

## Chapter 5.1.3

**South African Government social activities, basic services and support to vulnerable groups to COVID-19**

# Authors *(listed alphabetical)*

Designation	Name	Institution
Doctor	Pauline Adebayo	University of KwaZulu-Natal
Professor	Haroon Bhorat	University of Cape Town
Professor	Scott Drimie	Stellenbosch University
Mr	Timothy Köhler	University of Cape Town
Mr	Benjamin Stanwix	University of Cape Town
Ms	Gillian Maree	Gauteng City Region Observatory
Professor	Xikombiso Mbhenyane	Stellenbosch University
Doctor	Catherine Ndinda	HSRC
Professor	Tholene Sodi	University of Limpopo
Doctor	Elize Symington	University of South Africa
Doctor	Eunice Ubomba-Jaswa	Water Research Commission
Distinguished Professor	Coleen Vogel	University of the Witwatersrand

# Chapter Outline

*Characteristics and conditions of the vulnerable and marginalised in South Africa prior to and during the national lockdown*

## **Social Protection**

- Characteristics and conditions of the vulnerable and marginalised
- Legal and regulatory environment of social protection in South Africa prior to and during national lockdown

## **Basic Services**

- Human Settlements
- Basic services
- Water and Sanitation
- Food Security
- Primary Health Care

## **Children and adolescents**

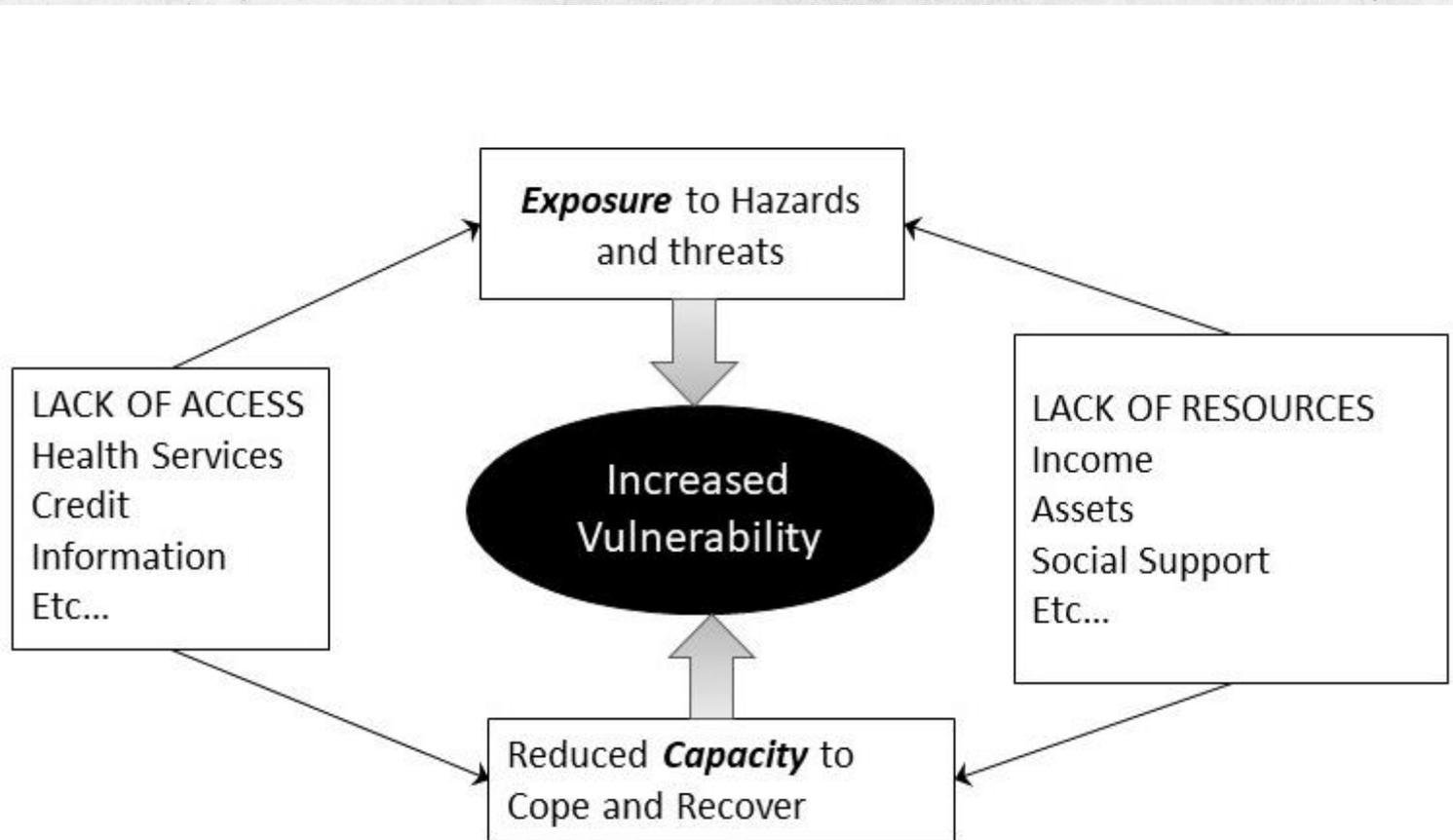
## **Refugees, Asylum Seekers and Migrants'**

- Status before, during (and after?) the COVID-19 Pandemic

## **Preliminary Findings**

# Understanding Vulnerability

## Factors linked to vulnerability

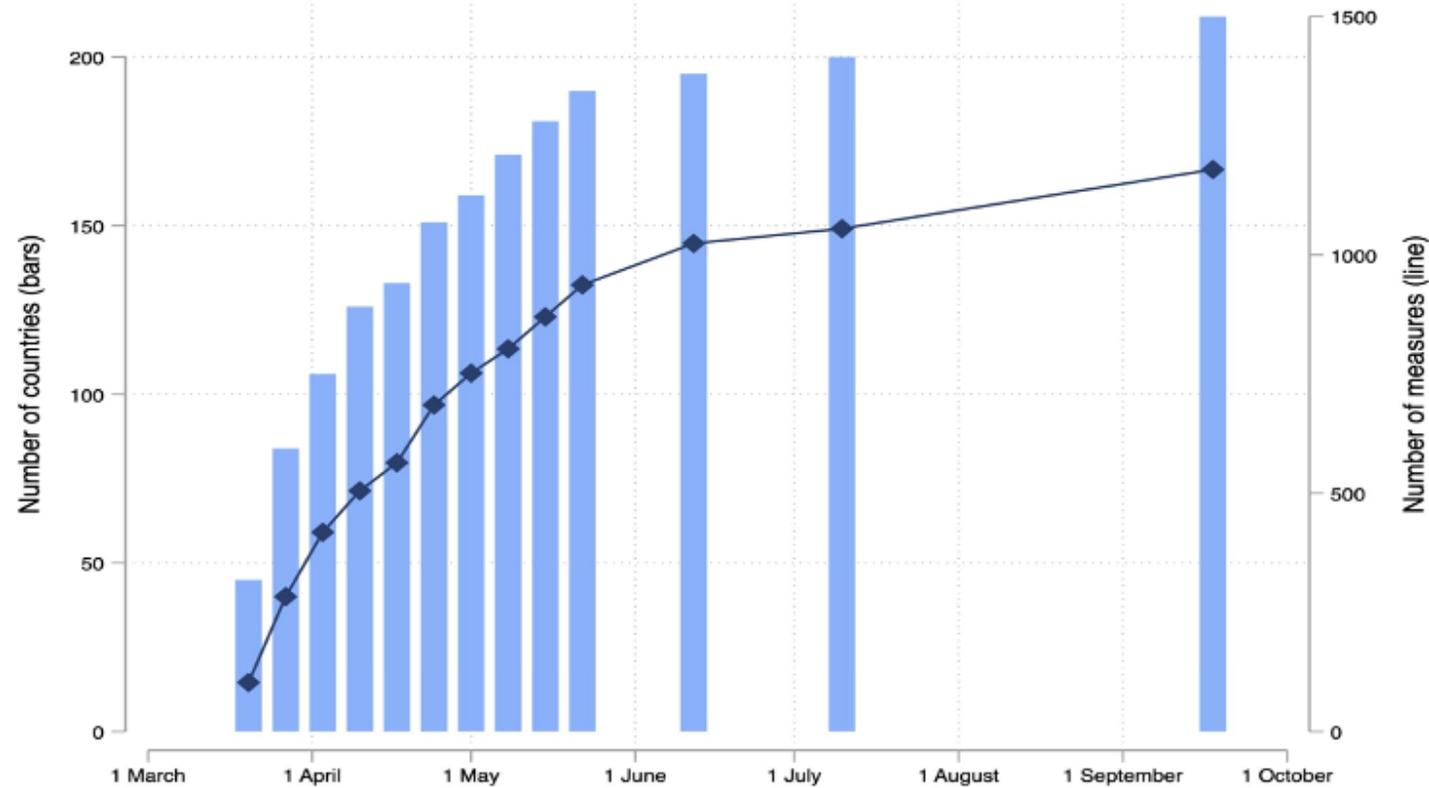


(after Blaikie et al, 1994)

- **Vulnerability is not just a physical state or a condition, but is determined and influenced by complex social, economic and environmental processes.**
- **Vulnerability is strongly driven by the exposure to hazards and threats (e.g. a COVID-19 pandemic) but is also influenced by the ability to cope (capacity to cope and recover).**
- **The pre-existing underlying structural factors shaping the vulnerability context has arguably been laid bare in South Africa during the COVID-19 pandemic.**

# Social Protection: large expansion across the world

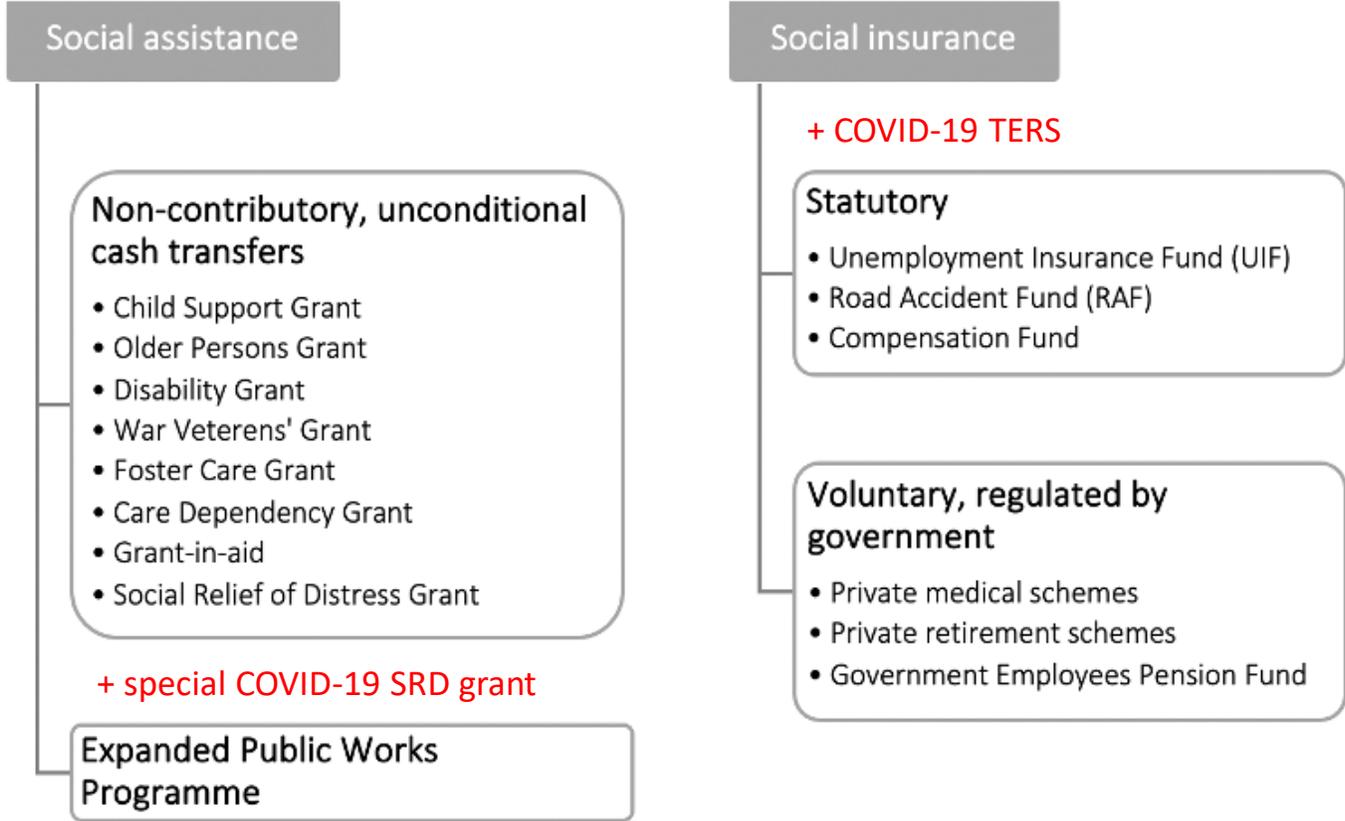
*Figure 5.3.4: Global trends in Covid-19 social protection measures,*



*Source: Authors' calculations, based on Gentilini et al., 2020*

# Social Protection: expansion on both extensive + intensive margins for SA

Figure 5.3.3: Basic structure of South Africa's social protection system



Source: Köhler & Bhorat, 2020b.

# Social Protection: changes to SA's social grants system

*Table 5.3.2: Changes to South Africa's social grants, May to October 2020*

Grant	Pre-Covid-19 amount (rand per grant per month)	Absolute (rand per grant per month, unless indicated otherwise) and relative (%) increase		Covid-19 amount (rand per grant per month, unless indicated otherwise)	
		May	June – October	May	June – October
Older persons grant*	1 860	250 (13,44%)	250 (13,44%)	2 110	2 110
War veterans grant	1 880	250 (13,30%)	250 (13,30%)	2 130	2 130
Disability grant	1 860	250 (13,44%)	250 (13,44%)	2 110	2 110
Care dependency grant	860	250 (13,44%)	250 (13,44%)	2 110	2 110
Foster child grant	1 040	250 (24,04%)	250 (24,04%)	1 290	1 290
Child support grant	440	300 (68,18%)	500 per caregiver	740	440 per grant + 500 per caregiver
Covid-19 social relief of distress grant	NA	NA	NA	350	350

*Source: Köhler & Bhorat, 2020a. Note: \*The older persons grant amount of R1860 is for people ages 60–75 years; it increases to R1880 for people older than 75.*

# Social Protection: millions reached in relatively short time

*Table 5.3.3: Number of grant beneficiaries by grant type and period*

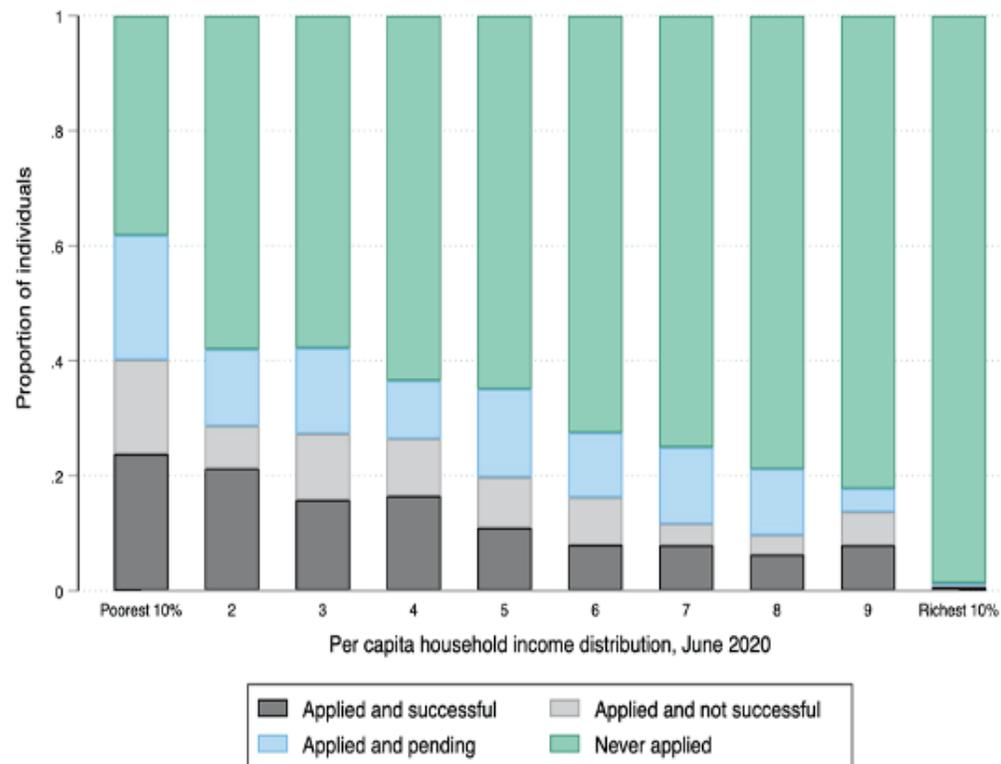
Grant type	Number of beneficiaries (millions)		Change	
	End-2019/20	December 2020	Million	%
Child support grant	12,78	12,95	0,17	1,33
All others	5,22	5,32	0,10	1,92
Covid-19 social relief of distress	0,00	5,25	5,25	
Total	18,00	23,52	5,95	33,06
% of population	30,62	39,45		31,19

*Source: Authors' calculations, based on National Treasury, 2020 & SASSA, 2020.*

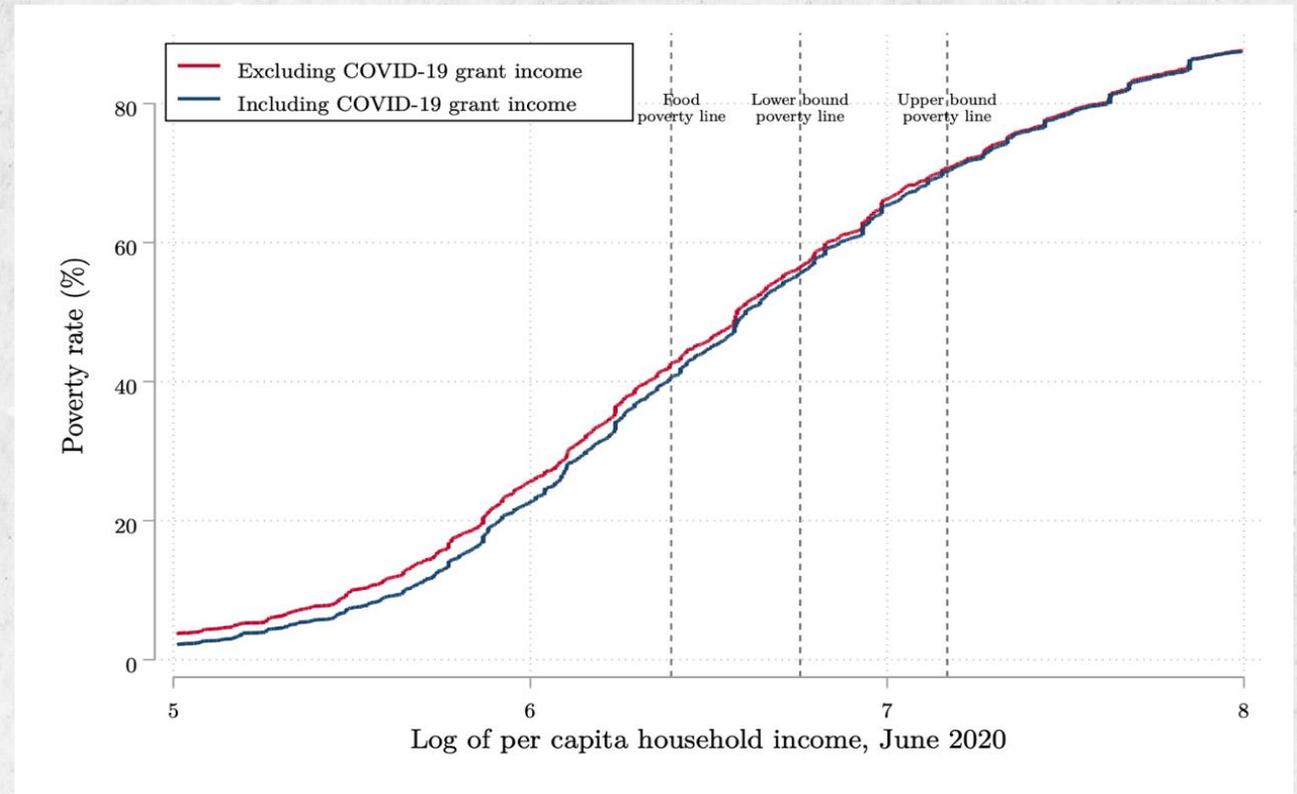
*Notes: [1] Covid-19 grant recipients refer to the number of people paid in December 2020. [2] Child support grant beneficiaries refer to the number of children, not caregivers. [3] Population based on Statistics South Africa's mid-year population estimates of 58,78 million in 2019 and 59,62 million in 2020.*

# Social Protection: Spending was relatively pro-poor

Figure 5.3.6: Application status for social relief of distress grant, by income quintile, June 2020



Source: Köhler & Bhorat, 2020b & NIDS-CRAM Wave 2, 2020b.

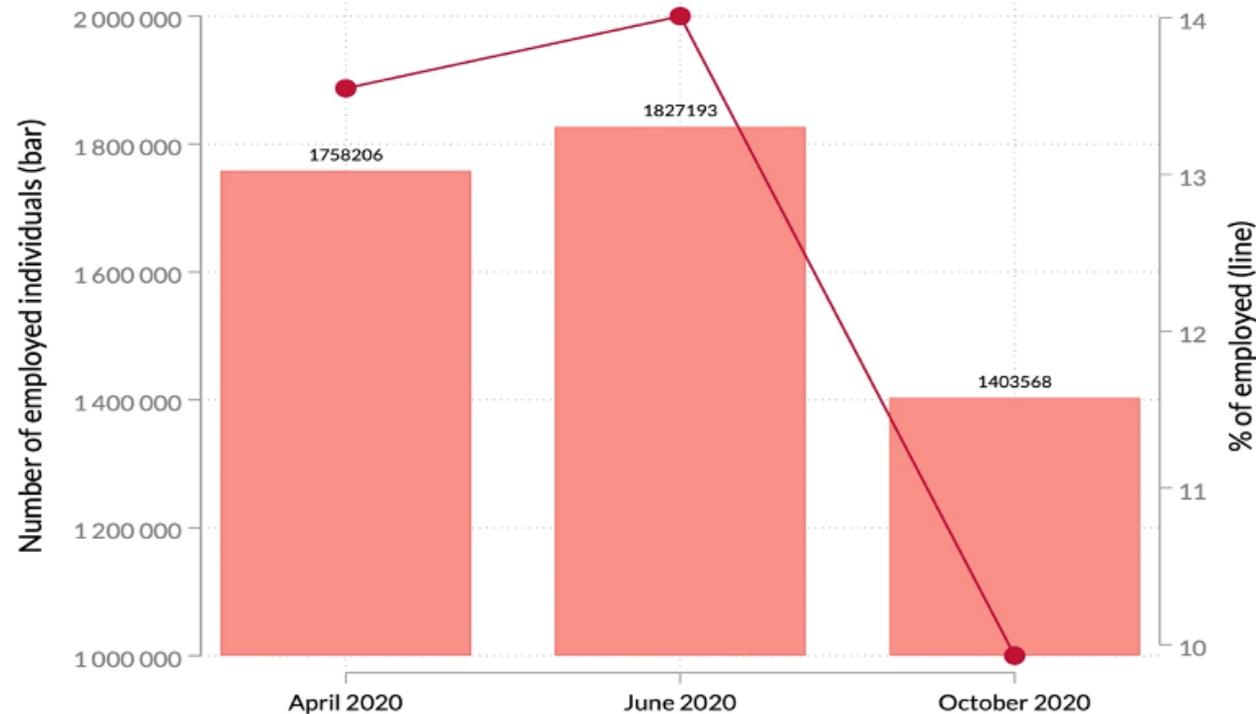


## COVID-19 grant:

- Recipients mostly unemployed, young, male, African/Black
- Suggestive poverty + inequality effects
- Unfair discrimination for CSG caregivers?

# Social Protection: TERS

Figure 5.3.7: Absolute and relative TERS receipt, by month



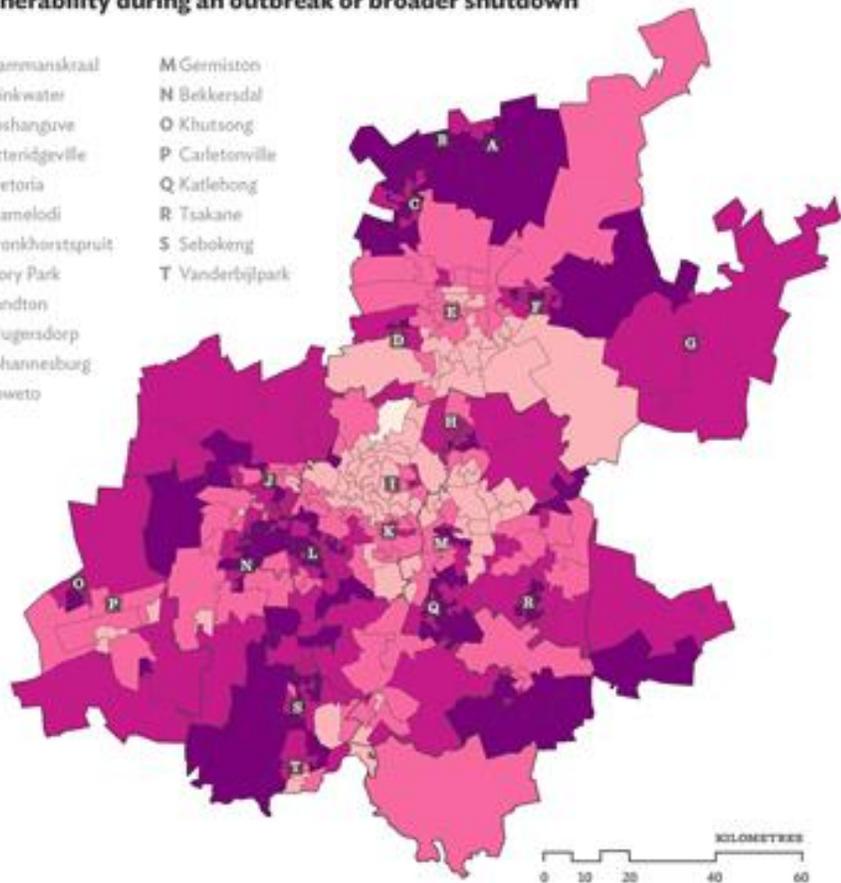
Source: Authors' calculations, based on NIDS-CRAM 2020a, 2020b, and 2021.

- **Wage support** aimed at job retention
- Benefit ranges from **R3 500 – R6 730**  
→ progressive
- By Feb 2021:
  - **R57 billion** paid in **13 million payments** to **4.5 million workers**
- Most (70%) received TERS only **once**
- Receipt mostly **in line with employment shares** of groups
- Concern regarding **under-receipt of informal workers + those in food-poverty households**
- Relatively **distribution-neutral**

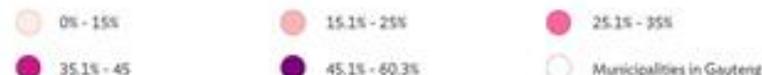
# Index of social and health vulnerability factors per ward

COVID-19: Index of risk factors that increase health and social vulnerability during an outbreak or broader shutdown GCRO

A Hammanskraal  
B Sionkwater  
C Soshanguve  
D Atteridgeville  
E Pretoria  
F Mamelodi  
G Bronkhorstspuit  
H Ivory Park  
I Sandton  
J Krugersdorp  
K Johannesburg  
L Soweto  
M Germiston  
N Bekkersdal  
O Khutsong  
P Carletonville  
Q Katlebong  
R Tsakane  
S Sebokeng  
T Vanderbijlpark



Risk factors: the percentage of residents per ward who have poor or very poor health, have no medical insurance, face hunger, have pre-existing health conditions, find it difficult to save money and failed to find health-care when they needed it

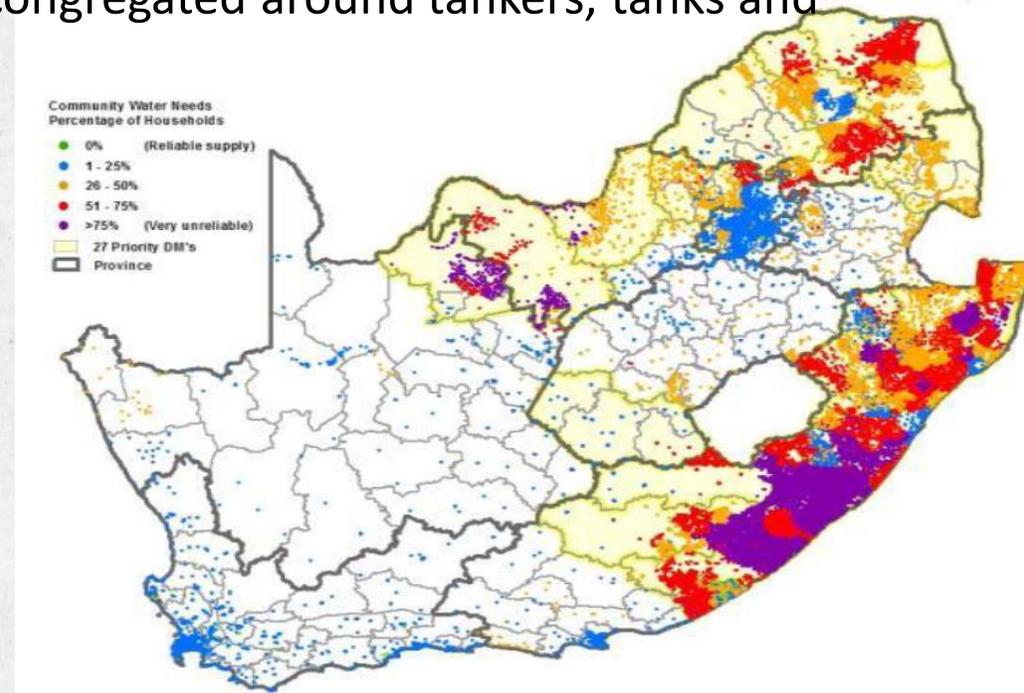


Data Source GCRO QoL V (2017/18)

- Considers the vulnerability of people to the impact of a major shutdown or outbreak of the virus. Should an outbreak occur, those with existing conditions, poor nutrition and a history of poor health in general are likely to be more vulnerable.
- These impacts are likely to be felt unevenly.
- **Poorer communities are likely to bear the brunt of the dire health and socio-economic consequences as COVID-19 spreads.**
- **In addition, with various shutdown measures already in place, they will be the most vulnerable to these dramatic changes in the patterns of social functioning, and the downturn in economic activity that will inevitably result.**

# Basic services – Water and Sanitation

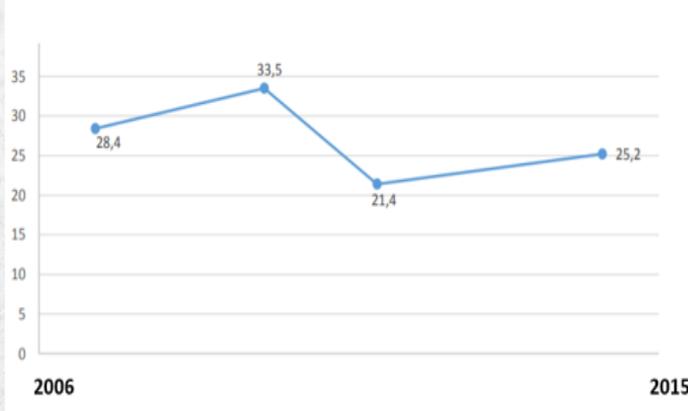
- **Ensuring all households have access to reliable and safe basic services has been a challenge for decades, with contextual vulnerabilities a persistent feature.** The Covid-19 pandemic brought this into sharp focus, as households without access to reliable basic services have had both higher risks (e.g. difficulty maintaining hygiene practices) and higher levels of overall vulnerability
- **Increased vulnerability for women and girls. Women largely care for the sick and this remains the same during the pandemic.** They care for the sick in environments that do not necessarily have sufficient good quality water and access to sanitation services. In these cases access to gloves, hand sanitisers and masks were and are essential.
- In some instances there was a lack of social distancing as people congregated around tankers, tanks and handwashing facilities.
- **Interventions were only short term and did not create regular access to water services in underserved communities. Hence, the underlying vulnerabilities and problems persist. These require urgent attention, not only in preparation for any successive waves of the pandemic but also for other crises.**



# Basic services – Food and Nutrition: Chronic food insecurity & crisis recurrence

*Food insecurity is high and persistent in South Africa affecting a proportion of households that, according to the most recent estimates and different available indicators for which time series are available, varies between 25% and 10%.*

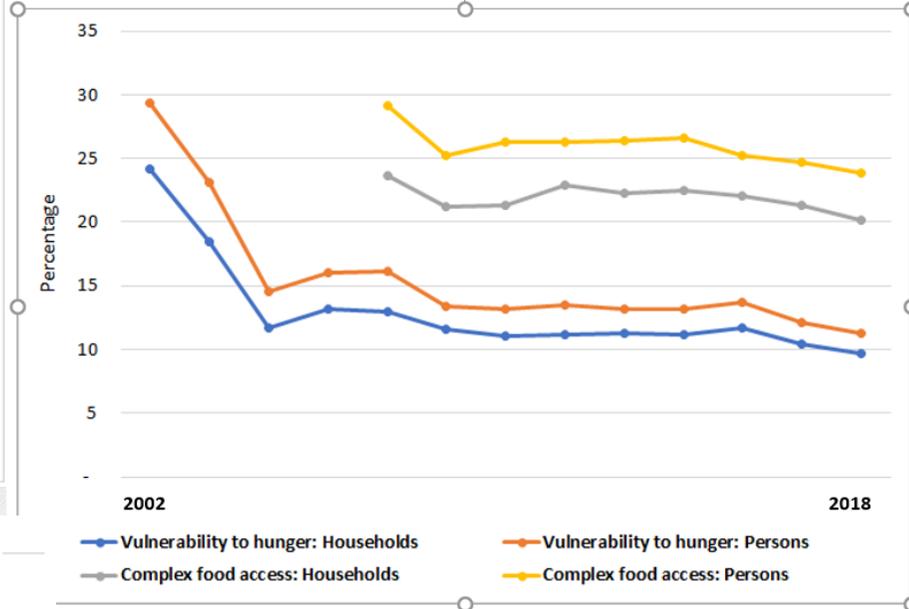
Percentage of food poor population. >25%



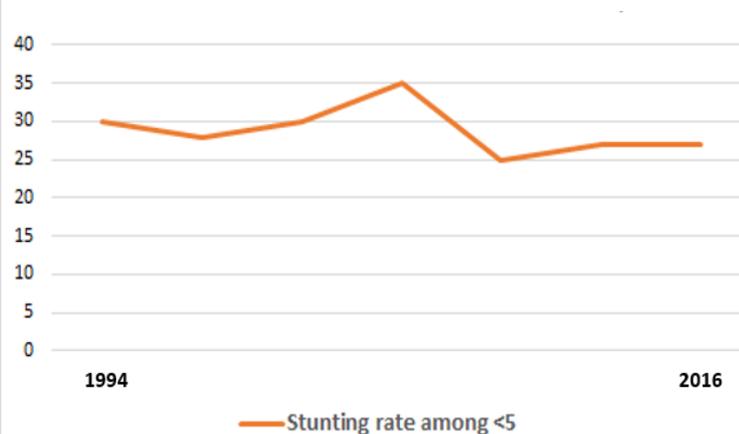
Percentage of household experiencing hunger. 10% of total household



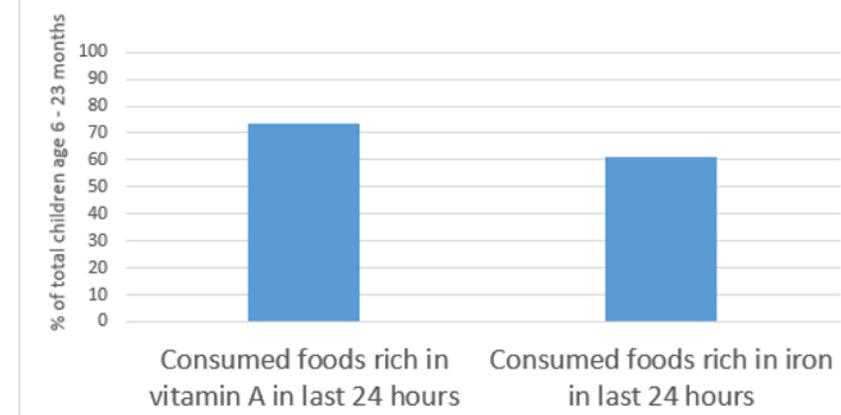
Food insecurity trends. Decreasing trend since 2010



Chronic malnutrition in children under 5yrs. Remained above 25%



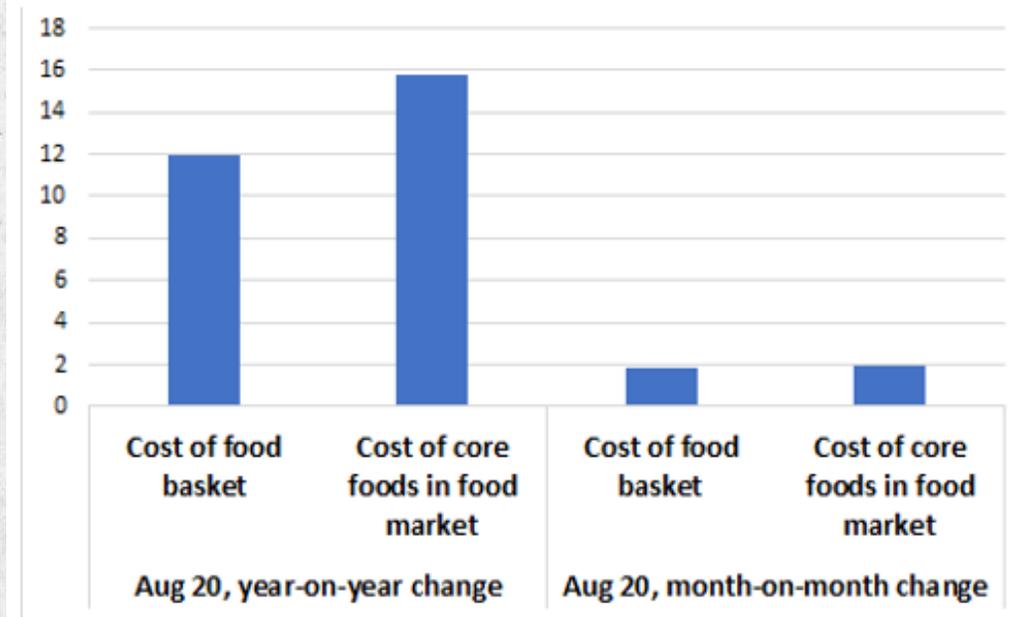
Micronutrient intake in 2016. About 30% and 40% had not consumed food rich in vitamin A & Iron respectively.



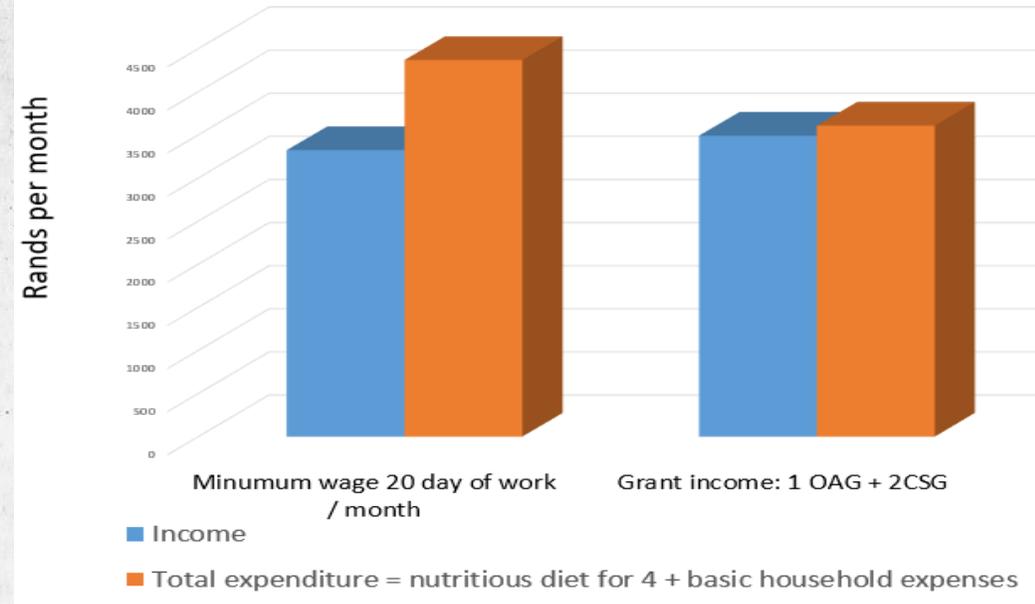
# Basic services – Food and Nutrition

- Price of staple food has remained stable at national level, **however cost of core foods could have increased more than 15% in low income areas** since last year.
- Affordability of a nutritious diet or even a core food diet are likely compromised in low income areas.

**Increase of cost of food basket in low income areas.** August 2020, the cost of a food basket had increase more than 12% since August 2019 and about 2% since July 2020.



**Income from grants only or minimum wage vs total expenses in low income areas, August 2020.**



- Household income
- Cost of nutritious food + Household basic expenditure

# Basic services – Food and nutrition

The basic, underlying system 'roots' of the system that drive the vulnerabilities are clear in the food system:

- The food system, in which various food value chains are embedded, is not working.
- Food access is a daily struggle for over 14 million South Africans, with malnutrition in its various forms a significant health challenge.
- As the NIDS-CRAM survey shows, child hunger has now increased across the country, returning to the highest levels during the hard lockdown in May 2020.

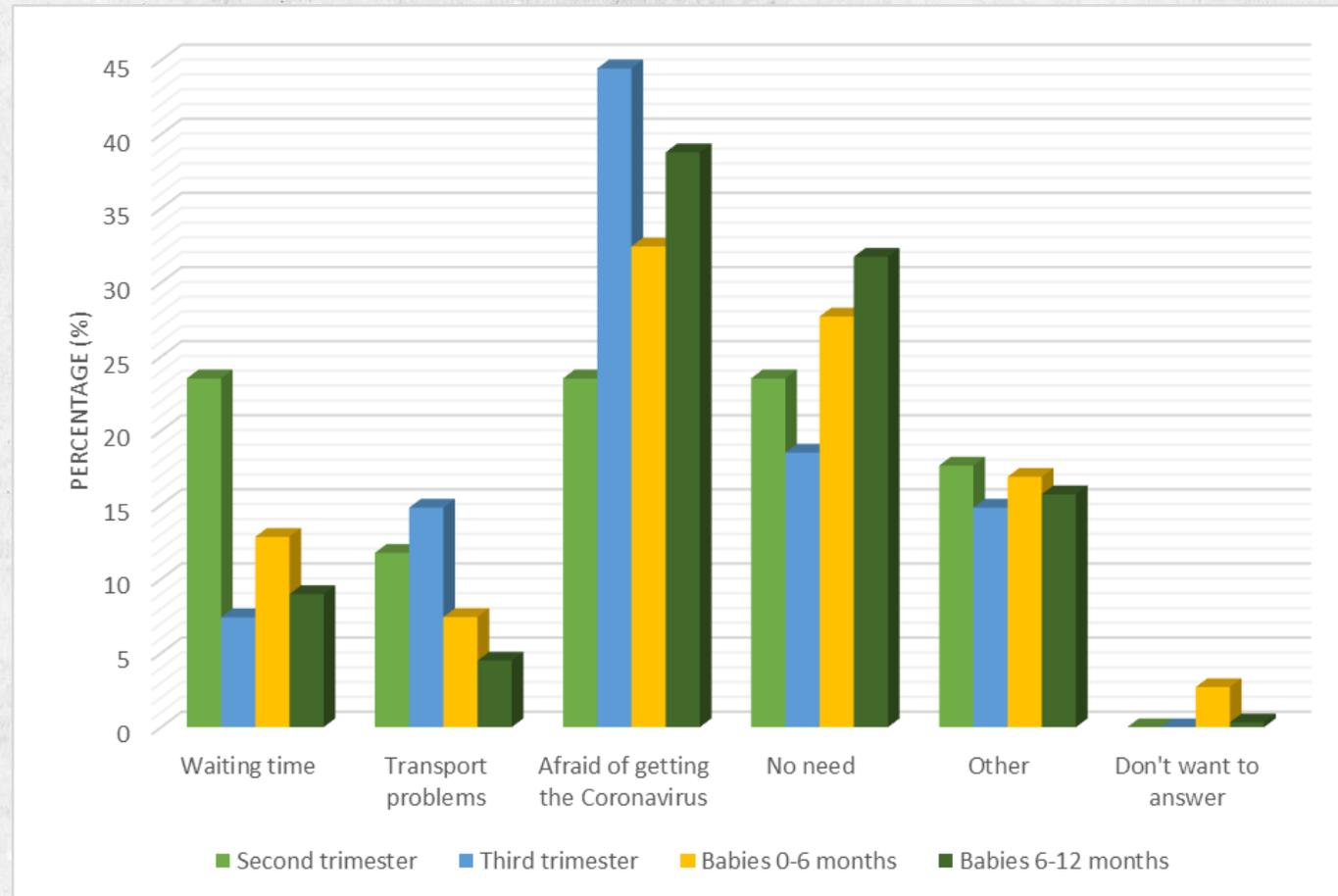
## *Summary*

Food insecurity was already prevalent before the lockdown, as demonstrated by the indicators of stunting and hunger. Persistent challenges around food accessibility and availability seem to be influenced by economic status and price volatility. Vulnerable groups, including children, would have been at a high risk of food insecurity both before the lockdown and throughout the pandemic. Food insecurity is, thus, another example of chronic, persistent vulnerabilities that are exposed and often heightened by a shock such as the pandemic.

# Basic services – Primary Healthcare (PHC)

- Pre COVID-19:
  - 90% of population have access to free PHC within 5km radius
  - 120 million visits in 2015 (2.2 visits per capita)
  - Many challenges for optimal functioning (e.g. unequal regional access, townships requiring more services)
- During COVID-19:
  - No restrictions on access to or delivery of PHC services
  - **28 000 healthcare workers mobilized (People with NCDs: ↑risk for complications; ↑risk for infection – need to obtain chronic medication)**
  - **50% ↓ child healthcare visits in KZN (11 facilities) (Adult healthcare reasonably constant in this area)**
  - **National SMS survey (NIDS CRAM MATCH):**
    - **23% women indicated they could not access medication, condoms or contraceptives**
    - **35% of babies requiring vaccinations did not visit the clinic in April and May 2020**
  - **Many single mothers carry sole responsibility (without paternal support, e.g. time, transport costs).**

# Basic services – Primary Healthcare (PHC)



Main reasons for *not* attending required perinatal and childcare:

1. Fear of contracting the virus
2. Limited perception of importance of preventative healthcare

# Children and adolescents

- The South African Constitution guarantees for every child, the right “to basic nutrition, shelter, basic health care services and social services”.
- **Whilst the Constitution and the Children’s Act present an ideal situation under which children should grow and be cared for, children tend to be most affected by the poverty and disparity (Stats SA, 2020), with 62,1% of South African children aged 0–17 years found to be multi-dimensionally poor.**
- **Using UNICEF’s Multiple Overlapping Deprivation Analysis (MODA) methodology, it was found that most children suffered from an average of four out of the seven deprivations (multiple dimensions).**
- Another significant finding of the study was that the rate of poverty was much higher among children in rural areas (88.4%) when compared to those in urban areas (at 41.3%).
- It is therefore plausible to expect that the lockdown imposed in March 2020 as a result of COVID-19 may have worsened the levels of poverty and inequality among children and adolescents.
- **Through the various social support instruments such as (child support grant, foster child grant, care dependency grant and disability grant), it is reasonable to conclude that the South African government was able to provide a safety net that helped to mitigate against the harsh impact that might have resulted from COVID-19.**

# Refugees and Migrants

## Before COVID-19 Pandemic

Situation summed up as dissatisfactory and precarious by the group itself, as well as myriad human rights groups and other commentators.

**Captured as follows: their circumstances constituted of “*relatively weakened social support structures, bleak socio-economic prospects, unequal access to health care and social services, precarious housing conditions, tenuous living and working conditions, and higher risks of exploitation and abuse*”.**

Reasons include factors such as:

- unfounded political narratives ‘scape-goating’ foreign nationals for crime;
- unemployment and other social problems ;
- impunity of xenophobic crime and the failure of the justice system to address same;
- lengthy impermanent status due to an enduring dysfunction in asylum management system and red tape;
- regressive refugee laws and policies – which even interfere with the group’s rights under the SA Constitution.

# Refugees and Migrants

- **Status during lockdown and risk-adjusted period**

## Crises Faced by “Foreign-Born Migrants” during the COVID-19 Pandemic

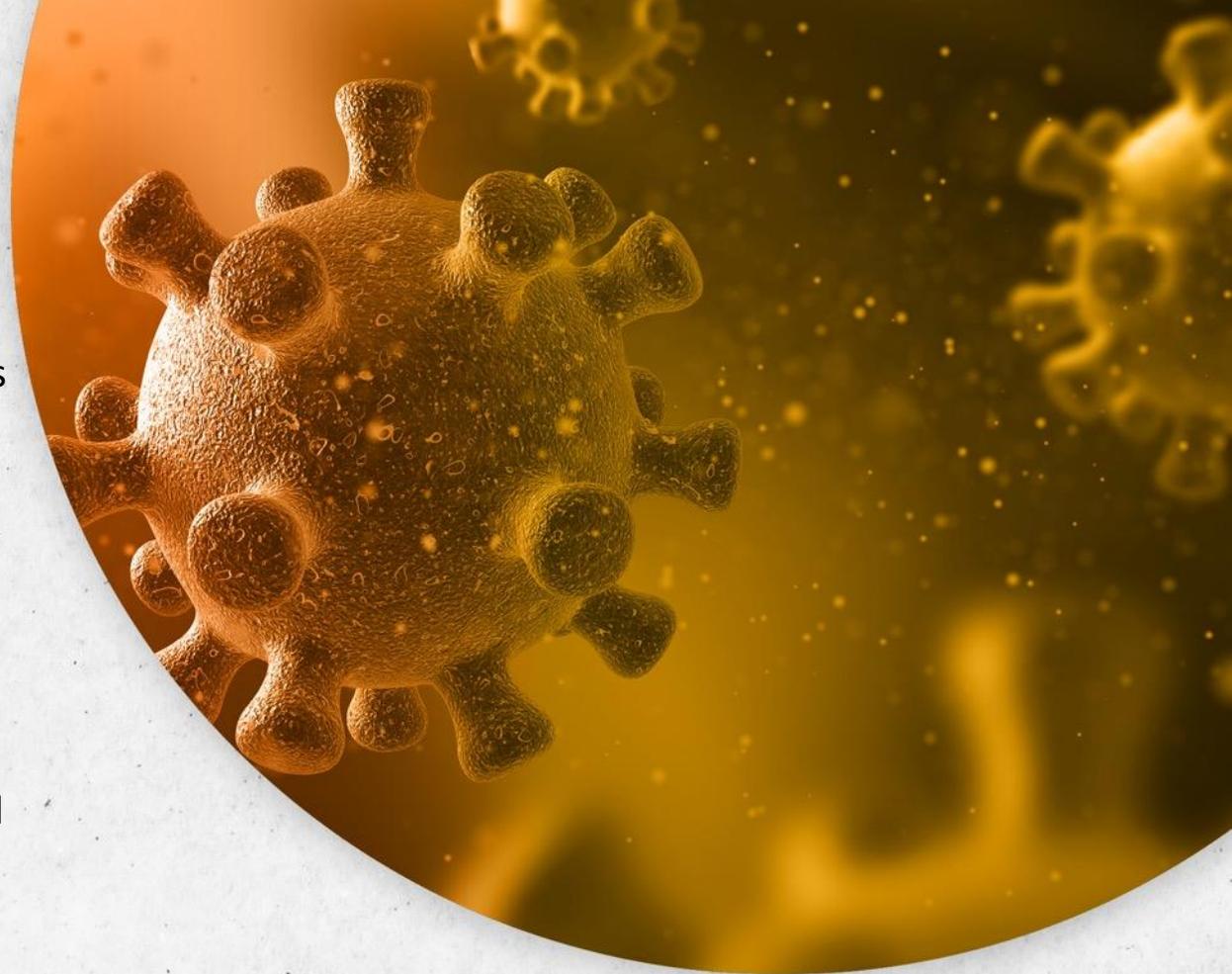


*(Adapted from UN (2020) by Mukumbang et al. (2020: 3))*

- **Exclusion from: food aid; various social relief of distress grants; business relief funds.**
- **Relief that may have benefitted the group**
  - Extension of validity of asylum seeker permits and visas
  - Banking services to people with expired asylum and refugee documentation
  - Regulations preventing eviction and destruction of homes & disconnection of services
  - Civil society and human rights groups' intervention in legal, food aid and other assistance.

# Findings

- **Vulnerability has always existed.** COVID has exposed insidious vulnerabilities with the increase of several risks factors (e.g. water, healthcare, food access etc.).
- **Everyone has been impacted by COVID,** however, particular impacts have been felt by women, children, the elderly, the disabled as well as refugees and migrants.
- **Lack of access to water and sanitation and food insecurity** are example of how the pandemic has put pressure on pre-existing structural problems. How can we now be **more proactive going forward** (e.g. given fiscal stress) rather than being reactive?
- **Access to health care has always been uneven** – COVID has put increased pressure on already overburdened health facilities. At the same time, however, those who have needed such care have tended to not reach out for assistance for a variety of reasons.
- We need greater **access to more nuanced data across a range of scales** (e.g. household – national scale).



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