursuit of this main purpose, specific objectives include to:

- Provide information on the availability and accessibility (including affordability) of food especially for the most vulnerable groups (such as poor households, child-headed households, households with people with disabilities, and the elderly) during the pandemic and the lockdown period.
- Identify trends and prevalence of food (in)security by province in the context of the pandemic.
- Detailing household response measures when faced with difficulties in meeting basic food needs during the pandemic.
- Describing coordination mechanisms for food assistance and social relief implemented during different stages of lockdown and analysing their effectiveness.
- Providing recommendations for the realisation of FNS during disasters and similar future emergencies.

1.3. Methodology

To achieve the outlined objectives, the HSRC implemented the research using purposeful desktop analysis. The purposeful desktop strategy comprised a review of relevant literature (academic literature, policy documents, case studies and other grey literature). This was achieved using keywords from relevant databases, while the quantitative aspect of the analysis was conducted using the nationally representative National Income Dynamics Study - Coronavirus Rapid Mobile (NIDS-CRAM) survey (see Section 2). A distinct follow up is done by the NIDS-CRAM, containing a subsample of grown-ups from households in the National Income Dynamics Study (NIDS) Wave 5. That exact group of people is questioned every few months with respect to various issues around “income and employment, household welfare, receipt of grants, and their knowledge and behaviour vis-à-vis COVID-19” (Spaull & The NIDS-CRAM Team, 2020).

1.4. Chapter outline

After the introduction section, this chapter is organised into four sections. Each of the following sections (except the Conclusion) follows a standard format aimed at a harmonised flow of the report. Section 1 begins with a background and context of the chapter. This is followed by a discussion of the purpose of the chapter and the methods used for information/data collection and analysis. Section 2 discusses food and nutrition security during the COVID-19 and lockdown levels. Furthermore, it identifies the FNS dimensions during the COVID-19 lockdown, the spatial distribution of various FNS statuses across the lockdown levels, and the vulnerability to FNS across various demographic groups. Section 3 summarises FNS interventions during the COVID-19 first wave and the lockdown, and implications for sustainable development. It reviews the food relief interventions and the coordination mechanisms employed by various institutions to address FNS. Section 4 summarises key findings of main recommendations emerging from the study.

2. THE STATE OF FNS IN SOUTH AFRICA DURING THE FIRST WAVE OF THE COVID-19 PANDEMIC AND LOCK DOWN PERIOD

2.1. Food poverty levels during the 1st wave of the pandemic and hunger experiences

The COVID-19 pandemic and the subsequent lockdown resulted in a significant devastation of livelihoods and living standards in South Africa, just as similar to many countries world over. As has been well documented, the pandemic and associated lockdown resulted in a significant loss of jobs, a situation that the economy is yet to fully recover from (NIDS-CRAM Survey, 2020; Stats SA, 2021). Such economic disruptions took place in the context of an already struggling economy, with the South African economy having already been in recession while its debt had been downgraded to junk status even before the pandemic.

Likewise, before the COVID-19 pandemic, many people in the country were already deemed food insecure. For instance, indicators of stunting and household hunger suggested a level of precariousness which are not consistent with those of upper middle-income countries (Jacobs et al, 2020). That the pandemic is likely to have worsened this situation is not surprising. While South Africa has been lauded for its robust response in as far as pandemic control measures particularly in the early days were concerned, some of those measures such as strict nationwide lockdowns likely exacerbated the food and nutrition insecurity of people, especially in the case of already vulnerable groups. Given these factors, it is therefore imperative to examine the state of FNS during the COVID-19 pandemic. This has been accomplished with the help of data collected during the pandemic, and where possible, a comparison to data obtained prior to the pandemic.

2.1.1. Methods

We conducted a descriptive analysis of the state of FNS in South Africa by analysing some FNS indicators from data collected during the pandemic. The key dataset used is from the NIDS-CRAM survey. NIDS-CRAM “is a longitudinal survey of South Africans conducted telephonically in response to the COVID-19 pandemic and is based on the 5th (i.e. last) adult wave of the NIDS survey, the first nationally representative longitudinal survey of South Africans” (Spaull & The NIDS-CRAM Team, 2020)¹.

¹ NIDS was conducted roughly every two years between 2008 and 2017. A top-up sample was included in the last wave of the survey due to non-random attrition (Brophy et al, 2018).

The NIDS-CRAM survey currently has 3 waves. 17 000 people were targeted in the first wave, with stratified batch sampling being used. This allowed for flexibility considering that adjustments of the sampling rate for each stratum became possible; with new information emerging as the survey progressed (Kerr et al, 2020). A total of 7 073 respondents were successfully interviewed during the 1st wave of the NIDS-CRAM survey, conducted from May to June 2020. Out of this number, there were 5 676 successful interviews in wave 2 – conducted in July-August (80.2% success rate) – as well as 5 046 successful interviews in wave 3 (i.e. conducted in November-December 2020) from the original 1st wave sample (which represented 88.9% of successful interviews in the 2nd wave and 71.3% of the original successful interviews in the first wave)² (Ingle, Brophy and Daniels, 2020a, 2020b; NIDS-CRAM, 2020; Nwosu, 2021). These interview dates imply that waves 1, 2 and 3 were conducted during lockdown levels 5, 3 and 1 respectively (South African Government, 2020c).

Being a telephonic survey, it is important to highlight some concerns regarding the NIDS-CRAM survey. Questions about household welfare are usually asked from the most knowledgeable household member. In the case of NIDS, it was asked from the oldest woman or a household member who had intimate knowledge vis-à-vis living and spending patterns of the household (Brophy et al, 2018). However, it was not necessarily the case that those randomly interviewed in the telephonic NIDS-CRAM survey were the most knowledgeable individuals regarding household welfare indicators (income, nutrition, etc.). However, we do not think that there were any systematic biases given the randomness of the NIDS-CRAM sample.

Food and nutrition security indicators

Typically, in a study like this, it would be desirable to ascertain the state of FNS across key domains of FNS (captured by specific indicators). These domains are: “(a) anxiety and uncertainty about household food supply; (b) insufficient food quality (including the variety and the preferences of the type of food); and (c) inadequate quantity (including the physical consequences of inadequate food consumption)” (Maxwell et al, 2014). Measurable indicators that can be used to capture these domains include “self-reported hunger and perceptions of food (in)adequacy (for household food supply anxiety and uncertainty); dietary diversity and the

² Because of the attrition between wave 1 and wave 2 of the NIDS-CRAM survey, the third wave included a top-up sample which was drawn randomly from the original wave 5 sample of NIDS (Ingle, Brophy and Daniels, 2020b).

proportion of total household spending that constitutes food (for capturing insufficient food quality); as well as body mass index (BMI) and child stunting and wasting (measuring the physical consequences of food consumption)” (Ryan & Leibbrandt, 2015).

Given the telephonic nature of the NIDS-CRAM survey however, the number of FNS indicators available are understandably limited. While it was not feasible to collect some of the above indicators in a telephonic survey (e.g. BMI and child wasting and stunting), time pressures inherent in a telephonic interview limited the NIDS-CRAM survey to only 20 minutes, resulting in an inability to collect most of the other FNS indicators. Consequently, the only FNS indicators listed above that are available in the NIDS-CRAM survey are self-reported hunger and perceptions of food inadequacy. We supplemented these variables with measures of child food access at school, household poverty and other correlates of food insecurity. All statistics reported in this section were weighted to account for survey design and, where relevant, non-random attrition.

2.1.2. Results

Poverty

An important avenue through which the pandemic likely affected the food security of South Africans was through the tightening of budget constraints principally due to job losses. According to Statistics South Africa (2020), “the 2020 real monthly figures per person poverty lines for South Africa were: ZAR585 (food poverty line), ZAR840 (lower bound poverty line), and ZAR1268 (upper bound poverty line)”. We used these lines to classify individuals in the sample based on their real monthly household per capita incomes (using April 2020 as the base month so as to be directly comparable to the national poverty lines). We present the distribution of the samples across the various income groups based on the poverty lines over the first two waves of NIDS-CRAM (household income was not collected in wave 3).

Table 1: Distribution of households by income group (percentages)

Income group	Wave 1 (Level 5)	Wave 2 (Level 3)
Food poor	48.1	48.4
Lower-bound poor	11.2	11.9
Upper bound poor	9.6	10.4
Non-poor	31.2	29.2
Number of observations	4 395	4 771

Note: Statistics weighted for national representativeness

Table 1 indicates that almost half of the population in both waves were classified as food poor, while less than a third were categorised as non-poor. Also, there was almost no change in the composition of the various classes over these two time periods. We exploited the longitudinal nature of the data to ascertain transitions across the various income groups between wave 1 and wave 2 (see Table 2).

Table 2: Transitions across income groups (percentages)

Wave 2 \ Wave 1	Food poor	Lower-bound poor	Upper bound poor	Non-poor
Food poor	75.8	11.0	5.5	7.8
Lower-bound poor	42.7	26.7	16.6	14.0
Upper bound poor	26.8	17.8	32.3	23.2
Non-poor	5.8	5.4	8.3	80.6
Total	45.6	11.6	10.1	32.7

Note: Statistics weighted for national representativeness; Row percentages add to 100

Table 2 indicates that while the 2 extreme income categories were stable across the 2-month period, the middle categories experienced greater flux mostly towards worsening welfare. For instance, while 43% of the lower bound poor in wave 1 became food poor in wave 2, only 31% improved (i.e. became either upper bound poor or non-poor). Similarly, while 45% of the upper bound poor in wave 1 became either food poor or lower bound poor in wave 2, only 23% improved into the non-poor category. The foregoing sets the stage for an examination of FNS status and dynamics over the COVID-19 period. Figure 1 depicts the prevalence of household and child hunger across the three waves. This was obtained from respondents indicating whether a household member and a child respectively went to bed hungry in the past seven days due to a lack of food.

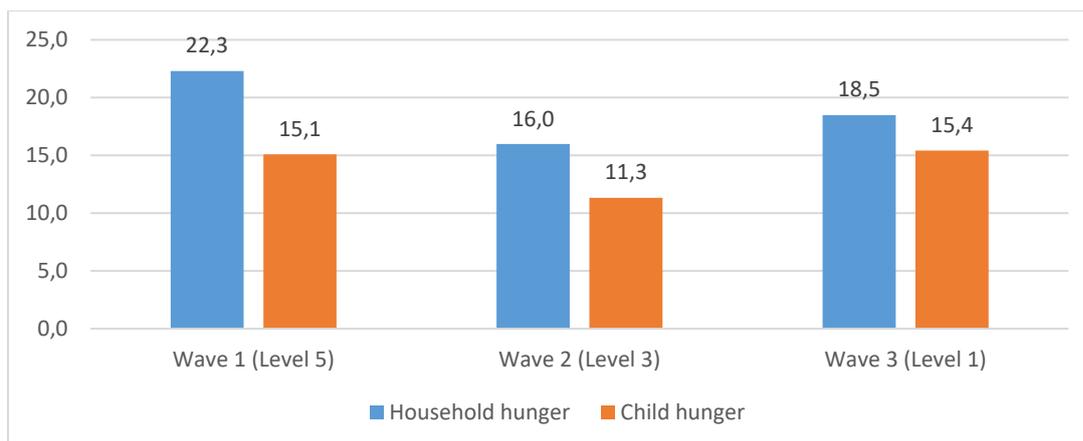
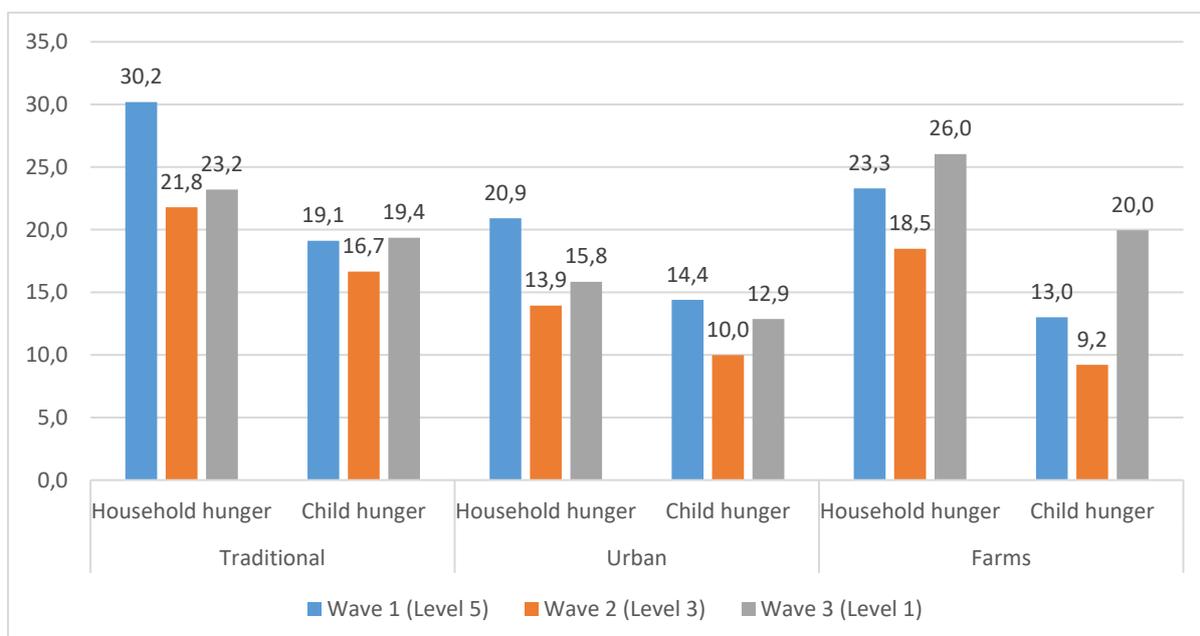


Figure 1: Household and child hunger during COVID-19

Figure 1 indicates that both household and child hunger exhibited a u-shape, with the prevalence falling between wave 1 and wave 2 but rising afterwards. Moreover, figures from the General Household Survey (GHS) indicate that the proportion of adults whose households experienced hunger³ in 2018 (a variable similar to what was reported in Figure 1) was 10.6%. Similarly, the proportion of adults whose households experienced child hunger in 2018 was 10.3%. We note that the 12-month recall period for the hunger question in the GHS might indicate that hunger as reported in the GHS was underreported relative to what obtained in the NIDS-CRAM survey. Given the spatial nature of vulnerability in South Africa especially given the spatial nature of apartheid, we disaggregated Figure 1 by geographical areas (Figure 2).



³ In the GHS, the representative household member was asked whether any adult/child went to bed hungry due to a lack of food over the past 12 months. Responses were: never, seldom, sometimes, often or always. We categorised “never” and “seldom” as no hunger, while any of the other categories resulted in the household being classified as having experienced hunger.

Figure 2: Spatial distribution of household and child hunger during COVID-19

As expected, Figure 2 indicates that both household and child hunger were most keenly felt in traditional locations and least in urban areas. Moreover, there was a sharp upsurge in both household and child hunger in farming communities in wave 3. This is a serious source for concern. Unfortunately, we could not disaggregate the analysis by the gender of the household head as such information does not exist in the dataset. However, we could disaggregate by gender generally. Men and women reported similar household hunger rates across the waves, however women were more likely to report that children went to bed hungry in their households than men especially in wave 1 and wave 3. The rates of child hunger reported by women (men) were: 16.4% (13.4%), 12.1% (10.4%) and 17.3% (12.8%) in the 1st, 2nd, and 3rd waves respectively. However, it should be noted that these figures do not necessarily mean that female children were more likely to go to bed hungry than male children, as such data does not exist in the survey. While the high household hunger rates reported above are a cause for concern, hunger frequency provides an important indication of the intensity of hunger.

Figure 3 depicts the distribution of weekly hunger frequency among households where respondents indicated that someone/some child(ren) went to bed hungry.

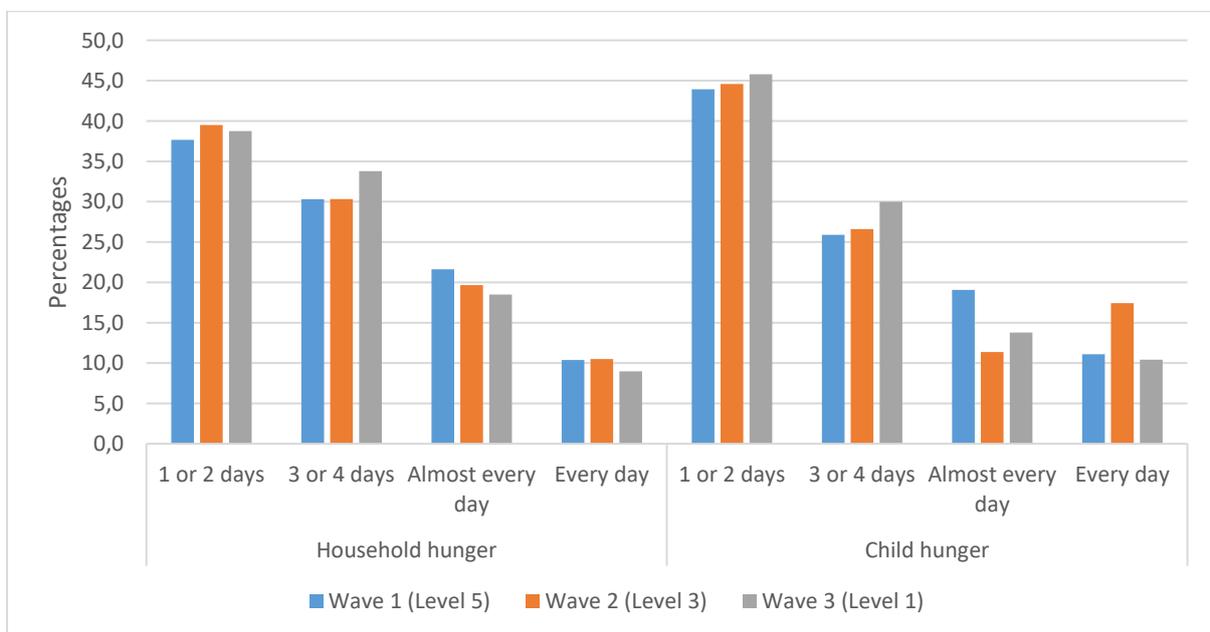


Figure 3: Hunger frequency across waves

Figure 3 indicates that among households who suffered from hunger, hunger frequency did not vary substantially over the three waves. This is not surprising given the high frequency of the

data. However, it is a cause for concern that about a third of the population belonged to households where someone went to bed hungry about half the time. Also disconcerting is that 10% of the population reported that someone in the household suffered from hunger every day. Of even greater concern is that the situation was similar (and in some cases even worse) for child hunger, with 17% of the population reporting that a child went to bed hungry every day in their households during Level 3 lockdown restrictions.

In terms of the racial distribution of hunger, both household and child hunger were mostly experienced by Africans. For instance, 26% and 22% of Africans reported household hunger in wave 1 and wave 3 respectively while it was only 4% and 2% for whites in the same period. Similarly, 17% and 18% of Africans reported child hunger in both periods, while the prevalence of child hunger in white households in both waves were 3% and 2% respectively. A key underlying factor behind household experience of hunger is the availability of resources to purchase necessary nutritional food. Figure 4 below depicts the spatial distribution of individuals in whose households money to purchase food got exhausted in the three waves.

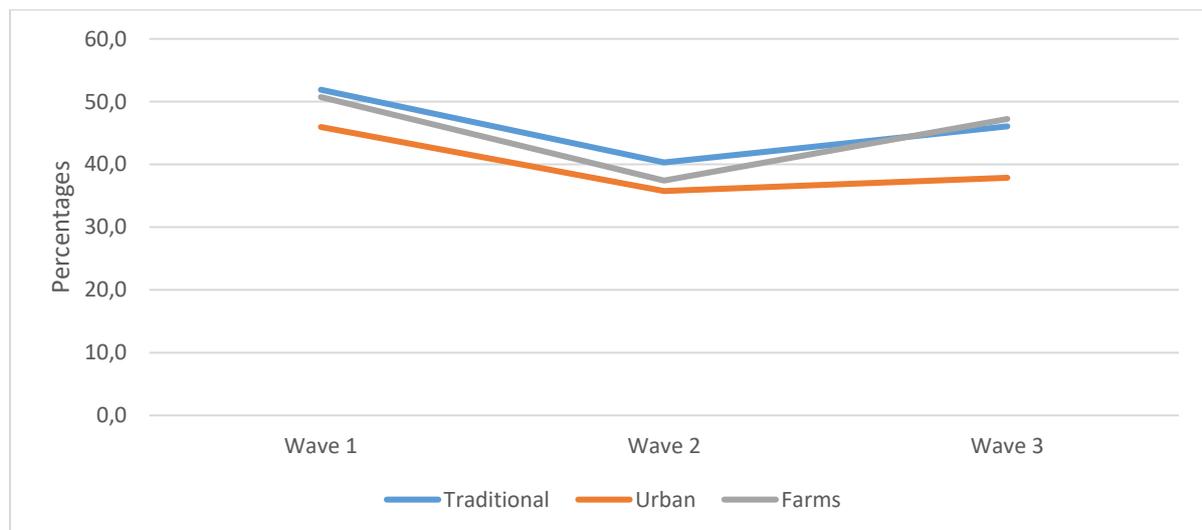


Figure 4: Spatial distribution of the prevalence of households exhausting money to purchase food

As shown in Figure 4, the proportion of households experiencing inadequacy of money to buy food declined between wave 1 and wave 2 across all locations. However, this decline was not sustained over time, with the prevalence of inadequacy of resources increasing in wave 3 across all locations. As expected, urban households had the least experience with regard to financial constraints for food purchases, while traditional areas generally suffered most. One trend of concern is the substantial rate of lack of money to purchase food. As shown in Figure 4, more

than half of the population in traditional and farm locations experienced such lack in wave 1 while 46% of the relatively well-off urban residents suffered such lack in the same period. While wave 3 values were less than these figures, still a substantial percentage of the population experienced such lack.

Another aspect of resource availability reported in waves 2 and 3 of NIDS-CRAM is whether respondents' households experienced a decline in income. For wave 1, respondents were asked whether their households lost their main source of income since the (level 5) lockdown began. 40% of the population indicated that their household lost its main source of income since the beginning of lockdown. On the other hand, 19% and 36% of the population indicated that there was a decline in household income in waves 2 and 3 respectively over the last four weeks (relative to income increasing or being constant).

Access to government grants is one avenue through which poor and vulnerable households can improve their capacity, thus ameliorating food and nutrition insecurity. Among the food poor, while grant receipt did not appear to be correlated with hunger in wave 1, there was a clear relationship in wave 2 as the prevalence of hunger among grant recipients and non-recipients was 24% and 32% respectively. Thus, it seems that the social welfare system was helpful in assisting the poor reduce their vulnerability during the pandemic.

Given the breadth of impact of the pandemic, it is natural to expect assistance for the vulnerable to be multifaceted, with other entities like NGOs and community members joining the government in assisting the vulnerable. Indeed, South Africa has long prided itself as espousing the principle of *Ubuntu*, an age-old philosophy that emphasises social solidarity and assistance to the less privileged. In both wave 1 and wave 3, respondents were asked whether they received food or shelter from different entities like the government, NGOs/churches/other associations, or from neighbours/community. Figure 5 presents the distribution of such assistance in both waves.

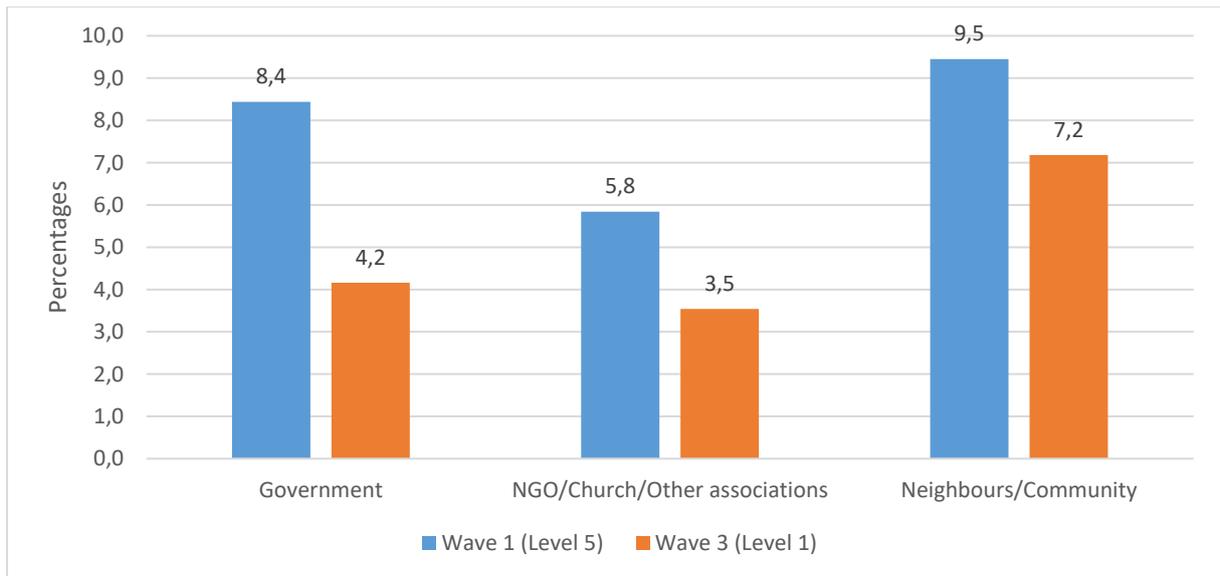


Figure 5: Distribution of sources of food and shelter assistance

Figure 5 indicates that a higher proportion of respondents reported receiving food and shelter assistance from neighbours or the community than either from the government or NGOs/churches/other associations in both periods. For instance, in wave 3 (level 1 lockdown restrictions), the proportion of respondents who reported receiving assistance from neighbours or community exceeded that of the government by 71%. That said, it must be borne in mind that these questions did not elicit the volume of the assistance received.

We also ascertained the extent to which these support endeavours targeted the poor. Given the availability of income in wave 1, we compared the proportion of respondents who received assistance from various sources across household classifications based on the various poverty lines (see Figure 6).

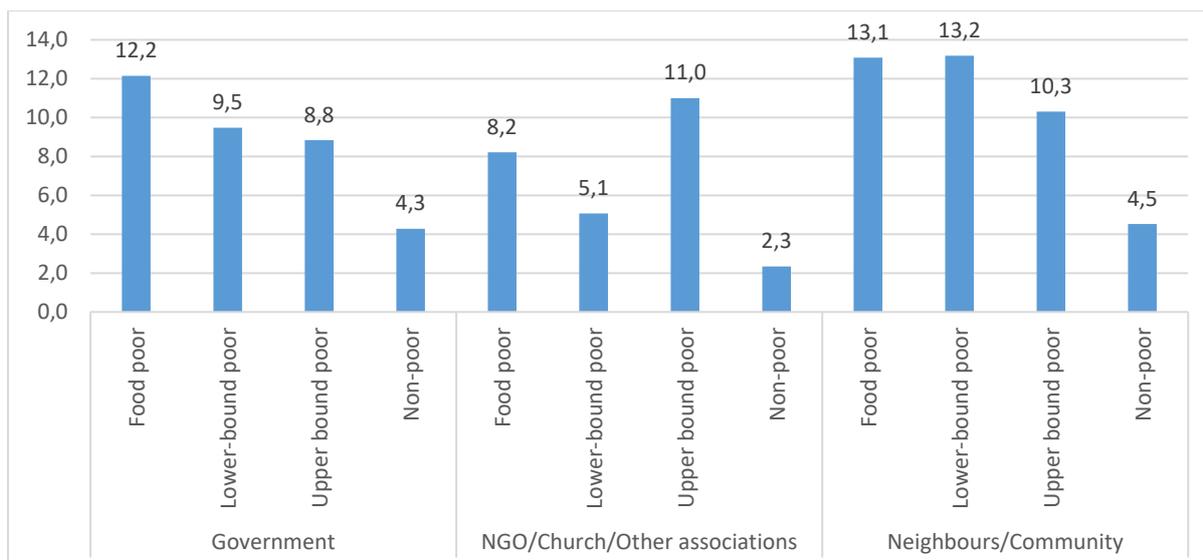


Figure 6: Distribution of sources of food and shelter assistance across income groups

Figure 6 suggests that the assistance from government and neighbours/community appeared to be better targeted to the most vulnerable relative to that of NGOs, churches, or other organisations. The former systematically declined as one moved up the income ladder. This is not unexpected given that the government's means testing of social welfare packages is likely to ensure a fairly accurate targeting of vulnerable individuals/households, while neighbours/community are likely to know who among them are truly vulnerable.

A commendable programme implemented by the South African government is the National School Nutrition Programme (NSNP) which provides food to primary school pupils and secondary school learners from the lowest three quintiles (i.e. the non-fee-paying schools). One problem with the early lockdown policy was that with schools closed, learners who benefitted from the school feeding programme could no longer access such meals. Prior evidence suggests that food served through the NSNP is a major source of essential nutrition for many learners (Jacobs et al, 2020). Data from the 2nd and 3rd waves of NIDS-CRAM indicates while 21% of the population with school-going children indicated that children from their household received a meal from school, the proportion increased rapidly in wave 3 with the expansion of the phased re-opening of schools as 46% of the population indicated that children in their households received food from school.

Figure 7 depicts the distribution of access to school-based nutrition across income classes during level 3 lockdown restrictions.

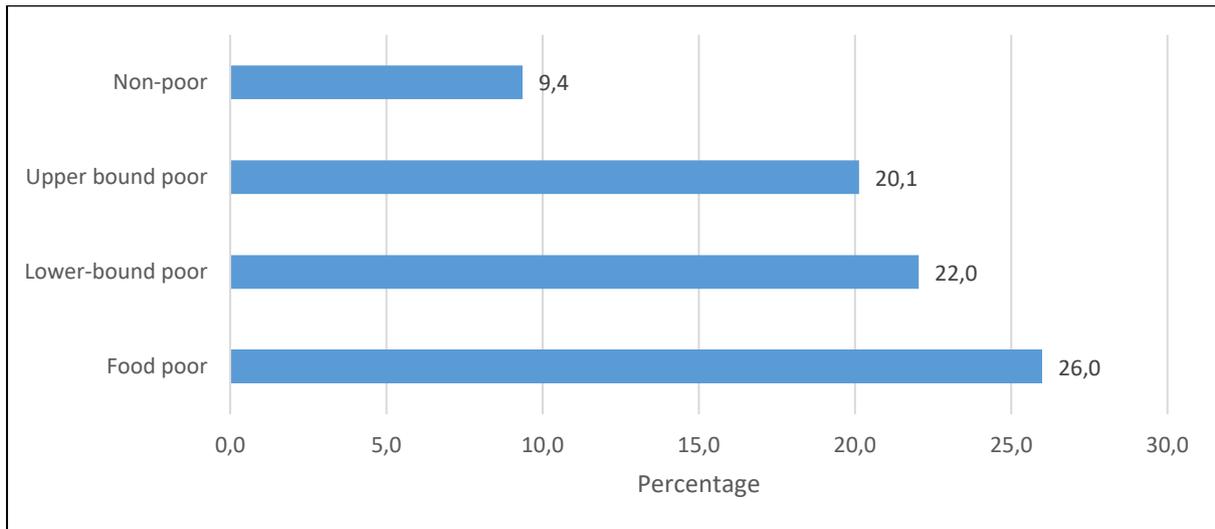


Figure 7: Distribution of access to school feeding during level 3 lockdown restriction

Figure 7 shows that an expected negative relationship between household income and access to the school feeding programme.

We also present the distribution of access to the school feeding programme across geographical areas during level 3 and level 1 lockdown restrictions in Figure 8.

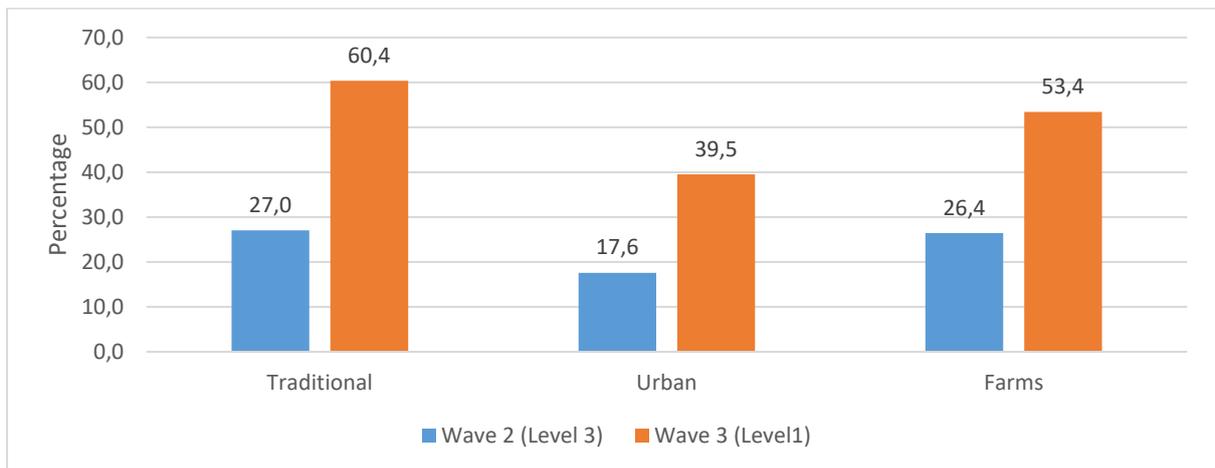


Figure 8: Distribution of access to school nutrition across geographical locations

Figure 8 indicates a substantial increase in accessing the NSNP, with such access more than doubling in each location over the period with the expansion of the phased re-opening of schools. In relative terms, beneficiaries mostly came from traditional areas, followed by farms and urban areas, suggesting fairly accurate targeting as those areas reflect relative economic disadvantage in that order.

2.1.3. Summary of findings

This research has made important findings regarding food insecurity in South Africa during the first wave of the COVID-19 pandemic. An important starting point is to underline the fact that the South African economy was already in a vulnerable situation before the onset of the pandemic and the concomitant pandemic control measures enacted by the government. As earlier indicated, unemployment was already very high and unsustainable, with a narrow unemployment rate of 29.1% in the final quarter of 2019 (Statistics South Africa, 2019), while the country's debt instruments were downgraded to junk status by rating agencies. Moreover, the country was characterised by a level of general and child food and nutrition insecurity not expected of an upper middle-income country, with a national under-five stunting prevalence of 27% in 2016 (National Department of Health et al, 2016) It is therefore important to assess the country's state of FNS in the context of nontrivial economic and nutritional vulnerability even before the pandemic.

We found that while the poorest and richest income groups remained largely stable over the April-June 2020 period, those at the borderline of extreme poverty (the lower bound poor) and the upper bound poor experienced substantial movements, with most of the movements indicating worsening poverty. For instance, while 43% of the lower bound poor in wave 1 became food poor in wave 2, 45% of the upper bound poor in wave 1 became either food poor or lower bound poor in wave 2. This is remarkable when one considers that such substantial changes occurred within a period of only two months (April-June). Given the foregoing, it is therefore not surprising that the rates of hunger especially among the adult population was very high, with household hunger prevalence of between 16 and 22% between May and December 2020.

A discomfiting finding was the high frequency at which a substantial proportion of South Africans experienced hunger. Among households that experienced hunger, about a third indicated that someone went to bed hungry about half the time while about a tenth (almost one-fifth in the case of child hunger in July-August) indicated that someone went to bed hungry every day. One of the drivers of hunger was inadequate financial resources. We found that in the early days of the pandemic control measures (level 5 lockdown), the population percentage indicating that their households ran out of money to purchase food ranged from 46% in urban

areas to 51% in traditional locations. While these figures reduced somewhat by the time the country was under Level 1 restrictions in the November-December period, far too many South Africans still indicated that their households ran out of food money. One clear observation regarding lack of money and hunger is that vulnerability was mostly felt in traditional locations followed by farm settlements, while urban residents appeared the least vulnerable. That said, it is important to note that from the above results, even urban residents were very vulnerable to financial insecurity and hunger. Similarly, as expected, hunger had a stark racial gradient, with the African hunger rate between six and eleven times the white rate over the analysis period.

Government grants appear to be important in shielding the poor from hunger. Among the poor, we found that the rate of hunger among households that did not receive any grant was substantially higher than among grant recipients. Furthermore, together with the government, NGOs/churches and other organisations, as well as neighbours and communities assisted the vulnerable with food and shelter during the pandemic. Thus, the pandemic became an opportunity to demonstrate that the spirit of *Ubuntu* is alive in the country, with the vulnerable benefitting from the generosity of various individuals and entities. While the value of such assistance could not be determined from the data, a look at the recipients suggest that the government and neighbours/community were more successful than NGO/churches/other associations in targeting the poor.

Finally, the NSNP programme through which the government provides food to needy learners has been helpful in enhancing the amount of food available to them. We found that although access to such food was relatively low during the first wave (likely due to school closures), access has significantly increased with increased re-opening of schools. Furthermore, the relatively vulnerable traditional location dwellers were the most likely to access these meals, indicating that the programme appears to have targeted the vulnerable in the population.

2.2. Child health and nutrition during the pandemic and lockdown period

By the time of the confirmation of the first case of COVID-19 in South Africa in March 2020, much was already known regarding the speed at which the contagion spread and the devastation it was causing globally. The public health impact of the pandemic was therefore the immediate priority. As a result, the South African Government responded swiftly to the pandemic by implementing national lockdown measures which restricted personal movement and social

activities to reduce the spread of the virus. The lockdown was successful in delaying the onset of the peak of the first wave of the pandemic in that it provided the necessary time and opportunity to strengthen the capacity of the country's health services. As at the 13th of February 2021, 47 821 people had lost their lives to COVID-19 with a total of 1 490 063 cases of COVID-19 confirmed, 9.2% (137 085) of which were confirmed in children below 19 years of age (NICD COVID-19 and DATCOV Teams, 2021). While these numbers are devastating, they are indeed much lower than they would have been, had the stringent lockdown measures not been implemented. While we can be rest assured that the lockdown measures have indeed saved many lives, the country is still battling the broader impact of these measures. Even though adults have been the most affected by the health impact of COVID-19, as children have been less likely to contract the virus, children have however been greatly affected by the broader impact of the lockdown measures.

The rise in unemployment was devastating. As previously stated, South Africa was already experiencing both economic and nutritional vulnerability before the pandemic. Unfortunately, the lockdown measures intensified the challenges related to the country's economic and nutritional vulnerability. Nutritional vulnerability has increased on three fronts. These relate to 1) unemployment, 2) escalation in food prices and 3) school closures. During the initial hard lockdown, it was reported that nearly three million jobs across all sectors had been lost (Spaull & The NIDS-CRAM Team, 2020). It was also reported that the cost of a basic Household Food Basket increased by 14.4% by November 2020 (Pietermaritzburg Economic Justice and Dignity, 2020). Job losses coupled with the escalation in food prices directly affected the ability of breadwinners to provide food for their families. This at a time when they had an even greater responsibility to do so, as children were now wholly dependent on receiving food at home as their access to feeding programmes at schools and Early Childhood Development (ECD) centres had come to a halt due to school closures during the first stages of lockdown. The combination of these three factors therefore contributed to a dramatic increase in child hunger with 1.8 million ECD learners and 9.1 million school children directly affected. It is therefore not surprising that the global prevalence of severe acute malnutrition was projected to increase by 14.3% over the first 12 months of the pandemic and that 80% of this increase was estimated to occur in Sub-Saharan Africa (May et al, 2020).

It is encouraging to note that data from the third wave of NIDS-CRAM indicates that job market recovery in October 2020 was substantial such that the percentage of people employed is

nearing pre-pandemic proportions. The estimated percentage of employment fluctuated between 57% in February 2020, 48% between April and June, and 55% in October 2020. However, it is important to note that only half the jobs that were recovered were those of people who were previously employed. The other half included people who were unemployed prior to the pandemic as well as new recruits into the job market (Spaull and The NIDS-CRAM Team, 2020). In essence, this means that of the three million people that had lost their jobs due to the pandemic, half of them remain unemployed. This, coupled with the discontinuation of the COVID-19 SRD grant (CSG) and top-up grants at the end of October 2020 caused a huge rise in child hunger with 1 in 6 households reporting that a child went hungry in the November/December 2020 period. Of these, those that received CSGs were the most likely to expend money for food (May et al, 2020).

The previous sections of this report discussed the impact of COVID-19 on child hunger related to food security. In addition to this it is also important to note that the impacts of the lockdown do not only have a direct effect on child nutrition, but it also has a direct effect on overall child health. Over the last few years much progress has been made in securing children's health and nutrition. However, this progress is likely to be undone because of the implications of lockdown measures that were instituted. These include disruptions to school feeding schemes and delays in health care seeking behaviour such as routine immunisations and vaccination services, child nutrition services, breastfeeding support and PMTCT of HIV programmes. These disruptions and delays caused difficulties vis-à-vis identifying, preventing and treating children who are at risk of acute malnutrition, and could possibly lead to the re-emergence of childhood illnesses which were previously eradicated. During lockdown, routine immunisation coverage dropped from 82% to 61% (Baleta, 2020), and HIV testing in children, reduced from about 111 000 in March 2020 to 45 000 in April. However, this started to increase to 74 000 in September 2020.

As the lockdown levels reduced and as the economy opened up, children returned to schools and health care seeking behaviour increased. While these factors will contribute to ensuring that the health of children will improve and children are once again able to access meals through school feeding schemes, it is important to note that both state and non-state actors have a role and duty to protect the health and nutrition of children. This requires intervention at all stages in the life course as well as joint action by all stakeholders and role players (May et al, 2020).

As outlined in the previous (main) report and reiterated in the SA child guide, children require a solid health foundation. This can be achieved by supporting women during pregnancy and lactation. The promotion, protection and support of breastfeeding and the importance of maintaining exclusive breastfeeding for the first six months, remains the most cost-effective nutrition intervention (Jacobs et al, 2020). Furthermore, institutional feeding programmes will continue to provide a means in which we can improve the nutritional status of our children. Feeding programmes at ECD centres and schools remain at the heart of this. While the school feeding programme is able to reach 77% of learners, the ECD feeding programme reaches less than 10% of children aged 3-5 years (May et al, 2020) as the ECD facilities often fail to meet registration deadlines, and as such, do not qualify for the nutrition subsidy. As stated in the previous (main) report, registration of all organisations and persons providing care to children or involved with ECDs should be mandatory (Jacobs et al, 2020).

Also as stated in the previous report, existing government programmes within the Department of Health (DOH), DSD, Department of Agriculture, Forestry and Fisheries (DAFF) and Department of Basic Education (DBE) contain all the necessary interventions required to improve FNS and nutritional health across all vulnerable populations. These include programmes such as the Integrated Nutrition Program (INP), The Household Food and Nutrition Security Strategy (HFNSS) and the NSNP. However, these efforts should be enhanced and expanded. They must also be better focused, effectively combined and coordinated, and complemented by additional interventions (Jacobs and Nyamwanza 2020). Furthermore, the implementation of these interventions must be evaluated in order to identify the gaps and effect the desired changes in FNS status. In addition to institutional feeding programmes, it is also essential to create an overall healthy food environment. This requires creating a holistic food system which is child-centred, and in which foods that are healthy for children outweigh foods that are dominated by commercial interest and driven by profits (May et al, 2020), as these foods are usually low in nutrients, high in sugar, fat and salt and ultimately cheap and ultra-processed.

May et al (2020: 3) articulate that “while the physical environment in which food is obtained and prepared has an impact on the nutritional status of children, as do their feeding patterns and access to health care, research has shown that the driving factor behind both stunting and obesity is income”. Low-income households also cope with the less income by reducing the amounts of food eaten in the household and/or eating less nutritious food. Their consumption

of cheap, but empty calories also predisposes them to become overweight or obese (May et al, 2020). In order to curtail the prevalence of malnutrition in the country, it is imperative that opportunities for employment in the country improve. In light of the high unemployment rate, an expansion in social protection measures may also assist in this regard. As stated in the previous report, expanding access to the Child Support Grant (CSG) may be the easiest means of reaching many vulnerable children. Ensuring the automatic enrolment of all babies born at public health facilities would address this concern (Jacobs et al, 2020).

3. FNS INTERVENTIONS DURING COVID-19 AND LOCKDOWN LEVELS FOR SUSTAINABLE DEVELOPMENT

3.1. Social relief interventions

3.1.1. Direct food parcels

During the first wave of the pandemic (between March 2020 to around October 2020), the DSD worked hand-in-glove with the Solidarity Fund, NGOs, civil society, and CBOs; distributing food parcels in all provinces (Masubi, 2020). While the total figure of food parcels distributed by government during the lockdown remains unconfirmed, reports indicate that by mid-May 2020, the DSD had distributed around 323 000 food parcels (Mvumvu, 2020). The Social Development Minister, however, reportedly stated that the distribution of food parcels by government was uncoordinated and open to corruption and abuse (Mvumvu, 2020). This was also confirmed by the President in his speech of the 23rd of July 2020. The DSD food parcel process ended on the 4th of May 2020 and was replaced by the SRD grant from the South African Social Security Agency (SASSA). The grant made provision for food assistance through cash transfers and food vouchers (DSD-WC, 2020).

While both the food parcel initiative and the SRD grant were targeted at the most vulnerable, due to lockdown restrictions, the number of people requiring assistance continued to rise (Seleka, 2020), and often, those in need did not meet the qualification criteria to receive food parcels or the SRD grant as they already received some form of social assistance (Kiewit, 2020; Devereaux, 2020). Furthermore, when the lockdown was implemented and schools were closed, a vital food source for children in the form of school feeding programmes ceased. The NSNP feeds an average of 9 million learners per day, all of whom were now dependent on receiving meals at home. In the Western Cape Province, the Peninsula School Feeding Association attempted to fill this gap and raised enough funds to feed 4,200 children daily at

community kitchens in and around Cape Town (Devereaux, 2020). This, however, only reached a fraction of those in need. Food insecurity therefore became a crucial issue, especially during the extended hard lockdown. Cases of violent conflict and looting associated with desperate measures to secure food were reported in provinces such as the Western Cape and Gauteng (PLAAS, 2020; Payne, 2020).

There were calls to reinstate the school feeding programmes even though schools remained closed during lockdown alert levels 5 and 4 (Qukula, 2020). This was despite the complicated logistics associated with such a move. When schools reopened on the 8th of June 2020, the school feeding programmes were once again reinstated fully. The school feeding programme has been identified as a crucial avenue for providing food relief to such an extent that when the President announced that schools would be closed again from the 27th of July 2020 to the 24th of August 2020, he emphasised that during this time, the national school nutrition programme would continue to operate (The Presidency, 2020).

Various other government departments partnered with businesses and organisations to distribute food parcels. The Department of Environment, Forestry and Fisheries (DEFF) partnered with FishSA, the SA Fishing Development fund, and major fishing corporations to distribute over ten thousand food parcels to distressed small-scale and interim relief fishers across the country (South African Government, 2020a). Furthermore, individual business such as Premier Fishing also reached out to provide assistance to their seasonal staff (Dlamini, 2020). The Western Cape Department of Agriculture and the Deciduous Fruit Development Chamber of South Africa (DFDC-SA) contributed more than ten thousand fruit parcels to the Gift of the Givers, a non-governmental organisation, for onward distribution to the most vulnerable people and households in Western Cape province (South African Government, 2020b).

An analysis of the food parcel interventions conducted by various organisations reveals that there were no set criteria in terms of who could be a beneficiary of a food parcel or what the contents of the food parcel would be, as these differed across organisations. For example, Gift of the Givers adapted different criteria to different situations or places. In one location, beneficiaries could be families of the disabled, while in others, they could be those who have had no income during the lockdown (Gift of the Givers, 2020). Food Forward SA (2020), a food redistribution organisation operating on a food banking system, reported distributing

3,100 tons of food amounting to 12,4 million meals to vulnerable communities during the hard lockdown (Levels 5 and 4). Over the course of the year 2020, they supported over 1,000 beneficiary organisations, which directly reached almost 500,000 vulnerable people (and, indirectly, an additional 1,5 million people) with food parcels to households.

While the distribution of food parcels no doubt addressed the issue of hunger and food security, the nutritional adequacy of the food parcels has been questioned. In August of 2020, researchers from the University of Pretoria evaluated the nutritional adequacy of the food parcels distributed by the Gauteng food parcel relief scheme (Vermeulen, Muller and Schonfeldt, 2020). They concluded that the food parcel contained adequate amounts of macronutrients in the form of carbohydrates, proteins, and fats, but was lacking in dietary diversity, specifically with regard to dairy, eggs, fruit and vegetables. The latter provides critical micronutrients essential for building the immune system. They further concluded that the salt content and the sugar content of the food parcel could be reduced as well, stating that providing more nutritious food can assist in the realisation of improved health outcomes which will be effective beyond COVID-19 (Vermeulen, Miller and Schonfeldt, 2020).

3.1.2. Agricultural support for subsistence farming

Two main means of agricultural support for subsistence farming during the first wave of the pandemic can be identified. Firstly, all farm operations and food supply chains were exempted from lockdown restrictions, thereby permitting harvesting and storage in order to prevent wastage of crops and to tend to livestock. Secondly, the Department of Agriculture, Land Reform and Rural Development (DALRRD) established a R1,2 billion COVID-19 Disaster Fund to assist smallholder and communal farmers. The targeted beneficiaries were producers with a “turnover between R20 000 and R1 million per annum”, with a goal of 50% women, 40% youth and 6% people with disability as beneficiaries (KPMG, 2020). The DALRRD intervention came in the form of vouchers which enabled farmers to purchase inputs and fertiliser from government listed suppliers. DALRRD however clarified that the intervention was meant to be a response only to the COVID-19 crisis and not a long-term aid. According to Masiwa in VBK News (2020), DALRRD also committed to supporting household food gardens with agricultural inputs, such as seeds and fertiliser, to ensure long-term relief, instead of food parcels (KPMG, 2020).

3.1.3. Wage support

The South African government implemented several wage support measures to assist vulnerable South African businesses experiencing operational challenges due to the COVID-19 pandemic. Some of the measures were implemented in partnership with private organisations and banks. Table 3 captures some of the main support measure and the conditions attached to them.

Table 3: COVID 19 wage support measures in South Africa

Support Measure	Conditions
1. Tax Relief	<ul style="list-style-type: none"> • Employment Tax Incentive (ETI) maximum amount increased for employees eligible under the current ETI Act. The amount claimable covers a 4-month period – “from R1,000 to R1,500 in the first qualifying 12 months; and R500 to R1,000 in the second 12 qualifying months” (White and Case, 2020). • Employees earning an amount of R6,500 and/or below and not qualifying for the ETI for any reason received a monthly ETI claim or tax subsidy of R750 per month over a 4 months duration from May 2020. A key provision was that employers should, as at the 1st of March 2020, be registered with the South African Revenue Service (SARS). • Pay-as-you-earn (PAYE) liabilities were deferred for a 4 months period starting May 2020 – provided the business in question: a) is a taxpayer that conducts a trade; b) has a R100 million annual turnover or less during the year of assessment (between 1 April 2020 and 1 April 2021); c) is tax compliant, and d) has “a gross income not including over 20% income coming from interest, dividends, foreign dividends, royalties, rental from letting of fixed property, annuities and any remuneration received from an employer” (White and Case, 2020). • All donations made to a COVID-19 disaster relief organisation from the 1st of April 2020 to the 31st of July 2020 qualified for a tax deduction. • Taxpayers donating to the Solidarity Fund able could claim up to 20% as a deduction from their taxable income. • A delay of 3 months for tax filing and first payment of carbon tax granted, “and a 4-month holiday (from May 2020) for companies' contributions to skills development levy, fast-tracking VAT refunds”(KPMG, 2020).

<p>2. Temporary Employee/Employer Relief Scheme (C19 TERS)</p>	<ul style="list-style-type: none"> • The C19 TERS Directive was initially issued by the Department of Employment and Labour Minister in the 25th of March 2020 Government Gazette, and subsequently revised in the Government Gazette 43216 of 8 April 2020. The benefit was further extended for specific employee categories for an additional period of six-weeks as gazetted in Government Gazette 43611 of 13 August 2020. A further extension was granted on the 7th of September 2020 for the State of Disaster period. • A special benefit for those employees losing part or all of their income due to the pandemic was created under the Unemployment Insurance Fund (UIF). • A company could qualify for C19 TERS benefit if it was not operational (or part of it was closed) due directly to the pandemic for a 3-month period or less. • In essence, to qualify for C19 TERS, a company should have satisfied the following requirements: “a) registered with the UIF; b) comply with application procedures of the scheme; c) company's closure to be linked directly to the pandemic” (White and Case, 2020). • Employees eligible to receive C19 TERS benefits include those who did experience or will experience income loss due to a temporary closure of operations; and who were actively employed before the national lockdown started on the 27th of March 2020. • A salary amount of R17,712 per month was set as the maximum amount vis-à-vis calculating the benefits to be paid to qualifying employees. Payment would be done in terms of the sliding scale of the income replacement rate as set out in the 2001 Unemployment Insurance Act. • No less than R3,500 would be paid out as benefit to an employee. As noted by White and Case (2020), “should an employee's income in terms of the income replacement sliding scale fall below R3,500, the employee will be paid a replacement income equal to that amount”.
<p>3. Small, Micro and Medium-Sized Enterprises (SMMEs) Support Intervention</p>	<ul style="list-style-type: none"> • This included “Debt Relief Fund and a Business Growth/Resilience Facility to mitigate the impact of expected economic slowdown on SMMEs in the country due to the pandemic” (White and Case, 2020). • The Debt Relief Fund comprised of soft-loan funding for SMMEs for a 6 months period commencing 1 April 2020. • The Business Growth/Resilience Facility had provisions for bridging finance, working capital, order finance, stock, and finance to equip small businesses that are into critical medical supplies.

	<ul style="list-style-type: none"> • In order to qualify for the SMME Support Intervention relief, the business must: “a) have been registered with CIPC by 28 February 2020, at least; b) be owned by South African citizens 100%; c) have employees consisting of 70% South Africans; d) be compliant with South African Revenue Services and the UIF” (KPMG, 2020).
4. South African Future Trust (SAFT)	<ul style="list-style-type: none"> • The Oppenheimer family established this trust to financially support SMMEs in partnership with various local banks. • SAFT funds are interest-free over a 5 year duration and were disbursed as concessionary loans to SMMEs which qualify. They were administered by partner banking institutions on behalf of SAFT. • SMMEs meeting the following criteria were eligible for SAFT support: “a) turnover below R25, 000, 000 per year; b) business adversely affected by the pandemic; c) business has been trading for at least 2 years; and d) business was viable as at 29 February 2020” (White and Case, 2020).
5. Guaranteed Loan Scheme for Small and Medium-Sized Enterprises (SMEs)	<ul style="list-style-type: none"> • Worth R200 billion, this facility was implemented in partnership with National Treasury, the country’s major banks, and the South African Reserve Bank. • Loan not eligible for use on such expenses as paying dividends, paying off other existing loans, making investments, or paying bonuses. • Loan to be paid out in monthly instalments up to 3 months. After that, no further payment would be expected for the succeeding 3 months. • The loan and interest to be paid off within a 5-year period. • To qualify, the business must: “a) have an annual group turnover of not more than R300 million; b) be up to date with its loan payments to the relevant bank as well as hold an account with no loans at the relevant bank as at end of February 2020; c) have an existing relationship with the bank granting the loan; d) be registered with SARS; and e) be in financial distress due to the pandemic and/or the lockdowns” (White and Case, 2020).

Sources: KPMG, 2020; White and Case, 2020

3.1.4. Basic income grant conversation

Debate and conversation around a basic income grant (BIG) in South Africa have been around for close to 20 years, with previous research concluding that a BIG can actually reduce poverty in the country by as much as 75% (BusinessTech, 2020). Successive administrations in the

country have however not been actively pushing to actualise the BIG idea. With the introduction of the monthly R350 SRD grant in April 2020 to assist vulnerable South Africans in the context of COVID-19 and the lockdown, the BIG debate has assumed new momentum. The proposal by economists, academics, and civil society groups is that the BIG should be the longer-term replacement for the shorter-term SRD grant and other COVID-19 relief measures. As highlighted by Business Tech (2020), under the current proposals, a BIG should be: a) payable to anyone aged between 18-59 years; b) around R500 monthly; c) available to anyone not receiving any other benefit and not be based on unemployment; d) administered by SASSA which is responsible for paying current grants through a pre-paid card-based system.

Pienaar et al (2020) articulate that a BIG would provide “a regular and predictable income as a universal and unconditional entitlement, thereby reducing poverty and inequality more effectively than means-tested schemes”. This is in the context that South Africans who are unemployed and aged between 18-59 have typically not been included in social protection measures, yet with the implementation of the COVID-19 inspired lockdown and the resultant downsizing or closing of businesses, the number of people in this category has increased by about 2.2 million (Pienaar et al, 2020). The governing African National Congress (ANC) party has noted that whilst the BIG idea is valid and overdue for implementation, drawing up financing mechanisms for it and getting parliament to approve it could take up to two years (Mahlaka, 2021).

4. CONCLUSION AND RECOMMENDATIONS

South Africa was vulnerable to FNS even before the pandemic outbreak, with unemployment at high and unsustainable levels. COVID-19 has worsened the situation due to the lockdown impact on the economy, employment opportunities, strain on and closure of businesses, and job losses (Nyamwanza et al, 2020). This led to an increased number of people in need of food aid as many households became financially insecure and vulnerable to hunger. Hunger had a stark racial gradient, with the African hunger rate between six and eleven times the white hunger rate over the analysis period. Various forms of support were rolled out by the government and NGOs to alleviate the social impact of COVID-19; additionally, social disaster relief funds were provided as coordinated by DSD and other social service players. A number of challenges and bottlenecks compromised the effectiveness of these measures. For instance, lack of data on who needs support, the bureaucracy involved in verifying disaster relief funds

and food claims on the part of government, and lack of coordination and communication among state and non-state actors hampered support measures e.g., around food distribution (Davis, 2020; Nyamwanza et al, 2020).

The COVID-19 pandemic has undermined efforts towards achieving targets around the sustainable development goal (SDG) on ending hunger, achieving food security, improving nutrition, and promoting sustainable agriculture (SDG 2). The meaning of insights synthesised in this report for realising South Africa's SDGs is hard to pinpoint with any degree of accuracy in the absence of updated official statistics. The official statistical agency, STATSSA, is yet to update the 2019 SDG country report with data collected during different waves of the pandemic in 2020 and 2021. Notwithstanding this lack of current statistical evidence, intuition and logical inference suggest that the scale and duration of the Covid-19 pandemic undermined progress towards all SDGs with a bearing on the food and nutrition security status of the most vulnerable people (Jacobs and Nyamwanza 2020). Complex dynamics triggered by different levels of lockdown during the first wave of the pandemic led to major disruptions to the food system in the country, giving rise to a dramatic increase in hunger in most households, as well as delays in health care seeking behaviour thereby compromising child nutrition and health (Nyamwanza et al, 2020). Progress towards realisation of SDG 2 targets in the context of COVID-19 in South Africa therefore continues to be compromised through general economic slowdown, constriction of business and employment opportunities as well as “decreased investment in agriculture, government spending and aid support to farmers” (Udmale et al, 2020).

The chapter recommends the following:

1. Social grants top-ups and the COVID-19 special grants of R350 should be implemented as a long-term mechanism, as proposed by economists, academics, and civil society groups. In addition, government should ensure that necessary systems are in place to timeously process applications and payments related to social assistance measures in order to avoid backlogs and delays in payments.
2. Given the dire food insecurity situation in the country due to the pandemic, we encourage, like many food system players have done, that social protection measures be expanded to reach a huge proportion of population. This should include those who are still technically employed, but their remuneration has decreased. We encourage that

the discussions, processes, and modalities around BIG be accelerated, so that it be introduced as soon as possible.

3. There is need for a stronger coordinated approach between and among state and non-state players in deploying efforts and resources vis-à-vis responding to similar shocks in the future.
4. There is an urgent need to also protect informal workers through the unemployment insurance scheme as these workers did not benefit from the COVID-19 social insurance programmes, considering the vital role they play in the economy.
5. Given that prices of some basic food items have increased, there is a case for subsidizing certain food items to ensure that poor communities also eat diverse diets.
6. Disruptions in the food system should be used as an opportunity by policy makers to influence the system so that it delivers food that is not only nutritious, but also affordable to most people. The focus of policy makers going forward should not be in trying to restore the food system to its previous levels, which largely excluded most people, but to intervene in ways that orient the food system towards nutritious and affordable foods.
7. There has to be a clear conversation and policy position around migration and food security. This is in the context of unclear policy positions on dealing with undocumented foreign nationals particularly vis-à-vis food aid and social assistance especially during the hard lockdown period. With many undocumented foreign nationals losing their (mostly informal) sources of livelihoods during this period, it was not clear whether they were also eligible for food aid and other social assistance. Subsequently they were initially left out of government sponsored food aid and social assistance programmes, although they were receiving assistance from various NGOs. In a related point, it was reported that some undocumented immigrants were hesitant to go to designated points to obtain food aid in fear of getting arrested and/or being deported. Therefore, there has to be a clear policy position on undocumented immigrants and aid in the context of such emergencies as COVID-19.
8. There is need for detailed statistical evidence on the impacts of different waves of the pandemic on food security, nutrition, and development, to quantify the hunger status of the population with pinpoint accuracy towards updating the SDG country report. Quantifying the impacts of the pandemic on each dimension of food and nutrition security status, including institutional mechanisms of the agro-food value chains,

should be integral to efforts to accurately track and monitor related SDGs and to search for a sustainable post-pandemic socioeconomic transition.

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