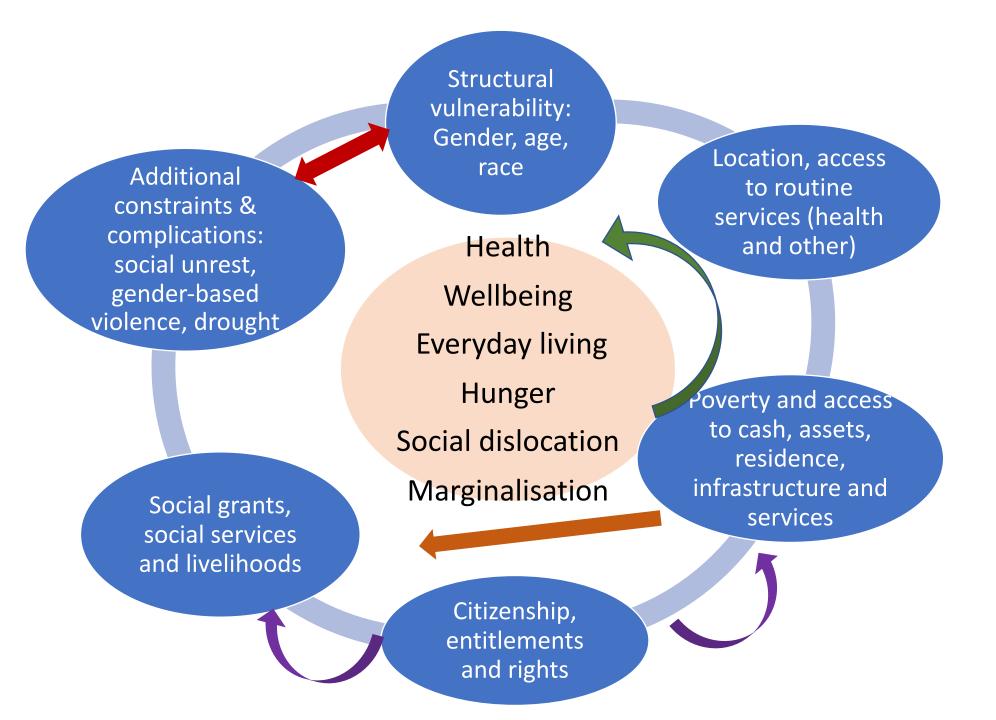


Lenore Manderson, Pauline Adebayo, Scott Drimie, Gillian Maree, Xikombiso Mbhenyane, Kharnita Mohamed, Catherine Ndinda, Nicolette Roman, Tholene Sodi, Ben Stanwix, Coleen Vogel



Mechanisms of Care

(Haroon, Tim and Ben)



- Citizens formally employed or already receiving state support
- How government anticipated the impacts of COVID-19 and NPIs; mechanisms to minimise impact
- The role of social grants in mitigating the adverse effects
- Changes in wages and loss of employment
- Expansion of the social grants
- Distribution of existing social grants during the pandemic
- Targeting and effects of the new R350 COVID-19 SRD grant
- Gender dynamics (cross reference to Gender Subsection, to be discussed)
- TERS policy (Temporary Employer-Employee Relief Scheme)

The Social Effects of Infection and Lockdown

(Xikombiso, Scott, Kharnita, all)



- Disability following infection (cross-ref to health)
- The slow effects of recovery for people hospitalized, and for some, ventilated
- Impact on people post Covid (impaired taste and smell, Long Covid)
- Lack of support for caregivers; How was care maintained if a caregiver ill?
- Fear and loneliness, limited social interaction on mental health (Catherine, Nicky)
- Not only a mental health problem, a challenge for most people (Catherine)
- Violence
 - Hunger and housing legacies of apartheid – pre-existing inequalities amplified
 - Intermittent acts of violence
 - Fear of police army, private security forces
 - Social unrest did Covid frustration amplify tension?

Vulnerabilities and dependence (Gillian, Coleen)



- Defining/interpreting vulnerability
- People who rely on everyday care within family, specifically the very young, and elderly and frail
- Highlight vulnerabilities and access to health services, food, shelter etc.; the effect of disruptions (sanitation, garbage collection)
- Elderly people, exposure to Covid and factors impacting and driving their vulnerability (Gillian)
- Children < 18 (0-18) and out of school youth, exposure, vulnerabilities, futures
- Endlessness of the pandemic, concerns about income generation, children's schooling, health of others, etc.

Disability and capacity to adhere to public health requirements

Underlying health conditions, impaired mobility and movement affecting self-care (link with health)

Mental health conditions and cognitive impairment, fear of infection on people's mental health (Catherine, Nicky)

Adhering to sanitation, access to toilets and water (impacting aged, children, people with disability)

Reduced care of caregivers outside of household

Suspension of opportunities to interact with others (support groups, physiotherapy, etc.) Fear of infection in caring for people, the work of care

Capabilities and Isolation

(Tholene, Nicky, Lenore, Kharnita)



Migrants and Refugees

(Catherine, Pauline)



- Migrants, refugees and notions of 'illegality'
- StatsSA framework assesses six dimensions: people aged 60 years and above; living in informal settlements or shacks; participation in the informal sector; chronic illness among household members; the level of crowding
- Government interventions to address the dimensions of vulnerability among migrants and refugees
- Xenophobia
- Access to vaccines
- Civil society interventions to assist migrants and refugees cope with the challenges of the pandemic

Congregant settings and excluded populations

(Kharnita, Nicky, all)



- Institutionalized populations, including people and their caregivers in prisons
- Psychiatric institutions
- Orphanages and aged care institutions
- People whose activities lack civil entitlements and/or live on the edges of the law -- sex workers, people participating in illegal informal economies (including drug suppliers and people dependent on drugs)
- Others living on and from the streets,
 e.g. people in the informal and
 semiformal recycling economy,
 populations who were placed in sports
 stadiums, etc.
- What happened in shelters, rape crisis centres, rehabilitation, etc.

Discussion



- Do we keep a separate section on hunger and other contractions in services as people are forced to move from basic needs to bare subsistence? Will some of this be covered by Civil Society?
- Vaccine Access, Inequality and Social Exclusion (stats available, Limpopo took vaccine to people)
- Lack of maintenance of services e.g. garbage collection (or in Human Settlements); lack of access to continuing care (Health) – in passing only?

Areas omitted?