CHAPTER 5.3:
IMPACT ON VULNERABLE GROUPS

ABSTRACT

Vulnerability is a multifaceted dilemma, influenced by complex social, economic, and environmental processes. This chapter reviews some of the vulnerabilities that existed among people in South Africa before the Covid-19 pandemic and assesses the extent to which the pandemic exacerbated these vulnerabilities. It considers the socio-economic context of vulnerable and marginalised groups, including refugees and migrants, in the face of the Covid-19 pandemic. The chapter also examines how the pandemic affected people's basic needs and services. It finds that Covid-19 has exposed and broadened vulnerabilities, while also increasing several risk factors, such as access to water, healthcare, and food. These impacts have been felt most strongly by women, children, elderly and disabled people, as well as refugees and migrants. Overall, it is clear that stronger data and monitoring and evaluation systems in various departments are urgently required, including those that can enable a more systemic and nuanced assessment of vulnerabilities, across a range of scales, to accurately assess the impact of Covid-19 on government's social activities and basic services. Note that any conclusions in this chapter are still preliminary and will be refined based on stakeholder consultations and feedback from readers.

ACKNOWLEDGEMENTS

This chapter was prepared by, in order of presentation in the text:

Name	Designation and affiliation	Contribution
Distinguished Prof. Coleen Vogel	Distinguished Professor, Global Change Institute, University of the Witwatersrand	Human settlements and basic services
Ms Gillian Maree	Senior Researcher, Gauteng City-Region Observatory	Human settlements and basic services
Mr Timothy Köhler	Junior Researcher, Development Policy Research Unit, University of Cape Town	Social protection
Mr Benjamin Stanwix	Senior Researcher, Development Policy Research Unit, University of Cape Town	Social protection
Prof. Haroon Bhorat	Professor of Economics and Director, Development Policy Research Unit, University of Cape Town	Social protection
Prof. Tholene Sodi	Professor, Department of Psychology, University of Limpopo	Children and adolescents
Dr Eunice Ubomba-Jaswa	Research Manager, Water Resource Quality, Water Research Commission	Water and sanitation
Prof. Scott Drimie	Adjunct Associate Professor, Division of Human Nutrition, Faculty of Medicine and Health Sciences, Stellenbosch University	Food and nutrition security
Prof. Xikombiso Mbhenyane	Professor and Head of Division of Human Nutrition, Faculty of Medicine and Health Sciences, Stellenbosch University	Food and nutrition security
Dr Elize Symington	Senior Lecturer, Department of Life and Consumer Science, University of South Africa	Primary healthcare
Dr Pauline Adebayo	Senior Lecturer and Researcher, Department of Housing, University of KwaZulu-Natal	Refugees, asylum seekers and migrants
Dr Catherine Ndinda	Research Director, Human and Social Capabilities Division, Human Sciences Research Council	Refugees, asylum seekers and migrants

How to cite this chapter:

Vogel, C., Maree, G., Köhler, T., Stanwix, B., Bhorat, H., Sodi, T., Ubomba-Jaswa, E., Drimie, S., Mbhenyane, X., Symington, E., Adebayo, P. & Ndinda, C., 2021. Chapter 5.3. Impact on vulnerable groups. South Africa Covid-19 Country Report [First edition]. DPME (Department of Planning, Monitoring and Evaluation), GTAC (Government Technical Advisory Centre) & NRF (National Research Foundation), Pretoria: June.

ABBREVIATIONS AND ACRONYMS

CRAM	Coronavirus Rapid Mobile [survey]
CSIR	Council for Scientific and Industrial Research
HIV	human immunodeficiency virus
MATCH	Maternal and Child Health [survey]
NIDS	National Income Dynamics Study
SARS	South African Revenue Service
TERS	Temporary Employee/Employers Relief Scheme

CONTENTS

LIST OF TABLES AND BOXES

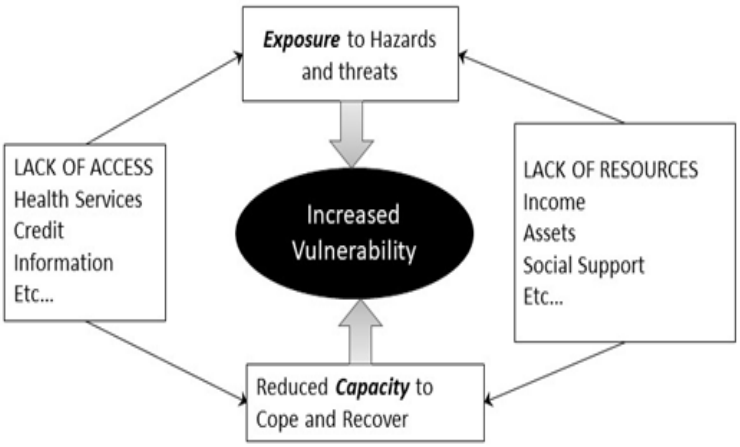
LIST OF FIGURES

INTRODUCTION

Vulnerability is not just a physical state or a condition; rather, it is determined and influenced by complex social, economic, and environmental processes. The concept of vulnerability usually comprises three key components: exposure, sensitivity, and the inability of people to adapt or cope (Cutter, 1993; Cutter et al., 2000). As this chapter shows, various *underlying drivers of vulnerability*, both historical and current, are generally exposed when a crisis strikes; this has definitely been the case in the Covid-19 pandemic.

People's risk and susceptibility to the damaging effects of specific hazards are affected by their underlying vulnerabilities (Holloway et al., 2010). Various conceptual models have been used to examine vulnerability. The pressure and release model (Blaikie et al., 1994) is useful here, as it identifies both the internal 'drivers of vulnerability' and the 'external forces or stresses' that exacerbate it (Figure 5.3.1). Vulnerability is thus driven by *exposure to hazards and threats* (e.g., a pandemic) and by *the ability to cope and recover*. Factors influencing this duality include access to capabilities and resources (e.g., health services, credit, and information) and one's overall stock of resources (access to e.g., income, assets, and social support).

Figure 5.3.1: Intersectionality of factors driving vulnerability



Source: Adapted from Blaikie et al., 1994

A key issue is, therefore, to distinguish between the (contextual) vulnerability that already exists in a given context and the (outcome) vulnerability that is generated by a shock or stressor. Both contextual (underlying, existing) vulnerabilities and outcome (newly generated) vulnerabilities are seen in the Covid-19 pandemic (O'Brien et al., 2007). When designing interventions, it is essential to understand how vulnerability is framed, whether as a contextual case or as a result of a stressor that produces outcome vulnerability.

The water crisis (see p. 340 and Chapter 6.6) is one example of how existing vulnerabilities in the system compounded the vulnerabilities arising through the pandemic. This crisis stemmed from systemic governance failures in which community pleas around the non-delivery of services had long

been ignored. As a result, some communities needed water to be tankered in during the pandemic; for example, the South African Water Caucus listed 27 communities that faced considerable problems around water access in this time. These communities had to cope with the triple threat of drought, unemployment, and Covid-19 (Bruce, 2020). Wider and deeper issues around the procurement and delivery of water tankering in this case also included the drivers of wider and deeper systems failures, such as corruption. Corruption can 'cause the taps to run dry' and exacerbate challenging situations: 'municipal officials, the tanker owners and even tanker drivers can all benefit from tanker use' (Muller, 2020: 36–7). Water tankering and the role it played in water service delivery, therefore, need much more careful interrogation. 'Water is too important to allow its management to be undermined. Because of corruption, fewer people have reliable water supplies and many, particularly young children, old people, and those with compromised immune systems become ill' (Muller, 2020:76). These underlying processes increase contextual vulnerability, which can exacerbate critical outcome vulnerabilities and, in this case, even lead to a loss of life.

What does it mean to be vulnerable? In the context of the Covid-19 pandemic, an editorial in *The Lancet* (2020) defines vulnerable people as those who are 'disproportionally exposed to risk'. This can change over time: 'A person not considered to be vulnerable at the outset of a pandemic can become vulnerable depending on the policy response'. The editorial stresses the importance of identifying vulnerable groups to ensure that those most at risk can be supported effectively. Addressing the root causes of vulnerability (Blaikie et al., 1994), however, remains a significant challenge in terms of both identifying vulnerable groups and aligning interventions to address these vulnerabilities.

This chapter reviews vulnerability in South Africa both before and during the lockdown. It first explores contextual vulnerability as defined by the country's socio-economic context and marginalised groups, and then discusses some of government's responses, including social protection measures. It next turns to people's basic needs and the way these have been affected by the pandemic. The chapter notes that children tend to be most affected by poverty and disparity; they are among the groups most vulnerable to a range of stressors. Finally Annex 5.3.1 outlines some of the drivers of both acute and chronic vulnerability and provides a case study of vulnerability in Gauteng.

Note that any conclusions in this chapter 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. This chapter focuses on the first and second waves of the pandemic. The impact of the further progression of the pandemic on vulnerable groups will be discussed in the second edition of the Country Report.

SOCIAL PROTECTION

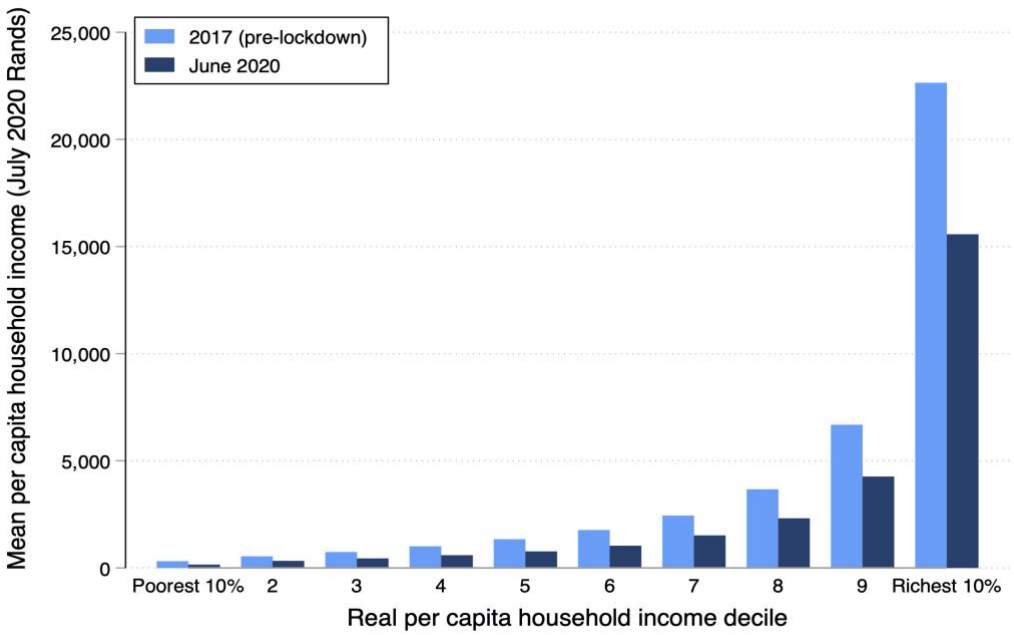
CHARACTERISTICS OF VULNERABLE AND MARGINALISED PEOPLE

Vulnerability has many dimensions, and vulnerable groups can be identified in various ways. This section identifies a subset of vulnerable people based on their income and other demographic and

labour market characteristics to help understand the extent to which they benefited from some form of social assistance during the pandemic. These characteristics include, for example, household per capita incomes below the income and food poverty lines, subminimum wages, unemployment, and working in the informal sector. Very little data on the impact of the pandemic is available as yet; the main source is the National Income Dynamics Study's Coronavirus Rapid Mobile (NIDS-CRAM) survey.

Income vulnerability in South Africa is not necessarily confined to the poorest households. Using data from NIDS Wave 5 (SALDRU, 2017) and NIDS-CRAM Wave 2 (2020b), Figure 5.3.2 divides households into income deciles and shows the mean per capita income in each case. It is immediately clear that income vulnerability extends relatively far into the 7th and 8th deciles, where per capita income in June 2020 (during the lockdown) was under R5 000 per month. Relative to 2017, every decile saw a decline in real per capita household income; the extent of the decline was much worse for poorer households.

Figure 5.3.2: Distribution of per capita monthly household income, 2017 and June 2020



Source: Authors' calculations, based on NIDS Wave 5, 2017 & NIDS-CRAM Wave 2, 2020b.
Notes: All estimates weighted using sampling weights and computed bracket weights. Adjustments to household income as per Köhler & Bhorat, 2020b.

Table 5.3.1 identifies six particularly vulnerable groups whose vulnerability is in some way linked to income and the labour market: people whose wages are below the national minimum wage (R20/hr), those whose incomes are below the food poverty line, workers in low-skilled occupations, informal workers, people who have less than a secondary level of education, and unemployed people. For each of these groups, the demographic characteristics (age, sex, population group and geographic area) are shown, along with the extent to which they are covered by social grant(s), including the new Covid-19 social relief of distress grant. Across these categories of vulnerability, some defining characteristics

are familiar in the South African context. Vulnerable individuals are more likely to be young, black South Africans, and women face higher levels of labour market vulnerability than do men.

Table 5.3.1: Demographic characteristics and grant receipts, select vulnerable groups, June 2020

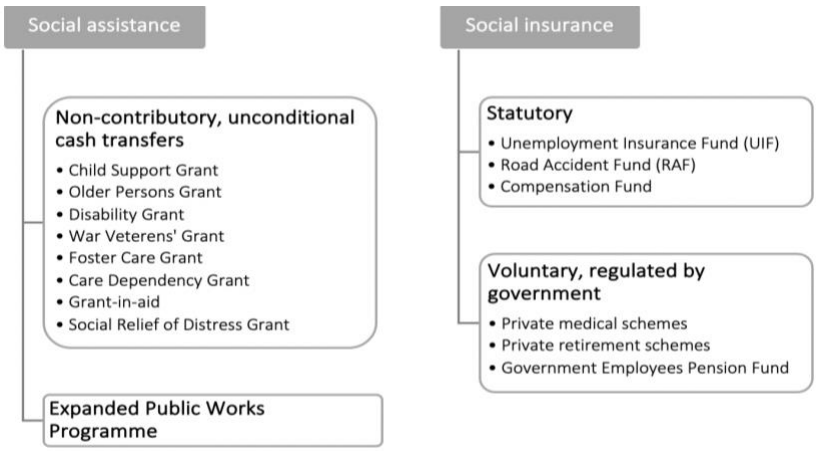
	Low wages (< NMW)	Below food poverty line	Low-skilled workers	Informal workers	< completed secondary	Unemployed (broad)	All
Total	**32,21**	**30,30**	**20,47**	**28,18**	**49,96**	**32,22**	**100,00**
Age group							
18–34	43,36	46,22	39,71	44,85	32,94	55.5	42,86
35–54	44,66	37.7	45,84	45,58	39,17	37,62	36,94
55–64	11,99	16,07	14,45	9,57	27,89	6,88	20,19
Population group							
African/black	81,56	89,72	88,19	81,79	83,48	87,55	78,61
Coloured	10,16	6,95	11,61	9,74	11,15	8,72	9,24
Indian/Asian	2,84	1,42	0,00	3,28	1,04	1,29	2,41
White	5,43	1,91	0,21	5,19	4,33	2,44	9,74
Sex							
Male	44,87	37,99	32,34	59,13	47	42,71	46,86
Female	55,13	62,01	67,66	40,87	53	57,29	53,14
Geographic area							
Urban	57,46	48,65	52,73	60	51,94	52,02	59,57
Rural	42,54	51,35	47,27	40	48,06	47,98	40,43
Personal grant receipt							
Any grant	31,72	43,26	31,76	27,52	43,85	38,80	33,91
Child support	18,21	21,79	18,92	12,18	14,54	20,12	12,61
Old-age pension	2,63	7,16	1,63	1,72	16,32	1,76	9,72
Covid-19 grant	8,10	11,25	7,49	9,11	8,85	12,46	7,60

Source: Authors' calculations, based on NIDS-CRAM Wave 2, 2020b.
Notes: [1] All estimates are weighted using sampling weights. [2] Sample is restricted to people 18 years and older. [3] Low-wage workers are defined as employed individuals earning less than R3 500 per month; individuals live in households below the food poverty line if their per capita monthly post-tax household income is below the inflation-adjusted food poverty line of R585; low-skilled workers are defined as those whose main South African Standard Classification of Occupations code relates to 'elementary occupations'; informality is measured by whether an individual's employment contract is verbal rather than written.

LEGAL AND REGULATORY ENVIRONMENT

The basic structure of South Africa's social protection system is shown in Figure 5.3.3, distinguishing between social assistance (protecting poor people via cash or in-kind transfers) and social insurance (protecting individuals against adverse events). The system primarily consists of tax-financed, unconditional, and means-tested cash transfers to vulnerable children, elderly people, and disabled people. Since 1994, social assistance has been expanded significantly; in 2019/20, it covered nearly 18 million beneficiaries (about one in three South Africans) at a cost of 3,4% of the gross domestic product (SASSA, 2020). This spending is relatively well-targeted towards poor people, mainly because it is means-tested (Moore & Seekings, 2019).

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



Source: Köhler & Bhorat, 2020b.

As discussed in Köhler and Bhorat (2020b), another element of social assistance is the Expanded Public Works Programme, which provides employment-based basic income security for people of working age. Introduced in 2004, it is a government supply-side programme that aims to create employment, promote skills development, and provide income relief for unemployed people through temporary work. However, the programme's scale is determined by government's capacity to create employment opportunities. It therefore cannot provide jobs to all unemployed people looking for work (Peres, 2019).

Social insurance involves payouts to individuals in response to specific claims and primarily protects people in formal employment (Van der Berg, 1997; Woolard et al., 2011). In contrast to the rapid expansion of social assistance, relatively little progress has been made in extending social insurance. People who work in the informal sector remain largely outside this system of protection (Woolard et al., 2011). Seekings and Matisonn (2012) describe the social insurance architecture as a 'semi-social insurance system', because only former contributors are eligible for benefits in the short term; therefore, few chronically poor people are covered. The main social insurance measures are:

- The *Unemployment Insurance Fund* (UIF) provides short-term protection against unemployment, illness, unpaid maternity leave, unpaid leave for the adoption of a child, and death. It is conditional on prior formal employment, registration, and monthly contributions to the fund.
- The *Road Accident Fund*, introduced in 1996, provides compensation for a loss of earnings, general damages, injuries, or death and funeral costs arising from accidents involving motor vehicles. Given its mandatory nature, the fund effectively operates as a universal social insurance scheme (Moore & Seekings, 2019).
- The *Compensation Fund*, introduced in 1993, compensates workers in case of disability, illness or death resulting from workplace-related injuries and diseases.

In addition to these government-operated schemes, the social insurance system includes a regulated, voluntary component with private medical and retirement schemes for those who can afford it (Köhler & Bhorat, 2020b). Public sector employees also belong to the Government Employees Pension Fund, a defined-benefit pension fund established in 1996, which is mandatory for government employees.

In response to the pandemic, government introduced several relief programmes for people in the formal sector, who work for firms registered with the South African Revenue Service (SARS); however, the firms had to apply for and facilitate these programmes. The Department of Employment and Labour provided additional assistance through the UIF, allowing workers who lost their jobs for Covid-19-related reasons to obtain assistance, even if they had not previously registered for unemployment insurance. Government also introduced a short-term wage subsidy programme – the Temporary Employee/Employers Relief Scheme (TERS) – to help prevent retrenchments by providing wage support, as discussed below.

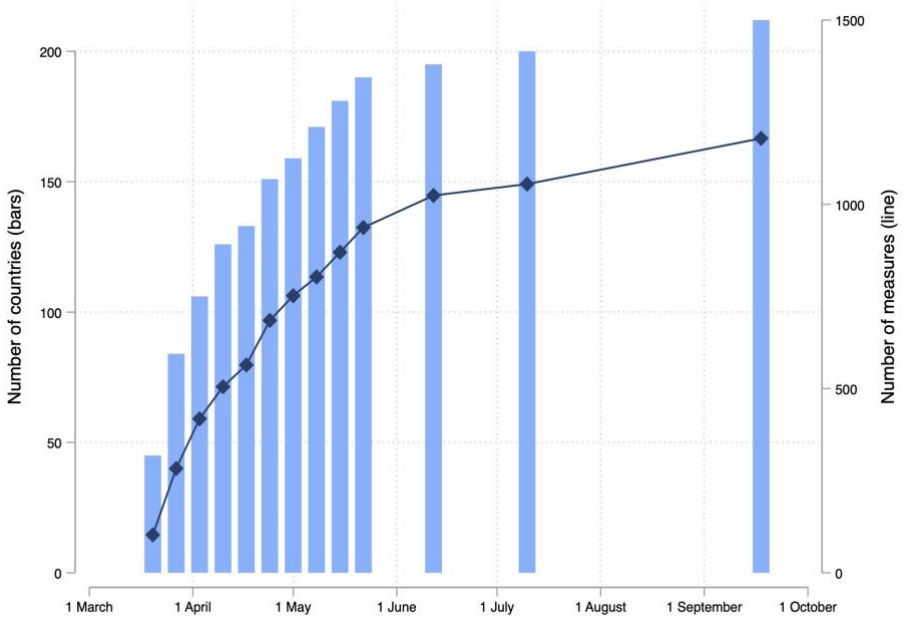
Social grants are arguably the backbone of South Africa's social assistance policy, given their extensive coverage, and they have been central to government's Covid-19 relief plan. The child support grant is the largest in terms of number, accounting for 71% (or nearly 13 million) of the total number of grants distributed in 2019/20. As of June 2020, caregivers of 64,2% of children received this grant on their behalf (Köhler & Bhorat, 2020b). (Box 5.3.1 reflects on children, poverty, and social grants.) The take-up of the child support grant has increased over time because the threshold age of eligibility was gradually raised and means-testing made less stringent. The overwhelming majority of its recipients are women. By end-June 2020, of the 7,2 million recipients (not beneficiaries) of the child support grant, just 166 000 (2,3%) were men (SASSA, 2020). The older persons grant (formerly the old-age pension) and disability grant (the only grant intended for working-age adults) are the second and third largest, collectively accounting for about a quarter of grant recipients. Both are means-tested, and their benefits are more than four times larger than that of the child support grant. Taken together, over half of South Africans live in a household that receives either child support or older person grants (Bassier et al., 2020).

Box 5.3.1: Poverty among children

The South African Constitution guarantees every child the right 'to basic nutrition, shelter, basic healthcare services and social services'. However, children tend to be most affected by poverty and disparity – about 62,1% of children under 18 are multidimensionally poor. Children suffered deprivation in an average of four out of the following seven dimensions: housing; protection; nutrition; health; information; drinking water, sanitation, and hygiene; and education. The rate of poverty was much higher among children in rural areas (88,4%, as against 41,3% in urban areas) (Stats SA, 2020a). It is therefore likely that the lockdown worsened the levels of poverty and inequality among children and adolescents. Through the various social support instruments (e.g., the child support, foster child, care dependency, and disability grants), it is reasonable to conclude that government provided a safety net to mitigate against the harsh impact of Covid-19.

Worldwide, governments instituted nearly 1200 additional social protection measures during the pandemic. About a third of these are cash transfers (grants) and 68% are brand new. To contextualise the local response, Figure 5.3.4 shows this global expansion in social protection month by month.

Figure 5.3.4: Global trends in Covid-19 social protection measures, March to September 2020



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

Social assistance

The South African government, as did many governments, expanded social assistance by increasing the value of all existing grants and introducing the new Covid-19 social relief of distress grant (Table 5.3.2). Existing grants were increased by R250 per month, a relative increase of 13–24%, from May to October 2020. The exception was the child support grant, which was increased by R300 for May (or almost 70%, because of its relatively low pre-Covid-19 level of R440) and by R500 per caregiver (regardless of the number of eligible children) from June. This decision was presumably taken because the Covid-19 social relief of distress grant had been introduced and other grants increased. The social relief of distress grant was set at R350 per person and is aimed at unemployed people who did not

receive any other form of government assistance. It was later extended to January 2021, and then again to April 2021.

By end-December 2020, the overall grant system supported just under 40% of the South African population directly (Table 5.3.3); this share rises substantially when household co-residents are included. The significant increase in coverage is mainly due to the introduction of the Covid-19 social relief of distress grant. In December 2020, this grant brought 5,25 million previously unreached individuals into the social assistance system – a substantial reach in a relatively short time. The number of beneficiaries of existing grants increased slightly but not substantially; instead, as noted, the main impact from these grants was from the change in their value rather than their coverage.

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 R1 860 is for people ages 60–75 years; it increases to R1 880 for people older than 75.*

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

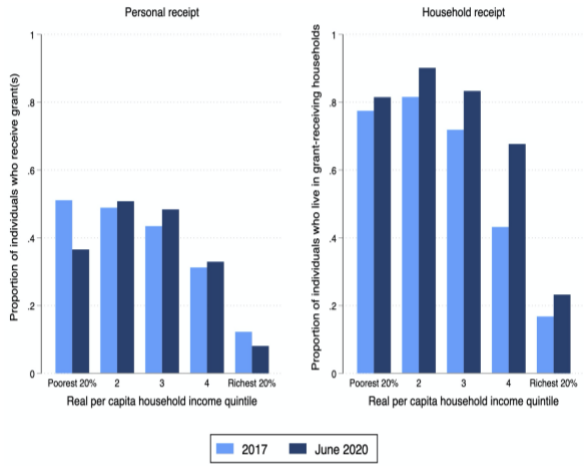
Grant type	Number of beneficiaries (millions)		Change	
	End-2019/20	December 2020	Million	%
Child support grant	12,78	12,95	0,17	1,33
All others	5,22	5,32	0,10	1,92
Covid-19 social relief of distress	0,00	5,25	5,25	
Total	18,00	23,52	5,95	33,06
% of population	**30,62**	**39,45**		**31,19**

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.

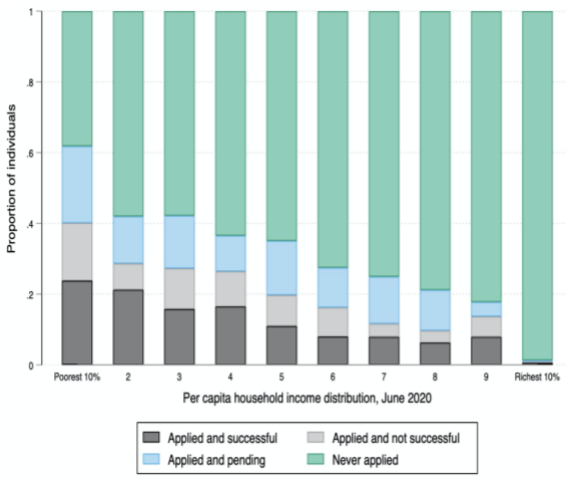
Across most of the per capita household income distribution, a larger proportion of individuals and households were supported by social grants in June 2020 than in 2017 (Figure 5.3.5). Given the extent of vulnerability across the household income distribution and the importance of the Covid-19 social relief of distress grant, Figure 5.3.6 shows the distribution of applications for and receipt of this grant by income decile in June 2020. Estimates suggest that of the 11,33 million people who applied for the grant, 4,32 million (38,1%) were successful. The remaining 7 million people reported either a pending (38,5%) or a rejected (23,4%) application. However, both the application for and receipt of the grant seem relatively pro-poor – most people who applied for the grant and were successful were in the middle and lower parts of the household income distribution in June 2020. Of those who applied, 23% (1,4 million) in the poorest quintile of households were successful, as against only 4,5% (250 000) in the richest quintile. Almost 90% of people in the latter group never applied, in contrast to nearly one in every two people in the poorest quintile. Up to the richest quintiles, pending applications do not vary much across the income distribution, although people in the poorest quintile were more likely to still be waiting for a response (17,6%, or 1,1 million individuals) (Köhler & Bhorat, 2020b).

Figure 5.3.5: Distribution of personal and household-level grant receipt, 2017 and June 2020



Source: Authors' calculations, based on NIDS Wave 5, 2017 & NIDS-CRAM Wave 2, 2020b

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

In both absolute and relative terms then, the distribution of the Covid-19 grant has been progressive. Many eligible people, however, did not receive it. Of the estimated 6,5 million eligible non-recipients in June, nearly half lived in the poorest third of households. There may be several reasons for this exclusion error. For example, many people may not actually be in distress. They may technically have no income but be fully supported by their partners, or they may be self-employed but not registered with SARS. Another challenge is ensuring that ineligible people do not receive the grant. About 28%

of ineligible people who have received the grant live in the richest tercile of households. Although the child support grant has much lower leakage figures, it is important to note that the Covid-19 grant brought millions of previously unreached people into the system who could not have been reached through the existing eligibility criteria of the child support grant alone (Köhler & Bhorat, 2020b).

Social insurance

Responding to the crisis: An expansion of the Unemployment Insurance Fund

The UIF is the primary social insurance measure available in South Africa. It provides short-term income protection for periods of unemployment, illness, maternity, the adoption of a child, and death, conditional on prior formal employment. As of the third quarter of 2020, about 8 million individuals (or 54% of employed people) contributed to the UIF, with matched contributions by their employers.[1]

In response to the pandemic, government initially allocated R40 billion (or 8%) of its Covid-19 fiscal support package to the expansion of the UIF to provide wage support to workers affected by illness, reduced work time, and unemployment. As noted, it also launched the TERS. Gazetted by the Department of Labour and Employment on 8 April 2020, the TERS is technically a wage subsidy-based job retention scheme, which aims to prevent retrenchments (it is not applicable to cases where employment relationships have been completely terminated). The TERS provides wage support in cases where employers have fully or partially closed operations. It covers a portion (38–60%) of a firm's wage bill, with a maximum salary threshold of R17 712 per worker per month, for up to three months.[2] The scale of TERS payouts to individuals as a form of income relief was thus substantially larger than pandemic-induced social grant top-ups.

Government programmes of this nature became relatively common in response to the 2008 financial crisis. They are seen as important tools for speeding up economic recovery by avoiding the delays and labour market friction that prevent workers who have lost their jobs in a crisis from being rehired quickly (Giupponi & Landais, 2020). The portion of a workers' salary that is covered by the TERS varies by salary level, with low-wage workers receiving proportionally more support. For instance, the maximum benefit for a high-income earner is 38% of R17 712 per month, which is equivalent to R6 730 per month. The minimum benefit is no less than the monthly equivalent of the minimum wage of the relevant sector – R3 500 per month for most workers.[3]

Initially, only UIF contributors were eligible to apply for relief from the TERS, but at end-May 2020 the scheme was expanded to include any worker who could prove an employment relationship regardless of whether they were registered with the UIF or not (CWAO, 2020). The duration of the scheme was

[1] Calculated using microdata from Stats SA, 2002b.
[2] The TERS may be used only to cover the cost of salaries and not any other expenses of the firm. Employers are permitted to supplement TERS support, but employees may not get their full salary in addition to the benefit. Thus, the maximum employees are permitted to receive is equivalent to 100% of their salary.
[3] At the time of writing, the sectoral minimum wages were as follows: R15,57 per hour for domestic workers, R18,68 per hour for farmworkers, R11,42 per hour for public works workers, and R3 500 per month for other workers. Wages for workers covered by Bargaining Councils are relevant to their main/collective agreements.

also extended. It was initially only planned to be available for 3 months – from April to June 2020 – but this was later extended to the end of 2020. In President Ramaphosa's 2021 State of the Nation Address, the scheme was extended a second time until 15 March 2021; access was restricted to sectors that have been unable to operate during the lockdown (The Presidency, 2021).

The TERS has been the largest component of UIF during the lockdown. The UIF paid out R7,5 billion, in 1,3 million payments, for non-TERS benefits. In contrast, by February 2021 the TERS had paid out about R57 billion in over 13 million payments to more than 4,5 million unique individuals (The Presidency, 2021). This is equivalent to about one in every three individuals employed in the formal sector, or half of all UIF contributors.[4]

Analysing TERS receipts during 2020

The three waves of the NIDS-CRAM survey data provide comprehensive, broadly representative information on TERS receipts during the pandemic. Some research has already been done on this TERS data. Jain et al. (2020) show that in April 2020, only 20% of temporarily unemployed[5] individuals received a TERS payout, possibly because of initial system delays. Bridgman et al. (2020) consider its role in ensuring food security, finding that individuals who co-resided with a TERS recipient in June 2020 were significantly less likely to report going hungry in the prior week than were those without any such recipients in their household. Casale and Shepherd (2020) call attention to gender inequality in payouts, showing that in June 2020 only 41% of TERS beneficiaries were women, despite women accounting for 58% of those who lost their jobs between February and June (however, this comparison may not be appropriate – the TERS was only intended for people who had not become unemployed)[6].

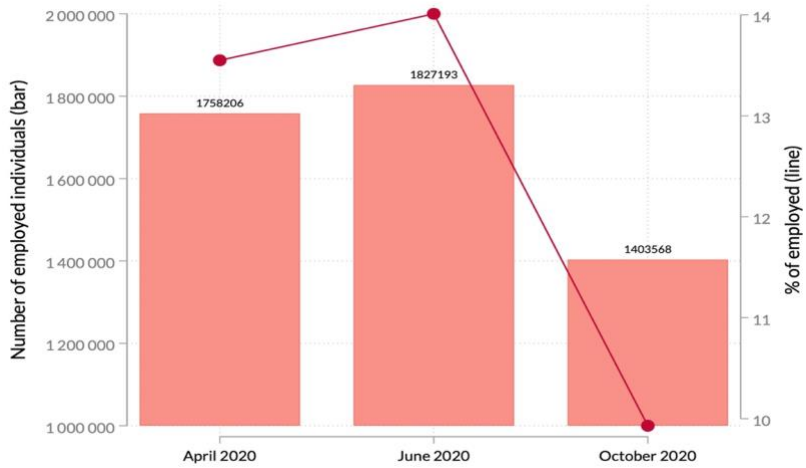
No research has yet been done on TERS receipt among key vulnerable subgroups. Using the weighted NIDS-CRAM data, cross-sectional receipt amongst employed people in April, June, and October 2020 is analysed here, focusing characteristics such as sex, race, age, education, industry, labour market earnings, and additional identifiers of vulnerability discussed above.

Number of recipients: A substantial number of individuals (1,76 million, or 13,5% of the employed) reported receiving a TERS payout in April 2020 (the first month of the scheme) under alert level 5 (Figure 5.3.7). Receipt rose marginally during alert level 3 in June (1,83 million, or 14%). In the most recent period for which data is available, October 2020 (alert level 1), about 1,4 million individuals (11,6%) received the TERS. This reduction in reach may be partially explained by the response of the labour market to the easing of lockdown restrictions over the period.

[4] Calculated using microdata from Stats SA, 2020b.
[5] Defined as those who retained an employment relationship with their employer but reported zero days of active work.
[6] This finding by Casale and Shepherd (2020) ought to consider that the TERS is not applicable to cases where employment relationships are completely terminated; that is, it is intended for job-retainers, or the 'temporarily unemployed' as per Jain et al.'s (2020) definition. Given that 44,6% of the employed in June 2020 were women, and 41% of TERS recipients were women, the distribution of TERS payouts may not be so unequal along gender lines.

Repeat payments: Many individuals were eligible to receive a TERS payout more than once, depending on the evolution of their employment circumstances. The NIDS-CRAM does not have explicit data on the number of TERS payouts a given individual has received; however, it is possible to assess whether the same individual received a payout in more than one wave. The analysis suggests that about 3,2 million unique individuals received a TERS payout at least once in either April, June, or October 2020 – not far off the 4 million individuals reported in official records for December 2020. Most individuals (70,4%, or 2,27 million) received a payout only once; 25,8% (831 000) received it twice; and just 3,8% (122 000) received it three times.[7] Ideally, an analysis of the TERS should include its 'sufficiency', or to what extent it compensated workers for their loss in labour market income. Unfortunately, the detailed data needed for such an analysis is not currently available.

Figure 5.3.7: Absolute and relative TERS receipt, by month



Source: Authors' calculations, based on NIDS-CRAM, 2020a, 2020b, and 2021.
Notes: [1] All estimates are weighted using sampling weights. [2] Wave 3 estimates weighted using weights that include the top-up sample.

Recipient subgroups: Table 5.3.4 shows the distribution of TERS receipt from April to October 2020 across selected subgroups. The share of TERS receipt across all groups closely followed their respective employment shares, with little within-group change in these shares over time. In an average month, men comprise the majority of recipients (60%, or over 1 million men); this is slightly disproportionate, given that they account for only 55% of employment. By population group, self-reported African/black individuals accounted for close to three-quarters (74%) of recipients. People aged between 35 and 59 years received the majority of payouts (54% in October 2020), closely followed by young people (40%); this is in line with their employment shares of 56% and 40% respectively.

Vulnerable groups: Close to one-third (31,5%) of TERS recipients in April and October 2020 were low-wage workers (Table 5.3.4); this is similar to their employment shares (32–37%) during the period. Similarly, less-skilled workers (in elementary occupations) accounted for 15–27% of recipients and

[7] However, note that respondents in the data may have received more payouts than reported, given that the questionnaire only asked about TERS receipt in either April, June, or October 2020, and not any other month.

about 20% of employment. The same holds for those whose highest level of education is incomplete secondary – they represented 40% of employment and 36–48% of TERS recipients. Perhaps more of a concern is that workers in households below the food poverty line comprised only 8–11% of recipients from April to June 2020, despite representing about 15% of employed people during that period. Informal workers were also disproportionately overlooked, representing 28–32% of employment but just 18,2–24,5% of TERS recipients. The reasons why certain groups of employees were less likely to apply or receive TERS payouts remain unclear.

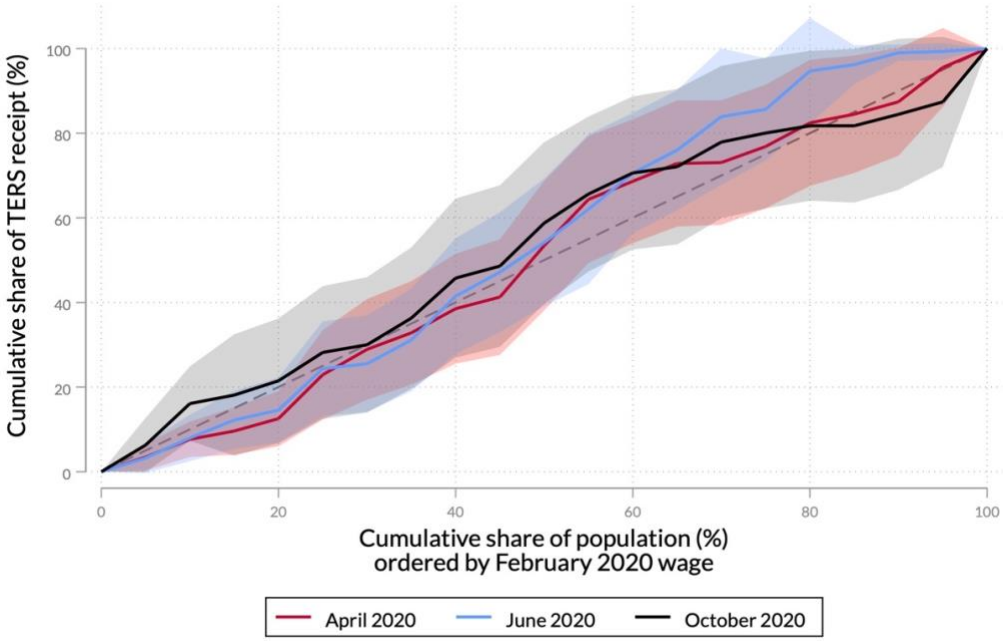
Table 5.3.4: Distribution of TERS receipt across select demographic groups, by month

TERS receipt	April 2020		June 2020		October 2020	
	Number	% of total	Number	% of total	Number	% of total
Gender						
Male	1 072 884	61,02	1 076 462	58,91	856 191	61,00
Female	685 322	38,98	750 731	41,09	547 377	39,00
Race						
African/black	1 324 314	75,32	1 278 943	69,99	1 084 010	77,23
Coloured	220 994	12,57	184 677	10,11	202 027	14,39
Indian/Asian	35 804	2,04	125 225	6,85	6 168	0,44
White	177 093	10,07	238 348	13,04	111 363	7,93
Highest education level						
Up to primary	146 356	8,34	204 881	11,21	146 016	10,49
Up to secondary	505 588	28,81	664 397	36,36	358 427	25,76
Complete secondary (matric)	500 776	28,54	417 190	22,83	351 471	25,26
Tertiary	601 951	34,31	540 725	29,59	535 532	38,49
Select vulnerable groups						
Low-wage workers	553 876	31,50	418 698	22,91	432 934	30,85
Below food poverty line	194 871	11,08	141 897	7,77	–	–
Less-skilled workers	270 260	15,37	371 254	20,32	378 070	26,94
Informal workers	327 245	18,61	448 318	24,54	255 698	18,22
< completed secondary education	651 944	37,08	869 278	47,57	504 443	35,94

Source: Authors' own calculations, based on NIDS-CRAM, 2020a, 2020b, and 2021.
Notes: [1] All estimates weighted using sampling weights. [2] Wave 3 estimates weighted using weights that include the top-up sample. [3] Sample restricted to the employed who received a TERS payout in a given wave. [4] Wage and household income data adjusted as per Köhler & Bhorat (2020b); household income data not available in Wave 3 data. [5] Low-wage workers are defined as employed individuals earning less than R3 500 per month; individuals live in households below the food poverty line if their per capita monthly post-tax household income is below the inflation-adjusted food poverty line of R585; low-skilled workers are defined as those whose main South African Standard Classification of Occupations code relates to 'elementary occupations'; informality is measured by whether an individual's employment contract is verbal rather than written.

Distribution: In line with the above findings, TERS receipt was also relatively distribution-neutral across the entire wage distribution over the course of 2020. Figure 5.3.8 presents concentration curves that plot the estimated cumulative share of TERS receipt against the estimated cumulative share of employed adults, ordered from poorest to richest based on pre-pandemic (February 2020) wages, over time.[8] A distribution is regarded as pro-poor when the curve lies below the 45-degree line, and pro-rich if it is above the line. It is clear that for all months, the TERS curves are close to the 45-degree line and never move significantly away from it. Furthermore, the distributions for April, June, and October 2020 are not statistically different from one another, as indicated by their overlapping 95% confidence intervals. To summarise, these estimates suggest that the poorest 40% (or so) of earners accounted for 40% of TERS payouts in April, June, and October, at least based on pre-pandemic wages.

Figure 5.3.8: Concentration curves of TERS receipt, by month



Source: Authors' calculations, based NIDS-CRAM, 2020a, 2020b, and 2021.
Notes: [1] All estimates weighted using sampling weights. [2] Wave 3 estimates weighted using weights that include the top-up sample. [3] Sample restricted to the employed, and adjustments to wage data follow Köhler & Bhorat (2020b). [4] Shaded regions represent 95% confidence intervals.

[8] These estimates rely on wage data from the NIDS-CRAM and are subject to some caution. There are concerns about the reliability and accuracy of wage data in the survey, in part because data was collected telephonically through a retrospective question, and issues around selection (providing a numeric or bracket response or responding at all). Although the data has been adjusted to account for outliers, missing values, and bracket responses, these estimates should still be treated with caution.

Summary

The expansion of social protection was central to government's response to the Covid-19 pandemic. Both social assistance (grant top-ups and the special Covid-19 grant) and social insurance (primarily the TERS) were used to distribute targeted income relief to economically vulnerable individuals, households, and firms.

Evidence suggests that job losses were more severe among low-wage and other vulnerable workers. Although the **grant top-ups** quickly increased income flows to poorer households and provided much-needed relief to these groups, they were unlikely to sufficiently compensate for losses in labour market income.

The introduction of the **special Covid-19 grant** provided important relief for a group of people previously excluded from the system; it reached over 6 million unique individuals during 2020, the majority of whom live in low-income households. However, one eligibility criterion for the grant – that existing grant recipients were ineligible – excluded many unemployed women who would otherwise be eligible had they not been receiving a child support grant on behalf of their child(ren).

By far the largest component of social insurance in the pandemic was the **TERS programme**. This wage subsidy programme aimed to curb job losses and benefitted over a third of people in formal employment. Receipt of the TERS closely followed employment shares across groups. However, two vulnerable groups – informally employed people and those in the poorest households – were to some extent disproportionately unreached, despite the programme being extended to both UIF contributors and non-contributors at the end of May 2020. This is a concern, given that these groups of workers are more likely to transition into unemployment.

MEETING BASIC NEEDS

HUMAN SETTLEMENTS

Another dimension of vulnerability is that coupled to settlement. At a macro scale, density matters in a pandemic, because the virus spreads where people live. Low-rise, high-density living is not, however, necessarily a problem. Many highly dense international cities, such as Hong Kong or Singapore, have not been severely affected by Covid-19. Rather, the quality of settlements, conditions of overcrowding, and internal population densities are more important (Pafka, 2020). Densification, for example (discussed in some detail below), can provide far more opportunities and benefits than negative impacts (Kling, 2020). Attempts to de-densify informal settlements have, however, been widely criticised (Daily Maverick, 2020); arguably, they may have created more vulnerabilities than they sought to alleviate.

Spatial disparities and inequalities have long persisted in South Africa. The pandemic, in many instances, has merely magnified these contextual, persistent, and underlying vulnerabilities. The NIDS-CRAM survey shows that overall, metropolitan areas have been the most resilient in the pandemic, while rural areas, townships, and informal areas have seen severe economic impacts that exacerbated existing vulnerabilities. These effects have been particularly stark in urban areas – job losses in townships reached 15% and among shack-dwellers an extraordinary 27% (Visagie & Turok, 2020). These job losses had knock-on effects on food security (p. 344), as people had less money to buy food, which was also more expensive during the lockdown.

It would be an oversimplification to assess the rural and urban impacts of the pandemic at a gross scale. Economic conditions and types of *vulnerabilities vary greatly across spatial typologies* (Turok, 2018), with very different impacts on suburbs, townships, and informal areas. Suburbs, for example, have been the least vulnerable in the pandemic, because people in these areas had higher levels of

formal employment (58%) and more secure financial resources. The *types of housing and settlement organisation* also need more interrogation. Spaces with shared facilities (or shared air), such as long-term care facilities, hostels, and prisons, have been particularly at risk.

Long-term care facilities that cater for elderly or infirm people, or those in need of specialised medical or mental healthcare, include retirement villages, rehabilitation centres and specialised facilities for people with mental and physical disabilities. They typically have many shared amenities, services and common spaces that would make social distancing difficult. Many residents in these facilities have been isolated from the rest of society long before Covid-19. Many would also have comorbidities and conditions that would make them particularly vulnerable to infection. Worldwide, long-term care facilities have been disproportionately affected by the pandemic, with high death rates (WHO, 2020b). While national data is limited, data from Gauteng shows that the impact of the pandemic on these facilities has been widespread and severe (Maree & Khanyile, 2020).

PROVISION OF TEMPORARY HOUSING UNITS

The response from the Department of Human Settlements to the risk posed by overcrowded and dense human settlements was to propose a programme of '*de-densification'*. The aim was to move residents to completed residential units or temporary units built during the lockdown. To this end, 29 informal settlements were identified across the country, targeting 356 010 households (Maseko, 2020). However, this target has not been met; in fact, progress has been very slow, particularly in the provision of temporary housing units, in part because of inadequate coordination between government spheres and departments. The Auditor-General also noted discrepancies in the quality of units and in their pricing and allocation to beneficiaries (AGSA, 2020a:19).

Many non-governmental organisations have opposed the de-densification programme – they saw it as inappropriate and raised concerns about the social and economic impact of moving beneficiaries to locations that are disconnected from the socio-economic fabric of cities. Several civil society organisations made a submission to the Department of Human Settlements on 18 April 2020 (ACSS, 2020). The absence of a clear programme and policy on de-densification early on led to different interpretations and inconsistent implementation across the country, as well as variation in the quality of temporary housing units. For example, in Sekhukhune, Limpopo, 30 tin shelters were erected at the cost of R64 000 each before the project was stopped because the units were unsuitable and of poor quality (Molefe, 2020).

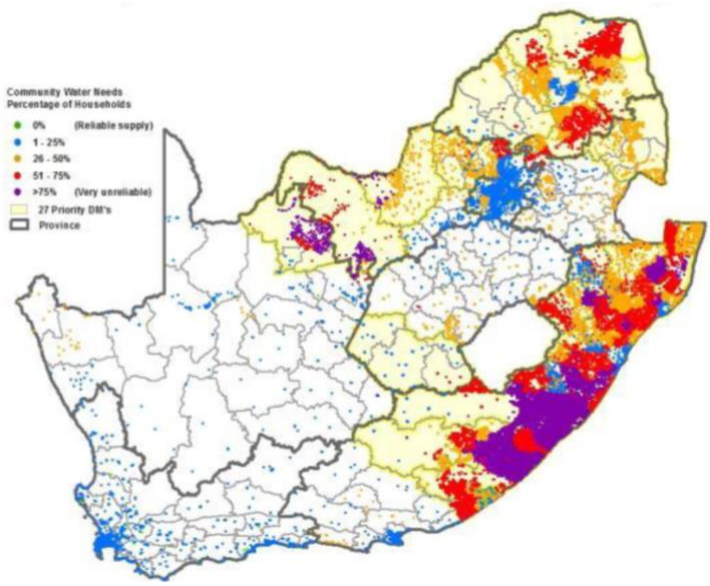
A further point of contestation during the lockdown was *evictions*. Government issued a directive that no tenant could be evicted during lockdown (CoGTA, 2020). However, some municipalities continued evictions; such incidents were widely covered in the media. For example, in Cape Town, a naked man was dragged from his shack by members of an anti-land invasion unit (Howa & Tembo, 2020). That said, the problem is complex, as illegal land invasions continued during lockdown; these negatively affected service delivery programmes already under development.

Summary
People living in informal settlements are likely to have some of the highest levels of vulnerability. Women and township areas were likely to be the most affected in the pandemic (Zali, 2020). Female-headed households, in particular, have been disproportionately affected. Households with incomes that depend on the informal sector, with lower education levels, and with larger household sizes have suffered severe setbacks during lockdown. These increases in poverty and inequality will be difficult to redress. The Covid-19 pandemic has, therefore, created new vulnerabilities but has also exposed existing ones even more.

BASIC SERVICES, WATER AND SANITATION

Ensuring that 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 has brought this into sharp focus, as households without access to running water, sanitation or electricity would probably have had both higher risks (e.g., difficulty maintaining hygiene practices) and higher levels of overall vulnerability (Figure 5.3.9). A household without access to running water, for example, would have to source water from a communal source, creating a transmission risk. As of 2019, about 12% of the South African population did not have access to a basic water supply, while about 21,3% did not have access to basic sanitation services (Figure 5.3.10 & Figure 5.3.11; see also Chapter 6.6).

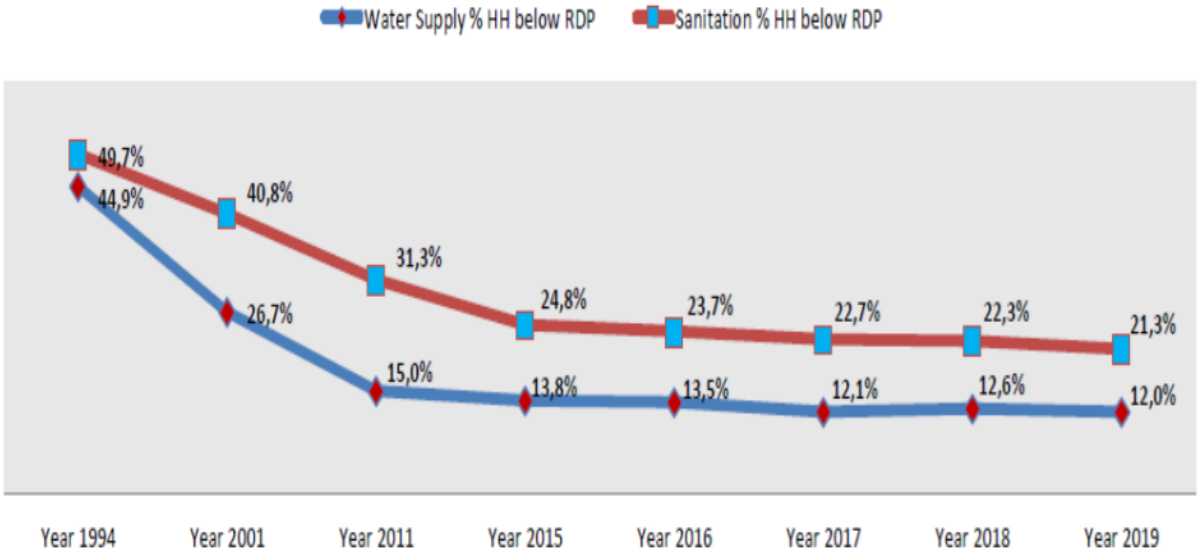
Figure 5.3.9: Access to reliable water infrastructure, 2019



Source: Manus, 2020

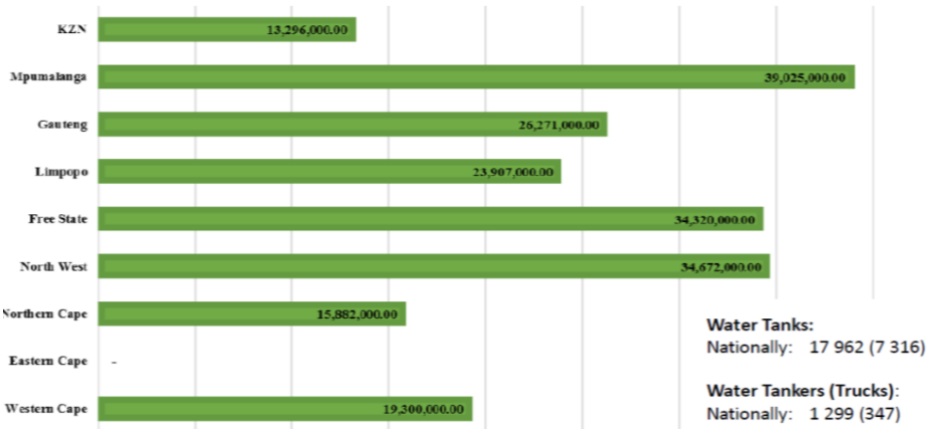
The provision of water and sanitation to vulnerable communities to help curb the spread of Covid-19 cannot focus only on access and supply; it also needs to consider the general management of water resources to help prevent disease and ensure that vulnerable groups do not face added dangers in securing water. Further, issues of water quality; the functionality of infrastructure for water and sanitation; the perils faced by women and girls in securing water and by people working with wastewater, pit latrines and septic tanks; and prevailing weather and climate conditions all further complicate water security.

Figure 5.3.10: Inadequate access to basic water and sanitation services, 1994 to 2019



Source: Manus, 2020

Figure 5.3.11: Volume of potable water supplied, 26 April to 3 May 2020



Source: Manus, 2020

In its initial response to the pandemic, the Department of Water and Sanitation rolled out water tankers to communities without access to potable water, with a focus on rural areas. The department worked through its implementation agent, Rand Water,[9] and R306 million was made available for water supply and sanitation (Table 5.3.5; AGSA, 2020a). The department reported securing 41 000 water tanks for distribution (SABC News, 2020); a total of 196 Ml of water was delivered nationally between 28 March and 3 May 2020. There were delays, however, in setting up all the tanks by the first week of May 2020, and the water supply initiative soon fell behind schedule because of various challenges experienced during the lockdown. Figure 5.3.12 shows the cumulative volumes supplied (litres/per day) for each province. The number for the Eastern Cape appears low, but it had earlier been declared a drought disaster province and the department had already put drought interventions

[9] Two departments used Rand Water as its implementation agent – Water and Sanitation, for rolling out water to communities, and Basic Education, for rolling out water to selected public schools in six provinces.

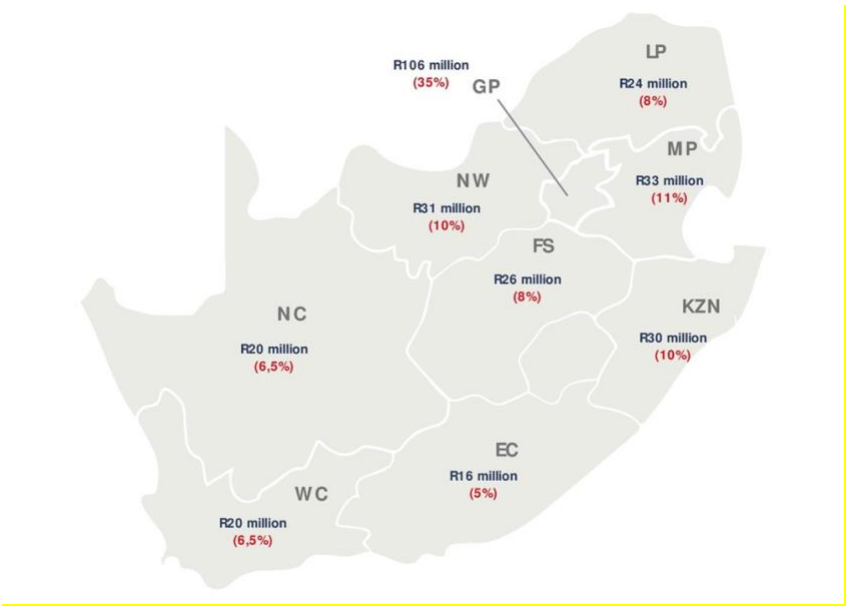
in place in the province before the pandemic. By July 2020, 77% of the R306 million available had been spent, according to unaudited reports of the National Disaster Water Command Centre.

Table 5.3.5: Expenditure on various water and sanitation initiatives, 31 July 2020

Expenditure item	Budget (R million)	Expenditure by 31 July 2020 (R million)	% spent
Sanitation packs	44,1	44,2	100
Water tanks	94,8	57,8	61
Water tankers	76,5	100,9	132
Monitoring and evaluation	28,8	12,9	45
Installation of tanks by other water boards	43,1	4,6	11
Disbursements	3,1	5,8	190
Implementing agent fee, including project management fee	16,1	11,3	70
Total	**306,5**	**237,5**	**77**

Source: AGSA, 2020a

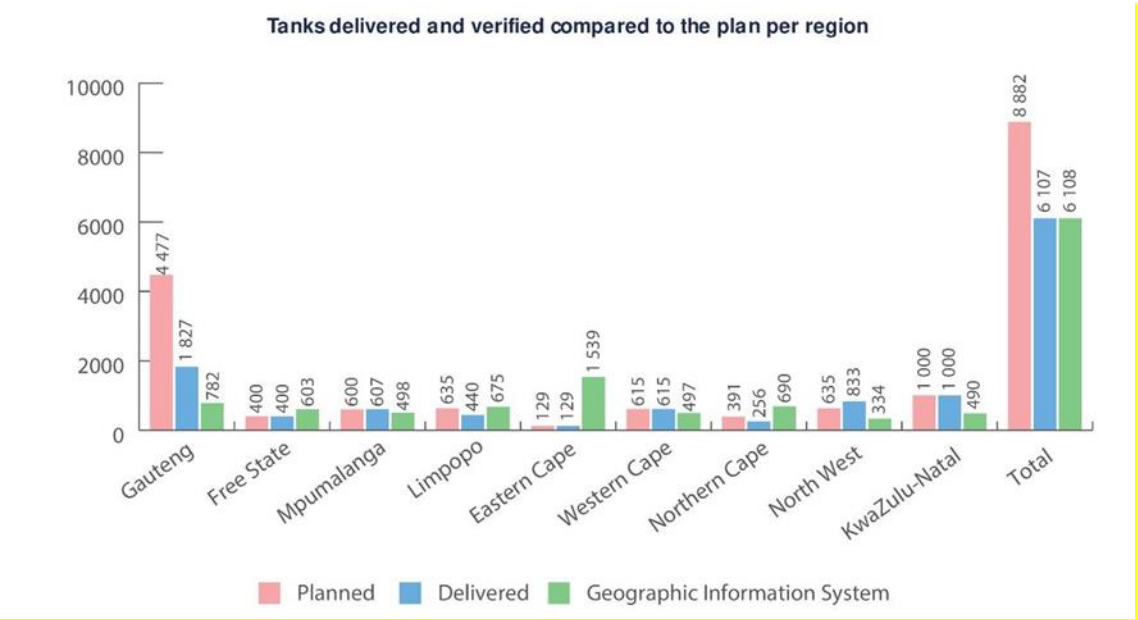
Figure 5.3.12: Provincial allocation of funds spent on water provision and hygiene



Source: AGSA, 2020a

In Gauteng and Mpumalanga, Rand Water was responsible for the delivery and installation of water tanks. In the other provinces, tanker installation and delivery were handled by the water boards. Figure 5.3.13 compares the planned number of tanks with verified delivery numbers for each province. In some provinces, the level of underdelivery is significant.

Figure 5.3.13: Water tanks planned and delivered per province



Source: AGSA, 2020a

There is currently no reliable information on the *quality* of water delivered through this programme or on the water quality at point-of-use in households and, hence, about a possible link between water and various health outcomes (i.e., the incidence of diarrhoea). The National Disaster Water Command Centre attempted to ensure water quality by maintaining ownership and largely preventing private delivery and ownership of tanks. Still, although water in tankers or water used to fill tanks might come from potable sources, it could easily deteriorate at point of use, and communities still need to treat and safely store the water before use and practise good hand hygiene (Singh, 2013; DWS, 2020; DHS & DWS, 2020; Jack & de Souza, 2020). Deterioration also occurs when water sources are mixed. It is not known whether the need to treat the water at point of use was emphasised when it was delivered.

Media footage shows that water from tanks and tankers was mainly collected by *women and girls*, often without adequate social distancing and handwashing facilities. In the early stages of this programme, many communities had also not been tested for Covid-19, and asymptomatic people could have passed on the virus under these conditions. It is also unclear whether taps, hosepipes and other surfaces involved in the delivery of water were disinfected regularly. Another concern, for which data is also not available, is whether the time spent on fetching water negatively affected the livelihoods of people, especially working women and school-going girls. Finally, these 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 (e.g., climate change).

The Department of Water and Sanitation also provided *health and hygiene*-related products to vulnerable communities. As discussed below (p. 348; see also Chapter 5.4), women bear the brunt of

caring for sick people, often in environments without sufficient access to water and sanitation. For them, access to gloves, hand sanitisers and masks remains vital. Other vulnerable groups include households that use basic pit latrines or ventilated improved pit latrines. While they are at a low risk of Covid-19, they need to maintain proper hygiene and handwashing practices. Without access to treated water this would have been near impossible, and it was recommended that they at least use a hand sanitiser. Workers in the sanitation sector also face higher risks, especially those who work with faecal sludge, fix sewage systems, or empty septic tanks and pits.

In terms of the emergency supply of water and sanitation to *public schools*, the Department of Basic Education took on the responsibility of providing such services in six provinces – KwaZulu-Natal, the Eastern Cape, Mpumalanga, Limpopo, the North West, and the Free State. Its implementation agents were Rand Water (for water) and Mvula Trust and the Development Bank of Southern Africa (for sanitation). Money for this initiative (R258,2 million) was made available from the conditional education infrastructure grant and the equitable share. Four chemical toilets were provided to each of the 3000 schools deemed in need of assistance (because they relied solely on pit latrines). Water supply to schools in need was more challenging. There were difficulties with the installation of infrastructure (stands) according to approved designs. Also, funds were not transmitted in time and by 31 July 2020, water tanks had still not been installed at some of the schools identified for emergency supplies (AGSA, 2020a).

A further consideration in the medium term is that pandemic could have reduced households' ability to *afford municipal services* and that municipal revenues may decrease. Already-stretched local governments are likely to face growing financial pressures. The diversion of infrastructure investment resources to fund short-term disaster responses and operational costs could also undermine critical longer-term investment in infrastructure and reduce capital budgets (Butler et al., 2020).

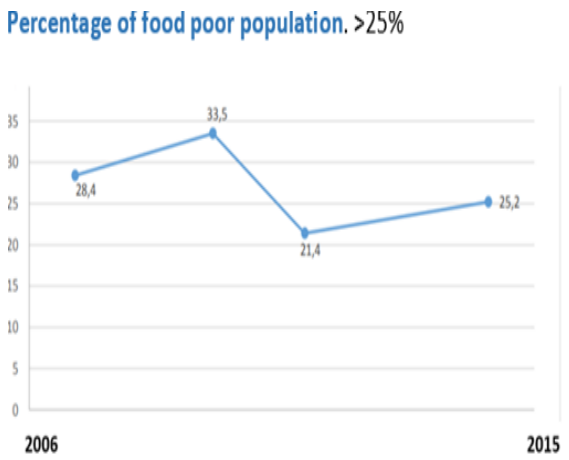
Summary

Access to adequate water and sanitation is critically important for practising preventative hygiene. Many communities in South Africa did not have access to adequate sanitation and water supply before the Covid-19 pandemic. Although efforts were made to get water to many (largely rural) communities during the lockdown, these efforts focused on temporary water tankers. Many vulnerable communities continue to face inadequate access to water and sanitation services.

FOOD AND NUTRITION

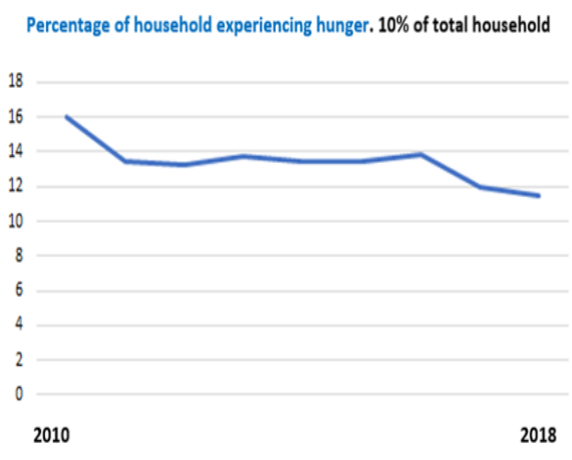
Food insecurity in South Africa is high and persistent, affecting between 25% (Figure 5.3.14) and 10% (Figure 5.3.15) of households, depending on the measure used (see also Chapter 6.2). Food insecurity has decreased since 2002 (Figure 5.3.16), when more people started receiving social grants, especially older person and child support grants. Grants are paid to about 45% of households and represent the main source of income for about 20% of them (NIDS-CRAM, 2020a; Figure 5.3.17). People's underlying vulnerability to food insecurity can be exposed and amplified by shocks such as Covid-19 or the rapid food price increases of 2007.

Figure 5.3.14: Percentage of food-poor people in South Africa, 2006 to 2015



Source: Stats SA, 2019

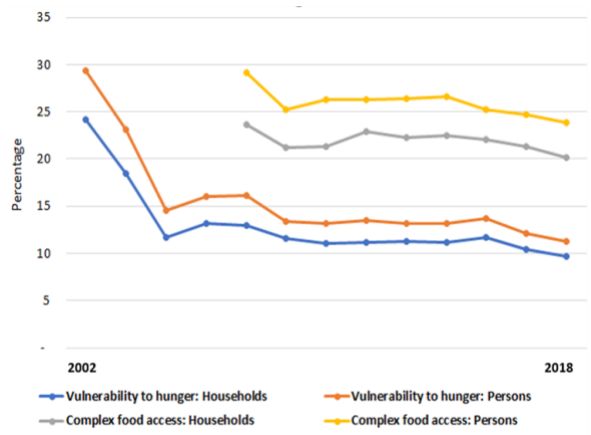
Figure 5.3.15: Percentage of households experiencing hunger, 2010 to 2018



Source: Stats SA, 2019

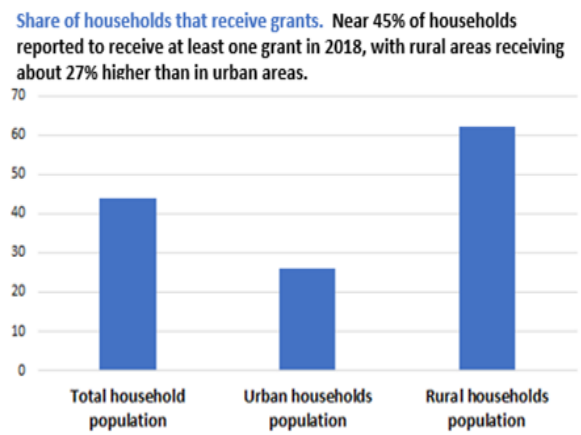
Women, children, and elderly people are particularly vulnerable to food insecurity. The South Africa Demographic and Health Survey (DoH et al., 2019) suggests that about 18% of adults either experienced or were at risk of hunger in 2016; the rates were 15% in urban areas and 27% in non-urban areas, and 33% and 3% in the lower and higher wealth quintiles, respectively. For children, the figures were 20% at national level, 17% urban and 25% non-urban, and 28% and 6% for the wealth quintiles, respectively.

Figure 5.3.16: Food security trends, 2002 to 2018



Source: Stats SA, 2019

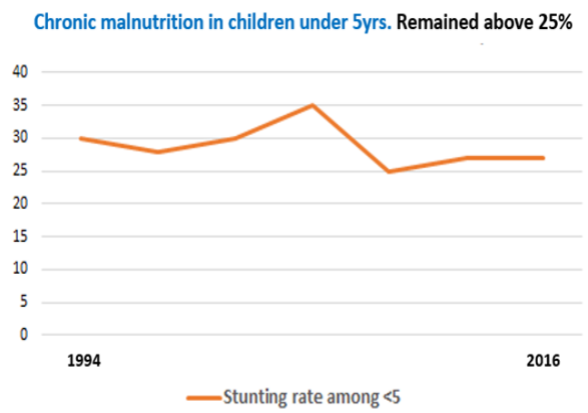
Figure 5.3.17: Share of households that receive grants, 2018



Source: NIDS-CRAM, 2020a

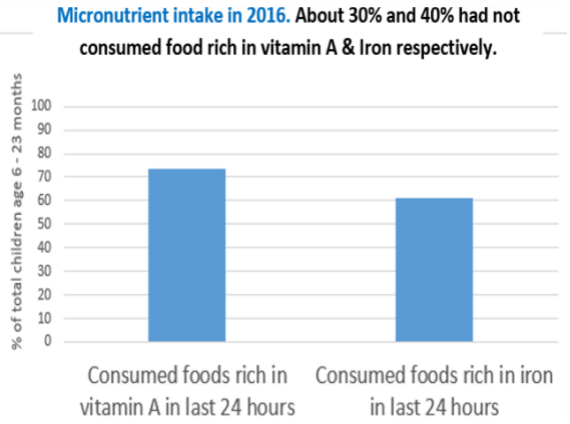
Another dimension to food insecurity is *malnutrition*, and undernutrition in particular. Chronic malnutrition (stunting) has remained above 25% since the beginning of the democratic era (Figure 5.3.18). Linked to this is micronutrient deficiency (Figure 5.3.19) relating to vitamin A and food rich in iron. Along with its limited progress in reducing rates of undernutrition, particularly stunting, South Africa has also seen a significant rise in rates of overweight and obesity since the late 1990s.

Figure 5.3.18: Stunting rates, 1994 to 2016



Source: DoH et al., 2019. Note: Calculated using data from WHO, 2020a

Figure 5.3.19: Micronutrient consumption by children, 2016



Source: DoH et al., 2019

Different forms of malnutrition increasingly coexist in the same communities, households, and even the same individuals (e.g., a stunted child in an obesogenic environment is more at risk of becoming overweight). The prevalence of obesity and overweight among women is 41% and 27%, respectively, and under-five stunting remains high at 27% (DoH et al., 2019). These issues underpin the high rate of non-communicable diseases and comorbidities that increase vulnerability to Covid-19. A key factor here is that local markets in both urban and rural areas are full of cheap, ultra-processed foods that are low in nutrients and high in sugar, salt, and fat. These help fuel the rapid rise in obesity and non-communicable diseases, with many children trapped in obesogenic food environments where healthy foods are increasingly unaffordable. Furthermore, nutrition transition and internal mobility mean that many people increasingly shift from traditional diets to more unhealthy western diets.

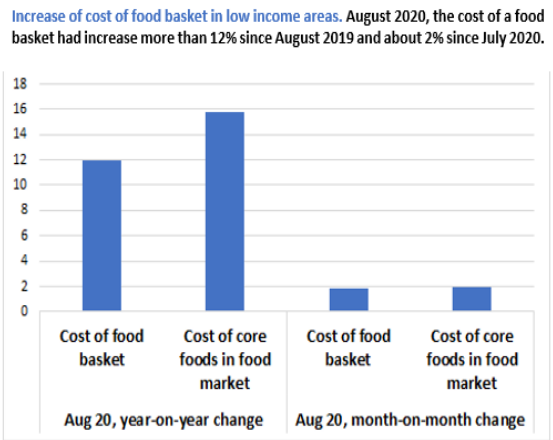
These official statistics reflect the prevalence of food insecurity before lockdown. This situation has compelled a concerted policy response, and food and nutrition security features prominently on the country's developmental agenda, including in the constitutional mandate (section 27), the National Development Plan 2030, the National Policy on Food and Nutrition Security (2013), the National Food and Nutrition Security Plan (2017–22), and the Department of Social Development's Household Food and Nutrition Security Programme, as well as in the United Nations Sustainable Development Goals 1, 2 and 12. The National School Nutrition Programme, urban agriculture and gardening programmes, food regulations (e.g. the mandatory salt reduction in 2015 and the sugary drinks tax in 2017), and the integration of nutrition into early childhood development programmes are other examples of policy responses. In addition to these initiatives, non-governmental organisations and individuals have also responded to the country's food security needs.

The latest NIDS-CRAM survey (2021) and the 2020 South Africa Child Gauge (May et al., 2020) provide compelling evidence that 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 of the hard lockdown in May 2020'. In December 2020, one in six households with children reported a child had gone hungry in the past week. The NIDS-CRAM paper on hunger argues, 'The magnitude of food insecurity is still such that the need for social relief efforts remains undiminished and that the reduction and phasing-out of some of the social grants will have severe hunger consequences' (van der Berg et al., 2021).

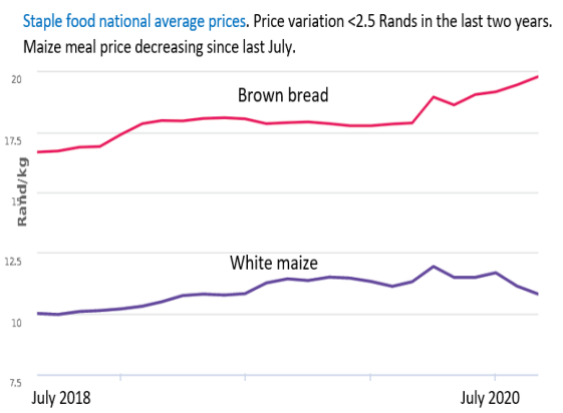
The food choices facing households are shaped in powerful ways by their immediate food environment and the broader food system. This system includes all the elements involved in taking food from producers to consumers (e.g., production, processing, packaging, distribution, marketing, and retail) and is increasingly dominated by commercial interests. A key characteristic of food and nutrition security in South Africa is that the majority of households access food via the market rather than via production and social transfers. Thus, food prices become a major factor affecting food security. During Covid-19, the price of staple food has remained stable at national level; however, the cost of core foods appears to have increased by more than 15% in low-income areas (Figure 5.3.20). In January 2021, the average cost of the household food basket was R4 051,20; in contrast, the national minimum wage was only R3 321,60. Thus, many households would find the food basket largely unaffordable (PMBEJDG, 2021). This suggests that the affordability of a nutritious diet or even a core food diet could be compromised in low-income areas. Fluctuating food prices (e.g., Figure 5.3.21) would further increase food inaccessibility because of the limited purchasing power of vulnerable groups.

Figure 5.3.20: Cost of food basket in low-income areas, August 2020 (% change)



Source: PMBEJD, 2020

Figure 5.3.21: National average price of bread, 2018 to 2020 (R/kg)



Source: FAO, 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.

PRIMARY HEALTHCARE

When considering Covid-19 and vulnerability from a health perspective, the terms 'clinically extreme vulnerable' and 'vulnerable' refer to people at higher risk of severe illness from Covid-19 (NI Direct, 2020). However, as noted, in the context of this chapter vulnerability refers to people's risk of being affected by a hazard (e.g., a pandemic) as determined by complex social, economic, and environmental processes. The pandemic put vulnerable persons at even higher risk of health consequences. This section briefly describes the primary healthcare situation in South Africa before the lockdown and then summarises the impact of the lockdown on the access of more vulnerable groups to non-Covid-19-related healthcare (see also Chapters 5.1 and 5.4).

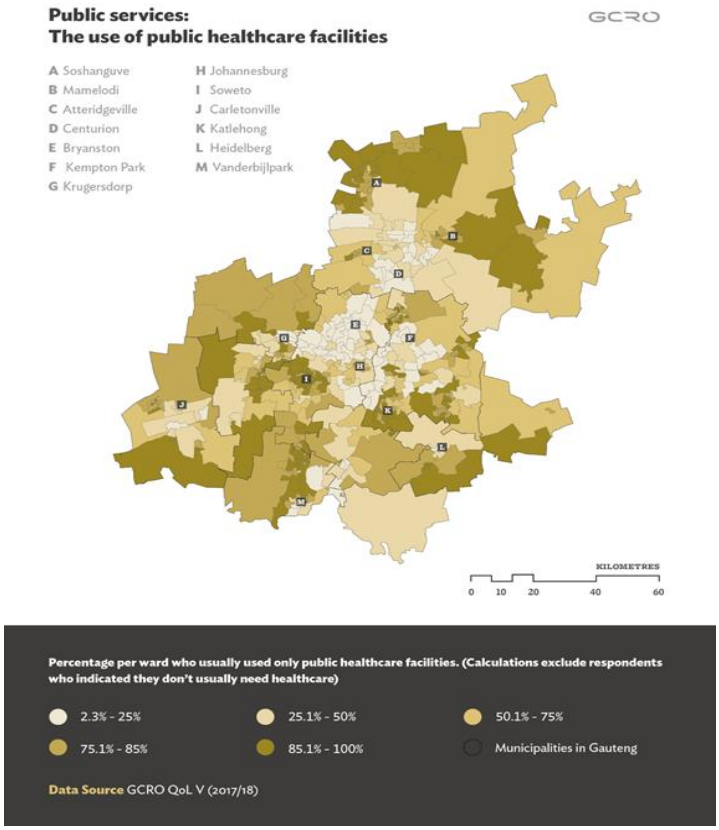
About 90% of the country's population can access free primary healthcare within a 5 km radius, through over 3500 clinics and community health centres. Services are nurse based, with doctor-supported infrastructure, and are underpinned by community health workers conducting home visits. Empirical data on healthcare access is limited. Primary healthcare visits rose from 68 million visits in 1998 (1,6 visits per capita) to 120 million visits in 2015 (2,2 per capita) (WHO, 2017).

Primary healthcare faces many challenges, such as the unequal distribution of resources, management and leadership crises, higher disease burdens, growing patient numbers (often including unregistered migrants), and slow progress in restructuring the healthcare system (Maphumulo & Bhengu, 2019). Access to public primary healthcare is also unequal among the regions. More people from township areas (who are more vulnerable, given their socio-economic status) use public primary healthcare than do people from suburban areas (Figure 5.3.22). Because the population density in these areas is high, the demand for public primary healthcare is relatively higher (Hamann & de Kadt, 2019).

During alert level 5, people's movements were restricted, except for those 'performing essential services, obtaining an essential good or service, collecting a social grant or pension, or seeking emergency, life-saving or chronic medical attention'. This meant that no restrictions were placed on access to or the delivery of healthcare services (Siedner et al., 2020). To help avoid overcrowding at primary healthcare facilities, over 28 000 health workers were mobilised to conduct door-to-door screening for Covid-19 risk factors (Mogotsi & Bearak, 2020); these included an additional 2587 community health workers who had been appointed by 30 June 2020 (AGSA, 2020a). In dense townships, pop-up clinics were set up for this purpose (Mogotsi & Bearak, 2020).

Even though there were no restrictions on care and additional services were provided, the pandemic still negatively affected access to public primary healthcare. People who require primary healthcare are typically vulnerable because of some physical state or condition, whether chronic or acute. Many people living with some non-communicable or infectious diseases require chronic medication. Apart from being at higher risk of contracting the virus because of epidemiological risk factors (e.g., diabetes or cardiovascular disease), accessing healthcare in itself increases their risk of exposure. To access care, people had to leave their homes, use transport services, and enter facilities where testing for Covid-19 might have been underway.

Figure 5.3.22: Persons who usually access only public primary healthcare (%)



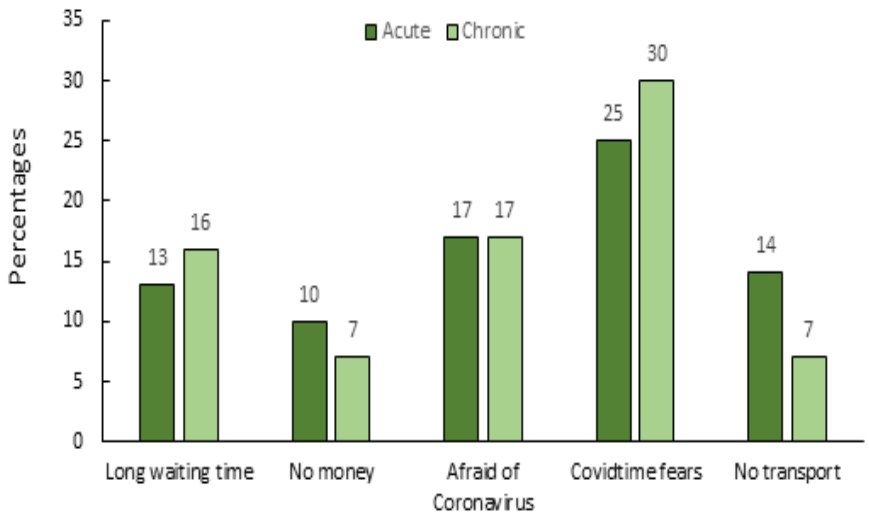
Source: Hamann & de Kadt, 2019

An assessment of 11 primary healthcare facilities in rural KwaZulu-Natal found the main impact of the lockdown to have been on childcare visits (Siedner et al., 2020). Visits for adult healthcare (i.e., HIV follow-up treatment, perinatal care and family planning, or chronic care) were reasonably constant. However, in the national Maternal and Child Health (MATCH) survey, conducted by text message in June 2020, 23% of respondents said they could not access medication, condoms, or contraceptives. About 22% reported not seeking acute care when needed, and 4% did not seek chronic care (Burger et al., 2020). A major concern in rural KwaZulu-Natal was a significant drop (over 50%) in visits for child health. By June 2020 (three months after the start of the lockdown), child health visits had returned to pre-lockdown numbers; however, the effects of these missed visits cannot yet be determined. In the MATCH survey, 16% of the mothers and pregnant women reported not visiting a clinic in the previous two months. About 25% of babies who needed vaccinations had not been taken to the clinic in that period.

Large numbers of women do not have a live-in partner during pregnancy or are single mothers of young children (DoH et al., 2019). They bear the sole responsibility for finding the time and carrying the expense of travelling to primary healthcare services. Many also experienced hunger during the pandemic, which is a strong predictor of maternal mental health (Spaull & Tomlinson, 2020); this may have negatively affected their decisions on taking children for health visits. Restricted transport options, financial pressures and social fear also contributed to the reduction in the use of basic public

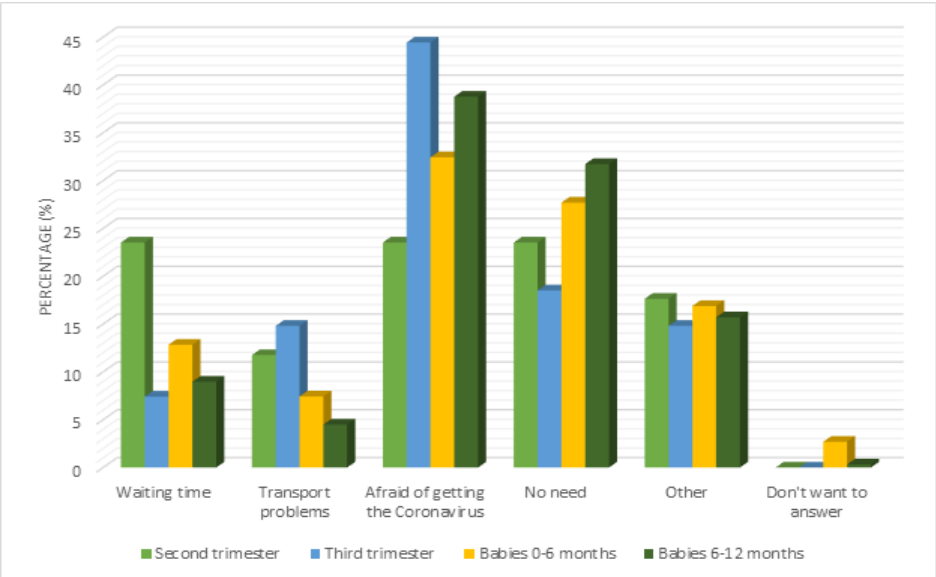
healthcare. In the MATCH survey (Figure 5.3.23), the main reason respondents gave for not attending required healthcare visits was fear of contracting the virus (Burger et al., 2020). As for maternal and childcare, apart from pandemic-related fears, many women felt there was no need for healthcare visits, especially for children (Figure 5.3.24).

Figure 5.3.23: Reasons for not attending required healthcare visits



Source: Burger et al., 2020

Figure 5.3.24: Perinatal and childcare: Reasons for not attending required healthcare visits



Source: Burger et al., 2020

Maintaining access to healthcare during a pandemic requires a careful balance between providing primary healthcare, protecting vulnerable populations from Covid-19 infection, and ensuring they have the means to reach healthcare services. Longitudinal work is needed to assess the impacts of even modest drops in perinatal care, child vaccination rates, and child health visits (Siedner et al., 2020) during the pandemic. In communicating with the public, it is critical for government to address

people's fears around attending healthcare facilities and emphasise that preventative healthcare visits for children are essential for their short- and long-term health.

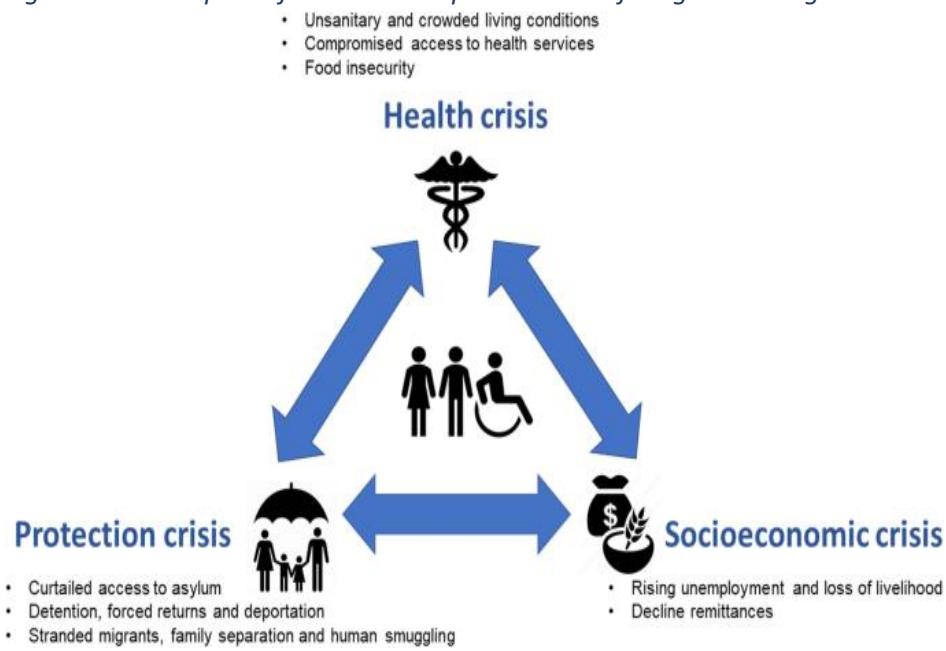
Summary

People's healthcare-seeking behaviour for non-Covid-19-related services changed during alert level 5. The likelihood of medical visits fell, especially for child healthcare services. Fear of contracting the virus played a key role in the decision not to seek healthcare services, but this was compounded by restrictions on transport and financial pressures. These factors should be taken into consideration in initiatives to maintain access to healthcare during lockdown.

REFUGEES, ASYLUM SEEKERS AND MIGRANTS

Even before the pandemic, the circumstances under which asylum seekers, refugees and migrants lived had already been precarious, with 'relatively weakened social support structures, bleak socio-economic prospects, unequal access to healthcare and social services, precarious housing conditions, tenuous living and working conditions, and higher risks of exploitation and abuse' (Mukumbang et al., 2020:3). Human rights and other commentators (e.g., Global Detention Project, 2020; Human Rights Watch, 2020b; Mbembe, 2019) have expressed concern about the treatment not only of refugees but also of other foreign nationals, for example political narratives 'scapegoating' foreign nationals, high levels of xenophobic crime, and a dysfunctional asylum system (Mengistu, 2020; Amnesty International, 2019a & 2019b). In the pandemic, foreign nationals experienced ongoing harassment, discrimination, and marginalisation. Mukumbang et al. (2020) argue that migrants, refugees, and asylum seekers were disproportionately affected by the pandemic; this further exacerbated their existing problems (Figure 5.3.25).

Figure 5.3.25: Impact of the Covid-19 pandemic on 'foreign-born migrants'



Source: Adapted from UN, 2020, by Mukumbang et al., 2020:3

Moyo and Zanker (2020) note that despite the changes to all aspects of life wrought by the pandemic, one thing that remained the same is government's treatment of migrants and asylum seekers, which 'is mostly business as usual', by which they mean 'anti-migrant' (Mukumbang et al., 2020:3). They see this attitude exemplified in the 19 March announcement by the Public Works Minister, Patricia de Lille, of a plan to build a 40 km fence along the border with Zimbabwe (eNCA, 2020). At the time, the number of infections in Zimbabwe were much lower than in South Africa (11, as against 1845), and it appeared that the main source of infection in South Africa was people arriving from Europe by air.

If migrant and asylum seekers had been a low priority before Covid-19, the pandemic appears to have pushed them lower still (Ozah, 2020 cited in Ho, 2020). Their marginality was exacerbated by the lockdown's stringent containment measures, as 'they found themselves suddenly jobless, being evicted from their homes, hungry, insecure, and trapped in dormitories or camps where adequate physical distancing is impossible' (Mukumbang et al., 2020:3). As most of this group works in the informal sector and relies on daily income, their inability to work during the lockdown had immediate repercussions for their physical and mental wellbeing.

In addition, various support interventions were only available to people with South African identity documents and social security cards (Human Rights Watch, 2020a). These included the social relief of distress grant, the increased child and other social support grants, and the Business Relief Fund (Mukumbang et al., 2020). To qualify for the latter, for example, a business had to be tax compliant and 100% South African-owned or have at least a 70% South African workforce (Business Insider South Africa, 2020 cited in Mukumbang et al., 2020).The official stance also appeared to exclude migrants deliberately. For example, when the Minister for Small Businesses Development, Khumbudzo Ntshaveni, announced government's relief package for the informal sector on 24 March 2020, she indicated that only South African spaza shops could remain open during lockdown (Khubeka, 2020), implying that the quality of products from foreigner-owned shops could not be guaranteed. Her statements, labelled 'xenophobic' by Sizani (2020), resulted in police closing some foreign-owned shops in Port Elizabeth. Although in retrospect the Minister's actions may have been renegade, the fact that they were made at all, at such a high level of government, is very problematic.

The 2 million migrants, refugees and asylum seekers in South Africa were also affected in other ways. The closure of the Department of Home Affairs meant many could not renew their permits, leaving them vulnerable to harassment and extortion by law enforcement agents. This led Tshepo Madlingozi, the Director of the Centre for Applied Legal Studies, University of Witwatersrand, to call on the department to set out explicit directions on the treatment of foreign nationals. In a joint statement, this centre and the Centre for Human Rights of the University of Pretoria[10] called on government to address the plight of migrants, refugees, and asylum seekers on issues such as non-discrimination in access to treatment, testing, palliative care and food aid, and in the potential de-densification of human settlements (discussed above). They also asked for asylum seekers whose permits had not

[10] Centre for Human Rights & CALS, 2020

been processed before lockdown to be protected, and for women and girls who experienced gender-based violence (see Chapter 5.4) to have access to assistance irrespective of their nationality.

That said, certain broad-based relief measures benefitted refugees and migrants to some extent:

- On 25 March 2020, the Department of Home Affairs (DHA, 2020) announced that there would be no penalty or arrests of asylum seekers whose visas expired after 16 March, provided they 'legalise their visa within 30 calendar days of the lockdown being lifted'. However, deportations appear to have continued despite this announcement, under the guise of containing the spread of the virus (Global Detention Project, 2020). Through directions issued by the Minister of Home Affairs on 22 July and 30 September 2020, the validity of asylum seeker permits and visas was extended first until 31 October 2020 and then until 31 January 2021.
- Bidvest and ABSA banks confirmed they would continue to provide banking services to people whose asylum or refugee documentation had expired, a position confirmed by the Banking Association of South Africa in May 2020 (Scalabrini, 2020). Many foreign-born migrants, however, still had their bank accounts frozen (Mengistu, 2020; Mukumbang et al., 2020).
- As noted, government placed a moratorium on evictions and the demolition of shelters during lockdown (SERI, 2020; see also Chapter 5.4 for a detailed discussion). However, SERI (2020) notes several cases of evictions, demolition, and disconnection of services under lockdown.

In addition, civil society attempted to assist vulnerable migrants and refugees during the pandemic. For example, the Scalabrini Centre of Cape Town won a court order that could result in asylum seekers being able to apply for the Covid-19 social relief of distress grant (Mukumbang et al., 2020).

To alleviate the plight of refugees, asylum seekers and migrants as the pandemic plays out, the following interventions are recommended:

- Hunger alleviation through food parcels donated by the Department of Social Development and non-governmental organisations
- Provision of shelter for people rendered homeless by unemployment during the pandemic
- Assistance with relevant documentation to ensure that this group does not sink further into vulnerability and destitution in this or any future disaster
- Relief granted by banks to be extended to migrants and refugees
- Access to adequate testing and treatment
- Psychosocial support to deal with the impact of the disaster.

CONCLUSION

This part of Chapter 5 examined various vulnerabilities that existed among people in South Africa before the Covid-19 pandemic and then discussed how these have been exacerbated by the pandemic. Many vulnerabilities are *structural* and the result of various factors, including systemic governance failures. Blaming such vulnerabilities on the pandemic thus would not be correct; they are not merely its outcomes. The call for greater attention to doing the 'basics' of development in just and fair ways,

with accountability, remains clear. Adequate and urgent policy responses to the crisis must take existing vulnerabilities into account.

At the household and individual level, *vulnerability to poverty* has increased significantly, with real per capita income falling for households across the income distribution. In many cases, income poverty overlaps with other markers of vulnerability, such as working in the informal sector, having little formal education, or being employed in poorly paid jobs. The existing social assistance infrastructure is key to poverty alleviation and has become even more so in the pandemic.

Spatial variations in *living conditions and access to services* provide another vital lens through which to consider the uneven impacts of the pandemic. People in places that are overcrowded with few basic services face much higher risks. The widespread lack of access to adequate water and sanitation in both rural and urban areas is one example of how the pandemic has exacerbated pre-existing structural problems. Attempts to mitigate these by distributing water and hygiene products remain a short-term, unsatisfactory solution. Linked to spatial and income vulnerability are a lack of access to both *food and healthcare*. Many households had already been food insecure, and the pandemic has worsened this insecurity. Also, the historical spatial inequalities that affect access to primary healthcare facilities have led to overcrowding and a lack of basic care. These structural vulnerabilities affect certain groups more acutely – *women, children, elderly people, people living with disabilities, refugees and migrants all face higher levels of economic insecurity*.

South Africa's institutions and regulatory environment also influenced how vulnerable groups have been affected by the pandemic. A major consideration in this regard is how the *social grant* system has been mobilised to alleviate the negative economic impacts on vulnerable people through higher grant amounts and the introduction of the Covid-19 social relief of distress grant. These measures were in line with international responses and had a progressive, direct impact on household incomes. Government's *healthcare response* has also been relatively rapid, and the mobilisation of community health workers has helped to mitigate some of the negative effects of the pandemic on vulnerable groups. It has, however, seen a reduction in primary care visits for many already vulnerable individuals – a lack of access to transport, money pressures, and the risk of contracting Covid-19 have kept them away from healthcare facilities.

Much like other shocks and challenges (e.g., extreme droughts, floods, or massive job losses with varying global economic cycles), the pandemic underscores the importance of *enhancing people's ability to respond, reduce risks, and adapt*. Remedial, reactive measures are not sufficient – effectively, they only help people to lurch precariously forward into a range of uncertain futures. What the pandemic offers the country is a serious and telling opportunity for 'self-examination' as a nation on questions such as: How is 'development going'? Who is being left behind? Who is vulnerable? And how can the tragedy of further loss be prevented? Paying attention to insidious, chronic vulnerabilities, therefore, must receive attention in all the sectors discussed here; it also requires a

massive drive to enhance data capture, improve procurement systems, and strengthen monitoring and evaluation.

ASPECTS BEYOND THE SCOPE OF THIS CHAPTER

Determining details of the nuances of vulnerability to Covid extends beyond the scope of this overview. The brief for this initial vulnerability assessment was to focus on sector-specific vulnerability (e.g., water, food, social security, and housing) and to highlight some of the structural, underlying dimensions and drivers of vulnerability.

Clearly for each sector, and indeed for a more comprehensive vulnerability assessment, a finer investigation could include various vulnerable groups (e.g., young and elderly people, rural women, sex workers, prisoners, and groups with disabilities). Other sectoral vulnerabilities may also need further work, such as economic vulnerabilities, geographic vulnerabilities, and vulnerabilities across different settlement typologies. Much more detailed research and data will be required, however, to fulfil such a brief. It may also be necessary to touch on how these vulnerabilities change as vaccination programmes are implemented. To this end, the following aspects should ideally be followed up in the second edition of the Country Report, with detailed research support: the extent to which long-term care residents and workers could provide support to vulnerable people (e.g., elderly people or people with mental and physical disabilities), and the need for psychological support for people in extreme lockdown. Finally, more vulnerability assessments will no doubt continue to emerge as the pandemic progresses, with organisations such as the United Nations Development Programme, Statistics South Africa, the Council for Scientific and Industrial Research, the Department of Cooperative Governance and Traditional Affairs, and universities conducting ongoing research.

REFERENCES

ACSS (Africa Centre for Strategic Studies), 2020. Mapping risk factors for the spread of COVID-19 in Africa. 13 May. https://africacenter.org/spotlight/mapping-risk-factors-spread-covid-19-africa/

Afesis-corplan, BESG (Built Environment Support Group), DAG (Development Action Group), HFH (Habitat for Humanity South Africa), Isandla Institute, Ukwazi, N., … School of Built Environment and Development Studies, University of KwaZulu-Natal, 2020. An urgent call to rethink the de-densification as the dominant proposed strategy in the context of COVID-19. 11 April. http://www.seri-sa.org/images/NGO_Submission_re_de-densification_and_COVID-19.pdf

AGSA (Auditor-General South Africa), 2020a. First special report on the financial management of government's Covid-19 initiatives. https://www.agsa.co.za/Portals/0/Reports/Special%20Reports/Covid-19%20Special%20report/Special%20report%20interactive%20_final.pdf

———2020b. Second special report on the financial management of government's Covid-19 initiatives. https://www.agsa.co.za/Portals/0/Reports/Special%20Reports/Covid-19%20Special%20report/Special%20report%20interactive%20_final.pdf

Amnesty International, 2019a. Living in limbo: Rights of asylum seekers denied. Johannesburg. https://www.amnesty.org/en/documents/afr53/0983/2019/en/ (Accessed 13 October 2020).

———2019b. South Africa: Years of impunity for xenophobic crimes driving the latest attacks. Johannesburg. https://www.amnesty.org/en/latest/news/2019/09/south-africa-years-of-impunity-for-xenophobic-crimes-driving-the-latest-attacks/ (Accessed 11 October 2020).

Bassier, I., Budlender, J., Zizzamia, R., Leibbrandt, M. & Ranchhod, V., 2020. Locked down and locked out: Repurposing social assistance as emergency relief to informal workers [Working paper] v.2. SALDRU (South African Labour and Development Research Unit), University of Cape Town. http://opensaldru.uct.ac.za/bitstream/handle/11090/977/2020_261_Saldruwp-v2.pdf?sequence=3

Blaikie, P., Canon, T., Davis, I. & Wisner, B., 1994. At Risk: Natural hazards, people's vulnerability and disasters. Routledge, Taylor & Francis Group, London.

Blumberg, L., Jassat, W., Mendelson, M. & Cohen, C., 2020. The COVID-19 crisis in South Africa: Protecting the vulnerable. South African Medical Journal, 110(9): 825–826. http://www.samj.org.za/index.php/samj/article/view/13016

Bruce, L. A., 2020. COVID-19: Dirty water for sale in rural communities. CALS (Centre for Applied Legal Studies), University of the Witwatersrand, 17 September. https://www.wits.ac.za/news/sources/cals-news/2020/covid-19-dirty-water-for-sale-in-rural-communities.html

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

Butler, G., Pilotto, R.G., Hong, Y. & Mutambatsere, E., 2020. The impact of COVID-19 on the water and sanitation sector. IFC (International Finance Corporation of World Bank Group), June. https://www.ifc.org/wps/wcm/connect/126b1a18-23d9-46f3-beb7-047c20885bf6/The+Impact+of+COVID_Water%26Sanitation_final_web.pdf?MOD=AJPERES&CVID=ncaG-hA

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

Casale, D. & Shepherd, D., 2020. The gendered effects of the ongoing lockdown and school closures in South Africa: Evidence from NIDS-CRAM Waves 1 and 2. NIDS-CRAM (National Income Dynamics Study – Coronavirus Rapid Mobile Survey) Wave 2, 30 September. https://cramsurvey.org/wp-content/uploads/2020/09/5.-Casale-D.-_-Shepherd-D..-2020-The-gendered-effects-of-the-ongoing-lockdown-and-school-closures-in-South-Africa-Evidence-from-NIDS-CRAM-Waves-1-and-2.pdf

Centre for Human Rights, University of Pretoria & CALS (Centre for Applied Legal Studies), University of Witwatersrand, 2020. Press Statement: University human rights centres call on South African Government to address the plight of migrants during COVID-19 crisis in the interest of all South Africans. 15 April. https://www.chr.up.ac.za/images/centrenews/2020/University_human_rights_centres_call_on_government_to_address_the_plight_of_migrants_during_COVID-19_crisis_in_the_interest_of_all_South_Africans.pdf (Accessed 12 October 2020).

CoGTA (Department of Cooperative Governance and Traditional Affairs), 2020. No. R. 418 – Directions issued in terms of the regulation 10 of the regulations under the Disaster Management Act, 2002. Government Gazette No. 43167, 26 March. https://www.justice.gov.za/legislation/notices/2020/20200326-gg43167-GoN418_COGTA.pdf

Cutter, S. L., 1993. Living with risk. Edward Arnold, London.

Cutter, S. L., Mitchel, J. T. & Scott, M. S., 2000. Revealing vulnerability of people and places: A case study of Georgetown Country, South Carolina. Annals of the Association of American Geographers, 90(4): 713–737. doi: 10.1111/0004-5608.00219

CWAO (Casual Workers Advice Office), 2020. Important victory as UIF C19 TES benefits is extended to non-registered workers after legal action by worker advice organisations. 25 May. http://www.cwao.org.za/Press-release-TERS-benefit-extended.html

Daily Maverick, 2020. De-densification of informal settlements as a crisis response is bad short-term thinking – 14 civil society groups. 20 April. https://www.dailymaverick.co.za/article/2020-04-20-de-densification-of-informal-settlements-as-a-crisis-response-is-bad-short-term-thinking-14-civil-society-groups/

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/

DHA (Department of Home Affairs), 2020. Press statement: Home Affairs on immigration matters during COVID-19 corona virus lockdown. 14 April. www.gov.za/speeches/home-affairs-immigration-matters-during-covid-19-coronavirus-lockdown-14-apr-2020-0000 (Accessed 12 October 2020).

DHS (Department of Human Settlement) & DWS (Department of Water and Sanitation), 2020. Fact sheet 2: Maintaining good hand hygiene. 16 April. http://wrcwebsite.azurewebsites.net/mdocs-posts/covid-19_fact-sheet-2/

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

DWS (Department of Water and Sanitation), 2020. Fact sheet: Water quality, sanitation and hygiene management in the light of coronavirus disease (Covid-19). 20 March. http://wrcwebsite.azurewebsites.net/mdocs-posts/covid-19_fact-sheet-pdf/

eNCA, 2020. COVID-19: South Africa to build R37m Beitbridge border fence. 20 March. https://www.enca.com/news/covid-19-south-africa-build-r37m-beitbridge-border-fence (Accessed 18 November 2020).

FAO (Food and Agriculture Organisation of the United Nations), 2020. Global Information and Early Warning System (GIEWS). 7 October. http://www.fao.org/giews/countrybrief/country.jsp?code=ZAF

Gentilini, U., Almenfi, M., Orton, I. & Dale, P., 2020. Social protection and jobs responses to COVID-19: A real-time review of country measures. v.12. WBG (World Bank Group), 17 April. https://openknowledge.worldbank.org/handle/10986/33635

Giupponi, G. & Landais C., 2020. Building effective short-time work schemes for the COVID-19 crisis. VoxEU, April 1. https://voxeu.org/article/building-effective-short-time-work-schemes-covid-19-crisis

Global Detention Project, 2020. South Africa immigration detention data profile – 6 May. https://www.globaldetentionproject.org/countries/africa/south-africa (Accessed 12 May 2020).

Global Health 50/50, 2020. COVID-19 sex-disaggregated data tracker: Sex, gender, and COVID-19. https://globalhealth5050.org/covid19/ (Accessed 7 October 2020).

Hamann, C. & de Kadt, J., 2019. The use of public services in Gauteng. GRCO (Gauteng City-Region Observatory), 29 March. https://gcro.ac.za/outputs/map-of-the-month/detail/the-use-of-public-services-in-gauteng/ (Accessed 6 November 2020).

Ho, U., 2020. Covid-19 moves refugees and asylum seekers to the bottom of priorities. Daily Maverick, 28 July. https://www.dailymaverick.co.za/article/2020-07-28-covid-19-moves-refugees-and-asylum-seekers-to-the-bottom-of-priorities/ (Accessed 15 September 2020).

Howa, R. & Tembo, T., 2020. Cape Town enforcement officers violently eject naked man from shack. IOL, 1 July. https://www.iol.co.za/news/south-africa/watch-cape-town-enforcement-officers-violently-eject-naked-man-from-shack-50240058

Isaacs, L., 2020. Western Cape Health says Khayelitsha's Covid-19 cases are decreasing. Eyewitness News, 11 August. https://ewn.co.za/2020/08/11/once-the-w-cape-s-covid-19-epicentre-khayelitsha-s-cases-now-decreasing

Holloway, A., Fortune, G. & Chasi, V., 2010. Risk and development annual review. PeriPeri Publications, Cape Town.

Human Rights Watch, 2020a. South Africa: End bias in COVID-19 food aid. 20 May. https://www.hrw.org/news/2020/05/20/south-africa-end-bias-covid-19-food-aid (Accessed 12 October 2020).

——2020b. They have robbed me of my life – Xenophobic attacks against non-nationals in South Africa. 17 September. https://www.hrw.org/report/2020/09/17/they-have-robbed-me-my-life/xenophobic-violence-against-non-nationals-south (Accessed 12 October 2020).

Jack, U. & de Souza, P., 2016. Water safter and security: Emergency response plans – Guidance on developing and implementing emergency response plans for community water systems. Water Research Commission & Emanti Management (Pty) Ltd., Gezina: April. http://wrcwebsite.azurewebsites.net/wp-content/uploads/mdocs/Water%20safety_emergency%20reponse%20plans_TT656-16.pdf

Jain, R., Budlender, J., Zizzamia, R. & Ihsaan, B., 2020. The labour market and poverty impacts of Covid-19 in South Africa [Working paper]. CSAE (Centre for the Study of African Economies), University of Oxford, 19 July. https://www.csae.ox.ac.uk/materials/papers/csae-wps-2020-14.pdf

Khubeka, T., 2020. SA lockdown: Government working on relief package for informal sector. Eyewitness News, 24 March. https://ewn.co.za/2020/03/26/sa-lockdown-govt-working-on-relief-package-for-informal-sector (Accessed 12 October 2020).

Kling, S., 2020. Is the city itself the problem? Bloomberg City Lab, 20 April. https://www.bloomberg.com/news/articles/2020-04-20/the-long-history-of-demonizing-urban-density.

Köhler, T. & Bhorat, H., 2020a. COVID-19, social protection, and the labour market in South Africa: Are social grants being targeted at the most vulnerable? NIDS-CRAM (National Income Dynamics Study – Coronavirus Rapid Mobile Survey) Wave 1, 15 July. https://cramsurvey.org/wp-content/uploads/2020/07/K%C3%B6hler-COVID-19-social-protection-and-the-labour-market-in-South-Africa.pdf

——2020b. Social assistance during South Africa's national lockdown: Examining the COVID-19 grant, changes to the Child Support Grant, and post-October policy options. NIDS-CRAM (National Income Dynamics Study – Coronavirus Rapid Mobile Survey) Wave 2, 30 September. https://cramsurvey.org/wp-content/uploads/2020/09/9.-Ko%CC%88hler-T.-_-Bhorat-H.-2020-Social-assistance-during-South-Africa%E2%80%99s-national-lockdown-Examining-the-COVID-19-grant-changes-to-the-Child-Support-Grant-and-post-October-policy-options.pdf

Manus, L., 2020. Covid-19 water & sanitation intervention. DWS (Department of Water and Sanitation), May. http://wrcwebsite.azurewebsites.net/wp-content/uploads/mdocs/COVID-19%20Water%20and%20Sanitation%20Intervention_Leonardo%20Manus.pdf (Accessed 3 May 2021).

Maphumulo, W. T. & Bhengu, B. R., 2019. Challenges of quality improvement in the healthcare of South Africa post-apartheid: A critical review. Curationis, 42(1): a1901. doi: 10.4102/curationis.v42i1.1901

Maree, G. & Gotz, G., 2020, 9 September. Responding to COVID-19 in the GCR: Data insights – What we do and don't know [Conference presentation]. Gauteng Premier's webinar on the role of data during and post COVID-19.

Maree, G. & Khanyile, S., 2020. The impact of COVID-19 on long-term care facilities. GCRO (Gauteng City-Region Observatory), 30 September. https://www.gcro.ac.za/outputs/map-of-the-month/detail/impact-covid-19-long-term-care-facilities/

Maseko, M., 2020, 20 May. Briefing by the Department of Human Settlements on the implementation of Transitional Residential Housing Units and the de-densification of overcrowded areas to contain the spread of COVID-19 [Conference proceedings]. Standing Committee on Human Settlements. https://pmg.org.za/committee-meeting/30274/

May, J., Witten, C. & Lake, L. (Eds), 2020. South African child gauge 2020. Children's Institute, University of Cape Town, Cape Town. http://www.ci.uct.ac.za/sites/default/files/image_tool/images/367/Child_Gauge/South_African_Child_Gauge_2020/ChildGauge_2020_lowres_18_02.pdf

Mbembe, A., 2019. No African is a foreigner in Africa – Except down in South Africa. Opinion Pies, Mail & Guardian, 11 October. https://mg.co.za/article/2019-10-11-00-no-african-is-a-foreigner-in-africa-except-down-in-south-africa/ (Accessed 12 October 2020).

Mengistu, E., 2020. Being a refugee during the pandemic. Daily Maverick, 29 April. https://www.dailymaverick.co.za/article/2020-04-29-being-a-refugee-during-the-pandemic/ (Accessed 15 September 2020).

Mens, G., 2020. CSIR helps NDMC determine communities most vulnerable to Covid-19 pandemic. CSIR (Council for Scientific and Industrial Research), 30 June. https://www.csir.co.za/csir-helps-ndmc-determine-communities-most-vulnerable-covid-19-pandemic

Mogotsi, B. & Bearak, M., 2020. South Africa is hunting down coronavirus with thousands of health workers. The Washington Post, 21 April. https://www.washingtonpost.com/world/africa/south-africa-is-hunting-down-coronavirus-with-tens-of-thousands-of-health-workers/2020/04/21/6511307a-8306-11ea-81a3-9690c9881111_story.html

Molefe, R., 2020. Temporary tin shelters: Limpopo premier blames human settlements department. News24, 6 August. https://www.news24.com/news24/southafrica/news/temporary-tin-shelters-limpopo-premier-blames-human-settlements-department-20200806

Moore, E. & Seekings, J., 2019. Consequences of social protection on intergenerational relationships in South Africa: Introduction. Critical Social Policy, 39(4): 513–524. doi: 10.1177/0261018319867582

Moyo, K. & Zanker, F., 2020. South Africa's xenophobic agenda is impeding its coronavirus response. African Arguments, 9 April. https://africanarguments.org/2020/04/south-africa-coronavirus-xenophobic-agenda-impeding-response/ (Accessed 15 September 2020).

Mukumbang, F. C., Ambe, A. N. & Adebiyi, B. O., 2020. Unspoken inequality: How COVID-19 has exacerbated existing vulnerabilities of asylum-seekers, refugees and undocumented migrants in South Africa. International Journal of Equity in Health, 19: 141. doi: https://doi.org/10.1186/s12939-020-01259-4 (Accessed 13 October 2020).

Muller, M., 2020. Money down the drain: Corruption in South Africa's water sector. WIN (Water Integrity Network) & Corruption Watch, March. https://www.corruptionwatch.org.za/wp-content/uploads/2020/03/water-report_2020-single-pages-Final.pdf

National Treasury, 2020. Budget review 2020. Pretoria: 26 February. http://www.treasury.gov.za/documents/national%20budget/2020/review/FullBR.pdf

NI Direct, 2020. Coronavirus (COVID-19): Definitions of 'clinically extremely vulnerable' and 'vulnerable'. https://www.nidirect.gov.uk/articles/coronavirus-covid-19-definitions-clinically-extremely-vulnerable-and-vulnerable (Accessed 6 November 2020).

NIDS-CRAM (National Income Dynamics Study-Coronavirus Rapid Mobile Survey), 2020a. Wave 1 [dataset]. v.1.1.0. Allan Gray Orbis Foundation [funding agency]: Cape Town, Southern Africa Labour and Development Research Unit [implementer], 2020: Cape Town, DataFirst [distributor], 2020: Cape Town.

———2020b. Wave 2 [dataset]. v.1.1.0. Allan Gray Orbis Foundation [funding agency]: Cape Town, Southern Africa Labour and Development Research Unit [implementer], 2020: Cape Town, DataFirst [distributor],2020: Cape Town.

———2021. Wave 3 [dataset]. v.1.0.0. Allan Gray Orbis Foundation [funding agency]: Cape Town, Southern Africa Labour and Development Research Unit [implementer], 2021: Cape Town, DataFirst [distributor], 2021: Cape Town.

O'Brien, K., Eriksen, H. S., Nygaard, L. & Schjolden, A., 2007. Why different interpretations of vulnerability matter in climate discourses. Climate Policy, 7(1): 73–88. doi:10.1080/14693062.2007.9685639

Pafka, E., 2020. As coronavirus forces us to keep our distance, city density matters less than internal density. The Conversation, 12 May. https://theconversation.com/as-coronavirus-forces-us-to-keep-our-distance-city-density-matters-less-than-internal-density-137790

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

Parker, A., Maree, G. A., Gotz, G. & Khanyile, S., 2020. Women and COVID-19 in Gauteng. GCRO (Gauteng City-Region Observatory), 30 August. https://www.gcro.ac.za/outputs/map-of-the-month/detail/women-and-covid-19-gauteng/

Peres, A., 2019. South Africa's Expanded Public Works Programme: Innovations and challenges. Social Protection, 9 January. https://socialprotection.org/discover/blog/south-africa%E2%80%99s-expanded-public-works-programme-innovations-and-challenges

PMBEJD (Pietermaritzburg Economic Justice & Dignity Group), 2020. Household affordability index. 15 October. https://pmbejd.org.za/wp-content/uploads/2020/10/October-2020-Household-Affordability-Index-PMBEJD_15102020.pdf

———2021. Household affordability index. 28 January. https://pmbejd.org.za/wp-content/uploads/2021/01/January-2021-Household-Affordability-Index-PMBEJD_27012021.pdf

SABC News (South African Broadcasting Corporation News), 2020. Government secures 41 000 water tankers in bid to curb spread of COVID-19. 28 March. https://www.sabcnews.com/sabcnews/government-secures-41-000-water-tankers-in-bid-to-curb-spread-of-covid-19/

SALDRU (Southern Africa Labour and Development Research Unit), 2017. National Income Dynamics Study, Wave 5 [dataset]. v.1.0.0. Department of Planning, Monitoring, and Evaluation [funding agency]: Pretoria, SALDRU [implementer]: Cape Town, DataFirst [distributor], Cape Town. https://doi.org/10.25828/fw3h-v708

SASSA (South African Social Security Agency), 2020. Social grant payment report. June. https://www.sassa.gov.za/statistical-reports/Documents/June%202020%20-%20Social%20Grant%20Payment%20Report.pdf

Scalabrini, 2020. Covid-19 Lockdown: Important information for refugees and migrants in South Africa. https://scalabrini.org.za/news/covid_info/ (Accessed 13 October 2020).

Seekings J. & Matisonn H., 2012. South Africa: The continuing politics of basic income. Murray M.C. & Pateman, C. (Eds). Basic income worldwide – International political economy series. Palgrave Macmillan, London. https://link.springer.com/chapter/10.1057/9781137265227_7

SERI (Socio-Economic Rights Institute), 2020. Submission on the impact of the COVID-19 crisis on housing rights. July. http://www.seri-sa.org/images/SERI_submission_SR_COVID_19_9_July_2020.pdf (Accessed 13 September 2020).

Siedner, M. J., Kraemer, J. D., Meyer, M. J., Harling, G., Mngomezulu, T., Gabela. P., … Herbst, B., 2020. Access to primary healthcare during lockdown measures for COVID-19 in rural South Africa: An interrupted time series analysis. British Medical Journal Open, 10(10): e043763. doi: 10.1136/bmjopen-2020-043763

Singh, U., Lutchmanariyan, R., Wright, J., Knight, S., Jackson, S., Langmark, J., … Rodda, N., 2013. Microbial quality of drinking water from groundtanks and tankers at source and point-of-use in eThekwini Municipality, South Africa, and its relationship to health outcomes. African Journals Online, 39(5): 663–674. doi: 10.4314/wsa.v39i5.11

Sizani, M., 2020. South Africa: COVID-19: Police shut immigrant-owned spaza shops after minister's xenophobic statement. Ground Up, 30 March. https://allafrica.com/stories/202003300482.html (Accessed 12 October 2020).

Spaull, N. & Tomlinson, M., 2020. Maternal hunger & mental health – with Mark Tomlinson. Nic Spaull, 16 July. https://nicspaull.com/2020/07/16/maternal-hunger-mental-health-with-mark-tomlinson/ (Accessed 6 November 2020).

Stats SA (Statistics South Africa), 2019. Towards measuring the extent of food security in South Africa: An examination of hunger and food adequacy. Pretoria. http://www.statssa.gov.za/publications/03-00-14/03-00-142017.pdf.

——2020a. Child poverty in South Africa: A multiple overlapping deprivation analysis. Pretoria. http://www.statssa.gov.za/publications/03-10-22/03-10-22June2020.pdf

——2020b. South Africa – Quarterly labour force survey 2020, Quarter 3 [dataset]. v.2. Stats SA [producer], 2020: Pretoria, DataFirst [distributor], 2020: Cape Town. https://www.datafirst.uct.ac.za/dataportal/index.php/catalog/839

Surgo Foundation, 2020. What does a vulnerability index tell us about the COVID-19 pandemic in South Africa? 24 July. https://surgoventures.medium.com/what-does-a-vulnerability-index-tell-us-about-the-covid-19-pandemic-in-south-africa-6284bdff9968

The Lancet, 2017. Syndemics: Health in context. The Lancet, 389(10072): 881. doi: https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)30640-2.pdf

——2020. Redefining vulnerability in the era of COVID-19. The Lancet, 395(10230): P1089. doi: https://doi.org/10.1016/S0140-6736(20)30757-1

The Presidency, 2021. State of the Nation Address. South African Government, 11 February. https://www.gov.za/SONA2021#/

Turok, I., 2018. Worlds apart: Spatial inequalities in South Africa. Smith, M. N. (Ed). Confronting inequality: The South African crisis. Jacana Media, Johannesburg. http://hdl.handle.net/20.500.11910/13531

Van der Berg, S., 1997. South African social security under apartheid and beyond. Development Southern Africa, 14(4): 481–503. doi: 10.1080/03768359708439982

Van der Berg, S., Patel, L. & Bridgman, G., 2021. Hunger in South Africa during 2020: Results from Wave 3 of NIDS-CRAM**.** NIDS-CRAM (National Income Dynamics Study – Coronavirus Rapid Mobile Survey) Wave 3, 17 February. https://cramsurvey.org/wp-content/uploads/2021/02/10.-Van-der-Berg-S.-Patel-L.-Bridgman-G.-2021-Hunger-in-South-Africa-during-2020-Results-from-Wave-3-of-NIDS-CRAM-1.pdf

Visagie, J. & Turok, I., 2020. The Uneven Geography of the COVID-19 Crisis. NIDS-CRAM (National Income Dynamics Study – Coronavirus Rapid Mobile Survey) Wave 2, 30 September. https://cramsurvey.org/wp-content/uploads/2020/09/14.-Visagie-J.-_-Turok-I.-2020-The-uneven-geography-of-the-COVID-19-crisis.pdf.

WHO (World Health Organization), 2017. Primary health care systems (PRIMASYS): Case study from South Africa. Geneva. https://www.who.int/alliance-hpsr/projects/alliancehpsr_southafricaabridgedprimasys.pdf?ua=1

——2020a. Children aged <5 years stunted – Data by country. 9 April. https://apps.who.int/gho/data/node.main.CHILDSTUNTED?lang=en

——2020b. Preventing and managing COVID-19 across long-term care services: Policy brief. Geneva. https://apps.who.int/iris/bitstream/handle/10665/333074/WHO-2019-nCoV-Policy_Brief-Long-term_Care-2020.1-eng.pdf?sequence=1&isAllowed=y

Wills, G., Patel, L., Van der Berg, S. & Mpeta, B., 2020. Household resource flows and food poverty during South Africa's lockdown: Short-term policy implications for three channels of social protection. NIDS-CRAM (National Income Dynamics Study – Coronavirus Rapid Mobile Survey) Wave 2, 30 September. https://cramsurvey.org/wp-content/uploads/2020/09/15.-Wills-G.-

Kotze-J.-Kika-Mistry-J.-2020-A-Sector-Hanging-in-the-Balance-ECD-and-Lockdown-in-South-Africa.pdf.

Woolard, I., Harttgen, K. & Klasen, S., 2011. The history and impact of social security in South Africa: experiences and lessons. Canadian Journal of Development Studies, 32(4): 357–380. doi: 10.1080/02255189.2011.647654

Zali, M., 2020. Black women in rural areas and township hardest hit by the economic effects of lockdown. Health-E News, 25 August. https://health-e.org.za/2020/08/25/lockdown-affects-black-women-worst/

ANNEX 5.3.1: DETERMINANTS OF VULNERABILITY

AFRICA AND SOUTH AFRICA

Various attempts have been made to map vulnerability to Covid-19 in Africa and South Africa, for example using some of the drivers and contextual vulnerability factors mapped for Africa (ACSS, 2020). Spatial maps have been developed showing comparative vulnerabilities based on factors such as international exposure; the public health system density of urban areas; the urban population; the age structure of the population; government transparency; press freedom; the magnitude of conflict; and displaced persons. Other regional and national vulnerabilities to the Covid-19 pandemic have also been mapped (Blumberg et al., 2020; Surgo Foundation, 2020).

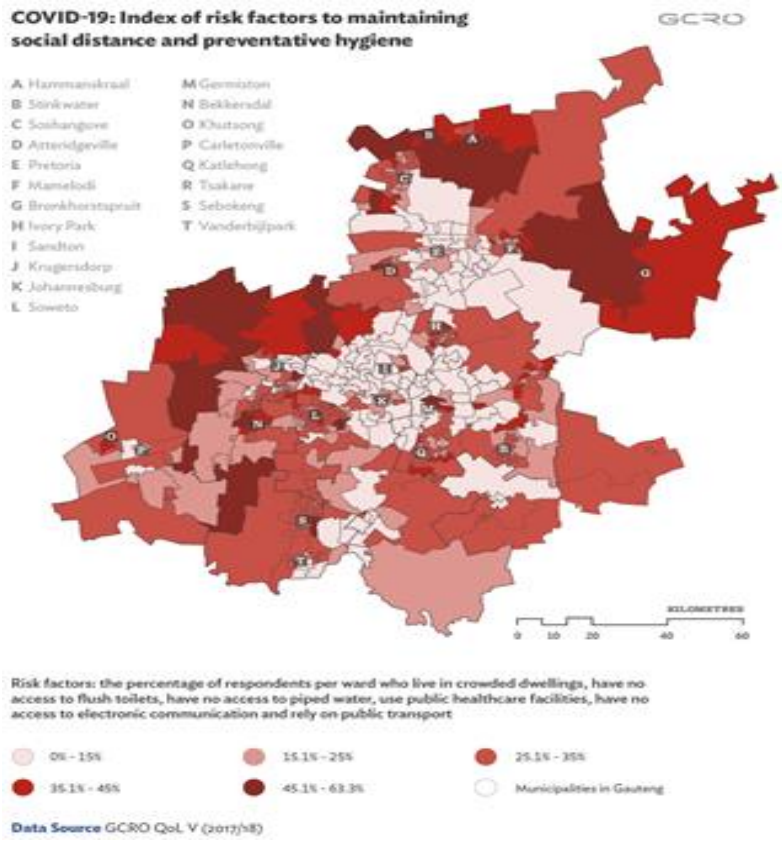
In the Surgo Foundation (2020) study, a comparative African regional and national assessment showed that South Africa is 'highly vulnerable to Covid-19' because of its high population density; a higher proportion of people aged 65 years and older; a high fragility context (e.g., food insecurity and civil unrest); and a high prevalence of epidemiological factors (e.g., HIV/AIDS). In April 2020, the Council for Scientific and Industrial Research (CSIR) also developed a national vulnerability index for the South African National Disaster Management Centre to help with Covid-19 response planning (WHO, 2020a). This index used informality, population density, and a lack of access to basic services as a transmission risk, and age as a health susceptibility risk.

PROVINCIAL DETERMINANTS: THE CASE OF GAUTENG

A syndemics framework can also be used to probe some of the interlinkages between factors that contribute to vulnerability in the context of Covid-19. A syndemics framework means that the variables in the indices are interrelated, and it highlights the need for a nuanced approach. The framework assists in examining the consequences of epidemics as they interact with other diseases, in conjunction with social, environmental, and economic factors that both facilitate their spread and compound their impact (The Lancet, 2017). Using this framework, a vulnerability index was developed for Gauteng. The vulnerability and risk indices explored two key areas: (1) the multiple risk factors to maintaining basic preventative hygiene and social distancing (Figure 5.3.26), and (2) the multiple risk factors in the context of major shutdowns and potential outbreaks (Figure 5.3.27) (de Kadt et al., 2020). For example, being in a Covid-19 high-risk category (over 70 years of age or having comorbidities such as diabetes or heart disease), while also living in a community with social and economic disparities significantly exacerbate the impact of the disease.

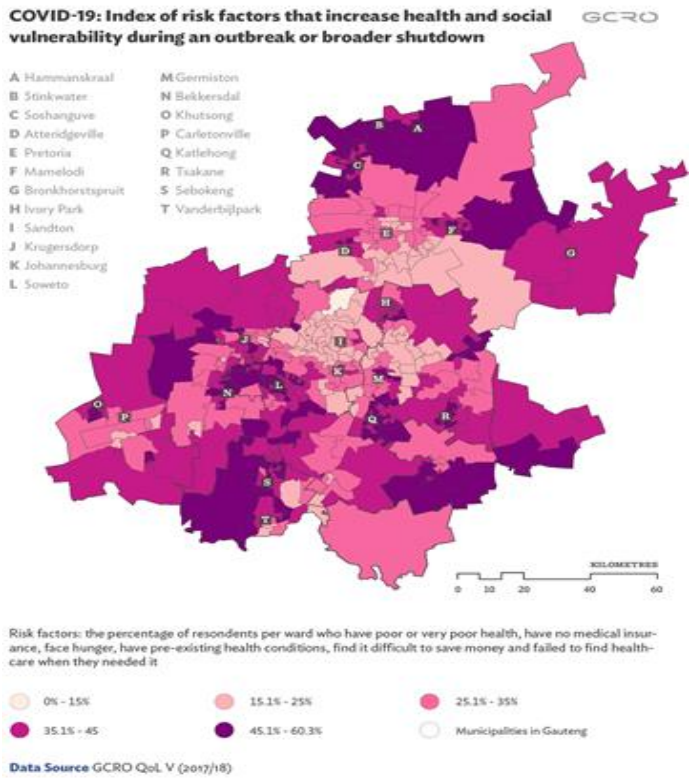
Social distancing and preventative hygiene have been incredibly important in managing the spread of Covid-19, yet not everyone can practise social distancing. Crowded living conditions (three or more people per functional room), a lack of indoor access to running water or sanitation, reliance on public transport and healthcare, and a lack of access to communication mechanisms all greatly increase risk. The vulnerability map for Gauteng (Figure 5.3.27) shows that risk levels are above average in more marginal areas, townships, informal settlements, and high-rise, high-density urban areas.

Figure 5.3.26: Average score per ward: Social distancing and preventative hygiene factors



Source: De Kadt et al., 2020

Figure 5.3.27: Average score per ward: Social and health vulnerability factors



Source: De Kadt et al., 2020

It is worth noting that higher levels of risk have not directly translated to high numbers of infections in these communities. Media reports show the impact of high infection rates on communities like Alexandra in Johannesburg and Khayelitsha in Cape Town, but this does not seem to have been the norm (Isaacs, 2020). Detailed analysis in Gauteng has shown that many poorer informal and township areas have had very low numbers of cases. This may be for a number of reasons, including:

1. Poor geocoded data at a local level means that cases may not be allocated to these areas.
2. These areas typically lack health facilities, and people may not be accessing testing for Covid-19.
3. Relatively youthful populations may be presenting as asymptomatic.
4. Single or two-people households may be reducing the spread.
5. The virus is yet to affect some areas, and the spatially disconnected nature of many of these settlements may actually have shielded them (Maree & Gotz, 2020).

That said, communities with higher social and economic disparities, while not necessarily having higher numbers of Covid-19 cases, have borne the brunt of impact of the pandemic. Findings from the NIDS-CRAM study show that both hunger and joblessness have increased (Wills et al., 2020). Women have been disproportionally affected as they have higher levels of vulnerability and are more likely to test positive for Covid-19 (Casale & Posel, 2020; Parker et al., 2020; Global Health 50/50, 2020). These issues are discussed in more detail in Chapters 5.1 (Health), 5.4 (Gender) and 6.1 (Economics).

Summary

Determining the risk, exposure and in particular vulnerabilities that emerged in South Africa during Covid-19 is extremely complex and requires much more targeted research. 'Understanding how vulnerability shifts alongside household structure is crucial to delivering targeted support' (Parker & de Kadt, 2020). Responses to risk therefore have to consider variations in the distribution and forms of risk. The pandemic also highlighted the role of gender, age, and other vulnerability factors that may not correspond to the usual assumptions. Female and larger households with women as primary caregivers may have higher levels of risk transmission and be more vulnerable during a lockdown.