CHAPTER 5.4: GENDER EQUITY

ABSTRACT

Gender equality is entrenched in the South African Constitution, and women's empowerment is a priority of the post-apartheid government. However, achieving gender equity remains a challenge. Even before Covid-19, impediments to women's empowerment and gender equity persisted. Women are oppressed in various ways; the differences among them in terms of race, class, ethnicity, and sexuality help explain the extent of their marginalisation. Government interventions during the Covid-19 pandemic sought to ensure that gains in women's empowerment and gender equity would not be eroded. However, while some government interventions referred to women and gender, most regulations used gender-neutral language and so amplified women's marginalisation. Women's already marginal position in the economy also meant that few could access the various government measures intended to alleviate the impact of the pandemic. Overall, the Covid-19 pandemic had a particularly negative effect on women in terms of employment, gender-based violence, and access to housing and health services.

Gender mainstreaming of government interventions needs to be operationalised in a way that shows how key variables in women's lives intersect in complex ways to shape their experience of exclusion and marginalisation. It is no longer feasible to continue using the single lens approach that identifies patriarchy as the only basis of women's oppression and gender inequality, while ignoring deeply entrenched racial inequality. There is an urgent need to understand the differences among women in South Africa and to take these differences into account when implementing programmes and interventions during disasters such as the Covid-19 pandemic. Note that any conclusions on the strengths and limitations of the Covid-19 response are still preliminary and will be refined based on stakeholder consultations and feedback from readers.

DISCLAIMER

This Country Report on the measures implemented by the South African government to combat the impact of the Covid-19 pandemic in South Africa (including individual research reports that may be enclosed as annexures) were prepared by various professional experts in their personal capacity. The opinions expressed in these reports are those of the respective authors and do not necessarily reflect the view of their affiliated institutions or the official policy or position of the South African government.

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ABBREVIATIONS AND ACRONYMS

ART	antiretroviral therapy
CEDAW	[United Nations] Convention on the Elimination of Discrimination against Women
GAD	gender and development [approach]
HIV	human immunodeficiency virus
LGBTIQ+	lesbian, gay, bisexual, trans, intersex and queer
NIDS-CRAM	National Income Dynamics Study Coronavirus Rapid Mobile [survey]
NPO	non-profit organisation
SALGA	South African Local Government Association
SAPS	South African Police Service
SEFA	Small Enterprise Finance Agency
SERI	Socio-Economic Rights Institute of South Africa
SMME	small, medium, and microenterprise
TERS	Temporary Employee/Employer Relief Scheme
UIF	Unemployment Insurance Fund
WHO	World Health Organization

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INTRODUCTION

This chapter explores gender-specific government interventions to mitigate the impact of the Covid-19 pandemic on women and girls, including on their access to sexual and reproductive health and rights, protection from domestic and other forms of gender-based violence, financial resources, decision-making, and access to effective remedies. It also explores whether these interventions were responsive to women. The chapter starts with a gender analysis of government regulations during the pandemic and then addresses critical topics such as women's risks and vulnerability under lockdown, gender-based violence, human settlements, maternal and child health, and sexual and reproductive health and rights. The case of Gauteng is analysed to assess the effect of the interventions at provincial level. The final section presents recommendations. Annex 5.4.1 sets the context for the discussion of gender in South Africa, while Annex 5.4.2 provides a conceptual framework for the analysis.

To understand the positionality of women in South Africa during the Covid-19 epidemic, it is important to note that they are not a homogenous social category. Race is a key element that differentiates women in the country. The term black is used here to refer to African, Asian, and coloured people. Africans comprise 81% of the population (Stats SA, 2020), and African women comprise the majority among the most marginalised people. Most poor people, people who live in informal settlements and unemployed people are African and female (Ndinda et al., 2017). Women earn less than men with similar human capital endowments and are often overlooked for promotion and leadership positions. These challenges affect African and coloured women in different ways than white women. The intersectionality of gender and race is a theme that runs throughout the chapter.

This chapter is based on a desktop review of policy documents and literature, along with a secondary analysis of existing data sets. Empirical data on the topic is limited, in part because of the hurdles around seeking ethics approval for this work.[1] The findings of the chapter and the data limitations it identified underscore the need for gender-disaggregated data, the use of approaches that value women's ways of knowing, and innovative ways of conducting research. Note that these conclusions on the strengths and limitations of the Covid-19 response are still preliminary and will be refined based on stakeholder consultations and feedback from readers. Also, this chapter focuses on the first and second waves of the pandemic. Women's empowerment and gender equity during the further progression of the pandemic will be discussed in the second edition of the Country Report.

GENDER ANALYSIS OF GOVERNMENT REGULATIONS IN THE PANDEMIC

After the announcement of the national state of disaster in March 2020, regulations were developed to manage and control its implementation. These regulations aimed to ensure that all South Africans remained safe and to help the country navigate the epidemic of both disease and fear – the fear that accompanied the media reports on the Covid-19 pandemic was extraordinary both in this country and

[1] While the team notes the importance of protecting human subjects in social science research, this needs to be balanced with the need for data when no harm is posed to the study participants.

in places across the globe. The regulations were developed very quickly, and although they were clearly necessary, some gaps became evident in their application and implementation. Importantly, the policies were not all gender-sensitive and supportive of the more vulnerable sectors of society. Government should have ensured that the principles of equality, non-discrimination, human rights, and respecting human dignity applied in all of its policies.

COVID-19 AND STIGMA

The regulations asked the public to observe physical distance, sanitise their hands, wear masks, and avoid crowded spaces. However, the requirement for self-isolation and quarantine among people infected with Covid-19 and the way those who perished from the epidemic were buried aggravated the stigma around the disease. Stigma works in complex ways and brings to the fore people's own ignorance and prejudices. Public health programmes to deal with the stigma of HIV and AIDS are ongoing, but with every new pandemic or disease, stigma rears its head once more.

Pandemics contribute to the avoidance of and anxiety about populations where the condition is reported to be prevalent, leading to labelling and isolation of such groups (Turner-Musa et al., 2020). At the beginning of the Covid-19 pandemic, those known to have interacted with people who had contracted the disease were often stigmatised. In one case in the Eastern Cape, the names of people who attended a funeral were circulated in the local municipality with warnings that these people were potential carriers of Covid-19.

People tend to discriminate against others who are sick because of their own ignorance and fear of contracting infectious diseases. As noted, people living with HIV and AIDS also faced stigma, which was tackled through public health programmes. South Africa has consistently campaigned against the stigmatisation of people living with and affected by conditions such as HIV and AIDS. Civil society (community-based organisations, non-governmental organisations, churches, and others) worked alongside government in tackling stigma at the height of the AIDS pandemic (Parker & Aggleton, 2003; Ndinda et al., 2007; Liamputtong et al., 2009).

Government needs to strengthen policy and awareness programmes to stop discriminatory practices. Although the health department continued with messages against stigmatising and discriminating against people infected and affected by Covid-19, stigmatisation has been rampant, particularly in rural areas, and discrimination continues (Mehlwana, 2020 & 2021). Such discrimination exacerbates the multiple forms of oppression of women already face, including class, race, and gender, all of which increase their vulnerability during the Covid-19 pandemic.

ESSENTIAL ITEMS

In March 2020, the Minister of Trade, Industry and Competition published a list of 22 categories of items that the National Consumer and Competition Commission would monitor to guard against unjustified price increases. The list included basic food items (e.g., rice, maize meal, milk, canned vegetables, and meats), personal care products (e.g., toilet paper, baby formula, and nappies), hygiene

products (e.g., disinfectant, hand sanitiser and cleaning agents) and key medical supplies (e.g., surgical masks and gloves). The usefulness of such regulations notwithstanding, they were gender-neutral and often gender-blind, failing to consider the needs of women (Box 5.4.1). Gender-mainstreaming of the regulations should have occurred from the start to ensure that the regulations were gender-sensitive. The Ministry of Women, Youth and People with Disabilities should have assisted in the design of regulations to ensure that they were gender-sensitive and that monopolies could not abuse their privileged positions.

Box 5.4.1: Impact of gender-blind regulations on pregnant women and mothers

A woman from KwaZulu-Natal laid a complaint with the Commission for Gender Equality. She was about to give birth and because of the lockdown regulations, she could not access clothes for the baby. The regulations on essential items related only to baby food. Baby clothing was deemed non-essential, and even supermarkets that sold basic baby clothing had cordoned it off. Only after an investigation by the Commission and recommendations to the Minister did the department clarify that basic clothes for babies and toddlers were essential items in terms of the regulations.

EDUCATION

In terms of the Disaster Management Act, government decided to close schools from 18 March to 15 April 2020. The Act was revised to include Covid-19 guidance for childcare facilities and schools, with a focus on the continuity of education. The guidelines for schools included how to convert face-to-face lessons into online lessons and train educators to do so, and how to encourage appropriate adult supervision of learners engaging in distance learning. These guidelines did not consider *household gender roles* in a largely patriarchal society such as South Africa. While the responsibility for childcare should clearly not rest with women only, the household division of labour still assigns this role to them. The recommendations for reskilling teachers to carry out online lessons were important, but little consideration was given to the fact that the same teachers were also parents tasked with childcare responsibilities. The interventions to ensure continued learning called for adult supervision of distance learning, but this too would generally be carried out by women. Thus, while important, these guidelines failed to take due account of the main roles of women in most South African households.

While the closure of school and care facilities was meant to prevent the spread of Covid-19, the decision to implement these closures did not sufficiently consider the impact on learners who depend on schooling to meet their *basic needs*. For example, schools supplied girls from poor backgrounds with sanitary towels, but the regulations did not indicate how these girls would continue to receive such support from the education department. The regulations also initially affected school feeding programmes. Provinces such as the Western Cape continued these programmes, but without guidelines, the implementation of the programme was left to provinces and local municipalities. The regulations on basic education should have ensured that the support learners received from schools before lockdown would still be provided, in ways that complied with the lockdown regulations.

Another aspect not given due consideration in the decision to close schools is that many children have *no caregivers during the day*, either because their parents were at work or because they come from child-headed households. The school closures increased the vulnerability of such children to domestic violence, sexual harassment, and rape.

COMMUNICATION

Although government prepared regulations and urged communications platforms to distribute Covid-19-related information, it failed to urge these platforms to consistently report on violence against women and gender-based violence during the lockdown.

UNPAID WORK

Covid-19 amplified the vulnerabilities of women as caregivers and as employed workers (often in the care economy). The regulations required all non-essential companies to close temporarily and their employees to work from home indefinitely. But women working from home had to be both caregivers and employees in the same space. Although lockdown increased the time that men had with their children, the burden of care remained on women. Mothers and other females in the household had to assist with homework and caring for the sick, while also having to work online and be productive, as required by their employers. In female-headed households, women were both breadwinners and sole caregivers for children. How working from home directly affected their productivity (and therefore their ongoing employment) is still unclear. But the silence in the regulations on the care work of women in both the private and the public spheres is problematic. Restrictions and regulations to prevent the spread of Covid-19 should recognise women's unpaid work and design interventions to support such work.

SPORT

The Covid-19 sport regulations were gender biased and prioritised male sports, almost to the exclusion of female sports. For example, precautionary measures were set out for football (a male-dominated sport) but not for sports dominated by women (e.g., netball). In particular, the sixth precautionary measure in the Covid-19 Safety Precaution Measures in Football cautioned against touching taps with bare hands when using toilets and advised spectators to use disposable towels to open and close taps. The assumption was that these towels would be available in all the spaces where sports events take place. However, the regulations were silent on women's sports. The failure to plan adequately for female sports in the initial phases of the pandemic meant that male physical activity was prioritised over that of women and girls. This ignored the challenges around low physical activity among women, the majority of whom (about 60%) are overweight or obese (Shisana et al., 2014; Ndinda & Hongoro, 2017).

A lack of physical activity is a key risk factor for non-communicable diseases such as heart disease and stroke, cancer, diabetes, and chronic respiratory disease (Ndinda & Hongoro, 2017). Physical activity was restricted during the hard lockdown, and sports venues were inaccessible in some lockdown phases. It is not clear what measures were taken to help people engage in physical activity. The Department of

Sports and Culture provided much-needed support to professional athletes (Box 5.4.2). Given the high levels of obesity and overweight, especially among women (Shisana et al., 2014), the department should also promote physical activity among the wider public. Using a multi-sectoral approach, people should be encouraged to engage in sports in Covid-safe ways.

Box 5.4.2: Department of Sports: Supporting professional athletes in the pandemic

'Relief measures were aimed at ensuring that we save livelihoods of athletes and at the macro level. The department availed R112 million in the form of grants to over 60 national sports federations based on the priorities they identified their applications, where the key focus areas were job retention, organisational functionality, [and] priority special projects and programmes. In addition, the department availed relief funds to athletes, coaches, technical support personnel and fitness practitioners. To date … about 405 people have benefited through this intervention. … In conjunction with the Solidarity Fund, the department availed … food vouchers to sports persons who did not qualify in terms of the relief fund. So, we've tried the best that we can to ensure that we really save livelihoods. … Through the [National Coronavirus Command Council] … gradually you saw professional sport returning to play, of course without spectators … [to ensure] that we do not create an environment for superspreading the virus …'

Source: Key informant interview, Department of Sports and Culture

Gender equality and women's empowerment should be a concern not only equality and women's empowerment should be a concern not only under 'normal' circumstances but also during disasters, because that is when women, girls and children are most vulnerable.

WOMEN'S VULNERABLE EMPLOYMENT

The lockdown measures were important interventions that averted a national disaster. However, their gendered impact revealed much about women's vulnerability and further entrenched gender and racial inequality. A key area of impact was in terms of employment. By 2018, only 38% of black women were employed (up from 26% in 2003), as against 50% of black men, 57% of white women, and 76% of white men. Only one in ten black women are employed in the private sector, as are over a quarter of black men, a third of white women and half of white men (TIPS, 2020). These findings are consistent with reports by the Commission for Employment Equity, which since their inception have shown the concentration of white people in the private sector (DOL, 2019). Black women tend to earn less than white women, black men and white men; the pay gap is wider among older people.

During the lockdown, the economy shed many jobs in services (515 000), trade (373 000), domestic work (311 000), finance (283 000), construction (278 000) and manufacturing (250 000) (Mosomi et al., 2020). The concentration of women in elementary occupations and low-paying positions (e.g., basic sales, services, clerical, and domestic work) made them more vulnerable to such job losses. Even when business operations resumed under alert level 3, the employment situation of women in elementary occupations did not improve. Recent studies (TIPS, 2020; Mosomi et al., 2020) suggest that black women were most affected by job losses; however, few could benefit from the Temporary Employee/Employer relief scheme (TERS). The TERS programme had raised R350 billion by June 2020 to cushion workers against job losses, with an average payment of R3 500 per month. Although

domestic workers were eligible for the grant, many had not been registered for the Unemployment Insurance Fund and could therefore not receive the benefit. Out of over a million domestic workers, only 35 000 (3%) received Covid-19 relief, as against a third of all other workers (TIPS, 2020). Also, the large numbers of black women who are not in formal employment could also not receive the benefit. Many unemployed black women earn a living in insecure, unprotected, temporary, or part-time positions, where incomes are low and inconsistent; they were unable benefit from the Unemployment Insurance Fund when these positions disappeared during the lockdown (TIPS, 2020).

Most workers in the retail, domestic, cleaning and catering services are women. More women are in caring occupations, such as nursing, education, and home-based care work. Black women (8%) and white women (3%) who work as educators kept their jobs during the lockdown. However, the National Treasury plans to reduce the pay of all public servants (including healthcare workers and educators) in the next few years, which will amplify their vulnerability. Occupations such as healthcare also put women at greater risk of infection. Black women comprise 60% of all (650 000) healthcare workers and white women 9% (TIPS, 2020). By August, about 24 100 healthcare workers had been infected, of whom 181 had lost their lives. The concentration of black women in healthcare puts them and their families at higher risk of infection. Thus, black women and their households were the most vulnerable social category in the pandemic, which exacerbated existing inequalities.

While women who could work from home did, they too faced new challenges. As noted, gender roles assign women the work of caring for young, elderly, and sick people. Under lockdown, women working from home had to balance their official work with the additional responsibilities of caring for family members and children. This could have affected their performance and contributed to job losses.

GENDER-BASED VIOLENCE

Gender-based violence has long been extremely high in South Africa. National statistics are limited, but the South African Police Service (SAPS) reports persistently high levels of offences against women. It reported 51 895 sexual offences in 2015/16, 50 108 in 2017/18, and 53 293 in 2019/20, the highest number in the past five years. Of the 166 720 contact crimes reported in 2019/20, incidents against women accounted for 30,0% (50 857). Among the 165 494 common assault cases, women were victims of 50,2% (83 202) (SAPS, 2020a).

The data used in this section has several limitations, stemming largely from the lack of comprehensive, national, gender-based data. The chapter draws on the definition of gender-based violence in the National Strategic Plan,[2] which does not account for gender-based violence against sexual minorities

[2] The general term used to capture violence that occurs because of the normative role expectations associated with the gender associated with the sex assigned to a person at birth, as well as the unequal power relations between the genders, within the context of a specific society. Gender-based violence includes physical, sexual, verbal, emotional, and psychological abuse or threats of such acts or abuse, coercion, and economic or educational deprivation, whether occurring in public or private life, in peacetime and during armed or other forms of conflict, and may cause physical, sexual, psychological, emotional, or economic harm.

and gender non-conforming persons, including lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ+) persons. SAPS data does not reflect certain forms of gender-based violence identified in the National Strategic Plan, such as economic or educational deprivation. It also does not reflect domestic violence-related crime specifically; these are combined with common assault and assault with the intent to do grievous bodily harm (commonly known as 'assault GBH'). Likewise, femicide and the murder of women by their intimate partners or spouses are recorded as attempted murder and murder.

While the data for the entire period is not yet available, the victimisation of women by men has most likely continued during the lockdown, as has the victimisation of queer and LGBTQI+ people by heterosexual persons (Box 5.4.3 overleaf). Initial trends are as follows:

- *Intimate partner violence and domestic violence:* In April–June 2019, 32 883 cases of domestic violence-related crimes were reported to the SAPS, as against 20 775 in April–June 2020. In July-September 2020, there were 15 233 cases, followed by 18 330 in the October–December 2020 reporting period. The Western Cape and Gauteng had the highest reported incidence of domestic violence-related crimes in both years. In the first month of the lockdown, under alert level 5, there were 13 192 verified accounts of domestic violence. This was below normal levels, suggesting that the lockdown prevented women from reporting abuse, possibly because they could not leave their homes. As noted, the SAPS does not record intimate partner and domestic violence as separate categories of crime, and thus there were no specific statistics for these offences in the second to fourth quarters of 2019/20. This limits the scope for comparison.
- *Perpetration of domestic violence:* Boyfriends, husbands, ex-boyfriends, and brothers are the most common perpetrators of domestic violence-related crimes. In April–June 2020, boyfriends accounted for 39% of reported cases of common assault and 35% of cases of assault with intent to do grievous bodily harm against women (36% for the two categories together). Of the 308 domestic violence-related rape cases reported, 41% were by boyfriends, 28% by ex-boyfriends, and 7% by husbands. In total, boyfriends and husbands constituted 48% of sex offenders against girlfriends and wives, and ex-boyfriends 7%. Brothers are the next largest category, constituting 3,5% of all known sex offenders. This is in line with the literature that argues that intimate partners constitute a real danger to women's lives.
- *Perpetration of femicide:* Of the 1482 domestic violence-related murders in 2019/20, 46,6% were committed by an intimate partner. The perpetration pattern of femicide (murder and attempted murder of women by intimate partners) is like that of domestic violence. In April–June 2020, 90 women were murdered, almost half by boyfriends (24%) and husbands (21%). In the next quarter, July–September 2020, 86 of the 162 victims of domestic violence-related murders were women, and in October–December 2020, the numbers were 97 and 193. In April–June 2020, there were 189 cases of attempted murder (122 against women), mostly committed by boyfriends, ex-boyfriends, and husbands. Brothers commit 8% of attempted murders against women. The numbers for July–September 2020 were 112 attempted murders (79 against women), and for October–December 2020, 132 (92 against women). This data only reflects the first three quarters of 2020/21, but the trend is similar to previous years. (As with intimate partner violence, femicide

or domestic-related murder, as defined by the SAPS, is also not a separate category for official statistics, and no numbers are available for the second to fourth quarters of 2019/20.)

- *Sexual offences:* Table 5.4.1 shows sexual offence cases in the first to third quarters of 2019 and 2020. Reported cases were sharply down in the hard lockdown period, possibly because the restrictions on movement meant women were less likely to report offences (they could not leave their homes). However, for the third quarter (October–December 2020), the numbers increased slightly. This suggests sexual offences continued to increase despite the lockdown restrictions. Once the restrictions were eased, women could report these offences. In 2019/20, of the 31 690 reported cases of completed rapes, 54,3% were perpetrated by a person known to the victim. The perpetrator was either in an intimate relationship with the victim or was another family member (e.g., an uncle, parent, guardian, son, or grandparent). Most (18 231) of these cases occurred at victims' private residences. Data for April–June 2020 suggests that boyfriends, husbands, and ex-boyfriends remained the category most likely to perpetrate sexual offences against women.
- *Sexual offences as a result of police action:* In 2019/20 the SAPS recorded 9614 counts of sexual offences as a result of police actions, up from 7976 in the previous year. Limpopo and KwaZulu-Natal recorded the highest number of sexual offences as a result of police action (SAPS, 2020a). In April–June 2020, 411 sexual offences as a result of police action were detected. This worrying trend suggests that police officers are an increasing category of sex offenders.

Table 5.4.1: Sexual offence cases, April to December 2019 and 2020

Category	2019			2020		
	Apr–Jun	Jul–Sep	Oct–Dec	Apr–Jun	Jul–Sep	Oct–Dec
Sexual offences	12 094	13 730	15 325	7 296	11 423	15 595
Of which:						
Rape	9 737	10 985	12 037	5 805	8 922	12 218
Sexual assault	1 668	1 964	2 288	1 070	1 758	2 390

Source: SAPS, 2020b, 2021a & 2021b

The trends in these statistics are like those in the literature on gender-based violence. Although the numbers are high, in the first two quarters of the 2020/21 reporting period (April–June and July–September) they were lower than in previous periods. The reasons could include both restrictions on movement and the alcohol ban. Movement restrictions, as noted, meant women could not travel to police stations to report crimes. As many perpetrators were likely to be in the same household as the women, or were their intimate partners, victims were less able to escape and report the incidents of violence. The ban on alcohol could have helped reduce the enabling conditions for gender-based violence. In the third reporting period, there was a slight increase in reported sexual offences. As noted, this was expected because the move to alert level 2 and later to alert level 1 meant better access to reporting at police stations, at least for heterosexual women. The patterns of perpetration in terms of both assailant/offender and place of occurrence are similar to the literature.

Box 5.4.3: Non-profit LGBTQI+ organisation: Experiences in the pandemic

A non-profit organisation (NPO) that aims to '[eradicate] discrimination against and within LGBTQI+ communities' was interviewed about its experiences in the lockdown. Many of the cases described here were reflected in media reports, as cited. The NPO continued to provide services during the lockdown, mostly but not exclusively online. During alert level 5, it received a few permits to continue its services, and service users received data to ensure the ongoing provision of direct support. The lockdown seems to have exacerbated the violence that occurs in 'normal' times, such as intimate partner violence, 'family' or domestic violence against transgender women, and police brutality against transgender women and sex workers.

Gender-based violence and intimate partner violence: A lesbian couple recently moved into new rented premises. When the landlord discovered they were lesbian, the couple was beaten and chased out of their home. Their attempts to get help from the nearest police station resulted in further indirect violence from the police, and the NPO's Health and Support Services Programme Manager had to access support via the Gender-based Violence Hotline. After a few hours, support was provided, and the couple was placed into a safe house. The NPO was also confronted with intimate partner violence cases within lesbian relationships that resulted in the hospitalisation and even death of a partner (see Francke, 2020).

'Family' violence against transgender women: Often transgender women need to be moved out of their homes to ensure their safety. This is always a challenge, but it was even harder during lockdown, not least because of the potential exposure to Covid-19. One transgender woman showed Covid-19 symptoms and had to be placed in isolation and/or a shelter. The health facility did not want to accept her in their isolation unit; the NPO's nurse drove to her and helped move her to a safe house. She was seen at the health facility the next day and tested positive for Covid-19; two other women in the same safe house were then retested for the virus. The woman is receiving gender-affirming care. Her move to the safe house was labour- and resource-intensive; for example, her files and chronic medication needed to be moved, a complicated effort involving both the clinics and the health department.

The SAPS and gender-based violence: There is very little implementation of the Standard Operating Procedure on the Detention of Transgender Persons in Conflict with the Law. Robyn Montsumi was a sex worker who died in police custody during lockdown in June 2020 (Grobler, 2020). Evidence suggests that she did not commit suicide, as the SAPS are representing. Several non-governmental organisations have lodged a complaint about her case with the Human Rights Commission; an investigation has been promised but has not been forthcoming (Human, 2020). Another case of a transgender women raped in police custody during lockdown has been taken up by Lawyers for Human Rights.

Court support: The NPO provided ongoing court support during the pandemic. Lockdown regulations limited the number of people attending court; this meant that a victim could only have one person (almost always a family member) to support them in court. The average court case takes three years, which usually includes multiple postponements.

Structural, sexual and gender-based violence: The intersectional approach in this chapter demonstrates how structural inequality, violence, marginalised populations, and gender-based violence are interconnected. A non-governmental organisation noted that the forced removals of homeless, transgendered sex workers in the lockdown resulted in several deaths, hunger, and violence (Tan, 2020). Likewise, the NPO was often asked during the lockdown to expand its services, including the provision of care or food packs. Food packs were sometimes used to negotiate safety within families and homes where there were threats of violence.

'Home is where the Hate is' – a youth campaign during lockdown: It is often assumed that 'home' is safe. However, the strict requirements for people to stay at home in lockdown contributed to a rising incidence of domestic violence and threats of violence. 'Home is where the Hate is' is a campaign involving younger people (school-going youth), which includes a play (performance theatre); it contributed to a rise in the number of referrals for the NPO.

Sexual and gender-based violence against LBGTQI+ communities has been exacerbated by the Covid-19 pandemic. Sex workers and transgender women in particular are subjected to brutal victimisation, often at the hands of the police. The NPO compiled a petition to the state on the dignity, security, and human rights of sex workers and LGTBQI+ people; no action has yet been taken (Mathe et al., 2020).

Women remain in danger at the 'hands' of intimate partners (boyfriends, husbands or ex-boyfriends), followed by family members such as brothers. For gender- and sexually diverse communities, their families remain a constant threat. Whether or not the country is in a pandemic, the question remains, when will this end? When will men and heterosexual 'families' take responsibility and remain accountable for the violence they perpetrate against women's and queer bodies? When will government institute mechanisms that send a clear message of deterrence and accountability for crimes against women and LGBTQI+ communities?

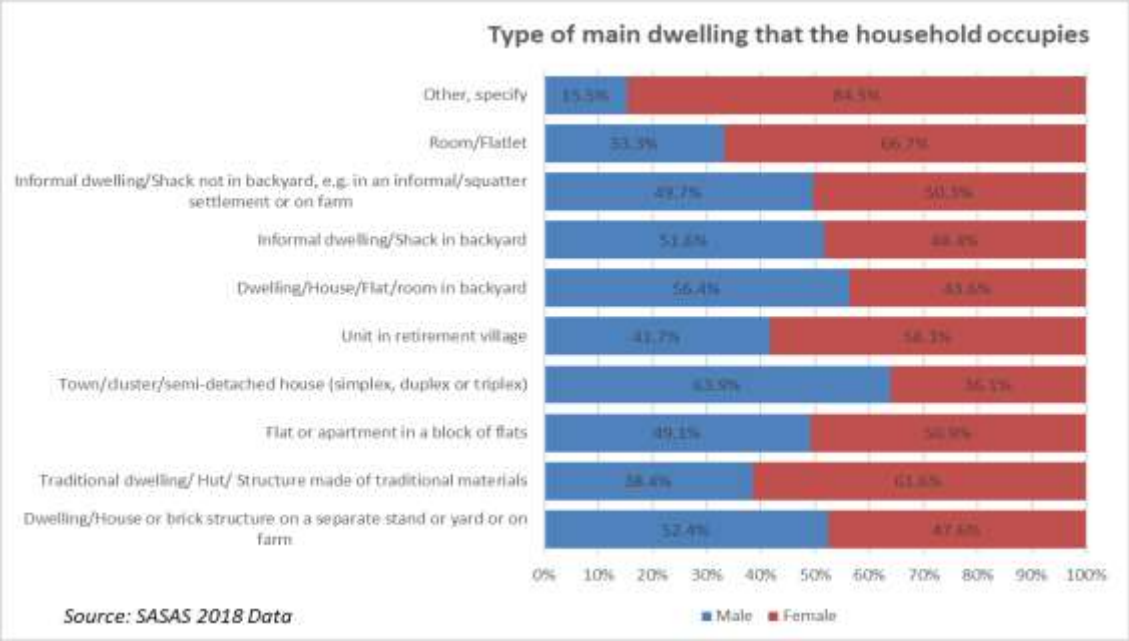
WOMEN'S ACCESS TO HOUSING

Despite the gains in gender equality in the last three decades, women's right to adequate housing remains unrealised. While the right to adequate housing applies equally to men and women, women and girls have the primary responsibility for 'sustaining and maintaining the home and all the care responsibilities that go with this' (UN-Habitat, 2014:3). The home is also often the site for women's productive work. Women's relationship to the home therefore differs from men's, and their roles within it are either eased or hampered by adequate shelter, infrastructure, and services. Women's access to housing also potentially keeps them safe from gender-based violence.

The Covid-19 pandemic affected women in different socio-economic groups differently, with low-income women bearing the brunt of its impact, as discussed above. In declaring the lockdown, government did not sufficiently consider the socio-economic realities of poor African women. The lockdown regulations had no gender thrust, and if they benefitted vulnerable women, this was incidental (e.g., shelters for homeless people). One reason for the silence on gender issues may have been the lack of consultation on these measures, especially for alert level 5. Government did call for inputs on measures in subsequent alert levels (Blouws, 2020).

Some of the key variables affecting women's vulnerability in the pandemic were housing typology and form of tenure (e.g., rental housing or informal settlements) and household composition. The housing conditions of women can either protect them from disasters and pandemics such as Covid-19 or amplify their vulnerability and reinforce their poverty, oppression, and exclusion. Women live in a range of housing typologies (Figure 5.4.1). Most people (84%) who live in housing classified as 'other' are female. This is problematic, not least because it is unclear whether these women sub-let in formal or informal dwellings. Homelessness among women is also concealed for their own security and safety. Relatively more women than men live in rooms (66,7%) and flats or apartments (50,9%). While their housing challenges are not that obvious, women who live in hijacked buildings (formal apartments) represent a significant proportion of those who live in inadequate housing (Dugard & Ngwenya, 2019). Conditions in the hijacked buildings are often the same or worse than in informal settlements. Slightly more women than men live in inadequate housing conditions in informal settlements (50,3%), where conditions are characterised by insecure tenure, crime, violence, and a lack of basic infrastructure services (Ndinda et al., 2017). Relatively fewer women than men live in housing classified as a brick structure on a separate stand (47,3%).

Figure 5.4.1: Housing typologies by gender, 2018



Source: HSRC, 2021

During the lockdown, households headed by women or with many women and dependants were disproportionately affected (Parker & de Kadt, 2020). The impact on various groups is explored below.

WOMEN IN HOSTELS

War on Want (2020) quotes Vusi Zweni, the chairperson of Ubunye Bama Hostela (which represents hostel residents in KwaZulu-Natal) as saying that 'the effectiveness of lockdown depended on proper housing, sanitation and healthcare'. These needs could not be met in the hostel environment, where 'households of up to 15 members [live] in one bedroom with three other families with similar conditions next door'. Women in hostels are 'domestic servants, street traders, students and [many] are unemployed'. The chairperson of the organisation's Women's Forum noted that 'lockdown has exposed the absence of interventions for vulnerable households such as those living in extreme poverty in hostels'. During lockdown, living conditions were appalling, with 'blocked sewers and restricted access to ablution facilities and water' (War on Want, 2020). Women could previously have escaped these conditions by going to work, to school, or simply outdoors. But in the pandemic, they were particularly vulnerable (Parker & de Kadt, 2020) because of overcrowded living conditions, a lack of access to piped water, inadequate and shared sanitation facilities, and dependence on the public healthcare and transport systems. (These conditions also occurred in informal settlements.)

WOMEN IN INFORMAL SETTLEMENTS AND DWELLINGS

Most people who live in informal settlements are African and female, even though most households in these areas are headed by men (Ndinda & Ndhlovu, 2016; Ndinda et al., 2017). Urban informal areas (including informal settlements) have the largest share of very poor households – those in the first expenditure quintile. About 11,4% of Africans and 5,7% of coloured people live in informal dwellings,

as against only 0,3% and 0,9% of whites and Indians, respectively; it is thus likely that African and coloured women are overrepresented in informal settlements (Stats SA, 2016 cited in Umraw, 2018).

The National Housing Code (DoHS, 2009) lists the characteristics of informal settlements as 'illegality and informality; inappropriate locations; restricted public and private sector investment; poverty and vulnerability; and social stress' (Ndinda & Ndhlovu, 2016). Despite a decline in the share of people living in informal settlements in urban areas (from 17% in 2002 to 11% in 2014), the share of people living in informal dwellings did not change much (from 13,6% to 13,1%), possibly because the number of informal backyard dwellings increased (Stats SA, 2016). The dissatisfaction with poor living conditions in informal settlements is evident from ongoing service delivery protests. Although the housing policy supports the upgrading of informal settlements (DoHS, 2009), the scale of the problem, the limits of the fiscus, the land market, and the need for housing that poor people can afford make informal settlements an immovable feature of South African cities (Nengomasha & Adebayo, 2019).

Women in informal areas faced a vast range of problems even before the pandemic, including poverty, insecure tenure, inadequate basic services, a lack of personal safety, harassment, threats of eviction by authorities, and social and economic exclusion (Stats SA, 2016; SERI, 2018). Like women in hostels, their living conditions made them more vulnerable to Covid-19 transmission, and preventative measures such as social distancing and self-isolation were not realistic under these conditions. And for some the fear of eviction during the pandemic was not unfounded (see below).

EVICTIONS DURING THE LOCKDOWN

Government aimed to safeguard vulnerable households from eviction during the lockdown through various regulations:

- *Alert level 5:* Regulation 11 CA of Government Notice R. 465 amending Notice 318 regarding the Disaster Management Act of 2002 (CoGTA, 2020c & 2020a) places a moratorium on all evictions, including previously authorised ones: 'No person may be evicted from their place of residence regardless of whether it is a formal or informal residence or a farm dwelling, for the duration of the lockdown'. Courts were prohibited from issuing eviction orders during this period (SERI, 2020).
- *Alert level 4:* Regulation 19 of Government Notice R. 480 (CoGTA, 2020d) permits courts to grant eviction orders 'provided that any order of eviction shall be stayed and suspended until the last day of Alert Level 4, unless a court decides that it is not just and equitable to stay and suspend the order until the last day of the Alert Level 4 period'.
- *Alert level 3:* Regulations 36(1) & (2) of Government Notice 608 (CoGTA, 2020e) retain the level 4 provisions, suspending any eviction orders until the last day of this alert level.
- *Alert level 2:* Sub-regulation 53(1) of Government Notice 891 (CoGTA, 2020f), while still prohibiting eviction, further prohibits the demolition of a person's place of residence.[3] Sub-regulation 53(2)

[3] This qualification could have come about because of the widespread criticism levelled against city authorities that carried out evictions and demolished dwellings during lockdown; social justice organisations such as SERI

retains the court's discretion to stay any order of eviction or demolition 'contemplated in sub-regulation (1) until after the lapse or termination of the national state of disaster unless the court is of the opinion that it is not just or equitable to suspend or stay the order'. Unlike previous regulations, Regulation 53(2)(a–i) lists of a range of circumstances that courts must consider in this regard, possibly to ensure that eviction or demolition is used only as a last resort. Sub-regulation 53(3) allows courts to 'request a report from the responsible member of the executive regarding the availability of any emergency accommodation or quarantine or isolation facilities', presumably to ensure that people are not rendered homeless. Regulation 54 deals with rental housing, stipulating that rental housing tribunals must determine fair procedures for hearing urgent disputes, while giving them discretion to grant ex parte spoliation orders to restore occupation of a dwelling or access to services 'provided that an affected party may, on 24 hours' notice, require that a hearing be promptly convened' (sub-regulations (1)(a) & (b)). Sub-regulation (2)(a–d) outlines conduct considered unfair practice, and sub-regulation 54(4) requires the minister responsible for Human Settlements to direct how tribunals should hold proceedings quickly and remotely (or at suitable locations).

- *Alert level 1:* Regulations 70 and 71 of Government Notice 999 (CoGTA, 2020g), which regulate eviction and rental housing matters as from 21 September 2020, respectively retain the provisions of alert level 2 Regulations 53 and 54 (outlined above).

Despite these safeguards, poor people, many of whom were women, were evicted from their homes, had their dwellings destroyed, and were even subjected to systematic violence during these illegal acts (Blouws, 2020; Kasambala, 2020; Lali, 2020; SERI, 2020):

- Hundreds of 'shack dwellers' were evicted by security forces in the Western Cape and KwaZulu-Natal soon after government declared the national lockdown in March 2020; this had a disproportionate effect on women and children (Kasambala, 2020:3).
- Some people evicted from the Empolweni informal settlement by Cape Town City's anti-land invasion unit explained that they had only recently erected their shacks after being forced out of backyard dwellings because they could no longer earn a living in the lockdown (Lali, 2020). One of the evictees, Moyeni, said township people who had previously given them jobs doing 'laundry, construction piece jobs, and domestic work' could no longer afford to do so because they themselves were not working. Another, Melaphi, said, 'when I saw my building materials scattered around, my heart ached'. She had previously 'rented a backyard shack for R500 per month in section 43, Makhaza, where she was cramped with her mother and four kids' (Lali, 2020:1). SABC News (2020) reported that the Cape High Court ruled these evictions illegal on 17 April 2020.
- The Socio-Economic Rights Institute of South Africa (SERI) documents many cases of individual and community evictions and attempted evictions during the lockdown. However, as there is no monitoring system for evictions, the data is not comprehensive. Their report is based on media

lobbied the National Coronavirus Command Council and the Minister of Human Settlements to include a clause preventing the destruction of places of residence (Chabalala, 2020; SERI, 2020).

reports and records from a hotline set up by 'public interest legal services … organisations' (SERI, 2020:6). Based on these, it seems that some evictions (e.g., of four female asylum seekers in Pretoria, discussed below) were thwarted when activist organisations and individuals intervened.

DOMESTIC WORKERS

Domestic workers have precarious and insecure jobs, which are often part-time (SERI, 2020). Domestic work accounts for 6% of total employment and around 15% of women's employment (Kannemeyer et al., 2020). About 95% of domestic workers are women, most of them poor and African (Stats SA, 2017). About 93% cite domestic work as their only source of income to support households with children (Kannemeyer et al., 2020). Domestic workers live in a range of housing situations, including informal settlements, backyard dwellings, inner city rentals and employer-provided housing.

Despite Sectoral Determination 7, passed in terms of the Basic Conditions of Employment Act of 1997 to protect the rights of domestic workers, this significant category of women is largely unregistered. As noted, this meant that many could not receive unemployment benefits. Live-in workers were particularly affected in the pandemic, as they also lost their accommodation and access to services. However, 75% of South African domestic workers reported that a household member received some form of government support (e.g., older person or child support grants) during the pandemic, and 87% had their normal grants increased or received some special Covid-19-related benefit. In stark contrast, only 4% of migrant domestic workers reported government support (Kannemeyer et al., 2020).

A Sweepsouth survey conducted in September 2020 showed that while 63% of domestic workers had earned more than R2 500 per month before the pandemic, 74% earned less than this in the lockdown. The number of domestic workers who were sole breadwinners increased by 13% (from 2019), and many suddenly had to support a larger number of people. Those with five or at least six financial dependants rose by 5% and 6%, respectively. Lower incomes and higher dependency levels directly affect the affordability of housing. About 69% could not afford to pay their rent during lockdown; 57% fell (further) behind with their rent payments; 8% borrowed money for rent; and 4% moved to cheaper accommodation. Most did not know how they would cover rental arrears, raising the risk of further debt or eviction. About 30% reported rental assistance as their second greatest need, after getting back to work, which was the priority of 33% of respondents (Kannemeyer et al., 2020).

REFUGEE AND MIGRANT WOMEN

Statistics South Africa (Stats SA, 2020) designed a *vulnerability framework* that assesses people's vulnerability in terms of six indicators: aged 60 years and above; being unemployed; working part-time or in the informal sector; living in an informal dwelling or shack; having a household member(s) with a chronic illness; and living in crowded conditions. In terms of this framework, migrants fare worse than non-migrants on all the indicators of vulnerability except one – a household member with a chronic illness. However, the data was not gender disaggregated and could therefore not shed much light on the levels of vulnerability among migrant women and children. Another interesting finding is

that among migrants interviewed during the lockdown, 82% reported that South Africa was their home, whereas 11% felt it made no difference whether they stayed or moved out of South Africa during the pandemic, as Covid-19 was a global threat.

Most informal sector workers are paid on a '*no work, no pay'* basis, which means they lose income every day they are absent from work. Relatively fewer migrants (51,4%) than non-migrants (77,3%) are employed full-time; a large proportion work in the informal sector or are self-employed. For them, the lockdown period resulted in a significant loss of income, which negatively affected their overall welfare and well-being. Not only were jobs and incomes affected, but migrant remittances also declined – only 18% of migrants could continue remitting funds during the lockdown.

For many migrants, the effect of the lockdown was profound and touched all aspects of their lives. For example, migrants whose *permits* expired during the lockdown suddenly became 'illegal' because of the temporary closure of Home Affairs offices. Although they were given a grace period until end-March 2021, it is not clear what proportion of migrants have become 'legal' again.

The expiry of these permits also affected the migrants' *access to healthcare* services in the public sector. The lack of policy coherence between the Department of Home Affairs and departments such as Health, Education and Labour amplified the vulnerability of migrants, especially women, during the lockdown (Mehlwana, 2021). Although some provinces (e.g., the Western Cape) have clear guidelines on access to healthcare for all pregnant mothers and children regardless of nationality (Mehlwana, 2021), the approach of other provinces is not clear. Inconsistencies in the interpretation and application of health policies leave migrants at the mercy of service providers at the point of care; the exclusion of migrants from healthcare is a serious concern (Mehlwana, 2020). Given their challenges in accessing healthcare, it is not clear how many migrants, including women and children, lost their lives to Covid-19 and other illnesses during the lockdown. Access to healthcare for migrants and particularly for pregnant women and children remains critical in a crisis such as Covid-19. The relaxation of lockdown conditions did not radically alter the situation of migrants. In the move towards vaccines, there is need for clear policy direction and action to ensure migrants can access both treatment and vaccines. Excluding migrants from healthcare puts everyone else at risk.

Refugees, asylum seekers and migrant women who could no longer afford to pay rent were prone to harassment, violence, *eviction,* and displacement, in part because of their lack of protection under the law. No specific guidelines were outlined for these vulnerable groups, and they did not benefit from general government support (e.g., grants and food aid). However, some broad-based regulations potentially benefitted them, such as the moratorium on evictions discussed above. As noted, though, evictions, demolitions and disconnection of services still took place, often with intimidation and violence (SERI, 2020; Kasambala, 2020; Lali, 2020). SERI cites the eviction of four migrant women and their children from their rented accommodation in Pretoria, even though they had paid their rent. Private attorneys helped them regain occupation, but their experience highlights two important ways in which housing rights are compromised, despite apparent protection under the law:

- Very few low-income women can afford representation or know who to approach for help, especially under lockdown conditions.
- Refugee and migrant women may not want to draw attention to themselves by seeking help, which could very well expose them to victimisation or repatriation.

ACCESS TO SERVICES

Access to water is critical for preventing diseases such as Covid-19, but along with electricity, it is also critical for liveable and healthy human settlements and for home-based livelihood activities. Many housing situations where low-income women live already lacked basic services before the pandemic – 3 million people had no access to water in informal settlements, derelict buildings, rural and peri-urban areas, and on farms (where women are farmworkers). Even for those with access to water, the service was unreliable, with a reliability rate of only 63% (CoGTA, 2020h). To address this during lockdown, Regulation 6.2 of alert level 5 Regulations (SERI, 2020) directed municipalities to provide water and sanitation to people living in overcrowded situations.

To this end, the Department of Water and Sanitation delivered emergency water tanks for distribution to settlements identified by municipalities. This was challenging at first because the materials for mounting the tanks (e.g., bricks, cement, and taps) could not be procured in the lockdown. Once these bottlenecks had been addressed, by June 2020 about 18 262 water storage tanks and 1299 water tankers had been delivered to various district and local municipalities (Tsunke, 2020).

In a briefing to the Parliamentary Monitoring Group (CoGTA, 2020h) on 28 April 2020, Mr Mthobeli Kolisa, the Acting Chief Executive Officer of the South African Local Government Association (SALGA) said the lockdown had affected the delivery of water and sanitation across the country, especially to poor and vulnerable communities, many of whom are women. SALGA reported working with the Department of Water and Sanitation to assist municipalities with the installation of water tanks. As for electricity, SALGA noted that municipalities had understood that 'they need to continue to provide electricity in a manner that does not allow for disruption in terms of the credit control measures'.

Municipalities were not prohibited from disconnecting utilities during the lockdown. SALGA reportedly requested them to suspend their credit control measures, and a number had been receptive to the suggestion not to disconnect the utilities of consumers in arrears. Others went further, like the City of Johannesburg, which also restored connections to people previously disconnected because of non-payment (SERI, 2020). SALGA also planned to request Eskom not to suspend electricity supplies in alert level 5. Despite these efforts, some people were still disconnected, often by landlords trying to force them to either pay or vacate the premises. Other intimidatory tactics include changing the locks or removing doors or windows (Harrisberg, 2020; SERI, 2020; Blouws, 2020). A woman from the Democratic Republic of Congo stated that both her water and electricity were disconnected because she could not afford to pay her rent (Harrisberg, 2020).

AFFORDABILITY OF HOME LOANS

The lockdown regulations did not provide any direct measures to assist with home loan repayments. However, to the extent that people with home loans are employed, regulations on unemployment benefits may, to a limited extent, have assisted people who lost their jobs during the pandemic.

On their part, the four big banks offered loan payment relief for three months (till end-June 2020), including for home loans (Matsemela, 2020; see also Chapter 6.5). This was, however, only for customers who had demonstrated 'sound banking behaviour, such as having honoured their repayments to the bank on a consistent basis before Covid-19', according to FNB (BusinessTech, 2020a). Standard Bank specifically focused its relief on customers earning R7 500 per month or less (BusinessTech, 2020b). FNB noted that interest and fees would continue to accumulate on outstanding balances, increasing both the debt load and the repayment period. It is not clear whether financially illiterate borrowers were helped to make informed decisions in this regard. In any event, the repayment 'holiday' was only for borrowers who were not already in arrears; this effectively excluded vulnerable homeowners, many of whom were women. Among those who did qualify, the increased debt load and longer repayment period might also affect women disproportionately, as they tend to earn less and were worse affected by the lockdown. This might have forced more of them to take the payment relief.

HOMELESS PEOPLE

To address homelessness during the lockdown, Regulation 11D(2)(a) of Government Notice R. 398 (CoGTA, 2020b) required government to identify 'temporary shelters that meet the necessary hygiene standards for homeless people'. While many people had already been homeless before the pandemic, others were rendered homeless when they were evicted or had their shelters demolished during the lockdown, as noted. Outrage about the Western Cape evictions at the height of winter drew attention to local governments' response to land occupations in times of crisis.

GOVERNMENT RESPONSE

The living conditions of poor households, including those headed by women, were profoundly affected by the Covid-19 pandemic. At the start of the pandemic, government assisted households in informal settlements by providing *water and sanitation* to reduce the levels of viral transmission, particularly in areas that lacked basic water and sanitation facilities (Sisulu, 2020; see also Chapters 5.3 and 6.6).

With the national *housing backlog* at 2,6 million units, government intervened to address the need for housing among the most vulnerable communities, particularly female-headed households:

- Some housing applications were fast-tracked. In the Khutsong informal settlement, 1500 households were approved for relocation to newly constructed units by June 2020 (Sisulu, 2020).
- Recognising that overcrowding in hostels helped spread Covid-19, the national Department of Human Settlements embarked on a dedensification process. In Mamelodi, for example, it constructed 1000 temporary residential units for households living in hostels.

- Victims of *farm evictions* who had been living in tents for over four years were given shelter. Within three weeks of assistance from a private firm, the City of Johannesburg, the Housing Development Agency, and the national Department of Human Settlements worked together to build 70 units for the evicted families.
- During the pandemic, the Housing Development Agency delivered 8000 housing units using alternative technology; this was commended by the World Bank.
- Government allocated R4,6 billion to provinces and metros for the incremental upgrading of informal settlements. The Department of Human Settlements allocated R831 million for the provision of emergency response housing for women, children, and elderly people.
- The Department of Human Settlements also addressed challenges facing stakeholders in the housing sector. It allocated R600 million in relief to social housing tenants who could not afford rent in the pandemic; removed penalties for estate agents who failed to submit audited financial statements by 30 October 2020; and rearranged loan repayments for retail lenders who were unable to service loans from the National Housing Finance Corporation (Sisulu, 2020).

The Department of Small Business Development took various steps to support *small, medium, and microenterprises* (SMMEs). During the lockdown, jobs in the formal sector were cushioned by the TERS (Chapter 6.1). But unregistered businesses, which are mostly informal and run by women, could initially not access government support. The department realised that many SMMEs had not registered their workers with the Unemployment Insurance Fund (UIF), making them ineligible for these benefits (Box 5.4.4). From June 2020, it allowed employees, including workers not registered with the UIF, to claim the benefit directly. Also, many SMMEs funded through the Small Enterprise Finance Agency (SEFA) could not meet their loan obligations during the lockdown. The department, through SEFA, provided payment holidays to these SMMEs for the period in which they could not operate. It also prioritised SMMEs in the procurement of personal protective equipment (PPE) and created a database to ensure the supply of PPE. However, the scandals around the procurement of PPE (Chapters 2 and 6.1) put a negative spotlight on such initiatives. Without gender-disaggregated data, it is not clear how women benefitted from these interventions, which women benefitted, and what has shifted for the women most affected by the Covid-19 pandemic.

Box 5.4.4: Department of Small Business Development: Supporting SMMEs in the pandemic

'And one of the things that we discovered … is that most of our SMMEs did not register their employees with the UIF, … [therefore] we thought we should include the payment of salaries.

And then through SEFA we asked them to call a payment holiday for [recipients of] SEFA loans because it was clear that if they are not operational, they wouldn't be able to pay the money that they owe SEFA …

[The] products and supplier development work stream … [identified] priority products because we had anticipated that our SMMEs would be the biggest beneficiary of PPE procurement … [It created] a database of SMMEs that are ready to supply PPE products.'

Source: Key informant interview, Department of Small Business Development

Government provided the *Covid-19 social relief of distress grant* of R350 per month (Chapter 5.3) to people with no other form of government support (SASSA, 2020). The approval process was quick; applicants only had to electronically confirm their vital details held by the Department of Home Affairs. This basic grant kept many households from destitution during the lockdown.

A major challenge related to human settlements was the *inability to pay rent* among households in both social housing developments and private rental premises (Karpman et al., 2022). In response, the national Department of Human Settlements designed a residential rental relief scheme and allocated R600 million to help such households meet their rental obligations. While this initiative was important and commendable, by April 2021, the funding had not been released. The failure to release the R600 million to vulnerable households was attributed to a lack of policy to guide the allocation. The lack of policy guidelines on the release of Covid-19 funds is not limited to this department but is also a concern in other sectors.

In a key informant interview in February, the Department of Labour confirmed that no national policies or regulations had been developed to support *working from home* (Box 5.4.5). Likewise, few firms had developed guidelines for employees to work from home. Thus, many employees had to find new ways of operating without the benefit of either business or national policies. There were few guidelines on working from home, limited assessments of the conditions under which workers had to deliver on their targets, and no general review of policies and processes to accommodate the new conditions under which workers, especially women, worked. Workers often had to maintain the same levels of productivity and meet the same targets as before Covid-19. The pandemic highlighted the need for policy development, both for government to deal with future emergencies and for businesses to accommodate working from home in the post-Covid-19 period.

Box 5.4.5: Department of Labour: Working from home

'In the Scandinavian countries, the concept of working from home has been practised and perfected, so you have companies developing working-from-home policies, and that will require somebody from the company coming to do an assessment of whether your home will be suitable for the kind of work that you have to do and what resources would you require for you to be productive and work effectively. …

Now in South Africa, if there were companies that were [working from home] before lockdown, they were very few. … So, people must work from home now [without] policies to guide them in terms of how they were going to do that. And our advice now to companies is that … policies must be developed so that workers can know what is right and what is wrong, what are the protocols. … [We] will be looking at the existing policies … [and] legislation and see what is it that we can do to cater for the new normal situation. …

[Many] people who were classified as independent could not get assistance from government because they were not classified as workers … So, the policy landscape is going to change completely because we need to take in to account what is happening now, and the reality [that] we are never going to go back to the kind of environment or the kind of a labour market that we had previously. Things are going to change, and … we need to make sure that our policy is also keeping pace with what is happening.'

Source: Key informant interview, Department of Labour

ACCESS TO MATERNAL AND CHILD HEALTH SERVICES

Table 5.4.2 shows that access to maternal and child health services dropped sharply in the hard lockdown period (alert levels 5 and 4), with some recovery once the lockdown was eased.

Table 5.4.2: Maternal and childcare indicators, March to July 2020

Indicator	March	April	May	June	July
Antenatal first visit before 20 weeks (%)	69,7	66,7	66,5	69,6	68,6
Antenatal first visit coverage (%)	84,0	72,8	87,7	80,9	79,8
Total deliveries in facility	88 529	76 938	80 257	79 680	75 224
Total births in facility	91 953	85 908	89 609	87 679	86 942
Delivery by caesarean section (%)	29,0	31,9	31,2	30,2	32,4
Mother postnatal visit within 6 days (%)	81,5	81,1	79,9	83,5	81,7

Source: Department of Health, Health System Data, September 2020

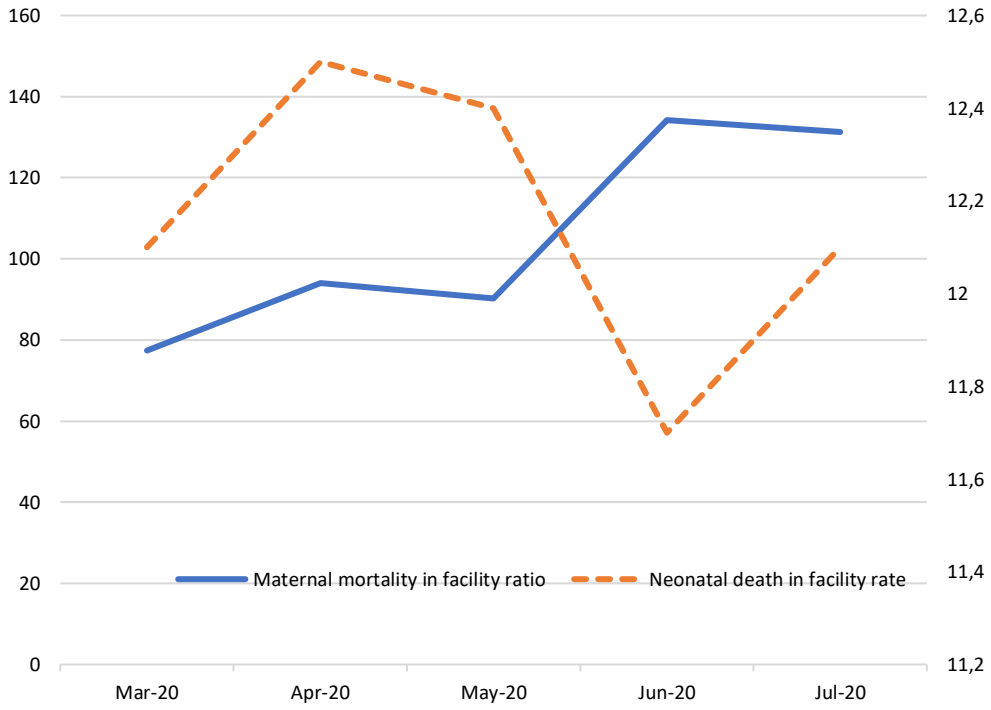
Antenatal visits: Antenatal care, which monitors the health of the mother and unborn child, fell significantly during the hard lockdown period, with the rate of access hovering at about 69.

Delivery and postnatal care: Raw numbers from the Department of Health information system show a decrease in the number of deliveries and births at facilities in the hard lockdown. This implies that more births occurred outside facilities, possibly under conditions that could have contributed to maternal and neonatal mortality (see below). However, it is heartening that the rate of 'mother postnatal visit within 6 days' was about 80% throughout the period, as the days and weeks following childbirth are a critical period in the lives of mothers and newborn babies.[4] The data also shows an upward trend in delivery by caesarean section from 29% in March to 32,4% in July 2020. In comparison, in the South Africa Demographic and Health Survey (DoH, Stats SA, SAMRC & ICF, 2019), the caesarean section rate at public health facilities was 22%; other reports put the number at 26% (Clifford, 2020; Medical Brief, 2019).

Maternal and neonatal mortality: Both maternal and child survival fell during the hard lockdown. Neonatal mortality in facilities (i.e., child deaths within the first 28 days) increased in April and May, rising above 12 per 100 live births, the Sustainable Development Goal target that South Africa had achieved before the lockdown (Figure 5.4.2). The 'maternal mortality in facility' ratio – women dying between conception and six weeks after delivery (the postpartum period) per 100 000 live births – increased significantly from 90 in May to 134 in July. This may be due to poor maternal health, inadequate care during the pregnancy and the postpartum period, or both. A confidential enquiry into these deaths during the lockdown is a matter of urgency.

[4] Most maternal and infant deaths occur in the first month after birth; almost half of postnatal maternal deaths occur within the first 24 hours (WHO & Jhpiego, 2015).

Figure 5.4.2: Maternal mortality and neonatal death rate in facility, March to July 2020

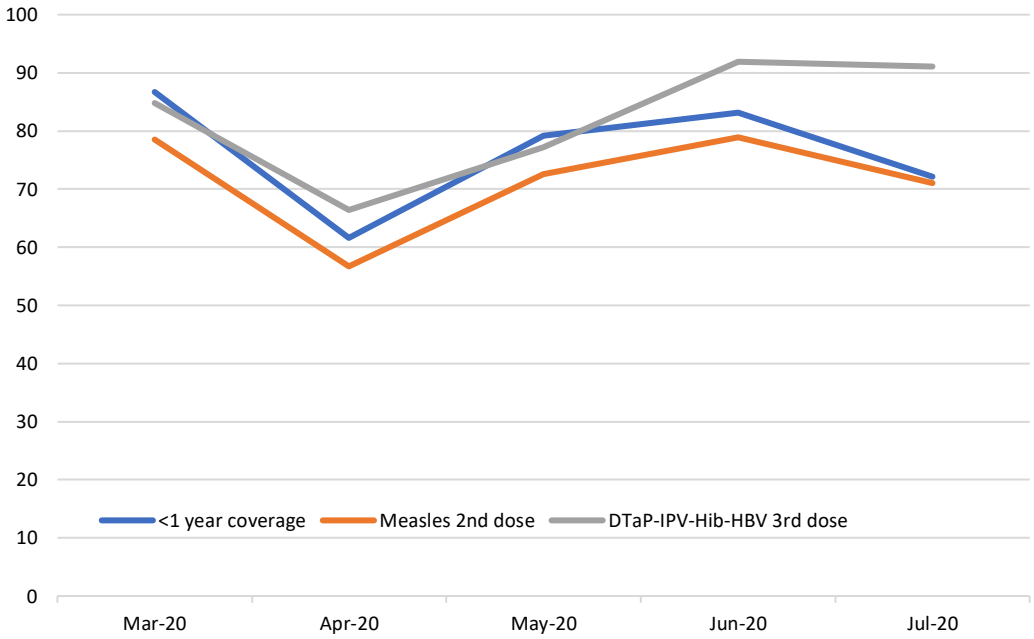


Source: Authors calculations, based on Department of Health, Health System Data, September 2020

Infant immunisation: In the August edition of the South African Medical Journal (Hofman & Madhi, 2020), members of the Academy of Science of South Africa's Standing Committee on Health argued that disruption to maternal, newborn and child health services could have as devastating an impact as Covid-19, despite children being at very low risk of severe Covid-19 illness. They stressed the importance of routine childhood immunisation against diseases such as measles. The World Health Organization (WHO) and UNICEF warned that the world could see a resurgence of measles and polio if immunisation programmes were disrupted during the pandemic. South Africa has already had three laboratory-confirmed cases of measles in the Eastern Cape and KwaZulu-Natal (NICD, 2020b).

The disruption in child immunisation during the pandemic is shown in Figure 5.4.3, which uses data for DTaP-IPV-Hib-HBV (third dose) administered at 14 weeks, measles (second dose) at 12 months, and immunisation coverage under 1 year (percentage of children under a year who have received all the immunisations up to nine months). Coverage of the first vaccine recovered quickly and remained above 90% in June and July, but the latter two vaccines showed a downward trend. As Dr Lesley Bamford, Acting Chief Director of Child, Youth and School Health at the Department of Health notes, 'Coverage tends to be very good in the early months when caregivers are very aware, and it is in the front of their minds to take the children for immunisation, but life happens, and people forget to get second doses' (Adelekan et al., 2020).

Figure 5.4.3: Child immunisation coverage, March to July 2020



Source: Authors calculations, based on Department of Health, Health System Data, September 2020

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Access to sexual and reproductive health services was also reduced during the lockdown. NIDS-CRAM Wave 1 data (Burger et al., 2020) shows that 23% of healthcare users could not access contraceptives, condoms or medication in the four weeks before the survey. The worst affected were poor people and those without medical aid. Poor people more often reported fear of contracting Covid-19 as a barrier to accessing these services, probably because of the real or perceived risk of transmission on public transport or in congested public facilities with long waiting times (see also Chapter 5.3). Transgender healthcare, including hormone treatment, was also compromised (Lynch & Teagle, 2020).

CONTRACEPTION AND FAMILY PLANNING

The analysis of contraceptive methods shows a less than optimal distribution of contraceptive methods during the lockdown period (Table 5.4.3). This unmet need for contraception may lead to more unplanned pregnancies, particularly the context of women spending more time than usual with their partners, at home, during the lockdown.

- *Barrier methods:* The female condom is a woman-initiated barrier method to prevent pregnancy and protect against sexually transmitted infections. The distribution of female condoms fell drastically during alert levels 5 and 4, before the numbers recovered in June 2020.
- *Hormonal methods:* The distribution of both short-acting hormonal and long-acting reversible contraception was disrupted during the hard lockdown period. However, the distribution of the medroxyprogesterone injection ('Depo'), which is given every three months, rose while that of the

monthly oral contraceptive pill fell. This suggests a shift from shorter-duration to longer-duration hormonal methods. Reasons for such a shift could include both service provider and client factors.

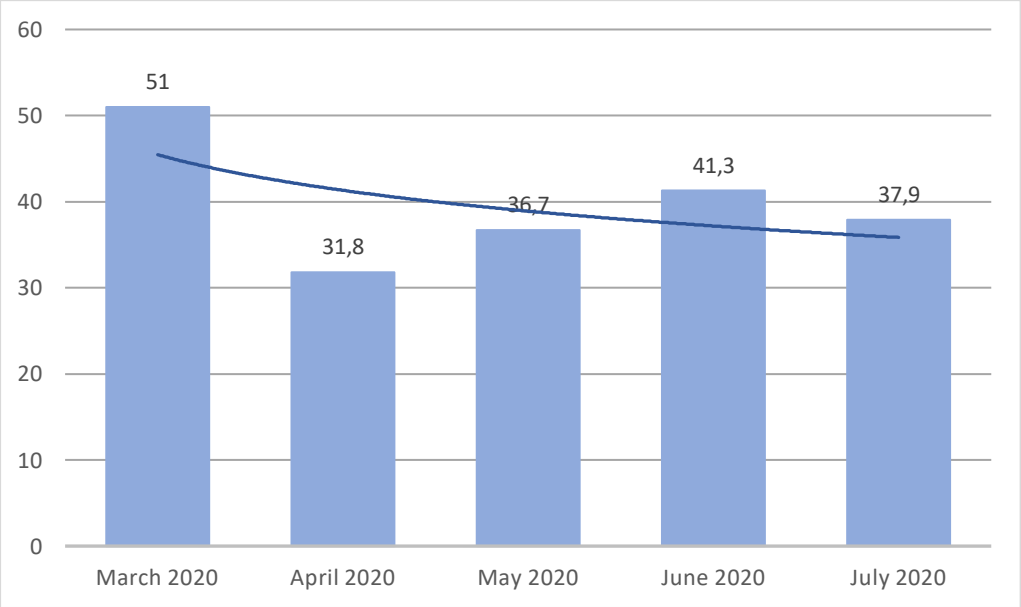
- *Overall contraceptive use*, measured in terms of an aggregate couple year protection rate,[5] declined from 51% in March to a low of 31,8% in April (Figure 5.4.4). In comparison, the rate ranged between 60% and 68% in 2014 to 2018 (DoH, 2020).

Table 5.4.3: Methods of contraception distributed, March to July 2020

Method of contraception	March	April	May	June	July
Barrier methods					
Female condoms distributed	1 261 603	781 599	542 191	1 300 931	1 500 018
Short-acting hormonal methods					
Medroxyprogesterone injection	462 527	391 237	464 855	444 069	431 978
Norethisterone enanthate injection	168 855	146 479	193 002	203 093	218 143
Oral pill cycle	310 923	307 422	296 726	261 253	274 769
Long-acting reversible contraception					
Intrauterine device inserted	4 704	3 483	4 131	4 024	3 908
Subdermal implant inserted	11 586	8 429	10 585	10 743	10 559
Permanent contraception					
Sterilisation – female	4 042	3 727	3 813	3 238	3 185

Source: Department of Health, Health System Data, September 2020

Figure 5.4.4: Couple year protection, March to July 2020



Source: Department of Health, Health System Data, September 2020

[5] Defined as women protected against pregnancy by using modern contraceptive methods, including sterilisation. It is also a proxy for the contraceptive prevalence rate – the proportion of women of reproductive age using a modern contraceptive method. Each contraceptive type is adjusted by a factor to convert it into a contraceptive year (Massyn et al., 2020).

More detailed data is available for Gauteng. Table 5.4.4 shows that in the month before lockdown, access to contraception and termination-of-pregnancy services at primary healthcare facilities in Gauteng decreased; the fall was worse in April. The pre-lockdown decline may well be because users avoided visiting health facilities given the risk of contracting Covid-19 (Adelekan et al., 2020).

Table 5.4.4: Pandemic-related sexual and reproductive health impacts in Gauteng

Contraceptive and termination-of-pregnancy services, compared to previous two years	
Injectable contraception	-45%
Subdermal implants	-48%
Intrauterine device	-10%
Oral contraceptives	Similar
Termination of pregnancy	-17% in second trimester; -5% overall

Source: Adelekan et al., 2020

Reduced access to abortion care is a particular concern, given the role of unsafe abortions in maternal morbidity and mortality (Amnesty International, 2017). Doctors without Borders Southern Africa reports that during lockdown, some abortion facilities considered 'safe termination of pregnancy as an elective procedure and, as a means of preventing congestion in hospitals, cancelled their pregnancy termination services' (Reddy, 2020: par. 2).

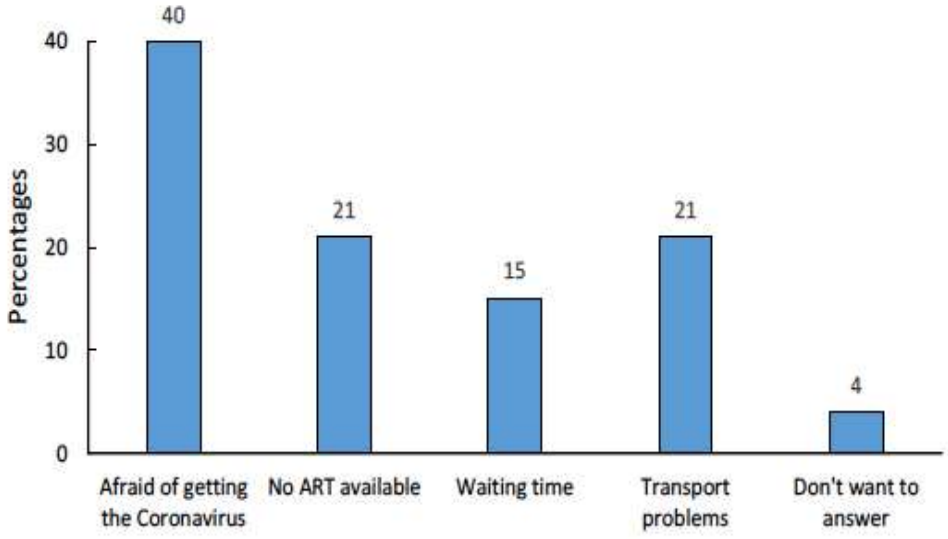
Promising innovations to address limited access to termination-of-pregnancy services include the provision of self-managed abortion to eligible healthcare users through telemedicine. While the Choice on Termination of Pregnancy Act does not provide for service provision via telemedicine, the Health Professionals Council of South Africa guidelines instituted telemedicine as a measure to improve access to healthcare during the pandemic (HPCSA, 2020). The guidelines 'provide a unique opportunity to allow for the virtual prescription of contraceptives and self-managed medical abortion pills, in line with international practices as per WHO clinical guidelines. The ability to access healthcare telephonically reduces the need for women to travel to clinics and the risk of exposure to Covid-19' (Stevens, 2020: par. 11). While these services are not available in public healthcare yet, in April 2020 Mary Stopes introduced self-managed termination of pregnancy and abortion aftercare via telemedicine for women in private care who were less than nine weeks pregnant. Data from April to July 2020 indicate consistent monthly increases in the uptake of this service (Chinogwenya, 2020). This provides a model for more accessible, safe, cost-effective, and confidential abortion care with potential for adaptation in the public health sector.

HIV AND SEXUALLY TRANSMITTED INFECTIONS

Continuity in HIV prevention, treatment and care amid the pandemic is vital if the gains made over the past decade are to be preserved. Not only can interrupted medication supply contribute to drug resistance, but modelling data (Jewell et al., 2020) also suggests that a six-month disruption in antiretroviral therapy (ART) could trigger 'up to half a million additional deaths, double mother-to-child transmission in sub-Saharan Africa over one year, and increase mortality by up to 40% over the

next 5 years' (Keene et al., 2020:844). Emerging evidence supports these concerns. The NIDS-CRAM Wave 1, for instance, reports that 11% of mothers living with HIV ran out of ART during lockdown. Alarmingly, 21% attributed ART interruptions to clinic stockouts (Burger et al., 2020; Figure 5.4.5).

Figure 5.4.5: Reasons for ART interruptions during lockdown



Source: Burger et al., 2020

Given the disproportionate HIV prevalence among girls and young women ages 15–25 (Simbayi et al., 2019), disruptions in sexuality education and sexual and reproductive health services are cause for concern for adolescent health (IPPF, 2020; Isaacs et al., 2020). Pandemic-related school closures cut young people off from the sexual and reproductive health information, services and support typically provided through schools. Data on these impacts is not available; such data gaps, as well as on other vulnerable groups with disproportionate HIV burdens, need to be addressed urgently (Evans et al. 2016; Cloete et al., 2019). Research on Covid-19-related disruptions to HIV programming by Jewell et al. (2020:639), for example, does not analyse disruptions of services 'to key populations, such as female sex workers or homosexual men and other [men who have sex with men] but, given the levels of stigma around these populations, they could be particularly susceptible to interruptions in services'.

CHALLENGES AND LESSONS LEARNT

Though devastating, the impact of Covid-19 on sexual and reproductive health services and outcomes presents an opportunity for long-term, systematic change that 'transforms inefficient, paternalistic policies and practices' (Keene et al., 2020:845). The sexual and reproductive health and rights of women, girls and other vulnerable groups have been severely compromised, with potentially long-lasting impacts on their health and well-being. However, counter-intuitively, the pandemic also removed barriers to care that could otherwise have taken years to overturn (Bateson et al., 2020). Through rapid legal, regulatory and programmatic changes by government, private providers and civil society, the healthcare sector has seen simplified decentralised collection of medication; increased self-management of certain health issues; extended medication refills; reduced clinic visits; and

lowered healthcare costs without comprising patient health outcomes (Jewell et al., 2020; Keene et al., 2020; Mendelsohn & Ritchwood, 2020).

Novel thinking has been critical, particularly since fear of contracting Covid-19 features prominently in healthcare users' unmet need for sexual and reproductive health services; this has prompted alternatives to in-person service delivery that runs in parallel with facility-based care. Anticipating restrictions on access to medication during lockdown, the Western Cape Department of Health implemented a system of rapid home delivery to patients early in the pandemic. The system entails linking non-profit organisations, community health workers and innovative modes of delivery – including Uber, bicycles and electric scooters – to deliver long-run supplies of medicines to patients with chronic conditions (Brey et al., 2020). For persons living with HIV, the reduced burden of frequent clinic visits and better access to medication might contribute to better retention in care, 'because patients are … empowered to manage their own health' (Mendelsohn & Ritchwood, 2020:2756).

The integration of sexual and reproductive health services with existing Covid-19 relief measures also shows promise. In May 2020, the Department of Women, Youth and Persons with Disabilities and the Department of Social Development announced a joint initiative with the United Nations Population Fund to distribute sanitary wear to vulnerable communities, using the same mechanism as Covid-19 food parcel deliveries (Naidoo, 2020).

Finally, the pandemic has help telemedicine gain ground, in both South Africa and the region (Oyediran et al., 2020). While telemedicine is not appropriate for all sexual and reproductive health services, it can help mitigate the impact of the pandemic 'by making these services available to the most vulnerable in some of the hardest-to-reach communities' (Oyediran et al., 2020:53). Digital platforms have been key in reaching young people. Governments and civil society in Eastern and Southern Africa have expanded their online reach through initiatives that provide information on sexual and reproductive health and rights and link adolescents to services via social media (Isaacs et al., 2020). The severe constraints on the health system during this crisis have stimulated innovative responses that could improve service delivery beyond the pandemic. Still, the sexual and reproductive health and rights of women, girls, sexual and gender minorities, and other vulnerable groups require urgent prioritisation to avoid the pandemic reversing gains made over recent decades, thereby further entrenching health inequalities (Adelekan et al., 2020:151).

GAUTENG CASE STUDY

In Gauteng, 56% of people who tested positive for Covid-19 between 6 March and 7 August were women.[6] The gender gap is largest for women of working age (20–65 years) and the very elderly. Although the share of female cases exceeds 55% in quite a few developed countries, it mostly stems

[6] Data from the Gauteng Department of Health, with geocoding by ESRI South Africa (ver. 2.3); includes all confirmed cases from 6 March to 7 August 2020, downloaded on 17 August 2020. The data does not reflect the overall number of infections in Gauteng, only the number of confirmed cases.

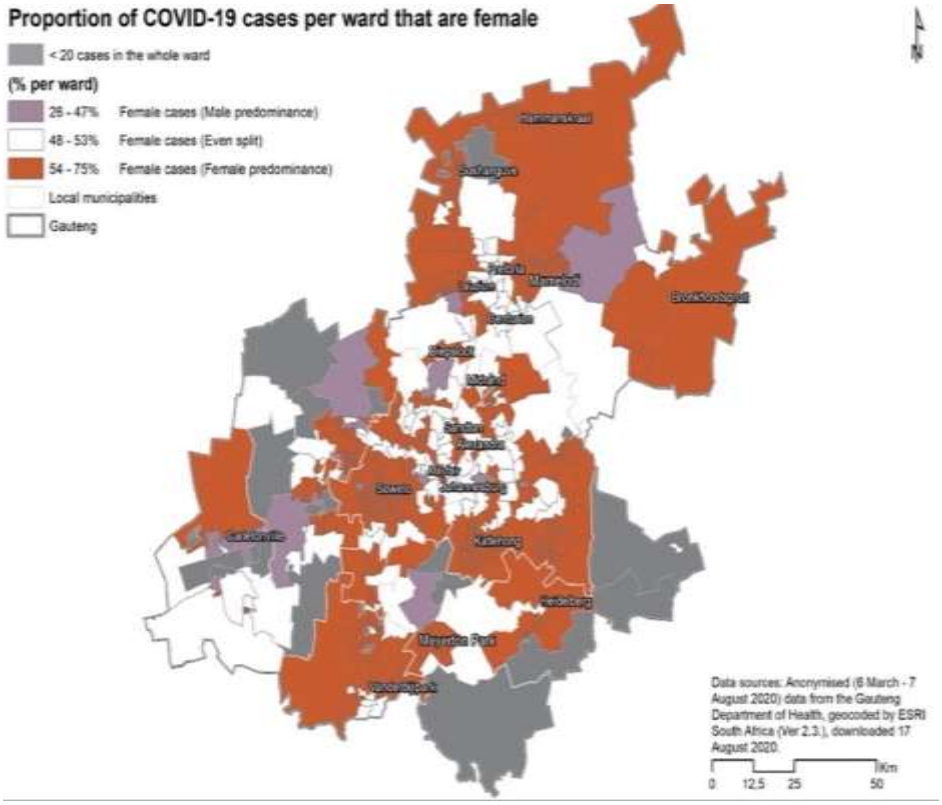
from cases among people over 80 (UN-Women, 2020). For those aged 85 and older, the number of female cases is nearly double the number of male ones, internationally and in Gauteng, mainly because women live longer. In developing countries, the share of male cases is higher. However, internationally and in South Africa, mortality among men is higher rates (Galbadage et al., 2020).

This case study draws on infection data from the Gauteng Department of Health (6 March –7 August 2020) and the Gauteng City-Region Observatory's (GCRO) Quality of Life V (2017/18) survey data. The Covid-19 infection data and the GCRO's vulnerability indices point to a double burden for women. Women test positive at a higher rate than men, and they are more vulnerable both socially and economically during lockdown; women of working age are the most affected.

Mapping female Covid-19 cases per ward

Using anonymised infection data from the Gauteng Department of Health, Figure 5.4.6 shows the share of female cases of Covid-19 per ward. Wards shaded in orange have relatively more female cases, and those in purple relatively more male ones. Wards shaded in white are close to an even split (48–53% female cases), and those in grey have fewer than 20 cases in the ward. Over two-thirds of wards (68%) in Gauteng have a greater share of female Covid-19 cases, while only 6% have a greater share of male cases. Many of the latter are in mining areas (e.g., Carletonville, Westonaria and Randfontein), where men make up the bulk of the workforce. In others (e.g., Mayfair, Fordsburg and Laudium), the higher share of male cases may be driven by mostly men worshipping in mosques.

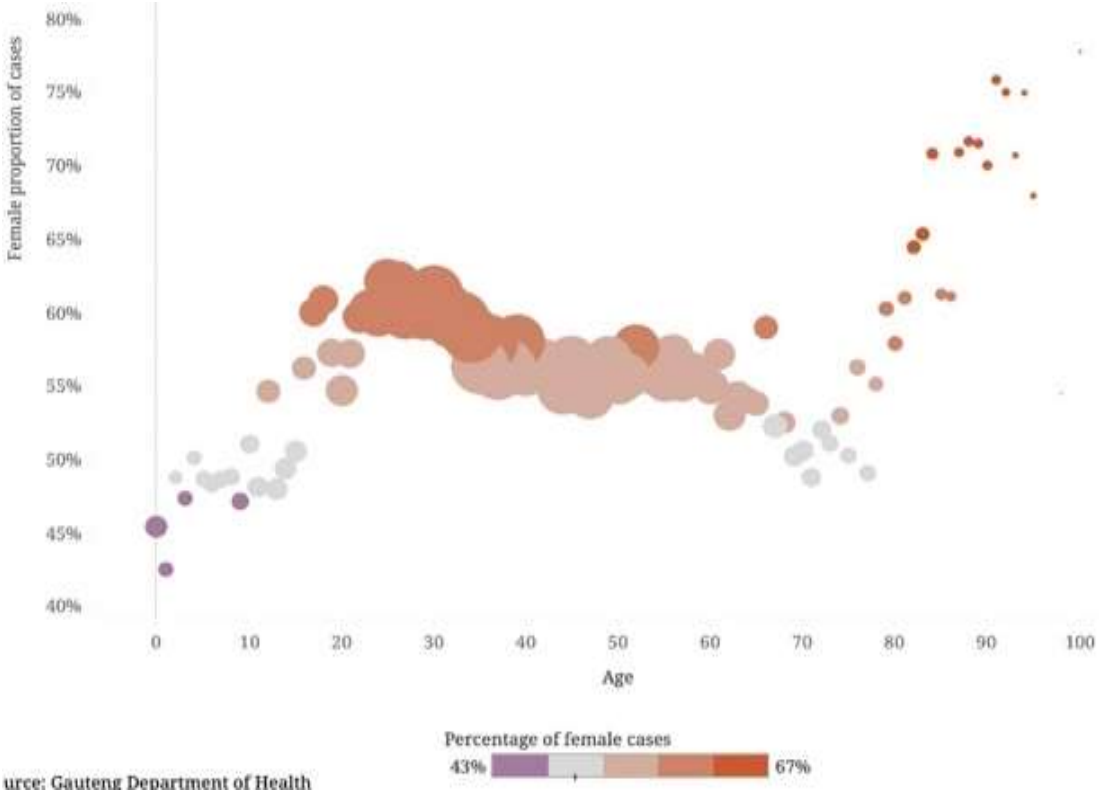
Figure 5.4.6: Female Covid-19 cases per ward, 6 March to 7 August 2020 (%)



Source: Gauteng Department of Health (see footnote 6)

The gender split of Gauteng's population was even (50:50) in 2020, according to Statistics South Africa. However, the split of Covid-19 cases is 56:44 (women to men). In Figure 5.4.7, which shows Covid-19 cases by age and gender, the size of the bubbles represents the total number of cases for each age. The colour of the bubbles represents the share of female infections: orange indicates a higher share of female and purple a higher share of male infections in that age. The clustering of the bubbles highlights the excess infections among people of working age. The share of female infections is higher for younger working adults (in their twenties) and drops to the average of 56% for older working adults. Among people over the age of 80, the dark orange shows a much larger share of female cases in line with the higher life expectancy of women. The larger share of male infections is evident mainly for a few ages under 10 years.

Figure 5.4.7: Female Covid-19 cases by age, 6 March to 7 August 2020 (%)



urce: Gauteng Department of Health

Source: Gauteng Department of Health

Testing data shows that more women are being tested for Covid-19 (56%) and that women are slightly more vulnerable to contracting the disease (59%) (NICD, 2020a).[7] Women may be tested more than men for various reasons. It may be part of routine pre- and post-natal care; women who experience symptoms may be more willing to seek care; or women may experience more symptoms, for various reasons (see below). As of 1 July 2020, the death data disaggregated by sex showed a higher level of mortality for men, which is in line with global patterns; this suggests that the higher incidence of cases does not result in a higher mortality rate for women (MediaHack, 2020).

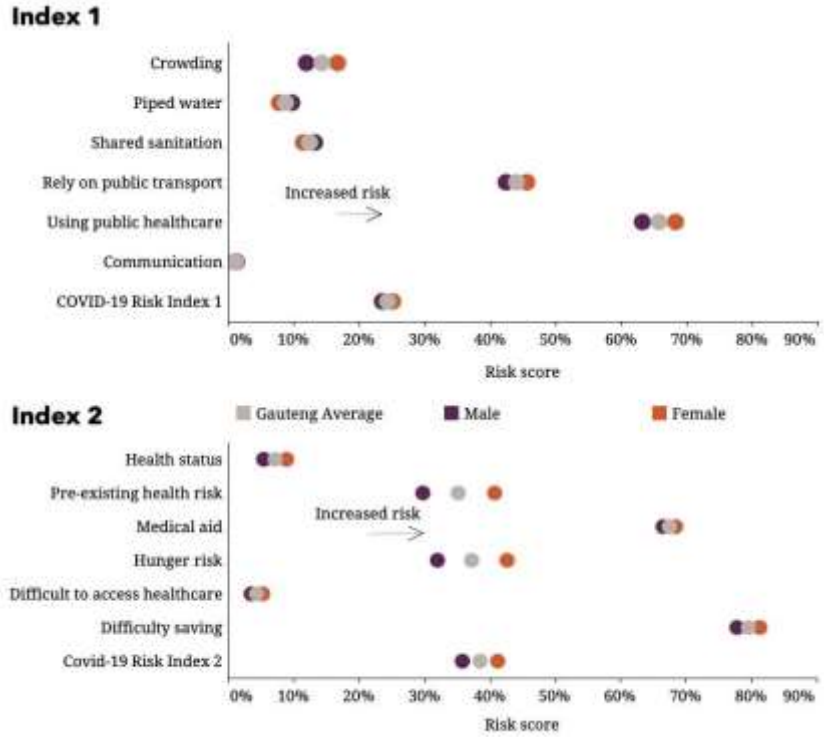
[7] Based on week 32 data, which corresponds to the last week of infection data presented here.

DRIVERS OF HIGHER COVID-19 INFECTIONS AMONG WOMEN

There may be many reasons why working women are more exposed to Covid-19 in Gauteng. Women returning to work may be more likely to be employed in vulnerable higher-contact care and frontline service work (e.g., as cashiers, cleaners, or nurses). Also, women comprise most social grant recipients; they may be contracting the virus at a higher rate than men because more of them stand in queues for monthly payments. GCRO's two risk indices related to Covid-19 vulnerabilities were used to examine the drivers of female infections (De Kadt et al., 2020). Index 1 considers risk factors related to preventative measures (e.g., personal hygiene and social distancing). The risk factors include living in crowded dwellings; the absence of piped water; shared or inadequate toilet facilities; using public healthcare facilities; limited access to communication tools; and reliance on public transport. Index 2 examines risk factors around lockdown conditions that could increase health and socio-economic vulnerability. These include existing health and socio-economic conditions, such as the risk of hunger, ability to save money, and access to medical aid. Each index ranges from 0 to 100, with 0 representing the lowest and 100 the highest level of risk.

Figure 5.4.8 shows the relationship between gender and these two risk indices. Women are more likely to live in crowded conditions (not least because they tend to live in larger households). Women are more vulnerable across all six factors related to the socio-economic and health impacts of the pandemic (index 2). They are more likely to report poor health and to live in households with pre-existing health conditions. More women live in households facing hunger and have difficulty saving money. They are less likely to have access to medical aid and are more likely to use public healthcare.

Figure 5.4.8: Covid-19 risk scores by sex for index 1 and 2



Source: De Kadt et al., 2020

Given their burden of care for children and elderly people, more women tend to visit public health facilities. This may mean they are more likely to access testing services and/or be exposed to the virus at these facilities. Part of women's vulnerability in terms of social distancing stems from their greater reliance on public transport. More women use minibus taxis for their most frequent trips (49%, as against 43% of men). In contrast, more men (29%) than women (21%) use a car as a driver, where the risk of infection is much lower. More men use the train (3,6%, as against 2,4% of women), although both proportions are low.

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IMPLICATIONS OF THE GENDER IMBALANCE IN INFECTIONS

The relatively higher numbers of female Covid-19 cases compound the existing vulnerabilities of women and female-headed households. As noted, women were more severely affected during the lockdown. They accounted for most job losses, were more likely to live in households that ran out of money for food and tended to spend more time on childcare (Casale & Posel, 2020). Linked to this, women are more likely to live in larger households, and hence are at higher risk of intrahousehold transmission. More men live in single-person households (73% of such households); as household size increases, so does the proportion of women. Of those living in households with at least seven members, 65% are women. The mean household size for male respondents is 2,85, as against 3,67 for female respondents. Larger households are associated with a lower quality of life and are more likely to have resource constraints and a higher risk of hunger. More women have more dependent children: 77% of adult women (65% of men) have dependent children, and women have a mean of 1,93 dependent children (men have 1,63) (GCRO, 2018). This implies that more people, particularly children, are affected when women are ill and unable to do paid work and/or provide unpaid care.

It is, therefore, critical to address the health of women and their apparently higher risk of infection. Interventions at taxi ranks and at healthcare services could assist women using these services in reducing their risk of contracting Covid-19. This would benefit not only the women directly but also the family members they support or who are in their care.

CONCLUSIONS AND RECOMMENDATIONS

If gender equality is enshrined in the Constitution, the general assumption is that before any bill is submitted for public comment and approved, gender would be addressed as a key element. This chapter underscores the need for gender mainstreaming in regulations and interventions designed to address disasters such as Covid-19. While the interventions were designed to assist at-risk social

categories, they should have been more intentional to ensure that vulnerable social categories, including women, were supported. The following recommendations can be made in this regard:

- The gender roles of female teachers in the household should be accommodated in the design of interventions aimed at supporting their professional work under lockdown conditions.
- Disaster regulations for sporting events should not only focus on male sports but also include and encourage female sports.
- Disaster regulations need to consider the need for physical activity among both men and women and set out precautionary measures for all.
- All data collected on Covid-19 should be disaggregated by gender and race. This should include migration data if it is to be useful in designing gender-responsible migration policies.

Recommendations for addressing gender-based violence include the following:

- A documented reporting system is needed to record gender-based violence against LGBTIQ+ persons.
- A system needs to be developed to remove (alleged) sexual or gender-based violence offenders from the shared residence.
- The reporting system should be able to dispatch safe transport to a survivor to enable them to travel to report domestic violence and access support structures (e.g., health and shelters).
- Police officers who perpetrate sexual or gender-based violence should be dismissed, and criminal cases should be pursued.
- A referral system is needed that can alert 'safe' women's and LGBTQI+ groups to provide support within the victim/survivor's community.
- The provision of safe housing and safe transport for LGBTQI+ persons should be prioritised.

Recommendations for promoting sexual and reproductive health and rights are as follows:

- Gender equality is a constitutional imperative, and gender should be mainstreamed in all policies, programmes, and regulations.
- Women constitute the majority of the population in South Africa. To assess the impact on women of government interventions during the pandemic, data needs to be disaggregated by gender and race to understand how households were affected by Covid-19.
- The impact of Covid-19 mitigation measures on vulnerable and marginalised groups should be interrogated. Blanket regulations often overlook the realities of vulnerable and marginalised groups and may inadvertently compound negative sexual and reproductive health outcomes.
- The socio-economic drivers of adverse pandemic-related sexual and reproductive health outcomes create a disproportionate burden on poor and vulnerable persons and need to be addressed. Poverty and inequality affect sexual and reproductive health and rights both directly and indirectly. For example, poor households may be unable to afford commodities for menstrual hygiene management. For many healthcare users, distance to facilities and transport costs are barriers to access these services. For pandemic-related interventions to be effective, they need to consider deepening impoverishment and inequality.

- Critical data gaps on sexual and reproductive health and rights, notably on abortion care and on vulnerable groups (e.g., LGBTIQ+ persons, persons with disabilities, and other marginalised groups) should be urgently addressed. To this end, data sets should be disaggregated, and where diverse data is not routinely collected, rapid studies should be considered.
- Where safe and appropriate, digital health platforms should be expanded. This would require policymakers, regulators, and healthcare managers to develop guidelines and protocols, including quality assurance processes for telemedicine and similar innovations prompted by the pandemic.
- Efficient systems are needed to respond rapidly to medication stockouts, link vulnerable persons to services, and expand self-managed and home-based sexual and reproductive health services. Burger et al. (2020) recommend employing community health workers more effectively as service linkers to take government sexual and reproductive health services into the home. Such initiatives can also be used to increase community knowledge on Covid-19 and the higher risk of individuals with comorbidities. Keene et al. (2020:844) add that that HIV treatment and care can benefit from community health workers who are trained and paid to support 'self-testing, provision of pre-exposure prophylaxis with nursing support, [and] linkage to care for newly identified cases and those who have been lost to follow-up'.

The Gauteng case study highlighted two main issues:

- It is critical to address the health of women and their apparently higher risk of infection.
- Interventions at taxi ranks and at healthcare services could assist women using these services in reducing their risk of contracting Covid-19. This would benefit not only the women directly but also the family members they support or who are in their care.

REFERENCES

Adelekan, T., Mihretu, B., Mapanga, W. & Nqeketo, S., 2020. Early effects of the COVID-19 pandemic on family planning utilisation and termination of pregnancy services in Gauteng, South Africa: March–April 2020. Wits Journal of Clinical Medicine, 2(2): 145–152. doi: 10.18772/26180197.2020.v2n2a7

Amnesty International, 2017. Barriers to safe and legal abortion in South Africa. London. https://www.amnesty.org/en/documents/afr53/5423/2017/en/

Bateson, D. J., Lohr, P. A., Norman, W. V., Moreau, C., Gemzell-Danielsson, K., Blumental, P. D., … Black, K. I., 2020. The impact of COVID-19 on contraception and abortion care policy and practice: Experiences from selected countries. BMJ Sexual and Reproductive Health, 46: 241–243. doi: http://dx.doi.org/10.1136/bmjsrh-2020-200709

Blouws, C., 2020. COVID-19 through a gendered, feminist and human rights lens. What does corona virus mean to womxn in South Africa? Women's Legal Centre. https://wlce.co.za/COVID-19-through-a-gendered-feminist-and-human-rights-lens-what-does-corona-virus-mean-to-womxn-in-south-africa/ (Accessed 19 October 2020).

Brey, Z., Mash, R., Goliath, C. & Roman, D., 2020. Home delivery of medication during Coronavirus disease 2019, Cape Town, South Africa: Short report. African Journal of Primary Health Care & Family Medicine, 12(1): e1–e4. doi: 10.4102/phcfm.v12i1.2449

Burger, R., Nkonki, L., Rensburg, R., Smith, A. & van Schalkwyk, C., 2020. Examining the unintended health consequences of the COVID-19 pandemic in South Africa. NIDS-CRAM (National Income Dynamics Study – Coronavirus Rapid Mobile Survey). Wave 1, 15 July. https://cramsurvey.org/wp-content/uploads/2020/07/Burger-examining-the-unintended-health-consequences.pdf

BusinessTech, 2020a. FNB announces coronavirus relief measures for customers. https://businesstech.co.za/news/banking/385901/fnb-announces-coronavirus-relief-measures-for-customers/ (Accessed 20 October 2020).

——2020b. Standard Bank announces second wave of COVID-19 relief. https://businesstech.co.za/news/banking/385743/standard-bank-announces-second-wave-of-COVID-19-relief/ (Accessed 20 October 2020).

Casale, D. & Posel, D., 2020. Gender and the early effects of the COVID-19 crisis in the paid and unpaid economies in South Africa. NIDS-CRAM (National Income Dynamics Study – Coronavirus Rapid Mobile Survey). Wave 1, 15 July. https://cramsurvey.org/wp-content/uploads/2020/07/Casale-Gender-the-early-effects-of-the-COVID-19-crisis-in-the-paid-unpaid-economies-in-South-Africa.pdf

Chabalala, J., 2020. 'Unlawful' home destructions frustrate SA's objective to curb COVID-19 spread – rights institute. News24, 2 July. https://www.news24.com/news24/southafrica/news/unlawful-

home-demolitions-frustrate-sas-objective-to-curb-COVID-19-spread-rights-institute-20200702 (Accessed 19 October 2020).

Chinogwenya, W., 2020. Self-managed termination of pregnancy via telemedicine: Making safe abortion services available during the COVID-19 pandemic. Marie Stopes South Africa, Cape Town.

Clifford, C., 2020. South Africa's C-section rate double what it should be? There's no recommended rate, says WHO. Africa Check, 25 February. https://africacheck.org/reports/south-africas-c-section-rate-double-what-it-should-be-theres-no-recommended-rate-says-who/

Cloete, A., Wabiri, N., Savva, H., van der Merwe, L. & Simbayi, L., 2019, 11–14 July. The Botshelo Ba Trans study: results of the first HIV prevalence survey conducted amongst transgender women (TGW) in South Africa [Conference paper]. 9th South Africa AIDS Conference. http://repository.hsrc.ac.za/handle/20.500.11910/14780

CoGTA (Department of Cooperative Governance and Traditional Affairs), 2020a. N. 318 – Disaster Management Act, 2002: Regulations issued in terms of section 27(2) of the Disaster Management Act, 2002. Government Gazette No. 43107, 18 March. https://www.gov.za/sites/default/files/gcis_document/202003/43107gon318.pdf

———2020b. R. 398 – Disaster Management Act, 2002: Amendment of regulations issued in terms of section 27(2). Government Gazette No. 43148, 25 March. https://www.gov.za/sites/default/files/gcis_document/202003/4314825-3cogta.pdf

———2020c. R. 465 – Disaster Management Act, 2002: Amendment of regulations issued in terms of section 27(2). Government Gazette No. 43232, 16 April. https://archive.opengazettes.org.za/archive/ZA/2020/government-gazette-ZA-vol-658-no-43232-dated-2020-04-16.pdf

———2020d. R. 480 – Disaster Management Act, 2002: Regulations issued in terms of section 27(2) of the Disaster Management Act, 2002. Government Gazette No. 43258, 29 April. https://www.grainsa.co.za/upload/files/43258_29-04_Cogta.pdf

———2020e. No. 608 – Disaster Management Act, 2002: (Act No. 57 of 2002): Determination of alert levels and hotspots. Government Gazette No. 43364, 28 May. https://www.greengazette.co.za/notices/disaster-management-act-57-2002-determination-of-alert-levels-and-hotspots_20200528-GGN-43364-00608

———2020f. No. 891 – Disaster Management Act, 2002: (Act No. 57 of 2002): Determination of alert level. Government Gazette No. 43620, 17 August. https://www.gov.za/sites/default/files/gcis_document/202008/43620gon891s_0.pdf

———2020g. No. 999 – Disaster Management Act, 2002: Amendment of regulations issued in terms of section 27(2). Government Gazette No. 43725, 18 September.

https://www.greengazette.co.za/notices/disaster-management-act-57-2002-amendment-of-regulations-issued-in-terms-of-section-27-2_20200918-GGN-43725-00999

——2020h, 28 April. Role of local government in combating spread of COVID-19 Virus: SALGA Briefing [Conference proceedings]. https://pmg.org.za/page/RoleoflocalgovernmentincombatingspreadofCOVID19virusSALGA%20briefing (Accessed 19 October 2020).

Crenshaw, K., 2011. Demarginalising the intersection of race and sex: A black feministcritique of anti-discrimination doctrine, feminist theory, and anti-racist politics. Lutz, H., Vivar, M. & Supik, L. (Eds). Framing intersectionality: Debateson a multi-faceted concept in gender studies. Ashgate, Surrey.

Dahlerup, D., 2018. Has democracy failed women? Polity Press, Cambridge.

De Kadt, J., Gotz, G., Hamann, C., Maree, G. & Parker, A., 2020. Mapping vulnerability to COVID-19 in Gauteng. GCRO (Gauteng City-Region Observatory), 20 March. https://gcro.ac.za/outputs/map-of-the-month/detail/mapping-vulnerability-to-covid-19/

DoH (Department of Health), 2020. National Department of Health annual performance plan 2020/21. Pretoria: July. https://static.pmg.org.za/National_Department_of_Health_Annual_Performance_Plan_2020-2021_1.pdf

DoH (Department of Health), Stats SA (Statistics South Africa), SAMRC (South African Medical Research Council) & ICF, 2019. South Africa Demographic and Health Survey 2016. Pretoria & Rockville. https://www.dhsprogram.com/pubs/pdf/FR337/FR337.pdf

DoHS (Department of Human Settlements), 2009. The National Housing Code. Part 3 – Upgrading Informal Settlements. http://www.dhs.gov.za/sites/default/files/documents/national_housing_2009/4_Incremental_Interventions/5%20Volume%204%20Upgrading%20Infromal%20Settlement.pdf

DOL (Department of Labour), 2019. 19th Commission for Employment Equity Annual Report 2018–2019. Pretoria. https://www.labourguide.co.za/workshop/1692-19th-cee-annual-report/file

Dugard, J. & Ngwenya, M., 2019. Property in a time of transition: An examination of perceptions, navigations and constructions of property relations among unlawful occupiers in Johannesburg's inner city. Urban Studies, 56(6): 1165–1181. doi: 10.1177/0042098018765402

DWYPD (Department of Women, Youth and Persons with Disabilities), 2019. Beijing 25+ South Africa's report on the progress made on the implementation of the Beijing Platform for Action 2014–2019. https://static.pmg.org.za/190828National_Beijing_25_Report.pdf

Evans, M. G. B., Cloete, A., Zungu, N. & Simbayi, L. C., 2016. HIV risk among men who have sex with men, women who have sex with women, lesbian, gay, bisexual and transgender populations in

South Africa: A mini-review. Open AIDS Journal, 10: 49–64. doi: 10.2174/1874613601610010049

Evans, M., 2017. Persistence of gender inequality. Polity Press, Cambridge.

Francke, R. L., 2020. Cape Town woman in dock after girlfriend stabbed to death on Heritage Day. IOL, 28 September. https://www.iol.co.za/news/south-africa/western-cape/cape-town-woman-in-dock-after-girlfriend-stabbed-to-death-on-heritage-day-ccec1205-28d0-56a6-adb9-16a9f77db53a?fbclid=IwAR2oEimB4XuWxluBSQyj6RAKBj5RZNRNlZD1crTU-wMMmMcUd4qxvI39jRo

Galbadage, T., Peterson, B. M., Awada, J., Buck, A. S., Ramirez, D. A., Wilson, J. & Gunasekera, R. S., 2020. Systematic review and meta-analysis of sex-specific COVID-19 clinical outcomes. Frontiers in Medicine, 7: 348. doi: 10.3389/fmed.2020.00348

GCRO (Gauteng City-Region Observatory), 2018. Quality of life survey V-2017/18 [Dataset]. v.1. GCRO & DataFirst, Johannesburg & Cape Town. https://doi.org/10,25828/8yf7-9261

Grobler, R., 2020. Police watchdog investigating 'baffling' death of sex worker while in custody. News24, 3 June. https://www.news24.com/news24/southafrica/news/police-watchdog-investigating-baffling-death-of-sex-worker-while-in-custody-20200603

Harrisberg, K, 2020. Evictions, power cuts heighten South Africa housing crisis amid lockdown. Reuters, 24 April. https://www.reuters.com/article/us-health-coronavirus-safrica-homes-feat-idUSKCN22615J (Accessed 20 October 2020).

Hofman, K. & Madhi, S., 2020. The unanticipated costs of COVID-19 to South Africa's quadruple disease burden. South African Medical Journal, 110(8): 689–699. doi: http://dx.doi.org/10.7196/SAMJ.2020.v110i8.15125

HPCSA (Health Professions Council of South Africa), 2020. Notice to amend telemedicine guidelines during COVID-19. 3 April. https://www.hpcsa-blogs.co.za/notice-to-amend-telemedicine-guidelines-during-covid-19/

HSRC (Human Sciences Research Council), 2021. South African Social Attitudes Survey (SASAS) 2018: Questionnaire 1 – All provinces [Dataset] v.1. HSRC [producer & distributor], Pretoria. http://dx.doi.org/doi:10.14749/1619705258

Human, L., 2020. Human Rights Commission under fire for 7-month silence of sex worker death in custody. GroundUp, 28 October. https://www.groundup.org.za/article/human-rights-commission-under-fire-7-month-silence-sex-worker-death-custody/

IPPF (International Planned Parenthood Federation), 2020. IMAP Statement on COVID-19 and sexual and reproductive health and rights. London. https://www.ippf.org/resource/imap-statement-covid-19-and-sexual-and-reproductive-health-and-rights

Isaacs, N. et al., 2020. The impact of COVID-19 on adolescents' access to sexual and reproductive health services in Eastern and Southern Africa: Data from the School's Out study. HSRC (Human Sciences Research Council) & Amplify Change, Pretoria.

Jewell, B. L., Mudimu, E., Stover, J., ten Brink, D., Phillips, A. N., Smith, J. A., … Kelly, S. L., 2020. Potential effects of disruption to HIV programmes in sub-Saharan Africa caused by COVID-19: Results from multiple mathematical models. The Lancet, 7(9): e629–e640. doi: 10.1016/S2352-3018(20)30211-3

Kannemeyer, L., Acton, S., Manca, M. & Hopf, D., 2020, September. Pay and working condition for domestic workers in South Africa – COVID-19 Edition [Conference presentation]. Sweepsouth. https://blogdotsweepsouthdotcom.files.wordpress.com/2020/09/report-on-pay-working-conditions-for-domestic-work-in-sa-covid-19-edition-2020.pdf (Accessed 18 October 2020).

Karpman, M., Zuckerman, S., Gonzalez, D. & Kenney, G. M., 2020. The COVID-19 pandemic is straining families' abilities to afford basic needs. Washington, DC: Urban Institute, 500. https://www.urban.org/research/publication/covid-19-pandemic-straining-families-abilities-afford-basic-needs

Kasambala, T., 2020. Addressing the impact of government responses to Covid-19 on women human rights defenders and women's rights. Daily Maverick, 3 July. https://www.dailymaverick.co.za/article/2020-07-03-addressing-the-impact-of-government-responses-to-covid-19-on-women-human-rights-defenders-and-womens-rights/ (Accessed 15 September 2020).

Keene, E., Mohr-Holland, E., Cassidy, T., Scott, V., Nelson, A., Furin, J. & Triviño-Duran, L., 2020. How COVID-19 could benefit tuberculosis and HIV services in South Africa. The Lancet, 8(9): 844–845. doi: 10.1016/S2213-2600(20)30311-8

Lali, V., 2020. Covid-19: Lockdown blamed for desperate Cape Town land occupation. GroundUp, 11 April. https://www.groundup.org.za/article/lockdown-blamed-desperate-cape-town-land-occupation/ (Accessed 18 October 2020).

Law, A., 2011. Key concepts in classical social theory. Sage Publications, London.

Liamputtong, P., Haritavorn, N. & Kiatying-Angsulee, N., 2009. HIV and AIDS, stigma and AIDS support groups: Perspectives from women living with HIV and AIDS in central Thailand. Social Science & Medicine, 69(6): 862–868. doi: 10.1016/j.socscimed.2009.05.040

Lutz, H., Vivar, M. & Supik, L., 2011. Framing intersectionality: Debates on a multi-faceted concept in gender studies. Ashgate, Surrey.

Lynch, I. & Teagle, A., 2020. The COVID-19 impact on sexual and reproductive health rights and gender-based violence. HSRC Review, 18(20): 36–37. doi: http://repository.hsrc.ac.za/handle/20.500.11910/15356

Massyn, N., Barron, P., Day, C., Ndlovu, N. & Padarath, A., 2020. District Health Barometer 2018/19. Health Systems Trust, Westville: February. https://www.hst.org.za/publications/District%20Health%20Barometers/District+Health+Barometer+2018-19+Web.pdf

Mathe, C., Dlamini, D., Vidima, N., Cox, S. & Stevens, M., 2020. Letter to the President – Marginalised populations. Sexual & Reproductive Justice Coalition, 18 May. http://srjc.org.za/2020/05/19/letter-to-the-president-marginalised-populations/letter-to-the-president-marginalised-populations-18-may-docx/

Matsemela, M., 2020. Newsflash – News from the Banks. Miltons Matsemela, 31 March. https://www.miltons.law.za/newsflash-news-from-the-banks/ (Accessed 20 October 2020).

MediaHack, 2020. Coronavirus in South Africa: Online dashboard. Gender disaggregated death data, 1 July. https://mediahack.co.za/datastories/coronavirus/dashboard/ (Accessed 13 October 2020).

Medical Brief, 2019. Caesarean rates are rocketing in SA. 16 January. https://www.medicalbrief.co.za/archives/caesarean-rates-rocketing-sa/#:~:text=the%20caesarean%20surge.-,About%2026%25%20of%20babies%20born%20in%20South%20African%20public%20hospitals,alone%20the%20rate%20is%2024%25.

Mehlwana, L., 2020. The battle against stigma in Eastern Cape. Daily Maverick, 8 May. https://www.dailymaverick.co.za/article/2020-05-08-the-battle-against-stigma-in-eastern-cape/ (Accessed 26 April 2021).

——2021. COVID-19: Are foreigners being left behind? Spotlight, 9 March. https://www.spotlightnsp.co.za/2021/03/09/covid-19-are-foreign-nationals-being-left-behind/ (Accessed 26 April 2021).

Mendelsohn, A. S. & Ritchwood, T., 2020. COVID-19 and antiretroviral therapies: South Africa's charge towards 90–90–90 in the midst of a second pandemic. AIDS and Behavior, 24(10): 2754–2756. doi: 10.1007/s10461-020-02898-y

Mosomi, J., Thornton, A. & Branson, N., 2020. Unpacking the potential implications of Covid-19 for gender inequality in the SA labour market [Working paper]. SALDU (Southern Africa Labour and Development Research Unit). http://hdl.handle.net/11090/992

Naidoo, J., 2020. State announces free sanitary products for vulnerable women. IOL, 23 July. https://www.iol.co.za/news/politics/state-announces-free-sanitary-products-for-vulnerable-women-24c9831f-f692-490d-8187-14968eba62ce

Ndinda, C., 2003. Housing delivery in Nthutukoville, South Africa: Successes and problems for women. Journal of International Women's Studies, 5(1): 29–41.

———2009. ‘But now I dream about my house’: Women’s empowerment and housing delivery in urban KwaZulu-Natal, South Africa. Development Southern Africa, 26(2): 317–333. doi: 10.1080/03768350902899660

Ndinda, C., Chimbwete, C., McGrath, N., Pool, R. & MDP Group, 2007. Community attitudes towards individuals living with HIV in rural KwaZulu-Natal, South Africa. AIDS Care, 19(1): 92–101. doi: 10.1080/09540120600888378

Ndinda, C. & Hongoro, C., 2017. Analysis of non-communicable diseases prevention policies in Africa (ANPPA): A case study of South Africa. APHRC (African Population & Health Research Centre), Pretoria.

Ndinda, C., Hongoro, C. & Labadarios, D., 2017. Status of informal settlements targeted for upgrading: Implications for policy and evaluation. HSRC Review, 15: 16–19.

Ndinda, C. & Ndhlovu, T. P., 2016. Attitudes towards foreigners in informal settlements targeted for upgrading in South Africa: A gendered perspective. Agenda, 30(2): 131–146. doi: 10.1080/10130950.2016.1212598

Ndinda, C. & Uzodike, U. O., 2008. Accessing Housing Finance in South Africa: The Role of Women Activism. Wagadu, 6(Winter): 75–91. https://search.proquest.com/openview/af6d04d0e3cba7b8df680577182ae9af/1?pq-origsite=gscholar&cbl=40412

———2012. Present but absent: Women in business leadership in South Africa. Journal of International Women’s Studies, 13(1): 127–145.doi: http://vc.bridgew.edu/jiws

Nengomasha, C. & Adebayo, P., 2019. The role of land registers in the expropriation of urban land in South Africa. International Journal of Development Research, 9(1): 25201–25207.

NICD (National Institute for Communicable Diseases), 2020a. COVID-19 testing summary: South Africa, Week 33. https://www.nicd.ac.za/diseases-a-z-index/COVID-19/surveillance-reports/

———2020b. Measles Alert10, November. https://www.nicd.ac.za/measles-alert/ (Accessed 13 November 2020).

Oyediran, K. A., Makinde, O. A. & Adelakin, O., 2020. The role of telemedicine in addressing access to sexual and reproductive health services in sub-Saharan Africa during the COVID-19 pandemic. African Journal of Reproductive Health, 4(2): 49–55. doi: 10.29063/ajrh2020/v24i2s.8

Parker, R. & Aggleton, P., 2003. HIV and AIDS-related stigma and discrimination: a conceptual framework and implications for action. Social Science & Medicine, 57(1): 13–24. doi: 10.1016/s0277-9536(02)00304-0

Parker, A. & de Kadt, J., 2020. Close look at some South African households gives insights into COVID-19 vulnerability. The Conversation, 5 August. https://theconversation.com/close-look-at-some-south-african-households-gives-insights-into-covid-19-vulnerability-143107

Reddy, S., 2020. Your body, your choice? Sexual and reproductive human rights get sidelined during the pandemic. Daily Maverick, 29 July. https://www.dailymaverick.co.za/article/2020-07-29-your-body-your-choice-sexual-and-reproductive-human-rights-get-sidelined-during-the-pandemic/

SABC News (South African Broadcasting Corporation News), 2020. Cape Town high court declares Empolweni evictions unlawful. 17 April. https://www.sabcnews.com/sabcnews/cape-town-high-court-declares-empolweni-evictions-unlawful/ (Accessed 18 October 2020).

SAPS (South African Police Service), 2020a. Annual crime report 2019/20. 30 October. https://static.pmg.org.za/SAPS_CRIME_REPORT_2020_WEB.pdf

——2020b. Crime statistics – Crime situation in the Republic of South Africa quarter three (October to December 2020) [Conference presentation]. https://www.saps.gov.za/services/october_to_december_2020_21_crimestats.pdf

——2021a. Police recorded crime statistics – Crime situation in Republic of South Africa (April to June 2020_21) [Conference presentation]. https://www.saps.gov.za/services/April_June%202020_2021.pdf

——2021b. Crime statistics – Crime situation in the Republic of South Africa (July to September 2020_21) [Conference presentation]. https://www.saps.gov.za/services/july_to_september_2020_21_crime_situation.pdf

SASSA (South African Social Security Agency), 2020. Application for Social Relief of Distress as a Response to Disaster amid COVID 19. Form No: GA 5052-001. https://www.sassa.gov.za/Documents/Grants-Documents/SRD%20for%205052/GA-5052-001%20Covid-19%20SRD_Grant.pdf

SERI (Socio-Economic Rights Institute of South Africa), 2018. SERI makes submission on informal settlements to the UN special rapporteur on the right to housing. 28 May. https://www.seri-sa.org/index.php/more-news/794-advocacy-seri-makes-a-submission-on-informal-settlement-to-the-un-special-rapporteur-on-the-right-to-housing-28-may-2018 (Accessed 15 October 2020).

——2020. Submission on the impact of the Covid19 crisis on housing rights. July. http://www.seri-sa.org/images/SERI_submission_SR_COVID_19_9_July_2020.pdf (Accessed 13 September 2020).

Shisana, O., Labadarios, D., Rehle, T., Simbayi, L., Zuma, K., Dhansay, A., ... Faber, M., 2014. The South African National Health and Nutrition Examination Survey, 2012: SANHANES-1: The health and nutritional status of the nation. HSRC Press, Cape Town.

Simbayi, L. C., Zuma, K., Zungu, N. P., Moyo, S., Marinda, E., Jooste, S., … SABBSSM V Team, 2019. South African National, HIV prevalence, incidence behaviour and communication survey, 2017. HSRC Press, Cape Town.

Sisulu, L. N., 2020. Debate on Human Settlements Budget vote (33) in the National Assembly. DHS (Department of Human Settlements), 21 July . http://www.dhs.gov.za/sites/default/files/speeches/LN%20Sisulu%202020%20Budget%20Vote%20speech%20-%2021%20July%202020%20-%20Draft%20final.pdf (Accessed 31 March 2020).

Stats SA (Statistics South Africa), 2016. GHS Series Volume VII: Housing from a human settlement perspective. 20 April. http://www.statssa.gov.za/?p=6429&gclid=CjwKCAjw5p_8BRBUEiwAPpJO6_6iwmICmyZRoEE7 (Accessed 15 October 2020).

——2017. The life of a domestic worker – Daily Newsletter 3. ISIbalo CRUISE Conference, 5 July. http://www.statssa.gov.za/wp-content/uploads/2017/07/3rd-ISIbalo-CRUISE-NEWSLETTER-Day3.pdf (Accessed 18 October 2020).

——2020. Mid-year population Estimates. 9 July. http://www.statssa.gov.za/?p=13453#:~:text=South%20Africa's%20mid%20year%20population,released%20by%20Statistics%20South%20Africa.&text=According%20to%20the%20report%20about,is%2060%20years%20or%20older

Stevens, M., 2020. South Africa: A space of many contradictions – and now COVID-19. International Campaign for women's right to safe abortion, 1 May. https://www.safeabortionwomensright.org/south-africa-a-space-of-many-contradictions-and-now-covid-19/

Tan, K., 2020. COVID-19 and Cape Town's homeless transgender sex workers. GALA, 2 September. https://gala.co.za/2020/09/02/covid-19-and-cape-towns-homeless-transgender-sex-workers/

TIPS (Trade & International Policy Strategies), 2020. The economy and the Pandemic. Pretoria.

Tsunke, S., 2020. Department of Water and Sanitation hard at work to supply water. Cape Argus News, 4 June. https://www.iol.co.za/capeargus/news/department-of-water-and-sanitation-hard-at-work-to-supply-water-48824982 (Accessed 19 October 2020).

Turner-Musa, J., Ajayi, O. & Kemp, L., 2020. Examining social determinants of health, stigma, and COVID-19 disparities. Healthcare, 8(2): 168. doi: https://doi.org/10.3390/healthcare8020168

Umraw, A., 2018. What the numbers say about SA's 'Squatter Camps'. HuffPost, 14 June. https://www.huffingtonpost.co.uk/2018/06/14/what-the-numbers-say-about-sas-squatter-camps_a_23459035/?guccounter=1 (Accessed 15 October 2020).

UN (United Nations), 1979. Convention on the elimination of discrimination against women, CEDAW. New York. https://www.ohchr.org/en/professionalinterest/pages/cedaw.aspx

UN-Habitat, 2014. Women and housing: Towards inclusive cities. Nairobi. https://unhabitat.org/sites/default/files/download-manager-files/Women%20and%20Housing%20Book.pdf (Accessed 15 September 2020).

UN-Women, 2020. COVID-19: Emerging gender data and why it matters. 26 June. https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters (Accessed 6 October 2020).

War on Want, 2020. Hostel dwellers face Coronavirus, hunger and the legacy of Apartheid. 23 April. https://waronwant.org/media/hostel-dwellers-face-coronavirus-hunger-and-legacy-apartheid (Accessed 15 September 2020).

WHO (World Health Organization) & Jhpiego, 2015. Postnatal Care for Mothers and Newborns. April. https://www.who.int/maternal_child_adolescent/publications/WHO-MCA-PNC-2014-Briefer_A4.pdf

Woodward, K., 2011. The Short Guide to Gender. Policy Press, Bristol.

ANNEX 5.4.1: GENDER IN THE SOUTH AFRICAN CONTEXT

Gender is the social construction of femininity and masculinity. The term not only underscores the gendered categories of person but also encompasses the operationalisation of gender in different socio-cultural contexts and the differences among women, for instance in terms of race, ethnicity, and sexuality (Woodward, 2011). In South Africa gender equality/inequality remains a focal point of interest, as it continues to be used to advance or discriminate against women in social practices and institutions. While gender equality is entrenched in the Constitution, women's empowerment is a policy imperative because of decades of *hierarchical racism and sexism*. Hierarchical racism refers to the organisation of privilege and oppression, where white people were the most privileged, followed by Indian and coloured people, while African people were the most oppressed. Women remain less privileged relative to men of their own race (Ndinda & Uzodike, 2008). In this context, African women still experience triple oppression, by virtue of their race, gender and class.

Like elsewhere in the world, women in South Africa are *not a homogeneous category*. They have differences in terms of race, class, geography (rural/urban), ethnicity, age, and sexuality, among other variables. Although there are dimensions of commonality, these differences imply that government and other actors have to ensure that interventions intended to address gender equality and women's empowerment benefit the most oppressed women. Government and international institutions recognise that liberalism – the pervasive ideology that advocates the rights and freedom of the individual – is inadequate for tackling women's subordination and oppression. No powerful group relinquishes its power without resistance, hence the need for global and national interventions to ensure gender equality and women's empowerment. The European Union, while acknowledging the notion of gender rights, took the critical decision of ensuring that women's rights and gender equality remain on their development agenda (Dahlerup, 2018). Similarly, the United Nations and the African Union, in acknowledging that women remain the most oppressed groups in any society, have maintained their focus on gender equality and women's empowerment.

The UN (1979) *Convention on the Elimination of Discrimination against Women* (CEDAW) remains an important guideline to governments in addressing women's oppression and discrimination. CEDAW gives a feminist lens to the Universal Declaration of Human Rights, which underscores its belief in human dignity and worth as fundamental human rights and reiterates the belief in the equality of men and women. The value of CEDAW to the struggle for women's rights and gender equality lies in its emphasis on the need for governments to outlaw discrimination based on sex in all its forms. The CEDAW document contains a preamble and 30 articles, all of which address sexist discrimination in all its forms across the globe. The United Nations requires signatories to the document to submit progress reports on interventions for achieving gender equality. The Beijing Platform for Action provides a framework that governments use to report on their progress in addressing gender discrimination and achieving gender equality.

South Africa is a signatory to CEDAW and the African Charter on Human Rights, which seeks to remove discrimination against women and ensure women's empowerment. The Constitution (1996) promotes

gender equality and prohibits discrimination on any grounds. It entrenches socio-economic rights, which implies that the state is bound to provide for citizens, particularly in times of unprecedented crisis. Before the pandemic, South Africa already had anti-discrimination legislation and implemented affirmative action measures and other sectoral interventions to prevent discrimination against women because of their gender, race, religion, or any other attribute. Workplace policies also include measures to ensure that men are not discriminated against, particularly in terms of childcare. The Beijing +25 country report for South Africa (DWYPD, 2019) details the progress made by the post-apartheid government toward addressing discrimination against women and achieving gender equality. The report focuses on women's empowerment and gender quality.

Government has made much progress in this regard since 1995, but the pandemic presents new and different challenges. The lockdown interventions added complexity to the operationalisation of gender equality in the context of crisis. Despite the Constitution, policies and programmes, government intervention remains necessary for redistributing resources to women, addressing the feminisation of poverty, providing social services that reach the masses of poor women, providing public housing programmes and transport to meet women's housing and economic needs, and ensuring that women are protected from sexual violence regardless of their race, ethnicity, or nationality. While measures exist to tackle the concerns of women under normal circumstances, government also needs to address gender inequality in its disaster mitigation measures.

The focus on gender is about acknowledging that gendered relations and structures have different outcomes for men and women in society. The notion of gender equality and women's empowerment acknowledges the underlying tensions, the resistance to gender equality, and the interventions that government has put in place to address women's empowerment. Although gender is characterised by enduring inequalities, these inequalities interact in a complex way with race to shape the vulnerability of poor women, the majority of whom are black. While patriarchal dominance persists and accounts for inequality in many spheres of life, it is dynamic and subject to change. The intersection of gender with various forms of discrimination results in unequal outcomes for women, but these outcomes depend on the positionality of women in terms race, class, ethnicity, and sexuality, among other variables. What persists is the racialised nature of poverty and inequality, which until now has meant that African women are over-represented among the poor. While South Africa has shown that change can be negotiated and transformation is possible, the persistence of gender inequality and vulnerability requires further targeting to ensure equity and empowerment.

ANNEX 5.4.2: CONCEPTUAL FRAMEWORK

The chapter uses the gender and development (GAD) approach (Ndinda, 2009; Ndinda & Uzodike, 2012), which recognises that men and women benefit differently from programmes and policies designed to tackle various challenges in society. GAD further interrogates the assumption of homogeneity among women and asks, 'which women?' (Ndinda, 2009).

In addition to GAD, this chapter employs intersectionality as a feminist framework developed to address the marginalisation of African American women (Ndinda & Uzodike, 2012). Intersectionality derives from the work of Kimberlé Crenshaw, who argued that treating social categories such as gender and race using a single-axis approach was problematic and failed to address how these were experienced in the lives of African American women (Crenshaw, 2011). Black women did not experience gender and race as mutually exclusive social categories; rather, these categories interacted in complex ways to shape their experience of discrimination. Black women's experience of discrimination was distinct and different from that of white women, because of race. By virtue of their race, white women benefit from white privilege. The experience of discrimination among black men was different and distinct from that of white men, because of race. But men (regardless of sexuality) benefit from patriarchy.

Intersectionality has been critiqued by various scholars as being vague and being an approach rather than a theory (Lutz et al., 2011; Law, 2011). Others have viewed it as a heuristic device useful for understanding feminist analysis. Despite these critiques, intersectionality has come to be regarded as essential to feminist politics and theory. It is used in understanding how gender discrimination is experienced by women of different ethnicities, languages, and migration status. It has also become invaluable to queer theorists, who use it in their critique of heteronormativity in society.

The value of intersectionality is embedded in the notion that women cannot be perceived through the singular lens of gender; instead, race and other variables interact in complex ways to shape their experience of discrimination or privilege in different social contexts. Race collides in a complex way in the lives of African women to amplify their disadvantage in society. The intersectionality of race and gender is critical in understanding how Covid-19 mitigation measures were experienced. In terms of the GAD approach, however, women remain the guiding light throughout the analysis.

Understanding the gendered nature of Covid-19 interventions requires exploring the extent to which policies and regulations on the pandemic were crafted from a gender equality perspective. Gender equality is entrenched in the Constitution, but beyond that few policies are gendered. Furthermore, few attempts have been made to mainstream gender across policies and guidelines on disaster responses. Embracing a gender equality perspective implies exploring the extent to which women's interests and concerns were mainstreamed. Gendered concerns include addressing both the practical and the strategic needs of women. Practical needs include access to shelter, water, sanitation, health, and other basic requirements. Strategic gender needs are long term and encompass interests that shift gender relations in society to ensure equality and empowerment (Dahlerup, 2018). Gendering

policies, programmes and regulations implies addressing strategic gender concerns, such as access to healthcare, education, income, housing and public transportation, protection from sexual violence, and action against the feminisation of poverty. Gendered concerns also include the redistribution of resources and access to public services for the care of children, disabled persons, and the elderly, because where these services are not provided, women carry the burden of care.

Gender equality denotes equal access to opportunities for both men and women, so that all can participate in every sector of society and the economy without any barriers, whether cultural, political, or economic (Evans, 2017). Gender equity is about fairness; it is about putting in place interventions so that individuals that have historically been disadvantaged can compete on the same terms as everyone else. Equity results in equality. Empowerment is about people taking charge of their lives. Women's empowerment refers to the notion of women taking charge of their lives, having agency, setting their own agenda, and everything else (Evans, 2017; Ndinda, 2003).