Responding to COVID-19 in South Africa – social solidarity and social assistance

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ABSTRACT

In South Africa, the first stringent COVID-19 lockdown led to joblessness, poverty and isolation from protective social networks stripping many families of the resources they needed to care for children. Whilst widespread hardship was reported, this viewpoint teases out the range of experiences to support policy-making for future pandemics. The authors draw on the findings from the National Income Dynamics Study: Coronavirus Rapid Mobile Survey and projects that elicited children’s perspectives. These sources reveal that children living in socially and spatially diverse families and locations had different experiences. Vital safety nets include a strong civil society, a culture of ubuntu in rural and peri-urban communities, and the school feeding programme in low-income neighbourhoods. However, permanently raising the child support grant above the food poverty line would protect children during pandemics, mitigate against hunger and reduce the hidden inequalities that exist around access to food between urban and rural areas.

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Introduction

Across the globe measures to mitigate COVID-19 have exacerbated inequalities, but what does this mean in a country that was already the most unequal society in the world? The dominant narrative in South Africa is that the COVID-19 pandemic has stripped families and communities of the resources they need to care for children. Lockdown measures confined people to their homes in the hope of curbing the spread of the virus and saving lives, and that this has led to joblessness, poverty and isolation from protective social networks. In particular, the results of the first wave of the National Income Dynamics Study: Coronavirus Rapid Mobile Survey (Spaull et al. 2020a) caused great consternation when it reported increases in child hunger. Hunger is an extremely emotive issue and these reports prompted concerns about the long-term effects on children (Cleary 2020). Although rapid large-scale national surveys have significant merit for quickly understanding short-term impacts, they do not account for the nuanced experiences of young people living in socially and spatially diverse families and locations and where interventions were successfully implemented. In reality, the socio-economic impacts of COVID may have been less devastating for some children in poverty than initial assessments suggest. This viewpoint aims to tease out the range of experiences in order to better understand what worked for supporting future policy in pandemic times.

Whilst there was widespread hardship and suffering, especially in April, South Africa has a number of safety nets, including an established system of cash transfers that protected children and...
families and enabled the country to deal with the crisis. Some of the side-effects of the pandemic have been the immense display of ubuntu; where communities across the country have rallied together to protect the most vulnerable, and advocacy organisations have used the constitution to protect human rights and establish standards of care. As expansive as these safety nets are, the scale of the challenge exposed many weaknesses. One undoubted success was raising the child support grant (CSG) above the food poverty line which not only protected children from hunger and starvation but also their care-givers too.

**Inequality pre-COVID**

South Africa is classified as a high middle-income country, but according to the World Bank, it is the most unequal country in the World (World Bank 2020). Income and wealth distribution are heavily racialised, but divisions are also highly gendered and national statistics mask deep spatial disparities (Stats SA 2019a). Annual mean and median expenditure have consistently been 3 to 4 times higher in urban versus rural areas, and those living in rural areas have fewer assets than urban dwellers (Stats SA 2019a). The legacy of spatial segregation under apartheid is still visible after almost three decades of democracy, more than 92% of White, Coloured and Indian children live in urban areas, compared with 51% of African children (Hall 2019). In 2018, 43% of South Africa’s children lived in rural households (Hall 2019). Typically, these families are more likely to be chronically poor, have longer to travel to reach a health facility or a school (Hall 2019; Stats SA 2019b), but critically they are more likely to benefit from government grants (Stats SA 2019b). The children are less likely to have access to adequate water and sanitation, with a small but significant minority still collecting water in buckets from rivers. Due to the HIV epidemic, many of the children are (see note 1) orphans in the care of grandparents and take responsibility for their own care or the care of siblings within the household, or in rare instances take on paid work (Barnes et al. 2017). As the government failed to meet its commitments to upgrade school infrastructure, replace deadly pit latrines and ensure that all schools have enough classrooms, electricity, water and toilets, and with fences, telephones and internet by the end of November 2020 (Mthethwa 2021), many pupils in rural areas still attend informal schools and have limited access to the internet.

**Poverty, unemployment and grant access**

A total of 30% of children live in ‘unemployed’ households where no adults are employed either in the formal or informal sector (Hall 2019), and where it is unlikely that any household members derive income from labour or income-generating activities. However, the proportion in urban areas is only 18% versus 48% in traditional rural areas (Hall 2019). Even though there is no social assistance for unemployed adults, there were large differences in the proportion of households receiving social assistance. During pre-lockdown, over 60% of people in South Africa and 80% in rural areas were living in a grant-receiving household (Wills et al., 2020). Despite this support, a third of all children lived below the food poverty line, but again there are stark differences between urban (20%) and rural areas (52%) (Hall 2019). The prevalence of stunting, a sign of chronic malnutrition, is also significantly higher in rural areas (29%) than in urban areas (26%) (Sambu 2019), but it is far less pronounced than the income and expenditure gap suggesting that these rural families may be supplementing their purchases with home-grown food.

**Basic services and conditions at home**

Life in the urban townships and traditional rural areas is very different. Firstly, the townships are congested that 57% of children live in overcrowded homes compared with 27% of children in traditional rural dwellings. And whereas, the vast majority (90%) of children in urban areas have access to a safe and reliable supply of drinking water and basic sanitation, less than two-thirds of
children living in rural communities have access to sanitation and only 19% of children living in traditional housing have water available on the property (Hall 2019). Conversely, access to electricity in rural areas is on a par with formal housing in urban areas (93%), whilst those living in cramped conditions in South Africa’s many townships are less likely to have their own power supply (55%). Rural households lag way behind households in urban areas when it comes to access to the internet 42.9% versus 70.5% in 2017 (Stats SA 2019a).

The progression of the pandemic

The first confirmed case of COVID-19 was recorded on 5 March 2020. Initial reports suggested that cases were growing exponentially. The government acted swiftly, first declaring a national disaster, closing schools and early childhood development facilities then imposing a strict lockdown that confined everyone, save for a few essential workers, to their own homes. Individuals were permitted to leave home to shop for essential foods and medicines and seek medical assistance. Unlike other countries, South Africa banned the sale of alcohol and tobacco. When President Ramaphosa announced the lockdown there were just 406 confirmed cases of COVID-19 in the entire country. In spite of the prompt action and low numbers, there was never any prospect of containing the pandemic, the aim was simply to ‘flatten the curve’ to allow health services time to prepare for the inevitable onslaught. At that time, national models were highly variable and estimates of deaths ranged from a low of 87,900 to a high of over 351,000 (Streicher, Krige, and Hudson 2020). The lockdown restrictions were eased progressively, and by 21 September, the country moved to level 1 dispensing with most of the economic sanctions and opening its borders for tourism travel from the rest of the continent.

The first hard lockdown appeared to achieve the goals of preventing South Africa’s health system from becoming overwhelmed and reducing deaths during the first wave. The number of cases climbed slowly but steadily, and on 1st August 2020, the number of cases in South Africa passed the half a million mark putting the country in fifth place behind the USA, Brazil, India and Russia (NICD 2020). A month later and initial results from a seroprevalence survey conducted in the city of Cape Town indicated that 40% of pregnant women and people living with HIV making use of the public healthcare system had been infected with COVID-19 (Baleta 2020). Despite this, the fatality rate has remained relatively low and by 15 December 2020, there were 23,661 recorded COVID-19 deaths. Even if one uses total excess mortality at 59,611 (Bradshaw et al. 2020) deaths this is still below initial projections. The low fatality rate is in part due to demographics. South Africa has a young population: out of an estimated 58.8 million people only 6% are over 65 years old, almost two-thirds (64%) are under 35 (Stats SA 2020) and just over a third (34%) are children under the age of 18 (Hall 2019).

The implications of life under lockdown

School children from privileged backgrounds own computers and phones with access to high-speed internet around the clock. Their teachers were available online and with smaller classes could provide personal support, additionally, many of the former model C schools employ educational psychologist who could attend to the pupils mental health. Most of these children live in leafy suburbs in spacious houses with their own bedrooms, large gardens often with swimming pools and gym equipment (Koning 2020; Westerford High School Matric Class 2020). Their parents tend to have private medical care and these families have the ability to self-isolate and follow the WHO guidance, however, they were conscious of the disparities, ‘There is still a great divide between the schools that have and those that have not. Are we not all South Africans with the same constitutional rights? … Covid 19 has shown me we are not equal’ (Jansen and O’Ryan 2020, 178). But even the privileged few had to deal with the restrictions on freedom and reported experiencing loneliness: ‘I feel so alone and depressed. Walking around in sleepwear for days on
end is not me – it has become the new abnormal me. I miss being in the classroom’ (Jansen and O’Ryan 2020, 77).

**Lack of access to basic services**

The government developed a public health management programme deploying community health workers to increase screening, testing, contact tracing and built field hospitals to provide medical care for the sick. The advice to the public to prevent infection was as per the WHO guidelines: 

- wash hands frequently with hand sanitisers or soap and water;
- avoid close contact with anyone with cold or flu-like symptoms;
- and stay home.

Those with COVID-19 symptoms were asked to quarantine or self-isolate for 14 days. The advice included: 

- ‘stay and sleep alone in a room that has a window with good air flowing through... stay at least 2 meters away from everyone at all times’ (SA Corona Virus Online Portal 2020). 

Following the WHO guidelines is challenging in many areas in South Africa but for different reasons. In the rural areas without access to water and sanitation hygiene is difficult. In the townships and informal settlements overcrowding makes it difficult if not impossible to avoid close contact making it difficult for children to do schoolwork at home:

Nobody chooses to live in an informal settlement. It’s for necessity, not by choice … These informal settlements are built in crowded clusters where proper sanitation isn’t really a reality. Because of the crowded nature of these settlements, the spread of diseases like Coronavirus is much easier than in formal settlements with sanitation and running water. (Voices of Youth, https://www.voicesofyouth.org/blog/how-covid-19-affecting-developing-countries-and-underprivileged)

**Financial (in)security**

Around 3 million South Africans lost their jobs as a result of the initial lockdown measures. In addition to formal job losses, lockdown has prevented many poor families working in the informal sector from earning a living (Wills et al. 2020). The most recent analysis of NIDS-CRAM ‘Wave Two’ survey shows that the percentage decline in employment between February and June 2020 was 10 times higher for the poorest 50% of workers (31% net decline) compared with the richest 25% (3% net decline) (Spaull et al. 2020b). The impact is also highly gendered, with women having experienced greater job losses during the pandemic accounting for 58% of net job losses over the period from February to June (Spaull et al. 2020b). Geography plays a big role too with rural areas more affected by job losses than urban areas (Visagie and Turok 2020). Whilst all areas experienced dramatic job losses at the beginning of lockdown, urban areas had started to recover by June whereas unemployment rates continued to increase between April and June in rural areas (Visagie and Turok 2020). In short, pre-existing inequalities are being exacerbated.

Lockdown restrictions only favour the rich. The effects of COVID-19 are harsh and are felt throughout the country from retrenchment to losing our loved ones to a negative economy. I am afraid that poor communities are at greater risk of dying from hunger rather than COVID-19. (Children’s Radio Foundation 2020a)

**Food parcels and the school feeding scheme**

Before lockdown over nine million children at schools in the poorest three quintiles received daily meals through the National School Nutrition Programme, and about 2.5 million 3–5-year olds were attending some kind of early childhood development programme that provided food. These feeding schemes closed during lockdown. The national government promised to distribute food parcels to poor households, but there was no effective plan or distribution mechanism. According to the Department of Social Development, the total number of food parcels distributed by government partners up to the end of September was 1368,426, providing an estimated 6842,130 people food for two weeks (briefing to Parliament, 16 October 2020). Although civil society – individuals,
non-governmental organisations (NGOs), donors and faith-based organisations with assistance from provincial and local governments – tried to reach as many people as possible, they could not fill the gap left by the suspension of the school feeding programme (Seekings 2020). Food insecurity caused anxiety in children:

I’m worried about this lockdown because our parents are not working and we are running out of food. There will be nothing to eat soon and some others are being abused in their homes. Maybe some others haven’t eaten for two to three days. (AM, 15-year-old quoted in NPC, 2020, 7)

Rights under the South Africa constitution are justiciable so civil society organisations launched an urgent application in the High Court to protect children’s rights to basic nutrition by reopening the school feeding scheme. The court ordered government to restart the feeding scheme for all eligible children regardless of whether they are in school or not and report on progress every two weeks (Equal Education and Others v Minister of Basic Education and Others 2020). According to the latest report, learners are not collecting meals or food parcels because of the recent temporary closure of schools, fears around physical distancing and the lack of scholar transport (DBE 2020). If it costs as much to provide the meal as it does to go and collect it then it only makes sense to travel if there is an additional benefit, i.e. education. Furthermore, children in rural communities are more likely to have to travel long distances to school where 10% of children in urban areas versus 16% in traditional rural areas live far from their primary school (Hall 2019). The differences are more marked for older children with over a quarter of secondary school children living far from their school in rural areas (Hall 2019).

Government support to relieve poverty

To mitigate the impact on the economy, the South African government announced a rescue package of over R500billion ($2.9bn) that contains three forms of social protection to protect livelihoods: social insurance, a social assistance programme of grants and localised social relief efforts – mainly food parcels. Initially, R50bn was allocated to increase existing grant payments and introduce a temporary COVID-19 grant for unemployed adults. However, the allocation for grants was later cut to R41bn (Budlender et al. 2020). The government cited lack of funds for switching from a top-up to the CSG to a caregiver grant, but this R9bn could have paid for the higher allocation to children and families for at least three months.

Social insurance

The COVID relief package offers greater support for the middle classes than it does for the poor. Banks offered their middle-class customers interest holidays on their mortgages, loans and credit cards, insurance companies reduced premiums, and for those in formal employment, the COVID-19 Temporary Employee/Employer Relief Scheme (TERS) covered between 38% and 60% of their salary with a cap of R6730 per month. Further, those who lost their jobs in the formal sector could claim from the Unemployment Insurance Fund (UIF) but the system has been strained and it has taken months for some individuals to receive their payments.

Social assistance

The April grants were paid at the standard rate and they were paid early but resulted in long queues. To avoid exposing people to the virus, the South African Social Security Agency (SASSA) then staggered the payment of grants in May, with CSGs being paid last. Thus, money had to cover a longer period than usual.

Those already in receipt of a grant were allocated additional amounts from May 2020. The old-age pension, foster child grants, disability and care dependency grants rose by an extra R250 ($14),
taking these payments above the upper bound poverty line allowing for the purchase of food and other essentials, such as clothing. Over 12 million children on the CSG received an extra R300 ($17) in May, taking their grants to R740 ($42) per child. For the first time, since the CSG was implemented the amount should have been sufficient to take every recipient over the food poverty line. However, as of June, the additional allocation changed to R500 ($29) per caregiver regardless of how many children s/he cares for. This had an adverse effect on families with more than one child who were more likely to be poorer. All of these grants and additional payments came to an end in October 2020.

Before the crisis, there were no grants for unemployed adults. As a temporary measure, the government introduced a COVID-19 grant for six months that was subsequently extended to the end of January 2021. To be eligible, claimants must be unemployed, and not receiving any form of income including student loans, social grant, UIF payment or other form of support from the government. A benefit of R350 ($20 USD) is payable and in August 5981,784 people qualified (DSD, briefing to Parliament, 16 October 2020). This is below the internationally recognised extreme poverty line of a $1.90 dollars per day even when purchasing parity measures are taken into consideration. But caregivers in receipt of the CSG are ineligible for the COVID-19 grant, so again this measure discriminates against women and children, who are more likely than men to receive the CSG.

Community support networks

The pandemic showed that the spirit of ubuntu is alive and well. Whilst people were prevented from visiting their families, in South African cultures allowing anyone you know to go hungry while you have food is seen as very anti-social and almost taboo. Therefore, those who continued to receive an income (employees of government and big business, social grant beneficiaries, etc.) helped those who lost income to ensure they did not go hungry. In communities throughout the country, community support networks, neighbours, faith- and community-based organisations worked around the clock to assist families in need. The support that they provided was innovative and responsive to local community needs. For example, in the Eastern Cape, the Bulungula Incubator created a safe home to protect the elderly, distributed food parcels when the school feeding scheme stopped, and gave out seedlings for people to grow vegetables (Bulungula Incubator 2020). Their community radio ran awareness programmes to combat misinformation and spot prizes were offered for the best masks. Most of the local community members do not have access to e-learning technology, so the team distributed home learning packages to school children and broadcast educational programmes to reduce the education gaps (Bulungula Coronavirus Response: Home Learning – Bulungula Incubator 2020).

Children played their part too. In Africa, childhood is conceptualised in a communitarian and active way where social relationships and obligations are fundamental (Sawadogo 2015; Pendlebury, Henderson, and Jamieson 2014) and duties to family, community and state deeply entrenched in practice and even in law African Charter on the Rights and Welfare of the child (Article 31). Recognising that radio was one of the best ways of communicating with children in rural communities, Children’s Radio Foundation produced dozens of full-length programmes and shorter information bulletins for children. They too were driven by a sense of duty to the bigger community:

> It’s important that we carry on reporting, even if it’s from the comfort of our own homes. Because we don’t only produce award-winning shows, but we continue to serve and educate our fellow young people in the community about this coronavirus and how it affects us, and we keep them updated about the pandemic. (Children’s Radio Foundation 2020b)

In the large cities of Cape Town and Johannesburg hundreds of Community Action Networks (CANs) sprang up (CAN, Cape Town Together 2020; Heywood 2020). Each CAN is a self-organising neighbourhood hub composed of local residents, businesses and civil society organisations engaged in rapid, community-led responses to COVID-19. These CANs have responded to local
needs: some have coordinated the manufacture and distribution of Personal Protective Equipment (PPE) and demonstrated COVID-safe practices, including handwashing, mask-wearing and physical distancing. Others provided food, some have provided accommodation for the homeless or those needing to self-isolate. Some have mobilised to end evictions and police brutality. These local hubs have formed city-wide networks to redistribute donations and support services to areas of greatest need (Silwana 2020). In addition, larger NGOs have pumped out materials to support home-based learning, tips for parents (Smartstart 2020), offered psycho-social support (Messages for Mothers 2020) and coordinated relief efforts (Giftofthegivers.org 2020). Children and young people were also involved and inspired by the opportunity:

The lockdown has made us realise the importance of actually appreciating the things and people that we take for granted, but what it has taught us is the spirit of togetherness and giving a helping to others and helping where one can … It has come to show us that money and material things are not as important as human life and caring for each other in times of need, it has shown how much greatness can come from working together and what it can do for a nation and community just by giving a helping where it is needed and wanted. (https://www.voicesofyouth.org/blog/impact-covid-19-our-lives)

Impact on hunger

According to the first wave of the NIDS-CRAM survey, the loss of income due to lockdown led to a sharp increase in the proportion of households reporting a child going hungry at least once in the past week, jumping from 8% of households in 2018 to 15% of households in April 2020 (Van der Berg, Zuze, and Bridgman 2020). Between Wave 1 and 2 of NIDS-CRAM reported, hunger has declined for ‘anyone in the household’ (22% to 16%) and children (15% to 11%) representing a 27% decline, however, these rates are still substantially higher than pre-COVID levels (Spaul et al. 2020b). Whilst it has been reported that hunger is highest in rural areas this is because large cities and towns have greater concentrations of the elite and middle classes, examining the different areas within town and cities shows that urban shack dwellers were the worst affected. One in five respondents in rural areas (20%) said that someone in their household had gone hungry in the last seven days compared to 16% in cities/towns and 13% in metro areas, but this jumps to 22% for shack dwellers (Visagie and Turok 2020). Similarly, half of shack dwellers (51%) reported running out of money to buy food in June compared with 40% of people living in rural areas (Visagie and Turok 2020). Speaking about the impact on vulnerable communities a young reporter opines ‘lost jobs have taken food out of the people’s mouths, and it has stripped them of their dignity’ (Children’s Radio Foundation, 2020a).

Understanding resilience in rural areas

Prior to the crisis, the proportion of working-age individuals classified as not economically active, i.e. people who were unemployed and not looking for work was much higher in the rural areas than urban areas. Previously, there was no government support for these adults, but one in three rural residents (33%) said that someone in their household had received the new COVID-19 grant, compared with one in four in cities/towns (24%) and one in five in the big cities like Cape Town and Johannesburg (21%) (Spaul et al. 2020a). Those families who were completely dependent on the State before lockdown would have been financially better off during the crisis. Whereas, young mothers with multiple children who had been working in urban areas were likely to have seen their income contract through loss of employment receipt of the reduced CSG.

Conclusion

Although, the COVID-19 virus does not discriminate between rich and poor. This viewpoint illustrates that social, economic and spatial impacts are variable and impinge on children’s lives
differently. Pre-existing inequalities between the poor and the middle classes and elites have been exacerbated. Spatial and gendered disparities in economic opportunity meant rural areas and women and children felt the greatest impact of the economic contraction; and even within urban areas stark economic disparities and therefore lockdown impacts between children in informal versus middle-class neighbourhoods. Despite concerted efforts to reduce the socio-economic impacts of lockdown in South Africa, it was nearly impossible for the government to scale up humanitarian relief to support a whole diverse country in a short space of time. Fortunately, South Africa has a number of safety nets including a strong and vibrant civil society, a culture of ubuntu in communities, the school feeding programme and a comprehensive social assistance scheme. The diversion of funding towards the COVID-19 response previously intended for water infrastructure investment in poor communities will delay progress in South Africa, but it will not take the country backwards. Within weeks government was able to transfer additional cash to the most vulnerable families through the CSG. Raising the grant above the food poverty line protected children from hunger and starvation. However, there are gaps in the system and families without identity documents were unable to access the grants. For those who are excluded from the CSG or in households where the CSG is used to support all members of the household including unemployed adults, other responses are an essential lifeline. It was a mistake to close the school feeding programme but once reopened enabled children access to food for hunger prevention. Further, the civil society provided much-needed support to poor communities.

It is essential that money is not diverted away from these services, including civil society organisations, whose survival depends on continuous funding. One of the important lessons from the COVID crisis is that civil society organisations are an essential service: they know their local communities and have the ability to adapt quickly when shocks hit.

Going forward, the global community must learn from the COVID crisis and build lasting safety nets that do not fail in times of crisis and, particularly in contexts with high levels of inequality, account for the spatial (alongside gendered, race, class and age) disparities that exist in relation to access to resources. In the case of South Africa raising the level of the CSG to above the food poverty line and removing administrative barriers to access has the potential not just to protect children during pandemics but to mitigate against child hunger and reduce the hidden inequalities that exist around access to food between urban and rural areas, but specifically within informal areas of urban centres.

Notes
1. Ubuntu is a form of humanism it comes from the Zulu phrase ubuntu ngumuntu ngabantu, ‘I am because of who we all are’, it resonates with the phrase ‘we are all in this together’. Ubuntu encapsulates two sets of complementary values: the first focused on communality, group solidarity, co-responsibility, social justice and sharing and the second on respect, dignity, value, acceptance and belonging.
2. By December, the country was firmly in the grip of a second wave and became the first country on the African continent to pass the one million mark.
3. Model C schools served white pupils during the apartheid era. They are government-owned, but they typically occupy large buildings with expansive grounds in affluent areas, and although they receive lower subsidies from the state, the parents pay fees to support low pupil–teacher ratios and extra-curricular activities. Their results are globally competitive.

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